becomes diagnostic for CY 2011. The first alternative we considered, but are not proposing, was to define a limited set of colonoscopy codes to which the waiver could apply when performed on the same date as a procedure that began as a screening colonoscopy, screening flexible sigmoidoscopy, or barium enema. We did not choose this alternative because it is virtually impossible to create a valid and complete list of appropriate procedures to handle all situations, due to the range of problems that could be identified and complications that could occur with any invasive procedures.

Furthermore, we believe this alternative would be complex to implement. Although this alternative narrows the potential for hospitals to abuse the waiver of the deductible by applying it to unrelated services, we believe the potential for abuse of the waiver of the deductible to be minimal. The Part B deductible is a fixed amount that the beneficiary pays before Medicare begins to pay and typically would be met after receiving one to two services.

The second alternative we considered, but are not proposing, was to define a broader, but still limited set of codes (for example, selected surgical services) to which the waiver could apply when performed on the same date as a procedure that began as a screening colonoscopy, screening flexible sigmoidoscopy, or barium enema. Although this alternative would encompass a broader set of codes, we believe it is virtually impossible to create a valid and complete list of appropriate procedures to handle all situations, due to the range of problems that could be identified and complications that could occur with any invasive procedures. While we acknowledge that this alternative narrows the potential for abuse of the waiver of the deductible, we believe the potential

for abuse is minimal and that this alternative would be complex to implement. For these reasons we did not choose to define a broader set of limited codes to which the waiver could apply when performed on the same date as a procedure that began as a screening colonoscopy, screening flexible sigmoidoscopy, or barium enema.

The third alternative we considered, and the one we are proposing for CY 2011, is to apply the waiver to any surgical procedure on the same date as a screening colonoscopy, flexible sigmoidoscopy, or barium enema that providers report is "in connection with or as a result of" the procedure that began as a screening test. We are proposing to create a HCPCS modifier that providers would append to the diagnostic procedure code that is reported instead of the screening colonoscopy or screening flexible sigmoidoscopy HCPCS code or as a result of the barium enema when the screening test becomes a diagnostic service. We chose this alternative because we believe it provides the greatest ease of public understanding and provider application. We believe that this alternative is appropriate because we believe that it would be very rare for an unrelated surgery to occur on the same date as one of these scheduled screening tests. Moreover, we believe that the risk of improper expenditures would be very small under this policy because it is the deductible, and not the coinsurance, that is waived for the related procedures other than the screening tests. As noted above, the Part B deductible is a fixed amount that the beneficiary pays before Medicare begins to pay and typically would be met after receiving one to two services.

b. Alternatives Considered for Payment of the Acquisition and Pharmacy Overhead Costs of Drugs and Biologicals That Do Not Have Pass-Through Status

We are proposing that, for CY 2011, the OPPS would make payment for separately payable drugs and biologicals at ASP+6 percent, and this payment would continue to represent combined payment for both the acquisition and pharmacy overhead costs of separately payable drugs and biologicals. As discussed in detail in section V.B.3. of this proposed rule, we believe that approximately $150 million of the estimated $593 million in pharmacy overhead cost currently attributed to coded packaged drugs with an ASP and $50 million of the estimated $628 million in pharmacy overhead cost currently attributed to coded and uncoded packaged drugs without an ASP should, instead, be attributed to separately payable drugs and biologicals to provide an adjustment for the pharmacy overhead costs of these separately payable products. As a result, we also are proposing to reduce the cost of packaged drugs and biologicals that is included in the payment for procedural APCs to offset the $200 million adjustment to payment for separately payable drugs and biologicals. We are proposing that any redistribution of pharmacy overhead cost that may arise from CY 2011 final rule claims data would occur only from some drugs and biologicals to other drugs and biologicals, thereby maintaining the estimated total cost of drugs and biologicals under the OPPS.

We considered three alternatives for payment of the acquisition and pharmacy overhead costs of drugs and biologicals that do not have pass-through status for CY 2011. The first alternative we considered, but are not proposing, was to continue our standard policy of comparing the estimated aggregate cost of separately payable drugs and

biologicals in our claims data to the estimated aggregate ASP dollars for separately payable drugs and biologicals, using the ASP as a proxy for average acquisition cost, to calculate the estimated percent of ASP that would serve as the best proxy for the combined acquisition and pharmacy overhead costs of separately payable drugs and biologicals (70 FR 68642). Under this standard methodology, using April 2010 ASP information and costs derived from CY 2009 OPPS claims data, we estimated the combined acquisition and overhead costs of separately payable drugs and biologicals to be ASP plus 0 percent. As discussed in section V.B.3. of this proposed rule, we also determined that the combined acquisition and overhead costs of packaged drugs are 283 percent of ASP. We did not choose this alternative because we believe that this analysis indicates that our standard drug payment methodology has the potential to "compress" the calculated costs of separately payable drugs and biologicals to some degree. Further, we recognize that the attribution of pharmacy overhead costs to packaged or separately payable drugs and biologicals through our standard drug payment methodology of a combined payment for acquisition and pharmacy overhead costs depends, in part, on the treatment of all drugs and biologicals each year under our annual drug packaging threshold. Changes to the packaging threshold may result in changes to payment for the overhead cost of drugs and biologicals that do not reflect actual changes in hospital pharmacy overhead cost for those products.

The second alternative we considered, but are not proposing, was to adopt the APC Panel's February 2010 recommendation to redistribute a larger portion of the overhead cost from packaged drugs to separately payable drugs for payment of drugs and

biologicals that do not have pass-through status. We did not choose this alternative because, as we discussed in V.B.3. of this proposed rule, we are not confident that we know the amount of overhead cost available for redistribution in the uncoded packaged drugs and, therefore, do not know if it is appropriate to redistribute more payment from uncoded packaged drugs to separately paid drugs. Presenters at the APC Panel meeting provided analyses suggesting that the uncoded packaged drug cost contain exactly the same drugs as those in the coded packaged drug cost, leading to a recommendation that we could assume the same proportional amount of overhead cost appears in the uncoded packaged drug cost as observed in the coded packaged drug cost in order to increase the amount of "overhead" drug cost available for redistribution from uncoded packaged drugs to separately payable drugs. However, we do not believe we should assume that the costs reported under uncoded pharmacy revenue code lines are for the same drugs and biologicals, with the same ASPs, and overhead costs as the costs of packaged drugs and biologicals reported with a HCPCS code. For these reasons, we are not accepting the APC Panel's recommendation to redistribute a larger portion of overhead costs from packaged drugs to separately payable drugs for CY 2011.

The third alternative we considered and the one we are proposing for CY 2011 is to continue our CY 2010 redistribution methodology and redistribute $200 million in overhead costs from packaged coded and uncoded drugs to separately payable drugs which would result in a payment for non-pass-through separately payable drugs and biologicals at ASP+6 percent, which would continue to represent a combined payment for both the acquisition costs of separately payable drugs and the pharmacy overhead

costs applicable to these products. We also are proposing to reduce the cost of packaged drugs that is included in the payment for procedural APCs to offset the $200 million adjustment to payment for separately payable drugs and biologicals, resulting in payment for packaged drugs and biologicals of ASP+186 percent under our proposal. We chose this alternative because we believe that it provides the most appropriate redistribution of pharmacy overhead costs associated with drugs and biologicals, based on the analyses discussed in section V.B.3. of this proposed rule, and is the alternative that is most consistent with the principles of a prospective payment system.

c. Alternatives Considered for the Physician Supervision of Hospital Outpatient Services

As we discussed extensively in previous sections, the goal of the proposal on supervision is to address the concerns that have been brought to our attention since we issued our last rule on this subject in CY 2010. The primary issue raised by CAHs, rural hospitals and other small hospitals both during CY 2010 rulemaking and, in particular, following CY 2010 rulemaking was difficulty in staffing their facilities to meet our requirement for direct supervision of all outpatient therapeutic services, but especially services that involve a significant amount of monitoring by auxiliary staff, that may extend past regular business hours, and that typically are lower clinical complexity and risk. We focused on these issues for our CY 2011 proposal, and we are proposing to define a limited set of outpatient therapeutic services as “nonsurgical extended duration therapeutic services” that would require, at a minimum, direct supervision during an initial period followed by general supervision for the remaining duration of the service. We are proposing to select therapeutic services that are nonsurgical, that can last a

significant period of time, that have a substantial monitoring component, and that have a low risk of requiring the physician's or appropriate non-physician practitioner's physical presence to furnish assistance and direction after the initiation of the service. Specifically, for observation services, IV hydration, and several injection procedures identified in Table 37 of this proposed rule, CMS would require direct supervision only at the initiation of the service and would then allow general supervision for the remainder of the service. We would apply the current definitions of general and direct supervision delineated at 42 CFR 410.32(b)(3)(i) and §410.27(a)(1)(iv), respectively. General supervision would thus mean that the service is furnished under the physician's or non-physician practitioner's overall direction and control, but his or her physical presence is not required during the performance of the service. Direct supervision would mean that the physician or non-physician practitioner is immediately available throughout the performance of the service to furnish assistance and direction, but he or she does not need to be present in the room when the service is being performed. We are proposing to define "initiation of the service" as the beginning portion of a service ending when the patient is stable and the supervising physician or appropriate non-physician practitioner believes the remainder of the service can safely be delivered under his or her general direction and control without needing his or her physical presence on the hospital campus or in the PBD of the hospital. Under this proposal, we would continue to uphold direct supervision as the minimum standard of supervision for all outpatient therapeutic services, which we continue to believe is appropriate for ensuring some minimum level

of quality and safety in purchased hospital outpatient services that are provided incident to physicians' services.

We considered but did not propose two other avenues of offering flexibility while largely maintaining our minimum requirement for direct supervision of outpatient therapeutic services. First, we considered offering hospitals the flexibility of broadening the list of nonsurgical extended duration therapeutic services to include more complex and potentially acute services like chemotherapy administration and blood transfusions, which some stakeholders also maintain do not require direct supervision. Because we were concerned that these services had a higher probability of needing a physician or non-physician practitioner to redirect service, we reasoned that we would have to require hospitals to create internal guidelines specifying a supervision level and protocols for staffing that supervision level for every nonsurgical extended duration therapeutic service. We considered minimum requirements for these internal supervision guidelines, including annual review and approval by a governing committee, periodic internal evaluation of their implementation, and the ability to make these guidelines available to auditors if requested. Further, auditors would review those guidelines if a quality or patient safety event would occur. Given the complexity of these services and the probability that direct supervision would be necessary to ensure a minimum level of quality and safety, we concluded that we should continue to require direct supervision for these services. We also chose not to propose this internal guidelines alternative because a variable standard of supervision for these services could be administratively difficult for us to audit and evaluate. Finally, we chose not to propose this option because we

believed that hospitals might find it burdensome to create and maintain customized internal guidelines, especially without a clear means of assessing whether their internal guidelines and implementation of those guidelines would meet audit standards.

Second, we considered whether, for payment purposes, we should deliberately exclude CAHs from all supervision requirements. We acknowledge that statutory provisions allow CAHs some flexibility in their staffing requirements to operate with more nursing staff and non-physician practitioners rather than physicians if those are the practitioners that are available, and that our regulations recognize those reduced staffing requirements in the CoPs by establishing that, at a minimum, the physician or non-physician practitioner must be available, but not necessarily physically present on the CAH campus. Some have suggested that these requirements reduce the quality and safety of CAH services, and that CAHs should disclose their reduced staffing levels to patients prior to providing services. We did not choose to propose this option because we believe that Medicare should purchase the same basic level of safety and quality from CAHs as from all other hospitals, and for all beneficiaries, especially small rural hospitals with a small number of beds. We do not believe that these small rural hospitals paid under the OPPS through section 1833(t) of the Act and CAHs paid at reasonable cost under section 1834(g) of the Act have such different resource constraints that they require different staffing rules for purposes of supervision. In fact, with payment at cost, we reasoned that CAHs might be better able than other small hospitals to hire staff to provide direct supervision of therapeutic outpatient services.

In summary, we are proposing to define a list of nonsurgical extended duration therapeutic services for a policy of direct supervision followed by general supervision after the initiation of the service because this alternative is responsive to the primary concerns raised by CAHs and small rural hospitals, because it is administratively feasible to implement, and because we believe it continues to support our policy of direct supervision. We believe that this proposed policy will maintain an adequate level of safety and quality of care in the therapeutic services for hospital outpatients that Medicare purchases.

2. Limitations of Our Analysis

The distributional impacts presented here are the projected effects of the proposed CY 2011 policy changes on various hospital groups. We post on the CMS Web site our hospital-specific estimated payments for CY 2011 with the other supporting documentation for this proposed rule. To view the hospital-specific estimates, we refer readers to the CMS Web site at: http://www.cms.hhs.gov/HospitalOutpatientPPS/. Select “regulations and notices” from the left side of the page and then select “CMS-1504-P" from the list of regulations and notices. The hospital-specific file layout and the hospital-specific file are listed with the other supporting documentation for this proposed rule. We show hospital-specific data only for hospitals whose claims were used for modeling the impacts shown in Table 55 below. We do not show hospital-specific impacts for hospitals whose claims we were unable to use. We refer readers to section II.A.2. of this proposed rule for a discussion of the hospitals whose claims we do not use for ratesetting and impact purposes.

We estimate the effects of the proposed individual policy changes by estimating payments per service, while holding all other payment policies constant. We use the best data available, but do not attempt to predict behavioral responses to our policy changes. In addition, we do not make adjustments for future changes in variables such as service volume, service mix, or number of encounters. As we have done in previous rules, we are soliciting public comment and information about the anticipated effects of our proposed changes on providers and our methodology for estimating them.

3. Estimated Effects of This Proposed Rule on Hospitals

Table 55 below shows the estimated impact of this proposed rule on hospitals. Historically, the first line of the impact table, which estimates the change in payments to all hospitals, has always included cancer and children's hospitals, which are held harmless to their pre-BBA payment-to-cost ratio. We also include CMHCs in the first line that includes all providers because we include CMHCs in our weight scalar estimate.

We present separate impacts for CMHCs in Table 55 because CMHCs are paid only for partial hospitalization services and CMHCs are a different provider type from hospitals. For CY 2010, CMHCs and hospitals were paid under two APCs for services under the OPPS: APC 0172 (Level 1 Partial Hospitalization (3 services)) and APC 0173 (Level II Partial Hospitalization (4 or more services)). For CY 2011, we are proposing to pay CMHCs under APC 0172 (Level I Partial Hospitalization (3 services) for CMHCs) and APC 0173 (Level II Partial Hospitalization (4 or more services) for CMHCs), and to pay hospitals for partial hospitalization services under APC 0175 (Level I Partial Hospitalization (3 services) for Hospital-based PHPs) and APC 0176 (Level II Partial

Hospitalization (4 or more services) for Hospital-based PHPs). We display the impact on CMHCs of this proposed policy change below and we discuss the impact on CMHCs in section XXII.B.4. of this proposed rule.

We also present separate impacts for cancer hospitals in Table 55 to illustrate the impact associated with our CY 2011 proposal for an adjustment for cancer hospitals authorized by section 3138 of the Affordable Care Act, as amended by HCERA, and discussed in section II.F. of this proposed rule. Cancer hospitals are held harmless to the proportional amount of payment they received before the OPPS was implemented in 2001. We discuss the impact of this adjustment on cancer hospitals in section XXII.B.5 of this proposed rule.

The estimated increase in the total payments made under the OPPS is limited by the increase to the conversion factor set under the methodology in the statute. The distributional impacts presented do not include assumptions about changes in volume and service mix. Section 3137 of the Affordable Care Act, as amended by the HCERA, extended additional payment to section 508 reclassification hospitals and special exception hospital wages outside budget neutrality through September 30, 2010. The amounts attributable to these reclassifications are incorporated into the CY 2010 estimates in Table 55. Section 10324 of the Affordable Care Act, as amended by HCERA, further authorized additional expenditures outside budget neutrality for hospitals in certain frontier states to have a wage index of 1.00. The amounts attributable to this Frontier state wage index adjustment are incorporated into the CY 2011 estimates in Table 55.

Table 55 shows the estimated redistribution of hospital and CMHC payments among providers as a result of APC reconfiguration and recalibration; wage indices and the rural adjustment; the cancer hospital adjustment; the combined impact of the APC recalibration, wage and rural adjustment effects, the cancer hospital adjustment, and the market basket update to the conversion factor; the Frontier wage index adjustment; and, finally, estimated redistribution considering all proposed payments for CY 2011 relative to all payments for CY 2010, including the impact of changes in the outlier threshold, expiring section 508 wage indices, and changes to the pass-through payment estimate. We did not model an explicit budget neutrality adjustment for the rural adjustment for SCHs because we are not proposing to make any changes to the policy for CY 2011. Because the proposed updates to the conversion factor, including the update of the market basket and the subtraction of additional money dedicated to pass-through payment for CY 2011, are applied uniformly across services, observed redistributions of payments in the impact table for hospitals largely depend on the mix of services furnished by a hospital (for example, how the APCs for the hospital's most frequently furnished services would change), and the impact of the wage index changes on the hospital. However, total payments made under this system and the extent to which this proposed rule would redistribute money during implementation also would depend on changes in volume, practice patterns, and the mix of services billed between CY 2010 and CY 2011 by various groups of hospitals, which CMS cannot forecast.

Overall, the proposed OPPS rates for CY 2011 would have a positive effect for providers paid under the OPPS, resulting in a 2.2 percent estimated increase in Medicare

payments. Removing cancer and children's hospitals, because their payments are held harmless to the pre-BBA ratio between payment and cost, and CMHCs suggests that these proposed changes would result in a 2.1 percent estimated increase in Medicare payments to all other hospitals.

To illustrate the impact of the proposed CY 2011 changes, our analysis begins with a baseline simulation model that uses the final CY 2010 weights, the FY 2010 final IPPS wage indices that include reclassifications, and the final CY 2010 conversion factor. Column 2 in Table 55 shows the independent effect of the proposed changes resulting from the reclassification of services among APC groups and the recalibration of APC weights, based on 12 months of CY 2009 OPPS hospital claims data and the most recent cost report data. We modeled the effect of the proposed APC recalibration changes for CY 2011 by varying only the weights (the final CY 2010 weights versus the proposed CY 2011 weights calculated using the service mix and volume in the CY 2009 claims used for this proposed rule) and calculating the percent difference in weight. Column 2 also reflects the effect of the proposed changes resulting from the APC reclassification and recalibration changes and any changes in multiple procedure discount patterns or conditional packaging that occur as a result of the proposed changes in the relative magnitude of payment weights.

Column 3 reflects the independent effects of the proposed updated wage indices, including the application of budget neutrality for the rural floor policy on a nationwide basis. This column excludes the effects of the frontier wage index adjustment, which is not budget neutral and is shown in column 6. We did not model a budget neutrality

adjustment for the rural adjustment for SCHs because we are making no changes to the policy for CY 2011. We modeled the independent effect of updating the wage indices by varying only the wage indices, holding APC relative weights, service mix, and the rural adjustment constant and using the proposed CY 2011 scaled weights and a CY 2010 conversion factor that included a budget neutrality adjustment for the effect of changing the wage indices between CY 2010 and CY 2011.

Column 4 demonstrates the independent effect of the cancer hospital payment adjustment. We modeled the independent effect of the cancer adjustment by varying only the payment to cancer hospitals after applying provider specific adjustments that cumulatively result in the proposed 40.5 percent adjustment while holding APC relative weights, service mix, the rural adjustment and wage indices constant and using a CY 2010 conversion factor.

Column 5 demonstrates the combined "budget neutral" impact of APC recalibration (that is, Column 2), the wage index update (that is, Column 3), the cancer hospital adjustment (that is, Column 4), as well as the impact of updating the conversion factor with the adjusted market basket update. We modeled the independent effect of the budget neutrality adjustments and the adjusted market basket update by using the weights and wage indices for each year, and using a CY 2010 conversion factor that included the market basket update and a budget neutrality adjustment for differences in wage indices.

Column 6 demonstrates the impact of the budget neutral adjustments and the market basket update reflected in Column 5 combined with the non-budget neutral Frontier wage index adjustment, discussed in section II.C.1. of this proposed rule.

Finally, Column 7 depicts the full impact of the proposed CY 2011 policies on each hospital group by including the effect of all the proposed changes for CY 2011 (including the APC reconfiguration and recalibration shown in Column 2) and comparing them to all estimated payments in CY 2010 (these CY 2010 estimated payments include the payments resulting from the non-budget neutral increases to wage indices under section 508 of Public Law 108-173 as extended by Public Law 111-148). Column 7 shows the combined budget neutral effects of Columns 2 through 5, plus the impact of the Frontier wage index adjustment; the proposed change to the fixed-dollar outlier threshold from $2,175 to $2,025 as discussed in section II.G. of this proposed rule; the expiration of section 508 reclassifications; the change in the HOP QDRP payment reduction for the small number of hospitals in our impact model that failed to meet the reporting requirements (see section XVI.D. of this proposed rule); and the impact of increasing the estimate of the percentage of total OPPS payments dedicated to transitional pass-through payments. Of the 106 hospitals that failed to meet the HOP QDRP reporting requirements for the full CY 2010 update (and assumed, for modeling purposes, to be the same number for CY 2011), we included 24 in our model because they had both CY 2009 claims data and recent cost report data. We estimate that the cumulative effect of all changes for CY 2011 would increase payments to all providers by 2.2 percent for CY 2011. We modeled the independent effect of all changes in Column 7 using the final weights for CY 2010 and the proposed weights for CY 2011. We used the final conversion factor for CY 2010 of $67.241, which was announced in the notice describing implementation of the Affordable Care Act provisions published around the same time as

this proposed rule and the proposed CY 2011 conversion factor of $68.267 discussed in section II.B. of this proposed rule.

Column 7 also contains simulated outlier payments for each year. We used the charge inflation factor used in the FY 2011 IPPS/RY 2011 LTCH PPS proposed rule of 5.16 percent (1.0516) to increase individual costs on the CY 2009 claims, and we used the most recent overall CCR in the April 2010 Outpatient Provider-Specific File (OPSF) (75 FR 24068). Using the CY 2009 claims and a 5.16 percent charge inflation factor, we currently estimate that outlier payments for CY 2010, using a multiple threshold of 1.75 and a fixed-dollar threshold of $2,175, would be approximately 0.85 percent of total payments. Outlier payments of 0.85 percent are incorporated in the CY 2010 comparison in Column 7. We used the same set of claims and a charge inflation factor of 10.59 percent (1.1059) and the CCRs in the April 2010 OPSF, with an adjustment of 0.9890, to reflect relative changes in cost and charge inflation between CY 2009 and CY 2011, to model the CY 2011 outliers at 1.0 percent of total payments using a multiple threshold of 1.75 and a fixed-dollar threshold of $2,025.

Column 1: Total Number of Hospitals

The first line in Column 1 in Table 55 shows the total number of providers (4,140), including cancer and children's hospitals and CMHCs for which we were able to use CY 2009 hospital outpatient claims to model CY 2010 and CY 2011 payments, by classes of hospitals. We excluded all hospitals for which we could not accurately estimate CY 2010 or CY 2011 payment and entities that are not paid under the OPPS. The latter entities include CAHs, all-inclusive hospitals, and hospitals located in Guam,

the U.S. Virgin Islands, Northern Mariana Islands, American Samoa, and the State of Maryland. This process is discussed in greater detail in section II.A. of this proposed rule. At this time, we are unable to calculate a disproportionate share (DSH) variable for hospitals not participating in the IPPS. Hospitals for which we do not have a DSH variable are grouped separately and generally include freestanding psychiatric hospitals, rehabilitation hospitals, and long-term care hospitals. We show the total number (3,871) of OPPS hospitals, excluding the hold-harmless cancer and children's hospitals and CMHCs, on the second line of the table. We excluded cancer and children's hospitals because section 1833(t)(7)(D) of the Act permanently holds harmless cancer hospitals and children's hospitals to their proportional payment relative to reasonable cost prior to payment under the OPPS and, therefore, we removed them from our impact analyses. We show the isolated impact on 207 CMHCs at the bottom of the impact table and discuss that impact separately below. We show the isolated impact on the 11 cancer hospitals in the last row of the impact table.

Column 2: Proposed APC Changes Due to Reassignment and Recalibration

This column shows the combined effects of the reconfiguration, recalibration, and other policies (such as our proposal to set payment for separately payable drugs and biologicals at ASP+6 percent with an accompanying reduction in the amount of cost associated with packaged drugs and biologicals and changes in payment for PHP services). Overall, we estimate that proposed changes in APC reassignment and recalibration across all services paid under the OPPS would increase payments to urban hospitals by 0.5 percent. We estimate that both large and other urban hospitals would see

an increase of 0.5 percent, all attributable to recalibration. We estimate that urban hospitals billing fewer than 11,000 lines for OPPS services would experience increases of 1.1 to 1.3 percent, while urban hospitals billing 11,000 or more lines for OPPS services would see increases of 0.5 to 0.8 percent.

Overall, we estimate that rural hospitals would experience an increase of 0.5 percent as a result of changes to the APC structure. We estimate that rural hospitals of all bed sizes would experience increases of 0.4 to 0.7 percent as a result of APC recalibration. We estimate that rural hospitals that report fewer than 5,000 lines for OPPS services would experience a decrease of 0.4 percent, while rural hospitals that report more than 5,000 lines for OPPS services would see increases of 0.5 percent to 0.6 percent.

Among teaching hospitals, we estimate that the impact resulting from APC recalibration would include an increase of 0.5 percent for major and minor teaching hospitals.

Classifying hospitals by type of ownership suggests that voluntary and governmental hospitals would see an increase of 0.5 percent, and proprietary hospitals would see an estimated increase of 0.6 percent.

Finally, we estimate that hospitals for which DSH payments are not available would experience decreases of 1.5 to 1.8 percent. We estimate that most other classes of hospitals would experience modest increases from CY 2010 to CY 2011 resulting from APC recalibration.

Column 3: Proposed New Wage Indices and the Effect of the Rural Adjustment

This column estimates the impact of applying the proposed FY 2011 IPPS wage indices for the CY 2011 OPPS without the influence of the Frontier wage index adjustment or the expiration of the section 508 wage index adjustment, which are not budget neutral. The Frontier wage index adjustment is reflected in the combined impact shown in columns 6 and 7. The expiring section 508 adjustment is reflected in column 7. We are not changing the rural payment adjustment for CY 2011. We estimate that the combination of updated wage data and nationwide application of rural floor budget neutrality would redistribute payment among regions. We also updated the list of counties qualifying for the section 505 out-migration adjustment. Overall, we estimate that urban hospitals would experience an increase of 0.1 percent from CY 2010 to CY 2011, and that rural hospitals would experience a decrease of 0.3 percent as a result of the updated wage indices. We estimate that hospitals in rural New England States and rural West North Central States would experience decreases of 1.9 and 0.8 percent, respectively. We estimate that urban Pacific and rural West South Central States would experience increases of 1.1 percent and 0.6 percent, respectively.

Column 4: Cancer Hospital Adjustment

This column estimates the budget neutral impact of applying the proposed hospital-specific CY 2011 cancer adjustment, authorized by section 3138 of the Affordable Care Act, as amended by the HCERA, which results in an aggregate increase in payments to dedicated cancer hospitals of 40.5% for the CY 2011 OPPS. We estimate

that all other hospitals will experience a decrease of 0.7 percent in CY 2011 as result of redistributing payments to the cancer hospitals under this proposed adjustment.

Column 5: All Proposed Budget Neutrality Changes and Market Basket Update

We estimate that the addition of the proposed market basket update of 2.15 percent (which includes the reduction to the OPD fee schedule update factor of 0.25 percentage points as required by section 3401(i) and 10319(g) of the Affordable Care Act and section 1105(e) of HCERA) would mitigate the negative impacts on hospital payments for CY 2011 created by the budget neutrality adjustments made in Columns 2, 3, and 4. Hospitals for which DSH is not available (generally hospitals not paid under the IPPS, including freestanding psychiatric, rehabilitation, and long-term care hospitals), experience the smallest increases of between 0.2 and 0.5 percent. In general, Column 5 shows that all hospitals would experience an estimated increase of 2.0 percent, attributable to the 2.15 percent OPD fee schedule update factor increase (that is, the market basket) combined with the budget neutrality adjustments.

Overall, we estimate that these proposed changes would increase payments to urban hospitals by 2.1 percent. We estimate that large urban hospitals would experience an increase of 2.2 percent, and "other" urban hospitals would experience a 1.9 percent increase. We estimate that rural hospitals would experience a 1.6 percent increase as a result of the proposed market basket update and other budget neutrality adjustments. We estimate that rural hospitals that bill less than 5,000 lines of OPPS services would experience an increase of 1.4 percent and that rural hospitals that bill more than 5,000 lines of OPPS services would experience increases of 1.5 to 2.3 percent.

Among teaching hospitals, we estimate that the observed impacts resulting from the market basket update and other budget neutrality adjustments would include an increase of 2.0 and 1.9 percent, respectively, for major and minor teaching hospitals.

Classifying hospitals by type of ownership suggests that voluntary, proprietary, and governmental hospitals would experience estimated increases of 1.9 percent, 2.2 percent, and 2.0 percent, respectively.

Column 6: Frontier Wage Index Adjustment

This column shows the impact of all budget neutrality adjustments, application of the 2.15 percent OPD fee schedule update factor, and the non-budget neutral impact of applying the Frontier wage adjustment (that is, the Frontier wage index change in addition to all changes reflected in column 5).

We estimate that hospitals in the urban West North Central and urban Mountain States will experience increases of 2.5 and 2.3 percent, respectively. Hospitals in the rural regions of the West North Central and Mountain states would experience estimated increases of 2.3 and 4.1 percent, respectively.

Column 7: All Proposed Changes for CY 2011

Column 7 compares all proposed changes for CY 2011 to estimated final payment for CY 2010, including the change in the outlier threshold, payment reductions for hospitals that failed to meet the HOP QDRP reporting requirements, the influence of the expiration of the section 508 wage adjustment, and the difference in pass-through estimates that are not included in the combined percentages shown in Column 6. This column includes estimated payment for a handful of hospitals receiving reduced payment

because they did not meet their hospital outpatient quality measure reporting requirements; however, we estimate that the anticipated change in payment between CY 2010 and CY 2011 for these hospitals would be negligible. (We further discuss the estimated impacts of hospitals' failure to meet these requirements below in section XXII.D. of this proposed rule.) Overall, we estimate that providers would experience an increase of 2.2 percent under this proposed rule in CY 2011 relative to total spending in CY 2010. The projected 2.2 percent increase for all providers in Column 7 of Table 55 reflects the proposed 2.15 percent adjusted OPD fee schedule update factor increase, less 0.06 percent for the change in the pass-through estimate between CY 2010 and CY 2011, plus 0.15 percent for the difference in estimated outlier payments between CY 2010 (0.85 percent) and CY 2011 (1.0 percent), and less 0.09 percent due to the expiration of the special, non-budget neutral wage index payments made under section 508, plus .09 percent due to the Frontier wage index adjustment. When we exclude cancer and children's hospitals (which are held harmless to their pre-OPPS costs) and CMHCs, the estimated increase is 2.1 percent.

We estimate that the combined effect of all changes for CY 2011 would increase payments to urban hospitals by 2.1 percent. We estimate that large urban hospitals would experience a 2.2 percent increase, while "other" urban hospitals would experience an increase of 2.0 percent. We estimate that urban hospitals that bill less than 5,000 lines of OPPS services would experience an increase of 3.3 percent, and we estimate that all urban hospitals that bill more than 5,000 lines of OPPS services would experience increases between 2.1 percent and 3.4 percent.

Overall, we estimate that rural hospitals would experience a 1.8 percent increase as a result of the combined effects of all changes for CY 2011. We estimate that rural hospitals that bill less than 5,000 lines of OPPS services would experience an increase of 3.4 percent and rural hospitals that bill greater than 5,000 lines of OPPS services would experience increases ranging from 1.7 percent to 2.5 percent.

Among teaching hospitals, we estimate that the impacts resulting from the combined effects of all changes would include an increase of 2.1 percent for both major and minor teaching hospitals.

Classifying hospitals by type of ownership, we estimate that proprietary hospitals would gain 2.3 percent, governmental hospitals would experience an increase of 2.2 percent, and voluntary hospitals would experience an increase of 2.0 percent.

4. Estimated Effects of This Proposed Rule on CMHCs

The bottom of Table 55 demonstrates the isolated impact on CMHCs. CMHCs are currently paid under two APCs for services under the OPPS: APC 0172 (Level 1 Partial Hospitalization (3 services)) and APC 0173 (Level II Partial Hospitalization (4 or more services)). This proposed rule proposes to further refine payment within these partial hospitalization APCs for CY 2011 by providing two payment rates for partial hospitalization services for each provider type (CMHCs and hospital-based PHPs). Specifically, APC 0172 would be retitled: "Level I partial Hospitalization (3 services) for CMHCs;" APC 0173 would be retitled: "Level II partial Hospitalization (4 or more services) for CMHCs;" new APC 0175 would be titled "Level I partial Hospitalization (3 services) for Hospital-based PHPs" and new APC 0176 would be titled: "Level II

partial Hospitalization (4 or more services) for Hospital-based PHPs." We are proposing payment rates for each APC based on the cost data derived from claims and cost reports for the provider type to which the APC is specific. We modeled the impact of this APC policy change assuming that CMHCs would continue to provide the same number of days of PHP care, with each day having either three services or four or more services, as seen in the CY 2009 claims data. We excluded days with one or two services. Because the relative weights for APC 0172 (Level 1 Partial Hospitalization (3 services)) and APC 0173 (Level II Partial Hospitalization (4 or more services)) both decline in CY 2011 to reflect CMHC cost data for partial hospitalization services provided by CMHCs under this proposed rule, we estimate that there would be a 44.0 percent decrease in payments to CMHCs due to these APC policy changes (shown in Column 2).

Column 3 shows that the estimated impact of adopting the CY 2011 wage index values would result in a 0.9 percent increase in payments to CMHCs. We note that all providers paid under the OPPS, including CMHCs, would receive a 2.15 percent adjusted market basket increase. Combining this proposed market basket increase, along with proposed changes in APC policy for CY 2011 and the proposed CY 2011 wage index updates, the proposed cancer hospital adjustment, proposed changes in outlier and pass-though payments, and the expiration of section 508 wages, we estimate that the combined impact on CMHCs for CY 2011 would be a 41.7 percent decrease in payment.

The impact on hospitals of the proposed changes to payment rates to hospitals for partial hospitalization services is reflected in the impact of all proposed changes on hospitals.

5. Estimated Effects of This Proposed Rule on Cancer Hospitals

The bottom of Table 55 demonstrates the isolated impact on the 11 cancer hospitals meeting the classification criteria in 1886(d)(1)(B)(v) of the Act. Section 3138 of the Affordable Care Act, as amended by HCERA, authorized the Secretary to conduct a study to determine if these hospitals are more costly than other hospitals paid under the OPPS, and if they are more costly, the Secretary shall make an appropriate adjustment that is budget neutral. As discussed in section II.F. of this proposed rule, we found that these hospitals are more costly and proposed an adjustment. These cancer hospitals currently are held harmless under section 1833(t)(7)(D) of the Act, and most of them receive additional payments outside budget neutrality. In general, the effect of this proposal is to make more payments to cancer hospitals than received under the OPPS, but within budget neutrality, effectively redistributing money from other hospitals to fund this adjustment. The proposed adjustment is hospital-specific, raising payment for each hospital to 86.7 percent of reasonable cost.

Column 2 demonstrates cancer hospitals receiving a modest increase of 0.3 percent after recalibration of the APC groups and weights. Column 3 shows that the estimated impact of adopting the CY 2011 wage index values would result in a 0.1 percent increase in payments to cancer hospitals within the PPS. Column 4 demonstrates the budget neutral impact of applying a hospital-specific adjustment to the 11 designated cancer hospitals. We estimate that the cancer hospitals will experience an aggregate increase in payment of 40.5%. All providers paid under the OPPS would receive a 2.15 percent adjusted market basket increase under this proposal. Combining this proposed

market basket increase, along with proposed changes in APC policy for CY 2011 and the proposed CY 2011 wage index updates, the proposed cancer hospital adjustment, proposed changes in outlier and pass-through payments, and the expiration of section 508 wages, we estimate that the combined impact on cancer hospitals within the PPS system would be a 39.9 percent increase. Cancer hospitals remain eligible for hold harmless payments to the extent that their PPS amount, including the cancer adjustment, is less than the estimated amount of payment they would have received under reasonable cost payment for any given year.

TABLE 55. ESTIMATED IMPACT OF THE PROPOSED CY 2011 HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

	Number of Hospitals (1)	APC Recalibration (2)	New Wage Index and Rural Adjustment (3)	New Cancer Hospital Adjustment (4)	Comb (cols 2,3) with Market Basket Update (5)	Frontier Wage Index Adjustment (6)	All Changes (7)
ALL PROVIDERS *	4,140	0.0	0.0	0.0	2.1	2.2	2.2
ALL HOSPITALS	3,871	0.5	0.0	-0.7	2.0	2.1	2.1
(excludes hospitals permanently held harmless and CMHCs)							
URBAN HOSPITALS	2,893	0.5	0.1	-0.7	2.1	2.1	2.1
LARGE URBAN	1,569	0.5	0.2	-0.7	2.2	2.2	2.2
(GT 1 MILL.)							
OTHER URBAN	1,324	0.5	0.0	-0.7	1.9	2.1	2.0
(LE 1 MILL.)							
RURAL HOSPITALS	978	0.5	-0.3	-0.7	1.6	1.9	1.8
SOLE COMMUNITY	391	0.5	-0.4	-0.7	1.5	2.0	1.8
OTHER RURAL	587	0.5	-0.3	-0.7	1.7	1.8	1.9
BEDS (URBAN)							
0 - 99 BEDS	976	0.7	0.0	-0.7	2.2	2.4	2.4
100-199 BEDS	855	0.6	0.1	-0.7	2.1	2.2	2.1
200-299 BEDS	453	0.6	0.0	-0.7	2.1	2.2	2.2
300-499 BEDS	413	0.5	0.1	-0.7	2.1	2.2	2.2
500 + BEDS	196	0.4	0.0	-0.7	1.9	1.9	2.0
BEDS (RURAL)							
0 - 49 BEDS	347	0.4	0.1	-0.7	1.9	2.2	2.2
50- 100 BEDS	375	0.6	-0.5	-0.7	1.6	1.7	1.7
101- 149 BEDS	146	0.5	-0.3	-0.7	1.7	1.9	1.8
150- 199 BEDS	62	0.6	-0.2	-0.7	1.9	2.4	2.3
200 + BEDS	48	0.5	-0.6	-0.7	1.4	1.4	1.4
VOLUME (URBAN)							
LT 5,000 Lines	593	1.3	0.3	-0.7	3.0	3.2	3.3
5,000 - 10,999 Lines	159	1.1	0.5	-0.7	3.1	3.3	3.4
11,000 - 20,999 Lines	243	0.8	0.2	-0.7	2.5	2.5	2.6
21,000 - 42,999 Lines	528	0.6	0.3	-0.7	2.4	2.4	2.3
GT 42,999 Lines	1,370	0.5	0.0	-0.7	2.0	2.1	2.1

	Number of Hospitals (1)	APC Recalibration (2)	New Wage Index and Rural Adjustment (3)	New Cancer Hospital Adjustment (4)	Comb (cols 2,3) with Market Basket Update (5)	Frontier Wage Index Adjustment (6)	All Changes (7)
VOLUME (RURAL)							
LT 5,000 Lines	76	-0.4	0.4	-0.7	1.4	3.2	3.4
5,000 - 10,999 Lines	96	0.6	0.3	-0.7	2.3	2.4	2.5
11,000 - 20,999 Lines	198	0.5	0.0	-0.7	2.0	2.3	2.2
21,000 - 42,999 Lines	308	0.5	-0.2	-0.7	1.8	2.0	2.0
GT 42,999 Lines	300	0.5	-0.4	-0.7	1.5	1.8	1.7
REGION (URBAN)							
NEW ENGLAND	150	0.5	-0.6	-0.7	1.4	1.4	1.3
MIDDLE ATLANTIC	362	0.6	-0.2	-0.7	1.9	1.9	1.7
SOUTH ATLANTIC	447	0.6	-0.1	-0.7	2.0	2.0	2.1
EAST NORTH CENT.	466	0.5	0.1	-0.7	2.1	2.1	2.0
EAST SOUTH CENT.	178	0.4	-0.3	-0.7	1.6	1.6	1.6
WEST NORTH CENT.	187	0.5	-0.2	-0.7	1.8	2.5	2.5
WEST SOUTH CENT.	472	0.5	0.1	-0.7	2.1	2.1	2.2
MOUNTAIN	192	0.5	-0.1	-0.7	1.9	2.3	2.4
PACIFIC	391	0.5	1.1	-0.7	3.0	3.0	3.2
PUERTO RICO	48	0.1	-0.4	-0.7	1.2	1.2	1.4
REGION (RURAL)							
NEW ENGLAND	24	0.6	-1.9	-0.7	0.2	0.2	0.3
MIDDLE ATLANTIC	67	0.6	-0.3	-0.7	1.8	1.8	1.9
SOUTH ATLANTIC	164	0.6	-0.3	-0.7	1.8	1.8	1.9
EAST NORTH CENT.	127	0.5	-0.6	-0.7	1.4	1.4	1.3
EAST SOUTH CENT.	177	0.4	-0.3	-0.7	1.7	1.7	1.6
WEST NORTH CENT.	103	0.5	-0.8	-0.7	1.2	2.3	2.1
WEST SOUTH CENT.	216	0.3	0.6	-0.7	2.4	2.4	2.4
MOUNTAIN	70	0.6	0.2	-0.7	2.2	4.1	3.9
PACIFIC	30	0.5	-0.1	-0.7	2.0	2.0	1.7
TEACHING STATUS							
NON-TEACHING	2,890	0.5	0.0	-0.7	2.0	2.1	2.1
MINOR	699	0.5	0.0	-0.7	1.9	2.1	2.1
MAJOR	282	0.5	0.0	-0.7	2.0	2.0	2.1
DSH PATIENT PERCENT							
0	6	2.3	0.0	-0.7	3.7	3.7	4.0
GT 0 - 0.10	396	0.7	0.1	-0.7	2.2	2.3	2.3

	Number of Hospitals (1)	APC Recalibration (2)	New Wage Index and Rural Adjustment (3)	New Cancer Hospital Adjustment (4)	Comb (cols 2,3) with Market Basket Update (5)	Frontier Wage Index Adjustment (6)	All Changes (7)
0.10 - 0.16	395	0.5	0.0	-0.7	2.0	2.1	2.0
0.16 - 0.23	771	0.4	-0.2	-0.7	1.7	1.9	1.9
0.23 - 0.35	997	0.5	0.0	-0.7	2.0	2.1	2.1
GE 0.35	723	0.6	0.2	-0.7	2.2	2.2	2.4
DSH NOT AVAILABLE **	583	-1.8	0.5	-0.7	0.2	0.2	0.2
URBAN TEACHING/DSH							
TEACHING & DSH	889	0.5	0.0	-0.7	2.0	2.1	2.1
NO TEACHING/DSH	1,445	0.6	0.1	-0.7	2.2	2.2	2.2
NO TEACHING/NO DSH	6	2.3	0.0	-0.7	3.7	3.7	4.0
DSH NOT AVAILABLE**	553	-1.5	0.5	-0.7	0.5	0.5	0.6
TYPE OF OWNERSHIP							
VOLUNTARY	2,064	0.5	0.0	-0.7	1.9	2.1	2.0
PROPRIETARY	1,230	0.6	0.1	-0.7	2.2	2.3	2.3
GOVERNMENT	577	0.5	0.0	-0.7	2.0	2.1	2.2
CMHCs	207	-44.0	0.9	-0.7	-41.7	-41.7	-41.7
Cancer Hospitals	11	0.3	0.1	40.5	43.2	43.2	39.9

Column (1) shows total hospitals.

Column (2) shows the impact of changes resulting from the reclassification of HCPCS codes among APC groups and the recalibration of APC weights based on 2009 hospital claims data.

Column (3) shows the budget neutral impact of updating the wage index by applying the FY 2011 hospital inpatient wage index. We did not propose any changes to the rural adjustment.

Column (4) shows the budget neutral impact of applying a hospital-specific adjustment to all OPPS services at the 11 designated cancer hospitals.

Column (5) shows the impact of all budget neutrality adjustments and the addition of the market basket update.

Column (6) shows the non-budget neutral impact of applying the frontier adjustment

Column (7) shows the additional adjustments to the conversion factor resulting from a change in the pass-through estimate and adds outlier payments. This column also shows the expiration of section 508 wages on September 30, 2010 and the application of the Frontier wage adjustment for CY 2011.

*These 4,140 providers include children and cancer hospitals, which are held harmless to pre-BBA payments, and CMHCs.

** Complete DSH numbers are not available for providers that are not paid under IPPS, including rehabilitation, psychiatric, and long-term care hospitals.

6. Estimated Effect of This Proposed Rule on Beneficiaries

For services for which the beneficiary pays a copayment of 20 percent of the payment rate, the beneficiary share of payment would increase for services for which the OPPS payments would rise and would decrease for services for which the OPPS payments would fall. For example, for a service assigned to Level IV Needle Biopsy/Aspiration Except Bone Marrow (APC 0037) in the CY 2010 OPPS, the national unadjusted copayment is $228.76, and the minimum unadjusted copayment is $208.46. For CY 2011, the national unadjusted copayment for APC 0037 would be $228.76, the same rate in effect for CY 2010. The minimum unadjusted copayment for APC 0037 would be $215.24 or 20 percent of the CY 2011 national unadjusted payment rate for APC 0037 of $1,076.16. The minimum unadjusted copayment would rise because the payment rate for APC 0037 would rise for CY 2011. In all cases, the statute limits beneficiary liability for copayment for a procedure to the hospital inpatient deductible for the applicable year. The CY 2010 hospital inpatient deductible is $1,100. The CY 2011 hospital inpatient deductible is not yet available.

In order to better understand the impact of changes in copayment on beneficiaries, we modeled the percent change in total copayment liability using CY 2009 claims. We estimate, using the claims of the 4,140 hospitals and CMHCs on which our modeling is based, that total beneficiary liability for copayments would decline as an overall percentage of total payments, from 22.4 percent in CY 2010 to 22.1 percent in CY 2011.

7. Conclusion

The changes in this proposed rule would affect all classes of hospitals and CMHCs. We estimated that some classes of hospitals would experience significant gains and others less significant gains, but all classes of hospitals would experience positive updates in OPPS payments in CY 2011 with one exception. We estimate that CMHCs would see an overall decrease in payment of 41.7 percent due to the recalibration of payment rates for Partial Hospitalization services at CMHCs which bases payment for CMHCs on cost report and claims data submitted by CMHCs. Specifically, dedicated cancer hospitals would experience an aggregate increase in payment of 40.5 percent, although because the cancer adjustment is hospital-specific, dedicated cancer hospitals will experience different increases.

Table 55 demonstrates the estimated distributional impact of the OPPS budget neutrality requirements that would result in a 2.2 percent increase in payments for all services paid under the OPPS in CY 2011, after considering all changes to APC reconfiguration and recalibration, as well as the adjusted market basket increase, wage index changes, including the Frontier wage index adjustment and the expiration of section 508 wage index reclassifications, the cancer hospital adjustment, estimated payment for outliers, and changes to the pass-through payment estimate. The accompanying discussion, in combination with the rest of this proposed rule, constitutes a regulatory impact analysis.

8. Accounting Statement

As required by OMB Circular A-4 (available at http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf), in Table 56, we have prepared an accounting statement showing the CY 2011 estimated hospital OPPS incurred benefit impact associated with the proposed CY 2011 hospital outpatient market basket update shown in this proposed rule based on the FY 2011 President's Budget. All estimated impacts are classified as transfers.

TABLE 56--ACCOUNTING STATEMENT: CY 2011 ESTIMATED HOSPITAL OPPS TRANSFERS FROM CY 2010 TO CY 2011 ASSOCIATED WITH THE PROPOSED CY 2011 HOSPITAL OUTPATIENT MARKET BASKET UPDATE

Category	Transfers
Annualized Monetized Transfers	$0.7 billion
From Whom to Whom	Federal Government to outpatient hospitals and other providers who received payment under the hospital OPPS
Total	$0.7 billion

C. Effects of ASC Payment System Changes in This Proposed Rule

On August 2, 2007, we published in the **Federal Register** the final rule for the revised ASC payment system, effective January 1, 2008 (72 FR 42470). In that final rule, we adopted the methodologies to set payment rates for covered ASC services to implement the revised payment system so that it would be designed to result in budget neutrality as required by section 626 of Public Law 108-173; established that the OPPS relative payment weights would be the basis for payment and that we would update the system annually as part of the OPPS rulemaking cycle; and provided that the revised ASC payment rates would be phased-in over 4 years. During the 4-year transition to full implementation of the ASC payment rates, payments for surgical procedures performed

in ASCs that were on the CY 2007 ASC list of covered surgical procedures were made using a blend of the CY 2007 ASC payment rate and the ASC payment rate calculated according to the ASC standard ratesetting methodology for the applicable transitional year. In CY 2009, we paid ASCs using a 50/50 blend, in which payment was calculated by adding 50 percent of the CY 2007 ASC rate for a surgical procedure on the CY 2007 ASC list of covered surgical procedures and 50 percent of the CY 2009 ASC rate calculated according to the ASC standard ratesetting methodology for the same procedure. For CY 2010, we transitioned the blend to a 25/75 blend of the CY 2007 ASC rate and the CY 2010 ASC payment rate calculated according to the ASC standard ratesetting methodology. Beginning in CY 2011, we would pay ASCs for all covered surgical procedures, including those on the CY 2007 ASC list, at the ASC payment rates calculated according to the ASC standard ratesetting methodology.

ASC payment rates are calculated by multiplying the ASC conversion factor by the ASC relative payment weight. As discussed fully in section XV. of this proposed rule, we set the proposed CY 2011 ASC relative payment weights by scaling CY 2011 ASC relative payment weights by the ASC scalar of 0.9090. The estimated effects of the updated relative payment weights on payment rates during this first year of full implementation of the ASC payment rates calculated according to the ASC standard ratesetting methodology are varied and are reflected in the estimated payments displayed in Tables 57 and 58 below.

Beginning in CY 2011, section 3401 of the Affordable Care Act requires that the annual update to the ASC payment system, which is the consumer price index for all

urban consumers (CPI-U), be reduced by the productivity adjustment. The Affordable Care Act defines the productivity adjustment to be equal to the 10-year moving average of changes in annual economy-wide private nonfarm business multi-factor productivity (MFP) (as projected by the Secretary for the 10-year period ending with the applicable fiscal year, year, cost reporting period, or other annual period). We calculated the CY 2011 ASC conversion factor by adjusting the CY 2010 ASC conversion factor by 1.0006 to account for changes in the pre-floor and pre-reclassified hospital wage indices between CY 2010 and CY 2011 and by applying the CY 2011 MFP-adjusted CPI-U of 0 percent (1.6 percent CPI-U minus 1.6 percent MFP). The proposed CY 2011 ASC conversion factor is $41.898.

1. Alternatives Considered

Alternatives to the changes we are making and the reasons that we have chosen specific options are discussed throughout this proposed rule. Some of the major ASC issues discussed in this proposed rule and the options considered are discussed below.

a. Alternatives Considered for Office-Based Procedures

According to our final policy for the revised ASC payment system, we designate as office-based those procedures that are added to the ASC list of covered surgical procedures in CY 2008 or later years and that we determine are predominantly performed in physicians' offices based on consideration of the most recent available volume and utilization data for each individual procedure HCPCS code and/or, if appropriate, the clinical characteristics, utilization, and volume of related HCPCS codes. We establish payment for procedures designated as office-based at the lesser of the MPFS nonfacility

practice expense payment amount or the ASC rate developed according to the standard methodology of the revised ASC payment system.

In developing this proposed rule, we reviewed the full CY 2009 utilization data for all surgical procedures added to the ASC list of covered surgical procedures in CY 2008 or later years and for those procedures for which the office-based designation is temporary in the CY 2010 OPPS/ASC final rule with comment period (74 FR 60605 through 60608). Based on that review, and as discussed in section XV.C.1.b. of this proposed rule, we are proposing to newly designate six surgical procedures as permanent office-based (four of which we are also proposing to add to the ASC list of covered surgical procedures for CY 2011) and to make permanent the office-based designations of three existing surgical procedures that have temporary office-based designations in CY 2010. We also are proposing temporary office-based designations for 7 procedures in CY 2011. We considered two alternatives in developing this policy.

The first alternative we considered was to make no change to the procedure payment designations. This would mean that we would pay for the 9 procedures we are proposing to designate as permanently office-based and the 7 procedures we are proposing to designate as temporarily office-based at an ASC payment rate calculated according to the standard ratesetting methodology of the revised ASC payment system. We did not select this alternative because our analysis of the data and our clinical review indicated that all 9 procedures we are proposing to designate as permanently office-based as well as the 7 procedures that we are proposing to designate temporarily as office-based could be considered to be predominantly performed in physicians' offices. Consistent

with our final policy adopted in the August 2, 2007 final rule (72 FR 42509 through 42513), we were concerned that making payments at the standard ASC payment rate for the 9 procedures designated as office-based and 7 procedures designated as temporarily office-based could create financial incentives for the procedures to shift from physicians' offices to ASCs for reasons unrelated to clinical decisions regarding the most appropriate setting for surgical care. Further, consistent with our policy, we believe that when adequate data become available to make permanent determinations about procedures with temporary office-based designations, maintaining the temporary designation is no longer appropriate.

The second alternative we considered and the one we are proposing for CY 2011 is to designate six additional procedures as office-based for CY 2011 and to make permanent the office-based designations of three of the procedures with temporary office-based designations in CY 2010. We also are proposing to designate 7 procedures as temporarily office-based in CY 2011. We chose this alternative because our claims data and clinical review indicate that these procedures could be considered to be predominantly performed in physicians' offices. We believe that designating these procedures as office-based, which results in the CY 2010 ASC payment rate for these procedures potentially being capped at the CY 2010 physicians' office rate (that is, the MPFS nonfacility practice expense payment amount), if applicable, is an appropriate step to ensure that Medicare payment policy does not create financial incentives for such procedures to shift unnecessarily from physicians' offices to ASCs, consistent with our final policy adopted in the August 2, 2007 final rule.

b. Alternatives Considered for Covered Surgical Procedures

According to our final policy for the revised ASC payment system, we designate as covered all surgical procedures that we determine would not be expected to pose a significant risk to beneficiary safety or would not be expected to require an overnight stay when performed on Medicare beneficiaries in an ASC.

In developing this proposed rule, we reviewed the clinical characteristics and full CY 2009 utilization data, if applicable, for all procedures reported by Category III CPT codes implemented July 1, 2010, and surgical procedures that were excluded from ASC payment for CY 2010. Based on this review, we identified 8 new surgical procedures described by Category III CPT codes that were new for July 2010 and 5 surgical procedures excluded from ASC payment for CY 2010, that we determined were appropriate for addition to the ASC list of covered surgical procedures. We considered two alternatives in developing this policy.

The first alternative we considered was to make no change to the ASC list of covered surgical procedures for CY 2010. We did not choose this alternative because our analysis of data and clinical review indicated that the 13 procedures we are designating as covered surgical procedures for CY 2011 would not be expected to pose a significant risk to beneficiary safety in ASCs and would not be expected to require an overnight stay. Consistent with our final policy, we were concerned that by continuing to exclude them from the list of ASC covered surgical procedures, we may unnecessarily limit beneficiaries' access to the services in the most clinically appropriate settings.

The second alternative we considered and the one we are proposing for CY 2011 was to designate 13 additional procedures as ASC covered surgical procedures for CY 2011. We chose this alternative because our claims data and clinical review indicate that these procedures would not be expected to pose a significant risk to beneficiary safety and would not be expected to require an overnight stay, and thus they meet the criteria for inclusion on the list of ASC covered surgical procedures. We believe that adding these procedures to the list of covered surgical procedures is an appropriate step to ensure that beneficiary access to services is not limited unnecessarily.

c. Alternatives Considered for the Extension of Waiver of Deductible to Services Furnished in Connection with or in Relation to a Colorectal Screening Test that becomes Diagnostic

Section 4104(c)(2) of the Affordable Care Act waives the deductible with respect to a colorectal cancer screening test regardless of the code that is billed for the establishment of a diagnosis as a result of the test, or for the removal of tissue or other matter or other procedure that is furnished in connection with, as a result of, and in the same clinical encounter as a screening test. We are proposing for CY 2011 that the deductible be waived for all surgical services furnished in an ASC on the same date as a planned screening colonoscopy or planned flexible sigmoidoscopy as being furnished in connection with, as a result of, and in the same clinical encounter as the screening test (we note that barium enemas are not ASC covered ancillary or surgical procedures). As discussed in detail under the alternatives considered for the OPPS (section XXII.B.1.a above), we considered three alternatives for the extension of waiver of deductible to

services furnished in connection with or in relation to a colorectal screening test that becomes diagnostic for CY 2011. The first alternative we considered, but are not proposing for the reasons previously discussed, was to define a limited set of colonoscopy codes to which the waiver could apply when performed on the same date as a procedure that began as a screening colonoscopy or screening flexible sigmoidoscopy. The second alternative we considered, but are not proposing for the reasons previously discussed, was to define a broader, but still limited set of codes (for example, selected surgical services) to which the waiver could apply when performed on the same date as a procedure that began as a screening colonoscopy or screening flexible sigmoidoscopy. The third alternative we considered, and the one we are proposing for CY 2011, is to apply the waiver to any surgical procedure on the same date as a screening colonoscopy or flexible sigmoidoscopy performed in an ASC that providers report began as a screening test. As we discuss above, we chose this alternative because we believe it provides the greatest ease of public understanding and provider application. We believe that this alternative is appropriate because we believe that it would be very rare for an unrelated surgery to occur on the same date as one of these scheduled screening tests. Moreover, we believe that the risk of improper expenditures would be very small under this policy because it is the deductible, and not the coinsurance, that is waived for the related procedures other than the screening tests (that is, the Part B deductible is a fixed amount that the beneficiary pays before Medicare begins to pay and typically would be met after receiving one to two services).

2. Limitations of Our Analysis

Presented here are the projected effects of the proposed changes for CY 2011 on Medicare payment to ASCs. A key limitation of our analysis is our inability to predict changes in ASC service mix between CY 2009 and CY 2011 with precision. We believe that the net effect on Medicare expenditures resulting from the proposed CY 2011 changes would be small in the aggregate for all ASCs. However, such changes may have differential effects across surgical specialty groups as ASCs continue to adjust to the payment rates based on the policies of the revised ASC payment system. We are unable to accurately project such changes at a disaggregated level. Clearly, individual ASCs would experience changes in payment that differ from the aggregated estimated impacts presented below.

3. Estimated Effects of This Proposed Rule to ASCs

Some ASCs are multispecialty facilities that perform the gamut of surgical procedures, from excision of lesions to hernia repair to cataract extraction; others focus on a single specialty and perform only a limited range of surgical procedures, such as eye, digestive system, or orthopedic procedures. The combined effect on an individual ASC of the proposed update to the CY 2011 payments would depend on a number of factors, including, but not limited to, the mix of services the ASC provides, the volume of specific services provided by the ASC, the percentage of its patients who are Medicare beneficiaries, and the extent to which an ASC provides different services in the coming year. The following discussion presents tables that display estimates of the impact of the proposed CY 2011 update to the revised ASC payment system on Medicare payments to

ASCs, assuming the same mix of services as reflected in our CY 2009 claims data. Table 57 depicts the estimated aggregate percent change in payment by surgical specialty or ancillary items and services group by comparing estimated CY 2010 payments to estimated proposed CY 2011 payments, and Table 58 shows a comparison of estimated CY 2010 payments to estimated proposed CY 2011 payments for procedures that we estimate would receive the most Medicare payment in CY 2011.

Table 57 shows the estimated effects on aggregate proposed Medicare payments under the revised ASC payment system by surgical specialty or ancillary items and services group. We have aggregated the surgical HCPCS codes by specialty group, grouped all HCPCS codes for covered ancillary items and services into a single group, and then estimated the effect on aggregated payment for surgical specialty and ancillary items and services groups. The groups are sorted for display in descending order by estimated Medicare program payment to ASCs. The following is an explanation of the information presented in Table 57.

- Column 1—Surgical Specialty or Ancillary Items and Services Group indicates the surgical specialty into which ASC procedures are grouped or the ancillary items and services group which includes all HCPCS codes for covered ancillary items and services. To group surgical procedures by surgical specialty, we used the CPT code range definitions and Level II HCPCS codes and Category III CPT codes, as appropriate, to account for all surgical procedures to which the Medicare program payments are attributed.

- Column 2—Estimated ASC Payments were calculated using CY 2009 ASC utilization (the most recent full year of ASC utilization) and CY 2010 ASC payment rates. The surgical specialty and ancillary items and services groups are displayed in descending order based on estimated CY 2010 ASC payments.

- Column 3—Estimated CY 2011 Percent Change (Fully Implemented Payment Rates) is the aggregate percentage increase or decrease in Medicare program payment to ASCs for each surgical specialty or ancillary items and services group that would be attributable to proposed updates to ASC payment rates for CY 2011 compared to CY 2010.

As seen in Table 57, we estimate that the proposed update to ASC rates for CY 2011 would result in a 1 percent decrease in aggregate payment amounts for eye and ocular adnexa procedures, a 6 percent decrease in aggregate payment amounts for digestive system procedures, and a 1 percent increase in aggregate payment amounts for nervous system procedures.

Generally, for the surgical specialty groups that account for less ASC utilization and spending, we estimate that the payment effects of the proposed CY 2011 update are positive. We estimate that ASC payments for procedures in those surgical specialties would increase in CY 2011. For instance, we estimate that, in the aggregate, payment for integumentary system procedures would increase by 3 percent under the proposed CY 2011 rates. We estimate similar effects for genitourinary, cardiovascular, musculoskeletal, respiratory, hematologic and lymphatic systems, and auditory system procedures as well.

An estimated increase in aggregate payment for the specialty group does not mean that all procedures in the group would experience increased payment rates. For example, the estimated modest increase for CY 2011 for nervous system procedures is likely due to increase in the ASC payment weight for some of the high volume procedures, such as CPT code 64721 (Neuroplasty and/or transposition; median nerve at carpal tunnel).

Also displayed in Table 57 is a separate estimate of Medicare ASC payments for the group of separately payable covered ancillary items and services. We estimate that aggregate payments for these items and services would decrease by 2 percent for CY 2011. The payment estimates for the covered surgical procedures include the costs of packaged ancillary items and services. In rules for years prior to CY 2010, we did not have ASC payment data for covered ancillary items and services because, prior to CY 2008, they were paid under other fee schedules or packaged into payment for the covered surgical procedures. Beginning with the CY 2010 OPPS/ASC rulemaking, we have utilization data for those services as well as for all of the covered surgical procedures provided in ASCs under the revised payment system.

TABLE 57—ESTIMATED IMPACT OF THE PROPOSED CY 2011 UPDATE TO THE ASC PAYMENT SYSTEM ON AGGREGATE CY 2011 MEDICARE PROGRAM PAYMENTS BY SURGICAL SPECIALTY OR ANCILLARY ITEMS AND SERVICES GROUP

Surgical Specialty Group (1)	Estimated CY 2010 ASC Payments (in Millions) (2)	Estimated CY 2011 Percent Change (Fully Implemented) (3)
Total	3,231	0
Eye and ocular adnexa	1,410	-1
Digestive system	697	-6
Nervous system	386	1
Musculoskeletal system	350	11

Surgical Specialty Group (1)	Estimated CY 2010 ASC Payments (in Millions) (2)	Estimated CY 2011 Percent Change (Fully Implemented) (3)
Genitourinary system	128	7
Integumentary system	122	3
Respiratory system	36	14
Cardiovascular system	24	4
Ancillary items and services	18	-2
Auditory system	8	9
Hematologic & lymphatic systems	4	15

Table 58 below shows the estimated impact of the proposed updates to the revised ASC payment system on aggregate ASC payments for selected surgical procedures during CY 2011. The table displays 30 of the procedures receiving the greatest estimated CY 2010 aggregate Medicare payments to ASCs. The HCPCS codes are sorted in descending order by estimated CY 2010 program payment.

- Column 1–HCPCS code.
- Column 2–Short Descriptor of the HCPCS code.
- Column 3–Estimated CY 2010 Allowed Charges were calculated using CY 2009 ASC utilization (the most recent full year of ASC utilization) and the CY 2010 ASC payment rates. The estimated CY 2010 allowed charges are expressed in millions of dollars.
- Column 4–Estimated CY 2010 Percent Change (Fully Implemented Payment Rates) reflects the percent differences between the estimated ASC payment for CY 2010 and the estimated payment for CY 2011 based on the proposed update.

As displayed in Table 58, 21 of the 30 procedures with the greatest estimated aggregate CY 2010 Medicare payment are included in the 3 surgical specialty groups that

are estimated to account for the most Medicare payment to ASCs in CY 2011, specifically eye and ocular adnexa, digestive system, and nervous system surgical groups. Consistent with the estimated payment effects on the surgical specialty groups displayed in Table 57, the estimated effects of the proposed CY 2011 update on ASC payment for individual procedures shown in Table 58 are varied.

The ASC procedure for which the most Medicare payment is estimated to be made in CY 2010 is the cataract removal procedure reported with CPT code 66984 (Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)). We estimate that the proposed update to the ASC rates would result in a 2 percent payment decrease for this procedure in CY 2011. The estimated payment effects on two of the three other eye and ocular adnexa procedures included in Table 58 are more significant. We estimate that the proposed payment rate for CPT code 66821 (Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)) would decrease by 9 percent and payment for CPT code 67904 (Repair eyelid defect) would increase by 9 percent.

We estimate that the proposed payment rates for all of the digestive system procedures included in Table 58 would decrease by 1 to 10 percent in CY 2011. Those estimated decreases are consistent with decreases in the previous 3 years under the revised ASC payment system and are expected because, under the previous ASC

payment system, the payment rates for many high volume endoscopy procedures were almost the same as the payments for the procedures under the OPPS.

The estimated effects of the proposed CY 2011 update on the 9 nervous system procedures for which the most Medicare ASC payment is estimated to be made in CY 2010 would be variable. Our estimates indicate that the proposed CY 2011 update would result in payment increases of 2 to 10 percent for 5 of the 9 procedures and result in a 1 percent decrease for the other 4 nervous system procedures. The nervous system procedures for which we estimate a positive effect on CY 2010 payments, include CPT codes 64721 (Neuroplasty and/or transposition; median nerve at carpal tunnel) and 64622 (Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level), which are expected to have payment increases of 10 percent and 6 percent respectively.

The estimated payment effects for most of the remaining procedures listed in Table 58 would be positive. For example, the proposed payment rates for musculoskeletal CPT codes 29880 (Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)) and 29881 (Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)) would be estimated to increase 10 percent over the CY 2010 transitional payment rates. Musculoskeletal procedures would be expected to account for a greater percentage of CY 2011 Medicare ASC spending as we estimate that payment for procedures in that surgical specialty group would increase under the revised payment system in CY 2011.

TABLE 58.--ESTIMATED IMPACT OF THE PROPOSED UPDATE TO CY 2011 ASC PAYMENT SYSTEM ON AGGREGATE PAYMENTS FOR SELECTED PROCEDURES

HCPCS Code*	Short Descriptor	Estimated CY 2010 Allowed Charges (in mil)	Estimated CY 2011 Percent change (fully implemented payment)
(1)	(2)	(3)	(4)
66984	Cataract surg w/iol, 1 stage	1,091	-2%
43239	Upper GI endoscopy, biopsy	162	-8%
45380	Colonoscopy and biopsy	129	-7%
45378	Diagnostic colonoscopy	109	-7%
45385	Lesion removal colonoscopy	88	-7%
66982	Cataract surgery, complex	73	-2%
62311	Inject spine l/s (cd)	66	-1%
66821	After cataract laser surgery	63	-9%
64483	Inj foramen epidural l/s	61	-1%
15823	Revision of upper eyelid	40	-5%
64493	Inj paravert f jnt l/s 1 lev	36	2%
G0105	Colorectal scrn; hi risk ind	32	-10%
63650	Implant neuroelectrodes	30	3%
29881	Knee arthroscopy/surgery	28	10%
45384	Lesion remove colonoscopy	28	-7%
G0121	Colon ca scrn not hi rsk ind	27	-10%
64721	Carpal tunnel surgery	26	10%
29826	Shoulder arthroscopy/surgery	24	16%
43235	Uppr gi endoscopy, diagnosis	24	-1%
29880	Knee arthroscopy/surgery	23	10%
52000	Cystoscopy	21	-7%
63685	Insrt/redo spine n generator	20	5%
29827	Arthroscop rotator cuff repr	20	12%
64622	Destr paravertebrl nerve l/s	17	6%
28285	Repair of hammertoe	17	11%
62310	Inject spine c/t	15	-1%
26055	Incise finger tendon sheath	14	7%
67904	Repair eyelid defect	13	9%
64623	Destr paravertebral n add-on	13	-1%
50590	Fragmenting of kidney stone	13	-4%

*Note that HCPCS codes proposed for deletion for CY 2010 are not displayed in this table.

The previous ASC payment system served as an incentive to ASCs to focus on providing procedures for which they determined Medicare payments would support their continued operation. We note that, historically, the ASC payment rates for many of the most frequently performed procedures in ASCs were similar to the OPPS payment rates for the same procedures. Conversely, procedures with ASC payment rates that were substantially lower than the OPPS rates have historically been performed least often in ASCs. We believed that the revised ASC payment system would encourage greater efficiency in ASCs and would promote significant increases in the breadth of surgical procedures performed in ASCs because it distributes payments across the entire spectrum of covered surgical procedures based on a coherent system of relative weights that are related to the clinical and facility resource requirements of those procedures.

The CY 2009 claims data that we used to develop the proposed CY 2011 ASC payment system relative weights and rates reflect the second year of utilization under the revised payment system. Although the changes in the claims data are not large, the data reflect increased Medicare ASC spending for procedures that were newly added to the ASC list in CY 2008. Our estimates based on CY 2009 data indicate that for CY 2011 there would be especially noticeable increases in spending for respiratory systems, and hematologic and lymphatic systems, compared to the previous ASC payment system.

4. Estimated Effects of This Proposed Rule on Beneficiaries

We estimate that the proposed CY 2011 update to the ASC payment system would be generally positive for beneficiaries with respect to the new procedures that we

are adding to the ASC list of covered surgical procedures and for those that we are designating as office-based for CY 2010. First, as discussed in section XV.D.1.d. of this proposed rule, we are proposing to waive either the coinsurance, the Part B deductible, or both for certain preventive services recommended by the USPSTF with a grade of A or B for any indication or population and that are appropriate for the individual to comply with sections 4104 and 10406 of the Affordable Care Act. Other than these services, the ASC coinsurance rate for all procedures is 20 percent. This contrasts with procedures performed in HOPDs, where the beneficiary is responsible for copayments that range from 20 percent to 40 percent of the procedure payment. Second, ASC payment rates under the revised payment system are lower than payment rates for the same procedures under the OPPS; therefore, the beneficiary coinsurance amount under the ASC payment system almost always would be less than the OPPS copayment amount for the same services. (The only exceptions would be if the ASC coinsurance amount exceeds the inpatient deductible. The statute requires that copayment amounts under the OPPS not exceed the inpatient deductible.) For new procedures that we are proposing to add to the ASC list of covered surgical procedures in CY 2011, as well as for procedures already included on the list, and that are furnished in an ASC rather than the HOPD setting, the beneficiary coinsurance amount would be less than the OPPS copayment amount. Furthermore, the proposed additions to the ASC list of covered surgical procedures would provide beneficiaries access to more surgical procedures in ASCs. Beneficiary coinsurance for services migrating from physicians' offices to ASCs may decrease or increase under the revised ASC payment system, depending on the particular service and

the relative payment amounts for that service in the physician's office compared to the ASC. However, for those additional procedures that we are proposing to designate as office-based in CY 2011, the beneficiary coinsurance amount would be no greater than the beneficiary coinsurance in the physician's office.

In addition, as finalized in the August 2, 2007 final rule (72 FR 42521), in CY 2011, the final year of the 4-year transition to the ASC payment rates calculated according to the ASC standard ratesetting methodology of the revised ASC payment system, ASC payment rates for a number of commonly furnished ASC procedures would continue to be reduced, resulting in lower beneficiary coinsurance amounts for these ASC services in CY 2011.

5. Conclusion

The proposed updates to the ASC payment system for CY 2011 would affect each of the approximately 5,000 ASCs currently approved for participation in the Medicare program. The effect on an individual ASC would depend on its mix of patients, the proportion of the ASC’s patients that are Medicare beneficiaries, the degree to which the payments for the procedures offered by the ASC are changed under the revised payment system, and the extent to which the ASC provides a different set of procedures in the coming year.

The CY 2011 proposed update to the revised ASC payment system includes an MFP-adjusted CPI-U increase factor of 0 percent that we estimate would result in the same amount of Medicare expenditures in CY 2011 than was estimated to be made in CY 2010. We estimate that the proposed update to the revised ASC payment system,

including the addition of surgical procedures to the list of covered surgical procedures, would have minimal effect on Medicare expenditures compared to the estimated level of Medicare expenditures in CY 2010.

6. Accounting Statement

As required by OMB Circular A-4 (available at http://www.whitehousegov/omb/circulars/a004/a-4.pdf), in Table 59 below, we have prepared an accounting statement showing the classification of the expenditures associated with the statutorily authorized 0.0 percent update to the CY 2011 revised ASC payment system, based on the provisions of this proposed rule and the baseline spending estimates for ASCs in the FY 2011 President's Budget. This table provides our best estimate of Medicare payments to suppliers as a result of the proposed update to the CY 2011 ASC payment system, as presented in this proposed rule. All expenditures are classified as transfers.

TABLE 59.--ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED TRANSFERS FROM CY 2010 TO CY 2011 AS A RESULT OF THE PROPOSED CY 2011 UPDATE TO THE REVISED ASC PAYMENT SYSTEM

Category	Transfers
Annualized Monetized Transfers	$0
From Whom to Whom	Federal Government to Medicare Providers and Suppliers
Total	$0

D. Effects of Proposed Requirements for Hospital Reporting of Quality Data for Annual Hospital Payment Update

In section XVI. of the CY 2009 OPPS/ASC final rule with comment period (73 FR 68758), we discussed our requirements for subsection (d) hospitals to report

quality data under the HOP QDRP in order to receive the full payment update for CY 2010. In section XVI. of this proposed rule, we proposed additional policies affecting the HOP QDRP for CY 2012, CY 2013, and CY 2014. We estimate that about 90 hospitals may not receive the full payment update in CY 2011. Most of these hospitals receive little to no OPPS reimbursement on an annual basis. However, at this time, information is not available to determine the precise number of hospitals that do not meet the requirements for the full hospital market basket increase for CY 2011. We also estimate that 90 hospitals may not receive the full payment update in CY 2012. We are unable at this time to estimate the number of hospitals that may not receive the full payment update in CY 2013 and CY 2014.

In section XVI.E.3.a. of the CY 2010 OPPS/ASC final rule with comment period, for the CY 2011 payment update, as part of the validation process, we are requiring hospitals to submit paper copies of requested medical records to a designated contractor within the required timeframe. Failure to submit requested documentation can result in a 2 percentage point reduction in a hospital's update, but the failure to attain a validation score threshold would not. Of the 90 hospitals that we estimate would not receive the full payment update for CY 2011, we estimate that no more than 20 hospitals would fail the validation documentation submission requirement for the CY 2011 payment update.

In section XVI.E.3.b. of the CY 2010 OPPS/ASC final rule with comment period, we did not, at that time, adopt our proposal in the CY 2010 OPPS/ASC proposed rule (74 FR 35403) to expand the CY 2011 validation requirement for the CY 2012 payment update. Instead, we stated that we would consider the public comments we received on

that proposal, as well as any analyses we conduct of the CY 2011 validation process, and propose a CY 2012 validation process as a part of the CY 2011 OPPS/ASC rulemaking. We believe that this approach would give HOP QDRP hospitals experience with the validation process and allow these hospitals sufficient time to prepare for the CY 2012 validation.

In this proposed rule, we are proposing to validate data submitted by 800 hospitals for purposes of the CY 2012 HOP QDRP payment determination. For CY 2011 and under our proposal for CY 2012 in this proposed rule, we stated that we would calculate the validation matches for CY 2011 (we note, however, that the validation results would not affect the CY 2011 payment update) and CY 2012 by assessing whether the measure data submitted by the hospital matches the independently reabstracted measure data. In addition, for the CY 2012 payment update in this proposed rule, we are proposing to validate data for only 800 hospitals out of the approximately 3,200 HOP QDRP participating hospitals. We believe that this approach is suitable for HOP QDRP data because it will: produce a more reliable estimate of whether a hospital's submitted data have been abstracted accurately; provide more statistically reliable estimates of the quality of care delivered in each selected hospital as well as at the national level; and reduce overall hospital burden because most hospitals will not be selected to undergo validation each year. We have proposed a threshold of 75 percent as the threshold for the validation score because we believe this level is reasonable for hospitals to achieve while still ensuring accuracy of the data. Additionally, this level is consistent with what has been proposed in the RHQDAPU program (75 FR 23993). As a result, we believe that

the effect of our proposed validation process for CY 2012 would be minimal in terms of the number of hospitals that would not meet all program requirements.

The validation requirement of a maximum of 12 cases per hospital per quarter will result in medical record documentation for approximately 9,600 cases per quarter being submitted to a designated CMS contractor. We wouldpay for the cost of sending this medical record documentation to the designated CMS contractor at the rate of 12 cents per page for copying and approximately $1.00 per case for postage. We have found, based on experience that an outpatient medical chart is up to 10 pages. Thus, as a result of validation requirements effective for the CY 2012 annual payment update, we would have expenditures of approximately $21,120 per quarter. Again, as we would pay for the data collection effort, we believe that a requirement for medical record documentation for a maximum of 12 cases per quarter for 800 hospitals represents a minimal burden to HOP QDRP-participating hospitals.

E. Effects of Proposed Changes in Payments to Hospitals for Direct GME and IME Costs

1. Redistribution of Residency Slots

As discussed in section XVII. of this proposed rule, section 5503 of the Affordable Care Act added a new section 1886(h)(8) to the Act that provides for reductions in the statutory FTE resident caps under Medicare for certain hospitals and authorizes a “redistribution” of the FTE resident slots resulting from the reduction in the FTE resident caps to other hospitals.

At this time, we are unable to project how many FTE resident slots will be available for redistribution under section 5503 of the Affordable Care Act. Unlike section 422 of the Medicare Modernization Act, which also provided for a redistribution of FTE resident slots but provided that the redistributed slots would be paid using the national average per resident amount (PRA) for direct GME payment purposes, section 5503 of the Affordable Care Act requires that hospitals be paid for their additional FTE resident slots using the hospitals' specific PRAs. Since we are unable to determine the number of FTE resident slots that will be redistributed under section 5503 or which hospitals will be receiving additional FTE resident slots, we cannot calculate a direct GME impact for section 5503. We do not know the PRAs and Medicare utilization rates of hospitals that will be receiving additional FTE resident slots. For purposes of determining an impact for IME payment purposes, section 5503 requires us to use an IME multiplier of 1.35, however, we do not know the intern and resident to bed ratio for the hospitals that will receive additional FTE resident slots or the volume or case mix of Medicare discharges at those hospitals. Therefore, we cannot determine a financial impact for purposes of direct GME and IME for this provision.

2. Counting Resident Time in Nonprovider Settings

In section XVII. of this proposed rule, we discuss our proposed implementation of several changes made by section 5504 of the Affordable Care Act with regard to counting resident time in nonprovider settings for GME and IME payment purposes. Specifically, section 5504 eliminates the requirement for hospitals to incur "all or substantially all of the costs for the training program in the nonhospital setting," and now hospitals must

only incur the costs of the salaries and fringe benefits of residents who train in nonhospital sites It also allows more than one hospital to incur the costs of training programs at nonhospital settings, either directly or through a third party. In addition, section 5504 creates a recordkeeping requirement for hospitals to track the time residents spend training in nonhospital settings, which CMS must compare to analogous data from a base year.

With respect to the recordkeeping requirement, we are proposing that rotation schedules be the source for establishing the amount of time that residents spend training in nonhospital sites, both in the base year and in subsequent years. In addition, we are proposing that cost reporting periods beginning on or after July 1, 2009 and before June 30, 2010 be the base year against which we will compare subsequent years' data to determine if the amount of nonhospital training that occurs in subsequent years increases relative to that base year. We also are proposing that hospitals only need to maintain records of the direct GME FTE count of resident training time in nonhospital settings. Finally, we are proposing to include several additional lines on the Medicare cost report for hospitals to submit these data. Hospitals would be required to report these data on a program-specific basis for their primary care programs, and on an overall hospital basis for their nonprimary care programs. These data will help CMS identify whether barriers to resident training in nonhospital sites continue to exist.

We do not believe that any of these proposed policies will have a significant financial impact on the Medicare program. While these policies may allow hospitals to count additional FTEs training in nonhospital sits, we do not believe that this constitutes

significant financial impact on the Medicare program, since those residents would have been training at the hospital if they were not training at the nonhospital site. We note that the FTE slot redistribution discussed above that is required by section 5503 of the Affordable Care Act may have an impact on the hospitals' ability to increase the number of residents training at nonhospital sites, unless it moves the training that is currently conducted at the hospital to a nonhospital site. Therefore, the financial impact of section 5504 will be minimal.

3. Counting Resident Time for Didactic and Scholarly Activities and Other Activities

In section XVII. of this proposed rule, we discuss our proposals to implement the provisions of section 5505 of the Affordable Care Act that make several changes to existing CMS policy with respect to counting resident training time for didactic, scholarly and other activities. Specifically, section 5505(a) allows a hospital to count the time that residents spend training in an approved program in a "nonprovider setting that is primarily engaged in furnishing patient care" for direct GME purposes. Section 5505(b) allows nonpatient care activities to count toward resident time for IME purposes as well, but only in certain hospital settings. These nonpatient care activities do not include research activities that are not associated with the treatment or diagnosis or a particular patient. Section 5505 also allows hospitals to count the time spent by residents on vacation, sick leave, or other approved leave in the hospitals' direct GME and IME resident counts, as long as the leave time does not prolong the total time that the resident is participating in the approved training program. In our discussion of the provisions of

section 5505, we described the definitions of the various new terms used in this section of the Affordable Care Act.

We do not believe that any of the proposed policies to implement section 5505 will have a significant financial impact on the Medicare program. While all of these provisions allow teaching hospitals to claim more resident training time on their respective cost reports, a hospital is limited as to how many resident FTEs it can count. In addition, we note that the FTE slot redistribution that is required by section 5503 of the Affordable Care Act discussed earlier may impact hospitals' ability to increase the number of residents training at nonhospital sites, unless a hospital moves the training that is currently conducted at the hospital to a nonhospital site. Therefore, the financial impact of section 5505 is minimal.

4. Preservation of Resident Cap Positions from Closed Hospitals

In section XVII.C. of this proposed rule, we discuss our proposals to implement section 5506 of the Affordable Care Act. Prior to the passage of the Affordable Care Act, if a teaching hospital closed, its direct GME and IME FTE resident cap slots would be "lost," because those slots are associated with a specific hospital's Medicare provider agreement. Section 5506 of the Affordable Care Act addresses this situation by instructing the Secretary to establish a process by regulation that would redistribute slots from teaching hospitals that close to hospitals that meet certain criteria.

Section 5506 applies to teaching hospitals that closed "on or after a date that is 2 years before the date of enactment," that is, March 23, 2008. Accordingly, although section 5506 does address certain teaching hospital closures that have already occurred,

the focus of this provision is primarily on future teaching hospital closures, and ensuring that FTE resident cap slots are not lost to a community. We are unable to project which teaching hospitals will close, how many FTE resident slots they have, and to which hospitals those slots would be ultimately redistributed. Therefore, we cannot determine a financial impact for this provision.

F. Effects of Proposed Changes to Physician Self-Referral Regulations and Related Proposed Changes to Provider Agreement Regulations

Most physicians who have ownership or investment interests in hospitals ("physician-owned hospitals") and who refer DHS to the hospital, are subject to the physician self-referral prohibition, and are unable to qualify for the ownership and investment exception at section 1877(d)(1) of the Act. Section 1877(d)(1) of the Act provides an exception for ownership or investment in publicly traded securities in a corporation where there is stockholder equity exceeding $75 million at the end of the corporation's most recent fiscal year or on average during the previous 3 fiscal years; or the ownership or investment interest involves mutual funds in a company that has assets greater than $75 million. Studies by the OIG and GAO have concluded that physician-owned hospitals tend to be smaller and are unable to meet the $75 million threshold. Therefore, most physician-owned hospitals avail themselves of the rural provider or hospital ownership exceptions (sections 1877(d)(2) and (d)(3) of the Act, respectively). As discussed in section XVIII. of this proposed rule, section 6001 of the Affordable Care Act amended section 1877 of the Act to impose additional requirements in order to qualify for the rural provider and hospital ownership or investment exceptions.

Our proposals under section XVIII. of this proposed rule would incorporate these requirements into our regulations.

Our proposed revisions to the regulations would limit the creation of new Medicare participating hospitals in which physician owners or investors intend to refer patients for DHS by requiring such hospitals to have physician ownership and a provider agreement in effect on December 31, 2010, as provided for by section 6001 of the Affordable Care Act. This proposed revision would affect facilities with physician ownership or investment that are currently under development but may be unable to have a provider agreement in effect on December 31, 2010. We believe there would only be a few facilities or hospital projects under development that would be unable to meet either of these criteria.

In addition to the effect on the creation of new physician-owned hospitals, the proposed revision of the regulations to incorporate the provisions of section 6001 of the Affordable Care Act would impact existing physician-owned hospitals that currently avail themselves of the rural provider or whole hospital exception. Specifically, a physician-owned hospital would be prohibited from expanding the number of beds, operating rooms, and procedure rooms beyond those for which it was licensed as of March 23, 2010, or, in the case of a hospital that did not have a provider agreement in effect as this date but does have a provider agreement in effect on December 31, 2010, the effective date of the provider agreement. We believe there are only a few hospitals that were in the midst of an expansion that was not completed by March 23, 2010 (or, in the case of a hospital that did not have a provider agreement in effect as this date but does

have a provider agreement in effect on December 31, 2010), and thus, may not be able to use the new beds, operating rooms, and procedures rooms. We believe that most facilities and their investors were aware of the possible legislation that would limit facility expansion and, thus, did not continue to pursue expansion of their facilities.

Our proposed regulations would require hospitals to have procedures in place that require referring physicians to disclose to patients the referring physicians' ownership or investment interests in the hospital, as well as any ownership or investment interest in the hospital held by a treating physician. This proposal also would require hospitals to disclose on any public Web site for the hospital or in any public advertising that it is owned or invested in by physicians. Finally, under the proposed revision of the regulations, a hospital would not condition any physician ownership or investment either directly or indirectly on the physician making or influencing referrals to the hospital or otherwise generating business for the hospital. Most physician-owned hospitals comply with the current provisions of §489.20(u). Thus, they have procedures in place to require referring physician owners or investors to disclose their ownership or investment interests to patients. We believe most physicians and hospitals will be minimally affected by the additional requirements.

Our proposed revisions to the regulations would require that hospitals must ensure that all ownership and investment interests are bona fide, a step that we believe most prudent hospitals are already undertaking. We believe most of the new statutory and proposed regulatory provisions would have little, if any, impact on physician-owned hospitals or physicians. The only provision that may have a minor impact is the

provision found under section 1877(i)(1)(D)(i) of the Act and proposed §411.362(b)(4)(i) that prohibits physician-owned hospitals from increasing the percentage of the total value of the ownership or investment interests held in the hospital, or in an entity whose assets include the hospital by physician owners or investments beyond that which existed on March 23, 2010. Therefore, hospitals and other entities that own the hospital must monitor the percentages of ownership or investment to ensure that the percentage is not increased. We believe this proposal would have a minor effect on some hospitals and their physician owners or investors.

Our proposed revisions to the regulations also would require hospitals to take certain steps to ensure patient safety, most of which are practices or procedures that we believe most hospitals currently undertake. Building upon the safety requirements found in existing §489.20(w), we are proposing to require under proposed §§411.362(b)(5)((i) and 489.20(w)(2) that, before admitting a patient, the hospitals must receive a signed acknowledgment from the patient stating that the patient understands that a physician may not be present during the time services are furnished to a patient. In addition, proposed §§411.362(b)(5)((ii) and 489.20(w)(1) would require hospitals to have the capacity to provide assessment and initial treatment for patients and the ability to refer and transfer patients to hospitals with the capability to treat the needs of the patient involved. We believe requesting a signed acknowledgment would impose a minimal burden on hospitals. Also, most hospitals currently have in place procedures to ensure that they have the capacity to provide assessment and initial treatment for patients and the ability to refer and transfer patients.

Lastly, our proposed revisions to the regulations would prohibit a facility that was previously an ASC and was converted into a hospital from qualifying for the rural provider or whole hospital ownership exceptions to the self-referral prohibition. Although we have no direct data on this point, we believe there are only a few ASCs that are being converted to a hospital, and, thus, the effect is minimal.

We believe that our proposals in XVIII. of this proposed rule would affect a relatively small number of physician-owned hospitals and physicians. We are uncertain of the exact numbers of hospitals with physician ownership or investment that would be impacted by the proposals and their restrictions. However, the most recent studies by CMS (August 8, 2006 Final Report to the Congress Required under Section 5006 of the Deficit Reduction Act of 2005) and MedPAC (June 2005 Report to the Congress) concluded that there were approximately 128 physician–owned specialty hospitals (those that focus primarily on patients with a cardiac condition, orthopedic condition, or those receiving a surgical procedure). We recognize that there are other hospitals with physician ownership that do not meet the definition of a specialty hospital but we do not have verifiable data on the number of these facilities. However, we have recently received information from a trade association representing physician-owned hospitals that there are approximately 265 hospitals that would be subject to the provisions of our proposed rule.

The proposed changes concerning disclosure of physician ownership in hospitals and patient safety are consistent with the physician self-referral statute and regulations, our existing regulations governing basic commitments of providers, and the current

practices of most hospitals. Thus, our proposed requirements would present a negligible impact on physician-owned hospitals. Physician-owned hospitals would have a one-time cost associated with creating or modifying a notice to be used when a physician is not on the premises 24 hours a day. In addition, these hospitals would incur the costs associated with ensuring that a signed acknowledgment is received from patients. Similarly, the costs borne by individual physicians to implement the provisions would be limited to a one-time cost associated with developing a disclosure notice that discloses the ownership of the referring and, where applicable, the treating physician.

Overall, we believe that beneficiaries would be positively impacted by these proposed provisions. Specifically, additional information concerning disclosures of ownership and patient safety measures equip patients to make informed decisions about where they elect to receive care. Our proposals make no significant changes that have the potential to impede patient access to health care facilities and services. We believe that our proposals are necessary to conform our regulations to the amendments to section 1877 of the Act. We also believe the proposed regulations would help minimize anticompetitive behavior that can affect the decision as to where a beneficiary receives health care services and would possibly enhance the quality of the services furnished.

G. Executive Order 12866

In accordance with the provisions of Executive Order 12866, this proposed rule was reviewed by the OMB.

List of Subjects

42 CFR Part 410

Health facilities, Health professions, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 411

Kidney diseases, Medicare, Physician referral, Reporting and recordkeeping requirements.

42 CFR Part 412

Administrative practice and procedure, Health facilities, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

42 CFR Part 413

Health facilities, Kidney diseases, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

42 CFR Part 416

Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 419

Hospitals, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 482

Grant programs-health, Hospitals, Medicaid, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 489

Health facilities, Medicare, Reporting and recordkeeping requirements.

For reasons stated in the preamble of this document, the Centers for Medicare & Medicaid Services is proposing to amend 42 CFR Chapter IV as set forth below:

PART 410--SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

1. The authority citation for Part 410 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. Section 410.2 is amended by—

a. Under the definition of "Community mental health center (CMHC)", removing the word "and" at the end of paragraph (4); removing the period at the end of paragraph (5) and adding in its place "; and"; and adding a new paragraph (6).

b. Revising the definition of "Partial hospitalization services".

The additions and revisions read as follows:

§410.2 Definitions.

* * * * *

Community mental health center (CMHC) means an entity that—

* * * * *

(6) Provides at least 40 percent of its services to individuals who are not eligible for benefits under title XVIII of the Social Security Act.

* * * * *

Partial hospitalization services means a distinct and organized intensive ambulatory treatment program that offers less than 24-hour daily care other than in an individual's home or in an inpatient or residential setting and furnishes the services as described in §410.43.

* * * * *

3. Section 410.27 is amended by—

a. Removing the word “and” at the end of paragraph (a)(1)(iii).

b. Adding a new paragraph (a)(1)(v).

c. Adding a new paragraph (a)(2).

d. Revising paragraph (b).

The addition and revisions read as follows:

§410.27 Outpatient hospital or CAH services and supplies incident to a physician or nonphysician practitioner service: Conditions.

(a) * * *

(1) * * *

(v) Certain nonsurgical extended duration therapeutic services that are designated by CMS as requiring direct supervision, as defined in (a)(1)(iv) of this section, by a physician or nonphysician practitioner only at the initiation of the service, after which general supervision, as defined in §410.32(b)(3)(i), is required.

(A) Nonsurgical extended duration therapeutic services are services that can last a significant period of time, have a substantial monitoring component, and have a low risk of requiring the physician’s or appropriate nonphysician practitioner’s physical presence to furnish assistance and direction after the initiation of the service.

(B) Initiation of the service means the beginning portion of a service ending when the patient is stable and the supervising physician or appropriate nonphysician practitioner believes the remainder of the service can safely be delivered under his or her general direction and control without needing the supervising physician’s or appropriate

nonphysician practitioner's physical presence on the hospital campus or in the provider-based department of the hospital.

(2) In the case of partial hospitalization services, also meet the conditions of paragraph (d) of this section.

(b) Drugs and biologicals also are subject to the limitations specified in §410.29.

* * * * *

4. Section 410.152 is amended by revising paragraph (i)(2) to read as follows:

§410.152 Amounts of Payment.

* * * * *

(i) * * *

(2) For ASC services furnished on or after January 1, 2008, in connection with the covered surgical procedures specified in §416.166 of this subchapter, except as provided in paragraphs (i)(2)(i), (i)(2)(ii), and (l) of this section, Medicare Part B pays the lesser of 80 percent of the actual charge or 80 percent of the prospective payment amount, geographically adjusted, if applicable, as determined under Subpart F of Part 416 of this subchapter. Part B coinsurance is 20 percent of the actual charge or 20 percent of the prospective payment amount, geographically adjusted, if applicable

(i) If the limitation described in §416.167(b)(3) of this subchapter applies, Medicare pays 80 percent of the amount determined under Subpart B of Part 414 of this subchapter and Part B coinsurance is 20 percent of the applicable payment amount, except as provided in paragraph (l) of this section.

(ii) Between January 1, 2008 and December 31, 2010, Medicare Part B pays 75 percent of the applicable payment amount for screening flexible sigmoidoscopies and screening colonoscopies, and Part B coinsurance is 25 percent of the applicable payment amount.

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

5. The authority citation for Part 411 continues to read as follows:

Authority: Secs. 1102, 1860D-1 through 1860D-42, 1871, and 1877 of the Social Security Act (42 U.S.C. 1302, 1395w-101 through 1395w-152, 1395hh and 1395nn).

6. Section 411.356 is amended by—

a. Republishing the introductory text of paragraph (c) and revising paragraph (c)(1).

b. Removing the word "and" at the end of paragraph (c)(3)(ii).

c. Removing the period at the end of paragraph (c)(3)(iii) and adding "; and" in its place.

d. Adding a new paragraph (c)(3)(iv).

The revision and addition read as follows:

§411.356 Exceptions to the referral prohibition related to ownership or investment interests.

* * * * *

(c) Specific providers. Ownership or investment in the following entities, for purposes of the services specified:

(1) A rural provider, in the case of DHS furnished in a rural area (as defined at §411.351 of this subpart) by the provider. A "rural provider" is an entity that furnishes substantially all (not less than 75 percent) of the DHS that it furnishes to residents of a rural area and, for the 18-month period beginning on December 8, 2003 (or such other period as Congress may specify), is not a specialty hospital, and in the case where the entity is a hospital, the hospital meets the requirements of §411.362 no later than September 23, 2011.

* * * * *

(3) * * *

(iv) The hospital meets the requirements described in §411.362 not later than September 23, 2011.

7. A new §411.362 is added to read as follows:

§411.362 Additional requirements concerning physician ownership and investment in hospitals.

(a) Definitions. For purposes of this section--

Physician owner or investor means a physician (or immediate family member of the physician) with a direct or an indirect ownership or investment interest in the hospital.

Procedure room means a room in which catheterizations, angiographies, angiograms, and endoscopies are performed, except such term shall not include an emergency room or department (exclusive of rooms in which catheterizations, angiographies, angiograms, and endoscopies are performed).

(b) General requirements. (1) Physician ownership and provider agreement. The hospital had physician ownership or investment on December 31, 2010; and a provider agreement under section 1866 of the Act in effect on that date.

(2) Prohibition on facility expansion. The hospital may not increase the number of operating rooms, procedure rooms, and beds beyond that for which the hospital is licensed on March 23, 2010 (or, in the case of a hospital that did not have a provider agreement in effect as of this date, but does have a provider agreement in effect on December 31, 2010, the effective date of such agreement), unless an exception is granted by the Secretary pursuant to section 1877(i)(3) of the Social Security Act.

(3) Disclosure of conflicts of interest.

(i) [Reserved].

(ii) The hospital must--

(A) Require each referring physician owner or investor who is a member of the hospital's medical staff to agree, as a condition of continued medical staff membership or admitting privileges, to provide written disclosure of his or her ownership or investment interest in the hospital (and, if applicable, the ownership or investment interest of any treating physician) to all patients whom the physician refers to the hospital. Disclosure must be required at the time the referral is made.

(B) Not condition any physician ownership or investment interests either directly or indirectly on the physician owner or investor making or influencing referrals to the hospital or otherwise generating business for the hospital.

(C) Disclose on any public Web site for the hospital or in any public advertising that the hospital is owned or invested in by physicians.

(4) Ensuring bona fide investment. The hospital satisfies the following criteria:

(i) The percentage of the total value of the ownership or investment interests held in the hospital, or in an entity whose assets include the hospital, by physician owners or investors in the aggregate does not exceed such percentage as of March 23, 2010.

(ii) Any ownership or investment interests that the hospital offers to a physician owner or investor are not offered on more favorable terms than the terms offered to a person who is not a physician owner or investor.

(iii) The hospital (or any owner or investor in the hospital) does not directly or indirectly provide loans or financing for any investment in the hospital by a physician owner or investor.

(iv) The hospital (or any owner or investor in the hospital) does not directly or indirectly guarantee a loan, make a payment toward a loan, or otherwise subsidize a loan, for any individual physician owner or investor or group of physician owners or investors that is related to acquiring any ownership or investment interest in the hospital.

(v) Ownership or investment returns are distributed to each owner or investor in the hospital in an amount that is directly proportional to the ownership or investment interest of such owner or investor in the hospital.

(vi) Physician owners and investors do not receive, directly or indirectly, any guaranteed receipt of or right to purchase other business interests related to the hospital,

including the purchase or lease of any property under the control of other owners or investors in the hospital or located near the premises of the hospital.

(vii) The hospital does not offer a physician owner or investor the opportunity to purchase or lease any property under the control of the hospital or any other owner or investor in the hospital on more favorable terms than the terms offered to an individual who is not a physician owner or investor.

(5) Patient safety. The hospital satisfies the following criteria:

(i) If the hospital does not have a physician available on the premises to provide services during all hours in which the hospital is providing services to the patient, the hospital must disclose this information to the patient. Before providing services to the patient, the hospital must receive a signed acknowledgment from the patient stating that the patient understands that a physician may not be present during all hours services are furnished to the patient.

(ii) The hospital must have the capacity to provide assessment and initial treatment for all patients, and the ability to refer and transfer patients to hospitals with the capability to treat the needs of the patient that the hospital is unable to address. For purposes of this paragraph, the hospital inpatient stay or outpatient visit begins with the provision of a package of information regarding scheduled preadmission testing and registration for a planned hospital admission for inpatient care or an outpatient service.

(6) Prohibition on conversion from an ambulatory surgery center. The hospital must not have been converted from an ambulatory surgical center to a hospital on or after March 23, 2010.

PART 412--PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT HOSPITAL SERVICES

8. The authority citation for Part 412 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh), and sec. 124 of Pub. L. 106-113 (113 Stat. 1501A-332).

9. Section 412.105 is amended--

a. Revising paragraph (f)(1)(ii).

b. Revising paragraph (f)(1)(iii)(C).

c. Adding a new paragraph (f)(1)(iii)(D).

d. Revising paragraph (f)(1)(iv)(B).

e. Revising paragraph (f)(1)(iv)(C).

f. Revising paragraph (f)(1)(ix).

The revisions and addition read as follows:

§412.105 Special treatment: Hospitals that incur indirect costs for graduate medical education programs.

* * * * *

(f) * * *

(1) * * *

(ii) In order to be counted, the resident must be assigned to one of the following areas:

(A) The portion of the hospital subject to the hospital inpatient prospective payment system.

(B) The outpatient department of a hospital that meets provider-based status as defined at §413.65(a)(2) of this subchapter.

(C) The portions of a hospital located in Puerto Rico that are subject to the hospital inpatient prospective payment system, including off-campus outpatient departments that meet provider-based status as defined at §413.65(a)(2) of this subchapter.

(D) The portions of a hospital that are reimbursed under a reimbursement system authorized under section 1814(b)(3) of the Act.

(E) Effective for discharges occurring on or after October 1, 1997, the time spent by a resident in a nonhospital setting in patient care activities, as defined in §413.75(b) of this subchapter, under an approved medical residency training program is counted towards the determination of full-time equivalency if the criteria set forth in §413.78(c), (d), (e), (f), or (g) of this subchapter, as applicable, are met.

(iii) * * *

(C) Effective for cost reporting periods beginning on or after January 1, 1983, except for research activities described in paragraph (f)(1)(iii)(B) of this section, the time a resident is training in an approved medical residency program in a hospital setting, as described in paragraphs (f)(1)(ii)(A) through (f)(1)(ii)(D) of this section, must be spent in either patient care activities, as defined in §413.75(b) of this subchapter, or in nonpatient care activities, such as didactic conferences and seminars, to be counted. This provision may not be applied in a manner that would require the reopening of settled cost reports,

except those cost reports on which, as of March 23, 2010, there is a pending, jurisdictionally proper appeal on direct GME or IME payments.

(D) Effective for cost reporting periods beginning on or after January 1, 1983, the time spent by a resident in an approved medical residency program on vacation, sick leave, or other approved leave that does not prolong the total time the resident is participating in the approved program beyond the normal duration of the program is countable. This provision may not be applied in a manner that would require the reopening of settled cost reports, except those cost reports on which, as of March 23, 2010, there is a pending, jurisdictionally proper appeal on direct GME or IME payments.

(iv) * * *

(B)(*1*) Effective for portions of cost reporting periods beginning on or after July 1, 2005, a hospital's otherwise applicable FTE resident cap may be reduced if its reference resident level, as determined under §413.79(c)(1)(ii)(A) of this subchapter, is less than its otherwise applicable FTE resident cap in a reference cost reporting period, in accordance with the provisions of §413.79(c)(3) of this subchapter. The reduction is 75 percent of the difference between the otherwise applicable FTE resident cap and the reference resident level.

(*2*) Effective for portions of cost reporting periods beginning on or after July 1, 2011, a hospital's otherwise applicable FTE resident cap may be reduced if its reference resident level, as determined under §413.79(c)(1)(ii)(B) of this subchapter, is less than its otherwise applicable FTE resident cap in a reference cost reporting period, in

accordance with the provisions of §413.79(m) of this subchapter. The reduction shall take into account the hospital's FTE resident cap as reduced under paragraph (f)(1)(E)(iv)(B)(*1*). The reduction is 65 percent of the difference between the otherwise applicable FTE resident cap and the reference resident level.

(C)(*1*) Effective for portions of cost reporting periods beginning on or after July 1, 2005, a hospital may qualify to receive an increase in its otherwise applicable FTE resident cap (up to 25 additional FTEs) if the criteria specified in §413.79(c)(4) of this subchapter are met.

(*2*) Effective for portions of cost reporting periods beginning on or after July 1, 2011, a hospital may qualify to receive an increase in its otherwise applicable FTE resident cap (up to 75 additional FTEs) if the criteria specified in §413.79(n) of this subchapter are met. The increase shall be made to the hospital's FTE resident cap as reduced under paragraph (f)(1)(E)(iv)(B)(*1*).

* * * * *

(ix)(A) A hospital may receive a temporary adjustment to its FTE resident cap to reflect residents added because of another hospital's closure if the hospitals meets the criteria specified in §§413.79(h)(1) and (h)(2) of this subchapter. If a hospital that closes its residency training program agrees to temporarily reduce its FTE resident cap according to the criteria specified in §§413.79(h)(1) and (h)(3)(ii) of this subchapter, another hospital(s) may receive a temporary adjustment to its FTE resident cap to reflect residents added because of the closure of the residency training program if the criteria specified in §§413.79(h)(1) and (h)(3)(i) of this subchapter are met.

(B) A hospital may receive a permanent adjustment to its FTE resident cap as a result of slots that were redistributed from a closed hospital, as defined at §413.79(h)(1)(i) of this subchapter, if the hospital meets the requirements at §413.79(o) of this subchapter.

* * * * *

PART 413--PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; OPTIONAL PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES

10. The authority citation for Part 413 continues to read as follows:

Authority: Secs. 1102, 1812(d), 1814(b), 1815, 1833(a), (i), and (n), 1861(v), 1871, 1881, 1883, and 1886 of the Social Security Act (42 U.S.C. 1302, 1395d(d), 1395f(b), 1395g, 1395l(a), (i), and (n), 1395x(v), 1395hh, 1395rr, 1395tt, and 1395ww); and sec. 124 of Pub. L. 106-133 (113 Stat. 1501A-332).

11. Section 413.75(b) is amended by--

a. Revising paragraph (2) under the definition of "All or substantially all of the costs for the training program in the nonhospital setting".

b. Adding a definition of "Nonprovider setting that is primarily engaged in furnishing patient care".

The revision and addition read as follows:

§413.75 Direct GME payments: General requirements.

* * * * *

(b) * * *

All or substantially all of the costs for the training program in the nonhospital setting means--

* * * * *

(2) Effective for cost reporting periods beginning on or after July 1, 2007 and before July 1, 2010, at least 90 percent of the total of the costs of the residents' salaries and fringe benefits (including travel and lodging where applicable) and the portion of the cost of teaching physicians' salaries attributable to nonpatient care direct GME activities.

* * * * *

Nonprovider setting that is primarily engaged in furnishing patient care means a nonprovider setting in which the primary activity is the care and treatment of patients.

* * * * *

12. Section 413.78 is amended by--

a. Revising the introductory text of paragraph (f).

b. Revising paragraph (f)(1).

c. Adding a new paragraph (g).

d. Adding a new paragraph (h).

The revisions and additions read as follows:

§413.78 Direct GME payments: Determination of the total number of FTE residents.

* * * * *

(f) For cost reporting periods beginning on or after July 1, 2007 and before July 1, 2010, the time residents spend in nonprovider settings such as freestanding clinics,

nursing homes, and physicians' offices in connection with approved programs may be included in determining the number of FTE residents in the calculation of a hospital's resident count if the following conditions are met—

(1) The resident spends his or her time in patient care activities, except that for cost reporting periods beginning on or after July 1, 2009, the time spent training in nonpatient care activities, such as didactic conferences and seminars, but excluding research not associated with the treatment or diagnosis of a particular patient, in a nonprovider setting that is primarily engaged in furnishing patient care activities, as defined at §413.75(b), also may be counted.

* * * * *

(g) For cost reporting periods beginning on or after July 1, 2010, the time residents spend in nonprovider settings such as freestanding clinics, nursing homes, and physicians' offices in connection with approved programs may be included in determining the number of FTE residents in the calculation of a hospital's resident count if the following conditions are met—

(1) The resident spends his or her time--

(i) In patient care activities, or,

(ii) In nonpatient care activities, such as didactic conferences and seminars, but excluding research not associated with the treatment or diagnosis of a particular patient, in a nonprovider setting that is primarily engaged in furnishing patient care activities, as defined at §413.75(b).

(2) The hospital or hospitals must incur the costs of the salaries and fringe benefits of the resident during the time the resident spends in the nonprovider setting.

(i) If more than one hospital incurs these costs, either directly or through a third party, the hospitals must count a proportional share of the time that residents train at the nonhospital setting(s) as recorded in a written agreement between the hospitals.

(ii) Hospitals must have a reasonable basis for establishing that proportion of the cost and the FTE time that each will incur and count.

(iii) If hospitals already arrange payment to the nonhospital site via a written agreement as described in §413.78(g)(3)(ii), the proportion may be recorded in that agreement.

(iv) If hospitals choose to pay the nonhospital site concurrently as described in §413.78(g)(4)(i), the hospitals must record the proportion of cost and FTE time they are incurring and counting in a written agreement between the hospitals.

(3) For cost reporting periods beginning prior to July 1, 2010, the hospitals must comply with one of the following:

(i) The hospital or hospitals must pay for all or substantially all of the costs for the training program in a nonhospital setting(s) attributable to training that occurs during a month by the end of the third month following the month in which the training in the nonhospital site occurred.

(ii) There is a written agreement between the hospital or hospitals and the outside entity that states that the residents' salaries and fringe benefits (including travel and lodging where applicable) during the time the resident spends in the nonhospital setting is

to be paid by the hospital(s). Hospitals may modify the amounts specified in the written agreement by the end of the academic year (that is, June 30) to reflect that the costs of the training program in the nonhospital site have been incurred.

(iii) If the hospital has in place an emergency Medicare GME affiliation agreement in accordance with §413.79(f)(6), during the period covered by the emergency Medicare GME affiliation agreement—

(A) The hospital must pay all or substantially all of the costs of the training program in a nonhospital setting(s) attributable to training that occurs during a month by the end of the sixth month after the month in which the training in the nonhospital site occurs. For the costs that would otherwise be required to be incurred by the hospital during the period of August 29, 2005 through November 1, 2007, the participating hospital must incur the costs by April 29, 2008; or

(B) There is a written agreement between the hospital and the outside entity that states that the residents' salaries and fringe benefits (including travel and lodging where applicable) during the time the resident spends in the nonhospital setting is to be paid by the hospital. The written agreement must be submitted to the contractor by 180 days after the training at the nonhospital site begins. Hospitals may modify the amounts specified in the written agreement by the end of the academic year (that is, June 30) to reflect that the costs of the training program in the nonhospital site have been incurred. For written agreements that would otherwise be required to be submitted prior to the date the training begins in the nonhospital site during the period of August 29, 2005 through

November 1, 2007, the hospital must submit the written agreement to its contractor by April 29, 2008.

(4) For cost reporting periods beginning on or after July 1, 2010, the hospitals must comply with one of the following:

(i) The hospital or hospitals must incur the costs of the salaries and fringe benefits of the resident during the time the resident spends in the nonprovider setting by the end of the third month following the month in which the training in the nonhospital site occurred.

(ii) There is a written agreement between the hospital or hospitals and the outside entity that states that the residents' salaries and fringe benefits (including travel and lodging where applicable) during the time the resident spends in the nonhospital setting is to be paid by the hospital(s). Hospitals may modify the amounts specified in the written agreement by the end of the academic year (that is, June 30) to reflect that the costs of the training program in the nonhospital site have been incurred.

(5) The hospital is subject to the principles of community support and redistribution of costs as specified in §413.81.

(6) For cost reporting periods beginning on or after July 1, 2010, a hospital must maintain and make available records of the FTE count determined for direct GME purposes under this section that its residents spend in nonprovider sites, in order to compare that time to the time spent by its residents in nonprovider sites in the base year July 1, 2009 through June 30, 2010. The hospital must supply the CMS contractor with

the data for each of its primary care programs on a program-specific basis, and with data for its nonprimary care programs on an overall basis.

(h) Effective for cost reporting periods beginning on or after January 1, 1983, the time spent by a resident in an approved medical residency program on vacation, sick leave, or other approved leave that does not prolong the total time the resident is participating in the approved program beyond the normal duration of the program is countable. This provision cannot be applied in a manner that would require the reopening of settled cost reports, except those cost reports on which there is a pending, jurisdictionally proper appeal on direct GME or IME payments as of March 23, 2010.

13. Section 413.79 is amended by--

a. Revising paragraph (c)(1)(ii).

b. Revising the introductory text of paragraph (c)(2).

c. Revising paragraph (c)(2)(iv).

d. Revising the heading of paragraph (c)(3).

e. Revising the heading of paragraph (c)(4).

f. Revising the heading of paragraph (c)(5).

g. Adding a new paragraph (m).

h. Adding a new paragraph (n).

i. Adding a new paragraph (o).

§413.79 Direct GME payments: Determination of the weighted number of FTE residents.

* * * *` *

(c) * * *

(1) * * *

(ii)(A) For purposes of paragraph (c)(3) of this section, reference resident level refers to a hospital's resident level in the applicable reference period specified under paragraph (c)(3) of this section.

(B) For purposes of paragraph (m) of this section, reference resident level means with respect to a hospital, the highest resident level for any of the three most recent cost reporting periods ending before March 23, 2010, for which a cost report has been either settled or submitted (subject to audit).

* * * * *

(2) Determination of the FTE resident cap. Subject to the provisions of paragraphs (c)(3) through (c)(6) and (m) through (o) of this section and §413.81, for purposes of determining direct GME payment--

* * * * *

(iv) Hospitals that are part of the same Medicare GME affiliated group or the same emergency Medicare GME affiliated group (as described under §413.75(b)) may elect to apply the limit on an aggregate basis as described under paragraph (f) of this section.

* * * * *

(3) Determination of the reduction to the FTE resident cap due to unused FTE resident slots under section 422 of Public Law 108-173. * * *

(4) Determination of an increase in the otherwise applicable resident cap under section 422 of Public Law 108-173. * * *

(5) Special rules for hospitals that participate in demonstration projects or voluntary resident reduction plans for purposes of section 422 of Public Law 108-173. * * *

* * * * *

(m) Determination of the reduction to the FTE resident cap due to unused FTE resident slots under section 5503 of Public Law 111-148. If a hospital's reference resident level, as defined under paragraph (c)(1)(ii)(B) of this section is less than its otherwise applicable FTE resident cap as determined under paragraph (c)(2) of this section or paragraph (e) of this section in the reference cost reporting period (as described under paragraph (m)(5) of this section), for portions of cost reporting periods beginning on or after July 1, 2011, the hospital's otherwise applicable FTE resident cap is reduced by 65 percent of the difference between the otherwise applicable FTE resident cap and the reference resident level. The reduction shall take into account the hospital's FTE resident cap as reduced under paragraph (c)(3) of this section. Under this provision--

(1) Exemption for certain rural hospitals. A rural hospital, as defined at subpart D of paragraph 412 of this subchapter, with fewer than 250 beds (as determined at §412.105(b)) in its most recent cost reporting period ending on or before March 23, 2010, is exempt from any reduction to its otherwise applicable FTE resident cap under paragraph (m) of this section.

(2) Exemption for certain hospitals that participate in demonstration projects or voluntary residency reduction plans. A hospital that was participating in a demonstration project under section 402 of Public Law 90-248 or the voluntary reduction plan under §413.88, is exempt from any reduction to its otherwise applicable FTE resident cap under paragraph (m) of this section if by December 1, 2010, it submits a plan to CMS for filling all of its unused FTE resident slots by not later than March 23, 2012.

(3) Exemption for a hospital described at section 1886(h)(4)(H)(v) of the Act. A hospital described at section 1886(h)(4)(H)(v) of the Act, is exempt from any reduction to its otherwise applicable FTE resident cap under paragraph (m) of this section.

(4) Exemptions for certain other hospitals. A hospital training at or above its otherwise applicable FTE resident cap as determined under paragraph (c)(2) of this section for all three most recent cost reporting periods ending prior to March 23, 2010 (as described under section (iv) of this paragraph), is exempt from any reduction to its otherwise applicable FTE resident cap under paragraph (m) of this section.

(5) Reference cost reporting period. (i) To determine a hospital's reference resident level, CMS determines, for a hospital's three most recent cost reporting periods ending before March 23, 2010, the cost reporting period with the highest resident level, for which a cost report has been settled or if the cost report has not been settled, the as-submitted cost report (subject to audit).

(ii) If the cost report that is used to determine a hospital's otherwise applicable FTE resident cap in the reference period is not equal to 12 months, the Medicare

contractor may make appropriate modifications to apply the provisions of paragraph (m) of this section based on the equivalent of a 12-month cost reporting period.

(iii) If a hospital is a member of a Medicare GME affiliated group during its reference cost reporting period, and its reference resident level is less than its otherwise applicable FTE resident cap as adjusted by the terms of the Medicare GME affiliation agreement, the hospital's FTE resident cap will be reduced as described under paragraph (m) of this section.

(n) Determination of an increase in the otherwise applicable resident cap under section 5503 of Public Law 111-148. (1) For portions of cost reporting periods beginning on or after July 1, 2011, a hospital may receive an increase in its otherwise applicable FTE resident cap (as determined by CMS) up to an additional 75 FTEs if the hospital meets the requirements and qualifying criteria of section 1886(h)(8) of the Act and implementing instructions issued by CMS and if the hospital submits an application to CMS within the timeframe specified by CMS.

(2) A hospital that receives an increase in the otherwise applicable resident cap under paragraph (n)(1) of this section must ensure, during the 5-year period beginning on July 1, 2011 and ending on June 30, 2016, that—

(i) The number of FTE primary care residents, as defined in §413.75(b), excluding any additional positions under this paragraph, is not less than the average number of FTE primary care residents (as so determined) during the three most recent cost reporting periods ending prior to March 23, 2010; and not less than 75 percent of the positions attributable to such increase are in a primary care or general surgery residency programs.

(ii) CMS may determine whether a hospital has met the requirements under paragraph (n)(1) of this section during the 5-year period of July 1, 2011 through June 30, 2016 in such manner and at such time as CMS determines appropriate, including at the end of such 5-year period.

(iii) In a case where the Medicare contractor determines that a hospital did not meet the requirements in a cost reporting period within the 5-year time period, the Medicare contractor will reduce the otherwise applicable resident cap of the hospital by the amount by which such limit was increased under paragraph (n)(1) of this section.

(o) Determination of an increase in the FTE resident cap due to slots redistributed from a closed hospital. (1) Except in the case of the closure of the hospital with Medicare Provider Number 05-0578, in the instance of a hospital closure, as defined at (h)(1)(i) of this section, the FTE resident cap of the closed hospital would be redistributed, and a hospital that meets the requirements and qualifying criteria of section 1886(h)(4)(H)(vi) of the Act and implementing instructions issued by CMS, including submission of a timely application to CMS, may receive an increase in its FTE resident cap, as determined by CMS.

(2)(i) Except in the case of the closure of the hospital with Medicare Provider Number 05-0578, in redistributing the FTE resident cap of a closed hospital, consideration shall be given to ensure that there is no duplication of FTE slots between FTE slots redistributed under this paragraph and temporary adjustments to FTE resident caps provider under paragraph (h)(2) of this section.

(ii) The provisions of this paragraph (o) will not be applied in a manner that will require the reopening of settled cost reports, except where the provider has a pending, jurisdictionally proper appeal on direct GME or IME payments as of March 23, 2010.

PART 416--AMBULATORY SURGICAL SERVICES

14. The authority citation for Part 416 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

15. Section 416.160 is amended by--

a. Revising paragraph (a)(1).

b. Revising paragraph (a)(4).

c. Adding a new paragraph (a)(5).

The revisions and addition read as follows:

§416.160 Basis and scope.

(a) * * *

(1) Section 1833(i)(2)(D) of the Act requires the Secretary to implement a revised payment system for payment of surgical services furnished in ASCs. The statute requires that, in the year such system is implemented, the system shall be designed to result in the same amount of aggregate expenditures for such services as would be made if there was no requirement for a revised payment system. The revised payment system shall be implemented no earlier than January 1, 2006, and no later than January 1, 2008. The statute also requires that, for CY 2011 and each subsequent year, any annual update to the ASC payment system be reduced by a productivity adjustment. There shall be no

administrative or judicial review under section 1869 of the Act, section 1878 of the Act, or otherwise of the classification system, the relative weights, payment amounts, and the geographic adjustment factor, if any, of the revised payment system.

* * * * *

(4) Section 1834(d) of the Act specifies that, when screening colonoscopies or screening flexible sigmoidoscopies are performed in an ASC or hospital outpatient department, payment shall be based on the lesser of the amount under the fee schedule that would apply to such services if they were performed in a hospital outpatient department in an area or the amount under the fee schedule that would apply to such services if they were performed in an ambulatory surgical center in the same area. Section 1834(d) of the Act also specifies that, in the case of screening flexible sigmoidoscopy and screening colonoscopy services, the payment amounts must not exceed the payment rates established for the related diagnostic services.

(5) Section 1833(a)(1) of the Act requires 100 percent payment for preventive services described in section 1861(ww)(2) of the Act (excluding electrocardiograms) to which the United States Preventive Services Task Force (USPSTF) has given a grade of A or B for any indication or population. Section 1833(b)(1) of the Act also specifies that the Part B deductible shall not apply with respect to preventive services described in section 1861(ww)(2) of the Act (excluding electrocardiograms) to which the USPSTF has given a grade of A or B for any indication or population.

* * * * *

16. Section 416.171 is amended by adding a new paragraph (a)(2)(iii) to read as follows:

§416.171 Determination of payment rates for ASC services.

(a) * * *

(2) * * *

(iii) Productivity adjustment.

(A) For calendar year 2011 and subsequent years, the Consumer Price Index for All Urban Consumers determined in paragraph (a)(2)(ii) of this section is reduced by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) of the Act.

(B) The application of the provisions of paragraph (a)(2)(iii)(A) of this section may result in the update being less than 0.0 for a year, and may result in payment rates for a year being less than the payment rates for the preceding year.

* * * * *

PART 419--PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES

17. The authority citation for Part 419 continues to read as follows:

Authority: Secs. 1102, 1833(t), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395(t), and 1395hh).

18. Section 419.21 is amended by--

a. Redesignating paragraph (e) as paragraph (e)(1).

b. Revising the newly redesignated paragraph (e)(1).

c. Adding a new paragraph (e)(2).

The revision and addition read as follows:

§419.21 Hospital outpatient services subject to the outpatient prospective payment system.

* * * * *

(e)(1) Effective January 1, 2005 through December 31, 2008, an initial preventive physical examination, as defined in §410.16 of this chapter, if the examination is performed no later than 6 months after the individual's initial Part B coverage date that begins on or after January 1, 2005.

(2) Effective January 1, 2009, an initial preventive physical examination, as defined in §410.16 of this chapter, if the examination is performed no later than 12 months after the date of the individual's initial enrollment in Part B.

19. Section 419.22 is amended by--

a. Revising paragraph (m).

b. Adding a new paragraph (t).

The revision and addition read as follows:

§419.22 Hospital outpatient services excluded from payment under the hospital outpatient prospective payment system.

* * * * *

(m)(1) Services provided on or before December 31, 2010, for patients with ESRD that are paid under the ESRD composite rate and drugs and supplies furnished during dialysis but not included in the composite rate.

(2) Renal dialysis services provided on or after January 1, 2011, for patients with ESRD that are paid under the ESRD benefit, as described in Subpart H of Part 413 of this chapter.

* * * * *

(t) Effective January 1, 2011, annual wellness visit providing personalized prevention plan services as defined in §410.15 of this chapter.

20. Section 419.32 is amended by revising paragraph (b)(1)(iv) to read as follows:

§419.32 Calculation of prospective payment rates for hospital outpatient services.

*** * * * ***

(b) * * *

(1) * * *

(iv)(A) For calendar year 2003 and subsequent years, by the hospital inpatient market basket percentage increase applicable under section 1886(b)(3)(B)(iii) of the Act.

(B) The percentage increase determined under paragraph (b)(1)(iv)(A) of this section is reduced by the following for the specific calendar year:

(i) For calendar year 2010, 0.25 percentage point; and

(ii) For calendar year 2011, 0.25 percentage point.

* * * * *

21. Section 419.43 is amended by--

a. Revising paragraph (c).

b. Adding a new paragraph (i).

The revision and addition read as follows:

§419.43 Adjustments to national program payment and beneficiary copayment amounts.

*** * * * ***

(c) Wage index factor.—(1) CMS uses the hospital inpatient prospective payment system wage index established in accordance with Part 412 of this chapter to make the adjustment specified under paragraph (a) of this section.

(2) For services furnished beginning January 1, 2011, the wage index factor provided for in paragraph (c)(1) of this section applicable to any hospital outpatient department that is located in a frontier State, as defined in §412.64(m) of this chapter, may not be less than 1.00.

(3) The additional payments made under the provisions of paragraph (c)(2) of this section are not implemented in a budget neutral manner.

* * * * *

(i) Payment adjustment for certain cancer hospitals.—(1) General rule. CMS provides for an additional payment for covered hospital outpatient services furnished on or after January 1, 2011, by cancer hospitals described in section 1886(d)(1)(B)(v) of the Act.

(2) Amount of adjustment. The amount of the additional payment under paragraph (i)(1) of this section is determined by CMS and is based on the difference between costs incurred by hospitals described in section 1886(d)(1)(B)(v) of the Act and

costs incurred by other hospitals that are paid under the hospital outpatient prospective payment system, including the costs of drugs and biologicals.

(3) Budget neutrality. CMS establishes the payment adjustment under paragraph (i)(2) of this section in a budget neutral manner, excluding services and groups specified in paragraph (i)(4) of this section.

(4) Excluded services and groups. The following services or groups are excluded from qualification for the payment adjustment in paragraph (i)(2) of this section:

(i) Devices paid under 419.66; and

(ii) Items and services paid at charges adjusted to cost by application of a hospital specific cost-to-charge ratio.

22. Section 419.70 is amended by--

a. Revising the introductory text of paragraph (d)(2).

b. Adding a new paragraph (d)(6).

The revision and addition read as follows:

§419.70 Transitional adjustments to limit decline in payments.

*** * * * ***

(d) * * *

(2) Temporary treatment for small rural hospitals on or after January 1, 2006. For covered hospital outpatient services furnished in a calendar year from January 1, 2006, through December 31, 2010, for which the prospective payment system amount is less than the pre-BBA amount, the amount of payment under this part is increased by 95 percent of that difference for services furnished during 2006, 90 percent of that difference

for services furnished during 2007, and 85 percent of that difference for services furnished during 2008, 2009, and 2010, if the hospital—

* * * * *

(6) Temporary treatment for sole community hospitals on or after January 1, 2010 and through December 31, 2010. For covered hospital outpatient services furnished on or after January 1, 2010 through December 31, 2010, for which the prospective payment system amount is less than the pre-BBA amount, the amount of payment under this part is increased by 85 percent of that difference if the hospital is a sole community hospital as defined in §412.92 of this chapter or is an essential access community hospital as described under §412.109 of this chapter.

* * * * *

PART 482—CONDITIONS OF PARTICIPATION FOR HOSPITALS

23. The authority citation for Part 482 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

24. Section 482.12 is amended by adding a new paragraph (g) to read as follows:

§482.12 Condition of participation: Governing body.

* * * * *

(g) Standard: Inpatient rights. A hospital must have the capacity to provide assessment and initial treatment for all patients and the ability to refer and transfer patients to hospitals with capabilities to treat the needs of the patient that the hospital is unable to address.

PART 489--PROVIDER AGREEMENTS AND SUPPLIER APPROVAL

25. The authority citation for Part 489 continues to read as follows:

Authority: Secs. 1102, 1819, 1820(e), 1861, 1864(m), 1866, 1869, and 1871 of the Social Security Act (42 U.S.C. 1302, 1395i-3, 1395x, 1395aa(m), 1395cc, 1395ff, and 1395hh).

26. Section 489.20 is amended by—

a. Republishing the introductory text of paragraph (u).

b. Revising paragraph (u)(1).

c. Revising paragraph (u)(2).

d. Adding a new paragraph (u)(3).

e. Revising paragraph (w).

The revisions and addition read as follows:

§489.20 Basic commitments.

* * * * *

(u) Except as provided in paragraph (v) of this section, in the case of a physician-owned hospital as defined at §489.3—

(1)(i) To furnish written notice to each patient at the beginning of the patient's hospital stay or outpatient visit that the hospital is a physician-owned hospital, in order to assist the patient in making an informed decision regarding his or her care, in accordance with §482.13(b)(2) of this subchapter. The notice should disclose, in a manner

reasonably designed to be understood by all patients, the fact that the hospital meets the Federal definition of a physician-owned hospital specified in §489.3 and that the list of the hospital's owners or investors who are physicians or immediate family members (as defined at §411.351 of this chapter) of physicians is available upon request and must be provided to the patient at the time the request for the list is made by or on behalf of the patient. For purposes of this paragraph (u)(1), the hospital stay or outpatient visit begins with the provision of a package of information regarding scheduled preadmission testing and registration for a planned hospital admission for inpatient care or an outpatient service; and

(ii) To disclose on any public Web site for the hospital and in any public advertising that the hospital is owned or invested in by physicians.

(2) To require each physician who is a member of the hospital's medical staff to agree, as a condition of continued medical staff membership or admitting privileges, to disclose, in writing, to all patients the physician refers to the hospital any ownership or investment interest in the hospital that is held by the physician or by an immediate family member (as defined at §411.351 of this chapter) of the physician, and any ownership or investment interest in the hospital by the patient’s treating physician(s). Disclosure must be required at the time the referral is made.

(3) To ensure that the hospital does not condition any physician ownership or investment interests either directly or indirectly on the physician owner or investor

making or influencing referrals to the hospital or otherwise generating business for the hospital.

* * * * *

(w)(1) In the case of a hospital as defined in §489.24(b), to furnish written notice to all patients at the beginning of their hospital stay or outpatient visit if a doctor of medicine or a doctor of osteopathy is not present in the hospital 24 hours per day, 7 days per week, in order to assist the patients in making informed decisions regarding their care, in accordance with §482.13(b)(2) of this subchapter. The notice must indicate how the hospital will meet the medical needs of any patient who develops an emergency medical condition, as defined in §489.24(b), at a time when there is no physician present in the hospital. For purposes of this paragraph, the hospital stay or outpatient visit begins with the provision of a package of information regarding scheduled preadmission testing and registration for a planned hospital admission for inpatient care or outpatient service.

(2) Before admitting a patient or providing an outpatient service, the hospital must receive a signed acknowledgment from the patient stating that the patient understands that a physician may not be present during all hours services are furnished to the patient.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; Program No. 93.774, Medicare—Supplementary Medical Insurance Program; and Program No. 93.778 (Medical Assistance)

Dated: June 24, 2010

Marilyn Tavenner,

Acting Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services.

Dated: June 30, 2010

Kathleen Sebelius,

Secretary.

BILLING CODE 4120-01-P

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0001	Level I Photochemotherapy	S	0.5422	$37.01	.	$7.41
0002	Fine Needle Biopsy/Aspiration	T	1.7752	$121.19	.	$24.24
0003	Bone Marrow Biopsy/Aspiration	T	3.6353	$248.17	.	$49.64
0004	Level I Needle Biopsy/ Aspiration Except Bone Marrow	T	4.6624	$318.29	.	$63.66
0005	Level II Needle Biopsy/Aspiration Except Bone Marrow	T	8.1600	$557.06	.	$111.42
0006	Level I Incision & Drainage	T	1.4939	$101.98	.	$20.40
0007	Level II Incision & Drainage	T	13.3268	$909.78	.	$181.96
0008	Level III Incision and Drainage	T	20.2481	$1,382.28	.	$276.46
0012	Level I Debridement & Destruction	T	0.4253	$29.03	.	$5.81
0013	Level II Debridement & Destruction	T	0.8782	$59.95	.	$11.99
0015	Level III Debridement & Destruction	T	1.5303	$104.47	.	$20.90
0016	Level IV Debridement & Destruction	T	2.8176	$192.35	.	$38.47
0017	Level V Debridement & Destruction	T	21.8217	$1,489.70	.	$297.94
0019	Level I Excision/ Biopsy	T	4.9184	$335.76	.	$67.16
0020	Level II Excision/ Biopsy	T	8.7772	$599.19	.	$119.84
0021	Level III Excision/ Biopsy	T	18.2223	$1,243.98	.	$248.80
0022	Level IV Excision/ Biopsy	T	24.1269	$1,647.07	$354.45	$329.42
0028	Level I Breast Surgery	T	25.7651	$1,758.91	.	$351.79
0029	Level II Breast Surgery	T	34.3618	$2,345.78	$581.52	$469.16
0030	Level III Breast Surgery	T	45.1924	$3,085.15	$747.07	$617.03
0031	Smoking Cessation Services	X	0.3066	$20.93	.	$4.19
0034	Mental Health Services Composite	S	3.3838	$231.00	.	$46.20
0035	Vascular Puncture and Minor Diagnostic Procedures	X	0.2446	$16.70	.	$3.34
0037	Level IV Needle Biopsy/Aspiration Except Bone Marrow	T	15.7640	$1,076.16	$228.76	$215.24
0039	Level I Implantation of Neurostimulator Generator	S	210.3341	$14,358.88	.	$2,871.78
0040	Percutaneous Implantation of Neurostimulator Electrodes	S	65.4002	$4,464.68	.	$892.94
0041	Level I Arthroscopy	T	30.3175	$2,069.68	.	$413.94
0042	Level II Arthroscopy	T	48.2063	$3,290.90	$804.74	$658.18
0045	Bone/Joint Manipulation Under Anesthesia	T	15.5647	$1,062.56	$268.44	$212.52
0047	Arthroplasty without Prosthesis	T	39.0731	$2,667.40	$534.09	$533.48
0048	Level I Arthroplasty or Implantation with Prosthesis	T	60.2668	$4,114.23	.	$822.85
0049	Level I Musculoskeletal Procedures Except Hand and Foot	T	23.2249	$1,585.49	.	$317.10
0050	Level II Musculoskeletal Procedures Except Hand and Foot	T	32.4253	$2,213.58	.	$442.72

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0051	Level III Musculoskeletal Procedures Except Hand and Foot	T	47.3761	$3,234.22	.	$646.85
0052	Level IV Musculoskeletal Procedures Except Hand and Foot	T	88.5249	$6,043.33	.	$1,208.67
0053	Level I Hand Musculoskeletal Procedures	T	17.3655	$1,185.49	$253.49	$237.10
0054	Level II Hand Musculoskeletal Procedures	T	29.8184	$2,035.61	.	$407.13
0055	Level I Foot Musculoskeletal Procedures	T	22.6974	$1,549.48	$355.34	$309.90
0056	Level II Foot Musculoskeletal Procedures	T	55.5064	$3,789.26	.	$757.86
0057	Bunion Procedures	T	33.3853	$2,279.11	$475.91	$455.83
0058	Level I Strapping and Cast Application	S	1.1409	$77.89	.	$15.58
0060	Manipulation Therapy	S	0.3636	$24.82	.	$4.97
0061	Laminectomy, Laparoscopy, or Incision for Implantation of Neurostimulator Electr	S	88.8954	$6,068.62	.	$1,213.73
0062	Level I Treatment Fracture/Dislocation	T	26.6924	$1,822.21	$372.87	$364.45
0063	Level II Treatment Fracture/Dislocation	T	48.0827	$3,282.46	.	$656.50
0064	Level III Treatment Fracture/Dislocation	T	66.5750	$4,544.88	.	$908.98
0065	Level I Stereotactic Radiosurgery, MRgFUS, and MEG	S	13.7821	$940.86	.	$188.18
0066	Level II Stereotactic Radiosurgery, MRgFUS, and MEG	S	36.8580	$2,516.19	.	$503.24
0067	Level III Stereotactic Radiosurgery, MRgFUS, and MEG	S	50.0116	$3,414.14	.	$682.83
0069	Thoracoscopy	T	35.4455	$2,419.76	$591.64	$483.96
0070	Thoracentesis/Lavage Procedures	T	5.6491	$385.65	.	$77.13
0071	Level I Endoscopy Upper Airway	T	0.9225	$62.98	.	$12.60
0072	Level II Endoscopy Upper Airway	T	1.8778	$128.19	.	$25.64
0073	Level III Endoscopy Upper Airway	T	4.0416	$275.91	$64.31	$55.19
0074	Level IV Endoscopy Upper Airway	T	21.9959	$1,501.59	.	$300.32
0075	Level V Endoscopy Upper Airway	T	31.4168	$2,144.73	$445.92	$428.95
0076	Level I Endoscopy Lower Airway	T	10.5445	$719.84	$189.82	$143.97
0077	Level I Pulmonary Treatment	S	0.4180	$28.54	$7.74	$5.71
0078	Level III Pulmonary Treatment	S	1.4237	$97.19	.	$19.44
0079	Ventilation Initiation and Management	S	2.8784	$196.50	.	$39.30
0080	Diagnostic Cardiac Catheterization	T	39.8374	$2,719.58	$838.92	$543.92
0082	Coronary or Non-Coronary Atherectomy	T	97.8929	$6,682.85	.	$1,336.57
0083	Coronary or Non-Coronary Angioplasty and Percutaneous Valvuloplasty	T	52.1947	$3,563.18	.	$712.64
0084	Level I Electrophysiologic Procedures	S	10.1429	$692.43	.	$138.49
0085	Level II Electrophysiologic Procedures	T	53.4167	$3,646.60	.	$729.32
0086	Level III Electrophysiologic Procedures	T	116.6136	$7,960.86	.	$1,592.18
0088	Thrombectomy	T	41.8116	$2,854.35	$655.22	$570.87
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	T	112.4202	$7,674.59	$1,615.11	$1,534.92

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0090	Insertion/Replacement of Pacemaker Pulse Generator	T	92.6057	$6,321.91	$1,530.07	$1,264.39
0091	Level II Vascular Ligation	T	44.4254	$3,032.79	.	$606.56
0092	Level I Vascular Ligation	T	27.5456	$1,880.46	.	$376.10
0093	Vascular Reconstruction/Fistula Repair without Device	T	36.5266	$2,493.56	.	$498.72
0094	Level I Resuscitation and Cardioversion	S	2.4281	$165.76	$46.29	$33.16
0095	Cardiac Rehabilitation	S	0.5678	$38.76	$13.86	$7.76
0096	Level II Noninvasive Physiologic Studies	S	1.5710	$107.25	$37.13	$21.45
0097	Level I Noninvasive Physiologic Studies	S	0.9646	$65.85	$23.66	$13.17
0099	Electrocardiograms/Cardiography	S	0.3998	$27.29	.	$5.46
0100	Cardiac Stress Tests	X	2.6301	$179.55	$41.44	$35.91
0101	Tilt Table Evaluation	S	4.3590	$297.58	$100.24	$59.52
0102	Level II Pulmonary Treatment	S	0.9754	$66.59	.	$13.32
0103	Miscellaneous Vascular Procedures	T	19.1796	$1,309.33	.	$261.87
0104	Transcatheter Placement of Intracoronary Stents	T	81.9089	$5,591.67	.	$1,118.34
0105	Repair/Revision/Removal of Pacemakers, AICDs, or Vascular Devices	T	23.2281	$1,585.71	.	$317.15
0106	Insertion/Replacement of Pacemaker Leads and/or Electrodes	T	52.6182	$3,592.09	.	$718.42
0107	Insertion of Cardioverter-Defibrillator	T	335.0724	$22,874.39	.	$4,574.88
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	T	389.7128	$26,604.52	.	$5,320.91
0110	Transfusion	S	3.4107	$232.84	.	$46.57
0111	Blood Product Exchange	S	12.5247	$855.02	$198.40	$171.01
0112	Apheresis and Stem Cell Procedures	S	33.8904	$2,313.60	.	$462.72
0113	Excision Lymphatic System	T	25.2939	$1,726.74	.	$345.35
0114	Thyroid/Lymphadenectomy Procedures	T	50.9844	$3,480.55	.	$696.11
0115	Cannula/Access Device Procedures	T	33.3074	$2,273.80	.	$454.76
0121	Level I Tube or Catheter Changes or Repositioning	T	6.3264	$431.88	.	$86.38
0126	Level I Urinary and Procedures	T	1.0983	$74.98	$16.21	$15.00
0127	Level IV Stereotactic Radiosurgery, MRgFUS, and MEG	S	105.7702	$7,220.61	.	$1,444.13
0128	Echocardiogram with Contrast	S	7.1663	$489.22	$162.90	$97.85
0129	Level I Closed Treatment Fracture Finger/Toe/Trunk	T	1.6325	$111.45	.	$22.29
0130	Level I Laparoscopy	T	38.7195	$2,643.26	$659.53	$528.66
0131	Level II Laparoscopy	T	48.0382	$3,279.42	$1,001.89	$655.89
0132	Level III Laparoscopy	T	71.1086	$4,854.37	$1,226.23	$970.88
0133	Level I Skin Repair	T	1.3598	$92.83	$25.67	$18.57
0134	Level II Skin Repair	T	3.1890	$217.70	.	$43.54

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0135	Level III Skin Repair	T	4.6616	$318.23	.	$63.65
0136	Level IV Skin Repair	T	17.1353	$1,169.78	.	$233.96
0137	Level V Skin Repair	T	22.1186	$1,509.97	.	$302.00
0138	Level II Closed Treatment Fracture Finger/Toe/Trunk	T	5.2593	$359.04	.	$71.81
0139	Level III Closed Treatment Fracture Finger/Toe/Trunk	T	20.9892	$1,432.87	.	$286.58
0140	Esophageal Dilation without Endoscopy	T	6.4279	$438.81	.	$87.77
0141	Level I Upper GI Procedures	T	8.8811	$606.29	$143.38	$121.26
0142	Small Intestine Endoscopy	T	10.1443	$692.52	$152.78	$138.51
0143	Lower GI Endoscopy	T	9.3206	$636.29	$186.06	$127.26
0146	Level I Sigmoidoscopy and Anoscopy	T	5.7839	$394.85	.	$78.97
0147	Level II Sigmoidoscopy and Anoscopy	T	9.5024	$648.70	.	$129.74
0148	Level I Anal/Rectal Procedures	T	6.2678	$427.88	.	$85.58
0149	Level III Anal/Rectal Procedures	T	24.5978	$1,679.22	.	$335.85
0150	Level IV Anal/Rectal Procedures	T	32.6184	$2,226.76	.	$445.36
0151	Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	T	23.0632	$1,574.46	.	$314.90
0152	Level I Percutaneous Abdominal and Biliary Procedures	T	32.3789	$2,210.41	.	$442.09
0153	Peritoneal and Abdominal Procedures	T	26.2068	$1,789.06	$368.04	$357.82
0154	Hernia/Hydrocele Procedures	T	33.3680	$2,277.93	$464.85	$455.59
0155	Level II Anal/Rectal Procedures	T	16.1014	$1,099.19	.	$219.84
0156	Level III Urinary and Anal Procedures	T	3.0859	$210.67	.	$42.14
0157	Colorectal Cancer Screening: Barium Enema	S	1.3220	$90.25	.	$18.05
0158	Colorectal Cancer Screening: Colonoscopy	T	8.2505	$563.24		
0159	Colorectal Cancer Screening: Flexible Sigmoidoscopy	S	5.1653	$352.62		
0160	Level I Cystourethroscopy and other Genitourinary Procedures	T	7.2012	$491.60	.	$98.32
0161	Level II Cystourethroscopy and other Genitourinary Procedures	T	17.7215	$1,209.79	.	$241.96
0162	Level III Cystourethroscopy and other Genitourinary Procedures	T	26.4198	$1,803.60	.	$360.72
0163	Level IV Cystourethroscopy and other Genitourinary Procedures	T	37.4369	$2,555.70	.	$511.14
0164	Level II Urinary and Anal Procedures	T	2.0672	$141.12	.	$28.23
0165	Level IV Urinary and Anal Procedures	T	20.5471	$1,402.69	.	$280.54
0166	Level I Urethral Procedures	T	21.3781	$1,459.42	.	$291.89
0168	Level II Urethral Procedures	T	32.3809	$2,210.55	.	$442.11
0169	Lithotripsy	T	41.7267	$2,848.56	$997.74	$569.72
0170	Dialysis	S	7.0059	$478.27	.	$95.66
0172	Level I Partial Hospitalization (3 services) for CMHCs	P	1.6977	$115.90	.	$23.18

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0173	Level II Partial Hospitalization (4 or more services) for CMHCs	P	1.7718	$120.96	.	$24.20
0174	Level IV Laparoscopy	T	112.2008	$7,659.61	$2,064.24	$1,531.93
0175	Level I Partial Hospitalization (3 services) for Hospital-based PHPs	P	2.6497	$180.89	.	$36.18
0176	Level II Partial Hospitalization (4 or more services) for Hospital-based PHPs	P	3.3838	$231.00	.	$46.20
0181	Level II Male Genital Procedures	T	36.4186	$2,486.19	$620.84	$497.24
0183	Level I Male Genital Procedures	T	23.7895	$1,624.04	.	$324.81
0184	Prostate Biopsy	T	13.3380	$910.55	.	$182.11
0188	Level II Female Reproductive Proc	T	1.5975	$109.06	.	$21.82
0189	Level III Female Reproductive Proc	T	3.5572	$242.84	.	$48.57
0190	Level I Hysteroscopy	T	23.1990	$1,583.73	$424.28	$316.75
0191	Level I Female Reproductive Proc	T	0.1514	$10.34	$2.08	$2.07
0192	Level IV Female Reproductive Proc	T	6.7542	$461.09	.	$92.22
0193	Level V Female Reproductive Proc	T	20.7158	$1,414.21	.	$282.85
0195	Level VI Female Reproductive Procedures	T	35.7350	$2,439.52	.	$487.91
0202	Level VII Female Reproductive Procedures	T	45.2093	$3,086.30	$981.50	$617.26
0203	Level IV Nerve Injections	T	13.3062	$908.37	$225.43	$181.68
0204	Level I Nerve Injections	T	2.6660	$182.00	$40.13	$36.40
0206	Level II Nerve Injections	T	3.8796	$264.85	.	$52.97
0207	Level III Nerve Injections	T	7.7204	$527.05	.	$105.41
0208	Laminotomies and Laminectomies	T	51.7137	$3,530.34	.	$706.07
0209	Level II Extended EEG, Sleep, and Cardiovascular Studies	S	11.4620	$782.48	$268.73	$156.50
0213	Level I Extended EEG, Sleep, and Cardiovascular Studies	S	2.4455	$166.95	$53.58	$33.39
0215	Level I Nerve and Muscle Tests	S	0.6295	$42.97	.	$8.60
0216	Level III Nerve and Muscle Tests	S	2.7192	$185.63	.	$37.13
0218	Level II Nerve and Muscle Tests	S	1.1923	$81.39	.	$16.28
0220	Level I Nerve Procedures	T	19.3535	$1,321.21	.	$264.25
0221	Level II Nerve Procedures	T	37.5345	$2,562.37	.	$512.48
0224	Implantation of Catheter/Reservoir/Shunt	T	41.9698	$2,865.15	.	$573.03
0225	Implantation of Neurostimulator Electrodes, Cranial Nerve	S	212.7796	$14,525.82	.	$2,905.17
0227	Implantation of Drug Infusion Device	T	194.6115	$13,285.54	.	$2,657.11
0229	Transcatherter Placement of Intravascular Shunts	T	96.8443	$6,611.27	.	$1,322.26
0230	Level I Eye Tests & Treatments	S	0.5913	$40.37	.	$8.08
0231	Level III Eye Tests & Treatments	S	2.2924	$156.50	.	$31.30
0232	Level I Anterior Segment Eye Procedures	T	2.4827	$169.49	$40.82	$33.90
0233	Level III Anterior Segment Eye Procedures	T	17.0898	$1,166.67	$263.12	$233.34
0234	Level IV Anterior Segment Eye Procedures	T	24.5236	$1,674.15	$511.31	$334.83

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0235	Level I Posterior Segment Eye Procedures	T	5.2921	$361.28	.	$72.26
0237	Level II Posterior Segment Eye Procedures	T	23.2772	$1,589.06	.	$317.82
0238	Level I Repair and Plastic Eye Procedures	T	3.1607	$215.77	.	$43.16
0239	Level II Repair and Plastic Eye Procedures	T	7.7830	$531.32	.	$106.27
0240	Level III Repair and Plastic Eye Procedures	T	19.9889	$1,364.58	$296.20	$272.92
0241	Level IV Repair and Plastic Eye Procedures	T	26.8719	$1,834.46	$383.45	$366.90
0242	Level V Repair and Plastic Eye Procedures	T	39.3413	$2,685.71	$597.36	$537.15
0243	Strabismus/Muscle Procedures	T	25.3150	$1,728.18	$416.98	$345.64
0244	Corneal and Amniotic Membrane Transplant	T	39.0380	$2,665.01	$803.26	$533.01
0245	Level I Cataract Procedures without IOL Insert	T	14.3198	$977.57	$196.91	$195.52
0246	Cataract Procedures with IOL Insert	T	24.7788	$1,691.57	$495.96	$338.32
0247	Laser Eye Procedures	T	5.5659	$379.97	$104.31	$76.00
0249	Level II Cataract Procedures without IOL Insert	T	31.0191	$2,117.58	$516.99	$423.52
0250	Level I ENT Procedures	T	1.1743	$80.17	$25.10	$16.04
0251	Level II ENT Procedures	T	3.4369	$234.63	.	$46.93
0252	Level III ENT Procedures	T	7.8743	$537.55	$109.16	$107.51
0253	Level IV ENT Procedures	T	17.4151	$1,188.88	$282.29	$237.78
0254	Level V ENT Procedures	T	25.5397	$1,743.52	.	$348.71
0255	Level II Anterior Segment Eye Procedures	T	7.8769	$537.73	$129.50	$107.55
0256	Level VI ENT Procedures	T	44.8441	$3,061.37	.	$612.28
0259	Level VII ENT Procedures	T	454.7997	$31,047.81	$8,543.66	$6,209.57
0260	Level I Plain Film Except Teeth	X	0.6683	$45.62	.	$9.13
0261	Level II Plain Film Except Teeth Including Bone Density Measurement	X	1.1314	$77.24	.	$15.45
0262	Plain Film of Teeth	X	0.4853	$33.13	.	$6.63
0263	Level I Miscellaneous Radiology Procedures	X	3.3875	$231.25	.	$46.25
0265	Level I Diagnostic and Screening Ultrasound	S	0.9262	$63.23	$22.28	$12.65
0266	Level II Diagnostic and Screening Ultrasound	S	1.4262	$97.36	$37.53	$19.48
0267	Level III Diagnostic and Screening Ultrasound	S	2.2748	$155.29	$60.50	$31.06
0269	Level II Echocardiogram Without Contrast	S	5.7019	$389.25	.	$77.85
0270	Level III Echocardiogram Without Contrast	S	8.1944	$559.41	$132.96	$111.89
0272	Fluoroscopy	X	1.2472	$85.14	$31.07	$17.03
0274	Myelography	S	7.4103	$505.88	.	$101.18
0275	Arthrography	S	4.0041	$273.35	$68.90	$54.67
0276	Level I Digestive Radiology	S	1.2890	$88.00	$34.66	$17.60
0277	Level II Digestive Radiology	S	2.0916	$142.79	$53.90	$28.56
0278	Diagnostic Urography	S	2.5910	$176.88	$58.44	$35.38
0279	Level II Angiography and Venography	S	29.7399	$2,030.25	.	$406.05
0280	Level III Angiography and Venography	S	48.7134	$3,325.52	.	$665.11
0282	Miscellaneous Computed Axial Tomography	S	1.7637	$120.40	$37.80	$24.08

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0283	Computed Tomography with Contrast	S	4.4120	$301.19	$96.62	$60.24
0284	Magnetic Resonance Imaging and Magnetic Resonance Angiography with Contrast	S	6.4555	$440.70	$146.85	$88.14
0288	Bone Density:Axial Skeleton	S	1.0562	$72.10	$28.51	$14.42
0293	Level VI Anterior Segment Eye Procedures	T	113.4961	$7,748.04	.	$1,549.61
0299	Hyperthermia and Radiation Treatment Procedures	S	5.7142	$390.09	.	$78.02
0300	Level I Radiation Therapy	S	1.4418	$98.43	.	$19.69
0301	Level II Radiation Therapy	S	2.3741	$162.07	.	$32.42
0303	Treatment Device Construction	X	2.9021	$198.12	$66.95	$39.63
0304	Level I Therapeutic Radiation Treatment Preparation	X	1.5401	$105.14	$34.63	$21.03
0305	Level II Therapeutic Radiation Treatment Preparation	X	4.0762	$278.27	$91.38	$55.66
0307	Myocardial Positron Emission Tomography (PET) imaging	S	16.1009	$1,099.16	.	$219.84
0308	Non-Myocardial Positron Emission Tomography (PET) imaging	S	15.3994	$1,051.27	.	$210.26
0310	Level III Therapeutic Radiation Treatment Preparation	X	13.5651	$926.05	$325.27	$185.21
0312	Radioelement Applications	S	5.0976	$348.00	.	$69.60
0313	Brachytherapy	S	10.4062	$710.40	$268.63	$142.08
0315	Level II Implantation of Neurostimulator Generator	S	270.0348	$18,434.47	.	$3,686.90
0317	Level II Miscellaneous Radiology Procedures	X	5.9820	$408.37	.	$81.68
0320	Electroconvulsive Therapy	S	6.0291	$411.59	.	$82.32
0322	Brief Individual Psychotherapy	S	1.1744	$80.17	.	$16.04
0323	Extended Individual Psychotherapy	S	1.6309	$111.34	.	$22.27
0324	Family Psychotherapy	S	1.8392	$125.56	.	$25.12
0325	Group Psychotherapy	S	0.7880	$53.79	$11.47	$10.76
0330	Dental Procedures	S	9.9085	$676.42	.	$135.29
0332	Computed Tomography without Contrast	S	2.8569	$195.03	$75.24	$39.01
0333	Computed Tomography without Contrast followed by Contrast	S	4.8922	$333.98	$116.13	$66.80
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast	S	5.1052	$348.52	$137.34	$69.71
0337	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast followed by Contrast	S	7.9271	$541.16	$197.83	$108.24
0340	Minor Ancillary Procedures	X	0.6899	$47.10	.	$9.42
0341	Skin Tests	X	0.0804	$5.49	$2.09	$1.10
0342	Level I Pathology	X	0.1596	$10.90	.	$2.18
0343	Level II Pathology	X	0.5351	$36.53	$10.84	$7.31
0344	Level III Pathology	X	0.8227	$56.16	$15.56	$11.24

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0345	Level I Transfusion Laboratory Procedures	X	0.2168	$14.80	.	$2.96
0346	Level II Transfusion Laboratory Procedures	X	0.3619	$24.71	.	$4.95
0347	Level III Transfusion Laboratory Procedures	X	0.6903	$47.12	$9.43	$9.43
0350	Administration of flu and PPV vaccine	S	0.3853	$26.30		
0360	Level I Alimentary Tests	X	1.7011	$116.13	$33.88	$23.23
0361	Level II Alimentary Tests	X	4.0753	$278.21	$83.23	$55.65
0363	Level I Otorhinolaryngologic Function Tests	X	0.8721	$59.54	$16.71	$11.91
0364	Level I Audiometry	X	0.4612	$31.48	$7.03	$6.30
0365	Level II Audiometry	X	1.2498	$85.32	$18.52	$17.07
0366	Level III Audiometry	X	1.5786	$107.77	$24.61	$21.56
0367	Level I Pulmonary Test	X	0.5872	$40.09	$13.75	$8.02
0368	Level II Pulmonary Tests	X	0.8679	$59.25	$20.93	$11.85
0369	Level III Pulmonary Tests	X	3.0374	$207.35	$42.19	$41.47
0370	Allergy Tests	X	1.4793	$100.99	.	$20.20
0373	Level I Neuropsychological Testing	X	1.1738	$80.13	.	$16.03
0375	Ancillary Outpatient Services When Patient Expires	S	94.3159	$6,438.66	.	$1,287.74
0377	Level II Cardiac Imaging	S	11.2555	$768.38	.	$153.68
0378	Level II Pulmonary Imaging	S	4.7678	$325.48	$124.64	$65.10
0381	Single Allergy Tests	X	0.4215	$28.77	.	$5.76
0382	Level II Neuropsychological Testing	X	2.5561	$174.50	.	$34.90
0383	Cardiac Computed Tomographic Imaging	S	3.7795	$258.02	.	$51.61
0384	GI Procedures with Stents	T	27.4802	$1,875.99	.	$375.20
0385	Level I Prosthetic Urological Procedures	S	102.2894	$6,982.99	.	$1,396.60
0386	Level II Prosthetic Urological Procedures	S	168.1193	$11,477.00	.	$2,295.40
0387	Level II Hysteroscopy	T	38.2775	$2,613.09	$655.55	$522.62
0388	Discography	S	24.9242	$1,701.50	.	$340.30
0389	Level I Non-imaging Nuclear Medicine	S	1.5770	$107.66	$28.71	$21.54
0390	Level I Endocrine Imaging	S	2.0375	$139.09	$49.95	$27.82
0391	Level II Endocrine Imaging	S	3.2886	$224.50	$65.96	$44.90
0392	Level II Non-imaging Nuclear Medicine	S	2.6029	$177.69	$43.31	$35.54
0393	Hematologic Processing & Studies	S	5.8770	$401.21	.	$80.25
0394	Hepatobiliary Imaging	S	4.2112	$287.49	$98.44	$57.50
0395	GI Tract Imaging	S	3.6081	$246.31	$89.56	$49.27
0396	Bone Imaging	S	3.6637	$250.11	$95.02	$50.03
0397	Vascular Imaging	S	3.5928	$245.27	.	$49.06
0398	Level I Cardiac Imaging	S	4.3724	$298.49	$95.61	$59.70
0400	Hematopoietic Imaging	S	3.7861	$258.47	$91.52	$51.70
0401	Level I Pulmonary Imaging	S	2.9903	$204.14	$73.80	$40.83
0402	Level II Nervous System Imaging	S	9.0850	$620.21	.	$124.05
0403	Level I Nervous System Imaging	S	3.4106	$232.83	$72.42	$46.57
0404	Renal and Genitourinary Studies	S	4.7288	$322.82	$82.54	$64.57

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0406	Level I Tumor/Infection Imaging	S	4.2872	$292.67	$88.01	$58.54
0407	Level I Radionuclide Therapy	S	3.2871	$224.40	$78.13	$44.88
0408	Level III Tumor/Infection Imaging	S	12.6011	$860.24	.	$172.05
0409	Red Blood Cell Tests	X	0.1134	$7.74	$2.18	$1.55
0412	IMRT Treatment Delivery	S	6.4458	$440.04	.	$88.01
0413	Level II Radionuclide Therapy	S	5.1912	$354.39	.	$70.88
0414	Level II Tumor/Infection Imaging	S	7.1451	$487.77	.	$97.56
0415	Level II Endoscopy Lower Airway	T	28.5180	$1,946.84	$459.92	$389.37
0418	Insertion of Left Ventricular Pacing Elect.	T	143.1583	$9,772.99	.	$1,954.60
0422	Level II Upper GI Procedures	T	16.3107	$1,113.48	$271.47	$222.70
0423	Level II Percutaneous Abdominal and Biliary Procedures	T	57.2089	$3,905.48	.	$781.10
0425	Level II Arthroplasty or Implantation with Prosthesis	T	122.1766	$8,340.63	.	$1,668.13
0426	Level II Strapping and Cast Application	S	2.4913	$170.07	.	$34.02
0427	Level II Tube or Catheter Changes or Repositioning	T	16.3601	$1,116.85	.	$223.37
0428	Level III Sigmoidoscopy and Anoscopy	T	24.5869	$1,678.47	.	$335.70
0429	Level V Cystourethroscopy and other Genitourinary Procedures	T	46.5713	$3,179.28	.	$635.86
0432	Health and Behavior Services	S	0.4597	$31.38	.	$6.28
0433	Level II Pathology	X	0.2465	$16.83	$5.17	$3.37
0434	Cardiac Defect Repair	T	158.2753	$10,804.98	.	$2,161.00
0436	Level I Drug Administration	S	0.3853	$26.30	.	$5.26
0437	Level II Drug Administration	S	0.5491	$37.49	.	$7.50
0438	Level III Drug Administration	S	1.1156	$76.16	.	$15.24
0439	Level IV Drug Administration	S	1.8498	$126.28	.	$25.26
0440	Level V Drug Administration	S	2.9855	$203.81	.	$40.77
0442	Dosimetric Drug Administration	S	31.9890	$2,183.79	.	$436.76
0604	Level 1 Hospital Clinic Visits	V	0.7431	$50.73	.	$10.15
0605	Level 2 Hospital Clinic Visits	V	1.0573	$72.18	.	$14.44
0606	Level 3 Hospital Clinic Visits	V	1.3650	$93.18	.	$18.64
0607	Level 4 Hospital Clinic Visits	V	1.7939	$122.46	.	$24.50
0608	Level 5 Hospital Clinic Visits	V	2.4657	$168.33	.	$33.67
0609	Level 1 Type A Emergency Visits	V	0.7735	$52.80	$12.64	$10.56
0613	Level 2 Type A Emergency Visits	V	1.3150	$89.77	$21.06	$17.96
0614	Level 3 Type A Emergency Visits	V	2.1031	$143.57	$34.50	$28.72
0615	Level 4 Type A Emergency Visits	V	3.3549	$229.03	$48.49	$45.81
0616	Level 5 Type A Emergency Visits	V	4.9888	$340.57	$72.86	$68.12
0617	Critical Care	S	7.7626	$529.93	$111.59	$105.99
0618	Trauma Response with Critical Care	S	13.9990	$955.67	.	$191.14
0621	Level I Vascular Access Procedures	T	11.4058	$778.64	.	$155.73

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0622	Level II Vascular Access Procedures	T	25.6930	$1,753.98	.	$350.80
0623	Level III Vascular Access Procedures	T	30.8594	$2,106.68	.	$421.34
0624	Phlebotomy and Minor Vascular Access Device Procedures	X	0.6338	$43.27	$12.65	$8.66
0626	Level 1 Type B Emergency Visits	V	0.6250	$42.67	.	$8.54
0627	Level 2 Type B Emergency Visits	V	0.9279	$63.34	.	$12.67
0628	Level 3 Type B Emergency Visits	V	1.4941	$102.00	.	$20.40
0629	Level 4 Type B Emergency Visits	V	2.4251	$165.55	.	$33.11
0630	Level 5 Type B Emergency Visits	V	3.8788	$264.79	.	$52.96
0648	Level IV Breast Surgery	T	62.9000	$4,293.99	.	$858.80
0651	Complex Interstitial Radiation Source Application	S	14.3321	$978.41	.	$195.69
0652	Insertion of Intraperitoneal and Pleural Catheters	T	31.1286	$2,125.06	.	$425.02
0653	Vascular Reconstruction/Fistula Repair with Device	T	44.7437	$3,054.52	.	$610.91
0654	Insertion/Replacement of a permanent dual chamber pacemaker	T	108.1716	$7,384.55	.	$1,476.91
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	T	138.0708	$9,425.68	.	$1,885.14
0656	Transcatheter Placement of Intracoronary Drug-Eluting Stents	T	104.6619	$7,144.95	.	$1,428.99
0659	Hyperbaric Oxygen	S	1.5650	$106.84	.	$21.37
0660	Level II Otorhinolaryngologic Function Tests	X	1.4013	$95.66	$25.67	$19.14
0661	Level IV Pathology	X	2.3687	$161.70	.	$32.34
0662	CT Angiography	S	5.0605	$345.47	$114.75	$69.10
0664	Level I Proton Beam Radiation Therapy	S	13.2159	$902.21	.	$180.45
0665	Bone Density:AppendicularSkeleton	S	0.4667	$31.86	$11.60	$6.38
0667	Level II Proton Beam Radiation Therapy	S	17.2884	$1,180.23	.	$236.05
0668	Level I Angiography and Venography	S	10.6287	$725.59	.	$145.12
0672	Level III Posterior Segment Eye Procedures	T	40.6474	$2,774.88	.	$554.98
0673	Level V Anterior Segment Eye Procedures	T	44.5131	$3,038.78	$649.56	$607.76
0674	Prostate Cryoablation	T	116.8825	$7,979.22	.	$1,595.85
0676	Thrombolysis and Other Device Revisions	T	2.3844	$162.78	.	$32.56
0678	External Counterpulsation	T	1.4509	$99.05	.	$19.81
0679	Level II Resuscitation and Cardioversion	S	5.4877	$374.63	$95.30	$74.93
0680	Insertion of Patient Activated Event Recorders	S	78.5933	$5,365.33	.	$1,073.07
0683	Level II Photochemotherapy	S	2.8503	$194.58	.	$38.92
0685	Level III Needle Biopsy/Aspiration Except Bone Marrow	T	9.9046	$676.16	.	$135.24
0687	Revision/Removal of Neurostimulator Electrodes	T	21.9323	$1,497.25	$397.37	$299.45
0688	Revision/Removal of Neurostimulator Pulse	T	29.5816	$2,019.45	$768.94	$403.89

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
	Generator Receiver					
0690	Level I Electronic Analysis of Devices	S	0.5225	$35.67	$8.67	$7.14
0691	Level III Electronic Analysis of Devices	S	2.4765	$169.06	.	$33.82
0692	Level II Electronic Analysis of Devices	S	1.6175	$110.42	.	$22.09
0694	Mohs Surgery	T	5.0842	$347.08	$91.69	$69.42
0697	Level I Echocardiogram Without Contrast	S	3.1630	$215.93	.	$43.19
0698	Level II Eye Tests & Treatments	S	0.9316	$63.60	.	$12.72
0699	Level IV Eye Tests & Treatments	T	16.6419	$1,136.09	.	$227.22
0701	Sr89 strontium	K		$805.83	.	$161.17
0726	Dexrazoxane HCl injection	K		$261.24	.	$52.25
0728	Filgrastim 300 mcg injection	K		$223.05	.	$44.61
0731	Sargramostim injection	K		$25.25	.	$5.05
0735	Ampho b cholesteryl sulfate	K		$14.00	.	$2.80
0736	Amphotericin b liposome inj	K		$15.78	.	$3.16
0738	Rasburicase	K		$172.53	.	$34.51
0747	Chlorothiazide sodium inj	K		$352.37	.	$70.48
0751	Mechlorethamine hcl inj	K		$154.50	.	$30.90
0752	Dactinomycin injection	K		$570.53	.	$114.11
0759	Naltrexone, depot form	K		$2.43	.	$0.49
0800	Leuprolide acetate	K		$516.09	.	$103.22
0802	Etoposide oral	K		$28.26	.	$5.66
0807	Aldesleukin injection	K		$844.43	.	$168.89
0809	Bcg live intravesical vac	K		$121.25	.	$24.25
0810	Goserelin acetate implant	K		$195.23	.	$39.05
0812	Carmustine injection	K		$176.41	.	$35.29
0814	Asparaginase injection	K		$60.94	.	$12.19
0820	Daunorubicin injection	K		$19.46	.	$3.90
0821	Daunorubicin citrate inj	K		$56.31	.	$11.27
0823	Docetaxel injection	K		$17.86	.	$3.58
0825	Nelarabine injection	K		$105.91	.	$21.19
0827	Floxuridine injection	K		$42.99	.	$8.60
0828	Gemcitabine hcl injection	K		$145.10	.	$29.02
0830	Irinotecan injection	K		$9.15	.	$1.83
0831	Ifosfomide injection	K		$30.76	.	$6.16
0832	Idarubicin hcl injection	K		$63.57	.	$12.72
0835	Cosyntropin injection NOS	K		$73.19	.	$14.64
0836	Interferon alfa-2b inj	K		$15.84	.	$3.17
0838	Interferon gamma 1-b inj	K		$430.93	.	$86.19
0840	Inj melphalan hydrochl	K		$1,500.32	.	$300.07
0842	Fludarabine phosphate inj	K		$205.81	.	$41.17
0843	Pegaspargase injection	K		$2,747.44	.	$549.49

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0844	Pentostatin injection	K		$1,246.38	.	$249.28
0849	Rituximab injection	K		$578.40	.	$115.68
0850	Streptozocin injection	K		$282.86	.	$56.58
0851	Thiotepa injection	K		$113.52	.	$22.71
0852	Topotecan injection	K		$1,058.90	.	$211.78
0856	Porfimer sodium injection	K		$2,934.28	.	$586.86
0858	Inj cladribine	K		$28.22	.	$5.65
0861	Leuprolide acetate injeciton	K		$4.27	.	$0.86
0864	Mitoxantrone hydrochl	K		$45.26	.	$9.06
0865	Interferon alfa-n3 inj	K		$18.23	.	$3.65
0868	Oral aprepitant	K		$5.67	.	$1.14
0873	Hyalgan/supartz inj per dose	K		$91.96	.	$18.40
0874	Synvisc or synvisc-one	K		$11.78	.	$2.36
0875	Euflexxa inj per dose	K		$113.79	.	$22.76
0877	Orthovisc inj per dose	K		$176.70	.	$35.34
0878	Gallium nitrate injection	K		$2.03	.	$0.41
0884	Rho d immune globulin inj	K		$77.47	.	$15.50
0887	Azathioprine parenteral	K		$96.29	.	$19.26
0890	Lymphocyte immune globulin	K		$487.88	.	$97.58
0900	Alglucerase injection	K		$41.98	.	$8.40
0901	Alpha 1 proteinase inhibitor	K		$3.77	.	$0.76
0902	Injection,onabotulinumtoxinA	K		$5.49	.	$1.10
0903	Cytomegalovirus imm IV /vial	K		$878.82	.	$175.77
0904	Gamma globulin 4 CC inj	K		$64.13	.	$12.83
0910	Interferon beta-1b / .25 MG	K		$176.67	.	$35.34
0913	Ganciclovir long act implant	K		$16,960.00	.	$3,392.00
0916	Injection imiglucerase /unit	K		$4.20	.	$0.84
0917	Adenosine injection	K		$82.72	.	$16.55
0920	Gamma globulin 6 CC inj	K		$96.23	.	$19.25
0921	Gamma globulin 7 CC inj	K		$112.17	.	$22.44
0922	Gamma globulin 8 CC inj	K		$128.27	.	$25.66
0923	Gamma globulin 9 CC inj	K		$160.34	.	$32.07
0924	Gamma globulin 10 CC inj	K		$160.34	.	$32.07
0925	Factor viii	K		$0.87	.	$0.18
0927	Factor viii recombinant	K		$1.09	.	$0.22
0928	Factor ix complex	K		$0.88	.	$0.18
0929	Anti-inhibitor	K		$1.55	.	$0.31
0931	Factor IX non-recombinant	K		$0.91	.	$0.19
0932	Factor IX recombinant	K		$1.11	.	$0.23
0933	Gamma globulin > 10 CC inj	K		$160.34	.	$32.07
0934	Capecitabine, oral	K		$20.66	.	$4.14

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0935	Clonidine hydrochloride	K		$98.64	.	$19.73
0943	Octagam injection	K		$37.69	.	$7.54
0944	Gammagard liquid injection	K		$38.53	.	$7.71
0945	Rhophylac injection	K		$5.21	.	$1.05
0946	Hepagam b im injection	K		$50.63	.	$10.13
0947	Flebogamma injection	K		$37.01	.	$7.41
0948	Gamunex injection	K		$37.63	.	$7.53
0949	Frozen plasma, pooled, sd	R	0.8126	$55.47	.	$11.10
0950	Whole blood for transfusion	R	2.9637	$202.32	.	$40.47
0951	Reclast injection	K		$222.92	.	$44.59
0952	Cryoprecipitate each unit	R	0.7391	$50.46	.	$10.10
0954	RBC leukocytes reduced	R	2.7694	$189.06	.	$37.82
0955	Plasma, frz between 8-24hour	R	1.0672	$72.85	.	$14.57
0956	Plasma protein fract,5%,50ml	R	0.3751	$25.61	.	$5.13
0957	Platelets, each unit	R	1.0506	$71.72	.	$14.35
0958	Plaelet rich plasma unit	R	2.0520	$140.08	.	$28.02
0959	Red blood cells unit	R	2.1860	$149.23	.	$29.85
0960	Washed red blood cells unit	R	4.3079	$294.09	.	$58.82
0961	Albumin (human),5%, 50ml	K		$16.89	.	$3.38
0963	Albumin (human), 5%, 250 ml	K		$60.58	.	$12.12
0964	Albumin (human), 25%, 20 ml	K		$25.67	.	$5.14
0965	Albumin (human), 25%, 50ml	K		$62.05	.	$12.41
0966	Plasmaprotein fract,5%,250ml	R	1.6989	$115.98	.	$23.20
0967	Blood split unit	R	2.9552	$201.74	.	$40.35
0968	Platelets leukoreduced irrad	R	2.0209	$137.96	.	$27.60
0969	RBC leukoreduced irradiated	R	3.6796	$251.20	.	$50.24
1009	Cryoprecipitatereducedplasma	R	1.1663	$79.62	.	$15.93
1010	Blood, l/r, cmv-neg	R	2.7600	$188.42	.	$37.69
1011	Platelets, hla-m, l/r, unit	R	10.5854	$722.63	.	$144.53
1013	Platelets leukocytes reduced	R	1.5839	$108.13	.	$21.63
1015	Injection glatiramer acetate	K		$82.34	.	$16.47
1016	Blood, l/r, froz/degly/wash	R	1.4749	$100.69	.	$20.14
1017	Plt, aph/pher, l/r, cmv-neg	R	6.2876	$429.24	.	$85.85
1018	Blood, l/r, irradiated	R	2.4465	$167.02	.	$33.41
1019	Plate pheres leukoredu irrad	R	9.6439	$658.36	.	$131.68
1020	Plt, pher, l/r cmv-neg, irr	R	8.5688	$584.97	.	$117.00
1021	RBC, frz/deg/wsh, l/r, irrad	R	4.1093	$280.53	.	$56.11
1022	RBC, l/r, cmv-neg, irrad	R	4.3870	$299.49	.	$59.90
1023	Pralidoxime chloride inj	K		$90.79	.	$18.16
1052	Injection, voriconazole	K		$5.82	.	$1.17
1064	I131 iodide cap, rx	K		$18.20	.	$3.64

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1083	Adalimumab injection	K		$374.48	.	$74.90
1084	Denileukin diftitox inj	K		$1,494.82	.	$298.97
1086	Temozolomide	K		$8.83	.	$1.77
1138	Hepagam b intravenous, inj	K		$50.63	.	$10.13
1139	Protein c concentrate	K		$12.19	.	$2.44
1142	Supprelin LA implant	K		$14,990.44	.	$2,998.09
1150	I131 iodide sol, rx	K		$13.72	.	$2.75
1166	Cytarabine liposome inj	K		$488.90	.	$97.78
1167	Inj, epirubicin hcl	K		$2.48	.	$0.50
1168	Inj, temsirolimus	K		$49.83	.	$9.97
1178	Busulfan injection	K		$14.45	.	$2.89
1203	Verteporfin injection	K		$9.50	.	$1.90
1207	Octreotide injection, depot	K		$109.01	.	$21.81
1213	Antihemophilic viii/vwf comp	K		$0.92	.	$0.19
1214	Inj IVIG privigen 500 mg	K		$35.10	.	$7.02
1220	Calcitonin salmon injection	K		$49.26	.	$9.86
1221	Dimethyl sulfoxide 50%	K		$69.98	.	$14.00
1222	Pentastarch 10% solution	K		$161.82	.	$32.37
1226	Inj streptokinase /250000 IU	K		$32.12	.	$6.43
1232	Mitomycin 5 MG inj	K		$20.35	.	$4.07
1233	Mitomycin 20 MG inj	K		$81.44	.	$16.29
1234	Mitomycin 40 MG inj	K		$162.86	.	$32.58
1235	Valrubicin injection	K		$960.22	.	$192.05
1236	Levoleucovorin injection	G		$0.78	.	$0.16
1237	Inj iron dextran	K		$12.63	.	$2.53
1238	Topotecan oral	G		$74.66	.	$14.94
1239	Rotavirus vacc 2 dose oral	K		$102.50	.	$20.50
1240	Apligraf skin sub	K		$32.71	.	$6.55
1241	Oasis wound matrix skin sub	K		$4.62	.	$0.93
1242	Oasis burn matrix skin sub	K		$4.62	.	$0.93
1243	Integra BMWD skin sub	K		$14.84	.	$2.97
1244	Integra DRT skin sub	K		$10.00	.	$2.00
1245	Dermagraft skin sub	K		$40.10	.	$8.02
1246	Graftjacket skin sub	K		$92.04	.	$18.41
1247	Integra matrix skin sub	K		$17.99	.	$3.60
1248	Primatrix skin sub	K		$34.35	.	$6.87
1249	Cymetra allograft	K		$342.34	.	$68.47
1250	Graftjacket express allograf	K		$342.34	.	$68.47
1251	Integra flowable wound matri	K		$914.43	.	$182.89
1252	Gammagraft skin sub	K		$7.40	.	$1.48
1253	Triamcinolone A inj PRS-free	K		$3.21	.	$0.65

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1254	Adenovirus vaccine, type 4	K		$173.84	.	$34.77
1255	Rotovirus vacc 3 dose, oral	K		$73.76	.	$14.76
1256	Brompheniramine maleate inj	K		$9.24	.	$1.85
1260	Nandrolone decanoate 100 MG	K		$71.34	.	$14.27
1263	Antithrombin iii injection	K		$2.31	.	$0.47
1266	Interferon alfacon-1 inj	K		$4.80	.	$0.96
1268	Xyntha inj	K		$1.08	.	$0.22
1270	Alloderm skin sub	K		$32.57	.	$6.52
1271	Cholera vaccine, injectable	K		$103.90	.	$20.78
1272	Acetylcysteine injection	K		$2.45	.	$0.49
1274	Edetate calcium disodium inj	K		$197.37	.	$39.48
1275	Vivaglobin, inj	K		$7.20	.	$1.44
1279	Factor VIII (porcine)	K		$8.21	.	$1.65
1280	Corticotropin injection	K		$2,441.70	.	$488.34
1281	Bevacizumab injection	K		$1.44	.	$0.29
1282	Gamma globulin 2 CC inj	K		$32.07	.	$6.42
1283	Gamma globulin 3 CC inj	K		$48.10	.	$9.62
1284	Gamma globulin 5 CC inj	K		$80.16	.	$16.04
1285	Nandrolone decanoate 50 MG	K		$7.08	.	$1.42
1286	Nandrolone decanoate 200 MG	K		$43.59	.	$8.72
1287	Alloskin skin sub	K		$7.34	.	$1.47
1288	Visualization adjunct	K		$1.82	.	$0.37
1289	AbobotulinumtoxinA	K		$7.71	.	$1.55
1290	Human fibrinogen conc inj	G		$72.89	.	$14.58
1291	Rilonacept injection	K		$24.09	.	$4.82
1295	Sm 153 lexidronam	K		$5,613.99	.	$1,122.80
1296	Degarelix injection	G		$2.60	.	$0.52
1297	Ferumoxytol, non-esrd	G		$0.82	.	$0.17
1298	Cosyntropin cortrosyn inj	K		$90.95	.	$18.19
1299	Gadofosveset trisodium inj	G		$12.89		
1302	Inj benztropine mesylate	K		$42.16	.	$8.44
1303	Itraconazole injection	K		$42.28	.	$8.46
1304	Perphenazine injeciton	K		$29.11	.	$5.83
1306	Urea injection	K		$83.87	.	$16.78
1307	Oral busulfan	K		$3.65	.	$0.73
1308	Mecasermin injection	K		$125.21	.	$25.05
1309	Paclitaxel injection	K		$11.46	.	$2.30
1491	New Technology - Level IA ($0-$10)	S		$5.00	.	$1.00
1492	New Technology - Level IB ($10-$20)	S		$15.00	.	$3.00
1493	New Technology - Level IC ($20-$30)	S		$25.00	.	$5.00
1494	New Technology - Level ID ($30-$40)	S		$35.00	.	$7.00

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1495	New Technology - Level IE ($40-$50)	S		$45.00	.	$9.00
1496	New Technology - Level IA ($0-$10)	T		$5.00	.	$1.00
1497	New Technology - Level IB($10-$20)	T		$15.00	.	$3.00
1498	New Technology - Level IC ($20-$30)	T		$25.00	.	$5.00
1499	New Technology - Level ID($30-$40)	T		$35.00	.	$7.00
1500	New Technology - Level IE ($40-$50)	T		$45.00	.	$9.00
1502	New Technology - Level II ($50 - $100)	S		$75.00	.	$15.00
1503	New Technology - Level III ($100 - $200)	S		$150.00	.	$30.00
1504	New Technology - Level IV ($200 - $300)	S		$250.00	.	$50.00
1505	New Technology - Level V ($300 - $400)	S		$350.00	.	$70.00
1506	New Technology - Level VI ($400 - $500)	S		$450.00	.	$90.00
1507	New Technology - Level VII ($500 - $600)	S		$550.00	.	$110.00
1508	New Technology - Level VIII ($600 - $700)	S		$650.00	.	$130.00
1509	New Technology - Level IX ($700 - $800)	S		$750.00	.	$150.00
1510	New Technology - Level X ($800 - $900)	S		$850.00	.	$170.00
1511	New Technology - Level XI ($900 - $1000)	S		$950.00	.	$190.00
1512	New Technology - Level XII ($1000 - $1100)	S		$1,050.00	.	$210.00
1513	New Technology - Level XIII ($1100 - $1200)	S		$1,150.00	.	$230.00
1514	New Technology - Level XIV ($1200- $1300)	S		$1,250.00	.	$250.00
1515	New Technology - Level XV ($1300 - $1400)	S		$1,350.00	.	$270.00
1516	New Technology - Level XVI ($1400 - $1500)	S		$1,450.00	.	$290.00
1517	New Technology - Level XVII ($1500-$1600)	S		$1,550.00	.	$310.00
1518	New Technology - Level XVIII ($1600-$1700)	S		$1,650.00	.	$330.00
1519	New Technology - Level IXX ($1700-$1800)	S		$1,750.00	.	$350.00
1520	New Technology - Level XX ($1800-$1900)	S		$1,850.00	.	$370.00
1521	New Technology - Level XXI ($1900-$2000)	S		$1,950.00	.	$390.00
1522	New Technology - Level XXII ($2000-$2500)	S		$2,250.00	.	$450.00
1523	New Technology - Level XXIII ($2500-$3000)	S		$2,750.00	.	$550.00
1524	New Technology - Level XXIV ($3000-$3500)	S		$3,250.00	.	$650.00
1525	New Technology - Level XXV ($3500-$4000)	S		$3,750.00	.	$750.00
1526	New Technology - Level XXVI ($4000-$4500)	S		$4,250.00	.	$850.00
1527	New Technology - Level XXVII ($4500-$5000)	S		$4,750.00	.	$950.00
1528	New Technology - Level XXVIII ($5000-$5500)	S		$5,250.00	.	$1,050.00
1529	New Technology - Level XXIX ($5500-$6000)	S		$5,750.00	.	$1,150.00
1530	New Technology - Level XXX ($6000-$6500)	S		$6,250.00	.	$1,250.00
1531	New Technology - Level XXXI ($6500-$7000)	S		$6,750.00	.	$1,350.00
1532	New Technology - Level XXXII ($7000-$7500)	S		$7,250.00	.	$1,450.00
1533	New Technology - Level XXXIII ($7500-$8000)	S		$7,750.00	.	$1,550.00
1534	New Technology - Level XXXIV ($8000-$8500)	S		$8,250.00	.	$1,650.00

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1535	New Technology - Level XXXV ($8500-$9000)	S		$8,750.00	.	$1,750.00
1536	New Technology - Level XXXVI ($9000-$9500)	S		$9,250.00	.	$1,850.00
1537	New Technology - Level XXXVII ($9500-$10000)	S		$9,750.00	.	$1,950.00
1539	New Technology - Level II ($50 - $100)	T		$75.00	.	$15.00
1540	New Technology - Level III ($100 - $200)	T		$150.00	.	$30.00
1541	New Technology - Level IV ($200 - $300)	T		$250.00	.	$50.00
1542	New Technology - Level V ($300 - $400)	T		$350.00	.	$70.00
1543	New Technology - Level VI ($400 - $500)	T		$450.00	.	$90.00
1544	New Technology - Level VII ($500 - $600)	T		$550.00	.	$110.00
1545	New Technology - Level VIII ($600 - $700)	T		$650.00	.	$130.00
1546	New Technology - Level IX ($700 - $800)	T		$750.00	.	$150.00
1547	New Technology - Level X ($800 - $900)	T		$850.00	.	$170.00
1548	New Technology - Level XI ($900 - $1000)	T		$950.00	.	$190.00
1549	New Technology - Level XII ($1000 - $1100)	T		$1,050.00	.	$210.00
1550	New Technology - Level XIII ($1100 - $1200)	T		$1,150.00	.	$230.00
1551	New Technology - Level XIV ($1200- $1300)	T		$1,250.00	.	$250.00
1552	New Technology - Level XV ($1300 - $1400)	T		$1,350.00	.	$270.00
1553	New Technology - Level XVI ($1400 - $1500)	T		$1,450.00	.	$290.00
1554	New Technology - Level XVII ($1500-$1600)	T		$1,550.00	.	$310.00
1555	New Technology - Level XVIII ($1600-$1700)	T		$1,650.00	.	$330.00
1556	New Technology - Level XIX ($1700-$1800)	T		$1,750.00	.	$350.00
1557	New Technology - Level XX ($1800-$1900)	T		$1,850.00	.	$370.00
1558	New Technology - Level XXI ($1900-$2000)	T		$1,950.00	.	$390.00
1559	New Technology - Level XXII ($2000-$2500)	T		$2,250.00	.	$450.00
1560	New Technology - Level XXIII ($2500-$3000)	T		$2,750.00	.	$550.00
1561	New Technology - Level XXIV ($3000-$3500)	T		$3,250.00	.	$650.00
1562	New Technology - Level XXV ($3500-$4000)	T		$3,750.00	.	$750.00
1563	New Technology - Level XXVI ($4000-$4500)	T		$4,250.00	.	$850.00
1564	New Technology - Level XXVII ($4500-$5000)	T		$4,750.00	.	$950.00
1565	New Technology - Level XXVIII ($5000-$5500)	T		$5,250.00	.	$1,050.00
1566	New Technology - Level XXIX ($5500-$6000)	T		$5,750.00	.	$1,150.00
1567	New Technology - Level XXX ($6000-$6500)	T		$6,250.00	.	$1,250.00
1568	New Technology - Level XXXI ($6500-$7000)	T		$6,750.00	.	$1,350.00
1569	New Technology - Level XXXII ($7000-$7500)	T		$7,250.00	.	$1,450.00
1570	New Technology - Level XXXIII ($7500-$8000)	T		$7,750.00	.	$1,550.00
1571	New Technology - Level XXXIV ($8000-$8500)	T		$8,250.00	.	$1,650.00
1572	New Technology - Level XXXV ($8500-	T		$8,750.00	.	$1,750.00

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
	$9000)					
1573	New Technology - Level XXXVI ($9000-$9500)	T		$9,250.00	.	$1,850.00
1574	New Technology - Level XXXVII ($9500-$10000)	T		$9,750.00	.	$1,950.00
1605	Abciximab injection	K		$462.83	.	$92.57
1607	Eptifibatide injection	K		$19.00	.	$3.80
1608	Etanercept injection	K		$191.55	.	$38.31
1609	Rho(D) immune globulin h, sd	K		$18.55	.	$3.71
1612	Daclizumab, parenteral	K		$351.10	.	$70.22
1613	Trastuzumab injection	K		$66.41	.	$13.29
1630	Hep b ig, im	K		$115.97	.	$23.20
1631	Baclofen intrathecal trial	K		$73.50	.	$14.70
1633	Alefacept	K		$30.63	.	$6.13
1643	Y90 ibritumomab, rx	K		$31,434.63	.	$6,286.93
1645	I131 tositumomab, rx	K		$23,132.09	.	$4,626.42
1670	Tetanus immune globulin inj	K		$136.81	.	$27.37
1675	P32 Na phosphate	K		$196.49	.	$39.30
1676	P32 chromic phosphate	K		$113.44	.	$22.69
1683	Basiliximab	K		$1,755.73	.	$351.15
1684	Corticorelin ovine triflutal	K		$4.48	.	$0.90
1685	Darbepoetin alfa, non-esrd	K		$2.88	.	$0.58
1686	Epoetin alfa, non-esrd	K		$9.44	.	$1.89
1687	Digoxin immune fab (ovine)	K		$487.78	.	$97.56
1688	Ethanolamine oleate	K		$149.97	.	$30.00
1689	Fomepizole	K		$7.64	.	$1.53
1690	Hemin	K		$8.18	.	$1.64
1693	Lepirudin	K		$234.37	.	$46.88
1694	Ziconotide injection	K		$6.50	.	$1.30
1695	Nesiritide injection	K		$38.37	.	$7.68
1696	Palifermin injection	K		$11.34	.	$2.27
1697	Pegaptanib sodium injection	K		$1,030.34	.	$206.07
1700	Inj secretin synthetic human	K		$20.31	.	$4.07
1701	Treprostinil injection	K		$55.88	.	$11.18
1704	Humate-P, inj	K		$0.88	.	$0.18
1705	Factor viia	K		$1.36	.	$0.28
1709	Azacitidine injection	K		$4.99	.	$1.00
1710	Clofarabine injection	K		$116.49	.	$23.30
1711	Vantas implant	K		$1,515.25	.	$303.05
1712	Paclitaxel protein bound	K		$9.43	.	$1.89
1716	Brachytx, non-str, Gold-198	U	2.7019	$184.45	.	$36.89
1717	Brachytx, non-str, HDR Ir-192	U	3.2259	$220.22	.	$44.05

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1719	Brachytx, NS, Non-HDRIr-192	U	0.3366	$22.98	.	$4.60
1738	Oxaliplatin	K		$6.83	.	$1.37
1739	Pegademase bovine, 25 iu	K		$247.34	.	$49.47
1740	Diazoxide injection	K		$114.32	.	$22.87
1741	Urofollitropin, 75 iu	K		$60.01	.	$12.01
2210	Methyldopate hcl injection	K		$36.34	.	$7.27
2616	Brachytx, non-str,Yttrium-90	U	245.7374	$16,775.76	.	$3,355.16
2632	Iodine I-125 sodium iodide	U	0.3077	$21.01	.	$4.21
2634	Brachytx, non-str, HA, I-125	U	0.7596	$51.86	.	$10.38
2635	Brachytx, non-str, HA, P-103	U	0.4337	$29.61	.	$5.93
2636	Brachy linear, non-str,P-103	U	0.5280	$36.04	.	$7.21
2638	Brachytx, stranded, I-125	U	0.5662	$38.65	.	$7.73
2639	Brachytx, non-stranded,I-125	U	0.5292	$36.13	.	$7.23
2640	Brachytx, stranded, P-103	U	0.9334	$63.72	.	$12.75
2641	Brachytx, non-stranded,P-103	U	0.9135	$62.36	.	$12.48
2642	Brachytx, stranded, C-131	U	1.6774	$114.51	.	$22.91
2643	Brachytx, non-stranded,C-131	U	0.9143	$62.42	.	$12.49
2698	Brachytx, stranded, NOS	U	0.5662	$38.65	.	$7.73
2699	Brachytx, non-stranded, NOS	U	0.3366	$22.98	.	$4.60
2731	Immune globulin, powder	K		$30.86	.	$6.18
2770	Quinupristin/dalfopristin	K		$147.06	.	$29.42
3041	Bivalirudin	K		$2.41	.	$0.49
3043	Gamma globulin 1 CC inj	K		$16.03	.	$3.21
3050	Sermorelin acetate injection	K		$1.80	.	$0.36
7000	Amifostine	K		$327.97	.	$65.60
7011	Oprelvekin injection	K		$245.08	.	$49.02
7034	Somatropin injection	K		$55.46	.	$11.10
7035	Teniposide	K		$324.55	.	$64.91
7036	Urokinase 250,000 IU inj	K		$457.73	.	$91.55
7038	Monoclonal antibodies	K		$1,133.50	.	$226.70
7041	Tirofiban HCl	K		$7.39	.	$1.48
7042	Capecitabine, oral	K		$6.28	.	$1.26
7043	Infliximab injection	K		$58.74	.	$11.75
7046	Doxorubicin hcl liposome inj	K		$472.01	.	$94.41
7048	Alteplase recombinant	K		$37.35	.	$7.47
7049	Filgrastim 480 mcg injection	K		$348.68	.	$69.74
7051	Leuprolide acetate implant	K		$4,819.82	.	$963.97
7308	Aminolevulinic acid hcl top	K		$134.54	.	$26.91
8000	Cardiac Electrophysiologic Evaluation and Ablation Composite	T	155.6137	$10,623.28	.	$2,124.66
8001	LDR Prostate Brachytherapy Composite	T	46.9015	$3,201.82	.	$640.37
8002	Level I Extended Assessment & Management	V	5.7633	$393.44	.	$78.69

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
	Composite					
8003	Level II Extended Assessment & Management Composite	V	10.6788	$729.01	.	$145.81
8004	Ultrasound Composite	S	2.8299	$193.19	.	$38.64
8005	CT and CTA without Contrast Composite	S	6.1855	$422.27	.	$84.46
8006	CT and CTA with Contrast Composite	S	9.3145	$635.87	.	$127.18
8007	MRI and MRA without Contrast Composite	S	10.5169	$717.96	.	$143.60
8008	MRI and MRA with Contrast Composite	S	14.7671	$1,008.11	.	$201.63
9001	Linezolid injection	K		$32.57	.	$6.52
9002	Tenecteplase injection	K		$46.74	.	$9.35
9003	Palivizumab	K		$510.69	.	$102.14
9004	Gemtuzumab ozogamicin inj	K		$2,687.21	.	$537.45
9005	Reteplase injection	K		$1,555.98	.	$311.20
9006	Tacrolimus injection	K		$139.41	.	$27.89
9012	Arsenic trioxide injection	K		$37.43	.	$7.49
9018	Inj, rimabotulinumtoxinB	K		$10.58	.	$2.12
9019	Caspofungin acetate	K		$11.59	.	$2.32
9022	IM inj interferon beta 1-a	K		$193.93	.	$38.79
9023	Rho d immune globulin	K		$25.14	.	$5.03
9024	Amphotericin b lipid complex	K		$9.84	.	$1.97
9032	Baclofen 10 MG injection	K		$203.89	.	$40.78
9033	Cidofovir injection	K		$761.10	.	$152.22
9038	Inj estrogen conjugate	K		$88.68	.	$17.74
9042	Glucagon hydrochloride	K		$81.41	.	$16.29
9044	Ibutilide fumarate injection	K		$416.61	.	$83.33
9046	Iron sucrose injection	K		$0.37	.	$0.08
9104	Antithymocyte globuln rabbit	K		$386.48	.	$77.30
9108	Thyrotropin injection	K		$1,053.42	.	$210.69
9110	Alemtuzumab injection	K		$578.02	.	$115.61
9115	Zoledronic acid	K		$221.12	.	$44.23
9119	Injection, pegfilgrastim 6mg	K		$2,432.50	.	$486.50
9120	Injection, Fulvestrant	K		$82.22	.	$16.45
9121	Injection, argatroban	K		$18.39	.	$3.68
9122	Triptorelin pamoate	K		$164.10	.	$32.82
9124	Daptomycin injection	K		$0.43	.	$0.09
9125	Risperidone, long acting	K		$5.06	.	$1.02
9126	Natalizumab injection	K		$7.97	.	$1.60
9133	Rabies ig, im/sc	K		$139.75	.	$27.95
9134	Rabies ig, heat treated	K		$152.38	.	$30.48
9135	Varicella-zoster ig, im	K		$147.58	.	$29.52
9137	Bcg vaccine, percut	K		$109.47	.	$21.90
9139	Rabies vaccine, im	K		$181.27	.	$36.26

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
9140	Rabies vaccine, id	K		$98.12	.	$19.63
9143	Meningococcal vaccine, sc	K		$103.41	.	$20.69
9144	Encephalitis vaccine, sc	K		$102.08	.	$20.42
9145	Meningococcal vaccine, im	K		$103.41	.	$20.69
9207	Bortezomib injection	K		$38.24	.	$7.65
9208	Agalsidase beta injection	K		$136.24	.	$27.25
9209	Laronidase injection	K		$25.56	.	$5.12
9210	Palonosetron hcl	K		$17.62	.	$3.53
9213	Pemetrexed injection	K		$50.63	.	$10.13
9214	Bevacizumab injection	K		$57.57	.	$11.52
9215	Cetuximab injection	K		$49.73	.	$9.95
9217	Leuprolide acetate suspnsion	K		$220.41	.	$44.09
9224	Galsulfase injection	K		$339.90	.	$67.98
9225	Fluocinolone acetonide implt	K		$19,345.00	.	$3,869.00
9227	Micafungin sodium injection	K		$1.10	.	$0.22
9228	Tigecycline injection	K		$1.16	.	$0.24
9229	Ibandronate sodium injection	K		$141.39	.	$28.28
9230	Abatacept injection	K		$19.96	.	$4.00
9231	Decitabine injection	K		$29.65	.	$5.93
9232	Idursulfase injection	K		$455.03	.	$91.01
9233	Ranibizumab injection	K		$404.70	.	$80.94
9234	Alglucosidase alfa injection	K		$127.08	.	$25.42
9235	Panitumumab injection	K		$87.24	.	$17.45
9236	Eculizumab injection	K		$182.61	.	$36.53
9237	Inj, lanreotide acetate	K		$29.30	.	$5.86
9240	Injection, ixabepilone	K		$63.74	.	$12.75
9242	Injection, fosaprepitant	K		$1.62	.	$0.33
9243	Bendamustine injection	K		$18.47	.	$3.70
9244	Regadenoson injection	K		$50.73	.	$10.15
9245	Romiplostim injection	K		$44.18	.	$8.84
9247	Inj, iobenguane, I-123, dx	G		$2,282.67		
9248	Inj, clevidipine butyrate	K		$2.98	.	$0.60
9249	Certolizumab pegol inj	G		$3.78	.	$0.76
9250	Artiss fibrin sealant	G		$136.64	.	$27.33
9251	C1 esterase inhibitor inj	G		$42.75	.	$8.55
9252	Plerixafor injection	G		$268.58	.	$53.72
9253	Temozolomide injection	G		$4.90	.	$0.98
9254	Injection, lacosamide	K		$0.18	.	$0.04
9255	Paliperidone palmitate inj	G		$6.54	.	$1.31
9256	Dexamethasone intravitreal	G		$196.10	.	$39.22
9258	Telavancin injection	G		$0.21	.	$0.05

ADDENDUM A.—PROPOSED OPPS APCs FOR CY 2011

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
9259	Pralatrexate injection	G		$165.63	.	$33.13
9260	Ofatumumab injection	G		$46.64	.	$9.33
9261	Ustekinumab injection	G		$107.43	.	$21.49
9262	Fludarabine phosphate, oral	G		$81.77	.	$16.36
9263	Ecallantide injection	G		$280.90	.	$56.18
9300	Omalizumab injection	K		$19.77	.	$3.96
9358	SurgiMend, fetal	K		$10.67	.	$2.14
9360	SurgiMend, neonatal	G		$11.24	.	$2.25
9361	NeuroMend nerve wrap	G		$265.18		
9362	Implnt,bon void filler-strip	G		$50.88		
9363	Integra Meshed Bil Wound Mat	G		$17.88	.	$3.58
9364	Porcine implant, Permacol	G		$17.67		
9500	Platelets, irradiated	R	2.2804	$155.68	.	$31.14
9501	Platelet pheres leukoreduced	R	7.7397	$528.37	.	$105.68
9502	Platelet pheresis irradiated	R	6.8837	$469.93	.	$93.99
9503	Fr frz plasma donor retested	R	0.9734	$66.45	.	$13.29
9504	RBC deglycerolized	R	5.1865	$354.07	.	$70.82
9505	RBC irradiated	R	3.1620	$215.86	.	$43.18
9506	Granulocytes, pheresis unit	R	23.7666	$1,622.47	.	$324.50
9507	Platelets, pheresis	R	6.5766	$448.96	.	$89.80
9508	Plasma 1 donor frz w/in 8 hr	R	1.1671	$79.67	.	$15.94

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)						
HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
0016T	Thermotx choroid vasc lesion	Y		R2	4.8105	$201.55
0017T	Photocoagulat macular drusen	Y		R2	4.8105	$201.55
0099T*	Implant corneal ring	Y		R2	15.5346	$650.87
0100T	Prosth retina receive&gen	Y		G2	36.9485	$1,548.07
0101T	Extracorp shockwv tx,hi enrg	Y		G2	29.4746	$1,234.93
0102T	Extracorp shockwv tx,anesth	Y		G2	29.4746	$1,234.93
0123T	Scleral fistulization	Y		G2	22.292	$933.99
0124T*	Conjunctival drug placement	Y		R2	2.2568	$94.56
0176T	Aqu canal dilat w/o retent	Y		A2	40.4623	$1,695.29
0177T	Aqu canal dilat w retent	Y		A2	40.4623	$1,695.29
0186T	Suprachoroidal drug delivery	Y		G2	21.159	$886.52
0190T	Place intraoc radiation src	Y		G2	21.159	$886.52
0191T	Insert ant segment drain int	Y		G2	22.292	$933.99
0192T	Insert ant segment drain ext	Y		G2	40.4624	$1,695.29
0193T	Rf bladder neck microremodel	Y		G2	18.6773	$782.54
0200T	Perq sacral augmt unilat inj	Y		G2	21.1114	$884.53
0201T	Perq sacral augmt bilat inj	Y		G2	29.4746	$1,234.93
0213T	Us facet jt inj cerv/t 1 lev	Y		G2	7.0178	$294.03
0214T	Us facet jt inj cerv/t 2 lev	Y		G2	2.4234	$101.54
0215T	Us facet jt inj cerv/t 3 lev	Y		G2	2.4234	$101.54
0216T	Us facet jt inj ls 1 level	Y		G2	7.0178	$294.03
0217T	Us facet jt inj ls 2 level	Y		G2	2.4234	$101.54
0218T	Us facet jt inj ls 3 level	Y		G2	2.4234	$101.54
10021	Fna w/o image	Y	CH	P3		$64.82
10022	Fna w/image	Y		G2	4.2381	$177.57
10040	Acne surgery	Y		P2	0.7983	$33.45
10060	Drainage of skin abscess	Y		P3		$44.93
10061	Drainage of skin abscess	Y		P2	1.358	$56.90
10080	Drainage of pilonidal cyst	Y		P2	1.358	$56.90
10081	Drainage of pilonidal cyst	Y		P3		$110.98
10120	Remove foreign body	Y		P3		$61.13
10121	Remove foreign body	Y		A2	16.564	$694.00
10140	Drainage of hematoma/fluid	Y		P3		$66.29
10160	Puncture drainage of lesion	Y	CH	P3		$54.26
10180	Complex drainage, wound	Y		A2	18.4054	$771.15
11000	Debride infected skin	Y		P3		$21.11

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
11001	Debride infected skin add-on	Y		P3		$6.87
11010	Debride skin, fx	Y		A2	4.4709	$187.32
11011	Debride skin/muscle, fx	Y		A2	4.4709	$187.32
11012	Debride skin/muscle/bone, fx	Y		A2	4.4709	$187.32
11040	Debride skin, partial	Y		P3		$19.40
11041	Debride skin, full	Y		P3		$21.36
11042	Debride skin/tissue	Y		A2	2.5612	$107.31
11043	Debride tissue/muscle	Y		A2	2.5612	$107.31
11044	Debride tissue/muscle/bone	Y		A2	7.9784	$334.28
11055	Trim skin lesion	Y		P3		$22.83
11056	Trim skin lesions, 2 to 4	Y		P3		$25.04
11057	Trim skin lesions, over 4	Y		P3		$28.23
11100	Biopsy, skin lesion	Y	CH	P3		$50.33
11101	Biopsy, skin add-on	Y		P3		$12.03
11200	Removal of skin tags	Y		P2	0.7983	$33.45
11201	Remove skin tags add-on	Y		P3		$5.16
11300	Shave skin lesion	Y		P2	0.7983	$33.45
11301	Shave skin lesion	Y		P2	0.7983	$33.45
11302	Shave skin lesion	Y		P2	0.7983	$33.45
11303	Shave skin lesion	Y	CH	P3		$57.45
11305	Shave skin lesion	Y	CH	P3		$30.69
11306	Shave skin lesion	Y		P2	0.7983	$33.45
11307	Shave skin lesion	Y		P2	0.7983	$33.45
11308	Shave skin lesion	Y		P2	0.7983	$33.45
11310	Shave skin lesion	Y		P2	0.7983	$33.45
11311	Shave skin lesion	Y		P2	0.7983	$33.45
11312	Shave skin lesion	Y		P2	0.7983	$33.45
11313	Shave skin lesion	Y		P2	0.7983	$33.45
11400	Exc tr-ext b9+marg 0.5 < cm	Y		P3		$58.19
11401	Exc tr-ext b9+marg 0.6-1 cm	Y		P3		$65.80
11402	Exc tr-ext b9+marg 1.1-2 cm	Y		P3		$72.18
11403	Exc tr-ext b9+marg 2.1-3 cm	Y		P3		$78.08
11404	Exc tr-ext b9+marg 3.1-4 cm	Y		A2	16.564	$694.00
11406	Exc tr-ext b9+marg > 4.0 cm	Y		A2	16.564	$694.00
11420	Exc h-f-nk-sp b9+marg 0.5 <	Y		P3		$55.00
11421	Exc h-f-nk-sp b9+marg 0.6-1	Y		P3		$66.78
11422	Exc h-f-nk-sp b9+marg 1.1-2	Y		P3		$72.92
11423	Exc h-f-nk-sp b9+marg 2.1-3	Y		P3		$81.27
11424	Exc h-f-nk-sp b9+marg 3.1-4	Y		A2	16.564	$694.00

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
11426	Exc h-f-nk-sp b9+marg > 4 cm	Y		A2	21.9314	$918.88
11440	Exc face-mm b9+marg 0.5 < cm	Y		P3		$62.36
11441	Exc face-mm b9+marg 0.6-1 cm	Y		P3		$72.43
11442	Exc face-mm b9+marg 1.1-2 cm	Y		P3		$80.04
11443	Exc face-mm b9+marg 2.1-3 cm	Y		P3		$89.12
11444	Exc face-mm b9+marg 3.1-4 cm	Y		A2	7.9784	$334.28
11446	Exc face-mm b9+marg > 4 cm	Y		A2	21.9314	$918.88
11450	Removal, sweat gland lesion	Y		A2	21.9314	$918.88
11451	Removal, sweat gland lesion	Y		A2	21.9314	$918.88
11462	Removal, sweat gland lesion	Y		A2	21.9314	$918.88
11463	Removal, sweat gland lesion	Y		A2	21.9314	$918.88
11470	Removal, sweat gland lesion	Y		A2	21.9314	$918.88
11471	Removal, sweat gland lesion	Y		A2	21.9314	$918.88
11600	Exc tr-ext mlg+marg 0.5 < cm	Y		P3		$83.48
11601	Exc tr-ext mlg+marg 0.6-1 cm	Y		P3		$99.44
11602	Exc tr-ext mlg+marg 1.1-2 cm	Y		P3		$108.77
11603	Exc tr-ext mlg+marg 2.1-3 cm	Y		P3		$117.11
11604	Exc tr-ext mlg+marg 3.1-4 cm	Y		A2	7.9784	$334.28
11606	Exc tr-ext mlg+marg > 4 cm	Y		A2	16.564	$694.00
11620	Exc h-f-nk-sp mlg+marg 0.5 <	Y		P3		$85.69
11621	Exc h-f-nk-sp mlg+marg 0.6-1	Y		P3		$100.66
11622	Exc h-f-nk-sp mlg+marg 1.1-2	Y		P3		$111.22
11623	Exc h-f-nk-sp mlg+marg 2.1-3	Y		P3		$121.53
11624	Exc h-f-nk-sp mlg+marg 3.1-4	Y		A2	16.564	$694.00
11626	Exc h-f-nk-sp mlg+mar > 4 cm	Y		A2	21.9314	$918.88
11640	Exc face-mm malig+marg 0.5 <	Y		P3		$90.11
11641	Exc face-mm malig+marg 0.6-1	Y		P3		$104.84
11642	Exc face-mm malig+marg 1.1-2	Y		P3		$116.87
11643	Exc face-mm malig+marg 2.1-3	Y		P3		$127.67
11644	Exc face-mm malig+marg 3.1-4	Y		A2	16.564	$694.00
11646	Exc face-mm mlg+marg > 4 cm	Y		A2	21.9314	$918.88
11719	Trim nail(s)	Y		P3		$10.80
11720	Debride nail, 1-5	Y		P3		$13.26
11721	Debride nail, 6 or more	Y		P3		$15.71
11730	Removal of nail plate	Y		P2	0.7983	$33.45
11732	Remove nail plate, add-on	Y		P3		$15.71
11740	Drain blood from under nail	Y		P2	0.3866	$16.20
11750	Removal of nail bed	Y		P3		$85.20
11752	Remove nail bed/finger tip	Y		P3		$120.30

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
11755	Biopsy, nail unit	Y		P3		$57.70
11760	Repair of nail bed	Y		G2	1.2361	$51.79
11762	Reconstruction of nail bed	Y		P3		$109.75
11765	Excision of nail fold, toe	Y		P2	0.7983	$33.45
11770	Removal of pilonidal lesion	Y		A2	21.9314	$918.88
11771	Removal of pilonidal lesion	Y		A2	21.9314	$918.88
11772	Removal of pilonidal lesion	Y		A2	21.9314	$918.88
11900	Injection into skin lesions	Y		P3		$25.29
11901	Added skin lesions injection	Y	CH	P3		$28.23
11920	Correct skin color defects	Y		P3		$77.34
11921	Correct skin color defects	Y		P3		$86.91
11922	Correct skin color defects	Y		P3		$28.97
11950	Therapy for contour defects	Y		P3		$27.01
11951	Therapy for contour defects	Y		P3		$36.09
11952	Therapy for contour defects	Y	CH	P3		$44.44
11954	Therapy for contour defects	Y		P2	1.2361	$51.79
11960	Insert tissue expander(s)	Y		A2	20.106	$842.39
11970	Replace tissue expander	Y		A2	43.0648	$1,804.33
11971	Remove tissue expander(s)	Y		A2	21.9314	$918.88
11976	Removal of contraceptive cap	Y		P3		$51.80
11980	Implant hormone pellet(s)	N		P2	0.6271	$26.27
11981	Insert drug implant device	N		P2	0.6271	$26.27
11982	Remove drug implant device	N		P2	0.6271	$26.27
11983	Remove/insert drug implant	N		P2	0.6271	$26.27
12001	Repair superficial wound(s)	Y		P2	1.2361	$51.79
12002	Repair superficial wound(s)	Y		P2	1.2361	$51.79
12004	Repair superficial wound(s)	Y		P2	1.2361	$51.79
12005	Repair superficial wound(s)	Y		A2	1.2361	$51.79
12006	Repair superficial wound(s)	Y		A2	1.2361	$51.79
12007	Repair superficial wound(s)	Y		A2	1.2361	$51.79
12011	Repair superficial wound(s)	Y		P2	1.2361	$51.79
12013	Repair superficial wound(s)	Y		P2	1.2361	$51.79
12014	Repair superficial wound(s)	Y		P2	1.2361	$51.79
12015	Repair superficial wound(s)	Y		G2	1.2361	$51.79
12016	Repair superficial wound(s)	Y		A2	1.2361	$51.79
12017	Repair superficial wound(s)	Y		A2	1.2361	$51.79
12018	Repair superficial wound(s)	Y		A2	1.2361	$51.79
12020	Closure of split wound	Y		A2	4.2374	$177.54
12021	Closure of split wound	Y		A2	2.8987	$121.45

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
12031	Intmd wnd repair s/tr/ext	Y		P2	1.2361	$51.79
12032	Intmd wnd repair s/tr/ext	Y		P2	2.8988	$121.45
12034	Intmd wnd repair s/tr/ext	Y		A2	1.2361	$51.79
12035	Intmd wnd repair s/tr/ext	Y		A2	1.2361	$51.79
12036	Intmd wnd repair s/tr/ext	Y		A2	2.8987	$121.45
12037	Intmd wnd repair s/tr/ext	Y		A2	2.8987	$121.45
12041	Intmd wnd repair n-hf/genit	Y		P2	1.2361	$51.79
12042	Intmd wnd repair n-hg/genit	Y		P2	1.2361	$51.79
12044	Intmd wnd repair n-hg/genit	Y		A2	1.2361	$51.79
12045	Intmd wnd repair n-hg/genit	Y		A2	2.8987	$121.45
12046	Intmd wnd repair n-hg/genit	Y		A2	2.8987	$121.45
12047	Intmd wnd repair n-hg/genit	Y		A2	2.8987	$121.45
12051	Intmd wnd repair face/mm	Y	CH	P3		$117.60
12052	Intmd wnd repair face/mm	Y		P2	1.2361	$51.79
12053	Intmd wnd repair face/mm	Y		P2	1.2361	$51.79
12054	Intmd wnd repair, face/mm	Y		A2	1.2361	$51.79
12055	Intmd wnd repair face/mm	Y		A2	2.8987	$121.45
12056	Intmd wnd repair face/mm	Y		A2	2.8987	$121.45
12057	Intmd wnd repair face/mm	Y		A2	2.8987	$121.45
13100	Repair of wound or lesion	Y		A2	4.2374	$177.54
13101	Repair of wound or lesion	Y		A2	4.2374	$177.54
13102	Repair wound/lesion add-on	Y		A2	4.2374	$177.54
13120	Repair of wound or lesion	Y		A2	2.8987	$121.45
13121	Repair of wound or lesion	Y		A2	2.8987	$121.45
13122	Repair wound/lesion add-on	Y		A2	1.2361	$51.79
13131	Repair of wound or lesion	Y		A2	2.8987	$121.45
13132	Repair of wound or lesion	Y		A2	4.2374	$177.54
13133	Repair wound/lesion add-on	Y		A2	2.8987	$121.45
13150	Repair of wound or lesion	Y		A2	4.2374	$177.54
13151	Repair of wound or lesion	Y		A2	4.2374	$177.54
13152	Repair of wound or lesion	Y		A2	4.2374	$177.54
13153	Repair wound/lesion add-on	Y		A2	2.8987	$121.45
13160	Late closure of wound	Y		A2	20.106	$842.39
14000	Skin tissue rearrangement	Y		A2	15.5759	$652.60
14001	Skin tissue rearrangement	Y		A2	15.5759	$652.60
14020	Skin tissue rearrangement	Y		A2	15.5759	$652.60
14021	Skin tissue rearrangement	Y		A2	15.5759	$652.60
14040	Skin tissue rearrangement	Y		A2	15.5759	$652.60
14041	Skin tissue rearrangement	Y		A2	15.5759	$652.60

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
14060	Skin tissue rearrangement	Y		A2	15.5759	$652.60
14061	Skin tissue rearrangement	Y		A2	15.5759	$652.60
14301	Skin tissue rearrangement	Y		G2	20.1058	$842.39
14302	Skin tissue rearrange add-on	Y		G2	20.1058	$842.39
14350	Skin tissue rearrangement	Y		A2	20.106	$842.39
15002	Wound prep, trk/arm/leg	Y		A2	4.2374	$177.54
15003	Wound prep, addl 100 cm	Y		A2	4.2374	$177.54
15004	Wound prep, f/n/hf/g	Y		A2	4.2374	$177.54
15005	Wnd prep, f/n/hf/g, addl cm	Y		A2	4.2374	$177.54
15040	Harvest cultured skin graft	Y		A2	2.8987	$121.45
15050	Skin pinch graft	Y		A2	4.2374	$177.54
15100	Skin splt grft, trnk/arm/leg	Y		A2	20.106	$842.39
15101	Skin splt grft t/a/l, add-on	Y		A2	20.106	$842.39
15110	Epidrm autogrft trnk/arm/leg	Y		A2	4.2374	$177.54
15111	Epidrm autogrft t/a/l add-on	Y		A2	4.2374	$177.54
15115	Epidrm a-grft face/nck/hf/g	Y		A2	4.2374	$177.54
15116	Epidrm a-grft f/n/hf/g addl	Y		A2	4.2374	$177.54
15120	Skn splt a-grft fac/nck/hf/g	Y		A2	20.106	$842.39
15121	Skn splt a-grft f/n/hf/g add	Y		A2	20.106	$842.39
15130	Derm autograft, trnk/arm/leg	Y		A2	15.5759	$652.60
15131	Derm autograft t/a/l add-on	Y		A2	15.5759	$652.60
15135	Derm autograft face/nck/hf/g	Y		A2	15.5759	$652.60
15136	Derm autograft, f/n/hf/g add	Y		A2	15.5759	$652.60
15150	Cult epiderm grft t/arm/leg	Y		A2	4.2374	$177.54
15151	Cult epiderm grft t/a/l addl	Y		A2	4.2374	$177.54
15152	Cult epiderm graft t/a/l +%	Y		A2	4.2374	$177.54
15155	Cult epiderm graft, f/n/hf/g	Y		A2	4.2374	$177.54
15156	Cult epidrm grft f/n/hfg add	Y		A2	4.2374	$177.54
15157	Cult epiderm grft f/n/hfg +%	Y		A2	4.2374	$177.54
15170	Acell graft trunk/arms/legs	Y		G2	4.2374	$177.54
15171	Acell graft t/arm/leg add-on	Y		G2	2.8988	$121.45
15175	Acellular graft, f/n/hf/g	Y		G2	4.2374	$177.54
15176	Acell graft, f/n/hf/g add-on	Y		G2	4.2374	$177.54
15200	Skin full graft, trunk	Y		A2	15.5759	$652.60
15201	Skin full graft trunk add-on	Y		A2	15.5759	$652.60
15220	Skin full graft sclp/arm/leg	Y		A2	15.5759	$652.60
15221	Skin full graft add-on	Y		A2	4.2374	$177.54
15240	Skin full grft face/genit/hf	Y		A2	15.5759	$652.60
15241	Skin full graft add-on	Y		A2	4.2374	$177.54

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
15260	Skin full graft een & lips	Y		A2	15.5759	$652.60
15261	Skin full graft add-on	Y		A2	15.5759	$652.60
15300	Apply skinallogrft, t/arm/lg	Y		A2	4.2374	$177.54
15301	Apply sknallogrft t/a/l addl	Y		A2	4.2374	$177.54
15320	Apply skin allogrft f/n/hf/g	Y		A2	4.2374	$177.54
15321	Aply sknallogrft f/n/hfg add	Y		A2	4.2374	$177.54
15330	Aply acell alogrft t/arm/leg	Y		A2	4.2374	$177.54
15331	Aply acell grft t/a/l add-on	Y		A2	4.2374	$177.54
15335	Apply acell graft, f/n/hf/g	Y		A2	4.2374	$177.54
15336	Aply acell grft f/n/hf/g add	Y		A2	4.2374	$177.54
15340	Apply cult skin substitute	Y		G2	2.8988	$121.45
15341	Apply cult skin sub add-on	Y		G2	2.8988	$121.45
15360	Apply cult derm sub, t/a/l	Y		G2	2.8988	$121.45
15361	Aply cult derm sub t/a/l add	Y		G2	2.8988	$121.45
15365	Apply cult derm sub f/n/hf/g	Y		G2	2.8988	$121.45
15366	Apply cult derm f/hf/g add	Y		G2	2.8988	$121.45
15400	Apply skin xenograft, t/a/l	Y		A2	4.2374	$177.54
15401	Apply skn xenogrft t/a/l add	Y		A2	4.2374	$177.54
15420	Apply skin xgraft, f/n/hf/g	Y		A2	4.2374	$177.54
15421	Apply skn xgrft f/n/hf/g add	Y		A2	4.2374	$177.54
15430	Apply acellular xenograft	Y		A2	4.2374	$177.54
15431	Apply acellular xgraft add	Y		A2	4.2374	$177.54
15570	Form skin pedicle flap	Y		A2	20.106	$842.39
15572	Form skin pedicle flap	Y		A2	20.106	$842.39
15574	Form skin pedicle flap	Y		A2	20.106	$842.39
15576	Form skin pedicle flap	Y		A2	20.106	$842.39
15600	Skin graft	Y		A2	20.106	$842.39
15610	Skin graft	Y		A2	20.106	$842.39
15620	Skin graft	Y		A2	20.106	$842.39
15630	Skin graft	Y		A2	20.106	$842.39
15650	Transfer skin pedicle flap	Y		A2	20.106	$842.39
15731	Forehead flap w/vasc pedicle	Y		A2	20.106	$842.39
15732	Muscle-skin graft, head/neck	Y		A2	20.106	$842.39
15734	Muscle-skin graft, trunk	Y		A2	20.106	$842.39
15736	Muscle-skin graft, arm	Y		A2	20.106	$842.39
15738	Muscle-skin graft, leg	Y		A2	20.106	$842.39
15740	Island pedicle flap graft	Y		A2	15.5759	$652.60
15750	Neurovascular pedicle graft	Y		A2	20.106	$842.39
15760	Composite skin graft	Y		A2	20.106	$842.39

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15770	Derma-fat-fascia graft	Y		A2	20.106	$842.39
15775	Hair transplant punch grafts	Y		A2	1.2361	$51.79
15776	Hair transplant punch grafts	Y		A2	1.2361	$51.79
15780	Abrasion treatment of skin	Y		P3		$337.84
15781	Abrasion treatment of skin	Y		P2	4.4708	$187.32
15782	Abrasion treatment of skin	Y		P2	4.4708	$187.32
15783	Abrasion treatment of skin	Y		P2	2.5612	$107.31
15786	Abrasion, lesion, single	Y		P2	0.7983	$33.45
15787	Abrasion, lesions, add-on	Y		P3		$24.55
15788	Chemical peel, face, epiderm	Y		P2	0.7983	$33.45
15789	Chemical peel, face, dermal	Y		P2	1.391	$58.28
15792	Chemical peel, nonfacial	Y		P2	1.391	$58.28
15793	Chemical peel, nonfacial	Y		P2	0.7983	$33.45
15819	Plastic surgery, neck	Y		G2	2.8988	$121.45
15820	Revision of lower eyelid	Y		A2	20.106	$842.39
15821	Revision of lower eyelid	Y		A2	20.106	$842.39
15822	Revision of upper eyelid	Y		A2	20.106	$842.39
15823	Revision of upper eyelid	Y		A2	20.106	$842.39
15824	Removal of forehead wrinkles	Y		A2	20.106	$842.39
15825	Removal of neck wrinkles	Y		A2	20.106	$842.39
15826	Removal of brow wrinkles	Y		A2	20.106	$842.39
15828	Removal of face wrinkles	Y		A2	20.106	$842.39
15829	Removal of skin wrinkles	Y		A2	20.106	$842.39
15830	Exc skin abd	Y		A2	21.9314	$918.88
15832	Excise excessive skin tissue	Y		A2	21.9314	$918.88
15833	Excise excessive skin tissue	Y		A2	21.9314	$918.88
15834	Excise excessive skin tissue	Y		A2	21.9314	$918.88
15835	Excise excessive skin tissue	Y		A2	21.9314	$918.88
15836	Excise excessive skin tissue	Y		A2	16.564	$694.00
15837	Excise excessive skin tissue	Y		G2	16.5641	$694.00
15838	Excise excessive skin tissue	Y		G2	16.5641	$694.00
15839	Excise excessive skin tissue	Y		A2	16.564	$694.00
15840	Graft for face nerve palsy	Y		A2	20.106	$842.39
15841	Graft for face nerve palsy	Y		A2	20.106	$842.39
15842	Flap for face nerve palsy	Y		G2	20.1058	$842.39
15845	Skin and muscle repair, face	Y		A2	20.106	$842.39
15847	Exc skin abd add-on	Y		A2	21.9314	$918.88
15850	Removal of sutures	Y		G2	2.5612	$107.31
15851	Removal of sutures	Y		P3		$42.72

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
15852	Dressing change not for burn	N		R2	0.6271	$26.27
15860	Test for blood flow in graft	N		G2	0.6271	$26.27
15876	Suction assisted lipectomy	Y		A2	20.106	$842.39
15877	Suction assisted lipectomy	Y		A2	20.106	$842.39
15878	Suction assisted lipectomy	Y		A2	20.106	$842.39
15879	Suction assisted lipectomy	Y		A2	20.106	$842.39
15920	Removal of tail bone ulcer	Y		A2	4.4709	$187.32
15922	Removal of tail bone ulcer	Y		A2	20.106	$842.39
15931	Remove sacrum pressure sore	Y		A2	21.9314	$918.88
15933	Remove sacrum pressure sore	Y		A2	21.9314	$918.88
15934	Remove sacrum pressure sore	Y		A2	20.106	$842.39
15935	Remove sacrum pressure sore	Y		A2	20.106	$842.39
15936	Remove sacrum pressure sore	Y		A2	15.5759	$652.60
15937	Remove sacrum pressure sore	Y		A2	20.106	$842.39
15940	Remove hip pressure sore	Y		A2	21.9314	$918.88
15941	Remove hip pressure sore	Y		A2	21.9314	$918.88
15944	Remove hip pressure sore	Y		A2	20.106	$842.39
15945	Remove hip pressure sore	Y		A2	20.106	$842.39
15946	Remove hip pressure sore	Y		A2	20.106	$842.39
15950	Remove thigh pressure sore	Y		A2	21.9314	$918.88
15951	Remove thigh pressure sore	Y		A2	21.9314	$918.88
15952	Remove thigh pressure sore	Y		A2	15.5759	$652.60
15953	Remove thigh pressure sore	Y		A2	15.5759	$652.60
15956	Remove thigh pressure sore	Y		A2	15.5759	$652.60
15958	Remove thigh pressure sore	Y		A2	15.5759	$652.60
16000	Initial treatment of burn(s)	Y		P3		$23.32
16020	Dress/debrid p-thick burn, s	Y		P3		$35.60
16025	Dress/debrid p-thick burn, m	Y		A2	1.3912	$58.28
16030	Dress/debrid p-thick burn, l	Y		A2	1.3912	$58.28
16035	Incision of burn scab, initi	Y		G2	1.391	$58.28
17000	Destruct premalg lesion	Y		P2	0.7983	$33.45
17003	Destruct premalg les, 2-14	Y		P3		$3.19
17004	Destroy premlg lesions 15+	Y		P3		$70.71
17106	Destruction of skin lesions	Y		P2	2.5612	$107.31
17107	Destruction of skin lesions	Y		P2	2.5612	$107.31
17108	Destruction of skin lesions	Y		P2	2.5612	$107.31
17110	Destruct b9 lesion, 1-14	Y		P2	0.7983	$33.45
17111	Destruct lesion, 15 or more	Y		P2	1.391	$58.28
17250	Chemical cautery, tissue	Y		P3		$39.28

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
17260	Destruction of skin lesions	Y		P3		$40.51
17261	Destruction of skin lesions	Y		P2	1.391	$58.28
17262	Destruction of skin lesions	Y		P2	1.391	$58.28
17263	Destruction of skin lesions	Y		P2	1.391	$58.28
17264	Destruction of skin lesions	Y		P2	1.391	$58.28
17266	Destruction of skin lesions	Y	CH	P3		$97.23
17270	Destruction of skin lesions	Y		P2	1.391	$58.28
17271	Destruction of skin lesions	Y		P2	1.391	$58.28
17272	Destruction of skin lesions	Y		P2	1.391	$58.28
17273	Destruction of skin lesions	Y	CH	P3		$88.39
17274	Destruction of skin lesions	Y	CH	P3		$99.93
17276	Destruction of skin lesions	Y		P2	2.5612	$107.31
17280	Destruction of skin lesions	Y		P2	1.391	$58.28
17281	Destruction of skin lesions	Y		P3		$75.62
17282	Destruction of skin lesions	Y		P3		$86.42
17283	Destruction of skin lesions	Y	CH	P3		$99.44
17284	Destruction of skin lesions	Y		P2	2.5612	$107.31
17286	Destruction of skin lesions	Y		P2	2.5612	$107.31
17311	Mohs, 1 stage, h/n/hf/g	Y		P2	4.6215	$193.63
17312	Mohs addl stage	Y	CH	P3		$192.24
17313	Mohs, 1 stage, t/a/l	Y		P2	4.6215	$193.63
17314	Mohs, addl stage, t/a/l	Y	CH	P3		$178.00
17315	Mohs surg, addl block	Y		P3		$33.15
17340	Cryotherapy of skin	Y		P3		$13.99
17360	Skin peel therapy	Y		P2	0.7983	$33.45
17380	Hair removal by electrolysis	Y		R2	0.7983	$33.45
19000	Drainage of breast lesion	Y		P3		$53.77
19001	Drain breast lesion add-on	Y		P3		$7.37
19020	Incision of breast lesion	Y		A2	18.4054	$771.15
19030	Injection for breast x-ray	N		N1		
19100	Bx breast percut w/o image	Y		A2	4.2381	$177.57
19101	Biopsy of breast, open	Y		A2	23.4204	$981.27
19102	Bx breast percut w/image	Y		A2	7.4175	$310.77
19103	Bx breast percut w/device	Y		A2	14.3296	$600.38
19105	Cryosurg ablate fa, each	Y		P2	31.2349	$1,308.68
19110	Nipple exploration	Y		A2	23.4204	$981.27
19112	Excise breast duct fistula	Y		A2	23.4204	$981.27
19120	Removal of breast lesion	Y		A2	23.4204	$981.27
19125	Excision, breast lesion	Y		A2	23.4204	$981.27

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
19126	Excision, addl breast lesion	Y		A2	23.4204	$981.27
19290	Place needle wire, breast	N		N1		
19291	Place needle wire, breast	N		N1		
19295	Place breast clip, percut	N		N1		
19296	Place po breast cath for rad	Y		A2	57.176	$2,395.56
19297	Place breast cath for rad	Y		A2	57.176	$2,395.56
19298	Place breast rad tube/caths	Y		A2	57.176	$2,395.56
19300	Removal of breast tissue	Y		A2	23.4204	$981.27
19301	Partical mastectomy	Y		A2	23.4204	$981.27
19302	P-mastectomy w/ln removal	Y		A2	41.0798	$1,721.17
19303	Mast, simple, complete	Y		A2	31.2349	$1,308.68
19304	Mast, subq	Y		A2	31.2349	$1,308.68
19316	Suspension of breast	Y		A2	31.2349	$1,308.68
19318	Reduction of large breast	Y		A2	41.0798	$1,721.17
19324	Enlarge breast	Y		A2	41.0798	$1,721.17
19325	Enlarge breast with implant	Y		A2	57.176	$2,395.56
19328	Removal of breast implant	Y		A2	31.2349	$1,308.68
19330	Removal of implant material	Y		A2	31.2349	$1,308.68
19340	Immediate breast prosthesis	Y		A2	41.0798	$1,721.17
19342	Delayed breast prosthesis	Y		A2	57.176	$2,395.56
19350	Breast reconstruction	Y		A2	23.4204	$981.27
19355	Correct inverted nipple(s)	Y		A2	31.2349	$1,308.68
19357	Breast reconstruction	Y		A2	57.176	$2,395.56
19366	Breast reconstruction	Y		A2	31.2349	$1,308.68
19370	Surgery of breast capsule	Y		A2	31.2349	$1,308.68
19371	Removal of breast capsule	Y		A2	31.2349	$1,308.68
19380	Revise breast reconstruction	Y		A2	41.0798	$1,721.17
19396	Design custom breast implant	Y		G2	31.2349	$1,308.68
20000	Incision of abscess	Y		P2	1.358	$56.90
20005	Incision of deep abscess	Y		A2	21.1115	$884.53
20103	Explore wound, extremity	Y		G2	12.1141	$507.56
20150	Excise epiphyseal bar	Y		G2	43.0649	$1,804.33
20200	Muscle biopsy	Y		A2	16.564	$694.00
20205	Deep muscle biopsy	Y		A2	16.564	$694.00
20206	Needle biopsy, muscle	Y		A2	7.4175	$310.77
20220	Bone biopsy, trocar/needle	Y		A2	7.9784	$334.28
20225	Bone biopsy, trocar/needle	Y		A2	16.564	$694.00
20240	Bone biopsy, excisional	Y		A2	21.9314	$918.88
20245	Bone biopsy, excisional	Y		A2	21.9314	$918.88

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
20250	Open bone biopsy	Y		A2	21.1115	$884.53
20251	Open bone biopsy	Y		A2	21.1115	$884.53
20500	Injection of sinus tract	Y		P3		$43.21
20501	Inject sinus tract for x-ray	N		N1		
20520	Removal of foreign body	Y		P3		$82.74
20525	Removal of foreign body	Y		A2	21.9314	$918.88
20526	Ther injection, carp tunnel	Y		P3		$26.27
20550	Inj tendon sheath/ligament	Y		P3		$19.89
20551	Inj tendon origin/insertion	Y		P3		$20.38
20552	Inj trigger point, 1/2 muscl	Y		P3		$19.40
20553	Inject trigger points, =/> 3	Y		P3		$22.34
20555	Place ndl musc/tis for rt	Y		R2	29.4746	$1,234.93
20600	Drain/inject, joint/bursa	Y		P3		$20.13
20605	Drain/inject, joint/bursa	Y		P3		$22.59
20610	Drain/inject, joint/bursa	Y		P3		$32.41
20612	Aspirate/inj ganglion cyst	Y		P3		$21.85
20615	Treatment of bone cyst	Y		P3		$88.39
20650	Insert and remove bone pin	Y		A2	21.1115	$884.53
20662	Application of pelvis brace	Y		R2	21.1114	$884.53
20663	Application of thigh brace	Y		R2	21.1114	$884.53
20665	Removal of fixation device	N		G2	0.6271	$26.27
20670	Removal of support implant	Y		A2	16.564	$694.00
20680	Removal of support implant	Y		A2	21.9314	$918.88
20690	Apply bone fixation device	Y		A2	29.4747	$1,234.93
20692	Apply bone fixation device	Y		A2	29.4747	$1,234.93
20693	Adjust bone fixation device	Y		A2	21.1115	$884.53
20694	Remove bone fixation device	Y		A2	21.1115	$884.53
20696	Comp multiplane ext fixation	Y		G2	29.4746	$1,234.93
20697	Comp ext fixate strut change	Y	CH	P2	19.0792	$799.38
20822	Replantation digit, complete	Y		G2	27.1049	$1,135.64
20900	Removal of bone for graft	Y		A2	29.4747	$1,234.93
20902	Removal of bone for graft	Y		A2	29.4747	$1,234.93
20910	Remove cartilage for graft	Y		A2	20.106	$842.39
20912	Remove cartilage for graft	Y		A2	20.106	$842.39
20920	Removal of fascia for graft	Y		A2	15.5759	$652.60
20922	Removal of fascia for graft	Y		A2	15.5759	$652.60
20924	Removal of tendon for graft	Y		A2	29.4747	$1,234.93
20926	Removal of tissue for graft	Y		A2	4.2374	$177.54
20950	Fluid pressure, muscle	Y		G2	1.358	$56.90

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
20972	Bone/skin graft, metatarsal	Y		G2	50.4553	$2,113.98
20973	Bone/skin graft, great toe	Y		R2	50.4553	$2,113.98
20975	Electrical bone stimulation	N		N1		
20979	Us bone stimulation	N		P3		$19.64
20982	Ablate, bone tumor(s) perq	Y		G2	43.0649	$1,804.33
20985	Cptr-asst dir ms px	N		N1		
21010	Incision of jaw joint	Y		A2	23.2154	$972.69
21011	Exc face les sc < 2 cm	Y		P3		$149.77
21012	Exc face les sc = 2 cm	Y		R2	7.9785	$334.28
21013	Exc face tum deep < 2 cm	Y		P3		$209.18
21014	Exc face tum deep = 2 cm	Y		R2	7.9785	$334.28
21015*	Resect face tum < 2 cm	Y		R2	16.5641	$694.00
21016	Resect face tum = 2 cm	Y		G2	21.9314	$918.88
21025	Excision of bone, lower jaw	Y		A2	40.7633	$1,707.90
21026	Excision of facial bone(s)	Y		A2	40.7633	$1,707.90
21029	Contour of face bone lesion	Y		A2	40.7633	$1,707.90
21030	Excise max/zygoma b9 tumor	Y		P3		$219.49
21031	Remove exostosis, mandible	Y		P3		$178.98
21032	Remove exostosis, maxilla	Y		P3		$182.67
21034	Excise max/zygoma mlg tumor	Y		A2	40.7633	$1,707.90
21040	Excise mandible lesion	Y		A2	23.2154	$972.69
21044	Removal of jaw bone lesion	Y		A2	40.7633	$1,707.90
21046	Remove mandible cyst complex	Y		A2	40.7633	$1,707.90
21047	Excise lwr jaw cyst w/repair	Y		A2	40.7633	$1,707.90
21048	Remove maxilla cyst complex	Y		R2	40.7633	$1,707.90
21050	Removal of jaw joint	Y		A2	40.7633	$1,707.90
21060	Remove jaw joint cartilage	Y		A2	40.7633	$1,707.90
21070	Remove coronoid process	Y		A2	40.7633	$1,707.90
21073	Mnpj of tmj w/anesth	Y		P3		$172.11
21076	Prepare face/oral prosthesis	Y		P3		$309.36
21077	Prepare face/oral prosthesis	Y		P3		$742.21
21079	Prepare face/oral prosthesis	Y		P3		$531.80
21080	Prepare face/oral prosthesis	Y		P3		$606.19
21081	Prepare face/oral prosthesis	Y		P3		$558.56
21082	Prepare face/oral prosthesis	Y		P3		$539.65
21083	Prepare face/oral prosthesis	Y		P3		$528.36
21084	Prepare face/oral prosthesis	Y		P3		$602.02
21085	Prepare face/oral prosthesis	Y		P3		$241.59
21086	Prepare face/oral prosthesis	Y		P3		$529.10

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
21087	Prepare face/oral prosthesis	Y		P3		$525.66
21088	Prepare face/oral prosthesis	Y		R2	40.7633	$1,707.90
21100	Maxillofacial fixation	Y		A2	40.7633	$1,707.90
21110	Interdental fixation	Y		P2	7.1577	$299.89
21116	Injection, jaw joint x-ray	N		N1		
21120	Reconstruction of chin	Y		A2	23.2154	$972.69
21121	Reconstruction of chin	Y		A2	23.2154	$972.69
21122	Reconstruction of chin	Y		A2	23.2154	$972.69
21123	Reconstruction of chin	Y		A2	23.2154	$972.69
21125	Augmentation, lower jaw bone	Y		A2	23.2154	$972.69
21127	Augmentation, lower jaw bone	Y		A2	40.7633	$1,707.90
21137	Reduction of forehead	Y		G2	23.2156	$972.69
21138	Reduction of forehead	Y		G2	40.7633	$1,707.90
21139	Reduction of forehead	Y		G2	40.7633	$1,707.90
21150	Reconstruct midface, lefort	Y		G2	40.7633	$1,707.90
21181	Contour cranial bone lesion	Y		A2	23.2154	$972.69
21198	Reconstr lwr jaw segment	Y		G2	40.7633	$1,707.90
21199	Reconstr lwr jaw w/advance	Y		G2	40.7633	$1,707.90
21206	Reconstruct upper jaw bone	Y		A2	40.7633	$1,707.90
21208	Augmentation of facial bones	Y		A2	40.7633	$1,707.90
21209	Reduction of facial bones	Y		A2	40.7633	$1,707.90
21210	Face bone graft	Y		A2	40.7633	$1,707.90
21215	Lower jaw bone graft	Y		A2	40.7633	$1,707.90
21230	Rib cartilage graft	Y		A2	40.7633	$1,707.90
21235	Ear cartilage graft	Y		A2	23.2154	$972.69
21240	Reconstruction of jaw joint	Y		A2	40.7633	$1,707.90
21242	Reconstruction of jaw joint	Y		A2	40.7633	$1,707.90
21243	Reconstruction of jaw joint	Y		A2	40.7633	$1,707.90
21244	Reconstruction of lower jaw	Y		A2	40.7633	$1,707.90
21245	Reconstruction of jaw	Y		A2	40.7633	$1,707.90
21246	Reconstruction of jaw	Y		A2	40.7633	$1,707.90
21248	Reconstruction of jaw	Y		A2	40.7633	$1,707.90
21249	Reconstruction of jaw	Y		A2	40.7633	$1,707.90
21260	Revise eye sockets	Y		G2	40.7633	$1,707.90
21267	Revise eye sockets	Y		A2	40.7633	$1,707.90
21270	Augmentation, cheek bone	Y		A2	40.7633	$1,707.90
21275	Revision, orbitofacial bones	Y		A2	40.7633	$1,707.90
21280	Revision of eyelid	Y		A2	40.7633	$1,707.90
21282	Revision of eyelid	Y		A2	15.8303	$663.26

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21295	Revision of jaw muscle/bone	Y		A2	7.1579	$299.89
21296	Revision of jaw muscle/bone	Y		A2	23.2154	$972.69
21310	Treatment of nose fracture	Y		A2	1.0674	$44.72
21315	Treatment of nose fracture	Y		A2	15.8303	$663.26
21320	Treatment of nose fracture	Y		A2	15.8303	$663.26
21325	Treatment of nose fracture	Y		A2	23.2154	$972.69
21330	Treatment of nose fracture	Y		A2	23.2154	$972.69
21335	Treatment of nose fracture	Y		A2	23.2154	$972.69
21336	Treat nasal septal fracture	Y		A2	24.2634	$1,016.59
21337	Treat nasal septal fracture	Y		A2	15.8303	$663.26
21338	Treat nasoethmoid fracture	Y		A2	23.2154	$972.69
21339	Treat nasoethmoid fracture	Y		A2	23.2154	$972.69
21340	Treatment of nose fracture	Y		A2	40.7633	$1,707.90
21345	Treat nose/jaw fracture	Y		A2	23.2154	$972.69
21355	Treat cheek bone fracture	Y		A2	40.7633	$1,707.90
21356	Treat cheek bone fracture	Y		A2	23.2154	$972.69
21360	Treat cheek bone fracture	Y		G2	23.2156	$972.69
21390	Treat eye socket fracture	Y		G2	40.7633	$1,707.90
21400	Treat eye socket fracture	Y		A2	7.1579	$299.89
21401	Treat eye socket fracture	Y		A2	15.8303	$663.26
21406	Treat eye socket fracture	Y		G2	40.7633	$1,707.90
21407	Treat eye socket fracture	Y		G2	40.7633	$1,707.90
21421	Treat mouth roof fracture	Y		A2	23.2154	$972.69
21440	Treat dental ridge fracture	Y		P3		$290.20
21445	Treat dental ridge fracture	Y		A2	23.2154	$972.69
21450	Treat lower jaw fracture	Y		A2	3.1243	$130.89
21451	Treat lower jaw fracture	Y		A2	7.1579	$299.89
21452	Treat lower jaw fracture	Y		A2	15.8303	$663.26
21453	Treat lower jaw fracture	Y		A2	40.7633	$1,707.90
21454	Treat lower jaw fracture	Y		A2	23.2154	$972.69
21461	Treat lower jaw fracture	Y		A2	40.7633	$1,707.90
21462	Treat lower jaw fracture	Y		A2	40.7633	$1,707.90
21465	Treat lower jaw fracture	Y		A2	40.7633	$1,707.90
21480	Reset dislocated jaw	Y		A2	1.0674	$44.72
21485	Reset dislocated jaw	Y		A2	15.8303	$663.26
21490	Repair dislocated jaw	Y		A2	40.7633	$1,707.90
21495	Treat hyoid bone fracture	Y		G2	15.8303	$663.26
21497	Interdental wiring	Y		A2	15.8303	$663.26
21501	Drain neck/chest lesion	Y		A2	18.4054	$771.15

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21502	Drain chest lesion	Y		A2	21.1115	$884.53
21550	Biopsy of neck/chest	Y		G2	16.5641	$694.00
21552	Exc neck les sc = 3 cm	Y		G2	21.9314	$918.88
21554	Exc neck tum deep = 5 cm	Y		G2	21.9314	$918.88
21555*	Exc neck les sc < 3 cm	Y		P3		$174.32
21556	Exc neck tum deep < 5 cm	Y		G2	21.9314	$918.88
21557	Resect neck tum < 5 cm	Y		G2	16.5641	$694.00
21558	Resect neck tum = 5 cm	Y		G2	21.9314	$918.88
21600	Partial removal of rib	Y		A2	29.4747	$1,234.93
21610	Partial removal of rib	Y		A2	29.4747	$1,234.93
21685	Hyoid myotomy & suspension	Y		G2	7.1577	$299.89
21700	Revision of neck muscle	Y		A2	21.1115	$884.53
21720	Revision of neck muscle	Y		A2	21.1115	$884.53
21725	Revision of neck muscle	Y		A2	1.3578	$56.90
21800	Treatment of rib fracture	Y		A2	1.4841	$62.17
21805	Treatment of rib fracture	Y		A2	24.2634	$1,016.59
21820	Treat sternum fracture	Y		A2	1.4841	$62.17
21920	Biopsy soft tissue of back	Y		P3		$121.78
21925	Biopsy soft tissue of back	Y		A2	21.9314	$918.88
21930*	Exc back les sc < 3 cm	Y		P3		$181.93
21931	Exc back les sc = 3 cm	Y		G2	21.9314	$918.88
21932	Exc back tum deep < 5 cm	Y		G2	16.5641	$694.00
21933	Exc back tum deep = 5 cm	Y		G2	21.9314	$918.88
21935	Resect back tum < 5 cm	Y		G2	16.5641	$694.00
21936	Resect back tum = 5 cm	Y		G2	21.9314	$918.88
22102	Remove part, lumbar vertebra	Y		G2	47.0078	$1,969.53
22103	Remove extra spine segment	Y		G2	47.0078	$1,969.53
22305	Treat spine process fracture	Y		A2	1.4841	$62.17
22310	Treat spine fracture	Y		A2	4.7807	$200.30
22315	Treat spine fracture	Y		A2	19.0792	$799.38
22505	Manipulation of spine	Y		A2	14.1484	$592.79
22520	Percut vertebroplasty thor	Y		A2	29.4747	$1,234.93
22521	Percut vertebroplasty lumb	Y		A2	29.4747	$1,234.93
22522	Percut vertebroplasty addl	Y		A2	29.4747	$1,234.93
22523	Percut kyphoplasty, thor	Y		G2	80.4691	$3,371.49
22524	Percut kyphoplasty, lumbar	Y		G2	80.4691	$3,371.49
22525	Percut kyphoplasty, add-on	Y		G2	80.4691	$3,371.49
22900	Exc back tum deep < 5 cm	Y		G2	21.9314	$918.88
22901	Exc back tum deep = 5 cm	Y		G2	21.9314	$918.88

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
22902	Exc abd les sc < 3 cm	Y		G2	16.5641	$694.00
22903	Exc abd les sc > 3 cm	Y		G2	21.9314	$918.88
22904	Resect abd tum < 5 cm	Y		G2	16.5641	$694.00
22905	Resect abd tum > 5 cm	Y		G2	21.9314	$918.88
23000	Removal of calcium deposits	Y		A2	16.564	$694.00
23020	Release shoulder joint	Y		A2	43.0648	$1,804.33
23030	Drain shoulder lesion	Y		A2	18.4054	$771.15
23031	Drain shoulder bursa	Y		A2	18.4054	$771.15
23035	Drain shoulder bone lesion	Y		A2	21.1115	$884.53
23040	Exploratory shoulder surgery	Y		A2	29.4747	$1,234.93
23044	Exploratory shoulder surgery	Y		A2	29.4747	$1,234.93
23065	Biopsy shoulder tissues	Y		P3		$86.18
23066	Biopsy shoulder tissues	Y		A2	21.9314	$918.88
23071	Exc shoulder les sc > 3 cm	Y		G2	21.9314	$918.88
23073	Exc shoulder tum deep > 5 cm	Y		G2	21.9314	$918.88
23075*	Exc shoulder les sc < 3 cm	Y		P3		$156.64
23076	Exc shoulder tum deep < 5 cm	Y		G2	16.5641	$694.00
23077	Resect shoulder tum < 5 cm	Y		G2	16.5641	$694.00
23078	Resect shoulder tum > 5 cm	Y		G2	21.9314	$918.88
23100	Biopsy of shoulder joint	Y		A2	21.1115	$884.53
23101	Shoulder joint surgery	Y		A2	29.4747	$1,234.93
23105	Remove shoulder joint lining	Y		A2	29.4747	$1,234.93
23106	Incision of collarbone joint	Y		A2	29.4747	$1,234.93
23107	Explore treat shoulder joint	Y		A2	29.4747	$1,234.93
23120	Partial removal, collar bone	Y		A2	29.4747	$1,234.93
23125	Removal of collar bone	Y		A2	29.4747	$1,234.93
23130	Remove shoulder bone, part	Y		A2	43.0648	$1,804.33
23140	Removal of bone lesion	Y		A2	21.1115	$884.53
23145	Removal of bone lesion	Y		A2	29.4747	$1,234.93
23146	Removal of bone lesion	Y		A2	29.4747	$1,234.93
23150	Removal of humerus lesion	Y		A2	29.4747	$1,234.93
23155	Removal of humerus lesion	Y		A2	29.4747	$1,234.93
23156	Removal of humerus lesion	Y		A2	29.4747	$1,234.93
23170	Remove collar bone lesion	Y		A2	29.4747	$1,234.93
23172	Remove shoulder blade lesion	Y		A2	29.4747	$1,234.93
23174	Remove humerus lesion	Y		A2	29.4747	$1,234.93
23180	Remove collar bone lesion	Y		A2	29.4747	$1,234.93
23182	Remove shoulder blade lesion	Y		A2	29.4747	$1,234.93
23184	Remove humerus lesion	Y		A2	29.4747	$1,234.93

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
23190	Partial removal of scapula	Y		A2	29.4747	$1,234.93
23195	Removal of head of humerus	Y		A2	29.4747	$1,234.93
23330	Remove shoulder foreign body	Y		A2	7.9784	$334.28
23331	Remove shoulder foreign body	Y		A2	21.9314	$918.88
23350	Injection for shoulder x-ray	N		N1		
23395	Muscle transfer,shoulder/arm	Y		A2	43.0648	$1,804.33
23397	Muscle transfers	Y		A2	80.4692	$3,371.49
23400	Fixation of shoulder blade	Y		A2	29.4747	$1,234.93
23405	Incision of tendon & muscle	Y		A2	29.4747	$1,234.93
23406	Incise tendon(s) & muscle(s)	Y		A2	29.4747	$1,234.93
23410	Repair rotator cuff, acute	Y		A2	43.0648	$1,804.33
23412	Repair rotator cuff, chronic	Y		A2	43.0648	$1,804.33
23415	Release of shoulder ligament	Y		A2	43.0648	$1,804.33
23420	Repair of shoulder	Y		A2	43.0648	$1,804.33
23430	Repair biceps tendon	Y		A2	43.0648	$1,804.33
23440	Remove/transplant tendon	Y		A2	43.0648	$1,804.33
23450	Repair shoulder capsule	Y		A2	80.4692	$3,371.49
23455	Repair shoulder capsule	Y		A2	80.4692	$3,371.49
23460	Repair shoulder capsule	Y		A2	80.4692	$3,371.49
23462	Repair shoulder capsule	Y		A2	43.0648	$1,804.33
23465	Repair shoulder capsule	Y		A2	80.4692	$3,371.49
23466	Repair shoulder capsule	Y		A2	43.0648	$1,804.33
23480	Revision of collar bone	Y		A2	43.0648	$1,804.33
23485	Revision of collar bone	Y		A2	80.4692	$3,371.49
23490	Reinforce clavicle	Y		A2	80.4692	$3,371.49
23491	Reinforce shoulder bones	Y		A2	80.4692	$3,371.49
23500	Treat clavicle fracture	Y		A2	1.4841	$62.17
23505	Treat clavicle fracture	Y		A2	19.0792	$799.38
23515	Treat clavicle fracture	Y		A2	60.5167	$2,535.53
23520	Treat clavicle dislocation	Y		A2	4.7807	$200.30
23525	Treat clavicle dislocation	Y		A2	4.7807	$200.30
23530	Treat clavicle dislocation	Y		A2	43.7071	$1,831.24
23532	Treat clavicle dislocation	Y		A2	24.2634	$1,016.59
23540	Treat clavicle dislocation	Y		A2	1.4841	$62.17
23545	Treat clavicle dislocation	Y		A2	4.7807	$200.30
23550	Treat clavicle dislocation	Y		A2	43.7071	$1,831.24
23552	Treat clavicle dislocation	Y		A2	43.7071	$1,831.24
23570	Treat shoulder blade fx	Y		A2	1.4841	$62.17
23575	Treat shoulder blade fx	Y		A2	4.7807	$200.30

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
23585	Treat scapula fracture	Y		A2	60.5167	$2,535.53
23600	Treat humerus fracture	Y		P2	1.4839	$62.17
23605	Treat humerus fracture	Y		A2	19.0792	$799.38
23615	Treat humerus fracture	Y		A2	60.5167	$2,535.53
23616	Treat humerus fracture	Y		A2	60.5167	$2,535.53
23620	Treat humerus fracture	Y		P2	1.4839	$62.17
23625	Treat humerus fracture	Y		A2	19.0792	$799.38
23630	Treat humerus fracture	Y		A2	60.5167	$2,535.53
23650	Treat shoulder dislocation	Y		A2	1.4841	$62.17
23655	Treat shoulder dislocation	Y		A2	14.1484	$592.79
23660	Treat shoulder dislocation	Y		A2	43.7071	$1,831.24
23665	Treat dislocation/fracture	Y		A2	4.7807	$200.30
23670	Treat dislocation/fracture	Y		A2	60.5167	$2,535.53
23675	Treat dislocation/fracture	Y		A2	1.4841	$62.17
23680	Treat dislocation/fracture	Y		A2	43.7071	$1,831.24
23700	Fixation of shoulder	Y		A2	14.1484	$592.79
23800	Fusion of shoulder joint	Y		A2	80.4692	$3,371.49
23802	Fusion of shoulder joint	Y		A2	80.4692	$3,371.49
23921	Amputation follow-up surgery	Y		A2	15.5759	$652.60
23930	Drainage of arm lesion	Y		A2	18.4054	$771.15
23931	Drainage of arm bursa	Y		A2	18.4054	$771.15
23935	Drain arm/elbow bone lesion	Y		A2	21.1115	$884.53
24000	Exploratory elbow surgery	Y		A2	29.4747	$1,234.93
24006	Release elbow joint	Y		A2	29.4747	$1,234.93
24065	Biopsy arm/elbow soft tissue	Y		P3		$118.34
24066	Biopsy arm/elbow soft tissue	Y		A2	16.564	$694.00
24071	Exc arm/elbow les sc = 3 cm	Y		G2	21.9314	$918.88
24073	Ex arm/elbow tum deep > 5 cm	Y		G2	21.9314	$918.88
24075*	Exc arm/elbow les sc < 3 cm	Y		P3		$216.06
24076	Ex arm/elbow tum deep < 5 cm	Y		G2	16.5641	$694.00
24077	Resect arm/elbow tum < 5 cm	Y		G2	16.5641	$694.00
24079	Resect arm/elbow tum > 5 cm	Y		G2	21.9314	$918.88
24100	Biopsy elbow joint lining	Y		A2	21.1115	$884.53
24101	Explore/treat elbow joint	Y		A2	29.4747	$1,234.93
24102	Remove elbow joint lining	Y		A2	29.4747	$1,234.93
24105	Removal of elbow bursa	Y		A2	21.1115	$884.53
24110	Remove humerus lesion	Y		A2	21.1115	$884.53
24115	Remove/graft bone lesion	Y		A2	29.4747	$1,234.93
24116	Remove/graft bone lesion	Y		A2	29.4747	$1,234.93

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
24120	Remove elbow lesion	Y		A2	21.1115	$884.53
24125	Remove/graft bone lesion	Y		A2	29.4747	$1,234.93
24126	Remove/graft bone lesion	Y		A2	29.4747	$1,234.93
24130	Removal of head of radius	Y		A2	29.4747	$1,234.93
24134	Removal of arm bone lesion	Y		A2	29.4747	$1,234.93
24136	Remove radius bone lesion	Y		A2	29.4747	$1,234.93
24138	Remove elbow bone lesion	Y		A2	29.4747	$1,234.93
24140	Partial removal of arm bone	Y		A2	29.4747	$1,234.93
24145	Partial removal of radius	Y		A2	29.4747	$1,234.93
24147	Partial removal of elbow	Y		A2	29.4747	$1,234.93
24149	Radical resection of elbow	Y		G2	29.4746	$1,234.93
24152	Resect radius tumor	Y		G2	43.0649	$1,804.33
24155	Removal of elbow joint	Y		A2	43.0648	$1,804.33
24160	Remove elbow joint implant	Y		A2	29.4747	$1,234.93
24164	Remove radius head implant	Y		A2	29.4747	$1,234.93
24200	Removal of arm foreign body	Y		P3		$88.63
24201	Removal of arm foreign body	Y		A2	16.564	$694.00
24220	Injection for elbow x-ray	N		N1		
24300	Manipulate elbow w/anesth	Y		G2	14.1483	$592.79
24301	Muscle/tendon transfer	Y		A2	29.4747	$1,234.93
24305	Arm tendon lengthening	Y		A2	29.4747	$1,234.93
24310	Revision of arm tendon	Y		A2	21.1115	$884.53
24320	Repair of arm tendon	Y		A2	43.0648	$1,804.33
24330	Revision of arm muscles	Y		A2	80.4692	$3,371.49
24331	Revision of arm muscles	Y		A2	43.0648	$1,804.33
24332	Tenolysis, triceps	Y		G2	21.1114	$884.53
24340	Repair of biceps tendon	Y		A2	43.0648	$1,804.33
24341	Repair arm tendon/muscle	Y		A2	43.0648	$1,804.33
24342	Repair of ruptured tendon	Y		A2	43.0648	$1,804.33
24343	Repr elbow lat ligmnt w/tiss	Y		G2	29.4746	$1,234.93
24344	Reconstruct elbow lat ligmnt	Y		G2	80.4691	$3,371.49
24345	Repr elbw med ligmnt w/tissu	Y		A2	29.4747	$1,234.93
24346	Reconstruct elbow med ligmnt	Y		G2	80.4691	$3,371.49
24357	Repair elbow, perc	Y		G2	29.4746	$1,234.93
24358	Repair elbow w/deb, open	Y		G2	29.4746	$1,234.93
24359	Repair elbow deb/attch open	Y		G2	29.4746	$1,234.93
24360	Reconstruct elbow joint	Y		A2	35.5174	$1,488.11
24361	Reconstruct elbow joint	Y		H8	162.8173	$6,821.72
24362	Reconstruct elbow joint	Y		A2	54.7826	$2,295.28

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
24363	Replace elbow joint	Y		H8	162.8173	$6,821.72
24365	Reconstruct head of radius	Y		A2	35.5174	$1,488.11
24366	Reconstruct head of radius	Y		H8	162.8173	$6,821.72
24400	Revision of humerus	Y		A2	80.4692	$3,371.49
24410	Revision of humerus	Y		A2	43.0648	$1,804.33
24420	Revision of humerus	Y		A2	43.0648	$1,804.33
24430	Repair of humerus	Y		A2	80.4692	$3,371.49
24435	Repair humerus with graft	Y		A2	80.4692	$3,371.49
24470	Revision of elbow joint	Y		A2	43.0648	$1,804.33
24495	Decompression of forearm	Y		A2	29.4747	$1,234.93
24498	Reinforce humerus	Y		A2	80.4692	$3,371.49
24500	Treat humerus fracture	Y		A2	1.4841	$62.17
24505	Treat humerus fracture	Y		A2	1.4841	$62.17
24515	Treat humerus fracture	Y		A2	60.5167	$2,535.53
24516	Treat humerus fracture	Y		A2	60.5167	$2,535.53
24530	Treat humerus fracture	Y		A2	1.4841	$62.17
24535	Treat humerus fracture	Y		A2	4.7807	$200.30
24538	Treat humerus fracture	Y		A2	24.2634	$1,016.59
24545	Treat humerus fracture	Y		A2	60.5167	$2,535.53
24546	Treat humerus fracture	Y		A2	60.5167	$2,535.53
24560	Treat humerus fracture	Y		A2	1.4841	$62.17
24565	Treat humerus fracture	Y		A2	1.4841	$62.17
24566	Treat humerus fracture	Y		A2	24.2634	$1,016.59
24575	Treat humerus fracture	Y		A2	60.5167	$2,535.53
24576	Treat humerus fracture	Y		A2	1.4841	$62.17
24577	Treat humerus fracture	Y		A2	4.7807	$200.30
24579	Treat humerus fracture	Y		A2	60.5167	$2,535.53
24582	Treat humerus fracture	Y		A2	24.2634	$1,016.59
24586	Treat elbow fracture	Y		A2	60.5167	$2,535.53
24587	Treat elbow fracture	Y		A2	60.5167	$2,535.53
24600	Treat elbow dislocation	Y		A2	1.4841	$62.17
24605	Treat elbow dislocation	Y		A2	14.1484	$592.79
24615	Treat elbow dislocation	Y		A2	60.5167	$2,535.53
24620	Treat elbow fracture	Y		A2	19.0792	$799.38
24635	Treat elbow fracture	Y		A2	60.5167	$2,535.53
24640	Treat elbow dislocation	Y		P3		$51.07
24650	Treat radius fracture	Y		P2	1.4839	$62.17
24655	Treat radius fracture	Y		A2	4.7807	$200.30
24665	Treat radius fracture	Y		A2	43.7071	$1,831.24

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
24666	Treat radius fracture	Y		A2	60.5167	$2,535.53
24670	Treat ulnar fracture	Y		A2	1.4841	$62.17
24675	Treat ulnar fracture	Y		A2	1.4841	$62.17
24685	Treat ulnar fracture	Y		A2	43.7071	$1,831.24
24800	Fusion of elbow joint	Y		A2	43.0648	$1,804.33
24802	Fusion/graft of elbow joint	Y		A2	80.4692	$3,371.49
24925	Amputation follow-up surgery	Y		A2	21.1115	$884.53
25000	Incision of tendon sheath	Y		A2	21.1115	$884.53
25001	Incise flexor carpi radialis	Y		G2	21.1114	$884.53
25020	Decompress forearm 1 space	Y		A2	29.4747	$1,234.93
25023	Decompress forearm 1 space	Y		A2	29.4747	$1,234.93
25024	Decompress forearm 2 spaces	Y		A2	29.4747	$1,234.93
25025	Decompress forearm 2 spaces	Y		A2	29.4747	$1,234.93
25028	Drainage of forearm lesion	Y		A2	21.1115	$884.53
25031	Drainage of forearm bursa	Y		A2	21.1115	$884.53
25035	Treat forearm bone lesion	Y		A2	21.1115	$884.53
25040	Explore/treat wrist joint	Y		A2	29.4747	$1,234.93
25065	Biopsy forearm soft tissues	Y		P3		$119.81
25066	Biopsy forearm soft tissues	Y		A2	21.9314	$918.88
25071	Exc forearm les sc > 3 cm	Y		G2	21.9314	$918.88
25073	Exc forearm tum deep = 3 cm	Y		G2	21.9314	$918.88
25075*	Exc forearm les sc < 3 cm	Y		P3		$169.65
25076	Exc forearm tum deep < 3 cm	Y		G2	16.5641	$694.00
25077	Resect forearm/wrist tum<3cm	Y		G2	16.5641	$694.00
25078	Resect forearm/wrist tum=3cm	Y		G2	21.9314	$918.88
25085	Incision of wrist capsule	Y		A2	21.1115	$884.53
25100	Biopsy of wrist joint	Y		A2	21.1115	$884.53
25101	Explore/treat wrist joint	Y		A2	29.4747	$1,234.93
25105	Remove wrist joint lining	Y		A2	29.4747	$1,234.93
25107	Remove wrist joint cartilage	Y		A2	29.4747	$1,234.93
25109	Excise tendon forearm/wrist	Y		G2	21.1114	$884.53
25110	Remove wrist tendon lesion	Y		A2	21.1115	$884.53
25111	Remove wrist tendon lesion	Y		A2	21.1115	$884.53
25112	Reremove wrist tendon lesion	Y		A2	21.1115	$884.53
25115	Remove wrist/forearm lesion	Y		A2	21.1115	$884.53
25116	Remove wrist/forearm lesion	Y		A2	21.1115	$884.53
25118	Excise wrist tendon sheath	Y		A2	29.4747	$1,234.93
25119	Partial removal of ulna	Y		A2	29.4747	$1,234.93
25120	Removal of forearm lesion	Y		A2	29.4747	$1,234.93

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
25125	Remove/graft forearm lesion	Y		A2	29.4747	$1,234.93
25126	Remove/graft forearm lesion	Y		A2	29.4747	$1,234.93
25130	Removal of wrist lesion	Y		A2	29.4747	$1,234.93
25135	Remove & graft wrist lesion	Y		A2	29.4747	$1,234.93
25136	Remove & graft wrist lesion	Y		A2	29.4747	$1,234.93
25145	Remove forearm bone lesion	Y		A2	29.4747	$1,234.93
25150	Partial removal of ulna	Y		A2	29.4747	$1,234.93
25151	Partial removal of radius	Y		A2	29.4747	$1,234.93
25210	Removal of wrist bone	Y		A2	29.4747	$1,234.93
25215	Removal of wrist bones	Y		A2	29.4747	$1,234.93
25230	Partial removal of radius	Y		A2	29.4747	$1,234.93
25240	Partial removal of ulna	Y		A2	29.4747	$1,234.93
25246	Injection for wrist x-ray	N		N1		
25248	Remove forearm foreign body	Y		A2	21.1115	$884.53
25250	Removal of wrist prosthesis	Y		A2	29.4747	$1,234.93
25251	Removal of wrist prosthesis	Y		A2	29.4747	$1,234.93
25259	Manipulate wrist w/anesthes	Y		G2	19.0792	$799.38
25260	Repair forearm tendon/muscle	Y		A2	29.4747	$1,234.93
25263	Repair forearm tendon/muscle	Y		A2	29.4747	$1,234.93
25265	Repair forearm tendon/muscle	Y		A2	29.4747	$1,234.93
25270	Repair forearm tendon/muscle	Y		A2	29.4747	$1,234.93
25272	Repair forearm tendon/muscle	Y		A2	29.4747	$1,234.93
25274	Repair forearm tendon/muscle	Y		A2	29.4747	$1,234.93
25275	Repair forearm tendon sheath	Y		A2	29.4747	$1,234.93
25280	Revise wrist/forearm tendon	Y		A2	29.4747	$1,234.93
25290	Incise wrist/forearm tendon	Y		A2	29.4747	$1,234.93
25295	Release wrist/forearm tendon	Y		A2	21.1115	$884.53
25300	Fusion of tendons at wrist	Y		A2	29.4747	$1,234.93
25301	Fusion of tendons at wrist	Y		A2	29.4747	$1,234.93
25310	Transplant forearm tendon	Y		A2	43.0648	$1,804.33
25312	Transplant forearm tendon	Y		A2	43.0648	$1,804.33
25315	Revise palsy hand tendon(s)	Y		A2	43.0648	$1,804.33
25316	Revise palsy hand tendon(s)	Y		A2	80.4692	$3,371.49
25320	Repair/revise wrist joint	Y		A2	43.0648	$1,804.33
25332	Revise wrist joint	Y		A2	35.5174	$1,488.11
25335	Realignment of hand	Y		A2	43.0648	$1,804.33
25337	Reconstruct ulna/radioulnar	Y		A2	43.0648	$1,804.33
25350	Revision of radius	Y		A2	43.0648	$1,804.33
25355	Revision of radius	Y		A2	43.0648	$1,804.33

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
25360	Revision of ulna	Y		A2	43.0648	$1,804.33
25365	Revise radius & ulna	Y		A2	80.4692	$3,371.49
25370	Revise radius or ulna	Y		A2	43.0648	$1,804.33
25375	Revise radius & ulna	Y		A2	43.0648	$1,804.33
25390	Shorten radius or ulna	Y		A2	43.0648	$1,804.33
25391	Lengthen radius or ulna	Y		A2	80.4692	$3,371.49
25392	Shorten radius & ulna	Y		A2	29.4747	$1,234.93
25393	Lengthen radius & ulna	Y		A2	43.0648	$1,804.33
25394	Repair carpal bone, shorten	Y		G2	43.0649	$1,804.33
25400	Repair radius or ulna	Y		A2	80.4692	$3,371.49
25405	Repair/graft radius or ulna	Y		A2	80.4692	$3,371.49
25415	Repair radius & ulna	Y		A2	80.4692	$3,371.49
25420	Repair/graft radius & ulna	Y		A2	80.4692	$3,371.49
25425	Repair/graft radius or ulna	Y		A2	80.4692	$3,371.49
25426	Repair/graft radius & ulna	Y		A2	43.0648	$1,804.33
25430	Vasc graft into carpal bone	Y		G2	43.0649	$1,804.33
25431	Repair nonunion carpal bone	Y		G2	43.0649	$1,804.33
25440	Repair/graft wrist bone	Y		A2	80.4692	$3,371.49
25441	Reconstruct wrist joint	Y		H8	162.8173	$6,821.72
25442	Reconstruct wrist joint	Y		H8	162.8173	$6,821.72
25443	Reconstruct wrist joint	Y		A2	54.7826	$2,295.28
25444	Reconstruct wrist joint	Y		A2	54.7826	$2,295.28
25445	Reconstruct wrist joint	Y		A2	54.7826	$2,295.28
25446	Wrist replacement	Y		H8	162.8173	$6,821.72
25447	Repair wrist joint(s)	Y		A2	35.5174	$1,488.11
25449	Remove wrist joint implant	Y		A2	35.5174	$1,488.11
25450	Revision of wrist joint	Y		A2	43.0648	$1,804.33
25455	Revision of wrist joint	Y		A2	43.0648	$1,804.33
25490	Reinforce radius	Y		A2	43.0648	$1,804.33
25491	Reinforce ulna	Y		A2	43.0648	$1,804.33
25492	Reinforce radius and ulna	Y		A2	43.0648	$1,804.33
25500	Treat fracture of radius	Y		P2	1.4839	$62.17
25505	Treat fracture of radius	Y		A2	4.7807	$200.30
25515	Treat fracture of radius	Y		A2	43.7071	$1,831.24
25520	Treat fracture of radius	Y		A2	4.7807	$200.30
25525	Treat fracture of radius	Y		A2	43.7071	$1,831.24
25526	Treat fracture of radius	Y		A2	43.7071	$1,831.24
25530	Treat fracture of ulna	Y		P2	1.4839	$62.17
25535	Treat fracture of ulna	Y		A2	1.4841	$62.17

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
25545	Treat fracture of ulna	Y		A2	43.7071	$1,831.24
25560	Treat fracture radius & ulna	Y		P2	1.4839	$62.17
25565	Treat fracture radius & ulna	Y		A2	4.7807	$200.30
25574	Treat fracture radius & ulna	Y		A2	60.5167	$2,535.53
25575	Treat fracture radius/ulna	Y		A2	60.5167	$2,535.53
25600	Treat fracture radius/ulna	Y		P2	1.4839	$62.17
25605	Treat fracture radius/ulna	Y		A2	4.7807	$200.30
25606	Treat fx distal radial	Y		A2	24.2634	$1,016.59
25607	Treat fx rad extra-articul	Y		A2	60.5167	$2,535.53
25608	Treat fx rad intra-articul	Y		A2	60.5167	$2,535.53
25609	Treat fx radial 3+ frag	Y		A2	60.5167	$2,535.53
25622	Treat wrist bone fracture	Y		P2	1.4839	$62.17
25624	Treat wrist bone fracture	Y		A2	4.7807	$200.30
25628	Treat wrist bone fracture	Y		A2	43.7071	$1,831.24
25630	Treat wrist bone fracture	Y		P2	1.4839	$62.17
25635	Treat wrist bone fracture	Y		A2	4.7807	$200.30
25645	Treat wrist bone fracture	Y		A2	43.7071	$1,831.24
25650	Treat wrist bone fracture	Y		P2	1.4839	$62.17
25651	Pin ulnar styloid fracture	Y		G2	24.2634	$1,016.59
25652	Treat fracture ulnar styloid	Y		G2	43.7072	$1,831.24
25660	Treat wrist dislocation	Y		A2	1.4841	$62.17
25670	Treat wrist dislocation	Y		A2	24.2634	$1,016.59
25671	Pin radioulnar dislocation	Y		A2	24.2634	$1,016.59
25675	Treat wrist dislocation	Y		A2	1.4841	$62.17
25676	Treat wrist dislocation	Y		A2	24.2634	$1,016.59
25680	Treat wrist fracture	Y		A2	1.4841	$62.17
25685	Treat wrist fracture	Y		A2	24.2634	$1,016.59
25690	Treat wrist dislocation	Y		A2	19.0792	$799.38
25695	Treat wrist dislocation	Y		A2	24.2634	$1,016.59
25800	Fusion of wrist joint	Y		A2	80.4692	$3,371.49
25805	Fusion/graft of wrist joint	Y		A2	80.4692	$3,371.49
25810	Fusion/graft of wrist joint	Y		A2	80.4692	$3,371.49
25820	Fusion of hand bones	Y		A2	43.0648	$1,804.33
25825	Fuse hand bones with graft	Y		A2	80.4692	$3,371.49
25830	Fusion, radioulnar jnt/ulna	Y		A2	80.4692	$3,371.49
25907	Amputation follow-up surgery	Y		A2	21.1115	$884.53
25922	Amputate hand at wrist	Y		A2	21.1115	$884.53
25929	Amputation follow-up surgery	Y		A2	15.5759	$652.60
25931	Amputation follow-up surgery	Y		G2	21.1114	$884.53

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
26010	Drainage of finger abscess	Y		P2	1.358	$56.90
26011	Drainage of finger abscess	Y		A2	12.1142	$507.56
26020	Drain hand tendon sheath	Y		A2	15.7852	$661.37
26025	Drainage of palm bursa	Y		A2	15.7852	$661.37
26030	Drainage of palm bursa(s)	Y		A2	15.7852	$661.37
26034	Treat hand bone lesion	Y		A2	15.7852	$661.37
26035	Decompress fingers/hand	Y		G2	15.7852	$661.37
26037	Decompress fingers/hand	Y		G2	15.7852	$661.37
26040	Release palm contracture	Y		A2	15.7852	$661.37
26045	Release palm contracture	Y		A2	27.1049	$1,135.64
26055	Incise finger tendon sheath	Y		A2	15.7852	$661.37
26060	Incision of finger tendon	Y		A2	15.7852	$661.37
26070	Explore/treat hand joint	Y		A2	15.7852	$661.37
26075	Explore/treat finger joint	Y		A2	15.7852	$661.37
26080	Explore/treat finger joint	Y		A2	15.7852	$661.37
26100	Biopsy hand joint lining	Y		A2	15.7852	$661.37
26105	Biopsy finger joint lining	Y		A2	15.7852	$661.37
26110	Biopsy finger joint lining	Y		A2	15.7852	$661.37
26111	Exc hand les sc > 1.5 cm	Y		G2	21.9314	$918.88
26113	Exc hand tum deep > 1.5 cm	Y		G2	21.9314	$918.88
26115*	Exc hand les sc < 1.5 cm	Y		P3		$274.74
26116	Exc hand tum deep < 1.5 cm	Y		G2	16.5641	$694.00
26117	Exc hand tum ra < 3 cm	Y		G2	16.5641	$694.00
26118	Exc hand tum ra > 3 cm	Y		G2	21.9314	$918.88
26121	Release palm contracture	Y		A2	27.1049	$1,135.64
26123	Release palm contracture	Y		A2	27.1049	$1,135.64
26125	Release palm contracture	Y		A2	15.7852	$661.37
26130	Remove wrist joint lining	Y		A2	15.7852	$661.37
26135	Revise finger joint, each	Y		A2	27.1049	$1,135.64
26140	Revise finger joint, each	Y		A2	15.7852	$661.37
26145	Tendon excision, palm/finger	Y		A2	15.7852	$661.37
26160	Remove tendon sheath lesion	Y		A2	15.7852	$661.37
26170	Removal of palm tendon, each	Y		A2	15.7852	$661.37
26180	Removal of finger tendon	Y		A2	15.7852	$661.37
26185	Remove finger bone	Y		A2	15.7852	$661.37
26200	Remove hand bone lesion	Y		A2	15.7852	$661.37
26205	Remove/graft bone lesion	Y		A2	27.1049	$1,135.64
26210	Removal of finger lesion	Y		A2	15.7852	$661.37
26215	Remove/graft finger lesion	Y		A2	15.7852	$661.37

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
26230	Partial removal of hand bone	Y		A2	15.7852	$661.37
26235	Partial removal, finger bone	Y		A2	15.7852	$661.37
26236	Partial removal, finger bone	Y		A2	15.7852	$661.37
26250	Extensive hand surgery	Y		A2	15.7852	$661.37
26260	Resect prox finger tumor	Y		A2	15.7852	$661.37
26262	Resect distal finger tumor	Y		A2	15.7852	$661.37
26320	Removal of implant from hand	Y		A2	16.564	$694.00
26340	Manipulate finger w/anesth	Y		G2	4.7807	$200.30
26350	Repair finger/hand tendon	Y		A2	27.1049	$1,135.64
26352	Repair/graft hand tendon	Y		A2	27.1049	$1,135.64
26356	Repair finger/hand tendon	Y		A2	27.1049	$1,135.64
26357	Repair finger/hand tendon	Y		A2	27.1049	$1,135.64
26358	Repair/graft hand tendon	Y		A2	27.1049	$1,135.64
26370	Repair finger/hand tendon	Y		A2	27.1049	$1,135.64
26372	Repair/graft hand tendon	Y		A2	27.1049	$1,135.64
26373	Repair finger/hand tendon	Y		A2	27.1049	$1,135.64
26390	Revise hand/finger tendon	Y		A2	27.1049	$1,135.64
26392	Repair/graft hand tendon	Y		A2	27.1049	$1,135.64
26410	Repair hand tendon	Y		A2	15.7852	$661.37
26412	Repair/graft hand tendon	Y		A2	27.1049	$1,135.64
26415	Excision, hand/finger tendon	Y		A2	27.1049	$1,135.64
26416	Graft hand or finger tendon	Y		A2	27.1049	$1,135.64
26418	Repair finger tendon	Y		A2	15.7852	$661.37
26420	Repair/graft finger tendon	Y		A2	27.1049	$1,135.64
26426	Repair finger/hand tendon	Y		A2	27.1049	$1,135.64
26428	Repair/graft finger tendon	Y		A2	27.1049	$1,135.64
26432	Repair finger tendon	Y		A2	15.7852	$661.37
26433	Repair finger tendon	Y		A2	15.7852	$661.37
26434	Repair/graft finger tendon	Y		A2	27.1049	$1,135.64
26437	Realignment of tendons	Y		A2	15.7852	$661.37
26440	Release palm/finger tendon	Y		A2	15.7852	$661.37
26442	Release palm & finger tendon	Y		A2	27.1049	$1,135.64
26445	Release hand/finger tendon	Y		A2	15.7852	$661.37
26449	Release forearm/hand tendon	Y		A2	27.1049	$1,135.64
26450	Incision of palm tendon	Y		A2	15.7852	$661.37
26455	Incision of finger tendon	Y		A2	15.7852	$661.37
26460	Incise hand/finger tendon	Y		A2	15.7852	$661.37
26471	Fusion of finger tendons	Y		A2	15.7852	$661.37
26474	Fusion of finger tendons	Y		A2	15.7852	$661.37

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
26476	Tendon lengthening	Y		A2	15.7852	$661.37
26477	Tendon shortening	Y		A2	15.7852	$661.37
26478	Lengthening of hand tendon	Y		A2	15.7852	$661.37
26479	Shortening of hand tendon	Y		A2	15.7852	$661.37
26480	Transplant hand tendon	Y		A2	27.1049	$1,135.64
26483	Transplant/graft hand tendon	Y		A2	27.1049	$1,135.64
26485	Transplant palm tendon	Y		A2	27.1049	$1,135.64
26489	Transplant/graft palm tendon	Y		A2	27.1049	$1,135.64
26490	Revise thumb tendon	Y		A2	27.1049	$1,135.64
26492	Tendon transfer with graft	Y		A2	27.1049	$1,135.64
26494	Hand tendon/muscle transfer	Y		A2	27.1049	$1,135.64
26496	Revise thumb tendon	Y		A2	27.1049	$1,135.64
26497	Finger tendon transfer	Y		A2	27.1049	$1,135.64
26498	Finger tendon transfer	Y		A2	27.1049	$1,135.64
26499	Revision of finger	Y		A2	27.1049	$1,135.64
26500	Hand tendon reconstruction	Y		A2	15.7852	$661.37
26502	Hand tendon reconstruction	Y		A2	27.1049	$1,135.64
26508	Release thumb contracture	Y		A2	15.7852	$661.37
26510	Thumb tendon transfer	Y		A2	27.1049	$1,135.64
26516	Fusion of knuckle joint	Y		A2	27.1049	$1,135.64
26517	Fusion of knuckle joints	Y		A2	27.1049	$1,135.64
26518	Fusion of knuckle joints	Y		A2	27.1049	$1,135.64
26520	Release knuckle contracture	Y		A2	15.7852	$661.37
26525	Release finger contracture	Y		A2	15.7852	$661.37
26530	Revise knuckle joint	Y		A2	35.5174	$1,488.11
26531	Revise knuckle with implant	Y		A2	54.7826	$2,295.28
26535	Revise finger joint	Y		A2	35.5174	$1,488.11
26536	Revise/implant finger joint	Y		A2	54.7826	$2,295.28
26540	Repair hand joint	Y		A2	15.7852	$661.37
26541	Repair hand joint with graft	Y		A2	27.1049	$1,135.64
26542	Repair hand joint with graft	Y		A2	15.7852	$661.37
26545	Reconstruct finger joint	Y		A2	27.1049	$1,135.64
26546	Repair nonunion hand	Y		A2	27.1049	$1,135.64
26548	Reconstruct finger joint	Y		A2	27.1049	$1,135.64
26550	Construct thumb replacement	Y		A2	27.1049	$1,135.64
26555	Positional change of finger	Y		A2	27.1049	$1,135.64
26560	Repair of web finger	Y		A2	15.7852	$661.37
26561	Repair of web finger	Y		A2	27.1049	$1,135.64
26562	Repair of web finger	Y		A2	27.1049	$1,135.64

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
26565	Correct metacarpal flaw	Y		A2	27.1049	$1,135.64
26567	Correct finger deformity	Y		A2	27.1049	$1,135.64
26568	Lengthen metacarpal/finger	Y		A2	27.1049	$1,135.64
26580	Repair hand deformity	Y		A2	15.7852	$661.37
26587	Reconstruct extra finger	Y		A2	15.7852	$661.37
26590	Repair finger deformity	Y		A2	15.7852	$661.37
26591	Repair muscles of hand	Y		A2	27.1049	$1,135.64
26593	Release muscles of hand	Y		A2	15.7852	$661.37
26596	Excision constricting tissue	Y		A2	15.7852	$661.37
26600	Treat metacarpal fracture	Y		P2	1.4839	$62.17
26605	Treat metacarpal fracture	Y		A2	1.4841	$62.17
26607	Treat metacarpal fracture	Y		A2	19.0792	$799.38
26608	Treat metacarpal fracture	Y		A2	24.2634	$1,016.59
26615	Treat metacarpal fracture	Y		A2	43.7071	$1,831.24
26641	Treat thumb dislocation	Y		P2	1.4839	$62.17
26645	Treat thumb fracture	Y		A2	4.7807	$200.30
26650	Treat thumb fracture	Y		A2	24.2634	$1,016.59
26665	Treat thumb fracture	Y		A2	43.7071	$1,831.24
26670	Treat hand dislocation	Y		P2	1.4839	$62.17
26675	Treat hand dislocation	Y		A2	4.7807	$200.30
26676	Pin hand dislocation	Y		A2	24.2634	$1,016.59
26685	Treat hand dislocation	Y		A2	24.2634	$1,016.59
26686	Treat hand dislocation	Y		A2	60.5167	$2,535.53
26700	Treat knuckle dislocation	Y		P2	1.4839	$62.17
26705	Treat knuckle dislocation	Y		A2	1.4841	$62.17
26706	Pin knuckle dislocation	Y		A2	19.0792	$799.38
26715	Treat knuckle dislocation	Y		A2	24.2634	$1,016.59
26720	Treat finger fracture, each	Y		P2	1.4839	$62.17
26725	Treat finger fracture, each	Y		P2	1.4839	$62.17
26727	Treat finger fracture, each	Y		A2	24.2634	$1,016.59
26735	Treat finger fracture, each	Y		A2	24.2634	$1,016.59
26740	Treat finger fracture, each	Y		P2	1.4839	$62.17
26742	Treat finger fracture, each	Y		A2	1.4841	$62.17
26746	Treat finger fracture, each	Y		A2	24.2634	$1,016.59
26750	Treat finger fracture, each	Y		P2	1.4839	$62.17
26755	Treat finger fracture, each	Y		G2	1.4839	$62.17
26756	Pin finger fracture, each	Y		A2	24.2634	$1,016.59
26765	Treat finger fracture, each	Y		A2	24.2634	$1,016.59
26770	Treat finger dislocation	Y		G2	1.4839	$62.17

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
26775	Treat finger dislocation	Y		P3		$148.29
26776	Pin finger dislocation	Y		A2	24.2634	$1,016.59
26785	Treat finger dislocation	Y		A2	24.2634	$1,016.59
26820	Thumb fusion with graft	Y		A2	27.1049	$1,135.64
26841	Fusion of thumb	Y		A2	27.1049	$1,135.64
26842	Thumb fusion with graft	Y		A2	27.1049	$1,135.64
26843	Fusion of hand joint	Y		A2	27.1049	$1,135.64
26844	Fusion/graft of hand joint	Y		A2	27.1049	$1,135.64
26850	Fusion of knuckle	Y		A2	27.1049	$1,135.64
26852	Fusion of knuckle with graft	Y		A2	27.1049	$1,135.64
26860	Fusion of finger joint	Y		A2	27.1049	$1,135.64
26861	Fusion of finger jnt, add-on	Y		A2	27.1049	$1,135.64
26862	Fusion/graft of finger joint	Y		A2	27.1049	$1,135.64
26863	Fuse/graft added joint	Y		A2	27.1049	$1,135.64
26910	Amputate metacarpal bone	Y		A2	27.1049	$1,135.64
26951	Amputation of finger/thumb	Y		A2	15.7852	$661.37
26952	Amputation of finger/thumb	Y		A2	15.7852	$661.37
26990	Drainage of pelvis lesion	Y		A2	21.1115	$884.53
26991	Drainage of pelvis bursa	Y		A2	21.1115	$884.53
27000	Incision of hip tendon	Y		A2	21.1115	$884.53
27001	Incision of hip tendon	Y		A2	29.4747	$1,234.93
27003	Incision of hip tendon	Y		A2	29.4747	$1,234.93
27033	Exploration of hip joint	Y		A2	43.0648	$1,804.33
27035	Denervation of hip joint	Y		A2	43.0648	$1,804.33
27040	Biopsy of soft tissues	Y		A2	7.9784	$334.28
27041	Biopsy of soft tissues	Y		A2	7.9784	$334.28
27043	Exc hip pelvis les sc > 3 cm	Y		G2	21.9314	$918.88
27045	Exc hip/pelv tum deep > 5 cm	Y		G2	21.9314	$918.88
27047*	Exc hip/pelvis les sc < 3 cm	Y		P3		$197.15
27048	Exc hip/pelv tum deep < 5 cm	Y		G2	16.5641	$694.00
27049	Resect hip/pelv tum < 5 cm	Y		G2	16.5641	$694.00
27050	Biopsy of sacroiliac joint	Y		A2	21.1115	$884.53
27052	Biopsy of hip joint	Y		A2	21.1115	$884.53
27059	Resect hip/pelv tum > 5 cm	Y		G2	21.9314	$918.88
27060	Removal of ischial bursa	Y		A2	21.1115	$884.53
27062	Remove femur lesion/bursa	Y		A2	21.1115	$884.53
27065	Removal of hip bone lesion	Y		A2	21.1115	$884.53
27066	Removal of hip bone lesion	Y		A2	29.4747	$1,234.93
27067	Remove/graft hip bone lesion	Y		A2	29.4747	$1,234.93

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
27080	Removal of tail bone	Y		A2	29.4747	$1,234.93
27086	Remove hip foreign body	Y		A2	7.9784	$334.28
27087	Remove hip foreign body	Y		A2	21.1115	$884.53
27093	Injection for hip x-ray	N		N1		
27095	Injection for hip x-ray	N		N1		
27097	Revision of hip tendon	Y		A2	29.4747	$1,234.93
27098	Transfer tendon to pelvis	Y		A2	29.4747	$1,234.93
27100	Transfer of abdominal muscle	Y		A2	43.0648	$1,804.33
27105	Transfer of spinal muscle	Y		A2	43.0648	$1,804.33
27110	Transfer of iliopsoas muscle	Y		A2	43.0648	$1,804.33
27111	Transfer of iliopsoas muscle	Y		A2	43.0648	$1,804.33
27193	Treat pelvic ring fracture	Y		A2	1.4841	$62.17
27194	Treat pelvic ring fracture	Y		A2	14.1484	$592.79
27200	Treat tail bone fracture	Y		P2	1.4839	$62.17
27202	Treat tail bone fracture	Y		A2	43.7071	$1,831.24
27220	Treat hip socket fracture	Y		G2	1.4839	$62.17
27230	Treat thigh fracture	Y		A2	1.4841	$62.17
27238	Treat thigh fracture	Y		A2	4.7807	$200.30
27246	Treat thigh fracture	Y		A2	4.7807	$200.30
27250	Treat hip dislocation	Y		A2	1.4841	$62.17
27252	Treat hip dislocation	Y		A2	14.1484	$592.79
27256	Treat hip dislocation	Y		G2	1.4839	$62.17
27257	Treat hip dislocation	Y		A2	14.1484	$592.79
27265	Treat hip dislocation	Y		A2	1.4841	$62.17
27266	Treat hip dislocation	Y		A2	14.1484	$592.79
27267	Cltx thigh fx	Y		G2	1.4839	$62.17
27275	Manipulation of hip joint	Y		A2	14.1484	$592.79
27301	Drain thigh/knee lesion	Y		A2	18.4054	$771.15
27305	Incise thigh tendon & fascia	Y		A2	21.1115	$884.53
27306	Incision of thigh tendon	Y		A2	21.1115	$884.53
27307	Incision of thigh tendons	Y		A2	21.1115	$884.53
27310	Exploration of knee joint	Y		A2	29.4747	$1,234.93
27323	Biopsy, thigh soft tissues	Y		A2	7.9784	$334.28
27324	Biopsy, thigh soft tissues	Y		A2	21.9314	$918.88
27325	Neurectomy, hamstring	Y		A2	17.5922	$737.08
27326	Neurectomy, popliteal	Y		A2	17.5922	$737.08
27327*	Exc thigh/knee les sc < 3 cm	Y		P3		$191.01
27328	Exc thigh/knee tum deep <5cm	Y		G2	16.5641	$694.00
27329	Resect thigh/knee tum < 5 cm	Y		G2	16.5641	$694.00

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
27330	Biopsy, knee joint lining	Y		A2	29.4747	$1,234.93
27331	Explore/treat knee joint	Y		A2	29.4747	$1,234.93
27332	Removal of knee cartilage	Y		A2	29.4747	$1,234.93
27333	Removal of knee cartilage	Y		A2	29.4747	$1,234.93
27334	Remove knee joint lining	Y		A2	29.4747	$1,234.93
27335	Remove knee joint lining	Y		A2	29.4747	$1,234.93
27337	Exc thigh/knee les sc > 3 cm	Y		G2	21.9314	$918.88
27339	Exc thigh/knee tum deep >5cm	Y		G2	21.9314	$918.88
27340	Removal of kneecap bursa	Y		A2	21.1115	$884.53
27345	Removal of knee cyst	Y		A2	21.1115	$884.53
27347	Remove knee cyst	Y		A2	21.1115	$884.53
27350	Removal of kneecap	Y		A2	29.4747	$1,234.93
27355	Remove femur lesion	Y		A2	29.4747	$1,234.93
27356	Remove femur lesion/graft	Y		A2	29.4747	$1,234.93
27357	Remove femur lesion/graft	Y		A2	29.4747	$1,234.93
27358	Remove femur lesion/fixation	Y		A2	29.4747	$1,234.93
27360	Partial removal, leg bone(s)	Y		A2	29.4747	$1,234.93
27364	Resect thigh/knee tum >5 cm	Y		G2	21.9314	$918.88
27370	Injection for knee x-ray	N		N1		
27372	Removal of foreign body	Y		A2	21.9314	$918.88
27380	Repair of kneecap tendon	Y		A2	21.1115	$884.53
27381	Repair/graft kneecap tendon	Y		A2	21.1115	$884.53
27385	Repair of thigh muscle	Y		A2	21.1115	$884.53
27386	Repair/graft of thigh muscle	Y		A2	21.1115	$884.53
27390	Incision of thigh tendon	Y		A2	21.1115	$884.53
27391	Incision of thigh tendons	Y		A2	21.1115	$884.53
27392	Incision of thigh tendons	Y		A2	21.1115	$884.53
27393	Lengthening of thigh tendon	Y		A2	29.4747	$1,234.93
27394	Lengthening of thigh tendons	Y		A2	29.4747	$1,234.93
27395	Lengthening of thigh tendons	Y		A2	43.0648	$1,804.33
27396	Transplant of thigh tendon	Y		A2	29.4747	$1,234.93
27397	Transplants of thigh tendons	Y		A2	43.0648	$1,804.33
27400	Revise thigh muscles/tendons	Y		A2	43.0648	$1,804.33
27403	Repair of knee cartilage	Y		A2	29.4747	$1,234.93
27405	Repair of knee ligament	Y		A2	43.0648	$1,804.33
27407	Repair of knee ligament	Y		A2	80.4692	$3,371.49
27409	Repair of knee ligaments	Y		A2	80.4692	$3,371.49
27416	Osteochondral knee autograft	Y		G2	43.0649	$1,804.33
27418	Repair degenerated kneecap	Y		A2	43.0648	$1,804.33

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
27420	Revision of unstable kneecap	Y		A2	43.0648	$1,804.33
27422	Revision of unstable kneecap	Y		A2	43.0648	$1,804.33
27424	Revision/removal of kneecap	Y		A2	43.0648	$1,804.33
27425	Lat retinacular release open	Y		A2	29.4747	$1,234.93
27427	Reconstruction, knee	Y		A2	80.4692	$3,371.49
27428	Reconstruction, knee	Y		A2	80.4692	$3,371.49
27429	Reconstruction, knee	Y		A2	80.4692	$3,371.49
27430	Revision of thigh muscles	Y		A2	43.0648	$1,804.33
27435	Incision of knee joint	Y		A2	43.0648	$1,804.33
27437	Revise kneecap	Y		A2	35.5174	$1,488.11
27438	Revise kneecap with implant	Y		A2	54.7826	$2,295.28
27440	Revision of knee joint	Y		G2	35.5174	$1,488.11
27441	Revision of knee joint	Y		A2	35.5174	$1,488.11
27442	Revision of knee joint	Y		A2	35.5174	$1,488.11
27443	Revision of knee joint	Y		A2	35.5174	$1,488.11
27446	Revision of knee joint	Y		J8	162.8173	$6,821.72
27475	Surgery to stop leg growth	Y		G2	29.4746	$1,234.93
27479	Surgery to stop leg growth	Y		G2	29.4746	$1,234.93
27496	Decompression of thigh/knee	Y		A2	29.4747	$1,234.93
27497	Decompression of thigh/knee	Y		A2	21.1115	$884.53
27498	Decompression of thigh/knee	Y		A2	29.4747	$1,234.93
27499	Decompression of thigh/knee	Y		A2	29.4747	$1,234.93
27500	Treatment of thigh fracture	Y		A2	4.7807	$200.30
27501	Treatment of thigh fracture	Y		A2	1.4841	$62.17
27502	Treatment of thigh fracture	Y		A2	19.0792	$799.38
27503	Treatment of thigh fracture	Y		A2	1.4841	$62.17
27508	Treatment of thigh fracture	Y		A2	1.4841	$62.17
27509	Treatment of thigh fracture	Y		A2	24.2634	$1,016.59
27510	Treatment of thigh fracture	Y		A2	4.7807	$200.30
27516	Treat thigh fx growth plate	Y		A2	1.4841	$62.17
27517	Treat thigh fx growth plate	Y		A2	1.4841	$62.17
27520	Treat kneecap fracture	Y		A2	1.4841	$62.17
27530	Treat knee fracture	Y		A2	1.4841	$62.17
27532	Treat knee fracture	Y		A2	19.0792	$799.38
27538	Treat knee fracture(s)	Y		A2	1.4841	$62.17
27550	Treat knee dislocation	Y		A2	1.4841	$62.17
27552	Treat knee dislocation	Y		A2	14.1484	$592.79
27560	Treat kneecap dislocation	Y		A2	1.4841	$62.17
27562	Treat kneecap dislocation	Y		A2	14.1484	$592.79

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
27566	Treat kneecap dislocation	Y		A2	43.7071	$1,831.24
27570	Fixation of knee joint	Y		A2	14.1484	$592.79
27594	Amputation follow-up surgery	Y		A2	21.1115	$884.53
27600	Decompression of lower leg	Y		A2	21.1115	$884.53
27601	Decompression of lower leg	Y		A2	21.1115	$884.53
27602	Decompression of lower leg	Y		A2	21.1115	$884.53
27603	Drain lower leg lesion	Y		A2	18.4054	$771.15
27604	Drain lower leg bursa	Y		A2	21.1115	$884.53
27605	Incision of achilles tendon	Y		A2	20.632	$864.44
27606	Incision of achilles tendon	Y		A2	21.1115	$884.53
27607	Treat lower leg bone lesion	Y		A2	21.1115	$884.53
27610	Explore/treat ankle joint	Y		A2	29.4747	$1,234.93
27612	Exploration of ankle joint	Y		A2	29.4747	$1,234.93
27613	Biopsy lower leg soft tissue	Y		P3		$114.41
27614	Biopsy lower leg soft tissue	Y		A2	21.9314	$918.88
27615	Resect leg/ankle tum < 5 cm	Y		G2	16.5641	$694.00
27616	Resect leg/ankle tum > 5 cm	Y		G2	21.9314	$918.88
27618*	Exc leg/ankle tum < 3 cm	Y		P3		$193.96
27619	Exc leg/ankle tum deep <5 cm	Y		G2	16.5641	$694.00
27620	Explore/treat ankle joint	Y		A2	29.4747	$1,234.93
27625	Remove ankle joint lining	Y		A2	29.4747	$1,234.93
27626	Remove ankle joint lining	Y		A2	29.4747	$1,234.93
27630	Removal of tendon lesion	Y		A2	21.1115	$884.53
27632	Exc leg/ankle les sc > 3 cm	Y		G2	21.9314	$918.88
27634	Exc leg/ankle tum deep >5 cm	Y		G2	21.9314	$918.88
27635	Remove lower leg bone lesion	Y		A2	29.4747	$1,234.93
27637	Remove/graft leg bone lesion	Y		A2	29.4747	$1,234.93
27638	Remove/graft leg bone lesion	Y		A2	29.4747	$1,234.93
27640	Partial removal of tibia	Y		A2	43.0648	$1,804.33
27641	Partial removal of fibula	Y		A2	29.4747	$1,234.93
27647	Resect talus/calcaneus tum	Y		A2	43.0648	$1,804.33
27648	Injection for ankle x-ray	N		N1		
27650	Repair achilles tendon	Y		A2	43.0648	$1,804.33
27652	Repair/graft achilles tendon	Y		A2	80.4692	$3,371.49
27654	Repair of achilles tendon	Y		A2	43.0648	$1,804.33
27656	Repair leg fascia defect	Y		A2	21.1115	$884.53
27658	Repair of leg tendon, each	Y		A2	21.1115	$884.53
27659	Repair of leg tendon, each	Y		A2	21.1115	$884.53
27664	Repair of leg tendon, each	Y		A2	29.4747	$1,234.93

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
27665	Repair of leg tendon, each	Y		A2	29.4747	$1,234.93
27675	Repair lower leg tendons	Y		A2	21.1115	$884.53
27676	Repair lower leg tendons	Y		A2	29.4747	$1,234.93
27680	Release of lower leg tendon	Y		A2	29.4747	$1,234.93
27681	Release of lower leg tendons	Y		A2	29.4747	$1,234.93
27685	Revision of lower leg tendon	Y		A2	29.4747	$1,234.93
27686	Revise lower leg tendons	Y		A2	29.4747	$1,234.93
27687	Revision of calf tendon	Y		A2	29.4747	$1,234.93
27690	Revise lower leg tendon	Y		A2	43.0648	$1,804.33
27691	Revise lower leg tendon	Y		A2	43.0648	$1,804.33
27692	Revise additional leg tendon	Y		A2	43.0648	$1,804.33
27695	Repair of ankle ligament	Y		A2	29.4747	$1,234.93
27696	Repair of ankle ligaments	Y		A2	29.4747	$1,234.93
27698	Repair of ankle ligament	Y		A2	29.4747	$1,234.93
27700	Revision of ankle joint	Y		A2	35.5174	$1,488.11
27704	Removal of ankle implant	Y		A2	21.1115	$884.53
27705	Incision of tibia	Y		A2	43.0648	$1,804.33
27707	Incision of fibula	Y		A2	21.1115	$884.53
27709	Incision of tibia & fibula	Y		A2	29.4747	$1,234.93
27720	Repair of tibia	Y		G2	43.7072	$1,831.24
27726	Repair fibula nonunion	Y		G2	43.7072	$1,831.24
27730	Repair of tibia epiphysis	Y		A2	29.4747	$1,234.93
27732	Repair of fibula epiphysis	Y		A2	29.4747	$1,234.93
27734	Repair lower leg epiphyses	Y		A2	29.4747	$1,234.93
27740	Repair of leg epiphyses	Y		A2	29.4747	$1,234.93
27742	Repair of leg epiphyses	Y		A2	43.0648	$1,804.33
27745	Reinforce tibia	Y		A2	80.4692	$3,371.49
27750	Treatment of tibia fracture	Y		A2	1.4841	$62.17
27752	Treatment of tibia fracture	Y		A2	19.0792	$799.38
27756	Treatment of tibia fracture	Y		A2	24.2634	$1,016.59
27758	Treatment of tibia fracture	Y		A2	43.7071	$1,831.24
27759	Treatment of tibia fracture	Y		A2	60.5167	$2,535.53
27760	Cltx medial ankle fx	Y		A2	1.4841	$62.17
27762	Cltx med ankle fx w/mnpj	Y		A2	19.0792	$799.38
27766	Optx medial ankle fx	Y		A2	43.7071	$1,831.24
27767	Cltx post ankle fx	Y	CH	P2	1.4839	$62.17
27768	Cltx post ankle fx w/mnpj	Y		G2	1.4839	$62.17
27769	Optx post ankle fx	Y		G2	43.7072	$1,831.24
27780	Treatment of fibula fracture	Y		A2	1.4841	$62.17

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
27781	Treatment of fibula fracture	Y		A2	19.0792	$799.38
27784	Treatment of fibula fracture	Y		A2	43.7071	$1,831.24
27786	Treatment of ankle fracture	Y		A2	1.4841	$62.17
27788	Treatment of ankle fracture	Y		A2	1.4841	$62.17
27792	Treatment of ankle fracture	Y		A2	43.7071	$1,831.24
27808	Treatment of ankle fracture	Y		A2	1.4841	$62.17
27810	Treatment of ankle fracture	Y		A2	4.7807	$200.30
27814	Treatment of ankle fracture	Y		A2	43.7071	$1,831.24
27816	Treatment of ankle fracture	Y		A2	1.4841	$62.17
27818	Treatment of ankle fracture	Y		A2	4.7807	$200.30
27822	Treatment of ankle fracture	Y		A2	43.7071	$1,831.24
27823	Treatment of ankle fracture	Y		A2	60.5167	$2,535.53
27824	Treat lower leg fracture	Y		A2	1.4841	$62.17
27825	Treat lower leg fracture	Y		A2	19.0792	$799.38
27826	Treat lower leg fracture	Y		A2	43.7071	$1,831.24
27827	Treat lower leg fracture	Y		A2	60.5167	$2,535.53
27828	Treat lower leg fracture	Y		A2	60.5167	$2,535.53
27829	Treat lower leg joint	Y		A2	43.7071	$1,831.24
27830	Treat lower leg dislocation	Y		A2	1.4841	$62.17
27831	Treat lower leg dislocation	Y		A2	19.0792	$799.38
27832	Treat lower leg dislocation	Y		A2	43.7071	$1,831.24
27840	Treat ankle dislocation	Y		A2	4.7807	$200.30
27842	Treat ankle dislocation	Y		A2	14.1484	$592.79
27846	Treat ankle dislocation	Y		A2	43.7071	$1,831.24
27848	Treat ankle dislocation	Y		A2	43.7071	$1,831.24
27860	Fixation of ankle joint	Y		A2	14.1484	$592.79
27870	Fusion of ankle joint, open	Y		A2	80.4692	$3,371.49
27871	Fusion of tibiofibular joint	Y		A2	80.4692	$3,371.49
27884	Amputation follow-up surgery	Y		A2	21.1115	$884.53
27889	Amputation of foot at ankle	Y		A2	29.4747	$1,234.93
27892	Decompression of leg	Y		A2	29.4747	$1,234.93
27893	Decompression of leg	Y		A2	29.4747	$1,234.93
27894	Decompression of leg	Y		A2	29.4747	$1,234.93
28001	Drainage of bursa of foot	Y		P3		$114.41
28002	Treatment of foot infection	Y		A2	21.1115	$884.53
28003	Treatment of foot infection	Y		A2	21.1115	$884.53
28005	Treat foot bone lesion	Y		A2	20.632	$864.44
28008	Incision of foot fascia	Y		A2	20.632	$864.44
28010	Incision of toe tendon	Y		P3		$83.72

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
28011	Incision of toe tendons	Y		A2	20.632	$864.44
28020	Exploration of foot joint	Y		A2	20.632	$864.44
28022	Exploration of foot joint	Y		A2	20.632	$864.44
28024	Exploration of toe joint	Y		A2	20.632	$864.44
28035	Decompression of tibia nerve	Y		A2	17.5922	$737.08
28039*	Exc foot/toe tum sc > 1.5 cm	Y		P3		$201.57
28041*	Exc foot/toe tum deep >1.5cm	Y		R2	21.9314	$918.88
28043*	Exc foot/toe tum sc < 1.5 cm	Y		P3		$156.64
28045*	Exc foot/toe tum deep <1.5cm	Y		P3		$203.29
28046*	Resect foot/toe tumor < 3 cm	Y		R2	16.5641	$694.00
28047	Resect foot/toe tumor > 3 cm	Y		G2	21.9314	$918.88
28050	Biopsy of foot joint lining	Y		A2	20.632	$864.44
28052	Biopsy of foot joint lining	Y		A2	20.632	$864.44
28054	Biopsy of toe joint lining	Y		A2	20.632	$864.44
28055	Neurectomy, foot	Y		A2	17.5922	$737.08
28060	Partial removal, foot fascia	Y		A2	20.632	$864.44
28062	Removal of foot fascia	Y		A2	20.632	$864.44
28070	Removal of foot joint lining	Y		A2	20.632	$864.44
28072	Removal of foot joint lining	Y		A2	20.632	$864.44
28080	Removal of foot lesion	Y		A2	20.632	$864.44
28086	Excise foot tendon sheath	Y		A2	20.632	$864.44
28088	Excise foot tendon sheath	Y		A2	20.632	$864.44
28090	Removal of foot lesion	Y		A2	20.632	$864.44
28092	Removal of toe lesions	Y		A2	20.632	$864.44
28100	Removal of ankle/heel lesion	Y		A2	20.632	$864.44
28102	Remove/graft foot lesion	Y		A2	50.4554	$2,113.98
28103	Remove/graft foot lesion	Y		A2	50.4554	$2,113.98
28104	Removal of foot lesion	Y		A2	20.632	$864.44
28106	Remove/graft foot lesion	Y		A2	50.4554	$2,113.98
28107	Remove/graft foot lesion	Y		A2	50.4554	$2,113.98
28108	Removal of toe lesions	Y		A2	20.632	$864.44
28110	Part removal of metatarsal	Y		A2	20.632	$864.44
28111	Part removal of metatarsal	Y		A2	20.632	$864.44
28112	Part removal of metatarsal	Y		A2	20.632	$864.44
28113	Part removal of metatarsal	Y		A2	20.632	$864.44
28114	Removal of metatarsal heads	Y		A2	20.632	$864.44
28116	Revision of foot	Y		A2	20.632	$864.44
28118	Removal of heel bone	Y		A2	20.632	$864.44
28119	Removal of heel spur	Y		A2	20.632	$864.44

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
28120	Part removal of ankle/heel	Y		A2	20.632	$864.44
28122	Partial removal of foot bone	Y		A2	20.632	$864.44
28124	Partial removal of toe	Y		P3		$194.94
28126	Partial removal of toe	Y		A2	20.632	$864.44
28130	Removal of ankle bone	Y		A2	20.632	$864.44
28140	Removal of metatarsal	Y		A2	20.632	$864.44
28150	Removal of toe	Y		A2	20.632	$864.44
28153	Partial removal of toe	Y		A2	20.632	$864.44
28160	Partial removal of toe	Y		A2	20.632	$864.44
28171	Resect tarsal tumor	Y		A2	20.632	$864.44
28173	Resect metatarsal tumor	Y		A2	20.632	$864.44
28175	Resect phalanx of toe tumor	Y		A2	20.632	$864.44
28190	Removal of foot foreign body	Y		P3		$118.83
28192	Removal of foot foreign body	Y		A2	16.564	$694.00
28193	Removal of foot foreign body	Y		A2	7.9784	$334.28
28200	Repair of foot tendon	Y		A2	20.632	$864.44
28202	Repair/graft of foot tendon	Y		A2	20.632	$864.44
28208	Repair of foot tendon	Y		A2	20.632	$864.44
28210	Repair/graft of foot tendon	Y		A2	50.4554	$2,113.98
28220	Release of foot tendon	Y		P3		$183.65
28222	Release of foot tendons	Y		A2	20.632	$864.44
28225	Release of foot tendon	Y		A2	20.632	$864.44
28226	Release of foot tendons	Y		A2	20.632	$864.44
28230	Incision of foot tendon(s)	Y		P3		$179.72
28232	Incision of toe tendon	Y		P3		$172.85
28234	Incision of foot tendon	Y		A2	20.632	$864.44
28238	Revision of foot tendon	Y		A2	50.4554	$2,113.98
28240	Release of big toe	Y		A2	20.632	$864.44
28250	Revision of foot fascia	Y		A2	20.632	$864.44
28260	Release of midfoot joint	Y		A2	20.632	$864.44
28261	Revision of foot tendon	Y		A2	20.632	$864.44
28262	Revision of foot and ankle	Y		A2	20.632	$864.44
28264	Release of midfoot joint	Y		A2	50.4554	$2,113.98
28270	Release of foot contracture	Y		A2	20.632	$864.44
28272	Release of toe joint, each	Y		P3		$166.22
28280	Fusion of toes	Y		A2	20.632	$864.44
28285	Repair of hammertoe	Y		A2	20.632	$864.44
28286	Repair of hammertoe	Y		A2	20.632	$864.44
28288	Partial removal of foot bone	Y		A2	20.632	$864.44

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
28289	Repair hallux rigidus	Y		A2	20.632	$864.44
28290	Correction of bunion	Y		A2	30.3473	$1,271.49
28292	Correction of bunion	Y		A2	30.3473	$1,271.49
28293	Correction of bunion	Y		A2	30.3473	$1,271.49
28294	Correction of bunion	Y		A2	30.3473	$1,271.49
28296	Correction of bunion	Y		A2	30.3473	$1,271.49
28297	Correction of bunion	Y		A2	30.3473	$1,271.49
28298	Correction of bunion	Y		A2	30.3473	$1,271.49
28299	Correction of bunion	Y		A2	30.3473	$1,271.49
28300	Incision of heel bone	Y		A2	50.4554	$2,113.98
28302	Incision of ankle bone	Y		A2	20.632	$864.44
28304	Incision of midfoot bones	Y		A2	50.4554	$2,113.98
28305	Incise/graft midfoot bones	Y		A2	50.4554	$2,113.98
28306	Incision of metatarsal	Y		A2	20.632	$864.44
28307	Incision of metatarsal	Y		A2	20.632	$864.44
28308	Incision of metatarsal	Y		A2	20.632	$864.44
28309	Incision of metatarsals	Y		A2	50.4554	$2,113.98
28310	Revision of big toe	Y		A2	20.632	$864.44
28312	Revision of toe	Y		A2	20.632	$864.44
28313	Repair deformity of toe	Y		A2	20.632	$864.44
28315	Removal of sesamoid bone	Y		A2	20.632	$864.44
28320	Repair of foot bones	Y		A2	50.4554	$2,113.98
28322	Repair of metatarsals	Y		A2	50.4554	$2,113.98
28340	Resect enlarged toe tissue	Y		A2	20.632	$864.44
28341	Resect enlarged toe	Y		A2	20.632	$864.44
28344	Repair extra toe(s)	Y		A2	20.632	$864.44
28345	Repair webbed toe(s)	Y		A2	20.632	$864.44
28400	Treatment of heel fracture	Y		A2	1.4841	$62.17
28405	Treatment of heel fracture	Y		A2	19.0792	$799.38
28406	Treatment of heel fracture	Y		A2	24.2634	$1,016.59
28415	Treat heel fracture	Y		A2	60.5167	$2,535.53
28420	Treat/graft heel fracture	Y		A2	43.7071	$1,831.24
28430	Treatment of ankle fracture	Y		P2	1.4839	$62.17
28435	Treatment of ankle fracture	Y		A2	1.4841	$62.17
28436	Treatment of ankle fracture	Y		A2	24.2634	$1,016.59
28445	Treat ankle fracture	Y		A2	43.7071	$1,831.24
28446	Osteochondral talus autogrft	Y		G2	50.4553	$2,113.98
28450	Treat midfoot fracture, each	Y		P2	1.4839	$62.17
28455	Treat midfoot fracture, each	Y		P2	1.4839	$62.17

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
28456	Treat midfoot fracture	Y		A2	24.2634	$1,016.59
28465	Treat midfoot fracture, each	Y		A2	43.7071	$1,831.24
28470	Treat metatarsal fracture	Y		P2	1.4839	$62.17
28475	Treat metatarsal fracture	Y		P2	1.4839	$62.17
28476	Treat metatarsal fracture	Y		A2	24.2634	$1,016.59
28485	Treat metatarsal fracture	Y		A2	43.7071	$1,831.24
28490	Treat big toe fracture	Y		P2	1.4839	$62.17
28495	Treat big toe fracture	Y		P2	1.4839	$62.17
28496	Treat big toe fracture	Y		A2	24.2634	$1,016.59
28505	Treat big toe fracture	Y		A2	24.2634	$1,016.59
28510	Treatment of toe fracture	Y		P3		$50.82
28515	Treatment of toe fracture	Y		P2	1.4839	$62.17
28525	Treat toe fracture	Y		A2	24.2634	$1,016.59
28530	Treat sesamoid bone fracture	Y		P3		$49.10
28531	Treat sesamoid bone fracture	Y		A2	24.2634	$1,016.59
28540	Treat foot dislocation	Y		P2	1.4839	$62.17
28545	Treat foot dislocation	Y		A2	24.2634	$1,016.59
28546	Treat foot dislocation	Y		A2	24.2634	$1,016.59
28555	Repair foot dislocation	Y		A2	43.7071	$1,831.24
28570	Treat foot dislocation	Y		P3		$68.75
28575	Treat foot dislocation	Y		A2	19.0792	$799.38
28576	Treat foot dislocation	Y		A2	24.2634	$1,016.59
28585	Repair foot dislocation	Y		A2	24.2634	$1,016.59
28600	Treat foot dislocation	Y		P2	1.4839	$62.17
28605	Treat foot dislocation	Y		A2	1.4841	$62.17
28606	Treat foot dislocation	Y		A2	24.2634	$1,016.59
28615	Repair foot dislocation	Y		A2	43.7071	$1,831.24
28630	Treat toe dislocation	Y	CH	P3		$56.22
28635	Treat toe dislocation	Y		A2	14.1484	$592.79
28636	Treat toe dislocation	Y		A2	24.2634	$1,016.59
28645	Repair toe dislocation	Y		A2	24.2634	$1,016.59
28660	Treat toe dislocation	Y		P3		$41.00
28665	Treat toe dislocation	Y		A2	14.1484	$592.79
28666	Treat toe dislocation	Y		A2	24.2634	$1,016.59
28675	Repair of toe dislocation	Y		A2	24.2634	$1,016.59
28705	Fusion of foot bones	Y		A2	50.4554	$2,113.98
28715	Fusion of foot bones	Y		A2	80.4692	$3,371.49
28725	Fusion of foot bones	Y		A2	50.4554	$2,113.98
28730	Fusion of foot bones	Y		A2	50.4554	$2,113.98

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
28735	Fusion of foot bones	Y		A2	50.4554	$2,113.98
28737	Revision of foot bones	Y		A2	50.4554	$2,113.98
28740	Fusion of foot bones	Y		A2	50.4554	$2,113.98
28750	Fusion of big toe joint	Y		A2	50.4554	$2,113.98
28755	Fusion of big toe joint	Y		A2	20.632	$864.44
28760	Fusion of big toe joint	Y		A2	50.4554	$2,113.98
28810	Amputation toe & metatarsal	Y		A2	20.632	$864.44
28820	Amputation of toe	Y		A2	20.632	$864.44
28825	Partial amputation of toe	Y		A2	20.632	$864.44
28890	High energy eswt, plantar f	Y		P3		$146.08
29000	Application of body cast	N		G2	1.0371	$43.45
29010	Application of body cast	N		P2	2.2646	$94.88
29015	Application of body cast	N		P2	2.2646	$94.88
29020	Application of body cast	N		G2	1.0371	$43.45
29025	Application of body cast	N		P2	1.0371	$43.45
29035	Application of body cast	N		P2	2.2646	$94.88
29040	Application of body cast	N		G2	1.0371	$43.45
29044	Application of body cast	N		P2	2.2646	$94.88
29046	Application of body cast	N		G2	2.2646	$94.88
29049	Application of figure eight	N	CH	P3		$38.06
29055	Application of shoulder cast	N		P2	2.2646	$94.88
29058	Application of shoulder cast	N	CH	P3		$33.39
29065	Application of long arm cast	N		P3		$40.02
29075	Application of forearm cast	N		P3		$38.55
29085	Apply hand/wrist cast	N	CH	P3		$39.53
29086	Apply finger cast	N		P3		$33.88
29105	Apply long arm splint	N	CH	P3		$34.37
29125	Apply forearm splint	N		P3		$30.20
29126	Apply forearm splint	N		P3		$32.16
29130	Application of finger splint	N		P3		$13.75
29131	Application of finger splint	N		P3		$20.13
29200	Strapping of chest	N		P3		$19.64
29240	Strapping of shoulder	N		P3		$20.87
29260	Strapping of elbow or wrist	N		P3		$20.62
29280	Strapping of hand or finger	N		P3		$21.11
29305	Application of hip cast	N		P2	2.2646	$94.88
29325	Application of hip casts	N		P2	2.2646	$94.88
29345	Application of long leg cast	N		P3		$52.54
29355	Application of long leg cast	N		P3		$52.54

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29358	Apply long leg cast brace	N		P3		$65.80
29365	Application of long leg cast	N		P3		$49.60
29405	Apply short leg cast	N		P3		$36.83
29425	Apply short leg cast	N		P3		$37.32
29435	Apply short leg cast	N		P3		$47.14
29440	Addition of walker to cast	N		P3		$17.68
29445	Apply rigid leg cast	N		P3		$48.86
29450	Application of leg cast	N		P2	1.0371	$43.45
29505	Application, long leg splint	N	CH	P3		$33.39
29515	Application lower leg splint	N		P3		$29.22
29520	Strapping of hip	N		P3		$20.13
29530	Strapping of knee	N		P3		$20.62
29540	Strapping of ankle and/or ft	N		P3		$15.71
29550	Strapping of toes	N		P3		$15.96
29580	Application of paste boot	N		P3		$21.36
29581	Apply multlay comprs lwr leg	N		P2	1.0371	$43.45
29590	Application of foot splint	N		P3		$17.19
29700	Removal/revision of cast	N		P3		$28.73
29705	Removal/revision of cast	N		P3		$24.55
29710	Removal/revision of cast	N		P3		$44.68
29715	Removal/revision of cast	N	CH	P3		$33.15
29720	Repair of body cast	N	CH	P3		$36.34
29730	Windowing of cast	N		P3		$23.57
29740	Wedging of cast	N		P3		$30.94
29750	Wedging of clubfoot cast	N	CH	P3		$33.64
29800	Jaw arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29804	Jaw arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29805	Shoulder arthroscopy, dx	Y		A2	27.5586	$1,154.65
29806	Shoulder arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29807	Shoulder arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29819	Shoulder arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29820	Shoulder arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29821	Shoulder arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29822	Shoulder arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29823	Shoulder arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29824	Shoulder arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29825	Shoulder arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29826	Shoulder arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29827	Arthroscop rotator cuff repr	Y		A2	43.8195	$1,835.95

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29828	Arthroscopy biceps tenodesis	Y		G2	43.8195	$1,835.95
29830	Elbow arthroscopy	Y		A2	27.5586	$1,154.65
29834	Elbow arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29835	Elbow arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29836	Elbow arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29837	Elbow arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29838	Elbow arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29840	Wrist arthroscopy	Y		A2	27.5586	$1,154.65
29843	Wrist arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29844	Wrist arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29845	Wrist arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29846	Wrist arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29847	Wrist arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29848	Wrist endoscopy/surgery	Y		A2	27.5586	$1,154.65
29850	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29851	Knee arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29855	Tibial arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29856	Tibial arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29860	Hip arthroscopy, dx	Y		A2	43.8195	$1,835.95
29861	Hip arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29862	Hip arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29863	Hip arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29866	Autgrft implnt, knee w/scope	Y		G2	43.8195	$1,835.95
29870	Knee arthroscopy, dx	Y		A2	27.5586	$1,154.65
29871	Knee arthroscopy/drainage	Y		A2	27.5586	$1,154.65
29873	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29874	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29875	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29876	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29877	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29879	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29880	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29881	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29882	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29883	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29884	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29885	Knee arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29886	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29887	Knee arthroscopy/surgery	Y		A2	27.5586	$1,154.65

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29888	Knee arthroscopy/surgery	Y		A2	80.4692	$3,371.49
29889	Knee arthroscopy/surgery	Y		A2	80.4692	$3,371.49
29891	Ankle arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29892	Ankle arthroscopy/surgery	Y		A2	80.4692	$3,371.49
29893	Scope, plantar fasciotomy	Y		A2	20.632	$864.44
29894	Ankle arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29895	Ankle arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29897	Ankle arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29898	Ankle arthroscopy/surgery	Y		A2	27.5586	$1,154.65
29899	Ankle arthroscopy/surgery	Y		A2	43.8195	$1,835.95
29900	Mcp joint arthroscopy, dx	Y		A2	27.5586	$1,154.65
29901	Mcp joint arthroscopy, surg	Y		A2	27.5586	$1,154.65
29902	Mcp joint arthroscopy, surg	Y		A2	27.5586	$1,154.65
29904	Subtalar arthro w/fb rmvl	Y		G2	27.5586	$1,154.65
29905	Subtalar arthro w/exc	Y		G2	27.5586	$1,154.65
29906	Subtalar arthro w/deb	Y		G2	27.5586	$1,154.65
29907	Subtalar arthro w/fusion	Y		G2	43.8195	$1,835.95
30000	Drainage of nose lesion	Y	CH	P3		$121.29
30020	Drainage of nose lesion	Y	CH	P3		$120.06
30100	Intranasal biopsy	Y		P3		$73.41
30110	Removal of nose polyp(s)	Y		P3		$114.66
30115	Removal of nose polyp(s)	Y		A2	15.8303	$663.26
30117	Removal of intranasal lesion	Y		A2	15.8303	$663.26
30118	Removal of intranasal lesion	Y		A2	23.2154	$972.69
30120	Revision of nose	Y		A2	23.2154	$972.69
30124	Removal of nose lesion	Y		R2	7.1577	$299.89
30125	Removal of nose lesion	Y		A2	40.7633	$1,707.90
30130	Excise inferior turbinate	Y		A2	15.8303	$663.26
30140	Resect inferior turbinate	Y		A2	23.2154	$972.69
30150	Partial removal of nose	Y		A2	40.7633	$1,707.90
30160	Removal of nose	Y		A2	40.7633	$1,707.90
30200	Injection treatment of nose	Y		P3		$58.19
30210	Nasal sinus therapy	Y		P3		$74.15
30220	Insert nasal septal button	Y		A2	7.1579	$299.89
30300	Remove nasal foreign body	N		P2	0.6271	$26.27
30310	Remove nasal foreign body	Y		A2	15.8303	$663.26
30320	Remove nasal foreign body	Y		A2	15.8303	$663.26
30400	Reconstruction of nose	Y		A2	40.7633	$1,707.90
30410	Reconstruction of nose	Y		A2	40.7633	$1,707.90

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
30420	Reconstruction of nose	Y		A2	40.7633	$1,707.90
30430	Revision of nose	Y		A2	23.2154	$972.69
30435	Revision of nose	Y		A2	40.7633	$1,707.90
30450	Revision of nose	Y		A2	40.7633	$1,707.90
30460	Revision of nose	Y		A2	40.7633	$1,707.90
30462	Revision of nose	Y		A2	40.7633	$1,707.90
30465	Repair nasal stenosis	Y		A2	40.7633	$1,707.90
30520	Repair of nasal septum	Y		A2	23.2154	$972.69
30540	Repair nasal defect	Y		A2	40.7633	$1,707.90
30545	Repair nasal defect	Y		A2	40.7633	$1,707.90
30560	Release of nasal adhesions	Y		A2	3.1243	$130.89
30580	Repair upper jaw fistula	Y		A2	40.7633	$1,707.90
30600	Repair mouth/nose fistula	Y		A2	40.7633	$1,707.90
30620	Intranasal reconstruction	Y		A2	40.7633	$1,707.90
30630	Repair nasal septum defect	Y		A2	23.2154	$972.69
30801	Ablate inf turbinate, superf	Y		A2	7.1579	$299.89
30802	Ablate inf turbinate submuc	Y		A2	15.8303	$663.26
30901	Control of nosebleed	Y	CH	P3		$39.77
30903	Control of nosebleed	Y		A2	1.0674	$44.72
30905	Control of nosebleed	Y		A2	1.0674	$44.72
30906	Repeat control of nosebleed	Y		A2	1.0674	$44.72
30915	Ligation, nasal sinus artery	Y		A2	25.0391	$1,049.08
30920	Ligation, upper jaw artery	Y		A2	25.0391	$1,049.08
30930	Ther fx, nasal inf turbinate	Y		A2	15.8303	$663.26
31000	Irrigation, maxillary sinus	Y		P3		$94.03
31002	Irrigation, sphenoid sinus	Y		R2	7.1577	$299.89
31020	Exploration, maxillary sinus	Y		A2	23.2154	$972.69
31030	Exploration, maxillary sinus	Y		A2	40.7633	$1,707.90
31032	Explore sinus, remove polyps	Y		A2	40.7633	$1,707.90
31040	Exploration behind upper jaw	Y		R2	23.2156	$972.69
31050	Exploration, sphenoid sinus	Y		A2	40.7633	$1,707.90
31051	Sphenoid sinus surgery	Y		A2	40.7633	$1,707.90
31070	Exploration of frontal sinus	Y		A2	23.2154	$972.69
31075	Exploration of frontal sinus	Y		A2	40.7633	$1,707.90
31080	Removal of frontal sinus	Y		A2	40.7633	$1,707.90
31081	Removal of frontal sinus	Y		A2	40.7633	$1,707.90
31084	Removal of frontal sinus	Y		A2	40.7633	$1,707.90
31085	Removal of frontal sinus	Y		A2	40.7633	$1,707.90
31086	Removal of frontal sinus	Y		A2	40.7633	$1,707.90

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
31087	Removal of frontal sinus	Y		A2	40.7633	$1,707.90
31090	Exploration of sinuses	Y		A2	40.7633	$1,707.90
31200	Removal of ethmoid sinus	Y		A2	40.7633	$1,707.90
31201	Removal of ethmoid sinus	Y		A2	40.7633	$1,707.90
31205	Removal of ethmoid sinus	Y		A2	40.7633	$1,707.90
31231	Nasal endoscopy, dx	Y		P2	1.7069	$71.52
31233	Nasal/sinus endoscopy, dx	Y		A2	1.707	$71.52
31235	Nasal/sinus endoscopy, dx	Y		A2	19.9943	$837.72
31237	Nasal/sinus endoscopy, surg	Y		A2	19.9943	$837.72
31238	Nasal/sinus endoscopy, surg	Y		A2	19.9943	$837.72
31239	Nasal/sinus endoscopy, surg	Y		A2	28.5579	$1,196.52
31240	Nasal/sinus endoscopy, surg	Y		A2	19.9943	$837.72
31254	Revision of ethmoid sinus	Y		A2	28.5579	$1,196.52
31255	Removal of ethmoid sinus	Y		A2	28.5579	$1,196.52
31256	Exploration maxillary sinus	Y		A2	28.5579	$1,196.52
31267	Endoscopy, maxillary sinus	Y		A2	28.5579	$1,196.52
31276	Sinus endoscopy, surgical	Y		A2	28.5579	$1,196.52
31287	Nasal/sinus endoscopy, surg	Y		A2	28.5579	$1,196.52
31288	Nasal/sinus endoscopy, surg	Y		A2	28.5579	$1,196.52
31300	Removal of larynx lesion	Y		A2	23.2154	$972.69
31320	Diagnostic incision, larynx	Y		A2	40.7633	$1,707.90
31400	Revision of larynx	Y		A2	40.7633	$1,707.90
31420	Removal of epiglottis	Y		A2	40.7633	$1,707.90
31500	Insert emergency airway	N		G2	2.2071	$92.47
31502	Change of windpipe airway	N		G2	1.2941	$54.22
31505	Diagnostic laryngoscopy	Y		P2	0.8386	$35.14
31510	Laryngoscopy with biopsy	Y		A2	19.9943	$837.72
31511	Remove foreign body, larynx	Y		A2	1.707	$71.52
31512	Removal of larynx lesion	Y		A2	19.9943	$837.72
31513	Injection into vocal cord	Y		A2	1.707	$71.52
31515	Laryngoscopy for aspiration	Y		A2	19.9943	$837.72
31520	Dx laryngoscopy, newborn	Y		G2	1.7069	$71.52
31525	Dx laryngoscopy excl nb	Y		A2	19.9943	$837.72
31526	Dx laryngoscopy w/oper scope	Y		A2	19.9943	$837.72
31527	Laryngoscopy for treatment	Y		A2	28.5579	$1,196.52
31528	Laryngoscopy and dilation	Y		A2	19.9943	$837.72
31529	Laryngoscopy and dilation	Y		A2	19.9943	$837.72
31530	Laryngoscopy w/fb removal	Y		A2	19.9943	$837.72
31531	Laryngoscopy w/fb & op scope	Y		A2	19.9943	$837.72

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31535	Laryngoscopy w/biopsy	Y		A2	19.9943	$837.72
31536	Laryngoscopy w/bx & op scope	Y		A2	19.9943	$837.72
31540	Laryngoscopy w/exc of tumor	Y		A2	19.9943	$837.72
31541	Larynscop w/tumr exc + scope	Y		A2	19.9943	$837.72
31545	Remove vc lesion w/scope	Y		A2	28.5579	$1,196.52
31546	Remove vc lesion scope/graft	Y		A2	28.5579	$1,196.52
31560	Laryngoscop w/arytenoidectom	Y		A2	28.5579	$1,196.52
31561	Larynscop, remve cart + scop	Y		A2	28.5579	$1,196.52
31570	Laryngoscope w/vc inj	Y		A2	19.9943	$837.72
31571	Laryngoscop w/vc inj + scope	Y		A2	28.5579	$1,196.52
31575	Diagnostic laryngoscopy	Y		P3		$52.30
31576	Laryngoscopy with biopsy	Y		A2	19.9943	$837.72
31577	Remove foreign body, larynx	Y		A2	3.6737	$153.92
31578	Removal of larynx lesion	Y		A2	28.5579	$1,196.52
31579	Diagnostic laryngoscopy	Y		P3		$91.82
31580	Revision of larynx	Y		A2	40.7633	$1,707.90
31582	Revision of larynx	Y		A2	40.7633	$1,707.90
31588	Revision of larynx	Y		A2	40.7633	$1,707.90
31590	Reinnervate larynx	Y		A2	40.7633	$1,707.90
31595	Larynx nerve surgery	Y		A2	40.7633	$1,707.90
31603	Incision of windpipe	Y		A2	7.1579	$299.89
31605	Incision of windpipe	Y		G2	7.1577	$299.89
31611	Surgery/speech prosthesis	Y		A2	23.2154	$972.69
31612	Puncture/clear windpipe	Y		A2	23.2154	$972.69
31613	Repair windpipe opening	Y		A2	23.2154	$972.69
31614	Repair windpipe opening	Y		A2	40.7633	$1,707.90
31615	Visualization of windpipe	Y		A2	7.1579	$299.89
31620	Endobronchial us add-on	N		N1		
31622	Dx bronchoscope/wash	Y		A2	9.5849	$401.59
31623	Dx bronchoscope/brush	Y		A2	9.5849	$401.59
31624	Dx bronchoscope/lavage	Y		A2	9.5849	$401.59
31625	Bronchoscopy w/biopsy(s)	Y		A2	9.5849	$401.59
31626	Bronchoscopy w/markers	Y		G2	9.585	$401.59
31627	Navigational bronchoscopy	N		N1		
31628	Bronchoscopy/lung bx, each	Y		A2	9.5849	$401.59
31629	Bronchoscopy/needle bx, each	Y		A2	9.5849	$401.59
31630	Bronchoscopy dilate/fx repr	Y		A2	25.923	$1,086.12
31631	Bronchoscopy, dilate w/stent	Y		A2	25.923	$1,086.12
31632	Bronchoscopy/lung bx, addl	Y		G2	9.585	$401.59

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31633	Bronchoscopy/needle bx addl	Y		G2	9.585	$401.59
31635	Bronchoscopy w/fb removal	Y		A2	9.5849	$401.59
31636	Bronchoscopy, bronch stents	Y		A2	25.923	$1,086.12
31637	Bronchoscopy, stent add-on	Y		A2	9.5849	$401.59
31638	Bronchoscopy, revise stent	Y		A2	25.923	$1,086.12
31640	Bronchoscopy w/tumor excise	Y		A2	25.923	$1,086.12
31641	Bronchoscopy, treat blockage	Y		A2	25.923	$1,086.12
31643	Diag bronchoscope/catheter	Y		A2	9.5849	$401.59
31645	Bronchoscopy, clear airways	Y		A2	9.5849	$401.59
31646	Bronchoscopy, reclear airway	Y		A2	9.5849	$401.59
31656	Bronchoscopy, inj for x-ray	Y		A2	9.5849	$401.59
31715	Injection for bronchus x-ray	N		N1		
31717	Bronchial brush biopsy	Y		A2	3.6737	$153.92
31720	Clearance of airways	N		A2	0.38	$15.92
31730	Intro, windpipe wire/tube	Y		A2	3.6737	$153.92
31750	Repair of windpipe	Y		A2	40.7633	$1,707.90
31755	Repair of windpipe	Y		A2	40.7633	$1,707.90
31820	Closure of windpipe lesion	Y		A2	23.2154	$972.69
31825	Repair of windpipe defect	Y		A2	23.2154	$972.69
31830	Revise windpipe scar	Y		A2	23.2154	$972.69
32400	Needle biopsy chest lining	Y		A2	9.0033	$377.22
32405	Biopsy, lung or mediastinum	Y		A2	9.0033	$377.22
32420	Puncture/clear lung	Y		A2	5.1351	$215.15
32421	Thoracentesis for aspiration	Y		A2	5.1351	$215.15
32422	Thoracentesis w/tube insert	Y		G2	5.135	$215.15
32550	Insert pleural cath	Y		G2	28.2959	$1,185.54
32552	Remove lung catheter	N		G2	1.2941	$54.22
32553	Ins mark thor for rt perq	N		G2	12.3307	$516.63
32960	Therapeutic pneumothorax	Y		G2	5.135	$215.15
32998	Perq rf ablate tx, pul tumor	Y		G2	52.0029	$2,178.82
33010	Drainage of heart sac	Y		A2	5.1351	$215.15
33011	Repeat drainage of heart sac	Y		A2	5.1351	$215.15
33206	Insertion of heart pacemaker	Y		J8	159.0066	$6,662.06
33207	Insertion of heart pacemaker	Y		J8	159.0066	$6,662.06
33208	Insertion of heart pacemaker	Y		J8	198.3627	$8,311.00
33210	Insertion of heart electrode	Y		G2	47.8299	$2,003.98
33211	Insertion of heart electrode	Y		G2	47.8299	$2,003.98
33212	Insertion of pulse generator	Y		H8	132.1295	$5,535.96
33213	Insertion of pulse generator	Y		H8	155.3449	$6,508.64

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33214	Upgrade of pacemaker system	Y		J8	198.3627	$8,311.00
33215	Reposition pacing-defib lead	Y		G2	21.1143	$884.65
33216	Insert 1 electrode pm-defib	Y		G2	47.8299	$2,003.98
33217	Insert 2 electrode pm-defib	Y		G2	47.8299	$2,003.98
33218	Repair lead pace-defib, one	Y		G2	21.1143	$884.65
33220	Repair lead pace-defib, dual	Y		G2	21.1143	$884.65
33222	Revise pocket, pacemaker	Y		A2	15.5759	$652.60
33223	Revise pocket for defib	Y		A2	15.5759	$652.60
33224	Insert pacing lead & connect	Y		J8	204.4024	$8,564.05
33225	L ventric pacing lead add-on	Y		J8	204.4024	$8,564.05
33226	Reposition l ventric lead	Y		G2	21.1143	$884.65
33233	Removal of pacemaker system	Y		A2	21.1144	$884.65
33234	Removal of pacemaker system	Y		G2	21.1143	$884.65
33235	Removal pacemaker electrode	Y		G2	21.1143	$884.65
33240	Insert pulse generator	Y		J8	517.5292	$21,683.44
33241	Remove pulse generator	Y		G2	21.1143	$884.65
33249	Eltrd/insert pace-defib	Y		J8	600.0685	$25,141.67
33282	Implant pat-active ht record	N		J8	111.6435	$4,677.64
33284	Remove pat-active ht record	Y		G2	7.9785	$334.28
33508	Endoscopic vein harvest	N		N1		
34490	Removal of vein clot	Y		G2	38.0067	$1,592.40
35188	Repair blood vessel lesion	Y		A2	38.0066	$1,592.40
35207	Repair blood vessel lesion	Y		A2	38.0066	$1,592.40
35460	Repair venous blockage	Y		G2	47.445	$1,987.85
35473	Repair arterial blockage	Y		G2	47.445	$1,987.85
35475	Repair arterial blockage	Y		G2	47.445	$1,987.85
35476	Repair venous blockage	Y		G2	47.445	$1,987.85
35492	Atherectomy, percutaneous	Y		G2	88.9846	$3,728.28
35572	Harvest femoropopliteal vein	N		N1		
35761	Exploration of artery/vein	Y		G2	33.2027	$1,391.13
35875	Removal of clot in graft	Y		A2	38.0066	$1,592.40
35876	Removal of clot in graft	Y		A2	38.0066	$1,592.40
36000	Place needle in vein	N		N1		
36002	Pseudoaneurysm injection trt	N		G2	2.0678	$86.64
36005	Injection ext venography	N		N1		
36010	Place catheter in vein	N		N1		
36011	Place catheter in vein	N		N1		
36012	Place catheter in vein	N		N1		
36013	Place catheter in artery	N		N1		

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36014	Place catheter in artery	N		N1		
36015	Place catheter in artery	N		N1		
36100	Establish access to artery	N		N1		
36120	Establish access to artery	N		N1		
36140	Establish access to artery	N		N1		
36147	Access av dial grft for eval	Y		P2	2.1674	$90.81
36148	Access av dial grft for proc	N		N1		
36160	Establish access to aorta	N		N1		
36200	Place catheter in aorta	N		N1		
36215	Place catheter in artery	N		N1		
36216	Place catheter in artery	N		N1		
36217	Place catheter in artery	N		N1		
36218	Place catheter in artery	N		N1		
36245	Place catheter in artery	N		N1		
36246	Place catheter in artery	N		N1		
36247	Place catheter in artery	N		N1		
36248	Place catheter in artery	N		N1		
36260	Insertion of infusion pump	Y		A2	28.0512	$1,175.29
36261	Revision of infusion pump	Y		A2	21.1144	$884.65
36262	Removal of infusion pump	Y		A2	21.1144	$884.65
36400	Bl draw < 3 yrs fem/jugular	N		N1		
36405	Bl draw < 3 yrs scalp vein	N		N1		
36406	Bl draw < 3 yrs other vein	N		N1		
36410	Non-routine bl draw > 3 yrs	N		N1		
36416	Capillary blood draw	N		N1		
36420	Vein access cutdown < 1 yr	N		R2	0.2223	$9.31
36425	Vein access cutdown > 1 yr	N		R2	0.2223	$9.31
36430	Blood transfusion service	N		P3		$24.55
36440	Bl push transfuse, 2 yr or <	N		R2	3.1003	$129.90
36450	Bl exchange/transfuse, nb	N		R2	3.1003	$129.90
36455	Bl exchange/transfuse non-nb	N		G2	3.1003	$129.90
36468	Injection(s), spider veins	Y		R2	0.7983	$33.45
36469	Injection(s), spider veins	Y		R2	0.7983	$33.45
36470	Injection therapy of vein	Y		P2	0.7983	$33.45
36471	Injection therapy of veins	Y		P2	0.7983	$33.45
36475	Endovenous rf, 1st vein	Y		A2	40.3828	$1,691.95
36476	Endovenous rf, vein add-on	Y		A2	25.0391	$1,049.08
36478	Endovenous laser, 1st vein	Y		A2	25.0391	$1,049.08
36479	Endovenous laser vein addon	Y		A2	25.0391	$1,049.08

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36481	Insertion of catheter, vein	N		N1		
36500	Insertion of catheter, vein	N		N1		
36510	Insertion of catheter, vein	N		N1		
36511	Apheresis wbc	N		G2	11.385	$477.01
36512	Apheresis rbc	N		G2	11.385	$477.01
36513	Apheresis platelets	N		G2	11.385	$477.01
36514	Apheresis plasma	N		G2	11.385	$477.01
36515	Apheresis, adsorp/reinfuse	N		P2	30.8064	$1,290.73
36516	Apheresis, selective	N		P2	30.8064	$1,290.73
36522	Photopheresis	N		G2	30.8064	$1,290.73
36555	Insert non-tunnel cv cath	Y		A2	10.3678	$434.39
36556	Insert non-tunnel cv cath	Y		A2	10.3678	$434.39
36557	Insert tunneled cv cath	Y		A2	23.3551	$978.52
36558	Insert tunneled cv cath	Y		A2	23.3551	$978.52
36560	Insert tunneled cv cath	Y		A2	28.0512	$1,175.29
36561	Insert tunneled cv cath	Y		A2	28.0512	$1,175.29
36563	Insert tunneled cv cath	Y		A2	28.0512	$1,175.29
36565	Insert tunneled cv cath	Y		A2	28.0512	$1,175.29
36566	Insert tunneled cv cath	Y		A2	28.0512	$1,175.29
36568	Insert picc cath	Y		A2	10.3678	$434.39
36569	Insert picc cath	Y		A2	10.3678	$434.39
36570	Insert picvad cath	Y		A2	23.3551	$978.52
36571	Insert picvad cath	Y		A2	23.3551	$978.52
36575	Repair tunneled cv cath	Y		A2	5.7506	$240.94
36576	Repair tunneled cv cath	Y		A2	10.3678	$434.39
36578	Replace tunneled cv cath	Y		A2	23.3551	$978.52
36580	Replace cvad cath	Y		A2	10.3678	$434.39
36581	Replace tunneled cv cath	Y		A2	23.3551	$978.52
36582	Replace tunneled cv cath	Y		A2	28.0512	$1,175.29
36583	Replace tunneled cv cath	Y		A2	28.0512	$1,175.29
36584	Replace picc cath	Y		A2	10.3678	$434.39
36585	Replace picvad cath	Y		A2	23.3551	$978.52
36589	Removal tunneled cv cath	Y		A2	5.7506	$240.94
36590	Removal tunneled cv cath	Y		A2	10.3678	$434.39
36591	Draw blood off venous device	N		N1		
36592	Collect blood from picc	N		N1		
36593	Declot vascular device	Y		P3		$20.13
36595	Mech remov tunneled cv cath	Y		G2	23.3549	$978.52
36596	Mech remov tunneled cv cath	Y		G2	10.3679	$434.39

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36597	Reposition venous catheter	Y		G2	10.3679	$434.39
36598	Inj w/fluor, eval cv device	Y		P3		$60.89
36600	Withdrawal of arterial blood	N		N1		
36620	Insertion catheter, artery	N		N1		
36625	Insertion catheter, artery	N		N1		
36640	Insertion catheter, artery	Y		A2	28.0512	$1,175.29
36680	Insert needle, bone cavity	Y		G2	1.6137	$67.61
36800	Insertion of cannula	Y		A2	30.2764	$1,268.52
36810	Insertion of cannula	Y		A2	30.2764	$1,268.52
36815	Insertion of cannula	Y		A2	30.2764	$1,268.52
36818	Av fuse, uppr arm, cephalic	Y		A2	38.0066	$1,592.40
36819	Av fuse, uppr arm, basilic	Y		A2	38.0066	$1,592.40
36820	Av fusion/forearm vein	Y		A2	38.0066	$1,592.40
36821	Av fusion direct any site	Y		A2	38.0066	$1,592.40
36825	Artery-vein autograft	Y		A2	38.0066	$1,592.40
36830	Artery-vein nonautograft	Y		A2	38.0066	$1,592.40
36831	Open thrombect av fistula	Y		A2	38.0066	$1,592.40
36832	Av fistula revision, open	Y		A2	38.0066	$1,592.40
36833	Av fistula revision	Y		A2	38.0066	$1,592.40
36835	Artery to vein shunt	Y		A2	30.2764	$1,268.52
36860	External cannula declotting	Y		A2	2.1674	$90.81
36861	Cannula declotting	Y		A2	30.2764	$1,268.52
36870	Percut thrombect av fistula	Y		A2	40.6721	$1,704.08
37184	Prim art mech thrombectomy	Y		G2	38.0067	$1,592.40
37185	Prim art m-thrombect add-on	Y		G2	38.0067	$1,592.40
37186	Sec art m-thrombect add-on	Y		G2	38.0067	$1,592.40
37187	Venous mech thrombectomy	Y		G2	38.0067	$1,592.40
37188	Venous m-thrombectomy add-on	Y		G2	38.0067	$1,592.40
37200	Transcatheter biopsy	Y		G2	28.0512	$1,175.29
37203	Transcatheter retrieval	Y		G2	28.0512	$1,175.29
37204	Transcatheter occlusion	Y	CH	G2	88.9846	$3,728.28
37205	Transcath iv stent, percut	Y	CH	P3		$2,856.13
37206	Transcath iv stent/perc addl	Y	CH	P3		$1,743.93
37210	Embolization uterine fibroid	Y	CH	P3		$2,266.64
37250	Iv us first vessel add-on	N		N1		
37251	Iv us each add vessel add-on	N		N1		
37500	Endoscopy ligate perf veins	Y		A2	40.3828	$1,691.95
37607	Ligation of a-v fistula	Y		A2	25.0391	$1,049.08
37609	Temporal artery procedure	Y		A2	16.564	$694.00

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
37650	Revision of major vein	Y		A2	25.0391	$1,049.08
37700	Revise leg vein	Y		A2	25.0391	$1,049.08
37718	Ligate/strip short leg vein	Y		A2	25.0391	$1,049.08
37722	Ligate/strip long leg vein	Y		A2	40.3828	$1,691.95
37735	Removal of leg veins/lesion	Y		A2	40.3828	$1,691.95
37760	Ligate leg veins radical	Y		A2	25.0391	$1,049.08
37761*	Ligate leg veins open	Y		R2	25.039	$1,049.08
37765	Phleb veins - extrem - to 20	Y	CH	P3		$186.84
37766	Phleb veins - extrem 20+	Y	CH	P3		$212.62
37780	Revision of leg vein	Y		A2	25.0391	$1,049.08
37785	Ligate/divide/excise vein	Y		A2	25.0391	$1,049.08
37790	Penile venous occlusion	Y		A2	33.1047	$1,387.01
38200	Injection for spleen x-ray	N		N1		
38204	Bl donor search management	N		N1		
38206	Harvest auto stem cells	N		G2	11.385	$477.01
38220	Bone marrow aspiration	Y		P3		$78.57
38221	Bone marrow biopsy	Y		P3		$80.78
38230	Bone marrow collection	N		G2	30.8064	$1,290.73
38241	Bone marrow/stem transplant	N		G2	30.8064	$1,290.73
38242	Lymphocyte infuse transplant	N		R2	11.385	$477.01
38300	Drainage, lymph node lesion	Y		A2	12.1142	$507.56
38305	Drainage, lymph node lesion	Y		A2	18.4054	$771.15
38308	Incision of lymph channels	Y		A2	22.992	$963.33
38500	Biopsy/removal, lymph nodes	Y		A2	22.992	$963.33
38505	Needle biopsy, lymph nodes	Y		A2	7.4175	$310.77
38510	Biopsy/removal, lymph nodes	Y		A2	22.992	$963.33
38520	Biopsy/removal, lymph nodes	Y		A2	22.992	$963.33
38525	Biopsy/removal, lymph nodes	Y		A2	22.992	$963.33
38530	Biopsy/removal, lymph nodes	Y		A2	22.992	$963.33
38542	Explore deep node(s), neck	Y		A2	46.3447	$1,941.75
38550	Removal, neck/armpit lesion	Y		A2	22.992	$963.33
38555	Removal, neck/armpit lesion	Y		A2	22.992	$963.33
38570	Laparoscopy, lymph node biop	Y		A2	43.6665	$1,829.55
38571	Laparoscopy, lymphadenectomy	Y		A2	64.6377	$2,708.19
38572	Laparoscopy, lymphadenectomy	Y		A2	43.6665	$1,829.55
38700	Removal of lymph nodes, neck	Y		G2	22.9922	$963.33
38740	Remove armpit lymph nodes	Y		A2	46.3447	$1,941.75
38745	Remove armpit lymph nodes	Y		A2	46.3447	$1,941.75
38760	Remove groin lymph nodes	Y		A2	22.992	$963.33

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
38790	Inject for lymphatic x-ray	N		N1		
38792	Identify sentinel node	N		N1		
38794	Access thoracic lymph duct	N		N1		
40490	Biopsy of lip	Y		P3		$57.70
40500	Partial excision of lip	Y		A2	15.8303	$663.26
40510	Partial excision of lip	Y		A2	23.2154	$972.69
40520	Partial excision of lip	Y		A2	15.8303	$663.26
40525	Reconstruct lip with flap	Y		A2	23.2154	$972.69
40527	Reconstruct lip with flap	Y		A2	23.2154	$972.69
40530	Partial removal of lip	Y		A2	23.2154	$972.69
40650	Repair lip	Y		A2	7.1579	$299.89
40652	Repair lip	Y		A2	7.1579	$299.89
40654	Repair lip	Y		A2	7.1579	$299.89
40700	Repair cleft lip/nasal	Y		A2	40.7633	$1,707.90
40701	Repair cleft lip/nasal	Y		A2	40.7633	$1,707.90
40702	Repair cleft lip/nasal	Y		R2	40.7633	$1,707.90
40720	Repair cleft lip/nasal	Y		A2	40.7633	$1,707.90
40761	Repair cleft lip/nasal	Y		A2	40.7633	$1,707.90
40800	Drainage of mouth lesion	Y		P2	1.358	$56.90
40801	Drainage of mouth lesion	Y		A2	7.1579	$299.89
40804	Removal, foreign body, mouth	N		P2	0.6271	$26.27
40805	Removal, foreign body, mouth	Y		P3		$150.75
40806	Incision of lip fold	Y		P3		$65.80
40808	Biopsy of mouth lesion	Y		P3		$102.14
40810	Excision of mouth lesion	Y		P3		$106.56
40812	Excise/repair mouth lesion	Y		P3		$135.28
40814	Excise/repair mouth lesion	Y		A2	15.8303	$663.26
40816	Excision of mouth lesion	Y		A2	23.2154	$972.69
40818	Excise oral mucosa for graft	Y		A2	3.1243	$130.89
40819	Excise lip or cheek fold	Y		A2	7.1579	$299.89
40820	Treatment of mouth lesion	Y		P3		$149.52
40830	Repair mouth laceration	Y		G2	3.1241	$130.89
40831	Repair mouth laceration	Y		A2	7.1579	$299.89
40840	Reconstruction of mouth	Y		A2	23.2154	$972.69
40842	Reconstruction of mouth	Y		A2	23.2154	$972.69
40843	Reconstruction of mouth	Y		A2	23.2154	$972.69
40844	Reconstruction of mouth	Y		A2	40.7633	$1,707.90
40845	Reconstruction of mouth	Y		A2	40.7633	$1,707.90
41000	Drainage of mouth lesion	Y		P3		$76.36

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
41005	Drainage of mouth lesion	Y		A2	3.1243	$130.89
41006	Drainage of mouth lesion	Y		A2	23.2154	$972.69
41007	Drainage of mouth lesion	Y		A2	15.8303	$663.26
41008	Drainage of mouth lesion	Y		A2	15.8303	$663.26
41009	Drainage of mouth lesion	Y		A2	3.1243	$130.89
41010	Incision of tongue fold	Y		A2	7.1579	$299.89
41015	Drainage of mouth lesion	Y		A2	3.1243	$130.89
41016	Drainage of mouth lesion	Y		A2	7.1579	$299.89
41017	Drainage of mouth lesion	Y		A2	7.1579	$299.89
41018	Drainage of mouth lesion	Y		A2	7.1579	$299.89
41019	Place needles h&n for rt	Y		G2	23.2156	$972.69
41100	Biopsy of tongue	Y		P3		$80.04
41105	Biopsy of tongue	Y		P3		$79.79
41108	Biopsy of floor of mouth	Y		P3		$73.90
41110	Excision of tongue lesion	Y		P3		$106.80
41112	Excision of tongue lesion	Y		A2	15.8303	$663.26
41113	Excision of tongue lesion	Y		A2	15.8303	$663.26
41114	Excision of tongue lesion	Y		A2	23.2154	$972.69
41115	Excision of tongue fold	Y		P3		$123.01
41116	Excision of mouth lesion	Y		A2	15.8303	$663.26
41120	Partial removal of tongue	Y		A2	23.2154	$972.69
41250	Repair tongue laceration	Y		A2	1.0674	$44.72
41251	Repair tongue laceration	Y		A2	3.1243	$130.89
41252	Repair tongue laceration	Y		A2	7.1579	$299.89
41500	Fixation of tongue	Y		A2	23.2154	$972.69
41510	Tongue to lip surgery	Y		A2	15.8303	$663.26
41512	Tongue suspension	Y		G2	7.1577	$299.89
41520	Reconstruction, tongue fold	Y		A2	7.1579	$299.89
41530	Tongue base vol reduction	Y		G2	23.2156	$972.69
41800	Drainage of gum lesion	Y		A2	1.3578	$56.90
41805	Removal foreign body, gum	Y		P3		$132.34
41806	Removal foreign body,jawbone	Y		P3		$171.13
41820	Excision, gum, each quadrant	Y		R2	7.1577	$299.89
41821	Excision of gum flap	Y		G2	7.1577	$299.89
41822	Excision of gum lesion	Y		P3		$136.26
41823	Excision of gum lesion	Y		P3		$196.91
41825	Excision of gum lesion	Y		P3		$107.78
41826	Excision of gum lesion	Y		P3		$144.86
41827	Excision of gum lesion	Y		A2	23.2154	$972.69

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41828	Excision of gum lesion	Y		P3		$127.18
41830	Removal of gum tissue	Y		P3		$178.00
41850	Treatment of gum lesion	Y		R2	15.8303	$663.26
41870	Gum graft	Y		G2	23.2156	$972.69
41872	Repair gum	Y		P3		$172.85
41874	Repair tooth socket	Y		P3		$171.37
42000	Drainage mouth roof lesion	Y		A2	3.1243	$130.89
42100	Biopsy roof of mouth	Y		P3		$68.75
42104	Excision lesion, mouth roof	Y		P3		$103.85
42106	Excision lesion, mouth roof	Y		P3		$130.13
42107	Excision lesion, mouth roof	Y		A2	23.2154	$972.69
42120	Remove palate/lesion	Y		A2	40.7633	$1,707.90
42140	Excision of uvula	Y		A2	7.1579	$299.89
42145	Repair palate, pharynx/uvula	Y		A2	23.2154	$972.69
42160	Treatment mouth roof lesion	Y		P3		$117.11
42180	Repair palate	Y		A2	3.1243	$130.89
42182	Repair palate	Y		A2	40.7633	$1,707.90
42200	Reconstruct cleft palate	Y		A2	40.7633	$1,707.90
42205	Reconstruct cleft palate	Y		A2	40.7633	$1,707.90
42210	Reconstruct cleft palate	Y		A2	40.7633	$1,707.90
42215	Reconstruct cleft palate	Y		A2	40.7633	$1,707.90
42220	Reconstruct cleft palate	Y		A2	40.7633	$1,707.90
42225	Reconstruct cleft palate	Y		G2	40.7633	$1,707.90
42226	Lengthening of palate	Y		A2	40.7633	$1,707.90
42227	Lengthening of palate	Y		G2	40.7633	$1,707.90
42235	Repair palate	Y		A2	15.8303	$663.26
42260	Repair nose to lip fistula	Y		A2	23.2154	$972.69
42280	Preparation, palate mold	Y		P3		$68.99
42281	Insertion, palate prosthesis	Y		G2	15.8303	$663.26
42300	Drainage of salivary gland	Y		A2	15.8303	$663.26
42305	Drainage of salivary gland	Y		A2	15.8303	$663.26
42310	Drainage of salivary gland	Y		A2	3.1243	$130.89
42320	Drainage of salivary gland	Y		A2	3.1243	$130.89
42330	Removal of salivary stone	Y		P3		$103.36
42335	Removal of salivary stone	Y		P3		$172.36
42340	Removal of salivary stone	Y		A2	15.8303	$663.26
42400	Biopsy of salivary gland	Y		P3		$55.49
42405	Biopsy of salivary gland	Y		A2	23.2154	$972.69
42408	Excision of salivary cyst	Y		A2	15.8303	$663.26

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42409	Drainage of salivary cyst	Y		A2	15.8303	$663.26
42410	Excise parotid gland/lesion	Y		A2	40.7633	$1,707.90
42415	Excise parotid gland/lesion	Y		A2	40.7633	$1,707.90
42420	Excise parotid gland/lesion	Y		A2	40.7633	$1,707.90
42425	Excise parotid gland/lesion	Y		A2	40.7633	$1,707.90
42440	Excise submaxillary gland	Y		A2	40.7633	$1,707.90
42450	Excise sublingual gland	Y		A2	23.2154	$972.69
42500	Repair salivary duct	Y		A2	23.2154	$972.69
42505	Repair salivary duct	Y		A2	40.7633	$1,707.90
42507	Parotid duct diversion	Y		A2	40.7633	$1,707.90
42508	Parotid duct diversion	Y		A2	40.7633	$1,707.90
42509	Parotid duct diversion	Y		A2	40.7633	$1,707.90
42510	Parotid duct diversion	Y		A2	40.7633	$1,707.90
42550	Injection for salivary x-ray	N		N1		
42600	Closure of salivary fistula	Y		A2	15.8303	$663.26
42650	Dilation of salivary duct	Y		P3		$38.30
42660	Dilation of salivary duct	Y		P3		$44.93
42665	Ligation of salivary duct	Y		A2	23.2154	$972.69
42700	Drainage of tonsil abscess	Y		A2	3.1243	$130.89
42720	Drainage of throat abscess	Y		A2	15.8303	$663.26
42725	Drainage of throat abscess	Y		A2	40.7633	$1,707.90
42800	Biopsy of throat	Y		P3		$73.66
42802	Biopsy of throat	Y		A2	15.8303	$663.26
42804	Biopsy of upper nose/throat	Y		A2	15.8303	$663.26
42806	Biopsy of upper nose/throat	Y		A2	23.2154	$972.69
42808	Excise pharynx lesion	Y		A2	23.2154	$972.69
42809	Remove pharynx foreign body	N		G2	0.6271	$26.27
42810	Excision of neck cyst	Y		A2	23.2154	$972.69
42815	Excision of neck cyst	Y		A2	40.7633	$1,707.90
42820	Remove tonsils and adenoids	Y		A2	23.2154	$972.69
42821	Remove tonsils and adenoids	Y		A2	23.2154	$972.69
42825	Removal of tonsils	Y		A2	23.2154	$972.69
42826	Removal of tonsils	Y		A2	23.2154	$972.69
42830	Removal of adenoids	Y		A2	23.2154	$972.69
42831	Removal of adenoids	Y		A2	23.2154	$972.69
42835	Removal of adenoids	Y		A2	23.2154	$972.69
42836	Removal of adenoids	Y		A2	23.2154	$972.69
42860	Excision of tonsil tags	Y		A2	23.2154	$972.69
42870	Excision of lingual tonsil	Y		A2	23.2154	$972.69

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42890	Partial removal of pharynx	Y		A2	40.7633	$1,707.90
42892	Revision of pharyngeal walls	Y		A2	40.7633	$1,707.90
42900	Repair throat wound	Y		A2	7.1579	$299.89
42950	Reconstruction of throat	Y		A2	23.2154	$972.69
42955	Surgical opening of throat	Y		A2	23.2154	$972.69
42960	Control throat bleeding	Y		A2	1.0674	$44.72
42962	Control throat bleeding	Y		A2	40.7633	$1,707.90
42970	Control nose/throat bleeding	Y		R2	1.0674	$44.72
42972	Control nose/throat bleeding	Y		A2	15.8303	$663.26
43030	Throat muscle surgery	Y		G2	15.8303	$663.26
43130	Removal of esophagus pouch	Y		G2	40.7633	$1,707.90
43200	Esophagus endoscopy	Y		A2	8.0729	$338.24
43201	Esoph scope w/submucous inj	Y		A2	8.0729	$338.24
43202	Esophagus endoscopy, biopsy	Y		A2	8.0729	$338.24
43204	Esoph scope w/sclerosis inj	Y		A2	8.0729	$338.24
43205	Esophagus endoscopy/ligation	Y		A2	8.0729	$338.24
43215	Esophagus endoscopy	Y		A2	8.0729	$338.24
43216	Esophagus endoscopy/lesion	Y		A2	14.8265	$621.20
43217	Esophagus endoscopy	Y		A2	8.0729	$338.24
43219	Esophagus endoscopy	Y		A2	24.9797	$1,046.59
43220	Esoph endoscopy, dilation	Y		A2	8.0729	$338.24
43226	Esoph endoscopy, dilation	Y		A2	8.0729	$338.24
43227	Esoph endoscopy, repair	Y		A2	8.0729	$338.24
43228	Esoph endoscopy, ablation	Y		A2	14.8265	$621.20
43231	Esoph endoscopy w/us exam	Y		A2	8.0729	$338.24
43232	Esoph endoscopy w/us fn bx	Y		A2	8.0729	$338.24
43234	Upper GI endoscopy, exam	Y		A2	8.0729	$338.24
43235	Uppr gi endoscopy, diagnosis	Y		A2	8.0729	$338.24
43236	Uppr gi scope w/submuc inj	Y		A2	8.0729	$338.24
43237	Endoscopic us exam, esoph	Y		A2	8.0729	$338.24
43238	Uppr gi endoscopy w/us fn bx	Y		A2	8.0729	$338.24
43239	Upper GI endoscopy, biopsy	Y		A2	8.0729	$338.24
43240	Esoph endoscope w/drain cyst	Y		A2	8.0729	$338.24
43241	Upper GI endoscopy with tube	Y		A2	8.0729	$338.24
43242	Uppr gi endoscopy w/us fn bx	Y		A2	14.8265	$621.20
43243	Upper gi endoscopy & inject	Y		A2	8.0729	$338.24
43244	Upper GI endoscopy/ligation	Y		A2	8.0729	$338.24
43245	Uppr gi scope dilate strictr	Y		A2	8.0729	$338.24
43246	Place gastrostomy tube	Y		A2	8.0729	$338.24

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43247	Operative upper GI endoscopy	Y		A2	8.0729	$338.24
43248	Uppr gi endoscopy/guide wire	Y		A2	8.0729	$338.24
43249	Esoph endoscopy, dilation	Y		A2	8.0729	$338.24
43250	Upper GI endoscopy/tumor	Y		A2	8.0729	$338.24
43251	Operative upper GI endoscopy	Y		A2	8.0729	$338.24
43255	Operative upper GI endoscopy	Y		A2	8.0729	$338.24
43256	Uppr gi endoscopy w/stent	Y		A2	24.9797	$1,046.59
43257	Uppr gi scope w/thrml txmnt	Y		A2	14.8265	$621.20
43258	Operative upper GI endoscopy	Y		A2	8.0729	$338.24
43259	Endoscopic ultrasound exam	Y		A2	8.0729	$338.24
43260	Endo cholangiopancreatograph	Y		A2	20.9645	$878.37
43261	Endo cholangiopancreatograph	Y		A2	20.9645	$878.37
43262	Endo cholangiopancreatograph	Y		A2	20.9645	$878.37
43263	Endo cholangiopancreatograph	Y		A2	20.9645	$878.37
43264	Endo cholangiopancreatograph	Y		A2	20.9645	$878.37
43265	Endo cholangiopancreatograph	Y		A2	20.9645	$878.37
43267	Endo cholangiopancreatograph	Y		A2	20.9645	$878.37
43268	Endo cholangiopancreatograph	Y		A2	24.9797	$1,046.59
43269	Endo cholangiopancreatograph	Y		A2	24.9797	$1,046.59
43271	Endo cholangiopancreatograph	Y		A2	20.9645	$878.37
43272	Endo cholangiopancreatograph	Y		A2	20.9645	$878.37
43273	Endoscopic pancreatoscopy	Y		G2	20.9644	$878.37
43450	Dilate esophagus	Y		A2	5.843	$244.81
43453	Dilate esophagus	Y		A2	5.843	$244.81
43456	Dilate esophagus	Y		A2	5.843	$244.81
43458	Dilate esophagus	Y		A2	8.0729	$338.24
43600	Biopsy of stomach	Y		A2	8.0729	$338.24
43653	Laparoscopy, gastrostomy	Y		A2	43.6665	$1,829.55
43752	Nasal/orogastric w/stent	N		G2	1.1337	$47.50
43760	Change gastrostomy tube	Y		A2	2.1674	$90.81
43761	Reposition gastrostomy tube	Y		A2	8.0729	$338.24
43870	Repair stomach opening	Y		A2	14.8265	$621.20
43886	Revise gastric port, open	Y		G2	20.1058	$842.39
43887	Remove gastric port, open	Y		G2	4.2374	$177.54
43888	Change gastric port, open	Y		G2	20.1058	$842.39
44100	Biopsy of bowel	Y		A2	8.0729	$338.24
44312	Revision of ileostomy	Y		A2	20.106	$842.39
44340	Revision of colostomy	Y		A2	20.106	$842.39
44360	Small bowel endoscopy	Y		A2	9.2212	$386.35

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
44361	Small bowel endoscopy/biopsy	Y		A2	9.2212	$386.35
44363	Small bowel endoscopy	Y		A2	9.2212	$386.35
44364	Small bowel endoscopy	Y		A2	9.2212	$386.35
44365	Small bowel endoscopy	Y		A2	9.2212	$386.35
44366	Small bowel endoscopy	Y		A2	9.2212	$386.35
44369	Small bowel endoscopy	Y		A2	9.2212	$386.35
44370	Small bowel endoscopy/stent	Y		A2	24.9797	$1,046.59
44372	Small bowel endoscopy	Y		A2	9.2212	$386.35
44373	Small bowel endoscopy	Y		A2	9.2212	$386.35
44376	Small bowel endoscopy	Y		A2	9.2212	$386.35
44377	Small bowel endoscopy/biopsy	Y		A2	9.2212	$386.35
44378	Small bowel endoscopy	Y		A2	9.2212	$386.35
44379	S bowel endoscope w/stent	Y		A2	24.9797	$1,046.59
44380	Small bowel endoscopy	Y		A2	9.2212	$386.35
44382	Small bowel endoscopy	Y		A2	9.2212	$386.35
44383	Ileoscopy w/stent	Y		A2	24.9797	$1,046.59
44385	Endoscopy of bowel pouch	Y		A2	8.4722	$354.98
44386	Endoscopy, bowel pouch/biop	Y		A2	8.4722	$354.98
44388	Colonoscopy	Y		A2	8.4722	$354.98
44389	Colonoscopy with biopsy	Y		A2	8.4722	$354.98
44390	Colonoscopy for foreign body	Y		A2	8.4722	$354.98
44391	Colonoscopy for bleeding	Y		A2	8.4722	$354.98
44392	Colonoscopy & polypectomy	Y		A2	8.4722	$354.98
44393	Colonoscopy, lesion removal	Y		A2	8.4722	$354.98
44394	Colonoscopy w/snare	Y		A2	8.4722	$354.98
44397	Colonoscopy w/stent	Y		A2	24.9797	$1,046.59
44500	Intro, gastrointestinal tube	Y		G2	5.7507	$240.94
44701	Intraop colon lavage add-on	N		N1		
45000	Drainage of pelvic abscess	Y		A2	14.6363	$613.23
45005	Drainage of rectal abscess	Y		A2	14.6363	$613.23
45020	Drainage of rectal abscess	Y		A2	14.6363	$613.23
45100	Biopsy of rectum	Y		A2	22.3595	$936.81
45108	Removal of anorectal lesion	Y		A2	22.3595	$936.81
45150	Excision of rectal stricture	Y		A2	22.3595	$936.81
45160	Excision of rectal lesion	Y		A2	22.3595	$936.81
45171	Exc rect tum transanal part	Y		G2	14.6362	$613.23
45172	Exc rect tum transanal full	Y		G2	22.3594	$936.81
45190	Destruction, rectal tumor	Y		A2	22.3595	$936.81
45300	Proctosigmoidoscopy dx	Y		P3		$58.43

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
45303	Proctosigmoidoscopy dilate	Y		P2	8.6377	$361.90
45305	Proctosigmoidoscopy w/bx	Y		A2	8.6376	$361.90
45307	Proctosigmoidoscopy fb	Y		A2	22.3495	$936.40
45308	Proctosigmoidoscopy removal	Y		A2	8.6376	$361.90
45309	Proctosigmoidoscopy removal	Y		A2	8.6376	$361.90
45315	Proctosigmoidoscopy removal	Y		A2	8.6376	$361.90
45317	Proctosigmoidoscopy bleed	Y		A2	8.6376	$361.90
45320	Proctosigmoidoscopy ablate	Y		A2	22.3495	$936.40
45321	Proctosigmoidoscopy volvul	Y		A2	22.3495	$936.40
45327	Proctosigmoidoscopy w/stent	Y		A2	24.9797	$1,046.59
45330	Diagnostic sigmoidoscopy	Y		P3		$70.96
45331	Sigmoidoscopy and biopsy	Y		A2	5.2575	$220.28
45332	Sigmoidoscopy w/fb removal	Y		A2	5.2575	$220.28
45333	Sigmoidoscopy & polypectomy	Y		A2	8.6376	$361.90
45334	Sigmoidoscopy for bleeding	Y		A2	8.6376	$361.90
45335	Sigmoidoscopy w/submuc inj	Y		A2	5.2575	$220.28
45337	Sigmoidoscopy & decompress	Y		A2	5.2575	$220.28
45338	Sigmoidoscopy w/tumr remove	Y		A2	8.6376	$361.90
45339	Sigmoidoscopy w/ablate tumr	Y		A2	8.6376	$361.90
45340	Sig w/balloon dilation	Y		A2	8.6376	$361.90
45341	Sigmoidoscopy w/ultrasound	Y		A2	8.6376	$361.90
45342	Sigmoidoscopy w/us guide bx	Y		A2	8.6376	$361.90
45345	Sigmoidoscopy w/stent	Y		A2	24.9797	$1,046.59
45355	Surgical colonoscopy	Y		A2	8.4722	$354.98
45378	Diagnostic colonoscopy	Y		A2	8.4722	$354.98
45379	Colonoscopy w/fb removal	Y		A2	8.4722	$354.98
45380	Colonoscopy and biopsy	Y		A2	8.4722	$354.98
45381	Colonoscopy, submucous inj	Y		A2	8.4722	$354.98
45382	Colonoscopy/control bleeding	Y		A2	8.4722	$354.98
45383	Lesion removal colonoscopy	Y		A2	8.4722	$354.98
45384	Lesion remove colonoscopy	Y		A2	8.4722	$354.98
45385	Lesion removal colonoscopy	Y		A2	8.4722	$354.98
45386	Colonoscopy dilate stricture	Y		A2	8.4722	$354.98
45387	Colonoscopy w/stent	Y		A2	24.9797	$1,046.59
45391	Colonoscopy w/endoscope us	Y		A2	8.4722	$354.98
45392	Colonoscopy w/endoscopic fnb	Y		A2	8.4722	$354.98
45500	Repair of rectum	Y		A2	22.3595	$936.81
45505	Repair of rectum	Y		A2	29.6501	$1,242.28
45520	Treatment of rectal prolapse	Y		P2	0.7983	$33.45

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45541	Correct rectal prolapse	Y		G2	29.6501	$1,242.28
45560	Repair of rectocele	Y		A2	29.6501	$1,242.28
45900	Reduction of rectal prolapse	Y		A2	5.6974	$238.71
45905	Dilation of anal sphincter	Y		A2	22.3595	$936.81
45910	Dilation of rectal narrowing	Y		A2	22.3595	$936.81
45915	Remove rectal obstruction	Y		A2	14.6363	$613.23
45990	Surg dx exam, anorectal	Y		A2	22.3595	$936.81
46020	Placement of seton	Y		A2	22.3595	$936.81
46030	Removal of rectal marker	Y		A2	5.6974	$238.71
46040	Incision of rectal abscess	Y		A2	22.3595	$936.81
46045	Incision of rectal abscess	Y		A2	22.3595	$936.81
46050	Incision of anal abscess	Y		A2	14.6363	$613.23
46060	Incision of rectal abscess	Y		A2	22.3595	$936.81
46070	Incision of anal septum	Y		G2	14.6362	$613.23
46080	Incision of anal sphincter	Y		A2	22.3595	$936.81
46083	Incise external hemorrhoid	Y		P2	1.8791	$78.73
46200	Removal of anal fissure	Y		A2	22.3595	$936.81
46220	Excise anal ext tag/papilla	Y		A2	14.6363	$613.23
46221	Ligation of hemorrhoid(s)	Y		P3		$110.98
46230	Removal of anal tags	Y		A2	22.3595	$936.81
46250	Remove ext hem groups = 2	Y		A2	22.3595	$936.81
46255	Remove int/ext hem 1 group	Y		A2	22.3595	$936.81
46257	Remove in/ex hem grp & fiss	Y		A2	22.3595	$936.81
46258	Remove in/ex hem grp w/fistu	Y		A2	22.3595	$936.81
46260	Remove in/ex hem groups = 2	Y		A2	22.3595	$936.81
46261	Remove in/ex hem grps & fiss	Y		A2	22.3595	$936.81
46262	Remove in/ex hem grps w/fist	Y		A2	22.3595	$936.81
46270	Remove anal fist subq	Y		A2	22.3595	$936.81
46275	Remove anal fist inter	Y		A2	22.3595	$936.81
46280	Remove anal fist complex	Y		A2	22.3595	$936.81
46285	Remove anal fist 2 stage	Y		A2	22.3595	$936.81
46288	Repair anal fistula	Y		A2	22.3595	$936.81
46320	Removal of hemorrhoid clot	Y		P3		$74.64
46500	Injection into hemorrhoid(s)	Y		P3		$105.33
46505	Chemodenervation anal musc	Y		G2	22.3594	$936.81
46600	Diagnostic anoscopy	N		P2	0.6271	$26.27
46604	Anoscopy and dilation	Y	CH	P3		$358.95
46606	Anoscopy and biopsy	Y		P3		$116.13
46608	Anoscopy, remove for body	Y		A2	8.6376	$361.90

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
46610	Anoscopy, remove lesion	Y		A2	22.3495	$936.40
46611	Anoscopy	Y		A2	8.6376	$361.90
46612	Anoscopy, remove lesions	Y		A2	22.3495	$936.40
46614	Anoscopy, control bleeding	Y		P3		$59.91
46615	Anoscopy	Y		A2	22.3495	$936.40
46700	Repair of anal stricture	Y		A2	22.3595	$936.81
46706	Repr of anal fistula w/glue	Y		A2	29.6501	$1,242.28
46707	Repair anorectal fist w/plug	Y		G2	29.6501	$1,242.28
46750	Repair of anal sphincter	Y		A2	29.6501	$1,242.28
46753	Reconstruction of anus	Y		A2	22.3595	$936.81
46754	Removal of suture from anus	Y		A2	22.3595	$936.81
46760	Repair of anal sphincter	Y		A2	29.6501	$1,242.28
46761	Repair of anal sphincter	Y		A2	29.6501	$1,242.28
46762	Implant artificial sphincter	Y		A2	29.6501	$1,242.28
46900	Destruction, anal lesion(s)	Y	CH	P3		$107.29
46910	Destruction, anal lesion(s)	Y		P3		$112.94
46916	Cryosurgery, anal lesion(s)	Y		P2	1.391	$58.28
46917	Laser surgery, anal lesions	Y		A2	19.836	$831.08
46922	Excision of anal lesion(s)	Y		A2	19.836	$831.08
46924	Destruction, anal lesion(s)	Y		A2	19.836	$831.08
46930	Destroy internal hemorrhoids	Y		P3		$99.44
46940	Treatment of anal fissure	Y		P3		$86.18
46942	Treatment of anal fissure	Y		P3		$83.97
46945	Remove by ligat int hem grp	Y		P3		$138.23
46946	Remove by ligat int hem grps	Y		A2	14.6363	$613.23
46947	Hemorrhoidopexy by stapling	Y		A2	29.6501	$1,242.28
47000	Needle biopsy of liver	Y		A2	9.0033	$377.22
47001	Needle biopsy, liver add-on	N		N1		
47382	Percut ablate liver rf	Y		G2	52.0029	$2,178.82
47500	Injection for liver x-rays	N		N1		
47505	Injection for liver x-rays	N		N1		
47510	Insert catheter, bile duct	Y		A2	29.4324	$1,233.16
47511	Insert bile duct drain	Y		A2	29.4324	$1,233.16
47525	Change bile duct catheter	Y		A2	14.8714	$623.08
47530	Revise/reinsert bile tube	Y		A2	14.8714	$623.08
47552	Biliary endoscopy thru skin	Y		A2	29.4324	$1,233.16
47553	Biliary endoscopy thru skin	Y		A2	29.4324	$1,233.16
47554	Biliary endoscopy thru skin	Y		A2	29.4324	$1,233.16
47555	Biliary endoscopy thru skin	Y		A2	29.4324	$1,233.16

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47556	Biliary endoscopy thru skin	Y		A2	29.4324	$1,233.16
47560	Laparoscopy w/cholangio	Y		A2	35.196	$1,474.64
47561	Laparo w/cholangio/biopsy	Y		A2	35.196	$1,474.64
47562	Laparoscopic cholecystectomy	Y		G2	43.6667	$1,829.55
47563	Laparo cholecystectomy/graph	Y		G2	43.6667	$1,829.55
47564	Laparo cholecystectomy/explr	Y		G2	43.6667	$1,829.55
47630	Remove bile duct stone	Y		A2	29.4324	$1,233.16
48102	Needle biopsy, pancreas	Y		A2	9.0033	$377.22
49080	Puncture, peritoneal cavity	Y		A2	5.1351	$215.15
49081	Removal of abdominal fluid	Y		A2	5.1351	$215.15
49180	Biopsy, abdominal mass	Y		A2	9.0033	$377.22
49250	Excision of umbilicus	Y		A2	23.8219	$998.09
49320	Diag laparo separate proc	Y		A2	35.196	$1,474.64
49321	Laparoscopy, biopsy	Y		A2	35.196	$1,474.64
49322	Laparoscopy, aspiration	Y		A2	35.196	$1,474.64
49324	Lap insertion perm ip cath	Y		G2	35.196	$1,474.64
49325	Lap revision perm ip cath	Y		G2	35.196	$1,474.64
49326	Lap w/omentopexy add-on	Y		G2	35.196	$1,474.64
49400	Air injection into abdomen	N		N1		
49402	Remove foreign body, adbomen	Y		A2	23.8219	$998.09
49411	Ins mark abd/pel for rt perq	N		P3		$267.37
49419	Insrt abdom cath for chemotx	Y		A2	30.2764	$1,268.52
49420	Insert abdom drain, temp	Y		A2	28.2961	$1,185.54
49421	Insert abdom drain, perm	Y		A2	28.2961	$1,185.54
49422	Remove perm cannula/catheter	Y		A2	21.1144	$884.65
49423	Exchange drainage catheter	Y		G2	14.8713	$623.08
49424	Assess cyst, contrast inject	N		N1		
49426	Revise abdomen-venous shunt	Y		A2	23.8219	$998.09
49427	Injection, abdominal shunt	N		N1		
49429	Removal of shunt	Y		G2	21.1143	$884.65
49435	Insert subq exten to ip cath	Y		G2	14.8713	$623.08
49436	Embedded ip cath exit-site	Y		G2	14.8713	$623.08
49440	Place gastrostomy tube perc	Y		G2	8.0729	$338.24
49441	Place duod/jej tube perc	Y		G2	8.0729	$338.24
49442	Place cecostomy tube perc	Y		G2	14.6362	$613.23
49446	Change g-tube to g-j perc	Y		G2	8.0729	$338.24
49450	Replace g/c tube perc	Y		G2	5.7507	$240.94
49451	Replace duod/jej tube perc	Y		G2	5.7507	$240.94
49452	Replace g-j tube perc	Y		G2	5.7507	$240.94

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49460	Fix g/colon tube w/device	Y		G2	5.7507	$240.94
49465	Fluoro exam of g/colon tube	N		N1		
49495	Rpr ing hernia baby, reduc	Y		A2	30.3315	$1,270.83
49496	Rpr ing hernia baby, blocked	Y		A2	30.3315	$1,270.83
49500	Rpr ing hernia, init, reduce	Y		A2	30.3315	$1,270.83
49501	Rpr ing hernia, init blocked	Y		A2	30.3315	$1,270.83
49505	Prp i/hern init reduc >5 yr	Y		A2	30.3315	$1,270.83
49507	Prp i/hern init block >5 yr	Y		A2	30.3315	$1,270.83
49520	Rerepair ing hernia, reduce	Y		A2	30.3315	$1,270.83
49521	Rerepair ing hernia, blocked	Y		A2	30.3315	$1,270.83
49525	Repair ing hernia, sliding	Y		A2	30.3315	$1,270.83
49540	Repair lumbar hernia	Y		A2	30.3315	$1,270.83
49550	Rpr rem hernia, init, reduce	Y		A2	30.3315	$1,270.83
49553	Rpr fem hernia, init blocked	Y		A2	30.3315	$1,270.83
49555	Rerepair fem hernia, reduce	Y		A2	30.3315	$1,270.83
49557	Rerepair fem hernia, blocked	Y		A2	30.3315	$1,270.83
49560	Rpr ventral hern init, reduc	Y		A2	30.3315	$1,270.83
49561	Rpr ventral hern init, block	Y		A2	30.3315	$1,270.83
49565	Rerepair ventrl hern, reduce	Y		A2	30.3315	$1,270.83
49566	Rerepair ventrl hern, block	Y		A2	30.3315	$1,270.83
49568	Hernia repair w/mesh	Y		A2	30.3315	$1,270.83
49570	Rpr epigastric hern, reduce	Y		A2	30.3315	$1,270.83
49572	Rpr epigastric hern, blocked	Y		A2	30.3315	$1,270.83
49580	Rpr umbil hern, reduc < 5 yr	Y		A2	30.3315	$1,270.83
49582	Rpr umbil hern, block < 5 yr	Y		A2	30.3315	$1,270.83
49585	Rpr umbil hern, reduc > 5 yr	Y		A2	30.3315	$1,270.83
49587	Rpr umbil hern, block > 5 yr	Y		A2	30.3315	$1,270.83
49590	Repair spigelian hernia	Y		A2	30.3315	$1,270.83
49600	Repair umbilical lesion	Y		A2	30.3315	$1,270.83
49650	Lap ing hernia repair init	Y		A2	43.6665	$1,829.55
49651	Lap ing hernia repair recur	Y		A2	43.6665	$1,829.55
49652	Lap vent/abd hernia repair	Y		G2	64.6377	$2,708.19
49653	Lap vent/abd hern proc comp	Y		G2	64.6377	$2,708.19
49654	Lap inc hernia repair	Y		G2	64.6377	$2,708.19
49655	Lap inc hern repair comp	Y		G2	64.6377	$2,708.19
49656	Lap inc hernia repair recur	Y		G2	64.6377	$2,708.19
49657	Lap inc hern recur comp	Y		G2	64.6377	$2,708.19
50080	Removal of kidney stone	Y		G2	42.3333	$1,773.68
50081	Removal of kidney stone	Y		G2	42.3333	$1,773.68

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50200	Renal biopsy perq	Y		A2	9.0033	$377.22
50382	Change ureter stent, percut	Y		G2	24.0156	$1,006.21
50384	Remove ureter stent, percut	Y		G2	16.1088	$674.93
50385	Change stent via transureth	Y		G2	24.0156	$1,006.21
50386	Remove stent via transureth	Y		P2	6.5459	$274.26
50387	Change ext/int ureter stent	Y		G2	14.8713	$623.08
50389	Remove renal tube w/fluoro	Y		G2	6.5459	$274.26
50390	Drainage of kidney lesion	Y		A2	9.0033	$377.22
50391	Instll rx agnt into rnal tub	Y	CH	P3		$40.02
50392	Insert kidney drain	Y		A2	16.1089	$674.93
50393	Insert ureteral tube	Y		A2	24.0157	$1,006.21
50394	Injection for kidney x-ray	N		N1		
50395	Create passage to kidney	Y		A2	24.0157	$1,006.21
50396	Measure kidney pressure	Y		A2	1.8791	$78.73
50398	Change kidney tube	Y		A2	14.8714	$623.08
50551	Kidney endoscopy	Y		A2	6.5459	$274.26
50553	Kidney endoscopy	Y		A2	24.0157	$1,006.21
50555	Kidney endoscopy & biopsy	Y		A2	6.5459	$274.26
50557	Kidney endoscopy & treatment	Y		A2	24.0157	$1,006.21
50561	Kidney endoscopy & treatment	Y		A2	24.0157	$1,006.21
50562	Renal scope w/tumor resect	Y		G2	6.5459	$274.26
50570	Kidney endoscopy	Y		G2	6.5459	$274.26
50572	Kidney endoscopy	Y		G2	6.5459	$274.26
50574	Kidney endoscopy & biopsy	Y		G2	6.5459	$274.26
50575	Kidney endoscopy	Y		G2	34.0301	$1,425.79
50576	Kidney endoscopy & treatment	Y		G2	16.1088	$674.93
50580	Kidney endoscopy & treatment	Y		G2	16.1088	$674.93
50590	Fragmenting of kidney stone	Y		G2	37.9296	$1,589.17
50592	Perc rf ablate renal tumor	Y		G2	52.0029	$2,178.82
50593	Perc cryo ablate renal tum	Y	CH	P2	52.0029	$2,178.82
50684	Injection for ureter x-ray	N		N1		
50686	Measure ureter pressure	Y		P2	0.9984	$41.83
50688	Change of ureter tube/stent	Y		A2	14.8714	$623.08
50690	Injection for ureter x-ray	N		N1		
50727	Revise ureter	Y		G2	18.6773	$782.54
50947	Laparo new ureter/bladder	Y		A2	43.6665	$1,829.55
50948	Laparo new ureter/bladder	Y		A2	43.6665	$1,829.55
50951	Endoscopy of ureter	Y		A2	6.5459	$274.26
50953	Endoscopy of ureter	Y		A2	6.5459	$274.26

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
50955	Ureter endoscopy & biopsy	Y		A2	24.0157	$1,006.21
50957	Ureter endoscopy & treatment	Y		A2	24.0157	$1,006.21
50961	Ureter endoscopy & treatment	Y		A2	24.0157	$1,006.21
50970	Ureter endoscopy	Y		A2	6.5459	$274.26
50972	Ureter endoscopy & catheter	Y		A2	6.5459	$274.26
50974	Ureter endoscopy & biopsy	Y		A2	16.1089	$674.93
50976	Ureter endoscopy & treatment	Y		A2	16.1089	$674.93
50980	Ureter endoscopy & treatment	Y		A2	24.0157	$1,006.21
51020	Incise & treat bladder	Y		A2	24.0157	$1,006.21
51030	Incise & treat bladder	Y		A2	24.0157	$1,006.21
51040	Incise & drain bladder	Y		A2	24.0157	$1,006.21
51045	Incise bladder/drain ureter	Y		A2	6.5459	$274.26
51050	Removal of bladder stone	Y		A2	24.0157	$1,006.21
51065	Remove ureter calculus	Y		A2	24.0157	$1,006.21
51080	Drainage of bladder abscess	Y		A2	18.4054	$771.15
51100	Drain bladder by needle	Y		P3		$24.55
51101	Drain bladder by trocar/cath	Y		P2	0.9984	$41.83
51102	Drain bl w/cath insertion	Y		A2	18.6773	$782.54
51500	Removal of bladder cyst	Y		A2	30.3315	$1,270.83
51520	Removal of bladder lesion	Y		A2	24.0157	$1,006.21
51535	Repair of ureter lesion	Y		G2	24.0156	$1,006.21
51600	Injection for bladder x-ray	N		N1		
51605	Preparation for bladder xray	N		N1		
51610	Injection for bladder x-ray	N		N1		
51700	Irrigation of bladder	Y		P3		$39.28
51701	Insert bladder catheter	N		P2	0.6271	$26.27
51702	Insert temp bladder cath	N		P2	0.6271	$26.27
51703	Insert bladder cath, complex	Y		P2	0.9984	$41.83
51705	Change of bladder tube	Y		P3		$53.28
51710	Change of bladder tube	Y		A2	5.7506	$240.94
51715	Endoscopic injection/implant	Y		A2	29.4341	$1,233.23
51720	Treatment of bladder lesion	Y		P3		$42.97
51725	Simple cystometrogram	Y	CH	P3		$94.53
51726	Complex cystometrogram	Y		A2	2.8049	$117.53
51727	Cystometrogram w/up	Y		P2	2.8051	$117.53
51728	Cystometrogram w/vp	Y		P2	2.8051	$117.53
51729	Cystometrogram w/vp&up	Y		P2	2.8051	$117.53
51736	Urine flow measurement	N		P3		$16.45
51741	Electro-uroflowmetry, first	Y		P3		$19.15

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
51784	Anal/urinary muscle study	Y		P2	0.9984	$41.83
51785	Anal/urinary muscle study	Y		A2	1.8791	$78.73
51792	Urinary reflex study	Y		P2	0.9984	$41.83
51797	Intraabdominal pressure test	Y	CH	P3		$66.04
51798	Us urine capacity measure	N		P3		$13.75
51880	Repair of bladder opening	Y		A2	24.0157	$1,006.21
51992	Laparo sling operation	Y		A2	43.6665	$1,829.55
52000	Cystoscopy	Y		A2	6.5459	$274.26
52001	Cystoscopy, removal of clots	Y		A2	16.1089	$674.93
52005	Cystoscopy & ureter catheter	Y		A2	24.0157	$1,006.21
52007	Cystoscopy and biopsy	Y		A2	24.0157	$1,006.21
52010	Cystoscopy & duct catheter	Y		A2	6.5459	$274.26
52204	Cystoscopy w/biopsy(s)	Y		A2	24.0157	$1,006.21
52214	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52224	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52234	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52235	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52240	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52250	Cystoscopy and radiotracer	Y		A2	24.0157	$1,006.21
52260	Cystoscopy and treatment	Y		A2	16.1089	$674.93
52265	Cystoscopy and treatment	Y	CH	P3		$215.57
52270	Cystoscopy & revise urethra	Y		A2	16.1089	$674.93
52275	Cystoscopy & revise urethra	Y		A2	24.0157	$1,006.21
52276	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52277	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52281	Cystoscopy and treatment	Y		A2	16.1089	$674.93
52282	Cystoscopy, implant stent	Y		A2	34.03	$1,425.79
52283	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52285	Cystoscopy and treatment	Y		A2	16.1089	$674.93
52290	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52300	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52301	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52305	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52310	Cystoscopy and treatment	Y		A2	16.1089	$674.93
52315	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52317	Remove bladder stone	Y		A2	24.0157	$1,006.21
52318	Remove bladder stone	Y		A2	24.0157	$1,006.21
52320	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52325	Cystoscopy, stone removal	Y		A2	24.0157	$1,006.21

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
52327	Cystoscopy, inject material	Y		A2	34.03	$1,425.79
52330	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52332	Cystoscopy and treatment	Y		A2	24.0157	$1,006.21
52334	Create passage to kidney	Y		A2	24.0157	$1,006.21
52341	Cysto w/ureter stricture tx	Y		A2	24.0157	$1,006.21
52342	Cysto w/up stricture tx	Y		A2	24.0157	$1,006.21
52343	Cysto w/renal stricture tx	Y		A2	24.0157	$1,006.21
52344	Cysto/uretero, stricture tx	Y		A2	24.0157	$1,006.21
52345	Cysto/uretero w/up stricture	Y		A2	24.0157	$1,006.21
52346	Cystouretero w/renal strict	Y		A2	24.0157	$1,006.21
52351	Cystouretero & or pyeloscope	Y		A2	24.0157	$1,006.21
52352	Cystouretero w/stone remove	Y		A2	24.0157	$1,006.21
52353	Cystouretero w/lithotripsy	Y		A2	34.03	$1,425.79
52354	Cystouretero w/biopsy	Y		A2	24.0157	$1,006.21
52355	Cystouretero w/excise tumor	Y		A2	24.0157	$1,006.21
52400	Cystouretero w/congen repr	Y		A2	24.0157	$1,006.21
52402	Cystourethro cut ejacul duct	Y		A2	24.0157	$1,006.21
52450	Incision of prostate	Y		A2	24.0157	$1,006.21
52500	Revision of bladder neck	Y		A2	24.0157	$1,006.21
52601	Prostatectomy (TURP)	Y		A2	34.03	$1,425.79
52630	Remove prostate regrowth	Y		A2	34.03	$1,425.79
52640	Relieve bladder contracture	Y		A2	24.0157	$1,006.21
52647	Laser surgery of prostate	Y		A2	42.3333	$1,773.68
52648	Laser surgery of prostate	Y		A2	42.3333	$1,773.68
52700	Drainage of prostate abscess	Y		A2	24.0157	$1,006.21
53000	Incision of urethra	Y		A2	19.4327	$814.19
53010	Incision of urethra	Y		A2	19.4327	$814.19
53020	Incision of urethra	Y		A2	19.4327	$814.19
53025	Incision of urethra	Y		R2	19.4327	$814.19
53040	Drainage of urethra abscess	Y		A2	19.4327	$814.19
53060	Drainage of urethra abscess	Y		P3		$58.43
53080	Drainage of urinary leakage	Y		A2	19.4327	$814.19
53085	Drainage of urinary leakage	Y		G2	19.4327	$814.19
53200	Biopsy of urethra	Y		A2	19.4327	$814.19
53210	Removal of urethra	Y		A2	29.4341	$1,233.23
53215	Removal of urethra	Y		A2	19.4327	$814.19
53220	Treatment of urethra lesion	Y		A2	29.4341	$1,233.23
53230	Removal of urethra lesion	Y		A2	29.4341	$1,233.23
53235	Removal of urethra lesion	Y		A2	19.4327	$814.19

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
53240	Surgery for urethra pouch	Y		A2	29.4341	$1,233.23
53250	Removal of urethra gland	Y		A2	19.4327	$814.19
53260	Treatment of urethra lesion	Y		A2	19.4327	$814.19
53265	Treatment of urethra lesion	Y		A2	19.4327	$814.19
53270	Removal of urethra gland	Y		A2	19.4327	$814.19
53275	Repair of urethra defect	Y		A2	19.4327	$814.19
53400	Revise urethra, stage 1	Y		A2	29.4341	$1,233.23
53405	Revise urethra, stage 2	Y		A2	29.4341	$1,233.23
53410	Reconstruction of urethra	Y		A2	29.4341	$1,233.23
53420	Reconstruct urethra, stage 1	Y		A2	29.4341	$1,233.23
53425	Reconstruct urethra, stage 2	Y		A2	29.4341	$1,233.23
53430	Reconstruction of urethra	Y		A2	29.4341	$1,233.23
53431	Reconstruct urethra/bladder	Y		A2	29.4341	$1,233.23
53440	Male sling procedure	N		H8	137.6421	$5,766.93
53442	Remove/revise male sling	Y		A2	29.4341	$1,233.23
53444	Insert tandem cuff	N		H8	137.6421	$5,766.93
53445	Insert uro/ves nck sphincter	N		H8	239.1324	$10,019.17
53446	Remove uro sphincter	Y		A2	29.4341	$1,233.23
53447	Remove/replace ur sphincter	N		H8	239.1324	$10,019.17
53449	Repair uro sphincter	Y		A2	29.4341	$1,233.23
53450	Revision of urethra	Y		A2	29.4341	$1,233.23
53460	Revision of urethra	Y		A2	19.4327	$814.19
53502	Repair of urethra injury	Y		A2	19.4327	$814.19
53505	Repair of urethra injury	Y		A2	29.4341	$1,233.23
53510	Repair of urethra injury	Y		A2	19.4327	$814.19
53515	Repair of urethra injury	Y		A2	29.4341	$1,233.23
53520	Repair of urethra defect	Y		A2	29.4341	$1,233.23
53600	Dilate urethra stricture	Y		P3		$30.20
53601	Dilate urethra stricture	Y	CH	P3		$34.86
53605	Dilate urethra stricture	Y		A2	16.1089	$674.93
53620	Dilate urethra stricture	Y		P3		$45.42
53621	Dilate urethra stricture	Y		P3		$47.88
53660	Dilation of urethra	Y	CH	P3		$34.13
53661	Dilation of urethra	Y	CH	P3		$33.39
53665	Dilation of urethra	Y		A2	19.4327	$814.19
53850	Prostatic microwave thermotx	Y	CH	P3		$1,411.00
53852	Prostatic rf thermotx	Y	CH	P3		$1,330.96
53855	Insert prost urethral stent	Y		P2	1.8791	$78.73
54000	Slitting of prepuce	Y		A2	19.4327	$814.19

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
54001	Slitting of prepuce	Y		A2	19.4327	$814.19
54015	Drain penis lesion	Y		A2	18.4054	$771.15
54050	Destruction, penis lesion(s)	Y		P2	0.7983	$33.45
54055	Destruction, penis lesion(s)	Y		P3		$52.30
54056	Cryosurgery, penis lesion(s)	Y		P2	0.7983	$33.45
54057	Laser surg, penis lesion(s)	Y		A2	19.836	$831.08
54060	Excision of penis lesion(s)	Y		A2	19.836	$831.08
54065	Destruction, penis lesion(s)	Y		A2	19.836	$831.08
54100	Biopsy of penis	Y		A2	16.564	$694.00
54105	Biopsy of penis	Y		A2	21.9314	$918.88
54110	Treatment of penis lesion	Y		A2	33.1047	$1,387.01
54111	Treat penis lesion, graft	Y		A2	33.1047	$1,387.01
54112	Treat penis lesion, graft	Y		A2	33.1047	$1,387.01
54115	Treatment of penis lesion	Y		A2	18.4054	$771.15
54120	Partial removal of penis	Y		A2	33.1047	$1,387.01
54150	Circumcision w/regionl block	Y		A2	21.6247	$906.03
54160	Circumcision, neonate	Y		A2	21.6247	$906.03
54161	Circum 28 days or older	Y		A2	21.6247	$906.03
54162	Lysis penil circumic lesion	Y		A2	21.6247	$906.03
54163	Repair of circumcision	Y		A2	21.6247	$906.03
54164	Frenulotomy of penis	Y		A2	21.6247	$906.03
54200	Treatment of penis lesion	Y		P3		$51.31
54205	Treatment of penis lesion	Y		A2	33.1047	$1,387.01
54220	Treatment of penis lesion	Y		A2	1.8791	$78.73
54230	Prepare penis study	N		N1		
54231	Dynamic cavernosometry	Y		P3		$49.35
54235	Penile injection	Y		P3		$35.11
54240	Penis study	Y		P3		$24.80
54250	Penis study	Y		P3		$8.84
54300	Revision of penis	Y		A2	33.1047	$1,387.01
54304	Revision of penis	Y		A2	33.1047	$1,387.01
54308	Reconstruction of urethra	Y		A2	33.1047	$1,387.01
54312	Reconstruction of urethra	Y		A2	33.1047	$1,387.01
54316	Reconstruction of urethra	Y		A2	33.1047	$1,387.01
54318	Reconstruction of urethra	Y		A2	33.1047	$1,387.01
54322	Reconstruction of urethra	Y		A2	33.1047	$1,387.01
54324	Reconstruction of urethra	Y		A2	33.1047	$1,387.01
54326	Reconstruction of urethra	Y		A2	33.1047	$1,387.01
54328	Revise penis/urethra	Y		A2	33.1047	$1,387.01

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54340	Secondary urethral surgery	Y		A2	33.1047	$1,387.01
54344	Secondary urethral surgery	Y		A2	33.1047	$1,387.01
54348	Secondary urethral surgery	Y		A2	33.1047	$1,387.01
54352	Reconstruct urethra/penis	Y		A2	33.1047	$1,387.01
54360	Penis plastic surgery	Y		A2	33.1047	$1,387.01
54380	Repair penis	Y		A2	33.1047	$1,387.01
54385	Repair penis	Y		A2	33.1047	$1,387.01
54400	Insert semi-rigid prosthesis	N		H8	137.6421	$5,766.93
54401	Insert self-contd prosthesis	N		H8	239.1324	$10,019.17
54405	Insert multi-comp penis pros	N		H8	239.1324	$10,019.17
54406	Remove muti-comp penis pros	Y		A2	33.1047	$1,387.01
54408	Repair multi-comp penis pros	Y		A2	33.1047	$1,387.01
54410	Remove/replace penis prosth	N		H8	239.1324	$10,019.17
54415	Remove self-contd penis pros	Y		A2	33.1047	$1,387.01
54416	Remv/repl penis contain pros	N		H8	239.1324	$10,019.17
54420	Revision of penis	Y		A2	33.1047	$1,387.01
54435	Revision of penis	Y		A2	33.1047	$1,387.01
54440	Repair of penis	Y		A2	33.1047	$1,387.01
54450	Preputial stretching	Y		A2	2.8049	$117.53
54500	Biopsy of testis	Y		A2	14.3296	$600.38
54505	Biopsy of testis	Y		A2	21.6247	$906.03
54512	Excise lesion testis	Y		A2	21.6247	$906.03
54520	Removal of testis	Y		A2	21.6247	$906.03
54522	Orchiectomy, partial	Y		A2	21.6247	$906.03
54530	Removal of testis	Y		A2	30.3315	$1,270.83
54550	Exploration for testis	Y		A2	30.3315	$1,270.83
54560	Exploration for testis	Y		G2	21.6247	$906.03
54600	Reduce testis torsion	Y		A2	21.6247	$906.03
54620	Suspension of testis	Y		A2	21.6247	$906.03
54640	Suspension of testis	Y		A2	30.3315	$1,270.83
54660	Revision of testis	Y		A2	21.6247	$906.03
54670	Repair testis injury	Y		A2	21.6247	$906.03
54680	Relocation of testis(es)	Y		A2	21.6247	$906.03
54690	Laparoscopy, orchiectomy	Y		A2	43.6665	$1,829.55
54692	Laparoscopy, orchiopexy	Y		G2	64.6377	$2,708.19
54700	Drainage of scrotum	Y		A2	21.6247	$906.03
54800	Biopsy of epididymis	Y		A2	4.2381	$177.57
54830	Remove epididymis lesion	Y		A2	21.6247	$906.03
54840	Remove epididymis lesion	Y		A2	21.6247	$906.03

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54860	Removal of epididymis	Y		A2	21.6247	$906.03
54861	Removal of epididymis	Y		A2	21.6247	$906.03
54865	Explore epididymis	Y		A2	21.6247	$906.03
54900	Fusion of spermatic ducts	Y		A2	21.6247	$906.03
54901	Fusion of spermatic ducts	Y		A2	21.6247	$906.03
55000	Drainage of hydrocele	Y		P3		$50.09
55040	Removal of hydrocele	Y		A2	30.3315	$1,270.83
55041	Removal of hydroceles	Y		A2	30.3315	$1,270.83
55060	Repair of hydrocele	Y		A2	21.6247	$906.03
55100	Drainage of scrotum abscess	Y		A2	12.1142	$507.56
55110	Explore scrotum	Y		A2	21.6247	$906.03
55120	Removal of scrotum lesion	Y		A2	21.6247	$906.03
55150	Removal of scrotum	Y		A2	21.6247	$906.03
55175	Revision of scrotum	Y		A2	21.6247	$906.03
55180	Revision of scrotum	Y		A2	21.6247	$906.03
55200	Incision of sperm duct	Y		A2	21.6247	$906.03
55250	Removal of sperm duct(s)	Y		A2	21.6247	$906.03
55300	Prepare, sperm duct x-ray	N		N1		
55400	Repair of sperm duct	Y		A2	21.6247	$906.03
55450	Ligation of sperm duct	Y		P3		$156.64
55500	Removal of hydrocele	Y		A2	21.6247	$906.03
55520	Removal of sperm cord lesion	Y		A2	21.6247	$906.03
55530	Revise spermatic cord veins	Y		A2	21.6247	$906.03
55535	Revise spermatic cord veins	Y		A2	30.3315	$1,270.83
55540	Revise hernia & sperm veins	Y		A2	30.3315	$1,270.83
55550	Laparo ligate spermatic vein	Y		A2	43.6665	$1,829.55
55600	Incise sperm duct pouch	Y		R2	21.6247	$906.03
55680	Remove sperm pouch lesion	Y		A2	21.6247	$906.03
55700	Biopsy of prostate	Y		A2	12.1244	$507.98
55705	Biopsy of prostate	Y		A2	12.1244	$507.98
55706	Prostate saturation sampling	Y		G2	12.1242	$507.98
55720	Drainage of prostate abscess	Y		A2	24.0157	$1,006.21
55725	Drainage of prostate abscess	Y		A2	24.0157	$1,006.21
55860	Surgical exposure, prostate	Y		G2	18.6773	$782.54
55870	Electroejaculation	Y		P3		$60.89
55873	Cryoablate prostate	Y		H8	154.894	$6,489.75
55875	Transperi needle place, pros	N		A2	34.03	$1,425.79
55876	Place rt device/marker, pros	N		P3		$55.24
55920	Place needles pelvic for rt	Y		G2	23.822	$998.09

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
56405	I & D of vulva/perineum	Y		P3		$35.85
56420	Drainage of gland abscess	Y	CH	P3		$47.63
56440	Surgery for vulva lesion	Y		A2	18.8307	$788.97
56441	Lysis of labial lesion(s)	Y		A2	18.8307	$788.97
56442	Hymenotomy	Y		A2	18.8307	$788.97
56501	Destroy, vulva lesions, sim	Y		P3		$48.61
56515	Destroy vulva lesion/s compl	Y		A2	19.836	$831.08
56605	Biopsy of vulva/perineum	Y		P3		$27.99
56606	Biopsy of vulva/perineum	Y		P3		$11.54
56620	Partial removal of vulva	Y		A2	18.8307	$788.97
56625	Complete removal of vulva	Y		A2	18.8307	$788.97
56700	Partial removal of hymen	Y		A2	18.8307	$788.97
56740	Remove vagina gland lesion	Y		A2	18.8307	$788.97
56800	Repair of vagina	Y		A2	18.8307	$788.97
56805	Repair clitoris	Y		G2	18.8307	$788.97
56810	Repair of perineum	Y		A2	18.8307	$788.97
56820	Exam of vulva w/scope	Y		P3		$36.34
56821	Exam/biopsy of vulva w/scope	Y		P3		$46.89
57000	Exploration of vagina	Y		A2	18.8307	$788.97
57010	Drainage of pelvic abscess	Y		A2	18.8307	$788.97
57020	Drainage of pelvic fluid	Y		A2	6.1397	$257.24
57022	I & d vaginal hematoma, pp	Y		R2	12.1141	$507.56
57023	I & d vag hematoma, non-ob	Y		A2	18.4054	$771.15
57061	Destroy vag lesions, simple	Y		P3		$44.44
57065	Destroy vag lesions, complex	Y		A2	18.8307	$788.97
57100	Biopsy of vagina	Y		P3		$28.97
57105	Biopsy of vagina	Y		A2	18.8307	$788.97
57130	Remove vagina lesion	Y		A2	18.8307	$788.97
57135	Remove vagina lesion	Y		A2	18.8307	$788.97
57150	Treat vagina infection	Y		P3		$18.91
57155	Insert uteri tandems/ovoids	Y		A2	6.1397	$257.24
57160	Insert pessary/other device	Y		P3		$29.71
57170	Fitting of diaphragm/cap	Y		P2	0.1376	$5.77
57180	Treat vaginal bleeding	Y		A2	1.4521	$60.84
57200	Repair of vagina	Y		A2	18.8307	$788.97
57210	Repair vagina/perineum	Y		A2	18.8307	$788.97
57220	Revision of urethra	Y		A2	41.0953	$1,721.81
57230	Repair of urethral lesion	Y		A2	32.4832	$1,360.98
57240	Repair bladder & vagina	Y		A2	32.4832	$1,360.98

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
57250	Repair rectum & vagina	Y		A2	32.4832	$1,360.98
57260	Repair of vagina	Y		A2	32.4832	$1,360.98
57265	Extensive repair of vagina	Y		A2	41.0953	$1,721.81
57267	Insert mesh/pelvic flr addon	Y		A2	32.4832	$1,360.98
57268	Repair of bowel bulge	Y		A2	32.4832	$1,360.98
57287	Revise/remove sling repair	Y		G2	32.4831	$1,360.98
57288	Repair bladder defect	Y		A2	41.0953	$1,721.81
57289	Repair bladder & vagina	Y		A2	32.4832	$1,360.98
57291	Construction of vagina	Y		A2	32.4832	$1,360.98
57295	Revise vag graft via vagina	Y		G2	18.8307	$788.97
57300	Repair rectum-vagina fistula	Y		A2	32.4832	$1,360.98
57320	Repair bladder-vagina lesion	Y		G2	32.4831	$1,360.98
57400	Dilation of vagina	Y		A2	18.8307	$788.97
57410	Pelvic examination	Y		A2	18.8307	$788.97
57415	Remove vaginal foreign body	Y		A2	18.8307	$788.97
57420	Exam of vagina w/scope	Y		P3		$37.56
57421	Exam/biopsy of vag w/scope	Y		P3		$49.10
57426	Revise prosth vag graft lap	Y		G2	18.8307	$788.97
57452	Exam of cervix w/scope	Y		P3		$35.35
57454	Bx/curett of cervix w/scope	Y		P3		$43.95
57455	Biopsy of cervix w/scope	Y		P3		$45.91
57456	Endocerv curettage w/scope	Y		P3		$44.19
57460	Bx of cervix w/scope, leep	Y		P3		$127.18
57461	Conz of cervix w/scope, leep	Y		P3		$136.26
57500	Biopsy of cervix	Y		P3		$58.92
57505	Endocervical curettage	Y		P3		$39.04
57510	Cauterization of cervix	Y		P3		$40.51
57511	Cryocautery of cervix	Y	CH	P3		$48.86
57513	Laser surgery of cervix	Y		A2	18.8307	$788.97
57520	Conization of cervix	Y		A2	18.8307	$788.97
57522	Conization of cervix	Y		A2	18.8307	$788.97
57530	Removal of cervix	Y		A2	32.4832	$1,360.98
57550	Removal of residual cervix	Y		A2	32.4832	$1,360.98
57556	Remove cervix, repair bowel	Y		A2	41.0953	$1,721.81
57558	D&c of cervical stump	Y		A2	18.8307	$788.97
57700	Revision of cervix	Y		A2	18.8307	$788.97
57720	Revision of cervix	Y		A2	18.8307	$788.97
57800	Dilation of cervical canal	Y		P3		$21.36
58100	Biopsy of uterus lining	Y		P3		$35.11

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
58110	Bx done w/colposcopy add-on	N		N1		
58120	Dilation and curettage	Y		A2	18.8307	$788.97
58145	Myomectomy vag method	Y		A2	32.4832	$1,360.98
58301	Remove intrauterine device	Y		P3		$32.41
58321	Artificial insemination	Y		P3		$29.71
58322	Artificial insemination	Y		P3		$30.69
58323	Sperm washing	Y		P3		$5.89
58340	Catheter for hysterography	N		N1		
58345	Reopen fallopian tube	Y		R2	18.8307	$788.97
58346	Insert heyman uteri capsule	Y		A2	18.8307	$788.97
58350	Reopen fallopian tube	Y		A2	32.4832	$1,360.98
58353	Endometr ablate, thermal	Y		A2	32.4832	$1,360.98
58356	Endometrial cryoablation	Y		P3		$1,237.42
58545	Laparoscopic myomectomy	Y		A2	35.196	$1,474.64
58546	Laparo-myomectomy, complex	Y		A2	43.6665	$1,829.55
58550	Laparo-asst vag hysterectomy	Y		A2	64.6377	$2,708.19
58552	Laparo-vag hyst incl t/o	Y		G2	43.6667	$1,829.55
58555	Hysteroscopy, dx, sep proc	Y		A2	21.0879	$883.54
58558	Hysteroscopy, biopsy	Y		A2	21.0879	$883.54
58559	Hysteroscopy, lysis	Y		A2	21.0879	$883.54
58560	Hysteroscopy, resect septum	Y		A2	34.7943	$1,457.81
58561	Hysteroscopy, remove myoma	Y		A2	34.7943	$1,457.81
58562	Hysteroscopy, remove fb	Y		A2	21.0879	$883.54
58563	Hysteroscopy, ablation	Y		A2	34.7943	$1,457.81
58565	Hysteroscopy, sterilization	Y		A2	41.0953	$1,721.81
58600	Division of fallopian tube	Y		G2	32.4831	$1,360.98
58615	Occlude fallopian tube(s)	Y		G2	18.8307	$788.97
58660	Laparoscopy, lysis	Y		A2	43.6665	$1,829.55
58661	Laparoscopy, remove adnexa	Y		A2	43.6665	$1,829.55
58662	Laparoscopy, excise lesions	Y		A2	43.6665	$1,829.55
58670	Laparoscopy, tubal cautery	Y		A2	43.6665	$1,829.55
58671	Laparoscopy, tubal block	Y		A2	43.6665	$1,829.55
58672	Laparoscopy, fimbrioplasty	Y		A2	43.6665	$1,829.55
58673	Laparoscopy, salpingostomy	Y		A2	43.6665	$1,829.55
58800	Drainage of ovarian cyst(s)	Y		A2	18.8307	$788.97
58805	Drainage of ovarian cyst(s)	Y		G2	32.4831	$1,360.98
58820	Drain ovary abscess, open	Y		A2	32.4832	$1,360.98
58900	Biopsy of ovary(s)	Y		A2	18.8307	$788.97
58970	Retrieval of oocyte	Y		A2	3.2336	$135.48

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
58974	Transfer of embryo	Y		A2	3.2336	$135.48
58976	Transfer of embryo	Y		A2	3.2336	$135.48
59000	Amniocentesis, diagnostic	Y		P3		$51.07
59001	Amniocentesis, therapeutic	Y		R2	6.1396	$257.24
59012	Fetal cord puncture,prenatal	Y		G2	3.2335	$135.48
59015	Chorion biopsy	Y		P3		$43.95
59020	Fetal contract stress test	Y		P3		$22.34
59025	Fetal non-stress test	Y		P3		$12.03
59070	Transabdom amnioinfus w/us	Y		G2	1.4521	$60.84
59072	Umbilical cord occlud w/us	Y		G2	3.2335	$135.48
59076	Fetal shunt placement, w/us	Y		G2	3.2335	$135.48
59100	Remove uterus lesion	Y		R2	32.4831	$1,360.98
59150	Treat ectopic pregnancy	Y		G2	43.6667	$1,829.55
59151	Treat ectopic pregnancy	Y		G2	43.6667	$1,829.55
59160	D & c after delivery	Y		A2	18.8307	$788.97
59200	Insert cervical dilator	Y		P3		$27.99
59300	Episiotomy or vaginal repair	Y		P3		$63.34
59320	Revision of cervix	Y		A2	18.8307	$788.97
59412	Antepartum manipulation	Y		G2	18.8307	$788.97
59414	Deliver placenta	Y		G2	18.8307	$788.97
59812	Treatment of miscarriage	Y		A2	18.8307	$788.97
59820	Care of miscarriage	Y		A2	18.8307	$788.97
59821	Treatment of miscarriage	Y		A2	18.8307	$788.97
59840	Abortion	Y		A2	18.8307	$788.97
59841	Abortion	Y		A2	18.8307	$788.97
59866	Abortion (mpr)	Y		G2	3.2335	$135.48
59870	Evacuate mole of uterus	Y		A2	18.8307	$788.97
59871	Remove cerclage suture	Y		A2	18.8307	$788.97
60000	Drain thyroid/tongue cyst	Y		A2	7.1579	$299.89
60100	Biopsy of thyroid	Y		P3		$37.56
60200	Remove thyroid lesion	Y		A2	46.3447	$1,941.75
60210	Partial thyroid excision	Y		G2	46.3448	$1,941.75
60212	Partial thyroid excision	Y		G2	46.3448	$1,941.75
60220	Partial removal of thyroid	Y		G2	46.3448	$1,941.75
60225	Partial removal of thyroid	Y		G2	46.3448	$1,941.75
60280	Remove thyroid duct lesion	Y		A2	46.3447	$1,941.75
60281	Remove thyroid duct lesion	Y		A2	46.3447	$1,941.75
60300	Aspir/inj thyroid cyst	Y		P3		$52.30
61000	Remove cranial cavity fluid	Y		R2	7.0178	$294.03

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61001	Remove cranial cavity fluid	Y		R2	7.0178	$294.03
61020	Remove brain cavity fluid	Y		A2	7.0178	$294.03
61026	Injection into brain canal	Y		A2	7.0178	$294.03
61050	Remove brain canal fluid	Y		A2	7.0178	$294.03
61055	Injection into brain canal	Y		A2	7.0178	$294.03
61070	Brain canal shunt procedure	Y		A2	5.7506	$240.94
61215	Insert brain-fluid device	Y		A2	38.1505	$1,598.43
61330	Decompress eye socket	Y		G2	40.7633	$1,707.90
61334	Explore orbit/remove object	Y		G2	40.7633	$1,707.90
61770	Incise skull for treatment	Y		G2	34.1189	$1,429.51
61790	Treat trigeminal nerve	Y		A2	17.5922	$737.08
61791	Treat trigeminal tract	Y		A2	12.0953	$506.77
61795	Brain surgery using computer	N		N1		
61880	Revise/remove neuroelectrode	Y		G2	19.9365	$835.30
61885	Insrt/redo neurostim 1 array	N		H8	320.6516	$13,434.66
61886	Implant neurostim arrays	N		H8	416.5122	$17,451.03
61888	Revise/remove neuroreceiver	Y		A2	26.8896	$1,126.62
62160	Neuroendoscopy add-on	N		N1		
62194	Replace/irrigate catheter	Y		A2	7.0178	$294.03
62225	Replace/irrigate catheter	Y		A2	14.8714	$623.08
62230	Replace/revise brain shunt	Y		A2	38.1505	$1,598.43
62252	Csf shunt reprogram	N		P3		$39.77
62263	Epidural lysis mult sessions	Y		A2	7.0178	$294.03
62264	Epidural lysis on single day	Y		A2	12.0953	$506.77
62267	Interdiscal perq aspir, dx	Y		G2	4.2381	$177.57
62268	Drain spinal cord cyst	Y		A2	7.0178	$294.03
62269	Needle biopsy, spinal cord	Y		A2	9.0033	$377.22
62270	Spinal fluid tap, diagnostic	Y		A2	3.5267	$147.76
62272	Drain cerebro spinal fluid	Y		A2	3.5267	$147.76
62273	Inject epidural patch	Y		A2	7.0178	$294.03
62280	Treat spinal cord lesion	Y		A2	7.0178	$294.03
62281	Treat spinal cord lesion	Y		A2	7.0178	$294.03
62282	Treat spinal canal lesion	Y		A2	7.0178	$294.03
62284	Injection for myelogram	N		N1		
62287	Percutaneous diskectomy	Y		A2	34.1188	$1,429.51
62290	Inject for spine disk x-ray	N		N1		
62291	Inject for spine disk x-ray	N		N1		
62292	Injection into disk lesion	Y		R2	7.0178	$294.03
62294	Injection into spinal artery	Y		A2	7.0178	$294.03

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62310	Inject spine c/t	Y		A2	7.0178	$294.03
62311	Inject spine l/s (cd)	Y		A2	7.0178	$294.03
62318	Inject spine w/cath, c/t	Y		A2	7.0178	$294.03
62319	Inject spine w/cath l/s (cd)	Y		A2	12.0953	$506.77
62350	Implant spinal canal cath	Y		A2	38.1505	$1,598.43
62355	Remove spinal canal catheter	Y		A2	12.0953	$506.77
62360	Insert spine infusion device	Y		A2	38.1505	$1,598.43
62361	Implant spine infusion pump	Y		H8	291.0141	$12,192.91
62362	Implant spine infusion pump	Y		H8	291.0141	$12,192.91
62365	Remove spine infusion device	Y		A2	34.1188	$1,429.51
62367	Analyze spine infusion pump	N		P3		$15.96
62368	Analyze spine infusion pump	N		P3		$21.36
63600	Remove spinal cord lesion	Y		A2	17.5922	$737.08
63610	Stimulation of spinal cord	Y		A2	17.5922	$737.08
63615	Remove lesion of spinal cord	Y		R2	17.5923	$737.08
63650	Implant neuroelectrodes	N		H8	86.0561	$3,605.58
63655	Implant neuroelectrodes	N		J8	120.9392	$5,067.11
63661	Remove spine eltrd perq aray	Y		G2	19.9365	$835.30
63662	Remove spine eltrd plate	Y		G2	19.9365	$835.30
63663	Revise spine eltrd perq aray	Y		G2	19.9365	$835.30
63664	Revise spine eltrd plate	Y		G2	19.9365	$835.30
63685	Insrt/redo spine n generator	N		H8	320.6516	$13,434.66
63688	Revise/remove neuroreceiver	Y		A2	26.8896	$1,126.62
63744	Revision of spinal shunt	Y		A2	38.1505	$1,598.43
63746	Removal of spinal shunt	Y		A2	12.0953	$506.77
64400	N block inj, trigeminal	Y		P3		$49.10
64402	N block inj, facial	Y		P3		$45.42
64405	N block inj, occipital	Y		P3		$41.74
64408	N block inj, vagus	Y		P3		$49.10
64410	N block inj, phrenic	Y		A2	7.0178	$294.03
64412	N block inj, spinal accessor	Y		P3		$72.67
64413	N block inj, cervical plexus	Y		P3		$45.42
64415	N block inj, brachial plexus	Y		A2	3.5267	$147.76
64416	N block cont infuse, b plex	Y		G2	7.0178	$294.03
64417	N block inj, axillary	Y		A2	3.5267	$147.76
64418	N block inj, suprascapular	Y		P3		$62.36
64420	N block inj, intercost, sng	Y		A2	3.5267	$147.76
64421	N block inj, intercost, mlt	Y		A2	7.0178	$294.03
64425	N block inj, ilio-ing/hypogi	Y		P3		$45.91

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64430	N block inj, pudendal	Y		A2	7.0178	$294.03
64435	N block inj, paracervical	Y		P3		$59.17
64445	N block inj, sciatic, sng	Y		P3		$55.00
64446	N blk inj, sciatic, cont inf	Y		G2	12.0953	$506.77
64447	N block inj fem, single	Y		R2	7.0178	$294.03
64448	N block inj fem, cont inf	Y		G2	7.0178	$294.03
64449	N block inj, lumbar plexus	Y		G2	7.0178	$294.03
64450	N block, other peripheral	Y		P3		$39.28
64455	N block inj, plantar digit	Y		P3		$14.73
64479	Inj foramen epidural c/t	Y		A2	7.0178	$294.03
64480	Inj foramen epidural add-on	Y		A2	3.5267	$147.76
64483	Inj foramen epidural l/s	Y		A2	7.0178	$294.03
64484	Inj foramen epidural add-on	Y		A2	3.5267	$147.76
64490	Inj paravert f jnt c/t 1 lev	Y		G2	7.0178	$294.03
64491	Inj paravert f jnt c/t 2 lev	Y		G2	2.4234	$101.54
64492	Inj paravert f jnt c/t 3 lev	Y		G2	2.4234	$101.54
64493	Inj paravert f jnt l/s 1 lev	Y		G2	7.0178	$294.03
64494	Inj paravert f jnt l/s 2 lev	Y		G2	2.4234	$101.54
64495	Inj paravert f jnt l/s 3 lev	Y		G2	2.4234	$101.54
64505	N block, spenopalatine gangl	Y		P3		$34.37
64508	N block, carotid sinus s/p	Y		P3		$79.30
64510	N block, stellate ganglion	Y		A2	7.0178	$294.03
64517	N block inj, hypogas plxs	Y		A2	7.0178	$294.03
64520	N block, lumbar/thoracic	Y		A2	7.0178	$294.03
64530	N block inj, celiac pelus	Y		A2	7.0178	$294.03
64553	Implant neuroelectrodes	N		H8	86.0561	$3,605.58
64555	Implant neuroelectrodes	N		J8	86.0561	$3,605.58
64560	Implant neuroelectrodes	N		J8	86.0561	$3,605.58
64561	Implant neuroelectrodes	N		H8	86.0561	$3,605.58
64565	Implant neuroelectrodes	N		J8	86.0561	$3,605.58
64573	Implant neuroelectrodes	N		H8	313.8252	$13,148.65
64575	Implant neuroelectrodes	N		H8	120.9392	$5,067.11
64577	Implant neuroelectrodes	N		H8	120.9392	$5,067.11
64580	Implant neuroelectrodes	N		H8	120.9392	$5,067.11
64581	Implant neuroelectrodes	N		H8	120.9392	$5,067.11
64585	Revise/remove neuroelectrode	Y		A2	19.9365	$835.30
64590	Insrt/redo pn/gastr stimul	N		H8	320.6516	$13,434.66
64595	Revise/rmv pn/gastr stimul	Y		A2	26.8896	$1,126.62
64600	Injection treatment of nerve	Y		A2	12.0953	$506.77

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
64605	Injection treatment of nerve	Y		A2	17.5922	$737.08
64610	Injection treatment of nerve	Y		A2	17.5922	$737.08
64612	Destroy nerve, face muscle	Y		P3		$57.70
64613	Destroy nerve, neck muscle	Y		P3		$53.52
64614	Destroy nerve, extrem musc	Y		P3		$60.89
64620	Injection treatment of nerve	Y		A2	7.0178	$294.03
64622	Destr paravertebrl nerve l/s	Y		A2	12.0953	$506.77
64623	Destr paravertebral n add-on	Y		A2	7.0178	$294.03
64626	Destr paravertebrl nerve c/t	Y		A2	7.0178	$294.03
64627	Destr paravertebral n add-on	Y		A2	2.4235	$101.54
64630	Injection treatment of nerve	Y		A2	7.0178	$294.03
64632	N block inj, common digit	Y		P3		$28.23
64640	Injection treatment of nerve	Y		P3		$81.51
64650	Chemodenerv eccrine glands	Y		P3		$30.20
64653	Chemodenerv eccrine glands	Y		P3		$33.64
64680	Injection treatment of nerve	Y		A2	7.0178	$294.03
64681	Injection treatment of nerve	Y		A2	12.0953	$506.77
64702	Revise finger/toe nerve	Y		A2	17.5922	$737.08
64704	Revise hand/foot nerve	Y		A2	17.5922	$737.08
64708	Revise arm/leg nerve	Y		A2	17.5922	$737.08
64712	Revision of sciatic nerve	Y		A2	17.5922	$737.08
64713	Revision of arm nerve(s)	Y		A2	17.5922	$737.08
64714	Revise low back nerve(s)	Y		A2	17.5922	$737.08
64716	Revision of cranial nerve	Y		A2	17.5922	$737.08
64718	Revise ulnar nerve at elbow	Y		A2	17.5922	$737.08
64719	Revise ulnar nerve at wrist	Y		A2	17.5922	$737.08
64721	Carpal tunnel surgery	Y		A2	17.5922	$737.08
64722	Relieve pressure on nerve(s)	Y		A2	17.5922	$737.08
64726	Release foot/toe nerve	Y		A2	17.5922	$737.08
64727	Internal nerve revision	Y		A2	17.5922	$737.08
64732	Incision of brow nerve	Y		A2	17.5922	$737.08
64734	Incision of cheek nerve	Y		A2	17.5922	$737.08
64736	Incision of chin nerve	Y		A2	17.5922	$737.08
64738	Incision of jaw nerve	Y		A2	17.5922	$737.08
64740	Incision of tongue nerve	Y		A2	17.5922	$737.08
64742	Incision of facial nerve	Y		A2	17.5922	$737.08
64744	Incise nerve, back of head	Y		A2	17.5922	$737.08
64746	Incise diaphragm nerve	Y		A2	17.5922	$737.08
64761	Incision of pelvis nerve	Y		G2	17.5923	$737.08

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
64763	Incise hip/thigh nerve	Y		G2	17.5923	$737.08
64766	Incise hip/thigh nerve	Y		G2	34.1189	$1,429.51
64771	Sever cranial nerve	Y		A2	17.5922	$737.08
64772	Incision of spinal nerve	Y		A2	17.5922	$737.08
64774	Remove skin nerve lesion	Y		A2	17.5922	$737.08
64776	Remove digit nerve lesion	Y		A2	17.5922	$737.08
64778	Digit nerve surgery add-on	Y		A2	17.5922	$737.08
64782	Remove limb nerve lesion	Y		A2	17.5922	$737.08
64783	Limb nerve surgery add-on	Y		A2	17.5922	$737.08
64784	Remove nerve lesion	Y		A2	17.5922	$737.08
64786	Remove sciatic nerve lesion	Y		A2	34.1188	$1,429.51
64787	Implant nerve end	Y		A2	17.5922	$737.08
64788	Remove skin nerve lesion	Y		A2	17.5922	$737.08
64790	Removal of nerve lesion	Y		A2	17.5922	$737.08
64792	Removal of nerve lesion	Y		A2	34.1188	$1,429.51
64795	Biopsy of nerve	Y		A2	17.5922	$737.08
64802	Remove sympathetic nerves	Y		A2	17.5922	$737.08
64820	Remove sympathetic nerves	Y		G2	17.5923	$737.08
64821	Remove sympathetic nerves	Y		A2	27.1049	$1,135.64
64822	Remove sympathetic nerves	Y		G2	27.1049	$1,135.64
64823	Remove sympathetic nerves	Y		G2	27.1049	$1,135.64
64831	Repair of digit nerve	Y		A2	34.1188	$1,429.51
64832	Repair nerve add-on	Y		A2	34.1188	$1,429.51
64834	Repair of hand or foot nerve	Y		A2	34.1188	$1,429.51
64835	Repair of hand or foot nerve	Y		A2	34.1188	$1,429.51
64836	Repair of hand or foot nerve	Y		A2	34.1188	$1,429.51
64837	Repair nerve add-on	Y		A2	34.1188	$1,429.51
64840	Repair of leg nerve	Y		A2	34.1188	$1,429.51
64856	Repair/transpose nerve	Y		A2	34.1188	$1,429.51
64857	Repair arm/leg nerve	Y		A2	34.1188	$1,429.51
64858	Repair sciatic nerve	Y		A2	34.1188	$1,429.51
64859	Nerve surgery	Y		A2	34.1188	$1,429.51
64861	Repair of arm nerves	Y		A2	34.1188	$1,429.51
64862	Repair of low back nerves	Y		A2	34.1188	$1,429.51
64864	Repair of facial nerve	Y		A2	34.1188	$1,429.51
64865	Repair of facial nerve	Y		A2	34.1188	$1,429.51
64870	Fusion of facial/other nerve	Y		A2	34.1188	$1,429.51
64872	Subsequent repair of nerve	Y		A2	34.1188	$1,429.51
64874	Repair & revise nerve add-on	Y		A2	34.1188	$1,429.51

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
64876	Repair nerve/shorten bone	Y		A2	34.1188	$1,429.51
64885	Nerve graft, head or neck	Y		A2	34.1188	$1,429.51
64886	Nerve graft, head or neck	Y		A2	34.1188	$1,429.51
64890	Nerve graft, hand or foot	Y		A2	34.1188	$1,429.51
64891	Nerve graft, hand or foot	Y		A2	34.1188	$1,429.51
64892	Nerve graft, arm or leg	Y		A2	34.1188	$1,429.51
64893	Nerve graft, arm or leg	Y		A2	34.1188	$1,429.51
64895	Nerve graft, hand or foot	Y		A2	34.1188	$1,429.51
64896	Nerve graft, hand or foot	Y		A2	34.1188	$1,429.51
64897	Nerve graft, arm or leg	Y		A2	34.1188	$1,429.51
64898	Nerve graft, arm or leg	Y		A2	34.1188	$1,429.51
64901	Nerve graft add-on	Y		A2	34.1188	$1,429.51
64902	Nerve graft add-on	Y		A2	34.1188	$1,429.51
64905	Nerve pedicle transfer	Y		A2	34.1188	$1,429.51
64907	Nerve pedicle transfer	Y		A2	34.1188	$1,429.51
64910	Nerve repair w/allograft	Y		G2	34.1189	$1,429.51
65091	Revise eye	Y		A2	35.7611	$1,498.32
65093	Revise eye with implant	Y		A2	35.7611	$1,498.32
65101	Removal of eye	Y		A2	35.7611	$1,498.32
65103	Remove eye/insert implant	Y		A2	35.7611	$1,498.32
65105	Remove eye/attach implant	Y		A2	35.7611	$1,498.32
65110	Removal of eye	Y		A2	35.7611	$1,498.32
65112	Remove eye/revise socket	Y		A2	35.7611	$1,498.32
65114	Remove eye/revise socket	Y		A2	35.7611	$1,498.32
65125	Revise ocular implant	Y		G2	24.4266	$1,023.43
65130	Insert ocular implant	Y		A2	24.4265	$1,023.43
65135	Insert ocular implant	Y		A2	24.4265	$1,023.43
65140	Attach ocular implant	Y		A2	35.7611	$1,498.32
65150	Revise ocular implant	Y		A2	24.4265	$1,023.43
65155	Reinsert ocular implant	Y		A2	35.7611	$1,498.32
65175	Removal of ocular implant	Y		A2	18.1698	$761.28
65205	Remove foreign body from eye	N		P3		$18.66
65210	Remove foreign body from eye	N		P3		$24.31
65220	Remove foreign body from eye	N		G2	0.8468	$35.48
65222	Remove foreign body from eye	N		P3		$26.52
65235	Remove foreign body from eye	Y		A2	15.5346	$650.87
65260	Remove foreign body from eye	Y		A2	4.8105	$201.55
65265	Remove foreign body from eye	Y		A2	21.159	$886.52
65270	Repair of eye wound	Y		A2	18.1698	$761.28

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HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
65272	Repair of eye wound	Y		A2	22.292	$933.99
65275	Repair of eye wound	Y		A2	22.292	$933.99
65280	Repair of eye wound	Y		A2	21.159	$886.52
65285	Repair of eye wound	Y		A2	36.9483	$1,548.07
65286	Repair of eye wound	Y	CH	P3		$296.83
65290	Repair of eye socket wound	Y		A2	23.0114	$964.13
65400	Removal of eye lesion	Y		A2	15.5346	$650.87
65410	Biopsy of cornea	Y		A2	15.5346	$650.87
65420	Removal of eye lesion	Y		A2	15.5346	$650.87
65426	Removal of eye lesion	Y		A2	22.292	$933.99
65430	Corneal smear	N		P2	0.8468	$35.48
65435	Curette/treat cornea	Y		P3		$29.46
65436	Curette/treat cornea	Y		P3		$132.58
65450	Treatment of corneal lesion	N		G2	2.0838	$87.31
65600	Revision of cornea	Y		P3		$152.22
65710	Corneal transplant	Y		A2	35.4855	$1,486.77
65730	Corneal transplant	Y		A2	35.4855	$1,486.77
65750	Corneal transplant	Y		A2	35.4855	$1,486.77
65755	Corneal transplant	Y		A2	35.4855	$1,486.77
65756	Corneal trnspl, endothelial	Y		G2	35.4855	$1,486.77
65757	Prep corneal endo allograft	N		N1		
65770	Revise cornea with implant	Y		H8	151.1101	$6,331.21
65772	Correction of astigmatism	Y		A2	15.5346	$650.87
65775	Correction of astigmatism	Y		A2	15.5346	$650.87
65780	Ocular reconst, transplant	Y		A2	35.4855	$1,486.77
65781	Ocular reconst, transplant	Y		A2	35.4855	$1,486.77
65782	Ocular reconst, transplant	Y		A2	35.4855	$1,486.77
65800	Drainage of eye	Y		A2	7.1602	$299.99
65805	Drainage of eye	Y		A2	15.5346	$650.87
65810	Drainage of eye	Y		A2	22.292	$933.99
65815	Drainage of eye	Y		A2	22.292	$933.99
65820	Relieve inner eye pressure	Y		A2	22.292	$933.99
65850	Incision of eye	Y		A2	22.292	$933.99
65855	Laser surgery of eye	Y		P3		$123.25
65860	Incise inner eye adhesions	Y		P3		$114.17
65865	Incise inner eye adhesions	Y		A2	15.5346	$650.87
65870	Incise inner eye adhesions	Y		A2	22.292	$933.99
65875	Incise inner eye adhesions	Y		A2	22.292	$933.99
65880	Incise inner eye adhesions	Y		A2	15.5346	$650.87

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65900	Remove eye lesion	Y		A2	2.2567	$94.56
65920	Remove implant of eye	Y		A2	22.292	$933.99
65930	Remove blood clot from eye	Y		A2	22.292	$933.99
66020	Injection treatment of eye	Y		A2	15.5346	$650.87
66030	Injection treatment of eye	Y		A2	15.5346	$650.87
66130	Remove eye lesion	Y		A2	22.292	$933.99
66150	Glaucoma surgery	Y		A2	22.292	$933.99
66155	Glaucoma surgery	Y		A2	22.292	$933.99
66160	Glaucoma surgery	Y		A2	22.292	$933.99
66165	Glaucoma surgery	Y		A2	22.292	$933.99
66170	Glaucoma surgery	Y		A2	22.292	$933.99
66172	Incision of eye	Y		A2	22.292	$933.99
66180	Implant eye shunt	Y		A2	40.4623	$1,695.29
66185	Revise eye shunt	Y		A2	22.292	$933.99
66220	Repair eye lesion	Y		A2	36.9483	$1,548.07
66225	Repair/graft eye lesion	Y		A2	40.4623	$1,695.29
66250	Follow-up surgery of eye	Y		A2	15.5346	$650.87
66500	Incision of iris	Y		A2	2.2567	$94.56
66505	Incision of iris	Y		A2	7.1602	$299.99
66600	Remove iris and lesion	Y		A2	22.292	$933.99
66605	Removal of iris	Y		A2	22.292	$933.99
66625	Removal of iris	Y		A2	7.1602	$299.99
66630	Removal of iris	Y		A2	22.292	$933.99
66635	Removal of iris	Y		A2	22.292	$933.99
66680	Repair iris & ciliary body	Y		A2	22.292	$933.99
66682	Repair iris & ciliary body	Y		A2	22.292	$933.99
66700	Destruction, ciliary body	Y		A2	15.5346	$650.87
66710	Ciliary transsleral therapy	Y		A2	15.5346	$650.87
66711	Ciliary endoscopic ablation	Y		A2	15.5346	$650.87
66720	Destruction, ciliary body	Y		A2	15.5346	$650.87
66740	Destruction, ciliary body	Y		A2	22.292	$933.99
66761	Revision of iris	Y		P3		$172.36
66762	Revision of iris	Y	CH	P3		$176.04
66770	Removal of inner eye lesion	Y	CH	P3		$191.51
66820	Incision, secondary cataract	Y		G2	7.1601	$299.99
66821	After cataract laser surgery	Y		A2	5.0594	$211.98
66825	Reposition intraocular lens	Y		A2	22.292	$933.99
66830	Removal of lens lesion	Y		A2	7.1602	$299.99
66840	Removal of lens material	Y		A2	13.0166	$545.37

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66850	Removal of lens material	Y		A2	28.1963	$1,181.37
66852	Removal of lens material	Y		A2	28.1963	$1,181.37
66920	Extraction of lens	Y		A2	28.1963	$1,181.37
66930	Extraction of lens	Y		A2	28.1963	$1,181.37
66940	Extraction of lens	Y		A2	13.0166	$545.37
66982	Cataract surgery, complex	Y		A2	22.524	$943.71
66983	Cataract surg w/iol, 1 stage	Y		A2	22.524	$943.71
66984	Cataract surg w/iol, 1 stage	Y		A2	22.524	$943.71
66985	Insert lens prosthesis	Y		A2	22.524	$943.71
66986	Exchange lens prosthesis	Y		A2	22.524	$943.71
66990	Ophthalmic endoscope add-on	N		N1		
67005	Partial removal of eye fluid	Y		A2	21.159	$886.52
67010	Partial removal of eye fluid	Y		A2	36.9483	$1,548.07
67015	Release of eye fluid	Y		A2	36.9483	$1,548.07
67025	Replace eye fluid	Y		A2	36.9483	$1,548.07
67027	Implant eye drug system	Y		A2	36.9483	$1,548.07
67028	Injection eye drug	Y		P3		$76.11
67030	Incise inner eye strands	Y		A2	21.159	$886.52
67031	Laser surgery, eye strands	Y		A2	5.0594	$211.98
67036	Removal of inner eye fluid	Y		A2	36.9483	$1,548.07
67039	Laser treatment of retina	Y		A2	36.9483	$1,548.07
67040	Laser treatment of retina	Y		A2	36.9483	$1,548.07
67041	Vit for macular pucker	Y		G2	36.9485	$1,548.07
67042	Vit for macular hole	Y		G2	36.9485	$1,548.07
67043	Vit for membrane dissect	Y		G2	36.9485	$1,548.07
67101	Repair detached retina	Y		P3		$291.19
67105	Repair detached retina	Y		P2	5.0594	$211.98
67107	Repair detached retina	Y		A2	36.9483	$1,548.07
67108	Repair detached retina	Y		A2	36.9483	$1,548.07
67110	Repair detached retina	Y		P3		$312.55
67112	Rerepair detached retina	Y		A2	36.9483	$1,548.07
67113	Repair retinal detach, cplx	Y		G2	36.9485	$1,548.07
67115	Release encircling material	Y		A2	21.159	$886.52
67120	Remove eye implant material	Y		A2	21.159	$886.52
67121	Remove eye implant material	Y		A2	36.9483	$1,548.07
67141	Treatment of retina	Y		A2	4.8105	$201.55
67145	Treatment of retina	Y	CH	P3		$186.10
67208	Treatment of retinal lesion	Y	CH	P3		$200.59
67210	Treatment of retinal lesion	Y		P2	5.0594	$211.98

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67218	Treatment of retinal lesion	Y		A2	21.159	$886.52
67220	Treatment of choroid lesion	Y		P2	4.8105	$201.55
67221	Ocular photodynamic ther	Y		P3		$105.82
67225	Eye photodynamic ther add-on	Y		P3		$8.10
67227	Treatment of retinal lesion	Y		A2	21.159	$886.52
67228	Treatment of retinal lesion	Y		P2	5.0594	$211.98
67229*	Tr retinal les preterm inf	Y		R2	5.0594	$211.98
67250	Reinforce eye wall	Y		A2	18.1698	$761.28
67255	Reinforce/graft eye wall	Y		A2	21.159	$886.52
67311	Revise eye muscle	Y		A2	23.0114	$964.13
67312	Revise two eye muscles	Y		A2	23.0114	$964.13
67314	Revise eye muscle	Y		A2	23.0114	$964.13
67316	Revise two eye muscles	Y		A2	23.0114	$964.13
67318	Revise eye muscle(s)	Y		A2	23.0114	$964.13
67320	Revise eye muscle(s) add-on	Y		A2	23.0114	$964.13
67331	Eye surgery follow-up add-on	Y		A2	23.0114	$964.13
67332	Rerevise eye muscles add-on	Y		A2	23.0114	$964.13
67334	Revise eye muscle w/suture	Y		A2	23.0114	$964.13
67335	Eye suture during surgery	Y		A2	23.0114	$964.13
67340	Revise eye muscle add-on	Y		A2	23.0114	$964.13
67343	Release eye tissue	Y		A2	23.0114	$964.13
67345	Destroy nerve of eye muscle	Y		P3		$78.08
67346	Biopsy, eye muscle	Y		A2	15.1275	$633.81
67400	Explore/biopsy eye socket	Y		A2	18.1698	$761.28
67405	Explore/drain eye socket	Y		A2	24.4265	$1,023.43
67412	Explore/treat eye socket	Y		A2	18.1698	$761.28
67413	Explore/treat eye socket	Y		A2	24.4265	$1,023.43
67414	Explr/decompress eye socket	Y		G2	35.7612	$1,498.32
67415	Aspiration, orbital contents	Y		A2	18.1698	$761.28
67420	Explore/treat eye socket	Y		A2	35.7611	$1,498.32
67430	Explore/treat eye socket	Y		A2	35.7611	$1,498.32
67440	Explore/drain eye socket	Y		A2	35.7611	$1,498.32
67445	Explr/decompress eye socket	Y		A2	35.7611	$1,498.32
67450	Explore/biopsy eye socket	Y		A2	35.7611	$1,498.32
67500	Inject/treat eye socket	N		G2	2.0838	$87.31
67505	Inject/treat eye socket	Y		P3		$26.52
67515	Inject/treat eye socket	Y		P3		$27.74
67550	Insert eye socket implant	Y		A2	35.7611	$1,498.32
67560	Revise eye socket implant	Y		A2	24.4265	$1,023.43

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
67570	Decompress optic nerve	Y		A2	35.7611	$1,498.32
67700	Drainage of eyelid abscess	Y		P2	2.8731	$120.38
67710	Incision of eyelid	Y		P3		$121.78
67715	Incision of eyelid fold	Y		A2	18.1698	$761.28
67800	Remove eyelid lesion	Y		P3		$48.12
67801	Remove eyelid lesions	Y		P3		$58.68
67805	Remove eyelid lesions	Y		P3		$75.62
67808	Remove eyelid lesion(s)	Y		A2	18.1698	$761.28
67810	Biopsy of eyelid	Y	CH	P3		$109.99
67820	Revise eyelashes	N		P3		$15.96
67825	Revise eyelashes	Y		P3		$48.61
67830	Revise eyelashes	Y		A2	7.0748	$296.42
67835	Revise eyelashes	Y		A2	18.1698	$761.28
67840	Remove eyelid lesion	Y		P3		$130.62
67850	Treat eyelid lesion	Y		P3		$102.14
67875	Closure of eyelid by suture	Y		G2	7.0747	$296.42
67880	Revision of eyelid	Y		A2	15.5346	$650.87
67882	Revision of eyelid	Y		A2	18.1698	$761.28
67900	Repair brow defect	Y		A2	24.4265	$1,023.43
67901	Repair eyelid defect	Y		A2	18.1698	$761.28
67902	Repair eyelid defect	Y		A2	24.4265	$1,023.43
67903	Repair eyelid defect	Y		A2	18.1698	$761.28
67904	Repair eyelid defect	Y		A2	18.1698	$761.28
67906	Repair eyelid defect	Y		A2	18.1698	$761.28
67908	Repair eyelid defect	Y		A2	18.1698	$761.28
67909	Revise eyelid defect	Y		A2	18.1698	$761.28
67911	Revise eyelid defect	Y		A2	18.1698	$761.28
67912	Correction eyelid w/implant	Y		A2	18.1698	$761.28
67914	Repair eyelid defect	Y		A2	18.1698	$761.28
67915	Repair eyelid defect	Y		P3		$147.31
67916	Repair eyelid defect	Y		A2	18.1698	$761.28
67917	Repair eyelid defect	Y		A2	18.1698	$761.28
67921	Repair eyelid defect	Y		A2	18.1698	$761.28
67922	Repair eyelid defect	Y		P3		$142.89
67923	Repair eyelid defect	Y		A2	18.1698	$761.28
67924	Repair eyelid defect	Y		A2	18.1698	$761.28
67930	Repair eyelid wound	Y		P3		$149.77
67935	Repair eyelid wound	Y		A2	18.1698	$761.28
67938	Remove eyelid foreign body	N		P2	2.0838	$87.31

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
67950	Revision of eyelid	Y		A2	18.1698	$761.28
67961	Revision of eyelid	Y		A2	18.1698	$761.28
67966	Revision of eyelid	Y		A2	18.1698	$761.28
67971	Reconstruction of eyelid	Y		A2	18.1698	$761.28
67973	Reconstruction of eyelid	Y		A2	24.4265	$1,023.43
67974	Reconstruction of eyelid	Y		A2	18.1698	$761.28
67975	Reconstruction of eyelid	Y		A2	18.1698	$761.28
68020	Incise/drain eyelid lining	Y		P3		$42.97
68040	Treatment of eyelid lesions	N		P3		$21.61
68100	Biopsy of eyelid lining	Y		P3		$78.57
68110	Remove eyelid lining lesion	Y		P3		$103.12
68115	Remove eyelid lining lesion	Y		A2	18.1698	$761.28
68130	Remove eyelid lining lesion	Y		A2	15.5346	$650.87
68135	Remove eyelid lining lesion	Y		P3		$55.24
68200	Treat eyelid by injection	N		P3		$15.71
68320	Revise/graft eyelid lining	Y		A2	24.4265	$1,023.43
68325	Revise/graft eyelid lining	Y		A2	24.4265	$1,023.43
68326	Revise/graft eyelid lining	Y		A2	18.1698	$761.28
68328	Revise/graft eyelid lining	Y		A2	24.4265	$1,023.43
68330	Revise eyelid lining	Y		A2	22.292	$933.99
68335	Revise/graft eyelid lining	Y		A2	24.4265	$1,023.43
68340	Separate eyelid adhesions	Y		A2	18.1698	$761.28
68360	Revise eyelid lining	Y		A2	22.292	$933.99
68362	Revise eyelid lining	Y		A2	22.292	$933.99
68371	Harvest eye tissue, alograft	Y		A2	15.5346	$650.87
68400	Incise/drain tear gland	Y		P2	2.8731	$120.38
68420	Incise/drain tear sac	Y		P3		$152.47
68440	Incise tear duct opening	Y		P3		$44.44
68500	Removal of tear gland	Y		A2	24.4265	$1,023.43
68505	Partial removal, tear gland	Y		A2	24.4265	$1,023.43
68510	Biopsy of tear gland	Y		A2	18.1698	$761.28
68520	Removal of tear sac	Y		A2	24.4265	$1,023.43
68525	Biopsy of tear sac	Y		A2	18.1698	$761.28
68530	Clearance of tear duct	Y		P2	2.8731	$120.38
68540	Remove tear gland lesion	Y		A2	18.1698	$761.28
68550	Remove tear gland lesion	Y		A2	24.4265	$1,023.43
68700	Repair tear ducts	Y		A2	18.1698	$761.28
68705	Revise tear duct opening	Y	CH	P3		$103.36
68720	Create tear sac drain	Y		A2	24.4265	$1,023.43

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
68745	Create tear duct drain	Y		A2	24.4265	$1,023.43
68750	Create tear duct drain	Y		A2	24.4265	$1,023.43
68760	Close tear duct opening	Y		P3		$87.90
68761	Close tear duct opening	Y		P3		$61.87
68770	Close tear system fistula	Y		A2	24.4265	$1,023.43
68801	Dilate tear duct opening	N		P2	0.8468	$35.48
68810	Probe nasolacrimal duct	Y		A2	2.8732	$120.38
68811	Probe nasolacrimal duct	Y		A2	18.1698	$761.28
68815	Probe nasolacrimal duct	Y		A2	18.1698	$761.28
68816	Probe nl duct w/balloon	Y		G2	18.1699	$761.28
68840	Explore/irrigate tear ducts	N		P3		$50.58
68850	Injection for tear sac x-ray	N		N1		
69000	Drain external ear lesion	Y		P2	1.358	$56.90
69005	Drain external ear lesion	Y		P3		$92.07
69020	Drain outer ear canal lesion	Y		P2	1.358	$56.90
69100	Biopsy of external ear	Y		P3		$50.82
69105	Biopsy of external ear canal	Y		P3		$76.60
69110	Remove external ear, partial	Y		A2	16.564	$694.00
69120	Removal of external ear	Y		A2	23.2154	$972.69
69140	Remove ear canal lesion(s)	Y		A2	23.2154	$972.69
69145	Remove ear canal lesion(s)	Y		A2	16.564	$694.00
69150	Extensive ear canal surgery	Y		A2	7.1579	$299.89
69200	Clear outer ear canal	N		P2	0.6271	$26.27
69205	Clear outer ear canal	Y		A2	21.9314	$918.88
69210	Remove impacted ear wax	N		P3		$18.91
69220	Clean out mastoid cavity	Y		P2	0.7983	$33.45
69222	Clean out mastoid cavity	Y		P3		$117.36
69300	Revise external ear	Y		A2	23.2154	$972.69
69310	Rebuild outer ear canal	Y		A2	40.7633	$1,707.90
69320	Rebuild outer ear canal	Y		A2	40.7633	$1,707.90
69400	Inflate middle ear canal	Y		P3		$80.53
69401	Inflate middle ear canal	Y		P3		$43.21
69405	Catheterize middle ear canal	Y		P3		$112.45
69420	Incision of eardrum	Y		P3		$98.45
69421	Incision of eardrum	Y		A2	15.8303	$663.26
69424	Remove ventilating tube	Y		P3		$68.25
69433	Create eardrum opening	Y		P3		$98.70
69436	Create eardrum opening	Y		A2	15.8303	$663.26
69440	Exploration of middle ear	Y		A2	23.2154	$972.69

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
69450	Eardrum revision	Y		A2	40.7633	$1,707.90
69501	Mastoidectomy	Y		A2	40.7633	$1,707.90
69502	Mastoidectomy	Y		A2	23.2154	$972.69
69505	Remove mastoid structures	Y		A2	40.7633	$1,707.90
69511	Extensive mastoid surgery	Y		A2	40.7633	$1,707.90
69530	Extensive mastoid surgery	Y		A2	40.7633	$1,707.90
69540	Remove ear lesion	Y		P3		$114.66
69550	Remove ear lesion	Y		A2	40.7633	$1,707.90
69552	Remove ear lesion	Y		A2	40.7633	$1,707.90
69601	Mastoid surgery revision	Y		A2	40.7633	$1,707.90
69602	Mastoid surgery revision	Y		A2	40.7633	$1,707.90
69603	Mastoid surgery revision	Y		A2	40.7633	$1,707.90
69604	Mastoid surgery revision	Y		A2	40.7633	$1,707.90
69605	Mastoid surgery revision	Y		A2	40.7633	$1,707.90
69610	Repair of eardrum	Y		P3		$155.66
69620	Repair of eardrum	Y		A2	23.2154	$972.69
69631	Repair eardrum structures	Y		A2	40.7633	$1,707.90
69632	Rebuild eardrum structures	Y		A2	40.7633	$1,707.90
69633	Rebuild eardrum structures	Y		A2	40.7633	$1,707.90
69635	Repair eardrum structures	Y		A2	40.7633	$1,707.90
69636	Rebuild eardrum structures	Y		A2	40.7633	$1,707.90
69637	Rebuild eardrum structures	Y		A2	40.7633	$1,707.90
69641	Revise middle ear & mastoid	Y		A2	40.7633	$1,707.90
69642	Revise middle ear & mastoid	Y		A2	40.7633	$1,707.90
69643	Revise middle ear & mastoid	Y		A2	40.7633	$1,707.90
69644	Revise middle ear & mastoid	Y		A2	40.7633	$1,707.90
69645	Revise middle ear & mastoid	Y		A2	40.7633	$1,707.90
69646	Revise middle ear & mastoid	Y		A2	40.7633	$1,707.90
69650	Release middle ear bone	Y		A2	23.2154	$972.69
69660	Revise middle ear bone	Y		A2	40.7633	$1,707.90
69661	Revise middle ear bone	Y		A2	40.7633	$1,707.90
69662	Revise middle ear bone	Y		A2	40.7633	$1,707.90
69666	Repair middle ear structures	Y		A2	40.7633	$1,707.90
69667	Repair middle ear structures	Y		A2	40.7633	$1,707.90
69670	Remove mastoid air cells	Y		A2	40.7633	$1,707.90
69676	Remove middle ear nerve	Y		A2	40.7633	$1,707.90
69700	Close mastoid fistula	Y		A2	40.7633	$1,707.90
69711	Remove/repair hearing aid	Y		A2	40.7633	$1,707.90
69714	Implant temple bone w/stimul	Y		H8	162.8173	$6,821.72

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment
69715	Temple bne implnt w/stimulat	Y		H8	162.8173	$6,821.72
69717	Temple bone implant revision	Y		H8	162.8173	$6,821.72
69718	Revise temple bone implant	Y		H8	162.8173	$6,821.72
69720	Release facial nerve	Y		A2	40.7633	$1,707.90
69740	Repair facial nerve	Y		A2	40.7633	$1,707.90
69745	Repair facial nerve	Y		A2	40.7633	$1,707.90
69801	Incise inner ear	Y		A2	23.2154	$972.69
69802	Incise inner ear	Y		A2	23.2154	$972.69
69805	Explore inner ear	Y		A2	40.7633	$1,707.90
69806	Explore inner ear	Y		A2	40.7633	$1,707.90
69820	Establish inner ear window	Y		A2	40.7633	$1,707.90
69840	Revise inner ear window	Y		A2	40.7633	$1,707.90
69905	Remove inner ear	Y		A2	40.7633	$1,707.90
69910	Remove inner ear & mastoid	Y		A2	40.7633	$1,707.90
69915	Incise inner ear nerve	Y		A2	40.7633	$1,707.90
69930	Implant cochlear device	Y		H8	694.0902	$29,080.99
69990	Microsurgery add-on	N		N1		
C9716	Radiofrequency energy to anu	Y		G2	29.6501	$1,242.28
C9724	EPS gast cardia plic	Y		G2	14.8264	$621.20
C9725	Place endorectal app	Y		G2	5.6974	$238.71
C9726	Rxt breast appl place/remov	Y		G2	23.4205	$981.27
C9727	Insert palate implants	Y		G2	7.1577	$299.89
C9728	Place device/marker, non pro	N		R2	12.3307	$516.63
G0104**	CA screen;flexi sigmoidscope	N		P3		$70.96
G0105**	Colorectal scrn; hi risk ind	Y		A2	7.4996	$314.22
G0121**	Colon ca scrn not hi rsk ind	Y		A2	7.4996	$314.22
G0127	Trim nail(s)	Y		P3		$10.80
G0186	Dstry eye lesn,fdr vssl tech	Y		R2	4.8105	$201.55
G0247	Routine footcare pt w lops	Y		P3		$19.40
G0259	Inject for sacroiliac joint	N		N1		
G0260	Inj for sacroiliac jt anesth	Y		A2	7.0178	$294.03
G0268	Removal of impacted wax md	N		N1		
G0269	Occlusive device in vein art	N		N1		
G0289	Arthro, loose body + chondro	N		N1		
G0364	Bone marrow aspirate &biopsy	N		P3		$4.66

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount. Section 4104 of the Affordable Care Act (ACA) waives coinsurance for most preventive services, identified with a double asterisk (**).

ADDENDUM AA.—PROPOSED ASC COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING SURGICAL PROCEDURES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Proposed CY 2011 Comment Indicator	Proposed CY 2011 Payment Indicator	Proposed CY 2011 Payment Weight	Proposed CY 2011 Payment

NOTE 2: Payment indicators for "office-based" procedures (P2, P3) are based on a comparison of the final rates according to the ASC standard ratesetting methodology and the MPFS. At the time we compiled this addenda, current law requires a negative update to the MPFS payment rates for CY 2011. For a discussion of those rates, we refer readers to the CY 2011 MPFS proposed rule.

*: Asterisked codes(*) indicate that the procedure's "office-based," designation is temporary because we have insufficient claims data. We will reconsider this designation when new claims data become available.

**: Double asterisked codes (**) indicate that coinsurance is waived under section 4103 of the Affordable Care Act, which waives coinsurance for most preventive services.

ADDENDUM B.—PROPOSED OPPS PAYMENT BY HCPCS CODE FOR CY 2011

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
00100	Anesth, salivary gland		N					
00102	Anesth, repair of cleft lip		N					
00103	Anesth, blepharoplasty		N					
00104	Anesth, electroshock		N					
00120	Anesth, ear surgery		N					
00124	Anesth, ear exam		N					
00126	Anesth, tympanotomy		N					
00140	Anesth, procedures on eye		N					
00142	Anesth, lens surgery		N					
00144	Anesth, corneal transplant		N					
00145	Anesth, vitreoretinal surg		N					
00147	Anesth, iridectomy		N					
00148	Anesth, eye exam		N					
00160	Anesth, nose/sinus surgery		N					
00162	Anesth, nose/sinus surgery		N					
00164	Anesth, biopsy of nose		N					
00170	Anesth, procedure on mouth		N					
00172	Anesth, cleft palate repair		N					
00174	Anesth, pharyngeal surgery		N					
00176	Anesth, pharyngeal surgery		C					
00190	Anesth, face/skull bone surg		N					
00192	Anesth, facial bone surgery		C					
00210	Anesth, cranial surg nos		N					
00211	Anesth, cran surg, hemotoma		C					
00212	Anesth, skull drainage		N					
00214	Anesth, skull drainage		C					
00215	Anesth, skull repair/fract		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
00216	Anesth, head vessel surgery		N					
00218	Anesth, special head surgery		N					
00220	Anesth, intrcrn nerve		N					
00222	Anesth, head nerve surgery		N					
00300	Anesth, head/neck/ptrunk		N					
00320	Anesth, neck organ, 1 & over		N					
00322	Anesth, biopsy of thyroid		N					
00326	Anesth, larynx/trach, < 1 yr		N					
00350	Anesth, neck vessel surgery		N					
00352	Anesth, neck vessel surgery		N					
00400	Anesth, skin, ext/per/atrunk		N					
00402	Anesth, surgery of breast		N					
00404	Anesth, surgery of breast		N					
00406	Anesth, surgery of breast		N					
00410	Anesth, correct heart rhythm		N					
00450	Anesth, surgery of shoulder		N					
00452	Anesth, surgery of shoulder		C					
00454	Anesth, collar bone biopsy		N					
00470	Anesth, removal of rib		N					
00472	Anesth, chest wall repair		N					
00474	Anesth, surgery of rib(s)		C					
00500	Anesth, esophageal surgery		N					
00520	Anesth, chest procedure		N					
00522	Anesth, chest lining biopsy		N					
00524	Anesth, chest drainage		C					
00528	Anesth, chest partition view		N					
00529	Anesth, chest partition view		N					
00530	Anesth, pacemaker insertion		N					
00532	Anesth, vascular access		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
00534	Anesth, cardioverter/defib		N					
00537	Anesth, cardiac electrophys		N					
00539	Anesth, trach-bronch reconst		N					
00540	Anesth, chest surgery		C					
00541	Anesth, one lung ventilation		N					
00542	Anesth, release of lung		C					
00546	Anesth, lung,chest wall surg		C					
00548	Anesth, trachea,bronchi surg		N					
00550	Anesth, sternal debridement		N					
00560	Anesth, heart surg w/o pump		C					
00561	Anesth, heart surg < age 1		C					
00562	Anesth hrt surg w/pmp age 1+		C					
00563	Anesth, heart surg w/arrest		N					
00566	Anesth, cabg w/o pump		N					
00567	Anesth, cabg w/pump		C					
00580	Anesth, heart/lung transplnt		C					
00600	Anesth, spine, cord surgery		N					
00604	Anesth, sitting procedure		C					
00620	Anesth, spine, cord surgery		N					
00622	Anesth, removal of nerves		C					
00625	Anes spine tranthor w/o vent		N					
00626	Anes, spine transthor w/vent		N					
00630	Anesth, spine, cord surgery		N					
00632	Anesth, removal of nerves		C					
00634	Anesth for chemonucleolysis		N					
00635	Anesth, lumbar puncture		N					
00640	Anesth, spine manipulation		N					
00670	Anesth, spine, cord surgery		C					
00700	Anesth, abdominal wall surg		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
00702	Anesth, for liver biopsy		N					
00730	Anesth, abdominal wall surg		N					
00740	Anesth, upper gi visualize		N					
00750	Anesth, repair of hernia		N					
00752	Anesth, repair of hernia		N					
00754	Anesth, repair of hernia		N					
00756	Anesth, repair of hernia		N					
00770	Anesth, blood vessel repair		N					
00790	Anesth, surg upper abdomen		N					
00792	Anesth, hemorr/excise liver		C					
00794	Anesth, pancreas removal		C					
00796	Anesth, for liver transplant		C					
00797	Anesth, surgery for obesity		N					
00800	Anesth, abdominal wall surg		N					
00802	Anesth, fat layer removal		C					
00810	Anesth, low intestine scope		N					
00820	Anesth, abdominal wall surg		N					
00830	Anesth, repair of hernia		N					
00832	Anesth, repair of hernia		N					
00834	Anesth, hernia repair< 1 yr		N					
00836	Anesth hernia repair preemie		N					
00840	Anesth, surg lower abdomen		N					
00842	Anesth, amniocentesis		N					
00844	Anesth, pelvis surgery		C					
00846	Anesth, hysterectomy		C					
00848	Anesth, pelvic organ surg		C					
00851	Anesth, tubal ligation		N					
00860	Anesth, surgery of abdomen		N					
00862	Anesth, kidney/ureter surg		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
00864	Anesth, removal of bladder		C					
00865	Anesth, removal of prostate		C					
00866	Anesth, removal of adrenal		C					
00868	Anesth, kidney transplant		C					
00870	Anesth, bladder stone surg		N					
00872	Anesth kidney stone destruct		N					
00873	Anesth kidney stone destruct		N					
00880	Anesth, abdomen vessel surg		N					
00882	Anesth, major vein ligation		C					
00902	Anesth, anorectal surgery		N					
00904	Anesth, perineal surgery		C					
00906	Anesth, removal of vulva		N					
00908	Anesth, removal of prostate		C					
00910	Anesth, bladder surgery		N					
00912	Anesth, bladder tumor surg		N					
00914	Anesth, removal of prostate		N					
00916	Anesth, bleeding control		N					
00918	Anesth, stone removal		N					
00920	Anesth, genitalia surgery		N					
00921	Anesth, vasectomy		N					
00922	Anesth, sperm duct surgery		N					
00924	Anesth, testis exploration		N					
00926	Anesth, removal of testis		N					
00928	Anesth, removal of testis		N					
00930	Anesth, testis suspension		N					
00932	Anesth, amputation of penis		C					
00934	Anesth, penis, nodes removal		C					
00936	Anesth, penis, nodes removal		C					
00938	Anesth, insert penis device		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
00940	Anesth, vaginal procedures		N					
00942	Anesth, surg on vag/urethral		N					
00944	Anesth, vaginal hysterectomy		C					
00948	Anesth, repair of cervix		N					
00950	Anesth, vaginal endoscopy		N					
00952	Anesth, hysteroscope/graph		N					
01112	Anesth, bone aspirate/bx		N					
01120	Anesth, pelvis surgery		N					
01130	Anesth, body cast procedure		N					
01140	Anesth, amputation at pelvis		C					
01150	Anesth, pelvic tumor surgery		C					
01160	Anesth, pelvis procedure		N					
01170	Anesth, pelvis surgery		N					
01173	Anesth, fx repair, pelvis		N					
01180	Anesth, pelvis nerve removal		N					
01190	Anesth, pelvis nerve removal		N					
01200	Anesth, hip joint procedure		N					
01202	Anesth, arthroscopy of hip		N					
01210	Anesth, hip joint surgery		N					
01212	Anesth, hip disarticulation		C					
01214	Anesth, hip arthroplasty		C					
01215	Anesth, revise hip repair		N					
01220	Anesth, procedure on femur		N					
01230	Anesth, surgery of femur		N					
01232	Anesth, amputation of femur		C					
01234	Anesth, radical femur surg		C					
01250	Anesth, upper leg surgery		N					
01260	Anesth, upper leg veins surg		N					
01270	Anesth, thigh arteries surg		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
01272	Anesth, femoral artery surg		C					
01274	Anesth, femoral embolectomy		C					
01320	Anesth, knee area surgery		N					
01340	Anesth, knee area procedure		N					
01360	Anesth, knee area surgery		N					
01380	Anesth, knee joint procedure		N					
01382	Anesth, dx knee arthroscopy		N					
01390	Anesth, knee area procedure		N					
01392	Anesth, knee area surgery		N					
01400	Anesth, knee joint surgery		N					
01402	Anesth, knee arthroplasty		C					
01404	Anesth, amputation at knee		C					
01420	Anesth, knee joint casting		N					
01430	Anesth, knee veins surgery		N					
01432	Anesth, knee vessel surg		N					
01440	Anesth, knee arteries surg		N					
01442	Anesth, knee artery surg		C					
01444	Anesth, knee artery repair		C					
01462	Anesth, lower leg procedure		N					
01464	Anesth, ankle/ft arthroscopy		N					
01470	Anesth, lower leg surgery		N					
01472	Anesth, achilles tendon surg		N					
01474	Anesth, lower leg surgery		N					
01480	Anesth, lower leg bone surg		N					
01482	Anesth, radical leg surgery		N					
01484	Anesth, lower leg revision		N					
01486	Anesth, ankle replacement		C					
01490	Anesth, lower leg casting		N					
01500	Anesth, leg arteries surg		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
01502	Anesth, lwr leg embolectomy		C					
01520	Anesth, lower leg vein surg		N					
01522	Anesth, lower leg vein surg		N					
01610	Anesth, surgery of shoulder		N					
01620	Anesth, shoulder procedure		N					
01622	Anes dx shoulder arthroscopy		N					
01630	Anesth, surgery of shoulder		N					
01634	Anesth, shoulder joint amput		C					
01636	Anesth, forequarter amput		C					
01638	Anesth, shoulder replacement		C					
01650	Anesth, shoulder artery surg		N					
01652	Anesth, shoulder vessel surg		C					
01654	Anesth, shoulder vessel surg		C					
01656	Anesth, arm-leg vessel surg		C					
01670	Anesth, shoulder vein surg		N					
01680	Anesth, shoulder casting		N					
01682	Anesth, airplane cast		N					
01710	Anesth, elbow area surgery		N					
01712	Anesth, uppr arm tendon surg		N					
01714	Anesth, uppr arm tendon surg		N					
01716	Anesth, biceps tendon repair		N					
01730	Anesth, uppr arm procedure		N					
01732	Anesth, dx elbow arthroscopy		N					
01740	Anesth, upper arm surgery		N					
01742	Anesth, humerus surgery		N					
01744	Anesth, humerus repair		N					
01756	Anesth, radical humerus surg		C					
01758	Anesth, humeral lesion surg		N					
01760	Anesth, elbow replacement		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
01770	Anesth, uppr arm artery surg		N					
01772	Anesth, uppr arm embolectomy		N					
01780	Anesth, upper arm vein surg		N					
01782	Anesth, uppr arm vein repair		N					
01810	Anesth, lower arm surgery		N					
01820	Anesth, lower arm procedure		N					
01829	Anesth, dx wrist arthroscopy		N					
01830	Anesth, lower arm surgery		N					
01832	Anesth, wrist replacement		N					
01840	Anesth, lwr arm artery surg		N					
01842	Anesth, lwr arm embolectomy		N					
01844	Anesth, vascular shunt surg		N					
01850	Anesth, lower arm vein surg		N					
01852	Anesth, lwr arm vein repair		N					
01860	Anesth, lower arm casting		N					
01916	Anesth, dx arteriography		N					
01920	Anesth, catheterize heart		N					
01922	Anesth, cat or MRI scan		N					
01924	Anes, ther interven rad, art		N					
01925	Anes, ther interven rad, car		N					
01926	Anes, tx interv rad hrt/cran		N					
01930	Anes, ther interven rad, vei		N					
01931	Anes, ther interven rad, tip		N					
01932	Anes, tx interv rad, th vein		N					
01933	Anes, tx interv rad, cran v		N					
01935	Anesth, perc img dx sp proc		N					
01936	Anesth, perc img tx sp proc		N					
01951	Anesth, burn, less 4 percent		N					
01952	Anesth, burn, 4-9 percent		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
01953	Anesth, burn, each 9 percent		N					
01958	Anesth, antepartum manipul		N					
01960	Anesth, vaginal delivery		N					
01961	Anesth, cs delivery		N					
01962	Anesth, emer hysterectomy		N					
01963	Anesth, cs hysterectomy		N					
01965	Anesth, inc/missed ab proc		N					
01966	Anesth, induced ab procedure		N					
01967	Anesth/analg, vag delivery		N					
01968	Anes/analg cs deliver add-on		N					
01969	Anesth/analg cs hyst add-on		N					
01990	Support for organ donor		C					
01991	Anesth, nerve block/inj		N					
01992	Anesth, n block/inj, prone		N					
01996	Hosp manage cont drug admin		N					
01999	Unlisted anesth procedure		N					
10021	Fna w/o image		T	0002	1.7752	$121.19	.	$24.24
10022	Fna w/image		T	0004	4.6624	$318.29	.	$63.66
10040	Acne surgery		T	0013	0.8782	$59.95	.	$11.99
10060	Drainage of skin abscess		T	0006	1.4939	$101.98	.	$20.40
10061	Drainage of skin abscess		T	0006	1.4939	$101.98	.	$20.40
10080	Drainage of pilonidal cyst		T	0006	1.4939	$101.98	.	$20.40
10081	Drainage of pilonidal cyst		T	0007	13.3268	$909.78	.	$181.96
10120	Remove foreign body		T	0016	2.8176	$192.35	.	$38.47
10121	Remove foreign body		T	0021	18.2223	$1,243.98	.	$248.80
10140	Drainage of hematoma/fluid		T	0007	13.3268	$909.78	.	$181.96
10160	Puncture drainage of lesion		T	0006	1.4939	$101.98	.	$20.40
10180	Complex drainage, wound		T	0008	20.2481	$1,382.28	.	$276.46
11000	Debride infected skin	CH	T	0016	2.8176	$192.35	.	$38.47

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
11001	Debride infected skin add-on		T	0013	0.8782	$59.95	.	$11.99
11004	Debride genitalia & perineum		C					
11005	Debride abdom wall		C					
11006	Debride genit/per/abdom wall		C					
11008	Remove mesh from abd wall		C					
11010	Debride skin, fx		T	0019	4.9184	$335.76	.	$67.16
11011	Debride skin/muscle, fx		T	0019	4.9184	$335.76	.	$67.16
11012	Debride skin/muscle/bone, fx		T	0019	4.9184	$335.76	.	$67.16
11040	Debride skin, partial		T	0015	1.5303	$104.47	.	$20.90
11041	Debride skin, full		T	0015	1.5303	$104.47	.	$20.90
11042	Debride skin/tissue		T	0016	2.8176	$192.35	.	$38.47
11043	Debride tissue/muscle		T	0016	2.8176	$192.35	.	$38.47
11044	Debride tissue/muscle/bone		T	0020	8.7772	$599.19	.	$119.84
11055	Trim skin lesion		T	0013	0.8782	$59.95	.	$11.99
11056	Trim skin lesions, 2 to 4		T	0013	0.8782	$59.95	.	$11.99
11057	Trim skin lesions, over 4		T	0013	0.8782	$59.95	.	$11.99
11100	Biopsy, skin lesion		T	0015	1.5303	$104.47	.	$20.90
11101	Biopsy, skin add-on		T	0013	0.8782	$59.95	.	$11.99
11200	Removal of skin tags		T	0013	0.8782	$59.95	.	$11.99
11201	Remove skin tags add-on		T	0013	0.8782	$59.95	.	$11.99
11300	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11301	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11302	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11303	Shave skin lesion		T	0015	1.5303	$104.47	.	$20.90
11305	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11306	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11307	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11308	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11310	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
11311	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11312	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11313	Shave skin lesion		T	0013	0.8782	$59.95	.	$11.99
11400	Exc tr-ext b9+marg 0.5 < cm		T	0019	4.9184	$335.76	.	$67.16
11401	Exc tr-ext b9+marg 0.6-1 cm		T	0019	4.9184	$335.76	.	$67.16
11402	Exc tr-ext b9+marg 1.1-2 cm		T	0019	4.9184	$335.76	.	$67.16
11403	Exc tr-ext b9+marg 2.1-3 cm		T	0020	8.7772	$599.19	.	$119.84
11404	Exc tr-ext b9+marg 3.1-4 cm		T	0021	18.2223	$1,243.98	.	$248.80
11406	Exc tr-ext b9+marg > 4.0 cm		T	0021	18.2223	$1,243.98	.	$248.80
11420	Exc h-f-nk-sp b9+marg 0.5 <		T	0020	8.7772	$599.19	.	$119.84
11421	Exc h-f-nk-sp b9+marg 0.6-1		T	0020	8.7772	$599.19	.	$119.84
11422	Exc h-f-nk-sp b9+marg 1.1-2		T	0020	8.7772	$599.19	.	$119.84
11423	Exc h-f-nk-sp b9+marg 2.1-3		T	0021	18.2223	$1,243.98	.	$248.80
11424	Exc h-f-nk-sp b9+marg 3.1-4		T	0021	18.2223	$1,243.98	.	$248.80
11426	Exc h-f-nk-sp b9+marg > 4 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
11440	Exc face-mm b9+marg 0.5 < cm		T	0019	4.9184	$335.76	.	$67.16
11441	Exc face-mm b9+marg 0.6-1 cm		T	0019	4.9184	$335.76	.	$67.16
11442	Exc face-mm b9+marg 1.1-2 cm		T	0020	8.7772	$599.19	.	$119.84
11443	Exc face-mm b9+marg 2.1-3 cm		T	0020	8.7772	$599.19	.	$119.84
11444	Exc face-mm b9+marg 3.1-4 cm		T	0020	8.7772	$599.19	.	$119.84
11446	Exc face-mm b9+marg > 4 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
11450	Removal, sweat gland lesion		T	0022	24.1269	$1,647.07	$354.45	$329.42
11451	Removal, sweat gland lesion		T	0022	24.1269	$1,647.07	$354.45	$329.42
11462	Removal, sweat gland lesion		T	0022	24.1269	$1,647.07	$354.45	$329.42
11463	Removal, sweat gland lesion		T	0022	24.1269	$1,647.07	$354.45	$329.42
11470	Removal, sweat gland lesion		T	0022	24.1269	$1,647.07	$354.45	$329.42
11471	Removal, sweat gland lesion		T	0022	24.1269	$1,647.07	$354.45	$329.42
11600	Exc tr-ext mlg+marg 0.5 < cm		T	0020	8.7772	$599.19	.	$119.84
11601	Exc tr-ext mlg+marg 0.6-1 cm		T	0019	4.9184	$335.76	.	$67.16

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
11602	Exc tr-ext mlg+marg 1.1-2 cm		T	0019	4.9184	$335.76	.	$67.16
11603	Exc tr-ext mlg+marg 2.1-3 cm		T	0020	8.7772	$599.19	.	$119.84
11604	Exc tr-ext mlg+marg 3.1-4 cm		T	0020	8.7772	$599.19	.	$119.84
11606	Exc tr-ext mlg+marg > 4 cm		T	0021	18.2223	$1,243.98	.	$248.80
11620	Exc h-f-nk-sp mlg+marg 0.5 <		T	0020	8.7772	$599.19	.	$119.84
11621	Exc h-f-nk-sp mlg+marg 0.6-1		T	0019	4.9184	$335.76	.	$67.16
11622	Exc h-f-nk-sp mlg+marg 1.1-2		T	0020	8.7772	$599.19	.	$119.84
11623	Exc h-f-nk-sp mlg+marg 2.1-3		T	0021	18.2223	$1,243.98	.	$248.80
11624	Exc h-f-nk-sp mlg+marg 3.1-4		T	0021	18.2223	$1,243.98	.	$248.80
11626	Exc h-f-nk-sp mlg+mar > 4 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
11640	Exc face-mm malig+marg 0.5 <	CH	T	0019	4.9184	$335.76	.	$67.16
11641	Exc face-mm malig+marg 0.6-1	CH	T	0019	4.9184	$335.76	.	$67.16
11642	Exc face-mm malig+marg 1.1-2	CH	T	0019	4.9184	$335.76	.	$67.16
11643	Exc face-mm malig+marg 2.1-3		T	0020	8.7772	$599.19	.	$119.84
11644	Exc face-mm malig+marg 3.1-4		T	0021	18.2223	$1,243.98	.	$248.80
11646	Exc face-mm mlg+marg > 4 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
11719	Trim nail(s)		T	0012	0.4253	$29.03	.	$5.81
11720	Debride nail, 1-5		T	0013	0.8782	$59.95	.	$11.99
11721	Debride nail, 6 or more		T	0013	0.8782	$59.95	.	$11.99
11730	Removal of nail plate		T	0013	0.8782	$59.95	.	$11.99
11732	Remove nail plate, add-on		T	0013	0.8782	$59.95	.	$11.99
11740	Drain blood from under nail		T	0012	0.4253	$29.03	.	$5.81
11750	Removal of nail bed		T	0019	4.9184	$335.76	.	$67.16
11752	Remove nail bed/finger tip		T	0022	24.1269	$1,647.07	$354.45	$329.42
11755	Biopsy, nail unit		T	0019	4.9184	$335.76	.	$67.16
11760	Repair of nail bed		T	0133	1.3598	$92.83	$25.67	$18.57
11762	Reconstruction of nail bed		T	0136	17.1353	$1,169.78	.	$233.96
11765	Excision of nail fold, toe		T	0013	0.8782	$59.95	.	$11.99
11770	Removal of pilonidal lesion		T	0022	24.1269	$1,647.07	$354.45	$329.42

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
11771	Removal of pilonidal lesion		T	0022	24.1269	$1,647.07	$354.45	$329.42
11772	Removal of pilonidal lesion		T	0022	24.1269	$1,647.07	$354.45	$329.42
11900	Injection into skin lesions		T	0013	0.8782	$59.95	.	$11.99
11901	Added skin lesions injection		T	0013	0.8782	$59.95	.	$11.99
11920	Correct skin color defects		T	0134	3.189	$217.70	.	$43.54
11921	Correct skin color defects		T	0134	3.189	$217.70	.	$43.54
11922	Correct skin color defects		T	0134	3.189	$217.70	.	$43.54
11950	Therapy for contour defects		T	0133	1.3598	$92.83	$25.67	$18.57
11951	Therapy for contour defects		T	0133	1.3598	$92.83	$25.67	$18.57
11952	Therapy for contour defects		T	0133	1.3598	$92.83	$25.67	$18.57
11954	Therapy for contour defects		T	0133	1.3598	$92.83	$25.67	$18.57
11960	Insert tissue expander(s)		T	0137	22.1186	$1,509.97	.	$302.00
11970	Replace tissue expander		T	0051	47.3761	$3,234.22	.	$646.85
11971	Remove tissue expander(s)		T	0022	24.1269	$1,647.07	$354.45	$329.42
11975	Insert contraceptive cap		E					
11976	Removal of contraceptive cap		T	0019	4.9184	$335.76	.	$67.16
11977	Removal/reinsert contra cap		E					
11980	Implant hormone pellet(s)		X	0340	0.6899	$47.10	.	$9.42
11981	Insert drug implant device		X	0340	0.6899	$47.10	.	$9.42
11982	Remove drug implant device		X	0340	0.6899	$47.10	.	$9.42
11983	Remove/insert drug implant		X	0340	0.6899	$47.10	.	$9.42
12001	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12002	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12004	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12005	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12006	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12007	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12011	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12013	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
12014	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12015	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12016	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12017	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12018	Repair superficial wound(s)		T	0133	1.3598	$92.83	$25.67	$18.57
12020	Closure of split wound		T	0135	4.6616	$318.23	.	$63.65
12021	Closure of split wound		T	0134	3.189	$217.70	.	$43.54
12031	Intmd wnd repair s/tr/ext		T	0133	1.3598	$92.83	$25.67	$18.57
12032	Intmd wnd repair s/tr/ext		T	0134	3.189	$217.70	.	$43.54
12034	Intmd wnd repair s/tr/ext		T	0133	1.3598	$92.83	$25.67	$18.57
12035	Intmd wnd repair s/tr/ext		T	0133	1.3598	$92.83	$25.67	$18.57
12036	Intmd wnd repair s/tr/ext		T	0134	3.189	$217.70	.	$43.54
12037	Intmd wnd repair s/tr/ext		T	0134	3.189	$217.70	.	$43.54
12041	Intmd wnd repair n-hf/genit		T	0133	1.3598	$92.83	$25.67	$18.57
12042	Intmd wnd repair n-hg/genit		T	0133	1.3598	$92.83	$25.67	$18.57
12044	Intmd wnd repair n-hg/genit		T	0133	1.3598	$92.83	$25.67	$18.57
12045	Intmd wnd repair n-hg/genit		T	0134	3.189	$217.70	.	$43.54
12046	Intmd wnd repair n-hg/genit		T	0134	3.189	$217.70	.	$43.54
12047	Intmd wnd repair n-hg/genit		T	0134	3.189	$217.70	.	$43.54
12051	Intmd wnd repair face/mm	CH	T	0134	3.189	$217.70	.	$43.54
12052	Intmd wnd repair face/mm		T	0133	1.3598	$92.83	$25.67	$18.57
12053	Intmd wnd repair face/mm		T	0133	1.3598	$92.83	$25.67	$18.57
12054	Intmd wnd repair, face/mm		T	0133	1.3598	$92.83	$25.67	$18.57
12055	Intmd wnd repair face/mm		T	0134	3.189	$217.70	.	$43.54
12056	Intmd wnd repair face/mm		T	0134	3.189	$217.70	.	$43.54
12057	Intmd wnd repair face/mm		T	0134	3.189	$217.70	.	$43.54
13100	Repair of wound or lesion		T	0135	4.6616	$318.23	.	$63.65
13101	Repair of wound or lesion		T	0135	4.6616	$318.23	.	$63.65
13102	Repair wound/lesion add-on		T	0135	4.6616	$318.23	.	$63.65

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
13120	Repair of wound or lesion		T	0134	3.189	$217.70	.	$43.54
13121	Repair of wound or lesion		T	0134	3.189	$217.70	.	$43.54
13122	Repair wound/lesion add-on		T	0133	1.3598	$92.83	$25.67	$18.57
13131	Repair of wound or lesion		T	0134	3.189	$217.70	.	$43.54
13132	Repair of wound or lesion		T	0135	4.6616	$318.23	.	$63.65
13133	Repair wound/lesion add-on		T	0134	3.189	$217.70	.	$43.54
13150	Repair of wound or lesion		T	0135	4.6616	$318.23	.	$63.65
13151	Repair of wound or lesion		T	0135	4.6616	$318.23	.	$63.65
13152	Repair of wound or lesion		T	0135	4.6616	$318.23	.	$63.65
13153	Repair wound/lesion add-on		T	0134	3.189	$217.70	.	$43.54
13160	Late closure of wound		T	0137	22.1186	$1,509.97	.	$302.00
14000	Skin tissue rearrangement		T	0136	17.1353	$1,169.78	.	$233.96
14001	Skin tissue rearrangement		T	0136	17.1353	$1,169.78	.	$233.96
14020	Skin tissue rearrangement		T	0136	17.1353	$1,169.78	.	$233.96
14021	Skin tissue rearrangement		T	0136	17.1353	$1,169.78	.	$233.96
14040	Skin tissue rearrangement		T	0136	17.1353	$1,169.78	.	$233.96
14041	Skin tissue rearrangement		T	0136	17.1353	$1,169.78	.	$233.96
14060	Skin tissue rearrangement		T	0136	17.1353	$1,169.78	.	$233.96
14061	Skin tissue rearrangement		T	0136	17.1353	$1,169.78	.	$233.96
14301	Skin tissue rearrangement		T	0137	22.1186	$1,509.97	.	$302.00
14302	Skin tissue rearrange add-on		T	0137	22.1186	$1,509.97	.	$302.00
14350	Skin tissue rearrangement		T	0137	22.1186	$1,509.97	.	$302.00
15002	Wound prep, trk/arm/leg		T	0135	4.6616	$318.23	.	$63.65
15003	Wound prep, addl 100 cm		T	0135	4.6616	$318.23	.	$63.65
15004	Wound prep, f/n/hf/g		T	0135	4.6616	$318.23	.	$63.65
15005	Wnd prep, f/n/hf/g, addl cm		T	0135	4.6616	$318.23	.	$63.65
15040	Harvest cultured skin graft		T	0134	3.189	$217.70	.	$43.54
15050	Skin pinch graft		T	0135	4.6616	$318.23	.	$63.65
15100	Skin splt grft, trnk/arm/leg		T	0137	22.1186	$1,509.97	.	$302.00

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
15101	Skin splt grft t/a/l, add-on		T	0137	22.1186	$1,509.97	.	$302.00
15110	Epidrm autogrft trnk/arm/leg		T	0135	4.6616	$318.23	.	$63.65
15111	Epidrm autogrft t/a/l add-on		T	0135	4.6616	$318.23	.	$63.65
15115	Epidrm a-grft face/nck/hf/g		T	0135	4.6616	$318.23	.	$63.65
15116	Epidrm a-grft f/n/hf/g addl		T	0135	4.6616	$318.23	.	$63.65
15120	Skn splt a-grft fac/nck/hf/g		T	0137	22.1186	$1,509.97	.	$302.00
15121	Skn splt a-grft f/n/hf/g add		T	0137	22.1186	$1,509.97	.	$302.00
15130	Derm autograft, trnk/arm/leg		T	0136	17.1353	$1,169.78	.	$233.96
15131	Derm autograft t/a/l add-on		T	0136	17.1353	$1,169.78	.	$233.96
15135	Derm autograft face/nck/hf/g		T	0136	17.1353	$1,169.78	.	$233.96
15136	Derm autograft, f/n/hf/g add		T	0136	17.1353	$1,169.78	.	$233.96
15150	Cult epiderm grft t/arm/leg		T	0135	4.6616	$318.23	.	$63.65
15151	Cult epiderm grft t/a/l addl		T	0135	4.6616	$318.23	.	$63.65
15152	Cult epiderm graft t/a/l +%		T	0135	4.6616	$318.23	.	$63.65
15155	Cult epiderm graft, f/n/hf/g		T	0135	4.6616	$318.23	.	$63.65
15156	Cult epidrm grft f/n/hfg add		T	0135	4.6616	$318.23	.	$63.65
15157	Cult epiderm grft f/n/hfg +%		T	0135	4.6616	$318.23	.	$63.65
15170	Acell graft trunk/arms/legs		T	0135	4.6616	$318.23	.	$63.65
15171	Acell graft t/arm/leg add-on		T	0134	3.189	$217.70	.	$43.54
15175	Acellular graft, f/n/hf/g		T	0135	4.6616	$318.23	.	$63.65
15176	Acell graft, f/n/hf/g add-on		T	0135	4.6616	$318.23	.	$63.65
15200	Skin full graft, trunk		T	0136	17.1353	$1,169.78	.	$233.96
15201	Skin full graft trunk add-on		T	0136	17.1353	$1,169.78	.	$233.96
15220	Skin full graft sclp/arm/leg		T	0136	17.1353	$1,169.78	.	$233.96
15221	Skin full graft add-on		T	0135	4.6616	$318.23	.	$63.65
15240	Skin full grft face/genit/hf		T	0136	17.1353	$1,169.78	.	$233.96
15241	Skin full graft add-on		T	0135	4.6616	$318.23	.	$63.65
15260	Skin full graft een & lips		T	0136	17.1353	$1,169.78	.	$233.96
15261	Skin full graft add-on		T	0136	17.1353	$1,169.78	.	$233.96

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
15300	Apply skinallogrft, t/arm/lg		T	0135	4.6616	$318.23	.	$63.65
15301	Apply sknallogrft t/a/l addl		T	0135	4.6616	$318.23	.	$63.65
15320	Apply skin allogrft f/n/hf/g		T	0135	4.6616	$318.23	.	$63.65
15321	Aply sknallogrft f/n/hfg add		T	0135	4.6616	$318.23	.	$63.65
15330	Aply acell alogrft t/arm/leg		T	0135	4.6616	$318.23	.	$63.65
15331	Aply acell grft t/a/l add-on		T	0135	4.6616	$318.23	.	$63.65
15335	Apply acell graft, f/n/hf/g		T	0135	4.6616	$318.23	.	$63.65
15336	Aply acell grft f/n/hf/g add		T	0135	4.6616	$318.23	.	$63.65
15340	Apply cult skin substitute		T	0134	3.189	$217.70	.	$43.54
15341	Apply cult skin sub add-on		T	0134	3.189	$217.70	.	$43.54
15360	Apply cult derm sub, t/a/l		T	0134	3.189	$217.70	.	$43.54
15361	Aply cult derm sub t/a/l add		T	0134	3.189	$217.70	.	$43.54
15365	Apply cult derm sub f/n/hf/g		T	0134	3.189	$217.70	.	$43.54
15366	Apply cult derm f/hf/g add		T	0134	3.189	$217.70	.	$43.54
15400	Apply skin xenograft, t/a/l		T	0135	4.6616	$318.23	.	$63.65
15401	Apply skn xenogrft t/a/l add		T	0135	4.6616	$318.23	.	$63.65
15420	Apply skin xgraft, f/n/hf/g		T	0135	4.6616	$318.23	.	$63.65
15421	Apply skn xgrft f/n/hf/g add		T	0135	4.6616	$318.23	.	$63.65
15430	Apply acellular xenograft		T	0135	4.6616	$318.23	.	$63.65
15431	Apply acellular xgraft add		T	0135	4.6616	$318.23	.	$63.65
15570	Form skin pedicle flap		T	0137	22.1186	$1,509.97	.	$302.00
15572	Form skin pedicle flap		T	0137	22.1186	$1,509.97	.	$302.00
15574	Form skin pedicle flap		T	0137	22.1186	$1,509.97	.	$302.00
15576	Form skin pedicle flap		T	0137	22.1186	$1,509.97	.	$302.00
15600	Skin graft		T	0137	22.1186	$1,509.97	.	$302.00
15610	Skin graft		T	0137	22.1186	$1,509.97	.	$302.00
15620	Skin graft		T	0137	22.1186	$1,509.97	.	$302.00
15630	Skin graft		T	0137	22.1186	$1,509.97	.	$302.00
15650	Transfer skin pedicle flap		T	0137	22.1186	$1,509.97	.	$302.00

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
15731	Forehead flap w/vasc pedicle		T	0137	22.1186	$1,509.97	.	$302.00
15732	Muscle-skin graft, head/neck		T	0137	22.1186	$1,509.97	.	$302.00
15734	Muscle-skin graft, trunk		T	0137	22.1186	$1,509.97	.	$302.00
15736	Muscle-skin graft, arm		T	0137	22.1186	$1,509.97	.	$302.00
15738	Muscle-skin graft, leg		T	0137	22.1186	$1,509.97	.	$302.00
15740	Island pedicle flap graft		T	0136	17.1353	$1,169.78	.	$233.96
15750	Neurovascular pedicle graft		T	0137	22.1186	$1,509.97	.	$302.00
15756	Free myo/skin flap microvasc		C					
15757	Free skin flap, microvasc		C					
15758	Free fascial flap, microvasc		C					
15760	Composite skin graft		T	0137	22.1186	$1,509.97	.	$302.00
15770	Derma-fat-fascia graft		T	0137	22.1186	$1,509.97	.	$302.00
15775	Hair transplant punch grafts		T	0133	1.3598	$92.83	$25.67	$18.57
15776	Hair transplant punch grafts		T	0133	1.3598	$92.83	$25.67	$18.57
15780	Abrasion treatment of skin		T	0022	24.1269	$1,647.07	$354.45	$329.42
15781	Abrasion treatment of skin		T	0019	4.9184	$335.76	.	$67.16
15782	Abrasion treatment of skin		T	0019	4.9184	$335.76	.	$67.16
15783	Abrasion treatment of skin		T	0016	2.8176	$192.35	.	$38.47
15786	Abrasion, lesion, single		T	0013	0.8782	$59.95	.	$11.99
15787	Abrasion, lesions, add-on		T	0013	0.8782	$59.95	.	$11.99
15788	Chemical peel, face, epiderm		T	0013	0.8782	$59.95	.	$11.99
15789	Chemical peel, face, dermal		T	0015	1.5303	$104.47	.	$20.90
15792	Chemical peel, nonfacial		T	0015	1.5303	$104.47	.	$20.90
15793	Chemical peel, nonfacial		T	0013	0.8782	$59.95	.	$11.99
15819	Plastic surgery, neck		T	0134	3.189	$217.70	.	$43.54
15820	Revision of lower eyelid		T	0137	22.1186	$1,509.97	.	$302.00
15821	Revision of lower eyelid		T	0137	22.1186	$1,509.97	.	$302.00
15822	Revision of upper eyelid		T	0137	22.1186	$1,509.97	.	$302.00
15823	Revision of upper eyelid		T	0137	22.1186	$1,509.97	.	$302.00

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
15824	Removal of forehead wrinkles		T	0137	22.1186	$1,509.97	.	$302.00
15825	Removal of neck wrinkles		T	0137	22.1186	$1,509.97	.	$302.00
15826	Removal of brow wrinkles		T	0137	22.1186	$1,509.97	.	$302.00
15828	Removal of face wrinkles		T	0137	22.1186	$1,509.97	.	$302.00
15829	Removal of skin wrinkles		T	0137	22.1186	$1,509.97	.	$302.00
15830	Exc skin abd		T	0022	24.1269	$1,647.07	$354.45	$329.42
15832	Excise excessive skin tissue		T	0022	24.1269	$1,647.07	$354.45	$329.42
15833	Excise excessive skin tissue		T	0022	24.1269	$1,647.07	$354.45	$329.42
15834	Excise excessive skin tissue		T	0022	24.1269	$1,647.07	$354.45	$329.42
15835	Excise excessive skin tissue		T	0022	24.1269	$1,647.07	$354.45	$329.42
15836	Excise excessive skin tissue		T	0021	18.2223	$1,243.98	.	$248.80
15837	Excise excessive skin tissue		T	0021	18.2223	$1,243.98	.	$248.80
15838	Excise excessive skin tissue		T	0021	18.2223	$1,243.98	.	$248.80
15839	Excise excessive skin tissue		T	0021	18.2223	$1,243.98	.	$248.80
15840	Graft for face nerve palsy		T	0137	22.1186	$1,509.97	.	$302.00
15841	Graft for face nerve palsy		T	0137	22.1186	$1,509.97	.	$302.00
15842	Flap for face nerve palsy		T	0137	22.1186	$1,509.97	.	$302.00
15845	Skin and muscle repair, face		T	0137	22.1186	$1,509.97	.	$302.00
15847	Exc skin abd add-on		T	0022	24.1269	$1,647.07	$354.45	$329.42
15850	Removal of sutures		T	0016	2.8176	$192.35	.	$38.47
15851	Removal of sutures		T	0016	2.8176	$192.35	.	$38.47
15852	Dressing change not for burn		X	0340	0.6899	$47.10	.	$9.42
15860	Test for blood flow in graft		X	0340	0.6899	$47.10	.	$9.42
15876	Suction assisted lipectomy		T	0137	22.1186	$1,509.97	.	$302.00
15877	Suction assisted lipectomy		T	0137	22.1186	$1,509.97	.	$302.00
15878	Suction assisted lipectomy		T	0137	22.1186	$1,509.97	.	$302.00
15879	Suction assisted lipectomy		T	0137	22.1186	$1,509.97	.	$302.00
15920	Removal of tail bone ulcer		T	0019	4.9184	$335.76	.	$67.16
15922	Removal of tail bone ulcer		T	0137	22.1186	$1,509.97	.	$302.00

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
15931	Remove sacrum pressure sore		T	0022	24.1269	$1,647.07	$354.45	$329.42
15933	Remove sacrum pressure sore		T	0022	24.1269	$1,647.07	$354.45	$329.42
15934	Remove sacrum pressure sore		T	0137	22.1186	$1,509.97	.	$302.00
15935	Remove sacrum pressure sore		T	0137	22.1186	$1,509.97	.	$302.00
15936	Remove sacrum pressure sore		T	0136	17.1353	$1,169.78	.	$233.96
15937	Remove sacrum pressure sore		T	0137	22.1186	$1,509.97	.	$302.00
15940	Remove hip pressure sore		T	0022	24.1269	$1,647.07	$354.45	$329.42
15941	Remove hip pressure sore		T	0022	24.1269	$1,647.07	$354.45	$329.42
15944	Remove hip pressure sore		T	0137	22.1186	$1,509.97	.	$302.00
15945	Remove hip pressure sore		T	0137	22.1186	$1,509.97	.	$302.00
15946	Remove hip pressure sore		T	0137	22.1186	$1,509.97	.	$302.00
15950	Remove thigh pressure sore		T	0022	24.1269	$1,647.07	$354.45	$329.42
15951	Remove thigh pressure sore		T	0022	24.1269	$1,647.07	$354.45	$329.42
15952	Remove thigh pressure sore		T	0136	17.1353	$1,169.78	.	$233.96
15953	Remove thigh pressure sore		T	0136	17.1353	$1,169.78	.	$233.96
15956	Remove thigh pressure sore		T	0136	17.1353	$1,169.78	.	$233.96
15958	Remove thigh pressure sore		T	0136	17.1353	$1,169.78	.	$233.96
15999	Removal of pressure sore		T	0019	4.9184	$335.76	.	$67.16
16000	Initial treatment of burn(s)		T	0013	0.8782	$59.95	.	$11.99
16020	Dress/debrid p-thick burn, s		T	0015	1.5303	$104.47	.	$20.90
16025	Dress/debrid p-thick burn, m		T	0015	1.5303	$104.47	.	$20.90
16030	Dress/debrid p-thick burn, l		T	0015	1.5303	$104.47	.	$20.90
16035	Incision of burn scab, initi		T	0015	1.5303	$104.47	.	$20.90
16036	Escharotomy; addl incision		C					
17000	Destruct premalg lesion		T	0013	0.8782	$59.95	.	$11.99
17003	Destruct premalg les, 2-14		T	0012	0.4253	$29.03	.	$5.81
17004	Destroy premlg lesions 15+		T	0016	2.8176	$192.35	.	$38.47
17106	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17107	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
17108	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17110	Destruct b9 lesion, 1-14		T	0013	0.8782	$59.95	.	$11.99
17111	Destruct lesion, 15 or more		T	0015	1.5303	$104.47	.	$20.90
17250	Chemical cautery, tissue		T	0015	1.5303	$104.47	.	$20.90
17260	Destruction of skin lesions		T	0015	1.5303	$104.47	.	$20.90
17261	Destruction of skin lesions		T	0015	1.5303	$104.47	.	$20.90
17262	Destruction of skin lesions		T	0015	1.5303	$104.47	.	$20.90
17263	Destruction of skin lesions		T	0015	1.5303	$104.47	.	$20.90
17264	Destruction of skin lesions		T	0015	1.5303	$104.47	.	$20.90
17266	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17270	Destruction of skin lesions		T	0015	1.5303	$104.47	.	$20.90
17271	Destruction of skin lesions		T	0015	1.5303	$104.47	.	$20.90
17272	Destruction of skin lesions		T	0015	1.5303	$104.47	.	$20.90
17273	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17274	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17276	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17280	Destruction of skin lesions		T	0015	1.5303	$104.47	.	$20.90
17281	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17282	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17283	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17284	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17286	Destruction of skin lesions		T	0016	2.8176	$192.35	.	$38.47
17311	Mohs, 1 stage, h/n/hf/g		T	0694	5.0842	$347.08	$91.69	$69.42
17312	Mohs addl stage		T	0694	5.0842	$347.08	$91.69	$69.42
17313	Mohs, 1 stage, t/a/l		T	0694	5.0842	$347.08	$91.69	$69.42
17314	Mohs, addl stage, t/a/l		T	0694	5.0842	$347.08	$91.69	$69.42
17315	Mohs surg, addl block		T	0694	5.0842	$347.08	$91.69	$69.42
17340	Cryotherapy of skin		T	0013	0.8782	$59.95	.	$11.99
17360	Skin peel therapy		T	0013	0.8782	$59.95	.	$11.99

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
17380	Hair removal by electrolysis		T	0013	0.8782	$59.95	.	$11.99
17999	Skin tissue procedure		T	0012	0.4253	$29.03	.	$5.81
19000	Drainage of breast lesion		T	0004	4.6624	$318.29	.	$63.66
19001	Drain breast lesion add-on		T	0002	1.7752	$121.19	.	$24.24
19020	Incision of breast lesion		T	0008	20.2481	$1,382.28	.	$276.46
19030	Injection for breast x-ray		N					
19100	Bx breast percut w/o image		T	0004	4.6624	$318.29	.	$63.66
19101	Biopsy of breast, open		T	0028	25.7651	$1,758.91	.	$351.79
19102	Bx breast percut w/image		T	0005	8.16	$557.06	.	$111.42
19103	Bx breast percut w/device		T	0037	15.764	$1,076.16	$228.76	$215.24
19105	Cryosurg ablate fa, each		T	0029	34.3618	$2,345.78	$581.52	$469.16
19110	Nipple exploration		T	0028	25.7651	$1,758.91	.	$351.79
19112	Excise breast duct fistula		T	0028	25.7651	$1,758.91	.	$351.79
19120	Removal of breast lesion		T	0028	25.7651	$1,758.91	.	$351.79
19125	Excision, breast lesion		T	0028	25.7651	$1,758.91	.	$351.79
19126	Excision, addl breast lesion		T	0028	25.7651	$1,758.91	.	$351.79
19260	Removal of chest wall lesion		T	0021	18.2223	$1,243.98	.	$248.80
19271	Revision of chest wall		C					
19272	Extensive chest wall surgery		C					
19290	Place needle wire, breast		N					
19291	Place needle wire, breast		N					
19295	Place breast clip, percut		N					
19296	Place po breast cath for rad		T	0648	62.9	$4,293.99	.	$858.80
19297	Place breast cath for rad		T	0648	62.9	$4,293.99	.	$858.80
19298	Place breast rad tube/caths		T	0648	62.9	$4,293.99	.	$858.80
19300	Removal of breast tissue		T	0028	25.7651	$1,758.91	.	$351.79
19301	Partical mastectomy		T	0028	25.7651	$1,758.91	.	$351.79
19302	P-mastectomy w/ln removal		T	0030	45.1924	$3,085.15	$747.07	$617.03
19303	Mast, simple, complete		T	0029	34.3618	$2,345.78	$581.52	$469.16

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
19304	Mast, subq		T	0029	34.3618	$2,345.78	$581.52	$469.16
19305	Mast, radical		C					
19306	Mast, rad, urban type		C					
19307	Mast, mod rad		T	0030	45.1924	$3,085.15	$747.07	$617.03
19316	Suspension of breast		T	0029	34.3618	$2,345.78	$581.52	$469.16
19318	Reduction of large breast		T	0030	45.1924	$3,085.15	$747.07	$617.03
19324	Enlarge breast		T	0030	45.1924	$3,085.15	$747.07	$617.03
19325	Enlarge breast with implant		T	0648	62.9	$4,293.99	.	$858.80
19328	Removal of breast implant		T	0029	34.3618	$2,345.78	$581.52	$469.16
19330	Removal of implant material		T	0029	34.3618	$2,345.78	$581.52	$469.16
19340	Immediate breast prosthesis		T	0030	45.1924	$3,085.15	$747.07	$617.03
19342	Delayed breast prosthesis		T	0648	62.9	$4,293.99	.	$858.80
19350	Breast reconstruction		T	0028	25.7651	$1,758.91	.	$351.79
19355	Correct inverted nipple(s)		T	0029	34.3618	$2,345.78	$581.52	$469.16
19357	Breast reconstruction		T	0648	62.9	$4,293.99	.	$858.80
19361	Breast reconstr w/lat flap		C					
19364	Breast reconstruction		C					
19366	Breast reconstruction		T	0029	34.3618	$2,345.78	$581.52	$469.16
19367	Breast reconstruction		C					
19368	Breast reconstruction		C					
19369	Breast reconstruction		C					
19370	Surgery of breast capsule		T	0029	34.3618	$2,345.78	$581.52	$469.16
19371	Removal of breast capsule		T	0029	34.3618	$2,345.78	$581.52	$469.16
19380	Revise breast reconstruction		T	0030	45.1924	$3,085.15	$747.07	$617.03
19396	Design custom breast implant		T	0029	34.3618	$2,345.78	$581.52	$469.16
19499	Breast surgery procedure		T	0028	25.7651	$1,758.91	.	$351.79
20000	Incision of abscess		T	0006	1.4939	$101.98	.	$20.40
20005	Incision of deep abscess		T	0049	23.2249	$1,585.49	.	$317.10
20100	Explore wound, neck		T	0252	7.8743	$537.55	$109.16	$107.51

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
20101	Explore wound, chest		T	0137	22.1186	$1,509.97	.	$302.00
20102	Explore wound, abdomen		T	0137	22.1186	$1,509.97	.	$302.00
20103	Explore wound, extremity		T	0007	13.3268	$909.78	.	$181.96
20150	Excise epiphyseal bar		T	0051	47.3761	$3,234.22	.	$646.85
20200	Muscle biopsy		T	0021	18.2223	$1,243.98	.	$248.80
20205	Deep muscle biopsy		T	0021	18.2223	$1,243.98	.	$248.80
20206	Needle biopsy, muscle		T	0005	8.16	$557.06	.	$111.42
20220	Bone biopsy, trocar/needle		T	0020	8.7772	$599.19	.	$119.84
20225	Bone biopsy, trocar/needle		T	0021	18.2223	$1,243.98	.	$248.80
20240	Bone biopsy, excisional		T	0022	24.1269	$1,647.07	$354.45	$329.42
20245	Bone biopsy, excisional		T	0022	24.1269	$1,647.07	$354.45	$329.42
20250	Open bone biopsy		T	0049	23.2249	$1,585.49	.	$317.10
20251	Open bone biopsy		T	0049	23.2249	$1,585.49	.	$317.10
20500	Injection of sinus tract		T	0252	7.8743	$537.55	$109.16	$107.51
20501	Inject sinus tract for x-ray		N					
20520	Removal of foreign body		T	0019	4.9184	$335.76	.	$67.16
20525	Removal of foreign body		T	0022	24.1269	$1,647.07	$354.45	$329.42
20526	Ther injection, carp tunnel		T	0204	2.666	$182.00	$40.13	$36.40
20550	Inj tendon sheath/ligament		T	0204	2.666	$182.00	$40.13	$36.40
20551	Inj tendon origin/insertion		T	0204	2.666	$182.00	$40.13	$36.40
20552	Inj trigger point, 1/2 muscl		T	0204	2.666	$182.00	$40.13	$36.40
20553	Inject trigger points, =/> 3		T	0204	2.666	$182.00	$40.13	$36.40
20555	Place ndl musc/tis for rt		T	0050	32.4253	$2,213.58	.	$442.72
20600	Drain/inject, joint/bursa		T	0204	2.666	$182.00	$40.13	$36.40
20605	Drain/inject, joint/bursa		T	0204	2.666	$182.00	$40.13	$36.40
20610	Drain/inject, joint/bursa		T	0204	2.666	$182.00	$40.13	$36.40
20612	Aspirate/inj ganglion cyst		T	0204	2.666	$182.00	$40.13	$36.40
20615	Treatment of bone cyst		T	0004	4.6624	$318.29	.	$63.66
20650	Insert and remove bone pin		T	0049	23.2249	$1,585.49	.	$317.10

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
20660	Apply, rem fixation device		T	0138	5.2593	$359.04	.	$71.81
20661	Application of head brace		C					
20662	Application of pelvis brace		T	0049	23.2249	$1,585.49	.	$317.10
20663	Application of thigh brace		T	0049	23.2249	$1,585.49	.	$317.10
20664	Halo brace application		C					
20665	Removal of fixation device		X	0340	0.6899	$47.10	.	$9.42
20670	Removal of support implant		T	0021	18.2223	$1,243.98	.	$248.80
20680	Removal of support implant		T	0022	24.1269	$1,647.07	$354.45	$329.42
20690	Apply bone fixation device		T	0050	32.4253	$2,213.58	.	$442.72
20692	Apply bone fixation device		T	0050	32.4253	$2,213.58	.	$442.72
20693	Adjust bone fixation device		T	0049	23.2249	$1,585.49	.	$317.10
20694	Remove bone fixation device		T	0049	23.2249	$1,585.49	.	$317.10
20696	Comp multiplane ext fixation		T	0050	32.4253	$2,213.58	.	$442.72
20697	Comp ext fixate strut change		T	0139	20.9892	$1,432.87	.	$286.58
20802	Replantation, arm, complete		C					
20805	Replant forearm, complete		C					
20808	Replantation hand, complete		C					
20816	Replantation digit, complete		C					
20822	Replantation digit, complete		T	0054	29.8184	$2,035.61	.	$407.13
20824	Replantation thumb, complete		C					
20827	Replantation thumb, complete		C					
20838	Replantation foot, complete		C					
20900	Removal of bone for graft		T	0050	32.4253	$2,213.58	.	$442.72
20902	Removal of bone for graft		T	0050	32.4253	$2,213.58	.	$442.72
20910	Remove cartilage for graft		T	0137	22.1186	$1,509.97	.	$302.00
20912	Remove cartilage for graft		T	0137	22.1186	$1,509.97	.	$302.00
20920	Removal of fascia for graft		T	0136	17.1353	$1,169.78	.	$233.96
20922	Removal of fascia for graft		T	0136	17.1353	$1,169.78	.	$233.96
20924	Removal of tendon for graft		T	0050	32.4253	$2,213.58	.	$442.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
20926	Removal of tissue for graft		T	0135	4.6616	$318.23	.	$63.65
20930	Sp bone algrft morsel add-on		C					
20931	Sp bone algrft struct add-on		C					
20936	Sp bone agrft local add-on		C					
20937	Sp bone agrft morsel add-on		C					
20938	Sp bone agrft struct add-on		C					
20950	Fluid pressure, muscle		T	0006	1.4939	$101.98	.	$20.40
20955	Fibula bone graft, microvasc		C					
20956	Iliac bone graft, microvasc		C					
20957	Mt bone graft, microvasc		C					
20962	Other bone graft, microvasc		C					
20969	Bone/skin graft, microvasc		C					
20970	Bone/skin graft, iliac crest		C					
20972	Bone/skin graft, metatarsal		T	0056	55.5064	$3,789.26	.	$757.86
20973	Bone/skin graft, great toe		T	0056	55.5064	$3,789.26	.	$757.86
20974	Electrical bone stimulation		A					
20975	Electrical bone stimulation		N					
20979	Us bone stimulation		X	0340	0.6899	$47.10	.	$9.42
20982	Ablate, bone tumor(s) perq		T	0051	47.3761	$3,234.22	.	$646.85
20985	Cptr-asst dir ms px		N					
20999	Musculoskeletal surgery		T	0049	23.2249	$1,585.49	.	$317.10
21010	Incision of jaw joint		T	0254	25.5397	$1,743.52	.	$348.71
21011	Exc face les sc < 2 cm		T	0020	8.7772	$599.19	.	$119.84
21012	Exc face les sc = 2 cm		T	0020	8.7772	$599.19	.	$119.84
21013	Exc face tum deep < 2 cm		T	0020	8.7772	$599.19	.	$119.84
21014	Exc face tum deep = 2 cm		T	0020	8.7772	$599.19	.	$119.84
21015	Resect face tum < 2 cm		T	0021	18.2223	$1,243.98	.	$248.80
21016	Resect face tum = 2 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
21025	Excision of bone, lower jaw		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
21026	Excision of facial bone(s)		T	0256	44.8441	$3,061.37	.	$612.28
21029	Contour of face bone lesion		T	0256	44.8441	$3,061.37	.	$612.28
21030	Excise max/zygoma b9 tumor		T	0254	25.5397	$1,743.52	.	$348.71
21031	Remove exostosis, mandible		T	0254	25.5397	$1,743.52	.	$348.71
21032	Remove exostosis, maxilla		T	0254	25.5397	$1,743.52	.	$348.71
21034	Excise max/zygoma mlg tumor		T	0256	44.8441	$3,061.37	.	$612.28
21040	Excise mandible lesion		T	0254	25.5397	$1,743.52	.	$348.71
21044	Removal of jaw bone lesion		T	0256	44.8441	$3,061.37	.	$612.28
21045	Extensive jaw surgery		C					
21046	Remove mandible cyst complex		T	0256	44.8441	$3,061.37	.	$612.28
21047	Excise lwr jaw cyst w/repair		T	0256	44.8441	$3,061.37	.	$612.28
21048	Remove maxilla cyst complex		T	0256	44.8441	$3,061.37	.	$612.28
21049	Excis uppr jaw cyst w/repair		T	0256	44.8441	$3,061.37	.	$612.28
21050	Removal of jaw joint		T	0256	44.8441	$3,061.37	.	$612.28
21060	Remove jaw joint cartilage		T	0256	44.8441	$3,061.37	.	$612.28
21070	Remove coronoid process		T	0256	44.8441	$3,061.37	.	$612.28
21073	Mnpj of tmj w/anesth		T	0252	7.8743	$537.55	$109.16	$107.51
21076	Prepare face/oral prosthesis		T	0254	25.5397	$1,743.52	.	$348.71
21077	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28
21079	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28
21080	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28
21081	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28
21082	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28
21083	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28
21084	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28
21085	Prepare face/oral prosthesis		T	0253	17.4151	$1,188.88	$282.29	$237.78
21086	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28
21087	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28
21088	Prepare face/oral prosthesis		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
21089	Prepare face/oral prosthesis		T	0250	1.1743	$80.17	$25.10	$16.04
21100	Maxillofacial fixation		T	0256	44.8441	$3,061.37	.	$612.28
21110	Interdental fixation		T	0252	7.8743	$537.55	$109.16	$107.51
21116	Injection, jaw joint x-ray		N					
21120	Reconstruction of chin		T	0254	25.5397	$1,743.52	.	$348.71
21121	Reconstruction of chin		T	0254	25.5397	$1,743.52	.	$348.71
21122	Reconstruction of chin		T	0254	25.5397	$1,743.52	.	$348.71
21123	Reconstruction of chin		T	0254	25.5397	$1,743.52	.	$348.71
21125	Augmentation, lower jaw bone		T	0254	25.5397	$1,743.52	.	$348.71
21127	Augmentation, lower jaw bone		T	0256	44.8441	$3,061.37	.	$612.28
21137	Reduction of forehead		T	0254	25.5397	$1,743.52	.	$348.71
21138	Reduction of forehead		T	0256	44.8441	$3,061.37	.	$612.28
21139	Reduction of forehead		T	0256	44.8441	$3,061.37	.	$612.28
21141	Reconstruct midface, lefort		C					
21142	Reconstruct midface, lefort		C					
21143	Reconstruct midface, lefort		C					
21145	Reconstruct midface, lefort		C					
21146	Reconstruct midface, lefort		C					
21147	Reconstruct midface, lefort		C					
21150	Reconstruct midface, lefort		T	0256	44.8441	$3,061.37	.	$612.28
21151	Reconstruct midface, lefort		C					
21154	Reconstruct midface, lefort		C					
21155	Reconstruct midface, lefort		C					
21159	Reconstruct midface, lefort		C					
21160	Reconstruct midface, lefort		C					
21172	Reconstruct orbit/forehead		T	0256	44.8441	$3,061.37	.	$612.28
21175	Reconstruct orbit/forehead		T	0256	44.8441	$3,061.37	.	$612.28
21179	Reconstruct entire forehead		C					
21180	Reconstruct entire forehead		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
21181	Contour cranial bone lesion		T	0254	25.5397	$1,743.52	.	$348.71
21182	Reconstruct cranial bone		C					
21183	Reconstruct cranial bone		C					
21184	Reconstruct cranial bone		C					
21188	Reconstruction of midface		C					
21193	Reconst lwr jaw w/o graft	CH	T	0256	44.8441	$3,061.37	.	$612.28
21194	Reconst lwr jaw w/graft		C					
21195	Reconst lwr jaw w/o fixation		T	0256	44.8441	$3,061.37	.	$612.28
21196	Reconst lwr jaw w/fixation		C					
21198	Reconstr lwr jaw segment		T	0256	44.8441	$3,061.37	.	$612.28
21199	Reconstr lwr jaw w/advance		T	0256	44.8441	$3,061.37	.	$612.28
21206	Reconstruct upper jaw bone		T	0256	44.8441	$3,061.37	.	$612.28
21208	Augmentation of facial bones		T	0256	44.8441	$3,061.37	.	$612.28
21209	Reduction of facial bones		T	0256	44.8441	$3,061.37	.	$612.28
21210	Face bone graft		T	0256	44.8441	$3,061.37	.	$612.28
21215	Lower jaw bone graft		T	0256	44.8441	$3,061.37	.	$612.28
21230	Rib cartilage graft		T	0256	44.8441	$3,061.37	.	$612.28
21235	Ear cartilage graft		T	0254	25.5397	$1,743.52	.	$348.71
21240	Reconstruction of jaw joint		T	0256	44.8441	$3,061.37	.	$612.28
21242	Reconstruction of jaw joint		T	0256	44.8441	$3,061.37	.	$612.28
21243	Reconstruction of jaw joint		T	0256	44.8441	$3,061.37	.	$612.28
21244	Reconstruction of lower jaw		T	0256	44.8441	$3,061.37	.	$612.28
21245	Reconstruction of jaw		T	0256	44.8441	$3,061.37	.	$612.28
21246	Reconstruction of jaw		T	0256	44.8441	$3,061.37	.	$612.28
21247	Reconstruct lower jaw bone		C					
21248	Reconstruction of jaw		T	0256	44.8441	$3,061.37	.	$612.28
21249	Reconstruction of jaw		T	0256	44.8441	$3,061.37	.	$612.28
21255	Reconstruct lower jaw bone		C					
21256	Reconstruction of orbit		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
21260	Revise eye sockets		T	0256	44.8441	$3,061.37	.	$612.28
21261	Revise eye sockets		T	0256	44.8441	$3,061.37	.	$612.28
21263	Revise eye sockets		T	0256	44.8441	$3,061.37	.	$612.28
21267	Revise eye sockets		T	0256	44.8441	$3,061.37	.	$612.28
21268	Revise eye sockets		C					
21270	Augmentation, cheek bone		T	0256	44.8441	$3,061.37	.	$612.28
21275	Revision, orbitofacial bones		T	0256	44.8441	$3,061.37	.	$612.28
21280	Revision of eyelid		T	0256	44.8441	$3,061.37	.	$612.28
21282	Revision of eyelid		T	0253	17.4151	$1,188.88	$282.29	$237.78
21295	Revision of jaw muscle/bone		T	0252	7.8743	$537.55	$109.16	$107.51
21296	Revision of jaw muscle/bone		T	0254	25.5397	$1,743.52	.	$348.71
21299	Cranio/maxillofacial surgery		T	0250	1.1743	$80.17	$25.10	$16.04
21310	Treatment of nose fracture		T	0250	1.1743	$80.17	$25.10	$16.04
21315	Treatment of nose fracture		T	0253	17.4151	$1,188.88	$282.29	$237.78
21320	Treatment of nose fracture		T	0253	17.4151	$1,188.88	$282.29	$237.78
21325	Treatment of nose fracture		T	0254	25.5397	$1,743.52	.	$348.71
21330	Treatment of nose fracture		T	0254	25.5397	$1,743.52	.	$348.71
21335	Treatment of nose fracture		T	0254	25.5397	$1,743.52	.	$348.71
21336	Treat nasal septal fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
21337	Treat nasal septal fracture		T	0253	17.4151	$1,188.88	$282.29	$237.78
21338	Treat nasoethmoid fracture		T	0254	25.5397	$1,743.52	.	$348.71
21339	Treat nasoethmoid fracture		T	0254	25.5397	$1,743.52	.	$348.71
21340	Treatment of nose fracture		T	0256	44.8441	$3,061.37	.	$612.28
21343	Treatment of sinus fracture		C					
21344	Treatment of sinus fracture		C					
21345	Treat nose/jaw fracture		T	0254	25.5397	$1,743.52	.	$348.71
21346	Treat nose/jaw fracture		C					
21347	Treat nose/jaw fracture		C					
21348	Treat nose/jaw fracture		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
21355	Treat cheek bone fracture		T	0256	44.8441	$3,061.37	.	$612.28
21356	Treat cheek bone fracture		T	0254	25.5397	$1,743.52	.	$348.71
21360	Treat cheek bone fracture		T	0254	25.5397	$1,743.52	.	$348.71
21365	Treat cheek bone fracture		T	0256	44.8441	$3,061.37	.	$612.28
21366	Treat cheek bone fracture		C					
21385	Treat eye socket fracture		T	0256	44.8441	$3,061.37	.	$612.28
21386	Treat eye socket fracture		T	0256	44.8441	$3,061.37	.	$612.28
21387	Treat eye socket fracture		T	0256	44.8441	$3,061.37	.	$612.28
21390	Treat eye socket fracture		T	0256	44.8441	$3,061.37	.	$612.28
21395	Treat eye socket fracture	CH	T	0256	44.8441	$3,061.37	.	$612.28
21400	Treat eye socket fracture		T	0252	7.8743	$537.55	$109.16	$107.51
21401	Treat eye socket fracture		T	0253	17.4151	$1,188.88	$282.29	$237.78
21406	Treat eye socket fracture		T	0256	44.8441	$3,061.37	.	$612.28
21407	Treat eye socket fracture		T	0256	44.8441	$3,061.37	.	$612.28
21408	Treat eye socket fracture		T	0256	44.8441	$3,061.37	.	$612.28
21421	Treat mouth roof fracture		T	0254	25.5397	$1,743.52	.	$348.71
21422	Treat mouth roof fracture		C					
21423	Treat mouth roof fracture		C					
21431	Treat craniofacial fracture		C					
21432	Treat craniofacial fracture		C					
21433	Treat craniofacial fracture		C					
21435	Treat craniofacial fracture		C					
21436	Treat craniofacial fracture		C					
21440	Treat dental ridge fracture		T	0254	25.5397	$1,743.52	.	$348.71
21445	Treat dental ridge fracture		T	0254	25.5397	$1,743.52	.	$348.71
21450	Treat lower jaw fracture		T	0251	3.4369	$234.63	.	$46.93
21451	Treat lower jaw fracture		T	0252	7.8743	$537.55	$109.16	$107.51
21452	Treat lower jaw fracture		T	0253	17.4151	$1,188.88	$282.29	$237.78
21453	Treat lower jaw fracture		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
21454	Treat lower jaw fracture		T	0254	25.5397	$1,743.52	.	$348.71
21461	Treat lower jaw fracture		T	0256	44.8441	$3,061.37	.	$612.28
21462	Treat lower jaw fracture		T	0256	44.8441	$3,061.37	.	$612.28
21465	Treat lower jaw fracture		T	0256	44.8441	$3,061.37	.	$612.28
21470	Treat lower jaw fracture		T	0256	44.8441	$3,061.37	.	$612.28
21480	Reset dislocated jaw		T	0250	1.1743	$80.17	$25.10	$16.04
21485	Reset dislocated jaw		T	0253	17.4151	$1,188.88	$282.29	$237.78
21490	Repair dislocated jaw		T	0256	44.8441	$3,061.37	.	$612.28
21495	Treat hyoid bone fracture		T	0253	17.4151	$1,188.88	$282.29	$237.78
21497	Interdental wiring		T	0253	17.4151	$1,188.88	$282.29	$237.78
21499	Head surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
21501	Drain neck/chest lesion		T	0008	20.2481	$1,382.28	.	$276.46
21502	Drain chest lesion		T	0049	23.2249	$1,585.49	.	$317.10
21510	Drainage of bone lesion		C					
21550	Biopsy of neck/chest		T	0021	18.2223	$1,243.98	.	$248.80
21552	Exc neck les sc = 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
21554	Exc neck tum deep = 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
21555	Exc neck les sc < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
21556	Exc neck tum deep < 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
21557	Resect neck tum < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
21558	Resect neck tum = 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
21600	Partial removal of rib		T	0050	32.4253	$2,213.58	.	$442.72
21610	Partial removal of rib		T	0050	32.4253	$2,213.58	.	$442.72
21615	Removal of rib		C					
21616	Removal of rib and nerves		C					
21620	Partial removal of sternum		C					
21627	Sternal debridement		C					
21630	Extensive sternum surgery		C					
21632	Extensive sternum surgery		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
21685	Hyoid myotomy & suspension		T	0252	7.8743	$537.55	$109.16	$107.51
21700	Revision of neck muscle		T	0049	23.2249	$1,585.49	.	$317.10
21705	Revision of neck muscle/rib		C					
21720	Revision of neck muscle		T	0049	23.2249	$1,585.49	.	$317.10
21725	Revision of neck muscle		T	0006	1.4939	$101.98	.	$20.40
21740	Reconstruction of sternum		C					
21742	Repair stern/nuss w/o scope		T	0051	47.3761	$3,234.22	.	$646.85
21743	Repair sternum/nuss w/scope		T	0051	47.3761	$3,234.22	.	$646.85
21750	Repair of sternum separation		C					
21800	Treatment of rib fracture		T	0129	1.6325	$111.45	.	$22.29
21805	Treatment of rib fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
21810	Treatment of rib fracture(s)		C					
21820	Treat sternum fracture		T	0129	1.6325	$111.45	.	$22.29
21825	Treat sternum fracture		C					
21899	Neck/chest surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
21920	Biopsy soft tissue of back		T	0020	8.7772	$599.19	.	$119.84
21925	Biopsy soft tissue of back		T	0022	24.1269	$1,647.07	$354.45	$329.42
21930	Exc back les sc < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
21931	Exc back les sc = 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
21932	Exc back tum deep < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
21933	Exc back tum deep = 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
21935	Resect back tum < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
21936	Resect back tum = 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
22010	I&d, p-spine, c/t/cerv-thor		C					
22015	I&d, p-spine, l/s/ls		C					
22100	Remove part of neck vertebra		T	0208	51.7137	$3,530.34	.	$706.07
22101	Remove part, thorax vertebra		T	0208	51.7137	$3,530.34	.	$706.07
22102	Remove part, lumbar vertebra		T	0208	51.7137	$3,530.34	.	$706.07
22103	Remove extra spine segment		T	0208	51.7137	$3,530.34	.	$706.07

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
22110	Remove part of neck vertebra		C					
22112	Remove part, thorax vertebra		C					
22114	Remove part, lumbar vertebra		C					
22116	Remove extra spine segment		C					
22206	Cut spine 3 col, thor		C					
22207	Cut spine 3 col, lumb		C					
22208	Cut spine 3 col, addl seg		C					
22210	Revision of neck spine		C					
22212	Revision of thorax spine		C					
22214	Revision of lumbar spine		C					
22216	Revise, extra spine segment		C					
22220	Revision of neck spine		C					
22222	Revision of thorax spine		T	0208	51.7137	$3,530.34	.	$706.07
22224	Revision of lumbar spine		C					
22226	Revise, extra spine segment		C					
22305	Treat spine process fracture		T	0129	1.6325	$111.45	.	$22.29
22310	Treat spine fracture		T	0138	5.2593	$359.04	.	$71.81
22315	Treat spine fracture		T	0139	20.9892	$1,432.87	.	$286.58
22318	Treat odontoid fx w/o graft		C					
22319	Treat odontoid fx w/graft		C					
22325	Treat spine fracture		C					
22326	Treat neck spine fracture		C					
22327	Treat thorax spine fracture		C					
22328	Treat each add spine fx		C					
22505	Manipulation of spine		T	0045	15.5647	$1,062.56	$268.44	$212.52
22520	Percut vertebroplasty thor		T	0050	32.4253	$2,213.58	.	$442.72
22521	Percut vertebroplasty lumb		T	0050	32.4253	$2,213.58	.	$442.72
22522	Percut vertebroplasty addl		T	0050	32.4253	$2,213.58	.	$442.72
22523	Percut kyphoplasty, thor		T	0052	88.5249	$6,043.33	.	$1,208.67

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
22524	Percut kyphoplasty, lumbar		T	0052	88.5249	$6,043.33	.	$1,208.67
22525	Percut kyphoplasty, add-on		T	0052	88.5249	$6,043.33	.	$1,208.67
22526	Idet, single level		E					
22527	Idet, 1 or more levels		E					
22532	Lat thorax spine fusion		C					
22533	Lat lumbar spine fusion		C					
22534	Lat thor/lumb, addl seg		C					
22548	Neck spine fusion		C					
22554	Neck spine fusion		C					
22556	Thorax spine fusion		C					
22558	Lumbar spine fusion		C					
22585	Additional spinal fusion		C					
22590	Spine & skull spinal fusion		C					
22595	Neck spinal fusion		C					
22600	Neck spine fusion		C					
22610	Thorax spine fusion		C					
22612	Lumbar spine fusion		T	0208	51.7137	$3,530.34	.	$706.07
22614	Spine fusion, extra segment		T	0208	51.7137	$3,530.34	.	$706.07
22630	Lumbar spine fusion		C					
22632	Spine fusion, extra segment		C					
22800	Fusion of spine		C					
22802	Fusion of spine		C					
22804	Fusion of spine		C					
22808	Fusion of spine		C					
22810	Fusion of spine		C					
22812	Fusion of spine		C					
22818	Kyphectomy, 1-2 segments		C					
22819	Kyphectomy, 3 or more		C					
22830	Exploration of spinal fusion		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
22840	Insert spine fixation device		C					
22841	Insert spine fixation device		C					
22842	Insert spine fixation device		C					
22843	Insert spine fixation device		C					
22844	Insert spine fixation device		C					
22845	Insert spine fixation device		C					
22846	Insert spine fixation device		C					
22847	Insert spine fixation device		C					
22848	Insert pelv fixation device		C					
22849	Reinsert spinal fixation		C					
22850	Remove spine fixation device		C					
22851	Apply spine prosth device		T	0049	23.2249	$1,585.49	.	$317.10
22852	Remove spine fixation device		C					
22855	Remove spine fixation device		C					
22856	Cerv artific diskectomy		C					
22857	Lumbar artif diskectomy		C					
22861	Revise cerv artific disc		C					
22862	Revise lumbar artif disc		C					
22864	Remove cerv artif disc		C					
22865	Remove lumb artif disc		C					
22899	Spine surgery procedure		T	0049	23.2249	$1,585.49	.	$317.10
22900	Exc back tum deep < 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
22901	Exc back tum deep = 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
22902	Exc abd les sc < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
22903	Exc abd les sc > 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
22904	Resect abd tum < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
22905	Resect abd tum > 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
22999	Abdomen surgery procedure		T	0049	23.2249	$1,585.49	.	$317.10
23000	Removal of calcium deposits		T	0021	18.2223	$1,243.98	.	$248.80

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
23020	Release shoulder joint		T	0051	47.3761	$3,234.22	.	$646.85
23030	Drain shoulder lesion		T	0008	20.2481	$1,382.28	.	$276.46
23031	Drain shoulder bursa		T	0008	20.2481	$1,382.28	.	$276.46
23035	Drain shoulder bone lesion		T	0049	23.2249	$1,585.49	.	$317.10
23040	Exploratory shoulder surgery		T	0050	32.4253	$2,213.58	.	$442.72
23044	Exploratory shoulder surgery		T	0050	32.4253	$2,213.58	.	$442.72
23065	Biopsy shoulder tissues		T	0020	8.7772	$599.19	.	$119.84
23066	Biopsy shoulder tissues		T	0022	24.1269	$1,647.07	$354.45	$329.42
23071	Exc shoulder les sc > 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
23073	Exc shoulder tum deep > 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
23075	Exc shoulder les sc < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
23076	Exc shoulder tum deep < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
23077	Resect shoulder tum < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
23078	Resect shoulder tum > 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
23100	Biopsy of shoulder joint		T	0049	23.2249	$1,585.49	.	$317.10
23101	Shoulder joint surgery		T	0050	32.4253	$2,213.58	.	$442.72
23105	Remove shoulder joint lining		T	0050	32.4253	$2,213.58	.	$442.72
23106	Incision of collarbone joint		T	0050	32.4253	$2,213.58	.	$442.72
23107	Explore treat shoulder joint		T	0050	32.4253	$2,213.58	.	$442.72
23120	Partial removal, collar bone		T	0050	32.4253	$2,213.58	.	$442.72
23125	Removal of collar bone		T	0050	32.4253	$2,213.58	.	$442.72
23130	Remove shoulder bone, part		T	0051	47.3761	$3,234.22	.	$646.85
23140	Removal of bone lesion		T	0049	23.2249	$1,585.49	.	$317.10
23145	Removal of bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
23146	Removal of bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
23150	Removal of humerus lesion		T	0050	32.4253	$2,213.58	.	$442.72
23155	Removal of humerus lesion		T	0050	32.4253	$2,213.58	.	$442.72
23156	Removal of humerus lesion		T	0050	32.4253	$2,213.58	.	$442.72
23170	Remove collar bone lesion		T	0050	32.4253	$2,213.58	.	$442.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
23172	Remove shoulder blade lesion		T	0050	32.4253	$2,213.58	.	$442.72
23174	Remove humerus lesion		T	0050	32.4253	$2,213.58	.	$442.72
23180	Remove collar bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
23182	Remove shoulder blade lesion		T	0050	32.4253	$2,213.58	.	$442.72
23184	Remove humerus lesion		T	0050	32.4253	$2,213.58	.	$442.72
23190	Partial removal of scapula		T	0050	32.4253	$2,213.58	.	$442.72
23195	Removal of head of humerus		T	0050	32.4253	$2,213.58	.	$442.72
23200	Resect clavicle tumor		C					
23210	Resect scapula tumor		C					
23220	Resect prox humerus tumor		C					
23330	Remove shoulder foreign body		T	0020	8.7772	$599.19	.	$119.84
23331	Remove shoulder foreign body		T	0022	24.1269	$1,647.07	$354.45	$329.42
23332	Remove shoulder foreign body		C					
23350	Injection for shoulder x-ray		N					
23395	Muscle transfer,shoulder/arm		T	0051	47.3761	$3,234.22	.	$646.85
23397	Muscle transfers		T	0052	88.5249	$6,043.33	.	$1,208.67
23400	Fixation of shoulder blade		T	0050	32.4253	$2,213.58	.	$442.72
23405	Incision of tendon & muscle		T	0050	32.4253	$2,213.58	.	$442.72
23406	Incise tendon(s) & muscle(s)		T	0050	32.4253	$2,213.58	.	$442.72
23410	Repair rotator cuff, acute		T	0051	47.3761	$3,234.22	.	$646.85
23412	Repair rotator cuff, chronic		T	0051	47.3761	$3,234.22	.	$646.85
23415	Release of shoulder ligament		T	0051	47.3761	$3,234.22	.	$646.85
23420	Repair of shoulder		T	0051	47.3761	$3,234.22	.	$646.85
23430	Repair biceps tendon		T	0051	47.3761	$3,234.22	.	$646.85
23440	Remove/transplant tendon		T	0051	47.3761	$3,234.22	.	$646.85
23450	Repair shoulder capsule		T	0052	88.5249	$6,043.33	.	$1,208.67
23455	Repair shoulder capsule		T	0052	88.5249	$6,043.33	.	$1,208.67
23460	Repair shoulder capsule		T	0052	88.5249	$6,043.33	.	$1,208.67
23462	Repair shoulder capsule		T	0051	47.3761	$3,234.22	.	$646.85

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
23465	Repair shoulder capsule		T	0052	88.5249	$6,043.33	.	$1,208.67
23466	Repair shoulder capsule		T	0051	47.3761	$3,234.22	.	$646.85
23470	Reconstruct shoulder joint		T	0425	122.1766	$8,340.63	.	$1,668.13
23472	Reconstruct shoulder joint		C					
23480	Revision of collar bone		T	0051	47.3761	$3,234.22	.	$646.85
23485	Revision of collar bone		T	0052	88.5249	$6,043.33	.	$1,208.67
23490	Reinforce clavicle	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
23491	Reinforce shoulder bones		T	0052	88.5249	$6,043.33	.	$1,208.67
23500	Treat clavicle fracture		T	0129	1.6325	$111.45	.	$22.29
23505	Treat clavicle fracture		T	0139	20.9892	$1,432.87	.	$286.58
23515	Treat clavicle fracture		T	0064	66.575	$4,544.88	.	$908.98
23520	Treat clavicle dislocation		T	0138	5.2593	$359.04	.	$71.81
23525	Treat clavicle dislocation		T	0138	5.2593	$359.04	.	$71.81
23530	Treat clavicle dislocation		T	0063	48.0827	$3,282.46	.	$656.50
23532	Treat clavicle dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
23540	Treat clavicle dislocation		T	0129	1.6325	$111.45	.	$22.29
23545	Treat clavicle dislocation		T	0138	5.2593	$359.04	.	$71.81
23550	Treat clavicle dislocation		T	0063	48.0827	$3,282.46	.	$656.50
23552	Treat clavicle dislocation		T	0063	48.0827	$3,282.46	.	$656.50
23570	Treat shoulder blade fx		T	0129	1.6325	$111.45	.	$22.29
23575	Treat shoulder blade fx		T	0138	5.2593	$359.04	.	$71.81
23585	Treat scapula fracture		T	0064	66.575	$4,544.88	.	$908.98
23600	Treat humerus fracture		T	0129	1.6325	$111.45	.	$22.29
23605	Treat humerus fracture		T	0139	20.9892	$1,432.87	.	$286.58
23615	Treat humerus fracture		T	0064	66.5750	$4,544.88	.	$908.98
23616	Treat humerus fracture		T	0064	66.5750	$4,544.88	.	$908.98
23620	Treat humerus fracture		T	0129	1.6325	$111.45	.	$22.29
23625	Treat humerus fracture		T	0139	20.9892	$1,432.87	.	$286.58
23630	Treat humerus fracture		T	0064	66.5750	$4,544.88	.	$908.98

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
23650	Treat shoulder dislocation		T	0129	1.6325	$111.45	.	$22.29
23655	Treat shoulder dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
23660	Treat shoulder dislocation		T	0063	48.0827	$3,282.46	.	$656.50
23665	Treat dislocation/fracture		T	0138	5.2593	$359.04	.	$71.81
23670	Treat dislocation/fracture		T	0064	66.5750	$4,544.88	.	$908.98
23675	Treat dislocation/fracture		T	0129	1.6325	$111.45	.	$22.29
23680	Treat dislocation/fracture		T	0063	48.0827	$3,282.46	.	$656.50
23700	Fixation of shoulder		T	0045	15.5647	$1,062.56	$268.44	$212.52
23800	Fusion of shoulder joint		T	0052	88.5249	$6,043.33	.	$1,208.67
23802	Fusion of shoulder joint	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
23900	Amputation of arm & girdle		C					
23920	Amputation at shoulder joint		C					
23921	Amputation follow-up surgery		T	0136	17.1353	$1,169.78	.	$233.96
23929	Shoulder surgery procedure		T	0129	1.6325	$111.45	.	$22.29
23930	Drainage of arm lesion		T	0008	20.2481	$1,382.28	.	$276.46
23931	Drainage of arm bursa		T	0008	20.2481	$1,382.28	.	$276.46
23935	Drain arm/elbow bone lesion		T	0049	23.2249	$1,585.49	.	$317.10
24000	Exploratory elbow surgery		T	0050	32.4253	$2,213.58	.	$442.72
24006	Release elbow joint		T	0050	32.4253	$2,213.58	.	$442.72
24065	Biopsy arm/elbow soft tissue		T	0021	18.2223	$1,243.98	.	$248.80
24066	Biopsy arm/elbow soft tissue		T	0021	18.2223	$1,243.98	.	$248.80
24071	Exc arm/elbow les sc = 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
24073	Ex arm/elbow tum deep > 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
24075	Exc arm/elbow les sc < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
24076	Ex arm/elbow tum deep < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
24077	Resect arm/elbow tum < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
24079	Resect arm/elbow tum > 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
24100	Biopsy elbow joint lining		T	0049	23.2249	$1,585.49	.	$317.10
24101	Explore/treat elbow joint		T	0050	32.4253	$2,213.58	.	$442.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
24102	Remove elbow joint lining		T	0050	32.4253	$2,213.58	.	$442.72
24105	Removal of elbow bursa		T	0049	23.2249	$1,585.49	.	$317.10
24110	Remove humerus lesion		T	0049	23.2249	$1,585.49	.	$317.10
24115	Remove/graft bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
24116	Remove/graft bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
24120	Remove elbow lesion		T	0049	23.2249	$1,585.49	.	$317.10
24125	Remove/graft bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
24126	Remove/graft bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
24130	Removal of head of radius		T	0050	32.4253	$2,213.58	.	$442.72
24134	Removal of arm bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
24136	Remove radius bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
24138	Remove elbow bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
24140	Partial removal of arm bone		T	0050	32.4253	$2,213.58	.	$442.72
24145	Partial removal of radius		T	0050	32.4253	$2,213.58	.	$442.72
24147	Partial removal of elbow		T	0050	32.4253	$2,213.58	.	$442.72
24149	Radical resection of elbow		T	0050	32.4253	$2,213.58	.	$442.72
24150	Resect distal humerus tumor		T	0051	47.3761	$3,234.22	.	$646.85
24152	Resect radius tumor		T	0051	47.3761	$3,234.22	.	$646.85
24155	Removal of elbow joint		T	0051	47.3761	$3,234.22	.	$646.85
24160	Remove elbow joint implant		T	0050	32.4253	$2,213.58	.	$442.72
24164	Remove radius head implant		T	0050	32.4253	$2,213.58	.	$442.72
24200	Removal of arm foreign body		T	0019	4.9184	$335.76	.	$67.16
24201	Removal of arm foreign body		T	0021	18.2223	$1,243.98	.	$248.80
24220	Injection for elbow x-ray		N					
24300	Manipulate elbow w/anesth		T	0045	15.5647	$1,062.56	$268.44	$212.52
24301	Muscle/tendon transfer		T	0050	32.4253	$2,213.58	.	$442.72
24305	Arm tendon lengthening		T	0050	32.4253	$2,213.58	.	$442.72
24310	Revision of arm tendon		T	0049	23.2249	$1,585.49	.	$317.10
24320	Repair of arm tendon		T	0051	47.3761	$3,234.22	.	$646.85

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
24330	Revision of arm muscles		T	0052	88.5249	$6,043.33	.	$1,208.67
24331	Revision of arm muscles		T	0051	47.3761	$3,234.22	.	$646.85
24332	Tenolysis, triceps		T	0049	23.2249	$1,585.49	.	$317.10
24340	Repair of biceps tendon		T	0051	47.3761	$3,234.22	.	$646.85
24341	Repair arm tendon/muscle		T	0051	47.3761	$3,234.22	.	$646.85
24342	Repair of ruptured tendon		T	0051	47.3761	$3,234.22	.	$646.85
24343	Repr elbow lat ligmnt w/tiss		T	0050	32.4253	$2,213.58	.	$442.72
24344	Reconstruct elbow lat ligmnt		T	0052	88.5249	$6,043.33	.	$1,208.67
24345	Repr elbw med ligmnt w/tissu		T	0050	32.4253	$2,213.58	.	$442.72
24346	Reconstruct elbow med ligmnt	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
24357	Repair elbow, perc		T	0050	32.4253	$2,213.58	.	$442.72
24358	Repair elbow w/deb, open		T	0050	32.4253	$2,213.58	.	$442.72
24359	Repair elbow deb/attch open		T	0050	32.4253	$2,213.58	.	$442.72
24360	Reconstruct elbow joint		T	0047	39.0731	$2,667.40	$534.09	$533.48
24361	Reconstruct elbow joint		T	0425	122.1766	$8,340.63	.	$1,668.13
24362	Reconstruct elbow joint		T	0048	60.2668	$4,114.23	.	$822.85
24363	Replace elbow joint		T	0425	122.1766	$8,340.63	.	$1,668.13
24365	Reconstruct head of radius		T	0047	39.0731	$2,667.40	$534.09	$533.48
24366	Reconstruct head of radius		T	0425	122.1766	$8,340.63	.	$1,668.13
24400	Revision of humerus	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
24410	Revision of humerus		T	0051	47.3761	$3,234.22	.	$646.85
24420	Revision of humerus		T	0051	47.3761	$3,234.22	.	$646.85
24430	Repair of humerus		T	0052	88.5249	$6,043.33	.	$1,208.67
24435	Repair humerus with graft		T	0052	88.5249	$6,043.33	.	$1,208.67
24470	Revision of elbow joint		T	0051	47.3761	$3,234.22	.	$646.85
24495	Decompression of forearm		T	0050	32.4253	$2,213.58	.	$442.72
24498	Reinforce humerus		T	0052	88.5249	$6,043.33	.	$1,208.67
24500	Treat humerus fracture		T	0129	1.6325	$111.45	.	$22.29
24505	Treat humerus fracture		T	0129	1.6325	$111.45	.	$22.29

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	Short Descriptor	CI	SI	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
24515	Treat humerus fracture		T	0064	66.575	$4,544.88	.	$908.98
24516	Treat humerus fracture		T	0064	66.575	$4,544.88	.	$908.98
24530	Treat humerus fracture		T	0129	1.6325	$111.45	.	$22.29
24535	Treat humerus fracture		T	0138	5.2593	$359.04	.	$71.81
24538	Treat humerus fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
24545	Treat humerus fracture		T	0064	66.575	$4,544.88	.	$908.98
24546	Treat humerus fracture		T	0064	66.575	$4,544.88	.	$908.98
24560	Treat humerus fracture		T	0129	1.6325	$111.45	.	$22.29
24565	Treat humerus fracture		T	0129	1.6325	$111.45	.	$22.29
24566	Treat humerus fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
24575	Treat humerus fracture		T	0064	66.575	$4,544.88	.	$908.98
24576	Treat humerus fracture		T	0129	1.6325	$111.45	.	$22.29
24577	Treat humerus fracture		T	0138	5.2593	$359.04	.	$71.81
24579	Treat humerus fracture		T	0064	66.575	$4,544.88	.	$908.98
24582	Treat humerus fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
24586	Treat elbow fracture		T	0064	66.575	$4,544.88	.	$908.98
24587	Treat elbow fracture		T	0064	66.575	$4,544.88	.	$908.98
24600	Treat elbow dislocation		T	0129	1.6325	$111.45	.	$22.29
24605	Treat elbow dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
24615	Treat elbow dislocation		T	0064	66.575	$4,544.88	.	$908.98
24620	Treat elbow fracture		T	0139	20.9892	$1,432.87	.	$286.58
24635	Treat elbow fracture		T	0064	66.575	$4,544.88	.	$908.98
24640	Treat elbow dislocation		T	0129	1.6325	$111.45	.	$22.29
24650	Treat radius fracture		T	0129	1.6325	$111.45	.	$22.29
24655	Treat radius fracture		T	0138	5.2593	$359.04	.	$71.81
24665	Treat radius fracture		T	0063	48.0827	$3,282.46	.	$656.50
24666	Treat radius fracture		T	0064	66.575	$4,544.88	.	$908.98
24670	Treat ulnar fracture		T	0129	1.6325	$111.45	.	$22.29
24675	Treat ulnar fracture		T	0129	1.6325	$111.45	.	$22.29

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
24685	Treat ulnar fracture		T	0063	48.0827	$3,282.46	.	$656.50
24800	Fusion of elbow joint		T	0051	47.3761	$3,234.22	.	$646.85
24802	Fusion/graft of elbow joint	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
24900	Amputation of upper arm		C					
24920	Amputation of upper arm		C					
24925	Amputation follow-up surgery		T	0049	23.2249	$1,585.49	.	$317.10
24930	Amputation follow-up surgery		C					
24931	Amputate upper arm & implant		C					
24935	Revision of amputation		T	0052	88.5249	$6,043.33	.	$1,208.67
24940	Revision of upper arm		C					
24999	Upper arm/elbow surgery		T	0129	1.6325	$111.45	.	$22.29
25000	Incision of tendon sheath		T	0049	23.2249	$1,585.49	.	$317.10
25001	Incise flexor carpi radialis		T	0049	23.2249	$1,585.49	.	$317.10
25020	Decompress forearm 1 space		T	0050	32.4253	$2,213.58	.	$442.72
25023	Decompress forearm 1 space		T	0050	32.4253	$2,213.58	.	$442.72
25024	Decompress forearm 2 spaces		T	0050	32.4253	$2,213.58	.	$442.72
25025	Decompress forearm 2 spaces		T	0050	32.4253	$2,213.58	.	$442.72
25028	Drainage of forearm lesion		T	0049	23.2249	$1,585.49	.	$317.10
25031	Drainage of forearm bursa		T	0049	23.2249	$1,585.49	.	$317.10
25035	Treat forearm bone lesion		T	0049	23.2249	$1,585.49	.	$317.10
25040	Explore/treat wrist joint		T	0050	32.4253	$2,213.58	.	$442.72
25065	Biopsy forearm soft tissues		T	0020	8.7772	$599.19	.	$119.84
25066	Biopsy forearm soft tissues		T	0022	24.1269	$1,647.07	$354.45	$329.42
25071	Exc forearm les sc > 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
25073	Exc forearm tum deep = 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
25075	Exc forearm les sc < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
25076	Exc forearm tum deep < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
25077	Resect forearm/wrist tum<3cm		T	0021	18.2223	$1,243.98	.	$248.80
25078	Resect forearm/wrist tum=3cm		T	0022	24.1269	$1,647.07	$354.45	$329.42

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
25085	Incision of wrist capsule		T	0049	23.2249	$1,585.49	.	$317.10
25100	Biopsy of wrist joint		T	0049	23.2249	$1,585.49	.	$317.10
25101	Explore/treat wrist joint		T	0050	32.4253	$2,213.58	.	$442.72
25105	Remove wrist joint lining		T	0050	32.4253	$2,213.58	.	$442.72
25107	Remove wrist joint cartilage		T	0050	32.4253	$2,213.58	.	$442.72
25109	Excise tendon forearm/wrist		T	0049	23.2249	$1,585.49	.	$317.10
25110	Remove wrist tendon lesion		T	0049	23.2249	$1,585.49	.	$317.10
25111	Remove wrist tendon lesion		T	0049	23.2249	$1,585.49	.	$317.10
25112	Reremove wrist tendon lesion		T	0049	23.2249	$1,585.49	.	$317.10
25115	Remove wrist/forearm lesion		T	0049	23.2249	$1,585.49	.	$317.10
25116	Remove wrist/forearm lesion		T	0049	23.2249	$1,585.49	.	$317.10
25118	Excise wrist tendon sheath		T	0050	32.4253	$2,213.58	.	$442.72
25119	Partial removal of ulna		T	0050	32.4253	$2,213.58	.	$442.72
25120	Removal of forearm lesion		T	0050	32.4253	$2,213.58	.	$442.72
25125	Remove/graft forearm lesion		T	0050	32.4253	$2,213.58	.	$442.72
25126	Remove/graft forearm lesion		T	0050	32.4253	$2,213.58	.	$442.72
25130	Removal of wrist lesion		T	0050	32.4253	$2,213.58	.	$442.72
25135	Remove & graft wrist lesion		T	0050	32.4253	$2,213.58	.	$442.72
25136	Remove & graft wrist lesion		T	0050	32.4253	$2,213.58	.	$442.72
25145	Remove forearm bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
25150	Partial removal of ulna		T	0050	32.4253	$2,213.58	.	$442.72
25151	Partial removal of radius		T	0050	32.4253	$2,213.58	.	$442.72
25170	Resect radius/ulnar tumor		T	0051	47.3761	$3,234.22	.	$646.85
25210	Removal of wrist bone		T	0050	32.4253	$2,213.58	.	$442.72
25215	Removal of wrist bones		T	0050	32.4253	$2,213.58	.	$442.72
25230	Partial removal of radius		T	0050	32.4253	$2,213.58	.	$442.72
25240	Partial removal of ulna		T	0050	32.4253	$2,213.58	.	$442.72
25246	Injection for wrist x-ray		N					
25248	Remove forearm foreign body		T	0049	23.2249	$1,585.49	.	$317.10

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
25250	Removal of wrist prosthesis		T	0050	32.4253	$2,213.58	.	$442.72
25251	Removal of wrist prosthesis		T	0050	32.4253	$2,213.58	.	$442.72
25259	Manipulate wrist w/anesthes		T	0139	20.9892	$1,432.87	.	$286.58
25260	Repair forearm tendon/muscle		T	0050	32.4253	$2,213.58	.	$442.72
25263	Repair forearm tendon/muscle		T	0050	32.4253	$2,213.58	.	$442.72
25265	Repair forearm tendon/muscle		T	0050	32.4253	$2,213.58	.	$442.72
25270	Repair forearm tendon/muscle		T	0050	32.4253	$2,213.58	.	$442.72
25272	Repair forearm tendon/muscle		T	0050	32.4253	$2,213.58	.	$442.72
25274	Repair forearm tendon/muscle		T	0050	32.4253	$2,213.58	.	$442.72
25275	Repair forearm tendon sheath		T	0050	32.4253	$2,213.58	.	$442.72
25280	Revise wrist/forearm tendon		T	0050	32.4253	$2,213.58	.	$442.72
25290	Incise wrist/forearm tendon		T	0050	32.4253	$2,213.58	.	$442.72
25295	Release wrist/forearm tendon		T	0049	23.2249	$1,585.49	.	$317.10
25300	Fusion of tendons at wrist		T	0050	32.4253	$2,213.58	.	$442.72
25301	Fusion of tendons at wrist		T	0050	32.4253	$2,213.58	.	$442.72
25310	Transplant forearm tendon		T	0051	47.3761	$3,234.22	.	$646.85
25312	Transplant forearm tendon		T	0051	47.3761	$3,234.22	.	$646.85
25315	Revise palsy hand tendon(s)		T	0051	47.3761	$3,234.22	.	$646.85
25316	Revise palsy hand tendon(s)		T	0052	88.5249	$6,043.33	.	$1,208.67
25320	Repair/revise wrist joint		T	0051	47.3761	$3,234.22	.	$646.85
25332	Revise wrist joint		T	0047	39.0731	$2,667.40	$534.09	$533.48
25335	Realignment of hand		T	0051	47.3761	$3,234.22	.	$646.85
25337	Reconstruct ulna/radioulnar		T	0051	47.3761	$3,234.22	.	$646.85
25350	Revision of radius		T	0051	47.3761	$3,234.22	.	$646.85
25355	Revision of radius		T	0051	47.3761	$3,234.22	.	$646.85
25360	Revision of ulna		T	0051	47.3761	$3,234.22	.	$646.85
25365	Revise radius & ulna	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
25370	Revise radius or ulna		T	0051	47.3761	$3,234.22	.	$646.85
25375	Revise radius & ulna		T	0051	47.3761	$3,234.22	.	$646.85

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
25390	Shorten radius or ulna		T	0051	47.3761	$3,234.22	.	$646.85
25391	Lengthen radius or ulna	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
25392	Shorten radius & ulna		T	0050	32.4253	$2,213.58	.	$442.72
25393	Lengthen radius & ulna		T	0051	47.3761	$3,234.22	.	$646.85
25394	Repair carpal bone, shorten		T	0051	47.3761	$3,234.22	.	$646.85
25400	Repair radius or ulna	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
25405	Repair/graft radius or ulna		T	0052	88.5249	$6,043.33	.	$1,208.67
25415	Repair radius & ulna		T	0052	88.5249	$6,043.33	.	$1,208.67
25420	Repair/graft radius & ulna		T	0052	88.5249	$6,043.33	.	$1,208.67
25425	Repair/graft radius or ulna	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
25426	Repair/graft radius & ulna		T	0051	47.3761	$3,234.22	.	$646.85
25430	Vasc graft into carpal bone		T	0051	47.3761	$3,234.22	.	$646.85
25431	Repair nonunion carpal bone		T	0051	47.3761	$3,234.22	.	$646.85
25440	Repair/graft wrist bone		T	0052	88.5249	$6,043.33	.	$1,208.67
25441	Reconstruct wrist joint		T	0425	122.1766	$8,340.63	.	$1,668.13
25442	Reconstruct wrist joint		T	0425	122.1766	$8,340.63	.	$1,668.13
25443	Reconstruct wrist joint		T	0048	60.2668	$4,114.23	.	$822.85
25444	Reconstruct wrist joint		T	0048	60.2668	$4,114.23	.	$822.85
25445	Reconstruct wrist joint		T	0048	60.2668	$4,114.23	.	$822.85
25446	Wrist replacement		T	0425	122.1766	$8,340.63	.	$1,668.13
25447	Repair wrist joint(s)		T	0047	39.0731	$2,667.40	$534.09	$533.48
25449	Remove wrist joint implant		T	0047	39.0731	$2,667.40	$534.09	$533.48
25450	Revision of wrist joint		T	0051	47.3761	$3,234.22	.	$646.85
25455	Revision of wrist joint		T	0051	47.3761	$3,234.22	.	$646.85
25490	Reinforce radius		T	0051	47.3761	$3,234.22	.	$646.85
25491	Reinforce ulna		T	0051	47.3761	$3,234.22	.	$646.85
25492	Reinforce radius and ulna		T	0051	47.3761	$3,234.22	.	$646.85
25500	Treat fracture of radius		T	0129	1.6325	$111.45	.	$22.29
25505	Treat fracture of radius		T	0138	5.2593	$359.04	.	$71.81

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	Short Descriptor	CI	SI	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
25515	Treat fracture of radius		T	0063	48.0827	$3,282.46	.	$656.50
25520	Treat fracture of radius		T	0138	5.2593	$359.04	.	$71.81
25525	Treat fracture of radius		T	0063	48.0827	$3,282.46	.	$656.50
25526	Treat fracture of radius		T	0063	48.0827	$3,282.46	.	$656.50
25530	Treat fracture of ulna		T	0129	1.6325	$111.45	.	$22.29
25535	Treat fracture of ulna		T	0129	1.6325	$111.45	.	$22.29
25545	Treat fracture of ulna		T	0063	48.0827	$3,282.46	.	$656.50
25560	Treat fracture radius & ulna		T	0129	1.6325	$111.45	.	$22.29
25565	Treat fracture radius & ulna		T	0138	5.2593	$359.04	.	$71.81
25574	Treat fracture radius & ulna		T	0064	66.575	$4,544.88	.	$908.98
25575	Treat fracture radius/ulna		T	0064	66.575	$4,544.88	.	$908.98
25600	Treat fracture radius/ulna		T	0129	1.6325	$111.45	.	$22.29
25605	Treat fracture radius/ulna		T	0138	5.2593	$359.04	.	$71.81
25606	Treat fx distal radial		T	0062	26.6924	$1,822.21	$372.87	$364.45
25607	Treat fx rad extra-articul		T	0064	66.575	$4,544.88	.	$908.98
25608	Treat fx rad intra-articul		T	0064	66.575	$4,544.88	.	$908.98
25609	Treat fx radial 3+ frag		T	0064	66.575	$4,544.88	.	$908.98
25622	Treat wrist bone fracture		T	0129	1.6325	$111.45	.	$22.29
25624	Treat wrist bone fracture		T	0138	5.2593	$359.04	.	$71.81
25628	Treat wrist bone fracture		T	0063	48.0827	$3,282.46	.	$656.50
25630	Treat wrist bone fracture		T	0129	1.6325	$111.45	.	$22.29
25635	Treat wrist bone fracture		T	0138	5.2593	$359.04	.	$71.81
25645	Treat wrist bone fracture		T	0063	48.0827	$3,282.46	.	$656.50
25650	Treat wrist bone fracture		T	0129	1.6325	$111.45	.	$22.29
25651	Pin ulnar styloid fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
25652	Treat fracture ulnar styloid		T	0063	48.0827	$3,282.46	.	$656.50
25660	Treat wrist dislocation		T	0129	1.6325	$111.45	.	$22.29
25670	Treat wrist dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
25671	Pin radioulnar dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
25675	Treat wrist dislocation		T	0129	1.6325	$111.45	.	$22.29
25676	Treat wrist dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
25680	Treat wrist fracture		T	0129	1.6325	$111.45	.	$22.29
25685	Treat wrist fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
25690	Treat wrist dislocation		T	0139	20.9892	$1,432.87	.	$286.58
25695	Treat wrist dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
25800	Fusion of wrist joint		T	0052	88.5249	$6,043.33	.	$1,208.67
25805	Fusion/graft of wrist joint	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
25810	Fusion/graft of wrist joint		T	0052	88.5249	$6,043.33	.	$1,208.67
25820	Fusion of hand bones		T	0051	47.3761	$3,234.22	.	$646.85
25825	Fuse hand bones with graft		T	0052	88.5249	$6,043.33	.	$1,208.67
25830	Fusion, radioulnar jnt/ulna		T	0052	88.5249	$6,043.33	.	$1,208.67
25900	Amputation of forearm		C					
25905	Amputation of forearm		C					
25907	Amputation follow-up surgery		T	0049	23.2249	$1,585.49	.	$317.10
25909	Amputation follow-up surgery	CH	T	0049	23.2249	$1,585.49	.	$317.10
25915	Amputation of forearm		C					
25920	Amputate hand at wrist		C					
25922	Amputate hand at wrist		T	0049	23.2249	$1,585.49	.	$317.10
25924	Amputation follow-up surgery		C					
25927	Amputation of hand		C					
25929	Amputation follow-up surgery		T	0136	17.1353	$1,169.78	.	$233.96
25931	Amputation follow-up surgery		T	0049	23.2249	$1,585.49	.	$317.10
25999	Forearm or wrist surgery		T	0129	1.6325	$111.45	.	$22.29
26010	Drainage of finger abscess		T	0006	1.4939	$101.98	.	$20.40
26011	Drainage of finger abscess		T	0007	13.3268	$909.78	.	$181.96
26020	Drain hand tendon sheath		T	0053	17.3655	$1,185.49	$253.49	$237.10
26025	Drainage of palm bursa		T	0053	17.3655	$1,185.49	$253.49	$237.10
26030	Drainage of palm bursa(s)		T	0053	17.3655	$1,185.49	$253.49	$237.10

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
26034	Treat hand bone lesion		T	0053	17.3655	$1,185.49	$253.49	$237.10
26035	Decompress fingers/hand		T	0053	17.3655	$1,185.49	$253.49	$237.10
26037	Decompress fingers/hand		T	0053	17.3655	$1,185.49	$253.49	$237.10
26040	Release palm contracture	CH	T	0053	17.3655	$1,185.49	$253.49	$237.10
26045	Release palm contracture		T	0054	29.8184	$2,035.61	.	$407.13
26055	Incise finger tendon sheath		T	0053	17.3655	$1,185.49	$253.49	$237.10
26060	Incision of finger tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26070	Explore/treat hand joint		T	0053	17.3655	$1,185.49	$253.49	$237.10
26075	Explore/treat finger joint		T	0053	17.3655	$1,185.49	$253.49	$237.10
26080	Explore/treat finger joint		T	0053	17.3655	$1,185.49	$253.49	$237.10
26100	Biopsy hand joint lining		T	0053	17.3655	$1,185.49	$253.49	$237.10
26105	Biopsy finger joint lining		T	0053	17.3655	$1,185.49	$253.49	$237.10
26110	Biopsy finger joint lining		T	0053	17.3655	$1,185.49	$253.49	$237.10
26111	Exc hand les sc > 1.5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
26113	Exc hand tum deep > 1.5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
26115	Exc hand les sc < 1.5 cm		T	0021	18.2223	$1,243.98	.	$248.80
26116	Exc hand tum deep < 1.5 cm		T	0021	18.2223	$1,243.98	.	$248.80
26117	Exc hand tum ra < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
26118	Exc hand tum ra > 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
26121	Release palm contracture		T	0054	29.8184	$2,035.61	.	$407.13
26123	Release palm contracture		T	0054	29.8184	$2,035.61	.	$407.13
26125	Release palm contracture		T	0053	17.3655	$1,185.49	$253.49	$237.10
26130	Remove wrist joint lining		T	0053	17.3655	$1,185.49	$253.49	$237.10
26135	Revise finger joint, each		T	0054	29.8184	$2,035.61	.	$407.13
26140	Revise finger joint, each		T	0053	17.3655	$1,185.49	$253.49	$237.10
26145	Tendon excision, palm/finger		T	0053	17.3655	$1,185.49	$253.49	$237.10
26160	Remove tendon sheath lesion		T	0053	17.3655	$1,185.49	$253.49	$237.10
26170	Removal of palm tendon, each		T	0053	17.3655	$1,185.49	$253.49	$237.10
26180	Removal of finger tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
26185	Remove finger bone		T	0053	17.3655	$1,185.49	$253.49	$237.10
26200	Remove hand bone lesion		T	0053	17.3655	$1,185.49	$253.49	$237.10
26205	Remove/graft bone lesion		T	0054	29.8184	$2,035.61	.	$407.13
26210	Removal of finger lesion		T	0053	17.3655	$1,185.49	$253.49	$237.10
26215	Remove/graft finger lesion		T	0053	17.3655	$1,185.49	$253.49	$237.10
26230	Partial removal of hand bone		T	0053	17.3655	$1,185.49	$253.49	$237.10
26235	Partial removal, finger bone		T	0053	17.3655	$1,185.49	$253.49	$237.10
26236	Partial removal, finger bone		T	0053	17.3655	$1,185.49	$253.49	$237.10
26250	Extensive hand surgery		T	0053	17.3655	$1,185.49	$253.49	$237.10
26260	Resect prox finger tumor		T	0053	17.3655	$1,185.49	$253.49	$237.10
26262	Resect distal finger tumor		T	0053	17.3655	$1,185.49	$253.49	$237.10
26320	Removal of implant from hand		T	0021	18.2223	$1,243.98	.	$248.80
26340	Manipulate finger w/anesth		T	0138	5.2593	$359.04	.	$71.81
26350	Repair finger/hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26352	Repair/graft hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26356	Repair finger/hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26357	Repair finger/hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26358	Repair/graft hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26370	Repair finger/hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26372	Repair/graft hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26373	Repair finger/hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26390	Revise hand/finger tendon		T	0054	29.8184	$2,035.61	.	$407.13
26392	Repair/graft hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26410	Repair hand tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26412	Repair/graft hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26415	Excision, hand/finger tendon		T	0054	29.8184	$2,035.61	.	$407.13
26416	Graft hand or finger tendon		T	0054	29.8184	$2,035.61	.	$407.13
26418	Repair finger tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26420	Repair/graft finger tendon		T	0054	29.8184	$2,035.61	.	$407.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
26426	Repair finger/hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26428	Repair/graft finger tendon		T	0054	29.8184	$2,035.61	.	$407.13
26432	Repair finger tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26433	Repair finger tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26434	Repair/graft finger tendon		T	0054	29.8184	$2,035.61	.	$407.13
26437	Realignment of tendons		T	0053	17.3655	$1,185.49	$253.49	$237.10
26440	Release palm/finger tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26442	Release palm & finger tendon		T	0054	29.8184	$2,035.61	.	$407.13
26445	Release hand/finger tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26449	Release forearm/hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26450	Incision of palm tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26455	Incision of finger tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26460	Incise hand/finger tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26471	Fusion of finger tendons		T	0053	17.3655	$1,185.49	$253.49	$237.10
26474	Fusion of finger tendons		T	0053	17.3655	$1,185.49	$253.49	$237.10
26476	Tendon lengthening		T	0053	17.3655	$1,185.49	$253.49	$237.10
26477	Tendon shortening		T	0053	17.3655	$1,185.49	$253.49	$237.10
26478	Lengthening of hand tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26479	Shortening of hand tendon		T	0053	17.3655	$1,185.49	$253.49	$237.10
26480	Transplant hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26483	Transplant/graft hand tendon		T	0054	29.8184	$2,035.61	.	$407.13
26485	Transplant palm tendon		T	0054	29.8184	$2,035.61	.	$407.13
26489	Transplant/graft palm tendon		T	0054	29.8184	$2,035.61	.	$407.13
26490	Revise thumb tendon		T	0054	29.8184	$2,035.61	.	$407.13
26492	Tendon transfer with graft		T	0054	29.8184	$2,035.61	.	$407.13
26494	Hand tendon/muscle transfer		T	0054	29.8184	$2,035.61	.	$407.13
26496	Revise thumb tendon		T	0054	29.8184	$2,035.61	.	$407.13
26497	Finger tendon transfer		T	0054	29.8184	$2,035.61	.	$407.13
26498	Finger tendon transfer		T	0054	29.8184	$2,035.61	.	$407.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
26499	Revision of finger		T	0054	29.8184	$2,035.61	.	$407.13
26500	Hand tendon reconstruction		T	0053	17.3655	$1,185.49	$253.49	$237.10
26502	Hand tendon reconstruction		T	0054	29.8184	$2,035.61	.	$407.13
26508	Release thumb contracture		T	0053	17.3655	$1,185.49	$253.49	$237.10
26510	Thumb tendon transfer		T	0054	29.8184	$2,035.61	.	$407.13
26516	Fusion of knuckle joint		T	0054	29.8184	$2,035.61	.	$407.13
26517	Fusion of knuckle joints		T	0054	29.8184	$2,035.61	.	$407.13
26518	Fusion of knuckle joints		T	0054	29.8184	$2,035.61	.	$407.13
26520	Release knuckle contracture		T	0053	17.3655	$1,185.49	$253.49	$237.10
26525	Release finger contracture		T	0053	17.3655	$1,185.49	$253.49	$237.10
26530	Revise knuckle joint		T	0047	39.0731	$2,667.40	$534.09	$533.48
26531	Revise knuckle with implant		T	0048	60.2668	$4,114.23	.	$822.85
26535	Revise finger joint		T	0047	39.0731	$2,667.40	$534.09	$533.48
26536	Revise/implant finger joint		T	0048	60.2668	$4,114.23	.	$822.85
26540	Repair hand joint		T	0053	17.3655	$1,185.49	$253.49	$237.10
26541	Repair hand joint with graft		T	0054	29.8184	$2,035.61	.	$407.13
26542	Repair hand joint with graft		T	0053	17.3655	$1,185.49	$253.49	$237.10
26545	Reconstruct finger joint		T	0054	29.8184	$2,035.61	.	$407.13
26546	Repair nonunion hand		T	0054	29.8184	$2,035.61	.	$407.13
26548	Reconstruct finger joint		T	0054	29.8184	$2,035.61	.	$407.13
26550	Construct thumb replacement		T	0054	29.8184	$2,035.61	.	$407.13
26551	Great toe-hand transfer		C					
26553	Single transfer, toe-hand		C					
26554	Double transfer, toe-hand		C					
26555	Positional change of finger		T	0054	29.8184	$2,035.61	.	$407.13
26556	Toe joint transfer		C					
26560	Repair of web finger		T	0053	17.3655	$1,185.49	$253.49	$237.10
26561	Repair of web finger		T	0054	29.8184	$2,035.61	.	$407.13
26562	Repair of web finger		T	0054	29.8184	$2,035.61	.	$407.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
26565	Correct metacarpal flaw		T	0054	29.8184	$2,035.61	.	$407.13
26567	Correct finger deformity		T	0054	29.8184	$2,035.61	.	$407.13
26568	Lengthen metacarpal/finger		T	0054	29.8184	$2,035.61	.	$407.13
26580	Repair hand deformity		T	0053	17.3655	$1,185.49	$253.49	$237.10
26587	Reconstruct extra finger		T	0053	17.3655	$1,185.49	$253.49	$237.10
26590	Repair finger deformity		T	0053	17.3655	$1,185.49	$253.49	$237.10
26591	Repair muscles of hand		T	0054	29.8184	$2,035.61	.	$407.13
26593	Release muscles of hand		T	0053	17.3655	$1,185.49	$253.49	$237.10
26596	Excision constricting tissue		T	0053	17.3655	$1,185.49	$253.49	$237.10
26600	Treat metacarpal fracture		T	0129	1.6325	$111.45	.	$22.29
26605	Treat metacarpal fracture		T	0129	1.6325	$111.45	.	$22.29
26607	Treat metacarpal fracture		T	0139	20.9892	$1,432.87	.	$286.58
26608	Treat metacarpal fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
26615	Treat metacarpal fracture		T	0063	48.0827	$3,282.46	.	$656.50
26641	Treat thumb dislocation		T	0129	1.6325	$111.45	.	$22.29
26645	Treat thumb fracture		T	0138	5.2593	$359.04	.	$71.81
26650	Treat thumb fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
26665	Treat thumb fracture		T	0063	48.0827	$3,282.46	.	$656.50
26670	Treat hand dislocation		T	0129	1.6325	$111.45	.	$22.29
26675	Treat hand dislocation		T	0138	5.2593	$359.04	.	$71.81
26676	Pin hand dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
26685	Treat hand dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
26686	Treat hand dislocation		T	0064	66.575	$4,544.88	.	$908.98
26700	Treat knuckle dislocation		T	0129	1.6325	$111.45	.	$22.29
26705	Treat knuckle dislocation		T	0129	1.6325	$111.45	.	$22.29
26706	Pin knuckle dislocation		T	0139	20.9892	$1,432.87	.	$286.58
26715	Treat knuckle dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
26720	Treat finger fracture, each		T	0129	1.6325	$111.45	.	$22.29
26725	Treat finger fracture, each		T	0129	1.6325	$111.45	.	$22.29

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
26727	Treat finger fracture, each		T	0062	26.6924	$1,822.21	$372.87	$364.45
26735	Treat finger fracture, each		T	0062	26.6924	$1,822.21	$372.87	$364.45
26740	Treat finger fracture, each		T	0129	1.6325	$111.45	.	$22.29
26742	Treat finger fracture, each		T	0129	1.6325	$111.45	.	$22.29
26746	Treat finger fracture, each		T	0062	26.6924	$1,822.21	$372.87	$364.45
26750	Treat finger fracture, each		T	0129	1.6325	$111.45	.	$22.29
26755	Treat finger fracture, each		T	0129	1.6325	$111.45	.	$22.29
26756	Pin finger fracture, each		T	0062	26.6924	$1,822.21	$372.87	$364.45
26765	Treat finger fracture, each		T	0062	26.6924	$1,822.21	$372.87	$364.45
26770	Treat finger dislocation		T	0129	1.6325	$111.45	.	$22.29
26775	Treat finger dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
26776	Pin finger dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
26785	Treat finger dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
26820	Thumb fusion with graft		T	0054	29.8184	$2,035.61	.	$407.13
26841	Fusion of thumb		T	0054	29.8184	$2,035.61	.	$407.13
26842	Thumb fusion with graft		T	0054	29.8184	$2,035.61	.	$407.13
26843	Fusion of hand joint		T	0054	29.8184	$2,035.61	.	$407.13
26844	Fusion/graft of hand joint		T	0054	29.8184	$2,035.61	.	$407.13
26850	Fusion of knuckle		T	0054	29.8184	$2,035.61	.	$407.13
26852	Fusion of knuckle with graft		T	0054	29.8184	$2,035.61	.	$407.13
26860	Fusion of finger joint		T	0054	29.8184	$2,035.61	.	$407.13
26861	Fusion of finger jnt, add-on		T	0054	29.8184	$2,035.61	.	$407.13
26862	Fusion/graft of finger joint		T	0054	29.8184	$2,035.61	.	$407.13
26863	Fuse/graft added joint		T	0054	29.8184	$2,035.61	.	$407.13
26910	Amputate metacarpal bone		T	0054	29.8184	$2,035.61	.	$407.13
26951	Amputation of finger/thumb		T	0053	17.3655	$1,185.49	$253.49	$237.10
26952	Amputation of finger/thumb		T	0053	17.3655	$1,185.49	$253.49	$237.10
26989	Hand/finger surgery		T	0129	1.6325	$111.45	.	$22.29
26990	Drainage of pelvis lesion		T	0049	23.2249	$1,585.49	.	$317.10

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
26991	Drainage of pelvis bursa		T	0049	23.2249	$1,585.49	.	$317.10
26992	Drainage of bone lesion		C					
27000	Incision of hip tendon		T	0049	23.2249	$1,585.49	.	$317.10
27001	Incision of hip tendon		T	0050	32.4253	$2,213.58	.	$442.72
27003	Incision of hip tendon		T	0050	32.4253	$2,213.58	.	$442.72
27005	Incision of hip tendon		C					
27006	Incision of hip tendons		T	0050	32.4253	$2,213.58	.	$442.72
27025	Incision of hip/thigh fascia		C					
27027	Buttock fasciotomy		T	0049	23.2249	$1,585.49	.	$317.10
27030	Drainage of hip joint		C					
27033	Exploration of hip joint		T	0051	47.3761	$3,234.22	.	$646.85
27035	Denervation of hip joint		T	0051	47.3761	$3,234.22	.	$646.85
27036	Excision of hip joint/muscle		C					
27040	Biopsy of soft tissues		T	0020	8.7772	$599.19	.	$119.84
27041	Biopsy of soft tissues		T	0020	8.7772	$599.19	.	$119.84
27043	Exc hip pelvis les sc > 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27045	Exc hip/pelv tum deep > 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27047	Exc hip/pelvis les sc < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
27048	Exc hip/pelv tum deep < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
27049	Resect hip/pelv tum < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
27050	Biopsy of sacroiliac joint		T	0049	23.2249	$1,585.49	.	$317.10
27052	Biopsy of hip joint		T	0049	23.2249	$1,585.49	.	$317.10
27054	Removal of hip joint lining		C					
27057	Buttock fasciotomy w/dbrdmt		T	0049	23.2249	$1,585.49	.	$317.10
27059	Resect hip/pelv tum > 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27060	Removal of ischial bursa		T	0049	23.2249	$1,585.49	.	$317.10
27062	Remove femur lesion/bursa		T	0049	23.2249	$1,585.49	.	$317.10
27065	Removal of hip bone lesion		T	0049	23.2249	$1,585.49	.	$317.10
27066	Removal of hip bone lesion		T	0050	32.4253	$2,213.58	.	$442.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27067	Remove/graft hip bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
27070	Partial removal of hip bone		C					
27071	Partial removal of hip bone		C					
27075	Resect hip tumor		C					
27076	Resect hip tum incl acetabul		C					
27077	Resect hip tum w/innom bone		C					
27078	Rsect hip tum incl femur		C					
27080	Removal of tail bone		T	0050	32.4253	$2,213.58	.	$442.72
27086	Remove hip foreign body		T	0020	8.7772	$599.19	.	$119.84
27087	Remove hip foreign body		T	0049	23.2249	$1,585.49	.	$317.10
27090	Removal of hip prosthesis		C					
27091	Removal of hip prosthesis		C					
27093	Injection for hip x-ray		N					
27095	Injection for hip x-ray		N					
27096	Inject sacroiliac joint		B					
27097	Revision of hip tendon		T	0050	32.4253	$2,213.58	.	$442.72
27098	Transfer tendon to pelvis		T	0050	32.4253	$2,213.58	.	$442.72
27100	Transfer of abdominal muscle		T	0051	47.3761	$3,234.22	.	$646.85
27105	Transfer of spinal muscle		T	0051	47.3761	$3,234.22	.	$646.85
27110	Transfer of iliopsoas muscle		T	0051	47.3761	$3,234.22	.	$646.85
27111	Transfer of iliopsoas muscle		T	0051	47.3761	$3,234.22	.	$646.85
27120	Reconstruction of hip socket		C					
27122	Reconstruction of hip socket		C					
27125	Partial hip replacement		C					
27130	Total hip arthroplasty		C					
27132	Total hip arthroplasty		C					
27134	Revise hip joint replacement		C					
27137	Revise hip joint replacement		C					
27138	Revise hip joint replacement		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27140	Transplant femur ridge		C					
27146	Incision of hip bone		C					
27147	Revision of hip bone		C					
27151	Incision of hip bones		C					
27156	Revision of hip bones		C					
27158	Revision of pelvis		C					
27161	Incision of neck of femur		C					
27165	Incision/fixation of femur		C					
27170	Repair/graft femur head/neck		C					
27175	Treat slipped epiphysis		C					
27176	Treat slipped epiphysis		C					
27177	Treat slipped epiphysis		C					
27178	Treat slipped epiphysis		C					
27179	Revise head/neck of femur		T	0052	88.5249	$6,043.33	.	$1,208.67
27181	Treat slipped epiphysis		C					
27185	Revision of femur epiphysis		C					
27187	Reinforce hip bones		C					
27193	Treat pelvic ring fracture		T	0129	1.6325	$111.45	.	$22.29
27194	Treat pelvic ring fracture		T	0045	15.5647	$1,062.56	$268.44	$212.52
27200	Treat tail bone fracture		T	0129	1.6325	$111.45	.	$22.29
27202	Treat tail bone fracture		T	0063	48.0827	$3,282.46	.	$656.50
27215	Treat pelvic fracture(s)		E					
27216	Treat pelvic ring fracture		E					
27217	Treat pelvic ring fracture		E					
27218	Treat pelvic ring fracture		E					
27220	Treat hip socket fracture		T	0129	1.6325	$111.45	.	$22.29
27222	Treat hip socket fracture		C					
27226	Treat hip wall fracture		C					
27227	Treat hip fracture(s)		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27228	Treat hip fracture(s)		C					
27230	Treat thigh fracture		T	0129	1.6325	$111.45	.	$22.29
27232	Treat thigh fracture		C					
27235	Treat thigh fracture		T	0050	32.4253	$2,213.58	.	$442.72
27236	Treat thigh fracture		C					
27238	Treat thigh fracture		T	0138	5.2593	$359.04	.	$71.81
27240	Treat thigh fracture		C					
27244	Treat thigh fracture		C					
27245	Treat thigh fracture		C					
27246	Treat thigh fracture		T	0138	5.2593	$359.04	.	$71.81
27248	Treat thigh fracture		C					
27250	Treat hip dislocation		T	0129	1.6325	$111.45	.	$22.29
27252	Treat hip dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
27253	Treat hip dislocation		C					
27254	Treat hip dislocation		C					
27256	Treat hip dislocation		T	0129	1.6325	$111.45	.	$22.29
27257	Treat hip dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
27258	Treat hip dislocation		C					
27259	Treat hip dislocation		C					
27265	Treat hip dislocation		T	0129	1.6325	$111.45	.	$22.29
27266	Treat hip dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
27267	Cltx thigh fx		T	0129	1.6325	$111.45	.	$22.29
27268	Cltx thigh fx w/mnpj		C					
27269	Optx thigh fx		C					
27275	Manipulation of hip joint		T	0045	15.5647	$1,062.56	$268.44	$212.52
27280	Fusion of sacroiliac joint		C					
27282	Fusion of pubic bones		C					
27284	Fusion of hip joint		C					
27286	Fusion of hip joint		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27290	Amputation of leg at hip		C					
27295	Amputation of leg at hip		C					
27299	Pelvis/hip joint surgery		T	0129	1.6325	$111.45	.	$22.29
27301	Drain thigh/knee lesion		T	0008	20.2481	$1,382.28	.	$276.46
27303	Drainage of bone lesion		C					
27305	Incise thigh tendon & fascia		T	0049	23.2249	$1,585.49	.	$317.10
27306	Incision of thigh tendon		T	0049	23.2249	$1,585.49	.	$317.10
27307	Incision of thigh tendons		T	0049	23.2249	$1,585.49	.	$317.10
27310	Exploration of knee joint		T	0050	32.4253	$2,213.58	.	$442.72
27323	Biopsy, thigh soft tissues		T	0020	8.7772	$599.19	.	$119.84
27324	Biopsy, thigh soft tissues		T	0022	24.1269	$1,647.07	$354.45	$329.42
27325	Neurectomy, hamstring		T	0220	19.3535	$1,321.21	.	$264.25
27326	Neurectomy, popliteal		T	0220	19.3535	$1,321.21	.	$264.25
27327	Exc thigh/knee les sc < 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27328	Exc thigh/knee tum deep <5cm		T	0021	18.2223	$1,243.98	.	$248.80
27329	Resect thigh/knee tum < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
27330	Biopsy, knee joint lining		T	0050	32.4253	$2,213.58	.	$442.72
27331	Explore/treat knee joint		T	0050	32.4253	$2,213.58	.	$442.72
27332	Removal of knee cartilage		T	0050	32.4253	$2,213.58	.	$442.72
27333	Removal of knee cartilage		T	0050	32.4253	$2,213.58	.	$442.72
27334	Remove knee joint lining		T	0050	32.4253	$2,213.58	.	$442.72
27335	Remove knee joint lining		T	0050	32.4253	$2,213.58	.	$442.72
27337	Exc thigh/knee les sc > 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27339	Exc thigh/knee tum deep >5cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27340	Removal of kneecap bursa		T	0049	23.2249	$1,585.49	.	$317.10
27345	Removal of knee cyst		T	0049	23.2249	$1,585.49	.	$317.10
27347	Remove knee cyst		T	0049	23.2249	$1,585.49	.	$317.10
27350	Removal of kneecap		T	0050	32.4253	$2,213.58	.	$442.72
27355	Remove femur lesion		T	0050	32.4253	$2,213.58	.	$442.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27356	Remove femur lesion/graft		T	0050	32.4253	$2,213.58	.	$442.72
27357	Remove femur lesion/graft		T	0050	32.4253	$2,213.58	.	$442.72
27358	Remove femur lesion/fixation		T	0050	32.4253	$2,213.58	.	$442.72
27360	Partial removal, leg bone(s)		T	0050	32.4253	$2,213.58	.	$442.72
27364	Resect thigh/knee tum >5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27365	Resect femur/knee tumor		C					
27370	Injection for knee x-ray		N					
27372	Removal of foreign body		T	0022	24.1269	$1,647.07	$354.45	$329.42
27380	Repair of kneecap tendon		T	0049	23.2249	$1,585.49	.	$317.10
27381	Repair/graft kneecap tendon		T	0049	23.2249	$1,585.49	.	$317.10
27385	Repair of thigh muscle		T	0049	23.2249	$1,585.49	.	$317.10
27386	Repair/graft of thigh muscle		T	0049	23.2249	$1,585.49	.	$317.10
27390	Incision of thigh tendon		T	0049	23.2249	$1,585.49	.	$317.10
27391	Incision of thigh tendons		T	0049	23.2249	$1,585.49	.	$317.10
27392	Incision of thigh tendons		T	0049	23.2249	$1,585.49	.	$317.10
27393	Lengthening of thigh tendon		T	0050	32.4253	$2,213.58	.	$442.72
27394	Lengthening of thigh tendons		T	0050	32.4253	$2,213.58	.	$442.72
27395	Lengthening of thigh tendons		T	0051	47.3761	$3,234.22	.	$646.85
27396	Transplant of thigh tendon		T	0050	32.4253	$2,213.58	.	$442.72
27397	Transplants of thigh tendons		T	0051	47.3761	$3,234.22	.	$646.85
27400	Revise thigh muscles/tendons		T	0051	47.3761	$3,234.22	.	$646.85
27403	Repair of knee cartilage		T	0050	32.4253	$2,213.58	.	$442.72
27405	Repair of knee ligament		T	0051	47.3761	$3,234.22	.	$646.85
27407	Repair of knee ligament		T	0052	88.5249	$6,043.33	.	$1,208.67
27409	Repair of knee ligaments	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
27412	Autochondrocyte implant knee		T	0052	88.5249	$6,043.33	.	$1,208.67
27415	Osteochondral knee allograft		T	0052	88.5249	$6,043.33	.	$1,208.67
27416	Osteochondral knee autograft		T	0051	47.3761	$3,234.22	.	$646.85
27418	Repair degenerated kneecap		T	0051	47.3761	$3,234.22	.	$646.85

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27420	Revision of unstable kneecap		T	0051	47.3761	$3,234.22	.	$646.85
27422	Revision of unstable kneecap		T	0051	47.3761	$3,234.22	.	$646.85
27424	Revision/removal of kneecap		T	0051	47.3761	$3,234.22	.	$646.85
27425	Lat retinacular release open		T	0050	32.4253	$2,213.58	.	$442.72
27427	Reconstruction, knee	CH	T	0052	88.5249	$6,043.33	.	$1,208.67
27428	Reconstruction, knee		T	0052	88.5249	$6,043.33	.	$1,208.67
27429	Reconstruction, knee		T	0052	88.5249	$6,043.33	.	$1,208.67
27430	Revision of thigh muscles		T	0051	47.3761	$3,234.22	.	$646.85
27435	Incision of knee joint		T	0051	47.3761	$3,234.22	.	$646.85
27437	Revise kneecap		T	0047	39.0731	$2,667.40	$534.09	$533.48
27438	Revise kneecap with implant		T	0048	60.2668	$4,114.23	.	$822.85
27440	Revision of knee joint		T	0047	39.0731	$2,667.40	$534.09	$533.48
27441	Revision of knee joint		T	0047	39.0731	$2,667.40	$534.09	$533.48
27442	Revision of knee joint		T	0047	39.0731	$2,667.40	$534.09	$533.48
27443	Revision of knee joint		T	0047	39.0731	$2,667.40	$534.09	$533.48
27445	Revision of knee joint		C					
27446	Revision of knee joint		T	0425	122.1766	$8,340.63	.	$1,668.13
27447	Total knee arthroplasty		C					
27448	Incision of thigh		C					
27450	Incision of thigh		C					
27454	Realignment of thigh bone		C					
27455	Realignment of knee		C					
27457	Realignment of knee		C					
27465	Shortening of thigh bone		C					
27466	Lengthening of thigh bone		C					
27468	Shorten/lengthen thighs		C					
27470	Repair of thigh		C					
27472	Repair/graft of thigh		C					
27475	Surgery to stop leg growth		T	0050	32.4253	$2,213.58	.	$442.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27477	Surgery to stop leg growth		C					
27479	Surgery to stop leg growth		T	0050	32.4253	$2,213.58	.	$442.72
27485	Surgery to stop leg growth		C					
27486	Revise/replace knee joint		C					
27487	Revise/replace knee joint		C					
27488	Removal of knee prosthesis		C					
27495	Reinforce thigh		C					
27496	Decompression of thigh/knee		T	0050	32.4253	$2,213.58	.	$442.72
27497	Decompression of thigh/knee		T	0049	23.2249	$1,585.49	.	$317.10
27498	Decompression of thigh/knee		T	0050	32.4253	$2,213.58	.	$442.72
27499	Decompression of thigh/knee		T	0050	32.4253	$2,213.58	.	$442.72
27500	Treatment of thigh fracture		T	0138	5.2593	$359.04	.	$71.81
27501	Treatment of thigh fracture		T	0129	1.6325	$111.45	.	$22.29
27502	Treatment of thigh fracture		T	0139	20.9892	$1,432.87	.	$286.58
27503	Treatment of thigh fracture		T	0129	1.6325	$111.45	.	$22.29
27506	Treatment of thigh fracture		C					
27507	Treatment of thigh fracture		C					
27508	Treatment of thigh fracture		T	0129	1.6325	$111.45	.	$22.29
27509	Treatment of thigh fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
27510	Treatment of thigh fracture		T	0138	5.2593	$359.04	.	$71.81
27511	Treatment of thigh fracture		C					
27513	Treatment of thigh fracture		C					
27514	Treatment of thigh fracture		C					
27516	Treat thigh fx growth plate		T	0129	1.6325	$111.45	.	$22.29
27517	Treat thigh fx growth plate		T	0129	1.6325	$111.45	.	$22.29
27519	Treat thigh fx growth plate		C					
27520	Treat kneecap fracture		T	0129	1.6325	$111.45	.	$22.29
27524	Treat kneecap fracture		T	0063	48.0827	$3,282.46	.	$656.50
27530	Treat knee fracture		T	0129	1.6325	$111.45	.	$22.29

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27532	Treat knee fracture		T	0139	20.9892	$1,432.87	.	$286.58
27535	Treat knee fracture		C					
27536	Treat knee fracture		C					
27538	Treat knee fracture(s)		T	0129	1.6325	$111.45	.	$22.29
27540	Treat knee fracture		C					
27550	Treat knee dislocation		T	0129	1.6325	$111.45	.	$22.29
27552	Treat knee dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
27556	Treat knee dislocation		C					
27557	Treat knee dislocation		C					
27558	Treat knee dislocation		C					
27560	Treat kneecap dislocation		T	0129	1.6325	$111.45	.	$22.29
27562	Treat kneecap dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
27566	Treat kneecap dislocation		T	0063	48.0827	$3,282.46	.	$656.50
27570	Fixation of knee joint		T	0045	15.5647	$1,062.56	$268.44	$212.52
27580	Fusion of knee		C					
27590	Amputate leg at thigh		C					
27591	Amputate leg at thigh		C					
27592	Amputate leg at thigh		C					
27594	Amputation follow-up surgery		T	0049	23.2249	$1,585.49	.	$317.10
27596	Amputation follow-up surgery		C					
27598	Amputate lower leg at knee		C					
27599	Leg surgery procedure		T	0129	1.6325	$111.45	.	$22.29
27600	Decompression of lower leg		T	0049	23.2249	$1,585.49	.	$317.10
27601	Decompression of lower leg		T	0049	23.2249	$1,585.49	.	$317.10
27602	Decompression of lower leg		T	0049	23.2249	$1,585.49	.	$317.10
27603	Drain lower leg lesion		T	0008	20.2481	$1,382.28	.	$276.46
27604	Drain lower leg bursa		T	0049	23.2249	$1,585.49	.	$317.10
27605	Incision of achilles tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
27606	Incision of achilles tendon		T	0049	23.2249	$1,585.49	.	$317.10

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27607	Treat lower leg bone lesion		T	0049	23.2249	$1,585.49	.	$317.10
27610	Explore/treat ankle joint		T	0050	32.4253	$2,213.58	.	$442.72
27612	Exploration of ankle joint		T	0050	32.4253	$2,213.58	.	$442.72
27613	Biopsy lower leg soft tissue		T	0020	8.7772	$599.19	.	$119.84
27614	Biopsy lower leg soft tissue		T	0022	24.1269	$1,647.07	$354.45	$329.42
27615	Resect leg/ankle tum < 5 cm		T	0021	18.2223	$1,243.98	.	$248.80
27616	Resect leg/ankle tum > 5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27618	Exc leg/ankle tum < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
27619	Exc leg/ankle tum deep <5 cm		T	0021	18.2223	$1,243.98	.	$248.80
27620	Explore/treat ankle joint		T	0050	32.4253	$2,213.58	.	$442.72
27625	Remove ankle joint lining		T	0050	32.4253	$2,213.58	.	$442.72
27626	Remove ankle joint lining		T	0050	32.4253	$2,213.58	.	$442.72
27630	Removal of tendon lesion		T	0049	23.2249	$1,585.49	.	$317.10
27632	Exc leg/ankle les sc > 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27634	Exc leg/ankle tum deep >5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
27635	Remove lower leg bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
27637	Remove/graft leg bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
27638	Remove/graft leg bone lesion		T	0050	32.4253	$2,213.58	.	$442.72
27640	Partial removal of tibia		T	0051	47.3761	$3,234.22	.	$646.85
27641	Partial removal of fibula		T	0050	32.4253	$2,213.58	.	$442.72
27645	Resect tibia tumor		C					
27646	Resect fibula tumor		C					
27647	Resect talus/calcaneus tum		T	0051	47.3761	$3,234.22	.	$646.85
27648	Injection for ankle x-ray		N					
27650	Repair achilles tendon		T	0051	47.3761	$3,234.22	.	$646.85
27652	Repair/graft achilles tendon		T	0052	88.5249	$6,043.33	.	$1,208.67
27654	Repair of achilles tendon		T	0051	47.3761	$3,234.22	.	$646.85
27656	Repair leg fascia defect		T	0049	23.2249	$1,585.49	.	$317.10
27658	Repair of leg tendon, each		T	0049	23.2249	$1,585.49	.	$317.10

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27659	Repair of leg tendon, each		T	0049	23.2249	$1,585.49	.	$317.10
27664	Repair of leg tendon, each		T	0050	32.4253	$2,213.58	.	$442.72
27665	Repair of leg tendon, each		T	0050	32.4253	$2,213.58	.	$442.72
27675	Repair lower leg tendons		T	0049	23.2249	$1,585.49	.	$317.10
27676	Repair lower leg tendons		T	0050	32.4253	$2,213.58	.	$442.72
27680	Release of lower leg tendon		T	0050	32.4253	$2,213.58	.	$442.72
27681	Release of lower leg tendons		T	0050	32.4253	$2,213.58	.	$442.72
27685	Revision of lower leg tendon		T	0050	32.4253	$2,213.58	.	$442.72
27686	Revise lower leg tendons		T	0050	32.4253	$2,213.58	.	$442.72
27687	Revision of calf tendon		T	0050	32.4253	$2,213.58	.	$442.72
27690	Revise lower leg tendon		T	0051	47.3761	$3,234.22	.	$646.85
27691	Revise lower leg tendon		T	0051	47.3761	$3,234.22	.	$646.85
27692	Revise additional leg tendon		T	0051	47.3761	$3,234.22	.	$646.85
27695	Repair of ankle ligament		T	0050	32.4253	$2,213.58	.	$442.72
27696	Repair of ankle ligaments		T	0050	32.4253	$2,213.58	.	$442.72
27698	Repair of ankle ligament		T	0050	32.4253	$2,213.58	.	$442.72
27700	Revision of ankle joint		T	0047	39.0731	$2,667.40	$534.09	$533.48
27702	Reconstruct ankle joint		C					
27703	Reconstruction, ankle joint		C					
27704	Removal of ankle implant		T	0049	23.2249	$1,585.49	.	$317.10
27705	Incision of tibia		T	0051	47.3761	$3,234.22	.	$646.85
27707	Incision of fibula		T	0049	23.2249	$1,585.49	.	$317.10
27709	Incision of tibia & fibula		T	0050	32.4253	$2,213.58	.	$442.72
27712	Realignment of lower leg		C					
27715	Revision of lower leg		C					
27720	Repair of tibia		T	0063	48.0827	$3,282.46	.	$656.50
27722	Repair/graft of tibia		T	0064	66.575	$4,544.88	.	$908.98
27724	Repair/graft of tibia		C					
27725	Repair of lower leg		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27726	Repair fibula nonunion		T	0063	48.0827	$3,282.46	.	$656.50
27727	Repair of lower leg		C					
27730	Repair of tibia epiphysis		T	0050	32.4253	$2,213.58	.	$442.72
27732	Repair of fibula epiphysis		T	0050	32.4253	$2,213.58	.	$442.72
27734	Repair lower leg epiphyses		T	0050	32.4253	$2,213.58	.	$442.72
27740	Repair of leg epiphyses		T	0050	32.4253	$2,213.58	.	$442.72
27742	Repair of leg epiphyses		T	0051	47.3761	$3,234.22	.	$646.85
27745	Reinforce tibia		T	0052	88.5249	$6,043.33	.	$1,208.67
27750	Treatment of tibia fracture		T	0129	1.6325	$111.45	.	$22.29
27752	Treatment of tibia fracture		T	0139	20.9892	$1,432.87	.	$286.58
27756	Treatment of tibia fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
27758	Treatment of tibia fracture		T	0063	48.0827	$3,282.46	.	$656.50
27759	Treatment of tibia fracture		T	0064	66.575	$4,544.88	.	$908.98
27760	Cltx medial ankle fx		T	0129	1.6325	$111.45	.	$22.29
27762	Cltx med ankle fx w/mnpj		T	0139	20.9892	$1,432.87	.	$286.58
27766	Optx medial ankle fx		T	0063	48.0827	$3,282.46	.	$656.50
27767	Cltx post ankle fx		T	0129	1.6325	$111.45	.	$22.29
27768	Cltx post ankle fx w/mnpj		T	0129	1.6325	$111.45	.	$22.29
27769	Optx post ankle fx		T	0063	48.0827	$3,282.46	.	$656.50
27780	Treatment of fibula fracture		T	0129	1.6325	$111.45	.	$22.29
27781	Treatment of fibula fracture		T	0139	20.9892	$1,432.87	.	$286.58
27784	Treatment of fibula fracture		T	0063	48.0827	$3,282.46	.	$656.50
27786	Treatment of ankle fracture		T	0129	1.6325	$111.45	.	$22.29
27788	Treatment of ankle fracture		T	0129	1.6325	$111.45	.	$22.29
27792	Treatment of ankle fracture		T	0063	48.0827	$3,282.46	.	$656.50
27808	Treatment of ankle fracture		T	0129	1.6325	$111.45	.	$22.29
27810	Treatment of ankle fracture		T	0138	5.2593	$359.04	.	$71.81
27814	Treatment of ankle fracture		T	0063	48.0827	$3,282.46	.	$656.50
27816	Treatment of ankle fracture		T	0129	1.6325	$111.45	.	$22.29

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27818	Treatment of ankle fracture		T	0138	5.2593	$359.04	.	$71.81
27822	Treatment of ankle fracture		T	0063	48.0827	$3,282.46	.	$656.50
27823	Treatment of ankle fracture		T	0064	66.575	$4,544.88	.	$908.98
27824	Treat lower leg fracture		T	0129	1.6325	$111.45	.	$22.29
27825	Treat lower leg fracture		T	0139	20.9892	$1,432.87	.	$286.58
27826	Treat lower leg fracture		T	0063	48.0827	$3,282.46	.	$656.50
27827	Treat lower leg fracture		T	0064	66.575	$4,544.88	.	$908.98
27828	Treat lower leg fracture		T	0064	66.575	$4,544.88	.	$908.98
27829	Treat lower leg joint		T	0063	48.0827	$3,282.46	.	$656.50
27830	Treat lower leg dislocation		T	0129	1.6325	$111.45	.	$22.29
27831	Treat lower leg dislocation		T	0139	20.9892	$1,432.87	.	$286.58
27832	Treat lower leg dislocation		T	0063	48.0827	$3,282.46	.	$656.50
27840	Treat ankle dislocation		T	0138	5.2593	$359.04	.	$71.81
27842	Treat ankle dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
27846	Treat ankle dislocation		T	0063	48.0827	$3,282.46	.	$656.50
27848	Treat ankle dislocation		T	0063	48.0827	$3,282.46	.	$656.50
27860	Fixation of ankle joint		T	0045	15.5647	$1,062.56	$268.44	$212.52
27870	Fusion of ankle joint, open		T	0052	88.5249	$6,043.33	.	$1,208.67
27871	Fusion of tibiofibular joint		T	0052	88.5249	$6,043.33	.	$1,208.67
27880	Amputation of lower leg		C					
27881	Amputation of lower leg		C					
27882	Amputation of lower leg		C					
27884	Amputation follow-up surgery		T	0049	23.2249	$1,585.49	.	$317.10
27886	Amputation follow-up surgery		C					
27888	Amputation of foot at ankle		C					
27889	Amputation of foot at ankle		T	0050	32.4253	$2,213.58	.	$442.72
27892	Decompression of leg		T	0050	32.4253	$2,213.58	.	$442.72
27893	Decompression of leg		T	0050	32.4253	$2,213.58	.	$442.72
27894	Decompression of leg		T	0050	32.4253	$2,213.58	.	$442.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
27899	Leg/ankle surgery procedure		T	0129	1.6325	$111.45	.	$22.29
28001	Drainage of bursa of foot		T	0007	13.3268	$909.78	.	$181.96
28002	Treatment of foot infection		T	0049	23.2249	$1,585.49	.	$317.10
28003	Treatment of foot infection		T	0049	23.2249	$1,585.49	.	$317.10
28005	Treat foot bone lesion		T	0055	22.6974	$1,549.48	$355.34	$309.90
28008	Incision of foot fascia		T	0055	22.6974	$1,549.48	$355.34	$309.90
28010	Incision of toe tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
28011	Incision of toe tendons		T	0055	22.6974	$1,549.48	$355.34	$309.90
28020	Exploration of foot joint		T	0055	22.6974	$1,549.48	$355.34	$309.90
28022	Exploration of foot joint		T	0055	22.6974	$1,549.48	$355.34	$309.90
28024	Exploration of toe joint		T	0055	22.6974	$1,549.48	$355.34	$309.90
28035	Decompression of tibia nerve		T	0220	19.3535	$1,321.21	.	$264.25
28039	Exc foot/toe tum sc > 1.5 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
28041	Exc foot/toe tum deep >1.5cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
28043	Exc foot/toe tum sc < 1.5 cm		T	0021	18.2223	$1,243.98	.	$248.80
28045	Exc foot/toe tum deep <1.5cm		T	0021	18.2223	$1,243.98	.	$248.80
28046	Resect foot/toe tumor < 3 cm		T	0021	18.2223	$1,243.98	.	$248.80
28047	Resect foot/toe tumor > 3 cm		T	0022	24.1269	$1,647.07	$354.45	$329.42
28050	Biopsy of foot joint lining		T	0055	22.6974	$1,549.48	$355.34	$309.90
28052	Biopsy of foot joint lining		T	0055	22.6974	$1,549.48	$355.34	$309.90
28054	Biopsy of toe joint lining		T	0055	22.6974	$1,549.48	$355.34	$309.90
28055	Neurectomy, foot		T	0220	19.3535	$1,321.21	.	$264.25
28060	Partial removal, foot fascia		T	0055	22.6974	$1,549.48	$355.34	$309.90
28062	Removal of foot fascia		T	0055	22.6974	$1,549.48	$355.34	$309.90
28070	Removal of foot joint lining		T	0055	22.6974	$1,549.48	$355.34	$309.90
28072	Removal of foot joint lining		T	0055	22.6974	$1,549.48	$355.34	$309.90
28080	Removal of foot lesion		T	0055	22.6974	$1,549.48	$355.34	$309.90
28086	Excise foot tendon sheath		T	0055	22.6974	$1,549.48	$355.34	$309.90
28088	Excise foot tendon sheath		T	0055	22.6974	$1,549.48	$355.34	$309.90

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
28090	Removal of foot lesion		T	0055	22.6974	$1,549.48	$355.34	$309.90
28092	Removal of toe lesions		T	0055	22.6974	$1,549.48	$355.34	$309.90
28100	Removal of ankle/heel lesion		T	0055	22.6974	$1,549.48	$355.34	$309.90
28102	Remove/graft foot lesion		T	0056	55.5064	$3,789.26	.	$757.86
28103	Remove/graft foot lesion		T	0056	55.5064	$3,789.26	.	$757.86
28104	Removal of foot lesion		T	0055	22.6974	$1,549.48	$355.34	$309.90
28106	Remove/graft foot lesion		T	0056	55.5064	$3,789.26	.	$757.86
28107	Remove/graft foot lesion		T	0056	55.5064	$3,789.26	.	$757.86
28108	Removal of toe lesions		T	0055	22.6974	$1,549.48	$355.34	$309.90
28110	Part removal of metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28111	Part removal of metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28112	Part removal of metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28113	Part removal of metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28114	Removal of metatarsal heads		T	0055	22.6974	$1,549.48	$355.34	$309.90
28116	Revision of foot		T	0055	22.6974	$1,549.48	$355.34	$309.90
28118	Removal of heel bone		T	0055	22.6974	$1,549.48	$355.34	$309.90
28119	Removal of heel spur		T	0055	22.6974	$1,549.48	$355.34	$309.90
28120	Part removal of ankle/heel		T	0055	22.6974	$1,549.48	$355.34	$309.90
28122	Partial removal of foot bone		T	0055	22.6974	$1,549.48	$355.34	$309.90
28124	Partial removal of toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28126	Partial removal of toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28130	Removal of ankle bone		T	0055	22.6974	$1,549.48	$355.34	$309.90
28140	Removal of metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28150	Removal of toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28153	Partial removal of toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28160	Partial removal of toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28171	Resect tarsal tumor		T	0055	22.6974	$1,549.48	$355.34	$309.90
28173	Resect metatarsal tumor		T	0055	22.6974	$1,549.48	$355.34	$309.90
28175	Resect phalanx of toe tumor		T	0055	22.6974	$1,549.48	$355.34	$309.90

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
28190	Removal of foot foreign body		T	0020	8.7772	$599.19	.	$119.84
28192	Removal of foot foreign body		T	0021	18.2223	$1,243.98	.	$248.80
28193	Removal of foot foreign body		T	0020	8.7772	$599.19	.	$119.84
28200	Repair of foot tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
28202	Repair/graft of foot tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
28208	Repair of foot tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
28210	Repair/graft of foot tendon		T	0056	55.5064	$3,789.26	.	$757.86
28220	Release of foot tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
28222	Release of foot tendons		T	0055	22.6974	$1,549.48	$355.34	$309.90
28225	Release of foot tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
28226	Release of foot tendons		T	0055	22.6974	$1,549.48	$355.34	$309.90
28230	Incision of foot tendon(s)		T	0055	22.6974	$1,549.48	$355.34	$309.90
28232	Incision of toe tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
28234	Incision of foot tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
28238	Revision of foot tendon		T	0056	55.5064	$3,789.26	.	$757.86
28240	Release of big toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28250	Revision of foot fascia		T	0055	22.6974	$1,549.48	$355.34	$309.90
28260	Release of midfoot joint		T	0055	22.6974	$1,549.48	$355.34	$309.90
28261	Revision of foot tendon		T	0055	22.6974	$1,549.48	$355.34	$309.90
28262	Revision of foot and ankle		T	0055	22.6974	$1,549.48	$355.34	$309.90
28264	Release of midfoot joint		T	0056	55.5064	$3,789.26	.	$757.86
28270	Release of foot contracture		T	0055	22.6974	$1,549.48	$355.34	$309.90
28272	Release of toe joint, each		T	0055	22.6974	$1,549.48	$355.34	$309.90
28280	Fusion of toes		T	0055	22.6974	$1,549.48	$355.34	$309.90
28285	Repair of hammertoe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28286	Repair of hammertoe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28288	Partial removal of foot bone		T	0055	22.6974	$1,549.48	$355.34	$309.90
28289	Repair hallux rigidus		T	0055	22.6974	$1,549.48	$355.34	$309.90
28290	Correction of bunion		T	0057	33.3853	$2,279.11	$475.91	$455.83

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
28292	Correction of bunion		T	0057	33.3853	$2,279.11	$475.91	$455.83
28293	Correction of bunion		T	0057	33.3853	$2,279.11	$475.91	$455.83
28294	Correction of bunion		T	0057	33.3853	$2,279.11	$475.91	$455.83
28296	Correction of bunion		T	0057	33.3853	$2,279.11	$475.91	$455.83
28297	Correction of bunion		T	0057	33.3853	$2,279.11	$475.91	$455.83
28298	Correction of bunion		T	0057	33.3853	$2,279.11	$475.91	$455.83
28299	Correction of bunion		T	0057	33.3853	$2,279.11	$475.91	$455.83
28300	Incision of heel bone		T	0056	55.5064	$3,789.26	.	$757.86
28302	Incision of ankle bone		T	0055	22.6974	$1,549.48	$355.34	$309.90
28304	Incision of midfoot bones		T	0056	55.5064	$3,789.26	.	$757.86
28305	Incise/graft midfoot bones		T	0056	55.5064	$3,789.26	.	$757.86
28306	Incision of metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28307	Incision of metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28308	Incision of metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28309	Incision of metatarsals		T	0056	55.5064	$3,789.26	.	$757.86
28310	Revision of big toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28312	Revision of toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28313	Repair deformity of toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28315	Removal of sesamoid bone		T	0055	22.6974	$1,549.48	$355.34	$309.90
28320	Repair of foot bones		T	0056	55.5064	$3,789.26	.	$757.86
28322	Repair of metatarsals		T	0056	55.5064	$3,789.26	.	$757.86
28340	Resect enlarged toe tissue		T	0055	22.6974	$1,549.48	$355.34	$309.90
28341	Resect enlarged toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28344	Repair extra toe(s)		T	0055	22.6974	$1,549.48	$355.34	$309.90
28345	Repair webbed toe(s)		T	0055	22.6974	$1,549.48	$355.34	$309.90
28360	Reconstruct cleft foot		T	0056	55.5064	$3,789.26	.	$757.86
28400	Treatment of heel fracture		T	0129	1.6325	$111.45	.	$22.29
28405	Treatment of heel fracture		T	0139	20.9892	$1,432.87	.	$286.58
28406	Treatment of heel fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
28415	Treat heel fracture		T	0064	66.575	$4,544.88	.	$908.98
28420	Treat/graft heel fracture		T	0063	48.0827	$3,282.46	.	$656.50
28430	Treatment of ankle fracture		T	0129	1.6325	$111.45	.	$22.29
28435	Treatment of ankle fracture		T	0129	1.6325	$111.45	.	$22.29
28436	Treatment of ankle fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
28445	Treat ankle fracture		T	0063	48.0827	$3,282.46	.	$656.50
28446	Osteochondral talus autogrft		T	0056	55.5064	$3,789.26	.	$757.86
28450	Treat midfoot fracture, each		T	0129	1.6325	$111.45	.	$22.29
28455	Treat midfoot fracture, each		T	0129	1.6325	$111.45	.	$22.29
28456	Treat midfoot fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
28465	Treat midfoot fracture, each		T	0063	48.0827	$3,282.46	.	$656.50
28470	Treat metatarsal fracture		T	0129	1.6325	$111.45	.	$22.29
28475	Treat metatarsal fracture		T	0129	1.6325	$111.45	.	$22.29
28476	Treat metatarsal fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
28485	Treat metatarsal fracture		T	0063	48.0827	$3,282.46	.	$656.50
28490	Treat big toe fracture		T	0129	1.6325	$111.45	.	$22.29
28495	Treat big toe fracture		T	0129	1.6325	$111.45	.	$22.29
28496	Treat big toe fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
28505	Treat big toe fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
28510	Treatment of toe fracture		T	0129	1.6325	$111.45	.	$22.29
28515	Treatment of toe fracture		T	0129	1.6325	$111.45	.	$22.29
28525	Treat toe fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
28530	Treat sesamoid bone fracture		T	0129	1.6325	$111.45	.	$22.29
28531	Treat sesamoid bone fracture		T	0062	26.6924	$1,822.21	$372.87	$364.45
28540	Treat foot dislocation		T	0129	1.6325	$111.45	.	$22.29
28545	Treat foot dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
28546	Treat foot dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
28555	Repair foot dislocation		T	0063	48.0827	$3,282.46	.	$656.50
28570	Treat foot dislocation		T	0138	5.2593	$359.04	.	$71.81

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
28575	Treat foot dislocation		T	0139	20.9892	$1,432.87	.	$286.58
28576	Treat foot dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
28585	Repair foot dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
28600	Treat foot dislocation		T	0129	1.6325	$111.45	.	$22.29
28605	Treat foot dislocation		T	0129	1.6325	$111.45	.	$22.29
28606	Treat foot dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
28615	Repair foot dislocation		T	0063	48.0827	$3,282.46	.	$656.50
28630	Treat toe dislocation		T	0129	1.6325	$111.45	.	$22.29
28635	Treat toe dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
28636	Treat toe dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
28645	Repair toe dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
28660	Treat toe dislocation		T	0129	1.6325	$111.45	.	$22.29
28665	Treat toe dislocation		T	0045	15.5647	$1,062.56	$268.44	$212.52
28666	Treat toe dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
28675	Repair of toe dislocation		T	0062	26.6924	$1,822.21	$372.87	$364.45
28705	Fusion of foot bones		T	0056	55.5064	$3,789.26	.	$757.86
28715	Fusion of foot bones		T	0052	88.5249	$6,043.33	.	$1,208.67
28725	Fusion of foot bones		T	0056	55.5064	$3,789.26	.	$757.86
28730	Fusion of foot bones		T	0056	55.5064	$3,789.26	.	$757.86
28735	Fusion of foot bones		T	0056	55.5064	$3,789.26	.	$757.86
28737	Revision of foot bones		T	0056	55.5064	$3,789.26	.	$757.86
28740	Fusion of foot bones		T	0056	55.5064	$3,789.26	.	$757.86
28750	Fusion of big toe joint		T	0056	55.5064	$3,789.26	.	$757.86
28755	Fusion of big toe joint		T	0055	22.6974	$1,549.48	$355.34	$309.90
28760	Fusion of big toe joint		T	0056	55.5064	$3,789.26	.	$757.86
28800	Amputation of midfoot		C					
28805	Amputation thru metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28810	Amputation toe & metatarsal		T	0055	22.6974	$1,549.48	$355.34	$309.90
28820	Amputation of toe		T	0055	22.6974	$1,549.48	$355.34	$309.90

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
28825	Partial amputation of toe		T	0055	22.6974	$1,549.48	$355.34	$309.90
28890	High energy eswt, plantar f		T	0050	32.4253	$2,213.58	.	$442.72
28899	Foot/toes surgery procedure		T	0129	1.6325	$111.45	.	$22.29
29000	Application of body cast		S	0058	1.1409	$77.89	.	$15.58
29010	Application of body cast		S	0426	2.4913	$170.07	.	$34.02
29015	Application of body cast		S	0426	2.4913	$170.07	.	$34.02
29020	Application of body cast		S	0058	1.1409	$77.89	.	$15.58
29025	Application of body cast		S	0058	1.1409	$77.89	.	$15.58
29035	Application of body cast		S	0426	2.4913	$170.07	.	$34.02
29040	Application of body cast		S	0058	1.1409	$77.89	.	$15.58
29044	Application of body cast		S	0426	2.4913	$170.07	.	$34.02
29046	Application of body cast		S	0426	2.4913	$170.07	.	$34.02
29049	Application of figure eight		S	0058	1.1409	$77.89	.	$15.58
29055	Application of shoulder cast		S	0426	2.4913	$170.07	.	$34.02
29058	Application of shoulder cast		S	0058	1.1409	$77.89	.	$15.58
29065	Application of long arm cast		S	0426	2.4913	$170.07	.	$34.02
29075	Application of forearm cast		S	0426	2.4913	$170.07	.	$34.02
29085	Apply hand/wrist cast		S	0058	1.1409	$77.89	.	$15.58
29086	Apply finger cast		S	0058	1.1409	$77.89	.	$15.58
29105	Apply long arm splint		S	0058	1.1409	$77.89	.	$15.58
29125	Apply forearm splint		S	0058	1.1409	$77.89	.	$15.58
29126	Apply forearm splint		S	0058	1.1409	$77.89	.	$15.58
29130	Application of finger splint		S	0058	1.1409	$77.89	.	$15.58
29131	Application of finger splint		S	0058	1.1409	$77.89	.	$15.58
29200	Strapping of chest		S	0058	1.1409	$77.89	.	$15.58
29240	Strapping of shoulder		S	0058	1.1409	$77.89	.	$15.58
29260	Strapping of elbow or wrist		S	0058	1.1409	$77.89	.	$15.58
29280	Strapping of hand or finger		S	0058	1.1409	$77.89	.	$15.58
29305	Application of hip cast		S	0426	2.4913	$170.07	.	$34.02

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
29325	Application of hip casts		S	0426	2.4913	$170.07	.	$34.02
29345	Application of long leg cast		S	0426	2.4913	$170.07	.	$34.02
29355	Application of long leg cast		S	0426	2.4913	$170.07	.	$34.02
29358	Apply long leg cast brace		S	0426	2.4913	$170.07	.	$34.02
29365	Application of long leg cast		S	0426	2.4913	$170.07	.	$34.02
29405	Apply short leg cast		S	0426	2.4913	$170.07	.	$34.02
29425	Apply short leg cast		S	0426	2.4913	$170.07	.	$34.02
29435	Apply short leg cast		S	0426	2.4913	$170.07	.	$34.02
29440	Addition of walker to cast		S	0058	1.1409	$77.89	.	$15.58
29445	Apply rigid leg cast		S	0426	2.4913	$170.07	.	$34.02
29450	Application of leg cast		S	0058	1.1409	$77.89	.	$15.58
29505	Application, long leg splint		S	0058	1.1409	$77.89	.	$15.58
29515	Application lower leg splint		S	0058	1.1409	$77.89	.	$15.58
29520	Strapping of hip		S	0058	1.1409	$77.89	.	$15.58
29530	Strapping of knee		S	0058	1.1409	$77.89	.	$15.58
29540	Strapping of ankle and/or ft		S	0058	1.1409	$77.89	.	$15.58
29550	Strapping of toes		S	0058	1.1409	$77.89	.	$15.58
29580	Application of paste boot		S	0058	1.1409	$77.89	.	$15.58
29581	Apply multlay comprs lwr leg		S	0058	1.1409	$77.89	.	$15.58
29590	Application of foot splint		S	0058	1.1409	$77.89	.	$15.58
29700	Removal/revision of cast		S	0058	1.1409	$77.89	.	$15.58
29705	Removal/revision of cast		S	0058	1.1409	$77.89	.	$15.58
29710	Removal/revision of cast		S	0426	2.4913	$170.07	.	$34.02
29715	Removal/revision of cast		S	0058	1.1409	$77.89	.	$15.58
29720	Repair of body cast		S	0058	1.1409	$77.89	.	$15.58
29730	Windowing of cast		S	0058	1.1409	$77.89	.	$15.58
29740	Wedging of cast		S	0058	1.1409	$77.89	.	$15.58
29750	Wedging of clubfoot cast		S	0058	1.1409	$77.89	.	$15.58
29799	Casting/strapping procedure		S	0058	1.1409	$77.89	.	$15.58

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
29800	Jaw arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29804	Jaw arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29805	Shoulder arthroscopy, dx		T	0041	30.3175	$2,069.68	.	$413.94
29806	Shoulder arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29807	Shoulder arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29819	Shoulder arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29820	Shoulder arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29821	Shoulder arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29822	Shoulder arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29823	Shoulder arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29824	Shoulder arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29825	Shoulder arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29826	Shoulder arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29827	Arthroscop rotator cuff repr		T	0042	48.2063	$3,290.90	$804.74	$658.18
29828	Arthroscopy biceps tenodesis		T	0042	48.2063	$3,290.90	$804.74	$658.18
29830	Elbow arthroscopy		T	0041	30.3175	$2,069.68	.	$413.94
29834	Elbow arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29835	Elbow arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29836	Elbow arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29837	Elbow arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29838	Elbow arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29840	Wrist arthroscopy		T	0041	30.3175	$2,069.68	.	$413.94
29843	Wrist arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29844	Wrist arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29845	Wrist arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29846	Wrist arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29847	Wrist arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29848	Wrist endoscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29850	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
29851	Knee arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29855	Tibial arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29856	Tibial arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29860	Hip arthroscopy, dx		T	0042	48.2063	$3,290.90	$804.74	$658.18
29861	Hip arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29862	Hip arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29863	Hip arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29866	Autgrft implnt, knee w/scope		T	0042	48.2063	$3,290.90	$804.74	$658.18
29867	Allgrft implnt, knee w/scope		T	0042	48.2063	$3,290.90	$804.74	$658.18
29868	Meniscal trnspl, knee w/scpe		T	0042	48.2063	$3,290.90	$804.74	$658.18
29870	Knee arthroscopy, dx		T	0041	30.3175	$2,069.68	.	$413.94
29871	Knee arthroscopy/drainage		T	0041	30.3175	$2,069.68	.	$413.94
29873	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29874	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29875	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29876	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29877	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29879	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29880	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29881	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29882	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29883	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29884	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29885	Knee arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29886	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29887	Knee arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29888	Knee arthroscopy/surgery		T	0052	88.5249	$6,043.33	.	$1,208.67
29889	Knee arthroscopy/surgery		T	0052	88.5249	$6,043.33	.	$1,208.67
29891	Ankle arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
29892	Ankle arthroscopy/surgery		T	0052	88.5249	$6,043.33	.	$1,208.67
29893	Scope, plantar fasciotomy		T	0055	22.6974	$1,549.48	$355.34	$309.90
29894	Ankle arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29895	Ankle arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29897	Ankle arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29898	Ankle arthroscopy/surgery		T	0041	30.3175	$2,069.68	.	$413.94
29899	Ankle arthroscopy/surgery		T	0042	48.2063	$3,290.90	$804.74	$658.18
29900	Mcp joint arthroscopy, dx		T	0041	30.3175	$2,069.68	.	$413.94
29901	Mcp joint arthroscopy, surg		T	0041	30.3175	$2,069.68	.	$413.94
29902	Mcp joint arthroscopy, surg		T	0041	30.3175	$2,069.68	.	$413.94
29904	Subtalar arthro w/fb rmvl		T	0041	30.3175	$2,069.68	.	$413.94
29905	Subtalar arthro w/exc		T	0041	30.3175	$2,069.68	.	$413.94
29906	Subtalar arthro w/deb		T	0041	30.3175	$2,069.68	.	$413.94
29907	Subtalar arthro w/fusion		T	0042	48.2063	$3,290.90	$804.74	$658.18
29999	Arthroscopy of joint		T	0041	30.3175	$2,069.68	.	$413.94
30000	Drainage of nose lesion		T	0251	3.4369	$234.63	.	$46.93
30020	Drainage of nose lesion		T	0251	3.4369	$234.63	.	$46.93
30100	Intranasal biopsy		T	0252	7.8743	$537.55	$109.16	$107.51
30110	Removal of nose polyp(s)		T	0253	17.4151	$1,188.88	$282.29	$237.78
30115	Removal of nose polyp(s)		T	0253	17.4151	$1,188.88	$282.29	$237.78
30117	Removal of intranasal lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
30118	Removal of intranasal lesion		T	0254	25.5397	$1,743.52	.	$348.71
30120	Revision of nose		T	0254	25.5397	$1,743.52	.	$348.71
30124	Removal of nose lesion		T	0252	7.8743	$537.55	$109.16	$107.51
30125	Removal of nose lesion		T	0256	44.8441	$3,061.37	.	$612.28
30130	Excise inferior turbinate		T	0253	17.4151	$1,188.88	$282.29	$237.78
30140	Resect inferior turbinate		T	0254	25.5397	$1,743.52	.	$348.71
30150	Partial removal of nose		T	0256	44.8441	$3,061.37	.	$612.28
30160	Removal of nose		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
30200	Injection treatment of nose		T	0252	7.8743	$537.55	$109.16	$107.51
30210	Nasal sinus therapy		T	0252	7.8743	$537.55	$109.16	$107.51
30220	Insert nasal septal button		T	0252	7.8743	$537.55	$109.16	$107.51
30300	Remove nasal foreign body		X	0340	0.6899	$47.10	.	$9.42
30310	Remove nasal foreign body		T	0253	17.4151	$1,188.88	$282.29	$237.78
30320	Remove nasal foreign body		T	0253	17.4151	$1,188.88	$282.29	$237.78
30400	Reconstruction of nose		T	0256	44.8441	$3,061.37	.	$612.28
30410	Reconstruction of nose		T	0256	44.8441	$3,061.37	.	$612.28
30420	Reconstruction of nose		T	0256	44.8441	$3,061.37	.	$612.28
30430	Revision of nose		T	0254	25.5397	$1,743.52	.	$348.71
30435	Revision of nose		T	0256	44.8441	$3,061.37	.	$612.28
30450	Revision of nose		T	0256	44.8441	$3,061.37	.	$612.28
30460	Revision of nose		T	0256	44.8441	$3,061.37	.	$612.28
30462	Revision of nose		T	0256	44.8441	$3,061.37	.	$612.28
30465	Repair nasal stenosis		T	0256	44.8441	$3,061.37	.	$612.28
30520	Repair of nasal septum		T	0254	25.5397	$1,743.52	.	$348.71
30540	Repair nasal defect		T	0256	44.8441	$3,061.37	.	$612.28
30545	Repair nasal defect		T	0256	44.8441	$3,061.37	.	$612.28
30560	Release of nasal adhesions		T	0251	3.4369	$234.63	.	$46.93
30580	Repair upper jaw fistula		T	0256	44.8441	$3,061.37	.	$612.28
30600	Repair mouth/nose fistula		T	0256	44.8441	$3,061.37	.	$612.28
30620	Intranasal reconstruction		T	0256	44.8441	$3,061.37	.	$612.28
30630	Repair nasal septum defect		T	0254	25.5397	$1,743.52	.	$348.71
30801	Ablate inf turbinate, superf		T	0252	7.8743	$537.55	$109.16	$107.51
30802	Ablate inf turbinate submuc		T	0253	17.4151	$1,188.88	$282.29	$237.78
30901	Control of nosebleed		T	0250	1.1743	$80.17	$25.10	$16.04
30903	Control of nosebleed		T	0250	1.1743	$80.17	$25.10	$16.04
30905	Control of nosebleed		T	0250	1.1743	$80.17	$25.10	$16.04
30906	Repeat control of nosebleed		T	0250	1.1743	$80.17	$25.10	$16.04

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
30915	Ligation, nasal sinus artery		T	0092	27.5456	$1,880.46	.	$376.10
30920	Ligation, upper jaw artery		T	0092	27.5456	$1,880.46	.	$376.10
30930	Ther fx, nasal inf turbinate		T	0253	17.4151	$1,188.88	$282.29	$237.78
30999	Nasal surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
31000	Irrigation, maxillary sinus		T	0251	3.4369	$234.63	.	$46.93
31002	Irrigation, sphenoid sinus		T	0252	7.8743	$537.55	$109.16	$107.51
31020	Exploration, maxillary sinus		T	0254	25.5397	$1,743.52	.	$348.71
31030	Exploration, maxillary sinus		T	0256	44.8441	$3,061.37	.	$612.28
31032	Explore sinus, remove polyps		T	0256	44.8441	$3,061.37	.	$612.28
31040	Exploration behind upper jaw		T	0254	25.5397	$1,743.52	.	$348.71
31050	Exploration, sphenoid sinus		T	0256	44.8441	$3,061.37	.	$612.28
31051	Sphenoid sinus surgery		T	0256	44.8441	$3,061.37	.	$612.28
31070	Exploration of frontal sinus		T	0254	25.5397	$1,743.52	.	$348.71
31075	Exploration of frontal sinus		T	0256	44.8441	$3,061.37	.	$612.28
31080	Removal of frontal sinus		T	0256	44.8441	$3,061.37	.	$612.28
31081	Removal of frontal sinus		T	0256	44.8441	$3,061.37	.	$612.28
31084	Removal of frontal sinus		T	0256	44.8441	$3,061.37	.	$612.28
31085	Removal of frontal sinus		T	0256	44.8441	$3,061.37	.	$612.28
31086	Removal of frontal sinus		T	0256	44.8441	$3,061.37	.	$612.28
31087	Removal of frontal sinus		T	0256	44.8441	$3,061.37	.	$612.28
31090	Exploration of sinuses		T	0256	44.8441	$3,061.37	.	$612.28
31200	Removal of ethmoid sinus		T	0256	44.8441	$3,061.37	.	$612.28
31201	Removal of ethmoid sinus		T	0256	44.8441	$3,061.37	.	$612.28
31205	Removal of ethmoid sinus		T	0256	44.8441	$3,061.37	.	$612.28
31225	Removal of upper jaw		C					
31230	Removal of upper jaw		C					
31231	Nasal endoscopy, dx		T	0072	1.8778	$128.19	.	$25.64
31233	Nasal/sinus endoscopy, dx		T	0072	1.8778	$128.19	.	$25.64
31235	Nasal/sinus endoscopy, dx		T	0074	21.9959	$1,501.59	.	$300.32

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
31237	Nasal/sinus endoscopy, surg		T	0074	21.9959	$1,501.59	.	$300.32
31238	Nasal/sinus endoscopy, surg		T	0074	21.9959	$1,501.59	.	$300.32
31239	Nasal/sinus endoscopy, surg		T	0075	31.4168	$2,144.73	$445.92	$428.95
31240	Nasal/sinus endoscopy, surg		T	0074	21.9959	$1,501.59	.	$300.32
31254	Revision of ethmoid sinus		T	0075	31.4168	$2,144.73	$445.92	$428.95
31255	Removal of ethmoid sinus		T	0075	31.4168	$2,144.73	$445.92	$428.95
31256	Exploration maxillary sinus		T	0075	31.4168	$2,144.73	$445.92	$428.95
31267	Endoscopy, maxillary sinus		T	0075	31.4168	$2,144.73	$445.92	$428.95
31276	Sinus endoscopy, surgical		T	0075	31.4168	$2,144.73	$445.92	$428.95
31287	Nasal/sinus endoscopy, surg		T	0075	31.4168	$2,144.73	$445.92	$428.95
31288	Nasal/sinus endoscopy, surg		T	0075	31.4168	$2,144.73	$445.92	$428.95
31290	Nasal/sinus endoscopy, surg		C					
31291	Nasal/sinus endoscopy, surg		C					
31292	Nasal/sinus endoscopy, surg		T	0075	31.4168	$2,144.73	$445.92	$428.95
31293	Nasal/sinus endoscopy, surg		T	0075	31.4168	$2,144.73	$445.92	$428.95
31294	Nasal/sinus endoscopy, surg		T	0075	31.4168	$2,144.73	$445.92	$428.95
31299	Sinus surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
31300	Removal of larynx lesion		T	0254	25.5397	$1,743.52	.	$348.71
31320	Diagnostic incision, larynx		T	0256	44.8441	$3,061.37	.	$612.28
31360	Removal of larynx		C					
31365	Removal of larynx		C					
31367	Partial removal of larynx		C					
31368	Partial removal of larynx		C					
31370	Partial removal of larynx		C					
31375	Partial removal of larynx		C					
31380	Partial removal of larynx		C					
31382	Partial removal of larynx		C					
31390	Removal of larynx & pharynx		C					
31395	Reconstruct larynx & pharynx		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
31400	Revision of larynx		T	0256	44.8441	$3,061.37	.	$612.28
31420	Removal of epiglottis		T	0256	44.8441	$3,061.37	.	$612.28
31500	Insert emergency airway		S	0094	2.4281	$165.76	$46.29	$33.16
31502	Change of windpipe airway		S	0078	1.4237	$97.19	.	$19.44
31505	Diagnostic laryngoscopy		T	0071	0.9225	$62.98	.	$12.60
31510	Laryngoscopy with biopsy		T	0074	21.9959	$1,501.59	.	$300.32
31511	Remove foreign body, larynx		T	0072	1.8778	$128.19	.	$25.64
31512	Removal of larynx lesion		T	0074	21.9959	$1,501.59	.	$300.32
31513	Injection into vocal cord		T	0072	1.8778	$128.19	.	$25.64
31515	Laryngoscopy for aspiration		T	0074	21.9959	$1,501.59	.	$300.32
31520	Dx laryngoscopy, newborn		T	0072	1.8778	$128.19	.	$25.64
31525	Dx laryngoscopy excl nb		T	0074	21.9959	$1,501.59	.	$300.32
31526	Dx laryngoscopy w/oper scope		T	0074	21.9959	$1,501.59	.	$300.32
31527	Laryngoscopy for treatment		T	0075	31.4168	$2,144.73	$445.92	$428.95
31528	Laryngoscopy and dilation		T	0074	21.9959	$1,501.59	.	$300.32
31529	Laryngoscopy and dilation		T	0074	21.9959	$1,501.59	.	$300.32
31530	Laryngoscopy w/fb removal		T	0074	21.9959	$1,501.59	.	$300.32
31531	Laryngoscopy w/fb & op scope		T	0074	21.9959	$1,501.59	.	$300.32
31535	Laryngoscopy w/biopsy		T	0074	21.9959	$1,501.59	.	$300.32
31536	Laryngoscopy w/bx & op scope		T	0074	21.9959	$1,501.59	.	$300.32
31540	Laryngoscopy w/exc of tumor		T	0074	21.9959	$1,501.59	.	$300.32
31541	Larynscop w/tumr exc + scope		T	0074	21.9959	$1,501.59	.	$300.32
31545	Remove vc lesion w/scope		T	0075	31.4168	$2,144.73	$445.92	$428.95
31546	Remove vc lesion scope/graft		T	0075	31.4168	$2,144.73	$445.92	$428.95
31560	Laryngoscop w/arytenoidectom		T	0075	31.4168	$2,144.73	$445.92	$428.95
31561	Larynscop, remve cart + scop		T	0075	31.4168	$2,144.73	$445.92	$428.95
31570	Laryngoscope w/vc inj		T	0074	21.9959	$1,501.59	.	$300.32
31571	Laryngoscop w/vc inj + scope		T	0075	31.4168	$2,144.73	$445.92	$428.95
31575	Diagnostic laryngoscopy		T	0072	1.8778	$128.19	.	$25.64

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
31576	Laryngoscopy with biopsy		T	0074	21.9959	$1,501.59	.	$300.32
31577	Remove foreign body, larynx		T	0073	4.0416	$275.91	$64.31	$55.19
31578	Removal of larynx lesion		T	0075	31.4168	$2,144.73	$445.92	$428.95
31579	Diagnostic laryngoscopy		T	0073	4.0416	$275.91	$64.31	$55.19
31580	Revision of larynx		T	0256	44.8441	$3,061.37	.	$612.28
31582	Revision of larynx		T	0256	44.8441	$3,061.37	.	$612.28
31584	Treat larynx fracture		C					
31587	Revision of larynx		C					
31588	Revision of larynx		T	0256	44.8441	$3,061.37	.	$612.28
31590	Reinnervate larynx		T	0256	44.8441	$3,061.37	.	$612.28
31595	Larynx nerve surgery		T	0256	44.8441	$3,061.37	.	$612.28
31599	Larynx surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
31600	Incision of windpipe		T	0254	25.5397	$1,743.52	.	$348.71
31601	Incision of windpipe		T	0254	25.5397	$1,743.52	.	$348.71
31603	Incision of windpipe		T	0252	7.8743	$537.55	$109.16	$107.51
31605	Incision of windpipe		T	0252	7.8743	$537.55	$109.16	$107.51
31610	Incision of windpipe		T	0254	25.5397	$1,743.52	.	$348.71
31611	Surgery/speech prosthesis		T	0254	25.5397	$1,743.52	.	$348.71
31612	Puncture/clear windpipe		T	0254	25.5397	$1,743.52	.	$348.71
31613	Repair windpipe opening		T	0254	25.5397	$1,743.52	.	$348.71
31614	Repair windpipe opening		T	0256	44.8441	$3,061.37	.	$612.28
31615	Visualization of windpipe		T	0252	7.8743	$537.55	$109.16	$107.51
31620	Endobronchial us add-on		N					
31622	Dx bronchoscope/wash		T	0076	10.5445	$719.84	$189.82	$143.97
31623	Dx bronchoscope/brush		T	0076	10.5445	$719.84	$189.82	$143.97
31624	Dx bronchoscope/lavage		T	0076	10.5445	$719.84	$189.82	$143.97
31625	Bronchoscopy w/biopsy(s)		T	0076	10.5445	$719.84	$189.82	$143.97
31626	Bronchoscopy w/markers		T	0076	10.5445	$719.84	$189.82	$143.97
31627	Navigational bronchoscopy		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
31628	Bronchoscopy/lung bx, each		T	0076	10.5445	$719.84	$189.82	$143.97
31629	Bronchoscopy/needle bx, each		T	0076	10.5445	$719.84	$189.82	$143.97
31630	Bronchoscopy dilate/fx repr		T	0415	28.518	$1,946.84	$459.92	$389.37
31631	Bronchoscopy, dilate w/stent		T	0415	28.518	$1,946.84	$459.92	$389.37
31632	Bronchoscopy/lung bx, addl		T	0076	10.5445	$719.84	$189.82	$143.97
31633	Bronchoscopy/needle bx addl		T	0076	10.5445	$719.84	$189.82	$143.97
31635	Bronchoscopy w/fb removal		T	0076	10.5445	$719.84	$189.82	$143.97
31636	Bronchoscopy, bronch stents		T	0415	28.518	$1,946.84	$459.92	$389.37
31637	Bronchoscopy, stent add-on		T	0076	10.5445	$719.84	$189.82	$143.97
31638	Bronchoscopy, revise stent		T	0415	28.518	$1,946.84	$459.92	$389.37
31640	Bronchoscopy w/tumor excise		T	0415	28.518	$1,946.84	$459.92	$389.37
31641	Bronchoscopy, treat blockage		T	0415	28.518	$1,946.84	$459.92	$389.37
31643	Diag bronchoscope/catheter		T	0076	10.5445	$719.84	$189.82	$143.97
31645	Bronchoscopy, clear airways		T	0076	10.5445	$719.84	$189.82	$143.97
31646	Bronchoscopy, reclear airway		T	0076	10.5445	$719.84	$189.82	$143.97
31656	Bronchoscopy, inj for x-ray		T	0076	10.5445	$719.84	$189.82	$143.97
31715	Injection for bronchus x-ray		N					
31717	Bronchial brush biopsy		T	0073	4.0416	$275.91	$64.31	$55.19
31720	Clearance of airways		S	0077	0.418	$28.54	$7.74	$5.71
31725	Clearance of airways		C					
31730	Intro, windpipe wire/tube		T	0073	4.0416	$275.91	$64.31	$55.19
31750	Repair of windpipe		T	0256	44.8441	$3,061.37	.	$612.28
31755	Repair of windpipe		T	0256	44.8441	$3,061.37	.	$612.28
31760	Repair of windpipe		C					
31766	Reconstruction of windpipe		C					
31770	Repair/graft of bronchus		C					
31775	Reconstruct bronchus		C					
31780	Reconstruct windpipe		C					
31781	Reconstruct windpipe		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
31785	Remove windpipe lesion		T	0254	25.5397	$1,743.52	.	$348.71
31786	Remove windpipe lesion		C					
31800	Repair of windpipe injury		C					
31805	Repair of windpipe injury		C					
31820	Closure of windpipe lesion		T	0254	25.5397	$1,743.52	.	$348.71
31825	Repair of windpipe defect		T	0254	25.5397	$1,743.52	.	$348.71
31830	Revise windpipe scar		T	0254	25.5397	$1,743.52	.	$348.71
31899	Airways surgical procedure		T	0076	10.5445	$719.84	$189.82	$143.97
32035	Exploration of chest		C					
32036	Exploration of chest		C					
32095	Biopsy through chest wall		C					
32100	Exploration/biopsy of chest		C					
32110	Explore/repair chest		C					
32120	Re-exploration of chest		C					
32124	Explore chest free adhesions		C					
32140	Removal of lung lesion(s)		C					
32141	Remove/treat lung lesions		C					
32150	Removal of lung lesion(s)		C					
32151	Remove lung foreign body		C					
32160	Open chest heart massage		C					
32200	Drain, open, lung lesion		C					
32201	Drain, percut, lung lesion		T	0070	5.6491	$385.65	.	$77.13
32215	Treat chest lining		C					
32220	Release of lung		C					
32225	Partial release of lung		C					
32310	Removal of chest lining		C					
32320	Free/remove chest lining		C					
32400	Needle biopsy chest lining		T	0685	9.9046	$676.16	.	$135.24
32402	Open biopsy chest lining		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
32405	Biopsy, lung or mediastinum		T	0685	9.9046	$676.16	.	$135.24
32420	Puncture/clear lung		T	0070	5.6491	$385.65	.	$77.13
32421	Thoracentesis for aspiration		T	0070	5.6491	$385.65	.	$77.13
32422	Thoracentesis w/tube insert		T	0070	5.6491	$385.65	.	$77.13
32440	Removal of lung		C					
32442	Sleeve pneumonectomy		C					
32445	Removal of lung		C					
32480	Partial removal of lung		C					
32482	Bilobectomy		C					
32484	Segmentectomy		C					
32486	Sleeve lobectomy		C					
32488	Completion pneumonectomy		C					
32491	Lung volume reduction		C					
32500	Partial removal of lung		C					
32501	Repair bronchus add-on		C					
32503	Resect apical lung tumor		C					
32504	Resect apical lung tum/chest		C					
32540	Removal of lung lesion		C					
32550	Insert pleural cath		T	0652	31.1286	$2,125.06	.	$425.02
32551	Insertion of chest tube		T	0070	5.6491	$385.65	.	$77.13
32552	Remove lung catheter		S	0078	1.4237	$97.19	.	$19.44
32553	Ins mark thor for rt perq		X	0310	13.5651	$926.05	$325.27	$185.21
32560	Treat pleurodesis w/agent		T	0070	5.6491	$385.65	.	$77.13
32561	Lyse chest fibrin init day		T	0070	5.6491	$385.65	.	$77.13
32562	Lyse chest fibrin subq day		T	0070	5.6491	$385.65	.	$77.13
32601	Thoracoscopy, diagnostic		T	0069	35.4455	$2,419.76	$591.64	$483.96
32602	Thoracoscopy, diagnostic		T	0069	35.4455	$2,419.76	$591.64	$483.96
32603	Thoracoscopy, diagnostic		T	0069	35.4455	$2,419.76	$591.64	$483.96
32604	Thoracoscopy, diagnostic		T	0069	35.4455	$2,419.76	$591.64	$483.96

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
32605	Thoracoscopy, diagnostic		T	0069	35.4455	$2,419.76	$591.64	$483.96
32606	Thoracoscopy, diagnostic		T	0069	35.4455	$2,419.76	$591.64	$483.96
32650	Thoracoscopy, surgical		C					
32651	Thoracoscopy, surgical		C					
32652	Thoracoscopy, surgical		C					
32653	Thoracoscopy, surgical		C					
32654	Thoracoscopy, surgical		C					
32655	Thoracoscopy, surgical		C					
32656	Thoracoscopy, surgical		C					
32657	Thoracoscopy, surgical		C					
32658	Thoracoscopy, surgical		C					
32659	Thoracoscopy, surgical		C					
32660	Thoracoscopy, surgical		C					
32661	Thoracoscopy, surgical		C					
32662	Thoracoscopy, surgical		C					
32663	Thoracoscopy, surgical		C					
32664	Thoracoscopy, surgical		C					
32665	Thoracoscopy, surgical		C					
32800	Repair lung hernia		C					
32810	Close chest after drainage		C					
32815	Close bronchial fistula		C					
32820	Reconstruct injured chest		C					
32850	Donor pneumonectomy		C					
32851	Lung transplant, single		C					
32852	Lung transplant with bypass		C					
32853	Lung transplant, double		C					
32854	Lung transplant with bypass		C					
32855	Prepare donor lung, single		C					
32856	Prepare donor lung, double		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
32900	Removal of rib(s)		C					
32905	Revise & repair chest wall		C					
32906	Revise & repair chest wall		C					
32940	Revision of lung		C					
32960	Therapeutic pneumothorax		T	0070	5.6491	$385.65	.	$77.13
32997	Total lung lavage		C					
32998	Perq rf ablate tx, pul tumor		T	0423	57.2089	$3,905.48	.	$781.10
32999	Chest surgery procedure		T	0070	5.6491	$385.65	.	$77.13
33010	Drainage of heart sac		T	0070	5.6491	$385.65	.	$77.13
33011	Repeat drainage of heart sac		T	0070	5.6491	$385.65	.	$77.13
33015	Incision of heart sac		C					
33020	Incision of heart sac		C					
33025	Incision of heart sac		C					
33030	Partial removal of heart sac		C					
33031	Partial removal of heart sac		C					
33050	Removal of heart sac lesion		C					
33120	Removal of heart lesion		C					
33130	Removal of heart lesion		C					
33140	Heart revascularize (tmr)		C					
33141	Heart tmr w/other procedure		C					
33202	Insert epicard eltrd, open		C					
33203	Insert epicard eltrd, endo		C					
33206	Insertion of heart pacemaker		T	0089	112.4202	$7,674.59	$1,615.11	$1,534.92
33207	Insertion of heart pacemaker		T	0089	112.4202	$7,674.59	$1,615.11	$1,534.92
33208	Insertion of heart pacemaker		T	0655	138.0708	$9,425.68	.	$1,885.14
33210	Insertion of heart electrode		T	0106	52.6182	$3,592.09	.	$718.42
33211	Insertion of heart electrode		T	0106	52.6182	$3,592.09	.	$718.42
33212	Insertion of pulse generator		T	0090	92.6057	$6,321.91	$1,530.07	$1,264.39
33213	Insertion of pulse generator		T	0654	108.1716	$7,384.55	.	$1,476.91

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
33214	Upgrade of pacemaker system		T	0655	138.0708	$9,425.68	.	$1,885.14
33215	Reposition pacing-defib lead		T	0105	23.2281	$1,585.71	.	$317.15
33216	Insert 1 electrode pm-defib		T	0106	52.6182	$3,592.09	.	$718.42
33217	Insert 2 electrode pm-defib		T	0106	52.6182	$3,592.09	.	$718.42
33218	Repair lead pace-defib, one		T	0105	23.2281	$1,585.71	.	$317.15
33220	Repair lead pace-defib, dual		T	0105	23.2281	$1,585.71	.	$317.15
33222	Revise pocket, pacemaker		T	0136	17.1353	$1,169.78	.	$233.96
33223	Revise pocket for defib		T	0136	17.1353	$1,169.78	.	$233.96
33224	Insert pacing lead & connect		T	0418	143.1583	$9,772.99	.	$1,954.60
33225	L ventric pacing lead add-on		T	0418	143.1583	$9,772.99	.	$1,954.60
33226	Reposition l ventric lead		T	0105	23.2281	$1,585.71	.	$317.15
33233	Removal of pacemaker system		T	0105	23.2281	$1,585.71	.	$317.15
33234	Removal of pacemaker system		T	0105	23.2281	$1,585.71	.	$317.15
33235	Removal pacemaker electrode		T	0105	23.2281	$1,585.71	.	$317.15
33236	Remove electrode/thoracotomy		C					
33237	Remove electrode/thoracotomy		C					
33238	Remove electrode/thoracotomy		C					
33240	Insert pulse generator		T	0107	335.0724	$22,874.39	.	$4,574.88
33241	Remove pulse generator		T	0105	23.2281	$1,585.71	.	$317.15
33243	Remove eltrd/thoracotomy		C					
33244	Remove eltrd, transven		T	0105	23.2281	$1,585.71	.	$317.15
33249	Eltrd/insert pace-defib		T	0108	389.7128	$26,604.52	.	$5,320.91
33250	Ablate heart dysrhythm focus		C					
33251	Ablate heart dysrhythm focus		C					
33254	Ablate atria, lmtd		C					
33255	Ablate atria w/o bypass, ext		C					
33256	Ablate atria w/bypass, exten		C					
33257	Ablate atria, lmtd, add-on		C					
33258	Ablate atria, x10sv, add-on		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
33259	Ablate atria w/bypass add-on		C					
33261	Ablate heart dysrhythm focus		C					
33265	Ablate atria, lmtd, endo		C					
33266	Ablate atria, x10sv, endo		C					
33282	Implant pat-active ht record		S	0680	78.5933	$5,365.33	.	$1,073.07
33284	Remove pat-active ht record		T	0020	8.7772	$599.19	.	$119.84
33300	Repair of heart wound		C					
33305	Repair of heart wound		C					
33310	Exploratory heart surgery		C					
33315	Exploratory heart surgery		C					
33320	Repair major blood vessel(s)		C					
33321	Repair major vessel		C					
33322	Repair major blood vessel(s)		C					
33330	Insert major vessel graft		C					
33332	Insert major vessel graft		C					
33335	Insert major vessel graft		C					
33400	Repair of aortic valve		C					
33401	Valvuloplasty, open		C					
33403	Valvuloplasty, w/cp bypass		C					
33404	Prepare heart-aorta conduit		C					
33405	Replacement of aortic valve		C					
33406	Replacement of aortic valve		C					
33410	Replacement of aortic valve		C					
33411	Replacement of aortic valve		C					
33412	Replacement of aortic valve		C					
33413	Replacement of aortic valve		C					
33414	Repair of aortic valve		C					
33415	Revision, subvalvular tissue		C					
33416	Revise ventricle muscle		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
33417	Repair of aortic valve		C					
33420	Revision of mitral valve		C					
33422	Revision of mitral valve		C					
33425	Repair of mitral valve		C					
33426	Repair of mitral valve		C					
33427	Repair of mitral valve		C					
33430	Replacement of mitral valve		C					
33460	Revision of tricuspid valve		C					
33463	Valvuloplasty, tricuspid		C					
33464	Valvuloplasty, tricuspid		C					
33465	Replace tricuspid valve		C					
33468	Revision of tricuspid valve		C					
33470	Revision of pulmonary valve		C					
33471	Valvotomy, pulmonary valve		C					
33472	Revision of pulmonary valve		C					
33474	Revision of pulmonary valve		C					
33475	Replacement, pulmonary valve		C					
33476	Revision of heart chamber		C					
33478	Revision of heart chamber		C					
33496	Repair, prosth valve clot		C					
33500	Repair heart vessel fistula		C					
33501	Repair heart vessel fistula		C					
33502	Coronary artery correction		C					
33503	Coronary artery graft		C					
33504	Coronary artery graft		C					
33505	Repair artery w/tunnel		C					
33506	Repair artery, translocation		C					
33507	Repair art, intramural		C					
33508	Endoscopic vein harvest		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
33510	CABG, vein, single		C					
33511	CABG, vein, two		C					
33512	CABG, vein, three		C					
33513	CABG, vein, four		C					
33514	CABG, vein, five		C					
33516	Cabg, vein, six or more		C					
33517	CABG, artery-vein, single		C					
33518	CABG, artery-vein, two		C					
33519	CABG, artery-vein, three		C					
33521	CABG, artery-vein, four		C					
33522	CABG, artery-vein, five		C					
33523	Cabg, art-vein, six or more		C					
33530	Coronary artery, bypass/reop		C					
33533	CABG, arterial, single		C					
33534	CABG, arterial, two		C					
33535	CABG, arterial, three		C					
33536	Cabg, arterial, four or more		C					
33542	Removal of heart lesion		C					
33545	Repair of heart damage		C					
33548	Restore/remodel, ventricle		C					
33572	Open coronary endarterectomy		C					
33600	Closure of valve		C					
33602	Closure of valve		C					
33606	Anastomosis/artery-aorta		C					
33608	Repair anomaly w/conduit		C					
33610	Repair by enlargement		C					
33611	Repair double ventricle		C					
33612	Repair double ventricle		C					
33615	Repair, modified fontan		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
33617	Repair single ventricle		C					
33619	Repair single ventricle		C					
33641	Repair heart septum defect		C					
33645	Revision of heart veins		C					
33647	Repair heart septum defects		C					
33660	Repair of heart defects		C					
33665	Repair of heart defects		C					
33670	Repair of heart chambers		C					
33675	Close mult vsd		C					
33676	Close mult vsd w/resection		C					
33677	Cl mult vsd w/rem pul band		C					
33681	Repair heart septum defect		C					
33684	Repair heart septum defect		C					
33688	Repair heart septum defect		C					
33690	Reinforce pulmonary artery		C					
33692	Repair of heart defects		C					
33694	Repair of heart defects		C					
33697	Repair of heart defects		C					
33702	Repair of heart defects		C					
33710	Repair of heart defects		C					
33720	Repair of heart defect		C					
33722	Repair of heart defect		C					
33724	Repair venous anomaly		C					
33726	Repair pul venous stenosis		C					
33730	Repair heart-vein defect(s)		C					
33732	Repair heart-vein defect		C					
33735	Revision of heart chamber		C					
33736	Revision of heart chamber		C					
33737	Revision of heart chamber		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
33750	Major vessel shunt		C					
33755	Major vessel shunt		C					
33762	Major vessel shunt		C					
33764	Major vessel shunt & graft		C					
33766	Major vessel shunt		C					
33767	Major vessel shunt		C					
33768	Cavopulmonary shunting		C					
33770	Repair great vessels defect		C					
33771	Repair great vessels defect		C					
33774	Repair great vessels defect		C					
33775	Repair great vessels defect		C					
33776	Repair great vessels defect		C					
33777	Repair great vessels defect		C					
33778	Repair great vessels defect		C					
33779	Repair great vessels defect		C					
33780	Repair great vessels defect		C					
33781	Repair great vessels defect		C					
33782	Nikaidoh proc		C					
33783	Nikaidoh proc w/ostia implt		C					
33786	Repair arterial trunk		C					
33788	Revision of pulmonary artery		C					
33800	Aortic suspension		C					
33802	Repair vessel defect		C					
33803	Repair vessel defect		C					
33813	Repair septal defect		C					
33814	Repair septal defect		C					
33820	Revise major vessel		C					
33822	Revise major vessel		C					
33824	Revise major vessel		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
33840	Remove aorta constriction		C					
33845	Remove aorta constriction		C					
33851	Remove aorta constriction		C					
33852	Repair septal defect		C					
33853	Repair septal defect		C					
33860	Ascending aortic graft		C					
33861	Ascending aortic graft		C					
33863	Ascending aortic graft		C					
33864	Ascending aortic graft		C					
33870	Transverse aortic arch graft		C					
33875	Thoracic aortic graft		C					
33877	Thoracoabdominal graft		C					
33880	Endovasc taa repr incl subcl		C					
33881	Endovasc taa repr w/o subcl		C					
33883	Insert endovasc prosth, taa		C					
33884	Endovasc prosth, taa, add-on		C					
33886	Endovasc prosth, delayed		C					
33889	Artery transpose/endovas taa		C					
33891	Car-car bp grft/endovas taa		C					
33910	Remove lung artery emboli		C					
33915	Remove lung artery emboli		C					
33916	Surgery of great vessel		C					
33917	Repair pulmonary artery		C					
33920	Repair pulmonary atresia		C					
33922	Transect pulmonary artery		C					
33924	Remove pulmonary shunt		C					
33925	Rpr pul art unifocal w/o cpb		C					
33926	Repr pul art, unifocal w/cpb		C					
33930	Removal of donor heart/lung		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
33933	Prepare donor heart/lung		C					
33935	Transplantation, heart/lung		C					
33940	Removal of donor heart		C					
33944	Prepare donor heart		C					
33945	Transplantation of heart		C					
33960	External circulation assist		C					
33961	External circulation assist		C					
33967	Insert ia percut device		C					
33968	Remove aortic assist device		C					
33970	Aortic circulation assist		C					
33971	Aortic circulation assist		C					
33973	Insert balloon device		C					
33974	Remove intra-aortic balloon		C					
33975	Implant ventricular device		C					
33976	Implant ventricular device		C					
33977	Remove ventricular device		C					
33978	Remove ventricular device		C					
33979	Insert intracorporeal device		C					
33980	Remove intracorporeal device		C					
33981	Replace vad pump ext		C					
33982	Replace vad intra w/o bp		C					
33983	Replace vad intra w/bp		C					
33999	Cardiac surgery procedure		T	0070	5.6491	$385.65	.	$77.13
34001	Removal of artery clot		C					
34051	Removal of artery clot		C					
34101	Removal of artery clot		T	0088	41.8116	$2,854.35	$655.22	$570.87
34111	Removal of arm artery clot		T	0088	41.8116	$2,854.35	$655.22	$570.87
34151	Removal of artery clot		C					
34201	Removal of artery clot		T	0088	41.8116	$2,854.35	$655.22	$570.87

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
34203	Removal of leg artery clot		T	0088	41.8116	$2,854.35	$655.22	$570.87
34401	Removal of vein clot		C					
34421	Removal of vein clot		T	0088	41.8116	$2,854.35	$655.22	$570.87
34451	Removal of vein clot		C					
34471	Removal of vein clot		T	0088	41.8116	$2,854.35	$655.22	$570.87
34490	Removal of vein clot		T	0088	41.8116	$2,854.35	$655.22	$570.87
34501	Repair valve, femoral vein		T	0088	41.8116	$2,854.35	$655.22	$570.87
34502	Reconstruct vena cava		C					
34510	Transposition of vein valve		T	0088	41.8116	$2,854.35	$655.22	$570.87
34520	Cross-over vein graft		T	0088	41.8116	$2,854.35	$655.22	$570.87
34530	Leg vein fusion		T	0088	41.8116	$2,854.35	$655.22	$570.87
34800	Endovas aaa repr w/sm tube		C					
34802	Endovas aaa repr w/2-p part		C					
34803	Endovas aaa repr w/3-p part		C					
34804	Endovas aaa repr w/1-p part		C					
34805	Endovas aaa repr w/long tube		C					
34806	Aneurysm press sensor add-on		C					
34808	Endovas iliac a device addon		C					
34812	Xpose for endoprosth, femorl		C					
34813	Femoral endovas graft add-on		C					
34820	Xpose for endoprosth, iliac		C					
34825	Endovasc extend prosth, init		C					
34826	Endovasc exten prosth, addl		C					
34830	Open aortic tube prosth repr		C					
34831	Open aortoiliac prosth repr		C					
34832	Open aortofemor prosth repr		C					
34833	Xpose for endoprosth, iliac		C					
34834	Xpose, endoprosth, brachial		C					
34900	Endovasc iliac repr w/graft		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
35001	Repair defect of artery		C					
35002	Repair artery rupture, neck		C					
35005	Repair defect of artery		C					
35011	Repair defect of artery		T	0653	44.7437	$3,054.52	.	$610.91
35013	Repair artery rupture, arm		C					
35021	Repair defect of artery		C					
35022	Repair artery rupture, chest		C					
35045	Repair defect of arm artery		C					
35081	Repair defect of artery		C					
35082	Repair artery rupture, aorta		C					
35091	Repair defect of artery		C					
35092	Repair artery rupture, aorta		C					
35102	Repair defect of artery		C					
35103	Repair artery rupture, groin		C					
35111	Repair defect of artery		C					
35112	Repair artery rupture,spleen		C					
35121	Repair defect of artery		C					
35122	Repair artery rupture, belly		C					
35131	Repair defect of artery		C					
35132	Repair artery rupture, groin		C					
35141	Repair defect of artery		C					
35142	Repair artery rupture, thigh		C					
35151	Repair defect of artery		C					
35152	Repair artery rupture, knee		C					
35180	Repair blood vessel lesion		T	0093	36.5266	$2,493.56	.	$498.72
35182	Repair blood vessel lesion		C					
35184	Repair blood vessel lesion		T	0093	36.5266	$2,493.56	.	$498.72
35188	Repair blood vessel lesion		T	0088	41.8116	$2,854.35	$655.22	$570.87
35189	Repair blood vessel lesion		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
35190	Repair blood vessel lesion		T	0093	36.5266	$2,493.56	.	$498.72
35201	Repair blood vessel lesion		T	0093	36.5266	$2,493.56	.	$498.72
35206	Repair blood vessel lesion		T	0093	36.5266	$2,493.56	.	$498.72
35207	Repair blood vessel lesion		T	0088	41.8116	$2,854.35	$655.22	$570.87
35211	Repair blood vessel lesion		C					
35216	Repair blood vessel lesion		C					
35221	Repair blood vessel lesion		C					
35226	Repair blood vessel lesion		T	0020	8.7772	$599.19	.	$119.84
35231	Repair blood vessel lesion		T	0093	36.5266	$2,493.56	.	$498.72
35236	Repair blood vessel lesion		T	0093	36.5266	$2,493.56	.	$498.72
35241	Repair blood vessel lesion		C					
35246	Repair blood vessel lesion		C					
35251	Repair blood vessel lesion		C					
35256	Repair blood vessel lesion		T	0093	36.5266	$2,493.56	.	$498.72
35261	Repair blood vessel lesion		T	0653	44.7437	$3,054.52	.	$610.91
35266	Repair blood vessel lesion		T	0653	44.7437	$3,054.52	.	$610.91
35271	Repair blood vessel lesion		C					
35276	Repair blood vessel lesion		C					
35281	Repair blood vessel lesion		C					
35286	Repair blood vessel lesion		T	0653	44.7437	$3,054.52	.	$610.91
35301	Rechanneling of artery		C					
35302	Rechanneling of artery		C					
35303	Rechanneling of artery		C					
35304	Rechanneling of artery		C					
35305	Rechanneling of artery		C					
35306	Rechanneling of artery		C					
35311	Rechanneling of artery		C					
35321	Rechanneling of artery		T	0093	36.5266	$2,493.56	.	$498.72
35331	Rechanneling of artery		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
35341	Rechanneling of artery		C					
35351	Rechanneling of artery		C					
35355	Rechanneling of artery		C					
35361	Rechanneling of artery		C					
35363	Rechanneling of artery		C					
35371	Rechanneling of artery		C					
35372	Rechanneling of artery		C					
35390	Reoperation, carotid add-on		C					
35400	Angioscopy		C					
35450	Repair arterial blockage		C					
35452	Repair arterial blockage		C					
35454	Repair arterial blockage		C					
35456	Repair arterial blockage		C					
35458	Repair arterial blockage		T	0083	52.1947	$3,563.18	.	$712.64
35459	Repair arterial blockage		T	0083	52.1947	$3,563.18	.	$712.64
35460	Repair venous blockage		T	0083	52.1947	$3,563.18	.	$712.64
35470	Repair arterial blockage		T	0083	52.1947	$3,563.18	.	$712.64
35471	Repair arterial blockage		T	0083	52.1947	$3,563.18	.	$712.64
35472	Repair arterial blockage		T	0083	52.1947	$3,563.18	.	$712.64
35473	Repair arterial blockage		T	0083	52.1947	$3,563.18	.	$712.64
35474	Repair arterial blockage		T	0083	52.1947	$3,563.18	.	$712.64
35475	Repair arterial blockage		T	0083	52.1947	$3,563.18	.	$712.64
35476	Repair venous blockage		T	0083	52.1947	$3,563.18	.	$712.64
35480	Atherectomy, open		C					
35481	Atherectomy, open		C					
35482	Atherectomy, open		C					
35483	Atherectomy, open		C					
35484	Atherectomy, open		T	0082	97.8929	$6,682.85	.	$1,336.57
35485	Atherectomy, open		T	0082	97.8929	$6,682.85	.	$1,336.57

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
35490	Atherectomy, percutaneous		T	0082	97.8929	$6,682.85	.	$1,336.57
35491	Atherectomy, percutaneous		T	0082	97.8929	$6,682.85	.	$1,336.57
35492	Atherectomy, percutaneous		T	0082	97.8929	$6,682.85	.	$1,336.57
35493	Atherectomy, percutaneous		T	0082	97.8929	$6,682.85	.	$1,336.57
35494	Atherectomy, percutaneous		T	0082	97.8929	$6,682.85	.	$1,336.57
35495	Atherectomy, percutaneous		T	0082	97.8929	$6,682.85	.	$1,336.57
35500	Harvest vein for bypass		T	0103	19.1796	$1,309.33	.	$261.87
35501	Artery bypass graft		C					
35506	Artery bypass graft		C					
35508	Artery bypass graft		C					
35509	Artery bypass graft		C					
35510	Artery bypass graft		C					
35511	Artery bypass graft		C					
35512	Artery bypass graft		C					
35515	Artery bypass graft		C					
35516	Artery bypass graft		C					
35518	Artery bypass graft		C					
35521	Artery bypass graft		C					
35522	Artery bypass graft		C					
35523	Artery bypass graft		C					
35525	Artery bypass graft		C					
35526	Artery bypass graft		C					
35531	Artery bypass graft		C					
35533	Artery bypass graft		C					
35535	Artery bypass graft		C					
35536	Artery bypass graft		C					
35537	Artery bypass graft		C					
35538	Artery bypass graft		C					
35539	Artery bypass graft		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
35540	Artery bypass graft		C					
35548	Artery bypass graft		C					
35549	Artery bypass graft		C					
35551	Artery bypass graft		C					
35556	Artery bypass graft		C					
35558	Artery bypass graft		C					
35560	Artery bypass graft		C					
35563	Artery bypass graft		C					
35565	Artery bypass graft		C					
35566	Artery bypass graft		C					
35570	Artery bypass graft		C					
35571	Artery bypass graft		C					
35572	Harvest femoropopliteal vein		N					
35583	Vein bypass graft		C					
35585	Vein bypass graft		C					
35587	Vein bypass graft		C					
35600	Harvest art for cabg add-on		C					
35601	Artery bypass graft		C					
35606	Artery bypass graft		C					
35612	Artery bypass graft		C					
35616	Artery bypass graft		C					
35621	Artery bypass graft		C					
35623	Bypass graft, not vein		C					
35626	Artery bypass graft		C					
35631	Artery bypass graft		C					
35632	Artery bypass graft		C					
35633	Artery bypass graft		C					
35634	Artery bypass graft		C					
35636	Artery bypass graft		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
35637	Artery bypass graft		C					
35638	Artery bypass graft		C					
35642	Artery bypass graft		C					
35645	Artery bypass graft		C					
35646	Artery bypass graft		C					
35647	Artery bypass graft		C					
35650	Artery bypass graft		C					
35651	Artery bypass graft		C					
35654	Artery bypass graft		C					
35656	Artery bypass graft		C					
35661	Artery bypass graft		C					
35663	Artery bypass graft		C					
35665	Artery bypass graft		C					
35666	Artery bypass graft		C					
35671	Artery bypass graft		C					
35681	Composite bypass graft		C					
35682	Composite bypass graft		C					
35683	Composite bypass graft		C					
35685	Bypass graft patency/patch		T	0093	36.5266	$2,493.56	.	$498.72
35686	Bypass graft/av fist patency		T	0093	36.5266	$2,493.56	.	$498.72
35691	Arterial transposition		C					
35693	Arterial transposition		C					
35694	Arterial transposition		C					
35695	Arterial transposition		C					
35697	Reimplant artery each		C					
35700	Reoperation, bypass graft		C					
35701	Exploration, carotid artery		C					
35721	Exploration, femoral artery		C					
35741	Exploration popliteal artery		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
35761	Exploration of artery/vein		T	0093	36.5266	$2,493.56	.	$498.72
35800	Explore neck vessels		C					
35820	Explore chest vessels		C					
35840	Explore abdominal vessels		C					
35860	Explore limb vessels		T	0093	36.5266	$2,493.56	.	$498.72
35870	Repair vessel graft defect		C					
35875	Removal of clot in graft		T	0088	41.8116	$2,854.35	$655.22	$570.87
35876	Removal of clot in graft		T	0088	41.8116	$2,854.35	$655.22	$570.87
35879	Revise graft w/vein		T	0088	41.8116	$2,854.35	$655.22	$570.87
35881	Revise graft w/vein		T	0088	41.8116	$2,854.35	$655.22	$570.87
35883	Revise graft w/nonauto graft		T	0088	41.8116	$2,854.35	$655.22	$570.87
35884	Revise graft w/vein		T	0088	41.8116	$2,854.35	$655.22	$570.87
35901	Excision, graft, neck		C					
35903	Excision, graft, extremity		T	0093	36.5266	$2,493.56	.	$498.72
35905	Excision, graft, thorax		C					
35907	Excision, graft, abdomen		C					
36000	Place needle in vein		N					
36002	Pseudoaneurysm injection trt		S	0267	2.2748	$155.29	$60.50	$31.06
36005	Injection ext venography		N					
36010	Place catheter in vein		N					
36011	Place catheter in vein		N					
36012	Place catheter in vein		N					
36013	Place catheter in artery		N					
36014	Place catheter in artery		N					
36015	Place catheter in artery		N					
36100	Establish access to artery		N					
36120	Establish access to artery		N					
36140	Establish access to artery		N					
36147	Access av dial grft for eval		T	0676	2.3844	$162.78	.	$32.56

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
36148	Access av dial grft for proc		N					
36160	Establish access to aorta		N					
36200	Place catheter in aorta		N					
36215	Place catheter in artery		N					
36216	Place catheter in artery		N					
36217	Place catheter in artery		N					
36218	Place catheter in artery		N					
36245	Place catheter in artery		N					
36246	Place catheter in artery		N					
36247	Place catheter in artery		N					
36248	Place catheter in artery		N					
36260	Insertion of infusion pump		T	0623	30.8594	$2,106.68	.	$421.34
36261	Revision of infusion pump		T	0105	23.2281	$1,585.71	.	$317.15
36262	Removal of infusion pump		T	0105	23.2281	$1,585.71	.	$317.15
36299	Vessel injection procedure		N					
36400	Bl draw < 3 yrs fem/jugular		N					
36405	Bl draw < 3 yrs scalp vein		N					
36406	Bl draw < 3 yrs other vein		N					
36410	Non-routine bl draw > 3 yrs		N					
36415	Routine venipuncture		A					
36416	Capillary blood draw		N					
36420	Vein access cutdown < 1 yr		X	0035	0.2446	$16.70	.	$3.34
36425	Vein access cutdown > 1 yr		X	0035	0.2446	$16.70	.	$3.34
36430	Blood transfusion service		S	0110	3.4107	$232.84	.	$46.57
36440	Bl push transfuse, 2 yr or <		S	0110	3.4107	$232.84	.	$46.57
36450	Bl exchange/transfuse, nb		S	0110	3.4107	$232.84	.	$46.57
36455	Bl exchange/transfuse non-nb		S	0110	3.4107	$232.84	.	$46.57
36460	Transfusion service, fetal		S	0110	3.4107	$232.84	.	$46.57
36468	Injection(s), spider veins		T	0013	0.8782	$59.95	.	$11.99

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
36469	Injection(s), spider veins		T	0013	0.8782	$59.95	.	$11.99
36470	Injection therapy of vein		T	0013	0.8782	$59.95	.	$11.99
36471	Injection therapy of veins		T	0013	0.8782	$59.95	.	$11.99
36475	Endovenous rf, 1st vein		T	0091	44.4254	$3,032.79	.	$606.56
36476	Endovenous rf, vein add-on		T	0092	27.5456	$1,880.46	.	$376.10
36478	Endovenous laser, 1st vein		T	0092	27.5456	$1,880.46	.	$376.10
36479	Endovenous laser vein addon		T	0092	27.5456	$1,880.46	.	$376.10
36481	Insertion of catheter, vein		N					
36500	Insertion of catheter, vein		N					
36510	Insertion of catheter, vein		N					
36511	Apheresis wbc		S	0111	12.5247	$855.02	$198.40	$171.01
36512	Apheresis rbc		S	0111	12.5247	$855.02	$198.40	$171.01
36513	Apheresis platelets		S	0111	12.5247	$855.02	$198.40	$171.01
36514	Apheresis plasma		S	0111	12.5247	$855.02	$198.40	$171.01
36515	Apheresis, adsorp/reinfuse		S	0112	33.8904	$2,313.60	.	$462.72
36516	Apheresis, selective		S	0112	33.8904	$2,313.60	.	$462.72
36522	Photopheresis		S	0112	33.8904	$2,313.60	.	$462.72
36555	Insert non-tunnel cv cath		T	0621	11.4058	$778.64	.	$155.73
36556	Insert non-tunnel cv cath		T	0621	11.4058	$778.64	.	$155.73
36557	Insert tunneled cv cath		T	0622	25.693	$1,753.98	.	$350.80
36558	Insert tunneled cv cath		T	0622	25.693	$1,753.98	.	$350.80
36560	Insert tunneled cv cath		T	0623	30.8594	$2,106.68	.	$421.34
36561	Insert tunneled cv cath		T	0623	30.8594	$2,106.68	.	$421.34
36563	Insert tunneled cv cath		T	0623	30.8594	$2,106.68	.	$421.34
36565	Insert tunneled cv cath		T	0623	30.8594	$2,106.68	.	$421.34
36566	Insert tunneled cv cath		T	0623	30.8594	$2,106.68	.	$421.34
36568	Insert picc cath		T	0621	11.4058	$778.64	.	$155.73
36569	Insert picc cath		T	0621	11.4058	$778.64	.	$155.73
36570	Insert picvad cath		T	0622	25.693	$1,753.98	.	$350.80

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
36571	Insert picvad cath		T	0622	25.693	$1,753.98	.	$350.80
36575	Repair tunneled cv cath		T	0121	6.3264	$431.88	.	$86.38
36576	Repair tunneled cv cath		T	0621	11.4058	$778.64	.	$155.73
36578	Replace tunneled cv cath		T	0622	25.693	$1,753.98	.	$350.80
36580	Replace cvad cath		T	0621	11.4058	$778.64	.	$155.73
36581	Replace tunneled cv cath		T	0622	25.693	$1,753.98	.	$350.80
36582	Replace tunneled cv cath		T	0623	30.8594	$2,106.68	.	$421.34
36583	Replace tunneled cv cath		T	0623	30.8594	$2,106.68	.	$421.34
36584	Replace picc cath		T	0621	11.4058	$778.64	.	$155.73
36585	Replace picvad cath		T	0622	25.693	$1,753.98	.	$350.80
36589	Removal tunneled cv cath		T	0121	6.3264	$431.88	.	$86.38
36590	Removal tunneled cv cath		T	0621	11.4058	$778.64	.	$155.73
36591	Draw blood off venous device		Q1	0624	0.6338	$43.27	$12.65	$8.66
36592	Collect blood from picc		Q1	0624	0.6338	$43.27	$12.65	$8.66
36593	Declot vascular device		T	0676	2.3844	$162.78	.	$32.56
36595	Mech remov tunneled cv cath		T	0622	25.693	$1,753.98	.	$350.80
36596	Mech remov tunneled cv cath		T	0621	11.4058	$778.64	.	$155.73
36597	Reposition venous catheter		T	0621	11.4058	$778.64	.	$155.73
36598	Inj w/fluor, eval cv device		T	0676	2.3844	$162.78	.	$32.56
36600	Withdrawal of arterial blood		Q1	0035	0.2446	$16.70	.	$3.34
36620	Insertion catheter, artery		N					
36625	Insertion catheter, artery		N					
36640	Insertion catheter, artery		T	0623	30.8594	$2,106.68	.	$421.34
36660	Insertion catheter, artery		C					
36680	Insert needle, bone cavity		T	0002	1.7752	$121.19	.	$24.24
36800	Insertion of cannula		T	0115	33.3074	$2,273.80	.	$454.76
36810	Insertion of cannula		T	0115	33.3074	$2,273.80	.	$454.76
36815	Insertion of cannula		T	0115	33.3074	$2,273.80	.	$454.76
36818	Av fuse, uppr arm, cephalic		T	0088	41.8116	$2,854.35	$655.22	$570.87

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
36819	Av fuse, uppr arm, basilic		T	0088	41.8116	$2,854.35	$655.22	$570.87
36820	Av fusion/forearm vein		T	0088	41.8116	$2,854.35	$655.22	$570.87
36821	Av fusion direct any site		T	0088	41.8116	$2,854.35	$655.22	$570.87
36822	Insertion of cannula(s)		C					
36823	Insertion of cannula(s)		C					
36825	Artery-vein autograft		T	0088	41.8116	$2,854.35	$655.22	$570.87
36830	Artery-vein nonautograft		T	0088	41.8116	$2,854.35	$655.22	$570.87
36831	Open thrombect av fistula		T	0088	41.8116	$2,854.35	$655.22	$570.87
36832	Av fistula revision, open		T	0088	41.8116	$2,854.35	$655.22	$570.87
36833	Av fistula revision		T	0088	41.8116	$2,854.35	$655.22	$570.87
36835	Artery to vein shunt		T	0115	33.3074	$2,273.80	.	$454.76
36838	Dist revas ligation, hemo		T	0088	41.8116	$2,854.35	$655.22	$570.87
36860	External cannula declotting		T	0676	2.3844	$162.78	.	$32.56
36861	Cannula declotting		T	0115	33.3074	$2,273.80	.	$454.76
36870	Percut thrombect av fistula		T	0653	44.7437	$3,054.52	.	$610.91
37140	Revision of circulation		C					
37145	Revision of circulation		C					
37160	Revision of circulation		C					
37180	Revision of circulation		C					
37181	Splice spleen/kidney veins		C					
37182	Insert hepatic shunt (tips)		C					
37183	Remove hepatic shunt (tips)		T	0229	96.8443	$6,611.27	.	$1,322.26
37184	Prim art mech thrombectomy		T	0088	41.8116	$2,854.35	$655.22	$570.87
37185	Prim art m-thrombect add-on		T	0088	41.8116	$2,854.35	$655.22	$570.87
37186	Sec art m-thrombect add-on		T	0088	41.8116	$2,854.35	$655.22	$570.87
37187	Venous mech thrombectomy		T	0088	41.8116	$2,854.35	$655.22	$570.87
37188	Venous m-thrombectomy add-on		T	0088	41.8116	$2,854.35	$655.22	$570.87
37195	Thrombolytic therapy, stroke		T	0676	2.3844	$162.78	.	$32.56
37200	Transcatheter biopsy		T	0623	30.8594	$2,106.68	.	$421.34

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
37201	Transcatheter therapy infuse		T	0103	19.1796	$1,309.33	.	$261.87
37202	Transcatheter therapy infuse		T	0103	19.1796	$1,309.33	.	$261.87
37203	Transcatheter retrieval		T	0623	30.8594	$2,106.68	.	$421.34
37204	Transcatheter occlusion		T	0082	97.8929	$6,682.85	.	$1,336.57
37205	Transcath iv stent, percut		T	0229	96.8443	$6,611.27	.	$1,322.26
37206	Transcath iv stent/perc addl		T	0229	96.8443	$6,611.27	.	$1,322.26
37207	Transcath iv stent, open		T	0229	96.8443	$6,611.27	.	$1,322.26
37208	Transcath iv stent/open addl		T	0229	96.8443	$6,611.27	.	$1,322.26
37209	Change iv cath at thromb tx		T	0623	30.8594	$2,106.68	.	$421.34
37210	Embolization uterine fibroid		T	0229	96.8443	$6,611.27	.	$1,322.26
37215	Transcath stent, cca w/eps		C					
37216	Transcath stent, cca w/o eps		E					
37250	Iv us first vessel add-on		N					
37251	Iv us each add vessel add-on		N					
37500	Endoscopy ligate perf veins		T	0091	44.4254	$3,032.79	.	$606.56
37501	Vascular endoscopy procedure		T	0092	27.5456	$1,880.46	.	$376.10
37565	Ligation of neck vein		T	0093	36.5266	$2,493.56	.	$498.72
37600	Ligation of neck artery		T	0093	36.5266	$2,493.56	.	$498.72
37605	Ligation of neck artery		T	0091	44.4254	$3,032.79	.	$606.56
37606	Ligation of neck artery		T	0092	27.5456	$1,880.46	.	$376.10
37607	Ligation of a-v fistula		T	0092	27.5456	$1,880.46	.	$376.10
37609	Temporal artery procedure		T	0021	18.2223	$1,243.98	.	$248.80
37615	Ligation of neck artery		T	0092	27.5456	$1,880.46	.	$376.10
37616	Ligation of chest artery		C					
37617	Ligation of abdomen artery		C					
37618	Ligation of extremity artery		C					
37620	Revision of major vein		T	0091	44.4254	$3,032.79	.	$606.56
37650	Revision of major vein		T	0092	27.5456	$1,880.46	.	$376.10
37660	Revision of major vein		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
37700	Revise leg vein		T	0092	27.5456	$1,880.46	.	$376.10
37718	Ligate/strip short leg vein		T	0092	27.5456	$1,880.46	.	$376.10
37722	Ligate/strip long leg vein		T	0091	44.4254	$3,032.79	.	$606.56
37735	Removal of leg veins/lesion		T	0091	44.4254	$3,032.79	.	$606.56
37760	Ligate leg veins radical		T	0092	27.5456	$1,880.46	.	$376.10
37761	Ligate leg veins open		T	0092	27.5456	$1,880.46	.	$376.10
37765	Phleb veins - extrem - to 20		T	0092	27.5456	$1,880.46	.	$376.10
37766	Phleb veins - extrem 20+		T	0092	27.5456	$1,880.46	.	$376.10
37780	Revision of leg vein		T	0092	27.5456	$1,880.46	.	$376.10
37785	Ligate/divide/excise vein		T	0092	27.5456	$1,880.46	.	$376.10
37788	Revascularization, penis		C					
37790	Penile venous occlusion		T	0181	36.4186	$2,486.19	$620.84	$497.24
37799	Vascular surgery procedure		X	0624	0.6338	$43.27	$12.65	$8.66
38100	Removal of spleen, total		C					
38101	Removal of spleen, partial		C					
38102	Removal of spleen, total		C					
38115	Repair of ruptured spleen		C					
38120	Laparoscopy, splenectomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
38129	Laparoscope proc, spleen		T	0130	38.7195	$2,643.26	$659.53	$528.66
38200	Injection for spleen x-ray		N					
38204	Bl donor search management		N					
38205	Harvest allogenic stem cells		B					
38206	Harvest auto stem cells		S	0111	12.5247	$855.02	$198.40	$171.01
38207	Cryopreserve stem cells		S	0110	3.4107	$232.84	.	$46.57
38208	Thaw preserved stem cells		S	0110	3.4107	$232.84	.	$46.57
38209	Wash harvest stem cells		S	0110	3.4107	$232.84	.	$46.57
38210	T-cell depletion of harvest		S	0393	5.877	$401.21	.	$80.25
38211	Tumor cell deplete of harvst		S	0393	5.877	$401.21	.	$80.25
38212	Rbc depletion of harvest		S	0393	5.877	$401.21	.	$80.25

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
38213	Platelet deplete of harvest		S	0393	5.877	$401.21	.	$80.25
38214	Volume deplete of harvest		S	0393	5.877	$401.21	.	$80.25
38215	Harvest stem cell concentrte		S	0393	5.877	$401.21	.	$80.25
38220	Bone marrow aspiration		T	0003	3.6353	$248.17	.	$49.64
38221	Bone marrow biopsy		T	0003	3.6353	$248.17	.	$49.64
38230	Bone marrow collection		S	0112	33.8904	$2,313.60	.	$462.72
38240	Bone marrow/stem transplant		S	0112	33.8904	$2,313.60	.	$462.72
38241	Bone marrow/stem transplant		S	0112	33.8904	$2,313.60	.	$462.72
38242	Lymphocyte infuse transplant		S	0111	12.5247	$855.02	$198.40	$171.01
38300	Drainage, lymph node lesion		T	0007	13.3268	$909.78	.	$181.96
38305	Drainage, lymph node lesion		T	0008	20.2481	$1,382.28	.	$276.46
38308	Incision of lymph channels		T	0113	25.2939	$1,726.74	.	$345.35
38380	Thoracic duct procedure		C					
38381	Thoracic duct procedure		C					
38382	Thoracic duct procedure		C					
38500	Biopsy/removal, lymph nodes		T	0113	25.2939	$1,726.74	.	$345.35
38505	Needle biopsy, lymph nodes		T	0005	8.16	$557.06	.	$111.42
38510	Biopsy/removal, lymph nodes		T	0113	25.2939	$1,726.74	.	$345.35
38520	Biopsy/removal, lymph nodes		T	0113	25.2939	$1,726.74	.	$345.35
38525	Biopsy/removal, lymph nodes		T	0113	25.2939	$1,726.74	.	$345.35
38530	Biopsy/removal, lymph nodes		T	0113	25.2939	$1,726.74	.	$345.35
38542	Explore deep node(s), neck		T	0114	50.9844	$3,480.55	.	$696.11
38550	Removal, neck/armpit lesion		T	0113	25.2939	$1,726.74	.	$345.35
38555	Removal, neck/armpit lesion		T	0113	25.2939	$1,726.74	.	$345.35
38562	Removal, pelvic lymph nodes		C					
38564	Removal, abdomen lymph nodes		C					
38570	Laparoscopy, lymph node biop		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
38571	Laparoscopy, lymphadenectomy		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
38572	Laparoscopy, lymphadenectomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
38589	Laparoscope proc, lymphatic		T	0130	38.7195	$2,643.26	$659.53	$528.66
38700	Removal of lymph nodes, neck		T	0113	25.2939	$1,726.74	.	$345.35
38720	Removal of lymph nodes, neck		T	0113	25.2939	$1,726.74	.	$345.35
38724	Removal of lymph nodes, neck		C					
38740	Remove armpit lymph nodes		T	0114	50.9844	$3,480.55	.	$696.11
38745	Remove armpit lymph nodes		T	0114	50.9844	$3,480.55	.	$696.11
38746	Remove thoracic lymph nodes		C					
38747	Remove abdominal lymph nodes		C					
38760	Remove groin lymph nodes		T	0113	25.2939	$1,726.74	.	$345.35
38765	Remove groin lymph nodes		C					
38770	Remove pelvis lymph nodes		C					
38780	Remove abdomen lymph nodes		C					
38790	Inject for lymphatic x-ray		N					
38792	Identify sentinel node		Q1	0392	2.6029	$177.69	$43.31	$35.54
38794	Access thoracic lymph duct		N					
38999	Blood/lymph system procedure		S	0110	3.4107	$232.84	.	$46.57
39000	Exploration of chest		C					
39010	Exploration of chest		C					
39200	Removal chest lesion		C					
39220	Removal chest lesion		C					
39400	Visualization of chest		T	0069	35.4455	$2,419.76	$591.64	$483.96
39499	Chest procedure		C					
39501	Repair diaphragm laceration		C					
39502	Repair paraesophageal hernia		C					
39503	Repair of diaphragm hernia		C					
39520	Repair of diaphragm hernia		C					
39530	Repair of diaphragm hernia		C					
39531	Repair of diaphragm hernia		C					
39540	Repair of diaphragm hernia		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
39541	Repair of diaphragm hernia		C					
39545	Revision of diaphragm		C					
39560	Resect diaphragm, simple		C					
39561	Resect diaphragm, complex		C					
39599	Diaphragm surgery procedure		C					
40490	Biopsy of lip		T	0251	3.4369	$234.63	.	$46.93
40500	Partial excision of lip		T	0253	17.4151	$1,188.88	$282.29	$237.78
40510	Partial excision of lip		T	0254	25.5397	$1,743.52	.	$348.71
40520	Partial excision of lip		T	0253	17.4151	$1,188.88	$282.29	$237.78
40525	Reconstruct lip with flap		T	0254	25.5397	$1,743.52	.	$348.71
40527	Reconstruct lip with flap		T	0254	25.5397	$1,743.52	.	$348.71
40530	Partial removal of lip		T	0254	25.5397	$1,743.52	.	$348.71
40650	Repair lip		T	0252	7.8743	$537.55	$109.16	$107.51
40652	Repair lip		T	0252	7.8743	$537.55	$109.16	$107.51
40654	Repair lip		T	0252	7.8743	$537.55	$109.16	$107.51
40700	Repair cleft lip/nasal		T	0256	44.8441	$3,061.37	.	$612.28
40701	Repair cleft lip/nasal		T	0256	44.8441	$3,061.37	.	$612.28
40702	Repair cleft lip/nasal		T	0256	44.8441	$3,061.37	.	$612.28
40720	Repair cleft lip/nasal		T	0256	44.8441	$3,061.37	.	$612.28
40761	Repair cleft lip/nasal		T	0256	44.8441	$3,061.37	.	$612.28
40799	Lip surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
40800	Drainage of mouth lesion		T	0006	1.4939	$101.98	.	$20.40
40801	Drainage of mouth lesion		T	0252	7.8743	$537.55	$109.16	$107.51
40804	Removal, foreign body, mouth		X	0340	0.6899	$47.10	.	$9.42
40805	Removal, foreign body, mouth		T	0252	7.8743	$537.55	$109.16	$107.51
40806	Incision of lip fold		T	0251	3.4369	$234.63	.	$46.93
40808	Biopsy of mouth lesion		T	0251	3.4369	$234.63	.	$46.93
40810	Excision of mouth lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
40812	Excise/repair mouth lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
40814	Excise/repair mouth lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
40816	Excision of mouth lesion		T	0254	25.5397	$1,743.52	.	$348.71
40818	Excise oral mucosa for graft		T	0251	3.4369	$234.63	.	$46.93
40819	Excise lip or cheek fold		T	0252	7.8743	$537.55	$109.16	$107.51
40820	Treatment of mouth lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
40830	Repair mouth laceration		T	0251	3.4369	$234.63	.	$46.93
40831	Repair mouth laceration		T	0252	7.8743	$537.55	$109.16	$107.51
40840	Reconstruction of mouth		T	0254	25.5397	$1,743.52	.	$348.71
40842	Reconstruction of mouth		T	0254	25.5397	$1,743.52	.	$348.71
40843	Reconstruction of mouth		T	0254	25.5397	$1,743.52	.	$348.71
40844	Reconstruction of mouth		T	0256	44.8441	$3,061.37	.	$612.28
40845	Reconstruction of mouth		T	0256	44.8441	$3,061.37	.	$612.28
40899	Mouth surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
41000	Drainage of mouth lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41005	Drainage of mouth lesion		T	0251	3.4369	$234.63	.	$46.93
41006	Drainage of mouth lesion		T	0254	25.5397	$1,743.52	.	$348.71
41007	Drainage of mouth lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41008	Drainage of mouth lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41009	Drainage of mouth lesion		T	0251	3.4369	$234.63	.	$46.93
41010	Incision of tongue fold		T	0252	7.8743	$537.55	$109.16	$107.51
41015	Drainage of mouth lesion		T	0251	3.4369	$234.63	.	$46.93
41016	Drainage of mouth lesion		T	0252	7.8743	$537.55	$109.16	$107.51
41017	Drainage of mouth lesion		T	0252	7.8743	$537.55	$109.16	$107.51
41018	Drainage of mouth lesion		T	0252	7.8743	$537.55	$109.16	$107.51
41019	Place needles h&n for rt		T	0254	25.5397	$1,743.52	.	$348.71
41100	Biopsy of tongue		T	0252	7.8743	$537.55	$109.16	$107.51
41105	Biopsy of tongue		T	0253	17.4151	$1,188.88	$282.29	$237.78
41108	Biopsy of floor of mouth		T	0019	4.9184	$335.76	.	$67.16
41110	Excision of tongue lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
41112	Excision of tongue lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41113	Excision of tongue lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41114	Excision of tongue lesion		T	0254	25.5397	$1,743.52	.	$348.71
41115	Excision of tongue fold		T	0252	7.8743	$537.55	$109.16	$107.51
41116	Excision of mouth lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41120	Partial removal of tongue		T	0254	25.5397	$1,743.52	.	$348.71
41130	Partial removal of tongue		C					
41135	Tongue and neck surgery		C					
41140	Removal of tongue		C					
41145	Tongue removal, neck surgery		C					
41150	Tongue, mouth, jaw surgery		C					
41153	Tongue, mouth, neck surgery		C					
41155	Tongue, jaw, & neck surgery		C					
41250	Repair tongue laceration		T	0250	1.1743	$80.17	$25.10	$16.04
41251	Repair tongue laceration		T	0251	3.4369	$234.63	.	$46.93
41252	Repair tongue laceration		T	0252	7.8743	$537.55	$109.16	$107.51
41500	Fixation of tongue		T	0254	25.5397	$1,743.52	.	$348.71
41510	Tongue to lip surgery		T	0253	17.4151	$1,188.88	$282.29	$237.78
41512	Tongue suspension		T	0252	7.8743	$537.55	$109.16	$107.51
41520	Reconstruction, tongue fold		T	0252	7.8743	$537.55	$109.16	$107.51
41530	Tongue base vol reduction		T	0254	25.5397	$1,743.52	.	$348.71
41599	Tongue and mouth surgery		T	0250	1.1743	$80.17	$25.10	$16.04
41800	Drainage of gum lesion		T	0006	1.4939	$101.98	.	$20.40
41805	Removal foreign body, gum		T	0254	25.5397	$1,743.52	.	$348.71
41806	Removal foreign body,jawbone		T	0253	17.4151	$1,188.88	$282.29	$237.78
41820	Excision, gum, each quadrant		T	0252	7.8743	$537.55	$109.16	$107.51
41821	Excision of gum flap		T	0252	7.8743	$537.55	$109.16	$107.51
41822	Excision of gum lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41823	Excision of gum lesion		T	0254	25.5397	$1,743.52	.	$348.71

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	Short Descriptor	CI	SI	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
41825	Excision of gum lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41826	Excision of gum lesion		T	0254	25.5397	$1,743.52	.	$348.71
41827	Excision of gum lesion		T	0254	25.5397	$1,743.52	.	$348.71
41828	Excision of gum lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41830	Removal of gum tissue		T	0253	17.4151	$1,188.88	$282.29	$237.78
41850	Treatment of gum lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
41870	Gum graft		T	0254	25.5397	$1,743.52	.	$348.71
41872	Repair gum		T	0253	17.4151	$1,188.88	$282.29	$237.78
41874	Repair tooth socket		T	0254	25.5397	$1,743.52	.	$348.71
41899	Dental surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
42000	Drainage mouth roof lesion		T	0251	3.4369	$234.63	.	$46.93
42100	Biopsy roof of mouth		T	0252	7.8743	$537.55	$109.16	$107.51
42104	Excision lesion, mouth roof		T	0253	17.4151	$1,188.88	$282.29	$237.78
42106	Excision lesion, mouth roof		T	0253	17.4151	$1,188.88	$282.29	$237.78
42107	Excision lesion, mouth roof		T	0254	25.5397	$1,743.52	.	$348.71
42120	Remove palate/lesion		T	0256	44.8441	$3,061.37	.	$612.28
42140	Excision of uvula		T	0252	7.8743	$537.55	$109.16	$107.51
42145	Repair palate, pharynx/uvula		T	0254	25.5397	$1,743.52	.	$348.71
42160	Treatment mouth roof lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
42180	Repair palate		T	0251	3.4369	$234.63	.	$46.93
42182	Repair palate		T	0256	44.8441	$3,061.37	.	$612.28
42200	Reconstruct cleft palate		T	0256	44.8441	$3,061.37	.	$612.28
42205	Reconstruct cleft palate		T	0256	44.8441	$3,061.37	.	$612.28
42210	Reconstruct cleft palate		T	0256	44.8441	$3,061.37	.	$612.28
42215	Reconstruct cleft palate		T	0256	44.8441	$3,061.37	.	$612.28
42220	Reconstruct cleft palate		T	0256	44.8441	$3,061.37	.	$612.28
42225	Reconstruct cleft palate		T	0256	44.8441	$3,061.37	.	$612.28
42226	Lengthening of palate		T	0256	44.8441	$3,061.37	.	$612.28
42227	Lengthening of palate		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
42235	Repair palate		T	0253	17.4151	$1,188.88	$282.29	$237.78
42260	Repair nose to lip fistula		T	0254	25.5397	$1,743.52	.	$348.71
42280	Preparation, palate mold		T	0251	3.4369	$234.63	.	$46.93
42281	Insertion, palate prosthesis		T	0253	17.4151	$1,188.88	$282.29	$237.78
42299	Palate/uvula surgery		T	0250	1.1743	$80.17	$25.10	$16.04
42300	Drainage of salivary gland		T	0253	17.4151	$1,188.88	$282.29	$237.78
42305	Drainage of salivary gland		T	0253	17.4151	$1,188.88	$282.29	$237.78
42310	Drainage of salivary gland		T	0251	3.4369	$234.63	.	$46.93
42320	Drainage of salivary gland		T	0251	3.4369	$234.63	.	$46.93
42330	Removal of salivary stone		T	0253	17.4151	$1,188.88	$282.29	$237.78
42335	Removal of salivary stone		T	0253	17.4151	$1,188.88	$282.29	$237.78
42340	Removal of salivary stone		T	0253	17.4151	$1,188.88	$282.29	$237.78
42400	Biopsy of salivary gland		T	0005	8.16	$557.06	.	$111.42
42405	Biopsy of salivary gland		T	0254	25.5397	$1,743.52	.	$348.71
42408	Excision of salivary cyst		T	0253	17.4151	$1,188.88	$282.29	$237.78
42409	Drainage of salivary cyst		T	0253	17.4151	$1,188.88	$282.29	$237.78
42410	Excise parotid gland/lesion		T	0256	44.8441	$3,061.37	.	$612.28
42415	Excise parotid gland/lesion		T	0256	44.8441	$3,061.37	.	$612.28
42420	Excise parotid gland/lesion		T	0256	44.8441	$3,061.37	.	$612.28
42425	Excise parotid gland/lesion		T	0256	44.8441	$3,061.37	.	$612.28
42426	Excise parotid gland/lesion		C					
42440	Excise submaxillary gland		T	0256	44.8441	$3,061.37	.	$612.28
42450	Excise sublingual gland		T	0254	25.5397	$1,743.52	.	$348.71
42500	Repair salivary duct		T	0254	25.5397	$1,743.52	.	$348.71
42505	Repair salivary duct		T	0256	44.8441	$3,061.37	.	$612.28
42507	Parotid duct diversion		T	0256	44.8441	$3,061.37	.	$612.28
42508	Parotid duct diversion		T	0256	44.8441	$3,061.37	.	$612.28
42509	Parotid duct diversion		T	0256	44.8441	$3,061.37	.	$612.28
42510	Parotid duct diversion		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
42550	Injection for salivary x-ray		N					
42600	Closure of salivary fistula		T	0253	17.4151	$1,188.88	$282.29	$237.78
42650	Dilation of salivary duct		T	0252	7.8743	$537.55	$109.16	$107.51
42660	Dilation of salivary duct		T	0251	3.4369	$234.63	.	$46.93
42665	Ligation of salivary duct		T	0254	25.5397	$1,743.52	.	$348.71
42699	Salivary surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
42700	Drainage of tonsil abscess		T	0251	3.4369	$234.63	.	$46.93
42720	Drainage of throat abscess		T	0253	17.4151	$1,188.88	$282.29	$237.78
42725	Drainage of throat abscess		T	0256	44.8441	$3,061.37	.	$612.28
42800	Biopsy of throat	CH	T	0252	7.8743	$537.55	$109.16	$107.51
42802	Biopsy of throat		T	0253	17.4151	$1,188.88	$282.29	$237.78
42804	Biopsy of upper nose/throat		T	0253	17.4151	$1,188.88	$282.29	$237.78
42806	Biopsy of upper nose/throat		T	0254	25.5397	$1,743.52	.	$348.71
42808	Excise pharynx lesion		T	0254	25.5397	$1,743.52	.	$348.71
42809	Remove pharynx foreign body		X	0340	0.6899	$47.10	.	$9.42
42810	Excision of neck cyst		T	0254	25.5397	$1,743.52	.	$348.71
42815	Excision of neck cyst		T	0256	44.8441	$3,061.37	.	$612.28
42820	Remove tonsils and adenoids		T	0254	25.5397	$1,743.52	.	$348.71
42821	Remove tonsils and adenoids		T	0254	25.5397	$1,743.52	.	$348.71
42825	Removal of tonsils		T	0254	25.5397	$1,743.52	.	$348.71
42826	Removal of tonsils		T	0254	25.5397	$1,743.52	.	$348.71
42830	Removal of adenoids		T	0254	25.5397	$1,743.52	.	$348.71
42831	Removal of adenoids		T	0254	25.5397	$1,743.52	.	$348.71
42835	Removal of adenoids		T	0254	25.5397	$1,743.52	.	$348.71
42836	Removal of adenoids		T	0254	25.5397	$1,743.52	.	$348.71
42842	Extensive surgery of throat		T	0254	25.5397	$1,743.52	.	$348.71
42844	Extensive surgery of throat		T	0256	44.8441	$3,061.37	.	$612.28
42845	Extensive surgery of throat		C					
42860	Excision of tonsil tags		T	0254	25.5397	$1,743.52	.	$348.71

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
42870	Excision of lingual tonsil		T	0254	25.5397	$1,743.52	.	$348.71
42890	Partial removal of pharynx		T	0256	44.8441	$3,061.37	.	$612.28
42892	Revision of pharyngeal walls		T	0256	44.8441	$3,061.37	.	$612.28
42894	Revision of pharyngeal walls		C					
42900	Repair throat wound		T	0252	7.8743	$537.55	$109.16	$107.51
42950	Reconstruction of throat		T	0254	25.5397	$1,743.52	.	$348.71
42953	Repair throat, esophagus		C					
42955	Surgical opening of throat		T	0254	25.5397	$1,743.52	.	$348.71
42960	Control throat bleeding		T	0250	1.1743	$80.17	$25.10	$16.04
42961	Control throat bleeding		C					
42962	Control throat bleeding		T	0256	44.8441	$3,061.37	.	$612.28
42970	Control nose/throat bleeding		T	0250	1.1743	$80.17	$25.10	$16.04
42971	Control nose/throat bleeding		C					
42972	Control nose/throat bleeding		T	0253	17.4151	$1,188.88	$282.29	$237.78
42999	Throat surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
43020	Incision of esophagus		T	0252	7.8743	$537.55	$109.16	$107.51
43030	Throat muscle surgery		T	0253	17.4151	$1,188.88	$282.29	$237.78
43045	Incision of esophagus		C					
43100	Excision of esophagus lesion		C					
43101	Excision of esophagus lesion		C					
43107	Removal of esophagus		C					
43108	Removal of esophagus		C					
43112	Removal of esophagus		C					
43113	Removal of esophagus		C					
43116	Partial removal of esophagus		C					
43117	Partial removal of esophagus		C					
43118	Partial removal of esophagus		C					
43121	Partial removal of esophagus		C					
43122	Partial removal of esophagus		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
43123	Partial removal of esophagus		C					
43124	Removal of esophagus		C					
43130	Removal of esophagus pouch		T	0256	44.8441	$3,061.37	.	$612.28
43135	Removal of esophagus pouch		C					
43200	Esophagus endoscopy		T	0141	8.8811	$606.29	$143.38	$121.26
43201	Esoph scope w/submucous inj		T	0141	8.8811	$606.29	$143.38	$121.26
43202	Esophagus endoscopy, biopsy		T	0141	8.8811	$606.29	$143.38	$121.26
43204	Esoph scope w/sclerosis inj		T	0141	8.8811	$606.29	$143.38	$121.26
43205	Esophagus endoscopy/ligation		T	0141	8.8811	$606.29	$143.38	$121.26
43215	Esophagus endoscopy		T	0141	8.8811	$606.29	$143.38	$121.26
43216	Esophagus endoscopy/lesion	CH	T	0422	16.3107	$1,113.48	$271.47	$222.70
43217	Esophagus endoscopy		T	0141	8.8811	$606.29	$143.38	$121.26
43219	Esophagus endoscopy		T	0384	27.4802	$1,875.99	.	$375.20
43220	Esoph endoscopy, dilation		T	0141	8.8811	$606.29	$143.38	$121.26
43226	Esoph endoscopy, dilation		T	0141	8.8811	$606.29	$143.38	$121.26
43227	Esoph endoscopy, repair		T	0141	8.8811	$606.29	$143.38	$121.26
43228	Esoph endoscopy, ablation		T	0422	16.3107	$1,113.48	$271.47	$222.70
43231	Esoph endoscopy w/us exam		T	0141	8.8811	$606.29	$143.38	$121.26
43232	Esoph endoscopy w/us fn bx		T	0141	8.8811	$606.29	$143.38	$121.26
43234	Upper GI endoscopy, exam		T	0141	8.8811	$606.29	$143.38	$121.26
43235	Uppr gi endoscopy, diagnosis		T	0141	8.8811	$606.29	$143.38	$121.26
43236	Uppr gi scope w/submuc inj		T	0141	8.8811	$606.29	$143.38	$121.26
43237	Endoscopic us exam, esoph		T	0141	8.8811	$606.29	$143.38	$121.26
43238	Uppr gi endoscopy w/us fn bx		T	0141	8.8811	$606.29	$143.38	$121.26
43239	Upper GI endoscopy, biopsy		T	0141	8.8811	$606.29	$143.38	$121.26
43240	Esoph endoscope w/drain cyst		T	0141	8.8811	$606.29	$143.38	$121.26
43241	Upper GI endoscopy with tube		T	0141	8.8811	$606.29	$143.38	$121.26
43242	Uppr gi endoscopy w/us fn bx	CH	T	0422	16.3107	$1,113.48	$271.47	$222.70
43243	Upper gi endoscopy & inject		T	0141	8.8811	$606.29	$143.38	$121.26

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
43244	Upper GI endoscopy/ligation		T	0141	8.8811	$606.29	$143.38	$121.26
43245	Uppr gi scope dilate strictr		T	0141	8.8811	$606.29	$143.38	$121.26
43246	Place gastrostomy tube		T	0141	8.8811	$606.29	$143.38	$121.26
43247	Operative upper GI endoscopy		T	0141	8.8811	$606.29	$143.38	$121.26
43248	Uppr gi endoscopy/guide wire		T	0141	8.8811	$606.29	$143.38	$121.26
43249	Esoph endoscopy, dilation		T	0141	8.8811	$606.29	$143.38	$121.26
43250	Upper GI endoscopy/tumor		T	0141	8.8811	$606.29	$143.38	$121.26
43251	Operative upper GI endoscopy		T	0141	8.8811	$606.29	$143.38	$121.26
43255	Operative upper GI endoscopy		T	0141	8.8811	$606.29	$143.38	$121.26
43256	Uppr gi endoscopy w/stent		T	0384	27.4802	$1,875.99	.	$375.20
43257	Uppr gi scope w/thrml txmnt		T	0422	16.3107	$1,113.48	$271.47	$222.70
43258	Operative upper GI endoscopy		T	0141	8.8811	$606.29	$143.38	$121.26
43259	Endoscopic ultrasound exam		T	0141	8.8811	$606.29	$143.38	$121.26
43260	Endo cholangiopancreatograph		T	0151	23.0632	$1,574.46	.	$314.90
43261	Endo cholangiopancreatograph		T	0151	23.0632	$1,574.46	.	$314.90
43262	Endo cholangiopancreatograph		T	0151	23.0632	$1,574.46	.	$314.90
43263	Endo cholangiopancreatograph		T	0151	23.0632	$1,574.46	.	$314.90
43264	Endo cholangiopancreatograph		T	0151	23.0632	$1,574.46	.	$314.90
43265	Endo cholangiopancreatograph		T	0151	23.0632	$1,574.46	.	$314.90
43267	Endo cholangiopancreatograph		T	0151	23.0632	$1,574.46	.	$314.90
43268	Endo cholangiopancreatograph		T	0384	27.4802	$1,875.99	.	$375.20
43269	Endo cholangiopancreatograph		T	0384	27.4802	$1,875.99	.	$375.20
43271	Endo cholangiopancreatograph		T	0151	23.0632	$1,574.46	.	$314.90
43272	Endo cholangiopancreatograph		T	0151	23.0632	$1,574.46	.	$314.90
43273	Endoscopic pancreatoscopy		T	0151	23.0632	$1,574.46	.	$314.90
43279	Lap myotomy, heller		C					
43280	Laparoscopy, fundoplasty		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
43281	Lap paraesophag hern repair		C					
43282	Lap paraesoph her rpr w/mesh		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
43289	Laparoscope proc, esoph		T	0130	38.7195	$2,643.26	$659.53	$528.66
43300	Repair of esophagus		C					
43305	Repair esophagus and fistula		C					
43310	Repair of esophagus		C					
43312	Repair esophagus and fistula		C					
43313	Esophagoplasty congenital		C					
43314	Tracheo-esophagoplasty cong		C					
43320	Fuse esophagus & stomach		C					
43324	Revise esophagus & stomach		C					
43325	Revise esophagus & stomach		C					
43326	Revise esophagus & stomach		C					
43330	Repair of esophagus		C					
43331	Repair of esophagus		C					
43340	Fuse esophagus & intestine		C					
43341	Fuse esophagus & intestine		C					
43350	Surgical opening, esophagus		C					
43351	Surgical opening, esophagus		C					
43352	Surgical opening, esophagus		C					
43360	Gastrointestinal repair		C					
43361	Gastrointestinal repair		C					
43400	Ligate esophagus veins		C					
43401	Esophagus surgery for veins		C					
43405	Ligate/staple esophagus		C					
43410	Repair esophagus wound		C					
43415	Repair esophagus wound		C					
43420	Repair esophagus opening		T	0254	25.5397	$1,743.52	.	$348.71
43425	Repair esophagus opening		C					
43450	Dilate esophagus		T	0140	6.4279	$438.81	.	$87.77
43453	Dilate esophagus		T	0140	6.4279	$438.81	.	$87.77

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
43456	Dilate esophagus		T	0140	6.4279	$438.81	.	$87.77
43458	Dilate esophagus		T	0141	8.8811	$606.29	$143.38	$121.26
43460	Pressure treatment esophagus		C					
43496	Free jejunum flap, microvasc		C					
43499	Esophagus surgery procedure		T	0141	8.8811	$606.29	$143.38	$121.26
43500	Surgical opening of stomach		C					
43501	Surgical repair of stomach		C					
43502	Surgical repair of stomach		C					
43510	Surgical opening of stomach	CH	T	0422	16.3107	$1,113.48	$271.47	$222.70
43520	Incision of pyloric muscle		C					
43600	Biopsy of stomach		T	0141	8.8811	$606.29	$143.38	$121.26
43605	Biopsy of stomach		C					
43610	Excision of stomach lesion		C					
43611	Excision of stomach lesion		C					
43620	Removal of stomach		C					
43621	Removal of stomach		C					
43622	Removal of stomach		C					
43631	Removal of stomach, partial		C					
43632	Removal of stomach, partial		C					
43633	Removal of stomach, partial		C					
43634	Removal of stomach, partial		C					
43635	Removal of stomach, partial		C					
43640	Vagotomy & pylorus repair		C					
43641	Vagotomy & pylorus repair		C					
43644	Lap gastric bypass/roux-en-y		C					
43645	Lap gastr bypass incl smll i		C					
43647	Lap impl electrode, antrum		S	0061	88.8954	$6,068.62	.	$1,213.73
43648	Lap revise/remv eltrd antrum		T	0130	38.7195	$2,643.26	$659.53	$528.66
43651	Laparoscopy, vagus nerve		T	0132	71.1086	$4,854.37	$1,226.23	$970.88

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
43652	Laparoscopy, vagus nerve		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
43653	Laparoscopy, gastrostomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
43659	Laparoscope proc, stom		T	0130	38.7195	$2,643.26	$659.53	$528.66
43752	Nasal/orogastric w/stent		X	0272	1.2472	$85.14	$31.07	$17.03
43760	Change gastrostomy tube		T	0676	2.3844	$162.78	.	$32.56
43761	Reposition gastrostomy tube		T	0141	8.8811	$606.29	$143.38	$121.26
43770	Lap place gastr adj device		C					
43771	Lap revise gastr adj device		C					
43772	Lap rmvl gastr adj device		C					
43773	Lap replace gastr adj device		C					
43774	Lap rmvl gastr adj all parts		C					
43775	Lap sleeve gastrectomy		C					
43800	Reconstruction of pylorus		C					
43810	Fusion of stomach and bowel		C					
43820	Fusion of stomach and bowel		C					
43825	Fusion of stomach and bowel		C					
43830	Place gastrostomy tube		T	0422	16.3107	$1,113.48	$271.47	$222.70
43831	Place gastrostomy tube		T	0141	8.8811	$606.29	$143.38	$121.26
43832	Place gastrostomy tube		C					
43840	Repair of stomach lesion		C					
43842	V-band gastroplasty		E					
43843	Gastroplasty w/o v-band		C					
43845	Gastroplasty duodenal switch		C					
43846	Gastric bypass for obesity		C					
43847	Gastric bypass incl small i		C					
43848	Revision gastroplasty		C					
43850	Revise stomach-bowel fusion		C					
43855	Revise stomach-bowel fusion		C					
43860	Revise stomach-bowel fusion		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
43865	Revise stomach-bowel fusion		C					
43870	Repair stomach opening	CH	T	0422	16.3107	$1,113.48	$271.47	$222.70
43880	Repair stomach-bowel fistula		C					
43881	Impl/redo electrd, antrum		C					
43882	Revise/remove electrd antrum		C					
43886	Revise gastric port, open		T	0137	22.1186	$1,509.97	.	$302.00
43887	Remove gastric port, open		T	0135	4.6616	$318.23	.	$63.65
43888	Change gastric port, open		T	0137	22.1186	$1,509.97	.	$302.00
43999	Stomach surgery procedure		T	0141	8.8811	$606.29	$143.38	$121.26
44005	Freeing of bowel adhesion		C					
44010	Incision of small bowel		C					
44015	Insert needle cath bowel		C					
44020	Explore small intestine		C					
44021	Decompress small bowel		C					
44025	Incision of large bowel		C					
44050	Reduce bowel obstruction		C					
44055	Correct malrotation of bowel		C					
44100	Biopsy of bowel		T	0141	8.8811	$606.29	$143.38	$121.26
44110	Excise intestine lesion(s)		C					
44111	Excision of bowel lesion(s)		C					
44120	Removal of small intestine		C					
44121	Removal of small intestine		C					
44125	Removal of small intestine		C					
44126	Enterectomy w/o taper, cong		C					
44127	Enterectomy w/taper, cong		C					
44128	Enterectomy cong, add-on		C					
44130	Bowel to bowel fusion		C					
44132	Enterectomy, cadaver donor		C					
44133	Enterectomy, live donor		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
44135	Intestine transplnt, cadaver		C					
44136	Intestine transplant, live		C					
44137	Remove intestinal allograft		C					
44139	Mobilization of colon		C					
44140	Partial removal of colon		C					
44141	Partial removal of colon		C					
44143	Partial removal of colon		C					
44144	Partial removal of colon		C					
44145	Partial removal of colon		C					
44146	Partial removal of colon		C					
44147	Partial removal of colon		C					
44150	Removal of colon		C					
44151	Removal of colon/ileostomy		C					
44155	Removal of colon/ileostomy		C					
44156	Removal of colon/ileostomy		C					
44157	Colectomy w/ileoanal anast		C					
44158	Colectomy w/neo-rectum pouch		C					
44160	Removal of colon		C					
44180	Lap, enterolysis		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
44186	Lap, jejunostomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
44187	Lap, ileo/jejuno-stomy		C					
44188	Lap, colostomy		C					
44202	Lap, enterectomy		C					
44203	Lap resect s/intestine, addl		C					
44204	Laparo partial colectomy		C					
44205	Lap colectomy part w/ileum		C					
44206	Lap part colectomy w/stoma		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
44207	L colectomy/coloproctostomy		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
44208	L colectomy/coloproctostomy		T	0132	71.1086	$4,854.37	$1,226.23	$970.88

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
44210	Laparo total proctocolectomy		C					
44211	Lap colectomy w/proctectomy		C					
44212	Laparo total proctocolectomy		C					
44213	Lap, mobil splenic fl add-on		T	0130	38.7195	$2,643.26	$659.53	$528.66
44227	Lap, close enterostomy		C					
44238	Laparoscope proc, intestine		T	0130	38.7195	$2,643.26	$659.53	$528.66
44300	Open bowel to skin		C					
44310	Ileostomy/jejunostomy		C					
44312	Revision of ileostomy		T	0137	22.1186	$1,509.97	.	$302.00
44314	Revision of ileostomy		C					
44316	Devise bowel pouch		C					
44320	Colostomy		C					
44322	Colostomy with biopsies		C					
44340	Revision of colostomy		T	0137	22.1186	$1,509.97	.	$302.00
44345	Revision of colostomy		C					
44346	Revision of colostomy		C					
44360	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44361	Small bowel endoscopy/biopsy		T	0142	10.1443	$692.52	$152.78	$138.51
44363	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44364	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44365	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44366	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44369	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44370	Small bowel endoscopy/stent		T	0384	27.4802	$1,875.99	.	$375.20
44372	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44373	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44376	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44377	Small bowel endoscopy/biopsy		T	0142	10.1443	$692.52	$152.78	$138.51
44378	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
44379	S bowel endoscope w/stent		T	0384	27.4802	$1,875.99	.	$375.20
44380	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44382	Small bowel endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
44383	Ileoscopy w/stent		T	0384	27.4802	$1,875.99	.	$375.20
44385	Endoscopy of bowel pouch		T	0143	9.3206	$636.29	$186.06	$127.26
44386	Endoscopy, bowel pouch/biop		T	0143	9.3206	$636.29	$186.06	$127.26
44388	Colonoscopy		T	0143	9.3206	$636.29	$186.06	$127.26
44389	Colonoscopy with biopsy		T	0143	9.3206	$636.29	$186.06	$127.26
44390	Colonoscopy for foreign body		T	0143	9.3206	$636.29	$186.06	$127.26
44391	Colonoscopy for bleeding		T	0143	9.3206	$636.29	$186.06	$127.26
44392	Colonoscopy & polypectomy		T	0143	9.3206	$636.29	$186.06	$127.26
44393	Colonoscopy, lesion removal		T	0143	9.3206	$636.29	$186.06	$127.26
44394	Colonoscopy w/snare		T	0143	9.3206	$636.29	$186.06	$127.26
44397	Colonoscopy w/stent		T	0384	27.4802	$1,875.99	.	$375.20
44500	Intro, gastrointestinal tube		T	0121	6.3264	$431.88	.	$86.38
44602	Suture, small intestine		C					
44603	Suture, small intestine		C					
44604	Suture, large intestine		C					
44605	Repair of bowel lesion		C					
44615	Intestinal stricturoplasty		C					
44620	Repair bowel opening		C					
44625	Repair bowel opening		C					
44626	Repair bowel opening		C					
44640	Repair bowel-skin fistula		C					
44650	Repair bowel fistula		C					
44660	Repair bowel-bladder fistula		C					
44661	Repair bowel-bladder fistula		C					
44680	Surgical revision, intestine		C					
44700	Suspend bowel w/prosthesis		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
44701	Intraop colon lavage add-on		N					
44715	Prepare donor intestine		C					
44720	Prep donor intestine/venous		C					
44721	Prep donor intestine/artery		C					
44799	Unlisted procedure intestine		T	0153	26.2068	$1,789.06	$368.04	$357.82
44800	Excision of bowel pouch		C					
44820	Excision of mesentery lesion		C					
44850	Repair of mesentery		C					
44899	Bowel surgery procedure		C					
44900	Drain app abscess, open		C					
44901	Drain app abscess, percut		T	0037	15.764	$1,076.16	$228.76	$215.24
44950	Appendectomy		T	0153	26.2068	$1,789.06	$368.04	$357.82
44955	Appendectomy add-on		T	0153	26.2068	$1,789.06	$368.04	$357.82
44960	Appendectomy		C					
44970	Laparoscopy, appendectomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
44979	Laparoscope proc, app		T	0130	38.7195	$2,643.26	$659.53	$528.66
45000	Drainage of pelvic abscess		T	0155	16.1014	$1,099.19	.	$219.84
45005	Drainage of rectal abscess		T	0155	16.1014	$1,099.19	.	$219.84
45020	Drainage of rectal abscess		T	0155	16.1014	$1,099.19	.	$219.84
45100	Biopsy of rectum		T	0149	24.5978	$1,679.22	.	$335.85
45108	Removal of anorectal lesion		T	0149	24.5978	$1,679.22	.	$335.85
45110	Removal of rectum		C					
45111	Partial removal of rectum		C					
45112	Removal of rectum		C					
45113	Partial proctectomy		C					
45114	Partial removal of rectum		C					
45116	Partial removal of rectum		C					
45119	Remove rectum w/reservoir		C					
45120	Removal of rectum		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
45121	Removal of rectum and colon		C					
45123	Partial proctectomy		C					
45126	Pelvic exenteration		C					
45130	Excision of rectal prolapse		C					
45135	Excision of rectal prolapse		C					
45136	Excise ileoanal reservior		C					
45150	Excision of rectal stricture		T	0149	24.5978	$1,679.22	.	$335.85
45160	Excision of rectal lesion		T	0149	24.5978	$1,679.22	.	$335.85
45171	Exc rect tum transanal part		T	0155	16.1014	$1,099.19	.	$219.84
45172	Exc rect tum transanal full		T	0149	24.5978	$1,679.22	.	$335.85
45190	Destruction, rectal tumor		T	0149	24.5978	$1,679.22	.	$335.85
45300	Proctosigmoidoscopy dx		T	0146	5.7839	$394.85	.	$78.97
45303	Proctosigmoidoscopy dilate		T	0147	9.5024	$648.70	.	$129.74
45305	Proctosigmoidoscopy w/bx		T	0147	9.5024	$648.70	.	$129.74
45307	Proctosigmoidoscopy fb		T	0428	24.5869	$1,678.47	.	$335.70
45308	Proctosigmoidoscopy removal		T	0147	9.5024	$648.70	.	$129.74
45309	Proctosigmoidoscopy removal		T	0147	9.5024	$648.70	.	$129.74
45315	Proctosigmoidoscopy removal		T	0147	9.5024	$648.70	.	$129.74
45317	Proctosigmoidoscopy bleed		T	0147	9.5024	$648.70	.	$129.74
45320	Proctosigmoidoscopy ablate		T	0428	24.5869	$1,678.47	.	$335.70
45321	Proctosigmoidoscopy volvul		T	0428	24.5869	$1,678.47	.	$335.70
45327	Proctosigmoidoscopy w/stent		T	0384	27.4802	$1,875.99	.	$375.20
45330	Diagnostic sigmoidoscopy		T	0146	5.7839	$394.85	.	$78.97
45331	Sigmoidoscopy and biopsy		T	0146	5.7839	$394.85	.	$78.97
45332	Sigmoidoscopy w/fb removal		T	0146	5.7839	$394.85	.	$78.97
45333	Sigmoidoscopy & polypectomy		T	0147	9.5024	$648.70	.	$129.74
45334	Sigmoidoscopy for bleeding		T	0147	9.5024	$648.70	.	$129.74
45335	Sigmoidoscopy w/submuc inj		T	0146	5.7839	$394.85	.	$78.97
45337	Sigmoidoscopy & decompress		T	0146	5.7839	$394.85	.	$78.97

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
45338	Sigmoidoscopy w/tumr remove		T	0147	9.5024	$648.70	.	$129.74
45339	Sigmoidoscopy w/ablate tumr		T	0147	9.5024	$648.70	.	$129.74
45340	Sig w/balloon dilation		T	0147	9.5024	$648.70	.	$129.74
45341	Sigmoidoscopy w/ultrasound		T	0147	9.5024	$648.70	.	$129.74
45342	Sigmoidoscopy w/us guide bx		T	0147	9.5024	$648.70	.	$129.74
45345	Sigmoidoscopy w/stent		T	0384	27.4802	$1,875.99	.	$375.20
45355	Surgical colonoscopy		T	0143	9.3206	$636.29	$186.06	$127.26
45378	Diagnostic colonoscopy		T	0143	9.3206	$636.29	$186.06	$127.26
45379	Colonoscopy w/fb removal		T	0143	9.3206	$636.29	$186.06	$127.26
45380	Colonoscopy and biopsy		T	0143	9.3206	$636.29	$186.06	$127.26
45381	Colonoscopy, submucous inj		T	0143	9.3206	$636.29	$186.06	$127.26
45382	Colonoscopy/control bleeding		T	0143	9.3206	$636.29	$186.06	$127.26
45383	Lesion removal colonoscopy		T	0143	9.3206	$636.29	$186.06	$127.26
45384	Lesion remove colonoscopy		T	0143	9.3206	$636.29	$186.06	$127.26
45385	Lesion removal colonoscopy		T	0143	9.3206	$636.29	$186.06	$127.26
45386	Colonoscopy dilate stricture		T	0143	9.3206	$636.29	$186.06	$127.26
45387	Colonoscopy w/stent		T	0384	27.4802	$1,875.99	.	$375.20
45391	Colonoscopy w/endoscope us		T	0143	9.3206	$636.29	$186.06	$127.26
45392	Colonoscopy w/endoscopic fnb		T	0143	9.3206	$636.29	$186.06	$127.26
45395	Lap, removal of rectum		C					
45397	Lap, remove rectum w/pouch		C					
45400	Laparoscopic proc		C					
45402	Lap proctopexy w/sig resect		C					
45499	Laparoscope proc, rectum		T	0130	38.7195	$2,643.26	$659.53	$528.66
45500	Repair of rectum		T	0149	24.5978	$1,679.22	.	$335.85
45505	Repair of rectum		T	0150	32.6184	$2,226.76	.	$445.36
45520	Treatment of rectal prolapse		T	0013	0.8782	$59.95	.	$11.99
45540	Correct rectal prolapse		C					
45541	Correct rectal prolapse		T	0150	32.6184	$2,226.76	.	$445.36

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
45550	Repair rectum/remove sigmoid		C					
45560	Repair of rectocele		T	0150	32.6184	$2,226.76	.	$445.36
45562	Exploration/repair of rectum		C					
45563	Exploration/repair of rectum		C					
45800	Repair rect/bladder fistula		C					
45805	Repair fistula w/colostomy		C					
45820	Repair rectourethral fistula		C					
45825	Repair fistula w/colostomy		C					
45900	Reduction of rectal prolapse		T	0148	6.2678	$427.88	.	$85.58
45905	Dilation of anal sphincter		T	0149	24.5978	$1,679.22	.	$335.85
45910	Dilation of rectal narrowing		T	0149	24.5978	$1,679.22	.	$335.85
45915	Remove rectal obstruction		T	0155	16.1014	$1,099.19	.	$219.84
45990	Surg dx exam, anorectal		T	0149	24.5978	$1,679.22	.	$335.85
45999	Rectum surgery procedure		T	0148	6.2678	$427.88	.	$85.58
46020	Placement of seton		T	0149	24.5978	$1,679.22	.	$335.85
46030	Removal of rectal marker		T	0148	6.2678	$427.88	.	$85.58
46040	Incision of rectal abscess		T	0149	24.5978	$1,679.22	.	$335.85
46045	Incision of rectal abscess		T	0149	24.5978	$1,679.22	.	$335.85
46050	Incision of anal abscess		T	0155	16.1014	$1,099.19	.	$219.84
46060	Incision of rectal abscess		T	0149	24.5978	$1,679.22	.	$335.85
46070	Incision of anal septum		T	0155	16.1014	$1,099.19	.	$219.84
46080	Incision of anal sphincter		T	0149	24.5978	$1,679.22	.	$335.85
46083	Incise external hemorrhoid		T	0164	2.0672	$141.12	.	$28.23
46200	Removal of anal fissure		T	0149	24.5978	$1,679.22	.	$335.85
46220	Excise anal ext tag/papilla		T	0155	16.1014	$1,099.19	.	$219.84
46221	Ligation of hemorrhoid(s)		T	0148	6.2678	$427.88	.	$85.58
46230	Removal of anal tags		T	0149	24.5978	$1,679.22	.	$335.85
46250	Remove ext hem groups = 2		T	0149	24.5978	$1,679.22	.	$335.85
46255	Remove int/ext hem 1 group		T	0149	24.5978	$1,679.22	.	$335.85

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
46257	Remove in/ex hem grp & fiss		T	0149	24.5978	$1,679.22	.	$335.85
46258	Remove in/ex hem grp w/fistu		T	0149	24.5978	$1,679.22	.	$335.85
46260	Remove in/ex hem groups = 2		T	0149	24.5978	$1,679.22	.	$335.85
46261	Remove in/ex hem grps & fiss		T	0149	24.5978	$1,679.22	.	$335.85
46262	Remove in/ex hem grps w/fist		T	0149	24.5978	$1,679.22	.	$335.85
46270	Remove anal fist subq		T	0149	24.5978	$1,679.22	.	$335.85
46275	Remove anal fist inter		T	0149	24.5978	$1,679.22	.	$335.85
46280	Remove anal fist complex		T	0149	24.5978	$1,679.22	.	$335.85
46285	Remove anal fist 2 stage		T	0149	24.5978	$1,679.22	.	$335.85
46288	Repair anal fistula		T	0149	24.5978	$1,679.22	.	$335.85
46320	Removal of hemorrhoid clot		T	0149	24.5978	$1,679.22	.	$335.85
46500	Injection into hemorrhoid(s)		T	0155	16.1014	$1,099.19	.	$219.84
46505	Chemodenervation anal musc		T	0149	24.5978	$1,679.22	.	$335.85
46600	Diagnostic anoscopy		X	0340	0.6899	$47.10	.	$9.42
46604	Anoscopy and dilation		T	0147	9.5024	$648.70	.	$129.74
46606	Anoscopy and biopsy		T	0146	5.7839	$394.85	.	$78.97
46608	Anoscopy, remove for body		T	0147	9.5024	$648.70	.	$129.74
46610	Anoscopy, remove lesion		T	0428	24.5869	$1,678.47	.	$335.70
46611	Anoscopy		T	0147	9.5024	$648.70	.	$129.74
46612	Anoscopy, remove lesions		T	0428	24.5869	$1,678.47	.	$335.70
46614	Anoscopy, control bleeding		T	0146	5.7839	$394.85	.	$78.97
46615	Anoscopy		T	0428	24.5869	$1,678.47	.	$335.70
46700	Repair of anal stricture		T	0149	24.5978	$1,679.22	.	$335.85
46705	Repair of anal stricture		C					
46706	Repr of anal fistula w/glue		T	0150	32.6184	$2,226.76	.	$445.36
46707	Repair anorectal fist w/plug		T	0150	32.6184	$2,226.76	.	$445.36
46710	Repr per/vag pouch sngl proc		C					
46712	Repr per/vag pouch dbl proc		C					
46715	Rep perf anoper fistu		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
46716	Rep perf anoper/vestib fistu		C					
46730	Construction of absent anus		C					
46735	Construction of absent anus		C					
46740	Construction of absent anus		C					
46742	Repair of imperforated anus		C					
46744	Repair of cloacal anomaly		C					
46746	Repair of cloacal anomaly		C					
46748	Repair of cloacal anomaly		C					
46750	Repair of anal sphincter		T	0150	32.6184	$2,226.76	.	$445.36
46751	Repair of anal sphincter		C					
46753	Reconstruction of anus		T	0149	24.5978	$1,679.22	.	$335.85
46754	Removal of suture from anus		T	0149	24.5978	$1,679.22	.	$335.85
46760	Repair of anal sphincter		T	0150	32.6184	$2,226.76	.	$445.36
46761	Repair of anal sphincter		T	0150	32.6184	$2,226.76	.	$445.36
46762	Implant artificial sphincter		T	0150	32.6184	$2,226.76	.	$445.36
46900	Destruction, anal lesion(s)		T	0016	2.8176	$192.35	.	$38.47
46910	Destruction, anal lesion(s)		T	0017	21.8217	$1,489.70	.	$297.94
46916	Cryosurgery, anal lesion(s)		T	0015	1.5303	$104.47	.	$20.90
46917	Laser surgery, anal lesions		T	0017	21.8217	$1,489.70	.	$297.94
46922	Excision of anal lesion(s)		T	0017	21.8217	$1,489.70	.	$297.94
46924	Destruction, anal lesion(s)		T	0017	21.8217	$1,489.70	.	$297.94
46930	Destroy internal hemorrhoids		T	0148	6.2678	$427.88	.	$85.58
46940	Treatment of anal fissure		T	0149	24.5978	$1,679.22	.	$335.85
46942	Treatment of anal fissure		T	0148	6.2678	$427.88	.	$85.58
46945	Remove by ligat int hem grp		T	0155	16.1014	$1,099.19	.	$219.84
46946	Remove by ligat int hem grps		T	0155	16.1014	$1,099.19	.	$219.84
46947	Hemorrhoidopexy by stapling		T	0150	32.6184	$2,226.76	.	$445.36
46999	Anus surgery procedure		T	0148	6.2678	$427.88	.	$85.58
47000	Needle biopsy of liver		T	0685	9.9046	$676.16	.	$135.24

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
47001	Needle biopsy, liver add-on		N					
47010	Open drainage, liver lesion		C					
47011	Percut drain, liver lesion		T	0037	15.764	$1,076.16	$228.76	$215.24
47015	Inject/aspirate liver cyst		C					
47100	Wedge biopsy of liver		C					
47120	Partial removal of liver		C					
47122	Extensive removal of liver		C					
47125	Partial removal of liver		C					
47130	Partial removal of liver		C					
47133	Removal of donor liver		C					
47135	Transplantation of liver		C					
47136	Transplantation of liver		C					
47140	Partial removal, donor liver		C					
47141	Partial removal, donor liver		C					
47142	Partial removal, donor liver		C					
47143	Prep donor liver, whole		C					
47144	Prep donor liver, 3-segment		C					
47145	Prep donor liver, lobe split		C					
47146	Prep donor liver/venous		C					
47147	Prep donor liver/arterial		C					
47300	Surgery for liver lesion		C					
47350	Repair liver wound		C					
47360	Repair liver wound		C					
47361	Repair liver wound		C					
47362	Repair liver wound		C					
47370	Laparo ablate liver tumor rf		T	0174	112.2008	$7,659.61	$2,064.24	$1,531.93
47371	Laparo ablate liver cryosurg		T	0174	112.2008	$7,659.61	$2,064.24	$1,531.93
47379	Laparoscope procedure, liver		T	0130	38.7195	$2,643.26	$659.53	$528.66
47380	Open ablate liver tumor rf		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
47381	Open ablate liver tumor cryo		C					
47382	Percut ablate liver rf		T	0423	57.2089	$3,905.48	.	$781.10
47399	Liver surgery procedure		T	0004	4.6624	$318.29	.	$63.66
47400	Incision of liver duct		C					
47420	Incision of bile duct		C					
47425	Incision of bile duct		C					
47460	Incise bile duct sphincter		C					
47480	Incision of gallbladder		C					
47490	Incision of gallbladder		T	0152	32.3789	$2,210.41	.	$442.09
47500	Injection for liver x-rays		N					
47505	Injection for liver x-rays		N					
47510	Insert catheter, bile duct		T	0152	32.3789	$2,210.41	.	$442.09
47511	Insert bile duct drain		T	0152	32.3789	$2,210.41	.	$442.09
47525	Change bile duct catheter		T	0427	16.3601	$1,116.85	.	$223.37
47530	Revise/reinsert bile tube		T	0427	16.3601	$1,116.85	.	$223.37
47550	Bile duct endoscopy add-on		C					
47552	Biliary endoscopy thru skin		T	0152	32.3789	$2,210.41	.	$442.09
47553	Biliary endoscopy thru skin		T	0152	32.3789	$2,210.41	.	$442.09
47554	Biliary endoscopy thru skin		T	0152	32.3789	$2,210.41	.	$442.09
47555	Biliary endoscopy thru skin		T	0152	32.3789	$2,210.41	.	$442.09
47556	Biliary endoscopy thru skin		T	0152	32.3789	$2,210.41	.	$442.09
47560	Laparoscopy w/cholangio		T	0130	38.7195	$2,643.26	$659.53	$528.66
47561	Laparo w/cholangio/biopsy		T	0130	38.7195	$2,643.26	$659.53	$528.66
47562	Laparoscopic cholecystectomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
47563	Laparo cholecystectomy/graph		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
47564	Laparo cholecystectomy/explr		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
47570	Laparo cholecystoenterostomy		C					
47579	Laparoscope proc, biliary		T	0130	38.7195	$2,643.26	$659.53	$528.66
47600	Removal of gallbladder		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
47605	Removal of gallbladder		C					
47610	Removal of gallbladder		C					
47612	Removal of gallbladder		C					
47620	Removal of gallbladder		C					
47630	Remove bile duct stone		T	0152	32.3789	$2,210.41	.	$442.09
47700	Exploration of bile ducts		C					
47701	Bile duct revision		C					
47711	Excision of bile duct tumor		C					
47712	Excision of bile duct tumor		C					
47715	Excision of bile duct cyst		C					
47720	Fuse gallbladder & bowel		C					
47721	Fuse upper gi structures		C					
47740	Fuse gallbladder & bowel		C					
47741	Fuse gallbladder & bowel		C					
47760	Fuse bile ducts and bowel		C					
47765	Fuse liver ducts & bowel		C					
47780	Fuse bile ducts and bowel		C					
47785	Fuse bile ducts and bowel		C					
47800	Reconstruction of bile ducts		C					
47801	Placement, bile duct support		C					
47802	Fuse liver duct & intestine		C					
47900	Suture bile duct injury		C					
47999	Bile tract surgery procedure		T	0152	32.3789	$2,210.41	.	$442.09
48000	Drainage of abdomen		C					
48001	Placement of drain, pancreas		C					
48020	Removal of pancreatic stone		C					
48100	Biopsy of pancreas, open		C					
48102	Needle biopsy, pancreas		T	0685	9.9046	$676.16	.	$135.24
48105	Resect/debride pancreas		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
48120	Removal of pancreas lesion		C					
48140	Partial removal of pancreas		C					
48145	Partial removal of pancreas		C					
48146	Pancreatectomy		C					
48148	Removal of pancreatic duct		C					
48150	Partial removal of pancreas		C					
48152	Pancreatectomy		C					
48153	Pancreatectomy		C					
48154	Pancreatectomy		C					
48155	Removal of pancreas		C					
48160	Pancreas removal/transplant		E					
48400	Injection, intraop add-on		C					
48500	Surgery of pancreatic cyst		C					
48510	Drain pancreatic pseudocyst		C					
48511	Drain pancreatic pseudocyst		T	0037	15.764	$1,076.16	$228.76	$215.24
48520	Fuse pancreas cyst and bowel		C					
48540	Fuse pancreas cyst and bowel		C					
48545	Pancreatorrhaphy		C					
48547	Duodenal exclusion		C					
48548	Fuse pancreas and bowel		C					
48550	Donor pancreatectomy		E					
48551	Prep donor pancreas		C					
48552	Prep donor pancreas/venous		C					
48554	Transpl allograft pancreas		C					
48556	Removal, allograft pancreas		C					
48999	Pancreas surgery procedure		T	0004	4.6624	$318.29	.	$63.66
49000	Exploration of abdomen		C					
49002	Reopening of abdomen		C					
49010	Exploration behind abdomen		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
49020	Drain abdominal abscess		C					
49021	Drain abdominal abscess		T	0037	15.764	$1,076.16	$228.76	$215.24
49040	Drain, open, abdom abscess		C					
49041	Drain, percut, abdom abscess		T	0037	15.764	$1,076.16	$228.76	$215.24
49060	Drain, open, retrop abscess		C					
49061	Drain, percut, retroper absc		T	0037	15.764	$1,076.16	$228.76	$215.24
49062	Drain to peritoneal cavity		C					
49080	Puncture, peritoneal cavity		T	0070	5.6491	$385.65	.	$77.13
49081	Removal of abdominal fluid		T	0070	5.6491	$385.65	.	$77.13
49180	Biopsy, abdominal mass		T	0685	9.9046	$676.16	.	$135.24
49203	Exc abd tum 5 cm or less		C					
49204	Exc abd tum over 5 cm		C					
49205	Exc abd tum over 10 cm		C					
49215	Excise sacral spine tumor		C					
49220	Multiple surgery, abdomen		C					
49250	Excision of umbilicus		T	0153	26.2068	$1,789.06	$368.04	$357.82
49255	Removal of omentum		C					
49320	Diag laparo separate proc		T	0130	38.7195	$2,643.26	$659.53	$528.66
49321	Laparoscopy, biopsy		T	0130	38.7195	$2,643.26	$659.53	$528.66
49322	Laparoscopy, aspiration		T	0130	38.7195	$2,643.26	$659.53	$528.66
49323	Laparo drain lymphocele		T	0130	38.7195	$2,643.26	$659.53	$528.66
49324	Lap insertion perm ip cath		T	0130	38.7195	$2,643.26	$659.53	$528.66
49325	Lap revision perm ip cath		T	0130	38.7195	$2,643.26	$659.53	$528.66
49326	Lap w/omentopexy add-on		T	0130	38.7195	$2,643.26	$659.53	$528.66
49329	Laparo proc, abdm/per/oment		T	0130	38.7195	$2,643.26	$659.53	$528.66
49400	Air injection into abdomen		N					
49402	Remove foreign body, adbomen		T	0153	26.2068	$1,789.06	$368.04	$357.82
49411	Ins mark abd/pel for rt perq		X	0310	13.5651	$926.05	$325.27	$185.21
49419	Insrt abdom cath for chemotx		T	0115	33.3074	$2,273.80	.	$454.76

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
49420	Insert abdom drain, temp		T	0652	31.1286	$2,125.06	.	$425.02
49421	Insert abdom drain, perm		T	0652	31.1286	$2,125.06	.	$425.02
49422	Remove perm cannula/catheter		T	0105	23.2281	$1,585.71	.	$317.15
49423	Exchange drainage catheter		T	0427	16.3601	$1,116.85	.	$223.37
49424	Assess cyst, contrast inject		N					
49425	Insert abdomen-venous drain		C					
49426	Revise abdomen-venous shunt		T	0153	26.2068	$1,789.06	$368.04	$357.82
49427	Injection, abdominal shunt		N					
49428	Ligation of shunt		C					
49429	Removal of shunt		T	0105	23.2281	$1,585.71	.	$317.15
49435	Insert subq exten to ip cath		T	0427	16.3601	$1,116.85	.	$223.37
49436	Embedded ip cath exit-site		T	0427	16.3601	$1,116.85	.	$223.37
49440	Place gastrostomy tube perc		T	0141	8.8811	$606.29	$143.38	$121.26
49441	Place duod/jej tube perc		T	0141	8.8811	$606.29	$143.38	$121.26
49442	Place cecostomy tube perc		T	0155	16.1014	$1,099.19	.	$219.84
49446	Change g-tube to g-j perc		T	0141	8.8811	$606.29	$143.38	$121.26
49450	Replace g/c tube perc		T	0121	6.3264	$431.88	.	$86.38
49451	Replace duod/jej tube perc		T	0121	6.3264	$431.88	.	$86.38
49452	Replace g-j tube perc		T	0121	6.3264	$431.88	.	$86.38
49460	Fix g/colon tube w/device		T	0121	6.3264	$431.88	.	$86.38
49465	Fluoro exam of g/colon tube	CH	Q1	0277	2.0916	$142.79	$53.90	$28.56
49491	Rpr hern preemie reduc		T	0154	33.368	$2,277.93	$464.85	$455.59
49492	Rpr ing hern premie, blocked		T	0154	33.368	$2,277.93	$464.85	$455.59
49495	Rpr ing hernia baby, reduc		T	0154	33.368	$2,277.93	$464.85	$455.59
49496	Rpr ing hernia baby, blocked		T	0154	33.368	$2,277.93	$464.85	$455.59
49500	Rpr ing hernia, init, reduce		T	0154	33.368	$2,277.93	$464.85	$455.59
49501	Rpr ing hernia, init blocked		T	0154	33.368	$2,277.93	$464.85	$455.59
49505	Prp i/hern init reduc >5 yr		T	0154	33.368	$2,277.93	$464.85	$455.59
49507	Prp i/hern init block >5 yr		T	0154	33.368	$2,277.93	$464.85	$455.59

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
49520	Rerepair ing hernia, reduce		T	0154	33.368	$2,277.93	$464.85	$455.59
49521	Rerepair ing hernia, blocked		T	0154	33.368	$2,277.93	$464.85	$455.59
49525	Repair ing hernia, sliding		T	0154	33.368	$2,277.93	$464.85	$455.59
49540	Repair lumbar hernia		T	0154	33.368	$2,277.93	$464.85	$455.59
49550	Rpr rem hernia, init, reduce		T	0154	33.368	$2,277.93	$464.85	$455.59
49553	Rpr fem hernia, init blocked		T	0154	33.368	$2,277.93	$464.85	$455.59
49555	Rerepair fem hernia, reduce		T	0154	33.368	$2,277.93	$464.85	$455.59
49557	Rerepair fem hernia, blocked		T	0154	33.368	$2,277.93	$464.85	$455.59
49560	Rpr ventral hern init, reduc		T	0154	33.368	$2,277.93	$464.85	$455.59
49561	Rpr ventral hern init, block		T	0154	33.368	$2,277.93	$464.85	$455.59
49565	Rerepair ventrl hern, reduce		T	0154	33.368	$2,277.93	$464.85	$455.59
49566	Rerepair ventrl hern, block		T	0154	33.368	$2,277.93	$464.85	$455.59
49568	Hernia repair w/mesh		T	0154	33.368	$2,277.93	$464.85	$455.59
49570	Rpr epigastric hern, reduce		T	0154	33.368	$2,277.93	$464.85	$455.59
49572	Rpr epigastric hern, blocked		T	0154	33.368	$2,277.93	$464.85	$455.59
49580	Rpr umbil hern, reduc < 5 yr		T	0154	33.368	$2,277.93	$464.85	$455.59
49582	Rpr umbil hern, block < 5 yr		T	0154	33.368	$2,277.93	$464.85	$455.59
49585	Rpr umbil hern, reduc > 5 yr		T	0154	33.368	$2,277.93	$464.85	$455.59
49587	Rpr umbil hern, block > 5 yr		T	0154	33.368	$2,277.93	$464.85	$455.59
49590	Repair spigelian hernia		T	0154	33.368	$2,277.93	$464.85	$455.59
49600	Repair umbilical lesion		T	0154	33.368	$2,277.93	$464.85	$455.59
49605	Repair umbilical lesion		C					
49606	Repair umbilical lesion		C					
49610	Repair umbilical lesion		C					
49611	Repair umbilical lesion		C					
49650	Lap ing hernia repair init		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
49651	Lap ing hernia repair recur		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
49652	Lap vent/abd hernia repair		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
49653	Lap vent/abd hern proc comp		T	0132	71.1086	$4,854.37	$1,226.23	$970.88

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
49654	Lap inc hernia repair		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
49655	Lap inc hern repair comp		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
49656	Lap inc hernia repair recur		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
49657	Lap inc hern recur comp		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
49659	Laparo proc, hernia repair		T	0130	38.7195	$2,643.26	$659.53	$528.66
49900	Repair of abdominal wall		C					
49904	Omental flap, extra-abdom		C					
49905	Omental flap, intra-abdom		C					
49906	Free omental flap, microvasc		C					
49999	Abdomen surgery procedure		T	0153	26.2068	$1,789.06	$368.04	$357.82
50010	Exploration of kidney		C					
50020	Renal abscess, open drain		T	0162	26.4198	$1,803.60	.	$360.72
50021	Renal abscess, percut drain		T	0037	15.764	$1,076.16	$228.76	$215.24
50040	Drainage of kidney		C					
50045	Exploration of kidney		C					
50060	Removal of kidney stone		C					
50065	Incision of kidney		C					
50070	Incision of kidney		C					
50075	Removal of kidney stone		C					
50080	Removal of kidney stone		T	0429	46.5713	$3,179.28	.	$635.86
50081	Removal of kidney stone		T	0429	46.5713	$3,179.28	.	$635.86
50100	Revise kidney blood vessels		C					
50120	Exploration of kidney		C					
50125	Explore and drain kidney		C					
50130	Removal of kidney stone		C					
50135	Exploration of kidney		C					
50200	Renal biopsy perq		T	0685	9.9046	$676.16	.	$135.24
50205	Renal biopsy open		C					
50220	Remove kidney, open		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
50225	Removal kidney open, complex		C					
50230	Removal kidney open, radical		C					
50234	Removal of kidney & ureter		C					
50236	Removal of kidney & ureter		C					
50240	Partial removal of kidney		C					
50250	Cryoablate renal mass open		C					
50280	Removal of kidney lesion		C					
50290	Removal of kidney lesion		C					
50300	Remove cadaver donor kidney		C					
50320	Remove kidney, living donor		C					
50323	Prep cadaver renal allograft		C					
50325	Prep donor renal graft		C					
50327	Prep renal graft/venous		C					
50328	Prep renal graft/arterial		C					
50329	Prep renal graft/ureteral		C					
50340	Removal of kidney		C					
50360	Transplantation of kidney		C					
50365	Transplantation of kidney		C					
50370	Remove transplanted kidney		C					
50380	Reimplantation of kidney		C					
50382	Change ureter stent, percut		T	0162	26.4198	$1,803.60	.	$360.72
50384	Remove ureter stent, percut		T	0161	17.7215	$1,209.79	.	$241.96
50385	Change stent via transureth		T	0162	26.4198	$1,803.60	.	$360.72
50386	Remove stent via transureth		T	0160	7.2012	$491.60	.	$98.32
50387	Change ext/int ureter stent		T	0427	16.3601	$1,116.85	.	$223.37
50389	Remove renal tube w/fluoro		T	0160	7.2012	$491.60	.	$98.32
50390	Drainage of kidney lesion		T	0685	9.9046	$676.16	.	$135.24
50391	Instll rx agnt into rnal tub		T	0126	1.0983	$74.98	$16.21	$15.00
50392	Insert kidney drain		T	0161	17.7215	$1,209.79	.	$241.96

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
50393	Insert ureteral tube		T	0162	26.4198	$1,803.60	.	$360.72
50394	Injection for kidney x-ray		N					
50395	Create passage to kidney		T	0162	26.4198	$1,803.60	.	$360.72
50396	Measure kidney pressure		T	0164	2.0672	$141.12	.	$28.23
50398	Change kidney tube		T	0427	16.3601	$1,116.85	.	$223.37
50400	Revision of kidney/ureter		C					
50405	Revision of kidney/ureter		C					
50500	Repair of kidney wound		C					
50520	Close kidney-skin fistula		C					
50525	Repair renal-abdomen fistula		C					
50526	Repair renal-abdomen fistula		C					
50540	Revision of horseshoe kidney		C					
50541	Laparo ablate renal cyst		T	0130	38.7195	$2,643.26	$659.53	$528.66
50542	Laparo ablate renal mass		T	0174	112.2008	$7,659.61	$2,064.24	$1,531.93
50543	Laparo partial nephrectomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
50544	Laparoscopy, pyeloplasty		T	0130	38.7195	$2,643.26	$659.53	$528.66
50545	Laparo radical nephrectomy		C					
50546	Laparoscopic nephrectomy		C					
50547	Laparo removal donor kidney		C					
50548	Laparo remove w/ureter		C					
50549	Laparoscope proc, renal		T	0130	38.7195	$2,643.26	$659.53	$528.66
50551	Kidney endoscopy		T	0160	7.2012	$491.60	.	$98.32
50553	Kidney endoscopy		T	0162	26.4198	$1,803.60	.	$360.72
50555	Kidney endoscopy & biopsy		T	0160	7.2012	$491.60	.	$98.32
50557	Kidney endoscopy & treatment		T	0162	26.4198	$1,803.60	.	$360.72
50561	Kidney endoscopy & treatment		T	0162	26.4198	$1,803.60	.	$360.72
50562	Renal scope w/tumor resect		T	0160	7.2012	$491.60	.	$98.32
50570	Kidney endoscopy		T	0160	7.2012	$491.60	.	$98.32
50572	Kidney endoscopy		T	0160	7.2012	$491.60	.	$98.32

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
50574	Kidney endoscopy & biopsy		T	0160	7.2012	$491.60	.	$98.32
50575	Kidney endoscopy		T	0163	37.4369	$2,555.70	.	$511.14
50576	Kidney endoscopy & treatment		T	0161	17.7215	$1,209.79	.	$241.96
50580	Kidney endoscopy & treatment		T	0161	17.7215	$1,209.79	.	$241.96
50590	Fragmenting of kidney stone		T	0169	41.7267	$2,848.56	$997.74	$569.72
50592	Perc rf ablate renal tumor		T	0423	57.2089	$3,905.48	.	$781.10
50593	Perc cryo ablate renal tum		T	0423	57.2089	$3,905.48	.	$781.10
50600	Exploration of ureter		C					
50605	Insert ureteral support		C					
50610	Removal of ureter stone		C					
50620	Removal of ureter stone		C					
50630	Removal of ureter stone		C					
50650	Removal of ureter		C					
50660	Removal of ureter		C					
50684	Injection for ureter x-ray		N					
50686	Measure ureter pressure		T	0126	1.0983	$74.98	$16.21	$15.00
50688	Change of ureter tube/stent		T	0427	16.3601	$1,116.85	.	$223.37
50690	Injection for ureter x-ray		N					
50700	Revision of ureter		C					
50715	Release of ureter		C					
50722	Release of ureter		C					
50725	Release/revise ureter		C					
50727	Revise ureter		T	0165	20.5471	$1,402.69	.	$280.54
50728	Revise ureter		C					
50740	Fusion of ureter & kidney		C					
50750	Fusion of ureter & kidney		C					
50760	Fusion of ureters		C					
50770	Splicing of ureters		C					
50780	Reimplant ureter in bladder		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
50782	Reimplant ureter in bladder		C					
50783	Reimplant ureter in bladder		C					
50785	Reimplant ureter in bladder		C					
50800	Implant ureter in bowel		C					
50810	Fusion of ureter & bowel		C					
50815	Urine shunt to intestine		C					
50820	Construct bowel bladder		C					
50825	Construct bowel bladder		C					
50830	Revise urine flow		C					
50840	Replace ureter by bowel		C					
50845	Appendico-vesicostomy		C					
50860	Transplant ureter to skin		C					
50900	Repair of ureter		C					
50920	Closure ureter/skin fistula		C					
50930	Closure ureter/bowel fistula		C					
50940	Release of ureter		C					
50945	Laparoscopy ureterolithotomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
50947	Laparo new ureter/bladder		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
50948	Laparo new ureter/bladder		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
50949	Laparoscope proc, ureter		T	0130	38.7195	$2,643.26	$659.53	$528.66
50951	Endoscopy of ureter		T	0160	7.2012	$491.60	.	$98.32
50953	Endoscopy of ureter		T	0160	7.2012	$491.60	.	$98.32
50955	Ureter endoscopy & biopsy		T	0162	26.4198	$1,803.60	.	$360.72
50957	Ureter endoscopy & treatment		T	0162	26.4198	$1,803.60	.	$360.72
50961	Ureter endoscopy & treatment		T	0162	26.4198	$1,803.60	.	$360.72
50970	Ureter endoscopy		T	0160	7.2012	$491.60	.	$98.32
50972	Ureter endoscopy & catheter		T	0160	7.2012	$491.60	.	$98.32
50974	Ureter endoscopy & biopsy		T	0161	17.7215	$1,209.79	.	$241.96
50976	Ureter endoscopy & treatment		T	0161	17.7215	$1,209.79	.	$241.96

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
50980	Ureter endoscopy & treatment		T	0162	26.4198	$1,803.60	.	$360.72
51020	Incise & treat bladder		T	0162	26.4198	$1,803.60	.	$360.72
51030	Incise & treat bladder		T	0162	26.4198	$1,803.60	.	$360.72
51040	Incise & drain bladder		T	0162	26.4198	$1,803.60	.	$360.72
51045	Incise bladder/drain ureter		T	0160	7.2012	$491.60	.	$98.32
51050	Removal of bladder stone		T	0162	26.4198	$1,803.60	.	$360.72
51060	Removal of ureter stone		T	0163	37.4369	$2,555.70	.	$511.14
51065	Remove ureter calculus		T	0162	26.4198	$1,803.60	.	$360.72
51080	Drainage of bladder abscess		T	0008	20.2481	$1,382.28	.	$276.46
51100	Drain bladder by needle		T	0164	2.0672	$141.12	.	$28.23
51101	Drain bladder by trocar/cath		T	0126	1.0983	$74.98	$16.21	$15.00
51102	Drain bl w/cath insertion		T	0165	20.5471	$1,402.69	.	$280.54
51500	Removal of bladder cyst		T	0154	33.368	$2,277.93	$464.85	$455.59
51520	Removal of bladder lesion		T	0162	26.4198	$1,803.60	.	$360.72
51525	Removal of bladder lesion		C					
51530	Removal of bladder lesion		C					
51535	Repair of ureter lesion		T	0162	26.4198	$1,803.60	.	$360.72
51550	Partial removal of bladder		C					
51555	Partial removal of bladder		C					
51565	Revise bladder & ureter(s)		C					
51570	Removal of bladder		C					
51575	Removal of bladder & nodes		C					
51580	Remove bladder/revise tract		C					
51585	Removal of bladder & nodes		C					
51590	Remove bladder/revise tract		C					
51595	Remove bladder/revise tract		C					
51596	Remove bladder/create pouch		C					
51597	Removal of pelvic structures		C					
51600	Injection for bladder x-ray		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
51605	Preparation for bladder xray		N					
51610	Injection for bladder x-ray		N					
51700	Irrigation of bladder		T	0164	2.0672	$141.12	.	$28.23
51701	Insert bladder catheter		X	0340	0.6899	$47.10	.	$9.42
51702	Insert temp bladder cath		X	0340	0.6899	$47.10	.	$9.42
51703	Insert bladder cath, complex		T	0126	1.0983	$74.98	$16.21	$15.00
51705	Change of bladder tube		T	0164	2.0672	$141.12	.	$28.23
51710	Change of bladder tube		T	0121	6.3264	$431.88	.	$86.38
51715	Endoscopic injection/implant		T	0168	32.3809	$2,210.55	.	$442.11
51720	Treatment of bladder lesion		T	0156	3.0859	$210.67	.	$42.14
51725	Simple cystometrogram		T	0156	3.0859	$210.67	.	$42.14
51726	Complex cystometrogram		T	0156	3.0859	$210.67	.	$42.14
51727	Cystometrogram w/up		T	0156	3.0859	$210.67	.	$42.14
51728	Cystometrogram w/vp		T	0156	3.0859	$210.67	.	$42.14
51729	Cystometrogram w/vp&up		T	0156	3.0859	$210.67	.	$42.14
51736	Urine flow measurement	CH	X	0340	0.6899	$47.10	.	$9.42
51741	Electro-uroflowmetry, first		T	0126	1.0983	$74.98	$16.21	$15.00
51784	Anal/urinary muscle study		T	0126	1.0983	$74.98	$16.21	$15.00
51785	Anal/urinary muscle study		T	0164	2.0672	$141.12	.	$28.23
51792	Urinary reflex study		T	0126	1.0983	$74.98	$16.21	$15.00
51797	Intraabdominal pressure test		T	0164	2.0672	$141.12	.	$28.23
51798	Us urine capacity measure		X	0340	0.6899	$47.10	.	$9.42
51800	Revision of bladder/urethra		C					
51820	Revision of urinary tract		C					
51840	Attach bladder/urethra		C					
51841	Attach bladder/urethra		C					
51845	Repair bladder neck		T	0202	45.2093	$3,086.30	$981.50	$617.26
51860	Repair of bladder wound		T	0162	26.4198	$1,803.60	.	$360.72
51865	Repair of bladder wound		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
51880	Repair of bladder opening		T	0162	26.4198	$1,803.60	.	$360.72
51900	Repair bladder/vagina lesion		C					
51920	Close bladder-uterus fistula		C					
51925	Hysterectomy/bladder repair		C					
51940	Correction of bladder defect		C					
51960	Revision of bladder & bowel		C					
51980	Construct bladder opening		C					
51990	Laparo urethral suspension		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
51992	Laparo sling operation		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
51999	Laparoscope proc, bla		T	0130	38.7195	$2,643.26	$659.53	$528.66
52000	Cystoscopy		T	0160	7.2012	$491.60	.	$98.32
52001	Cystoscopy, removal of clots		T	0161	17.7215	$1,209.79	.	$241.96
52005	Cystoscopy & ureter catheter		T	0162	26.4198	$1,803.60	.	$360.72
52007	Cystoscopy and biopsy		T	0162	26.4198	$1,803.60	.	$360.72
52010	Cystoscopy & duct catheter		T	0160	7.2012	$491.60	.	$98.32
52204	Cystoscopy w/biopsy(s)		T	0162	26.4198	$1,803.60	.	$360.72
52214	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52224	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52234	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52235	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52240	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52250	Cystoscopy and radiotracer		T	0162	26.4198	$1,803.60	.	$360.72
52260	Cystoscopy and treatment		T	0161	17.7215	$1,209.79	.	$241.96
52265	Cystoscopy and treatment		T	0160	7.2012	$491.60	.	$98.32
52270	Cystoscopy & revise urethra		T	0161	17.7215	$1,209.79	.	$241.96
52275	Cystoscopy & revise urethra		T	0162	26.4198	$1,803.60	.	$360.72
52276	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52277	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52281	Cystoscopy and treatment		T	0161	17.7215	$1,209.79	.	$241.96

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
52282	Cystoscopy, implant stent		T	0163	37.4369	$2,555.70	.	$511.14
52283	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52285	Cystoscopy and treatment		T	0161	17.7215	$1,209.79	.	$241.96
52290	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52300	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52301	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52305	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52310	Cystoscopy and treatment		T	0161	17.7215	$1,209.79	.	$241.96
52315	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52317	Remove bladder stone		T	0162	26.4198	$1,803.60	.	$360.72
52318	Remove bladder stone		T	0162	26.4198	$1,803.60	.	$360.72
52320	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52325	Cystoscopy, stone removal		T	0162	26.4198	$1,803.60	.	$360.72
52327	Cystoscopy, inject material		T	0163	37.4369	$2,555.70	.	$511.14
52330	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52332	Cystoscopy and treatment		T	0162	26.4198	$1,803.60	.	$360.72
52334	Create passage to kidney		T	0162	26.4198	$1,803.60	.	$360.72
52341	Cysto w/ureter stricture tx		T	0162	26.4198	$1,803.60	.	$360.72
52342	Cysto w/up stricture tx		T	0162	26.4198	$1,803.60	.	$360.72
52343	Cysto w/renal stricture tx		T	0162	26.4198	$1,803.60	.	$360.72
52344	Cysto/uretero, stricture tx		T	0162	26.4198	$1,803.60	.	$360.72
52345	Cysto/uretero w/up stricture		T	0162	26.4198	$1,803.60	.	$360.72
52346	Cystouretero w/renal strict		T	0162	26.4198	$1,803.60	.	$360.72
52351	Cystouretero & or pyeloscope		T	0162	26.4198	$1,803.60	.	$360.72
52352	Cystouretero w/stone remove		T	0162	26.4198	$1,803.60	.	$360.72
52353	Cystouretero w/lithotripsy		T	0163	37.4369	$2,555.70	.	$511.14
52354	Cystouretero w/biopsy		T	0162	26.4198	$1,803.60	.	$360.72
52355	Cystouretero w/excise tumor		T	0162	26.4198	$1,803.60	.	$360.72
52400	Cystouretero w/congen repr		T	0162	26.4198	$1,803.60	.	$360.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
52402	Cystourethro cut ejacul duct		T	0162	26.4198	$1,803.60	.	$360.72
52450	Incision of prostate		T	0162	26.4198	$1,803.60	.	$360.72
52500	Revision of bladder neck		T	0162	26.4198	$1,803.60	.	$360.72
52601	Prostatectomy (TURP)		T	0163	37.4369	$2,555.70	.	$511.14
52630	Remove prostate regrowth		T	0163	37.4369	$2,555.70	.	$511.14
52640	Relieve bladder contracture		T	0162	26.4198	$1,803.60	.	$360.72
52647	Laser surgery of prostate		T	0429	46.5713	$3,179.28	.	$635.86
52648	Laser surgery of prostate		T	0429	46.5713	$3,179.28	.	$635.86
52649	Prostate laser enucleation		T	0429	46.5713	$3,179.28	.	$635.86
52700	Drainage of prostate abscess		T	0162	26.4198	$1,803.60	.	$360.72
53000	Incision of urethra		T	0166	21.3781	$1,459.42	.	$291.89
53010	Incision of urethra		T	0166	21.3781	$1,459.42	.	$291.89
53020	Incision of urethra		T	0166	21.3781	$1,459.42	.	$291.89
53025	Incision of urethra		T	0166	21.3781	$1,459.42	.	$291.89
53040	Drainage of urethra abscess		T	0166	21.3781	$1,459.42	.	$291.89
53060	Drainage of urethra abscess		T	0166	21.3781	$1,459.42	.	$291.89
53080	Drainage of urinary leakage		T	0166	21.3781	$1,459.42	.	$291.89
53085	Drainage of urinary leakage		T	0166	21.3781	$1,459.42	.	$291.89
53200	Biopsy of urethra		T	0166	21.3781	$1,459.42	.	$291.89
53210	Removal of urethra		T	0168	32.3809	$2,210.55	.	$442.11
53215	Removal of urethra		T	0166	21.3781	$1,459.42	.	$291.89
53220	Treatment of urethra lesion		T	0168	32.3809	$2,210.55	.	$442.11
53230	Removal of urethra lesion		T	0168	32.3809	$2,210.55	.	$442.11
53235	Removal of urethra lesion		T	0166	21.3781	$1,459.42	.	$291.89
53240	Surgery for urethra pouch		T	0168	32.3809	$2,210.55	.	$442.11
53250	Removal of urethra gland		T	0166	21.3781	$1,459.42	.	$291.89
53260	Treatment of urethra lesion		T	0166	21.3781	$1,459.42	.	$291.89
53265	Treatment of urethra lesion		T	0166	21.3781	$1,459.42	.	$291.89
53270	Removal of urethra gland		T	0166	21.3781	$1,459.42	.	$291.89

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
53275	Repair of urethra defect		T	0166	21.3781	$1,459.42	.	$291.89
53400	Revise urethra, stage 1		T	0168	32.3809	$2,210.55	.	$442.11
53405	Revise urethra, stage 2		T	0168	32.3809	$2,210.55	.	$442.11
53410	Reconstruction of urethra		T	0168	32.3809	$2,210.55	.	$442.11
53415	Reconstruction of urethra		C					
53420	Reconstruct urethra, stage 1		T	0168	32.3809	$2,210.55	.	$442.11
53425	Reconstruct urethra, stage 2		T	0168	32.3809	$2,210.55	.	$442.11
53430	Reconstruction of urethra		T	0168	32.3809	$2,210.55	.	$442.11
53431	Reconstruct urethra/bladder		T	0168	32.3809	$2,210.55	.	$442.11
53440	Male sling procedure		S	0385	102.2894	$6,982.99	.	$1,396.60
53442	Remove/revise male sling		T	0168	32.3809	$2,210.55	.	$442.11
53444	Insert tandem cuff		S	0385	102.2894	$6,982.99	.	$1,396.60
53445	Insert uro/ves nck sphincter		S	0386	168.1193	$11,477.00	.	$2,295.40
53446	Remove uro sphincter		T	0168	32.3809	$2,210.55	.	$442.11
53447	Remove/replace ur sphincter		S	0386	168.1193	$11,477.00	.	$2,295.40
53448	Remov/replc ur sphinctr comp		C					
53449	Repair uro sphincter		T	0168	32.3809	$2,210.55	.	$442.11
53450	Revision of urethra		T	0168	32.3809	$2,210.55	.	$442.11
53460	Revision of urethra		T	0166	21.3781	$1,459.42	.	$291.89
53500	Urethrlys, transvag w/ scope		T	0168	32.3809	$2,210.55	.	$442.11
53502	Repair of urethra injury		T	0166	21.3781	$1,459.42	.	$291.89
53505	Repair of urethra injury		T	0168	32.3809	$2,210.55	.	$442.11
53510	Repair of urethra injury		T	0166	21.3781	$1,459.42	.	$291.89
53515	Repair of urethra injury		T	0168	32.3809	$2,210.55	.	$442.11
53520	Repair of urethra defect		T	0168	32.3809	$2,210.55	.	$442.11
53600	Dilate urethra stricture		T	0156	3.0859	$210.67	.	$42.14
53601	Dilate urethra stricture		T	0126	1.0983	$74.98	$16.21	$15.00
53605	Dilate urethra stricture		T	0161	17.7215	$1,209.79	.	$241.96
53620	Dilate urethra stricture		T	0165	20.5471	$1,402.69	.	$280.54

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
53621	Dilate urethra stricture		T	0164	2.0672	$141.12	.	$28.23
53660	Dilation of urethra		T	0126	1.0983	$74.98	$16.21	$15.00
53661	Dilation of urethra		T	0126	1.0983	$74.98	$16.21	$15.00
53665	Dilation of urethra		T	0166	21.3781	$1,459.42	.	$291.89
53850	Prostatic microwave thermotx		T	0429	46.5713	$3,179.28	.	$635.86
53852	Prostatic rf thermotx		T	0429	46.5713	$3,179.28	.	$635.86
53855	Insert prost urethral stent		T	0164	2.0672	$141.12	.	$28.23
53899	Urology surgery procedure		T	0126	1.0983	$74.98	$16.21	$15.00
54000	Slitting of prepuce		T	0166	21.3781	$1,459.42	.	$291.89
54001	Slitting of prepuce		T	0166	21.3781	$1,459.42	.	$291.89
54015	Drain penis lesion		T	0008	20.2481	$1,382.28	.	$276.46
54050	Destruction, penis lesion(s)		T	0013	0.8782	$59.95	.	$11.99
54055	Destruction, penis lesion(s)		T	0017	21.8217	$1,489.70	.	$297.94
54056	Cryosurgery, penis lesion(s)		T	0013	0.8782	$59.95	.	$11.99
54057	Laser surg, penis lesion(s)		T	0017	21.8217	$1,489.70	.	$297.94
54060	Excision of penis lesion(s)		T	0017	21.8217	$1,489.70	.	$297.94
54065	Destruction, penis lesion(s)		T	0017	21.8217	$1,489.70	.	$297.94
54100	Biopsy of penis		T	0021	18.2223	$1,243.98	.	$248.80
54105	Biopsy of penis		T	0022	24.1269	$1,647.07	$354.45	$329.42
54110	Treatment of penis lesion		T	0181	36.4186	$2,486.19	$620.84	$497.24
54111	Treat penis lesion, graft		T	0181	36.4186	$2,486.19	$620.84	$497.24
54112	Treat penis lesion, graft		T	0181	36.4186	$2,486.19	$620.84	$497.24
54115	Treatment of penis lesion		T	0008	20.2481	$1,382.28	.	$276.46
54120	Partial removal of penis		T	0181	36.4186	$2,486.19	$620.84	$497.24
54125	Removal of penis		C					
54130	Remove penis & nodes		C					
54135	Remove penis & nodes		C					
54150	Circumcision w/regionl block		T	0183	23.7895	$1,624.04	.	$324.81
54160	Circumcision, neonate		T	0183	23.7895	$1,624.04	.	$324.81

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
54161	Circum 28 days or older		T	0183	23.7895	$1,624.04	.	$324.81
54162	Lysis penil circumic lesion		T	0183	23.7895	$1,624.04	.	$324.81
54163	Repair of circumcision		T	0183	23.7895	$1,624.04	.	$324.81
54164	Frenulotomy of penis		T	0183	23.7895	$1,624.04	.	$324.81
54200	Treatment of penis lesion		T	0164	2.0672	$141.12	.	$28.23
54205	Treatment of penis lesion		T	0181	36.4186	$2,486.19	$620.84	$497.24
54220	Treatment of penis lesion		T	0164	2.0672	$141.12	.	$28.23
54230	Prepare penis study		N					
54231	Dynamic cavernosometry		T	0165	20.5471	$1,402.69	.	$280.54
54235	Penile injection	CH	T	0156	3.0859	$210.67	.	$42.14
54240	Penis study		T	0126	1.0983	$74.98	$16.21	$15.00
54250	Penis study		T	0164	2.0672	$141.12	.	$28.23
54300	Revision of penis		T	0181	36.4186	$2,486.19	$620.84	$497.24
54304	Revision of penis		T	0181	36.4186	$2,486.19	$620.84	$497.24
54308	Reconstruction of urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54312	Reconstruction of urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54316	Reconstruction of urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54318	Reconstruction of urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54322	Reconstruction of urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54324	Reconstruction of urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54326	Reconstruction of urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54328	Revise penis/urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54332	Revise penis/urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54336	Revise penis/urethra		T	0181	36.4186	$2,486.19	$620.84	$497.24
54340	Secondary urethral surgery		T	0181	36.4186	$2,486.19	$620.84	$497.24
54344	Secondary urethral surgery		T	0181	36.4186	$2,486.19	$620.84	$497.24
54348	Secondary urethral surgery		T	0181	36.4186	$2,486.19	$620.84	$497.24
54352	Reconstruct urethra/penis		T	0181	36.4186	$2,486.19	$620.84	$497.24
54360	Penis plastic surgery		T	0181	36.4186	$2,486.19	$620.84	$497.24

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
54380	Repair penis		T	0181	36.4186	$2,486.19	$620.84	$497.24
54385	Repair penis		T	0181	36.4186	$2,486.19	$620.84	$497.24
54390	Repair penis and bladder		C					
54400	Insert semi-rigid prosthesis		S	0385	102.2894	$6,982.99	.	$1,396.60
54401	Insert self-contd prosthesis		S	0386	168.1193	$11,477.00	.	$2,295.40
54405	Insert multi-comp penis pros		S	0386	168.1193	$11,477.00	.	$2,295.40
54406	Remove muti-comp penis pros		T	0181	36.4186	$2,486.19	$620.84	$497.24
54408	Repair multi-comp penis pros		T	0181	36.4186	$2,486.19	$620.84	$497.24
54410	Remove/replace penis prosth		S	0386	168.1193	$11,477.00	.	$2,295.40
54411	Remov/replc penis pros, comp		C					
54415	Remove self-contd penis pros		T	0181	36.4186	$2,486.19	$620.84	$497.24
54416	Remv/repl penis contain pros		S	0386	168.1193	$11,477.00	.	$2,295.40
54417	Remv/replc penis pros, compl		C					
54420	Revision of penis		T	0181	36.4186	$2,486.19	$620.84	$497.24
54430	Revision of penis		C					
54435	Revision of penis		T	0181	36.4186	$2,486.19	$620.84	$497.24
54440	Repair of penis		T	0181	36.4186	$2,486.19	$620.84	$497.24
54450	Preputial stretching		T	0156	3.0859	$210.67	.	$42.14
54500	Biopsy of testis		T	0037	15.764	$1,076.16	$228.76	$215.24
54505	Biopsy of testis		T	0183	23.7895	$1,624.04	.	$324.81
54512	Excise lesion testis		T	0183	23.7895	$1,624.04	.	$324.81
54520	Removal of testis		T	0183	23.7895	$1,624.04	.	$324.81
54522	Orchiectomy, partial		T	0183	23.7895	$1,624.04	.	$324.81
54530	Removal of testis		T	0154	33.368	$2,277.93	$464.85	$455.59
54535	Extensive testis surgery		T	0181	36.4186	$2,486.19	$620.84	$497.24
54550	Exploration for testis		T	0154	33.368	$2,277.93	$464.85	$455.59
54560	Exploration for testis		T	0183	23.7895	$1,624.04	.	$324.81
54600	Reduce testis torsion		T	0183	23.7895	$1,624.04	.	$324.81
54620	Suspension of testis		T	0183	23.7895	$1,624.04	.	$324.81

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
54640	Suspension of testis		T	0154	33.368	$2,277.93	$464.85	$455.59
54650	Orchiopexy (Fowler-Stephens)		C					
54660	Revision of testis		T	0183	23.7895	$1,624.04	.	$324.81
54670	Repair testis injury		T	0183	23.7895	$1,624.04	.	$324.81
54680	Relocation of testis(es)		T	0183	23.7895	$1,624.04	.	$324.81
54690	Laparoscopy, orchiectomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
54692	Laparoscopy, orchiopexy		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
54699	Laparoscope proc, testis		T	0130	38.7195	$2,643.26	$659.53	$528.66
54700	Drainage of scrotum		T	0183	23.7895	$1,624.04	.	$324.81
54800	Biopsy of epididymis		T	0004	4.6624	$318.29	.	$63.66
54830	Remove epididymis lesion		T	0183	23.7895	$1,624.04	.	$324.81
54840	Remove epididymis lesion		T	0183	23.7895	$1,624.04	.	$324.81
54860	Removal of epididymis		T	0183	23.7895	$1,624.04	.	$324.81
54861	Removal of epididymis		T	0183	23.7895	$1,624.04	.	$324.81
54865	Explore epididymis		T	0183	23.7895	$1,624.04	.	$324.81
54900	Fusion of spermatic ducts		T	0183	23.7895	$1,624.04	.	$324.81
54901	Fusion of spermatic ducts		T	0183	23.7895	$1,624.04	.	$324.81
55000	Drainage of hydrocele		T	0004	4.6624	$318.29	.	$63.66
55040	Removal of hydrocele		T	0154	33.368	$2,277.93	$464.85	$455.59
55041	Removal of hydroceles		T	0154	33.368	$2,277.93	$464.85	$455.59
55060	Repair of hydrocele		T	0183	23.7895	$1,624.04	.	$324.81
55100	Drainage of scrotum abscess		T	0007	13.3268	$909.78	.	$181.96
55110	Explore scrotum		T	0183	23.7895	$1,624.04	.	$324.81
55120	Removal of scrotum lesion		T	0183	23.7895	$1,624.04	.	$324.81
55150	Removal of scrotum		T	0183	23.7895	$1,624.04	.	$324.81
55175	Revision of scrotum		T	0183	23.7895	$1,624.04	.	$324.81
55180	Revision of scrotum		T	0183	23.7895	$1,624.04	.	$324.81
55200	Incision of sperm duct		T	0183	23.7895	$1,624.04	.	$324.81
55250	Removal of sperm duct(s)		T	0183	23.7895	$1,624.04	.	$324.81

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
55300	Prepare, sperm duct x-ray		N					
55400	Repair of sperm duct		T	0183	23.7895	$1,624.04	.	$324.81
55450	Ligation of sperm duct		T	0183	23.7895	$1,624.04	.	$324.81
55500	Removal of hydrocele		T	0183	23.7895	$1,624.04	.	$324.81
55520	Removal of sperm cord lesion		T	0183	23.7895	$1,624.04	.	$324.81
55530	Revise spermatic cord veins		T	0183	23.7895	$1,624.04	.	$324.81
55535	Revise spermatic cord veins		T	0154	33.368	$2,277.93	$464.85	$455.59
55540	Revise hernia & sperm veins		T	0154	33.368	$2,277.93	$464.85	$455.59
55550	Laparo ligate spermatic vein		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
55559	Laparo proc, spermatic cord		T	0130	38.7195	$2,643.26	$659.53	$528.66
55600	Incise sperm duct pouch		T	0183	23.7895	$1,624.04	.	$324.81
55605	Incise sperm duct pouch		C					
55650	Remove sperm duct pouch		C					
55680	Remove sperm pouch lesion		T	0183	23.7895	$1,624.04	.	$324.81
55700	Biopsy of prostate		T	0184	13.338	$910.55	.	$182.11
55705	Biopsy of prostate		T	0184	13.338	$910.55	.	$182.11
55706	Prostate saturation sampling		T	0184	13.338	$910.55	.	$182.11
55720	Drainage of prostate abscess		T	0162	26.4198	$1,803.60	.	$360.72
55725	Drainage of prostate abscess		T	0162	26.4198	$1,803.60	.	$360.72
55801	Removal of prostate		C					
55810	Extensive prostate surgery		C					
55812	Extensive prostate surgery		C					
55815	Extensive prostate surgery		C					
55821	Removal of prostate		C					
55831	Removal of prostate		C					
55840	Extensive prostate surgery		C					
55842	Extensive prostate surgery		C					
55845	Extensive prostate surgery		C					
55860	Surgical exposure, prostate		T	0165	20.5471	$1,402.69	.	$280.54

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
55862	Extensive prostate surgery		C					
55865	Extensive prostate surgery		C					
55866	Laparo radical prostatectomy		C					
55870	Electroejaculation		T	0189	3.5572	$242.84	.	$48.57
55873	Cryoablate prostate		T	0674	116.8825	$7,979.22	.	$1,595.85
55875	Transperi needle place, pros		Q3	0163	37.4369	$2,555.70	.	$511.14
55876	Place rt device/marker, pros		X	0310	13.5651	$926.05	$325.27	$185.21
55899	Genital surgery procedure		T	0126	1.0983	$74.98	$16.21	$15.00
55920	Place needles pelvic for rt		T	0153	26.2068	$1,789.06	$368.04	$357.82
55970	Sex transformation, M to F		E					
55980	Sex transformation, F to M		E					
56405	I & D of vulva/perineum		T	0188	1.5975	$109.06	.	$21.82
56420	Drainage of gland abscess		T	0188	1.5975	$109.06	.	$21.82
56440	Surgery for vulva lesion		T	0193	20.7158	$1,414.21	.	$282.85
56441	Lysis of labial lesion(s)		T	0193	20.7158	$1,414.21	.	$282.85
56442	Hymenotomy		T	0193	20.7158	$1,414.21	.	$282.85
56501	Destroy, vulva lesions, sim		T	0017	21.8217	$1,489.70	.	$297.94
56515	Destroy vulva lesion/s compl		T	0017	21.8217	$1,489.70	.	$297.94
56605	Biopsy of vulva/perineum		T	0189	3.5572	$242.84	.	$48.57
56606	Biopsy of vulva/perineum		T	0188	1.5975	$109.06	.	$21.82
56620	Partial removal of vulva		T	0193	20.7158	$1,414.21	.	$282.85
56625	Complete removal of vulva		T	0193	20.7158	$1,414.21	.	$282.85
56630	Extensive vulva surgery		C					
56631	Extensive vulva surgery		C					
56632	Extensive vulva surgery		C					
56633	Extensive vulva surgery		C					
56634	Extensive vulva surgery		C					
56637	Extensive vulva surgery		C					
56640	Extensive vulva surgery		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
56700	Partial removal of hymen		T	0193	20.7158	$1,414.21	.	$282.85
56740	Remove vagina gland lesion		T	0193	20.7158	$1,414.21	.	$282.85
56800	Repair of vagina		T	0193	20.7158	$1,414.21	.	$282.85
56805	Repair clitoris		T	0193	20.7158	$1,414.21	.	$282.85
56810	Repair of perineum		T	0193	20.7158	$1,414.21	.	$282.85
56820	Exam of vulva w/scope		T	0188	1.5975	$109.06	.	$21.82
56821	Exam/biopsy of vulva w/scope		T	0188	1.5975	$109.06	.	$21.82
57000	Exploration of vagina		T	0193	20.7158	$1,414.21	.	$282.85
57010	Drainage of pelvic abscess		T	0193	20.7158	$1,414.21	.	$282.85
57020	Drainage of pelvic fluid		T	0192	6.7542	$461.09	.	$92.22
57022	I & d vaginal hematoma, pp		T	0007	13.3268	$909.78	.	$181.96
57023	I & d vag hematoma, non-ob		T	0008	20.2481	$1,382.28	.	$276.46
57061	Destroy vag lesions, simple		T	0193	20.7158	$1,414.21	.	$282.85
57065	Destroy vag lesions, complex		T	0193	20.7158	$1,414.21	.	$282.85
57100	Biopsy of vagina		T	0192	6.7542	$461.09	.	$92.22
57105	Biopsy of vagina		T	0193	20.7158	$1,414.21	.	$282.85
57106	Remove vagina wall, partial		T	0193	20.7158	$1,414.21	.	$282.85
57107	Remove vagina tissue, part		T	0195	35.735	$2,439.52	.	$487.91
57109	Vaginectomy partial w/nodes		T	0195	35.735	$2,439.52	.	$487.91
57110	Remove vagina wall, complete		C					
57111	Remove vagina tissue, compl		C					
57112	Vaginectomy w/nodes, compl		C					
57120	Closure of vagina		T	0195	35.735	$2,439.52	.	$487.91
57130	Remove vagina lesion		T	0193	20.7158	$1,414.21	.	$282.85
57135	Remove vagina lesion		T	0193	20.7158	$1,414.21	.	$282.85
57150	Treat vagina infection		T	0188	1.5975	$109.06	.	$21.82
57155	Insert uteri tandems/ovoids		T	0192	6.7542	$461.09	.	$92.22
57160	Insert pessary/other device		T	0188	1.5975	$109.06	.	$21.82
57170	Fitting of diaphragm/cap		T	0191	0.1514	$10.34	$2.08	$2.07

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
57180	Treat vaginal bleeding		T	0188	1.5975	$109.06	.	$21.82
57200	Repair of vagina		T	0193	20.7158	$1,414.21	.	$282.85
57210	Repair vagina/perineum		T	0193	20.7158	$1,414.21	.	$282.85
57220	Revision of urethra		T	0202	45.2093	$3,086.30	$981.50	$617.26
57230	Repair of urethral lesion		T	0195	35.735	$2,439.52	.	$487.91
57240	Repair bladder & vagina		T	0195	35.735	$2,439.52	.	$487.91
57250	Repair rectum & vagina		T	0195	35.735	$2,439.52	.	$487.91
57260	Repair of vagina		T	0195	35.735	$2,439.52	.	$487.91
57265	Extensive repair of vagina		T	0202	45.2093	$3,086.30	$981.50	$617.26
57267	Insert mesh/pelvic flr addon		T	0195	35.735	$2,439.52	.	$487.91
57268	Repair of bowel bulge		T	0195	35.735	$2,439.52	.	$487.91
57270	Repair of bowel pouch		C					
57280	Suspension of vagina		C					
57282	Colpopexy, extraperitoneal		T	0202	45.2093	$3,086.30	$981.50	$617.26
57283	Colpopexy, intraperitoneal		T	0202	45.2093	$3,086.30	$981.50	$617.26
57284	Repair paravag defect, open		T	0202	45.2093	$3,086.30	$981.50	$617.26
57285	Repair paravag defect, vag		T	0202	45.2093	$3,086.30	$981.50	$617.26
57287	Revise/remove sling repair		T	0195	35.735	$2,439.52	.	$487.91
57288	Repair bladder defect		T	0202	45.2093	$3,086.30	$981.50	$617.26
57289	Repair bladder & vagina		T	0195	35.735	$2,439.52	.	$487.91
57291	Construction of vagina		T	0195	35.735	$2,439.52	.	$487.91
57292	Construct vagina with graft		T	0195	35.735	$2,439.52	.	$487.91
57295	Revise vag graft via vagina		T	0193	20.7158	$1,414.21	.	$282.85
57296	Revise vag graft, open abd		C					
57300	Repair rectum-vagina fistula		T	0195	35.735	$2,439.52	.	$487.91
57305	Repair rectum-vagina fistula		C					
57307	Fistula repair & colostomy		C					
57308	Fistula repair, transperine		C					
57310	Repair urethrovaginal lesion		T	0202	45.2093	$3,086.30	$981.50	$617.26

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
57311	Repair urethrovaginal lesion		C					
57320	Repair bladder-vagina lesion		T	0195	35.735	$2,439.52	.	$487.91
57330	Repair bladder-vagina lesion		T	0195	35.735	$2,439.52	.	$487.91
57335	Repair vagina		T	0195	35.735	$2,439.52	.	$487.91
57400	Dilation of vagina		T	0193	20.7158	$1,414.21	.	$282.85
57410	Pelvic examination		T	0193	20.7158	$1,414.21	.	$282.85
57415	Remove vaginal foreign body		T	0193	20.7158	$1,414.21	.	$282.85
57420	Exam of vagina w/scope		T	0189	3.5572	$242.84	.	$48.57
57421	Exam/biopsy of vag w/scope		T	0189	3.5572	$242.84	.	$48.57
57423	Repair paravag defect, lap		T	0202	45.2093	$3,086.30	$981.50	$617.26
57425	Laparoscopy, surg, colpopexy		T	0130	38.7195	$2,643.26	$659.53	$528.66
57426	Revise prosth vag graft lap		T	0193	20.7158	$1,414.21	.	$282.85
57452	Exam of cervix w/scope		T	0188	1.5975	$109.06	.	$21.82
57454	Bx/curett of cervix w/scope		T	0189	3.5572	$242.84	.	$48.57
57455	Biopsy of cervix w/scope		T	0189	3.5572	$242.84	.	$48.57
57456	Endocerv curettage w/scope		T	0189	3.5572	$242.84	.	$48.57
57460	Bx of cervix w/scope, leep		T	0193	20.7158	$1,414.21	.	$282.85
57461	Conz of cervix w/scope, leep		T	0193	20.7158	$1,414.21	.	$282.85
57500	Biopsy of cervix		T	0192	6.7542	$461.09	.	$92.22
57505	Endocervical curettage		T	0192	6.7542	$461.09	.	$92.22
57510	Cauterization of cervix		T	0193	20.7158	$1,414.21	.	$282.85
57511	Cryocautery of cervix		T	0188	1.5975	$109.06	.	$21.82
57513	Laser surgery of cervix		T	0193	20.7158	$1,414.21	.	$282.85
57520	Conization of cervix		T	0193	20.7158	$1,414.21	.	$282.85
57522	Conization of cervix		T	0193	20.7158	$1,414.21	.	$282.85
57530	Removal of cervix		T	0195	35.735	$2,439.52	.	$487.91
57531	Removal of cervix, radical		C					
57540	Removal of residual cervix		C					
57545	Remove cervix/repair pelvis		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
57550	Removal of residual cervix		T	0195	35.735	$2,439.52	.	$487.91
57555	Remove cervix/repair vagina		T	0195	35.735	$2,439.52	.	$487.91
57556	Remove cervix, repair bowel		T	0202	45.2093	$3,086.30	$981.50	$617.26
57558	D&c of cervical stump		T	0193	20.7158	$1,414.21	.	$282.85
57700	Revision of cervix		T	0193	20.7158	$1,414.21	.	$282.85
57720	Revision of cervix		T	0193	20.7158	$1,414.21	.	$282.85
57800	Dilation of cervical canal		T	0193	20.7158	$1,414.21	.	$282.85
58100	Biopsy of uterus lining		T	0188	1.5975	$109.06	.	$21.82
58110	Bx done w/colposcopy add-on		N					
58120	Dilation and curettage		T	0193	20.7158	$1,414.21	.	$282.85
58140	Myomectomy abdom method		C					
58145	Myomectomy vag method		T	0195	35.735	$2,439.52	.	$487.91
58146	Myomectomy abdom complex		C					
58150	Total hysterectomy		C					
58152	Total hysterectomy		C					
58180	Partial hysterectomy		C					
58200	Extensive hysterectomy		C					
58210	Extensive hysterectomy		C					
58240	Removal of pelvis contents		C					
58260	Vaginal hysterectomy		T	0195	35.735	$2,439.52	.	$487.91
58262	Vag hyst including t/o		T	0195	35.735	$2,439.52	.	$487.91
58263	Vag hyst w/t/o & vag repair		T	0195	35.735	$2,439.52	.	$487.91
58267	Vag hyst w/urinary repair		C					
58270	Vag hyst w/enterocele repair		T	0195	35.735	$2,439.52	.	$487.91
58275	Hysterectomy/revise vagina		C					
58280	Hysterectomy/revise vagina		C					
58285	Extensive hysterectomy		C					
58290	Vag hyst complex		T	0202	45.2093	$3,086.30	$981.50	$617.26
58291	Vag hyst incl t/o, complex		T	0202	45.2093	$3,086.30	$981.50	$617.26

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
58292	Vag hyst t/o & repair, compl		T	0202	45.2093	$3,086.30	$981.50	$617.26
58293	Vag hyst w/uro repair, compl		C					
58294	Vag hyst w/enterocele, compl		T	0202	45.2093	$3,086.30	$981.50	$617.26
58300	Insert intrauterine device		E					
58301	Remove intrauterine device		T	0188	1.5975	$109.06	.	$21.82
58321	Artificial insemination		T	0189	3.5572	$242.84	.	$48.57
58322	Artificial insemination		T	0189	3.5572	$242.84	.	$48.57
58323	Sperm washing		T	0189	3.5572	$242.84	.	$48.57
58340	Catheter for hysterography		N					
58345	Reopen fallopian tube		T	0193	20.7158	$1,414.21	.	$282.85
58346	Insert heyman uteri capsule		T	0193	20.7158	$1,414.21	.	$282.85
58350	Reopen fallopian tube		T	0195	35.735	$2,439.52	.	$487.91
58353	Endometr ablate, thermal		T	0195	35.735	$2,439.52	.	$487.91
58356	Endometrial cryoablation		T	0202	45.2093	$3,086.30	$981.50	$617.26
58400	Suspension of uterus		C					
58410	Suspension of uterus		C					
58520	Repair of ruptured uterus		C					
58540	Revision of uterus		C					
58541	Lsh, uterus 250 g or less		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
58542	Lsh w/t/o ut 250 g or less		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
58543	Lsh uterus above 250 g		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
58544	Lsh w/t/o uterus above 250 g		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
58545	Laparoscopic myomectomy		T	0130	38.7195	$2,643.26	$659.53	$528.66
58546	Laparo-myomectomy, complex		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58548	Lap radical hyst		C					
58550	Laparo-asst vag hysterectomy		T	0132	71.1086	$4,854.37	$1,226.23	$970.88
58552	Laparo-vag hyst incl t/o		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58553	Laparo-vag hyst, complex		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58554	Laparo-vag hyst w/t/o, compl		T	0131	48.0382	$3,279.42	$1,001.89	$655.89

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
58555	Hysteroscopy, dx, sep proc		T	0190	23.199	$1,583.73	$424.28	$316.75
58558	Hysteroscopy, biopsy		T	0190	23.199	$1,583.73	$424.28	$316.75
58559	Hysteroscopy, lysis		T	0190	23.199	$1,583.73	$424.28	$316.75
58560	Hysteroscopy, resect septum		T	0387	38.2775	$2,613.09	$655.55	$522.62
58561	Hysteroscopy, remove myoma		T	0387	38.2775	$2,613.09	$655.55	$522.62
58562	Hysteroscopy, remove fb		T	0190	23.199	$1,583.73	$424.28	$316.75
58563	Hysteroscopy, ablation		T	0387	38.2775	$2,613.09	$655.55	$522.62
58565	Hysteroscopy, sterilization		T	0202	45.2093	$3,086.30	$981.50	$617.26
58570	Tlh, uterus 250 g or less		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58571	Tlh w/t/o 250 g or less		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58572	Tlh, uterus over 250 g		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58573	Tlh w/t/o uterus over 250 g		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58578	Laparo proc, uterus		T	0130	38.7195	$2,643.26	$659.53	$528.66
58579	Hysteroscope procedure		T	0190	23.199	$1,583.73	$424.28	$316.75
58600	Division of fallopian tube		T	0195	35.735	$2,439.52	.	$487.91
58605	Division of fallopian tube		C					
58611	Ligate oviduct(s) add-on		C					
58615	Occlude fallopian tube(s)		T	0193	20.7158	$1,414.21	.	$282.85
58660	Laparoscopy, lysis		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58661	Laparoscopy, remove adnexa		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58662	Laparoscopy, excise lesions		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58670	Laparoscopy, tubal cautery		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58671	Laparoscopy, tubal block		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58672	Laparoscopy, fimbrioplasty		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58673	Laparoscopy, salpingostomy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
58679	Laparo proc, oviduct-ovary		T	0130	38.7195	$2,643.26	$659.53	$528.66
58700	Removal of fallopian tube		C					
58720	Removal of ovary/tube(s)		C					
58740	Adhesiolysis tube, ovary		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
58750	Repair oviduct		C					
58752	Revise ovarian tube(s)		C					
58760	Fimbrioplasty		C					
58770	Create new tubal opening		T	0195	35.735	$2,439.52	.	$487.91
58800	Drainage of ovarian cyst(s)		T	0193	20.7158	$1,414.21	.	$282.85
58805	Drainage of ovarian cyst(s)		T	0195	35.735	$2,439.52	.	$487.91
58820	Drain ovary abscess, open		T	0195	35.735	$2,439.52	.	$487.91
58822	Drain ovary abscess, percut		C					
58823	Drain pelvic abscess, percut		T	0193	20.7158	$1,414.21	.	$282.85
58825	Transposition, ovary(s)		C					
58900	Biopsy of ovary(s)		T	0193	20.7158	$1,414.21	.	$282.85
58920	Partial removal of ovary(s)		T	0195	35.735	$2,439.52	.	$487.91
58925	Removal of ovarian cyst(s)		T	0195	35.735	$2,439.52	.	$487.91
58940	Removal of ovary(s)		C					
58943	Removal of ovary(s)		C					
58950	Resect ovarian malignancy		C					
58951	Resect ovarian malignancy		C					
58952	Resect ovarian malignancy		C					
58953	Tah, rad dissect for debulk		C					
58954	Tah rad debulk/lymph remove		C					
58956	Bso, omentectomy w/tah		C					
58957	Resect recurrent gyn mal		C					
58958	Resect recur gyn mal w/lym		C					
58960	Exploration of abdomen		C					
58970	Retrieval of oocyte		T	0189	3.5572	$242.84	.	$48.57
58974	Transfer of embryo		T	0189	3.5572	$242.84	.	$48.57
58976	Transfer of embryo		T	0189	3.5572	$242.84	.	$48.57
58999	Genital surgery procedure		T	0191	0.1514	$10.34	$2.08	$2.07
59000	Amniocentesis, diagnostic		T	0189	3.5572	$242.84	.	$48.57

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
59001	Amniocentesis, therapeutic		T	0192	6.7542	$461.09	.	$92.22
59012	Fetal cord puncture,prenatal		T	0189	3.5572	$242.84	.	$48.57
59015	Chorion biopsy		T	0189	3.5572	$242.84	.	$48.57
59020	Fetal contract stress test		T	0188	1.5975	$109.06	.	$21.82
59025	Fetal non-stress test		T	0188	1.5975	$109.06	.	$21.82
59030	Fetal scalp blood sample		T	0189	3.5572	$242.84	.	$48.57
59050	Fetal monitor w/report		M					
59051	Fetal monitor/interpret only		B					
59070	Transabdom amnioinfus w/us		T	0188	1.5975	$109.06	.	$21.82
59072	Umbilical cord occlud w/us		T	0189	3.5572	$242.84	.	$48.57
59074	Fetal fluid drainage w/us		T	0189	3.5572	$242.84	.	$48.57
59076	Fetal shunt placement, w/us		T	0189	3.5572	$242.84	.	$48.57
59100	Remove uterus lesion		T	0195	35.735	$2,439.52	.	$487.91
59120	Treat ectopic pregnancy		C					
59121	Treat ectopic pregnancy		C					
59130	Treat ectopic pregnancy		C					
59135	Treat ectopic pregnancy		C					
59136	Treat ectopic pregnancy		C					
59140	Treat ectopic pregnancy		C					
59150	Treat ectopic pregnancy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
59151	Treat ectopic pregnancy		T	0131	48.0382	$3,279.42	$1,001.89	$655.89
59160	D & c after delivery		T	0193	20.7158	$1,414.21	.	$282.85
59200	Insert cervical dilator		T	0188	1.5975	$109.06	.	$21.82
59300	Episiotomy or vaginal repair		T	0193	20.7158	$1,414.21	.	$282.85
59320	Revision of cervix		T	0193	20.7158	$1,414.21	.	$282.85
59325	Revision of cervix		C					
59350	Repair of uterus		C					
59400	Obstetrical care		B					
59409	Obstetrical care		T	0193	20.7158	$1,414.21	.	$282.85

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
59410	Obstetrical care		B					
59412	Antepartum manipulation		T	0193	20.7158	$1,414.21	.	$282.85
59414	Deliver placenta		T	0193	20.7158	$1,414.21	.	$282.85
59425	Antepartum care only		B					
59426	Antepartum care only		B					
59430	Care after delivery		B					
59510	Cesarean delivery		B					
59514	Cesarean delivery only		C					
59515	Cesarean delivery		B					
59525	Remove uterus after cesarean		C					
59610	Vbac delivery		B					
59612	Vbac delivery only		T	0193	20.7158	$1,414.21	.	$282.85
59614	Vbac care after delivery		B					
59618	Attempted vbac delivery		B					
59620	Attempted vbac delivery only		C					
59622	Attempted vbac after care		B					
59812	Treatment of miscarriage		T	0193	20.7158	$1,414.21	.	$282.85
59820	Care of miscarriage		T	0193	20.7158	$1,414.21	.	$282.85
59821	Treatment of miscarriage		T	0193	20.7158	$1,414.21	.	$282.85
59830	Treat uterus infection		C					
59840	Abortion		T	0193	20.7158	$1,414.21	.	$282.85
59841	Abortion		T	0193	20.7158	$1,414.21	.	$282.85
59850	Abortion		C					
59851	Abortion		C					
59852	Abortion		C					
59855	Abortion		C					
59856	Abortion		C					
59857	Abortion		C					
59866	Abortion (mpr)		T	0189	3.5572	$242.84	.	$48.57

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
59870	Evacuate mole of uterus		T	0193	20.7158	$1,414.21	.	$282.85
59871	Remove cerclage suture		T	0193	20.7158	$1,414.21	.	$282.85
59897	Fetal invas px w/us		T	0191	0.1514	$10.34	$2.08	$2.07
59898	Laparo proc, ob care/deliver		T	0130	38.7195	$2,643.26	$659.53	$528.66
59899	Maternity care procedure		T	0191	0.1514	$10.34	$2.08	$2.07
60000	Drain thyroid/tongue cyst		T	0252	7.8743	$537.55	$109.16	$107.51
60100	Biopsy of thyroid		T	0004	4.6624	$318.29	.	$63.66
60200	Remove thyroid lesion		T	0114	50.9844	$3,480.55	.	$696.11
60210	Partial thyroid excision		T	0114	50.9844	$3,480.55	.	$696.11
60212	Partial thyroid excision		T	0114	50.9844	$3,480.55	.	$696.11
60220	Partial removal of thyroid		T	0114	50.9844	$3,480.55	.	$696.11
60225	Partial removal of thyroid		T	0114	50.9844	$3,480.55	.	$696.11
60240	Removal of thyroid		T	0114	50.9844	$3,480.55	.	$696.11
60252	Removal of thyroid		T	0256	44.8441	$3,061.37	.	$612.28
60254	Extensive thyroid surgery		C					
60260	Repeat thyroid surgery		T	0256	44.8441	$3,061.37	.	$612.28
60270	Removal of thyroid		C					
60271	Removal of thyroid		T	0256	44.8441	$3,061.37	.	$612.28
60280	Remove thyroid duct lesion		T	0114	50.9844	$3,480.55	.	$696.11
60281	Remove thyroid duct lesion		T	0114	50.9844	$3,480.55	.	$696.11
60300	Aspir/inj thyroid cyst		T	0004	4.6624	$318.29	.	$63.66
60500	Explore parathyroid glands		T	0256	44.8441	$3,061.37	.	$612.28
60502	Re-explore parathyroids		T	0256	44.8441	$3,061.37	.	$612.28
60505	Explore parathyroid glands		C					
60512	Autotransplant parathyroid		T	0022	24.1269	$1,647.07	$354.45	$329.42
60520	Removal of thymus gland		T	0256	44.8441	$3,061.37	.	$612.28
60521	Removal of thymus gland		C					
60522	Removal of thymus gland		C					
60540	Explore adrenal gland		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
60545	Explore adrenal gland		C					
60600	Remove carotid body lesion		C					
60605	Remove carotid body lesion		C					
60650	Laparoscopy adrenalectomy		C					
60659	Laparo proc, endocrine		T	0130	38.7195	$2,643.26	$659.53	$528.66
60699	Endocrine surgery procedure		T	0114	50.9844	$3,480.55	.	$696.11
61000	Remove cranial cavity fluid		T	0207	7.7204	$527.05	.	$105.41
61001	Remove cranial cavity fluid		T	0207	7.7204	$527.05	.	$105.41
61020	Remove brain cavity fluid		T	0207	7.7204	$527.05	.	$105.41
61026	Injection into brain canal		T	0207	7.7204	$527.05	.	$105.41
61050	Remove brain canal fluid		T	0207	7.7204	$527.05	.	$105.41
61055	Injection into brain canal		T	0207	7.7204	$527.05	.	$105.41
61070	Brain canal shunt procedure		T	0121	6.3264	$431.88	.	$86.38
61105	Twist drill hole		C					
61107	Drill skull for implantation		C					
61108	Drill skull for drainage		C					
61120	Burr hole for puncture		C					
61140	Pierce skull for biopsy		C					
61150	Pierce skull for drainage		C					
61151	Pierce skull for drainage		C					
61154	Pierce skull & remove clot		C					
61156	Pierce skull for drainage		C					
61210	Pierce skull, implant device		C					
61215	Insert brain-fluid device		T	0224	41.9698	$2,865.15	.	$573.03
61250	Pierce skull & explore		C					
61253	Pierce skull & explore		C					
61304	Open skull for exploration		C					
61305	Open skull for exploration		C					
61312	Open skull for drainage		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
61313	Open skull for drainage		C					
61314	Open skull for drainage		C					
61315	Open skull for drainage		C					
61316	Implt cran bone flap to abdo		C					
61320	Open skull for drainage		C					
61321	Open skull for drainage		C					
61322	Decompressive craniotomy		C					
61323	Decompressive lobectomy		C					
61330	Decompress eye socket		T	0256	44.8441	$3,061.37	.	$612.28
61332	Explore/biopsy eye socket		C					
61333	Explore orbit/remove lesion		C					
61334	Explore orbit/remove object		T	0256	44.8441	$3,061.37	.	$612.28
61340	Subtemporal decompression		C					
61343	Incise skull (press relief)		C					
61345	Relieve cranial pressure		C					
61440	Incise skull for surgery		C					
61450	Incise skull for surgery		C					
61458	Incise skull for brain wound		C					
61460	Incise skull for surgery		C					
61470	Incise skull for surgery		C					
61480	Incise skull for surgery		C					
61490	Incise skull for surgery		C					
61500	Removal of skull lesion		C					
61501	Remove infected skull bone		C					
61510	Removal of brain lesion		C					
61512	Remove brain lining lesion		C					
61514	Removal of brain abscess		C					
61516	Removal of brain lesion		C					
61517	Implt brain chemotx add-on		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
61518	Removal of brain lesion		C					
61519	Remove brain lining lesion		C					
61520	Removal of brain lesion		C					
61521	Removal of brain lesion		C					
61522	Removal of brain abscess		C					
61524	Removal of brain lesion		C					
61526	Removal of brain lesion		C					
61530	Removal of brain lesion		C					
61531	Implant brain electrodes		C					
61533	Implant brain electrodes		C					
61534	Removal of brain lesion		C					
61535	Remove brain electrodes		C					
61536	Removal of brain lesion		C					
61537	Removal of brain tissue		C					
61538	Removal of brain tissue		C					
61539	Removal of brain tissue		C					
61540	Removal of brain tissue		C					
61541	Incision of brain tissue		C					
61542	Removal of brain tissue		C					
61543	Removal of brain tissue		C					
61544	Remove & treat brain lesion		C					
61545	Excision of brain tumor		C					
61546	Removal of pituitary gland		C					
61548	Removal of pituitary gland		C					
61550	Release of skull seams		C					
61552	Release of skull seams		C					
61556	Incise skull/sutures		C					
61557	Incise skull/sutures		C					
61558	Excision of skull/sutures		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
61559	Excision of skull/sutures		C					
61563	Excision of skull tumor		C					
61564	Excision of skull tumor		C					
61566	Removal of brain tissue		C					
61567	Incision of brain tissue		C					
61570	Remove foreign body, brain		C					
61571	Incise skull for brain wound		C					
61575	Skull base/brainstem surgery		C					
61576	Skull base/brainstem surgery		C					
61580	Craniofacial approach, skull		C					
61581	Craniofacial approach, skull		C					
61582	Craniofacial approach, skull		C					
61583	Craniofacial approach, skull		C					
61584	Orbitocranial approach/skull		C					
61585	Orbitocranial approach/skull		C					
61586	Resect nasopharynx, skull		C					
61590	Infratemporal approach/skull		C					
61591	Infratemporal approach/skull		C					
61592	Orbitocranial approach/skull		C					
61595	Transtemporal approach/skull		C					
61596	Transcochlear approach/skull		C					
61597	Transcondylar approach/skull		C					
61598	Transpetrosal approach/skull		C					
61600	Resect/excise cranial lesion		C					
61601	Resect/excise cranial lesion		C					
61605	Resect/excise cranial lesion		C					
61606	Resect/excise cranial lesion		C					
61607	Resect/excise cranial lesion		C					
61608	Resect/excise cranial lesion		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
61609	Transect artery, sinus		C					
61610	Transect artery, sinus		C					
61611	Transect artery, sinus		C					
61612	Transect artery, sinus		C					
61613	Remove aneurysm, sinus		C					
61615	Resect/excise lesion, skull		C					
61616	Resect/excise lesion, skull		C					
61618	Repair dura		C					
61619	Repair dura		C					
61623	Endovasc tempory vessel occl		T	0082	97.8929	$6,682.85	.	$1,336.57
61624	Transcath occlusion, cns		C					
61626	Transcath occlusion, non-cns		T	0082	97.8929	$6,682.85	.	$1,336.57
61630	Intracranial angioplasty		C					
61635	Intracran angioplsty w/stent		C					
61640	Dilate ic vasospasm, init		E					
61641	Dilate ic vasospasm add-on		E					
61642	Dilate ic vasospasm add-on		E					
61680	Intracranial vessel surgery		C					
61682	Intracranial vessel surgery		C					
61684	Intracranial vessel surgery		C					
61686	Intracranial vessel surgery		C					
61690	Intracranial vessel surgery		C					
61692	Intracranial vessel surgery		C					
61697	Brain aneurysm repr, complx		C					
61698	Brain aneurysm repr, complx		C					
61700	Brain aneurysm repr, simple		C					
61702	Inner skull vessel surgery		C					
61703	Clamp neck artery		C					
61705	Revise circulation to head		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
61708	Revise circulation to head		C					
61710	Revise circulation to head		C					
61711	Fusion of skull arteries		C					
61720	Incise skull/brain surgery		T	0221	37.5345	$2,562.37	.	$512.48
61735	Incise skull/brain surgery		C					
61750	Incise skull/brain biopsy		C					
61751	Brain biopsy w/ct/mr guide		C					
61760	Implant brain electrodes		C					
61770	Incise skull for treatment		T	0221	37.5345	$2,562.37	.	$512.48
61790	Treat trigeminal nerve		T	0220	19.3535	$1,321.21	.	$264.25
61791	Treat trigeminal tract		T	0203	13.3062	$908.37	$225.43	$181.68
61795	Brain surgery using computer		N					
61796	Srs, cranial lesion simple		B					
61797	Srs, cran les simple, addl		B					
61798	Srs, cranial lesion complex		B					
61799	Srs, cran les complex, addl		B					
61800	Apply srs headframe add-on		B					
61850	Implant neuroelectrodes		C					
61860	Implant neuroelectrodes		C					
61863	Implant neuroelectrode		C					
61864	Implant neuroelectrde, addl		C					
61867	Implant neuroelectrode		C					
61868	Implant neuroelectrde, addl		C					
61870	Implant neuroelectrodes		C					
61875	Implant neuroelectrodes		C					
61880	Revise/remove neuroelectrode		T	0687	21.9323	$1,497.25	$397.37	$299.45
61885	Insrt/redo neurostim 1 array		S	0039	210.3341	$14,358.88	.	$2,871.78
61886	Implant neurostim arrays		S	0315	270.0348	$18,434.47	.	$3,686.90
61888	Revise/remove neuroreceiver		T	0688	29.5816	$2,019.45	$768.94	$403.89

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
62000	Treat skull fracture		T	0254	25.5397	$1,743.52	.	$348.71
62005	Treat skull fracture		C					
62010	Treatment of head injury		C					
62100	Repair brain fluid leakage		C					
62115	Reduction of skull defect		C					
62116	Reduction of skull defect		C					
62117	Reduction of skull defect		C					
62120	Repair skull cavity lesion		C					
62121	Incise skull repair		C					
62140	Repair of skull defect		C					
62141	Repair of skull defect		C					
62142	Remove skull plate/flap		C					
62143	Replace skull plate/flap		C					
62145	Repair of skull & brain		C					
62146	Repair of skull with graft		C					
62147	Repair of skull with graft		C					
62148	Retr bone flap to fix skull		C					
62160	Neuroendoscopy add-on		N					
62161	Dissect brain w/scope		C					
62162	Remove colloid cyst w/scope		C					
62163	Neuroendoscopy w/fb removal		C					
62164	Remove brain tumor w/scope		C					
62165	Remove pituit tumor w/scope		C					
62180	Establish brain cavity shunt		C					
62190	Establish brain cavity shunt		C					
62192	Establish brain cavity shunt		C					
62194	Replace/irrigate catheter		T	0207	7.7204	$527.05	.	$105.41
62200	Establish brain cavity shunt		C					
62201	Brain cavity shunt w/scope		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
62220	Establish brain cavity shunt		C					
62223	Establish brain cavity shunt		C					
62225	Replace/irrigate catheter		T	0427	16.3601	$1,116.85	.	$223.37
62230	Replace/revise brain shunt		T	0224	41.9698	$2,865.15	.	$573.03
62252	Csf shunt reprogram		S	0691	2.4765	$169.06	.	$33.82
62256	Remove brain cavity shunt		C					
62258	Replace brain cavity shunt		C					
62263	Epidural lysis mult sessions		T	0207	7.7204	$527.05	.	$105.41
62264	Epidural lysis on single day		T	0203	13.3062	$908.37	$225.43	$181.68
62267	Interdiscal perq aspir, dx		T	0004	4.6624	$318.29	.	$63.66
62268	Drain spinal cord cyst		T	0207	7.7204	$527.05	.	$105.41
62269	Needle biopsy, spinal cord		T	0685	9.9046	$676.16	.	$135.24
62270	Spinal fluid tap, diagnostic		T	0206	3.8796	$264.85	.	$52.97
62272	Drain cerebro spinal fluid		T	0206	3.8796	$264.85	.	$52.97
62273	Inject epidural patch	CH	T	0207	7.7204	$527.05	.	$105.41
62280	Treat spinal cord lesion		T	0207	7.7204	$527.05	.	$105.41
62281	Treat spinal cord lesion		T	0207	7.7204	$527.05	.	$105.41
62282	Treat spinal canal lesion		T	0207	7.7204	$527.05	.	$105.41
62284	Injection for myelogram		N					
62287	Percutaneous diskectomy		T	0221	37.5345	$2,562.37	.	$512.48
62290	Inject for spine disk x-ray		N					
62291	Inject for spine disk x-ray		N					
62292	Injection into disk lesion		T	0207	7.7204	$527.05	.	$105.41
62294	Injection into spinal artery		T	0207	7.7204	$527.05	.	$105.41
62310	Inject spine c/t		T	0207	7.7204	$527.05	.	$105.41
62311	Inject spine l/s (cd)		T	0207	7.7204	$527.05	.	$105.41
62318	Inject spine w/cath, c/t		T	0207	7.7204	$527.05	.	$105.41
62319	Inject spine w/cath l/s (cd)	CH	T	0203	13.3062	$908.37	$225.43	$181.68
62350	Implant spinal canal cath		T	0224	41.9698	$2,865.15	.	$573.03

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
62351	Implant spinal canal cath		T	0208	51.7137	$3,530.34	.	$706.07
62355	Remove spinal canal catheter		T	0203	13.3062	$908.37	$225.43	$181.68
62360	Insert spine infusion device		T	0224	41.9698	$2,865.15	.	$573.03
62361	Implant spine infusion pump		T	0227	194.6115	$13,285.54	.	$2,657.11
62362	Implant spine infusion pump		T	0227	194.6115	$13,285.54	.	$2,657.11
62365	Remove spine infusion device		T	0221	37.5345	$2,562.37	.	$512.48
62367	Analyze spine infusion pump		S	0691	2.4765	$169.06	.	$33.82
62368	Analyze spine infusion pump		S	0691	2.4765	$169.06	.	$33.82
63001	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63003	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63005	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63011	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63012	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63015	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63016	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63017	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63020	Neck spine disk surgery		T	0208	51.7137	$3,530.34	.	$706.07
63030	Low back disk surgery		T	0208	51.7137	$3,530.34	.	$706.07
63035	Spinal disk surgery add-on		T	0208	51.7137	$3,530.34	.	$706.07
63040	Laminotomy, single cervical		T	0208	51.7137	$3,530.34	.	$706.07
63042	Laminotomy, single lumbar		T	0208	51.7137	$3,530.34	.	$706.07
63043	Laminotomy, addl cervical		C					
63044	Laminotomy, addl lumbar		C					
63045	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63046	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63047	Removal of spinal lamina		T	0208	51.7137	$3,530.34	.	$706.07
63048	Remove spinal lamina add-on		T	0208	51.7137	$3,530.34	.	$706.07
63050	Cervical laminoplasty		C					
63051	C-laminoplasty w/graft/plate		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
63055	Decompress spinal cord		T	0208	51.7137	$3,530.34	.	$706.07
63056	Decompress spinal cord		T	0208	51.7137	$3,530.34	.	$706.07
63057	Decompress spine cord add-on		T	0208	51.7137	$3,530.34	.	$706.07
63064	Decompress spinal cord		T	0208	51.7137	$3,530.34	.	$706.07
63066	Decompress spine cord add-on		T	0208	51.7137	$3,530.34	.	$706.07
63075	Neck spine disk surgery		T	0208	51.7137	$3,530.34	.	$706.07
63076	Neck spine disk surgery		T	0208	51.7137	$3,530.34	.	$706.07
63077	Spine disk surgery, thorax		C					
63078	Spine disk surgery, thorax		C					
63081	Removal of vertebral body		C					
63082	Remove vertebral body add-on		C					
63085	Removal of vertebral body		C					
63086	Remove vertebral body add-on		C					
63087	Removal of vertebral body		C					
63088	Remove vertebral body add-on		C					
63090	Removal of vertebral body		C					
63091	Remove vertebral body add-on		C					
63101	Removal of vertebral body		C					
63102	Removal of vertebral body		C					
63103	Remove vertebral body add-on		C					
63170	Incise spinal cord tract(s)		C					
63172	Drainage of spinal cyst		C					
63173	Drainage of spinal cyst		C					
63180	Revise spinal cord ligaments		C					
63182	Revise spinal cord ligaments		C					
63185	Incise spinal column/nerves		C					
63190	Incise spinal column/nerves		C					
63191	Incise spinal column/nerves		C					
63194	Incise spinal column & cord		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
63195	Incise spinal column & cord		C					
63196	Incise spinal column & cord		C					
63197	Incise spinal column & cord		C					
63198	Incise spinal column & cord		C					
63199	Incise spinal column & cord		C					
63200	Release of spinal cord		C					
63250	Revise spinal cord vessels		C					
63251	Revise spinal cord vessels		C					
63252	Revise spinal cord vessels		C					
63265	Excise intraspinal lesion		C					
63266	Excise intraspinal lesion		C					
63267	Excise intraspinal lesion		C					
63268	Excise intraspinal lesion		C					
63270	Excise intraspinal lesion		C					
63271	Excise intraspinal lesion		C					
63272	Excise intraspinal lesion		C					
63273	Excise intraspinal lesion		C					
63275	Biopsy/excise spinal tumor		C					
63276	Biopsy/excise spinal tumor		C					
63277	Biopsy/excise spinal tumor		C					
63278	Biopsy/excise spinal tumor		C					
63280	Biopsy/excise spinal tumor		C					
63281	Biopsy/excise spinal tumor		C					
63282	Biopsy/excise spinal tumor		C					
63283	Biopsy/excise spinal tumor		C					
63285	Biopsy/excise spinal tumor		C					
63286	Biopsy/excise spinal tumor		C					
63287	Biopsy/excise spinal tumor		C					
63290	Biopsy/excise spinal tumor		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
63295	Repair of laminectomy defect		C					
63300	Removal of vertebral body		C					
63301	Removal of vertebral body		C					
63302	Removal of vertebral body		C					
63303	Removal of vertebral body		C					
63304	Removal of vertebral body		C					
63305	Removal of vertebral body		C					
63306	Removal of vertebral body		C					
63307	Removal of vertebral body		C					
63308	Remove vertebral body add-on		C					
63600	Remove spinal cord lesion		T	0220	19.3535	$1,321.21	.	$264.25
63610	Stimulation of spinal cord		T	0220	19.3535	$1,321.21	.	$264.25
63615	Remove lesion of spinal cord		T	0220	19.3535	$1,321.21	.	$264.25
63620	Srs, spinal lesion		B					
63621	Srs, spinal lesion, addl		B					
63650	Implant neuroelectrodes		S	0040	65.4002	$4,464.68	.	$892.94
63655	Implant neuroelectrodes		S	0061	88.8954	$6,068.62	.	$1,213.73
63661	Remove spine eltrd perq aray		T	0687	21.9323	$1,497.25	$397.37	$299.45
63662	Remove spine eltrd plate		T	0687	21.9323	$1,497.25	$397.37	$299.45
63663	Revise spine eltrd perq aray		T	0687	21.9323	$1,497.25	$397.37	$299.45
63664	Revise spine eltrd plate		T	0687	21.9323	$1,497.25	$397.37	$299.45
63685	Insrt/redo spine n generator		S	0039	210.3341	$14,358.88	.	$2,871.78
63688	Revise/remove neuroreceiver		T	0688	29.5816	$2,019.45	$768.94	$403.89
63700	Repair of spinal herniation		C					
63702	Repair of spinal herniation		C					
63704	Repair of spinal herniation		C					
63706	Repair of spinal herniation		C					
63707	Repair spinal fluid leakage		C					
63709	Repair spinal fluid leakage		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
63710	Graft repair of spine defect		C					
63740	Install spinal shunt		C					
63741	Install spinal shunt		T	0224	41.9698	$2,865.15	.	$573.03
63744	Revision of spinal shunt		T	0224	41.9698	$2,865.15	.	$573.03
63746	Removal of spinal shunt		T	0203	13.3062	$908.37	$225.43	$181.68
64400	N block inj, trigeminal		T	0204	2.666	$182.00	$40.13	$36.40
64402	N block inj, facial		T	0204	2.666	$182.00	$40.13	$36.40
64405	N block inj, occipital		T	0206	3.8796	$264.85	.	$52.97
64408	N block inj, vagus		T	0207	7.7204	$527.05	.	$105.41
64410	N block inj, phrenic		T	0207	7.7204	$527.05	.	$105.41
64412	N block inj, spinal accessor		T	0207	7.7204	$527.05	.	$105.41
64413	N block inj, cervical plexus		T	0206	3.8796	$264.85	.	$52.97
64415	N block inj, brachial plexus		T	0206	3.8796	$264.85	.	$52.97
64416	N block cont infuse, b plex		T	0207	7.7204	$527.05	.	$105.41
64417	N block inj, axillary		T	0206	3.8796	$264.85	.	$52.97
64418	N block inj, suprascapular		T	0206	3.8796	$264.85	.	$52.97
64420	N block inj, intercost, sng		T	0206	3.8796	$264.85	.	$52.97
64421	N block inj, intercost, mlt		T	0207	7.7204	$527.05	.	$105.41
64425	N block inj, ilio-ing/hypogi		T	0206	3.8796	$264.85	.	$52.97
64430	N block inj, pudendal		T	0207	7.7204	$527.05	.	$105.41
64435	N block inj, paracervical		T	0206	3.8796	$264.85	.	$52.97
64445	N block inj, sciatic, sng		T	0207	7.7204	$527.05	.	$105.41
64446	N blk inj, sciatic, cont inf		T	0207	7.7204	$527.05	.	$105.41
64447	N block inj fem, single		T	0206	3.8796	$264.85	.	$52.97
64448	N block inj fem, cont inf		T	0207	7.7204	$527.05	.	$105.41
64449	N block inj, lumbar plexus		T	0207	7.7204	$527.05	.	$105.41
64450	N block, other peripheral		T	0206	3.8796	$264.85	.	$52.97
64455	N block inj, plantar digit		T	0204	2.666	$182.00	$40.13	$36.40
64479	Inj foramen epidural c/t		T	0207	7.7204	$527.05	.	$105.41

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
64480	Inj foramen epidural add-on		T	0206	3.8796	$264.85	.	$52.97
64483	Inj foramen epidural l/s		T	0207	7.7204	$527.05	.	$105.41
64484	Inj foramen epidural add-on		T	0206	3.8796	$264.85	.	$52.97
64490	Inj paravert f jnt c/t 1 lev		T	0207	7.7204	$527.05	.	$105.41
64491	Inj paravert f jnt c/t 2 lev		T	0204	2.666	$182.00	$40.13	$36.40
64492	Inj paravert f jnt c/t 3 lev		T	0204	2.666	$182.00	$40.13	$36.40
64493	Inj paravert f jnt l/s 1 lev		T	0207	7.7204	$527.05	.	$105.41
64494	Inj paravert f jnt l/s 2 lev		T	0204	2.666	$182.00	$40.13	$36.40
64495	Inj paravert f jnt l/s 3 lev		T	0204	2.666	$182.00	$40.13	$36.40
64505	N block, spenopalatine gangl		T	0204	2.666	$182.00	$40.13	$36.40
64508	N block, carotid sinus s/p		T	0204	2.666	$182.00	$40.13	$36.40
64510	N block, stellate ganglion		T	0207	7.7204	$527.05	.	$105.41
64517	N block inj, hypogas plxs		T	0207	7.7204	$527.05	.	$105.41
64520	N block, lumbar/thoracic		T	0207	7.7204	$527.05	.	$105.41
64530	N block inj, celiac pelus		T	0207	7.7204	$527.05	.	$105.41
64550	Apply neurostimulator		A					
64553	Implant neuroelectrodes		S	0040	65.4002	$4,464.68	.	$892.94
64555	Implant neuroelectrodes		S	0040	65.4002	$4,464.68	.	$892.94
64560	Implant neuroelectrodes		S	0040	65.4002	$4,464.68	.	$892.94
64561	Implant neuroelectrodes		S	0040	65.4002	$4,464.68	.	$892.94
64565	Implant neuroelectrodes		S	0040	65.4002	$4,464.68	.	$892.94
64573	Implant neuroelectrodes		S	0225	212.7796	$14,525.82	.	$2,905.17
64575	Implant neuroelectrodes		S	0061	88.8954	$6,068.62	.	$1,213.73
64577	Implant neuroelectrodes		S	0061	88.8954	$6,068.62	.	$1,213.73
64580	Implant neuroelectrodes		S	0061	88.8954	$6,068.62	.	$1,213.73
64581	Implant neuroelectrodes		S	0061	88.8954	$6,068.62	.	$1,213.73
64585	Revise/remove neuroelectrode		T	0687	21.9323	$1,497.25	$397.37	$299.45
64590	Insrt/redo pn/gastr stimul		S	0039	210.3341	$14,358.88	.	$2,871.78
64595	Revise/rmv pn/gastr stimul		T	0688	29.5816	$2,019.45	$768.94	$403.89

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
64600	Injection treatment of nerve		T	0203	13.3062	$908.37	$225.43	$181.68
64605	Injection treatment of nerve		T	0220	19.3535	$1,321.21	.	$264.25
64610	Injection treatment of nerve		T	0220	19.3535	$1,321.21	.	$264.25
64612	Destroy nerve, face muscle		T	0204	2.666	$182.00	$40.13	$36.40
64613	Destroy nerve, neck muscle		T	0206	3.8796	$264.85	.	$52.97
64614	Destroy nerve, extrem musc		T	0206	3.8796	$264.85	.	$52.97
64620	Injection treatment of nerve		T	0207	7.7204	$527.05	.	$105.41
64622	Destr paravertebrl nerve l/s		T	0203	13.3062	$908.37	$225.43	$181.68
64623	Destr paravertebral n add-on		T	0207	7.7204	$527.05	.	$105.41
64626	Destr paravertebrl nerve c/t		T	0207	7.7204	$527.05	.	$105.41
64627	Destr paravertebral n add-on		T	0204	2.666	$182.00	$40.13	$36.40
64630	Injection treatment of nerve		T	0207	7.7204	$527.05	.	$105.41
64632	N block inj, common digit		T	0204	2.666	$182.00	$40.13	$36.40
64640	Injection treatment of nerve		T	0207	7.7204	$527.05	.	$105.41
64650	Chemodenerv eccrine glands		T	0204	2.666	$182.00	$40.13	$36.40
64653	Chemodenerv eccrine glands		T	0204	2.666	$182.00	$40.13	$36.40
64680	Injection treatment of nerve		T	0207	7.7204	$527.05	.	$105.41
64681	Injection treatment of nerve		T	0203	13.3062	$908.37	$225.43	$181.68
64702	Revise finger/toe nerve		T	0220	19.3535	$1,321.21	.	$264.25
64704	Revise hand/foot nerve		T	0220	19.3535	$1,321.21	.	$264.25
64708	Revise arm/leg nerve		T	0220	19.3535	$1,321.21	.	$264.25
64712	Revision of sciatic nerve		T	0220	19.3535	$1,321.21	.	$264.25
64713	Revision of arm nerve(s)		T	0220	19.3535	$1,321.21	.	$264.25
64714	Revise low back nerve(s)		T	0220	19.3535	$1,321.21	.	$264.25
64716	Revision of cranial nerve		T	0220	19.3535	$1,321.21	.	$264.25
64718	Revise ulnar nerve at elbow		T	0220	19.3535	$1,321.21	.	$264.25
64719	Revise ulnar nerve at wrist		T	0220	19.3535	$1,321.21	.	$264.25
64721	Carpal tunnel surgery		T	0220	19.3535	$1,321.21	.	$264.25
64722	Relieve pressure on nerve(s)		T	0220	19.3535	$1,321.21	.	$264.25

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
64726	Release foot/toe nerve		T	0220	19.3535	$1,321.21	.	$264.25
64727	Internal nerve revision		T	0220	19.3535	$1,321.21	.	$264.25
64732	Incision of brow nerve		T	0220	19.3535	$1,321.21	.	$264.25
64734	Incision of cheek nerve		T	0220	19.3535	$1,321.21	.	$264.25
64736	Incision of chin nerve		T	0220	19.3535	$1,321.21	.	$264.25
64738	Incision of jaw nerve		T	0220	19.3535	$1,321.21	.	$264.25
64740	Incision of tongue nerve		T	0220	19.3535	$1,321.21	.	$264.25
64742	Incision of facial nerve		T	0220	19.3535	$1,321.21	.	$264.25
64744	Incise nerve, back of head		T	0220	19.3535	$1,321.21	.	$264.25
64746	Incise diaphragm nerve		T	0220	19.3535	$1,321.21	.	$264.25
64752	Incision of vagus nerve		C					
64755	Incision of stomach nerves		C					
64760	Incision of vagus nerve		C					
64761	Incision of pelvis nerve		T	0220	19.3535	$1,321.21	.	$264.25
64763	Incise hip/thigh nerve		T	0220	19.3535	$1,321.21	.	$264.25
64766	Incise hip/thigh nerve		T	0221	37.5345	$2,562.37	.	$512.48
64771	Sever cranial nerve		T	0220	19.3535	$1,321.21	.	$264.25
64772	Incision of spinal nerve		T	0220	19.3535	$1,321.21	.	$264.25
64774	Remove skin nerve lesion		T	0220	19.3535	$1,321.21	.	$264.25
64776	Remove digit nerve lesion		T	0220	19.3535	$1,321.21	.	$264.25
64778	Digit nerve surgery add-on		T	0220	19.3535	$1,321.21	.	$264.25
64782	Remove limb nerve lesion		T	0220	19.3535	$1,321.21	.	$264.25
64783	Limb nerve surgery add-on		T	0220	19.3535	$1,321.21	.	$264.25
64784	Remove nerve lesion		T	0220	19.3535	$1,321.21	.	$264.25
64786	Remove sciatic nerve lesion		T	0221	37.5345	$2,562.37	.	$512.48
64787	Implant nerve end		T	0220	19.3535	$1,321.21	.	$264.25
64788	Remove skin nerve lesion		T	0220	19.3535	$1,321.21	.	$264.25
64790	Removal of nerve lesion		T	0220	19.3535	$1,321.21	.	$264.25
64792	Removal of nerve lesion		T	0221	37.5345	$2,562.37	.	$512.48

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
64795	Biopsy of nerve		T	0220	19.3535	$1,321.21	.	$264.25
64802	Remove sympathetic nerves		T	0220	19.3535	$1,321.21	.	$264.25
64804	Remove sympathetic nerves		T	0220	19.3535	$1,321.21	.	$264.25
64809	Remove sympathetic nerves		C					
64818	Remove sympathetic nerves		C					
64820	Remove sympathetic nerves		T	0220	19.3535	$1,321.21	.	$264.25
64821	Remove sympathetic nerves		T	0054	29.8184	$2,035.61	.	$407.13
64822	Remove sympathetic nerves		T	0054	29.8184	$2,035.61	.	$407.13
64823	Remove sympathetic nerves		T	0054	29.8184	$2,035.61	.	$407.13
64831	Repair of digit nerve		T	0221	37.5345	$2,562.37	.	$512.48
64832	Repair nerve add-on		T	0221	37.5345	$2,562.37	.	$512.48
64834	Repair of hand or foot nerve		T	0221	37.5345	$2,562.37	.	$512.48
64835	Repair of hand or foot nerve		T	0221	37.5345	$2,562.37	.	$512.48
64836	Repair of hand or foot nerve		T	0221	37.5345	$2,562.37	.	$512.48
64837	Repair nerve add-on		T	0221	37.5345	$2,562.37	.	$512.48
64840	Repair of leg nerve		T	0221	37.5345	$2,562.37	.	$512.48
64856	Repair/transpose nerve		T	0221	37.5345	$2,562.37	.	$512.48
64857	Repair arm/leg nerve		T	0221	37.5345	$2,562.37	.	$512.48
64858	Repair sciatic nerve		T	0221	37.5345	$2,562.37	.	$512.48
64859	Nerve surgery		T	0221	37.5345	$2,562.37	.	$512.48
64861	Repair of arm nerves		T	0221	37.5345	$2,562.37	.	$512.48
64862	Repair of low back nerves		T	0221	37.5345	$2,562.37	.	$512.48
64864	Repair of facial nerve		T	0221	37.5345	$2,562.37	.	$512.48
64865	Repair of facial nerve		T	0221	37.5345	$2,562.37	.	$512.48
64866	Fusion of facial/other nerve		C					
64868	Fusion of facial/other nerve		C					
64870	Fusion of facial/other nerve		T	0221	37.5345	$2,562.37	.	$512.48
64872	Subsequent repair of nerve		T	0221	37.5345	$2,562.37	.	$512.48
64874	Repair & revise nerve add-on		T	0221	37.5345	$2,562.37	.	$512.48

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
64876	Repair nerve/shorten bone		T	0221	37.5345	$2,562.37	.	$512.48
64885	Nerve graft, head or neck		T	0221	37.5345	$2,562.37	.	$512.48
64886	Nerve graft, head or neck		T	0221	37.5345	$2,562.37	.	$512.48
64890	Nerve graft, hand or foot		T	0221	37.5345	$2,562.37	.	$512.48
64891	Nerve graft, hand or foot		T	0221	37.5345	$2,562.37	.	$512.48
64892	Nerve graft, arm or leg		T	0221	37.5345	$2,562.37	.	$512.48
64893	Nerve graft, arm or leg		T	0221	37.5345	$2,562.37	.	$512.48
64895	Nerve graft, hand or foot		T	0221	37.5345	$2,562.37	.	$512.48
64896	Nerve graft, hand or foot		T	0221	37.5345	$2,562.37	.	$512.48
64897	Nerve graft, arm or leg		T	0221	37.5345	$2,562.37	.	$512.48
64898	Nerve graft, arm or leg		T	0221	37.5345	$2,562.37	.	$512.48
64901	Nerve graft add-on		T	0221	37.5345	$2,562.37	.	$512.48
64902	Nerve graft add-on		T	0221	37.5345	$2,562.37	.	$512.48
64905	Nerve pedicle transfer		T	0221	37.5345	$2,562.37	.	$512.48
64907	Nerve pedicle transfer		T	0221	37.5345	$2,562.37	.	$512.48
64910	Nerve repair w/allograft		T	0221	37.5345	$2,562.37	.	$512.48
64911	Neurorraphy w/vein autograft		T	0221	37.5345	$2,562.37	.	$512.48
64999	Nervous system surgery		T	0204	2.666	$182.00	$40.13	$36.40
65091	Revise eye		T	0242	39.3413	$2,685.71	$597.36	$537.15
65093	Revise eye with implant		T	0242	39.3413	$2,685.71	$597.36	$537.15
65101	Removal of eye		T	0242	39.3413	$2,685.71	$597.36	$537.15
65103	Remove eye/insert implant		T	0242	39.3413	$2,685.71	$597.36	$537.15
65105	Remove eye/attach implant		T	0242	39.3413	$2,685.71	$597.36	$537.15
65110	Removal of eye		T	0242	39.3413	$2,685.71	$597.36	$537.15
65112	Remove eye/revise socket		T	0242	39.3413	$2,685.71	$597.36	$537.15
65114	Remove eye/revise socket		T	0242	39.3413	$2,685.71	$597.36	$537.15
65125	Revise ocular implant		T	0241	26.8719	$1,834.46	$383.45	$366.90
65130	Insert ocular implant		T	0241	26.8719	$1,834.46	$383.45	$366.90
65135	Insert ocular implant		T	0241	26.8719	$1,834.46	$383.45	$366.90

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
65140	Attach ocular implant		T	0242	39.3413	$2,685.71	$597.36	$537.15
65150	Revise ocular implant		T	0241	26.8719	$1,834.46	$383.45	$366.90
65155	Reinsert ocular implant		T	0242	39.3413	$2,685.71	$597.36	$537.15
65175	Removal of ocular implant		T	0240	19.9889	$1,364.58	$296.20	$272.92
65205	Remove foreign body from eye		S	0698	0.9316	$63.60	.	$12.72
65210	Remove foreign body from eye		S	0698	0.9316	$63.60	.	$12.72
65220	Remove foreign body from eye		S	0698	0.9316	$63.60	.	$12.72
65222	Remove foreign body from eye		S	0698	0.9316	$63.60	.	$12.72
65235	Remove foreign body from eye		T	0233	17.0898	$1,166.67	$263.12	$233.34
65260	Remove foreign body from eye		T	0235	5.2921	$361.28	.	$72.26
65265	Remove foreign body from eye		T	0237	23.2772	$1,589.06	.	$317.82
65270	Repair of eye wound		T	0240	19.9889	$1,364.58	$296.20	$272.92
65272	Repair of eye wound		T	0234	24.5236	$1,674.15	$511.31	$334.83
65273	Repair of eye wound		C					
65275	Repair of eye wound		T	0234	24.5236	$1,674.15	$511.31	$334.83
65280	Repair of eye wound		T	0237	23.2772	$1,589.06	.	$317.82
65285	Repair of eye wound		T	0672	40.6474	$2,774.88	.	$554.98
65286	Repair of eye wound	CH	T	0255	7.8769	$537.73	$129.50	$107.55
65290	Repair of eye socket wound		T	0243	25.315	$1,728.18	$416.98	$345.64
65400	Removal of eye lesion		T	0233	17.0898	$1,166.67	$263.12	$233.34
65410	Biopsy of cornea		T	0233	17.0898	$1,166.67	$263.12	$233.34
65420	Removal of eye lesion		T	0233	17.0898	$1,166.67	$263.12	$233.34
65426	Removal of eye lesion		T	0234	24.5236	$1,674.15	$511.31	$334.83
65430	Corneal smear		S	0698	0.9316	$63.60	.	$12.72
65435	Curette/treat cornea		T	0239	7.783	$531.32	.	$106.27
65436	Curette/treat cornea		T	0233	17.0898	$1,166.67	$263.12	$233.34
65450	Treatment of corneal lesion		S	0231	2.2924	$156.50	.	$31.30
65600	Revision of cornea		T	0240	19.9889	$1,364.58	$296.20	$272.92
65710	Corneal transplant		T	0244	39.038	$2,665.01	$803.26	$533.01

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
65730	Corneal transplant		T	0244	39.038	$2,665.01	$803.26	$533.01
65750	Corneal transplant		T	0244	39.038	$2,665.01	$803.26	$533.01
65755	Corneal transplant		T	0244	39.038	$2,665.01	$803.26	$533.01
65756	Corneal trnspl, endothelial		T	0244	39.038	$2,665.01	$803.26	$533.01
65757	Prep corneal endo allograft		N					
65760	Revision of cornea		E					
65765	Revision of cornea		E					
65767	Corneal tissue transplant		E					
65770	Revise cornea with implant		T	0293	113.4961	$7,748.04	.	$1,549.61
65771	Radial keratotomy		E					
65772	Correction of astigmatism		T	0233	17.0898	$1,166.67	$263.12	$233.34
65775	Correction of astigmatism		T	0233	17.0898	$1,166.67	$263.12	$233.34
65780	Ocular reconst, transplant		T	0244	39.038	$2,665.01	$803.26	$533.01
65781	Ocular reconst, transplant		T	0244	39.038	$2,665.01	$803.26	$533.01
65782	Ocular reconst, transplant		T	0244	39.038	$2,665.01	$803.26	$533.01
65800	Drainage of eye	CH	T	0255	7.8769	$537.73	$129.50	$107.55
65805	Drainage of eye		T	0233	17.0898	$1,166.67	$263.12	$233.34
65810	Drainage of eye		T	0234	24.5236	$1,674.15	$511.31	$334.83
65815	Drainage of eye		T	0234	24.5236	$1,674.15	$511.31	$334.83
65820	Relieve inner eye pressure	CH	T	0234	24.5236	$1,674.15	$511.31	$334.83
65850	Incision of eye		T	0234	24.5236	$1,674.15	$511.31	$334.83
65855	Laser surgery of eye		T	0247	5.5659	$379.97	$104.31	$76.00
65860	Incise inner eye adhesions		T	0247	5.5659	$379.97	$104.31	$76.00
65865	Incise inner eye adhesions		T	0233	17.0898	$1,166.67	$263.12	$233.34
65870	Incise inner eye adhesions		T	0234	24.5236	$1,674.15	$511.31	$334.83
65875	Incise inner eye adhesions		T	0234	24.5236	$1,674.15	$511.31	$334.83
65880	Incise inner eye adhesions		T	0233	17.0898	$1,166.67	$263.12	$233.34
65900	Remove eye lesion	CH	T	0232	2.4827	$169.49	$40.82	$33.90
65920	Remove implant of eye		T	0234	24.5236	$1,674.15	$511.31	$334.83

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
65930	Remove blood clot from eye		T	0234	24.5236	$1,674.15	$511.31	$334.83
66020	Injection treatment of eye		T	0233	17.0898	$1,166.67	$263.12	$233.34
66030	Injection treatment of eye	CH	T	0233	17.0898	$1,166.67	$263.12	$233.34
66130	Remove eye lesion		T	0234	24.5236	$1,674.15	$511.31	$334.83
66150	Glaucoma surgery		T	0234	24.5236	$1,674.15	$511.31	$334.83
66155	Glaucoma surgery		T	0234	24.5236	$1,674.15	$511.31	$334.83
66160	Glaucoma surgery		T	0234	24.5236	$1,674.15	$511.31	$334.83
66165	Glaucoma surgery		T	0234	24.5236	$1,674.15	$511.31	$334.83
66170	Glaucoma surgery		T	0234	24.5236	$1,674.15	$511.31	$334.83
66172	Incision of eye		T	0234	24.5236	$1,674.15	$511.31	$334.83
66180	Implant eye shunt		T	0673	44.5131	$3,038.78	$649.56	$607.76
66185	Revise eye shunt		T	0234	24.5236	$1,674.15	$511.31	$334.83
66220	Repair eye lesion		T	0672	40.6474	$2,774.88	.	$554.98
66225	Repair/graft eye lesion		T	0673	44.5131	$3,038.78	$649.56	$607.76
66250	Follow-up surgery of eye		T	0233	17.0898	$1,166.67	$263.12	$233.34
66500	Incision of iris		T	0232	2.4827	$169.49	$40.82	$33.90
66505	Incision of iris	CH	T	0255	7.8769	$537.73	$129.50	$107.55
66600	Remove iris and lesion		T	0234	24.5236	$1,674.15	$511.31	$334.83
66605	Removal of iris		T	0234	24.5236	$1,674.15	$511.31	$334.83
66625	Removal of iris	CH	T	0255	7.8769	$537.73	$129.50	$107.55
66630	Removal of iris		T	0234	24.5236	$1,674.15	$511.31	$334.83
66635	Removal of iris		T	0234	24.5236	$1,674.15	$511.31	$334.83
66680	Repair iris & ciliary body		T	0234	24.5236	$1,674.15	$511.31	$334.83
66682	Repair iris & ciliary body		T	0234	24.5236	$1,674.15	$511.31	$334.83
66700	Destruction, ciliary body		T	0233	17.0898	$1,166.67	$263.12	$233.34
66710	Ciliary transsleral therapy		T	0233	17.0898	$1,166.67	$263.12	$233.34
66711	Ciliary endoscopic ablation		T	0233	17.0898	$1,166.67	$263.12	$233.34
66720	Destruction, ciliary body		T	0233	17.0898	$1,166.67	$263.12	$233.34
66740	Destruction, ciliary body		T	0234	24.5236	$1,674.15	$511.31	$334.83

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
66761	Revision of iris		T	0247	5.5659	$379.97	$104.31	$76.00
66762	Revision of iris		T	0247	5.5659	$379.97	$104.31	$76.00
66770	Removal of inner eye lesion		T	0247	5.5659	$379.97	$104.31	$76.00
66820	Incision, secondary cataract	CH	T	0255	7.8769	$537.73	$129.50	$107.55
66821	After cataract laser surgery		T	0247	5.5659	$379.97	$104.31	$76.00
66825	Reposition intraocular lens		T	0234	24.5236	$1,674.15	$511.31	$334.83
66830	Removal of lens lesion	CH	T	0255	7.8769	$537.73	$129.50	$107.55
66840	Removal of lens material		T	0245	14.3198	$977.57	$196.91	$195.52
66850	Removal of lens material		T	0249	31.0191	$2,117.58	$516.99	$423.52
66852	Removal of lens material		T	0249	31.0191	$2,117.58	$516.99	$423.52
66920	Extraction of lens		T	0249	31.0191	$2,117.58	$516.99	$423.52
66930	Extraction of lens		T	0249	31.0191	$2,117.58	$516.99	$423.52
66940	Extraction of lens		T	0245	14.3198	$977.57	$196.91	$195.52
66982	Cataract surgery, complex		T	0246	24.7788	$1,691.57	$495.96	$338.32
66983	Cataract surg w/iol, 1 stage		T	0246	24.7788	$1,691.57	$495.96	$338.32
66984	Cataract surg w/iol, 1 stage		T	0246	24.7788	$1,691.57	$495.96	$338.32
66985	Insert lens prosthesis		T	0246	24.7788	$1,691.57	$495.96	$338.32
66986	Exchange lens prosthesis		T	0246	24.7788	$1,691.57	$495.96	$338.32
66990	Ophthalmic endoscope add-on		N					
66999	Eye surgery procedure		T	0232	2.4827	$169.49	$40.82	$33.90
67005	Partial removal of eye fluid		T	0237	23.2772	$1,589.06	.	$317.82
67010	Partial removal of eye fluid		T	0672	40.6474	$2,774.88	.	$554.98
67015	Release of eye fluid		T	0672	40.6474	$2,774.88	.	$554.98
67025	Replace eye fluid	CH	T	0672	40.6474	$2,774.88	.	$554.98
67027	Implant eye drug system		T	0672	40.6474	$2,774.88	.	$554.98
67028	Injection eye drug		T	0238	3.1607	$215.77	.	$43.16
67030	Incise inner eye strands		T	0237	23.2772	$1,589.06	.	$317.82
67031	Laser surgery, eye strands		T	0247	5.5659	$379.97	$104.31	$76.00
67036	Removal of inner eye fluid		T	0672	40.6474	$2,774.88	.	$554.98

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
67039	Laser treatment of retina		T	0672	40.6474	$2,774.88	.	$554.98
67040	Laser treatment of retina		T	0672	40.6474	$2,774.88	.	$554.98
67041	Vit for macular pucker		T	0672	40.6474	$2,774.88	.	$554.98
67042	Vit for macular hole		T	0672	40.6474	$2,774.88	.	$554.98
67043	Vit for membrane dissect		T	0672	40.6474	$2,774.88	.	$554.98
67101	Repair detached retina		T	0237	23.2772	$1,589.06	.	$317.82
67105	Repair detached retina		T	0247	5.5659	$379.97	$104.31	$76.00
67107	Repair detached retina		T	0672	40.6474	$2,774.88	.	$554.98
67108	Repair detached retina		T	0672	40.6474	$2,774.88	.	$554.98
67110	Repair detached retina		T	0237	23.2772	$1,589.06	.	$317.82
67112	Rerepair detached retina		T	0672	40.6474	$2,774.88	.	$554.98
67113	Repair retinal detach, cplx		T	0672	40.6474	$2,774.88	.	$554.98
67115	Release encircling material		T	0237	23.2772	$1,589.06	.	$317.82
67120	Remove eye implant material		T	0237	23.2772	$1,589.06	.	$317.82
67121	Remove eye implant material	CH	T	0672	40.6474	$2,774.88	.	$554.98
67141	Treatment of retina		T	0235	5.2921	$361.28	.	$72.26
67145	Treatment of retina		T	0247	5.5659	$379.97	$104.31	$76.00
67208	Treatment of retinal lesion		T	0235	5.2921	$361.28	.	$72.26
67210	Treatment of retinal lesion		T	0247	5.5659	$379.97	$104.31	$76.00
67218	Treatment of retinal lesion		T	0237	23.2772	$1,589.06	.	$317.82
67220	Treatment of choroid lesion		T	0235	5.2921	$361.28	.	$72.26
67221	Ocular photodynamic ther		T	0235	5.2921	$361.28	.	$72.26
67225	Eye photodynamic ther add-on		T	0235	5.2921	$361.28	.	$72.26
67227	Treatment of retinal lesion		T	0237	23.2772	$1,589.06	.	$317.82
67228	Treatment of retinal lesion		T	0247	5.5659	$379.97	$104.31	$76.00
67229	Tr retinal les preterm inf		T	0247	5.5659	$379.97	$104.31	$76.00
67250	Reinforce eye wall		T	0240	19.9889	$1,364.58	$296.20	$272.92
67255	Reinforce/graft eye wall		T	0237	23.2772	$1,589.06	.	$317.82
67299	Eye surgery procedure		T	0235	5.2921	$361.28	.	$72.26

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
67311	Revise eye muscle		T	0243	25.315	$1,728.18	$416.98	$345.64
67312	Revise two eye muscles		T	0243	25.315	$1,728.18	$416.98	$345.64
67314	Revise eye muscle		T	0243	25.315	$1,728.18	$416.98	$345.64
67316	Revise two eye muscles		T	0243	25.315	$1,728.18	$416.98	$345.64
67318	Revise eye muscle(s)		T	0243	25.315	$1,728.18	$416.98	$345.64
67320	Revise eye muscle(s) add-on		T	0243	25.315	$1,728.18	$416.98	$345.64
67331	Eye surgery follow-up add-on		T	0243	25.315	$1,728.18	$416.98	$345.64
67332	Rerevise eye muscles add-on		T	0243	25.315	$1,728.18	$416.98	$345.64
67334	Revise eye muscle w/suture		T	0243	25.315	$1,728.18	$416.98	$345.64
67335	Eye suture during surgery		T	0243	25.315	$1,728.18	$416.98	$345.64
67340	Revise eye muscle add-on		T	0243	25.315	$1,728.18	$416.98	$345.64
67343	Release eye tissue		T	0243	25.315	$1,728.18	$416.98	$345.64
67345	Destroy nerve of eye muscle		T	0238	3.1607	$215.77	.	$43.16
67346	Biopsy, eye muscle		T	0699	16.6419	$1,136.09	.	$227.22
67399	Eye muscle surgery procedure		T	0243	25.315	$1,728.18	$416.98	$345.64
67400	Explore/biopsy eye socket		T	0240	19.9889	$1,364.58	$296.20	$272.92
67405	Explore/drain eye socket		T	0241	26.8719	$1,834.46	$383.45	$366.90
67412	Explore/treat eye socket		T	0240	19.9889	$1,364.58	$296.20	$272.92
67413	Explore/treat eye socket		T	0241	26.8719	$1,834.46	$383.45	$366.90
67414	Explr/decompress eye socket		T	0242	39.3413	$2,685.71	$597.36	$537.15
67415	Aspiration, orbital contents		T	0240	19.9889	$1,364.58	$296.20	$272.92
67420	Explore/treat eye socket		T	0242	39.3413	$2,685.71	$597.36	$537.15
67430	Explore/treat eye socket		T	0242	39.3413	$2,685.71	$597.36	$537.15
67440	Explore/drain eye socket		T	0242	39.3413	$2,685.71	$597.36	$537.15
67445	Explr/decompress eye socket		T	0242	39.3413	$2,685.71	$597.36	$537.15
67450	Explore/biopsy eye socket		T	0242	39.3413	$2,685.71	$597.36	$537.15
67500	Inject/treat eye socket		S	0231	2.2924	$156.50	.	$31.30
67505	Inject/treat eye socket		T	0238	3.1607	$215.77	.	$43.16
67515	Inject/treat eye socket		T	0238	3.1607	$215.77	.	$43.16

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
67550	Insert eye socket implant		T	0242	39.3413	$2,685.71	$597.36	$537.15
67560	Revise eye socket implant		T	0241	26.8719	$1,834.46	$383.45	$366.90
67570	Decompress optic nerve		T	0242	39.3413	$2,685.71	$597.36	$537.15
67599	Orbit surgery procedure		T	0238	3.1607	$215.77	.	$43.16
67700	Drainage of eyelid abscess		T	0238	3.1607	$215.77	.	$43.16
67710	Incision of eyelid		T	0239	7.783	$531.32	.	$106.27
67715	Incision of eyelid fold		T	0240	19.9889	$1,364.58	$296.20	$272.92
67800	Remove eyelid lesion		T	0238	3.1607	$215.77	.	$43.16
67801	Remove eyelid lesions		T	0239	7.783	$531.32	.	$106.27
67805	Remove eyelid lesions		T	0238	3.1607	$215.77	.	$43.16
67808	Remove eyelid lesion(s)		T	0240	19.9889	$1,364.58	$296.20	$272.92
67810	Biopsy of eyelid		T	0238	3.1607	$215.77	.	$43.16
67820	Revise eyelashes		S	0698	0.9316	$63.60	.	$12.72
67825	Revise eyelashes		T	0238	3.1607	$215.77	.	$43.16
67830	Revise eyelashes		T	0239	7.783	$531.32	.	$106.27
67835	Revise eyelashes		T	0240	19.9889	$1,364.58	$296.20	$272.92
67840	Remove eyelid lesion		T	0239	7.783	$531.32	.	$106.27
67850	Treat eyelid lesion		T	0239	7.783	$531.32	.	$106.27
67875	Closure of eyelid by suture		T	0239	7.783	$531.32	.	$106.27
67880	Revision of eyelid		T	0233	17.0898	$1,166.67	$263.12	$233.34
67882	Revision of eyelid		T	0240	19.9889	$1,364.58	$296.20	$272.92
67900	Repair brow defect		T	0241	26.8719	$1,834.46	$383.45	$366.90
67901	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67902	Repair eyelid defect		T	0241	26.8719	$1,834.46	$383.45	$366.90
67903	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67904	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67906	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67908	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67909	Revise eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
67911	Revise eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67912	Correction eyelid w/implant		T	0240	19.9889	$1,364.58	$296.20	$272.92
67914	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67915	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67916	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67917	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67921	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67922	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67923	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67924	Repair eyelid defect		T	0240	19.9889	$1,364.58	$296.20	$272.92
67930	Repair eyelid wound		T	0240	19.9889	$1,364.58	$296.20	$272.92
67935	Repair eyelid wound		T	0240	19.9889	$1,364.58	$296.20	$272.92
67938	Remove eyelid foreign body		S	0231	2.2924	$156.50	.	$31.30
67950	Revision of eyelid		T	0240	19.9889	$1,364.58	$296.20	$272.92
67961	Revision of eyelid		T	0240	19.9889	$1,364.58	$296.20	$272.92
67966	Revision of eyelid		T	0240	19.9889	$1,364.58	$296.20	$272.92
67971	Reconstruction of eyelid		T	0240	19.9889	$1,364.58	$296.20	$272.92
67973	Reconstruction of eyelid		T	0241	26.8719	$1,834.46	$383.45	$366.90
67974	Reconstruction of eyelid		T	0240	19.9889	$1,364.58	$296.20	$272.92
67975	Reconstruction of eyelid		T	0240	19.9889	$1,364.58	$296.20	$272.92
67999	Revision of eyelid		T	0238	3.1607	$215.77	.	$43.16
68020	Incise/drain eyelid lining		T	0238	3.1607	$215.77	.	$43.16
68040	Treatment of eyelid lesions		S	0698	0.9316	$63.60	.	$12.72
68100	Biopsy of eyelid lining	CH	T	0255	7.8769	$537.73	$129.50	$107.55
68110	Remove eyelid lining lesion		T	0699	16.6419	$1,136.09	.	$227.22
68115	Remove eyelid lining lesion		T	0240	19.9889	$1,364.58	$296.20	$272.92
68130	Remove eyelid lining lesion		T	0233	17.0898	$1,166.67	$263.12	$233.34
68135	Remove eyelid lining lesion		T	0239	7.783	$531.32	.	$106.27
68200	Treat eyelid by injection		S	0698	0.9316	$63.60	.	$12.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
68320	Revise/graft eyelid lining		T	0241	26.8719	$1,834.46	$383.45	$366.90
68325	Revise/graft eyelid lining		T	0241	26.8719	$1,834.46	$383.45	$366.90
68326	Revise/graft eyelid lining		T	0240	19.9889	$1,364.58	$296.20	$272.92
68328	Revise/graft eyelid lining		T	0241	26.8719	$1,834.46	$383.45	$366.90
68330	Revise eyelid lining		T	0234	24.5236	$1,674.15	$511.31	$334.83
68335	Revise/graft eyelid lining		T	0241	26.8719	$1,834.46	$383.45	$366.90
68340	Separate eyelid adhesions		T	0240	19.9889	$1,364.58	$296.20	$272.92
68360	Revise eyelid lining		T	0234	24.5236	$1,674.15	$511.31	$334.83
68362	Revise eyelid lining		T	0234	24.5236	$1,674.15	$511.31	$334.83
68371	Harvest eye tissue, alograft		T	0233	17.0898	$1,166.67	$263.12	$233.34
68399	Eyelid lining surgery		T	0238	3.1607	$215.77	.	$43.16
68400	Incise/drain tear gland		T	0238	3.1607	$215.77	.	$43.16
68420	Incise/drain tear sac		T	0240	19.9889	$1,364.58	$296.20	$272.92
68440	Incise tear duct opening		T	0238	3.1607	$215.77	.	$43.16
68500	Removal of tear gland		T	0241	26.8719	$1,834.46	$383.45	$366.90
68505	Partial removal, tear gland		T	0241	26.8719	$1,834.46	$383.45	$366.90
68510	Biopsy of tear gland		T	0240	19.9889	$1,364.58	$296.20	$272.92
68520	Removal of tear sac		T	0241	26.8719	$1,834.46	$383.45	$366.90
68525	Biopsy of tear sac		T	0240	19.9889	$1,364.58	$296.20	$272.92
68530	Clearance of tear duct		T	0238	3.1607	$215.77	.	$43.16
68540	Remove tear gland lesion		T	0240	19.9889	$1,364.58	$296.20	$272.92
68550	Remove tear gland lesion		T	0241	26.8719	$1,834.46	$383.45	$366.90
68700	Repair tear ducts		T	0240	19.9889	$1,364.58	$296.20	$272.92
68705	Revise tear duct opening		T	0238	3.1607	$215.77	.	$43.16
68720	Create tear sac drain		T	0241	26.8719	$1,834.46	$383.45	$366.90
68745	Create tear duct drain		T	0241	26.8719	$1,834.46	$383.45	$366.90
68750	Create tear duct drain		T	0241	26.8719	$1,834.46	$383.45	$366.90
68760	Close tear duct opening		T	0238	3.1607	$215.77	.	$43.16
68761	Close tear duct opening		T	0238	3.1607	$215.77	.	$43.16

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
68770	Close tear system fistula		T	0241	26.8719	$1,834.46	$383.45	$366.90
68801	Dilate tear duct opening		S	0698	0.9316	$63.60	.	$12.72
68810	Probe nasolacrimal duct		T	0238	3.1607	$215.77	.	$43.16
68811	Probe nasolacrimal duct		T	0240	19.9889	$1,364.58	$296.20	$272.92
68815	Probe nasolacrimal duct		T	0240	19.9889	$1,364.58	$296.20	$272.92
68816	Probe nl duct w/balloon		T	0240	19.9889	$1,364.58	$296.20	$272.92
68840	Explore/irrigate tear ducts		S	0231	2.2924	$156.50	.	$31.30
68850	Injection for tear sac x-ray		N					
68899	Tear duct system surgery		T	0238	3.1607	$215.77	.	$43.16
69000	Drain external ear lesion		T	0006	1.4939	$101.98	.	$20.40
69005	Drain external ear lesion		T	0008	20.2481	$1,382.28	.	$276.46
69020	Drain outer ear canal lesion		T	0006	1.4939	$101.98	.	$20.40
69090	Pierce earlobes		E					
69100	Biopsy of external ear		T	0251	3.4369	$234.63	.	$46.93
69105	Biopsy of external ear canal		T	0253	17.4151	$1,188.88	$282.29	$237.78
69110	Remove external ear, partial		T	0021	18.2223	$1,243.98	.	$248.80
69120	Removal of external ear		T	0254	25.5397	$1,743.52	.	$348.71
69140	Remove ear canal lesion(s)		T	0254	25.5397	$1,743.52	.	$348.71
69145	Remove ear canal lesion(s)		T	0021	18.2223	$1,243.98	.	$248.80
69150	Extensive ear canal surgery		T	0252	7.8743	$537.55	$109.16	$107.51
69155	Extensive ear/neck surgery		C					
69200	Clear outer ear canal		X	0340	0.6899	$47.10	.	$9.42
69205	Clear outer ear canal		T	0022	24.1269	$1,647.07	$354.45	$329.42
69210	Remove impacted ear wax		X	0340	0.6899	$47.10	.	$9.42
69220	Clean out mastoid cavity		T	0013	0.8782	$59.95	.	$11.99
69222	Clean out mastoid cavity		T	0253	17.4151	$1,188.88	$282.29	$237.78
69300	Revise external ear		T	0254	25.5397	$1,743.52	.	$348.71
69310	Rebuild outer ear canal		T	0256	44.8441	$3,061.37	.	$612.28
69320	Rebuild outer ear canal		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
69399	Outer ear surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
69400	Inflate middle ear canal		T	0251	3.4369	$234.63	.	$46.93
69401	Inflate middle ear canal		T	0251	3.4369	$234.63	.	$46.93
69405	Catheterize middle ear canal		T	0252	7.8743	$537.55	$109.16	$107.51
69420	Incision of eardrum		T	0251	3.4369	$234.63	.	$46.93
69421	Incision of eardrum		T	0253	17.4151	$1,188.88	$282.29	$237.78
69424	Remove ventilating tube		T	0253	17.4151	$1,188.88	$282.29	$237.78
69433	Create eardrum opening		T	0252	7.8743	$537.55	$109.16	$107.51
69436	Create eardrum opening		T	0253	17.4151	$1,188.88	$282.29	$237.78
69440	Exploration of middle ear		T	0254	25.5397	$1,743.52	.	$348.71
69450	Eardrum revision		T	0256	44.8441	$3,061.37	.	$612.28
69501	Mastoidectomy		T	0256	44.8441	$3,061.37	.	$612.28
69502	Mastoidectomy		T	0254	25.5397	$1,743.52	.	$348.71
69505	Remove mastoid structures		T	0256	44.8441	$3,061.37	.	$612.28
69511	Extensive mastoid surgery		T	0256	44.8441	$3,061.37	.	$612.28
69530	Extensive mastoid surgery		T	0256	44.8441	$3,061.37	.	$612.28
69535	Remove part of temporal bone		C					
69540	Remove ear lesion		T	0253	17.4151	$1,188.88	$282.29	$237.78
69550	Remove ear lesion		T	0256	44.8441	$3,061.37	.	$612.28
69552	Remove ear lesion		T	0256	44.8441	$3,061.37	.	$612.28
69554	Remove ear lesion		C					
69601	Mastoid surgery revision		T	0256	44.8441	$3,061.37	.	$612.28
69602	Mastoid surgery revision		T	0256	44.8441	$3,061.37	.	$612.28
69603	Mastoid surgery revision		T	0256	44.8441	$3,061.37	.	$612.28
69604	Mastoid surgery revision		T	0256	44.8441	$3,061.37	.	$612.28
69605	Mastoid surgery revision		T	0256	44.8441	$3,061.37	.	$612.28
69610	Repair of eardrum		T	0254	25.5397	$1,743.52	.	$348.71
69620	Repair of eardrum		T	0254	25.5397	$1,743.52	.	$348.71
69631	Repair eardrum structures		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
69632	Rebuild eardrum structures		T	0256	44.8441	$3,061.37	.	$612.28
69633	Rebuild eardrum structures		T	0256	44.8441	$3,061.37	.	$612.28
69635	Repair eardrum structures		T	0256	44.8441	$3,061.37	.	$612.28
69636	Rebuild eardrum structures		T	0256	44.8441	$3,061.37	.	$612.28
69637	Rebuild eardrum structures		T	0256	44.8441	$3,061.37	.	$612.28
69641	Revise middle ear & mastoid		T	0256	44.8441	$3,061.37	.	$612.28
69642	Revise middle ear & mastoid		T	0256	44.8441	$3,061.37	.	$612.28
69643	Revise middle ear & mastoid		T	0256	44.8441	$3,061.37	.	$612.28
69644	Revise middle ear & mastoid		T	0256	44.8441	$3,061.37	.	$612.28
69645	Revise middle ear & mastoid		T	0256	44.8441	$3,061.37	.	$612.28
69646	Revise middle ear & mastoid		T	0256	44.8441	$3,061.37	.	$612.28
69650	Release middle ear bone		T	0254	25.5397	$1,743.52	.	$348.71
69660	Revise middle ear bone		T	0256	44.8441	$3,061.37	.	$612.28
69661	Revise middle ear bone		T	0256	44.8441	$3,061.37	.	$612.28
69662	Revise middle ear bone		T	0256	44.8441	$3,061.37	.	$612.28
69666	Repair middle ear structures		T	0256	44.8441	$3,061.37	.	$612.28
69667	Repair middle ear structures		T	0256	44.8441	$3,061.37	.	$612.28
69670	Remove mastoid air cells		T	0256	44.8441	$3,061.37	.	$612.28
69676	Remove middle ear nerve		T	0256	44.8441	$3,061.37	.	$612.28
69700	Close mastoid fistula		T	0256	44.8441	$3,061.37	.	$612.28
69710	Implant/replace hearing aid		E					
69711	Remove/repair hearing aid		T	0256	44.8441	$3,061.37	.	$612.28
69714	Implant temple bone w/stimul		T	0425	122.1766	$8,340.63	.	$1,668.13
69715	Temple bne implnt w/stimulat		T	0425	122.1766	$8,340.63	.	$1,668.13
69717	Temple bone implant revision		T	0425	122.1766	$8,340.63	.	$1,668.13
69718	Revise temple bone implant		T	0425	122.1766	$8,340.63	.	$1,668.13
69720	Release facial nerve		T	0256	44.8441	$3,061.37	.	$612.28
69725	Release facial nerve		T	0256	44.8441	$3,061.37	.	$612.28
69740	Repair facial nerve		T	0256	44.8441	$3,061.37	.	$612.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
69745	Repair facial nerve		T	0256	44.8441	$3,061.37	.	$612.28
69799	Middle ear surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
69801	Incise inner ear		T	0254	25.5397	$1,743.52	.	$348.71
69802	Incise inner ear		T	0254	25.5397	$1,743.52	.	$348.71
69805	Explore inner ear		T	0256	44.8441	$3,061.37	.	$612.28
69806	Explore inner ear		T	0256	44.8441	$3,061.37	.	$612.28
69820	Establish inner ear window		T	0256	44.8441	$3,061.37	.	$612.28
69840	Revise inner ear window		T	0256	44.8441	$3,061.37	.	$612.28
69905	Remove inner ear		T	0256	44.8441	$3,061.37	.	$612.28
69910	Remove inner ear & mastoid		T	0256	44.8441	$3,061.37	.	$612.28
69915	Incise inner ear nerve		T	0256	44.8441	$3,061.37	.	$612.28
69930	Implant cochlear device		T	0259	454.7997	$31,047.81	$8,543.66	$6,209.57
69949	Inner ear surgery procedure		T	0250	1.1743	$80.17	$25.10	$16.04
69950	Incise inner ear nerve		C					
69955	Release facial nerve		T	0256	44.8441	$3,061.37	.	$612.28
69960	Release inner ear canal		T	0256	44.8441	$3,061.37	.	$612.28
69970	Remove inner ear lesion		T	0256	44.8441	$3,061.37	.	$612.28
69979	Temporal bone surgery		T	0250	1.1743	$80.17	$25.10	$16.04
69990	Microsurgery add-on		N					
70010	Contrast x-ray of brain		Q2	0274	7.4103	$505.88	.	$101.18
70015	Contrast x-ray of brain		Q2	0274	7.4103	$505.88	.	$101.18
70030	X-ray eye for foreign body		X	0260	0.6683	$45.62	.	$9.13
70100	X-ray exam of jaw		X	0260	0.6683	$45.62	.	$9.13
70110	X-ray exam of jaw		X	0260	0.6683	$45.62	.	$9.13
70120	X-ray exam of mastoids		X	0260	0.6683	$45.62	.	$9.13
70130	X-ray exam of mastoids		X	0260	0.6683	$45.62	.	$9.13
70134	X-ray exam of middle ear		X	0261	1.1314	$77.24	.	$15.45
70140	X-ray exam of facial bones		X	0260	0.6683	$45.62	.	$9.13
70150	X-ray exam of facial bones		X	0260	0.6683	$45.62	.	$9.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
70160	X-ray exam of nasal bones		X	0260	0.6683	$45.62	.	$9.13
70170	X-ray exam of tear duct		Q2	0263	3.3875	$231.25	.	$46.25
70190	X-ray exam of eye sockets		X	0260	0.6683	$45.62	.	$9.13
70200	X-ray exam of eye sockets		X	0260	0.6683	$45.62	.	$9.13
70210	X-ray exam of sinuses		X	0260	0.6683	$45.62	.	$9.13
70220	X-ray exam of sinuses		X	0260	0.6683	$45.62	.	$9.13
70240	X-ray exam, pituitary saddle		X	0260	0.6683	$45.62	.	$9.13
70250	X-ray exam of skull		X	0260	0.6683	$45.62	.	$9.13
70260	X-ray exam of skull		X	0261	1.1314	$77.24	.	$15.45
70300	X-ray exam of teeth		X	0262	0.4853	$33.13	.	$6.63
70310	X-ray exam of teeth		X	0262	0.4853	$33.13	.	$6.63
70320	Full mouth x-ray of teeth		X	0262	0.4853	$33.13	.	$6.63
70328	X-ray exam of jaw joint		X	0260	0.6683	$45.62	.	$9.13
70330	X-ray exam of jaw joints		X	0260	0.6683	$45.62	.	$9.13
70332	X-ray exam of jaw joint		Q2	0275	4.0041	$273.35	$68.90	$54.67
70336	Magnetic image, jaw joint		Q3	0336	5.1052	$348.52	$137.34	$69.71
70350	X-ray head for orthodontia		X	0260	0.6683	$45.62	.	$9.13
70355	Panoramic x-ray of jaws	CH	X	0262	0.4853	$33.13	.	$6.63
70360	X-ray exam of neck		X	0260	0.6683	$45.62	.	$9.13
70370	Throat x-ray & fluoroscopy		X	0272	1.2472	$85.14	$31.07	$17.03
70371	Speech evaluation, complex		X	0272	1.2472	$85.14	$31.07	$17.03
70373	Contrast x-ray of larynx		Q2	0263	3.3875	$231.25	.	$46.25
70380	X-ray exam of salivary gland		X	0260	0.6683	$45.62	.	$9.13
70390	X-ray exam of salivary duct		Q2	0263	3.3875	$231.25	.	$46.25
70450	Ct head/brain w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
70460	Ct head/brain w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
70470	Ct head/brain w/o & w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
70480	Ct orbit/ear/fossa w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
70481	Ct orbit/ear/fossa w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
70482	Ct orbit/ear/fossa w/o&w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
70486	Ct maxillofacial w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
70487	Ct maxillofacial w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
70488	Ct maxillofacial w/o & w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
70490	Ct soft tissue neck w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
70491	Ct soft tissue neck w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
70492	Ct sft tsue nck w/o & w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
70496	Ct angiography, head		Q3	0662	5.0605	$345.47	$114.75	$69.10
70498	Ct angiography, neck		Q3	0662	5.0605	$345.47	$114.75	$69.10
70540	Mri orbit/face/neck w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
70542	Mri orbit/face/neck w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
70543	Mri orbt/fac/nck w/o & w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
70544	Mr angiography head w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
70545	Mr angiography head w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
70546	Mr angiograph head w/o&w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
70547	Mr angiography neck w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
70548	Mr angiography neck w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
70549	Mr angiograph neck w/o&w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
70551	Mri brain w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
70552	Mri brain w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
70553	Mri brain w/o & w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
70554	Fmri brain by tech		Q3	0336	5.1052	$348.52	$137.34	$69.71
70555	Fmri brain by phys/psych		S	0336	5.1052	$348.52	$137.34	$69.71
70557	Mri brain w/o dye		S	0336	5.1052	$348.52	$137.34	$69.71
70558	Mri brain w/dye		S	0284	6.4555	$440.70	$146.85	$88.14
70559	Mri brain w/o & w/dye		S	0337	7.9271	$541.16	$197.83	$108.24
71010	Chest x-ray		X	0260	0.6683	$45.62	.	$9.13
71015	Chest x-ray		X	0260	0.6683	$45.62	.	$9.13
71020	Chest x-ray		X	0260	0.6683	$45.62	.	$9.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
71021	Chest x-ray		X	0260	0.6683	$45.62	.	$9.13
71022	Chest x-ray		X	0260	0.6683	$45.62	.	$9.13
71023	Chest x-ray and fluoroscopy		X	0272	1.2472	$85.14	$31.07	$17.03
71030	Chest x-ray		X	0260	0.6683	$45.62	.	$9.13
71034	Chest x-ray and fluoroscopy		X	0272	1.2472	$85.14	$31.07	$17.03
71035	Chest x-ray		X	0260	0.6683	$45.62	.	$9.13
71040	Contrast x-ray of bronchi		Q2	0263	3.3875	$231.25	.	$46.25
71060	Contrast x-ray of bronchi		Q2	0263	3.3875	$231.25	.	$46.25
71090	X-ray & pacemaker insertion		N					
71100	X-ray exam of ribs		X	0260	0.6683	$45.62	.	$9.13
71101	X-ray exam of ribs/chest		X	0260	0.6683	$45.62	.	$9.13
71110	X-ray exam of ribs		X	0260	0.6683	$45.62	.	$9.13
71111	X-ray exam of ribs/chest		X	0261	1.1314	$77.24	.	$15.45
71120	X-ray exam of breastbone		X	0260	0.6683	$45.62	.	$9.13
71130	X-ray exam of breastbone		X	0260	0.6683	$45.62	.	$9.13
71250	Ct thorax w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
71260	Ct thorax w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
71270	Ct thorax w/o & w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
71275	Ct angiography, chest		Q3	0662	5.0605	$345.47	$114.75	$69.10
71550	Mri chest w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
71551	Mri chest w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
71552	Mri chest w/o & w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
71555	Mri angio chest w or w/o dye		B					
72010	X-ray exam of spine		X	0261	1.1314	$77.24	.	$15.45
72020	X-ray exam of spine		X	0260	0.6683	$45.62	.	$9.13
72040	X-ray exam of neck spine		X	0260	0.6683	$45.62	.	$9.13
72050	X-ray exam of neck spine		X	0261	1.1314	$77.24	.	$15.45
72052	X-ray exam of neck spine		X	0261	1.1314	$77.24	.	$15.45
72069	X-ray exam of trunk spine		X	0260	0.6683	$45.62	.	$9.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
72070	X-ray exam of thoracic spine		X	0260	0.6683	$45.62	.	$9.13
72072	X-ray exam of thoracic spine		X	0260	0.6683	$45.62	.	$9.13
72074	X-ray exam of thoracic spine		X	0260	0.6683	$45.62	.	$9.13
72080	X-ray exam of trunk spine		X	0260	0.6683	$45.62	.	$9.13
72090	X-ray exam of trunk spine		X	0261	1.1314	$77.24	.	$15.45
72100	X-ray exam of lower spine		X	0260	0.6683	$45.62	.	$9.13
72110	X-ray exam of lower spine		X	0261	1.1314	$77.24	.	$15.45
72114	X-ray exam of lower spine		X	0261	1.1314	$77.24	.	$15.45
72120	X-ray exam of lower spine	CH	X	0260	0.6683	$45.62	.	$9.13
72125	Ct neck spine w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
72126	Ct neck spine w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
72127	Ct neck spine w/o & w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
72128	Ct chest spine w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
72129	Ct chest spine w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
72130	Ct chest spine w/o & w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
72131	Ct lumbar spine w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
72132	Ct lumbar spine w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
72133	Ct lumbar spine w/o & w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
72141	Mri neck spine w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
72142	Mri neck spine w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
72146	Mri chest spine w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
72147	Mri chest spine w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
72148	Mri lumbar spine w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
72149	Mri lumbar spine w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
72156	Mri neck spine w/o & w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
72157	Mri chest spine w/o & w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
72158	Mri lumbar spine w/o & w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
72159	Mr angio spine w/o&w/dye		E					
72170	X-ray exam of pelvis		X	0260	0.6683	$45.62	.	$9.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
72190	X-ray exam of pelvis		X	0260	0.6683	$45.62	.	$9.13
72191	Ct angiograph pelv w/o&w/dye		Q3	0662	5.0605	$345.47	$114.75	$69.10
72192	Ct pelvis w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
72193	Ct pelvis w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
72194	Ct pelvis w/o & w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
72195	Mri pelvis w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
72196	Mri pelvis w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
72197	Mri pelvis w/o & w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
72198	Mr angio pelvis w/o & w/dye		B					
72200	X-ray exam sacroiliac joints		X	0260	0.6683	$45.62	.	$9.13
72202	X-ray exam sacroiliac joints		X	0260	0.6683	$45.62	.	$9.13
72220	X-ray exam of tailbone		X	0260	0.6683	$45.62	.	$9.13
72240	Contrast x-ray of neck spine		Q2	0274	7.4103	$505.88	.	$101.18
72255	Contrast x-ray, thorax spine		Q2	0274	7.4103	$505.88	.	$101.18
72265	Contrast x-ray, lower spine		Q2	0274	7.4103	$505.88	.	$101.18
72270	Contrast x-ray, spine		Q2	0274	7.4103	$505.88	.	$101.18
72275	Epidurography		N					
72285	X-ray c/t spine disk		Q2	0388	24.9242	$1,701.50	.	$340.30
72291	Perq verte/sacroplsty, fluor		N					
72292	Perq verte/sacroplsty, ct		N					
72295	X-ray of lower spine disk		Q2	0388	24.9242	$1,701.50	.	$340.30
73000	X-ray exam of collar bone		X	0260	0.6683	$45.62	.	$9.13
73010	X-ray exam of shoulder blade		X	0260	0.6683	$45.62	.	$9.13
73020	X-ray exam of shoulder		X	0260	0.6683	$45.62	.	$9.13
73030	X-ray exam of shoulder		X	0260	0.6683	$45.62	.	$9.13
73040	Contrast x-ray of shoulder		Q2	0275	4.0041	$273.35	$68.90	$54.67
73050	X-ray exam of shoulders		X	0260	0.6683	$45.62	.	$9.13
73060	X-ray exam of humerus		X	0260	0.6683	$45.62	.	$9.13
73070	X-ray exam of elbow		X	0260	0.6683	$45.62	.	$9.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
73080	X-ray exam of elbow		X	0260	0.6683	$45.62	.	$9.13
73085	Contrast x-ray of elbow		Q2	0275	4.0041	$273.35	$68.90	$54.67
73090	X-ray exam of forearm		X	0260	0.6683	$45.62	.	$9.13
73092	X-ray exam of arm, infant		X	0260	0.6683	$45.62	.	$9.13
73100	X-ray exam of wrist		X	0260	0.6683	$45.62	.	$9.13
73110	X-ray exam of wrist		X	0260	0.6683	$45.62	.	$9.13
73115	Contrast x-ray of wrist		Q2	0275	4.0041	$273.35	$68.90	$54.67
73120	X-ray exam of hand		X	0260	0.6683	$45.62	.	$9.13
73130	X-ray exam of hand		X	0260	0.6683	$45.62	.	$9.13
73140	X-ray exam of finger(s)		X	0260	0.6683	$45.62	.	$9.13
73200	Ct upper extremity w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
73201	Ct upper extremity w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
73202	Ct uppr extremity w/o&w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
73206	Ct angio upr extrm w/o&w/dye		Q3	0662	5.0605	$345.47	$114.75	$69.10
73218	Mri upper extremity w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
73219	Mri upper extremity w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
73220	Mri uppr extremity w/o&w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
73221	Mri joint upr extrem w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
73222	Mri joint upr extrem w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
73223	Mri joint upr extr w/o&w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
73225	Mr angio upr extr w/o&w/dye		E					
73500	X-ray exam of hip		X	0260	0.6683	$45.62	.	$9.13
73510	X-ray exam of hip		X	0260	0.6683	$45.62	.	$9.13
73520	X-ray exam of hips	CH	X	0260	0.6683	$45.62	.	$9.13
73525	Contrast x-ray of hip		Q2	0275	4.0041	$273.35	$68.90	$54.67
73530	X-ray exam of hip		N					
73540	X-ray exam of pelvis & hips		X	0260	0.6683	$45.62	.	$9.13
73542	X-ray exam, sacroiliac joint		Q2	0275	4.0041	$273.35	$68.90	$54.67
73550	X-ray exam of thigh		X	0260	0.6683	$45.62	.	$9.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
73560	X-ray exam of knee, 1 or 2		X	0260	0.6683	$45.62	.	$9.13
73562	X-ray exam of knee, 3		X	0260	0.6683	$45.62	.	$9.13
73564	X-ray exam, knee, 4 or more		X	0260	0.6683	$45.62	.	$9.13
73565	X-ray exam of knees		X	0260	0.6683	$45.62	.	$9.13
73580	Contrast x-ray of knee joint		Q2	0275	4.0041	$273.35	$68.90	$54.67
73590	X-ray exam of lower leg		X	0260	0.6683	$45.62	.	$9.13
73592	X-ray exam of leg, infant		X	0260	0.6683	$45.62	.	$9.13
73600	X-ray exam of ankle		X	0260	0.6683	$45.62	.	$9.13
73610	X-ray exam of ankle		X	0260	0.6683	$45.62	.	$9.13
73615	Contrast x-ray of ankle		Q2	0275	4.0041	$273.35	$68.90	$54.67
73620	X-ray exam of foot		X	0260	0.6683	$45.62	.	$9.13
73630	X-ray exam of foot		X	0260	0.6683	$45.62	.	$9.13
73650	X-ray exam of heel		X	0260	0.6683	$45.62	.	$9.13
73660	X-ray exam of toe(s)		X	0260	0.6683	$45.62	.	$9.13
73700	Ct lower extremity w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
73701	Ct lower extremity w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
73702	Ct lwr extremity w/o&w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
73706	Ct angio lwr extr w/o&w/dye		Q3	0662	5.0605	$345.47	$114.75	$69.10
73718	Mri lower extremity w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
73719	Mri lower extremity w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
73720	Mri lwr extremity w/o&w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
73721	Mri jnt of lwr extre w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
73722	Mri joint of lwr extr w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
73723	Mri joint lwr extr w/o&w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
73725	Mr ang lwr ext w or w/o dye		B					
74000	X-ray exam of abdomen		X	0260	0.6683	$45.62	.	$9.13
74010	X-ray exam of abdomen		X	0260	0.6683	$45.62	.	$9.13
74020	X-ray exam of abdomen		X	0260	0.6683	$45.62	.	$9.13
74022	X-ray exam series, abdomen		X	0261	1.1314	$77.24	.	$15.45

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
74150	Ct abdomen w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
74160	Ct abdomen w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
74170	Ct abdomen w/o & w/dye		Q3	0333	4.8922	$333.98	$116.13	$66.80
74175	Ct angio abdom w/o & w/dye		Q3	0662	5.0605	$345.47	$114.75	$69.10
74181	Mri abdomen w/o dye		Q3	0336	5.1052	$348.52	$137.34	$69.71
74182	Mri abdomen w/dye		Q3	0284	6.4555	$440.70	$146.85	$88.14
74183	Mri abdomen w/o & w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
74185	Mri angio, abdom w orw/o dye		B					
74190	X-ray exam of peritoneum		Q2	0263	3.3875	$231.25	.	$46.25
74210	Contrst x-ray exam of throat		S	0276	1.289	$88.00	$34.66	$17.60
74220	Contrast x-ray, esophagus		S	0276	1.289	$88.00	$34.66	$17.60
74230	Cine/vid x-ray, throat/esoph		S	0276	1.289	$88.00	$34.66	$17.60
74235	Remove esophagus obstruction		N					
74240	X-ray exam, upper gi tract		S	0276	1.289	$88.00	$34.66	$17.60
74241	X-ray exam, upper gi tract		S	0276	1.289	$88.00	$34.66	$17.60
74245	X-ray exam, upper gi tract		S	0277	2.0916	$142.79	$53.90	$28.56
74246	Contrst x-ray uppr gi tract		S	0276	1.289	$88.00	$34.66	$17.60
74247	Contrst x-ray uppr gi tract		S	0276	1.289	$88.00	$34.66	$17.60
74249	Contrst x-ray uppr gi tract		S	0277	2.0916	$142.79	$53.90	$28.56
74250	X-ray exam of small bowel		S	0276	1.289	$88.00	$34.66	$17.60
74251	X-ray exam of small bowel		S	0277	2.0916	$142.79	$53.90	$28.56
74260	X-ray exam of small bowel		S	0276	1.289	$88.00	$34.66	$17.60
74261	Ct colonography, w/o dye		Q3	0332	2.8569	$195.03	$75.24	$39.01
74262	Ct colonography, w/dye		Q3	0283	4.412	$301.19	$96.62	$60.24
74263	Ct colonography, screen		E					
74270	Contrast x-ray exam of colon		S	0276	1.289	$88.00	$34.66	$17.60
74280	Contrast x-ray exam of colon		S	0277	2.0916	$142.79	$53.90	$28.56
74283	Contrast x-ray exam of colon		S	0276	1.289	$88.00	$34.66	$17.60
74290	Contrast x-ray, gallbladder		S	0276	1.289	$88.00	$34.66	$17.60

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
74291	Contrast x-rays, gallbladder		S	0276	1.289	$88.00	$34.66	$17.60
74300	X-ray bile ducts/pancreas		N					
74301	X-rays at surgery add-on		N					
74305	X-ray bile ducts/pancreas		Q2	0263	3.3875	$231.25	.	$46.25
74320	Contrast x-ray of bile ducts		Q2	0317	5.982	$408.37	.	$81.68
74327	X-ray bile stone removal		N					
74328	X-ray bile duct endoscopy		N					
74329	X-ray for pancreas endoscopy		N					
74330	X-ray bile/panc endoscopy		N					
74340	X-ray guide for GI tube		N					
74355	X-ray guide, intestinal tube		N					
74360	X-ray guide, GI dilation		N					
74363	X-ray, bile duct dilation		N					
74400	Contrst x-ray, urinary tract		S	0278	2.591	$176.88	$58.44	$35.38
74410	Contrst x-ray, urinary tract		S	0278	2.591	$176.88	$58.44	$35.38
74415	Contrst x-ray, urinary tract		S	0278	2.591	$176.88	$58.44	$35.38
74420	Contrst x-ray, urinary tract		S	0278	2.591	$176.88	$58.44	$35.38
74425	Contrst x-ray, urinary tract		Q2	0278	2.591	$176.88	$58.44	$35.38
74430	Contrast x-ray, bladder		Q2	0278	2.591	$176.88	$58.44	$35.38
74440	X-ray, male genital tract		Q2	0278	2.591	$176.88	$58.44	$35.38
74445	X-ray exam of penis		Q2	0278	2.591	$176.88	$58.44	$35.38
74450	X-ray, urethra/bladder		Q2	0278	2.591	$176.88	$58.44	$35.38
74455	X-ray, urethra/bladder		Q2	0278	2.591	$176.88	$58.44	$35.38
74470	X-ray exam of kidney lesion		Q2	0263	3.3875	$231.25	.	$46.25
74475	X-ray control, cath insert		Q2	0161	17.7215	$1,209.79	.	$241.96
74480	X-ray control, cath insert		Q2	0161	17.7215	$1,209.79	.	$241.96
74485	X-ray guide, GU dilation		Q2	0161	17.7215	$1,209.79	.	$241.96
74710	X-ray measurement of pelvis		X	0261	1.1314	$77.24	.	$15.45
74740	X-ray, female genital tract		Q2	0263	3.3875	$231.25	.	$46.25

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
74742	X-ray, fallopian tube		N					
74775	X-ray exam of perineum		S	0278	2.591	$176.88	$58.44	$35.38
75557	Cardiac mri for morph		Q3	0336	5.1052	$348.52	$137.34	$69.71
75559	Cardiac mri w/stress img		Q3	0336	5.1052	$348.52	$137.34	$69.71
75561	Cardiac mri for morph w/dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
75563	Card mri w/stress img & dye		Q3	0337	7.9271	$541.16	$197.83	$108.24
75565	Card mri vel flw map add-on		N					
75571	Ct hrt w/o dye w/ca test		X	0340	0.6899	$47.10	.	$9.42
75572	Ct hrt w/3d image		S	0383	3.7795	$258.02	.	$51.61
75573	Ct hrt w/3d image, congen		S	0383	3.7795	$258.02	.	$51.61
75574	Ct angio hrt w/3d image		S	0383	3.7795	$258.02	.	$51.61
75600	Contrast x-ray exam of aorta		Q2	0279	29.7399	$2,030.25	.	$406.05
75605	Contrast x-ray exam of aorta		Q2	0279	29.7399	$2,030.25	.	$406.05
75625	Contrast x-ray exam of aorta		Q2	0279	29.7399	$2,030.25	.	$406.05
75630	X-ray aorta, leg arteries		Q2	0279	29.7399	$2,030.25	.	$406.05
75635	Ct angio abdominal arteries		Q2	0662	5.0605	$345.47	$114.75	$69.10
75650	Artery x-rays, head & neck		Q2	0280	48.7134	$3,325.52	.	$665.11
75658	Artery x-rays, arm		Q2	0279	29.7399	$2,030.25	.	$406.05
75660	Artery x-rays, head & neck		Q2	0280	48.7134	$3,325.52	.	$665.11
75662	Artery x-rays, head & neck		Q2	0280	48.7134	$3,325.52	.	$665.11
75665	Artery x-rays, head & neck		Q2	0279	29.7399	$2,030.25	.	$406.05
75671	Artery x-rays, head & neck		Q2	0280	48.7134	$3,325.52	.	$665.11
75676	Artery x-rays, neck		Q2	0279	29.7399	$2,030.25	.	$406.05
75680	Artery x-rays, neck		Q2	0279	29.7399	$2,030.25	.	$406.05
75685	Artery x-rays, spine		Q2	0279	29.7399	$2,030.25	.	$406.05
75705	Artery x-rays, spine		Q2	0279	29.7399	$2,030.25	.	$406.05
75710	Artery x-rays, arm/leg		Q2	0279	29.7399	$2,030.25	.	$406.05
75716	Artery x-rays, arms/legs		Q2	0279	29.7399	$2,030.25	.	$406.05
75722	Artery x-rays, kidney		Q2	0279	29.7399	$2,030.25	.	$406.05

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
75724	Artery x-rays, kidneys		Q2	0279	29.7399	$2,030.25	.	$406.05
75726	Artery x-rays, abdomen		Q2	0279	29.7399	$2,030.25	.	$406.05
75731	Artery x-rays, adrenal gland		Q2	0279	29.7399	$2,030.25	.	$406.05
75733	Artery x-rays, adrenals		Q2	0279	29.7399	$2,030.25	.	$406.05
75736	Artery x-rays, pelvis		Q2	0279	29.7399	$2,030.25	.	$406.05
75741	Artery x-rays, lung		Q2	0279	29.7399	$2,030.25	.	$406.05
75743	Artery x-rays, lungs		Q2	0279	29.7399	$2,030.25	.	$406.05
75746	Artery x-rays, lung		Q2	0668	10.6287	$725.59	.	$145.12
75756	Artery x-rays, chest		Q2	0668	10.6287	$725.59	.	$145.12
75774	Artery x-ray, each vessel		N					
75791	Av dialysis shunt imaging		Q2	0676	2.3844	$162.78	.	$32.56
75801	Lymph vessel x-ray, arm/leg		Q2	0317	5.982	$408.37	.	$81.68
75803	Lymph vessel x-ray,arms/legs		Q2	0317	5.982	$408.37	.	$81.68
75805	Lymph vessel x-ray, trunk		Q2	0317	5.982	$408.37	.	$81.68
75807	Lymph vessel x-ray, trunk		Q2	0317	5.982	$408.37	.	$81.68
75809	Nonvascular shunt, x-ray		Q2	0261	1.1314	$77.24	.	$15.45
75810	Vein x-ray, spleen/liver		Q2	0279	29.7399	$2,030.25	.	$406.05
75820	Vein x-ray, arm/leg		Q2	0668	10.6287	$725.59	.	$145.12
75822	Vein x-ray, arms/legs		Q2	0668	10.6287	$725.59	.	$145.12
75825	Vein x-ray, trunk		Q2	0279	29.7399	$2,030.25	.	$406.05
75827	Vein x-ray, chest		Q2	0668	10.6287	$725.59	.	$145.12
75831	Vein x-ray, kidney		Q2	0279	29.7399	$2,030.25	.	$406.05
75833	Vein x-ray, kidneys		Q2	0279	29.7399	$2,030.25	.	$406.05
75840	Vein x-ray, adrenal gland		Q2	0279	29.7399	$2,030.25	.	$406.05
75842	Vein x-ray, adrenal glands		Q2	0279	29.7399	$2,030.25	.	$406.05
75860	Vein x-ray, neck		Q2	0668	10.6287	$725.59	.	$145.12
75870	Vein x-ray, skull		Q2	0668	10.6287	$725.59	.	$145.12
75872	Vein x-ray, skull		Q2	0668	10.6287	$725.59	.	$145.12
75880	Vein x-ray, eye socket		Q2	0668	10.6287	$725.59	.	$145.12

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
75885	Vein x-ray, liver		Q2	0279	29.7399	$2,030.25	.	$406.05
75887	Vein x-ray, liver		Q2	0668	10.6287	$725.59	.	$145.12
75889	Vein x-ray, liver		Q2	0279	29.7399	$2,030.25	.	$406.05
75891	Vein x-ray, liver		Q2	0279	29.7399	$2,030.25	.	$406.05
75893	Venous sampling by catheter		Q2	0279	29.7399	$2,030.25	.	$406.05
75894	X-rays, transcath therapy		N					
75896	X-rays, transcath therapy		N					
75898	Follow-up angiography		Q1	0261	1.1314	$77.24	.	$15.45
75900	Intravascular cath exchange		C					
75901	Remove cva device obstruct		N					
75902	Remove cva lumen obstruct		N					
75940	X-ray placement, vein filter		N					
75945	Intravascular us		Q2	0267	2.2748	$155.29	$60.50	$31.06
75946	Intravascular us add-on		N					
75952	Endovasc repair abdom aorta		C					
75953	Abdom aneurysm endovas rpr		C					
75954	Iliac aneurysm endovas rpr		C					
75956	Xray, endovasc thor ao repr		C					
75957	Xray, endovasc thor ao repr		C					
75958	Xray, place prox ext thor ao		C					
75959	Xray, place dist ext thor ao		C					
75960	Transcath iv stent rs&i		N					
75961	Retrieval, broken catheter		N					
75962	Repair arterial blockage		Q2	0083	52.1947	$3,563.18	.	$712.64
75964	Repair artery blockage, each		N					
75966	Repair arterial blockage		Q2	0083	52.1947	$3,563.18	.	$712.64
75968	Repair artery blockage, each		N					
75970	Vascular biopsy		N					
75978	Repair venous blockage		Q2	0093	36.5266	$2,493.56	.	$498.72

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
75980	Contrast xray exam bile duct		N					
75982	Contrast xray exam bile duct		N					
75984	Xray control catheter change		N					
75989	Abscess drainage under x-ray		N					
75992	Atherectomy, x-ray exam		N					
75993	Atherectomy, x-ray exam		N					
75994	Atherectomy, x-ray exam		N					
75995	Atherectomy, x-ray exam		N					
75996	Atherectomy, x-ray exam		N					
76000	Fluoroscope examination		Q1	0272	1.2472	$85.14	$31.07	$17.03
76001	Fluoroscope exam, extensive		N					
76010	X-ray, nose to rectum		X	0260	0.6683	$45.62	.	$9.13
76080	X-ray exam of fistula		Q2	0263	3.3875	$231.25	.	$46.25
76098	X-ray exam, breast specimen		Q2	0317	5.982	$408.37	.	$81.68
76100	X-ray exam of body section		X	0261	1.1314	$77.24	.	$15.45
76101	Complex body section x-ray		X	0263	3.3875	$231.25	.	$46.25
76102	Complex body section x-rays		X	0263	3.3875	$231.25	.	$46.25
76120	Cine/video x-rays		X	0272	1.2472	$85.14	$31.07	$17.03
76125	Cine/video x-rays add-on		N					
76140	X-ray consultation		E					
76150	X-ray exam, dry process		X	0260	0.6683	$45.62	.	$9.13
76350	Special x-ray contrast study		N					
76376	3d render w/o postprocess		N					
76377	3d rendering w/postprocess		N					
76380	CAT scan follow-up study		S	0282	1.7637	$120.40	$37.80	$24.08
76390	Mr spectroscopy		E					
76496	Fluoroscopic procedure		X	0272	1.2472	$85.14	$31.07	$17.03
76497	Ct procedure		S	0282	1.7637	$120.40	$37.80	$24.08
76498	Mri procedure		S	0336	5.1052	$348.52	$137.34	$69.71

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
76499	Radiographic procedure		X	0260	0.6683	$45.62	.	$9.13
76506	Echo exam of head		S	0265	0.9262	$63.23	$22.28	$12.65
76510	Ophth us, b & quant a		T	0232	2.4827	$169.49	$40.82	$33.90
76511	Ophth us, quant a only		S	0266	1.4262	$97.36	$37.53	$19.48
76512	Ophth us, b w/non-quant a		S	0266	1.4262	$97.36	$37.53	$19.48
76513	Echo exam of eye, water bath		S	0266	1.4262	$97.36	$37.53	$19.48
76514	Echo exam of eye, thickness		X	0035	0.2446	$16.70	.	$3.34
76516	Echo exam of eye		S	0265	0.9262	$63.23	$22.28	$12.65
76519	Echo exam of eye		S	0266	1.4262	$97.36	$37.53	$19.48
76529	Echo exam of eye		S	0265	0.9262	$63.23	$22.28	$12.65
76536	Us exam of head and neck		S	0266	1.4262	$97.36	$37.53	$19.48
76604	Us exam, chest		Q3	0265	0.9262	$63.23	$22.28	$12.65
76645	Us exam, breast(s)		S	0265	0.9262	$63.23	$22.28	$12.65
76700	Us exam, abdom, complete		Q3	0266	1.4262	$97.36	$37.53	$19.48
76705	Echo exam of abdomen		Q3	0266	1.4262	$97.36	$37.53	$19.48
76770	Us exam abdo back wall, comp		Q3	0266	1.4262	$97.36	$37.53	$19.48
76775	Us exam abdo back wall, lim		Q3	0266	1.4262	$97.36	$37.53	$19.48
76776	Us exam k transpl w/doppler		Q3	0266	1.4262	$97.36	$37.53	$19.48
76800	Us exam, spinal canal		S	0266	1.4262	$97.36	$37.53	$19.48
76801	Ob us < 14 wks, single fetus		S	0266	1.4262	$97.36	$37.53	$19.48
76802	Ob us < 14 wks, addl fetus		S	0265	0.9262	$63.23	$22.28	$12.65
76805	Ob us >/= 14 wks, sngl fetus		S	0266	1.4262	$97.36	$37.53	$19.48
76810	Ob us >/= 14 wks, addl fetus		S	0266	1.4262	$97.36	$37.53	$19.48
76811	Ob us, detailed, sngl fetus		S	0267	2.2748	$155.29	$60.50	$31.06
76812	Ob us, detailed, addl fetus		S	0265	0.9262	$63.23	$22.28	$12.65
76813	Ob us nuchal meas, 1 gest		S	0265	0.9262	$63.23	$22.28	$12.65
76814	Ob us nuchal meas, add-on		S	0265	0.9262	$63.23	$22.28	$12.65
76815	Ob us, limited, fetus(s)		S	0265	0.9262	$63.23	$22.28	$12.65
76816	Ob us, follow-up, per fetus		S	0265	0.9262	$63.23	$22.28	$12.65

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
76817	Transvaginal us, obstetric		S	0265	0.9262	$63.23	$22.28	$12.65
76818	Fetal biophys profile w/nst		S	0266	1.4262	$97.36	$37.53	$19.48
76819	Fetal biophys profil w/o nst		S	0266	1.4262	$97.36	$37.53	$19.48
76820	Umbilical artery echo		S	0265	0.9262	$63.23	$22.28	$12.65
76821	Middle cerebral artery echo		S	0265	0.9262	$63.23	$22.28	$12.65
76825	Echo exam of fetal heart		S	0270	8.1944	$559.41	$132.96	$111.89
76826	Echo exam of fetal heart		S	0269	5.7019	$389.25	.	$77.85
76827	Echo exam of fetal heart		S	0265	0.9262	$63.23	$22.28	$12.65
76828	Echo exam of fetal heart		S	0265	0.9262	$63.23	$22.28	$12.65
76830	Transvaginal us, non-ob		S	0266	1.4262	$97.36	$37.53	$19.48
76831	Echo exam, uterus		Q3	0267	2.2748	$155.29	$60.50	$31.06
76856	Us exam, pelvic, complete		Q3	0266	1.4262	$97.36	$37.53	$19.48
76857	Us exam, pelvic, limited		Q3	0265	0.9262	$63.23	$22.28	$12.65
76870	Us exam, scrotum		Q3	0266	1.4262	$97.36	$37.53	$19.48
76872	Us, transrectal		S	0266	1.4262	$97.36	$37.53	$19.48
76873	Echograp trans r, pros study		S	0266	1.4262	$97.36	$37.53	$19.48
76880	Us exam, extremity		S	0266	1.4262	$97.36	$37.53	$19.48
76885	Us exam infant hips, dynamic		S	0265	0.9262	$63.23	$22.28	$12.65
76886	Us exam infant hips, static		S	0265	0.9262	$63.23	$22.28	$12.65
76930	Echo guide, cardiocentesis		N					
76932	Echo guide for heart biopsy		N					
76936	Echo guide for artery repair		S	0096	1.571	$107.25	$37.13	$21.45
76937	Us guide, vascular access		N					
76940	Us guide, tissue ablation		N					
76941	Echo guide for transfusion		N					
76942	Echo guide for biopsy		N					
76945	Echo guide, villus sampling		N					
76946	Echo guide for amniocentesis		N					
76948	Echo guide, ova aspiration		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
76950	Echo guidance radiotherapy		N					
76965	Echo guidance radiotherapy		N					
76970	Ultrasound exam follow-up		S	0265	0.9262	$63.23	$22.28	$12.65
76975	GI endoscopic ultrasound		Q2	0267	2.2748	$155.29	$60.50	$31.06
76977	Us bone density measure		X	0340	0.6899	$47.10		
76998	Us guide, intraop		N					
76999	Echo examination procedure		S	0265	0.9262	$63.23	$22.28	$12.65
77001	Fluoroguide for vein device		N					
77002	Needle localization by xray		N					
77003	Fluoroguide for spine inject		N					
77011	Ct scan for localization		N					
77012	Ct scan for needle biopsy		N					
77013	Ct guide for tissue ablation		N					
77014	Ct scan for therapy guide		N					
77021	Mr guidance for needle place		N					
77022	Mri for tissue ablation		N					
77031	Stereotact guide for brst bx		N					
77032	Guidance for needle, breast		N					
77051	Computer dx mammogram add-on		A					
77052	Comp screen mammogram add-on		A					
77053	X-ray of mammary duct		Q2	0263	3.3875	$231.25	.	$46.25
77054	X-ray of mammary ducts		Q2	0263	3.3875	$231.25	.	$46.25
77055	Mammogram, one breast		A					
77056	Mammogram, both breasts		A					
77057	Mammogram, screening		A					
77058	Mri, one breast		B					
77059	Mri, both breasts		B					
77071	X-ray stress view		X	0260	0.6683	$45.62	.	$9.13
77072	X-rays for bone age		X	0260	0.6683	$45.62	.	$9.13

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
77073	X-rays, bone length studies		X	0260	0.6683	$45.62	.	$9.13
77074	X-rays, bone survey, limited		X	0261	1.1314	$77.24	.	$15.45
77075	X-rays, bone survey complete		X	0261	1.1314	$77.24	.	$15.45
77076	X-rays, bone survey, infant		X	0261	1.1314	$77.24	.	$15.45
77077	Joint survey, single view		X	0260	0.6683	$45.62	.	$9.13
77078	Ct bone density, axial		S	0288	1.0562	$72.10	$28.51	$14.42
77079	Ct bone density, peripheral		S	0282	1.7637	$120.40	$37.80	$24.08
77080	Dxa bone density, axial		S	0288	1.0562	$72.10	$28.51	$14.42
77081	Dxa bone density/peripheral		S	0665	0.4667	$31.86	$11.60	$6.38
77082	Dxa bone density, vert fx		X	0260	0.6683	$45.62	.	$9.13
77083	Radiographic absorptiometry		X	0261	1.1314	$77.24	.	$15.45
77084	Magnetic image, bone marrow		S	0336	5.1052	$348.52	$137.34	$69.71
77261	Radiation therapy planning		B					
77262	Radiation therapy planning		B					
77263	Radiation therapy planning		B					
77280	Set radiation therapy field		X	0304	1.5401	$105.14	$34.63	$21.03
77285	Set radiation therapy field		X	0305	4.0762	$278.27	$91.38	$55.66
77290	Set radiation therapy field		X	0305	4.0762	$278.27	$91.38	$55.66
77295	Set radiation therapy field		X	0310	13.5651	$926.05	$325.27	$185.21
77299	Radiation therapy planning		X	0304	1.5401	$105.14	$34.63	$21.03
77300	Radiation therapy dose plan		X	0304	1.5401	$105.14	$34.63	$21.03
77301	Radiotherapy dose plan, imrt		X	0310	13.5651	$926.05	$325.27	$185.21
77305	Teletx isodose plan simple		X	0304	1.5401	$105.14	$34.63	$21.03
77310	Teletx isodose plan intermed		X	0304	1.5401	$105.14	$34.63	$21.03
77315	Teletx isodose plan complex		X	0305	4.0762	$278.27	$91.38	$55.66
77321	Special teletx port plan		X	0305	4.0762	$278.27	$91.38	$55.66
77326	Brachytx isodose calc simp		X	0304	1.5401	$105.14	$34.63	$21.03
77327	Brachytx isodose calc interm		X	0305	4.0762	$278.27	$91.38	$55.66
77328	Brachytx isodose plan compl		X	0305	4.0762	$278.27	$91.38	$55.66

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
77331	Special radiation dosimetry		X	0304	1.5401	$105.14	$34.63	$21.03
77332	Radiation treatment aid(s)		X	0303	2.9021	$198.12	$66.95	$39.63
77333	Radiation treatment aid(s)		X	0303	2.9021	$198.12	$66.95	$39.63
77334	Radiation treatment aid(s)		X	0303	2.9021	$198.12	$66.95	$39.63
77336	Radiation physics consult		X	0304	1.5401	$105.14	$34.63	$21.03
77338	Design mlc device for imrt		X	0303	2.9021	$198.12	$66.95	$39.63
77370	Radiation physics consult		X	0304	1.5401	$105.14	$34.63	$21.03
77371	Srs, multisource		S	0127	105.7702	$7,220.61	.	$1,444.13
77372	Srs, linear based		B					
77373	Sbrt delivery		B					
77399	External radiation dosimetry		X	0304	1.5401	$105.14	$34.63	$21.03
77401	Radiation treatment delivery		S	0300	1.4418	$98.43	.	$19.69
77402	Radiation treatment delivery		S	0300	1.4418	$98.43	.	$19.69
77403	Radiation treatment delivery		S	0300	1.4418	$98.43	.	$19.69
77404	Radiation treatment delivery		S	0300	1.4418	$98.43	.	$19.69
77406	Radiation treatment delivery	CH	S	0300	1.4418	$98.43	.	$19.69
77407	Radiation treatment delivery		S	0300	1.4418	$98.43	.	$19.69
77408	Radiation treatment delivery		S	0300	1.4418	$98.43	.	$19.69
77409	Radiation treatment delivery		S	0300	1.4418	$98.43	.	$19.69
77411	Radiation treatment delivery		S	0301	2.3741	$162.07	.	$32.42
77412	Radiation treatment delivery		S	0301	2.3741	$162.07	.	$32.42
77413	Radiation treatment delivery		S	0301	2.3741	$162.07	.	$32.42
77414	Radiation treatment delivery		S	0301	2.3741	$162.07	.	$32.42
77416	Radiation treatment delivery		S	0301	2.3741	$162.07	.	$32.42
77417	Radiology port film(s)		N					
77418	Radiation tx delivery, imrt		S	0412	6.4458	$440.04	.	$88.01
77421	Stereoscopic x-ray guidance		N					
77422	Neutron beam tx, simple		S	0301	2.3741	$162.07	.	$32.42
77423	Neutron beam tx, complex		S	0301	2.3741	$162.07	.	$32.42

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
77427	Radiation tx management, x5		B					
77431	Radiation therapy management		B					
77432	Stereotactic radiation trmt		B					
77435	Sbrt management		N					
77470	Special radiation treatment		S	0299	5.7142	$390.09	.	$78.02
77499	Radiation therapy management		B					
77520	Proton trmt, simple w/o comp		S	0664	13.2159	$902.21	.	$180.45
77522	Proton trmt, simple w/comp		S	0664	13.2159	$902.21	.	$180.45
77523	Proton trmt, intermediate		S	0667	17.2884	$1,180.23	.	$236.05
77525	Proton treatment, complex		S	0667	17.2884	$1,180.23	.	$236.05
77600	Hyperthermia treatment		S	0299	5.7142	$390.09	.	$78.02
77605	Hyperthermia treatment		S	0299	5.7142	$390.09	.	$78.02
77610	Hyperthermia treatment		S	0299	5.7142	$390.09	.	$78.02
77615	Hyperthermia treatment		S	0299	5.7142	$390.09	.	$78.02
77620	Hyperthermia treatment		S	0299	5.7142	$390.09	.	$78.02
77750	Infuse radioactive materials		S	0301	2.3741	$162.07	.	$32.42
77761	Apply intrcav radiat simple		S	0312	5.0976	$348.00	.	$69.60
77762	Apply intrcav radiat interm		S	0312	5.0976	$348.00	.	$69.60
77763	Apply intrcav radiat compl		S	0312	5.0976	$348.00	.	$69.60
77776	Apply interstit radiat simpl		S	0312	5.0976	$348.00	.	$69.60
77777	Apply interstit radiat inter		S	0312	5.0976	$348.00	.	$69.60
77778	Apply interstit radiat compl		Q3	0651	14.3321	$978.41	.	$195.69
77785	Hdr brachytx, 1 channel		S	0313	10.4062	$710.40	$268.63	$142.08
77786	Hdr brachytx, 2-12 channel		S	0313	10.4062	$710.40	$268.63	$142.08
77787	Hdr brachytx over 12 chan		S	0313	10.4062	$710.40	$268.63	$142.08
77789	Apply surface radiation		S	0300	1.4418	$98.43	.	$19.69
77790	Radiation handling		N					
77799	Radium/radioisotope therapy		S	0312	5.0976	$348.00	.	$69.60
78000	Thyroid, single uptake		S	0389	1.577	$107.66	$28.71	$21.54

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
78001	Thyroid, multiple uptakes		S	0389	1.577	$107.66	$28.71	$21.54
78003	Thyroid suppress/stimul		S	0389	1.577	$107.66	$28.71	$21.54
78006	Thyroid imaging with uptake		S	0391	3.2886	$224.50	$65.96	$44.90
78007	Thyroid image, mult uptakes		S	0391	3.2886	$224.50	$65.96	$44.90
78010	Thyroid imaging		S	0390	2.0375	$139.09	$49.95	$27.82
78011	Thyroid imaging with flow		S	0390	2.0375	$139.09	$49.95	$27.82
78015	Thyroid met imaging		S	0406	4.2872	$292.67	$88.01	$58.54
78016	Thyroid met imaging/studies		S	0406	4.2872	$292.67	$88.01	$58.54
78018	Thyroid met imaging, body		S	0406	4.2872	$292.67	$88.01	$58.54
78020	Thyroid met uptake		N					
78070	Parathyroid nuclear imaging		S	0391	3.2886	$224.50	$65.96	$44.90
78075	Adrenal nuclear imaging		S	0408	12.6011	$860.24	.	$172.05
78099	Endocrine nuclear procedure		S	0390	2.0375	$139.09	$49.95	$27.82
78102	Bone marrow imaging, ltd		S	0400	3.7861	$258.47	$91.52	$51.70
78103	Bone marrow imaging, mult		S	0400	3.7861	$258.47	$91.52	$51.70
78104	Bone marrow imaging, body		S	0400	3.7861	$258.47	$91.52	$51.70
78110	Plasma volume, single		S	0393	5.877	$401.21	.	$80.25
78111	Plasma volume, multiple		S	0393	5.877	$401.21	.	$80.25
78120	Red cell mass, single		S	0393	5.877	$401.21	.	$80.25
78121	Red cell mass, multiple		S	0393	5.877	$401.21	.	$80.25
78122	Blood volume		S	0393	5.877	$401.21	.	$80.25
78130	Red cell survival study		S	0393	5.877	$401.21	.	$80.25
78135	Red cell survival kinetics		S	0393	5.877	$401.21	.	$80.25
78140	Red cell sequestration		S	0393	5.877	$401.21	.	$80.25
78185	Spleen imaging		S	0400	3.7861	$258.47	$91.52	$51.70
78190	Platelet survival, kinetics		S	0392	2.6029	$177.69	$43.31	$35.54
78191	Platelet survival		S	0392	2.6029	$177.69	$43.31	$35.54
78195	Lymph system imaging		S	0400	3.7861	$258.47	$91.52	$51.70
78199	Blood/lymph nuclear exam		S	0400	3.7861	$258.47	$91.52	$51.70

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
78201	Liver imaging		S	0394	4.2112	$287.49	$98.44	$57.50
78202	Liver imaging with flow		S	0394	4.2112	$287.49	$98.44	$57.50
78205	Liver imaging (3D)		S	0394	4.2112	$287.49	$98.44	$57.50
78206	Liver image (3d) with flow		S	0394	4.2112	$287.49	$98.44	$57.50
78215	Liver and spleen imaging		S	0394	4.2112	$287.49	$98.44	$57.50
78216	Liver & spleen image/flow		S	0394	4.2112	$287.49	$98.44	$57.50
78220	Liver function study		S	0394	4.2112	$287.49	$98.44	$57.50
78223	Hepatobiliary imaging		S	0394	4.2112	$287.49	$98.44	$57.50
78230	Salivary gland imaging		S	0395	3.6081	$246.31	$89.56	$49.27
78231	Serial salivary imaging		S	0395	3.6081	$246.31	$89.56	$49.27
78232	Salivary gland function exam		S	0395	3.6081	$246.31	$89.56	$49.27
78258	Esophageal motility study		S	0395	3.6081	$246.31	$89.56	$49.27
78261	Gastric mucosa imaging		S	0395	3.6081	$246.31	$89.56	$49.27
78262	Gastroesophageal reflux exam		S	0395	3.6081	$246.31	$89.56	$49.27
78264	Gastric emptying study		S	0395	3.6081	$246.31	$89.56	$49.27
78267	Breath tst attain/anal c-14		A					
78268	Breath test analysis, c-14		A					
78270	Vit B-12 absorption exam		S	0392	2.6029	$177.69	$43.31	$35.54
78271	Vit b-12 absrp exam, int fac		S	0392	2.6029	$177.69	$43.31	$35.54
78272	Vit B-12 absorp, combined		S	0392	2.6029	$177.69	$43.31	$35.54
78278	Acute GI blood loss imaging		S	0395	3.6081	$246.31	$89.56	$49.27
78282	GI protein loss exam		S	0395	3.6081	$246.31	$89.56	$49.27
78290	Meckels divert exam		S	0395	3.6081	$246.31	$89.56	$49.27
78291	Leveen/shunt patency exam		S	0395	3.6081	$246.31	$89.56	$49.27
78299	GI nuclear procedure		S	0395	3.6081	$246.31	$89.56	$49.27
78300	Bone imaging, limited area		S	0396	3.6637	$250.11	$95.02	$50.03
78305	Bone imaging, multiple areas		S	0396	3.6637	$250.11	$95.02	$50.03
78306	Bone imaging, whole body		S	0396	3.6637	$250.11	$95.02	$50.03
78315	Bone imaging, 3 phase		S	0396	3.6637	$250.11	$95.02	$50.03

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
78320	Bone imaging (3D)		S	0396	3.6637	$250.11	$95.02	$50.03
78350	Bone mineral, single photon		E					
78351	Bone mineral, dual photon		E					
78399	Musculoskeletal nuclear exam		S	0396	3.6637	$250.11	$95.02	$50.03
78414	Non-imaging heart function		S	0398	4.3724	$298.49	$95.61	$59.70
78428	Cardiac shunt imaging		S	0398	4.3724	$298.49	$95.61	$59.70
78445	Vascular flow imaging		S	0397	3.5928	$245.27	.	$49.06
78451	Ht muscle image spect, sing		S	0377	11.2555	$768.38	.	$153.68
78452	Ht muscle image spect, mult		S	0377	11.2555	$768.38	.	$153.68
78453	Ht muscle image,planar,sing		S	0377	11.2555	$768.38	.	$153.68
78454	Ht musc image, planar, mult		S	0377	11.2555	$768.38	.	$153.68
78456	Acute venous thrombus image		S	0397	3.5928	$245.27	.	$49.06
78457	Venous thrombosis imaging		S	0397	3.5928	$245.27	.	$49.06
78458	Ven thrombosis images, bilat		S	0397	3.5928	$245.27	.	$49.06
78459	Heart muscle imaging (PET)		S	0307	16.1009	$1,099.16	.	$219.84
78466	Heart infarct image		S	0398	4.3724	$298.49	$95.61	$59.70
78468	Heart infarct image (ef)		S	0398	4.3724	$298.49	$95.61	$59.70
78469	Heart infarct image (3D)		S	0398	4.3724	$298.49	$95.61	$59.70
78472	Gated heart, planar, single		S	0398	4.3724	$298.49	$95.61	$59.70
78473	Gated heart, multiple		S	0398	4.3724	$298.49	$95.61	$59.70
78481	Heart first pass, single		S	0398	4.3724	$298.49	$95.61	$59.70
78483	Heart first pass, multiple		S	0398	4.3724	$298.49	$95.61	$59.70
78491	Heart image (pet), single		S	0307	16.1009	$1,099.16	.	$219.84
78492	Heart image (pet), multiple		S	0307	16.1009	$1,099.16	.	$219.84
78494	Heart image, spect		S	0398	4.3724	$298.49	$95.61	$59.70
78496	Heart first pass add-on		N					
78499	Cardiovascular nuclear exam		S	0398	4.3724	$298.49	$95.61	$59.70
78580	Lung perfusion imaging		S	0401	2.9903	$204.14	$73.80	$40.83
78584	Lung V/Q image single breath		S	0378	4.7678	$325.48	$124.64	$65.10

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
78585	Lung V/Q imaging		S	0378	4.7678	$325.48	$124.64	$65.10
78586	Aerosol lung image, single		S	0401	2.9903	$204.14	$73.80	$40.83
78587	Aerosol lung image, multiple		S	0401	2.9903	$204.14	$73.80	$40.83
78588	Perfusion lung image		S	0378	4.7678	$325.48	$124.64	$65.10
78591	Vent image, 1 breath, 1 proj		S	0401	2.9903	$204.14	$73.80	$40.83
78593	Vent image, 1 proj, gas		S	0401	2.9903	$204.14	$73.80	$40.83
78594	Vent image, mult proj, gas		S	0401	2.9903	$204.14	$73.80	$40.83
78596	Lung differential function		S	0378	4.7678	$325.48	$124.64	$65.10
78599	Respiratory nuclear exam		S	0401	2.9903	$204.14	$73.80	$40.83
78600	Brain image < 4 views		S	0403	3.4106	$232.83	$72.42	$46.57
78601	Brain image w/flow < 4 views		S	0402	9.085	$620.21	.	$124.05
78605	Brain image 4+ views		S	0403	3.4106	$232.83	$72.42	$46.57
78606	Brain image w/flow 4 + views		S	0402	9.085	$620.21	.	$124.05
78607	Brain imaging (3D)		S	0402	9.085	$620.21	.	$124.05
78608	Brain imaging (PET)		S	0308	15.3994	$1,051.27	.	$210.26
78609	Brain imaging (PET)		E					
78610	Brain flow imaging only		S	0403	3.4106	$232.83	$72.42	$46.57
78630	Cerebrospinal fluid scan		S	0402	9.085	$620.21	.	$124.05
78635	CSF ventriculography		S	0402	9.085	$620.21	.	$124.05
78645	CSF shunt evaluation		S	0403	3.4106	$232.83	$72.42	$46.57
78647	Cerebrospinal fluid scan		S	0402	9.085	$620.21	.	$124.05
78650	CSF leakage imaging		S	0402	9.085	$620.21	.	$124.05
78660	Nuclear exam of tear flow		S	0403	3.4106	$232.83	$72.42	$46.57
78699	Nervous system nuclear exam		S	0403	3.4106	$232.83	$72.42	$46.57
78700	Kidney imaging, morphol		S	0404	4.7288	$322.82	$82.54	$64.57
78701	Kidney imaging with flow		S	0404	4.7288	$322.82	$82.54	$64.57
78707	K flow/funct image w/o drug		S	0404	4.7288	$322.82	$82.54	$64.57
78708	K flow/funct image w/drug		S	0404	4.7288	$322.82	$82.54	$64.57
78709	K flow/funct image, multiple		S	0404	4.7288	$322.82	$82.54	$64.57

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
78710	Kidney imaging (3D)		S	0404	4.7288	$322.82	$82.54	$64.57
78725	Kidney function study		S	0392	2.6029	$177.69	$43.31	$35.54
78730	Urinary bladder retention		S	0389	1.577	$107.66	$28.71	$21.54
78740	Ureteral reflux study		S	0404	4.7288	$322.82	$82.54	$64.57
78761	Testicular imaging w/flow		S	0404	4.7288	$322.82	$82.54	$64.57
78799	Genitourinary nuclear exam		S	0404	4.7288	$322.82	$82.54	$64.57
78800	Tumor imaging, limited area		S	0406	4.2872	$292.67	$88.01	$58.54
78801	Tumor imaging, mult areas		S	0414	7.1451	$487.77	.	$97.56
78802	Tumor imaging, whole body		S	0414	7.1451	$487.77	.	$97.56
78803	Tumor imaging (3D)		S	0414	7.1451	$487.77	.	$97.56
78804	Tumor imaging, whole body		S	0408	12.6011	$860.24	.	$172.05
78805	Abscess imaging, ltd area		S	0414	7.1451	$487.77	.	$97.56
78806	Abscess imaging, whole body		S	0414	7.1451	$487.77	.	$97.56
78807	Nuclear localization/abscess		S	0406	4.2872	$292.67	$88.01	$58.54
78808	Iv inj ra drug dx study		Q1	0392	2.6029	$177.69	$43.31	$35.54
78811	Pet image, ltd area		S	0308	15.3994	$1,051.27	.	$210.26
78812	Pet image, skull-thigh		S	0308	15.3994	$1,051.27	.	$210.26
78813	Pet image, full body		S	0308	15.3994	$1,051.27	.	$210.26
78814	Pet image w/ct, lmtd		S	0308	15.3994	$1,051.27	.	$210.26
78815	Pet image w/ct, skull-thigh		S	0308	15.3994	$1,051.27	.	$210.26
78816	Pet image w/ct, full body		S	0308	15.3994	$1,051.27	.	$210.26
78999	Nuclear diagnostic exam		S	0389	1.577	$107.66	$28.71	$21.54
79005	Nuclear rx, oral admin		S	0407	3.2871	$224.40	$78.13	$44.88
79101	Nuclear rx, iv admin		S	0407	3.2871	$224.40	$78.13	$44.88
79200	Nuclear rx, intracav admin		S	0413	5.1912	$354.39	.	$70.88
79300	Nuclr rx, interstit colloid		S	0407	3.2871	$224.40	$78.13	$44.88
79403	Hematopoietic nuclear tx		S	0413	5.1912	$354.39	.	$70.88
79440	Nuclear rx, intra-articular		S	0413	5.1912	$354.39	.	$70.88
79445	Nuclear rx, intra-arterial		S	0407	3.2871	$224.40	$78.13	$44.88

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
79999	Nuclear medicine therapy		S	0407	3.2871	$224.40	$78.13	$44.88
80047	Metabolic panel ionized ca		A					
80048	Metabolic panel total ca		A					
80050	General health panel		E					
80051	Electrolyte panel		A					
80053	Comprehen metabolic panel		A					
80055	Obstetric panel		E					
80061	Lipid panel		A					
80069	Renal function panel		A					
80074	Acute hepatitis panel		A					
80076	Hepatic function panel		A					
80100	Drug screen, qualitate/multi		A					
80101	Drug screen, single		E					
80102	Drug confirmation		A					
80103	Drug analysis, tissue prep		N					
80150	Assay of amikacin		A					
80152	Assay of amitriptyline		A					
80154	Assay of benzodiazepines		A					
80156	Assay, carbamazepine, total		A					
80157	Assay, carbamazepine, free		A					
80158	Assay of cyclosporine		A					
80160	Assay of desipramine		A					
80162	Assay of digoxin		A					
80164	Assay, dipropylacetic acid		A					
80166	Assay of doxepin		A					
80168	Assay of ethosuximide		A					
80170	Assay of gentamicin		A					
80172	Assay of gold		A					
80173	Assay of haloperidol		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
80174	Assay of imipramine		A					
80176	Assay of lidocaine		A					
80178	Assay of lithium		A					
80182	Assay of nortriptyline		A					
80184	Assay of phenobarbital		A					
80185	Assay of phenytoin, total		A					
80186	Assay of phenytoin, free		A					
80188	Assay of primidone		A					
80190	Assay of procainamide		A					
80192	Assay of procainamide		A					
80194	Assay of quinidine		A					
80195	Assay of sirolimus		A					
80196	Assay of salicylate		A					
80197	Assay of tacrolimus		A					
80198	Assay of theophylline		A					
80200	Assay of tobramycin		A					
80201	Assay of topiramate		A					
80202	Assay of vancomycin		A					
80299	Quantitative assay, drug		A					
80400	Acth stimulation panel		A					
80402	Acth stimulation panel		A					
80406	Acth stimulation panel		A					
80408	Aldosterone suppression eval		A					
80410	Calcitonin stimul panel		A					
80412	CRH stimulation panel		A					
80414	Testosterone response		A					
80415	Estradiol response panel		A					
80416	Renin stimulation panel		A					
80417	Renin stimulation panel		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
80418	Pituitary evaluation panel		A					
80420	Dexamethasone panel		A					
80422	Glucagon tolerance panel		A					
80424	Glucagon tolerance panel		A					
80426	Gonadotropin hormone panel		A					
80428	Growth hormone panel		A					
80430	Growth hormone panel		A					
80432	Insulin suppression panel		A					
80434	Insulin tolerance panel		A					
80435	Insulin tolerance panel		A					
80436	Metyrapone panel		A					
80438	TRH stimulation panel		A					
80439	TRH stimulation panel		A					
80440	TRH stimulation panel		A					
80500	Lab pathology consultation		X	0433	0.2465	$16.83	$5.17	$3.37
80502	Lab pathology consultation		X	0342	0.1596	$10.90	.	$2.18
81000	Urinalysis, nonauto w/scope		A					
81001	Urinalysis, auto w/scope		A					
81002	Urinalysis nonauto w/o scope		A					
81003	Urinalysis, auto, w/o scope		A					
81005	Urinalysis		A					
81007	Urine screen for bacteria		A					
81015	Microscopic exam of urine		A					
81020	Urinalysis, glass test		A					
81025	Urine pregnancy test		A					
81050	Urinalysis, volume measure		A					
81099	Urinalysis test procedure		A					
82000	Assay of blood acetaldehyde		A					
82003	Assay of acetaminophen		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
82009	Test for acetone/ketones		A					
82010	Acetone assay		A					
82013	Acetylcholinesterase assay		A					
82016	Acylcarnitines, qual		A					
82017	Acylcarnitines, quant		A					
82024	Assay of acth		A					
82030	Assay of adp & amp		A					
82040	Assay of serum albumin		A					
82042	Assay of urine albumin		A					
82043	Microalbumin, quantitative		A					
82044	Microalbumin, semiquant		A					
82045	Albumin, ischemia modified		A					
82055	Assay of ethanol		A					
82075	Assay of breath ethanol		A					
82085	Assay of aldolase		A					
82088	Assay of aldosterone		A					
82101	Assay of urine alkaloids		A					
82103	Alpha-1-antitrypsin, total		A					
82104	Alpha-1-antitrypsin, pheno		A					
82105	Alpha-fetoprotein, serum		A					
82106	Alpha-fetoprotein, amniotic		A					
82107	Alpha-fetoprotein l3		A					
82108	Assay of aluminum		A					
82120	Amines, vaginal fluid qual		A					
82127	Amino acid, single qual		A					
82128	Amino acids, mult qual		A					
82131	Amino acids, single quant		A					
82135	Assay, aminolevulinic acid		A					
82136	Amino acids, quant, 2-5		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
82139	Amino acids, quan, 6 or more		A					
82140	Assay of ammonia		A					
82143	Amniotic fluid scan		A					
82145	Assay of amphetamines		A					
82150	Assay of amylase		A					
82154	Androstanediol glucuronide		A					
82157	Assay of androstenedione		A					
82160	Assay of androsterone		A					
82163	Assay of angiotensin II		A					
82164	Angiotensin I enzyme test		A					
82172	Assay of apolipoprotein		A					
82175	Assay of arsenic		A					
82180	Assay of ascorbic acid		A					
82190	Atomic absorption		A					
82205	Assay of barbiturates		A					
82232	Assay of beta-2 protein		A					
82239	Bile acids, total		A					
82240	Bile acids, cholylglycine		A					
82247	Bilirubin, total		A					
82248	Bilirubin, direct		A					
82252	Fecal bilirubin test		A					
82261	Assay of biotinidase		A					
82270	Occult blood, feces		A					
82271	Occult blood, other sources		A					
82272	Occult bld feces, 1-3 tests		A					
82274	Assay test for blood, fecal		A					
82286	Assay of bradykinin		A					
82300	Assay of cadmium		A					
82306	Vitamin d, 25 hydroxy		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
82308	Assay of calcitonin		A					
82310	Assay of calcium		A					
82330	Assay of calcium		A					
82331	Calcium infusion test		A					
82340	Assay of calcium in urine		A					
82355	Calculus analysis, qual		A					
82360	Calculus assay, quant		A					
82365	Calculus spectroscopy		A					
82370	X-ray assay, calculus		A					
82373	Assay, c-d transfer measure		A					
82374	Assay, blood carbon dioxide		A					
82375	Assay, carboxyhb, quant		A					
82376	Assay, carboxyhb, qual		A					
82378	Carcinoembryonic antigen		A					
82379	Assay of carnitine		A					
82380	Assay of carotene		A					
82382	Assay, urine catecholamines		A					
82383	Assay, blood catecholamines		A					
82384	Assay, three catecholamines		A					
82387	Assay of cathepsin-d		A					
82390	Assay of ceruloplasmin		A					
82397	Chemiluminescent assay		A					
82415	Assay of chloramphenicol		A					
82435	Assay of blood chloride		A					
82436	Assay of urine chloride		A					
82438	Assay, other fluid chlorides		A					
82441	Test for chlorohydrocarbons		A					
82465	Assay, bld/serum cholesterol		A					
82480	Assay, serum cholinesterase		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
82482	Assay, rbc cholinesterase		A					
82485	Assay, chondroitin sulfate		A					
82486	Gas/liquid chromatography		A					
82487	Paper chromatography		A					
82488	Paper chromatography		A					
82489	Thin layer chromatography		A					
82491	Chromotography, quant, sing		A					
82492	Chromotography, quant, mult		A					
82495	Assay of chromium		A					
82507	Assay of citrate		A					
82520	Assay of cocaine		A					
82523	Collagen crosslinks		A					
82525	Assay of copper		A					
82528	Assay of corticosterone		A					
82530	Cortisol, free		A					
82533	Total cortisol		A					
82540	Assay of creatine		A					
82541	Column chromotography, qual		A					
82542	Column chromotography, quant		A					
82543	Column chromotograph/isotope		A					
82544	Column chromotograph/isotope		A					
82550	Assay of ck (cpk)		A					
82552	Assay of cpk in blood		A					
82553	Creatine, MB fraction		A					
82554	Creatine, isoforms		A					
82565	Assay of creatinine		A					
82570	Assay of urine creatinine		A					
82575	Creatinine clearance test		A					
82585	Assay of cryofibrinogen		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
82595	Assay of cryoglobulin		A					
82600	Assay of cyanide		A					
82607	Vitamin B-12		A					
82608	B-12 binding capacity		A					
82610	Cystatin c		A					
82615	Test for urine cystines		A					
82626	Dehydroepiandrosterone		A					
82627	Dehydroepiandrosterone		A					
82633	Desoxycorticosterone		A					
82634	Deoxycortisol		A					
82638	Assay of dibucaine number		A					
82646	Assay of dihydrocodeinone		A					
82649	Assay of dihydromorphinone		A					
82651	Assay of dihydrotestosterone		A					
82652	Vit d 1, 25-dihydroxy		A					
82654	Assay of dimethadione		A					
82656	Pancreatic elastase, fecal		A					
82657	Enzyme cell activity		A					
82658	Enzyme cell activity, ra		A					
82664	Electrophoretic test		A					
82666	Assay of epiandrosterone		A					
82668	Assay of erythropoietin		A					
82670	Assay of estradiol		A					
82671	Assay of estrogens		A					
82672	Assay of estrogen		A					
82677	Assay of estriol		A					
82679	Assay of estrone		A					
82690	Assay of ethchlorvynol		A					
82693	Assay of ethylene glycol		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
82696	Assay of etiocholanolone		A					
82705	Fats/lipids, feces, qual		A					
82710	Fats/lipids, feces, quant		A					
82715	Assay of fecal fat		A					
82725	Assay of blood fatty acids		A					
82726	Long chain fatty acids		A					
82728	Assay of ferritin		A					
82731	Assay of fetal fibronectin		A					
82735	Assay of fluoride		A					
82742	Assay of flurazepam		A					
82746	Blood folic acid serum		A					
82747	Assay of folic acid, rbc		A					
82757	Assay of semen fructose		A					
82759	Assay of rbc galactokinase		A					
82760	Assay of galactose		A					
82775	Assay galactose transferase		A					
82776	Galactose transferase test		A					
82784	Assay, iga/igd/igg/igm each		A					
82785	Assay of ige		A					
82787	Igg 1, 2, 3 or 4, each		A					
82800	Blood pH		A					
82803	Blood gases: pH, pO2 & pCO2		A					
82805	Blood gases w/02 saturation		A					
82810	Blood gases, O2 sat only		A					
82820	Hemoglobin-oxygen affinity		A					
82926	Assay of gastric acid		A					
82928	Assay of gastric acid		A					
82938	Gastrin test		A					
82941	Assay of gastrin		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
82943	Assay of glucagon		A					
82945	Glucose other fluid		A					
82946	Glucagon tolerance test		A					
82947	Assay, glucose, blood quant		A					
82948	Reagent strip/blood glucose		A					
82950	Glucose test		A					
82951	Glucose tolerance test (GTT)		A					
82952	GTT-added samples		A					
82953	Glucose-tolbutamide test		A					
82955	Assay of g6pd enzyme		A					
82960	Test for G6PD enzyme		A					
82962	Glucose blood test		A					
82963	Assay of glucosidase		A					
82965	Assay of gdh enzyme		A					
82975	Assay of glutamine		A					
82977	Assay of GGT		A					
82978	Assay of glutathione		A					
82979	Assay, rbc glutathione		A					
82980	Assay of glutethimide		A					
82985	Glycated protein		A					
83001	Gonadotropin (FSH)		A					
83002	Gonadotropin (LH)		A					
83003	Assay, growth hormone (hgh)		A					
83008	Assay of guanosine		A					
83009	H pylori (c-13), blood		A					
83010	Assay of haptoglobin, quant		A					
83012	Assay of haptoglobins		A					
83013	H pylori (c-13), breath		A					
83014	H pylori drug admin		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
83015	Heavy metal screen		A					
83018	Quantitative screen, metals		A					
83020	Hemoglobin electrophoresis		A					
83021	Hemoglobin chromotography		A					
83026	Hemoglobin, copper sulfate		A					
83030	Fetal hemoglobin, chemical		A					
83033	Fetal hemoglobin assay, qual		A					
83036	Glycosylated hemoglobin test		A					
83037	Glycosylated hb, home device		A					
83045	Blood methemoglobin test		A					
83050	Blood methemoglobin assay		A					
83051	Assay of plasma hemoglobin		A					
83055	Blood sulfhemoglobin test		A					
83060	Blood sulfhemoglobin assay		A					
83065	Assay of hemoglobin heat		A					
83068	Hemoglobin stability screen		A					
83069	Assay of urine hemoglobin		A					
83070	Assay of hemosiderin, qual		A					
83071	Assay of hemosiderin, quant		A					
83080	Assay of b hexosaminidase		A					
83088	Assay of histamine		A					
83090	Assay of homocystine		A					
83150	Assay of for hva		A					
83491	Assay of corticosteroids		A					
83497	Assay of 5-hiaa		A					
83498	Assay of progesterone		A					
83499	Assay of progesterone		A					
83500	Assay, free hydroxyproline		A					
83505	Assay, total hydroxyproline		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
83516	Immunoassay, nonantibody		A					
83518	Immunoassay, dipstick		A					
83519	Ria nonantibody		A					
83520	Immunoassay quant nos nonab		A					
83525	Assay of insulin		A					
83527	Assay of insulin		A					
83528	Assay of intrinsic factor		A					
83540	Assay of iron		A					
83550	Iron binding test		A					
83570	Assay of idh enzyme		A					
83582	Assay of ketogenic steroids		A					
83586	Assay 17- ketosteroids		A					
83593	Fractionation, ketosteroids		A					
83605	Assay of lactic acid		A					
83615	Lactate (LD) (LDH) enzyme		A					
83625	Assay of ldh enzymes		A					
83630	Lactoferrin, fecal (qual)		A					
83631	Lactoferrin, fecal (quant)		A					
83632	Placental lactogen		A					
83633	Test urine for lactose		A					
83634	Assay of urine for lactose		A					
83655	Assay of lead		A					
83661	L/s ratio, fetal lung		A					
83662	Foam stability, fetal lung		A					
83663	Fluoro polarize, fetal lung		A					
83664	Lamellar bdy, fetal lung		A					
83670	Assay of lap enzyme		A					
83690	Assay of lipase		A					
83695	Assay of lipoprotein(a)		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
83698	Assay lipoprotein pla2		A					
83700	Lipopro bld, electrophoretic		A					
83701	Lipoprotein bld, hr fraction		A					
83704	Lipoprotein, bld, by nmr		A					
83718	Assay of lipoprotein		A					
83719	Assay of blood lipoprotein		A					
83721	Assay of blood lipoprotein		A					
83727	Assay of lrh hormone		A					
83735	Assay of magnesium		A					
83775	Assay of md enzyme		A					
83785	Assay of manganese		A					
83788	Mass spectrometry qual		A					
83789	Mass spectrometry quant		A					
83805	Assay of meprobamate		A					
83825	Assay of mercury		A					
83835	Assay of metanephrines		A					
83840	Assay of methadone		A					
83857	Assay of methemalbumin		A					
83858	Assay of methsuximide		A					
83864	Mucopolysaccharides		A					
83866	Mucopolysaccharides screen		A					
83872	Assay synovial fluid mucin		A					
83873	Assay of csf protein		A					
83874	Assay of myoglobin		A					
83876	Assay, myeloperoxidase		A					
83880	Natriuretic peptide		A					
83883	Assay, nephelometry not spec		A					
83885	Assay of nickel		A					
83887	Assay of nicotine		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
83890	Molecule isolate		A					
83891	Molecule isolate nucleic		A					
83892	Molecular diagnostics		A					
83893	Molecule dot/slot/blot		A					
83894	Molecule gel electrophor		A					
83896	Molecular diagnostics		A					
83897	Molecule nucleic transfer		A					
83898	Molecule nucleic ampli, each		A					
83900	Molecule nucleic ampli 2 seq		A					
83901	Molecule nucleic ampli addon		A					
83902	Molecular diagnostics		A					
83903	Molecule mutation scan		A					
83904	Molecule mutation identify		A					
83905	Molecule mutation identify		A					
83906	Molecule mutation identify		A					
83907	Lyse cells for nucleic ext		A					
83908	Nucleic acid, signal ampli		A					
83909	Nucleic acid, high resolute		A					
83912	Genetic examination		A					
83913	Molecular, rna stabilization		A					
83914	Mutation ident ola/sbce/aspe		A					
83915	Assay of nucleotidase		A					
83916	Oligoclonal bands		A					
83918	Organic acids, total, quant		A					
83919	Organic acids, qual, each		A					
83921	Organic acid, single, quant		A					
83925	Assay of opiates		A					
83930	Assay of blood osmolality		A					
83935	Assay of urine osmolality		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
83937	Assay of osteocalcin		A					
83945	Assay of oxalate		A					
83950	Oncoprotein, her-2/neu		A					
83951	Oncoprotein, dcp		A					
83970	Assay of parathormone		A					
83986	Assay ph body fluid nos		A					
83987	Exhaled breath condensate		A					
83992	Assay for phencyclidine		A					
83993	Assay for calprotectin fecal		A					
84022	Assay of phenothiazine		A					
84030	Assay of blood pku		A					
84035	Assay of phenylketones		A					
84060	Assay acid phosphatase		A					
84061	Phosphatase, forensic exam		A					
84066	Assay prostate phosphatase		A					
84075	Assay alkaline phosphatase		A					
84078	Assay alkaline phosphatase		A					
84080	Assay alkaline phosphatases		A					
84081	Amniotic fluid enzyme test		A					
84085	Assay of rbc pg6d enzyme		A					
84087	Assay phosphohexose enzymes		A					
84100	Assay of phosphorus		A					
84105	Assay of urine phosphorus		A					
84106	Test for porphobilinogen		A					
84110	Assay of porphobilinogen		A					
84119	Test urine for porphyrins		A					
84120	Assay of urine porphyrins		A					
84126	Assay of feces porphyrins		A					
84127	Assay of feces porphyrins		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
84132	Assay of serum potassium		A					
84133	Assay of urine potassium		A					
84134	Assay of prealbumin		A					
84135	Assay of pregnanediol		A					
84138	Assay of pregnanetriol		A					
84140	Assay of pregnenolone		A					
84143	Assay of 17-hydroxypregneno		A					
84144	Assay of progesterone		A					
84145	Procalcitonin (pct)		A					
84146	Assay of prolactin		A					
84150	Assay of prostaglandin		A					
84152	Assay of psa, complexed		A					
84153	Assay of psa, total		A					
84154	Assay of psa, free		A					
84155	Assay of protein, serum		A					
84156	Assay of protein, urine		A					
84157	Assay of protein, other		A					
84160	Assay of protein, any source		A					
84163	Pappa, serum		A					
84165	Protein e-phoresis, serum		A					
84166	Protein e-phoresis/urine/csf		A					
84181	Western blot test		A					
84182	Protein, western blot test		A					
84202	Assay RBC protoporphyrin		A					
84203	Test RBC protoporphyrin		A					
84206	Assay of proinsulin		A					
84207	Assay of vitamin b-6		A					
84210	Assay of pyruvate		A					
84220	Assay of pyruvate kinase		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
84228	Assay of quinine		A					
84233	Assay of estrogen		A					
84234	Assay of progesterone		A					
84235	Assay of endocrine hormone		A					
84238	Assay, nonendocrine receptor		A					
84244	Assay of renin		A					
84252	Assay of vitamin b-2		A					
84255	Assay of selenium		A					
84260	Assay of serotonin		A					
84270	Assay of sex hormone globul		A					
84275	Assay of sialic acid		A					
84285	Assay of silica		A					
84295	Assay of serum sodium		A					
84300	Assay of urine sodium		A					
84302	Assay of sweat sodium		A					
84305	Assay of somatomedin		A					
84307	Assay of somatostatin		A					
84311	Spectrophotometry		A					
84315	Body fluid specific gravity		A					
84375	Chromatogram assay, sugars		A					
84376	Sugars, single, qual		A					
84377	Sugars, multiple, qual		A					
84378	Sugars, single, quant		A					
84379	Sugars multiple quant		A					
84392	Assay of urine sulfate		A					
84402	Assay of testosterone		A					
84403	Assay of total testosterone		A					
84425	Assay of vitamin b-1		A					
84430	Assay of thiocyanate		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
84431	Thromboxane, urine		A					
84432	Assay of thyroglobulin		A					
84436	Assay of total thyroxine		A					
84437	Assay of neonatal thyroxine		A					
84439	Assay of free thyroxine		A					
84442	Assay of thyroid activity		A					
84443	Assay thyroid stim hormone		A					
84445	Assay of tsi		A					
84446	Assay of vitamin e		A					
84449	Assay of transcortin		A					
84450	Transferase (AST) (SGOT)		A					
84460	Alanine amino (ALT) (SGPT)		A					
84466	Assay of transferrin		A					
84478	Assay of triglycerides		A					
84479	Assay of thyroid (t3 or t4)		A					
84480	Assay, triiodothyronine (t3)		A					
84481	Free assay (FT-3)		A					
84482	T3 reverse		A					
84484	Assay of troponin, quant		A					
84485	Assay duodenal fluid trypsin		A					
84488	Test feces for trypsin		A					
84490	Assay of feces for trypsin		A					
84510	Assay of tyrosine		A					
84512	Assay of troponin, qual		A					
84520	Assay of urea nitrogen		A					
84525	Urea nitrogen semi-quant		A					
84540	Assay of urine/urea-n		A					
84545	Urea-N clearance test		A					
84550	Assay of blood/uric acid		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
84560	Assay of urine/uric acid		A					
84577	Assay of feces/urobilinogen		A					
84578	Test urine urobilinogen		A					
84580	Assay of urine urobilinogen		A					
84583	Assay of urine urobilinogen		A					
84585	Assay of urine vma		A					
84586	Assay of vip		A					
84588	Assay of vasopressin		A					
84590	Assay of vitamin a		A					
84591	Assay of nos vitamin		A					
84597	Assay of vitamin k		A					
84600	Assay of volatiles		A					
84620	Xylose tolerance test		A					
84630	Assay of zinc		A					
84681	Assay of c-peptide		A					
84702	Chorionic gonadotropin test		A					
84703	Chorionic gonadotropin assay		A					
84704	Hcg, free betachain test		A					
84830	Ovulation tests		A					
84999	Clinical chemistry test		A					
85002	Bleeding time test		A					
85004	Automated diff wbc count		A					
85007	Bl smear w/diff wbc count		A					
85008	Bl smear w/o diff wbc count		A					
85009	Manual diff wbc count b-coat		A					
85013	Spun microhematocrit		A					
85014	Hematocrit		A					
85018	Hemoglobin		A					
85025	Complete cbc w/auto diff wbc		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
85027	Complete cbc, automated		A					
85032	Manual cell count, each		A					
85041	Automated rbc count		A					
85044	Manual reticulocyte count		A					
85045	Automated reticulocyte count		A					
85046	Reticyte/hgb concentrate		A					
85048	Automated leukocyte count		A					
85049	Automated platelet count		A					
85055	Reticulated platelet assay		A					
85060	Blood smear interpretation		B					
85097	Bone marrow interpretation		X	0343	0.5351	$36.53	$10.84	$7.31
85130	Chromogenic substrate assay		A					
85170	Blood clot retraction		A					
85175	Blood clot lysis time		A					
85210	Blood clot factor II test		A					
85220	Blood clot factor V test		A					
85230	Blood clot factor VII test		A					
85240	Blood clot factor VIII test		A					
85244	Blood clot factor VIII test		A					
85245	Blood clot factor VIII test		A					
85246	Blood clot factor VIII test		A					
85247	Blood clot factor VIII test		A					
85250	Blood clot factor IX test		A					
85260	Blood clot factor X test		A					
85270	Blood clot factor XI test		A					
85280	Blood clot factor XII test		A					
85290	Blood clot factor XIII test		A					
85291	Blood clot factor XIII test		A					
85292	Blood clot factor assay		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
85293	Blood clot factor assay		A					
85300	Antithrombin III test		A					
85301	Antithrombin III test		A					
85302	Blood clot inhibitor antigen		A					
85303	Blood clot inhibitor test		A					
85305	Blood clot inhibitor assay		A					
85306	Blood clot inhibitor test		A					
85307	Assay activated protein c		A					
85335	Factor inhibitor test		A					
85337	Thrombomodulin		A					
85345	Coagulation time		A					
85347	Coagulation time		A					
85348	Coagulation time		A					
85360	Euglobulin lysis		A					
85362	Fibrin degradation products		A					
85366	Fibrinogen test		A					
85370	Fibrinogen test		A					
85378	Fibrin degrade, semiquant		A					
85379	Fibrin degradation, quant		A					
85380	Fibrin degradation, vte		A					
85384	Fibrinogen		A					
85385	Fibrinogen		A					
85390	Fibrinolysins screen		A					
85396	Clotting assay, whole blood		N					
85397	Clotting funct activity		A					
85400	Fibrinolytic plasmin		A					
85410	Fibrinolytic antiplasmin		A					
85415	Fibrinolytic plasminogen		A					
85420	Fibrinolytic plasminogen		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
85421	Fibrinolytic plasminogen		A					
85441	Heinz bodies, direct		A					
85445	Heinz bodies, induced		A					
85460	Hemoglobin, fetal		A					
85461	Hemoglobin, fetal		A					
85475	Hemolysin		A					
85520	Heparin assay		A					
85525	Heparin neutralization		A					
85530	Heparin-protamine tolerance		A					
85536	Iron stain peripheral blood		A					
85540	Wbc alkaline phosphatase		A					
85547	RBC mechanical fragility		A					
85549	Muramidase		A					
85555	RBC osmotic fragility		A					
85557	RBC osmotic fragility		A					
85576	Blood platelet aggregation		A					
85597	Platelet neutralization		A					
85610	Prothrombin time		A					
85611	Prothrombin test		A					
85612	Viper venom prothrombin time		A					
85613	Russell viper venom, diluted		A					
85635	Reptilase test		A					
85651	Rbc sed rate, nonautomated		A					
85652	Rbc sed rate, automated		A					
85660	RBC sickle cell test		A					
85670	Thrombin time, plasma		A					
85675	Thrombin time, titer		A					
85705	Thromboplastin inhibition		A					
85730	Thromboplastin time, partial		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
85732	Thromboplastin time, partial		A					
85810	Blood viscosity examination		A					
85999	Hematology procedure		A					
86000	Agglutinins, febrile		A					
86001	Allergen specific igg		A					
86003	Allergen specific IgE		A					
86005	Allergen specific IgE		A					
86021	WBC antibody identification		A					
86022	Platelet antibodies		A					
86023	Immunoglobulin assay		A					
86038	Antinuclear antibodies		A					
86039	Antinuclear antibodies (ANA)		A					
86060	Antistreptolysin o, titer		A					
86063	Antistreptolysin o, screen		A					
86077	Physician blood bank service		X	0433	0.2465	$16.83	$5.17	$3.37
86078	Physician blood bank service		X	0343	0.5351	$36.53	$10.84	$7.31
86079	Physician blood bank service		X	0433	0.2465	$16.83	$5.17	$3.37
86140	C-reactive protein		A					
86141	C-reactive protein, hs		A					
86146	Glycoprotein antibody		A					
86147	Cardiolipin antibody		A					
86148	Phospholipid antibody		A					
86155	Chemotaxis assay		A					
86156	Cold agglutinin, screen		A					
86157	Cold agglutinin, titer		A					
86160	Complement, antigen		A					
86161	Complement/function activity		A					
86162	Complement, total (CH50)		A					
86171	Complement fixation, each		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
86185	Counterimmunoelectrophoresis		A					
86200	Ccp antibody		A					
86215	Deoxyribonuclease, antibody		A					
86225	DNA antibody		A					
86226	DNA antibody, single strand		A					
86235	Nuclear antigen antibody		A					
86243	Fc receptor		A					
86255	Fluorescent antibody, screen		A					
86256	Fluorescent antibody, titer		A					
86277	Growth hormone antibody		A					
86280	Hemagglutination inhibition		A					
86294	Immunoassay, tumor, qual		A					
86300	Immunoassay, tumor, ca 15-3		A					
86301	Immunoassay, tumor, ca 19-9		A					
86304	Immunoassay, tumor, ca 125		A					
86305	Human epididymis protein 4		A					
86308	Heterophile antibodies		A					
86309	Heterophile antibodies		A					
86310	Heterophile antibodies		A					
86316	Immunoassay, tumor other		A					
86317	Immunoassay,infectious agent		A					
86318	Immunoassay,infectious agent		A					
86320	Serum immunoelectrophoresis		A					
86325	Other immunoelectrophoresis		A					
86327	Immunoelectrophoresis assay		A					
86329	Immunodiffusion		A					
86331	Immunodiffusion ouchterlony		A					
86332	Immune complex assay		A					
86334	Immunofix e-phoresis, serum		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
86335	Immunfix e-phorsis/urine/csf		A					
86336	Inhibin A		A					
86337	Insulin antibodies		A					
86340	Intrinsic factor antibody		A					
86341	Islet cell antibody		A					
86343	Leukocyte histamine release		A					
86344	Leukocyte phagocytosis		A					
86352	Cell function assay w/stim		A					
86353	Lymphocyte transformation		A					
86355	B cells, total count		A					
86356	Mononuclear cell antigen		A					
86357	Nk cells, total count		A					
86359	T cells, total count		A					
86360	T cell, absolute count/ratio		A					
86361	T cell, absolute count		A					
86367	Stem cells, total count		A					
86376	Microsomal antibody		A					
86378	Migration inhibitory factor		A					
86382	Neutralization test, viral		A					
86384	Nitroblue tetrazolium dye		A					
86403	Particle agglutination test		A					
86406	Particle agglutination test		A					
86430	Rheumatoid factor test		A					
86431	Rheumatoid factor, quant		A					
86480	Tb test, cell immun measure		A					
86485	Skin test, candida		X	0341	0.0804	$5.49	$2.09	$1.10
86486	Skin test, nos antigen		X	0341	0.0804	$5.49	$2.09	$1.10
86490	Coccidioidomycosis skin test		X	0341	0.0804	$5.49	$2.09	$1.10
86510	Histoplasmosis skin test		X	0341	0.0804	$5.49	$2.09	$1.10

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
86580	TB intradermal test		X	0341	0.0804	$5.49	$2.09	$1.10
86590	Streptokinase, antibody		A					
86592	Syphilis test non-trep qual		A					
86593	Syphilis test non-trep quant		A					
86602	Antinomyces antibody		A					
86603	Adenovirus antibody		A					
86606	Aspergillus antibody		A					
86609	Bacterium antibody		A					
86611	Bartonella antibody		A					
86612	Blastomyces antibody		A					
86615	Bordetella antibody		A					
86617	Lyme disease antibody		A					
86618	Lyme disease antibody		A					
86619	Borrelia antibody		A					
86622	Brucella antibody		A					
86625	Campylobacter antibody		A					
86628	Candida antibody		A					
86631	Chlamydia antibody		A					
86632	Chlamydia igm antibody		A					
86635	Coccidioides antibody		A					
86638	Q fever antibody		A					
86641	Cryptococcus antibody		A					
86644	CMV antibody		A					
86645	CMV antibody, IgM		A					
86648	Diphtheria antibody		A					
86651	Encephalitis antibody		A					
86652	Encephalitis antibody		A					
86653	Encephalitis antibody		A					
86654	Encephalitis antibody		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
86658	Enterovirus antibody		A					
86663	Epstein-barr antibody		A					
86664	Epstein-barr antibody		A					
86665	Epstein-barr antibody		A					
86666	Ehrlichia antibody		A					
86668	Francisella tularensis		A					
86671	Fungus antibody		A					
86674	Giardia lamblia antibody		A					
86677	Helicobacter pylori		A					
86682	Helminth antibody		A					
86684	Hemophilus influenza		A					
86687	Htlv-i antibody		A					
86688	Htlv-ii antibody		A					
86689	HTLV/HIV confirmatory test		A					
86692	Hepatitis, delta agent		A					
86694	Herpes simplex test		A					
86695	Herpes simplex test		A					
86696	Herpes simplex type 2		A					
86698	Histoplasma		A					
86701	HIV-1		A					
86702	HIV-2		A					
86703	HIV-1/HIV-2, single assay		A					
86704	Hep b core antibody, total		A					
86705	Hep b core antibody, igm		A					
86706	Hep b surface antibody		A					
86707	Hep be antibody		A					
86708	Hep a antibody, total		A					
86709	Hep a antibody, igm		A					
86710	Influenza virus antibody		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
86713	Legionella antibody		A					
86717	Leishmania antibody		A					
86720	Leptospira antibody		A					
86723	Listeria monocytogenes ab		A					
86727	Lymph choriomeningitis ab		A					
86729	Lympho venereum antibody		A					
86732	Mucormycosis antibody		A					
86735	Mumps antibody		A					
86738	Mycoplasma antibody		A					
86741	Neisseria meningitidis		A					
86744	Nocardia antibody		A					
86747	Parvovirus antibody		A					
86750	Malaria antibody		A					
86753	Protozoa antibody nos		A					
86756	Respiratory virus antibody		A					
86757	Rickettsia antibody		A					
86759	Rotavirus antibody		A					
86762	Rubella antibody		A					
86765	Rubeola antibody		A					
86768	Salmonella antibody		A					
86771	Shigella antibody		A					
86774	Tetanus antibody		A					
86777	Toxoplasma antibody		A					
86778	Toxoplasma antibody, igm		A					
86780	Treponema pallidum		A					
86784	Trichinella antibody		A					
86787	Varicella-zoster antibody		A					
86788	West nile virus ab, igm		A					
86789	West nile virus antibody		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
86790	Virus antibody nos		A					
86793	Yersinia antibody		A					
86800	Thyroglobulin antibody		A					
86803	Hepatitis c ab test		A					
86804	Hep c ab test, confirm		A					
86805	Lymphocytotoxicity assay		A					
86806	Lymphocytotoxicity assay		A					
86807	Cytotoxic antibody screening		A					
86808	Cytotoxic antibody screening		A					
86812	HLA typing, A, B, or C		A					
86813	HLA typing, A, B, or C		A					
86816	HLA typing, DR/DQ		A					
86817	HLA typing, DR/DQ		A					
86821	Lymphocyte culture, mixed		A					
86822	Lymphocyte culture, primed		A					
86825	Hla x-match, non-cytotoxic		A					
86826	Hla x-match, non-cyt add-on		A					
86849	Immunology procedure		A					
86850	RBC antibody screen		X	0345	0.2168	$14.80	.	$2.96
86860	RBC antibody elution		X	0346	0.3619	$24.71	.	$4.95
86870	RBC antibody identification		X	0346	0.3619	$24.71	.	$4.95
86880	Coombs test, direct		X	0409	0.1134	$7.74	$2.18	$1.55
86885	Coombs test, indirect, qual		X	0409	0.1134	$7.74	$2.18	$1.55
86886	Coombs test, indirect, titer		X	0409	0.1134	$7.74	$2.18	$1.55
86890	Autologous blood process		X	0347	0.6903	$47.12	$9.43	$9.43
86891	Autologous blood, op salvage		X	0345	0.2168	$14.80	.	$2.96
86900	Blood typing, ABO		X	0409	0.1134	$7.74	$2.18	$1.55
86901	Blood typing, Rh (D)		X	0409	0.1134	$7.74	$2.18	$1.55
86903	Blood typing, antigen screen		X	0345	0.2168	$14.80	.	$2.96

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
86904	Blood typing, patient serum		X	0345	0.2168	$14.80	.	$2.96
86905	Blood typing, RBC antigens		X	0345	0.2168	$14.80	.	$2.96
86906	Blood typing, Rh phenotype		X	0345	0.2168	$14.80	.	$2.96
86910	Blood typing, paternity test		E					
86911	Blood typing, antigen system		E					
86920	Compatibility test, spin		X	0345	0.2168	$14.80	.	$2.96
86921	Compatibility test, incubate		X	0345	0.2168	$14.80	.	$2.96
86922	Compatibility test, antiglob		X	0346	0.3619	$24.71	.	$4.95
86923	Compatibility test, electric		X	0345	0.2168	$14.80	.	$2.96
86927	Plasma, fresh frozen		X	0345	0.2168	$14.80	.	$2.96
86930	Frozen blood prep		X	0347	0.6903	$47.12	$9.43	$9.43
86931	Frozen blood thaw		X	0347	0.6903	$47.12	$9.43	$9.43
86932	Frozen blood freeze/thaw		X	0347	0.6903	$47.12	$9.43	$9.43
86940	Hemolysins/agglutinins, auto		A					
86941	Hemolysins/agglutinins		A					
86945	Blood product/irradiation		X	0345	0.2168	$14.80	.	$2.96
86950	Leukacyte transfusion		X	0345	0.2168	$14.80	.	$2.96
86960	Vol reduction of blood/prod		X	0345	0.2168	$14.80	.	$2.96
86965	Pooling blood platelets		X	0346	0.3619	$24.71	.	$4.95
86970	RBC pretreatment		X	0345	0.2168	$14.80	.	$2.96
86971	RBC pretreatment		X	0345	0.2168	$14.80	.	$2.96
86972	RBC pretreatment		X	0345	0.2168	$14.80	.	$2.96
86975	RBC pretreatment, serum		X	0346	0.3619	$24.71	.	$4.95
86976	RBC pretreatment, serum		X	0345	0.2168	$14.80	.	$2.96
86977	RBC pretreatment, serum		X	0347	0.6903	$47.12	$9.43	$9.43
86978	RBC pretreatment, serum		X	0346	0.3619	$24.71	.	$4.95
86985	Split blood or products		X	0345	0.2168	$14.80	.	$2.96
86999	Transfusion procedure		X	0345	0.2168	$14.80	.	$2.96
87001	Small animal inoculation		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
87003	Small animal inoculation		A					
87015	Specimen concentration		A					
87040	Blood culture for bacteria		A					
87045	Feces culture, bacteria		A					
87046	Stool cultr, bacteria, each		A					
87070	Culture, bacteria, other		A					
87071	Culture bacteri aerobic othr		A					
87073	Culture bacteria anaerobic		A					
87075	Cultr bacteria, except blood		A					
87076	Culture anaerobe ident, each		A					
87077	Culture aerobic identify		A					
87081	Culture screen only		A					
87084	Culture of specimen by kit		A					
87086	Urine culture/colony count		A					
87088	Urine bacteria culture		A					
87101	Skin fungi culture		A					
87102	Fungus isolation culture		A					
87103	Blood fungus culture		A					
87106	Fungi identification, yeast		A					
87107	Fungi identification, mold		A					
87109	Mycoplasma		A					
87110	Chlamydia culture		A					
87116	Mycobacteria culture		A					
87118	Mycobacteric identification		A					
87140	Culture type immunofluoresc		A					
87143	Culture typing, glc/hplc		A					
87147	Culture type, immunologic		A					
87149	Dna/rna direct probe		A					
87150	Dna/rna, amplified probe		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
87152	Culture type pulse field gel		A					
87153	Dna/rna sequencing		A					
87158	Culture typing, added method		A					
87164	Dark field examination		A					
87166	Dark field examination		A					
87168	Macroscopic exam arthropod		A					
87169	Macroscopic exam parasite		A					
87172	Pinworm exam		A					
87176	Tissue homogenization, cultr		A					
87177	Ova and parasites smears		A					
87181	Microbe susceptible, diffuse		A					
87184	Microbe susceptible, disk		A					
87185	Microbe susceptible, enzyme		A					
87186	Microbe susceptible, mic		A					
87187	Microbe susceptible, mlc		A					
87188	Microbe suscept, macrobroth		A					
87190	Microbe suscept, mycobacteri		A					
87197	Bactericidal level, serum		A					
87205	Smear, gram stain		A					
87206	Smear, fluorescent/acid stai		A					
87207	Smear, special stain		A					
87209	Smear, complex stain		A					
87210	Smear, wet mount, saline/ink		A					
87220	Tissue exam for fungi		A					
87230	Assay, toxin or antitoxin		A					
87250	Virus inoculate, eggs/animal		A					
87252	Virus inoculation, tissue		A					
87253	Virus inoculate tissue, addl		A					
87254	Virus inoculation, shell via		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
87255	Genet virus isolate, hsv		A					
87260	Adenovirus ag, if		A					
87265	Pertussis ag, if		A					
87267	Enterovirus antibody, dfa		A					
87269	Giardia ag, if		A					
87270	Chlamydia trachomatis ag, if		A					
87271	Cytomegalovirus dfa		A					
87272	Cryptosporidium ag, if		A					
87273	Herpes simplex 2, ag, if		A					
87274	Herpes simplex 1, ag, if		A					
87275	Influenza b, ag, if		A					
87276	Influenza a, ag, if		A					
87277	Legionella micdadei, ag, if		A					
87278	Legion pneumophilia ag, if		A					
87279	Parainfluenza, ag, if		A					
87280	Respiratory syncytial ag, if		A					
87281	Pneumocystis carinii, ag, if		A					
87283	Rubeola, ag, if		A					
87285	Treponema pallidum, ag, if		A					
87290	Varicella zoster, ag, if		A					
87299	Antibody detection, nos, if		A					
87300	Ag detection, polyval, if		A					
87301	Adenovirus ag, eia		A					
87305	Aspergillus ag, eia		A					
87320	Chylmd trach ag, eia		A					
87324	Clostridium ag, eia		A					
87327	Cryptococcus neoform ag, eia		A					
87328	Cryptosporidium ag, eia		A					
87329	Giardia ag, eia		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
87332	Cytomegalovirus ag, eia		A					
87335	E coli 0157 ag, eia		A					
87336	Entamoeb hist dispr, ag, eia		A					
87337	Entamoeb hist group, ag, eia		A					
87338	Hpylori, stool, eia		A					
87339	H pylori ag, eia		A					
87340	Hepatitis b surface ag, eia		A					
87341	Hepatitis b surface, ag, eia		A					
87350	Hepatitis be ag, eia		A					
87380	Hepatitis delta ag, eia		A					
87385	Histoplasma capsul ag, eia		A					
87390	Hiv-1 ag, eia		A					
87391	Hiv-2 ag, eia		A					
87400	Influenza a/b, ag, eia		A					
87420	Resp syncytial ag, eia		A					
87425	Rotavirus ag, eia		A					
87427	Shiga-like toxin ag, eia		A					
87430	Strep a ag, eia		A					
87449	Ag detect nos, eia, mult		A					
87450	Ag detect nos, eia, single		A					
87451	Ag detect polyval, eia, mult		A					
87470	Bartonella, dna, dir probe		A					
87471	Bartonella, dna, amp probe		A					
87472	Bartonella, dna, quant		A					
87475	Lyme dis, dna, dir probe		A					
87476	Lyme dis, dna, amp probe		A					
87477	Lyme dis, dna, quant		A					
87480	Candida, dna, dir probe		A					
87481	Candida, dna, amp probe		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
87482	Candida, dna, quant		A					
87485	Chylmd pneum, dna, dir probe		A					
87486	Chylmd pneum, dna, amp probe		A					
87487	Chylmd pneum, dna, quant		A					
87490	Chylmd trach, dna, dir probe		A					
87491	Chylmd trach, dna, amp probe		A					
87492	Chylmd trach, dna, quant		A					
87493	C diff amplified probe		A					
87495	Cytomeg, dna, dir probe		A					
87496	Cytomeg, dna, amp probe		A					
87497	Cytomeg, dna, quant		A					
87498	Enterovirus, dna, amp probe		A					
87500	Vanomycin, dna, amp probe		A					
87510	Gardner vag, dna, dir probe		A					
87511	Gardner vag, dna, amp probe		A					
87512	Gardner vag, dna, quant		A					
87515	Hepatitis b, dna, dir probe		A					
87516	Hepatitis b, dna, amp probe		A					
87517	Hepatitis b, dna, quant		A					
87520	Hepatitis c, rna, dir probe		A					
87521	Hepatitis c, rna, amp probe		A					
87522	Hepatitis c, rna, quant		A					
87525	Hepatitis g, dna, dir probe		A					
87526	Hepatitis g, dna, amp probe		A					
87527	Hepatitis g, dna, quant		A					
87528	Hsv, dna, dir probe		A					
87529	Hsv, dna, amp probe		A					
87530	Hsv, dna, quant		A					
87531	Hhv-6, dna, dir probe		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
87532	Hhv-6, dna, amp probe		A					
87533	Hhv-6, dna, quant		A					
87534	Hiv-1, dna, dir probe		A					
87535	Hiv-1, dna, amp probe		A					
87536	Hiv-1, dna, quant		A					
87537	Hiv-2, dna, dir probe		A					
87538	Hiv-2, dna, amp probe		A					
87539	Hiv-2, dna, quant		A					
87540	Legion pneumo, dna, dir prob		A					
87541	Legion pneumo, dna, amp prob		A					
87542	Legion pneumo, dna, quant		A					
87550	Mycobacteria, dna, dir probe		A					
87551	Mycobacteria, dna, amp probe		A					
87552	Mycobacteria, dna, quant		A					
87555	M.tuberculo, dna, dir probe		A					
87556	M.tuberculo, dna, amp probe		A					
87557	M.tuberculo, dna, quant		A					
87560	M.avium-intra, dna, dir prob		A					
87561	M.avium-intra, dna, amp prob		A					
87562	M.avium-intra, dna, quant		A					
87580	M.pneumon, dna, dir probe		A					
87581	M.pneumon, dna, amp probe		A					
87582	M.pneumon, dna, quant		A					
87590	N.gonorrhoeae, dna, dir prob		A					
87591	N.gonorrhoeae, dna, amp prob		A					
87592	N.gonorrhoeae, dna, quant		A					
87620	Hpv, dna, dir probe		A					
87621	Hpv, dna, amp probe		A					
87622	Hpv, dna, quant		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
87640	Staph a, dna, amp probe		A					
87641	Mr-staph, dna, amp probe		A					
87650	Strep a, dna, dir probe		A					
87651	Strep a, dna, amp probe		A					
87652	Strep a, dna, quant		A					
87653	Strep b, dna, amp probe		A					
87660	Trichomonas vagin, dir probe		A					
87797	Detect agent nos, dna, dir		A					
87798	Detect agent nos, dna, amp		A					
87799	Detect agent nos, dna, quant		A					
87800	Detect agnt mult, dna, direc		A					
87801	Detect agnt mult, dna, ampli		A					
87802	Strep b assay w/optic		A					
87803	Clostridium toxin a w/optic		A					
87804	Influenza assay w/optic		A					
87807	Rsv assay w/optic		A					
87808	Trichomonas assay w/optic		A					
87809	Adenovirus assay w/optic		A					
87810	Chylmd trach assay w/optic		A					
87850	N. gonorrhoeae assay w/optic		A					
87880	Strep a assay w/optic		A					
87899	Agent nos assay w/optic		A					
87900	Phenotype, infect agent drug		A					
87901	Genotype, dna, hiv reverse t		A					
87902	Genotype, dna, hepatitis C		A					
87903	Phenotype, dna hiv w/culture		A					
87904	Phenotype, dna hiv w/clt add		A					
87905	Sialidase enzyme assay		A					
87999	Microbiology procedure		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
88000	Autopsy (necropsy), gross		E					
88005	Autopsy (necropsy), gross		E					
88007	Autopsy (necropsy), gross		E					
88012	Autopsy (necropsy), gross		E					
88014	Autopsy (necropsy), gross		E					
88016	Autopsy (necropsy), gross		E					
88020	Autopsy (necropsy), complete		E					
88025	Autopsy (necropsy), complete		E					
88027	Autopsy (necropsy), complete		E					
88028	Autopsy (necropsy), complete		E					
88029	Autopsy (necropsy), complete		E					
88036	Limited autopsy		E					
88037	Limited autopsy		E					
88040	Forensic autopsy (necropsy)		E					
88045	Coroners autopsy (necropsy)		E					
88099	Necropsy (autopsy) procedure		E					
88104	Cytopath fl nongyn, smears		X	0433	0.2465	$16.83	$5.17	$3.37
88106	Cytopath fl nongyn, filter		X	0433	0.2465	$16.83	$5.17	$3.37
88107	Cytopath fl nongyn, sm/fltr		X	0343	0.5351	$36.53	$10.84	$7.31
88108	Cytopath, concentrate tech		X	0433	0.2465	$16.83	$5.17	$3.37
88112	Cytopath, cell enhance tech		X	0343	0.5351	$36.53	$10.84	$7.31
88125	Forensic cytopathology		X	0433	0.2465	$16.83	$5.17	$3.37
88130	Sex chromatin identification		A					
88140	Sex chromatin identification		A					
88141	Cytopath, c/v, interpret		N					
88142	Cytopath, c/v, thin layer		A					
88143	Cytopath c/v thin layer redo		A					
88147	Cytopath, c/v, automated		A					
88148	Cytopath, c/v, auto rescreen		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
88150	Cytopath, c/v, manual		A					
88152	Cytopath, c/v, auto redo		A					
88153	Cytopath, c/v, redo		A					
88154	Cytopath, c/v, select		A					
88155	Cytopath, c/v, index add-on		A					
88160	Cytopath smear, other source		X	0433	0.2465	$16.83	$5.17	$3.37
88161	Cytopath smear, other source		X	0433	0.2465	$16.83	$5.17	$3.37
88162	Cytopath smear, other source		X	0343	0.5351	$36.53	$10.84	$7.31
88164	Cytopath tbs, c/v, manual		A					
88165	Cytopath tbs, c/v, redo		A					
88166	Cytopath tbs, c/v, auto redo		A					
88167	Cytopath tbs, c/v, select		A					
88172	Cytopathology eval of fna		X	0343	0.5351	$36.53	$10.84	$7.31
88173	Cytopath eval, fna, report		X	0343	0.5351	$36.53	$10.84	$7.31
88174	Cytopath, c/v auto, in fluid		A					
88175	Cytopath c/v auto fluid redo		A					
88182	Cell marker study		X	0343	0.5351	$36.53	$10.84	$7.31
88184	Flowcytometry/ tc, 1 marker		X	0433	0.2465	$16.83	$5.17	$3.37
88185	Flowcytometry/tc, add-on		X	0433	0.2465	$16.83	$5.17	$3.37
88187	Flowcytometry/read, 2-8		X	0342	0.1596	$10.90	.	$2.18
88188	Flowcytometry/read, 9-15		X	0343	0.5351	$36.53	$10.84	$7.31
88189	Flowcytometry/read, 16 & >		X	0343	0.5351	$36.53	$10.84	$7.31
88199	Cytopathology procedure		X	0342	0.1596	$10.90	.	$2.18
88230	Tissue culture, lymphocyte		A					
88233	Tissue culture, skin/biopsy		A					
88235	Tissue culture, placenta		A					
88237	Tissue culture, bone marrow		A					
88239	Tissue culture, tumor		A					
88240	Cell cryopreserve/storage		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
88241	Frozen cell preparation		A					
88245	Chromosome analysis, 20-25		A					
88248	Chromosome analysis, 50-100		A					
88249	Chromosome analysis, 100		A					
88261	Chromosome analysis, 5		A					
88262	Chromosome analysis, 15-20		A					
88263	Chromosome analysis, 45		A					
88264	Chromosome analysis, 20-25		A					
88267	Chromosome analys, placenta		A					
88269	Chromosome analys, amniotic		A					
88271	Cytogenetics, dna probe		A					
88272	Cytogenetics, 3-5		A					
88273	Cytogenetics, 10-30		A					
88274	Cytogenetics, 25-99		A					
88275	Cytogenetics, 100-300		A					
88280	Chromosome karyotype study		A					
88283	Chromosome banding study		A					
88285	Chromosome count, additional		A					
88289	Chromosome study, additional		A					
88291	Cyto/molecular report		M					
88299	Cytogenetic study		X	0342	0.1596	$10.90	.	$2.18
88300	Surgical path, gross		X	0433	0.2465	$16.83	$5.17	$3.37
88302	Tissue exam by pathologist		X	0433	0.2465	$16.83	$5.17	$3.37
88304	Tissue exam by pathologist		X	0343	0.5351	$36.53	$10.84	$7.31
88305	Tissue exam by pathologist		X	0343	0.5351	$36.53	$10.84	$7.31
88307	Tissue exam by pathologist		X	0344	0.8227	$56.16	$15.56	$11.24
88309	Tissue exam by pathologist		X	0344	0.8227	$56.16	$15.56	$11.24
88311	Decalcify tissue		X	0342	0.1596	$10.90	.	$2.18
88312	Special stains group 1		X	0433	0.2465	$16.83	$5.17	$3.37

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
88313	Special stains group 2		X	0433	0.2465	$16.83	$5.17	$3.37
88314	Histochemical stain add-on		X	0433	0.2465	$16.83	$5.17	$3.37
88318	Chemical histochemistry		X	0433	0.2465	$16.83	$5.17	$3.37
88319	Enzyme histochemistry		X	0344	0.8227	$56.16	$15.56	$11.24
88321	Microslide consultation		X	0433	0.2465	$16.83	$5.17	$3.37
88323	Microslide consultation		X	0343	0.5351	$36.53	$10.84	$7.31
88325	Comprehensive review of data		X	0344	0.8227	$56.16	$15.56	$11.24
88329	Path consult introp		X	0433	0.2465	$16.83	$5.17	$3.37
88331	Path consult intraop, 1 bloc		X	0343	0.5351	$36.53	$10.84	$7.31
88332	Path consult intraop, addl		X	0433	0.2465	$16.83	$5.17	$3.37
88333	Intraop cyto path consult, 1		X	0433	0.2465	$16.83	$5.17	$3.37
88334	Intraop cyto path consult, 2		X	0433	0.2465	$16.83	$5.17	$3.37
88342	Immunohistochemistry		X	0343	0.5351	$36.53	$10.84	$7.31
88346	Immunofluorescent study		X	0343	0.5351	$36.53	$10.84	$7.31
88347	Immunofluorescent study		X	0343	0.5351	$36.53	$10.84	$7.31
88348	Electron microscopy		X	0661	2.3687	$161.70	.	$32.34
88349	Scanning electron microscopy		X	0661	2.3687	$161.70	.	$32.34
88355	Analysis, skeletal muscle		X	0343	0.5351	$36.53	$10.84	$7.31
88356	Analysis, nerve		X	0344	0.8227	$56.16	$15.56	$11.24
88358	Analysis, tumor		X	0343	0.5351	$36.53	$10.84	$7.31
88360	Tumor immunohistochem/manual		X	0343	0.5351	$36.53	$10.84	$7.31
88361	Tumor immunohistochem/comput		X	0344	0.8227	$56.16	$15.56	$11.24
88362	Nerve teasing preparations		X	0344	0.8227	$56.16	$15.56	$11.24
88365	Insitu hybridization (fish)		X	0344	0.8227	$56.16	$15.56	$11.24
88367	Insitu hybridization, auto		X	0344	0.8227	$56.16	$15.56	$11.24
88368	Insitu hybridization, manual		X	0344	0.8227	$56.16	$15.56	$11.24
88371	Protein, western blot tissue		A					
88372	Protein analysis w/probe		A					
88380	Microdissection, laser		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
88381	Microdissection, manual		N					
88384	Eval molecular probes, 11-50		X	0433	0.2465	$16.83	$5.17	$3.37
88385	Eval molecul probes, 51-250		X	0343	0.5351	$36.53	$10.84	$7.31
88386	Eval molecul probes, 251-500		X	0344	0.8227	$56.16	$15.56	$11.24
88387	Tiss exam molecular study		N					
88388	Tiss ex molecul study add-on		N					
88399	Surgical pathology procedure		X	0342	0.1596	$10.90	.	$2.18
88720	Bilirubin total transcut		A					
88738	Hgb quant transcutaneous		A					
88740	Transcutaneous carboxyhb		A					
88741	Transcutaneous methb		A					
89049	Chct for mal hyperthermia		X	0342	0.1596	$10.90	.	$2.18
89050	Body fluid cell count		A					
89051	Body fluid cell count		A					
89055	Leukocyte assessment, fecal		A					
89060	Exam,synovial fluid crystals		A					
89100	Sample intestinal contents		X	0360	1.7011	$116.13	$33.88	$23.23
89105	Sample intestinal contents		X	0360	1.7011	$116.13	$33.88	$23.23
89125	Specimen fat stain		A					
89130	Sample stomach contents		X	0360	1.7011	$116.13	$33.88	$23.23
89132	Sample stomach contents		X	0360	1.7011	$116.13	$33.88	$23.23
89135	Sample stomach contents		X	0360	1.7011	$116.13	$33.88	$23.23
89136	Sample stomach contents		X	0360	1.7011	$116.13	$33.88	$23.23
89140	Sample stomach contents		X	0360	1.7011	$116.13	$33.88	$23.23
89141	Sample stomach contents		X	0360	1.7011	$116.13	$33.88	$23.23
89160	Exam feces for meat fibers		A					
89190	Nasal smear for eosinophils		A					
89220	Sputum specimen collection		X	0433	0.2465	$16.83	$5.17	$3.37
89225	Starch granules, feces		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
89230	Collect sweat for test		X	0343	0.5351	$36.53	$10.84	$7.31
89235	Water load test		A					
89240	Pathology lab procedure		X	0342	0.1596	$10.90	.	$2.18
89250	Cultr oocyte/embryo <4 days		X	0344	0.8227	$56.16	$15.56	$11.24
89251	Cultr oocyte/embryo <4 days		X	0344	0.8227	$56.16	$15.56	$11.24
89253	Embryo hatching		X	0344	0.8227	$56.16	$15.56	$11.24
89254	Oocyte identification		X	0344	0.8227	$56.16	$15.56	$11.24
89255	Prepare embryo for transfer		X	0344	0.8227	$56.16	$15.56	$11.24
89257	Sperm identification		X	0344	0.8227	$56.16	$15.56	$11.24
89258	Cryopreservation; embryo(s)		X	0344	0.8227	$56.16	$15.56	$11.24
89259	Cryopreservation, sperm		X	0344	0.8227	$56.16	$15.56	$11.24
89260	Sperm isolation, simple		X	0344	0.8227	$56.16	$15.56	$11.24
89261	Sperm isolation, complex		X	0344	0.8227	$56.16	$15.56	$11.24
89264	Identify sperm tissue		X	0344	0.8227	$56.16	$15.56	$11.24
89268	Insemination of oocytes		X	0344	0.8227	$56.16	$15.56	$11.24
89272	Extended culture of oocytes		X	0344	0.8227	$56.16	$15.56	$11.24
89280	Assist oocyte fertilization		X	0344	0.8227	$56.16	$15.56	$11.24
89281	Assist oocyte fertilization		X	0344	0.8227	$56.16	$15.56	$11.24
89290	Biopsy, oocyte polar body		X	0344	0.8227	$56.16	$15.56	$11.24
89291	Biopsy, oocyte polar body		X	0344	0.8227	$56.16	$15.56	$11.24
89300	Semen analysis w/huhner		A					
89310	Semen analysis w/count		A					
89320	Semen anal vol/count/mot		A					
89321	Semen anal, sperm detection		A					
89322	Semen anal, strict criteria		A					
89325	Sperm antibody test		A					
89329	Sperm evaluation test		A					
89330	Evaluation, cervical mucus		A					
89331	Retrograde ejaculation anal		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
89335	Cryopreserve testicular tiss		X	0344	0.8227	$56.16	$15.56	$11.24
89342	Storage/year; embryo(s)		X	0344	0.8227	$56.16	$15.56	$11.24
89343	Storage/year; sperm/semen		X	0344	0.8227	$56.16	$15.56	$11.24
89344	Storage/year; reprod tissue		X	0344	0.8227	$56.16	$15.56	$11.24
89346	Storage/year; oocyte(s)		X	0344	0.8227	$56.16	$15.56	$11.24
89352	Thawing cryopresrved; embryo		X	0344	0.8227	$56.16	$15.56	$11.24
89353	Thawing cryopresrved; sperm		X	0344	0.8227	$56.16	$15.56	$11.24
89354	Thaw cryoprsvrd; reprod tiss		X	0344	0.8227	$56.16	$15.56	$11.24
89356	Thawing cryopresrved; oocyte		X	0344	0.8227	$56.16	$15.56	$11.24
89398	Unlisted reprod med lab proc		X	0342	0.1596	$10.90	.	$2.18
90281	Human ig, im		E					
90283	Human ig, iv		E					
90284	Human ig, sc		E					
90287	Botulinum antitoxin		E					
90288	Botulism ig, iv		E					
90291	Cmv ig, iv		E					
90296	Diphtheria antitoxin		E					
90371	Hep b ig, im		K	1630		$115.97	.	$23.20
90375	Rabies ig, im/sc		K	9133		$139.75	.	$27.95
90376	Rabies ig, heat treated		K	9134		$152.38	.	$30.48
90378	Rsv, mab, im, 50mg		K	9003		$510.69	.	$102.14
90384	Rh ig, full-dose, im		E					
90385	Rh ig, minidose, im		N					
90386	Rh ig, iv		E					
90389	Tetanus ig, im		E					
90393	Vaccina ig, im		E					
90396	Varicella-zoster ig, im		K	9135		$147.58	.	$29.52
90399	Immune globulin		E					
90465	Immune admin 1 inj, < 8 yrs		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
90466	Immune admin addl inj, < 8 y		B					
90467	Immune admin o or n, < 8 yrs		B					
90468	Immune admin o/n, addl < 8 y		B					
90470	Immune admin H1N1 im/nasal		E					
90471	Immunization admin		S	0436	0.3853	$26.30	.	$5.26
90472	Immunization admin, each add		S	0436	0.3853	$26.30	.	$5.26
90473	Immune admin oral/nasal		S	0436	0.3853	$26.30	.	$5.26
90474	Immune admin oral/nasal addl		S	0436	0.3853	$26.30	.	$5.26
90476	Adenovirus vaccine, type 4		K	1254		$173.84	.	$34.77
90477	Adenovirus vaccine, type 7		E					
90581	Anthrax vaccine, sc		E					
90585	Bcg vaccine, percut		K	9137		$109.47	.	$21.90
90586	Bcg vaccine, intravesical		B					
90632	Hep a vaccine, adult im		N					
90633	Hep a vacc, ped/adol, 2 dose		N					
90634	Hep a vacc, ped/adol, 3 dose		N					
90636	Hep a/hep b vacc, adult im		N					
90644	HIB/men/tt vaccine, im		E					
90645	Hib vaccine, hboc, im		N					
90646	Hib vaccine, prp-d, im		N					
90647	Hib vaccine, prp-omp, im		N					
90648	Hib vaccine, prp-t, im		N					
90649	Hpv vaccine 4 valent, im		M					
90650	Hpv vaccine 2 valent, im		M					
90655	Flu vaccine no preserv 6-35m		L					
90656	Flu vaccine no preserv 3 & >		L					
90657	Flu vaccine, 3 yrs, im		L					
90658	Flu vaccine, 3 yrs & >, im		L					
90660	Flu vaccine, nasal		L					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
90661	Flu vacc cell cult prsv free		E					
90662	Flu vacc prsv free inc antig		E					
90663	Flu vacc pandemic H1N1		E					
90665	Lyme disease vaccine, im	CH	N					
90669	Pneumococcal vacc, 7 val im		L					
90670	Pneumococcal vacc, 13 val im	CH	L					
90675	Rabies vaccine, im		K	9139		$181.27	.	$36.26
90676	Rabies vaccine, id		K	9140		$98.12	.	$19.63
90680	Rotovirus vacc 3 dose, oral		K	1255		$73.76	.	$14.76
90681	Rotavirus vacc 2 dose oral		K	1239		$102.50	.	$20.50
90690	Typhoid vaccine, oral		N					
90691	Typhoid vaccine, im		N					
90692	Typhoid vaccine, h-p, sc/id		N					
90693	Typhoid vaccine, akd, sc		B					
90696	Dtap-ipv vacc 4-6 yr im		N					
90698	Dtap-hib-ip vaccine, im		N					
90700	Dtap vaccine, < 7 yrs, im		N					
90701	Dtp vaccine, im		N					
90702	Dt vaccine < 7, im		N					
90703	Tetanus vaccine, im		N					
90704	Mumps vaccine, sc		N					
90705	Measles vaccine, sc		N					
90706	Rubella vaccine, sc		N					
90707	Mmr vaccine, sc		N					
90708	Measles-rubella vaccine, sc		N					
90710	Mmrv vaccine, sc		N					
90712	Oral poliovirus vaccine		N					
90713	Poliovirus, ipv, sc/im		N					
90714	Td vaccine no prsrv >/= 7 im		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
90715	Tdap vaccine >7 im		N					
90716	Chicken pox vaccine, sc		M					
90717	Yellow fever vaccine, sc		N					
90718	Td vaccine > 7, im		N					
90719	Diphtheria vaccine, im		N					
90720	Dtp/hib vaccine, im		N					
90721	Dtap/hib vaccine, im		N					
90723	Dtap-hep b-ipv vaccine, im		E					
90725	Cholera vaccine, injectable		K	1271		$103.90	.	$20.78
90727	Plague vaccine, im		E					
90732	Pneumococcal vaccine		L					
90733	Meningococcal vaccine, sc		K	9143		$103.41	.	$20.69
90734	Meningococcal vaccine, im		K	9145		$103.41	.	$20.69
90735	Encephalitis vaccine, sc		K	9144		$102.08	.	$20.42
90736	Zoster vacc, sc		M					
90738	Inactivated je vacc im		M					
90740	Hepb vacc, ill pat 3 dose im		F					
90743	Hep b vacc, adol, 2 dose, im		F					
90744	Hepb vacc ped/adol 3 dose im		F					
90746	Hep b vaccine, adult, im		F					
90747	Hepb vacc, ill pat 4 dose im		F					
90748	Hep b/hib vaccine, im		E					
90749	Vaccine toxoid		N					
90801	Psy dx interview		Q3	0323	1.6309	$111.34	.	$22.27
90802	Intac psy dx interview		Q3	0323	1.6309	$111.34	.	$22.27
90804	Psytx, office, 20-30 min		Q3	0322	1.1744	$80.17	.	$16.04
90805	Psytx, off, 20-30 min w/e&m		Q3	0322	1.1744	$80.17	.	$16.04
90806	Psytx, off, 45-50 min		Q3	0323	1.6309	$111.34	.	$22.27
90807	Psytx, off, 45-50 min w/e&m		Q3	0323	1.6309	$111.34	.	$22.27

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
90808	Psytx, office, 75-80 min		Q3	0323	1.6309	$111.34	.	$22.27
90809	Psytx, off, 75-80, w/e&m		Q3	0323	1.6309	$111.34	.	$22.27
90810	Intac psytx, off, 20-30 min		Q3	0322	1.1744	$80.17	.	$16.04
90811	Intac psytx, 20-30, w/e&m		Q3	0322	1.1744	$80.17	.	$16.04
90812	Intac psytx, off, 45-50 min		Q3	0323	1.6309	$111.34	.	$22.27
90813	Intac psytx, 45-50 min w/e&m		Q3	0323	1.6309	$111.34	.	$22.27
90814	Intac psytx, off, 75-80 min		Q3	0323	1.6309	$111.34	.	$22.27
90815	Intac psytx, 75-80 w/e&m		Q3	0323	1.6309	$111.34	.	$22.27
90816	Psytx, hosp, 20-30 min		P					
90817	Psytx, hosp, 20-30 min w/e&m		P					
90818	Psytx, hosp, 45-50 min		P					
90819	Psytx, hosp, 45-50 min w/e&m		P					
90821	Psytx, hosp, 75-80 min		P					
90822	Psytx, hosp, 75-80 min w/e&m		P					
90823	Intac psytx, hosp, 20-30 min		P					
90824	Intac psytx, hsp 20-30 w/e&m		P					
90826	Intac psytx, hosp, 45-50 min		P					
90827	Intac psytx, hsp 45-50 w/e&m		P					
90828	Intac psytx, hosp, 75-80 min		P					
90829	Intac psytx, hsp 75-80 w/e&m		P					
90845	Psychoanalysis		Q3	0323	1.6309	$111.34	.	$22.27
90846	Family psytx w/o patient		Q3	0324	1.8392	$125.56	.	$25.12
90847	Family psytx w/patient		Q3	0324	1.8392	$125.56	.	$25.12
90849	Multiple family group psytx		Q3	0325	0.788	$53.79	$11.47	$10.76
90853	Group psychotherapy		Q3	0325	0.788	$53.79	$11.47	$10.76
90857	Intac group psytx		Q3	0325	0.788	$53.79	$11.47	$10.76
90862	Medication management	CH	Q3	0605	1.0573	$72.18	.	$14.44
90865	Narcosynthesis		Q3	0323	1.6309	$111.34	.	$22.27
90870	Electroconvulsive therapy		S	0320	6.0291	$411.59	.	$82.32

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
90875	Psychophysiological therapy		E					
90876	Psychophysiological therapy		E					
90880	Hypnotherapy		Q3	0323	1.6309	$111.34	.	$22.27
90882	Environmental manipulation		E					
90885	Psy evaluation of records		N					
90887	Consultation with family		N					
90889	Preparation of report		N					
90899	Psychiatric service/therapy		Q3	0322	1.1744	$80.17	.	$16.04
90901	Biofeedback train, any meth		A					
90911	Biofeedback peri/uro/rectal		T	0126	1.0983	$74.98	$16.21	$15.00
90935	Hemodialysis, one evaluation		S	0170	7.0059	$478.27	.	$95.66
90937	Hemodialysis, repeated eval		B					
90940	Hemodialysis access study		N					
90945	Dialysis, one evaluation		V	0608	2.4657	$168.33	.	$33.67
90947	Dialysis, repeated eval		B					
90951	Esrd serv, 4 visits p mo, <2		M					
90952	Esrd serv, 2-3 vsts p mo, <2		M					
90953	Esrd serv, 1 visit p mo, <2		M					
90954	Esrd serv, 4 vsts p mo, 2-11		M					
90955	Esrd srv 2-3 vsts p mo, 2-11		M					
90956	Esrd srv, 1 visit p mo, 2-11		M					
90957	Esrd srv, 4 vsts p mo, 12-19		M					
90958	Esrd srv 2-3 vsts p mo 12-19		M					
90959	Esrd serv, 1 vst p mo, 12-19		M					
90960	Esrd srv, 4 visits p mo, 20+		M					
90961	Esrd srv, 2-3 vsts p mo, 20+		M					
90962	Esrd serv, 1 visit p mo, 20+		M					
90963	Esrd home pt, serv p mo, <2		M					
90964	Esrd home pt serv p mo, 2-11		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
90965	Esrd home pt serv p mo 12-19		M					
90966	Esrd home pt, serv p mo, 20+		M					
90967	Esrd home pt serv p day, <2		M					
90968	Esrd home pt srv p day, 2-11		M					
90969	Esrd home pt srv p day 12-19		M					
90970	Esrd home pt serv p day, 20+		M					
90989	Dialysis training, complete		B					
90993	Dialysis training, incompl		B					
90997	Hemoperfusion		B					
90999	Dialysis procedure		B					
91000	Esophageal intubation		X	0361	4.0753	$278.21	$83.23	$55.65
91010	Esophagus motility study		X	0361	4.0753	$278.21	$83.23	$55.65
91011	Esophagus motility study		X	0361	4.0753	$278.21	$83.23	$55.65
91012	Esophagus motility study		X	0361	4.0753	$278.21	$83.23	$55.65
91020	Gastric motility studies		X	0361	4.0753	$278.21	$83.23	$55.65
91022	Duodenal motility study		X	0361	4.0753	$278.21	$83.23	$55.65
91030	Acid perfusion of esophagus		X	0361	4.0753	$278.21	$83.23	$55.65
91034	Gastroesophageal reflux test		X	0361	4.0753	$278.21	$83.23	$55.65
91035	G-esoph reflx tst w/electrod		X	0361	4.0753	$278.21	$83.23	$55.65
91037	Esoph imped function test	CH	X	0360	1.7011	$116.13	$33.88	$23.23
91038	Esoph imped funct test > 1h		X	0361	4.0753	$278.21	$83.23	$55.65
91040	Esoph balloon distension tst		X	0360	1.7011	$116.13	$33.88	$23.23
91052	Gastric analysis test		X	0361	4.0753	$278.21	$83.23	$55.65
91055	Gastric intubation for smear		X	0360	1.7011	$116.13	$33.88	$23.23
91065	Breath hydrogen test		X	0360	1.7011	$116.13	$33.88	$23.23
91105	Gastric intubation treatment	CH	T	0250	1.1743	$80.17	$25.10	$16.04
91110	Gi tract capsule endoscopy		T	0142	10.1443	$692.52	$152.78	$138.51
91111	Esophageal capsule endoscopy		T	0141	8.8811	$606.29	$143.38	$121.26
91120	Rectal sensation test		T	0126	1.0983	$74.98	$16.21	$15.00

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
91122	Anal pressure record		T	0156	3.0859	$210.67	.	$42.14
91123	Irrigate fecal impaction		N					
91132	Electrogastrography		X	0360	1.7011	$116.13	$33.88	$23.23
91133	Electrogastrography w/test		X	0360	1.7011	$116.13	$33.88	$23.23
91299	Gastroenterology procedure		X	0360	1.7011	$116.13	$33.88	$23.23
92002	Eye exam, new patient		V	0606	1.365	$93.18	.	$18.64
92004	Eye exam, new patient		V	0606	1.365	$93.18	.	$18.64
92012	Eye exam established pat	CH	V	0605	1.0573	$72.18	.	$14.44
92014	Eye exam & treatment		V	0605	1.0573	$72.18	.	$14.44
92015	Refraction		E					
92018	New eye exam & treatment		T	0699	16.6419	$1,136.09	.	$227.22
92019	Eye exam & treatment		T	0699	16.6419	$1,136.09	.	$227.22
92020	Special eye evaluation		S	0230	0.5913	$40.37	.	$8.08
92025	Corneal topography		S	0698	0.9316	$63.60	.	$12.72
92060	Special eye evaluation		S	0698	0.9316	$63.60	.	$12.72
92065	Orthoptic/pleoptic training		S	0698	0.9316	$63.60	.	$12.72
92070	Fitting of contact lens		N					
92081	Visual field examination(s)		S	0230	0.5913	$40.37	.	$8.08
92082	Visual field examination(s)		S	0698	0.9316	$63.60	.	$12.72
92083	Visual field examination(s)		S	0698	0.9316	$63.60	.	$12.72
92100	Serial tonometry exam(s)		N					
92120	Tonography & eye evaluation		S	0698	0.9316	$63.60	.	$12.72
92130	Water provocation tonography		S	0230	0.5913	$40.37	.	$8.08
92135	Ophth dx imaging post seg		S	0230	0.5913	$40.37	.	$8.08
92136	Ophthalmic biometry		S	0698	0.9316	$63.60	.	$12.72
92140	Glaucoma provocative tests		S	0230	0.5913	$40.37	.	$8.08
92225	Special eye exam, initial		S	0230	0.5913	$40.37	.	$8.08
92226	Special eye exam, subsequent		S	0698	0.9316	$63.60	.	$12.72
92230	Eye exam with photos		S	0231	2.2924	$156.50	.	$31.30

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
92235	Eye exam with photos		S	0231	2.2924	$156.50	.	$31.30
92240	Icg angiography		S	0231	2.2924	$156.50	.	$31.30
92250	Eye exam with photos		S	0698	0.9316	$63.60	.	$12.72
92260	Ophthalmoscopy/dynamometry		S	0230	0.5913	$40.37	.	$8.08
92265	Eye muscle evaluation		S	0698	0.9316	$63.60	.	$12.72
92270	Electro-oculography		S	0230	0.5913	$40.37	.	$8.08
92275	Electroretinography		S	0231	2.2924	$156.50	.	$31.30
92283	Color vision examination		S	0230	0.5913	$40.37	.	$8.08
92284	Dark adaptation eye exam		S	0698	0.9316	$63.60	.	$12.72
92285	Eye photography		S	0698	0.9316	$63.60	.	$12.72
92286	Internal eye photography		S	0231	2.2924	$156.50	.	$31.30
92287	Internal eye photography		S	0231	2.2924	$156.50	.	$31.30
92310	Contact lens fitting		E					
92311	Contact lens fitting		S	0698	0.9316	$63.60	.	$12.72
92312	Contact lens fitting		S	0698	0.9316	$63.60	.	$12.72
92313	Contact lens fitting		S	0230	0.5913	$40.37	.	$8.08
92314	Prescription of contact lens		E					
92315	Prescription of contact lens		S	0230	0.5913	$40.37	.	$8.08
92316	Prescription of contact lens		S	0698	0.9316	$63.60	.	$12.72
92317	Prescription of contact lens		S	0230	0.5913	$40.37	.	$8.08
92325	Modification of contact lens		S	0230	0.5913	$40.37	.	$8.08
92326	Replacement of contact lens		S	0698	0.9316	$63.60	.	$12.72
92340	Fitting of spectacles		E					
92341	Fitting of spectacles		E					
92342	Fitting of spectacles		E					
92352	Special spectacles fitting		S	0698	0.9316	$63.60	.	$12.72
92353	Special spectacles fitting		S	0230	0.5913	$40.37	.	$8.08
92354	Special spectacles fitting		S	0230	0.5913	$40.37	.	$8.08
92355	Special spectacles fitting		S	0230	0.5913	$40.37	.	$8.08

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
92358	Eye prosthesis service		S	0230	0.5913	$40.37	.	$8.08
92370	Repair & adjust spectacles		E					
92371	Repair & adjust spectacles		S	0230	0.5913	$40.37	.	$8.08
92499	Eye service or procedure		S	0230	0.5913	$40.37	.	$8.08
92502	Ear and throat examination		T	0251	3.4369	$234.63	.	$46.93
92504	Ear microscopy examination		N					
92506	Speech/hearing evaluation		A					
92507	Speech/hearing therapy		A					
92508	Speech/hearing therapy		A					
92511	Nasopharyngoscopy		T	0071	0.9225	$62.98	.	$12.60
92512	Nasal function studies		X	0363	0.8721	$59.54	$16.71	$11.91
92516	Facial nerve function test		X	0660	1.4013	$95.66	$25.67	$19.14
92520	Laryngeal function studies		X	0660	1.4013	$95.66	$25.67	$19.14
92526	Oral function therapy		A					
92531	Spontaneous nystagmus study		N					
92532	Positional nystagmus test		N					
92533	Caloric vestibular test		N					
92534	Optokinetic nystagmus test		N					
92540	Basic vestibular evaluation		X	0660	1.4013	$95.66	$25.67	$19.14
92541	Spontaneous nystagmus test		X	0363	0.8721	$59.54	$16.71	$11.91
92542	Positional nystagmus test		X	0363	0.8721	$59.54	$16.71	$11.91
92543	Caloric vestibular test		X	0660	1.4013	$95.66	$25.67	$19.14
92544	Optokinetic nystagmus test		X	0363	0.8721	$59.54	$16.71	$11.91
92545	Oscillating tracking test		X	0363	0.8721	$59.54	$16.71	$11.91
92546	Sinusoidal rotational test		X	0660	1.4013	$95.66	$25.67	$19.14
92547	Supplemental electrical test		N					
92548	Posturography		X	0660	1.4013	$95.66	$25.67	$19.14
92550	Tympanometry & reflex thresh		X	0364	0.4612	$31.48	$7.03	$6.30
92551	Pure tone hearing test, air		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
92552	Pure tone audiometry, air		X	0364	0.4612	$31.48	$7.03	$6.30
92553	Audiometry, air & bone		X	0365	1.2498	$85.32	$18.52	$17.07
92555	Speech threshold audiometry		X	0364	0.4612	$31.48	$7.03	$6.30
92556	Speech audiometry, complete		X	0364	0.4612	$31.48	$7.03	$6.30
92557	Comprehensive hearing test		X	0365	1.2498	$85.32	$18.52	$17.07
92559	Group audiometric testing		E					
92560	Bekesy audiometry, screen		E					
92561	Bekesy audiometry, diagnosis		X	0364	0.4612	$31.48	$7.03	$6.30
92562	Loudness balance test		X	0364	0.4612	$31.48	$7.03	$6.30
92563	Tone decay hearing test		X	0364	0.4612	$31.48	$7.03	$6.30
92564	Sisi hearing test		X	0364	0.4612	$31.48	$7.03	$6.30
92565	Stenger test, pure tone		X	0364	0.4612	$31.48	$7.03	$6.30
92567	Tympanometry		X	0364	0.4612	$31.48	$7.03	$6.30
92568	Acoustic refl threshold tst		X	0364	0.4612	$31.48	$7.03	$6.30
92570	Acoustic immittance testing		X	0364	0.4612	$31.48	$7.03	$6.30
92571	Filtered speech hearing test		X	0364	0.4612	$31.48	$7.03	$6.30
92572	Staggered spondaic word test		X	0366	1.5786	$107.77	$24.61	$21.56
92575	Sensorineural acuity test		X	0364	0.4612	$31.48	$7.03	$6.30
92576	Synthetic sentence test		X	0364	0.4612	$31.48	$7.03	$6.30
92577	Stenger test, speech		X	0366	1.5786	$107.77	$24.61	$21.56
92579	Visual audiometry (vra)		X	0365	1.2498	$85.32	$18.52	$17.07
92582	Conditioning play audiometry		X	0365	1.2498	$85.32	$18.52	$17.07
92583	Select picture audiometry		X	0364	0.4612	$31.48	$7.03	$6.30
92584	Electrocochleography		S	0216	2.7192	$185.63	.	$37.13
92585	Auditor evoke potent, compre		S	0216	2.7192	$185.63	.	$37.13
92586	Auditor evoke potent, limit		S	0218	1.1923	$81.39	.	$16.28
92587	Evoked auditory test		X	0363	0.8721	$59.54	$16.71	$11.91
92588	Evoked auditory test		X	0363	0.8721	$59.54	$16.71	$11.91
92590	Hearing aid exam, one ear		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
92591	Hearing aid exam, both ears		E					
92592	Hearing aid check, one ear		E					
92593	Hearing aid check, both ears		E					
92594	Electro hearng aid test, one		E					
92595	Electro hearng aid tst, both		E					
92596	Ear protector evaluation		X	0364	0.4612	$31.48	$7.03	$6.30
92597	Oral speech device eval		A					
92601	Cochlear implt f/up exam < 7		X	0366	1.5786	$107.77	$24.61	$21.56
92602	Reprogram cochlear implt < 7		X	0366	1.5786	$107.77	$24.61	$21.56
92603	Cochlear implt f/up exam 7 >		X	0366	1.5786	$107.77	$24.61	$21.56
92604	Reprogram cochlear implt 7 >		X	0366	1.5786	$107.77	$24.61	$21.56
92605	Eval for nonspeech device rx		A					
92606	Non-speech device service		A					
92607	Ex for speech device rx, 1hr		A					
92608	Ex for speech device rx addl		A					
92609	Use of speech device service		A					
92610	Evaluate swallowing function		A					
92611	Motion fluoroscopy/swallow		A					
92612	Endoscopy swallow tst (fees)		A					
92613	Endoscopy swallow tst (fees)		B					
92614	Laryngoscopic sensory test		A					
92615	Eval laryngoscopy sense tst		E					
92616	Fees w/laryngeal sense test		A					
92617	Interprt fees/laryngeal test		E					
92620	Auditory function, 60 min		X	0365	1.2498	$85.32	$18.52	$17.07
92621	Auditory function, + 15 min		N					
92625	Tinnitus assessment		X	0365	1.2498	$85.32	$18.52	$17.07
92626	Eval aud rehab status		X	0366	1.5786	$107.77	$24.61	$21.56
92627	Eval aud status rehab add-on		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
92630	Aud rehab pre-ling hear loss		E					
92633	Aud rehab postling hear loss		E					
92640	Aud brainstem implt programg		X	0365	1.2498	$85.32	$18.52	$17.07
92700	Ent procedure/service		X	0364	0.4612	$31.48	$7.03	$6.30
92950	Heart/lung resuscitation cpr		S	0094	2.4281	$165.76	$46.29	$33.16
92953	Temporary external pacing		S	0094	2.4281	$165.76	$46.29	$33.16
92960	Cardioversion electric, ext		S	0679	5.4877	$374.63	$95.30	$74.93
92961	Cardioversion, electric, int		S	0679	5.4877	$374.63	$95.30	$74.93
92970	Cardioassist, internal		C					
92971	Cardioassist, external		C					
92973	Percut coronary thrombectomy		T	0088	41.8116	$2,854.35	$655.22	$570.87
92974	Cath place, cardio brachytx		T	0103	19.1796	$1,309.33	.	$261.87
92975	Dissolve clot, heart vessel		C					
92977	Dissolve clot, heart vessel		T	0676	2.3844	$162.78	.	$32.56
92978	Intravasc us, heart add-on		N					
92979	Intravasc us, heart add-on		N					
92980	Insert intracoronary stent		T	0104	81.9089	$5,591.67	.	$1,118.34
92981	Insert intracoronary stent		T	0104	81.9089	$5,591.67	.	$1,118.34
92982	Coronary artery dilation		T	0083	52.1947	$3,563.18	.	$712.64
92984	Coronary artery dilation		T	0083	52.1947	$3,563.18	.	$712.64
92986	Revision of aortic valve		T	0083	52.1947	$3,563.18	.	$712.64
92987	Revision of mitral valve		T	0083	52.1947	$3,563.18	.	$712.64
92990	Revision of pulmonary valve		T	0083	52.1947	$3,563.18	.	$712.64
92992	Revision of heart chamber		C					
92993	Revision of heart chamber		C					
92995	Coronary atherectomy		T	0082	97.8929	$6,682.85	.	$1,336.57
92996	Coronary atherectomy add-on		T	0082	97.8929	$6,682.85	.	$1,336.57
92997	Pul art balloon repr, percut		T	0083	52.1947	$3,563.18	.	$712.64
92998	Pul art balloon repr, percut		T	0083	52.1947	$3,563.18	.	$712.64

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
93000	Electrocardiogram, complete		M					
93005	Electrocardiogram, tracing		S	0099	0.3998	$27.29	.	$5.46
93010	Electrocardiogram report		B					
93012	Transmission of ecg		N					
93014	Report on transmitted ecg		B					
93015	Cardiovascular stress test		B					
93016	Cardiovascular stress test		B					
93017	Cardiovascular stress test		X	0100	2.6301	$179.55	$41.44	$35.91
93018	Cardiovascular stress test		B					
93024	Cardiac drug stress test		X	0100	2.6301	$179.55	$41.44	$35.91
93025	Microvolt t-wave assess		X	0100	2.6301	$179.55	$41.44	$35.91
93040	Rhythm ECG with report		B					
93041	Rhythm ECG, tracing		X	0035	0.2446	$16.70	.	$3.34
93042	Rhythm ECG, report		B					
93224	ECG monitor/report, 24 hrs		M					
93225	ECG monitor/record, 24 hrs		S	0097	0.9646	$65.85	$23.66	$13.17
93226	ECG monitor/report, 24 hrs		S	0097	0.9646	$65.85	$23.66	$13.17
93227	ECG monitor/review, 24 hrs		M					
93228	Remote 30 day ecg rev/report		M					
93229	Remote 30 day ecg tech supp		S	0209	11.462	$782.48	$268.73	$156.50
93230	ECG monitor/report, 24 hrs		M					
93231	Ecg monitor/record, 24 hrs		S	0097	0.9646	$65.85	$23.66	$13.17
93232	ECG monitor/report, 24 hrs		S	0097	0.9646	$65.85	$23.66	$13.17
93233	ECG monitor/review, 24 hrs		M					
93235	ECG monitor/report, 24 hrs		M					
93236	ECG monitor/report, 24 hrs		S	0097	0.9646	$65.85	$23.66	$13.17
93237	ECG monitor/review, 24 hrs		M					
93268	ECG record/review		M					
93270	ECG recording		S	0097	0.9646	$65.85	$23.66	$13.17

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
93271	Ecg/monitoring and analysis		S	0692	1.6175	$110.42	.	$22.09
93272	Ecg/review, interpret only		M					
93278	ECG/signal-averaged		X	0035	0.2446	$16.70	.	$3.34
93279	Pm device progr eval, sngl		S	0690	0.5225	$35.67	$8.67	$7.14
93280	Pm device progr eval, dual		S	0690	0.5225	$35.67	$8.67	$7.14
93281	Pm device progr eval, multi		S	0690	0.5225	$35.67	$8.67	$7.14
93282	Icd device prog eval, 1 sngl	CH	S	0690	0.5225	$35.67	$8.67	$7.14
93283	Icd device progr eval, dual	CH	S	0690	0.5225	$35.67	$8.67	$7.14
93284	Icd device progr eval, mult	CH	S	0690	0.5225	$35.67	$8.67	$7.14
93285	Ilr device eval progr		S	0690	0.5225	$35.67	$8.67	$7.14
93286	Pre-op pm device eval		N					
93287	Pre-op icd device eval		N					
93288	Pm device eval in person		S	0690	0.5225	$35.67	$8.67	$7.14
93289	Icd device interrogate	CH	S	0690	0.5225	$35.67	$8.67	$7.14
93290	Icm device eval	CH	X	0035	0.2446	$16.70	.	$3.34
93291	Ilr device interrogate		S	0690	0.5225	$35.67	$8.67	$7.14
93292	Wcd device interrogate	CH	S	0690	0.5225	$35.67	$8.67	$7.14
93293	Pm phone r-strip device eval	CH	S	0690	0.5225	$35.67	$8.67	$7.14
93294	Pm device interrogate remote		M					
93295	Icd device interrogat remote		M					
93296	Pm/icd remote tech serv	CH	S	0690	0.5225	$35.67	$8.67	$7.14
93297	Icm device interrogat remote		M					
93298	Ilr device interrogat remote		M					
93299	Icm/ilr remote tech serv	CH	S	0691	2.4765	$169.06	.	$33.82
93303	Echo transthoracic		S	0270	8.1944	$559.41	$132.96	$111.89
93304	Echo transthoracic		S	0269	5.7019	$389.25	.	$77.85
93306	Tte w/doppler, complete		S	0269	5.7019	$389.25	.	$77.85
93307	Tte w/o doppler, complete	CH	S	0269	5.7019	$389.25	.	$77.85
93308	Tte, f-up or lmtd		S	0697	3.163	$215.93	.	$43.19

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
93312	Echo transesophageal		S	0270	8.1944	$559.41	$132.96	$111.89
93313	Echo transesophageal		S	0269	5.7019	$389.25	.	$77.85
93314	Echo transesophageal		N					
93315	Echo transesophageal		S	0270	8.1944	$559.41	$132.96	$111.89
93316	Echo transesophageal		S	0270	8.1944	$559.41	$132.96	$111.89
93317	Echo transesophageal		N					
93318	Echo transesophageal intraop		S	0270	8.1944	$559.41	$132.96	$111.89
93320	Doppler echo exam, heart		N					
93321	Doppler echo exam, heart		N					
93325	Doppler color flow add-on		N					
93350	Stress tte only		S	0269	5.7019	$389.25	.	$77.85
93351	Stress tte complete		S	0270	8.1944	$559.41	$132.96	$111.89
93352	Admin ecg contrast agent		M					
93501	Right heart catheterization		T	0080	39.8374	$2,719.58	$838.92	$543.92
93503	Insert/place heart catheter		T	0103	19.1796	$1,309.33	.	$261.87
93505	Biopsy of heart lining		T	0103	19.1796	$1,309.33	.	$261.87
93508	Cath placement, angiography		T	0080	39.8374	$2,719.58	$838.92	$543.92
93510	Left heart catheterization		T	0080	39.8374	$2,719.58	$838.92	$543.92
93511	Left heart catheterization		T	0080	39.8374	$2,719.58	$838.92	$543.92
93514	Left heart catheterization		T	0080	39.8374	$2,719.58	$838.92	$543.92
93524	Left heart catheterization		T	0080	39.8374	$2,719.58	$838.92	$543.92
93526	Rt & Lt heart catheters		T	0080	39.8374	$2,719.58	$838.92	$543.92
93527	Rt & Lt heart catheters		T	0080	39.8374	$2,719.58	$838.92	$543.92
93528	Rt & Lt heart catheters		T	0080	39.8374	$2,719.58	$838.92	$543.92
93529	Rt, lt heart catheterization		T	0080	39.8374	$2,719.58	$838.92	$543.92
93530	Rt heart cath, congenital		T	0080	39.8374	$2,719.58	$838.92	$543.92
93531	R & l heart cath, congenital		T	0080	39.8374	$2,719.58	$838.92	$543.92
93532	R & l heart cath, congenital		T	0080	39.8374	$2,719.58	$838.92	$543.92
93533	R & l heart cath, congenital		T	0080	39.8374	$2,719.58	$838.92	$543.92

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
93539	Injection, cardiac cath		N					
93540	Injection, cardiac cath		N					
93541	Injection for lung angiogram		N					
93542	Injection for heart x-rays		N					
93543	Injection for heart x-rays		N					
93544	Injection for aortography		N					
93545	Inject for coronary x-rays		N					
93555	Imaging, cardiac cath		N					
93556	Imaging, cardiac cath		N					
93561	Cardiac output measurement		N					
93562	Cardiac output measurement		N					
93571	Heart flow reserve measure		N					
93572	Heart flow reserve measure		N					
93580	Transcath closure of asd		T	0434	158.2753	$10,804.98	.	$2,161.00
93581	Transcath closure of vsd		T	0434	158.2753	$10,804.98	.	$2,161.00
93600	Bundle of His recording		S	0084	10.1429	$692.43	.	$138.49
93602	Intra-atrial recording		S	0084	10.1429	$692.43	.	$138.49
93603	Right ventricular recording		S	0084	10.1429	$692.43	.	$138.49
93609	Map tachycardia, add-on		N					
93610	Intra-atrial pacing		S	0084	10.1429	$692.43	.	$138.49
93612	Intraventricular pacing		S	0084	10.1429	$692.43	.	$138.49
93613	Electrophys map 3d, add-on		N					
93615	Esophageal recording		S	0084	10.1429	$692.43	.	$138.49
93616	Esophageal recording		S	0084	10.1429	$692.43	.	$138.49
93618	Heart rhythm pacing		S	0084	10.1429	$692.43	.	$138.49
93619	Electrophysiology evaluation		Q3	0085	53.4167	$3,646.60	.	$729.32
93620	Electrophysiology evaluation		Q3	0085	53.4167	$3,646.60	.	$729.32
93621	Electrophysiology evaluation		N					
93622	Electrophysiology evaluation		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
93623	Stimulation, pacing heart		N					
93624	Electrophysiologic study		T	0085	53.4167	$3,646.60	.	$729.32
93631	Heart pacing, mapping		N					
93640	Evaluation heart device		N					
93641	Electrophysiology evaluation		N					
93642	Electrophysiology evaluation		S	0084	10.1429	$692.43	.	$138.49
93650	Ablate heart dysrhythm focus		Q3	0085	53.4167	$3,646.60	.	$729.32
93651	Ablate heart dysrhythm focus		Q3	0086	116.6136	$7,960.86	.	$1,592.18
93652	Ablate heart dysrhythm focus		Q3	0086	116.6136	$7,960.86	.	$1,592.18
93660	Tilt table evaluation		S	0101	4.359	$297.58	$100.24	$59.52
93662	Intracardiac ecg (ice)		N					
93668	Peripheral vascular rehab		E					
93701	Bioimpedance, cv analysis		S	0099	0.3998	$27.29	.	$5.46
93720	Total body plethysmography		B					
93721	Plethysmography tracing		X	0368	0.8679	$59.25	$20.93	$11.85
93722	Plethysmography report		B					
93724	Analyze pacemaker system		S	0690	0.5225	$35.67	$8.67	$7.14
93740	Temperature gradient studies		X	0368	0.8679	$59.25	$20.93	$11.85
93745	Set-up cardiovert-defibrill	CH	S	0690	0.5225	$35.67	$8.67	$7.14
93750	Interrogation vad, in person		S	0692	1.6175	$110.42	.	$22.09
93770	Measure venous pressure		N					
93784	Ambulatory BP monitoring		E					
93786	Ambulatory BP recording		S	0097	0.9646	$65.85	$23.66	$13.17
93788	Ambulatory BP analysis		S	0097	0.9646	$65.85	$23.66	$13.17
93790	Review/report BP recording		M					
93797	Cardiac rehab		S	0095	0.5678	$38.76	$13.86	$7.76
93798	Cardiac rehab/monitor		S	0095	0.5678	$38.76	$13.86	$7.76
93799	Cardiovascular procedure		S	0097	0.9646	$65.85	$23.66	$13.17
93875	Extracranial study		S	0096	1.571	$107.25	$37.13	$21.45

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
93880	Extracranial study		S	0267	2.2748	$155.29	$60.50	$31.06
93882	Extracranial study		S	0267	2.2748	$155.29	$60.50	$31.06
93886	Intracranial study		S	0267	2.2748	$155.29	$60.50	$31.06
93888	Intracranial study		S	0265	0.9262	$63.23	$22.28	$12.65
93890	Tcd, vasoreactivity study		S	0266	1.4262	$97.36	$37.53	$19.48
93892	Tcd, emboli detect w/o inj		S	0266	1.4262	$97.36	$37.53	$19.48
93893	Tcd, emboli detect w/inj		S	0266	1.4262	$97.36	$37.53	$19.48
93922	Extremity study		S	0097	0.9646	$65.85	$23.66	$13.17
93923	Extremity study		S	0096	1.571	$107.25	$37.13	$21.45
93924	Extremity study		S	0096	1.571	$107.25	$37.13	$21.45
93925	Lower extremity study		S	0267	2.2748	$155.29	$60.50	$31.06
93926	Lower extremity study		S	0266	1.4262	$97.36	$37.53	$19.48
93930	Upper extremity study		S	0267	2.2748	$155.29	$60.50	$31.06
93931	Upper extremity study		S	0266	1.4262	$97.36	$37.53	$19.48
93965	Extremity study		S	0096	1.571	$107.25	$37.13	$21.45
93970	Extremity study		S	0267	2.2748	$155.29	$60.50	$31.06
93971	Extremity study		S	0266	1.4262	$97.36	$37.53	$19.48
93975	Vascular study		S	0267	2.2748	$155.29	$60.50	$31.06
93976	Vascular study		S	0267	2.2748	$155.29	$60.50	$31.06
93978	Vascular study		S	0267	2.2748	$155.29	$60.50	$31.06
93979	Vascular study		S	0266	1.4262	$97.36	$37.53	$19.48
93980	Penile vascular study		S	0267	2.2748	$155.29	$60.50	$31.06
93981	Penile vascular study		S	0267	2.2748	$155.29	$60.50	$31.06
93982	Aneurysm pressure sens study		S	0097	0.9646	$65.85	$23.66	$13.17
93990	Doppler flow testing		S	0266	1.4262	$97.36	$37.53	$19.48
94002	Vent mgmt inpat, init day		S	0079	2.8784	$196.50	.	$39.30
94003	Vent mgmt inpat, subq day		S	0079	2.8784	$196.50	.	$39.30
94004	Vent mgmt nf per day		B					
94005	Home vent mgmt supervision		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
94010	Breathing capacity test		X	0368	0.8679	$59.25	$20.93	$11.85
94011	Up to 2 yrs old, spirometry		X	0368	0.8679	$59.25	$20.93	$11.85
94012	= 2 yrs, spiromtry w/dilator		X	0368	0.8679	$59.25	$20.93	$11.85
94013	= 2 yrs, lung volumes		X	0369	3.0374	$207.35	$42.19	$41.47
94014	Patient recorded spirometry		X	0367	0.5872	$40.09	$13.75	$8.02
94015	Patient recorded spirometry		X	0367	0.5872	$40.09	$13.75	$8.02
94016	Review patient spirometry		A					
94060	Evaluation of wheezing		S	0078	1.4237	$97.19	.	$19.44
94070	Evaluation of wheezing		X	0369	3.0374	$207.35	$42.19	$41.47
94150	Vital capacity test		X	0367	0.5872	$40.09	$13.75	$8.02
94200	Lung function test (MBC/MVV)		X	0367	0.5872	$40.09	$13.75	$8.02
94240	Residual lung capacity		X	0368	0.8679	$59.25	$20.93	$11.85
94250	Expired gas collection	CH	X	0367	0.5872	$40.09	$13.75	$8.02
94260	Thoracic gas volume		X	0368	0.8679	$59.25	$20.93	$11.85
94350	Lung nitrogen washout curve		X	0368	0.8679	$59.25	$20.93	$11.85
94360	Measure airflow resistance		X	0367	0.5872	$40.09	$13.75	$8.02
94370	Breath airway closing volume		X	0035	0.2446	$16.70	.	$3.34
94375	Respiratory flow volume loop		X	0368	0.8679	$59.25	$20.93	$11.85
94400	CO2 breathing response curve		X	0367	0.5872	$40.09	$13.75	$8.02
94450	Hypoxia response curve		X	0368	0.8679	$59.25	$20.93	$11.85
94452	Hast w/report		X	0368	0.8679	$59.25	$20.93	$11.85
94453	Hast w/oxygen titrate		X	0368	0.8679	$59.25	$20.93	$11.85
94610	Surfactant admin thru tube		S	0077	0.418	$28.54	$7.74	$5.71
94620	Pulmonary stress test/simple		X	0368	0.8679	$59.25	$20.93	$11.85
94621	Pulm stress test/complex		X	0369	3.0374	$207.35	$42.19	$41.47
94640	Airway inhalation treatment		S	0077	0.418	$28.54	$7.74	$5.71
94642	Aerosol inhalation treatment		S	0078	1.4237	$97.19	.	$19.44
94644	Cbt, 1st hour		X	0340	0.6899	$47.10	.	$9.42
94645	Cbt, each addl hour		X	0340	0.6899	$47.10	.	$9.42

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
94660	Pos airway pressure, CPAP		S	0078	1.4237	$97.19	.	$19.44
94662	Neg press ventilation, cnp		S	0079	2.8784	$196.50	.	$39.30
94664	Evaluate pt use of inhaler		S	0077	0.418	$28.54	$7.74	$5.71
94667	Chest wall manipulation		S	0077	0.418	$28.54	$7.74	$5.71
94668	Chest wall manipulation		S	0077	0.418	$28.54	$7.74	$5.71
94680	Exhaled air analysis, o2	CH	X	0368	0.8679	$59.25	$20.93	$11.85
94681	Exhaled air analysis, o2/co2		X	0368	0.8679	$59.25	$20.93	$11.85
94690	Exhaled air analysis		X	0367	0.5872	$40.09	$13.75	$8.02
94720	Monoxide diffusing capacity		X	0368	0.8679	$59.25	$20.93	$11.85
94725	Membrane diffusion capacity		X	0368	0.8679	$59.25	$20.93	$11.85
94750	Pulmonary compliance study		X	0367	0.5872	$40.09	$13.75	$8.02
94760	Measure blood oxygen level		N					
94761	Measure blood oxygen level		N					
94762	Measure blood oxygen level		Q1	0097	0.9646	$65.85	$23.66	$13.17
94770	Exhaled carbon dioxide test	CH	X	0368	0.8679	$59.25	$20.93	$11.85
94772	Breath recording, infant		X	0369	3.0374	$207.35	$42.19	$41.47
94774	Ped home apnea rec, compl		B					
94775	Ped home apnea rec, hk-up		S	0097	0.9646	$65.85	$23.66	$13.17
94776	Ped home apnea rec, downld		S	0097	0.9646	$65.85	$23.66	$13.17
94777	Ped home apnea rec, report		B					
94799	Pulmonary service/procedure		X	0367	0.5872	$40.09	$13.75	$8.02
95004	Percut allergy skin tests		X	0381	0.4215	$28.77	.	$5.76
95010	Percut allergy titrate test		X	0381	0.4215	$28.77	.	$5.76
95012	Exhaled nitric oxide meas		X	0367	0.5872	$40.09	$13.75	$8.02
95015	Id allergy titrate-drug/bug		X	0381	0.4215	$28.77	.	$5.76
95024	Id allergy test, drug/bug		X	0381	0.4215	$28.77	.	$5.76
95027	Id allergy titrate-airborne		X	0381	0.4215	$28.77	.	$5.76
95028	Id allergy test-delayed type		X	0381	0.4215	$28.77	.	$5.76
95044	Allergy patch tests		X	0381	0.4215	$28.77	.	$5.76

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
95052	Photo patch test		X	0381	0.4215	$28.77	.	$5.76
95056	Photosensitivity tests		X	0370	1.4793	$100.99	.	$20.20
95060	Eye allergy tests		X	0370	1.4793	$100.99	.	$20.20
95065	Nose allergy test		X	0381	0.4215	$28.77	.	$5.76
95070	Bronchial allergy tests		X	0369	3.0374	$207.35	$42.19	$41.47
95071	Bronchial allergy tests		X	0369	3.0374	$207.35	$42.19	$41.47
95075	Ingestion challenge test		X	0361	4.0753	$278.21	$83.23	$55.65
95115	Immunotherapy, one injection		S	0436	0.3853	$26.30	.	$5.26
95117	Immunotherapy injections		S	0436	0.3853	$26.30	.	$5.26
95120	Immunotherapy, one injection		E					
95125	Immunotherapy, many antigens		E					
95130	Immunotherapy, insect venom		E					
95131	Immunotherapy, insect venoms		E					
95132	Immunotherapy, insect venoms		E					
95133	Immunotherapy, insect venoms		E					
95134	Immunotherapy, insect venoms		E					
95144	Antigen therapy services		S	0437	0.5491	$37.49	.	$7.50
95145	Antigen therapy services		S	0437	0.5491	$37.49	.	$7.50
95146	Antigen therapy services		S	0438	1.1156	$76.16	.	$15.24
95147	Antigen therapy services		S	0438	1.1156	$76.16	.	$15.24
95148	Antigen therapy services		S	0437	0.5491	$37.49	.	$7.50
95149	Antigen therapy services		S	0437	0.5491	$37.49	.	$7.50
95165	Antigen therapy services		S	0436	0.3853	$26.30	.	$5.26
95170	Antigen therapy services		S	0437	0.5491	$37.49	.	$7.50
95180	Rapid desensitization		X	0370	1.4793	$100.99	.	$20.20
95199	Allergy immunology services		X	0381	0.4215	$28.77	.	$5.76
95250	Glucose monitoring, cont		V	0607	1.7939	$122.46	.	$24.50
95251	Gluc monitor, cont, phys i&r		B					
95803	Actigraphy testing		S	0218	1.1923	$81.39	.	$16.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
95805	Multiple sleep latency test		S	0209	11.462	$782.48	$268.73	$156.50
95806	Sleep study unatt&resp efft		S	0213	2.4455	$166.95	$53.58	$33.39
95807	Sleep study, attended		S	0209	11.462	$782.48	$268.73	$156.50
95808	Polysomnography, 1-3		S	0209	11.462	$782.48	$268.73	$156.50
95810	Polysomnography, 4 or more		S	0209	11.462	$782.48	$268.73	$156.50
95811	Polysomnography w/cpap		S	0209	11.462	$782.48	$268.73	$156.50
95812	Eeg, 41-60 minutes		S	0213	2.4455	$166.95	$53.58	$33.39
95813	Eeg, over 1 hour		S	0213	2.4455	$166.95	$53.58	$33.39
95816	Eeg, awake and drowsy		S	0213	2.4455	$166.95	$53.58	$33.39
95819	Eeg, awake and asleep		S	0213	2.4455	$166.95	$53.58	$33.39
95822	Eeg, coma or sleep only		S	0213	2.4455	$166.95	$53.58	$33.39
95824	Eeg, cerebral death only		S	0216	2.7192	$185.63	.	$37.13
95827	Eeg, all night recording		S	0213	2.4455	$166.95	$53.58	$33.39
95829	Surgery electrocorticogram		N					
95830	Insert electrodes for EEG		B					
95831	Limb muscle testing, manual		A					
95832	Hand muscle testing, manual		A					
95833	Body muscle testing, manual		A					
95834	Body muscle testing, manual		A					
95851	Range of motion measurements		A					
95852	Range of motion measurements		A					
95857	Tensilon test		S	0218	1.1923	$81.39	.	$16.28
95860	Muscle test, one limb		S	0218	1.1923	$81.39	.	$16.28
95861	Muscle test, 2 limbs		S	0218	1.1923	$81.39	.	$16.28
95863	Muscle test, 3 limbs		S	0218	1.1923	$81.39	.	$16.28
95864	Muscle test, 4 limbs		S	0218	1.1923	$81.39	.	$16.28
95865	Muscle test, larynx		S	0218	1.1923	$81.39	.	$16.28
95866	Muscle test, hemidiaphragm		S	0218	1.1923	$81.39	.	$16.28
95867	Muscle test cran nerv unilat		S	0218	1.1923	$81.39	.	$16.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
95868	Muscle test cran nerve bilat		S	0218	1.1923	$81.39	.	$16.28
95869	Muscle test, thor paraspinal		S	0215	0.6295	$42.97	.	$8.60
95870	Muscle test, nonparaspinal		S	0215	0.6295	$42.97	.	$8.60
95872	Muscle test, one fiber		S	0218	1.1923	$81.39	.	$16.28
95873	Guide nerv destr, elec stim		N					
95874	Guide nerv destr, needle emg		N					
95875	Limb exercise test	CH	S	0218	1.1923	$81.39	.	$16.28
95900	Motor nerve conduction test		S	0215	0.6295	$42.97	.	$8.60
95903	Motor nerve conduction test		S	0215	0.6295	$42.97	.	$8.60
95904	Sense nerve conduction test		S	0215	0.6295	$42.97	.	$8.60
95905	Motor/sens nrve conduct test		S	0215	0.6295	$42.97	.	$8.60
95920	Intraop nerve test add-on		N					
95921	Autonomic nerv function test		S	0218	1.1923	$81.39	.	$16.28
95922	Autonomic nerv function test	CH	S	0218	1.1923	$81.39	.	$16.28
95923	Autonomic nerv function test		S	0218	1.1923	$81.39	.	$16.28
95925	Somatosensory testing		S	0216	2.7192	$185.63	.	$37.13
95926	Somatosensory testing		S	0216	2.7192	$185.63	.	$37.13
95927	Somatosensory testing		S	0216	2.7192	$185.63	.	$37.13
95928	C motor evoked, uppr limbs		S	0218	1.1923	$81.39	.	$16.28
95929	C motor evoked, lwr limbs		S	0218	1.1923	$81.39	.	$16.28
95930	Visual evoked potential test		S	0216	2.7192	$185.63	.	$37.13
95933	Blink reflex test		S	0215	0.6295	$42.97	.	$8.60
95934	H-reflex test		S	0215	0.6295	$42.97	.	$8.60
95936	H-reflex test		S	0215	0.6295	$42.97	.	$8.60
95937	Neuromuscular junction test		S	0218	1.1923	$81.39	.	$16.28
95950	Ambulatory eeg monitoring		S	0209	11.462	$782.48	$268.73	$156.50
95951	EEG monitoring/videorecord		S	0209	11.462	$782.48	$268.73	$156.50
95953	EEG monitoring/computer		S	0209	11.462	$782.48	$268.73	$156.50
95954	EEG monitoring/giving drugs		S	0218	1.1923	$81.39	.	$16.28

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
95955	EEG during surgery		N					
95956	Eeg monitoring, cable/radio		S	0209	11.462	$782.48	$268.73	$156.50
95957	EEG digital analysis		N					
95958	EEG monitoring/function test		S	0213	2.4455	$166.95	$53.58	$33.39
95961	Electrode stimulation, brain		S	0216	2.7192	$185.63	.	$37.13
95962	Electrode stim, brain add-on		S	0216	2.7192	$185.63	.	$37.13
95965	Meg, spontaneous		S	0067	50.0116	$3,414.14	.	$682.83
95966	Meg, evoked, single		S	0065	13.7821	$940.86	.	$188.18
95967	Meg, evoked, each addl		S	0065	13.7821	$940.86	.	$188.18
95970	Analyze neurostim, no prog		S	0218	1.1923	$81.39	.	$16.28
95971	Analyze neurostim, simple		S	0692	1.6175	$110.42	.	$22.09
95972	Analyze neurostim, complex		S	0692	1.6175	$110.42	.	$22.09
95973	Analyze neurostim, complex		S	0692	1.6175	$110.42	.	$22.09
95974	Cranial neurostim, complex		S	0692	1.6175	$110.42	.	$22.09
95975	Cranial neurostim, complex		S	0692	1.6175	$110.42	.	$22.09
95978	Analyze neurostim brain/1h		S	0692	1.6175	$110.42	.	$22.09
95979	Analyz neurostim brain addon		S	0692	1.6175	$110.42	.	$22.09
95980	Io anal gast n-stim init		N					
95981	Io anal gast n-stim subsq		S	0218	1.1923	$81.39	.	$16.28
95982	Io ga n-stim subsq w/reprog		S	0692	1.6175	$110.42	.	$22.09
95990	Spin/brain pump refil & main		S	0439	1.8498	$126.28	.	$25.26
95991	Spin/brain pump refil & main		S	0439	1.8498	$126.28	.	$25.26
95992	Canalith repositioning proc	CH	A					
95999	Neurological procedure		S	0215	0.6295	$42.97	.	$8.60
96000	Motion analysis, video/3d		S	0216	2.7192	$185.63	.	$37.13
96001	Motion test w/ft press meas		S	0216	2.7192	$185.63	.	$37.13
96002	Dynamic surface emg		S	0218	1.1923	$81.39	.	$16.28
96003	Dynamic fine wire emg	CH	S	0218	1.1923	$81.39	.	$16.28
96004	Phys review of motion tests		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
96020	Functional brain mapping		N					
96040	Genetic counseling, 30 min		B					
96101	Psycho testing by psych/phys		Q3	0382	2.5561	$174.50	.	$34.90
96102	Psycho testing by technician		Q3	0382	2.5561	$174.50	.	$34.90
96103	Psycho testing admin by comp		Q3	0373	1.1738	$80.13	.	$16.03
96105	Assessment of aphasia		A					
96110	Developmental test, lim		Q3	0373	1.1738	$80.13	.	$16.03
96111	Developmental test, extend		Q3	0373	1.1738	$80.13	.	$16.03
96116	Neurobehavioral status exam		Q3	0382	2.5561	$174.50	.	$34.90
96118	Neuropsych tst by psych/phys		Q3	0382	2.5561	$174.50	.	$34.90
96119	Neuropsych testing by tec		Q3	0382	2.5561	$174.50	.	$34.90
96120	Neuropsych tst admin w/comp		Q3	0382	2.5561	$174.50	.	$34.90
96125	Cognitive test by hc pro		A					
96150	Assess hlth/behave, init		Q3	0432	0.4597	$31.38	.	$6.28
96151	Assess hlth/behave, subseq		Q3	0432	0.4597	$31.38	.	$6.28
96152	Intervene hlth/behave, indiv		Q3	0432	0.4597	$31.38	.	$6.28
96153	Intervene hlth/behave, group		Q3	0432	0.4597	$31.38	.	$6.28
96154	Interv hlth/behav, fam w/pt		Q3	0432	0.4597	$31.38	.	$6.28
96155	Interv hlth/behav fam no pt		E					
96360	Hydration iv infusion, init		S	0438	1.1156	$76.16	.	$15.24
96361	Hydrate iv infusion, add-on		S	0436	0.3853	$26.30	.	$5.26
96365	Ther/proph/diag iv inf, init		S	0439	1.8498	$126.28	.	$25.26
96366	Ther/proph/diag iv inf addon		S	0436	0.3853	$26.30	.	$5.26
96367	Tx/proph/dg addl seq iv inf		S	0437	0.5491	$37.49	.	$7.50
96368	Ther/diag concurrent inf		N					
96369	Sc ther infusion, up to 1 hr		S	0439	1.8498	$126.28	.	$25.26
96370	Sc ther infusion, addl hr		S	0437	0.5491	$37.49	.	$7.50
96371	Sc ther infusion, reset pump		S	0436	0.3853	$26.30	.	$5.26
96372	Ther/proph/diag inj, sc/im		S	0436	0.3853	$26.30	.	$5.26

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
96373	Ther/proph/diag inj, ia		S	0437	0.5491	$37.49	.	$7.50
96374	Ther/proph/diag inj, iv push		S	0437	0.5491	$37.49	.	$7.50
96375	Tx/pro/dx inj new drug addon		S	0437	0.5491	$37.49	.	$7.50
96376	Tx/pro/dx inj new drug adon		N					
96379	Ther/prop/diag inj/inf proc		S	0436	0.3853	$26.30	.	$5.26
96401	Chemo, anti-neopl, sq/im		S	0437	0.5491	$37.49	.	$7.50
96402	Chemo hormon antineopl sq/im		S	0437	0.5491	$37.49	.	$7.50
96405	Chemo intralesional, up to 7		S	0437	0.5491	$37.49	.	$7.50
96406	Chemo intralesional over 7		S	0439	1.8498	$126.28	.	$25.26
96409	Chemo, iv push, sngl drug		S	0439	1.8498	$126.28	.	$25.26
96411	Chemo, iv push, addl drug		S	0438	1.1156	$76.16	.	$15.24
96413	Chemo, iv infusion, 1 hr		S	0440	2.9855	$203.81	.	$40.77
96415	Chemo, iv infusion, addl hr		S	0437	0.5491	$37.49	.	$7.50
96416	Chemo prolong infuse w/pump		S	0440	2.9855	$203.81	.	$40.77
96417	Chemo iv infus each addl seq		S	0438	1.1156	$76.16	.	$15.24
96420	Chemo, ia, push tecnique		S	0438	1.1156	$76.16	.	$15.24
96422	Chemo ia infusion up to 1 hr		S	0440	2.9855	$203.81	.	$40.77
96423	Chemo ia infuse each addl hr		S	0438	1.1156	$76.16	.	$15.24
96425	Chemotherapy,infusion method		S	0440	2.9855	$203.81	.	$40.77
96440	Chemotherapy, intracavitary		S	0439	1.8498	$126.28	.	$25.26
96445	Chemotherapy, intracavitary		S	0440	2.9855	$203.81	.	$40.77
96450	Chemotherapy, into CNS		S	0440	2.9855	$203.81	.	$40.77
96521	Refill/maint, portable pump		S	0439	1.8498	$126.28	.	$25.26
96522	Refill/maint pump/resvr syst		S	0439	1.8498	$126.28	.	$25.26
96523	Irrig drug delivery device		Q1	0624	0.6338	$43.27	$12.65	$8.66
96542	Chemotherapy injection		S	0438	1.1156	$76.16	.	$15.24
96549	Chemotherapy, unspecified		S	0436	0.3853	$26.30	.	$5.26
96567	Photodynamic tx, skin	CH	T	0015	1.5303	$104.47	.	$20.90
96570	Photodynmc tx, 30 min add-on		T	0015	1.5303	$104.47	.	$20.90

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
96571	Photodynamic tx, addl 15 min		T	0015	1.5303	$104.47	.	$20.90
96900	Ultraviolet light therapy		S	0001	0.5422	$37.01	.	$7.41
96902	Trichogram		N					
96904	Whole body photography		N					
96910	Photochemotherapy with UV-B		S	0001	0.5422	$37.01	.	$7.41
96912	Photochemotherapy with UV-A		S	0001	0.5422	$37.01	.	$7.41
96913	Photochemotherapy, UV-A or B		S	0683	2.8503	$194.58	.	$38.92
96920	Laser tx, skin < 250 sq cm		T	0015	1.5303	$104.47	.	$20.90
96921	Laser tx, skin 250-500 sq cm		T	0015	1.5303	$104.47	.	$20.90
96922	Laser tx, skin > 500 sq cm		T	0015	1.5303	$104.47	.	$20.90
96999	Dermatological procedure		T	0012	0.4253	$29.03	.	$5.81
97001	Pt evaluation		A					
97002	Pt re-evaluation		A					
97003	Ot evaluation		A					
97004	Ot re-evaluation		A					
97005	Athletic train eval		E					
97006	Athletic train reeval		E					
97010	Hot or cold packs therapy		A					
97012	Mechanical traction therapy		A					
97014	Electric stimulation therapy		E					
97016	Vasopneumatic device therapy		A					
97018	Paraffin bath therapy		A					
97022	Whirlpool therapy		A					
97024	Diathermy eg, microwave		A					
97026	Infrared therapy		A					
97028	Ultraviolet therapy		A					
97032	Electrical stimulation		A					
97033	Electric current therapy		A					
97034	Contrast bath therapy		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
97035	Ultrasound therapy		A					
97036	Hydrotherapy		A					
97039	Physical therapy treatment		A					
97110	Therapeutic exercises		A					
97112	Neuromuscular reeducation		A					
97113	Aquatic therapy/exercises		A					
97116	Gait training therapy		A					
97124	Massage therapy		A					
97139	Physical medicine procedure		A					
97140	Manual therapy		A					
97150	Group therapeutic procedures		A					
97530	Therapeutic activities		A					
97532	Cognitive skills development		A					
97533	Sensory integration		A					
97535	Self care mngment training		A					
97537	Community/work reintegration		A					
97542	Wheelchair mngment training		A					
97545	Work hardening		A					
97546	Work hardening add-on		A					
97597	Active wound care/20 cm or <		T	0015	1.5303	$104.47	.	$20.90
97598	Active wound care > 20 cm		T	0015	1.5303	$104.47	.	$20.90
97602	Wound(s) care non-selective		T	0013	0.8782	$59.95	.	$11.99
97605	Neg press wound tx, < 50 cm		T	0013	0.8782	$59.95	.	$11.99
97606	Neg press wound tx, > 50 cm		T	0015	1.5303	$104.47	.	$20.90
97750	Physical performance test		A					
97755	Assistive technology assess		A					
97760	Orthotic mgmt and training		A					
97761	Prosthetic training		A					
97762	C/o for orthotic/prosth use		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
97799	Physical medicine procedure		A					
97802	Medical nutrition, indiv, in		A					
97803	Med nutrition, indiv, subseq		A					
97804	Medical nutrition, group		A					
97810	Acupunct w/o stimul 15 min		E					
97811	Acupunct w/o stimul addl 15m		E					
97813	Acupunct w/stimul 15 min		E					
97814	Acupunct w/stimul addl 15m		E					
98925	Osteopathic manipulation		S	0060	0.3636	$24.82	.	$4.97
98926	Osteopathic manipulation		S	0060	0.3636	$24.82	.	$4.97
98927	Osteopathic manipulation		S	0060	0.3636	$24.82	.	$4.97
98928	Osteopathic manipulation		S	0060	0.3636	$24.82	.	$4.97
98929	Osteopathic manipulation		S	0060	0.3636	$24.82	.	$4.97
98940	Chiropractic manipulation		S	0060	0.3636	$24.82	.	$4.97
98941	Chiropractic manipulation		S	0060	0.3636	$24.82	.	$4.97
98942	Chiropractic manipulation		S	0060	0.3636	$24.82	.	$4.97
98943	Chiropractic manipulation		E					
98960	Self-mgmt educ & train, 1 pt		E					
98961	Self-mgmt educ/train, 2-4 pt		E					
98962	Self-mgmt educ/train, 5-8 pt		E					
98966	Hc pro phone call 5-10 min		E					
98967	Hc pro phone call 11-20 min		E					
98968	Hc pro phone call 21-30 min		E					
98969	Online service by hc pro		E					
99000	Specimen handling		E					
99001	Specimen handling		E					
99002	Device handling		B					
99024	Postop follow-up visit		B					
99026	In-hospital on call service		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
99027	Out-of-hosp on call service		E					
99050	Medical services after hrs		B					
99051	Med serv, eve/wkend/holiday		B					
99053	Med serv 10pm-8am, 24 hr fac		B					
99056	Med service out of office		B					
99058	Office emergency care		B					
99060	Out of office emerg med serv		B					
99070	Special supplies		B					
99071	Patient education materials		B					
99075	Medical testimony		E					
99078	Group health education		N					
99080	Special reports or forms		B					
99082	Unusual physician travel		B					
99090	Computer data analysis		B					
99091	Collect/review data from pt		N					
99100	Special anesthesia service		B					
99116	Anesthesia with hypothermia		B					
99135	Special anesthesia procedure		B					
99140	Emergency anesthesia		B					
99143	Mod cs by same phys, < 5 yrs		N					
99144	Mod cs by same phys, 5 yrs +		N					
99145	Mod cs by same phys add-on		N					
99148	Mod cs diff phys < 5 yrs		N					
99149	Mod cs diff phys 5 yrs +		N					
99150	Mod cs diff phys add-on		N					
99170	Anogenital exam, child		T	0191	0.1514	$10.34	$2.08	$2.07
99172	Ocular function screen		E					
99173	Visual acuity screen		E					
99174	Ocular photoscreening		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
99175	Induction of vomiting		N					
99183	Hyperbaric oxygen therapy		B					
99190	Special pump services		C					
99191	Special pump services		C					
99192	Special pump services		C					
99195	Phlebotomy		X	0624	0.6338	$43.27	$12.65	$8.66
99199	Special service/proc/report		B					
99201	Office/outpatient visit, new		V	0604	0.7431	$50.73	.	$10.15
99202	Office/outpatient visit, new		V	0605	1.0573	$72.18	.	$14.44
99203	Office/outpatient visit, new		V	0606	1.365	$93.18	.	$18.64
99204	Office/outpatient visit, new		V	0607	1.7939	$122.46	.	$24.50
99205	Office/outpatient visit, new		Q3	0608	2.4657	$168.33	.	$33.67
99211	Office/outpatient visit, est		V	0604	0.7431	$50.73	.	$10.15
99212	Office/outpatient visit, est		V	0605	1.0573	$72.18	.	$14.44
99213	Office/outpatient visit, est		V	0605	1.0573	$72.18	.	$14.44
99214	Office/outpatient visit, est		V	0606	1.365	$93.18	.	$18.64
99215	Office/outpatient visit, est		Q3	0607	1.7939	$122.46	.	$24.50
99217	Observation care discharge		B					
99218	Observation care		B					
99219	Observation care		B					
99220	Observation care		B					
99221	Initial hospital care		B					
99222	Initial hospital care		B					
99223	Initial hospital care		B					
99231	Subsequent hospital care		B					
99232	Subsequent hospital care		B					
99233	Subsequent hospital care		B					
99234	Observ/hosp same date		B					
99235	Observ/hosp same date		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
99236	Observ/hosp same date		B					
99238	Hospital discharge day		B					
99239	Hospital discharge day		B					
99241	Office consultation		E					
99242	Office consultation		E					
99243	Office consultation		E					
99244	Office consultation		E					
99245	Office consultation		E					
99251	Inpatient consultation		E					
99252	Inpatient consultation		E					
99253	Inpatient consultation		E					
99254	Inpatient consultation		E					
99255	Inpatient consultation		E					
99281	Emergency dept visit		V	0609	0.7735	$52.80	$12.64	$10.56
99282	Emergency dept visit		V	0613	1.315	$89.77	$21.06	$17.96
99283	Emergency dept visit		V	0614	2.1031	$143.57	$34.50	$28.72
99284	Emergency dept visit		Q3	0615	3.3549	$229.03	$48.49	$45.81
99285	Emergency dept visit		Q3	0616	4.9888	$340.57	$72.86	$68.12
99288	Direct advanced life support		B					
99291	Critical care, first hour		Q3	0617	7.7626	$529.93	$111.59	$105.99
99292	Critical care, addl 30 min		N					
99304	Nursing facility care, init		B					
99305	Nursing facility care, init		B					
99306	Nursing facility care, init		B					
99307	Nursing fac care, subseq		B					
99308	Nursing fac care, subseq		B					
99309	Nursing fac care, subseq		B					
99310	Nursing fac care, subseq		B					
99315	Nursing fac discharge day		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
99316	Nursing fac discharge day		B					
99318	Annual nursing fac assessmnt		B					
99324	Domicil/r-home visit new pat		B					
99325	Domicil/r-home visit new pat		B					
99326	Domicil/r-home visit new pat		B					
99327	Domicil/r-home visit new pat		B					
99328	Domicil/r-home visit new pat		B					
99334	Domicil/r-home visit est pat		B					
99335	Domicil/r-home visit est pat		B					
99336	Domicil/r-home visit est pat		B					
99337	Domicil/r-home visit est pat		B					
99339	Domicil/r-home care supervis		B					
99340	Domicil/r-home care supervis		B					
99341	Home visit, new patient		B					
99342	Home visit, new patient		B					
99343	Home visit, new patient		B					
99344	Home visit, new patient		B					
99345	Home visit, new patient		B					
99347	Home visit, est patient		B					
99348	Home visit, est patient		B					
99349	Home visit, est patient		B					
99350	Home visit, est patient		B					
99354	Prolonged service, office		N					
99355	Prolonged service, office		N					
99356	Prolonged service, inpatient		C					
99357	Prolonged service, inpatient		C					
99358	Prolong service w/o contact		N					
99359	Prolong serv w/o contact add		N					
99360	Physician standby services		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
99363	Anticoag mgmt, init		B					
99364	Anticoag mgmt, subseq		B					
99366	Team conf w/pat by hc pro		N					
99367	Team conf w/o pat by phys		N					
99368	Team conf w/o pat by hc pro		N					
99374	Home health care supervision		B					
99375	Home health care supervision		E					
99377	Hospice care supervision		B					
99378	Hospice care supervision		E					
99379	Nursing fac care supervision		B					
99380	Nursing fac care supervision		B					
99381	Init pm e/m, new pat, inf		E					
99382	Init pm e/m, new pat 1-4 yrs		E					
99383	Prev visit, new, age 5-11		E					
99384	Prev visit, new, age 12-17		E					
99385	Prev visit, new, age 18-39		E					
99386	Prev visit, new, age 40-64		E					
99387	Init pm e/m, new pat 65+ yrs		E					
99391	Per pm reeval, est pat, inf		E					
99392	Prev visit, est, age 1-4		E					
99393	Prev visit, est, age 5-11		E					
99394	Prev visit, est, age 12-17		E					
99395	Prev visit, est, age 18-39		E					
99396	Prev visit, est, age 40-64		E					
99397	Per pm reeval est pat 65+ yr		E					
99401	Preventive counseling, indiv		E					
99402	Preventive counseling, indiv		E					
99403	Preventive counseling, indiv		E					
99404	Preventive counseling, indiv		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
99406	Behav chng smoking 3-10 min		X	0031	0.3066	$20.93	.	$4.19
99407	Behav chng smoking > 10 min		X	0031	0.3066	$20.93	.	$4.19
99408	Audit/dast, 15-30 min		E					
99409	Audit/dast, over 30 min		E					
99411	Preventive counseling, group		E					
99412	Preventive counseling, group		E					
99420	Health risk assessment test		E					
99429	Unlisted preventive service		E					
99441	Phone e/m by phys 5-10 min		E					
99442	Phone e/m by phys 11-20 min		E					
99443	Phone e/m by phys 21-30 min		E					
99444	Online e/m by phys		E					
99450	Basic life disability exam		E					
99455	Work related disability exam		B					
99456	Disability examination		B					
99460	Init nb em per day, hosp		V	0605	1.0573	$72.18	.	$14.44
99461	Init nb em per day, non-fac		M					
99462	Sbsq nb em per day, hosp		C					
99463	Same day nb discharge		V	0605	1.0573	$72.18	.	$14.44
99464	Attendance at delivery		N					
99465	Nb resuscitation		S	0094	2.4281	$165.76	$46.29	$33.16
99466	Ped crit care transport		N					
99467	Ped crit care transport addl		N					
99468	Neonate crit care, initial		C					
99469	Neonate crit care, subsq		C					
99471	Ped critical care, initial		C					
99472	Ped critical care, subsq		C					
99475	Ped crit care age 2-5, init		C					
99476	Ped crit care age 2-5, subsq		C					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
99477	Init day hosp neonate care		C					
99478	Ic, lbw inf < 1500 gm subsq		C					
99479	Ic lbw inf 1500-2500 g subsq		C					
99480	Ic inf pbw 2501-5000 g subsq		C					
99499	Unlisted e&m service		B					
99500	Home visit, prenatal		E					
99501	Home visit, postnatal		E					
99502	Home visit, nb care		E					
99503	Home visit, resp therapy		E					
99504	Home visit mech ventilator		E					
99505	Home visit, stoma care		E					
99506	Home visit, im injection		E					
99507	Home visit, cath maintain		E					
99509	Home visit day life activity		E					
99510	Home visit, sing/m/fam couns		E					
99511	Home visit, fecal/enema mgmt		E					
99512	Home visit for hemodialysis		E					
99600	Home visit nos		E					
99601	Home infusion/visit, 2 hrs		E					
99602	Home infusion, each addtl hr		E					
99605	Mtms by pharm, np, 15 min		E					
99606	Mtms by pharm, est, 15 min		E					
99607	Mtms by pharm, addl 15 min		E					
0001F	Heart failure composite		M					
0005F	Osteoarthritis composite		M					
0012F	Cap bacterial assess		M					
0014F	Comp preop assess cat surg		M					
0015F	Melan follow-up complete		M					
0016T	Thermotx choroid vasc lesion		T	0235	5.2921	$361.28	.	$72.26

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
0017T	Photocoagulat macular drusen		T	0235	5.2921	$361.28	.	$72.26
0019T	Extracorp shock wv tx,ms nos		A					
0030T	Antiprothrombin antibody		A					
0042T	Ct perfusion w/contrast, cbf		N					
0048T	Implant ventricular device		C					
0050T	Removal circulation assist		C					
0051T	Implant total heart system		C					
0052T	Replace component heart syst		C					
0053T	Replace component heart syst		C					
0054T	Bone surgery using computer		N					
0055T	Bone surgery using computer		N					
0071T	U/s leiomyomata ablate <200		S	0067	50.0116	$3,414.14	.	$682.83
0072T	U/s leiomyomata ablate >200		S	0067	50.0116	$3,414.14	.	$682.83
0073T	Delivery, comp imrt		S	0412	6.4458	$440.04	.	$88.01
0075T	Perq stent/chest vert art		C					
0076T	S&i stent/chest vert art		C					
0078T	Endovasc aort repr w/device		C					
0079T	Endovasc visc extnsn repr		C					
0080T	Endovasc aort repr rad s&i		C					
0081T	Endovasc visc extnsn s&i		C					
0085T	Breath test heart reject		E					
0092T	Artific disc addl		C					
0095T	Artific diskectomy addl		C					
0098T	Rev artific disc addl		C					
0099T	Implant corneal ring		T	0233	17.0898	$1,166.67	$263.12	$233.34
0100T	Prosth retina receive&gen		T	0672	40.6474	$2,774.88	.	$554.98
0101T	Extracorp shockwv tx,hi enrg		T	0050	32.4253	$2,213.58	.	$442.72
0102T	Extracorp shockwv tx,anesth		T	0050	32.4253	$2,213.58	.	$442.72
0103T	Holotranscobalamin		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
0104T	At rest cardio gas rebreathe		A					
0105T	Exerc cardio gas rebreathe		A					
0106T	Touch quant sensory test		X	0341	0.0804	$5.49	$2.09	$1.10
0107T	Vibrate quant sensory test		X	0341	0.0804	$5.49	$2.09	$1.10
0108T	Cool quant sensory test		X	0341	0.0804	$5.49	$2.09	$1.10
0109T	Heat quant sensory test		X	0341	0.0804	$5.49	$2.09	$1.10
0110T	Nos quant sensory test		X	0341	0.0804	$5.49	$2.09	$1.10
0111T	Rbc membranes fatty acids		A					
0123T	Scleral fistulization		T	0234	24.5236	$1,674.15	$511.31	$334.83
0124T	Conjunctival drug placement		T	0232	2.4827	$169.49	$40.82	$33.90
0126T	Chd risk imt study		Q1	0340	0.6899	$47.10	.	$9.42
0130T	Chron care drug investigatn		B					
0140T	Exhaled breath condensate ph		A					
0141T	Perq islet transplant		E					
0142T	Open islet transplant		E					
0143T	Laparoscopic islet transplnt		E					
0155T	Lap impl gast curve electrd		T	0130	38.7195	$2,643.26	$659.53	$528.66
0156T	Lap remv gast curve electrd		T	0130	38.7195	$2,643.26	$659.53	$528.66
0157T	Open impl gast curve electrd		C					
0158T	Open remv gast curve electrd		C					
0159T	Cad breast mri		N					
0160T	Tcranial magn stim tx plan		S	0216	2.7192	$185.63	.	$37.13
0161T	Tcranial magn stim tx deliv		S	0216	2.7192	$185.63	.	$37.13
0163T	Lumb artif diskectomy addl		C					
0164T	Remove lumb artif disc addl		C					
0165T	Revise lumb artif disc addl		C					
0166T	Tcath vsd close w/o bypass		C					
0167T	Tcath vsd close w bypass		C					
0168T	Rhinophototx light app bilat		T	0251	3.4369	$234.63	.	$46.93

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
0169T	Place stereo cath brain		C					
0171T	Lumbar spine proces distract		T	0052	88.5249	$6,043.33	.	$1,208.67
0172T	Lumbar spine process addl		T	0052	88.5249	$6,043.33	.	$1,208.67
0173T	Iop monit io pressure		N					
0174T	Cad cxr with interp		N					
0175T	Cad cxr remote		N					
0176T	Aqu canal dilat w/o retent		T	0673	44.5131	$3,038.78	$649.56	$607.76
0177T	Aqu canal dilat w retent		T	0673	44.5131	$3,038.78	$649.56	$607.76
0178T	64 lead ecg w i&r		B					
0179T	64 lead ecg w tracing		X	0100	2.6301	$179.55	$41.44	$35.91
0180T	64 lead ecg w i&r only		B					
0181T	Corneal hysteresis		S	0230	0.5913	$40.37	.	$8.08
0182T	Hdr elect brachytherapy		S	0313	10.4062	$710.40	$268.63	$142.08
0183T	Wound ultrasound	CH	T	0015	1.5303	$104.47	.	$20.90
0184T	Exc rectal tumor endoscopic		C					
0185T	Comptr probability analysis		N					
0186T	Suprachoroidal drug delivery		T	0237	23.2772	$1,589.06	.	$317.82
0187T	Ophthalmic dx image anterior		S	0230	0.5913	$40.37	.	$8.08
0188T	Videoconf crit care 74 min		M					
0189T	Videoconf crit care addl 30		M					
0190T	Place intraoc radiation src		T	0237	23.2772	$1,589.06	.	$317.82
0191T	Insert ant segment drain int		T	0234	24.5236	$1,674.15	$511.31	$334.83
0192T	Insert ant segment drain ext		T	0673	44.5131	$3,038.78	$649.56	$607.76
0193T	Rf bladder neck microremodel		T	0165	20.5471	$1,402.69	.	$280.54
0195T	Arthrod presac interbody		C					
0196T	Arthrod presac interbody eac		C					
0197T	Intrafraction track motion		N					
0198T	Ocular blood flow measure		S	0230	0.5913	$40.37	.	$8.08
0199T	Physiologic tremor record		S	0215	0.6295	$42.97	.	$8.60

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
0200T	Perq sacral augmt unilat inj		T	0049	23.2249	$1,585.49	.	$317.10
0201T	Perq sacral augmt bilat inj		T	0050	32.4253	$2,213.58	.	$442.72
0202T	Post vert arthrplst 1 lumbar		C					
0203T	Unattend sleep study w/time		S	0213	2.4455	$166.95	$53.58	$33.39
0204T	Unattended sleep study		S	0213	2.4455	$166.95	$53.58	$33.39
0205T	Inirs each vessel add-on		N					
0206T	Remote algorithm analys ecg		Q1	0340	0.6899	$47.10	.	$9.42
0207T	Clear eyelid gland w/heat		S	0230	0.5913	$40.37	.	$8.08
0208T	Automated audiometry air		X	0035	0.2446	$16.70	.	$3.34
0209T	Auto audiometry air/bone		X	0035	0.2446	$16.70	.	$3.34
0210T	Auto audiometry sp thresh		X	0035	0.2446	$16.70	.	$3.34
0211T	Auto audiometry sp thresh		X	0035	0.2446	$16.70	.	$3.34
0212T	Comprehen auto audiometry		X	0364	0.4612	$31.48	$7.03	$6.30
0213T	Us facet jt inj cerv/t 1 lev		T	0207	7.7204	$527.05	.	$105.41
0214T	Us facet jt inj cerv/t 2 lev		T	0204	2.666	$182.00	$40.13	$36.40
0215T	Us facet jt inj cerv/t 3 lev		T	0204	2.666	$182.00	$40.13	$36.40
0216T	Us facet jt inj ls 1 level		T	0207	7.7204	$527.05	.	$105.41
0217T	Us facet jt inj ls 2 level		T	0204	2.666	$182.00	$40.13	$36.40
0218T	Us facet jt inj ls 3 level		T	0204	2.666	$182.00	$40.13	$36.40
0219T	Fuse spine facet jt cerv		C					
0220T	Fuse spine facet jt thor		C					
0221T	Fuse spine facet jt lumbar		T	0050	32.4253	$2,213.58	.	$442.72
0222T	Fuse spine facet jt add seg		T	0050	32.4253	$2,213.58	.	$442.72
0500F	Initial prenatal care visit		M					
0501F	Prenatal flow sheet		M					
0502F	Subsequent prenatal care		M					
0503F	Postpartum care visit		M					
0505F	Hemodialysis plan docd		M					
0507F	Periton dialysis plan docd		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
0509F	Urine incon plan docd		M					
0513F	Elev bp plan of care docd		M					
0514F	Care plan hgb docd esa pt		M					
0516F	Anemia plan of care docd		M					
0517F	Glaucoma plan of care docd		M					
0518F	Fall plan of care docd		M					
0519F	Pland chemo docd b/4 txmnt		M					
0520F	Rad dos limts b/4 3d rad		M					
0521F	Plan of care 4 pain docd		M					
0525F	Initial visit for episode		M					
0526F	Subs visit for episode		M					
0528F	Rcmnd flw-up 10 yrs docd		E					
0529F	Intrvl 3+yrs pts clnscp docd		M					
0535F	Dyspnea mngmnt plan docd		E					
0540F	Gluco mngmnt plan docd		M					
0545F	Follow up care plan mdd docd		E					
0575F	HIV rna plan care docd		M					
1000F	Tobacco use assessed		M					
1002F	Assess anginal symptom/level		M					
1003F	Level of activity assess		M					
1004F	Clin symp vol ovrld assess		M					
1005F	Asthma symptoms evaluate		M					
1006F	Osteoarthritis assess		M					
1007F	Anti-inflm/anlgsc otc assess		M					
1008F	Gi/renal risk assess		M					
1015F	Copd symptoms assess		M					
1018F	Assess dyspnea not present		M					
1019F	Assess dyspnea present		M					
1022F	Pneumo imm status assess		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
1026F	Co-morbid condition assess		M					
1030F	Influenza imm status assess		M					
1034F	Current tobacco smoker		M					
1035F	Smokeless tobacco user		M					
1036F	Tobacco non-user		M					
1038F	Persistent asthma		M					
1039F	Intermittent asthma		M					
1040F	Dsm-ivtm info mdd docd		M					
1050F	History of mole changes		M					
1055F	Visual funct status assess		M					
1060F	Doc perm/cont/parox atr fib		M					
1061F	Doc lack perm+cont+parox fib		M					
1065F	Ischm stroke symp lt3 hrsb/4		M					
1066F	Ischm stroke symp ge3 hrsb/4		M					
1070F	Alarm symp assessed-absent		M					
1071F	Alarm symp assessed-1+ prsnt		M					
1090F	Pres/absn urine incon assess		M					
1091F	Urine incon characterized		M					
1100F	Ptfalls assess-docd ge2+/yr		M					
1101F	Pt falls assess-docd le1/yr		M					
1110F	Pt lft inpt fac w/in 60 days		M					
1111F	Dschrg med/current med merge		M					
1116F	Auric/peri pain assessed		M					
1118F	GERD symps assessed 12 month		M					
1119F	Init eval for condition		M					
1121F	Subs eval for condition		M					
1123F	Acp discuss/dscn mkr docd		M					
1124F	Acp discuss-no dscnmkr docd		M					
1125F	Amnt pain noted pain prsnt		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
1126F	Amnt pain noted none prsnt		M					
1130F	Bk pain + fxn assessed		M					
1134F	Epsd bk pain for =< 6 wks		M					
1135F	Epsd bk pain for > 6 wks		M					
1136F	Epsd bk pain for <= 12 wks		M					
1137F	Epsd bk pain for > 12 wks		M					
1150F	Doc pt rsk death w/in 1yr		E					
1151F	Doc no pt rsk death w/in 1yr		E					
1152F	Doc advncd dis comfort 1st		E					
1153F	Doc advncd dis cmfrt not 1st		E					
1157F	Advnc care plan in rcrd		E					
1158F	Advnc care plan tlk docd		M					
1159F	Med list docd in rcrd		E					
1160F	Rvw meds by rx/dr in rcrd		E					
1170F	Fxnl status assessed		M					
1180F	Thromboemb risk assessed		E					
1200F	Seizure type(s)+ frq docd		E					
1205F	EPI etiol synd rvwd and docd		E					
1220F	Pt screened for depression		M					
2000F	Blood pressure measure		M					
2001F	Weight record		M					
2002F	Clin sign vol ovrld assess		M					
2004F	Initial exam involved joints		M					
2010F	Vital signs recorded		M					
2014F	Mental status assess		M					
2018F	Hydration status assess		M					
2019F	Dilated macul exam done		M					
2020F	Dilated fundus eval done		M					
2021F	Dilat macul+ exam done		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
2022F	Dil retina exam interp rev		M					
2024F	7 field photo interp doc rev		M					
2026F	Eye image valid to dx rev		M					
2027F	Optic nerve head eval done		M					
2028F	Foot exam performed		M					
2029F	Complete phys skin exam done		M					
2030F	H2o stat docd, normal		M					
2031F	H2o stat docd, dehydrated		M					
2035F	Tymp memb motion examd		M					
2040F	Bk pn xm on init visit date		M					
2044F	Doc mntl tst b/4 bk trxmnt		M					
2050F	Wound char size etc docd		E					
2060F	Pt talk eval hlthwkr re mdd		E					
3006F	Cxr doc rev		M					
3008F	Body mass index docd		E					
3011F	Lipid panel doc rev		M					
3014F	Screen mammo doc rev		M					
3015F	Cerv cancer screen docd		E					
3016F	Pt scrnd unhlthy OH use		M					
3017F	Colorectal ca screen doc rev		M					
3018F	Pre-prxd rsk et al docd		E					
3020F	Lvf assess		M					
3021F	Lvef mod/sever deprs syst		M					
3022F	Lvef >=40% systolic		M					
3023F	Spirom doc rev		M					
3025F	Spirom fev/fvc<70% w copd		M					
3027F	Spirom fev/fvc>=70%/w/o copd		M					
3028F	O2 saturation doc rev		M					
3035F	O2 saturation<=88% /pao<=55		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
3037F	O2 saturation> 88% /pao>55		M					
3038F	Pulm fx w/in 12 mon b/4 surg		E					
3040F	Fev<40% predicted value		M					
3042F	Fev>=40% predicted value		M					
3044F	Hg a1c level lt 7.0%		M					
3045F	Hg a1c level 7.0-9.0%		M					
3046F	Hemoglobin a1c level > 9.0%		M					
3048F	Ldl-c <100 mg/dl		M					
3049F	Ldl-c 100-129 mg/dl		M					
3050F	Ldl-c >= 130 mg/dl		M					
3060F	Pos microalbuminuria rev		M					
3061F	Neg microalbuminuria rev		M					
3062F	Pos macroalbuminuria rev		M					
3066F	Nephropathy doc tx		M					
3072F	Low risk for retinopathy		M					
3073F	Pre-surg eye measures docd		M					
3074F	Syst bp lt 130 mm hg		M					
3075F	Syst bp ge 130 - 139mm hg		M					
3077F	Syst bp >= 140 mm hg6 it		M					
3078F	Diast bp < 80 mm hg		M					
3079F	Diast bp 80-89 mm hg		M					
3080F	Diast bp >= 90 mm hg		M					
3082F	Kt/v lt1.2		M					
3083F	Kt/v ge 1.2 and <1.7		M					
3084F	Kt/v ge 1.7		M					
3085F	Suicide risk assessed		M					
3088F	MDD, mild		M					
3089F	MDD, moderate		M					
3090F	MDD, severe; w/o psych		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
3091F	Mdd, severe; w/ psych		M					
3092F	MDD, in remission		M					
3093F	Doc new diag 1st/addl mdd		M					
3095F	Central dexa results docd		M					
3096F	Central dexa ordered		M					
3100F	Image test ref carot diam		M					
3110F	Doc pres/absn hmrhg/lesion		M					
3111F	Ct/mri brain done w/in 24hrs		M					
3112F	Ct/Mri brain done gt 24 hrs		M					
3120F	12-lead ecg performed		M					
3130F	Upper gi endoscopy performed		M					
3132F	Doc ref upper gi endoscopy		M					
3140F	Upper gi endo shows barrtts		M					
3141F	Upper gi endo not barrtts		M					
3142F	Barium swallow test ordered		M					
3150F	Forceps esoph biopsy done		M					
3155F	Cytogen test marrow b/4 tx		M					
3160F	Doc fe+ stores b/4 epo thx		M					
3170F	Flow cyto done b/4 tx		M					
3200F	Barium swallow test not req		M					
3210F	Grp a strep test performed		M					
3215F	Pt immunity to hep a docd		M					
3216F	Pt immunity to hep b docd		M					
3218F	Rna tstng hep c docd-done		M					
3220F	Hep c quant rna tstng docd		M					
3230F	Note hring tst w/in 6 mon		M					
3250F	Nonprim loc anat bx site tum		M					
3260F	Pt cat/pn cat/hist grd docd		M					
3265F	Rna tstng hepc vir ord/docd		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
3266F	Hepc gn tstng docd b/4txmnt		M					
3268F	Psa/t/glsc docd b/4 txmnt		M					
3269F	Bone scn b/4 txmnt/aftr Dx		M					
3270F	No bone scn b/4 txmnt/aftrDx		M					
3271F	Low risk prostate cancer		M					
3272F	Med risk prostate cancer		M					
3273F	High risk prostate cancer		M					
3274F	Prost Cncr rsk not lw/md/hgh		M					
3278F	Serum lvls CA/iPTH/lpd ord		M					
3279F	Hgb lvl >/= 13 g/dl		M					
3280F	Hgb lvl 11-12.9 g/dL		M					
3281F	Hgb lvl < 11 g/dl		M					
3284F	IOP down>=15% of pre-svc lvl		M					
3285F	IOP down <15% of pre-svc lvl		M					
3288F	Fall risk assessment docd		M					
3290F	Pt=D(Rh)- and unsensitized		M					
3291F	Pt=d(rh)+ or sensitized		M					
3292F	Hiv tstng asked/docd/revwd		M					
3293F	Abo rh blood typing docd		E					
3294F	Grp b strep screening docd		E					
3300F	AJCC stage docd b/4 thxpy		M					
3301F	Cancer stage docd metast		M					
3315F	Er+ or pr+ breast cancer		M					
3316F	ER- or PR- breast cancer		M					
3317F	Path rpt malig cancer docd		M					
3318F	Path rpt malig cancer docd		M					
3319F	X-ray/ct/ultrsnd et al ord		M					
3320F	No xray/ct/ et al ordd		M					
3321F	AJCC cncr 0/IA melan docd		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
3322F	Melan >AJCC stage 0 or IA		E					
3323F	Clin node stgng docdb/4 surg		M					
3324F	Mri ct scan ord rvwd rqstd		E					
3325F	Preop asses 4 cataract surg		M					
3328F	Prfrmnc docd 2 wks b/4 surg		E					
3330F	Imaging study ordered (bkp)		M					
3331F	Bk imaging tst not ordered		M					
3340F	Mammo assess inc xray docd		M					
3341F	Mammo assess negative docd		M					
3342F	Mammo assess bengn docd		M					
3343F	Mammo probably bengn docd		M					
3344F	Mammo assess susp, docd		M					
3345F	Mammo assess hghlymalig doc		M					
3350F	Mammo bx proven malig docd		M					
3351F	Neg scrn dep symp by deptool		E					
3352F	No sig dep symp by dep tool		E					
3353F	Mild-mod dep symp by deptool		E					
3354F	Clin sig dep sym by dep tool		E					
3370F	AJCC brst cncr stage 0 docd		M					
3372F	Ajcc brst cncr stage 1+docd		M					
3374F	Ajcc brst cncr stage 1+docd		M					
3376F	AJCC brstcncr stage 2 docd		M					
3378F	AJCC brstcncr stage 3 docd		M					
3380F	AJCC brstcncr stage 4 docd		M					
3382F	AJCC cln cncr stage 0 docd		M					
3384F	AJCC cln cncr stage 1 docd		M					
3386F	AJCC cln cncr stage 2 docd		M					
3388F	AJCC cln cncr stage 3 docd		M					
3390F	AJCC cln cncr stage 4 docd		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
3450F	Dyspnea scrnd, no-mild dysp		E					
3451F	Dyspnea scrnd mod-high dysp		E					
3452F	Dyspnea not screened		E					
3455F	TB scrng done-interpd 6mon		M					
3470F	RA disease activity, low		M					
3471F	RA disease activity, mod		M					
3472F	RA disease activity, high		M					
3475F	Disease progn RA poor docd		M					
3476F	Disease progn RA good docd		M					
3490F	History - AIDS-defining cond		M					
3491F	HIV unsure baby of HIV+moms		E					
3492F	History cd4+ cell count <350		M					
3493F	No hist cd4+cell cnt<350		M					
3494F	CD4+cell count <200cells/mm3		M					
3495F	Cd4+cell cnt 200-499 cells		M					
3496F	Cd4+ cell count =500 cells		M					
3497F	CD4+ cell percentage <15%		E					
3498F	CD4+ cell percentage >=15%		E					
3500F	Cd4+cell cnt/% docd as done		M					
3502F	HIV rna vrl ld <lmts quantif		M					
3503F	HIV rna vrl ldnot<lmts quntf		M					
3510F	Doc tb scrng-rslts interpd		E					
3511F	Chlmyd/gonrh tsts docd done		M					
3512F	Syph scrng docd as done		M					
3513F	Hep B scrng docd as done		E					
3514F	Hep C scrng docd as done		E					
3515F	Pt has docd immun to hep C		E					
3550F	Low rsk thromboembolism		E					
3551F	Intrmed rsk thromboembolism		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
3552F	Hgh risk for thromboembolism		E					
3555F	Pt inr measurement performed		E					
3570F	Rprt bone scint xref w xray		M					
3572F	Pt consid poss risk fx		E					
3573F	Pt not consid poss risk fx		E					
3650F	Eeg ordered rvwd reqstd		E					
4000F	Tobacco use txmnt counseling		M					
4001F	Tobacco use txmnt, pharmacol		M					
4002F	Statin therapy, rx		M					
4003F	Pt ed write/oral, pts w/ hf		M					
4004F	Pt tobacco use done rcvd tlk		E					
4005F	Pharm thx for op rxd		M					
4006F	Beta-blocker therapy rx		M					
4009F	Ace/arb inhibitor therapy rx		M					
4011F	Oral antiplatelet therapy rx		M					
4012F	Warfarin therapy rx		M					
4014F	Written discharge instr prvd		M					
4015F	Persist asthma medicine ctrl		M					
4016F	Anti-inflm/anlgsc agent rx		M					
4017F	Gi prophylaxis for nsaid rx		M					
4018F	Therapy exercise joint rx		M					
4019F	Doc recpt counsl vit d/calc+		M					
4025F	Inhaled bronchodilator rx		M					
4030F	Oxygen therapy rx		M					
4033F	Pulmonary rehab rec		M					
4035F	Influenza imm rec		M					
4037F	Influenza imm order/admin		M					
4040F	Pneumoc vac/admin/rcvd		M					
4041F	Doc order cefazolin/cefurox		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
4042F	Doc antibio not given		M					
4043F	Doc order given stop antibio		M					
4044F	Doc order given vte prophylx		M					
4045F	Empiric antibiotic rx		M					
4046F	Doc antibio given b/4 surg		M					
4047F	Doc antibio given b/4 surg		M					
4048F	Doc antibio given b/4 surg		M					
4049F	Doc order given stop antibio		M					
4050F	Ht care plan doc		M					
4051F	Referred for an AV fistula		M					
4052F	Hemodialysis via AV fistula		M					
4053F	Hemodialysis via AV graft		M					
4054F	Hemodialysis via catheter		M					
4055F	Pt rcvng periton dialysis		M					
4056F	Approp oral rehyd recommd		M					
4058F	Ped gastro ed given, caregvr		M					
4060F	Psych svcs provided		M					
4062F	Pt referral psych docd		M					
4063F	Antidepres rxthxpy not rxd		E					
4064F	Antidepressant rx		M					
4065F	Antipsychotic rx		M					
4066F	ECT provided		M					
4067F	Pt referral for ect docd		M					
4070F	Dvt prophylx recvd day 2		M					
4073F	Oral antiplat thx rx dischrg		M					
4075F	Anticoag thx rx at dischrg		M					
4077F	Doc t-pa admin considered		M					
4079F	Doc rehab svcs considered		M					
4084F	Aspirin recvd w/in 24 hrs		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
4090F	Pt rcvng epo thxpy		M					
4095F	Pt not rcvng epo thxpy		M					
4100F	Biphos thxpy vein ord/recvd		M					
4110F	Int mam art used for cabg		M					
4115F	Beta blckr admin w/in 24 hrs		M					
4120F	Antibiot rxd/given		M					
4124F	Antibiot not rxd/given		M					
4130F	Topical prep rx aoe		M					
4131F	Syst antimicrobial thx rx		M					
4132F	No syst antimicrobial thx rx		M					
4133F	Antihist/decong rx/recom		M					
4134F	No antihist/decong rx/recom		M					
4135F	Systemic corticosteroids rx		M					
4136F	Syst corticosteroids not rx		M					
4148F	Hep A vac injxn admin/recvd		M					
4149F	Hep B vac injxn admin/recvd		M					
4150F	Pt recvng antivir txmnt hepc		M					
4151F	Pt not recvng antiv hep c		M					
4153F	Combo pegintf/rib rx		M					
4155F	Hep A vac series prev recvd		M					
4157F	Hep B vac series prev recvd		M					
4158F	Pt edu re alcoh drnkng done		M					
4159F	Contrcp talk b/4 antiv txmnt		M					
4163F	Pt couns 4 txmnt opt prost		M					
4164F	Adjv hrmnl thxpy rxd		M					
4165F	3d-crt/imrt) received		M					
4167F	Hd bed tilted 1st day vent		M					
4168F	Pt care icu&vent w/in 24hrs		M					
4169F	No pt care ICU/vent in 24hrs		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
4171F	Pt rcvng esa thxpy		M					
4172F	Pt not rcvng esa thxpy		M					
4174F	Couns potent glauc impct		M					
4175F	Vis of >= 20/40 w/in 90 days		M					
4176F	Talk re uv light pt/crgvr		M					
4177F	Talk pt/crgvr re areds prev		M					
4178F	Antid glbln rcvd w/in 26wks		M					
4179F	Tamoxifen/AI prescribed		M					
4180F	Adjv thxpyrxd/rcvd stg3a-c		M					
4181F	Conformal radn thxpy rcvd		M					
4182F	No conformal radn thxpy		M					
4185F	Continuous ppi or h2ra rcvd		M					
4186F	No cont ppi or h2ra rcvd		M					
4187F	Anti rheum drugthxpyrxd/gvn		M					
4188F	Approp ACE/ARB tstng done		M					
4189F	Approp digoxin tstng done		M					
4190F	Approp diuretic tstng done		M					
4191F	Approp anticonvuls tstng		M					
4192F	Pt not rcvng glucoco thxpy		M					
4193F	Pt rcvng<10mg daily predniso		M					
4194F	Pt rec>=10mg prednison qd		M					
4195F	Pt rcvng anti-rheum thxpy RA		M					
4196F	Ptnot rcvng anti-rhm thxpyRA		M					
4200F	External beam to prost only		M					
4201F	Extrnl beam other than prost		M					
4210F	ACE/ARB thxpy for >= 6 mons		M					
4220F	Digoxin thxpy for >= 6 mons		M					
4221F	Diuretic thxpy for >= 6 mons		M					
4230F	Anticonv thxpy for >= 6 mons		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
4240F	Instr xrcz 4bk pn >12 weeks		M					
4242F	Sprvsd xrcz bk pn >12 weeks		M					
4245F	Pt instr nrml lifest		M					
4248F	Pt instr-no bd rest>= 4 days		M					
4250F	Wrmng 4 surg - normothermia		M					
4255F	Anesth >= 60 min as docd		M					
4256F	Anesth < 60 min as docd		M					
4260F	Wound srfc culturetech used		E					
4261F	Tech other than surfc cultr		E					
4265F	Wet-dry dressings Rx-recmd		E					
4266F	No wet-dry drssings Rx-recmd		E					
4267F	Comprssion thxpy prescribed		M					
4268F	Pt ed re comp thxpy rcvd		E					
4269F	Appropos mthd offloading Rxd		E					
4270F	Pt rcvng anti r-viral thxpy		M					
4271F	Pt rcvng anti r-viral thxpy		M					
4274F	Flu immuno admind rcvd		M					
4275F	Hep b vac inj admin/ rcvd		E					
4276F	Potent antivir thxpy Rxd		M					
4279F	PCP prophylaxis Rxd		E					
4280F	PCP prophylax Rxd 3mon low %		M					
4290F	Pt scrned for inj drug use		M					
4293F	Pt scrnd - hgh-rsk sex behav		M					
4300F	Pt rcvng warf thxpy		E					
4301F	Pt not rcvng warf thxpy		E					
4305F	Pt ed re ft care inspct rcvd		E					
4306F	Pt tlk psych & Rx opd addic		E					
4320F	Pt talk psychsoc+rx oh dpnd		E					
4330F	Cnslng epi spec sfty issues		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
4340F	Cnslng chldbrng+ women epi		E					
5005F	Pt counsld on exam for moles		M					
5010F	Macul+ fndngs to dr mng dm		M					
5015F	Doc fx & test/txmnt for op		M					
5020F	Txmnts 2 main Dr by 1 mon		E					
5050F	Plan 2 main dr by 1 month		M					
5060F	Fndngs mammo 2pt w/in 3 days		M					
5062F	Doc f2fmammo fndng in 5 days		M					
5100F	Rsk fx ref w/n 24 hrs x-ray		E					
5200F	Eval appros surg thxpy epi		E					
6005F	Care level rationale doc		M					
6010F	Dysphag test done b/4 eating		M					
6015F	Dysphag test done b/4 eating		M					
6020F	Npo (nothing-mouth) ordered		M					
6030F	Max sterile barriers follwd		M					
6040F	Appro rad ds dvcs techs docd		M					
6045F	Radxps in end rprt4fluro pxd		M					
6070F	Pt asked/cnsld aed effects		E					
7010F	Pt info into recall system		M					
7020F	Mammo assess cat in dbase		M					
7025F	Pt infosys alarm 4 nxt mammo		M					
A0021	Outside state ambulance serv		E					
A0080	Noninterest escort in non er		E					
A0090	Interest escort in non er		E					
A0100	Nonemergency transport taxi		E					
A0110	Nonemergency transport bus		E					
A0120	Noner transport mini-bus		E					
A0130	Noner transport wheelch van		E					
A0140	Nonemergency transport air		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A0160	Noner transport case worker		E					
A0170	Transport parking fees/tolls		E					
A0180	Noner transport lodgng recip		E					
A0190	Noner transport meals recip		E					
A0200	Noner transport lodgng escrt		E					
A0210	Noner transport meals escort		E					
A0225	Neonatal emergency transport		E					
A0380	Basic life support mileage		E					
A0382	Basic support routine suppls		A					
A0384	Bls defibrillation supplies		A					
A0390	Advanced life support mileag		E					
A0392	Als defibrillation supplies		A					
A0394	Als IV drug therapy supplies		A					
A0396	Als esophageal intub suppls		A					
A0398	Als routine disposble suppls		A					
A0420	Ambulance waiting 1/2 hr		A					
A0422	Ambulance 02 life sustaining		A					
A0424	Extra ambulance attendant		A					
A0425	Ground mileage		A					
A0426	Als 1		A					
A0427	ALS1-emergency		A					
A0428	bls		A					
A0429	BLS-emergency		A					
A0430	Fixed wing air transport		A					
A0431	Rotary wing air transport		A					
A0432	PI volunteer ambulance co		A					
A0433	als 2		A					
A0434	Specialty care transport		A					
A0435	Fixed wing air mileage		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A0436	Rotary wing air mileage		A					
A0888	Noncovered ambulance mileage		E					
A0998	Ambulance response/treatment		E					
A0999	Unlisted ambulance service		A					
A4206	1 CC sterile syringe&needle		E					
A4207	2 CC sterile syringe&needle		E					
A4208	3 CC sterile syringe&needle		E					
A4209	5+ CC sterile syringe&needle		E					
A4210	Nonneedle injection device		E					
A4211	Supp for self-adm injections		E					
A4212	Non coring needle or stylet		B					
A4213	20+ CC syringe only		E					
A4215	Sterile needle		E					
A4216	Sterile water/saline, 10 ml		A					
A4217	Sterile water/saline, 500 ml		A					
A4218	Sterile saline or water		N					
A4220	Infusion pump refill kit		N					
A4221	Maint drug infus cath per wk		Y					
A4222	Infusion supplies with pump		Y					
A4223	Infusion supplies w/o pump		E					
A4230	Infus insulin pump non needl		N					
A4231	Infusion insulin pump needle		N					
A4232	Syringe w/needle insulin 3cc		E					
A4233	Alkalin batt for glucose mon		Y					
A4234	J-cell batt for glucose mon		Y					
A4235	Lithium batt for glucose mon		Y					
A4236	Silvr oxide batt glucose mon		Y					
A4244	Alcohol or peroxide per pint		E					
A4245	Alcohol wipes per box		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A4246	Betadine/phisohex solution		E					
A4247	Betadine/iodine swabs/wipes		E					
A4248	Chlorhexidine antisept		N					
A4250	Urine reagent strips/tablets		E					
A4252	Blood ketone test or strip		E					
A4253	Blood glucose/reagent strips		Y					
A4255	Glucose monitor platforms		Y					
A4256	Calibrator solution/chips		Y					
A4257	Replace Lensshield Cartridge		Y					
A4258	Lancet device each		Y					
A4259	Lancets per box		Y					
A4261	Cervical cap contraceptive		E					
A4262	Temporary tear duct plug		N					
A4263	Permanent tear duct plug		N					
A4264	Intratubal occlusion device		E					
A4265	Paraffin		Y					
A4266	Diaphragm		E					
A4267	Male condom		E					
A4268	Female condom		E					
A4269	Spermicide		E					
A4270	Disposable endoscope sheath		N					
A4280	Brst prsths adhsv attchmnt		A					
A4281	Replacement breastpump tube		E					
A4282	Replacement breastpump adpt		E					
A4283	Replacement breastpump cap		E					
A4284	Replcmnt breast pump shield		E					
A4285	Replcmnt breast pump bottle		E					
A4286	Replcmnt breastpump lok ring		E					
A4290	Sacral nerve stim test lead		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A4300	Cath impl vasc access portal		N					
A4301	Implantable access syst perc		N					
A4305	Drug delivery system >=50 ML		N					
A4306	Drug delivery system <=50 ml		N					
A4310	Insert tray w/o bag/cath		A					
A4311	Catheter w/o bag 2-way latex		A					
A4312	Cath w/o bag 2-way silicone		A					
A4313	Catheter w/bag 3-way		A					
A4314	Cath w/drainage 2-way latex		A					
A4315	Cath w/drainage 2-way silcne		A					
A4316	Cath w/drainage 3-way		A					
A4320	Irrigation tray		A					
A4321	Cath therapeutic irrig agent		A					
A4322	Irrigation syringe		A					
A4326	Male external catheter		A					
A4327	Fem urinary collect dev cup		A					
A4328	Fem urinary collect pouch		A					
A4330	Stool collection pouch		A					
A4331	Extension drainage tubing		A					
A4332	Lube sterile packet		A					
A4333	Urinary cath anchor device		A					
A4334	Urinary cath leg strap		A					
A4335	Incontinence supply		A					
A4336	Urethral insert		A					
A4338	Indwelling catheter latex		A					
A4340	Indwelling catheter special		A					
A4344	Cath indw foley 2 way silicn		A					
A4346	Cath indw foley 3 way		A					
A4349	Disposable male external cat		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A4351	Straight tip urine catheter		A					
A4352	Coude tip urinary catheter		A					
A4353	Intermittent urinary cath		A					
A4354	Cath insertion tray w/bag		A					
A4355	Bladder irrigation tubing		A					
A4356	Ext ureth clmp or compr dvc		A					
A4357	Bedside drainage bag		A					
A4358	Urinary leg or abdomen bag		A					
A4360	Disposable ext urethral dev		A					
A4361	Ostomy face plate		A					
A4362	Solid skin barrier		A					
A4363	Ostomy clamp, replacement		A					
A4364	Adhesive, liquid or equal		A					
A4366	Ostomy vent		A					
A4367	Ostomy belt		A					
A4368	Ostomy filter		A					
A4369	Skin barrier liquid per oz		A					
A4371	Skin barrier powder per oz		A					
A4372	Skin barrier solid 4x4 equiv		A					
A4373	Skin barrier with flange		A					
A4375	Drainable plastic pch w fcpl		A					
A4376	Drainable rubber pch w fcplt		A					
A4377	Drainable plstic pch w/o fp		A					
A4378	Drainable rubber pch w/o fp		A					
A4379	Urinary plastic pouch w fcpl		A					
A4380	Urinary rubber pouch w fcplt		A					
A4381	Urinary plastic pouch w/o fp		A					
A4382	Urinary hvy plstc pch w/o fp		A					
A4383	Urinary rubber pouch w/o fp		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A4384	Ostomy faceplt/silicone ring		A					
A4385	Ost skn barrier sld ext wear		A					
A4387	Ost clsd pouch w att st barr		A					
A4388	Drainable pch w ex wear barr		A					
A4389	Drainable pch w st wear barr		A					
A4390	Drainable pch ex wear convex		A					
A4391	Urinary pouch w ex wear barr		A					
A4392	Urinary pouch w st wear barr		A					
A4393	Urine pch w ex wear bar conv		A					
A4394	Ostomy pouch liq deodorant		A					
A4395	Ostomy pouch solid deodorant		A					
A4396	Peristomal hernia supprt blt		A					
A4397	Irrigation supply sleeve		A					
A4398	Ostomy irrigation bag		A					
A4399	Ostomy irrig cone/cath w brs		A					
A4400	Ostomy irrigation set		A					
A4402	Lubricant per ounce		A					
A4404	Ostomy ring each		A					
A4405	Nonpectin based ostomy paste		A					
A4406	Pectin based ostomy paste		A					
A4407	Ext wear ost skn barr <=4sq"		A					
A4408	Ext wear ost skn barr >4sq"		A					
A4409	Ost skn barr convex <=4 sq i		A					
A4410	Ost skn barr extnd >4 sq		A					
A4411	Ost skn barr extnd =4sq		A					
A4412	Ost pouch drain high output		A					
A4413	2 pc drainable ost pouch		A					
A4414	Ost sknbar w/o conv<=4 sq in		A					
A4415	Ost skn barr w/o conv >4 sqi		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A4416	Ost pch clsd w barrier/filtr		A					
A4417	Ost pch w bar/bltinconv/fltr		A					
A4418	Ost pch clsd w/o bar w filtr		A					
A4419	Ost pch for bar w flange/flt		A					
A4420	Ost pch clsd for bar w lk fl		A					
A4421	Ostomy supply misc		E					
A4422	Ost pouch absorbent material		A					
A4423	Ost pch for bar w lk fl/fltr		A					
A4424	Ost pch drain w bar & filter		A					
A4425	Ost pch drain for barrier fl		A					
A4426	Ost pch drain 2 piece system		A					
A4427	Ost pch drain/barr lk flng/f		A					
A4428	Urine ost pouch w faucet/tap		A					
A4429	Urine ost pouch w bltinconv		A					
A4430	Ost urine pch w b/bltin conv		A					
A4431	Ost pch urine w barrier/tapv		A					
A4432	Os pch urine w bar/fange/tap		A					
A4433	Urine ost pch bar w lock fln		A					
A4434	Ost pch urine w lock flng/ft		A					
A4450	Non-waterproof tape		A					
A4452	Waterproof tape		A					
A4455	Adhesive remover per ounce		A					
A4456	Adhesive remover, wipes		A					
A4458	Reusable enema bag		E					
A4461	Surgicl dress hold non-reuse		A					
A4463	Surgical dress holder reuse		A					
A4465	Non-elastic extremity binder		N					
A4466	Elastic garment/covering		E					
A4470	Gravlee jet washer		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A4480	Vabra aspirator		N					
A4481	Tracheostoma filter		A					
A4483	Moisture exchanger		A					
A4490	Above knee surgical stocking		E					
A4495	Thigh length surg stocking		E					
A4500	Below knee surgical stocking		E					
A4510	Full length surg stocking		E					
A4520	Incontinence garment anytype		E					
A4550	Surgical trays		B					
A4554	Disposable underpads		E					
A4556	Electrodes, pair		Y					
A4557	Lead wires, pair		Y					
A4558	Conductive gel or paste		Y					
A4559	Coupling gel or paste		Y					
A4561	Pessary rubber, any type		N					
A4562	Pessary, non rubber,any type		N					
A4565	Slings		N					
A4570	Splint		E					
A4575	Hyperbaric o2 chamber disps		E					
A4580	Cast supplies (plaster)		E					
A4590	Special casting material		E					
A4595	TENS suppl 2 lead per month		Y					
A4600	Sleeve, inter limb comp dev		Y					
A4601	Lith ion batt, non-pros use		Y					
A4604	Tubing with heating element		Y					
A4605	Trach suction cath close sys		Y					
A4606	Oxygen probe used w oximeter		A					
A4608	Transtracheal oxygen cath		Y					
A4611	Heavy duty battery		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A4612	Battery cables		Y					
A4613	Battery charger		Y					
A4614	Hand-held PEFR meter		Y					
A4615	Cannula nasal		Y					
A4616	Tubing (oxygen) per foot		Y					
A4617	Mouth piece		Y					
A4618	Breathing circuits		Y					
A4619	Face tent		Y					
A4620	Variable concentration mask		Y					
A4623	Tracheostomy inner cannula		A					
A4624	Tracheal suction tube		Y					
A4625	Trach care kit for new trach		A					
A4626	Tracheostomy cleaning brush		A					
A4627	Spacer bag/reservoir		E					
A4628	Oropharyngeal suction cath		Y					
A4629	Tracheostomy care kit		A					
A4630	Repl bat t.e.n.s. own by pt		Y					
A4633	Uvl replacement bulb		Y					
A4634	Replacement bulb th lightbox		A					
A4635	Underarm crutch pad		Y					
A4636	Handgrip for cane etc		Y					
A4637	Repl tip cane/crutch/walker		Y					
A4638	Repl batt pulse gen sys		Y					
A4639	Infrared ht sys replcmnt pad		Y					
A4640	Alternating pressure pad		Y					
A4641	Radiopharm dx agent noc		N					
A4642	In111 satumomab		N					
A4648	Implantable tissue marker		N					
A4649	Surgical supplies		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A4650	Implant radiation dosimeter		N					
A4651	Calibrated microcap tube		A					
A4652	Microcapillary tube sealant		A					
A4653	PD catheter anchor belt		A					
A4657	Syringe w/wo needle		N					
A4660	Sphyg/bp app w cuff and stet		N					
A4663	Dialysis blood pressure cuff		N					
A4670	Automatic bp monitor, dial		E					
A4671	Disposable cycler set		B					
A4672	Drainage ext line, dialysis		B					
A4673	Ext line w easy lock connect		B					
A4674	Chem/antisept solution, 8oz		B					
A4680	Activated carbon filter, ea		N					
A4690	Dialyzer, each		N					
A4706	Bicarbonate conc sol per gal		N					
A4707	Bicarbonate conc pow per pac		N					
A4708	Acetate conc sol per gallon		N					
A4709	Acid conc sol per gallon		N					
A4714	Treated water per gallon		N					
A4719	"Y set" tubing		N					
A4720	Dialysat sol fld vol > 249cc		N					
A4721	Dialysat sol fld vol > 999cc		N					
A4722	Dialys sol fld vol > 1999cc		N					
A4723	Dialys sol fld vol > 2999cc		N					
A4724	Dialys sol fld vol > 3999cc		N					
A4725	Dialys sol fld vol > 4999cc		N					
A4726	Dialys sol fld vol > 5999cc		N					
A4728	Dialysate solution, non-dex		B					
A4730	Fistula cannulation set, ea		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A4736	Topical anesthetic, per gram		N					
A4737	Inj anesthetic per 10 ml		N					
A4740	Shunt accessory		N					
A4750	Art or venous blood tubing		N					
A4755	Comb art/venous blood tubing		N					
A4760	Dialysate sol test kit, each		N					
A4765	Dialysate conc pow per pack		N					
A4766	Dialysate conc sol add 10 ml		N					
A4770	Blood collection tube/vacuum		N					
A4771	Serum clotting time tube		N					
A4772	Blood glucose test strips		N					
A4773	Occult blood test strips		N					
A4774	Ammonia test strips		N					
A4802	Protamine sulfate per 50 mg		N					
A4860	Disposable catheter tips		N					
A4870	Plumb/elec wk hm hemo equip		N					
A4890	Repair/maint cont hemo equip		N					
A4911	Drain bag/bottle		N					
A4913	Misc dialysis supplies noc		N					
A4918	Venous pressure clamp		N					
A4927	Non-sterile gloves		N					
A4928	Surgical mask		N					
A4929	Tourniquet for dialysis, ea		N					
A4930	Sterile, gloves per pair		N					
A4931	Reusable oral thermometer		N					
A4932	Reusable rectal thermometer		E					
A5051	Pouch clsd w barr attached		A					
A5052	Clsd ostomy pouch w/o barr		A					
A5053	Clsd ostomy pouch faceplate		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A5054	Clsd ostomy pouch w/flange		A					
A5055	Stoma cap		A					
A5061	Pouch drainable w barrier at		A					
A5062	Drnble ostomy pouch w/o barr		A					
A5063	Drain ostomy pouch w/flange		A					
A5071	Urinary pouch w/barrier		A					
A5072	Urinary pouch w/o barrier		A					
A5073	Urinary pouch on barr w/flng		A					
A5081	Continent stoma plug		A					
A5082	Continent stoma catheter		A					
A5083	Stoma absorptive cover		A					
A5093	Ostomy accessory convex inse		A					
A5102	Bedside drain btl w/wo tube		A					
A5105	Urinary suspensory		A					
A5112	Urinary leg bag		A					
A5113	Latex leg strap		A					
A5114	Foam/fabric leg strap		A					
A5120	Skin barrier, wipe or swab		A					
A5121	Solid skin barrier 6x6		A					
A5122	Solid skin barrier 8x8		A					
A5126	Disk/foam pad +or- adhesive		A					
A5131	Appliance cleaner		A					
A5200	Percutaneous catheter anchor		A					
A5500	Diab shoe for density insert		Y					
A5501	Diabetic custom molded shoe		Y					
A5503	Diabetic shoe w/roller/rockr		Y					
A5504	Diabetic shoe with wedge		Y					
A5505	Diab shoe w/metatarsal bar		Y					
A5506	Diabetic shoe w/off set heel		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A5507	Modification diabetic shoe		Y					
A5508	Diabetic deluxe shoe		Y					
A5510	Compression form shoe insert		E					
A5512	Multi den insert direct form		Y					
A5513	Multi den insert custom mold		Y					
A6000	Wound warming wound cover		E					
A6010	Collagen based wound filler		A					
A6011	Collagen gel/paste wound fil		A					
A6021	Collagen dressing <=16 sq in		A					
A6022	Collagen drsg>16<=48 sq in		A					
A6023	Collagen dressing >48 sq in		A					
A6024	Collagen dsg wound filler		A					
A6025	Silicone gel sheet, each		E					
A6154	Wound pouch each		A					
A6196	Alginate dressing <=16 sq in		A					
A6197	Alginate drsg >16 <=48 sq in		A					
A6198	alginate dressing > 48 sq in		A					
A6199	Alginate drsg wound filler		A					
A6203	Composite drsg <= 16 sq in		A					
A6204	Composite drsg >16<=48 sq in		A					
A6205	Composite drsg > 48 sq in		A					
A6206	Contact layer <= 16 sq in		A					
A6207	Contact layer >16<= 48 sq in		A					
A6208	Contact layer > 48 sq in		A					
A6209	Foam drsg <=16 sq in w/o bdr		A					
A6210	Foam drg >16<=48 sq in w/o b		A					
A6211	Foam drg > 48 sq in w/o brdr		A					
A6212	Foam drg <=16 sq in w/border		A					
A6213	Foam drg >16<=48 sq in w/bdr		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A6214	Foam drg > 48 sq in w/border		A					
A6215	Foam dressing wound filler		A					
A6216	Non-sterile gauze<=16 sq in		A					
A6217	Non-sterile gauze>16<=48 sq		A					
A6218	Non-sterile gauze > 48 sq in		A					
A6219	Gauze <= 16 sq in w/border		A					
A6220	Gauze >16 <=48 sq in w/bordr		A					
A6221	Gauze > 48 sq in w/border		A					
A6222	Gauze <=16 in no w/sal w/o b		A					
A6223	Gauze >16<=48 no w/sal w/o b		A					
A6224	Gauze > 48 in no w/sal w/o b		A					
A6228	Gauze <= 16 sq in water/sal		A					
A6229	Gauze >16<=48 sq in watr/sal		A					
A6230	Gauze > 48 sq in water/salne		A					
A6231	Hydrogel dsg<=16 sq in		A					
A6232	Hydrogel dsg>16<=48 sq in		A					
A6233	Hydrogel dressing >48 sq in		A					
A6234	Hydrocolld drg <=16 w/o bdr		A					
A6235	Hydrocolld drg >16<=48 w/o b		A					
A6236	Hydrocolld drg > 48 in w/o b		A					
A6237	Hydrocolld drg <=16 in w/bdr		A					
A6238	Hydrocolld drg >16<=48 w/bdr		A					
A6239	Hydrocolld drg > 48 in w/bdr		A					
A6240	Hydrocolld drg filler paste		A					
A6241	Hydrocolloid drg filler dry		A					
A6242	Hydrogel drg <=16 in w/o bdr		A					
A6243	Hydrogel drg >16<=48 w/o bdr		A					
A6244	Hydrogel drg >48 in w/o bdr		A					
A6245	Hydrogel drg <= 16 in w/bdr		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A6246	Hydrogel drg >16<=48 in w/b		A					
A6247	Hydrogel drg > 48 sq in w/b		A					
A6248	Hydrogel drsg gel filler		A					
A6250	Skin seal protect moisturizr		A					
A6251	Absorpt drg <=16 sq in w/o b		A					
A6252	Absorpt drg >16 <=48 w/o bdr		A					
A6253	Absorpt drg > 48 sq in w/o b		A					
A6254	Absorpt drg <=16 sq in w/bdr		A					
A6255	Absorpt drg >16<=48 in w/bdr		A					
A6256	Absorpt drg > 48 sq in w/bdr		A					
A6257	Transparent film <= 16 sq in		A					
A6258	Transparent film >16<=48 in		A					
A6259	Transparent film > 48 sq in		A					
A6260	Wound cleanser any type/size		A					
A6261	Wound filler gel/paste /oz		A					
A6262	Wound filler dry form / gram		A					
A6266	Impreg gauze no h20/sal/yard		A					
A6402	Sterile gauze <= 16 sq in		A					
A6403	Sterile gauze>16 <= 48 sq in		A					
A6404	Sterile gauze > 48 sq in		A					
A6407	Packing strips, non-impreg		A					
A6410	Sterile eye pad		A					
A6411	Non-sterile eye pad		A					
A6412	Occlusive eye patch		E					
A6413	Adhesive bandage, first-aid		E					
A6441	Pad band w>=3" <5"/yd		A					
A6442	Conform band n/s w<3"/yd		A					
A6443	Conform band n/s w>=3"<5"/yd		A					
A6444	Conform band n/s w>=5"/yd		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A6445	Conform band s w <3"/yd		A					
A6446	Conform band s w>=3" <5"/yd		A					
A6447	Conform band s w >=5"/yd		A					
A6448	Lt compres band <3"/yd		A					
A6449	Lt compres band >=3" <5"/yd		A					
A6450	Lt compres band >=5"/yd		A					
A6451	Mod compres band w>=3"<5"/yd		A					
A6452	High compres band w>=3"<5"yd		A					
A6453	Self-adher band w <3"/yd		A					
A6454	Self-adher band w>=3" <5"/yd		A					
A6455	Self-adher band >=5"/yd		A					
A6456	Zinc paste band w >=3"<5"/yd		A					
A6457	Tubular dressing		A					
A6501	Compres burngarment bodysuit		A					
A6502	Compres burngarment chinstrp		A					
A6503	Compres burngarment facehood		A					
A6504	Cmprsburngarment glove-wrist		A					
A6505	Cmprsburngarment glove-elbow		A					
A6506	Cmprsburngrmnt glove-axilla		A					
A6507	Cmprs burngarment foot-knee		A					
A6508	Cmprs burngarment foot-thigh		A					
A6509	Compres burn garment jacket		A					
A6510	Compres burn garment leotard		A					
A6511	Compres burn garment panty		A					
A6512	Compres burn garment, noc		A					
A6513	Compress burn mask face/neck		B					
A6530	Compression stocking BK18-30		E					
A6531	Compression stocking BK30-40		A					
A6532	Compression stocking BK40-50		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A6533	Gc stocking thighlngth 18-30		E					
A6534	Gc stocking thighlngth 30-40		E					
A6535	Gc stocking thighlngth 40-50		E					
A6536	Gc stocking full lngth 18-30		E					
A6537	Gc stocking full lngth 30-40		E					
A6538	Gc stocking full lngth 40-50		E					
A6539	Gc stocking waistlngth 18-30		E					
A6540	Gc stocking waistlngth 30-40		E					
A6541	Gc stocking waistlngth 40-50		E					
A6544	Gc stocking garter belt		E					
A6545	Grad comp non-elastic BK		A					
A6549	G compression stocking		E					
A6550	Neg pres wound ther drsg set		Y					
A7000	Disposable canister for pump		Y					
A7001	Nondisposable pump canister		Y					
A7002	Tubing used w suction pump		Y					
A7003	Nebulizer administration set		Y					
A7004	Disposable nebulizer sml vol		Y					
A7005	Nondisposable nebulizer set		Y					
A7006	Filtered nebulizer admin set		Y					
A7007	Lg vol nebulizer disposable		Y					
A7008	Disposable nebulizer prefill		Y					
A7009	Nebulizer reservoir bottle		Y					
A7010	Disposable corrugated tubing		Y					
A7011	Nondispos corrugated tubing		Y					
A7012	Nebulizer water collec devic		Y					
A7013	Disposable compressor filter		Y					
A7014	Compressor nondispos filter		Y					
A7015	Aerosol mask used w nebulize		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A7016	Nebulizer dome & mouthpiece		Y					
A7017	Nebulizer not used w oxygen		Y					
A7018	Water distilled w/nebulizer		Y					
A7025	Replace chest compress vest		Y					
A7026	Replace chst cmprss sys hose		Y					
A7027	Combination oral/nasal mask		Y					
A7028	Repl oral cushion combo mask		Y					
A7029	Repl nasal pillow comb mask		Y					
A7030	CPAP full face mask		Y					
A7031	Replacement facemask interfa		Y					
A7032	Replacement nasal cushion		Y					
A7033	Replacement nasal pillows		Y					
A7034	Nasal application device		Y					
A7035	Pos airway press headgear		Y					
A7036	Pos airway press chinstrap		Y					
A7037	Pos airway pressure tubing		Y					
A7038	Pos airway pressure filter		Y					
A7039	Filter, non disposable w pap		Y					
A7040	One way chest drain valve		A					
A7041	Water seal drain container		A					
A7042	Implanted pleural catheter		N					
A7043	Vacuum drainagebottle/tubing		A					
A7044	PAP oral interface		Y					
A7045	Repl exhalation port for PAP		Y					
A7046	Repl water chamber, PAP dev		Y					
A7501	Tracheostoma valve w diaphra		A					
A7502	Replacement diaphragm/fplate		A					
A7503	HMES filter holder or cap		A					
A7504	Tracheostoma HMES filter		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A7505	HMES or trach valve housing		A					
A7506	HMES/trachvalve adhesivedisk		A					
A7507	Integrated filter & holder		A					
A7508	Housing & Integrated Adhesiv		A					
A7509	Heat & moisture exchange sys		A					
A7520	Trach/laryn tube non-cuffed		A					
A7521	Trach/laryn tube cuffed		A					
A7522	Trach/laryn tube stainless		A					
A7523	Tracheostomy shower protect		A					
A7524	Tracheostoma stent/stud/bttn		A					
A7525	Tracheostomy mask		A					
A7526	Tracheostomy tube collar		A					
A7527	Trach/laryn tube plug/stop		A					
A8000	Soft protect helmet prefab		Y					
A8001	Hard protect helmet prefab		Y					
A8002	Soft protect helmet custom		Y					
A8003	Hard protect helmet custom		Y					
A8004	Repl soft interface, helmet		Y					
A9150	Misc/exper non-prescript dru		B					
A9152	Single vitamin nos		E					
A9153	Multi-vitamin nos		E					
A9155	Artificial saliva		B					
A9180	Lice treatment, topical		E					
A9270	Non-covered item or service		E					
A9274	Ext amb insulin delivery sys		E					
A9275	Disp home glucose monitor		E					
A9276	Disposable sensor, CGM sys		E					
A9277	External transmitter, CGM		E					
A9278	External receiver, CGM sys		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A9279	Monitoring feature/deviceNOC		E					
A9280	Alert device, noc		E					
A9281	Reaching/grabbing device		E					
A9282	Wig any type		E					
A9283	Foot press off load supp dev		E					
A9284	Non-electronic spirometer		N					
A9300	Exercise equipment		E					
A9500	Tc99m sestamibi		N					
A9501	Technetium TC-99m teboroxime		N					
A9502	Tc99m tetrofosmin		N					
A9503	Tc99m medronate		N					
A9504	Tc99m apcitide		N					
A9505	TL201 thallium		N					
A9507	In111 capromab		N					
A9508	I131 iodobenguate, dx		N					
A9509	Iodine I-123 sod iodide mil		N					
A9510	Tc99m disofenin		N					
A9512	Tc99m pertechnetate		N					
A9516	Iodine I-123 sod iodide mic		N					
A9517	I131 iodide cap, rx		K	1064		$18.20	.	$3.64
A9521	Tc99m exametazime		N					
A9524	I131 serum albumin, dx		N					
A9526	Nitrogen N-13 ammonia		N					
A9527	Iodine I-125 sodium iodide		U	2632	0.3077	$21.01	.	$4.21
A9528	Iodine I-131 iodide cap, dx		N					
A9529	I131 iodide sol, dx		N					
A9530	I131 iodide sol, rx		K	1150		$13.72	.	$2.75
A9531	I131 max 100uCi		N					
A9532	I125 serum albumin, dx		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A9536	Tc99m depreotide		N					
A9537	Tc99m mebrofenin		N					
A9538	Tc99m pyrophosphate		N					
A9539	Tc99m pentetate		N					
A9540	Tc99m MAA		N					
A9541	Tc99m sulfur colloid		N					
A9542	In111 ibritumomab, dx		N					
A9543	Y90 ibritumomab, rx		K	1643		$31,434.63	.	$6,286.93
A9544	I131 tositumomab, dx		N					
A9545	I131 tositumomab, rx		K	1645		$23,132.09	.	$4,626.42
A9546	Co57/58		N					
A9547	In111 oxyquinoline		N					
A9548	In111 pentetate		N					
A9550	Tc99m gluceptate		N					
A9551	Tc99m succimer		N					
A9552	F18 fdg		N					
A9553	Cr51 chromate		N					
A9554	I125 iothalamate, dx		N					
A9555	Rb82 rubidium		N					
A9556	Ga67 gallium		N					
A9557	Tc99m bicisate		N					
A9558	Xe133 xenon 10mci		N					
A9559	Co57 cyano		N					
A9560	Tc99m labeled rbc		N					
A9561	Tc99m oxidronate		N					
A9562	Tc99m mertiatide		N					
A9563	P32 Na phosphate		K	1675		$196.49	.	$39.30
A9564	P32 chromic phosphate		K	1676		$113.44	.	$22.69
A9566	Tc99m fanolesomab		N					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
A9567	Technetium TC-99m aerosol		N					
A9568	Technetium tc99m arcitumomab		N					
A9569	Technetium TC-99m auto WBC		N					
A9570	Indium In-111 auto WBC		N					
A9571	Indium IN-111 auto platelet		N					
A9572	Indium In-111 pentetreotide		N					
A9576	Inj prohance multipack		N					
A9577	Inj multihance		N					
A9578	Inj multihance multipack		N					
A9579	Gad-base MR contrast NOS,1ml		N					
A9580	Sodium fluoride F-18		N					
A9581	Gadoxetate disodium inj	CH	N					
A9582	Iodine I-123 iobenguane		G	9247		$2,282.67		
A9583	Gadofosveset trisodium inj		G	1299		$12.89		
A9600	Sr89 strontium		K	0701		$805.83	.	$161.17
A9604	Sm 153 lexidronam		K	1295		$5,613.99	.	$1,122.80
A9698	Non-rad contrast materialNOC		N					
A9699	Radiopharm rx agent noc		N					
A9700	Echocardiography Contrast		B					
A9900	Supply/accessory/service		Y					
A9901	Delivery/set up/dispensing		A					
A9999	DME supply or accessory, nos		Y					
B4034	Enter feed supkit syr by day		Y					
B4035	Enteral feed supp pump per d		Y					
B4036	Enteral feed sup kit grav by		Y					
B4081	Enteral ng tubing w/ stylet		Y					
B4082	Enteral ng tubing w/o stylet		Y					
B4083	Enteral stomach tube levine		Y					
B4087	Gastro/jejuno tube, std		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
B4088	Gastro/jejuno tube, low-pro		A					
B4100	Food thickener oral		E					
B4102	EF adult fluids and electro		Y					
B4103	EF ped fluid and electrolyte		Y					
B4104	Additive for enteral formula		E					
B4149	EF blenderized foods		Y					
B4150	EF complet w/intact nutrient		Y					
B4152	EF calorie dense>/=1.5Kcal		Y					
B4153	EF hydrolyzed/amino acids		Y					
B4154	EF spec metabolic noninherit		Y					
B4155	EF incomplete/modular		Y					
B4157	EF special metabolic inherit		Y					
B4158	EF ped complete intact nut		Y					
B4159	EF ped complete soy based		Y					
B4160	EF ped caloric dense>/=0.7kc		Y					
B4161	EF ped hydrolyzed/amino acid		Y					
B4162	EF ped specmetabolic inherit		Y					
B4164	Parenteral 50% dextrose solu		Y					
B4168	Parenteral sol amino acid 3.		Y					
B4172	Parenteral sol amino acid 5.		Y					
B4176	Parenteral sol amino acid 7-		Y					
B4178	Parenteral sol amino acid >		Y					
B4180	Parenteral sol carb > 50%		Y					
B4185	Parenteral sol 10 gm lipids		B					
B4189	Parenteral sol amino acid &		Y					
B4193	Parenteral sol 52-73 gm prot		Y					
B4197	Parenteral sol 74-100 gm pro		Y					
B4199	Parenteral sol > 100gm prote		Y					
B4216	Parenteral nutrition additiv		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
B4220	Parenteral supply kit premix		Y					
B4222	Parenteral supply kit homemi		Y					
B4224	Parenteral administration ki		Y					
B5000	Parenteral sol renal-amirosy		Y					
B5100	Parenteral sol hepatic-fream		Y					
B5200	Parenteral sol stres-brnch c		Y					
B9000	Enter infusion pump w/o alrm		Y					
B9002	Enteral infusion pump w/ ala		Y					
B9004	Parenteral infus pump portab		Y					
B9006	Parenteral infus pump statio		Y					
B9998	Enteral supp not otherwise c		Y					
B9999	Parenteral supp not othrws c		Y					
C1300	HYPERBARIC Oxygen		S	0659	1.565	$106.84	.	$21.37
C1713	Anchor/screw bn/bn,tis/bn		N					
C1714	Cath, trans atherectomy, dir		N					
C1715	Brachytherapy needle		N					
C1716	Brachytx, non-str, Gold-198		U	1716	2.7019	$184.45	.	$36.89
C1717	Brachytx, non-str,HDR Ir-192		U	1717	3.2259	$220.22	.	$44.05
C1719	Brachytx, NS, Non-HDRIr-192		U	1719	0.3366	$22.98	.	$4.60
C1721	AICD, dual chamber		N					
C1722	AICD, single chamber		N					
C1724	Cath, trans atherec,rotation		N					
C1725	Cath, translumin non-laser		N					
C1726	Cath, bal dil, non-vascular		N					
C1727	Cath, bal tis dis, non-vas		N					
C1728	Cath, brachytx seed adm		N					
C1729	Cath, drainage		N					
C1730	Cath, EP, 19 or few elect		N					
C1731	Cath, EP, 20 or more elec		N					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
C1732	Cath, EP, diag/abl, 3D/vect		N					
C1733	Cath, EP, othr than cool-tip		N					
C1750	Cath, hemodialysis,long-term		N					
C1751	Cath, inf, per/cent/midline		N					
C1752	Cath,hemodialysis,short-term		N					
C1753	Cath, intravas ultrasound		N					
C1754	Catheter, intradiscal		N					
C1755	Catheter, intraspinal		N					
C1756	Cath, pacing, transesoph		N					
C1757	Cath, thrombectomy/embolect		N					
C1758	Catheter, ureteral		N					
C1759	Cath, intra echocardiography		N					
C1760	Closure dev, vasc		N					
C1762	Conn tiss, human(inc fascia)		N					
C1763	Conn tiss, non-human		N					
C1764	Event recorder, cardiac		N					
C1765	Adhesion barrier		N					
C1766	Intro/sheath,strble,non-peel		N					
C1767	Generator, neuro non-recharg		N					
C1768	Graft, vascular		N					
C1769	Guide wire		N					
C1770	Imaging coil, MR, insertable		N					
C1771	Rep dev, urinary, w/sling		N					
C1772	Infusion pump, programmable		N					
C1773	Ret dev, insertable		N					
C1776	Joint device (implantable)		N					
C1777	Lead, AICD, endo single coil		N					
C1778	Lead, neurostimulator		N					
C1779	Lead, pmkr, transvenous VDD		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
C1780	Lens, intraocular (new tech)		N					
C1781	Mesh (implantable)		N					
C1782	Morcellator		N					
C1783	Ocular imp, aqueous drain de		N					
C1784	Ocular dev, intraop, det ret		N					
C1785	Pmkr, dual, rate-resp		N					
C1786	Pmkr, single, rate-resp		N					
C1787	Patient progr, neurostim		N					
C1788	Port, indwelling, imp		N					
C1789	Prosthesis, breast, imp		N					
C1813	Prosthesis, penile, inflatab		N					
C1814	Retinal tamp, silicone oil		N					
C1815	Pros, urinary sph, imp		N					
C1816	Receiver/transmitter, neuro		N					
C1817	Septal defect imp sys		N					
C1818	Integrated keratoprosthesis		N					
C1819	Tissue localization-excision		N					
C1820	Generator neuro rechg bat sy		N					
C1821	Interspinous implant		N					
C1874	Stent, coated/cov w/del sys		N					
C1875	Stent, coated/cov w/o del sy		N					
C1876	Stent, non-coa/non-cov w/del		N					
C1877	Stent, non-coat/cov w/o del		N					
C1878	Matrl for vocal cord		N					
C1879	Tissue marker, implantable		N					
C1880	Vena cava filter		N					
C1881	Dialysis access system		N					
C1882	AICD, other than sing/dual		N					
C1883	Adapt/ext, pacing/neuro lead		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
C1884	Embolization Protect syst		N					
C1885	Cath, translumin angio laser		N					
C1887	Catheter, guiding		N					
C1888	Endovas non-cardiac abl cath		N					
C1891	Infusion pump,non-prog, perm		N					
C1892	Intro/sheath,fixed,peel-away		N					
C1893	Intro/sheath, fixed,non-peel		N					
C1894	Intro/sheath, non-laser		N					
C1895	Lead, AICD, endo dual coil		N					
C1896	Lead, AICD, non sing/dual		N					
C1897	Lead, neurostim test kit		N					
C1898	Lead, pmkr, other than trans		N					
C1899	Lead, pmkr/AICD combination		N					
C1900	Lead, coronary venous		N					
C2614	Probe, perc lumb disc		N					
C2615	Sealant, pulmonary, liquid		N					
C2616	Brachytx, non-str,Yttrium-90		U	2616	245.7374	$16,775.76	.	$3,355.16
C2617	Stent, non-cor, tem w/o del		N					
C2618	Probe, cryoablation		N					
C2619	Pmkr, dual, non rate-resp		N					
C2620	Pmkr, single, non rate-resp		N					
C2621	Pmkr, other than sing/dual		N					
C2622	Prosthesis, penile, non-inf		N					
C2625	Stent, non-cor, tem w/del sy		N					
C2626	Infusion pump, non-prog,temp		N					
C2627	Cath, suprapubic/cystoscopic		N					
C2628	Catheter, occlusion		N					
C2629	Intro/sheath, laser		N					
C2630	Cath, EP, cool-tip		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
C2631	Rep dev, urinary, w/o sling		N					
C2634	Brachytx, non-str, HA, I-125		U	2634	0.7596	$51.86	.	$10.38
C2635	Brachytx, non-str, HA, P-103		U	2635	0.4337	$29.61	.	$5.93
C2636	Brachy linear, non-str,P-103		U	2636	0.528	$36.04	.	$7.21
C2637	Brachy,non-str,Ytterbium-169		B					
C2638	Brachytx, stranded, I-125		U	2638	0.5662	$38.65	.	$7.73
C2639	Brachytx, non-stranded,I-125		U	2639	0.5292	$36.13	.	$7.23
C2640	Brachytx, stranded, P-103		U	2640	0.9334	$63.72	.	$12.75
C2641	Brachytx, non-stranded,P-103		U	2641	0.9135	$62.36	.	$12.48
C2642	Brachytx, stranded, C-131		U	2642	1.6774	$114.51	.	$22.91
C2643	Brachytx, non-stranded,C-131		U	2643	0.9143	$62.42	.	$12.49
C2698	Brachytx, stranded, NOS		U	2698	0.5662	$38.65	.	$7.73
C2699	Brachytx, non-stranded, NOS		U	2699	0.3366	$22.98	.	$4.60
C8900	MRA w/cont, abd		Q3	0284	6.4555	$440.70	$146.85	$88.14
C8901	MRA w/o cont, abd		Q3	0336	5.1052	$348.52	$137.34	$69.71
C8902	MRA w/o fol w/cont, abd		Q3	0337	7.9271	$541.16	$197.83	$108.24
C8903	MRI w/cont, breast, uni		Q3	0284	6.4555	$440.70	$146.85	$88.14
C8904	MRI w/o cont, breast, uni		Q3	0336	5.1052	$348.52	$137.34	$69.71
C8905	MRI w/o fol w/cont, brst, un		Q3	0337	7.9271	$541.16	$197.83	$108.24
C8906	MRI w/cont, breast, bi		Q3	0284	6.4555	$440.70	$146.85	$88.14
C8907	MRI w/o cont, breast, bi		Q3	0336	5.1052	$348.52	$137.34	$69.71
C8908	MRI w/o fol w/cont, breast,		Q3	0337	7.9271	$541.16	$197.83	$108.24
C8909	MRA w/cont, chest		Q3	0284	6.4555	$440.70	$146.85	$88.14
C8910	MRA w/o cont, chest		Q3	0336	5.1052	$348.52	$137.34	$69.71
C8911	MRA w/o fol w/cont, chest		Q3	0337	7.9271	$541.16	$197.83	$108.24
C8912	MRA w/cont, lwr ext		Q3	0284	6.4555	$440.70	$146.85	$88.14
C8913	MRA w/o cont, lwr ext		Q3	0336	5.1052	$348.52	$137.34	$69.71
C8914	MRA w/o fol w/cont, lwr ext		Q3	0337	7.9271	$541.16	$197.83	$108.24
C8918	MRA w/cont, pelvis		Q3	0284	6.4555	$440.70	$146.85	$88.14

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
C8919	MRA w/o cont, pelvis		Q3	0336	5.1052	$348.52	$137.34	$69.71
C8920	MRA w/o fol w/cont, pelvis		Q3	0337	7.9271	$541.16	$197.83	$108.24
C8921	TTE w or w/o fol w/cont, com		S	0128	7.1663	$489.22	$162.90	$97.85
C8922	TTE w or w/o fol w/cont, f/u		S	0128	7.1663	$489.22	$162.90	$97.85
C8923	2D TTE w or w/o fol w/con,co		S	0128	7.1663	$489.22	$162.90	$97.85
C8924	2D TTE w or w/o fol w/con,fu		S	0128	7.1663	$489.22	$162.90	$97.85
C8925	2D TEE w or w/o fol w/con,in		S	0128	7.1663	$489.22	$162.90	$97.85
C8926	TEE w or w/o fol w/cont,cong		S	0128	7.1663	$489.22	$162.90	$97.85
C8927	TEE w or w/o fol w/cont, mon		S	0128	7.1663	$489.22	$162.90	$97.85
C8928	TTE w or w/o fol w/con,stres		S	0128	7.1663	$489.22	$162.90	$97.85
C8929	TTE w or wo fol wcon,Doppler		S	0128	7.1663	$489.22	$162.90	$97.85
C8930	TTE w or w/o contr, cont ECG		S	0128	7.1663	$489.22	$162.90	$97.85
C8957	Prolonged IV inf, req pump		S	0440	2.9855	$203.81	.	$40.77
C9113	Inj pantoprazole sodium, via		N					
C9121	Injection, argatroban		K	9121		$18.39	.	$3.68
C9248	Inj, clevidipine butyrate	CH	K	9248		$2.98	.	$0.60
C9250	Artiss fibrin sealant		G	9250		$136.64	.	$27.33
C9254	Injection, lacosamide		K	9254		$0.18	.	$0.04
C9255	Paliperidone palmitate inj		G	9255		$6.54	.	$1.31
C9256	Dexamethasone intravitreal		G	9256		$196.10	.	$39.22
C9257	Bevacizumab injection		K	1281		$1.44	.	$0.29
C9258	Telavancin injection		G	9258		$0.21	.	$0.05
C9259	Pralatrexate injection		G	9259		$165.63	.	$33.13
C9260	Ofatumumab injection		G	9260		$46.64	.	$9.33
C9261	Ustekinumab injection		G	9261		$107.43	.	$21.49
C9262	Fludarabine phosphate, oral		G	9262		$81.77	.	$16.36
C9263	Ecallantide injection		G	9263		$280.90	.	$56.18
C9352	Neuragen nerve guide, per cm		N					
C9353	Neurawrap nerve protector,cm		N					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
C9354	Veritas collagen matrix, cm2		N					
C9355	Neuromatrix nerve cuff, cm		N					
C9356	TenoGlide tendon prot, cm2	CH	N					
C9358	SurgiMend, fetal	CH	K	9358		$10.67	.	$2.14
C9359	Implnt,bon void filler-putty	CH	N					
C9360	SurgiMend, neonatal		G	9360		$11.24	.	$2.25
C9361	NeuroMend nerve wrap		G	9361		$265.18		
C9362	Implnt,bon void filler-strip		G	9362		$50.88		
C9363	Integra Meshed Bil Wound Mat		G	9363		$17.88	.	$3.58
C9364	Porcine implant, Permacol		G	9364		$17.67		
C9399	Unclassified drugs or biolog		A					
C9716	Radiofrequency energy to anu		T	0150	32.6184	$2,226.76	.	$445.36
C9724	EPS gast cardia plic		T	0422	16.3107	$1,113.48	$271.47	$222.70
C9725	Place endorectal app		T	0148	6.2678	$427.88	.	$85.58
C9726	Rxt breast appl place/remov		T	0028	25.7651	$1,758.91	.	$351.79
C9727	Insert palate implants		T	0252	7.8743	$537.55	$109.16	$107.51
C9728	Place device/marker, non pro		X	0310	13.5651	$926.05	$325.27	$185.21
C9898	Inpnt stay radiolabeled item		N					
C9899	Inpt implant pros dev,no cov		A					
D0120	Periodic oral evaluation		E					
D0140	Limit oral eval problm focus		E					
D0145	Oral evaluation, pt < 3yrs		E					
D0150	Comprehensve oral evaluation		S	0330	9.9085	$676.42	.	$135.29
D0160	Extensv oral eval prob focus		E					
D0170	Re-eval,est pt,problem focus		E					
D0180	Comp periodontal evaluation		E					
D0210	Intraor complete film series		E					
D0220	Intraoral periapical first f		E					
D0230	Intraoral periapical ea add		E					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D0240	Intraoral occlusal film		S	0330	9.9085	$676.42	.	$135.29
D0250	Extraoral first film		S	0330	9.9085	$676.42	.	$135.29
D0260	Extraoral ea additional film		S	0330	9.9085	$676.42	.	$135.29
D0270	Dental bitewing single film		S	0330	9.9085	$676.42	.	$135.29
D0272	Dental bitewings two films		S	0330	9.9085	$676.42	.	$135.29
D0273	Bitewings - three films		E					
D0274	Dental bitewings four films		S	0330	9.9085	$676.42	.	$135.29
D0277	Vert bitewings-sev to eight		S	0330	9.9085	$676.42	.	$135.29
D0290	Dental film skull/facial bon		E					
D0310	Dental saliography		E					
D0320	Dental tmj arthrogram incl i		E					
D0321	Dental other tmj films		E					
D0322	Dental tomographic survey		E					
D0330	Dental panoramic film		E					
D0340	Dental cephalometric film		E					
D0350	Oral/facial photo images		E					
D0360	Cone beam ct		E					
D0362	Cone beam, two dimensional		E					
D0363	Cone beam, three dimensional		E					
D0415	Collection of microorganisms		E					
D0416	Viral culture		B					
D0417	Collect & prep saliva sample		E					
D0418	Analysis of saliva sample		E					
D0421	Gen tst suscept oral disease		B					
D0425	Caries susceptibility test		E					
D0431	Diag tst detect mucos abnorm		B					
D0460	Pulp vitality test		S	0330	9.9085	$676.42	.	$135.29
D0470	Diagnostic casts		E					
D0472	Gross exam, prep & report		B					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D0473	Micro exam, prep & report		B					
D0474	Micro w exam of surg margins		B					
D0475	Decalcification procedure		B					
D0476	Spec stains for microorganis		B					
D0477	Spec stains not for microorg		B					
D0478	Immunohistochemical stains		B					
D0479	Tissue in-situ hybridization		B					
D0480	Cytopath smear prep & report		B					
D0481	Electron microscopy diagnost		B					
D0482	Direct immunofluorescence		B					
D0483	Indirect immunofluorescence		B					
D0484	Consult slides prep elsewher		B					
D0485	Consult inc prep of slides		B					
D0486	Accession of brush biopsy		E					
D0502	Other oral pathology procedu		B					
D0999	Unspecified diagnostic proce		B					
D1110	Dental prophylaxis adult		E					
D1120	Dental prophylaxis child		E					
D1203	Topical app fluoride child		E					
D1204	Topical app fluoride adult		E					
D1206	Topical fluoride varnish		E					
D1310	Nutri counsel-control caries		E					
D1320	Tobacco counseling		E					
D1330	Oral hygiene instruction		E					
D1351	Dental sealant per tooth		E					
D1510	Space maintainer fxd unilat		S	0330	9.9085	$676.42	.	$135.29
D1515	Fixed bilat space maintainer		S	0330	9.9085	$676.42	.	$135.29
D1520	Remove unilat space maintain		S	0330	9.9085	$676.42	.	$135.29
D1525	Remove bilat space maintain		S	0330	9.9085	$676.42	.	$135.29

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D1550	Recement space maintainer		S	0330	9.9085	$676.42	.	$135.29
D1555	Remove fix space maintainer		E					
D2140	Amalgam one surface permanen		E					
D2150	Amalgam two surfaces permane		E					
D2160	Amalgam three surfaces perma		E					
D2161	Amalgam 4 or > surfaces perm		E					
D2330	Resin one surface-anterior		E					
D2331	Resin two surfaces-anterior		E					
D2332	Resin three surfaces-anterio		E					
D2335	Resin 4/> surf or w incis an		E					
D2390	Ant resin-based cmpst crown		E					
D2391	Post 1 srfc resinbased cmpst		E					
D2392	Post 2 srfc resinbased cmpst		E					
D2393	Post 3 srfc resinbased cmpst		E					
D2394	Post >=4srfc resinbase cmpst		E					
D2410	Dental gold foil one surface		E					
D2420	Dental gold foil two surface		E					
D2430	Dental gold foil three surfa		E					
D2510	Dental inlay metalic 1 surf		E					
D2520	Dental inlay metallic 2 surf		E					
D2530	Dental inlay metl 3/more sur		E					
D2542	Dental onlay metallic 2 surf		E					
D2543	Dental onlay metallic 3 surf		E					
D2544	Dental onlay metl 4/more sur		E					
D2610	Inlay porcelain/ceramic 1 su		E					
D2620	Inlay porcelain/ceramic 2 su		E					
D2630	Dental onlay porc 3/more sur		E					
D2642	Dental onlay porcelin 2 surf		E					
D2643	Dental onlay porcelin 3 surf		E					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D2644	Dental onlay porc 4/more sur		E					
D2650	Inlay composite/resin one su		E					
D2651	Inlay composite/resin two su		E					
D2652	Dental inlay resin 3/mre sur		E					
D2662	Dental onlay resin 2 surface		E					
D2663	Dental onlay resin 3 surface		E					
D2664	Dental onlay resin 4/mre sur		E					
D2710	Crown resin-based indirect		E					
D2712	Crown 3/4 resin-based compos		E					
D2720	Crown resin w/ high noble me		E					
D2721	Crown resin w/ base metal		E					
D2722	Crown resin w/ noble metal		E					
D2740	Crown porcelain/ceramic subs		E					
D2750	Crown porcelain w/ h noble m		E					
D2751	Crown porcelain fused base m		E					
D2752	Crown porcelain w/ noble met		E					
D2780	Crown 3/4 cast hi noble met		E					
D2781	Crown 3/4 cast base metal		E					
D2782	Crown 3/4 cast noble metal		E					
D2783	Crown 3/4 porcelain/ceramic		E					
D2790	Crown full cast high noble m		E					
D2791	Crown full cast base metal		E					
D2792	Crown full cast noble metal		E					
D2794	Crown-titanium		E					
D2799	Provisional crown		E					
D2910	Recement inlay onlay or part		E					
D2915	Recement cast or prefab post		E					
D2920	Dental recement crown		E					
D2930	Prefab stnlss steel crwn pri		E					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D2931	Prefab stnlss steel crown pe		E					
D2932	Prefabricated resin crown		E					
D2933	Prefab stainless steel crown		E					
D2934	Prefab steel crown primary		E					
D2940	Dental sedative filling		E					
D2950	Core build-up incl any pins		E					
D2951	Tooth pin retention		E					
D2952	Post and core cast + crown		E					
D2953	Each addtnl cast post		E					
D2954	Prefab post/core + crown		E					
D2955	Post removal		E					
D2957	Each addtnl prefab post		E					
D2960	Laminate labial veneer		E					
D2961	Lab labial veneer resin		E					
D2962	Lab labial veneer porcelain		E					
D2970	Temp crown (fractured tooth)		E					
D2971	Add proc construct new crown		E					
D2975	Coping		E					
D2980	Crown repair		E					
D2999	Dental unspec restorative pr		S	0330	9.9085	$676.42	.	$135.29
D3110	Pulp cap direct		E					
D3120	Pulp cap indirect		E					
D3220	Therapeutic pulpotomy		E					
D3221	Gross pulpal debridement		E					
D3222	Part pulp for apexogenesis		E					
D3230	Pulpal therapy anterior prim		E					
D3240	Pulpal therapy posterior pri		E					
D3310	End thxpy, anterior tooth		E					
D3320	End thxpy, bicuspid tooth		E					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D3330	End thxpy, molar		E					
D3331	Non-surg tx root canal obs		E					
D3332	Incomplete endodontic tx		E					
D3333	Internal root repair		E					
D3346	Retreat root canal anterior		E					
D3347	Retreat root canal bicuspid		E					
D3348	Retreat root canal molar		E					
D3351	Apexification/recalc initial		E					
D3352	Apexification/recalc interim		E					
D3353	Apexification/recalc final		E					
D3410	Apicoect/perirad surg anter		E					
D3421	Root surgery bicuspid		E					
D3425	Root surgery molar		E					
D3426	Root surgery ea add root		E					
D3430	Retrograde filling		E					
D3450	Root amputation		E					
D3460	Endodontic endosseous implan		S	0330	9.9085	$676.42	.	$135.29
D3470	Intentional replantation		E					
D3910	Isolation- tooth w rubb dam		E					
D3920	Tooth splitting		E					
D3950	Canal prep/fitting of dowel		E					
D3999	Endodontic procedure		S	0330	9.9085	$676.42	.	$135.29
D4210	Gingivectomy/plasty per quad		E					
D4211	Gingivectomy/plasty per toot		E					
D4230	Ana crown exp 4 or> per quad		E					
D4231	Ana crown exp 1-3 per quad		E					
D4240	Gingival flap proc w/ planin		E					
D4241	Gngvl flap w rootplan 1-3 th		E					
D4245	Apically positioned flap		E					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D4249	Crown lengthen hard tissue		E					
D4260	Osseous surgery per quadrant		S	0330	9.9085	$676.42	.	$135.29
D4261	Osseous surgl-3teethperquad		E					
D4263	Bone replce graft first site		S	0330	9.9085	$676.42	.	$135.29
D4264	Bone replce graft each add		S	0330	9.9085	$676.42	.	$135.29
D4265	Bio mtrls to aid soft/os reg		E					
D4266	Guided tiss regen resorble		E					
D4267	Guided tiss regen nonresorb		E					
D4268	Surgical revision procedure		S	0330	9.9085	$676.42	.	$135.29
D4270	Pedicle soft tissue graft pr		S	0330	9.9085	$676.42	.	$135.29
D4271	Free soft tissue graft proc		S	0330	9.9085	$676.42	.	$135.29
D4273	Subepithelial tissue graft		S	0330	9.9085	$676.42	.	$135.29
D4274	Distal/proximal wedge proc		E					
D4275	Soft tissue allograft		E					
D4276	Con tissue w dble ped graft		E					
D4320	Provision splnt intracoronal		E					
D4321	Provisional splint extracoro		E					
D4341	Periodontal scaling & root		E					
D4342	Periodontal scaling 1-3teeth		E					
D4355	Full mouth debridement		S	0330	9.9085	$676.42	.	$135.29
D4381	Localized delivery antimicro		S	0330	9.9085	$676.42	.	$135.29
D4910	Periodontal maint procedures		E					
D4920	Unscheduled dressing change		E					
D4999	Unspecified periodontal proc		E					
D5110	Dentures complete maxillary		E					
D5120	Dentures complete mandible		E					
D5130	Dentures immediat maxillary		E					
D5140	Dentures immediat mandible		E					
D5211	Dentures maxill part resin		E					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D5212	Dentures mand part resin		E					
D5213	Dentures maxill part metal		E					
D5214	Dentures mandibl part metal		E					
D5225	Maxillary part denture flex		E					
D5226	Mandibular part denture flex		E					
D5281	Removable partial denture		E					
D5410	Dentures adjust cmplt maxil		E					
D5411	Dentures adjust cmplt mand		E					
D5421	Dentures adjust part maxill		E					
D5422	Dentures adjust part mandbl		E					
D5510	Dentur repr broken compl bas		E					
D5520	Replace denture teeth complt		E					
D5610	Dentures repair resin base		E					
D5620	Rep part denture cast frame		E					
D5630	Rep partial denture clasp		E					
D5640	Replace part denture teeth		E					
D5650	Add tooth to partial denture		E					
D5660	Add clasp to partial denture		E					
D5670	Replc tth&acrlc on mtl frmwk		E					
D5671	Replc tth&acrlc mandibular		E					
D5710	Dentures rebase cmplt maxil		E					
D5711	Dentures rebase cmplt mand		E					
D5720	Dentures rebase part maxill		E					
D5721	Dentures rebase part mandbl		E					
D5730	Denture reln cmplt maxil ch		E					
D5731	Denture reln cmplt mand chr		E					
D5740	Denture reln part maxil chr		E					
D5741	Denture reln part mand chr		E					
D5750	Denture reln cmplt max lab		E					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D5751	Denture reln cmplt mand lab		E					
D5760	Denture reln part maxil lab		E					
D5761	Denture reln part mand lab		E					
D5810	Denture interm cmplt maxill		E					
D5811	Denture interm cmplt mandbl		E					
D5820	Denture interm part maxill		E					
D5821	Denture interm part mandbl		E					
D5850	Denture tiss conditn maxill		E					
D5851	Denture tiss condtin mandbl		E					
D5860	Overdenture complete		E					
D5861	Overdenture partial		E					
D5862	Precision attachment		E					
D5867	Replacement of precision att		E					
D5875	Prosthesis modification		E					
D5899	Removable prosthodontic proc		E					
D5911	Facial moulage sectional		S	0330	9.9085	$676.42	.	$135.29
D5912	Facial moulage complete		S	0330	9.9085	$676.42	.	$135.29
D5913	Nasal prosthesis		E					
D5914	Auricular prosthesis		E					
D5915	Orbital prosthesis		E					
D5916	Ocular prosthesis		E					
D5919	Facial prosthesis		E					
D5922	Nasal septal prosthesis		E					
D5923	Ocular prosthesis interim		E					
D5924	Cranial prosthesis		E					
D5925	Facial augmentation implant		E					
D5926	Replacement nasal prosthesis		E					
D5927	Auricular replacement		E					
D5928	Orbital replacement		E					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D5929	Facial replacement		E					
D5931	Surgical obturator		E					
D5932	Postsurgical obturator		E					
D5933	Refitting of obturator		E					
D5934	Mandibular flange prosthesis		E					
D5935	Mandibular denture prosth		E					
D5936	Temp obturator prosthesis		E					
D5937	Trismus appliance		E					
D5951	Feeding aid		E					
D5952	Pediatric speech aid		E					
D5953	Adult speech aid		E					
D5954	Superimposed prosthesis		E					
D5955	Palatal lift prosthesis		E					
D5958	Intraoral con def inter plt		E					
D5959	Intraoral con def mod palat		E					
D5960	Modify speech aid prosthesis		E					
D5982	Surgical stent		E					
D5983	Radiation applicator		S	0330	9.9085	$676.42	.	$135.29
D5984	Radiation shield		S	0330	9.9085	$676.42	.	$135.29
D5985	Radiation cone locator		S	0330	9.9085	$676.42	.	$135.29
D5986	Fluoride applicator		E					
D5987	Commissure splint		S	0330	9.9085	$676.42	.	$135.29
D5988	Surgical splint		E					
D5991	Topical medicament carrier		E					
D5999	Maxillofacial prosthesis		E					
D6010	Odontics endosteal implant		E					
D6012	Endosteal implant		E					
D6040	Odontics eposteal implant		E					
D6050	Odontics transosteal implnt		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D6053	Implnt/abtmnt spprt remv dnt		E					
D6054	Implnt/abtmnt spprt remvprtl		E					
D6055	Implant connecting bar		E					
D6056	Prefabricated abutment		E					
D6057	Custom abutment		E					
D6058	Abutment supported crown		E					
D6059	Abutment supported mtl crown		E					
D6060	Abutment supported mtl crown		E					
D6061	Abutment supported mtl crown		E					
D6062	Abutment supported mtl crown		E					
D6063	Abutment supported mtl crown		E					
D6064	Abutment supported mtl crown		E					
D6065	Implant supported crown		E					
D6066	Implant supported mtl crown		E					
D6067	Implant supported mtl crown		E					
D6068	Abutment supported retainer		E					
D6069	Abutment supported retainer		E					
D6070	Abutment supported retainer		E					
D6071	Abutment supported retainer		E					
D6072	Abutment supported retainer		E					
D6073	Abutment supported retainer		E					
D6074	Abutment supported retainer		E					
D6075	Implant supported retainer		E					
D6076	Implant supported retainer		E					
D6077	Implant supported retainer		E					
D6078	Implnt/abut suprtd fixd dent		E					
D6079	Implnt/abut suprtd fixd dent		E					
D6080	Implant maintenance		E					
D6090	Repair implant		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D6091	Repl semi/precision attach		E					
D6092	Recement supp crown		E					
D6093	Recement supp part denture		E					
D6094	Abut support crown titanium		E					
D6095	Odontics repr abutment		E					
D6100	Removal of implant		E					
D6190	Radio/surgical implant index		E					
D6194	Abut support retainer titani		E					
D6199	Implant procedure		E					
D6205	Pontic-indirect resin based		E					
D6210	Prosthodont high noble metal		E					
D6211	Bridge base metal cast		E					
D6212	Bridge noble metal cast		E					
D6214	Pontic titanium		E					
D6240	Bridge porcelain high noble		E					
D6241	Bridge porcelain base metal		E					
D6242	Bridge porcelain nobel metal		E					
D6245	Bridge porcelain/ceramic		E					
D6250	Bridge resin w/high noble		E					
D6251	Bridge resin base metal		E					
D6252	Bridge resin w/noble metal		E					
D6253	Provisional pontic		E					
D6545	Dental retainr cast metl		E					
D6548	Porcelain/ceramic retainer		E					
D6600	Porcelain/ceramic inlay 2srf		E					
D6601	Porc/ceram inlay >= 3 surfac		E					
D6602	Cst hgh nble mtl inlay 2 srf		E					
D6603	Cst hgh nble mtl inlay >=3sr		E					
D6604	Cst bse mtl inlay 2 surfaces		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D6605	Cst bse mtl inlay >= 3 surfa		E					
D6606	Cast noble metal inlay 2 sur		E					
D6607	Cst noble mtl inlay >=3 surf		E					
D6608	Onlay porc/crmc 2 surfaces		E					
D6609	Onlay porc/crmc >=3 surfaces		E					
D6610	Onlay cst hgh nbl mtl 2 srfc		E					
D6611	Onlay cst hgh nbl mtl >=3srf		E					
D6612	Onlay cst base mtl 2 surface		E					
D6613	Onlay cst base mtl >=3 surfa		E					
D6614	Onlay cst nbl mtl 2 surfaces		E					
D6615	Onlay cst nbl mtl >=3 surfac		E					
D6624	Inlay titanium		E					
D6634	Onlay titanium		E					
D6710	Crown-indirect resin based		E					
D6720	Retain crown resin w hi nble		E					
D6721	Crown resin w/base metal		E					
D6722	Crown resin w/noble metal		E					
D6740	Crown porcelain/ceramic		E					
D6750	Crown porcelain high noble		E					
D6751	Crown porcelain base metal		E					
D6752	Crown porcelain noble metal		E					
D6780	Crown 3/4 high noble metal		E					
D6781	Crown 3/4 cast based metal		E					
D6782	Crown 3/4 cast noble metal		E					
D6783	Crown 3/4 porcelain/ceramic		E					
D6790	Crown full high noble metal		E					
D6791	Crown full base metal cast		E					
D6792	Crown full noble metal cast		E					
D6793	Provisional retainer crown		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D6794	Crown titanium		E					
D6920	Dental connector bar		S	0330	9.9085	$676.42	.	$135.29
D6930	Dental recement bridge		E					
D6940	Stress breaker		E					
D6950	Precision attachment		E					
D6970	Post & core plus retainer		E					
D6972	Prefab post & core plus reta		E					
D6973	Core build up for retainer		E					
D6975	Coping metal		E					
D6976	Each addtnl cast post		E					
D6977	Each addtl prefab post		E					
D6980	Bridge repair		E					
D6985	Pediatric partial denture fx		E					
D6999	Fixed prosthodontic proc		E					
D7111	Extraction coronal remnants		S	0330	9.9085	$676.42	.	$135.29
D7140	Extraction erupted tooth/exr		S	0330	9.9085	$676.42	.	$135.29
D7210	Rem imp tooth w mucoper flp		S	0330	9.9085	$676.42	.	$135.29
D7220	Impact tooth remov soft tiss		S	0330	9.9085	$676.42	.	$135.29
D7230	Impact tooth remov part bony		S	0330	9.9085	$676.42	.	$135.29
D7240	Impact tooth remov comp bony		S	0330	9.9085	$676.42	.	$135.29
D7241	Impact tooth rem bony w/comp		S	0330	9.9085	$676.42	.	$135.29
D7250	Tooth root removal		S	0330	9.9085	$676.42	.	$135.29
D7260	Oral antral fistula closure		S	0330	9.9085	$676.42	.	$135.29
D7261	Primary closure sinus perf		S	0330	9.9085	$676.42	.	$135.29
D7270	Tooth reimplantation		E					
D7272	Tooth transplantation		E					
D7280	Exposure impact tooth orthod		E					
D7282	Mobilize erupted/malpos toot		E					
D7283	Place device impacted tooth		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D7285	Biopsy of oral tissue hard		E					
D7286	Biopsy of oral tissue soft		E					
D7287	Exfoliative cytolog collect		E					
D7288	Brush biopsy		B					
D7290	Repositioning of teeth		E					
D7291	Transseptal fiberotomy		S	0330	9.9085	$676.42	.	$135.29
D7292	Screw retained plate		E					
D7293	Temp anchorage dev w flap		E					
D7294	Temp anchorage dev w/o flap		E					
D7310	Alveoplasty w/ extraction		E					
D7311	Alveoloplasty w/extract 1-3		E					
D7320	Alveoplasty w/o extraction		E					
D7321	Alveoloplasty not w/extracts		B					
D7340	Vestibuloplasty ridge extens		E					
D7350	Vestibuloplasty exten graft		E					
D7410	Rad exc lesion up to 1.25 cm		E					
D7411	Excision benign lesion>1.25c		E					
D7412	Excision benign lesion compl		E					
D7413	Excision malig lesion<=1.25c		E					
D7414	Excision malig lesion>1.25cm		E					
D7415	Excision malig les complicat		E					
D7440	Malig tumor exc to 1.25 cm		E					
D7441	Malig tumor > 1.25 cm		E					
D7450	Rem odontogen cyst to 1.25cm		E					
D7451	Rem odontogen cyst > 1.25 cm		E					
D7460	Rem nonodonto cyst to 1.25cm		E					
D7461	Rem nonodonto cyst > 1.25 cm		E					
D7465	Lesion destruction		E					
D7471	Rem exostosis any site		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D7472	Removal of torus palatinus		E					
D7473	Remove torus mandibularis		E					
D7485	Surg reduct osseoustuberosit		E					
D7490	Maxilla or mandible resectio		E					
D7510	I&d absc intraoral soft tiss		E					
D7511	Incision/drain abscess intra		B					
D7520	I&d abscess extraoral		E					
D7521	Incision/drain abscess extra		B					
D7530	Removal fb skin/areolar tiss		E					
D7540	Removal of fb reaction		E					
D7550	Removal of sloughed off bone		E					
D7560	Maxillary sinusotomy		E					
D7610	Maxilla open reduct simple		E					
D7620	Clsd reduct simpl maxilla fx		E					
D7630	Open red simpl mandible fx		E					
D7640	Clsd red simpl mandible fx		E					
D7650	Open red simp malar/zygom fx		E					
D7660	Clsd red simp malar/zygom fx		E					
D7670	Closd rductn splint alveolus		E					
D7671	Alveolus open reduction		E					
D7680	Reduct simple facial bone fx		E					
D7710	Maxilla open reduct compound		E					
D7720	Clsd reduct compd maxilla fx		E					
D7730	Open reduct compd mandble fx		E					
D7740	Clsd reduct compd mandble fx		E					
D7750	Open red comp malar/zygma fx		E					
D7760	Clsd red comp malar/zygma fx		E					
D7770	Open reduc compd alveolus fx		E					
D7771	Alveolus clsd reduc stblz te		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D7780	Reduct compnd facial bone fx		E					
D7810	Tmj open reduct-dislocation		E					
D7820	Closed tmp manipulation		E					
D7830	Tmj manipulation under anest		E					
D7840	Removal of tmj condyle		E					
D7850	Tmj meniscectomy		E					
D7852	Tmj repair of joint disc		E					
D7854	Tmj excisn of joint membrane		E					
D7856	Tmj cutting of a muscle		E					
D7858	Tmj reconstruction		E					
D7860	Tmj cutting into joint		E					
D7865	Tmj reshaping components		E					
D7870	Tmj aspiration joint fluid		E					
D7871	Lysis + lavage w catheters		E					
D7872	Tmj diagnostic arthroscopy		E					
D7873	Tmj arthroscopy lysis adhesn		E					
D7874	Tmj arthroscopy disc reposit		E					
D7875	Tmj arthroscopy synovectomy		E					
D7876	Tmj arthroscopy discectomy		E					
D7877	Tmj arthroscopy debridement		E					
D7880	Occlusal orthotic appliance		E					
D7899	Tmj unspecified therapy		E					
D7910	Dent sutur recent wnd to 5cm		E					
D7911	Dental suture wound to 5 cm		E					
D7912	Suture complicate wnd > 5 cm		E					
D7920	Dental skin graft		E					
D7940	Reshaping bone orthognathic		S	0330	9.9085	$676.42	.	$135.29
D7941	Bone cutting ramus closed		E					
D7943	Cutting ramus open w/graft		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D7944	Bone cutting segmented		E					
D7945	Bone cutting body mandible		E					
D7946	Reconstruction maxilla total		E					
D7947	Reconstruct maxilla segment		E					
D7948	Reconstruct midface no graft		E					
D7949	Reconstruct midface w/graft		E					
D7950	Mandible graft		E					
D7951	Sinus aug w bone/bone sup		E					
D7953	Bone replacement graft		E					
D7955	Repair maxillofacial defects		E					
D7960	Frenulectomy/frenulotomy		E					
D7963	Frenuloplasty		E					
D7970	Excision hyperplastic tissue		E					
D7971	Excision pericoronal gingiva		E					
D7972	Surg redct fibrous tuberosit		E					
D7980	Sialolithotomy		E					
D7981	Excision of salivary gland		E					
D7982	Sialodochoplasty		E					
D7983	Closure of salivary fistula		E					
D7990	Emergency tracheotomy		E					
D7991	Dental coronoidectomy		E					
D7995	Synthetic graft facial bones		E					
D7996	Implant mandible for augment		E					
D7997	Appliance removal		E					
D7998	Intraoral place of fix dev		E					
D7999	Oral surgery procedure		E					
D8010	Limited dental tx primary		E					
D8020	Limited dental tx transition		E					
D8030	Limited dental tx adolescent		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D8040	Limited dental tx adult		E					
D8050	Intercep dental tx primary		E					
D8060	Intercep dental tx transitn		E					
D8070	Compre dental tx transition		E					
D8080	Compre dental tx adolescent		E					
D8090	Compre dental tx adult		E					
D8210	Orthodontic rem appliance tx		E					
D8220	Fixed appliance therapy habt		E					
D8660	Preorthodontic tx visit		E					
D8670	Periodic orthodontc tx visit		E					
D8680	Orthodontic retention		E					
D8690	Orthodontic treatment		E					
D8691	Repair ortho appliance		E					
D8692	Replacement retainer		E					
D8693	Rebond/cement/repair retain		E					
D8999	Orthodontic procedure		E					
D9110	Tx dental pain minor proc		N					
D9120	Fix partial denture section		E					
D9210	Dent anesthesia w/o surgery		E					
D9211	Regional block anesthesia		E					
D9212	Trigeminal block anesthesia		E					
D9215	Local anesthesia		E					
D9220	General anesthesia		E					
D9221	General anesthesia ea ad 15m		E					
D9230	Analgesia		N					
D9241	Intravenous sedation		E					
D9242	IV sedation ea ad 30 m		E					
D9248	Sedation (non-iv)		N					
D9310	Dental consultation		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
D9410	Dental house call		E					
D9420	Hospital call		E					
D9430	Office visit during hours		E					
D9440	Office visit after hours		E					
D9450	Case presentation tx plan		E					
D9610	Dent therapeutic drug inject		E					
D9612	Thera par drugs 2 or > admin		E					
D9630	Other drugs/medicaments		S	0330	9.9085	$676.42	.	$135.29
D9910	Dent appl desensitizing med		E					
D9911	Appl desensitizing resin		E					
D9920	Behavior management		E					
D9930	Treatment of complications		S	0330	9.9085	$676.42	.	$135.29
D9940	Dental occlusal guard		S	0330	9.9085	$676.42	.	$135.29
D9941	Fabrication athletic guard		E					
D9942	Repair/reline occlusal guard		E					
D9950	Occlusion analysis		S	0330	9.9085	$676.42	.	$135.29
D9951	Limited occlusal adjustment		S	0330	9.9085	$676.42	.	$135.29
D9952	Complete occlusal adjustment		S	0330	9.9085	$676.42	.	$135.29
D9970	Enamel microabrasion		E					
D9971	Odontoplasty 1-2 teeth		E					
D9972	Extrnl bleaching per arch		E					
D9973	Extrnl bleaching per tooth		E					
D9974	Intrnl bleaching per tooth		E					
D9999	Adjunctive procedure		E					
E0100	Cane adjust/fixed with tip		Y					
E0105	Cane adjust/fixed quad/3 pro		Y					
E0110	Crutch forearm pair		Y					
E0111	Crutch forearm each		Y					
E0112	Crutch underarm pair wood		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0113	Crutch underarm each wood		Y					
E0114	Crutch underarm pair no wood		Y					
E0116	Crutch underarm each no wood		Y					
E0117	Underarm springassist crutch		Y					
E0118	Crutch substitute		E					
E0130	Walker rigid adjust/fixed ht		Y					
E0135	Walker folding adjust/fixed		Y					
E0140	Walker w trunk support		Y					
E0141	Rigid wheeled walker adj/fix		Y					
E0143	Walker folding wheeled w/o s		Y					
E0144	Enclosed walker w rear seat		Y					
E0147	Walker variable wheel resist		Y					
E0148	Heavyduty walker no wheels		Y					
E0149	Heavy duty wheeled walker		Y					
E0153	Forearm crutch platform atta		Y					
E0154	Walker platform attachment		Y					
E0155	Walker wheel attachment,pair		Y					
E0156	Walker seat attachment		Y					
E0157	Walker crutch attachment		Y					
E0158	Walker leg extenders set of4		Y					
E0159	Brake for wheeled walker		Y					
E0160	Sitz type bath or equipment		Y					
E0161	Sitz bath/equipment w/faucet		Y					
E0162	Sitz bath chair		Y					
E0163	Commode chair with fixed arm		Y					
E0165	Commode chair with detacharm		Y					
E0167	Commode chair pail or pan		Y					
E0168	Heavyduty/wide commode chair		Y					
E0170	Commode chair electric		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0171	Commode chair non-electric		Y					
E0172	Seat lift mechanism toilet		E					
E0175	Commode chair foot rest		Y					
E0181	Press pad alternating w/ pum		Y					
E0182	Replace pump, alt press pad		Y					
E0184	Dry pressure mattress		Y					
E0185	Gel pressure mattress pad		Y					
E0186	Air pressure mattress		Y					
E0187	Water pressure mattress		Y					
E0188	Synthetic sheepskin pad		Y					
E0189	Lambswool sheepskin pad		Y					
E0190	Positioning cushion		E					
E0191	Protector heel or elbow		Y					
E0193	Powered air flotation bed		Y					
E0194	Air fluidized bed		Y					
E0196	Gel pressure mattress		Y					
E0197	Air pressure pad for mattres		Y					
E0198	Water pressure pad for mattr		Y					
E0199	Dry pressure pad for mattres		Y					
E0200	Heat lamp without stand		Y					
E0202	Phototherapy light w/ photom		Y					
E0203	Therapeutic lightbox tabletp		E					
E0205	Heat lamp with stand		Y					
E0210	Electric heat pad standard		Y					
E0215	Electric heat pad moist		Y					
E0217	Water circ heat pad w pump		Y					
E0218	Water circ cold pad w pump		Y					
E0220	Hot water bottle		Y					
E0221	Infrared heating pad system		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0225	Hydrocollator unit		Y					
E0230	Ice cap or collar		Y					
E0231	Wound warming device		E					
E0232	Warming card for NWT		E					
E0235	Paraffin bath unit portable		Y					
E0236	Pump for water circulating p		Y					
E0238	Heat pad non-electric moist		Y					
E0239	Hydrocollator unit portable		Y					
E0240	Bath/shower chair		E					
E0241	Bath tub wall rail		E					
E0242	Bath tub rail floor		E					
E0243	Toilet rail		E					
E0244	Toilet seat raised		E					
E0245	Tub stool or bench		E					
E0246	Transfer tub rail attachment		E					
E0247	Trans bench w/wo comm open		E					
E0248	HDtrans bench w/wo comm open		E					
E0249	Pad water circulating heat u		Y					
E0250	Hosp bed fixed ht w/ mattres		Y					
E0251	Hosp bed fixd ht w/o mattres		Y					
E0255	Hospital bed var ht w/ mattr		Y					
E0256	Hospital bed var ht w/o matt		Y					
E0260	Hosp bed semi-electr w/ matt		Y					
E0261	Hosp bed semi-electr w/o mat		Y					
E0265	Hosp bed total electr w/ mat		Y					
E0266	Hosp bed total elec w/o matt		Y					
E0270	Hospital bed institutional t		E					
E0271	Mattress innerspring		Y					
E0272	Mattress foam rubber		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0273	Bed board		E					
E0274	Over-bed table		E					
E0275	Bed pan standard		Y					
E0276	Bed pan fracture		Y					
E0277	Powered pres-redu air mattrs		Y					
E0280	Bed cradle		Y					
E0290	Hosp bed fx ht w/o rails w/m		Y					
E0291	Hosp bed fx ht w/o rail w/o		Y					
E0292	Hosp bed var ht w/o rail w/o		Y					
E0293	Hosp bed var ht w/o rail w/		Y					
E0294	Hosp bed semi-elect w/ mattr		Y					
E0295	Hosp bed semi-elect w/o matt		Y					
E0296	Hosp bed total elect w/ matt		Y					
E0297	Hosp bed total elect w/o mat		Y					
E0300	Enclosed ped crib hosp grade		Y					
E0301	HD hosp bed, 350-600 lbs		Y					
E0302	Ex hd hosp bed > 600 lbs		Y					
E0303	Hosp bed hvy dty xtra wide		Y					
E0304	Hosp bed xtra hvy dty x wide		Y					
E0305	Rails bed side half length		Y					
E0310	Rails bed side full length		Y					
E0315	Bed accessory brd/tbl/supprt		E					
E0316	Bed safety enclosure		Y					
E0325	Urinal male jug-type		Y					
E0326	Urinal female jug-type		Y					
E0328	Ped hospital bed, manual		Y					
E0329	Ped hospital bed semi/elect		Y					
E0350	Control unit bowel system		E					
E0352	Disposable pack w/bowel syst		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0370	Air elevator for heel		E					
E0371	Nonpower mattress overlay		Y					
E0372	Powered air mattress overlay		Y					
E0373	Nonpowered pressure mattress		Y					
E0424	Stationary compressed gas 02		Y					
E0425	Gas system stationary compre		E					
E0430	Oxygen system gas portable		E					
E0431	Portable gaseous 02		Y					
E0433	Portable liquid oxygen sys		Y					
E0434	Portable liquid 02		Y					
E0435	Oxygen system liquid portabl		E					
E0439	Stationary liquid 02		Y					
E0440	Oxygen system liquid station		E					
E0441	Stationary O2 contents, gas		Y					
E0442	Stationary O2 contents, liq		Y					
E0443	Portable 02 contents, gas		Y					
E0444	Portable 02 contents, liquid		Y					
E0445	Oximeter non-invasive		N					
E0450	Vol control vent invasiv int		Y					
E0455	Oxygen tent excl croup/ped t		Y					
E0457	Chest shell		Y					
E0459	Chest wrap		Y					
E0460	Neg press vent portabl/statn		Y					
E0461	Vol control vent noninv int		Y					
E0462	Rocking bed w/ or w/o side r		Y					
E0463	Press supp vent invasive int		Y					
E0464	Press supp vent noninv int		Y					
E0470	RAD w/o backup non-inv intfc		Y					
E0471	RAD w/backup non inv intrfc		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0472	RAD w backup invasive intrfc		Y					
E0480	Percussor elect/pneum home m		Y					
E0481	Intrpulmnry percuss vent sys		E					
E0482	Cough stimulating device		Y					
E0483	Chest compression gen system		Y					
E0484	Non-elec oscillatory pep dvc		Y					
E0485	Oral device/appliance prefab		Y					
E0486	Oral device/appliance cusfab		Y					
E0487	Electronic spirometer		N					
E0500	Ippb all types		Y					
E0550	Humidif extens supple w ippb		Y					
E0555	Humidifier for use w/ regula		Y					
E0560	Humidifier supplemental w/ i		Y					
E0561	Humidifier nonheated w PAP		Y					
E0562	Humidifier heated used w PAP		Y					
E0565	Compressor air power source		Y					
E0570	Nebulizer with compression		Y					
E0571	Aerosol compressor for svneb		Y					
E0572	Aerosol compressor adjust pr		Y					
E0574	Ultrasonic generator w svneb		Y					
E0575	Nebulizer ultrasonic		Y					
E0580	Nebulizer for use w/ regulat		Y					
E0585	Nebulizer w/ compressor & he		Y					
E0600	Suction pump portab hom modl		Y					
E0601	Cont airway pressure device		Y					
E0602	Manual breast pump		Y					
E0603	Electric breast pump		N					
E0604	Hosp grade elec breast pump		A					
E0605	Vaporizer room type		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0606	Drainage board postural		Y					
E0607	Blood glucose monitor home		Y					
E0610	Pacemaker monitr audible/vis		Y					
E0615	Pacemaker monitr digital/vis		Y					
E0616	Cardiac event recorder		N					
E0617	Automatic ext defibrillator		Y					
E0618	Apnea monitor		Y					
E0619	Apnea monitor w recorder		Y					
E0620	Cap bld skin piercing laser		Y					
E0621	Patient lift sling or seat		Y					
E0625	Patient lift bathroom or toi		E					
E0627	Seat lift incorp lift-chair		Y					
E0628	Seat lift for pt furn-electr		Y					
E0629	Seat lift for pt furn-non-el		Y					
E0630	Patient lift hydraulic		Y					
E0635	Patient lift electric		Y					
E0636	PT support & positioning sys		Y					
E0637	Combination sit to stand sys		E					
E0638	Standing frame sys		E					
E0639	Moveable patient lift system		E					
E0640	Fixed patient lift system		E					
E0641	Multi-position stnd fram sys		E					
E0642	Dynamic standing frame		E					
E0650	Pneuma compresor non-segment		Y					
E0651	Pneum compressor segmental		Y					
E0652	Pneum compres w/cal pressure		Y					
E0655	Pneumatic appliance half arm		Y					
E0656	Segmental pneumatic trunk		Y					
E0657	Segmental pneumatic chest		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0660	Pneumatic appliance full leg		Y					
E0665	Pneumatic appliance full arm		Y					
E0666	Pneumatic appliance half leg		Y					
E0667	Seg pneumatic appl full leg		Y					
E0668	Seg pneumatic appl full arm		Y					
E0669	Seg pneumatic appli half leg		Y					
E0671	Pressure pneum appl full leg		Y					
E0672	Pressure pneum appl full arm		Y					
E0673	Pressure pneum appl half leg		Y					
E0675	Pneumatic compression device		Y					
E0676	Inter limb compress dev NOS		Y					
E0691	Uvl pnl 2 sq ft or less		Y					
E0692	Uvl sys panel 4 ft		Y					
E0693	Uvl sys panel 6 ft		Y					
E0694	Uvl md cabinet sys 6 ft		Y					
E0700	Safety equipment		E					
E0705	Transfer device		B					
E0710	Restraints any type		E					
E0720	Tens two lead		Y					
E0730	Tens four lead		Y					
E0731	Conductive garment for tens/		Y					
E0740	Incontinence treatment systm		Y					
E0744	Neuromuscular stim for scoli		Y					
E0745	Neuromuscular stim for shock		Y					
E0746	Electromyograph biofeedback		N					
E0747	Elec osteogen stim not spine		Y					
E0748	Elec osteogen stim spinal		Y					
E0749	Elec osteogen stim implanted		N					
E0755	Electronic salivary reflex s		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0760	Osteogen ultrasound stimltor		Y					
E0761	Nontherm electromgntc device		E					
E0762	Trans elec jt stim dev sys		B					
E0764	Functional neuromuscularstim		Y					
E0765	Nerve stimulator for tx n&v		Y					
E0769	Electric wound treatment dev		B					
E0770	Functional electric stim NOS		Y					
E0776	Iv pole		Y					
E0779	Amb infusion pump mechanical		Y					
E0780	Mech amb infusion pump <8hrs		Y					
E0781	External ambulatory infus pu		Y					
E0782	Non-programble infusion pump		N					
E0783	Programmable infusion pump		N					
E0784	Ext amb infusn pump insulin		Y					
E0785	Replacement impl pump cathet		N					
E0786	Implantable pump replacement		N					
E0791	Parenteral infusion pump sta		Y					
E0830	Ambulatory traction device		N					
E0840	Tract frame attach headboard		Y					
E0849	Cervical pneum trac equip		Y					
E0850	Traction stand free standing		Y					
E0855	Cervical traction equipment		Y					
E0856	Cervic collar w air bladder		Y					
E0860	Tract equip cervical tract		Y					
E0870	Tract frame attach footboard		Y					
E0880	Trac stand free stand extrem		Y					
E0890	Traction frame attach pelvic		Y					
E0900	Trac stand free stand pelvic		Y					
E0910	Trapeze bar attached to bed		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0911	HD trapeze bar attach to bed		Y					
E0912	HD trapeze bar free standing		Y					
E0920	Fracture frame attached to b		Y					
E0930	Fracture frame free standing		Y					
E0935	Cont pas motion exercise dev		Y					
E0936	CPM device, other than knee		E					
E0940	Trapeze bar free standing		Y					
E0941	Gravity assisted traction de		Y					
E0942	Cervical head harness/halter		Y					
E0944	Pelvic belt/harness/boot		Y					
E0945	Belt/harness extremity		Y					
E0946	Fracture frame dual w cross		Y					
E0947	Fracture frame attachmnts pe		Y					
E0948	Fracture frame attachmnts ce		Y					
E0950	Tray		Y					
E0951	Loop heel		Y					
E0952	Toe loop/holder, each		Y					
E0955	Cushioned headrest		Y					
E0956	W/c lateral trunk/hip suppor		Y					
E0957	W/c medial thigh support		Y					
E0958	Whlchr att- conv 1 arm drive		Y					
E0959	Amputee adapter		B					
E0960	W/c shoulder harness/straps		Y					
E0961	Wheelchair brake extension		B					
E0966	Wheelchair head rest extensi		B					
E0967	Manual wc hand rim w project		Y					
E0968	Wheelchair commode seat		Y					
E0969	Wheelchair narrowing device		Y					
E0970	Wheelchair no. 2 footplates		E					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E0971	Wheelchair anti-tipping devi		B					
E0973	W/Ch access det adj armrest		B					
E0974	W/Ch access anti-rollback		B					
E0978	W/C acc,saf belt pelv strap		B					
E0980	Wheelchair safety vest		Y					
E0981	Seat upholstery, replacement		Y					
E0982	Back upholstery, replacement		Y					
E0983	Add pwr joystick		Y					
E0984	Add pwr tiller		Y					
E0985	W/c seat lift mechanism		Y					
E0986	Man w/c push-rim pow assist		Y					
E0990	Wheelchair elevating leg res		B					
E0992	Wheelchair solid seat insert		B					
E0994	Wheelchair arm rest		Y					
E0995	Wheelchair calf rest		B					
E1002	Pwr seat tilt		Y					
E1003	Pwr seat recline		Y					
E1004	Pwr seat recline mech		Y					
E1005	Pwr seat recline pwr		Y					
E1006	Pwr seat combo w/o shear		Y					
E1007	Pwr seat combo w/shear		Y					
E1008	Pwr seat combo pwr shear		Y					
E1009	Add mech leg elevation		Y					
E1010	Add pwr leg elevation		Y					
E1011	Ped wc modify width adjustm		Y					
E1014	Reclining back add ped w/c		Y					
E1015	Shock absorber for man w/c		Y					
E1016	Shock absorber for power w/c		Y					
E1017	HD shck absrbr for hd man wc		Y					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E1018	HD shck absrber for hd powwc		Y					
E1020	Residual limb support system		Y					
E1028	W/c manual swingaway		Y					
E1029	W/c vent tray fixed		Y					
E1030	W/c vent tray gimbaled		Y					
E1031	Rollabout chair with casters		Y					
E1035	Patient transfer system <300		Y					
E1036	Patient transfer system >300		Y					
E1037	Transport chair, ped size		Y					
E1038	Transport chair pt wt<=300lb		Y					
E1039	Transport chair pt wt >300lb		Y					
E1050	Whelchr fxd full length arms		Y					
E1060	Wheelchair detachable arms		Y					
E1070	Wheelchair detachable foot r		Y					
E1083	Hemi-wheelchair fixed arms		Y					
E1084	Hemi-wheelchair detachable a		Y					
E1085	Hemi-wheelchair fixed arms		E					
E1086	Hemi-wheelchair detachable a		E					
E1087	Wheelchair lightwt fixed arm		Y					
E1088	Wheelchair lightweight det a		Y					
E1089	Wheelchair lightwt fixed arm		E					
E1090	Wheelchair lightweight det a		E					
E1092	Wheelchair wide w/ leg rests		Y					
E1093	Wheelchair wide w/ foot rest		Y					
E1100	Whchr s-recl fxd arm leg res		Y					
E1110	Wheelchair semi-recl detach		Y					
E1130	Whlchr stand fxd arm ft rest		E					
E1140	Wheelchair standard detach a		E					
E1150	Wheelchair standard w/ leg r		Y					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E1160	Wheelchair fixed arms		Y					
E1161	Manual adult wc w tiltinspac		Y					
E1170	Whlchr ampu fxd arm leg rest		Y					
E1171	Wheelchair amputee w/o leg r		Y					
E1172	Wheelchair amputee detach ar		Y					
E1180	Wheelchair amputee w/ foot r		Y					
E1190	Wheelchair amputee w/ leg re		Y					
E1195	Wheelchair amputee heavy dut		Y					
E1200	Wheelchair amputee fixed arm		Y					
E1220	Whlchr special size/constrc		Y					
E1221	Wheelchair spec size w foot		Y					
E1222	Wheelchair spec size w/ leg		Y					
E1223	Wheelchair spec size w foot		Y					
E1224	Wheelchair spec size w/ leg		Y					
E1225	Manual semi-reclining back		Y					
E1226	Manual fully reclining back		B					
E1227	Wheelchair spec sz spec ht a		Y					
E1228	Wheelchair spec sz spec ht b		Y					
E1229	Pediatric wheelchair NOS		Y					
E1230	Power operated vehicle		Y					
E1231	Rigid ped w/c tilt-in-space		Y					
E1232	Folding ped wc tilt-in-space		Y					
E1233	Rig ped wc tltnspc w/o seat		Y					
E1234	Fld ped wc tltnspc w/o seat		Y					
E1235	Rigid ped wc adjustable		Y					
E1236	Folding ped wc adjustable		Y					
E1237	Rgd ped wc adjstabl w/o seat		Y					
E1238	Fld ped wc adjstabl w/o seat		Y					
E1239	Ped power wheelchair NOS		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E1240	Whchr litwt det arm leg rest		Y					
E1250	Wheelchair lightwt fixed arm		E					
E1260	Wheelchair lightwt foot rest		E					
E1270	Wheelchair lightweight leg r		Y					
E1280	Whchr h-duty det arm leg res		Y					
E1285	Wheelchair heavy duty fixed		E					
E1290	Wheelchair hvy duty detach a		E					
E1295	Wheelchair heavy duty fixed		Y					
E1296	Wheelchair special seat heig		Y					
E1297	Wheelchair special seat dept		Y					
E1298	Wheelchair spec seat depth/w		Y					
E1300	Whirlpool portable		E					
E1310	Whirlpool non-portable		Y					
E1353	Oxygen supplies regulator		Y					
E1354	Wheeled cart, port cyl/conc		Y					
E1355	Oxygen supplies stand/rack		Y					
E1356	Batt pack/cart, port conc		Y					
E1357	Battery charger, port conc		Y					
E1358	DC power adapter, port conc		Y					
E1372	Oxy suppl heater for nebuliz		Y					
E1390	Oxygen concentrator		Y					
E1391	Oxygen concentrator, dual		Y					
E1392	Portable oxygen concentrator		Y					
E1399	Durable medical equipment mi		Y					
E1405	O2/water vapor enrich w/heat		Y					
E1406	O2/water vapor enrich w/o he		Y					
E1500	Centrifuge		A					
E1510	Kidney dialysate delivry sys		A					
E1520	Heparin infusion pump		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E1530	Replacement air bubble detec		A					
E1540	Replacement pressure alarm		A					
E1550	Bath conductivity meter		A					
E1560	Replace blood leak detector		A					
E1570	Adjustable chair for esrd pt		A					
E1575	Transducer protect/fld bar		A					
E1580	Unipuncture control system		A					
E1590	Hemodialysis machine		A					
E1592	Auto interm peritoneal dialy		A					
E1594	Cycler dialysis machine		A					
E1600	Deli/install chrg hemo equip		A					
E1610	Reverse osmosis h2o puri sys		A					
E1615	Deionizer H2O puri system		A					
E1620	Replacement blood pump		A					
E1625	Water softening system		A					
E1630	Reciprocating peritoneal dia		A					
E1632	Wearable artificial kidney		A					
E1634	Peritoneal dialysis clamp		B					
E1635	Compact travel hemodialyzer		A					
E1636	Sorbent cartridges per 10		A					
E1637	Hemostats for dialysis, each		A					
E1639	Dialysis scale		A					
E1699	Dialysis equipment noc		A					
E1700	Jaw motion rehab system		Y					
E1701	Repl cushions for jaw motion		Y					
E1702	Repl measr scales jaw motion		Y					
E1800	Adjust elbow ext/flex device		Y					
E1801	SPS elbow device		Y					
E1802	Adjst forearm pro/sup device		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E1805	Adjust wrist ext/flex device		Y					
E1806	SPS wrist device		Y					
E1810	Adjust knee ext/flex device		Y					
E1811	SPS knee device		Y					
E1812	Knee ext/flex w act res ctrl		Y					
E1815	Adjust ankle ext/flex device		Y					
E1816	SPS ankle device		Y					
E1818	SPS forearm device		Y					
E1820	Soft interface material		Y					
E1821	Replacement interface SPSD		Y					
E1825	Adjust finger ext/flex devc		Y					
E1830	Adjust toe ext/flex device		Y					
E1840	Adj shoulder ext/flex device		Y					
E1841	Static str shldr dev rom adj		Y					
E1902	AAC non-electronic board		Y					
E2000	Gastric suction pump hme mdl		Y					
E2100	Bld glucose monitor w voice		Y					
E2101	Bld glucose monitor w lance		Y					
E2120	Pulse gen sys tx endolymp fl		Y					
E2201	Man w/ch acc seat w>=20"<24"		Y					
E2202	Seat width 24-27 in		Y					
E2203	Frame depth less than 22 in		Y					
E2204	Frame depth 22 to 25 in		Y					
E2205	Manual wc accessory, handrim		Y					
E2206	Complete wheel lock assembly		Y					
E2207	Crutch and cane holder		Y					
E2208	Cylinder tank carrier		Y					
E2209	Arm trough each		Y					
E2210	Wheelchair bearings		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E2211	Pneumatic propulsion tire		Y					
E2212	Pneumatic prop tire tube		Y					
E2213	Pneumatic prop tire insert		Y					
E2214	Pneumatic caster tire each		Y					
E2215	Pneumatic caster tire tube		Y					
E2216	Foam filled propulsion tire		Y					
E2217	Foam filled caster tire each		Y					
E2218	Foam propulsion tire each		Y					
E2219	Foam caster tire any size ea		Y					
E2220	Solid propulsion tire each		Y					
E2221	Solid caster tire each		Y					
E2222	Solid caster integrated whl		Y					
E2224	Propulsion whl excludes tire		Y					
E2225	Caster wheel excludes tire		Y					
E2226	Caster fork replacement only		Y					
E2227	Gear reduction drive wheel		Y					
E2228	Mwc acc, wheelchair brake		Y					
E2230	Manual standing system		E					
E2231	Solid seat support base		Y					
E2291	Planar back for ped size wc		Y					
E2292	Planar seat for ped size wc		Y					
E2293	Contour back for ped size wc		Y					
E2294	Contour seat for ped size wc		Y					
E2295	Ped dynamic seating frame		Y					
E2300	Pwr seat elevation sys		Y					
E2301	Pwr standing		Y					
E2310	Electro connect btw control		Y					
E2311	Electro connect btw 2 sys		Y					
E2312	Mini-prop remote joystick		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E2313	PWC harness, expand control		Y					
E2321	Hand interface joystick		Y					
E2322	Mult mech switches		Y					
E2323	Special joystick handle		Y					
E2324	Chin cup interface		Y					
E2325	Sip and puff interface		Y					
E2326	Breath tube kit		Y					
E2327	Head control interface mech		Y					
E2328	Head/extremity control inter		Y					
E2329	Head control nonproportional		Y					
E2330	Head control proximity switc		Y					
E2331	Attendant control		Y					
E2340	W/c wdth 20-23 in seat frame		Y					
E2341	W/c wdth 24-27 in seat frame		Y					
E2342	W/c dpth 20-21 in seat frame		Y					
E2343	W/c dpth 22-25 in seat frame		Y					
E2351	Electronic SGD interface		Y					
E2360	22nf nonsealed leadacid		Y					
E2361	22nf sealed leadacid battery		Y					
E2362	Gr24 nonsealed leadacid		Y					
E2363	Gr24 sealed leadacid battery		Y					
E2364	U1nonsealed leadacid battery		Y					
E2365	U1 sealed leadacid battery		Y					
E2366	Battery charger, single mode		Y					
E2367	Battery charger, dual mode		Y					
E2368	Power wc motor replacement		Y					
E2369	Pwr wc gear box replacement		Y					
E2370	Pwr wc motor/gear box combo		Y					
E2371	Gr27 sealed leadacid battery		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E2372	Gr27 non-sealed leadacid		Y					
E2373	Hand/chin ctrl spec joystick		Y					
E2374	Hand/chin ctrl std joystick		Y					
E2375	Non-expandable controller		Y					
E2376	Expandable controller, repl		Y					
E2377	Expandable controller, initl		Y					
E2381	Pneum drive wheel tire		Y					
E2382	Tube, pneum wheel drive tire		Y					
E2383	Insert, pneum wheel drive		Y					
E2384	Pneumatic caster tire		Y					
E2385	Tube, pneumatic caster tire		Y					
E2386	Foam filled drive wheel tire		Y					
E2387	Foam filled caster tire		Y					
E2388	Foam drive wheel tire		Y					
E2389	Foam caster tire		Y					
E2390	Solid drive wheel tire		Y					
E2391	Solid caster tire		Y					
E2392	Solid caster tire, integrate		Y					
E2394	Drive wheel excludes tire		Y					
E2395	Caster wheel excludes tire		Y					
E2396	Caster fork		Y					
E2397	Pwc acc, lith-based battery		Y					
E2402	Neg press wound therapy pump		Y					
E2500	SGD digitized pre-rec <=8min		Y					
E2502	SGD prerec msg >8min <=20min		Y					
E2504	SGD prerec msg>20min <=40min		Y					
E2506	SGD prerec msg > 40 min		Y					
E2508	SGD spelling phys contact		Y					
E2510	SGD w multi methods msg/accs		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
E2511	SGD sftwre prgrm for PC/PDA		Y					
E2512	SGD accessory, mounting sys		Y					
E2599	SGD accessory noc		Y					
E2601	Gen w/c cushion wdth < 22 in		Y					
E2602	Gen w/c cushion wdth >=22 in		Y					
E2603	Skin protect wc cus wd <22in		Y					
E2604	Skin protect wc cus wd>=22in		Y					
E2605	Position wc cush wdth <22 in		Y					
E2606	Position wc cush wdth>=22 in		Y					
E2607	Skin pro/pos wc cus wd <22in		Y					
E2608	Skin pro/pos wc cus wd>=22in		Y					
E2609	Custom fabricate w/c cushion		Y					
E2610	Powered w/c cushion		B					
E2611	Gen use back cush wdth <22in		Y					
E2612	Gen use back cush wdth>=22in		Y					
E2613	Position back cush wd <22in		Y					
E2614	Position back cush wd>=22in		Y					
E2615	Pos back post/lat wdth <22in		Y					
E2616	Pos back post/lat wdth>=22in		Y					
E2617	Custom fab w/c back cushion		Y					
E2619	Replace cover w/c seat cush		Y					
E2620	WC planar back cush wd <22in		Y					
E2621	WC planar back cush wd>=22in		Y					
E8000	Posterior gait trainer		E					
E8001	Upright gait trainer		E					
E8002	Anterior gait trainer		E					
G0008	Admin influenza virus vac		S	0350	0.3853	$26.30		
G0009	Admin pneumococcal vaccine		S	0350	0.3853	$26.30		
G0010	Admin hepatitis b vaccine		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G0027	Semen analysis		A					
G0101	CA screen;pelvic/breast exam		V	0604	0.7431	$50.73		
G0102	Prostate ca screening; dre		N					
G0103	PSA screening		A					
G0104	CA screen;flexi sigmoidscope		S	0159	5.1653	$352.62		
G0105	Colorectal scrn; hi risk ind		T	0158	8.2505	$563.24		
G0106	Colon CA screen;barium enema		S	0157	1.322	$90.25	.	$18.05
G0108	Diab manage trn per indiv		A					
G0109	Diab manage trn ind/group		A					
G0117	Glaucoma scrn hgh risk direc		S	0698	0.9316	$63.60	.	$12.72
G0118	Glaucoma scrn hgh risk direc		S	0230	0.5913	$40.37	.	$8.08
G0120	Colon ca scrn; barium enema		S	0157	1.322	$90.25	.	$18.05
G0121	Colon ca scrn not hi rsk ind		T	0158	8.2505	$563.24		
G0122	Colon ca scrn; barium enema		E					
G0123	Screen cerv/vag thin layer		A					
G0124	Screen c/v thin layer by MD		B					
G0127	Trim nail(s)		T	0012	0.4253	$29.03	.	$5.81
G0128	CORF skilled nursing service		B					
G0129	Partial hosp prog service		P					
G0130	Single energy x-ray study		X	0260	0.6683	$45.62		
G0141	Scr c/v cyto,autosys and md		B					
G0143	Scr c/v cyto,thinlayer,rescr		A					
G0144	Scr c/v cyto,thinlayer,rescr		A					
G0145	Scr c/v cyto,thinlayer,rescr		A					
G0147	Scr c/v cyto, automated sys		A					
G0148	Scr c/v cyto, autosys, rescr		A					
G0151	HHCP-serv of pt,ea 15 min		B					
G0152	HHCP-serv of ot,ea 15 min		B					
G0153	HHCP-svs of s/l path,ea 15mn		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G0154	HHCP-svs of rn,ea 15 min		B					
G0155	HHCP-svs of csw,ea 15 min		B					
G0156	HHCP-svs of aide,ea 15 min		B					
G0166	Extrnl counterpulse, per tx		T	0678	1.4509	$99.05	.	$19.81
G0168	Wound closure by adhesive		B					
G0173	Linear acc stereo radsur com		S	0067	50.0116	$3,414.14	.	$682.83
G0175	OPPS Service,sched team conf		V	0607	1.7939	$122.46	.	$24.50
G0176	OPPS/PHP;activity therapy		P					
G0177	OPPS/PHP; train & educ serv		N					
G0179	MD recertification HHA PT		M					
G0180	MD certification HHA patient		M					
G0181	Home health care supervision		M					
G0182	Hospice care supervision		M					
G0186	Dstry eye lesn,fdr vssl tech		T	0235	5.2921	$361.28	.	$72.26
G0202	Screeningmammographydigital		A					
G0204	Diagnosticmammographydigital		A					
G0206	Diagnosticmammographydigital		A					
G0219	PET img wholbod melano nonco		E					
G0235	PET not otherwise specified		E					
G0237	Therapeutic procd strg endur		S	0077	0.418	$28.54	$7.74	$5.71
G0238	Oth resp proc, indiv		S	0077	0.418	$28.54	$7.74	$5.71
G0239	Oth resp proc, group		S	0077	0.418	$28.54	$7.74	$5.71
G0245	Initial foot exam pt lops		V	0604	0.7431	$50.73	.	$10.15
G0246	Followup eval of foot pt lop		V	0605	1.0573	$72.18	.	$14.44
G0247	Routine footcare pt w lops		T	0013	0.8782	$59.95	.	$11.99
G0248	Demonstrate use home inr mon		V	0607	1.7939	$122.46	.	$24.50
G0249	Provide INR test mater/equip		V	0607	1.7939	$122.46	.	$24.50
G0250	MD INR test revie inter mgmt		M					
G0251	Linear acc based stero radio		S	0065	13.7821	$940.86	.	$188.18

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G0252	PET imaging initial dx		E					
G0255	Current percep threshold tst		E					
G0257	Unsched dialysis ESRD pt hos		S	0170	7.0059	$478.27	.	$95.66
G0259	Inject for sacroiliac joint		N					
G0260	Inj for sacroiliac jt anesth		T	0207	7.7204	$527.05	.	$105.41
G0268	Removal of impacted wax md		N					
G0269	Occlusive device in vein art		N					
G0270	MNT subs tx for change dx		A					
G0271	Group MNT 2 or more 30 mins		A					
G0275	Renal angio, cardiac cath		N					
G0278	Iliac art angio,cardiac cath		N					
G0281	Elec stim unattend for press		A					
G0282	Elect stim wound care not pd		E					
G0283	Elec stim other than wound		A					
G0288	Recon, CTA for surg plan		N					
G0289	Arthro, loose body + chondro		N					
G0290	Drug-eluting stents, single		T	0656	104.6619	$7,144.95	.	$1,428.99
G0291	Drug-eluting stents,each add		T	0656	104.6619	$7,144.95	.	$1,428.99
G0293	Non-cov surg proc,clin trial		X	0340	0.6899	$47.10	.	$9.42
G0294	Non-cov proc, clinical trial		X	0340	0.6899	$47.10	.	$9.42
G0295	Electromagnetic therapy onc		E					
G0302	Pre-op service LVRS complete		S	0209	11.462	$782.48	$268.73	$156.50
G0303	Pre-op service LVRS 10-15dos		S	0209	11.462	$782.48	$268.73	$156.50
G0304	Pre-op service LVRS 1-9 dos		S	0213	2.4455	$166.95	$53.58	$33.39
G0305	Post op service LVRS min 6		S	0213	2.4455	$166.95	$53.58	$33.39
G0306	CBC/diffwbc w/o platelet		A					
G0307	CBC without platelet		A					
G0328	Fecal blood scrn immunoassay		A					
G0329	Electromagntic tx for ulcers		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G0333	Dispense fee initial 30 day		M					
G0337	Hospice evaluation preelecti		B					
G0339	Robot lin-radsurg com, first		S	0067	50.0116	$3,414.14	.	$682.83
G0340	Robt lin-radsurg fractx 2-5		S	0066	36.858	$2,516.19	.	$503.24
G0341	Percutaneous islet celltrans		C					
G0342	Laparoscopy islet cell trans		C					
G0343	Laparotomy islet cell transp		C					
G0364	Bone marrow aspirate &biopsy		X	0340	0.6899	$47.10	.	$9.42
G0365	Vessel mapping hemo access		S	0267	2.2748	$155.29	$60.50	$31.06
G0372	MD service required for PMD		M					
G0378	Hospital observation per hr		N					
G0379	Direct refer hospital observ		Q3	0604	0.7431	$50.73	.	$10.15
G0380	Lev 1 hosp type B ED visit		V	0626	0.625	$42.67	.	$8.54
G0381	Lev 2 hosp type B ED visit		V	0627	0.9279	$63.34	.	$12.67
G0382	Lev 3 hosp type B ED visit		V	0628	1.4941	$102.00	.	$20.40
G0383	Lev 4 hosp type B ED visit		V	0629	2.4251	$165.55	.	$33.11
G0384	Lev 5 hosp type B ED visit		Q3	0630	3.8788	$264.79	.	$52.96
G0389	Ultrasound exam AAA screen		S	0266	1.4262	$97.36		
G0390	Trauma Respons w/hosp criti		S	0618	13.999	$955.67	.	$191.14
G0396	Alcohol/subs interv 15-30mn		S	0432	0.4597	$31.38	.	$6.28
G0397	Alcohol/subs interv >30 min		S	0432	0.4597	$31.38	.	$6.28
G0398	Home sleep test/type 2 Porta		S	0213	2.4455	$166.95	$53.58	$33.39
G0399	Home sleep test/type 3 Porta		S	0213	2.4455	$166.95	$53.58	$33.39
G0400	Home sleep test/type 4 Porta		S	0213	2.4455	$166.95	$53.58	$33.39
G0402	Initial preventive exam		V	0606	1.365	$93.18		
G0403	EKG for initial prevent exam		M					
G0404	EKG tracing for initial prev		S	0099	0.3998	$27.29	.	$5.46
G0405	EKG interpret & report preve		B					
G0406	Telhealth inpt consult 15min		C					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G0407	Telheath inpt consult 25min		C					
G0408	Telhealth inpt consult 35min		C					
G0409	CORF related serv 15 mins ea		M					
G0410	Grp psych partial hosp 45-50		P					
G0411	Inter active grp psych parti		P					
G0412	Open tx iliac spine uni/bil		C					
G0413	Pelvic ring fracture uni/bil		T	0050	32.4253	$2,213.58	.	$442.72
G0414	Pelvic ring fx treat int fix		C					
G0415	Open tx post pelvic fxcture		C					
G0416	Sat biopsy prostate 1-20 spc	CH	X	0661	2.3687	$161.70	.	$32.34
G0417	Sat biopsy prostate 21-40	CH	S	1506		$450.00	.	$90.00
G0418	Sat biopsy prostate 41-60		S	1511		$950.00	.	$190.00
G0419	Sat biopsy prostate: >60		S	1513		$1,150.00	.	$230.00
G0420	Ed svc CKD ind per session		A					
G0421	Ed svc CKD grp per session		A					
G0422	Intens cardiac rehab w/exerc		S	0095	0.5678	$38.76	$13.86	$7.76
G0423	Intens cardiac rehab no exer		S	0095	0.5678	$38.76	$13.86	$7.76
G0424	Pulmonary rehab w exer		S	0102	0.9754	$66.59	.	$13.32
G0425	Inpt telehealth consult 30m		C					
G0426	Inpt telehealth consult 50m		C					
G0427	Inpt telehealth con 70/>m		C					
G0430	Drug screen multi class		A					
G0431	Drug screen single class		A					
G0432	EIA HIV-1/HIV-2 screen		A					
G0433	ELISA HIV-1/HIV-2 screen		A					
G0435	Oral HIV-1/HIV-2 screen		A					
G3001	Admin + supply, tositumomab		S	0442	31.989	$2,183.79	.	$436.76
G8006	AMI pt recd aspirin at arriv		M					
G8007	AMI pt did not receiv aspiri		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8008	AMI pt ineligible for aspiri		M					
G8009	AMI pt recd Bblock at arr		M					
G8010	AMI pt did not rec bblock		M					
G8011	AMI pt inelig Bbloc at arriv		M					
G8012	Pneum pt recv antibiotic 4 h		M					
G8013	Pneum pt w/o antibiotic 4 hr		M					
G8014	Pneum pt not elig antibiotic		M					
G8015	Diabetic pt w/ HBA1c>9%		M					
G8016	Diabetic pt w/ HBA1c<or=9%		M					
G8017	DM pt inelig for HBA1c measu		M					
G8018	Care not provided for HbA1c		M					
G8019	Diabetic pt w/LDL>= 100mg/dl		M					
G8020	Diab pt w/LDL< 100mg/dl		M					
G8021	Diab pt inelig for LDL meas		M					
G8022	Care not provided for LDL		M					
G8023	DM pt w BP>=140/80		M					
G8024	Diabetic pt wBP<140/80		M					
G8025	Diabetic pt inelig for BP me		M					
G8026	Diabet pt w no care re BP me		M					
G8027	HF p w/LVSD on ACE-I/ARB		M					
G8028	HF pt w/LVSD not on ACE-I/AR		M					
G8029	HF pt not elig for ACE-I/ARB		M					
G8030	HF pt w/LVSD on Bblocker		M					
G8031	HF pt w/LVSD not on Bblocker		M					
G8032	HF pt not elig for Bblocker		M					
G8033	PMI-CAD pt on Bblocker		M					
G8034	PMI-CAD pt not on Bblocker		M					
G8035	PMI-CAD pt inelig Bblocker		M					
G8036	AMI-CAD pt doc on antiplatel		M					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8037	AMI-CAD pt not docu on antip		M					
G8038	AMI-CAD inelig antiplate mea		M					
G8039	CAD pt w/LDL>100mg/dl		M					
G8040	CAD pt w/LDL<or=100mg/dl		M					
G8041	CAD pt not eligible for LDL		M					
G8051	Osteoporosis assess		M					
G8052	Osteopor pt not assess		M					
G8053	Pt inelig for osteopor meas		M					
G8054	Falls assess not docum 12 mo		M					
G8055	Falls assess w/ 12 mon		M					
G8056	Not elig for falls assessmen		M					
G8057	Hearing assess receive		M					
G8058	Pt w/o hearing assess		M					
G8059	Pt inelig for hearing assess		M					
G8060	Urinary incont pt assess		M					
G8061	Pt not assess for urinary in		M					
G8062	Pt not elig for urinary inco		M					
G8075	ESRD pt w/ dialy of URR>=65%		M					
G8076	ESRD pt w/ dialy of URR<65%		M					
G8077	ESRD pt not elig for URR/KtV		M					
G8078	ESRD pt w/Hct>or=33		M					
G8079	ESRD pt w/Hct<33		M					
G8080	ESRD pt inelig for HCT/Hgb		M					
G8081	ESRD pt w/ auto AV fistula		M					
G8082	ESRD pt w other fistula		M					
G8085	ESRD PT inelig auto AV FISTU		M					
G8093	COPD pt rec smoking cessat		M					
G8094	COPD pt w/o smoke cessat int		M					
G8099	Osteopo pt given Ca+VitD sup		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8100	Osteop pt inelig for Ca+VitD		M					
G8103	New dx osteo pt w/antiresorp		M					
G8104	Osteo pt inelig for antireso		M					
G8106	Bone dens meas test perf		M					
G8107	Bone dens meas test inelig		M					
G8108	Pt receiv influenza vacc		M					
G8109	Pt w/o influenza vacc		M					
G8110	Pt inelig for influenza vacc		M					
G8111	Pt receiv mammogram		M					
G8112	Pt not doc mammogram		M					
G8113	Pt ineligible mammography		M					
G8114	Care not provided for mamogr		M					
G8115	Pt receiv pneumo vacc		M					
G8116	Pt did not rec pneumo vacc		M					
G8117	Pt was inelig for pneumo vac		M					
G8126	Pt treat w/antidepress12wks		M					
G8127	Pt not treat w/antidepres12w		M					
G8128	Pt inelig for antidepres med		M					
G8129	Pt treat w/antidepres for 6m		M					
G8130	Pt not treat w/antidepres 6m		M					
G8131	Pt inelig for antidepres med		M					
G8152	Pt w/AB 1 hr prior to incisi		M					
G8153	Pt not doc for AB 1 hr prior		M					
G8154	Pt ineligi for AB therapy		M					
G8155	Pt recd thromboemb prophylax		M					
G8156	Pt did not rec thromboembo		M					
G8157	Pt ineligi for thrombolism		M					
G8159	Pt w/CABG w/o IMA		M					
G8162	Iso CABG pt w/o preop Bblock		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8164	Iso CABG pt w/prolng intub		M					
G8165	Iso CABG pt w/o prolng intub		M					
G8166	Iso CABG req surg rexpo		M					
G8167	Iso CABG w/o surg explo		M					
G8170	CEA/ext bypass pt on aspirin		M					
G8171	Pt w/carot endarct/ext bypas		M					
G8172	CEA/ext bypass pt not on asp		M					
G8182	CAD pt care not prov LDL		M					
G8183	HF/atrial fib pt on warfarin		M					
G8184	HF/atrial fib pt inelig warf		M					
G8185	Osteoarth pt w/ assess pain		M					
G8186	Osteoarth pt inelig assess		M					
G8193	Antibio not doc prior surg		M					
G8196	Antibio not docum prior surg		M					
G8200	Cefazolin not docum prophy		M					
G8204	MD not doc order to d/c anti		M					
G8209	Clinician did not doc		M					
G8214	Clini not doc order VTE		M					
G8217	Pt not received DVT proph		M					
G8219	Received DVT proph day 2		M					
G8220	Pt not rec DVT proph day 2		M					
G8221	Pt inelig for DVT proph		M					
G8223	Pt not doc for presc antipla		M					
G8226	Pt no prescr anticoa at D/C		M					
G8231	Pt not doc for admin t-PA		M					
G8234	Pt not doc dysphagia screen		M					
G8238	Pt not doc to rec rehab serv		M					
G8240	Inter carotid stenosis30-99%		M					
G8243	Pt not doc MRI/CT w/o lesion		M					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8246	Pt inelig hx w new/chg mole		M					
G8248	Pt w/one alarm symp not doc		M					
G8251	Pt not doc w/Barretts, endo		M					
G8254	Pt w/no doc order for barium		M					
G8257	Pt not doc rev meds D/C		M					
G8260	Pt not doc to have dec maker		M					
G8263	Pt not doc assess urinary in		M					
G8266	Pt not doc charc urin incon		M					
G8268	Pt not doc rec care urin inc		M					
G8271	Pt no doc screen fall		M					
G8274	Clini not doc pres/abs alarm		M					
G8276	Pt not doc mole change		M					
G8279	Pt not doc rec PE		M					
G8282	Pt not doc to rec couns		M					
G8285	Pt did not rec pres osteo		M					
G8289	Pt not doc rec Ca/Vit D		M					
G8293	COPD pt w/o spir results		M					
G8296	COPD pt not doc bronch ther		M					
G8298	Pt doc optic nerve eval		M					
G8299	Pt not doc optic nerv eval		M					
G8302	Pt doc w/ target IOP		M					
G8303	Pt not doc w/ IOP		M					
G8304	Clin doc pt inelig IOP		M					
G8305	Clin not prov care POAG		M					
G8306	POAG w/ IOP rec care plan		M					
G8307	POAG w/ IOP no care plan		M					
G8308	POAG w/ IOP not doc plan		M					
G8310	Pt not doc rec antiox		M					
G8314	Pt not doc to rec mac exam		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8318	Pt doc not have visual func		M					
G8322	Pt not doc pre axial leng		M					
G8326	Pt not doc rec fundus exam		M					
G8330	Pt not doc rec dilated mac		M					
G8334	Doc of macular not giv MD		M					
G8338	Clin not doc pt test osteo		M					
G8341	Pt not doc for DEXA		M					
G8345	Pt not doc have DEXA		M					
G8351	Pt not doc ECG		M					
G8354	Pt not rec aspirin prior ER		M					
G8357	Pt not doc to have ECG		M					
G8360	Pt not doc vital signs recor		M					
G8362	Pt not doc 02 SAT assess		M					
G8365	Pt not doc mental status		M					
G8367	Pt not doc have empiric AB		M					
G8370	Asthma pt w survey not docum		M					
G8371	Chemother not rec stg3 colon		M					
G8372	Chemother rec stg3 colon ca		M					
G8373	Chemo plan documen prior che		M					
G8374	Chemo plan not doc prior che		M					
G8375	CLL pt w/o doc flow cytometr		M					
G8376	Brst ca pt inelig tamoxifen		M					
G8377	MD doc colon ca pt inelig ch		M					
G8378	MD doc pt inelig radiation		M					
G8379	Doc radiat tx recom 12mo ov		M					
G8380	Pt w stgIC-3Brst ca not rec		M					
G8381	Pt w stgIC-3Brst ca rec tam		M					
G8382	MM pt w/o doc IV bisphophon		M					
G8383	No doc radiation rec 12mo ov		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8384	Base cytogen test MDS notper		M					
G8385	Diabet pt no do Hgb A1c 12m		M					
G8386	Diabet pt nodoc LDLiprotei		M					
G8387	ESRD pt w Hct/Hgb not docume		M					
G8388	ESRD pt w URR/Ktv notdoc eli		M					
G8389	MDS pt no doc FE st prio EPO		M					
G8390	Diabetic w/o document BP 12m		M					
G8391	Pt w asthma no doc med or tx		M					
G8395	LVEF>=40% doc normal or mild		M					
G8396	LVEF not performed		M					
G8397	Dil macula/fundus exam/w doc		M					
G8398	Dil macular/fundus not perfo		M					
G8399	Pt w/DXA document or order		M					
G8400	Pt w/DXA no document or orde		M					
G8401	Pt inelig osteo screen measu		M					
G8402	Smoke preven interven counse		M					
G8403	Smoke preven nocounsel		M					
G8404	Low extemity neur exam docum		M					
G8405	Low extemity neur not perfor		M					
G8406	Pt inelig lower extrem neuro		M					
G8407	ABI documented		M					
G8408	ABI not documented		M					
G8409	Pt inelig for ABI measure		M					
G8410	Eval on foot documented		M					
G8415	Eval on foot not performed		M					
G8416	Pt inelig footwear evaluatio		M					
G8417	Calc BMI abv up param f/u		M					
G8418	Calc BMI blw low param f/u		M					
G8419	Calc BMI out nrm param nof/u		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8420	Calc BMI norm parameters		M					
G8421	BMI not calculated		M					
G8422	Pt inelig BMI calculation		M					
G8423	Pt screen flu vac & counsel		M					
G8424	Flu vaccine not screen		M					
G8425	Flu vaccine screen not curre		M					
G8426	Pt not approp screen & counc		M					
G8427	Doc meds verified w/pt or re		M					
G8428	Meds document w/o verifica		M					
G8429	Incomplete doc pt on meds		M					
G8430	Pt inelig med check		M					
G8431	Pos clin depres scrn f/u doc		M					
G8432	Clin depression screen not d		M					
G8433	Pt inelig; scrn clin dep		M					
G8434	Cognitive impairment screen		M					
G8435	Cognitive screen not documen		M					
G8436	Pt inelig for cognitive impa		M					
G8437	Care plan develop & document		M					
G8438	Pt inelig for devlp care pln		M					
G8439	Care plan develp & not docum		M					
G8440	Pain assess f/u pln document		M					
G8441	No document of pain assess		M					
G8442	Pt inelig pain assessment		M					
G8443	Prescription by E-Prescrib s		M					
G8445	Prescrip not gen at encounte		M					
G8446	Some prescrib print or call		M					
G8447	Pt vis doc use CCHIT cer EHR		M					
G8448	Pt vis doc w/non-CCHIT EHR		M					
G8449	Pt not doc w/EMR due to syst		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8450	Beta-bloc rx pt w/abn lvef		M					
G8451	Pt w/abn lvef inelig b-bloc		M					
G8452	Pt w/abn lvef b-bloc no rx		M					
G8453	Tob use cess int counsel		M					
G8454	Tob use cess int no counsel		M					
G8455	Current tobacco smoker		M					
G8456	Current smkless tobacco user		M					
G8457	Cur tobacco non-user		M					
G8458	Pt inelig geno no antvir tx		M					
G8459	Doc pt rec antivir treat		M					
G8460	Pt inelig RNA no antvir tx		M					
G8461	Pt rec antivir treat hep c		M					
G8462	Pt inelig couns no antvir tx		M					
G8463	Pt rec antiviral treat doc		M					
G8464	Pt inelig; lo to no dter rsk		M					
G8465	High risk recurrence pro ca		M					
G8466	Pt inelig suic; MDD remis		M					
G8467	New dx init/rec episode MDD		M					
G8468	ACE/ARB rx pt w/abn lvef		M					
G8469	Pt w/abn lvef inelig ACE/ARB		M					
G8470	Pt w/ normal lvef		M					
G8471	LVEF not performed/doc		M					
G8472	ACE/ARB no rx pt w/abn lvef		M					
G8473	ACE/ARB thxpy rx'd		M					
G8474	ACE/ARB not rx'd; doc reas		M					
G8475	ACE/ARB thxpy not rx'd		M					
G8476	BP sys <130 and dias <80		M					
G8477	BP sys>=130 and/or dias >=80		M					
G8478	BP not performed/doc		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8479	MD rx'd ACE/ARB thxpy		M					
G8480	Pt inelig ACE/ARB thxpy		M					
G8481	MD not rx'd ACE/ARB thxpy		M					
G8482	Flu immunize order/admin		M					
G8483	Flu imm no ord/admin doc rea		M					
G8484	Flu immunize no order/admin		M					
G8485	Report, Diabetes measures		M					
G8486	Report, Prev Care Measures		M					
G8487	Report CKD Measures		M					
G8488	Report ESRD Measures		M					
G8489	CAD measures grp		M					
G8490	RA measures grp		M					
G8491	HIV/AIDS measures grp		M					
G8492	Periop Care measures grp		M					
G8493	Back pain measures grp		M					
G8494	DM meas qual act perform		M					
G8495	CKD meas qual act perform		M					
G8496	Prev Care MG qual act perfrm		M					
G8497	CABG meas qual act perform		M					
G8498	CAD meas qual act perform		M					
G8499	RA meas qual act perform		M					
G8500	HIV meas qual act perform		M					
G8501	Perio meas qual act perform		M					
G8502	Back Pain MG qual act perfrm		M					
G8506	Pt rec ACE/ARB		M					
G8507	Pt inelig pt verif meds		M					
G8508	Pt inelig; pain asses no f/u		M					
G8509	Pain assess no f/u pln doc		M					
G8510	Pt inelig neg scrn depres		M					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8511	Clin depres scrn no f/u doc		M					
G8518	Clin stg b/f lun/eso ca surg		M					
G8519	Pt in; clin ca stg b/f surg		M					
G8520	Clin stg b/f surg not doc		M					
G8524	Patch closure conv CEA		M					
G8525	No patch closure CEA		M					
G8526	No patch closure conv CEA		M					
G8530	Auto AV fistula recd		M					
G8531	Pt inelig; auto AV fistula		M					
G8532	No auto AV fistula; no reas		M					
G8534	Doc elder mal scrn f/u plan		M					
G8535	Pt inelig no eld mal scrn		M					
G8536	No doc elder mal scrn		M					
G8537	Pt inelig eldmal scrn no f/u		M					
G8538	Eld mal scrn no f/u pln		M					
G8539	Cur funct assess & care pln		M					
G8540	Pt inelig funct assess		M					
G8541	No doc cur funct assess		M					
G8542	Pt inelig func asses no pln		M					
G8543	Cur funct asses; no care pln		M					
G8544	CABG measures grp		M					
G8545	HepC measures grp		M					
G8546	CAP measures grp		M					
G8547	IVD measures grp		M					
G8548	HF measures grp		M					
G8549	HepC MG qual act perform		M					
G8550	CAP MG qual act perform		M					
G8551	HF MG qual act perform		M					
G8552	IVD MG qual act perform		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8553	1 Rx via qualified eRx sys		M					
G8556	Ref to doc otolog eval		M					
G8557	Pt inelig ref otolog eval		M					
G8558	No ref to doc otolog eval		M					
G8559	Pt ref doc oto eval		M					
G8560	Pt hx act drain prev 90 days		M					
G8561	Pt inelig for ref oto eval		M					
G8562	Pt no hx act drain 90 d		M					
G8563	Pt no ref oto reas no spec		M					
G8564	Pt ref oto eval		M					
G8565	Ver doc hear loss		M					
G8566	Pt inelig ref oto eval		M					
G8567	Pt no doc hear loss		M					
G8568	Pt no ref otolo no spec		M					
G8569	Prol intubation req		M					
G8570	No prol intub req		M					
G8571	Ster wd ifx 30 d postop		M					
G8572	No ster wd ifx		M					
G8573	Stk/CVA CABG		M					
G8574	No strk/CVA CABG		M					
G8575	Postop ren insuf		M					
G8576	No postop ren insuf		M					
G8577	Reop req bld grft oth		M					
G8578	No reop req bld grft oth		M					
G8579	Antplt med disch		M					
G8580	Antplt med contraind		M					
G8581	no antplt med disch		M					
G8582	Bblock disch		M					
G8583	Bblock contraind		M					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8584	No bblock disch		M					
G8585	Antilipid treat disch		M					
G8586	Antlip disch contra		M					
G8587	No antlipid treat disch		M					
G8588	Sys BP <140		M					
G8589	Sys BP >= 140		M					
G8590	Dia BP < 90		M					
G8591	Dia BP >= 90		M					
G8592	No BP measure		M					
G8593	Lipid pn results		M					
G8594	No lipid prof perf		M					
G8595	Ldl < 100		M					
G8596	No LDL perf		M					
G8597	Ldl >= 100		M					
G8598	Asp therp used		M					
G8599	No asp therp used		M					
G8600	tPA initi w/in 3 hrs		M					
G8601	No elig tPA init w/in 3 hrs		M					
G8602	No tPA init w/in 3 hrs		M					
G8603	Spok lang comp score		M					
G8604	No high score spok lang		M					
G8605	No spok lang comp score		M					
G8606	Attention score		M					
G8607	No high score attention		M					
G8608	No attention score		M					
G8609	Memory score		M					
G8610	No high score memory		M					
G8611	No memory score		M					
G8612	Moto speech score		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G8613	No high score moto speech		M					
G8614	No moto speech score		M					
G8615	Reading score		M					
G8616	No high score reading		M					
G8617	No reading score		M					
G8618	Spok lang exp score		M					
G8619	No high score spok lang exp		M					
G8620	No spok lang exp score		M					
G8621	Writing score		M					
G8622	No high score writing		M					
G8623	No writing score		M					
G8624	Swallowing score		M					
G8625	No high score swallowing		M					
G8626	No swallowing score		M					
G8627	Surg proc w/in 30 days		M					
G8628	No surg proc w/in 30 days		M					
G9001	MCCD, initial rate		B					
G9002	MCCD,maintenance rate		B					
G9003	MCCD, risk adj hi, initial		B					
G9004	MCCD, risk adj lo, initial		B					
G9005	MCCD, risk adj, maintenance		B					
G9006	MCCD, Home monitoring		B					
G9007	MCCD, sch team conf		B					
G9008	Mccd,phys coor-care ovrsght		B					
G9009	MCCD, risk adj, level 3		B					
G9010	MCCD, risk adj, level 4		B					
G9011	MCCD, risk adj, level 5		B					
G9012	Other Specified Case Mgmt		B					
G9013	ESRD demo bundle level I		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G9014	ESRD demo bundle-level II		E					
G9016	Demo-smoking cessation coun		E					
G9017	Amantadine HCL 100mg oral		A					
G9018	Zanamivir,inhalation pwd 10m		A					
G9019	Oseltamivir phosphate 75mg		A					
G9020	Rimantadine HCL 100mg oral		A					
G9033	Amantadine HCL oral brand		A					
G9034	Zanamivir, inh pwdr, brand		A					
G9035	Oseltamivir phosp, brand		A					
G9036	Rimantadine HCL, brand		A					
G9041	Low vision rehab occupationa		A					
G9042	Low vision rehab orient/mobi		A					
G9043	Low vision lowvision therapi		A					
G9044	Low vision rehabilate teache		A					
G9050	Oncology work-up evaluation		E					
G9051	Oncology tx decision-mgmt		E					
G9052	Onc surveillance for disease		E					
G9053	Onc expectant management pt		E					
G9054	Onc supervision palliative		E					
G9055	Onc visit unspecified NOS		E					
G9056	Onc prac mgmt adheres guide		E					
G9057	Onc pract mgmt differs trial		E					
G9058	Onc prac mgmt disagree w/gui		E					
G9059	Onc prac mgmt pt opt alterna		E					
G9060	Onc prac mgmt dif pt comorb		E					
G9061	Onc prac cond noadd by guide		E					
G9062	Onc prac guide differs nos		E					
G9063	Onc dx nsclc stgI no progres		M					
G9064	Onc dx nsclc stg2 no progres		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G9065	Onc dx nsclc stg3A no progre		M					
G9066	Onc dx nsclc stg3B-4 metasta		M					
G9067	Onc dx nsclc dx unknown nos		M					
G9068	Onc dx sclc/nsclc limited		M					
G9069	Onc dx sclc/nsclc ext at dx		M					
G9070	Onc dx sclc/nsclc ext unknwn		M					
G9071	Onc dx brst stg1-2B HR,nopro		M					
G9072	Onc dx brst stg1-2 noprogres		M					
G9073	Onc dx brst stg3-HR, no pro		M					
G9074	Onc dx brst stg3-noprogress		M					
G9075	Onc dx brst metastic/ recur		M					
G9077	Onc dx prostate T1no progres		M					
G9078	Onc dx prostate T2no progres		M					
G9079	Onc dx prostate T3b-T4noprog		M					
G9080	Onc dx prostate w/rise PSA		M					
G9083	Onc dx prostate unknwn nos		M					
G9084	Onc dx colon t1-3,n1-2,no pr		M					
G9085	Onc dx colon T4, N0 w/o prog		M					
G9086	Onc dx colon T1-4 no dx prog		M					
G9087	Onc dx colon metas evid dx		M					
G9088	Onc dx colon metas noevid dx		M					
G9089	Onc dx colon extent unknown		M					
G9090	Onc dx rectal T1-2 no progr		M					
G9091	Onc dx rectal T3 N0 no prog		M					
G9092	Onc dx rectal T1-3,N1-2noprg		M					
G9093	Onc dx rectal T4,N,M0 no prg		M					
G9094	Onc dx rectal M1 w/mets prog		M					
G9095	Onc dx rectal extent unknwn		M					
G9096	Onc dx esophag T1-T3 noprog		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G9097	Onc dx esophageal T4 no prog		M					
G9098	Onc dx esophageal mets recur		M					
G9099	Onc dx esophageal unknown		M					
G9100	Onc dx gastric no recurrence		M					
G9101	Onc dx gastric p R1-R2noprog		M					
G9102	Onc dx gastric unresectable		M					
G9103	Onc dx gastric recurrent		M					
G9104	Onc dx gastric unknown NOS		M					
G9105	Onc dx pancreatc p R0 res no		M					
G9106	Onc dx pancreatc p R1/R2 no		M					
G9107	Onc dx pancreatic unresectab		M					
G9108	Onc dx pancreatic unknwn NOS		M					
G9109	Onc dx head/neck T1-T2no prg		M					
G9110	Onc dx head/neck T3-4 noprog		M					
G9111	Onc dx head/neck M1 mets rec		M					
G9112	Onc dx head/neck ext unknown		M					
G9113	Onc dx ovarian stg1A-B no pr		M					
G9114	Onc dx ovarian stg1A-B or 2		M					
G9115	Onc dx ovarian stg3/4 noprog		M					
G9116	Onc dx ovarian recurrence		M					
G9117	Onc dx ovarian unknown NOS		M					
G9123	Onc dx CML chronic phase		M					
G9124	Onc dx CML acceler phase		M					
G9125	Onc dx CML blast phase		M					
G9126	Onc dx CML remission		M					
G9128	Onc dx multi myeloma stage I		M					
G9129	Onc dx mult myeloma stg2 hig		M					
G9130	Onc dx multi myeloma unknown		M					
G9131	Onc dx brst unknown NOS		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
G9132	Onc dx prostate mets no cast		M					
G9133	Onc dx prostate clinical met		M					
G9134	Onc NHLstg 1-2 no relap no		M					
G9135	Onc dx NHL stg 3-4 not relap		M					
G9136	Onc dx NHL trans to lg Bcell		M					
G9137	Onc dx NHL relapse/refractor		M					
G9138	Onc dx NHL stg unknown		M					
G9139	Onc dx CML dx status unknown		M					
G9140	Frontier extended stay demo		A					
G9141	Influenza A H1N1,admin w cou		S	0350	0.3853	$26.30		
G9142	Influenza A H1N1, vaccine		E					
G9143	Warfarin respon genetic test		A					
G9147	Outpt IV insulin tx any mea		E					
J0120	Tetracyclin injection		N					
J0128	Abarelix injection		E					
J0129	Abatacept injection		K	9230		$19.96	.	$4.00
J0130	Abciximab injection		K	1605		$462.83	.	$92.57
J0132	Acetylcysteine injection		K	1272		$2.45	.	$0.49
J0133	Acyclovir injection		N					
J0135	Adalimumab injection		K	1083		$374.48	.	$74.90
J0150	Injection adenosine 6 MG	CH	N					
J0152	Adenosine injection		K	0917		$82.72	.	$16.55
J0170	Adrenalin epinephrin inject		N					
J0180	Agalsidase beta injection		K	9208		$136.24	.	$27.25
J0190	Inj biperiden lactate/5 mg	CH	E					
J0200	Alatrofloxacin mesylate		N					
J0205	Alglucerase injection		K	0900		$41.98	.	$8.40
J0207	Amifostine		K	7000		$327.97	.	$65.60
J0210	Methyldopate hcl injection		K	2210		$36.34	.	$7.27

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J0215	Alefacept		K	1633		$30.63	.	$6.13
J0220	Alglucosidase alfa injection		K	9234		$127.08	.	$25.42
J0256	Alpha 1 proteinase inhibitor		K	0901		$3.77	.	$0.76
J0270	Alprostadil for injection		B					
J0275	Alprostadil urethral suppos		B					
J0278	Amikacin sulfate injection		N					
J0280	Aminophyllin 250 MG inj		N					
J0282	Amiodarone HCl		N					
J0285	Amphotericin B		N					
J0287	Amphotericin b lipid complex		K	9024		$9.84	.	$1.97
J0288	Ampho b cholesteryl sulfate		K	0735		$14.00	.	$2.80
J0289	Amphotericin b liposome inj		K	0736		$15.78	.	$3.16
J0290	Ampicillin 500 MG inj		N					
J0295	Ampicillin sodium per 1.5 gm		N					
J0300	Amobarbital 125 MG inj		N					
J0330	Succinycholine chloride inj		N					
J0348	Anidulafungin injection	CH	N					
J0350	Injection anistreplase 30 u		E					
J0360	Hydralazine hcl injection		N					
J0364	Apomorphine hydrochloride		N					
J0365	Aprotonin, 10,000 kiu	CH	N					
J0380	Inj metaraminol bitartrate		N					
J0390	Chloroquine injection		N					
J0395	Arbutamine hcl injection		E					
J0400	Aripiprazole injection		N					
J0456	Azithromycin		N					
J0461	Atropine sulfate injection		N					
J0470	Dimecaprol injection	CH	N					
J0475	Baclofen 10 MG injection		K	9032		$203.89	.	$40.78

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J0476	Baclofen intrathecal trial		K	1631		$73.50	.	$14.70
J0480	Basiliximab		K	1683		$1,755.73	.	$351.15
J0500	Dicyclomine injection		N					
J0515	Inj benztropine mesylate	CH	K	1302		$42.16	.	$8.44
J0520	Bethanechol chloride inject		N					
J0559	PenG benzathine/procaine inj		N					
J0560	Penicillin g benzathine inj		N					
J0570	Penicillin g benzathine inj		N					
J0580	Penicillin g benzathine inj		N					
J0583	Bivalirudin		K	3041		$2.41	.	$0.49
J0585	Injection,onabotulinumtoxinA		K	0902		$5.49	.	$1.10
J0586	AbobotulinumtoxinA		K	1289		$7.71	.	$1.55
J0587	Inj, rimabotulinumtoxinB		K	9018		$10.58	.	$2.12
J0592	Buprenorphine hydrochloride		N					
J0594	Busulfan injection		K	1178		$14.45	.	$2.89
J0595	Butorphanol tartrate 1 mg		N					
J0598	C1 esterase inhibitor inj		G	9251		$42.75	.	$8.55
J0600	Edetate calcium disodium inj		K	1274		$197.37	.	$39.48
J0610	Calcium gluconate injection		N					
J0620	Calcium glycer & lact/10 ML		N					
J0630	Calcitonin salmon injection		K	1220		$49.26	.	$9.86
J0636	Inj calcitriol per 0.1 mcg		N					
J0637	Caspofungin acetate		K	9019		$11.59	.	$2.32
J0640	Leucovorin calcium injection		N					
J0641	Levoleucovorin injection		G	1236		$0.78	.	$0.16
J0670	Inj mepivacaine HCL/10 ml		N					
J0690	Cefazolin sodium injection		N					
J0692	Cefepime HCl for injection		N					
J0694	Cefoxitin sodium injection		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J0696	Ceftriaxone sodium injection		N					
J0697	Sterile cefuroxime injection		N					
J0698	Cefotaxime sodium injection		N					
J0702	Betamethasone acet&sod phosp		N					
J0704	Betamethasone sod phosp/4 MG		N					
J0706	Caffeine citrate injection		N					
J0710	Cephapirin sodium injection		N					
J0713	Inj ceftazidime per 500 mg		N					
J0715	Ceftizoxime sodium / 500 MG		N					
J0718	Certolizumab pegol inj		G	9249		$3.78	.	$0.76
J0720	Chloramphenicol sodium injec		N					
J0725	Chorionic gonadotropin/1000u		N					
J0735	Clonidine hydrochloride		K	0935		$98.64	.	$19.73
J0740	Cidofovir injection		K	9033		$761.10	.	$152.22
J0743	Cilastatin sodium injection		N					
J0744	Ciprofloxacin iv		N					
J0745	Inj codeine phosphate /30 MG		N					
J0760	Colchicine injection		N					
J0770	Colistimethate sodium inj		N					
J0780	Prochlorperazine injection		N					
J0795	Corticorelin ovine triflutal		K	1684		$4.48	.	$0.90
J0800	Corticotropin injection		K	1280		$2,441.70	.	$488.34
J0833	Cosyntropin injection NOS		K	0835		$73.19	.	$14.64
J0834	Cosyntropin cortrosyn inj		K	1298		$90.95	.	$18.19
J0850	Cytomegalovirus imm IV /vial		K	0903		$878.82	.	$175.77
J0878	Daptomycin injection		K	9124		$0.43	.	$0.09
J0881	Darbepoetin alfa, non-esrd		K	1685		$2.88	.	$0.58
J0882	Darbepoetin alfa, esrd use		A					
J0885	Epoetin alfa, non-esrd		K	1686		$9.44	.	$1.89

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J0886	Epoetin alfa 1000 units ESRD		A					
J0894	Decitabine injection		K	9231		$29.65	.	$5.93
J0895	Deferoxamine mesylate inj		N					
J0900	Testosterone enanthate inj		N					
J0945	Brompheniramine maleate inj		K	1256		$9.24	.	$1.85
J0970	Estradiol valerate injection		N					
J1000	Depo-estradiol cypionate inj		N					
J1020	Methylprednisolone 20 MG inj		N					
J1030	Methylprednisolone 40 MG inj		N					
J1040	Methylprednisolone 80 MG inj		N					
J1051	Medroxyprogesterone inj		N					
J1055	Medrxyprogester acetate inj		E					
J1056	MA/EC contraceptiveinjection		E					
J1060	Testosterone cypionate 1 ML		N					
J1070	Testosterone cypionat 100 MG		N					
J1080	Testosterone cypionat 200 MG		N					
J1094	Inj dexamethasone acetate		N					
J1100	Dexamethasone sodium phos		N					
J1110	Inj dihydroergotamine mesylt		N					
J1120	Acetazolamid sodium injectio		N					
J1160	Digoxin injection		N					
J1162	Digoxin immune fab (ovine)		K	1687		$487.78	.	$97.56
J1165	Phenytoin sodium injection		N					
J1170	Hydromorphone injection		N					
J1180	Dyphylline injection		N					
J1190	Dexrazoxane HCl injection		K	0726		$261.24	.	$52.25
J1200	Diphenhydramine hcl injectio		N					
J1205	Chlorothiazide sodium inj		K	0747		$352.37	.	$70.48
J1212	Dimethyl sulfoxide 50% 50 ML		K	1221		$69.98	.	$14.00

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J1230	Methadone injection		N					
J1240	Dimenhydrinate injection		N					
J1245	Dipyridamole injection		N					
J1250	Inj dobutamine HCL/250 mg		N					
J1260	Dolasetron mesylate		N					
J1265	Dopamine injection		N					
J1267	Doripenem injection	CH	N					
J1270	Injection, doxercalciferol		N					
J1300	Eculizumab injection		K	9236		$182.61	.	$36.53
J1320	Amitriptyline injection		N					
J1324	Enfuvirtide injection	CH	N					
J1325	Epoprostenol injection		N					
J1327	Eptifibatide injection		K	1607		$19.00	.	$3.80
J1330	Ergonovine maleate injection		N					
J1335	Ertapenem injection		N					
J1364	Erythro lactobionate /500 MG		N					
J1380	Estradiol valerate 10 MG inj		N					
J1390	Estradiol valerate 20 MG inj		N					
J1410	Inj estrogen conjugate 25 MG		K	9038		$88.68	.	$17.74
J1430	Ethanolamine oleate 100 mg		K	1688		$149.97	.	$30.00
J1435	Injection estrone per 1 MG	CH	E					
J1436	Etidronate disodium inj	CH	N					
J1438	Etanercept injection		K	1608		$191.55	.	$38.31
J1440	Filgrastim 300 mcg injection		K	0728		$223.05	.	$44.61
J1441	Filgrastim 480 mcg injection		K	7049		$348.68	.	$69.74
J1450	Fluconazole		N					
J1451	Fomepizole, 15 mg		K	1689		$7.64	.	$1.53
J1452	Intraocular Fomivirsen na		E					
J1453	Fosaprepitant injection	CH	K	9242		$1.62	.	$0.33

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J1455	Foscarnet sodium injection		N					
J1457	Gallium nitrate injection		K	0878		$2.03	.	$0.41
J1458	Galsulfase injection		K	9224		$339.90	.	$67.98
J1459	Inj IVIG privigen 500 mg	CH	K	1214		35.10	.	$7.02
J1460	Gamma globulin 1 CC inj		K	3043		$16.03	.	$3.21
J1470	Gamma globulin 2 CC inj		K	1282		$32.07	.	$6.42
J1480	Gamma globulin 3 CC inj		K	1283		$48.10	.	$9.62
J1490	Gamma globulin 4 CC inj		K	0904		$64.13	.	$12.83
J1500	Gamma globulin 5 CC inj		K	1284		$80.16	.	$16.04
J1510	Gamma globulin 6 CC inj		K	0920		$96.23	.	$19.25
J1520	Gamma globulin 7 CC inj		K	0921		$112.17	.	$22.44
J1530	Gamma globulin 8 CC inj		K	0922		$128.27	.	$25.66
J1540	Gamma globulin 9 CC inj		K	0923		$160.34	.	$32.07
J1550	Gamma globulin 10 CC inj		K	0924		$160.34	.	$32.07
J1560	Gamma globulin > 10 CC inj		K	0933		$160.34	.	$32.07
J1561	Gamunex injection		K	0948		$37.63	.	$7.53
J1562	Vivaglobin, inj		K	1275		$7.20	.	$1.44
J1566	Immune globulin, powder		K	2731		$30.86	.	$6.18
J1568	Octagam injection		K	0943		$37.69	.	$7.54
J1569	Gammagard liquid injection		K	0944		$38.53	.	$7.71
J1570	Ganciclovir sodium injection		N					
J1571	Hepagam b im injection	CH	K	0946		$50.63	.	$10.13
J1572	Flebogamma injection		K	0947		$37.01	.	$7.41
J1573	Hepagam b intravenous, inj	CH	K	1138		$50.63	.	$10.13
J1580	Garamycin gentamicin inj		N					
J1590	Gatifloxacin injection		N					
J1595	Injection glatiramer acetate		K	1015		$82.34	.	$16.47
J1600	Gold sodium thiomaleate inj		N					
J1610	Glucagon hydrochloride/1 MG		K	9042		$81.41	.	$16.29

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J1620	Gonadorelin hydroch/ 100 mcg	CH	N					
J1626	Granisetron hcl injection		N					
J1630	Haloperidol injection		N					
J1631	Haloperidol decanoate inj		N					
J1640	Hemin, 1 mg		K	1690		$8.18	.	$1.64
J1642	Inj heparin sodium per 10 u		N					
J1644	Inj heparin sodium per 1000u		N					
J1645	Dalteparin sodium		N					
J1650	Inj enoxaparin sodium		N					
J1652	Fondaparinux sodium	CH	N					
J1655	Tinzaparin sodium injection		N					
J1670	Tetanus immune globulin inj		K	1670		$136.81	.	$27.37
J1675	Histrelin acetate		B					
J1680	Human fibrinogen conc inj		G	1290		$72.89	.	$14.58
J1700	Hydrocortisone acetate inj		N					
J1710	Hydrocortisone sodium ph inj		N					
J1720	Hydrocortisone sodium succ i		N					
J1730	Diazoxide injection		K	1740		$114.32	.	$22.87
J1740	Ibandronate sodium injection		K	9229		$141.39	.	$28.28
J1742	Ibutilide fumarate injection		K	9044		$416.61	.	$83.33
J1743	Idursulfase injection		K	9232		$455.03	.	$91.01
J1745	Infliximab injection		K	7043		$58.74	.	$11.75
J1750	Inj iron dextran		K	1237		$12.63	.	$2.53
J1756	Iron sucrose injection		K	9046		$0.37	.	$0.08
J1785	Injection imiglucerase /unit		K	0916		$4.20	.	$0.84
J1790	Droperidol injection		N					
J1800	Propranolol injection		N					
J1810	Droperidol/fentanyl inj		E					
J1815	Insulin injection		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J1817	Insulin for insulin pump use	CH	N					
J1825	Interferon beta-1a		E					
J1830	Interferon beta-1b / .25 MG		K	0910		$176.67	.	$35.34
J1835	Itraconazole injection	CH	K	1303		$42.28	.	$8.46
J1840	Kanamycin sulfate 500 MG inj		N					
J1850	Kanamycin sulfate 75 MG inj		N					
J1885	Ketorolac tromethamine inj		N					
J1890	Cephalothin sodium injection		N					
J1930	Lanreotide injection		K	9237		$29.30	.	$5.86
J1931	Laronidase injection		K	9209		$25.56	.	$5.12
J1940	Furosemide injection		N					
J1945	Lepirudin		K	1693		$234.37	.	$46.88
J1950	Leuprolide acetate /3.75 MG		K	0800		$516.09	.	$103.22
J1953	Levetiracetam injection	CH	N					
J1955	Inj levocarnitine per 1 gm		B					
J1956	Levofloxacin injection		N					
J1960	Levorphanol tartrate inj		N					
J1980	Hyoscyamine sulfate inj		N					
J1990	Chlordiazepoxide injection		N					
J2001	Lidocaine injection		N					
J2010	Lincomycin injection		N					
J2020	Linezolid injection		K	9001		$32.57	.	$6.52
J2060	Lorazepam injection		N					
J2150	Mannitol injection		N					
J2170	Mecasermin injection	CH	K	1308		$125.21	.	$25.05
J2175	Meperidine hydrochl /100 MG		N					
J2180	Meperidine/promethazine inj		N					
J2185	Meropenem		N					
J2210	Methylergonovin maleate inj		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J2248	Micafungin sodium injection		K	9227		$1.10	.	$0.22
J2250	Inj midazolam hydrochloride		N					
J2260	Inj milrinone lactate / 5 MG		N					
J2270	Morphine sulfate injection		N					
J2271	Morphine so4 injection 100mg		N					
J2275	Morphine sulfate injection		N					
J2278	Ziconotide injection		K	1694		$6.50	.	$1.30
J2280	Inj, moxifloxacin 100 mg		N					
J2300	Inj nalbuphine hydrochloride		N					
J2310	Inj naloxone hydrochloride		N					
J2315	Naltrexone, depot form		K	0759		$2.43	.	$0.49
J2320	Nandrolone decanoate 50 MG		K	1285		$7.08	.	$1.42
J2321	Nandrolone decanoate 100 MG		K	1260		$71.34	.	$14.27
J2322	Nandrolone decanoate 200 MG		K	1286		$43.59	.	$8.72
J2323	Natalizumab injection		K	9126		$7.97	.	$1.60
J2325	Nesiritide injection		K	1695		$38.37	.	$7.68
J2353	Octreotide injection, depot		K	1207		$109.01	.	$21.81
J2354	Octreotide inj, non-depot		N					
J2355	Oprelvekin injection		K	7011		$245.08	.	$49.02
J2357	Omalizumab injection		K	9300		$19.77	.	$3.96
J2360	Orphenadrine injection		N					
J2370	Phenylephrine hcl injection		N					
J2400	Chloroprocaine hcl injection		N					
J2405	Ondansetron hcl injection		N					
J2410	Oxymorphone hcl injection		N					
J2425	Palifermin injection		K	1696		$11.34	.	$2.27
J2430	Pamidronate disodium /30 MG	CH	N					
J2440	Papaverin hcl injection		N					
J2460	Oxytetracycline injection		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J2469	Palonosetron hcl		K	9210		$17.62	.	$3.53
J2501	Paricalcitol		N					
J2503	Pegaptanib sodium injection		K	1697		$1,030.34	.	$206.07
J2504	Pegademase bovine, 25 iu		K	1739		$247.34	.	$49.47
J2505	Injection, pegfilgrastim 6mg		K	9119		$2,432.50	.	$486.50
J2510	Penicillin g procaine inj		N					
J2513	Pentastarch 10% solution		K	1222		$161.82	.	$32.37
J2515	Pentobarbital sodium inj		N					
J2540	Penicillin g potassium inj		N					
J2543	Piperacillin/tazobactam		N					
J2545	Pentamidine non-comp unit		B					
J2550	Promethazine hcl injection		N					
J2560	Phenobarbital sodium inj		N					
J2562	Plerixafor injection		G	9252		$268.58	.	$53.72
J2590	Oxytocin injection		N					
J2597	Inj desmopressin acetate		N					
J2650	Prednisolone acetate inj		N					
J2670	Totazoline hcl injection		N					
J2675	Inj progesterone per 50 MG		N					
J2680	Fluphenazine decanoate 25 MG		N					
J2690	Procainamide hcl injection		N					
J2700	Oxacillin sodium injeciton		N					
J2710	Neostigmine methylslfte inj		N					
J2720	Inj protamine sulfate/10 MG		N					
J2724	Protein c concentrate		K	1139		$12.19	.	$2.44
J2725	Inj protirelin per 250 mcg		N					
J2730	Pralidoxime chloride inj		K	1023		$90.79	.	$18.16
J2760	Phentolaine mesylate inj		N					
J2765	Metoclopramide hcl injection		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J2770	Quinupristin/dalfopristin		K	2770		$147.06	.	$29.42
J2778	Ranibizumab injection		K	9233		$404.70	.	$80.94
J2780	Ranitidine hydrochloride inj		N					
J2783	Rasburicase		K	0738		$172.53	.	$34.51
J2785	Regadenoson injection	CH	K	9244		$50.73	.	$10.15
J2788	Rho d immune globulin 50 mcg		K	9023		$25.14	.	$5.03
J2790	Rho d immune globulin inj		K	0884		$77.47	.	$15.50
J2791	Rhophylac injection		K	0945		$5.21	.	$1.05
J2792	Rho(D) immune globulin h, sd		K	1609		$18.55	.	$3.71
J2793	Rilonacept injection		K	1291		$24.09	.	$4.82
J2794	Risperidone, long acting		K	9125		$5.06	.	$1.02
J2795	Ropivacaine HCl injection		N					
J2796	Romiplostim injection	CH	K	9245		$44.18	.	$8.84
J2800	Methocarbamol injection		N					
J2805	Sincalide injection		N					
J2810	Inj theophylline per 40 MG		N					
J2820	Sargramostim injection		K	0731		$25.25	.	$5.05
J2850	Inj secretin synthetic human		K	1700		$20.31	.	$4.07
J2910	Aurothioglucose injeciton		N					
J2916	Na ferric gluconate complex		N					
J2920	Methylprednisolone injection		N					
J2930	Methylprednisolone injection		N					
J2940	Somatrem injection	CH	N					
J2941	Somatropin injection		K	7034		$55.46	.	$11.10
J2950	Promazine hcl injection		N					
J2993	Reteplase injection		K	9005		$1,555.98	.	$311.20
J2995	Inj streptokinase /250000 IU		K	1226		$32.12	.	$6.43
J2997	Alteplase recombinant		K	7048		$37.35	.	$7.47
J3000	Streptomycin injection		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J3010	Fentanyl citrate injeciton		N					
J3030	Sumatriptan succinate / 6 MG	CH	N					
J3070	Pentazocine injection		N					
J3101	Tenecteplase injection		K	9002		$46.74	.	$9.35
J3105	Terbutaline sulfate inj		N					
J3110	Teriparatide injection		B					
J3120	Testosterone enanthate inj		N					
J3130	Testosterone enanthate inj		N					
J3140	Testosterone suspension inj		N					
J3150	Testosteron propionate inj		N					
J3230	Chlorpromazine hcl injection		N					
J3240	Thyrotropin injection		K	9108		$1,053.42	.	$210.69
J3243	Tigecycline injection		K	9228		$1.16	.	$0.24
J3246	Tirofiban HCl		K	7041		$7.39	.	$1.48
J3250	Trimethobenzamide hcl inj		N					
J3260	Tobramycin sulfate injection		N					
J3265	Injection torsemide 10 mg/ml		N					
J3280	Thiethylperazine maleate inj		N					
J3285	Treprostinil injection		K	1701		$55.88	.	$11.18
J3300	Triamcinolone A inj PRS-free		K	1253		$3.21	.	$0.65
J3301	Triamcinolone acet inj NOS		N					
J3302	Triamcinolone diacetate inj		N					
J3303	Triamcinolone hexacetonl inj		N					
J3305	Inj trimetrexate glucoronate	CH	N					
J3310	Perphenazine injeciton	CH	K	1304		$29.11	.	$5.83
J3315	Triptorelin pamoate		K	9122		$164.10	.	$32.82
J3320	Spectinomycn di-hcl inj	CH	E					
J3350	Urea injection	CH	K	1306		$83.87	.	$16.78
J3355	Urofollitropin, 75 iu		K	1741		$60.01	.	$12.01

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J3360	Diazepam injection		N					
J3364	Urokinase 5000 IU injection		N					
J3365	Urokinase 250,000 IU inj		K	7036		$457.73	.	$91.55
J3370	Vancomycin hcl injection		N					
J3396	Verteporfin injection		K	1203		$9.50	.	$1.90
J3400	Triflupromazine hcl inj	CH	E					
J3410	Hydroxyzine hcl injection		N					
J3411	Thiamine hcl 100 mg		N					
J3415	Pyridoxine hcl 100 mg		N					
J3420	Vitamin b12 injection		N					
J3430	Vitamin k phytonadione inj		N					
J3465	Injection, voriconazole		K	1052		$5.82	.	$1.17
J3470	Hyaluronidase injection		N					
J3471	Ovine, up to 999 USP units		N					
J3472	Ovine, 1000 USP units		N					
J3473	Hyaluronidase recombinant		N					
J3475	Inj magnesium sulfate		N					
J3480	Inj potassium chloride		N					
J3485	Zidovudine		N					
J3486	Ziprasidone mesylate		N					
J3487	Zoledronic acid		K	9115		$221.12	.	$44.23
J3488	Reclast injection		K	0951		$222.92	.	$44.59
J3490	Drugs unclassified injection		N					
J3520	Edetate disodium per 150 mg		E					
J3530	Nasal vaccine inhalation		N					
J3535	Metered dose inhaler drug		E					
J3570	Laetrile amygdalin vit B17		E					
J3590	Unclassified biologics		N					
J7030	Normal saline solution infus		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J7040	Normal saline solution infus		N					
J7042	5% dextrose/normal saline		N					
J7050	Normal saline solution infus		N					
J7060	5% dextrose/water		N					
J7070	D5w infusion		N					
J7100	Dextran 40 infusion		N					
J7110	Dextran 75 infusion		N					
J7120	Ringers lactate infusion		N					
J7130	Hypertonic saline solution		N					
J7185	Xyntha inj		K	1268		$1.08	.	$0.22
J7186	Antihemophilic viii/vwf comp		K	1213		$0.92	.	$0.19
J7187	Humate-P, inj		K	1704		$0.88	.	$0.18
J7189	Factor viia		K	1705		$1.36	.	$0.28
J7190	Factor viii		K	0925		$0.87	.	$0.18
J7191	Factor VIII (porcine)		K	1279		$8.21	.	$1.65
J7192	Factor viii recombinant NOS		K	0927		$1.09	.	$0.22
J7193	Factor IX non-recombinant		K	0931		$0.91	.	$0.19
J7194	Factor ix complex		K	0928		$0.88	.	$0.18
J7195	Factor IX recombinant		K	0932		$1.11	.	$0.23
J7197	Antithrombin iii injection		K	1263		$2.31	.	$0.47
J7198	Anti-inhibitor		K	0929		$1.55	.	$0.31
J7199	Hemophilia clot factor noc		B					
J7300	Intraut copper contraceptive		E					
J7302	Levonorgestrel iu contracept		E					
J7303	Contraceptive vaginal ring		E					
J7304	Contraceptive hormone patch		E					
J7306	Levonorgestrel implant sys		E					
J7307	Etonogestrel implant system		E					
J7308	Aminolevulinic acid hcl top		K	7308		$134.54	.	$26.91

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J7310	Ganciclovir long act implant		K	0913		$16,960.00	.	$3,392.00
J7311	Fluocinolone acetonide implt		K	9225		$19,345.00	.	$3,869.00
J7321	Hyalgan/supartz inj per dose		K	0873		$91.96	.	$18.40
J7323	Euflexxa inj per dose		K	0875		$113.79	.	$22.76
J7324	Orthovisc inj per dose		K	0877		$176.70	.	$35.34
J7325	Synvisc or Synvisc-One		K	0874		$11.78	.	$2.36
J7330	Cultured chondrocytes implnt		B					
J7500	Azathioprine oral 50mg		N					
J7501	Azathioprine parenteral		K	0887		$96.29	.	$19.26
J7502	Cyclosporine oral 100 mg	CH	N					
J7504	Lymphocyte immune globulin		K	0890		$487.88	.	$97.58
J7505	Monoclonal antibodies		K	7038		$1,133.50	.	$226.70
J7506	Prednisone oral		N					
J7507	Tacrolimus oral per 1 MG	CH	N					
J7509	Methylprednisolone oral		N					
J7510	Prednisolone oral per 5 mg		N					
J7511	Antithymocyte globuln rabbit		K	9104		$386.48	.	$77.30
J7513	Daclizumab, parenteral		K	1612		$351.10	.	$70.22
J7515	Cyclosporine oral 25 mg	CH	N					
J7516	Cyclosporin parenteral 250mg	CH	N					
J7517	Mycophenolate mofetil oral	CH	N					
J7518	Mycophenolic acid		N					
J7520	Sirolimus, oral	CH	N					
J7525	Tacrolimus injection		K	9006		$139.41	.	$27.89
J7599	Immunosuppressive drug noc		N					
J7604	Acetylcysteine comp unit		M					
J7605	Arformoterol non-comp unit		M					
J7606	Formoterol fumarate, inh		M					
J7607	Levalbuterol comp con		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J7608	Acetylcysteine non-comp unit		M					
J7609	Albuterol comp unit		M					
J7610	Albuterol comp con		M					
J7611	Albuterol non-comp con		M					
J7612	Levalbuterol non-comp con		M					
J7613	Albuterol non-comp unit		M					
J7614	Levalbuterol non-comp unit		M					
J7615	Levalbuterol comp unit		M					
J7620	Albuterol ipratrop non-comp		M					
J7622	Beclomethasone comp unit		M					
J7624	Betamethasone comp unit		M					
J7626	Budesonide non-comp unit		M					
J7627	Budesonide comp unit		M					
J7628	Bitolterol mesylate comp con		M					
J7629	Bitolterol mesylate comp unt		M					
J7631	Cromolyn sodium noncomp unit		M					
J7632	Cromolyn sodium comp unit		M					
J7633	Budesonide non-comp con		M					
J7634	Budesonide comp con		M					
J7635	Atropine comp con		M					
J7636	Atropine comp unit		M					
J7637	Dexamethasone comp con		M					
J7638	Dexamethasone comp unit		M					
J7639	Dornase alfa non-comp unit		M					
J7640	Formoterol comp unit		E					
J7641	Flunisolide comp unit		M					
J7642	Glycopyrrolate comp con		M					
J7643	Glycopyrrolate comp unit		M					
J7644	Ipratropium bromide non-comp		M					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J7645	Ipratropium bromide comp		M					
J7647	Isoetharine comp con		M					
J7648	Isoetharine non-comp con		M					
J7649	Isoetharine non-comp unit		M					
J7650	Isoetharine comp unit		M					
J7657	Isoproterenol comp con		M					
J7658	Isoproterenol non-comp con		M					
J7659	Isoproterenol non-comp unit		M					
J7660	Isoproterenol comp unit		M					
J7667	Metaproterenol comp con		M					
J7668	Metaproterenol non-comp con		M					
J7669	Metaproterenol non-comp unit		M					
J7670	Metaproterenol comp unit		M					
J7674	Methacholine chloride, neb		N					
J7676	Pentamidine comp unit dose		M					
J7680	Terbutaline sulf comp con		M					
J7681	Terbutaline sulf comp unit		M					
J7682	Tobramycin non-comp unit		M					
J7683	Triamcinolone comp con		M					
J7684	Triamcinolone comp unit		M					
J7685	Tobramycin comp unit		M					
J7699	Inhalation solution for DME		M					
J7799	Non-inhalation drug for DME		N					
J8498	Antiemetic rectal/supp NOS		B					
J8499	Oral prescrip drug non chemo		E					
J8501	Oral aprepitant		K	0868		$5.67	.	$1.14
J8510	Oral busulfan	CH	K	1307		$3.65	.	$0.73
J8515	Cabergoline, oral 0.25mg		E					
J8520	Capecitabine, oral, 150 mg		K	7042		$6.28	.	$1.26

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J8521	Capecitabine, oral, 500 mg		K	0934		$20.66	.	$4.14
J8530	Cyclophosphamide oral 25 MG		N					
J8540	Oral dexamethasone		N					
J8560	Etoposide oral 50 MG		K	0802		$28.26	.	$5.66
J8565	Gefitinib oral		E					
J8597	Antiemetic drug oral NOS		N					
J8600	Melphalan oral 2 MG		N					
J8610	Methotrexate oral 2.5 MG		N					
J8650	Nabilone oral		N					
J8700	Temozolomide		K	1086		$8.83	.	$1.77
J8705	Topotecan oral		G	1238		$74.66	.	$14.94
J8999	Oral prescription drug chemo		B					
J9000	Doxorubicin hcl injection		N					
J9001	Doxorubicin hcl liposome inj		K	7046		$472.01	.	$94.41
J9010	Alemtuzumab injection		K	9110		$578.02	.	$115.61
J9015	Aldesleukin injection		K	0807		$844.43	.	$168.89
J9017	Arsenic trioxide injection		K	9012		$37.43	.	$7.49
J9020	Asparaginase injection		K	0814		$60.94	.	$12.19
J9025	Azacitidine injection		K	1709		$4.99	.	$1.00
J9027	Clofarabine injection		K	1710		$116.49	.	$23.30
J9031	Bcg live intravesical vac		K	0809		$121.25	.	$24.25
J9033	Bendamustine injection	CH	K	9243		$18.47	.	$3.70
J9035	Bevacizumab injection		K	9214		$57.57	.	$11.52
J9040	Bleomycin sulfate injection		N					
J9041	Bortezomib injection		K	9207		$38.24	.	$7.65
J9045	Carboplatin injection		N					
J9050	Carmustine injection		K	0812		$176.41	.	$35.29
J9055	Cetuximab injection		K	9215		$49.73	.	$9.95
J9060	Cisplatin 10 MG injection		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J9062	Cisplatin 50 MG injection		N					
J9065	Inj cladribine per 1 MG		K	0858		$28.22	.	$5.65
J9070	Cyclophosphamide 100 MG inj		N					
J9080	Cyclophosphamide 200 MG inj		N					
J9090	Cyclophosphamide 500 MG inj		N					
J9091	Cyclophosphamide 1.0 grm inj		N					
J9092	Cyclophosphamide 2.0 grm inj		N					
J9093	Cyclophosphamide lyophilized		N					
J9094	Cyclophosphamide lyophilized		N					
J9095	Cyclophosphamide lyophilized		N					
J9096	Cyclophosphamide lyophilized		N					
J9097	Cyclophosphamide lyophilized		N					
J9098	Cytarabine liposome inj		K	1166		$488.90	.	$97.78
J9100	Cytarabine hcl 100 MG inj		N					
J9110	Cytarabine hcl 500 MG inj		N					
J9120	Dactinomycin injection		K	0752		$570.53	.	$114.11
J9130	Dacarbazine 100 mg inj		N					
J9140	Dacarbazine 200 MG inj		N					
J9150	Daunorubicin injection		K	0820		$19.46	.	$3.90
J9151	Daunorubicin citrate inj		K	0821		$56.31	.	$11.27
J9155	Degarelix injection		G	1296		$2.60	.	$0.52
J9160	Denileukin diftitox inj		K	1084		$1,494.82	.	$298.97
J9165	Diethylstilbestrol injection	CH	N					
J9171	Docetaxel injection		K	0823		$17.86	.	$3.58
J9175	Elliotts b solution per ml		N					
J9178	Inj, epirubicin hcl, 2 mg		K	1167		$2.48	.	$0.50
J9181	Etoposide injection		N					
J9185	Fludarabine phosphate inj		K	0842		$205.81	.	$41.17
J9190	Fluorouracil injection		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J9200	Floxuridine injection		K	0827		$42.99	.	$8.60
J9201	Gemcitabine hcl injection		K	0828		$145.10	.	$29.02
J9202	Goserelin acetate implant		K	0810		$195.23	.	$39.05
J9206	Irinotecan injection		K	0830		$9.15	.	$1.83
J9207	Ixabepilone injection	CH	K	9240		$63.74	.	$12.75
J9208	Ifosfomide injection		K	0831		$30.76	.	$6.16
J9209	Mesna injection	CH	N					
J9211	Idarubicin hcl injection		K	0832		$63.57	.	$12.72
J9212	Interferon alfacon-1 inj		K	1266		$4.80	.	$0.96
J9213	Interferon alfa-2a inj	CH	N					
J9214	Interferon alfa-2b inj		K	0836		$15.84	.	$3.17
J9215	Interferon alfa-n3 inj		K	0865		$18.23	.	$3.65
J9216	Interferon gamma 1-b inj		K	0838		$430.93	.	$86.19
J9217	Leuprolide acetate suspnsion		K	9217		$220.41	.	$44.09
J9218	Leuprolide acetate injeciton		K	0861		$4.27	.	$0.86
J9219	Leuprolide acetate implant		K	7051		$4,819.82	.	$963.97
J9225	Vantas implant	CH	K	1711		$1,515.25	.	$303.05
J9226	Supprelin LA implant	CH	K	1142		$14,990.44	.	$2,998.09
J9230	Mechlorethamine hcl inj		K	0751		$154.50	.	$30.90
J9245	Inj melphalan hydrochl 50 MG		K	0840		$1,500.32	.	$300.07
J9250	Methotrexate sodium inj		N					
J9260	Methotrexate sodium inj		N					
J9261	Nelarabine injection		K	0825		$105.91	.	$21.19
J9263	Oxaliplatin		K	1738		$6.83	.	$1.37
J9264	Paclitaxel protein bound		K	1712		$9.43	.	$1.89
J9265	Paclitaxel injection	CH	K	1309		$11.46	.	$2.30
J9266	Pegaspargase injection		K	0843		$2,747.44	.	$549.49
J9268	Pentostatin injection		K	0844		$1,246.38	.	$249.28
J9270	Plicamycin (mithramycin) inj		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
J9280	Mitomycin 5 MG inj		K	1232		$20.35	.	$4.07
J9290	Mitomycin 20 MG inj		K	1233		$81.44	.	$16.29
J9291	Mitomycin 40 MG inj		K	1234		$162.86	.	$32.58
J9293	Mitoxantrone hydrochl / 5 MG		K	0864		$45.26	.	$9.06
J9300	Gemtuzumab ozogamicin inj		K	9004		$2,687.21	.	$537.45
J9303	Panitumumab injection		K	9235		$87.24	.	$17.45
J9305	Pemetrexed injection		K	9213		$50.63	.	$10.13
J9310	Rituximab injection		K	0849		$578.40	.	$115.68
J9320	Streptozocin injection		K	0850		$282.86	.	$56.58
J9328	Temozolomide injection		G	9253		$4.90	.	$0.98
J9330	Temsirolimus injection		K	1168		$49.83	.	$9.97
J9340	Thiotepa injection		K	0851		$113.52	.	$22.71
J9350	Topotecan injection		K	0852		$1,058.90	.	$211.78
J9355	Trastuzumab injection		K	1613		$66.41	.	$13.29
J9357	Valrubicin injection		K	1235		$960.22	.	$192.05
J9360	Vinblastine sulfate inj		N					
J9370	Vincristine sulfate 1 MG inj		N					
J9375	Vincristine sulfate 2 MG inj		N					
J9380	Vincristine sulfate 5 MG inj		N					
J9390	Vinorelbine tartrate inj		N					
J9395	Injection, Fulvestrant		K	9120		$82.22	.	$16.45
J9600	Porfimer sodium injection		K	0856		$2,934.28	.	$586.86
J9999	Chemotherapy drug		N					
K0001	Standard wheelchair		Y					
K0002	Stnd hemi (low seat) whlchr		Y					
K0003	Lightweight wheelchair		Y					
K0004	High strength ltwt whlchr		Y					
K0005	Ultralightweight wheelchair		Y					
K0006	Heavy duty wheelchair		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
K0007	Extra heavy duty wheelchair		Y					
K0009	Other manual wheelchair/base		Y					
K0010	Stnd wt frame power whlchr		Y					
K0011	Stnd wt pwr whlchr w control		Y					
K0012	Ltwt portbl power whlchr		Y					
K0014	Other power whlchr base		Y					
K0015	Detach non-adjus hght armrst		Y					
K0017	Detach adjust armrest base		Y					
K0018	Detach adjust armrst upper		Y					
K0019	Arm pad each		Y					
K0020	Fixed adjust armrest pair		Y					
K0037	High mount flip-up footrest		Y					
K0038	Leg strap each		Y					
K0039	Leg strap h style each		Y					
K0040	Adjustable angle footplate		Y					
K0041	Large size footplate each		Y					
K0042	Standard size footplate each		Y					
K0043	Ftrst lower extension tube		Y					
K0044	Ftrst upper hanger bracket		Y					
K0045	Footrest complete assembly		Y					
K0046	Elevat legrst low extension		Y					
K0047	Elevat legrst up hangr brack		Y					
K0050	Ratchet assembly		Y					
K0051	Cam relese assem ftrst/lgrst		Y					
K0052	Swingaway detach footrest		Y					
K0053	Elevate footrest articulate		Y					
K0056	Seat ht <17 or >=21 ltwt wc		Y					
K0065	Spoke protectors		Y					
K0069	Rear whl complete solid tire		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
K0070	Rear whl compl pneum tire		Y					
K0071	Front castr compl pneum tire		Y					
K0072	Frnt cstr cmpl sem-pneum tir		Y					
K0073	Caster pin lock each		Y					
K0077	Front caster assem complete		Y					
K0098	Drive belt power wheelchair		Y					
K0105	Iv hanger		Y					
K0108	W/c component-accessory NOS		Y					
K0195	Elevating whlchair leg rests		Y					
K0455	Pump uninterrupted infusion		Y					
K0462	Temporary replacement eqpmnt		Y					
K0552	Supply/ext inf pump syr type		Y					
K0601	Repl batt silver oxide 1.5 v		Y					
K0602	Repl batt silver oxide 3 v		Y					
K0603	Repl batt alkaline 1.5 v		Y					
K0604	Repl batt lithium 3.6 v		Y					
K0605	Repl batt lithium 4.5 v		Y					
K0606	AED garment w elec analysis		Y					
K0607	Repl batt for AED		Y					
K0608	Repl garment for AED		Y					
K0609	Repl electrode for AED		Y					
K0669	Seat/back cus no sadmerc ver		Y					
K0672	Removable soft interface LE		A					
K0730	Ctrl dose inh drug deliv sys		Y					
K0733	12-24hr sealed lead acid		Y					
K0734	Adj skin pro w/c cus wd<22in		Y					
K0735	Adj skin pro wc cus wd>=22in		Y					
K0736	Adj skin pro/pos wc cus<22in		Y					
K0737	Adj skin pro/pos wc cus>=22"		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
K0738	Portable gas oxygen system		Y					
K0739	Repair/svc DME non-oxygen eq		Y					
K0740	Repair/svc oxygen equipment		E					
K0800	POV group 1 std up to 300lbs		Y					
K0801	POV group 1 hd 301-450 lbs		Y					
K0802	POV group 1 vhd 451-600 lbs		Y					
K0806	POV group 2 std up to 300lbs		Y					
K0807	POV group 2 hd 301-450 lbs		Y					
K0808	POV group 2 vhd 451-600 lbs		Y					
K0812	Power operated vehicle NOC		Y					
K0813	PWC gp 1 std port seat/back		Y					
K0814	PWC gp 1 std port cap chair		Y					
K0815	PWC gp 1 std seat/back		Y					
K0816	PWC gp 1 std cap chair		Y					
K0820	PWC gp 2 std port seat/back		Y					
K0821	PWC gp 2 std port cap chair		Y					
K0822	PWC gp 2 std seat/back		Y					
K0823	PWC gp 2 std cap chair		Y					
K0824	PWC gp 2 hd seat/back		Y					
K0825	PWC gp 2 hd cap chair		Y					
K0826	PWC gp 2 vhd seat/back		Y					
K0827	PWC gp vhd cap chair		Y					
K0828	PWC gp 2 xtra hd seat/back		Y					
K0829	PWC gp 2 xtra hd cap chair		Y					
K0830	PWC gp2 std seat elevate s/b		Y					
K0831	PWC gp2 std seat elevate cap		Y					
K0835	PWC gp2 std sing pow opt s/b		Y					
K0836	PWC gp2 std sing pow opt cap		Y					
K0837	PWC gp 2 hd sing pow opt s/b		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
K0838	PWC gp 2 hd sing pow opt cap		Y					
K0839	PWC gp2 vhd sing pow opt s/b		Y					
K0840	PWC gp2 xhd sing pow opt s/b		Y					
K0841	PWC gp2 std mult pow opt s/b		Y					
K0842	PWC gp2 std mult pow opt cap		Y					
K0843	PWC gp2 hd mult pow opt s/b		Y					
K0848	PWC gp 3 std seat/back		Y					
K0849	PWC gp 3 std cap chair		Y					
K0850	PWC gp 3 hd seat/back		Y					
K0851	PWC gp 3 hd cap chair		Y					
K0852	PWC gp 3 vhd seat/back		Y					
K0853	PWC gp 3 vhd cap chair		Y					
K0854	PWC gp 3 xhd seat/back		Y					
K0855	PWC gp 3 xhd cap chair		Y					
K0856	PWC gp3 std sing pow opt s/b		Y					
K0857	PWC gp3 std sing pow opt cap		Y					
K0858	PWC gp3 hd sing pow opt s/b		Y					
K0859	PWC gp3 hd sing pow opt cap		Y					
K0860	PWC gp3 vhd sing pow opt s/b		Y					
K0861	PWC gp3 std mult pow opt s/b		Y					
K0862	PWC gp3 hd mult pow opt s/b		Y					
K0863	PWC gp3 vhd mult pow opt s/b		Y					
K0864	PWC gp3 xhd mult pow opt s/b		Y					
K0868	PWC gp 4 std seat/back		Y					
K0869	PWC gp 4 std cap chair		Y					
K0870	PWC gp 4 hd seat/back		Y					
K0871	PWC gp 4 vhd seat/back		Y					
K0877	PWC gp4 std sing pow opt s/b		Y					
K0878	PWC gp4 std sing pow opt cap		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
K0879	PWC gp4 hd sing pow opt s/b		Y					
K0880	PWC gp4 vhd sing pow opt s/b		Y					
K0884	PWC gp4 std mult pow opt s/b		Y					
K0885	PWC gp4 std mult pow opt cap		Y					
K0886	PWC gp4 hd mult pow s/b		Y					
K0890	PWC gp5 ped sing pow opt s/b		Y					
K0891	PWC gp5 ped mult pow opt s/b		Y					
K0898	Power wheelchair NOC		Y					
K0899	Pow mobil dev no SADMERC		Y					
L0112	Cranial cervical orthosis		A					
L0113	Cranial cervical torticollis		A					
L0120	Cerv flexible non-adjustable		A					
L0130	Flex thermoplastic collar mo		A					
L0140	Cervical semi-rigid adjustab		A					
L0150	Cerv semi-rig adj molded chn		A					
L0160	Cerv semi-rig wire occ/mand		A					
L0170	Cervical collar molded to pt		A					
L0172	Cerv col thermplas foam 2 pi		A					
L0174	Cerv col foam 2 piece w thor		A					
L0180	Cer post col occ/man sup adj		A					
L0190	Cerv collar supp adj cerv ba		A					
L0200	Cerv col supp adj bar & thor		A					
L0220	Thor rib belt custom fabrica		A					
L0430	Dewall posture protector		A					
L0450	TLSO flex prefab thoracic		A					
L0452	tlso flex custom fab thoraci		A					
L0454	TLSO flex prefab sacrococ-T9		A					
L0456	TLSO flex prefab		A					
L0458	TLSO 2Mod symphis-xipho pre		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L0460	TLSO2Mod symphysis-stern pre		A					
L0462	TLSO 3Mod sacro-scap pre		A					
L0464	TLSO 4Mod sacro-scap pre		A					
L0466	TLSO rigid frame pre soft ap		A					
L0468	TLSO rigid frame prefab pelv		A					
L0470	TLSO rigid frame pre subclav		A					
L0472	TLSO rigid frame hyperex pre		A					
L0480	TLSO rigid plastic custom fa		A					
L0482	TLSO rigid lined custom fab		A					
L0484	TLSO rigid plastic cust fab		A					
L0486	TLSO rigidlined cust fab two		A					
L0488	TLSO rigid lined pre one pie		A					
L0490	TLSO rigid plastic pre one		A					
L0491	TLSO 2 piece rigid shell		A					
L0492	TLSO 3 piece rigid shell		A					
L0621	SIO flex pelvisacral prefab		A					
L0622	SIO flex pelvisacral custom		A					
L0623	SIO panel prefab		A					
L0624	SIO panel custom		A					
L0625	LO flexibl L1-below L5 pre		A					
L0626	LO sag stays/panels pre-fab		A					
L0627	LO sagitt rigid panel prefab		A					
L0628	LO flex w/o rigid stays pre		A					
L0629	LSO flex w/rigid stays cust		A					
L0630	LSO post rigid panel pre		A					
L0631	LSO sag-coro rigid frame pre		A					
L0632	LSO sag rigid frame cust		A					
L0633	LSO flexion control prefab		A					
L0634	LSO flexion control custom		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L0635	LSO sagit rigid panel prefab		A					
L0636	LSO sagittal rigid panel cus		A					
L0637	LSO sag-coronal panel prefab		A					
L0638	LSO sag-coronal panel custom		A					
L0639	LSO s/c shell/panel prefab		A					
L0640	LSO s/c shell/panel custom		A					
L0700	Ctlso a-p-l control molded		A					
L0710	Ctlso a-p-l control w/ inter		A					
L0810	Halo cervical into jckt vest		A					
L0820	Halo cervical into body jack		A					
L0830	Halo cerv into milwaukee typ		A					
L0859	MRI compatible system		A					
L0861	Halo repl liner/interface		A					
L0970	Tlso corset front		A					
L0972	Lso corset front		A					
L0974	Tlso full corset		A					
L0976	Lso full corset		A					
L0978	Axillary crutch extension		A					
L0980	Peroneal straps pair		A					
L0982	Stocking supp grips set of f		A					
L0984	Protective body sock each		A					
L0999	Add to spinal orthosis NOS		A					
L1000	Ctlso milwauke initial model		A					
L1001	CTLSO infant immobilizer		A					
L1005	Tension based scoliosis orth		A					
L1010	Ctlso axilla sling		A					
L1020	Kyphosis pad		A					
L1025	Kyphosis pad floating		A					
L1030	Lumbar bolster pad		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L1040	Lumbar or lumbar rib pad		A					
L1050	Sternal pad		A					
L1060	Thoracic pad		A					
L1070	Trapezius sling		A					
L1080	Outrigger		A					
L1085	Outrigger bil w/ vert extens		A					
L1090	Lumbar sling		A					
L1100	Ring flange plastic/leather		A					
L1110	Ring flange plas/leather mol		A					
L1120	Covers for upright each		A					
L1200	Furnsh initial orthosis only		A					
L1210	Lateral thoracic extension		A					
L1220	Anterior thoracic extension		A					
L1230	Milwaukee type superstructur		A					
L1240	Lumbar derotation pad		A					
L1250	Anterior asis pad		A					
L1260	Anterior thoracic derotation		A					
L1270	Abdominal pad		A					
L1280	Rib gusset (elastic) each		A					
L1290	Lateral trochanteric pad		A					
L1300	Body jacket mold to patient		A					
L1310	Post-operative body jacket		A					
L1499	Spinal orthosis NOS		A					
L1500	Thkao mobility frame		A					
L1510	Thkao standing frame		A					
L1520	Thkao swivel walker		A					
L1600	Abduct hip flex frejka w cvr		A					
L1610	Abduct hip flex frejka covr		A					
L1620	Abduct hip flex pavlik harne		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L1630	Abduct control hip semi-flex		A					
L1640	Pelv band/spread bar thigh c		A					
L1650	HO abduction hip adjustable		A					
L1652	HO bi thighcuffs w sprdr bar		A					
L1660	HO abduction static plastic		A					
L1680	Pelvic & hip control thigh c		A					
L1685	Post-op hip abduct custom fa		A					
L1686	HO post-op hip abduction		A					
L1690	Combination bilateral HO		A					
L1700	Leg perthes orth toronto typ		A					
L1710	Legg perthes orth newington		A					
L1720	Legg perthes orthosis trilat		A					
L1730	Legg perthes orth scottish r		A					
L1755	Legg perthes patten bottom t		A					
L1810	Ko elastic with joints		A					
L1820	Ko elas w/ condyle pads & jo		A					
L1830	Ko immobilizer canvas longit		A					
L1831	Knee orth pos locking joint		A					
L1832	KO adj jnt pos rigid support		A					
L1834	Ko w/0 joint rigid molded to		A					
L1836	Rigid KO wo joints		A					
L1840	Ko derot ant cruciate custom		A					
L1843	KO single upright custom fit		A					
L1844	Ko w/adj jt rot cntrl molded		A					
L1845	Ko w/ adj flex/ext rotat cus		A					
L1846	Ko w adj flex/ext rotat mold		A					
L1847	KO adjustable w air chambers		A					
L1850	Ko swedish type		A					
L1860	Ko supracondylar socket mold		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L1900	Afo sprng wir drsflx calf bd		A					
L1902	Afo ankle gauntlet		A					
L1904	Afo molded ankle gauntlet		A					
L1906	Afo multiligamentus ankle su		A					
L1907	AFO supramalleolar custom		A					
L1910	Afo sing bar clasp attach sh		A					
L1920	Afo sing upright w/ adjust s		A					
L1930	Afo plastic		A					
L1932	Afo rig ant tib prefab TCF/=		A					
L1940	Afo molded to patient plasti		A					
L1945	Afo molded plas rig ant tib		A					
L1950	Afo spiral molded to pt plas		A					
L1951	AFO spiral prefabricated		A					
L1960	Afo pos solid ank plastic mo		A					
L1970	Afo plastic molded w/ankle j		A					
L1971	AFO w/ankle joint, prefab		A					
L1980	Afo sing solid stirrup calf		A					
L1990	Afo doub solid stirrup calf		A					
L2000	Kafo sing fre stirr thi/calf		A					
L2005	KAFO sng/dbl mechanical act		A					
L2010	Kafo sng solid stirrup w/o j		A					
L2020	Kafo dbl solid stirrup band/		A					
L2030	Kafo dbl solid stirrup w/o j		A					
L2034	KAFO pla sin up w/wo k/a cus		A					
L2035	KAFO plastic pediatric size		A					
L2036	Kafo plas doub free knee mol		A					
L2037	Kafo plas sing free knee mol		A					
L2038	Kafo w/o joint multi-axis an		A					
L2040	Hkafo torsion bil rot straps		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L2050	Hkafo torsion cable hip pelv		A					
L2060	Hkafo torsion ball bearing j		A					
L2070	Hkafo torsion unilat rot str		A					
L2080	Hkafo unilat torsion cable		A					
L2090	Hkafo unilat torsion ball br		A					
L2106	Afo tib fx cast plaster mold		A					
L2108	Afo tib fx cast molded to pt		A					
L2112	Afo tibial fracture soft		A					
L2114	Afo tib fx semi-rigid		A					
L2116	Afo tibial fracture rigid		A					
L2126	Kafo fem fx cast thermoplas		A					
L2128	Kafo fem fx cast molded to p		A					
L2132	Kafo femoral fx cast soft		A					
L2134	Kafo fem fx cast semi-rigid		A					
L2136	Kafo femoral fx cast rigid		A					
L2180	Plas shoe insert w ank joint		A					
L2182	Drop lock knee		A					
L2184	Limited motion knee joint		A					
L2186	Adj motion knee jnt lerman t		A					
L2188	Quadrilateral brim		A					
L2190	Waist belt		A					
L2192	Pelvic band & belt thigh fla		A					
L2200	Limited ankle motion ea jnt		A					
L2210	Dorsiflexion assist each joi		A					
L2220	Dorsi & plantar flex ass/res		A					
L2230	Split flat caliper stirr & p		A					
L2232	Rocker bottom, contact AFO		A					
L2240	Round caliper and plate atta		A					
L2250	Foot plate molded stirrup at		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L2260	Reinforced solid stirrup		A					
L2265	Long tongue stirrup		A					
L2270	Varus/valgus strap padded/li		A					
L2275	Plastic mod low ext pad/line		A					
L2280	Molded inner boot		A					
L2300	Abduction bar jointed adjust		A					
L2310	Abduction bar-straight		A					
L2320	Non-molded lacer		A					
L2330	Lacer molded to patient mode		A					
L2335	Anterior swing band		A					
L2340	Pre-tibial shell molded to p		A					
L2350	Prosthetic type socket molde		A					
L2360	Extended steel shank		A					
L2370	Patten bottom		A					
L2375	Torsion ank & half solid sti		A					
L2380	Torsion straight knee joint		A					
L2385	Straight knee joint heavy du		A					
L2387	Add LE poly knee custom KAFO		A					
L2390	Offset knee joint each		A					
L2395	Offset knee joint heavy duty		A					
L2397	Suspension sleeve lower ext		A					
L2405	Knee joint drop lock ea jnt		A					
L2415	Knee joint cam lock each joi		A					
L2425	Knee disc/dial lock/adj flex		A					
L2430	Knee jnt ratchet lock ea jnt		A					
L2492	Knee lift loop drop lock rin		A					
L2500	Thi/glut/ischia wgt bearing		A					
L2510	Th/wght bear quad-lat brim m		A					
L2520	Th/wght bear quad-lat brim c		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L2525	Th/wght bear nar m-l brim mo		A					
L2526	Th/wght bear nar m-l brim cu		A					
L2530	Thigh/wght bear lacer non-mo		A					
L2540	Thigh/wght bear lacer molded		A					
L2550	Thigh/wght bear high roll cu		A					
L2570	Hip clevis type 2 posit jnt		A					
L2580	Pelvic control pelvic sling		A					
L2600	Hip clevis/thrust bearing fr		A					
L2610	Hip clevis/thrust bearing lo		A					
L2620	Pelvic control hip heavy dut		A					
L2622	Hip joint adjustable flexion		A					
L2624	Hip adj flex ext abduct cont		A					
L2627	Plastic mold recipro hip & c		A					
L2628	Metal frame recipro hip & ca		A					
L2630	Pelvic control band & belt u		A					
L2640	Pelvic control band & belt b		A					
L2650	Pelv & thor control gluteal		A					
L2660	Thoracic control thoracic ba		A					
L2670	Thorac cont paraspinal uprig		A					
L2680	Thorac cont lat support upri		A					
L2750	Plating chrome/nickel pr bar		A					
L2755	Carbon graphite lamination		A					
L2760	Extension per extension per		A					
L2768	Ortho sidebar disconnect		A					
L2780	Non-corrosive finish		A					
L2785	Drop lock retainer each		A					
L2795	Knee control full kneecap		A					
L2800	Knee cap medial or lateral p		A					
L2810	Knee control condylar pad		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L2820	Soft interface below knee se		A					
L2830	Soft interface above knee se		A					
L2840	Tibial length sock fx or equ		A					
L2850	Femoral lgth sock fx or equa		A					
L2861	Torsion mechanism knee/ankle		E					
L2999	Lower extremity orthosis NOS		A					
L3000	Ft insert ucb berkeley shell		A					
L3001	Foot insert remov molded spe		A					
L3002	Foot insert plastazote or eq		A					
L3003	Foot insert silicone gel eac		A					
L3010	Foot longitudinal arch suppo		A					
L3020	Foot longitud/metatarsal sup		A					
L3030	Foot arch support remov prem		A					
L3031	Foot lamin/prepreg composite		A					
L3040	Ft arch suprt premold longit		A					
L3050	Foot arch supp premold metat		A					
L3060	Foot arch supp longitud/meta		A					
L3070	Arch suprt att to sho longit		A					
L3080	Arch supp att to shoe metata		A					
L3090	Arch supp att to shoe long/m		A					
L3100	Hallus-valgus nght dynamic s		A					
L3140	Abduction rotation bar shoe		A					
L3150	Abduct rotation bar w/o shoe		A					
L3160	Shoe styled positioning dev		A					
L3170	Foot plastic heel stabilizer		A					
L3201	Oxford w supinat/pronat inf		A					
L3202	Oxford w/ supinat/pronator c		A					
L3203	Oxford w/ supinator/pronator		A					
L3204	Hightop w/ supp/pronator inf		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L3206	Hightop w/ supp/pronator chi		A					
L3207	Hightop w/ supp/pronator jun		A					
L3208	Surgical boot each infant		A					
L3209	Surgical boot each child		A					
L3211	Surgical boot each junior		A					
L3212	Benesch boot pair infant		A					
L3213	Benesch boot pair child		A					
L3214	Benesch boot pair junior		A					
L3215	Orthopedic ftwear ladies oxf		E					
L3216	Orthoped ladies shoes dpth i		E					
L3217	Ladies shoes hightop depth i		E					
L3219	Orthopedic mens shoes oxford		E					
L3221	Orthopedic mens shoes dpth i		E					
L3222	Mens shoes hightop depth inl		E					
L3224	Woman's shoe oxford brace		A					
L3225	Man's shoe oxford brace		A					
L3230	Custom shoes depth inlay		A					
L3250	Custom mold shoe remov prost		A					
L3251	Shoe molded to pt silicone s		A					
L3252	Shoe molded plastazote cust		A					
L3253	Shoe molded plastazote cust		A					
L3254	Orth foot non-stndard size/w		A					
L3255	Orth foot non-standard size/		A					
L3257	Orth foot add charge split s		A					
L3260	Ambulatory surgical boot eac		E					
L3265	Plastazote sandal each		A					
L3300	Sho lift taper to metatarsal		A					
L3310	Shoe lift elev heel/sole neo		A					
L3320	Shoe lift elev heel/sole cor		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L3330	Lifts elevation metal extens		A					
L3332	Shoe lifts tapered to one-ha		A					
L3334	Shoe lifts elevation heel /i		A					
L3340	Shoe wedge sach		A					
L3350	Shoe heel wedge		A					
L3360	Shoe sole wedge outside sole		A					
L3370	Shoe sole wedge between sole		A					
L3380	Shoe clubfoot wedge		A					
L3390	Shoe outflare wedge		A					
L3400	Shoe metatarsal bar wedge ro		A					
L3410	Shoe metatarsal bar between		A					
L3420	Full sole/heel wedge btween		A					
L3430	Sho heel count plast reinfor		A					
L3440	Heel leather reinforced		A					
L3450	Shoe heel sach cushion type		A					
L3455	Shoe heel new leather standa		A					
L3460	Shoe heel new rubber standar		A					
L3465	Shoe heel thomas with wedge		A					
L3470	Shoe heel thomas extend to b		A					
L3480	Shoe heel pad & depress for		A					
L3485	Shoe heel pad removable for		A					
L3500	Ortho shoe add leather insol		A					
L3510	Orthopedic shoe add rub insl		A					
L3520	O shoe add felt w leath insl		A					
L3530	Ortho shoe add half sole		A					
L3540	Ortho shoe add full sole		A					
L3550	O shoe add standard toe tap		A					
L3560	O shoe add horseshoe toe tap		A					
L3570	O shoe add instep extension		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L3580	O shoe add instep velcro clo		A					
L3590	O shoe convert to sof counte		A					
L3595	Ortho shoe add march bar		A					
L3600	Trans shoe calip plate exist		A					
L3610	Trans shoe caliper plate new		A					
L3620	Trans shoe solid stirrup exi		A					
L3630	Trans shoe solid stirrup new		A					
L3640	Shoe dennis browne splint bo		A					
L3649	Orthopedic shoe modifica NOS		A					
L3650	Shlder fig 8 abduct restrain		A					
L3660	Abduct restrainer canvas&web		A					
L3670	Acromio/clavicular canvas&we		A					
L3671	SO cap design w/o jnts CF		A					
L3672	SO airplane w/o jnts CF		A					
L3673	SO airplane w/joint CF		A					
L3675	Canvas vest SO		A					
L3677	SO hard plastic stabilizer		E					
L3702	EO w/o joints CF		A					
L3710	Elbow elastic with metal joi		A					
L3720	Forearm/arm cuffs free motio		A					
L3730	Forearm/arm cuffs ext/flex a		A					
L3740	Cuffs adj lock w/ active con		A					
L3760	EO withjoint, Prefabricated		A					
L3762	Rigid EO wo joints		A					
L3763	EWHO rigid w/o jnts CF		A					
L3764	EWHO w/joint(s) CF		A					
L3765	EWHFO rigid w/o jnts CF		A					
L3766	EWHFO w/joint(s) CF		A					
L3806	WHFO w/joint(s) custom fab		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L3807	WHFO,no joint, prefabricated		A					
L3808	WHFO, rigid w/o joints		A					
L3891	Torsion mechanism wrist/elbo		E					
L3900	Hinge extension/flex wrist/f		A					
L3901	Hinge ext/flex wrist finger		A					
L3904	Whfo electric custom fitted		A					
L3905	WHO w/nontorsion jnt(s) CF		A					
L3906	WHO w/o joints CF		A					
L3908	Wrist cock-up non-molded		A					
L3912	Flex glove w/elastic finger		A					
L3913	HFO w/o joints CF		A					
L3915	WHO w nontor jnt(s) prefab		A					
L3917	Prefab metacarpl fx orthosis		A					
L3919	HO w/o joints CF		A					
L3921	HFO w/joint(s) CF		A					
L3923	HFO w/o joints PF		A					
L3925	FO pip/dip with joint/spring		A					
L3927	FO pip/dip w/o joint/spring		A					
L3929	HFO nontorsion joint, prefab		A					
L3931	WHFO nontorsion joint prefab		A					
L3933	FO w/o joints CF		A					
L3935	FO nontorsion joint CF		A					
L3956	Add joint upper ext orthosis		A					
L3960	Sewho airplan desig abdu pos		A					
L3961	SEWHO cap design w/o jnts CF		A					
L3962	Sewho erbs palsey design abd		A					
L3964	Seo mobile arm sup att to wc		Y					
L3965	Arm supp att to wc rancho ty		Y					
L3966	Mobile arm supports reclinin		Y					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L3967	SEWHO airplane w/o jnts CF		A					
L3968	Friction dampening arm supp		Y					
L3969	Monosuspension arm/hand supp		Y					
L3970	Elevat proximal arm support		Y					
L3971	SEWHO cap design w/jnt(s) CF		A					
L3972	Offset/lat rocker arm w/ ela		Y					
L3973	SEWHO airplane w/jnt(s) CF		A					
L3974	Mobile arm support supinator		Y					
L3975	SEWHFO cap design w/o jnt CF		A					
L3976	SEWHFO airplane w/o jnts CF		A					
L3977	SEWHFO cap desgn w/jnt(s) CF		A					
L3978	SEWHFO airplane w/jnt(s) CF		A					
L3980	Upp ext fx orthosis humeral		A					
L3982	Upper ext fx orthosis rad/ul		A					
L3984	Upper ext fx orthosis wrist		A					
L3995	Sock fracture or equal each		A					
L3999	Upper limb orthosis NOS		A					
L4000	Repl girdle milwaukee orth		A					
L4002	Replace strap, any orthosis		A					
L4010	Replace trilateral socket br		A					
L4020	Replace quadlat socket brim		A					
L4030	Replace socket brim cust fit		A					
L4040	Replace molded thigh lacer		A					
L4045	Replace non-molded thigh lac		A					
L4050	Replace molded calf lacer		A					
L4055	Replace non-molded calf lace		A					
L4060	Replace high roll cuff		A					
L4070	Replace prox & dist upright		A					
L4080	Repl met band kafo-afo prox		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L4090	Repl met band kafo-afo calf/		A					
L4100	Repl leath cuff kafo prox th		A					
L4110	Repl leath cuff kafo-afo cal		A					
L4130	Replace pretibial shell		A					
L4205	Ortho dvc repair per 15 min		A					
L4210	Orth dev repair/repl minor p		A					
L4350	Ankle control orthosi prefab		A					
L4360	Pneumati walking boot prefab		A					
L4370	Pneumatic full leg splint		A					
L4380	Pneumatic knee splint		A					
L4386	Non-pneum walk boot prefab		A					
L4392	Replace AFO soft interface		A					
L4394	Replace foot drop spint		A					
L4396	Static AFO		A					
L4398	Foot drop splint recumbent		A					
L5000	Sho insert w arch toe filler		A					
L5010	Mold socket ank hgt w/ toe f		A					
L5020	Tibial tubercle hgt w/ toe f		A					
L5050	Ank symes mold sckt sach ft		A					
L5060	Symes met fr leath socket ar		A					
L5100	Molded socket shin sach foot		A					
L5105	Plast socket jts/thgh lacer		A					
L5150	Mold sckt ext knee shin sach		A					
L5160	Mold socket bent knee shin s		A					
L5200	Kne sing axis fric shin sach		A					
L5210	No knee/ankle joints w/ ft b		A					
L5220	No knee joint with artic ali		A					
L5230	Fem focal defic constant fri		A					
L5250	Hip canad sing axi cons fric		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L5270	Tilt table locking hip sing		A					
L5280	Hemipelvect canad sing axis		A					
L5301	BK mold socket SACH ft endo		A					
L5311	Knee disart, SACH ft, endo		A					
L5321	AK open end SACH		A					
L5331	Hip disart canadian SACH ft		A					
L5341	Hemipelvectomy canadian SACH		A					
L5400	Postop dress & 1 cast chg bk		A					
L5410	Postop dsg bk ea add cast ch		A					
L5420	Postop dsg & 1 cast chg ak/d		A					
L5430	Postop dsg ak ea add cast ch		A					
L5450	Postop app non-wgt bear dsg		A					
L5460	Postop app non-wgt bear dsg		A					
L5500	Init bk ptb plaster direct		A					
L5505	Init ak ischal plstr direct		A					
L5510	Prep BK ptb plaster molded		A					
L5520	Perp BK ptb thermopls direct		A					
L5530	Prep BK ptb thermopls molded		A					
L5535	Prep BK ptb open end socket		A					
L5540	Prep BK ptb laminated socket		A					
L5560	Prep AK ischial plast molded		A					
L5570	Prep AK ischial direct form		A					
L5580	Prep AK ischial thermo mold		A					
L5585	Prep AK ischial open end		A					
L5590	Prep AK ischial laminated		A					
L5595	Hip disartic sach thermopls		A					
L5600	Hip disart sach laminat mold		A					
L5610	Above knee hydracadence		A					
L5611	Ak 4 bar link w/fric swing		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L5613	Ak 4 bar ling w/hydraul swig		A					
L5614	4-bar link above knee w/swng		A					
L5616	Ak univ multiplex sys frict		A					
L5617	AK/BK self-aligning unit ea		A					
L5618	Test socket symes		A					
L5620	Test socket below knee		A					
L5622	Test socket knee disarticula		A					
L5624	Test socket above knee		A					
L5626	Test socket hip disarticulat		A					
L5628	Test socket hemipelvectomy		A					
L5629	Below knee acrylic socket		A					
L5630	Syme typ expandabl wall sckt		A					
L5631	Ak/knee disartic acrylic soc		A					
L5632	Symes type ptb brim design s		A					
L5634	Symes type poster opening so		A					
L5636	Symes type medial opening so		A					
L5637	Below knee total contact		A					
L5638	Below knee leather socket		A					
L5639	Below knee wood socket		A					
L5640	Knee disarticulat leather so		A					
L5642	Above knee leather socket		A					
L5643	Hip flex inner socket ext fr		A					
L5644	Above knee wood socket		A					
L5645	Bk flex inner socket ext fra		A					
L5646	Below knee cushion socket		A					
L5647	Below knee suction socket		A					
L5648	Above knee cushion socket		A					
L5649	Isch containmt/narrow m-l so		A					
L5650	Tot contact ak/knee disart s		A					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L5651	Ak flex inner socket ext fra		A					
L5652	Suction susp ak/knee disart		A					
L5653	Knee disart expand wall sock		A					
L5654	Socket insert symes		A					
L5655	Socket insert below knee		A					
L5656	Socket insert knee articulat		A					
L5658	Socket insert above knee		A					
L5661	Multi-durometer symes		A					
L5665	Multi-durometer below knee		A					
L5666	Below knee cuff suspension		A					
L5668	Socket insert w/o lock lower		A					
L5670	Bk molded supracondylar susp		A					
L5671	BK/AK locking mechanism		A					
L5672	Bk removable medial brim sus		A					
L5673	Socket insert w lock mech		A					
L5676	Bk knee joints single axis p		A					
L5677	Bk knee joints polycentric p		A					
L5678	Bk joint covers pair		A					
L5679	Socket insert w/o lock mech		A					
L5680	Bk thigh lacer non-molded		A					
L5681	Intl custm cong/latyp insert		A					
L5682	Bk thigh lacer glut/ischia m		A					
L5683	Initial custom socket insert		A					
L5684	Bk fork strap		A					
L5685	Below knee sus/seal sleeve		A					
L5686	Bk back check		A					
L5688	Bk waist belt webbing		A					
L5690	Bk waist belt padded and lin		A					
L5692	Ak pelvic control belt light		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L5694	Ak pelvic control belt pad/l		A					
L5695	Ak sleeve susp neoprene/equa		A					
L5696	Ak/knee disartic pelvic join		A					
L5697	Ak/knee disartic pelvic band		A					
L5698	Ak/knee disartic silesian ba		A					
L5699	Shoulder harness		A					
L5700	Replace socket below knee		A					
L5701	Replace socket above knee		A					
L5702	Replace socket hip		A					
L5703	Symes ankle w/o (SACH) foot		A					
L5704	Custom shape cover BK		A					
L5705	Custom shape cover AK		A					
L5706	Custom shape cvr knee disart		A					
L5707	Custom shape cvr hip disart		A					
L5710	Kne-shin exo sng axi mnl loc		A					
L5711	Knee-shin exo mnl lock ultra		A					
L5712	Knee-shin exo frict swg & st		A					
L5714	Knee-shin exo variable frict		A					
L5716	Knee-shin exo mech stance ph		A					
L5718	Knee-shin exo frct swg & sta		A					
L5722	Knee-shin pneum swg frct exo		A					
L5724	Knee-shin exo fluid swing ph		A					
L5726	Knee-shin ext jnts fld swg e		A					
L5728	Knee-shin fluid swg & stance		A					
L5780	Knee-shin pneum/hydra pneum		A					
L5781	Lower limb pros vacuum pump		A					
L5782	HD low limb pros vacuum pump		A					
L5785	Exoskeletal bk ultralt mater		A					
L5790	Exoskeletal ak ultra-light m		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L5795	Exoskel hip ultra-light mate		A					
L5810	Endoskel knee-shin mnl lock		A					
L5811	Endo knee-shin mnl lck ultra		A					
L5812	Endo knee-shin frct swg & st		A					
L5814	Endo knee-shin hydral swg ph		A					
L5816	Endo knee-shin polyc mch sta		A					
L5818	Endo knee-shin frct swg & st		A					
L5822	Endo knee-shin pneum swg frc		A					
L5824	Endo knee-shin fluid swing p		A					
L5826	Miniature knee joint		A					
L5828	Endo knee-shin fluid swg/sta		A					
L5830	Endo knee-shin pneum/swg pha		A					
L5840	Multi-axial knee/shin system		A					
L5845	Knee-shin sys stance flexion		A					
L5848	Knee-shin sys hydraul stance		A					
L5850	Endo ak/hip knee extens assi		A					
L5855	Mech hip extension assist		A					
L5856	Elec knee-shin swing/stance		A					
L5857	Elec knee-shin swing only		A					
L5858	Stance phase only		A					
L5910	Endo below knee alignable sy		A					
L5920	Endo ak/hip alignable system		A					
L5925	Above knee manual lock		A					
L5930	High activity knee frame		A					
L5940	Endo bk ultra-light material		A					
L5950	Endo ak ultra-light material		A					
L5960	Endo hip ultra-light materia		A					
L5962	Below knee flex cover system		A					
L5964	Above knee flex cover system		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L5966	Hip flexible cover system		A					
L5968	Multiaxial ankle w dorsiflex		A					
L5970	Foot external keel sach foot		A					
L5971	SACH foot, replacement		A					
L5972	Flexible keel foot		A					
L5973	Ank-foot sys dors-plant flex		A					
L5974	Foot single axis ankle/foot		A					
L5975	Combo ankle/foot prosthesis		A					
L5976	Energy storing foot		A					
L5978	Ft prosth multiaxial ankl/ft		A					
L5979	Multi-axial ankle/ft prosth		A					
L5980	Flex foot system		A					
L5981	Flex-walk sys low ext prosth		A					
L5982	Exoskeletal axial rotation u		A					
L5984	Endoskeletal axial rotation		A					
L5985	Lwr ext dynamic prosth pylon		A					
L5986	Multi-axial rotation unit		A					
L5987	Shank ft w vert load pylon		A					
L5988	Vertical shock reducing pylo		A					
L5990	User adjustable heel height		A					
L5999	Lowr extremity prosthes NOS		A					
L6000	Par hand robin-aids thum rem		A					
L6010	Hand robin-aids little/ring		A					
L6020	Part hand robin-aids no fing		A					
L6025	Part hand disart myoelectric		A					
L6050	Wrst MLd sck flx hng tri pad		A					
L6055	Wrst mold sock w/exp interfa		A					
L6100	Elb mold sock flex hinge pad		A					
L6110	Elbow mold sock suspension t		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L6120	Elbow mold doub splt soc ste		A					
L6130	Elbow stump activated lock h		A					
L6200	Elbow mold outsid lock hinge		A					
L6205	Elbow molded w/ expand inter		A					
L6250	Elbow inter loc elbow forarm		A					
L6300	Shlder disart int lock elbow		A					
L6310	Shoulder passive restor comp		A					
L6320	Shoulder passive restor cap		A					
L6350	Thoracic intern lock elbow		A					
L6360	Thoracic passive restor comp		A					
L6370	Thoracic passive restor cap		A					
L6380	Postop dsg cast chg wrst/elb		A					
L6382	Postop dsg cast chg elb dis/		A					
L6384	Postop dsg cast chg shlder/t		A					
L6386	Postop ea cast chg & realign		A					
L6388	Postop applicat rigid dsg on		A					
L6400	Below elbow prosth tiss shap		A					
L6450	Elb disart prosth tiss shap		A					
L6500	Above elbow prosth tiss shap		A					
L6550	Shldr disar prosth tiss shap		A					
L6570	Scap thorac prosth tiss shap		A					
L6580	Wrist/elbow bowden cable mol		A					
L6582	Wrist/elbow bowden cbl dir f		A					
L6584	Elbow fair lead cable molded		A					
L6586	Elbow fair lead cable dir fo		A					
L6588	Shdr fair lead cable molded		A					
L6590	Shdr fair lead cable direct		A					
L6600	Polycentric hinge pair		A					
L6605	Single pivot hinge pair		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L6610	Flexible metal hinge pair		A					
L6611	Additional switch, ext power		A					
L6615	Disconnect locking wrist uni		A					
L6616	Disconnect insert locking wr		A					
L6620	Flexion/extension wrist unit		A					
L6621	Flex/ext wrist w/wo friction		A					
L6623	Spring-ass rot wrst w/ latch		A					
L6624	Flex/ext/rotation wrist unit		A					
L6625	Rotation wrst w/ cable lock		A					
L6628	Quick disconn hook adapter o		A					
L6629	Lamination collar w/ couplin		A					
L6630	Stainless steel any wrist		A					
L6632	Latex suspension sleeve each		A					
L6635	Lift assist for elbow		A					
L6637	Nudge control elbow lock		A					
L6638	Elec lock on manual pw elbow		A					
L6640	Shoulder abduction joint pai		A					
L6641	Excursion amplifier pulley t		A					
L6642	Excursion amplifier lever ty		A					
L6645	Shoulder flexion-abduction j		A					
L6646	Multipo locking shoulder jnt		A					
L6647	Shoulder lock actuator		A					
L6648	Ext pwrd shlder lock/unlock		A					
L6650	Shoulder universal joint		A					
L6655	Standard control cable extra		A					
L6660	Heavy duty control cable		A					
L6665	Teflon or equal cable lining		A					
L6670	Hook to hand cable adapter		A					
L6672	Harness chest/shlder saddle		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L6675	Harness figure of 8 sing con		A					
L6676	Harness figure of 8 dual con		A					
L6677	UE triple control harness		A					
L6680	Test sock wrist disart/bel e		A					
L6682	Test sock elbw disart/above		A					
L6684	Test socket shldr disart/tho		A					
L6686	Suction socket		A					
L6687	Frame typ socket bel elbow/w		A					
L6688	Frame typ sock above elb/dis		A					
L6689	Frame typ socket shoulder di		A					
L6690	Frame typ sock interscap-tho		A					
L6691	Removable insert each		A					
L6692	Silicone gel insert or equal		A					
L6693	Lockingelbow forearm cntrbal		A					
L6694	Elbow socket ins use w/lock		A					
L6695	Elbow socket ins use w/o lck		A					
L6696	Cus elbo skt in for con/atyp		A					
L6697	Cus elbo skt in not con/atyp		A					
L6698	Below/above elbow lock mech		A					
L6703	Term dev, passive hand mitt		A					
L6704	Term dev, sport/rec/work att		A					
L6706	Term dev mech hook vol open		A					
L6707	Term dev mech hook vol close		A					
L6708	Term dev mech hand vol open		A					
L6709	Term dev mech hand vol close		A					
L6711	Ped term dev, hook, vol open		A					
L6712	Ped term dev, hook, vol clos		A					
L6713	Ped term dev, hand, vol open		A					
L6714	Ped term dev, hand, vol clos		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L6721	Hook/hand, hvy dty, vol open		A					
L6722	Hook/hand, hvy dty, vol clos		A					
L6805	Term dev modifier wrist unit		A					
L6810	Term dev precision pinch dev		A					
L6881	Term dev auto grasp feature		A					
L6882	Microprocessor control uplmb		A					
L6883	Replc sockt below e/w disa		A					
L6884	Replc sockt above elbow disa		A					
L6885	Replc sockt shldr dis/interc		A					
L6890	Prefab glove for term device		A					
L6895	Custom glove for term device		A					
L6900	Hand restorat thumb/1 finger		A					
L6905	Hand restoration multiple fi		A					
L6910	Hand restoration no fingers		A					
L6915	Hand restoration replacmnt g		A					
L6920	Wrist disarticul switch ctrl		A					
L6925	Wrist disart myoelectronic c		A					
L6930	Below elbow switch control		A					
L6935	Below elbow myoelectronic ct		A					
L6940	Elbow disarticulation switch		A					
L6945	Elbow disart myoelectronic c		A					
L6950	Above elbow switch control		A					
L6955	Above elbow myoelectronic ct		A					
L6960	Shldr disartic switch contro		A					
L6965	Shldr disartic myoelectronic		A					
L6970	Interscapular-thor switch ct		A					
L6975	Interscap-thor myoelectronic		A					
L7007	Adult electric hand		A					
L7008	Pediatric electric hand		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L7009	Adult electric hook		A					
L7040	Prehensile actuator		A					
L7045	Pediatric electric hook		A					
L7170	Electronic elbow hosmer swit		A					
L7180	Electronic elbow sequential		A					
L7181	Electronic elbo simultaneous		A					
L7185	Electron elbow adolescent sw		A					
L7186	Electron elbow child switch		A					
L7190	Elbow adolescent myoelectron		A					
L7191	Elbow child myoelectronic ct		A					
L7260	Electron wrist rotator otto		A					
L7261	Electron wrist rotator utah		A					
L7266	Servo control steeper or equ		A					
L7272	Analogue control unb or equa		A					
L7274	Proportional ctl 12 volt uta		A					
L7360	Six volt bat otto bock/eq ea		A					
L7362	Battery chrgr six volt otto		A					
L7364	Twelve volt battery utah/equ		A					
L7366	Battery chrgr 12 volt utah/e		A					
L7367	Replacemnt lithium ionbatter		A					
L7368	Lithium ion battery charger		A					
L7400	Add UE prost be/wd, ultlite		A					
L7401	Add UE prost a/e ultlite mat		A					
L7402	Add UE prost s/d ultlite mat		A					
L7403	Add UE prost b/e acrylic		A					
L7404	Add UE prost a/e acrylic		A					
L7405	Add UE prost s/d acrylic		A					
L7499	Upper extremity prosthes NOS		A					
L7500	Prosthetic dvc repair hourly		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L7510	Prosthetic device repair rep		A					
L7520	Repair prosthesis per 15 min		A					
L7600	Prosthetic donning sleeve		E					
L7900	Male vacuum erection system		A					
L8000	Mastectomy bra		A					
L8001	Breast prosthesis bra & form		A					
L8002	Brst prsth bra & bilat form		A					
L8010	Mastectomy sleeve		A					
L8015	Ext breastprosthesis garment		A					
L8020	Mastectomy form		A					
L8030	Breast prosthes w/o adhesive		A					
L8031	Breast prosthesis w adhesive		A					
L8032	Reusable nipple prosthesis		A					
L8035	Custom breast prosthesis		A					
L8039	Breast prosthesis NOS		A					
L8040	Nasal prosthesis		A					
L8041	Midfacial prosthesis		A					
L8042	Orbital prosthesis		A					
L8043	Upper facial prosthesis		A					
L8044	Hemi-facial prosthesis		A					
L8045	Auricular prosthesis		A					
L8046	Partial facial prosthesis		A					
L8047	Nasal septal prosthesis		A					
L8048	Unspec maxillofacial prosth		A					
L8049	Repair maxillofacial prosth		A					
L8300	Truss single w/ standard pad		A					
L8310	Truss double w/ standard pad		A					
L8320	Truss addition to std pad wa		A					
L8330	Truss add to std pad scrotal		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L8400	Sheath below knee		A					
L8410	Sheath above knee		A					
L8415	Sheath upper limb		A					
L8417	Pros sheath/sock w gel cushn		A					
L8420	Prosthetic sock multi ply BK		A					
L8430	Prosthetic sock multi ply AK		A					
L8435	Pros sock multi ply upper lm		A					
L8440	Shrinker below knee		A					
L8460	Shrinker above knee		A					
L8465	Shrinker upper limb		A					
L8470	Pros sock single ply BK		A					
L8480	Pros sock single ply AK		A					
L8485	Pros sock single ply upper l		A					
L8499	Unlisted misc prosthetic ser		A					
L8500	Artificial larynx		A					
L8501	Tracheostomy speaking valve		A					
L8505	Artificial larynx, accessory		A					
L8507	Trach-esoph voice pros pt in		A					
L8509	Trach-esoph voice pros md in		A					
L8510	Voice amplifier		A					
L8511	Indwelling trach insert		A					
L8512	Gel cap for trach voice pros		A					
L8513	Trach pros cleaning device		A					
L8514	Repl trach puncture dilator		A					
L8515	Gel cap app device for trach		A					
L8600	Implant breast silicone/eq		N					
L8603	Collagen imp urinary 2.5 ml		N					
L8604	Dextranomer/hyaluronic acid		N					
L8606	Synthetic implnt urinary 1ml		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L8609	Artificial cornea		N					
L8610	Ocular implant		N					
L8612	Aqueous shunt prosthesis		N					
L8613	Ossicular implant		N					
L8614	Cochlear device		N					
L8615	Coch implant headset replace		A					
L8616	Coch implant microphone repl		A					
L8617	Coch implant trans coil repl		A					
L8618	Coch implant tran cable repl		A					
L8619	Coch imp ext proc/contr rplc		A					
L8621	Repl zinc air battery		A					
L8622	Repl alkaline battery		A					
L8623	Lith ion batt CID,non-earlvl		A					
L8624	Lith ion batt CID, ear level		A					
L8627	CID ext speech process repl		A					
L8628	CID ext controller repl		A					
L8629	CID transmit coil and cable		A					
L8630	Metacarpophalangeal implant		N					
L8631	MCP joint repl 2 pc or more		N					
L8641	Metatarsal joint implant		N					
L8642	Hallux implant		N					
L8658	Interphalangeal joint spacer		N					
L8659	Interphalangeal joint repl		N					
L8670	Vascular graft, synthetic		N					
L8680	Implt neurostim elctr each		N					
L8681	Pt prgrm for implt neurostim		A					
L8682	Implt neurostim radiofq rec		N					
L8683	Radiofq trsmtr for implt neu		A					
L8684	Radiof trsmtr implt scrl neu		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
L8685	Implt nrostm pls gen sng rec		N					
L8686	Implt nrostm pls gen sng non		N					
L8687	Implt nrostm pls gen dua rec		N					
L8688	Implt nrostm pls gen dua non		N					
L8689	External recharg sys intern		A					
L8690	Aud osseo dev, int/ext comp		N					
L8691	Osseointegrated snd proc rpl		A					
L8692	Non-osseointegrated snd proc		E					
L8695	External recharg sys extern		A					
L8699	Prosthetic implant NOS		N					
L9900	O&P supply/accessory/service		N					
M0064	Visit for drug monitoring		Q3	0607	1.7939	$122.46	.	$24.50
M0075	Cellular therapy		E					
M0076	Prolotherapy		E					
M0100	Intragastric hypothermia		E					
M0300	IV chelationtherapy		E					
M0301	Fabric wrapping of aneurysm		E					
P2028	Cephalin floculation test		A					
P2029	Congo red blood test		A					
P2031	Hair analysis		E					
P2033	Blood thymol turbidity		A					
P2038	Blood mucoprotein		A					
P3000	Screen pap by tech w md supv		A					
P3001	Screening pap smear by phys		B					
P7001	Culture bacterial urine		E					
P9010	Whole blood for transfusion		R	0950	2.9637	$202.32	.	$40.47
P9011	Blood split unit		R	0967	2.9552	$201.74	.	$40.35
P9012	Cryoprecipitate each unit		R	0952	0.7391	$50.46	.	$10.10
P9016	RBC leukocytes reduced		R	0954	2.7694	$189.06	.	$37.82

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
P9017	Plasma 1 donor frz w/in 8 hr		R	9508	1.1671	$79.67	.	$15.94
P9019	Platelets, each unit		R	0957	1.0506	$71.72	.	$14.35
P9020	Plaelet rich plasma unit		R	0958	2.052	$140.08	.	$28.02
P9021	Red blood cells unit		R	0959	2.186	$149.23	.	$29.85
P9022	Washed red blood cells unit		R	0960	4.3079	$294.09	.	$58.82
P9023	Frozen plasma, pooled, sd		R	0949	0.8126	$55.47	.	$11.10
P9031	Platelets leukocytes reduced		R	1013	1.5839	$108.13	.	$21.63
P9032	Platelets, irradiated		R	9500	2.2804	$155.68	.	$31.14
P9033	Platelets leukoreduced irrad		R	0968	2.0209	$137.96	.	$27.60
P9034	Platelets, pheresis		R	9507	6.5766	$448.96	.	$89.80
P9035	Platelet pheres leukoreduced		R	9501	7.7397	$528.37	.	$105.68
P9036	Platelet pheresis irradiated		R	9502	6.8837	$469.93	.	$93.99
P9037	Plate pheres leukoredu irrad		R	1019	9.6439	$658.36	.	$131.68
P9038	RBC irradiated		R	9505	3.162	$215.86	.	$43.18
P9039	RBC deglycerolized		R	9504	5.1865	$354.07	.	$70.82
P9040	RBC leukoreduced irradiated		R	0969	3.6796	$251.20	.	$50.24
P9041	Albumin (human),5%, 50ml		K	0961		$16.89	.	$3.38
P9043	Plasma protein fract,5%,50ml		R	0956	0.3751	$25.61	.	$5.13
P9044	Cryoprecipitatereducedplasma		R	1009	1.1663	$79.62	.	$15.93
P9045	Albumin (human), 5%, 250 ml		K	0963		$60.58	.	$12.12
P9046	Albumin (human), 25%, 20 ml		K	0964		$25.67	.	$5.14
P9047	Albumin (human), 25%, 50ml		K	0965		$62.05	.	$12.41
P9048	Plasmaprotein fract,5%,250ml		R	0966	1.6989	$115.98	.	$23.20
P9050	Granulocytes, pheresis unit		R	9506	23.7666	$1,622.47	.	$324.50
P9051	Blood, l/r, cmv-neg		R	1010	2.76	$188.42	.	$37.69
P9052	Platelets, hla-m, l/r, unit		R	1011	10.5854	$722.63	.	$144.53
P9053	Plt, pher, l/r cmv-neg, irr		R	1020	8.5688	$584.97	.	$117.00
P9054	Blood, l/r, froz/degly/wash		R	1016	1.4749	$100.69	.	$20.14
P9055	Plt, aph/pher, l/r, cmv-neg		R	1017	6.2876	$429.24	.	$85.85

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
P9056	Blood, l/r, irradiated		R	1018	2.4465	$167.02	.	$33.41
P9057	RBC, frz/deg/wsh, l/r, irrad		R	1021	4.1093	$280.53	.	$56.11
P9058	RBC, l/r, cmv-neg, irrad		R	1022	4.387	$299.49	.	$59.90
P9059	Plasma, frz between 8-24hour		R	0955	1.0672	$72.85	.	$14.57
P9060	Fr frz plasma donor retested		R	9503	0.9734	$66.45	.	$13.29
P9603	One-way allow prorated miles		A					
P9604	One-way allow prorated trip		A					
P9612	Catheterize for urine spec		A					
P9615	Urine specimen collect mult		N					
Q0035	Cardiokymography		X	0100	2.6301	$179.55	$41.44	$35.91
Q0081	Infusion ther other than che		B					
Q0083	Chemo by other than infusion		B					
Q0084	Chemotherapy by infusion		B					
Q0085	Chemo by both infusion and o		B					
Q0091	Obtaining screen pap smear		T	0191	0.1514	$10.34		
Q0092	Set up port xray equipment		N					
Q0111	Wet mounts/ w preparations		A					
Q0112	Potassium hydroxide preps		A					
Q0113	Pinworm examinations		A					
Q0114	Fern test		A					
Q0115	Post-coital mucous exam		A					
Q0138	Ferumoxytol, non-esrd		G	1297		$0.82	.	$0.17
Q0139	Ferumoxytol, esrd use		A					
Q0144	Azithromycin dihydrate, oral		E					
Q0163	Diphenhydramine HCl 50mg		N					
Q0164	Prochlorperazine maleate 5mg		N					
Q0165	Prochlorperazine maleate10mg		N					
Q0166	Granisetron hcl 1 mg oral		N					
Q0167	Dronabinol 2.5mg oral		N					

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HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
Q0168	Dronabinol 5mg oral		N					
Q0169	Promethazine HCl 12.5mg oral		N					
Q0170	Promethazine HCl 25 mg oral		N					
Q0171	Chlorpromazine HCl 10mg oral		N					
Q0172	Chlorpromazine HCl 25mg oral		N					
Q0173	Trimethobenzamide HCl 250mg		N					
Q0174	Thiethylperazine maleate10mg	CH	E					
Q0175	Perphenazine 4mg oral		N					
Q0176	Perphenazine 8mg oral		N					
Q0177	Hydroxyzine pamoate 25mg		N					
Q0178	Hydroxyzine pamoate 50mg		N					
Q0179	Ondansetron hcl 8 mg oral		N					
Q0180	Dolasetron mesylate oral		N					
Q0181	Unspecified oral anti-emetic		E					
Q0480	Driver pneumatic vad, rep		A					
Q0481	Microprcsr cu elec vad, rep		A					
Q0482	Microprcsr cu combo vad, rep		A					
Q0483	Monitor elec vad, rep		A					
Q0484	Monitor elec or comb vad rep		A					
Q0485	Monitor cable elec vad, rep		A					
Q0486	Mon cable elec/pneum vad rep		A					
Q0487	Leads any type vad, rep only		A					
Q0488	Pwr pack base elec vad, rep		A					
Q0489	Pwr pck base combo vad, rep		A					
Q0490	Emr pwr source elec vad, rep		A					
Q0491	Emr pwr source combo vad rep		A					
Q0492	Emr pwr cbl elec vad, rep		A					
Q0493	Emr pwr cbl combo vad, rep		A					
Q0494	Emr hd pmp elec/combo, rep		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
Q0495	Charger elec/combo vad, rep		A					
Q0496	Battery elec/combo vad, rep		A					
Q0497	Bat clps elec/comb vad, rep		A					
Q0498	Holster elec/combo vad, rep		A					
Q0499	Belt/vest elec/combo vad rep		A					
Q0500	Filters elec/combo vad, rep		A					
Q0501	Shwr cov elec/combo vad, rep		A					
Q0502	Mobility cart pneum vad, rep		A					
Q0503	Battery pneum vad replacemnt		A					
Q0504	Pwr adpt pneum vad, rep veh		A					
Q0505	Miscl supply/accessory vad		A					
Q0506	Lith-ion batt elec/pneum VAD		A					
Q0510	Dispens fee immunosupressive		B					
Q0511	Sup fee antiem,antica,immuno		B					
Q0512	Px sup fee anti-can sub pres		B					
Q0513	Disp fee inhal drugs/30 days		B					
Q0514	Disp fee inhal drugs/90 days		B					
Q0515	Sermorelin acetate injection		K	3050		$1.80	.	$0.36
Q1003	Ntiol category 3		N					
Q1004	Ntiol category 4		E					
Q1005	Ntiol category 5		E					
Q2004	Bladder calculi irrig sol	CH	N					
Q2009	Fosphenytoin inj PE		N					
Q2017	Teniposide, 50 mg		K	7035		$324.55	.	$64.91
Q3001	Brachytherapy Radioelements		B					
Q3014	Telehealth facility fee		A					
Q3025	IM inj interferon beta 1-a		K	9022		$193.93	.	$38.79
Q3026	Subc inj interferon beta-1a		E					
Q3031	Collagen skin test		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
Q4001	Cast sup body cast plaster		B					
Q4002	Cast sup body cast fiberglas		B					
Q4003	Cast sup shoulder cast plstr		B					
Q4004	Cast sup shoulder cast fbrgl		B					
Q4005	Cast sup long arm adult plst		B					
Q4006	Cast sup long arm adult fbrg		B					
Q4007	Cast sup long arm ped plster		B					
Q4008	Cast sup long arm ped fbrgls		B					
Q4009	Cast sup sht arm adult plstr		B					
Q4010	Cast sup sht arm adult fbrgl		B					
Q4011	Cast sup sht arm ped plaster		B					
Q4012	Cast sup sht arm ped fbrglas		B					
Q4013	Cast sup gauntlet plaster		B					
Q4014	Cast sup gauntlet fiberglass		B					
Q4015	Cast sup gauntlet ped plster		B					
Q4016	Cast sup gauntlet ped fbrgls		B					
Q4017	Cast sup lng arm splint plst		B					
Q4018	Cast sup lng arm splint fbrg		B					
Q4019	Cast sup lng arm splnt ped p		B					
Q4020	Cast sup lng arm splnt ped f		B					
Q4021	Cast sup sht arm splint plst		B					
Q4022	Cast sup sht arm splint fbrg		B					
Q4023	Cast sup sht arm splnt ped p		B					
Q4024	Cast sup sht arm splnt ped f		B					
Q4025	Cast sup hip spica plaster		B					
Q4026	Cast sup hip spica fiberglas		B					
Q4027	Cast sup hip spica ped plstr		B					
Q4028	Cast sup hip spica ped fbrgl		B					
Q4029	Cast sup long leg plaster		B					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
Q4030	Cast sup long leg fiberglass		B					
Q4031	Cast sup lng leg ped plaster		B					
Q4032	Cast sup lng leg ped fbrgls		B					
Q4033	Cast sup lng leg cylinder pl		B					
Q4034	Cast sup lng leg cylinder fb		B					
Q4035	Cast sup lngleg cylndr ped p		B					
Q4036	Cast sup lngleg cylndr ped f		B					
Q4037	Cast sup shrt leg plaster		B					
Q4038	Cast sup shrt leg fiberglass		B					
Q4039	Cast sup shrt leg ped plster		B					
Q4040	Cast sup shrt leg ped fbrgls		B					
Q4041	Cast sup lng leg splnt plstr		B					
Q4042	Cast sup lng leg splnt fbrgl		B					
Q4043	Cast sup lng leg splnt ped p		B					
Q4044	Cast sup lng leg splnt ped f		B					
Q4045	Cast sup sht leg splnt plstr		B					
Q4046	Cast sup sht leg splnt fbrgl		B					
Q4047	Cast sup sht leg splnt ped p		B					
Q4048	Cast sup sht leg splnt ped f		B					
Q4049	Finger splint, static		B					
Q4050	Cast supplies unlisted		B					
Q4051	Splint supplies misc		B					
Q4074	Iloprost non-comp unit dose		Y					
Q4081	Epoetin alfa, 100 units ESRD		A					
Q4082	Drug/bio NOC part B drug CAP		B					
Q4100	Skin substitute, NOS		N					
Q4101	Apligraf skin sub		K	1240		$32.71	.	$6.55
Q4102	Oasis wound matrix skin sub		K	1241		$4.62	.	$0.93
Q4103	Oasis burn matrix skin sub		K	1242		$4.62	.	$0.93

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
Q4104	Integra BMWD skin sub		K	1243		$14.84	.	$2.97
Q4105	Integra DRT skin sub		K	1244		$10.00	.	$2.00
Q4106	Dermagraft skin sub		K	1245		$40.10	.	$8.02
Q4107	Graftjacket skin sub		K	1246		$92.04	.	$18.41
Q4108	Integra matrix skin sub		K	1247		$17.99	.	$3.60
Q4109	Tissuemend skin sub		N					
Q4110	Primatrix skin sub		K	1248		$34.35	.	$6.87
Q4111	Gammagraft skin sub		K	1252		$7.40	.	$1.48
Q4112	Cymetra allograft		K	1249		$342.34	.	$68.47
Q4113	Graftjacket express allograf		K	1250		$342.34	.	$68.47
Q4114	Integra flowable wound matri	CH	K	1251		$914.43	.	$182.89
Q4115	Alloskin skin sub		K	1287		$7.34	.	$1.47
Q4116	Alloderm skin sub		K	1270		$32.57	.	$6.52
Q5001	Hospice in patient home		B					
Q5002	Hospice in assisted living		B					
Q5003	Hospice in LT/non-skilled NF		B					
Q5004	Hospice in SNF		B					
Q5005	Hospice, inpatient hospital		B					
Q5006	Hospice in hospice facility		B					
Q5007	Hospice in LTCH		B					
Q5008	Hospice in inpatient psych		B					
Q5009	Hospice care, NOS		B					
Q9951	LOCM >= 400 mg/ml iodine,1ml		N					
Q9953	Inj Fe-based MR contrast,1ml		N					
Q9954	Oral MR contrast, 100 ml		N					
Q9955	Inj perflexane lip micros,ml		N					
Q9956	Inj octafluoropropane mic,ml		N					
Q9957	Inj perflutren lip micros,ml		N					
Q9958	HOCM <=149 mg/ml iodine, 1ml		N					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
Q9959	HOCM 150-199mg/ml iodine,1ml		N					
Q9960	HOCM 200-249mg/ml iodine,1ml		N					
Q9961	HOCM 250-299mg/ml iodine,1ml		N					
Q9962	HOCM 300-349mg/ml iodine,1ml		N					
Q9963	HOCM 350-399mg/ml iodine,1ml		N					
Q9964	HOCM>= 400mg/ml iodine, 1ml		N					
Q9965	LOCM 100-199mg/ml iodine,1ml		N					
Q9966	LOCM 200-299mg/ml iodine,1ml		N					
Q9967	LOCM 300-399mg/ml iodine,1ml		N					
Q9968	Visualization adjunct		K	1288		$1.82	.	$0.37
R0070	Transport portable x-ray		B					
R0075	Transport port x-ray multipl		B					
R0076	Transport portable EKG		B					
V2020	Vision svcs frames purchases		A					
V2025	Eyeglasses delux frames		E					
V2100	Lens spher single plano 4.00		A					
V2101	Single visn sphere 4.12-7.00		A					
V2102	Singl visn sphere 7.12-20.00		A					
V2103	Spherocylindr 4.00d/12-2.00d		A					
V2104	Spherocylindr 4.00d/2.12-4d		A					
V2105	Spherocylinder 4.00d/4.25-6d		A					
V2106	Spherocylinder 4.00d/>6.00d		A					
V2107	Spherocylinder 4.25d/12-2d		A					
V2108	Spherocylinder 4.25d/2.12-4d		A					
V2109	Spherocylinder 4.25d/4.25-6d		A					
V2110	Spherocylinder 4.25d/over 6d		A					
V2111	Spherocylindr 7.25d/.25-2.25		A					
V2112	Spherocylindr 7.25d/2.25-4d		A					
V2113	Spherocylindr 7.25d/4.25-6d		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
V2114	Spherocylinder over 12.00d		A					
V2115	Lens lenticular bifocal		A					
V2118	Lens aniseikonic single		A					
V2121	Lenticular lens, single		A					
V2199	Lens single vision not oth c		A					
V2200	Lens spher bifoc plano 4.00d		A					
V2201	Lens sphere bifocal 4.12-7.0		A					
V2202	Lens sphere bifocal 7.12-20.		A					
V2203	Lens sphcyl bifocal 4.00d/.1		A					
V2204	Lens sphcy bifocal 4.00d/2.1		A					
V2205	Lens sphcy bifocal 4.00d/4.2		A					
V2206	Lens sphcy bifocal 4.00d/ove		A					
V2207	Lens sphcy bifocal 4.25-7d/.		A					
V2208	Lens sphcy bifocal 4.25-7/2.		A					
V2209	Lens sphcy bifocal 4.25-7/4.		A					
V2210	Lens sphcy bifocal 4.25-7/ov		A					
V2211	Lens sphcy bifo 7.25-12/.25-		A					
V2212	Lens sphcyl bifo 7.25-12/2.2		A					
V2213	Lens sphcyl bifo 7.25-12/4.2		A					
V2214	Lens sphcyl bifocal over 12.		A					
V2215	Lens lenticular bifocal		A					
V2218	Lens aniseikonic bifocal		A					
V2219	Lens bifocal seg width over		A					
V2220	Lens bifocal add over 3.25d		A					
V2221	Lenticular lens, bifocal		A					
V2299	Lens bifocal speciality		A					
V2300	Lens sphere trifocal 4.00d		A					
V2301	Lens sphere trifocal 4.12-7.		A					
V2302	Lens sphere trifocal 7.12-20		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
V2303	Lens sphcy trifocal 4.0/.12-		A					
V2304	Lens sphcy trifocal 4.0/2.25		A					
V2305	Lens sphcy trifocal 4.0/4.25		A					
V2306	Lens sphcyl trifocal 4.00/>6		A					
V2307	Lens sphcy trifocal 4.25-7/.		A					
V2308	Lens sphc trifocal 4.25-7/2.		A					
V2309	Lens sphc trifocal 4.25-7/4.		A					
V2310	Lens sphc trifocal 4.25-7/>6		A					
V2311	Lens sphc trifo 7.25-12/.25-		A					
V2312	Lens sphc trifo 7.25-12/2.25		A					
V2313	Lens sphc trifo 7.25-12/4.25		A					
V2314	Lens sphcyl trifocal over 12		A					
V2315	Lens lenticular trifocal		A					
V2318	Lens aniseikonic trifocal		A					
V2319	Lens trifocal seg width > 28		A					
V2320	Lens trifocal add over 3.25d		A					
V2321	Lenticular lens, trifocal		A					
V2399	Lens trifocal speciality		A					
V2410	Lens variab asphericity sing		A					
V2430	Lens variable asphericity bi		A					
V2499	Variable asphericity lens		A					
V2500	Contact lens pmma spherical		A					
V2501	Cntct lens pmma-toric/prism		A					
V2502	Contact lens pmma bifocal		A					
V2503	Cntct lens pmma color vision		A					
V2510	Cntct gas permeable sphericl		A					
V2511	Cntct toric prism ballast		A					
V2512	Cntct lens gas permbl bifocl		A					
V2513	Contact lens extended wear		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
V2520	Contact lens hydrophilic		A					
V2521	Cntct lens hydrophilic toric		A					
V2522	Cntct lens hydrophil bifocl		A					
V2523	Cntct lens hydrophil extend		A					
V2530	Contact lens gas impermeable		A					
V2531	Contact lens gas permeable		A					
V2599	Contact lens/es other type		A					
V2600	Hand held low vision aids		A					
V2610	Single lens spectacle mount		A					
V2615	Telescop/othr compound lens		A					
V2623	Plastic eye prosth custom		A					
V2624	Polishing artifical eye		A					
V2625	Enlargemnt of eye prosthesis		A					
V2626	Reduction of eye prosthesis		A					
V2627	Scleral cover shell		A					
V2628	Fabrication & fitting		A					
V2629	Prosthetic eye other type		A					
V2630	Anter chamber intraocul lens		N					
V2631	Iris support intraoclr lens		N					
V2632	Post chmbr intraocular lens		N					
V2700	Balance lens		A					
V2702	Deluxe lens feature		E					
V2710	Glass/plastic slab off prism		A					
V2715	Prism lens/es		A					
V2718	Fresnell prism press-on lens		A					
V2730	Special base curve		A					
V2744	Tint photochromatic lens/es		A					
V2745	Tint, any color/solid/grad		A					
V2750	Anti-reflective coating		A					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
V2755	UV lens/es		A					
V2756	Eye glass case		E					
V2760	Scratch resistant coating		A					
V2761	Mirror coating		B					
V2762	Polarization, any lens		A					
V2770	Occluder lens/es		A					
V2780	Oversize lens/es		A					
V2781	Progressive lens per lens		B					
V2782	Lens, 1.54-1.65 p/1.60-1.79g		A					
V2783	Lens, >= 1.66 p/>=1.80 g		A					
V2784	Lens polycarb or equal		A					
V2785	Corneal tissue processing		F					
V2786	Occupational multifocal lens		A					
V2787	Astigmatism-correct function		E					
V2788	Presbyopia-correct function		E					
V2790	Amniotic membrane		N					
V2797	Vis item/svc in other code		A					
V2799	Miscellaneous vision service		A					
V5008	Hearing screening		E					
V5010	Assessment for hearing aid		E					
V5011	Hearing aid fitting/checking		E					
V5014	Hearing aid repair/modifying		E					
V5020	Conformity evaluation		E					
V5030	Body-worn hearing aid air		E					
V5040	Body-worn hearing aid bone		E					
V5050	Hearing aid monaural in ear		E					
V5060	Behind ear hearing aid		E					
V5070	Glasses air conduction		E					
V5080	Glasses bone conduction		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
V5090	Hearing aid dispensing fee		E					
V5095	Implant mid ear hearing pros		E					
V5100	Body-worn bilat hearing aid		E					
V5110	Hearing aid dispensing fee		E					
V5120	Body-worn binaur hearing aid		E					
V5130	In ear binaural hearing aid		E					
V5140	Behind ear binaur hearing ai		E					
V5150	Glasses binaural hearing aid		E					
V5160	Dispensing fee binaural		E					
V5170	Within ear cros hearing aid		E					
V5180	Behind ear cros hearing aid		E					
V5190	Glasses cros hearing aid		E					
V5200	Cros hearing aid dispens fee		E					
V5210	In ear bicros hearing aid		E					
V5220	Behind ear bicros hearing ai		E					
V5230	Glasses bicros hearing aid		E					
V5240	Dispensing fee bicros		E					
V5241	Dispensing fee, monaural		E					
V5242	Hearing aid, monaural, cic		E					
V5243	Hearing aid, monaural, itc		E					
V5244	Hearing aid, prog, mon, cic		E					
V5245	Hearing aid, prog, mon, itc		E					
V5246	Hearing aid, prog, mon, ite		E					
V5247	Hearing aid, prog, mon, bte		E					
V5248	Hearing aid, binaural, cic		E					
V5249	Hearing aid, binaural, itc		E					
V5250	Hearing aid, prog, bin, cic		E					
V5251	Hearing aid, prog, bin, itc		E					
V5252	Hearing aid, prog, bin, ite		E					

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2011								
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**Relative Weight**	**Payment Rate**	**National Unadjusted Copayment**	**Minimum Unadjusted Copayment**
V5253	Hearing aid, prog, bin, bte		E					
V5254	Hearing id, digit, mon, cic		E					
V5255	Hearing aid, digit, mon, itc		E					
V5256	Hearing aid, digit, mon, ite		E					
V5257	Hearing aid, digit, mon, bte		E					
V5258	Hearing aid, digit, bin, cic		E					
V5259	Hearing aid, digit, bin, itc		E					
V5260	Hearing aid, digit, bin, ite		E					
V5261	Hearing aid, digit, bin, bte		E					
V5262	Hearing aid, disp, monaural		E					
V5263	Hearing aid, disp, binaural		E					
V5264	Ear mold/insert		E					
V5265	Ear mold/insert, disp		E					
V5266	Battery for hearing device		E					
V5267	Hearing aid supply/accessory		E					
V5268	ALD Telephone Amplifier		E					
V5269	Alerting device, any type		E					
V5270	ALD, TV amplifier, any type		E					
V5271	ALD, TV caption decoder		E					
V5272	Tdd		E					
V5273	ALD for cochlear implant		E					
V5274	ALD unspecified		E					
V5275	Ear impression		E					
V5298	Hearing aid noc		E					
V5299	Hearing service		B					
V5336	Repair communication device		E					
V5362	Speech screening		E					
V5363	Language screening		E					
V5364	Dysphagia screening		E					

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)					
HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
0042T	Ct perfusion w/contrast, cbf		N1		
0073T	Delivery, comp imrt		Z2	5.8592	$245.49
0126T	Chd risk imt study		N1		
0159T	Cad breast mri		N1		
0174T	Cad cxr with interp		N1		
0175T	Cad cxr remote		N1		
0182T	Hdr elect brachytherapy		Z2	9.4592	$396.32
0185T	Comptr probability analysis		N1		
70010	Contrast x-ray of brain		N1		
70015	Contrast x-ray of brain		N1		
70030	X-ray eye for foreign body		Z3		$14.24
70100	X-ray exam of jaw		Z3		$16.94
70110	X-ray exam of jaw		Z3		$19.15
70120	X-ray exam of mastoids		Z3		$18.17
70130	X-ray exam of mastoids		Z2	0.6075	$25.45
70134	X-ray exam of middle ear		Z3		$20.87
70140	X-ray exam of facial bones		Z3		$14.49
70150	X-ray exam of facial bones	CH	Z3		$21.11
70160	X-ray exam of nasal bones		Z3		$17.19
70170	X-ray exam of tear duct		N1		
70190	X-ray exam of eye sockets		Z3		$17.92
70200	X-ray exam of eye sockets	CH	Z3		$21.36
70210	X-ray exam of sinuses		Z3		$15.47
70220	X-ray exam of sinuses		Z3		$18.91
70240	X-ray exam, pituitary saddle		Z3		$14.24
70250	X-ray exam of skull		Z3		$17.68
70260	X-ray exam of skull		Z3		$21.85
70300	X-ray exam of teeth		Z3		$6.14
70310	X-ray exam of teeth		Z2	0.4411	$18.48
70320	Full mouth x-ray of teeth		Z2	0.4411	$18.48
70328	X-ray exam of jaw joint		Z3		$15.22
70330	X-ray exam of jaw joints	CH	Z3		$25.29
70332	X-ray exam of jaw joint		N1		
70336	Magnetic image, jaw joint		Z2	4.6406	$194.43
70350	X-ray head for orthodontia		Z3		$8.35

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)					
HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
70355	Panoramic x-ray of jaws		Z3		$7.86
70360	X-ray exam of neck		Z3		$13.26
70370	Throat x-ray & fluoroscopy	CH	Z3		$46.16
70371	Speech evaluation, complex	CH	Z3		$37.56
70373	Contrast x-ray of larynx		N1		
70380	X-ray exam of salivary gland	CH	Z3		$21.36
70390	X-ray exam of salivary duct		N1		
70450	Ct head/brain w/o dye		Z2	2.5969	$108.80
70460	Ct head/brain w/dye	CH	Z3		$141.91
70470	Ct head/brain w/o & w/dye	CH	Z3		$174.81
70480	Ct orbit/ear/fossa w/o dye		Z2	2.5969	$108.80
70481	Ct orbit/ear/fossa w/dye		Z2	4.0105	$168.03
70482	Ct orbit/ear/fossa w/o&w/dye		Z2	4.447	$186.32
70486	Ct maxillofacial w/o dye		Z2	2.5969	$108.80
70487	Ct maxillofacial w/dye		Z2	4.0105	$168.03
70488	Ct maxillofacial w/o & w/dye		Z2	4.447	$186.32
70490	Ct soft tissue neck w/o dye		Z2	2.5969	$108.80
70491	Ct soft tissue neck w/dye		Z2	4.0105	$168.03
70492	Ct sft tsue nck w/o & w/dye		Z2	4.447	$186.32
70496	Ct angiography, head		Z2	4.6	$192.73
70498	Ct angiography, neck		Z2	4.6	$192.73
70540	Mri orbit/face/neck w/o dye		Z2	4.6406	$194.43
70542	Mri orbit/face/neck w/dye		Z2	5.868	$245.86
70543	Mri orbt/fac/nck w/o & w/dye		Z2	7.2057	$301.90
70544	Mr angiography head w/o dye		Z2	4.6406	$194.43
70545	Mr angiography head w/dye		Z2	5.868	$245.86
70546	Mr angiograph head w/o&w/dye		Z2	7.2057	$301.90
70547	Mr angiography neck w/o dye		Z2	4.6406	$194.43
70548	Mr angiography neck w/dye		Z2	5.868	$245.86
70549	Mr angiograph neck w/o&w/dye		Z2	7.2057	$301.90
70551	Mri brain w/o dye		Z2	4.6406	$194.43
70552	Mri brain w/dye		Z2	5.868	$245.86
70553	Mri brain w/o & w/dye		Z2	7.2057	$301.90
70554	Fmri brain by tech		Z2	4.6406	$194.43
70555	Fmri brain by phys/psych		Z2	4.6406	$194.43
70557	Mri brain w/o dye		Z2	4.6406	$194.43
70558	Mri brain w/dye		Z2	5.868	$245.86
70559	Mri brain w/o & w/dye		Z2	7.2057	$301.90
71010	Chest x-ray		Z3		$10.31
71015	Chest x-ray		Z3		$13.75

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)					
HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
71020	Chest x-ray		Z3		$13.99
71021	Chest x-ray		Z3		$17.68
71022	Chest x-ray	CH	Z3		$22.10
71023	Chest x-ray and fluoroscopy		Z3		$35.60
71030	Chest x-ray	CH	Z3		$21.61
71034	Chest x-ray and fluoroscopy	CH	Z3		$46.40
71035	Chest x-ray		Z3		$18.41
71040	Contrast x-ray of bronchi		N1		
71060	Contrast x-ray of bronchi		N1		
71090	X-ray & pacemaker insertion		N1		
71100	X-ray exam of ribs		Z3		$15.22
71101	X-ray exam of ribs/chest		Z3		$18.41
71110	X-ray exam of ribs		Z3		$19.40
71111	X-ray exam of ribs/chest		Z3		$26.27
71120	X-ray exam of breastbone		Z3		$15.47
71130	X-ray exam of breastbone		Z3		$18.66
71250	Ct thorax w/o dye		Z2	2.5969	$108.80
71260	Ct thorax w/dye		Z2	4.0105	$168.03
71270	Ct thorax w/o & w/dye		Z2	4.447	$186.32
71275	Ct angiography, chest		Z2	4.6	$192.73
71550	Mri chest w/o dye		Z2	4.6406	$194.43
71551	Mri chest w/dye		Z2	5.868	$245.86
71552	Mri chest w/o & w/dye		Z2	7.2057	$301.90
72010	X-ray exam of spine	CH	Z3		$36.58
72020	X-ray exam of spine		Z3		$11.29
72040	X-ray exam of neck spine		Z3		$19.15
72050	X-ray exam of neck spine		Z3		$26.03
72052	X-ray exam of neck spine	CH	Z3		$34.37
72069	X-ray exam of trunk spine		Z3		$17.92
72070	X-ray exam of thoracic spine		Z3		$15.96
72072	X-ray exam of thoracic spine		Z3		$18.91
72074	X-ray exam of thoracic spine	CH	Z3		$23.57
72080	X-ray exam of trunk spine		Z3		$17.43
72090	X-ray exam of trunk spine		Z3		$24.31
72100	X-ray exam of lower spine		Z3		$20.38
72110	X-ray exam of lower spine		Z3		$27.99
72114	X-ray exam of lower spine	CH	Z3		$39.28
72120	X-ray exam of lower spine	CH	Z2	0.6075	$25.45
72125	Ct neck spine w/o dye		Z2	2.5969	$108.80
72126	Ct neck spine w/dye		Z2	4.0105	$168.03

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)					
HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
72127	Ct neck spine w/o & w/dye		Z2	4.447	$186.32
72128	Ct chest spine w/o dye		Z2	2.5969	$108.80
72129	Ct chest spine w/dye		Z2	4.0105	$168.03
72130	Ct chest spine w/o & w/dye		Z2	4.447	$186.32
72131	Ct lumbar spine w/o dye		Z2	2.5969	$108.80
72132	Ct lumbar spine w/dye		Z2	4.0105	$168.03
72133	Ct lumbar spine w/o & w/dye		Z2	4.447	$186.32
72141	Mri neck spine w/o dye		Z2	4.6406	$194.43
72142	Mri neck spine w/dye		Z2	5.868	$245.86
72146	Mri chest spine w/o dye		Z2	4.6406	$194.43
72147	Mri chest spine w/dye		Z2	5.868	$245.86
72148	Mri lumbar spine w/o dye		Z2	4.6406	$194.43
72149	Mri lumbar spine w/dye		Z2	5.868	$245.86
72156	Mri neck spine w/o & w/dye		Z2	7.2057	$301.90
72157	Mri chest spine w/o & w/dye		Z2	7.2057	$301.90
72158	Mri lumbar spine w/o & w/dye		Z2	7.2057	$301.90
72170	X-ray exam of pelvis		Z3		$12.52
72190	X-ray exam of pelvis	CH	Z3		$21.61
72191	Ct angiograph pelv w/o&w/dye		Z2	4.6	$192.73
72192	Ct pelvis w/o dye		Z2	2.5969	$108.80
72193	Ct pelvis w/dye	CH	Z3		$167.20
72194	Ct pelvis w/o & w/dye		Z2	4.447	$186.32
72195	Mri pelvis w/o dye		Z2	4.6406	$194.43
72196	Mri pelvis w/dye		Z2	5.868	$245.86
72197	Mri pelvis w/o & w/dye		Z2	7.2057	$301.90
72200	X-ray exam sacroiliac joints		Z3		$14.73
72202	X-ray exam sacroiliac joints		Z3		$17.68
72220	X-ray exam of tailbone		Z3		$14.49
72240	Contrast x-ray of neck spine		N1		
72255	Contrast x-ray, thorax spine		N1		
72265	Contrast x-ray, lower spine		N1		
72270	Contrast x-ray, spine		N1		
72275	Epidurography		N1		
72285	X-ray c/t spine disk		N1		
72291	Perq verte/sacroplsty, fluor		N1		
72292	Perq verte/sacroplsty, ct		N1		
72295	X-ray of lower spine disk		N1		
73000	X-ray exam of collar bone		Z3		$14.24
73010	X-ray exam of shoulder blade		Z3		$14.98
73020	X-ray exam of shoulder		Z3		$11.29

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)					
HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
73030	X-ray exam of shoulder		Z3		$14.73
73040	Contrast x-ray of shoulder		N1		
73050	X-ray exam of shoulders		Z3		$19.40
73060	X-ray exam of humerus		Z3		$14.49
73070	X-ray exam of elbow		Z3		$14.49
73080	X-ray exam of elbow		Z3		$18.91
73085	Contrast x-ray of elbow		N1		
73090	X-ray exam of forearm		Z3		$13.99
73092	X-ray exam of arm, infant		Z3		$15.96
73100	X-ray exam of wrist		Z3		$15.47
73110	X-ray exam of wrist		Z3		$19.40
73115	Contrast x-ray of wrist		N1		
73120	X-ray exam of hand		Z3		$13.75
73130	X-ray exam of hand		Z3		$16.45
73140	X-ray exam of finger(s)		Z3		$17.43
73200	Ct upper extremity w/o dye		Z2	2.5969	$108.80
73201	Ct upper extremity w/dye		Z2	4.0105	$168.03
73202	Ct uppr extremity w/o&w/dye		Z2	4.447	$186.32
73206	Ct angio upr extrm w/o&w/dye		Z2	4.6	$192.73
73218	Mri upper extremity w/o dye		Z2	4.6406	$194.43
73219	Mri upper extremity w/dye		Z2	5.868	$245.86
73220	Mri uppr extremity w/o&w/dye		Z2	7.2057	$301.90
73221	Mri joint upr extrem w/o dye		Z2	4.6406	$194.43
73222	Mri joint upr extrem w/dye		Z2	5.868	$245.86
73223	Mri joint upr extr w/o&w/dye		Z2	7.2057	$301.90
73500	X-ray exam of hip		Z3		$12.28
73510	X-ray exam of hip		Z3		$19.15
73520	X-ray exam of hips		Z3		$19.40
73525	Contrast x-ray of hip		N1		
73530	X-ray exam of hip		N1		
73540	X-ray exam of pelvis & hips		Z3		$21.11
73542	X-ray exam, sacroiliac joint		N1		
73550	X-ray exam of thigh		Z3		$13.75
73560	X-ray exam of knee, 1 or 2		Z3		$14.73
73562	X-ray exam of knee, 3		Z3		$18.66
73564	X-ray exam, knee, 4 or more	CH	Z3		$21.36
73565	X-ray exam of knees		Z3		$16.94
73580	Contrast x-ray of knee joint		N1		
73590	X-ray exam of lower leg		Z3		$13.50
73592	X-ray exam of leg, infant		Z3		$16.20

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
73600	X-ray exam of ankle		Z3		$14.24
73610	X-ray exam of ankle		Z3		$16.94
73615	Contrast x-ray of ankle		N1		
73620	X-ray exam of foot		Z3		$13.75
73630	X-ray exam of foot		Z3		$16.70
73650	X-ray exam of heel		Z3		$13.99
73660	X-ray exam of toe(s)		Z3		$15.96
73700	Ct lower extremity w/o dye		Z2	2.5969	$108.80
73701	Ct lower extremity w/dye		Z2	4.0105	$168.03
73702	Ct lwr extremity w/o&w/dye		Z2	4.447	$186.32
73706	Ct angio lwr extr w/o&w/dye		Z2	4.6	$192.73
73718	Mri lower extremity w/o dye		Z2	4.6406	$194.43
73719	Mri lower extremity w/dye		Z2	5.868	$245.86
73720	Mri lwr extremity w/o&w/dye		Z2	7.2057	$301.90
73721	Mri jnt of lwr extre w/o dye		Z2	4.6406	$194.43
73722	Mri joint of lwr extr w/dye		Z2	5.868	$245.86
73723	Mri joint lwr extr w/o&w/dye		Z2	7.2057	$301.90
74000	X-ray exam of abdomen		Z3		$11.29
74010	X-ray exam of abdomen		Z3		$18.91
74020	X-ray exam of abdomen		Z3		$18.91
74022	X-ray exam series, abdomen		Z3		$22.83
74150	Ct abdomen w/o dye		Z2	2.5969	$108.80
74160	Ct abdomen w/dye		Z2	4.0105	$168.03
74170	Ct abdomen w/o & w/dye		Z2	4.447	$186.32
74175	Ct angio abdom w/o & w/dye		Z2	4.6	$192.73
74181	Mri abdomen w/o dye		Z2	4.6406	$194.43
74182	Mri abdomen w/dye		Z2	5.868	$245.86
74183	Mri abdomen w/o & w/dye		Z2	7.2057	$301.90
74190	X-ray exam of peritoneum		N1		
74210	Contrst x-ray exam of throat	CH	Z3		$42.47
74220	Contrast x-ray, esophagus	CH	Z3		$47.39
74230	Cine/vid x-ray, throat/esoph	CH	Z3		$45.67
74235	Remove esophagus obstruction		N1		
74240	X-ray exam, upper gi tract		Z2	1.1717	$49.09
74241	X-ray exam, upper gi tract		Z2	1.1717	$49.09
74245	X-ray exam, upper gi tract		Z2	1.9013	$79.66
74246	Contrst x-ray uppr gi tract		Z2	1.1717	$49.09
74247	Contrst x-ray uppr gi tract		Z2	1.1717	$49.09
74249	Contrst x-ray uppr gi tract		Z2	1.9013	$79.66
74250	X-ray exam of small bowel		Z2	1.1717	$49.09

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
74251	X-ray exam of small bowel		Z2	1.9013	$79.66
74260	X-ray exam of small bowel		Z2	1.1717	$49.09
74261	Ct colonography, w/o dye		Z2	2.5969	$108.80
74262	Ct colonography, w/dye		Z2	4.0105	$168.03
74270	Contrast x-ray exam of colon		Z2	1.1717	$49.09
74280	Contrast x-ray exam of colon		Z2	1.9013	$79.66
74283	Contrast x-ray exam of colon		Z2	1.1717	$49.09
74290	Contrast x-ray, gallbladder		Z3		$36.83
74291	Contrast x-rays, gallbladder		Z3		$38.06
74300	X-ray bile ducts/pancreas		N1		
74301	X-rays at surgery add-on		N1		
74305	X-ray bile ducts/pancreas		N1		
74320	Contrast x-ray of bile ducts		N1		
74327	X-ray bile stone removal		N1		
74328	X-ray bile duct endoscopy		N1		
74329	X-ray for pancreas endoscopy		N1		
74330	X-ray bile/panc endoscopy		N1		
74340	X-ray guide for GI tube		N1		
74355	X-ray guide, intestinal tube		N1		
74360	X-ray guide, GI dilation		N1		
74363	X-ray, bile duct dilation		N1		
74400	Contrst x-ray, urinary tract		Z3		$61.63
74410	Contrst x-ray, urinary tract		Z3		$64.08
74415	Contrst x-ray, urinary tract	CH	Z3		$79.06
74420	Contrst x-ray, urinary tract		Z2	2.3552	$98.68
74425	Contrst x-ray, urinary tract		N1		
74430	Contrast x-ray, bladder		N1		
74440	X-ray, male genital tract		N1		
74445	X-ray exam of penis		N1		
74450	X-ray, urethra/bladder		N1		
74455	X-ray, urethra/bladder		N1		
74470	X-ray exam of kidney lesion		N1		
74475	X-ray control, cath insert		N1		
74480	X-ray control, cath insert		N1		
74485	X-ray guide, GU dilation		N1		
74710	X-ray measurement of pelvis		Z3		$16.20
74740	X-ray, female genital tract		N1		
74742	X-ray, fallopian tube		N1		
74775	X-ray exam of perineum		Z2	2.3552	$98.68
75557	Cardiac mri for morph		Z2	4.6406	$194.43

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
75559	Cardiac mri w/stress img		Z2	4.6406	$194.43
75561	Cardiac mri for morph w/dye		Z2	7.2057	$301.90
75563	Card mri w/stress img & dye		Z2	7.2057	$301.90
75565	Card mri vel flw map add-on		N1		
75571	Ct hrt w/o dye w/ca test		Z2	0.6271	$26.27
75572	Ct hrt w/3d image		Z2	3.4356	$143.94
75573	Ct hrt w/3d image, congen		Z2	3.4356	$143.94
75574	Ct angio hrt w/3d image		Z2	3.4356	$143.94
75600	Contrast x-ray exam of aorta		N1		
75605	Contrast x-ray exam of aorta		N1		
75625	Contrast x-ray exam of aorta		N1		
75630	X-ray aorta, leg arteries		N1		
75635	Ct angio abdominal arteries		N1		
75650	Artery x-rays, head & neck		N1		
75658	Artery x-rays, arm		N1		
75660	Artery x-rays, head & neck		N1		
75662	Artery x-rays, head & neck		N1		
75665	Artery x-rays, head & neck		N1		
75671	Artery x-rays, head & neck		N1		
75676	Artery x-rays, neck		N1		
75680	Artery x-rays, neck		N1		
75685	Artery x-rays, spine		N1		
75705	Artery x-rays, spine		N1		
75710	Artery x-rays, arm/leg		N1		
75716	Artery x-rays, arms/legs		N1		
75722	Artery x-rays, kidney		N1		
75724	Artery x-rays, kidneys		N1		
75726	Artery x-rays, abdomen		N1		
75731	Artery x-rays, adrenal gland		N1		
75733	Artery x-rays, adrenals		N1		
75736	Artery x-rays, pelvis		N1		
75741	Artery x-rays, lung		N1		
75743	Artery x-rays, lungs		N1		
75746	Artery x-rays, lung		N1		
75756	Artery x-rays, chest		N1		
75774	Artery x-ray, each vessel		N1		
75791	Av dialysis shunt imaging		N1		
75801	Lymph vessel x-ray, arm/leg		N1		
75803	Lymph vessel x-ray,arms/legs		N1		
75805	Lymph vessel x-ray, trunk		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
75807	Lymph vessel x-ray, trunk		N1		
75809	Nonvascular shunt, x-ray		N1		
75810	Vein x-ray, spleen/liver		N1		
75820	Vein x-ray, arm/leg		N1		
75822	Vein x-ray, arms/legs		N1		
75825	Vein x-ray, trunk		N1		
75827	Vein x-ray, chest		N1		
75831	Vein x-ray, kidney		N1		
75833	Vein x-ray, kidneys		N1		
75840	Vein x-ray, adrenal gland		N1		
75842	Vein x-ray, adrenal glands		N1		
75860	Vein x-ray, neck		N1		
75870	Vein x-ray, skull		N1		
75872	Vein x-ray, skull		N1		
75880	Vein x-ray, eye socket		N1		
75885	Vein x-ray, liver		N1		
75887	Vein x-ray, liver		N1		
75889	Vein x-ray, liver		N1		
75891	Vein x-ray, liver		N1		
75893	Venous sampling by catheter		N1		
75894	X-rays, transcath therapy		N1		
75896	X-rays, transcath therapy		N1		
75898	Follow-up angiography		N1		
75901	Remove cva device obstruct		N1		
75902	Remove cva lumen obstruct		N1		
75940	X-ray placement, vein filter		N1		
75945	Intravascular us		N1		
75946	Intravascular us add-on		N1		
75960	Transcath iv stent rs&i		N1		
75961	Retrieval, broken catheter		N1		
75962	Repair arterial blockage		N1		
75964	Repair artery blockage, each		N1		
75966	Repair arterial blockage		N1		
75968	Repair artery blockage, each		N1		
75970	Vascular biopsy		N1		
75978	Repair venous blockage		N1		
75980	Contrast xray exam bile duct		N1		
75982	Contrast xray exam bile duct		N1		
75984	Xray control catheter change		N1		
75989	Abscess drainage under x-ray		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
75992	Atherectomy, x-ray exam		N1		
75993	Atherectomy, x-ray exam		N1		
75994	Atherectomy, x-ray exam		N1		
75995	Atherectomy, x-ray exam		N1		
75996	Atherectomy, x-ray exam		N1		
76000	Fluoroscope examination		N1		
76001	Fluoroscope exam, extensive		N1		
76010	X-ray, nose to rectum		Z3		$13.01
76080	X-ray exam of fistula		N1		
76098	X-ray exam, breast specimen		N1		
76100	X-ray exam of body section		Z2	1.0284	$43.09
76101	Complex body section x-ray	CH	Z3		$101.89
76102	Complex body section x-rays		Z2	3.0792	$129.01
76120	Cine/video x-rays	CH	Z3		$41.00
76125	Cine/video x-rays add-on		N1		
76150	X-ray exam, dry process		Z3		$14.98
76350	Special x-ray contrast study		N1		
76376	3d render w/o postprocess		N1		
76377	3d rendering w/postprocess		N1		
76380	CAT scan follow-up study		Z2	1.6032	$67.17
76496	Fluoroscopic procedure		Z2	1.1337	$47.50
76497	Ct procedure		Z2	1.6032	$67.17
76498	Mri procedure		Z2	4.6406	$194.43
76499	Radiographic procedure		Z2	0.6075	$25.45
76506	Echo exam of head		Z2	0.8419	$35.27
76510	Ophth us, b & quant a		Z3		$53.03
76511	Ophth us, quant a only		Z3		$34.62
76512	Ophth us, b w/non-quant a		Z3		$28.73
76513	Echo exam of eye, water bath		Z3		$38.55
76514	Echo exam of eye, thickness		Z3		$2.95
76516	Echo exam of eye	CH	Z3		$30.44
76519	Echo exam of eye		Z3		$33.88
76529	Echo exam of eye	CH	Z3		$29.71
76536	Us exam of head and neck		Z2	1.2964	$54.32
76604	Us exam, chest		Z2	0.8419	$35.27
76645	Us exam, breast(s)		Z2	0.8419	$35.27
76700	Us exam, abdom, complete		Z2	1.2964	$54.32
76705	Echo exam of abdomen		Z2	1.2964	$54.32
76770	Us exam abdo back wall, comp		Z2	1.2964	$54.32
76775	Us exam abdo back wall, lim		Z2	1.2964	$54.32

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76776	Us exam k transpl w/doppler		Z2	1.2964	$54.32
76800	Us exam, spinal canal		Z2	1.2964	$54.32
76801	Ob us < 14 wks, single fetus		Z2	1.2964	$54.32
76802	Ob us < 14 wks, addl fetus		Z3		$20.38
76805	Ob us >/= 14 wks, sngl fetus		Z2	1.2964	$54.32
76810	Ob us >/= 14 wks, addl fetus		Z3		$34.86
76811	Ob us, detailed, sngl fetus	CH	Z3		$70.71
76812	Ob us, detailed, addl fetus		Z2	0.8419	$35.27
76813	Ob us nuchal meas, 1 gest		Z2	0.8419	$35.27
76814	Ob us nuchal meas, add-on		Z3		$22.83
76815	Ob us, limited, fetus(s)		Z2	0.8419	$35.27
76816	Ob us, follow-up, per fetus		Z2	0.8419	$35.27
76817	Transvaginal us, obstetric		Z2	0.8419	$35.27
76818	Fetal biophys profile w/nst	CH	Z3		$50.09
76819	Fetal biophys profil w/o nst		Z3		$38.06
76820	Umbilical artery echo		Z3		$15.71
76821	Middle cerebral artery echo		Z2	0.8419	$35.27
76825	Echo exam of fetal heart		Z3		$96.24
76826	Echo exam of fetal heart		Z3		$59.91
76827	Echo exam of fetal heart	CH	Z3		$27.01
76828	Echo exam of fetal heart		Z3		$14.98
76830	Transvaginal us, non-ob		Z2	1.2964	$54.32
76831	Echo exam, uterus		Z3		$63.59
76856	Us exam, pelvic, complete		Z2	1.2964	$54.32
76857	Us exam, pelvic, limited		Z2	0.8419	$35.27
76870	Us exam, scrotum		Z2	1.2964	$54.32
76872	Us, transrectal		Z2	1.2964	$54.32
76873	Echograp trans r, pros study		Z2	1.2964	$54.32
76880	Us exam, extremity		Z2	1.2964	$54.32
76885	Us exam infant hips, dynamic		Z2	0.8419	$35.27
76886	Us exam infant hips, static		Z2	0.8419	$35.27
76930	Echo guide, cardiocentesis		N1		
76932	Echo guide for heart biopsy		N1		
76936	Echo guide for artery repair		Z2	1.428	$59.83
76937	Us guide, vascular access		N1		
76940	Us guide, tissue ablation		N1		
76941	Echo guide for transfusion		N1		
76942	Echo guide for biopsy		N1		
76945	Echo guide, villus sampling		N1		
76946	Echo guide for amniocentesis		N1		

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76948	Echo guide, ova aspiration		N1		
76950	Echo guidance radiotherapy		N1		
76965	Echo guidance radiotherapy		N1		
76970	Ultrasound exam follow-up		Z2	0.8419	$35.27
76975	GI endoscopic ultrasound		N1		
76977**	Us bone density measure		Z3		$5.40
76998	Us guide, intraop		N1		
76999	Echo examination procedure		Z2	0.8419	$35.27
77001	Fluoroguide for vein device		N1		
77002	Needle localization by xray		N1		
77003	Fluoroguide for spine inject		N1		
77011	Ct scan for localization		N1		
77012	Ct scan for needle biopsy		N1		
77013	Ct guide for tissue ablation		N1		
77014	Ct scan for therapy guide		N1		
77021	Mr guidance for needle place		N1		
77022	Mri for tissue ablation		N1		
77031	Stereotact guide for brst bx		N1		
77032	Guidance for needle, breast		N1		
77053	X-ray of mammary duct		N1		
77054	X-ray of mammary ducts		N1		
77071	X-ray stress view		Z3		$21.61
77072	X-rays for bone age		Z3		$9.82
77073	X-rays, bone length studies		Z3		$16.94
77074	X-rays, bone survey, limited		Z3		$33.15
77075	X-rays, bone survey complete		Z2	1.0284	$43.09
77076	X-rays, bone survey, infant		Z2	1.0284	$43.09
77077	Joint survey, single view		Z3		$18.17
77078**	Ct bone density, axial		Z2	0.9601	$40.23
77079**	Ct bone density, peripheral		Z3		$28.23
77080**	Dxa bone density, axial		Z2	0.9601	$40.23
77081**	Dxa bone density/peripheral	CH	Z3		$13.50
77082	Dxa bone density, vert fx		Z3		$19.89
77083**	Radiographic absorptiometry		Z3		$10.80
77084	Magnetic image, bone marrow		Z2	4.6406	$194.43
77280	Set radiation therapy field		Z2	1.4	$58.66
77285	Set radiation therapy field		Z2	3.7053	$155.24
77290	Set radiation therapy field		Z2	3.7053	$155.24
77295	Set radiation therapy field		Z3		$242.57
77299	Radiation therapy planning		Z2	1.4	$58.66

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
77300	Radiation therapy dose plan		Z3		$27.99
77301	Radiotherapy dose plan, imrt		Z2	12.3307	$516.63
77305	Teletx isodose plan simple		Z3		$22.59
77310	Teletx isodose plan intermed		Z3		$29.95
77315	Teletx isodose plan complex		Z3		$46.89
77321	Special teletx port plan		Z3		$43.21
77326	Brachytx isodose calc simp		Z2	1.4	$58.66
77327	Brachytx isodose calc interm		Z3		$98.45
77328	Brachytx isodose plan compl	CH	Z3		$125.22
77331	Special radiation dosimetry		Z3		$13.99
77332	Radiation treatment aid(s)		Z3		$37.32
77333	Radiation treatment aid(s)		Z3		$12.52
77334	Radiation treatment aid(s)		Z3		$66.54
77336	Radiation physics consult		Z3		$37.81
77338	Design mlc device for imrt		Z2	2.638	$110.53
77370	Radiation physics consult		Z2	1.4	$58.66
77371	Srs, multisource		Z2	96.1451	$4,028.29
77399	External radiation dosimetry		Z2	1.4	$58.66
77401	Radiation treatment delivery		Z3		$18.17
77402	Radiation treatment delivery		Z2	1.3106	$54.91
77403	Radiation treatment delivery		Z2	1.3106	$54.91
77404	Radiation treatment delivery		Z2	1.3106	$54.91
77406	Radiation treatment delivery		Z2	1.3106	$54.91
77407	Radiation treatment delivery		Z2	1.3106	$54.91
77408	Radiation treatment delivery		Z2	1.3106	$54.91
77409	Radiation treatment delivery		Z2	1.3106	$54.91
77411	Radiation treatment delivery		Z2	2.1581	$90.42
77412	Radiation treatment delivery		Z2	2.1581	$90.42
77413	Radiation treatment delivery		Z2	2.1581	$90.42
77414	Radiation treatment delivery		Z2	2.1581	$90.42
77416	Radiation treatment delivery		Z2	2.1581	$90.42
77417	Radiology port film(s)		N1		
77418	Radiation tx delivery, imrt		Z2	5.8592	$245.49
77421	Stereoscopic x-ray guidance		N1		
77422	Neutron beam tx, simple		Z2	2.1581	$90.42
77423	Neutron beam tx, complex		Z2	2.1581	$90.42
77435	Sbrt management		N1		
77470	Special radiation treatment		Z3		$70.22
77520	Proton trmt, simple w/o comp		Z2	12.0133	$503.33
77522	Proton trmt, simple w/comp		Z2	12.0133	$503.33

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)					
HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
77523	Proton trmt, intermediate		Z2	15.7152	$658.44
77525	Proton treatment, complex		Z2	15.7152	$658.44
77600	Hyperthermia treatment		Z2	5.1942	$217.63
77605	Hyperthermia treatment		Z2	5.1942	$217.63
77610	Hyperthermia treatment		Z2	5.1942	$217.63
77615	Hyperthermia treatment		Z2	5.1942	$217.63
77620	Hyperthermia treatment		Z2	5.1942	$217.63
77750	Infuse radioactive materials	CH	Z3		$73.66
77761	Apply intrcav radiat simple		Z3		$127.67
77762	Apply intrcav radiat interm	CH	Z3		$149.03
77763	Apply intrcav radiat compl	CH	Z3		$192.98
77776	Apply interstit radiat simpl		Z3		$133.56
77777	Apply interstit radiat inter	CH	Z3		$145.10
77778	Apply interstit radiat compl		Z3		$197.89
77785	Hdr brachytx, 1 channel		Z3		$108.03
77786	Hdr brachytx, 2-12 channel		Z3		$297.32
77787	Hdr brachytx over 12 chan		Z2	9.4592	$396.32
77789	Apply surface radiation		Z3		$39.04
77790	Radiation handling		N1		
77799	Radium/radioisotope therapy		Z2	4.6337	$194.14
78000	Thyroid, single uptake		Z3		$43.70
78001	Thyroid, multiple uptakes	CH	Z3		$55.24
78003	Thyroid suppress/stimul		Z3		$44.68
78006	Thyroid imaging with uptake		Z2	2.9893	$125.25
78007	Thyroid image, mult uptakes		Z3		$118.10
78010	Thyroid imaging		Z2	1.8521	$77.60
78011	Thyroid imaging with flow		Z2	1.8521	$77.60
78015	Thyroid met imaging		Z3		$127.67
78016	Thyroid met imaging/studies		Z2	3.8971	$163.28
78018	Thyroid met imaging, body		Z2	3.8971	$163.28
78020	Thyroid met uptake		N1		
78070	Parathyroid nuclear imaging		Z3		$87.41
78075	Adrenal nuclear imaging		Z3		$273.51
78099	Endocrine nuclear procedure		Z2	1.8521	$77.60
78102	Bone marrow imaging, ltd		Z3		$97.47
78103	Bone marrow imaging, mult	CH	Z3		$128.16
78104	Bone marrow imaging, body		Z2	3.4416	$144.20
78110	Plasma volume, single		Z3		$50.82
78111	Plasma volume, multiple		Z3		$54.26
78120	Red cell mass, single		Z3		$52.79

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)					
HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
78121	Red cell mass, multiple		Z3		$58.92
78122	Blood volume		Z3		$63.59
78130	Red cell survival study		Z3		$86.18
78135	Red cell survival kinetics	CH	Z3		$218.27
78140	Red cell sequestration		Z3		$75.62
78185	Spleen imaging	CH	Z3		$126.44
78190	Platelet survival, kinetics		Z2	2.366	$99.13
78191	Platelet survival		Z2	2.366	$99.13
78195	Lymph system imaging		Z2	3.4416	$144.20
78199	Blood/lymph nuclear exam		Z2	3.4416	$144.20
78201	Liver imaging		Z3		$114.66
78202	Liver imaging with flow		Z3		$125.22
78205	Liver imaging (3D)	CH	Z3		$135.04
78206	Liver image (3d) with flow		Z2	3.828	$160.39
78215	Liver and spleen imaging		Z3		$117.11
78216	Liver & spleen image/flow		Z3		$71.69
78220	Liver function study		Z3		$79.06
78223	Hepatobiliary imaging		Z2	3.828	$160.39
78230	Salivary gland imaging		Z3		$99.93
78231	Serial salivary imaging		Z3		$71.94
78232	Salivary gland function exam		Z3		$67.03
78258	Esophageal motility study	CH	Z3		$134.05
78261	Gastric mucosa imaging		Z2	3.2798	$137.42
78262	Gastroesophageal reflux exam		Z2	3.2798	$137.42
78264	Gastric emptying study		Z2	3.2798	$137.42
78270	Vit B-12 absorption exam		Z3		$50.09
78271	Vit b-12 absrp exam, int fac		Z3		$53.52
78272	Vit B-12 absorp, combined		Z3		$54.26
78278	Acute GI blood loss imaging		Z2	3.2798	$137.42
78282	GI protein loss exam		Z2	3.2798	$137.42
78290	Meckels divert exam		Z2	3.2798	$137.42
78291	Leveen/shunt patency exam		Z2	3.2798	$137.42
78299	GI nuclear procedure		Z2	3.2798	$137.42
78300	Bone imaging, limited area		Z3		$101.40
78305	Bone imaging, multiple areas	CH	Z3		$134.05
78306	Bone imaging, whole body		Z2	3.3303	$139.53
78315	Bone imaging, 3 phase		Z2	3.3303	$139.53
78320	Bone imaging (3D)	CH	Z3		$135.53
78399	Musculoskeletal nuclear exam		Z2	3.3303	$139.53
78414	Non-imaging heart function		Z2	3.9745	$166.52

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
78428	Cardiac shunt imaging		Z3		$109.26
78445	Vascular flow imaging	CH	Z3		$103.36
78451	Ht muscle image spect, sing		Z3		$194.21
78452	Ht muscle image spect, mult		Z3		$283.58
78453	Ht muscle image,planar,sing		Z3		$170.15
78454	Ht musc image, planar, mult		Z3		$247.98
78456	Acute venous thrombus image		Z2	3.2659	$136.83
78457	Venous thrombosis imaging	CH	Z3		$111.22
78458	Ven thrombosis images, bilat	CH	Z3		$107.78
78459	Heart muscle imaging (PET)		Z2	14.6357	$613.21
78466	Heart infarct image		Z3		$102.63
78468	Heart infarct image (ef)		Z3		$126.20
78469	Heart infarct image (3D)	CH	Z3		$148.29
78472	Gated heart, planar, single	CH	Z3		$142.89
78473	Gated heart, multiple		Z2	3.9745	$166.52
78481	Heart first pass, single		Z3		$113.68
78483	Heart first pass, multiple	CH	Z3		$152.96
78491	Heart image (pet), single		Z2	14.6357	$613.21
78492	Heart image (pet), multiple		Z2	14.6357	$613.21
78494	Heart image, spect	CH	Z3		$147.07
78496	Heart first pass add-on		N1		
78499	Cardiovascular nuclear exam		Z2	3.9745	$166.52
78580	Lung perfusion imaging		Z2	2.7182	$113.89
78584	Lung V/Q image single breath		Z3		$71.94
78585	Lung V/Q imaging		Z2	4.3339	$181.58
78586	Aerosol lung image, single	CH	Z3		$102.38
78587	Aerosol lung image, multiple		Z2	2.7182	$113.89
78588	Perfusion lung image		Z2	4.3339	$181.58
78591	Vent image, 1 breath, 1 proj	CH	Z3		$103.85
78593	Vent image, 1 proj, gas		Z2	2.7182	$113.89
78594	Vent image, mult proj, gas		Z2	2.7182	$113.89
78596	Lung differential function		Z2	4.3339	$181.58
78599	Respiratory nuclear exam		Z2	2.7182	$113.89
78600	Brain image < 4 views	CH	Z3		$109.99
78601	Brain image w/flow < 4 views		Z3		$131.35
78605	Brain image 4+ views	CH	Z3		$118.83
78606	Brain image w/flow 4 + views		Z3		$204.76
78607	Brain imaging (3D)		Z3		$213.11
78608	Brain imaging (PET)		Z2	13.9981	$586.49
78610	Brain flow imaging only	CH	Z3		$113.43

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
78630	Cerebrospinal fluid scan		Z3		$211.88
78635	CSF ventriculography		Z3		$203.05
78645	CSF shunt evaluation		Z2	3.1002	$129.89
78647	Cerebrospinal fluid scan		Z3		$213.11
78650	CSF leakage imaging		Z3		$209.67
78660	Nuclear exam of tear flow	CH	Z3		$105.33
78699	Nervous system nuclear exam		Z2	3.1002	$129.89
78700	Kidney imaging, morphol		Z3		$107.54
78701	Kidney imaging with flow		Z3		$131.84
78707	K flow/funct image w/o drug		Z3		$133.56
78708	K flow/funct image w/drug		Z3		$84.46
78709	K flow/funct image, multiple		Z2	4.2985	$180.10
78710	Kidney imaging (3D)		Z3		$134.30
78725	Kidney function study		Z3		$58.43
78730	Urinary bladder retention		Z3		$47.14
78740	Ureteral reflux study		Z3		$135.77
78761	Testicular imaging w/flow		Z3		$124.48
78799	Genitourinary nuclear exam		Z2	4.2985	$180.10
78800	Tumor imaging, limited area		Z3		$108.03
78801	Tumor imaging, mult areas		Z3		$149.77
78802	Tumor imaging, whole body		Z3		$199.61
78803	Tumor imaging (3D)		Z3		$209.43
78804	Tumor imaging, whole body		Z3		$370.49
78805	Abscess imaging, ltd area		Z3		$103.85
78806	Abscess imaging, whole body		Z3		$207.46
78807	Nuclear localization/abscess		Z2	3.8971	$163.28
78808	Iv inj ra drug dx study		N1		
78811	Pet image, ltd area		Z2	13.9981	$586.49
78812	Pet image, skull-thigh		Z2	13.9981	$586.49
78813	Pet image, full body		Z2	13.9981	$586.49
78814	Pet image w/ct, lmtd		Z2	13.9981	$586.49
78815	Pet image w/ct, skull-thigh		Z2	13.9981	$586.49
78816	Pet image w/ct, full body		Z2	13.9981	$586.49
78999	Nuclear diagnostic exam		Z2	1.4335	$60.06
79005	Nuclear rx, oral admin		Z3		$38.55
79101	Nuclear rx, iv admin		Z3		$41.98
79200	Nuclear rx, intracav admin		Z3		$47.39
79300	Nuclr rx, interstit colloid		Z2	2.988	$125.19
79403	Hematopoietic nuclear tx		Z3		$65.55
79440	Nuclear rx, intra-articular		Z3		$40.02

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
79445	Nuclear rx, intra-arterial		Z2	2.988	$125.19
79999	Nuclear medicine therapy		Z2	2.988	$125.19
90371	Hep b ig, im		K2		$115.97
90375	Rabies ig, im/sc		K2		$139.75
90376	Rabies ig, heat treated		K2		$152.38
90378	Rsv, mab, im, 50mg		K2		$510.69
90385	Rh ig, minidose, im		N1		
90396	Varicella-zoster ig, im		K2		$147.58
90476	Adenovirus vaccine, type 4		K2		$173.84
90585	Bcg vaccine, percut		K2		$109.47
90632	Hep a vaccine, adult im		N1		
90633	Hep a vacc, ped/adol, 2 dose		N1		
90634	Hep a vacc, ped/adol, 3 dose		N1		
90636	Hep a/hep b vacc, adult im		N1		
90645	Hib vaccine, hboc, im		N1		
90646	Hib vaccine, prp-d, im		N1		
90647	Hib vaccine, prp-omp, im		N1		
90648	Hib vaccine, prp-t, im		N1		
90655**	Flu vaccine no preserv 6-35m		L1		
90656**	Flu vaccine no preserv 3 & >		L1		
90657**	Flu vaccine, 3 yrs, im		L1		
90658**	Flu vaccine, 3 yrs & >, im		L1		
90660**	Flu vaccine, nasal		L1		
90665	Lyme disease vaccine, im	CH	N1		
90669**	Pneumococcal vacc, 7 val im		L1		
90670**	Pneumococcal vacc, 13 val im	CH	L1		
90675	Rabies vaccine, im		K2		$181.27
90676	Rabies vaccine, id		K2		$98.12
90680	Rotovirus vacc 3 dose, oral		K2		$73.76
90681	Rotavirus vacc 2 dose oral		K2		$102.50
90690	Typhoid vaccine, oral		N1		
90691	Typhoid vaccine, im		N1		
90692	Typhoid vaccine, h-p, sc/id		N1		
90696	Dtap-ipv vacc 4-6 yr im		N1		
90698	Dtap-hib-ip vaccine, im		N1		
90700	Dtap vaccine, < 7 yrs, im		N1		
90701	Dtp vaccine, im		N1		
90702	Dt vaccine < 7, im		N1		
90703	Tetanus vaccine, im		N1		
90704	Mumps vaccine, sc		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
90705	Measles vaccine, sc		N1		
90706	Rubella vaccine, sc		N1		
90707	Mmr vaccine, sc		N1		
90708	Measles-rubella vaccine, sc		N1		
90710	Mmrv vaccine, sc		N1		
90712	Oral poliovirus vaccine		N1		
90713	Poliovirus, ipv, sc/im		N1		
90714	Td vaccine no prsrv >/= 7 im		N1		
90715	Tdap vaccine >7 im		N1		
90717	Yellow fever vaccine, sc		N1		
90718	Td vaccine > 7, im		N1		
90719	Diphtheria vaccine, im		N1		
90720	Dtp/hib vaccine, im		N1		
90721	Dtap/hib vaccine, im		N1		
90725	Cholera vaccine, injectable		K2		$103.90
90732**	Pneumococcal vaccine		L1		
90733	Meningococcal vaccine, sc		K2		$103.41
90734	Meningococcal vaccine, im		K2		$103.41
90735	Encephalitis vaccine, sc		K2		$102.08
90740**	Hepb vacc, ill pat 3 dose im		F4		
90743**	Hep b vacc, adol, 2 dose, im		F4		
90744**	Hepb vacc ped/adol 3 dose im		F4		
90746**	Hep b vaccine, adult, im		F4		
90747**	Hepb vacc, ill pat 4 dose im		F4		
90749	Vaccine toxoid		N1		
A4218	Sterile saline or water		N1		
A4220	Infusion pump refill kit		N1		
A4248	Chlorhexidine antisept		N1		
A4262	Temporary tear duct plug		N1		
A4263	Permanent tear duct plug		N1		
A4270	Disposable endoscope sheath		N1		
A4300	Cath impl vasc access portal		N1		
A4301	Implantable access syst perc		N1		
A4305	Drug delivery system >=50 ML		N1		
A4306	Drug delivery system <=50 ml		N1		
A4641	Radiopharm dx agent noc		N1		
A4642	In111 satumomab		N1		
A4648	Implantable tissue marker		N1		
A4650	Implant radiation dosimeter		N1		
A9500	Tc99m sestamibi		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
A9501	Technetium TC-99m teboroxime		N1		
A9502	Tc99m tetrofosmin		N1		
A9503	Tc99m medronate		N1		
A9504	Tc99m apcitide		N1		
A9505	TL201 thallium		N1		
A9507	In111 capromab		N1		
A9508	I131 iodobenguate, dx		N1		
A9509	Iodine I-123 sod iodide mil		N1		
A9510	Tc99m disofenin		N1		
A9512	Tc99m pertechnetate		N1		
A9516	Iodine I-123 sod iodide mic		N1		
A9521	Tc99m exametazime		N1		
A9524	I131 serum albumin, dx		N1		
A9526	Nitrogen N-13 ammonia		N1		
A9527	Iodine I-125 sodium iodide		H2		$21.01
A9528	Iodine I-131 iodide cap, dx		N1		
A9529	I131 iodide sol, dx		N1		
A9531	I131 max 100uCi		N1		
A9532	I125 serum albumin, dx		N1		
A9536	Tc99m depreotide		N1		
A9537	Tc99m mebrofenin		N1		
A9538	Tc99m pyrophosphate		N1		
A9539	Tc99m pentetate		N1		
A9540	Tc99m MAA		N1		
A9541	Tc99m sulfur colloid		N1		
A9542	In111 ibritumomab, dx		N1		
A9544	I131 tositumomab, dx		N1		
A9546	Co57/58		N1		
A9547	In111 oxyquinoline		N1		
A9548	In111 pentetate		N1		
A9550	Tc99m gluceptate		N1		
A9551	Tc99m succimer		N1		
A9552	F18 fdg		N1		
A9553	Cr51 chromate		N1		
A9554	I125 iothalamate, dx		N1		
A9555	Rb82 rubidium		N1		
A9556	Ga67 gallium		N1		
A9557	Tc99m bicisate		N1		
A9558	Xe133 xenon 10mci		N1		
A9559	Co57 cyano		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
A9560	Tc99m labeled rbc		N1		
A9561	Tc99m oxidronate		N1		
A9562	Tc99m mertiatide		N1		
A9566	Tc99m fanolesomab		N1		
A9567	Technetium TC-99m aerosol		N1		
A9568	Technetium tc99m arcitumomab		N1		
A9569	Technetium TC-99m auto WBC		N1		
A9570	Indium In-111 auto WBC		N1		
A9571	Indium IN-111 auto platelet		N1		
A9572	Indium In-111 pentetreotide		N1		
A9576	Inj prohance multipack		N1		
A9577	Inj multihance		N1		
A9578	Inj multihance multipack		N1		
A9579	Gad-base MR contrast NOS,1ml		N1		
A9580	Sodium fluoride F-18		N1		
A9581	Gadoxetate disodium inj	CH	N1		
A9582	Iodine I-123 iobenguane		K2		$2,282.67
A9583	Gadofosveset trisodium inj		K2		$12.89
A9698	Non-rad contrast materialNOC		N1		
C1713	Anchor/screw bn/bn,tis/bn		N1		
C1714	Cath, trans atherectomy, dir		N1		
C1715	Brachytherapy needle		N1		
C1716	Brachytx, non-str, Gold-198		H2		$184.45
C1717	Brachytx, non-str,HDR Ir-192		H2		$220.22
C1719	Brachytx, NS, Non-HDRIr-192		H2		$22.98
C1721	AICD, dual chamber		N1		
C1722	AICD, single chamber		N1		
C1724	Cath, trans atherec,rotation		N1		
C1725	Cath, translumin non-laser		N1		
C1726	Cath, bal dil, non-vascular		N1		
C1727	Cath, bal tis dis, non-vas		N1		
C1728	Cath, brachytx seed adm		N1		
C1729	Cath, drainage		N1		
C1730	Cath, EP, 19 or few elect		N1		
C1731	Cath, EP, 20 or more elec		N1		
C1732	Cath, EP, diag/abl, 3D/vect		N1		
C1733	Cath, EP, othr than cool-tip		N1		
C1750	Cath, hemodialysis,long-term		N1		
C1751	Cath, inf, per/cent/midline		N1		
C1752	Cath,hemodialysis,short-term		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
C1753	Cath, intravas ultrasound		N1		
C1754	Catheter, intradiscal		N1		
C1755	Catheter, intraspinal		N1		
C1756	Cath, pacing, transesoph		N1		
C1757	Cath, thrombectomy/embolect		N1		
C1758	Catheter, ureteral		N1		
C1759	Cath, intra echocardiography		N1		
C1760	Closure dev, vasc		N1		
C1762	Conn tiss, human(inc fascia)		N1		
C1763	Conn tiss, non-human		N1		
C1764	Event recorder, cardiac		N1		
C1765	Adhesion barrier		N1		
C1766	Intro/sheath,strble,non-peel		N1		
C1767	Generator, neuro non-recharg		N1		
C1768	Graft, vascular		N1		
C1769	Guide wire		N1		
C1770	Imaging coil, MR, insertable		N1		
C1771	Rep dev, urinary, w/sling		N1		
C1772	Infusion pump, programmable		N1		
C1773	Ret dev, insertable		N1		
C1776	Joint device (implantable)		N1		
C1777	Lead, AICD, endo single coil		N1		
C1778	Lead, neurostimulator		N1		
C1779	Lead, pmkr, transvenous VDD		N1		
C1780	Lens, intraocular (new tech)		N1		
C1781	Mesh (implantable)		N1		
C1782	Morcellator		N1		
C1783	Ocular imp, aqueous drain de		N1		
C1784	Ocular dev, intraop, det ret		N1		
C1785	Pmkr, dual, rate-resp		N1		
C1786	Pmkr, single, rate-resp		N1		
C1787	Patient progr, neurostim		N1		
C1788	Port, indwelling, imp		N1		
C1789	Prosthesis, breast, imp		N1		
C1813	Prosthesis, penile, inflatab		N1		
C1814	Retinal tamp, silicone oil		N1		
C1815	Pros, urinary sph, imp		N1		
C1816	Receiver/transmitter, neuro		N1		
C1817	Septal defect imp sys		N1		
C1818	Integrated keratoprosthesis		N1		

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)					
HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
C1819	Tissue localization-excision		N1		
C1820	Generator neuro rechg bat sy		N1		
C1821	Interspinous implant		N1		
C1874	Stent, coated/cov w/del sys		N1		
C1875	Stent, coated/cov w/o del sy		N1		
C1876	Stent, non-coa/non-cov w/del		N1		
C1877	Stent, non-coat/cov w/o del		N1		
C1878	Matrl for vocal cord		N1		
C1879	Tissue marker, implantable		N1		
C1880	Vena cava filter		N1		
C1881	Dialysis access system		N1		
C1882	AICD, other than sing/dual		N1		
C1883	Adapt/ext, pacing/neuro lead		N1		
C1884	Embolization Protect syst		N1		
C1885	Cath, translumin angio laser		N1		
C1887	Catheter, guiding		N1		
C1888	Endovas non-cardiac abl cath		N1		
C1891	Infusion pump,non-prog, perm		N1		
C1892	Intro/sheath,fixed,peel-away		N1		
C1893	Intro/sheath, fixed,non-peel		N1		
C1894	Intro/sheath, non-laser		N1		
C1895	Lead, AICD, endo dual coil		N1		
C1896	Lead, AICD, non sing/dual		N1		
C1897	Lead, neurostim test kit		N1		
C1898	Lead, pmkr, other than trans		N1		
C1899	Lead, pmkr/AICD combination		N1		
C1900	Lead, coronary venous		N1		
C2614	Probe, perc lumb disc		N1		
C2615	Sealant, pulmonary, liquid		N1		
C2616	Brachytx, non-str,Yttrium-90		H2		$16,775.76
C2617	Stent, non-cor, tem w/o del		N1		
C2618	Probe, cryoablation		N1		
C2619	Pmkr, dual, non rate-resp		N1		
C2620	Pmkr, single, non rate-resp		N1		
C2621	Pmkr, other than sing/dual		N1		
C2622	Prosthesis, penile, non-inf		N1		
C2625	Stent, non-cor, tem w/del sy		N1		
C2626	Infusion pump, non-prog,temp		N1		
C2627	Cath, suprapubic/cystoscopic		N1		
C2628	Catheter, occlusion		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
C2629	Intro/sheath, laser		N1		
C2630	Cath, EP, cool-tip		N1		
C2631	Rep dev, urinary, w/o sling		N1		
C2634	Brachytx, non-str, HA, I-125		H2		$51.86
C2635	Brachytx, non-str, HA, P-103		H2		$29.61
C2636	Brachy linear, non-str,P-103		H2		$36.04
C2638	Brachytx, stranded, I-125		H2		$38.65
C2639	Brachytx, non-stranded,I-125		H2		$36.13
C2640	Brachytx, stranded, P-103		H2		$63.72
C2641	Brachytx, non-stranded,P-103		H2		$62.36
C2642	Brachytx, stranded, C-131		H2		$114.51
C2643	Brachytx, non-stranded,C-131		H2		$62.42
C2698	Brachytx, stranded, NOS		H2		$38.65
C2699	Brachytx, non-stranded, NOS		H2		$22.98
C8900	MRA w/cont, abd		Z2	5.868	$245.86
C8901	MRA w/o cont, abd		Z2	4.6406	$194.43
C8902	MRA w/o fol w/cont, abd		Z2	7.2057	$301.90
C8903	MRI w/cont, breast, uni		Z2	5.868	$245.86
C8904	MRI w/o cont, breast, uni		Z2	4.6406	$194.43
C8905	MRI w/o fol w/cont, brst, un		Z2	7.2057	$301.90
C8906	MRI w/cont, breast, bi		Z2	5.868	$245.86
C8907	MRI w/o cont, breast, bi		Z2	4.6406	$194.43
C8908	MRI w/o fol w/cont, breast,		Z2	7.2057	$301.90
C8909	MRA w/cont, chest		Z2	5.868	$245.86
C8910	MRA w/o cont, chest		Z2	4.6406	$194.43
C8911	MRA w/o fol w/cont, chest		Z2	7.2057	$301.90
C8912	MRA w/cont, lwr ext		Z2	5.868	$245.86
C8913	MRA w/o cont, lwr ext		Z2	4.6406	$194.43
C8914	MRA w/o fol w/cont, lwr ext		Z2	7.2057	$301.90
C8918	MRA w/cont, pelvis		Z2	5.868	$245.86
C8919	MRA w/o cont, pelvis		Z2	4.6406	$194.43
C8920	MRA w/o fol w/cont, pelvis		Z2	7.2057	$301.90
C9113	Inj pantoprazole sodium, via		N1		
C9121	Injection, argatroban		K2		$18.39
C9248	Inj, clevidipine butyrate		K2		$2.98
C9250	Artiss fibrin sealant		K2		$136.64
C9254	Injection, lacosamide		K2		$0.18
C9255	Paliperidone palmitate inj		K2		$6.54
C9256	Dexamethasone intravitreal		K2		$196.10
C9257	Bevacizumab injection		K2		$1.44

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
C9258	Telavancin injection		K2		$0.21
C9259	Pralatrexate injection		K2		$165.63
C9260	Ofatumumab injection		K2		$46.64
C9261	Ustekinumab injection		K2		$107.43
C9262	Fludarabine phosphate, oral		K2		$81.77
C9263	Ecallantide injection		K2		$280.90
C9352	Neuragen nerve guide, per cm		N1		
C9353	Neurawrap nerve protector,cm		N1		
C9354	Veritas collagen matrix, cm2		N1		
C9355	Neuromatrix nerve cuff, cm		N1		
C9356	TenoGlide tendon prot, cm2	CH	N1		
C9358	SurgiMend, fetal		K2		$10.67
C9359	Implnt,bon void filler-putty	CH	N1		
C9360	SurgiMend, neonatal		K2		$11.24
C9361	NeuroMend nerve wrap		K2		$265.18
C9362	Implnt,bon void filler-strip		K2		$50.88
C9363	Integra Meshed Bil Wound Mat		K2		$17.88
C9364	Porcine implant, Permacol		K2		$17.67
C9399	Unclassified drugs or biolog		K7		
E0616	Cardiac event recorder		N1		
E0749	Elec osteogen stim implanted		N1		
E0782	Non-programble infusion pump		N1		
E0783	Programmable infusion pump		N1		
E0785	Replacement impl pump cathet		N1		
E0786	Implantable pump replacement		N1		
G0130**	Single energy x-ray study		Z3		$15.71
G0173	Linear acc stereo radsur com		Z2	45.4605	$1,904.70
G0251	Linear acc based stero radio		Z2	12.5279	$524.89
G0288	Recon, CTA for surg plan		N1		
G0339	Robot lin-radsurg com, first		Z2	45.4605	$1,904.70
G0340	Robt lin-radsurg fractx 2-5		Z2	33.5039	$1,403.75
J0120	Tetracyclin injection		N1		
J0129	Abatacept injection		K2		$19.96
J0130	Abciximab injection		K2		$462.83
J0132	Acetylcysteine injection		K2		$2.45
J0133	Acyclovir injection		N1		
J0135	Adalimumab injection		K2		$374.48
J0150	Injection adenosine 6 MG	CH	N1		
J0152	Adenosine injection		K2		$82.72
J0170	Adrenalin epinephrin inject		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J0180	Agalsidase beta injection		K2		$136.24
J0200	Alatrofloxacin mesylate		N1		
J0205	Alglucerase injection		K2		$41.98
J0207	Amifostine		K2		$327.97
J0210	Methyldopate hcl injection		K2		$36.34
J0215	Alefacept		K2		$30.63
J0220	Alglucosidase alfa injection		K2		$127.08
J0256	Alpha 1 proteinase inhibitor		K2		$3.77
J0278	Amikacin sulfate injection		N1		
J0280	Aminophyllin 250 MG inj		N1		
J0282	Amiodarone HCl		N1		
J0285	Amphotericin B		N1		
J0287	Amphotericin b lipid complex		K2		$9.84
J0288	Ampho b cholesteryl sulfate		K2		$14.00
J0289	Amphotericin b liposome inj		K2		$15.78
J0290	Ampicillin 500 MG inj		N1		
J0295	Ampicillin sodium per 1.5 gm		N1		
J0300	Amobarbital 125 MG inj		N1		
J0330	Succinycholine chloride inj		N1		
J0348	Anidulafungin injection	CH	N1		
J0360	Hydralazine hcl injection		N1		
J0364	Apomorphine hydrochloride		N1		
J0365	Aprotonin, 10,000 kiu	CH	N1		
J0380	Inj metaraminol bitartrate		N1		
J0390	Chloroquine injection		N1		
J0400	Aripiprazole injection		N1		
J0456	Azithromycin		N1		
J0461	Atropine sulfate injection		N1		
J0470	Dimecaprol injection	CH	N1		
J0475	Baclofen 10 MG injection		K2		$203.89
J0476	Baclofen intrathecal trial		K2		$73.50
J0480	Basiliximab		K2		$1,755.73
J0500	Dicyclomine injection		N1		
J0515	Inj benztropine mesylate	CH	K2		$42.16
J0520	Bethanechol chloride inject		N1		
J0559	PenG benzathine/procaine inj		N1		
J0560	Penicillin g benzathine inj		N1		
J0570	Penicillin g benzathine inj		N1		
J0580	Penicillin g benzathine inj		N1		
J0583	Bivalirudin		K2		$2.41

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J0585	Injection,onabotulinumtoxinA		K2		$5.49
J0586	AbobotulinumtoxintypeA		K2		$7.71
J0587	Inj, rimabotulinumtoxinB		K2		$10.58
J0592	Buprenorphine hydrochloride		N1		
J0594	Busulfan injection		K2		$14.45
J0595	Butorphanol tartrate 1 mg		N1		
J0598	C1 esterase inhibitor inj		K2		$42.75
J0600	Edetate calcium disodium inj		K2		$197.37
J0610	Calcium gluconate injection		N1		
J0620	Calcium glycer & lact/10 ML		N1		
J0630	Calcitonin salmon injection		K2		$49.26
J0636	Inj calcitriol per 0.1 mcg		N1		
J0637	Caspofungin acetate		K2		$11.59
J0640	Leucovorin calcium injection		N1		
J0641	Levoleucovorin injection		K2		$0.78
J0670	Inj mepivacaine HCL/10 ml		N1		
J0690	Cefazolin sodium injection		N1		
J0692	Cefepime HCl for injection		N1		
J0694	Cefoxitin sodium injection		N1		
J0696	Ceftriaxone sodium injection		N1		
J0697	Sterile cefuroxime injection		N1		
J0698	Cefotaxime sodium injection		N1		
J0702	Betamethasone acet&sod phosp		N1		
J0704	Betamethasone sod phosp/4 MG		N1		
J0706	Caffeine citrate injection		N1		
J0710	Cephapirin sodium injection		N1		
J0713	Inj ceftazidime per 500 mg		N1		
J0715	Ceftizoxime sodium / 500 MG		N1		
J0718	Certolizumab pegol inj		K2		$3.78
J0720	Chloramphenicol sodium injec		N1		
J0725	Chorionic gonadotropin/1000u		N1		
J0735	Clonidine hydrochloride		K2		$98.64
J0740	Cidofovir injection		K2		$761.10
J0743	Cilastatin sodium injection		N1		
J0744	Ciprofloxacin iv		N1		
J0745	Inj codeine phosphate /30 MG		N1		
J0760	Colchicine injection		N1		
J0770	Colistimethate sodium inj		N1		
J0780	Prochlorperazine injection		N1		
J0795	Corticorelin ovine triflutal		K2		$4.48

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J0800	Corticotropin injection		K2		$2,441.70
J0833	Cosyntropin injection NOS		K2		$73.19
J0834	Cosyntropin cortrosyn inj		K2		$90.95
J0850	Cytomegalovirus imm IV /vial		K2		$878.82
J0878	Daptomycin injection		K2		$0.43
J0881	Darbepoetin alfa, non-esrd		K2		$2.88
J0885	Epoetin alfa, non-esrd		K2		$9.44
J0894	Decitabine injection		K2		$29.65
J0895	Deferoxamine mesylate inj		N1		
J0900	Testosterone enanthate inj		N1		
J0945	Brompheniramine maleate inj		K2		$9.24
J0970	Estradiol valerate injection		N1		
J1000	Depo-estradiol cypionate inj		N1		
J1020	Methylprednisolone 20 MG inj		N1		
J1030	Methylprednisolone 40 MG inj		N1		
J1040	Methylprednisolone 80 MG inj		N1		
J1051	Medroxyprogesterone inj		N1		
J1060	Testosterone cypionate 1 ML		N1		
J1070	Testosterone cypionat 100 MG		N1		
J1080	Testosterone cypionat 200 MG		N1		
J1094	Inj dexamethasone acetate		N1		
J1100	Dexamethasone sodium phos		N1		
J1110	Inj dihydroergotamine mesylt		N1		
J1120	Acetazolamid sodium injectio		N1		
J1160	Digoxin injection		N1		
J1162	Digoxin immune fab (ovine)		K2		$487.78
J1165	Phenytoin sodium injection		N1		
J1170	Hydromorphone injection		N1		
J1180	Dyphylline injection		N1		
J1190	Dexrazoxane HCl injection		K2		$261.24
J1200	Diphenhydramine hcl injectio		N1		
J1205	Chlorothiazide sodium inj		K2		$352.37
J1212	Dimethyl sulfoxide 50% 50 ML		K2		$69.98
J1230	Methadone injection		N1		
J1240	Dimenhydrinate injection		N1		
J1245	Dipyridamole injection		N1		
J1250	Inj dobutamine HCL/250 mg		N1		
J1260	Dolasetron mesylate		N1		
J1265	Dopamine injection		N1		
J1267	Doripenem injection	CH	N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J1270	Injection, doxercalciferol		N1		
J1300	Eculizumab injection		K2		$182.61
J1320	Amitriptyline injection		N1		
J1324	Enfuvirtide injection	CH	N1		
J1325	Epoprostenol injection		N1		
J1327	Eptifibatide injection		K2		$19.00
J1330	Ergonovine maleate injection		N1		
J1335	Ertapenem injection		N1		
J1364	Erythro lactobionate /500 MG		N1		
J1380	Estradiol valerate 10 MG inj		N1		
J1390	Estradiol valerate 20 MG inj		N1		
J1410	Inj estrogen conjugate 25 MG		K2		$88.68
J1430	Ethanolamine oleate 100 mg		K2		$149.97
J1436	Etidronate disodium inj	CH	N1		
J1438	Etanercept injection		K2		$191.55
J1440	Filgrastim 300 mcg injection		K2		$223.05
J1441	Filgrastim 480 mcg injection		K2		$348.68
J1450	Fluconazole		N1		
J1451	Fomepizole, 15 mg		K2		$7.64
J1453	Fosaprepitant injection		K2		$1.62
J1455	Foscarnet sodium injection		N1		
J1457	Gallium nitrate injection		K2		$2.03
J1458	Galsulfase injection		K2		$339.90
J1459	Inj IVIG privigen 500 mg		K2		$35.10
J1460	Gamma globulin 1 CC inj		K2		$16.03
J1470	Gamma globulin 2 CC inj		K2		$32.07
J1480	Gamma globulin 3 CC inj		K2		$48.10
J1490	Gamma globulin 4 CC inj		K2		$64.13
J1500	Gamma globulin 5 CC inj		K2		$80.16
J1510	Gamma globulin 6 CC inj		K2		$96.23
J1520	Gamma globulin 7 CC inj		K2		$112.17
J1530	Gamma globulin 8 CC inj		K2		$128.27
J1540	Gamma globulin 9 CC inj		K2		$160.34
J1550	Gamma globulin 10 CC inj		K2		$160.34
J1560	Gamma globulin > 10 CC inj		K2		$160.34
J1561	Gamunex injection		K2		$37.63
J1562	Vivaglobin, inj		K2		$7.20
J1566	Immune globulin, powder		K2		$30.86
J1568	Octagam injection		K2		$37.69
J1569	Gammagard liquid injection		K2		$38.53

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J1570	Ganciclovir sodium injection		N1		
J1571	Hepagam b im injection		K2		$50.63
J1572	Flebogamma injection		K2		$37.01
J1573	Hepagam b intravenous, inj		K2		$50.63
J1580	Garamycin gentamicin inj		N1		
J1590	Gatifloxacin injection		N1		
J1595	Injection glatiramer acetate		K2		$82.34
J1600	Gold sodium thiomaleate inj		N1		
J1610	Glucagon hydrochloride/1 MG		K2		$81.41
J1620	Gonadorelin hydroch/ 100 mcg	CH	N1		
J1626	Granisetron hcl injection		N1		
J1630	Haloperidol injection		N1		
J1631	Haloperidol decanoate inj		N1		
J1640	Hemin, 1 mg		K2		$8.18
J1642	Inj heparin sodium per 10 u		N1		
J1644	Inj heparin sodium per 1000u		N1		
J1645	Dalteparin sodium		N1		
J1650	Inj enoxaparin sodium		N1		
J1652	Fondaparinux sodium	CH	N1		
J1655	Tinzaparin sodium injection		N1		
J1670	Tetanus immune globulin inj		K2		$136.81
J1680	Human fibrinogen conc inj		K2		$72.89
J1700	Hydrocortisone acetate inj		N1		
J1710	Hydrocortisone sodium ph inj		N1		
J1720	Hydrocortisone sodium succ i		N1		
J1730	Diazoxide injection		K2		$114.32
J1740	Ibandronate sodium injection		K2		$141.39
J1742	Ibutilide fumarate injection		K2		$416.61
J1743	Idursulfase injection		K2		$455.03
J1745	Infliximab injection		K2		$58.74
J1750	Inj iron dextran		K2		$12.63
J1756	Iron sucrose injection		K2		$0.37
J1785	Injection imiglucerase /unit		K2		$4.20
J1790	Droperidol injection		N1		
J1800	Propranolol injection		N1		
J1815	Insulin injection		N1		
J1817	Insulin for insulin pump use	CH	N1		
J1830	Interferon beta-1b / .25 MG		K2		$176.67
J1835	Itraconazole injection	CH	K2		$42.28
J1840	Kanamycin sulfate 500 MG inj		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J1850	Kanamycin sulfate 75 MG inj		N1		
J1885	Ketorolac tromethamine inj		N1		
J1890	Cephalothin sodium injection		N1		
J1930	Lanreotide injection		K2		$29.30
J1931	Laronidase injection		K2		$25.56
J1940	Furosemide injection		N1		
J1945	Lepirudin		K2		$234.37
J1950	Leuprolide acetate /3.75 MG		K2		$516.09
J1953	Levetiracetam injection	CH	N1		
J1956	Levofloxacin injection		N1		
J1960	Levorphanol tartrate inj		N1		
J1980	Hyoscyamine sulfate inj		N1		
J1990	Chlordiazepoxide injection		N1		
J2001	Lidocaine injection		N1		
J2010	Lincomycin injection		N1		
J2020	Linezolid injection		K2		$32.57
J2060	Lorazepam injection		N1		
J2150	Mannitol injection		N1		
J2170	Mecasermin injection	CH	K2		$125.21
J2175	Meperidine hydrochl /100 MG		N1		
J2180	Meperidine/promethazine inj		N1		
J2185	Meropenem		N1		
J2210	Methylergonovin maleate inj		N1		
J2248	Micafungin sodium injection		K2		$1.10
J2250	Inj midazolam hydrochloride		N1		
J2260	Inj milrinone lactate / 5 MG		N1		
J2270	Morphine sulfate injection		N1		
J2271	Morphine so4 injection 100mg		N1		
J2275	Morphine sulfate injection		N1		
J2278	Ziconotide injection		K2		$6.50
J2280	Inj, moxifloxacin 100 mg		N1		
J2300	Inj nalbuphine hydrochloride		N1		
J2310	Inj naloxone hydrochloride		N1		
J2315	Naltrexone, depot form		K2		$2.43
J2320	Nandrolone decanoate 50 MG		K2		$7.08
J2321	Nandrolone decanoate 100 MG		K2		$71.34
J2322	Nandrolone decanoate 200 MG		K2		$43.59
J2323	Natalizumab injection		K2		$7.97
J2325	Nesiritide injection		K2		$38.37
J2353	Octreotide injection, depot		K2		$109.01

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)					
HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J2354	Octreotide inj, non-depot		N1		
J2355	Oprelvekin injection		K2		$245.08
J2357	Omalizumab injection		K2		$19.77
J2360	Orphenadrine injection		N1		
J2370	Phenylephrine hcl injection		N1		
J2400	Chloroprocaine hcl injection		N1		
J2405	Ondansetron hcl injection		N1		
J2410	Oxymorphone hcl injection		N1		
J2425	Palifermin injection		K2		$11.34
J2430	Pamidronate disodium /30 MG	CH	N1		
J2440	Papaverin hcl injection		N1		
J2469	Palonosetron hcl		K2		$17.62
J2501	Paricalcitol		N1		
J2503	Pegaptanib sodium injection		K2		$1,030.34
J2504	Pegademase bovine, 25 iu		K2		$247.34
J2505	Injection, pegfilgrastim 6mg		K2		$2,432.50
J2510	Penicillin g procaine inj		N1		
J2513	Pentastarch 10% solution		K2		$161.82
J2515	Pentobarbital sodium inj		N1		
J2540	Penicillin g potassium inj		N1		
J2543	Piperacillin/tazobactam		N1		
J2550	Promethazine hcl injection		N1		
J2560	Phenobarbital sodium inj		N1		
J2562	Plerixafor injection		K2		$268.58
J2590	Oxytocin injection		N1		
J2597	Inj desmopressin acetate		N1		
J2650	Prednisolone acetate inj		N1		
J2670	Totazoline hcl injection		N1		
J2675	Inj progesterone per 50 MG		N1		
J2680	Fluphenazine decanoate 25 MG		N1		
J2690	Procainamide hcl injection		N1		
J2700	Oxacillin sodium injeciton		N1		
J2710	Neostigmine methylslfte inj		N1		
J2720	Inj protamine sulfate/10 MG		N1		
J2724	Protein c concentrate		K2		$12.19
J2725	Inj protirelin per 250 mcg		N1		
J2730	Pralidoxime chloride inj		K2		$90.79
J2760	Phentolaine mesylate inj		N1		
J2765	Metoclopramide hcl injection		N1		
J2770	Quinupristin/dalfopristin		K2		$147.06

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J2778	Ranibizumab injection		K2		$404.70
J2780	Ranitidine hydrochloride inj		N1		
J2783	Rasburicase		K2		$172.53
J2785	Regadenoson injection		K2		$50.73
J2788	Rho d immune globulin 50 mcg		K2		$25.14
J2790	Rho d immune globulin inj		K2		$77.47
J2791	Rhophylac injection		K2		$5.21
J2792	Rho(D) immune globulin h, sd		K2		$18.55
J2793	Rilonacept injection		K2		$24.09
J2794	Risperidone, long acting		K2		$5.06
J2795	Ropivacaine HCl injection		N1		
J2796	Romiplostim injection		K2		$44.18
J2800	Methocarbamol injection		N1		
J2805	Sincalide injection		N1		
J2810	Inj theophylline per 40 MG		N1		
J2820	Sargramostim injection		K2		$25.25
J2850	Inj secretin synthetic human		K2		$20.31
J2910	Aurothioglucose injeciton		N1		
J2916	Na ferric gluconate complex		N1		
J2920	Methylprednisolone injection		N1		
J2930	Methylprednisolone injection		N1		
J2940	Somatrem injection	CH	N1		
J2941	Somatropin injection		K2		$55.46
J2950	Promazine hcl injection		N1		
J2993	Reteplase injection		K2		$1,555.98
J2995	Inj streptokinase /250000 IU		K2		$32.12
J2997	Alteplase recombinant		K2		$37.35
J3000	Streptomycin injection		N1		
J3010	Fentanyl citrate injeciton		N1		
J3030	Sumatriptan succinate / 6 MG	CH	N1		
J3070	Pentazocine injection		N1		
J3101	Tenecteplase injection		K2		$46.74
J3105	Terbutaline sulfate inj		N1		
J3120	Testosterone enanthate inj		N1		
J3130	Testosterone enanthate inj		N1		
J3140	Testosterone suspension inj		N1		
J3150	Testosteron propionate inj		N1		
J3230	Chlorpromazine hcl injection		N1		
J3240	Thyrotropin injection		K2		$1,053.42
J3243	Tigecycline injection		K2		$1.16

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J3246	Tirofiban HCl		K2		$7.39
J3250	Trimethobenzamide hcl inj		N1		
J3260	Tobramycin sulfate injection		N1		
J3265	Injection torsemide 10 mg/ml		N1		
J3280	Thiethylperazine maleate inj		N1		
J3285	Treprostinil injection		K2		$55.88
J3300	Triamcinolone A inj PRS-free		K2		$3.21
J3301	Triamcinolone acet inj NOS		N1		
J3302	Triamcinolone diacetate inj		N1		
J3303	Triamcinolone hexacetonl inj		N1		
J3305	Inj trimetrexate glucoronate	CH	N1		
J3310	Perphenazine injeciton	CH	K2		$29.11
J3315	Triptorelin pamoate		K2		$164.10
J3350	Urea injection	CH	K2		$83.87
J3355	Urofollitropin, 75 iu		K2		$60.01
J3360	Diazepam injection		N1		
J3364	Urokinase 5000 IU injection		N1		
J3365	Urokinase 250,000 IU inj		K2		$457.73
J3370	Vancomycin hcl injection		N1		
J3396	Verteporfin injection		K2		$9.50
J3410	Hydroxyzine hcl injection		N1		
J3411	Thiamine hcl 100 mg		N1		
J3415	Pyridoxine hcl 100 mg		N1		
J3420	Vitamin b12 injection		N1		
J3430	Vitamin k phytonadione inj		N1		
J3465	Injection, voriconazole		K2		$5.82
J3470	Hyaluronidase injection		N1		
J3471	Ovine, up to 999 USP units		N1		
J3472	Ovine, 1000 USP units		N1		
J3473	Hyaluronidase recombinant		N1		
J3475	Inj magnesium sulfate		N1		
J3480	Inj potassium chloride		N1		
J3485	Zidovudine		N1		
J3486	Ziprasidone mesylate		N1		
J3487	Zoledronic acid		K2		$221.12
J3488	Reclast injection		K2		$222.92
J3490	Drugs unclassified injection		N1		
J3530	Nasal vaccine inhalation		N1		
J3590	Unclassified biologics		N1		
J7030	Normal saline solution infus		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J7040	Normal saline solution infus		N1		
J7042	5% dextrose/normal saline		N1		
J7050	Normal saline solution infus		N1		
J7060	5% dextrose/water		N1		
J7070	D5w infusion		N1		
J7100	Dextran 40 infusion		N1		
J7110	Dextran 75 infusion		N1		
J7120	Ringers lactate infusion		N1		
J7130	Hypertonic saline solution		N1		
J7185	Xyntha inj		K2		$1.08
J7186	Antihemophilic viii/vwf comp		K2		$0.92
J7187	Humate-P, inj		K2		$0.88
J7189	Factor viia		K2		$1.36
J7190	Factor viii		K2		$0.87
J7191	Factor VIII (porcine)		K2		$8.21
J7192	Factor viii recombinant NOS		K2		$1.09
J7193	Factor IX non-recombinant		K2		$0.91
J7194	Factor ix complex		K2		$0.88
J7195	Factor IX recombinant		K2		$1.11
J7197	Antithrombin iii injection		K2		$2.31
J7198	Anti-inhibitor		K2		$1.55
J7308	Aminolevulinic acid hcl top		K2		$134.54
J7310	Ganciclovir long act implant		K2		$16,960.00
J7311	Fluocinolone acetonide implt		K2		$19,345.00
J7321	Hyalgan/supartz inj per dose		K2		$91.96
J7323	Euflexxa inj per dose		K2		$113.79
J7324	Orthovisc inj per dose		K2		$176.70
J7325	Synvisc or Synvisc-One		K2		$11.78
J7500	Azathioprine oral 50mg		N1		
J7501	Azathioprine parenteral		K2		$96.29
J7502	Cyclosporine oral 100 mg	CH	N1		
J7504	Lymphocyte immune globulin		K2		$487.88
J7505	Monoclonal antibodies		K2		$1,133.50
J7506	Prednisone oral		N1		
J7507	Tacrolimus oral per 1 MG	CH	N1		
J7509	Methylprednisolone oral		N1		
J7510	Prednisolone oral per 5 mg		N1		
J7511	Antithymocyte globuln rabbit		K2		$386.48
J7513	Daclizumab, parenteral		K2		$351.10
J7515	Cyclosporine oral 25 mg	CH	N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J7516	Cyclosporin parenteral 250mg	CH	N1		
J7517	Mycophenolate mofetil oral	CH	N1		
J7518	Mycophenolic acid		N1		
J7520	Sirolimus, oral	CH	N1		
J7525	Tacrolimus injection		K2		$139.41
J7599	Immunosuppressive drug noc		N1		
J7674	Methacholine chloride, neb		N1		
J7799	Non-inhalation drug for DME		N1		
J8501	Oral aprepitant		K2		$5.67
J8510	Oral busulfan	CH	K2		$3.65
J8520	Capecitabine, oral, 150 mg		K2		$6.28
J8521	Capecitabine, oral, 500 mg		K2		$20.66
J8530	Cyclophosphamide oral 25 MG		N1		
J8540	Oral dexamethasone		N1		
J8560	Etoposide oral 50 MG		K2		$28.26
J8597	Antiemetic drug oral NOS		N1		
J8600	Melphalan oral 2 MG		N1		
J8610	Methotrexate oral 2.5 MG		N1		
J8650	Nabilone oral		N1		
J8700	Temozolomide		K2		$8.83
J8705	Topotecan oral		K2		$74.66
J9000	Doxorubicin hcl injection		N1		
J9001	Doxorubicin hcl liposome inj		K2		$472.01
J9010	Alemtuzumab injection		K2		$578.02
J9015	Aldesleukin injection		K2		$844.43
J9017	Arsenic trioxide injection		K2		$37.43
J9020	Asparaginase injection		K2		$60.94
J9025	Azacitidine injection		K2		$4.99
J9027	Clofarabine injection		K2		$116.49
J9031	Bcg live intravesical vac		K2		$121.25
J9033	Bendamustine injection		K2		$18.47
J9035	Bevacizumab injection		K2		$57.57
J9040	Bleomycin sulfate injection		N1		
J9041	Bortezomib injection		K2		$38.24
J9045	Carboplatin injection		N1		
J9050	Carmustine injection		K2		$176.41
J9055	Cetuximab injection		K2		$49.73
J9060	Cisplatin 10 MG injection		N1		
J9062	Cisplatin 50 MG injection		N1		
J9065	Inj cladribine per 1 MG		K2		$28.22

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J9070	Cyclophosphamide 100 MG inj		N1		
J9080	Cyclophosphamide 200 MG inj		N1		
J9090	Cyclophosphamide 500 MG inj		N1		
J9091	Cyclophosphamide 1.0 grm inj		N1		
J9092	Cyclophosphamide 2.0 grm inj		N1		
J9093	Cyclophosphamide lyophilized		N1		
J9094	Cyclophosphamide lyophilized		N1		
J9095	Cyclophosphamide lyophilized		N1		
J9096	Cyclophosphamide lyophilized		N1		
J9097	Cyclophosphamide lyophilized		N1		
J9098	Cytarabine liposome inj		K2		$488.90
J9100	Cytarabine hcl 100 MG inj		N1		
J9110	Cytarabine hcl 500 MG inj		N1		
J9120	Dactinomycin injection		K2		$570.53
J9130	Dacarbazine 100 mg inj		N1		
J9140	Dacarbazine 200 MG inj		N1		
J9150	Daunorubicin injection		K2		$19.46
J9151	Daunorubicin citrate inj		K2		$56.31
J9155	Degarelix injection		K2		$2.60
J9160	Denileukin diftitox inj		K2		$1,494.82
J9165	Diethylstilbestrol injection	CH	N1		
J9171	Docetaxel injection		K2		$17.86
J9175	Elliotts b solution per ml		N1		
J9178	Inj, epirubicin hcl, 2 mg		K2		$2.48
J9181	Etoposide injection		N1		
J9185	Fludarabine phosphate inj		K2		$205.81
J9190	Fluorouracil injection		N1		
J9200	Floxuridine injection		K2		$42.99
J9201	Gemcitabine hcl injection		K2		$145.10
J9202	Goserelin acetate implant		K2		$195.23
J9206	Irinotecan injection		K2		$9.15
J9207	Ixabepilone injection		K2		$63.74
J9208	Ifosfomide injection		K2		$30.76
J9209	Mesna injection	CH	N1		
J9211	Idarubicin hcl injection		K2		$63.57
J9212	Interferon alfacon-1 inj		K2		$4.80
J9213	Interferon alfa-2a inj	CH	N1		
J9214	Interferon alfa-2b inj		K2		$15.84
J9215	Interferon alfa-n3 inj		K2		$18.23
J9216	Interferon gamma 1-b inj		K2		$430.93

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
J9217	Leuprolide acetate suspnsion		K2		$220.41
J9218	Leuprolide acetate injeciton		K2		$4.27
J9219	Leuprolide acetate implant		K2		$4,819.82
J9225	Vantas implant		K2		$1,515.25
J9226	Supprelin LA implant		K2		$14,990.44
J9230	Mechlorethamine hcl inj		K2		$154.50
J9245	Inj melphalan hydrochl 50 MG		K2		$1,500.32
J9250	Methotrexate sodium inj		N1		
J9260	Methotrexate sodium inj		N1		
J9261	Nelarabine injection		K2		$105.91
J9263	Oxaliplatin		K2		$6.83
J9264	Paclitaxel protein bound		K2		$9.43
J9265	Paclitaxel injection	CH	K2		$11.46
J9266	Pegaspargase injection		K2		$2,747.44
J9268	Pentostatin injection		K2		$1,246.38
J9270	Plicamycin (mithramycin) inj		N1		
J9280	Mitomycin 5 MG inj		K2		$20.35
J9290	Mitomycin 20 MG inj		K2		$81.44
J9291	Mitomycin 40 MG inj		K2		$162.86
J9293	Mitoxantrone hydrochl / 5 MG		K2		$45.26
J9300	Gemtuzumab ozogamicin inj		K2		$2,687.21
J9303	Panitumumab injection		K2		$87.24
J9305	Pemetrexed injection		K2		$50.63
J9310	Rituximab injection		K2		$578.40
J9320	Streptozocin injection		K2		$282.86
J9328	Temozolomide injection		K2		$4.90
J9330	Temsirolimus injection		K2		$49.83
J9340	Thiotepa injection		K2		$113.52
J9350	Topotecan injection		K2		$1,058.90
J9355	Trastuzumab injection		K2		$66.41
J9357	Valrubicin injection		K2		$960.22
J9360	Vinblastine sulfate inj		N1		
J9370	Vincristine sulfate 1 MG inj		N1		
J9375	Vincristine sulfate 2 MG inj		N1		
J9380	Vincristine sulfate 5 MG inj		N1		
J9390	Vinorelbine tartrate inj		N1		
J9395	Injection, Fulvestrant		K2		$82.22
J9600	Porfimer sodium injection		K2		$2,934.28
J9999	Chemotherapy drug		N1		
L8600	Implant breast silicone/eq		N1		

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
L8603	Collagen imp urinary 2.5 ml		N1		
L8604	Dextranomer/hyaluronic acid		N1		
L8606	Synthetic implnt urinary 1ml		N1		
L8609	Artificial cornea		N1		
L8610	Ocular implant		N1		
L8612	Aqueous shunt prosthesis		N1		
L8613	Ossicular implant		N1		
L8614	Cochlear device		N1		
L8630	Metacarpophalangeal implant		N1		
L8631	MCP joint repl 2 pc or more		N1		
L8641	Metatarsal joint implant		N1		
L8642	Hallux implant		N1		
L8658	Interphalangeal joint spacer		N1		
L8659	Interphalangeal joint repl		N1		
L8670	Vascular graft, synthetic		N1		
L8682	Implt neurostim radiofq rec		N1		
L8690	Aud osseo dev, int/ext comp		N1		
L8699	Prosthetic implant NOS		N1		
P9041	Albumin (human),5%, 50ml		K2		$16.89
P9045	Albumin (human), 5%, 250 ml		K2		$60.58
P9046	Albumin (human), 25%, 20 ml		K2		$25.67
P9047	Albumin (human), 25%, 50ml		K2		$62.05
Q0138	Ferumoxytol, non-esrd		K2		$0.82
Q0163	Diphenhydramine HCl 50mg		N1		
Q0164	Prochlorperazine maleate 5mg		N1		
Q0166	Granisetron hcl 1 mg oral		N1		
Q0167	Dronabinol 2.5mg oral		N1		
Q0169	Promethazine HCl 12.5mg oral		N1		
Q0171	Chlorpromazine HCl 10mg oral		N1		
Q0173	Trimethobenzamide HCl 250mg		N1		
Q0175	Perphenazine 4mg oral		N1		
Q0177	Hydroxyzine pamoate 25mg		N1		
Q0179	Ondansetron hcl 8 mg oral		N1		
Q0180	Dolasetron mesylate oral		N1		
Q0515	Sermorelin acetate injection		K2		$1.80
Q1003	Ntiol category 3		L6		$50.00
Q2004	Bladder calculi irrig sol	CH	N1		
Q2009	Fosphenytoin inj PE		N1		
Q2017	Teniposide, 50 mg		K2		$324.55
Q3025	IM inj interferon beta 1-a		K2		$193.93

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HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment
Q4100	Skin substitute, NOS		N1		
Q4101	Apligraf skin sub		K2		$32.71
Q4102	Oasis wound matrix skin sub		K2		$4.62
Q4103	Oasis burn matrix skin sub		K2		$4.62
Q4104	Integra BMWD skin sub		K2		$14.84
Q4105	Integra DRT skin sub		K2		$10.00
Q4106	Dermagraft skin sub		K2		$40.10
Q4107	Graftjacket skin sub		K2		$92.04
Q4108	Integra matrix skin sub		K2		$17.99
Q4109	Tissuemend skin sub		N1		
Q4110	Primatrix skin sub		K2		$34.35
Q4111	Gammagraft skin sub		K2		$7.40
Q4112	Cymetra allograft		K2		$342.34
Q4113	Graftjacket express allograf		K2		$342.34
Q4114	Integra flowable wound matri		K2		$914.43
Q4115	Alloskin skin sub		K2		$7.34
Q4116	Alloderm skin sub		K2		$32.57
Q9951	LOCM >= 400 mg/ml iodine,1ml		N1		
Q9953	Inj Fe-based MR contrast,1ml		N1		
Q9954	Oral MR contrast, 100 ml		N1		
Q9955	Inj perflexane lip micros,ml		N1		
Q9956	Inj octafluoropropane mic,ml		N1		
Q9957	Inj perflutren lip micros,ml		N1		
Q9958	HOCM <=149 mg/ml iodine, 1ml		N1		
Q9959	HOCM 150-199mg/ml iodine,1ml		N1		
Q9960	HOCM 200-249mg/ml iodine,1ml		N1		
Q9961	HOCM 250-299mg/ml iodine,1ml		N1		
Q9962	HOCM 300-349mg/ml iodine,1ml		N1		
Q9963	HOCM 350-399mg/ml iodine,1ml		N1		
Q9964	HOCM>= 400mg/ml iodine, 1ml		N1		
Q9965	LOCM 100-199mg/ml iodine,1ml		N1		
Q9966	LOCM 200-299mg/ml iodine,1ml		N1		
Q9967	LOCM 300-399mg/ml iodine,1ml		N1		
Q9968	Visualization adjunct		K2		$1.82
V2630	Anter chamber intraocul lens		N1		
V2631	Iris support intraoclr lens		N1		
V2632	Post chmbr intraocular lens		N1		
V2785	Corneal tissue processing		F4		
V2790	Amniotic membrane		N1		

ADDENDUM BB.—PROPOSED ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2011 (INCLUDING ANCILLARY SERVICES FOR WHICH PAYMENT IS PACKAGED)

HCPCS Code	Short Descriptor	CY 2011 Comment Indicator	CY 2011 Payment Indicator	CY 2011 Payment Weight	CY 2011 Payment

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount. Section 4104 of the Affordable Care Act (ACA) waives coinsurance for most preventive services, identified with a double asterisk (**).

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard ratesetting methodology and the MPFS. At the time we compiled this addenda, current law requires a negative update to the MPFS payment rates for CY 2011. For a discussion of those rates, we refer readers to the CY 2011 MPFS proposed rule.

**: Defined as a preventive service with $0 proposed coinsurance as required by section 4104 of the Affordable Care Act (ACA).

ADDENDUM D1.—PROPOSED OPPS PAYMENT STUATS INDICATORS FOR CY 2011

ADDENDUM D1.—PROPOSED OPPS PAYMENT STATUS INDICATORS FOR CY 2011		
Indicator	**Item/Code/Service**	**OPPS Payment Status**
A	Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPPS, for example: ● Ambulance Services ● Clinical Diagnostic Laboratory Services ● Non-Implantable Prosthetic and Orthotic Devices ● EPO for ESRD Patients ● Physical, Occupational, and Speech Therapy ● Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital ● Diagnostic Mammography ● Screening Mammography	Not paid under OPPS. Paid by fiscal intermediaries/MACs under a fee schedule or payment system other than OPPS. Not subject to deductible or coinsurance. Not subject to deductible.
B	Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x).	Not paid under OPPS. ● May be paid by fiscal intermediaries/MACs when submitted on a different bill type, for example, 75x (CORF), but not paid under OPPS. ● An alternate code that is recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x) may be available.
C	Inpatient Procedures	Not paid under OPPS. Admit patient. Bill as inpatient.

ADDENDUM D1.—PROPOSED OPPS PAYMENT STATUS INDICATORS FOR CY 2011		
Indicator	**Item/Code/Service**	**OPPS Payment Status**
D	Discontinued Codes	Not paid under OPPS or any other Medicare payment system.
E	Items, Codes, and Services: ● That are not covered by any Medicare outpatient benefit based on statutory exclusion. ● That are not covered by any Medicare outpatient benefit for reasons other than statutory exclusion. ● That are not recognized by Medicare for outpatient claims but for which an alternate code for the same item or service may be available. ● For which separate payment is not provided on outpatient claims.	Not paid by Medicare when submitted on outpatient claims (any outpatient bill type).
F	Corneal Tissue Acquisition; Certain CRNA Services and Hepatitis B Vaccines	Not paid under OPPS. Paid at reasonable cost.
G	Pass-Through Drugs and Biologicals	Paid under OPPS; separate APC payment.
H	Pass-Through Device Categories	Separate cost-based pass-through payment; not subject to copayment.
K	Nonpass-Through Drugs and Nonimplantable Biologicals, Including Therapeutic Radiopharmaceuticals	Paid under OPPS; separate APC payment.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Not paid under OPPS. Paid at reasonable cost; not subject to deductible or coinsurance.
M	Items and Services Not Billable to the Fiscal Intermediary/MAC	Not paid under OPPS.
N	Items and Services Packaged into APC Rates	Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.
P	Partial Hospitalization	Paid under OPPS; per diem APC payment.

ADDENDUM D1.—PROPOSED OPPS PAYMENT STATUS INDICATORS FOR CY 2011		
Indicator	**Item/Code/Service**	**OPPS Payment Status**
Q1	STVX-Packaged Codes	Paid under OPPS; Addendum B displays APC assignments when services are separately payable. (1) Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator “S,” “T,” “V,” or “X.” (2) In all other circumstances, payment is made through a separate APC payment.
Q2	T-Packaged Codes	Paid under OPPS; Addendum B displays APC assignments when services are separately payable. (1) Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator “T.” (2) In all other circumstances, payment is made through a separate APC payment.
Q3	Codes That May Be Paid Through a Composite APC	Paid under OPPS; Addendum B displays APC assignments when services are separately payable. Addendum M displays composite APC assignments when codes are paid through a composite APC. (1) Composite APC payment based on OPPS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of service. (2) In all other circumstances, payment is made through a separate APC payment or packaged into payment for other services.
R	Blood and Blood Products	Paid under OPPS; separate APC payment.
S	Significant Procedure, Not Discounted When Multiple	Paid under OPPS; separate APC payment.
T	Significant Procedure, Multiple Reduction Applies	Paid under OPPS; separate APC payment.
U	Brachytherapy Sources	Paid under OPPS; separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPPS; separate APC payment.

ADDENDUM D1.—PROPOSED OPPS PAYMENT STATUS INDICATORS FOR CY 2011		
Indicator	**Item/Code/Service**	**OPPS Payment Status**
X	Ancillary Services	Paid under OPPS; separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. All institutional providers other than home health agencies bill to DMERC.

ADDENDUM DD1.—PROPOSED ASC PAYMENT INDICATORS FOR CY 2011

ADDENDUM DD1.—PROPOSED ASC PAYMENT INDICATORS FOR CY 2011	
Indicator	**Payment Indicator Definition**
A2	Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.
D5	Deleted/discontinued code; no payment made.
F4	Corneal tissue acquisition, hepatitis B vaccine; paid at reasonable cost.
G2	Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.
H2	Brachytherapy source paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.
H8	Device-intensive procedure on ASC list in CY 2007; paid at adjusted rate.
J7	OPPS pass-through device paid separately when provided integral to a surgical procedure on ASC list; payment contractor-priced.
J8	Device-intensive procedure added to ASC list in CY 2008 or later; paid at adjusted rate.
K2	Drugs and biologicals paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.
K7	Unclassified drugs and biologicals; payment contractor-priced.
L1	Influenza vaccine; pneumococcal vaccine. Packaged item/service; no separate payment made.
L6	New Technology Intraocular Lens (NTIOL); special payment.
N1	Packaged service/item; no separate payment made.
P2	Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on OPPS relative payment weight.
P3	Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.
R2	Office-based surgical procedure added to ASC list in CY 2008 or later without MPFS nonfacility PE RVUs; payment based on OPPS relative payment weight.

ADDENDUM DD1.—PROPOSED ASC PAYMENT INDICATORS FOR CY 2011	
Indicator	**Payment Indicator Definition**
Z2	Radiology service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS relative payment weight.
Z3	Radiology service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS nonfacility PE RVUs.

ADDENDUM D2.—PROPOSED OPPS COMMENT INDICATORS FOR CY 2011

ADDENDUM D2.—PROPOSED OPPS COMMENT INDICATORS FOR CY 2011	
Comment Indicator	**Descriptor**
NI	New code for the next calendar year or existing code with substantial revision to its code descriptor in the next calendar year as compared to current calendar year, interim APC assignment; comments will be accepted on the interim APC assignment for the new code.
CH	Active HCPCS code in current year and next calendar year, status indicator and/or APC assignment has changed; or active HCPCS code that will be discontinued at the end of the current calendar year.

ADDENDUM DD2.—PROPOSED ASC COMMENT INDICATORS FOR CY 2011

ADDENDUM DD2.—PROPOSED ASC COMMENT INDICATORS FOR CY 2011	
CI	**Comment Indicator Meanings**
CH	Active HCPCS code in current year and next calendar year, payment indicator assignment has changed; or active HCPCS code that is newly recognized as payable in ASC; or active HCPCS code that is discontinued at the end of the current calendar year.
NI	New code, interim payment indicator assignment; comments will be accepted on the interim payment assignment for the new code.

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
00176	Anesth, pharyngeal surgery	C	
00192	Anesth, facial bone surgery	C	
00211	Anesth, cran surg, hemotoma	C	
00214	Anesth, skull drainage	C	
00215	Anesth, skull repair/fract	C	
00452	Anesth, surgery of shoulder	C	
00474	Anesth, surgery of rib(s)	C	
00524	Anesth, chest drainage	C	
00540	Anesth, chest surgery	C	
00542	Anesth, release of lung	C	
00546	Anesth, lung,chest wall surg	C	
00560	Anesth, heart surg w/o pump	C	
00561	Anesth, heart surg < age 1	C	
00562	Anesth hrt surg w/pmp age 1+	C	
00567	Anesth, cabg w/pump	C	
00580	Anesth, heart/lung transplnt	C	
00604	Anesth, sitting procedure	C	
00622	Anesth, removal of nerves	C	
00632	Anesth, removal of nerves	C	
00670	Anesth, spine, cord surgery	C	
00792	Anesth, hemorr/excise liver	C	
00794	Anesth, pancreas removal	C	
00796	Anesth, for liver transplant	C	
00802	Anesth, fat layer removal	C	
00844	Anesth, pelvis surgery	C	
00846	Anesth, hysterectomy	C	
00848	Anesth, pelvic organ surg	C	
00864	Anesth, removal of bladder	C	
00865	Anesth, removal of prostate	C	
00866	Anesth, removal of adrenal	C	
00868	Anesth, kidney transplant	C	
00882	Anesth, major vein ligation	C	
00904	Anesth, perineal surgery	C	
00908	Anesth, removal of prostate	C	
00932	Anesth, amputation of penis	C	
00934	Anesth, penis, nodes removal	C	
00936	Anesth, penis, nodes removal	C	
00944	Anesth, vaginal hysterectomy	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
01140	Anesth, amputation at pelvis	C	
01150	Anesth, pelvic tumor surgery	C	
01212	Anesth, hip disarticulation	C	
01214	Anesth, hip arthroplasty	C	
01232	Anesth, amputation of femur	C	
01234	Anesth, radical femur surg	C	
01272	Anesth, femoral artery surg	C	
01274	Anesth, femoral embolectomy	C	
01402	Anesth, knee arthroplasty	C	
01404	Anesth, amputation at knee	C	
01442	Anesth, knee artery surg	C	
01444	Anesth, knee artery repair	C	
01486	Anesth, ankle replacement	C	
01502	Anesth, lwr leg embolectomy	C	
01634	Anesth, shoulder joint amput	C	
01636	Anesth, forequarter amput	C	
01638	Anesth, shoulder replacement	C	
01652	Anesth, shoulder vessel surg	C	
01654	Anesth, shoulder vessel surg	C	
01656	Anesth, arm-leg vessel surg	C	
01756	Anesth, radical humerus surg	C	
01990	Support for organ donor	C	
11004	Debride genitalia & perineum	C	
11005	Debride abdom wall	C	
11006	Debride genit/per/abdom wall	C	
11008	Remove mesh from abd wall	C	
15756	Free myo/skin flap microvasc	C	
15757	Free skin flap, microvasc	C	
15758	Free fascial flap, microvasc	C	
16036	Escharotomy; addl incision	C	
19271	Revision of chest wall	C	
19272	Extensive chest wall surgery	C	
19305	Mast, radical	C	
19306	Mast, rad, urban type	C	
19361	Breast reconstr w/lat flap	C	
19364	Breast reconstruction	C	
19367	Breast reconstruction	C	
19368	Breast reconstruction	C	
19369	Breast reconstruction	C	
20661	Application of head brace	C	
20664	Halo brace application	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
20802	Replantation, arm, complete	C	
20805	Replant forearm, complete	C	
20808	Replantation hand, complete	C	
20816	Replantation digit, complete	C	
20824	Replantation thumb, complete	C	
20827	Replantation thumb, complete	C	
20838	Replantation foot, complete	C	
20930	Sp bone algrft morsel add-on	C	
20931	Sp bone algrft struct add-on	C	
20936	Sp bone agrft local add-on	C	
20937	Sp bone agrft morsel add-on	C	
20938	Sp bone agrft struct add-on	C	
20955	Fibula bone graft, microvasc	C	
20956	Iliac bone graft, microvasc	C	
20957	Mt bone graft, microvasc	C	
20962	Other bone graft, microvasc	C	
20969	Bone/skin graft, microvasc	C	
20970	Bone/skin graft, iliac crest	C	
21045	Extensive jaw surgery	C	
21141	Reconstruct midface, lefort	C	
21142	Reconstruct midface, lefort	C	
21143	Reconstruct midface, lefort	C	
21145	Reconstruct midface, lefort	C	
21146	Reconstruct midface, lefort	C	
21147	Reconstruct midface, lefort	C	
21151	Reconstruct midface, lefort	C	
21154	Reconstruct midface, lefort	C	
21155	Reconstruct midface, lefort	C	
21159	Reconstruct midface, lefort	C	
21160	Reconstruct midface, lefort	C	
21179	Reconstruct entire forehead	C	
21180	Reconstruct entire forehead	C	
21182	Reconstruct cranial bone	C	
21183	Reconstruct cranial bone	C	
21184	Reconstruct cranial bone	C	
21188	Reconstruction of midface	C	
21194	Reconst lwr jaw w/graft	C	
21196	Reconst lwr jaw w/fixation	C	
21247	Reconstruct lower jaw bone	C	
21255	Reconstruct lower jaw bone	C	
21268	Revise eye sockets	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
21343	Treatment of sinus fracture	C	
21344	Treatment of sinus fracture	C	
21346	Treat nose/jaw fracture	C	
21347	Treat nose/jaw fracture	C	
21348	Treat nose/jaw fracture	C	
21366	Treat cheek bone fracture	C	
21422	Treat mouth roof fracture	C	
21423	Treat mouth roof fracture	C	
21431	Treat craniofacial fracture	C	
21432	Treat craniofacial fracture	C	
21433	Treat craniofacial fracture	C	
21435	Treat craniofacial fracture	C	
21436	Treat craniofacial fracture	C	
21510	Drainage of bone lesion	C	
21615	Removal of rib	C	
21616	Removal of rib and nerves	C	
21620	Partial removal of sternum	C	
21627	Sternal debridement	C	
21630	Extensive sternum surgery	C	
21632	Extensive sternum surgery	C	
21705	Revision of neck muscle/rib	C	
21740	Reconstruction of sternum	C	
21750	Repair of sternum separation	C	
21810	Treatment of rib fracture(s)	C	
21825	Treat sternum fracture	C	
22010	I&d, p-spine, c/t/cerv-thor	C	
22015	I&d, p-spine, l/s/ls	C	
22110	Remove part of neck vertebra	C	
22112	Remove part, thorax vertebra	C	
22114	Remove part, lumbar vertebra	C	
22116	Remove extra spine segment	C	
22206	Cut spine 3 col, thor	C	
22207	Cut spine 3 col, lumb	C	
22208	Cut spine 3 col, addl seg	C	
22210	Revision of neck spine	C	
22212	Revision of thorax spine	C	
22214	Revision of lumbar spine	C	
22216	Revise, extra spine segment	C	
22220	Revision of neck spine	C	
22224	Revision of lumbar spine	C	
22226	Revise, extra spine segment	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
22318	Treat odontoid fx w/o graft	C	
22319	Treat odontoid fx w/graft	C	
22325	Treat spine fracture	C	
22326	Treat neck spine fracture	C	
22327	Treat thorax spine fracture	C	
22328	Treat each add spine fx	C	
22532	Lat thorax spine fusion	C	
22533	Lat lumbar spine fusion	C	
22534	Lat thor/lumb, addl seg	C	
22548	Neck spine fusion	C	
22554	Neck spine fusion	C	
22556	Thorax spine fusion	C	
22558	Lumbar spine fusion	C	
22585	Additional spinal fusion	C	
22590	Spine & skull spinal fusion	C	
22595	Neck spinal fusion	C	
22600	Neck spine fusion	C	
22610	Thorax spine fusion	C	
22630	Lumbar spine fusion	C	
22632	Spine fusion, extra segment	C	
22800	Fusion of spine	C	
22802	Fusion of spine	C	
22804	Fusion of spine	C	
22808	Fusion of spine	C	
22810	Fusion of spine	C	
22812	Fusion of spine	C	
22818	Kyphectomy, 1-2 segments	C	
22819	Kyphectomy, 3 or more	C	
22830	Exploration of spinal fusion	C	
22840	Insert spine fixation device	C	
22841	Insert spine fixation device	C	
22842	Insert spine fixation device	C	
22843	Insert spine fixation device	C	
22844	Insert spine fixation device	C	
22845	Insert spine fixation device	C	
22846	Insert spine fixation device	C	
22847	Insert spine fixation device	C	
22848	Insert pelv fixation device	C	
22849	Reinsert spinal fixation	C	
22850	Remove spine fixation device	C	
22852	Remove spine fixation device	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
22855	Remove spine fixation device	C	
22856	Cerv artific diskectomy	C	
22857	Lumbar artif diskectomy	C	
22861	Revise cerv artific disc	C	
22862	Revise lumbar artif disc	C	
22864	Remove cerv artif disc	C	
22865	Remove lumb artif disc	C	
23200	Resect clavicle tumor	C	
23210	Resect scapula tumor	C	
23220	Resect prox humerus tumor	C	
23332	Remove shoulder foreign body	C	
23472	Reconstruct shoulder joint	C	
23900	Amputation of arm & girdle	C	
23920	Amputation at shoulder joint	C	
24900	Amputation of upper arm	C	
24920	Amputation of upper arm	C	
24930	Amputation follow-up surgery	C	
24931	Amputate upper arm & implant	C	
24940	Revision of upper arm	C	
25900	Amputation of forearm	C	
25905	Amputation of forearm	C	
25915	Amputation of forearm	C	
25920	Amputate hand at wrist	C	
25924	Amputation follow-up surgery	C	
25927	Amputation of hand	C	
26551	Great toe-hand transfer	C	
26553	Single transfer, toe-hand	C	
26554	Double transfer, toe-hand	C	
26556	Toe joint transfer	C	
26992	Drainage of bone lesion	C	
27005	Incision of hip tendon	C	
27025	Incision of hip/thigh fascia	C	
27030	Drainage of hip joint	C	
27036	Excision of hip joint/muscle	C	
27054	Removal of hip joint lining	C	
27070	Partial removal of hip bone	C	
27071	Partial removal of hip bone	C	
27075	Resect hip tumor	C	
27076	Resect hip tum incl acetabul	C	
27077	Resect hip tum w/innom bone	C	
27078	Rsect hip tum incl femur	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
27090	Removal of hip prosthesis	C	
27091	Removal of hip prosthesis	C	
27120	Reconstruction of hip socket	C	
27122	Reconstruction of hip socket	C	
27125	Partial hip replacement	C	
27130	Total hip arthroplasty	C	
27132	Total hip arthroplasty	C	
27134	Revise hip joint replacement	C	
27137	Revise hip joint replacement	C	
27138	Revise hip joint replacement	C	
27140	Transplant femur ridge	C	
27146	Incision of hip bone	C	
27147	Revision of hip bone	C	
27151	Incision of hip bones	C	
27156	Revision of hip bones	C	
27158	Revision of pelvis	C	
27161	Incision of neck of femur	C	
27165	Incision/fixation of femur	C	
27170	Repair/graft femur head/neck	C	
27175	Treat slipped epiphysis	C	
27176	Treat slipped epiphysis	C	
27177	Treat slipped epiphysis	C	
27178	Treat slipped epiphysis	C	
27181	Treat slipped epiphysis	C	
27185	Revision of femur epiphysis	C	
27187	Reinforce hip bones	C	
27222	Treat hip socket fracture	C	
27226	Treat hip wall fracture	C	
27227	Treat hip fracture(s)	C	
27228	Treat hip fracture(s)	C	
27232	Treat thigh fracture	C	
27236	Treat thigh fracture	C	
27240	Treat thigh fracture	C	
27244	Treat thigh fracture	C	
27245	Treat thigh fracture	C	
27248	Treat thigh fracture	C	
27253	Treat hip dislocation	C	
27254	Treat hip dislocation	C	
27258	Treat hip dislocation	C	
27259	Treat hip dislocation	C	
27268	Cltx thigh fx w/mnpj	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
27269	Optx thigh fx	C	
27280	Fusion of sacroiliac joint	C	
27282	Fusion of pubic bones	C	
27284	Fusion of hip joint	C	
27286	Fusion of hip joint	C	
27290	Amputation of leg at hip	C	
27295	Amputation of leg at hip	C	
27303	Drainage of bone lesion	C	
27365	Resect femur/knee tumor	C	
27445	Revision of knee joint	C	
27447	Total knee arthroplasty	C	
27448	Incision of thigh	C	
27450	Incision of thigh	C	
27454	Realignment of thigh bone	C	
27455	Realignment of knee	C	
27457	Realignment of knee	C	
27465	Shortening of thigh bone	C	
27466	Lengthening of thigh bone	C	
27468	Shorten/lengthen thighs	C	
27470	Repair of thigh	C	
27472	Repair/graft of thigh	C	
27477	Surgery to stop leg growth	C	
27485	Surgery to stop leg growth	C	
27486	Revise/replace knee joint	C	
27487	Revise/replace knee joint	C	
27488	Removal of knee prosthesis	C	
27495	Reinforce thigh	C	
27506	Treatment of thigh fracture	C	
27507	Treatment of thigh fracture	C	
27511	Treatment of thigh fracture	C	
27513	Treatment of thigh fracture	C	
27514	Treatment of thigh fracture	C	
27519	Treat thigh fx growth plate	C	
27535	Treat knee fracture	C	
27536	Treat knee fracture	C	
27540	Treat knee fracture	C	
27556	Treat knee dislocation	C	
27557	Treat knee dislocation	C	
27558	Treat knee dislocation	C	
27580	Fusion of knee	C	
27590	Amputate leg at thigh	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
27591	Amputate leg at thigh	C	
27592	Amputate leg at thigh	C	
27596	Amputation follow-up surgery	C	
27598	Amputate lower leg at knee	C	
27645	Resect tibia tumor	C	
27646	Resect fibula tumor	C	
27702	Reconstruct ankle joint	C	
27703	Reconstruction, ankle joint	C	
27712	Realignment of lower leg	C	
27715	Revision of lower leg	C	
27724	Repair/graft of tibia	C	
27725	Repair of lower leg	C	
27727	Repair of lower leg	C	
27880	Amputation of lower leg	C	
27881	Amputation of lower leg	C	
27882	Amputation of lower leg	C	
27886	Amputation follow-up surgery	C	
27888	Amputation of foot at ankle	C	
28800	Amputation of midfoot	C	
31225	Removal of upper jaw	C	
31230	Removal of upper jaw	C	
31290	Nasal/sinus endoscopy, surg	C	
31291	Nasal/sinus endoscopy, surg	C	
31360	Removal of larynx	C	
31365	Removal of larynx	C	
31367	Partial removal of larynx	C	
31368	Partial removal of larynx	C	
31370	Partial removal of larynx	C	
31375	Partial removal of larynx	C	
31380	Partial removal of larynx	C	
31382	Partial removal of larynx	C	
31390	Removal of larynx & pharynx	C	
31395	Reconstruct larynx & pharynx	C	
31584	Treat larynx fracture	C	
31587	Revision of larynx	C	
31725	Clearance of airways	C	
31760	Repair of windpipe	C	
31766	Reconstruction of windpipe	C	
31770	Repair/graft of bronchus	C	
31775	Reconstruct bronchus	C	
31780	Reconstruct windpipe	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
31781	Reconstruct windpipe	C	
31786	Remove windpipe lesion	C	
31800	Repair of windpipe injury	C	
31805	Repair of windpipe injury	C	
32035	Exploration of chest	C	
32036	Exploration of chest	C	
32095	Biopsy through chest wall	C	
32100	Exploration/biopsy of chest	C	
32110	Explore/repair chest	C	
32120	Re-exploration of chest	C	
32124	Explore chest free adhesions	C	
32140	Removal of lung lesion(s)	C	
32141	Remove/treat lung lesions	C	
32150	Removal of lung lesion(s)	C	
32151	Remove lung foreign body	C	
32160	Open chest heart massage	C	
32200	Drain, open, lung lesion	C	
32215	Treat chest lining	C	
32220	Release of lung	C	
32225	Partial release of lung	C	
32310	Removal of chest lining	C	
32320	Free/remove chest lining	C	
32402	Open biopsy chest lining	C	
32440	Removal of lung	C	
32442	Sleeve pneumonectomy	C	
32445	Removal of lung	C	
32480	Partial removal of lung	C	
32482	Bilobectomy	C	
32484	Segmentectomy	C	
32486	Sleeve lobectomy	C	
32488	Completion pneumonectomy	C	
32491	Lung volume reduction	C	
32500	Partial removal of lung	C	
32501	Repair bronchus add-on	C	
32503	Resect apical lung tumor	C	
32504	Resect apical lung tum/chest	C	
32540	Removal of lung lesion	C	
32650	Thoracoscopy, surgical	C	
32651	Thoracoscopy, surgical	C	
32652	Thoracoscopy, surgical	C	
32653	Thoracoscopy, surgical	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
32654	Thoracoscopy, surgical	C	
32655	Thoracoscopy, surgical	C	
32656	Thoracoscopy, surgical	C	
32657	Thoracoscopy, surgical	C	
32658	Thoracoscopy, surgical	C	
32659	Thoracoscopy, surgical	C	
32660	Thoracoscopy, surgical	C	
32661	Thoracoscopy, surgical	C	
32662	Thoracoscopy, surgical	C	
32663	Thoracoscopy, surgical	C	
32664	Thoracoscopy, surgical	C	
32665	Thoracoscopy, surgical	C	
32800	Repair lung hernia	C	
32810	Close chest after drainage	C	
32815	Close bronchial fistula	C	
32820	Reconstruct injured chest	C	
32850	Donor pneumonectomy	C	
32851	Lung transplant, single	C	
32852	Lung transplant with bypass	C	
32853	Lung transplant, double	C	
32854	Lung transplant with bypass	C	
32855	Prepare donor lung, single	C	
32856	Prepare donor lung, double	C	
32900	Removal of rib(s)	C	
32905	Revise & repair chest wall	C	
32906	Revise & repair chest wall	C	
32940	Revision of lung	C	
32997	Total lung lavage	C	
33015	Incision of heart sac	C	
33020	Incision of heart sac	C	
33025	Incision of heart sac	C	
33030	Partial removal of heart sac	C	
33031	Partial removal of heart sac	C	
33050	Removal of heart sac lesion	C	
33120	Removal of heart lesion	C	
33130	Removal of heart lesion	C	
33140	Heart revascularize (tmr)	C	
33141	Heart tmr w/other procedure	C	
33202	Insert epicard eltrd, open	C	
33203	Insert epicard eltrd, endo	C	
33236	Remove electrode/thoracotomy	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
33237	Remove electrode/thoracotomy	C	
33238	Remove electrode/thoracotomy	C	
33243	Remove eltrd/thoracotomy	C	
33250	Ablate heart dysrhythm focus	C	
33251	Ablate heart dysrhythm focus	C	
33254	Ablate atria, lmtd	C	
33255	Ablate atria w/o bypass, ext	C	
33256	Ablate atria w/bypass, exten	C	
33257	Ablate atria, lmtd, add-on	C	
33258	Ablate atria, x10sv, add-on	C	
33259	Ablate atria w/bypass add-on	C	
33261	Ablate heart dysrhythm focus	C	
33265	Ablate atria, lmtd, endo	C	
33266	Ablate atria, x10sv, endo	C	
33300	Repair of heart wound	C	
33305	Repair of heart wound	C	
33310	Exploratory heart surgery	C	
33315	Exploratory heart surgery	C	
33320	Repair major blood vessel(s)	C	
33321	Repair major vessel	C	
33322	Repair major blood vessel(s)	C	
33330	Insert major vessel graft	C	
33332	Insert major vessel graft	C	
33335	Insert major vessel graft	C	
33400	Repair of aortic valve	C	
33401	Valvuloplasty, open	C	
33403	Valvuloplasty, w/cp bypass	C	
33404	Prepare heart-aorta conduit	C	
33405	Replacement of aortic valve	C	
33406	Replacement of aortic valve	C	
33410	Replacement of aortic valve	C	
33411	Replacement of aortic valve	C	
33412	Replacement of aortic valve	C	
33413	Replacement of aortic valve	C	
33414	Repair of aortic valve	C	
33415	Revision, subvalvular tissue	C	
33416	Revise ventricle muscle	C	
33417	Repair of aortic valve	C	
33420	Revision of mitral valve	C	
33422	Revision of mitral valve	C	
33425	Repair of mitral valve	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
33426	Repair of mitral valve	C	
33427	Repair of mitral valve	C	
33430	Replacement of mitral valve	C	
33460	Revision of tricuspid valve	C	
33463	Valvuloplasty, tricuspid	C	
33464	Valvuloplasty, tricuspid	C	
33465	Replace tricuspid valve	C	
33468	Revision of tricuspid valve	C	
33470	Revision of pulmonary valve	C	
33471	Valvotomy, pulmonary valve	C	
33472	Revision of pulmonary valve	C	
33474	Revision of pulmonary valve	C	
33475	Replacement, pulmonary valve	C	
33476	Revision of heart chamber	C	
33478	Revision of heart chamber	C	
33496	Repair, prosth valve clot	C	
33500	Repair heart vessel fistula	C	
33501	Repair heart vessel fistula	C	
33502	Coronary artery correction	C	
33503	Coronary artery graft	C	
33504	Coronary artery graft	C	
33505	Repair artery w/tunnel	C	
33506	Repair artery, translocation	C	
33507	Repair art, intramural	C	
33510	CABG, vein, single	C	
33511	CABG, vein, two	C	
33512	CABG, vein, three	C	
33513	CABG, vein, four	C	
33514	CABG, vein, five	C	
33516	Cabg, vein, six or more	C	
33517	CABG, artery-vein, single	C	
33518	CABG, artery-vein, two	C	
33519	CABG, artery-vein, three	C	
33521	CABG, artery-vein, four	C	
33522	CABG, artery-vein, five	C	
33523	Cabg, art-vein, six or more	C	
33530	Coronary artery, bypass/reop	C	
33533	CABG, arterial, single	C	
33534	CABG, arterial, two	C	
33535	CABG, arterial, three	C	
33536	Cabg, arterial, four or more	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
33542	Removal of heart lesion	C	
33545	Repair of heart damage	C	
33548	Restore/remodel, ventricle	C	
33572	Open coronary endarterectomy	C	
33600	Closure of valve	C	
33602	Closure of valve	C	
33606	Anastomosis/artery-aorta	C	
33608	Repair anomaly w/conduit	C	
33610	Repair by enlargement	C	
33611	Repair double ventricle	C	
33612	Repair double ventricle	C	
33615	Repair, modified fontan	C	
33617	Repair single ventricle	C	
33619	Repair single ventricle	C	
33641	Repair heart septum defect	C	
33645	Revision of heart veins	C	
33647	Repair heart septum defects	C	
33660	Repair of heart defects	C	
33665	Repair of heart defects	C	
33670	Repair of heart chambers	C	
33675	Close mult vsd	C	
33676	Close mult vsd w/resection	C	
33677	Cl mult vsd w/rem pul band	C	
33681	Repair heart septum defect	C	
33684	Repair heart septum defect	C	
33688	Repair heart septum defect	C	
33690	Reinforce pulmonary artery	C	
33692	Repair of heart defects	C	
33694	Repair of heart defects	C	
33697	Repair of heart defects	C	
33702	Repair of heart defects	C	
33710	Repair of heart defects	C	
33720	Repair of heart defect	C	
33722	Repair of heart defect	C	
33724	Repair venous anomaly	C	
33726	Repair pul venous stenosis	C	
33730	Repair heart-vein defect(s)	C	
33732	Repair heart-vein defect	C	
33735	Revision of heart chamber	C	
33736	Revision of heart chamber	C	
33737	Revision of heart chamber	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
33750	Major vessel shunt	C	
33755	Major vessel shunt	C	
33762	Major vessel shunt	C	
33764	Major vessel shunt & graft	C	
33766	Major vessel shunt	C	
33767	Major vessel shunt	C	
33768	Cavopulmonary shunting	C	
33770	Repair great vessels defect	C	
33771	Repair great vessels defect	C	
33774	Repair great vessels defect	C	
33775	Repair great vessels defect	C	
33776	Repair great vessels defect	C	
33777	Repair great vessels defect	C	
33778	Repair great vessels defect	C	
33779	Repair great vessels defect	C	
33780	Repair great vessels defect	C	
33781	Repair great vessels defect	C	
33782	Nikaidoh proc	C	
33783	Nikaidoh proc w/ostia implt	C	
33786	Repair arterial trunk	C	
33788	Revision of pulmonary artery	C	
33800	Aortic suspension	C	
33802	Repair vessel defect	C	
33803	Repair vessel defect	C	
33813	Repair septal defect	C	
33814	Repair septal defect	C	
33820	Revise major vessel	C	
33822	Revise major vessel	C	
33824	Revise major vessel	C	
33840	Remove aorta constriction	C	
33845	Remove aorta constriction	C	
33851	Remove aorta constriction	C	
33852	Repair septal defect	C	
33853	Repair septal defect	C	
33860	Ascending aortic graft	C	
33861	Ascending aortic graft	C	
33863	Ascending aortic graft	C	
33864	Ascending aortic graft	C	
33870	Transverse aortic arch graft	C	
33875	Thoracic aortic graft	C	
33877	Thoracoabdominal graft	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
33880	Endovasc taa repr incl subcl	C	
33881	Endovasc taa repr w/o subcl	C	
33883	Insert endovasc prosth, taa	C	
33884	Endovasc prosth, taa, add-on	C	
33886	Endovasc prosth, delayed	C	
33889	Artery transpose/endovas taa	C	
33891	Car-car bp grft/endovas taa	C	
33910	Remove lung artery emboli	C	
33915	Remove lung artery emboli	C	
33916	Surgery of great vessel	C	
33917	Repair pulmonary artery	C	
33920	Repair pulmonary atresia	C	
33922	Transect pulmonary artery	C	
33924	Remove pulmonary shunt	C	
33925	Rpr pul art unifocal w/o cpb	C	
33926	Repr pul art, unifocal w/cpb	C	
33930	Removal of donor heart/lung	C	
33933	Prepare donor heart/lung	C	
33935	Transplantation, heart/lung	C	
33940	Removal of donor heart	C	
33944	Prepare donor heart	C	
33945	Transplantation of heart	C	
33960	External circulation assist	C	
33961	External circulation assist	C	
33967	Insert ia percut device	C	
33968	Remove aortic assist device	C	
33970	Aortic circulation assist	C	
33971	Aortic circulation assist	C	
33973	Insert balloon device	C	
33974	Remove intra-aortic balloon	C	
33975	Implant ventricular device	C	
33976	Implant ventricular device	C	
33977	Remove ventricular device	C	
33978	Remove ventricular device	C	
33979	Insert intracorporeal device	C	
33980	Remove intracorporeal device	C	
33981	Replace vad pump ext	C	
33982	Replace vad intra w/o bp	C	
33983	Replace vad intra w/bp	C	
34001	Removal of artery clot	C	
34051	Removal of artery clot	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
34151	Removal of artery clot	C	
34401	Removal of vein clot	C	
34451	Removal of vein clot	C	
34502	Reconstruct vena cava	C	
34800	Endovas aaa repr w/sm tube	C	
34802	Endovas aaa repr w/2-p part	C	
34803	Endovas aaa repr w/3-p part	C	
34804	Endovas aaa repr w/1-p part	C	
34805	Endovas aaa repr w/long tube	C	
34806	Aneurysm press sensor add-on	C	
34808	Endovas iliac a device addon	C	
34812	Xpose for endoprosth, femorl	C	
34813	Femoral endovas graft add-on	C	
34820	Xpose for endoprosth, iliac	C	
34825	Endovasc extend prosth, init	C	
34826	Endovasc exten prosth, addl	C	
34830	Open aortic tube prosth repr	C	
34831	Open aortoiliac prosth repr	C	
34832	Open aortofemor prosth repr	C	
34833	Xpose for endoprosth, iliac	C	
34834	Xpose, endoprosth, brachial	C	
34900	Endovasc iliac repr w/graft	C	
35001	Repair defect of artery	C	
35002	Repair artery rupture, neck	C	
35005	Repair defect of artery	C	
35013	Repair artery rupture, arm	C	
35021	Repair defect of artery	C	
35022	Repair artery rupture, chest	C	
35045	Repair defect of arm artery	C	
35081	Repair defect of artery	C	
35082	Repair artery rupture, aorta	C	
35091	Repair defect of artery	C	
35092	Repair artery rupture, aorta	C	
35102	Repair defect of artery	C	
35103	Repair artery rupture, groin	C	
35111	Repair defect of artery	C	
35112	Repair artery rupture,spleen	C	
35121	Repair defect of artery	C	
35122	Repair artery rupture, belly	C	
35131	Repair defect of artery	C	
35132	Repair artery rupture, groin	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
35141	Repair defect of artery	C	
35142	Repair artery rupture, thigh	C	
35151	Repair defect of artery	C	
35152	Repair artery rupture, knee	C	
35182	Repair blood vessel lesion	C	
35189	Repair blood vessel lesion	C	
35211	Repair blood vessel lesion	C	
35216	Repair blood vessel lesion	C	
35221	Repair blood vessel lesion	C	
35241	Repair blood vessel lesion	C	
35246	Repair blood vessel lesion	C	
35251	Repair blood vessel lesion	C	
35271	Repair blood vessel lesion	C	
35276	Repair blood vessel lesion	C	
35281	Repair blood vessel lesion	C	
35301	Rechanneling of artery	C	
35302	Rechanneling of artery	C	
35303	Rechanneling of artery	C	
35304	Rechanneling of artery	C	
35305	Rechanneling of artery	C	
35306	Rechanneling of artery	C	
35311	Rechanneling of artery	C	
35331	Rechanneling of artery	C	
35341	Rechanneling of artery	C	
35351	Rechanneling of artery	C	
35355	Rechanneling of artery	C	
35361	Rechanneling of artery	C	
35363	Rechanneling of artery	C	
35371	Rechanneling of artery	C	
35372	Rechanneling of artery	C	
35390	Reoperation, carotid add-on	C	
35400	Angioscopy	C	
35450	Repair arterial blockage	C	
35452	Repair arterial blockage	C	
35454	Repair arterial blockage	C	
35456	Repair arterial blockage	C	
35480	Atherectomy, open	C	
35481	Atherectomy, open	C	
35482	Atherectomy, open	C	
35483	Atherectomy, open	C	
35501	Artery bypass graft	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
35506	Artery bypass graft	C	
35508	Artery bypass graft	C	
35509	Artery bypass graft	C	
35510	Artery bypass graft	C	
35511	Artery bypass graft	C	
35512	Artery bypass graft	C	
35515	Artery bypass graft	C	
35516	Artery bypass graft	C	
35518	Artery bypass graft	C	
35521	Artery bypass graft	C	
35522	Artery bypass graft	C	
35523	Artery bypass graft	C	
35525	Artery bypass graft	C	
35526	Artery bypass graft	C	
35531	Artery bypass graft	C	
35533	Artery bypass graft	C	
35535	Artery bypass graft	C	
35536	Artery bypass graft	C	
35537	Artery bypass graft	C	
35538	Artery bypass graft	C	
35539	Artery bypass graft	C	
35540	Artery bypass graft	C	
35548	Artery bypass graft	C	
35549	Artery bypass graft	C	
35551	Artery bypass graft	C	
35556	Artery bypass graft	C	
35558	Artery bypass graft	C	
35560	Artery bypass graft	C	
35563	Artery bypass graft	C	
35565	Artery bypass graft	C	
35566	Artery bypass graft	C	
35570	Artery bypass graft	C	
35571	Artery bypass graft	C	
35583	Vein bypass graft	C	
35585	Vein bypass graft	C	
35587	Vein bypass graft	C	
35600	Harvest art for cabg add-on	C	
35601	Artery bypass graft	C	
35606	Artery bypass graft	C	
35612	Artery bypass graft	C	
35616	Artery bypass graft	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
35621	Artery bypass graft	C	
35623	Bypass graft, not vein	C	
35626	Artery bypass graft	C	
35631	Artery bypass graft	C	
35632	Artery bypass graft	C	
35633	Artery bypass graft	C	
35634	Artery bypass graft	C	
35636	Artery bypass graft	C	
35637	Artery bypass graft	C	
35638	Artery bypass graft	C	
35642	Artery bypass graft	C	
35645	Artery bypass graft	C	
35646	Artery bypass graft	C	
35647	Artery bypass graft	C	
35650	Artery bypass graft	C	
35651	Artery bypass graft	C	
35654	Artery bypass graft	C	
35656	Artery bypass graft	C	
35661	Artery bypass graft	C	
35663	Artery bypass graft	C	
35665	Artery bypass graft	C	
35666	Artery bypass graft	C	
35671	Artery bypass graft	C	
35681	Composite bypass graft	C	
35682	Composite bypass graft	C	
35683	Composite bypass graft	C	
35691	Arterial transposition	C	
35693	Arterial transposition	C	
35694	Arterial transposition	C	
35695	Arterial transposition	C	
35697	Reimplant artery each	C	
35700	Reoperation, bypass graft	C	
35701	Exploration, carotid artery	C	
35721	Exploration, femoral artery	C	
35741	Exploration popliteal artery	C	
35800	Explore neck vessels	C	
35820	Explore chest vessels	C	
35840	Explore abdominal vessels	C	
35870	Repair vessel graft defect	C	
35901	Excision, graft, neck	C	
35905	Excision, graft, thorax	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
35907	Excision, graft, abdomen	C	
36660	Insertion catheter, artery	C	
36822	Insertion of cannula(s)	C	
36823	Insertion of cannula(s)	C	
37140	Revision of circulation	C	
37145	Revision of circulation	C	
37160	Revision of circulation	C	
37180	Revision of circulation	C	
37181	Splice spleen/kidney veins	C	
37182	Insert hepatic shunt (tips)	C	
37215	Transcath stent, cca w/eps	C	
37616	Ligation of chest artery	C	
37617	Ligation of abdomen artery	C	
37618	Ligation of extremity artery	C	
37660	Revision of major vein	C	
37788	Revascularization, penis	C	
38100	Removal of spleen, total	C	
38101	Removal of spleen, partial	C	
38102	Removal of spleen, total	C	
38115	Repair of ruptured spleen	C	
38380	Thoracic duct procedure	C	
38381	Thoracic duct procedure	C	
38382	Thoracic duct procedure	C	
38562	Removal, pelvic lymph nodes	C	
38564	Removal, abdomen lymph nodes	C	
38724	Removal of lymph nodes, neck	C	
38746	Remove thoracic lymph nodes	C	
38747	Remove abdominal lymph nodes	C	
38765	Remove groin lymph nodes	C	
38770	Remove pelvis lymph nodes	C	
38780	Remove abdomen lymph nodes	C	
39000	Exploration of chest	C	
39010	Exploration of chest	C	
39200	Removal chest lesion	C	
39220	Removal chest lesion	C	
39499	Chest procedure	C	
39501	Repair diaphragm laceration	C	
39502	Repair paraesophageal hernia	C	
39503	Repair of diaphragm hernia	C	
39520	Repair of diaphragm hernia	C	
39530	Repair of diaphragm hernia	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
39531	Repair of diaphragm hernia	C	
39540	Repair of diaphragm hernia	C	
39541	Repair of diaphragm hernia	C	
39545	Revision of diaphragm	C	
39560	Resect diaphragm, simple	C	
39561	Resect diaphragm, complex	C	
39599	Diaphragm surgery procedure	C	
41130	Partial removal of tongue	C	
41135	Tongue and neck surgery	C	
41140	Removal of tongue	C	
41145	Tongue removal, neck surgery	C	
41150	Tongue, mouth, jaw surgery	C	
41153	Tongue, mouth, neck surgery	C	
41155	Tongue, jaw, & neck surgery	C	
42426	Excise parotid gland/lesion	C	
42845	Extensive surgery of throat	C	
42894	Revision of pharyngeal walls	C	
42953	Repair throat, esophagus	C	
42961	Control throat bleeding	C	
42971	Control nose/throat bleeding	C	
43045	Incision of esophagus	C	
43100	Excision of esophagus lesion	C	
43101	Excision of esophagus lesion	C	
43107	Removal of esophagus	C	
43108	Removal of esophagus	C	
43112	Removal of esophagus	C	
43113	Removal of esophagus	C	
43116	Partial removal of esophagus	C	
43117	Partial removal of esophagus	C	
43118	Partial removal of esophagus	C	
43121	Partial removal of esophagus	C	
43122	Partial removal of esophagus	C	
43123	Partial removal of esophagus	C	
43124	Removal of esophagus	C	
43135	Removal of esophagus pouch	C	
43279	Lap myotomy, heller	C	
43281	Lap paraesophag hern repair	C	
43282	Lap paraesoph her rpr w/mesh	C	
43300	Repair of esophagus	C	
43305	Repair esophagus and fistula	C	
43310	Repair of esophagus	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
43312	Repair esophagus and fistula	C	
43313	Esophagoplasty congenital	C	
43314	Tracheo-esophagoplasty cong	C	
43320	Fuse esophagus & stomach	C	
43324	Revise esophagus & stomach	C	
43325	Revise esophagus & stomach	C	
43326	Revise esophagus & stomach	C	
43330	Repair of esophagus	C	
43331	Repair of esophagus	C	
43340	Fuse esophagus & intestine	C	
43341	Fuse esophagus & intestine	C	
43350	Surgical opening, esophagus	C	
43351	Surgical opening, esophagus	C	
43352	Surgical opening, esophagus	C	
43360	Gastrointestinal repair	C	
43361	Gastrointestinal repair	C	
43400	Ligate esophagus veins	C	
43401	Esophagus surgery for veins	C	
43405	Ligate/staple esophagus	C	
43410	Repair esophagus wound	C	
43415	Repair esophagus wound	C	
43425	Repair esophagus opening	C	
43460	Pressure treatment esophagus	C	
43496	Free jejunum flap, microvasc	C	
43500	Surgical opening of stomach	C	
43501	Surgical repair of stomach	C	
43502	Surgical repair of stomach	C	
43520	Incision of pyloric muscle	C	
43605	Biopsy of stomach	C	
43610	Excision of stomach lesion	C	
43611	Excision of stomach lesion	C	
43620	Removal of stomach	C	
43621	Removal of stomach	C	
43622	Removal of stomach	C	
43631	Removal of stomach, partial	C	
43632	Removal of stomach, partial	C	
43633	Removal of stomach, partial	C	
43634	Removal of stomach, partial	C	
43635	Removal of stomach, partial	C	
43640	Vagotomy & pylorus repair	C	
43641	Vagotomy & pylorus repair	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
43644	Lap gastric bypass/roux-en-y	C	
43645	Lap gastr bypass incl smll i	C	
43770	Lap place gastr adj device	C	
43771	Lap revise gastr adj device	C	
43772	Lap rmvl gastr adj device	C	
43773	Lap replace gastr adj device	C	
43774	Lap rmvl gastr adj all parts	C	
43775	Lap sleeve gastrectomy	C	
43800	Reconstruction of pylorus	C	
43810	Fusion of stomach and bowel	C	
43820	Fusion of stomach and bowel	C	
43825	Fusion of stomach and bowel	C	
43832	Place gastrostomy tube	C	
43840	Repair of stomach lesion	C	
43843	Gastroplasty w/o v-band	C	
43845	Gastroplasty duodenal switch	C	
43846	Gastric bypass for obesity	C	
43847	Gastric bypass incl small i	C	
43848	Revision gastroplasty	C	
43850	Revise stomach-bowel fusion	C	
43855	Revise stomach-bowel fusion	C	
43860	Revise stomach-bowel fusion	C	
43865	Revise stomach-bowel fusion	C	
43880	Repair stomach-bowel fistula	C	
43881	Impl/redo electrd, antrum	C	
43882	Revise/remove electrd antrum	C	
44005	Freeing of bowel adhesion	C	
44010	Incision of small bowel	C	
44015	Insert needle cath bowel	C	
44020	Explore small intestine	C	
44021	Decompress small bowel	C	
44025	Incision of large bowel	C	
44050	Reduce bowel obstruction	C	
44055	Correct malrotation of bowel	C	
44110	Excise intestine lesion(s)	C	
44111	Excision of bowel lesion(s)	C	
44120	Removal of small intestine	C	
44121	Removal of small intestine	C	
44125	Removal of small intestine	C	
44126	Enterectomy w/o taper, cong	C	
44127	Enterectomy w/taper, cong	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
44128	Enterectomy cong, add-on	C	
44130	Bowel to bowel fusion	C	
44132	Enterectomy, cadaver donor	C	
44133	Enterectomy, live donor	C	
44135	Intestine transplnt, cadaver	C	
44136	Intestine transplant, live	C	
44137	Remove intestinal allograft	C	
44139	Mobilization of colon	C	
44140	Partial removal of colon	C	
44141	Partial removal of colon	C	
44143	Partial removal of colon	C	
44144	Partial removal of colon	C	
44145	Partial removal of colon	C	
44146	Partial removal of colon	C	
44147	Partial removal of colon	C	
44150	Removal of colon	C	
44151	Removal of colon/ileostomy	C	
44155	Removal of colon/ileostomy	C	
44156	Removal of colon/ileostomy	C	
44157	Colectomy w/ileoanal anast	C	
44158	Colectomy w/neo-rectum pouch	C	
44160	Removal of colon	C	
44187	Lap, ileo/jejuno-stomy	C	
44188	Lap, colostomy	C	
44202	Lap, enterectomy	C	
44203	Lap resect s/intestine, addl	C	
44204	Laparo partial colectomy	C	
44205	Lap colectomy part w/ileum	C	
44210	Laparo total proctocolectomy	C	
44211	Lap colectomy w/proctectomy	C	
44212	Laparo total proctocolectomy	C	
44227	Lap, close enterostomy	C	
44300	Open bowel to skin	C	
44310	Ileostomy/jejunostomy	C	
44314	Revision of ileostomy	C	
44316	Devise bowel pouch	C	
44320	Colostomy	C	
44322	Colostomy with biopsies	C	
44345	Revision of colostomy	C	
44346	Revision of colostomy	C	
44602	Suture, small intestine	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
44603	Suture, small intestine	C	
44604	Suture, large intestine	C	
44605	Repair of bowel lesion	C	
44615	Intestinal stricturoplasty	C	
44620	Repair bowel opening	C	
44625	Repair bowel opening	C	
44626	Repair bowel opening	C	
44640	Repair bowel-skin fistula	C	
44650	Repair bowel fistula	C	
44660	Repair bowel-bladder fistula	C	
44661	Repair bowel-bladder fistula	C	
44680	Surgical revision, intestine	C	
44700	Suspend bowel w/prosthesis	C	
44715	Prepare donor intestine	C	
44720	Prep donor intestine/venous	C	
44721	Prep donor intestine/artery	C	
44800	Excision of bowel pouch	C	
44820	Excision of mesentery lesion	C	
44850	Repair of mesentery	C	
44899	Bowel surgery procedure	C	
44900	Drain app abscess, open	C	
44960	Appendectomy	C	
45110	Removal of rectum	C	
45111	Partial removal of rectum	C	
45112	Removal of rectum	C	
45113	Partial proctectomy	C	
45114	Partial removal of rectum	C	
45116	Partial removal of rectum	C	
45119	Remove rectum w/reservoir	C	
45120	Removal of rectum	C	
45121	Removal of rectum and colon	C	
45123	Partial proctectomy	C	
45126	Pelvic exenteration	C	
45130	Excision of rectal prolapse	C	
45135	Excision of rectal prolapse	C	
45136	Excise ileoanal reservior	C	
45395	Lap, removal of rectum	C	
45397	Lap, remove rectum w/pouch	C	
45400	Laparoscopic proc	C	
45402	Lap proctopexy w/sig resect	C	
45540	Correct rectal prolapse	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
45550	Repair rectum/remove sigmoid	C	
45562	Exploration/repair of rectum	C	
45563	Exploration/repair of rectum	C	
45800	Repair rect/bladder fistula	C	
45805	Repair fistula w/colostomy	C	
45820	Repair rectourethral fistula	C	
45825	Repair fistula w/colostomy	C	
46705	Repair of anal stricture	C	
46710	Repr per/vag pouch sngl proc	C	
46712	Repr per/vag pouch dbl proc	C	
46715	Rep perf anoper fistu	C	
46716	Rep perf anoper/vestib fistu	C	
46730	Construction of absent anus	C	
46735	Construction of absent anus	C	
46740	Construction of absent anus	C	
46742	Repair of imperforated anus	C	
46744	Repair of cloacal anomaly	C	
46746	Repair of cloacal anomaly	C	
46748	Repair of cloacal anomaly	C	
46751	Repair of anal sphincter	C	
47010	Open drainage, liver lesion	C	
47015	Inject/aspirate liver cyst	C	
47100	Wedge biopsy of liver	C	
47120	Partial removal of liver	C	
47122	Extensive removal of liver	C	
47125	Partial removal of liver	C	
47130	Partial removal of liver	C	
47133	Removal of donor liver	C	
47135	Transplantation of liver	C	
47136	Transplantation of liver	C	
47140	Partial removal, donor liver	C	
47141	Partial removal, donor liver	C	
47142	Partial removal, donor liver	C	
47143	Prep donor liver, whole	C	
47144	Prep donor liver, 3-segment	C	
47145	Prep donor liver, lobe split	C	
47146	Prep donor liver/venous	C	
47147	Prep donor liver/arterial	C	
47300	Surgery for liver lesion	C	
47350	Repair liver wound	C	
47360	Repair liver wound	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
47361	Repair liver wound	C	
47362	Repair liver wound	C	
47380	Open ablate liver tumor rf	C	
47381	Open ablate liver tumor cryo	C	
47400	Incision of liver duct	C	
47420	Incision of bile duct	C	
47425	Incision of bile duct	C	
47460	Incise bile duct sphincter	C	
47480	Incision of gallbladder	C	
47550	Bile duct endoscopy add-on	C	
47570	Laparo cholecystoenterostomy	C	
47600	Removal of gallbladder	C	
47605	Removal of gallbladder	C	
47610	Removal of gallbladder	C	
47612	Removal of gallbladder	C	
47620	Removal of gallbladder	C	
47700	Exploration of bile ducts	C	
47701	Bile duct revision	C	
47711	Excision of bile duct tumor	C	
47712	Excision of bile duct tumor	C	
47715	Excision of bile duct cyst	C	
47720	Fuse gallbladder & bowel	C	
47721	Fuse upper gi structures	C	
47740	Fuse gallbladder & bowel	C	
47741	Fuse gallbladder & bowel	C	
47760	Fuse bile ducts and bowel	C	
47765	Fuse liver ducts & bowel	C	
47780	Fuse bile ducts and bowel	C	
47785	Fuse bile ducts and bowel	C	
47800	Reconstruction of bile ducts	C	
47801	Placement, bile duct support	C	
47802	Fuse liver duct & intestine	C	
47900	Suture bile duct injury	C	
48000	Drainage of abdomen	C	
48001	Placement of drain, pancreas	C	
48020	Removal of pancreatic stone	C	
48100	Biopsy of pancreas, open	C	
48105	Resect/debride pancreas	C	
48120	Removal of pancreas lesion	C	
48140	Partial removal of pancreas	C	
48145	Partial removal of pancreas	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
48146	Pancreatectomy	C	
48148	Removal of pancreatic duct	C	
48150	Partial removal of pancreas	C	
48152	Pancreatectomy	C	
48153	Pancreatectomy	C	
48154	Pancreatectomy	C	
48155	Removal of pancreas	C	
48400	Injection, intraop add-on	C	
48500	Surgery of pancreatic cyst	C	
48510	Drain pancreatic pseudocyst	C	
48520	Fuse pancreas cyst and bowel	C	
48540	Fuse pancreas cyst and bowel	C	
48545	Pancreatorrhaphy	C	
48547	Duodenal exclusion	C	
48548	Fuse pancreas and bowel	C	
48551	Prep donor pancreas	C	
48552	Prep donor pancreas/venous	C	
48554	Transpl allograft pancreas	C	
48556	Removal, allograft pancreas	C	
49000	Exploration of abdomen	C	
49002	Reopening of abdomen	C	
49010	Exploration behind abdomen	C	
49020	Drain abdominal abscess	C	
49040	Drain, open, abdom abscess	C	
49060	Drain, open, retrop abscess	C	
49062	Drain to peritoneal cavity	C	
49203	Exc abd tum 5 cm or less	C	
49204	Exc abd tum over 5 cm	C	
49205	Exc abd tum over 10 cm	C	
49215	Excise sacral spine tumor	C	
49220	Multiple surgery, abdomen	C	
49255	Removal of omentum	C	
49425	Insert abdomen-venous drain	C	
49428	Ligation of shunt	C	
49605	Repair umbilical lesion	C	
49606	Repair umbilical lesion	C	
49610	Repair umbilical lesion	C	
49611	Repair umbilical lesion	C	
49900	Repair of abdominal wall	C	
49904	Omental flap, extra-abdom	C	
49905	Omental flap, intra-abdom	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
49906	Free omental flap, microvasc	C	
50010	Exploration of kidney	C	
50040	Drainage of kidney	C	
50045	Exploration of kidney	C	
50060	Removal of kidney stone	C	
50065	Incision of kidney	C	
50070	Incision of kidney	C	
50075	Removal of kidney stone	C	
50100	Revise kidney blood vessels	C	
50120	Exploration of kidney	C	
50125	Explore and drain kidney	C	
50130	Removal of kidney stone	C	
50135	Exploration of kidney	C	
50205	Renal biopsy open	C	
50220	Remove kidney, open	C	
50225	Removal kidney open, complex	C	
50230	Removal kidney open, radical	C	
50234	Removal of kidney & ureter	C	
50236	Removal of kidney & ureter	C	
50240	Partial removal of kidney	C	
50250	Cryoablate renal mass open	C	
50280	Removal of kidney lesion	C	
50290	Removal of kidney lesion	C	
50300	Remove cadaver donor kidney	C	
50320	Remove kidney, living donor	C	
50323	Prep cadaver renal allograft	C	
50325	Prep donor renal graft	C	
50327	Prep renal graft/venous	C	
50328	Prep renal graft/arterial	C	
50329	Prep renal graft/ureteral	C	
50340	Removal of kidney	C	
50360	Transplantation of kidney	C	
50365	Transplantation of kidney	C	
50370	Remove transplanted kidney	C	
50380	Reimplantation of kidney	C	
50400	Revision of kidney/ureter	C	
50405	Revision of kidney/ureter	C	
50500	Repair of kidney wound	C	
50520	Close kidney-skin fistula	C	
50525	Repair renal-abdomen fistula	C	
50526	Repair renal-abdomen fistula	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
50540	Revision of horseshoe kidney	C	
50545	Laparo radical nephrectomy	C	
50546	Laparoscopic nephrectomy	C	
50547	Laparo removal donor kidney	C	
50548	Laparo remove w/ureter	C	
50600	Exploration of ureter	C	
50605	Insert ureteral support	C	
50610	Removal of ureter stone	C	
50620	Removal of ureter stone	C	
50630	Removal of ureter stone	C	
50650	Removal of ureter	C	
50660	Removal of ureter	C	
50700	Revision of ureter	C	
50715	Release of ureter	C	
50722	Release of ureter	C	
50725	Release/revise ureter	C	
50728	Revise ureter	C	
50740	Fusion of ureter & kidney	C	
50750	Fusion of ureter & kidney	C	
50760	Fusion of ureters	C	
50770	Splicing of ureters	C	
50780	Reimplant ureter in bladder	C	
50782	Reimplant ureter in bladder	C	
50783	Reimplant ureter in bladder	C	
50785	Reimplant ureter in bladder	C	
50800	Implant ureter in bowel	C	
50810	Fusion of ureter & bowel	C	
50815	Urine shunt to intestine	C	
50820	Construct bowel bladder	C	
50825	Construct bowel bladder	C	
50830	Revise urine flow	C	
50840	Replace ureter by bowel	C	
50845	Appendico-vesicostomy	C	
50860	Transplant ureter to skin	C	
50900	Repair of ureter	C	
50920	Closure ureter/skin fistula	C	
50930	Closure ureter/bowel fistula	C	
50940	Release of ureter	C	
51525	Removal of bladder lesion	C	
51530	Removal of bladder lesion	C	
51550	Partial removal of bladder	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
51555	Partial removal of bladder	C	
51565	Revise bladder & ureter(s)	C	
51570	Removal of bladder	C	
51575	Removal of bladder & nodes	C	
51580	Remove bladder/revise tract	C	
51585	Removal of bladder & nodes	C	
51590	Remove bladder/revise tract	C	
51595	Remove bladder/revise tract	C	
51596	Remove bladder/create pouch	C	
51597	Removal of pelvic structures	C	
51800	Revision of bladder/urethra	C	
51820	Revision of urinary tract	C	
51840	Attach bladder/urethra	C	
51841	Attach bladder/urethra	C	
51865	Repair of bladder wound	C	
51900	Repair bladder/vagina lesion	C	
51920	Close bladder-uterus fistula	C	
51925	Hysterectomy/bladder repair	C	
51940	Correction of bladder defect	C	
51960	Revision of bladder & bowel	C	
51980	Construct bladder opening	C	
53415	Reconstruction of urethra	C	
53448	Remov/replc ur sphinctr comp	C	
54125	Removal of penis	C	
54130	Remove penis & nodes	C	
54135	Remove penis & nodes	C	
54390	Repair penis and bladder	C	
54411	Remov/replc penis pros, comp	C	
54417	Remv/replc penis pros, compl	C	
54430	Revision of penis	C	
54650	Orchiopexy (Fowler-Stephens)	C	
55605	Incise sperm duct pouch	C	
55650	Remove sperm duct pouch	C	
55801	Removal of prostate	C	
55810	Extensive prostate surgery	C	
55812	Extensive prostate surgery	C	
55815	Extensive prostate surgery	C	
55821	Removal of prostate	C	
55831	Removal of prostate	C	
55840	Extensive prostate surgery	C	
55842	Extensive prostate surgery	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
55845	Extensive prostate surgery	C	
55862	Extensive prostate surgery	C	
55865	Extensive prostate surgery	C	
55866	Laparo radical prostatectomy	C	
56630	Extensive vulva surgery	C	
56631	Extensive vulva surgery	C	
56632	Extensive vulva surgery	C	
56633	Extensive vulva surgery	C	
56634	Extensive vulva surgery	C	
56637	Extensive vulva surgery	C	
56640	Extensive vulva surgery	C	
57110	Remove vagina wall, complete	C	
57111	Remove vagina tissue, compl	C	
57112	Vaginectomy w/nodes, compl	C	
57270	Repair of bowel pouch	C	
57280	Suspension of vagina	C	
57296	Revise vag graft, open abd	C	
57305	Repair rectum-vagina fistula	C	
57307	Fistula repair & colostomy	C	
57308	Fistula repair, transperine	C	
57311	Repair urethrovaginal lesion	C	
57531	Removal of cervix, radical	C	
57540	Removal of residual cervix	C	
57545	Remove cervix/repair pelvis	C	
58140	Myomectomy abdom method	C	
58146	Myomectomy abdom complex	C	
58150	Total hysterectomy	C	
58152	Total hysterectomy	C	
58180	Partial hysterectomy	C	
58200	Extensive hysterectomy	C	
58210	Extensive hysterectomy	C	
58240	Removal of pelvis contents	C	
58267	Vag hyst w/urinary repair	C	
58275	Hysterectomy/revise vagina	C	
58280	Hysterectomy/revise vagina	C	
58285	Extensive hysterectomy	C	
58293	Vag hyst w/uro repair, compl	C	
58400	Suspension of uterus	C	
58410	Suspension of uterus	C	
58520	Repair of ruptured uterus	C	
58540	Revision of uterus	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
58548	Lap radical hyst	C	
58605	Division of fallopian tube	C	
58611	Ligate oviduct(s) add-on	C	
58700	Removal of fallopian tube	C	
58720	Removal of ovary/tube(s)	C	
58740	Adhesiolysis tube, ovary	C	
58750	Repair oviduct	C	
58752	Revise ovarian tube(s)	C	
58760	Fimbrioplasty	C	
58822	Drain ovary abscess, percut	C	
58825	Transposition, ovary(s)	C	
58940	Removal of ovary(s)	C	
58943	Removal of ovary(s)	C	
58950	Resect ovarian malignancy	C	
58951	Resect ovarian malignancy	C	
58952	Resect ovarian malignancy	C	
58953	Tah, rad dissect for debulk	C	
58954	Tah rad debulk/lymph remove	C	
58956	Bso, omentectomy w/tah	C	
58957	Resect recurrent gyn mal	C	
58958	Resect recur gyn mal w/lym	C	
58960	Exploration of abdomen	C	
59120	Treat ectopic pregnancy	C	
59121	Treat ectopic pregnancy	C	
59130	Treat ectopic pregnancy	C	
59135	Treat ectopic pregnancy	C	
59136	Treat ectopic pregnancy	C	
59140	Treat ectopic pregnancy	C	
59325	Revision of cervix	C	
59350	Repair of uterus	C	
59514	Cesarean delivery only	C	
59525	Remove uterus after cesarean	C	
59620	Attempted vbac delivery only	C	
59830	Treat uterus infection	C	
59850	Abortion	C	
59851	Abortion	C	
59852	Abortion	C	
59855	Abortion	C	
59856	Abortion	C	
59857	Abortion	C	
60254	Extensive thyroid surgery	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
60270	Removal of thyroid	C	
60505	Explore parathyroid glands	C	
60521	Removal of thymus gland	C	
60522	Removal of thymus gland	C	
60540	Explore adrenal gland	C	
60545	Explore adrenal gland	C	
60600	Remove carotid body lesion	C	
60605	Remove carotid body lesion	C	
60650	Laparoscopy adrenalectomy	C	
61105	Twist drill hole	C	
61107	Drill skull for implantation	C	
61108	Drill skull for drainage	C	
61120	Burr hole for puncture	C	
61140	Pierce skull for biopsy	C	
61150	Pierce skull for drainage	C	
61151	Pierce skull for drainage	C	
61154	Pierce skull & remove clot	C	
61156	Pierce skull for drainage	C	
61210	Pierce skull, implant device	C	
61250	Pierce skull & explore	C	
61253	Pierce skull & explore	C	
61304	Open skull for exploration	C	
61305	Open skull for exploration	C	
61312	Open skull for drainage	C	
61313	Open skull for drainage	C	
61314	Open skull for drainage	C	
61315	Open skull for drainage	C	
61316	Implt cran bone flap to abdo	C	
61320	Open skull for drainage	C	
61321	Open skull for drainage	C	
61322	Decompressive craniotomy	C	
61323	Decompressive lobectomy	C	
61332	Explore/biopsy eye socket	C	
61333	Explore orbit/remove lesion	C	
61340	Subtemporal decompression	C	
61343	Incise skull (press relief)	C	
61345	Relieve cranial pressure	C	
61440	Incise skull for surgery	C	
61450	Incise skull for surgery	C	
61458	Incise skull for brain wound	C	
61460	Incise skull for surgery	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
61470	Incise skull for surgery	C	
61480	Incise skull for surgery	C	
61490	Incise skull for surgery	C	
61500	Removal of skull lesion	C	
61501	Remove infected skull bone	C	
61510	Removal of brain lesion	C	
61512	Remove brain lining lesion	C	
61514	Removal of brain abscess	C	
61516	Removal of brain lesion	C	
61517	Implt brain chemotx add-on	C	
61518	Removal of brain lesion	C	
61519	Remove brain lining lesion	C	
61520	Removal of brain lesion	C	
61521	Removal of brain lesion	C	
61522	Removal of brain abscess	C	
61524	Removal of brain lesion	C	
61526	Removal of brain lesion	C	
61530	Removal of brain lesion	C	
61531	Implant brain electrodes	C	
61533	Implant brain electrodes	C	
61534	Removal of brain lesion	C	
61535	Remove brain electrodes	C	
61536	Removal of brain lesion	C	
61537	Removal of brain tissue	C	
61538	Removal of brain tissue	C	
61539	Removal of brain tissue	C	
61540	Removal of brain tissue	C	
61541	Incision of brain tissue	C	
61542	Removal of brain tissue	C	
61543	Removal of brain tissue	C	
61544	Remove & treat brain lesion	C	
61545	Excision of brain tumor	C	
61546	Removal of pituitary gland	C	
61548	Removal of pituitary gland	C	
61550	Release of skull seams	C	
61552	Release of skull seams	C	
61556	Incise skull/sutures	C	
61557	Incise skull/sutures	C	
61558	Excision of skull/sutures	C	
61559	Excision of skull/sutures	C	
61563	Excision of skull tumor	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
61564	Excision of skull tumor	C	
61566	Removal of brain tissue	C	
61567	Incision of brain tissue	C	
61570	Remove foreign body, brain	C	
61571	Incise skull for brain wound	C	
61575	Skull base/brainstem surgery	C	
61576	Skull base/brainstem surgery	C	
61580	Craniofacial approach, skull	C	
61581	Craniofacial approach, skull	C	
61582	Craniofacial approach, skull	C	
61583	Craniofacial approach, skull	C	
61584	Orbitocranial approach/skull	C	
61585	Orbitocranial approach/skull	C	
61586	Resect nasopharynx, skull	C	
61590	Infratemporal approach/skull	C	
61591	Infratemporal approach/skull	C	
61592	Orbitocranial approach/skull	C	
61595	Transtemporal approach/skull	C	
61596	Transcochlear approach/skull	C	
61597	Transcondylar approach/skull	C	
61598	Transpetrosal approach/skull	C	
61600	Resect/excise cranial lesion	C	
61601	Resect/excise cranial lesion	C	
61605	Resect/excise cranial lesion	C	
61606	Resect/excise cranial lesion	C	
61607	Resect/excise cranial lesion	C	
61608	Resect/excise cranial lesion	C	
61609	Transect artery, sinus	C	
61610	Transect artery, sinus	C	
61611	Transect artery, sinus	C	
61612	Transect artery, sinus	C	
61613	Remove aneurysm, sinus	C	
61615	Resect/excise lesion, skull	C	
61616	Resect/excise lesion, skull	C	
61618	Repair dura	C	
61619	Repair dura	C	
61624	Transcath occlusion, cns	C	
61630	Intracranial angioplasty	C	
61635	Intracran angioplsty w/stent	C	
61680	Intracranial vessel surgery	C	
61682	Intracranial vessel surgery	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
61684	Intracranial vessel surgery	C	
61686	Intracranial vessel surgery	C	
61690	Intracranial vessel surgery	C	
61692	Intracranial vessel surgery	C	
61697	Brain aneurysm repr, complx	C	
61698	Brain aneurysm repr, complx	C	
61700	Brain aneurysm repr, simple	C	
61702	Inner skull vessel surgery	C	
61703	Clamp neck artery	C	
61705	Revise circulation to head	C	
61708	Revise circulation to head	C	
61710	Revise circulation to head	C	
61711	Fusion of skull arteries	C	
61735	Incise skull/brain surgery	C	
61750	Incise skull/brain biopsy	C	
61751	Brain biopsy w/ct/mr guide	C	
61760	Implant brain electrodes	C	
61850	Implant neuroelectrodes	C	
61860	Implant neuroelectrodes	C	
61863	Implant neuroelectrode	C	
61864	Implant neuroelectrde, addl	C	
61867	Implant neuroelectrode	C	
61868	Implant neuroelectrde, addl	C	
61870	Implant neuroelectrodes	C	
61875	Implant neuroelectrodes	C	
62005	Treat skull fracture	C	
62010	Treatment of head injury	C	
62100	Repair brain fluid leakage	C	
62115	Reduction of skull defect	C	
62116	Reduction of skull defect	C	
62117	Reduction of skull defect	C	
62120	Repair skull cavity lesion	C	
62121	Incise skull repair	C	
62140	Repair of skull defect	C	
62141	Repair of skull defect	C	
62142	Remove skull plate/flap	C	
62143	Replace skull plate/flap	C	
62145	Repair of skull & brain	C	
62146	Repair of skull with graft	C	
62147	Repair of skull with graft	C	
62148	Retr bone flap to fix skull	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
62161	Dissect brain w/scope	C	
62162	Remove colloid cyst w/scope	C	
62163	Neuroendoscopy w/fb removal	C	
62164	Remove brain tumor w/scope	C	
62165	Remove pituit tumor w/scope	C	
62180	Establish brain cavity shunt	C	
62190	Establish brain cavity shunt	C	
62192	Establish brain cavity shunt	C	
62200	Establish brain cavity shunt	C	
62201	Brain cavity shunt w/scope	C	
62220	Establish brain cavity shunt	C	
62223	Establish brain cavity shunt	C	
62256	Remove brain cavity shunt	C	
62258	Replace brain cavity shunt	C	
63043	Laminotomy, addl cervical	C	
63044	Laminotomy, addl lumbar	C	
63050	Cervical laminoplasty	C	
63051	C-laminoplasty w/graft/plate	C	
63077	Spine disk surgery, thorax	C	
63078	Spine disk surgery, thorax	C	
63081	Removal of vertebral body	C	
63082	Remove vertebral body add-on	C	
63085	Removal of vertebral body	C	
63086	Remove vertebral body add-on	C	
63087	Removal of vertebral body	C	
63088	Remove vertebral body add-on	C	
63090	Removal of vertebral body	C	
63091	Remove vertebral body add-on	C	
63101	Removal of vertebral body	C	
63102	Removal of vertebral body	C	
63103	Remove vertebral body add-on	C	
63170	Incise spinal cord tract(s)	C	
63172	Drainage of spinal cyst	C	
63173	Drainage of spinal cyst	C	
63180	Revise spinal cord ligaments	C	
63182	Revise spinal cord ligaments	C	
63185	Incise spinal column/nerves	C	
63190	Incise spinal column/nerves	C	
63191	Incise spinal column/nerves	C	
63194	Incise spinal column & cord	C	
63195	Incise spinal column & cord	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
63196	Incise spinal column & cord	C	
63197	Incise spinal column & cord	C	
63198	Incise spinal column & cord	C	
63199	Incise spinal column & cord	C	
63200	Release of spinal cord	C	
63250	Revise spinal cord vessels	C	
63251	Revise spinal cord vessels	C	
63252	Revise spinal cord vessels	C	
63265	Excise intraspinal lesion	C	
63266	Excise intraspinal lesion	C	
63267	Excise intraspinal lesion	C	
63268	Excise intraspinal lesion	C	
63270	Excise intraspinal lesion	C	
63271	Excise intraspinal lesion	C	
63272	Excise intraspinal lesion	C	
63273	Excise intraspinal lesion	C	
63275	Biopsy/excise spinal tumor	C	
63276	Biopsy/excise spinal tumor	C	
63277	Biopsy/excise spinal tumor	C	
63278	Biopsy/excise spinal tumor	C	
63280	Biopsy/excise spinal tumor	C	
63281	Biopsy/excise spinal tumor	C	
63282	Biopsy/excise spinal tumor	C	
63283	Biopsy/excise spinal tumor	C	
63285	Biopsy/excise spinal tumor	C	
63286	Biopsy/excise spinal tumor	C	
63287	Biopsy/excise spinal tumor	C	
63290	Biopsy/excise spinal tumor	C	
63295	Repair of laminectomy defect	C	
63300	Removal of vertebral body	C	
63301	Removal of vertebral body	C	
63302	Removal of vertebral body	C	
63303	Removal of vertebral body	C	
63304	Removal of vertebral body	C	
63305	Removal of vertebral body	C	
63306	Removal of vertebral body	C	
63307	Removal of vertebral body	C	
63308	Remove vertebral body add-on	C	
63700	Repair of spinal herniation	C	
63702	Repair of spinal herniation	C	
63704	Repair of spinal herniation	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
63706	Repair of spinal herniation	C	
63707	Repair spinal fluid leakage	C	
63709	Repair spinal fluid leakage	C	
63710	Graft repair of spine defect	C	
63740	Install spinal shunt	C	
64752	Incision of vagus nerve	C	
64755	Incision of stomach nerves	C	
64760	Incision of vagus nerve	C	
64809	Remove sympathetic nerves	C	
64818	Remove sympathetic nerves	C	
64866	Fusion of facial/other nerve	C	
64868	Fusion of facial/other nerve	C	
65273	Repair of eye wound	C	
69155	Extensive ear/neck surgery	C	
69535	Remove part of temporal bone	C	
69554	Remove ear lesion	C	
69950	Incise inner ear nerve	C	
75900	Intravascular cath exchange	C	
75952	Endovasc repair abdom aorta	C	
75953	Abdom aneurysm endovas rpr	C	
75954	Iliac aneurysm endovas rpr	C	
75956	Xray, endovasc thor ao repr	C	
75957	Xray, endovasc thor ao repr	C	
75958	Xray, place prox ext thor ao	C	
75959	Xray, place dist ext thor ao	C	
92970	Cardioassist, internal	C	
92971	Cardioassist, external	C	
92975	Dissolve clot, heart vessel	C	
92992	Revision of heart chamber	C	
92993	Revision of heart chamber	C	
99190	Special pump services	C	
99191	Special pump services	C	
99192	Special pump services	C	
99356	Prolonged service, inpatient	C	
99357	Prolonged service, inpatient	C	
99462	Sbsq nb em per day, hosp	C	
99468	Neonate crit care, initial	C	
99469	Neonate crit care, subsq	C	
99471	Ped critical care, initial	C	
99472	Ped critical care, subsq	C	
99475	Ped crit care age 2-5, init	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
99476	Ped crit care age 2-5, subsq	C	
99477	Init day hosp neonate care	C	
99478	Ic, lbw inf < 1500 gm subsq	C	
99479	Ic lbw inf 1500-2500 g subsq	C	
99480	Ic inf pbw 2501-5000 g subsq	C	
0048T	Implant ventricular device	C	
0050T	Removal circulation assist	C	
0051T	Implant total heart system	C	
0052T	Replace component heart syst	C	
0053T	Replace component heart syst	C	
0075T	Perq stent/chest vert art	C	
0076T	S&i stent/chest vert art	C	
0078T	Endovasc aort repr w/device	C	
0079T	Endovasc visc extnsn repr	C	
0080T	Endovasc aort repr rad s&i	C	
0081T	Endovasc visc extnsn s&i	C	
0092T	Artific disc addl	C	
0095T	Artific diskectomy addl	C	
0098T	Rev artific disc addl	C	
0157T	Open impl gast curve electrd	C	
0158T	Open remv gast curve electrd	C	
0163T	Lumb artif diskectomy addl	C	
0164T	Remove lumb artif disc addl	C	
0165T	Revise lumb artif disc addl	C	
0166T	Tcath vsd close w/o bypass	C	
0167T	Tcath vsd close w bypass	C	
0169T	Place stereo cath brain	C	
0184T	Exc rectal tumor endoscopic	C	
0195T	Arthrod presac interbody	C	
0196T	Arthrod presac interbody eac	C	
0202T	Post vert arthrplst 1 lumbar	C	
0219T	Fuse spine facet jt cerv	C	
0220T	Fuse spine facet jt thor	C	
G0341	Percutaneous islet celltrans	C	
G0342	Laparoscopy islet cell trans	C	
G0343	Laparotomy islet cell transp	C	
G0406	Telhealth inpt consult 15min	C	
G0407	Telheath inpt consult 25min	C	
G0408	Telhealth inpt consult 35min	C	
G0412	Open tx iliac spine uni/bil	C	
G0414	Pelvic ring fx treat int fix	C	

ADDENDUM E.—PROPOSED HCPCS CODES THAT WOULD BE PAID ONLY AS INPATIENT PROCEDURES FOR CY 2011			
HCPCS Code	**Short Descriptor**	**SI**	**CI**
G0415	Open tx post pelvic fxcture	C	
G0425	Inpt telehealth consult 30m	C	
G0426	Inpt telehealth consult 50m	C	
G0427	Inpt telehealth con 70/>m	C	

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
010005	*	0.0315	MARSHALL	01470
010008		0.0336	CRENSHAW	01200
010010		0.0315	MARSHALL	01470
010012		0.0168	DE KALB	01240
010015		0.0055	CLARKE	01120
010021		0.0052	DALE	01220
010022	*	0.0695	CHEROKEE	01090
010025	*	0.0389	CHAMBERS	01080
010027		0.0026	COFFEE	01150
010029	*	0.0504	LEE	01400
010032		0.0315	RANDOLPH	01550
010035	*	0.0226	CULLMAN	01210
010040		0.0061	ETOWAH	01270
010045		0.0178	FAYETTE	01280
010046	*	0.0061	ETOWAH	01270
010047		0.0245	BUTLER	01060
010049		0.0026	COFFEE	01150
010052	*	0.0245	TALLAPOOSA	01610
010059	*	0.0071	LAWRENCE	01390
010061	*	0.0552	JACKSON	01350
010065	*	0.0245	TALLAPOOSA	01610
010083	*	0.0152	BALDWIN	01010
010091		0.0055	CLARKE	01120

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
010100	*	0.0152	BALDWIN	01010
010101	*	0.0190	TALLADEGA	01600
010109		0.0405	PICKENS	01530
010110		0.0415	BULLOCK	01050
010125		0.0429	WINSTON	01660
010128		0.0055	CLARKE	01120
010129		0.0152	BALDWIN	01010
010138		0.0101	SUMTER	01590
010143	*	0.0226	CULLMAN	01210
010150		0.0245	BUTLER	01060
010158	*	0.0103	FRANKLIN	01290
010164	*	0.0190	TALLADEGA	01600
013027		0.0152	BALDWIN	01010
013032		0.0061	ETOWAH	01270
014006		0.0061	ETOWAH	01270
030067		0.0328	LAPAZ	03055
040014	*	0.0158	WHITE	04720
040019		0.0242	ST. FRANCIS	04610
040039	*	0.0055	GREENE	04270
040047		0.0037	RANDOLPH	04600
040067		0.0045	COLUMBIA	04130
040071	*	0.0067	JEFFERSON	04340
040076	*	0.0975	HOT SPRING	04290
040081		0.0398	PIKE	04540
042007		0.0067	JEFFERSON	04340
042011		0.0158	WHITE	04720
050002	*	0.0056	ALAMEDA	05000
050007		0.0234	SAN MATEO	05510
050009	*	0.0174	NAPA	05380
050013	*	0.0174	NAPA	05380
050014	*	0.0138	AMADOR	05020
050042	*	0.0196	TEHAMA	05620
050043	*	0.0056	ALAMEDA	05000
050069	*	0.0013	ORANGE	05400
050070		0.0234	SAN MATEO	05510
050073	*	0.0297	SOLANO	05580

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
050075	*	0.0056	ALAMEDA	05000
050089	*	0.0011	SAN BERNARDINO	05460
050099	*	0.0011	SAN BERNARDINO	05460
050101	*	0.0297	SOLANO	05580
050113		0.0234	SAN MATEO	05510
050129	*	0.0011	SAN BERNARDINO	05460
050133		0.0165	YUBA	05680
050140	*	0.0011	SAN BERNARDINO	05460
050150	*	0.0318	NEVADA	05390
050168	*	0.0013	ORANGE	05400
050173	*	0.0013	ORANGE	05400
050193	*	0.0013	ORANGE	05400
050195	*	0.0056	ALAMEDA	05000
050197	*	0.0234	SAN MATEO	05510
050211	*	0.0056	ALAMEDA	05000
050224	*	0.0013	ORANGE	05400
050226	*	0.0013	ORANGE	05400
050230	*	0.0013	ORANGE	05400
050245	*	0.0011	SAN BERNARDINO	05460
050264	*	0.0056	ALAMEDA	05000
050272	*	0.0011	SAN BERNARDINO	05460
050279	*	0.0011	SAN BERNARDINO	05460
050283	*	0.0056	ALAMEDA	05000
050289		0.0234	SAN MATEO	05510
050298		0.0011	SAN BERNARDINO	05460
050300	*	0.0011	SAN BERNARDINO	05460
050305	*	0.0056	ALAMEDA	05000
050320	*	0.0056	ALAMEDA	05000
050327	*	0.0011	SAN BERNARDINO	05460
050348	*	0.0013	ORANGE	05400
050366	*	0.0050	CALAVERAS	05040
050367	*	0.0297	SOLANO	05580
050426	*	0.0013	ORANGE	05400
050488	*	0.0056	ALAMEDA	05000
050512	*	0.0056	ALAMEDA	05000
050517	*	0.0011	SAN BERNARDINO	05460

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
050526	*	0.0013	ORANGE	05400
050541	*	0.0234	SAN MATEO	05510
050543	*	0.0013	ORANGE	05400
050548	*	0.0013	ORANGE	05400
050551	*	0.0013	ORANGE	05400
050567	*	0.0013	ORANGE	05400
050570	*	0.0013	ORANGE	05400
050580	*	0.0013	ORANGE	05400
050586	*	0.0011	SAN BERNARDINO	05460
050589	*	0.0013	ORANGE	05400
050603	*	0.0013	ORANGE	05400
050609	*	0.0013	ORANGE	05400
050618	*	0.0011	SAN BERNARDINO	05460
050667	*	0.0174	NAPA	05380
050678	*	0.0013	ORANGE	05400
050680	*	0.0297	SOLANO	05580
050693	*	0.0013	ORANGE	05400
050744	*	0.0013	ORANGE	05400
050745	*	0.0013	ORANGE	05400
050746	*	0.0013	ORANGE	05400
050747	*	0.0013	ORANGE	05400
050754		0.0234	SAN MATEO	05510
050758	*	0.0011	SAN BERNARDINO	05460
052034		0.0056	ALAMEDA	05000
052035		0.0013	ORANGE	05400
052037		0.0011	SAN BERNARDINO	05460
052039		0.0013	ORANGE	05400
052040		0.0011	SAN BERNARDINO	05460
052053		0.0013	ORANGE	05400
053034		0.0013	ORANGE	05400
053037		0.0011	SAN BERNARDINO	05460
053301		0.0056	ALAMEDA	05000
053304		0.0013	ORANGE	05400
053306		0.0013	ORANGE	05400
053308		0.0013	ORANGE	05400
054074		0.0297	SOLANO	05580

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
054093		0.0011	SAN BERNARDINO	05460
054110		0.0056	ALAMEDA	05000
054111		0.0011	SAN BERNARDINO	05460
054122		0.0174	NAPA	05380
054135		0.0013	ORANGE	05400
054141		0.0297	SOLANO	05580
054146		0.0056	ALAMEDA	05000
060001	*	0.0096	WELD	06610
060003	*	0.0101	BOULDER	06060
060027	*	0.0101	BOULDER	06060
060103	*	0.0101	BOULDER	06060
060116	*	0.0101	BOULDER	06060
060121	*	0.0096	WELD	06610
063033		0.0096	WELD	06610
064007		0.0101	BOULDER	06060
070003	*	0.0020	WINDHAM	07070
070004	*	0.0134	LITCHFIELD	07020
070011	*	0.0134	LITCHFIELD	07020
070015	*	0.0134	LITCHFIELD	07020
070020		0.0101	MIDDLESEX	07030
070021	*	0.0020	WINDHAM	07070
073026		0.0020	WINDHAM	07070
074003		0.0101	MIDDLESEX	07030
074007		0.0101	MIDDLESEX	07030
080001		0.0044	NEW CASTLE	08010
080003		0.0044	NEW CASTLE	08010
082000		0.0044	NEW CASTLE	08010
083300		0.0044	NEW CASTLE	08010
084001		0.0044	NEW CASTLE	08010
084002		0.0044	NEW CASTLE	08010
084003		0.0044	NEW CASTLE	08010
090001		0.0033	THE DISTRICT	09000
090003		0.0033	THE DISTRICT	09000
090004	*	0.0033	THE DISTRICT	09000
090005		0.0033	THE DISTRICT	09000
090006		0.0033	THE DISTRICT	09000

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
090008		0.0033	THE DISTRICT	09000
090011		0.0033	THE DISTRICT	09000
092002		0.0033	THE DISTRICT	09000
092003		0.0033	THE DISTRICT	09000
093025		0.0033	THE DISTRICT	09000
093300		0.0033	THE DISTRICT	09000
094001		0.0033	THE DISTRICT	09000
094004		0.0033	THE DISTRICT	09000
100014	*	0.0055	VOLUSIA	10630
100017	*	0.0055	VOLUSIA	10630
100023	*	0.0031	CITRUS	10080
100045	*	0.0055	VOLUSIA	10630
100047	*	0.0028	CHARLOTTE	10070
100068	*	0.0055	VOLUSIA	10630
100072	*	0.0055	VOLUSIA	10630
100077	*	0.0028	CHARLOTTE	10070
100081	*	0.0022	WALTON	10650
100118	*	0.0251	FLAGLER	10170
100139	*	0.0006	LEVY	10370
100232	*	0.0068	PUTNAM	10530
100236	*	0.0028	CHARLOTTE	10070
100249	*	0.0031	CITRUS	10080
100252	*	0.0258	OKEECHOBEE	10460
100290	*	0.0338	SUMTER	10590
100292	*	0.0022	WALTON	10650
110023	*	0.0277	GORDON	11500
110040	*	0.1172	JACKSON	11610
110041	*	0.0768	HABERSHAM	11540
110100		0.0810	JEFFERSON	11620
110101		0.0068	COOK	11311
110142		0.0193	EVANS	11441
110146	*	0.0364	CAMDEN	11170
110150	*	0.0190	BALDWIN	11030
110187	*	0.0792	LUMPKIN	11701
110189	*	0.0043	FANNIN	11450
110190	*	0.0094	MACON	11710

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
110205		0.0466	GILMER	11471
114018		0.0190	BALDWIN	11030
130003	*	0.0165	NEZ PERCE	13340
130024		0.0688	BONNER	13080
130049	*	0.0365	KOOTENAI	13270
130066		0.0365	KOOTENAI	13270
130067	*	0.1032	BINGHAM	13050
132001		0.0365	KOOTENAI	13270
134010		0.1032	BINGHAM	13050
140001		0.0321	FULTON	14370
140026		0.0296	LA SALLE	14580
140043	*	0.0038	WHITESIDE	14988
140058	*	0.0119	MORGAN	14770
140110	*	0.0296	LA SALLE	14580
140116	*	0.0014	MC HENRY	14640
140160	*	0.0316	STEPHENSON	14970
140161	*	0.0178	LIVINGSTON	14610
140167	*	0.0768	IROQUOIS	14460
140176	*	0.0014	MC HENRY	14640
140234		0.0296	LA SALLE	14580
150022		0.0251	MONTGOMERY	15530
150030	*	0.0242	HENRY	15320
150072		0.0092	CASS	15080
150076	*	0.0297	MARSHALL	15490
150088	*	0.0038	MADISON	15470
150091	*	0.0089	HUNTINGTON	15340
150102	*	0.0174	STARKE	15740
150113	*	0.0038	MADISON	15470
150133	*	0.0212	KOSCIUSKO	15420
150146	*	0.0087	NOBLE	15560
153040		0.0297	MARSHALL	15490
154014		0.0212	KOSCIUSKO	15420
154035		0.0092	CASS	15080
154047		0.0297	MARSHALL	15490
160013		0.0187	MUSCATINE	16690
160030		0.0013	STORY	16840

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
160032		0.0341	JASPER	16490
160080	*	0.0019	CLINTON	16220
170137	*	0.0421	DOUGLAS	17220
170150		0.0143	COWLEY	17170
180012	*	0.0089	HARDIN	18460
180017	*	0.0092	BARREN	18040
180049	*	0.0329	MADISON	18750
180064		0.0211	MONTGOMERY	18860
180066		0.0517	LOGAN	18700
180070		0.0121	GRAYSON	18420
180079		0.0174	HARRISON	18480
183028		0.0089	HARDIN	18460
184012		0.0089	HARDIN	18460
190003	*	0.0061	IBERIA	19220
190015	*	0.0238	TANGIPAHOA	19520
190017	*	0.0134	ST. LANDRY	19480
190034		0.0135	VERMILION	19560
190044		0.0185	ACADIA	19000
190050		0.0056	BEAUREGARD	19050
190053		0.0102	JEFFRSON DAVIS	19260
190054		0.0061	IBERIA	19220
190078		0.0134	ST. LANDRY	19480
190086	*	0.0038	LINCOLN	19300
190088		0.0281	WEBSTER	19590
190099		0.0105	AVOYELLES	19040
190106	*	0.0081	ALLEN	19010
190116		0.0052	MOREHOUSE	19330
190133		0.0081	ALLEN	19010
190140		0.0021	FRANKLIN	19200
190144	*	0.0281	WEBSTER	19590
190145		0.0050	LA SALLE	19290
190184		0.0075	CALDWELL	19100
190190	*	0.0075	CALDWELL	19100
190191		0.0134	ST. LANDRY	19480
190246		0.0075	CALDWELL	19100
190257	*	0.0038	LINCOLN	19300

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
192022		0.0038	LINCOLN	19300
192026		0.0281	WEBSTER	19590
192034		0.0134	ST. LANDRY	19480
192036		0.0238	TANGIPAHOA	19520
192040		0.0238	TANGIPAHOA	19520
192050		0.0185	ACADIA	19000
193036		0.0134	ST. LANDRY	19480
193044		0.0238	TANGIPAHOA	19520
193047		0.0135	VERMILION	19560
193049		0.0135	VERMILION	19560
193055		0.0075	CALDWELL	19100
193058		0.0052	MOREHOUSE	19330
193063		0.0238	TANGIPAHOA	19520
193067		0.0102	JEFFRSON DAVIS	19260
193068		0.0238	TANGIPAHOA	19520
193069		0.0052	MOREHOUSE	19330
193073		0.0134	ST. LANDRY	19480
193079		0.0238	TANGIPAHOA	19520
193081		0.0185	ACADIA	19000
193088		0.0185	ACADIA	19000
193091		0.0061	IBERIA	19220
194047		0.0281	WEBSTER	19590
194065		0.0038	LINCOLN	19300
194075		0.0102	JEFFRSON DAVIS	19260
194077		0.0038	LINCOLN	19300
194081		0.0056	BEAUREGARD	19050
194082		0.0102	JEFFRSON DAVIS	19260
194083		0.0052	MOREHOUSE	19330
194085		0.0185	ACADIA	19000
194087		0.0038	LINCOLN	19300
194091		0.0238	TANGIPAHOA	19520
194092		0.0021	FRANKLIN	19200
194095		0.0134	ST. LANDRY	19480
194097		0.0134	ST. LANDRY	19480
200024	*	0.0130	ANDROSCOGGIN	20000
200032		0.0367	OXFORD	20080

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
200034	*	0.0130	ANDROSCOGGIN	20000
200050	*	0.0170	HANCOCK	20040
210001		0.0110	WASHINGTON	21210
210023		0.0038	ANNE ARUNDEL	21010
210028		0.0383	ST. MARYS	21180
210043		0.0038	ANNE ARUNDEL	21010
210061		0.0188	WORCESTER	21230
212002		0.0110	WASHINGTON	21210
214001		0.0038	ANNE ARUNDEL	21010
214003		0.0110	WASHINGTON	21210
214015		0.0188	WORCESTER	21230
220001	*	0.0072	WORCESTER	22170
220002	*	0.0446	MIDDLESEX	22090
220010	*	0.0310	ESSEX	22040
220011	*	0.0446	MIDDLESEX	22090
220019	*	0.0072	WORCESTER	22170
220025	*	0.0072	WORCESTER	22170
220029	*	0.0310	ESSEX	22040
220033	*	0.0310	ESSEX	22040
220035	*	0.0310	ESSEX	22040
220049	*	0.0446	MIDDLESEX	22090
220058	*	0.0072	WORCESTER	22170
220062	*	0.0072	WORCESTER	22170
220063	*	0.0446	MIDDLESEX	22090
220070	*	0.0446	MIDDLESEX	22090
220080	*	0.0310	ESSEX	22040
220082	*	0.0446	MIDDLESEX	22090
220084	*	0.0446	MIDDLESEX	22090
220090	*	0.0072	WORCESTER	22170
220095	*	0.0072	WORCESTER	22170
220098	*	0.0446	MIDDLESEX	22090
220101	*	0.0446	MIDDLESEX	22090
220105	*	0.0446	MIDDLESEX	22090
220163	*	0.0072	WORCESTER	22170
220171	*	0.0446	MIDDLESEX	22090
220174	*	0.0310	ESSEX	22040

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
220175	*	0.0446	MIDDLESEX	22090
220176	*	0.0072	WORCESTER	22170
222000		0.0446	MIDDLESEX	22090
222003		0.0446	MIDDLESEX	22090
222024		0.0446	MIDDLESEX	22090
222026		0.0310	ESSEX	22040
222044		0.0310	ESSEX	22040
222047		0.0310	ESSEX	22040
222048		0.0072	WORCESTER	22170
223026		0.0446	MIDDLESEX	22090
223028		0.0310	ESSEX	22040
223029		0.0072	WORCESTER	22170
223033		0.0072	WORCESTER	22170
224007		0.0446	MIDDLESEX	22090
224026		0.0072	WORCESTER	22170
224032		0.0072	WORCESTER	22170
224033		0.0310	ESSEX	22040
224038		0.0446	MIDDLESEX	22090
224039		0.0310	ESSEX	22040
230002	*	0.0043	WAYNE	23810
230003	*	0.0314	OTTAWA	23690
230005		0.0488	LENAWEE	23450
230013	*	0.0021	OAKLAND	23620
230015		0.0314	ST. JOSEPH	23740
230019	*	0.0021	OAKLAND	23620
230020	*	0.0043	WAYNE	23810
230021	*	0.0159	BERRIEN	23100
230022	*	0.0213	BRANCH	23110
230024	*	0.0043	WAYNE	23810
230029	*	0.0021	OAKLAND	23620
230035	*	0.0143	MONTCALM	23580
230037	*	0.0235	HILLSDALE	23290
230041		0.0052	BAY	23080
230047	*	0.0017	MACOMB	23490
230053	*	0.0043	WAYNE	23810
230071	*	0.0021	OAKLAND	23620

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
230072	*	0.0314	OTTAWA	23690
230075		0.0067	CALHOUN	23120
230078	*	0.0159	BERRIEN	23100
230089	*	0.0043	WAYNE	23810
230092		0.0205	JACKSON	23370
230093		0.0088	MECOSTA	23530
230096	*	0.0314	ST. JOSEPH	23740
230099	*	0.0074	MONROE	23570
230104	*	0.0043	WAYNE	23810
230121	*	0.0922	SHIAWASSEE	23770
230130	*	0.0021	OAKLAND	23620
230135	*	0.0043	WAYNE	23810
230142	*	0.0043	WAYNE	23810
230146	*	0.0043	WAYNE	23810
230151	*	0.0021	OAKLAND	23620
230165	*	0.0043	WAYNE	23810
230174	*	0.0314	OTTAWA	23690
230176	*	0.0043	WAYNE	23810
230195	*	0.0017	MACOMB	23490
230204	*	0.0017	MACOMB	23490
230207	*	0.0021	OAKLAND	23620
230208	*	0.0143	MONTCALM	23580
230217		0.0067	CALHOUN	23120
230222	*	0.0098	MIDLAND	23550
230227	*	0.0017	MACOMB	23490
230244	*	0.0043	WAYNE	23810
230254	*	0.0021	OAKLAND	23620
230257	*	0.0017	MACOMB	23490
230264	*	0.0017	MACOMB	23490
230269	*	0.0021	OAKLAND	23620
230270	*	0.0043	WAYNE	23810
230273	*	0.0043	WAYNE	23810
230277	*	0.0021	OAKLAND	23620
230297	*	0.0043	WAYNE	23810
230301	*	0.0021	OAKLAND	23620
230302	*	0.0021	OAKLAND	23620

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
232019		0.0043	WAYNE	23810
232020		0.0052	BAY	23080
232023		0.0017	MACOMB	23490
232025		0.0159	BERRIEN	23100
232027		0.0043	WAYNE	23810
232028		0.0067	CALHOUN	23120
232030		0.0021	OAKLAND	23620
232031		0.0043	WAYNE	23810
232032		0.0043	WAYNE	23810
232036		0.0205	JACKSON	23370
232038		0.0043	WAYNE	23810
233025		0.0067	CALHOUN	23120
233027		0.0043	WAYNE	23810
233028		0.0021	OAKLAND	23620
233300		0.0043	WAYNE	23810
234011		0.0021	OAKLAND	23620
234021		0.0017	MACOMB	23490
234023		0.0021	OAKLAND	23620
234028		0.0043	WAYNE	23810
234034		0.0043	WAYNE	23810
234035		0.0043	WAYNE	23810
234038		0.0043	WAYNE	23810
234039		0.0017	MACOMB	23490
240018		0.0923	GOODHUE	24240
240044		0.0733	WINONA	24840
240064		0.0212	ITASCA	24300
240069	*	0.0312	STEELE	24730
240071	*	0.0404	RICE	24650
240101		0.0145	BECKER	24020
240117		0.0615	MOWER	24490
240211		0.1004	PINE	24570
250023	*	0.0722	PEARL RIVER	25540
250040	*	0.0225	JACKSON	25290
250117	*	0.0722	PEARL RIVER	25540
250128		0.0419	PANOLA	25530
250162		0.0011	HANCOCK	25220

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
252011		0.0419	PANOLA	25530
260059		0.0032	LACLEDE	26520
260064		0.0040	AUDRAIN	26030
260097		0.0362	JOHNSON	26500
260116	*	0.0095	ST. FRANCOIS	26930
260160		0.0144	STODDARD	26985
260163		0.0095	ST. FRANCOIS	26930
264005		0.0095	ST. FRANCOIS	26930
280077	*	0.0085	DODGE	28260
290002	*	0.0150	LYON	29090
300011	*	0.0049	HILLSBOROUGH	30050
300012	*	0.0049	HILLSBOROUGH	30050
300017	*	0.0075	ROCKINGHAM	30070
300020	*	0.0049	HILLSBOROUGH	30050
300023	*	0.0075	ROCKINGHAM	30070
300029	*	0.0075	ROCKINGHAM	30070
300034	*	0.0049	HILLSBOROUGH	30050
303026		0.0075	ROCKINGHAM	30070
304001		0.0075	ROCKINGHAM	30070
310002	*	0.0312	ESSEX	31200
310009	*	0.0312	ESSEX	31200
310015	*	0.0199	MORRIS	31300
310017	*	0.0199	MORRIS	31300
310038	*	0.0232	MIDDLESEX	31270
310039	*	0.0232	MIDDLESEX	31270
310050	*	0.0199	MORRIS	31300
310054	*	0.0312	ESSEX	31200
310070	*	0.0232	MIDDLESEX	31270
310076	*	0.0312	ESSEX	31200
310083	*	0.0312	ESSEX	31200
310096	*	0.0312	ESSEX	31200
310108	*	0.0232	MIDDLESEX	31270
310119	*	0.0312	ESSEX	31200
312018		0.0232	MIDDLESEX	31270
312020		0.0199	MORRIS	31300
313025		0.0312	ESSEX	31200

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
313300		0.0232	MIDDLESEX	31270
314010		0.0312	ESSEX	31200
314011		0.0232	MIDDLESEX	31270
314016		0.0199	MORRIS	31300
314020		0.0312	ESSEX	31200
320003	*	0.0480	SAN MIGUEL	32230
320011		0.0337	RIO ARRIBA	32190
323025		0.0480	SAN MIGUEL	32230
330004	*	0.0908	ULSTER	33740
330008	*	0.0064	WYOMING	33900
330010		0.0060	MONTGOMERY	33380
330027	*	0.0196	NASSAU	33400
330033		0.0179	CHENANGO	33080
330047		0.0060	MONTGOMERY	33380
330073	*	0.0078	GENESEE	33290
330094	*	0.0540	COLUMBIA	33200
330103		0.0136	CATTARAUGUS	33040
330106	*	0.0196	NASSAU	33400
330126	*	0.0488	ORANGE	33540
330132		0.0136	CATTARAUGUS	33040
330135		0.0488	ORANGE	33540
330144		0.0056	STEUBEN	33690
330151		0.0056	STEUBEN	33690
330167	*	0.0196	NASSAU	33400
330175		0.0222	CORTLAND	33210
330181	*	0.0196	NASSAU	33400
330182	*	0.0196	NASSAU	33400
330198	*	0.0196	NASSAU	33400
330205		0.0488	ORANGE	33540
330222		0.0016	SARATOGA	33640
330224	*	0.0908	ULSTER	33740
330225	*	0.0196	NASSAU	33400
330235	*	0.0246	CAYUGA	33050
330259	*	0.0196	NASSAU	33400
330264		0.0488	ORANGE	33540
330276		0.0032	FULTON	33280

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
330277	*	0.0056	STEUBEN	33690
330331	*	0.0196	NASSAU	33400
330332	*	0.0196	NASSAU	33400
330372	*	0.0196	NASSAU	33400
330386	*	0.0820	SULLIVAN	33710
334017		0.0488	ORANGE	33540
334049		0.0016	SARATOGA	33640
334061		0.0488	ORANGE	33540
340020		0.0163	LEE	34520
340021	*	0.0143	CLEVELAND	34220
340024		0.0143	SAMPSON	34810
340027	*	0.0164	LENOIR	34530
340037	*	0.0143	CLEVELAND	34220
340038		0.0329	BEAUFORT	34060
340039	*	0.0091	IREDELL	34480
340068	*	0.0102	COLUMBUS	34230
340070	*	0.0289	ALAMANCE	34000
340071	*	0.0261	HARNETT	34420
340085	*	0.0270	DAVIDSON	34280
340096	*	0.0270	DAVIDSON	34280
340126	*	0.0130	WILSON	34970
340129	*	0.0091	IREDELL	34480
340133		0.0260	MARTIN	34580
340144	*	0.0091	IREDELL	34480
340145	*	0.0305	LINCOLN	34540
340151		0.0084	HALIFAX	34410
360002		0.0101	ASHLAND	36020
360010	*	0.0023	TUSCARAWAS	36800
360013	*	0.0143	SHELBY	36760
360025	*	0.0065	ERIE	36220
360036	*	0.0164	WAYNE	36860
360040		0.0456	KNOX	36430
360044		0.0134	DARKE	36190
360055	*	0.0011	TRUMBULL	36790
360065	*	0.0061	HURON	36400
360070		0.0005	STARK	36770

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
360071		0.0069	VAN WERT	36820
360084		0.0005	STARK	36770
360086	*	0.0086	CLARK	36110
360096		0.0023	COLUMBIANA	36140
360107		0.0170	SANDUSKY	36730
360125	*	0.0106	ASHTABULA	36030
360131		0.0005	STARK	36770
360151		0.0005	STARK	36770
360156		0.0170	SANDUSKY	36730
360161		0.0011	TRUMBULL	36790
360175	*	0.0200	CLINTON	36130
360185	*	0.0023	COLUMBIANA	36140
360245	*	0.0106	ASHTABULA	36030
360355		0.0086	CLARK	36110
362016		0.0005	STARK	36770
362032		0.0005	STARK	36770
363026		0.0011	TRUMBULL	36790
364031		0.0005	STARK	36770
364040		0.0086	CLARK	36110
364043		0.0069	VAN WERT	36820
370014	*	0.0170	BRYAN	37060
370015	*	0.0390	MAYES	37480
370023		0.0072	STEPHENS	37680
370065		0.0102	CRAIG	37170
370149	*	0.0242	POTTAWATOMIE	37620
370156		0.0097	GARVIN	37240
370169		0.0173	MCINTOSH	37450
370214		0.0097	GARVIN	37240
372019		0.0242	POTTAWATOMIE	37620
380022	*	0.0126	LINN	38210
390008		0.0014	LAWRENCE	39450
390016	*	0.0014	LAWRENCE	39450
390030	*	0.0147	SCHUYLKILL	39650
390031	*	0.0147	SCHUYLKILL	39650
390039		0.0037	SOMERSET	39680
390044	*	0.0250	BERKS	39110

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
390052		0.0020	CLEARFIELD	39230
390056		0.0020	HUNTINGDON	39380
390065	*	0.0471	ADAMS	39000
390066	*	0.0274	LEBANON	39460
390086	*	0.0020	CLEARFIELD	39230
390096	*	0.0250	BERKS	39110
390110	*	0.0002	CAMBRIA	39160
390112		0.0037	SOMERSET	39680
390117		0.0001	BEDFORD	39100
390130	*	0.0002	CAMBRIA	39160
390138	*	0.0208	FRANKLIN	39350
390150		0.0006	GREENE	39370
390151	*	0.0208	FRANKLIN	39350
390162	*	0.0217	NORTHAMPTON	39590
390173		0.0037	INDIANA	39390
390183	*	0.0147	SCHUYLKILL	39650
390201		0.0951	MONROE	39550
390313	*	0.0147	SCHUYLKILL	39650
390316	*	0.0250	BERKS	39110
392030		0.0471	ADAMS	39000
392031		0.0002	CAMBRIA	39160
392034		0.0217	NORTHAMPTON	39590
393026		0.0250	BERKS	39110
393050		0.0217	NORTHAMPTON	39590
394014		0.0250	BERKS	39110
394020		0.0274	LEBANON	39460
394052		0.0250	BERKS	39110
420002		0.0001	YORK	42450
420005		0.0012	DILLON	42160
420007	*	0.0030	SPARTANBURG	42410
420019		0.0169	CHESTER	42110
420020	*	0.0008	GEORGETOWN	42210
420027	*	0.0231	ANDERSON	42030
420030	*	0.0148	COLLETON	42140
420036	*	0.0075	LANCASTER	42280
420039	*	0.0110	UNION	42430

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
420043		0.0152	CHEROKEE	42100
420053		0.0103	NEWBERRY	42350
420054		0.0002	MARLBORO	42340
420055		0.0028	MARION	42330
420062		0.0125	CHESTERFIELD	42120
420068	*	0.0068	ORANGEBURG	42370
420069	*	0.0005	CLARENDON	42130
420070	*	0.0051	SUMTER	42420
420082		0.0002	AIKEN	42010
420083	*	0.0030	SPARTANBURG	42410
420098		0.0008	GEORGETOWN	42210
422004		0.0030	SPARTANBURG	42410
423028		0.0001	YORK	42450
423029		0.0231	ANDERSON	42030
424011		0.0231	ANDERSON	42030
430048		0.0355	LAWRENCE	43400
430094		0.0355	LAWRENCE	43400
440007		0.0171	COFFEE	44150
440008		0.0262	HENDERSON	44380
440012		0.0009	SULLIVAN	44810
440016		0.0084	CARROLL	44080
440017		0.0009	SULLIVAN	44810
440025	*	0.0009	GREENE	44290
440035	*	0.0287	MONTGOMERY	44620
440047		0.0197	GIBSON	44260
440050		0.0009	GREENE	44290
440051		0.0048	MC NAIRY	44540
440060		0.0197	GIBSON	44260
440063		0.0033	WASHINGTON	44890
440070		0.0063	DECATUR	44190
440105		0.0033	WASHINGTON	44890
440109		0.0041	HARDIN	44350
440115		0.0197	GIBSON	44260
440137		0.0578	BEDFORD	44010
440144	*	0.0171	COFFEE	44150
440148		0.0232	DE KALB	44200

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
440174	*	0.0232	HAYWOOD	44370
440176		0.0009	SULLIVAN	44810
440181		0.0296	HARDEMAN	44340
440182		0.0084	CARROLL	44080
440184		0.0033	WASHINGTON	44890
440185	*	0.0234	BRADLEY	44050
442016		0.0009	SULLIVAN	44810
443027		0.0009	SULLIVAN	44810
444006		0.0033	WASHINGTON	44890
444008		0.0296	HARDEMAN	44340
450032	*	0.0216	HARRISON	45620
450039	*	0.0049	TARRANT	45910
450052	*	0.0330	BOSQUE	45160
450064	*	0.0049	TARRANT	45910
450087	*	0.0049	TARRANT	45910
450090		0.0699	COOKE	45340
450099	*	0.0084	GRAY	45563
450135	*	0.0049	TARRANT	45910
450137	*	0.0049	TARRANT	45910
450144	*	0.0446	ANDREWS	45010
450163		0.0115	KLEBERG	45743
450192		0.0314	HILL	45651
450194		0.0052	CHEROKEE	45281
450210		0.0128	PANOLA	45842
450224	*	0.0055	WOOD	45974
450236		0.0418	HOPKINS	45654
450270		0.0314	HILL	45651
450283	*	0.0415	VAN ZANDT	45947
450347	*	0.0395	WALKER	45949
450348	*	0.0093	FALLS	45500
450370	*	0.0250	COLORADO	45312
450389	*	0.0405	HENDERSON	45640
450395		0.0470	POLK	45850
450419	*	0.0049	TARRANT	45910
450438	*	0.0250	COLORADO	45312
450451		0.0522	SOMERVELL	45893

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
450460		0.0055	TYLER	45942
450497		0.0511	MONTAGUE	45800
450539		0.0138	HALE	45582
450547	*	0.0055	WOOD	45974
450563	*	0.0049	TARRANT	45910
450565	*	0.0509	PALO PINTO	45841
450573		0.0131	JASPER	45690
450596	*	0.0724	HOOD	45653
450597		0.0003	DE WITT	45420
450615		0.0033	CASS	45260
450639	*	0.0049	TARRANT	45910
450641		0.0511	MONTAGUE	45800
450672	*	0.0049	TARRANT	45910
450675	*	0.0049	TARRANT	45910
450677	*	0.0049	TARRANT	45910
450698		0.0262	LAMB	45751
450747	*	0.0031	ANDERSON	45000
450755		0.0571	HOCKLEY	45652
450770	*	0.0218	MILAM	45795
450779	*	0.0049	TARRANT	45910
450813		0.0031	ANDERSON	45000
450872	*	0.0049	TARRANT	45910
450880	*	0.0049	TARRANT	45910
450886	*	0.0049	TARRANT	45910
450888		0.0049	TARRANT	45910
452018		0.0049	TARRANT	45910
452019		0.0049	TARRANT	45910
452028		0.0049	TARRANT	45910
452088		0.0049	TARRANT	45910
452099		0.0049	TARRANT	45910
452110		0.0049	TARRANT	45910
453040		0.0049	TARRANT	45910
453041		0.0049	TARRANT	45910
453042		0.0049	TARRANT	45910
453089		0.0031	ANDERSON	45000
453094		0.0049	TARRANT	45910

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
453300		0.0049	TARRANT	45910
453303		0.0049	TARRANT	45910
454009		0.0052	CHEROKEE	45281
454012		0.0049	TARRANT	45910
454051		0.0049	TARRANT	45910
454052		0.0049	TARRANT	45910
454061		0.0049	TARRANT	45910
454072		0.0049	TARRANT	45910
454086		0.0049	TARRANT	45910
454101		0.0138	HALE	45582
460001		0.0001	UTAH	46240
460013		0.0001	UTAH	46240
460017		0.0229	BOX ELDER	46010
460023		0.0001	UTAH	46240
460039	*	0.0229	BOX ELDER	46010
460043		0.0001	UTAH	46240
460052		0.0001	UTAH	46240
462005		0.0001	UTAH	46240
490002		0.0003	RUSSELL	49830
490019	*	0.1041	CULPEPER	49230
490038		0.0003	SMYTH	49860
490084		0.0237	ESSEX	49280
490105		0.0003	SMYTH	49860
490110		0.0176	MONTGOMERY	49600
494029		0.0003	SMYTH	49860
500003	*	0.0270	SKAGIT	50280
500007	*	0.0270	SKAGIT	50280
500019		0.0166	LEWIS	50200
500024		0.0064	THURSTON	50330
500039	*	0.0182	KITSAP	50170
500041	*	0.0055	COWLITZ	50070
500139		0.0064	THURSTON	50330
500143		0.0064	THURSTON	50330
510012		0.0110	MASON	51260
510018	*	0.0107	JACKSON	51170
510047	*	0.0234	MARION	51240

ADDENDUM L.—PROPOSED CY 2011 OPPS OUT-MIGRATION ADJUSTMENT				
Provider Number	**Reclassified for FY 2011**	**Out-Migration Adjustment**	**Qualifying County Name**	**County Code**
520009		0.0027	OUTAGAMIE	52430
520028	*	0.0473	GREEN	52220
520035		0.0111	SHEBOYGAN	52580
520044		0.0111	SHEBOYGAN	52580
520045		0.0022	WINNEBAGO	52690
520048		0.0022	WINNEBAGO	52690
520057		0.0296	SAUK	52550
520071	*	0.0332	JEFFERSON	52270
520076	*	0.0275	DODGE	52130
520088		0.0084	FOND DU LAC	52190
520095	*	0.0296	SAUK	52550
520102	*	0.0714	WALWORTH	52630
520116	*	0.0332	JEFFERSON	52270
520160		0.0027	OUTAGAMIE	52430
520198		0.0022	WINNEBAGO	52690
523302		0.0022	WINNEBAGO	52690
524002		0.0022	WINNEBAGO	52690
524025		0.0084	FOND DU LAC	52190
673035		0.0049	TARRANT	45910

* Asterisk indicates hospitals that have already been reclassified under section 1886(d)(10) of the Act or redesignated under section 1886(d)(8)(B) of the Act for CY 2011.

ADDENDUM M.—PROPOSED HCPCS CODES FOR ASSIGNMENT TO OPPS COMPOSITE APCs FOR CY 2011

ADDENDUM M.—PROPOSED HCPCS CODES FOR ASSIGNMENT TO OPPS COMPOSITE APCs FOR CY 2011					
HCPCS Code	Short Descriptor	CI	SI	Single Code APC Assignment	Composite APC Assignment
90801	Psy dx interview		Q3	0323	0034
90802	Intac psy dx interview		Q3	0323	0034
90804	Psytx, office, 20-30 min		Q3	0322	0034
90805	Psytx, off, 20-30 min w/e&m		Q3	0322	0034
90806	Psytx, off, 45-50 min		Q3	0323	0034
90807	Psytx, off, 45-50 min w/e&m		Q3	0323	0034
90808	Psytx, office, 75-80 min		Q3	0323	0034
90809	Psytx, off, 75-80, w/e&m		Q3	0323	0034
90810	Intac psytx, off, 20-30 min		Q3	0322	0034
90811	Intac psytx, 20-30, w/e&m		Q3	0322	0034
90812	Intac psytx, off, 45-50 min		Q3	0323	0034
90813	Intac psytx, 45-50 min w/e&m		Q3	0323	0034
90814	Intac psytx, off, 75-80 min		Q3	0323	0034
90815	Intac psytx, 75-80 w/e&m		Q3	0323	0034
90845	Psychoanalysis		Q3	0323	0034
90846	Family psytx w/o patient		Q3	0324	0034
90847	Family psytx w/patient		Q3	0324	0034
90849	Multiple family group psytx		Q3	0325	0034
90853	Group psychotherapy		Q3	0325	0034
90857	Intac group psytx		Q3	0325	0034
90862	Medication management	CH	Q3	0605	0034
90865	Narcosynthesis		Q3	0323	0034
90880	Hypnotherapy		Q3	0323	0034
90899	Psychiatric service/therapy		Q3	0322	0034
96101	Psycho testing by psych/phys		Q3	0382	0034
96102	Psycho testing by technician		Q3	0382	0034
96103	Psycho testing admin by comp		Q3	0373	0034
96110	Developmental test, lim		Q3	0373	0034
96111	Developmental test, extend		Q3	0373	0034
96116	Neurobehavioral status exam		Q3	0382	0034
96118	Neuropsych tst by psych/phys		Q3	0382	0034
96119	Neuropsych testing by tec		Q3	0382	0034
96120	Neuropsych tst admin w/comp		Q3	0382	0034
96150	Assess hlth/behave, init		Q3	0432	0034
96151	Assess hlth/behave, subseq		Q3	0432	0034
96152	Intervene hlth/behave, indiv		Q3	0432	0034
96153	Intervene hlth/behave, group		Q3	0432	0034

ADDENDUM M.—PROPOSED HCPCS CODES FOR ASSIGNMENT TO OPPS COMPOSITE APCs FOR CY 2011					
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**Single Code APC Assignment**	**Composite APC Assignment**
96154	Interv hlth/behav, fam w/pt		Q3	0432	0034
M0064	Visit for drug monitoring		Q3	0607	0034
93619	Electrophysiology evaluation		Q3	0085	8000
93620	Electrophysiology evaluation		Q3	0085	8000
93650	Ablate heart dysrhythm focus		Q3	0085	8000
93651	Ablate heart dysrhythm focus		Q3	0086	8000
93652	Ablate heart dysrhythm focus		Q3	0086	8000
55875	Transperi needle place, pros		Q3	0163	8001
77778	Apply interstit radiat compl		Q3	0651	8001
99205	Office/outpatient visit, new		Q3	0608	8002
99215	Office/outpatient visit, est		Q3	0607	8002
G0379	Direct refer hospital observ		Q3	0604	8002
99284	Emergency dept visit		Q3	0615	8003
99285	Emergency dept visit		Q3	0616	8003
99291	Critical care, first hour		Q3	0617	8003
G0384	Lev 5 hosp type B ED visit		Q3	0630	8003
76604	Us exam, chest		Q3	0265	8004
76700	Us exam, abdom, complete		Q3	0266	8004
76705	Echo exam of abdomen		Q3	0266	8004
76770	Us exam abdo back wall, comp		Q3	0266	8004
76775	Us exam abdo back wall, lim		Q3	0266	8004
76776	Us exam k transpl w/doppler		Q3	0266	8004
76831	Echo exam, uterus		Q3	0267	8004
76856	Us exam, pelvic, complete		Q3	0266	8004
76857	Us exam, pelvic, limited		Q3	0265	8004
76870	Us exam, scrotum		Q3	0266	8004
70450	Ct head/brain w/o dye		Q3	0332	8005 or 8006
70480	Ct orbit/ear/fossa w/o dye		Q3	0332	8005 or 8006
70486	Ct maxillofacial w/o dye		Q3	0332	8005 or 8006
70490	Ct soft tissue neck w/o dye		Q3	0332	8005 or 8006
71250	Ct thorax w/o dye		Q3	0332	8005 or 8006
72125	Ct neck spine w/o dye		Q3	0332	8005 or 8006
72128	Ct chest spine w/o dye		Q3	0332	8005 or 8006
72131	Ct lumbar spine w/o dye		Q3	0332	8005 or 8006

ADDENDUM M.—PROPOSED HCPCS CODES FOR ASSIGNMENT TO OPPS COMPOSITE APCs FOR CY 2011					
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**Single Code APC Assignment**	**Composite APC Assignment**
72192	Ct pelvis w/o dye		Q3	0332	8005 or 8006
73200	Ct upper extremity w/o dye		Q3	0332	8005 or 8006
73700	Ct lower extremity w/o dye		Q3	0332	8005 or 8006
74150	Ct abdomen w/o dye		Q3	0332	8005 or 8006
74261	Ct colonography, w/o dye		Q3	0332	8005 or 8006
70460	Ct head/brain w/dye		Q3	0283	8006
70470	Ct head/brain w/o & w/dye		Q3	0333	8006
70481	Ct orbit/ear/fossa w/dye		Q3	0283	8006
70482	Ct orbit/ear/fossa w/o&w/dye		Q3	0333	8006
70487	Ct maxillofacial w/dye		Q3	0283	8006
70488	Ct maxillofacial w/o & w/dye		Q3	0333	8006
70491	Ct soft tissue neck w/dye		Q3	0283	8006
70492	Ct sft tsue nck w/o & w/dye		Q3	0333	8006
70496	Ct angiography, head		Q3	0662	8006
70498	Ct angiography, neck		Q3	0662	8006
71260	Ct thorax w/dye		Q3	0283	8006
71270	Ct thorax w/o & w/dye		Q3	0333	8006
71275	Ct angiography, chest		Q3	0662	8006
72126	Ct neck spine w/dye		Q3	0283	8006
72127	Ct neck spine w/o & w/dye		Q3	0333	8006
72129	Ct chest spine w/dye		Q3	0283	8006
72130	Ct chest spine w/o & w/dye		Q3	0333	8006
72132	Ct lumbar spine w/dye		Q3	0283	8006
72133	Ct lumbar spine w/o & w/dye		Q3	0333	8006
72191	Ct angiograph pelv w/o&w/dye		Q3	0662	8006
72193	Ct pelvis w/dye		Q3	0283	8006
72194	Ct pelvis w/o & w/dye		Q3	0333	8006
73201	Ct upper extremity w/dye		Q3	0283	8006
73202	Ct uppr extremity w/o&w/dye		Q3	0333	8006
73206	Ct angio upr extrm w/o&w/dye		Q3	0662	8006
73701	Ct lower extremity w/dye		Q3	0283	8006
73702	Ct lwr extremity w/o&w/dye		Q3	0333	8006
73706	Ct angio lwr extr w/o&w/dye		Q3	0662	8006
74160	Ct abdomen w/dye		Q3	0283	8006
74170	Ct abdomen w/o & w/dye		Q3	0333	8006
74175	Ct angio abdom w/o & w/dye		Q3	0662	8006

ADDENDUM M.—PROPOSED HCPCS CODES FOR ASSIGNMENT TO OPPS COMPOSITE APCs FOR CY 2011					
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**Single Code APC Assignment**	**Composite APC Assignment**
74262	Ct colonography, w/dye		Q3	0283	8006
75635	Ct angio abdominal arteries		Q3	0662	8006
70336	Magnetic image, jaw joint		Q3	0336	8007 or 8008
70540	Mri orbit/face/neck w/o dye		Q3	0336	8007 or 8008
70544	Mr angiography head w/o dye		Q3	0336	8007 or 8008
70547	Mr angiography neck w/o dye		Q3	0336	8007 or 8008
70551	Mri brain w/o dye		Q3	0336	8007 or 8008
70554	Fmri brain by tech		Q3	0336	8007 or 8008
71550	Mri chest w/o dye		Q3	0336	8007 or 8008
72141	Mri neck spine w/o dye		Q3	0336	8007 or 8008
72146	Mri chest spine w/o dye		Q3	0336	8007 or 8008
72148	Mri lumbar spine w/o dye		Q3	0336	8007 or 8008
72195	Mri pelvis w/o dye		Q3	0336	8007 or 8008
73218	Mri upper extremity w/o dye		Q3	0336	8007 or 8008
73221	Mri joint upr extrem w/o dye		Q3	0336	8007 or 8008
73718	Mri lower extremity w/o dye		Q3	0336	8007 or 8008
73721	Mri jnt of lwr extre w/o dye		Q3	0336	8007 or 8008
74181	Mri abdomen w/o dye		Q3	0336	8007 or 8008
75557	Cardiac mri for morph		Q3	0336	8007 or 8008
75559	Cardiac mri w/stress img		Q3	0336	8007 or 8008
C8901	MRA w/o cont, abd		Q3	0336	8007 or 8008
C8904	MRI w/o cont, breast, uni		Q3	0336	8007 or 8008
C8907	MRI w/o cont, breast, bi		Q3	0336	8007 or 8008
C8910	MRA w/o cont, chest		Q3	0336	8007 or

ADDENDUM M.—PROPOSED HCPCS CODES FOR ASSIGNMENT TO OPPS COMPOSITE APCs FOR CY 2011					
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**Single Code APC Assignment**	**Composite APC Assignment**
					8008
C8913	MRA w/o cont, lwr ext		Q3	0336	8007 or 8008
C8919	MRA w/o cont, pelvis		Q3	0336	8007 or 8008
70542	Mri orbit/face/neck w/dye		Q3	0284	8008
70543	Mri orbt/fac/nck w/o & w/dye		Q3	0337	8008
70545	Mr angiography head w/dye		Q3	0284	8008
70546	Mr angiograph head w/o&w/dye		Q3	0337	8008
70548	Mr angiography neck w/dye		Q3	0284	8008
70549	Mr angiograph neck w/o&w/dye		Q3	0337	8008
70552	Mri brain w/dye		Q3	0284	8008
70553	Mri brain w/o & w/dye		Q3	0337	8008
71551	Mri chest w/dye		Q3	0284	8008
71552	Mri chest w/o & w/dye		Q3	0337	8008
72142	Mri neck spine w/dye		Q3	0284	8008
72147	Mri chest spine w/dye		Q3	0284	8008
72149	Mri lumbar spine w/dye		Q3	0284	8008
72156	Mri neck spine w/o & w/dye		Q3	0337	8008
72157	Mri chest spine w/o & w/dye		Q3	0337	8008
72158	Mri lumbar spine w/o & w/dye		Q3	0337	8008
72196	Mri pelvis w/dye		Q3	0284	8008
72197	Mri pelvis w/o & w/dye		Q3	0337	8008
73219	Mri upper extremity w/dye		Q3	0284	8008
73220	Mri uppr extremity w/o&w/dye		Q3	0337	8008
73222	Mri joint upr extrem w/dye		Q3	0284	8008
73223	Mri joint upr extr w/o&w/dye		Q3	0337	8008
73719	Mri lower extremity w/dye		Q3	0284	8008
73720	Mri lwr extremity w/o&w/dye		Q3	0337	8008
73722	Mri joint of lwr extr w/dye		Q3	0284	8008
73723	Mri joint lwr extr w/o&w/dye		Q3	0337	8008
74182	Mri abdomen w/dye		Q3	0284	8008
74183	Mri abdomen w/o & w/dye		Q3	0337	8008
75561	Cardiac mri for morph w/dye		Q3	0337	8008
75563	Card mri w/stress img & dye		Q3	0337	8008
C8900	MRA w/cont, abd		Q3	0284	8008
C8902	MRA w/o fol w/cont, abd		Q3	0337	8008
C8903	MRI w/cont, breast, uni		Q3	0284	8008
C8905	MRI w/o fol w/cont, brst, un		Q3	0337	8008
C8906	MRI w/cont, breast, bi		Q3	0284	8008

ADDENDUM M.—PROPOSED HCPCS CODES FOR ASSIGNMENT TO OPPS COMPOSITE APCs FOR CY 2011					
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**Single Code APC Assignment**	**Composite APC Assignment**
C8908	MRI w/o fol w/cont, breast,		Q3	0337	8008
C8909	MRA w/cont, chest		Q3	0284	8008
C8911	MRA w/o fol w/cont, chest		Q3	0337	8008
C8912	MRA w/cont, lwr ext		Q3	0284	8008
C8914	MRA w/o fol w/cont, lwr ext		Q3	0337	8008
C8918	MRA w/cont, pelvis		Q3	0284	8008
C8920	MRA w/o fol w/cont, pelvis		Q3	0337	8008

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