

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 419 and 485

[CMS-1501-CN]

RIN 0938-AN46

**Medicare Program; Proposed Changes to the Hospital
Outpatient Prospective Payment System and Calendar Year
2006 Payment Rates; Correction**

**AGENCY: Centers for Medicare & Medicaid Services (CMS),
HHS.**

ACTION: Proposed rule; correction.

SUMMARY: This document corrects technical errors that appeared in the proposed rule published in the **Federal Register** on July 25, 2005 entitled "Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2006 Payment Rates; Proposed Rule."

FOR FURTHER INFORMATION CONTACT:

Rebecca Kane, (410) 786-0378.

SUPPLEMENTARY INFORMATION:

I. Background

FR Doc. 05-14448 contains our proposed rule to update the Medicare Outpatient Prospective Payment System for calendar year (CY) 2006. We have identified a number of

technical errors in the "Summary of Errors" section and are correcting them in the "Correction of Errors" section below.

II. Summary of Errors

A. Corrections Related to the Rural Adjustment Calculation

The calendar year (CY) 2006 Outpatient Prospective Payment System (OPPS) proposed rule that we published in the Federal Register on July 25, 2005 included a proposed 6.6 percent adjustment for rural sole community hospitals. The calculations used to develop the conversion factor and budget neutrality scalar inadvertently incorporated this adjustment as 6.4 percent. The rural adjustment is used in calculations that determine the scalar and conversion factor, and therefore affects the payment rates and copayment amounts published in the proposed rule. The corrected scalar is 1.003753831, and the corrected conversion factor is \$59.343. The various changes to the preamble are specified under section III. of this correction notice. In addition to preamble text changes, we are correcting specific tables and addenda which also reflected the inadvertent use of a 6.4 percent rural adjustment factor, which we have described below.

On page 42709, we published Table 11. We are correcting the last column of this table to present the corrected proposed CY 2006 payment amounts. In section III. of this notice, we republish Table 11 as corrected.

On pages 42761-42762, we published Table 33. In section III. of this notice, we republish Table 33 as corrected.

On pages 42764-42775, we published Addendum A, which provides the payment rates and copayment amounts for Ambulatory Payment Classification (APC) groups used for payment purposes under the OPPS. A corrected Addendum A is posted on the OPPS Web site at <http://www.cms.hhs.gov/providers/hopps/2006p/1501p.asp>.

On pages 42776-42965, we published Addendum B, which provides the payment rates and copayment amounts for services payable under OPPS. A corrected Addendum B, including additional technical errors affecting HCPCS codes 78814, 78815, 78816, 91035, and 95950 is posted on the OPPS Web site at <http://www.cms.hhs.gov/providers/hopps/2006p/1501p.asp>.

We are posting the corrected Addendum A and Addendum B on our Web site rather than publishing them in this notice because of the large volume of data included in these

addenda. Hard copies of these tables are available by contacting the CMS staff member identified above.

We note that as soon as we discovered these inadvertent errors that affected the payment rates noted in the proposed rule, we posted the corrections on the CMS Web site at:

<http://www.cms.hhs.gov/providers/hopps/2006p/1501p.asp>

B. Other Corrections

We also noted other typographical, formatting, and other technical errors in the proposed rule.

On page 42714, we published Table 15. The proposed "unadjusted" and "adjusted" CY 2006 APC median cost for APC 0085 Level II Electrophysiologic Evaluation contained a typographical error and should read \$2,123.38. We are correcting this under section III. of this notice.

On page 42761, column 2 includes a comparison that discusses the differences in copayments from CY 2005 to CY 2006. While the analysis of this example is correct, the example incorrectly identifies the comparison as being the "minimum unadjusted copayment" rather than the "national unadjusted copayment". We are making this correction under section III. of this notice to refer to the "national unadjusted copayment".

On page 42737, we published Table 26, which inadvertently excluded C2636 (Brachytherapy linear source, Palladium-103, per 1 mm) which was accurately described in the text of page 42736 as a proposed separately payable brachytherapy source. In section III. of the notice we append the excluded row to correct table 26 as published.

The other technical, typographical, formatting, and other errors that appeared on various other pages of the **Federal Register** are corrected as noted in section III. of this notice.

III. Correction of Errors

In FR Doc. 05-14448 of July 25, 2005 (70 FR 42674), make the following corrections:

1. On page 42690, in column 3, in the last paragraph, in line 20, the figure "0.999207669" is corrected to read "1.003753831".

2. On page 42691, in column 1, in the second full paragraph, line 8, the year "2006" is corrected to read "2007".

3. On page 42694,

- a. In column 1, in the second full paragraph, in line 8, the figure "\$240.51" is corrected to read "\$241.57".

- b. In column 1, in the second full paragraph, in line 8, the figure "\$48.10" is corrected to read "\$48.31".

c. In column 3, in the third full paragraph, in line 8, the figure "1.002015212" is corrected to read "1.002023412".

d. In column 3, in the third full paragraph, in line 18, the figure "0.99652023" is corrected to read "0.99639633".

e. In column 3, in the last partial paragraph, in line 5, the figure "1.002015212" is corrected to read "1.002023412".

4. On page 42695,

a. In column 1, in the first partial paragraph, in line 5, the figure "0.99652023" is corrected to read "0.99639633".

b. In column 1, in the first partial paragraph, in line 7, the figure "\$59.350" is corrected to read "\$59.343".

5. On page 42703,

a. In column 1, in the second full paragraph, in line 5, the figure "\$9.95" is corrected to read "\$7.00".

b. In column 1, in the second full paragraph, in line 5, the figure "40" is corrected to read "28".

c. In column 1, in the second full paragraph, in line 6, the figure "\$24.89" is corrected to read "\$25.00".

6. On page 42709,

a. In column 1, in the first full paragraph, in line 22, the figure "\$1,297" is corrected to read "\$1,274".

b. In column 1, in the first full paragraph, in line 23, the figure "\$1,366" is corrected to read "\$1,244".

c. In column 1, in the first full paragraph, in line 25, the figure "\$1,100" is corrected to read "\$1,025".

d. Table 11 is corrected to read as follows:

Table 11.--Proposed APC Reassignment of New Technology Procedures Into Clinical APCs for CY 2006

HCPCS	Descriptor	CY 2005 APC	CY 2005 Status Indicator	Proposed CY 2006 APC	Proposed CY 2006 Status Indicator	CY 2005 Payment Amount	Proposed CY 2006 Payment Amount
0027T	Endoscopic epidural lysis	1547	T	0220	T	\$850	\$1,030.11
33225	L ventric pacing lead add-on	1525	S	0418	T	\$3,750	\$6,486.45
61623	Endovasc tempory vessel occl	1555	T	0081	T	\$1,650	\$2,044.21
92974	Cath place, cardio brachytx	1559	T	0103	T	\$2,250	\$873.18
93580	Transcath closure of asd	1559	T	0434	T	\$2,250	\$5,387.61
93581	Transcath closure of vsd	1559	T	0434	T	\$2,250	\$5,387.61
95965	Meg, spontaneous	1528	S	0430	T	\$5,250	\$676.75
95966	Meg, evoked, single	1516	S	0430	T	\$1,450	\$676.75
95967	Meg, evoked, each add'l	1511	S	0430	T	\$950	\$676.75
C9713	Non-contact laser vap prosta	1525	S	0429	T	\$3,750	\$2,511.08

7. On page 42710, in column 2, in the first full paragraph, in line 19, the figure "\$93.71" is corrected to read "\$93.37".

8. On page 42714, Table 15, APC 0085, in columns 5 and 7, in row 7, both occurrences of the figure "\$2,123.46" are corrected to read "\$2,123.38".

9. On page 42737, Table 26, "Proposed Separately payable Brachytherapy Sources for CY 2006" is appended with the following row:

HCPCS	Long Descriptor	APC	APC Title	New Status Indicator
C2636	Brachytherapy linear source, Palladium-103, per 1mm	2636	Brachytx linear source, P-103	H

10. On page 42756, in column 1, in the first partial paragraph, in line 5, the figure "1.8" is corrected to read "1.7".

11. On page 42758, in column 2, in the third full paragraph, in line 13, the figure "\$59.35" is corrected to read "\$59.34".

12. On page 42759,

a. In column 1, in the first partial paragraph, in line 21, the figure "5.8" is corrected to read "5.6".

b. In column 1, in the first partial paragraph, in line 31, the figure "1.2" is corrected to read "1.3".

- c. In column 1, in the first partial paragraph, in line 31, the figure "1.8" is corrected to read "1.7".
- d. In column 1, in the first partial paragraph, in line 36, the figure "2.6" is corrected to read "2.5".
- e. In column 1, in the second partial paragraph, in line 22, the figure "2.9" is corrected to read "2.7".
- f. In column 1, in the second partial paragraph, in line 25, the figure "0.7" is corrected to read "0.6".
- g. In column 1, in the second partial paragraph, in line 30, the text "West South Central" is corrected to read "New England".
- h. In column 2, in the first partial paragraph, in line 2, the figure "1.9" is corrected to read "1.7".
- i. In column 2, in the first partial paragraph, in line 2, the figure "1.8" is corrected to read "1.6".
- j. In column 2, in the first full paragraph, in line 4, the figure "0.4" is corrected to read "0.3".
- k. In column 2, in the first full paragraph, in line 5, the figure "0.5" is corrected to read "0.3".
- l. In column 2, in the first full paragraph, in line 9, the figure "0.9" is corrected to read "1.6".
- m. In column 2, in the first full paragraph, in line 10, the figure "1.4" is corrected to read "2.2".

n. In column 2, in the first full paragraph, in line 21, the sentence portion "1.3 percent and voluntary and government hospitals will gain at least 0.1 percent." is corrected to read "1.1 percent, voluntary hospitals would gain 0.2 percent, and government hospitals will see no changes as a result of changes to APC structure."

o. In column 3, in the second full paragraph, in line 7, the figure "0.997" is corrected to read "0.996".

p. In column 3, in the second full paragraph, in line 10, the figure "0.3" is corrected to read "0.4".

q. In column 3, in the second full paragraph, in line 13, the figure "5.2" is corrected to read "5.4".

13. On page 42760,

a. In column 1, in the first partial paragraph, in line 6, the figure "0.3" is corrected to read "0.4".

b. In column 1, in the first full paragraph, in line 19, the figure "5.8" is corrected to read "5.6".

c. In column 1, in the first full paragraph, in line 24, the figure "-2.8" is corrected to read "-2.4".

d. In column 1, in the first full paragraph, in line 32, the figure "1.2" is corrected to read "1.3".

e. In column 1, in the first full paragraph, in line 35, the figure "0.3" is corrected to read "0.4".

f. In column 1, in the first full paragraph, in line 37, the figure "1.5" is corrected to read "1.4".

g. In column 1, in the last paragraph, in line 7, the figure "8.6" is corrected to read "8.7".

h. In column 1, in the third partial paragraph, in line 12, the figure "5.0" is corrected to read "4.7".

i. In column 3, in the first partial paragraph, in line 6, the figure "2.6" is corrected to read "2.5".

j. In column 3, in the first partial paragraph, in line 12, the figure "2.1" is corrected to read "1.8".

k. In column 3, in the first partial paragraph, in line 32, the figure "3.7" is corrected to read "3.6".

l. In column 3, in the first full paragraph, in line 11, the figure "3.4" is corrected to read "3.5".

m. In column 3, in the first full paragraph, in line 13, the figure "6.4" is corrected to read "6.5".

n. In column 3, in the first full paragraph, in line 30, the text "greater than" is corrected to read "of at least".

o. In column 3, in the first full paragraph, in lines 33 and 34, the figure "only 1.0" is corrected to read "1.4" and the text "and 0.8 percent, respectively." is appended to the end of the sentence.

14. On page 42761

- a. In column 1, in the first partial paragraph, in line 3, the figure "1.9" is corrected to read "2.6".
- b. In column 1, in the first partial paragraph, in line 6, the figure "2.6" is corrected to read "3.4".
- c. In column 1, in the first partial paragraph, in line 11, the figure "0.8" is corrected to read "0.6".
- d. In column 1, in line 12, the designation for the heading "Estimated Impacts of This Proposed Rule on Beneficiaries" is corrected from "G" to read "F".
- e. In column 1, in the second partial paragraph, in line 12, the figure "\$11.86" is corrected to read "\$11.91".
- f. In column 2, in the first partial paragraph, in lines 4 and 6, the term "minimum" is corrected to read "national".
- g. In column 2, in the first partial paragraph, in line 8, the figure "\$223.91" is corrected to read "\$224.91".

h. Table 33 is corrected to read as follows:

Table 33.—Impact of Proposed Changes for CY 2006 Hospital Outpatient Prospective Payment System

Hospital Category	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) New Adj for Rural Sole Community Hospitals	(5) Cumulative (Cols 2,3,4) with Market Basket Update	(6) All Changes
ALL HOSPITALS	4212	0.0	0.0	0.0	3.2	1.9
URBAN HOSPITALS	2949	0.0	0.0	-0.4	2.8	1.6
LARGE URBAN	1624	-0.8	0.0	-0.4	2.0	0.8
OTHER URBAN	1325	1.0	0.0	-0.4	3.8	2.5
RURAL HOSPITALS	1263	-0.1	0.1	1.8	5.0	3.5
SOLE COMMUNITY	478	-0.1	0.0	5.4	8.7	6.5
OTHER RURAL	785	-0.1	0.1	-0.4	2.8	1.6
BEDS (URBAN)						
0 - 99 BEDS	917	0.0	0.2	-0.4	3.0	2.1
100-199 BEDS	964	-0.4	0.0	-0.4	2.5	1.5
200-299 BEDS	503	0.2	0.1	-0.4	3.2	2.4
300-499 BEDS	402	-0.1	-0.1	-0.4	2.6	1.5
500 + BEDS	163	0.3	0.0	-0.4	3.1	1.0
BEDS (RURAL)						
0 - 49 BEDS	551	-0.9	0.2	2.1	4.6	3.1
50- 100 BEDS	419	-0.8	0.2	2.3	4.8	3.0
101- 149 BEDS	180	1.4	0.0	1.1	5.8	4.7
150- 199 BEDS	62	-0.2	-0.2	1.8	4.7	3.7
200 + BEDS	51	0.1	0.0	1.7	5.1	3.1
VOLUME (URBAN)						
LT 5,000 claim lines	600	-5.6	0.5	-0.4	-2.4	-1.8
5,000 - 10,999	180	-2.4	0.2	-0.4	0.5	0.6
11,000 - 20,999	299	-0.6	0.2	-0.4	2.4	2.5
21,000 - 42,999	575	-0.6	0.1	-0.4	2.3	1.9
GT 42,999	1295	0.2	0.0	-0.4	3.0	1.6
VOLUME (RURAL)						
LT 5,000 claim lines	119	-2.7	0.0	1.4	1.7	1.4
5,000 - 10,999	195	-1.9	0.0	2.1	3.4	2.4

Hospital Category	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) New Adj for Rural Sole Community Hospitals	(5) Cumulative (Cols 2,3,4) with Market Basket Update	(6) All Changes
11,000 - 20,999	325	-0.9	-0.1	2.0	4.3	3.4
21,000 - 42,999	364	-0.9	0.2	1.9	4.5	3.0
GT 42,999	260	0.6	0.0	1.7	5.7	3.8
REGION (URBAN)						
NEW ENGLAND	166	-1.3	-0.1	-0.4	1.4	-0.2
MIDDLE ATLANTIC	393	0.6	-0.1	-0.4	3.4	2.1
SOUTH ATLANTIC	453	-0.4	-0.4	-0.4	2.0	1.0
EAST NORTH CENT.	466	0.4	-0.1	-0.4	3.2	1.7
EAST SOUTH CENT.	197	1.5	0.0	-0.4	4.4	3.4
WEST NORTH CENT.	184	2.5	-0.3	-0.4	5.1	3.6
WEST SOUTH CENT.	445	-0.3	-0.1	-0.4	2.5	1.3
MOUNTAIN	163	-0.1	-0.2	-0.4	2.5	1.3
PACIFIC	431	-1.7	1.1	-0.4	2.2	1.4
PUERTO RICO	51	0.4	-0.3	-0.4	2.9	2.2
REGION (RURAL)						
NEW ENGLAND	37	-1.1	0.9	1.2	4.2	0.8
MIDDLE ATLANTIC	78	1.7	-0.4	1.4	6.0	4.1
SOUTH ATLANTIC	189	-0.4	-0.2	1.7	4.4	3.3
EAST NORTH CENT.	171	-0.6	0.1	1.4	4.1	2.2
EAST SOUTH CENT.	202	-0.7	0.5	0.5	3.5	3.0
WEST NORTH CENT.	188	1.6	-0.3	2.6	7.2	4.7
WEST SOUTH CENT.	242	-0.9	-0.2	2.2	4.4	3.7
MOUNTAIN	95	-1.0	0.1	4.6	7.0	5.2
PACIFIC	61	-0.7	1.8	2.7	7.2	5.3
TEACHING STATUS						
NON-TEACHING	3115	-0.3	0.1	0.3	3.2	2.3
MINOR	769	0.3	0.0	-0.2	3.3	2.3
MAJOR	328	0.3	-0.2	-0.3	3.0	0.6
DSH PATIENT PERCENT						
0	16	0.3	0.0	-0.4	3.1	3.1
GT 0 - 0.10	386	0.1	-0.2	-0.3	2.8	1.7
0.10 - 0.16	555	0.0	0.1	0.2	3.5	2.4

Hospital Category	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) New Adj for Rural Sole Community Hospitals	(5) Cumulative (Cols 2,3,4) with Market Basket Update	(6) All Changes
0.16 - 0.23	802	0.1	0.0	0.1	3.5	2.3
0.23 - 0.35	977	0.1	-0.1	0.0	3.2	1.9
GE 0.35	792	-0.3	0.1	-0.1	3.0	1.8
TEFRA: DSH NOT AVAIL ¹	684	-1.6	0.0	-0.4	1.2	-2.6
URBAN TEACHING/DSH						
TEACHING & DSH	944	0.4	-0.1	-0.4	3.1	1.7
NO TEACHING/DSH	1401	-0.3	0.1	-0.4	2.5	1.8
NO TEACHING/NO DSH	16	0.3	0.0	-0.4	3.1	3.1
TEFRA: DSH NOT AVAIL ¹	588	-2.2	0.1	-0.4	0.7	-3.4
TYPE OF OWNERSHIP						
VOLUNTARY	2397	0.2	0.0	0.0	3.3	2.0
PROPRIETARY	1091	-1.1	0.0	0.0	2.1	1.6
GOVERNMENT	724	0.0	0.1	0.2	3.6	1.7

Col (1) Total Hospitals in 2006

Col (2) This column shows the impact of changes resulting from the reclassification of HCPCS codes among APC groups and from the addition of multiple procedure discounting for radiology procedures (budget neutral overall).

Col (3) This column shows the adjustment for updating the wage index (budget neutral overall).

Col (4) This column shows the adjustment for rural sole community hospitals (budget neutral overall).

Col (5) This column shows the cumulative impact of cols 2 through 4 and the addition of the market basket update.

Col (6) The column shows the impact of the change in MMA dollars in 2006 (drugs and 508) and outlier changes.

¹ Complete DSH numbers are not available for hospitals that are not paid under IPPS.

15. On pages 42764-42775, Addendum A is corrected to read as follows:

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0001	Level I Photochemotherapy	S	0.4213	\$25.00	\$7.00	\$5.00
0002	Level I Fine Needle Biopsy/Aspiration	T	0.9559	\$56.73	.	\$11.35
0003	Bone Marrow Biopsy/Aspiration	T	2.6530	\$157.44	.	\$31.49
0004	Level I Needle Biopsy/ Aspiration Except Bone Marrow	T	1.7646	\$104.72	\$22.36	\$20.94
0005	Level II Needle Biopsy/Aspiration Except Bone Marrow	T	3.5994	\$213.60	\$71.59	\$42.72
0006	Level I Incision & Drainage	T	1.5500	\$91.98	\$22.28	\$18.40
0007	Level II Incision & Drainage	T	11.4501	\$679.48	.	\$135.90
0008	Level III Incision and Drainage	T	16.4989	\$979.09	.	\$195.82
0009	Nail Procedures	T	0.6680	\$39.64	\$8.34	\$7.93
0010	Level I Destruction of Lesion	T	0.5719	\$33.94	\$9.65	\$6.79
0011	Level II Destruction of Lesion	T	2.0839	\$123.66	\$25.17	\$24.73
0012	Level I Debridement & Destruction	T	0.8497	\$50.42	\$11.18	\$10.08
0013	Level II Debridement & Destruction	T	1.1078	\$65.74	\$14.20	\$13.15
0015	Level III Debridement & Destruction	T	1.6514	\$98.00	\$20.29	\$19.60
0016	Level IV Debridement & Destruction	T	2.5834	\$153.31	\$33.57	\$30.66
0017	Level VI Debridement & Destruction	T	18.4211	\$1,093.16	\$227.84	\$218.63
0018	Biopsy of Skin/Puncture of Lesion	T	1.1726	\$69.59	\$16.04	\$13.92
0019	Level I Excision/ Biopsy	T	4.0547	\$240.62	\$71.87	\$48.12
0020	Level II Excision/ Biopsy	T	6.9433	\$412.04	\$107.40	\$82.41
0021	Level III Excision/ Biopsy	T	14.9776	\$888.82	\$219.48	\$177.76
0022	Level IV Excision/ Biopsy	T	19.6472	\$1,165.92	\$354.45	\$233.18
0023	Exploration Penetrating Wound	T	4.7775	\$283.51	.	\$56.70
0024	Level I Skin Repair	T	1.6084	\$95.45	\$31.25	\$19.09
0025	Level II Skin Repair	T	5.4938	\$326.02	\$101.85	\$65.20
0027	Level IV Skin Repair	T	18.4182	\$1,092.99	\$329.72	\$218.60
0028	Level I Breast Surgery	T	19.5801	\$1,161.94	\$303.74	\$232.39
0029	Level II Breast Surgery	T	32.0476	\$1,901.80	\$632.64	\$380.36
0030	Level III Breast Surgery	T	40.0825	\$2,378.62	\$763.55	\$475.72
0033	Partial Hospitalization	P	4.0708	\$241.57	.	\$48.31
0035	Venous Cutdown	T	0.7158	\$42.48	.	\$8.50
0036	Level II Fine Needle Biopsy/Aspiration	T	2.1773	\$129.21	.	\$25.84
0037	Level IV Needle Biopsy/Aspiration Except Bone Marrow	T	9.4751	\$562.28	\$224.91	\$112.46
0039	Level I Implantation of Neurostimulator	S	181.4000	\$10,764.82	.	\$2,152.96
0040	Level I Implantation of Neurostimulator Electrodes	S	55.3297	\$3,283.43	.	\$656.69
0041	Level I Arthroscopy	T	28.1318	\$1,669.43	.	\$333.89
0042	Level II Arthroscopy	T	43.9753	\$2,609.63	\$804.74	\$521.93
0043	Closed Treatment Fracture Finger/Toe/Trunk	T	1.7694	\$105.00	.	\$21.00
0045	Bone/Joint Manipulation Under Anesthesia	T	14.4945	\$860.15	\$268.47	\$172.03
0046	Open/Percutaneous Treatment Fracture or Dislocation	T	37.7023	\$2,237.37	\$535.76	\$447.47
0047	Arthroplasty without Prosthesis	T	31.6107	\$1,875.87	\$537.03	\$375.17
0048	Level I Arthroplasty with Prosthesis	T	43.1288	\$2,559.39	\$570.30	\$511.88
0049	Level I Musculoskeletal Procedures Except Hand and Foot	T	20.3707	\$1,208.86	.	\$241.77
0050	Level II Musculoskeletal Procedures Except Hand and Foot	T	23.9081	\$1,418.78	.	\$283.76
0051	Level III Musculoskeletal Procedures Except Hand and Foot	T	36.5271	\$2,167.63	.	\$433.53
0052	Level IV Musculoskeletal Procedures Except Hand and Foot	T	43.9378	\$2,607.40	.	\$521.48
0053	Level I Hand Musculoskeletal Procedures	T	15.6795	\$930.47	\$253.49	\$186.09
0054	Level II Hand Musculoskeletal Procedures	T	25.3711	\$1,505.60	.	\$301.12
0055	Level I Foot Musculoskeletal Procedures	T	20.0692	\$1,190.97	\$355.34	\$238.19
0056	Level II Foot Musculoskeletal Procedures	T	40.2957	\$2,391.27	.	\$478.25
0057	Bunion Procedures	T	27.5493	\$1,634.86	\$475.91	\$326.97
0058	Level I Strapping and Cast Application	S	1.0934	\$64.89	.	\$12.98
0060	Manipulation Therapy	S	0.4935	\$29.29	.	\$5.86
0068	CPAP Initiation	S	1.2293	\$72.95	\$29.18	\$14.59
0069	Thoracoscopy	T	30.6775	\$1,820.49	\$591.64	\$364.10
0070	Thoracentesis/Lavage Procedures	T	3.2101	\$190.50	.	\$38.10

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS,
 RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0071	Level I Endoscopy Upper Airway	T	0.7915	\$46.97	\$11.31	\$9.39
APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0072	Level II Endoscopy Upper Airway	T	1.4361	\$85.22	\$21.27	\$17.04
0074	Level IV Endoscopy Upper Airway	T	15.7757	\$936.18	\$295.70	\$187.24
0075	Level V Endoscopy Upper Airway	T	21.3426	\$1,266.53	\$445.92	\$253.31
0076	Level I Endoscopy Lower Airway	T	9.4592	\$561.34	\$189.82	\$112.27
0077	Level I Pulmonary Treatment	S	0.3444	\$20.44	\$7.74	\$4.09
0078	Level II Pulmonary Treatment	S	1.0236	\$60.74	\$14.55	\$12.15
0079	Ventilation Initiation and Management	S	2.3482	\$139.35	.	\$27.87
0080	Diagnostic Cardiac Catheterization	T	37.1361	\$2,203.77	\$838.92	\$440.75
0081	Non-Coronary Angioplasty or Atherectomy	T	34.4473	\$2,044.21	.	\$408.84
0082	Coronary Atherectomy	T	85.0126	\$5,044.90	\$1,085.20	\$1,008.98
0083	Coronary Angioplasty and Percutaneous Valvuloplasty	T	50.8925	\$3,020.11	.	\$604.02
0084	Level I Electrophysiologic Evaluation	S	10.0205	\$594.65	.	\$118.93
0085	Level II Electrophysiologic Evaluation	T	35.1882	\$2,088.17	\$426.25	\$417.63
0086	Ablate Heart Dysrhythm Focus	T	44.2596	\$2,626.50	\$833.33	\$525.30
0087	Cardiac Electrophysiologic Recording/Mapping	T	30.7101	\$1,822.43	.	\$364.49
0088	Thrombectomy	T	36.5617	\$2,169.68	\$655.22	\$433.94
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	T	105.6143	\$6,267.47	\$1,682.28	\$1,253.49
0090	Insertion/Replacement of Pacemaker Pulse Generator	T	89.1574	\$5,290.87	\$1,612.80	\$1,058.17
0091	Level II Vascular Ligation	T	28.9999	\$1,720.94	\$348.23	\$344.19
0092	Level I Vascular Ligation	T	23.4516	\$1,391.69	.	\$278.34
0093	Vascular Reconstruction/Fistula Repair without Device					
0094	Level I Resuscitation and Cardioversion	S	2.5363	\$150.51	\$47.62	\$30.10
0095	Cardiac Rehabilitation	S	0.5885	\$34.92	\$13.96	\$6.98
0096	Non-Invasive Vascular Studies	S	1.6307	\$96.77	\$38.70	\$19.35
0097	Cardiac and Ambulatory Blood Pressure Monitoring	X	1.0223	\$60.67	\$23.79	\$12.13
0098	Injection of Sclerosing Solution	T	1.1346	\$67.33	.	\$13.47
0099	Electrocardiograms	S	0.3821	\$22.67	.	\$4.53
0100	Cardiac Stress Tests	X	2.4968	\$148.17	\$41.44	\$29.63
0101	Tilt Table Evaluation	S	4.2787	\$253.91	\$101.56	\$50.78
0103	Miscellaneous Vascular Procedures	T	14.7142	\$873.18	\$223.63	\$174.64
0104	Transcatheter Placement of Intracoronary Stents	T	79.0094	\$4,688.65	.	\$937.73
0105	Revision/Removal of Pacemakers, AICD, or Vascular	T	22.3685	\$1,327.41	\$370.40	\$265.48
0106	Insertion/Replacement/Repair of Pacemaker and/or Electrodes	T	45.4851	\$2,699.22	.	\$539.84
0107	Insertion of Cardioverter-Defibrillator	T	260.0295	\$15,430.93	\$3,103.22	\$3,086.19
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	T	349.1681	\$20,720.68	.	\$4,144.14
0109	Removal of Implanted Devices	T	11.0433	\$655.34	\$131.49	\$131.07
0110	Transfusion	S	3.6594	\$217.16	.	\$43.43
0111	Blood Product Exchange	S	12.3956	\$735.59	\$200.18	\$147.12
0112	Apheresis, Photopheresis, and Plasmapheresis	S	26.7948	\$1,590.08	\$438.94	\$318.02
0113	Excision Lymphatic System	T	21.4653	\$1,273.82	.	\$254.76
0114	Thyroid/Lymphadenectomy Procedures	T	40.7652	\$2,419.13	\$485.91	\$483.83
0115	Cannula/Access Device Procedures	T	31.4727	\$1,867.68	\$459.35	\$373.54
0116	Chemotherapy Administration by Other Technique Except Infusion	S	1.1453	\$67.97	.	\$13.59
0117	Chemotherapy Administration by Infusion Only	S	3.2378	\$192.14	\$42.54	\$38.43
0120	Infusion Therapy Except Chemotherapy	S	2.0193	\$119.83	\$28.21	\$23.97
0121	Level I Tube changes and Repositioning	T	2.2766	\$135.10	\$43.80	\$27.02
0122	Level II Tube changes and Repositioning	T	6.9721	\$413.75	\$84.85	\$82.75
0123	Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant	S	22.9902	\$1,364.31	.	\$272.86
0125	Refilling of Infusion Pump	T	1.9331	\$114.72	.	\$22.94
0130	Level I Laparoscopy	T	31.9271	\$1,894.65	\$659.53	\$378.93
0131	Level II Laparoscopy	T	43.3389	\$2,571.86	\$1,001.89	\$514.37
0132	Level III Laparoscopy	T	62.9914	\$3,738.10	\$1,239.22	\$747.62
0140	Esophageal Dilation without Endoscopy	T	5.4737	\$324.83	\$94.18	\$64.97

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0141	Level I Upper GI Procedures	T	8.1835	\$485.63	\$143.38	\$97.13
0142	Small Intestine Endoscopy	T	9.3487	\$554.78	\$152.78	\$110.96
0143	Lower GI Endoscopy	T	8.6869	\$515.51	\$186.06	\$103.10
0146	Level I Sigmoidoscopy and Anoscopy	T	4.6374	\$275.20	\$64.40	\$55.04
0147	Level II Sigmoidoscopy and Anoscopy	T	7.9679	\$472.84	.	\$94.57
0148	Level I Anal/Rectal Procedures	T	3.7383	\$221.84	\$57.21	\$44.37
0149	Level III Anal/Rectal Procedures	T	18.0726	\$1,072.48	\$293.06	\$214.50
0150	Level IV Anal/Rectal Procedures	T	23.8654	\$1,416.24	\$437.12	\$283.25
0151	Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	T	18.7338	\$1,111.72	\$245.46	\$222.34
0152	Level I Percutaneous Abdominal and Biliary Procedures	T	12.2833	\$728.93	.	\$145.79
0153	Peritoneal and Abdominal Procedures	T	21.6961	\$1,287.51	\$382.75	\$257.50
0154	Hernia/Hydrocele Procedures	T	28.7847	\$1,708.17	\$464.85	\$341.63
0155	Level II Anal/Rectal Procedures	T	16.2546	\$964.60	.	\$192.92
0156	Level II Urinary and Anal Procedures	T	2.5751	\$152.81	\$40.52	\$30.56
0157	Colorectal Cancer Screening: Barium Enema	S	2.2904	\$135.92	.	\$27.18
0158	Colorectal Cancer Screening: Colonoscopy	T	7.6588	\$454.50	.	\$113.63
0159	Colorectal Cancer Screening: Flexible Sigmoidoscopy	S	3.1455	\$186.66	.	\$46.67
0160	Level I Cystourethroscopy and other Genitourinary Procedures	T	6.6753	\$396.13	\$105.06	\$79.23
0161	Level II Cystourethroscopy and other Genitourinary Procedures	T	18.5576	\$1,101.26	\$249.36	\$220.25
0162	Level III Cystourethroscopy and other Genitourinary Procedures	T	23.3918	\$1,388.14	.	\$277.63
0163	Level IV Cystourethroscopy and other Genitourinary Procedures	T	33.7354	\$2,001.96	.	\$400.39
0164	Level I Urinary and Anal Procedures	T	1.1855	\$70.35	\$17.29	\$14.07
0165	Level III Urinary and Anal Procedures	T	16.6689	\$989.18	.	\$197.84
0166	Level I Urethral Procedures	T	17.6743	\$1,048.85	\$218.73	\$209.77
0168	Level II Urethral Procedures	T	28.2685	\$1,677.54	\$388.03	\$335.51
0169	Lithotripsy	T	43.0133	\$2,552.54	\$1,021.01	\$510.51
0170	Dialysis	S	5.8994	\$350.09	.	\$70.02
0180	Circumcision	T	19.8827	\$1,179.90	\$304.87	\$235.98
0181	Penile Procedures	T	30.8663	\$1,831.70	\$621.82	\$366.34
0183	Testes/Epididymis Procedures	T	23.6415	\$1,402.96	.	\$280.59
0184	Prostate Biopsy	T	4.3566	\$258.53	\$96.27	\$51.71
0188	Level II Female Reproductive Proc	T	1.1400	\$67.65	.	\$13.53
0189	Level III Female Reproductive Proc	T	2.3710	\$140.70	.	\$28.14
0190	Level I Hysteroscopy	T	21.0653	\$1,250.08	\$424.28	\$250.02
0191	Level I Female Reproductive Proc	T	0.1670	\$9.91	\$2.78	\$1.98
0192	Level IV Female Reproductive Proc	T	4.3082	\$255.66	.	\$51.13
0193	Level V Female Reproductive Proc	T	14.5843	\$865.48	.	\$173.10
0194	Level VIII Female Reproductive Proc	T	20.7525	\$1,231.52	\$397.84	\$246.30
0195	Level IX Female Reproductive Proc	T	26.6791	\$1,583.22	\$483.80	\$316.64
0196	Dilation and Curettage	T	17.0974	\$1,014.61	\$338.23	\$202.92
0197	Infertility Procedures	T	2.3572	\$139.88	.	\$27.98
0198	Pregnancy and Neonatal Care Procedures	T	1.3683	\$81.20	\$32.19	\$16.24
0200	Level VII Female Reproductive Proc	T	17.8728	\$1,060.63	\$263.69	\$212.13
0201	Level VI Female Reproductive Proc	T	17.6047	\$1,044.72	\$329.65	\$208.94
0202	Level X Female Reproductive Proc	T	40.3866	\$2,396.66	\$958.66	\$479.33
0203	Level IV Nerve Injections	T	10.4015	\$617.26	\$246.90	\$123.45
0204	Level I Nerve Injections	T	2.1910	\$130.02	\$40.13	\$26.00
0206	Level II Nerve Injections	T	5.4920	\$325.91	\$75.55	\$65.18
0207	Level III Nerve Injections	T	6.0109	\$356.70	\$86.92	\$71.34
0208	Laminotomies and Laminectomies	T	42.3409	\$2,512.64	.	\$502.53
0209	Extended EEG Studies and Sleep Studies, Level II	S	11.5713	\$686.68	\$274.67	\$137.34
0212	Nervous System Injections	T	2.9740	\$176.49	\$70.59	\$35.30
0213	Extended EEG Studies and Sleep Studies, Level I	S	2.2932	\$136.09	\$54.43	\$27.22
0214	Electroencephalogram	S	1.1353	\$67.37	\$26.94	\$13.47
0215	Level I Nerve and Muscle Tests	S	0.6115	\$36.29	\$14.51	\$7.26
0216	Level III Nerve and Muscle Tests	S	2.6720	\$158.56	.	\$31.71
0218	Level II Nerve and Muscle Tests	S	1.1408	\$67.70	.	\$13.54

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0220	Level I Nerve Procedures	T	17.3586	\$1,030.11	.	\$206.02
0221	Level II Nerve Procedures	T	29.9209	\$1,775.60	\$463.62	\$355.12
0222	Implantation of Neurological Device	T	179.0982	\$10,628.22	.	\$2,125.64
0223	Implantation or Revision of Pain Management Catheter	T	28.1230	\$1,668.90	.	\$333.78
0224	Implantation of Reservoir/Pump/Shunt	T	40.6455	\$2,412.03	.	\$482.41
0225	Level II Implantation of Neurostimulator Electrodes	S	234.6925	\$13,927.36	.	\$2,785.47
0226	Implantation of Drug Infusion Reservoir	T	138.8695	\$8,240.93	.	\$1,648.19
0227	Implantation of Drug Infusion Device	T	136.4922	\$8,099.86	.	\$1,619.97
0228	Creation of Lumbar Subarachnoid Shunt	T	51.7258	\$3,069.56	.	\$613.91
0229	Transcatheter Placement of Intravascular Shunts	T	64.4545	\$3,824.92	\$771.23	\$764.98
0230	Level I Eye Tests & Treatments	S	0.7858	\$46.63	\$14.97	\$9.33
0231	Level III Eye Tests & Treatments	S	1.9278	\$114.40	\$44.61	\$22.88
0232	Level I Anterior Segment Eye Procedures	T	6.6732	\$396.01	\$103.17	\$79.20
0233	Level II Anterior Segment Eye Procedures	T	14.9673	\$888.20	\$266.33	\$177.64
0234	Level III Anterior Segment Eye Procedures	T	21.9741	\$1,304.01	\$511.31	\$260.80
0235	Level I Posterior Segment Eye Procedures	T	4.6593	\$276.50	\$67.40	\$55.30
0236	Level II Posterior Segment Eye Procedures	T	17.0229	\$1,010.19	.	\$202.04
0237	Level III Posterior Segment Eye Procedures	T	28.9401	\$1,717.39	.	\$343.48
0238	Level I Repair and Plastic Eye Procedures	T	2.5933	\$153.89	.	\$30.78
0239	Level II Repair and Plastic Eye Procedures	T	6.9097	\$410.04	.	\$82.01
0240	Level III Repair and Plastic Eye Procedures	T	18.1508	\$1,077.12	\$315.31	\$215.42
0241	Level IV Repair and Plastic Eye Procedures	T	23.3036	\$1,382.91	\$384.47	\$276.58
0242	Level V Repair and Plastic Eye Procedures	T	30.5464	\$1,812.72	\$597.36	\$362.54
0243	Strabismus/Muscle Procedures	T	22.1671	\$1,315.46	\$431.39	\$263.09
0244	Corneal Transplant	T	38.3723	\$2,277.13	\$803.26	\$455.43
0245	Level I Cataract Procedures without IOL Insert	T	13.3625	\$792.97	\$221.89	\$158.59
0246	Cataract Procedures with IOL Insert	T	23.4597	\$1,392.17	\$495.96	\$278.43
0247	Laser Eye Procedures Except Retinal	T	5.0330	\$298.67	\$104.31	\$59.73
0248	Laser Retinal Procedures	T	4.6769	\$277.54	\$93.98	\$55.51
0249	Level II Cataract Procedures without IOL Insert	T	27.9369	\$1,657.86	\$524.67	\$331.57
0250	Nasal Cauterization/Packing	T	1.2896	\$76.53	\$26.79	\$15.31
0251	Level I ENT Procedures	T	2.0101	\$119.29	.	\$23.86
0252	Level II ENT Procedures	T	7.8673	\$466.87	\$113.41	\$93.37
0253	Level III ENT Procedures	T	16.1357	\$957.54	\$282.29	\$191.51
0254	Level IV ENT Procedures	T	23.4040	\$1,388.86	\$321.35	\$277.77
0256	Level V ENT Procedures	T	37.3204	\$2,214.70	.	\$442.94
0258	Tonsil and Adenoid Procedures	T	22.2466	\$1,320.18	\$437.25	\$264.04
0259	Level VI ENT Procedures	T	366.3317	\$21,739.22	\$8,070.21	\$4,347.84
0260	Level I Plain Film Except Teeth	X	0.7555	\$44.83	\$17.93	\$8.97
0261	Level II Plain Film Except Teeth Including Bone Density Measurement	X	1.2901	\$76.56	.	\$15.31
0262	Plain Film of Teeth	X	0.9228	\$54.76	.	\$10.95
0263	Level I Miscellaneous Radiology Procedures	X	1.7476	\$103.71	\$24.40	\$20.74
0264	Level II Miscellaneous Radiology Procedures	X	3.5240	\$209.12	\$79.41	\$41.82
0265	Level I Diagnostic Ultrasound	S	1.0213	\$60.61	\$24.24	\$12.12
0266	Level II Diagnostic Ultrasound	S	1.6393	\$97.28	\$38.91	\$19.46
0267	Level III Diagnostic Ultrasound	S	2.6327	\$156.23	\$62.18	\$31.25
0268	Ultrasound Guidance Procedures	S	1.0610	\$62.96	.	\$12.59
0269	Level III Echocardiogram Except Transesophageal	S	3.2437	\$192.49	\$76.99	\$38.50
0270	Transesophageal Echocardiogram	S	6.0192	\$357.20	\$142.88	\$71.44
0272	Level I Fluoroscopy	X	1.3801	\$81.90	\$32.76	\$16.38
0274	Myelography	S	3.0413	\$180.48	\$72.19	\$36.10
0275	Arthrography	S	3.5779	\$212.32	\$69.09	\$42.46
0276	Level I Digestive Radiology	S	1.5319	\$90.91	\$36.36	\$18.18
0277	Level II Digestive Radiology	S	2.3852	\$141.54	\$56.61	\$28.31
0278	Diagnostic Urography	S	2.6434	\$156.87	\$62.74	\$31.37
0279	Level II Angiography and Venography except Extremity	S	8.9319	\$530.05	\$150.03	\$106.01
0280	Level III Angiography and Venography except Extremity	S	20.7902	\$1,233.75	\$353.85	\$246.75
0282	Miscellaneous Computerized Axial Tomography	S	1.6542	\$98.17	\$39.26	\$19.63
0283	Computerized Axial Tomography with Contrast	S	4.4253	\$262.61	\$105.04	\$52.52

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0284	Material Magnetic Resonance Imaging and Magnetic Resonance Angiography with Contras	S	6.4201	\$380.99	\$152.39	\$76.20
0285	Myocardial Positron Emission Tomography (PET)	S	17.1798	\$1,019.50	\$318.72	\$203.90
0288	Bone Density:Axial Skeleton	S	1.2568	\$74.58	.	\$14.92
0296	Level I Therapeutic Radiologic Procedures	S	2.2452	\$133.24	\$53.29	\$26.65
0297	Level II Therapeutic Radiologic Procedures	S	5.2530	\$311.73	\$122.13	\$62.35
0299	Miscellaneous Radiation Treatment	S	5.8482	\$347.05	.	\$69.41
0300	Level I Radiation Therapy	S	1.5198	\$90.19	.	\$18.04
0301	Level II Radiation Therapy	S	2.2195	\$131.71	.	\$26.34
0302	Level III Radiation Therapy	S	4.6145	\$273.84	\$103.74	\$54.77
0303	Treatment Device Construction	X	2.8356	\$168.27	\$66.95	\$33.65
0304	Level I Therapeutic Radiation Treatment Preparation	X	1.7738	\$105.26	\$41.52	\$21.05
0305	Level II Therapeutic Radiation Treatment Preparation	X	4.0036	\$237.59	\$91.38	\$47.52
0310	Level III Therapeutic Radiation Treatment Preparation	X	13.9490	\$827.78	\$325.27	\$165.56
0312	Radioelement Applications	S	5.0032	\$296.90	.	\$59.38
0313	Brachytherapy	S	12.8655	\$763.48	.	\$152.70
0314	Hyperthermic Therapies	S	5.9945	\$355.73	\$98.36	\$71.15
0315	Level II Implantation of Neurostimulator	T	290.6470	\$17,247.86	.	\$3,449.57
0320	Electroconvulsive Therapy	S	5.3765	\$319.06	\$80.06	\$63.81
0321	Biofeedback and Other Training	S	1.3579	\$80.58	\$21.71	\$16.12
0322	Brief Individual Psychotherapy	S	1.2319	\$73.10	.	\$14.62
0323	Extended Individual Psychotherapy	S	1.6227	\$96.30	\$20.08	\$19.26
0324	Family Psychotherapy	S	2.0997	\$124.60	.	\$24.92
0325	Group Psychotherapy	S	1.3189	\$78.27	\$17.10	\$15.65
0330	Dental Procedures	S	7.1756	\$425.82	.	\$85.16
0332	Computerized Axial Tomography and Computerized Angiography without Contras	S	3.2694	\$194.02	\$77.60	\$38.80
0333	Computerized Axial Tomography and Computerized Angio w/o Contrast Material	S	5.2836	\$313.54	\$125.41	\$62.71
0335	Magnetic Resonance Imaging, Miscellaneous	S	5.1581	\$306.10	\$122.43	\$61.22
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Cont	S	6.0742	\$360.46	\$144.18	\$72.09
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed	S	8.7945	\$521.89	\$208.75	\$104.38
0339	Observation	S	7.1403	\$423.73	.	\$84.75
0340	Minor Ancillary Procedures	X	0.6384	\$37.88	.	\$7.58
0341	Skin Tests	X	0.1112	\$6.60	\$2.62	\$1.32
0342	Level I Pathology	X	0.1560	\$9.26	\$3.70	\$1.85
0343	Level III Pathology	X	0.4786	\$28.40	\$11.10	\$5.68
0344	Level IV Pathology	X	0.7996	\$47.45	\$15.66	\$9.49
0345	Level I Transfusion Laboratory Procedures	X	0.2277	\$13.51	\$3.01	\$2.70
0346	Level II Transfusion Laboratory Procedures	X	0.3434	\$20.38	\$4.54	\$4.08
0347	Level III Transfusion Laboratory Procedures	X	0.8434	\$50.05	\$12.35	\$10.01
0348	Fertility Laboratory Procedures	X	0.7927	\$47.04	.	\$9.41
0350	Administration of flu and PPV vaccines	X	0.3954	\$23.46	\$0.00	\$0.00
0352	Level I Injections	X	0.1413	\$8.39	.	\$1.68
0353	Level II Injections	X	0.3954	\$23.46	.	\$4.69
0359	Level III Injections	X	0.8312	\$49.33	.	\$9.87
0360	Level I Alimentary Tests	X	1.4739	\$87.47	\$34.98	\$17.49
0361	Level II Alimentary Tests	X	3.6216	\$214.92	\$83.23	\$42.98
0362	Contact Lens and Spectacle Services	X	2.6607	\$157.89	.	\$31.58
0363	Level I Otorhinolaryngologic Function Tests	X	0.9128	\$54.17	\$17.44	\$10.83
0364	Level I Audiometry	X	0.4708	\$27.94	\$9.06	\$5.59
0365	Level II Audiometry	X	1.2356	\$73.32	\$18.95	\$14.66
0366	Level III Audiometry	X	1.7743	\$105.29	\$30.04	\$21.06
0367	Level I Pulmonary Test	X	0.6659	\$39.52	\$14.80	\$7.90
0368	Level II Pulmonary Tests	X	0.9761	\$57.92	\$23.16	\$11.58
0369	Level III Pulmonary Tests	X	2.7519	\$163.31	\$44.18	\$32.66
0370	Allergy Tests	X	1.1232	\$66.65	.	\$13.33
0372	Therapeutic Phlebotomy	X	0.5700	\$33.83	\$10.09	\$6.77

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0373	Neuropsychological Testing	X	2.1926	\$130.12	.	\$26.02
0374	Monitoring Psychiatric Drugs	X	1.0414	\$61.80	.	\$12.36
0375	Ancillary Outpatient Services When Patient Expires	T	42.5900	\$2,527.42	.	\$505.48
0376	Level II Cardiac Imaging	S	5.1975	\$308.44	\$121.42	\$61.69
0377	Level III Cardiac Imaging	S	6.8344	\$405.57	\$162.22	\$81.11
0378	Level II Pulmonary Imaging	S	5.4997	\$326.37	\$130.54	\$65.27
0379	Injection adenosine	K	.	\$33.45	.	\$6.69
0381	Single Allergy Tests	X	0.1884	\$11.18	\$2.35	\$2.24
0384	GI Procedures with Stents	T	22.3392	\$1,325.68	\$287.93	\$265.14
0385	Level I Prosthetic Urological Procedures	S	75.6446	\$4,488.98	.	\$897.80
0386	Level II Prosthetic Urological Procedures	S	120.1694	\$7,131.21	.	\$1,426.24
0387	Level II Hysteroscopy	T	32.5445	\$1,931.29	\$655.55	\$386.26
0388	Discography	S	12.3294	\$731.66	\$292.66	\$146.33
0389	Non-imaging Nuclear Medicine	S	1.4976	\$88.87	\$35.54	\$17.77
0390	Level I Endocrine Imaging	S	2.5562	\$151.69	\$60.67	\$30.34
0391	Level II Endocrine Imaging	S	2.8774	\$170.75	\$68.30	\$34.15
0393	Red Cell/Plasma Studies	S	3.4438	\$204.37	\$81.74	\$40.87
0394	Hepatobiliary Imaging	S	4.4630	\$264.85	\$105.93	\$52.97
0395	GI Tract Imaging	S	3.8699	\$229.65	\$91.86	\$45.93
0396	Bone Imaging	S	4.1426	\$245.83	\$98.33	\$49.17
0397	Vascular Imaging	S	2.2646	\$134.39	\$53.75	\$26.88
0398	Level I Cardiac Imaging	S	4.3093	\$255.73	\$102.29	\$51.15
0399	Nuclear Medicine Add-on Imaging	S	1.5192	\$90.15	\$36.06	\$18.03
0400	Hematopoietic Imaging	S	4.1335	\$245.29	\$98.11	\$49.06
0401	Level I Pulmonary Imaging	S	3.4150	\$202.66	\$81.06	\$40.53
0402	Brain Imaging	S	5.1847	\$307.68	\$123.07	\$61.54
0403	CSF Imaging	S	3.6138	\$214.45	\$85.78	\$42.89
0404	Renal and Genitourinary Studies Level I	S	3.8559	\$228.82	\$91.52	\$45.76
0405	Renal and Genitourinary Studies Level II	S	4.2674	\$253.24	\$101.29	\$50.65
0406	Tumor/Infection Imaging	S	4.3035	\$255.38	\$102.15	\$51.08
0407	Radionuclide Therapy	S	3.9839	\$236.42	\$94.56	\$47.28
0409	Red Blood Cell Tests	X	0.1258	\$7.47	\$2.22	\$1.49
0411	Respiratory Procedures	S	0.3869	\$22.96	.	\$4.59
0412	IMRT Treatment Delivery	S	5.3643	\$318.33	.	\$63.67
0415	Level II Endoscopy Lower Airway	T	22.0955	\$1,311.21	\$459.92	\$262.24
0416	Level I Intravascular and Intracardiac Ultrasound and Flow Reserve	S	19.5542	\$1,160.40	.	\$232.08
0417	Computerized Reconstruction	S	4.0750	\$241.82	.	\$48.36
0418	Insertion of Left Ventricular Pacing Elect.	T	109.3043	\$6,486.45	.	\$1,297.29
0421	Prolonged Physiologic Monitoring	X	1.6600	\$98.51	.	\$19.70
0422	Level II Upper GI Procedures	T	22.9647	\$1,362.79	\$448.81	\$272.56
0423	Level II Percutaneous Abdominal and Biliary Procedures	T	40.2866	\$2,390.73	.	\$478.15
0425	Level II Arthroplasty with Prosthesis	T	100.2058	\$5,946.51	\$1,378.01	\$1,189.30
0426	Level II Strapping and Cast Application	S	2.1243	\$126.06	.	\$25.21
0427	Level III Tube Changes and Repositioning	T	10.1977	\$605.16	\$124.11	\$121.03
0428	Level III Sigmoidoscopy and Anoscopy	T	19.9022	\$1,181.06	.	\$236.21
0429	Level V Cystourethroscopy and other Genitourinary Procedures	T	42.3147	\$2,511.08	.	\$502.22
0430	Level IV Nerve and Muscle Tests	T	11.4040	\$676.75	.	\$135.35
0432	Health and Behavior Services	S	0.6949	\$41.24	.	\$8.25
0433	Level II Pathology	X	0.2581	\$15.32	\$6.12	\$3.06
0434	Cardiac Defect Repair	T	90.7877	\$5,387.61	.	\$1,077.52
0600	Low Level Clinic Visits	V	0.8688	\$51.56	.	\$10.31
0601	Mid Level Clinic Visits	V	1.0038	\$59.57	.	\$11.91
0602	High Level Clinic Visits	V	1.4284	\$84.77	.	\$16.95
0610	Low Level Emergency Visits	V	1.2947	\$76.83	\$19.48	\$15.37
0611	Mid Level Emergency Visits	V	2.2718	\$134.82	\$35.76	\$26.96
0612	High Level Emergency Visits	V	3.9853	\$236.50	\$54.12	\$47.30
0620	Critical Care	S	8.2996	\$492.52	\$135.68	\$98.50
0621	Level I Vascular Access Procedures	T	8.2986	\$492.46	.	\$98.49
0622	Level II Vascular Access Procedures	T	21.2671	\$1,262.05	.	\$252.41
0623	Level III Vascular Access Procedures	T	27.1105	\$1,608.82	.	\$321.76

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0648	Breast Reconstruction with Prosthesis	T	50.4459	\$2,993.61	.	\$598.72
0651	Complex Interstitial Radiation Source Application	S	12.1448	\$720.71	.	\$144.14
0652	Insertion of Intraoperative Catheters	T	28.8948	\$1,714.70	.	\$342.94
0653	Vascular Reconstruction/Fistula Repair with Device	T	30.5339	\$1,811.97	.	\$362.39
0654	Insertion/Replacement of a permanent dual chamber pacemaker	T	100.9294	\$5,989.45	.	\$1,197.89
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	T	133.7768	\$7,938.72	.	\$1,587.74
0656	Transcatheter Placement of Intracoronary Drug-Eluting Stents	T	109.9237	\$6,523.20	.	\$1,304.64
0657	Placement of Tissue Clips	S	1.7092	\$101.43	.	\$20.29
0658	Percutaneous Breast Biopsies	T	6.1049	\$362.28	.	\$72.46
0659	Hyperbaric Oxygen	S	1.5473	\$91.82	.	\$18.36
0660	Level II Otorhinolaryngologic Function Tests	X	1.6419	\$97.44	\$30.66	\$19.49
0661	Level V Pathology	X	3.3775	\$200.43	\$80.17	\$40.09
0662	CT Angiography	S	5.1621	\$306.33	\$122.53	\$61.27
0664	Level I Proton Beam Radiation Therapy	S	12.9439	\$768.13	.	\$153.63
0665	Bone Density:AppendicularSkeleton	S	0.6464	\$38.36	.	\$7.67
0667	Level II Proton Beam Radiation Therapy	S	15.4857	\$918.97	.	\$183.79
0668	Level I Angiography and Venography except Extremity	S	6.5024	\$385.87	\$114.67	\$77.17
0670	Level II Intravascular and Intracardiac Ultrasound and Flow Reserve	S	25.4131	\$1,508.09	\$472.46	\$301.62
0671	Level II Echocardiogram Except Transesophageal	S	1.7028	\$101.05	\$40.42	\$20.21
0672	Level IV Posterior Segment Eye Procedures	T	36.9284	\$2,191.44	.	\$438.29
0673	Level IV Anterior Segment Eye Procedures	T	29.2582	\$1,736.27	\$649.56	\$347.25
0674	Prostate Cryoablation	T	95.7856	\$5,684.20	.	\$1,136.84
0675	Prostatic Thermotherapy	T	43.7329	\$2,595.24	.	\$519.05
0676	Thrombolysis and Thrombectomy	T	2.4105	\$143.05	.	\$28.61
0678	External Counterpulsation	T	1.7276	\$102.52	.	\$20.50
0679	Level II Resuscitation and Cardioversion	S	5.5774	\$330.98	\$95.30	\$66.20
0680	Insertion of Patient Activated Event Recorders	S	62.9082	\$3,733.16	.	\$746.63
0681	Knee Arthroplasty	T	137.1630	\$8,139.66	\$2,081.48	\$1,627.93
0682	Level V Debridement & Destruction	T	6.9107	\$410.10	\$162.42	\$82.02
0683	Level II Photochemotherapy	S	1.9006	\$112.79	\$25.34	\$22.56
0685	Level III Needle Biopsy/Aspiration Except Bone Marrow	T	6.0174	\$357.09	\$115.47	\$71.42
0686	Level III Skin Repair	T	13.8287	\$820.64	.	\$164.13
0687	Revision/Removal of Neurostimulator Electrodes	T	19.2347	\$1,141.44	\$456.57	\$228.29
0688	Revision/Removal of Neurostimulator Pulse Generator Receiver	T	43.0444	\$2,554.38	\$1,021.75	\$510.88
0689	Electronic Analysis of Cardioverter-defibrillators	S	0.5735	\$34.03	.	\$6.81
0690	Electronic Analysis of Pacemakers and other Cardiac Devices	S	0.3755	\$22.28	\$8.91	\$4.46
0691	Electronic Analysis of Programmable Shunts/Pumps	S	2.5252	\$149.85	\$59.94	\$29.97
0692	Electronic Analysis of Neurostimulator Pulse Generators	S	2.0111	\$119.34	\$30.16	\$23.87
0693	Level II Breast Reconstruction	T	42.2254	\$2,505.78	\$798.17	\$501.16
0694	Mohs Surgery	T	3.8452	\$228.19	\$61.86	\$45.64
0695	Level VII Debridement & Destruction	T	20.3164	\$1,205.64	\$266.59	\$241.13
0697	Level I Echocardiogram Except Transesophageal	S	1.5357	\$91.13	\$36.45	\$18.23
0698	Level II Eye Tests & Treatments	S	1.2438	\$73.81	\$16.55	\$14.76
0699	Level IV Eye Tests & Treatments	T	10.0177	\$594.48	.	\$118.90
0700	Antepartum Manipulation	T	5.3614	\$318.16	.	\$63.63
0701	SR 89 chloride, per mCi	H	.	.	.	.
0702	SM 153 leixidronam	H	.	.	.	.
0704	IN 111 Satumomab pendetide per dose	H	.	.	.	.
0705	Technetium TC99M tetrofosmin	H	.	.	.	.
0726	Dexrazoxane hcl injection	K	.	\$216.39	.	\$43.28
0728	Filgrastim injection	K	.	\$178.39	.	\$35.68
0730	Pamidronate disodium	K	.	\$58.42	.	\$11.68
0731	Sargramostim injection	K	.	\$21.11	.	\$4.22
0732	Mesna injection	K	.	\$13.68	.	\$2.74
0733	Non esrd epoetin alpha inj	K	.	\$9.99	.	\$2.00

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0734	Injection, darbepoetin alfa (for non-ESRD)	K	.	\$3.28	.	\$0.66
0735	Ampho b cholesteryl sulfate	K	.	\$12.24	.	\$2.45
0736	Amphotericin b liposome inj	K	.	\$21.91	.	\$4.38
0737	Ammonia N-13, per dose	H	.	.	.	.
0738	Rasburicase	G	.	\$109.18	.	\$21.84
0750	Dolasetron mesylate	K	.	\$6.55	.	\$1.31
0763	Dolasetron mesylate oral	K	.	\$48.54	.	\$9.71
0764	Granisetron HCl injection	K	.	\$7.24	.	\$1.45
0765	Granisetron HCl oral	K	.	\$33.51	.	\$6.70
0768	Ondansetron hcl injection	K	.	\$3.80	.	\$0.76
0769	Ondansetron hcl oral	K	.	\$32.02	.	\$6.40
0800	Leuprolide acetate	K	.	\$441.78	.	\$88.36
0802	Etoposide oral	K	.	\$41.12	.	\$8.22
0807	Aldesleukin/single use vial	K	.	\$701.76	.	\$140.35
0809	Bcg live intravesical vac	K	.	\$121.74	.	\$24.35
0810	Goserelin acetate implant	K	.	\$196.25	.	\$39.25
0811	Carboplatin injection	K	.	\$77.16	.	\$15.43
0812	Carmus bischl nitro inj	K	.	\$141.29	.	\$28.26
0814	Asparaginase injection	K	.	\$55.42	.	\$11.08
0819	Dacarbazine inj	K	.	\$6.20	.	\$1.24
0820	Daunorubicin	K	.	\$35.28	.	\$7.06
0821	Daunorubicin citrate liposom	K	.	\$57.56	.	\$11.51
0823	Docetaxel	K	.	\$301.17	.	\$60.23
0827	Floxuridine injection	K	.	\$60.17	.	\$12.03
0828	Gemcitabine HCL	K	.	\$117.45	.	\$23.49
0830	Irinotecan injection	K	.	\$129.08	.	\$25.82
0831	Ifosfomide injection	K	.	\$53.54	.	\$10.71
0832	Idarubicin hcl injection	K	.	\$314.00	.	\$62.80
0834	Interferon alfa-2a inj	K	.	\$31.75	.	\$6.35
0835	Inj cosyntropin	K	.	\$69.27	.	\$13.85
0836	Interferon alfa-2b inj recombinant, 1 million	K	.	\$13.22	.	\$2.64
0838	Interferon gamma 1-b inj	K	.	\$277.79	.	\$55.56
0840	Melphalan hydrochl	K	.	\$523.22	.	\$104.64
0842	Fludarabine phosphate inj	K	.	\$262.41	.	\$52.48
0843	Pegaspargase	K	.	\$1,528.80	.	\$305.76
0844	Pentostatin injection	K	.	\$1,868.91	.	\$373.78
0849	Rituximab	K	.	\$447.97	.	\$89.59
0850	Streptozocin injection	K	.	\$153.33	.	\$30.67
0851	Thiotepa injection	K	.	\$44.55	.	\$8.91
0852	Topotecan	K	.	\$755.51	.	\$151.10
0855	Vinorelbine tartrate	K	.	\$62.85	.	\$12.57
0856	Porfimer sodium	K	.	\$2,457.97	.	\$491.59
0857	Bleomycin sulfate injection	K	.	\$54.18	.	\$10.84
0858	Cladribine	K	.	\$39.37	.	\$7.87
0860	Plicamycin (mithramycin) inj	K	.	\$80.54	.	\$16.11
0861	Leuprolide acetate injection	K	.	\$10.96	.	\$2.19
0862	Mitomycin	K	.	\$26.36	.	\$5.27
0863	Paclitaxel injection	K	.	\$19.11	.	\$3.82
0864	Mitoxantrone hcl	K	.	\$329.69	.	\$65.94
0865	Interferon alfa-n3 inj, human leukocyte derived, 2	K	.	\$8.77	.	\$1.75
0868	Oral aprepitant	G	.	\$4.75	.	\$0.95
0869	IVIG lyophil 1g	K	.	\$39.46	.	\$7.89
0870	IVIG lyophil 10 mg	K	.	\$0.40	.	\$0.08
0871	IVIG non-lyophil 1g	K	.	\$57.26	.	\$11.45
0872	IVIG non-lyophil 10 mg	K	.	\$0.57	.	\$0.11
0876	Caffeine citrate injection	K	.	\$3.34	.	\$0.67
0880	Penicillin g benzathine inj	K	.	\$72.26	.	\$14.45
0884	Rho d immune globulin inj	K	.	\$113.91	.	\$22.78
0887	Azathioprine parenteral	K	.	\$47.40	.	\$9.48
0888	Cyclosporine oral	K	.	\$3.94	.	\$0.79
0890	Lymphocyte immune globulin	K	.	\$290.30	.	\$58.06
0891	Tacrolimus oral	K	.	\$3.37	.	\$0.67
0892	Edetate calcium disodium inj	K	.	\$40.34	.	\$8.07

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0893	Calcitonin salmon injection	K	.	\$35.68	.	\$7.14
0895	Deferoxamine mesylate inj	K	.	\$14.91	.	\$2.98
0900	Alglucerase injection	K	.	\$39.94	.	\$7.99
0901	Alpha 1 proteinase inhibitor	K	.	\$3.30	.	\$0.66
0902	Botulinum toxin a, per unit	K	.	\$4.80	.	\$0.96
0903	Cytomegalovirus imm IV/vial	K	.	\$683.07	.	\$136.61
0906	RSV-ivig	K	.	\$15.56	.	\$3.11
0910	Interferon beta-1b	K	.	\$81.95	.	\$16.39
0911	Streptokinase	K	.	\$83.36	.	\$16.67
0912	Interferon alfacon-1	K	.	\$3.91	.	\$0.78
0913	Ganciclovir long act implant	K	.	\$4,318.68	.	\$863.74
0916	Injection imiglucerase /unit	K	.	\$3.98	.	\$0.80
0917	Adenosine injection	K	.	\$71.53	.	\$14.31
0925	Factor viii	K	.	\$0.51	.	\$0.10
0926	Factor VIII (porcine)	K	.	\$1.75	.	\$0.35
0927	Factor viii recombinant	K	.	\$0.94	.	\$0.19
0928	Factor ix complex	K	.	\$0.52	.	\$0.10
0929	Anti-inhibitor per iu	K	.	\$1.12	.	\$0.22
0931	Factor IX non-recombinant	K	.	\$0.75	.	\$0.15
0932	Factor IX recombinant	K	.	\$0.86	.	\$0.17
0935	Clonidine hydrochloride	K	.	\$57.47	.	\$11.49
0949	Plasma, Pooled Multiple Donor, Solvent/Detergent T	K	1.1956	\$70.95	.	\$14.19
0950	Blood (Whole) For Transfusion	K	2.0123	\$119.42	.	\$23.88
0952	Cryoprecipitate	K	0.7395	\$43.88	.	\$8.78
0954	RBC leukocytes reduced	K	2.7370	\$162.42	.	\$32.48
0955	Plasma, Fresh Frozen	K	1.2934	\$76.75	.	\$15.35
0956	Plasma Protein Fraction	K	1.1226	\$66.62	.	\$13.32
0957	Platelet Concentrate	K	0.8317	\$49.36	.	\$9.87
0958	Platelet Rich Plasma	K	5.1815	\$307.49	.	\$61.50
0959	Red Blood Cells	K	2.0301	\$120.47	.	\$24.09
0960	Washed Red Blood Cells	K	2.9707	\$176.29	.	\$35.26
0961	Infusion, Albumin (Human) 5%, 50 ml	K	0.5119	\$30.38	.	\$6.08
0963	Albumin (human), 5%	K	1.3869	\$82.30	.	\$16.46
0964	Albumin (human), 25%	K	0.4878	\$28.95	.	\$5.79
0965	Albumin (human), 25%	K	1.1117	\$65.97	.	\$13.19
0966	Plasmaprotein fract,5%	K	4.9564	\$294.13	.	\$58.83
0967	Split unit of blood	K	1.2698	\$75.35	.	\$15.07
0968	Platelets leukocyte reduced irradiated	K	2.3639	\$140.28	.	\$28.06
0969	Red blood cell leukocyte reduced irradiated	K	3.6451	\$216.31	.	\$43.26
1009	Cryoprecip reduced plasma	K	1.3062	\$77.51	.	\$15.50
1010	Blood, L/R, CMV-neg	K	2.9692	\$176.20	.	\$35.24
1011	Platelets, HLA-m, L/R, unit	K	10.9690	\$650.93	.	\$130.19
1013	Platelet concentrate, L/R, unit	K	1.6023	\$95.09	.	\$19.02
1016	Blood, L/R, froz/deglycerol/washed	K	5.2631	\$312.33	.	\$62.47
1017	Platelets, aph/pher, L/R, CMV-neg, unit	K	8.5998	\$510.34	.	\$102.07
1018	Blood, L/R, irradiated	K	2.8004	\$166.18	.	\$33.24
1019	Platelets, aph/pher, L/R, irradiated, unit	K	9.5131	\$564.54	.	\$112.91
1020	Pit, pher,L/R,CMV,irrad	K	10.1551	\$602.63	.	\$120.53
1021	RBC, frz/deg/wsh, L/R, irrad	K	4.8787	\$289.52	.	\$57.90
1022	RBC, L/R, CMV neg, irrad	K	4.2901	\$254.59	.	\$50.92
1045	Iobenguane sulfate I-131	H	.	.	.	.
1052	Injection, Voriconazole	K	.	\$4.63	.	\$0.93
1064	I-131 sodium iodide capsule	H	.	.	.	.
1065	I-131 sodium iodide solution	H	.	.	.	.
1080	I-131 tositumomab, dx	H	.	.	.	.
1081	I-131 tositumomab, tx	H	.	.	.	.
1082	Treprostinil	K	.	\$55.02	.	\$11.00
1083	Injection, Adalimumab	K	.	\$300.10	.	\$60.02
1084	Denileukin diftitox	K	.	\$1,235.33	.	\$247.07
1085	Injection, Gallium Nitrate	K	.	\$1.30	.	\$0.26
1086	Temozolomide,oral	K	.	\$7.28	.	\$1.46
1088	Dx I131 so iodide cap millic	H	.	.	.	.
1091	IN 111 Oxyquinoline	H	.	.	.	.

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1092	IN 111 Pentetate	H	.	.	.	.
1093	TC99M fanolesomab	H	.	.	.	.
1096	TC 99M Exametazime, per dose	H	.	.	.	.
1150	Th I131 so iodide sol millic	H	.	.	.	.
1166	Cytarabine liposome	K	.	\$366.43	.	\$73.29
1167	Epirubicin hcl	K	.	\$25.15	.	\$5.03
1178	Busulfan IV	K	0.2851	\$16.92	.	\$3.38
1201	TC 99M SUCCIMER, PER Vial	H	.	.	.	.
1203	Verteporfin for injection	K	.	\$9.16	.	\$1.83
1207	Octreotide injection, depot	K	.	\$87.40	.	\$17.48
1210	Inj dihydroergotamine mesylt	K	.	\$27.82	.	\$5.56
1280	Corticotropin injection	K	.	\$95.44	.	\$19.09
1305	Apligraf	K	12.9222	\$766.84	.	\$153.37
1330	Ergonovine maleate injection	K	0.5263	\$31.23	.	\$6.25
1409	Factor viia recombinant	K	.	\$1,080.11	.	\$216.02
1436	Etidronate disodium inj	K	.	\$68.69	.	\$13.74
1491	New Technology - Level I (\$0-\$10)	S	.	\$5.00	.	\$1.00
1492	New Technology - Level I (\$10-\$20)	S	.	\$15.00	.	\$3.00
1493	New Technology - Level I (\$20-\$30)	S	.	\$25.00	.	\$5.00
1494	New Technology - Level I (\$30-\$40)	S	.	\$35.00	.	\$7.00
1495	New Technology - Level I (\$40-\$50)	S	.	\$45.00	.	\$9.00
1496	New Technology - Level I (\$0-\$10)	T	.	\$5.00	.	\$1.00
1497	New Technology - Level I (\$10-\$20)	T	.	\$15.00	.	\$3.00
1498	New Technology - Level I (\$20-\$30)	T	.	\$25.00	.	\$5.00
1499	New Technology - Level I (\$30-\$40)	T	.	\$35.00	.	\$7.00
1500	New Technology - Level I (\$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 XIV (\$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
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

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
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-\$9000)	T	.	\$8,750.00	.	\$1,750.00
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
1600	Technetium TC 99m sestamibi	H	.	.	.	.
1603	Thallous chloride TL 201	H	.	.	.	.
1604	IN 111 capromab pendetide, per dose	H	.	.	.	.
1605	Abciximab injection	K	.	\$450.60	.	\$90.12
1607	Eptifibatide injection	K	.	\$12.73	.	\$2.55
1608	Etanercept injection	K	.	\$152.11	.	\$30.42
1609	Rho(D) immune globulin h, sd	K	.	\$12.04	.	\$2.41
1611	Hylan G-F 20 injection	K	.	\$203.15	.	\$40.63
1612	Daclizumab, parenteral	K	.	\$381.48	.	\$76.30
1613	Trastuzumab	K	.	\$53.98	.	\$10.80
1615	Basiliximab	K	.	\$1,473.57	.	\$294.71
1618	Vonwillebrandfactrcmplx, per iu	K	.	\$0.74	.	\$0.15
1619	Gallium ga 67	H	.	.	.	.
1620	Technetium tc99m biccisate	H	.	.	.	.
1622	Technetium tc99m mertiatide	H	.	.	.	.
1624	Sodium phosphate p32	H	.	.	.	.
1625	Indium 111-in pentetreotide	H	.	.	.	.
1628	Chromic phosphate p32	H	.	.	.	.
1655	Tinzaparin sodium injection	K	.	\$2.53	.	\$0.51
1670	Tetanus immune globulin inj	K	.	\$76.90	.	\$15.38
1716	Brachytx source, Gold 198	H	.	.	.	.
1717	Brachytx source, HDR Ir-192	H	.	.	.	.
1718	Brachytx source, Iodine 125	H	.	.	.	.
1719	Brachytx sour,Non-HDR Ir-192	H	.	.	.	.
1720	Brachytx sour, Palladium 103	H	.	.	.	.
1740	Diazoxide injection	K	.	\$113.86	.	\$22.77
1775	FDG, per dose (4-40 mCi/ml)	H	.	.	.	.
2210	Methyldopate hcl injection	K	.	\$9.58	.	\$1.92

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
2616	Brachytx source, Yttrium-90	H	.	.	.	.
2632	Brachytx sol, I-125, per mCi	H	.	.	.	.
2633	Brachytx source, Cesium-131	H	.	.	.	.
2634	Brachytx source, HA, I-125	H	.	.	.	.
2635	Brachytx source, HA, P-103	H	.	.	.	.
2636	Brachytx linear source, P-103	H	.	.	.	.
2730	Pralidoxime chloride inj	K	.	\$76.68	.	\$15.34
2770	Quinupristin/dalfopristin	K	.	\$105.48	.	\$21.10
2940	Somatrem injection	K	.	\$43.14	.	\$8.63
3030	Sumatriptan succinate	K	.	\$51.03	.	\$10.21
7000	Amifostine	K	.	\$436.01	.	\$87.20
7005	Gonadorelin hydroch	K	.	\$173.44	.	\$34.69
7011	Oprelvekin injection	K	.	\$249.06	.	\$49.81
7015	Busulfan, oral	K	.	\$1.98	.	\$0.40
7019	Aprotinin	K	.	\$2.20	.	\$0.44
7024	Corticorelin ovine triflutat	K	.	\$386.53	.	\$77.31
7025	Digoxin immune FAB (ovine)	K	.	\$552.18	.	\$110.44
7026	Ethanolamine oleate	K	.	\$64.53	.	\$12.91
7027	Fomepizole	K	.	\$12.31	.	\$2.46
7028	Fosphenytoin	K	.	\$5.19	.	\$1.04
7030	Hemin	K	.	\$6.51	.	\$1.30
7034	Somatropin injection	K	.	\$42.93	.	\$8.59
7035	Teniposide	K	.	\$266.23	.	\$53.25
7036	Urokinase inj	K	.	\$415.69	.	\$83.14
7037	Urofollitropin	K	.	\$44.74	.	\$8.95
7038	Monoclonal antibodies	K	.	\$885.36	.	\$177.07
7040	Pentastarch 10% solution	K	.	\$12.45	.	\$2.49
7041	Tirofiban hcl	K	.	\$7.89	.	\$1.58
7042	Capecitabine, oral	K	.	\$3.30	.	\$0.66
7043	Infliximab injection	K	.	\$54.20	.	\$10.84
7045	Trimetrexate glucoronate	K	.	\$139.85	.	\$27.97
7046	Doxorubicin hcl liposome inj	K	.	\$365.64	.	\$73.13
7048	Alteplase recombinant	K	.	\$30.65	.	\$6.13
7049	Filgrastim injection	K	.	\$282.29	.	\$56.46
7051	Leuprolide acetate implant	K	.	\$2,262.19	.	\$452.44
7308	Aminolevulinic acid hcl top	K	.	\$96.79	.	\$19.36
7316	Sodium hyaluronate injection	K	.	\$110.65	.	\$22.13
7515	Cyclosporine oral	K	.	\$1.00	.	\$0.20
9001	Linezolid injection	K	.	\$24.15	.	\$4.83
9002	Tenecteplase	K	.	\$2,052.77	.	\$410.55
9003	Palivizumab	K	4.1491	\$246.22	.	\$49.24
9004	Gemtuzumab ozogamicin	K	.	\$2,245.04	.	\$449.01
9005	Reteplase injection	K	.	\$898.81	.	\$179.76
9006	Tacrolimus injection	K	.	\$126.61	.	\$25.32
9008	Baclofen Refill Kit-500mcg	K	0.2447	\$14.52	.	\$2.90
9009	Baclofen refill kit - per 2000 mcg	K	0.7209	\$42.78	.	\$8.56
9012	Arsenic Trioxide	K	.	\$33.76	.	\$6.75
9015	Mycophenolate mofetil oral	K	.	\$2.50	.	\$0.50
9018	Botulinum toxin B	K	.	\$7.89	.	\$1.58
9019	Caspofungin acetate	K	.	\$32.35	.	\$6.47
9020	Sirolimus tablet	K	.	\$6.85	.	\$1.37
9022	IM inj interferon beta 1-a	K	.	\$89.10	.	\$17.82
9023	Rho d immune globulin	K	.	\$25.08	.	\$5.02
9024	Amphotericin b lipid complex	K	.	\$11.95	.	\$2.39
9025	Rubidium-Rb-82	H	.	.	.	.
9030	Amphotericin B	K	.	\$30.70	.	\$6.14
9031	Arbutamine HCl injection	K	.	\$163.15	.	\$32.63
9032	Baclofen 10 MG injection	K	.	\$188.01	.	\$37.60
9033	Cidofovir injection	K	.	\$782.98	.	\$156.60
9038	Inj estrogen conjugate	K	.	\$57.77	.	\$11.55
9040	Intraocular Fomivirsen na	K	.	\$203.93	.	\$40.79
9042	Glucagon hydrochloride	K	.	\$62.16	.	\$12.43
9044	Ibutilide fumarate injection	K	.	\$243.34	.	\$48.67

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
9045	Iron dextran	K	.	\$11.43	.	\$2.29
9046	Iron sucrose injection	K	.	\$0.38	.	\$0.08
9047	Itraconazole injection	K	.	\$36.93	.	\$7.39
9051	Urea injection	K	1.0454	\$62.04	.	\$12.41
9054	Metabolically active tissue	K	.	\$15.69	.	\$3.14
9055	Injectable human tissue	K	.	\$3.54	.	\$0.71
9057	Lepirudin	K	.	\$128.17	.	\$25.63
9100	Iodinated I-131 serumalbumin, per 5uci	H	.	.	.	.
9104	Anti-thymocyte globulin rabbit	K	.	\$299.47	.	\$59.89
9105	Hep B imm glob	K	1.8813	\$111.64	.	\$22.33
9108	Thyrotropin alfa	K	.	\$712.58	.	\$142.52
9110	Alemtuzumab injection	K	.	\$516.87	.	\$103.37
9112	Inj Perflutren lipid micros, ml	K	.	\$63.51	.	\$12.70
9114	Nesiritide	K	.	\$75.19	.	\$15.04
9115	Inj, zoledronic acid	K	.	\$202.41	.	\$40.48
9117	Yttrium 90 ibritumomab tiuxetan	H	.	.	.	.
9118	In-111 ibritumomab tiuxetan	H	.	.	.	.
9119	Pegfilgrastim	K	.	\$2,178.28	.	\$435.66
9120	Inj, Fulvestrant	K	.	\$82.90	.	\$16.58
9121	Inj, Argatroban	K	0.1897	\$11.26	.	\$2.25
9122	Triptorelin pamoate	K	.	\$369.98	.	\$74.00
9123	Transcyte	K	.	\$719.41	.	\$143.88
9124	Injection, daptomycin	G	.	\$0.30	.	\$0.06
9125	Risperidone, long acting	G	.	\$4.71	.	\$0.94
9126	Injection, natalizumab	G	.	\$6.51	.	\$1.30
9127	Paclitaxel protein pr	K	.	\$8.59	.	\$1.72
9128	Inj pegaptanib sodium	K	.	\$1,074.27	.	\$214.85
9130	Na chromateCr51, per 0.25mCi	H	.	.	.	.
9132	51 Na Chromate, 50mCi	H	.	.	.	.
9133	Rabies ig, im/sc	K	.	\$64.56	.	\$12.91
9134	Rabies ig, heat treated	K	.	\$69.79	.	\$13.96
9135	Varicella-zoster ig, im	K	.	\$96.58	.	\$19.32
9136	Adenovirus vaccine, type 4	K	0.9499	\$56.37	.	\$11.27
9137	Bcg vaccine, percut	K	.	\$124.54	.	\$24.91
9138	Hep a/hep b vacc, adult im	K	0.9674	\$57.41	.	\$11.48
9139	Rabies vaccine, im	K	.	\$128.04	.	\$25.61
9140	Rabies vaccine, id	K	1.4959	\$88.77	.	\$17.75
9141	Measles-rubella vaccine, sc	K	0.9467	\$56.18	.	\$11.24
9142	Chicken pox vaccine, sc	K	.	\$64.29	.	\$12.86
9143	Meningococcal vaccine, sc	K	.	\$56.75	.	\$11.35
9144	Encephalitis vaccine, sc	K	.	\$67.73	.	\$13.55
9145	Meningococcal vaccine, im	K	0.8948	\$53.10	.	\$10.62
9146	Technetium TC99m Disofenin	H	.	.	.	.
9147	Technetium TC 99M Depreotide	H	.	.	.	.
9148	I-123 sodium iodide capsule	H	.	.	.	.
9149	Dx I131 so iodide microcurie	H	.	.	.	.
9150	I-125 serum albumin micro	H	.	.	.	.
9151	Tc 99M ARCITUMOMAB PER VIAL	H	.	.	.	.
9152	Baclofen Intrathecal kit-lam	K	0.8562	\$50.81	.	\$10.16
9153	Na Iothalamate I-125, 10 uCi	H	.	.	.	.
9154	Technetium tc99m gluceptate	H	.	.	.	.
9155	Technetium tc99mlabeledrbcs	H	.	.	.	.
9156	Nonmetabolic active tissue	K	.	\$53.76	.	\$10.75
9157	LOCM <=149 mg/ml iodine	K	.	\$0.51	.	\$0.10
9158	LOCM 150-199mg/ml iodine	K	.	\$2.00	.	\$0.40
9159	LOCM 200-249mg/ml iodine	K	.	\$0.78	.	\$0.16
9160	LOCM 250-299mg/ml iodine	K	.	\$0.66	.	\$0.13
9161	LOCM 300-349mg/ml iodine	K	.	\$0.41	.	\$0.08
9162	LOCM 350-399mg/ml iodine	K	.	\$0.27	.	\$0.05
9163	LOCM >= 400 mg/ml iodine	K	.	\$0.20	.	\$0.04
9164	Inj Gad-base MR contrast	K	.	\$3.01	.	\$0.60
9165	Oral MR contrast	K	.	\$9.01	.	\$1.80
9166	Dyphylline injection	K	.	\$7.74	.	\$1.55

ADDENDUM A. – LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2006 - CONTINUED

APC	Group Title	SI	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
9167	Valrubicin	K	.	\$376.87	.	\$75.37
9168	Pegademase bovine	K	.	\$161.16	.	\$32.23
9169	Anthrax vaccine, sc	K	.	\$128.95	.	\$25.79
9200	Orcel	K	2.6893	\$159.59	.	\$31.92
9201	Dermagraft	K	6.2066	\$368.32	.	\$73.66
9202	Inj Octafluoropropane mic,ml	K	.	\$41.42	.	\$8.28
9203	Inj Perflexane lipid micros, ml	K	.	\$13.49	.	\$2.70
9205	Oxaliplatin	K	.	\$84.06	.	\$16.81
9206	Integra	K	.	\$9.23	.	\$1.85
9207	Injection, bortezomib	K	.	\$28.90	.	\$5.78
9208	Injection, agalsidase beta	K	.	\$123.35	.	\$24.67
9209	Injection, laronidase	K	.	\$23.16	.	\$4.63
9210	Injection, palonosetron HCL	K	.	\$18.42	.	\$3.68
9211	Inj, alefacept, IV	K	.	\$571.01	.	\$114.20
9212	Inj, alefacept, IM	K	.	\$402.00	.	\$80.40
9213	Injection, Pemetrexed	G	.	\$41.29	.	\$8.26
9214	Injection, Bevacizumab	G	.	\$58.17	.	\$11.63
9215	Injection, Cetuximab	G	.	\$50.59	.	\$10.12
9216	Abarelrix Injection	G	.	\$66.96	.	\$13.39
9217	Leuprolide acetate suspnsion	K	.	\$230.87	.	\$46.17
9218	Injection, Azacitidine	K	.	\$4.03	.	\$0.81
9219	Mycophenolic Acid	G	.	\$2.47	.	\$0.49
9220	Sodium hyaluronate	G	.	\$203.84	.	\$40.77
9221	Graftjacket Reg Matrix	G	.	\$1,234.36	.	\$246.87
9222	Graftjacket SftTis	G	.	\$890.74	.	\$178.15
9300	Injection, Omalizumab	G	.	\$15.98	.	\$3.20
9500	Platelets, irradiated	K	1.3589	\$80.64	.	\$16.13
9501	Platelets, pheresis, leukocytes reduced	K	8.1495	\$483.62	.	\$96.72
9502	Platelet pheresis irradiated	K	5.1895	\$307.96	.	\$61.59
9503	Fresh frozen plasma, ea unit	K	1.6241	\$96.38	.	\$19.28
9504	RBC deglycerolized	K	6.4314	\$381.66	.	\$76.33
9505	RBC irradiated	K	2.3876	\$141.69	.	\$28.34
9506	Granulocytes, pheresis	K	15.6155	\$926.67	.	\$185.33
9507	Platelets, pheresis	K	6.8988	\$409.40	.	\$81.88
9508	Plasma, frozen w/in 8 hours	K	1.2038	\$71.44	.	\$14.29

6. On pages 42776-42965, Addendum B is corrected to read as follows:

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0003T	S	.	Cervicography	1492	.	\$15.00	.	\$3.00
0008T	T	.	Upper gi endoscopy w/suture	0422	22.9647	\$1,362.79	\$448.81	\$272.56
00100	N	.	Anesth, salivary gland	.	.	.	.	.
00102	N	.	Anesth, repair of cleft lip	.	.	.	.	.
00103	N	.	Anesth, blepharoplasty	.	.	.	.	.
00104	N	.	Anesth, electroshock	.	.	.	.	.
0010T	A	.	Tb test, gamma interferon	.	.	.	.	.
00120	N	.	Anesth, ear surgery	.	.	.	.	.
00124	N	.	Anesth, ear exam	.	.	.	.	.
00126	N	.	Anesth, tympanotomy	.	.	.	.	.
00140	N	.	Anesth, procedures on eye	.	.	.	.	.
00142	N	.	Anesth, lens surgery	.	.	.	.	.
00144	N	.	Anesth, corneal transplant	.	.	.	.	.
00145	N	.	Anesth, vitreoretinal surg	.	.	.	.	.
00147	N	.	Anesth, iridectomy	.	.	.	.	.
00148	N	.	Anesth, eye exam	.	.	.	.	.
00160	N	.	Anesth, nose/sinus surgery	.	.	.	.	.
00162	N	.	Anesth, nose/sinus surgery	.	.	.	.	.
00164	N	.	Anesth, biopsy of nose	.	.	.	.	.
0016T	T	.	Thermotx choroid vasc lesion	0235	4.6593	\$276.50	\$67.40	\$55.30
00170	N	.	Anesth, procedure on mouth	.	.	.	.	.
00172	N	.	Anesth, cleft palate repair	.	.	.	.	.
00174	N	.	Anesth, pharyngeal surgery	.	.	.	.	.
00176	C	.	Anesth, pharyngeal surgery	.	.	.	.	.
0017T	E	.	Photocoagulat macular drusen	.	.	.	.	.
0018T	S	.	Transcranial magnetic stimul	0215	0.6115	\$36.29	\$14.51	\$7.26
00190	N	.	Anesth, face/skull bone surg	.	.	.	.	.
00192	C	.	Anesth, facial bone surgery	.	.	.	.	.
0019T	E	.	Extracorp shock wave tx, ms	.	.	.	.	.
0020T	B	.	Extracorp shock wave tx, ft	.	.	.	.	.
00210	N	.	Anesth, open head surgery	.	.	.	.	.
00212	N	.	Anesth, skull drainage	.	.	.	.	.
00214	C	.	Anesth, skull drainage	.	.	.	.	.
00215	C	.	Anesth, skull repair/fract	.	.	.	.	.
00216	N	.	Anesth, head vessel surgery	.	.	.	.	.
00218	N	.	Anesth, special head surgery	.	.	.	.	.
0021T	C	.	Fetal oximetry, trnsvag/cerv	.	.	.	.	.
00220	N	.	Anesth, intrcrn nerve	.	.	.	.	.
00222	N	.	Anesth, head nerve surgery	.	.	.	.	.
0023T	A	.	Phenotype drug test, hiv 1	.	.	.	.	.
0024T	C	.	Transcath cardiac reduction	.	.	.	.	.
0026T	A	.	Measure remnant lipoproteins	.	.	.	.	.
0027T	T	.	Endoscopic epidural lysis	0220	17.3586	\$1,030.11	.	\$206.02
0028T	N	.	Dexa body composition study	.	.	.	.	.
0029T	A	.	Magnetic tx for incontinence	.	.	.	.	.
00300	N	.	Anesth, head/neck/ptrunk	.	.	.	.	.
0030T	A	.	Antiprothrombin antibody	.	.	.	.	.
0031T	N	.	Speculoscopy	.	.	.	.	.
00320	N	.	Anesth, neck organ, 1 & over	.	.	.	.	.
00322	N	.	Anesth, biopsy of thyroid	.	.	.	.	.
00326	N	.	Anesth, larynx/trach, < 1 yr	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0032T	N	.	Speculoscopy w/direct sample	.	.	.	.	.
0033T	C	.	Endovasc taa repr incl subcl	.	.	.	.	.
0034T	C	.	Endovasc taa repr w/o subcl	.	.	.	.	.
00350	N	.	Anesth, neck vessel surgery	.	.	.	.	.
00352	N	.	Anesth, neck vessel surgery	.	.	.	.	.
0035T	C	.	Insert endovasc prosth, taa	.	.	.	.	.
0036T	C	.	Endovasc prosth, taa, add-on	.	.	.	.	.
0037T	C	.	Artery transpose/endovas taa	.	.	.	.	.
0038T	C	.	Rad endovasc taa rpr w/cover	.	.	.	.	.
0039T	C	.	Rad s/i, endovasc taa repair	.	.	.	.	.
00400	N	.	Anesth, skin, ext/per/atrunk	.	.	.	.	.
00402	N	.	Anesth, surgery of breast	.	.	.	.	.
00404	C	.	Anesth, surgery of breast	.	.	.	.	.
00406	C	.	Anesth, surgery of breast	.	.	.	.	.
0040T	C	.	Rad s/i, endovasc taa prosth	.	.	.	.	.
00410	N	.	Anesth, correct heart rhythm	.	.	.	.	.
0041T	A	.	Detect ur infect agnt w/cpas	.	.	.	.	.
0042T	N	.	Ct perfusion w/contrast, cbf	.	.	.	.	.
0043T	A	.	Co expired gas analysis	.	.	.	.	.
0044T	N	.	Whole body photography	.	.	.	.	.
00450	N	.	Anesth, surgery of shoulder	.	.	.	.	.
00452	C	.	Anesth, surgery of shoulder	.	.	.	.	.
00454	N	.	Anesth, collar bone biopsy	.	.	.	.	.
0045T	N	.	Whole body photography	.	.	.	.	.
0046T	T	.	Cath lavage, mammary duct(s)	0021	14.9776	\$888.82	\$219.48	\$177.76
00470	N	.	Anesth, removal of rib	.	.	.	.	.
00472	N	.	Anesth, chest wall repair	.	.	.	.	.
00474	C	.	Anesth, surgery of rib(s)	.	.	.	.	.
0047T	T	.	Cath lavage, mammary duct(s)	0021	14.9776	\$888.82	\$219.48	\$177.76
0048T	C	.	Implant ventricular device	.	.	.	.	.
0049T	C	.	External circulation assist	.	.	.	.	.
00500	N	.	Anesth, esophageal surgery	.	.	.	.	.
0050T	C	.	Removal circulation assist	.	.	.	.	.
0051T	C	.	Implant total heart system	.	.	.	.	.
00520	N	.	Anesth, chest procedure	.	.	.	.	.
00522	N	.	Anesth, chest lining biopsy	.	.	.	.	.
00524	C	.	Anesth, chest drainage	.	.	.	.	.
00528	N	.	Anesth, chest partition view	.	.	.	.	.
00529	N	.	Anesth, chest partition view	.	.	.	.	.
0052T	C	.	Replace component heart syst	.	.	.	.	.
00530	N	.	Anesth, pacemaker insertion	.	.	.	.	.
00532	N	.	Anesth, vascular access	.	.	.	.	.
00534	N	.	Anesth, cardioverter/defib	.	.	.	.	.
00537	N	.	Anesth, cardiac electrophys	.	.	.	.	.
00539	N	.	Anesth, trach-bronch reconst	.	.	.	.	.
0053T	C	.	Replace component heart syst	.	.	.	.	.
00540	C	.	Anesth, chest surgery	.	.	.	.	.
00541	N	.	Anesth, one lung ventilation	.	.	.	.	.
00542	C	.	Anesth, release of lung	.	.	.	.	.
00546	C	.	Anesth, lung,chest wall surg	.	.	.	.	.
00548	N	.	Anesth, trachea,bronchi surg	.	.	.	.	.
0054T	B	.	Bone surgery using computer	.	.	.	.	.
00550	N	.	Anesth, sternal debridement	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0055T	B	.	Bone surgery using computer	.	.	.	.	.
00560	C	.	Anesth, open heart surgery	.	.	.	.	.
00561	C	.	Anesth, heart surg < age 1	.	.	.	.	.
00562	C	.	Anesth, open heart surgery	.	.	.	.	.
00563	N	.	Anesth, heart proc w/pump	.	.	.	.	.
00566	N	.	Anesth, cabg w/o pump	.	.	.	.	.
0056T	B	.	Bone surgery using computer	.	.	.	.	.
00580	C	.	Anesth, heart/lung transplnt	.	.	.	.	.
0058T	X	.	Cryopreservation, ovary tiss	0348	0.7927	\$47.04	.	\$9.41
0059T	X	.	Cryopreservation, oocyte	0348	0.7927	\$47.04	.	\$9.41
00600	N	.	Anesth, spine, cord surgery	.	.	.	.	.
00604	C	.	Anesth, sitting procedure	.	.	.	.	.
0060T	B	.	Electrical impedance scan	.	.	.	.	.
0061T	B	.	Destruction of tumor, breast	.	.	.	.	.
00620	N	.	Anesth, spine, cord surgery	.	.	.	.	.
00622	C	.	Anesth, removal of nerves	.	.	.	.	.
0062T	T	.	Rep intradisc annulus1 lev	0203	10.4015	\$617.26	\$246.90	\$123.45
00630	N	.	Anesth, spine, cord surgery	.	.	.	.	.
00632	C	.	Anesth, removal of nerves	.	.	.	.	.
00634	N	.	Anesth for chemonucleolysis	.	.	.	.	.
00635	N	.	Anesth, lumbar puncture	.	.	.	.	.
0063T	T	.	Rep intradisc annulus>1lev	0203	10.4015	\$617.26	\$246.90	\$123.45
00640	N	.	Anesth, spine manipulation	.	.	.	.	.
0064T	A	.	Spectroscop eval expired gas	.	.	.	.	.
0065T	A	.	Ocular photoscreen bilat	.	.	.	.	.
0066T	E	.	Ct colonography screen	.	.	.	.	.
00670	C	.	Anesth, spine, cord surgery	.	.	.	.	.
0067T*	S	.	Ct colonography dx	0333	5.2836	\$313.54	\$125.41	\$62.71
0068T	B	.	Interp/rept heart sound	.	.	.	.	.
0069T	N	.	Analysis only heart sound	.	.	.	.	.
00700	N	.	Anesth, abdominal wall surg	.	.	.	.	.
00702	N	.	Anesth, for liver biopsy	.	.	.	.	.
0070T	N	.	Interp only heart sound	.	.	.	.	.
0071T	T	.	U/s leiomyomata ablate <200	0193	14.5843	\$865.48	.	\$173.10
0072T	T	.	U/s leiomyomata ablate >200	0193	14.5843	\$865.48	.	\$173.10
00730	N	.	Anesth, abdominal wall surg	.	.	.	.	.
0073T	S	.	Delivery, comp imrt	0412	5.3643	\$318.33	.	\$63.67
00740	N	.	Anesth, upper gi visualize	.	.	.	.	.
0074T	E	.	Online physician e/m	.	.	.	.	.
00750	N	.	Anesth, repair of hernia	.	.	.	.	.
00752	N	.	Anesth, repair of hernia	.	.	.	.	.
00754	N	.	Anesth, repair of hernia	.	.	.	.	.
00756	N	.	Anesth, repair of hernia	.	.	.	.	.
0075T	C	.	Perq stent/chest vert art	.	.	.	.	.
0076T	C	.	S&i stent/chest vert art	.	.	.	.	.
00770	N	.	Anesth, blood vessel repair	.	.	.	.	.
0077T	C	.	Cereb therm perfusion probe	.	.	.	.	.
0078T	C	.	Endovasc aort repr w/device	.	.	.	.	.
00790	N	.	Anesth, surg upper abdomen	.	.	.	.	.
00792	C	.	Anesth, hemorr/excise liver	.	.	.	.	.
00794	C	.	Anesth, pancreas removal	.	.	.	.	.
00796	C	.	Anesth, for liver transplant	.	.	.	.	.
00797	N	.	Anesth, surgery for obesity	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0079T	C	.	Endovasc visc extnsn repr	.	.	.	.	.
00800	N	.	Anesth, abdominal wall surg	.	.	.	.	.
00802	C	.	Anesth, fat layer removal	.	.	.	.	.
0080T	C	.	Endovasc aort repr rad s&i	.	.	.	.	.
00810	N	.	Anesth, low intestine scope	.	.	.	.	.
0081T	C	.	Endovasc visc extnsn s&i	.	.	.	.	.
00820	N	.	Anesth, abdominal wall surg	.	.	.	.	.
0082T	B	.	Stereotactic rad delivery	.	.	.	.	.
00830	N	.	Anesth, repair of hernia	.	.	.	.	.
00832	N	.	Anesth, repair of hernia	.	.	.	.	.
00834	N	.	Anesth, hernia repair< 1 yr	.	.	.	.	.
00836	N	.	Anesth hernia repair preemie	.	.	.	.	.
0083T	N	.	Stereotactic rad tx mngmt	.	.	.	.	.
00840	N	.	Anesth, surg lower abdomen	.	.	.	.	.
00842	N	.	Anesth, amniocentesis	.	.	.	.	.
00844	C	.	Anesth, pelvis surgery	.	.	.	.	.
00846	C	.	Anesth, hysterectomy	.	.	.	.	.
00848	C	.	Anesth, pelvic organ surg	.	.	.	.	.
0084T	T	.	Temp prostate urethral stent	0164	1.1855	\$70.35	\$17.29	\$14.07
00851	N	.	Anesth, tubal ligation	.	.	.	.	.
0085T	X	.	Breath test heart reject	0340	0.6384	\$37.88	.	\$7.58
00860	N	.	Anesth, surgery of abdomen	.	.	.	.	.
00862	N	.	Anesth, kidney/ureter surg	.	.	.	.	.
00864	C	.	Anesth, removal of bladder	.	.	.	.	.
00865	C	.	Anesth, removal of prostate	.	.	.	.	.
00866	C	.	Anesth, removal of adrenal	.	.	.	.	.
00868	C	.	Anesth, kidney transplant	.	.	.	.	.
0086T	N	.	L ventricle fill pressure	.	.	.	.	.
00870	N	.	Anesth, bladder stone surg	.	.	.	.	.
00872	N	.	Anesth kidney stone destruct	.	.	.	.	.
00873	N	.	Anesth kidney stone destruct	.	.	.	.	.
0087T	X	.	Sperm eval hyaluronan	0348	0.7927	\$47.04	.	\$9.41
00880	N	.	Anesth, abdomen vessel surg	.	.	.	.	.
00882	C	.	Anesth, major vein ligation	.	.	.	.	.
0088T	T	.	Rf tongue base vol reduxn	0253	16.1357	\$957.54	\$282.29	\$191.51
00902	N	.	Anesth, anorectal surgery	.	.	.	.	.
00904	C	.	Anesth, perineal surgery	.	.	.	.	.
00906	N	.	Anesth, removal of vulva	.	.	.	.	.
00908	C	.	Anesth, removal of prostate	.	.	.	.	.
00910	N	.	Anesth, bladder surgery	.	.	.	.	.
00912	N	.	Anesth, bladder tumor surg	.	.	.	.	.
00914	N	.	Anesth, removal of prostate	.	.	.	.	.
00916	N	.	Anesth, bleeding control	.	.	.	.	.
00918	N	.	Anesth, stone removal	.	.	.	.	.
00920	N	.	Anesth, genitalia surgery	.	.	.	.	.
00921	N	.	Anesth, vasectomy	.	.	.	.	.
00922	N	.	Anesth, sperm duct surgery	.	.	.	.	.
00924	N	.	Anesth, testis exploration	.	.	.	.	.
00926	N	.	Anesth, removal of testis	.	.	.	.	.
00928	N	.	Anesth, removal of testis	.	.	.	.	.
00930	N	.	Anesth, testis suspension	.	.	.	.	.
00932	C	.	Anesth, amputation of penis	.	.	.	.	.
00934	C	.	Anesth, penis, nodes removal	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
00936	C	.	Anesth, penis, nodes removal	.	.	.	.	.
00938	N	.	Anesth, insert penis device	.	.	.	.	.
00940	N	.	Anesth, vaginal procedures	.	.	.	.	.
00942	N	.	Anesth, surg on vag/urethral	.	.	.	.	.
00944	C	.	Anesth, vaginal hysterectomy	.	.	.	.	.
00948	N	.	Anesth, repair of cervix	.	.	.	.	.
00950	N	.	Anesth, vaginal endoscopy	.	.	.	.	.
00952	N	.	Anesth, hysteroscope/graph	.	.	.	.	.
01112	N	.	Anesth, bone aspirate/bx	.	.	.	.	.
01120	N	.	Anesth, pelvis surgery	.	.	.	.	.
01130	N	.	Anesth, body cast procedure	.	.	.	.	.
01140	C	.	Anesth, amputation at pelvis	.	.	.	.	.
01150	C	.	Anesth, pelvic tumor surgery	.	.	.	.	.
01160	N	.	Anesth, pelvis procedure	.	.	.	.	.
01170	N	.	Anesth, pelvis surgery	.	.	.	.	.
01173	N	.	Anesth, fx repair, pelvis	.	.	.	.	.
01180	N	.	Anesth, pelvis nerve removal	.	.	.	.	.
01190	N	.	Anesth, pelvis nerve removal	.	.	.	.	.
01200	N	.	Anesth, hip joint procedure	.	.	.	.	.
01202	N	.	Anesth, arthroscopy of hip	.	.	.	.	.
01210	N	.	Anesth, hip joint surgery	.	.	.	.	.
01212	C	.	Anesth, hip disarticulation	.	.	.	.	.
01214	C	.	Anesth, hip arthroplasty	.	.	.	.	.
01215	N	.	Anesth, revise hip repair	.	.	.	.	.
01220	N	.	Anesth, procedure on femur	.	.	.	.	.
01230	N	.	Anesth, surgery of femur	.	.	.	.	.
01232	C	.	Anesth, amputation of femur	.	.	.	.	.
01234	C	.	Anesth, radical femur surg	.	.	.	.	.
01250	N	.	Anesth, upper leg surgery	.	.	.	.	.
01260	N	.	Anesth, upper leg veins surg	.	.	.	.	.
01270	N	.	Anesth, thigh arteries surg	.	.	.	.	.
01272	C	.	Anesth, femoral artery surg	.	.	.	.	.
01274	C	.	Anesth, femoral embolectomy	.	.	.	.	.
01320	N	.	Anesth, knee area surgery	.	.	.	.	.
01340	N	.	Anesth, knee area procedure	.	.	.	.	.
01360	N	.	Anesth, knee area surgery	.	.	.	.	.
01380	N	.	Anesth, knee joint procedure	.	.	.	.	.
01382	N	.	Anesth, dx knee arthroscopy	.	.	.	.	.
01390	N	.	Anesth, knee area procedure	.	.	.	.	.
01392	N	.	Anesth, knee area surgery	.	.	.	.	.
01400	N	.	Anesth, knee joint surgery	.	.	.	.	.
01402	C	.	Anesth, knee arthroplasty	.	.	.	.	.
01404	C	.	Anesth, amputation at knee	.	.	.	.	.
01420	N	.	Anesth, knee joint casting	.	.	.	.	.
01430	N	.	Anesth, knee veins surgery	.	.	.	.	.
01432	N	.	Anesth, knee vessel surg	.	.	.	.	.
01440	N	.	Anesth, knee arteries surg	.	.	.	.	.
01442	C	.	Anesth, knee artery surg	.	.	.	.	.
01444	C	.	Anesth, knee artery repair	.	.	.	.	.
01462	N	.	Anesth, lower leg procedure	.	.	.	.	.
01464	N	.	Anesth, ankle/ft arthroscopy	.	.	.	.	.
01470	N	.	Anesth, lower leg surgery	.	.	.	.	.
01472	N	.	Anesth, achilles tendon surg	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
01474	N	.	Anesth, lower leg surgery	.	.	.	.	.
01480	N	.	Anesth, lower leg bone surg	.	.	.	.	.
01482	N	.	Anesth, radical leg surgery	.	.	.	.	.
01484	N	.	Anesth, lower leg revision	.	.	.	.	.
01486	C	.	Anesth, ankle replacement	.	.	.	.	.
01490	N	.	Anesth, lower leg casting	.	.	.	.	.
01500	N	.	Anesth, leg arteries surg	.	.	.	.	.
01502	C	.	Anesth, lwr leg embolectomy	.	.	.	.	.
01520	N	.	Anesth, lower leg vein surg	.	.	.	.	.
01522	N	.	Anesth, lower leg vein surg	.	.	.	.	.
01610	N	.	Anesth, surgery of shoulder	.	.	.	.	.
01620	N	.	Anesth, shoulder procedure	.	.	.	.	.
01622	N	.	Anes dx shoulder arthroscopy	.	.	.	.	.
01630	N	.	Anesth, surgery of shoulder	.	.	.	.	.
01632	C	.	Anesth, surgery of shoulder	.	.	.	.	.
01634	C	.	Anesth, shoulder joint amput	.	.	.	.	.
01636	C	.	Anesth, forequarter amput	.	.	.	.	.
01638	C	.	Anesth, shoulder replacement	.	.	.	.	.
01650	N	.	Anesth, shoulder artery surg	.	.	.	.	.
01652	C	.	Anesth, shoulder vessel surg	.	.	.	.	.
01654	C	.	Anesth, shoulder vessel surg	.	.	.	.	.
01656	C	.	Anesth, arm-leg vessel surg	.	.	.	.	.
01670	N	.	Anesth, shoulder vein surg	.	.	.	.	.
01680	N	.	Anesth, shoulder casting	.	.	.	.	.
01682	N	.	Anesth, airplane cast	.	.	.	.	.
01710	N	.	Anesth, elbow area surgery	.	.	.	.	.
01712	N	.	Anesth, uppr arm tendon surg	.	.	.	.	.
01714	N	.	Anesth, uppr arm tendon surg	.	.	.	.	.
01716	N	.	Anesth, biceps tendon repair	.	.	.	.	.
01730	N	.	Anesth, uppr arm procedure	.	.	.	.	.
01732	N	.	Anesth, dx elbow arthroscopy	.	.	.	.	.
01740	N	.	Anesth, upper arm surgery	.	.	.	.	.
01742	N	.	Anesth, humerus surgery	.	.	.	.	.
01744	N	.	Anesth, humerus repair	.	.	.	.	.
01756	C	.	Anesth, radical humerus surg	.	.	.	.	.
01758	N	.	Anesth, humeral lesion surg	.	.	.	.	.
01760	N	.	Anesth, elbow replacement	.	.	.	.	.
01770	N	.	Anesth, uppr arm artery surg	.	.	.	.	.
01772	N	.	Anesth, uppr arm embolectomy	.	.	.	.	.
01780	N	.	Anesth, upper arm vein surg	.	.	.	.	.
01782	N	.	Anesth, uppr arm vein repair	.	.	.	.	.
01810	N	.	Anesth, lower arm surgery	.	.	.	.	.
01820	N	.	Anesth, lower arm procedure	.	.	.	.	.
01829	N	.	Anesth, dx wrist arthroscopy	.	.	.	.	.
01830	N	.	Anesth, lower arm surgery	.	.	.	.	.
01832	N	.	Anesth, wrist replacement	.	.	.	.	.
01840	N	.	Anesth, lwr arm artery surg	.	.	.	.	.
01842	N	.	Anesth, lwr arm embolectomy	.	.	.	.	.
01844	N	.	Anesth, vascular shunt surg	.	.	.	.	.
01850	N	.	Anesth, lower arm vein surg	.	.	.	.	.
01852	N	.	Anesth, lwr arm vein repair	.	.	.	.	.
01860	N	.	Anesth, lower arm casting	.	.	.	.	.
01905	N	.	Anes, spine inject, x-ray/re	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
01916	N	.	Anesth, dx arteriography	.	.	.	.	.
01920	N	.	Anesth, catheterize heart	.	.	.	.	.
01922	N	.	Anesth, cat or MRI scan	.	.	.	.	.
01924	N	.	Anes, ther interven rad, art	.	.	.	.	.
01925	N	.	Anes, ther interven rad, car	.	.	.	.	.
01926	N	.	Anes, tx interv rad hrt/cran	.	.	.	.	.
01930	N	.	Anes, ther interven rad, vei	.	.	.	.	.
01931	N	.	Anes, ther interven rad, tip	.	.	.	.	.
01932	N	.	Anes, tx interv rad, th vein	.	.	.	.	.
01933	N	.	Anes, tx interv rad, cran v	.	.	.	.	.
01951	N	.	Anesth, burn, less 4 percent	.	.	.	.	.
01952	N	.	Anesth, burn, 4-9 percent	.	.	.	.	.
01953	N	.	Anesth, burn, each 9 percent	.	.	.	.	.
01958	N	.	Anesth, antepartum manipul	.	.	.	.	.
01960	N	.	Anesth, vaginal delivery	.	.	.	.	.
01961	N	.	Anesth, cs delivery	.	.	.	.	.
01962	N	.	Anesth, emer hysterectomy	.	.	.	.	.
01963	N	.	Anesth, cs hysterectomy	.	.	.	.	.
01964	N	.	Anesth, abortion procedures	.	.	.	.	.
01967	N	.	Anesth/analg, vag delivery	.	.	.	.	.
01968	N	.	Anes/analg cs deliver add-on	.	.	.	.	.
01969	N	.	Anesth/analg cs hyst add-on	.	.	.	.	.
01990	C	.	Support for organ donor	.	.	.	.	.
01991	N	.	Anesth, nerve block/inj	.	.	.	.	.
01992	N	.	Anesth, n block/inj, prone	.	.	.	.	.
01995	N	.	Regional anesthesia limb	.	.	.	.	.
01996	N	.	Hosp manage cont drug admin	.	.	.	.	.
01999	N	.	Unlisted anesth procedure	.	.	.	.	.
0500F	E	.	Initial prenatal care visit	.	.	.	.	.
0501F	E	.	Prenatal flow sheet	.	.	.	.	.
0502F	E	.	Subsequent prenatal care	.	.	.	.	.
0503F	E	.	Postpartum care visit	.	.	.	.	.
1000F	E	.	Tobacco use, smoking, assess	.	.	.	.	.
1001F	E	.	Tobacco use, non-smoking	.	.	.	.	.
10021	T	.	Fna w/o image	0002	0.9559	\$56.73	.	\$11.35
10022	T	.	Fna w/image	0036	2.1773	\$129.21	.	\$25.84
1002F	E	.	Assess anginal symptom/level	.	.	.	.	.
10040	T	.	Acne surgery	0010	0.5719	\$33.94	\$9.65	\$6.79
10060	T	.	Drainage of skin abscess	0006	1.55	\$91.98	\$22.28	\$18.40
10061	T	.	Drainage of skin abscess	0006	1.55	\$91.98	\$22.28	\$18.40
10080	T	.	Drainage of pilonidal cyst	0006	1.55	\$91.98	\$22.28	\$18.40
10081	T	.	Drainage of pilonidal cyst	0007	11.4501	\$679.48	.	\$135.90
10120	T	.	Remove foreign body	0006	1.55	\$91.98	\$22.28	\$18.40
10121	T	.	Remove foreign body	0021	14.9776	\$888.82	\$219.48	\$177.76
10140	T	.	Drainage of hematoma/fluid	0007	11.4501	\$679.48	.	\$135.90
10160	T	.	Puncture drainage of lesion	0018	1.1726	\$69.59	\$16.04	\$13.92
10180	T	.	Complex drainage, wound	0008	16.4989	\$979.09	.	\$195.82
11000	T	.	Debride infected skin	0015	1.6514	\$98.00	\$20.29	\$19.60
11001	T	.	Debride infected skin add-on	0012	0.8497	\$50.42	\$11.18	\$10.08
11004	C	.	Debride genitalia & perineum	.	.	.	.	.
11005	C	.	Debride abdom wall	.	.	.	.	.
11006	C	.	Debride genit/per/abdom wall	.	.	.	.	.
11008	C	.	Remove mesh from abd wall	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
11010	T	.	Debride skin, fx	0019	4.0547	\$240.62	\$71.87	\$48.12
11011	T	.	Debride skin/muscle, fx	0019	4.0547	\$240.62	\$71.87	\$48.12
11012	T	.	Debride skin/muscle/bone, fx	0019	4.0547	\$240.62	\$71.87	\$48.12
11040	T	.	Debride skin, partial	0015	1.6514	\$98.00	\$20.29	\$19.60
11041	T	.	Debride skin, full	0015	1.6514	\$98.00	\$20.29	\$19.60
11042	T	.	Debride skin/tissue	0016	2.5834	\$153.31	\$33.57	\$30.66
11043	T	.	Debride tissue/muscle	0016	2.5834	\$153.31	\$33.57	\$30.66
11044	T	.	Debride tissue/muscle/bone	0682	6.9107	\$410.10	\$162.42	\$82.02
11055	T	.	Trim skin lesion	0012	0.8497	\$50.42	\$11.18	\$10.08
11056	T	.	Trim skin lesions, 2 to 4	0012	0.8497	\$50.42	\$11.18	\$10.08
11057	T	.	Trim skin lesions, over 4	0013	1.1078	\$65.74	\$14.20	\$13.15
11100	T	.	Biopsy, skin lesion	0018	1.1726	\$69.59	\$16.04	\$13.92
11101	T	.	Biopsy, skin add-on	0018	1.1726	\$69.59	\$16.04	\$13.92
11200	T	.	Removal of skin tags	0013	1.1078	\$65.74	\$14.20	\$13.15
11201	T	.	Remove skin tags add-on	0015	1.6514	\$98.00	\$20.29	\$19.60
11300	T	.	Shave skin lesion	0012	0.8497	\$50.42	\$11.18	\$10.08
11301	T	.	Shave skin lesion	0012	0.8497	\$50.42	\$11.18	\$10.08
11302	T	.	Shave skin lesion	0013	1.1078	\$65.74	\$14.20	\$13.15
11303	T	.	Shave skin lesion	0015	1.6514	\$98.00	\$20.29	\$19.60
11305	T	.	Shave skin lesion	0013	1.1078	\$65.74	\$14.20	\$13.15
11306	T	.	Shave skin lesion	0013	1.1078	\$65.74	\$14.20	\$13.15
11307	T	.	Shave skin lesion	0013	1.1078	\$65.74	\$14.20	\$13.15
11308	T	.	Shave skin lesion	0013	1.1078	\$65.74	\$14.20	\$13.15
11310	T	.	Shave skin lesion	0013	1.1078	\$65.74	\$14.20	\$13.15
11311	T	.	Shave skin lesion	0013	1.1078	\$65.74	\$14.20	\$13.15
11312	T	.	Shave skin lesion	0013	1.1078	\$65.74	\$14.20	\$13.15
11313	T	.	Shave skin lesion	0016	2.5834	\$153.31	\$33.57	\$30.66
11400	T	.	Removal of skin lesion	0019	4.0547	\$240.62	\$71.87	\$48.12
11401	T	.	Removal of skin lesion	0019	4.0547	\$240.62	\$71.87	\$48.12
11402	T	.	Removal of skin lesion	0019	4.0547	\$240.62	\$71.87	\$48.12
11403	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11404	T	.	Removal of skin lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
11406	T	.	Removal of skin lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
11420	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11421	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11422	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11423	T	.	Removal of skin lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
11424	T	.	Removal of skin lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
11426	T	.	Removal of skin lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11440	T	.	Removal of skin lesion	0019	4.0547	\$240.62	\$71.87	\$48.12
11441	T	.	Removal of skin lesion	0019	4.0547	\$240.62	\$71.87	\$48.12
11442	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11443	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11444	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11446	T	.	Removal of skin lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11450	T	.	Removal, sweat gland lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11451	T	.	Removal, sweat gland lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11462	T	.	Removal, sweat gland lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11463	T	.	Removal, sweat gland lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11470	T	.	Removal, sweat gland lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11471	T	.	Removal, sweat gland lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11600	T	.	Removal of skin lesion	0019	4.0547	\$240.62	\$71.87	\$48.12
11601	T	.	Removal of skin lesion	0019	4.0547	\$240.62	\$71.87	\$48.12

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
11602	T	.	Removal of skin lesion	0019	4.0547	\$240.62	\$71.87	\$48.12
11603	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11604	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11606	T	.	Removal of skin lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
11620	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11621	T	.	Removal of skin lesion	0019	4.0547	\$240.62	\$71.87	\$48.12
11622	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11623	T	.	Removal of skin lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
11624	T	.	Removal of skin lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
11626	T	.	Removal of skin lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11640	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11641	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11642	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11643	T	.	Removal of skin lesion	0020	6.9433	\$412.04	\$107.40	\$82.41
11644	T	.	Removal of skin lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
11646	T	.	Removal of skin lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11719	T	.	Trim nail(s)	0009	0.668	\$39.64	\$8.34	\$7.93
11720	T	.	Debride nail, 1-5	0009	0.668	\$39.64	\$8.34	\$7.93
11721	T	.	Debride nail, 6 or more	0009	0.668	\$39.64	\$8.34	\$7.93
11730	T	.	Removal of nail plate	0013	1.1078	\$65.74	\$14.20	\$13.15
11732	T	.	Remove nail plate, add-on	0012	0.8497	\$50.42	\$11.18	\$10.08
11740	T	.	Drain blood from under nail	0009	0.668	\$39.64	\$8.34	\$7.93
11750	T	.	Removal of nail bed	0019	4.0547	\$240.62	\$71.87	\$48.12
11752	T	.	Remove nail bed/finger tip	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11755	T	.	Biopsy, nail unit	0019	4.0547	\$240.62	\$71.87	\$48.12
11760	T	.	Repair of nail bed	0024	1.6084	\$95.45	\$31.25	\$19.09
11762	T	.	Reconstruction of nail bed	0024	1.6084	\$95.45	\$31.25	\$19.09
11765	T	.	Excision of nail fold, toe	0015	1.6514	\$98.00	\$20.29	\$19.60
11770	T	.	Removal of pilonidal lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11771	T	.	Removal of pilonidal lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11772	T	.	Removal of pilonidal lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11900	T	.	Injection into skin lesions	0012	0.8497	\$50.42	\$11.18	\$10.08
11901	T	.	Added skin lesions injection	0012	0.8497	\$50.42	\$11.18	\$10.08
11920	T	.	Correct skin color defects	0024	1.6084	\$95.45	\$31.25	\$19.09
11921	T	.	Correct skin color defects	0024	1.6084	\$95.45	\$31.25	\$19.09
11922	T	.	Correct skin color defects	0024	1.6084	\$95.45	\$31.25	\$19.09
11950	T	.	Therapy for contour defects	0024	1.6084	\$95.45	\$31.25	\$19.09
11951	T	.	Therapy for contour defects	0024	1.6084	\$95.45	\$31.25	\$19.09
11952	T	.	Therapy for contour defects	0024	1.6084	\$95.45	\$31.25	\$19.09
11954	T	.	Therapy for contour defects	0024	1.6084	\$95.45	\$31.25	\$19.09
11960	T	.	Insert tissue expander(s)	0027	18.4182	\$1,092.99	\$329.72	\$218.60
11970	T	.	Replace tissue expander	0027	18.4182	\$1,092.99	\$329.72	\$218.60
11971	T	.	Remove tissue expander(s)	0022	19.6472	\$1,165.92	\$354.45	\$233.18
11975	E	.	Insert contraceptive cap	.	.	.	.	.
11976	T	.	Removal of contraceptive cap	0019	4.0547	\$240.62	\$71.87	\$48.12
11977	E	.	Removal/reinsert contra cap	.	.	.	.	.
11980	X	.	Implant hormone pellet(s)	0340	0.6384	\$37.88	.	\$7.58
11981	X	.	Insert drug implant device	0340	0.6384	\$37.88	.	\$7.58
11982	X	.	Remove drug implant device	0340	0.6384	\$37.88	.	\$7.58
11983	X	.	Remove/insert drug implant	0340	0.6384	\$37.88	.	\$7.58
12001	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12002	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12004	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
12005	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12006	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12007	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12011	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12013	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12014	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12015	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12016	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12017	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12018	T	.	Repair superficial wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12020	T	.	Closure of split wound	0024	1.6084	\$95.45	\$31.25	\$19.09
12021	T	.	Closure of split wound	0024	1.6084	\$95.45	\$31.25	\$19.09
12031	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12032	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12034	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12035	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12036	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12037	T	.	Layer closure of wound(s)	0025	5.4938	\$326.02	\$101.85	\$65.20
12041	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12042	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12044	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12045	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12046	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12047	T	.	Layer closure of wound(s)	0025	5.4938	\$326.02	\$101.85	\$65.20
12051	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12052	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12053	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12054	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12055	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12056	T	.	Layer closure of wound(s)	0024	1.6084	\$95.45	\$31.25	\$19.09
12057	T	.	Layer closure of wound(s)	0025	5.4938	\$326.02	\$101.85	\$65.20
13100	T	.	Repair of wound or lesion	0025	5.4938	\$326.02	\$101.85	\$65.20
13101	T	.	Repair of wound or lesion	0025	5.4938	\$326.02	\$101.85	\$65.20
13102	T	.	Repair wound/lesion add-on	0024	1.6084	\$95.45	\$31.25	\$19.09
13120	T	.	Repair of wound or lesion	0024	1.6084	\$95.45	\$31.25	\$19.09
13121	T	.	Repair of wound or lesion	0024	1.6084	\$95.45	\$31.25	\$19.09
13122	T	.	Repair wound/lesion add-on	0024	1.6084	\$95.45	\$31.25	\$19.09
13131	T	.	Repair of wound or lesion	0024	1.6084	\$95.45	\$31.25	\$19.09
13132	T	.	Repair of wound or lesion	0024	1.6084	\$95.45	\$31.25	\$19.09
13133	T	.	Repair wound/lesion add-on	0024	1.6084	\$95.45	\$31.25	\$19.09
13150	T	.	Repair of wound or lesion	0025	5.4938	\$326.02	\$101.85	\$65.20
13151	T	.	Repair of wound or lesion	0024	1.6084	\$95.45	\$31.25	\$19.09
13152	T	.	Repair of wound or lesion	0025	5.4938	\$326.02	\$101.85	\$65.20
13153	T	.	Repair wound/lesion add-on	0024	1.6084	\$95.45	\$31.25	\$19.09
13160	T	.	Late closure of wound	0027	18.4182	\$1,092.99	\$329.72	\$218.60
14000	T	.	Skin tissue rearrangement	0686	13.8287	\$820.64	.	\$164.13
14001	T	.	Skin tissue rearrangement	0027	18.4182	\$1,092.99	\$329.72	\$218.60
14020	T	.	Skin tissue rearrangement	0686	13.8287	\$820.64	.	\$164.13
14021	T	.	Skin tissue rearrangement	0027	18.4182	\$1,092.99	\$329.72	\$218.60
14040	T	.	Skin tissue rearrangement	0686	13.8287	\$820.64	.	\$164.13
14041	T	.	Skin tissue rearrangement	0027	18.4182	\$1,092.99	\$329.72	\$218.60
14060	T	.	Skin tissue rearrangement	0027	18.4182	\$1,092.99	\$329.72	\$218.60
14061	T	.	Skin tissue rearrangement	0686	13.8287	\$820.64	.	\$164.13

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
14300	T	.	Skin tissue rearrangement	0027	18.4182	\$1,092.99	\$329.72	\$218.60
14350	T	.	Skin tissue rearrangement	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15000	T	.	Skin graft	0025	5.4938	\$326.02	\$101.85	\$65.20
15001	T	.	Skin graft add-on	0025	5.4938	\$326.02	\$101.85	\$65.20
15050	T	.	Skin pinch graft	0025	5.4938	\$326.02	\$101.85	\$65.20
15100	T	.	Skin split graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15101	T	.	Skin split graft add-on	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15120	T	.	Skin split graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15121	T	.	Skin split graft add-on	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15200	T	.	Skin full graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15201	T	.	Skin full graft add-on	0025	5.4938	\$326.02	\$101.85	\$65.20
15220	T	.	Skin full graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15221	T	.	Skin full graft add-on	0025	5.4938	\$326.02	\$101.85	\$65.20
15240	T	.	Skin full graft	0686	13.8287	\$820.64	.	\$164.13
15241	T	.	Skin full graft add-on	0025	5.4938	\$326.02	\$101.85	\$65.20
15260	T	.	Skin full graft	0686	13.8287	\$820.64	.	\$164.13
15261	T	.	Skin full graft add-on	0025	5.4938	\$326.02	\$101.85	\$65.20
15342	T	.	Cultured skin graft, 25 cm	0024	1.6084	\$95.45	\$31.25	\$19.09
15343	T	.	Culture skn graft addl 25 cm	0024	1.6084	\$95.45	\$31.25	\$19.09
15350	T	.	Skin homograft	0686	13.8287	\$820.64	.	\$164.13
15351	T	.	Skin homograft add-on	0686	13.8287	\$820.64	.	\$164.13
15400	T	.	Skin heterograft	0025	5.4938	\$326.02	\$101.85	\$65.20
15401	T	.	Skin heterograft add-on	0025	5.4938	\$326.02	\$101.85	\$65.20
15570	T	.	Form skin pedicle flap	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15572	T	.	Form skin pedicle flap	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15574	T	.	Form skin pedicle flap	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15576	T	.	Form skin pedicle flap	0686	13.8287	\$820.64	.	\$164.13
15600	T	.	Skin graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15610	T	.	Skin graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15620	T	.	Skin graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15630	T	.	Skin graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15650	T	.	Transfer skin pedicle flap	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15732	T	.	Muscle-skin graft, head/neck	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15734	T	.	Muscle-skin graft, trunk	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15736	T	.	Muscle-skin graft, arm	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15738	T	.	Muscle-skin graft, leg	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15740	T	.	Island pedicle flap graft	0686	13.8287	\$820.64	.	\$164.13
15750	T	.	Neurovascular pedicle graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15756	C	.	Free muscle flap, microvasc	.	.	.	.	.
15757	C	.	Free skin flap, microvasc	.	.	.	.	.
15758	C	.	Free fascial flap, microvasc	.	.	.	.	.
15760	T	.	Composite skin graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15770	T	.	Derma-fat-fascia graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15775	T	.	Hair transplant punch grafts	0025	5.4938	\$326.02	\$101.85	\$65.20
15776	T	.	Hair transplant punch grafts	0025	5.4938	\$326.02	\$101.85	\$65.20
15780	T	.	Abrasion treatment of skin	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15781	T	.	Abrasion treatment of skin	0019	4.0547	\$240.62	\$71.87	\$48.12
15782	T	.	Dressing change not for burn	0019	4.0547	\$240.62	\$71.87	\$48.12
15783	T	.	Abrasion treatment of skin	0016	2.5834	\$153.31	\$33.57	\$30.66
15786	T	.	Abrasion, lesion, single	0013	1.1078	\$65.74	\$14.20	\$13.15
15787	T	.	Abrasion, lesions, add-on	0013	1.1078	\$65.74	\$14.20	\$13.15
15788	T	.	Chemical peel, face, epiderm	0012	0.8497	\$50.42	\$11.18	\$10.08
15789	T	.	Chemical peel, face, dermal	0015	1.6514	\$98.00	\$20.29	\$19.60

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
15792	T	.	Chemical peel, nonfacial	0013	1.1078	\$65.74	\$14.20	\$13.15
15793	T	.	Chemical peel, nonfacial	0012	0.8497	\$50.42	\$11.18	\$10.08
15810	T	.	Salabrasion	0016	2.5834	\$153.31	\$33.57	\$30.66
15811	T	.	Salabrasion	0016	2.5834	\$153.31	\$33.57	\$30.66
15819	T	.	Plastic surgery, neck	0025	5.4938	\$326.02	\$101.85	\$65.20
15820	T	.	Revision of lower eyelid	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15821	T	.	Revision of lower eyelid	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15822	T	.	Revision of upper eyelid	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15823	T	.	Revision of upper eyelid	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15824	T	.	Removal of forehead wrinkles	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15825	T	.	Removal of neck wrinkles	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15826	T	.	Removal of brow wrinkles	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15828	T	.	Removal of face wrinkles	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15829	T	.	Removal of skin wrinkles	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15831	T	.	Excise excessive skin tissue	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15832	T	.	Excise excessive skin tissue	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15833	T	.	Excise excessive skin tissue	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15834	T	.	Excise excessive skin tissue	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15835	T	.	Excise excessive skin tissue	0025	5.4938	\$326.02	\$101.85	\$65.20
15836	T	.	Excise excessive skin tissue	0021	14.9776	\$888.82	\$219.48	\$177.76
15837	T	.	Excise excessive skin tissue	0021	14.9776	\$888.82	\$219.48	\$177.76
15838	T	.	Excise excessive skin tissue	0021	14.9776	\$888.82	\$219.48	\$177.76
15839	T	.	Excise excessive skin tissue	0021	14.9776	\$888.82	\$219.48	\$177.76
15840	T	.	Graft for face nerve palsy	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15841	T	.	Graft for face nerve palsy	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15842	T	.	Flap for face nerve palsy	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15845	T	.	Skin and muscle repair, face	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15850	T	.	Removal of sutures	0016	2.5834	\$153.31	\$33.57	\$30.66
15851	T	.	Removal of sutures	0016	2.5834	\$153.31	\$33.57	\$30.66
15852	X	.	Dressing change not for burn	0340	0.6384	\$37.88	.	\$7.58
15860	X	.	Test for blood flow in graft	0359	0.8312	\$49.33	.	\$9.87
15876	T	.	Suction assisted lipectomy	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15877	T	.	Suction assisted lipectomy	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15878	T	.	Suction assisted lipectomy	0686	13.8287	\$820.64	.	\$164.13
15879	T	.	Suction assisted lipectomy	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15920	T	.	Removal of tail bone ulcer	0019	4.0547	\$240.62	\$71.87	\$48.12
15922	T	.	Removal of tail bone ulcer	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15931	T	.	Remove sacrum pressure sore	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15933	T	.	Remove sacrum pressure sore	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15934	T	.	Remove sacrum pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15935	T	.	Remove sacrum pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15936	T	.	Remove sacrum pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15937	T	.	Remove sacrum pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15940	T	.	Remove hip pressure sore	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15941	T	.	Remove hip pressure sore	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15944	T	.	Remove hip pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15945	T	.	Remove hip pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15946	T	.	Remove hip pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15950	T	.	Remove thigh pressure sore	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15951	T	.	Remove thigh pressure sore	0022	19.6472	\$1,165.92	\$354.45	\$233.18
15952	T	.	Remove thigh pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15953	T	.	Remove thigh pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15956	T	.	Remove thigh pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
15958	T	.	Remove thigh pressure sore	0027	18.4182	\$1,092.99	\$329.72	\$218.60
15999	T	.	Removal of pressure sore	0019	4.0547	\$240.62	\$71.87	\$48.12
16000	T	.	Initial treatment of burn(s)	0012	0.8497	\$50.42	\$11.18	\$10.08
16010	T	.	Treatment of burn(s)	0016	2.5834	\$153.31	\$33.57	\$30.66
16015	T	.	Treatment of burn(s)	0017	18.4211	\$1,093.16	\$227.84	\$218.63
16020	T	.	Treatment of burn(s)	0013	1.1078	\$65.74	\$14.20	\$13.15
16025	T	.	Treatment of burn(s)	0013	1.1078	\$65.74	\$14.20	\$13.15
16030	T	.	Treatment of burn(s)	0015	1.6514	\$98.00	\$20.29	\$19.60
16035	C	.	Incision of burn scab, initi	.	.	.	.	.
16036	C	.	Escharotomy addl incision	.	.	.	.	.
17000	T	.	Destroy benign/premrlg lesion	0010	0.5719	\$33.94	\$9.65	\$6.79
17003	T	.	Destroy lesions, 2-14	0010	0.5719	\$33.94	\$9.65	\$6.79
17004	T	.	Destroy lesions, 15 or more	0011	2.0839	\$123.66	\$25.17	\$24.73
17106	T	.	Destruction of skin lesions	0011	2.0839	\$123.66	\$25.17	\$24.73
17107	T	.	Destruction of skin lesions	0011	2.0839	\$123.66	\$25.17	\$24.73
17108	T	.	Destruction of skin lesions	0011	2.0839	\$123.66	\$25.17	\$24.73
17110	T	.	Destruct lesion, 1-14	0010	0.5719	\$33.94	\$9.65	\$6.79
17111	T	.	Destruct lesion, 15 or more	0010	0.5719	\$33.94	\$9.65	\$6.79
17250	T	.	Chemical cautery, tissue	0013	1.1078	\$65.74	\$14.20	\$13.15
17260	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17261	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17262	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17263	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17264	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17266	T	.	Destruction of skin lesions	0016	2.5834	\$153.31	\$33.57	\$30.66
17270	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17271	T	.	Destruction of skin lesions	0013	1.1078	\$65.74	\$14.20	\$13.15
17272	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17273	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17274	T	.	Destruction of skin lesions	0016	2.5834	\$153.31	\$33.57	\$30.66
17276	T	.	Destruction of skin lesions	0016	2.5834	\$153.31	\$33.57	\$30.66
17280	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17281	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17282	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17283	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17284	T	.	Destruction of skin lesions	0016	2.5834	\$153.31	\$33.57	\$30.66
17286	T	.	Destruction of skin lesions	0015	1.6514	\$98.00	\$20.29	\$19.60
17304	T	.	Chemosurgery of skin lesion	0694	3.8452	\$228.19	\$61.86	\$45.64
17305	T	.	2 stage mohs, up to 5 spec	0694	3.8452	\$228.19	\$61.86	\$45.64
17306	T	.	3 stage mohs, up to 5 spec	0694	3.8452	\$228.19	\$61.86	\$45.64
17307	T	.	Mohs addl stage up to 5 spec	0694	3.8452	\$228.19	\$61.86	\$45.64
17310	T	.	Extensive skin chemosurgery	0694	3.8452	\$228.19	\$61.86	\$45.64
17340	T	.	Cryotherapy of skin	0012	0.8497	\$50.42	\$11.18	\$10.08
17360	T	.	Skin peel therapy	0013	1.1078	\$65.74	\$14.20	\$13.15
17380	T	.	Hair removal by electrolysis	0013	1.1078	\$65.74	\$14.20	\$13.15
17999	T	.	Skin tissue procedure	0006	1.55	\$91.98	\$22.28	\$18.40
19000	T	.	Drainage of breast lesion	0004	1.7646	\$104.72	\$22.36	\$20.94
19001	T	.	Drain breast lesion add-on	0004	1.7646	\$104.72	\$22.36	\$20.94
19020	T	.	Incision of breast lesion	0008	16.4989	\$979.09	.	\$195.82
19030	N	.	Injection for breast x-ray	.	.	.	.	.
19100	T	.	Bx breast percut w/o image	0005	3.5994	\$213.60	\$71.59	\$42.72
19101	T	.	Biopsy of breast, open	0028	19.5801	\$1,161.94	\$303.74	\$232.39
19102	T	.	Bx breast percut w/image	0005	3.5994	\$213.60	\$71.59	\$42.72

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
19103	T	.	Bx breast percut w/device	0658	6.1049	\$362.28	.	\$72.46
19110	T	.	nipple exploration	0028	19.5801	\$1,161.94	\$303.74	\$232.39
19112	T	.	Excise breast duct fistula	0028	19.5801	\$1,161.94	\$303.74	\$232.39
19120	T	.	Removal of breast lesion	0028	19.5801	\$1,161.94	\$303.74	\$232.39
19125	T	.	Excision, breast lesion	0028	19.5801	\$1,161.94	\$303.74	\$232.39
19126	T	.	Excision, addl breast lesion	0028	19.5801	\$1,161.94	\$303.74	\$232.39
19140	T	.	Removal of breast tissue	0028	19.5801	\$1,161.94	\$303.74	\$232.39
19160	T	.	Removal of breast tissue	0028	19.5801	\$1,161.94	\$303.74	\$232.39
19162	T	.	Remove breast tissue, nodes	0693	42.2254	\$2,505.78	\$798.17	\$501.16
19180	T	.	Removal of breast	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19182	T	.	Removal of breast	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19200	C	.	Removal of breast	.	.	.	.	.
19220	C	.	Removal of breast	.	.	.	.	.
19240	T	.	Removal of breast	0030	40.0825	\$2,378.62	\$763.55	\$475.72
19260	T	.	Removal of chest wall lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
19271	C	.	Revision of chest wall	.	.	.	.	.
19272	C	.	Extensive chest wall surgery	.	.	.	.	.
19290	N	.	Place needle wire, breast	.	.	.	.	.
19291	N	.	Place needle wire, breast	.	.	.	.	.
19295	S	.	Place breast clip, percut	0657	1.7092	\$101.43	.	\$20.29
19296	S	.	Place po breast cath for rad	1524	.	\$3,250.00	.	\$650.00
19297	S	.	Place breast cath for rad	1523	.	\$2,750.00	.	\$550.00
19298	S	.	Place breast rad tube/caths	1524	.	\$3,250.00	.	\$650.00
19316	T	.	Suspension of breast	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19318	T	.	Reduction of large breast	0693	42.2254	\$2,505.78	\$798.17	\$501.16
19324	T	.	Enlarge breast	0693	42.2254	\$2,505.78	\$798.17	\$501.16
19325	T	.	Enlarge breast with implant	0648	50.4459	\$2,993.61	.	\$598.72
19328	T	.	Removal of breast implant	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19330	T	.	Removal of implant material	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19340	T	.	Immediate breast prosthesis	0030	40.0825	\$2,378.62	\$763.55	\$475.72
19342	T	.	Delayed breast prosthesis	0648	50.4459	\$2,993.61	.	\$598.72
19350	T	.	Breast reconstruction	0028	19.5801	\$1,161.94	\$303.74	\$232.39
19355	T	.	Correct inverted nipple(s)	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19357	T	.	Breast reconstruction	0648	50.4459	\$2,993.61	.	\$598.72
19361	C	.	Breast reconstruction	.	.	.	.	.
19364	C	.	Breast reconstruction	.	.	.	.	.
19366	T	.	Breast reconstruction	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19367	C	.	Breast reconstruction	.	.	.	.	.
19368	C	.	Breast reconstruction	.	.	.	.	.
19369	C	.	Breast reconstruction	.	.	.	.	.
19370	T	.	Surgery of breast capsule	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19371	T	.	Removal of breast capsule	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19380	T	.	Revise breast reconstruction	0030	40.0825	\$2,378.62	\$763.55	\$475.72
19396	T	.	Design custom breast implant	0029	32.0476	\$1,901.80	\$632.64	\$380.36
19499	T	.	Breast surgery procedure	0028	19.5801	\$1,161.94	\$303.74	\$232.39
20000	T	.	Incision of abscess	0006	1.55	\$91.98	\$22.28	\$18.40
20005	T	.	Incision of deep abscess	0049	20.3707	\$1,208.86	.	\$241.77
2000F	E	.	Blood pressure, measured	.	.	.	.	.
20100	T	.	Explore wound, neck	0023	4.7775	\$283.51	.	\$56.70
20101	T	.	Explore wound, chest	0027	18.4182	\$1,092.99	\$329.72	\$218.60
20102	T	.	Explore wound, abdomen	0027	18.4182	\$1,092.99	\$329.72	\$218.60
20103	T	.	Explore wound, extremity	0023	4.7775	\$283.51	.	\$56.70
20150	T	.	Excise epiphyseal bar	0051	36.5271	\$2,167.63	.	\$433.53

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
20200	T	.	Muscle biopsy	0021	14.9776	\$888.82	\$219.48	\$177.76
20205	T	.	Deep muscle biopsy	0021	14.9776	\$888.82	\$219.48	\$177.76
20206	T	.	Needle biopsy, muscle	0005	3.5994	\$213.60	\$71.59	\$42.72
20220	T	.	Bone biopsy, trocar/needle	0019	4.0547	\$240.62	\$71.87	\$48.12
20225	T	.	Bone biopsy, trocar/needle	0020	6.9433	\$412.04	\$107.40	\$82.41
20240	T	.	Bone biopsy, excisional	0022	19.6472	\$1,165.92	\$354.45	\$233.18
20245	T	.	Bone biopsy, excisional	0022	19.6472	\$1,165.92	\$354.45	\$233.18
20250	T	.	Open bone biopsy	0049	20.3707	\$1,208.86	.	\$241.77
20251	T	.	Open bone biopsy	0049	20.3707	\$1,208.86	.	\$241.77
20500	T	.	Injection of sinus tract	0251	2.0101	\$119.29	.	\$23.86
20501	N	.	Inject sinus tract for x-ray	.	.	.	.	.
20520	T	.	Removal of foreign body	0019	4.0547	\$240.62	\$71.87	\$48.12
20525	T	.	Removal of foreign body	0022	19.6472	\$1,165.92	\$354.45	\$233.18
20526	T	.	Ther injection, carp tunnel	0204	2.191	\$130.02	\$40.13	\$26.00
20550	T	.	Inject tendon/ligament/cyst	0204	2.191	\$130.02	\$40.13	\$26.00
20551	T	.	Inj tendon origin/insertion	0204	2.191	\$130.02	\$40.13	\$26.00
20552	T	.	Inj trigger point, 1/2 muscl	0204	2.191	\$130.02	\$40.13	\$26.00
20553	T	.	Inject trigger points, > 3	0204	2.191	\$130.02	\$40.13	\$26.00
20600	T	.	Drain/inject, joint/bursa	0204	2.191	\$130.02	\$40.13	\$26.00
20605	T	.	Drain/inject, joint/bursa	0204	2.191	\$130.02	\$40.13	\$26.00
20610	T	.	Drain/inject, joint/bursa	0204	2.191	\$130.02	\$40.13	\$26.00
20612	T	.	Aspirate/inj ganglion cyst	0204	2.191	\$130.02	\$40.13	\$26.00
20615	T	.	Treatment of bone cyst	0004	1.7646	\$104.72	\$22.36	\$20.94
20650	T	.	Insert and remove bone pin	0049	20.3707	\$1,208.86	.	\$241.77
20660	C	.	Apply, rem fixation device	.	.	.	.	.
20661	C	.	Application of head brace	.	.	.	.	.
20662	T	.	Application of pelvis brace	0049	20.3707	\$1,208.86	.	\$241.77
20663	T	.	Application of thigh brace	0049	20.3707	\$1,208.86	.	\$241.77
20664	C	.	Halo brace application	.	.	.	.	.
20665	X	.	Removal of fixation device	0340	0.6384	\$37.88	.	\$7.58
20670	T	.	Removal of support implant	0021	14.9776	\$888.82	\$219.48	\$177.76
20680	T	.	Removal of support implant	0022	19.6472	\$1,165.92	\$354.45	\$233.18
20690	T	.	Apply bone fixation device	0050	23.9081	\$1,418.78	.	\$283.76
20692	T	.	Apply bone fixation device	0050	23.9081	\$1,418.78	.	\$283.76
20693	T	.	Adjust bone fixation device	0049	20.3707	\$1,208.86	.	\$241.77
20694	T	.	Remove bone fixation device	0049	20.3707	\$1,208.86	.	\$241.77
20802	C	.	Replantation, arm, complete	.	.	.	.	.
20805	C	.	Replant forearm, complete	.	.	.	.	.
20808	C	.	Replantation hand, complete	.	.	.	.	.
20816	C	.	Replantation digit, complete	.	.	.	.	.
20822	T	.	Replantation digit, complete	0054	25.3711	\$1,505.60	.	\$301.12
20824	C	.	Replantation thumb, complete	.	.	.	.	.
20827	C	.	Replantation thumb, complete	.	.	.	.	.
20838	C	.	Replantation foot, complete	.	.	.	.	.
20900	T	.	Removal of bone for graft	0050	23.9081	\$1,418.78	.	\$283.76
20902	T	.	Removal of bone for graft	0050	23.9081	\$1,418.78	.	\$283.76
20910	T	.	Remove cartilage for graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
20912	T	.	Remove cartilage for graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
20920	T	.	Removal of fascia for graft	0686	13.8287	\$820.64	.	\$164.13
20922	T	.	Removal of fascia for graft	0027	18.4182	\$1,092.99	\$329.72	\$218.60
20924	T	.	Removal of tendon for graft	0050	23.9081	\$1,418.78	.	\$283.76
20926	T	.	Removal of tissue for graft	0686	13.8287	\$820.64	.	\$164.13
20930	C	.	Spinal bone allograft	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
20931	C	.	Spinal bone allograft	.	.	.	.	.
20936	C	.	Spinal bone autograft	.	.	.	.	.
20937	C	.	Spinal bone autograft	.	.	.	.	.
20938	C	.	Spinal bone autograft	.	.	.	.	.
20950	T	.	Fluid pressure, muscle	0006	1.55	\$91.98	\$22.28	\$18.40
20955	C	.	Fibula bone graft, microvasc	.	.	.	.	.
20956	C	.	Iliac bone graft, microvasc	.	.	.	.	.
20957	C	.	Mt bone graft, microvasc	.	.	.	.	.
20962	C	.	Other bone graft, microvasc	.	.	.	.	.
20969	C	.	Bone/skin graft, microvasc	.	.	.	.	.
20970	C	.	Bone/skin graft, iliac crest	.	.	.	.	.
20972	T	.	Bone/skin graft, metatarsal	0056	40.2957	\$2,391.27	.	\$478.25
20973	T	.	Bone/skin graft, great toe	0056	40.2957	\$2,391.27	.	\$478.25
20974	A	.	Electrical bone stimulation	.	.	.	.	.
20975	X	.	Electrical bone stimulation	0340	0.6384	\$37.88	.	\$7.58
20979	A	.	Us bone stimulation	.	.	.	.	.
20982	T	.	Ablate, bone tumor(s) perq	1557	.	\$1,850.00	.	\$370.00
20999	T	.	Musculoskeletal surgery	0049	20.3707	\$1,208.86	.	\$241.77
21010	T	.	Incision of jaw joint	0254	23.404	\$1,388.86	\$321.35	\$277.77
21015	T	.	Resection of facial tumor	0253	16.1357	\$957.54	\$282.29	\$191.51
21025	T	.	Excision of bone, lower jaw	0256	37.3204	\$2,214.70	.	\$442.94
21026	T	.	Excision of facial bone(s)	0256	37.3204	\$2,214.70	.	\$442.94
21029	T	.	Contour of face bone lesion	0256	37.3204	\$2,214.70	.	\$442.94
21030	T	.	Removal of face bone lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
21031	T	.	Remove exostosis, mandible	0254	23.404	\$1,388.86	\$321.35	\$277.77
21032	T	.	Remove exostosis, maxilla	0254	23.404	\$1,388.86	\$321.35	\$277.77
21034	T	.	Removal of face bone lesion	0256	37.3204	\$2,214.70	.	\$442.94
21040	T	.	Removal of jaw bone lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
21044	T	.	Removal of jaw bone lesion	0256	37.3204	\$2,214.70	.	\$442.94
21045	C	.	Extensive jaw surgery	.	.	.	.	.
21046	T	.	Remove mandible cyst complex	0256	37.3204	\$2,214.70	.	\$442.94
21047	T	.	Excise lwr jaw cyst w/repair	0256	37.3204	\$2,214.70	.	\$442.94
21048	T	.	Remove maxilla cyst complex	0256	37.3204	\$2,214.70	.	\$442.94
21049	T	.	Excis uppr jaw cyst w/repair	0256	37.3204	\$2,214.70	.	\$442.94
21050	T	.	Removal of jaw joint	0256	37.3204	\$2,214.70	.	\$442.94
21060	T	.	Remove jaw joint cartilage	0256	37.3204	\$2,214.70	.	\$442.94
21070	T	.	Remove coronoid process	0256	37.3204	\$2,214.70	.	\$442.94
21076	T	.	Prepare face/oral prosthesis	0254	23.404	\$1,388.86	\$321.35	\$277.77
21077	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21079	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21080	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21081	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21082	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21083	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21084	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21085	T	.	Prepare face/oral prosthesis	0253	16.1357	\$957.54	\$282.29	\$191.51
21086	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21087	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21088	T	.	Prepare face/oral prosthesis	0256	37.3204	\$2,214.70	.	\$442.94
21089	T	.	Prepare face/oral prosthesis	0251	2.0101	\$119.29	.	\$23.86
21100	T	.	Maxillofacial fixation	0256	37.3204	\$2,214.70	.	\$442.94
21110	T	.	Interdental fixation	0252	7.8673	\$466.87	\$113.41	\$93.37
21116	N	.	Injection, jaw joint x-ray	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
21120	T	.	Reconstruction of chin	0254	23.404	\$1,388.86	\$321.35	\$277.77
21121	T	.	Reconstruction of chin	0254	23.404	\$1,388.86	\$321.35	\$277.77
21122	T	.	Reconstruction of chin	0254	23.404	\$1,388.86	\$321.35	\$277.77
21123	T	.	Reconstruction of chin	0254	23.404	\$1,388.86	\$321.35	\$277.77
21125	T	.	Augmentation, lower jaw bone	0254	23.404	\$1,388.86	\$321.35	\$277.77
21127	T	.	Augmentation, lower jaw bone	0256	37.3204	\$2,214.70	.	\$442.94
21137	T	.	Reduction of forehead	0254	23.404	\$1,388.86	\$321.35	\$277.77
21138	T	.	Reduction of forehead	0256	37.3204	\$2,214.70	.	\$442.94
21139	T	.	Reduction of forehead	0256	37.3204	\$2,214.70	.	\$442.94
21141	C	.	Reconstruct midface, lefort	.	.	.	.	.
21142	C	.	Reconstruct midface, lefort	.	.	.	.	.
21143	C	.	Reconstruct midface, lefort	.	.	.	.	.
21145	C	.	Reconstruct midface, lefort	.	.	.	.	.
21146	C	.	Reconstruct midface, lefort	.	.	.	.	.
21147	C	.	Reconstruct midface, lefort	.	.	.	.	.
21150	T	.	Reconstruct midface, lefort	0256	37.3204	\$2,214.70	.	\$442.94
21151	C	.	Reconstruct midface, lefort	.	.	.	.	.
21154	C	.	Reconstruct midface, lefort	.	.	.	.	.
21155	C	.	Reconstruct midface, lefort	.	.	.	.	.
21159	C	.	Reconstruct midface, lefort	.	.	.	.	.
21160	C	.	Reconstruct midface, lefort	.	.	.	.	.
21172	C	.	Reconstruct orbit/forehead	.	.	.	.	.
21175	T	.	Reconstruct orbit/forehead	0256	37.3204	\$2,214.70	.	\$442.94
21179	C	.	Reconstruct entire forehead	.	.	.	.	.
21180	C	.	Reconstruct entire forehead	.	.	.	.	.
21181	T	.	Contour cranial bone lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
21182	C	.	Reconstruct cranial bone	.	.	.	.	.
21183	C	.	Reconstruct cranial bone	.	.	.	.	.
21184	C	.	Reconstruct cranial bone	.	.	.	.	.
21188	C	.	Reconstruction of midface	.	.	.	.	.
21193	C	.	Reconst lwr jaw w/o graft	.	.	.	.	.
21194	C	.	Reconst lwr jaw w/graft	.	.	.	.	.
21195	T	.	Reconst lwr jaw w/o fixation	0256	37.3204	\$2,214.70	.	\$442.94
21196	C	.	Reconst lwr jaw w/fixation	.	.	.	.	.
21198	T	.	Reconstr lwr jaw segment	0256	37.3204	\$2,214.70	.	\$442.94
21199	T	.	Reconstr lwr jaw w/advance	0256	37.3204	\$2,214.70	.	\$442.94
21206	T	.	Reconstruct upper jaw bone	0256	37.3204	\$2,214.70	.	\$442.94
21208	T	.	Augmentation of facial bones	0256	37.3204	\$2,214.70	.	\$442.94
21209	T	.	Reduction of facial bones	0256	37.3204	\$2,214.70	.	\$442.94
21210	T	.	Face bone graft	0256	37.3204	\$2,214.70	.	\$442.94
21215	T	.	Lower jaw bone graft	0256	37.3204	\$2,214.70	.	\$442.94
21230	T	.	Rib cartilage graft	0256	37.3204	\$2,214.70	.	\$442.94
21235	T	.	Ear cartilage graft	0254	23.404	\$1,388.86	\$321.35	\$277.77
21240	T	.	Reconstruction of jaw joint	0256	37.3204	\$2,214.70	.	\$442.94
21242	T	.	Reconstruction of jaw joint	0256	37.3204	\$2,214.70	.	\$442.94
21243	T	.	Reconstruction of jaw joint	0256	37.3204	\$2,214.70	.	\$442.94
21244	T	.	Reconstruction of lower jaw	0256	37.3204	\$2,214.70	.	\$442.94
21245	T	.	Reconstruction of jaw	0256	37.3204	\$2,214.70	.	\$442.94
21246	T	.	Reconstruction of jaw	0256	37.3204	\$2,214.70	.	\$442.94
21247	C	.	Reconstruct lower jaw bone	.	.	.	.	.
21248	T	.	Reconstruction of jaw	0256	37.3204	\$2,214.70	.	\$442.94
21249	T	.	Reconstruction of jaw	0256	37.3204	\$2,214.70	.	\$442.94
21255	C	.	Reconstruct lower jaw bone	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
21256	C	.	Reconstruction of orbit	.	.	.	.	.
21260	T	.	Revise eye sockets	0256	37.3204	\$2,214.70	.	\$442.94
21261	T	.	Revise eye sockets	0256	37.3204	\$2,214.70	.	\$442.94
21263	T	.	Revise eye sockets	0256	37.3204	\$2,214.70	.	\$442.94
21267	T	.	Revise eye sockets	0256	37.3204	\$2,214.70	.	\$442.94
21268	C	.	Revise eye sockets	.	.	.	.	.
21270	T	.	Augmentation, cheek bone	0256	37.3204	\$2,214.70	.	\$442.94
21275	T	.	Revision, orbitofacial bones	0256	37.3204	\$2,214.70	.	\$442.94
21280	T	.	Revision of eyelid	0256	37.3204	\$2,214.70	.	\$442.94
21282	T	.	Revision of eyelid	0253	16.1357	\$957.54	\$282.29	\$191.51
21295	T	.	Revision of jaw muscle/bone	0252	7.8673	\$466.87	\$113.41	\$93.37
21296	T	.	Revision of jaw muscle/bone	0254	23.404	\$1,388.86	\$321.35	\$277.77
21299	T	.	Cranio/maxillofacial surgery	0251	2.0101	\$119.29	.	\$23.86
21300	T	.	Treatment of skull fracture	0253	16.1357	\$957.54	\$282.29	\$191.51
21310	T	.	Treatment of nose fracture	0251	2.0101	\$119.29	.	\$23.86
21315	T	.	Treatment of nose fracture	0251	2.0101	\$119.29	.	\$23.86
21320	T	.	Treatment of nose fracture	0252	7.8673	\$466.87	\$113.41	\$93.37
21325	T	.	Treatment of nose fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21330	T	.	Treatment of nose fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21335	T	.	Treatment of nose fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21336	T	.	Treat nasal septal fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
21337	T	.	Treat nasal septal fracture	0253	16.1357	\$957.54	\$282.29	\$191.51
21338	T	.	Treat nasoethmoid fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21339	T	.	Treat nasoethmoid fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21340	T	.	Treatment of nose fracture	0256	37.3204	\$2,214.70	.	\$442.94
21343	C	.	Treatment of sinus fracture	.	.	.	.	.
21344	C	.	Treatment of sinus fracture	.	.	.	.	.
21345	T	.	Treat nose/jaw fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21346	C	.	Treat nose/jaw fracture	.	.	.	.	.
21347	C	.	Treat nose/jaw fracture	.	.	.	.	.
21348	C	.	Treat nose/jaw fracture	.	.	.	.	.
21355	T	.	Treat cheek bone fracture	0256	37.3204	\$2,214.70	.	\$442.94
21356	T	.	Treat cheek bone fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21360	C	.	Treat cheek bone fracture	.	.	.	.	.
21365	C	.	Treat cheek bone fracture	.	.	.	.	.
21366	C	.	Treat cheek bone fracture	.	.	.	.	.
21385	C	.	Treat eye socket fracture	.	.	.	.	.
21386	C	.	Treat eye socket fracture	.	.	.	.	.
21387	C	.	Treat eye socket fracture	.	.	.	.	.
21390	T	.	Treat eye socket fracture	0256	37.3204	\$2,214.70	.	\$442.94
21395	C	.	Treat eye socket fracture	.	.	.	.	.
21400	T	.	Treat eye socket fracture	0252	7.8673	\$466.87	\$113.41	\$93.37
21401	T	.	Treat eye socket fracture	0253	16.1357	\$957.54	\$282.29	\$191.51
21406	T	.	Treat eye socket fracture	0256	37.3204	\$2,214.70	.	\$442.94
21407	T	.	Treat eye socket fracture	0256	37.3204	\$2,214.70	.	\$442.94
21408	T	.	Treat eye socket fracture	0256	37.3204	\$2,214.70	.	\$442.94
21421	T	.	Treat mouth roof fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21422	C	.	Treat mouth roof fracture	.	.	.	.	.
21423	C	.	Treat mouth roof fracture	.	.	.	.	.
21431	C	.	Treat craniofacial fracture	.	.	.	.	.
21432	C	.	Treat craniofacial fracture	.	.	.	.	.
21433	C	.	Treat craniofacial fracture	.	.	.	.	.
21435	C	.	Treat craniofacial fracture	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
21436	C	.	Treat craniofacial fracture	.	.	.	.	.
21440	T	.	Treat dental ridge fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21445	T	.	Treat dental ridge fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21450	T	.	Treat lower jaw fracture	0251	2.0101	\$119.29	.	\$23.86
21451	T	.	Treat lower jaw fracture	0252	7.8673	\$466.87	\$113.41	\$93.37
21452	T	.	Treat lower jaw fracture	0253	16.1357	\$957.54	\$282.29	\$191.51
21453	T	.	Treat lower jaw fracture	0256	37.3204	\$2,214.70	.	\$442.94
21454	T	.	Treat lower jaw fracture	0254	23.404	\$1,388.86	\$321.35	\$277.77
21461	T	.	Treat lower jaw fracture	0256	37.3204	\$2,214.70	.	\$442.94
21462	T	.	Treat lower jaw fracture	0256	37.3204	\$2,214.70	.	\$442.94
21465	T	.	Treat lower jaw fracture	0256	37.3204	\$2,214.70	.	\$442.94
21470	T	.	Treat lower jaw fracture	0256	37.3204	\$2,214.70	.	\$442.94
21480	T	.	Reset dislocated jaw	0251	2.0101	\$119.29	.	\$23.86
21485	T	.	Reset dislocated jaw	0253	16.1357	\$957.54	\$282.29	\$191.51
21490	T	.	Repair dislocated jaw	0256	37.3204	\$2,214.70	.	\$442.94
21493	T	.	Treat hyoid bone fracture	0252	7.8673	\$466.87	\$113.41	\$93.37
21494	T	.	Treat hyoid bone fracture	0252	7.8673	\$466.87	\$113.41	\$93.37
21495	T	.	Treat hyoid bone fracture	0253	16.1357	\$957.54	\$282.29	\$191.51
21497	T	.	Interdental wiring	0253	16.1357	\$957.54	\$282.29	\$191.51
21499	T	.	Head surgery procedure	0251	2.0101	\$119.29	.	\$23.86
21501	T	.	Drain neck/chest lesion	0008	16.4989	\$979.09	.	\$195.82
21502	T	.	Drain chest lesion	0049	20.3707	\$1,208.86	.	\$241.77
21510	C	.	Drainage of bone lesion	.	.	.	.	.
21550	T	.	Biopsy of neck/chest	0021	14.9776	\$888.82	\$219.48	\$177.76
21555	T	.	Remove lesion, neck/chest	0022	19.6472	\$1,165.92	\$354.45	\$233.18
21556	T	.	Remove lesion, neck/chest	0022	19.6472	\$1,165.92	\$354.45	\$233.18
21557	T	.	Remove tumor, neck/chest	0022	19.6472	\$1,165.92	\$354.45	\$233.18
21600	T	.	Partial removal of rib	0050	23.9081	\$1,418.78	.	\$283.76
21610	T	.	Partial removal of rib	0050	23.9081	\$1,418.78	.	\$283.76
21615	C	.	Removal of rib	.	.	.	.	.
21616	C	.	Removal of rib and nerves	.	.	.	.	.
21620	C	.	Partial removal of sternum	.	.	.	.	.
21627	C	.	Sternal debridement	.	.	.	.	.
21630	C	.	Extensive sternum surgery	.	.	.	.	.
21632	C	.	Extensive sternum surgery	.	.	.	.	.
21685	T	.	Hyoid myotomy & suspension	0252	7.8673	\$466.87	\$113.41	\$93.37
21700	T	.	Revision of neck muscle	0049	20.3707	\$1,208.86	.	\$241.77
21705	C	.	Revision of neck muscle/rib	.	.	.	.	.
21720	T	.	Revision of neck muscle	0049	20.3707	\$1,208.86	.	\$241.77
21725	T	.	Revision of neck muscle	0006	1.55	\$91.98	\$22.28	\$18.40
21740	C	.	Reconstruction of sternum	.	.	.	.	.
21742	T	.	Repair stern/nuss w/o scope	0051	36.5271	\$2,167.63	.	\$433.53
21743	T	.	Repair sternum/nuss w/scope	0051	36.5271	\$2,167.63	.	\$433.53
21750	C	.	Repair of sternum separation	.	.	.	.	.
21800	T	.	Treatment of rib fracture	0043	1.7694	\$105.00	.	\$21.00
21805	T	.	Treatment of rib fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
21810	C	.	Treatment of rib fracture(s)	.	.	.	.	.
21820	T	.	Treat sternum fracture	0043	1.7694	\$105.00	.	\$21.00
21825	C	.	Treat sternum fracture	.	.	.	.	.
21899	T	.	Neck/chest surgery procedure	0251	2.0101	\$119.29	.	\$23.86
21920	T	.	Biopsy soft tissue of back	0020	6.9433	\$412.04	\$107.40	\$82.41
21925	T	.	Biopsy soft tissue of back	0022	19.6472	\$1,165.92	\$354.45	\$233.18
21930	T	.	Remove lesion, back or flank	0022	19.6472	\$1,165.92	\$354.45	\$233.18

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
21935	T	.	Remove tumor, back	0022	19.6472	\$1,165.92	\$354.45	\$233.18
22100	T	.	Remove part of neck vertebra	0208	42.3409	\$2,512.64	.	\$502.53
22101	T	.	Remove part, thorax vertebra	0208	42.3409	\$2,512.64	.	\$502.53
22102	T	.	Remove part, lumbar vertebra	0208	42.3409	\$2,512.64	.	\$502.53
22103	T	.	Remove extra spine segment	0208	42.3409	\$2,512.64	.	\$502.53
22110	C	.	Remove part of neck vertebra	.	.	.	.	.
22112	C	.	Remove part, thorax vertebra	.	.	.	.	.
22114	C	.	Remove part, lumbar vertebra	.	.	.	.	.
22116	C	.	Remove extra spine segment	.	.	.	.	.
22210	C	.	Revision of neck spine	.	.	.	.	.
22212	C	.	Revision of thorax spine	.	.	.	.	.
22214	C	.	Revision of lumbar spine	.	.	.	.	.
22216	C	.	Revise, extra spine segment	.	.	.	.	.
22220	C	.	Revision of neck spine	.	.	.	.	.
22222	T	.	Revision of thorax spine	0208	42.3409	\$2,512.64	.	\$502.53
22224	C	.	Revision of lumbar spine	.	.	.	.	.
22226	C	.	Revise, extra spine segment	.	.	.	.	.
22305	T	.	Treat spine process fracture	0043	1.7694	\$105.00	.	\$21.00
22310	T	.	Treat spine fracture	0043	1.7694	\$105.00	.	\$21.00
22315	T	.	Treat spine fracture	0043	1.7694	\$105.00	.	\$21.00
22318	C	.	Treat odontoid fx w/o graft	.	.	.	.	.
22319	C	.	Treat odontoid fx w/graft	.	.	.	.	.
22325	C	.	Treat spine fracture	.	.	.	.	.
22326	C	.	Treat neck spine fracture	.	.	.	.	.
22327	C	.	Treat thorax spine fracture	.	.	.	.	.
22328	C	.	Treat each add spine fx	.	.	.	.	.
22505	T	.	Manipulation of spine	0045	14.4945	\$860.15	\$268.47	\$172.03
22520	T	.	Percut vertebroplasty thor	0050	23.9081	\$1,418.78	.	\$283.76
22521	T	.	Percut vertebroplasty lumb	0050	23.9081	\$1,418.78	.	\$283.76
22522	T	.	Percut vertebroplasty add'l	0050	23.9081	\$1,418.78	.	\$283.76
22532	C	.	Lat thorax spine fusion	.	.	.	.	.
22533	C	.	Lat lumbar spine fusion	.	.	.	.	.
22534	C	.	Lat thor/lumb, add'l seg	.	.	.	.	.
22548	C	.	Neck spine fusion	.	.	.	.	.
22554	C	.	Neck spine fusion	.	.	.	.	.
22556	C	.	Thorax spine fusion	.	.	.	.	.
22558	C	.	Lumbar spine fusion	.	.	.	.	.
22585	C	.	Additional spinal fusion	.	.	.	.	.
22590	C	.	Spine & skull spinal fusion	.	.	.	.	.
22595	C	.	Neck spinal fusion	.	.	.	.	.
22600	C	.	Neck spine fusion	.	.	.	.	.
22610	C	.	Thorax spine fusion	.	.	.	.	.
22612	T	.	Lumbar spine fusion	0208	42.3409	\$2,512.64	.	\$502.53
22614	T	.	Spine fusion, extra segment	0208	42.3409	\$2,512.64	.	\$502.53
22630	C	.	Lumbar spine fusion	.	.	.	.	.
22632	C	.	Spine fusion, extra segment	.	.	.	.	.
22800	C	.	Fusion of spine	.	.	.	.	.
22802	C	.	Fusion of spine	.	.	.	.	.
22804	C	.	Fusion of spine	.	.	.	.	.
22808	C	.	Fusion of spine	.	.	.	.	.
22810	C	.	Fusion of spine	.	.	.	.	.
22812	C	.	Fusion of spine	.	.	.	.	.
22818	C	.	Kyphectomy, 1-2 segments	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
22819	C	.	Kyphectomy, 3 or more	.	.	.	.	.
22830	C	.	Exploration of spinal fusion	.	.	.	.	.
22840	C	.	Insert spine fixation device	.	.	.	.	.
22841	C	.	Insert spine fixation device	.	.	.	.	.
22842	C	.	Insert spine fixation device	.	.	.	.	.
22843	C	.	Insert spine fixation device	.	.	.	.	.
22844	C	.	Insert spine fixation device	.	.	.	.	.
22845	C	.	Insert spine fixation device	.	.	.	.	.
22846	C	.	Insert spine fixation device	.	.	.	.	.
22847	C	.	Insert spine fixation device	.	.	.	.	.
22848	C	.	Insert pelv fixation device	.	.	.	.	.
22849	C	.	Reinsert spinal fixation	.	.	.	.	.
22850	C	.	Remove spine fixation device	.	.	.	.	.
22851	C	.	Apply spine prosth device	.	.	.	.	.
22852	C	.	Remove spine fixation device	.	.	.	.	.
22855	C	.	Remove spine fixation device	.	.	.	.	.
22899	T	.	Spine surgery procedure	0043	1.7694	\$105.00	.	\$21.00
22900	T	.	Remove abdominal wall lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
22999	T	.	Abdomen surgery procedure	0019	4.0547	\$240.62	\$71.87	\$48.12
23000	T	.	Removal of calcium deposits	0021	14.9776	\$888.82	\$219.48	\$177.76
23020	T	.	Release shoulder joint	0051	36.5271	\$2,167.63	.	\$433.53
23030	T	.	Drain shoulder lesion	0008	16.4989	\$979.09	.	\$195.82
23031	T	.	Drain shoulder bursa	0008	16.4989	\$979.09	.	\$195.82
23035	T	.	Drain shoulder bone lesion	0049	20.3707	\$1,208.86	.	\$241.77
23040	T	.	Exploratory shoulder surgery	0050	23.9081	\$1,418.78	.	\$283.76
23044	T	.	Exploratory shoulder surgery	0050	23.9081	\$1,418.78	.	\$283.76
23065	T	.	Biopsy shoulder tissues	0021	14.9776	\$888.82	\$219.48	\$177.76
23066	T	.	Biopsy shoulder tissues	0022	19.6472	\$1,165.92	\$354.45	\$233.18
23075	T	.	Removal of shoulder lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
23076	T	.	Removal of shoulder lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
23077	T	.	Remove tumor of shoulder	0022	19.6472	\$1,165.92	\$354.45	\$233.18
23100	T	.	Biopsy of shoulder joint	0049	20.3707	\$1,208.86	.	\$241.77
23101	T	.	Shoulder joint surgery	0050	23.9081	\$1,418.78	.	\$283.76
23105	T	.	Remove shoulder joint lining	0050	23.9081	\$1,418.78	.	\$283.76
23106	T	.	Incision of collarbone joint	0050	23.9081	\$1,418.78	.	\$283.76
23107	T	.	Explore treat shoulder joint	0050	23.9081	\$1,418.78	.	\$283.76
23120	T	.	Partial removal, collar bone	0051	36.5271	\$2,167.63	.	\$433.53
23125	T	.	Removal of collar bone	0051	36.5271	\$2,167.63	.	\$433.53
23130	T	.	Remove shoulder bone, part	0051	36.5271	\$2,167.63	.	\$433.53
23140	T	.	Removal of bone lesion	0049	20.3707	\$1,208.86	.	\$241.77
23145	T	.	Removal of bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
23146	T	.	Removal of bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
23150	T	.	Removal of humerus lesion	0050	23.9081	\$1,418.78	.	\$283.76
23155	T	.	Removal of humerus lesion	0050	23.9081	\$1,418.78	.	\$283.76
23156	T	.	Removal of humerus lesion	0050	23.9081	\$1,418.78	.	\$283.76
23170	T	.	Remove collar bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
23172	T	.	Remove shoulder blade lesion	0050	23.9081	\$1,418.78	.	\$283.76
23174	T	.	Remove humerus lesion	0050	23.9081	\$1,418.78	.	\$283.76
23180	T	.	Remove collar bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
23182	T	.	Remove shoulder blade lesion	0050	23.9081	\$1,418.78	.	\$283.76
23184	T	.	Remove humerus lesion	0050	23.9081	\$1,418.78	.	\$283.76
23190	T	.	Partial removal of scapula	0050	23.9081	\$1,418.78	.	\$283.76
23195	T	.	Removal of head of humerus	0050	23.9081	\$1,418.78	.	\$283.76

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
23200	C	.	Removal of collar bone	.	.	.	.	.
23210	C	.	Removal of shoulder blade	.	.	.	.	.
23220	C	.	Partial removal of humerus	.	.	.	.	.
23221	C	.	Partial removal of humerus	.	.	.	.	.
23222	C	.	Partial removal of humerus	.	.	.	.	.
23330	T	.	Remove shoulder foreign body	0020	6.9433	\$412.04	\$107.40	\$82.41
23331	T	.	Remove shoulder foreign body	0022	19.6472	\$1,165.92	\$354.45	\$233.18
23332	C	.	Remove shoulder foreign body	.	.	.	.	.
23350	N	.	Injection for shoulder x-ray	.	.	.	.	.
23395	T	.	Muscle transfer, shoulder/arm	0051	36.5271	\$2,167.63	.	\$433.53
23397	T	.	Muscle transfers	0052	43.9378	\$2,607.40	.	\$521.48
23400	T	.	Fixation of shoulder blade	0050	23.9081	\$1,418.78	.	\$283.76
23405	T	.	Incision of tendon & muscle	0050	23.9081	\$1,418.78	.	\$283.76
23406	T	.	Incise tendon(s) & muscle(s)	0050	23.9081	\$1,418.78	.	\$283.76
23410	T	.	Repair of tendon(s)	0052	43.9378	\$2,607.40	.	\$521.48
23412	T	.	Repair rotator cuff, chronic	0052	43.9378	\$2,607.40	.	\$521.48
23415	T	.	Release of shoulder ligament	0051	36.5271	\$2,167.63	.	\$433.53
23420	T	.	Repair of shoulder	0052	43.9378	\$2,607.40	.	\$521.48
23430	T	.	Repair biceps tendon	0052	43.9378	\$2,607.40	.	\$521.48
23440	T	.	Remove/transplant tendon	0052	43.9378	\$2,607.40	.	\$521.48
23450	T	.	Repair shoulder capsule	0052	43.9378	\$2,607.40	.	\$521.48
23455	T	.	Repair shoulder capsule	0052	43.9378	\$2,607.40	.	\$521.48
23460	T	.	Repair shoulder capsule	0052	43.9378	\$2,607.40	.	\$521.48
23462	T	.	Repair shoulder capsule	0052	43.9378	\$2,607.40	.	\$521.48
23465	T	.	Repair shoulder capsule	0052	43.9378	\$2,607.40	.	\$521.48
23466	T	.	Repair shoulder capsule	0052	43.9378	\$2,607.40	.	\$521.48
23470	T	.	Reconstruct shoulder joint	0425	100.2058	\$5,946.51	\$1,378.01	\$1,189.30
23472	C	.	Reconstruct shoulder joint	.	.	.	.	.
23480	T	.	Revision of collar bone	0051	36.5271	\$2,167.63	.	\$433.53
23485	T	.	Revision of collar bone	0051	36.5271	\$2,167.63	.	\$433.53
23490	T	.	Reinforce clavicle	0051	36.5271	\$2,167.63	.	\$433.53
23491	T	.	Reinforce shoulder bones	0051	36.5271	\$2,167.63	.	\$433.53
23500	T	.	Treat clavicle fracture	0043	1.7694	\$105.00	.	\$21.00
23505	T	.	Treat clavicle fracture	0043	1.7694	\$105.00	.	\$21.00
23515	T	.	Treat clavicle fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23520	T	.	Treat clavicle dislocation	0043	1.7694	\$105.00	.	\$21.00
23525	T	.	Treat clavicle dislocation	0043	1.7694	\$105.00	.	\$21.00
23530	T	.	Treat clavicle dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23532	T	.	Treat clavicle dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23540	T	.	Treat clavicle dislocation	0043	1.7694	\$105.00	.	\$21.00
23545	T	.	Treat clavicle dislocation	0043	1.7694	\$105.00	.	\$21.00
23550	T	.	Treat clavicle dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23552	T	.	Treat clavicle dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23570	T	.	Treat shoulder blade fx	0043	1.7694	\$105.00	.	\$21.00
23575	T	.	Treat shoulder blade fx	0043	1.7694	\$105.00	.	\$21.00
23585	T	.	Treat scapula fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23600	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
23605	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
23615	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23616	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23620	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
23625	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
23630	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
23650	T	.	Treat shoulder dislocation	0043	1.7694	\$105.00	.	\$21.00
23655	T	.	Treat shoulder dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
23660	T	.	Treat shoulder dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23665	T	.	Treat dislocation/fracture	0043	1.7694	\$105.00	.	\$21.00
23670	T	.	Treat dislocation/fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23675	T	.	Treat dislocation/fracture	0043	1.7694	\$105.00	.	\$21.00
23680	T	.	Treat dislocation/fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
23700	T	.	Fixation of shoulder	0045	14.4945	\$860.15	\$268.47	\$172.03
23800	T	.	Fusion of shoulder joint	0051	36.5271	\$2,167.63	.	\$433.53
23802	T	.	Fusion of shoulder joint	0051	36.5271	\$2,167.63	.	\$433.53
23900	C	.	Amputation of arm & girdle	.	.	.	.	.
23920	C	.	Amputation at shoulder joint	.	.	.	.	.
23921	T	.	Amputation follow-up surgery	0025	5.4938	\$326.02	\$101.85	\$65.20
23929	T	.	Shoulder surgery procedure	0043	1.7694	\$105.00	.	\$21.00
23930	T	.	Drainage of arm lesion	0008	16.4989	\$979.09	.	\$195.82
23931	T	.	Drainage of arm bursa	0008	16.4989	\$979.09	.	\$195.82
23935	T	.	Drain arm/elbow bone lesion	0049	20.3707	\$1,208.86	.	\$241.77
24000	T	.	Exploratory elbow surgery	0050	23.9081	\$1,418.78	.	\$283.76
24006	T	.	Release elbow joint	0050	23.9081	\$1,418.78	.	\$283.76
24065	T	.	Biopsy arm/elbow soft tissue	0021	14.9776	\$888.82	\$219.48	\$177.76
24066	T	.	Biopsy arm/elbow soft tissue	0021	14.9776	\$888.82	\$219.48	\$177.76
24075	T	.	Remove arm/elbow lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
24076	T	.	Remove arm/elbow lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
24077	T	.	Remove tumor of arm/elbow	0022	19.6472	\$1,165.92	\$354.45	\$233.18
24100	T	.	Biopsy elbow joint lining	0049	20.3707	\$1,208.86	.	\$241.77
24101	T	.	Explore/treat elbow joint	0050	23.9081	\$1,418.78	.	\$283.76
24102	T	.	Remove elbow joint lining	0050	23.9081	\$1,418.78	.	\$283.76
24105	T	.	Removal of elbow bursa	0049	20.3707	\$1,208.86	.	\$241.77
24110	T	.	Remove humerus lesion	0049	20.3707	\$1,208.86	.	\$241.77
24115	T	.	Remove/graft bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
24116	T	.	Remove/graft bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
24120	T	.	Remove elbow lesion	0049	20.3707	\$1,208.86	.	\$241.77
24125	T	.	Remove/graft bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
24126	T	.	Remove/graft bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
24130	T	.	Removal of head of radius	0050	23.9081	\$1,418.78	.	\$283.76
24134	T	.	Removal of arm bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
24136	T	.	Remove radius bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
24138	T	.	Remove elbow bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
24140	T	.	Partial removal of arm bone	0050	23.9081	\$1,418.78	.	\$283.76
24145	T	.	Partial removal of radius	0050	23.9081	\$1,418.78	.	\$283.76
24147	T	.	Partial removal of elbow	0050	23.9081	\$1,418.78	.	\$283.76
24149	T	.	Radical resection of elbow	0050	23.9081	\$1,418.78	.	\$283.76
24150	T	.	Extensive humerus surgery	0052	43.9378	\$2,607.40	.	\$521.48
24151	T	.	Extensive humerus surgery	0052	43.9378	\$2,607.40	.	\$521.48
24152	T	.	Extensive radius surgery	0052	43.9378	\$2,607.40	.	\$521.48
24153	T	.	Extensive radius surgery	0052	43.9378	\$2,607.40	.	\$521.48
24155	T	.	Removal of elbow joint	0051	36.5271	\$2,167.63	.	\$433.53
24160	T	.	Remove elbow joint implant	0050	23.9081	\$1,418.78	.	\$283.76
24164	T	.	Remove radius head implant	0050	23.9081	\$1,418.78	.	\$283.76
24200	T	.	Removal of arm foreign body	0019	4.0547	\$240.62	\$71.87	\$48.12
24201	T	.	Removal of arm foreign body	0021	14.9776	\$888.82	\$219.48	\$177.76
24220	N	.	Injection for elbow x-ray	.	.	.	.	.
24300	T	.	Manipulate elbow w/anesth	0045	14.4945	\$860.15	\$268.47	\$172.03

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
24301	T	.	Muscle/tendon transfer	0050	23.9081	\$1,418.78	.	\$283.76
24305	T	.	Arm tendon lengthening	0050	23.9081	\$1,418.78	.	\$283.76
24310	T	.	Revision of arm tendon	0049	20.3707	\$1,208.86	.	\$241.77
24320	T	.	Repair of arm tendon	0051	36.5271	\$2,167.63	.	\$433.53
24330	T	.	Revision of arm muscles	0051	36.5271	\$2,167.63	.	\$433.53
24331	T	.	Revision of arm muscles	0051	36.5271	\$2,167.63	.	\$433.53
24332	T	.	Tenolysis, triceps	0049	20.3707	\$1,208.86	.	\$241.77
24340	T	.	Repair of biceps tendon	0051	36.5271	\$2,167.63	.	\$433.53
24341	T	.	Repair arm tendon/muscle	0051	36.5271	\$2,167.63	.	\$433.53
24342	T	.	Repair of ruptured tendon	0051	36.5271	\$2,167.63	.	\$433.53
24343	T	.	Repr elbow lat ligmnt w/tiss	0050	23.9081	\$1,418.78	.	\$283.76
24344	T	.	Reconstruct elbow lat ligmnt	0051	36.5271	\$2,167.63	.	\$433.53
24345	T	.	Repr elbw med ligmnt w/tissu	0050	23.9081	\$1,418.78	.	\$283.76
24346	T	.	Reconstruct elbow med ligmnt	0051	36.5271	\$2,167.63	.	\$433.53
24350	T	.	Repair of tennis elbow	0050	23.9081	\$1,418.78	.	\$283.76
24351	T	.	Repair of tennis elbow	0050	23.9081	\$1,418.78	.	\$283.76
24352	T	.	Repair of tennis elbow	0050	23.9081	\$1,418.78	.	\$283.76
24354	T	.	Repair of tennis elbow	0050	23.9081	\$1,418.78	.	\$283.76
24356	T	.	Revision of tennis elbow	0050	23.9081	\$1,418.78	.	\$283.76
24360	T	.	Reconstruct elbow joint	0047	31.6107	\$1,875.87	\$537.03	\$375.17
24361	T	.	Reconstruct elbow joint	0425	100.2058	\$5,946.51	\$1,378.01	\$1,189.30
24362	T	.	Reconstruct elbow joint	0048	43.1288	\$2,559.39	\$570.30	\$511.88
24363	T	.	Replace elbow joint	0425	100.2058	\$5,946.51	\$1,378.01	\$1,189.30
24365	T	.	Reconstruct head of radius	0047	31.6107	\$1,875.87	\$537.03	\$375.17
24366	T	.	Reconstruct head of radius	0425	100.2058	\$5,946.51	\$1,378.01	\$1,189.30
24400	T	.	Revision of humerus	0050	23.9081	\$1,418.78	.	\$283.76
24410	T	.	Revision of humerus	0050	23.9081	\$1,418.78	.	\$283.76
24420	T	.	Revision of humerus	0051	36.5271	\$2,167.63	.	\$433.53
24430	T	.	Repair of humerus	0051	36.5271	\$2,167.63	.	\$433.53
24435	T	.	Repair humerus with graft	0051	36.5271	\$2,167.63	.	\$433.53
24470	T	.	Revision of elbow joint	0051	36.5271	\$2,167.63	.	\$433.53
24495	T	.	Decompression of forearm	0050	23.9081	\$1,418.78	.	\$283.76
24498	T	.	Reinforce humerus	0051	36.5271	\$2,167.63	.	\$433.53
24500	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
24505	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
24515	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24516	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24530	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
24535	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
24538	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24545	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24546	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24560	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
24565	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
24566	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24575	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24576	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
24577	T	.	Treat humerus fracture	0043	1.7694	\$105.00	.	\$21.00
24579	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24582	T	.	Treat humerus fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24586	T	.	Treat elbow fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24587	T	.	Treat elbow fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24600	T	.	Treat elbow dislocation	0043	1.7694	\$105.00	.	\$21.00

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
24605	T	.	Treat elbow dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
24615	T	.	Treat elbow dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24620	T	.	Treat elbow fracture	0043	1.7694	\$105.00	.	\$21.00
24635	T	.	Treat elbow fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24640	T	.	Treat elbow dislocation	0043	1.7694	\$105.00	.	\$21.00
24650	T	.	Treat radius fracture	0043	1.7694	\$105.00	.	\$21.00
24655	T	.	Treat radius fracture	0043	1.7694	\$105.00	.	\$21.00
24665	T	.	Treat radius fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24666	T	.	Treat radius fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24670	T	.	Treat ulnar fracture	0043	1.7694	\$105.00	.	\$21.00
24675	T	.	Treat ulnar fracture	0043	1.7694	\$105.00	.	\$21.00
24685	T	.	Treat ulnar fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
24800	T	.	Fusion of elbow joint	0051	36.5271	\$2,167.63	.	\$433.53
24802	T	.	Fusion/graft of elbow joint	0051	36.5271	\$2,167.63	.	\$433.53
24900	C	.	Amputation of upper arm	.	.	.	.	.
24920	C	.	Amputation of upper arm	.	.	.	.	.
24925	T	.	Amputation follow-up surgery	0049	20.3707	\$1,208.86	.	\$241.77
24930	C	.	Amputation follow-up surgery	.	.	.	.	.
24931	C	.	Amputate upper arm & implant	.	.	.	.	.
24935	T	.	Revision of amputation	0052	43.9378	\$2,607.40	.	\$521.48
24940	C	.	Revision of upper arm	.	.	.	.	.
24999	T	.	Upper arm/elbow surgery	0043	1.7694	\$105.00	.	\$21.00
25000	T	.	Incision of tendon sheath	0049	20.3707	\$1,208.86	.	\$241.77
25001	T	.	Incise flexor carpi radialis	0049	20.3707	\$1,208.86	.	\$241.77
25020	T	.	Decompress forearm 1 space	0049	20.3707	\$1,208.86	.	\$241.77
25023	T	.	Decompress forearm 1 space	0050	23.9081	\$1,418.78	.	\$283.76
25024	T	.	Decompress forearm 2 spaces	0050	23.9081	\$1,418.78	.	\$283.76
25025	T	.	Decompress forearm 2 spaces	0050	23.9081	\$1,418.78	.	\$283.76
25028	T	.	Drainage of forearm lesion	0049	20.3707	\$1,208.86	.	\$241.77
25031	T	.	Drainage of forearm bursa	0049	20.3707	\$1,208.86	.	\$241.77
25035	T	.	Treat forearm bone lesion	0049	20.3707	\$1,208.86	.	\$241.77
25040	T	.	Explore/treat wrist joint	0050	23.9081	\$1,418.78	.	\$283.76
25065	T	.	Biopsy forearm soft tissues	0021	14.9776	\$888.82	\$219.48	\$177.76
25066	T	.	Biopsy forearm soft tissues	0022	19.6472	\$1,165.92	\$354.45	\$233.18
25075	T	.	Removel forearm lesion subcu	0021	14.9776	\$888.82	\$219.48	\$177.76
25076	T	.	Removel forearm lesion deep	0022	19.6472	\$1,165.92	\$354.45	\$233.18
25077	T	.	Remove tumor, forearm/wrist	0022	19.6472	\$1,165.92	\$354.45	\$233.18
25085	T	.	Incision of wrist capsule	0049	20.3707	\$1,208.86	.	\$241.77
25100	T	.	Biopsy of wrist joint	0049	20.3707	\$1,208.86	.	\$241.77
25101	T	.	Explore/treat wrist joint	0050	23.9081	\$1,418.78	.	\$283.76
25105	T	.	Remove wrist joint lining	0050	23.9081	\$1,418.78	.	\$283.76
25107	T	.	Remove wrist joint cartilage	0050	23.9081	\$1,418.78	.	\$283.76
25110	T	.	Remove wrist tendon lesion	0049	20.3707	\$1,208.86	.	\$241.77
25111	T	.	Remove wrist tendon lesion	0053	15.6795	\$930.47	\$253.49	\$186.09
25112	T	.	Reremove wrist tendon lesion	0053	15.6795	\$930.47	\$253.49	\$186.09
25115	T	.	Remove wrist/forearm lesion	0049	20.3707	\$1,208.86	.	\$241.77
25116	T	.	Remove wrist/forearm lesion	0049	20.3707	\$1,208.86	.	\$241.77
25118	T	.	Excise wrist tendon sheath	0050	23.9081	\$1,418.78	.	\$283.76
25119	T	.	Partial removal of ulna	0050	23.9081	\$1,418.78	.	\$283.76
25120	T	.	Removal of forearm lesion	0050	23.9081	\$1,418.78	.	\$283.76
25125	T	.	Remove/graft forearm lesion	0050	23.9081	\$1,418.78	.	\$283.76
25126	T	.	Remove/graft forearm lesion	0050	23.9081	\$1,418.78	.	\$283.76
25130	T	.	Removal of wrist lesion	0050	23.9081	\$1,418.78	.	\$283.76

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
25135	T	.	Remove & graft wrist lesion	0050	23.9081	\$1,418.78	.	\$283.76
25136	T	.	Remove & graft wrist lesion	0050	23.9081	\$1,418.78	.	\$283.76
25145	T	.	Remove forearm bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
25150	T	.	Partial removal of ulna	0050	23.9081	\$1,418.78	.	\$283.76
25151	T	.	Partial removal of radius	0050	23.9081	\$1,418.78	.	\$283.76
25170	T	.	Extensive forearm surgery	0052	43.9378	\$2,607.40	.	\$521.48
25210	T	.	Removal of wrist bone	0054	25.3711	\$1,505.60	.	\$301.12
25215	T	.	Removal of wrist bones	0054	25.3711	\$1,505.60	.	\$301.12
25230	T	.	Partial removal of radius	0050	23.9081	\$1,418.78	.	\$283.76
25240	T	.	Partial removal of ulna	0050	23.9081	\$1,418.78	.	\$283.76
25246	N	.	Injection for wrist x-ray	.	.	.	.	.
25248	T	.	Remove forearm foreign body	0049	20.3707	\$1,208.86	.	\$241.77
25250	T	.	Removal of wrist prosthesis	0050	23.9081	\$1,418.78	.	\$283.76
25251	T	.	Removal of wrist prosthesis	0050	23.9081	\$1,418.78	.	\$283.76
25259	T	.	Manipulate wrist w/anesthes	0043	1.7694	\$105.00	.	\$21.00
25260	T	.	Repair forearm tendon/muscle	0050	23.9081	\$1,418.78	.	\$283.76
25263	T	.	Repair forearm tendon/muscle	0050	23.9081	\$1,418.78	.	\$283.76
25265	T	.	Repair forearm tendon/muscle	0050	23.9081	\$1,418.78	.	\$283.76
25270	T	.	Repair forearm tendon/muscle	0050	23.9081	\$1,418.78	.	\$283.76
25272	T	.	Repair forearm tendon/muscle	0050	23.9081	\$1,418.78	.	\$283.76
25274	T	.	Repair forearm tendon/muscle	0050	23.9081	\$1,418.78	.	\$283.76
25275	T	.	Repair forearm tendon sheath	0050	23.9081	\$1,418.78	.	\$283.76
25280	T	.	Revise wrist/forearm tendon	0050	23.9081	\$1,418.78	.	\$283.76
25290	T	.	Incise wrist/forearm tendon	0050	23.9081	\$1,418.78	.	\$283.76
25295	T	.	Release wrist/forearm tendon	0049	20.3707	\$1,208.86	.	\$241.77
25300	T	.	Fusion of tendons at wrist	0050	23.9081	\$1,418.78	.	\$283.76
25301	T	.	Fusion of tendons at wrist	0050	23.9081	\$1,418.78	.	\$283.76
25310	T	.	Transplant forearm tendon	0051	36.5271	\$2,167.63	.	\$433.53
25312	T	.	Transplant forearm tendon	0051	36.5271	\$2,167.63	.	\$433.53
25315	T	.	Revise palsy hand tendon(s)	0051	36.5271	\$2,167.63	.	\$433.53
25316	T	.	Revise palsy hand tendon(s)	0051	36.5271	\$2,167.63	.	\$433.53
25320	T	.	Repair/revise wrist joint	0051	36.5271	\$2,167.63	.	\$433.53
25332	T	.	Revise wrist joint	0047	31.6107	\$1,875.87	\$537.03	\$375.17
25335	T	.	Realignment of hand	0051	36.5271	\$2,167.63	.	\$433.53
25337	T	.	Reconstruct ulna/radioulnar	0051	36.5271	\$2,167.63	.	\$433.53
25350	T	.	Revision of radius	0051	36.5271	\$2,167.63	.	\$433.53
25355	T	.	Revision of radius	0051	36.5271	\$2,167.63	.	\$433.53
25360	T	.	Revision of ulna	0050	23.9081	\$1,418.78	.	\$283.76
25365	T	.	Revise radius & ulna	0050	23.9081	\$1,418.78	.	\$283.76
25370	T	.	Revise radius or ulna	0051	36.5271	\$2,167.63	.	\$433.53
25375	T	.	Revise radius & ulna	0051	36.5271	\$2,167.63	.	\$433.53
25390	T	.	Shorten radius or ulna	0050	23.9081	\$1,418.78	.	\$283.76
25391	T	.	Lengthen radius or ulna	0051	36.5271	\$2,167.63	.	\$433.53
25392	T	.	Shorten radius & ulna	0050	23.9081	\$1,418.78	.	\$283.76
25393	T	.	Lengthen radius & ulna	0051	36.5271	\$2,167.63	.	\$433.53
25394	T	.	Repair carpal bone, shorten	0053	15.6795	\$930.47	\$253.49	\$186.09
25400	T	.	Repair radius or ulna	0050	23.9081	\$1,418.78	.	\$283.76
25405	T	.	Repair/graft radius or ulna	0050	23.9081	\$1,418.78	.	\$283.76
25415	T	.	Repair radius & ulna	0050	23.9081	\$1,418.78	.	\$283.76
25420	T	.	Repair/graft radius & ulna	0051	36.5271	\$2,167.63	.	\$433.53
25425	T	.	Repair/graft radius or ulna	0051	36.5271	\$2,167.63	.	\$433.53
25426	T	.	Repair/graft radius & ulna	0051	36.5271	\$2,167.63	.	\$433.53
25430	T	.	Vasc graft into carpal bone	0054	25.3711	\$1,505.60	.	\$301.12

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
25431	T	.	Repair nonunion carpal bone	0054	25.3711	\$1,505.60	.	\$301.12
25440	T	.	Repair/graft wrist bone	0051	36.5271	\$2,167.63	.	\$433.53
25441	T	.	Reconstruct wrist joint	0425	100.2058	\$5,946.51	\$1,378.01	\$1,189.30
25442	T	.	Reconstruct wrist joint	0425	100.2058	\$5,946.51	\$1,378.01	\$1,189.30
25443	T	.	Reconstruct wrist joint	0048	43.1288	\$2,559.39	\$570.30	\$511.88
25444	T	.	Reconstruct wrist joint	0048	43.1288	\$2,559.39	\$570.30	\$511.88
25445	T	.	Reconstruct wrist joint	0048	43.1288	\$2,559.39	\$570.30	\$511.88
25446	T	.	Wrist replacement	0425	100.2058	\$5,946.51	\$1,378.01	\$1,189.30
25447	T	.	Repair wrist joint(s)	0047	31.6107	\$1,875.87	\$537.03	\$375.17
25449	T	.	Remove wrist joint implant	0047	31.6107	\$1,875.87	\$537.03	\$375.17
25450	T	.	Revision of wrist joint	0051	36.5271	\$2,167.63	.	\$433.53
25455	T	.	Revision of wrist joint	0051	36.5271	\$2,167.63	.	\$433.53
25490	T	.	Reinforce radius	0051	36.5271	\$2,167.63	.	\$433.53
25491	T	.	Reinforce ulna	0051	36.5271	\$2,167.63	.	\$433.53
25492	T	.	Reinforce radius and ulna	0051	36.5271	\$2,167.63	.	\$433.53
25500	T	.	Treat fracture of radius	0043	1.7694	\$105.00	.	\$21.00
25505	T	.	Treat fracture of radius	0043	1.7694	\$105.00	.	\$21.00
25515	T	.	Treat fracture of radius	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25520	T	.	Treat fracture of radius	0043	1.7694	\$105.00	.	\$21.00
25525	T	.	Treat fracture of radius	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25526	T	.	Treat fracture of radius	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25530	T	.	Treat fracture of ulna	0043	1.7694	\$105.00	.	\$21.00
25535	T	.	Treat fracture of ulna	0043	1.7694	\$105.00	.	\$21.00
25545	T	.	Treat fracture of ulna	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25560	T	.	Treat fracture radius & ulna	0043	1.7694	\$105.00	.	\$21.00
25565	T	.	Treat fracture radius & ulna	0043	1.7694	\$105.00	.	\$21.00
25574	T	.	Treat fracture radius & ulna	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25575	T	.	Treat fracture radius/ulna	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25600	T	.	Treat fracture radius/ulna	0043	1.7694	\$105.00	.	\$21.00
25605	T	.	Treat fracture radius/ulna	0043	1.7694	\$105.00	.	\$21.00
25611	T	.	Treat fracture radius/ulna	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25620	T	.	Treat fracture radius/ulna	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25622	T	.	Treat wrist bone fracture	0043	1.7694	\$105.00	.	\$21.00
25624	T	.	Treat wrist bone fracture	0043	1.7694	\$105.00	.	\$21.00
25628	T	.	Treat wrist bone fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25630	T	.	Treat wrist bone fracture	0043	1.7694	\$105.00	.	\$21.00
25635	T	.	Treat wrist bone fracture	0043	1.7694	\$105.00	.	\$21.00
25645	T	.	Treat wrist bone fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25650	T	.	Treat wrist bone fracture	0043	1.7694	\$105.00	.	\$21.00
25651	T	.	Pin ulnar styloid fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25652	T	.	Treat fracture ulnar styloid	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25660	T	.	Treat wrist dislocation	0043	1.7694	\$105.00	.	\$21.00
25670	T	.	Treat wrist dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25671	T	.	Pin radioulnar dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25675	T	.	Treat wrist dislocation	0043	1.7694	\$105.00	.	\$21.00
25676	T	.	Treat wrist dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25680	T	.	Treat wrist fracture	0043	1.7694	\$105.00	.	\$21.00
25685	T	.	Treat wrist fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25690	T	.	Treat wrist dislocation	0043	1.7694	\$105.00	.	\$21.00
25695	T	.	Treat wrist dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
25800	T	.	Fusion of wrist joint	0051	36.5271	\$2,167.63	.	\$433.53
25805	T	.	Fusion/graft of wrist joint	0051	36.5271	\$2,167.63	.	\$433.53
25810	T	.	Fusion/graft of wrist joint	0051	36.5271	\$2,167.63	.	\$433.53

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
25820	T	.	Fusion of hand bones	0053	15.6795	\$930.47	\$253.49	\$186.09
25825	T	.	Fuse hand bones with graft	0054	25.3711	\$1,505.60	.	\$301.12
25830	T	.	Fusion, radioulnar jnt/ulna	0051	36.5271	\$2,167.63	.	\$433.53
25900	C	.	Amputation of forearm	.	.	.	.	.
25905	C	.	Amputation of forearm	.	.	.	.	.
25907	T	.	Amputation follow-up surgery	0049	20.3707	\$1,208.86	.	\$241.77
25909	C	.	Amputation follow-up surgery	.	.	.	.	.
25915	C	.	Amputation of forearm	.	.	.	.	.
25920	C	.	Amputate hand at wrist	.	.	.	.	.
25922	T	.	Amputate hand at wrist	0049	20.3707	\$1,208.86	.	\$241.77
25924	C	.	Amputation follow-up surgery	.	.	.	.	.
25927	C	.	Amputation of hand	.	.	.	.	.
25929	T	.	Amputation follow-up surgery	0686	13.8287	\$820.64	.	\$164.13
25931	C	.	Amputation follow-up surgery	.	.	.	.	.
25999	T	.	Forearm or wrist surgery	0043	1.7694	\$105.00	.	\$21.00
26010	T	.	Drainage of finger abscess	0006	1.55	\$91.98	\$22.28	\$18.40
26011	T	.	Drainage of finger abscess	0007	11.4501	\$679.48	.	\$135.90
26020	T	.	Drain hand tendon sheath	0053	15.6795	\$930.47	\$253.49	\$186.09
26025	T	.	Drainage of palm bursa	0053	15.6795	\$930.47	\$253.49	\$186.09
26030	T	.	Drainage of palm bursa(s)	0053	15.6795	\$930.47	\$253.49	\$186.09
26034	T	.	Treat hand bone lesion	0053	15.6795	\$930.47	\$253.49	\$186.09
26035	T	.	Decompress fingers/hand	0053	15.6795	\$930.47	\$253.49	\$186.09
26037	T	.	Decompress fingers/hand	0053	15.6795	\$930.47	\$253.49	\$186.09
26040	T	.	Release palm contracture	0054	25.3711	\$1,505.60	.	\$301.12
26045	T	.	Release palm contracture	0054	25.3711	\$1,505.60	.	\$301.12
26055	T	.	Incise finger tendon sheath	0053	15.6795	\$930.47	\$253.49	\$186.09
26060	T	.	Incision of finger tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26070	T	.	Explore/treat hand joint	0053	15.6795	\$930.47	\$253.49	\$186.09
26075	T	.	Explore/treat finger joint	0053	15.6795	\$930.47	\$253.49	\$186.09
26080	T	.	Explore/treat finger joint	0053	15.6795	\$930.47	\$253.49	\$186.09
26100	T	.	Biopsy hand joint lining	0053	15.6795	\$930.47	\$253.49	\$186.09
26105	T	.	Biopsy finger joint lining	0053	15.6795	\$930.47	\$253.49	\$186.09
26110	T	.	Biopsy finger joint lining	0053	15.6795	\$930.47	\$253.49	\$186.09
26115	T	.	Removel hand lesion subcut	0022	19.6472	\$1,165.92	\$354.45	\$233.18
26116	T	.	Removel hand lesion, deep	0022	19.6472	\$1,165.92	\$354.45	\$233.18
26117	T	.	Remove tumor, hand/finger	0022	19.6472	\$1,165.92	\$354.45	\$233.18
26121	T	.	Release palm contracture	0054	25.3711	\$1,505.60	.	\$301.12
26123	T	.	Release palm contracture	0054	25.3711	\$1,505.60	.	\$301.12
26125	T	.	Release palm contracture	0053	15.6795	\$930.47	\$253.49	\$186.09
26130	T	.	Remove wrist joint lining	0053	15.6795	\$930.47	\$253.49	\$186.09
26135	T	.	Revise finger joint, each	0054	25.3711	\$1,505.60	.	\$301.12
26140	T	.	Revise finger joint, each	0053	15.6795	\$930.47	\$253.49	\$186.09
26145	T	.	Tendon excision, palm/finger	0053	15.6795	\$930.47	\$253.49	\$186.09
26160	T	.	Remove tendon sheath lesion	0053	15.6795	\$930.47	\$253.49	\$186.09
26170	T	.	Removal of palm tendon, each	0053	15.6795	\$930.47	\$253.49	\$186.09
26180	T	.	Removal of finger tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26185	T	.	Remove finger bone	0053	15.6795	\$930.47	\$253.49	\$186.09
26200	T	.	Remove hand bone lesion	0053	15.6795	\$930.47	\$253.49	\$186.09
26205	T	.	Remove/graft bone lesion	0054	25.3711	\$1,505.60	.	\$301.12
26210	T	.	Removal of finger lesion	0053	15.6795	\$930.47	\$253.49	\$186.09
26215	T	.	Remove/graft finger lesion	0053	15.6795	\$930.47	\$253.49	\$186.09
26230	T	.	Partial removal of hand bone	0053	15.6795	\$930.47	\$253.49	\$186.09
26235	T	.	Partial removal, finger bone	0053	15.6795	\$930.47	\$253.49	\$186.09

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
26236	T	.	Partial removal, finger bone	0053	15.6795	\$930.47	\$253.49	\$186.09
26250	T	.	Extensive hand surgery	0053	15.6795	\$930.47	\$253.49	\$186.09
26255	T	.	Extensive hand surgery	0054	25.3711	\$1,505.60	.	\$301.12
26260	T	.	Extensive finger surgery	0053	15.6795	\$930.47	\$253.49	\$186.09
26261	T	.	Extensive finger surgery	0053	15.6795	\$930.47	\$253.49	\$186.09
26262	T	.	Partial removal of finger	0053	15.6795	\$930.47	\$253.49	\$186.09
26320	T	.	Removal of implant from hand	0021	14.9776	\$888.82	\$219.48	\$177.76
26340	T	.	Manipulate finger w/anesth	0043	1.7694	\$105.00	.	\$21.00
26350	T	.	Repair finger/hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26352	T	.	Repair/graft hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26356	T	.	Repair finger/hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26357	T	.	Repair finger/hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26358	T	.	Repair/graft hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26370	T	.	Repair finger/hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26372	T	.	Repair/graft hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26373	T	.	Repair finger/hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26390	T	.	Revise hand/finger tendon	0054	25.3711	\$1,505.60	.	\$301.12
26392	T	.	Repair/graft hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26410	T	.	Repair hand tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26412	T	.	Repair/graft hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26415	T	.	Excision, hand/finger tendon	0054	25.3711	\$1,505.60	.	\$301.12
26416	T	.	Graft hand or finger tendon	0054	25.3711	\$1,505.60	.	\$301.12
26418	T	.	Repair finger tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26420	T	.	Repair/graft finger tendon	0054	25.3711	\$1,505.60	.	\$301.12
26426	T	.	Repair finger/hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26428	T	.	Repair/graft finger tendon	0054	25.3711	\$1,505.60	.	\$301.12
26432	T	.	Repair finger tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26433	T	.	Repair finger tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26434	T	.	Repair/graft finger tendon	0054	25.3711	\$1,505.60	.	\$301.12
26437	T	.	Realignment of tendons	0053	15.6795	\$930.47	\$253.49	\$186.09
26440	T	.	Release palm/finger tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26442	T	.	Release palm & finger tendon	0054	25.3711	\$1,505.60	.	\$301.12
26445	T	.	Release hand/finger tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26449	T	.	Release forearm/hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26450	T	.	Incision of palm tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26455	T	.	Incision of finger tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26460	T	.	Incise hand/finger tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26471	T	.	Fusion of finger tendons	0053	15.6795	\$930.47	\$253.49	\$186.09
26474	T	.	Fusion of finger tendons	0053	15.6795	\$930.47	\$253.49	\$186.09
26476	T	.	Tendon lengthening	0053	15.6795	\$930.47	\$253.49	\$186.09
26477	T	.	Tendon shortening	0053	15.6795	\$930.47	\$253.49	\$186.09
26478	T	.	Lengthening of hand tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26479	T	.	Shortening of hand tendon	0053	15.6795	\$930.47	\$253.49	\$186.09
26480	T	.	Transplant hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26483	T	.	Transplant/graft hand tendon	0054	25.3711	\$1,505.60	.	\$301.12
26485	T	.	Transplant palm tendon	0054	25.3711	\$1,505.60	.	\$301.12
26489	T	.	Transplant/graft palm tendon	0054	25.3711	\$1,505.60	.	\$301.12
26490	T	.	Revise thumb tendon	0054	25.3711	\$1,505.60	.	\$301.12
26492	T	.	Tendon transfer with graft	0054	25.3711	\$1,505.60	.	\$301.12
26494	T	.	Hand tendon/muscle transfer	0054	25.3711	\$1,505.60	.	\$301.12
26496	T	.	Revise thumb tendon	0054	25.3711	\$1,505.60	.	\$301.12
26497	T	.	Finger tendon transfer	0054	25.3711	\$1,505.60	.	\$301.12
26498	T	.	Finger tendon transfer	0054	25.3711	\$1,505.60	.	\$301.12

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
26499	T	.	Revision of finger	0054	25.3711	\$1,505.60	.	\$301.12
26500	T	.	Hand tendon reconstruction	0053	15.6795	\$930.47	\$253.49	\$186.09
26502	T	.	Hand tendon reconstruction	0054	25.3711	\$1,505.60	.	\$301.12
26504	T	.	Hand tendon reconstruction	0054	25.3711	\$1,505.60	.	\$301.12
26508	T	.	Release thumb contracture	0053	15.6795	\$930.47	\$253.49	\$186.09
26510	T	.	Thumb tendon transfer	0054	25.3711	\$1,505.60	.	\$301.12
26516	T	.	Fusion of knuckle joint	0054	25.3711	\$1,505.60	.	\$301.12
26517	T	.	Fusion of knuckle joints	0054	25.3711	\$1,505.60	.	\$301.12
26518	T	.	Fusion of knuckle joints	0054	25.3711	\$1,505.60	.	\$301.12
26520	T	.	Release knuckle contracture	0053	15.6795	\$930.47	\$253.49	\$186.09
26525	T	.	Release finger contracture	0053	15.6795	\$930.47	\$253.49	\$186.09
26530	T	.	Revise knuckle joint	0047	31.6107	\$1,875.87	\$537.03	\$375.17
26531	T	.	Revise knuckle with implant	0048	43.1288	\$2,559.39	\$570.30	\$511.88
26535	T	.	Revise finger joint	0047	31.6107	\$1,875.87	\$537.03	\$375.17
26536	T	.	Revise/implant finger joint	0048	43.1288	\$2,559.39	\$570.30	\$511.88
26540	T	.	Repair hand joint	0053	15.6795	\$930.47	\$253.49	\$186.09
26541	T	.	Repair hand joint with graft	0054	25.3711	\$1,505.60	.	\$301.12
26542	T	.	Repair hand joint with graft	0053	15.6795	\$930.47	\$253.49	\$186.09
26545	T	.	Reconstruct finger joint	0054	25.3711	\$1,505.60	.	\$301.12
26546	T	.	Repair nonunion hand	0054	25.3711	\$1,505.60	.	\$301.12
26548	T	.	Reconstruct finger joint	0054	25.3711	\$1,505.60	.	\$301.12
26550	T	.	Construct thumb replacement	0054	25.3711	\$1,505.60	.	\$301.12
26551	C	.	Great toe-hand transfer	.	.	.	.	.
26553	C	.	Single transfer, toe-hand	.	.	.	.	.
26554	C	.	Double transfer, toe-hand	.	.	.	.	.
26555	T	.	Positional change of finger	0054	25.3711	\$1,505.60	.	\$301.12
26556	C	.	Toe joint transfer	.	.	.	.	.
26560	T	.	Repair of web finger	0053	15.6795	\$930.47	\$253.49	\$186.09
26561	T	.	Repair of web finger	0054	25.3711	\$1,505.60	.	\$301.12
26562	T	.	Repair of web finger	0054	25.3711	\$1,505.60	.	\$301.12
26565	T	.	Correct metacarpal flaw	0054	25.3711	\$1,505.60	.	\$301.12
26567	T	.	Correct finger deformity	0054	25.3711	\$1,505.60	.	\$301.12
26568	T	.	Lengthen metacarpal/finger	0054	25.3711	\$1,505.60	.	\$301.12
26580	T	.	Repair hand deformity	0053	15.6795	\$930.47	\$253.49	\$186.09
26587	T	.	Reconstruct extra finger	0053	15.6795	\$930.47	\$253.49	\$186.09
26590	T	.	Repair finger deformity	0053	15.6795	\$930.47	\$253.49	\$186.09
26591	T	.	Repair muscles of hand	0054	25.3711	\$1,505.60	.	\$301.12
26593	T	.	Release muscles of hand	0053	15.6795	\$930.47	\$253.49	\$186.09
26596	T	.	Excision constricting tissue	0053	15.6795	\$930.47	\$253.49	\$186.09
26600	T	.	Treat metacarpal fracture	0043	1.7694	\$105.00	.	\$21.00
26605	T	.	Treat metacarpal fracture	0043	1.7694	\$105.00	.	\$21.00
26607	T	.	Treat metacarpal fracture	0043	1.7694	\$105.00	.	\$21.00
26608	T	.	Treat metacarpal fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26615	T	.	Treat metacarpal fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26641	T	.	Treat thumb dislocation	0043	1.7694	\$105.00	.	\$21.00
26645	T	.	Treat thumb fracture	0043	1.7694	\$105.00	.	\$21.00
26650	T	.	Treat thumb fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26665	T	.	Treat thumb fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26670	T	.	Treat hand dislocation	0043	1.7694	\$105.00	.	\$21.00
26675	T	.	Treat hand dislocation	0043	1.7694	\$105.00	.	\$21.00
26676	T	.	Pin hand dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26685	T	.	Treat hand dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26686	T	.	Treat hand dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
26700	T	.	Treat knuckle dislocation	0043	1.7694	\$105.00	.	\$21.00
26705	T	.	Treat knuckle dislocation	0043	1.7694	\$105.00	.	\$21.00
26706	T	.	Pin knuckle dislocation	0043	1.7694	\$105.00	.	\$21.00
26715	T	.	Treat knuckle dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26720	T	.	Treat finger fracture, each	0043	1.7694	\$105.00	.	\$21.00
26725	T	.	Treat finger fracture, each	0043	1.7694	\$105.00	.	\$21.00
26727	T	.	Treat finger fracture, each	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26735	T	.	Treat finger fracture, each	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26740	T	.	Treat finger fracture, each	0043	1.7694	\$105.00	.	\$21.00
26742	T	.	Treat finger fracture, each	0043	1.7694	\$105.00	.	\$21.00
26746	T	.	Treat finger fracture, each	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26750	T	.	Treat finger fracture, each	0043	1.7694	\$105.00	.	\$21.00
26755	T	.	Treat finger fracture, each	0043	1.7694	\$105.00	.	\$21.00
26756	T	.	Pin finger fracture, each	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26765	T	.	Treat finger fracture, each	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26770	T	.	Treat finger dislocation	0043	1.7694	\$105.00	.	\$21.00
26775	T	.	Treat finger dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
26776	T	.	Pin finger dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26785	T	.	Treat finger dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
26820	T	.	Thumb fusion with graft	0054	25.3711	\$1,505.60	.	\$301.12
26841	T	.	Fusion of thumb	0054	25.3711	\$1,505.60	.	\$301.12
26842	T	.	Thumb fusion with graft	0054	25.3711	\$1,505.60	.	\$301.12
26843	T	.	Fusion of hand joint	0054	25.3711	\$1,505.60	.	\$301.12
26844	T	.	Fusion/graft of hand joint	0054	25.3711	\$1,505.60	.	\$301.12
26850	T	.	Fusion of knuckle	0054	25.3711	\$1,505.60	.	\$301.12
26852	T	.	Fusion of knuckle with graft	0054	25.3711	\$1,505.60	.	\$301.12
26860	T	.	Fusion of finger joint	0054	25.3711	\$1,505.60	.	\$301.12
26861	T	.	Fusion of finger jnt, add-on	0054	25.3711	\$1,505.60	.	\$301.12
26862	T	.	Fusion/graft of finger joint	0054	25.3711	\$1,505.60	.	\$301.12
26863	T	.	Fuse/graft added joint	0054	25.3711	\$1,505.60	.	\$301.12
26910	T	.	Amputate metacarpal bone	0054	25.3711	\$1,505.60	.	\$301.12
26951	T	.	Amputation of finger/thumb	0053	15.6795	\$930.47	\$253.49	\$186.09
26952	T	.	Amputation of finger/thumb	0053	15.6795	\$930.47	\$253.49	\$186.09
26989	T	.	Hand/finger surgery	0043	1.7694	\$105.00	.	\$21.00
26990	T	.	Drainage of pelvis lesion	0049	20.3707	\$1,208.86	.	\$241.77
26991	T	.	Drainage of pelvis bursa	0049	20.3707	\$1,208.86	.	\$241.77
26992	C	.	Drainage of bone lesion	.	.	.	.	.
27000	T	.	Incision of hip tendon	0049	20.3707	\$1,208.86	.	\$241.77
27001	T	.	Incision of hip tendon	0050	23.9081	\$1,418.78	.	\$283.76
27003	T	.	Incision of hip tendon	0050	23.9081	\$1,418.78	.	\$283.76
27005	C	.	Incision of hip tendon	.	.	.	.	.
27006	C	.	Incision of hip tendons	.	.	.	.	.
27025	C	.	Incision of hip/thigh fascia	.	.	.	.	.
27030	C	.	Drainage of hip joint	.	.	.	.	.
27033	T	.	Exploration of hip joint	0051	36.5271	\$2,167.63	.	\$433.53
27035	T	.	Denervation of hip joint	0052	43.9378	\$2,607.40	.	\$521.48
27036	C	.	Excision of hip joint/muscle	.	.	.	.	.
27040	T	.	Biopsy of soft tissues	0020	6.9433	\$412.04	\$107.40	\$82.41
27041	T	.	Biopsy of soft tissues	0020	6.9433	\$412.04	\$107.40	\$82.41
27047	T	.	Remove hip/pelvis lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
27048	T	.	Remove hip/pelvis lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
27049	T	.	Remove tumor, hip/pelvis	0022	19.6472	\$1,165.92	\$354.45	\$233.18
27050	T	.	Biopsy of sacroiliac joint	0049	20.3707	\$1,208.86	.	\$241.77

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
27052	T	.	Biopsy of hip joint	0049	20.3707	\$1,208.86	.	\$241.77
27054	C	.	Removal of hip joint lining	.	.	.	.	.
27060	T	.	Removal of ischial bursa	0049	20.3707	\$1,208.86	.	\$241.77
27062	T	.	Remove femur lesion/bursa	0049	20.3707	\$1,208.86	.	\$241.77
27065	T	.	Removal of hip bone lesion	0049	20.3707	\$1,208.86	.	\$241.77
27066	T	.	Removal of hip bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
27067	T	.	Remove/graft hip bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
27070	C	.	Partial removal of hip bone	.	.	.	.	.
27071	C	.	Partial removal of hip bone	.	.	.	.	.
27075	C	.	Extensive hip surgery	.	.	.	.	.
27076	C	.	Extensive hip surgery	.	.	.	.	.
27077	C	.	Extensive hip surgery	.	.	.	.	.
27078	C	.	Extensive hip surgery	.	.	.	.	.
27079	C	.	Extensive hip surgery	.	.	.	.	.
27080	T	.	Removal of tail bone	0050	23.9081	\$1,418.78	.	\$283.76
27086	T	.	Remove hip foreign body	0020	6.9433	\$412.04	\$107.40	\$82.41
27087	T	.	Remove hip foreign body	0049	20.3707	\$1,208.86	.	\$241.77
27090	C	.	Removal of hip prosthesis	.	.	.	.	.
27091	C	.	Removal of hip prosthesis	.	.	.	.	.
27093	N	.	Injection for hip x-ray	.	.	.	.	.
27095	N	.	Injection for hip x-ray	.	.	.	.	.
27096	B	.	Inject sacroiliac joint	.	.	.	.	.
27097	T	.	Revision of hip tendon	0050	23.9081	\$1,418.78	.	\$283.76
27098	T	.	Transfer tendon to pelvis	0050	23.9081	\$1,418.78	.	\$283.76
27100	T	.	Transfer of abdominal muscle	0051	36.5271	\$2,167.63	.	\$433.53
27105	T	.	Transfer of spinal muscle	0051	36.5271	\$2,167.63	.	\$433.53
27110	T	.	Transfer of iliopsoas muscle	0051	36.5271	\$2,167.63	.	\$433.53
27111	T	.	Transfer of iliopsoas muscle	0051	36.5271	\$2,167.63	.	\$433.53
27120	C	.	Reconstruction of hip socket	.	.	.	.	.
27122	C	.	Reconstruction of hip socket	.	.	.	.	.
27125	C	.	Partial hip replacement	.	.	.	.	.
27130	C	.	Total hip arthroplasty	.	.	.	.	.
27132	C	.	Total hip arthroplasty	.	.	.	.	.
27134	C	.	Revise hip joint replacement	.	.	.	.	.
27137	C	.	Revise hip joint replacement	.	.	.	.	.
27138	C	.	Revise hip joint replacement	.	.	.	.	.
27140	C	.	Transplant femur ridge	.	.	.	.	.
27146	C	.	Incision of hip bone	.	.	.	.	.
27147	C	.	Revision of hip bone	.	.	.	.	.
27151	C	.	Incision of hip bones	.	.	.	.	.
27156	C	.	Revision of hip bones	.	.	.	.	.
27158	C	.	Revision of pelvis	.	.	.	.	.
27161	C	.	Incision of neck of femur	.	.	.	.	.
27165	C	.	Incision/fixation of femur	.	.	.	.	.
27170	C	.	Repair/graft femur head/neck	.	.	.	.	.
27175	C	.	Treat slipped epiphysis	.	.	.	.	.
27176	C	.	Treat slipped epiphysis	.	.	.	.	.
27177	C	.	Treat slipped epiphysis	.	.	.	.	.
27178	C	.	Treat slipped epiphysis	.	.	.	.	.
27179	C	.	Revise head/neck of femur	.	.	.	.	.
27181	C	.	Treat slipped epiphysis	.	.	.	.	.
27185	C	.	Revision of femur epiphysis	.	.	.	.	.
27187	C	.	Reinforce hip bones	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
27193	T	.	Treat pelvic ring fracture	0043	1.7694	\$105.00	.	\$21.00
27194	T	.	Treat pelvic ring fracture	0045	14.4945	\$860.15	\$268.47	\$172.03
27200	T	.	Treat tail bone fracture	0043	1.7694	\$105.00	.	\$21.00
27202	T	.	Treat tail bone fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27215	C	.	Treat pelvic fracture(s)	.	.	.	.	.
27216	T	.	Treat pelvic ring fracture	0050	23.9081	\$1,418.78	.	\$283.76
27217	C	.	Treat pelvic ring fracture	.	.	.	.	.
27218	C	.	Treat pelvic ring fracture	.	.	.	.	.
27220	T	.	Treat hip socket fracture	0043	1.7694	\$105.00	.	\$21.00
27222	C	.	Treat hip socket fracture	.	.	.	.	.
27226	C	.	Treat hip wall fracture	.	.	.	.	.
27227	C	.	Treat hip fracture(s)	.	.	.	.	.
27228	C	.	Treat hip fracture(s)	.	.	.	.	.
27230	T	.	Treat thigh fracture	0043	1.7694	\$105.00	.	\$21.00
27232	C	.	Treat thigh fracture	.	.	.	.	.
27235	T	.	Treat thigh fracture	0050	23.9081	\$1,418.78	.	\$283.76
27236	C	.	Treat thigh fracture	.	.	.	.	.
27238	T	.	Treat thigh fracture	0043	1.7694	\$105.00	.	\$21.00
27240	C	.	Treat thigh fracture	.	.	.	.	.
27244	C	.	Treat thigh fracture	.	.	.	.	.
27245	C	.	Treat thigh fracture	.	.	.	.	.
27246	T	.	Treat thigh fracture	0043	1.7694	\$105.00	.	\$21.00
27248	C	.	Treat thigh fracture	.	.	.	.	.
27250	T	.	Treat hip dislocation	0043	1.7694	\$105.00	.	\$21.00
27252	T	.	Treat hip dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
27253	C	.	Treat hip dislocation	.	.	.	.	.
27254	C	.	Treat hip dislocation	.	.	.	.	.
27256	T	.	Treat hip dislocation	0043	1.7694	\$105.00	.	\$21.00
27257	T	.	Treat hip dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
27258	C	.	Treat hip dislocation	.	.	.	.	.
27259	C	.	Treat hip dislocation	.	.	.	.	.
27265	T	.	Treat hip dislocation	0043	1.7694	\$105.00	.	\$21.00
27266	T	.	Treat hip dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
27275	T	.	Manipulation of hip joint	0045	14.4945	\$860.15	\$268.47	\$172.03
27280	C	.	Fusion of sacroiliac joint	.	.	.	.	.
27282	C	.	Fusion of pubic bones	.	.	.	.	.
27284	C	.	Fusion of hip joint	.	.	.	.	.
27286	C	.	Fusion of hip joint	.	.	.	.	.
27290	C	.	Amputation of leg at hip	.	.	.	.	.
27295	C	.	Amputation of leg at hip	.	.	.	.	.
27299	T	.	Pelvis/hip joint surgery	0043	1.7694	\$105.00	.	\$21.00
27301	T	.	Drain thigh/knee lesion	0008	16.4989	\$979.09	.	\$195.82
27303	C	.	Drainage of bone lesion	.	.	.	.	.
27305	T	.	Incise thigh tendon & fascia	0049	20.3707	\$1,208.86	.	\$241.77
27306	T	.	Incision of thigh tendon	0049	20.3707	\$1,208.86	.	\$241.77
27307	T	.	Incision of thigh tendons	0049	20.3707	\$1,208.86	.	\$241.77
27310	T	.	Exploration of knee joint	0050	23.9081	\$1,418.78	.	\$283.76
27315	T	.	Partial removal, thigh nerve	0220	17.3586	\$1,030.11	.	\$206.02
27320	T	.	Partial removal, thigh nerve	0220	17.3586	\$1,030.11	.	\$206.02
27323	T	.	Biopsy, thigh soft tissues	0021	14.9776	\$888.82	\$219.48	\$177.76
27324	T	.	Biopsy, thigh soft tissues	0022	19.6472	\$1,165.92	\$354.45	\$233.18
27327	T	.	Removal of thigh lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
27328	T	.	Removal of thigh lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
27329	T	.	Remove tumor, thigh/knee	0022	19.6472	\$1,165.92	\$354.45	\$233.18
27330	T	.	Biopsy, knee joint lining	0050	23.9081	\$1,418.78	.	\$283.76
27331	T	.	Explore/treat knee joint	0050	23.9081	\$1,418.78	.	\$283.76
27332	T	.	Removal of knee cartilage	0050	23.9081	\$1,418.78	.	\$283.76
27333	T	.	Removal of knee cartilage	0050	23.9081	\$1,418.78	.	\$283.76
27334	T	.	Remove knee joint lining	0050	23.9081	\$1,418.78	.	\$283.76
27335	T	.	Remove knee joint lining	0050	23.9081	\$1,418.78	.	\$283.76
27340	T	.	Removal of kneecap bursa	0049	20.3707	\$1,208.86	.	\$241.77
27345	T	.	Removal of knee cyst	0049	20.3707	\$1,208.86	.	\$241.77
27347	T	.	Remove knee cyst	0049	20.3707	\$1,208.86	.	\$241.77
27350	T	.	Removal of kneecap	0050	23.9081	\$1,418.78	.	\$283.76
27355	T	.	Remove femur lesion	0050	23.9081	\$1,418.78	.	\$283.76
27356	T	.	Remove femur lesion/graft	0050	23.9081	\$1,418.78	.	\$283.76
27357	T	.	Remove femur lesion/graft	0050	23.9081	\$1,418.78	.	\$283.76
27358	T	.	Remove femur lesion/fixation	0050	23.9081	\$1,418.78	.	\$283.76
27360	T	.	Partial removal, leg bone(s)	0050	23.9081	\$1,418.78	.	\$283.76
27365	C	.	Extensive leg surgery	.	.	.	.	.
27370	N	.	Injection for knee x-ray	.	.	.	.	.
27372	T	.	Removal of foreign body	0022	19.6472	\$1,165.92	\$354.45	\$233.18
27380	T	.	Repair of kneecap tendon	0049	20.3707	\$1,208.86	.	\$241.77
27381	T	.	Repair/graft kneecap tendon	0049	20.3707	\$1,208.86	.	\$241.77
27385	T	.	Repair of thigh muscle	0049	20.3707	\$1,208.86	.	\$241.77
27386	T	.	Repair/graft of thigh muscle	0049	20.3707	\$1,208.86	.	\$241.77
27390	T	.	Incision of thigh tendon	0049	20.3707	\$1,208.86	.	\$241.77
27391	T	.	Incision of thigh tendons	0049	20.3707	\$1,208.86	.	\$241.77
27392	T	.	Incision of thigh tendons	0049	20.3707	\$1,208.86	.	\$241.77
27393	T	.	Lengthening of thigh tendon	0050	23.9081	\$1,418.78	.	\$283.76
27394	T	.	Lengthening of thigh tendons	0050	23.9081	\$1,418.78	.	\$283.76
27395	T	.	Lengthening of thigh tendons	0051	36.5271	\$2,167.63	.	\$433.53
27396	T	.	Transplant of thigh tendon	0050	23.9081	\$1,418.78	.	\$283.76
27397	T	.	Transplants of thigh tendons	0051	36.5271	\$2,167.63	.	\$433.53
27400	T	.	Revise thigh muscles/tendons	0051	36.5271	\$2,167.63	.	\$433.53
27403	T	.	Repair of knee cartilage	0050	23.9081	\$1,418.78	.	\$283.76
27405	T	.	Repair of knee ligament	0051	36.5271	\$2,167.63	.	\$433.53
27407	T	.	Repair of knee ligament	0051	36.5271	\$2,167.63	.	\$433.53
27409	T	.	Repair of knee ligaments	0051	36.5271	\$2,167.63	.	\$433.53
27412	T	.	Autochondrocyte implant knee	0042	43.9753	\$2,609.63	\$804.74	\$521.93
27415	T	.	Osteochondral knee allograft	0042	43.9753	\$2,609.63	\$804.74	\$521.93
27418	T	.	Repair degenerated kneecap	0051	36.5271	\$2,167.63	.	\$433.53
27420	T	.	Revision of unstable kneecap	0051	36.5271	\$2,167.63	.	\$433.53
27422	T	.	Revision of unstable kneecap	0051	36.5271	\$2,167.63	.	\$433.53
27424	T	.	Revision/removal of kneecap	0051	36.5271	\$2,167.63	.	\$433.53
27425	T	.	Lateral retinacular release	0050	23.9081	\$1,418.78	.	\$283.76
27427	T	.	Reconstruction, knee	0052	43.9378	\$2,607.40	.	\$521.48
27428	T	.	Reconstruction, knee	0052	43.9378	\$2,607.40	.	\$521.48
27429	T	.	Reconstruction, knee	0052	43.9378	\$2,607.40	.	\$521.48
27430	T	.	Revision of thigh muscles	0051	36.5271	\$2,167.63	.	\$433.53
27435	T	.	Incision of knee joint	0051	36.5271	\$2,167.63	.	\$433.53
27437	T	.	Revise kneecap	0047	31.6107	\$1,875.87	\$537.03	\$375.17
27438	T	.	Revise kneecap with implant	0048	43.1288	\$2,559.39	\$570.30	\$511.88
27440	T	.	Revision of knee joint	0047	31.6107	\$1,875.87	\$537.03	\$375.17
27441	T	.	Revision of knee joint	0047	31.6107	\$1,875.87	\$537.03	\$375.17
27442	T	.	Revision of knee joint	0047	31.6107	\$1,875.87	\$537.03	\$375.17

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
27443	T	.	Revision of knee joint	0047	31.6107	\$1,875.87	\$537.03	\$375.17
27445	C	.	Revision of knee joint	.	.	.	.	.
27446	T	.	Revision of knee joint	0681	137.163	\$8,139.66	\$2,081.48	\$1,627.93
27447	C	.	Total knee arthroplasty	.	.	.	.	.
27448	C	.	Incision of thigh	.	.	.	.	.
27450	C	.	Incision of thigh	.	.	.	.	.
27454	C	.	Realignment of thigh bone	.	.	.	.	.
27455	C	.	Realignment of knee	.	.	.	.	.
27457	C	.	Realignment of knee	.	.	.	.	.
27465	C	.	Shortening of thigh bone	.	.	.	.	.
27466	C	.	Lengthening of thigh bone	.	.	.	.	.
27468	C	.	Shorten/lengthen thighs	.	.	.	.	.
27470	C	.	Repair of thigh	.	.	.	.	.
27472	C	.	Repair/graft of thigh	.	.	.	.	.
27475	T	.	Surgery to stop leg growth	0050	23.9081	\$1,418.78	.	\$283.76
27477	C	.	Surgery to stop leg growth	.	.	.	.	.
27479	C	.	Surgery to stop leg growth	.	.	.	.	.
27485	C	.	Surgery to stop leg growth	.	.	.	.	.
27486	C	.	Revise/replace knee joint	.	.	.	.	.
27487	C	.	Revise/replace knee joint	.	.	.	.	.
27488	C	.	Removal of knee prosthesis	.	.	.	.	.
27495	C	.	Reinforce thigh	.	.	.	.	.
27496	T	.	Decompression of thigh/knee	0049	20.3707	\$1,208.86	.	\$241.77
27497	T	.	Decompression of thigh/knee	0049	20.3707	\$1,208.86	.	\$241.77
27498	T	.	Decompression of thigh/knee	0049	20.3707	\$1,208.86	.	\$241.77
27499	T	.	Decompression of thigh/knee	0049	20.3707	\$1,208.86	.	\$241.77
27500	T	.	Treatment of thigh fracture	0043	1.7694	\$105.00	.	\$21.00
27501	T	.	Treatment of thigh fracture	0043	1.7694	\$105.00	.	\$21.00
27502	T	.	Treatment of thigh fracture	0043	1.7694	\$105.00	.	\$21.00
27503	T	.	Treatment of thigh fracture	0043	1.7694	\$105.00	.	\$21.00
27506	C	.	Treatment of thigh fracture	.	.	.	.	.
27507	C	.	Treatment of thigh fracture	.	.	.	.	.
27508	T	.	Treatment of thigh fracture	0043	1.7694	\$105.00	.	\$21.00
27509	T	.	Treatment of thigh fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27510	T	.	Treatment of thigh fracture	0043	1.7694	\$105.00	.	\$21.00
27511	C	.	Treatment of thigh fracture	.	.	.	.	.
27513	C	.	Treatment of thigh fracture	.	.	.	.	.
27514	C	.	Treatment of thigh fracture	.	.	.	.	.
27516	T	.	Treat thigh fx growth plate	0043	1.7694	\$105.00	.	\$21.00
27517	T	.	Treat thigh fx growth plate	0043	1.7694	\$105.00	.	\$21.00
27519	C	.	Treat thigh fx growth plate	.	.	.	.	.
27520	T	.	Treat kneecap fracture	0043	1.7694	\$105.00	.	\$21.00
27524	T	.	Treat kneecap fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27530	T	.	Treat knee fracture	0043	1.7694	\$105.00	.	\$21.00
27532	T	.	Treat knee fracture	0043	1.7694	\$105.00	.	\$21.00
27535	C	.	Treat knee fracture	.	.	.	.	.
27536	C	.	Treat knee fracture	.	.	.	.	.
27538	T	.	Treat knee fracture(s)	0043	1.7694	\$105.00	.	\$21.00
27540	C	.	Treat knee fracture	.	.	.	.	.
27550	T	.	Treat knee dislocation	0043	1.7694	\$105.00	.	\$21.00
27552	T	.	Treat knee dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
27556	C	.	Treat knee dislocation	.	.	.	.	.
27557	C	.	Treat knee dislocation	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
27558	C	.	Treat knee dislocation	.	.	.	.	.
27560	T	.	Treat kneecap dislocation	0043	1.7694	\$105.00	.	\$21.00
27562	T	.	Treat kneecap dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
27566	T	.	Treat kneecap dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27570	T	.	Fixation of knee joint	0045	14.4945	\$860.15	\$268.47	\$172.03
27580	C	.	Fusion of knee	.	.	.	.	.
27590	C	.	Amputate leg at thigh	.	.	.	.	.
27591	C	.	Amputate leg at thigh	.	.	.	.	.
27592	C	.	Amputate leg at thigh	.	.	.	.	.
27594	T	.	Amputation follow-up surgery	0049	20.3707	\$1,208.86	.	\$241.77
27596	C	.	Amputation follow-up surgery	.	.	.	.	.
27598	C	.	Amputate lower leg at knee	.	.	.	.	.
27599	T	.	Leg surgery procedure	0043	1.7694	\$105.00	.	\$21.00
27600	T	.	Decompression of lower leg	0049	20.3707	\$1,208.86	.	\$241.77
27601	T	.	Decompression of lower leg	0049	20.3707	\$1,208.86	.	\$241.77
27602	T	.	Decompression of lower leg	0049	20.3707	\$1,208.86	.	\$241.77
27603	T	.	Drain lower leg lesion	0008	16.4989	\$979.09	.	\$195.82
27604	T	.	Drain lower leg bursa	0049	20.3707	\$1,208.86	.	\$241.77
27605	T	.	Incision of achilles tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
27606	T	.	Incision of achilles tendon	0049	20.3707	\$1,208.86	.	\$241.77
27607	T	.	Treat lower leg bone lesion	0049	20.3707	\$1,208.86	.	\$241.77
27610	T	.	Explore/treat ankle joint	0050	23.9081	\$1,418.78	.	\$283.76
27612	T	.	Exploration of ankle joint	0050	23.9081	\$1,418.78	.	\$283.76
27613	T	.	Biopsy lower leg soft tissue	0020	6.9433	\$412.04	\$107.40	\$82.41
27614	T	.	Biopsy lower leg soft tissue	0022	19.6472	\$1,165.92	\$354.45	\$233.18
27615	T	.	Remove tumor, lower leg	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27618	T	.	Remove lower leg lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
27619	T	.	Remove lower leg lesion	0022	19.6472	\$1,165.92	\$354.45	\$233.18
27620	T	.	Explore/treat ankle joint	0050	23.9081	\$1,418.78	.	\$283.76
27625	T	.	Remove ankle joint lining	0050	23.9081	\$1,418.78	.	\$283.76
27626	T	.	Remove ankle joint lining	0050	23.9081	\$1,418.78	.	\$283.76
27630	T	.	Removal of tendon lesion	0049	20.3707	\$1,208.86	.	\$241.77
27635	T	.	Remove lower leg bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
27637	T	.	Remove/graft leg bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
27638	T	.	Remove/graft leg bone lesion	0050	23.9081	\$1,418.78	.	\$283.76
27640	T	.	Partial removal of tibia	0051	36.5271	\$2,167.63	.	\$433.53
27641	T	.	Partial removal of fibula	0050	23.9081	\$1,418.78	.	\$283.76
27645	C	.	Extensive lower leg surgery	.	.	.	.	.
27646	C	.	Extensive lower leg surgery	.	.	.	.	.
27647	T	.	Extensive ankle/heel surgery	0051	36.5271	\$2,167.63	.	\$433.53
27648	N	.	Injection for ankle x-ray	.	.	.	.	.
27650	T	.	Repair achilles tendon	0051	36.5271	\$2,167.63	.	\$433.53
27652	T	.	Repair/graft achilles tendon	0051	36.5271	\$2,167.63	.	\$433.53
27654	T	.	Repair of achilles tendon	0051	36.5271	\$2,167.63	.	\$433.53
27656	T	.	Repair leg fascia defect	0049	20.3707	\$1,208.86	.	\$241.77
27658	T	.	Repair of leg tendon, each	0049	20.3707	\$1,208.86	.	\$241.77
27659	T	.	Repair of leg tendon, each	0049	20.3707	\$1,208.86	.	\$241.77
27664	T	.	Repair of leg tendon, each	0049	20.3707	\$1,208.86	.	\$241.77
27665	T	.	Repair of leg tendon, each	0050	23.9081	\$1,418.78	.	\$283.76
27675	T	.	Repair lower leg tendons	0049	20.3707	\$1,208.86	.	\$241.77
27676	T	.	Repair lower leg tendons	0050	23.9081	\$1,418.78	.	\$283.76
27680	T	.	Release of lower leg tendon	0050	23.9081	\$1,418.78	.	\$283.76
27681	T	.	Release of lower leg tendons	0050	23.9081	\$1,418.78	.	\$283.76

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
27685	T	.	Revision of lower leg tendon	0050	23.9081	\$1,418.78	.	\$283.76
27686	T	.	Revise lower leg tendons	0050	23.9081	\$1,418.78	.	\$283.76
27687	T	.	Revision of calf tendon	0050	23.9081	\$1,418.78	.	\$283.76
27690	T	.	Revise lower leg tendon	0051	36.5271	\$2,167.63	.	\$433.53
27691	T	.	Revise lower leg tendon	0051	36.5271	\$2,167.63	.	\$433.53
27692	T	.	Revise additional leg tendon	0051	36.5271	\$2,167.63	.	\$433.53
27695	T	.	Repair of ankle ligament	0050	23.9081	\$1,418.78	.	\$283.76
27696	T	.	Repair of ankle ligaments	0050	23.9081	\$1,418.78	.	\$283.76
27698	T	.	Repair of ankle ligament	0050	23.9081	\$1,418.78	.	\$283.76
27700	T	.	Revision of ankle joint	0047	31.6107	\$1,875.87	\$537.03	\$375.17
27702	C	.	Reconstruct ankle joint	.	.	.	.	.
27703	C	.	Reconstruction, ankle joint	.	.	.	.	.
27704	T	.	Removal of ankle implant	0049	20.3707	\$1,208.86	.	\$241.77
27705	T	.	Incision of tibia	0051	36.5271	\$2,167.63	.	\$433.53
27707	T	.	Incision of fibula	0049	20.3707	\$1,208.86	.	\$241.77
27709	T	.	Incision of tibia & fibula	0050	23.9081	\$1,418.78	.	\$283.76
27712	C	.	Realignment of lower leg	.	.	.	.	.
27715	C	.	Revision of lower leg	.	.	.	.	.
27720	C	.	Repair of tibia	.	.	.	.	.
27722	C	.	Repair/graft of tibia	.	.	.	.	.
27724	C	.	Repair/graft of tibia	.	.	.	.	.
27725	C	.	Repair of lower leg	.	.	.	.	.
27727	C	.	Repair of lower leg	.	.	.	.	.
27730	T	.	Repair of tibia epiphysis	0050	23.9081	\$1,418.78	.	\$283.76
27732	T	.	Repair of fibula epiphysis	0050	23.9081	\$1,418.78	.	\$283.76
27734	T	.	Repair lower leg epiphyses	0050	23.9081	\$1,418.78	.	\$283.76
27740	T	.	Repair of leg epiphyses	0050	23.9081	\$1,418.78	.	\$283.76
27742	T	.	Repair of leg epiphyses	0051	36.5271	\$2,167.63	.	\$433.53
27745	T	.	Reinforce tibia	0051	36.5271	\$2,167.63	.	\$433.53
27750	T	.	Treatment of tibia fracture	0043	1.7694	\$105.00	.	\$21.00
27752	T	.	Treatment of tibia fracture	0043	1.7694	\$105.00	.	\$21.00
27756	T	.	Treatment of tibia fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27758	T	.	Treatment of tibia fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27759	T	.	Treatment of tibia fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27760	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
27762	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
27766	T	.	Treatment of ankle fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27780	T	.	Treatment of fibula fracture	0043	1.7694	\$105.00	.	\$21.00
27781	T	.	Treatment of fibula fracture	0043	1.7694	\$105.00	.	\$21.00
27784	T	.	Treatment of fibula fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27786	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
27788	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
27792	T	.	Treatment of ankle fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27808	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
27810	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
27814	T	.	Treatment of ankle fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27816	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
27818	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
27822	T	.	Treatment of ankle fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27823	T	.	Treatment of ankle fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27824	T	.	Treat lower leg fracture	0043	1.7694	\$105.00	.	\$21.00
27825	T	.	Treat lower leg fracture	0043	1.7694	\$105.00	.	\$21.00
27826	T	.	Treat lower leg fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
27827	T	.	Treat lower leg fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27828	T	.	Treat lower leg fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27829	T	.	Treat lower leg joint	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27830	T	.	Treat lower leg dislocation	0043	1.7694	\$105.00	.	\$21.00
27831	T	.	Treat lower leg dislocation	0043	1.7694	\$105.00	.	\$21.00
27832	T	.	Treat lower leg dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27840	T	.	Treat ankle dislocation	0043	1.7694	\$105.00	.	\$21.00
27842	T	.	Treat ankle dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
27846	T	.	Treat ankle dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27848	T	.	Treat ankle dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
27860	T	.	Fixation of ankle joint	0045	14.4945	\$860.15	\$268.47	\$172.03
27870	T	.	Fusion of ankle joint	0051	36.5271	\$2,167.63	.	\$433.53
27871	T	.	Fusion of tibiofibular joint	0051	36.5271	\$2,167.63	.	\$433.53
27880	C	.	Amputation of lower leg	.	.	.	.	.
27881	C	.	Amputation of lower leg	.	.	.	.	.
27882	C	.	Amputation of lower leg	.	.	.	.	.
27884	T	.	Amputation follow-up surgery	0049	20.3707	\$1,208.86	.	\$241.77
27886	C	.	Amputation follow-up surgery	.	.	.	.	.
27888	C	.	Amputation of foot at ankle	.	.	.	.	.
27889	T	.	Amputation of foot at ankle	0050	23.9081	\$1,418.78	.	\$283.76
27892	T	.	Decompression of leg	0049	20.3707	\$1,208.86	.	\$241.77
27893	T	.	Decompression of leg	0049	20.3707	\$1,208.86	.	\$241.77
27894	T	.	Decompression of leg	0049	20.3707	\$1,208.86	.	\$241.77
27899	T	.	Leg/ankle surgery procedure	0043	1.7694	\$105.00	.	\$21.00
28001	T	.	Drainage of bursa of foot	0007	11.4501	\$679.48	.	\$135.90
28002	T	.	Treatment of foot infection	0049	20.3707	\$1,208.86	.	\$241.77
28003	T	.	Treatment of foot infection	0049	20.3707	\$1,208.86	.	\$241.77
28005	T	.	Treat foot bone lesion	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28008	T	.	Incision of foot fascia	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28010	T	.	Incision of toe tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28011	T	.	Incision of toe tendons	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28020	T	.	Exploration of foot joint	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28022	T	.	Exploration of foot joint	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28024	T	.	Exploration of toe joint	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28030	T	.	Removal of foot nerve	0220	17.3586	\$1,030.11	.	\$206.02
28035	T	.	Decompression of tibia nerve	0220	17.3586	\$1,030.11	.	\$206.02
28043	T	.	Excision of foot lesion	0021	14.9776	\$888.82	\$219.48	\$177.76
28045	T	.	Excision of foot lesion	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28046	T	.	Resection of tumor, foot	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28050	T	.	Biopsy of foot joint lining	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28052	T	.	Biopsy of foot joint lining	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28054	T	.	Biopsy of toe joint lining	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28060	T	.	Partial removal, foot fascia	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28062	T	.	Removal of foot fascia	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28070	T	.	Removal of foot joint lining	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28072	T	.	Removal of foot joint lining	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28080	T	.	Removal of foot lesion	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28086	T	.	Excise foot tendon sheath	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28088	T	.	Excise foot tendon sheath	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28090	T	.	Removal of foot lesion	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28092	T	.	Removal of toe lesions	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28100	T	.	Removal of ankle/heel lesion	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28102	T	.	Remove/graft foot lesion	0056	40.2957	\$2,391.27	.	\$478.25

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
28103	T	.	Remove/graft foot lesion	0056	40.2957	\$2,391.27	.	\$478.25
28104	T	.	Removal of foot lesion	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28106	T	.	Remove/graft foot lesion	0056	40.2957	\$2,391.27	.	\$478.25
28107	T	.	Remove/graft foot lesion	0056	40.2957	\$2,391.27	.	\$478.25
28108	T	.	Removal of toe lesions	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28110	T	.	Part removal of metatarsal	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28111	T	.	Part removal of metatarsal	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28112	T	.	Part removal of metatarsal	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28113	T	.	Part removal of metatarsal	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28114	T	.	Removal of metatarsal heads	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28116	T	.	Revision of foot	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28118	T	.	Removal of heel bone	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28119	T	.	Removal of heel spur	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28120	T	.	Part removal of ankle/heel	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28122	T	.	Partial removal of foot bone	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28124	T	.	Partial removal of toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28126	T	.	Partial removal of toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28130	T	.	Removal of ankle bone	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28140	T	.	Removal of metatarsal	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28150	T	.	Removal of toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28153	T	.	Partial removal of toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28160	T	.	Partial removal of toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28171	T	.	Extensive foot surgery	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28173	T	.	Extensive foot surgery	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28175	T	.	Extensive foot surgery	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28190	T	.	Removal of foot foreign body	0019	4.0547	\$240.62	\$71.87	\$48.12
28192	T	.	Removal of foot foreign body	0021	14.9776	\$888.82	\$219.48	\$177.76
28193	T	.	Removal of foot foreign body	0020	6.9433	\$412.04	\$107.40	\$82.41
28200	T	.	Repair of foot tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28202	T	.	Repair/graft of foot tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28208	T	.	Repair of foot tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28210	T	.	Repair/graft of foot tendon	0056	40.2957	\$2,391.27	.	\$478.25
28220	T	.	Release of foot tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28222	T	.	Release of foot tendons	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28225	T	.	Release of foot tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28226	T	.	Release of foot tendons	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28230	T	.	Incision of foot tendon(s)	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28232	T	.	Incision of toe tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28234	T	.	Incision of foot tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28238	T	.	Revision of foot tendon	0056	40.2957	\$2,391.27	.	\$478.25
28240	T	.	Release of big toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28250	T	.	Revision of foot fascia	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28260	T	.	Release of midfoot joint	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28261	T	.	Revision of foot tendon	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28262	T	.	Revision of foot and ankle	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28264	T	.	Release of midfoot joint	0056	40.2957	\$2,391.27	.	\$478.25
28270	T	.	Release of foot contracture	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28272	T	.	Release of toe joint, each	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28280	T	.	Fusion of toes	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28285	T	.	Repair of hammertoe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28286	T	.	Repair of hammertoe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28288	T	.	Partial removal of foot bone	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28289	T	.	Repair hallux rigidus	0055	20.0692	\$1,190.97	\$355.34	\$238.19

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
28290	T	.	Correction of bunion	0057	27.5493	\$1,634.86	\$475.91	\$326.97
28292	T	.	Correction of bunion	0057	27.5493	\$1,634.86	\$475.91	\$326.97
28293	T	.	Correction of bunion	0057	27.5493	\$1,634.86	\$475.91	\$326.97
28294	T	.	Correction of bunion	0057	27.5493	\$1,634.86	\$475.91	\$326.97
28296	T	.	Correction of bunion	0057	27.5493	\$1,634.86	\$475.91	\$326.97
28297	T	.	Correction of bunion	0057	27.5493	\$1,634.86	\$475.91	\$326.97
28298	T	.	Correction of bunion	0057	27.5493	\$1,634.86	\$475.91	\$326.97
28299	T	.	Correction of bunion	0057	27.5493	\$1,634.86	\$475.91	\$326.97
28300	T	.	Incision of heel bone	0056	40.2957	\$2,391.27	.	\$478.25
28302	T	.	Incision of ankle bone	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28304	T	.	Incision of midfoot bones	0056	40.2957	\$2,391.27	.	\$478.25
28305	T	.	Incise/graft midfoot bones	0056	40.2957	\$2,391.27	.	\$478.25
28306	T	.	Incision of metatarsal	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28307	T	.	Incision of metatarsal	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28308	T	.	Incision of metatarsal	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28309	T	.	Incision of metatarsals	0056	40.2957	\$2,391.27	.	\$478.25
28310	T	.	Revision of big toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28312	T	.	Revision of toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28313	T	.	Repair deformity of toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28315	T	.	Removal of sesamoid bone	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28320	T	.	Repair of foot bones	0056	40.2957	\$2,391.27	.	\$478.25
28322	T	.	Repair of metatarsals	0056	40.2957	\$2,391.27	.	\$478.25
28340	T	.	Resect enlarged toe tissue	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28341	T	.	Resect enlarged toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28344	T	.	Repair extra toe(s)	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28345	T	.	Repair webbed toe(s)	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28360	T	.	Reconstruct cleft foot	0056	40.2957	\$2,391.27	.	\$478.25
28400	T	.	Treatment of heel fracture	0043	1.7694	\$105.00	.	\$21.00
28405	T	.	Treatment of heel fracture	0043	1.7694	\$105.00	.	\$21.00
28406	T	.	Treatment of heel fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28415	T	.	Treat heel fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28420	T	.	Treat/graft heel fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28430	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
28435	T	.	Treatment of ankle fracture	0043	1.7694	\$105.00	.	\$21.00
28436	T	.	Treatment of ankle fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28445	T	.	Treat ankle fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28450	T	.	Treat midfoot fracture, each	0043	1.7694	\$105.00	.	\$21.00
28455	T	.	Treat midfoot fracture, each	0043	1.7694	\$105.00	.	\$21.00
28456	T	.	Treat midfoot fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28465	T	.	Treat midfoot fracture, each	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28470	T	.	Treat metatarsal fracture	0043	1.7694	\$105.00	.	\$21.00
28475	T	.	Treat metatarsal fracture	0043	1.7694	\$105.00	.	\$21.00
28476	T	.	Treat metatarsal fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28485	T	.	Treat metatarsal fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28490	T	.	Treat big toe fracture	0043	1.7694	\$105.00	.	\$21.00
28495	T	.	Treat big toe fracture	0043	1.7694	\$105.00	.	\$21.00
28496	T	.	Treat big toe fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28505	T	.	Treat big toe fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28510	T	.	Treatment of toe fracture	0043	1.7694	\$105.00	.	\$21.00
28515	T	.	Treatment of toe fracture	0043	1.7694	\$105.00	.	\$21.00
28525	T	.	Treat toe fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28530	T	.	Treat sesamoid bone fracture	0043	1.7694	\$105.00	.	\$21.00
28531	T	.	Treat sesamoid bone fracture	0046	37.7023	\$2,237.37	\$535.76	\$447.47

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
28540	T	.	Treat foot dislocation	0043	1.7694	\$105.00	.	\$21.00
28545	T	.	Treat foot dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
28546	T	.	Treat foot dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28555	T	.	Repair foot dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28570	T	.	Treat foot dislocation	0043	1.7694	\$105.00	.	\$21.00
28575	T	.	Treat foot dislocation	0043	1.7694	\$105.00	.	\$21.00
28576	T	.	Treat foot dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28585	T	.	Repair foot dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28600	T	.	Treat foot dislocation	0043	1.7694	\$105.00	.	\$21.00
28605	T	.	Treat foot dislocation	0043	1.7694	\$105.00	.	\$21.00
28606	T	.	Treat foot dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28615	T	.	Repair foot dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28630	T	.	Treat toe dislocation	0043	1.7694	\$105.00	.	\$21.00
28635	T	.	Treat toe dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
28636	T	.	Treat toe dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28645	T	.	Repair toe dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28660	T	.	Treat toe dislocation	0043	1.7694	\$105.00	.	\$21.00
28665	T	.	Treat toe dislocation	0045	14.4945	\$860.15	\$268.47	\$172.03
28666	T	.	Treat toe dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28675	T	.	Repair of toe dislocation	0046	37.7023	\$2,237.37	\$535.76	\$447.47
28705	T	.	Fusion of foot bones	0056	40.2957	\$2,391.27	.	\$478.25
28715	T	.	Fusion of foot bones	0056	40.2957	\$2,391.27	.	\$478.25
28725	T	.	Fusion of foot bones	0056	40.2957	\$2,391.27	.	\$478.25
28730	T	.	Fusion of foot bones	0056	40.2957	\$2,391.27	.	\$478.25
28735	T	.	Fusion of foot bones	0056	40.2957	\$2,391.27	.	\$478.25
28737	T	.	Revision of foot bones	0056	40.2957	\$2,391.27	.	\$478.25
28740	T	.	Fusion of foot bones	0056	40.2957	\$2,391.27	.	\$478.25
28750	T	.	Fusion of big toe joint	0056	40.2957	\$2,391.27	.	\$478.25
28755	T	.	Fusion of big toe joint	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28760	T	.	Fusion of big toe joint	0056	40.2957	\$2,391.27	.	\$478.25
28800	C	.	Amputation of midfoot	.	.	.	.	.
28805	C	.	Amputation thru metatarsal	.	.	.	.	.
28810	T	.	Amputation toe & metatarsal	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28820	T	.	Amputation of toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28825	T	.	Partial amputation of toe	0055	20.0692	\$1,190.97	\$355.34	\$238.19
28899	T	.	Foot/toes surgery procedure	0043	1.7694	\$105.00	.	\$21.00
29000	S	.	Application of body cast	0058	1.0934	\$64.89	.	\$12.98
29010	S	.	Application of body cast	0426	2.1243	\$126.06	.	\$25.21
29015	S	.	Application of body cast	0426	2.1243	\$126.06	.	\$25.21
29020	S	.	Application of body cast	0058	1.0934	\$64.89	.	\$12.98
29025	S	.	Application of body cast	0058	1.0934	\$64.89	.	\$12.98
29035	S	.	Application of body cast	0426	2.1243	\$126.06	.	\$25.21
29040	S	.	Application of body cast	0058	1.0934	\$64.89	.	\$12.98
29044	S	.	Application of body cast	0426	2.1243	\$126.06	.	\$25.21
29046	S	.	Application of body cast	0426	2.1243	\$126.06	.	\$25.21
29049	S	.	Application of figure eight	0058	1.0934	\$64.89	.	\$12.98
29055	S	.	Application of shoulder cast	0426	2.1243	\$126.06	.	\$25.21
29058	S	.	Application of shoulder cast	0058	1.0934	\$64.89	.	\$12.98
29065	S	.	Application of long arm cast	0426	2.1243	\$126.06	.	\$25.21
29075	S	.	Application of forearm cast	0426	2.1243	\$126.06	.	\$25.21
29085	S	.	Apply hand/wrist cast	0058	1.0934	\$64.89	.	\$12.98
29086	S	.	Apply finger cast	0058	1.0934	\$64.89	.	\$12.98
29105	S	.	Apply long arm splint	0058	1.0934	\$64.89	.	\$12.98

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
29125	S	.	Apply forearm splint	0058	1.0934	\$64.89	.	\$12.98
29126	S	.	Apply forearm splint	0058	1.0934	\$64.89	.	\$12.98
29130	S	.	Application of finger splint	0058	1.0934	\$64.89	.	\$12.98
29131	S	.	Application of finger splint	0058	1.0934	\$64.89	.	\$12.98
29200	S	.	Strapping of chest	0058	1.0934	\$64.89	.	\$12.98
29220	S	.	Strapping of low back	0058	1.0934	\$64.89	.	\$12.98
29240	S	.	Strapping of shoulder	0058	1.0934	\$64.89	.	\$12.98
29260	S	.	Strapping of elbow or wrist	0058	1.0934	\$64.89	.	\$12.98
29280	S	.	Strapping of hand or finger	0058	1.0934	\$64.89	.	\$12.98
29305	S	.	Application of hip cast	0426	2.1243	\$126.06	.	\$25.21
29325	S	.	Application of hip casts	0426	2.1243	\$126.06	.	\$25.21
29345	S	.	Application of long leg cast	0426	2.1243	\$126.06	.	\$25.21
29355	S	.	Application of long leg cast	0426	2.1243	\$126.06	.	\$25.21
29358	S	.	Apply long leg cast brace	0426	2.1243	\$126.06	.	\$25.21
29365	S	.	Application of long leg cast	0426	2.1243	\$126.06	.	\$25.21
29405	S	.	Apply short leg cast	0426	2.1243	\$126.06	.	\$25.21
29425	S	.	Apply short leg cast	0426	2.1243	\$126.06	.	\$25.21
29435	S	.	Apply short leg cast	0426	2.1243	\$126.06	.	\$25.21
29440	S	.	Addition of walker to cast	0058	1.0934	\$64.89	.	\$12.98
29445	S	.	Apply rigid leg cast	0426	2.1243	\$126.06	.	\$25.21
29450	S	.	Application of leg cast	0058	1.0934	\$64.89	.	\$12.98
29505	S	.	Application, long leg splint	0058	1.0934	\$64.89	.	\$12.98
29515	S	.	Application lower leg splint	0058	1.0934	\$64.89	.	\$12.98
29520	S	.	Strapping of hip	0058	1.0934	\$64.89	.	\$12.98
29530	S	.	Strapping of knee	0058	1.0934	\$64.89	.	\$12.98
29540	S	.	Strapping of ankle	0058	1.0934	\$64.89	.	\$12.98
29550	S	.	Strapping of toes	0058	1.0934	\$64.89	.	\$12.98
29580	S	.	Application of paste boot	0058	1.0934	\$64.89	.	\$12.98
29590	S	.	Application of foot splint	0058	1.0934	\$64.89	.	\$12.98
29700	S	.	Removal/revision of cast	0058	1.0934	\$64.89	.	\$12.98
29705	S	.	Removal/revision of cast	0058	1.0934	\$64.89	.	\$12.98
29710	S	.	Removal/revision of cast	0426	2.1243	\$126.06	.	\$25.21
29715	S	.	Removal/revision of cast	0058	1.0934	\$64.89	.	\$12.98
29720	S	.	Repair of body cast	0058	1.0934	\$64.89	.	\$12.98
29730	S	.	Windowing of cast	0058	1.0934	\$64.89	.	\$12.98
29740	S	.	Wedging of cast	0058	1.0934	\$64.89	.	\$12.98
29750	S	.	Wedging of clubfoot cast	0058	1.0934	\$64.89	.	\$12.98
29799	S	.	Casting/strapping procedure	0058	1.0934	\$64.89	.	\$12.98
29800	T	.	Jaw arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29804	T	.	Jaw arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29805	T	.	Shoulder arthroscopy, dx	0041	28.1318	\$1,669.43	.	\$333.89
29806	T	.	Shoulder arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29807	T	.	Shoulder arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29819	T	.	Shoulder arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29820	T	.	Shoulder arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29821	T	.	Shoulder arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29822	T	.	Shoulder arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29823	T	.	Shoulder arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29824	T	.	Shoulder arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29825	T	.	Shoulder arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29826	T	.	Shoulder arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29827	T	.	Arthroscop rotator cuff repr	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29830	T	.	Elbow arthroscopy	0041	28.1318	\$1,669.43	.	\$333.89

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
29834	T	.	Elbow arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29835	T	.	Elbow arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29836	T	.	Elbow arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29837	T	.	Elbow arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29838	T	.	Elbow arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29840	T	.	Wrist arthroscopy	0041	28.1318	\$1,669.43	.	\$333.89
29843	T	.	Wrist arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29844	T	.	Wrist arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29845	T	.	Wrist arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29846	T	.	Wrist arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29847	T	.	Wrist arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29848	T	.	Wrist endoscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29850	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29851	T	.	Knee arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29855	T	.	Tibial arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29856	T	.	Tibial arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29860	T	.	Hip arthroscopy, dx	0041	28.1318	\$1,669.43	.	\$333.89
29861	T	.	Hip arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29862	T	.	Hip arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29863	T	.	Hip arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29866	T	.	Autgrft implnt, knee w/scope	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29867	T	.	Allgrft implnt, knee w/scope	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29868	T	.	Meniscal trnspl, knee w/scpe	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29870	T	.	Knee arthroscopy, dx	0041	28.1318	\$1,669.43	.	\$333.89
29871	T	.	Knee arthroscopy/drainage	0041	28.1318	\$1,669.43	.	\$333.89
29873	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29874	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29875	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29876	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29877	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29879	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29880	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29881	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29882	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29883	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29884	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29885	T	.	Knee arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29886	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29887	T	.	Knee arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29888	T	.	Knee arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29889	T	.	Knee arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29891	T	.	Ankle arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29892	T	.	Ankle arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29893	T	.	Scope, plantar fasciotomy	0055	20.0692	\$1,190.97	\$355.34	\$238.19
29894	T	.	Ankle arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29895	T	.	Ankle arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29897	T	.	Ankle arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29898	T	.	Ankle arthroscopy/surgery	0041	28.1318	\$1,669.43	.	\$333.89
29899	T	.	Ankle arthroscopy/surgery	0042	43.9753	\$2,609.63	\$804.74	\$521.93
29900	T	.	Mcp joint arthroscopy, dx	0053	15.6795	\$930.47	\$253.49	\$186.09
29901	T	.	Mcp joint arthroscopy, surg	0053	15.6795	\$930.47	\$253.49	\$186.09
29902	T	.	Mcp joint arthroscopy, surg	0053	15.6795	\$930.47	\$253.49	\$186.09
29999	T	.	Arthroscopy of joint	0041	28.1318	\$1,669.43	.	\$333.89

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
30000	T	.	Drainage of nose lesion	0251	2.0101	\$119.29	.	\$23.86
30020	T	.	Drainage of nose lesion	0251	2.0101	\$119.29	.	\$23.86
30100	T	.	Intranasal biopsy	0252	7.8673	\$466.87	\$113.41	\$93.37
30110	T	.	Removal of nose polyp(s)	0253	16.1357	\$957.54	\$282.29	\$191.51
30115	T	.	Removal of nose polyp(s)	0253	16.1357	\$957.54	\$282.29	\$191.51
30117	T	.	Removal of intranasal lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
30118	T	.	Removal of intranasal lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
30120	T	.	Revision of nose	0253	16.1357	\$957.54	\$282.29	\$191.51
30124	T	.	Removal of nose lesion	0252	7.8673	\$466.87	\$113.41	\$93.37
30125	T	.	Removal of nose lesion	0256	37.3204	\$2,214.70	.	\$442.94
30130	T	.	Removal of turbinate bones	0253	16.1357	\$957.54	\$282.29	\$191.51
30140	T	.	Removal of turbinate bones	0254	23.404	\$1,388.86	\$321.35	\$277.77
30150	T	.	Partial removal of nose	0256	37.3204	\$2,214.70	.	\$442.94
30160	T	.	Removal of nose	0256	37.3204	\$2,214.70	.	\$442.94
30200	T	.	Injection treatment of nose	0252	7.8673	\$466.87	\$113.41	\$93.37
30210	T	.	Nasal sinus therapy	0252	7.8673	\$466.87	\$113.41	\$93.37
30220	T	.	Insert nasal septal button	0252	7.8673	\$466.87	\$113.41	\$93.37
30300	X	.	Remove nasal foreign body	0340	0.6384	\$37.88	.	\$7.58
30310	T	.	Remove nasal foreign body	0253	16.1357	\$957.54	\$282.29	\$191.51
30320	T	.	Remove nasal foreign body	0253	16.1357	\$957.54	\$282.29	\$191.51
30400	T	.	Reconstruction of nose	0256	37.3204	\$2,214.70	.	\$442.94
30410	T	.	Reconstruction of nose	0256	37.3204	\$2,214.70	.	\$442.94
30420	T	.	Reconstruction of nose	0256	37.3204	\$2,214.70	.	\$442.94
30430	T	.	Revision of nose	0254	23.404	\$1,388.86	\$321.35	\$277.77
30435	T	.	Revision of nose	0256	37.3204	\$2,214.70	.	\$442.94
30450	T	.	Revision of nose	0256	37.3204	\$2,214.70	.	\$442.94
30460	T	.	Revision of nose	0256	37.3204	\$2,214.70	.	\$442.94
30462	T	.	Revision of nose	0256	37.3204	\$2,214.70	.	\$442.94
30465	T	.	Repair nasal stenosis	0256	37.3204	\$2,214.70	.	\$442.94
30520	T	.	Repair of nasal septum	0254	23.404	\$1,388.86	\$321.35	\$277.77
30540	T	.	Repair nasal defect	0256	37.3204	\$2,214.70	.	\$442.94
30545	T	.	Repair nasal defect	0256	37.3204	\$2,214.70	.	\$442.94
30560	T	.	Release of nasal adhesions	0251	2.0101	\$119.29	.	\$23.86
30580	T	.	Repair upper jaw fistula	0256	37.3204	\$2,214.70	.	\$442.94
30600	T	.	Repair mouth/nose fistula	0256	37.3204	\$2,214.70	.	\$442.94
30620	T	.	Intranasal reconstruction	0256	37.3204	\$2,214.70	.	\$442.94
30630	T	.	Repair nasal septum defect	0254	23.404	\$1,388.86	\$321.35	\$277.77
30801	T	.	Cauterization, inner nose	0252	7.8673	\$466.87	\$113.41	\$93.37
30802	T	.	Cauterization, inner nose	0252	7.8673	\$466.87	\$113.41	\$93.37
30901	T	.	Control of nosebleed	0250	1.2896	\$76.53	\$26.79	\$15.31
30903	T	.	Control of nosebleed	0250	1.2896	\$76.53	\$26.79	\$15.31
30905	T	.	Control of nosebleed	0250	1.2896	\$76.53	\$26.79	\$15.31
30906	T	.	Repeat control of nosebleed	0250	1.2896	\$76.53	\$26.79	\$15.31
30915	T	.	Ligation, nasal sinus artery	0091	28.9999	\$1,720.94	\$348.23	\$344.19
30920	T	.	Ligation, upper jaw artery	0092	26.482	\$1,571.52	\$505.37	\$314.30
30930	T	.	Therapy, fracture of nose	0253	16.1357	\$957.54	\$282.29	\$191.51
30999	T	.	Nasal surgery procedure	0251	2.0101	\$119.29	.	\$23.86
31000	T	.	Irrigation, maxillary sinus	0251	2.0101	\$119.29	.	\$23.86
31002	T	.	Irrigation, sphenoid sinus	0252	7.8673	\$466.87	\$113.41	\$93.37
31020	T	.	Exploration, maxillary sinus	0254	23.404	\$1,388.86	\$321.35	\$277.77
31030	T	.	Exploration, maxillary sinus	0256	37.3204	\$2,214.70	.	\$442.94
31032	T	.	Explore sinus, remove polyps	0256	37.3204	\$2,214.70	.	\$442.94
31040	T	.	Exploration behind upper jaw	0254	23.404	\$1,388.86	\$321.35	\$277.77

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
31050	T	.	Exploration, sphenoid sinus	0256	37.3204	\$2,214.70	.	\$442.94
31051	T	.	Sphenoid sinus surgery	0256	37.3204	\$2,214.70	.	\$442.94
31070	T	.	Exploration of frontal sinus	0254	23.404	\$1,388.86	\$321.35	\$277.77
31075	T	.	Exploration of frontal sinus	0256	37.3204	\$2,214.70	.	\$442.94
31080	T	.	Removal of frontal sinus	0256	37.3204	\$2,214.70	.	\$442.94
31081	T	.	Removal of frontal sinus	0256	37.3204	\$2,214.70	.	\$442.94
31084	T	.	Removal of frontal sinus	0256	37.3204	\$2,214.70	.	\$442.94
31085	T	.	Removal of frontal sinus	0256	37.3204	\$2,214.70	.	\$442.94
31086	T	.	Removal of frontal sinus	0256	37.3204	\$2,214.70	.	\$442.94
31087	T	.	Removal of frontal sinus	0256	37.3204	\$2,214.70	.	\$442.94
31090	T	.	Exploration of sinuses	0256	37.3204	\$2,214.70	.	\$442.94
31200	T	.	Removal of ethmoid sinus	0256	37.3204	\$2,214.70	.	\$442.94
31201	T	.	Removal of ethmoid sinus	0256	37.3204	\$2,214.70	.	\$442.94
31205	T	.	Removal of ethmoid sinus	0256	37.3204	\$2,214.70	.	\$442.94
31225	C	.	Removal of upper jaw	.	.	.	.	.
31230	C	.	Removal of upper jaw	.	.	.	.	.
31231	T	.	Nasal endoscopy, dx	0072	1.4361	\$85.22	\$21.27	\$17.04
31233	T	.	Nasal/sinus endoscopy, dx	0072	1.4361	\$85.22	\$21.27	\$17.04
31235	T	.	Nasal/sinus endoscopy, dx	0074	15.7757	\$936.18	\$295.70	\$187.24
31237	T	.	Nasal/sinus endoscopy, surg	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31238	T	.	Nasal/sinus endoscopy, surg	0074	15.7757	\$936.18	\$295.70	\$187.24
31239	T	.	Nasal/sinus endoscopy, surg	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31240	T	.	Nasal/sinus endoscopy, surg	0074	15.7757	\$936.18	\$295.70	\$187.24
31254	T	.	Revision of ethmoid sinus	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31255	T	.	Removal of ethmoid sinus	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31256	T	.	Exploration maxillary sinus	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31267	T	.	Endoscopy, maxillary sinus	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31276	T	.	Sinus endoscopy, surgical	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31287	T	.	Nasal/sinus endoscopy, surg	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31288	T	.	Nasal/sinus endoscopy, surg	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31290	C	.	Nasal/sinus endoscopy, surg	.	.	.	.	.
31291	C	.	Nasal/sinus endoscopy, surg	.	.	.	.	.
31292	T	.	Nasal/sinus endoscopy, surg	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31293	T	.	Nasal/sinus endoscopy, surg	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31294	T	.	Nasal/sinus endoscopy, surg	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31299	T	.	Sinus surgery procedure	0251	2.0101	\$119.29	.	\$23.86
31300	T	.	Removal of larynx lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
31320	T	.	Diagnostic incision,larynx	0256	37.3204	\$2,214.70	.	\$442.94
31360	C	.	Removal of larynx	.	.	.	.	.
31365	C	.	Removal of larynx	.	.	.	.	.
31367	C	.	Partial removal of larynx	.	.	.	.	.
31368	C	.	Partial removal of larynx	.	.	.	.	.
31370	C	.	Partial removal of larynx	.	.	.	.	.
31375	C	.	Partial removal of larynx	.	.	.	.	.
31380	C	.	Partial removal of larynx	.	.	.	.	.
31382	C	.	Partial removal of larynx	.	.	.	.	.
31390	C	.	Removal of larynx & pharynx	.	.	.	.	.
31395	C	.	Reconstruct larynx & pharynx	.	.	.	.	.
31400	T	.	Revision of larynx	0256	37.3204	\$2,214.70	.	\$442.94
31420	T	.	Removal of epiglottis	0256	37.3204	\$2,214.70	.	\$442.94
31500	S	.	Insert emergency airway	0094	2.5363	\$150.51	\$47.62	\$30.10
31502	T	.	Change of windpipe airway	0121	2.2766	\$135.10	\$43.80	\$27.02
31505	T	.	Diagnostic laryngoscopy	0071	0.7915	\$46.97	\$11.31	\$9.39

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
31510	T	.	Laryngoscopy with biopsy	0074	15.7757	\$936.18	\$295.70	\$187.24
31511	T	.	Remove foreign body, larynx	0072	1.4361	\$85.22	\$21.27	\$17.04
31512	T	.	Removal of larynx lesion	0074	15.7757	\$936.18	\$295.70	\$187.24
31513	T	.	Injection into vocal cord	0072	1.4361	\$85.22	\$21.27	\$17.04
31515	T	.	Laryngoscopy for aspiration	0074	15.7757	\$936.18	\$295.70	\$187.24
31520	T	.	Diagnostic laryngoscopy	0072	1.4361	\$85.22	\$21.27	\$17.04
31525	T	.	Diagnostic laryngoscopy	0074	15.7757	\$936.18	\$295.70	\$187.24
31526	T	.	Diagnostic laryngoscopy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31527	T	.	Laryngoscopy for treatment	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31528	T	.	Laryngoscopy and dilation	0074	15.7757	\$936.18	\$295.70	\$187.24
31529	T	.	Laryngoscopy and dilation	0074	15.7757	\$936.18	\$295.70	\$187.24
31530	T	.	Operative laryngoscopy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31531	T	.	Operative laryngoscopy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31535	T	.	Operative laryngoscopy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31536	T	.	Operative laryngoscopy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31540	T	.	Operative laryngoscopy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31541	T	.	Operative laryngoscopy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31545	T	.	Remove vc lesion w/scope	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31546	T	.	Remove vc lesion scope/graft	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31560	T	.	Operative laryngoscopy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31561	T	.	Operative laryngoscopy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31570	T	.	Laryngoscopy with injection	0074	15.7757	\$936.18	\$295.70	\$187.24
31571	T	.	Laryngoscopy with injection	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31575	T	.	Diagnostic laryngoscopy	0072	1.4361	\$85.22	\$21.27	\$17.04
31576	T	.	Laryngoscopy with biopsy	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31577	T	.	Remove foreign body, larynx	0073	4.1609	\$246.92	\$73.38	\$49.38
31578	T	.	Removal of larynx lesion	0075	21.3426	\$1,266.53	\$445.92	\$253.31
31579	T	.	Diagnostic laryngoscopy	0073	4.1609	\$246.92	\$73.38	\$49.38
31580	T	.	Revision of larynx	0256	37.3204	\$2,214.70	.	\$442.94
31582	T	.	Revision of larynx	0256	37.3204	\$2,214.70	.	\$442.94
31584	C	.	Treat larynx fracture	.	.	.	.	.
31585	T	.	Treat larynx fracture	0253	16.1357	\$957.54	\$282.29	\$191.51
31586	T	.	Treat larynx fracture	0256	37.3204	\$2,214.70	.	\$442.94
31587	C	.	Revision of larynx	.	.	.	.	.
31588	T	.	Revision of larynx	0256	37.3204	\$2,214.70	.	\$442.94
31590	T	.	Reinnervate larynx	0256	37.3204	\$2,214.70	.	\$442.94
31595	T	.	Larynx nerve surgery	0256	37.3204	\$2,214.70	.	\$442.94
31599	T	.	Larynx surgery procedure	0251	2.0101	\$119.29	.	\$23.86
31600	T	.	Incision of windpipe	0254	23.404	\$1,388.86	\$321.35	\$277.77
31601	T	.	Incision of windpipe	0254	23.404	\$1,388.86	\$321.35	\$277.77
31603	T	.	Incision of windpipe	0252	7.8673	\$466.87	\$113.41	\$93.37
31605	T	.	Incision of windpipe	0252	7.8673	\$466.87	\$113.41	\$93.37
31610	T	.	Incision of windpipe	0254	23.404	\$1,388.86	\$321.35	\$277.77
31611	T	.	Surgery/speech prosthesis	0254	23.404	\$1,388.86	\$321.35	\$277.77
31612	T	.	Puncture/clear windpipe	0254	23.404	\$1,388.86	\$321.35	\$277.77
31613	T	.	Repair windpipe opening	0254	23.404	\$1,388.86	\$321.35	\$277.77
31614	T	.	Repair windpipe opening	0256	37.3204	\$2,214.70	.	\$442.94
31615	T	.	Visualization of windpipe	0076	9.4592	\$561.34	\$189.82	\$112.27
31620	S	.	Endobronchial us add-on	0670	25.4131	\$1,508.09	\$472.46	\$301.62
31622	T	.	Dx bronchoscope/wash	0076	9.4592	\$561.34	\$189.82	\$112.27
31623	T	.	Dx bronchoscope/brush	0076	9.4592	\$561.34	\$189.82	\$112.27
31624	T	.	Dx bronchoscope/lavage	0076	9.4592	\$561.34	\$189.82	\$112.27
31625	T	.	Bronchoscopy w/biopsy(s)	0076	9.4592	\$561.34	\$189.82	\$112.27

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
31628	T	.	Bronchoscopy/lung bx, each	0076	9.4592	\$561.34	\$189.82	\$112.27
31629	T	.	Bronchoscopy/needle bx, each	0076	9.4592	\$561.34	\$189.82	\$112.27
31630	T	.	Bronchoscopy dilate/fx repr	0415	22.0955	\$1,311.21	\$459.92	\$262.24
31631	T	.	Bronchoscopy, dilate w/stent	0415	22.0955	\$1,311.21	\$459.92	\$262.24
31632	T	.	Bronchoscopy/lung bx, add fl	0076	9.4592	\$561.34	\$189.82	\$112.27
31633	T	.	Bronchoscopy/needle bx add fl	0076	9.4592	\$561.34	\$189.82	\$112.27
31635	T	.	Bronchoscopy w/fb removal	0076	9.4592	\$561.34	\$189.82	\$112.27
31636	T	.	Bronchoscopy, bronch stents	0415	22.0955	\$1,311.21	\$459.92	\$262.24
31637	T	.	Bronchoscopy, stent add-on	0076	9.4592	\$561.34	\$189.82	\$112.27
31638	T	.	Bronchoscopy, revise stent	0415	22.0955	\$1,311.21	\$459.92	\$262.24
31640	T	.	Bronchoscopy w/tumor excise	0415	22.0955	\$1,311.21	\$459.92	\$262.24
31641	T	.	Bronchoscopy, treat blockage	0415	22.0955	\$1,311.21	\$459.92	\$262.24
31643	T	.	Diag bronchoscope/catheter	0076	9.4592	\$561.34	\$189.82	\$112.27
31645	T	.	Bronchoscopy, clear airways	0076	9.4592	\$561.34	\$189.82	\$112.27
31646	T	.	Bronchoscopy, reclear airway	0076	9.4592	\$561.34	\$189.82	\$112.27
31656	T	.	Bronchoscopy, inj for x-ray	0076	9.4592	\$561.34	\$189.82	\$112.27
31700	T	.	Insertion of airway catheter	0072	1.4361	\$85.22	\$21.27	\$17.04
31708	N	.	Instill airway contrast dye	.	.	.	.	.
31710	N	.	Insertion of airway catheter	.	.	.	.	.
31715	N	.	Injection for bronchus x-ray	.	.	.	.	.
31717	T	.	Bronchial brush biopsy	0073	4.1609	\$246.92	\$73.38	\$49.38
31720	T	.	Clearance of airways	0071	0.7915	\$46.97	\$11.31	\$9.39
31725	C	.	Clearance of airways	.	.	.	.	.
31730	T	.	Intro, windpipe wire/tube	0073	4.1609	\$246.92	\$73.38	\$49.38
31750	T	.	Repair of windpipe	0256	37.3204	\$2,214.70	.	\$442.94
31755	T	.	Repair of windpipe	0256	37.3204	\$2,214.70	.	\$442.94
31760	C	.	Repair of windpipe	.	.	.	.	.
31766	C	.	Reconstruction of windpipe	.	.	.	.	.
31770	C	.	Repair/graft of bronchus	.	.	.	.	.
31775	C	.	Reconstruct bronchus	.	.	.	.	.
31780	C	.	Reconstruct windpipe	.	.	.	.	.
31781	C	.	Reconstruct windpipe	.	.	.	.	.
31785	T	.	Remove windpipe lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
31786	C	.	Remove windpipe lesion	.	.	.	.	.
31800	C	.	Repair of windpipe injury	.	.	.	.	.
31805	C	.	Repair of windpipe injury	.	.	.	.	.
31820	T	.	Closure of windpipe lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
31825	T	.	Repair of windpipe defect	0254	23.404	\$1,388.86	\$321.35	\$277.77
31830	T	.	Revise windpipe scar	0254	23.404	\$1,388.86	\$321.35	\$277.77
31899	T	.	Airways surgical procedure	0076	9.4592	\$561.34	\$189.82	\$112.27
32000	T	.	Drainage of chest	0070	3.2101	\$190.50	.	\$38.10
32002	T	.	Treatment of collapsed lung	0070	3.2101	\$190.50	.	\$38.10
32005	T	.	Treat lung lining chemically	0070	3.2101	\$190.50	.	\$38.10
32019	T	.	Insert pleural catheter	0070	3.2101	\$190.50	.	\$38.10
32020	T	.	Insertion of chest tube	0070	3.2101	\$190.50	.	\$38.10
32035	C	.	Exploration of chest	.	.	.	.	.
32036	C	.	Exploration of chest	.	.	.	.	.
32095	C	.	Biopsy through chest wall	.	.	.	.	.
32100	C	.	Exploration/biopsy of chest	.	.	.	.	.
32110	C	.	Explore/repair chest	.	.	.	.	.
32120	C	.	Re-exploration of chest	.	.	.	.	.
32124	C	.	Explore chest free adhesions	.	.	.	.	.
32140	C	.	Removal of lung lesion(s)	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
32141	C	.	Remove/treat lung lesions	.	.	.	.	.
32150	C	.	Removal of lung lesion(s)	.	.	.	.	.
32151	C	.	Remove lung foreign body	.	.	.	.	.
32160	C	.	Open chest heart massage	.	.	.	.	.
32200	C	.	Drain, open, lung lesion	.	.	.	.	.
32201	T	.	Drain, percut, lung lesion	0070	3.2101	\$190.50	.	\$38.10
32215	C	.	Treat chest lining	.	.	.	.	.
32220	C	.	Release of lung	.	.	.	.	.
32225	C	.	Partial release of lung	.	.	.	.	.
32310	C	.	Removal of chest lining	.	.	.	.	.
32320	C	.	Free/remove chest lining	.	.	.	.	.
32400	T	.	Needle biopsy chest lining	0685	6.0174	\$357.09	\$115.47	\$71.42
32402	C	.	Open biopsy chest lining	.	.	.	.	.
32405	T	.	Biopsy, lung or mediastinum	0685	6.0174	\$357.09	\$115.47	\$71.42
32420	T	.	Puncture/clear lung	0070	3.2101	\$190.50	.	\$38.10
32440	C	.	Removal of lung	.	.	.	.	.
32442	C	.	Sleeve pneumonectomy	.	.	.	.	.
32445	C	.	Removal of lung	.	.	.	.	.
32480	C	.	Partial removal of lung	.	.	.	.	.
32482	C	.	Bilobectomy	.	.	.	.	.
32484	C	.	Segmentectomy	.	.	.	.	.
32486	C	.	Sleeve lobectomy	.	.	.	.	.
32488	C	.	Completion pneumonectomy	.	.	.	.	.
32491	C	.	Lung volume reduction	.	.	.	.	.
32500	C	.	Partial removal of lung	.	.	.	.	.
32501	C	.	Repair bronchus add-on	.	.	.	.	.
32520	C	.	Remove lung & revise chest	.	.	.	.	.
32522	C	.	Remove lung & revise chest	.	.	.	.	.
32525	C	.	Remove lung & revise chest	.	.	.	.	.
32540	C	.	Removal of lung lesion	.	.	.	.	.
32601	T	.	Thoracoscopy, diagnostic	0069	30.6775	\$1,820.49	\$591.64	\$364.10
32602	T	.	Thoracoscopy, diagnostic	0069	30.6775	\$1,820.49	\$591.64	\$364.10
32603	T	.	Thoracoscopy, diagnostic	0069	30.6775	\$1,820.49	\$591.64	\$364.10
32604	T	.	Thoracoscopy, diagnostic	0069	30.6775	\$1,820.49	\$591.64	\$364.10
32605	T	.	Thoracoscopy, diagnostic	0069	30.6775	\$1,820.49	\$591.64	\$364.10
32606	T	.	Thoracoscopy, diagnostic	0069	30.6775	\$1,820.49	\$591.64	\$364.10
32650	C	.	Thoracoscopy, surgical	.	.	.	.	.
32651	C	.	Thoracoscopy, surgical	.	.	.	.	.
32652	C	.	Thoracoscopy, surgical	.	.	.	.	.
32653	C	.	Thoracoscopy, surgical	.	.	.	.	.
32654	C	.	Thoracoscopy, surgical	.	.	.	.	.
32655	C	.	Thoracoscopy, surgical	.	.	.	.	.
32656	C	.	Thoracoscopy, surgical	.	.	.	.	.
32657	C	.	Thoracoscopy, surgical	.	.	.	.	.
32658	C	.	Thoracoscopy, surgical	.	.	.	.	.
32659	C	.	Thoracoscopy, surgical	.	.	.	.	.
32660	C	.	Thoracoscopy, surgical	.	.	.	.	.
32661	C	.	Thoracoscopy, surgical	.	.	.	.	.
32662	C	.	Thoracoscopy, surgical	.	.	.	.	.
32663	C	.	Thoracoscopy, surgical	.	.	.	.	.
32664	C	.	Thoracoscopy, surgical	.	.	.	.	.
32665	C	.	Thoracoscopy, surgical	.	.	.	.	.
32800	C	.	Repair lung hernia	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
32810	C	.	Close chest after drainage	.	.	.	.	.
32815	C	.	Close bronchial fistula	.	.	.	.	.
32820	C	.	Reconstruct injured chest	.	.	.	.	.
32850	C	.	Donor pneumonectomy	.	.	.	.	.
32851	C	.	Lung transplant, single	.	.	.	.	.
32852	C	.	Lung transplant with bypass	.	.	.	.	.
32853	C	.	Lung transplant, double	.	.	.	.	.
32854	C	.	Lung transplant with bypass	.	.	.	.	.
32855	C	.	Prepare donor lung, single	.	.	.	.	.
32856	C	.	Prepare donor lung, double	.	.	.	.	.
32900	C	.	Removal of rib(s)	.	.	.	.	.
32905	C	.	Revise & repair chest wall	.	.	.	.	.
32906	C	.	Revise & repair chest wall	.	.	.	.	.
32940	C	.	Revision of lung	.	.	.	.	.
32960	T	.	Therapeutic pneumothorax	0070	3.2101	\$190.50	.	\$38.10
32997	C	.	Total lung lavage	.	.	.	.	.
32999	T	.	Chest surgery procedure	0070	3.2101	\$190.50	.	\$38.10
33010	T	.	Drainage of heart sac	0070	3.2101	\$190.50	.	\$38.10
33011	T	.	Repeat drainage of heart sac	0070	3.2101	\$190.50	.	\$38.10
33015	C	.	Incision of heart sac	.	.	.	.	.
33020	C	.	Incision of heart sac	.	.	.	.	.
33025	C	.	Incision of heart sac	.	.	.	.	.
33030	C	.	Partial removal of heart sac	.	.	.	.	.
33031	C	.	Partial removal of heart sac	.	.	.	.	.
33050	C	.	Removal of heart sac lesion	.	.	.	.	.
33120	C	.	Removal of heart lesion	.	.	.	.	.
33130	C	.	Removal of heart lesion	.	.	.	.	.
33140	C	.	Heart revascularize (tmr)	.	.	.	.	.
33141	C	.	Heart tmr w/other procedure	.	.	.	.	.
33200	C	.	Insertion of heart pacemaker	.	.	.	.	.
33201	C	.	Insertion of heart pacemaker	.	.	.	.	.
33206	T	.	Insertion of heart pacemaker	0089	105.6143	\$6,267.47	\$1,682.28	\$1,253.49
33207	T	.	Insertion of heart pacemaker	0089	105.6143	\$6,267.47	\$1,682.28	\$1,253.49
33208	T	.	Insertion of heart pacemaker	0655	133.7768	\$7,938.72	.	\$1,587.74
33210	T	.	Insertion of heart electrode	0106	45.4851	\$2,699.22	.	\$539.84
33211	T	.	Insertion of heart electrode	0106	45.4851	\$2,699.22	.	\$539.84
33212	T	.	Insertion of pulse generator	0090	89.1574	\$5,290.87	\$1,612.80	\$1,058.17
33213	T	.	Insertion of pulse generator	0654	100.9294	\$5,989.45	.	\$1,197.89
33214	T	.	Upgrade of pacemaker system	0655	133.7768	\$7,938.72	.	\$1,587.74
33215	T	.	Reposition pacing-defib lead	0105	22.3685	\$1,327.41	\$370.40	\$265.48
33216	T	.	Revise eltrd pacing-defib	0106	45.4851	\$2,699.22	.	\$539.84
33217	T	.	Insert lead pace-defib, dual	0106	45.4851	\$2,699.22	.	\$539.84
33218	T	.	Repair lead pace-defib, one	0106	45.4851	\$2,699.22	.	\$539.84
33220	T	.	Repair lead pace-defib, dual	0106	45.4851	\$2,699.22	.	\$539.84
33222	T	.	Revise pocket, pacemaker	0027	18.4182	\$1,092.99	\$329.72	\$218.60
33223	T	.	Revise pocket, pacing-defib	0027	18.4182	\$1,092.99	\$329.72	\$218.60
33224	T	.	Insert pacing lead & connect	0418	109.3043	\$6,486.45	.	\$1,297.29
33225	T	.	L ventric pacing lead add-on	0418	109.3043	\$6,486.45	.	\$1,297.29
33226	T	.	Reposition l ventric lead	0105	22.3685	\$1,327.41	\$370.40	\$265.48
33233	T	.	Removal of pacemaker system	0105	22.3685	\$1,327.41	\$370.40	\$265.48
33234	T	.	Removal of pacemaker system	0105	22.3685	\$1,327.41	\$370.40	\$265.48
33235	T	.	Removal pacemaker electrode	0105	22.3685	\$1,327.41	\$370.40	\$265.48
33236	C	.	Remove electrode/thoracotomy	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
33237	C	.	Remove electrode/thoracotomy	.	.	.	.	.
33238	C	.	Remove electrode/thoracotomy	.	.	.	.	.
33240	B	.	Insert pulse generator	.	.	.	.	.
33241	T	.	Remove pulse generator	0105	22.3685	\$1,327.41	\$370.40	\$265.48
33243	C	.	Remove eltrd/thoracotomy	.	.	.	.	.
33244	T	.	Remove eltrd, transven	0105	22.3685	\$1,327.41	\$370.40	\$265.48
33245	C	.	Insert epic eltrd pace-defib	.	.	.	.	.
33246	C	.	Insert epic eltrd/generator	.	.	.	.	.
33249	B	.	Eltrd/insert pace-defib	.	.	.	.	.
33250	C	.	Ablate heart dysrhythm focus	.	.	.	.	.
33251	C	.	Ablate heart dysrhythm focus	.	.	.	.	.
33253	C	.	Reconstruct atria	.	.	.	.	.
33261	C	.	Ablate heart dysrhythm focus	.	.	.	.	.
33282	S	.	Implant pat-active ht record	0680	62.9082	\$3,733.16	.	\$746.63
33284	T	.	Remove pat-active ht record	0109	11.0433	\$655.34	\$131.49	\$131.07
33300	C	.	Repair of heart wound	.	.	.	.	.
33305	C	.	Repair of heart wound	.	.	.	.	.
33310	C	.	Exploratory heart surgery	.	.	.	.	.
33315	C	.	Exploratory heart surgery	.	.	.	.	.
33320	C	.	Repair major blood vessel(s)	.	.	.	.	.
33321	C	.	Repair major vessel	.	.	.	.	.
33322	C	.	Repair major blood vessel(s)	.	.	.	.	.
33330	C	.	Insert major vessel graft	.	.	.	.	.
33332	C	.	Insert major vessel graft	.	.	.	.	.
33335	C	.	Insert major vessel graft	.	.	.	.	.
33400	C	.	Repair of aortic valve	.	.	.	.	.
33401	C	.	Valvuloplasty, open	.	.	.	.	.
33403	C	.	Valvuloplasty, w/cp bypass	.	.	.	.	.
33404	C	.	Prepare heart-aorta conduit	.	.	.	.	.
33405	C	.	Replacement of aortic valve	.	.	.	.	.
33406	C	.	Replacement of aortic valve	.	.	.	.	.
33410	C	.	Replacement of aortic valve	.	.	.	.	.
33411	C	.	Replacement of aortic valve	.	.	.	.	.
33412	C	.	Replacement of aortic valve	.	.	.	.	.
33413	C	.	Replacement of aortic valve	.	.	.	.	.
33414	C	.	Repair of aortic valve	.	.	.	.	.
33415	C	.	Revision, subvalvular tissue	.	.	.	.	.
33416	C	.	Revise ventricle muscle	.	.	.	.	.
33417	C	.	Repair of aortic valve	.	.	.	.	.
33420	C	.	Revision of mitral valve	.	.	.	.	.
33422	C	.	Revision of mitral valve	.	.	.	.	.
33425	C	.	Repair of mitral valve	.	.	.	.	.
33426	C	.	Repair of mitral valve	.	.	.	.	.
33427	C	.	Repair of mitral valve	.	.	.	.	.
33430	C	.	Replacement of mitral valve	.	.	.	.	.
33460	C	.	Revision of tricuspid valve	.	.	.	.	.
33463	C	.	Valvuloplasty, tricuspid	.	.	.	.	.
33464	C	.	Valvuloplasty, tricuspid	.	.	.	.	.
33465	C	.	Replace tricuspid valve	.	.	.	.	.
33468	C	.	Revision of tricuspid valve	.	.	.	.	.
33470	C	.	Revision of pulmonary valve	.	.	.	.	.
33471	C	.	Valvotomy, pulmonary valve	.	.	.	.	.
33472	C	.	Revision of pulmonary valve	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
33474	C	.	Revision of pulmonary valve	.	.	.	.	.
33475	C	.	Replacement, pulmonary valve	.	.	.	.	.
33476	C	.	Revision of heart chamber	.	.	.	.	.
33478	C	.	Revision of heart chamber	.	.	.	.	.
33496	C	.	Repair, prosth valve clot	.	.	.	.	.
33500	C	.	Repair heart vessel fistula	.	.	.	.	.
33501	C	.	Repair heart vessel fistula	.	.	.	.	.
33502	C	.	Coronary artery correction	.	.	.	.	.
33503	C	.	Coronary artery graft	.	.	.	.	.
33504	C	.	Coronary artery graft	.	.	.	.	.
33505	C	.	Repair artery w/tunnel	.	.	.	.	.
33506	C	.	Repair artery, translocation	.	.	.	.	.
33508	N	.	Endoscopic vein harvest	.	.	.	.	.
33510	C	.	CABG, vein, single	.	.	.	.	.
33511	C	.	CABG, vein, two	.	.	.	.	.
33512	C	.	CABG, vein, three	.	.	.	.	.
33513	C	.	CABG, vein, four	.	.	.	.	.
33514	C	.	CABG, vein, five	.	.	.	.	.
33516	C	.	Cabg, vein, six or more	.	.	.	.	.
33517	C	.	CABG, artery-vein, single	.	.	.	.	.
33518	C	.	CABG, artery-vein, two	.	.	.	.	.
33519	C	.	CABG, artery-vein, three	.	.	.	.	.
33521	C	.	CABG, artery-vein, four	.	.	.	.	.
33522	C	.	CABG, artery-vein, five	.	.	.	.	.
33523	C	.	Cabg, art-vein, six or more	.	.	.	.	.
33530	C	.	Coronary artery, bypass/reop	.	.	.	.	.
33533	C	.	CABG, arterial, single	.	.	.	.	.
33534	C	.	CABG, arterial, two	.	.	.	.	.
33535	C	.	CABG, arterial, three	.	.	.	.	.
33536	C	.	Cabg, arterial, four or more	.	.	.	.	.
33542	C	.	Removal of heart lesion	.	.	.	.	.
33545	C	.	Repair of heart damage	.	.	.	.	.
33572	C	.	Open coronary endarterectomy	.	.	.	.	.
33600	C	.	Closure of valve	.	.	.	.	.
33602	C	.	Closure of valve	.	.	.	.	.
33606	C	.	Anastomosis/artery-aorta	.	.	.	.	.
33608	C	.	Repair anomaly w/conduit	.	.	.	.	.
33610	C	.	Repair by enlargement	.	.	.	.	.
33611	C	.	Repair double ventricle	.	.	.	.	.
33612	C	.	Repair double ventricle	.	.	.	.	.
33615	C	.	Repair, modified fontan	.	.	.	.	.
33617	C	.	Repair single ventricle	.	.	.	.	.
33619	C	.	Repair single ventricle	.	.	.	.	.
33641	C	.	Repair heart septum defect	.	.	.	.	.
33645	C	.	Revision of heart veins	.	.	.	.	.
33647	C	.	Repair heart septum defects	.	.	.	.	.
33660	C	.	Repair of heart defects	.	.	.	.	.
33665	C	.	Repair of heart defects	.	.	.	.	.
33670	C	.	Repair of heart chambers	.	.	.	.	.
33681	C	.	Repair heart septum defect	.	.	.	.	.
33684	C	.	Repair heart septum defect	.	.	.	.	.
33688	C	.	Repair heart septum defect	.	.	.	.	.
33690	C	.	Reinforce pulmonary artery	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
33692	C	.	Repair of heart defects	.	.	.	.	.
33694	C	.	Repair of heart defects	.	.	.	.	.
33697	C	.	Repair of heart defects	.	.	.	.	.
33702	C	.	Repair of heart defects	.	.	.	.	.
33710	C	.	Repair of heart defects	.	.	.	.	.
33720	C	.	Repair of heart defect	.	.	.	.	.
33722	C	.	Repair of heart defect	.	.	.	.	.
33730	C	.	Repair heart-vein defect(s)	.	.	.	.	.
33732	C	.	Repair heart-vein defect	.	.	.	.	.
33735	C	.	Revision of heart chamber	.	.	.	.	.
33736	C	.	Revision of heart chamber	.	.	.	.	.
33737	C	.	Revision of heart chamber	.	.	.	.	.
33750	C	.	Major vessel shunt	.	.	.	.	.
33755	C	.	Major vessel shunt	.	.	.	.	.
33762	C	.	Major vessel shunt	.	.	.	.	.
33764	C	.	Major vessel shunt & graft	.	.	.	.	.
33766	C	.	Major vessel shunt	.	.	.	.	.
33767	C	.	Major vessel shunt	.	.	.	.	.
33770	C	.	Repair great vessels defect	.	.	.	.	.
33771	C	.	Repair great vessels defect	.	.	.	.	.
33774	C	.	Repair great vessels defect	.	.	.	.	.
33775	C	.	Repair great vessels defect	.	.	.	.	.
33776	C	.	Repair great vessels defect	.	.	.	.	.
33777	C	.	Repair great vessels defect	.	.	.	.	.
33778	C	.	Repair great vessels defect	.	.	.	.	.
33779	C	.	Repair great vessels defect	.	.	.	.	.
33780	C	.	Repair great vessels defect	.	.	.	.	.
33781	C	.	Repair great vessels defect	.	.	.	.	.
33786	C	.	Repair arterial trunk	.	.	.	.	.
33788	C	.	Revision of pulmonary artery	.	.	.	.	.
33800	C	.	Aortic suspension	.	.	.	.	.
33802	C	.	Repair vessel defect	.	.	.	.	.
33803	C	.	Repair vessel defect	.	.	.	.	.
33813	C	.	Repair septal defect	.	.	.	.	.
33814	C	.	Repair septal defect	.	.	.	.	.
33820	C	.	Revise major vessel	.	.	.	.	.
33822	C	.	Revise major vessel	.	.	.	.	.
33824	C	.	Revise major vessel	.	.	.	.	.
33840	C	.	Remove aorta constriction	.	.	.	.	.
33845	C	.	Remove aorta constriction	.	.	.	.	.
33851	C	.	Remove aorta constriction	.	.	.	.	.
33852	C	.	Repair septal defect	.	.	.	.	.
33853	C	.	Repair septal defect	.	.	.	.	.
33860	C	.	Ascending aortic graft	.	.	.	.	.
33861	C	.	Ascending aortic graft	.	.	.	.	.
33863	C	.	Ascending aortic graft	.	.	.	.	.
33870	C	.	Transverse aortic arch graft	.	.	.	.	.
33875	C	.	Thoracic aortic graft	.	.	.	.	.
33877	C	.	Thoracoabdominal graft	.	.	.	.	.
33910	C	.	Remove lung artery emboli	.	.	.	.	.
33915	C	.	Remove lung artery emboli	.	.	.	.	.
33916	C	.	Surgery of great vessel	.	.	.	.	.
33917	C	.	Repair pulmonary artery	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
33918	C	.	Repair pulmonary atresia	.	.	.	.	.
33919	C	.	Repair pulmonary atresia	.	.	.	.	.
33920	C	.	Repair pulmonary atresia	.	.	.	.	.
33922	C	.	Transect pulmonary artery	.	.	.	.	.
33924	C	.	Remove pulmonary shunt	.	.	.	.	.
33930	C	.	Removal of donor heart/lung	.	.	.	.	.
33933	C	.	Prepare donor heart/lung	.	.	.	.	.
33935	C	.	Transplantation, heart/lung	.	.	.	.	.
33940	C	.	Removal of donor heart	.	.	.	.	.
33944	C	.	Prepare donor heart	.	.	.	.	.
33945	C	.	Transplantation of heart	.	.	.	.	.
33960	C	.	External circulation assist	.	.	.	.	.
33961	C	.	External circulation assist	.	.	.	.	.
33967	C	.	Insert ia percut device	.	.	.	.	.
33968	C	.	Remove aortic assist device	.	.	.	.	.
33970	C	.	Aortic circulation assist	.	.	.	.	.
33971	C	.	Aortic circulation assist	.	.	.	.	.
33973	C	.	Insert balloon device	.	.	.	.	.
33974	C	.	Remove intra-aortic balloon	.	.	.	.	.
33975	C	.	Implant ventricular device	.	.	.	.	.
33976	C	.	Implant ventricular device	.	.	.	.	.
33977	C	.	Remove ventricular device	.	.	.	.	.
33978	C	.	Remove ventricular device	.	.	.	.	.
33979	C	.	Insert intracorporeal device	.	.	.	.	.
33980	C	.	Remove intracorporeal device	.	.	.	.	.
33999	T	.	Cardiac surgery procedure	0070	3.2101	\$190.50	.	\$38.10
34001	C	.	Removal of artery clot	.	.	.	.	.
34051	C	.	Removal of artery clot	.	.	.	.	.
34101	T	.	Removal of artery clot	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34111	T	.	Removal of arm artery clot	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34151	C	.	Removal of artery clot	.	.	.	.	.
34201	T	.	Removal of artery clot	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34203	T	.	Removal of leg artery clot	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34401	C	.	Removal of vein clot	.	.	.	.	.
34421	T	.	Removal of vein clot	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34451	C	.	Removal of vein clot	.	.	.	.	.
34471	T	.	Removal of vein clot	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34490	T	.	Removal of vein clot	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34501	T	.	Repair valve, femoral vein	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34502	C	.	Reconstruct vena cava	.	.	.	.	.
34510	T	.	Transposition of vein valve	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34520	T	.	Cross-over vein graft	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34530	T	.	Leg vein fusion	0088	36.5617	\$2,169.68	\$655.22	\$433.94
34800	C	.	Endovasc abdo repair w/tube	.	.	.	.	.
34802	C	.	Endovasc abdo repr w/device	.	.	.	.	.
34803	C	.	Endovasc aaa repr w/3-p part	.	.	.	.	.
34804	C	.	Endovasc abdo repr w/device	.	.	.	.	.
34805	C	.	Endovasc abdo repair w/pros	.	.	.	.	.
34808	C	.	Endovasc abdo occlud device	.	.	.	.	.
34812	C	.	Xpose for endoprosth, aortic	.	.	.	.	.
34813	C	.	Femoral endovas graft add-on	.	.	.	.	.
34820	C	.	Xpose for endoprosth, iliac	.	.	.	.	.
34825	C	.	Endovasc extend prosth, init	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
34826	C	.	Endovasc exten prosth, add	.	.	.	.	.
34830	C	.	Open aortic tube prosth repr	.	.	.	.	.
34831	C	.	Open aortoiliac prosth repr	.	.	.	.	.
34832	C	.	Open aortofemor prosth repr	.	.	.	.	.
34833	C	.	Xpose for endoprosth, iliac	.	.	.	.	.
34834	C	.	Xpose, endoprosth, brachial	.	.	.	.	.
34900	C	.	Endovasc iliac repr w/graft	.	.	.	.	.
35001	C	.	Repair defect of artery	.	.	.	.	.
35002	C	.	Repair artery rupture, neck	.	.	.	.	.
35005	C	.	Repair defect of artery	.	.	.	.	.
35011	T	.	Repair defect of artery	0653	30.5339	\$1,811.97	.	\$362.39
35013	C	.	Repair artery rupture, arm	.	.	.	.	.
35021	C	.	Repair defect of artery	.	.	.	.	.
35022	C	.	Repair artery rupture, chest	.	.	.	.	.
35045	C	.	Repair defect of arm artery	.	.	.	.	.
35081	C	.	Repair defect of artery	.	.	.	.	.
35082	C	.	Repair artery rupture, aorta	.	.	.	.	.
35091	C	.	Repair defect of artery	.	.	.	.	.
35092	C	.	Repair artery rupture, aorta	.	.	.	.	.
35102	C	.	Repair defect of artery	.	.	.	.	.
35103	C	.	Repair artery rupture, groin	.	.	.	.	.
35111	C	.	Repair defect of artery	.	.	.	.	.
35112	C	.	Repair artery rupture, spleen	.	.	.	.	.
35121	C	.	Repair defect of artery	.	.	.	.	.
35122	C	.	Repair artery rupture, belly	.	.	.	.	.
35131	C	.	Repair defect of artery	.	.	.	.	.
35132	C	.	Repair artery rupture, groin	.	.	.	.	.
35141	C	.	Repair defect of artery	.	.	.	.	.
35142	C	.	Repair artery rupture, thigh	.	.	.	.	.
35151	C	.	Repair defect of artery	.	.	.	.	.
35152	C	.	Repair artery rupture, knee	.	.	.	.	.
35180	T	.	Repair blood vessel lesion	0093	23.4516	\$1,391.69	.	\$278.34
35182	C	.	Repair blood vessel lesion	.	.	.	.	.
35184	T	.	Repair blood vessel lesion	0093	23.4516	\$1,391.69	.	\$278.34
35188	T	.	Repair blood vessel lesion	0088	36.5617	\$2,169.68	\$655.22	\$433.94
35189	C	.	Repair blood vessel lesion	.	.	.	.	.
35190	T	.	Repair blood vessel lesion	0093	23.4516	\$1,391.69	.	\$278.34
35201	T	.	Repair blood vessel lesion	0093	23.4516	\$1,391.69	.	\$278.34
35206	T	.	Repair blood vessel lesion	0093	23.4516	\$1,391.69	.	\$278.34
35207	T	.	Repair blood vessel lesion	0088	36.5617	\$2,169.68	\$655.22	\$433.94
35211	C	.	Repair blood vessel lesion	.	.	.	.	.
35216	C	.	Repair blood vessel lesion	.	.	.	.	.
35221	C	.	Repair blood vessel lesion	.	.	.	.	.
35226	T	.	Repair blood vessel lesion	0093	23.4516	\$1,391.69	.	\$278.34
35231	T	.	Repair blood vessel lesion	0093	23.4516	\$1,391.69	.	\$278.34
35236	T	.	Repair blood vessel lesion	0093	23.4516	\$1,391.69	.	\$278.34
35241	C	.	Repair blood vessel lesion	.	.	.	.	.
35246	C	.	Repair blood vessel lesion	.	.	.	.	.
35251	C	.	Repair blood vessel lesion	.	.	.	.	.
35256	T	.	Repair blood vessel lesion	0093	23.4516	\$1,391.69	.	\$278.34
35261	T	.	Repair blood vessel lesion	0653	30.5339	\$1,811.97	.	\$362.39
35266	T	.	Repair blood vessel lesion	0653	30.5339	\$1,811.97	.	\$362.39
35271	C	.	Repair blood vessel lesion	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
35276	C	.	Repair blood vessel lesion	.	.	.	.	.
35281	C	.	Repair blood vessel lesion	.	.	.	.	.
35286	T	.	Repair blood vessel lesion	0653	30.5339	\$1,811.97	.	\$362.39
35301	C	.	Rechanneling of artery	.	.	.	.	.
35311	C	.	Rechanneling of artery	.	.	.	.	.
35321	T	.	Rechanneling of artery	0093	23.4516	\$1,391.69	.	\$278.34
35331	C	.	Rechanneling of artery	.	.	.	.	.
35341	C	.	Rechanneling of artery	.	.	.	.	.
35351	C	.	Rechanneling of artery	.	.	.	.	.
35355	C	.	Rechanneling of artery	.	.	.	.	.
35361	C	.	Rechanneling of artery	.	.	.	.	.
35363	C	.	Rechanneling of artery	.	.	.	.	.
35371	C	.	Rechanneling of artery	.	.	.	.	.
35372	C	.	Rechanneling of artery	.	.	.	.	.
35381	C	.	Rechanneling of artery	.	.	.	.	.
35390	C	.	Reoperation, carotid add-on	.	.	.	.	.
35400	C	.	Angioscopy	.	.	.	.	.
35450	C	.	Repair arterial blockage	.	.	.	.	.
35452	C	.	Repair arterial blockage	.	.	.	.	.
35454	C	.	Repair arterial blockage	.	.	.	.	.
35456	C	.	Repair arterial blockage	.	.	.	.	.
35458	T	.	Repair arterial blockage	0081	34.4473	\$2,044.21	.	\$408.84
35459	T	.	Repair arterial blockage	0081	34.4473	\$2,044.21	.	\$408.84
35460	T	.	Repair venous blockage	0081	34.4473	\$2,044.21	.	\$408.84
35470	T	.	Repair arterial blockage	0081	34.4473	\$2,044.21	.	\$408.84
35471	T	.	Repair arterial blockage	0081	34.4473	\$2,044.21	.	\$408.84
35472	T	.	Repair arterial blockage	0081	34.4473	\$2,044.21	.	\$408.84
35473	T	.	Repair arterial blockage	0081	34.4473	\$2,044.21	.	\$408.84
35474	T	.	Repair arterial blockage	0081	34.4473	\$2,044.21	.	\$408.84
35475	T	.	Repair arterial blockage	0081	34.4473	\$2,044.21	.	\$408.84
35476	T	.	Repair venous blockage	0081	34.4473	\$2,044.21	.	\$408.84
35480	C	.	Atherectomy, open	.	.	.	.	.
35481	C	.	Atherectomy, open	.	.	.	.	.
35482	C	.	Atherectomy, open	.	.	.	.	.
35483	C	.	Atherectomy, open	.	.	.	.	.
35484	T	.	Atherectomy, open	0081	34.4473	\$2,044.21	.	\$408.84
35485	T	.	Atherectomy, open	0081	34.4473	\$2,044.21	.	\$408.84
35490	T	.	Atherectomy, percutaneous	0081	34.4473	\$2,044.21	.	\$408.84
35491	T	.	Atherectomy, percutaneous	0081	34.4473	\$2,044.21	.	\$408.84
35492	T	.	Atherectomy, percutaneous	0081	34.4473	\$2,044.21	.	\$408.84
35493	T	.	Atherectomy, percutaneous	0081	34.4473	\$2,044.21	.	\$408.84
35494	T	.	Atherectomy, percutaneous	0081	34.4473	\$2,044.21	.	\$408.84
35495	T	.	Atherectomy, percutaneous	0081	34.4473	\$2,044.21	.	\$408.84
35500	T	.	Harvest vein for bypass	0081	34.4473	\$2,044.21	.	\$408.84
35501	C	.	Artery bypass graft	.	.	.	.	.
35506	C	.	Artery bypass graft	.	.	.	.	.
35507	C	.	Artery bypass graft	.	.	.	.	.
35508	C	.	Artery bypass graft	.	.	.	.	.
35509	C	.	Artery bypass graft	.	.	.	.	.
35510	C	.	Artery bypass graft	.	.	.	.	.
35511	C	.	Artery bypass graft	.	.	.	.	.
35512	C	.	Artery bypass graft	.	.	.	.	.
35515	C	.	Artery bypass graft	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
35516	C	.	Artery bypass graft	.	.	.	.	.
35518	C	.	Artery bypass graft	.	.	.	.	.
35521	C	.	Artery bypass graft	.	.	.	.	.
35522	C	.	Artery bypass graft	.	.	.	.	.
35525	C	.	Artery bypass graft	.	.	.	.	.
35526	C	.	Artery bypass graft	.	.	.	.	.
35531	C	.	Artery bypass graft	.	.	.	.	.
35533	C	.	Artery bypass graft	.	.	.	.	.
35536	C	.	Artery bypass graft	.	.	.	.	.
35541	C	.	Artery bypass graft	.	.	.	.	.
35546	C	.	Artery bypass graft	.	.	.	.	.
35548	C	.	Artery bypass graft	.	.	.	.	.
35549	C	.	Artery bypass graft	.	.	.	.	.
35551	C	.	Artery bypass graft	.	.	.	.	.
35556	C	.	Artery bypass graft	.	.	.	.	.
35558	C	.	Artery bypass graft	.	.	.	.	.
35560	C	.	Artery bypass graft	.	.	.	.	.
35563	C	.	Artery bypass graft	.	.	.	.	.
35565	C	.	Artery bypass graft	.	.	.	.	.
35566	C	.	Artery bypass graft	.	.	.	.	.
35571	C	.	Artery bypass graft	.	.	.	.	.
35572	N	.	Harvest femoropopliteal vein	.	.	.	.	.
35583	C	.	Vein bypass graft	.	.	.	.	.
35585	C	.	Vein bypass graft	.	.	.	.	.
35587	C	.	Vein bypass graft	.	.	.	.	.
35600	C	.	Harvest artery for cabg	.	.	.	.	.
35601	C	.	Artery bypass graft	.	.	.	.	.
35606	C	.	Artery bypass graft	.	.	.	.	.
35612	C	.	Artery bypass graft	.	.	.	.	.
35616	C	.	Artery bypass graft	.	.	.	.	.
35621	C	.	Artery bypass graft	.	.	.	.	.
35623	C	.	Bypass graft, not vein	.	.	.	.	.
35626	C	.	Artery bypass graft	.	.	.	.	.
35631	C	.	Artery bypass graft	.	.	.	.	.
35636	C	.	Artery bypass graft	.	.	.	.	.
35641	C	.	Artery bypass graft	.	.	.	.	.
35642	C	.	Artery bypass graft	.	.	.	.	.
35645	C	.	Artery bypass graft	.	.	.	.	.
35646	C	.	Artery bypass graft	.	.	.	.	.
35647	C	.	Artery bypass graft	.	.	.	.	.
35650	C	.	Artery bypass graft	.	.	.	.	.
35651	C	.	Artery bypass graft	.	.	.	.	.
35654	C	.	Artery bypass graft	.	.	.	.	.
35656	C	.	Artery bypass graft	.	.	.	.	.
35661	C	.	Artery bypass graft	.	.	.	.	.
35663	C	.	Artery bypass graft	.	.	.	.	.
35665	C	.	Artery bypass graft	.	.	.	.	.
35666	C	.	Artery bypass graft	.	.	.	.	.
35671	C	.	Artery bypass graft	.	.	.	.	.
35681	C	.	Composite bypass graft	.	.	.	.	.
35682	C	.	Composite bypass graft	.	.	.	.	.
35683	C	.	Composite bypass graft	.	.	.	.	.
35685	T	.	Bypass graft patency/patch	0093	23.4516	\$1,391.69	.	\$278.34

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
35686	T	.	Bypass graft/av fist patency	0093	23.4516	\$1,391.69	.	\$278.34
35691	C	.	Arterial transposition	.	.	.	.	.
35693	C	.	Arterial transposition	.	.	.	.	.
35694	C	.	Arterial transposition	.	.	.	.	.
35695	C	.	Arterial transposition	.	.	.	.	.
35697	C	.	Reimplant artery each	.	.	.	.	.
35700	C	.	Reoperation, bypass graft	.	.	.	.	.
35701	C	.	Exploration, carotid artery	.	.	.	.	.
35721	C	.	Exploration, femoral artery	.	.	.	.	.
35741	C	.	Exploration popliteal artery	.	.	.	.	.
35761	T	.	Exploration of artery/vein	0115	31.4727	\$1,867.68	\$459.35	\$373.54
35800	C	.	Explore neck vessels	.	.	.	.	.
35820	C	.	Explore chest vessels	.	.	.	.	.
35840	C	.	Explore abdominal vessels	.	.	.	.	.
35860	T	.	Explore limb vessels	0093	23.4516	\$1,391.69	.	\$278.34
35870	C	.	Repair vessel graft defect	.	.	.	.	.
35875	T	.	Removal of clot in graft	0088	36.5617	\$2,169.68	\$655.22	\$433.94
35876	T	.	Removal of clot in graft	0088	36.5617	\$2,169.68	\$655.22	\$433.94
35879	T	.	Revise graft w/vein	0088	36.5617	\$2,169.68	\$655.22	\$433.94
35881	T	.	Revise graft w/vein	0088	36.5617	\$2,169.68	\$655.22	\$433.94
35901	C	.	Excision, graft, neck	.	.	.	.	.
35903	T	.	Excision, graft, extremity	0115	31.4727	\$1,867.68	\$459.35	\$373.54
35905	C	.	Excision, graft, thorax	.	.	.	.	.
35907	C	.	Excision, graft, abdomen	.	.	.	.	.
36000	N	.	Place needle in vein	.	.	.	.	.
36002	S	.	Pseudoaneurysm injection trt	0267	2.6327	\$156.23	\$62.18	\$31.25
36005	N	.	Injection ext venography	.	.	.	.	.
36010	N	.	Place catheter in vein	.	.	.	.	.
36011	N	.	Place catheter in vein	.	.	.	.	.
36012	N	.	Place catheter in vein	.	.	.	.	.
36013	N	.	Place catheter in artery	.	.	.	.	.
36014	N	.	Place catheter in artery	.	.	.	.	.
36015	N	.	Place catheter in artery	.	.	.	.	.
36100	N	.	Establish access to artery	.	.	.	.	.
36120	N	.	Establish access to artery	.	.	.	.	.
36140	N	.	Establish access to artery	.	.	.	.	.
36145	N	.	Artery to vein shunt	.	.	.	.	.
36160	N	.	Establish access to aorta	.	.	.	.	.
36200	N	.	Place catheter in aorta	.	.	.	.	.
36215	N	.	Place catheter in artery	.	.	.	.	.
36216	N	.	Place catheter in artery	.	.	.	.	.
36217	N	.	Place catheter in artery	.	.	.	.	.
36218	N	.	Place catheter in artery	.	.	.	.	.
36245	N	.	Place catheter in artery	.	.	.	.	.
36246	N	.	Place catheter in artery	.	.	.	.	.
36247	N	.	Place catheter in artery	.	.	.	.	.
36248	N	.	Place catheter in artery	.	.	.	.	.
36260	T	.	Insertion of infusion pump	0623	27.1105	\$1,608.82	.	\$321.76
36261	T	.	Revision of infusion pump	0623	27.1105	\$1,608.82	.	\$321.76
36262	T	.	Removal of infusion pump	0622	21.2671	\$1,262.05	.	\$252.41
36299	N	.	Vessel injection procedure	.	.	.	.	.
36400	N	.	B1 draw < 3 yrs fem/jugular	.	.	.	.	.
36405	N	.	B1 draw < 3 yrs scalp vein	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
36406	N	.	Bl draw < 3 yrs other vein	.	.	.	.	.
36410	N	.	Non-routine bl draw > 3 yrs	.	.	.	.	.
36415	A	.	Drawing blood	.	.	.	.	.
36416	N	.	Capillary blood draw	.	.	.	.	.
36420	T	.	Vein access cutdown < 1 yr	0035	0.7158	\$42.48	.	\$8.50
36425	T	.	Vein access cutdown > 1 yr	0035	0.7158	\$42.48	.	\$8.50
36430	S	.	Blood transfusion service	0110	3.6594	\$217.16	.	\$43.43
36440	S	.	Bl push transfuse, 2 yr or <	0110	3.6594	\$217.16	.	\$43.43
36450	S	.	Bl exchange/transfuse, nb	0110	3.6594	\$217.16	.	\$43.43
36455	S	.	Bl exchange/transfuse non-nb	0110	3.6594	\$217.16	.	\$43.43
36460	S	.	Transfusion service, fetal	0110	3.6594	\$217.16	.	\$43.43
36468	T	.	Injection(s), spider veins	0098	1.1346	\$67.33	.	\$13.47
36469	T	.	Injection(s), spider veins	0098	1.1346	\$67.33	.	\$13.47
36470	T	.	Injection therapy of vein	0098	1.1346	\$67.33	.	\$13.47
36471	T	.	Injection therapy of veins	0098	1.1346	\$67.33	.	\$13.47
36475	T	.	Endovenous rf, 1st vein	0092	26.482	\$1,571.52	\$505.37	\$314.30
36476	T	.	Endovenous rf, vein add-on	0092	26.482	\$1,571.52	\$505.37	\$314.30
36478	T	.	Endovenous laser, 1st vein	0092	26.482	\$1,571.52	\$505.37	\$314.30
36479	T	.	Endovenous laser vein addon	0092	26.482	\$1,571.52	\$505.37	\$314.30
36481	N	.	Insertion of catheter, vein	.	.	.	.	.
36500	N	.	Insertion of catheter, vein	.	.	.	.	.
36510	N	.	Insertion of catheter, vein	.	.	.	.	.
36511	S	.	Apheresis wbc	0111	12.3956	\$735.59	\$200.18	\$147.12
36512	S	.	Apheresis rbc	0111	12.3956	\$735.59	\$200.18	\$147.12
36513	S	.	Apheresis platelets	0111	12.3956	\$735.59	\$200.18	\$147.12
36514	S	.	Apheresis plasma	0111	12.3956	\$735.59	\$200.18	\$147.12
36515	S	.	Apheresis, adsorp/reinfuse	0112	26.7948	\$1,590.08	\$438.94	\$318.02
36516	S	.	Apheresis, selective	0112	26.7948	\$1,590.08	\$438.94	\$318.02
36522	S	.	Photopheresis	0112	26.7948	\$1,590.08	\$438.94	\$318.02
36540	N	.	Collect blood venous device	.	.	.	.	.
36550	T	.	Declot vascular device	0676	2.4105	\$143.05	.	\$28.61
36555	T	.	Insert non-tunnel cv cath	0621	8.2986	\$492.46	.	\$98.49
36556	T	.	Insert non-tunnel cv cath	0621	8.2986	\$492.46	.	\$98.49
36557	T	.	Insert tunneled cv cath	0622	21.2671	\$1,262.05	.	\$252.41
36558	T	.	Insert tunneled cv cath	0622	21.2671	\$1,262.05	.	\$252.41
36560	T	.	Insert tunneled cv cath	0623	27.1105	\$1,608.82	.	\$321.76
36561	T	.	Insert tunneled cv cath	0623	27.1105	\$1,608.82	.	\$321.76
36563	T	.	Insert tunneled cv cath	0623	27.1105	\$1,608.82	.	\$321.76
36565	T	.	Insert tunneled cv cath	0623	27.1105	\$1,608.82	.	\$321.76
36566	T	.	Insert tunneled cv cath	1564	.	\$4,750.00	.	\$950.00
36568	T	.	Insert tunneled cv cath	0621	8.2986	\$492.46	.	\$98.49
36569	T	.	Insert tunneled cv cath	0621	8.2986	\$492.46	.	\$98.49
36570	T	.	Insert tunneled cv cath	0622	21.2671	\$1,262.05	.	\$252.41
36571	T	.	Insert tunneled cv cath	0622	21.2671	\$1,262.05	.	\$252.41
36575	T	.	Repair tunneled cv cath	0621	8.2986	\$492.46	.	\$98.49
36576	T	.	Repair tunneled cv cath	0621	8.2986	\$492.46	.	\$98.49
36578	T	.	Replace tunneled cv cath	0622	21.2671	\$1,262.05	.	\$252.41
36580	T	.	Replace tunneled cv cath	0621	8.2986	\$492.46	.	\$98.49
36581	T	.	Replace tunneled cv cath	0622	21.2671	\$1,262.05	.	\$252.41
36582	T	.	Replace tunneled cv cath	0623	27.1105	\$1,608.82	.	\$321.76
36583	T	.	Replace tunneled cv cath	0623	27.1105	\$1,608.82	.	\$321.76
36584	T	.	Replace tunneled cv cath	0621	8.2986	\$492.46	.	\$98.49
36585	T	.	Replace tunneled cv cath	0622	21.2671	\$1,262.05	.	\$252.41

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
36589	T	.	Removal tunneled cv cath	0621	8.2986	\$492.46	.	\$98.49
36590	T	.	Removal tunneled cv cath	0621	8.2986	\$492.46	.	\$98.49
36595	T	.	Mech remov tunneled cv cath	0622	21.2671	\$1,262.05	.	\$252.41
36596	T	.	Mech remov tunneled cv cath	0621	8.2986	\$492.46	.	\$98.49
36597	T	.	Reposition venous catheter	0621	8.2986	\$492.46	.	\$98.49
36600	N	.	Withdrawal of arterial blood	.	.	.	.	.
36620	N	.	Insertion catheter, artery	.	.	.	.	.
36625	N	.	Insertion catheter, artery	.	.	.	.	.
36640	T	.	Insertion catheter, artery	0623	27.1105	\$1,608.82	.	\$321.76
36660	C	.	Insertion catheter, artery	.	.	.	.	.
36680	T	.	Insert needle, bone cavity	0002	0.9559	\$56.73	.	\$11.35
36800	T	.	Insertion of cannula	0115	31.4727	\$1,867.68	\$459.35	\$373.54
36810	T	.	Insertion of cannula	0115	31.4727	\$1,867.68	\$459.35	\$373.54
36815	T	.	Insertion of cannula	0115	31.4727	\$1,867.68	\$459.35	\$373.54
36818	T	.	Av fuse, uppr arm, cephalic	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36819	T	.	Av fusion/uppr arm vein	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36820	T	.	Av fusion/forearm vein	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36821	T	.	Av fusion direct any site	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36822	C	.	Insertion of cannula(s)	.	.	.	.	.
36823	C	.	Insertion of cannula(s)	.	.	.	.	.
36825	T	.	Artery-vein autograft	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36830	T	.	Artery-vein graft	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36831	T	.	Open thrombect av fistula	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36832	T	.	Av fistula revision, open	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36833	T	.	Av fistula revision	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36834	T	.	Repair A-V aneurysm	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36835	T	.	Artery to vein shunt	0115	31.4727	\$1,867.68	\$459.35	\$373.54
36838	T	.	Dist revas ligation, hemo	0088	36.5617	\$2,169.68	\$655.22	\$433.94
36860	T	.	External cannula declotting	0676	2.4105	\$143.05	.	\$28.61
36861	T	.	Cannula declotting	0115	31.4727	\$1,867.68	\$459.35	\$373.54
36870	T	.	Percut thrombect av fistula	0653	30.5339	\$1,811.97	.	\$362.39
37140	C	.	Revision of circulation	.	.	.	.	.
37145	C	.	Revision of circulation	.	.	.	.	.
37160	C	.	Revision of circulation	.	.	.	.	.
37180	C	.	Revision of circulation	.	.	.	.	.
37181	C	.	Splice spleen/kidney veins	.	.	.	.	.
37182	C	.	Insert hepatic shunt (tips)	.	.	.	.	.
37183	T	.	Remove hepatic shunt (tips)	0229	64.4545	\$3,824.92	\$771.23	\$764.98
37195	T	.	Thrombolytic therapy, stroke	0676	2.4105	\$143.05	.	\$28.61
37200	T	.	Transcatheter biopsy	0685	6.0174	\$357.09	\$115.47	\$71.42
37201	T	.	Transcatheter therapy infuse	0676	2.4105	\$143.05	.	\$28.61
37202	T	.	Transcatheter therapy infuse	0676	2.4105	\$143.05	.	\$28.61
37203	T	.	Transcatheter retrieval	0103	14.7142	\$873.18	\$223.63	\$174.64
37204	T	.	Transcatheter occlusion	0115	31.4727	\$1,867.68	\$459.35	\$373.54
37205	T	.	Transcatheter stent	0229	64.4545	\$3,824.92	\$771.23	\$764.98
37206	T	.	Transcatheter stent add-on	0229	64.4545	\$3,824.92	\$771.23	\$764.98
37207	T	.	Transcatheter stent	0229	64.4545	\$3,824.92	\$771.23	\$764.98
37208	T	.	Transcatheter stent add-on	0229	64.4545	\$3,824.92	\$771.23	\$764.98
37209	T	.	Exchange arterial catheter	0103	14.7142	\$873.18	\$223.63	\$174.64
37215	C	.	Transcath stent, cca w/eps	.	.	.	.	.
37216	C	.	Transcath stent, cca w/o eps	.	.	.	.	.
37250	S	.	Iv us first vessel add-on	0416	19.5542	\$1,160.40	.	\$232.08
37251	S	.	Iv us each add vessel add-on	0416	19.5542	\$1,160.40	.	\$232.08

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
37500	T	.	Endoscopy ligate perf veins	0092	26.482	\$1,571.52	\$505.37	\$314.30
37501	T	.	Vascular endoscopy procedure	0092	26.482	\$1,571.52	\$505.37	\$314.30
37565	T	.	Ligation of neck vein	0093	23.4516	\$1,391.69	.	\$278.34
37600	T	.	Ligation of neck artery	0093	23.4516	\$1,391.69	.	\$278.34
37605	T	.	Ligation of neck artery	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37606	T	.	Ligation of neck artery	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37607	T	.	Ligation of a-v fistula	0092	26.482	\$1,571.52	\$505.37	\$314.30
37609	T	.	Temporal artery procedure	0021	14.9776	\$888.82	\$219.48	\$177.76
37615	T	.	Ligation of neck artery	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37616	C	.	Ligation of chest artery	.	.	.	.	.
37617	C	.	Ligation of abdomen artery	.	.	.	.	.
37618	C	.	Ligation of extremity artery	.	.	.	.	.
37620	T	.	Revision of major vein	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37650	T	.	Revision of major vein	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37660	C	.	Revision of major vein	.	.	.	.	.
37700	T	.	Revise leg vein	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37720	T	.	Removal of leg vein	0092	26.482	\$1,571.52	\$505.37	\$314.30
37730	T	.	Removal of leg veins	0092	26.482	\$1,571.52	\$505.37	\$314.30
37735	T	.	Removal of leg veins/lesion	0092	26.482	\$1,571.52	\$505.37	\$314.30
37760	T	.	Revision of leg veins	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37765	T	.	Phleb veins - extrem - to 20	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37766	T	.	Phleb veins - extrem 20+	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37780	T	.	Revision of leg vein	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37785	T	.	Ligate/divide/excise vein	0091	28.9999	\$1,720.94	\$348.23	\$344.19
37788	C	.	Revascularization, penis	.	.	.	.	.
37790	T	.	Penile venous occlusion	0181	30.8663	\$1,831.70	\$621.82	\$366.34
37799	T	.	Vascular surgery procedure	0103	14.7142	\$873.18	\$223.63	\$174.64
38100	C	.	Removal of spleen, total	.	.	.	.	.
38101	C	.	Removal of spleen, partial	.	.	.	.	.
38102	C	.	Removal of spleen, total	.	.	.	.	.
38115	C	.	Repair of ruptured spleen	.	.	.	.	.
38120	T	.	Laparoscopy, splenectomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
38129	T	.	Laparoscope proc, spleen	0130	31.9271	\$1,894.65	\$659.53	\$378.93
38200	N	.	Injection for spleen x-ray	.	.	.	.	.
38204	E	.	Bl donor search management	.	.	.	.	.
38205	S	.	Harvest allogenic stem cells	0111	12.3956	\$735.59	\$200.18	\$147.12
38206	S	.	Harvest auto stem cells	0111	12.3956	\$735.59	\$200.18	\$147.12
38207	E	.	Cryopreserve stem cells	.	.	.	.	.
38208	E	.	Thaw preserved stem cells	.	.	.	.	.
38209	E	.	Wash harvest stem cells	.	.	.	.	.
38210	E	.	T-cell depletion of harvest	.	.	.	.	.
38211	E	.	Tumor cell deplete of harvst	.	.	.	.	.
38212	E	.	Rbc depletion of harvest	.	.	.	.	.
38213	E	.	Platelet deplete of harvest	.	.	.	.	.
38214	E	.	Volume deplete of harvest	.	.	.	.	.
38215	E	.	Harvest stem cell concentrte	.	.	.	.	.
38220	T	.	Bone marrow aspiration	0003	2.653	\$157.44	.	\$31.49
38221	T	.	Bone marrow biopsy	0003	2.653	\$157.44	.	\$31.49
38230	S	.	Bone marrow collection	0111	12.3956	\$735.59	\$200.18	\$147.12
38240	S	.	Bone marrow/stem transplant	0123	22.9902	\$1,364.31	.	\$272.86
38241	S	.	Bone marrow/stem transplant	0123	22.9902	\$1,364.31	.	\$272.86
38242	S	.	Lymphocyte infuse transplant	0111	12.3956	\$735.59	\$200.18	\$147.12
38300	T	.	Drainage, lymph node lesion	0007	11.4501	\$679.48	.	\$135.90

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
38305	T	.	Drainage, lymph node lesion	0008	16.4989	\$979.09	.	\$195.82
38308	T	.	Incision of lymph channels	0113	21.4653	\$1,273.82	.	\$254.76
38380	C	.	Thoracic duct procedure	.	.	.	.	.
38381	C	.	Thoracic duct procedure	.	.	.	.	.
38382	C	.	Thoracic duct procedure	.	.	.	.	.
38500	T	.	Biopsy/removal, lymph nodes	0113	21.4653	\$1,273.82	.	\$254.76
38505	T	.	Needle biopsy, lymph nodes	0005	3.5994	\$213.60	\$71.59	\$42.72
38510	T	.	Biopsy/removal, lymph nodes	0113	21.4653	\$1,273.82	.	\$254.76
38520	T	.	Biopsy/removal, lymph nodes	0113	21.4653	\$1,273.82	.	\$254.76
38525	T	.	Biopsy/removal, lymph nodes	0113	21.4653	\$1,273.82	.	\$254.76
38530	T	.	Biopsy/removal, lymph nodes	0113	21.4653	\$1,273.82	.	\$254.76
38542	T	.	Explore deep node(s), neck	0114	40.7652	\$2,419.13	\$485.91	\$483.83
38550	T	.	Removal, neck/armpit lesion	0113	21.4653	\$1,273.82	.	\$254.76
38555	T	.	Removal, neck/armpit lesion	0113	21.4653	\$1,273.82	.	\$254.76
38562	C	.	Removal, pelvic lymph nodes	.	.	.	.	.
38564	C	.	Removal, abdomen lymph nodes	.	.	.	.	.
38570	T	.	Laparoscopy, lymph node biop	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
38571	T	.	Laparoscopy, lymphadenectomy	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
38572	T	.	Laparoscopy, lymphadenectomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
38589	T	.	Laparoscope proc, lymphatic	0130	31.9271	\$1,894.65	\$659.53	\$378.93
38700	T	.	Removal of lymph nodes, neck	0113	21.4653	\$1,273.82	.	\$254.76
38720	T	.	Removal of lymph nodes, neck	0113	21.4653	\$1,273.82	.	\$254.76
38724	C	.	Removal of lymph nodes, neck	.	.	.	.	.
38740	T	.	Remove armpit lymph nodes	0114	40.7652	\$2,419.13	\$485.91	\$483.83
38745	T	.	Remove armpit lymph nodes	0114	40.7652	\$2,419.13	\$485.91	\$483.83
38746	C	.	Remove thoracic lymph nodes	.	.	.	.	.
38747	C	.	Remove abdominal lymph nodes	.	.	.	.	.
38760	T	.	Remove groin lymph nodes	0113	21.4653	\$1,273.82	.	\$254.76
38765	C	.	Remove groin lymph nodes	.	.	.	.	.
38770	C	.	Remove pelvis lymph nodes	.	.	.	.	.
38780	C	.	Remove abdomen lymph nodes	.	.	.	.	.
38790	N	.	Inject for lymphatic x-ray	.	.	.	.	.
38792	N	.	Identify sentinel node	.	.	.	.	.
38794	N	.	Access thoracic lymph duct	.	.	.	.	.
38999	S	.	Blood/lymph system procedure	0110	3.6594	\$217.16	.	\$43.43
39000	C	.	Exploration of chest	.	.	.	.	.
39010	C	.	Exploration of chest	.	.	.	.	.
39200	C	.	Removal chest lesion	.	.	.	.	.
39220	C	.	Removal chest lesion	.	.	.	.	.
39400	T	.	Visualization of chest	0069	30.6775	\$1,820.49	\$591.64	\$364.10
39499	C	.	Chest procedure	.	.	.	.	.
39501	C	.	Repair diaphragm laceration	.	.	.	.	.
39502	C	.	Repair paraesophageal hernia	.	.	.	.	.
39503	C	.	Repair of diaphragm hernia	.	.	.	.	.
39520	C	.	Repair of diaphragm hernia	.	.	.	.	.
39530	C	.	Repair of diaphragm hernia	.	.	.	.	.
39531	C	.	Repair of diaphragm hernia	.	.	.	.	.
39540	C	.	Repair of diaphragm hernia	.	.	.	.	.
39541	C	.	Repair of diaphragm hernia	.	.	.	.	.
39545	C	.	Revision of diaphragm	.	.	.	.	.
39560	C	.	Resect diaphragm, simple	.	.	.	.	.
39561	C	.	Resect diaphragm, complex	.	.	.	.	.
39599	C	.	Diaphragm surgery procedure	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
4000F	E	.	Tobacco use txmnt counseling	.	.	.	.	.
4001F	E	.	Tobacco use txmnt, pharmacol	.	.	.	.	.
4002F	E	.	Statin therapy, rx	.	.	.	.	.
4006F	E	.	Beta-blocker therapy, rx	.	.	.	.	.
4009F	E	.	Ace inhibitor therapy, rx	.	.	.	.	.
4011F	E	.	Oral antiplatelet tx, rx	.	.	.	.	.
40490	T	.	Biopsy of lip	0251	2.0101	\$119.29	.	\$23.86
40500	T	.	Partial excision of lip	0253	16.1357	\$957.54	\$282.29	\$191.51
40510	T	.	Partial excision of lip	0254	23.404	\$1,388.86	\$321.35	\$277.77
40520	T	.	Partial excision of lip	0253	16.1357	\$957.54	\$282.29	\$191.51
40525	T	.	Reconstruct lip with flap	0254	23.404	\$1,388.86	\$321.35	\$277.77
40527	T	.	Reconstruct lip with flap	0254	23.404	\$1,388.86	\$321.35	\$277.77
40530	T	.	Partial removal of lip	0254	23.404	\$1,388.86	\$321.35	\$277.77
40650	T	.	Repair lip	0252	7.8673	\$466.87	\$113.41	\$93.37
40652	T	.	Repair lip	0252	7.8673	\$466.87	\$113.41	\$93.37
40654	T	.	Repair lip	0252	7.8673	\$466.87	\$113.41	\$93.37
40700	T	.	Repair cleft lip/nasal	0256	37.3204	\$2,214.70	.	\$442.94
40701	T	.	Repair cleft lip/nasal	0256	37.3204	\$2,214.70	.	\$442.94
40702	T	.	Repair cleft lip/nasal	0256	37.3204	\$2,214.70	.	\$442.94
40720	T	.	Repair cleft lip/nasal	0256	37.3204	\$2,214.70	.	\$442.94
40761	T	.	Repair cleft lip/nasal	0256	37.3204	\$2,214.70	.	\$442.94
40799	T	.	Lip surgery procedure	0251	2.0101	\$119.29	.	\$23.86
40800	T	.	Drainage of mouth lesion	0251	2.0101	\$119.29	.	\$23.86
40801	T	.	Drainage of mouth lesion	0252	7.8673	\$466.87	\$113.41	\$93.37
40804	X	.	Removal, foreign body, mouth	0340	0.6384	\$37.88	.	\$7.58
40805	T	.	Removal, foreign body, mouth	0252	7.8673	\$466.87	\$113.41	\$93.37
40806	T	.	Incision of lip fold	0251	2.0101	\$119.29	.	\$23.86
40808	T	.	Biopsy of mouth lesion	0251	2.0101	\$119.29	.	\$23.86
40810	T	.	Excision of mouth lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
40812	T	.	Excise/repair mouth lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
40814	T	.	Excise/repair mouth lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
40816	T	.	Excision of mouth lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
40818	T	.	Excise oral mucosa for graft	0251	2.0101	\$119.29	.	\$23.86
40819	T	.	Excise lip or cheek fold	0252	7.8673	\$466.87	\$113.41	\$93.37
40820	T	.	Treatment of mouth lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
40830	T	.	Repair mouth laceration	0251	2.0101	\$119.29	.	\$23.86
40831	T	.	Repair mouth laceration	0252	7.8673	\$466.87	\$113.41	\$93.37
40840	T	.	Reconstruction of mouth	0254	23.404	\$1,388.86	\$321.35	\$277.77
40842	T	.	Reconstruction of mouth	0254	23.404	\$1,388.86	\$321.35	\$277.77
40843	T	.	Reconstruction of mouth	0254	23.404	\$1,388.86	\$321.35	\$277.77
40844	T	.	Reconstruction of mouth	0256	37.3204	\$2,214.70	.	\$442.94
40845	T	.	Reconstruction of mouth	0256	37.3204	\$2,214.70	.	\$442.94
40899	T	.	Mouth surgery procedure	0251	2.0101	\$119.29	.	\$23.86
41000	T	.	Drainage of mouth lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41005	T	.	Drainage of mouth lesion	0251	2.0101	\$119.29	.	\$23.86
41006	T	.	Drainage of mouth lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
41007	T	.	Drainage of mouth lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41008	T	.	Drainage of mouth lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41009	T	.	Drainage of mouth lesion	0251	2.0101	\$119.29	.	\$23.86
41010	T	.	Incision of tongue fold	0252	7.8673	\$466.87	\$113.41	\$93.37
41015	T	.	Drainage of mouth lesion	0251	2.0101	\$119.29	.	\$23.86
41016	T	.	Drainage of mouth lesion	0252	7.8673	\$466.87	\$113.41	\$93.37
41017	T	.	Drainage of mouth lesion	0252	7.8673	\$466.87	\$113.41	\$93.37

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
41018	T	.	Drainage of mouth lesion	0252	7.8673	\$466.87	\$113.41	\$93.37
41100	T	.	Biopsy of tongue	0252	7.8673	\$466.87	\$113.41	\$93.37
41105	T	.	Biopsy of tongue	0253	16.1357	\$957.54	\$282.29	\$191.51
41108	T	.	Biopsy of floor of mouth	0252	7.8673	\$466.87	\$113.41	\$93.37
41110	T	.	Excision of tongue lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41112	T	.	Excision of tongue lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41113	T	.	Excision of tongue lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41114	T	.	Excision of tongue lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
41115	T	.	Excision of tongue fold	0252	7.8673	\$466.87	\$113.41	\$93.37
41116	T	.	Excision of mouth lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41120	T	.	Partial removal of tongue	0254	23.404	\$1,388.86	\$321.35	\$277.77
41130	C	.	Partial removal of tongue	.	.	.	.	.
41135	C	.	Tongue and neck surgery	.	.	.	.	.
41140	C	.	Removal of tongue	.	.	.	.	.
41145	C	.	Tongue removal, neck surgery	.	.	.	.	.
41150	C	.	Tongue, mouth, jaw surgery	.	.	.	.	.
41153	C	.	Tongue, mouth, neck surgery	.	.	.	.	.
41155	C	.	Tongue, jaw, & neck surgery	.	.	.	.	.
41250	T	.	Repair tongue laceration	0251	2.0101	\$119.29	.	\$23.86
41251	T	.	Repair tongue laceration	0251	2.0101	\$119.29	.	\$23.86
41252	T	.	Repair tongue laceration	0252	7.8673	\$466.87	\$113.41	\$93.37
41500	T	.	Fixation of tongue	0254	23.404	\$1,388.86	\$321.35	\$277.77
41510	T	.	Tongue to lip surgery	0253	16.1357	\$957.54	\$282.29	\$191.51
41520	T	.	Reconstruction, tongue fold	0252	7.8673	\$466.87	\$113.41	\$93.37
41599	T	.	Tongue and mouth surgery	0251	2.0101	\$119.29	.	\$23.86
41800	T	.	Drainage of gum lesion	0251	2.0101	\$119.29	.	\$23.86
41805	T	.	Removal foreign body, gum	0254	23.404	\$1,388.86	\$321.35	\$277.77
41806	T	.	Removal foreign body, jawbone	0253	16.1357	\$957.54	\$282.29	\$191.51
41820	T	.	Excision, gum, each quadrant	0252	7.8673	\$466.87	\$113.41	\$93.37
41821	T	.	Excision of gum flap	0252	7.8673	\$466.87	\$113.41	\$93.37
41822	T	.	Excision of gum lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41823	T	.	Excision of gum lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
41825	T	.	Excision of gum lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41826	T	.	Excision of gum lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41827	T	.	Excision of gum lesion	0254	23.404	\$1,388.86	\$321.35	\$277.77
41828	T	.	Excision of gum lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41830	T	.	Removal of gum tissue	0253	16.1357	\$957.54	\$282.29	\$191.51
41850	T	.	Treatment of gum lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
41870	T	.	Gum graft	0254	23.404	\$1,388.86	\$321.35	\$277.77
41872	T	.	Repair gum	0253	16.1357	\$957.54	\$282.29	\$191.51
41874	T	.	Repair tooth socket	0254	23.404	\$1,388.86	\$321.35	\$277.77
41899	T	.	Dental surgery procedure	0251	2.0101	\$119.29	.	\$23.86
42000	T	.	Drainage mouth roof lesion	0251	2.0101	\$119.29	.	\$23.86
42100	T	.	Biopsy roof of mouth	0252	7.8673	\$466.87	\$113.41	\$93.37
42104	T	.	Excision lesion, mouth roof	0253	16.1357	\$957.54	\$282.29	\$191.51
42106	T	.	Excision lesion, mouth roof	0253	16.1357	\$957.54	\$282.29	\$191.51
42107	T	.	Excision lesion, mouth roof	0254	23.404	\$1,388.86	\$321.35	\$277.77
42120	T	.	Remove palate/lesion	0256	37.3204	\$2,214.70	.	\$442.94
42140	T	.	Excision of uvula	0252	7.8673	\$466.87	\$113.41	\$93.37
42145	T	.	Repair palate, pharynx/uvula	0254	23.404	\$1,388.86	\$321.35	\$277.77
42160	T	.	Treatment mouth roof lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
42180	T	.	Repair palate	0251	2.0101	\$119.29	.	\$23.86
42182	T	.	Repair palate	0256	37.3204	\$2,214.70	.	\$442.94

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
42200	T	.	Reconstruct cleft palate	0256	37.3204	\$2,214.70	.	\$442.94
42205	T	.	Reconstruct cleft palate	0256	37.3204	\$2,214.70	.	\$442.94
42210	T	.	Reconstruct cleft palate	0256	37.3204	\$2,214.70	.	\$442.94
42215	T	.	Reconstruct cleft palate	0256	37.3204	\$2,214.70	.	\$442.94
42220	T	.	Reconstruct cleft palate	0256	37.3204	\$2,214.70	.	\$442.94
42225	T	.	Reconstruct cleft palate	0256	37.3204	\$2,214.70	.	\$442.94
42226	T	.	Lengthening of palate	0256	37.3204	\$2,214.70	.	\$442.94
42227	T	.	Lengthening of palate	0256	37.3204	\$2,214.70	.	\$442.94
42235	T	.	Repair palate	0253	16.1357	\$957.54	\$282.29	\$191.51
42260	T	.	Repair nose to lip fistula	0254	23.404	\$1,388.86	\$321.35	\$277.77
42280	T	.	Preparation, palate mold	0251	2.0101	\$119.29	.	\$23.86
42281	T	.	Insertion, palate prosthesis	0253	16.1357	\$957.54	\$282.29	\$191.51
42299	T	.	Palate/uvula surgery	0251	2.0101	\$119.29	.	\$23.86
42300	T	.	Drainage of salivary gland	0253	16.1357	\$957.54	\$282.29	\$191.51
42305	T	.	Drainage of salivary gland	0253	16.1357	\$957.54	\$282.29	\$191.51
42310	T	.	Drainage of salivary gland	0251	2.0101	\$119.29	.	\$23.86
42320	T	.	Drainage of salivary gland	0251	2.0101	\$119.29	.	\$23.86
42325	T	.	Create salivary cyst drain	0251	2.0101	\$119.29	.	\$23.86
42326	T	.	Create salivary cyst drain	0252	7.8673	\$466.87	\$113.41	\$93.37
42330	T	.	Removal of salivary stone	0253	16.1357	\$957.54	\$282.29	\$191.51
42335	T	.	Removal of salivary stone	0253	16.1357	\$957.54	\$282.29	\$191.51
42340	T	.	Removal of salivary stone	0253	16.1357	\$957.54	\$282.29	\$191.51
42400	T	.	Biopsy of salivary gland	0005	3.5994	\$213.60	\$71.59	\$42.72
42405	T	.	Biopsy of salivary gland	0253	16.1357	\$957.54	\$282.29	\$191.51
42408	T	.	Excision of salivary cyst	0253	16.1357	\$957.54	\$282.29	\$191.51
42409	T	.	Drainage of salivary cyst	0253	16.1357	\$957.54	\$282.29	\$191.51
42410	T	.	Excise parotid gland/lesion	0256	37.3204	\$2,214.70	.	\$442.94
42415	T	.	Excise parotid gland/lesion	0256	37.3204	\$2,214.70	.	\$442.94
42420	T	.	Excise parotid gland/lesion	0256	37.3204	\$2,214.70	.	\$442.94
42425	T	.	Excise parotid gland/lesion	0256	37.3204	\$2,214.70	.	\$442.94
42426	C	.	Excise parotid gland/lesion	.	.	.	.	.
42440	T	.	Excise submaxillary gland	0256	37.3204	\$2,214.70	.	\$442.94
42450	T	.	Excise sublingual gland	0254	23.404	\$1,388.86	\$321.35	\$277.77
42500	T	.	Repair salivary duct	0254	23.404	\$1,388.86	\$321.35	\$277.77
42505	T	.	Repair salivary duct	0256	37.3204	\$2,214.70	.	\$442.94
42507	T	.	Parotid duct diversion	0256	37.3204	\$2,214.70	.	\$442.94
42508	T	.	Parotid duct diversion	0256	37.3204	\$2,214.70	.	\$442.94
42509	T	.	Parotid duct diversion	0256	37.3204	\$2,214.70	.	\$442.94
42510	T	.	Parotid duct diversion	0256	37.3204	\$2,214.70	.	\$442.94
42550	N	.	Injection for salivary x-ray	.	.	.	.	.
42600	T	.	Closure of salivary fistula	0253	16.1357	\$957.54	\$282.29	\$191.51
42650	T	.	Dilation of salivary duct	0252	7.8673	\$466.87	\$113.41	\$93.37
42660	T	.	Dilation of salivary duct	0251	2.0101	\$119.29	.	\$23.86
42665	T	.	Ligation of salivary duct	0254	23.404	\$1,388.86	\$321.35	\$277.77
42699	T	.	Salivary surgery procedure	0251	2.0101	\$119.29	.	\$23.86
42700	T	.	Drainage of tonsil abscess	0251	2.0101	\$119.29	.	\$23.86
42720	T	.	Drainage of throat abscess	0253	16.1357	\$957.54	\$282.29	\$191.51
42725	T	.	Drainage of throat abscess	0256	37.3204	\$2,214.70	.	\$442.94
42800	T	.	Biopsy of throat	0253	16.1357	\$957.54	\$282.29	\$191.51
42802	T	.	Biopsy of throat	0253	16.1357	\$957.54	\$282.29	\$191.51
42804	T	.	Biopsy of upper nose/throat	0253	16.1357	\$957.54	\$282.29	\$191.51
42806	T	.	Biopsy of upper nose/throat	0254	23.404	\$1,388.86	\$321.35	\$277.77
42808	T	.	Excise pharynx lesion	0253	16.1357	\$957.54	\$282.29	\$191.51

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
42809	X	.	Remove pharynx foreign body	0340	0.6384	\$37.88	.	\$7.58
42810	T	.	Excision of neck cyst	0254	23.404	\$1,388.86	\$321.35	\$277.77
42815	T	.	Excision of neck cyst	0256	37.3204	\$2,214.70	.	\$442.94
42820	T	.	Remove tonsils and adenoids	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42821	T	.	Remove tonsils and adenoids	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42825	T	.	Removal of tonsils	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42826	T	.	Removal of tonsils	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42830	T	.	Removal of adenoids	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42831	T	.	Removal of adenoids	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42835	T	.	Removal of adenoids	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42836	T	.	Removal of adenoids	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42842	T	.	Extensive surgery of throat	0254	23.404	\$1,388.86	\$321.35	\$277.77
42844	T	.	Extensive surgery of throat	0256	37.3204	\$2,214.70	.	\$442.94
42845	C	.	Extensive surgery of throat	.	.	.	.	.
42860	T	.	Excision of tonsil tags	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42870	T	.	Excision of lingual tonsil	0258	22.2466	\$1,320.18	\$437.25	\$264.04
42890	T	.	Partial removal of pharynx	0256	37.3204	\$2,214.70	.	\$442.94
42892	T	.	Revision of pharyngeal walls	0256	37.3204	\$2,214.70	.	\$442.94
42894	C	.	Revision of pharyngeal walls	.	.	.	.	.
42900	T	.	Repair throat wound	0252	7.8673	\$466.87	\$113.41	\$93.37
42950	T	.	Reconstruction of throat	0254	23.404	\$1,388.86	\$321.35	\$277.77
42953	C	.	Repair throat, esophagus	.	.	.	.	.
42955	T	.	Surgical opening of throat	0254	23.404	\$1,388.86	\$321.35	\$277.77
42960	T	.	Control throat bleeding	0250	1.2896	\$76.53	\$26.79	\$15.31
42961	C	.	Control throat bleeding	.	.	.	.	.
42962	T	.	Control throat bleeding	0256	37.3204	\$2,214.70	.	\$442.94
42970	T	.	Control nose/throat bleeding	0250	1.2896	\$76.53	\$26.79	\$15.31
42971	C	.	Control nose/throat bleeding	.	.	.	.	.
42972	T	.	Control nose/throat bleeding	0253	16.1357	\$957.54	\$282.29	\$191.51
42999	T	.	Throat surgery procedure	0251	2.0101	\$119.29	.	\$23.86
43020	T	.	Incision of esophagus	0252	7.8673	\$466.87	\$113.41	\$93.37
43030	T	.	Throat muscle surgery	0253	16.1357	\$957.54	\$282.29	\$191.51
43045	C	.	Incision of esophagus	.	.	.	.	.
43100	C	.	Excision of esophagus lesion	.	.	.	.	.
43101	C	.	Excision of esophagus lesion	.	.	.	.	.
43107	C	.	Removal of esophagus	.	.	.	.	.
43108	C	.	Removal of esophagus	.	.	.	.	.
43112	C	.	Removal of esophagus	.	.	.	.	.
43113	C	.	Removal of esophagus	.	.	.	.	.
43116	C	.	Partial removal of esophagus	.	.	.	.	.
43117	C	.	Partial removal of esophagus	.	.	.	.	.
43118	C	.	Partial removal of esophagus	.	.	.	.	.
43121	C	.	Partial removal of esophagus	.	.	.	.	.
43122	C	.	Partial removal of esophagus	.	.	.	.	.
43123	C	.	Partial removal of esophagus	.	.	.	.	.
43124	C	.	Removal of esophagus	.	.	.	.	.
43130	T	.	Removal of esophagus pouch	0254	23.404	\$1,388.86	\$321.35	\$277.77
43135	C	.	Removal of esophagus pouch	.	.	.	.	.
43200	T	.	Esophagus endoscopy	0141	8.1835	\$485.63	\$143.38	\$97.13
43201	T	.	Esoph scope w/submucous inj	0141	8.1835	\$485.63	\$143.38	\$97.13
43202	T	.	Esophagus endoscopy, biopsy	0141	8.1835	\$485.63	\$143.38	\$97.13
43204	T	.	Esoph scope w/sclerosis inj	0141	8.1835	\$485.63	\$143.38	\$97.13
43205	T	.	Esophagus endoscopy/ligation	0141	8.1835	\$485.63	\$143.38	\$97.13

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
43215	T	.	Esophagus endoscopy	0141	8.1835	\$485.63	\$143.38	\$97.13
43216	T	.	Esophagus endoscopy/lesion	0141	8.1835	\$485.63	\$143.38	\$97.13
43217	T	.	Esophagus endoscopy	0141	8.1835	\$485.63	\$143.38	\$97.13
43219	T	.	Esophagus endoscopy	0384	22.3392	\$1,325.68	\$287.93	\$265.14
43220	T	.	Esoph endoscopy, dilation	0141	8.1835	\$485.63	\$143.38	\$97.13
43226	T	.	Esoph endoscopy, dilation	0141	8.1835	\$485.63	\$143.38	\$97.13
43227	T	.	Esoph endoscopy, repair	0141	8.1835	\$485.63	\$143.38	\$97.13
43228	T	.	Esoph endoscopy, ablation	0422	22.9647	\$1,362.79	\$448.81	\$272.56
43231	T	.	Esoph endoscopy w/us exam	0141	8.1835	\$485.63	\$143.38	\$97.13
43232	T	.	Esoph endoscopy w/us fn bx	0141	8.1835	\$485.63	\$143.38	\$97.13
43234	T	.	Upper GI endoscopy, exam	0141	8.1835	\$485.63	\$143.38	\$97.13
43235	T	.	Uppr gi endoscopy, diagnosis	0141	8.1835	\$485.63	\$143.38	\$97.13
43236	T	.	Uppr gi scope w/submuc inj	0141	8.1835	\$485.63	\$143.38	\$97.13
43237	T	.	Endoscopic us exam, esoph	0141	8.1835	\$485.63	\$143.38	\$97.13
43238	T	.	Uppr gi endoscopy w/us fn bx	0141	8.1835	\$485.63	\$143.38	\$97.13
43239	T	.	Upper GI endoscopy, biopsy	0141	8.1835	\$485.63	\$143.38	\$97.13
43240	T	.	Esoph endoscope w/drain cyst	0141	8.1835	\$485.63	\$143.38	\$97.13
43241	T	.	Upper GI endoscopy with tube	0141	8.1835	\$485.63	\$143.38	\$97.13
43242	T	.	Uppr gi endoscopy w/us fn bx	0141	8.1835	\$485.63	\$143.38	\$97.13
43243	T	.	Upper gi endoscopy & inject	0141	8.1835	\$485.63	\$143.38	\$97.13
43244	T	.	Upper GI endoscopy/ligation	0141	8.1835	\$485.63	\$143.38	\$97.13
43245	T	.	Uppr gi scope dilate strictr	0141	8.1835	\$485.63	\$143.38	\$97.13
43246	T	.	Place gastrostomy tube	0141	8.1835	\$485.63	\$143.38	\$97.13
43247	T	.	Operative upper GI endoscopy	0141	8.1835	\$485.63	\$143.38	\$97.13
43248	T	.	Uppr gi endoscopy/guide wire	0141	8.1835	\$485.63	\$143.38	\$97.13
43249	T	.	Esoph endoscopy, dilation	0141	8.1835	\$485.63	\$143.38	\$97.13
43250	T	.	Upper GI endoscopy/tumor	0141	8.1835	\$485.63	\$143.38	\$97.13
43251	T	.	Operative upper GI endoscopy	0141	8.1835	\$485.63	\$143.38	\$97.13
43255	T	.	Operative upper GI endoscopy	0141	8.1835	\$485.63	\$143.38	\$97.13
43256	T	.	Uppr gi endoscopy w stent	0384	22.3392	\$1,325.68	\$287.93	\$265.14
43257	T	.	Uppr gi scope w/thrml txmnt	0422	22.9647	\$1,362.79	\$448.81	\$272.56
43258	T	.	Operative upper GI endoscopy	0141	8.1835	\$485.63	\$143.38	\$97.13
43259	T	.	Endoscopic ultrasound exam	0141	8.1835	\$485.63	\$143.38	\$97.13
43260	T	.	Endo cholangiopancreatograph	0151	18.7338	\$1,111.72	\$245.46	\$222.34
43261	T	.	Endo cholangiopancreatograph	0151	18.7338	\$1,111.72	\$245.46	\$222.34
43262	T	.	Endo cholangiopancreatograph	0151	18.7338	\$1,111.72	\$245.46	\$222.34
43263	T	.	Endo cholangiopancreatograph	0151	18.7338	\$1,111.72	\$245.46	\$222.34
43264	T	.	Endo cholangiopancreatograph	0151	18.7338	\$1,111.72	\$245.46	\$222.34
43265	T	.	Endo cholangiopancreatograph	0151	18.7338	\$1,111.72	\$245.46	\$222.34
43267	T	.	Endo cholangiopancreatograph	0151	18.7338	\$1,111.72	\$245.46	\$222.34
43268	T	.	Endo cholangiopancreatograph	0384	22.3392	\$1,325.68	\$287.93	\$265.14
43269	T	.	Endo cholangiopancreatograph	0384	22.3392	\$1,325.68	\$287.93	\$265.14
43271	T	.	Endo cholangiopancreatograph	0151	18.7338	\$1,111.72	\$245.46	\$222.34
43272	T	.	Endo cholangiopancreatograph	0151	18.7338	\$1,111.72	\$245.46	\$222.34
43280	T	.	Laparoscopy, fundoplasty	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
43289	T	.	Laparoscope proc, esoph	0130	31.9271	\$1,894.65	\$659.53	\$378.93
43300	C	.	Repair of esophagus	.	.	.	.	.
43305	C	.	Repair esophagus and fistula	.	.	.	.	.
43310	C	.	Repair of esophagus	.	.	.	.	.
43312	C	.	Repair esophagus and fistula	.	.	.	.	.
43313	C	.	Esophagoplasty congenital	.	.	.	.	.
43314	C	.	Tracheo-esophagoplasty cong	.	.	.	.	.
43320	C	.	Fuse esophagus & stomach	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
43324	C	.	Revise esophagus & stomach	.	.	.	.	.
43325	C	.	Revise esophagus & stomach	.	.	.	.	.
43326	C	.	Revise esophagus & stomach	.	.	.	.	.
43330	C	.	Repair of esophagus	.	.	.	.	.
43331	C	.	Repair of esophagus	.	.	.	.	.
43340	C	.	Fuse esophagus & intestine	.	.	.	.	.
43341	C	.	Fuse esophagus & intestine	.	.	.	.	.
43350	C	.	Surgical opening, esophagus	.	.	.	.	.
43351	C	.	Surgical opening, esophagus	.	.	.	.	.
43352	C	.	Surgical opening, esophagus	.	.	.	.	.
43360	C	.	Gastrointestinal repair	.	.	.	.	.
43361	C	.	Gastrointestinal repair	.	.	.	.	.
43400	C	.	Ligate esophagus veins	.	.	.	.	.
43401	C	.	Esophagus surgery for veins	.	.	.	.	.
43405	C	.	Ligate/staple esophagus	.	.	.	.	.
43410	C	.	Repair esophagus wound	.	.	.	.	.
43415	C	.	Repair esophagus wound	.	.	.	.	.
43420	C	.	Repair esophagus opening	.	.	.	.	.
43425	C	.	Repair esophagus opening	.	.	.	.	.
43450	T	.	Dilate esophagus	0140	5.4737	\$324.83	\$94.18	\$64.97
43453	T	.	Dilate esophagus	0140	5.4737	\$324.83	\$94.18	\$64.97
43456	T	.	Dilate esophagus	0140	5.4737	\$324.83	\$94.18	\$64.97
43458	T	.	Dilate esophagus	0140	5.4737	\$324.83	\$94.18	\$64.97
43460	C	.	Pressure treatment esophagus	.	.	.	.	.
43496	C	.	Free jejunum flap, microvasc	.	.	.	.	.
43499	T	.	Esophagus surgery procedure	0141	8.1835	\$485.63	\$143.38	\$97.13
43500	C	.	Surgical opening of stomach	.	.	.	.	.
43501	C	.	Surgical repair of stomach	.	.	.	.	.
43502	C	.	Surgical repair of stomach	.	.	.	.	.
43510	T	.	Surgical opening of stomach	0141	8.1835	\$485.63	\$143.38	\$97.13
43520	C	.	Incision of pyloric muscle	.	.	.	.	.
43600	T	.	Biopsy of stomach	0141	8.1835	\$485.63	\$143.38	\$97.13
43605	C	.	Biopsy of stomach	.	.	.	.	.
43610	C	.	Excision of stomach lesion	.	.	.	.	.
43611	C	.	Excision of stomach lesion	.	.	.	.	.
43620	C	.	Removal of stomach	.	.	.	.	.
43621	C	.	Removal of stomach	.	.	.	.	.
43622	C	.	Removal of stomach	.	.	.	.	.
43631	C	.	Removal of stomach, partial	.	.	.	.	.
43632	C	.	Removal of stomach, partial	.	.	.	.	.
43633	C	.	Removal of stomach, partial	.	.	.	.	.
43634	C	.	Removal of stomach, partial	.	.	.	.	.
43635	C	.	Removal of stomach, partial	.	.	.	.	.
43638	C	.	Removal of stomach, partial	.	.	.	.	.
43639	C	.	Removal of stomach, partial	.	.	.	.	.
43640	C	.	Vagotomy & pylorus repair	.	.	.	.	.
43641	C	.	Vagotomy & pylorus repair	.	.	.	.	.
43644	C	.	Lap gastric bypass/roux-en-y	.	.	.	.	.
43645	C	.	Lap gastr bypass incl sml i	.	.	.	.	.
43651	T	.	Laparoscopy, vagus nerve	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
43652	T	.	Laparoscopy, vagus nerve	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
43653	T	.	Laparoscopy, gastrostomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
43659	T	.	Laparoscope proc, stom	0130	31.9271	\$1,894.65	\$659.53	\$378.93

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
43750	T	.	Place gastrostomy tube	0141	8.1835	\$485.63	\$143.38	\$97.13
43752	X	.	Nasal/orogastric w/stent	0272	1.3801	\$81.90	\$32.76	\$16.38
43760	T	.	Change gastrostomy tube	0121	2.2766	\$135.10	\$43.80	\$27.02
43761	T	.	Reposition gastrostomy tube	0122	6.9721	\$413.75	\$84.85	\$82.75
43800	C	.	Reconstruction of pylorus	.	.	.	.	.
43810	C	.	Fusion of stomach and bowel	.	.	.	.	.
43820	C	.	Fusion of stomach and bowel	.	.	.	.	.
43825	C	.	Fusion of stomach and bowel	.	.	.	.	.
43830	T	.	Place gastrostomy tube	0422	22.9647	\$1,362.79	\$448.81	\$272.56
43831	T	.	Place gastrostomy tube	0141	8.1835	\$485.63	\$143.38	\$97.13
43832	C	.	Place gastrostomy tube	.	.	.	.	.
43840	C	.	Repair of stomach lesion	.	.	.	.	.
43842	C	.	Gastroplasty for obesity	.	.	.	.	.
43843	C	.	Gastroplasty for obesity	.	.	.	.	.
43845	C	.	Gastroplasty duodenal switch	.	.	.	.	.
43846	C	.	Gastric bypass for obesity	.	.	.	.	.
43847	C	.	Gastric bypass for obesity	.	.	.	.	.
43848	C	.	Revision gastroplasty	.	.	.	.	.
43850	C	.	Revise stomach-bowel fusion	.	.	.	.	.
43855	C	.	Revise stomach-bowel fusion	.	.	.	.	.
43860	C	.	Revise stomach-bowel fusion	.	.	.	.	.
43865	C	.	Revise stomach-bowel fusion	.	.	.	.	.
43870	T	.	Repair stomach opening	0141	8.1835	\$485.63	\$143.38	\$97.13
43880	C	.	Repair stomach-bowel fistula	.	.	.	.	.
43999	T	.	Stomach surgery procedure	0141	8.1835	\$485.63	\$143.38	\$97.13
44005	C	.	Freeing of bowel adhesion	.	.	.	.	.
44010	C	.	Incision of small bowel	.	.	.	.	.
44015	C	.	Insert needle cath bowel	.	.	.	.	.
44020	C	.	Explore small intestine	.	.	.	.	.
44021	C	.	Decompress small bowel	.	.	.	.	.
44025	C	.	Incision of large bowel	.	.	.	.	.
44050	C	.	Reduce bowel obstruction	.	.	.	.	.
44055	C	.	Correct malrotation of bowel	.	.	.	.	.
44100	T	.	Biopsy of bowel	0141	8.1835	\$485.63	\$143.38	\$97.13
44110	C	.	Excise intestine lesion(s)	.	.	.	.	.
44111	C	.	Excision of bowel lesion(s)	.	.	.	.	.
44120	C	.	Removal of small intestine	.	.	.	.	.
44121	C	.	Removal of small intestine	.	.	.	.	.
44125	C	.	Removal of small intestine	.	.	.	.	.
44126	C	.	Enterectomy w/o taper, cong	.	.	.	.	.
44127	C	.	Enterectomy w/taper, cong	.	.	.	.	.
44128	C	.	Enterectomy cong, add-on	.	.	.	.	.
44130	C	.	Bowel to bowel fusion	.	.	.	.	.
44132	C	.	Enterectomy, cadaver donor	.	.	.	.	.
44133	C	.	Enterectomy, live donor	.	.	.	.	.
44135	C	.	Intestine transplnt, cadaver	.	.	.	.	.
44136	C	.	Intestine transplant, live	.	.	.	.	.
44137	C	.	Remove intestinal allograft	.	.	.	.	.
44139	C	.	Mobilization of colon	.	.	.	.	.
44140	C	.	Partial removal of colon	.	.	.	.	.
44141	C	.	Partial removal of colon	.	.	.	.	.
44143	C	.	Partial removal of colon	.	.	.	.	.
44144	C	.	Partial removal of colon	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
44145	C	.	Partial removal of colon	.	.	.	.	.
44146	C	.	Partial removal of colon	.	.	.	.	.
44147	C	.	Partial removal of colon	.	.	.	.	.
44150	C	.	Removal of colon	.	.	.	.	.
44151	C	.	Removal of colon/ileostomy	.	.	.	.	.
44152	C	.	Removal of colon/ileostomy	.	.	.	.	.
44153	C	.	Removal of colon/ileostomy	.	.	.	.	.
44155	C	.	Removal of colon/ileostomy	.	.	.	.	.
44156	C	.	Removal of colon/ileostomy	.	.	.	.	.
44160	C	.	Removal of colon	.	.	.	.	.
44200	T	.	Laparoscopy, enterolysis	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
44201	T	.	Laparoscopy, jejunostomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
44202	C	.	Lap resect s/intestine singl	.	.	.	.	.
44203	C	.	Lap resect s/intestine, addl	.	.	.	.	.
44204	C	.	Laparo partial colectomy	.	.	.	.	.
44205	C	.	Lap colectomy part w/ileum	.	.	.	.	.
44206	T	.	Lap part colectomy w/stoma	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
44207	T	.	L colectomy/coloproctostomy	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
44208	T	.	L colectomy/coloproctostomy	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
44210	C	.	Laparo total proctocolectomy	.	.	.	.	.
44211	C	.	Laparo total proctocolectomy	.	.	.	.	.
44212	C	.	Laparo total proctocolectomy	.	.	.	.	.
44238	T	.	Laparoscope proc, intestine	0130	31.9271	\$1,894.65	\$659.53	\$378.93
44239	T	.	Laparoscope proc, rectum	0130	31.9271	\$1,894.65	\$659.53	\$378.93
44300	C	.	Open bowel to skin	.	.	.	.	.
44310	C	.	Ileostomy/jejunostomy	.	.	.	.	.
44312	T	.	Revision of ileostomy	0027	18.4182	\$1,092.99	\$329.72	\$218.60
44314	C	.	Revision of ileostomy	.	.	.	.	.
44316	C	.	Devise bowel pouch	.	.	.	.	.
44320	C	.	Colostomy	.	.	.	.	.
44322	C	.	Colostomy with biopsies	.	.	.	.	.
44340	T	.	Revision of colostomy	0027	18.4182	\$1,092.99	\$329.72	\$218.60
44345	C	.	Revision of colostomy	.	.	.	.	.
44346	C	.	Revision of colostomy	.	.	.	.	.
44360	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44361	T	.	Small bowel endoscopy/biopsy	0142	9.3487	\$554.78	\$152.78	\$110.96
44363	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44364	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44365	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44366	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44369	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44370	T	.	Small bowel endoscopy/stent	0384	22.3392	\$1,325.68	\$287.93	\$265.14
44372	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44373	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44376	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44377	T	.	Small bowel endoscopy/biopsy	0142	9.3487	\$554.78	\$152.78	\$110.96
44378	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44379	T	.	S bowel endoscope w/stent	0384	22.3392	\$1,325.68	\$287.93	\$265.14
44380	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44382	T	.	Small bowel endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
44383	T	.	Ileoscopy w/stent	0384	22.3392	\$1,325.68	\$287.93	\$265.14
44385	T	.	Endoscopy of bowel pouch	0143	8.6869	\$515.51	\$186.06	\$103.10
44386	T	.	Endoscopy, bowel pouch/biop	0143	8.6869	\$515.51	\$186.06	\$103.10

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
44388	T	.	Colonoscopy	0143	8.6869	\$515.51	\$186.06	\$103.10
44389	T	.	Colonoscopy with biopsy	0143	8.6869	\$515.51	\$186.06	\$103.10
44390	T	.	Colonoscopy for foreign body	0143	8.6869	\$515.51	\$186.06	\$103.10
44391	T	.	Colonoscopy for bleeding	0143	8.6869	\$515.51	\$186.06	\$103.10
44392	T	.	Colonoscopy & polypectomy	0143	8.6869	\$515.51	\$186.06	\$103.10
44393	T	.	Colonoscopy, lesion removal	0143	8.6869	\$515.51	\$186.06	\$103.10
44394	T	.	Colonoscopy w/snare	0143	8.6869	\$515.51	\$186.06	\$103.10
44397	T	.	Colonoscopy w/stent	0384	22.3392	\$1,325.68	\$287.93	\$265.14
44500	T	.	Intro, gastrointestinal tube	0121	2.2766	\$135.10	\$43.80	\$27.02
44602	C	.	Suture, small intestine	.	.	.	.	.
44603	C	.	Suture, small intestine	.	.	.	.	.
44604	C	.	Suture, large intestine	.	.	.	.	.
44605	C	.	Repair of bowel lesion	.	.	.	.	.
44615	C	.	Intestinal stricturoplasty	.	.	.	.	.
44620	C	.	Repair bowel opening	.	.	.	.	.
44625	C	.	Repair bowel opening	.	.	.	.	.
44626	C	.	Repair bowel opening	.	.	.	.	.
44640	C	.	Repair bowel-skin fistula	.	.	.	.	.
44650	C	.	Repair bowel fistula	.	.	.	.	.
44660	C	.	Repair bowel-bladder fistula	.	.	.	.	.
44661	C	.	Repair bowel-bladder fistula	.	.	.	.	.
44680	C	.	Surgical revision, intestine	.	.	.	.	.
44700	C	.	Suspend bowel w/prosthesis	.	.	.	.	.
44701	N	.	Intraop colon lavage add-on	.	.	.	.	.
44715	C	.	Prepare donor intestine	.	.	.	.	.
44720	C	.	Prep donor intestine/venous	.	.	.	.	.
44721	C	.	Prep donor intestine/artery	.	.	.	.	.
44799	T	.	Unlisted procedure intestine	0142	9.3487	\$554.78	\$152.78	\$110.96
44800	C	.	Excision of bowel pouch	.	.	.	.	.
44820	C	.	Excision of mesentery lesion	.	.	.	.	.
44850	C	.	Repair of mesentery	.	.	.	.	.
44899	C	.	Bowel surgery procedure	.	.	.	.	.
44900	C	.	Drain app abscess, open	.	.	.	.	.
44901	T	.	Drain app abscess, percut	0037	9.4751	\$562.28	\$224.91	\$112.46
44950	C	.	Appendectomy	.	.	.	.	.
44955	C	.	Appendectomy add-on	.	.	.	.	.
44960	C	.	Appendectomy	.	.	.	.	.
44970	T	.	Laparoscopy, appendectomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
44979	T	.	Laparoscope proc, app	0130	31.9271	\$1,894.65	\$659.53	\$378.93
45000	T	.	Drainage of pelvic abscess	0148	3.7383	\$221.84	\$57.21	\$44.37
45005	T	.	Drainage of rectal abscess	0155	16.2546	\$964.60	.	\$192.92
45020	T	.	Drainage of rectal abscess	0155	16.2546	\$964.60	.	\$192.92
45100	T	.	Biopsy of rectum	0149	18.0726	\$1,072.48	\$293.06	\$214.50
45108	T	.	Removal of anorectal lesion	0150	23.8654	\$1,416.24	\$437.12	\$283.25
45110	C	.	Removal of rectum	.	.	.	.	.
45111	C	.	Partial removal of rectum	.	.	.	.	.
45112	C	.	Removal of rectum	.	.	.	.	.
45113	C	.	Partial proctectomy	.	.	.	.	.
45114	C	.	Partial removal of rectum	.	.	.	.	.
45116	C	.	Partial removal of rectum	.	.	.	.	.
45119	C	.	Remove rectum w/reservoir	.	.	.	.	.
45120	C	.	Removal of rectum	.	.	.	.	.
45121	C	.	Removal of rectum and colon	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
45123	C	.	Partial proctectomy	.	.	.	.	.
45126	C	.	Pelvic exenteration	.	.	.	.	.
45130	C	.	Excision of rectal prolapse	.	.	.	.	.
45135	C	.	Excision of rectal prolapse	.	.	.	.	.
45136	C	.	Excise ileoanal reservior	.	.	.	.	.
45150	T	.	Excision of rectal stricture	0149	18.0726	\$1,072.48	\$293.06	\$214.50
45160	T	.	Excision of rectal lesion	0150	23.8654	\$1,416.24	\$437.12	\$283.25
45170	T	.	Excision of rectal lesion	0150	23.8654	\$1,416.24	\$437.12	\$283.25
45190	T	.	Destruction, rectal tumor	0150	23.8654	\$1,416.24	\$437.12	\$283.25
45300	T	.	Proctosigmoidoscopy dx	0146	4.6374	\$275.20	\$64.40	\$55.04
45303	T	.	Proctosigmoidoscopy dilate	0147	7.9679	\$472.84	.	\$94.57
45305	T	.	Proctosigmoidoscopy w/bx	0147	7.9679	\$472.84	.	\$94.57
45307	T	.	Proctosigmoidoscopy fb	0428	19.9022	\$1,181.06	.	\$236.21
45308	T	.	Proctosigmoidoscopy removal	0147	7.9679	\$472.84	.	\$94.57
45309	T	.	Proctosigmoidoscopy removal	0147	7.9679	\$472.84	.	\$94.57
45315	T	.	Proctosigmoidoscopy removal	0147	7.9679	\$472.84	.	\$94.57
45317	T	.	Proctosigmoidoscopy bleed	0147	7.9679	\$472.84	.	\$94.57
45320	T	.	Proctosigmoidoscopy ablate	0428	19.9022	\$1,181.06	.	\$236.21
45321	T	.	Proctosigmoidoscopy volvul	0428	19.9022	\$1,181.06	.	\$236.21
45327	T	.	Proctosigmoidoscopy w/stent	0384	22.3392	\$1,325.68	\$287.93	\$265.14
45330	T	.	Diagnostic sigmoidoscopy	0146	4.6374	\$275.20	\$64.40	\$55.04
45331	T	.	Sigmoidoscopy and biopsy	0146	4.6374	\$275.20	\$64.40	\$55.04
45332	T	.	Sigmoidoscopy w/fb removal	0146	4.6374	\$275.20	\$64.40	\$55.04
45333	T	.	Sigmoidoscopy & polypectomy	0147	7.9679	\$472.84	.	\$94.57
45334	T	.	Sigmoidoscopy for bleeding	0147	7.9679	\$472.84	.	\$94.57
45335	T	.	Sigmoidoscopy w/submuc inj	0146	4.6374	\$275.20	\$64.40	\$55.04
45337	T	.	Sigmoidoscopy & decompress	0146	4.6374	\$275.20	\$64.40	\$55.04
45338	T	.	Sigmoidoscopy w/tumr remove	0147	7.9679	\$472.84	.	\$94.57
45339	T	.	Sigmoidoscopy w/ablate tumr	0147	7.9679	\$472.84	.	\$94.57
45340	T	.	Sig w/balloon dilation	0147	7.9679	\$472.84	.	\$94.57
45341	T	.	Sigmoidoscopy w/ultrasound	0147	7.9679	\$472.84	.	\$94.57
45342	T	.	Sigmoidoscopy w/us guide bx	0147	7.9679	\$472.84	.	\$94.57
45345	T	.	Sigmoidoscopy w/stent	0384	22.3392	\$1,325.68	\$287.93	\$265.14
45355	T	.	Surgical colonoscopy	0143	8.6869	\$515.51	\$186.06	\$103.10
45378	T	.	Diagnostic colonoscopy	0143	8.6869	\$515.51	\$186.06	\$103.10
45379	T	.	Colonoscopy w/fb removal	0143	8.6869	\$515.51	\$186.06	\$103.10
45380	T	.	Colonoscopy and biopsy	0143	8.6869	\$515.51	\$186.06	\$103.10
45381	T	.	Colonoscopy, submucous inj	0143	8.6869	\$515.51	\$186.06	\$103.10
45382	T	.	Colonoscopy/control bleeding	0143	8.6869	\$515.51	\$186.06	\$103.10
45383	T	.	Lesion removal colonoscopy	0143	8.6869	\$515.51	\$186.06	\$103.10
45384	T	.	Lesion remove colonoscopy	0143	8.6869	\$515.51	\$186.06	\$103.10
45385	T	.	Lesion removal colonoscopy	0143	8.6869	\$515.51	\$186.06	\$103.10
45386	T	.	Colonoscopy dilate stricture	0143	8.6869	\$515.51	\$186.06	\$103.10
45387	T	.	Colonoscopy w/stent	0384	22.3392	\$1,325.68	\$287.93	\$265.14
45391	T	.	Colonoscopy w/endoscope us	0143	8.6869	\$515.51	\$186.06	\$103.10
45392	T	.	Colonoscopy w/endoscopic fnb	0143	8.6869	\$515.51	\$186.06	\$103.10
45500	T	.	Repair of rectum	0149	18.0726	\$1,072.48	\$293.06	\$214.50
45505	T	.	Repair of rectum	0150	23.8654	\$1,416.24	\$437.12	\$283.25
45520	T	.	Treatment of rectal prolapse	0098	1.1346	\$67.33	.	\$13.47
45540	C	.	Correct rectal prolapse	.	.	.	.	.
45541	T	.	Correct rectal prolapse	0150	23.8654	\$1,416.24	\$437.12	\$283.25
45550	C	.	Repair rectum/remove sigmoid	.	.	.	.	.
45560	T	.	Repair of rectocele	0150	23.8654	\$1,416.24	\$437.12	\$283.25

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
45562	C	.	Exploration/repair of rectum	.	.	.	.	.
45563	C	.	Exploration/repair of rectum	.	.	.	.	.
45800	C	.	Repair rect/bladder fistula	.	.	.	.	.
45805	C	.	Repair fistula w/colostomy	.	.	.	.	.
45820	C	.	Repair rectourethral fistula	.	.	.	.	.
45825	C	.	Repair fistula w/colostomy	.	.	.	.	.
45900	T	.	Reduction of rectal prolapse	0148	3.7383	\$221.84	\$57.21	\$44.37
45905	T	.	Dilation of anal sphincter	0149	18.0726	\$1,072.48	\$293.06	\$214.50
45910	T	.	Dilation of rectal narrowing	0149	18.0726	\$1,072.48	\$293.06	\$214.50
45915	T	.	Remove rectal obstruction	0148	3.7383	\$221.84	\$57.21	\$44.37
45999	T	.	Rectum surgery procedure	0148	3.7383	\$221.84	\$57.21	\$44.37
46020	T	.	Placement of seton	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46030	T	.	Removal of rectal marker	0148	3.7383	\$221.84	\$57.21	\$44.37
46040	T	.	Incision of rectal abscess	0149	18.0726	\$1,072.48	\$293.06	\$214.50
46045	T	.	Incision of rectal abscess	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46050	T	.	Incision of anal abscess	0148	3.7383	\$221.84	\$57.21	\$44.37
46060	T	.	Incision of rectal abscess	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46070	T	.	Incision of anal septum	0155	16.2546	\$964.60	.	\$192.92
46080	T	.	Incision of anal sphincter	0149	18.0726	\$1,072.48	\$293.06	\$214.50
46083	T	.	Incise external hemorrhoid	0148	3.7383	\$221.84	\$57.21	\$44.37
46200	T	.	Removal of anal fissure	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46210	T	.	Removal of anal crypt	0149	18.0726	\$1,072.48	\$293.06	\$214.50
46211	T	.	Removal of anal crypts	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46220	T	.	Removal of anal tag	0149	18.0726	\$1,072.48	\$293.06	\$214.50
46221	T	.	Ligation of hemorrhoid(s)	0148	3.7383	\$221.84	\$57.21	\$44.37
46230	T	.	Removal of anal tags	0149	18.0726	\$1,072.48	\$293.06	\$214.50
46250	T	.	Hemorrhoidectomy	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46255	T	.	Hemorrhoidectomy	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46257	T	.	Remove hemorrhoids & fissure	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46258	T	.	Remove hemorrhoids & fistula	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46260	T	.	Hemorrhoidectomy	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46261	T	.	Remove hemorrhoids & fissure	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46262	T	.	Remove hemorrhoids & fistula	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46270	T	.	Removal of anal fistula	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46275	T	.	Removal of anal fistula	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46280	T	.	Removal of anal fistula	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46285	T	.	Removal of anal fistula	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46288	T	.	Repair anal fistula	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46320	T	.	Removal of hemorrhoid clot	0148	3.7383	\$221.84	\$57.21	\$44.37
46500	T	.	Injection into hemorrhoid(s)	0155	16.2546	\$964.60	.	\$192.92
46600	X	.	Diagnostic anoscopy	0340	0.6384	\$37.88	.	\$7.58
46604	T	.	Anoscopy and dilation	0147	7.9679	\$472.84	.	\$94.57
46606	T	.	Anoscopy and biopsy	0146	4.6374	\$275.20	\$64.40	\$55.04
46608	T	.	Anoscopy, remove for body	0147	7.9679	\$472.84	.	\$94.57
46610	T	.	Anoscopy, remove lesion	0428	19.9022	\$1,181.06	.	\$236.21
46611	T	.	Anoscopy	0147	7.9679	\$472.84	.	\$94.57
46612	T	.	Anoscopy, remove lesions	0428	19.9022	\$1,181.06	.	\$236.21
46614	T	.	Anoscopy, control bleeding	0146	4.6374	\$275.20	\$64.40	\$55.04
46615	T	.	Anoscopy	0428	19.9022	\$1,181.06	.	\$236.21
46700	T	.	Repair of anal stricture	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46705	C	.	Repair of anal stricture	.	.	.	.	.
46706	T	.	Repr of anal fistula w/glue	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46715	C	.	Repair of anovaginal fistula	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
46716	C	.	Repair of anovaginal fistula	.	.	.	.	.
46730	C	.	Construction of absent anus	.	.	.	.	.
46735	C	.	Construction of absent anus	.	.	.	.	.
46740	C	.	Construction of absent anus	.	.	.	.	.
46742	C	.	Repair of imperforated anus	.	.	.	.	.
46744	C	.	Repair of cloacal anomaly	.	.	.	.	.
46746	C	.	Repair of cloacal anomaly	.	.	.	.	.
46748	C	.	Repair of cloacal anomaly	.	.	.	.	.
46750	T	.	Repair of anal sphincter	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46751	C	.	Repair of anal sphincter	.	.	.	.	.
46753	T	.	Reconstruction of anus	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46754	T	.	Removal of suture from anus	0149	18.0726	\$1,072.48	\$293.06	\$214.50
46760	T	.	Repair of anal sphincter	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46761	T	.	Repair of anal sphincter	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46762	T	.	Implant artificial sphincter	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46900	T	.	Destruction, anal lesion(s)	0016	2.5834	\$153.31	\$33.57	\$30.66
46910	T	.	Destruction, anal lesion(s)	0017	18.4211	\$1,093.16	\$227.84	\$218.63
46916	T	.	Cryosurgery, anal lesion(s)	0013	1.1078	\$65.74	\$14.20	\$13.15
46917	T	.	Laser surgery, anal lesions	0695	20.3164	\$1,205.64	\$266.59	\$241.13
46922	T	.	Excision of anal lesion(s)	0695	20.3164	\$1,205.64	\$266.59	\$241.13
46924	T	.	Destruction, anal lesion(s)	0695	20.3164	\$1,205.64	\$266.59	\$241.13
46934	T	.	Destruction of hemorrhoids	0155	16.2546	\$964.60	.	\$192.92
46935	T	.	Destruction of hemorrhoids	0155	16.2546	\$964.60	.	\$192.92
46936	T	.	Destruction of hemorrhoids	0149	18.0726	\$1,072.48	\$293.06	\$214.50
46937	T	.	Cryotherapy of rectal lesion	0149	18.0726	\$1,072.48	\$293.06	\$214.50
46938	T	.	Cryotherapy of rectal lesion	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46940	T	.	Treatment of anal fissure	0149	18.0726	\$1,072.48	\$293.06	\$214.50
46942	T	.	Treatment of anal fissure	0148	3.7383	\$221.84	\$57.21	\$44.37
46945	T	.	Ligation of hemorrhoids	0155	16.2546	\$964.60	.	\$192.92
46946	T	.	Ligation of hemorrhoids	0155	16.2546	\$964.60	.	\$192.92
46947	T	.	Hemorrhoidopexy by stapling	0150	23.8654	\$1,416.24	\$437.12	\$283.25
46999	T	.	Anus surgery procedure	0148	3.7383	\$221.84	\$57.21	\$44.37
47000	T	.	Needle biopsy of liver	0685	6.0174	\$357.09	\$115.47	\$71.42
47001	N	.	Needle biopsy, liver add-on	.	.	.	.	.
47010	C	.	Open drainage, liver lesion	.	.	.	.	.
47011	T	.	Percut drain, liver lesion	0037	9.4751	\$562.28	\$224.91	\$112.46
47015	C	.	Inject/aspirate liver cyst	.	.	.	.	.
47100	C	.	Wedge biopsy of liver	.	.	.	.	.
47120	C	.	Partial removal of liver	.	.	.	.	.
47122	C	.	Extensive removal of liver	.	.	.	.	.
47125	C	.	Partial removal of liver	.	.	.	.	.
47130	C	.	Partial removal of liver	.	.	.	.	.
47133	C	.	Removal of donor liver	.	.	.	.	.
47135	C	.	Transplantation of liver	.	.	.	.	.
47136	C	.	Transplantation of liver	.	.	.	.	.
47140	C	.	Partial removal, donor liver	.	.	.	.	.
47141	C	.	Partial removal, donor liver	.	.	.	.	.
47142	C	.	Partial removal, donor liver	.	.	.	.	.
47143	C	.	Prep donor liver, whole	.	.	.	.	.
47144	C	.	Prep donor liver, 3-segment	.	.	.	.	.
47145	C	.	Prep donor liver, lobe split	.	.	.	.	.
47146	C	.	Prep donor liver/venous	.	.	.	.	.
47147	C	.	Prep donor liver/arterial	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
47300	C	.	Surgery for liver lesion	.	.	.	.	.
47350	C	.	Repair liver wound	.	.	.	.	.
47360	C	.	Repair liver wound	.	.	.	.	.
47361	C	.	Repair liver wound	.	.	.	.	.
47362	C	.	Repair liver wound	.	.	.	.	.
47370	T	.	Laparo ablate liver tumor rf	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
47371	T	.	Laparo ablate liver cryosurg	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
47379	T	.	Laparoscope procedure, liver	0130	31.9271	\$1,894.65	\$659.53	\$378.93
47380	C	.	Open ablate liver tumor rf	.	.	.	.	.
47381	C	.	Open ablate liver tumor cryo	.	.	.	.	.
47382	T	.	Percut ablate liver rf	0423	40.2866	\$2,390.73	.	\$478.15
47399	T	.	Liver surgery procedure	0002	0.9559	\$56.73	.	\$11.35
47400	C	.	Incision of liver duct	.	.	.	.	.
47420	C	.	Incision of bile duct	.	.	.	.	.
47425	C	.	Incision of bile duct	.	.	.	.	.
47460	C	.	Incise bile duct sphincter	.	.	.	.	.
47480	C	.	Incision of gallbladder	.	.	.	.	.
47490	T	.	Incision of gallbladder	0152	12.2833	\$728.93	.	\$145.79
47500	N	.	Injection for liver x-rays	.	.	.	.	.
47505	N	.	Injection for liver x-rays	.	.	.	.	.
47510	T	.	Insert catheter, bile duct	0152	12.2833	\$728.93	.	\$145.79
47511	T	.	Insert bile duct drain	0152	12.2833	\$728.93	.	\$145.79
47525	T	.	Change bile duct catheter	0427	10.1977	\$605.16	\$124.11	\$121.03
47530	T	.	Revise/reinsert bile tube	0427	10.1977	\$605.16	\$124.11	\$121.03
47550	C	.	Bile duct endoscopy add-on	.	.	.	.	.
47552	T	.	Biliary endoscopy thru skin	0152	12.2833	\$728.93	.	\$145.79
47553	T	.	Biliary endoscopy thru skin	0152	12.2833	\$728.93	.	\$145.79
47554	T	.	Biliary endoscopy thru skin	0152	12.2833	\$728.93	.	\$145.79
47555	T	.	Biliary endoscopy thru skin	0152	12.2833	\$728.93	.	\$145.79
47556	T	.	Biliary endoscopy thru skin	0152	12.2833	\$728.93	.	\$145.79
47560	T	.	Laparoscopy w/cholangio	0130	31.9271	\$1,894.65	\$659.53	\$378.93
47561	T	.	Laparo w/cholangio/biopsy	0130	31.9271	\$1,894.65	\$659.53	\$378.93
47562	T	.	Laparoscopic cholecystectomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
47563	T	.	Laparo cholecystectomy/graph	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
47564	T	.	Laparo cholecystectomy/explr	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
47570	C	.	Laparo cholecystoenterostomy	.	.	.	.	.
47579	T	.	Laparoscope proc, biliary	0130	31.9271	\$1,894.65	\$659.53	\$378.93
47600	C	.	Removal of gallbladder	.	.	.	.	.
47605	C	.	Removal of gallbladder	.	.	.	.	.
47610	C	.	Removal of gallbladder	.	.	.	.	.
47612	C	.	Removal of gallbladder	.	.	.	.	.
47620	C	.	Removal of gallbladder	.	.	.	.	.
47630	T	.	Remove bile duct stone	0152	12.2833	\$728.93	.	\$145.79
47700	C	.	Exploration of bile ducts	.	.	.	.	.
47701	C	.	Bile duct revision	.	.	.	.	.
47711	C	.	Excision of bile duct tumor	.	.	.	.	.
47712	C	.	Excision of bile duct tumor	.	.	.	.	.
47715	C	.	Excision of bile duct cyst	.	.	.	.	.
47716	C	.	Fusion of bile duct cyst	.	.	.	.	.
47720	C	.	Fuse gallbladder & bowel	.	.	.	.	.
47721	C	.	Fuse upper gi structures	.	.	.	.	.
47740	C	.	Fuse gallbladder & bowel	.	.	.	.	.
47741	C	.	Fuse gallbladder & bowel	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
47760	C	.	Fuse bile ducts and bowel	.	.	.	.	.
47765	C	.	Fuse liver ducts & bowel	.	.	.	.	.
47780	C	.	Fuse bile ducts and bowel	.	.	.	.	.
47785	C	.	Fuse bile ducts and bowel	.	.	.	.	.
47800	C	.	Reconstruction of bile ducts	.	.	.	.	.
47801	C	.	Placement, bile duct support	.	.	.	.	.
47802	C	.	Fuse liver duct & intestine	.	.	.	.	.
47900	C	.	Suture bile duct injury	.	.	.	.	.
47999	T	.	Bile tract surgery procedure	0152	12.2833	\$728.93	.	\$145.79
48000	C	.	Drainage of abdomen	.	.	.	.	.
48001	C	.	Placement of drain, pancreas	.	.	.	.	.
48005	C	.	Resect/debride pancreas	.	.	.	.	.
48020	C	.	Removal of pancreatic stone	.	.	.	.	.
48100	C	.	Biopsy of pancreas, open	.	.	.	.	.
48102	T	.	Needle biopsy, pancreas	0685	6.0174	\$357.09	\$115.47	\$71.42
48120	C	.	Removal of pancreas lesion	.	.	.	.	.
48140	C	.	Partial removal of pancreas	.	.	.	.	.
48145	C	.	Partial removal of pancreas	.	.	.	.	.
48146	C	.	Pancreatectomy	.	.	.	.	.
48148	C	.	Removal of pancreatic duct	.	.	.	.	.
48150	C	.	Partial removal of pancreas	.	.	.	.	.
48152	C	.	Pancreatectomy	.	.	.	.	.
48153	C	.	Pancreatectomy	.	.	.	.	.
48154	C	.	Pancreatectomy	.	.	.	.	.
48155	C	.	Removal of pancreas	.	.	.	.	.
48160	E	.	Pancreas removal/transplant	.	.	.	.	.
48180	C	.	Fuse pancreas and bowel	.	.	.	.	.
48400	C	.	Injection, intraop add-on	.	.	.	.	.
48500	C	.	Surgery of pancreatic cyst	.	.	.	.	.
48510	C	.	Drain pancreatic pseudocyst	.	.	.	.	.
48511	T	.	Drain pancreatic pseudocyst	0037	9.4751	\$562.28	\$224.91	\$112.46
48520	C	.	Fuse pancreas cyst and bowel	.	.	.	.	.
48540	C	.	Fuse pancreas cyst and bowel	.	.	.	.	.
48545	C	.	Pancreatorrhaphy	.	.	.	.	.
48547	C	.	Duodenal exclusion	.	.	.	.	.
48550	E	.	Donor pancreatectomy	.	.	.	.	.
48551	C	.	Prep donor pancreas	.	.	.	.	.
48552	C	.	Prep donor pancreas/venous	.	.	.	.	.
48554	E	.	Transpl allograft pancreas	.	.	.	.	.
48556	C	.	Removal, allograft pancreas	.	.	.	.	.
48999	T	.	Pancreas surgery procedure	0004	1.7646	\$104.72	\$22.36	\$20.94
49000	C	.	Exploration of abdomen	.	.	.	.	.
49002	C	.	Reopening of abdomen	.	.	.	.	.
49010	C	.	Exploration behind abdomen	.	.	.	.	.
49020	C	.	Drain abdominal abscess	.	.	.	.	.
49021	T	.	Drain abdominal abscess	0037	9.4751	\$562.28	\$224.91	\$112.46
49040	C	.	Drain, open, abdom abscess	.	.	.	.	.
49041	T	.	Drain, percut, abdom abscess	0037	9.4751	\$562.28	\$224.91	\$112.46
49060	C	.	Drain, open, retroper abscess	.	.	.	.	.
49061	T	.	Drain, percut, retroper abscess	0037	9.4751	\$562.28	\$224.91	\$112.46
49062	C	.	Drain to peritoneal cavity	.	.	.	.	.
49080	T	.	Puncture, peritoneal cavity	0070	3.2101	\$190.50	.	\$38.10
49081	T	.	Removal of abdominal fluid	0070	3.2101	\$190.50	.	\$38.10

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
49085	T	.	Remove abdomen foreign body	0153	21.6961	\$1,287.51	\$382.75	\$257.50
49180	T	.	Biopsy, abdominal mass	0685	6.0174	\$357.09	\$115.47	\$71.42
49200	T	.	Removal of abdominal lesion	0130	31.9271	\$1,894.65	\$659.53	\$378.93
49201	C	.	Remove abdom lesion, complex	.	.	.	.	.
49215	C	.	Excise sacral spine tumor	.	.	.	.	.
49220	C	.	Multiple surgery, abdomen	.	.	.	.	.
49250	T	.	Excision of umbilicus	0153	21.6961	\$1,287.51	\$382.75	\$257.50
49255	C	.	Removal of omentum	.	.	.	.	.
49320	T	.	Diag laparo separate proc	0130	31.9271	\$1,894.65	\$659.53	\$378.93
49321	T	.	Laparoscopy, biopsy	0130	31.9271	\$1,894.65	\$659.53	\$378.93
49322	T	.	Laparoscopy, aspiration	0130	31.9271	\$1,894.65	\$659.53	\$378.93
49323	T	.	Laparo drain lymphocele	0130	31.9271	\$1,894.65	\$659.53	\$378.93
49329	T	.	Laparo proc, abdm/per/oment	0130	31.9271	\$1,894.65	\$659.53	\$378.93
49400	N	.	Air injection into abdomen	.	.	.	.	.
49419	T	.	Insrt abdom cath for chemotx	0115	31.4727	\$1,867.68	\$459.35	\$373.54
49420	T	.	Insert abdom drain, temp	0652	28.8948	\$1,714.70	.	\$342.94
49421	T	.	Insert abdom drain, perm	0652	28.8948	\$1,714.70	.	\$342.94
49422	T	.	Remove perm cannula/catheter	0105	22.3685	\$1,327.41	\$370.40	\$265.48
49423	T	.	Exchange drainage catheter	0152	12.2833	\$728.93	.	\$145.79
49424	N	.	Assess cyst, contrast inject	.	.	.	.	.
49425	C	.	Insert abdomen-venous drain	.	.	.	.	.
49426	T	.	Revise abdomen-venous shunt	0153	21.6961	\$1,287.51	\$382.75	\$257.50
49427	N	.	Injection, abdominal shunt	.	.	.	.	.
49428	C	.	Ligation of shunt	.	.	.	.	.
49429	T	.	Removal of shunt	0105	22.3685	\$1,327.41	\$370.40	\$265.48
49491	T	.	Rpr hern preemie reduc	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49492	T	.	Rpr ing hern premie, blocked	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49495	T	.	Rpr ing hernia baby, reduc	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49496	T	.	Rpr ing hernia baby, blocked	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49500	T	.	Rpr ing hernia, init, reduce	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49501	T	.	Rpr ing hernia, init blocked	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49505	T	.	Prp i/hern init reduc>5 yr	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49507	T	.	Prp i/hern init block>5 yr	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49520	T	.	Rerepair ing hernia, reduce	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49521	T	.	Rerepair ing hernia, blocked	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49525	T	.	Repair ing hernia, sliding	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49540	T	.	Repair lumbar hernia	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49550	T	.	Rpr rem hernia, init, reduce	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49553	T	.	Rpr fem hernia, init blocked	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49555	T	.	Rerepair fem hernia, reduce	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49557	T	.	Rerepair fem hernia, blocked	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49560	T	.	Rpr ventral hern init, reduc	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49561	T	.	Rpr ventral hern init, block	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49565	T	.	Rerepair ventrl hern, reduce	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49566	T	.	Rerepair ventrl hern, block	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49568	T	.	Hernia repair w/mesh	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49570	T	.	Rpr epigastric hern, reduce	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49572	T	.	Rpr epigastric hern, blocked	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49580	T	.	Rpr umbil hern, reduc < 5 yr	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49582	T	.	Rpr umbil hern, block < 5 yr	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49585	T	.	Rpr umbil hern, reduc > 5 yr	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49587	T	.	Rpr umbil hern, block > 5 yr	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49590	T	.	Repair spigilian hernia	0154	28.7847	\$1,708.17	\$464.85	\$341.63

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
49600	T	.	Repair umbilical lesion	0154	28.7847	\$1,708.17	\$464.85	\$341.63
49605	C	.	Repair umbilical lesion	.	.	.	.	.
49606	C	.	Repair umbilical lesion	.	.	.	.	.
49610	C	.	Repair umbilical lesion	.	.	.	.	.
49611	C	.	Repair umbilical lesion	.	.	.	.	.
49650	T	.	Laparo hernia repair initial	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
49651	T	.	Laparo hernia repair recur	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
49659	T	.	Laparo proc, hernia repair	0130	31.9271	\$1,894.65	\$659.53	\$378.93
49900	C	.	Repair of abdominal wall	.	.	.	.	.
49904	C	.	Omental flap, extra-abdom	.	.	.	.	.
49905	C	.	Omental flap	.	.	.	.	.
49906	C	.	Free omental flap, microvasc	.	.	.	.	.
49999	T	.	Abdomen surgery procedure	0153	21.6961	\$1,287.51	\$382.75	\$257.50
50010	C	.	Exploration of kidney	.	.	.	.	.
50020	T	.	Renal abscess, open drain	0162	23.3918	\$1,388.14	.	\$277.63
50021	T	.	Renal abscess, percut drain	0037	9.4751	\$562.28	\$224.91	\$112.46
50040	C	.	Drainage of kidney	.	.	.	.	.
50045	C	.	Exploration of kidney	.	.	.	.	.
50060	C	.	Removal of kidney stone	.	.	.	.	.
50065	C	.	Incision of kidney	.	.	.	.	.
50070	C	.	Incision of kidney	.	.	.	.	.
50075	C	.	Removal of kidney stone	.	.	.	.	.
50080	T	.	Removal of kidney stone	0429	42.3147	\$2,511.08	.	\$502.22
50081	T	.	Removal of kidney stone	0429	42.3147	\$2,511.08	.	\$502.22
50100	C	.	Revise kidney blood vessels	.	.	.	.	.
50120	C	.	Exploration of kidney	.	.	.	.	.
50125	C	.	Explore and drain kidney	.	.	.	.	.
50130	C	.	Removal of kidney stone	.	.	.	.	.
50135	C	.	Exploration of kidney	.	.	.	.	.
50200	T	.	Biopsy of kidney	0685	6.0174	\$357.09	\$115.47	\$71.42
50205	C	.	Biopsy of kidney	.	.	.	.	.
50220	C	.	Remove kidney, open	.	.	.	.	.
50225	C	.	Removal kidney open, complex	.	.	.	.	.
50230	C	.	Removal kidney open, radical	.	.	.	.	.
50234	C	.	Removal of kidney & ureter	.	.	.	.	.
50236	C	.	Removal of kidney & ureter	.	.	.	.	.
50240	C	.	Partial removal of kidney	.	.	.	.	.
50280	C	.	Removal of kidney lesion	.	.	.	.	.
50290	C	.	Removal of kidney lesion	.	.	.	.	.
50300	C	.	Removal of donor kidney	.	.	.	.	.
50320	C	.	Removal of donor kidney	.	.	.	.	.
50323	C	.	Prep cadaver renal allograft	.	.	.	.	.
50325	C	.	Prep donor renal graft	.	.	.	.	.
50327	C	.	Prep renal graft/venous	.	.	.	.	.
50328	C	.	Prep renal graft/arterial	.	.	.	.	.
50329	C	.	Prep renal graft/ureteral	.	.	.	.	.
50340	C	.	Removal of kidney	.	.	.	.	.
50360	C	.	Transplantation of kidney	.	.	.	.	.
50365	C	.	Transplantation of kidney	.	.	.	.	.
50370	C	.	Remove transplanted kidney	.	.	.	.	.
50380	C	.	Reimplantation of kidney	.	.	.	.	.
50390	T	.	Drainage of kidney lesion	0685	6.0174	\$357.09	\$115.47	\$71.42
50391	T	.	Instll rx agnt into rnal tub	0156	2.5751	\$152.81	\$40.52	\$30.56

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
50392	T	.	Insert kidney drain	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50393	T	.	Insert ureteral tube	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50394	N	.	Injection for kidney x-ray	.	.	.	.	.
50395	T	.	Create passage to kidney	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50396	T	.	Measure kidney pressure	0164	1.1855	\$70.35	\$17.29	\$14.07
50398	T	.	Change kidney tube	0122	6.9721	\$413.75	\$84.85	\$82.75
50400	C	.	Revision of kidney/ureter	.	.	.	.	.
50405	C	.	Revision of kidney/ureter	.	.	.	.	.
50500	C	.	Repair of kidney wound	.	.	.	.	.
50520	C	.	Close kidney-skin fistula	.	.	.	.	.
50525	C	.	Repair renal-abdomen fistula	.	.	.	.	.
50526	C	.	Repair renal-abdomen fistula	.	.	.	.	.
50540	C	.	Revision of horseshoe kidney	.	.	.	.	.
50541	T	.	Laparo ablate renal cyst	0130	31.9271	\$1,894.65	\$659.53	\$378.93
50542	T	.	Laparo ablate renal mass	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
50543	T	.	Laparo partial nephrectomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
50544	T	.	Laparoscopy, pyeloplasty	0130	31.9271	\$1,894.65	\$659.53	\$378.93
50545	C	.	Laparo radical nephrectomy	.	.	.	.	.
50546	C	.	Laparoscopic nephrectomy	.	.	.	.	.
50547	C	.	Laparo removal donor kidney	.	.	.	.	.
50548	C	.	Laparo remove w/ ureter	.	.	.	.	.
50549	T	.	Laparoscope proc, renal	0130	31.9271	\$1,894.65	\$659.53	\$378.93
50551	T	.	Kidney endoscopy	0160	6.6753	\$396.13	\$105.06	\$79.23
50553	T	.	Kidney endoscopy	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50555	T	.	Kidney endoscopy & biopsy	0160	6.6753	\$396.13	\$105.06	\$79.23
50557	T	.	Kidney endoscopy & treatment	0162	23.3918	\$1,388.14	.	\$277.63
50561	T	.	Kidney endoscopy & treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50562	T	.	Renal scope w/tumor resect	0160	6.6753	\$396.13	\$105.06	\$79.23
50570	T	.	Kidney endoscopy	0160	6.6753	\$396.13	\$105.06	\$79.23
50572	T	.	Kidney endoscopy	0160	6.6753	\$396.13	\$105.06	\$79.23
50574	T	.	Kidney endoscopy & biopsy	0160	6.6753	\$396.13	\$105.06	\$79.23
50575	T	.	Kidney endoscopy	0163	33.7354	\$2,001.96	.	\$400.39
50576	T	.	Kidney endoscopy & treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50580	C	.	Kidney endoscopy & treatment	.	.	.	.	.
50590	T	.	Fragmenting of kidney stone	0169	43.0133	\$2,552.54	\$1,021.01	\$510.51
50600	C	.	Exploration of ureter	.	.	.	.	.
50605	C	.	Insert ureteral support	.	.	.	.	.
50610	C	.	Removal of ureter stone	.	.	.	.	.
50620	C	.	Removal of ureter stone	.	.	.	.	.
50630	C	.	Removal of ureter stone	.	.	.	.	.
50650	C	.	Removal of ureter	.	.	.	.	.
50660	C	.	Removal of ureter	.	.	.	.	.
50684	N	.	Injection for ureter x-ray	.	.	.	.	.
50686	T	.	Measure ureter pressure	0164	1.1855	\$70.35	\$17.29	\$14.07
50688	T	.	Change of ureter tube	0122	6.9721	\$413.75	\$84.85	\$82.75
50690	N	.	Injection for ureter x-ray	.	.	.	.	.
50700	C	.	Revision of ureter	.	.	.	.	.
50715	C	.	Release of ureter	.	.	.	.	.
50722	C	.	Release of ureter	.	.	.	.	.
50725	C	.	Release/revise ureter	.	.	.	.	.
50727	C	.	Revise ureter	.	.	.	.	.
50728	C	.	Revise ureter	.	.	.	.	.
50740	C	.	Fusion of ureter & kidney	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
50750	C	.	Fusion of ureter & kidney	.	.	.	.	.
50760	C	.	Fusion of ureters	.	.	.	.	.
50770	C	.	Splicing of ureters	.	.	.	.	.
50780	C	.	Reimplant ureter in bladder	.	.	.	.	.
50782	C	.	Reimplant ureter in bladder	.	.	.	.	.
50783	C	.	Reimplant ureter in bladder	.	.	.	.	.
50785	C	.	Reimplant ureter in bladder	.	.	.	.	.
50800	C	.	Implant ureter in bowel	.	.	.	.	.
50810	C	.	Fusion of ureter & bowel	.	.	.	.	.
50815	C	.	Urine shunt to intestine	.	.	.	.	.
50820	C	.	Construct bowel bladder	.	.	.	.	.
50825	C	.	Construct bowel bladder	.	.	.	.	.
50830	C	.	Revise urine flow	.	.	.	.	.
50840	C	.	Replace ureter by bowel	.	.	.	.	.
50845	C	.	Appendico-vesicostomy	.	.	.	.	.
50860	C	.	Transplant ureter to skin	.	.	.	.	.
50900	C	.	Repair of ureter	.	.	.	.	.
50920	C	.	Closure ureter/skin fistula	.	.	.	.	.
50930	C	.	Closure ureter/bowel fistula	.	.	.	.	.
50940	C	.	Release of ureter	.	.	.	.	.
50945	T	.	Laparoscopy ureterolithotomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
50947	T	.	Laparo new ureter/bladder	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
50948	T	.	Laparo new ureter/bladder	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
50949	T	.	Laparoscopy proc, ureter	0130	31.9271	\$1,894.65	\$659.53	\$378.93
50951	T	.	Endoscopy of ureter	0160	6.6753	\$396.13	\$105.06	\$79.23
50953	T	.	Endoscopy of ureter	0160	6.6753	\$396.13	\$105.06	\$79.23
50955	T	.	Ureter endoscopy & biopsy	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50957	T	.	Ureter endoscopy & treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50961	T	.	Ureter endoscopy & treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50970	T	.	Ureter endoscopy	0160	6.6753	\$396.13	\$105.06	\$79.23
50972	T	.	Ureter endoscopy & catheter	0160	6.6753	\$396.13	\$105.06	\$79.23
50974	T	.	Ureter endoscopy & biopsy	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50976	T	.	Ureter endoscopy & treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
50980	T	.	Ureter endoscopy & treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
51000	T	.	Drainage of bladder	0164	1.1855	\$70.35	\$17.29	\$14.07
51005	T	.	Drainage of bladder	0164	1.1855	\$70.35	\$17.29	\$14.07
51010	T	.	Drainage of bladder	0165	16.6689	\$989.18	.	\$197.84
51020	T	.	Incise & treat bladder	0162	23.3918	\$1,388.14	.	\$277.63
51030	T	.	Incise & treat bladder	0162	23.3918	\$1,388.14	.	\$277.63
51040	T	.	Incise & drain bladder	0162	23.3918	\$1,388.14	.	\$277.63
51045	T	.	Incise bladder/drain ureter	0160	6.6753	\$396.13	\$105.06	\$79.23
51050	T	.	Removal of bladder stone	0162	23.3918	\$1,388.14	.	\$277.63
51060	C	.	Removal of ureter stone	.	.	.	.	.
51065	T	.	Remove ureter calculus	0162	23.3918	\$1,388.14	.	\$277.63
51080	T	.	Drainage of bladder abscess	0008	16.4989	\$979.09	.	\$195.82
51500	T	.	Removal of bladder cyst	0154	28.7847	\$1,708.17	\$464.85	\$341.63
51520	T	.	Removal of bladder lesion	0162	23.3918	\$1,388.14	.	\$277.63
51525	C	.	Removal of bladder lesion	.	.	.	.	.
51530	C	.	Removal of bladder lesion	.	.	.	.	.
51535	C	.	Repair of ureter lesion	.	.	.	.	.
51550	C	.	Partial removal of bladder	.	.	.	.	.
51555	C	.	Partial removal of bladder	.	.	.	.	.
51565	C	.	Revise bladder & ureter(s)	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
51570	C	.	Removal of bladder	.	.	.	.	.
51575	C	.	Removal of bladder & nodes	.	.	.	.	.
51580	C	.	Remove bladder/revise tract	.	.	.	.	.
51585	C	.	Removal of bladder & nodes	.	.	.	.	.
51590	C	.	Remove bladder/revise tract	.	.	.	.	.
51595	C	.	Remove bladder/revise tract	.	.	.	.	.
51596	C	.	Remove bladder/create pouch	.	.	.	.	.
51597	C	.	Removal of pelvic structures	.	.	.	.	.
51600	N	.	Injection for bladder x-ray	.	.	.	.	.
51605	N	.	Preparation for bladder xray	.	.	.	.	.
51610	N	.	Injection for bladder x-ray	.	.	.	.	.
51700	T	.	Irrigation of bladder	0164	1.1855	\$70.35	\$17.29	\$14.07
51701	X	.	Insert bladder catheter	0340	0.6384	\$37.88	.	\$7.58
51702	X	.	Insert temp bladder cath	0340	0.6384	\$37.88	.	\$7.58
51703	T	.	Insert bladder cath, complex	0164	1.1855	\$70.35	\$17.29	\$14.07
51705	T	.	Change of bladder tube	0121	2.2766	\$135.10	\$43.80	\$27.02
51710	T	.	Change of bladder tube	0122	6.9721	\$413.75	\$84.85	\$82.75
51715	T	.	Endoscopic injection/implant	0168	28.2685	\$1,677.54	\$388.03	\$335.51
51720	T	.	Treatment of bladder lesion	0156	2.5751	\$152.81	\$40.52	\$30.56
51725	T	.	Simple cystometrogram	0156	2.5751	\$152.81	\$40.52	\$30.56
51726	T	.	Complex cystometrogram	0156	2.5751	\$152.81	\$40.52	\$30.56
51736	T	.	Urine flow measurement	0164	1.1855	\$70.35	\$17.29	\$14.07
51741	T	.	Electro-uroflowmetry, first	0164	1.1855	\$70.35	\$17.29	\$14.07
51772	T	.	Urethra pressure profile	0156	2.5751	\$152.81	\$40.52	\$30.56
51784	T	.	Anal/urinary muscle study	0164	1.1855	\$70.35	\$17.29	\$14.07
51785	T	.	Anal/urinary muscle study	0164	1.1855	\$70.35	\$17.29	\$14.07
51792	T	.	Urinary reflex study	0164	1.1855	\$70.35	\$17.29	\$14.07
51795	T	.	Urine voiding pressure study	0164	1.1855	\$70.35	\$17.29	\$14.07
51797	T	.	Intraabdominal pressure test	0164	1.1855	\$70.35	\$17.29	\$14.07
51798	X	.	Us urine capacity measure	0340	0.6384	\$37.88	.	\$7.58
51800	C	.	Revision of bladder/urethra	.	.	.	.	.
51820	C	.	Revision of urinary tract	.	.	.	.	.
51840	C	.	Attach bladder/urethra	.	.	.	.	.
51841	C	.	Attach bladder/urethra	.	.	.	.	.
51845	C	.	Repair bladder neck	.	.	.	.	.
51860	C	.	Repair of bladder wound	.	.	.	.	.
51865	C	.	Repair of bladder wound	.	.	.	.	.
51880	T	.	Repair of bladder opening	0162	23.3918	\$1,388.14	.	\$277.63
51900	C	.	Repair bladder/vagina lesion	.	.	.	.	.
51920	C	.	Close bladder-uterus fistula	.	.	.	.	.
51925	C	.	Hysterectomy/bladder repair	.	.	.	.	.
51940	C	.	Correction of bladder defect	.	.	.	.	.
51960	C	.	Revision of bladder & bowel	.	.	.	.	.
51980	C	.	Construct bladder opening	.	.	.	.	.
51990	T	.	Laparo urethral suspension	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
51992	T	.	Laparo sling operation	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
52000	T	.	Cystoscopy	0160	6.6753	\$396.13	\$105.06	\$79.23
52001	T	.	Cystoscopy, removal of clots	0160	6.6753	\$396.13	\$105.06	\$79.23
52005	T	.	Cystoscopy & ureter catheter	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52007	T	.	Cystoscopy and biopsy	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52010	T	.	Cystoscopy & duct catheter	0160	6.6753	\$396.13	\$105.06	\$79.23
52204	T	.	Cystoscopy	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52214	T	.	Cystoscopy and treatment	0162	23.3918	\$1,388.14	.	\$277.63

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
52224	T	.	Cystoscopy and treatment	0162	23.3918	\$1,388.14	.	\$277.63
52234	T	.	Cystoscopy and treatment	0162	23.3918	\$1,388.14	.	\$277.63
52235	T	.	Cystoscopy and treatment	0162	23.3918	\$1,388.14	.	\$277.63
52240	T	.	Cystoscopy and treatment	0162	23.3918	\$1,388.14	.	\$277.63
52250	T	.	Cystoscopy and radiotracer	0162	23.3918	\$1,388.14	.	\$277.63
52260	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52265	T	.	Cystoscopy and treatment	0160	6.6753	\$396.13	\$105.06	\$79.23
52270	T	.	Cystoscopy & revise urethra	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52275	T	.	Cystoscopy & revise urethra	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52276	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52277	T	.	Cystoscopy and treatment	0162	23.3918	\$1,388.14	.	\$277.63
52281	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52282	T	.	Cystoscopy, implant stent	0163	33.7354	\$2,001.96	.	\$400.39
52283	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52285	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52290	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52300	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52301	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52305	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52310	T	.	Cystoscopy and treatment	0160	6.6753	\$396.13	\$105.06	\$79.23
52315	T	.	Cystoscopy and treatment	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52317	T	.	Remove bladder stone	0162	23.3918	\$1,388.14	.	\$277.63
52318	T	.	Remove bladder stone	0162	23.3918	\$1,388.14	.	\$277.63
52320	T	.	Cystoscopy and treatment	0162	23.3918	\$1,388.14	.	\$277.63
52325	T	.	Cystoscopy, stone removal	0162	23.3918	\$1,388.14	.	\$277.63
52327	T	.	Cystoscopy, inject material	0162	23.3918	\$1,388.14	.	\$277.63
52330	T	.	Cystoscopy and treatment	0162	23.3918	\$1,388.14	.	\$277.63
52332	T	.	Cystoscopy and treatment	0162	23.3918	\$1,388.14	.	\$277.63
52334	T	.	Create passage to kidney	0162	23.3918	\$1,388.14	.	\$277.63
52341	T	.	Cysto w/ureter stricture tx	0162	23.3918	\$1,388.14	.	\$277.63
52342	T	.	Cysto w/up stricture tx	0162	23.3918	\$1,388.14	.	\$277.63
52343	T	.	Cysto w/renal stricture tx	0162	23.3918	\$1,388.14	.	\$277.63
52344	T	.	Cysto/uretero, stone remove	0162	23.3918	\$1,388.14	.	\$277.63
52345	T	.	Cysto/uretero w/up stricture	0162	23.3918	\$1,388.14	.	\$277.63
52346	T	.	Cystouretero w/renal strict	0162	23.3918	\$1,388.14	.	\$277.63
52351	T	.	Cystouretero & or pyeloscope	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52352	T	.	Cystouretero w/stone remove	0162	23.3918	\$1,388.14	.	\$277.63
52353	T	.	Cystouretero w/lithotripsy	0163	33.7354	\$2,001.96	.	\$400.39
52354	T	.	Cystouretero w/biopsy	0162	23.3918	\$1,388.14	.	\$277.63
52355	T	.	Cystouretero w/excise tumor	0162	23.3918	\$1,388.14	.	\$277.63
52400	T	.	Cystouretero w/congen repr	0162	23.3918	\$1,388.14	.	\$277.63
52402	T	.	Cystourethro cut ejacul duct	0162	23.3918	\$1,388.14	.	\$277.63
52450	T	.	Incision of prostate	0162	23.3918	\$1,388.14	.	\$277.63
52500	T	.	Revision of bladder neck	0162	23.3918	\$1,388.14	.	\$277.63
52510	T	.	Dilation prostatic urethra	0161	18.5576	\$1,101.26	\$249.36	\$220.25
52601	T	.	Prostatectomy (TURP)	0163	33.7354	\$2,001.96	.	\$400.39
52606	T	.	Control postop bleeding	0162	23.3918	\$1,388.14	.	\$277.63
52612	T	.	Prostatectomy, first stage	0163	33.7354	\$2,001.96	.	\$400.39
52614	T	.	Prostatectomy, second stage	0163	33.7354	\$2,001.96	.	\$400.39
52620	T	.	Remove residual prostate	0163	33.7354	\$2,001.96	.	\$400.39
52630	T	.	Remove prostate regrowth	0163	33.7354	\$2,001.96	.	\$400.39
52640	T	.	Relieve bladder contracture	0162	23.3918	\$1,388.14	.	\$277.63
52647	T	.	Laser surgery of prostate	0429	42.3147	\$2,511.08	.	\$502.22

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
52648	T	.	Laser surgery of prostate	0429	42.3147	\$2,511.08	.	\$502.22
52700	T	.	Drainage of prostate abscess	0162	23.3918	\$1,388.14	.	\$277.63
53000	T	.	Incision of urethra	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53010	T	.	Incision of urethra	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53020	T	.	Incision of urethra	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53025	T	.	Incision of urethra	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53040	T	.	Drainage of urethra abscess	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53060	T	.	Drainage of urethra abscess	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53080	T	.	Drainage of urinary leakage	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53085	T	.	Drainage of urinary leakage	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53200	T	.	Biopsy of urethra	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53210	T	.	Removal of urethra	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53215	T	.	Removal of urethra	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53220	T	.	Treatment of urethra lesion	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53230	T	.	Removal of urethra lesion	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53235	T	.	Removal of urethra lesion	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53240	T	.	Surgery for urethra pouch	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53250	T	.	Removal of urethra gland	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53260	T	.	Treatment of urethra lesion	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53265	T	.	Treatment of urethra lesion	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53270	T	.	Removal of urethra gland	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53275	T	.	Repair of urethra defect	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53400	T	.	Revise urethra, stage 1	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53405	T	.	Revise urethra, stage 2	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53410	T	.	Reconstruction of urethra	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53415	C	.	Reconstruction of urethra	.	.	.	.	.
53420	T	.	Reconstruct urethra, stage 1	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53425	T	.	Reconstruct urethra, stage 2	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53430	T	.	Reconstruction of urethra	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53431	T	.	Reconstruct urethra/bladder	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53440	S	.	Correct bladder function	0385	75.6446	\$4,488.98	.	\$897.80
53442	T	.	Remove perineal prosthesis	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53444	S	.	Insert tandem cuff	0385	75.6446	\$4,488.98	.	\$897.80
53445	S	.	Insert uro/ves nck sphincter	0386	120.1694	\$7,131.21	.	\$1,426.24
53446	T	.	Remove uro sphincter	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53447	S	.	Remove/replace ur sphincter	0386	120.1694	\$7,131.21	.	\$1,426.24
53448	C	.	Remov/replc ur sphinctr comp	.	.	.	.	.
53449	T	.	Repair uro sphincter	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53450	T	.	Revision of urethra	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53460	T	.	Revision of urethra	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53500	T	.	Urethrllys, transvag w/ scope	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53502	T	.	Repair of urethra injury	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53505	T	.	Repair of urethra injury	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53510	T	.	Repair of urethra injury	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53515	T	.	Repair of urethra injury	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53520	T	.	Repair of urethra defect	0168	28.2685	\$1,677.54	\$388.03	\$335.51
53600	T	.	Dilate urethra stricture	0156	2.5751	\$152.81	\$40.52	\$30.56
53601	T	.	Dilate urethra stricture	0164	1.1855	\$70.35	\$17.29	\$14.07
53605	T	.	Dilate urethra stricture	0161	18.5576	\$1,101.26	\$249.36	\$220.25
53620	T	.	Dilate urethra stricture	0165	16.6689	\$989.18	.	\$197.84
53621	T	.	Dilate urethra stricture	0164	1.1855	\$70.35	\$17.29	\$14.07
53660	T	.	Dilation of urethra	0164	1.1855	\$70.35	\$17.29	\$14.07
53661	T	.	Dilation of urethra	0164	1.1855	\$70.35	\$17.29	\$14.07

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
53665	T	.	Dilation of urethra	0166	17.6743	\$1,048.85	\$218.73	\$209.77
53850	T	.	Prostatic microwave thermotx	0675	43.7329	\$2,595.24	.	\$519.05
53852	T	.	Prostatic rf thermotx	0675	43.7329	\$2,595.24	.	\$519.05
53853	T	.	Prostatic water thermother	0162	23.3918	\$1,388.14	.	\$277.63
53899	T	.	Urology surgery procedure	0164	1.1855	\$70.35	\$17.29	\$14.07
54000	T	.	Slitting of prepuce	0166	17.6743	\$1,048.85	\$218.73	\$209.77
54001	T	.	Slitting of prepuce	0166	17.6743	\$1,048.85	\$218.73	\$209.77
54015	T	.	Drain penis lesion	0008	16.4989	\$979.09	.	\$195.82
54050	T	.	Destruction, penis lesion(s)	0013	1.1078	\$65.74	\$14.20	\$13.15
54055	T	.	Destruction, penis lesion(s)	0017	18.4211	\$1,093.16	\$227.84	\$218.63
54056	T	.	Cryosurgery, penis lesion(s)	0012	0.8497	\$50.42	\$11.18	\$10.08
54057	T	.	Laser surg, penis lesion(s)	0017	18.4211	\$1,093.16	\$227.84	\$218.63
54060	T	.	Excision of penis lesion(s)	0017	18.4211	\$1,093.16	\$227.84	\$218.63
54065	T	.	Destruction, penis lesion(s)	0695	20.3164	\$1,205.64	\$266.59	\$241.13
54100	T	.	Biopsy of penis	0021	14.9776	\$888.82	\$219.48	\$177.76
54105	T	.	Biopsy of penis	0022	19.6472	\$1,165.92	\$354.45	\$233.18
54110	T	.	Treatment of penis lesion	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54111	T	.	Treat penis lesion, graft	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54112	T	.	Treat penis lesion, graft	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54115	T	.	Treatment of penis lesion	0008	16.4989	\$979.09	.	\$195.82
54120	T	.	Partial removal of penis	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54125	C	.	Removal of penis	.	.	.	.	.
54130	C	.	Remove penis & nodes	.	.	.	.	.
54135	C	.	Remove penis & nodes	.	.	.	.	.
54150	T	.	Circumcision	0180	19.8827	\$1,179.90	\$304.87	\$235.98
54152	T	.	Circumcision	0180	19.8827	\$1,179.90	\$304.87	\$235.98
54160	T	.	Circumcision	0180	19.8827	\$1,179.90	\$304.87	\$235.98
54161	T	.	Circumcision	0180	19.8827	\$1,179.90	\$304.87	\$235.98
54162	T	.	Lysis penil circumcic lesion	0180	19.8827	\$1,179.90	\$304.87	\$235.98
54163	T	.	Repair of circumcision	0180	19.8827	\$1,179.90	\$304.87	\$235.98
54164	T	.	Frenulotomy of penis	0180	19.8827	\$1,179.90	\$304.87	\$235.98
54200	T	.	Treatment of penis lesion	0156	2.5751	\$152.81	\$40.52	\$30.56
54205	T	.	Treatment of penis lesion	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54220	T	.	Treatment of penis lesion	0156	2.5751	\$152.81	\$40.52	\$30.56
54230	N	.	Prepare penis study	.	.	.	.	.
54231	T	.	Dynamic cavernosometry	0165	16.6689	\$989.18	.	\$197.84
54235	T	.	Penile injection	0164	1.1855	\$70.35	\$17.29	\$14.07
54240	T	.	Penis study	0164	1.1855	\$70.35	\$17.29	\$14.07
54250	T	.	Penis study	0164	1.1855	\$70.35	\$17.29	\$14.07
54300	T	.	Revision of penis	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54304	T	.	Revision of penis	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54308	T	.	Reconstruction of urethra	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54312	T	.	Reconstruction of urethra	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54316	T	.	Reconstruction of urethra	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54318	T	.	Reconstruction of urethra	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54322	T	.	Reconstruction of urethra	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54324	T	.	Reconstruction of urethra	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54326	T	.	Reconstruction of urethra	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54328	T	.	Revise penis/urethra	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54332	C	.	Revise penis/urethra	.	.	.	.	.
54336	C	.	Revise penis/urethra	.	.	.	.	.
54340	T	.	Secondary urethral surgery	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54344	T	.	Secondary urethral surgery	0181	30.8663	\$1,831.70	\$621.82	\$366.34

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
54348	T	.	Secondary urethral surgery	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54352	T	.	Reconstruct urethra/penis	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54360	T	.	Penis plastic surgery	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54380	T	.	Repair penis	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54385	T	.	Repair penis	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54390	C	.	Repair penis and bladder	.	.	.	.	.
54400	S	.	Insert semi-rigid prosthesis	0385	75.6446	\$4,488.98	.	\$897.80
54401	S	.	Insert self-contd prosthesis	0386	120.1694	\$7,131.21	.	\$1,426.24
54405	S	.	Insert multi-comp penis pros	0386	120.1694	\$7,131.21	.	\$1,426.24
54406	T	.	Remove multi-comp penis pros	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54408	T	.	Repair multi-comp penis pros	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54410	S	.	Remove/replace penis prosth	0386	120.1694	\$7,131.21	.	\$1,426.24
54411	C	.	Remov/replc penis pros, comp	.	.	.	.	.
54415	T	.	Remove self-contd penis pros	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54416	S	.	Remv/repl penis contain pros	0386	120.1694	\$7,131.21	.	\$1,426.24
54417	C	.	Remv/replc penis pros, compl	.	.	.	.	.
54420	T	.	Revision of penis	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54430	C	.	Revision of penis	.	.	.	.	.
54435	T	.	Revision of penis	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54440	T	.	Repair of penis	0181	30.8663	\$1,831.70	\$621.82	\$366.34
54450	T	.	Preputial stretching	0156	2.5751	\$152.81	\$40.52	\$30.56
54500	T	.	Biopsy of testis	0037	9.4751	\$562.28	\$224.91	\$112.46
54505	T	.	Biopsy of testis	0183	23.6415	\$1,402.96	.	\$280.59
54512	T	.	Excise lesion testis	0183	23.6415	\$1,402.96	.	\$280.59
54520	T	.	Removal of testis	0183	23.6415	\$1,402.96	.	\$280.59
54522	T	.	Orchiectomy, partial	0183	23.6415	\$1,402.96	.	\$280.59
54530	T	.	Removal of testis	0154	28.7847	\$1,708.17	\$464.85	\$341.63
54535	C	.	Extensive testis surgery	.	.	.	.	.
54550	T	.	Exploration for testis	0154	28.7847	\$1,708.17	\$464.85	\$341.63
54560	T	.	Exploration for testis	0183	23.6415	\$1,402.96	.	\$280.59
54600	T	.	Reduce testis torsion	0183	23.6415	\$1,402.96	.	\$280.59
54620	T	.	Suspension of testis	0183	23.6415	\$1,402.96	.	\$280.59
54640	T	.	Suspension of testis	0154	28.7847	\$1,708.17	\$464.85	\$341.63
54650	C	.	Orchiopexy (Fowler-Stephens)	.	.	.	.	.
54660	T	.	Revision of testis	0183	23.6415	\$1,402.96	.	\$280.59
54670	T	.	Repair testis injury	0183	23.6415	\$1,402.96	.	\$280.59
54680	T	.	Relocation of testis(es)	0183	23.6415	\$1,402.96	.	\$280.59
54690	T	.	Laparoscopy, orchiectomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
54692	T	.	Laparoscopy, orchiopexy	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
54699	T	.	Laparoscope proc, testis	0130	31.9271	\$1,894.65	\$659.53	\$378.93
54700	T	.	Drainage of scrotum	0183	23.6415	\$1,402.96	.	\$280.59
54800	T	.	Biopsy of epididymis	0004	1.7646	\$104.72	\$22.36	\$20.94
54820	T	.	Exploration of epididymis	0183	23.6415	\$1,402.96	.	\$280.59
54830	T	.	Remove epididymis lesion	0183	23.6415	\$1,402.96	.	\$280.59
54840	T	.	Remove epididymis lesion	0183	23.6415	\$1,402.96	.	\$280.59
54860	T	.	Removal of epididymis	0183	23.6415	\$1,402.96	.	\$280.59
54861	T	.	Removal of epididymis	0183	23.6415	\$1,402.96	.	\$280.59
54900	T	.	Fusion of spermatic ducts	0183	23.6415	\$1,402.96	.	\$280.59
54901	T	.	Fusion of spermatic ducts	0183	23.6415	\$1,402.96	.	\$280.59
55000	T	.	Drainage of hydrocele	0004	1.7646	\$104.72	\$22.36	\$20.94
55040	T	.	Removal of hydrocele	0154	28.7847	\$1,708.17	\$464.85	\$341.63
55041	T	.	Removal of hydroceles	0154	28.7847	\$1,708.17	\$464.85	\$341.63
55060	T	.	Repair of hydrocele	0183	23.6415	\$1,402.96	.	\$280.59

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
55100	T	.	Drainage of scrotum abscess	0008	16.4989	\$979.09	.	\$195.82
55110	T	.	Explore scrotum	0183	23.6415	\$1,402.96	.	\$280.59
55120	T	.	Removal of scrotum lesion	0183	23.6415	\$1,402.96	.	\$280.59
55150	T	.	Removal of scrotum	0183	23.6415	\$1,402.96	.	\$280.59
55175	T	.	Revision of scrotum	0183	23.6415	\$1,402.96	.	\$280.59
55180	T	.	Revision of scrotum	0183	23.6415	\$1,402.96	.	\$280.59
55200	T	.	Incision of sperm duct	0183	23.6415	\$1,402.96	.	\$280.59
55250	T	.	Removal of sperm duct(s)	0183	23.6415	\$1,402.96	.	\$280.59
55300	N	.	Prepare, sperm duct x-ray	.	.	.	.	.
55400	T	.	Repair of sperm duct	0183	23.6415	\$1,402.96	.	\$280.59
55450	T	.	Ligation of sperm duct	0183	23.6415	\$1,402.96	.	\$280.59
55500	T	.	Removal of hydrocele	0183	23.6415	\$1,402.96	.	\$280.59
55520	T	.	Removal of sperm cord lesion	0183	23.6415	\$1,402.96	.	\$280.59
55530	T	.	Revise spermatic cord veins	0183	23.6415	\$1,402.96	.	\$280.59
55535	T	.	Revise spermatic cord veins	0154	28.7847	\$1,708.17	\$464.85	\$341.63
55540	T	.	Revise hernia & sperm veins	0154	28.7847	\$1,708.17	\$464.85	\$341.63
55550	T	.	Laparo ligate spermatic vein	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
55559	T	.	Laparo proc, spermatic cord	0130	31.9271	\$1,894.65	\$659.53	\$378.93
55600	T	.	Incise sperm duct pouch	0183	23.6415	\$1,402.96	.	\$280.59
55605	C	.	Incise sperm duct pouch	.	.	.	.	.
55650	C	.	Remove sperm duct pouch	.	.	.	.	.
55680	T	.	Remove sperm pouch lesion	0183	23.6415	\$1,402.96	.	\$280.59
55700	T	.	Biopsy of prostate	0184	4.3566	\$258.53	\$96.27	\$51.71
55705	T	.	Biopsy of prostate	0184	4.3566	\$258.53	\$96.27	\$51.71
55720	T	.	Drainage of prostate abscess	0162	23.3918	\$1,388.14	.	\$277.63
55725	T	.	Drainage of prostate abscess	0162	23.3918	\$1,388.14	.	\$277.63
55801	C	.	Removal of prostate	.	.	.	.	.
55810	C	.	Extensive prostate surgery	.	.	.	.	.
55812	C	.	Extensive prostate surgery	.	.	.	.	.
55815	C	.	Extensive prostate surgery	.	.	.	.	.
55821	C	.	Removal of prostate	.	.	.	.	.
55831	C	.	Removal of prostate	.	.	.	.	.
55840	C	.	Extensive prostate surgery	.	.	.	.	.
55842	C	.	Extensive prostate surgery	.	.	.	.	.
55845	C	.	Extensive prostate surgery	.	.	.	.	.
55859	T	.	Percut/needle insert, pros	0163	33.7354	\$2,001.96	.	\$400.39
55860	T	.	Surgical exposure, prostate	0165	16.6689	\$989.18	.	\$197.84
55862	C	.	Extensive prostate surgery	.	.	.	.	.
55865	C	.	Extensive prostate surgery	.	.	.	.	.
55866	C	.	Laparo radical prostatectomy	.	.	.	.	.
55870	T	.	Electroejaculation	0197	2.3572	\$139.88	.	\$27.98
55873	T	.	Cryoablate prostate	0674	95.7856	\$5,684.20	.	\$1,136.84
55899	T	.	Genital surgery procedure	0164	1.1855	\$70.35	\$17.29	\$14.07
55970	E	.	Sex transformation, M to F	.	.	.	.	.
55980	E	.	Sex transformation, F to M	.	.	.	.	.
56405	T	.	I & D of vulva/perineum	0189	2.371	\$140.70	.	\$28.14
56420	T	.	Drainage of gland abscess	0189	2.371	\$140.70	.	\$28.14
56440	T	.	Surgery for vulva lesion	0194	20.7525	\$1,231.52	\$397.84	\$246.30
56441	T	.	Lysis of labial lesion(s)	0193	14.5843	\$865.48	.	\$173.10
56501	T	.	Destroy, vulva lesions, sim	0017	18.4211	\$1,093.16	\$227.84	\$218.63
56515	T	.	Destroy vulva lesion/s compl	0695	20.3164	\$1,205.64	\$266.59	\$241.13
56605	T	.	Biopsy of vulva/perineum	0019	4.0547	\$240.62	\$71.87	\$48.12
56606	T	.	Biopsy of vulva/perineum	0019	4.0547	\$240.62	\$71.87	\$48.12

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
56620	T	.	Partial removal of vulva	0195	26.6791	\$1,583.22	\$483.80	\$316.64
56625	T	.	Complete removal of vulva	0195	26.6791	\$1,583.22	\$483.80	\$316.64
56630	C	.	Extensive vulva surgery	.	.	.	.	.
56631	C	.	Extensive vulva surgery	.	.	.	.	.
56632	C	.	Extensive vulva surgery	.	.	.	.	.
56633	C	.	Extensive vulva surgery	.	.	.	.	.
56634	C	.	Extensive vulva surgery	.	.	.	.	.
56637	C	.	Extensive vulva surgery	.	.	.	.	.
56640	C	.	Extensive vulva surgery	.	.	.	.	.
56700	T	.	Partial removal of hymen	0194	20.7525	\$1,231.52	\$397.84	\$246.30
56720	T	.	Incision of hymen	0193	14.5843	\$865.48	.	\$173.10
56740	T	.	Remove vagina gland lesion	0194	20.7525	\$1,231.52	\$397.84	\$246.30
56800	T	.	Repair of vagina	0194	20.7525	\$1,231.52	\$397.84	\$246.30
56805	T	.	Repair clitoris	0193	14.5843	\$865.48	.	\$173.10
56810	T	.	Repair of perineum	0194	20.7525	\$1,231.52	\$397.84	\$246.30
56820	T	.	Exam of vulva w/scope	0188	1.14	\$67.65	.	\$13.53
56821	T	.	Exam/biopsy of vulva w/scope	0189	2.371	\$140.70	.	\$28.14
57000	T	.	Exploration of vagina	0193	14.5843	\$865.48	.	\$173.10
57010	T	.	Drainage of pelvic abscess	0193	14.5843	\$865.48	.	\$173.10
57020	T	.	Drainage of pelvic fluid	0192	4.3082	\$255.66	.	\$51.13
57022	T	.	I & d vaginal hematoma, pp	0007	11.4501	\$679.48	.	\$135.90
57023	T	.	I & d vag hematoma, non-ob	0008	16.4989	\$979.09	.	\$195.82
57061	T	.	Destroy vag lesions, simple	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57065	T	.	Destroy vag lesions, complex	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57100	T	.	Biopsy of vagina	0192	4.3082	\$255.66	.	\$51.13
57105	T	.	Biopsy of vagina	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57106	T	.	Remove vagina wall, partial	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57107	T	.	Remove vagina tissue, part	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57109	T	.	Vaginectomy partial w/nodes	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57110	C	.	Remove vagina wall, complete	.	.	.	.	.
57111	C	.	Remove vagina tissue, compl	.	.	.	.	.
57112	C	.	Vaginectomy w/nodes, compl	.	.	.	.	.
57120	T	.	Closure of vagina	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57130	T	.	Remove vagina lesion	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57135	T	.	Remove vagina lesion	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57150	T	.	Treat vagina infection	0191	0.167	\$9.91	\$2.78	\$1.98
57155	T	.	Insert uteri tandems/ovoids	0192	4.3082	\$255.66	.	\$51.13
57160	T	.	Insert pessary/other device	0188	1.14	\$67.65	.	\$13.53
57170	T	.	Fitting of diaphragm/cap	0191	0.167	\$9.91	\$2.78	\$1.98
57180	T	.	Treat vaginal bleeding	0189	2.371	\$140.70	.	\$28.14
57200	T	.	Repair of vagina	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57210	T	.	Repair vagina/perineum	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57220	T	.	Revision of urethra	0202	40.3866	\$2,396.66	\$958.66	\$479.33
57230	T	.	Repair of urethral lesion	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57240	T	.	Repair bladder & vagina	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57250	T	.	Repair rectum & vagina	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57260	T	.	Repair of vagina	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57265	T	.	Extensive repair of vagina	0202	40.3866	\$2,396.66	\$958.66	\$479.33
57267	T	.	Insert mesh/pelvic flr addon	0154	28.7847	\$1,708.17	\$464.85	\$341.63
57268	T	.	Repair of bowel bulge	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57270	C	.	Repair of bowel pouch	.	.	.	.	.
57280	C	.	Suspension of vagina	.	.	.	.	.
57282	C	.	Repair of vaginal prolapse	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
57283	C	.	Colpopexy, intraperitoneal	.	.	.	.	.
57284	T	.	Repair paravaginal defect	0202	40.3866	\$2,396.66	\$958.66	\$479.33
57287	T	.	Revise/remove sling repair	0202	40.3866	\$2,396.66	\$958.66	\$479.33
57288	T	.	Repair bladder defect	0202	40.3866	\$2,396.66	\$958.66	\$479.33
57289	T	.	Repair bladder & vagina	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57291	T	.	Construction of vagina	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57292	C	.	Construct vagina with graft	.	.	.	.	.
57300	T	.	Repair rectum-vagina fistula	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57305	C	.	Repair rectum-vagina fistula	.	.	.	.	.
57307	C	.	Fistula repair & colostomy	.	.	.	.	.
57308	C	.	Fistula repair, transperine	.	.	.	.	.
57310	T	.	Repair urethrovaginal lesion	0202	40.3866	\$2,396.66	\$958.66	\$479.33
57311	C	.	Repair urethrovaginal lesion	.	.	.	.	.
57320	T	.	Repair bladder-vagina lesion	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57330	T	.	Repair bladder-vagina lesion	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57335	C	.	Repair vagina	.	.	.	.	.
57400	T	.	Dilation of vagina	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57410	T	.	Pelvic examination	0193	14.5843	\$865.48	.	\$173.10
57415	T	.	Remove vaginal foreign body	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57420	T	.	Exam of vagina w/scope	0189	2.371	\$140.70	.	\$28.14
57421	T	.	Exam/biopsy of vag w/scope	0189	2.371	\$140.70	.	\$28.14
57425	T	.	Laparoscopy, surg, colpopexy	0130	31.9271	\$1,894.65	\$659.53	\$378.93
57452	T	.	Examination of vagina	0189	2.371	\$140.70	.	\$28.14
57454	T	.	Vagina examination & biopsy	0189	2.371	\$140.70	.	\$28.14
57455	T	.	Biopsy of cervix w/scope	0189	2.371	\$140.70	.	\$28.14
57456	T	.	Endocerv curettage w/scope	0189	2.371	\$140.70	.	\$28.14
57460	T	.	Cervix excision	0193	14.5843	\$865.48	.	\$173.10
57461	T	.	Conz of cervix w/scope, leep	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57500	T	.	Biopsy of cervix	0192	4.3082	\$255.66	.	\$51.13
57505	T	.	Endocervical curettage	0189	2.371	\$140.70	.	\$28.14
57510	T	.	Cauterization of cervix	0193	14.5843	\$865.48	.	\$173.10
57511	T	.	Cryocautery of cervix	0189	2.371	\$140.70	.	\$28.14
57513	T	.	Laser surgery of cervix	0193	14.5843	\$865.48	.	\$173.10
57520	T	.	Conization of cervix	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57522	T	.	Conization of cervix	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57530	T	.	Removal of cervix	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57531	C	.	Removal of cervix, radical	.	.	.	.	.
57540	C	.	Removal of residual cervix	.	.	.	.	.
57545	C	.	Remove cervix/repair pelvis	.	.	.	.	.
57550	T	.	Removal of residual cervix	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57555	T	.	Remove cervix/repair vagina	0195	26.6791	\$1,583.22	\$483.80	\$316.64
57556	T	.	Remove cervix, repair bowel	0202	40.3866	\$2,396.66	\$958.66	\$479.33
57700	T	.	Revision of cervix	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57720	T	.	Revision of cervix	0194	20.7525	\$1,231.52	\$397.84	\$246.30
57800	T	.	Dilation of cervical canal	0193	14.5843	\$865.48	.	\$173.10
57820	T	.	D & c of residual cervix	0196	17.0974	\$1,014.61	\$338.23	\$202.92
58100	T	.	Biopsy of uterus lining	0188	1.14	\$67.65	.	\$13.53
58120	T	.	Dilation and curettage	0196	17.0974	\$1,014.61	\$338.23	\$202.92
58140	C	.	Removal of uterus lesion	.	.	.	.	.
58145	T	.	Myomectomy vag method	0195	26.6791	\$1,583.22	\$483.80	\$316.64
58146	C	.	Myomectomy abdom complex	.	.	.	.	.
58150	C	.	Total hysterectomy	.	.	.	.	.
58152	C	.	Total hysterectomy	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
58180	C	.	Partial hysterectomy	.	.	.	.	.
58200	C	.	Extensive hysterectomy	.	.	.	.	.
58210	C	.	Extensive hysterectomy	.	.	.	.	.
58240	C	.	Removal of pelvis contents	.	.	.	.	.
58260	C	.	Vaginal hysterectomy	.	.	.	.	.
58262	C	.	Vag hyst including t/o	.	.	.	.	.
58263	C	.	Vag hyst w/t/o & vag repair	.	.	.	.	.
58267	C	.	Vag hyst w/urinary repair	.	.	.	.	.
58270	C	.	Vag hyst w/enterocele repair	.	.	.	.	.
58275	C	.	Hysterectomy/revise vagina	.	.	.	.	.
58280	C	.	Hysterectomy/revise vagina	.	.	.	.	.
58285	C	.	Extensive hysterectomy	.	.	.	.	.
58290	C	.	Vag hyst complex	.	.	.	.	.
58291	C	.	Vag hyst incl t/o, complex	.	.	.	.	.
58292	C	.	Vag hyst t/o & repair, compl	.	.	.	.	.
58293	C	.	Vag hyst w/uro repair, compl	.	.	.	.	.
58294	C	.	Vag hyst w/enterocele, compl	.	.	.	.	.
58300	E	.	Insert intrauterine device	.	.	.	.	.
58301	T	.	Remove intrauterine device	0189	2.371	\$140.70	.	\$28.14
58321	T	.	Artificial insemination	0197	2.3572	\$139.88	.	\$27.98
58322	T	.	Artificial insemination	0197	2.3572	\$139.88	.	\$27.98
58323	T	.	Sperm washing	0197	2.3572	\$139.88	.	\$27.98
58340	N	.	Catheter for hysteroigraphy	.	.	.	.	.
58345	T	.	Reopen fallopian tube	0193	14.5843	\$865.48	.	\$173.10
58346	T	.	Insert heyman uteri capsule	0193	14.5843	\$865.48	.	\$173.10
58350	T	.	Reopen fallopian tube	0195	26.6791	\$1,583.22	\$483.80	\$316.64
58353	T	.	Endometr ablate, thermal	0195	26.6791	\$1,583.22	\$483.80	\$316.64
58356	T	.	Endometrial cryoablation	0202	40.3866	\$2,396.66	\$958.66	\$479.33
58400	C	.	Suspension of uterus	.	.	.	.	.
58410	C	.	Suspension of uterus	.	.	.	.	.
58520	C	.	Repair of ruptured uterus	.	.	.	.	.
58540	C	.	Revision of uterus	.	.	.	.	.
58545	T	.	Laparoscopic myomectomy	0130	31.9271	\$1,894.65	\$659.53	\$378.93
58546	T	.	Laparo-myomectomy, complex	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58550	T	.	Laparo-asst vag hysterectomy	0132	62.9914	\$3,738.10	\$1,239.22	\$747.62
58552	T	.	Laparo-vag hyst incl t/o	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58553	T	.	Laparo-vag hyst, complex	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58554	T	.	Laparo-vag hyst w/t/o, compl	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58555	T	.	Hysteroscopy, dx, sep proc	0190	21.0653	\$1,250.08	\$424.28	\$250.02
58558	T	.	Hysteroscopy, biopsy	0190	21.0653	\$1,250.08	\$424.28	\$250.02
58559	T	.	Hysteroscopy, lysis	0190	21.0653	\$1,250.08	\$424.28	\$250.02
58560	T	.	Hysteroscopy, resect septum	0387	32.5445	\$1,931.29	\$655.55	\$386.26
58561	T	.	Hysteroscopy, remove myoma	0387	32.5445	\$1,931.29	\$655.55	\$386.26
58562	T	.	Hysteroscopy, remove fb	0190	21.0653	\$1,250.08	\$424.28	\$250.02
58563	T	.	Hysteroscopy, ablation	0387	32.5445	\$1,931.29	\$655.55	\$386.26
58565	T	.	Hysteroscopy, sterilization	0202	40.3866	\$2,396.66	\$958.66	\$479.33
58578	T	.	Laparo proc, uterus	0130	31.9271	\$1,894.65	\$659.53	\$378.93
58579	T	.	Hysteroscope procedure	0190	21.0653	\$1,250.08	\$424.28	\$250.02
58600	T	.	Division of fallopian tube	0195	26.6791	\$1,583.22	\$483.80	\$316.64
58605	C	.	Division of fallopian tube	.	.	.	.	.
58611	C	.	Ligate oviduct(s) add-on	.	.	.	.	.
58615	T	.	Occlude fallopian tube(s)	0194	20.7525	\$1,231.52	\$397.84	\$246.30
58660	T	.	Laparoscopy, lysis	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
58661	T	.	Laparoscopy, remove adnexa	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58662	T	.	Laparoscopy, excise lesions	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58670	T	.	Laparoscopy, tubal cautery	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58671	T	.	Laparoscopy, tubal block	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58672	T	.	Laparoscopy, fimbrioplasty	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58673	T	.	Laparoscopy, salpingostomy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
58679	T	.	Laparo proc, oviduct-ovary	0130	31.9271	\$1,894.65	\$659.53	\$378.93
58700	C	.	Removal of fallopian tube	.	.	.	.	.
58720	C	.	Removal of ovary/tube(s)	.	.	.	.	.
58740	C	.	Revise fallopian tube(s)	.	.	.	.	.
58750	C	.	Repair oviduct	.	.	.	.	.
58752	C	.	Revise ovarian tube(s)	.	.	.	.	.
58760	C	.	Remove tubal obstruction	.	.	.	.	.
58770	T	.	Create new tubal opening	0195	26.6791	\$1,583.22	\$483.80	\$316.64
58800	T	.	Drainage of ovarian cyst(s)	0193	14.5843	\$865.48	.	\$173.10
58805	C	.	Drainage of ovarian cyst(s)	.	.	.	.	.
58820	T	.	Drain ovary abscess, open	0195	26.6791	\$1,583.22	\$483.80	\$316.64
58822	C	.	Drain ovary abscess, percut	.	.	.	.	.
58823	T	.	Drain pelvic abscess, percut	0193	14.5843	\$865.48	.	\$173.10
58825	C	.	Transposition, ovary(s)	.	.	.	.	.
58900	T	.	Biopsy of ovary(s)	0193	14.5843	\$865.48	.	\$173.10
58920	T	.	Partial removal of ovary(s)	0195	26.6791	\$1,583.22	\$483.80	\$316.64
58925	T	.	Removal of ovarian cyst(s)	0195	26.6791	\$1,583.22	\$483.80	\$316.64
58940	C	.	Removal of ovary(s)	.	.	.	.	.
58943	C	.	Removal of ovary(s)	.	.	.	.	.
58950	C	.	Resect ovarian malignancy	.	.	.	.	.
58951	C	.	Resect ovarian malignancy	.	.	.	.	.
58952	C	.	Resect ovarian malignancy	.	.	.	.	.
58953	C	.	Tah, rad dissect for debulk	.	.	.	.	.
58954	C	.	Tah rad debulk/lymph remove	.	.	.	.	.
58956	C	.	Bso, omentectomy w/tah	.	.	.	.	.
58960	C	.	Exploration of abdomen	.	.	.	.	.
58970	T	.	Retrieval of oocyte	0197	2.3572	\$139.88	.	\$27.98
58974	T	.	Transfer of embryo	0197	2.3572	\$139.88	.	\$27.98
58976	T	.	Transfer of embryo	0197	2.3572	\$139.88	.	\$27.98
58999	T	.	Genital surgery procedure	0191	0.167	\$9.91	\$2.78	\$1.98
59000	T	.	Amniocentesis, diagnostic	0198	1.3683	\$81.20	\$32.19	\$16.24
59001	T	.	Amniocentesis, therapeutic	0192	4.3082	\$255.66	.	\$51.13
59012	T	.	Fetal cord puncture, prenatal	0198	1.3683	\$81.20	\$32.19	\$16.24
59015	T	.	Chorion biopsy	0198	1.3683	\$81.20	\$32.19	\$16.24
59020	T	.	Fetal contract stress test	0192	4.3082	\$255.66	.	\$51.13
59025	T	.	Fetal non-stress test	0198	1.3683	\$81.20	\$32.19	\$16.24
59030	T	.	Fetal scalp blood sample	0198	1.3683	\$81.20	\$32.19	\$16.24
59050	E	.	Fetal monitor w/report	.	.	.	.	.
59051	B	.	Fetal monitor/interpret only	.	.	.	.	.
59070	T	.	Transabdom amniocinfus w/ us	0198	1.3683	\$81.20	\$32.19	\$16.24
59072	T	.	Umbilical cord occlud w/ us	0198	1.3683	\$81.20	\$32.19	\$16.24
59074	T	.	Fetal fluid drainage w/ us	0198	1.3683	\$81.20	\$32.19	\$16.24
59076	T	.	Fetal shunt placement, w/ us	0198	1.3683	\$81.20	\$32.19	\$16.24
59100	T	.	Remove uterus lesion	0195	26.6791	\$1,583.22	\$483.80	\$316.64
59120	C	.	Treat ectopic pregnancy	.	.	.	.	.
59121	C	.	Treat ectopic pregnancy	.	.	.	.	.
59130	C	.	Treat ectopic pregnancy	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
59135	C	.	Treat ectopic pregnancy	.	.	.	.	.
59136	C	.	Treat ectopic pregnancy	.	.	.	.	.
59140	C	.	Treat ectopic pregnancy	.	.	.	.	.
59150	T	.	Treat ectopic pregnancy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
59151	T	.	Treat ectopic pregnancy	0131	43.3389	\$2,571.86	\$1,001.89	\$514.37
59160	T	.	D & c after delivery	0196	17.0974	\$1,014.61	\$338.23	\$202.92
59200	T	.	Insert cervical dilator	0189	2.371	\$140.70	.	\$28.14
59300	T	.	Episiotomy or vaginal repair	0193	14.5843	\$865.48	.	\$173.10
59320	T	.	Revision of cervix	0194	20.7525	\$1,231.52	\$397.84	\$246.30
59325	C	.	Revision of cervix	.	.	.	.	.
59350	C	.	Repair of uterus	.	.	.	.	.
59400	B	.	Obstetrical care	.	.	.	.	.
59409	T	.	Obstetrical care	0194	20.7525	\$1,231.52	\$397.84	\$246.30
59410	B	.	Obstetrical care	.	.	.	.	.
59412	T	.	Antepartum manipulation	0700	5.3614	\$318.16	.	\$63.63
59414	T	.	Deliver placenta	0193	14.5843	\$865.48	.	\$173.10
59425	B	.	Antepartum care only	.	.	.	.	.
59426	B	.	Antepartum care only	.	.	.	.	.
59430	B	.	Care after delivery	.	.	.	.	.
59510	E	.	Cesarean delivery	.	.	.	.	.
59514	C	.	Cesarean delivery only	.	.	.	.	.
59515	E	.	Cesarean delivery	.	.	.	.	.
59525	C	.	Remove uterus after cesarean	.	.	.	.	.
59610	E	.	Vbac delivery	.	.	.	.	.
59612	T	.	Vbac delivery only	0194	20.7525	\$1,231.52	\$397.84	\$246.30
59614	E	.	Vbac care after delivery	.	.	.	.	.
59618	E	.	Attempted vbac delivery	.	.	.	.	.
59620	C	.	Attempted vbac delivery only	.	.	.	.	.
59622	E	.	Attempted vbac after care	.	.	.	.	.
59812	T	.	Treatment of miscarriage	0201	17.6047	\$1,044.72	\$329.65	\$208.94
59820	T	.	Care of miscarriage	0201	17.6047	\$1,044.72	\$329.65	\$208.94
59821	T	.	Treatment of miscarriage	0201	17.6047	\$1,044.72	\$329.65	\$208.94
59830	C	.	Treat uterus infection	.	.	.	.	.
59840	T	.	Abortion	0200	17.8728	\$1,060.63	\$263.69	\$212.13
59841	T	.	Abortion	0200	17.8728	\$1,060.63	\$263.69	\$212.13
59850	C	.	Abortion	.	.	.	.	.
59851	C	.	Abortion	.	.	.	.	.
59852	C	.	Abortion	.	.	.	.	.
59855	C	.	Abortion	.	.	.	.	.
59856	C	.	Abortion	.	.	.	.	.
59857	C	.	Abortion	.	.	.	.	.
59866	T	.	Abortion (mpr)	0198	1.3683	\$81.20	\$32.19	\$16.24
59870	T	.	Evacuate mole of uterus	0201	17.6047	\$1,044.72	\$329.65	\$208.94
59871	T	.	Remove cerclage suture	0194	20.7525	\$1,231.52	\$397.84	\$246.30
59897	T	.	Fetal invas px w/ us	0198	1.3683	\$81.20	\$32.19	\$16.24
59898	T	.	Laparo proc, ob care/deliver	0130	31.9271	\$1,894.65	\$659.53	\$378.93
59899	T	.	Maternity care procedure	0198	1.3683	\$81.20	\$32.19	\$16.24
60000	T	.	Drain thyroid/tongue cyst	0252	7.8673	\$466.87	\$113.41	\$93.37
60001	T	.	Aspirate/inject thyriod cyst	0004	1.7646	\$104.72	\$22.36	\$20.94
60100	T	.	Biopsy of thyroid	0004	1.7646	\$104.72	\$22.36	\$20.94
60200	T	.	Remove thyroid lesion	0114	40.7652	\$2,419.13	\$485.91	\$483.83
60210	T	.	Partial thyroid excision	0114	40.7652	\$2,419.13	\$485.91	\$483.83
60212	T	.	Partial thyroid excision	0114	40.7652	\$2,419.13	\$485.91	\$483.83

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
60220	T	.	Partial removal of thyroid	0114	40.7652	\$2,419.13	\$485.91	\$483.83
60225	T	.	Partial removal of thyroid	0114	40.7652	\$2,419.13	\$485.91	\$483.83
60240	T	.	Removal of thyroid	0114	40.7652	\$2,419.13	\$485.91	\$483.83
60252	T	.	Removal of thyroid	0256	37.3204	\$2,214.70	.	\$442.94
60254	C	.	Extensive thyroid surgery	.	.	.	.	.
60260	T	.	Repeat thyroid surgery	0256	37.3204	\$2,214.70	.	\$442.94
60270	C	.	Removal of thyroid	.	.	.	.	.
60271	C	.	Removal of thyroid	.	.	.	.	.
60280	T	.	Remove thyroid duct lesion	0114	40.7652	\$2,419.13	\$485.91	\$483.83
60281	T	.	Remove thyroid duct lesion	0114	40.7652	\$2,419.13	\$485.91	\$483.83
60500	T	.	Explore parathyroid glands	0256	37.3204	\$2,214.70	.	\$442.94
60502	C	.	Re-explore parathyroids	.	.	.	.	.
60505	C	.	Explore parathyroid glands	.	.	.	.	.
60512	T	.	Autotransplant parathyroid	0022	19.6472	\$1,165.92	\$354.45	\$233.18
60520	C	.	Removal of thymus gland	.	.	.	.	.
60521	C	.	Removal of thymus gland	.	.	.	.	.
60522	C	.	Removal of thymus gland	.	.	.	.	.
60540	C	.	Explore adrenal gland	.	.	.	.	.
60545	C	.	Explore adrenal gland	.	.	.	.	.
60600	C	.	Remove carotid body lesion	.	.	.	.	.
60605	C	.	Remove carotid body lesion	.	.	.	.	.
60650	C	.	Laparoscopy adrenalectomy	.	.	.	.	.
60659	T	.	Laparo proc, endocrine	0130	31.9271	\$1,894.65	\$659.53	\$378.93
60699	T	.	Endocrine surgery procedure	0114	40.7652	\$2,419.13	\$485.91	\$483.83
61000	T	.	Remove cranial cavity fluid	0212	2.974	\$176.49	\$70.59	\$35.30
61001	T	.	Remove cranial cavity fluid	0212	2.974	\$176.49	\$70.59	\$35.30
61020	T	.	Remove brain cavity fluid	0212	2.974	\$176.49	\$70.59	\$35.30
61026	T	.	Injection into brain canal	0212	2.974	\$176.49	\$70.59	\$35.30
61050	T	.	Remove brain canal fluid	0212	2.974	\$176.49	\$70.59	\$35.30
61055	T	.	Injection into brain canal	0212	2.974	\$176.49	\$70.59	\$35.30
61070	T	.	Brain canal shunt procedure	0212	2.974	\$176.49	\$70.59	\$35.30
61105	C	.	Twist drill hole	.	.	.	.	.
61107	C	.	Drill skull for implantation	.	.	.	.	.
61108	C	.	Drill skull for drainage	.	.	.	.	.
61120	C	.	Burr hole for puncture	.	.	.	.	.
61140	C	.	Pierce skull for biopsy	.	.	.	.	.
61150	C	.	Pierce skull for drainage	.	.	.	.	.
61151	C	.	Pierce skull for drainage	.	.	.	.	.
61154	C	.	Pierce skull & remove clot	.	.	.	.	.
61156	C	.	Pierce skull for drainage	.	.	.	.	.
61210	C	.	Pierce skull, implant device	.	.	.	.	.
61215	T	.	Insert brain-fluid device	0224	40.6455	\$2,412.03	.	\$482.41
61250	C	.	Pierce skull & explore	.	.	.	.	.
61253	C	.	Pierce skull & explore	.	.	.	.	.
61304	C	.	Open skull for exploration	.	.	.	.	.
61305	C	.	Open skull for exploration	.	.	.	.	.
61312	C	.	Open skull for drainage	.	.	.	.	.
61313	C	.	Open skull for drainage	.	.	.	.	.
61314	C	.	Open skull for drainage	.	.	.	.	.
61315	C	.	Open skull for drainage	.	.	.	.	.
61316	C	.	Implt cran bone flap to abdo	.	.	.	.	.
61320	C	.	Open skull for drainage	.	.	.	.	.
61321	C	.	Open skull for drainage	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
61322	C	.	Decompressive craniotomy	.	.	.	.	.
61323	C	.	Decompressive lobectomy	.	.	.	.	.
61330	T	.	Decompress eye socket	0256	37.3204	\$2,214.70	.	\$442.94
61332	C	.	Explore/biopsy eye socket	.	.	.	.	.
61333	C	.	Explore orbit/remove lesion	.	.	.	.	.
61334	T	.	Explore orbit/remove object	0256	37.3204	\$2,214.70	.	\$442.94
61340	C	.	Relieve cranial pressure	.	.	.	.	.
61343	C	.	Incise skull (press relief)	.	.	.	.	.
61345	C	.	Relieve cranial pressure	.	.	.	.	.
61440	C	.	Incise skull for surgery	.	.	.	.	.
61450	C	.	Incise skull for surgery	.	.	.	.	.
61458	C	.	Incise skull for brain wound	.	.	.	.	.
61460	C	.	Incise skull for surgery	.	.	.	.	.
61470	C	.	Incise skull for surgery	.	.	.	.	.
61480	C	.	Incise skull for surgery	.	.	.	.	.
61490	C	.	Incise skull for surgery	.	.	.	.	.
61500	C	.	Removal of skull lesion	.	.	.	.	.
61501	C	.	Remove infected skull bone	.	.	.	.	.
61510	C	.	Removal of brain lesion	.	.	.	.	.
61512	C	.	Remove brain lining lesion	.	.	.	.	.
61514	C	.	Removal of brain abscess	.	.	.	.	.
61516	C	.	Removal of brain lesion	.	.	.	.	.
61517	C	.	Implt brain chemotx add-on	.	.	.	.	.
61518	C	.	Removal of brain lesion	.	.	.	.	.
61519	C	.	Remove brain lining lesion	.	.	.	.	.
61520	C	.	Removal of brain lesion	.	.	.	.	.
61521	C	.	Removal of brain lesion	.	.	.	.	.
61522	C	.	Removal of brain abscess	.	.	.	.	.
61524	C	.	Removal of brain lesion	.	.	.	.	.
61526	C	.	Removal of brain lesion	.	.	.	.	.
61530	C	.	Removal of brain lesion	.	.	.	.	.
61531	C	.	Implant brain electrodes	.	.	.	.	.
61533	C	.	Implant brain electrodes	.	.	.	.	.
61534	C	.	Removal of brain lesion	.	.	.	.	.
61535	C	.	Remove brain electrodes	.	.	.	.	.
61536	C	.	Removal of brain lesion	.	.	.	.	.
61537	C	.	Removal of brain tissue	.	.	.	.	.
61538	C	.	Removal of brain tissue	.	.	.	.	.
61539	C	.	Removal of brain tissue	.	.	.	.	.
61540	C	.	Removal of brain tissue	.	.	.	.	.
61541	C	.	Incision of brain tissue	.	.	.	.	.
61542	C	.	Removal of brain tissue	.	.	.	.	.
61543	C	.	Removal of brain tissue	.	.	.	.	.
61544	C	.	Remove & treat brain lesion	.	.	.	.	.
61545	C	.	Excision of brain tumor	.	.	.	.	.
61546	C	.	Removal of pituitary gland	.	.	.	.	.
61548	C	.	Removal of pituitary gland	.	.	.	.	.
61550	C	.	Release of skull seams	.	.	.	.	.
61552	C	.	Release of skull seams	.	.	.	.	.
61556	C	.	Incise skull/sutures	.	.	.	.	.
61557	C	.	Incise skull/sutures	.	.	.	.	.
61558	C	.	Excision of skull/sutures	.	.	.	.	.
61559	C	.	Excision of skull/sutures	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
61563	C	.	Excision of skull tumor	.	.	.	.	.
61564	C	.	Excision of skull tumor	.	.	.	.	.
61566	C	.	Removal of brain tissue	.	.	.	.	.
61567	C	.	Incision of brain tissue	.	.	.	.	.
61570	C	.	Remove foreign body, brain	.	.	.	.	.
61571	C	.	Incise skull for brain wound	.	.	.	.	.
61575	C	.	Skull base/brainstem surgery	.	.	.	.	.
61576	C	.	Skull base/brainstem surgery	.	.	.	.	.
61580	C	.	Craniofacial approach, skull	.	.	.	.	.
61581	C	.	Craniofacial approach, skull	.	.	.	.	.
61582	C	.	Craniofacial approach, skull	.	.	.	.	.
61583	C	.	Craniofacial approach, skull	.	.	.	.	.
61584	C	.	Orbitocranial approach/skull	.	.	.	.	.
61585	C	.	Orbitocranial approach/skull	.	.	.	.	.
61586	C	.	Resect nasopharynx, skull	.	.	.	.	.
61590	C	.	Infratemporal approach/skull	.	.	.	.	.
61591	C	.	Infratemporal approach/skull	.	.	.	.	.
61592	C	.	Orbitocranial approach/skull	.	.	.	.	.
61595	C	.	Transtemporal approach/skull	.	.	.	.	.
61596	C	.	Transcochlear approach/skull	.	.	.	.	.
61597	C	.	Transcondylar approach/skull	.	.	.	.	.
61598	C	.	Transpetrosal approach/skull	.	.	.	.	.
61600	C	.	Resect/excise cranial lesion	.	.	.	.	.
61601	C	.	Resect/excise cranial lesion	.	.	.	.	.
61605	C	.	Resect/excise cranial lesion	.	.	.	.	.
61606	C	.	Resect/excise cranial lesion	.	.	.	.	.
61607	C	.	Resect/excise cranial lesion	.	.	.	.	.
61608	C	.	Resect/excise cranial lesion	.	.	.	.	.
61609	C	.	Transect artery, sinus	.	.	.	.	.
61610	C	.	Transect artery, sinus	.	.	.	.	.
61611	C	.	Transect artery, sinus	.	.	.	.	.
61612	C	.	Transect artery, sinus	.	.	.	.	.
61613	C	.	Remove aneurysm, sinus	.	.	.	.	.
61615	C	.	Resect/excise lesion, skull	.	.	.	.	.
61616	C	.	Resect/excise lesion, skull	.	.	.	.	.
61618	C	.	Repair dura	.	.	.	.	.
61619	C	.	Repair dura	.	.	.	.	.
61623	T	.	Endovasc tempory vessel occl	0081	34.4473	\$2,044.21	.	\$408.84
61624	C	.	Occlusion/embolization cath	.	.	.	.	.
61626	T	.	Transcath occlusion, non-cns	0081	34.4473	\$2,044.21	.	\$408.84
61680	C	.	Intracranial vessel surgery	.	.	.	.	.
61682	C	.	Intracranial vessel surgery	.	.	.	.	.
61684	C	.	Intracranial vessel surgery	.	.	.	.	.
61686	C	.	Intracranial vessel surgery	.	.	.	.	.
61690	C	.	Intracranial vessel surgery	.	.	.	.	.
61692	C	.	Intracranial vessel surgery	.	.	.	.	.
61697	C	.	Brain aneurysm repr, complx	.	.	.	.	.
61698	C	.	Brain aneurysm repr, complx	.	.	.	.	.
61700	C	.	Brain aneurysm repr, simple	.	.	.	.	.
61702	C	.	Inner skull vessel surgery	.	.	.	.	.
61703	C	.	Clamp neck artery	.	.	.	.	.
61705	C	.	Revise circulation to head	.	.	.	.	.
61708	C	.	Revise circulation to head	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
61710	C	.	Revise circulation to head	.	.	.	.	.
61711	C	.	Fusion of skull arteries	.	.	.	.	.
61720	C	.	Incise skull/brain surgery	.	.	.	.	.
61735	C	.	Incise skull/brain surgery	.	.	.	.	.
61750	C	.	Incise skull/brain biopsy	.	.	.	.	.
61751	C	.	Brain biopsy w/ ct/mr guide	.	.	.	.	.
61760	C	.	Implant brain electrodes	.	.	.	.	.
61770	C	.	Incise skull for treatment	.	.	.	.	.
61790	T	.	Treat trigeminal nerve	0220	17.3586	\$1,030.11	.	\$206.02
61791	T	.	Treat trigeminal tract	0206	5.492	\$325.91	\$75.55	\$65.18
61793	E	.	Focus radiation beam	.	.	.	.	.
61795	S	.	Brain surgery using computer	0302	4.6145	\$273.84	\$103.74	\$54.77
61850	C	.	Implant neuroelectrodes	.	.	.	.	.
61860	C	.	Implant neuroelectrodes	.	.	.	.	.
61863	C	.	Implant neuroelectrode	.	.	.	.	.
61864	C	.	Implant neuroelectrde, addfl	.	.	.	.	.
61867	C	.	Implant neuroelectrode	.	.	.	.	.
61868	C	.	Implant neuroelectrde, addfl	.	.	.	.	.
61870	C	.	Implant neuroelectrodes	.	.	.	.	.
61875	C	.	Implant neuroelectrodes	.	.	.	.	.
61880	T	.	Revise/remove neuroelectrode	0687	19.2347	\$1,141.44	\$456.57	\$228.29
61885	S	.	Implant neurostim one array	0039	181.4	\$10,764.82	.	\$2,152.96
61886	T	.	Implant neurostim arrays	0315	290.647	\$17,247.86	.	\$3,449.57
61888	T	.	Revise/remove neuroreceiver	0688	43.0444	\$2,554.38	\$1,021.75	\$510.88
62000	C	.	Treat skull fracture	.	.	.	.	.
62005	C	.	Treat skull fracture	.	.	.	.	.
62010	C	.	Treatment of head injury	.	.	.	.	.
62100	C	.	Repair brain fluid leakage	.	.	.	.	.
62115	C	.	Reduction of skull defect	.	.	.	.	.
62116	C	.	Reduction of skull defect	.	.	.	.	.
62117	C	.	Reduction of skull defect	.	.	.	.	.
62120	C	.	Repair skull cavity lesion	.	.	.	.	.
62121	C	.	Incise skull repair	.	.	.	.	.
62140	C	.	Repair of skull defect	.	.	.	.	.
62141	C	.	Repair of skull defect	.	.	.	.	.
62142	C	.	Remove skull plate/flap	.	.	.	.	.
62143	C	.	Replace skull plate/flap	.	.	.	.	.
62145	C	.	Repair of skull & brain	.	.	.	.	.
62146	C	.	Repair of skull with graft	.	.	.	.	.
62147	C	.	Repair of skull with graft	.	.	.	.	.
62148	C	.	Retr bone flap to fix skull	.	.	.	.	.
62160	T	.	Neuroendoscopy add-on	0122	6.9721	\$413.75	\$84.85	\$82.75
62161	C	.	Dissect brain w/scope	.	.	.	.	.
62162	C	.	Remove colloid cyst w/scope	.	.	.	.	.
62163	C	.	Neuroendoscopy w/fb removal	.	.	.	.	.
62164	C	.	Remove brain tumor w/scope	.	.	.	.	.
62165	C	.	Remove pituit tumor w/scope	.	.	.	.	.
62180	C	.	Establish brain cavity shunt	.	.	.	.	.
62190	C	.	Establish brain cavity shunt	.	.	.	.	.
62192	C	.	Establish brain cavity shunt	.	.	.	.	.
62194	T	.	Replace/irrigate catheter	0427	10.1977	\$605.16	\$124.11	\$121.03
62200	C	.	Establish brain cavity shunt	.	.	.	.	.
62201	C	.	Establish brain cavity shunt	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
62220	C	.	Establish brain cavity shunt	.	.	.	.	.
62223	C	.	Establish brain cavity shunt	.	.	.	.	.
62225	T	.	Replace/irrigate catheter	0427	10.1977	\$605.16	\$124.11	\$121.03
62230	T	.	Replace/revise brain shunt	0224	40.6455	\$2,412.03	.	\$482.41
62252	S	.	Csf shunt reprogram	0691	2.5252	\$149.85	\$59.94	\$29.97
62256	C	.	Remove brain cavity shunt	.	.	.	.	.
62258	C	.	Replace brain cavity shunt	.	.	.	.	.
62263	T	.	Lysis epidural adhesions	0203	10.4015	\$617.26	\$246.90	\$123.45
62264	T	.	Epidural lysis on single day	0203	10.4015	\$617.26	\$246.90	\$123.45
62268	T	.	Drain spinal cord cyst	0212	2.974	\$176.49	\$70.59	\$35.30
62269	T	.	Needle biopsy, spinal cord	0685	6.0174	\$357.09	\$115.47	\$71.42
62270	T	.	Spinal fluid tap, diagnostic	0204	2.191	\$130.02	\$40.13	\$26.00
62272	T	.	Drain cerebro spinal fluid	0204	2.191	\$130.02	\$40.13	\$26.00
62273	T	.	Treat epidural spine lesion	0206	5.492	\$325.91	\$75.55	\$65.18
62280	T	.	Treat spinal cord lesion	0207	6.0109	\$356.70	\$86.92	\$71.34
62281	T	.	Treat spinal cord lesion	0207	6.0109	\$356.70	\$86.92	\$71.34
62282	T	.	Treat spinal canal lesion	0207	6.0109	\$356.70	\$86.92	\$71.34
62284	N	.	Injection for myelogram	.	.	.	.	.
62287	T	.	Percutaneous diskectomy	0221	29.9209	\$1,775.60	\$463.62	\$355.12
62290	N	.	Inject for spine disk x-ray	.	.	.	.	.
62291	N	.	Inject for spine disk x-ray	.	.	.	.	.
62292	T	.	Injection into disk lesion	0212	2.974	\$176.49	\$70.59	\$35.30
62294	T	.	Injection into spinal artery	0212	2.974	\$176.49	\$70.59	\$35.30
62310	T	.	Inject spine c/t	0207	6.0109	\$356.70	\$86.92	\$71.34
62311	T	.	Inject spine l/s (cd)	0207	6.0109	\$356.70	\$86.92	\$71.34
62318	T	.	Inject spine w/cath, c/t	0207	6.0109	\$356.70	\$86.92	\$71.34
62319	T	.	Inject spine w/cath l/s (cd)	0207	6.0109	\$356.70	\$86.92	\$71.34
62350	T	.	Implant spinal canal cath	0223	28.123	\$1,668.90	.	\$333.78
62351	T	.	Implant spinal canal cath	0208	42.3409	\$2,512.64	.	\$502.53
62355	T	.	Remove spinal canal catheter	0203	10.4015	\$617.26	\$246.90	\$123.45
62360	T	.	Insert spine infusion device	0226	138.8695	\$8,240.93	.	\$1,648.19
62361	T	.	Implant spine infusion pump	0227	136.4922	\$8,099.86	.	\$1,619.97
62362	T	.	Implant spine infusion pump	0227	136.4922	\$8,099.86	.	\$1,619.97
62365	T	.	Remove spine infusion device	0221	29.9209	\$1,775.60	\$463.62	\$355.12
62367	S	.	Analyze spine infusion pump	0691	2.5252	\$149.85	\$59.94	\$29.97
62368	S	.	Analyze spine infusion pump	0691	2.5252	\$149.85	\$59.94	\$29.97
63001	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63003	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63005	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63011	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63012	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63015	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63016	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63017	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63020	T	.	Neck spine disk surgery	0208	42.3409	\$2,512.64	.	\$502.53
63030	T	.	Low back disk surgery	0208	42.3409	\$2,512.64	.	\$502.53
63035	T	.	Spinal disk surgery add-on	0208	42.3409	\$2,512.64	.	\$502.53
63040	T	.	Laminotomy, single cervical	0208	42.3409	\$2,512.64	.	\$502.53
63042	T	.	Laminotomy, single lumbar	0208	42.3409	\$2,512.64	.	\$502.53
63043	C	.	Laminotomy, add'l cervical	.	.	.	.	.
63044	C	.	Laminotomy, add'l lumbar	.	.	.	.	.
63045	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63046	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
63047	T	.	Removal of spinal lamina	0208	42.3409	\$2,512.64	.	\$502.53
63048	T	.	Remove spinal lamina add-on	0208	42.3409	\$2,512.64	.	\$502.53
63050	C	.	Cervical laminoplasty	.	.	.	.	.
63051	C	.	C-laminoplasty w/graft/plate	.	.	.	.	.
63055	T	.	Decompress spinal cord	0208	42.3409	\$2,512.64	.	\$502.53
63056	T	.	Decompress spinal cord	0208	42.3409	\$2,512.64	.	\$502.53
63057	T	.	Decompress spine cord add-on	0208	42.3409	\$2,512.64	.	\$502.53
63064	T	.	Decompress spinal cord	0208	42.3409	\$2,512.64	.	\$502.53
63066	T	.	Decompress spine cord add-on	0208	42.3409	\$2,512.64	.	\$502.53
63075	C	.	Neck spine disk surgery	.	.	.	.	.
63076	C	.	Neck spine disk surgery	.	.	.	.	.
63077	C	.	Spine disk surgery, thorax	.	.	.	.	.
63078	C	.	Spine disk surgery, thorax	.	.	.	.	.
63081	C	.	Removal of vertebral body	.	.	.	.	.
63082	C	.	Remove vertebral body add-on	.	.	.	.	.
63085	C	.	Removal of vertebral body	.	.	.	.	.
63086	C	.	Remove vertebral body add-on	.	.	.	.	.
63087	C	.	Removal of vertebral body	.	.	.	.	.
63088	C	.	Remove vertebral body add-on	.	.	.	.	.
63090	C	.	Removal of vertebral body	.	.	.	.	.
63091	C	.	Remove vertebral body add-on	.	.	.	.	.
63101	C	.	Removal of vertebral body	.	.	.	.	.
63102	C	.	Remove vertebral body add-on	.	.	.	.	.
63103	C	.	Remove vertebral body add-on	.	.	.	.	.
63170	C	.	Incise spinal cord tract(s)	.	.	.	.	.
63172	C	.	Drainage of spinal cyst	.	.	.	.	.
63173	C	.	Drainage of spinal cyst	.	.	.	.	.
63180	C	.	Revise spinal cord ligaments	.	.	.	.	.
63182	C	.	Revise spinal cord ligaments	.	.	.	.	.
63185	C	.	Incise spinal column/nerves	.	.	.	.	.
63190	C	.	Incise spinal column/nerves	.	.	.	.	.
63191	C	.	Incise spinal column/nerves	.	.	.	.	.
63194	C	.	Incise spinal column & cord	.	.	.	.	.
63195	C	.	Incise spinal column & cord	.	.	.	.	.
63196	C	.	Incise spinal column & cord	.	.	.	.	.
63197	C	.	Incise spinal column & cord	.	.	.	.	.
63198	C	.	Incise spinal column & cord	.	.	.	.	.
63199	C	.	Incise spinal column & cord	.	.	.	.	.
63200	C	.	Release of spinal cord	.	.	.	.	.
63250	C	.	Revise spinal cord vessels	.	.	.	.	.
63251	C	.	Revise spinal cord vessels	.	.	.	.	.
63252	C	.	Revise spinal cord vessels	.	.	.	.	.
63265	C	.	Excise intraspinal lesion	.	.	.	.	.
63266	C	.	Excise intraspinal lesion	.	.	.	.	.
63267	C	.	Excise intraspinal lesion	.	.	.	.	.
63268	C	.	Excise intraspinal lesion	.	.	.	.	.
63270	C	.	Excise intraspinal lesion	.	.	.	.	.
63271	C	.	Excise intraspinal lesion	.	.	.	.	.
63272	C	.	Excise intraspinal lesion	.	.	.	.	.
63273	C	.	Excise intraspinal lesion	.	.	.	.	.
63275	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63276	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63277	C	.	Biopsy/excise spinal tumor	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
63278	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63280	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63281	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63282	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63283	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63285	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63286	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63287	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63290	C	.	Biopsy/excise spinal tumor	.	.	.	.	.
63295	C	.	Repair of laminectomy defect	.	.	.	.	.
63300	C	.	Removal of vertebral body	.	.	.	.	.
63301	C	.	Removal of vertebral body	.	.	.	.	.
63302	C	.	Removal of vertebral body	.	.	.	.	.
63303	C	.	Removal of vertebral body	.	.	.	.	.
63304	C	.	Removal of vertebral body	.	.	.	.	.
63305	C	.	Removal of vertebral body	.	.	.	.	.
63306	C	.	Removal of vertebral body	.	.	.	.	.
63307	C	.	Removal of vertebral body	.	.	.	.	.
63308	C	.	Remove vertebral body add-on	.	.	.	.	.
63600	T	.	Remove spinal cord lesion	0220	17.3586	\$1,030.11	.	\$206.02
63610	T	.	Stimulation of spinal cord	0220	17.3586	\$1,030.11	.	\$206.02
63615	T	.	Remove lesion of spinal cord	0220	17.3586	\$1,030.11	.	\$206.02
63650	S	.	Implant neuroelectrodes	0040	55.3297	\$3,283.43	.	\$656.69
63655	S	.	Implant neuroelectrodes	0040	55.3297	\$3,283.43	.	\$656.69
63660	T	.	Revise/remove neuroelectrode	0687	19.2347	\$1,141.44	\$456.57	\$228.29
63685	T	.	Implant neuroreceiver	0222	179.0982	\$10,628.22	.	\$2,125.64
63688	T	.	Revise/remove neuroreceiver	0688	43.0444	\$2,554.38	\$1,021.75	\$510.88
63700	C	.	Repair of spinal herniation	.	.	.	.	.
63702	C	.	Repair of spinal herniation	.	.	.	.	.
63704	C	.	Repair of spinal herniation	.	.	.	.	.
63706	C	.	Repair of spinal herniation	.	.	.	.	.
63707	C	.	Repair spinal fluid leakage	.	.	.	.	.
63709	C	.	Repair spinal fluid leakage	.	.	.	.	.
63710	C	.	Graft repair of spine defect	.	.	.	.	.
63740	C	.	Install spinal shunt	.	.	.	.	.
63741	T	.	Install spinal shunt	0228	51.7258	\$3,069.56	.	\$613.91
63744	T	.	Revision of spinal shunt	0228	51.7258	\$3,069.56	.	\$613.91
63746	T	.	Removal of spinal shunt	0109	11.0433	\$655.34	\$131.49	\$131.07
64400	T	.	N block inj, trigeminal	0204	2.191	\$130.02	\$40.13	\$26.00
64402	T	.	N block inj, facial	0204	2.191	\$130.02	\$40.13	\$26.00
64405	T	.	N block inj, occipital	0204	2.191	\$130.02	\$40.13	\$26.00
64408	T	.	N block inj, vagus	0204	2.191	\$130.02	\$40.13	\$26.00
64410	T	.	N block inj, phrenic	0206	5.492	\$325.91	\$75.55	\$65.18
64412	T	.	N block inj, spinal accessor	0206	5.492	\$325.91	\$75.55	\$65.18
64413	T	.	N block inj, cervical plexus	0204	2.191	\$130.02	\$40.13	\$26.00
64415	T	.	Injection for nerve block	0204	2.191	\$130.02	\$40.13	\$26.00
64416	T	.	N block cont infuse, b plex	0204	2.191	\$130.02	\$40.13	\$26.00
64417	T	.	N block inj, axillary	0204	2.191	\$130.02	\$40.13	\$26.00
64418	T	.	N block inj, suprascapular	0204	2.191	\$130.02	\$40.13	\$26.00
64420	T	.	N block inj, intercost, sng	0204	2.191	\$130.02	\$40.13	\$26.00
64421	T	.	N block inj, intercost, mlt	0206	5.492	\$325.91	\$75.55	\$65.18
64425	T	.	N block inj ilio-ing/hypogi	0204	2.191	\$130.02	\$40.13	\$26.00
64430	T	.	N block inj, pudendal	0204	2.191	\$130.02	\$40.13	\$26.00

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
64435	T	.	N block inj, paracervical	0204	2.191	\$130.02	\$40.13	\$26.00
64445	T	.	Injection for nerve block	0204	2.191	\$130.02	\$40.13	\$26.00
64446	T	.	N blk inj, sciatic, cont inf	0206	5.492	\$325.91	\$75.55	\$65.18
64447	T	.	N block inj fem, single	0204	2.191	\$130.02	\$40.13	\$26.00
64448	T	.	N block inj fem, cont inf	0204	2.191	\$130.02	\$40.13	\$26.00
64449	T	.	N block inj, lumbar plexus	0204	2.191	\$130.02	\$40.13	\$26.00
64450	T	.	N block, other peripheral	0204	2.191	\$130.02	\$40.13	\$26.00
64470	T	.	Inj paravertebral c/t	0207	6.0109	\$356.70	\$86.92	\$71.34
64472	T	.	Inj paravertebral c/t add-on	0206	5.492	\$325.91	\$75.55	\$65.18
64475	T	.	Inj paravertebral l/s	0207	6.0109	\$356.70	\$86.92	\$71.34
64476	T	.	Inj paravertebral l/s add-on	0206	5.492	\$325.91	\$75.55	\$65.18
64479	T	.	Inj foramen epidural c/t	0207	6.0109	\$356.70	\$86.92	\$71.34
64480	T	.	Inj foramen epidural add-on	0207	6.0109	\$356.70	\$86.92	\$71.34
64483	T	.	Inj foramen epidural l/s	0207	6.0109	\$356.70	\$86.92	\$71.34
64484	T	.	Inj foramen epidural add-on	0207	6.0109	\$356.70	\$86.92	\$71.34
64505	T	.	N block, sphenopalatine gangl	0204	2.191	\$130.02	\$40.13	\$26.00
64508	T	.	N block, carotid sinus s/p	0204	2.191	\$130.02	\$40.13	\$26.00
64510	T	.	N block, stellate ganglion	0207	6.0109	\$356.70	\$86.92	\$71.34
64517	T	.	N block inj, hypogas plxs	0204	2.191	\$130.02	\$40.13	\$26.00
64520	T	.	N block, lumbar/thoracic	0207	6.0109	\$356.70	\$86.92	\$71.34
64530	T	.	N block inj, celiac pelus	0207	6.0109	\$356.70	\$86.92	\$71.34
64550	A	.	Apply neurostimulator	.	.	.	.	.
64553	S	.	Implant neuroelectrodes	0225	234.6925	\$13,927.36	.	\$2,785.47
64555	S	.	Implant neuroelectrodes	0040	55.3297	\$3,283.43	.	\$656.69
64560	S	.	Implant neuroelectrodes	0040	55.3297	\$3,283.43	.	\$656.69
64561	S	.	Implant neuroelectrodes	0040	55.3297	\$3,283.43	.	\$656.69
64565	S	.	Implant neuroelectrodes	0040	55.3297	\$3,283.43	.	\$656.69
64573	S	.	Implant neuroelectrodes	0225	234.6925	\$13,927.36	.	\$2,785.47
64575	S	.	Implant neuroelectrodes	0040	55.3297	\$3,283.43	.	\$656.69
64577	S	.	Implant neuroelectrodes	0225	234.6925	\$13,927.36	.	\$2,785.47
64580	S	.	Implant neuroelectrodes	0040	55.3297	\$3,283.43	.	\$656.69
64581	S	.	Implant neuroelectrodes	0040	55.3297	\$3,283.43	.	\$656.69
64585	T	.	Revise/remove neuroelectrode	0687	19.2347	\$1,141.44	\$456.57	\$228.29
64590	T	.	Implant neuroreceiver	0222	179.0982	\$10,628.22	.	\$2,125.64
64595	T	.	Revise/remove neuroreceiver	0688	43.0444	\$2,554.38	\$1,021.75	\$510.88
64600	T	.	Injection treatment of nerve	0203	10.4015	\$617.26	\$246.90	\$123.45
64605	T	.	Injection treatment of nerve	0203	10.4015	\$617.26	\$246.90	\$123.45
64610	T	.	Injection treatment of nerve	0203	10.4015	\$617.26	\$246.90	\$123.45
64612	T	.	Destroy nerve, face muscle	0204	2.191	\$130.02	\$40.13	\$26.00
64613	T	.	Destroy nerve, spine muscle	0204	2.191	\$130.02	\$40.13	\$26.00
64614	T	.	Destroy nerve, extrem musc	0204	2.191	\$130.02	\$40.13	\$26.00
64620	T	.	Injection treatment of nerve	0203	10.4015	\$617.26	\$246.90	\$123.45
64622	T	.	Destr paravertebrl nerve l/s	0203	10.4015	\$617.26	\$246.90	\$123.45
64623	T	.	Destr paravertebral n add-on	0207	6.0109	\$356.70	\$86.92	\$71.34
64626	T	.	Destr paravertebrl nerve c/t	0203	10.4015	\$617.26	\$246.90	\$123.45
64627	T	.	Destr paravertebral n add-on	0207	6.0109	\$356.70	\$86.92	\$71.34
64630	T	.	Injection treatment of nerve	0206	5.492	\$325.91	\$75.55	\$65.18
64640	T	.	Injection treatment of nerve	0206	5.492	\$325.91	\$75.55	\$65.18
64680	T	.	Injection treatment of nerve	0207	6.0109	\$356.70	\$86.92	\$71.34
64681	T	.	Injection treatment of nerve	0203	10.4015	\$617.26	\$246.90	\$123.45
64702	T	.	Revise finger/toe nerve	0220	17.3586	\$1,030.11	.	\$206.02
64704	T	.	Revise hand/foot nerve	0220	17.3586	\$1,030.11	.	\$206.02
64708	T	.	Revise arm/leg nerve	0220	17.3586	\$1,030.11	.	\$206.02

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
64712	T	.	Revision of sciatic nerve	0220	17.3586	\$1,030.11	.	\$206.02
64713	T	.	Revision of arm nerve(s)	0220	17.3586	\$1,030.11	.	\$206.02
64714	T	.	Revise low back nerve(s)	0220	17.3586	\$1,030.11	.	\$206.02
64716	T	.	Revision of cranial nerve	0220	17.3586	\$1,030.11	.	\$206.02
64718	T	.	Revise ulnar nerve at elbow	0220	17.3586	\$1,030.11	.	\$206.02
64719	T	.	Revise ulnar nerve at wrist	0220	17.3586	\$1,030.11	.	\$206.02
64721	T	.	Carpal tunnel surgery	0220	17.3586	\$1,030.11	.	\$206.02
64722	T	.	Relieve pressure on nerve(s)	0220	17.3586	\$1,030.11	.	\$206.02
64726	T	.	Release foot/toe nerve	0220	17.3586	\$1,030.11	.	\$206.02
64727	T	.	Internal nerve revision	0220	17.3586	\$1,030.11	.	\$206.02
64732	T	.	Incision of brow nerve	0220	17.3586	\$1,030.11	.	\$206.02
64734	T	.	Incision of cheek nerve	0220	17.3586	\$1,030.11	.	\$206.02
64736	T	.	Incision of chin nerve	0220	17.3586	\$1,030.11	.	\$206.02
64738	T	.	Incision of jaw nerve	0220	17.3586	\$1,030.11	.	\$206.02
64740	T	.	Incision of tongue nerve	0220	17.3586	\$1,030.11	.	\$206.02
64742	T	.	Incision of facial nerve	0220	17.3586	\$1,030.11	.	\$206.02
64744	T	.	Incise nerve, back of head	0220	17.3586	\$1,030.11	.	\$206.02
64746	T	.	Incise diaphragm nerve	0220	17.3586	\$1,030.11	.	\$206.02
64752	C	.	Incision of vagus nerve	.	.	.	.	.
64755	C	.	Incision of stomach nerves	.	.	.	.	.
64760	C	.	Incision of vagus nerve	.	.	.	.	.
64761	T	.	Incision of pelvis nerve	0220	17.3586	\$1,030.11	.	\$206.02
64763	T	.	Incise hip/thigh nerve	0220	17.3586	\$1,030.11	.	\$206.02
64766	T	.	Incise hip/thigh nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64771	T	.	Sever cranial nerve	0220	17.3586	\$1,030.11	.	\$206.02
64772	T	.	Incision of spinal nerve	0220	17.3586	\$1,030.11	.	\$206.02
64774	T	.	Remove skin nerve lesion	0220	17.3586	\$1,030.11	.	\$206.02
64776	T	.	Remove digit nerve lesion	0220	17.3586	\$1,030.11	.	\$206.02
64778	T	.	Digit nerve surgery add-on	0220	17.3586	\$1,030.11	.	\$206.02
64782	T	.	Remove limb nerve lesion	0220	17.3586	\$1,030.11	.	\$206.02
64783	T	.	Limb nerve surgery add-on	0220	17.3586	\$1,030.11	.	\$206.02
64784	T	.	Remove nerve lesion	0220	17.3586	\$1,030.11	.	\$206.02
64786	T	.	Remove sciatic nerve lesion	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64787	T	.	Implant nerve end	0220	17.3586	\$1,030.11	.	\$206.02
64788	T	.	Remove skin nerve lesion	0220	17.3586	\$1,030.11	.	\$206.02
64790	T	.	Removal of nerve lesion	0220	17.3586	\$1,030.11	.	\$206.02
64792	T	.	Removal of nerve lesion	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64795	T	.	Biopsy of nerve	0220	17.3586	\$1,030.11	.	\$206.02
64802	T	.	Remove sympathetic nerves	0220	17.3586	\$1,030.11	.	\$206.02
64804	C	.	Remove sympathetic nerves	.	.	.	.	.
64809	C	.	Remove sympathetic nerves	.	.	.	.	.
64818	C	.	Remove sympathetic nerves	.	.	.	.	.
64820	T	.	Remove sympathetic nerves	0220	17.3586	\$1,030.11	.	\$206.02
64821	T	.	Remove sympathetic nerves	0054	25.3711	\$1,505.60	.	\$301.12
64822	T	.	Remove sympathetic nerves	0054	25.3711	\$1,505.60	.	\$301.12
64823	T	.	Remove sympathetic nerves	0054	25.3711	\$1,505.60	.	\$301.12
64831	T	.	Repair of digit nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64832	T	.	Repair nerve add-on	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64834	T	.	Repair of hand or foot nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64835	T	.	Repair of hand or foot nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64836	T	.	Repair of hand or foot nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64837	T	.	Repair nerve add-on	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64840	T	.	Repair of leg nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
64856	T	.	Repair/transpose nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64857	T	.	Repair arm/leg nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64858	T	.	Repair sciatic nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64859	T	.	Nerve surgery	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64861	T	.	Repair of arm nerves	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64862	T	.	Repair of low back nerves	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64864	T	.	Repair of facial nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64865	T	.	Repair of facial nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64866	C	.	Fusion of facial/other nerve	.	.	.	.	.
64868	C	.	Fusion of facial/other nerve	.	.	.	.	.
64870	T	.	Fusion of facial/other nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64872	T	.	Subsequent repair of nerve	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64874	T	.	Repair & revise nerve add-on	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64876	T	.	Repair nerve/shorten bone	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64885	T	.	Nerve graft, head or neck	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64886	T	.	Nerve graft, head or neck	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64890	T	.	Nerve graft, hand or foot	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64891	T	.	Nerve graft, hand or foot	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64892	T	.	Nerve graft, arm or leg	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64893	T	.	Nerve graft, arm or leg	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64895	T	.	Nerve graft, hand or foot	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64896	T	.	Nerve graft, hand or foot	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64897	T	.	Nerve graft, arm or leg	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64898	T	.	Nerve graft, arm or leg	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64901	T	.	Nerve graft add-on	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64902	T	.	Nerve graft add-on	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64905	T	.	Nerve pedicle transfer	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64907	T	.	Nerve pedicle transfer	0221	29.9209	\$1,775.60	\$463.62	\$355.12
64999	T	.	Nervous system surgery	0204	2.191	\$130.02	\$40.13	\$26.00
65091	T	.	Revise eye	0242	30.5464	\$1,812.72	\$597.36	\$362.54
65093	T	.	Revise eye with implant	0241	23.3036	\$1,382.91	\$384.47	\$276.58
65101	T	.	Removal of eye	0242	30.5464	\$1,812.72	\$597.36	\$362.54
65103	T	.	Remove eye/insert implant	0242	30.5464	\$1,812.72	\$597.36	\$362.54
65105	T	.	Remove eye/attach implant	0242	30.5464	\$1,812.72	\$597.36	\$362.54
65110	T	.	Removal of eye	0242	30.5464	\$1,812.72	\$597.36	\$362.54
65112	T	.	Remove eye/revise socket	0242	30.5464	\$1,812.72	\$597.36	\$362.54
65114	T	.	Remove eye/revise socket	0242	30.5464	\$1,812.72	\$597.36	\$362.54
65125	T	.	Revise ocular implant	0240	18.1508	\$1,077.12	\$315.31	\$215.42
65130	T	.	Insert ocular implant	0241	23.3036	\$1,382.91	\$384.47	\$276.58
65135	T	.	Insert ocular implant	0241	23.3036	\$1,382.91	\$384.47	\$276.58
65140	T	.	Attach ocular implant	0242	30.5464	\$1,812.72	\$597.36	\$362.54
65150	T	.	Revise ocular implant	0241	23.3036	\$1,382.91	\$384.47	\$276.58
65155	T	.	Reinsert ocular implant	0242	30.5464	\$1,812.72	\$597.36	\$362.54
65175	T	.	Removal of ocular implant	0240	18.1508	\$1,077.12	\$315.31	\$215.42
65205	S	.	Remove foreign body from eye	0698	1.2438	\$73.81	\$16.55	\$14.76
65210	S	.	Remove foreign body from eye	0698	1.2438	\$73.81	\$16.55	\$14.76
65220	S	.	Remove foreign body from eye	0698	1.2438	\$73.81	\$16.55	\$14.76
65222	S	.	Remove foreign body from eye	0698	1.2438	\$73.81	\$16.55	\$14.76
65235	T	.	Remove foreign body from eye	0233	14.9673	\$888.20	\$266.33	\$177.64
65260	T	.	Remove foreign body from eye	0236	17.0229	\$1,010.19	.	\$202.04
65265	T	.	Remove foreign body from eye	0237	28.9401	\$1,717.39	.	\$343.48
65270	T	.	Repair of eye wound	0240	18.1508	\$1,077.12	\$315.31	\$215.42
65272	T	.	Repair of eye wound	0234	21.9741	\$1,304.01	\$511.31	\$260.80

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
65273	C	.	Repair of eye wound	.	.	.	.	.
65275	T	.	Repair of eye wound	0234	21.9741	\$1,304.01	\$511.31	\$260.80
65280	T	.	Repair of eye wound	0236	17.0229	\$1,010.19	.	\$202.04
65285	T	.	Repair of eye wound	0672	36.9284	\$2,191.44	.	\$438.29
65286	T	.	Repair of eye wound	0232	6.6732	\$396.01	\$103.17	\$79.20
65290	T	.	Repair of eye socket wound	0243	22.1671	\$1,315.46	\$431.39	\$263.09
65400	T	.	Removal of eye lesion	0233	14.9673	\$888.20	\$266.33	\$177.64
65410	T	.	Biopsy of cornea	0233	14.9673	\$888.20	\$266.33	\$177.64
65420	T	.	Removal of eye lesion	0233	14.9673	\$888.20	\$266.33	\$177.64
65426	T	.	Removal of eye lesion	0234	21.9741	\$1,304.01	\$511.31	\$260.80
65430	S	.	Corneal smear	0698	1.2438	\$73.81	\$16.55	\$14.76
65435	T	.	Curette/treat cornea	0239	6.9097	\$410.04	.	\$82.01
65436	T	.	Curette/treat cornea	0233	14.9673	\$888.20	\$266.33	\$177.64
65450	S	.	Treatment of corneal lesion	0231	1.9278	\$114.40	\$44.61	\$22.88
65600	T	.	Revision of cornea	0240	18.1508	\$1,077.12	\$315.31	\$215.42
65710	T	.	Corneal transplant	0244	38.3723	\$2,277.13	\$803.26	\$455.43
65730	T	.	Corneal transplant	0244	38.3723	\$2,277.13	\$803.26	\$455.43
65750	T	.	Corneal transplant	0244	38.3723	\$2,277.13	\$803.26	\$455.43
65755	T	.	Corneal transplant	0244	38.3723	\$2,277.13	\$803.26	\$455.43
65760	E	.	Revision of cornea	.	.	.	.	.
65765	E	.	Revision of cornea	.	.	.	.	.
65767	E	.	Corneal tissue transplant	.	.	.	.	.
65770	T	.	Revise cornea with implant	0244	38.3723	\$2,277.13	\$803.26	\$455.43
65771	E	.	Radial keratotomy	.	.	.	.	.
65772	T	.	Correction of astigmatism	0233	14.9673	\$888.20	\$266.33	\$177.64
65775	T	.	Correction of astigmatism	0233	14.9673	\$888.20	\$266.33	\$177.64
65780	T	.	Ocular reconst, transplant	0244	38.3723	\$2,277.13	\$803.26	\$455.43
65781	T	.	Ocular reconst, transplant	0244	38.3723	\$2,277.13	\$803.26	\$455.43
65782	T	.	Ocular reconst, transplant	0244	38.3723	\$2,277.13	\$803.26	\$455.43
65800	T	.	Drainage of eye	0233	14.9673	\$888.20	\$266.33	\$177.64
65805	T	.	Drainage of eye	0233	14.9673	\$888.20	\$266.33	\$177.64
65810	T	.	Drainage of eye	0234	21.9741	\$1,304.01	\$511.31	\$260.80
65815	T	.	Drainage of eye	0234	21.9741	\$1,304.01	\$511.31	\$260.80
65820	T	.	Relieve inner eye pressure	0232	6.6732	\$396.01	\$103.17	\$79.20
65850	T	.	Incision of eye	0234	21.9741	\$1,304.01	\$511.31	\$260.80
65855	T	.	Laser surgery of eye	0247	5.033	\$298.67	\$104.31	\$59.73
65860	T	.	Incise inner eye adhesions	0247	5.033	\$298.67	\$104.31	\$59.73
65865	T	.	Incise inner eye adhesions	0233	14.9673	\$888.20	\$266.33	\$177.64
65870	T	.	Incise inner eye adhesions	0234	21.9741	\$1,304.01	\$511.31	\$260.80
65875	T	.	Incise inner eye adhesions	0234	21.9741	\$1,304.01	\$511.31	\$260.80
65880	T	.	Incise inner eye adhesions	0233	14.9673	\$888.20	\$266.33	\$177.64
65900	T	.	Remove eye lesion	0233	14.9673	\$888.20	\$266.33	\$177.64
65920	T	.	Remove implant of eye	0234	21.9741	\$1,304.01	\$511.31	\$260.80
65930	T	.	Remove blood clot from eye	0234	21.9741	\$1,304.01	\$511.31	\$260.80
66020	T	.	Injection treatment of eye	0233	14.9673	\$888.20	\$266.33	\$177.64
66030	T	.	Injection treatment of eye	0232	6.6732	\$396.01	\$103.17	\$79.20
66130	T	.	Remove eye lesion	0234	21.9741	\$1,304.01	\$511.31	\$260.80
66150	T	.	Glaucoma surgery	0234	21.9741	\$1,304.01	\$511.31	\$260.80
66155	T	.	Glaucoma surgery	0234	21.9741	\$1,304.01	\$511.31	\$260.80
66160	T	.	Glaucoma surgery	0234	21.9741	\$1,304.01	\$511.31	\$260.80
66165	T	.	Glaucoma surgery	0234	21.9741	\$1,304.01	\$511.31	\$260.80
66170	T	.	Glaucoma surgery	0234	21.9741	\$1,304.01	\$511.31	\$260.80
66172	T	.	Incision of eye	0673	29.2582	\$1,736.27	\$649.56	\$347.25

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
68200	S	.	Treat eyelid by injection	0230	0.7858	\$46.63	\$14.97	\$9.33
68320	T	.	Revise/graft eyelid lining	0240	18.1508	\$1,077.12	\$315.31	\$215.42
68325	T	.	Revise/graft eyelid lining	0242	30.5464	\$1,812.72	\$597.36	\$362.54
68326	T	.	Revise/graft eyelid lining	0241	23.3036	\$1,382.91	\$384.47	\$276.58
68328	T	.	Revise/graft eyelid lining	0241	23.3036	\$1,382.91	\$384.47	\$276.58
68330	T	.	Revise eyelid lining	0234	21.9741	\$1,304.01	\$511.31	\$260.80
68335	T	.	Revise/graft eyelid lining	0241	23.3036	\$1,382.91	\$384.47	\$276.58
68340	T	.	Separate eyelid adhesions	0240	18.1508	\$1,077.12	\$315.31	\$215.42
68360	T	.	Revise eyelid lining	0234	21.9741	\$1,304.01	\$511.31	\$260.80
68362	T	.	Revise eyelid lining	0234	21.9741	\$1,304.01	\$511.31	\$260.80
68371	T	.	Harvest eye tissue, alograft	0233	14.9673	\$888.20	\$266.33	\$177.64
68399	T	.	Eyelid lining surgery	0238	2.5933	\$153.89	.	\$30.78
68400	T	.	Incise/drain tear gland	0238	2.5933	\$153.89	.	\$30.78
68420	T	.	Incise/drain tear sac	0240	18.1508	\$1,077.12	\$315.31	\$215.42
68440	T	.	Incise tear duct opening	0238	2.5933	\$153.89	.	\$30.78
68500	T	.	Removal of tear gland	0241	23.3036	\$1,382.91	\$384.47	\$276.58
68505	T	.	Partial removal, tear gland	0241	23.3036	\$1,382.91	\$384.47	\$276.58
68510	T	.	Biopsy of tear gland	0240	18.1508	\$1,077.12	\$315.31	\$215.42
68520	T	.	Removal of tear sac	0241	23.3036	\$1,382.91	\$384.47	\$276.58
68525	T	.	Biopsy of tear sac	0240	18.1508	\$1,077.12	\$315.31	\$215.42
68530	T	.	Clearance of tear duct	0240	18.1508	\$1,077.12	\$315.31	\$215.42
68540	T	.	Remove tear gland lesion	0241	23.3036	\$1,382.91	\$384.47	\$276.58
68550	T	.	Remove tear gland lesion	0242	30.5464	\$1,812.72	\$597.36	\$362.54
68700	T	.	Repair tear ducts	0241	23.3036	\$1,382.91	\$384.47	\$276.58
68705	T	.	Revise tear duct opening	0238	2.5933	\$153.89	.	\$30.78
68720	T	.	Create tear sac drain	0242	30.5464	\$1,812.72	\$597.36	\$362.54
68745	T	.	Create tear duct drain	0241	23.3036	\$1,382.91	\$384.47	\$276.58
68750	T	.	Create tear duct drain	0242	30.5464	\$1,812.72	\$597.36	\$362.54
68760	S	.	Close tear duct opening	0698	1.2438	\$73.81	\$16.55	\$14.76
68761	S	.	Close tear duct opening	0231	1.9278	\$114.40	\$44.61	\$22.88
68770	T	.	Close tear system fistula	0240	18.1508	\$1,077.12	\$315.31	\$215.42
68801	S	.	Dilate tear duct opening	0698	1.2438	\$73.81	\$16.55	\$14.76
68810	S	.	Probe nasolacrimal duct	0231	1.9278	\$114.40	\$44.61	\$22.88
68811	T	.	Probe nasolacrimal duct	0240	18.1508	\$1,077.12	\$315.31	\$215.42
68815	T	.	Probe nasolacrimal duct	0240	18.1508	\$1,077.12	\$315.31	\$215.42
68840	S	.	Explore/irrigate tear ducts	0231	1.9278	\$114.40	\$44.61	\$22.88
68850	N	.	Injection for tear sac x-ray	.	.	.	.	.
68899	S	.	Tear duct system surgery	0230	0.7858	\$46.63	\$14.97	\$9.33
69000	T	.	Drain external ear lesion	0006	1.55	\$91.98	\$22.28	\$18.40
69005	T	.	Drain external ear lesion	0008	16.4989	\$979.09	.	\$195.82
69020	T	.	Drain outer ear canal lesion	0006	1.55	\$91.98	\$22.28	\$18.40
69090	E	.	Pierce earlobes	.	.	.	.	.
69100	T	.	Biopsy of external ear	0019	4.0547	\$240.62	\$71.87	\$48.12
69105	T	.	Biopsy of external ear canal	0253	16.1357	\$957.54	\$282.29	\$191.51
69110	T	.	Remove external ear, partial	0021	14.9776	\$888.82	\$219.48	\$177.76
69120	T	.	Removal of external ear	0254	23.404	\$1,388.86	\$321.35	\$277.77
69140	T	.	Remove ear canal lesion(s)	0254	23.404	\$1,388.86	\$321.35	\$277.77
69145	T	.	Remove ear canal lesion(s)	0021	14.9776	\$888.82	\$219.48	\$177.76
69150	T	.	Extensive ear canal surgery	0252	7.8673	\$466.87	\$113.41	\$93.37
69155	C	.	Extensive ear/neck surgery	.	.	.	.	.
69200	X	.	Clear outer ear canal	0340	0.6384	\$37.88	.	\$7.58
69205	T	.	Clear outer ear canal	0022	19.6472	\$1,165.92	\$354.45	\$233.18
69210	X	.	Remove impacted ear wax	0340	0.6384	\$37.88	.	\$7.58

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
69220	T	.	Clean out mastoid cavity	0012	0.8497	\$50.42	\$11.18	\$10.08
69222	T	.	Clean out mastoid cavity	0253	16.1357	\$957.54	\$282.29	\$191.51
69300	T	.	Revise external ear	0254	23.404	\$1,388.86	\$321.35	\$277.77
69310	T	.	Rebuild outer ear canal	0256	37.3204	\$2,214.70	.	\$442.94
69320	T	.	Rebuild outer ear canal	0256	37.3204	\$2,214.70	.	\$442.94
69399	T	.	Outer ear surgery procedure	0251	2.0101	\$119.29	.	\$23.86
69400	T	.	Inflate middle ear canal	0251	2.0101	\$119.29	.	\$23.86
69401	T	.	Inflate middle ear canal	0251	2.0101	\$119.29	.	\$23.86
69405	T	.	Catheterize middle ear canal	0252	7.8673	\$466.87	\$113.41	\$93.37
69410	T	.	Inset middle ear (baffle)	0251	2.0101	\$119.29	.	\$23.86
69420	T	.	Incision of eardrum	0251	2.0101	\$119.29	.	\$23.86
69421	T	.	Incision of eardrum	0253	16.1357	\$957.54	\$282.29	\$191.51
69424	T	.	Remove ventilating tube	0252	7.8673	\$466.87	\$113.41	\$93.37
69433	T	.	Create eardrum opening	0252	7.8673	\$466.87	\$113.41	\$93.37
69436	T	.	Create eardrum opening	0253	16.1357	\$957.54	\$282.29	\$191.51
69440	T	.	Exploration of middle ear	0254	23.404	\$1,388.86	\$321.35	\$277.77
69450	T	.	Eardrum revision	0256	37.3204	\$2,214.70	.	\$442.94
69501	T	.	Mastoidectomy	0256	37.3204	\$2,214.70	.	\$442.94
69502	T	.	Mastoidectomy	0254	23.404	\$1,388.86	\$321.35	\$277.77
69505	T	.	Remove mastoid structures	0256	37.3204	\$2,214.70	.	\$442.94
69511	T	.	Extensive mastoid surgery	0256	37.3204	\$2,214.70	.	\$442.94
69530	T	.	Extensive mastoid surgery	0256	37.3204	\$2,214.70	.	\$442.94
69535	C	.	Remove part of temporal bone	.	.	.	.	.
69540	T	.	Remove ear lesion	0253	16.1357	\$957.54	\$282.29	\$191.51
69550	T	.	Remove ear lesion	0256	37.3204	\$2,214.70	.	\$442.94
69552	T	.	Remove ear lesion	0256	37.3204	\$2,214.70	.	\$442.94
69554	C	.	Remove ear lesion	.	.	.	.	.
69601	T	.	Mastoid surgery revision	0256	37.3204	\$2,214.70	.	\$442.94
69602	T	.	Mastoid surgery revision	0256	37.3204	\$2,214.70	.	\$442.94
69603	T	.	Mastoid surgery revision	0256	37.3204	\$2,214.70	.	\$442.94
69604	T	.	Mastoid surgery revision	0256	37.3204	\$2,214.70	.	\$442.94
69605	T	.	Mastoid surgery revision	0256	37.3204	\$2,214.70	.	\$442.94
69610	T	.	Repair of eardrum	0254	23.404	\$1,388.86	\$321.35	\$277.77
69620	T	.	Repair of eardrum	0254	23.404	\$1,388.86	\$321.35	\$277.77
69631	T	.	Repair eardrum structures	0256	37.3204	\$2,214.70	.	\$442.94
69632	T	.	Rebuild eardrum structures	0256	37.3204	\$2,214.70	.	\$442.94
69633	T	.	Rebuild eardrum structures	0256	37.3204	\$2,214.70	.	\$442.94
69635	T	.	Repair eardrum structures	0256	37.3204	\$2,214.70	.	\$442.94
69636	T	.	Rebuild eardrum structures	0256	37.3204	\$2,214.70	.	\$442.94
69637	T	.	Rebuild eardrum structures	0256	37.3204	\$2,214.70	.	\$442.94
69641	T	.	Revise middle ear & mastoid	0256	37.3204	\$2,214.70	.	\$442.94
69642	T	.	Revise middle ear & mastoid	0256	37.3204	\$2,214.70	.	\$442.94
69643	T	.	Revise middle ear & mastoid	0256	37.3204	\$2,214.70	.	\$442.94
69644	T	.	Revise middle ear & mastoid	0256	37.3204	\$2,214.70	.	\$442.94
69645	T	.	Revise middle ear & mastoid	0256	37.3204	\$2,214.70	.	\$442.94
69646	T	.	Revise middle ear & mastoid	0256	37.3204	\$2,214.70	.	\$442.94
69650	T	.	Release middle ear bone	0254	23.404	\$1,388.86	\$321.35	\$277.77
69660	T	.	Revise middle ear bone	0256	37.3204	\$2,214.70	.	\$442.94
69661	T	.	Revise middle ear bone	0256	37.3204	\$2,214.70	.	\$442.94
69662	T	.	Revise middle ear bone	0256	37.3204	\$2,214.70	.	\$442.94
69666	T	.	Repair middle ear structures	0256	37.3204	\$2,214.70	.	\$442.94
69667	T	.	Repair middle ear structures	0256	37.3204	\$2,214.70	.	\$442.94
69670	T	.	Remove mastoid air cells	0256	37.3204	\$2,214.70	.	\$442.94

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
69676	T	.	Remove middle ear nerve	0256	37.3204	\$2,214.70	.	\$442.94
69700	T	.	Close mastoid fistula	0256	37.3204	\$2,214.70	.	\$442.94
69710	E	.	Implant/replace hearing aid	.	.	.	.	.
69711	T	.	Remove/repair hearing aid	0256	37.3204	\$2,214.70	.	\$442.94
69714	T	.	Implant temple bone w/stimul	0256	37.3204	\$2,214.70	.	\$442.94
69715	T	.	Temple bne implnt w/stimulat	0256	37.3204	\$2,214.70	.	\$442.94
69717	T	.	Temple bone implant revision	0256	37.3204	\$2,214.70	.	\$442.94
69718	T	.	Revise temple bone implant	0256	37.3204	\$2,214.70	.	\$442.94
69720	T	.	Release facial nerve	0256	37.3204	\$2,214.70	.	\$442.94
69725	T	.	Release facial nerve	0256	37.3204	\$2,214.70	.	\$442.94
69740	T	.	Repair facial nerve	0256	37.3204	\$2,214.70	.	\$442.94
69745	T	.	Repair facial nerve	0256	37.3204	\$2,214.70	.	\$442.94
69799	T	.	Middle ear surgery procedure	0251	2.0101	\$119.29	.	\$23.86
69801	T	.	Incise inner ear	0256	37.3204	\$2,214.70	.	\$442.94
69802	T	.	Incise inner ear	0256	37.3204	\$2,214.70	.	\$442.94
69805	T	.	Explore inner ear	0256	37.3204	\$2,214.70	.	\$442.94
69806	T	.	Explore inner ear	0256	37.3204	\$2,214.70	.	\$442.94
69820	T	.	Establish inner ear window	0256	37.3204	\$2,214.70	.	\$442.94
69840	T	.	Revise inner ear window	0256	37.3204	\$2,214.70	.	\$442.94
69905	T	.	Remove inner ear	0256	37.3204	\$2,214.70	.	\$442.94
69910	T	.	Remove inner ear & mastoid	0256	37.3204	\$2,214.70	.	\$442.94
69915	T	.	Incise inner ear nerve	0256	37.3204	\$2,214.70	.	\$442.94
69930	T	.	Implant cochlear device	0259	366.3317	\$21,739.22	\$8,070.21	\$4,347.84
69949	T	.	Inner ear surgery procedure	0251	2.0101	\$119.29	.	\$23.86
69950	C	.	Incise inner ear nerve	.	.	.	.	.
69955	T	.	Release facial nerve	0256	37.3204	\$2,214.70	.	\$442.94
69960	T	.	Release inner ear canal	0256	37.3204	\$2,214.70	.	\$442.94
69970	C	.	Remove inner ear lesion	.	.	.	.	.
69979	T	.	Temporal bone surgery	0251	2.0101	\$119.29	.	\$23.86
69990	N	.	Microsurgery add-on	.	.	.	.	.
70010	S	.	Contrast x-ray of brain	0274	3.0413	\$180.48	\$72.19	\$36.10
70015	S	.	Contrast x-ray of brain	0274	3.0413	\$180.48	\$72.19	\$36.10
70030	X	.	X-ray eye for foreign body	0260	0.7555	\$44.83	\$17.93	\$8.97
70100	X	.	X-ray exam of jaw	0260	0.7555	\$44.83	\$17.93	\$8.97
70110	X	.	X-ray exam of jaw	0260	0.7555	\$44.83	\$17.93	\$8.97
70120	X	.	X-ray exam of mastoids	0260	0.7555	\$44.83	\$17.93	\$8.97
70130	X	.	X-ray exam of mastoids	0260	0.7555	\$44.83	\$17.93	\$8.97
70134	X	.	X-ray exam of middle ear	0261	1.2901	\$76.56	.	\$15.31
70140	X	.	X-ray exam of facial bones	0260	0.7555	\$44.83	\$17.93	\$8.97
70150	X	.	X-ray exam of facial bones	0260	0.7555	\$44.83	\$17.93	\$8.97
70160	X	.	X-ray exam of nasal bones	0260	0.7555	\$44.83	\$17.93	\$8.97
70170	X	.	X-ray exam of tear duct	0264	3.524	\$209.12	\$79.41	\$41.82
70190	X	.	X-ray exam of eye sockets	0260	0.7555	\$44.83	\$17.93	\$8.97
70200	X	.	X-ray exam of eye sockets	0260	0.7555	\$44.83	\$17.93	\$8.97
70210	X	.	X-ray exam of sinuses	0260	0.7555	\$44.83	\$17.93	\$8.97
70220	X	.	X-ray exam of sinuses	0260	0.7555	\$44.83	\$17.93	\$8.97
70240	X	.	X-ray exam, pituitary saddle	0260	0.7555	\$44.83	\$17.93	\$8.97
70250	X	.	X-ray exam of skull	0260	0.7555	\$44.83	\$17.93	\$8.97
70260	X	.	X-ray exam of skull	0261	1.2901	\$76.56	.	\$15.31
70300	X	.	X-ray exam of teeth	0262	0.9228	\$54.76	.	\$10.95
70310	X	.	X-ray exam of teeth	0262	0.9228	\$54.76	.	\$10.95
70320	X	.	Full mouth x-ray of teeth	0262	0.9228	\$54.76	.	\$10.95
70328	X	.	X-ray exam of jaw joint	0260	0.7555	\$44.83	\$17.93	\$8.97

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
70330	X	.	X-ray exam of jaw joints	0260	0.7555	\$44.83	\$17.93	\$8.97
70332	S	.	X-ray exam of jaw joint	0275	3.5779	\$212.32	\$69.09	\$42.46
70336	S	.	Magnetic image, jaw joint	0335	5.1581	\$306.10	\$122.43	\$61.22
70350	X	.	X-ray head for orthodontia	0260	0.7555	\$44.83	\$17.93	\$8.97
70355	X	.	Panoramic x-ray of jaws	0260	0.7555	\$44.83	\$17.93	\$8.97
70360	X	.	X-ray exam of neck	0260	0.7555	\$44.83	\$17.93	\$8.97
70370	X	.	Throat x-ray & fluoroscopy	0272	1.3801	\$81.90	\$32.76	\$16.38
70371	X	.	Speech evaluation, complex	0272	1.3801	\$81.90	\$32.76	\$16.38
70373	X	.	Contrast x-ray of larynx	0263	1.7476	\$103.71	\$24.40	\$20.74
70380	X	.	X-ray exam of salivary gland	0260	0.7555	\$44.83	\$17.93	\$8.97
70390	X	.	X-ray exam of salivary duct	0263	1.7476	\$103.71	\$24.40	\$20.74
70450*	S	.	Ct head/brain w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
70460*	S	.	Ct head/brain w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
70470*	S	.	Ct head/brain w/o & w/ dye	0333	5.2836	\$313.54	\$125.41	\$62.71
70480*	S	.	Ct orbit/ear/fossa w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
70481*	S	.	Ct orbit/ear/fossa w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
70482*	S	.	Ct orbit/ear/fossa w/o&w dye	0333	5.2836	\$313.54	\$125.41	\$62.71
70486*	S	.	Ct maxillofacial w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
70487*	S	.	Ct maxillofacial w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
70488*	S	.	Ct maxillofacial w/o & w dye	0333	5.2836	\$313.54	\$125.41	\$62.71
70490*	S	.	Ct soft tissue neck w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
70491*	S	.	Ct soft tissue neck w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
70492*	S	.	Ct sft tsue nck w/o & w/dye	0333	5.2836	\$313.54	\$125.41	\$62.71
70496*	S	.	Ct angiography, head	0662	5.1621	\$306.33	\$122.53	\$61.27
70498*	S	.	Ct angiography, neck	0662	5.1621	\$306.33	\$122.53	\$61.27
70540*	S	.	Mri orbit/face/neck w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
70542*	S	.	Mri orbit/face/neck w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
70543*	S	.	Mri orbt/fac/nck w/o & w dye	0337	8.7945	\$521.89	\$208.75	\$104.38
70544*	S	.	Mr angiography head w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
70545*	S	.	Mr angiography head w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
70546*	S	.	Mr angiograph head w/o&w dye	0337	8.7945	\$521.89	\$208.75	\$104.38
70547*	S	.	Mr angiography neck w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
70548*	S	.	Mr angiography neck w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
70549*	S	.	Mr angiograph neck w/o&w dye	0337	8.7945	\$521.89	\$208.75	\$104.38
70551*	S	.	Mri brain w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
70552*	S	.	Mri brain w/ dye	0284	6.4201	\$380.99	\$152.39	\$76.20
70553*	S	.	Mri brain w/o & w/ dye	0337	8.7945	\$521.89	\$208.75	\$104.38
70557	S	.	Mri brain w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
70558	S	.	Mri brain w/ dye	0284	6.4201	\$380.99	\$152.39	\$76.20
70559	S	.	Mri brain w/o & w/ dye	0337	8.7945	\$521.89	\$208.75	\$104.38
71010	X	.	Chest x-ray	0260	0.7555	\$44.83	\$17.93	\$8.97
71015	X	.	Chest x-ray	0260	0.7555	\$44.83	\$17.93	\$8.97
71020	X	.	Chest x-ray	0260	0.7555	\$44.83	\$17.93	\$8.97
71021	X	.	Chest x-ray	0260	0.7555	\$44.83	\$17.93	\$8.97
71022	X	.	Chest x-ray	0260	0.7555	\$44.83	\$17.93	\$8.97
71023	X	.	Chest x-ray and fluoroscopy	0272	1.3801	\$81.90	\$32.76	\$16.38
71030	X	.	Chest x-ray	0260	0.7555	\$44.83	\$17.93	\$8.97
71034	X	.	Chest x-ray and fluoroscopy	0272	1.3801	\$81.90	\$32.76	\$16.38
71035	X	.	Chest x-ray	0260	0.7555	\$44.83	\$17.93	\$8.97
71040	X	.	Contrast x-ray of bronchi	0263	1.7476	\$103.71	\$24.40	\$20.74
71060	X	.	Contrast x-ray of bronchi	0263	1.7476	\$103.71	\$24.40	\$20.74
71090	X	.	X-ray & pacemaker insertion	0272	1.3801	\$81.90	\$32.76	\$16.38
71100	X	.	X-ray exam of ribs	0260	0.7555	\$44.83	\$17.93	\$8.97

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
71101	X	.	X-ray exam of ribs/chest	0260	0.7555	\$44.83	\$17.93	\$8.97
71110	X	.	X-ray exam of ribs	0260	0.7555	\$44.83	\$17.93	\$8.97
71111	X	.	X-ray exam of ribs/ chest	0261	1.2901	\$76.56	.	\$15.31
71120	X	.	X-ray exam of breastbone	0260	0.7555	\$44.83	\$17.93	\$8.97
71130	X	.	X-ray exam of breastbone	0260	0.7555	\$44.83	\$17.93	\$8.97
71250*	S	.	Ct thorax w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
71260*	S	.	Ct thorax w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
71270*	S	.	Ct thorax w/o & w/ dye	0333	5.2836	\$313.54	\$125.41	\$62.71
71275*	S	.	Ct angiography, chest	0662	5.1621	\$306.33	\$122.53	\$61.27
71550*	S	.	Mri chest w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
71551*	S	.	Mri chest w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
71552*	S	.	Mri chest w/o & w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
71555	B	.	Mri angio chest w or w/o dye	.	.	.	.	.
72010	X	.	X-ray exam of spine	0260	0.7555	\$44.83	\$17.93	\$8.97
72020	X	.	X-ray exam of spine	0260	0.7555	\$44.83	\$17.93	\$8.97
72040	X	.	X-ray exam of neck spine	0260	0.7555	\$44.83	\$17.93	\$8.97
72050	X	.	X-ray exam of neck spine	0261	1.2901	\$76.56	.	\$15.31
72052	X	.	X-ray exam of neck spine	0261	1.2901	\$76.56	.	\$15.31
72069	X	.	X-ray exam of trunk spine	0260	0.7555	\$44.83	\$17.93	\$8.97
72070	X	.	X-ray exam of thoracic spine	0260	0.7555	\$44.83	\$17.93	\$8.97
72072	X	.	X-ray exam of thoracic spine	0260	0.7555	\$44.83	\$17.93	\$8.97
72074	X	.	X-ray exam of thoracic spine	0260	0.7555	\$44.83	\$17.93	\$8.97
72080	X	.	X-ray exam of trunk spine	0260	0.7555	\$44.83	\$17.93	\$8.97
72090	X	.	X-ray exam of trunk spine	0261	1.2901	\$76.56	.	\$15.31
72100	X	.	X-ray exam of lower spine	0260	0.7555	\$44.83	\$17.93	\$8.97
72110	X	.	X-ray exam of lower spine	0261	1.2901	\$76.56	.	\$15.31
72114	X	.	X-ray exam of lower spine	0261	1.2901	\$76.56	.	\$15.31
72120	X	.	X-ray exam of lower spine	0261	1.2901	\$76.56	.	\$15.31
72125*	S	.	Ct neck spine w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
72126*	S	.	Ct neck spine w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
72127*	S	.	Ct neck spine w/o & w/dye	0333	5.2836	\$313.54	\$125.41	\$62.71
72128*	S	.	Ct chest spine w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
72129*	S	.	Ct chest spine w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
72130*	S	.	Ct chest spine w/o & w/dye	0333	5.2836	\$313.54	\$125.41	\$62.71
72131*	S	.	Ct lumbar spine w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
72132*	S	.	Ct lumbar spine w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
72133*	S	.	Ct lumbar spine w/o & w/dye	0333	5.2836	\$313.54	\$125.41	\$62.71
72141*	S	.	Mri neck spine w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
72142*	S	.	Mri neck spine w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
72146*	S	.	Mri chest spine w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
72147*	S	.	Mri chest spine w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
72148*	S	.	Mri lumbar spine w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
72149*	S	.	Mri lumbar spine w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
72156*	S	.	Mri neck spine w/o & w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
72157*	S	.	Mri chest spine w/o & w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
72158*	S	.	Mri lumbar spine w/o & w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
72159	E	.	Mr angio spine w/o&w/dye	.	.	.	.	.
72170	X	.	X-ray exam of pelvis	0260	0.7555	\$44.83	\$17.93	\$8.97
72190	X	.	X-ray exam of pelvis	0260	0.7555	\$44.83	\$17.93	\$8.97
72191*	S	.	Ct angiograph pelv w/o&w/dye	0662	5.1621	\$306.33	\$122.53	\$61.27
72192*	S	.	Ct pelvis w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
72193*	S	.	Ct pelvis w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
72194*	S	.	Ct pelvis w/o & w/dye	0333	5.2836	\$313.54	\$125.41	\$62.71

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
72195*	S	.	Mri pelvis w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
72196*	S	.	Mri pelvis w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
72197*	S	.	Mri pelvis w/o & w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
72198	B	.	Mr angio pelvis w/o & w/dye	.	.	.	.	.
72200	X	.	X-ray exam sacroiliac joints	0260	0.7555	\$44.83	\$17.93	\$8.97
72202	X	.	X-ray exam sacroiliac joints	0260	0.7555	\$44.83	\$17.93	\$8.97
72220	X	.	X-ray exam of tailbone	0260	0.7555	\$44.83	\$17.93	\$8.97
72240	S	.	Contrast x-ray of neck spine	0274	3.0413	\$180.48	\$72.19	\$36.10
72255	S	.	Contrast x-ray, thorax spine	0274	3.0413	\$180.48	\$72.19	\$36.10
72265	S	.	Contrast x-ray, lower spine	0274	3.0413	\$180.48	\$72.19	\$36.10
72270	S	.	Contrast x-ray, spine	0274	3.0413	\$180.48	\$72.19	\$36.10
72275	S	.	Epidurography	0274	3.0413	\$180.48	\$72.19	\$36.10
72285	S	.	X-ray c/t spine disk	0388	12.3294	\$731.66	\$292.66	\$146.33
72295	S	.	X-ray of lower spine disk	0388	12.3294	\$731.66	\$292.66	\$146.33
73000	X	.	X-ray exam of collar bone	0260	0.7555	\$44.83	\$17.93	\$8.97
73010	X	.	X-ray exam of shoulder blade	0260	0.7555	\$44.83	\$17.93	\$8.97
73020	X	.	X-ray exam of shoulder	0260	0.7555	\$44.83	\$17.93	\$8.97
73030	X	.	X-ray exam of shoulder	0260	0.7555	\$44.83	\$17.93	\$8.97
73040	S	.	Contrast x-ray of shoulder	0275	3.5779	\$212.32	\$69.09	\$42.46
73050	X	.	X-ray exam of shoulders	0260	0.7555	\$44.83	\$17.93	\$8.97
73060	X	.	X-ray exam of humerus	0260	0.7555	\$44.83	\$17.93	\$8.97
73070	X	.	X-ray exam of elbow	0260	0.7555	\$44.83	\$17.93	\$8.97
73080	X	.	X-ray exam of elbow	0260	0.7555	\$44.83	\$17.93	\$8.97
73085	S	.	Contrast x-ray of elbow	0275	3.5779	\$212.32	\$69.09	\$42.46
73090	X	.	X-ray exam of forearm	0260	0.7555	\$44.83	\$17.93	\$8.97
73092	X	.	X-ray exam of arm, infant	0260	0.7555	\$44.83	\$17.93	\$8.97
73100	X	.	X-ray exam of wrist	0260	0.7555	\$44.83	\$17.93	\$8.97
73110	X	.	X-ray exam of wrist	0260	0.7555	\$44.83	\$17.93	\$8.97
73115	S	.	Contrast x-ray of wrist	0275	3.5779	\$212.32	\$69.09	\$42.46
73120	X	.	X-ray exam of hand	0260	0.7555	\$44.83	\$17.93	\$8.97
73130	X	.	X-ray exam of hand	0260	0.7555	\$44.83	\$17.93	\$8.97
73140	X	.	X-ray exam of finger(s)	0260	0.7555	\$44.83	\$17.93	\$8.97
73200*	S	.	Ct upper extremity w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
73201*	S	.	Ct upper extremity w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
73202*	S	.	Ct uppr extremity w/o&w/dye	0333	5.2836	\$313.54	\$125.41	\$62.71
73206*	S	.	Ct angio upr extrm w/o&w/dye	0662	5.1621	\$306.33	\$122.53	\$61.27
73218*	S	.	Mri upper extremity w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
73219*	S	.	Mri upper extremity w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
73220*	S	.	Mri uppr extremity w/o&w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
73221*	S	.	Mri joint upr extrem w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
73222*	S	.	Mri joint upr extrem w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
73223*	S	.	Mri joint upr extr w/o&w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
73225	E	.	Mr angio upr extr w/o&w/dye	.	.	.	.	.
73500	X	.	X-ray exam of hip	0260	0.7555	\$44.83	\$17.93	\$8.97
73510	X	.	X-ray exam of hip	0260	0.7555	\$44.83	\$17.93	\$8.97
73520	X	.	X-ray exam of hips	0261	1.2901	\$76.56	.	\$15.31
73525	S	.	Contrast x-ray of hip	0275	3.5779	\$212.32	\$69.09	\$42.46
73530	X	.	X-ray exam of hip	0261	1.2901	\$76.56	.	\$15.31
73540	X	.	X-ray exam of pelvis & hips	0260	0.7555	\$44.83	\$17.93	\$8.97
73542	S	.	X-ray exam, sacroiliac joint	0275	3.5779	\$212.32	\$69.09	\$42.46
73550	X	.	X-ray exam of thigh	0260	0.7555	\$44.83	\$17.93	\$8.97
73560	X	.	X-ray exam of knee, 1 or 2	0260	0.7555	\$44.83	\$17.93	\$8.97
73562	X	.	X-ray exam of knee, 3	0260	0.7555	\$44.83	\$17.93	\$8.97

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
73564	X	.	X-ray exam, knee, 4 or more	0260	0.7555	\$44.83	\$17.93	\$8.97
73565	X	.	X-ray exam of knees	0260	0.7555	\$44.83	\$17.93	\$8.97
73580	S	.	Contrast x-ray of knee joint	0275	3.5779	\$212.32	\$69.09	\$42.46
73590	X	.	X-ray exam of lower leg	0260	0.7555	\$44.83	\$17.93	\$8.97
73592	X	.	X-ray exam of leg, infant	0260	0.7555	\$44.83	\$17.93	\$8.97
73600	X	.	X-ray exam of ankle	0260	0.7555	\$44.83	\$17.93	\$8.97
73610	X	.	X-ray exam of ankle	0260	0.7555	\$44.83	\$17.93	\$8.97
73615	S	.	Contrast x-ray of ankle	0275	3.5779	\$212.32	\$69.09	\$42.46
73620	X	.	X-ray exam of foot	0260	0.7555	\$44.83	\$17.93	\$8.97
73630	X	.	X-ray exam of foot	0260	0.7555	\$44.83	\$17.93	\$8.97
73650	X	.	X-ray exam of heel	0260	0.7555	\$44.83	\$17.93	\$8.97
73660	X	.	X-ray exam of toe(s)	0260	0.7555	\$44.83	\$17.93	\$8.97
73700*	S	.	Ct lower extremity w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
73701*	S	.	Ct lower extremity w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
73702*	S	.	Ct lwr extremity w/o&w/dye	0333	5.2836	\$313.54	\$125.41	\$62.71
73706*	S	.	Ct angio lwr extr w/o&w/dye	0662	5.1621	\$306.33	\$122.53	\$61.27
73718*	S	.	Mri lower extremity w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
73719*	S	.	Mri lower extremity w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
73720*	S	.	Mri lwr extremity w/o&w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
73721*	S	.	Mri jnt of lwr extre w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
73722*	S	.	Mri joint of lwr extr w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
73723*	S	.	Mri joint lwr extr w/o&w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
73725	B	.	Mr ang lwr ext w or w/o dye	.	.	.	.	.
74000	X	.	X-ray exam of abdomen	0260	0.7555	\$44.83	\$17.93	\$8.97
74010	X	.	X-ray exam of abdomen	0260	0.7555	\$44.83	\$17.93	\$8.97
74020	X	.	X-ray exam of abdomen	0260	0.7555	\$44.83	\$17.93	\$8.97
74022	X	.	X-ray exam series, abdomen	0261	1.2901	\$76.56	.	\$15.31
74150*	S	.	Ct abdomen w/o dye	0332	3.2694	\$194.02	\$77.60	\$38.80
74160*	S	.	Ct abdomen w/dye	0283	4.4253	\$262.61	\$105.04	\$52.52
74170*	S	.	Ct abdomen w/o &w /dye	0333	5.2836	\$313.54	\$125.41	\$62.71
74175*	S	.	Ct angio abdom w/o & w/dye	0662	5.1621	\$306.33	\$122.53	\$61.27
74181*	S	.	Mri abdomen w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
74182*	S	.	Mri abdomen w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
74183*	S	.	Mri abdomen w/o & w/dye	0337	8.7945	\$521.89	\$208.75	\$104.38
74185	B	.	Mri angio, abdom w orw/o dye	.	.	.	.	.
74190	X	.	X-ray exam of peritoneum	0264	3.524	\$209.12	\$79.41	\$41.82
74210	S	.	Contrst x-ray exam of throat	0276	1.5319	\$90.91	\$36.36	\$18.18
74220	S	.	Contrast x-ray, esophagus	0276	1.5319	\$90.91	\$36.36	\$18.18
74230	S	.	Cine/vid x-ray, throat/esoph	0276	1.5319	\$90.91	\$36.36	\$18.18
74235	S	.	Remove esophagus obstruction	0296	2.2452	\$133.24	\$53.29	\$26.65
74240	S	.	X-ray exam, upper gi tract	0276	1.5319	\$90.91	\$36.36	\$18.18
74241	S	.	X-ray exam, upper gi tract	0276	1.5319	\$90.91	\$36.36	\$18.18
74245	S	.	X-ray exam, upper gi tract	0277	2.3852	\$141.54	\$56.61	\$28.31
74246	S	.	Contrst x-ray uppr gi tract	0276	1.5319	\$90.91	\$36.36	\$18.18
74247	S	.	Contrst x-ray uppr gi tract	0276	1.5319	\$90.91	\$36.36	\$18.18
74249	S	.	Contrst x-ray uppr gi tract	0277	2.3852	\$141.54	\$56.61	\$28.31
74250	S	.	X-ray exam of small bowel	0276	1.5319	\$90.91	\$36.36	\$18.18
74251	S	.	X-ray exam of small bowel	0277	2.3852	\$141.54	\$56.61	\$28.31
74260	S	.	X-ray exam of small bowel	0277	2.3852	\$141.54	\$56.61	\$28.31
74270	S	.	Contrast x-ray exam of colon	0276	1.5319	\$90.91	\$36.36	\$18.18
74280	S	.	Contrast x-ray exam of colon	0277	2.3852	\$141.54	\$56.61	\$28.31
74283	S	.	Contrast x-ray exam of colon	0276	1.5319	\$90.91	\$36.36	\$18.18
74290	S	.	Contrast x-ray, gallbladder	0276	1.5319	\$90.91	\$36.36	\$18.18

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
74291	S	.	Contrast x-rays, gallbladder	0276	1.5319	\$90.91	\$36.36	\$18.18
74300	X	.	X-ray bile ducts/pancreas	0263	1.7476	\$103.71	\$24.40	\$20.74
74301	X	.	X-rays at surgery add-on	0263	1.7476	\$103.71	\$24.40	\$20.74
74305	X	.	X-ray bile ducts/pancreas	0263	1.7476	\$103.71	\$24.40	\$20.74
74320	X	.	Contrast x-ray of bile ducts	0264	3.524	\$209.12	\$79.41	\$41.82
74327	S	.	X-ray bile stone removal	0296	2.2452	\$133.24	\$53.29	\$26.65
74328	N	.	X-ray bile duct endoscopy	.	.	.	.	.
74329	N	.	X-ray for pancreas endoscopy	.	.	.	.	.
74330	N	.	X-ray bile/panc endoscopy	.	.	.	.	.
74340	X	.	X-ray guide for GI tube	0272	1.3801	\$81.90	\$32.76	\$16.38
74350	X	.	X-ray guide, stomach tube	0263	1.7476	\$103.71	\$24.40	\$20.74
74355	X	.	X-ray guide, intestinal tube	0263	1.7476	\$103.71	\$24.40	\$20.74
74360	S	.	X-ray guide, GI dilation	0296	2.2452	\$133.24	\$53.29	\$26.65
74363	S	.	X-ray, bile duct dilation	0297	5.253	\$311.73	\$122.13	\$62.35
74400	S	.	Contrst x-ray, urinary tract	0278	2.6434	\$156.87	\$62.74	\$31.37
74410	S	.	Contrst x-ray, urinary tract	0278	2.6434	\$156.87	\$62.74	\$31.37
74415	S	.	Contrst x-ray, urinary tract	0278	2.6434	\$156.87	\$62.74	\$31.37
74420	S	.	Contrst x-ray, urinary tract	0278	2.6434	\$156.87	\$62.74	\$31.37
74425	S	.	Contrst x-ray, urinary tract	0278	2.6434	\$156.87	\$62.74	\$31.37
74430	S	.	Contrast x-ray, bladder	0278	2.6434	\$156.87	\$62.74	\$31.37
74440	S	.	X-ray, male genital tract	0278	2.6434	\$156.87	\$62.74	\$31.37
74445	S	.	X-ray exam of penis	0278	2.6434	\$156.87	\$62.74	\$31.37
74450	S	.	X-ray, urethra/bladder	0278	2.6434	\$156.87	\$62.74	\$31.37
74455	S	.	X-ray, urethra/bladder	0278	2.6434	\$156.87	\$62.74	\$31.37
74470	X	.	X-ray exam of kidney lesion	0263	1.7476	\$103.71	\$24.40	\$20.74
74475	S	.	X-ray control, cath insert	0297	5.253	\$311.73	\$122.13	\$62.35
74480	S	.	X-ray control, cath insert	0296	2.2452	\$133.24	\$53.29	\$26.65
74485	S	.	X-ray guide, GU dilation	0296	2.2452	\$133.24	\$53.29	\$26.65
74710	X	.	X-ray measurement of pelvis	0261	1.2901	\$76.56	.	\$15.31
74740	X	.	X-ray, female genital tract	0264	3.524	\$209.12	\$79.41	\$41.82
74742	X	.	X-ray, fallopian tube	0264	3.524	\$209.12	\$79.41	\$41.82
74775	S	.	X-ray exam of perineum	0278	2.6434	\$156.87	\$62.74	\$31.37
75552	S	.	Heart mri for morph w/o dye	0336	6.0742	\$360.46	\$144.18	\$72.09
75553	S	.	Heart mri for morph w/dye	0284	6.4201	\$380.99	\$152.39	\$76.20
75554	S	.	Cardiac MRI/function	0336	6.0742	\$360.46	\$144.18	\$72.09
75555	S	.	Cardiac MRI/limited study	0336	6.0742	\$360.46	\$144.18	\$72.09
75556	E	.	Cardiac MRI/flow mapping	.	.	.	.	.
75600	S	.	Contrast x-ray exam of aorta	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75605	S	.	Contrast x-ray exam of aorta	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75625	S	.	Contrast x-ray exam of aorta	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75630	S	.	X-ray aorta, leg arteries	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75635*	S	.	Ct angio abdominal arteries	0662	5.1621	\$306.33	\$122.53	\$61.27
75650	S	.	Artery x-rays, head & neck	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75658	S	.	Artery x-rays, arm	0279	8.9319	\$530.05	\$150.03	\$106.01
75660	S	.	Artery x-rays, head & neck	0668	6.5024	\$385.87	\$114.67	\$77.17
75662	S	.	Artery x-rays, head & neck	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75665	S	.	Artery x-rays, head & neck	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75671	S	.	Artery x-rays, head & neck	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75676	S	.	Artery x-rays, neck	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75680	S	.	Artery x-rays, neck	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75685	S	.	Artery x-rays, spine	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75705	S	.	Artery x-rays, spine	0668	6.5024	\$385.87	\$114.67	\$77.17
75710	S	.	Artery x-rays, arm/leg	0280	20.7902	\$1,233.75	\$353.85	\$246.75

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
75716	S	.	Artery x-rays, arms/legs	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75722	S	.	Artery x-rays, kidney	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75724	S	.	Artery x-rays, kidneys	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75726	S	.	Artery x-rays, abdomen	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75731	S	.	Artery x-rays, adrenal gland	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75733	S	.	Artery x-rays, adrenals	0668	6.5024	\$385.87	\$114.67	\$77.17
75736	S	.	Artery x-rays, pelvis	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75741	S	.	Artery x-rays, lung	0279	8.9319	\$530.05	\$150.03	\$106.01
75743	S	.	Artery x-rays, lungs	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75746	S	.	Artery x-rays, lung	0279	8.9319	\$530.05	\$150.03	\$106.01
75756	S	.	Artery x-rays, chest	0279	8.9319	\$530.05	\$150.03	\$106.01
75774	S	.	Artery x-ray, each vessel	0279	8.9319	\$530.05	\$150.03	\$106.01
75790	S	.	Visualize A-V shunt	0279	8.9319	\$530.05	\$150.03	\$106.01
75801	X	.	Lymph vessel x-ray, arm/leg	0264	3.524	\$209.12	\$79.41	\$41.82
75803	X	.	Lymph vessel x-ray, arms/legs	0264	3.524	\$209.12	\$79.41	\$41.82
75805	X	.	Lymph vessel x-ray, trunk	0264	3.524	\$209.12	\$79.41	\$41.82
75807	X	.	Lymph vessel x-ray, trunk	0264	3.524	\$209.12	\$79.41	\$41.82
75809	X	.	Nonvascular shunt, x-ray	0263	1.7476	\$103.71	\$24.40	\$20.74
75810	S	.	Vein x-ray, spleen/liver	0279	8.9319	\$530.05	\$150.03	\$106.01
75820	S	.	Vein x-ray, arm/leg	0668	6.5024	\$385.87	\$114.67	\$77.17
75822	S	.	Vein x-ray, arms/legs	0668	6.5024	\$385.87	\$114.67	\$77.17
75825	S	.	Vein x-ray, trunk	0279	8.9319	\$530.05	\$150.03	\$106.01
75827	S	.	Vein x-ray, chest	0279	8.9319	\$530.05	\$150.03	\$106.01
75831	S	.	Vein x-ray, kidney	0279	8.9319	\$530.05	\$150.03	\$106.01
75833	S	.	Vein x-ray, kidneys	0279	8.9319	\$530.05	\$150.03	\$106.01
75840	S	.	Vein x-ray, adrenal gland	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75842	S	.	Vein x-ray, adrenal glands	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75860	S	.	Vein x-ray, neck	0668	6.5024	\$385.87	\$114.67	\$77.17
75870	S	.	Vein x-ray, skull	0668	6.5024	\$385.87	\$114.67	\$77.17
75872	S	.	Vein x-ray, skull	0279	8.9319	\$530.05	\$150.03	\$106.01
75880	S	.	Vein x-ray, eye socket	0668	6.5024	\$385.87	\$114.67	\$77.17
75885	S	.	Vein x-ray, liver	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75887	S	.	Vein x-ray, liver	0279	8.9319	\$530.05	\$150.03	\$106.01
75889	S	.	Vein x-ray, liver	0280	20.7902	\$1,233.75	\$353.85	\$246.75
75891	S	.	Vein x-ray, liver	0279	8.9319	\$530.05	\$150.03	\$106.01
75893	N	.	Venous sampling by catheter	.	.	.	.	.
75894	S	.	X-rays, transcath therapy	0297	5.253	\$311.73	\$122.13	\$62.35
75896	S	.	X-rays, transcath therapy	0297	5.253	\$311.73	\$122.13	\$62.35
75898	X	.	Follow-up angiography	0263	1.7476	\$103.71	\$24.40	\$20.74
75900	C	.	Arterial catheter exchange	.	.	.	.	.
75901	X	.	Remove cva device obstruct	0263	1.7476	\$103.71	\$24.40	\$20.74
75902	X	.	Remove cva lumen obstruct	0263	1.7476	\$103.71	\$24.40	\$20.74
75940	S	.	X-ray placement, vein filter	0297	5.253	\$311.73	\$122.13	\$62.35
75945	S	.	Intravascular us	0267	2.6327	\$156.23	\$62.18	\$31.25
75946	S	.	Intravascular us add-on	0266	1.6393	\$97.28	\$38.91	\$19.46
75952	C	.	Endovasc repair abdom aorta	.	.	.	.	.
75953	C	.	Abdom aneurysm endovas rpr	.	.	.	.	.
75954	C	.	Iliac aneurysm endovas rpr	.	.	.	.	.
75960	S	.	Transcatheter intro, stent	0668	6.5024	\$385.87	\$114.67	\$77.17
75961	S	.	Retrieval, broken catheter	0668	6.5024	\$385.87	\$114.67	\$77.17
75962	S	.	Repair arterial blockage	0668	6.5024	\$385.87	\$114.67	\$77.17
75964	S	.	Repair artery blockage, each	0668	6.5024	\$385.87	\$114.67	\$77.17
75966	S	.	Repair arterial blockage	0668	6.5024	\$385.87	\$114.67	\$77.17

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
75968	S	.	Repair artery blockage, each	0668	6.5024	\$385.87	\$114.67	\$77.17
75970	S	.	Vascular biopsy	0668	6.5024	\$385.87	\$114.67	\$77.17
75978	S	.	Repair venous blockage	0668	6.5024	\$385.87	\$114.67	\$77.17
75980	S	.	Contrast xray exam bile duct	0297	5.253	\$311.73	\$122.13	\$62.35
75982	S	.	Contrast xray exam bile duct	0297	5.253	\$311.73	\$122.13	\$62.35
75984	X	.	Xray control catheter change	0263	1.7476	\$103.71	\$24.40	\$20.74
75989	N	.	Abscess drainage under x-ray	.	.	.	.	.
75992	S	.	Atherectomy, x-ray exam	0279	8.9319	\$530.05	\$150.03	\$106.01
75993	S	.	Atherectomy, x-ray exam	0279	8.9319	\$530.05	\$150.03	\$106.01
75994	S	.	Atherectomy, x-ray exam	0279	8.9319	\$530.05	\$150.03	\$106.01
75995	S	.	Atherectomy, x-ray exam	0279	8.9319	\$530.05	\$150.03	\$106.01
75996	S	.	Atherectomy, x-ray exam	0279	8.9319	\$530.05	\$150.03	\$106.01
75998	N	.	Fluoroguide for vein device	.	.	.	.	.
76000	X	.	Fluoroscope examination	0272	1.3801	\$81.90	\$32.76	\$16.38
76001	N	.	Fluoroscope exam, extensive	.	.	.	.	.
76003	N	.	Needle localization by x-ray	.	.	.	.	.
76005	N	.	Fluoroguide for spine inject	.	.	.	.	.
76006	X	.	X-ray stress view	0260	0.7555	\$44.83	\$17.93	\$8.97
76010	X	.	X-ray, nose to rectum	0260	0.7555	\$44.83	\$17.93	\$8.97
76012	S	.	Percut vertebroplasty fluor	0274	3.0413	\$180.48	\$72.19	\$36.10
76013	S	.	Percut vertebroplasty, ct	0274	3.0413	\$180.48	\$72.19	\$36.10
76020	X	.	X-rays for bone age	0260	0.7555	\$44.83	\$17.93	\$8.97
76040	X	.	X-rays, bone evaluation	0261	1.2901	\$76.56	.	\$15.31
76061	X	.	X-rays, bone survey	0261	1.2901	\$76.56	.	\$15.31
76062	X	.	X-rays, bone survey	0261	1.2901	\$76.56	.	\$15.31
76065	X	.	X-rays, bone evaluation	0261	1.2901	\$76.56	.	\$15.31
76066	X	.	Joint survey, single view	0260	0.7555	\$44.83	\$17.93	\$8.97
76070	S	.	CT scan, bone density study	0288	1.2568	\$74.58	.	\$14.92
76071	S	.	Ct bone density, peripheral	0282	1.6542	\$98.17	\$39.26	\$19.63
76075	S	.	Dexa, axial skeleton study	0288	1.2568	\$74.58	.	\$14.92
76076	S	.	Dexa, peripheral study	0665	0.6464	\$38.36	.	\$7.67
76077	X	.	Dxa bone density/v-fracture	0260	0.7555	\$44.83	\$17.93	\$8.97
76078	X	.	Radiographic absorptiometry	0260	0.7555	\$44.83	\$17.93	\$8.97
76080	X	.	X-ray exam of fistula	0263	1.7476	\$103.71	\$24.40	\$20.74
76082	A	.	Computer mammogram add-on	.	.	.	.	.
76083	A	.	Computer mammogram add-on	.	.	.	.	.
76086	X	.	X-ray of mammary duct	0263	1.7476	\$103.71	\$24.40	\$20.74
76088	X	.	X-ray of mammary ducts	0263	1.7476	\$103.71	\$24.40	\$20.74
76090	A	.	Mammogram, one breast	.	.	.	.	.
76091	A	.	Mammogram, both breasts	.	.	.	.	.
76092	A	.	Mammogram, screening	.	.	.	.	.
76093	E	.	Magnetic image, breast	.	.	.	.	.
76094	E	.	Magnetic image, both breasts	.	.	.	.	.
76095	X	.	Stereotactic breast biopsy	0264	3.524	\$209.12	\$79.41	\$41.82
76096	X	.	X-ray of needle wire, breast	0263	1.7476	\$103.71	\$24.40	\$20.74
76098	X	.	X-ray exam, breast specimen	0260	0.7555	\$44.83	\$17.93	\$8.97
76100	X	.	X-ray exam of body section	0261	1.2901	\$76.56	.	\$15.31
76101	X	.	Complex body section x-ray	0263	1.7476	\$103.71	\$24.40	\$20.74
76102	X	.	Complex body section x-rays	0264	3.524	\$209.12	\$79.41	\$41.82
76120	X	.	Cine/video x-rays	0272	1.3801	\$81.90	\$32.76	\$16.38
76125	X	.	Cine/video x-rays add-on	0260	0.7555	\$44.83	\$17.93	\$8.97
76140	E	.	X-ray consultation	.	.	.	.	.
76150	X	.	X-ray exam, dry process	0260	0.7555	\$44.83	\$17.93	\$8.97

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
76350	N	.	Special x-ray contrast study	.	.	.	.	.
76355	S	.	Ct scan for localization	0283	4.4253	\$262.61	\$105.04	\$52.52
76360	S	.	Ct scan for needle biopsy	0283	4.4253	\$262.61	\$105.04	\$52.52
76362	S	.	Ct guide for tissue ablation	0332	3.2694	\$194.02	\$77.60	\$38.80
76370	S	.	Ct scan for therapy guide	0282	1.6542	\$98.17	\$39.26	\$19.63
76375	S	.	3d/holograph reconstr add-on	0282	1.6542	\$98.17	\$39.26	\$19.63
76380	S	.	CAT scan follow-up study	0282	1.6542	\$98.17	\$39.26	\$19.63
76390	E	.	Mr spectroscopy	.	.	.	.	.
76393	S	.	Mr guidance for needle place	0335	5.1581	\$306.10	\$122.43	\$61.22
76394	S	.	Mri for tissue ablation	0335	5.1581	\$306.10	\$122.43	\$61.22
76400	S	.	Magnetic image, bone marrow	0335	5.1581	\$306.10	\$122.43	\$61.22
76496	X	.	Fluoroscopic procedure	0272	1.3801	\$81.90	\$32.76	\$16.38
76497	S	.	Ct procedure	0282	1.6542	\$98.17	\$39.26	\$19.63
76498	S	.	Mri procedure	0335	5.1581	\$306.10	\$122.43	\$61.22
76499	X	.	Radiographic procedure	0260	0.7555	\$44.83	\$17.93	\$8.97
76506	S	.	Echo exam of head	0265	1.0213	\$60.61	\$24.24	\$12.12
76510	S	.	Ophth us, b & quant a	0266	1.6393	\$97.28	\$38.91	\$19.46
76511	S	.	Echo exam of eye	0266	1.6393	\$97.28	\$38.91	\$19.46
76512	S	.	Echo exam of eye	0266	1.6393	\$97.28	\$38.91	\$19.46
76513	S	.	Echo exam of eye, water bath	0266	1.6393	\$97.28	\$38.91	\$19.46
76514	X	.	Echo exam of eye, thickness	0340	0.6384	\$37.88	.	\$7.58
76516	S	.	Echo exam of eye	0265	1.0213	\$60.61	\$24.24	\$12.12
76519	S	.	Echo exam of eye	0266	1.6393	\$97.28	\$38.91	\$19.46
76529	S	.	Echo exam of eye	0265	1.0213	\$60.61	\$24.24	\$12.12
76536	S	.	Us exam of head and neck	0266	1.6393	\$97.28	\$38.91	\$19.46
76604*	S	.	Us exam, chest, b-scan	0266	1.6393	\$97.28	\$38.91	\$19.46
76645*	S	.	Us exam, breast(s)	0265	1.0213	\$60.61	\$24.24	\$12.12
76700*	S	.	Us exam, abdom, complete	0266	1.6393	\$97.28	\$38.91	\$19.46
76705*	S	.	Echo exam of abdomen	0266	1.6393	\$97.28	\$38.91	\$19.46
76770*	S	.	Us exam abdo back wall, comp	0266	1.6393	\$97.28	\$38.91	\$19.46
76775*	S	.	Us exam abdo back wall, lim	0266	1.6393	\$97.28	\$38.91	\$19.46
76778*	S	.	Us exam kidney transplant	0266	1.6393	\$97.28	\$38.91	\$19.46
76800	S	.	Us exam, spinal canal	0266	1.6393	\$97.28	\$38.91	\$19.46
76801	S	.	Ob us < 14 wks, single fetus	0266	1.6393	\$97.28	\$38.91	\$19.46
76802	S	.	Ob us < 14 wks, addl fetus	0265	1.0213	\$60.61	\$24.24	\$12.12
76805	S	.	Us exam, pg uterus, compl	0266	1.6393	\$97.28	\$38.91	\$19.46
76810	S	.	Us exam, pg uterus, mult	0266	1.6393	\$97.28	\$38.91	\$19.46
76811	S	.	Ob us, detailed, snl fetus	0267	2.6327	\$156.23	\$62.18	\$31.25
76812	S	.	Ob us, detailed, addl fetus	0266	1.6393	\$97.28	\$38.91	\$19.46
76815	S	.	Us exam, pg uterus limit	0265	1.0213	\$60.61	\$24.24	\$12.12
76816	S	.	Us exam pg uterus repeat	0265	1.0213	\$60.61	\$24.24	\$12.12
76817	S	.	Transvaginal us, obstetric	0266	1.6393	\$97.28	\$38.91	\$19.46
76818	S	.	Fetal biophys profile w/nst	0266	1.6393	\$97.28	\$38.91	\$19.46
76819	S	.	Fetal biophys profil w/o nst	0266	1.6393	\$97.28	\$38.91	\$19.46
76820	S	.	Umbilical artery echo	0096	1.6307	\$96.77	\$38.70	\$19.35
76821	S	.	Middle cerebral artery echo	0096	1.6307	\$96.77	\$38.70	\$19.35
76825	S	.	Echo exam of fetal heart	0671	1.7028	\$101.05	\$40.42	\$20.21
76826	S	.	Echo exam of fetal heart	0697	1.5357	\$91.13	\$36.45	\$18.23
76827	S	.	Echo exam of fetal heart	0671	1.7028	\$101.05	\$40.42	\$20.21
76828	S	.	Echo exam of fetal heart	0697	1.5357	\$91.13	\$36.45	\$18.23
76830*	S	.	Transvaginal us, non-ob	0266	1.6393	\$97.28	\$38.91	\$19.46
76831*	S	.	Echo exam, uterus	0267	2.6327	\$156.23	\$62.18	\$31.25
76856*	S	.	Us exam, pelvic, complete	0266	1.6393	\$97.28	\$38.91	\$19.46

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
76857*	S	.	Us exam, pelvic, limited	0265	1.0213	\$60.61	\$24.24	\$12.12
76870	S	.	Us exam, scrotum	0266	1.6393	\$97.28	\$38.91	\$19.46
76872	S	.	Us, transrectal	0266	1.6393	\$97.28	\$38.91	\$19.46
76873	S	.	Echograp trans r, pros study	0266	1.6393	\$97.28	\$38.91	\$19.46
76880	S	.	Us exam, extremity	0266	1.6393	\$97.28	\$38.91	\$19.46
76885	S	.	Us exam infant hips, dynamic	0265	1.0213	\$60.61	\$24.24	\$12.12
76886	S	.	Us exam infant hips, static	0266	1.6393	\$97.28	\$38.91	\$19.46
76930	S	.	Echo guide, cardiocentesis	0268	1.061	\$62.96	.	\$12.59
76932	S	.	Echo guide for heart biopsy	0268	1.061	\$62.96	.	\$12.59
76936	S	.	Echo guide for artery repair	0268	1.061	\$62.96	.	\$12.59
76937	N	.	Us guide, vascular access	.	.	.	.	.
76940	S	.	Us guide, tissue ablation	0268	1.061	\$62.96	.	\$12.59
76941	S	.	Echo guide for transfusion	0268	1.061	\$62.96	.	\$12.59
76942	S	.	Echo guide for biopsy	0268	1.061	\$62.96	.	\$12.59
76945	S	.	Echo guide, villus sampling	0268	1.061	\$62.96	.	\$12.59
76946	S	.	Echo guide for amniocentesis	0268	1.061	\$62.96	.	\$12.59
76948	S	.	Echo guide, ova aspiration	0268	1.061	\$62.96	.	\$12.59
76950	S	.	Echo guidance radiotherapy	0268	1.061	\$62.96	.	\$12.59
76965	S	.	Echo guidance radiotherapy	0268	1.061	\$62.96	.	\$12.59
76970	S	.	Ultrasound exam follow-up	0265	1.0213	\$60.61	\$24.24	\$12.12
76975	S	.	GI endoscopic ultrasound	0266	1.6393	\$97.28	\$38.91	\$19.46
76977	X	.	Us bone density measure	0340	0.6384	\$37.88	.	\$7.58
76986	S	.	Ultrasound guide intraoper	0266	1.6393	\$97.28	\$38.91	\$19.46
76999	S	.	Echo examination procedure	0265	1.0213	\$60.61	\$24.24	\$12.12
77261	E	.	Radiation therapy planning	.	.	.	.	.
77262	E	.	Radiation therapy planning	.	.	.	.	.
77263	E	.	Radiation therapy planning	.	.	.	.	.
77280	X	.	Set radiation therapy field	0304	1.7738	\$105.26	\$41.52	\$21.05
77285	X	.	Set radiation therapy field	0305	4.0036	\$237.59	\$91.38	\$47.52
77290	X	.	Set radiation therapy field	0305	4.0036	\$237.59	\$91.38	\$47.52
77295	X	.	Set radiation therapy field	0310	13.949	\$827.78	\$325.27	\$165.56
77299	E	.	Radiation therapy planning	.	.	.	.	.
77300	X	.	Radiation therapy dose plan	0304	1.7738	\$105.26	\$41.52	\$21.05
77301	X	.	Radiotherapy dose plan, imrt	0310	13.949	\$827.78	\$325.27	\$165.56
77305	X	.	Teletx isodose plan simple	0304	1.7738	\$105.26	\$41.52	\$21.05
77310	X	.	Teletx isodose plan intermed	0305	4.0036	\$237.59	\$91.38	\$47.52
77315	X	.	Teletx isodose plan complex	0305	4.0036	\$237.59	\$91.38	\$47.52
77321	X	.	Special teletx port plan	0305	4.0036	\$237.59	\$91.38	\$47.52
77326	X	.	Radiation therapy dose plan	0304	1.7738	\$105.26	\$41.52	\$21.05
77327	X	.	Brachytx isodose calc interm	0305	4.0036	\$237.59	\$91.38	\$47.52
77328	X	.	Brachytx isodose plan compl	0305	4.0036	\$237.59	\$91.38	\$47.52
77331	X	.	Special radiation dosimetry	0304	1.7738	\$105.26	\$41.52	\$21.05
77332	X	.	Radiation treatment aid(s)	0303	2.8356	\$168.27	\$66.95	\$33.65
77333	X	.	Radiation treatment aid(s)	0303	2.8356	\$168.27	\$66.95	\$33.65
77334	X	.	Radiation treatment aid(s)	0303	2.8356	\$168.27	\$66.95	\$33.65
77336	X	.	Radiation physics consult	0304	1.7738	\$105.26	\$41.52	\$21.05
77370	X	.	Radiation physics consult	0304	1.7738	\$105.26	\$41.52	\$21.05
77399	X	.	External radiation dosimetry	0304	1.7738	\$105.26	\$41.52	\$21.05
77401	S	.	Radiation treatment delivery	0300	1.5198	\$90.19	.	\$18.04
77402	S	.	Radiation treatment delivery	0300	1.5198	\$90.19	.	\$18.04
77403	S	.	Radiation treatment delivery	0300	1.5198	\$90.19	.	\$18.04
77404	S	.	Radiation treatment delivery	0300	1.5198	\$90.19	.	\$18.04
77406	S	.	Radiation treatment delivery	0300	1.5198	\$90.19	.	\$18.04

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
77407	S	.	Radiation treatment delivery	0300	1.5198	\$90.19	.	\$18.04
77408	S	.	Radiation treatment delivery	0300	1.5198	\$90.19	.	\$18.04
77409	S	.	Radiation treatment delivery	0300	1.5198	\$90.19	.	\$18.04
77411	S	.	Radiation treatment delivery	0301	2.2195	\$131.71	.	\$26.34
77412	S	.	Radiation treatment delivery	0301	2.2195	\$131.71	.	\$26.34
77413	S	.	Radiation treatment delivery	0301	2.2195	\$131.71	.	\$26.34
77414	S	.	Radiation treatment delivery	0301	2.2195	\$131.71	.	\$26.34
77416	S	.	Radiation treatment delivery	0301	2.2195	\$131.71	.	\$26.34
77417	X	.	Radiology port film(s)	0260	0.7555	\$44.83	\$17.93	\$8.97
77418	S	.	Radiation tx delivery, imrt	0412	5.3643	\$318.33	.	\$63.67
77427	E	.	Radiation tx management, x5	.	.	.	.	.
77431	E	.	Radiation therapy management	.	.	.	.	.
77432	E	.	Stereotactic radiation trmt	.	.	.	.	.
77470	S	.	Special radiation treatment	0299	5.8482	\$347.05	.	\$69.41
77499	E	.	Radiation therapy management	.	.	.	.	.
77520	S	.	Proton trmt, simple w/o comp	0664	12.9439	\$768.13	.	\$153.63
77522	S	.	Proton trmt, simple w/comp	0664	12.9439	\$768.13	.	\$153.63
77523	S	.	Proton trmt, intermediate	0667	15.4857	\$918.97	.	\$183.79
77525	S	.	Proton treatment, complex	0667	15.4857	\$918.97	.	\$183.79
77600	S	.	Hyperthermia treatment	0314	5.9945	\$355.73	\$98.36	\$71.15
77605	S	.	Hyperthermia treatment	0314	5.9945	\$355.73	\$98.36	\$71.15
77610	S	.	Hyperthermia treatment	0314	5.9945	\$355.73	\$98.36	\$71.15
77615	S	.	Hyperthermia treatment	0314	5.9945	\$355.73	\$98.36	\$71.15
77620	S	.	Hyperthermia treatment	0314	5.9945	\$355.73	\$98.36	\$71.15
77750	S	.	Infuse radioactive materials	0301	2.2195	\$131.71	.	\$26.34
77761	S	.	Apply intrcav radiat simple	0312	5.0032	\$296.90	.	\$59.38
77762	S	.	Apply intrcav radiat interm	0312	5.0032	\$296.90	.	\$59.38
77763	S	.	Apply intrcav radiat compl	0312	5.0032	\$296.90	.	\$59.38
77776	S	.	Apply interstit radiat simpl	0312	5.0032	\$296.90	.	\$59.38
77777	S	.	Apply interstit radiat inter	0312	5.0032	\$296.90	.	\$59.38
77778	S	.	Apply interstit radiat compl	0651	12.1448	\$720.71	.	\$144.14
77781	S	.	High intensity brachytherapy	0313	12.8655	\$763.48	.	\$152.70
77782	S	.	High intensity brachytherapy	0313	12.8655	\$763.48	.	\$152.70
77783	S	.	High intensity brachytherapy	0313	12.8655	\$763.48	.	\$152.70
77784	S	.	High intensity brachytherapy	0313	12.8655	\$763.48	.	\$152.70
77789	S	.	Apply surface radiation	0300	1.5198	\$90.19	.	\$18.04
77790	N	.	Radiation handling	.	.	.	.	.
77799	S	.	Radium/radioisotope therapy	0313	12.8655	\$763.48	.	\$152.70
78000	S	.	Thyroid, single uptake	0389	1.4976	\$88.87	\$35.54	\$17.77
78001	S	.	Thyroid, multiple uptakes	0389	1.4976	\$88.87	\$35.54	\$17.77
78003	S	.	Thyroid suppress/stimul	0389	1.4976	\$88.87	\$35.54	\$17.77
78006	S	.	Thyroid imaging with uptake	0390	2.5562	\$151.69	\$60.67	\$30.34
78007	S	.	Thyroid image, mult uptakes	0391	2.8774	\$170.75	\$68.30	\$34.15
78010	S	.	Thyroid imaging	0390	2.5562	\$151.69	\$60.67	\$30.34
78011	S	.	Thyroid imaging with flow	0390	2.5562	\$151.69	\$60.67	\$30.34
78015	S	.	Thyroid met imaging	0406	4.3035	\$255.38	\$102.15	\$51.08
78016	S	.	Thyroid met imaging/studies	0406	4.3035	\$255.38	\$102.15	\$51.08
78018	S	.	Thyroid met imaging, body	0406	4.3035	\$255.38	\$102.15	\$51.08
78020	S	.	Thyroid met uptake	0399	1.5192	\$90.15	\$36.06	\$18.03
78070	S	.	Parathyroid nuclear imaging	0391	2.8774	\$170.75	\$68.30	\$34.15
78075	S	.	Adrenal nuclear imaging	0391	2.8774	\$170.75	\$68.30	\$34.15
78099	S	.	Endocrine nuclear procedure	0390	2.5562	\$151.69	\$60.67	\$30.34
78102	S	.	Bone marrow imaging, ltd	0400	4.1335	\$245.29	\$98.11	\$49.06

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
78103	S	.	Bone marrow imaging, mult	0400	4.1335	\$245.29	\$98.11	\$49.06
78104	S	.	Bone marrow imaging, body	0400	4.1335	\$245.29	\$98.11	\$49.06
78110	S	.	Plasma volume, single	0393	3.4438	\$204.37	\$81.74	\$40.87
78111	S	.	Plasma volume, multiple	0393	3.4438	\$204.37	\$81.74	\$40.87
78120	S	.	Red cell mass, single	0393	3.4438	\$204.37	\$81.74	\$40.87
78121	S	.	Red cell mass, multiple	0393	3.4438	\$204.37	\$81.74	\$40.87
78122	S	.	Blood volume	0393	3.4438	\$204.37	\$81.74	\$40.87
78130	S	.	Red cell survival study	0393	3.4438	\$204.37	\$81.74	\$40.87
78135	S	.	Red cell survival kinetics	0393	3.4438	\$204.37	\$81.74	\$40.87
78140	S	.	Red cell sequestration	0393	3.4438	\$204.37	\$81.74	\$40.87
78160	S	.	Plasma iron turnover	0393	3.4438	\$204.37	\$81.74	\$40.87
78162	S	.	Radioiron absorption exam	0393	3.4438	\$204.37	\$81.74	\$40.87
78170	S	.	Red cell iron utilization	0393	3.4438	\$204.37	\$81.74	\$40.87
78172	S	.	Total body iron estimation	0393	3.4438	\$204.37	\$81.74	\$40.87
78185	S	.	Spleen imaging	0400	4.1335	\$245.29	\$98.11	\$49.06
78190	S	.	Platelet survival, kinetics	0389	1.4976	\$88.87	\$35.54	\$17.77
78191	S	.	Platelet survival	0389	1.4976	\$88.87	\$35.54	\$17.77
78195	S	.	Lymph system imaging	0400	4.1335	\$245.29	\$98.11	\$49.06
78199	S	.	Blood/lymph nuclear exam	0400	4.1335	\$245.29	\$98.11	\$49.06
78201	S	.	Liver imaging	0394	4.463	\$264.85	\$105.93	\$52.97
78202	S	.	Liver imaging with flow	0394	4.463	\$264.85	\$105.93	\$52.97
78205	S	.	Liver imaging (3D)	0394	4.463	\$264.85	\$105.93	\$52.97
78206	S	.	Liver image (3d) with flow	0394	4.463	\$264.85	\$105.93	\$52.97
78215	S	.	Liver and spleen imaging	0394	4.463	\$264.85	\$105.93	\$52.97
78216	S	.	Liver & spleen image/flow	0394	4.463	\$264.85	\$105.93	\$52.97
78220	S	.	Liver function study	0394	4.463	\$264.85	\$105.93	\$52.97
78223	S	.	Hepatobiliary imaging	0394	4.463	\$264.85	\$105.93	\$52.97
78230	S	.	Salivary gland imaging	0395	3.8699	\$229.65	\$91.86	\$45.93
78231	S	.	Serial salivary imaging	0395	3.8699	\$229.65	\$91.86	\$45.93
78232	S	.	Salivary gland function exam	0395	3.8699	\$229.65	\$91.86	\$45.93
78258	S	.	Esophageal motility study	0395	3.8699	\$229.65	\$91.86	\$45.93
78261	S	.	Gastric mucosa imaging	0395	3.8699	\$229.65	\$91.86	\$45.93
78262	S	.	Gastroesophageal reflux exam	0395	3.8699	\$229.65	\$91.86	\$45.93
78264	S	.	Gastric emptying study	0395	3.8699	\$229.65	\$91.86	\$45.93
78267	A	.	Breath tst attain/anal c-14	.	.	.	.	.
78268	A	.	Breath test analysis, c-14	.	.	.	.	.
78270	S	.	Vit B-12 absorption exam	0389	1.4976	\$88.87	\$35.54	\$17.77
78271	S	.	Vit b-12 absrp exam,int fac	0389	1.4976	\$88.87	\$35.54	\$17.77
78272	S	.	Vit B-12 absorp, combined	0389	1.4976	\$88.87	\$35.54	\$17.77
78278	S	.	Acute GI blood loss imaging	0395	3.8699	\$229.65	\$91.86	\$45.93
78282	S	.	GI protein loss exam	0395	3.8699	\$229.65	\$91.86	\$45.93
78290	S	.	Meckel's divert exam	0395	3.8699	\$229.65	\$91.86	\$45.93
78291	S	.	Leveen/shunt patency exam	0395	3.8699	\$229.65	\$91.86	\$45.93
78299	S	.	GI nuclear procedure	0395	3.8699	\$229.65	\$91.86	\$45.93
78300	S	.	Bone imaging, limited area	0396	4.1426	\$245.83	\$98.33	\$49.17
78305	S	.	Bone imaging, multiple areas	0396	4.1426	\$245.83	\$98.33	\$49.17
78306	S	.	Bone imaging, whole body	0396	4.1426	\$245.83	\$98.33	\$49.17
78315	S	.	Bone imaging, 3 phase	0396	4.1426	\$245.83	\$98.33	\$49.17
78320	S	.	Bone imaging (3D)	0396	4.1426	\$245.83	\$98.33	\$49.17
78350	X	.	Bone mineral, single photon	0260	0.7555	\$44.83	\$17.93	\$8.97
78351	E	.	Bone mineral, dual photon	.	.	.	.	.
78399	S	.	Musculoskeletal nuclear exam	0396	4.1426	\$245.83	\$98.33	\$49.17
78414	S	.	Non-imaging heart function	0398	4.3093	\$255.73	\$102.29	\$51.15

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
78428	S	.	Cardiac shunt imaging	0398	4.3093	\$255.73	\$102.29	\$51.15
78445	S	.	Vascular flow imaging	0397	2.2646	\$134.39	\$53.75	\$26.88
78455	S	.	Venous thrombosis study	0397	2.2646	\$134.39	\$53.75	\$26.88
78456	S	.	Acute venous thrombus image	0397	2.2646	\$134.39	\$53.75	\$26.88
78457	S	.	Venous thrombosis imaging	0397	2.2646	\$134.39	\$53.75	\$26.88
78458	S	.	Ven thrombosis images, bilat	0397	2.2646	\$134.39	\$53.75	\$26.88
78459	S	.	Heart muscle imaging (PET)	0285	17.1798	\$1,019.50	\$318.72	\$203.90
78460	S	.	Heart muscle blood, single	0398	4.3093	\$255.73	\$102.29	\$51.15
78461	S	.	Heart muscle blood, multiple	0377	6.8344	\$405.57	\$162.22	\$81.11
78464	S	.	Heart image (3d), single	0398	4.3093	\$255.73	\$102.29	\$51.15
78465	S	.	Heart image (3d), multiple	0377	6.8344	\$405.57	\$162.22	\$81.11
78466	S	.	Heart infarct image	0398	4.3093	\$255.73	\$102.29	\$51.15
78468	S	.	Heart infarct image (ef)	0398	4.3093	\$255.73	\$102.29	\$51.15
78469	S	.	Heart infarct image (3D)	0398	4.3093	\$255.73	\$102.29	\$51.15
78472	S	.	Gated heart, planar, single	0398	4.3093	\$255.73	\$102.29	\$51.15
78473	S	.	Gated heart, multiple	0376	5.1975	\$308.44	\$121.42	\$61.69
78478	S	.	Heart wall motion add-on	0399	1.5192	\$90.15	\$36.06	\$18.03
78480	S	.	Heart function add-on	0399	1.5192	\$90.15	\$36.06	\$18.03
78481	S	.	Heart first pass, single	0398	4.3093	\$255.73	\$102.29	\$51.15
78483	S	.	Heart first pass, multiple	0376	5.1975	\$308.44	\$121.42	\$61.69
78491	S	.	Heart image (pet), single	0285	17.1798	\$1,019.50	\$318.72	\$203.90
78492	S	.	Heart image (pet), multiple	0285	17.1798	\$1,019.50	\$318.72	\$203.90
78494	S	.	Heart image, spect	0398	4.3093	\$255.73	\$102.29	\$51.15
78496	S	.	Heart first pass add-on	0399	1.5192	\$90.15	\$36.06	\$18.03
78499	S	.	Cardiovascular nuclear exam	0398	4.3093	\$255.73	\$102.29	\$51.15
78580	S	.	Lung perfusion imaging	0401	3.415	\$202.66	\$81.06	\$40.53
78584	S	.	Lung V/Q image single breath	0378	5.4997	\$326.37	\$130.54	\$65.27
78585	S	.	Lung V/Q imaging	0378	5.4997	\$326.37	\$130.54	\$65.27
78586	S	.	Aerosol lung image, single	0401	3.415	\$202.66	\$81.06	\$40.53
78587	S	.	Aerosol lung image, multiple	0401	3.415	\$202.66	\$81.06	\$40.53
78588	S	.	Perfusion lung image	0378	5.4997	\$326.37	\$130.54	\$65.27
78591	S	.	Vent image, 1 breath, 1 proj	0401	3.415	\$202.66	\$81.06	\$40.53
78593	S	.	Vent image, 1 proj, gas	0401	3.415	\$202.66	\$81.06	\$40.53
78594	S	.	Vent image, mult proj, gas	0401	3.415	\$202.66	\$81.06	\$40.53
78596	S	.	Lung differential function	0378	5.4997	\$326.37	\$130.54	\$65.27
78599	S	.	Respiratory nuclear exam	0401	3.415	\$202.66	\$81.06	\$40.53
78600	S	.	Brain imaging, ltd static	0402	5.1847	\$307.68	\$123.07	\$61.54
78601	S	.	Brain imaging, ltd w/flow	0402	5.1847	\$307.68	\$123.07	\$61.54
78605	S	.	Brain imaging, complete	0402	5.1847	\$307.68	\$123.07	\$61.54
78606	S	.	Brain imaging, compl w/flow	0402	5.1847	\$307.68	\$123.07	\$61.54
78607	S	.	Brain imaging (3D)	0402	5.1847	\$307.68	\$123.07	\$61.54
78608	S	.	Brain imaging (PET)	1513	.	\$1,150.00	.	\$230.00
78609	S	.	Brain imaging (PET)	1513	.	\$1,150.00	.	\$230.00
78610	S	.	Brain flow imaging only	0402	5.1847	\$307.68	\$123.07	\$61.54
78615	S	.	Cerebral vascular flow image	0402	5.1847	\$307.68	\$123.07	\$61.54
78630	S	.	Cerebrospinal fluid scan	0403	3.6138	\$214.45	\$85.78	\$42.89
78635	S	.	CSF ventriculography	0403	3.6138	\$214.45	\$85.78	\$42.89
78645	S	.	CSF shunt evaluation	0403	3.6138	\$214.45	\$85.78	\$42.89
78647	S	.	Cerebrospinal fluid scan	0403	3.6138	\$214.45	\$85.78	\$42.89
78650	S	.	CSF leakage imaging	0403	3.6138	\$214.45	\$85.78	\$42.89
78660	S	.	Nuclear exam of tear flow	0403	3.6138	\$214.45	\$85.78	\$42.89
78699	S	.	Nervous system nuclear exam	0402	5.1847	\$307.68	\$123.07	\$61.54
78700	S	.	Kidney imaging, static	0267	2.6327	\$156.23	\$62.18	\$31.25

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
78701	S	.	Kidney imaging with flow	0404	3.8559	\$228.82	\$91.52	\$45.76
78704	S	.	Imaging renogram	0404	3.8559	\$228.82	\$91.52	\$45.76
78707	S	.	Kidney flow/function image	0404	3.8559	\$228.82	\$91.52	\$45.76
78708	S	.	Kidney flow/function image	0405	4.2674	\$253.24	\$101.29	\$50.65
78709	S	.	Kidney flow/function image	0405	4.2674	\$253.24	\$101.29	\$50.65
78710	S	.	Kidney imaging (3D)	0404	3.8559	\$228.82	\$91.52	\$45.76
78715	S	.	Renal vascular flow exam	0404	3.8559	\$228.82	\$91.52	\$45.76
78725	S	.	Kidney function study	0389	1.4976	\$88.87	\$35.54	\$17.77
78730	X	.	Urinary bladder retention	0340	0.6384	\$37.88	.	\$7.58
78740	S	.	Ureteral reflux study	0404	3.8559	\$228.82	\$91.52	\$45.76
78760	S	.	Testicular imaging	0404	3.8559	\$228.82	\$91.52	\$45.76
78761	S	.	Testicular imaging/flow	0404	3.8559	\$228.82	\$91.52	\$45.76
78799	S	.	Genitourinary nuclear exam	0404	3.8559	\$228.82	\$91.52	\$45.76
78800	S	.	Tumor imaging, limited area	0406	4.3035	\$255.38	\$102.15	\$51.08
78801	S	.	Tumor imaging, mult areas	0406	4.3035	\$255.38	\$102.15	\$51.08
78802	S	.	Tumor imaging, whole body	0406	4.3035	\$255.38	\$102.15	\$51.08
78803	S	.	Tumor imaging (3D)	0406	4.3035	\$255.38	\$102.15	\$51.08
78804	S	.	Tumor imaging, whole body	1508	.	\$650.00	.	\$130.00
78805	S	.	Abscess imaging, ltd area	0406	4.3035	\$255.38	\$102.15	\$51.08
78806	S	.	Abscess imaging, whole body	0406	4.3035	\$255.38	\$102.15	\$51.08
78807	S	.	Nuclear localization/abscess	0406	4.3035	\$255.38	\$102.15	\$51.08
78811	S	.	Tumor imaging (pet), limited	1513	.	\$1,150.00	.	\$230.00
78812	S	.	Tumor image (pet)/skul-thigh	1513	.	\$1,150.00	.	\$230.00
78813	S	.	Tumor image (pet) full body	1513	.	\$1,150.00	.	\$230.00
78814	S	.	Tumor image pet/ct, limited	1514	.	\$1,250.00	.	\$250.00
78815	S	.	Tumorimage pet/ct skul-thigh	1514	.	\$1,250.00	.	\$250.00
78816	S	.	Tumor image pet/ct full body	1514	.	\$1,250.00	.	\$250.00
78890	N	.	Nuclear medicine data proc	.	.	.	.	.
78891	N	.	Nuclear med data proc	.	.	.	.	.
78999	S	.	Nuclear diagnostic exam	0389	1.4976	\$88.87	\$35.54	\$17.77
79005	S	.	Nuclear rx, oral admin	0407	3.9839	\$236.42	\$94.56	\$47.28
79101	S	.	Nuclear rx, iv admin	0407	3.9839	\$236.42	\$94.56	\$47.28
79200	S	.	Intracavitary nuclear trmt	0407	3.9839	\$236.42	\$94.56	\$47.28
79300	S	.	Interstitial nuclear therapy	0407	3.9839	\$236.42	\$94.56	\$47.28
79403	S	.	Hematopoetic nuclear therapy	1507	.	\$550.00	.	\$110.00
79440	S	.	Nuclear joint therapy	0407	3.9839	\$236.42	\$94.56	\$47.28
79445	S	.	Nuclear rx, intra-arterial	0407	3.9839	\$236.42	\$94.56	\$47.28
79999	S	.	Nuclear medicine therapy	0407	3.9839	\$236.42	\$94.56	\$47.28
80048	A	.	Basic metabolic panel	.	.	.	.	.
80050	E	.	General health panel	.	.	.	.	.
80051	A	.	Electrolyte panel	.	.	.	.	.
80053	A	.	Comprehen metabolic panel	.	.	.	.	.
80055	E	.	Obstetric panel	.	.	.	.	.
80061	A	.	Lipid panel	.	.	.	.	.
80069	A	.	Renal function panel	.	.	.	.	.
80074	A	.	Acute hepatitis panel	.	.	.	.	.
80076	A	.	Hepatic function panel	.	.	.	.	.
80100	A	.	Drug screen, qualitate/multi	.	.	.	.	.
80101	A	.	Drug screen, single	.	.	.	.	.
80102	A	.	Drug confirmation	.	.	.	.	.
80103	N	.	Drug analysis, tissue prep	.	.	.	.	.
80150	A	.	Assay of amikacin	.	.	.	.	.
80152	A	.	Assay of amitriptyline	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
80154	A	.	Assay of benzodiazepines	.	.	.	.	.
80156	A	.	Assay, carbamazepine, total	.	.	.	.	.
80157	A	.	Assay, carbamazepine, free	.	.	.	.	.
80158	A	.	Assay of cyclosporine	.	.	.	.	.
80160	A	.	Assay of desipramine	.	.	.	.	.
80162	A	.	Assay of digoxin	.	.	.	.	.
80164	A	.	Assay, dipropylacetic acid	.	.	.	.	.
80166	A	.	Assay of doxepin	.	.	.	.	.
80168	A	.	Assay of ethosuximide	.	.	.	.	.
80170	A	.	Assay of gentamicin	.	.	.	.	.
80172	A	.	Assay of gold	.	.	.	.	.
80173	A	.	Assay of haloperidol	.	.	.	.	.
80174	A	.	Assay of imipramine	.	.	.	.	.
80176	A	.	Assay of lidocaine	.	.	.	.	.
80178	A	.	Assay of lithium	.	.	.	.	.
80182	A	.	Assay of nortriptyline	.	.	.	.	.
80184	A	.	Assay of phenobarbital	.	.	.	.	.
80185	A	.	Assay of phenytoin, total	.	.	.	.	.
80186	A	.	Assay of phenytoin, free	.	.	.	.	.
80188	A	.	Assay of primidone	.	.	.	.	.
80190	A	.	Assay of procainamide	.	.	.	.	.
80192	A	.	Assay of procainamide	.	.	.	.	.
80194	A	.	Assay of quinidine	.	.	.	.	.
80196	A	.	Assay of salicylate	.	.	.	.	.
80197	A	.	Assay of tacrolimus	.	.	.	.	.
80198	A	.	Assay of theophylline	.	.	.	.	.
80200	A	.	Assay of tobramycin	.	.	.	.	.
80201	A	.	Assay of topiramate	.	.	.	.	.
80202	A	.	Assay of vancomycin	.	.	.	.	.
80299	A	.	Quantitative assay, drug	.	.	.	.	.
80400	A	.	Acth stimulation panel	.	.	.	.	.
80402	A	.	Acth stimulation panel	.	.	.	.	.
80406	A	.	Acth stimulation panel	.	.	.	.	.
80408	A	.	Aldosterone suppression eval	.	.	.	.	.
80410	A	.	Calcitonin stimul panel	.	.	.	.	.
80412	A	.	CRH stimulation panel	.	.	.	.	.
80414	A	.	Testosterone response	.	.	.	.	.
80415	A	.	Estradiol response panel	.	.	.	.	.
80416	A	.	Renin stimulation panel	.	.	.	.	.
80417	A	.	Renin stimulation panel	.	.	.	.	.
80418	A	.	Pituitary evaluation panel	.	.	.	.	.
80420	A	.	Dexamethasone panel	.	.	.	.	.
80422	A	.	Glucagon tolerance panel	.	.	.	.	.
80424	A	.	Glucagon tolerance panel	.	.	.	.	.
80426	A	.	Gonadotropin hormone panel	.	.	.	.	.
80428	A	.	Growth hormone panel	.	.	.	.	.
80430	A	.	Growth hormone panel	.	.	.	.	.
80432	A	.	Insulin suppression panel	.	.	.	.	.
80434	A	.	Insulin tolerance panel	.	.	.	.	.
80435	A	.	Insulin tolerance panel	.	.	.	.	.
80436	A	.	Metyrapone panel	.	.	.	.	.
80438	A	.	TRH stimulation panel	.	.	.	.	.
80439	A	.	TRH stimulation panel	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
80440	A	.	TRH stimulation panel	.	.	.	.	.
80500	X	.	Lab pathology consultation	0433	0.2581	\$15.32	\$6.12	\$3.06
80502	X	.	Lab pathology consultation	0342	0.156	\$9.26	\$3.70	\$1.85
81000	A	.	Urinalysis, nonauto w/scope	.	.	.	.	.
81001	A	.	Urinalysis, auto w/scope	.	.	.	.	.
81002	A	.	Urinalysis nonauto w/o scope	.	.	.	.	.
81003	A	.	Urinalysis, auto, w/o scope	.	.	.	.	.
81005	A	.	Urinalysis	.	.	.	.	.
81007	A	.	Urine screen for bacteria	.	.	.	.	.
81015	A	.	Microscopic exam of urine	.	.	.	.	.
81020	A	.	Urinalysis, glass test	.	.	.	.	.
81025	A	.	Urine pregnancy test	.	.	.	.	.
81050	A	.	Urinalysis, volume measure	.	.	.	.	.
81099	A	.	Urinalysis test procedure	.	.	.	.	.
82000	A	.	Assay of blood acetaldehyde	.	.	.	.	.
82003	A	.	Assay of acetaminophen	.	.	.	.	.
82009	A	.	Test for acetone/ketones	.	.	.	.	.
82010	A	.	Acetone assay	.	.	.	.	.
82013	A	.	Acetylcholinesterase assay	.	.	.	.	.
82016	A	.	Acylcarnitines, qual	.	.	.	.	.
82017	A	.	Acylcarnitines, quant	.	.	.	.	.
82024	A	.	Assay of acth	.	.	.	.	.
82030	A	.	Assay of adp & amp	.	.	.	.	.
82040	A	.	Assay of serum albumin	.	.	.	.	.
82042	A	.	Assay of urine albumin	.	.	.	.	.
82043	A	.	Microalbumin, quantitative	.	.	.	.	.
82044	A	.	Microalbumin, semiquant	.	.	.	.	.
82045	A	.	Albumin, ischemia modified	.	.	.	.	.
82055	A	.	Assay of ethanol	.	.	.	.	.
82075	A	.	Assay of breath ethanol	.	.	.	.	.
82085	A	.	Assay of aldolase	.	.	.	.	.
82088	A	.	Assay of aldosterone	.	.	.	.	.
82101	A	.	Assay of urine alkaloids	.	.	.	.	.
82103	A	.	Alpha-1-antitrypsin, total	.	.	.	.	.
82104	A	.	Alpha-1-antitrypsin, pheno	.	.	.	.	.
82105	A	.	Alpha-fetoprotein, serum	.	.	.	.	.
82106	A	.	Alpha-fetoprotein, amniotic	.	.	.	.	.
82108	A	.	Assay of aluminum	.	.	.	.	.
82120	A	.	Amines, vaginal fluid qual	.	.	.	.	.
82127	A	.	Amino acid, single qual	.	.	.	.	.
82128	A	.	Amino acids, mult qual	.	.	.	.	.
82131	A	.	Amino acids, single quant	.	.	.	.	.
82135	A	.	Assay, aminolevulinic acid	.	.	.	.	.
82136	A	.	Amino acids, quant, 2-5	.	.	.	.	.
82139	A	.	Amino acids, quan, 6 or more	.	.	.	.	.
82140	A	.	Assay of ammonia	.	.	.	.	.
82143	A	.	Amniotic fluid scan	.	.	.	.	.
82145	A	.	Assay of amphetamines	.	.	.	.	.
82150	A	.	Assay of amylase	.	.	.	.	.
82154	A	.	Androstanediol glucuronide	.	.	.	.	.
82157	A	.	Assay of androstenedione	.	.	.	.	.
82160	A	.	Assay of androsterone	.	.	.	.	.
82163	A	.	Assay of angiotensin II	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
82164	A	.	Angiotensin I enzyme test	.	.	.	.	.
82172	A	.	Assay of apolipoprotein	.	.	.	.	.
82175	A	.	Assay of arsenic	.	.	.	.	.
82180	A	.	Assay of ascorbic acid	.	.	.	.	.
82190	A	.	Atomic absorption	.	.	.	.	.
82205	A	.	Assay of barbiturates	.	.	.	.	.
82232	A	.	Assay of beta-2 protein	.	.	.	.	.
82239	A	.	Bile acids, total	.	.	.	.	.
82240	A	.	Bile acids, cholyglycine	.	.	.	.	.
82247	A	.	Bilirubin, total	.	.	.	.	.
82248	A	.	Bilirubin, direct	.	.	.	.	.
82252	A	.	Fecal bilirubin test	.	.	.	.	.
82261	A	.	Assay of biotinidase	.	.	.	.	.
82270	A	.	Test for blood, feces	.	.	.	.	.
82273	A	.	Test for blood, other source	.	.	.	.	.
82274	A	.	Assay test for blood, fecal	.	.	.	.	.
82286	A	.	Assay of bradykinin	.	.	.	.	.
82300	A	.	Assay of cadmium	.	.	.	.	.
82306	A	.	Assay of vitamin D	.	.	.	.	.
82307	A	.	Assay of vitamin D	.	.	.	.	.
82308	A	.	Assay of calcitonin	.	.	.	.	.
82310	A	.	Assay of calcium	.	.	.	.	.
82330	A	.	Assay of calcium	.	.	.	.	.
82331	A	.	Calcium infusion test	.	.	.	.	.
82340	A	.	Assay of calcium in urine	.	.	.	.	.
82355	A	.	Calculus analysis, qual	.	.	.	.	.
82360	A	.	Calculus assay, quant	.	.	.	.	.
82365	A	.	Calculus spectroscopy	.	.	.	.	.
82370	A	.	X-ray assay, calculus	.	.	.	.	.
82373	A	.	Assay, c-d transfer measure	.	.	.	.	.
82374	A	.	Assay, blood carbon dioxide	.	.	.	.	.
82375	A	.	Assay, blood carbon monoxide	.	.	.	.	.
82376	A	.	Test for carbon monoxide	.	.	.	.	.
82378	A	.	Carcinoembryonic antigen	.	.	.	.	.
82379	A	.	Assay of carnitine	.	.	.	.	.
82380	A	.	Assay of carotene	.	.	.	.	.
82382	A	.	Assay, urine catecholamines	.	.	.	.	.
82383	A	.	Assay, blood catecholamines	.	.	.	.	.
82384	A	.	Assay, three catecholamines	.	.	.	.	.
82387	A	.	Assay of cathepsin-d	.	.	.	.	.
82390	A	.	Assay of ceruloplasmin	.	.	.	.	.
82397	A	.	Chemiluminescent assay	.	.	.	.	.
82415	A	.	Assay of chloramphenicol	.	.	.	.	.
82435	A	.	Assay of blood chloride	.	.	.	.	.
82436	A	.	Assay of urine chloride	.	.	.	.	.
82438	A	.	Assay, other fluid chlorides	.	.	.	.	.
82441	A	.	Test for chlorohydrocarbons	.	.	.	.	.
82465	A	.	Assay, bld/serum cholesterol	.	.	.	.	.
82480	A	.	Assay, serum cholinesterase	.	.	.	.	.
82482	A	.	Assay, rbc cholinesterase	.	.	.	.	.
82485	A	.	Assay, chondroitin sulfate	.	.	.	.	.
82486	A	.	Gas/liquid chromatography	.	.	.	.	.
82487	A	.	Paper chromatography	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
82488	A	.	Paper chromatography	.	.	.	.	.
82489	A	.	Thin layer chromatography	.	.	.	.	.
82491	A	.	Chromotography, quant, sing	.	.	.	.	.
82492	A	.	Chromotography, quant, mult	.	.	.	.	.
82495	A	.	Assay of chromium	.	.	.	.	.
82507	A	.	Assay of citrate	.	.	.	.	.
82520	A	.	Assay of cocaine	.	.	.	.	.
82523	A	.	Collagen crosslinks	.	.	.	.	.
82525	A	.	Assay of copper	.	.	.	.	.
82528	A	.	Assay of corticosterone	.	.	.	.	.
82530	A	.	Cortisol, free	.	.	.	.	.
82533	A	.	Total cortisol	.	.	.	.	.
82540	A	.	Assay of creatine	.	.	.	.	.
82541	A	.	Column chromatography, qual	.	.	.	.	.
82542	A	.	Column chromatography, quant	.	.	.	.	.
82543	A	.	Column chromatograph/isotope	.	.	.	.	.
82544	A	.	Column chromatograph/isotope	.	.	.	.	.
82550	A	.	Assay of ck (cpk)	.	.	.	.	.
82552	A	.	Assay of cpk in blood	.	.	.	.	.
82553	A	.	Creatine, MB fraction	.	.	.	.	.
82554	A	.	Creatine, isoforms	.	.	.	.	.
82565	A	.	Assay of creatinine	.	.	.	.	.
82570	A	.	Assay of urine creatinine	.	.	.	.	.
82575	A	.	Creatinine clearance test	.	.	.	.	.
82585	A	.	Assay of cryofibrinogen	.	.	.	.	.
82595	A	.	Assay of cryoglobulin	.	.	.	.	.
82600	A	.	Assay of cyanide	.	.	.	.	.
82607	A	.	Vitamin B-12	.	.	.	.	.
82608	A	.	B-12 binding capacity	.	.	.	.	.
82615	A	.	Test for urine cystines	.	.	.	.	.
82626	A	.	Dehydroepiandrosterone	.	.	.	.	.
82627	A	.	Dehydroepiandrosterone	.	.	.	.	.
82633	A	.	Desoxycorticosterone	.	.	.	.	.
82634	A	.	Deoxycortisol	.	.	.	.	.
82638	A	.	Assay of dibucaine number	.	.	.	.	.
82646	A	.	Assay of dihydrocodeinone	.	.	.	.	.
82649	A	.	Assay of dihydromorphinone	.	.	.	.	.
82651	A	.	Assay of dihydrotestosterone	.	.	.	.	.
82652	A	.	Assay of dihydroxyvitamin d	.	.	.	.	.
82654	A	.	Assay of dimethadione	.	.	.	.	.
82656	A	.	Pancreatic elastase, fecal	.	.	.	.	.
82657	A	.	Enzyme cell activity	.	.	.	.	.
82658	A	.	Enzyme cell activity, ra	.	.	.	.	.
82664	A	.	Electrophoretic test	.	.	.	.	.
82666	A	.	Assay of epiandrosterone	.	.	.	.	.
82668	A	.	Assay of erythropoietin	.	.	.	.	.
82670	A	.	Assay of estradiol	.	.	.	.	.
82671	A	.	Assay of estrogens	.	.	.	.	.
82672	A	.	Assay of estrogen	.	.	.	.	.
82677	A	.	Assay of estriol	.	.	.	.	.
82679	A	.	Assay of estrone	.	.	.	.	.
82690	A	.	Assay of ethchlorvynol	.	.	.	.	.
82693	A	.	Assay of ethylene glycol	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
82696	A	.	Assay of etiocholanolone	.	.	.	.	.
82705	A	.	Fats/lipids, feces, qual	.	.	.	.	.
82710	A	.	Fats/lipids, feces, quant	.	.	.	.	.
82715	A	.	Assay of fecal fat	.	.	.	.	.
82725	A	.	Assay of blood fatty acids	.	.	.	.	.
82726	A	.	Long chain fatty acids	.	.	.	.	.
82728	A	.	Assay of ferritin	.	.	.	.	.
82731	A	.	Assay of fetal fibronectin	.	.	.	.	.
82735	A	.	Assay of fluoride	.	.	.	.	.
82742	A	.	Assay of flurazepam	.	.	.	.	.
82746	A	.	Blood folic acid serum	.	.	.	.	.
82747	A	.	Assay of folic acid, rbc	.	.	.	.	.
82757	A	.	Assay of semen fructose	.	.	.	.	.
82759	A	.	Assay of rbc galactokinase	.	.	.	.	.
82760	A	.	Assay of galactose	.	.	.	.	.
82775	A	.	Assay galactose transferase	.	.	.	.	.
82776	A	.	Galactose transferase test	.	.	.	.	.
82784	A	.	Assay of gammaglobulin igm	.	.	.	.	.
82785	A	.	Assay of gammaglobulin ige	.	.	.	.	.
82787	A	.	Igg 1, 2, 3 or 4, each	.	.	.	.	.
82800	A	.	Blood pH	.	.	.	.	.
82803	A	.	Blood gases pH, pO2 & pCO2	.	.	.	.	.
82805	A	.	Blood gases W/O2 saturation	.	.	.	.	.
82810	A	.	Blood gases, O2 sat only	.	.	.	.	.
82820	A	.	Hemoglobin-oxygen affinity	.	.	.	.	.
82926	A	.	Assay of gastric acid	.	.	.	.	.
82928	A	.	Assay of gastric acid	.	.	.	.	.
82938	A	.	Gastrin test	.	.	.	.	.
82941	A	.	Assay of gastrin	.	.	.	.	.
82943	A	.	Assay of glucagon	.	.	.	.	.
82945	A	.	Glucose other fluid	.	.	.	.	.
82946	A	.	Glucagon tolerance test	.	.	.	.	.
82947	A	.	Assay, glucose, blood quant	.	.	.	.	.
82948	A	.	Reagent strip/blood glucose	.	.	.	.	.
82950	A	.	Glucose test	.	.	.	.	.
82951	A	.	Glucose tolerance test (GTT)	.	.	.	.	.
82952	A	.	GTT-added samples	.	.	.	.	.
82953	A	.	Glucose-tolbutamide test	.	.	.	.	.
82955	A	.	Assay of g6pd enzyme	.	.	.	.	.
82960	A	.	Test for G6PD enzyme	.	.	.	.	.
82962	A	.	Glucose blood test	.	.	.	.	.
82963	A	.	Assay of glucosidase	.	.	.	.	.
82965	A	.	Assay of gdh enzyme	.	.	.	.	.
82975	A	.	Assay of glutamine	.	.	.	.	.
82977	A	.	Assay of GGT	.	.	.	.	.
82978	A	.	Assay of glutathione	.	.	.	.	.
82979	A	.	Assay, rbc glutathione	.	.	.	.	.
82980	A	.	Assay of glutethimide	.	.	.	.	.
82985	A	.	Glycated protein	.	.	.	.	.
83001	A	.	Gonadotropin (FSH)	.	.	.	.	.
83002	A	.	Gonadotropin (LH)	.	.	.	.	.
83003	A	.	Assay, growth hormone (hgh)	.	.	.	.	.
83008	A	.	Assay of guanosine	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
83009	A	.	H pylori (c-13), blood	.	.	.	.	.
83010	A	.	Assay of haptoglobin, quant	.	.	.	.	.
83012	A	.	Assay of haptoglobins	.	.	.	.	.
83013	A	.	H pylori analysis	.	.	.	.	.
83014	A	.	H pylori drug admin/collect	.	.	.	.	.
83015	A	.	Heavy metal screen	.	.	.	.	.
83018	A	.	Quantitative screen, metals	.	.	.	.	.
83020	A	.	Hemoglobin electrophoresis	.	.	.	.	.
83021	A	.	Hemoglobin chromatography	.	.	.	.	.
83026	A	.	Hemoglobin, copper sulfate	.	.	.	.	.
83030	A	.	Fetal hemoglobin, chemical	.	.	.	.	.
83033	A	.	Fetal hemoglobin assay, qual	.	.	.	.	.
83036	A	.	Glycated hemoglobin test	.	.	.	.	.
83045	A	.	Blood methemoglobin test	.	.	.	.	.
83050	A	.	Blood methemoglobin assay	.	.	.	.	.
83051	A	.	Assay of plasma hemoglobin	.	.	.	.	.
83055	A	.	Blood sulfhemoglobin test	.	.	.	.	.
83060	A	.	Blood sulfhemoglobin assay	.	.	.	.	.
83065	A	.	Assay of hemoglobin heat	.	.	.	.	.
83068	A	.	Hemoglobin stability screen	.	.	.	.	.
83069	A	.	Assay of urine hemoglobin	.	.	.	.	.
83070	A	.	Assay of hemosiderin, qual	.	.	.	.	.
83071	A	.	Assay of hemosiderin, quant	.	.	.	.	.
83080	A	.	Assay of b hexosaminidase	.	.	.	.	.
83088	A	.	Assay of histamine	.	.	.	.	.
83090	A	.	Assay of homocystine	.	.	.	.	.
83150	A	.	Assay of for hva	.	.	.	.	.
83491	A	.	Assay of corticosteroids	.	.	.	.	.
83497	A	.	Assay of 5-hiaa	.	.	.	.	.
83498	A	.	Assay of progesterone	.	.	.	.	.
83499	A	.	Assay of progesterone	.	.	.	.	.
83500	A	.	Assay, free hydroxyproline	.	.	.	.	.
83505	A	.	Assay, total hydroxyproline	.	.	.	.	.
83516	A	.	Immunoassay, nonantibody	.	.	.	.	.
83518	A	.	Immunoassay, dipstick	.	.	.	.	.
83519	A	.	Immunoassay, nonantibody	.	.	.	.	.
83520	A	.	Immunoassay, RIA	.	.	.	.	.
83525	A	.	Assay of insulin	.	.	.	.	.
83527	A	.	Assay of insulin	.	.	.	.	.
83528	A	.	Assay of intrinsic factor	.	.	.	.	.
83540	A	.	Assay of iron	.	.	.	.	.
83550	A	.	Iron binding test	.	.	.	.	.
83570	A	.	Assay of idh enzyme	.	.	.	.	.
83582	A	.	Assay of ketogenic steroids	.	.	.	.	.
83586	A	.	Assay 17- ketosteroids	.	.	.	.	.
83593	A	.	Fractionation, ketosteroids	.	.	.	.	.
83605	A	.	Assay of lactic acid	.	.	.	.	.
83615	A	.	Lactate (LD) (LDH) enzyme	.	.	.	.	.
83625	A	.	Assay of ldh enzymes	.	.	.	.	.
83630	A	.	Lactoferrin, fecal (qual)	.	.	.	.	.
83632	A	.	Placental lactogen	.	.	.	.	.
83633	A	.	Test urine for lactose	.	.	.	.	.
83634	A	.	Assay of urine for lactose	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
83655	A	.	Assay of lead	.	.	.	.	.
83661	A	.	L/s ratio, fetal lung	.	.	.	.	.
83662	A	.	Foam stability, fetal lung	.	.	.	.	.
83663	A	.	Fluoro polarize, fetal lung	.	.	.	.	.
83664	A	.	Lamellar bdy, fetal lung	.	.	.	.	.
83670	A	.	Assay of lap enzyme	.	.	.	.	.
83690	A	.	Assay of lipase	.	.	.	.	.
83715	A	.	Assay of blood lipoproteins	.	.	.	.	.
83716	A	.	Assay of blood lipoproteins	.	.	.	.	.
83718	A	.	Assay of lipoprotein	.	.	.	.	.
83719	A	.	Assay of blood lipoprotein	.	.	.	.	.
83721	A	.	Assay of blood lipoprotein	.	.	.	.	.
83727	A	.	Assay of lrh hormone	.	.	.	.	.
83735	A	.	Assay of magnesium	.	.	.	.	.
83775	A	.	Assay of md enzyme	.	.	.	.	.
83785	A	.	Assay of manganese	.	.	.	.	.
83788	A	.	Mass spectrometry qual	.	.	.	.	.
83789	A	.	Mass spectrometry quant	.	.	.	.	.
83805	A	.	Assay of meprobamate	.	.	.	.	.
83825	A	.	Assay of mercury	.	.	.	.	.
83835	A	.	Assay of metanephrines	.	.	.	.	.
83840	A	.	Assay of methadone	.	.	.	.	.
83857	A	.	Assay of methemalbumin	.	.	.	.	.
83858	A	.	Assay of methsuximide	.	.	.	.	.
83864	A	.	Mucopolysaccharides	.	.	.	.	.
83866	A	.	Mucopolysaccharides screen	.	.	.	.	.
83872	A	.	Assay synovial fluid mucin	.	.	.	.	.
83873	A	.	Assay of csf protein	.	.	.	.	.
83874	A	.	Assay of myoglobin	.	.	.	.	.
83880	A	.	Natriuretic peptide	.	.	.	.	.
83883	A	.	Assay, nephelometry not spec	.	.	.	.	.
83885	A	.	Assay of nickel	.	.	.	.	.
83887	A	.	Assay of nicotine	.	.	.	.	.
83890	A	.	Molecule isolate	.	.	.	.	.
83891	A	.	Molecule isolate nucleic	.	.	.	.	.
83892	A	.	Molecular diagnostics	.	.	.	.	.
83893	A	.	Molecule dot/slot/blot	.	.	.	.	.
83894	A	.	Molecule gel electrophor	.	.	.	.	.
83896	A	.	Molecular diagnostics	.	.	.	.	.
83897	A	.	Molecule nucleic transfer	.	.	.	.	.
83898	A	.	Molecule nucleic ampli	.	.	.	.	.
83901	A	.	Molecule nucleic ampli	.	.	.	.	.
83902	A	.	Molecular diagnostics	.	.	.	.	.
83903	A	.	Molecule mutation scan	.	.	.	.	.
83904	A	.	Molecule mutation identify	.	.	.	.	.
83905	A	.	Molecule mutation identify	.	.	.	.	.
83906	A	.	Molecule mutation identify	.	.	.	.	.
83912	A	.	Genetic examination	.	.	.	.	.
83915	A	.	Assay of nucleotidase	.	.	.	.	.
83916	A	.	Oligoclonal bands	.	.	.	.	.
83918	A	.	Organic acids, total, quant	.	.	.	.	.
83919	A	.	Organic acids, qual, each	.	.	.	.	.
83921	A	.	Organic acid, single, quant	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
83925	A	.	Assay of opiates	.	.	.	.	.
83930	A	.	Assay of blood osmolality	.	.	.	.	.
83935	A	.	Assay of urine osmolality	.	.	.	.	.
83937	A	.	Assay of osteocalcin	.	.	.	.	.
83945	A	.	Assay of oxalate	.	.	.	.	.
83950	A	.	Oncoprotein, her-2/neu	.	.	.	.	.
83970	A	.	Assay of parathormone	.	.	.	.	.
83986	A	.	Assay of body fluid acidity	.	.	.	.	.
83992	A	.	Assay for phencyclidine	.	.	.	.	.
84022	A	.	Assay of phenothiazine	.	.	.	.	.
84030	A	.	Assay of blood pku	.	.	.	.	.
84035	A	.	Assay of phenylketones	.	.	.	.	.
84060	A	.	Assay acid phosphatase	.	.	.	.	.
84061	A	.	Phosphatase, forensic exam	.	.	.	.	.
84066	A	.	Assay prostate phosphatase	.	.	.	.	.
84075	A	.	Assay alkaline phosphatase	.	.	.	.	.
84078	A	.	Assay alkaline phosphatase	.	.	.	.	.
84080	A	.	Assay alkaline phosphatases	.	.	.	.	.
84081	A	.	Amniotic fluid enzyme test	.	.	.	.	.
84085	A	.	Assay of rbc pg6d enzyme	.	.	.	.	.
84087	A	.	Assay phosphohexose enzymes	.	.	.	.	.
84100	A	.	Assay of phosphorus	.	.	.	.	.
84105	A	.	Assay of urine phosphorus	.	.	.	.	.
84106	A	.	Test for porphobilinogen	.	.	.	.	.
84110	A	.	Assay of porphobilinogen	.	.	.	.	.
84119	A	.	Test urine for porphyrins	.	.	.	.	.
84120	A	.	Assay of urine porphyrins	.	.	.	.	.
84126	A	.	Assay of feces porphyrins	.	.	.	.	.
84127	A	.	Assay of feces porphyrins	.	.	.	.	.
84132	A	.	Assay of serum potassium	.	.	.	.	.
84133	A	.	Assay of urine potassium	.	.	.	.	.
84134	A	.	Assay of prealbumin	.	.	.	.	.
84135	A	.	Assay of pregnanediol	.	.	.	.	.
84138	A	.	Assay of pregnanetriol	.	.	.	.	.
84140	A	.	Assay of pregnenolone	.	.	.	.	.
84143	A	.	Assay of 17-hydroxypregmeno	.	.	.	.	.
84144	A	.	Assay of progesterone	.	.	.	.	.
84146	A	.	Assay of prolactin	.	.	.	.	.
84150	A	.	Assay of prostaglandin	.	.	.	.	.
84152	A	.	Assay of psa, complexed	.	.	.	.	.
84153	A	.	Assay of psa, total	.	.	.	.	.
84154	A	.	Assay of psa, free	.	.	.	.	.
84155	A	.	Assay of protein, serum	.	.	.	.	.
84156	A	.	Assay of protein, urine	.	.	.	.	.
84157	A	.	Assay of protein, other	.	.	.	.	.
84160	A	.	Assay of protein, any source	.	.	.	.	.
84163	A	.	Pappa, serum	.	.	.	.	.
84165	A	.	Electrophoresis of proteins	.	.	.	.	.
84166	A	.	Protein e-phoresis/urine/csf	.	.	.	.	.
84181	A	.	Western blot test	.	.	.	.	.
84182	A	.	Protein, western blot test	.	.	.	.	.
84202	A	.	Assay RBC protoporphyrin	.	.	.	.	.
84203	A	.	Test RBC protoporphyrin	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
84206	A	.	Assay of proinsulin	.	.	.	.	.
84207	A	.	Assay of vitamin b-6	.	.	.	.	.
84210	A	.	Assay of pyruvate	.	.	.	.	.
84220	A	.	Assay of pyruvate kinase	.	.	.	.	.
84228	A	.	Assay of quinine	.	.	.	.	.
84233	A	.	Assay of estrogen	.	.	.	.	.
84234	A	.	Assay of progesterone	.	.	.	.	.
84235	A	.	Assay of endocrine hormone	.	.	.	.	.
84238	A	.	Assay, nonendocrine receptor	.	.	.	.	.
84244	A	.	Assay of renin	.	.	.	.	.
84252	A	.	Assay of vitamin b-2	.	.	.	.	.
84255	A	.	Assay of selenium	.	.	.	.	.
84260	A	.	Assay of serotonin	.	.	.	.	.
84270	A	.	Assay of sex hormone globul	.	.	.	.	.
84275	A	.	Assay of sialic acid	.	.	.	.	.
84285	A	.	Assay of silica	.	.	.	.	.
84295	A	.	Assay of serum sodium	.	.	.	.	.
84300	A	.	Assay of urine sodium	.	.	.	.	.
84302	A	.	Assay of sweat sodium	.	.	.	.	.
84305	A	.	Assay of somatomedin	.	.	.	.	.
84307	A	.	Assay of somatostatin	.	.	.	.	.
84311	A	.	Spectrophotometry	.	.	.	.	.
84315	A	.	Body fluid specific gravity	.	.	.	.	.
84375	A	.	Chromatogram assay, sugars	.	.	.	.	.
84376	A	.	Sugars, single, qual	.	.	.	.	.
84377	A	.	Sugars, multiple, qual	.	.	.	.	.
84378	A	.	Sugars, single, quant	.	.	.	.	.
84379	A	.	Sugars multiple quant	.	.	.	.	.
84392	A	.	Assay of urine sulfate	.	.	.	.	.
84402	A	.	Assay of testosterone	.	.	.	.	.
84403	A	.	Assay of total testosterone	.	.	.	.	.
84425	A	.	Assay of vitamin b-1	.	.	.	.	.
84430	A	.	Assay of thiocyanate	.	.	.	.	.
84432	A	.	Assay of thyroglobulin	.	.	.	.	.
84436	A	.	Assay of total thyroxine	.	.	.	.	.
84437	A	.	Assay of neonatal thyroxine	.	.	.	.	.
84439	A	.	Assay of free thyroxine	.	.	.	.	.
84442	A	.	Assay of thyroid activity	.	.	.	.	.
84443	A	.	Assay thyroid stim hormone	.	.	.	.	.
84445	A	.	Assay of tsi	.	.	.	.	.
84446	A	.	Assay of vitamin e	.	.	.	.	.
84449	A	.	Assay of transcortin	.	.	.	.	.
84450	A	.	Transferase (AST) (SGOT)	.	.	.	.	.
84460	A	.	Alanine amino (ALT) (SGPT)	.	.	.	.	.
84466	A	.	Assay of transferrin	.	.	.	.	.
84478	A	.	Assay of triglycerides	.	.	.	.	.
84479	A	.	Assay of thyroid (t3 or t4)	.	.	.	.	.
84480	A	.	Assay, triiodothyronine (t3)	.	.	.	.	.
84481	A	.	Free assay (FT-3)	.	.	.	.	.
84482	A	.	T3 reverse	.	.	.	.	.
84484	A	.	Assay of troponin, quant	.	.	.	.	.
84485	A	.	Assay duodenal fluid trypsin	.	.	.	.	.
84488	A	.	Test feces for trypsin	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
84490	A	.	Assay of feces for trypsin	.	.	.	.	.
84510	A	.	Assay of tyrosine	.	.	.	.	.
84512	A	.	Assay of troponin, qual	.	.	.	.	.
84520	A	.	Assay of urea nitrogen	.	.	.	.	.
84525	A	.	Urea nitrogen semi-quant	.	.	.	.	.
84540	A	.	Assay of urine/urea-n	.	.	.	.	.
84545	A	.	Urea-N clearance test	.	.	.	.	.
84550	A	.	Assay of blood/uric acid	.	.	.	.	.
84560	A	.	Assay of urine/uric acid	.	.	.	.	.
84577	A	.	Assay of feces/urobilinogen	.	.	.	.	.
84578	A	.	Test urine urobilinogen	.	.	.	.	.
84580	A	.	Assay of urine urobilinogen	.	.	.	.	.
84583	A	.	Assay of urine urobilinogen	.	.	.	.	.
84585	A	.	Assay of urine vma	.	.	.	.	.
84586	A	.	Assay of vip	.	.	.	.	.
84588	A	.	Assay of vasopressin	.	.	.	.	.
84590	A	.	Assay of vitamin a	.	.	.	.	.
84591	A	.	Assay of nos vitamin	.	.	.	.	.
84597	A	.	Assay of vitamin k	.	.	.	.	.
84600	A	.	Assay of volatiles	.	.	.	.	.
84620	A	.	Xylose tolerance test	.	.	.	.	.
84630	A	.	Assay of zinc	.	.	.	.	.
84681	A	.	Assay of c-peptide	.	.	.	.	.
84702	A	.	Chorionic gonadotropin test	.	.	.	.	.
84703	A	.	Chorionic gonadotropin assay	.	.	.	.	.
84830	A	.	Ovulation tests	.	.	.	.	.
84999	A	.	Clinical chemistry test	.	.	.	.	.
85002	A	.	Bleeding time test	.	.	.	.	.
85004	A	.	Automated diff wbc count	.	.	.	.	.
85007	A	.	Differential WBC count	.	.	.	.	.
85008	A	.	Nondifferential WBC count	.	.	.	.	.
85009	A	.	Differential WBC count	.	.	.	.	.
85013	A	.	Spun microhematocrit	.	.	.	.	.
85014	A	.	Hematocrit	.	.	.	.	.
85018	A	.	Hemoglobin	.	.	.	.	.
85025	A	.	Automated hemogram	.	.	.	.	.
85027	A	.	Automated hemogram	.	.	.	.	.
85032	A	.	Manual cell count, each	.	.	.	.	.
85041	A	.	Red blood cell (RBC) count	.	.	.	.	.
85044	A	.	Reticulocyte count	.	.	.	.	.
85045	A	.	Reticulocyte count	.	.	.	.	.
85046	A	.	Reticyte/hgb concentrate	.	.	.	.	.
85048	A	.	White blood cell (WBC) count	.	.	.	.	.
85049	A	.	Automated platelet count	.	.	.	.	.
85055	A	.	Reticulated platelet assay	.	.	.	.	.
85060	B	.	Blood smear interpretation	.	.	.	.	.
85097	X	.	Bone marrow interpretation	0343	0.4786	\$28.40	\$11.10	\$5.68
85130	A	.	Chromogenic substrate assay	.	.	.	.	.
85170	A	.	Blood clot retraction	.	.	.	.	.
85175	A	.	Blood clot lysis time	.	.	.	.	.
85210	A	.	Blood clot factor II test	.	.	.	.	.
85220	A	.	Blood clot factor V test	.	.	.	.	.
85230	A	.	Blood clot factor VII test	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
85240	A	.	Blood clot factor VIII test	.	.	.	.	.
85244	A	.	Blood clot factor VIII test	.	.	.	.	.
85245	A	.	Blood clot factor VIII test	.	.	.	.	.
85246	A	.	Blood clot factor VIII test	.	.	.	.	.
85247	A	.	Blood clot factor VIII test	.	.	.	.	.
85250	A	.	Blood clot factor IX test	.	.	.	.	.
85260	A	.	Blood clot factor X test	.	.	.	.	.
85270	A	.	Blood clot factor XI test	.	.	.	.	.
85280	A	.	Blood clot factor XII test	.	.	.	.	.
85290	A	.	Blood clot factor XIII test	.	.	.	.	.
85291	A	.	Blood clot factor XIII test	.	.	.	.	.
85292	A	.	Blood clot factor assay	.	.	.	.	.
85293	A	.	Blood clot factor assay	.	.	.	.	.
85300	A	.	Antithrombin III test	.	.	.	.	.
85301	A	.	Antithrombin III test	.	.	.	.	.
85302	A	.	Blood clot inhibitor antigen	.	.	.	.	.
85303	A	.	Blood clot inhibitor test	.	.	.	.	.
85305	A	.	Blood clot inhibitor assay	.	.	.	.	.
85306	A	.	Blood clot inhibitor test	.	.	.	.	.
85307	A	.	Assay activated protein c	.	.	.	.	.
85335	A	.	Factor inhibitor test	.	.	.	.	.
85337	A	.	Thrombomodulin	.	.	.	.	.
85345	A	.	Coagulation time	.	.	.	.	.
85347	A	.	Coagulation time	.	.	.	.	.
85348	A	.	Coagulation time	.	.	.	.	.
85360	A	.	Euglobulin lysis	.	.	.	.	.
85362	A	.	Fibrin degradation products	.	.	.	.	.
85366	A	.	Fibrinogen test	.	.	.	.	.
85370	A	.	Fibrinogen test	.	.	.	.	.
85378	A	.	Fibrin degradation	.	.	.	.	.
85379	A	.	Fibrin degradation, quant	.	.	.	.	.
85380	A	.	Fibrin degradation, vte	.	.	.	.	.
85384	A	.	Fibrinogen	.	.	.	.	.
85385	A	.	Fibrinogen	.	.	.	.	.
85390	A	.	Fibrinolysins screen	.	.	.	.	.
85396	N	.	Clotting assay, whole blood	.	.	.	.	.
85400	A	.	Fibrinolytic plasmin	.	.	.	.	.
85410	A	.	Fibrinolytic antiplasmin	.	.	.	.	.
85415	A	.	Fibrinolytic plasminogen	.	.	.	.	.
85420	A	.	Fibrinolytic plasminogen	.	.	.	.	.
85421	A	.	Fibrinolytic plasminogen	.	.	.	.	.
85441	A	.	Heinz bodies, direct	.	.	.	.	.
85445	A	.	Heinz bodies, induced	.	.	.	.	.
85460	A	.	Hemoglobin, fetal	.	.	.	.	.
85461	A	.	Hemoglobin, fetal	.	.	.	.	.
85475	A	.	Hemolysin	.	.	.	.	.
85520	A	.	Heparin assay	.	.	.	.	.
85525	A	.	Heparin neutralization	.	.	.	.	.
85530	A	.	Heparin-protamine tolerance	.	.	.	.	.
85536	A	.	Iron stain peripheral blood	.	.	.	.	.
85540	A	.	Wbc alkaline phosphatase	.	.	.	.	.
85547	A	.	RBC mechanical fragility	.	.	.	.	.
85549	A	.	Muramidase	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
85555	A	.	RBC osmotic fragility	.	.	.	.	.
85557	A	.	RBC osmotic fragility	.	.	.	.	.
85576	A	.	Blood platelet aggregation	.	.	.	.	.
85597	A	.	Platelet neutralization	.	.	.	.	.
85610	A	.	Prothrombin time	.	.	.	.	.
85611	A	.	Prothrombin test	.	.	.	.	.
85612	A	.	Viper venom prothrombin time	.	.	.	.	.
85613	A	.	Russell viper venom, diluted	.	.	.	.	.
85635	A	.	Reptilase test	.	.	.	.	.
85651	A	.	Rbc sed rate, nonautomated	.	.	.	.	.
85652	A	.	Rbc sed rate, automated	.	.	.	.	.
85660	A	.	RBC sickle cell test	.	.	.	.	.
85670	A	.	Thrombin time, plasma	.	.	.	.	.
85675	A	.	Thrombin time, titer	.	.	.	.	.
85705	A	.	Thromboplastin inhibition	.	.	.	.	.
85730	A	.	Thromboplastin time, partial	.	.	.	.	.
85732	A	.	Thromboplastin time, partial	.	.	.	.	.
85810	A	.	Blood viscosity examination	.	.	.	.	.
85999	A	.	Hematology procedure	.	.	.	.	.
86000	A	.	Agglutinins, febrile	.	.	.	.	.
86001	A	.	Allergen specific igg	.	.	.	.	.
86003	A	.	Allergen specific IgE	.	.	.	.	.
86005	A	.	Allergen specific IgE	.	.	.	.	.
86021	A	.	WBC antibody identification	.	.	.	.	.
86022	A	.	Platelet antibodies	.	.	.	.	.
86023	A	.	Immunoglobulin assay	.	.	.	.	.
86038	A	.	Antinuclear antibodies	.	.	.	.	.
86039	A	.	Antinuclear antibodies (ANA)	.	.	.	.	.
86060	A	.	Antistreptolysin o, titer	.	.	.	.	.
86063	A	.	Antistreptolysin o, screen	.	.	.	.	.
86064	A	.	B cells, total count	.	.	.	.	.
86077	X	.	Physician blood bank service	0433	0.2581	\$15.32	\$6.12	\$3.06
86078	X	.	Physician blood bank service	0343	0.4786	\$28.40	\$11.10	\$5.68
86079	X	.	Physician blood bank service	0433	0.2581	\$15.32	\$6.12	\$3.06
86140	A	.	C-reactive protein	.	.	.	.	.
86141	A	.	C-reactive protein, hs	.	.	.	.	.
86146	A	.	Glycoprotein antibody	.	.	.	.	.
86147	A	.	Cardiolipin antibody	.	.	.	.	.
86148	A	.	Phospholipid antibody	.	.	.	.	.
86155	A	.	Chemotaxis assay	.	.	.	.	.
86156	A	.	Cold agglutinin, screen	.	.	.	.	.
86157	A	.	Cold agglutinin, titer	.	.	.	.	.
86160	A	.	Complement, antigen	.	.	.	.	.
86161	A	.	Complement/function activity	.	.	.	.	.
86162	A	.	Complement, total (CH50)	.	.	.	.	.
86171	A	.	Complement fixation, each	.	.	.	.	.
86185	A	.	Counterimmunoelectrophoresis	.	.	.	.	.
86215	A	.	Deoxyribonuclease, antibody	.	.	.	.	.
86225	A	.	DNA antibody	.	.	.	.	.
86226	A	.	DNA antibody, single strand	.	.	.	.	.
86235	A	.	Nuclear antigen antibody	.	.	.	.	.
86243	A	.	Fc receptor	.	.	.	.	.
86255	A	.	Fluorescent antibody, screen	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
86256	A	.	Fluorescent antibody, titer	.	.	.	.	.
86277	A	.	Growth hormone antibody	.	.	.	.	.
86280	A	.	Hemagglutination inhibition	.	.	.	.	.
86294	A	.	Immunoassay, tumor, qual	.	.	.	.	.
86300	A	.	Immunoassay, tumor, ca 15-3	.	.	.	.	.
86301	A	.	Immunoassay, tumor, ca 19-9	.	.	.	.	.
86304	A	.	Immunoassay, tumor, ca 125	.	.	.	.	.
86308	A	.	Heterophile antibodies	.	.	.	.	.
86309	A	.	Heterophile antibodies	.	.	.	.	.
86310	A	.	Heterophile antibodies	.	.	.	.	.
86316	A	.	Immunoassay, tumor other	.	.	.	.	.
86317	A	.	Immunoassay, infectious agent	.	.	.	.	.
86318	A	.	Immunoassay, infectious agent	.	.	.	.	.
86320	A	.	Serum immunoelectrophoresis	.	.	.	.	.
86325	A	.	Other immunoelectrophoresis	.	.	.	.	.
86327	A	.	Immunolectrophoresis assay	.	.	.	.	.
86329	A	.	Immunodiffusion	.	.	.	.	.
86331	A	.	Immunodiffusion ouchterlony	.	.	.	.	.
86332	A	.	Immune complex assay	.	.	.	.	.
86334	A	.	Immunofixation procedure	.	.	.	.	.
86335	A	.	Immunifix e-phorsis/urine/csf	.	.	.	.	.
86336	A	.	Inhibin A	.	.	.	.	.
86337	A	.	Insulin antibodies	.	.	.	.	.
86340	A	.	Intrinsic factor antibody	.	.	.	.	.
86341	A	.	Islet cell antibody	.	.	.	.	.
86343	A	.	Leukocyte histamine release	.	.	.	.	.
86344	A	.	Leukocyte phagocytosis	.	.	.	.	.
86353	A	.	Lymphocyte transformation	.	.	.	.	.
86359	A	.	T cells, total count	.	.	.	.	.
86360	A	.	T cell, absolute count/ratio	.	.	.	.	.
86361	A	.	T cell, absolute count	.	.	.	.	.
86376	A	.	Microsomal antibody	.	.	.	.	.
86378	A	.	Migration inhibitory factor	.	.	.	.	.
86379	A	.	Nk cells, total count	.	.	.	.	.
86382	A	.	Neutralization test, viral	.	.	.	.	.
86384	A	.	nitroblue tetrazolium dye	.	.	.	.	.
86403	A	.	Particle agglutination test	.	.	.	.	.
86406	A	.	Particle agglutination test	.	.	.	.	.
86430	A	.	Rheumatoid factor test	.	.	.	.	.
86431	A	.	Rheumatoid factor, quant	.	.	.	.	.
86485	X	.	Skin test, candida	0341	0.1112	\$6.60	\$2.62	\$1.32
86490	X	.	Coccidioidomycosis skin test	0341	0.1112	\$6.60	\$2.62	\$1.32
86510	X	.	Histoplasmosis skin test	0341	0.1112	\$6.60	\$2.62	\$1.32
86580	X	.	TB intradermal test	0341	0.1112	\$6.60	\$2.62	\$1.32
86585	X	.	TB tine test	0341	0.1112	\$6.60	\$2.62	\$1.32
86586	X	.	Skin test, unlisted	0341	0.1112	\$6.60	\$2.62	\$1.32
86587	A	.	Stem cells, total count	.	.	.	.	.
86590	A	.	Streptokinase, antibody	.	.	.	.	.
86592	A	.	Blood serology, qualitative	.	.	.	.	.
86593	A	.	Blood serology, quantitative	.	.	.	.	.
86602	A	.	Antinomyces antibody	.	.	.	.	.
86603	A	.	Adenovirus antibody	.	.	.	.	.
86606	A	.	Aspergillus antibody	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
86609	A	.	Bacterium antibody	.	.	.	.	.
86611	A	.	Bartonella antibody	.	.	.	.	.
86612	A	.	Blastomyces antibody	.	.	.	.	.
86615	A	.	Bordetella antibody	.	.	.	.	.
86617	A	.	Lyme disease antibody	.	.	.	.	.
86618	A	.	Lyme disease antibody	.	.	.	.	.
86619	A	.	Borrelia antibody	.	.	.	.	.
86622	A	.	Brucella antibody	.	.	.	.	.
86625	A	.	Campylobacter antibody	.	.	.	.	.
86628	A	.	Candida antibody	.	.	.	.	.
86631	A	.	Chlamydia antibody	.	.	.	.	.
86632	A	.	Chlamydia igm antibody	.	.	.	.	.
86635	A	.	Coccidioides antibody	.	.	.	.	.
86638	A	.	Q fever antibody	.	.	.	.	.
86641	A	.	Cryptococcus antibody	.	.	.	.	.
86644	A	.	CMV antibody	.	.	.	.	.
86645	A	.	CMV antibody, IgM	.	.	.	.	.
86648	A	.	Diphtheria antibody	.	.	.	.	.
86651	A	.	Encephalitis antibody	.	.	.	.	.
86652	A	.	Encephalitis antibody	.	.	.	.	.
86653	A	.	Encephalitis antibody	.	.	.	.	.
86654	A	.	Encephalitis antibody	.	.	.	.	.
86658	A	.	Enterovirus antibody	.	.	.	.	.
86663	A	.	Epstein-barr antibody	.	.	.	.	.
86664	A	.	Epstein-barr antibody	.	.	.	.	.
86665	A	.	Epstein-barr antibody	.	.	.	.	.
86666	A	.	Ehrlichia antibody	.	.	.	.	.
86668	A	.	Francisella tularensis	.	.	.	.	.
86671	A	.	Fungus antibody	.	.	.	.	.
86674	A	.	Giardia lamblia antibody	.	.	.	.	.
86677	A	.	Helicobacter pylori	.	.	.	.	.
86682	A	.	Helminth antibody	.	.	.	.	.
86684	A	.	Hemophilus influenza	.	.	.	.	.
86687	A	.	Htlv-i antibody	.	.	.	.	.
86688	A	.	Htlv-ii antibody	.	.	.	.	.
86689	A	.	HTLV/HIV confirmatory test	.	.	.	.	.
86692	A	.	Hepatitis, delta agent	.	.	.	.	.
86694	A	.	Herpes simplex test	.	.	.	.	.
86695	A	.	Herpes simplex test	.	.	.	.	.
86696	A	.	Herpes simplex type 2	.	.	.	.	.
86698	A	.	Histoplasma	.	.	.	.	.
86701	A	.	HIV-1	.	.	.	.	.
86702	A	.	HIV-2	.	.	.	.	.
86703	A	.	HIV-1/HIV-2, single assay	.	.	.	.	.
86704	A	.	Hep b core antibody, total	.	.	.	.	.
86705	A	.	Hep b core antibody, igm	.	.	.	.	.
86706	A	.	Hep b surface antibody	.	.	.	.	.
86707	A	.	Hep be antibody	.	.	.	.	.
86708	A	.	Hep a antibody, total	.	.	.	.	.
86709	A	.	Hep a antibody, igm	.	.	.	.	.
86710	A	.	Influenza virus antibody	.	.	.	.	.
86713	A	.	Legionella antibody	.	.	.	.	.
86717	A	.	Leishmania antibody	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
86720	A	.	Leptospira antibody	.	.	.	.	.
86723	A	.	Listeria monocytogenes ab	.	.	.	.	.
86727	A	.	Lymph choriomeningitis ab	.	.	.	.	.
86729	A	.	Lympho venereum antibody	.	.	.	.	.
86732	A	.	Mucormycosis antibody	.	.	.	.	.
86735	A	.	Mumps antibody	.	.	.	.	.
86738	A	.	Mycoplasma antibody	.	.	.	.	.
86741	A	.	Neisseria meningitidis	.	.	.	.	.
86744	A	.	Nocardia antibody	.	.	.	.	.
86747	A	.	Parvovirus antibody	.	.	.	.	.
86750	A	.	Malaria antibody	.	.	.	.	.
86753	A	.	Protozoa antibody nos	.	.	.	.	.
86756	A	.	Respiratory virus antibody	.	.	.	.	.
86757	A	.	Rickettsia antibody	.	.	.	.	.
86759	A	.	Rotavirus antibody	.	.	.	.	.
86762	A	.	Rubella antibody	.	.	.	.	.
86765	A	.	Rubeola antibody	.	.	.	.	.
86768	A	.	Salmonella antibody	.	.	.	.	.
86771	A	.	Shigella antibody	.	.	.	.	.
86774	A	.	Tetanus antibody	.	.	.	.	.
86777	A	.	Toxoplasma antibody	.	.	.	.	.
86778	A	.	Toxoplasma antibody, igm	.	.	.	.	.
86781	A	.	Treponema pallidum, confirm	.	.	.	.	.
86784	A	.	Trichinella antibody	.	.	.	.	.
86787	A	.	Varicella-zoster antibody	.	.	.	.	.
86790	A	.	Virus antibody nos	.	.	.	.	.
86793	A	.	Yersinia antibody	.	.	.	.	.
86800	A	.	Thyroglobulin antibody	.	.	.	.	.
86803	A	.	Hepatitis c ab test	.	.	.	.	.
86804	A	.	Hep c ab test, confirm	.	.	.	.	.
86805	A	.	Lymphocytotoxicity assay	.	.	.	.	.
86806	A	.	Lymphocytotoxicity assay	.	.	.	.	.
86807	A	.	Cytotoxic antibody screening	.	.	.	.	.
86808	A	.	Cytotoxic antibody screening	.	.	.	.	.
86812	A	.	HLA typing, A, B, or C	.	.	.	.	.
86813	A	.	HLA typing, A, B, or C	.	.	.	.	.
86816	A	.	HLA typing, DR/DQ	.	.	.	.	.
86817	A	.	HLA typing, DR/DQ	.	.	.	.	.
86821	A	.	Lymphocyte culture, mixed	.	.	.	.	.
86822	A	.	Lymphocyte culture, primed	.	.	.	.	.
86849	A	.	Immunology procedure	.	.	.	.	.
86850	X	.	RBC antibody screen	0345	0.2277	\$13.51	\$3.01	\$2.70
86860	X	.	RBC antibody elution	0346	0.3434	\$20.38	\$4.54	\$4.08
86870	X	.	RBC antibody identification	0346	0.3434	\$20.38	\$4.54	\$4.08
86880	X	.	Coombs test, direct	0409	0.1258	\$7.47	\$2.22	\$1.49
86885	X	.	Coombs test, indirect, qual	0409	0.1258	\$7.47	\$2.22	\$1.49
86886	X	.	Coombs test, indirect, titer	0409	0.1258	\$7.47	\$2.22	\$1.49
86890	X	.	Autologous blood process	0347	0.8434	\$50.05	\$12.35	\$10.01
86891	X	.	Autologous blood, op salvage	0346	0.3434	\$20.38	\$4.54	\$4.08
86900	X	.	Blood typing, ABO	0409	0.1258	\$7.47	\$2.22	\$1.49
86901	X	.	Blood typing, Rh (D)	0409	0.1258	\$7.47	\$2.22	\$1.49
86903	X	.	Blood typing, antigen screen	0345	0.2277	\$13.51	\$3.01	\$2.70
86904	X	.	Blood typing, patient serum	0346	0.3434	\$20.38	\$4.54	\$4.08

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
86905	X	.	Blood typing, RBC antigens	0345	0.2277	\$13.51	\$3.01	\$2.70
86906	X	.	Blood typing, Rh phenotype	0345	0.2277	\$13.51	\$3.01	\$2.70
86910	E	.	Blood typing, paternity test	.	.	.	.	.
86911	E	.	Blood typing, antigen system	.	.	.	.	.
86920	X	.	Compatibility test	0346	0.3434	\$20.38	\$4.54	\$4.08
86921	X	.	Compatibility test	0345	0.2277	\$13.51	\$3.01	\$2.70
86922	X	.	Compatibility test	0346	0.3434	\$20.38	\$4.54	\$4.08
86927	X	.	Plasma, fresh frozen	0345	0.2277	\$13.51	\$3.01	\$2.70
86930	X	.	Frozen blood prep	0347	0.8434	\$50.05	\$12.35	\$10.01
86931	X	.	Frozen blood thaw	0347	0.8434	\$50.05	\$12.35	\$10.01
86932	X	.	Frozen blood freeze/thaw	0347	0.8434	\$50.05	\$12.35	\$10.01
86940	A	.	Hemolysins/agglutinins, auto	.	.	.	.	.
86941	A	.	Hemolysins/agglutinins	.	.	.	.	.
86945	X	.	Blood product/irradiation	0345	0.2277	\$13.51	\$3.01	\$2.70
86950	X	.	Leukocyte transfusion	0345	0.2277	\$13.51	\$3.01	\$2.70
86965	X	.	Pooling blood platelets	0345	0.2277	\$13.51	\$3.01	\$2.70
86970	X	.	RBC pretreatment	0345	0.2277	\$13.51	\$3.01	\$2.70
86971	X	.	RBC pretreatment	0345	0.2277	\$13.51	\$3.01	\$2.70
86972	X	.	RBC pretreatment	0346	0.3434	\$20.38	\$4.54	\$4.08
86975	X	.	RBC pretreatment, serum	0345	0.2277	\$13.51	\$3.01	\$2.70
86976	X	.	RBC pretreatment, serum	0345	0.2277	\$13.51	\$3.01	\$2.70
86977	X	.	RBC pretreatment, serum	0345	0.2277	\$13.51	\$3.01	\$2.70
86978	X	.	RBC pretreatment, serum	0345	0.2277	\$13.51	\$3.01	\$2.70
86985	X	.	Split blood or products	0345	0.2277	\$13.51	\$3.01	\$2.70
86999	X	.	Transfusion procedure	0345	0.2277	\$13.51	\$3.01	\$2.70
87001	A	.	Small animal inoculation	.	.	.	.	.
87003	A	.	Small animal inoculation	.	.	.	.	.
87015	A	.	Specimen concentration	.	.	.	.	.
87040	A	.	Blood culture for bacteria	.	.	.	.	.
87045	A	.	Feces culture, bacteria	.	.	.	.	.
87046	A	.	Stool cultr, bacteria, each	.	.	.	.	.
87070	A	.	Culture, bacteria, other	.	.	.	.	.
87071	A	.	Culture bacteri aerobic othr	.	.	.	.	.
87073	A	.	Culture bacteria anaerobic	.	.	.	.	.
87075	A	.	Cultr bacteria, except blood	.	.	.	.	.
87076	A	.	Culture anaerobe ident, each	.	.	.	.	.
87077	A	.	Culture aerobic identify	.	.	.	.	.
87081	A	.	Culture screen only	.	.	.	.	.
87084	A	.	Culture of specimen by kit	.	.	.	.	.
87086	A	.	Urine culture/colony count	.	.	.	.	.
87088	A	.	Urine bacteria culture	.	.	.	.	.
87101	A	.	Skin fungi culture	.	.	.	.	.
87102	A	.	Fungus isolation culture	.	.	.	.	.
87103	A	.	Blood fungus culture	.	.	.	.	.
87106	A	.	Fungi identification, yeast	.	.	.	.	.
87107	A	.	Fungi identification, mold	.	.	.	.	.
87109	A	.	Mycoplasma	.	.	.	.	.
87110	A	.	Chlamydia culture	.	.	.	.	.
87116	A	.	Mycobacteria culture	.	.	.	.	.
87118	A	.	Mycobacteric identification	.	.	.	.	.
87140	A	.	Culture type immunofluoresc	.	.	.	.	.
87143	A	.	Culture typing, glc/hplc	.	.	.	.	.
87147	A	.	Culture type, immunologic	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
87149	A	.	Culture type, nucleic acid	.	.	.	.	.
87152	A	.	Culture type pulse field gel	.	.	.	.	.
87158	A	.	Culture typing, added method	.	.	.	.	.
87164	A	.	Dark field examination	.	.	.	.	.
87166	A	.	Dark field examination	.	.	.	.	.
87168	A	.	Macroscopic exam arthropod	.	.	.	.	.
87169	A	.	Macroscopic exam parasite	.	.	.	.	.
87172	A	.	Pinworm exam	.	.	.	.	.
87176	A	.	Tissue homogenization, cultr	.	.	.	.	.
87177	A	.	Ova and parasites smears	.	.	.	.	.
87181	A	.	Microbe susceptible, diffuse	.	.	.	.	.
87184	A	.	Microbe susceptible, disk	.	.	.	.	.
87185	A	.	Microbe susceptible, enzyme	.	.	.	.	.
87186	A	.	Microbe susceptible, mic	.	.	.	.	.
87187	A	.	Microbe susceptible, mlc	.	.	.	.	.
87188	A	.	Microbe suscept, macrobroth	.	.	.	.	.
87190	A	.	Microbe suscept, mycobacteri	.	.	.	.	.
87197	A	.	Bactericidal level, serum	.	.	.	.	.
87205	A	.	Smear, gram stain	.	.	.	.	.
87206	A	.	Smear, fluorescent/acid stai	.	.	.	.	.
87207	A	.	Smear, special stain	.	.	.	.	.
87210	A	.	Smear, wet mount, saline/ink	.	.	.	.	.
87220	A	.	Tissue exam for fungi	.	.	.	.	.
87230	A	.	Assay, toxin or antitoxin	.	.	.	.	.
87250	A	.	Virus inoculate, eggs/animal	.	.	.	.	.
87252	A	.	Virus inoculation, tissue	.	.	.	.	.
87253	A	.	Virus inoculate tissue, addl	.	.	.	.	.
87254	A	.	Virus inoculation, shell via	.	.	.	.	.
87255	A	.	Genet virus isolate, hsv	.	.	.	.	.
87260	A	.	Adenovirus ag, if	.	.	.	.	.
87265	A	.	Pertussis ag, if	.	.	.	.	.
87267	A	.	Enterovirus antibody, dfa	.	.	.	.	.
87269	A	.	Giardia ag, if	.	.	.	.	.
87270	A	.	Chlamydia trachomatis ag, if	.	.	.	.	.
87271	A	.	Cryptosporidium/gardia ag, if	.	.	.	.	.
87272	A	.	Cryptosporidium ag, if	.	.	.	.	.
87273	A	.	Herpes simplex 2, ag, if	.	.	.	.	.
87274	A	.	Herpes simplex 1, ag, if	.	.	.	.	.
87275	A	.	Influenza b, ag, if	.	.	.	.	.
87276	A	.	Influenza a, ag, if	.	.	.	.	.
87277	A	.	Legionella micdadei, ag, if	.	.	.	.	.
87278	A	.	Legion pneumophilia ag, if	.	.	.	.	.
87279	A	.	Parainfluenza, ag, if	.	.	.	.	.
87280	A	.	Respiratory syncytial ag, if	.	.	.	.	.
87281	A	.	Pneumocystis carinii, ag, if	.	.	.	.	.
87283	A	.	Rubeola, ag, if	.	.	.	.	.
87285	A	.	Treponema pallidum, ag, if	.	.	.	.	.
87290	A	.	Varicella zoster, ag, if	.	.	.	.	.
87299	A	.	Antibody detection, nos, if	.	.	.	.	.
87300	A	.	Ag detection, polyval, if	.	.	.	.	.
87301	A	.	Adenovirus ag, eia	.	.	.	.	.
87320	A	.	Chylmd trach ag, eia	.	.	.	.	.
87324	A	.	Clostridium ag, eia	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
87327	A	.	Cryptococcus neoform ag, eia	.	.	.	.	.
87328	A	.	Cryptosporidium ag, eia	.	.	.	.	.
87329	A	.	Giardia ag, eia	.	.	.	.	.
87332	A	.	Cytomegalovirus ag, eia	.	.	.	.	.
87335	A	.	E coli 0157 ag, eia	.	.	.	.	.
87336	A	.	Entamoeb hist dispr, ag, eia	.	.	.	.	.
87337	A	.	Entamoeb hist group, ag, eia	.	.	.	.	.
87338	A	.	Hpylori, stool, eia	.	.	.	.	.
87339	A	.	H pylori ag, eia	.	.	.	.	.
87340	A	.	Hepatitis b surface ag, eia	.	.	.	.	.
87341	A	.	Hepatitis b surface, ag, eia	.	.	.	.	.
87350	A	.	Hepatitis be ag, eia	.	.	.	.	.
87380	A	.	Hepatitis delta ag, eia	.	.	.	.	.
87385	A	.	Histoplasma capsul ag, eia	.	.	.	.	.
87390	A	.	Hiv-1 ag, eia	.	.	.	.	.
87391	A	.	Hiv-2 ag, eia	.	.	.	.	.
87400	A	.	Influenza a/b, ag, eia	.	.	.	.	.
87420	A	.	Resp syncytial ag, eia	.	.	.	.	.
87425	A	.	Rotavirus ag, eia	.	.	.	.	.
87427	A	.	Shiga-like toxin ag, eia	.	.	.	.	.
87430	A	.	Strep a ag, eia	.	.	.	.	.
87449	A	.	Ag detect nos, eia, mult	.	.	.	.	.
87450	A	.	Ag detect nos, eia, single	.	.	.	.	.
87451	A	.	Ag detect polyval, eia, mult	.	.	.	.	.
87470	A	.	Bartonella, dna, dir probe	.	.	.	.	.
87471	A	.	Bartonella, dna, amp probe	.	.	.	.	.
87472	A	.	Bartonella, dna, quant	.	.	.	.	.
87475	A	.	Lyme dis, dna, dir probe	.	.	.	.	.
87476	A	.	Lyme dis, dna, amp probe	.	.	.	.	.
87477	A	.	Lyme dis, dna, quant	.	.	.	.	.
87480	A	.	Candida, dna, dir probe	.	.	.	.	.
87481	A	.	Candida, dna, amp probe	.	.	.	.	.
87482	A	.	Candida, dna, quant	.	.	.	.	.
87485	A	.	Chylmd pneum, dna, dir probe	.	.	.	.	.
87486	A	.	Chylmd pneum, dna, amp probe	.	.	.	.	.
87487	A	.	Chylmd pneum, dna, quant	.	.	.	.	.
87490	A	.	Chylmd trach, dna, dir probe	.	.	.	.	.
87491	A	.	Chylmd trach, dna, amp probe	.	.	.	.	.
87492	A	.	Chylmd trach, dna, quant	.	.	.	.	.
87495	A	.	Cytomeg, dna, dir probe	.	.	.	.	.
87496	A	.	Cytomeg, dna, amp probe	.	.	.	.	.
87497	A	.	Cytomeg, dna, quant	.	.	.	.	.
87510	A	.	Gardner vag, dna, dir probe	.	.	.	.	.
87511	A	.	Gardner vag, dna, amp probe	.	.	.	.	.
87512	A	.	Gardner vag, dna, quant	.	.	.	.	.
87515	A	.	Hepatitis b, dna, dir probe	.	.	.	.	.
87516	A	.	Hepatitis b, dna, amp probe	.	.	.	.	.
87517	A	.	Hepatitis b, dna, quant	.	.	.	.	.
87520	A	.	Hepatitis c, rna, dir probe	.	.	.	.	.
87521	A	.	Hepatitis c, rna, amp probe	.	.	.	.	.
87522	A	.	Hepatitis c, rna, quant	.	.	.	.	.
87525	A	.	Hepatitis g, dna, dir probe	.	.	.	.	.
87526	A	.	Hepatitis g, dna, amp probe	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
87527	A	.	Hepatitis g, dna, quant	.	.	.	.	.
87528	A	.	Hsv, dna, dir probe	.	.	.	.	.
87529	A	.	Hsv, dna, amp probe	.	.	.	.	.
87530	A	.	Hsv, dna, quant	.	.	.	.	.
87531	A	.	Hhv-6, dna, dir probe	.	.	.	.	.
87532	A	.	Hhv-6, dna, amp probe	.	.	.	.	.
87533	A	.	Hhv-6, dna, quant	.	.	.	.	.
87534	A	.	Hiv-1, dna, dir probe	.	.	.	.	.
87535	A	.	Hiv-1, dna, amp probe	.	.	.	.	.
87536	A	.	Hiv-1, dna, quant	.	.	.	.	.
87537	A	.	Hiv-2, dna, dir probe	.	.	.	.	.
87538	A	.	Hiv-2, dna, amp probe	.	.	.	.	.
87539	A	.	Hiv-2, dna, quant	.	.	.	.	.
87540	A	.	Legion pneumo, dna, dir prob	.	.	.	.	.
87541	A	.	Legion pneumo, dna, amp prob	.	.	.	.	.
87542	A	.	Legion pneumo, dna, quant	.	.	.	.	.
87550	A	.	Mycobacteria, dna, dir probe	.	.	.	.	.
87551	A	.	Mycobacteria, dna, amp probe	.	.	.	.	.
87552	A	.	Mycobacteria, dna, quant	.	.	.	.	.
87555	A	.	M.tuberculo, dna, dir probe	.	.	.	.	.
87556	A	.	M.tuberculo, dna, amp probe	.	.	.	.	.
87557	A	.	M.tuberculo, dna, quant	.	.	.	.	.
87560	A	.	M.avium-intra, dna, dir prob	.	.	.	.	.
87561	A	.	M.avium-intra, dna, amp prob	.	.	.	.	.
87562	A	.	M.avium-intra, dna, quant	.	.	.	.	.
87580	A	.	M.pneumon, dna, dir probe	.	.	.	.	.
87581	A	.	M.pneumon, dna, amp probe	.	.	.	.	.
87582	A	.	M.pneumon, dna, quant	.	.	.	.	.
87590	A	.	N.gonorrhoeae, dna, dir prob	.	.	.	.	.
87591	A	.	N.gonorrhoeae, dna, amp prob	.	.	.	.	.
87592	A	.	N.gonorrhoeae, dna, quant	.	.	.	.	.
87620	A	.	Hpv, dna, dir probe	.	.	.	.	.
87621	A	.	Hpv, dna, amp probe	.	.	.	.	.
87622	A	.	Hpv, dna, quant	.	.	.	.	.
87650	A	.	Strep a, dna, dir probe	.	.	.	.	.
87651	A	.	Strep a, dna, amp probe	.	.	.	.	.
87652	A	.	Strep a, dna, quant	.	.	.	.	.
87660	A	.	Trichomonas vagin, dir probe	.	.	.	.	.
87797	A	.	Detect agent nos, dna, dir	.	.	.	.	.
87798	A	.	Detect agent nos, dna, amp	.	.	.	.	.
87799	A	.	Detect agent nos, dna, quant	.	.	.	.	.
87800	A	.	Detect agnt mult, dna, direc	.	.	.	.	.
87801	A	.	Detect agnt mult, dna, ampli	.	.	.	.	.
87802	A	.	Strep b assay w/optic	.	.	.	.	.
87803	A	.	Clostridium toxin a w/optic	.	.	.	.	.
87804	A	.	Influenza assay w/optic	.	.	.	.	.
87807	A	.	Rsv assay w/optic	.	.	.	.	.
87810	A	.	Chylmd trach assay w/optic	.	.	.	.	.
87850	A	.	N. gonorrhoeae assay w/optic	.	.	.	.	.
87880	A	.	Strep a assay w/optic	.	.	.	.	.
87899	A	.	Agent nos assay w/optic	.	.	.	.	.
87901	A	.	Genotype, dna, hiv reverse t	.	.	.	.	.
87902	A	.	Genotype, dna, hepatitis C	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
87903	A	.	Phenotype, dna hiv w/culture	.	.	.	.	.
87904	A	.	Phenotype, dna hiv w/clt add	.	.	.	.	.
87999	A	.	Microbiology procedure	.	.	.	.	.
88000	E	.	Autopsy (necropsy), gross	.	.	.	.	.
88005	E	.	Autopsy (necropsy), gross	.	.	.	.	.
88007	E	.	Autopsy (necropsy), gross	.	.	.	.	.
88012	E	.	Autopsy (necropsy), gross	.	.	.	.	.
88014	E	.	Autopsy (necropsy), gross	.	.	.	.	.
88016	E	.	Autopsy (necropsy), gross	.	.	.	.	.
88020	E	.	Autopsy (necropsy), complete	.	.	.	.	.
88025	E	.	Autopsy (necropsy), complete	.	.	.	.	.
88027	E	.	Autopsy (necropsy), complete	.	.	.	.	.
88028	E	.	Autopsy (necropsy), complete	.	.	.	.	.
88029	E	.	Autopsy (necropsy), complete	.	.	.	.	.
88036	E	.	Limited autopsy	.	.	.	.	.
88037	E	.	Limited autopsy	.	.	.	.	.
88040	E	.	Forensic autopsy (necropsy)	.	.	.	.	.
88045	E	.	Coroner's autopsy (necropsy)	.	.	.	.	.
88099	E	.	Necropsy (autopsy) procedure	.	.	.	.	.
88104	X	.	Cytopathology, fluids	0433	0.2581	\$15.32	\$6.12	\$3.06
88106	X	.	Cytopathology, fluids	0433	0.2581	\$15.32	\$6.12	\$3.06
88107	X	.	Cytopathology, fluids	0433	0.2581	\$15.32	\$6.12	\$3.06
88108	X	.	Cytopath, concentrate tech	0433	0.2581	\$15.32	\$6.12	\$3.06
88112	X	.	Cytopath, cell enhance tech	0343	0.4786	\$28.40	\$11.10	\$5.68
88125	X	.	Forensic cytopathology	0342	0.156	\$9.26	\$3.70	\$1.85
88130	A	.	Sex chromatin identification	.	.	.	.	.
88140	A	.	Sex chromatin identification	.	.	.	.	.
88141	N	.	Cytopath, c/v, interpret	.	.	.	.	.
88142	A	.	Cytopath, c/v, thin layer	.	.	.	.	.
88143	A	.	Cytopath c/v thin layer redo	.	.	.	.	.
88147	A	.	Cytopath, c/v, automated	.	.	.	.	.
88148	A	.	Cytopath, c/v, auto rescreen	.	.	.	.	.
88150	A	.	Cytopath, c/v, manual	.	.	.	.	.
88152	A	.	Cytopath, c/v, auto redo	.	.	.	.	.
88153	A	.	Cytopath, c/v, redo	.	.	.	.	.
88154	A	.	Cytopath, c/v, select	.	.	.	.	.
88155	A	.	Cytopath, c/v, index add-on	.	.	.	.	.
88160	X	.	Cytopath smear, other source	0433	0.2581	\$15.32	\$6.12	\$3.06
88161	X	.	Cytopath smear, other source	0433	0.2581	\$15.32	\$6.12	\$3.06
88162	X	.	Cytopath smear, other source	0433	0.2581	\$15.32	\$6.12	\$3.06
88164	A	.	Cytopath tbs, c/v, manual	.	.	.	.	.
88165	A	.	Cytopath tbs, c/v, redo	.	.	.	.	.
88166	A	.	Cytopath tbs, c/v, auto redo	.	.	.	.	.
88167	A	.	Cytopath tbs, c/v, select	.	.	.	.	.
88172	X	.	Cytopathology eval of fna	0343	0.4786	\$28.40	\$11.10	\$5.68
88173	X	.	Cytopath eval, fna, report	0343	0.4786	\$28.40	\$11.10	\$5.68
88174	A	.	Cytopath, c/v auto, in fluid	.	.	.	.	.
88175	A	.	Cytopath c/v auto fluid redo	.	.	.	.	.
88182	X	.	Cell marker study	0344	0.7996	\$47.45	\$15.66	\$9.49
88184	X	.	Flowcytometry/ tc, 1 marker	0344	0.7996	\$47.45	\$15.66	\$9.49
88185	X	.	Flowcytometry/tc, add-on	0343	0.4786	\$28.40	\$11.10	\$5.68
88187	X	.	Flowcytometry/read, 2-8	0433	0.2581	\$15.32	\$6.12	\$3.06
88188	X	.	Flowcytometry/read, 9-15	0433	0.2581	\$15.32	\$6.12	\$3.06

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
88189	X	.	Flowcytometry/read, 16 & >	0343	0.4786	\$28.40	\$11.10	\$5.68
88199	A	.	Cytopathology procedure	.	.	.	.	.
88230	A	.	Tissue culture, lymphocyte	.	.	.	.	.
88233	A	.	Tissue culture, skin/biopsy	.	.	.	.	.
88235	A	.	Tissue culture, placenta	.	.	.	.	.
88237	A	.	Tissue culture, bone marrow	.	.	.	.	.
88239	A	.	Tissue culture, tumor	.	.	.	.	.
88240	A	.	Cell cryopreserve/storage	.	.	.	.	.
88241	A	.	Frozen cell preparation	.	.	.	.	.
88245	A	.	Chromosome analysis, 20-25	.	.	.	.	.
88248	A	.	Chromosome analysis, 50-100	.	.	.	.	.
88249	A	.	Chromosome analysis, 100	.	.	.	.	.
88261	A	.	Chromosome analysis, 5	.	.	.	.	.
88262	A	.	Chromosome analysis, 15-20	.	.	.	.	.
88263	A	.	Chromosome analysis, 45	.	.	.	.	.
88264	A	.	Chromosome analysis, 20-25	.	.	.	.	.
88267	A	.	Chromosome analys, placenta	.	.	.	.	.
88269	A	.	Chromosome analys, amniotic	.	.	.	.	.
88271	A	.	Cytogenetics, dna probe	.	.	.	.	.
88272	A	.	Cytogenetics, 3-5	.	.	.	.	.
88273	A	.	Cytogenetics, 10-30	.	.	.	.	.
88274	A	.	Cytogenetics, 25-99	.	.	.	.	.
88275	A	.	Cytogenetics, 100-300	.	.	.	.	.
88280	A	.	Chromosome karyotype study	.	.	.	.	.
88283	A	.	Chromosome banding study	.	.	.	.	.
88285	A	.	Chromosome count, additional	.	.	.	.	.
88289	A	.	Chromosome study, additional	.	.	.	.	.
88291	A	.	Cyto/molecular report	.	.	.	.	.
88299	X	.	Cytogenetic study	0342	0.156	\$9.26	\$3.70	\$1.85
88300	X	.	Surgical path, gross	0433	0.2581	\$15.32	\$6.12	\$3.06
88302	X	.	Tissue exam by pathologist	0433	0.2581	\$15.32	\$6.12	\$3.06
88304	X	.	Tissue exam by pathologist	0343	0.4786	\$28.40	\$11.10	\$5.68
88305	X	.	Tissue exam by pathologist	0343	0.4786	\$28.40	\$11.10	\$5.68
88307	X	.	Tissue exam by pathologist	0344	0.7996	\$47.45	\$15.66	\$9.49
88309	X	.	Tissue exam by pathologist	0344	0.7996	\$47.45	\$15.66	\$9.49
88311	X	.	Decalcify tissue	0342	0.156	\$9.26	\$3.70	\$1.85
88312	X	.	Special stains	0433	0.2581	\$15.32	\$6.12	\$3.06
88313	X	.	Special stains	0433	0.2581	\$15.32	\$6.12	\$3.06
88314	X	.	Histochemical stain	0342	0.156	\$9.26	\$3.70	\$1.85
88318	X	.	Chemical histochemistry	0433	0.2581	\$15.32	\$6.12	\$3.06
88319	X	.	Enzyme histochemistry	0343	0.4786	\$28.40	\$11.10	\$5.68
88321	X	.	Microslide consultation	0433	0.2581	\$15.32	\$6.12	\$3.06
88323	X	.	Microslide consultation	0343	0.4786	\$28.40	\$11.10	\$5.68
88325	X	.	Comprehensive review of data	0344	0.7996	\$47.45	\$15.66	\$9.49
88329	X	.	Path consult introp	0433	0.2581	\$15.32	\$6.12	\$3.06
88331	X	.	Path consult intraop, 1 bloc	0343	0.4786	\$28.40	\$11.10	\$5.68
88332	X	.	Path consult intraop, add'l	0433	0.2581	\$15.32	\$6.12	\$3.06
88342	X	.	Immunohistochemistry	0343	0.4786	\$28.40	\$11.10	\$5.68
88346	X	.	Immunofluorescent study	0343	0.4786	\$28.40	\$11.10	\$5.68
88347	X	.	Immunofluorescent study	0343	0.4786	\$28.40	\$11.10	\$5.68
88348	X	.	Electron microscopy	0661	3.3775	\$200.43	\$80.17	\$40.09
88349	X	.	Scanning electron microscopy	0661	3.3775	\$200.43	\$80.17	\$40.09
88355	X	.	Analysis, skeletal muscle	0343	0.4786	\$28.40	\$11.10	\$5.68

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
88356	X	.	Analysis, nerve	0344	0.7996	\$47.45	\$15.66	\$9.49
88358	X	.	Analysis, tumor	0344	0.7996	\$47.45	\$15.66	\$9.49
88360	X	.	Tumor immunohistochem/manual	0344	0.7996	\$47.45	\$15.66	\$9.49
88361	X	.	Immunohistochemistry, tumor	0344	0.7996	\$47.45	\$15.66	\$9.49
88362	X	.	Nerve teasing preparations	0344	0.7996	\$47.45	\$15.66	\$9.49
88365	X	.	Tissue hybridization	0344	0.7996	\$47.45	\$15.66	\$9.49
88367	X	.	Insitu hybridization, auto	0344	0.7996	\$47.45	\$15.66	\$9.49
88368	X	.	Insitu hybridization, manual	0344	0.7996	\$47.45	\$15.66	\$9.49
88371	A	.	Protein, western blot tissue	.	.	.	.	.
88372	A	.	Protein analysis w/probe	.	.	.	.	.
88380	A	.	Microdissection	.	.	.	.	.
88399	A	.	Surgical pathology procedure	.	.	.	.	.
88400	A	.	Bilirubin total transcut	.	.	.	.	.
89050	A	.	Body fluid cell count	.	.	.	.	.
89051	A	.	Body fluid cell count	.	.	.	.	.
89055	A	.	Leukocyte assessment, fecal	.	.	.	.	.
89060	A	.	Exam, synovial fluid crystals	.	.	.	.	.
89100	X	.	Sample intestinal contents	0360	1.4739	\$87.47	\$34.98	\$17.49
89105	X	.	Sample intestinal contents	0360	1.4739	\$87.47	\$34.98	\$17.49
89125	A	.	Specimen fat stain	.	.	.	.	.
89130	X	.	Sample stomach contents	0360	1.4739	\$87.47	\$34.98	\$17.49
89132	X	.	Sample stomach contents	0360	1.4739	\$87.47	\$34.98	\$17.49
89135	X	.	Sample stomach contents	0360	1.4739	\$87.47	\$34.98	\$17.49
89136	X	.	Sample stomach contents	0360	1.4739	\$87.47	\$34.98	\$17.49
89140	X	.	Sample stomach contents	0360	1.4739	\$87.47	\$34.98	\$17.49
89141	X	.	Sample stomach contents	0360	1.4739	\$87.47	\$34.98	\$17.49
89160	A	.	Exam feces for meat fibers	.	.	.	.	.
89190	A	.	Nasal smear for eosinophils	.	.	.	.	.
89220	X	.	Sputum specimen collection	0343	0.4786	\$28.40	\$11.10	\$5.68
89225	A	.	Starch granules, feces	.	.	.	.	.
89230	X	.	Collect sweat for test	0433	0.2581	\$15.32	\$6.12	\$3.06
89235	A	.	Water load test	.	.	.	.	.
89240	A	.	Pathology lab procedure	.	.	.	.	.
89250	X	.	Cultr oocyte/embryo <4 days	0348	0.7927	\$47.04	.	\$9.41
89251	X	.	Cultr oocyte/embryo <4 days	0348	0.7927	\$47.04	.	\$9.41
89253	X	.	Embryo hatching	0348	0.7927	\$47.04	.	\$9.41
89254	X	.	Oocyte identification	0348	0.7927	\$47.04	.	\$9.41
89255	X	.	Prepare embryo for transfer	0348	0.7927	\$47.04	.	\$9.41
89257	X	.	Sperm identification	0348	0.7927	\$47.04	.	\$9.41
89258	X	.	Cryopreservation embryo(s)	0348	0.7927	\$47.04	.	\$9.41
89259	X	.	Cryopreservation, sperm	0348	0.7927	\$47.04	.	\$9.41
89260	X	.	Sperm isolation, simple	0348	0.7927	\$47.04	.	\$9.41
89261	X	.	Sperm isolation, complex	0348	0.7927	\$47.04	.	\$9.41
89264	X	.	Identify sperm tissue	0348	0.7927	\$47.04	.	\$9.41
89268	X	.	Insemination of oocytes	0348	0.7927	\$47.04	.	\$9.41
89272	X	.	Extended culture of oocytes	0348	0.7927	\$47.04	.	\$9.41
89280	X	.	Assist oocyte fertilization	0348	0.7927	\$47.04	.	\$9.41
89281	X	.	Assist oocyte fertilization	0348	0.7927	\$47.04	.	\$9.41
89290	X	.	Biopsy, oocyte polar body	0348	0.7927	\$47.04	.	\$9.41
89291	X	.	Biopsy, oocyte polar body	0348	0.7927	\$47.04	.	\$9.41
89300	A	.	Semen analysis w/huhner	.	.	.	.	.
89310	A	.	Semen analysis	.	.	.	.	.
89320	A	.	Semen analysis, complete	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
89321	A	.	Semen analysis & motility	.	.	.	.	.
89325	A	.	Sperm antibody test	.	.	.	.	.
89329	A	.	Sperm evaluation test	.	.	.	.	.
89330	A	.	Evaluation, cervical mucus	.	.	.	.	.
89335	X	.	Cryopreserve testicular tiss	0348	0.7927	\$47.04	.	\$9.41
89342	X	.	Storage/year embryo(s)	0348	0.7927	\$47.04	.	\$9.41
89343	X	.	Storage/year sperm/semen	0348	0.7927	\$47.04	.	\$9.41
89344	X	.	Storage/year reprod tissue	0348	0.7927	\$47.04	.	\$9.41
89346	X	.	Storage/year oocyte	0348	0.7927	\$47.04	.	\$9.41
89352	X	.	Thawing cryopresrved embryo	0348	0.7927	\$47.04	.	\$9.41
89353	X	.	Thawing cryopresrved sperm	0348	0.7927	\$47.04	.	\$9.41
89354	X	.	Thaw cryoprsrvd reprod tiss	0348	0.7927	\$47.04	.	\$9.41
89356	X	.	Thawing cryopresrved oocyte	0348	0.7927	\$47.04	.	\$9.41
90281	E	.	Human ig, im	.	.	.	.	.
90283	E	.	Human ig, iv	.	.	.	.	.
90287	E	.	Botulinum antitoxin	.	.	.	.	.
90288	E	.	Botulism ig, iv	.	.	.	.	.
90291	E	.	Cmv ig, iv	.	.	.	.	.
90296	N	.	Diphtheria antitoxin	.	.	.	.	.
90371	E	.	Hep b ig, im	.	.	.	.	.
90375	K	.	Rabies ig, im/sc	9133	.	\$64.56	.	\$12.91
90376	K	.	Rabies ig, heat treated	9134	.	\$69.79	.	\$13.96
90378	E	.	Rsv ig, im, 50mg	.	.	.	.	.
90379	E	.	Rsv ig, iv	.	.	.	.	.
90384	E	.	Rh ig, full-dose, im	.	.	.	.	.
90385	N	.	Rh ig, minidose, im	.	.	.	.	.
90386	E	.	Rh ig, iv	.	.	.	.	.
90389	E	.	Tetanus ig, im	.	.	.	.	.
90393	N	.	Vaccina ig, im	.	.	.	.	.
90396	K	.	Varicella-zoster ig, im	9135	.	\$96.58	.	\$19.32
90399	E	.	Immune globulin	.	.	.	.	.
90465	B	.	Immune admin 1 inj, < 8 yrs	.	.	.	.	.
90466	B	.	Immune admin addl inj, < 8 y	.	.	.	.	.
90467	B	.	Immune admin o or n, < 8 yrs	.	.	.	.	.
90468	B	.	Immune admin o/n, addl < 8 y	.	.	.	.	.
90471	X	.	Immunization admin	0353	0.3954	\$23.46	.	\$4.69
90472	X	.	Immunization admin, each add	0353	0.3954	\$23.46	.	\$4.69
90473	S	.	Immune admin oral/nasal	1491	.	\$5.00	.	\$1.00
90474	S	.	Immune admin oral/nasal addl	1491	.	\$5.00	.	\$1.00
90476	K	.	Adenovirus vaccine, type 4	9136	0.9499	\$56.37	.	\$11.27
90477	N	.	Adenovirus vaccine, type 7	.	.	.	.	.
90581	K	.	Anthrax vaccine, sc	9169	.	\$128.95	.	\$25.79
90585	K	.	Bcg vaccine, percut	9137	.	\$124.54	.	\$24.91
90586	B	.	Bcg vaccine, intravesical	.	.	.	.	.
90632	N	.	Hep a vaccine, adult im	.	.	.	.	.
90633	N	.	Hep a vacc, ped/adol, 2 dose	.	.	.	.	.
90634	N	.	Hep a vacc, ped/adol, 3 dose	.	.	.	.	.
90636	K	.	Hep a/hep b vacc, adult im	9138	0.9674	\$57.41	.	\$11.48
90645	N	.	Hib vaccine, hboc, im	.	.	.	.	.
90646	N	.	Hib vaccine, prp-d, im	.	.	.	.	.
90647	N	.	Hib vaccine, prp-omp, im	.	.	.	.	.
90648	N	.	Hib vaccine, prp-t, im	.	.	.	.	.
90655	L	.	Flu vaccine, 6-35 mo, im	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
90656	L	.	Flu vaccine no preserv 3 & >	.	.	.	.	.
90657	L	.	Flu vaccine, 6-35 mo, im	.	.	.	.	.
90658	L	.	Flu vaccine, 3 yrs, im	.	.	.	.	.
90660	E	.	Flu vaccine, nasal	.	.	.	.	.
90665	N	.	Lyme disease vaccine, im	.	.	.	.	.
90669	E	.	Pneumococcal vacc, ped <5	.	.	.	.	.
90675	K	.	Rabies vaccine, im	9139	.	\$128.04	.	\$25.61
90676	K	.	Rabies vaccine, id	9140	1.4959	\$88.77	.	\$17.75
90680	N	.	Rotovirus vaccine, oral	.	.	.	.	.
90690	N	.	Typhoid vaccine, oral	.	.	.	.	.
90691	N	.	Typhoid vaccine, im	.	.	.	.	.
90692	N	.	Typhoid vaccine, h-p, sc/id	.	.	.	.	.
90693	N	.	Typhoid vaccine, akd, sc	.	.	.	.	.
90698	N	.	Dtap-hib-ip vaccine, im	.	.	.	.	.
90700	N	.	Dtap vaccine, im	.	.	.	.	.
90701	N	.	Dtp vaccine, im	.	.	.	.	.
90702	N	.	Dt vaccine < 7, im	.	.	.	.	.
90703	N	.	Tetanus vaccine, im	.	.	.	.	.
90704	N	.	Mumps vaccine, sc	.	.	.	.	.
90705	N	.	Measles vaccine, sc	.	.	.	.	.
90706	N	.	Rubella vaccine, sc	.	.	.	.	.
90707	N	.	Mmr vaccine, sc	.	.	.	.	.
90708	K	.	Measles-rubella vaccine, sc	9141	0.9467	\$56.18	.	\$11.24
90710	N	.	Mmr vaccine, sc	.	.	.	.	.
90712	N	.	Oral poliovirus vaccine	.	.	.	.	.
90713	N	.	Poliovirus, ipv, sc	.	.	.	.	.
90715	N	.	Tdap vaccine >7 im	.	.	.	.	.
90716	K	.	Chicken pox vaccine, sc	9142	.	\$64.29	.	\$12.86
90717	N	.	Yellow fever vaccine, sc	.	.	.	.	.
90718	N	.	Td vaccine > 7, im	.	.	.	.	.
90719	N	.	Diphtheria vaccine, im	.	.	.	.	.
90720	N	.	Dtp/hib vaccine, im	.	.	.	.	.
90721	N	.	Dtap/hib vaccine, im	.	.	.	.	.
90723	E	.	Dtap-hep b-ipv vaccine, im	.	.	.	.	.
90725	N	.	Cholera vaccine, injectable	.	.	.	.	.
90727	N	.	Plague vaccine, im	.	.	.	.	.
90732	L	.	Pneumococcal vaccine	.	.	.	.	.
90733	K	.	Meningococcal vaccine, sc	9143	.	\$56.75	.	\$11.35
90734	K	.	Meningococcal vaccine, im	9145	0.8948	\$53.10	.	\$10.62
90735	K	.	Encephalitis vaccine, sc	9144	.	\$67.73	.	\$13.55
90740	F	.	Hepb vacc, ill pat 3 dose im	.	.	.	.	.
90743	F	.	Hep b vacc, adol, 2 dose, im	.	.	.	.	.
90744	F	.	Hepb vacc ped/adol 3 dose im	.	.	.	.	.
90746	F	.	Hep b vaccine, adult, im	.	.	.	.	.
90747	F	.	Hepb vacc, ill pat 4 dose im	.	.	.	.	.
90748	E	.	Hep b/hib vaccine, im	.	.	.	.	.
90749	N	.	Vaccine toxoid	.	.	.	.	.
90780	S	.	IV infusion therapy, 1 hour	0120	2.0193	\$119.83	\$28.21	\$23.97
90781	N	.	IV infusion, additional hour	.	.	.	.	.
90782	X	.	Injection, sc/im	0353	0.3954	\$23.46	.	\$4.69
90783	X	.	Injection, ia	0359	0.8312	\$49.33	.	\$9.87
90784	X	.	Injection, iv	0359	0.8312	\$49.33	.	\$9.87
90788	X	.	Injection of antibiotic	0359	0.8312	\$49.33	.	\$9.87

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
90799	X	.	Ther/prophylactic/dx inject	0352	0.1413	\$8.39	.	\$1.68
90801	S	.	Psy dx interview	0323	1.6227	\$96.30	\$20.08	\$19.26
90802	S	.	Intac psy dx interview	0323	1.6227	\$96.30	\$20.08	\$19.26
90804	S	.	Psytx, office, 20-30 min	0322	1.2319	\$73.10	.	\$14.62
90805	S	.	Psytx, off, 20-30 min w/e&m	0322	1.2319	\$73.10	.	\$14.62
90806	S	.	Psytx, off, 45-50 min	0323	1.6227	\$96.30	\$20.08	\$19.26
90807	S	.	Psytx, off, 45-50 min w/e&m	0323	1.6227	\$96.30	\$20.08	\$19.26
90808	S	.	Psytx, office, 75-80 min	0323	1.6227	\$96.30	\$20.08	\$19.26
90809	S	.	Psytx, off, 75-80, w/e&m	0323	1.6227	\$96.30	\$20.08	\$19.26
90810	S	.	Intac psytx, off, 20-30 min	0322	1.2319	\$73.10	.	\$14.62
90811	S	.	Intac psytx, 20-30, w/e&m	0322	1.2319	\$73.10	.	\$14.62
90812	S	.	Intac psytx, off, 45-50 min	0323	1.6227	\$96.30	\$20.08	\$19.26
90813	S	.	Intac psytx, 45-50 min w/e&m	0323	1.6227	\$96.30	\$20.08	\$19.26
90814	S	.	Intac psytx, off, 75-80 min	0323	1.6227	\$96.30	\$20.08	\$19.26
90815	S	.	Intac psytx, 75-80 w/e&m	0323	1.6227	\$96.30	\$20.08	\$19.26
90816	S	.	Psytx, hosp, 20-30 min	0322	1.2319	\$73.10	.	\$14.62
90817	S	.	Psytx, hosp, 20-30 min w/e&m	0322	1.2319	\$73.10	.	\$14.62
90818	S	.	Psytx, hosp, 45-50 min	0323	1.6227	\$96.30	\$20.08	\$19.26
90819	S	.	Psytx, hosp, 45-50 min w/e&m	0323	1.6227	\$96.30	\$20.08	\$19.26
90821	S	.	Psytx, hosp, 75-80 min	0323	1.6227	\$96.30	\$20.08	\$19.26
90822	S	.	Psytx, hosp, 75-80 min w/e&m	0323	1.6227	\$96.30	\$20.08	\$19.26
90823	S	.	Intac psytx, hosp, 20-30 min	0322	1.2319	\$73.10	.	\$14.62
90824	S	.	Intac psytx, hsp 20-30 w/e&m	0322	1.2319	\$73.10	.	\$14.62
90826	S	.	Intac psytx, hosp, 45-50 min	0323	1.6227	\$96.30	\$20.08	\$19.26
90827	S	.	Intac psytx, hsp 45-50 w/e&m	0323	1.6227	\$96.30	\$20.08	\$19.26
90828	S	.	Intac psytx, hosp, 75-80 min	0323	1.6227	\$96.30	\$20.08	\$19.26
90829	S	.	Intac psytx, hsp 75-80 w/e&m	0323	1.6227	\$96.30	\$20.08	\$19.26
90845	S	.	Psychoanalysis	0323	1.6227	\$96.30	\$20.08	\$19.26
90846	S	.	Family psytx w/o patient	0324	2.0997	\$124.60	.	\$24.92
90847	S	.	Family psytx w/patient	0324	2.0997	\$124.60	.	\$24.92
90849	S	.	Multiple family group psytx	0325	1.3189	\$78.27	\$17.10	\$15.65
90853	S	.	Group psychotherapy	0325	1.3189	\$78.27	\$17.10	\$15.65
90857	S	.	Intac group psytx	0325	1.3189	\$78.27	\$17.10	\$15.65
90862	X	.	Medication management	0374	1.0414	\$61.80	.	\$12.36
90865	S	.	Narcosynthesis	0323	1.6227	\$96.30	\$20.08	\$19.26
90870	S	.	Electroconvulsive therapy	0320	5.3765	\$319.06	\$80.06	\$63.81
90871	E	.	Electroconvulsive therapy	.	.	.	.	.
90875	E	.	Psychophysiological therapy	.	.	.	.	.
90876	E	.	Psychophysiological therapy	.	.	.	.	.
90880	S	.	Hypnotherapy	0323	1.6227	\$96.30	\$20.08	\$19.26
90882	E	.	Environmental manipulation	.	.	.	.	.
90885	N	.	Psy evaluation of records	.	.	.	.	.
90887	N	.	Consultation with family	.	.	.	.	.
90889	N	.	Preparation of report	.	.	.	.	.
90899	S	.	Psychiatric service/therapy	0322	1.2319	\$73.10	.	\$14.62
90901	A	.	Biofeedback train, any meth	.	.	.	.	.
90911	S	.	Biofeedback peri/uro/rectal	0321	1.3579	\$80.58	\$21.71	\$16.12
90918	E	.	ESRD related services, month	.	.	.	.	.
90919	E	.	ESRD related services, month	.	.	.	.	.
90920	E	.	ESRD related services, month	.	.	.	.	.
90921	E	.	ESRD related services, month	.	.	.	.	.
90922	E	.	ESRD related services, day	.	.	.	.	.
90923	E	.	Esrdr related services, day	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
90924	E	.	Esrd related services, day	.	.	.	.	.
90925	E	.	Esrd related services, day	.	.	.	.	.
90935	S	.	Hemodialysis, one evaluation	0170	5.8994	\$350.09	.	\$70.02
90937	E	.	Hemodialysis, repeated eval	.	.	.	.	.
90939	N	.	Hemodialysis study, transcut	.	.	.	.	.
90940	N	.	Hemodialysis access study	.	.	.	.	.
90945	S	.	Dialysis, one evaluation	0170	5.8994	\$350.09	.	\$70.02
90947	E	.	Dialysis, repeated eval	.	.	.	.	.
90989	B	.	Dialysis training, complete	.	.	.	.	.
90993	B	.	Dialysis training, incompl	.	.	.	.	.
90997	E	.	Hemoperfusion	.	.	.	.	.
90999	B	.	Dialysis procedure	.	.	.	.	.
91000	X	.	Esophageal intubation	0361	3.6216	\$214.92	\$83.23	\$42.98
91010	X	.	Esophagus motility study	0361	3.6216	\$214.92	\$83.23	\$42.98
91011	X	.	Esophagus motility study	0361	3.6216	\$214.92	\$83.23	\$42.98
91012	X	.	Esophagus motility study	0361	3.6216	\$214.92	\$83.23	\$42.98
91020	X	.	Gastric motility	0361	3.6216	\$214.92	\$83.23	\$42.98
91030	X	.	Acid perfusion of esophagus	0361	3.6216	\$214.92	\$83.23	\$42.98
91034	X	.	Gastroesophageal reflux test	0361	3.6216	\$214.92	\$83.23	\$42.98
91035	S	.	G-esoph reflx tst w/electrod	1506	.	\$450.00	.	\$90.00
91037	X	.	Esoph imped function test	0361	3.6216	\$214.92	\$83.23	\$42.98
91038	X	.	Esoph imped funct test > 1h	0361	3.6216	\$214.92	\$83.23	\$42.98
91040	X	.	Esoph balloon distension tst	0360	1.4739	\$87.47	\$34.98	\$17.49
91052	X	.	Gastric analysis test	0361	3.6216	\$214.92	\$83.23	\$42.98
91055	X	.	Gastric intubation for smear	0360	1.4739	\$87.47	\$34.98	\$17.49
91060	X	.	Gastric saline load test	0360	1.4739	\$87.47	\$34.98	\$17.49
91065	X	.	Breath hydrogen test	0360	1.4739	\$87.47	\$34.98	\$17.49
91100	X	.	Pass intestine bleeding tube	0360	1.4739	\$87.47	\$34.98	\$17.49
91105	X	.	Gastric intubation treatment	0360	1.4739	\$87.47	\$34.98	\$17.49
91110	T	.	Gi tract capsule endoscopy	0142	9.3487	\$554.78	\$152.78	\$110.96
91120	T	.	Rectal sensation test	0156	2.5751	\$152.81	\$40.52	\$30.56
91122	T	.	Anal pressure record	0156	2.5751	\$152.81	\$40.52	\$30.56
91123	N	.	Irrigate fecal impaction	.	.	.	.	.
91132	X	.	Electrogastrography	0360	1.4739	\$87.47	\$34.98	\$17.49
91133	X	.	Electrogastrography w/test	0360	1.4739	\$87.47	\$34.98	\$17.49
91299	X	.	Gastroenterology procedure	0360	1.4739	\$87.47	\$34.98	\$17.49
92002	V	.	Eye exam, new patient	0601	1.0038	\$59.57	.	\$11.91
92004	V	.	Eye exam, new patient	0601	1.0038	\$59.57	.	\$11.91
92012	V	.	Eye exam established pat	0600	0.8688	\$51.56	.	\$10.31
92014	V	.	Eye exam & treatment	0601	1.0038	\$59.57	.	\$11.91
92015	E	.	Refraction	.	.	.	.	.
92018	T	.	New eye exam & treatment	0699	10.0177	\$594.48	.	\$118.90
92019	T	.	Eye exam & treatment	0699	10.0177	\$594.48	.	\$118.90
92020	S	.	Special eye evaluation	0230	0.7858	\$46.63	\$14.97	\$9.33
92060	S	.	Special eye evaluation	0230	0.7858	\$46.63	\$14.97	\$9.33
92065	S	.	Orthoptic/pleoptic training	0698	1.2438	\$73.81	\$16.55	\$14.76
92070	N	.	Fitting of contact lens	.	.	.	.	.
92081	S	.	Visual field examination(s)	0230	0.7858	\$46.63	\$14.97	\$9.33
92082	S	.	Visual field examination(s)	0230	0.7858	\$46.63	\$14.97	\$9.33
92083	S	.	Visual field examination(s)	0230	0.7858	\$46.63	\$14.97	\$9.33
92100	N	.	Serial tonometry exam(s)	.	.	.	.	.
92120	S	.	Tonography & eye evaluation	0230	0.7858	\$46.63	\$14.97	\$9.33
92130	S	.	Water provocation tonography	0230	0.7858	\$46.63	\$14.97	\$9.33

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
92135	S	.	Ophthalmic dx imaging	0230	0.7858	\$46.63	\$14.97	\$9.33
92136	S	.	Ophthalmic biometry	0698	1.2438	\$73.81	\$16.55	\$14.76
92140	S	.	Glaucoma provocative tests	0698	1.2438	\$73.81	\$16.55	\$14.76
92225	S	.	Special eye exam, initial	0230	0.7858	\$46.63	\$14.97	\$9.33
92226	S	.	Special eye exam, subsequent	0230	0.7858	\$46.63	\$14.97	\$9.33
92230	T	.	Eye exam with photos	0699	10.0177	\$594.48	.	\$118.90
92235	S	.	Eye exam with photos	0231	1.9278	\$114.40	\$44.61	\$22.88
92240	S	.	Icg angiography	0231	1.9278	\$114.40	\$44.61	\$22.88
92250	S	.	Eye exam with photos	0230	0.7858	\$46.63	\$14.97	\$9.33
92260	S	.	Ophthalmoscopy/dynamometry	0698	1.2438	\$73.81	\$16.55	\$14.76
92265	S	.	Eye muscle evaluation	0230	0.7858	\$46.63	\$14.97	\$9.33
92270	S	.	Electro-oculography	0230	0.7858	\$46.63	\$14.97	\$9.33
92275	S	.	Electroretinography	0231	1.9278	\$114.40	\$44.61	\$22.88
92283	S	.	Color vision examination	0230	0.7858	\$46.63	\$14.97	\$9.33
92284	S	.	Dark adaptation eye exam	0698	1.2438	\$73.81	\$16.55	\$14.76
92285	S	.	Eye photography	0230	0.7858	\$46.63	\$14.97	\$9.33
92286	S	.	Internal eye photography	0698	1.2438	\$73.81	\$16.55	\$14.76
92287	S	.	Internal eye photography	0698	1.2438	\$73.81	\$16.55	\$14.76
92310	E	.	Contact lens fitting	.	.	.	.	.
92311	X	.	Contact lens fitting	0362	2.6607	\$157.89	.	\$31.58
92312	X	.	Contact lens fitting	0362	2.6607	\$157.89	.	\$31.58
92313	X	.	Contact lens fitting	0362	2.6607	\$157.89	.	\$31.58
92314	E	.	Prescription of contact lens	.	.	.	.	.
92315	X	.	Prescription of contact lens	0362	2.6607	\$157.89	.	\$31.58
92316	X	.	Prescription of contact lens	0362	2.6607	\$157.89	.	\$31.58
92317	X	.	Prescription of contact lens	0362	2.6607	\$157.89	.	\$31.58
92325	X	.	Modification of contact lens	0362	2.6607	\$157.89	.	\$31.58
92326	X	.	Replacement of contact lens	0362	2.6607	\$157.89	.	\$31.58
92330	S	.	Fitting of artificial eye	0230	0.7858	\$46.63	\$14.97	\$9.33
92335	N	.	Fitting of artificial eye	.	.	.	.	.
92340	E	.	Fitting of spectacles	.	.	.	.	.
92341	E	.	Fitting of spectacles	.	.	.	.	.
92342	E	.	Fitting of spectacles	.	.	.	.	.
92352	X	.	Special spectacles fitting	0362	2.6607	\$157.89	.	\$31.58
92353	X	.	Special spectacles fitting	0362	2.6607	\$157.89	.	\$31.58
92354	X	.	Special spectacles fitting	0362	2.6607	\$157.89	.	\$31.58
92355	X	.	Special spectacles fitting	0362	2.6607	\$157.89	.	\$31.58
92358	X	.	Eye prosthesis service	0362	2.6607	\$157.89	.	\$31.58
92370	E	.	Repair & adjust spectacles	.	.	.	.	.
92371	X	.	Repair & adjust spectacles	0362	2.6607	\$157.89	.	\$31.58
92390	E	.	Supply of spectacles	.	.	.	.	.
92391	E	.	Supply of contact lenses	.	.	.	.	.
92392	E	.	Supply of low vision aids	.	.	.	.	.
92393	E	.	Supply of artificial eye	.	.	.	.	.
92395	E	.	Supply of spectacles	.	.	.	.	.
92396	E	.	Supply of contact lenses	.	.	.	.	.
92499	S	.	Eye service or procedure	0230	0.7858	\$46.63	\$14.97	\$9.33
92502	T	.	Ear and throat examination	0251	2.0101	\$119.29	.	\$23.86
92504	N	.	Ear microscopy examination	.	.	.	.	.
92506	A	.	Speech/hearing evaluation	.	.	.	.	.
92507	A	.	Speech/hearing therapy	.	.	.	.	.
92508	A	.	Speech/hearing therapy	.	.	.	.	.
92510	E	.	Rehab for ear implant	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
92511	T	.	Nasopharyngoscopy	0071	0.7915	\$46.97	\$11.31	\$9.39
92512	X	.	Nasal function studies	0363	0.9128	\$54.17	\$17.44	\$10.83
92516	X	.	Facial nerve function test	0660	1.6419	\$97.44	\$30.66	\$19.49
92520	X	.	Laryngeal function studies	0660	1.6419	\$97.44	\$30.66	\$19.49
92526	A	.	Oral function therapy	.	.	.	.	.
92531	N	.	Spontaneous nystagmus study	.	.	.	.	.
92532	N	.	Positional nystagmus test	.	.	.	.	.
92533	N	.	Caloric vestibular test	.	.	.	.	.
92534	N	.	Optokinetic nystagmus test	.	.	.	.	.
92541	X	.	Spontaneous nystagmus test	0363	0.9128	\$54.17	\$17.44	\$10.83
92542	X	.	Positional nystagmus test	0363	0.9128	\$54.17	\$17.44	\$10.83
92543	X	.	Caloric vestibular test	0660	1.6419	\$97.44	\$30.66	\$19.49
92544	X	.	Optokinetic nystagmus test	0363	0.9128	\$54.17	\$17.44	\$10.83
92545	X	.	Oscillating tracking test	0363	0.9128	\$54.17	\$17.44	\$10.83
92546	X	.	Sinusoidal rotational test	0660	1.6419	\$97.44	\$30.66	\$19.49
92547	X	.	Supplemental electrical test	0363	0.9128	\$54.17	\$17.44	\$10.83
92548	X	.	Posturography	0660	1.6419	\$97.44	\$30.66	\$19.49
92551	E	.	Pure tone hearing test, air	.	.	.	.	.
92552	X	.	Pure tone audiometry, air	0364	0.4708	\$27.94	\$9.06	\$5.59
92553	X	.	Audiometry, air & bone	0365	1.2356	\$73.32	\$18.95	\$14.66
92555	X	.	Speech threshold audiometry	0364	0.4708	\$27.94	\$9.06	\$5.59
92556	X	.	Speech audiometry, complete	0364	0.4708	\$27.94	\$9.06	\$5.59
92557	X	.	Comprehensive hearing test	0365	1.2356	\$73.32	\$18.95	\$14.66
92559	E	.	Group audiometric testing	.	.	.	.	.
92560	E	.	Bekesy audiometry, screen	.	.	.	.	.
92561	X	.	Bekesy audiometry, diagnosis	0364	0.4708	\$27.94	\$9.06	\$5.59
92562	X	.	Loudness balance test	0364	0.4708	\$27.94	\$9.06	\$5.59
92563	X	.	Tone decay hearing test	0364	0.4708	\$27.94	\$9.06	\$5.59
92564	X	.	Sisi hearing test	0364	0.4708	\$27.94	\$9.06	\$5.59
92565	X	.	Stenger test, pure tone	0364	0.4708	\$27.94	\$9.06	\$5.59
92567	X	.	Tympanometry	0364	0.4708	\$27.94	\$9.06	\$5.59
92568	X	.	Acoustic reflex testing	0364	0.4708	\$27.94	\$9.06	\$5.59
92569	X	.	Acoustic reflex decay test	0364	0.4708	\$27.94	\$9.06	\$5.59
92571	X	.	Filtered speech hearing test	0364	0.4708	\$27.94	\$9.06	\$5.59
92572	X	.	Staggered spondaic word test	0365	1.2356	\$73.32	\$18.95	\$14.66
92573	X	.	Lombard test	0364	0.4708	\$27.94	\$9.06	\$5.59
92575	X	.	Sensorineural acuity test	0364	0.4708	\$27.94	\$9.06	\$5.59
92576	X	.	Synthetic sentence test	0364	0.4708	\$27.94	\$9.06	\$5.59
92577	X	.	Stenger test, speech	0366	1.7743	\$105.29	\$30.04	\$21.06
92579	X	.	Visual audiometry (vra)	0365	1.2356	\$73.32	\$18.95	\$14.66
92582	X	.	Conditioning play audiometry	0365	1.2356	\$73.32	\$18.95	\$14.66
92583	X	.	Select picture audiometry	0364	0.4708	\$27.94	\$9.06	\$5.59
92584	X	.	Electrocochleography	0660	1.6419	\$97.44	\$30.66	\$19.49
92585	S	.	Auditor evoke potent, compre	0216	2.672	\$158.56	.	\$31.71
92586	S	.	Auditor evoke potent, limit	0218	1.1408	\$67.70	.	\$13.54
92587	X	.	Evoked auditory test	0363	0.9128	\$54.17	\$17.44	\$10.83
92588	X	.	Evoked auditory test	0363	0.9128	\$54.17	\$17.44	\$10.83
92590	E	.	Hearing aid exam, one ear	.	.	.	.	.
92591	E	.	Hearing aid exam, both ears	.	.	.	.	.
92592	E	.	Hearing aid check, one ear	.	.	.	.	.
92593	E	.	Hearing aid check, both ears	.	.	.	.	.
92594	E	.	Electro hearng aid test, one	.	.	.	.	.
92595	E	.	Electro hearng aid tst, both	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
92596	X	.	Ear protector evaluation	0364	0.4708	\$27.94	\$9.06	\$5.59
92597	A	.	Voice Prosthetic Evaluation	.	.	.	.	.
92601	X	.	Cochlear implt f/up exam < 7	0366	1.7743	\$105.29	\$30.04	\$21.06
92602	X	.	Reprogram cochlear implt < 7	0366	1.7743	\$105.29	\$30.04	\$21.06
92603	X	.	Cochlear implt f/up exam 7 >	0366	1.7743	\$105.29	\$30.04	\$21.06
92604	X	.	Reprogram cochlear implt 7 >	0366	1.7743	\$105.29	\$30.04	\$21.06
92605	A	.	Eval for nonspeech device rx	.	.	.	.	.
92606	A	.	Non-speech device service	.	.	.	.	.
92607	A	.	Ex for speech device rx, 1hr	.	.	.	.	.
92608	A	.	Ex for speech device rx addl	.	.	.	.	.
92609	A	.	Use of speech device service	.	.	.	.	.
92610	A	.	Evaluate swallowing function	.	.	.	.	.
92611	A	.	Motion fluoroscopy/swallow	.	.	.	.	.
92612	A	.	Endoscopy swallow tst (fees)	.	.	.	.	.
92613	E	.	Endoscopy swallow tst (fees)	.	.	.	.	.
92614	A	.	Laryngoscopic sensory test	.	.	.	.	.
92615	E	.	Eval laryngoscopy sense tst	.	.	.	.	.
92616	A	.	Fees w/laryngeal sense test	.	.	.	.	.
92617	E	.	Interprt fees/laryngeal test	.	.	.	.	.
92620	X	.	Auditory function, 60 min	0364	0.4708	\$27.94	\$9.06	\$5.59
92621	N	.	Auditory function, + 15 min	.	.	.	.	.
92625	X	.	Tinnitus assessment	0364	0.4708	\$27.94	\$9.06	\$5.59
92700	X	.	Ent procedure/service	0364	0.4708	\$27.94	\$9.06	\$5.59
92950	S	.	Heart/lung resuscitation cpr	0094	2.5363	\$150.51	\$47.62	\$30.10
92953	S	.	Temporary external pacing	0094	2.5363	\$150.51	\$47.62	\$30.10
92960	S	.	Cardioversion electric, ext	0679	5.5774	\$330.98	\$95.30	\$66.20
92961	S	.	Cardioversion, electric, int	0679	5.5774	\$330.98	\$95.30	\$66.20
92970	C	.	Cardioassist, internal	.	.	.	.	.
92971	C	.	Cardioassist, external	.	.	.	.	.
92973	T	.	Percut coronary thrombectomy	0676	2.4105	\$143.05	.	\$28.61
92974	T	.	Cath place, cardio brachytx	0103	14.7142	\$873.18	\$223.63	\$174.64
92975	C	.	Dissolve clot, heart vessel	.	.	.	.	.
92977	T	.	Dissolve clot, heart vessel	0676	2.4105	\$143.05	.	\$28.61
92978	S	.	Intravasc us, heart add-on	0670	25.4131	\$1,508.09	\$472.46	\$301.62
92979	S	.	Intravasc us, heart add-on	0416	19.5542	\$1,160.40	.	\$232.08
92980	T	.	Insert intracoronary stent	0104	79.0094	\$4,688.65	.	\$937.73
92981	T	.	Insert intracoronary stent	0104	79.0094	\$4,688.65	.	\$937.73
92982	T	.	Coronary artery dilation	0083	50.8925	\$3,020.11	.	\$604.02
92984	T	.	Coronary artery dilation	0083	50.8925	\$3,020.11	.	\$604.02
92986	T	.	Revision of aortic valve	0083	50.8925	\$3,020.11	.	\$604.02
92987	T	.	Revision of mitral valve	0083	50.8925	\$3,020.11	.	\$604.02
92990	T	.	Revision of pulmonary valve	0083	50.8925	\$3,020.11	.	\$604.02
92992	C	.	Revision of heart chamber	.	.	.	.	.
92993	C	.	Revision of heart chamber	.	.	.	.	.
92995	T	.	Coronary atherectomy	0082	85.0126	\$5,044.90	\$1,085.20	\$1,008.98
92996	T	.	Coronary atherectomy add-on	0082	85.0126	\$5,044.90	\$1,085.20	\$1,008.98
92997	T	.	Pul art balloon repr, percut	0081	34.4473	\$2,044.21	.	\$408.84
92998	T	.	Pul art balloon repr, percut	0081	34.4473	\$2,044.21	.	\$408.84
93000	B	.	Electrocardiogram, complete	.	.	.	.	.
93005	S	.	Electrocardiogram, tracing	0099	0.3821	\$22.67	.	\$4.53
93010	A	.	Electrocardiogram report	.	.	.	.	.
93012	N	.	Transmission of ecg	.	.	.	.	.
93014	B	.	Report on transmitted ecg	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
93531	T	.	R & l heart cath, congenital	0080	37.1361	\$2,203.77	\$838.92	\$440.75
93532	T	.	R & l heart cath, congenital	0080	37.1361	\$2,203.77	\$838.92	\$440.75
93533	T	.	R & l heart cath, congenital	0080	37.1361	\$2,203.77	\$838.92	\$440.75
93539	N	.	Injection, cardiac cath	.	.	.	.	.
93540	N	.	Injection, cardiac cath	.	.	.	.	.
93541	N	.	Injection for lung angiogram	.	.	.	.	.
93542	N	.	Injection for heart x-rays	.	.	.	.	.
93543	N	.	Injection for heart x-rays	.	.	.	.	.
93544	N	.	Injection for aortography	.	.	.	.	.
93545	N	.	Inject for coronary x-rays	.	.	.	.	.
93555	N	.	Imaging, cardiac cath	.	.	.	.	.
93556	N	.	Imaging, cardiac cath	.	.	.	.	.
93561	N	.	Cardiac output measurement	.	.	.	.	.
93562	N	.	Cardiac output measurement	.	.	.	.	.
93571	S	.	Heart flow reserve measure	0670	25.4131	\$1,508.09	\$472.46	\$301.62
93572	S	.	Heart flow reserve measure	0416	19.5542	\$1,160.40	.	\$232.08
93580	T	.	Transcath closure of asd	0434	90.7877	\$5,387.61	.	\$1,077.52
93581	T	.	Transcath closure of vsd	0434	90.7877	\$5,387.61	.	\$1,077.52
93600	T	.	Bundle of His recording	0087	30.7101	\$1,822.43	.	\$364.49
93602	T	.	Intra-atrial recording	0087	30.7101	\$1,822.43	.	\$364.49
93603	T	.	Right ventricular recording	0087	30.7101	\$1,822.43	.	\$364.49
93609	T	.	Map tachycardia, add-on	0087	30.7101	\$1,822.43	.	\$364.49
93610	T	.	Intra-atrial pacing	0087	30.7101	\$1,822.43	.	\$364.49
93612	T	.	Intraventricular pacing	0087	30.7101	\$1,822.43	.	\$364.49
93613	T	.	Electrophys map 3d, add-on	0087	30.7101	\$1,822.43	.	\$364.49
93615	T	.	Esophageal recording	0087	30.7101	\$1,822.43	.	\$364.49
93616	T	.	Esophageal recording	0087	30.7101	\$1,822.43	.	\$364.49
93618	T	.	Heart rhythm pacing	0087	30.7101	\$1,822.43	.	\$364.49
93619	T	.	Electrophysiology evaluation	0085	35.1882	\$2,088.17	\$426.25	\$417.63
93620	T	.	Electrophysiology evaluation	0085	35.1882	\$2,088.17	\$426.25	\$417.63
93621	T	.	Electrophysiology evaluation	0085	35.1882	\$2,088.17	\$426.25	\$417.63
93622	T	.	Electrophysiology evaluation	0085	35.1882	\$2,088.17	\$426.25	\$417.63
93623	T	.	Stimulation, pacing heart	0087	30.7101	\$1,822.43	.	\$364.49
93624	T	.	Electrophysiologic study	0085	35.1882	\$2,088.17	\$426.25	\$417.63
93631	T	.	Heart pacing, mapping	0087	30.7101	\$1,822.43	.	\$364.49
93640	S	.	Evaluation heart device	0084	10.0205	\$594.65	.	\$118.93
93641	S	.	Electrophysiology evaluation	0084	10.0205	\$594.65	.	\$118.93
93642	S	.	Electrophysiology evaluation	0084	10.0205	\$594.65	.	\$118.93
93650	T	.	Ablate heart dysrhythm focus	0086	44.2596	\$2,626.50	\$833.33	\$525.30
93651	T	.	Ablate heart dysrhythm focus	0086	44.2596	\$2,626.50	\$833.33	\$525.30
93652	T	.	Ablate heart dysrhythm focus	0086	44.2596	\$2,626.50	\$833.33	\$525.30
93660	S	.	Tilt table evaluation	0101	4.2787	\$253.91	\$101.56	\$50.78
93662	S	.	Intracardiac ecg (ice)	0670	25.4131	\$1,508.09	\$472.46	\$301.62
93668	E	.	Peripheral vascular rehab	.	.	.	.	.
93701	S	.	Bioimpedance, thoracic	0099	0.3821	\$22.67	.	\$4.53
93720	B	.	Total body plethysmography	.	.	.	.	.
93721	X	.	Plethysmography tracing	0368	0.9761	\$57.92	\$23.16	\$11.58
93722	B	.	Plethysmography report	.	.	.	.	.
93724	S	.	Analyze pacemaker system	0690	0.3755	\$22.28	\$8.91	\$4.46
93727	S	.	Analyze ilr system	0690	0.3755	\$22.28	\$8.91	\$4.46
93731	S	.	Analyze pacemaker system	0690	0.3755	\$22.28	\$8.91	\$4.46
93732	S	.	Analyze pacemaker system	0690	0.3755	\$22.28	\$8.91	\$4.46
93733	S	.	Telephone analy, pacemaker	0690	0.3755	\$22.28	\$8.91	\$4.46

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
95922	S	.	Autonomic nerv function test	0218	1.1408	\$67.70	.	\$13.54
95923	S	.	Autonomic nerv function test	0218	1.1408	\$67.70	.	\$13.54
95925	S	.	Somatosensory testing	0216	2.672	\$158.56	.	\$31.71
95926	S	.	Somatosensory testing	0216	2.672	\$158.56	.	\$31.71
95927	S	.	Somatosensory testing	0216	2.672	\$158.56	.	\$31.71
95928	S	.	C motor evoked, uppr limbs	0218	1.1408	\$67.70	.	\$13.54
95929	S	.	C motor evoked, lwr limbs	0218	1.1408	\$67.70	.	\$13.54
95930	S	.	Visual evoked potential test	0216	2.672	\$158.56	.	\$31.71
95933	S	.	Blink reflex test	0215	0.6115	\$36.29	\$14.51	\$7.26
95934	S	.	H-reflex test	0215	0.6115	\$36.29	\$14.51	\$7.26
95936	S	.	H-reflex test	0215	0.6115	\$36.29	\$14.51	\$7.26
95937	S	.	Neuromuscular junction test	0218	1.1408	\$67.70	.	\$13.54
95950	S	.	Ambulatory eeg monitoring	0209	11.5713	\$686.68	\$274.67	\$137.34
95951	S	.	EEG monitoring/videorecord	0209	11.5713	\$686.68	\$274.67	\$137.34
95953	S	.	EEG monitoring/computer	0209	11.5713	\$686.68	\$274.67	\$137.34
95954	S	.	EEG monitoring/giving drugs	0214	1.1353	\$67.37	\$26.94	\$13.47
95955	S	.	EEG during surgery	0213	2.2932	\$136.09	\$54.43	\$27.22
95956	S	.	Eeg monitoring, cable/radio	0209	11.5713	\$686.68	\$274.67	\$137.34
95957	S	.	EEG digital analysis	0214	1.1353	\$67.37	\$26.94	\$13.47
95958	S	.	EEG monitoring/function test	0213	2.2932	\$136.09	\$54.43	\$27.22
95961	S	.	Electrode stimulation, brain	0216	2.672	\$158.56	.	\$31.71
95962	S	.	Electrode stim, brain add-on	0216	2.672	\$158.56	.	\$31.71
95965	T	.	Meg, spontaneous	0430	11.404	\$676.75	.	\$135.35
95966	T	.	Meg, evoked, single	0430	11.404	\$676.75	.	\$135.35
95967	T	.	Meg, evoked, each add'l	0430	11.404	\$676.75	.	\$135.35
95970	S	.	Analyze neurostim, no prog	0218	1.1408	\$67.70	.	\$13.54
95971	S	.	Analyze neurostim, simple	0692	2.0111	\$119.34	\$30.16	\$23.87
95972	S	.	Analyze neurostim, complex	0692	2.0111	\$119.34	\$30.16	\$23.87
95973	S	.	Analyze neurostim, complex	0692	2.0111	\$119.34	\$30.16	\$23.87
95974	S	.	Cranial neurostim, complex	0692	2.0111	\$119.34	\$30.16	\$23.87
95975	S	.	Cranial neurostim, complex	0692	2.0111	\$119.34	\$30.16	\$23.87
95978	S	.	Analyze neurostim brain/1h	0692	2.0111	\$119.34	\$30.16	\$23.87
95979	S	.	Analyz neurostim brain addon	0692	2.0111	\$119.34	\$30.16	\$23.87
95990	T	.	Spin/brain pump refill & main	0125	1.9331	\$114.72	.	\$22.94
95991	T	.	Spin/brain pump refill & main	0125	1.9331	\$114.72	.	\$22.94
95999	S	.	Neurological procedure	0215	0.6115	\$36.29	\$14.51	\$7.26
96000	S	.	Motion analysis, video/3d	0216	2.672	\$158.56	.	\$31.71
96001	S	.	Motion test w/ft press meas	0216	2.672	\$158.56	.	\$31.71
96002	S	.	Dynamic surface emg	0218	1.1408	\$67.70	.	\$13.54
96003	S	.	Dynamic fine wire emg	0215	0.6115	\$36.29	\$14.51	\$7.26
96004	E	.	Phys review of motion tests	.	.	.	.	.
96100	X	.	Psychological testing	0373	2.1926	\$130.12	.	\$26.02
96105	A	.	Assessment of aphasia	.	.	.	.	.
96110	X	.	Developmental test, lim	0373	2.1926	\$130.12	.	\$26.02
96111	X	.	Developmental test, extend	0373	2.1926	\$130.12	.	\$26.02
96115	X	.	Neurobehavior status exam	0373	2.1926	\$130.12	.	\$26.02
96117	X	.	Neuropsych test battery	0373	2.1926	\$130.12	.	\$26.02
96150	S	.	Assess lth/behave, init	0432	0.6949	\$41.24	.	\$8.25
96151	S	.	Assess hlth/behave, subseq	0432	0.6949	\$41.24	.	\$8.25
96152	S	.	Intervene hlth/behave, indiv	0432	0.6949	\$41.24	.	\$8.25
96153	S	.	Intervene hlth/behave, group	0432	0.6949	\$41.24	.	\$8.25
96154	S	.	Interv hlth/behav, fam w/pt	0432	0.6949	\$41.24	.	\$8.25
96155	E	.	Interv hlth/behav fam no pt	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
96400	S	.	Chemotherapy, sc/im	0116	1.1453	\$67.97	.	\$13.59
96405	S	.	Intralesional chemo admin	0116	1.1453	\$67.97	.	\$13.59
96406	S	.	Intralesional chemo admin	0116	1.1453	\$67.97	.	\$13.59
96408	S	.	Chemotherapy, push technique	0116	1.1453	\$67.97	.	\$13.59
96410	S	.	Chemotherapy,infusion method	0117	3.2378	\$192.14	\$42.54	\$38.43
96412	N	.	Chemo, infuse method add-on	.	.	.	.	.
96414	S	.	Chemo, infuse method add-on	0117	3.2378	\$192.14	\$42.54	\$38.43
96420	S	.	Chemotherapy, push technique	0116	1.1453	\$67.97	.	\$13.59
96422	S	.	Chemotherapy,infusion method	0117	3.2378	\$192.14	\$42.54	\$38.43
96423	N	.	Chemo, infuse method add-on	.	.	.	.	.
96425	S	.	Chemotherapy,infusion method	0117	3.2378	\$192.14	\$42.54	\$38.43
96440	S	.	Chemotherapy, intracavitary	0116	1.1453	\$67.97	.	\$13.59
96445	S	.	Chemotherapy, intracavitary	0116	1.1453	\$67.97	.	\$13.59
96450	S	.	Chemotherapy, into CNS	0116	1.1453	\$67.97	.	\$13.59
96520	T	.	Port pump refill & main	0125	1.9331	\$114.72	.	\$22.94
96530	T	.	Pump refilling, maintenance	0125	1.9331	\$114.72	.	\$22.94
96542	S	.	Chemotherapy injection	0116	1.1453	\$67.97	.	\$13.59
96545	N	.	Provide chemotherapy agent	.	.	.	.	.
96549	S	.	Chemotherapy, unspecified	0116	1.1453	\$67.97	.	\$13.59
96567	T	.	Photodynamic tx, skin	0016	2.5834	\$153.31	\$33.57	\$30.66
96570	T	.	Photodynamic tx, 30 min	0015	1.6514	\$98.00	\$20.29	\$19.60
96571	T	.	Photodynamic tx, addl 15 min	0015	1.6514	\$98.00	\$20.29	\$19.60
96900	S	.	Ultraviolet light therapy	0001	0.4213	\$25.00	\$7.00	\$5.00
96902	N	.	Trichogram	.	.	.	.	.
96910	S	.	Photochemotherapy with UV-B	0001	0.4213	\$25.00	\$7.00	\$5.00
96912	S	.	Photochemotherapy with UV-A	0001	0.4213	\$25.00	\$7.00	\$5.00
96913	S	.	Photochemotherapy, UV-A or B	0683	1.9006	\$112.79	\$25.34	\$22.56
96920	T	.	Laser tx, skin < 250 sq cm	0013	1.1078	\$65.74	\$14.20	\$13.15
96921	T	.	Laser tx, skin 250-500 sq cm	0013	1.1078	\$65.74	\$14.20	\$13.15
96922	T	.	Laser tx, skin > 500 sq cm	0013	1.1078	\$65.74	\$14.20	\$13.15
96999	T	.	Dermatological procedure	0010	0.5719	\$33.94	\$9.65	\$6.79
97001	A	.	Pt evaluation	.	.	.	.	.
97002	A	.	Pt re-evaluation	.	.	.	.	.
97003	A	.	Ot evaluation	.	.	.	.	.
97004	A	.	Ot re-evaluation	.	.	.	.	.
97005	E	.	Athletic train eval	.	.	.	.	.
97006	E	.	Athletic train reeval	.	.	.	.	.
97010	A	.	Hot or cold packs therapy	.	.	.	.	.
97012	A	.	Mechanical traction therapy	.	.	.	.	.
97014	E	.	Electric stimulation therapy	.	.	.	.	.
97016	A	.	Vasopneumatic device therapy	.	.	.	.	.
97018	A	.	Paraffin bath therapy	.	.	.	.	.
97020	A	.	Microwave therapy	.	.	.	.	.
97022	A	.	Whirlpool therapy	.	.	.	.	.
97024	A	.	Diathermy treatment	.	.	.	.	.
97026	A	.	Infrared therapy	.	.	.	.	.
97028	A	.	Ultraviolet therapy	.	.	.	.	.
97032	A	.	Electrical stimulation	.	.	.	.	.
97033	A	.	Electric current therapy	.	.	.	.	.
97034	A	.	Contrast bath therapy	.	.	.	.	.
97035	A	.	Ultrasound therapy	.	.	.	.	.
97036	A	.	Hydrotherapy	.	.	.	.	.
97039	A	.	Physical therapy treatment	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
97110	A	.	Therapeutic exercises	.	.	.	.	.
97112	A	.	Neuromuscular reeducation	.	.	.	.	.
97113	A	.	Aquatic therapy/exercises	.	.	.	.	.
97116	A	.	Gait training therapy	.	.	.	.	.
97124	A	.	Massage therapy	.	.	.	.	.
97139	A	.	Physical medicine procedure	.	.	.	.	.
97140	A	.	Manual therapy	.	.	.	.	.
97150	A	.	Group therapeutic procedures	.	.	.	.	.
97504	A	.	Orthotic training	.	.	.	.	.
97520	A	.	Prosthetic training	.	.	.	.	.
97530	A	.	Therapeutic activities	.	.	.	.	.
97532	A	.	Cognitive skills development	.	.	.	.	.
97533	A	.	Sensory integration	.	.	.	.	.
97535	A	.	Self care mngmt training	.	.	.	.	.
97537	A	.	Community/work reintegration	.	.	.	.	.
97542	A	.	Wheelchair mngmt training	.	.	.	.	.
97545	A	.	Work hardening	.	.	.	.	.
97546	A	.	Work hardening add-on	.	.	.	.	.
97597	A	.	Active wound care/20 cm or <	.	.	.	.	.
97598	A	.	Active wound care > 20 cm	.	.	.	.	.
97602	A	.	Wound(s) care non-selective	.	.	.	.	.
97605	A	.	Neg press wound tx, < 50 cm	.	.	.	.	.
97606	A	.	Neg press wound tx, > 50 cm	.	.	.	.	.
97703	A	.	Prosthetic checkout	.	.	.	.	.
97750	A	.	Physical performance test	.	.	.	.	.
97755	A	.	Assistive technology assess	.	.	.	.	.
97799	A	.	Physical medicine procedure	.	.	.	.	.
97802	A	.	Medical nutrition, indiv, in	.	.	.	.	.
97803	A	.	Med nutrition, indiv, subseq	.	.	.	.	.
97804	A	.	Medical nutrition, group	.	.	.	.	.
97810	E	.	Acupunct w/o stimul 15 min	.	.	.	.	.
97811	E	.	Acupunct w/o stimul addl 15m	.	.	.	.	.
97813	E	.	Acupunct w/stimul 15 min	.	.	.	.	.
97814	E	.	Acupunct w/stimul addl 15m	.	.	.	.	.
98925	S	.	Osteopathic manipulation	0060	0.4935	\$29.29	.	\$5.86
98926	S	.	Osteopathic manipulation	0060	0.4935	\$29.29	.	\$5.86
98927	S	.	Osteopathic manipulation	0060	0.4935	\$29.29	.	\$5.86
98928	S	.	Osteopathic manipulation	0060	0.4935	\$29.29	.	\$5.86
98929	S	.	Osteopathic manipulation	0060	0.4935	\$29.29	.	\$5.86
98940	S	.	Chiropractic manipulation	0060	0.4935	\$29.29	.	\$5.86
98941	S	.	Chiropractic manipulation	0060	0.4935	\$29.29	.	\$5.86
98942	S	.	Chiropractic manipulation	0060	0.4935	\$29.29	.	\$5.86
98943	E	.	Chiropractic manipulation	.	.	.	.	.
99000	B	.	Specimen handling	.	.	.	.	.
99001	B	.	Specimen handling	.	.	.	.	.
99002	B	.	Device handling	.	.	.	.	.
99024	B	.	Postop follow-up visit	.	.	.	.	.
99026	E	.	In-hospital on call service	.	.	.	.	.
99027	E	.	Out-of-hosp on call service	.	.	.	.	.
99050	B	.	Medical services after hrs	.	.	.	.	.
99052	B	.	Medical services at night	.	.	.	.	.
99054	B	.	Medical servcs, unusual hrs	.	.	.	.	.
99056	B	.	Non-office medical services	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
99058	B	.	Office emergency care	.	.	.	.	.
99070	B	.	Special supplies	.	.	.	.	.
99071	B	.	Patient education materials	.	.	.	.	.
99075	E	.	Medical testimony	.	.	.	.	.
99078	N	.	Group health education	.	.	.	.	.
99080	B	.	Special reports or forms	.	.	.	.	.
99082	B	.	Unusual physician travel	.	.	.	.	.
99090	B	.	Computer data analysis	.	.	.	.	.
99091	E	.	Collect/review data from pt	.	.	.	.	.
99100	B	.	Special anesthesia service	.	.	.	.	.
99116	B	.	Anesthesia with hypothermia	.	.	.	.	.
99135	B	.	Special anesthesia procedure	.	.	.	.	.
99140	B	.	Emergency anesthesia	.	.	.	.	.
99141	N	.	Sedation, iv/im or inhalant	.	.	.	.	.
99142	N	.	Sedation, oral/rectal/nasal	.	.	.	.	.
99170	T	.	Anogenital exam, child	0191	0.167	\$9.91	\$2.78	\$1.98
99172	E	.	Ocular function screen	.	.	.	.	.
99173	E	.	Visual acuity screen	.	.	.	.	.
99175	N	.	Induction of vomiting	.	.	.	.	.
99183	B	.	Hyperbaric oxygen therapy	.	.	.	.	.
99185	N	.	Regional hypothermia	.	.	.	.	.
99186	N	.	Total body hypothermia	.	.	.	.	.
99190	C	.	Special pump services	.	.	.	.	.
99191	C	.	Special pump services	.	.	.	.	.
99192	C	.	Special pump services	.	.	.	.	.
99195	X	.	Phlebotomy	0372	0.57	\$33.83	\$10.09	\$6.77
99199	B	.	Special service/proc/report	.	.	.	.	.
99201	V	.	Office/outpatient visit, new	0600	0.8688	\$51.56	.	\$10.31
99202	V	.	Office/outpatient visit, new	0600	0.8688	\$51.56	.	\$10.31
99203	V	.	Office/outpatient visit, new	0601	1.0038	\$59.57	.	\$11.91
99204	V	.	Office/outpatient visit, new	0602	1.4284	\$84.77	.	\$16.95
99205	V	.	Office/outpatient visit, new	0602	1.4284	\$84.77	.	\$16.95
99211	V	.	Office/outpatient visit, est	0600	0.8688	\$51.56	.	\$10.31
99212	V	.	Office/outpatient visit, est	0600	0.8688	\$51.56	.	\$10.31
99213	V	.	Office/outpatient visit, est	0601	1.0038	\$59.57	.	\$11.91
99214	V	.	Office/outpatient visit, est	0602	1.4284	\$84.77	.	\$16.95
99215	V	.	Office/outpatient visit, est	0602	1.4284	\$84.77	.	\$16.95
99217	B	.	Observation care discharge	.	.	.	.	.
99218	B	.	Observation care	.	.	.	.	.
99219	B	.	Observation care	.	.	.	.	.
99220	B	.	Observation care	.	.	.	.	.
99221	E	.	Initial hospital care	.	.	.	.	.
99222	E	.	Initial hospital care	.	.	.	.	.
99223	E	.	Initial hospital care	.	.	.	.	.
99231	E	.	Subsequent hospital care	.	.	.	.	.
99232	E	.	Subsequent hospital care	.	.	.	.	.
99233	E	.	Subsequent hospital care	.	.	.	.	.
99234	B	.	Observ/hosp same date	.	.	.	.	.
99235	B	.	Observ/hosp same date	.	.	.	.	.
99236	B	.	Observ/hosp same date	.	.	.	.	.
99238	E	.	Hospital discharge day	.	.	.	.	.
99239	E	.	Hospital discharge day	.	.	.	.	.
99241	V	.	Office consultation	0600	0.8688	\$51.56	.	\$10.31

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
99242	V	.	Office consultation	0600	0.8688	\$51.56	.	\$10.31
99243	V	.	Office consultation	0601	1.0038	\$59.57	.	\$11.91
99244	V	.	Office consultation	0602	1.4284	\$84.77	.	\$16.95
99245	V	.	Office consultation	0602	1.4284	\$84.77	.	\$16.95
99251	C	.	Initial inpatient consult	.	.	.	.	.
99252	C	.	Initial inpatient consult	.	.	.	.	.
99253	C	.	Initial inpatient consult	.	.	.	.	.
99254	C	.	Initial inpatient consult	.	.	.	.	.
99255	C	.	Initial inpatient consult	.	.	.	.	.
99261	C	.	Follow-up inpatient consult	.	.	.	.	.
99262	C	.	Follow-up inpatient consult	.	.	.	.	.
99263	C	.	Follow-up inpatient consult	.	.	.	.	.
99271	V	.	Confirmatory consultation	0600	0.8688	\$51.56	.	\$10.31
99272	V	.	Confirmatory consultation	0600	0.8688	\$51.56	.	\$10.31
99273	V	.	Confirmatory consultation	0601	1.0038	\$59.57	.	\$11.91
99274	V	.	Confirmatory consultation	0602	1.4284	\$84.77	.	\$16.95
99275	V	.	Confirmatory consultation	0602	1.4284	\$84.77	.	\$16.95
99281	V	.	Emergency dept visit	0610	1.2947	\$76.83	\$19.48	\$15.37
99282	V	.	Emergency dept visit	0610	1.2947	\$76.83	\$19.48	\$15.37
99283	V	.	Emergency dept visit	0611	2.2718	\$134.82	\$35.76	\$26.96
99284	V	.	Emergency dept visit	0612	3.9853	\$236.50	\$54.12	\$47.30
99285	V	.	Emergency dept visit	0612	3.9853	\$236.50	\$54.12	\$47.30
99288	B	.	Direct advanced life support	.	.	.	.	.
99289	N	.	Pt transport, 30-74 min	.	.	.	.	.
99290	N	.	Pt transport, addl 30 min	.	.	.	.	.
99291	S	.	Critical care, first hour	0620	8.2996	\$492.52	\$135.68	\$98.50
99292	N	.	Critical care, addl 30 min	.	.	.	.	.
99293	C	.	Ped critical care, initial	.	.	.	.	.
99294	C	.	Ped critical care, subseq	.	.	.	.	.
99295	C	.	Neonatal critical care	.	.	.	.	.
99296	C	.	Neonatal critical care	.	.	.	.	.
99298	C	.	Neonatal critical care	.	.	.	.	.
99299	C	.	Ic, lbw infant 1500-2500 gm	.	.	.	.	.
99301	B	.	Nursing facility care	.	.	.	.	.
99302	B	.	Nursing facility care	.	.	.	.	.
99303	B	.	Nursing facility care	.	.	.	.	.
99311	B	.	Nursing fac care, subseq	.	.	.	.	.
99312	B	.	Nursing fac care, subseq	.	.	.	.	.
99313	B	.	Nursing fac care, subseq	.	.	.	.	.
99315	B	.	Nursing fac discharge day	.	.	.	.	.
99316	B	.	Nursing fac discharge day	.	.	.	.	.
99321	B	.	Rest home visit, new patient	.	.	.	.	.
99322	B	.	Rest home visit, new patient	.	.	.	.	.
99323	B	.	Rest home visit, new patient	.	.	.	.	.
99331	B	.	Rest home visit, est pat	.	.	.	.	.
99332	B	.	Rest home visit, est pat	.	.	.	.	.
99333	B	.	Rest home visit, est pat	.	.	.	.	.
99341	B	.	Home visit, new patient	.	.	.	.	.
99342	B	.	Home visit, new patient	.	.	.	.	.
99343	B	.	Home visit, new patient	.	.	.	.	.
99344	B	.	Home visit, new patient	.	.	.	.	.
99345	B	.	Home visit, new patient	.	.	.	.	.
99347	B	.	Home visit, est patient	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
99348	B	.	Home visit, est patient	.	.	.	.	.
99349	B	.	Home visit, est patient	.	.	.	.	.
99350	B	.	Home visit, est patient	.	.	.	.	.
99354	N	.	Prolonged service, office	.	.	.	.	.
99355	N	.	Prolonged service, office	.	.	.	.	.
99356	C	.	Prolonged service, inpatient	.	.	.	.	.
99357	C	.	Prolonged service, inpatient	.	.	.	.	.
99358	N	.	Prolonged serv, w/o contact	.	.	.	.	.
99359	N	.	Prolonged serv, w/o contact	.	.	.	.	.
99360	B	.	Physician standby services	.	.	.	.	.
99361	E	.	Physician/team conference	.	.	.	.	.
99362	E	.	Physician/team conference	.	.	.	.	.
99371	B	.	Physician phone consultation	.	.	.	.	.
99372	B	.	Physician phone consultation	.	.	.	.	.
99373	B	.	Physician phone consultation	.	.	.	.	.
99374	B	.	Home health care supervision	.	.	.	.	.
99375	E	.	Home health care supervision	.	.	.	.	.
99377	B	.	Hospice care supervision	.	.	.	.	.
99378	E	.	Hospice care supervision	.	.	.	.	.
99379	B	.	Nursing fac care supervision	.	.	.	.	.
99380	B	.	Nursing fac care supervision	.	.	.	.	.
99381	E	.	Prev visit, new, infant	.	.	.	.	.
99382	E	.	Prev visit, new, age 1-4	.	.	.	.	.
99383	E	.	Prev visit, new, age 5-11	.	.	.	.	.
99384	E	.	Prev visit, new, age 12-17	.	.	.	.	.
99385	E	.	Prev visit, new, age 18-39	.	.	.	.	.
99386	E	.	Prev visit, new, age 40-64	.	.	.	.	.
99387	E	.	Prev visit, new, 65 & over	.	.	.	.	.
99391	E	.	Prev visit, est, infant	.	.	.	.	.
99392	E	.	Prev visit, est, age 1-4	.	.	.	.	.
99393	E	.	Prev visit, est, age 5-11	.	.	.	.	.
99394	E	.	Prev visit, est, age 12-17	.	.	.	.	.
99395	E	.	Prev visit, est, age 18-39	.	.	.	.	.
99396	E	.	Prev visit, est, age 40-64	.	.	.	.	.
99397	E	.	Prev visit, est, 65 & over	.	.	.	.	.
99401	E	.	Preventive counseling, indiv	.	.	.	.	.
99402	E	.	Preventive counseling, indiv	.	.	.	.	.
99403	E	.	Preventive counseling, indiv	.	.	.	.	.
99404	E	.	Preventive counseling, indiv	.	.	.	.	.
99411	E	.	Preventive counseling, group	.	.	.	.	.
99412	E	.	Preventive counseling, group	.	.	.	.	.
99420	E	.	Health risk assessment test	.	.	.	.	.
99429	E	.	Unlisted preventive service	.	.	.	.	.
99431	V	.	Initial care, normal newborn	0600	0.8688	\$51.56	.	\$10.31
99432	N	.	Newborn care, not in hosp	.	.	.	.	.
99433	C	.	Normal newborn care/hospital	.	.	.	.	.
99435	E	.	Newborn discharge day hosp	.	.	.	.	.
99436	N	.	Attendance, birth	.	.	.	.	.
99440	S	.	Newborn resuscitation	0094	2.5363	\$150.51	\$47.62	\$30.10
99450	E	.	Life/disability evaluation	.	.	.	.	.
99455	B	.	Disability examination	.	.	.	.	.
99456	B	.	Disability examination	.	.	.	.	.
99499	B	.	Unlisted e&m service	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
99500	E	.	Home visit, prenatal	.	.	.	.	.
99501	E	.	Home visit, postnatal	.	.	.	.	.
99502	E	.	Home visit, nb care	.	.	.	.	.
99503	E	.	Home visit, resp therapy	.	.	.	.	.
99504	E	.	Home visit mech ventilator	.	.	.	.	.
99505	E	.	Home visit, stoma care	.	.	.	.	.
99506	E	.	Home visit, im injection	.	.	.	.	.
99507	E	.	Home visit, cath maintain	.	.	.	.	.
99509	E	.	Home visit day life activity	.	.	.	.	.
99510	E	.	Home visit, sing/m/fam couns	.	.	.	.	.
99511	E	.	Home visit, fecal/enema mgmt	.	.	.	.	.
99512	E	.	Home visit for hemodialysis	.	.	.	.	.
99600	E	.	Home visit nos	.	.	.	.	.
99601	E	.	Home infusion/visit, 2 hrs	.	.	.	.	.
99602	E	.	Home infusion, each addtl hr	.	.	.	.	.
A0021	E	.	Outside state ambulance serv	.	.	.	.	.
A0080	E	.	Noninterest escort in non er	.	.	.	.	.
A0090	E	.	Interest escort in non er	.	.	.	.	.
A0100	E	.	Nonemergency transport taxi	.	.	.	.	.
A0110	E	.	Nonemergency transport bus	.	.	.	.	.
A0120	E	.	Noner transport mini-bus	.	.	.	.	.
A0130	E	.	Noner transport wheelch van	.	.	.	.	.
A0140	E	.	Nonemergency transport air	.	.	.	.	.
A0160	E	.	Noner transport case worker	.	.	.	.	.
A0170	E	.	Noner transport parking fees	.	.	.	.	.
A0180	E	.	Noner transport lodgng recip	.	.	.	.	.
A0190	E	.	Noner transport meals recip	.	.	.	.	.
A0200	E	.	Noner transport lodgng escrt	.	.	.	.	.
A0210	E	.	Noner transport meals escort	.	.	.	.	.
A0225	A	.	Neonatal emergency transport	.	.	.	.	.
A0380	A	.	Basic life support mileage	.	.	.	.	.
A0382	A	.	Basic support routine suppl	.	.	.	.	.
A0384	A	.	Bls defibrillation supplies	.	.	.	.	.
A0390	A	.	Advanced life support mileag	.	.	.	.	.
A0392	A	.	Als defibrillation supplies	.	.	.	.	.
A0394	A	.	Als IV drug therapy supplies	.	.	.	.	.
A0396	A	.	Als esophageal intub suppl	.	.	.	.	.
A0398	A	.	Als routine disposble suppl	.	.	.	.	.
A0420	A	.	Ambulance waiting 1/2 hr	.	.	.	.	.
A0422	A	.	Ambulance 02 life sustaining	.	.	.	.	.
A0424	A	.	Extra ambulance attendant	.	.	.	.	.
A0425	A	.	Ground mileage	.	.	.	.	.
A0426	A	.	Als 1	.	.	.	.	.
A0427	A	.	ALS1-emergency	.	.	.	.	.
A0428	A	.	bls	.	.	.	.	.
A0429	A	.	BLS-emergency	.	.	.	.	.
A0430	A	.	Fixed wing air transport	.	.	.	.	.
A0431	A	.	Rotary wing air transport	.	.	.	.	.
A0432	A	.	PI volunteer ambulance co	.	.	.	.	.
A0433	A	.	als 2	.	.	.	.	.
A0434	A	.	Specialty care transport	.	.	.	.	.
A0435	A	.	Fixed wing air mileage	.	.	.	.	.
A0436	A	.	Rotary wing air mileage	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A0800	B	.	Amb trans 7pm-7am	.	.	.	.	.
A0888	E	.	Noncovered ambulance mileage	.	.	.	.	.
A0999	A	.	Unlisted ambulance service	.	.	.	.	.
A4206	E	.	1 CC sterile syringe&needle	.	.	.	.	.
A4207	E	.	2 CC sterile syringe&needle	.	.	.	.	.
A4208	E	.	3 CC sterile syringe&needle	.	.	.	.	.
A4209	E	.	5+ CC sterile syringe&needle	.	.	.	.	.
A4210	E	.	Nonneedle injection device	.	.	.	.	.
A4211	B	.	Supp for self-adm injections	.	.	.	.	.
A4212	B	.	Non coring needle or stylet	.	.	.	.	.
A4213	E	.	20+ CC syringe only	.	.	.	.	.
A4215	E	.	Sterile needle	.	.	.	.	.
A4216	A	.	Sterile water/saline, 10 ml	.	.	.	.	.
A4217	A	.	Sterile water/saline, 500 ml	.	.	.	.	.
A4220	N	.	Infusion pump refill kit	.	.	.	.	.
A4221	Y	.	Maint drug infus cath per wk	.	.	.	.	.
A4222	Y	.	Drug infusion pump supplies	.	.	.	.	.
A4223	E	.	Infusion supplies w/o pump	.	.	.	.	.
A4230	Y	.	Infus insulin pump non needl	.	.	.	.	.
A4231	Y	.	Infusion insulin pump needle	.	.	.	.	.
A4232	Y	.	Syringe w/needle insulin 3cc	.	.	.	.	.
A4244	E	.	Alcohol or peroxide per pint	.	.	.	.	.
A4245	E	.	Alcohol wipes per box	.	.	.	.	.
A4246	E	.	Betadine/phisohex solution	.	.	.	.	.
A4247	E	.	Betadine/iodine swabs/wipes	.	.	.	.	.
A4248	N	.	Chlorhexidine antisept	.	.	.	.	.
A4250	E	.	Urine reagent strips/tablets	.	.	.	.	.
A4253	Y	.	Blood glucose/reagent strips	.	.	.	.	.
A4254	Y	.	Battery for glucose monitor	.	.	.	.	.
A4255	Y	.	Glucose monitor platforms	.	.	.	.	.
A4256	Y	.	Calibrator solution/chips	.	.	.	.	.
A4257	Y	.	Replace Lensshield Cartridge	.	.	.	.	.
A4258	Y	.	Lancet device each	.	.	.	.	.
A4259	Y	.	Lancets per box	.	.	.	.	.
A4260	E	.	Levonorgestrel implant	.	.	.	.	.
A4261	E	.	Cervical cap contraceptive	.	.	.	.	.
A4262	N	.	Temporary tear duct plug	.	.	.	.	.
A4263	N	.	Permanent tear duct plug	.	.	.	.	.
A4265	Y	.	Paraffin	.	.	.	.	.
A4266	E	.	Diaphragm	.	.	.	.	.
A4267	E	.	Male condom	.	.	.	.	.
A4268	E	.	Female condom	.	.	.	.	.
A4269	E	.	Spermicide	.	.	.	.	.
A4270	A	.	Disposable endoscope sheath	.	.	.	.	.
A4280	A	.	Brst prsths adhsv attchmnt	.	.	.	.	.
A4281	E	.	Replacement breastpump tube	.	.	.	.	.
A4282	E	.	Replacement breastpump adpt	.	.	.	.	.
A4283	E	.	Replacement breastpump cap	.	.	.	.	.
A4284	E	.	Replcmnt breast pump shield	.	.	.	.	.
A4285	E	.	Replcmnt breast pump bottle	.	.	.	.	.
A4286	E	.	Replcmnt breastpump lok ring	.	.	.	.	.
A4290	B	.	Sacral nerve stim test lead	.	.	.	.	.
A4300	N	.	Cath impl vasc access portal	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A4301	N	.	Implantable access syst perc	.	.	.	.	.
A4305	A	.	Drug delivery system >=50 ML	.	.	.	.	.
A4306	A	.	Drug delivery system <=5 ML	.	.	.	.	.
A4310	A	.	Insert tray w/o bag/cath	.	.	.	.	.
A4311	A	.	Catheter w/o bag 2-way latex	.	.	.	.	.
A4312	A	.	Cath w/o bag 2-way silicone	.	.	.	.	.
A4313	A	.	Catheter w/bag 3-way	.	.	.	.	.
A4314	A	.	Cath w/drainage 2-way latex	.	.	.	.	.
A4315	A	.	Cath w/drainage 2-way silcne	.	.	.	.	.
A4316	A	.	Cath w/drainage 3-way	.	.	.	.	.
A4320	A	.	Irrigation tray	.	.	.	.	.
A4321	A	.	Cath therapeutic irrig agent	.	.	.	.	.
A4322	A	.	Irrigation syringe	.	.	.	.	.
A4326	A	.	Male external catheter	.	.	.	.	.
A4327	A	.	Fem urinary collect dev cup	.	.	.	.	.
A4328	A	.	Fem urinary collect pouch	.	.	.	.	.
A4330	A	.	Stool collection pouch	.	.	.	.	.
A4331	A	.	Extension drainage tubing	.	.	.	.	.
A4332	A	.	Lubricant for cath insertion	.	.	.	.	.
A4333	A	.	Urinary cath anchor device	.	.	.	.	.
A4334	A	.	Urinary cath leg strap	.	.	.	.	.
A4335	A	.	Incontinence supply	.	.	.	.	.
A4338	A	.	Indwelling catheter latex	.	.	.	.	.
A4340	A	.	Indwelling catheter special	.	.	.	.	.
A4344	A	.	Cath indw foley 2 way silicn	.	.	.	.	.
A4346	A	.	Cath indw foley 3 way	.	.	.	.	.
A4348	A	.	Male ext cath extended wear	.	.	.	.	.
A4349	A	.	Disposable male external cat	.	.	.	.	.
A4351	A	.	Straight tip urine catheter	.	.	.	.	.
A4352	A	.	Coude tip urinary catheter	.	.	.	.	.
A4353	A	.	Intermittent urinary cath	.	.	.	.	.
A4354	A	.	Cath insertion tray w/bag	.	.	.	.	.
A4355	A	.	Bladder irrigation tubing	.	.	.	.	.
A4356	A	.	Ext ureth clmp or compr dvc	.	.	.	.	.
A4357	A	.	Bedside drainage bag	.	.	.	.	.
A4358	A	.	Urinary leg or abdomen bag	.	.	.	.	.
A4359	A	.	Urinary suspensory w/o leg b	.	.	.	.	.
A4361	A	.	Ostomy face plate	.	.	.	.	.
A4362	A	.	Solid skin barrier	.	.	.	.	.
A4364	A	.	Adhesive, liquid or equal	.	.	.	.	.
A4365	A	.	Adhesive remover wipes	.	.	.	.	.
A4366	A	.	Ostomy vent	.	.	.	.	.
A4367	A	.	Ostomy belt	.	.	.	.	.
A4368	A	.	Ostomy filter	.	.	.	.	.
A4369	A	.	Skin barrier liquid per oz	.	.	.	.	.
A4371	A	.	Skin barrier powder per oz	.	.	.	.	.
A4372	A	.	Skin barrier solid 4x4 equiv	.	.	.	.	.
A4373	A	.	Skin barrier with flange	.	.	.	.	.
A4375	A	.	Drainable plastic pch w fcpl	.	.	.	.	.
A4376	A	.	Drainable rubber pch w fcplt	.	.	.	.	.
A4377	A	.	Drainable plstic pch w/o fp	.	.	.	.	.
A4378	A	.	Drainable rubber pch w/o fp	.	.	.	.	.
A4379	A	.	Urinary plastic pouch w fcpl	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A4380	A	.	Urinary rubber pouch w fcpl	.	.	.	.	.
A4381	A	.	Urinary plastic pouch w/o fp	.	.	.	.	.
A4382	A	.	Urinary hvy plstc pch w/o fp	.	.	.	.	.
A4383	A	.	Urinary rubber pouch w/o fp	.	.	.	.	.
A4384	A	.	Ostomy faceplt/silicone ring	.	.	.	.	.
A4385	A	.	Ost skn barrier sld ext wear	.	.	.	.	.
A4387	A	.	Ost clsd pouch w att st barr	.	.	.	.	.
A4388	A	.	Drainable pch w ex wear barr	.	.	.	.	.
A4389	A	.	Drainable pch w st wear barr	.	.	.	.	.
A4390	A	.	Drainable pch ex wear convex	.	.	.	.	.
A4391	A	.	Urinary pouch w ex wear barr	.	.	.	.	.
A4392	A	.	Urinary pouch w st wear barr	.	.	.	.	.
A4393	A	.	Urine pch w ex wear bar conv	.	.	.	.	.
A4394	A	.	Ostomy pouch liq deodorant	.	.	.	.	.
A4395	A	.	Ostomy pouch solid deodorant	.	.	.	.	.
A4396	A	.	Peristomal hernia supprt blt	.	.	.	.	.
A4397	A	.	Irrigation supply sleeve	.	.	.	.	.
A4398	A	.	Ostomy irrigation bag	.	.	.	.	.
A4399	A	.	Ostomy irrig cone/cath w brs	.	.	.	.	.
A4400	A	.	Ostomy irrigation set	.	.	.	.	.
A4402	A	.	Lubricant per ounce	.	.	.	.	.
A4404	A	.	Ostomy ring each	.	.	.	.	.
A4405	A	.	Nonpectin based ostomy paste	.	.	.	.	.
A4406	A	.	Pectin based ostomy paste	.	.	.	.	.
A4407	A	.	Ext wear ost skn barr <=4sq+	.	.	.	.	.
A4408	A	.	Ext wear ost skn barr >4sq+	.	.	.	.	.
A4409	A	.	Ost skn barr w flng <=4 sq+	.	.	.	.	.
A4410	A	.	Ost skn barr w flng >4sq+	.	.	.	.	.
A4413	A	.	2 pc drainable ost pouch	.	.	.	.	.
A4414	A	.	Ostomy sknbarr w flng <=4sq+	.	.	.	.	.
A4415	A	.	Ostomy skn barr w flng >4sq+	.	.	.	.	.
A4416	A	.	Ost pch clsd w barrier/fltr	.	.	.	.	.
A4417	A	.	Ost pch w bar/bltinconv/fltr	.	.	.	.	.
A4418	A	.	Ost pch clsd w/o bar w fltr	.	.	.	.	.
A4419	A	.	Ost pch for bar w flange/flt	.	.	.	.	.
A4420	A	.	Ost pch clsd for bar w lk fl	.	.	.	.	.
A4421	E	.	Ostomy supply misc	.	.	.	.	.
A4422	A	.	Ost pouch absorbent material	.	.	.	.	.
A4423	A	.	Ost pch for bar w lk fl/fltr	.	.	.	.	.
A4424	A	.	Ost pch drain w bar & filter	.	.	.	.	.
A4425	A	.	Ost pch drain for barrier fl	.	.	.	.	.
A4426	A	.	Ost pch drain 2 piece system	.	.	.	.	.
A4427	A	.	Ost pch drain/barr lk flng/f	.	.	.	.	.
A4428	A	.	Urine ost pouch w faucet/tap	.	.	.	.	.
A4429	A	.	Urine ost pch bar w lock fln	.	.	.	.	.
A4430	A	.	Ost pch urine w lock flng/ft	.	.	.	.	.
A4431	A	.	Urine ost pch bar w lock fln	.	.	.	.	.
A4432	A	.	Ost pch urine w lock flng/ft	.	.	.	.	.
A4433	A	.	Urine ost pch bar w lock fln	.	.	.	.	.
A4434	A	.	Ost pch urine w lock flng/ft	.	.	.	.	.
A4450	A	.	Non-waterproof tape	.	.	.	.	.
A4452	A	.	Waterproof tape	.	.	.	.	.
A4455	A	.	Adhesive remover per ounce	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A4458	E	.	Reusable enema bag	.	.	.	.	.
A4462	A	.	Abdmnl drssng holder/binder	.	.	.	.	.
A4465	A	.	Non-elastic extremity binder	.	.	.	.	.
A4470	A	.	Gravlee jet washer	.	.	.	.	.
A4480	A	.	Vabra aspirator	.	.	.	.	.
A4481	A	.	Tracheostoma filter	.	.	.	.	.
A4483	A	.	Moisture exchanger	.	.	.	.	.
A4490	E	.	Above knee surgical stocking	.	.	.	.	.
A4495	E	.	Thigh length surg stocking	.	.	.	.	.
A4500	E	.	Below knee surgical stocking	.	.	.	.	.
A4510	E	.	Full length surg stocking	.	.	.	.	.
A4520	E	.	Incontinence garment anytype	.	.	.	.	.
A4550	B	.	Surgical trays	.	.	.	.	.
A4554	E	.	Disposable underpads	.	.	.	.	.
A4555	E	.	Disposable underpad small	.	.	.	.	.
A4556	Y	.	Electrodes, pair	.	.	.	.	.
A4557	Y	.	Lead wires, pair	.	.	.	.	.
A4558	Y	.	Conductive paste or gel	.	.	.	.	.
A4561	N	.	Pessary rubber, any type	.	.	.	.	.
A4562	N	.	Pessary, non rubber,any type	.	.	.	.	.
A4565	A	.	Slings	.	.	.	.	.
A4570	E	.	Splint	.	.	.	.	.
A4575	E	.	Hyperbaric o2 chamber disps	.	.	.	.	.
A4580	E	.	Cast supplies (plaster)	.	.	.	.	.
A4590	E	.	Special casting material	.	.	.	.	.
A4595	Y	.	TENS suppl 2 lead per month	.	.	.	.	.
A4605	Y	.	Trach suction cath close sys	.	.	.	.	.
A4606	A	.	Oxygen probe used w oximeter	.	.	.	.	.
A4608	Y	.	Transtracheal oxygen cath	.	.	.	.	.
A4611	Y	.	Heavy duty battery	.	.	.	.	.
A4612	Y	.	Battery cables	.	.	.	.	.
A4613	Y	.	Battery charger	.	.	.	.	.
A4614	A	.	Hand-held PEFR meter	.	.	.	.	.
A4615	Y	.	Cannula nasal	.	.	.	.	.
A4616	Y	.	Tubing (oxygen) per foot	.	.	.	.	.
A4617	Y	.	Mouth piece	.	.	.	.	.
A4618	Y	.	Breathing circuits	.	.	.	.	.
A4619	Y	.	Face tent	.	.	.	.	.
A4620	Y	.	Variable concentration mask	.	.	.	.	.
A4623	A	.	Tracheostomy inner cannula	.	.	.	.	.
A4624	Y	.	Tracheal suction tube	.	.	.	.	.
A4625	A	.	Trach care kit for new trach	.	.	.	.	.
A4626	A	.	Tracheostomy cleaning brush	.	.	.	.	.
A4627	E	.	Spacer bag/reservoir	.	.	.	.	.
A4628	Y	.	Oropharyngeal suction cath	.	.	.	.	.
A4629	A	.	Tracheostomy care kit	.	.	.	.	.
A4630	Y	.	Repl bat t.e.n.s. own by pt	.	.	.	.	.
A4632	Y	.	Infus pump rplcemnt battery	.	.	.	.	.
A4633	Y	.	Uvl replacement bulb	.	.	.	.	.
A4634	A	.	Replacement bulb th lightbox	.	.	.	.	.
A4635	Y	.	Underarm crutch pad	.	.	.	.	.
A4636	Y	.	Handgrip for cane etc	.	.	.	.	.
A4637	Y	.	Repl tip cane/crutch/walker	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A4638	Y	.	Repl batt pulse gen sys	.	.	.	.	.
A4639	Y	.	Infrared ht sys replcmnt pad	.	.	.	.	.
A4640	Y	.	Alternating pressure pad	.	.	.	.	.
A4641	N	.	Diagnostic imaging agent	.	.	.	.	.
A4642	H	.	Satumomab pendetide per dose	0704	.	.	.	.
A4643	B	.	High dose contrast MRI	.	.	.	.	.
A4644	B	.	Contrast 100-199 MGs iodine	.	.	.	.	.
A4645	B	.	Contrast 200-299 MGs iodine	.	.	.	.	.
A4646	B	.	Contrast 300-399 MGs iodine	.	.	.	.	.
A4647	B	.	Supp- paramagnetic contr mat	.	.	.	.	.
A4649	A	.	Surgical supplies	.	.	.	.	.
A4651	A	.	Calibrated microcap tube	.	.	.	.	.
A4652	A	.	Microcapillary tube sealant	.	.	.	.	.
A4653	A	.	PD catheter anchor belt	.	.	.	.	.
A4656	A	.	Dialysis needle	.	.	.	.	.
A4657	A	.	Dialysis syringe w/wo needle	.	.	.	.	.
A4660	A	.	Sphyg/bp app w cuff and stet	.	.	.	.	.
A4663	A	.	Dialysis blood pressure cuff	.	.	.	.	.
A4670	E	.	Automatic bp monitor, dial	.	.	.	.	.
A4671	B	.	Disposable cyclor set	.	.	.	.	.
A4672	B	.	Drainage ext line, dialysis	.	.	.	.	.
A4673	B	.	Ext line w easy lock connect	.	.	.	.	.
A4674	B	.	Chem/antisept solution, 8oz	.	.	.	.	.
A4680	A	.	Activated carbon filter, ea	.	.	.	.	.
A4690	A	.	Dialyzer, each	.	.	.	.	.
A4706	A	.	Bicarbonate conc sol per gal	.	.	.	.	.
A4707	A	.	Bicarbonate conc pow per pac	.	.	.	.	.
A4708	A	.	Acetate conc sol per gallon	.	.	.	.	.
A4709	A	.	Acid conc sol per gallon	.	.	.	.	.
A4714	A	.	Treated water per gallon	.	.	.	.	.
A4719	A	.	÷Y set÷ tubing	.	.	.	.	.
A4720	A	.	Dialysat sol fld vol > 249cc	.	.	.	.	.
A4721	A	.	Dialysat sol fld vol > 999cc	.	.	.	.	.
A4722	A	.	Dialys sol fld vol > 1999cc	.	.	.	.	.
A4723	A	.	Dialys sol fld vol > 2999cc	.	.	.	.	.
A4724	A	.	Dialys sol fld vol > 3999cc	.	.	.	.	.
A4725	A	.	Dialys sol fld vol > 4999cc	.	.	.	.	.
A4726	A	.	Dialys sol fld vol > 5999cc	.	.	.	.	.
A4728	B	.	Dialysate solution, non-dex	.	.	.	.	.
A4730	A	.	Fistula cannulation set, ea	.	.	.	.	.
A4736	A	.	Topical anesthetic, per gram	.	.	.	.	.
A4737	A	.	Inj anesthetic per 10 ml	.	.	.	.	.
A4740	A	.	Shunt accessory	.	.	.	.	.
A4750	A	.	Art or venous blood tubing	.	.	.	.	.
A4755	A	.	Comb art/venous blood tubing	.	.	.	.	.
A4760	A	.	Dialysate sol test kit, each	.	.	.	.	.
A4765	A	.	Dialysate conc pow per pack	.	.	.	.	.
A4766	A	.	Dialysate conc sol add 10 ml	.	.	.	.	.
A4770	A	.	Blood collection tube/vacuum	.	.	.	.	.
A4771	A	.	Serum clotting time tube	.	.	.	.	.
A4772	A	.	Blood glucose test strips	.	.	.	.	.
A4773	A	.	Occult blood test strips	.	.	.	.	.
A4774	A	.	Ammonia test strips	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A4802	A	.	Protamine sulfate per 50 mg	.	.	.	.	.
A4860	A	.	Disposable catheter tips	.	.	.	.	.
A4870	A	.	Plumb/elec wk hm hemo equip	.	.	.	.	.
A4890	A	.	Repair/maint cont hemo equip	.	.	.	.	.
A4911	A	.	Drain bag/bottle	.	.	.	.	.
A4913	A	.	Misc dialysis supplies noc	.	.	.	.	.
A4918	A	.	Venous pressure clamp	.	.	.	.	.
A4927	A	.	Non-sterile gloves	.	.	.	.	.
A4928	A	.	Surgical mask	.	.	.	.	.
A4929	A	.	Tourniquet for dialysis, ea	.	.	.	.	.
A4930	A	.	Sterile, gloves per pair	.	.	.	.	.
A4931	A	.	Reusable oral thermometer	.	.	.	.	.
A4932	E	.	Reusable rectal thermometer	.	.	.	.	.
A5051	A	.	Pouch clsd w barr attached	.	.	.	.	.
A5052	A	.	Clsd ostomy pouch w/o barr	.	.	.	.	.
A5053	A	.	Clsd ostomy pouch faceplate	.	.	.	.	.
A5054	A	.	Clsd ostomy pouch w/flange	.	.	.	.	.
A5055	A	.	Stoma cap	.	.	.	.	.
A5061	A	.	Pouch drainable w barrier at	.	.	.	.	.
A5062	A	.	Drnble ostomy pouch w/o barr	.	.	.	.	.
A5063	A	.	Drain ostomy pouch w/flange	.	.	.	.	.
A5071	A	.	Urinary pouch w/barrier	.	.	.	.	.
A5072	A	.	Urinary pouch w/o barrier	.	.	.	.	.
A5073	A	.	Urinary pouch on barr w/flng	.	.	.	.	.
A5081	A	.	Continent stoma plug	.	.	.	.	.
A5082	A	.	Continent stoma catheter	.	.	.	.	.
A5093	A	.	Ostomy accessory convex inse	.	.	.	.	.
A5102	A	.	Bedside drain btl w/wo tube	.	.	.	.	.
A5105	A	.	Urinary suspensory	.	.	.	.	.
A5112	A	.	Urinary leg bag	.	.	.	.	.
A5113	A	.	Latex leg strap	.	.	.	.	.
A5114	A	.	Foam/fabric leg strap	.	.	.	.	.
A5119	A	.	Skin barrier wipes box pr 50	.	.	.	.	.
A5121	A	.	Solid skin barrier 6x6	.	.	.	.	.
A5122	A	.	Solid skin barrier 8x8	.	.	.	.	.
A5126	A	.	Disk/foam pad +or- adhesive	.	.	.	.	.
A5131	A	.	Appliance cleaner	.	.	.	.	.
A5200	A	.	Percutaneous catheter anchor	.	.	.	.	.
A5500	Y	.	Diab shoe for density insert	.	.	.	.	.
A5501	Y	.	Diabetic custom molded shoe	.	.	.	.	.
A5503	Y	.	Diabetic shoe w/roller/rockr	.	.	.	.	.
A5504	Y	.	Diabetic shoe with wedge	.	.	.	.	.
A5505	Y	.	Diab shoe w/metatarsal bar	.	.	.	.	.
A5506	Y	.	Diabetic shoe w/off set heel	.	.	.	.	.
A5507	Y	.	Modification diabetic shoe	.	.	.	.	.
A5508	Y	.	Diabetic deluxe shoe	.	.	.	.	.
A5509	E	.	Direct heat form shoe insert	.	.	.	.	.
A5510	E	.	Compression form shoe insert	.	.	.	.	.
A5511	E	.	Custom fab molded shoe inser	.	.	.	.	.
A6000	E	.	Wound warming wound cover	.	.	.	.	.
A6010	A	.	Collagen based wound filler	.	.	.	.	.
A6011	A	.	Collagen gel/paste wound fil	.	.	.	.	.
A6021	A	.	Collagen dressing <=16 sq in	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A6022	A	.	Collagen drsg>6<=48 sq in	.	.	.	.	.
A6023	A	.	Collagen dressing >48 sq in	.	.	.	.	.
A6024	A	.	Collagen dsq wound filler	.	.	.	.	.
A6025	E	.	Silicone gel sheet, each	.	.	.	.	.
A6154	A	.	Wound pouch each	.	.	.	.	.
A6196	A	.	Alginate dressing <=16 sq in	.	.	.	.	.
A6197	A	.	Alginate drsg >16 <=48 sq in	.	.	.	.	.
A6198	A	.	alginate dressing > 48 sq in	.	.	.	.	.
A6199	A	.	Alginate drsg wound filler	.	.	.	.	.
A6200	A	.	Compos drsg <=16 no border	.	.	.	.	.
A6201	A	.	Compos drsg >16<=48 no bdr	.	.	.	.	.
A6202	A	.	Compos drsg >48 no border	.	.	.	.	.
A6203	A	.	Composite drsg <= 16 sq in	.	.	.	.	.
A6204	A	.	Composite drsg >16<=48 sq in	.	.	.	.	.
A6205	A	.	Composite drsg > 48 sq in	.	.	.	.	.
A6206	A	.	Contact layer <= 16 sq in	.	.	.	.	.
A6207	A	.	Contact layer >16<= 48 sq in	.	.	.	.	.
A6208	A	.	Contact layer > 48 sq in	.	.	.	.	.
A6209	A	.	Foam drsg <=16 sq in w/o bdr	.	.	.	.	.
A6210	A	.	Foam drg >16<=48 sq in w/o b	.	.	.	.	.
A6211	A	.	Foam drg > 48 sq in w/o brdr	.	.	.	.	.
A6212	A	.	Foam drg <=16 sq in w/border	.	.	.	.	.
A6213	A	.	Foam drg >16<=48 sq in w/bdr	.	.	.	.	.
A6214	A	.	Foam drg > 48 sq in w/border	.	.	.	.	.
A6215	A	.	Foam dressing wound filler	.	.	.	.	.
A6216	A	.	Non-sterile gauze<=16 sq in	.	.	.	.	.
A6217	A	.	Non-sterile gauze>16<=48 sq	.	.	.	.	.
A6218	A	.	Non-sterile gauze > 48 sq in	.	.	.	.	.
A6219	A	.	Gauze <= 16 sq in w/border	.	.	.	.	.
A6220	A	.	Gauze >16 <=48 sq in w/bordr	.	.	.	.	.
A6221	A	.	Gauze > 48 sq in w/border	.	.	.	.	.
A6222	A	.	Gauze <=16 in no w/sal w/o b	.	.	.	.	.
A6223	A	.	Gauze >16<=48 no w/sal w/o b	.	.	.	.	.
A6224	A	.	Gauze > 48 in no w/sal w/o b	.	.	.	.	.
A6228	A	.	Gauze <= 16 sq in water/sal	.	.	.	.	.
A6229	A	.	Gauze >16<=48 sq in watr/sal	.	.	.	.	.
A6230	A	.	Gauze > 48 sq in water/salne	.	.	.	.	.
A6231	A	.	Hydrogel dsq<=16 sq in	.	.	.	.	.
A6232	A	.	Hydrogel dsq>16<=48 sq in	.	.	.	.	.
A6233	A	.	Hydrogel dressing >48 sq in	.	.	.	.	.
A6234	A	.	Hydrocolld drg <=16 w/o bdr	.	.	.	.	.
A6235	A	.	Hydrocolld drg >16<=48 w/o b	.	.	.	.	.
A6236	A	.	Hydrocolld drg > 48 in w/o b	.	.	.	.	.
A6237	A	.	Hydrocolld drg <=16 in w/bdr	.	.	.	.	.
A6238	A	.	Hydrocolld drg >16<=48 w/bdr	.	.	.	.	.
A6239	A	.	Hydrocolld drg > 48 in w/bdr	.	.	.	.	.
A6240	A	.	Hydrocolld drg filler paste	.	.	.	.	.
A6241	A	.	Hydrocolloid drg filler dry	.	.	.	.	.
A6242	A	.	Hydrogel drg <=16 in w/o bdr	.	.	.	.	.
A6243	A	.	Hydrogel drg >16<=48 w/o bdr	.	.	.	.	.
A6244	A	.	Hydrogel drg >48 in w/o bdr	.	.	.	.	.
A6245	A	.	Hydrogel drg <= 16 in w/bdr	.	.	.	.	.
A6246	A	.	Hydrogel drg >16<=48 in w/b	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A6247	A	.	Hydrogel drg > 48 sq in w/b	.	.	.	.	.
A6248	A	.	Hydrogel drsg gel filler	.	.	.	.	.
A6250	A	.	Skin seal protect moisturizr	.	.	.	.	.
A6251	A	.	Absorpt drg <=16 sq in w/o b	.	.	.	.	.
A6252	A	.	Absorpt drg >16 <=48 w/o bdr	.	.	.	.	.
A6253	A	.	Absorpt drg > 48 sq in w/o b	.	.	.	.	.
A6254	A	.	Absorpt drg <=16 sq in w/bdr	.	.	.	.	.
A6255	A	.	Absorpt drg >16<=48 in w/bdr	.	.	.	.	.
A6256	A	.	Absorpt drg > 48 sq in w/bdr	.	.	.	.	.
A6257	A	.	Transparent film <= 16 sq in	.	.	.	.	.
A6258	A	.	Transparent film >16<=48 in	.	.	.	.	.
A6259	A	.	Transparent film > 48 sq in	.	.	.	.	.
A6260	A	.	Wound cleanser any type/size	.	.	.	.	.
A6261	A	.	Wound filler gel/paste /oz	.	.	.	.	.
A6262	A	.	Wound filler dry form / gram	.	.	.	.	.
A6266	A	.	Impreg gauze no h20/sal/yard	.	.	.	.	.
A6402	A	.	Sterile gauze <= 16 sq in	.	.	.	.	.
A6403	A	.	Sterile gauze>16 <= 48 sq in	.	.	.	.	.
A6404	A	.	Sterile gauze > 48 sq in	.	.	.	.	.
A6407	A	.	Packing strips, non-impreg	.	.	.	.	.
A6410	A	.	Sterile eye pad	.	.	.	.	.
A6411	A	.	Non-sterile eye pad	.	.	.	.	.
A6412	E	.	Occlusive eye patch	.	.	.	.	.
A6441	A	.	Pad band w>=3÷ <5÷/yd	.	.	.	.	.
A6442	A	.	Conform band n/s w<3÷/yd	.	.	.	.	.
A6443	A	.	Conform band n/s w>=3÷<5÷/yd	.	.	.	.	.
A6444	A	.	Conform band n/s w>=5÷/yd	.	.	.	.	.
A6445	A	.	Conform band s w <3÷/yd	.	.	.	.	.
A6446	A	.	Conform band s w>=3÷ <5÷/yd	.	.	.	.	.
A6447	A	.	Conform band s w >=5÷/yd	.	.	.	.	.
A6448	A	.	Lt compres band <3÷/yd	.	.	.	.	.
A6449	A	.	Lt compres band >=3÷ <5÷/yd	.	.	.	.	.
A6450	A	.	Lt compres band >=5÷/yd	.	.	.	.	.
A6451	A	.	Mod compres band w>=3÷<5÷/yd	.	.	.	.	.
A6452	A	.	High compres band w>=3÷<5÷/yd	.	.	.	.	.
A6453	A	.	Self-adher band w <3÷/yd	.	.	.	.	.
A6454	A	.	Self-adher band w>=3÷ <5÷/yd	.	.	.	.	.
A6455	A	.	Self-adher band >=5÷/yd	.	.	.	.	.
A6456	A	.	Zinc paste band w >=3÷<5÷/yd	.	.	.	.	.
A6501	A	.	Compres burngarment bodysuit	.	.	.	.	.
A6502	A	.	Compres burngarment chinstrp	.	.	.	.	.
A6503	A	.	Compres burngarment facehood	.	.	.	.	.
A6504	A	.	Cmprsburngarment glove-wrist	.	.	.	.	.
A6505	A	.	Cmprsburngarment glove-elbow	.	.	.	.	.
A6506	A	.	Cmprsburngrmnt glove-axilla	.	.	.	.	.
A6507	A	.	Cmprs burngarment foot-knee	.	.	.	.	.
A6508	A	.	Cmprs burngarment foot-thigh	.	.	.	.	.
A6509	A	.	Compres burn garment jacket	.	.	.	.	.
A6510	A	.	Compres burn garment leotard	.	.	.	.	.
A6511	A	.	Compres burn garment panty	.	.	.	.	.
A6512	A	.	Compres burn garment, noc	.	.	.	.	.
A6550	Y	.	Neg pres wound ther drsg set	.	.	.	.	.
A6551	Y	.	Neg press wound ther canistr	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A7000	Y	.	Disposable canister for pump	.	.	.	.	.
A7001	Y	.	Nondisposable pump canister	.	.	.	.	.
A7002	Y	.	Tubing used w suction pump	.	.	.	.	.
A7003	Y	.	Nebulizer administration set	.	.	.	.	.
A7004	Y	.	Disposable nebulizer sml vol	.	.	.	.	.
A7005	Y	.	Nondisposable nebulizer set	.	.	.	.	.
A7006	Y	.	Filtered nebulizer admin set	.	.	.	.	.
A7007	Y	.	Lg vol nebulizer disposable	.	.	.	.	.
A7008	Y	.	Disposable nebulizer prefill	.	.	.	.	.
A7009	Y	.	Nebulizer reservoir bottle	.	.	.	.	.
A7010	Y	.	Disposable corrugated tubing	.	.	.	.	.
A7011	Y	.	Nondispos corrugated tubing	.	.	.	.	.
A7012	Y	.	Nebulizer water collec devic	.	.	.	.	.
A7013	Y	.	Disposable compressor filter	.	.	.	.	.
A7014	Y	.	Compressor nondispos filter	.	.	.	.	.
A7015	Y	.	Aerosol mask used w nebulize	.	.	.	.	.
A7016	Y	.	Nebulizer dome & mouthpiece	.	.	.	.	.
A7017	Y	.	Nebulizer not used w oxygen	.	.	.	.	.
A7018	Y	.	Water distilled w/nebulizer	.	.	.	.	.
A7025	Y	.	Replace chest compress vest	.	.	.	.	.
A7026	Y	.	Replace chst cmprss sys hose	.	.	.	.	.
A7030	Y	.	CPAP full face mask	.	.	.	.	.
A7031	Y	.	Replacement facemask interfa	.	.	.	.	.
A7032	Y	.	Replacement nasal cushion	.	.	.	.	.
A7033	Y	.	Replacement nasal pillows	.	.	.	.	.
A7034	Y	.	Nasal application device	.	.	.	.	.
A7035	Y	.	Pos airway press headgear	.	.	.	.	.
A7036	Y	.	Pos airway press chinstrap	.	.	.	.	.
A7037	Y	.	Pos airway pressure tubing	.	.	.	.	.
A7038	Y	.	Pos airway pressure filter	.	.	.	.	.
A7039	Y	.	Filter, non disposable w pap	.	.	.	.	.
A7040	A	.	One way chest drain valve	.	.	.	.	.
A7041	A	.	Water seal drain container	.	.	.	.	.
A7042	A	.	Implanted pleural catheter	.	.	.	.	.
A7043	A	.	Vacuum drainagebottle/tubing	.	.	.	.	.
A7044	Y	.	PAP oral interface	.	.	.	.	.
A7045	Y	.	Repl exhalation port for PAP	.	.	.	.	.
A7046	Y	.	Repl water chamber, PAP dev	.	.	.	.	.
A7501	A	.	Tracheostoma valve w diaphra	.	.	.	.	.
A7502	A	.	Replacement diaphragm/fplate	.	.	.	.	.
A7503	A	.	HMES filter holder or cap	.	.	.	.	.
A7504	A	.	Tracheostoma HMES filter	.	.	.	.	.
A7505	A	.	HMES or trach valve housing	.	.	.	.	.
A7506	A	.	HMES/trachvalve adhesivedisk	.	.	.	.	.
A7507	A	.	Integrated filter & holder	.	.	.	.	.
A7508	A	.	Housing & Integrated Adhesiv	.	.	.	.	.
A7509	A	.	Heat & moisture exchange sys	.	.	.	.	.
A7520	A	.	Trach/laryn tube non-cuffed	.	.	.	.	.
A7521	A	.	Trach/laryn tube cuffed	.	.	.	.	.
A7522	A	.	Trach/laryn tube stainless	.	.	.	.	.
A7523	A	.	Tracheostomy shower protect	.	.	.	.	.
A7524	A	.	Tracheostoma stent/stud/bttn	.	.	.	.	.
A7525	A	.	Tracheostomy mask	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
A7526	A	.	Tracheostomy tube collar	.	.	.	.	.
A7527	A	.	Trach/larynx tube plug/stop	.	.	.	.	.
A9150	B	.	Misc/exper non-prescript dru	.	.	.	.	.
A9152	E	.	Single vitamin nos	.	.	.	.	.
A9153	E	.	Multi-vitamin nos	.	.	.	.	.
A9180	E	.	Lice treatment, topical	.	.	.	.	.
A9270	E	.	Non-covered item or service	.	.	.	.	.
A9280	E	.	Alert device, noc	.	.	.	.	.
A9300	E	.	Exercise equipment	.	.	.	.	.
A9500	H	.	Technetium TC 99m sestamibi	1600	.	.	.	.
A9502	H	.	Technetium TC99M tetrofosmin	0705	.	.	.	.
A9503	N	.	Technetium TC 99m medronate	.	.	.	.	.
A9504	N	.	Technetium tc 99m apcitide	.	.	.	.	.
A9505	H	.	Thallos chloride TL 201/mci	1603	.	.	.	.
A9507	H	.	Indium/111 capromab pendetid	1604	.	.	.	.
A9508	H	.	Iobenguane sulfate I-131, pe	1045	.	.	.	.
A9510	H	.	Technetium TC99m Disofenin	9146	.	.	.	.
A9511	H	.	Technetium TC 99m depreotide	9147	.	.	.	.
A9512	N	.	Technetiumtc99mpertechetate	.	.	.	.	.
A9513	N	.	Technetium tc-99m mebrotfenin	.	.	.	.	.
A9514	N	.	Technetiumtc99mpyrophosphate	.	.	.	.	.
A9515	N	.	Technetium tc-99m pentetate	.	.	.	.	.
A9516	H	.	I-123 sodium iodide capsule	9148	.	.	.	.
A9517	H	.	Th I131 so iodide cap millic	1064	.	.	.	.
A9519	N	.	Technetiumtc-99mmacroag albu	.	.	.	.	.
A9520	N	.	Technetiumtc-99m sulfur clld	.	.	.	.	.
A9521	H	.	Technetiumtc-99m exametazine	1096	.	.	.	.
A9522	B	.	Indium111britumomabtiuxetan	.	.	.	.	.
A9523	B	.	Yttrium90ibritumomabtiuxetan	.	.	.	.	.
A9524	H	.	Iodinated I-131 serumalbumin	9100	.	.	.	.
A9525	E	.	Low/iso-osmolar contrast mat	.	.	.	.	.
A9526	H	.	Ammonia N-13, per dose	0737	.	.	.	.
A9528	H	.	Dx I131 so iodide cap millic	1088	.	.	.	.
A9529	H	.	Dx I131 so iodide sol millic	1065	.	.	.	.
A9530	H	.	Th I131 so iodide sol millic	1150	.	.	.	.
A9531	H	.	Dx I131 so iodide microcurie	9149	.	.	.	.
A9532	H	.	I-125 serum albumin micro	9150	.	.	.	.
A9533	B	.	I-131 tositumomab diagnostic	.	.	.	.	.
A9534	B	.	I-131 tositumomab therapeut	.	.	.	.	.
A9600	H	.	Strontium-89 chloride	0701	.	.	.	.
A9605	H	.	Samarium sml53 lexidronamm	0702	.	.	.	.
A9699	N	.	Noc therapeutic radiopharm	.	.	.	.	.
A9700	B	.	Echocardiography Contrast	.	.	.	.	.
A9900	A	.	Supply/accessory/service	.	.	.	.	.
A9901	A	.	Delivery/set up/dispensing	.	.	.	.	.
A9999	Y	.	DME supply or accessory, nos	.	.	.	.	.
B4034	A	.	Enter feed supkit syr by day	.	.	.	.	.
B4035	A	.	Enteral feed supp pump per d	.	.	.	.	.
B4036	A	.	Enteral feed sup kit grav by	.	.	.	.	.
B4081	A	.	Enteral ng tubing w/ stylet	.	.	.	.	.
B4082	A	.	Enteral ng tubing w/o stylet	.	.	.	.	.
B4083	A	.	Enteral stomach tube levine	.	.	.	.	.
B4086	A	.	Gastrostomy/jejunostomy tube	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
B4100	E	.	Food thickener oral	.	.	.	.	.
B4102	Y	.	EF adult fluids and electro	.	.	.	.	.
B4103	Y	.	EF ped fluid and electrolyte	.	.	.	.	.
B4104	E	.	Additive for enteral formula	.	.	.	.	.
B4149	Y	.	EF blenderized foods	.	.	.	.	.
B4150	A	.	Enteral formulae category i	.	.	.	.	.
B4152	A	.	Enteral formulae category ii	.	.	.	.	.
B4153	A	.	Enteral formulae categoryIII	.	.	.	.	.
B4154	A	.	Enteral formulae category IV	.	.	.	.	.
B4155	A	.	Enteral formulae category v	.	.	.	.	.
B4157	Y	.	EF special metabolic inherit	.	.	.	.	.
B4158	Y	.	EF ped complete intact nut	.	.	.	.	.
B4159	Y	.	EF ped complete soy based	.	.	.	.	.
B4160	Y	.	EF ped calorie dense>/=0.7kc	.	.	.	.	.
B4161	Y	.	EF ped hydrolyzed/amino acid	.	.	.	.	.
B4162	Y	.	EF ped specmetabolic inherit	.	.	.	.	.
B4164	A	.	Parenteral 50% dextrose solu	.	.	.	.	.
B4168	A	.	Parenteral sol amino acid 3.	.	.	.	.	.
B4172	A	.	Parenteral sol amino acid 5.	.	.	.	.	.
B4176	A	.	Parenteral sol amino acid 7-	.	.	.	.	.
B4178	A	.	Parenteral sol amino acid >	.	.	.	.	.
B4180	A	.	Parenteral sol carb > 50%	.	.	.	.	.
B4184	A	.	Parenteral sol lipids 10%	.	.	.	.	.
B4186	A	.	Parenteral sol lipids 20%	.	.	.	.	.
B4189	A	.	Parenteral sol amino acid &	.	.	.	.	.
B4193	A	.	Parenteral sol 52-73 gm prot	.	.	.	.	.
B4197	A	.	Parenteral sol 74-100 gm pro	.	.	.	.	.
B4199	A	.	Parenteral sol > 100gm prote	.	.	.	.	.
B4216	A	.	Parenteral nutrition additiv	.	.	.	.	.
B4220	A	.	Parenteral supply kit premix	.	.	.	.	.
B4222	A	.	Parenteral supply kit homemi	.	.	.	.	.
B4224	A	.	Parenteral administration ki	.	.	.	.	.
B5000	A	.	Parenteral sol renal-amirosoy	.	.	.	.	.
B5100	A	.	Parenteral sol hepatic-fream	.	.	.	.	.
B5200	A	.	Parenteral sol stres-brnch c	.	.	.	.	.
B9000	A	.	Enter infusion pump w/o alm	.	.	.	.	.
B9002	A	.	Enteral infusion pump w/ ala	.	.	.	.	.
B9004	A	.	Parenteral infus pump portab	.	.	.	.	.
B9006	A	.	Parenteral infus pump statio	.	.	.	.	.
B9998	A	.	Enteral supp not otherwise c	.	.	.	.	.
B9999	A	.	Parenteral supp not othrws c	.	.	.	.	.
C1079	N	.	CO 57/58 per 0.5 uCi	.	.	.	.	.
C1080	H	.	I-131 tositumomab, dx	1080	.	.	.	.
C1081	H	.	I-131 tositumomab, tx	1081	.	.	.	.
C1082	H	.	In-111 ibritumomab tiuxetan	9118	.	.	.	.
C1083	H	.	Yttrium 90 ibritumomab tiuxe	9117	.	.	.	.
C1091	H	.	IN111 oxyquinoline,per0.5mCi	1091	.	.	.	.
C1092	H	.	IN 111 pentetate per 0.5 mCi	1092	.	.	.	.
C1093	H	.	TC99M fanolesomab	1093	.	.	.	.
C1122	H	.	Tc 99M ARCITUMOMAB PER VIAL	9151	.	.	.	.
C1178	K	.	BUSULFAN IV, 6 Mg	1178	0.2851	\$16.92	.	\$3.38
C1200	N	.	TC 99M Sodium Glucoheptonat	.	.	.	.	.
C1201	H	.	TC 99M SUCCIMER, PER Vial	1201	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
C1300	S	.	HYPERBARIC Oxygen	0659	1.5473	\$91.82	.	\$18.36
C1305	K	.	Apligraf, 44cm2	1305	12.9222	\$766.84	.	\$153.37
C1713	N	.	Anchor/screw bn/bn,tis/bn	.	.	.	.	.
C1714	N	.	Cath, trans atherectomy, dir	.	.	.	.	.
C1715	N	.	Brachytherapy needle	.	.	.	.	.
C1716	H	.	Brachytx source, Gold 198	1716	.	.	.	.
C1717	H	.	Brachytx source, HDR Ir-192	1717	.	.	.	.
C1718	H	.	Brachytx source, Iodine 125	1718	.	.	.	.
C1719	H	.	Brachytx sour,Non-HDR Ir-192	1719	.	.	.	.
C1720	H	.	Brachytx sour, Palladium 103	1720	.	.	.	.
C1721	N	.	AICD, dual chamber	.	.	.	.	.
C1722	N	.	AICD, single chamber	.	.	.	.	.
C1724	N	.	Cath, trans atherec,rotation	.	.	.	.	.
C1725	N	.	Cath, translumin non-laser	.	.	.	.	.
C1726	N	.	Cath, bal dil, non-vascular	.	.	.	.	.
C1727	N	.	Cath, bal tis dis, non-vas	.	.	.	.	.
C1728	N	.	Cath, brachytx seed adm	.	.	.	.	.
C1729	N	.	Cath, drainage	.	.	.	.	.
C1730	N	.	Cath, EP, 19 or few elect	.	.	.	.	.
C1731	N	.	Cath, EP, 20 or more elec	.	.	.	.	.
C1732	N	.	Cath, EP, diag/abl, 3D/vect	.	.	.	.	.
C1733	N	.	Cath, EP, othr than cool-tip	.	.	.	.	.
C1750	N	.	Cath, hemodialysis,long-term	.	.	.	.	.
C1751	N	.	Cath, inf, per/cent/midline	.	.	.	.	.
C1752	N	.	Cath,hemodialysis,short-term	.	.	.	.	.
C1753	N	.	Cath, intravas ultrasound	.	.	.	.	.
C1754	N	.	Catheter, intradiscal	.	.	.	.	.
C1755	N	.	Catheter, intraspinal	.	.	.	.	.
C1756	N	.	Cath, pacing, transesoph	.	.	.	.	.
C1757	N	.	Cath, thrombectomy/embolect	.	.	.	.	.
C1758	N	.	Catheter, ureteral	.	.	.	.	.
C1759	N	.	Cath, intra echocardiography	.	.	.	.	.
C1760	N	.	Closure dev, vasc	.	.	.	.	.
C1762	N	.	Conn tiss, human(inc fascia)	.	.	.	.	.
C1763	N	.	Conn tiss, non-human	.	.	.	.	.
C1764	N	.	Event recorder, cardiac	.	.	.	.	.
C1765	N	.	Adhesion barrier	.	.	.	.	.
C1766	N	.	Intro/sheath, strble, non-peel	.	.	.	.	.
C1767	N	.	Generator, neurostim, imp	.	.	.	.	.
C1768	N	.	Graft, vascular	.	.	.	.	.
C1769	N	.	Guide wire	.	.	.	.	.
C1770	N	.	Imaging coil, MR, insertable	.	.	.	.	.
C1771	N	.	Rep dev, urinary, w/sling	.	.	.	.	.
C1772	N	.	Infusion pump, programmable	.	.	.	.	.
C1773	N	.	Ret dev, insertable	.	.	.	.	.
C1775	H	.	FDG, per dose (4-40 mCi/ml)	1775	.	.	.	.
C1776	N	.	Joint device (implantable)	.	.	.	.	.
C1777	N	.	Lead, AICD, endo single coil	.	.	.	.	.
C1778	N	.	Lead, neurostimulator	.	.	.	.	.
C1779	N	.	Lead, pmkr, transvenous VDD	.	.	.	.	.
C1780	N	.	Lens, intraocular (new tech)	.	.	.	.	.
C1781	N	.	Mesh (implantable)	.	.	.	.	.
C1782	N	.	Morcellator	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
C1783	N	.	Ocular imp, aqueous drain de	.	.	.	.	.
C1784	N	.	Ocular dev, intraop, det ret	.	.	.	.	.
C1785	N	.	Pmkr, dual, rate-resp	.	.	.	.	.
C1786	N	.	Pmkr, single, rate-resp	.	.	.	.	.
C1787	N	.	Patient progr, neurostim	.	.	.	.	.
C1788	N	.	Port, indwelling, imp	.	.	.	.	.
C1789	N	.	Prosthesis, breast, imp	.	.	.	.	.
C1813	N	.	Prosthesis, penile, inflatab	.	.	.	.	.
C1814	N	.	Retinal tamp, silicone oil	.	.	.	.	.
C1815	N	.	Pros, urinary sph, imp	.	.	.	.	.
C1816	N	.	Receiver/transmitter, neuro	.	.	.	.	.
C1817	N	.	Septal defect imp sys	.	.	.	.	.
C1818	N	.	Integrated keratoprosthesis	.	.	.	.	.
C1819	N	.	Tissue local excision	.	.	.	.	.
C1874	N	.	Stent, coated/cov w/del sys	.	.	.	.	.
C1875	N	.	Stent, coated/cov w/o del sy	.	.	.	.	.
C1876	N	.	Stent, non-coa/non-cov w/del	.	.	.	.	.
C1877	N	.	Stent, non-coat/cov w/o del	.	.	.	.	.
C1878	N	.	Matrl for vocal cord	.	.	.	.	.
C1879	N	.	Tissue marker, implantable	.	.	.	.	.
C1880	N	.	Vena cava filter	.	.	.	.	.
C1881	N	.	Dialysis access system	.	.	.	.	.
C1882	N	.	AICD, other than sing/dual	.	.	.	.	.
C1883	N	.	Adapt/ext, pacing/neuro lead	.	.	.	.	.
C1884	N	.	Embolization Protect syst	.	.	.	.	.
C1885	N	.	Cath, translumin angio laser	.	.	.	.	.
C1887	N	.	Catheter, guiding	.	.	.	.	.
C1888	N	.	Endovas non-cardiac abl cath	.	.	.	.	.
C1891	N	.	Infusion pump,non-prog, perm	.	.	.	.	.
C1892	N	.	Intro/sheath, fixed, peel-away	.	.	.	.	.
C1893	N	.	Intro/sheath, fixed, non-peel	.	.	.	.	.
C1894	N	.	Intro/sheath, non-laser	.	.	.	.	.
C1895	N	.	Lead, AICD, endo dual coil	.	.	.	.	.
C1896	N	.	Lead, AICD, non sing/dual	.	.	.	.	.
C1897	N	.	Lead, neurostim test kit	.	.	.	.	.
C1898	N	.	Lead, pmkr, other than trans	.	.	.	.	.
C1899	N	.	Lead, pmkr/AICD combination	.	.	.	.	.
C1900	N	.	Lead coronary venous	.	.	.	.	.
C2614	N	.	Probe, perc lumb disc	.	.	.	.	.
C2615	N	.	Sealant, pulmonary, liquid	.	.	.	.	.
C2616	H	.	Brachytx source, Yttrium-90	2616	.	.	.	.
C2617	N	.	Stent, non-cor, tem w/o del	.	.	.	.	.
C2618	N	.	Probe, cryoablation	.	.	.	.	.
C2619	N	.	Pmkr, dual, non rate-resp	.	.	.	.	.
C2620	N	.	Pmkr, single, non rate-resp	.	.	.	.	.
C2621	N	.	Pmkr, other than sing/dual	.	.	.	.	.
C2622	N	.	Prosthesis, penile, non-inf	.	.	.	.	.
C2625	N	.	Stent, non-cor, tem w/del sy	.	.	.	.	.
C2626	N	.	Infusion pump, non-prog, temp	.	.	.	.	.
C2627	N	.	Cath, suprapubic/cystoscopic	.	.	.	.	.
C2628	N	.	Catheter, occlusion	.	.	.	.	.
C2629	N	.	Intro/sheath, laser	.	.	.	.	.
C2630	N	.	Cath, EP, cool-tip	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
C2631	N	.	Rep dev, urinary, w/o sling	.	.	.	.	.
C2632	H	.	Brachytx sol, I-125, per mCi	2632	.	.	.	.
C2633	H	.	Brachytx source, Cesium-131	2633	.	.	.	.
C2634	H	.	Brachytx source, HA, I-125	2634	.	.	.	.
C2635	H	.	Brachytx source, HA, P-103	2635	.	.	.	.
C2636	H	.	Brachytx linear source, P-10	2636	.	.	.	.
C8900*	S	.	MRA w/cont, abd	0284	6.4201	\$380.99	\$152.39	\$76.20
C8901*	S	.	MRA w/o cont, abd	0336	6.0742	\$360.46	\$144.18	\$72.09
C8902*	S	.	MRA w/o fol w/cont, abd	0337	8.7945	\$521.89	\$208.75	\$104.38
C8903*	S	.	MRI w/cont, breast, uni	0284	6.4201	\$380.99	\$152.39	\$76.20
C8904*	S	.	MRI w/o cont, breast, uni	0336	6.0742	\$360.46	\$144.18	\$72.09
C8905*	S	.	MRI w/o fol w/cont, brst, un	0337	8.7945	\$521.89	\$208.75	\$104.38
C8906*	S	.	MRI w/cont, breast, bi	0284	6.4201	\$380.99	\$152.39	\$76.20
C8907*	S	.	MRI w/o cont, breast, bi	0336	6.0742	\$360.46	\$144.18	\$72.09
C8908*	S	.	MRI w/o fol w/cont, breast,	0337	8.7945	\$521.89	\$208.75	\$104.38
C8909*	S	.	MRA w/cont, chest	0284	6.4201	\$380.99	\$152.39	\$76.20
C8910*	S	.	MRA w/o cont, chest	0336	6.0742	\$360.46	\$144.18	\$72.09
C8911*	S	.	MRA w/o fol w/cont, chest	0337	8.7945	\$521.89	\$208.75	\$104.38
C8912*	S	.	MRA w/cont, lwr ext	0284	6.4201	\$380.99	\$152.39	\$76.20
C8913*	S	.	MRA w/o cont, lwr ext	0336	6.0742	\$360.46	\$144.18	\$72.09
C8914*	S	.	MRA w/o fol w/cont, lwr ext	0337	8.7945	\$521.89	\$208.75	\$104.38
C8918*	S	.	MRA w/cont, pelvis	0284	6.4201	\$380.99	\$152.39	\$76.20
C8919*	S	.	MRA w/o cont, pelvis	0336	6.0742	\$360.46	\$144.18	\$72.09
C8920*	S	.	MRA w/o fol w/cont, pelvis	0337	8.7945	\$521.89	\$208.75	\$104.38
C9000	H	.	Na chromateCr51, per 0.25mCi	9130	.	.	.	.
C9003	K	.	Palivizumab, per 50 mg	9003	4.1491	\$246.22	.	\$49.24
C9007	K	.	Baclofen Intrathecal kit-1am	9152	0.8562	\$50.81	.	\$10.16
C9008	K	.	Baclofen Refill Kit-500mcg	9008	0.2447	\$14.52	.	\$2.90
C9009	K	.	Baclofen Refill Kit-2000mcg	9009	0.7209	\$42.78	.	\$8.56
C9013	N	.	Co 57 cobaltous chloride	.	.	.	.	.
C9102	H	.	51 Na Chromate, 50mCi	9132	.	.	.	.
C9103	H	.	Na Iothalamate I-125, 10 uCi	9153	.	.	.	.
C9105	K	.	Hep B imm glob, per 1 ml	9105	1.8813	\$111.64	.	\$22.33
C9112	D	.	Perflutren lipid micro, 2ml	.	.	.	.	.
C9113	N	.	Inj pantoprazole sodium, via	.	.	.	.	.
C9121	K	.	Injection, argatroban	9121	0.1897	\$11.26	.	\$2.25
C9123	K	.	Transcyte, 247cm2	9123	.	\$719.41	.	\$143.88
C9127	K	.	Paclitaxel protein pr	9127	.	\$8.59	.	\$1.72
C9128	K	.	Inj pegaptanib sodium	9128	.	\$1,074.27	.	\$214.85
C9200	K	.	Orcel, 36 cm2	9200	2.6893	\$159.59	.	\$31.92
C9201	K	.	Dermagraft, 37.5cm2	9201	6.2066	\$368.32	.	\$73.66
C9202	D	.	Octafluoropropane	.	.	.	.	.
C9203	D	.	Perflexane lipid micro	.	.	.	.	.
C9205	K	.	Oxaliplatin	9205	.	\$84.06	.	\$16.81
C9206	K	.	Integra, per cm2	9206	.	\$9.23	.	\$1.85
C9211	K	.	Inj, alefacept, IV	9211	.	\$571.01	.	\$114.20
C9212	K	.	Inj, alefacept, IM	9212	.	\$402.00	.	\$80.40
C9218	K	.	Injection, Azacitidine	9218	.	\$4.03	.	\$0.81
C9220	G	.	Sodium hyaluronate	9220	.	\$203.84	.	\$40.77
C9221	G	.	Graftjacket Reg Matrix	9221	.	\$1,234.36	.	\$246.87
C9222	G	.	Graftjacket SftTis	9222	.	\$890.74	.	\$178.15
C9223	D	.	Inj adenosine, tx dx	.	.	.	.	.
C9399	A	.	Unclass drugs/biologicals	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
C9400	D	.	Thallous chloride, brand	.	.	.	.	.
C9401	D	.	Strontium-89 chloride, brand	.	.	.	.	.
C9402	D	.	Th I131 so iodide cap, brand	.	.	.	.	.
C9403	D	.	Dx I131 so iodide cap, brand	.	.	.	.	.
C9404	D	.	Dx I131 so iodide sol, brand	.	.	.	.	.
C9405	D	.	Th I131 so iodide sol, brand	.	.	.	.	.
C9410	D	.	Dexrazoxane HCl inj, brand	.	.	.	.	.
C9411	D	.	Pamidronate disodium, brand	.	.	.	.	.
C9413	D	.	Na hyaluronate bran	.	.	.	.	.
C9414	D	.	Etoposide oral, brand	.	.	.	.	.
C9415	D	.	Doxorubic hcl chemo, brand	.	.	.	.	.
C9417	D	.	Bleomycin sulfate inj, brand	.	.	.	.	.
C9418	D	.	Cisplatin inj, brand	.	.	.	.	.
C9419	D	.	Inj cladribine, brand	.	.	.	.	.
C9420	D	.	Cyclophosphamide inj, brand	.	.	.	.	.
C9421	D	.	Cyclophosphamide lyo, brand	.	.	.	.	.
C9422	D	.	Cytarabine hcl inj, brand	.	.	.	.	.
C9423	D	.	Dacarbazine inj, brand	.	.	.	.	.
C9424	D	.	Daunorubicin, brand	.	.	.	.	.
C9425	D	.	Etoposide inj, brand	.	.	.	.	.
C9426	D	.	Floxuridine inj, brand	.	.	.	.	.
C9427	D	.	Ifosfomide inj, brand	.	.	.	.	.
C9428	D	.	Mesna injection, brand	.	.	.	.	.
C9429	D	.	Idarubicin hcl inj, brand	.	.	.	.	.
C9430	D	.	Leuprolide acetate bran	.	.	.	.	.
C9431	D	.	Paclitaxel inj, brand	.	.	.	.	.
C9432	D	.	Mitomycin inj, brand	.	.	.	.	.
C9433	D	.	Thiotepa inj, brand	.	.	.	.	.
C9435	D	.	Gonadorelin hydroch, brand	.	.	.	.	.
C9436	D	.	Azathioprine parenteral,brnd	.	.	.	.	.
C9437	D	.	Carmus bischl nitro inj	.	.	.	.	.
C9438	D	.	Cyclosporine oral, brand	.	.	.	.	.
C9439	D	.	Diethylstilbestrol injection	.	.	.	.	.
C9440	D	.	Vinorelbine tar,brand	.	.	.	.	.
C9704	T	.	Inj inert subs upper GI	1556	.	\$1,750.00	.	\$350.00
C9713	T	.	Non-contact laser vap prosta	0429	42.3147	\$2,511.08	.	\$502.22
C9716	S	.	RF Energy to Anus	1519	.	\$1,750.00	.	\$350.00
C9718	T	.	Kyphoplasty, first vertebra	0051	36.5271	\$2,167.63	.	\$433.53
C9719	T	.	Kyphoplasty, each addl	0051	36.5271	\$2,167.63	.	\$433.53
C9720	T	.	HE ESW tx, tennis elbow	1547	.	\$850.00	.	\$170.00
C9721	T	.	HE ESW tx, plantar fasciitis	1547	.	\$850.00	.	\$170.00
C9722	S	.	KV imaging w/IR tracking	1502	.	\$75.00	.	\$15.00
C9723	S	.	Dyn IR Perf Img	1502	.	\$75.00	.	\$15.00
C9724	T	.	EPS gast cardia plic	0422	22.9647	\$1,362.79	\$448.81	\$272.56
D0120	E	.	Periodic oral evaluation	.	.	.	.	.
D0140	E	.	Limit oral eval problm focus	.	.	.	.	.
D0150	S	.	Comprehensve oral evaluation	0330	7.1756	\$425.82	.	\$85.16
D0160	E	.	Extensv oral eval prob focus	.	.	.	.	.
D0170	E	.	Re-eval,est pt,problem focus	.	.	.	.	.
D0180	E	.	Comp periodontal evaluation	.	.	.	.	.
D0210	E	.	Intraor complete film series	.	.	.	.	.
D0220	E	.	Intraoral periapical first f	.	.	.	.	.
D0230	E	.	Intraoral periapical ea add	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D0240	S	.	Intraoral occlusal film	0330	7.1756	\$425.82	.	\$85.16
D0250	S	.	Extraoral first film	0330	7.1756	\$425.82	.	\$85.16
D0260	S	.	Extraoral ea additional film	0330	7.1756	\$425.82	.	\$85.16
D0270	S	.	Dental bitewing single film	0330	7.1756	\$425.82	.	\$85.16
D0272	S	.	Dental bitewings two films	0330	7.1756	\$425.82	.	\$85.16
D0274	S	.	Dental bitewings four films	0330	7.1756	\$425.82	.	\$85.16
D0277	S	.	Vert bitewings-sev to eight	0330	7.1756	\$425.82	.	\$85.16
D0290	E	.	Dental film skull/facial bon	.	.	.	.	.
D0310	E	.	Dental saligraphy	.	.	.	.	.
D0320	E	.	Dental tmj arthrogram incl i	.	.	.	.	.
D0321	E	.	Dental other tmj films	.	.	.	.	.
D0322	E	.	Dental tomographic survey	.	.	.	.	.
D0330	E	.	Dental panoramic film	.	.	.	.	.
D0340	E	.	Dental cephalometric film	.	.	.	.	.
D0350	E	.	Oral/facial images	.	.	.	.	.
D0415	E	.	Bacteriologic study	.	.	.	.	.
D0416	B	.	Viral culture	.	.	.	.	.
D0421	B	.	Gen tst suscept oral disease	.	.	.	.	.
D0425	E	.	Caries susceptibility test	.	.	.	.	.
D0431	B	.	Diag tst detect mucos abnorm	.	.	.	.	.
D0460	S	.	Pulp vitality test	0330	7.1756	\$425.82	.	\$85.16
D0470	E	.	Diagnostic casts	.	.	.	.	.
D0472	B	.	Gross exam, prep & report	.	.	.	.	.
D0473	B	.	Micro exam, prep & report	.	.	.	.	.
D0474	B	.	Micro w exam of surg margins	.	.	.	.	.
D0475	B	.	Decalcification procedure	.	.	.	.	.
D0476	B	.	Spec stains for microorganis	.	.	.	.	.
D0477	B	.	Spec stains not for microorg	.	.	.	.	.
D0478	B	.	Immunohistochemical stains	.	.	.	.	.
D0479	B	.	Tissue in-situ hybridization	.	.	.	.	.
D0480	B	.	Cytopath smear prep & report	.	.	.	.	.
D0481	B	.	Electron microscopy diagnost	.	.	.	.	.
D0482	B	.	Direct immunofluorescence	.	.	.	.	.
D0483	B	.	Indirect immunofluorescence	.	.	.	.	.
D0484	B	.	Consult slides prep elsewher	.	.	.	.	.
D0485	B	.	Consult inc prep of slides	.	.	.	.	.
D0502	B	.	Other oral pathology procedu	.	.	.	.	.
D0999	B	.	Unspecified diagnostic proce	.	.	.	.	.
D1110	E	.	Dental prophylaxis adult	.	.	.	.	.
D1120	E	.	Dental prophylaxis child	.	.	.	.	.
D1201	E	.	Topical fluor w prophy child	.	.	.	.	.
D1203	E	.	Topical fluor w/o prophy chi	.	.	.	.	.
D1204	E	.	Topical fluor w/o prophy adu	.	.	.	.	.
D1205	E	.	Topical fluoride w/ prophy a	.	.	.	.	.
D1310	E	.	Nutri counsel-control caries	.	.	.	.	.
D1320	E	.	Tobacco counseling	.	.	.	.	.
D1330	E	.	Oral hygiene instruction	.	.	.	.	.
D1351	E	.	Dental sealant per tooth	.	.	.	.	.
D1510	S	.	Space maintainer fxd unilat	0330	7.1756	\$425.82	.	\$85.16
D1515	S	.	Fixed bilat space maintainer	0330	7.1756	\$425.82	.	\$85.16
D1520	S	.	Remove unilat space maintain	0330	7.1756	\$425.82	.	\$85.16
D1525	S	.	Remove bilat space maintain	0330	7.1756	\$425.82	.	\$85.16
D1550	S	.	Recement space maintainer	0330	7.1756	\$425.82	.	\$85.16

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D2140	E	.	Amalgam one surface permanen	.	.	.	.	.
D2150	E	.	Amalgam two surfaces permane	.	.	.	.	.
D2160	E	.	Amalgam three surfaces perma	.	.	.	.	.
D2161	E	.	Amalgam 4 or > surfaces perm	.	.	.	.	.
D2330	E	.	Resin one surface-anterior	.	.	.	.	.
D2331	E	.	Resin two surfaces-anterior	.	.	.	.	.
D2332	E	.	Resin three surfaces-anterio	.	.	.	.	.
D2335	E	.	Resin 4/> surf or w incis an	.	.	.	.	.
D2390	E	.	Ant resin-based cmpst crown	.	.	.	.	.
D2391	E	.	Post 1 srfc resinbased cmpst	.	.	.	.	.
D2392	E	.	Post 2 srfc resinbased cmpst	.	.	.	.	.
D2393	E	.	Post 3 srfc resinbased cmpst	.	.	.	.	.
D2394	E	.	Post >=4srfc resinbase cmpst	.	.	.	.	.
D2410	E	.	Dental gold foil one surface	.	.	.	.	.
D2420	E	.	Dental gold foil two surface	.	.	.	.	.
D2430	E	.	Dental gold foil three surfa	.	.	.	.	.
D2510	E	.	Dental inlay metallic 1 surf	.	.	.	.	.
D2520	E	.	Dental inlay metallic 2 surf	.	.	.	.	.
D2530	E	.	Dental inlay metl 3/more sur	.	.	.	.	.
D2542	E	.	Dental onlay metallic 2 surf	.	.	.	.	.
D2543	E	.	Dental onlay metallic 3 surf	.	.	.	.	.
D2544	E	.	Dental onlay metl 4/more sur	.	.	.	.	.
D2610	E	.	Inlay porcelain/ceramic 1 su	.	.	.	.	.
D2620	E	.	Inlay porcelain/ceramic 2 su	.	.	.	.	.
D2630	E	.	Dental onlay porc 3/more sur	.	.	.	.	.
D2642	E	.	Dental onlay porcelin 2 surf	.	.	.	.	.
D2643	E	.	Dental onlay porcelin 3 surf	.	.	.	.	.
D2644	E	.	Dental onlay porc 4/more sur	.	.	.	.	.
D2650	E	.	Inlay composite/resin one su	.	.	.	.	.
D2651	E	.	Inlay composite/resin two su	.	.	.	.	.
D2652	E	.	Dental inlay resin 3/mre sur	.	.	.	.	.
D2662	E	.	Dental onlay resin 2 surface	.	.	.	.	.
D2663	E	.	Dental onlay resin 3 surface	.	.	.	.	.
D2664	E	.	Dental onlay resin 4/mre sur	.	.	.	.	.
D2710	E	.	Crown resin laboratory	.	.	.	.	.
D2712	E	.	Crown 3/4 resin-based compos	.	.	.	.	.
D2720	E	.	Crown resin w/ high noble me	.	.	.	.	.
D2721	E	.	Crown resin w/ base metal	.	.	.	.	.
D2722	E	.	Crown resin w/ noble metal	.	.	.	.	.
D2740	E	.	Crown porcelain/ceramic subs	.	.	.	.	.
D2750	E	.	Crown porcelain w/ h noble m	.	.	.	.	.
D2751	E	.	Crown porcelain fused base m	.	.	.	.	.
D2752	E	.	Crown porcelain w/ noble met	.	.	.	.	.
D2780	E	.	Crown 3/4 cast hi noble met	.	.	.	.	.
D2781	E	.	Crown 3/4 cast base metal	.	.	.	.	.
D2782	E	.	Crown 3/4 cast noble metal	.	.	.	.	.
D2783	E	.	Crown 3/4 porcelain/ceramic	.	.	.	.	.
D2790	E	.	Crown full cast high noble m	.	.	.	.	.
D2791	E	.	Crown full cast base metal	.	.	.	.	.
D2792	E	.	Crown full cast noble metal	.	.	.	.	.
D2794	E	.	Crown-titanium	.	.	.	.	.
D2799	E	.	Provisional crown	.	.	.	.	.
D2910	E	.	Dental recement inlay	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D2915	E	.	Recement cast or prefab post	.	.	.	.	.
D2920	E	.	Dental recement crown	.	.	.	.	.
D2930	E	.	Prefab stnlss steel crwn pri	.	.	.	.	.
D2931	E	.	Prefab stnlss steel crown pe	.	.	.	.	.
D2932	E	.	Prefabricated resin crown	.	.	.	.	.
D2933	E	.	Prefab stainless steel crown	.	.	.	.	.
D2934	E	.	Prefab steel crown primary	.	.	.	.	.
D2940	E	.	Dental sedative filling	.	.	.	.	.
D2950	E	.	Core build-up incl any pins	.	.	.	.	.
D2951	E	.	Tooth pin retention	.	.	.	.	.
D2952	E	.	Post and core cast + crown	.	.	.	.	.
D2953	E	.	Each addtnl cast post	.	.	.	.	.
D2954	E	.	Prefab post/core + crown	.	.	.	.	.
D2955	E	.	Post removal	.	.	.	.	.
D2957	E	.	Each addtnl prefab post	.	.	.	.	.
D2960	E	.	Laminate labial veneer	.	.	.	.	.
D2961	E	.	Lab labial veneer resin	.	.	.	.	.
D2962	E	.	Lab labial veneer porcelain	.	.	.	.	.
D2971	E	.	Add proc construct new crown	.	.	.	.	.
D2975	E	.	Coping	.	.	.	.	.
D2980	E	.	Crown repair	.	.	.	.	.
D2999	S	.	Dental unspec restorative pr	0330	7.1756	\$425.82	.	\$85.16
D3110	E	.	Pulp cap direct	.	.	.	.	.
D3120	E	.	Pulp cap indirect	.	.	.	.	.
D3220	E	.	Therapeutic pulpotomy	.	.	.	.	.
D3221	E	.	Gross pulpal debridement	.	.	.	.	.
D3230	E	.	Pulpal therapy anterior prim	.	.	.	.	.
D3240	E	.	Pulpal therapy posterior pri	.	.	.	.	.
D3310	E	.	Anterior	.	.	.	.	.
D3320	E	.	Root canal therapy 2 canals	.	.	.	.	.
D3330	E	.	Root canal therapy 3 canals	.	.	.	.	.
D3331	E	.	Non-surg tx root canal obs	.	.	.	.	.
D3332	E	.	Incomplete endodontic tx	.	.	.	.	.
D3333	E	.	Internal root repair	.	.	.	.	.
D3346	E	.	Retreat root canal anterior	.	.	.	.	.
D3347	E	.	Retreat root canal bicuspid	.	.	.	.	.
D3348	E	.	Retreat root canal molar	.	.	.	.	.
D3351	E	.	Apexification/recalc initial	.	.	.	.	.
D3352	E	.	Apexification/recalc interim	.	.	.	.	.
D3353	E	.	Apexification/recalc final	.	.	.	.	.
D3410	E	.	Apicoect/perirad surg anter	.	.	.	.	.
D3421	E	.	Root surgery bicuspid	.	.	.	.	.
D3425	E	.	Root surgery molar	.	.	.	.	.
D3426	E	.	Root surgery ea add root	.	.	.	.	.
D3430	E	.	Retrograde filling	.	.	.	.	.
D3450	E	.	Root amputation	.	.	.	.	.
D3460	S	.	Endodontic endosseous implan	0330	7.1756	\$425.82	.	\$85.16
D3470	E	.	Intentional replantation	.	.	.	.	.
D3910	E	.	Isolation- tooth w rubb dam	.	.	.	.	.
D3920	E	.	Tooth splitting	.	.	.	.	.
D3950	E	.	Canal prep/fitting of dowel	.	.	.	.	.
D3999	S	.	Endodontic procedure	0330	7.1756	\$425.82	.	\$85.16
D4210	E	.	Gingivectomy/plasty per quad	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D4211	E	.	Gingivectomy/plasty per toot	.	.	.	.	.
D4240	E	.	Gingival flap proc w/ planin	.	.	.	.	.
D4241	E	.	Gngvl flap w rootplan 1-3 th	.	.	.	.	.
D4245	E	.	Apically positioned flap	.	.	.	.	.
D4249	E	.	Crown lengthen hard tissue	.	.	.	.	.
D4260	S	.	Osseous surgery per quadrant	0330	7.1756	\$425.82	.	\$85.16
D4261	E	.	Osseous surgl-3teethperquad	.	.	.	.	.
D4263	S	.	Bone replce graft first site	0330	7.1756	\$425.82	.	\$85.16
D4264	S	.	Bone replce graft each add	0330	7.1756	\$425.82	.	\$85.16
D4265	E	.	Bio mtrls to aid soft/os reg	.	.	.	.	.
D4266	E	.	Guided tiss regen resorable	.	.	.	.	.
D4267	E	.	Guided tiss regen nonresorb	.	.	.	.	.
D4268	S	.	Surgical revision procedure	0330	7.1756	\$425.82	.	\$85.16
D4270	S	.	Pedicle soft tissue graft pr	0330	7.1756	\$425.82	.	\$85.16
D4271	S	.	Free soft tissue graft proc	0330	7.1756	\$425.82	.	\$85.16
D4273	S	.	Subepithelial tissue graft	0330	7.1756	\$425.82	.	\$85.16
D4274	E	.	Distal/proximal wedge proc	.	.	.	.	.
D4275	E	.	Soft tissue allograft	.	.	.	.	.
D4276	E	.	Con tissue w dble ped graft	.	.	.	.	.
D4320	E	.	Provision splnt intracoronal	.	.	.	.	.
D4321	E	.	Provisional splint extracoro	.	.	.	.	.
D4341	E	.	Periodontal scaling & root	.	.	.	.	.
D4342	E	.	Periodontal scaling 1-3teeth	.	.	.	.	.
D4355	S	.	Full mouth debridement	0330	7.1756	\$425.82	.	\$85.16
D4381	S	.	Localized chemo delivery	0330	7.1756	\$425.82	.	\$85.16
D4910	E	.	Periodontal maint procedures	.	.	.	.	.
D4920	E	.	Unscheduled dressing change	.	.	.	.	.
D4999	E	.	Unspecified periodontal proc	.	.	.	.	.
D5110	E	.	Dentures complete maxillary	.	.	.	.	.
D5120	E	.	Dentures complete mandible	.	.	.	.	.
D5130	E	.	Dentures immediat maxillary	.	.	.	.	.
D5140	E	.	Dentures immediat mandible	.	.	.	.	.
D5211	E	.	Dentures maxill part resin	.	.	.	.	.
D5212	E	.	Dentures mand part resin	.	.	.	.	.
D5213	E	.	Dentures maxill part metal	.	.	.	.	.
D5214	E	.	Dentures mandibl part metal	.	.	.	.	.
D5225	E	.	Maxillary part denture flex	.	.	.	.	.
D5226	E	.	Mandibular part denture flex	.	.	.	.	.
D5281	E	.	Removable partial denture	.	.	.	.	.
D5410	E	.	Dentures adjust cmplt maxil	.	.	.	.	.
D5411	E	.	Dentures adjust cmplt mand	.	.	.	.	.
D5421	E	.	Dentures adjust part maxill	.	.	.	.	.
D5422	E	.	Dentures adjust part mandbl	.	.	.	.	.
D5510	E	.	Dentur repr broken compl bas	.	.	.	.	.
D5520	E	.	Replace denture teeth cmplt	.	.	.	.	.
D5610	E	.	Dentures repair resin base	.	.	.	.	.
D5620	E	.	Rep part denture cast frame	.	.	.	.	.
D5630	E	.	Rep partial denture clasp	.	.	.	.	.
D5640	E	.	Replace part denture teeth	.	.	.	.	.
D5650	E	.	Add tooth to partial denture	.	.	.	.	.
D5660	E	.	Add clasp to partial denture	.	.	.	.	.
D5670	E	.	Replc tth&acrlic on mtl frmwk	.	.	.	.	.
D5671	E	.	Replc tth&acrlic mandibular	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D5710	E	.	Dentures rebase cmplt maxil	.	.	.	.	.
D5711	E	.	Dentures rebase cmplt mand	.	.	.	.	.
D5720	E	.	Dentures rebase part maxill	.	.	.	.	.
D5721	E	.	Dentures rebase part mandbl	.	.	.	.	.
D5730	E	.	Denture reln cmplt maxil ch	.	.	.	.	.
D5731	E	.	Denture reln cmplt mand chr	.	.	.	.	.
D5740	E	.	Denture reln part maxil chr	.	.	.	.	.
D5741	E	.	Denture reln part mand chr	.	.	.	.	.
D5750	E	.	Denture reln cmplt max lab	.	.	.	.	.
D5751	E	.	Denture reln cmplt mand lab	.	.	.	.	.
D5760	E	.	Denture reln part maxil lab	.	.	.	.	.
D5761	E	.	Denture reln part mand lab	.	.	.	.	.
D5810	E	.	Denture interm cmplt maxill	.	.	.	.	.
D5811	E	.	Denture interm cmplt mandbl	.	.	.	.	.
D5820	E	.	Denture interm part maxill	.	.	.	.	.
D5821	E	.	Denture interm part mandbl	.	.	.	.	.
D5850	E	.	Denture tiss conditn maxill	.	.	.	.	.
D5851	E	.	Denture tiss conditn mandbl	.	.	.	.	.
D5860	E	.	Overdenture complete	.	.	.	.	.
D5861	E	.	Overdenture partial	.	.	.	.	.
D5862	E	.	Precision attachment	.	.	.	.	.
D5867	E	.	Replacement of precision att	.	.	.	.	.
D5875	E	.	Prosthesis modification	.	.	.	.	.
D5899	E	.	Removable prosthodontic proc	.	.	.	.	.
D5911	S	.	Facial moulage sectional	0330	7.1756	\$425.82	.	\$85.16
D5912	S	.	Facial moulage complete	0330	7.1756	\$425.82	.	\$85.16
D5913	E	.	Nasal prosthesis	.	.	.	.	.
D5914	E	.	Auricular prosthesis	.	.	.	.	.
D5915	E	.	Orbital prosthesis	.	.	.	.	.
D5916	E	.	Ocular prosthesis	.	.	.	.	.
D5919	E	.	Facial prosthesis	.	.	.	.	.
D5922	E	.	Nasal septal prosthesis	.	.	.	.	.
D5923	E	.	Ocular prosthesis interim	.	.	.	.	.
D5924	E	.	Cranial prosthesis	.	.	.	.	.
D5925	E	.	Facial augmentation implant	.	.	.	.	.
D5926	E	.	Replacement nasal prosthesis	.	.	.	.	.
D5927	E	.	Auricular replacement	.	.	.	.	.
D5928	E	.	Orbital replacement	.	.	.	.	.
D5929	E	.	Facial replacement	.	.	.	.	.
D5931	E	.	Surgical obturator	.	.	.	.	.
D5932	E	.	Postsurgical obturator	.	.	.	.	.
D5933	E	.	Refitting of obturator	.	.	.	.	.
D5934	E	.	Mandibular flange prosthesis	.	.	.	.	.
D5935	E	.	Mandibular denture prosth	.	.	.	.	.
D5936	E	.	Temp obturator prosthesis	.	.	.	.	.
D5937	E	.	Trismus appliance	.	.	.	.	.
D5951	E	.	Feeding aid	.	.	.	.	.
D5952	E	.	Pediatric speech aid	.	.	.	.	.
D5953	E	.	Adult speech aid	.	.	.	.	.
D5954	E	.	Superimposed prosthesis	.	.	.	.	.
D5955	E	.	Palatal lift prosthesis	.	.	.	.	.
D5958	E	.	Intraoral con def inter plt	.	.	.	.	.
D5959	E	.	Intraoral con def mod palat	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D5960	E	.	Modify speech aid prosthesis	.	.	.	.	.
D5982	E	.	Surgical stent	.	.	.	.	.
D5983	S	.	Radiation applicator	0330	7.1756	\$425.82	.	\$85.16
D5984	S	.	Radiation shield	0330	7.1756	\$425.82	.	\$85.16
D5985	S	.	Radiation cone locator	0330	7.1756	\$425.82	.	\$85.16
D5986	E	.	Fluoride applicator	.	.	.	.	.
D5987	S	.	Commis sure splint	0330	7.1756	\$425.82	.	\$85.16
D5988	E	.	Surgical splint	.	.	.	.	.
D5999	E	.	Maxillofacial prosthesis	.	.	.	.	.
D6010	E	.	Odontics endosteal implant	.	.	.	.	.
D6040	E	.	Odontics eposteal implant	.	.	.	.	.
D6050	E	.	Odontics transosteal implnt	.	.	.	.	.
D6053	E	.	Implnt/abtmnt spprt remv dnt	.	.	.	.	.
D6054	E	.	Implnt/abtmnt spprt remvprtl	.	.	.	.	.
D6055	E	.	Implant connecting bar	.	.	.	.	.
D6056	E	.	Prefabricated abutment	.	.	.	.	.
D6057	E	.	Custom abutment	.	.	.	.	.
D6058	E	.	Abutment supported crown	.	.	.	.	.
D6059	E	.	Abutment supported mtl crown	.	.	.	.	.
D6060	E	.	Abutment supported mtl crown	.	.	.	.	.
D6061	E	.	Abutment supported mtl crown	.	.	.	.	.
D6062	E	.	Abutment supported mtl crown	.	.	.	.	.
D6063	E	.	Abutment supported mtl crown	.	.	.	.	.
D6064	E	.	Abutment supported mtl crown	.	.	.	.	.
D6065	E	.	Implant supported crown	.	.	.	.	.
D6066	E	.	Implant supported mtl crown	.	.	.	.	.
D6067	E	.	Implant supported mtl crown	.	.	.	.	.
D6068	E	.	Abutment supported retainer	.	.	.	.	.
D6069	E	.	Abutment supported retainer	.	.	.	.	.
D6070	E	.	Abutment supported retainer	.	.	.	.	.
D6071	E	.	Abutment supported retainer	.	.	.	.	.
D6072	E	.	Abutment supported retainer	.	.	.	.	.
D6073	E	.	Abutment supported retainer	.	.	.	.	.
D6074	E	.	Abutment supported retainer	.	.	.	.	.
D6075	E	.	Implant supported retainer	.	.	.	.	.
D6076	E	.	Implant supported retainer	.	.	.	.	.
D6077	E	.	Implant supported retainer	.	.	.	.	.
D6078	E	.	Implnt/abut suprted fixd dent	.	.	.	.	.
D6079	E	.	Implnt/abut suprted fixd dent	.	.	.	.	.
D6080	E	.	Implant maintenance	.	.	.	.	.
D6090	E	.	Repair implant	.	.	.	.	.
D6094	E	.	Abut support crown titanium	.	.	.	.	.
D6095	E	.	Odontics repr abutment	.	.	.	.	.
D6100	E	.	Removal of implant	.	.	.	.	.
D6190	E	.	Radio/surgical implant index	.	.	.	.	.
D6194	E	.	Abut support retainer titani	.	.	.	.	.
D6199	E	.	Implant procedure	.	.	.	.	.
D6205	E	.	Pontic-indirect resin based	.	.	.	.	.
D6210	E	.	Prosthodont high noble metal	.	.	.	.	.
D6211	E	.	Bridge base metal cast	.	.	.	.	.
D6212	E	.	Bridge noble metal cast	.	.	.	.	.
D6214	E	.	Pontic titanium	.	.	.	.	.
D6240	E	.	Bridge porcelain high noble	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D6241	E	.	Bridge porcelain base metal	.	.	.	.	.
D6242	E	.	Bridge porcelain noble metal	.	.	.	.	.
D6245	E	.	Bridge porcelain/ceramic	.	.	.	.	.
D6250	E	.	Bridge resin w/high noble	.	.	.	.	.
D6251	E	.	Bridge resin base metal	.	.	.	.	.
D6252	E	.	Bridge resin w/noble metal	.	.	.	.	.
D6253	E	.	Provisional pontic	.	.	.	.	.
D6545	E	.	Dental retainr cast metl	.	.	.	.	.
D6548	E	.	Porcelain/ceramic retainer	.	.	.	.	.
D6600	E	.	Porcelain/ceramic inlay 2srf	.	.	.	.	.
D6601	E	.	Porc/ceram inlay >= 3 surfac	.	.	.	.	.
D6602	E	.	Cst hgh nble mtl inlay 2 srf	.	.	.	.	.
D6603	E	.	Cst hgh nble mtl inlay >=3sr	.	.	.	.	.
D6604	E	.	Cst bse mtl inlay 2 surfaces	.	.	.	.	.
D6605	E	.	Cst bse mtl inlay >= 3 surfa	.	.	.	.	.
D6606	E	.	Cast noble metal inlay 2 sur	.	.	.	.	.
D6607	E	.	Cst noble mtl inlay >=3 surf	.	.	.	.	.
D6608	E	.	Onlay porc/crnc 2 surfaces	.	.	.	.	.
D6609	E	.	Onlay porc/crnc >=3 surfaces	.	.	.	.	.
D6610	E	.	Onlay cst hgh nbl mtl 2 srffc	.	.	.	.	.
D6611	E	.	Onlay cst hgh nbl mtl >=3srf	.	.	.	.	.
D6612	E	.	Onlay cst base mtl 2 surface	.	.	.	.	.
D6613	E	.	Onlay cst base mtl >=3 surfa	.	.	.	.	.
D6614	E	.	Onlay cst nbl mtl 2 surfaces	.	.	.	.	.
D6615	E	.	Onlay cst nbl mtl >=3 surfac	.	.	.	.	.
D6624	E	.	Inlay titanium	.	.	.	.	.
D6634	E	.	Onlay titanium	.	.	.	.	.
D6710	E	.	Crown-indirect resin based	.	.	.	.	.
D6720	E	.	Retain crown resin w hi nble	.	.	.	.	.
D6721	E	.	Crown resin w/base metal	.	.	.	.	.
D6722	E	.	Crown resin w/noble metal	.	.	.	.	.
D6740	E	.	Crown porcelain/ceramic	.	.	.	.	.
D6750	E	.	Crown porcelain high noble	.	.	.	.	.
D6751	E	.	Crown porcelain base metal	.	.	.	.	.
D6752	E	.	Crown porcelain noble metal	.	.	.	.	.
D6780	E	.	Crown 3/4 high noble metal	.	.	.	.	.
D6781	E	.	Crown 3/4 cast based metal	.	.	.	.	.
D6782	E	.	Crown 3/4 cast noble metal	.	.	.	.	.
D6783	E	.	Crown 3/4 porcelain/ceramic	.	.	.	.	.
D6790	E	.	Crown full high noble metal	.	.	.	.	.
D6791	E	.	Crown full base metal cast	.	.	.	.	.
D6792	E	.	Crown full noble metal cast	.	.	.	.	.
D6793	E	.	Provisional retainer crown	.	.	.	.	.
D6794	E	.	Crown titanium	.	.	.	.	.
D6920	S	.	Dental connector bar	0330	7.1756	\$425.82	.	\$85.16
D6930	E	.	Dental recement bridge	.	.	.	.	.
D6940	E	.	Stress breaker	.	.	.	.	.
D6950	E	.	Precision attachment	.	.	.	.	.
D6970	E	.	Post & core plus retainer	.	.	.	.	.
D6971	E	.	Cast post bridge retainer	.	.	.	.	.
D6972	E	.	Prefab post & core plus reta	.	.	.	.	.
D6973	E	.	Core build up for retainer	.	.	.	.	.
D6975	E	.	Coping metal	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D6976	E	.	Each addtnl cast post	.	.	.	.	.
D6977	E	.	Each addtl prefab post	.	.	.	.	.
D6980	E	.	Bridge repair	.	.	.	.	.
D6985	E	.	Pediatric partial denture fx	.	.	.	.	.
D6999	E	.	Fixed prosthodontic proc	.	.	.	.	.
D7111	S	.	Coronal remnants deciduous t	0330	7.1756	\$425.82	.	\$85.16
D7140	S	.	Extraction erupted tooth/exr	0330	7.1756	\$425.82	.	\$85.16
D7210	S	.	Rem imp tooth w mucoper flp	0330	7.1756	\$425.82	.	\$85.16
D7220	S	.	Impact tooth remov soft tiss	0330	7.1756	\$425.82	.	\$85.16
D7230	S	.	Impact tooth remov part bony	0330	7.1756	\$425.82	.	\$85.16
D7240	S	.	Impact tooth remov comp bony	0330	7.1756	\$425.82	.	\$85.16
D7241	S	.	Impact tooth rem bony w/comp	0330	7.1756	\$425.82	.	\$85.16
D7250	S	.	Tooth root removal	0330	7.1756	\$425.82	.	\$85.16
D7260	S	.	Oral antral fistula closure	0330	7.1756	\$425.82	.	\$85.16
D7261	S	.	Primary closure sinus perf	0330	7.1756	\$425.82	.	\$85.16
D7270	E	.	Tooth reimplantation	.	.	.	.	.
D7272	E	.	Tooth transplantation	.	.	.	.	.
D7280	E	.	Exposure impact tooth orthod	.	.	.	.	.
D7282	E	.	Mobilize erupted/malpos toot	.	.	.	.	.
D7283	B	.	Place device impacted tooth	.	.	.	.	.
D7285	E	.	Biopsy of oral tissue hard	.	.	.	.	.
D7286	E	.	Biopsy of oral tissue soft	.	.	.	.	.
D7287	E	.	Cytology sample collection	.	.	.	.	.
D7288	B	.	Brush biopsy	.	.	.	.	.
D7290	E	.	Repositioning of teeth	.	.	.	.	.
D7291	S	.	Transseptal fiberotomy	0330	7.1756	\$425.82	.	\$85.16
D7310	E	.	Alveoplasty w/ extraction	.	.	.	.	.
D7311	E	.	Alveoplasty w/extract 1-3	.	.	.	.	.
D7320	E	.	Alveoplasty w/o extraction	.	.	.	.	.
D7321	B	.	Alveoplasty not w/extracts	.	.	.	.	.
D7340	E	.	Vestibuloplasty ridge extens	.	.	.	.	.
D7350	E	.	Vestibuloplasty exten graft	.	.	.	.	.
D7410	E	.	Rad exc lesion up to 1.25 cm	.	.	.	.	.
D7411	E	.	Excision benign lesion>1.25c	.	.	.	.	.
D7412	E	.	Excision benign lesion compl	.	.	.	.	.
D7413	E	.	Excision malig lesion<=1.25c	.	.	.	.	.
D7414	E	.	Excision malig lesion>1.25cm	.	.	.	.	.
D7415	E	.	Excision malig les complicat	.	.	.	.	.
D7440	E	.	Malig tumor exc to 1.25 cm	.	.	.	.	.
D7441	E	.	Malig tumor > 1.25 cm	.	.	.	.	.
D7450	E	.	Rem odontogen cyst to 1.25cm	.	.	.	.	.
D7451	E	.	Rem odontogen cyst > 1.25 cm	.	.	.	.	.
D7460	E	.	Rem nonodonto cyst to 1.25cm	.	.	.	.	.
D7461	E	.	Rem nonodonto cyst > 1.25 cm	.	.	.	.	.
D7465	E	.	Lesion destruction	.	.	.	.	.
D7471	E	.	Rem exostosis any site	.	.	.	.	.
D7472	E	.	Removal of torus palatinus	.	.	.	.	.
D7473	E	.	Remove torus mandibularis	.	.	.	.	.
D7485	E	.	Surg reduct osseoustuberosit	.	.	.	.	.
D7490	E	.	Mandible resection	.	.	.	.	.
D7510	E	.	I&d absc intraoral soft tiss	.	.	.	.	.
D7511	B	.	Incision/drain abscess intra	.	.	.	.	.
D7520	E	.	I&d abscess extraoral	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D7521	B	.	Incision/drain abscess extra	.	.	.	.	.
D7530	E	.	Removal fb skin/areolar tiss	.	.	.	.	.
D7540	E	.	Removal of fb reaction	.	.	.	.	.
D7550	E	.	Removal of sloughed off bone	.	.	.	.	.
D7560	E	.	Maxillary sinusotomy	.	.	.	.	.
D7610	E	.	Maxilla open reduct simple	.	.	.	.	.
D7620	E	.	Clsd reduct simpl maxilla fx	.	.	.	.	.
D7630	E	.	Open red simpl mandible fx	.	.	.	.	.
D7640	E	.	Clsd red simpl mandible fx	.	.	.	.	.
D7650	E	.	Open red simp malar/zygom fx	.	.	.	.	.
D7660	E	.	Clsd red simp malar/zygom fx	.	.	.	.	.
D7670	E	.	Closd rductn splint alveolus	.	.	.	.	.
D7671	E	.	Alveolus open reduction	.	.	.	.	.
D7680	E	.	Reduct simple facial bone fx	.	.	.	.	.
D7710	E	.	Maxilla open reduct compound	.	.	.	.	.
D7720	E	.	Clsd reduct compd maxilla fx	.	.	.	.	.
D7730	E	.	Open reduct compd mandble fx	.	.	.	.	.
D7740	E	.	Clsd reduct compd mandble fx	.	.	.	.	.
D7750	E	.	Open red comp malar/zygma fx	.	.	.	.	.
D7760	E	.	Clsd red comp malar/zygma fx	.	.	.	.	.
D7770	E	.	Open reduc compd alveolus fx	.	.	.	.	.
D7771	E	.	Alveolus clsd reduc stblz te	.	.	.	.	.
D7780	E	.	Reduct compnd facial bone fx	.	.	.	.	.
D7810	E	.	Tmj open reduct-dislocation	.	.	.	.	.
D7820	E	.	Closed tmp manipulation	.	.	.	.	.
D7830	E	.	Tmj manipulation under anest	.	.	.	.	.
D7840	E	.	Removal of tmj condyle	.	.	.	.	.
D7850	E	.	Tmj menisectomy	.	.	.	.	.
D7852	E	.	Tmj repair of joint disc	.	.	.	.	.
D7854	E	.	Tmj excisn of joint membrane	.	.	.	.	.
D7856	E	.	Tmj cutting of a muscle	.	.	.	.	.
D7858	E	.	Tmj reconstruction	.	.	.	.	.
D7860	E	.	Tmj cutting into joint	.	.	.	.	.
D7865	E	.	Tmj reshaping components	.	.	.	.	.
D7870	E	.	Tmj aspiration joint fluid	.	.	.	.	.
D7871	E	.	Lysis + lavage w catheters	.	.	.	.	.
D7872	E	.	Tmj diagnostic arthroscopy	.	.	.	.	.
D7873	E	.	Tmj arthroscopy lysis adhesn	.	.	.	.	.
D7874	E	.	Tmj arthroscopy disc reposit	.	.	.	.	.
D7875	E	.	Tmj arthroscopy synovectomy	.	.	.	.	.
D7876	E	.	Tmj arthroscopy disectomy	.	.	.	.	.
D7877	E	.	Tmj arthroscopy debridement	.	.	.	.	.
D7880	E	.	Occlusal orthotic appliance	.	.	.	.	.
D7899	E	.	Tmj unspecified therapy	.	.	.	.	.
D7910	E	.	Dent sutur recent wnd to 5cm	.	.	.	.	.
D7911	E	.	Dental suture wound to 5 cm	.	.	.	.	.
D7912	E	.	Suture complicate wnd > 5 cm	.	.	.	.	.
D7920	E	.	Dental skin graft	.	.	.	.	.
D7940	S	.	Reshaping bone orthognathic	0330	7.1756	\$425.82	.	\$85.16
D7941	E	.	Bone cutting ramus closed	.	.	.	.	.
D7943	E	.	Cutting ramus open w/graft	.	.	.	.	.
D7944	E	.	Bone cutting segmented	.	.	.	.	.
D7945	E	.	Bone cutting body mandible	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D7946	E	.	Reconstruction maxilla total	.	.	.	.	.
D7947	E	.	Reconstruct maxilla segment	.	.	.	.	.
D7948	E	.	Reconstruct midface no graft	.	.	.	.	.
D7949	E	.	Reconstruct midface w/graft	.	.	.	.	.
D7950	E	.	Mandible graft	.	.	.	.	.
D7953	E	.	Bone replacement graft	.	.	.	.	.
D7955	E	.	Repair maxillofacial defects	.	.	.	.	.
D7960	E	.	Frenulectomy/frenulotomy	.	.	.	.	.
D7963	E	.	Frenuloplasty	.	.	.	.	.
D7970	E	.	Excision hyperplastic tissue	.	.	.	.	.
D7971	E	.	Excision pericoronal gingiva	.	.	.	.	.
D7972	E	.	Surg redct fibrous tuberosit	.	.	.	.	.
D7980	E	.	Sialolithotomy	.	.	.	.	.
D7981	E	.	Excision of salivary gland	.	.	.	.	.
D7982	E	.	Sialodochoplasty	.	.	.	.	.
D7983	E	.	Closure of salivary fistula	.	.	.	.	.
D7990	E	.	Emergency tracheotomy	.	.	.	.	.
D7991	E	.	Dental coronoidectomy	.	.	.	.	.
D7995	E	.	Synthetic graft facial bones	.	.	.	.	.
D7996	E	.	Implant mandible for augment	.	.	.	.	.
D7997	E	.	Appliance removal	.	.	.	.	.
D7999	E	.	Oral surgery procedure	.	.	.	.	.
D8010	E	.	Limited dental tx primary	.	.	.	.	.
D8020	E	.	Limited dental tx transition	.	.	.	.	.
D8030	E	.	Limited dental tx adolescent	.	.	.	.	.
D8040	E	.	Limited dental tx adult	.	.	.	.	.
D8050	E	.	Intercep dental tx primary	.	.	.	.	.
D8060	E	.	Intercep dental tx transitn	.	.	.	.	.
D8070	E	.	Compre dental tx transition	.	.	.	.	.
D8080	E	.	Compre dental tx adolescent	.	.	.	.	.
D8090	E	.	Compre dental tx adult	.	.	.	.	.
D8210	E	.	Orthodontic rem appliance tx	.	.	.	.	.
D8220	E	.	Fixed appliance therapy habt	.	.	.	.	.
D8660	E	.	Preorthodontic tx visit	.	.	.	.	.
D8670	E	.	Periodic orthodontc tx visit	.	.	.	.	.
D8680	E	.	Orthodontic retention	.	.	.	.	.
D8690	E	.	Orthodontic treatment	.	.	.	.	.
D8691	E	.	Repair ortho appliance	.	.	.	.	.
D8692	E	.	Replacement retainer	.	.	.	.	.
D8999	E	.	Orthodontic procedure	.	.	.	.	.
D9110	N	.	Tx dental pain minor proc	.	.	.	.	.
D9210	E	.	Dent anesthesia w/o surgery	.	.	.	.	.
D9211	E	.	Regional block anesthesia	.	.	.	.	.
D9212	E	.	Trigeminal block anesthesia	.	.	.	.	.
D9215	E	.	Local anesthesia	.	.	.	.	.
D9220	E	.	General anesthesia	.	.	.	.	.
D9221	E	.	General anesthesia ea ad 15m	.	.	.	.	.
D9230	N	.	Analgesia	.	.	.	.	.
D9241	E	.	Intravenous sedation	.	.	.	.	.
D9242	E	.	IV sedation ea ad 30 m	.	.	.	.	.
D9248	N	.	Sedation (non-iv)	.	.	.	.	.
D9310	E	.	Dental consultation	.	.	.	.	.
D9410	E	.	Dental house call	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
D9420	E	.	Hospital call	.	.	.	.	.
D9430	E	.	Office visit during hours	.	.	.	.	.
D9440	E	.	Office visit after hours	.	.	.	.	.
D9450	E	.	Case presentation tx plan	.	.	.	.	.
D9610	E	.	Dent therapeutic drug inject	.	.	.	.	.
D9630	S	.	Other drugs/medicaments	0330	7.1756	\$425.82	.	\$85.16
D9910	E	.	Dent appl desensitizing med	.	.	.	.	.
D9911	E	.	Appl desensitizing resin	.	.	.	.	.
D9920	E	.	Behavior management	.	.	.	.	.
D9930	S	.	Treatment of complications	0330	7.1756	\$425.82	.	\$85.16
D9940	S	.	Dental occlusal guard	0330	7.1756	\$425.82	.	\$85.16
D9941	E	.	Fabrication athletic guard	.	.	.	.	.
D9942	E	.	Repair/reline occlusal guard	.	.	.	.	.
D9950	S	.	Occlusion analysis	0330	7.1756	\$425.82	.	\$85.16
D9951	S	.	Limited occlusal adjustment	0330	7.1756	\$425.82	.	\$85.16
D9952	S	.	Complete occlusal adjustment	0330	7.1756	\$425.82	.	\$85.16
D9970	E	.	Enamel microabrasion	.	.	.	.	.
D9971	E	.	Odontoplasty 1-2 teeth	.	.	.	.	.
D9972	E	.	Extrnl bleaching per arch	.	.	.	.	.
D9973	E	.	Extrnl bleaching per tooth	.	.	.	.	.
D9974	E	.	Intrnl bleaching per tooth	.	.	.	.	.
D9999	E	.	Adjunctive procedure	.	.	.	.	.
E0100	Y	.	Cane adjust/fixed with tip	.	.	.	.	.
E0105	Y	.	Cane adjust/fixed quad/3 pro	.	.	.	.	.
E0110	Y	.	Crutch forearm pair	.	.	.	.	.
E0111	Y	.	Crutch forearm each	.	.	.	.	.
E0112	Y	.	Crutch underarm pair wood	.	.	.	.	.
E0113	Y	.	Crutch underarm each wood	.	.	.	.	.
E0114	Y	.	Crutch underarm pair no wood	.	.	.	.	.
E0116	Y	.	Crutch underarm each no wood	.	.	.	.	.
E0117	Y	.	Underarm springassist crutch	.	.	.	.	.
E0118	E	.	Crutch substitute	.	.	.	.	.
E0130	Y	.	Walker rigid adjust/fixed ht	.	.	.	.	.
E0135	Y	.	Walker folding adjust/fixed	.	.	.	.	.
E0140	Y	.	Walker w trunk support	.	.	.	.	.
E0141	Y	.	Rigid wheeled walker adj/fix	.	.	.	.	.
E0143	Y	.	Walker folding wheeled w/o s	.	.	.	.	.
E0144	Y	.	Enclosed walker w rear seat	.	.	.	.	.
E0147	Y	.	Walker variable wheel resist	.	.	.	.	.
E0148	Y	.	Heavyduty walker no wheels	.	.	.	.	.
E0149	Y	.	Heavy duty wheeled walker	.	.	.	.	.
E0153	Y	.	Forearm crutch platform atta	.	.	.	.	.
E0154	Y	.	Walker platform attachment	.	.	.	.	.
E0155	Y	.	Walker wheel attachment,pair	.	.	.	.	.
E0156	Y	.	Walker seat attachment	.	.	.	.	.
E0157	Y	.	Walker crutch attachment	.	.	.	.	.
E0158	Y	.	Walker leg extenders set of4	.	.	.	.	.
E0159	Y	.	Brake for wheeled walker	.	.	.	.	.
E0160	Y	.	Sitz type bath or equipment	.	.	.	.	.
E0161	Y	.	Sitz bath/equipment w/faucet	.	.	.	.	.
E0162	Y	.	Sitz bath chair	.	.	.	.	.
E0163	Y	.	Commode chair stationry fxd	.	.	.	.	.
E0164	Y	.	Commode chair mobile fixed a	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E0166	Y	.	Commode chair mobile detach	.	.	.	.	.
E0167	Y	.	Commode chair pail or pan	.	.	.	.	.
E0168	Y	.	Heavyduty/wide commode chair	.	.	.	.	.
E0169	Y	.	Seatlift incorp commodechair	.	.	.	.	.
E0175	Y	.	Commode chair foot rest	.	.	.	.	.
E0180	Y	.	Press pad alternating w pump	.	.	.	.	.
E0181	Y	.	Press pad alternating w/ pum	.	.	.	.	.
E0182	Y	.	Pressure pad alternating pum	.	.	.	.	.
E0184	Y	.	Dry pressure mattress	.	.	.	.	.
E0185	Y	.	Gel pressure mattress pad	.	.	.	.	.
E0186	Y	.	Air pressure mattress	.	.	.	.	.
E0187	Y	.	Water pressure mattress	.	.	.	.	.
E0188	Y	.	Synthetic sheepskin pad	.	.	.	.	.
E0189	Y	.	Lambswool sheepskin pad	.	.	.	.	.
E0190	E	.	Positioning cushion	.	.	.	.	.
E0191	Y	.	Protector heel or elbow	.	.	.	.	.
E0193	Y	.	Powered air flotation bed	.	.	.	.	.
E0194	Y	.	Air fluidized bed	.	.	.	.	.
E0196	Y	.	Gel pressure mattress	.	.	.	.	.
E0197	Y	.	Air pressure pad for mattres	.	.	.	.	.
E0198	Y	.	Water pressure pad for mattr	.	.	.	.	.
E0199	Y	.	Dry pressure pad for mattres	.	.	.	.	.
E0200	Y	.	Heat lamp without stand	.	.	.	.	.
E0202	Y	.	Phototherapy light w/ photom	.	.	.	.	.
E0203	E	.	Therapeutic lightbox tabletp	.	.	.	.	.
E0205	Y	.	Heat lamp with stand	.	.	.	.	.
E0210	Y	.	Electric heat pad standard	.	.	.	.	.
E0215	Y	.	Electric heat pad moist	.	.	.	.	.
E0217	Y	.	Water circ heat pad w pump	.	.	.	.	.
E0218	Y	.	Water circ cold pad w pump	.	.	.	.	.
E0220	Y	.	Hot water bottle	.	.	.	.	.
E0221	E	.	Infrared heating pad system	.	.	.	.	.
E0225	Y	.	Hydrocollator unit	.	.	.	.	.
E0230	Y	.	Ice cap or collar	.	.	.	.	.
E0231	E	.	Wound warming device	.	.	.	.	.
E0232	E	.	Warming card for NWT	.	.	.	.	.
E0235	Y	.	Paraffin bath unit portable	.	.	.	.	.
E0236	Y	.	Pump for water circulating p	.	.	.	.	.
E0238	Y	.	Heat pad non-electric moist	.	.	.	.	.
E0239	Y	.	Hydrocollator unit portable	.	.	.	.	.
E0240	E	.	Bath/shower chair	.	.	.	.	.
E0241	E	.	Bath tub wall rail	.	.	.	.	.
E0242	E	.	Bath tub rail floor	.	.	.	.	.
E0243	E	.	Toilet rail	.	.	.	.	.
E0244	E	.	Toilet seat raised	.	.	.	.	.
E0245	E	.	Tub stool or bench	.	.	.	.	.
E0246	E	.	Transfer tub rail attachment	.	.	.	.	.
E0247	E	.	Trans bench w/wo comm open	.	.	.	.	.
E0248	E	.	HDtrans bench w/wo comm open	.	.	.	.	.
E0249	Y	.	Pad water circulating heat u	.	.	.	.	.
E0250	Y	.	Hosp bed fixed ht w/ mattres	.	.	.	.	.
E0251	Y	.	Hosp bed fixd ht w/o mattres	.	.	.	.	.
E0255	Y	.	Hospital bed var ht w/ mattr	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E0256	Y	.	Hospital bed var ht w/o matt	.	.	.	.	.
E0260	Y	.	Hosp bed semi-electr w/ matt	.	.	.	.	.
E0261	Y	.	Hosp bed semi-electr w/o mat	.	.	.	.	.
E0265	Y	.	Hosp bed total electr w/ matt	.	.	.	.	.
E0266	Y	.	Hosp bed total elec w/o matt	.	.	.	.	.
E0270	E	.	Hospital bed institutional t	.	.	.	.	.
E0271	Y	.	Mattress innerspring	.	.	.	.	.
E0272	Y	.	Mattress foam rubber	.	.	.	.	.
E0273	E	.	Bed board	.	.	.	.	.
E0274	E	.	Over-bed table	.	.	.	.	.
E0275	Y	.	Bed pan standard	.	.	.	.	.
E0276	Y	.	Bed pan fracture	.	.	.	.	.
E0277	Y	.	Powered pres-redu air mattrs	.	.	.	.	.
E0280	Y	.	Bed cradle	.	.	.	.	.
E0290	Y	.	Hosp bed fx ht w/o rails w/m	.	.	.	.	.
E0291	Y	.	Hosp bed fx ht w/o rail w/o	.	.	.	.	.
E0292	Y	.	Hosp bed var ht w/o rail w/o	.	.	.	.	.
E0293	Y	.	Hosp bed var ht w/o rail w/	.	.	.	.	.
E0294	Y	.	Hosp bed semi-elect w/ mattr	.	.	.	.	.
E0295	Y	.	Hosp bed semi-elect w/o matt	.	.	.	.	.
E0296	Y	.	Hosp bed total elect w/ matt	.	.	.	.	.
E0297	Y	.	Hosp bed total elect w/o mat	.	.	.	.	.
E0300	Y	.	Enclosed ped crib hosp grade	.	.	.	.	.
E0301	Y	.	HD hosp bed, 350-600 lbs	.	.	.	.	.
E0302	Y	.	Ex hd hosp bed > 600 lbs	.	.	.	.	.
E0303	Y	.	Hosp bed hvy dty xtra wide	.	.	.	.	.
E0304	Y	.	Hosp bed xtra hvy dty x wide	.	.	.	.	.
E0305	Y	.	Rails bed side half length	.	.	.	.	.
E0310	Y	.	Rails bed side full length	.	.	.	.	.
E0315	E	.	Bed accessory brd/tbl/supprt	.	.	.	.	.
E0316	Y	.	Bed safety enclosure	.	.	.	.	.
E0325	Y	.	Urinal male jug-type	.	.	.	.	.
E0326	Y	.	Urinal female jug-type	.	.	.	.	.
E0350	E	.	Control unit bowel system	.	.	.	.	.
E0352	E	.	Disposable pack w/bowel syst	.	.	.	.	.
E0370	E	.	Air elevator for heel	.	.	.	.	.
E0371	Y	.	Nonpower mattress overlay	.	.	.	.	.
E0372	Y	.	Powered air mattress overlay	.	.	.	.	.
E0373	Y	.	Nonpowered pressure mattress	.	.	.	.	.
E0424	Y	.	Stationary compressed gas O2	.	.	.	.	.
E0425	E	.	Gas system stationary compre	.	.	.	.	.
E0430	E	.	Oxygen system gas portable	.	.	.	.	.
E0431	Y	.	Portable gaseous O2	.	.	.	.	.
E0434	Y	.	Portable liquid O2	.	.	.	.	.
E0435	E	.	Oxygen system liquid portabl	.	.	.	.	.
E0439	Y	.	Stationary liquid O2	.	.	.	.	.
E0440	E	.	Oxygen system liquid station	.	.	.	.	.
E0441	Y	.	Oxygen contents, gaseous	.	.	.	.	.
E0442	Y	.	Oxygen contents, liquid	.	.	.	.	.
E0443	Y	.	Portable O2 contents, gas	.	.	.	.	.
E0444	Y	.	Portable O2 contents, liquid	.	.	.	.	.
E0445	A	.	Oximeter non-invasive	.	.	.	.	.
E0450	Y	.	Volume vent stationary/porta	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E0455	Y	.	Oxygen tent excl croup/ped t	.	.	.	.	.
E0457	Y	.	Chest shell	.	.	.	.	.
E0459	Y	.	Chest wrap	.	.	.	.	.
E0460	Y	.	Neg press vent portabl/statn	.	.	.	.	.
E0461	Y	.	Vol vent noninvasive interfa	.	.	.	.	.
E0462	Y	.	Rocking bed w/ or w/o side r	.	.	.	.	.
E0463	Y	.	Press supp vent invasive int	.	.	.	.	.
E0464	Y	.	Press supp vent noninv int	.	.	.	.	.
E0470	Y	.	RAD w/o backup non-inv intfc	.	.	.	.	.
E0471	Y	.	RAD w/backup non inv intrfc	.	.	.	.	.
E0472	Y	.	RAD w backup invasive intrfc	.	.	.	.	.
E0480	Y	.	Percussor elect/pneum home m	.	.	.	.	.
E0481	E	.	Intrpulumnry percuss vent sys	.	.	.	.	.
E0482	Y	.	Cough stimulating device	.	.	.	.	.
E0483	Y	.	Chest compression gen system	.	.	.	.	.
E0484	Y	.	Non-elec oscillatory pep dvc	.	.	.	.	.
E0500	Y	.	Ippb all types	.	.	.	.	.
E0550	Y	.	Humidif extens supple w ippb	.	.	.	.	.
E0555	Y	.	Humidifier for use w/ regula	.	.	.	.	.
E0560	Y	.	Humidifier supplemental w/ i	.	.	.	.	.
E0561	Y	.	Humidifier nonheated w PAP	.	.	.	.	.
E0562	Y	.	Humidifier heated used w PAP	.	.	.	.	.
E0565	Y	.	Compressor air power source	.	.	.	.	.
E0570	Y	.	Nebulizer with compression	.	.	.	.	.
E0571	Y	.	Aerosol compressor for svneb	.	.	.	.	.
E0572	Y	.	Aerosol compressor adjust pr	.	.	.	.	.
E0574	Y	.	Ultrasonic generator w svneb	.	.	.	.	.
E0575	Y	.	Nebulizer ultrasonic	.	.	.	.	.
E0580	Y	.	Nebulizer for use w/ regulat	.	.	.	.	.
E0585	Y	.	Nebulizer w/ compressor & he	.	.	.	.	.
E0590	Y	.	Dispensing fee dme neb drug	.	.	.	.	.
E0600	Y	.	Suction pump portab hom modl	.	.	.	.	.
E0601	Y	.	Cont airway pressure device	.	.	.	.	.
E0602	Y	.	Manual breast pump	.	.	.	.	.
E0603	A	.	Electric breast pump	.	.	.	.	.
E0604	A	.	Hosp grade elec breast pump	.	.	.	.	.
E0605	Y	.	Vaporizer room type	.	.	.	.	.
E0606	Y	.	Drainage board postural	.	.	.	.	.
E0607	Y	.	Blood glucose monitor home	.	.	.	.	.
E0610	Y	.	Pacemaker monitr audible/vis	.	.	.	.	.
E0615	Y	.	Pacemaker monitr digital/vis	.	.	.	.	.
E0616	N	.	Cardiac event recorder	.	.	.	.	.
E0617	Y	.	Automatic ext defibrillator	.	.	.	.	.
E0618	A	.	Apnea monitor	.	.	.	.	.
E0619	A	.	Apnea monitor w recorder	.	.	.	.	.
E0620	Y	.	Cap bld skin piercing laser	.	.	.	.	.
E0621	Y	.	Patient lift sling or seat	.	.	.	.	.
E0625	E	.	Patient lift bathroom or toi	.	.	.	.	.
E0627	Y	.	Seat lift incorp lift-chair	.	.	.	.	.
E0628	Y	.	Seat lift for pt furn-electr	.	.	.	.	.
E0629	Y	.	Seat lift for pt furn-non-el	.	.	.	.	.
E0630	Y	.	Patient lift hydraulic	.	.	.	.	.
E0635	Y	.	Patient lift electric	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E0636	Y	.	PT support & positioning sys	.	.	.	.	.
E0637	E	.	Sit-stand w seatlift wheeled	.	.	.	.	.
E0638	E	.	Standing frame sys wheeled	.	.	.	.	.
E0639	E	.	Moveable patient lift system	.	.	.	.	.
E0640	E	.	Fixed patient lift system	.	.	.	.	.
E0650	Y	.	Pneuma compresor non-segment	.	.	.	.	.
E0651	Y	.	Pneum compresor segmental	.	.	.	.	.
E0652	Y	.	Pneum compres w/cal pressure	.	.	.	.	.
E0655	Y	.	Pneumatic appliance half arm	.	.	.	.	.
E0660	Y	.	Pneumatic appliance full leg	.	.	.	.	.
E0665	Y	.	Pneumatic appliance full arm	.	.	.	.	.
E0666	Y	.	Pneumatic appliance half leg	.	.	.	.	.
E0667	Y	.	Seg pneumatic appl full leg	.	.	.	.	.
E0668	Y	.	Seg pneumatic appl full arm	.	.	.	.	.
E0669	Y	.	Seg pneumatic appli half leg	.	.	.	.	.
E0671	Y	.	Pressure pneum appl full leg	.	.	.	.	.
E0672	Y	.	Pressure pneum appl full arm	.	.	.	.	.
E0673	Y	.	Pressure pneum appl half leg	.	.	.	.	.
E0675	Y	.	Pneumatic compression device	.	.	.	.	.
E0691	Y	.	Uvl pnl 2 sq ft or less	.	.	.	.	.
E0692	Y	.	Uvl sys panel 4 ft	.	.	.	.	.
E0693	Y	.	Uvl sys panel 6 ft	.	.	.	.	.
E0694	Y	.	Uvl md cabinet sys 6 ft	.	.	.	.	.
E0700	E	.	Safety equipment	.	.	.	.	.
E0701	Y	.	Helmet w face guard prefab	.	.	.	.	.
E0710	E	.	Restraints any type	.	.	.	.	.
E0720	Y	.	Tens two lead	.	.	.	.	.
E0730	Y	.	Tens four lead	.	.	.	.	.
E0731	Y	.	Conductive garment for tens/	.	.	.	.	.
E0740	Y	.	Incontinence treatment systm	.	.	.	.	.
E0744	Y	.	Neuromuscular stim for scoli	.	.	.	.	.
E0745	Y	.	Neuromuscular stim for shock	.	.	.	.	.
E0746	E	.	Electromyograph biofeedback	.	.	.	.	.
E0747	Y	.	Elec osteogen stim not spine	.	.	.	.	.
E0748	Y	.	Elec osteogen stim spinal	.	.	.	.	.
E0749	N	.	Elec osteogen stim implanted	.	.	.	.	.
E0752	B	.	Neurostimulator electrode	.	.	.	.	.
E0754	A	.	Pulsegenerator pt programmer	.	.	.	.	.
E0755	E	.	Electronic salivary reflex s	.	.	.	.	.
E0756	B	.	Implantable pulse generator	.	.	.	.	.
E0757	N	.	Implantable RF receiver	.	.	.	.	.
E0758	A	.	External RF transmitter	.	.	.	.	.
E0759	A	.	Replace rdfrquncy transmitttr	.	.	.	.	.
E0760	Y	.	Osteogen ultrasound stimltor	.	.	.	.	.
E0761	E	.	Nontherm electromgntc device	.	.	.	.	.
E0765	Y	.	Nerve stimulator for tx n&v	.	.	.	.	.
E0769	B	.	Electric wound treatment dev	.	.	.	.	.
E0776	Y	.	Iv pole	.	.	.	.	.
E0779	Y	.	Amb infusion pump mechanical	.	.	.	.	.
E0780	Y	.	Mech amb infusion pump <8hrs	.	.	.	.	.
E0781	Y	.	External ambulatory infus pu	.	.	.	.	.
E0782	N	.	Non-programble infusion pump	.	.	.	.	.
E0783	N	.	Programmable infusion pump	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E0784	Y	.	Ext amb infusn pump insulin	.	.	.	.	.
E0785	N	.	Replacement impl pump cathet	.	.	.	.	.
E0786	N	.	Implantable pump replacement	.	.	.	.	.
E0791	Y	.	Parenteral infusion pump sta	.	.	.	.	.
E0830	N	.	Ambulatory traction device	.	.	.	.	.
E0840	Y	.	Tract frame attach headboard	.	.	.	.	.
E0849	Y	.	Cervical pneum trac equip	.	.	.	.	.
E0850	Y	.	Traction stand free standing	.	.	.	.	.
E0855	Y	.	Cervical traction equipment	.	.	.	.	.
E0860	Y	.	Tract equip cervical tract	.	.	.	.	.
E0870	Y	.	Tract frame attach footboard	.	.	.	.	.
E0880	Y	.	Trac stand free stand extrem	.	.	.	.	.
E0890	Y	.	Traction frame attach pelvic	.	.	.	.	.
E0900	Y	.	Trac stand free stand pelvic	.	.	.	.	.
E0910	Y	.	Trapeze bar attached to bed	.	.	.	.	.
E0920	Y	.	Fracture frame attached to b	.	.	.	.	.
E0930	Y	.	Fracture frame free standing	.	.	.	.	.
E0935	Y	.	Exercise device passive moti	.	.	.	.	.
E0940	Y	.	Trapeze bar free standing	.	.	.	.	.
E0941	Y	.	Gravity assisted traction de	.	.	.	.	.
E0942	Y	.	Cervical head harness/halter	.	.	.	.	.
E0944	Y	.	Pelvic belt/harness/boot	.	.	.	.	.
E0945	Y	.	Belt/harness extremity	.	.	.	.	.
E0946	Y	.	Fracture frame dual w cross	.	.	.	.	.
E0947	Y	.	Fracture frame attachmnts pe	.	.	.	.	.
E0948	Y	.	Fracture frame attachmnts ce	.	.	.	.	.
E0950	E	.	Tray	.	.	.	.	.
E0951	E	.	Loop heel	.	.	.	.	.
E0952	E	.	Toe loop/holder, each	.	.	.	.	.
E0953	E	.	Pneumatic tire	.	.	.	.	.
E0954	E	.	Wheelchair semi-pneumatic ca	.	.	.	.	.
E0955	Y	.	Cushioned headrest	.	.	.	.	.
E0956	Y	.	W/c lateral trunk/hip suppor	.	.	.	.	.
E0957	Y	.	W/c medial thigh support	.	.	.	.	.
E0958	A	.	Whlchr att- conv 1 arm drive	.	.	.	.	.
E0959	B	.	Amputee adapter	.	.	.	.	.
E0960	Y	.	W/c shoulder harness/straps	.	.	.	.	.
E0961	B	.	Wheelchair brake extension	.	.	.	.	.
E0966	B	.	Wheelchair head rest extensi	.	.	.	.	.
E0967	Y	.	Wheelchair hand rims	.	.	.	.	.
E0968	Y	.	Wheelchair commode seat	.	.	.	.	.
E0969	Y	.	Wheelchair narrowing device	.	.	.	.	.
E0970	B	.	Wheelchair no. 2 footplates	.	.	.	.	.
E0971	B	.	Wheelchair anti-tipping devi	.	.	.	.	.
E0972	A	.	Transfer board or device	.	.	.	.	.
E0973	B	.	W/Ch access det adj armrest	.	.	.	.	.
E0974	B	.	W/Ch access anti-rollback	.	.	.	.	.
E0977	Y	.	Wheelchair wedge cushion	.	.	.	.	.
E0978	B	.	W/C acc,saf belt pelv strap	.	.	.	.	.
E0980	Y	.	Wheelchair safety vest	.	.	.	.	.
E0981	Y	.	Seat upholstery, replacement	.	.	.	.	.
E0982	Y	.	Back upholstery, replacement	.	.	.	.	.
E0983	Y	.	Add pwr joystick	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E0984	Y	.	Add pwr tiller	.	.	.	.	.
E0985	Y	.	W/c seat lift mechanism	.	.	.	.	.
E0986	Y	.	Man w/c push-rim pow assist	.	.	.	.	.
E0990	B	.	Whellchair elevating leg res	.	.	.	.	.
E0992	B	.	Wheelchair solid seat insert	.	.	.	.	.
E0994	Y	.	Wheelchair arm rest	.	.	.	.	.
E0995	B	.	Wheelchair calf rest	.	.	.	.	.
E0996	B	.	Wheelchair tire solid	.	.	.	.	.
E0997	Y	.	Wheelchair caster w/ a fork	.	.	.	.	.
E0998	Y	.	Wheelchair caster w/o a fork	.	.	.	.	.
E0999	Y	.	Wheelchr pneumatic tire w/wh	.	.	.	.	.
E1000	B	.	Wheelchair tire pneumatic ca	.	.	.	.	.
E1001	Y	.	Wheelchair wheel	.	.	.	.	.
E1002	Y	.	Pwr seat tilt	.	.	.	.	.
E1003	Y	.	Pwr seat recline	.	.	.	.	.
E1004	Y	.	Pwr seat recline mech	.	.	.	.	.
E1005	Y	.	Pwr seat recline pwr	.	.	.	.	.
E1006	Y	.	Pwr seat combo w/o shear	.	.	.	.	.
E1007	Y	.	Pwr seat combo w/shear	.	.	.	.	.
E1008	Y	.	Pwr seat combo pwr shear	.	.	.	.	.
E1009	Y	.	Add mech leg elevation	.	.	.	.	.
E1010	Y	.	Add pwr leg elevation	.	.	.	.	.
E1011	Y	.	Ped wc modify width adjustm	.	.	.	.	.
E1014	Y	.	Reclining back add ped w/c	.	.	.	.	.
E1015	Y	.	Shock absorber for man w/c	.	.	.	.	.
E1016	Y	.	Shock absorber for power w/c	.	.	.	.	.
E1017	Y	.	HD shck absrbr for hd man wc	.	.	.	.	.
E1018	Y	.	HD shck absrber for hd powwc	.	.	.	.	.
E1019	E	.	HD feature power seat	.	.	.	.	.
E1020	Y	.	Residual limb support system	.	.	.	.	.
E1021	E	.	Ex hd feature power seat	.	.	.	.	.
E1025	E	.	Pedwc lat/thor sup nocontour	.	.	.	.	.
E1026	E	.	Pedwc contoured lat/thor sup	.	.	.	.	.
E1027	E	.	Ped wc lat/ant support	.	.	.	.	.
E1028	Y	.	W/c manual swingaway	.	.	.	.	.
E1029	Y	.	W/c vent tray fixed	.	.	.	.	.
E1030	Y	.	W/c vent tray gimbaled	.	.	.	.	.
E1031	Y	.	Rollabout chair with casters	.	.	.	.	.
E1035	Y	.	Patient transfer system	.	.	.	.	.
E1037	Y	.	Transport chair, ped size	.	.	.	.	.
E1038	Y	.	Transport chair, adult size	.	.	.	.	.
E1039	Y	.	Transport chair pt wt>=250lb	.	.	.	.	.
E1050	A	.	Whelchr fxd full length arms	.	.	.	.	.
E1060	A	.	Wheelchair detachable arms	.	.	.	.	.
E1070	A	.	Wheelchair detachable foot r	.	.	.	.	.
E1083	A	.	Hemi-wheelchair fixed arms	.	.	.	.	.
E1084	A	.	Hemi-wheelchair detachable a	.	.	.	.	.
E1085	A	.	Hemi-wheelchair fixed arms	.	.	.	.	.
E1086	A	.	Hemi-wheelchair detachable a	.	.	.	.	.
E1087	A	.	Wheelchair lightwt fixed arm	.	.	.	.	.
E1088	A	.	Wheelchair lightweight det a	.	.	.	.	.
E1089	A	.	Wheelchair lightwt fixed arm	.	.	.	.	.
E1090	A	.	Wheelchair lightweight det a	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E1092	A	.	Wheelchair wide w/ leg rests	.	.	.	.	.
E1093	A	.	Wheelchair wide w/ foot rest	.	.	.	.	.
E1100	A	.	Whchr s-recl fxd arm leg res	.	.	.	.	.
E1110	A	.	Wheelchair semi-recl detach	.	.	.	.	.
E1130	A	.	Whlchr stand fxd arm ft rest	.	.	.	.	.
E1140	A	.	Wheelchair standard detach a	.	.	.	.	.
E1150	Y	.	Wheelchair standard w/ leg r	.	.	.	.	.
E1160	A	.	Wheelchair fixed arms	.	.	.	.	.
E1161	A	.	Manual adult wc w tiltinspac	.	.	.	.	.
E1170	A	.	Whlchr ampu fxd arm leg rest	.	.	.	.	.
E1171	A	.	Wheelchair amputee w/o leg r	.	.	.	.	.
E1172	A	.	Wheelchair amputee detach ar	.	.	.	.	.
E1180	A	.	Wheelchair amputee w/ foot r	.	.	.	.	.
E1190	A	.	Wheelchair amputee w/ leg re	.	.	.	.	.
E1195	A	.	Wheelchair amputee heavy dut	.	.	.	.	.
E1200	A	.	Wheelchair amputee fixed arm	.	.	.	.	.
E1210	Y	.	Whlchr moto ful arm leg rest	.	.	.	.	.
E1211	Y	.	Wheelchair motorized w/ det	.	.	.	.	.
E1212	A	.	Wheelchair motorized w full	.	.	.	.	.
E1213	A	.	Wheelchair motorized w/ det	.	.	.	.	.
E1220	A	.	Whlchr special size/constrc	.	.	.	.	.
E1221	A	.	Wheelchair spec size w foot	.	.	.	.	.
E1222	A	.	Wheelchair spec size w/ leg	.	.	.	.	.
E1223	A	.	Wheelchair spec size w foot	.	.	.	.	.
E1224	A	.	Wheelchair spec size w/ leg	.	.	.	.	.
E1225	Y	.	Wheelchair spec sz semi-recl	.	.	.	.	.
E1226	B	.	W/C access fully reclineback	.	.	.	.	.
E1227	Y	.	Wheelchair spec sz spec ht a	.	.	.	.	.
E1228	Y	.	Wheelchair spec sz spec ht b	.	.	.	.	.
E1229	Y	.	Pediatric wheelchair NOS	.	.	.	.	.
E1230	Y	.	Power operated vehicle	.	.	.	.	.
E1231	Y	.	Rigid ped w/c tilt-in-space	.	.	.	.	.
E1232	Y	.	Folding ped wc tilt-in-space	.	.	.	.	.
E1233	Y	.	Rig ped wc tltnspc w/o seat	.	.	.	.	.
E1234	Y	.	Fld ped wc tltnspc w/o seat	.	.	.	.	.
E1235	Y	.	Rigid ped wc adjustable	.	.	.	.	.
E1236	Y	.	Folding ped wc adjustable	.	.	.	.	.
E1237	Y	.	Rgd ped wc adjstabl w/o seat	.	.	.	.	.
E1238	Y	.	Fld ped wc adjstabl w/o seat	.	.	.	.	.
E1239	Y	.	Ped power wheelchair NOS	.	.	.	.	.
E1240	A	.	Whchr litwt det arm leg rest	.	.	.	.	.
E1250	A	.	Wheelchair lightwt fixed arm	.	.	.	.	.
E1260	A	.	Wheelchair lightwt foot rest	.	.	.	.	.
E1270	A	.	Wheelchair lightweight leg r	.	.	.	.	.
E1280	A	.	Whchr h-duty det arm leg res	.	.	.	.	.
E1285	A	.	Wheelchair heavy duty fixed	.	.	.	.	.
E1290	A	.	Wheelchair hvy duty detach a	.	.	.	.	.
E1295	A	.	Wheelchair heavy duty fixed	.	.	.	.	.
E1296	Y	.	Wheelchair special seat heig	.	.	.	.	.
E1297	Y	.	Wheelchair special seat dept	.	.	.	.	.
E1298	Y	.	Wheelchair spec seat depth/w	.	.	.	.	.
E1300	E	.	Whirlpool portable	.	.	.	.	.
E1310	Y	.	Whirlpool non-portable	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E1340	Y	.	Repair for DME, per 15 min	.	.	.	.	.
E1353	Y	.	Oxygen supplies regulator	.	.	.	.	.
E1355	Y	.	Oxygen supplies stand/rack	.	.	.	.	.
E1372	Y	.	Oxy suppl heater for nebuliz	.	.	.	.	.
E1390	Y	.	Oxygen concentrator	.	.	.	.	.
E1391	Y	.	Oxygen concentrator, dual	.	.	.	.	.
E1399	N	.	Durable medical equipment mi	.	.	.	.	.
E1405	Y	.	O2/water vapor enrich w/heat	.	.	.	.	.
E1406	Y	.	O2/water vapor enrich w/o he	.	.	.	.	.
E1500	A	.	Centrifuge	.	.	.	.	.
E1510	A	.	Kidney dialysate delivry sys	.	.	.	.	.
E1520	A	.	Heparin infusion pump	.	.	.	.	.
E1530	A	.	Replacement air bubble detec	.	.	.	.	.
E1540	A	.	Replacement pressure alarm	.	.	.	.	.
E1550	A	.	Bath conductivity meter	.	.	.	.	.
E1560	A	.	Replace blood leak detector	.	.	.	.	.
E1570	A	.	Adjustable chair for esrd pt	.	.	.	.	.
E1575	A	.	Transducer protect/fld bar	.	.	.	.	.
E1580	A	.	Unipuncture control system	.	.	.	.	.
E1590	A	.	Hemodialysis machine	.	.	.	.	.
E1592	A	.	Auto interm peritoneal dialy	.	.	.	.	.
E1594	A	.	Cycler dialysis machine	.	.	.	.	.
E1600	A	.	Deli/install chrg hemo equip	.	.	.	.	.
E1610	A	.	Reverse osmosis h2o puri sys	.	.	.	.	.
E1615	A	.	Deionizer H2O puri system	.	.	.	.	.
E1620	A	.	Replacement blood pump	.	.	.	.	.
E1625	A	.	Water softening system	.	.	.	.	.
E1630	A	.	Reciprocating peritoneal dia	.	.	.	.	.
E1632	A	.	Wearable artificial kidney	.	.	.	.	.
E1634	B	.	Peritoneal dialysis clamp	.	.	.	.	.
E1635	A	.	Compact travel hemodialyzer	.	.	.	.	.
E1636	A	.	Sorbent cartridges per 10	.	.	.	.	.
E1637	A	.	Hemostats for dialysis, each	.	.	.	.	.
E1639	A	.	Dialysis scale	.	.	.	.	.
E1699	A	.	Dialysis equipment noc	.	.	.	.	.
E1700	Y	.	Jaw motion rehab system	.	.	.	.	.
E1701	Y	.	Repl cushions for jaw motion	.	.	.	.	.
E1702	Y	.	Repl measr scales jaw motion	.	.	.	.	.
E1800	Y	.	Adjust elbow ext/flex device	.	.	.	.	.
E1801	Y	.	SPS elbow device	.	.	.	.	.
E1802	Y	.	Adjst forearm pro/sup device	.	.	.	.	.
E1805	Y	.	Adjust wrist ext/flex device	.	.	.	.	.
E1806	Y	.	SPS wrist device	.	.	.	.	.
E1810	Y	.	Adjust knee ext/flex device	.	.	.	.	.
E1811	Y	.	SPS knee device	.	.	.	.	.
E1815	Y	.	Adjust ankle ext/flex device	.	.	.	.	.
E1816	Y	.	SPS ankle device	.	.	.	.	.
E1818	Y	.	SPS forearm device	.	.	.	.	.
E1820	Y	.	Soft interface material	.	.	.	.	.
E1821	Y	.	Replacement interface SPSD	.	.	.	.	.
E1825	Y	.	Adjust finger ext/flex devc	.	.	.	.	.
E1830	Y	.	Adjust toe ext/flex device	.	.	.	.	.
E1840	Y	.	Adj shoulder ext/flex device	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E1841	Y	.	Static str shldr dev rom adj	.	.	.	.	.
E1902	A	.	AAC non-electronic board	.	.	.	.	.
E2000	Y	.	Gastric suction pump hme mdl	.	.	.	.	.
E2100	Y	.	Bld glucose monitor w voice	.	.	.	.	.
E2101	Y	.	Bld glucose monitor w lance	.	.	.	.	.
E2120	Y	.	Pulse gen sys tx endolymp fl	.	.	.	.	.
E2201	Y	.	Man w/ch acc seat w>=20÷<24÷	.	.	.	.	.
E2202	Y	.	Seat width 24-27 in	.	.	.	.	.
E2203	Y	.	Frame depth less than 22 in	.	.	.	.	.
E2204	Y	.	Frame depth 22 to 25 in	.	.	.	.	.
E2205	Y	.	Manual wc accessory, handrim	.	.	.	.	.
E2206	Y	.	Complete wheel lock assembly	.	.	.	.	.
E2291	E	.	Planar back for ped size wc	.	.	.	.	.
E2292	E	.	Planar seat for ped size wc	.	.	.	.	.
E2293	E	.	Contour back for ped size wc	.	.	.	.	.
E2294	E	.	Contour seat for ped size wc	.	.	.	.	.
E2300	Y	.	Pwr seat elevation sys	.	.	.	.	.
E2301	Y	.	Pwr standing	.	.	.	.	.
E2310	Y	.	Electro connect btw control	.	.	.	.	.
E2311	Y	.	Electro connect btw 2 sys	.	.	.	.	.
E2320	Y	.	Hand chin control	.	.	.	.	.
E2321	Y	.	Hand interface joystick	.	.	.	.	.
E2322	Y	.	Mult mech switches	.	.	.	.	.
E2323	Y	.	Special joystick handle	.	.	.	.	.
E2324	Y	.	Chin cup interface	.	.	.	.	.
E2325	Y	.	Sip and puff interface	.	.	.	.	.
E2326	Y	.	Breath tube kit	.	.	.	.	.
E2327	Y	.	Head control interface mech	.	.	.	.	.
E2328	Y	.	Head/extremity control inter	.	.	.	.	.
E2329	Y	.	Head control nonproportional	.	.	.	.	.
E2330	Y	.	Head control proximity switc	.	.	.	.	.
E2331	Y	.	Attendant control	.	.	.	.	.
E2340	Y	.	W/c wdth 20-23 in seat frame	.	.	.	.	.
E2341	Y	.	W/c wdth 24-27 in seat frame	.	.	.	.	.
E2342	Y	.	W/c dpth 20-21 in seat frame	.	.	.	.	.
E2343	Y	.	W/c dpth 22-25 in seat frame	.	.	.	.	.
E2351	Y	.	Electronic SGD interface	.	.	.	.	.
E2360	Y	.	22nf nonsealed leadacid	.	.	.	.	.
E2361	Y	.	22nf sealed leadacid battery	.	.	.	.	.
E2362	Y	.	Gr24 nonsealed leadacid	.	.	.	.	.
E2363	Y	.	Gr24 sealed leadacid battery	.	.	.	.	.
E2364	Y	.	Ulnonsealed leadacid battery	.	.	.	.	.
E2365	Y	.	U1 sealed leadacid battery	.	.	.	.	.
E2366	Y	.	Battery charger, single mode	.	.	.	.	.
E2367	Y	.	Battery charger, dual mode	.	.	.	.	.
E2368	Y	.	Power wc motor replacement	.	.	.	.	.
E2369	Y	.	Pwr wc gear box replacement	.	.	.	.	.
E2370	Y	.	Pwr wc motor/gear box combo	.	.	.	.	.
E2399	Y	.	Noc interface	.	.	.	.	.
E2402	Y	.	Neg press wound therapy pump	.	.	.	.	.
E2500	Y	.	SGD digitized pre-rec <=8min	.	.	.	.	.
E2502	Y	.	SGD prerec msg >8min <=20min	.	.	.	.	.
E2504	Y	.	SGD prerec msg>20min <=40min	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
E2506	Y	.	SGD prerec msg > 40 min	.	.	.	.	.
E2508	Y	.	SGD spelling phys contact	.	.	.	.	.
E2510	Y	.	SGD w multi methods msg/accs	.	.	.	.	.
E2511	Y	.	SGD sftwre prgrm for PC/PDA	.	.	.	.	.
E2512	Y	.	SGD accessory, mounting sys	.	.	.	.	.
E2599	Y	.	SGD accessory noc	.	.	.	.	.
E2601	Y	.	Gen w/c cushion wdth < 22 in	.	.	.	.	.
E2602	Y	.	Gen w/c cushion wdth >=22 in	.	.	.	.	.
E2603	Y	.	Skin protect wc cus wd <22in	.	.	.	.	.
E2604	Y	.	Skin protect wc cus wd>=22in	.	.	.	.	.
E2605	Y	.	Position wc cush wdth <22 in	.	.	.	.	.
E2606	Y	.	Position wc cush wdth>=22 in	.	.	.	.	.
E2607	Y	.	Skin pro/pos wc cus wd <22in	.	.	.	.	.
E2608	Y	.	Skin pro/pos wc cus wd>=22in	.	.	.	.	.
E2609	Y	.	Custom fabricate w/c cushion	.	.	.	.	.
E2610	B	.	Powered w/c cushion	.	.	.	.	.
E2611	Y	.	Gen use back cush wdth <22in	.	.	.	.	.
E2612	Y	.	Gen use back cush wdth>=22in	.	.	.	.	.
E2613	Y	.	Position back cush wd <22in	.	.	.	.	.
E2614	Y	.	Position back cush wd>=22in	.	.	.	.	.
E2615	Y	.	Pos back post/lat wdth <22in	.	.	.	.	.
E2616	Y	.	Pos back post/lat wdth>=22in	.	.	.	.	.
E2617	Y	.	Custom fab w/c back cushion	.	.	.	.	.
E2618	Y	.	Wc acc solid seat supp base	.	.	.	.	.
E2619	Y	.	Replace cover w/c seat cush	.	.	.	.	.
E2620	Y	.	WC planar back cush wd <22in	.	.	.	.	.
E2621	Y	.	WC planar back cush wd>=22in	.	.	.	.	.
E8000	E	.	Posterior gait trainer	.	.	.	.	.
E8001	E	.	Upright gait trainer	.	.	.	.	.
E8002	E	.	Anterior gait trainer	.	.	.	.	.
G0008	X	.	Admin influenza virus vac	0350	0.3954	\$23.46	\$0.00	\$0.00
G0009	X	.	Admin pneumococcal vaccine	0350	0.3954	\$23.46	\$0.00	\$0.00
G0010	B	.	Admin hepatitis b vaccine	.	.	.	.	.
G0027	A	.	Semen analysis	.	.	.	.	.
G0101	V	.	CA screen pelvic/breast exam	0600	0.8688	\$51.56	.	\$10.31
G0102	N	.	Prostate ca screening dre	.	.	.	.	.
G0103	A	.	Psa, total screening	.	.	.	.	.
G0104	S	.	CA screen flexi sigmoidscope	0159	3.1455	\$186.66	.	\$46.67
G0105	T	.	Colorectal scrn hi risk ind	0158	7.6588	\$454.50	.	\$113.63
G0106	S	.	Colon CA screen barium enema	0157	2.2904	\$135.92	.	\$27.18
G0107	A	.	CA screen fecal blood test	.	.	.	.	.
G0108	A	.	Diab manage trn per indiv	.	.	.	.	.
G0109	A	.	Diab manage trn ind/group	.	.	.	.	.
G0110	A	.	Nett pulm-rehab educ ind	.	.	.	.	.
G0111	A	.	Nett pulm-rehab educ group	.	.	.	.	.
G0112	A	.	Nett nutrition guid, initial	.	.	.	.	.
G0113	A	.	Nett nutrition guid,subseqnt	.	.	.	.	.
G0114	A	.	Nett psychosocial consult	.	.	.	.	.
G0115	A	.	Nett psychological testing	.	.	.	.	.
G0116	A	.	Nett psychosocial counsel	.	.	.	.	.
G0117	S	.	Glaucoma scrn hgh risk direc	0230	0.7858	\$46.63	\$14.97	\$9.33
G0118	S	.	Glaucoma scrn hgh risk direc	0230	0.7858	\$46.63	\$14.97	\$9.33
G0120	S	.	Colon ca scrn barium enema	0157	2.2904	\$135.92	.	\$27.18

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
G0121	T	.	Colon ca scrn not hi rsk ind	0158	7.6588	\$454.50	.	\$113.63
G0122	E	.	Colon ca scrn barium enema	.	.	.	.	.
G0123	A	.	Screen cerv/vag thin layer	.	.	.	.	.
G0124	A	.	Screen c/v thin layer by MD	.	.	.	.	.
G0127	T	.	Trim nail(s)	0009	0.668	\$39.64	\$8.34	\$7.93
G0128	B	.	CORE skilled nursing service	.	.	.	.	.
G0129	P	.	Partial hosp prog service	0033	4.0708	\$241.57	.	\$48.31
G0130	X	.	Single energy x-ray study	0260	0.7555	\$44.83	\$17.93	\$8.97
G0141	E	.	Scr c/v cyto,autosys and md	.	.	.	.	.
G0143	A	.	Scr c/v cyto,thinlayer,rescr	.	.	.	.	.
G0144	A	.	Scr c/v cyto,thinlayer,rescr	.	.	.	.	.
G0145	A	.	Scr c/v cyto,thinlayer,rescr	.	.	.	.	.
G0147	A	.	Scr c/v cyto, automated sys	.	.	.	.	.
G0148	A	.	Scr c/v cyto, autosys, rescr	.	.	.	.	.
G0151	B	.	HHCP-serv of pt,ea 15 min	.	.	.	.	.
G0152	B	.	HHCP-serv of ot,ea 15 min	.	.	.	.	.
G0153	B	.	HHCP-svs of s/l path,ea 15mn	.	.	.	.	.
G0154	B	.	HHCP-svs of rn,ea 15 min	.	.	.	.	.
G0155	B	.	HHCP-svs of csw,ea 15 min	.	.	.	.	.
G0156	B	.	HHCP-svs of aide,ea 15 min	.	.	.	.	.
G0166	T	.	Extrnl counterpulse, per tx	0678	1.7276	\$102.52	.	\$20.50
G0168	N	.	Wound closure by adhesive	.	.	.	.	.
G0173	S	.	Linear acc stereo radsur com	1528	.	\$5,250.00	.	\$1,050.00
G0175	V	.	OPPS Service,sched team conf	0602	1.4284	\$84.77	.	\$16.95
G0176	P	.	OPPS/PHP activity therapy	0033	4.0708	\$241.57	.	\$48.31
G0177	P	.	OPPS/PHP train & educ serv	0033	4.0708	\$241.57	.	\$48.31
G0179	E	.	MD recertification HHA PT	.	.	.	.	.
G0180	E	.	MD certification HHA patient	.	.	.	.	.
G0181	E	.	Home health care supervision	.	.	.	.	.
G0182	E	.	Hospice care supervision	.	.	.	.	.
G0186	T	.	Dstry eye lesn,fdr vssl tech	0235	4.6593	\$276.50	\$67.40	\$55.30
G0202	A	.	Screeningmammographydigital	.	.	.	.	.
G0204	A	.	Diagnosticmammographydigital	.	.	.	.	.
G0206	A	.	Diagnosticmammographydigital	.	.	.	.	.
G0219	E	.	PET img whbd ring noncov ind	.	.	.	.	.
G0235	E	.	PET not otherwise specified	.	.	.	.	.
G0237	S	.	Therapeutic procd strg endure	0411	0.3869	\$22.96	.	\$4.59
G0238	S	.	Oth resp proc, indiv	0411	0.3869	\$22.96	.	\$4.59
G0239	S	.	Oth resp proc, group	0411	0.3869	\$22.96	.	\$4.59
G0243	S	.	Multisour photon stero treat	1528	.	\$5,250.00	.	\$1,050.00
G0244	B	.	Observ care by facility topt	.	.	.	.	.
G0245	V	.	Initial Foot Exam PTLOPS	0600	0.8688	\$51.56	.	\$10.31
G0246	V	.	Followup eval of foot pt lop	0600	0.8688	\$51.56	.	\$10.31
G0247	T	.	Routine footcare pt w lops	0009	0.668	\$39.64	\$8.34	\$7.93
G0248	S	.	Demonstrate use home inr mon	1503	.	\$150.00	.	\$30.00
G0249	S	.	Provide test material,equipm	1503	.	\$150.00	.	\$30.00
G0250	E	.	MD review interpret of test	.	.	.	.	.
G0251	S	.	Linear acc based stero radio	1513	.	\$1,150.00	.	\$230.00
G0252	E	.	PET imaging initial dx	.	.	.	.	.
G0255	E	.	Current percep threshold tst	.	.	.	.	.
G0257	S	.	Unsched dialysis ESRD pt hos	0170	5.8994	\$350.09	.	\$70.02
G0258	X	.	IV infusion during obs stay	0340	0.6384	\$37.88	.	\$7.58
G0259	N	.	Inject for sacroiliac joint	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
G0260	T	.	Inj for sacroiliac jt anesth	0206	5.492	\$325.91	\$75.55	\$65.18
G0263	B	.	Adm with CHF, CP, asthma	.	.	.	.	.
G0264	B	.	Assmt otr CHF, CP, asthma	.	.	.	.	.
G0265	A	.	Cryopresevation Freeze+stora	.	.	.	.	.
G0266	A	.	Thawing + expansion froz cel	.	.	.	.	.
G0267	S	.	Bone marrow or psc harvest	0110	3.6594	\$217.16	.	\$43.43
G0268	X	.	Removal of impacted wax md	0340	0.6384	\$37.88	.	\$7.58
G0269	N	.	Occlusive device in vein art	.	.	.	.	.
G0270	A	.	MNT subs tx for change dx	.	.	.	.	.
G0271	A	.	Group MNT 2 or more 30 mins	.	.	.	.	.
G0275	N	.	Renal angio, cardiac cath	.	.	.	.	.
G0278	N	.	Iliac art angio,cardiac cath	.	.	.	.	.
G0279	A	.	Excorp shock tx, elbow epi	.	.	.	.	.
G0280	A	.	Excorp shock tx other than	.	.	.	.	.
G0281	A	.	Elec stim unattend for press	.	.	.	.	.
G0282	E	.	Elect stim wound care not pd	.	.	.	.	.
G0283	A	.	Elec stim other than wound	.	.	.	.	.
G0288	S	.	Recon, CTA for pre & post su	0417	4.075	\$241.82	.	\$48.36
G0289	N	.	Arthro, loose body + chondro	.	.	.	.	.
G0290	T	.	Drug-eluting stents, single	0656	109.9237	\$6,523.20	.	\$1,304.64
G0291	T	.	Drug-eluting stents,each add	0656	109.9237	\$6,523.20	.	\$1,304.64
G0293	S	.	Non-cov surg proc,clin trial	1505	.	\$350.00	.	\$70.00
G0294	S	.	Non-cov proc, clinical trial	1502	.	\$75.00	.	\$15.00
G0295	E	.	Electromagnetic therapy onc	.	.	.	.	.
G0297	T	.	Insert single chamber/cd	0107	260.0295	\$15,430.93	\$3,103.22	\$3,086.19
G0298	T	.	Insert dual chamber/cd	0107	260.0295	\$15,430.93	\$3,103.22	\$3,086.19
G0299	T	.	Inser/repos single icd+leads	0108	349.1681	\$20,720.68	.	\$4,144.14
G0300	T	.	Insert reposit lead dual+gen	0108	349.1681	\$20,720.68	.	\$4,144.14
G0302	S	.	Pre-op service LVRS complete	1509	.	\$750.00	.	\$150.00
G0303	S	.	Pre-op service LVRS 10-15dos	1507	.	\$550.00	.	\$110.00
G0304	S	.	Pre-op service LVRS 1-9 dos	1504	.	\$250.00	.	\$50.00
G0305	S	.	Post op service LVRS min 6	1504	.	\$250.00	.	\$50.00
G0306	A	.	CBC/diffwbc w/o platelet	.	.	.	.	.
G0307	A	.	CBC without platelet	.	.	.	.	.
G0308	A	.	ESRD related svc 4+mo<2yrs	.	.	.	.	.
G0309	A	.	ESRD related svc 2-3mo<2yrs	.	.	.	.	.
G0310	A	.	ESRD related svc 1vst<2yr	.	.	.	.	.
G0311	A	.	ESRD related svcs 4+mo 2-11yr	.	.	.	.	.
G0312	A	.	ESRD relate svcs 2-3 mo 2-11y	.	.	.	.	.
G0313	A	.	ESRD related svcs 1 mon 2-11y	.	.	.	.	.
G0314	A	.	ESRD relate svcs 4+mo 12-19	.	.	.	.	.
G0315	A	.	ESRD related svcs 2-3 mo 12-1	.	.	.	.	.
G0316	A	.	ESRD related svcs 1 vis/12-19	.	.	.	.	.
G0317	A	.	ESRD related svcs 4+mo 20+yrs	.	.	.	.	.
G0318	A	.	ESRD related svcs 2-3 mo 20+y	.	.	.	.	.
G0319	A	.	ESRD related svcs 1visit 20+y	.	.	.	.	.
G0320	A	.	ESRD related svcs home under	.	.	.	.	.
G0321	A	.	ESRDrelatedsvcs home mo 2-11y	.	.	.	.	.
G0322	A	.	ESRD related svcs home mo12-1	.	.	.	.	.
G0323	A	.	ESRD related svcs home mo 20+	.	.	.	.	.
G0324	A	.	ESRD related svcs home/dy/2y	.	.	.	.	.
G0325	A	.	ESRD relate home/dy 2-11yr	.	.	.	.	.
G0326	A	.	ESRD relate home/dy 12-19y	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
G0327	A	.	ESRD relate home/dy 20+yrs	.	.	.	.	.
G0328	A	.	Fecal blood scrn immunoassay	.	.	.	.	.
G0329	A	.	Electromagntic tx for ulcers	.	.	.	.	.
G0337	A	.	Hospice evaluation preelecti	.	.	.	.	.
G0339	S	.	Robot lin-radsurg com, first	1528	.	\$5,250.00	.	\$1,050.00
G0340	S	.	Robt lin-radsurg fractx 2-5	1525	.	\$3,750.00	.	\$750.00
G0341	C	.	Percutaneous islet celltrans	.	.	.	.	.
G0342	C	.	Laparoscopy Islet cell Trans	.	.	.	.	.
G0343	C	.	Laparotomy Islet cell tranp	.	.	.	.	.
G0344	V	.	Initial preventive exam	0601	1.0038	\$59.57	.	\$11.91
G0345	M	.	IV infuse hydration initial	.	.	.	.	.
G0346	M	.	Each additional infuse hours	.	.	.	.	.
G0347	M	.	IV infusion therapy/diagnost	.	.	.	.	.
G0348	M	.	each additional hr up to 8hr	.	.	.	.	.
G0349	M	.	additional sequential infuse	.	.	.	.	.
G0350	M	.	concurrent infusion	.	.	.	.	.
G0351	M	.	therapeutic/diagnostic injec	.	.	.	.	.
G0353	M	.	IV push,single orinital dru	.	.	.	.	.
G0354	M	.	each addition sequential IV	.	.	.	.	.
G0355	M	.	chemo administrate subcut/IM	.	.	.	.	.
G0356	M	.	hormonal anti-neoplastic	.	.	.	.	.
G0357	M	.	IV push single/initial subst	.	.	.	.	.
G0358	M	.	IV push each additional drug	.	.	.	.	.
G0359	M	.	chemotherapy IV one hr initi	.	.	.	.	.
G0360	M	.	each additional hr 1-8 hrs	.	.	.	.	.
G0361	M	.	prolong chemo Infuse>8hrs pu	.	.	.	.	.
G0362	M	.	each add sequential infusion	.	.	.	.	.
G0363	M	.	irrigate implanted venous de	.	.	.	.	.
G0364	X	.	Bone marrow aspirate & biops	0342	0.156	\$9.26	\$3.70	\$1.85
G0365	S	.	Vessel mapping hemo access	0267	2.6327	\$156.23	\$62.18	\$31.25
G0366	B	.	EKG for initial prevent exam	.	.	.	.	.
G0367	S	.	EKG tracing for initial prev	0099	0.3821	\$22.67	.	\$4.53
G0368	M	.	EKG interpret & report preve	.	.	.	.	.
G0369	M	.	Pharm fee 1st month transpla	.	.	.	.	.
G0370	M	.	Pharmacy fee oral cancer etc	.	.	.	.	.
G0371	M	.	Pharm dispense inhalation 30	.	.	.	.	.
G0374	M	.	Pharm dispense inhalation 90	.	.	.	.	.
G0375	S	.	Smoke/Tobacco counseling 3-1	1491	.	\$5.00	.	\$1.00
G0376	S	.	Smoke/Tobacco counseling >10	1491	.	\$5.00	.	\$1.00
G3001	S	.	Admin + supply, tositumomab	1522	.	\$2,250.00	.	\$450.00
G9001	B	.	MCCD, initial rate	.	.	.	.	.
G9002	B	.	MCCD,maintenance rate	.	.	.	.	.
G9003	B	.	MCCD, risk adj hi, initial	.	.	.	.	.
G9004	B	.	MCCD, risk adj lo, initial	.	.	.	.	.
G9005	B	.	MCCD, risk adj, maintenance	.	.	.	.	.
G9006	B	.	MCCD, Home monitoring	.	.	.	.	.
G9007	B	.	MCCD, sch team conf	.	.	.	.	.
G9008	B	.	Mccd,phys coor-care ovrsght	.	.	.	.	.
G9009	E	.	MCCD, risk adj, level 3	.	.	.	.	.
G9010	E	.	MCCD, risk adj, level 4	.	.	.	.	.
G9011	E	.	MCCD, risk adj, level 5	.	.	.	.	.
G9012	E	.	Other Specified Case Mgmt	.	.	.	.	.
G9013	E	.	ESRD demo bundle level I	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
G9014	E	.	ESRD demo bundle-level II	.	.	.	.	.
G9016	E	.	Demo-smoking cessation coun	.	.	.	.	.
G9017	A	.	Amantadine HCL,oral	.	.	.	.	.
G9018	A	.	Zanamivir, inh pwdr	.	.	.	.	.
G9019	A	.	Oseltamivir phosp	.	.	.	.	.
G9020	A	.	Rimantadine HCL	.	.	.	.	.
G9021	M	.	Chemo assess nausea vomit L1	.	.	.	.	.
G9022	M	.	Chemo assess nausea vomit L2	.	.	.	.	.
G9023	M	.	Chemo assess nausea vomit L3	.	.	.	.	.
G9024	M	.	Chemo assess nausea vomit L4	.	.	.	.	.
G9025	M	.	Chemo assessment pain level1	.	.	.	.	.
G9026	M	.	Chemo assessment pain level2	.	.	.	.	.
G9027	M	.	Chemo assessment pain level3	.	.	.	.	.
G9028	M	.	Chemo assessment pain level4	.	.	.	.	.
G9029	M	.	Chemo assess for fatigue L1	.	.	.	.	.
G9030	M	.	Chemo assess for fatigue L2	.	.	.	.	.
G9031	M	.	Chemo assess for fatigue L3	.	.	.	.	.
G9032	M	.	Chemo assess for fatigue L4	.	.	.	.	.
G9033	A	.	Amantadine HCL, oral, brand	.	.	.	.	.
G9034	A	.	Zanamivir, inh pwdr, brand	.	.	.	.	.
G9035	A	.	Oseltamivir phosp, brand	.	.	.	.	.
G9036	A	.	Rimantadine HCL, brand	.	.	.	.	.
G9041	A	.	Low vision serv occupational	.	.	.	.	.
G9042	A	.	Low vision orient/mobility	.	.	.	.	.
G9043	A	.	Low vision rehab therapist	.	.	.	.	.
G9044	A	.	Low vision rehab teacher	.	.	.	.	.
J0120	N	.	Tetracyclin injection	.	.	.	.	.
J0128	G	.	Abarelix injection	9216	.	\$66.96	.	\$13.39
J0130	K	.	Abciximab injection	1605	.	\$450.60	.	\$90.12
J0135	K	.	Adalimumab injection	1083	.	\$300.10	.	\$60.02
J0150	K	.	Injection adenosine 6 MG	0379	.	\$33.45	.	\$6.69
J0152	K	.	Adenosine injection	0917	.	\$71.53	.	\$14.31
J0170	N	.	Adrenalin epinephrin inject	.	.	.	.	.
J0180	K	.	Agalsidase beta injection	9208	.	\$123.35	.	\$24.67
J0190	N	.	Inj biperiden lactate/5 mg	.	.	.	.	.
J0200	N	.	Alatrofloxacin mesylate	.	.	.	.	.
J0205	K	.	Alglucerase injection	0900	.	\$39.94	.	\$7.99
J0207	K	.	Amifostine	7000	.	\$436.01	.	\$87.20
J0210	K	.	Methyl dopate hcl injection	2210	.	\$9.58	.	\$1.92
J0215	B	.	Alefacept	.	.	.	.	.
J0256	K	.	Alpha 1 proteinase inhibitor	0901	.	\$3.30	.	\$0.66
J0270	B	.	Alprostadi for injection	.	.	.	.	.
J0275	B	.	Alprostadi urethral suppos	.	.	.	.	.
J0280	N	.	Aminophyllin 250 MG inj	.	.	.	.	.
J0282	N	.	Amiodarone HCl	.	.	.	.	.
J0285	K	.	Amphotericin B	9030	.	\$30.70	.	\$6.14
J0287	K	.	Amphotericin b lipid complex	9024	.	\$11.95	.	\$2.39
J0288	K	.	Ampho b cholesteryl sulfat	0735	.	\$12.24	.	\$2.45
J0289	K	.	Amphotericin b liposome inj	0736	.	\$21.91	.	\$4.38
J0290	N	.	Ampicillin 500 MG inj	.	.	.	.	.
J0295	N	.	Ampicillin sodium per 1.5 gm	.	.	.	.	.
J0300	N	.	Amobarbital 125 MG inj	.	.	.	.	.
J0330	N	.	Succinylcholine chloride inj	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J0350	N	.	Injection anistreplase 30 u	.	.	.	.	.
J0360	N	.	Hydralazine hcl injection	.	.	.	.	.
J0380	N	.	Inj metaraminol bitartrate	.	.	.	.	.
J0390	N	.	Chloroquine injection	.	.	.	.	.
J0395	K	.	Arbutamine HCl injection	9031	.	\$163.15	.	\$32.63
J0456	N	.	Azithromycin	.	.	.	.	.
J0460	N	.	Atropine sulfate injection	.	.	.	.	.
J0470	N	.	Dimecaprol injection	.	.	.	.	.
J0475	K	.	Baclofen 10 MG injection	9032	.	\$188.01	.	\$37.60
J0476	B	.	Baclofen intrathecal trial	.	.	.	.	.
J0500	N	.	Dicyclomine injection	.	.	.	.	.
J0515	N	.	Inj benztropine mesylate	.	.	.	.	.
J0520	N	.	Bethanechol chloride inject	.	.	.	.	.
J0530	N	.	Penicillin g benzathine inj	.	.	.	.	.
J0540	N	.	Penicillin g benzathine inj	.	.	.	.	.
J0550	N	.	Penicillin g benzathine inj	.	.	.	.	.
J0560	N	.	Penicillin g benzathine inj	.	.	.	.	.
J0570	N	.	Penicillin g benzathine inj	.	.	.	.	.
J0580	K	.	Penicillin g benzathine inj	0880	.	\$72.26	.	\$14.45
J0583	N	.	Bivalirudin	.	.	.	.	.
J0585	K	.	Botulinum toxin a per unit	0902	.	\$4.80	.	\$0.96
J0587	K	.	Botulinum toxin type B	9018	.	\$7.89	.	\$1.58
J0592	N	.	Buprenorphine hydrochloride	.	.	.	.	.
J0595	N	.	Butorphanol tartrate 1 mg	.	.	.	.	.
J0600	K	.	Edetate calcium disodium inj	0892	.	\$40.34	.	\$8.07
J0610	N	.	Calcium gluconate injection	.	.	.	.	.
J0620	N	.	Calcium glycer & lact/10 ML	.	.	.	.	.
J0630	K	.	Calcitonin salmon injection	0893	.	\$35.68	.	\$7.14
J0636	N	.	Inj calcitriol per 0.1 mcg	.	.	.	.	.
J0637	K	.	Caspofungin acetate	9019	.	\$32.35	.	\$6.47
J0640	N	.	Leucovorin calcium injection	.	.	.	.	.
J0670	N	.	Inj mepivacaine HCL/10 ml	.	.	.	.	.
J0690	N	.	Cefazolin sodium injection	.	.	.	.	.
J0692	N	.	Cefepime HCl for injection	.	.	.	.	.
J0694	N	.	Cefoxitin sodium injection	.	.	.	.	.
J0696	N	.	Ceftriaxone sodium injection	.	.	.	.	.
J0697	N	.	Sterile cefuroxime injection	.	.	.	.	.
J0698	N	.	Cefotaxime sodium injection	.	.	.	.	.
J0702	N	.	Betamethasone acet&sod phosp	.	.	.	.	.
J0704	N	.	Betamethasone sod phosp/4 MG	.	.	.	.	.
J0706	K	.	Caffeine citrate injection	0876	.	\$3.34	.	\$0.67
J0710	N	.	Cephapirin sodium injection	.	.	.	.	.
J0713	N	.	Inj ceftazidime per 500 mg	.	.	.	.	.
J0715	N	.	Ceftizoxime sodium / 500 MG	.	.	.	.	.
J0720	N	.	Chloramphenicol sodium injec	.	.	.	.	.
J0725	N	.	Chorionic gonadotropin/1000u	.	.	.	.	.
J0735	K	.	Clonidine hydrochloride	0935	.	\$57.47	.	\$11.49
J0740	K	.	Cidofovir injection	9033	.	\$782.98	.	\$156.60
J0743	N	.	Cilastatin sodium injection	.	.	.	.	.
J0744	N	.	Ciprofloxacin iv	.	.	.	.	.
J0745	N	.	Inj codeine phosphate /30 MG	.	.	.	.	.
J0760	N	.	Colchicine injection	.	.	.	.	.
J0770	N	.	Colistimethate sodium inj	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J0780	N	.	Prochlorperazine injection	.	.	.	.	.
J0800	K	.	Corticotropin injection	1280	.	\$95.44	.	\$19.09
J0835	K	.	Inj cosyntropin per 0.25 MG	0835	.	\$69.27	.	\$13.85
J0850	K	.	Cytomegalovirus imm IV /vial	0903	.	\$683.07	.	\$136.61
J0878	G	.	Daptomycin injection	9124	.	\$0.30	.	\$0.06
J0880	E	.	Darbepoetin alfa injection	.	.	.	.	.
J0895	K	.	Deferoxamine mesylate inj	0895	.	\$14.91	.	\$2.98
J0900	N	.	Testosterone enanthate inj	.	.	.	.	.
J0945	N	.	Brompheniramine maleate inj	.	.	.	.	.
J0970	N	.	Estradiol valerate injection	.	.	.	.	.
J1000	N	.	Depo-estradiol cypionate inj	.	.	.	.	.
J1020	N	.	Methylprednisolone 20 MG inj	.	.	.	.	.
J1030	N	.	Methylprednisolone 40 MG inj	.	.	.	.	.
J1040	N	.	Methylprednisolone 80 MG inj	.	.	.	.	.
J1051	N	.	Medroxyprogesterone inj	.	.	.	.	.
J1055	E	.	Medrxyprogester acetate inj	.	.	.	.	.
J1056	E	.	MA/EC contraceptiveinjection	.	.	.	.	.
J1060	N	.	Testosterone cypionate 1 ML	.	.	.	.	.
J1070	N	.	Testosterone cypionat 100 MG	.	.	.	.	.
J1080	N	.	Testosterone cypionat 200 MG	.	.	.	.	.
J1094	N	.	Inj dexamethasone acetate	.	.	.	.	.
J1100	N	.	Dexamethasone sodium phos	.	.	.	.	.
J1110	K	.	Inj dihydroergotamine mesylt	1210	.	\$27.82	.	\$5.56
J1120	N	.	Acetazolamid sodium injectio	.	.	.	.	.
J1160	N	.	Digoxin injection	.	.	.	.	.
J1165	N	.	Phenytoin sodium injection	.	.	.	.	.
J1170	N	.	Hydromorphone injection	.	.	.	.	.
J1180	K	.	Dyphylline injection	9166	.	\$7.74	.	\$1.55
J1190	K	.	Dexrazoxane HCl injection	0726	.	\$216.39	.	\$43.28
J1200	N	.	Diphenhydramine hcl injectio	.	.	.	.	.
J1205	N	.	Chlorothiazide sodium inj	.	.	.	.	.
J1212	N	.	Dimethyl sulfoxide 50% 50 ML	.	.	.	.	.
J1230	N	.	Methadone injection	.	.	.	.	.
J1240	N	.	Dimenhydrinate injection	.	.	.	.	.
J1245	N	.	Dipyridamole injection	.	.	.	.	.
J1250	N	.	Inj dobutamine HCL/250 mg	.	.	.	.	.
J1260	K	.	Dolasetron mesylate	0750	.	\$6.55	.	\$1.31
J1270	N	.	Injection, doxercalciferol	.	.	.	.	.
J1320	N	.	Amitriptyline injection	.	.	.	.	.
J1325	N	.	Epoprostenol injection	.	.	.	.	.
J1327	K	.	Eptifibatide injection	1607	.	\$12.73	.	\$2.55
J1330	K	.	Ergonovine maleate injection	1330	0.5263	\$31.23	.	\$6.25
J1335	N	.	Ertapenem injection	.	.	.	.	.
J1364	N	.	Erythro lactobionate /500 MG	.	.	.	.	.
J1380	N	.	Estradiol valerate 10 MG inj	.	.	.	.	.
J1390	N	.	Estradiol valerate 20 MG inj	.	.	.	.	.
J1410	K	.	Inj estrogen conjugate 25 MG	9038	.	\$57.77	.	\$11.55
J1435	N	.	Injection estrone per 1 MG	.	.	.	.	.
J1436	K	.	Etidronate disodium inj	1436	.	\$68.69	.	\$13.74
J1438	K	.	Etanercept injection	1608	.	\$152.11	.	\$30.42
J1440	K	.	Filgrastim 300 mcg injection	0728	.	\$178.39	.	\$35.68
J1441	K	.	Filgrastim 480 mcg injection	7049	.	\$282.29	.	\$56.46
J1450	N	.	Fluconazole	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J1452	K	.	Intraocular Fomivirsen na	9040	.	\$203.93	.	\$40.79
J1455	N	.	Foscarnet sodium injection	.	.	.	.	.
J1457	K	.	Gallium nitrate injection	1085	.	\$1.30	.	\$0.26
J1460	N	.	Gamma globulin 1 CC inj	.	.	.	.	.
J1470	B	.	Gamma globulin 2 CC inj	.	.	.	.	.
J1480	B	.	Gamma globulin 3 CC inj	.	.	.	.	.
J1490	B	.	Gamma globulin 4 CC inj	.	.	.	.	.
J1500	B	.	Gamma globulin 5 CC inj	.	.	.	.	.
J1510	B	.	Gamma globulin 6 CC inj	.	.	.	.	.
J1520	B	.	Gamma globulin 7 CC inj	.	.	.	.	.
J1530	B	.	Gamma globulin 8 CC inj	.	.	.	.	.
J1540	B	.	Gamma globulin 9 CC inj	.	.	.	.	.
J1550	B	.	Gamma globulin 10 CC inj	.	.	.	.	.
J1560	B	.	Gamma globulin > 10 CC inj	.	.	.	.	.
J1563	E	.	IV immune globulin	.	.	.	.	.
J1564	E	.	Immune globulin 10 mg	.	.	.	.	.
J1565	K	.	RSV-ivig	0906	.	\$15.56	.	\$3.11
J1570	N	.	Ganciclovir sodium injection	.	.	.	.	.
J1580	N	.	Garamycin gentamicin inj	.	.	.	.	.
J1590	N	.	Gatifloxacin injection	.	.	.	.	.
J1595	N	.	Injection glatiramer acetate	.	.	.	.	.
J1600	N	.	Gold sodium thiomaleate inj	.	.	.	.	.
J1610	K	.	Glucagon hydrochloride/1 MG	9042	.	\$62.16	.	\$12.43
J1620	K	.	Gonadorelin hydroch/ 100 mcg	7005	.	\$173.44	.	\$34.69
J1626	K	.	Granisetron HCl injection	0764	.	\$7.24	.	\$1.45
J1630	N	.	Haloperidol injection	.	.	.	.	.
J1631	N	.	Haloperidol decanoate inj	.	.	.	.	.
J1642	N	.	Inj heparin sodium per 10 u	.	.	.	.	.
J1644	N	.	Inj heparin sodium per 1000u	.	.	.	.	.
J1645	N	.	Dalteparin sodium	.	.	.	.	.
J1650	N	.	Inj enoxaparin sodium	.	.	.	.	.
J1652	N	.	Fondaparinux sodium	.	.	.	.	.
J1655	K	.	Tinzaparin sodium injection	1655	.	\$2.53	.	\$0.51
J1670	K	.	Tetanus immune globulin inj	1670	.	\$76.90	.	\$15.38
J1700	N	.	Hydrocortisone acetate inj	.	.	.	.	.
J1710	N	.	Hydrocortisone sodium ph inj	.	.	.	.	.
J1720	N	.	Hydrocortisone sodium succ i	.	.	.	.	.
J1730	K	.	Diazoxide injection	1740	.	\$113.86	.	\$22.77
J1742	K	.	Ibutilide fumarate injection	9044	.	\$243.34	.	\$48.67
J1745	K	.	Infliximab injection	7043	.	\$54.20	.	\$10.84
J1750	K	.	Iron dextran	9045	.	\$11.43	.	\$2.29
J1756	K	.	Iron sucrose injection	9046	.	\$0.38	.	\$0.08
J1785	K	.	Injection imiglucerase /unit	0916	.	\$3.98	.	\$0.80
J1790	N	.	Droperidol injection	.	.	.	.	.
J1800	N	.	Propranolol injection	.	.	.	.	.
J1810	E	.	Droperidol/fentanyl inj	.	.	.	.	.
J1815	N	.	Insulin injection	.	.	.	.	.
J1817	N	.	Insulin for insulin pump use	.	.	.	.	.
J1825	E	.	Interferon beta-la	.	.	.	.	.
J1830	K	.	Interferon beta-lb / .25 MG	0910	.	\$81.95	.	\$16.39
J1835	K	.	Itraconazole injection	9047	.	\$36.93	.	\$7.39
J1840	N	.	Kanamycin sulfate 500 MG inj	.	.	.	.	.
J1850	N	.	Kanamycin sulfate 75 MG inj	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J1885	N	.	Ketorolac tromethamine inj	.	.	.	.	.
J1890	N	.	Cephalothin sodium injection	.	.	.	.	.
J1931	K	.	Laronidase injection	9209	.	\$23.16	.	\$4.63
J1940	N	.	Furosemide injection	.	.	.	.	.
J1950	K	.	Leuprolide acetate /3.75 MG	0800	.	\$441.78	.	\$88.36
J1955	B	.	Inj levocarnitine per 1 gm	.	.	.	.	.
J1956	N	.	Levofloxacin injection	.	.	.	.	.
J1960	N	.	Levorphanol tartrate inj	.	.	.	.	.
J1980	N	.	Hyoscyamine sulfate inj	.	.	.	.	.
J1990	N	.	Chlordiazepoxide injection	.	.	.	.	.
J2001	N	.	Lidocaine injection	.	.	.	.	.
J2010	N	.	Lincomycin injection	.	.	.	.	.
J2020	K	.	Linezolid injection	9001	.	\$24.15	.	\$4.83
J2060	N	.	Lorazepam injection	.	.	.	.	.
J2150	N	.	Mannitol injection	.	.	.	.	.
J2175	N	.	Meperidine hydrochl /100 MG	.	.	.	.	.
J2180	N	.	Meperidine/promethazine inj	.	.	.	.	.
J2185	N	.	Meropenem	.	.	.	.	.
J2210	N	.	Methylergonovin maleate inj	.	.	.	.	.
J2250	N	.	Inj midazolam hydrochloride	.	.	.	.	.
J2260	N	.	Inj milrinone lactate / 5 MG	.	.	.	.	.
J2270	N	.	Morphine sulfate injection	.	.	.	.	.
J2271	N	.	Morphine so4 injection 100mg	.	.	.	.	.
J2275	N	.	Morphine sulfate injection	.	.	.	.	.
J2280	N	.	Inj, moxifloxacin 100 mg	.	.	.	.	.
J2300	N	.	Inj nalbuphine hydrochloride	.	.	.	.	.
J2310	N	.	Inj naloxone hydrochloride	.	.	.	.	.
J2320	N	.	Nandrolone decanoate 50 MG	.	.	.	.	.
J2321	N	.	Nandrolone decanoate 100 MG	.	.	.	.	.
J2322	N	.	Nandrolone decanoate 200 MG	.	.	.	.	.
J2324	K	.	Nesiritide	9114	.	\$75.19	.	\$15.04
J2353	K	.	Octreotide injection, depot	1207	.	\$87.40	.	\$17.48
J2354	N	.	Octreotide inj, non-depot	.	.	.	.	.
J2355	K	.	Oprelvekin injection	7011	.	\$249.06	.	\$49.81
J2357	G	.	Omalizumab injection	9300	.	\$15.98	.	\$3.20
J2360	N	.	Orphenadrine injection	.	.	.	.	.
J2370	N	.	Phenylephrine hcl injection	.	.	.	.	.
J2400	N	.	Chloroprocaine hcl injection	.	.	.	.	.
J2405	K	.	Ondansetron hcl injection	0768	.	\$3.80	.	\$0.76
J2410	N	.	Oxymorphone hcl injection	.	.	.	.	.
J2430	K	.	Pamidronate disodium /30 MG	0730	.	\$58.42	.	\$11.68
J2440	N	.	Papaverin hcl injection	.	.	.	.	.
J2460	N	.	Oxytetracycline injection	.	.	.	.	.
J2469	K	.	Palonosetron HCl	9210	.	\$18.42	.	\$3.68
J2501	N	.	Paricalcitol	.	.	.	.	.
J2505	K	.	Injection, pegfilgrastim 6mg	9119	.	\$2,178.28	.	\$435.66
J2510	N	.	Penicillin g procaine inj	.	.	.	.	.
J2515	N	.	Pentobarbital sodium inj	.	.	.	.	.
J2540	N	.	Penicillin g potassium inj	.	.	.	.	.
J2543	N	.	Piperacillin/tazobactam	.	.	.	.	.
J2545	Y	.	Pentamidine isethionte/300mg	.	.	.	.	.
J2550	N	.	Promethazine hcl injection	.	.	.	.	.
J2560	N	.	Phenobarbital sodium inj	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J2590	N	.	Oxytocin injection	.	.	.	.	.
J2597	N	.	Inj desmopressin acetate	.	.	.	.	.
J2650	N	.	Prednisolone acetate inj	.	.	.	.	.
J2670	N	.	Totazoline hcl injection	.	.	.	.	.
J2675	N	.	Inj progesterone per 50 MG	.	.	.	.	.
J2680	N	.	Fluphenazine decanoate 25 MG	.	.	.	.	.
J2690	N	.	Procainamide hcl injection	.	.	.	.	.
J2700	N	.	Oxacillin sodium injeciton	.	.	.	.	.
J2710	N	.	Neostigmine methylslfte inj	.	.	.	.	.
J2720	N	.	Inj protamine sulfate/10 MG	.	.	.	.	.
J2725	N	.	Inj protirelin per 250 mcg	.	.	.	.	.
J2730	K	.	Pralidoxime chloride inj	2730	.	\$76.68	.	\$15.34
J2760	N	.	Phentolaine mesylate inj	.	.	.	.	.
J2765	N	.	Metoclopramide hcl injection	.	.	.	.	.
J2770	K	.	Quinupristin/dalfopristin	2770	.	\$105.48	.	\$21.10
J2780	N	.	Ranitidine hydrochloride inj	.	.	.	.	.
J2783	G	.	Rasburicase	0738	.	\$109.18	.	\$21.84
J2788	K	.	Rho d immune globulin 50 mcg	9023	.	\$25.08	.	\$5.02
J2790	K	.	Rho d immune globulin inj	0884	.	\$113.91	.	\$22.78
J2792	K	.	Rho(D) immune globulin h, sd	1609	.	\$12.04	.	\$2.41
J2794	G	.	Risperidone, long acting	9125	.	\$4.71	.	\$0.94
J2795	N	.	Ropivacaine HCl injection	.	.	.	.	.
J2800	N	.	Methocarbamol injection	.	.	.	.	.
J2810	N	.	Inj theophylline per 40 MG	.	.	.	.	.
J2820	K	.	Sargramostim injection	0731	.	\$21.11	.	\$4.22
J2910	N	.	Aurothioglucose injeciton	.	.	.	.	.
J2912	N	.	Sodium chloride injection	.	.	.	.	.
J2916	N	.	Na ferric gluconate complex	.	.	.	.	.
J2920	N	.	Methylprednisolone injection	.	.	.	.	.
J2930	N	.	Methylprednisolone injection	.	.	.	.	.
J2940	K	.	Somatrem injection	2940	.	\$43.14	.	\$8.63
J2941	K	.	Somatropin injection	7034	.	\$42.93	.	\$8.59
J2950	N	.	Promazine hcl injection	.	.	.	.	.
J2993	K	.	Retepase injection	9005	.	\$898.81	.	\$179.76
J2995	K	.	Inj streptokinase /250000 IU	0911	.	\$83.36	.	\$16.67
J2997	K	.	Alteplase recombinant	7048	.	\$30.65	.	\$6.13
J3000	N	.	Streptomycin injection	.	.	.	.	.
J3010	N	.	Fentanyl citrate injeciton	.	.	.	.	.
J3030	K	.	Sumatriptan succinate / 6 MG	3030	.	\$51.03	.	\$10.21
J3070	N	.	Pentazocine hcl injection	.	.	.	.	.
J3100	K	.	Tenecteplase injection	9002	.	\$2,052.77	.	\$410.55
J3105	N	.	Terbutaline sulfata inj	.	.	.	.	.
J3110	B	.	Teriparatide injection	.	.	.	.	.
J3120	N	.	Testosterone enanthate inj	.	.	.	.	.
J3130	N	.	Testosterone enanthate inj	.	.	.	.	.
J3140	N	.	Testosterone suspension inj	.	.	.	.	.
J3150	N	.	Testosteron propionate inj	.	.	.	.	.
J3230	N	.	Chlorpromazine hcl injection	.	.	.	.	.
J3240	K	.	Thyrotropin injection	9108	.	\$712.58	.	\$142.52
J3246	K	.	Tirofiban HCl	7041	.	\$7.89	.	\$1.58
J3250	N	.	Trimethobenzamide hcl inj	.	.	.	.	.
J3260	N	.	Tobramycin sulfate injection	.	.	.	.	.
J3265	N	.	Injection torsemide 10 mg/ml	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J3280	N	.	Thiethylperazine maleate inj	.	.	.	.	.
J3301	N	.	Triamcinolone acetonide inj	.	.	.	.	.
J3302	N	.	Triamcinolone diacetate inj	.	.	.	.	.
J3303	N	.	Triamcinolone hexacetonl inj	.	.	.	.	.
J3305	K	.	Inj trimetrexate glucoronate	7045	.	\$139.85	.	\$27.97
J3310	N	.	Perphenazine injeciton	.	.	.	.	.
J3315	K	.	Triptorelin pamoate	9122	.	\$369.98	.	\$74.00
J3320	N	.	Spectinomycn di-hcl inj	.	.	.	.	.
J3350	K	.	Urea injection	9051	1.0454	\$62.04	.	\$12.41
J3360	N	.	Diazepam injection	.	.	.	.	.
J3364	N	.	Urokinase 5000 IU injection	.	.	.	.	.
J3365	K	.	Urokinase 250,000 IU inj	7036	.	\$415.69	.	\$83.14
J3370	N	.	Vancomycin hcl injection	.	.	.	.	.
J3396	K	.	Verteporfin injection	1203	.	\$9.16	.	\$1.83
J3400	N	.	Triflupromazine hcl inj	.	.	.	.	.
J3410	N	.	Hydroxyzine hcl injection	.	.	.	.	.
J3411	N	.	Thiamine hcl 100 mg	.	.	.	.	.
J3415	N	.	Pyridoxine hcl 100 mg	.	.	.	.	.
J3420	N	.	Vitamin b12 injection	.	.	.	.	.
J3430	N	.	Vitamin k phytonadione inj	.	.	.	.	.
J3465	K	.	Injection, voriconazole	1052	.	\$4.63	.	\$0.93
J3470	N	.	Hyaluronidase injection	.	.	.	.	.
J3475	N	.	Inj magnesium sulfate	.	.	.	.	.
J3480	N	.	Inj potassium chloride	.	.	.	.	.
J3485	N	.	Zidovudine	.	.	.	.	.
J3486	N	.	Ziprasidone mesylate	.	.	.	.	.
J3487	K	.	Zoledronic acid	9115	.	\$202.41	.	\$40.48
J3490	N	.	Drugs unclassified injection	.	.	.	.	.
J3520	E	.	Edetate disodium per 150 mg	.	.	.	.	.
J3530	N	.	Nasal vaccine inhalation	.	.	.	.	.
J3535	E	.	Metered dose inhaler drug	.	.	.	.	.
J3570	E	.	Laetrile amygdalin vit B17	.	.	.	.	.
J3590	N	.	Unclassified biologics	.	.	.	.	.
J7030	N	.	Normal saline solution infus	.	.	.	.	.
J7040	N	.	Normal saline solution infus	.	.	.	.	.
J7042	N	.	5% dextrose/normal saline	.	.	.	.	.
J7050	N	.	Normal saline solution infus	.	.	.	.	.
J7051	N	.	Sterile saline/water	.	.	.	.	.
J7060	N	.	5% dextrose/water	.	.	.	.	.
J7070	N	.	D5w infusion	.	.	.	.	.
J7100	N	.	Dextran 40 infusion	.	.	.	.	.
J7110	N	.	Dextran 75 infusion	.	.	.	.	.
J7120	N	.	Ringers lactate infusion	.	.	.	.	.
J7130	N	.	Hypertonic saline solution	.	.	.	.	.
J7190	K	.	Factor viii	0925	.	\$0.51	.	\$0.10
J7191	K	.	Factor VIII (porcine)	0926	.	\$1.75	.	\$0.35
J7192	K	.	Factor viii recombinant	0927	.	\$0.94	.	\$0.19
J7193	K	.	Factor IX non-recombinant	0931	.	\$0.75	.	\$0.15
J7194	K	.	Factor ix complex	0928	.	\$0.52	.	\$0.10
J7195	K	.	Factor IX recombinant	0932	.	\$0.86	.	\$0.17
J7197	N	.	Antithrombin iii injection	.	.	.	.	.
J7198	K	.	Anti-inhibitor	0929	.	\$1.12	.	\$0.22
J7199	B	.	Hemophilia clot factor noc	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J7300	E	.	Intraut copper contraceptive	.	.	.	.	.
J7302	E	.	Levonorgestrel iu contracept	.	.	.	.	.
J7303	E	.	Contraceptive vaginal ring	.	.	.	.	.
J7304	E	.	Contraceptive hormone patch	.	.	.	.	.
J7308	K	.	Aminolevulinic acid hcl top	7308	.	\$96.79	.	\$19.36
J7310	K	.	Ganciclovir long act implant	0913	.	\$4,318.68	.	\$863.74
J7317	K	.	Sodium hyaluronate injection	7316	.	\$110.65	.	\$22.13
J7320	K	.	Hylan G-F 20 injection	1611	.	\$203.15	.	\$40.63
J7330	B	.	Cultured chondrocytes implnt	.	.	.	.	.
J7340	E	.	Metabolic active D/E tissue	.	.	.	.	.
J7342	K	.	Metabolically active tissue	9054	.	\$15.69	.	\$3.14
J7343	B	.	Nonmetabolic act d/e tissue	.	.	.	.	.
J7344	K	.	Nonmetabolic active tissue	9156	.	\$53.76	.	\$10.75
J7350	K	.	Injectable human tissue	9055	.	\$3.54	.	\$0.71
J7500	N	.	Azathioprine oral 50mg	.	.	.	.	.
J7501	K	.	Azathioprine parenteral	0887	.	\$47.40	.	\$9.48
J7502	K	.	Cyclosporine oral 100 mg	0888	.	\$3.94	.	\$0.79
J7504	K	.	Lymphocyte immune globulin	0890	.	\$290.30	.	\$58.06
J7505	K	.	Monoclonal antibodies	7038	.	\$885.36	.	\$177.07
J7506	N	.	Prednisone oral	.	.	.	.	.
J7507	K	.	Tacrolimus oral per 1 MG	0891	.	\$3.37	.	\$0.67
J7509	N	.	Methylprednisolone oral	.	.	.	.	.
J7510	N	.	Prednisolone oral per 5 mg	.	.	.	.	.
J7511	K	.	Antithymocyte globuln rabbit	9104	.	\$299.47	.	\$59.89
J7513	K	.	Daclizumab, parenteral	1612	.	\$381.48	.	\$76.30
J7515	K	.	Cyclosporine oral 25 mg	7515	.	\$1.00	.	\$0.20
J7516	N	.	Cyclosporin parenteral 250mg	.	.	.	.	.
J7517	K	.	Mycophenolate mofetil oral	9015	.	\$2.50	.	\$0.50
J7518	G	.	Mycophenolic acid	9219	.	\$2.47	.	\$0.49
J7520	K	.	Sirolimus, oral	9020	.	\$6.85	.	\$1.37
J7525	K	.	Tacrolimus injection	9006	.	\$126.61	.	\$25.32
J7599	N	.	Immunosuppressive drug noc	.	.	.	.	.
J7608	Y	.	Acetylcysteine inh sol u d	.	.	.	.	.
J7611	Y	.	Albuterol concentrated form	.	.	.	.	.
J7612	Y	.	Levalbuterol concentrated	.	.	.	.	.
J7613	Y	.	Albuterol unit dose	.	.	.	.	.
J7614	Y	.	Levalbuterol unit dose	.	.	.	.	.
J7616	Y	.	Albuterol compound solution	.	.	.	.	.
J7617	Y	.	Levalbuterol compounded sol	.	.	.	.	.
J7622	A	.	Beclomethasone inhalatn sol	.	.	.	.	.
J7624	A	.	Betamethasone inhalation sol	.	.	.	.	.
J7626	A	.	Budesonide inhalation sol	.	.	.	.	.
J7628	Y	.	Bitolterol mes inhal sol con	.	.	.	.	.
J7629	Y	.	Bitolterol mes inh sol u d	.	.	.	.	.
J7631	Y	.	Cromolyn sodium inh sol u d	.	.	.	.	.
J7633	N	.	Budesonide concentrated sol	.	.	.	.	.
J7635	Y	.	Atropine inhal sol con	.	.	.	.	.
J7636	Y	.	Atropine inhal sol unit dose	.	.	.	.	.
J7637	Y	.	Dexamethasone inhal sol con	.	.	.	.	.
J7638	Y	.	Dexamethasone inhal sol u d	.	.	.	.	.
J7639	Y	.	Dornase alpha inhal sol u d	.	.	.	.	.
J7641	A	.	Flunisolide, inhalation sol	.	.	.	.	.
J7642	Y	.	Glycopyrrolate inhal sol con	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J7643	Y	.	Glycopyrrolate inhal sol u d	.	.	.	.	.
J7644	Y	.	Ipratropium brom inh sol u d	.	.	.	.	.
J7648	Y	.	Isoetharine hcl inh sol con	.	.	.	.	.
J7649	Y	.	Isoetharine hcl inh sol u d	.	.	.	.	.
J7658	Y	.	Isoproterenolhcl inh sol con	.	.	.	.	.
J7659	Y	.	Isoproterenol hcl inh sol ud	.	.	.	.	.
J7668	Y	.	Metaproterenol inh sol con	.	.	.	.	.
J7669	Y	.	Metaproterenol inh sol u d	.	.	.	.	.
J7674	N	.	Methacholine chloride, neb	.	.	.	.	.
J7680	Y	.	Terbutaline so4 inh sol con	.	.	.	.	.
J7681	Y	.	Terbutaline so4 inh sol u d	.	.	.	.	.
J7682	Y	.	Tobramycin inhalation sol	.	.	.	.	.
J7683	Y	.	Triamcinolone inh sol con	.	.	.	.	.
J7684	Y	.	Triamcinolone inh sol u d	.	.	.	.	.
J7699	Y	.	Inhalation solution for DME	.	.	.	.	.
J7799	Y	.	Non-inhalation drug for DME	.	.	.	.	.
J8499	E	.	Oral prescrip drug non chemo	.	.	.	.	.
J8501	G	.	Oral aprepitant	0868	.	\$4.75	.	\$0.95
J8510	K	.	Oral busulfan	7015	.	\$1.98	.	\$0.40
J8520	K	.	Capecitabine, oral, 150 mg	7042	.	\$3.30	.	\$0.66
J8521	E	.	Capecitabine, oral, 500 mg	.	.	.	.	.
J8530	N	.	Cyclophosphamide oral 25 MG	.	.	.	.	.
J8560	K	.	Etoposide oral 50 MG	0802	.	\$41.12	.	\$8.22
J8565	E	.	Gefitinib oral	.	.	.	.	.
J8600	N	.	Melphalan oral 2 MG	.	.	.	.	.
J8610	N	.	Methotrexate oral 2.5 MG	.	.	.	.	.
J8700	K	.	Temozolomide	1086	.	\$7.28	.	\$1.46
J8999	B	.	Oral prescription drug chemo	.	.	.	.	.
J9000	N	.	Doxorubic hcl 10 MG vl chemo	.	.	.	.	.
J9001	K	.	Doxorubicin hcl liposome inj	7046	.	\$365.64	.	\$73.13
J9010	K	.	Alemtuzumab injection	9110	.	\$516.87	.	\$103.37
J9015	K	.	Aldesleukin/single use vial	0807	.	\$701.76	.	\$140.35
J9017	K	.	Arsenic trioxide	9012	.	\$33.76	.	\$6.75
J9020	K	.	Asparaginase injection	0814	.	\$55.42	.	\$11.08
J9031	K	.	Bcg live intravesical vac	0809	.	\$121.74	.	\$24.35
J9035	G	.	Bevacizumab injection	9214	.	\$58.17	.	\$11.63
J9040	K	.	Bleomycin sulfate injection	0857	.	\$54.18	.	\$10.84
J9041	K	.	Bortezomib injection	9207	.	\$28.90	.	\$5.78
J9045	K	.	Carboplatin injection	0811	.	\$77.16	.	\$15.43
J9050	K	.	Carmus bischl nitro inj	0812	.	\$141.29	.	\$28.26
J9055	G	.	Cetuximab injection	9215	.	\$50.59	.	\$10.12
J9060	N	.	Cisplatin 10 MG injection	.	.	.	.	.
J9062	B	.	Cisplatin 50 MG injection	.	.	.	.	.
J9065	K	.	Inj cladribine per 1 MG	0858	.	\$39.37	.	\$7.87
J9070	N	.	Cyclophosphamide 100 MG inj	.	.	.	.	.
J9080	B	.	Cyclophosphamide 200 MG inj	.	.	.	.	.
J9090	B	.	Cyclophosphamide 500 MG inj	.	.	.	.	.
J9091	B	.	Cyclophosphamide 1.0 grm inj	.	.	.	.	.
J9092	B	.	Cyclophosphamide 2.0 grm inj	.	.	.	.	.
J9093	N	.	Cyclophosphamide lyophilized	.	.	.	.	.
J9094	B	.	Cyclophosphamide lyophilized	.	.	.	.	.
J9095	B	.	Cyclophosphamide lyophilized	.	.	.	.	.
J9096	B	.	Cyclophosphamide lyophilized	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J9097	B	.	Cyclophosphamide lyophilized	.	.	.	.	.
J9098	K	.	Cytarabine liposome	1166	.	\$366.43	.	\$73.29
J9100	N	.	Cytarabine hcl 100 MG inj	.	.	.	.	.
J9110	B	.	Cytarabine hcl 500 MG inj	.	.	.	.	.
J9120	N	.	Dactinomycin actinomycin d	.	.	.	.	.
J9130	K	.	Dacarbazine 100 mg inj	0819	.	\$6.20	.	\$1.24
J9140	B	.	Dacarbazine 200 MG inj	.	.	.	.	.
J9150	K	.	Daunorubicin	0820	.	\$35.28	.	\$7.06
J9151	K	.	Daunorubicin citrate liposom	0821	.	\$57.56	.	\$11.51
J9160	K	.	Denileukin diftitox, 300 mcg	1084	.	\$1,235.33	.	\$247.07
J9165	N	.	Diethylstilbestrol injection	.	.	.	.	.
J9170	K	.	Docetaxel	0823	.	\$301.17	.	\$60.23
J9178	K	.	Inj, epirubicin hcl, 2 mg	1167	.	\$25.15	.	\$5.03
J9181	N	.	Etoposide 10 MG inj	.	.	.	.	.
J9182	B	.	Etoposide 100 MG inj	.	.	.	.	.
J9185	K	.	Fludarabine phosphate inj	0842	.	\$262.41	.	\$52.48
J9190	N	.	Fluorouracil injection	.	.	.	.	.
J9200	K	.	Floxuridine injection	0827	.	\$60.17	.	\$12.03
J9201	K	.	Gemcitabine HCl	0828	.	\$117.45	.	\$23.49
J9202	K	.	Goserelin acetate implant	0810	.	\$196.25	.	\$39.25
J9206	K	.	Irinotecan injection	0830	.	\$129.08	.	\$25.82
J9208	K	.	Ifosfomide injection	0831	.	\$53.54	.	\$10.71
J9209	K	.	Mesna injection	0732	.	\$13.68	.	\$2.74
J9211	K	.	Idarubicin hcl injection	0832	.	\$314.00	.	\$62.80
J9212	K	.	Interferon alfacon-1	0912	.	\$3.91	.	\$0.78
J9213	K	.	Interferon alfa-2a inj	0834	.	\$31.75	.	\$6.35
J9214	K	.	Interferon alfa-2b inj	0836	.	\$13.22	.	\$2.64
J9215	K	.	Interferon alfa-n3 inj	0865	.	\$8.77	.	\$1.75
J9216	K	.	Interferon gamma 1-b inj	0838	.	\$277.79	.	\$55.56
J9217	K	.	Leuprolide acetate suspnsion	9217	.	\$230.87	.	\$46.17
J9218	K	.	Leuprolide acetate injeciton	0861	.	\$10.96	.	\$2.19
J9219	K	.	Leuprolide acetate implant	7051	.	\$2,262.19	.	\$452.44
J9230	N	.	Mechlorethamine hcl inj	.	.	.	.	.
J9245	K	.	Inj melphalan hydrochl 50 MG	0840	.	\$523.22	.	\$104.64
J9250	N	.	Methotrexate sodium inj	.	.	.	.	.
J9260	B	.	Methotrexate sodium inj	.	.	.	.	.
J9263	B	.	Oxaliplatin	.	.	.	.	.
J9265	K	.	Paclitaxel injection	0863	.	\$19.11	.	\$3.82
J9266	K	.	Pegaspargase/singl dose vial	0843	.	\$1,528.80	.	\$305.76
J9268	K	.	Pentostatin injection	0844	.	\$1,868.91	.	\$373.78
J9270	K	.	Plicamycin (mithramycin) inj	0860	.	\$80.54	.	\$16.11
J9280	K	.	Mitomycin 5 MG inj	0862	.	\$26.36	.	\$5.27
J9290	B	.	Mitomycin 20 MG inj	.	.	.	.	.
J9291	B	.	Mitomycin 40 MG inj	.	.	.	.	.
J9293	K	.	Mitoxantrone hydrochl / 5 MG	0864	.	\$329.69	.	\$65.94
J9300	K	.	Gemtuzumab ozogamicin	9004	.	\$2,245.04	.	\$449.01
J9305	G	.	Pemetrexed injection	9213	.	\$41.29	.	\$8.26
J9310	K	.	Rituximab cancer treatment	0849	.	\$447.97	.	\$89.59
J9320	K	.	Streptozocin injection	0850	.	\$153.33	.	\$30.67
J9340	K	.	Thiotepa injection	0851	.	\$44.55	.	\$8.91
J9350	K	.	Topotecan	0852	.	\$755.51	.	\$151.10
J9355	K	.	Trastuzumab	1613	.	\$53.98	.	\$10.80
J9357	K	.	Valrubicin, 200 mg	9167	.	\$376.87	.	\$75.37

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
J9360	N	.	Vinblastine sulfate inj	.	.	.	.	.
J9370	N	.	Vincristine sulfate 1 MG inj	.	.	.	.	.
J9375	B	.	Vincristine sulfate 2 MG inj	.	.	.	.	.
J9380	B	.	Vincristine sulfate 5 MG inj	.	.	.	.	.
J9390	K	.	Vinorelbine tartrate/10 mg	0855	.	\$62.85	.	\$12.57
J9395	K	.	Injection, Fulvestrant	9120	.	\$82.90	.	\$16.58
J9600	K	.	Porfimer sodium	0856	.	\$2,457.97	.	\$491.59
J9999	N	.	Chemotherapy drug	.	.	.	.	.
K0001	Y	.	Standard wheelchair	.	.	.	.	.
K0002	Y	.	Stnd hemi (low seat) whlchr	.	.	.	.	.
K0003	Y	.	Lightweight wheelchair	.	.	.	.	.
K0004	Y	.	High strength ltwt whlchr	.	.	.	.	.
K0005	Y	.	Ultralightweight wheelchair	.	.	.	.	.
K0006	Y	.	Heavy duty wheelchair	.	.	.	.	.
K0007	Y	.	Extra heavy duty wheelchair	.	.	.	.	.
K0009	Y	.	Other manual wheelchair/base	.	.	.	.	.
K0010	Y	.	Stnd wt frame power whlchr	.	.	.	.	.
K0011	Y	.	Stnd wt pwr whlchr w control	.	.	.	.	.
K0012	Y	.	Ltwt portbl power whlchr	.	.	.	.	.
K0014	Y	.	Other power whlchr base	.	.	.	.	.
K0015	Y	.	Detach non-adjus hght armrst	.	.	.	.	.
K0017	Y	.	Detach adjust armrest base	.	.	.	.	.
K0018	Y	.	Detach adjust armrst upper	.	.	.	.	.
K0019	Y	.	Arm pad each	.	.	.	.	.
K0020	Y	.	Fixed adjust armrest pair	.	.	.	.	.
K0037	Y	.	High mount flip-up footrest	.	.	.	.	.
K0038	Y	.	Leg strap each	.	.	.	.	.
K0039	Y	.	Leg strap h style each	.	.	.	.	.
K0040	Y	.	Adjustable angle footplate	.	.	.	.	.
K0041	Y	.	Large size footplate each	.	.	.	.	.
K0042	Y	.	Standard size footplate each	.	.	.	.	.
K0043	Y	.	Ftrst lower extension tube	.	.	.	.	.
K0044	Y	.	Ftrst upper hanger bracket	.	.	.	.	.
K0045	Y	.	Footrest complete assembly	.	.	.	.	.
K0046	Y	.	Elevat legrst low extension	.	.	.	.	.
K0047	Y	.	Elevat legrst up hangr brack	.	.	.	.	.
K0050	Y	.	Ratchet assembly	.	.	.	.	.
K0051	Y	.	Cam relese assem ftrst/lgrst	.	.	.	.	.
K0052	Y	.	Swingaway detach footrest	.	.	.	.	.
K0053	Y	.	Elevate footrest articulate	.	.	.	.	.
K0056	Y	.	Seat ht <17 or >=21 ltwt wc	.	.	.	.	.
K0064	Y	.	Zero pressure tube flat free	.	.	.	.	.
K0065	Y	.	Spoke protectors	.	.	.	.	.
K0066	Y	.	Solid tire any size each	.	.	.	.	.
K0067	Y	.	Pneumatic tire any size each	.	.	.	.	.
K0068	Y	.	Pneumatic tire tube each	.	.	.	.	.
K0069	Y	.	Rear whl complete solid tire	.	.	.	.	.
K0070	Y	.	Rear whl compl pneum tire	.	.	.	.	.
K0071	Y	.	Front castr compl pneum tire	.	.	.	.	.
K0072	Y	.	Frnt cstr cml sem-pneum tir	.	.	.	.	.
K0073	Y	.	Caster pin lock each	.	.	.	.	.
K0074	Y	.	Pneumatic caster tire each	.	.	.	.	.
K0075	Y	.	Semi-pneumatic caster tire	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
K0076	Y	.	Solid caster tire each	.	.	.	.	.
K0077	Y	.	Front caster assem complete	.	.	.	.	.
K0078	Y	.	Pneumatic caster tire tube	.	.	.	.	.
K0090	Y	.	Rear tire power wheelchair	.	.	.	.	.
K0091	Y	.	Rear tire tube power whlchr	.	.	.	.	.
K0092	Y	.	Rear assem cmplt powr whlchr	.	.	.	.	.
K0093	Y	.	Rear zero pressure tire tube	.	.	.	.	.
K0094	Y	.	Wheel tire for power base	.	.	.	.	.
K0095	Y	.	Wheel tire tube each base	.	.	.	.	.
K0096	Y	.	Wheel assem powr base complt	.	.	.	.	.
K0097	Y	.	Wheel zero presure tire tube	.	.	.	.	.
K0098	Y	.	Drive belt power wheelchair	.	.	.	.	.
K0099	Y	.	Pwr wheelchair front caster	.	.	.	.	.
K0102	Y	.	Crutch and cane holder	.	.	.	.	.
K0104	Y	.	Cylinder tank carrier	.	.	.	.	.
K0105	Y	.	Iv hanger	.	.	.	.	.
K0106	Y	.	Arm trough each	.	.	.	.	.
K0108	Y	.	W/c component-accessory NOS	.	.	.	.	.
K0195	Y	.	Elevating whlchair leg rests	.	.	.	.	.
K0415	B	.	RX antiemetic drg, oral NOS	.	.	.	.	.
K0416	B	.	Rx antiemetic drg,rectal NOS	.	.	.	.	.
K0452	Y	.	Wheelchair bearings	.	.	.	.	.
K0455	Y	.	Pump uninterrupted infusion	.	.	.	.	.
K0462	Y	.	Temporary replacement eqpmnt	.	.	.	.	.
K0552	Y	.	Supply/Ext inf pump syr type	.	.	.	.	.
K0600	Y	.	Functional neuromuscularstim	.	.	.	.	.
K0601	Y	.	Repl batt silver oxide 1.5 v	.	.	.	.	.
K0602	Y	.	Repl batt silver oxide 3 v	.	.	.	.	.
K0603	Y	.	Repl batt alkaline 1.5 v	.	.	.	.	.
K0604	Y	.	Repl batt lithium 3.6 v	.	.	.	.	.
K0605	Y	.	Repl batt lithium 4.5 v	.	.	.	.	.
K0606	Y	.	AED garment w/elec analysis	.	.	.	.	.
K0607	Y	.	Repl batt for AED	.	.	.	.	.
K0608	Y	.	Repl garment for AED	.	.	.	.	.
K0609	Y	.	Repl electrode for AED	.	.	.	.	.
K0618	A	.	TLSO 2 piece rigid shell	.	.	.	.	.
K0619	A	.	TLSO 3 piece rigid shell	.	.	.	.	.
K0620	A	.	Tubular elastic dressing	.	.	.	.	.
K0628	Y	.	Mult dens insert direct form	.	.	.	.	.
K0629	Y	.	Mult dens insert custom mold	.	.	.	.	.
K0630	Y	.	SIO flex pelvisacral prefab	.	.	.	.	.
K0631	Y	.	SIO flex pelvisacral custom	.	.	.	.	.
K0632	Y	.	SIO panel prefab	.	.	.	.	.
K0633	Y	.	SIO panel custom	.	.	.	.	.
K0634	Y	.	LO flexibl L1 - below L5 pre	.	.	.	.	.
K0635	Y	.	LO sag stays/panels pre-fab	.	.	.	.	.
K0636	Y	.	LO sagitt rigid panel prefab	.	.	.	.	.
K0637	Y	.	LO flex w/o rigid stays pre	.	.	.	.	.
K0638	Y	.	LSO flex w/rigid stays cust	.	.	.	.	.
K0639	Y	.	LSO post rigid panel pre	.	.	.	.	.
K0640	Y	.	LSO sag-coro rigid frame pre	.	.	.	.	.
K0641	Y	.	LSO sag-cor rigid frame cust	.	.	.	.	.
K0642	Y	.	LSO flexion control prefab	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
K0643	Y	.	LSO flexion control custom	.	.	.	.	.
K0644	Y	.	LSO sagit rigid panel prefab	.	.	.	.	.
K0645	Y	.	LSO sagittal rigid panel cus	.	.	.	.	.
K0646	Y	.	LSO sag-coronal panel prefab	.	.	.	.	.
K0647	Y	.	LSO sag-coronal panel custom	.	.	.	.	.
K0648	Y	.	LSO s/c shell/panel prefab	.	.	.	.	.
K0649	Y	.	LSO s/c shell/panel custom	.	.	.	.	.
K0669	Y	.	W/c seat/back no CVR SADMERC	.	.	.	.	.
K0670	A	.	Stance phase only	.	.	.	.	.
K0671	Y	.	Portable oxygen concentrator	.	.	.	.	.
L0100	A	.	Cranial orthosis/helmet mold	.	.	.	.	.
L0110	A	.	Cranial orthosis/helmet nonm	.	.	.	.	.
L0112	A	.	Cranial cervical orthosis	.	.	.	.	.
L0120	A	.	Cerv flexible non-adjustable	.	.	.	.	.
L0130	A	.	Flex thermoplastic collar mo	.	.	.	.	.
L0140	A	.	Cervical semi-rigid adjustab	.	.	.	.	.
L0150	A	.	Cerv semi-rig adj molded chn	.	.	.	.	.
L0160	A	.	Cerv semi-rig wire occ/mand	.	.	.	.	.
L0170	A	.	Cervical collar molded to pt	.	.	.	.	.
L0172	A	.	Cerv col thermplas foam 2 pi	.	.	.	.	.
L0174	A	.	Cerv col foam 2 piece w thor	.	.	.	.	.
L0180	A	.	Cer post col occ/man sup adj	.	.	.	.	.
L0190	A	.	Cerv collar supp adj cerv ba	.	.	.	.	.
L0200	A	.	Cerv col supp adj bar & thor	.	.	.	.	.
L0210	A	.	Thoracic rib belt	.	.	.	.	.
L0220	A	.	Thor rib belt custom fabrica	.	.	.	.	.
L0430	A	.	Dewall posture protector	.	.	.	.	.
L0450	A	.	TLSO flex prefab thoracic	.	.	.	.	.
L0452	A	.	tlso flex custom fab thoraci	.	.	.	.	.
L0454	A	.	TLSO flex prefab sacrococ-T9	.	.	.	.	.
L0456	A	.	TLSO flex prefab	.	.	.	.	.
L0458	A	.	TLSO 2Mod symphis-xipho pre	.	.	.	.	.
L0460	A	.	TLSO2Mod symphysis-stern pre	.	.	.	.	.
L0462	A	.	TLSO 3Mod sacro-scap pre	.	.	.	.	.
L0464	A	.	TLSO 4Mod sacro-scap pre	.	.	.	.	.
L0466	A	.	TLSO rigid frame pre soft ap	.	.	.	.	.
L0468	A	.	TLSO rigid frame prefab pelv	.	.	.	.	.
L0470	A	.	TLSO rigid frame pre subclav	.	.	.	.	.
L0472	A	.	TLSO rigid frame hyperex pre	.	.	.	.	.
L0480	A	.	TLSO rigid plastic custom fa	.	.	.	.	.
L0482	A	.	TLSO rigid lined custom fab	.	.	.	.	.
L0484	A	.	TLSO rigid plastic cust fab	.	.	.	.	.
L0486	A	.	TLSO rigidlined cust fab two	.	.	.	.	.
L0488	A	.	TLSO rigid lined pre one pie	.	.	.	.	.
L0490	A	.	TLSO rigid plastic pre one	.	.	.	.	.
L0700	A	.	Ctlso a-p-l control molded	.	.	.	.	.
L0710	A	.	Ctlso a-p-l control w/ inter	.	.	.	.	.
L0810	A	.	Halo cervical into jckt vest	.	.	.	.	.
L0820	A	.	Halo cervical into body jack	.	.	.	.	.
L0830	A	.	Halo cerv into milwaukee typ	.	.	.	.	.
L0860	A	.	Magnetic resonanc image comp	.	.	.	.	.
L0861	A	.	Halo repl liner/interface	.	.	.	.	.
L0960	E	.	Post surgical support pads	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L0970	A	.	Tlso corset front	.	.	.	.	.
L0972	A	.	Lso corset front	.	.	.	.	.
L0974	A	.	Tlso full corset	.	.	.	.	.
L0976	A	.	Lso full corset	.	.	.	.	.
L0978	A	.	Axillary crutch extension	.	.	.	.	.
L0980	A	.	Peroneal straps pair	.	.	.	.	.
L0982	A	.	Stocking supp grips set of f	.	.	.	.	.
L0984	A	.	Protective body sock each	.	.	.	.	.
L0999	A	.	Add to spinal orthosis NOS	.	.	.	.	.
L1000	A	.	Ctlso milwauke initial model	.	.	.	.	.
L1005	A	.	Tension based scoliosis orth	.	.	.	.	.
L1010	A	.	Ctlso axilla sling	.	.	.	.	.
L1020	A	.	Kyphosis pad	.	.	.	.	.
L1025	A	.	Kyphosis pad floating	.	.	.	.	.
L1030	A	.	Lumbar bolster pad	.	.	.	.	.
L1040	A	.	Lumbar or lumbar rib pad	.	.	.	.	.
L1050	A	.	Sternal pad	.	.	.	.	.
L1060	A	.	Thoracic pad	.	.	.	.	.
L1070	A	.	Trapezius sling	.	.	.	.	.
L1080	A	.	Outrigger	.	.	.	.	.
L1085	A	.	Outrigger bil w/ vert extens	.	.	.	.	.
L1090	A	.	Lumbar sling	.	.	.	.	.
L1100	A	.	Ring flange plastic/leather	.	.	.	.	.
L1110	A	.	Ring flange plas/leather mol	.	.	.	.	.
L1120	A	.	Covers for upright each	.	.	.	.	.
L1200	A	.	Furnsh initial orthosis only	.	.	.	.	.
L1210	A	.	Lateral thoracic extension	.	.	.	.	.
L1220	A	.	Anterior thoracic extension	.	.	.	.	.
L1230	A	.	Milwaukee type superstructur	.	.	.	.	.
L1240	A	.	Lumbar derotation pad	.	.	.	.	.
L1250	A	.	Anterior asis pad	.	.	.	.	.
L1260	A	.	Anterior thoracic derotation	.	.	.	.	.
L1270	A	.	Abdominal pad	.	.	.	.	.
L1280	A	.	Rib gusset (elastic) each	.	.	.	.	.
L1290	A	.	Lateral trochanteric pad	.	.	.	.	.
L1300	A	.	Body jacket mold to patient	.	.	.	.	.
L1310	A	.	Post-operative body jacket	.	.	.	.	.
L1499	A	.	Spinal orthosis NOS	.	.	.	.	.
L1500	A	.	Thkao mobility frame	.	.	.	.	.
L1510	A	.	Thkao standing frame	.	.	.	.	.
L1520	A	.	Thkao swivel walker	.	.	.	.	.
L1600	A	.	Abduct hip flex frejka w cvr	.	.	.	.	.
L1610	A	.	Abduct hip flex frejka covr	.	.	.	.	.
L1620	A	.	Abduct hip flex pavlik harne	.	.	.	.	.
L1630	A	.	Abduct control hip semi-flex	.	.	.	.	.
L1640	A	.	Pelv band/spread bar thigh c	.	.	.	.	.
L1650	A	.	HO abduction hip adjustable	.	.	.	.	.
L1652	A	.	HO bi thighcuffs w sprdr bar	.	.	.	.	.
L1660	A	.	HO abduction static plastic	.	.	.	.	.
L1680	A	.	Pelvic & hip control thigh c	.	.	.	.	.
L1685	A	.	Post-op hip abduct custom fa	.	.	.	.	.
L1686	A	.	HO post-op hip abduction	.	.	.	.	.
L1690	A	.	Combination bilateral HO	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L1700	A	.	Leg perthes orth toronto typ	.	.	.	.	.
L1710	A	.	Legg perthes orth newington	.	.	.	.	.
L1720	A	.	Legg perthes orthosis trilat	.	.	.	.	.
L1730	A	.	Legg perthes orth scottish r	.	.	.	.	.
L1750	A	.	Legg perthes sling	.	.	.	.	.
L1755	A	.	Legg perthes patten bottom t	.	.	.	.	.
L1800	A	.	Knee orthoses elas w stays	.	.	.	.	.
L1810	A	.	Ko elastic with joints	.	.	.	.	.
L1815	A	.	Elastic with condylar pads	.	.	.	.	.
L1820	A	.	Ko elas w/ condyle pads & jo	.	.	.	.	.
L1825	A	.	Ko elastic knee cap	.	.	.	.	.
L1830	A	.	Ko immobilizer canvas longit	.	.	.	.	.
L1831	A	.	Knee orth pos locking joint	.	.	.	.	.
L1832	A	.	KO adj jnt pos rigid support	.	.	.	.	.
L1834	A	.	Ko w/0 joint rigid molded to	.	.	.	.	.
L1836	A	.	Rigid KO wo joints	.	.	.	.	.
L1840	A	.	Ko derot ant cruciate custom	.	.	.	.	.
L1843	A	.	KO single upright custom fit	.	.	.	.	.
L1844	A	.	Ko w/adj jt rot cntrl molded	.	.	.	.	.
L1845	A	.	Ko w/ adj flex/ext rotat cus	.	.	.	.	.
L1846	A	.	Ko w adj flex/ext rotat mold	.	.	.	.	.
L1847	A	.	KO adjustable w air chambers	.	.	.	.	.
L1850	A	.	Ko swedish type	.	.	.	.	.
L1855	A	.	Ko plas doub upright jnt mol	.	.	.	.	.
L1858	A	.	Ko polycentric pneumatic pad	.	.	.	.	.
L1860	A	.	Ko supracondylar socket mold	.	.	.	.	.
L1870	A	.	Ko doub upright lacers molde	.	.	.	.	.
L1880	A	.	Ko doub upright cuffs/lacers	.	.	.	.	.
L1900	A	.	Afo sprng wir drsflx calf bd	.	.	.	.	.
L1901	A	.	Prefab ankle orthosis	.	.	.	.	.
L1902	A	.	Afo ankle gauntlet	.	.	.	.	.
L1904	A	.	Afo molded ankle gauntlet	.	.	.	.	.
L1906	A	.	Afo multiligamentus ankle su	.	.	.	.	.
L1907	A	.	AFO supramalleolar custom	.	.	.	.	.
L1910	A	.	Afo sing bar clasp attach sh	.	.	.	.	.
L1920	A	.	Afo sing upright w/ adjust s	.	.	.	.	.
L1930	A	.	Afo plastic	.	.	.	.	.
L1932	A	.	Afo rig ant tib prefab TCF/=	.	.	.	.	.
L1940	A	.	Afo molded to patient plasti	.	.	.	.	.
L1945	A	.	Afo molded plas rig ant tib	.	.	.	.	.
L1950	A	.	Afo spiral molded to pt plas	.	.	.	.	.
L1951	A	.	AFO spiral prefabricated	.	.	.	.	.
L1960	A	.	Afo pos solid ank plastic mo	.	.	.	.	.
L1970	A	.	Afo plastic molded w/ankle j	.	.	.	.	.
L1971	A	.	AFO w/ankle joint, prefab	.	.	.	.	.
L1980	A	.	Afo sing solid stirrup calf	.	.	.	.	.
L1990	A	.	Afo doub solid stirrup calf	.	.	.	.	.
L2000	A	.	Kafo sing fre stirr thi/calf	.	.	.	.	.
L2005	A	.	KAFO sng/dbl mechanical act	.	.	.	.	.
L2010	A	.	Kafo sng solid stirrup w/o j	.	.	.	.	.
L2020	A	.	Kafo dbl solid stirrup band/	.	.	.	.	.
L2030	A	.	Kafo dbl solid stirrup w/o j	.	.	.	.	.
L2035	A	.	KAFO plastic pediatric size	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L2036	A	.	Kafo plas doub free knee mol	.	.	.	.	.
L2037	A	.	Kafo plas sing free knee mol	.	.	.	.	.
L2038	A	.	Kafo w/o joint multi-axis an	.	.	.	.	.
L2039	A	.	KAFO,plstic,medlat rotat con	.	.	.	.	.
L2040	A	.	Hkafo torsion bil rot straps	.	.	.	.	.
L2050	A	.	Hkafo torsion cable hip pelv	.	.	.	.	.
L2060	A	.	Hkafo torsion ball bearing j	.	.	.	.	.
L2070	A	.	Hkafo torsion unilat rot str	.	.	.	.	.
L2080	A	.	Hkafo unilat torsion cable	.	.	.	.	.
L2090	A	.	Hkafo unilat torsion ball br	.	.	.	.	.
L2106	A	.	Afo tib fx cast plaster mold	.	.	.	.	.
L2108	A	.	Afo tib fx cast molded to pt	.	.	.	.	.
L2112	A	.	Afo tibial fracture soft	.	.	.	.	.
L2114	A	.	Afo tib fx semi-rigid	.	.	.	.	.
L2116	A	.	Afo tibial fracture rigid	.	.	.	.	.
L2126	A	.	Kafo fem fx cast thermoplas	.	.	.	.	.
L2128	A	.	Kafo fem fx cast molded to p	.	.	.	.	.
L2132	A	.	Kafo femoral fx cast soft	.	.	.	.	.
L2134	A	.	Kafo fem fx cast semi-rigid	.	.	.	.	.
L2136	A	.	Kafo femoral fx cast rigid	.	.	.	.	.
L2180	A	.	Plas shoe insert w ank joint	.	.	.	.	.
L2182	A	.	Drop lock knee	.	.	.	.	.
L2184	A	.	Limited motion knee joint	.	.	.	.	.
L2186	A	.	Adj motion knee jnt lerman t	.	.	.	.	.
L2188	A	.	Quadrilateral brim	.	.	.	.	.
L2190	A	.	Waist belt	.	.	.	.	.
L2192	A	.	Pelvic band & belt thigh fla	.	.	.	.	.
L2200	A	.	Limited ankle motion ea jnt	.	.	.	.	.
L2210	A	.	Dorsiflexion assist each joi	.	.	.	.	.
L2220	A	.	Dorsi & plantar flex ass/res	.	.	.	.	.
L2230	A	.	Split flat caliper stirr & p	.	.	.	.	.
L2232	A	.	Rocker bottom, contact AFO	.	.	.	.	.
L2240	A	.	Round caliper and plate atta	.	.	.	.	.
L2250	A	.	Foot plate molded stirrup at	.	.	.	.	.
L2260	A	.	Reinforced solid stirrup	.	.	.	.	.
L2265	A	.	Long tongue stirrup	.	.	.	.	.
L2270	A	.	Varus/valgus strap padded/li	.	.	.	.	.
L2275	A	.	Plastic mod low ext pad/line	.	.	.	.	.
L2280	A	.	Molded inner boot	.	.	.	.	.
L2300	A	.	Abduction bar jointed adjust	.	.	.	.	.
L2310	A	.	Abduction bar-straight	.	.	.	.	.
L2320	A	.	Non-molded lacer	.	.	.	.	.
L2330	A	.	Lacer molded to patient mode	.	.	.	.	.
L2335	A	.	Anterior swing band	.	.	.	.	.
L2340	A	.	Pre-tibial shell molded to p	.	.	.	.	.
L2350	A	.	Prosthetic type socket molde	.	.	.	.	.
L2360	A	.	Extended steel shank	.	.	.	.	.
L2370	A	.	Patten bottom	.	.	.	.	.
L2375	A	.	Torsion ank & half solid sti	.	.	.	.	.
L2380	A	.	Torsion straight knee joint	.	.	.	.	.
L2385	A	.	Straight knee joint heavy du	.	.	.	.	.
L2390	A	.	Offset knee joint each	.	.	.	.	.
L2395	A	.	Offset knee joint heavy duty	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L2397	A	.	Suspension sleeve lower ext	.	.	.	.	.
L2405	A	.	Knee joint drop lock ea jnt	.	.	.	.	.
L2415	A	.	Knee joint cam lock each joi	.	.	.	.	.
L2425	A	.	Knee disc/dial lock/adj flex	.	.	.	.	.
L2430	A	.	Knee jnt ratchet lock ea jnt	.	.	.	.	.
L2492	A	.	Knee lift loop drop lock rin	.	.	.	.	.
L2500	A	.	Thi/glut/ischia wgt bearing	.	.	.	.	.
L2510	A	.	Th/wght bear quad-lat brim m	.	.	.	.	.
L2520	A	.	Th/wght bear quad-lat brim c	.	.	.	.	.
L2525	A	.	Th/wght bear nar m-1 brim mo	.	.	.	.	.
L2526	A	.	Th/wght bear nar m-1 brim cu	.	.	.	.	.
L2530	A	.	Thigh/wght bear lacer non-mo	.	.	.	.	.
L2540	A	.	Thigh/wght bear lacer molded	.	.	.	.	.
L2550	A	.	Thigh/wght bear high roll cu	.	.	.	.	.
L2570	A	.	Hip clevis type 2 posit jnt	.	.	.	.	.
L2580	A	.	Pelvic control pelvic sling	.	.	.	.	.
L2600	A	.	Hip clevis/thrust bearing fr	.	.	.	.	.
L2610	A	.	Hip clevis/thrust bearing lo	.	.	.	.	.
L2620	A	.	Pelvic control hip heavy dut	.	.	.	.	.
L2622	A	.	Hip joint adjustable flexion	.	.	.	.	.
L2624	A	.	Hip adj flex ext abduct cont	.	.	.	.	.
L2627	A	.	Plastic mold recipro hip & c	.	.	.	.	.
L2628	A	.	Metal frame recipro hip & ca	.	.	.	.	.
L2630	A	.	Pelvic control band & belt u	.	.	.	.	.
L2640	A	.	Pelvic control band & belt b	.	.	.	.	.
L2650	A	.	Pelv & thor control gluteal	.	.	.	.	.
L2660	A	.	Thoracic control thoracic ba	.	.	.	.	.
L2670	A	.	Thorac cont paraspinal uprig	.	.	.	.	.
L2680	A	.	Thorac cont lat support upri	.	.	.	.	.
L2750	A	.	Plating chrome/nickel pr bar	.	.	.	.	.
L2755	A	.	Carbon graphite lamination	.	.	.	.	.
L2760	A	.	Extension per extension per	.	.	.	.	.
L2768	A	.	Ortho sidebar disconnect	.	.	.	.	.
L2770	A	.	Low ext orthosis per bar/jnt	.	.	.	.	.
L2780	A	.	Non-corrosive finish	.	.	.	.	.
L2785	A	.	Drop lock retainer each	.	.	.	.	.
L2795	A	.	Knee control full kneecap	.	.	.	.	.
L2800	A	.	Knee cap medial or lateral p	.	.	.	.	.
L2810	A	.	Knee control condylar pad	.	.	.	.	.
L2820	A	.	Soft interface below knee se	.	.	.	.	.
L2830	A	.	Soft interface above knee se	.	.	.	.	.
L2840	A	.	Tibial length sock fx or equ	.	.	.	.	.
L2850	A	.	Femoral lgth sock fx or equa	.	.	.	.	.
L2860	A	.	Torsion mechanism knee/ankle	.	.	.	.	.
L2999	A	.	Lower extremity orthosis NOS	.	.	.	.	.
L3000	B	.	Ft insert ucb berkeley shell	.	.	.	.	.
L3001	B	.	Foot insert remov molded spe	.	.	.	.	.
L3002	B	.	Foot insert plastazote or eq	.	.	.	.	.
L3003	B	.	Foot insert silicone gel eac	.	.	.	.	.
L3010	B	.	Foot longitudinal arch suppo	.	.	.	.	.
L3020	B	.	Foot longitud/metatarsal sup	.	.	.	.	.
L3030	B	.	Foot arch support remov prem	.	.	.	.	.
L3031	E	.	Foot lamin/prepreg composite	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L3040	B	.	Ft arch suprt premold longit	.	.	.	.	.
L3050	B	.	Foot arch supp premold metat	.	.	.	.	.
L3060	B	.	Foot arch supp longitud/meta	.	.	.	.	.
L3070	B	.	Arch suprt att to sho longit	.	.	.	.	.
L3080	B	.	Arch supp att to shoe metata	.	.	.	.	.
L3090	B	.	Arch supp att to shoe long/m	.	.	.	.	.
L3100	B	.	Hallus-valgus nght dynamic s	.	.	.	.	.
L3140	B	.	Abduction rotation bar shoe	.	.	.	.	.
L3150	B	.	Abduct rotation bar w/o shoe	.	.	.	.	.
L3160	B	.	Shoe styled positioning dev	.	.	.	.	.
L3170	B	.	Foot plastic heel stabilizer	.	.	.	.	.
L3201	B	.	Oxford w supinat/pronat inf	.	.	.	.	.
L3202	B	.	Oxford w/ supinat/pronator c	.	.	.	.	.
L3203	B	.	Oxford w/ supinator/pronator	.	.	.	.	.
L3204	B	.	Hightop w/ supp/pronator inf	.	.	.	.	.
L3206	B	.	Hightop w/ supp/pronator chi	.	.	.	.	.
L3207	B	.	Hightop w/ supp/pronator jun	.	.	.	.	.
L3208	B	.	Surgical boot each infant	.	.	.	.	.
L3209	B	.	Surgical boot each child	.	.	.	.	.
L3211	B	.	Surgical boot each junior	.	.	.	.	.
L3212	B	.	Benesch boot pair infant	.	.	.	.	.
L3213	B	.	Benesch boot pair child	.	.	.	.	.
L3214	B	.	Benesch boot pair junior	.	.	.	.	.
L3215	B	.	Orthopedic ftwear ladies oxf	.	.	.	.	.
L3216	B	.	Orthoped ladies shoes dpth i	.	.	.	.	.
L3217	B	.	Ladies shoes hightop depth i	.	.	.	.	.
L3219	B	.	Orthopedic mens shoes oxford	.	.	.	.	.
L3221	B	.	Orthopedic mens shoes dpth i	.	.	.	.	.
L3222	B	.	Mens shoes hightop depth inl	.	.	.	.	.
L3224	A	.	Womans shoe oxford brace	.	.	.	.	.
L3225	A	.	Mans shoe oxford brace	.	.	.	.	.
L3230	B	.	Custom shoes depth inlay	.	.	.	.	.
L3250	B	.	Custom mold shoe remov prost	.	.	.	.	.
L3251	B	.	Shoe molded to pt silicone s	.	.	.	.	.
L3252	B	.	Shoe molded plastazote cust	.	.	.	.	.
L3253	B	.	Shoe molded plastazote cust	.	.	.	.	.
L3254	B	.	Orth foot non-stdndard size/w	.	.	.	.	.
L3255	B	.	Orth foot non-standard size/	.	.	.	.	.
L3257	B	.	Orth foot add charge split s	.	.	.	.	.
L3260	B	.	Ambulatory surgical boot eac	.	.	.	.	.
L3265	B	.	Plastazote sandal each	.	.	.	.	.
L3300	B	.	Sho lift taper to metatarsal	.	.	.	.	.
L3310	B	.	Shoe lift elev heel/sole neo	.	.	.	.	.
L3320	B	.	Shoe lift elev heel/sole cor	.	.	.	.	.
L3330	B	.	Lifts elevation metal extens	.	.	.	.	.
L3332	B	.	Shoe lifts tapered to one-ha	.	.	.	.	.
L3334	B	.	Shoe lifts elevation heel /i	.	.	.	.	.
L3340	B	.	Shoe wedge sach	.	.	.	.	.
L3350	B	.	Shoe heel wedge	.	.	.	.	.
L3360	B	.	Shoe sole wedge outside sole	.	.	.	.	.
L3370	B	.	Shoe sole wedge between sole	.	.	.	.	.
L3380	B	.	Shoe clubfoot wedge	.	.	.	.	.
L3390	B	.	Shoe outflare wedge	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L3400	B	.	Shoe metatarsal bar wedge ro	.	.	.	.	.
L3410	B	.	Shoe metatarsal bar between	.	.	.	.	.
L3420	B	.	Full sole/heel wedge btween	.	.	.	.	.
L3430	B	.	Sho heel count plast reinfor	.	.	.	.	.
L3440	B	.	Heel leather reinforced	.	.	.	.	.
L3450	B	.	Shoe heel sach cushion type	.	.	.	.	.
L3455	B	.	Shoe heel new leather standa	.	.	.	.	.
L3460	B	.	Shoe heel new rubber standar	.	.	.	.	.
L3465	B	.	Shoe heel thomas with wedge	.	.	.	.	.
L3470	B	.	Shoe heel thomas extend to b	.	.	.	.	.
L3480	B	.	Shoe heel pad & depress for	.	.	.	.	.
L3485	B	.	Shoe heel pad removable for	.	.	.	.	.
L3500	B	.	Ortho shoe add leather insol	.	.	.	.	.
L3510	B	.	Orthopedic shoe add rub insl	.	.	.	.	.
L3520	B	.	O shoe add felt w leath insl	.	.	.	.	.
L3530	B	.	Ortho shoe add half sole	.	.	.	.	.
L3540	B	.	Ortho shoe add full sole	.	.	.	.	.
L3550	B	.	O shoe add standard toe tap	.	.	.	.	.
L3560	B	.	O shoe add horseshoe toe tap	.	.	.	.	.
L3570	B	.	O shoe add instep extension	.	.	.	.	.
L3580	B	.	O shoe add instep velcro clo	.	.	.	.	.
L3590	B	.	O shoe convert to sof counte	.	.	.	.	.
L3595	B	.	Ortho shoe add march bar	.	.	.	.	.
L3600	B	.	Trans shoe calip plate exist	.	.	.	.	.
L3610	B	.	Trans shoe caliper plate new	.	.	.	.	.
L3620	B	.	Trans shoe solid stirrup exi	.	.	.	.	.
L3630	B	.	Trans shoe solid stirrup new	.	.	.	.	.
L3640	B	.	Shoe dennis browne splint bo	.	.	.	.	.
L3649	B	.	Orthopedic shoe modifica NOS	.	.	.	.	.
L3650	A	.	Shlder fig 8 abduct restrain	.	.	.	.	.
L3651	A	.	Prefab shoulder orthosis	.	.	.	.	.
L3652	A	.	Prefab dbl shoulder orthosis	.	.	.	.	.
L3660	A	.	Abduct restrainer canvas&web	.	.	.	.	.
L3670	A	.	Acromio/clavicular canvas&we	.	.	.	.	.
L3675	A	.	Canvas vest SO	.	.	.	.	.
L3677	E	.	SO hard plastic stabilizer	.	.	.	.	.
L3700	A	.	Elbow orthoses elas w stays	.	.	.	.	.
L3701	A	.	Prefab elbow orthosis	.	.	.	.	.
L3710	A	.	Elbow elastic with metal joi	.	.	.	.	.
L3720	A	.	Forearm/arm cuffs free motio	.	.	.	.	.
L3730	A	.	Forearm/arm cuffs ext/flex a	.	.	.	.	.
L3740	A	.	Cuffs adj lock w/ active con	.	.	.	.	.
L3760	A	.	EO withjoint, Prefabricated	.	.	.	.	.
L3762	A	.	Rigid EO wo joints	.	.	.	.	.
L3800	A	.	Whfo short opponen no attach	.	.	.	.	.
L3805	A	.	Whfo long opponens no attach	.	.	.	.	.
L3807	A	.	WHFO,no joint, prefabricated	.	.	.	.	.
L3810	A	.	Whfo thumb abduction bar	.	.	.	.	.
L3815	A	.	Whfo second m.p. abduction a	.	.	.	.	.
L3820	A	.	Whfo ip ext asst w/ mp ext s	.	.	.	.	.
L3825	A	.	Whfo m.p. extension stop	.	.	.	.	.
L3830	A	.	Whfo m.p. extension assist	.	.	.	.	.
L3835	A	.	Whfo m.p. spring extension a	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L3840	A	.	Whfo spring swivel thumb	.	.	.	.	.
L3845	A	.	Whfo thumb ip ext ass w/ mp	.	.	.	.	.
L3850	A	.	Action wrist w/ dorsiflex as	.	.	.	.	.
L3855	A	.	Whfo adj m.p. flexion contro	.	.	.	.	.
L3860	A	.	Whfo adj m.p. flex ctrl & i.	.	.	.	.	.
L3890	B	.	Torsion mechanism wrist/elbo	.	.	.	.	.
L3900	A	.	Hinge extension/flex wrist/f	.	.	.	.	.
L3901	A	.	Hinge ext/flex wrist finger	.	.	.	.	.
L3902	E	.	Whfo ext power compress gas	.	.	.	.	.
L3904	A	.	Whfo electric custom fitted	.	.	.	.	.
L3906	A	.	Wrist gauntlet molded to pt	.	.	.	.	.
L3907	A	.	Whfo wrst gauntlt thmb spica	.	.	.	.	.
L3908	A	.	Wrist cock-up non-molded	.	.	.	.	.
L3909	A	.	Prefab wrist orthosis	.	.	.	.	.
L3910	A	.	Whfo swanson design	.	.	.	.	.
L3911	A	.	Prefab hand finger orthosis	.	.	.	.	.
L3912	A	.	Flex glove w/elastic finger	.	.	.	.	.
L3914	A	.	WHO wrist extension cock-up	.	.	.	.	.
L3916	A	.	Whfo wrist extens w/ outrigg	.	.	.	.	.
L3917	A	.	Prefab metacarpl fx orthosis	.	.	.	.	.
L3918	A	.	HFO knuckle bender	.	.	.	.	.
L3920	A	.	Knuckle bender with outrigge	.	.	.	.	.
L3922	A	.	Knuckle bend 2 seg to flex j	.	.	.	.	.
L3923	A	.	HFO, no joint, prefabricated	.	.	.	.	.
L3924	A	.	Oppenheimer	.	.	.	.	.
L3926	A	.	Thomas suspension	.	.	.	.	.
L3928	A	.	Finger extension w/ clock sp	.	.	.	.	.
L3930	A	.	Finger extension with wrist	.	.	.	.	.
L3932	A	.	Safety pin spring wire	.	.	.	.	.
L3934	A	.	Safety pin modified	.	.	.	.	.
L3936	A	.	Palmer	.	.	.	.	.
L3938	A	.	Dorsal wrist	.	.	.	.	.
L3940	A	.	Dorsal wrist w/ outrigger at	.	.	.	.	.
L3942	A	.	Reverse knuckle bender	.	.	.	.	.
L3944	A	.	Reverse knuckle bend w/ outr	.	.	.	.	.
L3946	A	.	HFO composite elastic	.	.	.	.	.
L3948	A	.	Finger knuckle bender	.	.	.	.	.
L3950	A	.	Oppenheimer w/ knuckle bend	.	.	.	.	.
L3952	A	.	Oppenheimer w/ rev knuckle 2	.	.	.	.	.
L3954	A	.	Spreading hand	.	.	.	.	.
L3956	A	.	Add joint upper ext orthosis	.	.	.	.	.
L3960	A	.	Sewho airplan desig abdu pos	.	.	.	.	.
L3962	A	.	Sewho erbs palsey design abd	.	.	.	.	.
L3963	A	.	Molded w/ articulating elbow	.	.	.	.	.
L3964	Y	.	Seo mobile arm sup att to wc	.	.	.	.	.
L3965	Y	.	Arm supp att to wc rancho ty	.	.	.	.	.
L3966	Y	.	Mobile arm supports reclinin	.	.	.	.	.
L3968	Y	.	Friction dampening arm supp	.	.	.	.	.
L3969	Y	.	Monosuspension arm/hand supp	.	.	.	.	.
L3970	Y	.	Elevat proximal arm support	.	.	.	.	.
L3972	Y	.	Offset/lat rocker arm w/ ela	.	.	.	.	.
L3974	Y	.	Mobile arm support supinator	.	.	.	.	.
L3980	A	.	Upp ext fx orthosis humeral	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L3982	A	.	Upper ext fx orthosis rad/ul	.	.	.	.	.
L3984	A	.	Upper ext fx orthosis wrist	.	.	.	.	.
L3985	A	.	Forearm hand fx orth w/ wr h	.	.	.	.	.
L3986	A	.	Humeral rad/ulna wrist fx or	.	.	.	.	.
L3995	A	.	Sock fracture or equal each	.	.	.	.	.
L3999	A	.	Upper limb orthosis NOS	.	.	.	.	.
L4000	A	.	Repl girdle milwaukee orth	.	.	.	.	.
L4002	A	.	Replace strap, any orthosis	.	.	.	.	.
L4010	A	.	Replace trilateral socket br	.	.	.	.	.
L4020	A	.	Replace quadlat socket brim	.	.	.	.	.
L4030	A	.	Replace socket brim cust fit	.	.	.	.	.
L4040	A	.	Replace molded thigh lacer	.	.	.	.	.
L4045	A	.	Replace non-molded thigh lac	.	.	.	.	.
L4050	A	.	Replace molded calf lacer	.	.	.	.	.
L4055	A	.	Replace non-molded calf lace	.	.	.	.	.
L4060	A	.	Replace high roll cuff	.	.	.	.	.
L4070	A	.	Replace prox & dist upright	.	.	.	.	.
L4080	A	.	Repl met band kafo-afo prox	.	.	.	.	.
L4090	A	.	Repl met band kafo-afo calf/	.	.	.	.	.
L4100	A	.	Repl leath cuff kafo prox th	.	.	.	.	.
L4110	A	.	Repl leath cuff kafo-afo cal	.	.	.	.	.
L4130	A	.	Replace pretibial shell	.	.	.	.	.
L4205	A	.	Ortho dvc repair per 15 min	.	.	.	.	.
L4210	A	.	Orth dev repair/repl minor p	.	.	.	.	.
L4350	A	.	Ankle control orthosi prefab	.	.	.	.	.
L4360	A	.	Pneumati walking boot prefab	.	.	.	.	.
L4370	A	.	Pneumatic full leg splint	.	.	.	.	.
L4380	A	.	Pneumatic knee splint	.	.	.	.	.
L4386	A	.	Non-pneum walk boot prefab	.	.	.	.	.
L4392	A	.	Replace AFO soft interface	.	.	.	.	.
L4394	A	.	Replace foot drop spint	.	.	.	.	.
L4396	A	.	Static AFO	.	.	.	.	.
L4398	A	.	Foot drop splint recumbent	.	.	.	.	.
L5000	A	.	Sho insert w arch toe filler	.	.	.	.	.
L5010	A	.	Mold socket ank hgt w/ toe f	.	.	.	.	.
L5020	A	.	Tibial tubercle hgt w/ toe f	.	.	.	.	.
L5050	A	.	Ank symes mold sckt sach ft	.	.	.	.	.
L5060	A	.	Symes met fr leath socket ar	.	.	.	.	.
L5100	A	.	Molded socket shin sach foot	.	.	.	.	.
L5105	A	.	Plast socket jts/thgh lacer	.	.	.	.	.
L5150	A	.	Mold sckt ext knee shin sach	.	.	.	.	.
L5160	A	.	Mold socket bent knee shin s	.	.	.	.	.
L5200	A	.	Kne sing axis fric shin sach	.	.	.	.	.
L5210	A	.	No knee/ankle joints w/ ft b	.	.	.	.	.
L5220	A	.	No knee joint with artic ali	.	.	.	.	.
L5230	A	.	Fem focal defic constant fri	.	.	.	.	.
L5250	A	.	Hip canad sing axi cons fric	.	.	.	.	.
L5270	A	.	Tilt table locking hip sing	.	.	.	.	.
L5280	A	.	Hemipelvect canad sing axis	.	.	.	.	.
L5301	A	.	BK mold socket SACH ft endo	.	.	.	.	.
L5311	A	.	Knee disart, SACH ft, endo	.	.	.	.	.
L5321	A	.	AK open end SACH	.	.	.	.	.
L5331	A	.	Hip disart canadian SACH ft	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L5341	A	.	Hemipelvectomy canadian SACH	.	.	.	.	.
L5400	A	.	Postop dress & 1 cast chg bk	.	.	.	.	.
L5410	A	.	Postop dsq bk ea add cast ch	.	.	.	.	.
L5420	A	.	Postop dsq & 1 cast chg ak/d	.	.	.	.	.
L5430	A	.	Postop dsq ak ea add cast ch	.	.	.	.	.
L5450	A	.	Postop app non-wgt bear dsq	.	.	.	.	.
L5460	A	.	Postop app non-wgt bear dsq	.	.	.	.	.
L5500	A	.	Init bk ptb plaster direct	.	.	.	.	.
L5505	A	.	Init ak ischal plstr direct	.	.	.	.	.
L5510	A	.	Prep BK ptb plaster molded	.	.	.	.	.
L5520	A	.	Perp BK ptb thermopls direct	.	.	.	.	.
L5530	A	.	Prep BK ptb thermopls molded	.	.	.	.	.
L5535	A	.	Prep BK ptb open end socket	.	.	.	.	.
L5540	A	.	Prep BK ptb laminated socket	.	.	.	.	.
L5560	A	.	Prep AK ischial plast molded	.	.	.	.	.
L5570	A	.	Prep AK ischial direct form	.	.	.	.	.
L5580	A	.	Prep AK ischial thermo mold	.	.	.	.	.
L5585	A	.	Prep AK ischial open end	.	.	.	.	.
L5590	A	.	Prep AK ischial laminated	.	.	.	.	.
L5595	A	.	Hip disartic sach thermopls	.	.	.	.	.
L5600	A	.	Hip disart sach laminat mold	.	.	.	.	.
L5610	A	.	Above knee hydracadence	.	.	.	.	.
L5611	A	.	Ak 4 bar link w/fric swing	.	.	.	.	.
L5613	A	.	Ak 4 bar ling w/hydraul swig	.	.	.	.	.
L5614	A	.	4-bar link above knee w/swng	.	.	.	.	.
L5616	A	.	Ak univ multiplex sys frict	.	.	.	.	.
L5617	A	.	AK/BK self-aligning unit ea	.	.	.	.	.
L5618	A	.	Test socket symes	.	.	.	.	.
L5620	A	.	Test socket below knee	.	.	.	.	.
L5622	A	.	Test socket knee disarticula	.	.	.	.	.
L5624	A	.	Test socket above knee	.	.	.	.	.
L5626	A	.	Test socket hip disarticulat	.	.	.	.	.
L5628	A	.	Test socket hemipelvectomy	.	.	.	.	.
L5629	A	.	Below knee acrylic socket	.	.	.	.	.
L5630	A	.	Syme typ expandabl wall sckt	.	.	.	.	.
L5631	A	.	Ak/knee disartic acrylic soc	.	.	.	.	.
L5632	A	.	Symes type ptb brim design s	.	.	.	.	.
L5634	A	.	Symes type poster opening so	.	.	.	.	.
L5636	A	.	Symes type medial opening so	.	.	.	.	.
L5637	A	.	Below knee total contact	.	.	.	.	.
L5638	A	.	Below knee leather socket	.	.	.	.	.
L5639	A	.	Below knee wood socket	.	.	.	.	.
L5640	A	.	Knee disarticulat leather so	.	.	.	.	.
L5642	A	.	Above knee leather socket	.	.	.	.	.
L5643	A	.	Hip flex inner socket ext fr	.	.	.	.	.
L5644	A	.	Above knee wood socket	.	.	.	.	.
L5645	A	.	Bk flex inner socket ext fra	.	.	.	.	.
L5646	A	.	Below knee cushion socket	.	.	.	.	.
L5647	A	.	Below knee suction socket	.	.	.	.	.
L5648	A	.	Above knee cushion socket	.	.	.	.	.
L5649	A	.	Isch containmt/narrow m-1 so	.	.	.	.	.
L5650	A	.	Tot contact ak/knee disart s	.	.	.	.	.
L5651	A	.	Ak flex inner socket ext fra	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L5652	A	.	Suction susp ak/knee disart	.	.	.	.	.
L5653	A	.	Knee disart expand wall sock	.	.	.	.	.
L5654	A	.	Socket insert symes	.	.	.	.	.
L5655	A	.	Socket insert below knee	.	.	.	.	.
L5656	A	.	Socket insert knee articulat	.	.	.	.	.
L5658	A	.	Socket insert above knee	.	.	.	.	.
L5661	A	.	Multi-durometer symes	.	.	.	.	.
L5665	A	.	Multi-durometer below knee	.	.	.	.	.
L5666	A	.	Below knee cuff suspension	.	.	.	.	.
L5668	A	.	Socket insert w/o lock lower	.	.	.	.	.
L5670	A	.	Bk molded supracondylar susp	.	.	.	.	.
L5671	A	.	BK/AK locking mechanism	.	.	.	.	.
L5672	A	.	Bk removable medial brim sus	.	.	.	.	.
L5673	A	.	Socket insert w lock mech	.	.	.	.	.
L5676	A	.	Bk knee joints single axis p	.	.	.	.	.
L5677	A	.	Bk knee joints polycentric p	.	.	.	.	.
L5678	A	.	Bk joint covers pair	.	.	.	.	.
L5679	A	.	Socket insert w/o lock mech	.	.	.	.	.
L5680	A	.	Bk thigh lacer non-molded	.	.	.	.	.
L5681	A	.	Intl custm cong/latyp insert	.	.	.	.	.
L5682	A	.	Bk thigh lacer glut/ischia m	.	.	.	.	.
L5683	A	.	Initial custom socket insert	.	.	.	.	.
L5684	A	.	Bk fork strap	.	.	.	.	.
L5685	A	.	Below knee sus/seal sleeve	.	.	.	.	.
L5686	A	.	Bk back check	.	.	.	.	.
L5688	A	.	Bk waist belt webbing	.	.	.	.	.
L5690	A	.	Bk waist belt padded and lin	.	.	.	.	.
L5692	A	.	Ak pelvic control belt light	.	.	.	.	.
L5694	A	.	Ak pelvic control belt pad/l	.	.	.	.	.
L5695	A	.	Ak sleeve susp neoprene/equa	.	.	.	.	.
L5696	A	.	Ak/knee disartic pelvic join	.	.	.	.	.
L5697	A	.	Ak/knee disartic pelvic band	.	.	.	.	.
L5698	A	.	Ak/knee disartic silesian ba	.	.	.	.	.
L5699	A	.	Shoulder harness	.	.	.	.	.
L5700	A	.	Replace socket below knee	.	.	.	.	.
L5701	A	.	Replace socket above knee	.	.	.	.	.
L5702	A	.	Replace socket hip	.	.	.	.	.
L5704	A	.	Custom shape cover BK	.	.	.	.	.
L5705	A	.	Custom shape cover AK	.	.	.	.	.
L5706	A	.	Custom shape cvr knee disart	.	.	.	.	.
L5707	A	.	Custom shape cvr hip disart	.	.	.	.	.
L5710	A	.	Knee-shin exo sng axi mnl loc	.	.	.	.	.
L5711	A	.	Knee-shin exo mnl lock ultra	.	.	.	.	.
L5712	A	.	Knee-shin exo frict swg & st	.	.	.	.	.
L5714	A	.	Knee-shin exo variable frict	.	.	.	.	.
L5716	A	.	Knee-shin exo mech stance ph	.	.	.	.	.
L5718	A	.	Knee-shin exo frct swg & sta	.	.	.	.	.
L5722	A	.	Knee-shin pneum swg frct exo	.	.	.	.	.
L5724	A	.	Knee-shin exo fluid swing ph	.	.	.	.	.
L5726	A	.	Knee-shin ext jnts fld swg e	.	.	.	.	.
L5728	A	.	Knee-shin fluid swg & stance	.	.	.	.	.
L5780	A	.	Knee-shin pneum/hydra pneum	.	.	.	.	.
L5781	A	.	Lower limb pros vacuum pump	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L5782	A	.	HD low limb pros vacuum pump	.	.	.	.	.
L5785	A	.	Exoskeletal bk ultralt mater	.	.	.	.	.
L5790	A	.	Exoskeletal ak ultra-light m	.	.	.	.	.
L5795	A	.	Exoskel hip ultra-light mate	.	.	.	.	.
L5810	A	.	Endoskel knee-shin mnl lock	.	.	.	.	.
L5811	A	.	Endo knee-shin mnl lck ultra	.	.	.	.	.
L5812	A	.	Endo knee-shin frct swg & st	.	.	.	.	.
L5814	A	.	Endo knee-shin hydral swg ph	.	.	.	.	.
L5816	A	.	Endo knee-shin polyc mch sta	.	.	.	.	.
L5818	A	.	Endo knee-shin frct swg & st	.	.	.	.	.
L5822	A	.	Endo knee-shin pneum swg frc	.	.	.	.	.
L5824	A	.	Endo knee-shin fluid swing p	.	.	.	.	.
L5826	A	.	Miniature knee joint	.	.	.	.	.
L5828	A	.	Endo knee-shin fluid swg/sta	.	.	.	.	.
L5830	A	.	Endo knee-shin pneum/swg pha	.	.	.	.	.
L5840	A	.	Multi-axial knee/shin system	.	.	.	.	.
L5845	A	.	Knee-shin sys stance flexion	.	.	.	.	.
L5848	A	.	Knee-shin sys hydraul stance	.	.	.	.	.
L5850	A	.	Endo ak/hip knee extens assi	.	.	.	.	.
L5855	A	.	Mech hip extension assist	.	.	.	.	.
L5856	A	.	Elec knee-shin swing/stance	.	.	.	.	.
L5857	A	.	Elec knee-shin swing only	.	.	.	.	.
L5910	A	.	Endo below knee alignable sy	.	.	.	.	.
L5920	A	.	Endo ak/hip alignable system	.	.	.	.	.
L5925	A	.	Above knee manual lock	.	.	.	.	.
L5930	A	.	High activity knee frame	.	.	.	.	.
L5940	A	.	Endo bk ultra-light material	.	.	.	.	.
L5950	A	.	Endo ak ultra-light material	.	.	.	.	.
L5960	A	.	Endo hip ultra-light materia	.	.	.	.	.
L5962	A	.	Below knee flex cover system	.	.	.	.	.
L5964	A	.	Above knee flex cover system	.	.	.	.	.
L5966	A	.	Hip flexible cover system	.	.	.	.	.
L5968	A	.	Multiaxial ankle w dorsiflex	.	.	.	.	.
L5970	A	.	Foot external keel sach foot	.	.	.	.	.
L5972	A	.	Flexible keel foot	.	.	.	.	.
L5974	A	.	Foot single axis ankle/foot	.	.	.	.	.
L5975	A	.	Combo ankle/foot prosthesis	.	.	.	.	.
L5976	A	.	Energy storing foot	.	.	.	.	.
L5978	A	.	Ft prosth multiaxial ankl/ft	.	.	.	.	.
L5979	A	.	Multi-axial ankle/ft prosth	.	.	.	.	.
L5980	A	.	Flex foot system	.	.	.	.	.
L5981	A	.	Flex-walk sys low ext prosth	.	.	.	.	.
L5982	A	.	Exoskeletal axial rotation u	.	.	.	.	.
L5984	A	.	Endoskeletal axial rotation	.	.	.	.	.
L5985	A	.	Lwr ext dynamic prosth pylon	.	.	.	.	.
L5986	A	.	Multi-axial rotation unit	.	.	.	.	.
L5987	A	.	Shank ft w vert load pylon	.	.	.	.	.
L5988	A	.	Vertical shock reducing pylo	.	.	.	.	.
L5990	A	.	User adjustable heel height	.	.	.	.	.
L5995	A	.	Lower ext pros heavyduty fea	.	.	.	.	.
L5999	A	.	Lowr extremity prosthes NOS	.	.	.	.	.
L6000	A	.	Par hand robin-aids thum rem	.	.	.	.	.
L6010	A	.	Hand robin-aids little/ring	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L6020	A	.	Part hand robin-aids no fing	.	.	.	.	.
L6025	A	.	Part hand disart myoelectric	.	.	.	.	.
L6050	A	.	Wrst MLd sck flx hng tri pad	.	.	.	.	.
L6055	A	.	Wrst mold sock w/exp interfa	.	.	.	.	.
L6100	A	.	Elb mold sock flex hinge pad	.	.	.	.	.
L6110	A	.	Elbow mold sock suspension t	.	.	.	.	.
L6120	A	.	Elbow mold doub splt soc ste	.	.	.	.	.
L6130	A	.	Elbow stump activated lock h	.	.	.	.	.
L6200	A	.	Elbow mold outsid lock hinge	.	.	.	.	.
L6205	A	.	Elbow molded w/ expand inter	.	.	.	.	.
L6250	A	.	Elbow inter loc elbow forarm	.	.	.	.	.
L6300	A	.	Shlder disart int lock elbow	.	.	.	.	.
L6310	A	.	Shoulder passive restor comp	.	.	.	.	.
L6320	A	.	Shoulder passive restor cap	.	.	.	.	.
L6350	A	.	Thoracic intern lock elbow	.	.	.	.	.
L6360	A	.	Thoracic passive restor comp	.	.	.	.	.
L6370	A	.	Thoracic passive restor cap	.	.	.	.	.
L6380	A	.	Postop dsg cast chg wrst/elb	.	.	.	.	.
L6382	A	.	Postop dsg cast chg elb dis/	.	.	.	.	.
L6384	A	.	Postop dsg cast chg shlder/t	.	.	.	.	.
L6386	A	.	Postop ea cast chg & realign	.	.	.	.	.
L6388	A	.	Postop applicat rigid dsg on	.	.	.	.	.
L6400	A	.	Below elbow prosth tiss shap	.	.	.	.	.
L6450	A	.	Elb disart prosth tiss shap	.	.	.	.	.
L6500	A	.	Above elbow prosth tiss shap	.	.	.	.	.
L6550	A	.	Shldr disar prosth tiss shap	.	.	.	.	.
L6570	A	.	Scap thorac prosth tiss shap	.	.	.	.	.
L6580	A	.	Wrist/elbow bowden cable mol	.	.	.	.	.
L6582	A	.	Wrist/elbow bowden cbl dir f	.	.	.	.	.
L6584	A	.	Elbow fair lead cable molded	.	.	.	.	.
L6586	A	.	Elbow fair lead cable dir fo	.	.	.	.	.
L6588	A	.	Shdr fair lead cable molded	.	.	.	.	.
L6590	A	.	Shdr fair lead cable direct	.	.	.	.	.
L6600	A	.	Polycentric hinge pair	.	.	.	.	.
L6605	A	.	Single pivot hinge pair	.	.	.	.	.
L6610	A	.	Flexible metal hinge pair	.	.	.	.	.
L6615	A	.	Disconnect locking wrist uni	.	.	.	.	.
L6616	A	.	Disconnect insert locking wr	.	.	.	.	.
L6620	A	.	Flexion/extension wrist unit	.	.	.	.	.
L6623	A	.	Spring-ass rot wrst w/ latch	.	.	.	.	.
L6625	A	.	Rotation wrst w/ cable lock	.	.	.	.	.
L6628	A	.	Quick disconn hook adapter o	.	.	.	.	.
L6629	A	.	Lamination collar w/ couplin	.	.	.	.	.
L6630	A	.	Stainless steel any wrist	.	.	.	.	.
L6632	A	.	Latex suspension sleeve each	.	.	.	.	.
L6635	A	.	Lift assist for elbow	.	.	.	.	.
L6637	A	.	Nudge control elbow lock	.	.	.	.	.
L6638	A	.	Elec lock on manual pw elbow	.	.	.	.	.
L6640	A	.	Shoulder abduction joint pai	.	.	.	.	.
L6641	A	.	Excursion amplifier pulley t	.	.	.	.	.
L6642	A	.	Excursion amplifier lever ty	.	.	.	.	.
L6645	A	.	Shoulder flexion-abduction j	.	.	.	.	.
L6646	A	.	Multipo locking shoulder jnt	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L6647	A	.	Shoulder lock actuator	.	.	.	.	.
L6648	A	.	Ext pwrld shlder lock/unlock	.	.	.	.	.
L6650	A	.	Shoulder universal joint	.	.	.	.	.
L6655	A	.	Standard control cable extra	.	.	.	.	.
L6660	A	.	Heavy duty control cable	.	.	.	.	.
L6665	A	.	Teflon or equal cable lining	.	.	.	.	.
L6670	A	.	Hook to hand cable adapter	.	.	.	.	.
L6672	A	.	Harness chest/shlder saddle	.	.	.	.	.
L6675	A	.	Harness figure of 8 sing con	.	.	.	.	.
L6676	A	.	Harness figure of 8 dual con	.	.	.	.	.
L6680	A	.	Test sock wrist disart/bel e	.	.	.	.	.
L6682	A	.	Test sock elbw disart/above	.	.	.	.	.
L6684	A	.	Test socket shldr disart/tho	.	.	.	.	.
L6686	A	.	Suction socket	.	.	.	.	.
L6687	A	.	Frame typ socket bel elbow/w	.	.	.	.	.
L6688	A	.	Frame typ sock above elb/dis	.	.	.	.	.
L6689	A	.	Frame typ socket shoulder di	.	.	.	.	.
L6690	A	.	Frame typ sock interscap-tho	.	.	.	.	.
L6691	A	.	Removable insert each	.	.	.	.	.
L6692	A	.	Silicone gel insert or equal	.	.	.	.	.
L6693	A	.	Lockingelbow forearm cntrbal	.	.	.	.	.
L6694	A	.	Elbow socket ins use w/lock	.	.	.	.	.
L6695	A	.	Elbow socket ins use w/o lck	.	.	.	.	.
L6696	A	.	Cus elbo skt in for con/atyp	.	.	.	.	.
L6697	A	.	Cus elbo skt in not con/atyp	.	.	.	.	.
L6698	A	.	Below/above elbow lock mech	.	.	.	.	.
L6700	A	.	Terminal device model #3	.	.	.	.	.
L6705	A	.	Terminal device model #5	.	.	.	.	.
L6710	A	.	Terminal device model #5x	.	.	.	.	.
L6715	A	.	Terminal device model #5xa	.	.	.	.	.
L6720	A	.	Terminal device model #6	.	.	.	.	.
L6725	A	.	Terminal device model #7	.	.	.	.	.
L6730	A	.	Terminal device model #7lo	.	.	.	.	.
L6735	A	.	Terminal device model #8	.	.	.	.	.
L6740	A	.	Terminal device model #8x	.	.	.	.	.
L6745	A	.	Terminal device model #88x	.	.	.	.	.
L6750	A	.	Terminal device model #10p	.	.	.	.	.
L6755	A	.	Terminal device model #10x	.	.	.	.	.
L6765	A	.	Terminal device model #12p	.	.	.	.	.
L6770	A	.	Terminal device model #99x	.	.	.	.	.
L6775	A	.	Terminal device model#555	.	.	.	.	.
L6780	A	.	Terminal device model #ss555	.	.	.	.	.
L6790	A	.	Hooks-accu hook or equal	.	.	.	.	.
L6795	A	.	Hooks-2 load or equal	.	.	.	.	.
L6800	A	.	Hooks-aprl vc or equal	.	.	.	.	.
L6805	A	.	Modifier wrist flexion unit	.	.	.	.	.
L6806	A	.	Trs grip vc or equal	.	.	.	.	.
L6807	A	.	Term device gripl/2 or equal	.	.	.	.	.
L6808	A	.	Term device infant or child	.	.	.	.	.
L6809	A	.	Trs super sport passive	.	.	.	.	.
L6810	A	.	Pincher tool otto bock or eq	.	.	.	.	.
L6825	A	.	Hands dorrance vo	.	.	.	.	.
L6830	A	.	Hand aprl vc	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L6835	A	.	Hand sierra vo	.	.	.	.	.
L6840	A	.	Hand becker imperial	.	.	.	.	.
L6845	A	.	Hand becker lock grip	.	.	.	.	.
L6850	A	.	Term dvc-hand becker plylite	.	.	.	.	.
L6855	A	.	Hand robin-aids vo	.	.	.	.	.
L6860	A	.	Hand robin-aids vo soft	.	.	.	.	.
L6865	A	.	Hand passive hand	.	.	.	.	.
L6867	A	.	Hand detroit infant hand	.	.	.	.	.
L6868	A	.	Passive inf hand steeper/hos	.	.	.	.	.
L6870	A	.	Hand child mitt	.	.	.	.	.
L6872	A	.	Hand nyu child hand	.	.	.	.	.
L6873	A	.	Hand mech inf steeper or equ	.	.	.	.	.
L6875	A	.	Hand bock vc	.	.	.	.	.
L6880	A	.	Hand bock vo	.	.	.	.	.
L6881	A	.	Autograsp feature ul term dv	.	.	.	.	.
L6882	A	.	Microprocessor control uplmb	.	.	.	.	.
L6890	A	.	Production glove	.	.	.	.	.
L6895	A	.	Custom glove	.	.	.	.	.
L6900	A	.	Hand restorat thumb/1 finger	.	.	.	.	.
L6905	A	.	Hand restoration multiple fi	.	.	.	.	.
L6910	A	.	Hand restoration no fingers	.	.	.	.	.
L6915	A	.	Hand restoration replacmnt g	.	.	.	.	.
L6920	A	.	Wrist disarticul switch ctrl	.	.	.	.	.
L6925	A	.	Wrist disart myoelectronic c	.	.	.	.	.
L6930	A	.	Below elbow switch control	.	.	.	.	.
L6935	A	.	Below elbow myoelectronic ct	.	.	.	.	.
L6940	A	.	Elbow disarticulation switch	.	.	.	.	.
L6945	A	.	Elbow disart myoelectronic c	.	.	.	.	.
L6950	A	.	Above elbow switch control	.	.	.	.	.
L6955	A	.	Above elbow myoelectronic ct	.	.	.	.	.
L6960	A	.	Shldr disartic switch contro	.	.	.	.	.
L6965	A	.	Shldr disartic myoelectronic	.	.	.	.	.
L6970	A	.	Interscapular-thor switch ct	.	.	.	.	.
L6975	A	.	Interscap-thor myoelectronic	.	.	.	.	.
L7010	A	.	Hand otto back steeper/eq sw	.	.	.	.	.
L7015	A	.	Hand sys teknik village swit	.	.	.	.	.
L7020	A	.	Electronic greifer switch ct	.	.	.	.	.
L7025	A	.	Electron hand myoelectronic	.	.	.	.	.
L7030	A	.	Hand sys teknik vill myoelec	.	.	.	.	.
L7035	A	.	Electron greifer myoelectro	.	.	.	.	.
L7040	A	.	Prehensile actuator hosmer s	.	.	.	.	.
L7045	A	.	Electron hook child michigan	.	.	.	.	.
L7170	A	.	Electronic elbow hosmer swit	.	.	.	.	.
L7180	A	.	Electronic elbow utah myoele	.	.	.	.	.
L7181	A	.	Electronic elbo simultaneous	.	.	.	.	.
L7185	A	.	Electron elbow adolescent sw	.	.	.	.	.
L7186	A	.	Electron elbow child switch	.	.	.	.	.
L7190	A	.	Elbow adolescent myoelectron	.	.	.	.	.
L7191	A	.	Elbow child myoelectronic ct	.	.	.	.	.
L7260	A	.	Electron wrist rotator otto	.	.	.	.	.
L7261	A	.	Electron wrist rotator utah	.	.	.	.	.
L7266	A	.	Servo control steeper or equ	.	.	.	.	.
L7272	A	.	Analogue control unb or equa	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L7274	A	.	Proportional ctl 12 volt uta	.	.	.	.	.
L7360	A	.	Six volt bat otto bock/eq ea	.	.	.	.	.
L7362	A	.	Battery chrgr six volt otto	.	.	.	.	.
L7364	A	.	Twelve volt battery utah/equ	.	.	.	.	.
L7366	A	.	Battery chrgr 12 volt utah/e	.	.	.	.	.
L7367	A	.	Replacemnt lithium ionbatter	.	.	.	.	.
L7368	A	.	Lithium ion battery charger	.	.	.	.	.
L7499	A	.	Upper extremity prosthes NOS	.	.	.	.	.
L7500	A	.	Prosthetic dvc repair hourly	.	.	.	.	.
L7510	A	.	Prosthetic device repair rep	.	.	.	.	.
L7520	A	.	Repair prosthesis per 15 min	.	.	.	.	.
L7900	A	.	Male vacuum erection system	.	.	.	.	.
L8000	A	.	Mastectomy bra	.	.	.	.	.
L8001	A	.	Breast prosthesis bra & form	.	.	.	.	.
L8002	A	.	Brst prsth bra & bilat form	.	.	.	.	.
L8010	A	.	Mastectomy sleeve	.	.	.	.	.
L8015	A	.	Ext breastprosthesis garment	.	.	.	.	.
L8020	A	.	Mastectomy form	.	.	.	.	.
L8030	A	.	Breast prosthesis silicone/e	.	.	.	.	.
L8035	A	.	Custom breast prosthesis	.	.	.	.	.
L8039	A	.	Breast prosthesis NOS	.	.	.	.	.
L8040	A	.	Nasal prosthesis	.	.	.	.	.
L8041	A	.	Midfacial prosthesis	.	.	.	.	.
L8042	A	.	Orbital prosthesis	.	.	.	.	.
L8043	A	.	Upper facial prosthesis	.	.	.	.	.
L8044	A	.	Hemi-facial prosthesis	.	.	.	.	.
L8045	A	.	Auricular prosthesis	.	.	.	.	.
L8046	A	.	Partial facial prosthesis	.	.	.	.	.
L8047	A	.	Nasal septal prosthesis	.	.	.	.	.
L8048	A	.	Unspec maxillofacial prosth	.	.	.	.	.
L8049	A	.	Repair maxillofacial prosth	.	.	.	.	.
L8100	E	.	Compression stocking BK18-30	.	.	.	.	.
L8110	A	.	Compression stocking BK30-40	.	.	.	.	.
L8120	A	.	Compression stocking BK40-50	.	.	.	.	.
L8130	E	.	Gc stocking thighlength 18-30	.	.	.	.	.
L8140	E	.	Gc stocking thighlength 30-40	.	.	.	.	.
L8150	E	.	Gc stocking thighlength 40-50	.	.	.	.	.
L8160	E	.	Gc stocking full lngth 18-30	.	.	.	.	.
L8170	E	.	Gc stocking full lngth 30-40	.	.	.	.	.
L8180	E	.	Gc stocking full lngth 40-50	.	.	.	.	.
L8190	E	.	Gc stocking waistlength 18-30	.	.	.	.	.
L8195	E	.	Gc stocking waistlength 30-40	.	.	.	.	.
L8200	E	.	Gc stocking waistlength 40-50	.	.	.	.	.
L8210	E	.	Gc stocking custom made	.	.	.	.	.
L8220	E	.	Gc stocking lymphedema	.	.	.	.	.
L8230	E	.	Gc stocking garter belt	.	.	.	.	.
L8239	E	.	G compression stocking NOS	.	.	.	.	.
L8300	A	.	Truss single w/ standard pad	.	.	.	.	.
L8310	A	.	Truss double w/ standard pad	.	.	.	.	.
L8320	A	.	Truss addition to std pad wa	.	.	.	.	.
L8330	A	.	Truss add to std pad scrotal	.	.	.	.	.
L8400	A	.	Sheath below knee	.	.	.	.	.
L8410	A	.	Sheath above knee	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
L8415	A	.	Sheath upper limb	.	.	.	.	.
L8417	A	.	Pros sheath/sock w gel cushn	.	.	.	.	.
L8420	A	.	Prosthetic sock multi ply BK	.	.	.	.	.
L8430	A	.	Prosthetic sock multi ply AK	.	.	.	.	.
L8435	A	.	Pros sock multi ply upper lm	.	.	.	.	.
L8440	A	.	Shrinker below knee	.	.	.	.	.
L8460	A	.	Shrinker above knee	.	.	.	.	.
L8465	A	.	Shrinker upper limb	.	.	.	.	.
L8470	A	.	Pros sock single ply BK	.	.	.	.	.
L8480	A	.	Pros sock single ply AK	.	.	.	.	.
L8485	A	.	Pros sock single ply upper l	.	.	.	.	.
L8499	A	.	Unlisted misc prosthetic ser	.	.	.	.	.
L8500	A	.	Artificial larynx	.	.	.	.	.
L8501	A	.	Tracheostomy speaking valve	.	.	.	.	.
L8505	A	.	Artificial larynx, accessory	.	.	.	.	.
L8507	A	.	Trach-esoph voice pros pt in	.	.	.	.	.
L8509	A	.	Trach-esoph voice pros md in	.	.	.	.	.
L8510	A	.	Voice amplifier	.	.	.	.	.
L8511	A	.	Indwelling trach insert	.	.	.	.	.
L8512	A	.	Gel cap for trach voice pros	.	.	.	.	.
L8513	A	.	Trach pros cleaning device	.	.	.	.	.
L8514	A	.	Repl trach puncture dilator	.	.	.	.	.
L8515	A	.	Gel cap app device for trach	.	.	.	.	.
L8600	N	.	Implant breast silicone/eq	.	.	.	.	.
L8603	N	.	Collagen imp urinary 2.5 ml	.	.	.	.	.
L8606	N	.	Synthetic implnt urinary 1ml	.	.	.	.	.
L8610	N	.	Ocular implant	.	.	.	.	.
L8612	N	.	Aqueous shunt prosthesis	.	.	.	.	.
L8613	N	.	Ossicular implant	.	.	.	.	.
L8614	N	.	Cochlear device/system	.	.	.	.	.
L8615	A	.	Coch implant headset replace	.	.	.	.	.
L8616	A	.	Coch implant microphone repl	.	.	.	.	.
L8617	A	.	Coch implant trans coil repl	.	.	.	.	.
L8618	A	.	Coch implant tran cable repl	.	.	.	.	.
L8619	A	.	Replace cochlear processor	.	.	.	.	.
L8620	A	.	Repl lithium ion battery	.	.	.	.	.
L8621	A	.	Repl zinc air battery	.	.	.	.	.
L8622	A	.	Repl alkaline battery	.	.	.	.	.
L8630	N	.	Metacarpophalangeal implant	.	.	.	.	.
L8631	N	.	MCP joint repl 2 pc or more	.	.	.	.	.
L8641	N	.	Metatarsal joint implant	.	.	.	.	.
L8642	N	.	Hallux implant	.	.	.	.	.
L8658	N	.	Interphalangeal joint spacer	.	.	.	.	.
L8659	N	.	Interphalangeal joint repl	.	.	.	.	.
L8670	N	.	Vascular graft, synthetic	.	.	.	.	.
L8699	N	.	Prosthetic implant NOS	.	.	.	.	.
L9900	A	.	O&P supply/accessory/service	.	.	.	.	.
M0064	X	.	Visit for drug monitoring	0374	1.0414	\$61.80	.	\$12.36
M0075	E	.	Cellular therapy	.	.	.	.	.
M0076	E	.	Prolotherapy	.	.	.	.	.
M0100	E	.	Intragastric hypothermia	.	.	.	.	.
M0300	E	.	IV chelationtherapy	.	.	.	.	.
M0301	E	.	Fabric wrapping of aneurysm	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
P2028	A	.	Cephalin flocculation test	.	.	.	.	.
P2029	A	.	Congo red blood test	.	.	.	.	.
P2031	E	.	Hair analysis	.	.	.	.	.
P2033	A	.	Blood thymol turbidity	.	.	.	.	.
P2038	A	.	Blood mucoprotein	.	.	.	.	.
P3000	A	.	Screen pap by tech w md supv	.	.	.	.	.
P3001	B	.	Screening pap smear by phys	.	.	.	.	.
P7001	E	.	Culture bacterial urine	.	.	.	.	.
P9010	K	.	Whole blood for transfusion	0950	2.0123	\$119.42	.	\$23.88
P9011	K	.	Blood split unit	0967	1.2698	\$75.35	.	\$15.07
P9012	K	.	Cryoprecipitate each unit	0952	0.7395	\$43.88	.	\$8.78
P9016	K	.	RBC leukocytes reduced	0954	2.7370	\$162.42	.	\$32.48
P9017	K	.	Plasma 1 donor frz w/in 8 hr	9508	1.2038	\$71.44	.	\$14.29
P9019	K	.	Platelets, each unit	0957	0.8317	\$49.36	.	\$9.87
P9020	K	.	Platelet rich plasma unit	0958	5.1815	\$307.49	.	\$61.50
P9021	K	.	Red blood cells unit	0959	2.0301	\$120.47	.	\$24.09
P9022	K	.	Washed red blood cells unit	0960	2.9707	\$176.29	.	\$35.26
P9023	K	.	Frozen plasma, pooled, sd	0949	1.1956	\$70.95	.	\$14.19
P9031	K	.	Platelets leukocytes reduced	1013	1.6023	\$95.09	.	\$19.02
P9032	K	.	Platelets, irradiated	9500	1.3589	\$80.64	.	\$16.13
P9033	K	.	Platelets leukoreduced irradiated	0968	2.3639	\$140.28	.	\$28.06
P9034	K	.	Platelets, pheresis	9507	6.8988	\$409.40	.	\$81.88
P9035	K	.	Platelet pheresis leukoreduced	9501	8.1495	\$483.62	.	\$96.72
P9036	K	.	Platelet pheresis irradiated	9502	5.1895	\$307.96	.	\$61.59
P9037	K	.	Plate pheresis leukoreduced irradiated	1019	9.5131	\$564.54	.	\$112.91
P9038	K	.	RBC irradiated	9505	2.3876	\$141.69	.	\$28.34
P9039	K	.	RBC deglycerolized	9504	6.4314	\$381.66	.	\$76.33
P9040	K	.	RBC leukoreduced irradiated	0969	3.6451	\$216.31	.	\$43.26
P9041	K	.	Albumin (human), 5%, 50ml	0961	0.5119	\$30.38	.	\$6.08
P9043	K	.	Plasma protein fract, 5%, 50ml	0956	1.1226	\$66.62	.	\$13.32
P9044	K	.	Cryoprecipitate reduced plasma	1009	1.3062	\$77.51	.	\$15.50
P9045	K	.	Albumin (human), 5%, 250 ml	0963	1.3869	\$82.30	.	\$16.46
P9046	K	.	Albumin (human), 25%, 20 ml	0964	0.4878	\$28.95	.	\$5.79
P9047	K	.	Albumin (human), 25%, 50ml	0965	1.1117	\$65.97	.	\$13.19
P9048	K	.	Plasmaprotein fract, 5%, 250ml	0966	4.9564	\$294.13	.	\$58.83
P9050	K	.	Granulocytes, pheresis unit	9506	15.6155	\$926.67	.	\$185.33
P9051	K	.	Blood, 1/r, cmv-neg	1010	2.9692	\$176.20	.	\$35.24
P9052	K	.	Platelets, hla-m, 1/r, unit	1011	10.9690	\$650.93	.	\$130.19
P9053	K	.	Plt, pher, 1/r cmv-neg, irradiated	1020	10.1551	\$602.63	.	\$120.53
P9054	K	.	Blood, 1/r, froz/degly/wash	1016	5.2631	\$312.33	.	\$62.47
P9055	K	.	Plt, aph/pher, 1/r, cmv-neg	1017	8.5998	\$510.34	.	\$102.07
P9056	K	.	Blood, 1/r, irradiated	1018	2.8004	\$166.18	.	\$33.24
P9057	K	.	RBC, frz/deg/wsh, 1/r, irradiated	1021	4.8787	\$289.52	.	\$57.90
P9058	K	.	RBC, 1/r, cmv-neg, irradiated	1022	4.2901	\$254.59	.	\$50.92
P9059	K	.	Plasma, frz between 8-24hour	0955	1.2934	\$76.75	.	\$15.35
P9060	K	.	Fr frz plasma donor retested	9503	1.6241	\$96.38	.	\$19.28
P9603	A	.	One-way allow prorated miles	.	.	.	.	.
P9604	A	.	One-way allow prorated trip	.	.	.	.	.
P9612	N	.	Catheterize for urine spec	.	.	.	.	.
P9615	N	.	Urine specimen collect mult	.	.	.	.	.
Q0035	X	.	Cardiokymography	0100	2.4968	\$148.17	\$41.44	\$29.63
Q0081	B	.	Infusion ther other than che	.	.	.	.	.
Q0083	B	.	Chemo by other than infusion	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
Q0084	B	.	Chemotherapy by infusion	.	.	.	.	.
Q0085	B	.	Chemo by both infusion and o	.	.	.	.	.
Q0091	T	.	Obtaining screen pap smear	0191	0.167	\$9.91	\$2.78	\$1.98
Q0092	N	.	Set up port xray equipment	.	.	.	.	.
Q0111	A	.	Wet mounts/ w preparations	.	.	.	.	.
Q0112	A	.	Potassium hydroxide preps	.	.	.	.	.
Q0113	A	.	Pinworm examinations	.	.	.	.	.
Q0114	A	.	Fern test	.	.	.	.	.
Q0115	A	.	Post-coital mucous exam	.	.	.	.	.
Q0136	K	.	Non esrd epoetin alpha inj	0733	.	\$9.99	.	\$2.00
Q0137	K	.	Darbepoetin alfa, non esrd	0734	.	\$3.28	.	\$0.66
Q0144	E	.	Azithromycin dihydrate, oral	.	.	.	.	.
Q0163	N	.	Diphenhydramine HCl 50mg	.	.	.	.	.
Q0164	N	.	Prochlorperazine maleate 5mg	.	.	.	.	.
Q0165	B	.	Prochlorperazine maleate10mg	.	.	.	.	.
Q0166	K	.	Granisetron HCl 1 mg oral	0765	.	\$33.51	.	\$6.70
Q0167	N	.	Dronabinol 2.5mg oral	.	.	.	.	.
Q0168	B	.	Dronabinol 5mg oral	.	.	.	.	.
Q0169	N	.	Promethazine HCl 12.5mg oral	.	.	.	.	.
Q0170	B	.	Promethazine HCl 25 mg oral	.	.	.	.	.
Q0171	N	.	Chlorpromazine HCl 10mg oral	.	.	.	.	.
Q0172	B	.	Chlorpromazine HCl 25mg oral	.	.	.	.	.
Q0173	N	.	Trimethobenzamide HCl 250mg	.	.	.	.	.
Q0174	N	.	Thiethylperazine maleate10mg	.	.	.	.	.
Q0175	N	.	Perphenazine 4mg oral	.	.	.	.	.
Q0176	B	.	Perphenazine 8mg oral	.	.	.	.	.
Q0177	N	.	Hydroxyzine pamoate 25mg	.	.	.	.	.
Q0178	B	.	Hydroxyzine pamoate 50mg	.	.	.	.	.
Q0179	K	.	Ondansetron HCl 8mg oral	0769	.	\$32.02	.	\$6.40
Q0180	K	.	Dolasetron mesylate oral	0763	.	\$48.54	.	\$9.71
Q0181	E	.	Unspecified oral anti-emetic	.	.	.	.	.
Q0187	K	.	Factor viia recombinant	1409	.	\$1,080.11	.	\$216.02
Q1001	N	.	Ntiol category 1	.	.	.	.	.
Q1002	N	.	Ntiol category 2	.	.	.	.	.
Q1003	N	.	Ntiol category 3	.	.	.	.	.
Q1004	N	.	Ntiol category 4	.	.	.	.	.
Q1005	N	.	Ntiol category 5	.	.	.	.	.
Q2001	E	.	Oral cabergoline 0.5 mg	.	.	.	.	.
Q2002	N	.	Elliotts b solution per ml	.	.	.	.	.
Q2003	K	.	Aprotinin, 10,000 kiu	7019	.	\$2.20	.	\$0.44
Q2004	N	.	Bladder calculi irrig sol	.	.	.	.	.
Q2005	K	.	Corticorelin ovine triflutat	7024	.	\$386.53	.	\$77.31
Q2006	K	.	Digoxin immune fab (ovine)	7025	.	\$552.18	.	\$110.44
Q2007	K	.	Ethanolamine oleate 100 mg	7026	.	\$64.53	.	\$12.91
Q2008	K	.	Fomepizole, 15 mg	7027	.	\$12.31	.	\$2.46
Q2009	K	.	Fosphenytoin, 50 mg	7028	.	\$5.19	.	\$1.04
Q2011	K	.	Hemin, per 1 mg	7030	.	\$6.51	.	\$1.30
Q2012	K	.	Pegademase bovine, 25 iu	9168	.	\$161.16	.	\$32.23
Q2013	K	.	Pentastarch 10% solution	7040	.	\$12.45	.	\$2.49
Q2014	N	.	Sermorelin acetate, 0.5 mg	.	.	.	.	.
Q2017	K	.	Teniposide, 50 mg	7035	.	\$266.23	.	\$53.25
Q2018	K	.	Urofollitropin, 75 iu	7037	.	\$44.74	.	\$8.95
Q2019	K	.	Basiliximab	1615	.	\$1,473.57	.	\$294.71

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
Q2020	E	.	Histrelin acetate	.	.	.	.	.
Q2021	K	.	Lepirudin	9057	.	\$128.17	.	\$25.63
Q2022	K	.	VonWillebrandFactrCmplxperIU	1618	.	\$0.74	.	\$0.15
Q3000	H	.	Rubidium-Rb-82	9025	.	.	.	.
Q3001	B	.	Brachytherapy Radioelements	.	.	.	.	.
Q3002	H	.	Gallium ga 67	1619	.	.	.	.
Q3003	H	.	Technetium tc99m bicisate	1620	.	.	.	.
Q3004	N	.	Xenon xe 133	.	.	.	.	.
Q3005	H	.	Technetium tc99m mertiatide	1622	.	.	.	.
Q3006	H	.	Technetium tc99m glucepatate	9154	.	.	.	.
Q3007	H	.	Sodium phosphate p32	1624	.	.	.	.
Q3008	H	.	Indium 111-in pentetreotide	1625	.	.	.	.
Q3009	N	.	Technetium tc99m oxidronate	.	.	.	.	.
Q3010	H	.	Technetium tc99mlabeledrbcs	9155	.	.	.	.
Q3011	H	.	Chromic phosphate p32	1628	.	.	.	.
Q3012	N	.	Cyanocobalamin cobalt co57	.	.	.	.	.
Q3014	A	.	Telehealth facility fee	.	.	.	.	.
Q3019	A	.	ALS emer trans no ALS serv	.	.	.	.	.
Q3020	A	.	ALS nonemer trans no ALS se	.	.	.	.	.
Q3025	K	.	IM inj interferon beta 1-a	9022	.	\$89.10	.	\$17.82
Q3026	E	.	Subc inj interferon beta-la	.	.	.	.	.
Q3031	N	.	Collagen skin test	.	.	.	.	.
Q4001	B	.	Cast sup body cast plaster	.	.	.	.	.
Q4002	B	.	Cast sup body cast fiberglas	.	.	.	.	.
Q4003	B	.	Cast sup shoulder cast plstr	.	.	.	.	.
Q4004	B	.	Cast sup shoulder cast fbrgl	.	.	.	.	.
Q4005	B	.	Cast sup long arm adult plst	.	.	.	.	.
Q4006	B	.	Cast sup long arm adult fbrg	.	.	.	.	.
Q4007	B	.	Cast sup long arm ped plster	.	.	.	.	.
Q4008	B	.	Cast sup long arm ped fbrgls	.	.	.	.	.
Q4009	B	.	Cast sup sht arm adult plstr	.	.	.	.	.
Q4010	B	.	Cast sup sht arm adult fbrgl	.	.	.	.	.
Q4011	B	.	Cast sup sht arm ped plaster	.	.	.	.	.
Q4012	B	.	Cast sup sht arm ped fbrglas	.	.	.	.	.
Q4013	B	.	Cast sup gauntlet plaster	.	.	.	.	.
Q4014	B	.	Cast sup gauntlet fiberglass	.	.	.	.	.
Q4015	B	.	Cast sup gauntlet ped plster	.	.	.	.	.
Q4016	B	.	Cast sup gauntlet ped fbrgls	.	.	.	.	.
Q4017	B	.	Cast sup lng arm splint plst	.	.	.	.	.
Q4018	B	.	Cast sup lng arm splint fbrg	.	.	.	.	.
Q4019	B	.	Cast sup lng arm splnt ped p	.	.	.	.	.
Q4020	B	.	Cast sup lng arm splnt ped f	.	.	.	.	.
Q4021	B	.	Cast sup sht arm splint plst	.	.	.	.	.
Q4022	B	.	Cast sup sht arm splint fbrg	.	.	.	.	.
Q4023	B	.	Cast sup sht arm splnt ped p	.	.	.	.	.
Q4024	B	.	Cast sup sht arm splnt ped f	.	.	.	.	.
Q4025	B	.	Cast sup hip spica plaster	.	.	.	.	.
Q4026	B	.	Cast sup hip spica fiberglas	.	.	.	.	.
Q4027	B	.	Cast sup hip spica ped plstr	.	.	.	.	.
Q4028	B	.	Cast sup hip spica ped fbrgl	.	.	.	.	.
Q4029	B	.	Cast sup long leg plaster	.	.	.	.	.
Q4030	B	.	Cast sup long leg fiberglass	.	.	.	.	.
Q4031	B	.	Cast sup lng leg ped plaster	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
Q4032	B	.	Cast sup lng leg ped fbrgls	.	.	.	.	.
Q4033	B	.	Cast sup lng leg cylinder pl	.	.	.	.	.
Q4034	B	.	Cast sup lng leg cylinder fb	.	.	.	.	.
Q4035	B	.	Cast sup lngleg cylndr ped p	.	.	.	.	.
Q4036	B	.	Cast sup lngleg cylndr ped f	.	.	.	.	.
Q4037	B	.	Cast sup shrt leg plaster	.	.	.	.	.
Q4038	B	.	Cast sup shrt leg fiberglass	.	.	.	.	.
Q4039	B	.	Cast sup shrt leg ped plster	.	.	.	.	.
Q4040	B	.	Cast sup shrt leg ped fbrgls	.	.	.	.	.
Q4041	B	.	Cast sup lng leg splnt plstr	.	.	.	.	.
Q4042	B	.	Cast sup lng leg splnt fbrgl	.	.	.	.	.
Q4043	B	.	Cast sup lng leg splnt ped p	.	.	.	.	.
Q4044	B	.	Cast sup lng leg splnt ped f	.	.	.	.	.
Q4045	B	.	Cast sup sht leg splnt plstr	.	.	.	.	.
Q4046	B	.	Cast sup sht leg splnt fbrgl	.	.	.	.	.
Q4047	B	.	Cast sup sht leg splnt ped p	.	.	.	.	.
Q4048	B	.	Cast sup sht leg splnt ped f	.	.	.	.	.
Q4049	B	.	Finger splint, static	.	.	.	.	.
Q4050	B	.	Cast supplies unlisted	.	.	.	.	.
Q4051	B	.	Splint supplies misc	.	.	.	.	.
Q4054	A	.	Darbepoetin alfa, esrd use	.	.	.	.	.
Q4055	A	.	Epoetin alfa, esrd use	.	.	.	.	.
Q4075	N	.	Acyclovir, 5 mg	.	.	.	.	.
Q4076	N	.	Dopamine hcl, 40 mg	.	.	.	.	.
Q4077	K	.	Treprostinil, 1 mg	1082	.	\$55.02	.	\$11.00
Q4079	G	.	Injection, natalizumab	9126	.	\$6.51	.	\$1.30
Q9941	K	.	IVIG lyophil 1g	0869	.	\$39.46	.	\$7.89
Q9942	K	.	IVIG lyophil 10 mg	0870	.	\$0.40	.	\$0.08
Q9943	K	.	IVIG non-lyophil 1g	0871	.	\$57.26	.	\$11.45
Q9944	K	.	IVIG non-lyophil 10 mg	0872	.	\$0.57	.	\$0.11
Q9945	K	.	LOCM <=149 mg/ml iodine, 1ml	9157	.	\$0.51	.	\$0.10
Q9946	K	.	LOCM 150-199mg/ml iodine,1ml	9158	.	\$2.00	.	\$0.40
Q9947	K	.	LOCM 200-249mg/ml iodine,1ml	9159	.	\$0.78	.	\$0.16
Q9948	K	.	LOCM 250-299mg/ml iodine,1ml	9160	.	\$0.66	.	\$0.13
Q9949	K	.	LOCM 300-349mg/ml iodine,1ml	9161	.	\$0.41	.	\$0.08
Q9950	K	.	LOCM 350-399mg/ml iodine,1ml	9162	.	\$0.27	.	\$0.05
Q9951	K	.	LOCM >= 400 mg/ml iodine,1ml	9163	.	\$0.20	.	\$0.04
Q9952	K	.	Inj Gad-base MR contrast, ml	9164	.	\$3.01	.	\$0.60
Q9953	N	.	Inj Fe-based MR contrast, ml	.	.	.	.	.
Q9954	K	.	Oral MR contrast, 100 ml	9165	.	\$9.01	.	\$1.80
Q9955	K	.	Inj perflexane lip micros, m	9203	.	\$13.49	.	\$2.70
Q9956	K	.	Inj octafluoropropane mic,ml	9202	.	\$41.42	.	\$8.28
Q9957	K	.	Inj perflutren lip micros, m	9112	.	\$63.51	.	\$12.70
R0070	N	.	Transport portable x-ray	.	.	.	.	.
R0075	N	.	Transport port x-ray multipl	.	.	.	.	.
R0076	N	.	Transport portable EKG	.	.	.	.	.
V2020	A	.	Vision svcs frames purchases	.	.	.	.	.
V2025	E	.	Eyeglasses delux frames	.	.	.	.	.
V2100	A	.	Lens spher single plano 4.00	.	.	.	.	.
V2101	A	.	Single visn sphere 4.12-7.00	.	.	.	.	.
V2102	A	.	Singl visn sphere 7.12-20.00	.	.	.	.	.
V2103	A	.	Spherocylindr 4.00d/12-2.00d	.	.	.	.	.
V2104	A	.	Spherocylindr 4.00d/2.12-4d	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V2105	A	.	Spherocylinder 4.00d/4.25-6d	.	.	.	.	.
V2106	A	.	Spherocylinder 4.00d/>6.00d	.	.	.	.	.
V2107	A	.	Spherocylinder 4.25d/12-2d	.	.	.	.	.
V2108	A	.	Spherocylinder 4.25d/2.12-4d	.	.	.	.	.
V2109	A	.	Spherocylinder 4.25d/4.25-6d	.	.	.	.	.
V2110	A	.	Spherocylinder 4.25d/over 6d	.	.	.	.	.
V2111	A	.	Spherocylindr 7.25d/.25-2.25	.	.	.	.	.
V2112	A	.	Spherocylindr 7.25d/2.25-4d	.	.	.	.	.
V2113	A	.	Spherocylindr 7.25d/4.25-6d	.	.	.	.	.
V2114	A	.	Spherocylinder over 12.00d	.	.	.	.	.
V2115	A	.	Lens lenticular bifocal	.	.	.	.	.
V2118	A	.	Lens aniseikonic single	.	.	.	.	.
V2121	A	.	Lenticular lens, single	.	.	.	.	.
V2199	A	.	Lens single vision not oth c	.	.	.	.	.
V2200	A	.	Lens spher bifoc plano 4.00d	.	.	.	.	.
V2201	A	.	Lens sphere bifocal 4.12-7.0	.	.	.	.	.
V2202	A	.	Lens sphere bifocal 7.12-20.	.	.	.	.	.
V2203	A	.	Lens sphcyl bifocal 4.00d/.1	.	.	.	.	.
V2204	A	.	Lens sphcy bifocal 4.00d/2.1	.	.	.	.	.
V2205	A	.	Lens sphcy bifocal 4.00d/4.2	.	.	.	.	.
V2206	A	.	Lens sphcy bifocal 4.00d/ove	.	.	.	.	.
V2207	A	.	Lens sphcy bifocal 4.25-7d/.	.	.	.	.	.
V2208	A	.	Lens sphcy bifocal 4.25-7/2.	.	.	.	.	.
V2209	A	.	Lens sphcy bifocal 4.25-7/4.	.	.	.	.	.
V2210	A	.	Lens sphcy bifocal 4.25-7/ov	.	.	.	.	.
V2211	A	.	Lens sphcy bifo 7.25-12/.25-	.	.	.	.	.
V2212	A	.	Lens sphcyl bifo 7.25-12/2.2	.	.	.	.	.
V2213	A	.	Lens sphcyl bifo 7.25-12/4.2	.	.	.	.	.
V2214	A	.	Lens sphcyl bifocal over 12.	.	.	.	.	.
V2215	A	.	Lens lenticular bifocal	.	.	.	.	.
V2218	A	.	Lens aniseikonic bifocal	.	.	.	.	.
V2219	A	.	Lens bifocal seg width over	.	.	.	.	.
V2220	A	.	Lens bifocal add over 3.25d	.	.	.	.	.
V2221	A	.	Lenticular lens, bifocal	.	.	.	.	.
V2299	A	.	Lens bifocal speciality	.	.	.	.	.
V2300	A	.	Lens sphere trifocal 4.00d	.	.	.	.	.
V2301	A	.	Lens sphere trifocal 4.12-7.	.	.	.	.	.
V2302	A	.	Lens sphere trifocal 7.12-20	.	.	.	.	.
V2303	A	.	Lens sphcy trifocal 4.0/.12-	.	.	.	.	.
V2304	A	.	Lens sphcy trifocal 4.0/2.25	.	.	.	.	.
V2305	A	.	Lens sphcy trifocal 4.0/4.25	.	.	.	.	.
V2306	A	.	Lens sphcyl trifocal 4.00/>6	.	.	.	.	.
V2307	A	.	Lens sphcy trifocal 4.25-7/.	.	.	.	.	.
V2308	A	.	Lens sphc trifocal 4.25-7/2.	.	.	.	.	.
V2309	A	.	Lens sphc trifocal 4.25-7/4.	.	.	.	.	.
V2310	A	.	Lens sphc trifocal 4.25-7/>6	.	.	.	.	.
V2311	A	.	Lens sphc trifo 7.25-12/.25-	.	.	.	.	.
V2312	A	.	Lens sphc trifo 7.25-12/2.25	.	.	.	.	.
V2313	A	.	Lens sphc trifo 7.25-12/4.25	.	.	.	.	.
V2314	A	.	Lens sphcyl trifocal over 12	.	.	.	.	.
V2315	A	.	Lens lenticular trifocal	.	.	.	.	.
V2318	A	.	Lens aniseikonic trifocal	.	.	.	.	.
V2319	A	.	Lens trifocal seg width > 28	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V2320	A	.	Lens trifocal add over 3.25d	.	.	.	.	.
V2321	A	.	Lenticular lens, trifocal	.	.	.	.	.
V2399	A	.	Lens trifocal speciality	.	.	.	.	.
V2410	A	.	Lens variab asphericity sing	.	.	.	.	.
V2430	A	.	Lens variable asphericity bi	.	.	.	.	.
V2499	A	.	Variable asphericity lens	.	.	.	.	.
V2500	A	.	Contact lens pmma spherical	.	.	.	.	.
V2501	A	.	Cntct lens pmma-toric/prism	.	.	.	.	.
V2502	A	.	Contact lens pmma bifocal	.	.	.	.	.
V2503	A	.	Cntct lens pmma color vision	.	.	.	.	.
V2510	A	.	Cntct gas permeable sphericl	.	.	.	.	.
V2511	A	.	Cntct toric prism ballast	.	.	.	.	.
V2512	A	.	Cntct lens gas permbl bifocl	.	.	.	.	.
V2513	A	.	Contact lens extended wear	.	.	.	.	.
V2520	A	.	Contact lens hydrophilic	.	.	.	.	.
V2521	A	.	Cntct lens hydrophilic toric	.	.	.	.	.
V2522	A	.	Cntct lens hydrophil bifocl	.	.	.	.	.
V2523	A	.	Cntct lens hydrophil extend	.	.	.	.	.
V2530	A	.	Contact lens gas impermeable	.	.	.	.	.
V2531	A	.	Contact lens gas permeable	.	.	.	.	.
V2599	A	.	Contact lens/es other type	.	.	.	.	.
V2600	A	.	Hand held low vision aids	.	.	.	.	.
V2610	A	.	Single lens spectacle mount	.	.	.	.	.
V2615	A	.	Telescop/othr compound lens	.	.	.	.	.
V2623	A	.	Plastic eye prosth custom	.	.	.	.	.
V2624	A	.	Polishing artificial eye	.	.	.	.	.
V2625	A	.	Enlargemnt of eye prosthesis	.	.	.	.	.
V2626	A	.	Reduction of eye prosthesis	.	.	.	.	.
V2627	A	.	Scleral cover shell	.	.	.	.	.
V2628	A	.	Fabrication & fitting	.	.	.	.	.
V2629	A	.	Prosthetic eye other type	.	.	.	.	.
V2630	N	.	Anter chamber intraocul lens	.	.	.	.	.
V2631	N	.	Iris support intraoclr lens	.	.	.	.	.
V2632	N	.	Post chmbr intraocular lens	.	.	.	.	.
V2700	A	.	Balance lens	.	.	.	.	.
V2702	E	.	Deluxe lens feature	.	.	.	.	.
V2710	A	.	Glass/plastic slab off prism	.	.	.	.	.
V2715	A	.	Prism lens/es	.	.	.	.	.
V2718	A	.	Fresnell prism press-on lens	.	.	.	.	.
V2730	A	.	Special base curve	.	.	.	.	.
V2744	A	.	Tint photochromatic lens/es	.	.	.	.	.
V2745	A	.	Tint, any color/solid/grad	.	.	.	.	.
V2750	A	.	Anti-reflective coating	.	.	.	.	.
V2755	A	.	UV lens/es	.	.	.	.	.
V2756	E	.	Eye glass case	.	.	.	.	.
V2760	A	.	Scratch resistant coating	.	.	.	.	.
V2761	B	.	Mirror coating	.	.	.	.	.
V2762	A	.	Polarization, any lens	.	.	.	.	.
V2770	A	.	Occluder lens/es	.	.	.	.	.
V2780	A	.	Oversize lens/es	.	.	.	.	.
V2781	B	.	Progressive lens per lens	.	.	.	.	.
V2782	A	.	Lens, 1.54-1.65 p/1.60-1.79g	.	.	.	.	.
V2783	A	.	Lens, >= 1.66 p/>=1.80 g	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V2784	A	.	Lens polycarb or equal	.	.	.	.	.
V2785	F	.	Corneal tissue processing	.	.	.	.	.
V2786	A	.	Occupational multifocal lens	.	.	.	.	.
V2790	N	.	Amniotic membrane	.	.	.	.	.
V2797	A	.	Vis item/svc in other code	.	.	.	.	.
V2799	A	.	Miscellaneous vision service	.	.	.	.	.
V5008	E	.	Hearing screening	.	.	.	.	.
V5010	E	.	Assessment for hearing aid	.	.	.	.	.
V5011	E	.	Hearing aid fitting/checking	.	.	.	.	.
V5014	E	.	Hearing aid repair/modifying	.	.	.	.	.
V5020	E	.	Conformity evaluation	.	.	.	.	.
V5030	E	.	Body-worn hearing aid air	.	.	.	.	.
V5040	E	.	Body-worn hearing aid bone	.	.	.	.	.
V5050	E	.	Hearing aid monaural in ear	.	.	.	.	.
V5060	E	.	Behind ear hearing aid	.	.	.	.	.
V5070	E	.	Glasses air conduction	.	.	.	.	.
V5080	E	.	Glasses bone conduction	.	.	.	.	.
V5090	E	.	Hearing aid dispensing fee	.	.	.	.	.
V5095	E	.	Implant mid ear hearing pros	.	.	.	.	.
V5100	E	.	Body-worn bilat hearing aid	.	.	.	.	.
V5110	E	.	Hearing aid dispensing fee	.	.	.	.	.
V5120	E	.	Body-worn binaur hearing aid	.	.	.	.	.
V5130	E	.	In ear binaural hearing aid	.	.	.	.	.
V5140	E	.	Behind ear binaur hearing ai	.	.	.	.	.
V5150	E	.	Glasses binaural hearing aid	.	.	.	.	.
V5160	E	.	Dispensing fee binaural	.	.	.	.	.
V5170	E	.	Within ear cros hearing aid	.	.	.	.	.
V5180	E	.	Behind ear cros hearing aid	.	.	.	.	.
V5190	E	.	Glasses cros hearing aid	.	.	.	.	.
V5200	E	.	Cros hearing aid dispens fee	.	.	.	.	.
V5210	E	.	In ear bicros hearing aid	.	.	.	.	.
V5220	E	.	Behind ear bicros hearing ai	.	.	.	.	.
V5230	E	.	Glasses bicros hearing aid	.	.	.	.	.
V5240	E	.	Dispensing fee bicros	.	.	.	.	.
V5241	E	.	Dispensing fee, monaural	.	.	.	.	.
V5242	E	.	Hearing aid, monaural, cic	.	.	.	.	.
V5243	E	.	Hearing aid, monaural, itc	.	.	.	.	.
V5244	E	.	Hearing aid, prog, mon, cic	.	.	.	.	.
V5245	E	.	Hearing aid, prog, mon, itc	.	.	.	.	.
V5246	E	.	Hearing aid, prog, mon, ite	.	.	.	.	.
V5247	E	.	Hearing aid, prog, mon, bte	.	.	.	.	.
V5248	E	.	Hearing aid, binaural, cic	.	.	.	.	.
V5249	E	.	Hearing aid, binaural, itc	.	.	.	.	.
V5250	E	.	Hearing aid, prog, bin, cic	.	.	.	.	.
V5251	E	.	Hearing aid, prog, bin, itc	.	.	.	.	.
V5252	E	.	Hearing aid, prog, bin, ite	.	.	.	.	.
V5253	E	.	Hearing aid, prog, bin, bte	.	.	.	.	.
V5254	E	.	Hearing id, digit, mon, cic	.	.	.	.	.
V5255	E	.	Hearing aid, digit, mon, itc	.	.	.	.	.
V5256	E	.	Hearing aid, digit, mon, ite	.	.	.	.	.
V5257	E	.	Hearing aid, digit, mon, bte	.	.	.	.	.
V5258	E	.	Hearing aid, digit, bin, cic	.	.	.	.	.
V5259	E	.	Hearing aid, digit, bin, itc	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

ADDENDUM B. – PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2006 - CONTINUED

CPT/ HCPCS	SI	CI	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V5260	E	.	Hearing aid, digit, bin, ite	.	.	.	.	.
V5261	E	.	Hearing aid, digit, bin, bte	.	.	.	.	.
V5262	E	.	Hearing aid, disp, monaural	.	.	.	.	.
V5263	E	.	Hearing aid, disp, binaural	.	.	.	.	.
V5264	E	.	Ear mold/insert	.	.	.	.	.
V5265	E	.	Ear mold/insert, disp	.	.	.	.	.
V5266	E	.	Battery for hearing device	.	.	.	.	.
V5267	E	.	Hearing aid supply/accessory	.	.	.	.	.
V5268	E	.	ALD Telephone Amplifier	.	.	.	.	.
V5269	E	.	Alerting device, any type	.	.	.	.	.
V5270	E	.	ALD, TV amplifier, any type	.	.	.	.	.
V5271	E	.	ALD, TV caption decoder	.	.	.	.	.
V5272	E	.	Tdd	.	.	.	.	.
V5273	E	.	ALD for cochlear implant	.	.	.	.	.
V5274	E	.	ALD unspecified	.	.	.	.	.
V5275	E	.	Ear impression	.	.	.	.	.
V5298	E	.	Hearing aid noc	.	.	.	.	.
V5299	B	.	Hearing service	.	.	.	.	.
V5336	E	.	Repair communication device	.	.	.	.	.
V5362	E	.	Speech screening	.	.	.	.	.
V5363	E	.	Language screening	.	.	.	.	.
V5364	E	.	Dysphagia screening	.	.	.	.	.

* Code is subject to contiguous body area imaging discount policy discussed in Section XIV of this proposed rule.
 CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
 Copyright American Dental Association. All Rights Reserved.

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

Dated: _____

Ann C. Agnew,
Executive Secretary to the
Department.

BILLING CODE 4120-01-P