

## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
523	51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE					
523	51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)					
523	51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION					
523	51065	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCULUS					
523	51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)					
523	51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)					
523	52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER TUMOR(S) (0.5 TO 2.0 CM)					
523	52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)					
523	52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER TUMOR(S)					
523	52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION					
523	52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)					
523	52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT					
523	52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; SIMPLE OR SMALL (LESS THAN 2.5 CM)					
523	52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; COMPLICATED OR LARGE (OVER 2.5 CM)					
523	52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS					
523	52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR ELECTRO-HYDRAULIC TECHNIQUE)					
523	52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS					
523	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)					
523	52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE					
523	52335	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD);					
523	52336	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)					
523	52338	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH BIOPSY AND/OR FULGURATION OF LESION					
523	52339	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH RESECTION OF TUMOR					
523	52340	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENITAL OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS					
523	52450	TRANSURETHRAL INCISION OF PROSTATE					
523	52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)					
523	52606	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL FOLLOW-UP TIME					
523	52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE					
523	52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS					
523	55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE					
523	55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED					
523	55859	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY					
524	Level IV Cystourethroscopy and other Genitourinary Procedures		T	28.89	\$1,463.84	\$833.38	\$292.77
524	52337	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)					
524	52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)					
524	52612	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL RESECTION)					
524	52614	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECTION COMPLETED)					
524	52620	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERATIVE					
524	52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE					
524	52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)					
524	52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)					
524	53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY					
524	53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY					
527	Lithotripsy		T	51.56	\$2,612.52	\$1,372.95	\$522.5
527	50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE					
529	Simple Urinary Studies and Procedures		T	2.5	\$126.67	\$63.05	\$25.33
529	50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSOTOMY TUBE, OR INDWELLING URETERAL CATHETER					
529	50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER					
529	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)					
529	51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)					
529	51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)					

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APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
529	51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)					
529	51772	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE					
529	51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE					
529	51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE					
529	51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)					
529	51795	VOIDING PRESSURE STUDIES (VP); BLADDER VOIDING PRESSURE, ANY TECHNIQUE					
529	51797	VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) (RECTAL, GASTRIC, INTRAPERITONEAL)					
529	54240	PENILE PLETHYSMOGRAPHY					
529	54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST					
530	Genitourinary Procedures		T	2.52	\$127.69	\$54.69	\$25.54
530	51000	ASPIRATION OF BLADDER BY NEEDLE					
530	51005	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER					
530	51010	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER					
530	51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION					
530	51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TIME)					
530	53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL					
530	53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT					
530	53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL					
530	53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT					
530	53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL					
530	53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT					
530	53675	CATHETERIZATION, URETHRA; COMPLICATED (MAY INCLUDE DIFFICULT REMOVAL OF BALLOON CATHETER)					
530	53899	UNLISTED PROCEDURE, URINARY SYSTEM					
530	54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;					
530	54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM					
530	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE)					
530	54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, PHENTOLAMINE)					
530	54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING					
530	55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM					
531	Level I Urethral Procedures		T	18.94	\$959.68	\$527.26	\$191.94
531	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK					
531	53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA					
531	53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL					
531	53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT					
531	53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT					
531	53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS					
531	53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST					
531	53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)					
531	53200	BIOPSY OF URETHRA					
531	53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)					
531	53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA					
531	53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE					
531	53270	EXCISION OR FULGURATION; SKENE'S GLANDS					
531	53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE					
531	53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE					
531	53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE					
531	53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE					
531	53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL					
531	53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA					
531	54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN					
531	54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN					
532	Level II Urethral Procedures		T	25.5	\$1,292.07	\$602.18	\$258.41
532	53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE					
532	53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE					
532	53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA					
532	53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE					
532	53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE					
532	53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE					
532	53400	URETHROPLASTY, FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)					
532	53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION					
532	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA					
532	53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE					
532	53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE					
532	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA					
532	53447	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF					
532	53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE					
532	53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT					
532	53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)					
532	53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS					
532	53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)					
536	Circumcision		T	13.17	\$667.32	\$326.57	\$133.46
536	54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN					

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536	54152	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN					
536	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN					
536	54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN					
537	Penile Procedures		T	28.72	\$1,455.23	\$864.34	\$291.05
537	37790	PENILE VENOUS OCCLUSIVE PROCEDURE					
537	54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);					
537	54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH					
537	54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH					
537	54120	AMPUTATION OF PENIS; PARTIAL					
537	54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE					
537	54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA					
537	54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PREPUCE AND/OR SKIN FLAPS					
537	54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM					
537	54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM					
537	54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED FROM SITE OTHER THAN GENITALIA					
537	54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL					
537	54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT (EG, MAGPI, V-FLAP)					
537	54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS (EG, FLIP-FLAP, PREPUCE FLAP)					
537	54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS AND MOBILIZATION OF URETHRA					
537	54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY WITH LOCAL SKIN FLAPS, SKIN GRAFT PATCH, AND/OR ISLAND FLAP					
537	54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION,					
537	54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATCH GRAFT					
537	54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND URETHROPLASTY WITH FLAP, PATCH OR TUBED GRAFT (INCLUDES URINARY DIVERSION)					
537	54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE AND RECONSTRUCTION OF URETHRA AND PENIS BY USE OF LOCAL SKIN AS GRAFTS AND ISLAND FLAPS AND SKIN BROUGHT IN AS F					
537	54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION					
537	54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;					
537	54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE					
537	54402	REMOVAL OR REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS					
537	54407	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS					
537	54409	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE (MULTI-COMPONENT) PROSTHESIS INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS					
537	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL					
537	54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM					
537	54440	PLASTIC OPERATION OF PENIS FOR INJURY					
538	Insertion of Penile Prosthesis		T	45.59	\$2,310.02	\$1,540.64	\$462.00
538	53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS					
538	53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP AND/OR RESERVOIR					
538	54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)					
538	54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)					
538	54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RESERVOIR					
546	Testes/Epididymis Procedures		T	17.14	\$868.47	\$453.81	\$173.69
546	54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)					
546	54510	EXCISION OF LOCAL LESION OF TESTIS					
546	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH					
546	54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH					
546	54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)					
546	54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS					
546	54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)					
546	54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR					
546	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)					
546	54670	SUTURE OR REPAIR OF TESTICULAR INJURY					
546	54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)					
546	54700	INCISION AND DRAINAGE OF EPIDIDYMISS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)					
546	54820	EXPLORATION OF EPIDIDYMISS, WITH OR WITHOUT BIOPSY					
546	54830	EXCISION OF LOCAL LESION OF EPIDIDYMISS					
546	54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY					
546	54860	EPIDIDYMECTOMY; UNILATERAL					
546	54861	EPIDIDYMECTOMY; BILATERAL					

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546	54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL					
546	54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL					
546	55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)					
546	55110	SCROTAL EXPLORATION					
546	55120	REMOVAL OF FOREIGN BODY IN SCROTUM					
546	55150	RESECTION OF SCROTUM					
546	55175	SCROTOPLASTY; SIMPLE					
546	55180	SCROTOPLASTY; COMPLICATED					
546	55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)					
546	55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)					
546	55400	VASOVASOSTOMY, VASOVASORRHAPHY					
546	55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)					
546	55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)					
546	55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)					
546	55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)					
546	55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH					
546	55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR					
546	55680	EXCISION OF MULLERIAN DUCT CYST					
547	Prostate Biopsy		T	4.39	\$222.44	\$125.2	\$44.49
547	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH					
547	55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH					
550	Surgical Hysteroscopy		T	16.89	\$855.81	\$447.93	\$171.16
550	56351	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C					
550	56352	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)					
550	56353	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)					
550	56354	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA					
550	56355	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY					
550	56356	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)					
551	Level I Laparoscopy		T	24.78	\$1,255.59	\$711.67	\$251.12
551	56300	LAPAROSCOPY (PERITONEOSCOPY), DIAGNOSTIC; (SEPARATE PROCEDURE)					
551	56301	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)					
551	56302	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALLOPE RING)					
551	56303	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD					
551	56304	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)					
551	56305	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)					
551	56306	LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE)					
551	56346	LAPAROSCOPY, SURGICAL; GASTROSTOMY, TEMPORARY (TUBE OR RUBBER OR PLASTIC) (SEPARATE PROCEDURE)					
552	Level II Laparoscopy		T	37.71	\$1,910.75	\$1,053.16	\$382.15
552	56307	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)					
552	56309	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE)					
552	56311	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE					
552	56312	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY					
552	56313	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE					
552	56316	LAPAROSCOPY, SURGICAL; REPAIR OF INITIAL INGUINAL HERNIA					
552	56317	LAPAROSCOPY, SURGICAL; REPAIR OF RECURRENT INGUINAL HERNIA					
552	56318	LAPAROSCOPY, SURGICAL; ORCHIECTOMY					
552	56320	LAPAROSCOPY, SURGICAL; WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE					
552	56343	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)					
552	56344	LAPAROSCOPY, SURGICAL; WITH FIMBRIOLASTY					
552	56362	LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY					
552	56363	LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY					
561	Level I Female Reproductive Procedures		T	1.52	\$77.02	\$24.63	\$15.4
561	56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS					
561	56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS					
561	56441	LYSIS OF LABIAL ADHESIONS					
561	57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD					
561	57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)					
561	57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE					
561	57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE					
561	57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS					
561	57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARATE PROCEDURE)					
561	57452	COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROCEDURE)					
561	57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCERVICAL CURETTAGE					
561	57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)					
561	57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)					
561	57510	CAUTERIZATION OF CERVIX; ELECTRO OR THERMAL					
561	57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT					
561	57513	CAUTERIZATION OF CERVIX; LASER ABLATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
561	57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)					
561	58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)					
561	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)					
561	59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)					
562	Level II Female Reproductive Procedures		T	12.76	\$646.54	\$330.75	\$129.31
562	56350	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)					
562	56399	UNLISTED PROCEDURE, LAPAROSCOPY, HYSTEROSCOPY					
562	56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST					
562	56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING					
562	56720	HYMENOTOMY, SIMPLE INCISION					
562	56740	EXCISION OF BARTHOLIN'S GLAND OR CYST					
562	56800	PLASTIC REPAIR OF INTROITUS					
562	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)					
562	57000	COLPOTOMY; WITH EXPLORATION					
562	57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS					
562	57020	COLPOCENTESIS (SEPARATE PROCEDURE)					
562	57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD					
562	57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)					
562	57130	EXCISION OF VAGINAL SEPTUM					
562	57135	EXCISION OF VAGINAL CYST OR TUMOR					
562	57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)					
562	57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)					
562	57230	PLASTIC REPAIR OF URETHROCELE					
562	57400	DILATION OF VAGINA UNDER ANESTHESIA					
562	57410	PELVIC EXAMINATION UNDER ANESTHESIA					
562	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA					
562	57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF THE CERVIX					
562	57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL					
562	57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH					
562	58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), WITH OR WITHOUT HYSTEOSALPINGOGRAPHY					
562	58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS					
562	58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD					
562	59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN					
562	59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL					
562	59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)					
563	Level III Female Reproductive Procedures		T	16.90	\$856.31	\$464.88	\$171.26
563	56620	VULVECTOMY SIMPLE; PARTIAL					
563	56625	VULVECTOMY SIMPLE; COMPLETE					
563	57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)					
563	57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE					
563	57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY					
563	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;					
563	57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR					
563	57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)					
563	57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGINAL PROLAPSE)					
563	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)					
563	57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY					
563	57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT					
563	57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH					
563	57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER					
563	57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; LOOP ELECTRODE EXCISION					
563	57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)					
563	57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;					
563	57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR					
563	57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE					
563	58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH					
563	58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH					
563	58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN					
567	D & C		T	13.61	\$689.61	\$364.09	\$137.92
567	57820	DILATION AND CURETTAGE OF CERVICAL STUMP					
567	58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)					
567	59160	CURRETTAGE, POSTPARTUM					
568	Infertility Procedures		T	2.49	\$126.17	\$49.49	\$25.23
568	55870	ELECTROEJACULATION					
568	58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL					
568	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE					
568	58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION					
568	58974	EMBRYO TRANSFER, INTRAUTERINE					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
568	58976	GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD					
578	Pregnancy and Neonatal Care Procedures		T	1.26	\$63.84	\$33.9	\$12.77
578	59000	AMNIOCENTESIS, ANY METHOD					
578	59012	CORDOCENTESIS (INTRAUERINE), ANY METHOD					
578	59015	CHORIONIC VILLUS SAMPLING, ANY METHOD					
578	59020	FETAL CONTRACTION STRESS TEST					
578	59025	FETAL NON-STRESS TEST					
578	59030	FETAL SCALP BLOOD SAMPLING					
578	59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPERVISION AND INTERPRETATION					
578	59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY					
580	Vaginal Delivery		T	4.59	\$232.57	\$146.34	\$46.51
580	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);					
580	59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY)					
580	59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)					
580	59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);					
586	Therapeutic Abortion		T	12.5	\$633.37	\$431.89	\$126.67
586	59840	INDUCED ABORTION, BY DILATION AND CURETTAGE					
586	59841	INDUCED ABORTION, BY DILATION AND EVACUATION					
587	Spontaneous Abortion		T	13.25	\$671.37	\$347.02	\$134.27
587	59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY					
587	59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER					
587	59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER					
587	59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE					
600	Spinal Tap		T	2.63	\$133.26	\$61.47	\$26.65
600	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC					
600	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)					
601	Level I Nervous System Injections		T	3.11	\$157.58	\$74.13	\$31.52
601	64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH					
601	64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE					
601	64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE					
601	64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE					
601	64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE					
601	64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE					
601	64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS					
601	64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS					
601	64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE					
601	64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE					
601	64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE					
601	64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK					
601	64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES					
601	64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE					
601	64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE					
601	64440	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL NERVE (THORACIC, LUMBAR, SACRAL, COCCYGEAL), SINGLE VERTEBRAL LEVEL					
601	64441	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL NERVES, MULTIPLE LEVELS (EG, REGIONAL BLOCK)					
601	64442	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, SINGLE LEVEL					
601	64443	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, EACH ADDITIONAL LEVEL					
601	64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE					
601	64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH					
601	64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION					
601	64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)					
601	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)					
601	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)					
601	64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING					
601	64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BRANCH					
601	64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE					
601	64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER RADIOLOGIC MONITORING					
601	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES ENERVATED BY FACIAL NERVE (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)					
601	64613	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); CERVICAL SPINAL MUSCLES (EG, FOR SPASMODIC TORTICOLLIS)					
601	64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE					
601	64622	DESTRUCTION BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, SINGLE LEVEL					
601	64623	DESTRUCTION BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, EACH ADDITIONAL LEVEL					
601	64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE					
601	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH					
601	64680	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING					
601	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM					
602	Level II Nervous System Injections		T	3.33	\$168.73	\$87.69	\$33.75

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
602	61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL					
602	61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS					
602	61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT INJECTION					
602	61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT					
602	61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)					
602	61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT (EG, C1-C2)					
602	61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE					
602	62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER					
602	62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER					
602	62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX					
602	62273	INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH					
602	62274	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, SINGLE					
602	62275	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, CERVICAL OR THORACIC, SINGLE					
602	62276	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, DIFFERENTIAL					
602	62277	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, CONTINUOUS					
602	62278	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, SINGLE					
602	62279	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, CONTINUOUS					
602	62280	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); SUBARACHNOID					
602	62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC					
602	62282	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, LUMBAR OR CAUDAL					
602	62288	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; SUBARACHNOID (SEPARATE PROCEDURE)					
602	62289	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; LUMBAR OR CAUDAL EPIDURAL (SEPARATE PROCEDURE)					
602	62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVELS, LUMBAR					
602	62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL					
602	62298	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, CONTRAST, OR NEUROLYTIC SOLUTIONS, EPIDURAL, CERVICAL OR THORACIC (SEPARATE PROCEDURE)					
616	Implantation of Neurostimulator Electrodes		T	14.43	\$731.16	\$366.57	\$146.23
616	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL					
616	64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE					
616	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE					
616	64560	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE					
616	64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR					
616	64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE					
616	64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE					
616	64577	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE					
616	64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR					
617	Revision/Removal Neurological Device		T	11.56	\$585.74	\$287.59	\$117.15
617	62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM					
617	62350	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR IMPLANTABLE RESERVOIR OR IMPLANTABLE INFUSION PUMP; WITHOUT LAMINECTOMY					
617	62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER					
617	62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION					
617	63660	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODES					
617	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER					
617	63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT					
617	63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT					
617	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES					
617	64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER					
618	Implantation of Neurological Device		T	25.56	\$1,295.11	\$780.49	\$259.02
618	61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER					
618	61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING					
618	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR					
618	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP					
618	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING					
618	63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING					
618	64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
631		Level I Nerve Procedures	T	12.98	\$657.69	\$333.8	\$131.54
631	27315	NEURECTOMY, HAMSTRING MUSCLE					
631	27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)					
631	28030	NEURECTOMY OF INTRINSIC MUSCULATURE OF FOOT					
631	28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)					
631	61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRIC, RADIOFREQUENCY); GASSERIAN GANGLION					
631	62287	ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, ANY METHOD, SINGLE OR MULTIPLE LEVELS, LUMBAR					
631	63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AND/OR RECORDING)					
631	63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY					
631	63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD					
631	64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT					
631	64704	NEUROPLASTY; NERVE OF HAND OR FOOT					
631	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED					
631	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE					
631	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS					
631	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS					
631	64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)					
631	64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW					
631	64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST					
631	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL					
631	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)					
631	64726	DECOMPRESSION; PLANTAR DIGITAL NERVE					
631	64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)					
631	64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE					
631	64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE					
631	64736	TRANSECTION OR AVULSION OF; MENTAL NERVE					
631	64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY					
631	64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE					
631	64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE					
631	64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE					
631	64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE					
631	64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE					
631	64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL					
631	64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL					
631	64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE					
631	64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT					
631	64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)					
631	64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE					
631	64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)					
631	64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC					
631	64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)					
631	64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE					
631	64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE					
631	64795	BIOPSY OF NERVE					
631	64830	MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE REPAIR)					
632		Level II Nerve Procedures	T	18.13	\$918.64	\$461.04	\$183.73
632	64786	EXCISION OF NEUROMA; SCIATIC NERVE					
632	64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)					
632	64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE					
632	64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE					
632	64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE					
632	64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR					
632	64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR					
632	64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT					
632	64840	SUTURE OF POSTERIOR TIBIAL NERVE					
632	64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION					
632	64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION					
632	64858	SUTURE OF SCIATIC NERVE					
632	64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE					
632	64861	SUTURE OF; BRACHIAL PLEXUS					
632	64862	SUTURE OF; LUMBAR PLEXUS					
632	64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL					
632	64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING					
632	64870	ANASTOMOSIS; FACIAL-PHRENIC					
632	64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)					
632	64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)					
632	64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)					
632	64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
632	64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH					
632	64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH					
632	64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH					
632	64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH					
632	64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH					
632	64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH					
632	64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH					
632	64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH					
632	64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH					
632	64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND					
632	64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)					
632	64905	NERVE PEDICLE TRANSFER; FIRST STAGE					
632	64907	NERVE PEDICLE TRANSFER; SECOND STAGE					
648	Laser Retinal Procedures		T	3.94	\$199.64	\$95.15	\$39.93
648	67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR WITHOUT DRAINAGE OF SUBRETINAL FLUID					
648	67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)					
648	67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)					
648	67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)					
649	Laser Eye Procedures except Retinal		T	4.44	\$224.97	\$111.64	\$44.99
649	65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)					
649	65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)					
649	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)					
649	66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBER ANGLE)					
649	66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)					
649	66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (ONE OR MORE STAGES)					
649	66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE					
649	67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR MORE STAGES)					
649	67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT					
651	Level I Anterior Segment Eye Procedures		T	7.24	\$366.85	\$174.7	\$73.37
651	65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION					
651	65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY					
651	65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA					
651	65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT					
651	65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)					
651	65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION					
651	65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM					
651	65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYALOID MEMBRANE, WITH OR WITHOUT AIR INJECTION					
651	65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR AIR INJECTION					
651	65820	GONIOTOMY					
651	66130	EXCISION OF LESION, SCLERA					
651	66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION					
651	66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE					
651	66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION					
651	66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)					
651	66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)					
651	66700	CILIARY BODY DESTRUCTION; DIATHERMY					
651	66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION					
651	66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY					
651	66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE)					
651	66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)					
652	Level II Anterior Segment Eye Procedures		T	16.48	\$835.03	\$433.69	\$167.01
652	65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS					
652	65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE					
652	65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE					
652	65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM					
652	65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT					
652	65770	KERATOPROSTHESIS					
652	65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM					
652	65850	TRABECULOTOMY AB EXTERNO					
652	65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); GONIOSYNECHIAE					
652	65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); ANTERIOR SYNECHIAE, EXCEPT GONIOSYNECHIAE					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
652	65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); POSTERIOR SYNECHIAE					
652	65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); CORNEOVITREAL ADHESIONS					
652	65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE					
652	65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE					
652	65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE					
652	66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY					
652	66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY					
652	66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY					
652	66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS					
652	66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY					
652	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA (INCLUDES INJECTION OF ANTIFIBROTIC AGENTS)					
652	66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)					
652	66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR					
652	66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT					
652	66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE					
652	66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY					
652	66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)					
652	66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)					
652	66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNEL SUTURE)					
652	66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS					
652	66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION, WITH OR WITHOUT IRIDECTOMY (IRIDOCAPSULOTOMY, IRIDOCAPSULECTOMY)					
652	68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA					
652	68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT					
652	68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)					
652	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)					
667	Cataract Procedures		T	15.33	\$776.40	\$521.72	\$155.28
667	66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES					
667	66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION					
667	66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY					
667	66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR					
667	66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS					
667	66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)					
668	Cataract Procedures with IOL Insert		T	19.28	\$976.91	\$530.87	\$195.38
668	66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)					
668	66984	EXTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)					
668	66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL					
668	66986	EXCHANGE OF INTRAOCULAR LENS					
670	Corneal Transplant		T	29.23	\$1,481.07	\$847.5	\$296.21
670	65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR					
670	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)					
670	65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)					
670	65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)					
676	Posterior Segment Eye Procedures		T	6.3	\$319.22	\$140.35	\$63.84
676	65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE					
676	65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION					
676	66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT					
676	67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL					
676	67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY					
676	67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)					
676	67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH					
676	67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBRETINAL FLUID					
676	67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC RETINOPEXY)					
676	67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)					
676	67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR					
676	67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR					
676	67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY					
676	67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY					
676	67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; RADIATION BY IMPLANTATION OF SOURCE (INCLUDES REMOVAL OF SOURCE)					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
676	67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY					
676	92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; COMPLETE					
676	92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; LIMITED					
677	Strabismus/Muscle Procedures		T	16.26	\$823.89	\$436.63	\$164.78
677	65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE					
677	67311	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSCLE					
677	67312	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES					
677	67314	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)					
677	67316	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)					
677	67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE					
677	67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)					
677	67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES					
677	67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (EG, DYSTHYROID OPHTHALMOPATHY)					
677	67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSIO					
677	67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (REPORT IN ADDITION TO CODE FOR SPECIFIC STRABISMUS SURGERY)					
677	67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)					
677	67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)					
681	Level I Eye Procedures		T	1.67	\$84.62	\$30.51	\$16.92
681	65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE)					
681	65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL					
681	65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL NONPERFORATING					
681	65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP					
681	65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP					
681	65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE					
681	65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCATERIZATION (ABRASION, CURETTAGE)					
681	65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)					
681	67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE					
681	67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)					
681	67505	RETROBULBAR INJECTION; ALCOHOL					
681	67515	INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE					
681	67599	UNLISTED PROCEDURE, ORBIT					
681	68200	SUBCONJUNCTIVAL INJECTION					
681	68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH					
681	68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM					
682	Level II Eye Procedures		T	3.54	\$179.37	\$81.36	\$35.87
682	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)					
682	67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID					
682	67710	SEVERING OF TARSORRHAPHY					
682	67800	EXCISION OF CHALAZION; SINGLE					
682	67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID					
682	67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS					
682	67810	BIOPSY OF EYELID					
682	67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY					
682	67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY)					
682	67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE					
682	67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)					
682	67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)					
682	67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION					
682	67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION					
682	67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; PARTIAL THICKNESS					
682	67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID					
682	67999	UNLISTED PROCEDURE, EYELIDS					
682	68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST					
682	68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)					
682	68400	INCISION, DRAINAGE OF LACRIMAL GLAND					
682	68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)					
682	68440	SNIP INCISION OF LACRIMAL PUNCTUM					
682	68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES					
682	68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY					
682	68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY					
682	68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
682	68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION					
683	Level III Eye Procedures		T	10.19	\$516.32	\$257.87	\$103.26
683	65175	REMOVAL OF OCULAR IMPLANT					
683	65410	BIOPSY OF CORNEA					
683	65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS					
683	65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPEUTIC RELEASE OF AQUEOUS					
683	66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID					
683	66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION					
683	67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRATION (SEPARATE PROCEDURE)					
683	67715	CANTHOTOMY (SEPARATE PROCEDURE)					
683	67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN					
683	67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY					
683	67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; FULL THICKNESS					
683	68510	BIOPSY OF LACRIMAL GLAND					
683	68525	BIOPSY OF LACRIMAL SAC					
683	68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;					
684	Level IV Eye Procedures		T	13.48	\$683.02	\$348.94	\$136.6
684	65091	EVISCEATION OF OCULAR CONTENTS; WITHOUT IMPLANT					
684	65093	EVISCEATION OF OCULAR CONTENTS; WITH IMPLANT					
684	65101	ENUCLEATION OF EYE; WITHOUT IMPLANT					
684	65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT					
684	65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT					
684	65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL					
684	65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT					
684	65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT					
684	65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT					
684	65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT					
684	67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT					
684	67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT					
684	67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BIOPSY					
684	67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY					
684	67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION					
684	67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY					
684	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION					
684	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION					
684	67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE					
684	67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT					
684	67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL PLATE					
684	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)					
684	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL					
684	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)					
684	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH					
684	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH					
684	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)					
684	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)					
684	67909	REDUCTION OF OVERCORRECTION OF PTOSIS					
684	67911	CORRECTION OF LID RETRACTION					
684	67914	REPAIR OF ECTROPION; SUTURE					
684	67916	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE					
684	67917	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHN-TSZYMANOWSKI OR TARSAL STRIP OPERATIONS)					
684	67921	REPAIR OF ENTROPION; SUTURE					
684	67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE					
684	67924	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)					
684	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)					
684	67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; UP TO ONE-FOURTH OF LID MARGIN					
684	67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; OVER ONE-FOURTH OF LID MARGIN					
684	67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRDS OF EYELID, ONE STAGE OR FIRST STAGE					
684	67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE					
684	67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE					
684	67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE					
684	68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
684	68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)					
684	68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT					
684	68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)					
684	68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)					
684	68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS					
684	68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL					
684	68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL					
684	68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)					
684	68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH					
684	68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOATOMY					
684	68700	PLASTIC REPAIR OF CANALICULI					
684	68720	DACRYOCYSTORRHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)					
684	68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE					
684	68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT					
684	68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)					
684	68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA					
684	68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT					
690	Vitrectomy		T	30.54	\$1,547.45	\$852.02	\$309.49
690	67027	IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMITANT REMOVAL OF VITREOUS					
690	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;					
690	67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIPPING					
690	67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION					
690	67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION					
690	67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DISSECTION, IMBRICATION OR ENCIRCLING PROCEDURE), WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTOCOAGULATION, AND DRAINAGE OF SUBRETINAL FLUID					
690	67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR REMOVAL OF LENS BY SAME TECHNIQUE					
690	67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT HAVING PREVIOUS IPSILATERAL RETINAL DETACHMENT REPAIR(S) USING SCLERAL BUCKLING OR VITRECTOMY TECHNIQUES					
700	Plain Film		X	0.78	\$39.52	\$22.37	\$7.90
700	70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY					
700	70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS					
700	70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS					
700	70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE					
700	70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE					
700	70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEAT, COMPLETE					
700	70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS					
700	70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS					
700	70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS					
700	70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA					
700	70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS					
700	70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS					
700	70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS					
700	70240	RADIOLOGIC EXAMINATION, SELLA TURCICA					
700	70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO					
700	70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO					
700	70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW					
700	70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH					
700	70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH					
700	70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL					
700	70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL					
700	70350	CEPHALOGRAPH, ORTHODONTIC					
700	70355	ORTHOPANTOGRAM					
700	70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE					
700	70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS					
700	71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL					
700	71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL					
700	71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;					
700	71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE					
700	71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS					
700	71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;					
700	71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)					
700	71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS					
700	71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS					
700	71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS					
700	71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS					
700	71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS					
700	71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS					
700	72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL					
700	72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL					
700	72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
700	72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS					
700	72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES					
700	72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)					
700	72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL					
700	72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOTHORACIC JUNCTION					
700	72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS					
700	72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL					
700	72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES					
700	72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL					
700	72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS					
700	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS					
700	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS					
700	72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY					
700	72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS					
700	72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS					
700	72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS					
700	72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS					
700	73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE					
700	73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE					
700	73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW					
700	73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS					
700	73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION					
700	73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS					
700	73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS					
700	73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS					
700	73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS					
700	73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS					
700	73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS					
700	73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS					
700	73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW					
700	73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEWS					
700	73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF PELVIS					
700	73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE					
700	73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS					
700	73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS					
700	73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEWS					
700	73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR					
700	73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS					
700	73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS					
700	73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS					
700	73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS					
700	73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS					
700	74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW					
700	74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS					
700	74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS					
700	74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS, UPRIGHT PA CHEST					
700	74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION					
700	76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD					
700	76020	BONE AGE STUDIES					
700	76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)					
700	76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)					
700	76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)					
700	76065	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT					
700	76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)					
700	76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)					
700	76078	RADIOGRAPHIC ABSORPTIOMETRY (PHOTODENSITOMETRY), ONE OR MORE SITES					
700	76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN					
700	76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY					
700	76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED					
700	76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION					
700	76150	XERORADIOGRAPHY					
700	76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE					
700	77417	THERAPEUTIC RADIOLOGY PORT FILM(S)					
700	78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
706		Miscellaneous Radiological Procedures	X	1.96	\$99.31	\$57.63	\$19.86
706	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPERITONEAL SHUNT), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION					
706	76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)					
706	76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN WITH UROGRAPHY; UNILATERAL					
706	76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN WITH UROGRAPHY; BILATERAL					
710		Computerized Axial Tomography	S	5.06	\$256.39	\$176.28	\$51.28
710	70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL					
710	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)					
710	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL					
710	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)					
710	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL					
710	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)					
710	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL					
710	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)					
710	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL					
710	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)					
710	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL					
710	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL					
710	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL					
710	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL					
710	72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL					
710	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL					
710	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL					
710	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
710	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL					
710	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)					
710	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL					
710	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)					
710	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL					
710	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)					
710	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION					
710	76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
710	76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
710	76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS					
710	76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, OR OTHER TOMOGRAPHIC MODALITY					
710	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY					
716	Fluoroscopy		X	1.59	\$80.56	\$47.91	\$16.11
716	70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE					
716	70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING					
716	71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY					
716	71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY					
716	71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS, FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
716	71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING					
716	71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
716	74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING MULTIPLE FLUOROSCOPIES AND FILMS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
716	75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), WITH PLACEMENT OF INDWELLING CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
716	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY)					
716	76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY, ERCP, BRONCHOSCOPY, TRANSBRONCHIAL BIOPSY)					
716	76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION					
720	Magnetic Resonance Angiography		S	6.34	\$321.24	206.11	\$64.25
720	70541	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD AND/OR NECK, WITH OR WITHOUT CONTRAST MATERIAL(S)					
726	Magnetic Resonance Imaging		S	7.96	\$403.33	\$258.09	\$80.67
726	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT					
726	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK					
726	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL					
726	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)					
726	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES					
726	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)					
726	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL					
726	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)					
726	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL					
726	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)					
726	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL					
726	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)					
726	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL					
726	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC					
726	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR					
726	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS					
726	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT					
726	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY					
726	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT					
726	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY					
726	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN					
726	75552	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL					
726	75553	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITH CONTRAST MATERIAL					
726	75554	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY					
726	75555	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY					
726	76093	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL					
726	76094	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
726	76390	MAGNETIC RESONANCE SPECTROSCOPY					
726	76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY					
728	Myelography		S	4.07	\$206.22	\$113.23	\$41.24
728	70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72285	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	Arthrography		S	2.48	\$125.66	\$72.09	\$25.13
730	70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
736	Digestive Radiology		S	1.85	\$93.74	\$54.24	\$18.75
736	74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS					
736	74220	RADIOLOGIC EXAMINATION; ESOPHAGUS					
736	74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO					
736	74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB					
736	74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB					
736	74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS					
736	74246	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFER- VESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB					
736	74247	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFER- VESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH OR WITHOUT DELAYED FILMS, WITH KUB					
736	74249	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFER- VESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH SMALL BOWEL FOLLOW-THROUGH					
736	74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS;					
736	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE					
736	74260	DUODENOGRAPHY, HYPOTONIC					
736	74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB					
736	74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON					
736	74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUMINAL OBSTRUCTION (EG, MECONIUM ILEUS)					
736	74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;					
736	74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION					
736	G0106	Colorectal Ca screening					
736	G0120	Colorectal Ca screening					
737	Diagnostic Urography		S	2.81	\$142.38	\$86.56	\$28.48
737	74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;					
737	74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPER- TENSIVE CONTRAST CONCENTRATION AND/OR CLEARANCE STUDIES					
737	74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;					
737	74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY					
737	74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB					
737	74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOPOGRAM), RADIOLOGICAL SUPERVISION AND					
737	74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)					
738	Therapeutic Radiologic Procedures		S	4.48	\$227.00	\$133.23	\$45.4
738	74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRE- TATION					
738	74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECH- NIQUE), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
738	74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE- TATION					
738	74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGI- CAL SUPERVISION AND INTERPRETATION					
738	74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADI- OLOGICAL SUPERVISION AND INTERPRETATION					
738	74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
738	74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
738	75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRE- TATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
738	75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINAGE STENT FOR INTERNAL BILIARY DRAINAGE IN PATIENTS WITH AN INOPERABLE MECHANICAL BILIARY OBSTRUCTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
738	75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, GASTROINTESTINAL SYSTEM, GENITOURINARY SYSTEM, ABSCESS), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	Diagnostic	Angiography and Venography	S	5.83	\$295.40	\$168.71	\$59.08
739	75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
746	Mammography		S	0.69	\$34.96	\$19.44	\$6.99
746	76090	MAMMOGRAPHY; UNILATERAL					
746	76091	MAMMOGRAPHY; BILATERAL					
747	Diagnostic	Ultrasound Except Vascular	S	1.65	\$83.60	\$54.69	\$16.72
747	76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTRICULAR SIZE, DELINEATION OF CEREBRAL CONTENTS AND DETECTION OF FLUID MASSES OR OTHER INTRACRANIAL ABNORMALITIES), INCLUDING A-MODE ENCEPHALOGRAPH					
747	76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION					
747	76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)					
747	76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; IMMERSION (WATER BATH) B-SCAN					
747	76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;					
747	76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION					
747	76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
747	76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION					
747	76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION					
747	76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION					
747	76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE					
747	76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLOW-UP)					
747	76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE					
747	76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED					
747	76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DOPPLER STUDIES					
747	76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS					
747	76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MATERNAL EVALUATION)					
747	76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MATERNAL EVALUATION), MULTIPLE GESTATION, AFTER THE FIRST TRIMESTER					
747	76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART BEAT, PLACENTAL LOCATION, FETAL POSITION, OR EMERGENCY IN THE DELIVERY ROOM)					
747	76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT					
747	76818	FETAL BIOPHYSICAL PROFILE					
747	76830	ECHOGRAPHY, TRANSVAGINAL					
747	76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER					
747	76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE					
747	76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)					
747	76870	ECHOGRAPHY, SCROTUM AND CONTENTS					
747	76872	ECHOGRAPHY, TRANSRECTAL					
747	76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION					
747	76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)					
747	76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATION)					
747	76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)					
747	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
747	76986	ECHOGRAPHY, INTRAOPERATIVE					
747	76999	UNLISTED ULTRASOUND PROCEDURE					
747	G0050	POST-VOIDAL RESIDUAL URINE/BLADDER CAPACITY					
749	Guidance under Ultrasound		X	2.44	\$123.63	\$76.16	\$24.73
749	76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTIC ULTRASOUND EVALUATION, COMPRESSION OF LESION AND IMAGING)					
749	76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION) OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN					
749	76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY					
749	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION					
750	Therapeutic Radiation Treatment Planning		X	0.91	\$46.11	\$25.54	\$9.22
750	77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE					
750	77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE					
750	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX					
750	77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING QUALITY ASSURANCE REPORTED PER WEEK OF THERAPY					
750	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION					
750	77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES					
750	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY					
750	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)					
751	Level I Therapeutic Radiation Treatment Preparation		X	1.15	\$58.27	\$33.22	\$11.65
751	77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING					
751	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, AS REQUIRED DURING COURSE OF TREATMENT, ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN					
751	77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
751	77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS DIRECTED TO A SINGLE AREA OF INTEREST)					
751	77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL PORTS, THE USE OF WEDGES, COMPENSATORS, COMPLEX BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS)					
751	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY					
751	77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APPLICATION, REMOTE AFTERLOADING BRACHYTHERAPY, 1 TO 8 SOURCES)					
751	77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING 5 TO 10 SOURCES/RIBBONS, REMOTE AFTERLOADING BRACHYTHERAPY, 9 TO 12 SOURCES)					
751	77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER 10 SOURCES/RIBBONS USED, SPECIAL SPATIAL RECONSTRUCTION, REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 SOURCES)					
751	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN					
751	77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)					
751	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)					
751	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)					
752	Level II Therapeutic Radiation Treatment		X	3.54	\$179.37	\$88.82	\$35.87
752	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE					
752	77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE					
752	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX					
752	77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIMENSIONAL					
757	Radiation Therapy		S	2.30	\$116.54	\$52.43	\$23.31
757	61793	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR), ONE OR MORE SESSIONS					
757	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE					
757	77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; UP TO 5 MEV					
757	77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 6-10 MEV					
757	77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 11-19 MEV					
757	77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 20 MEV OR GREATER					
757	77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; UP TO 5 MEV					
757	77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; 6-10 MEV					
757	77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; 11-19 MEV					
757	77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; 20 MEV OR GREATER					
757	77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); UP TO 5 MEV					
757	77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); 6-10 MEV					
757	77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); 11-19 MEV					
757	77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); 20 MEV OR GREATER					
757	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIATION)					
758	Hyperthermic Therapies		S	3.41	\$172.78	\$76.84	\$34.56
758	77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)					
758	77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)					
758	77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS					
758	77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS					
758	77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)					
759	Brachytherapy and Complex Radioelement Applications		S	7.98	\$404.34	\$160.01	\$80.87
759	77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION					
759	77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE					
759	77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE					
759	77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX					
759	77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE					
759	77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE					
759	77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX					
759	77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS					
759	77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS					
759	77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS					
759	77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS					
759	77789	SURFACE APPLICATION OF RADIOELEMENT					
759	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY					
760	PET Scans		S	17.26	\$874.55	\$419.46	\$174.91
760	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
760	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION					
760	78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION					
760	78810	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION					
760	G0030	PET imaging prev PET single					
760	G0031	PET imaging prev PET multiple					
760	G0032	PET follow SPECT 78464 singl					
760	G0033	PET follow SPECT 78464 mult					
760	G0034	PET follow SPECT 78865 singl					
760	G0035	PET follow SPECT 78465 mult					
760	G0036	PET follow cornry angio sing					
760	G0037	PET follow cornry angio mult					
760	G0038	PET follow myocard perf sing					
760	G0039	PET follow myocard perf mult					
760	G0040	PET follow stress echo singl					
760	G0041	PET follow stress echo mult					
760	G0042	PET follow ventriculogm sing					
760	G0043	PET follow ventriculogm mult					
760	G0044	PET following rest ECG singl					
760	G0045	PET following rest ECG mult					
760	G0046	PET follow stress ECG singl					
760	G0047	PET follow stress ECG mult					
761	Standard	Non-Imaging Nuclear Medicine	S	2.04	\$103.37	\$61.47	\$20.67
761	78000	THYROID UPTAKE; SINGLE DETERMINATION					
761	78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
761	78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING					
761	78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS					
761	78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING					
761	78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
761	78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR					
761	78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR					
761	78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR					
761	78282	GASTROINTESTINAL PROTEIN LOSS					
761	78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
761	78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION					
761	78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
762	Complex	Non-Imaging Nuclear Medicine	S	1.78	\$90.19	\$51.53	\$18.04
762	78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS					
762	78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)					
762	78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS					
762	78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE)					
762	78130	RED CELL SURVIVAL STUDY;					
762	78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)					
762	78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)					
762	78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE					
762	78162	RADIOIRON ORAL ABSORPTION					
762	78170	RADIOIRON RED CELL UTILIZATION					
762	78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON					
762	78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION					
762	78191	PLATELET SURVIVAL STUDY					
762	78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR WITHOUT PHARMACOLOGIC INTERVENTION OR EXERCISE, SINGLE OR MULTIPLE DETERMINATIONS					
762	78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)					
762	78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
771	Standard	Planar Nuclear Medicine	S	3.78	\$191.53	\$116.84	\$38.31
771	78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION					
771	78010	THYROID IMAGING; ONLY					
771	78011	THYROID IMAGING; WITH VASCULAR FLOW					
771	78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)					
771	78102	BONE MARROW IMAGING; LIMITED AREA					
771	78103	BONE MARROW IMAGING; MULTIPLE AREAS					
771	78104	BONE MARROW IMAGING; WHOLE BODY					
771	78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW					
771	78201	LIVER IMAGING; STATIC ONLY					
771	78202	LIVER IMAGING; WITH VASCULAR FLOW					
771	78215	LIVER AND SPLEEN IMAGING; STATIC ONLY					
771	78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW					
771	78230	SALIVARY GLAND IMAGING;					
771	78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES					
771	78261	GASTRIC MUCOSA IMAGING					
771	78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)					
771	78300	BONE AND/OR JOINT IMAGING; LIMITED AREA					
771	78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS					
771	78306	BONE AND/OR JOINT IMAGING; WHOLE BODY					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
771	78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
771	78428	CARDIAC SHUNT DETECTION					
771	78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)					
771	78457	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); UNILATERAL					
771	78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL					
771	78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT QUANTIFICATION					
771	78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE					
771	78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE ONLY FOR CODES 78460, 78461, 78464, 78465)					
771	78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE ONLY FOR CODES 78460, 78461, 78464, 78465)					
771	78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTIFICATION					
771	78580	PULMONARY PERFUSION IMAGING, PARTICULATE					
771	78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION					
771	78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)					
771	78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION					
771	78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PROJECTION					
771	78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
771	78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC					
771	78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW					
771	78605	BRAIN IMAGING, COMPLETE STUDY; STATIC					
771	78610	BRAIN IMAGING, VASCULAR FLOW ONLY					
771	78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY					
771	78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
771	78700	KIDNEY IMAGING; STATIC ONLY					
771	78701	KIDNEY IMAGING; WITH VASCULAR FLOW					
771	78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)					
771	78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION					
771	78715	KIDNEY VASCULAR FLOW ONLY					
771	78730	URINARY BLADDER RESIDUAL STUDY					
771	78760	TESTICULAR IMAGING;					
771	78761	TESTICULAR IMAGING; WITH VASCULAR FLOW					
771	78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
772	Complex Planar Nuclear Medicine		S	4.22	\$213.83	\$127.92	\$42.77
772	78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS					
772	78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)					
772	78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS					
772	78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY					
772	78070	PARATHYROID IMAGING					
772	78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA					
772	78195	LYMPHATICS AND LYMPH GLANDS IMAGING					
772	78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES					
772	78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH OR WITHOUT QUANTITATIVE MEASUREMENT OF GALLBLADDER FUNCTION					
772	78232	SALIVARY GLAND FUNCTION STUDY					
772	78258	ESOPHAGEAL MOTILITY					
772	78262	GASTROESOPHAGEAL REFLUX STUDY					
772	78264	GASTRIC EMPTYING STUDY					
772	78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING					
772	78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)					
772	78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY					
772	78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), AND REDISTRIBUTION AND/OR REST INJECTION, WITH OR WITHOUT QUANTIFICATION					
772	78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE					
772	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING					
772	78473	MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, AT REST AND STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT ADDITIONAL QUANTIFICATION					
772	78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTIFICATION					
772	78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH					
772	78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BREATH					
772	78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)					
772	78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY					
772	78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW					
772	78615	CEREBRAL BLOOD FLOW					
772	78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY					
772	78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY					
772	78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION					
772	78650	CSF LEAKAGE DETECTION AND LOCALIZATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
772	78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND/OR DIURETIC)					
772	78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL INTERVENTION (EG, ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND/OR DIURETIC)					
772	78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)					
772	78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA					
772	78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; MULTIPLE AREAS					
772	78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE BODY					
772	78805	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; LIMITED AREA					
772	78806	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; WHOLE BODY					
781	Standard	SPECT Nuclear Medicine	S	5.26	\$266.52	\$145.77	\$53.30
781	78205	LIVER IMAGING (SPECT)					
781	78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)					
781	78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT QUANTIFICATION					
781	78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION					
781	78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)					
781	78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT)					
781	78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)					
782	Complex	SPECT Nuclear Medicine	S	9.28	\$470.21	\$275.04	\$94.04
782	78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC) AND REDISTRIBUTION AND/OR REST INJECTION, WITH OR WITHOUT QUANTIFICATION					
782	78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPECT)					
782	78807	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPECT)					
791	Standard	Therapeutic Nuclear Medicine	S	15.83	\$802.10	\$562.06	\$160.42
791	79001	RADIOPHARMACEUTICAL THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY					
791	79100	RADIOPHARMACEUTICAL THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT					
791	79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY					
791	79400	RADIOPHARMACEUTICAL THERAPY, NONTHYROID, NONHEMATOLOGIC					
791	79420	INTRAVASCULAR RADIOPHARMACEUTICAL THERAPY, PARTICULATE					
791	79440	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY					
791	79999	UNLISTED RADIOPHARMACEUTICAL THERAPEUTIC PROCEDURE					
792	Complex	Therapeutic Nuclear Medicine	S	4.80	\$243.21	\$144.19	\$48.64
792	79000	RADIOPHARMACEUTICAL THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT					
792	79020	RADIOPHARMACEUTICAL THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT					
792	79030	RADIOPHARMACEUTICAL ABLATION OF GLAND FOR THYROID CARCINOMA					
792	79035	RADIOPHARMACEUTICAL THERAPY FOR METASTASES OF THYROID CARCINOMA					
792	79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY					
861	Immunology Tests		X	0.13	\$6.59	\$3.62	\$1.32
861	86485	SKIN TEST; CANDIDA					
861	86490	SKIN TEST; COCCIDIOIDOMYCOSIS					
861	86510	SKIN TEST; HISTOPLASMOSIS					
861	86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL					
861	86585	SKIN TEST; TUBERCULOSIS, TINE TEST					
861	86586	SKIN TEST; UNLISTED ANTIGEN, EACH					
881	Level I Pathology		X	0.20	\$10.13	\$6.78	\$2.03
881	88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)					
881	88199	UNLISTED CYTOPATHOLOGY PROCEDURE					
881	88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY					
881	88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)					
881	88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP II, ALL OTHER, (EG, IRON, TRICHROME), EXCEPT IMMUNOCYTOCHEMISTRY AND IMMUNOPEROXIDASE STAINS, EACH					
881	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE					
881	89350	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)					
881	89360	SWEAT COLLECTION BY IONTOPHORESIS					
881	89399	UNLISTED MISCELLANEOUS PATHOLOGY TEST					
881	G0025	Collagen skin test kit					
882	Level II Pathology		X	0.39	\$19.76	\$11.75	\$3.95
882	80500	CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS					
882	80502	CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOSTIC PROBLEM, WITH REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS					
882	85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT					
882	85097	BONE MARROW; SMEAR INTERPRETATION ONLY, WITH OR WITHOUT DIFFERENTIAL CELL COUNT					
882	86077	BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION OF IRREGULAR ANTIBODY(S), INTERPRETATION AND WRITTEN REPORT					
882	86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING SUSPICION OF TRANSMISSIBLE DISEASE, INTERPRETATION AND WRITTEN REPORT					
882	86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD BANKING PROCEDURES (EG, USE OF OUTDATED BLOOD, TRANSFUSION OF RH INCOMPATIBLE UNITS), WITH WRITTEN REPORT					
882	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
882	88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; FILTER METHOD ONLY WITH INTERPRETATION					
882	88107	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS AND FILTER PREPARATION WITH INTERPRETATION					
882	88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG, SACCOMANNO TECHNIQUE)					
882	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION					
882	88161	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND INTERPRETATION					
882	88162	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS					
882	88172	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY OF SPECIMEN(S)					
882	88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; INTERPRETATION AND REPORT					
882	88180	FLOW CYTOMETRY; EACH CELL SURFACE MARKER					
882	88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS					
882	88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
882	88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
882	88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
882	88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP I FOR MICROORGANISMS (EG, GRIDLEY, ACID FAST, METHENAMINE SILVER), EACH					
882	88314	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); HISTOCHEMICAL STAINING WITH FROZEN SECTION(S)					
882	88318	DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL COMPONENTS (EG, COPPER, ZINC)					
882	88319	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME CONSTITUENTS, EACH					
882	88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE					
882	88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES					
882	88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT ON REFERRED MATERIAL					
882	88329	PATHOLOGY CONSULTATION DURING SURGERY;					
882	88331	PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), SINGLE SPECIMEN					
882	88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN SECTION(S)					
882	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY					
882	88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD					
882	88347	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD					
883	Level III Pathology		X	0.65	\$32.94	\$20.34	\$6.59
883	88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
883	88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
883	88348	ELECTRON MICROSCOPY; DIAGNOSTIC					
883	88349	ELECTRON MICROSCOPY; SCANNING					
883	88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE					
883	88356	MORPHOMETRIC ANALYSIS; NERVE					
883	88358	MORPHOMETRIC ANALYSIS; TUMOR					
883	88362	NERVE TEASING PREPARATIONS					
883	88365	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT					
900	Critical Care		V	7.44	\$376.98	\$144.87	\$75.40
900	99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITICALLY ILL OR UNSTABLE CRITICALLY INJURED PATIENT, REQUIRING THE CONSTANT ATTENDANCE OF THE PHYSICIAN; FIRST HOUR					
901	Level I Immunization		X	0.07	\$3.55	\$2.49	\$0.71
901	90700	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP)					
901	90701	IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE (DTP)					
901	90702	IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS (DT)					
901	90703	IMMUNIZATION, ACTIVE; TETANUS TOXOID					
901	90704	IMMUNIZATION, ACTIVE; MUMPS VIRUS VACCINE, LIVE					
901	90705	IMMUNIZATION, ACTIVE; MEASLES VIRUS VACCINE, LIVE, ATTENUATED					
901	90706	IMMUNIZATION, ACTIVE; RUBELLA VIRUS VACCINE, LIVE					
901	90708	IMMUNIZATION, ACTIVE; MEASLES AND RUBELLA VIRUS VACCINE, LIVE					
901	90709	IMMUNIZATION, ACTIVE; RUBELLA AND MUMPS VIRUS VACCINE, LIVE					
901	90710	IMMUNIZATION, ACTIVE; MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE					
901	90711	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND PERTUSSIS (DTP) AND INJECTABLE POLIOMYELITIS VACCINE					
901	90714	IMMUNIZATION, ACTIVE; TYPHOID VACCINE					
901	90718	IMMUNIZATION, ACTIVE; TETANUS AND DIPHTHERIA TOXOIDS ABSORBED, FOR ADULT USE (TD)					
901	90719	IMMUNIZATION, ACTIVE; DIPHTHERIA TOXOID					
901	90724	IMMUNIZATION, ACTIVE; INFLUENZA VIRUS VACCINE					
901	90725	IMMUNIZATION, ACTIVE; CHOLERA VACCINE					
901	90730	IMMUNIZATION, ACTIVE; HEPATITIS A VACCINE					
901	90732	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT					
901	90748	IMMUNIZATION, ACTIVE, HEPATITIS B AND HEMOPHILUS INFLUENZA B (HIB) VACCINE					
901	90749	UNLISTED IMMUNIZATION PROCEDURE					
901	95149	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); FIVE SINGLE STINGING INSECT VENOMS					
901	95170	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; WHOLE BODY EXTRACT OF BITING INSECT OR OTHER ARTHROPOD (SPECIFY NUMBER OF DOSES)					
901	G0008	INFLUENZA VACCINE					
901	G0009	PNEUMOCOCCAL VACCINE					
901	Q0034	INFLUENZA VACCINE					
902	Level II Immunization		X	1.78	\$90.19	\$41.47	\$18.04

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
902	90707	IMMUNIZATION, ACTIVE; MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE					
902	90712	IMMUNIZATION, ACTIVE; POLIOVIRUS VACCINE, LIVE, ORAL (ANY TYPE(S))					
902	90713	IMMUNIZATION, ACTIVE; POLIOMYELITIS VACCINE					
902	90716	IMMUNIZATION, ACTIVE; VARICELLA (CHICKEN POX) VACCINE					
902	90717	IMMUNIZATION, ACTIVE; YELLOW FEVER VACCINE					
902	90720	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND PERTUSSIS (DTP) AND HEMOPHILUS INFLUENZA B (HIB) VACCINE					
902	90733	IMMUNIZATION, ACTIVE; MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S))					
902	90737	IMMUNIZATION, ACTIVE; HEMOPHILUS INFLUENZA B					
902	90741	IMMUNIZATION, PASSIVE; IMMUNE SERUM GLOBULIN, HUMAN (ISG)					
902	90744	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; NEWBORN TO 11 YEARS					
902	90745	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; 11-19 YEARS					
902	90746	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; 20 YEARS AND ABOVE					
902	90747	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT, ANY AGE					
902	G0010	HEPATITIS B VACCINE					
903	Level III Immunization		X	1.16	\$58.78	\$25.65	\$11.76
903	90721	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP) AND HEMOPHILUS INFLUENZA B (HIB) VACCINE					
903	90726	IMMUNIZATION, ACTIVE; RABIES VACCINE					
903	90727	IMMUNIZATION, ACTIVE; PLAGUE VACCINE					
903	90728	IMMUNIZATION, ACTIVE; BCG VACCINE					
903	90735	IMMUNIZATION, ACTIVE; ENCEPHALITIS VIRUS VACCINE					
903	90742	IMMUNIZATION, PASSIVE; SPECIFIC HYPERIMMUNE SERUM GLOBULIN (EG, HEPATITIS B, MEASLES, PERTUSSIS, RABIES, RHO(D), TETANUS, VACCINIA, VARICELLA-ZOSTER)					
906	Infusion Therapy except Chemotherapy		X	1.46	\$73.98	\$42.49	\$14.80
906	36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION					
906	90780	IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; UP TO ONE HOUR					
906	90781	IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS					
906	Q0081	INFUSION THERAPY					
907	Intramuscular Injections		X	0.85	\$43.07	\$11.98	\$8.61
907	90782	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); SUBCUTANEOUS OR INTRAMUSCULAR					
907	90783	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRA-ARTERIAL					
907	90784	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRAVENOUS					
907	90788	INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)					
907	90799	UNLISTED THERAPEUTIC OR DIAGNOSTIC INJECTION					
919	Electroconvulsive Therapy		S	3.17	\$160.62	\$80.00	\$32.12
919	90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); SINGLE SEIZURE					
919	90871	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); MULTIPLE SEIZURES, PER DAY					
920	Biofeedback and other Training		S	1.17	\$59.28	\$29.61	\$11.86
920	90901	BIOFEEDBACK TRAINING BY ANY MODALITY					
920	90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY					
921	Diabetes Education		S				
921	99078	PHYSICIAN EDUCATIONAL SERVICES RENDERED TO PATIENTS IN A GROUP SETTING (EG, PRENATAL, OBESITY, OR DIABETIC INSTRUCTIONS)					
926	Dialysis for other than ESRD patients		S	4.28	\$216.87	\$69.83	\$43.37
926	90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION					
926	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION					
926	90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION), WITH SINGLE PHYSICIAN EVALUATION					
926	90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION) REQUIRING REPEATED EVALUATIONS, WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION					
926	90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)					
926	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT					
928	Alimentary Tests		X	3.11	\$157.58	\$83.85	\$31.52
928	89100	DUODENAL INTUBATION AND ASPIRATION; SINGLE SPECIMEN (EG, SIMPLE BILE STUDY OR AFFERENT LOOP CULTURE) PLUS APPROPRIATE TEST PROCEDURE					
928	89105	DUODENAL INTUBATION AND ASPIRATION; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC OR GALLBLADDER STIMULATION, SINGLE OR DOUBLE LUMEN TUBE					
928	89130	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL ANALYSES OR CYTOPATHOLOGY;					
928	89132	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, AFTER STIMULATION					
928	89135	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); ONE HOUR					
928	89136	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS					
928	89140	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS INCLUDING GASTRIC STIMULATION (EG, HISTALOG, PENTAGASTRIN)					
928	89141	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); THREE HOURS, INCLUDING GASTRIC STIMULATION					
928	91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PREPARATION OF SPECIMENS (SEPARATE PROCEDURE)					
928	91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY;					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
928	91011	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY; WITH MECHOLYL OR SIMILAR STIMULANT					
928	91012	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY; WITH ACID PERFUSION STUDIES					
928	91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES					
928	91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS					
928	91032	ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GASTROESOPHAGEAL REFLUX;					
928	91033	ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GASTROESOPHAGEAL REFLUX; PROLONGED RECORDING					
928	91052	GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF GASTRIC SECRETION (EG, HISTAMINE, INSULIN, PENTAGASTRIN, CALCIUM AND SECRETIN)					
928	91055	GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES FOR CYTOLOGY (SEPARATE PROCEDURE)					
928	91060	GASTRIC SALINE LOAD TEST					
928	91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY)					
928	91100	INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING					
928	91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTED POISONS)					
928	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE					
928	95075	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG, FOOD, DRUG OR OTHER SUBSTANCE SUCH AS METABISULFITE)					
930	Minor Eye Examinations		X	1.02	\$51.68	\$22.83	\$10.34
930	92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA) WITH INTERPRETATION AND REPORT (SEPARATE PROCEDURE)					
930	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION					
930	92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (EG, TANGENT SCREEN, AUTOPLLOT, ARC PERIMETER, OR SINGLE STIMULUS LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR 7 EQUIVALENT)					
930	92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; INTERMEDIATE EXAMINATION (EG, AT LEAST 2 ISOPTERS ON GOLDMANN PERIMETER, OR SEMIQUANTITATIVE, AUTOMATED SUPRATHRESHOLD SCREENING PROGRAM, HUMPHREY SUPRATHRESHOLD AUTOMATIC)					
930	92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; EXTENDED EXAMINATION (EG, GOLDMANN VISUAL FIELDS WITH AT LEAST 3 ISOPTERS PLOTTED AND STATIC DETERMINATION WITHIN THE CENTRAL 30°, OR QUANTITATIVE, AUTOMATED THRESHOLD PERI)					
930	92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT TONOGRAPHY					
930	92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT					
930	92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT					
930	92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE-UP PHOTOGRAPHY, SLIT LAMP PHOTOGRAPHY, GONIOPHOTOGRAPHY, STEREO-PHOTOGRAPHY)					
931	Level I Eye Tests		X	0.74	\$37.5	\$21.47	\$7.50
931	92120	TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOMETER METHOD OR PERILIMBAL SUCTION METHOD					
931	92130	TONOGRAPHY WITH WATER PROVOCATION					
931	92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT					
931	92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT					
931	92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT					
931	92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE					
932	Level II Eye Tests		X	2.52	\$127.69	\$65.09	\$25.54
932	92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT					
932	92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT					
932	92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT					
932	92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY AND CELL COUNT					
932	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH FLUORESCEIN ANGIOGRAPHY					
936	Fitting of Vision Aids		X	0.52	\$26.35	\$9.49	\$5.27
936	92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE					
936	92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, BOTH EYES					
936	92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEOSCLERAL LENS					
936	92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, ONE EYE					
936	92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, BOTH EYES					
936	92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEOSCLERAL LENS					
936	92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION					
936	92326	REPLACEMENT OF CONTACT LENS					
936	92330	PRESCRIPTION, FITTING, AND SUPPLY OF OCULAR PROSTHESIS (ARTIFICIAL EYE), WITH MEDICAL SUPERVISION OF ADAPTATION					
936	92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL					
936	92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL					
936	92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM					
936	92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS SYSTEM					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
936	92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING MATERIALS)					
936	92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA					
940	Otorhinolaryngologic Function Tests		X	3.04	\$154.04	\$51.98	\$30.81
940	92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)					
940	92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEUROGRAPHY)					
940	92520	LARYNGEAL FUNCTION STUDIES					
940	92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING					
940	92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING					
940	92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS), WITH					
940	92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING					
940	92545	OSCILLATING TRACKING TEST, WITH RECORDING					
940	92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING					
940	92547	USE OF VERTICAL ELECTRODES IN ANY OR ALL OF ABOVE TESTS COUNTS AS ONE ADDITIONAL TEST					
940	92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY					
940	92584	ELECTROCOCHLEOGRAPHY					
940	92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)					
940	92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)					
941	Level I Audiometry		X	0.74	\$37.50	\$13.56	\$7.50
941	92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY					
941	92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE					
941	92555	SPEECH AUDIOMETRY THRESHOLD;					
941	92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION					
941	92567	TYMPANOMETRY (IMPEDANCE TESTING)					
941	92599	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE					
942	Level II Audiometry		X	1.48	\$74.99	\$22.15	\$15.00
942	92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)					
942	92561	BEKESY AUDIOMETRY; DIAGNOSTIC					
942	92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL					
942	92563	TONE DECAY TEST					
942	92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)					
942	92565	STENGER TEST, PURE TONE					
942	92568	ACOUSTIC REFLEX TESTING					
942	92569	ACOUSTIC REFLEX DECAY TEST					
942	92571	FILTERED SPEECH TEST					
942	92572	STAGGERED SPONDAIC WORD TEST					
942	92573	LOMBARD TEST					
942	92575	SENSORINEURAL ACUITY LEVEL TEST					
942	92576	SYNTHETIC SENTENCE IDENTIFICATION TEST					
942	92577	STENGER TEST, SPEECH					
942	92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)					
942	92582	CONDITIONING PLAY AUDIOMETRY					
942	92583	SELECT PICTURE AUDIOMETRY					
942	92589	CENTRAL AUDITORY FUNCTION TEST(S) (SPECIFY)					
942	92596	EAR PROTECTOR ATTENUATION MEASUREMENTS					
947	Resuscitation and Cardioversion		S	4.07	\$206.22	\$109.61	\$41.24
947	31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE					
947	92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)					
947	92953	TEMPORARY TRANSCUTANEOUS PACING					
947	92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, EXTERNAL					
947	99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS IN THE PRESENCE OF ACUTE INADEQUATE VENTILATION AND/OR CARDIAC OUTPUT					
948	Cardiac Rehabilitation		X	0.81	\$41.04	\$16.95	\$8.21
948	93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)					
948	93798	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)					
949	Cardiovascular Stress Test		X	1.46	\$73.98	\$62.83	\$14.80
949	93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTRO-CARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT					
949	93024	ERGONOVINE PROVOCATION TEST					
950	Electrocardiogram (ECG)		X	0.35	\$17.73	\$15.82	\$3.55
950	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT					
950	93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT					
950	Q0035	CARDIOKYMOGRAPHY					
956	Continuous ECG and Blood Pressure Monitoring		X	1.11	\$56.24	\$55.82	\$11.25
956	93012	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S), PER 30 DAY PERIOD OF TIME; TRACING ONLY					
956	93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, PHYSICIAN REVIEW AND INTERPRETATION					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
956	93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION)					
956	93226	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; SCANNING ANALYSIS WITH REPORT					
956	93230	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL MINIATURIZED PRINTOUT; INCLUDES RECORDING, MICROPROCESSOR-BASED ANALYSIS					
956	93231	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL MINIATURIZED PRINTOUT; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION)					
956	93232	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL MINIATURIZED PRINTOUT; MICROPROCESSOR-BASED ANALYSIS WITH REPORT					
956	93235	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; INC					
956	93236	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; MON					
956	93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD OF TIME; INCLUDES TRANSMISSION, PHYSICIAN REVIEW AND INTERPRETATION					
956	93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD OF TIME; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION)					
956	93271	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD OF TIME; MONITORING, RECEIPT OF TRANSMISSIONS, AND ANALYSIS					
956	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG					
956	G0004	ECG TRANSM PHYS REVIEW & INT					
956	G0005	ECG 24 HOUR RECORDING					
956	G0006	ECG TRANSMISSION & ANALYSIS					
956	G0015	POST SYMPTOM ECG TRACING					
957	Echocardiography		S	2.83	\$143.39	\$117.07	\$28.68
957	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING;					
957	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR REPEAT STUDY					
957	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE					
957	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP OR REPEAT STUDY					
957	93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE					
957	93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY					
957	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; COMPLETE					
957	93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMITED STUDY					
957	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT					
957	93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY					
957	93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT					
957	93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY					
957	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93320, 93321, 93350); COMPLETE					
957	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93320, 93321, 93350); FOLLOW-UP OR LIMITED STUDY					
957	93325	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHY 76825, 76826, 76827, 76828, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93320, 93321, 93350)					
957	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT					
958	Diagnostic Cardiac Catheterization		T	26.11	\$1,322.98	\$659.47	\$264.60
958	93501	RIGHT HEART CATHETERIZATION					
958	93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES					
958	93505	ENDOMYOCARDIAL BIOPSY					
958	93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; PERCUTANEOUS					
958	93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; BY CUTDOWN					
958	93514	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE					
958	93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION					
958	93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
958	93527	COMBINED RIGHT HEART CATHETERIZATION AND TRANSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION)					
958	93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION)					
958	93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION)					
958	93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES					
958	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES					
958	93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES					
958	93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES					
958	93536	PERCUTANEOUS INSERTION OF INTRA-AORTIC BALLOON CATHETER					
960	Cardiac Electrophysiologic Tests/Procedures		S	4.24	\$214.84	\$144.41	\$42.97
960	93600	BUNDLE OF HIS RECORDING					
960	93602	INTRA-ATRIAL RECORDING					
960	93603	RIGHT VENTRICULAR RECORDING					
960	93607	LEFT VENTRICULAR RECORDING					
960	93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION TO RECORD FROM MULTIPLE SITES TO IDENTIFY ORIGIN OF TACHYCARDIA					
960	93610	INTRA-ATRIAL PACING					
960	93612	INTRAVENTRICULAR PACING					
960	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S);					
960	93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S); WITH PACING					
960	93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING					
960	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITHOUT INDUCTION OR ATTEMPTED INDUCTION					
960	93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITH INDUCTION OR ATTEMPTED INDUCTION					
960	93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITH LEFT ATRIAL RECORDINGS FROM CORON					
960	93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITH LEFT VENTRICULAR RECORDINGS, WITH					
960	93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (USE THIS CODE WITH 93620, 93621, 93622)					
960	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY, INCLUDING INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA					
960	93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE SITE OF TACHYCARDIA OR ZONE OF SLOW CONDUCTION FOR SURGICAL CORRECTION					
960	93640	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEADS (INCLUDES DEFIBRILLATION THRESHOLD TESTING AND SENSING FUNCTION) AT TIME OF INITIAL IMPLANTATION OR REPLACEMENT;					
960	93641	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEADS (INCLUDES DEFIBRILLATION THRESHOLD TESTING AND SENSING FUNCTION) AT TIME OF INITIAL IMPLANTATION OR REPLACEMENT; WITH TESTING OF CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR					
960	93642	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR (INCLUDES DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING AND PACING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PAR					
960	93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICULAR CONDUCTION FOR CREATION OF COMPLETE HEART BLOCK, WITH OR WITHOUT TEMPORARY PACEMAKER PLACEMENT					
960	93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY ABLATION OF FAST OR SLOW ATRIOVENTRICULAR PATHWAYS, ACCESSORY ATRIOVENTRICULAR CONNECTIONS OR OTHER ATRIAL FOCI, SINGLY OR IN COMBINATION					
960	93652	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF VENTRICULAR TACHYCARDIA					
960	93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMITTENT BLOOD PRESSURE MONITORING, WITH OR WITHOUT PHARMACOLOGICAL INTERVENTION					
960	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES ELECTROCARDIOGRAPHIC RECORDING, PROGRAMMING OF DEVICE, INDUCTION AND TERMINATION OF TACHYCARDIA VIA IMPLANTED PACEMAKER, AND INTERPRETATION OF RECORDINGS)					
966	Electronic Analysis of Pacemakers/other devices		X	0.39	\$19.76	\$12.43	\$3.95
966	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITHOUT REPROGRAMMING					
966	62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING					
966	63690	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEAS					
966	63691	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEAS					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
966	93731	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS					
966	93732	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS					
966	93733	ELECTRONIC ANALYSIS OF DUAL CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, AND/OR TESTING OF SENSORY FUNCTION OF PACEMAKER), TELEPHONIC ANALYSIS					
966	93734	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS)					
966	93735	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS)					
966	93736	ELECTRONIC ANALYSIS OF SINGLE CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, AND/OR TESTING OF SENSORY FUNCTION OF PACEMAKER), TELEPHONIC ANALYSIS					
966	93737	ELECTRONIC ANALYSIS OF CARIOVERTER/DEFIBRILLATOR ONLY (INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS); WITHOUT REPROGRAMMING					
966	93738	ELECTRONIC ANALYSIS OF CARIOVERTER/DEFIBRILLATOR ONLY (INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS); WITH REPROGRAMMING					
967	Non-Invasive Vascular Studies		X	1.70	\$86.14	\$57.40	\$17.23
967	93720	PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT					
967	93721	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT					
967	93740	TEMPERATURE GRADIENT STUDIES					
967	93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE					
967	93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEVEL, BILATERAL (EG, ANKLE/BRACHIAL INDICES, DOPPLER WAVEFORM ANALYSIS, VOLUME PLETHYSMOGRAPHY, TRANSCUTANEOUS OXYGEN TENSION MEASUREMENT)					
967	93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE LEVELS OR WITH PROVOCATIVE FUNCTIONAL MANEUVERS, COMPLETE BILATERAL STUDY (EG, SEGMENTAL BLOOD PRESSURE MEASUREMENTS, SEGMENTAL DOPPLER WAVEFORM ANALYSIS, SEGMENTAL VOLUME PLE					
967	93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TESTING, COMPLETE BILATERAL STUDY					
967	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STUDY (EG, DOPPLER WAVEFORM ANALYSIS WITH RESPONSES TO COMPRESSION AND OTHER MANEUVERS, PHLEBORHEOGRAPHY, IMPEDANCE PLETHYSMOGRAPHY)					
968	Vascular Ultrasound		X	2.37	\$120.09	\$79.55	\$24.02
968	93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, COMPLETE BILATERAL STUDY (EG, PERIORBITAL FLOW DIRECTION WITH ARTERIAL COMPRESSION, OCULAR PNEUMOPLETHYSMOGRAPHY, DOPPLER ULTRASOUND SPECTRAL ANALYSIS)					
968	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY					
968	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY					
968	93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY					
968	93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY					
968	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY					
968	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY					
968	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY					
968	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY					
968	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY					
968	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY					
968	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; COMPLETE STUDY					
968	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; LIMITED STUDY					
968	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; COMPLETE STUDY					
968	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY					
968	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE STUDY					
968	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP OR LIMITED STUDY					
968	93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS OUTFLOW)					
969	Hyperbaric Oxygen		S	2.65	\$134.27	\$141.70	\$26.85
969	99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION					
971	Level I Pulmonary Tests		X	0.78	\$39.52	\$21.47	\$7.90
971	94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION					
971	94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR PARENTERAL) OR EXERCISE					
971	94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION					
971	94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)					
971	94260	THORACIC GAS VOLUME					
971	94360	DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC METHODS					
971	94375	RESPIRATORY FLOW VOLUME LOOP					
971	94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)					
971	94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
971	94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE)					
971	94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER					
971	94799	UNLISTED PULMONARY SERVICE OR PROCEDURE					
972	Level II Pulmonary Tests		X	1.02	\$51.68	\$29.38	\$10.34
972	94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OPEN CIRCUIT METHOD, OR OTHER METHOD					
972	94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN WASHOUT CURVE INCLUDING ALVEOLAR NITROGEN OR HELIUM EQUILIBRATION TIME					
972	94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS					
972	94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE					
972	94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN EXTRACTED					
972	94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)					
972	94720	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD					
972	94725	MEMBRANE DIFFUSION CAPACITY					
973	Level III Pulmonary Tests		S	1.89	\$95.77	\$55.82	\$19.15
973	94070	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETERMINATIONS AFTER ANTIGEN, COLD AIR, METHACHOLINE OR OTHER CHEMICAL AGENT, WITH SPIROMETRY AS IN 94010					
973	94620	PULMONARY STRESS TESTING, SIMPLE OR COMPLEX					
973	94750	PULMONARY COMPLIANCE STUDY, ANY METHOD					
973	94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING, INFANT					
973	95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE, METHACHOLINE, OR SIMILAR COMPOUNDS					
973	95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH ANTIGENS OR GASES, SPECIFY					
976	Pulmonary Therapy		S	0.44	\$22.29	\$14.92	\$4.46
976	94640	NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION					
976	94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS					
976	94650	INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) TREATMENT, AIR OR OXYGEN, WITH OR WITHOUT NEBULIZED MEDICATION; INITIAL DEMONSTRATION AND/OR EVALUATION					
976	94651	INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) TREATMENT, AIR OR OXYGEN, WITH OR WITHOUT NEBULIZED MEDICATION; SUBSEQUENT					
976	94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; SUBSEQUENT DAYS					
976	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT					
976	94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT					
976	94664	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES; INITIAL DEMONSTRATION AND/OR EVALUATION					
976	94665	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES; SUBSEQUENT					
977	Allergy Tests		X	0.63	\$31.92	\$12.66	\$6.38
977	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS					
977	95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS OR VENOMS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS					
977	95015	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS, OR VENOMS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS					
977	95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS					
977	95027	SKIN END POINT TITRATION					
977	95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY NUMBER OF TESTS					
977	95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)					
977	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)					
977	95056	PHOTO TESTS					
977	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS					
977	95065	DIRECT NASAL MUCOUS MEMBRANE TEST					
977	95078	PROVOCATIVE TESTING (EG, RINKEL TEST)					
977	95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, HORSE SERUM)					
977	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE					
978	Allergy Injections		X	0.31	\$15.71	\$3.39	\$3.14
978	95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECTION					
978	95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; TWO OR MORE INJECTIONS					
978	95144	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE OR MULTIPLE ANTIGENS, SINGLE DOSE VIALS (SPECIFY NUMBER OF VIALS)					
978	95145	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); SINGLE STINGING INSECT VENOM					
978	95146	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); TWO SINGLE STINGING INSECT VENOMS					
978	95147	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); THREE SINGLE STINGING INSECT VENOMS					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
978	95148	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); FOUR SINGLE STINGING INSECT VENOMS					
978	95165	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR MULTIPLE ANTIGENS (SPECIFY NUMBER OF DOSES)					
979	Extended	EEG Studies and Sleep Studies	S	10.17	\$515.31	\$288.83	\$103.06
979	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS					
979	95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, UNATTENDED BY A TECHNOLOGIST					
979	95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, ATTENDED BY A TECHNOLOGIST					
979	95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST					
979	95810	POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST					
979	95811	POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST					
979	95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; UP TO ONE HOUR					
979	95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR					
979	95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY					
979	95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, COMBINED ELECTROENCEPHALOGRAPHIC (EEG) AND VIDEO RECORDING AND INTERPRETATION (EG, FOR PRESURGICAL LOCALIZATION), EACH 24 HOURS					
979	95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG, ELECTROENCEPHALOGRAPHIC (EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS					
979	95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE DURING EEG RECORDING OF ACTIVATION PHASE (EG, THIOPENTAL ACTIVATION TEST)					
979	95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, ELECTROENCEPHALOGRAPHIC (EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS					
979	95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING					
980	Electroencephalogram		S	2.15	\$108.94	\$57.86	\$21.79
980	92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT					
980	95857	TENSILON TEST FOR MYASTHENIA GRAVIS;					
980	95867	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNILATERAL					
980	95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES					
980	95870	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN, THORAX)					
980	95900	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE(S) ALONG THE NERVE; MOTOR, WITHOUT F-WAVE STUDY					
980	95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPATHETIC FUNCTION), INCLUDING TWO OR MORE OF THE FOLLOWING: HEART RATE RESPONSE TO DEEP BREATHING WITH RECORDED R-R INTERVAL, VALSALVA RATIO, AND 30:15 RATIO					
980	95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION (SYMPATHETIC ADRENERGIC FUNCTION), INCLUDING BEAT-TO-BEAT BLOOD PRESSURE AND R-R INTERVAL CHANGES DURING VALSALVA MANEUVER AND AT LEAST FIVE MINUTES OF PASSIVE TILT					
980	95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE OF THE FOLLOWING: QUANTITATIVE SUDOMOTOR AXON REFLEX TEST (QSART), SILASTIC SWEAT IMPRINT, THERMOREGULATORY SWEAT TEST, AND CHANGES IN SYMPATHETIC SKIN POTENTIAL					
980	95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN LOWER LIMBS					
980	95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN THE TRUNK OR HEAD					
980	95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR FLASH					
980	95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING					
980	95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE					
980	95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN GASTROCNEMIUS/SOLEUS MUSCLE					
980	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD					
980	95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS, ELECTROENCEPHALOGRAPHIC (EG, 8 CHANNEL EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS					
981	Level I Nerve and Muscle Tests		X	1.46	\$73.98	\$41.81	\$14.80
981	92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM					
981	95858	TENSILON TEST FOR MYASTHENIA GRAVIS; WITH ELECTROMYOGRAPHIC RECORDING					
981	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS					
981	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS					
981	95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS					
981	95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS					
981	95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL					
981	95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE MEASUREMENT OF JITTER, BLOCKING AND/OR FIBER DENSITY, ANY/ALL SITES OF EACH MUSCLE STUDIED					
981	95875	ISCHEMIC LIMB EXERCISE WITH NEEDLE ELECTROMYOGRAPHY, WITH LACTIC ACID DETERMINATION					
981	95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE(S) ALONG THE NERVE; MOTOR, WITH F-WAVE STUDY					
981	95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE(S) ALONG THE NERVE; SENSORY					
981	95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
981	95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER LIMBS					
982	Level II Nerve and Muscle Tests		X	1.39	\$70.43	\$38.87	\$14.09
982	92585	Auditory evoked potential					
982	95858	Tensilon test & myogram					
982	95860	Muscle test, one limb					
982	95861	Muscle test, two limbs					
982	95863	Muscle test, 3 limbs					
982	95864	Muscle test, 4 limbs					
982	95868	Muscle test, head or neck					
982	95872	Muscle test, one fiber					
982	95875	Limb exercise test					
982	95925	Somatosensory testing					
987	Subcutaneous or Intramuscular Chemotherapy		S	.65	\$32.94	\$13.33	\$6.59
987	96400	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR, WITH OR WITHOUT LOCAL ANESTHESIA					
987	96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS					
987	96406	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS					
987	96549	UNLISTED CHEMOTHERAPY PROCEDURE					
987	Q0083	Chemo other than infusion					
988	Chemotherapy except by Extended Infusion		S	4.15	\$210.28	\$97.52	\$42.06
988	96408	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH TECHNIQUE					
988	96410	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOUR					
988	96412	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR					
988	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE					
988	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR					
988	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR					
989	Chemotherapy by Extended Infusion		S	1.72	\$87.15	\$40.68	\$17.43
989	96414	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP					
989	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP					
989	96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS					
989	96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS					
989	96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING LUMBAR PUNCTURE					
989	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS					
989	Q0084	Chemo, infusion only					
989	Q0085	Chemo, infusion and other technique					
990	Photochemotherapy		S	.43	\$21.79	\$8.14	\$4.36
990	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)					
990	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B					
990	96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)					
990	96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO EIGHT HOURS OF CARE UNDER DIRECT SUPERVISION OF THE PHYSICIAN (INCLUDES APPLICATION OF MEDICATION AND DRESSINGS)					
990	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE					
997	Manipulation Therapy		S	.69	\$34.96	\$7.23	\$6.99
997	97250	MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZATION, ONE OR MORE REGIONS					
997	97260	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; ONE AREA					
997	97261	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; EACH ADDITIONAL AREA					
997	98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED					
997	98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED					
997	98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED					
997	98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED					
997	98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED					
997	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS					
997	98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS					
997	98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS					
999	Therapeutic Phlebotomy		X	.43	\$21.79	\$10.85	\$4.36
999	99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)					

ADDENDUM D.—SUMMARY OF MEDICAL APCs

APC	CPT <sup>1</sup> HCPCS <sup>2</sup>	Description	
911 Low Level Clinic Visits	99201	Office/outpatient visit, new	
	99202	Office/outpatient visit, new	
	99211	Office/outpatient visit, est	
	99212	Office/outpatient visit, est	
	99241	Office consultation	
	99242	Office consultation	
	99271	Confirmatory consultation	
	99272	Confirmatory consultation	
	G0101	Cancer Screening Exam, Women	
	913 Mid Level Clinic Visits	92002	Eye exam, new patient
92012		Eye exam established pt	
99203		Office/outpatient visit, new	
99213		Office/outpatient visit, est	
99243		Office consultation	
99273		Confirmatory consultation	
915 High Level Clinic Visits	92004	Eye exam, new patient	
	92014	Eye exam & treatment	
	92506	Speech & hearing evaluation	
	99204	Office/outpatient visit, new	
	99205	Office/outpatient visit, new	
	99214	Office/outpatient visit, est	
	99215	Office/outpatient visit, est	
	99244	Office consultation	
	99245	Office consultation	
	99274	Confirmatory consultation	
	99275	Confirmatory consultation	
	951 Low Level Emergency Visits	99281	Emergency dept visit
		99282	Emergency dept visit
953 Mid Level Emergency Visits	99283	Emergency dept visit	
955 High Level Emergency Visits	99284	Emergency dept visit	
	99285	Emergency dept visit	

<sup>1</sup>CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

<sup>2</sup>Copyright 1994 American Dental Association. All rights reserved.

Note: Medical visit APCs are created by combining level of visit from Addendum D with reason for visit from Addendum E. Thus a midlevel clinic visit (99203) for an eye disorder groups to APC 91368.

ADDENDUM E.—MAJOR DIAGNOSTIC CATEGORIES (MDCs)

MDC	Description
11	Well care and administrative
18	Skin and breast diseases
24	Musculoskeletal diseases
31	Ear, nose, mouth and throat diseases
33	Respiratory system diseases
36	Cardiovascular system diseases
41	Digestive system diseases
53	Kidney, urinary tract and male genital diseases
56	Female genital system diseases
57	Pregnancy and Neonatal Care
63	Nervous System Diseases
68	Eye Diseases
72	Trauma and poisoning
78	Major signs, symptoms and findings
82	Endocrine, nutritional and metabolic diseases
86	Immunologic and hematologic diseases
88	Malignancy
91	Psychiatric Disorders
97	Infectious disease
99	Unknown cause of mortality

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS

ICD-9	ICD-9 Description	MDC
0010	CHOLERA D/T VIB CHOLERAЕ .....	41
0011	CHOLERA D/T VIB EL TOR .....	41
0019	CHOLERA NOS .....	41

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0020	TYPHOID FEVER .....	97
0021	PARATYPHOID FEVER A .....	97
0022	PARATYPHOID FEVER B .....	97
0023	PARATYPHOID FEVER C .....	97
0029	PARATYPHOID FEVER NOS .....	97
0030	SALMONELLA ENTERITIS .....	41
0031	SALMONELLA SEPTICEMIA .....	97
00320	LOCAL SALMONELLA INF NOS .....	97
00321	SALMONELLA MENINGITIS .....	97
00322	SALMONELLA PNEUMONIA .....	33
00323	SALMONELLA ARTHRITIS .....	24
00324	SALMONELLA OSTEOMYELITIS .....	24
00329	LOCAL SALMONELLA INF NEC .....	97
0038	SALMONELLA INFECTION NEC .....	97
0039	SALMONELLA INFECTION NOS .....	97
0040	SHIGELLA DYSENTERIAE .....	41
0041	SHIGELLA FLEXNERI .....	41
0042	SHIGELLA BOYDII .....	41
0043	SHIGELLA SONNEI .....	41
0048	SHIGELLA INFECTION NEC .....	41
0049	SHIGELLOSIS NOS .....	41
0050	STAPH FOOD POISONING .....	41
0051	BOTULISM .....	97
0052	FOOD POIS D/T C. PERFRIN .....	41
0053	FOOD POIS: CLOSTRID NEC .....	41
0054	FOOD POIS: V. PARAHAE .....	41
00581	FOOD POISN D/T V. VULNIF .....	41
00589	BACT FOOD POISONING NEC .....	41
0059	FOOD POISONING NOS .....	41
0060	AC AMEBIASIS W/O ABSCESS .....	41
0061	CHR AMEBIASIS W/O ABSCESS .....	41
0062	AMEBIC NONDYSENT COLITIS .....	41
0063	AMEBIC LIVER ABSCESS .....	41
0064	AMEBIC LUNG ABSCESS .....	33
0065	AMEBIC BRAIN ABSCESS .....	97
0066	AMEBIC SKIN ULCERATION .....	18
0068	AMEBIC INFECTION NEC .....	97
0069	AMEBIASIS NOS .....	97
0070	BALANTIDIASIS .....	41
0071	GIARDIASIS .....	41
0072	COCCIDIOSIS .....	41
0073	INTEST TRICHOMONIASIS .....	41
0078	PROTOZOAL INTEST DIS NEC .....	41
0079	PROTOZOAL INTEST DIS NOS .....	41
00800	INTEST INFEC E COLI NOS .....	41
00801	INT INF E COLI ENTRPATH .....	41
00802	INT INF E COLI ENTRTOXGN .....	41
00803	INT INF E COLI ENTRNVSV .....	41
00804	INT INF E COLI ENTRHMRG .....	41
00809	INT INF E COLI SPCF NEC .....	41
0081	ARIZONA ENTERITIS .....	41
0082	AEROBACTER ENTERITIS .....	41
0083	PROTEUS ENTERITIS .....	41
00841	STAPHYLOCOCC ENTERITIS .....	41
00842	PSEUDOMONAS ENTERITIS .....	41
00843	INT INFEC CAMPYLOBACTER .....	41
00844	INT INF YRSNIA ENTRCLTCA .....	41
00845	INT INF CLSTRDIUM DFCILE .....	41
00846	INTES INFEC OTH ANEROBES .....	41
00847	INT INF OTH GRM NEG BCTR .....	41
00849	BACTERIAL ENTERITIS NEC .....	41
0085	BACTERIAL ENTERITIS NOS .....	41
00861	INTES INFEC ROTAVIRUS .....	41
00862	INTES INFEC ADENOVIRUS .....	41
00863	INT INF NORWALK VIRUS .....	41
00864	INT INF OTH SML RND VRUS .....	41
00865	INTES INFEC CALCIVIRUS .....	41
00866	INTES INFEC ASTROVIRUS .....	41
00867	INT INF ENTEROVIRUS NEC .....	41
00869	OTHER VIRAL INTES INFEC .....	41
0088	VIRAL ENTERITIS NOS .....	41
0090	INFECTIOUS ENTERITIS NOS .....	41
0091	ENTERITIS OF INFECT ORIG .....	41
0092	INFECTIOUS DIARRHEA NOS .....	41
0093	DIARRHEA OF INFECT ORIG .....	41
01000	PRIM TB COMPLEX-UNSPEC .....	33

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01001	PRIM TB COMPLEX-NO EXAM .....	33
01002	PRIM TB COMPLEX-EXM UNKN .....	33
01003	PRIM TB COMPLEX-MICRO DX .....	33
01004	PRIM TB COMPLEX-CULT DX .....	33
01005	PRIM TB COMPLEX-HISTO DX .....	33
01006	PRIM TB COMPLEX-OTH TEST .....	33
01010	PRIM TB PLEURISY-UNSPEC .....	33
01011	PRIM TB PLEURISY-NO EXAM .....	33
01012	PRIM TB PLEUR-EXAM UNKN .....	33
01013	PRIM TB PLEURIS-MICRO DX .....	33
01014	PRIM TB PLEURISY-CULT DX .....	33
01015	PRIM TB PLEURIS-HISTO DX .....	33
01016	PRIM TB PLEURIS-OTH TEST .....	33
01080	PRIM PROG TB NEC-UNSPEC .....	33
01081	PRIM PROG TB NEC-NO EXAM .....	33
01082	PRIM PR TB NEC-EXAM UNKN .....	33
01083	PRIM PRG TB NEC-MICRO DX .....	33
01084	PRIM PROG TB NEC-CULT DX .....	33
01085	PRIM PRG TB NEC-HISTO DX .....	33
01086	PRIM PRG TB NEC-OTH TEST .....	33
01090	PRIMARY TB NOS-UNSPEC .....	33
01091	PRIMARY TB NOS-NO EXAM .....	33
01092	PRIMARY TB NOS-EXAM UNKN .....	33
01093	PRIMARY TB NOS-MICRO DX .....	33
01094	PRIMARY TB NOS-CULT DX .....	33
01095	PRIMARY TB NOS-HISTO DX .....	33
01096	PRIMARY TB NOS-OTH TEST .....	33
01100	TB LUNG INFILTR-UNSPEC .....	33
01101	TB LUNG INFILTR-NO EXAM .....	33
01102	TB LUNG INFILTR-EXM UNKN .....	33
01103	TB LUNG INFILTR-MICRO DX .....	33
01104	TB LUNG INFILTR-CULT DX .....	33
01105	TB LUNG INFILTR-HISTO DX .....	33
01106	TB LUNG INFILTR-OTH TEST .....	33
01110	TB LUNG NODULAR-UNSPEC .....	33
01111	TB LUNG NODULAR-NO EXAM .....	33
01112	TB LUNG NODUL-EXAM UNKN .....	33
01113	TB LUNG NODULAR-MICRO DX .....	33
01114	TB LUNG NODULAR-CULT DX .....	33
01115	TB LUNG NODULAR-HISTO DX .....	33
01116	TB LUNG NODULAR-OTH TEST .....	33
01120	TB LUNG W CAVITY-UNSPEC .....	33
01121	TB LUNG W CAVITY-NO EXAM .....	33
01122	TB LUNG CAVITY-EXAM UNKN .....	33
01123	TB LUNG W CAVIT-MICRO DX .....	33
01124	TB LUNG W CAVITY-CULT DX .....	33
01125	TB LUNG W CAVIT-HISTO DX .....	33
01126	TB LUNG W CAVIT-OTH TEST .....	33
01130	TB OF BRONCHUS-UNSPEC .....	33
01131	TB OF BRONCHUS-NO EXAM .....	33
01132	TB OF BRONCHUS-EXAM UNKN .....	33
01133	TB OF BRONCHUS-MICRO DX .....	33
01134	TB OF BRONCHUS-CULT DX .....	33
01135	TB OF BRONCHUS-HISTO DX .....	33
01136	TB OF BRONCHUS-OTH TEST .....	33
01140	TB LUNG FIBROSIS-UNSPEC .....	33
01141	TB LUNG FIBROSIS-NO EXAM .....	33
01142	TB LUNG FIBROS-EXAM UNKN .....	33
01143	TB LUNG FIBROS-MICRO DX .....	33
01144	TB LUNG FIBROSIS-CULT DX .....	33
01145	TB LUNG FIBROS-HISTO DX .....	33
01146	TB LUNG FIBROS-OTH TEST .....	33
01150	TB BRONCHIECTASIS-UNSPEC .....	33
01151	TB BRONCHIECT-NO EXAM .....	33
01152	TB BRONCHIECT-EXAM UNKN .....	33
01153	TB BRONCHIECT-MICRO DX .....	33
01154	TB BRONCHIECT-CULT DX .....	33
01155	TB BRONCHIECT-HISTO DX .....	33
01156	TB BRONCHIECT-OTH TEST .....	33
01160	TB PNEUMONIA-UNSPEC .....	33
01161	TB PNEUMONIA-NO EXAM .....	33
01162	TB PNEUMONIA-EXAM UNKN .....	33
01163	TB PNEUMONIA-MICRO DX .....	33
01164	TB PNEUMONIA-CULT DX .....	33
01165	TB PNEUMONIA-HISTO DX .....	33
01166	TB PNEUMONIA-OTH TEST .....	33

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01170	TB PNEUMOTHORAX-UNSPEC .....	33
01171	TB PNEUMOTHORAX-NO EXAM .....	33
01172	TB PNEUMOTHORAX-EXAM UNKN .....	33
01173	TB PNEUMOTHORAX-MICRO DX .....	33
01174	TB PNEUMOTHORAX-CULT DX .....	33
01175	TB PNEUMOTHORAX-HISTO DX .....	33
01176	TB PNEUMOTHORAX-OTH TEST .....	33
01180	PULMONARY TB NEC-UNSPEC .....	33
01181	PULMONARY TB NEC-NO EXAM .....	33
01182	PULMON TB NEC-EXAM UNKN .....	33
01183	PULMON TB NEC-MICRO DX .....	33
01184	PULMON TB NEC-CULT DX .....	33
01185	PULMON TB NEC-HISTO DX .....	33
01186	PULMON TB NEC-OTH TEST .....	33
01190	PULMONARY TB NOS-UNSPEC .....	33
01191	PULMONARY TB NOS-NO EXAM .....	33
01192	PULMON TB NOS-EXAM UNKN .....	33
01193	PULMON TB NOS-MICRO DX .....	33
01194	PULMON TB NOS-CULT DX .....	33
01195	PULMON TB NOS-HISTO DX .....	33
01196	PULMON TB NOS-OTH TEST .....	33
01200	TB PLEURISY-UNSPEC .....	33
01201	TB PLEURISY-NO EXAM .....	33
01202	TB PLEURISY-EXAM UNKN .....	33
01203	TB PLEURISY-MICRO DX .....	33
01204	TB PLEURISY-CULT DX .....	33
01205	TB PLEURISY-HISTOLOG DX .....	33
01206	TB PLEURISY-OTH TEST .....	33
01210	TB THORACIC NODES-UNSPEC .....	33
01211	TB THORAX NODE-NO EXAM .....	33
01212	TB THORAX NODE-EXAM UNKN .....	33
01213	TB THORAX NODE-MICRO DX .....	33
01214	TB THORAX NODE-CULT DX .....	33
01215	TB THORAX NODE-HISTO DX .....	33
01216	TB THORAX NODE-OTH TEST .....	33
01220	ISOL TRACHEAL TB-UNSPEC .....	31
01221	ISOL TRACHEAL TB-NO EXAM .....	31
01222	ISOL TRACH TB-EXAM UNKN .....	31
01223	ISOLAT TRACH TB-MICRO DX .....	31
01224	ISOL TRACHEAL TB-CULT DX .....	31
01225	ISOLAT TRACH TB-HISTO DX .....	31
01226	ISOLAT TRACH TB-OTH TEST .....	31
01230	TB LARYNGITIS-UNSPEC .....	31
01231	TB LARYNGITIS-NO EXAM .....	31
01232	TB LARYNGITIS-EXAM UNKN .....	31
01233	TB LARYNGITIS-MICRO DX .....	31
01234	TB LARYNGITIS-CULT DX .....	31
01235	TB LARYNGITIS-HISTO DX .....	31
01236	TB LARYNGITIS-OTH TEST .....	31
01280	RESP TB NEC-UNSPEC .....	33
01281	RESP TB NEC-NO EXAM .....	33
01282	RESP TB NEC-EXAM UNKN .....	33
01283	RESP TB NEC-MICRO DX .....	33
01284	RESP TB NEC-CULT DX .....	33
01285	RESP TB NEC-HISTO DX .....	33
01286	RESP TB NEC-OTH TEST .....	33
01300	TB MENINGITIS-UNSPEC .....	63
01301	TB MENINGITIS-NO EXAM .....	63
01302	TB MENINGITIS-EXAM UNKN .....	63
01303	TB MENINGITIS-MICRO DX .....	63
01304	TB MENINGITIS-CULT DX .....	63
01305	TB MENINGITIS-HISTO DX .....	63
01306	TB MENINGITIS-OTH TEST .....	63
01310	TUBRCLMA MENINGES-UNSPEC .....	63
01311	TUBRCLMA MENING-NO EXAM .....	63
01312	TUBRCLMA MENING-EXAM UNKN .....	63
01313	TUBRCLMA MENING-MICRO DX .....	63
01314	TUBRCLMA MENING-CULT DX .....	63
01315	TUBRCLMA MENING-HISTO DX .....	63
01316	TUBRCLMA MENING-OTH TEST .....	63
01320	TUBERCULOMA BRAIN-UNSPEC .....	63
01321	TUBRCLOMA BRAIN-NO EXAM .....	63
01322	TUBRCLMA BRAIN-EXAM UNKN .....	63
01323	TUBRCLOMA BRAIN-MICRO DX .....	63
01324	TUBRCLOMA BRAIN-CULT DX .....	63
01325	TUBRCLOMA BRAIN-HISTO DX .....	63

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01326	TUBRCLOMA BRAIN-OTH TEST .....	63
01330	TB BRAIN ABSCESS-UNSPEC .....	63
01331	TB BRAIN ABSCESS-NO EXAM .....	63
01332	TB BRAIN ABSC-EXAM UNKN .....	63
01333	TB BRAIN ABSC-MICRO DX .....	63
01334	TB BRAIN ABSCESS-CULT DX .....	63
01335	TB BRAIN ABSC-HISTO DX .....	63
01336	TB BRAIN ABSC-OTH TEST .....	63
01340	TUBRCLMA SP CORD-UNSPEC .....	63
01341	TUBRCLMA SP CORD-NO EXAM .....	63
01342	TUBRCLMA SP CD-EXAM UNKN .....	63
01343	TUBRCLMA SP CRD-MICRO DX .....	63
01344	TUBRCLMA SP CORD-CULT DX .....	63
01345	TUBRCLMA SP CRD-HISTO DX .....	63
01346	TUBRCLMA SP CRD-OTH TEST .....	63
01350	TB SP CRD ABSCESS-UNSPEC .....	63
01351	TB SP CRD ABSC-NO EXAM .....	63
01352	TB SP CRD ABSC-EXAM UNKN .....	63
01353	TB SP CRD ABSC-MICRO DX .....	63
01354	TB SP CRD ABSC-CULT DX .....	63
01355	TB SP CRD ABSC-HISTO DX .....	63
01356	TB SP CRD ABSC-OTH TEST .....	63
01360	TB ENCEPHALITIS-UNSPEC .....	63
01361	TB ENCEPHALITIS-NO EXAM .....	63
01362	TB ENCEPHALIT-EXAM UNKN .....	63
01363	TB ENCEPHALITIS-MICRO DX .....	63
01364	TB ENCEPHALITIS-CULT DX .....	63
01365	TB ENCEPHALITIS-HISTO DX .....	63
01366	TB ENCEPHALITIS-OTH TEST .....	63
01380	CNS TB NEC-UNSPEC .....	63
01381	CNS TB NEC-NO EXAM .....	63
01382	CNS TB NEC-EXAM UNKN .....	63
01383	CNS TB NEC-MICRO DX .....	63
01384	CNS TB NEC-CULT DX .....	63
01385	CNS TB NEC-HISTO DX .....	63
01386	CNS TB NEC-OTH TEST .....	63
01390	CNS TB NOS-UNSPEC .....	63
01391	CNS TB NOS-NO EXAM .....	63
01392	CNS TB NOS-EXAM UNKN .....	63
01393	CNS TB NOS-MICRO DX .....	63
01394	CNS TB NOS-CULT DX .....	63
01395	CNS TB NOS-HISTO DX .....	63
01396	CNS TB NOS-OTH TEST .....	63
01400	TB PERITONITIS-UNSPEC .....	41
01401	TB PERITONITIS-NO EXAM .....	41
01402	TB PERITONITIS-EXAM UNKN .....	41
01403	TB PERITONITIS-MICRO DX .....	41
01404	TB PERITONITIS-CULT DX .....	41
01405	TB PERITONITIS-HISTO DX .....	41
01406	TB PERITONITIS-OTH TEST .....	41
01480	INTESTINAL TB NEC-UNSPEC .....	41
01481	INTESTIN TB NEC-NO EXAM .....	41
01482	INTEST TB NEC-EXAM UNKN .....	41
01483	INTESTIN TB NEC-MICRO DX .....	41
01484	INTESTIN TB NEC-CULT DX .....	41
01485	INTESTIN TB NEC-HISTO DX .....	41
01486	INTESTIN TB NEC-OTH TEST .....	41
01500	TB OF VERTEBRA-UNSPEC .....	24
01501	TB OF VERTEBRA-NO EXAM .....	24
01502	TB OF VERTEBRA-EXAM UNKN .....	24
01503	TB OF VERTEBRA-MICRO DX .....	24
01504	TB OF VERTEBRA-CULT DX .....	24
01505	TB OF VERTEBRA-HISTO DX .....	24
01506	TB OF VERTEBRA-OTH TEST .....	24
01510	TB OF HIP-UNSPEC .....	24
01511	TB OF HIP-NO EXAM .....	24
01512	TB OF HIP-EXAM UNKN .....	24
01513	TB OF HIP-MICRO DX .....	24
01514	TB OF HIP-CULT DX .....	24
01515	TB OF HIP-HISTO DX .....	24
01516	TB OF HIP-OTH TEST .....	24
01520	TB OF KNEE-UNSPEC .....	24
01521	TB OF KNEE-NO EXAM .....	24
01522	TB OF KNEE-EXAM UNKN .....	24
01523	TB OF KNEE-MICRO DX .....	24
01524	TB OF KNEE-CULT DX .....	24

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01525	TB OF KNEE-HISTO DX .....	24
01526	TB OF KNEE-OTH TEST .....	24
01550	TB OF LIMB BONES-UNSPEC .....	24
01551	TB LIMB BONES-NO EXAM .....	24
01552	TB LIMB BONES-EXAM UNKN .....	24
01553	TB LIMB BONES-MICRO DX .....	24
01554	TB LIMB BONES-CULT DX .....	24
01555	TB LIMB BONES-HISTO DX .....	24
01556	TB LIMB BONES-OTH TEST .....	24
01560	TB OF MASTOID-UNSPEC .....	31
01561	TB OF MASTOID-NO EXAM .....	31
01562	TB OF MASTOID-EXAM UNKN .....	31
01563	TB OF MASTOID-MICRO DX .....	31
01564	TB OF MASTOID-CULT DX .....	31
01565	TB OF MASTOID-HISTO DX .....	31
01566	TB OF MASTOID-OTH TEST .....	31
01570	TB OF BONE NEC-UNSPEC .....	24
01571	TB OF BONE NEC-NO EXAM .....	24
01572	TB OF BONE NEC-EXAM UNKN .....	24
01573	TB OF BONE NEC-MICRO DX .....	24
01574	TB OF BONE NEC-CULT DX .....	24
01575	TB OF BONE NEC-HISTO DX .....	24
01576	TB OF BONE NEC-OTH TEST .....	24
01580	TB OF JOINT NEC-UNSPEC .....	24
01581	TB OF JOINT NEC-NO EXAM .....	24
01582	TB JOINT NEC-EXAM UNKN .....	24
01583	TB OF JOINT NEC-MICRO DX .....	24
01584	TB OF JOINT NEC-CULT DX .....	24
01585	TB OF JOINT NEC-HISTO DX .....	24
01586	TB OF JOINT NEC-OTH TEST .....	24
01590	TB BONE/JOINT NOS-UNSPEC .....	24
01591	TB BONE/JT NOS-NO EXAM .....	24
01592	TB BONE/JT NOS-EXAM UNKN .....	24
01593	TB BONE/JT NOS-MICRO DX .....	24
01594	TB BONE/JT NOS-CULT DX .....	24
01595	TB BONE/JT NOS-HISTO DX .....	24
01596	TB BONE/JT NOS-OTH TEST .....	24
01600	TB OF KIDNEY-UNSPEC .....	53
01601	TB OF KIDNEY-NO EXAM .....	53
01602	TB OF KIDNEY-EXAM UNKN .....	53
01603	TB OF KIDNEY-MICRO DX .....	53
01604	TB OF KIDNEY-CULT DX .....	53
01605	TB OF KIDNEY-HISTO DX .....	53
01606	TB OF KIDNEY-OTH TEST .....	53
01610	TB OF BLADDER-UNSPEC .....	53
01611	TB OF BLADDER-NO EXAM .....	53
01612	TB OF BLADDER-EXAM UNKN .....	53
01613	TB OF BLADDER-MICRO DX .....	53
01614	TB OF BLADDER-CULT DX .....	53
01615	TB OF BLADDER-HISTO DX .....	53
01616	TB OF BLADDER-OTH TEST .....	53
01620	TB OF URETER-UNSPEC .....	53
01621	TB OF URETER-NO EXAM .....	53
01622	TB OF URETER-EXAM UNKN .....	53
01623	TB OF URETER-MICRO DX .....	53
01624	TB OF URETER-CULT DX .....	53
01625	TB OF URETER-HISTO DX .....	53
01626	TB OF URETER-OTH TEST .....	53
01630	TB URINARY NEC-UNSPEC .....	53
01631	TB URINARY NEC-NO EXAM .....	53
01632	TB URINARY NEC-EXAM UNKN .....	53
01633	TB URINARY NEC-MICRO DX .....	53
01634	TB URINARY NEC-CULT DX .....	53
01635	TB URINARY NEC-HISTO DX .....	53
01636	TB URINARY NEC-OTH TEST .....	53
01640	TB EPIDIDYMIS-UNSPEC .....	53
01641	TB EPIDIDYMIS-NO EXAM .....	53
01642	TB EPIDIDYMIS-EXAM UNKN .....	53
01643	TB EPIDIDYMIS-MICRO DX .....	53
01644	TB EPIDIDYMIS-CULT DX .....	53
01645	TB EPIDIDYMIS-HISTO DX .....	53
01646	TB EPIDIDYMIS-OTH TEST .....	53
01650	TB MALE GENIT NEC-UNSPEC .....	53
01651	TB MALE GEN NEC-NO EXAM .....	53
01652	TB MALE GEN NEC-EX UNKN .....	53
01653	TB MALE GEN NEC-MICRO DX .....	53

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01654	TB MALE GEN NEC-CULT DX .....	53
01655	TB MALE GEN NEC-HISTO DX .....	53
01656	TB MALE GEN NEC-OTH TEST .....	53
01660	TB OVARY & TUBE-UNSPEC .....	56
01661	TB OVARY & TUBE-NO EXAM .....	56
01662	TB OVARY/TUBE-EXAM UNKN .....	56
01663	TB OVARY & TUBE-MICRO DX .....	56
01664	TB OVARY & TUBE-CULT DX .....	56
01665	TB OVARY & TUBE-HISTO DX .....	56
01666	TB OVARY & TUBE-OTH TEST .....	56
01670	TB FEMALE GEN NEC-UNSPEC .....	56
01671	TB FEM GEN NEC-NO EXAM .....	56
01672	TB FEM GEN NEC-EXAM UNKN .....	56
01673	TB FEM GEN NEC-MICRO DX .....	56
01674	TB FEM GEN NEC-CULT DX .....	56
01675	TB FEM GEN NEC-HISTO DX .....	56
01676	TB FEM GEN NEC-OTH TEST .....	56
01690	GU TB NOS-UNSPEC .....	53
01691	GU TB NOS-NO EXAM .....	53
01692	GU TB NOS-EXAM UNKN .....	53
01693	GU TB NOS-MICRO DX .....	53
01694	GU TB NOS-CULT DX .....	53
01695	GU TB NOS-HISTO DX .....	53
01696	GU TB NOS-OTH TEST .....	53
01700	TB SKIN/SUBCUTAN-UNSPEC .....	18
01701	TB SKIN/SUBCUT-NO EXAM .....	18
01702	TB SKIN/SUBCUT-EXAM UNKN .....	18
01703	TB SKIN/SUBCUT-MICRO DX .....	18
01704	TB SKIN/SUBCUT-CULT DX .....	18
01705	TB SKIN/SUBCUT-HISTO DX .....	18
01706	TB SKIN/SUBCUT-OTH TEST .....	18
01710	ERYTHEMA NODOS TB-UNSPEC .....	18
01711	ERYTHEM NODOS TB-NO EXAM .....	18
01712	ERYTHEM NOD TB-EXAM UNKN .....	18
01713	ERYTHEM NOD TB-MICRO DX .....	18
01714	ERYTHEM NODOS TB-CULT DX .....	18
01715	ERYTHEM NOD TB-HISTO DX .....	18
01716	ERYTHEM NOD TB-OTH TEST .....	18
01720	TB PERIPH LYMPH-UNSPEC .....	86
01721	TB PERIPH LYMPH-NO EXAM .....	86
01722	TB PERIPH LYMPH-EXAM UNK .....	86
01723	TB PERIPH LYMPH-MICRO DX .....	86
01724	TB PERIPH LYMPH-CULT DX .....	86
01725	TB PERIPH LYMPH-HISTO DX .....	86
01726	TB PERIPH LYMPH-OTH TEST .....	86
01730	TB OF EYE-UNSPEC .....	68
01731	TB OF EYE-NO EXAM .....	68
01732	TB OF EYE-EXAM UNKN .....	68
01733	TB OF EYE-MICRO DX .....	68
01734	TB OF EYE-CULT DX .....	68
01735	TB OF EYE-HISTO DX .....	68
01736	TB OF EYE-OTH TEST .....	68
01740	TB OF EAR-UNSPEC .....	31
01741	TB OF EAR-NO EXAM .....	31
01742	TB OF EAR-EXAM UNKN .....	31
01743	TB OF EAR-MICRO DX .....	31
01744	TB OF EAR-CULT DX .....	31
01745	TB OF EAR-HISTO DX .....	31
01746	TB OF EAR-OTH TEST .....	31
01750	TB OF THYROID-UNSPEC .....	82
01751	TB OF THYROID-NO EXAM .....	82
01752	TB OF THYROID-EXAM UNKN .....	82
01753	TB OF THYROID-MICRO DX .....	82
01754	TB OF THYROID-CULT DX .....	82
01755	TB OF THYROID-HISTO DX .....	82
01756	TB OF THYROID-OTH TEST .....	82
01760	TB OF ADRENAL-UNSPEC .....	82
01761	TB OF ADRENAL-NO EXAM .....	82
01762	TB OF ADRENAL-EXAM UNKN .....	82
01763	TB OF ADRENAL-MICRO DX .....	82
01764	TB OF ADRENAL-CULT DX .....	82
01765	TB OF ADRENAL-HISTO DX .....	82
01766	TB OF ADRENAL-OTH TEST .....	82
01770	TB OF SPLEEN-UNSPEC .....	86
01771	TB OF SPLEEN-NO EXAM .....	86
01772	TB OF SPLEEN-EXAM UNKN .....	86

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01773	TB OF SPLEEN-MICRO DX .....	86
01774	TB OF SPLEEN-CULT DX .....	86
01775	TB OF SPLEEN-HISTO DX .....	86
01776	TB OF SPLEEN-OTH TEST .....	86
01780	TB ESOPHAGUS-UNSPEC .....	41
01781	TB ESOPHAGUS-NO EXAM .....	41
01782	TB ESOPHAGUS-EXAM UNKN .....	41
01783	TB ESOPHAGUS-MICRO DX .....	41
01784	TB ESOPHAGUS-CULT DX .....	41
01785	TB ESOPHAGUS-HISTO DX .....	41
01786	TB ESOPHAGUS-OTH TEST .....	41
01790	TB OF ORGAN NEC-UNSPEC .....	97
01791	TB OF ORGAN NEC-NO EXAM .....	97
01792	TB ORGAN NEC-EXAM UNKN .....	97
01793	TB OF ORGAN NEC-MICRO DX .....	97
01794	TB OF ORGAN NEC-CULT DX .....	97
01795	TB OF ORGAN NEC-HISTO DX .....	97
01796	TB OF ORGAN NEC-OTH TEST .....	97
01800	ACUTE MILIARY TB-UNSPEC .....	97
01801	ACUTE MILIARY TB-NO EXAM .....	97
01802	AC MILIARY TB-EXAM UNKN .....	97
01803	AC MILIARY TB-MICRO DX .....	97
01804	ACUTE MILIARY TB-CULT DX .....	97
01805	AC MILIARY TB-HISTO DX .....	97
01806	AC MILIARY TB-OTH TEST .....	97
01880	MILIARY TB NEC-UNSPEC .....	97
01881	MILIARY TB NEC-NO EXAM .....	97
01882	MILIARY TB NEC-EXAM UNKN .....	97
01883	MILIARY TB NEC-MICRO DX .....	97
01884	MILIARY TB NEC-CULT DX .....	97
01885	MILIARY TB NEC-HISTO DX .....	97
01886	MILIARY TB NEC-OTH TEST .....	97
01890	MILIARY TB NOS-UNSPEC .....	97
01891	MILIARY TB NOS-NO EXAM .....	97
01892	MILIARY TB NOS-EXAM UNKN .....	97
01893	MILIARY TB NOS-MICRO DX .....	97
01894	MILIARY TB NOS-CULT DX .....	97
01895	MILIARY TB NOS-HISTO DX .....	97
01896	MILIARY TB NOS-OTH TEST .....	97
0200	BUBONIC PLAGUE .....	97
0201	CELLULOCUTANEOUS PLAGUE .....	97
0202	SEPTICEMIC PLAGUE .....	97
0203	PRIMARY PNEUMONIC PLAGUE .....	33
0204	SECONDARY PNEUMON PLAGUE .....	33
0205	PNEUMONIC PLAGUE NOS .....	33
0208	OTHER TYPES OF PLAGUE .....	97
0209	PLAGUE NOS .....	97
0210	ULCEROGLANDUL TULAREMIA .....	97
0211	ENTERIC TULAREMIA .....	41
0212	PULMONARY TULAREMIA .....	33
0213	OCULOGLANDULAR TULAREMIA .....	97
0218	TULAREMIA NEC .....	97
0219	TULAREMIA NOS .....	97
0220	CUTANEOUS ANTHRAX .....	18
0221	PULMONARY ANTHRAX .....	33
0222	GASTROINTESTINAL ANTHRAX .....	41
0223	ANTHRAX SEPTICEMIA .....	97
0228	OTHER ANTHRAX MANIFEST .....	97
0229	ANTHRAX NOS .....	97
0230	BRUCELLA MELITENSIS .....	97
0231	BRUCELLA ABORTUS .....	97
0232	BRUCELLA SUIS .....	97
0233	BRUCELLA CANIS .....	97
0238	BRUCELLOSIS NEC .....	97
0239	BRUCELLOSIS NOS .....	97
024	GLANDERS .....	97
025	MELIOIDOSIS .....	97
0260	SPIRILLARY FEVER .....	97
0261	STREPTOBACILLARY FEVER .....	97
0269	RAT-BITE FEVER NOS .....	97
0270	LISTERIOSIS .....	97
0271	ERYSIPELOTHRIX INFECTION .....	97
0272	PASTEURELLOSIS .....	97
0278	ZOONOTIC BACT DIS NEC .....	97
0279	ZOONOTIC BACT DIS NOS .....	97
0300	LEPROMATOUS LEPROSY .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0301	TUBERCULOID LEPROSY .....	97
0302	INDETERMINATE LEPROSY .....	97
0303	BORDERLINE LEPROSY .....	97
0308	LEPROSY NEC .....	97
0309	LEPROSY NOS .....	97
0310	PULMONARY MYCOBACTERIA .....	33
0311	CUTANEOUS MYCOBACTERIA .....	18
0318	MYCOBACTERIAL DIS NEC .....	97
0319	MYCOBACTERIAL DIS NOS .....	97
0320	FAUCIAL DIPHThERIA .....	31
0321	NASOPHARYNX DIPHThERIA .....	31
0322	ANT NASAL DIPHThERIA .....	31
0323	LARYNGEAL DIPHThERIA .....	31
03281	CONJUNCTIVAL DIPHThERIA .....	68
03282	DIPHThERITIC MYOCARDITIS .....	36
03283	DIPHThERITIC PERITONITIS .....	41
03284	DIPHThERITIC CYSTITIS .....	53
03285	CUTANEOUS DIPHThERIA .....	18
03289	DIPHThERIA NEC .....	97
0329	DIPHThERIA NOS .....	97
0330	BORDETELLA PERTUSSIS .....	33
0331	BORDETELLA PARAPERTUSSIS .....	33
0338	WHOOPING COUGH NEC .....	33
0339	WHOOPING COUGH NOS .....	33
0340	STREP SORE THROAT .....	31
0341	SCARLET FEVER .....	97
035	ERYSIPELAS .....	18
0360	MENINGOCOCCAL MENINGITIS .....	63
0361	MENINGOCOCC ENCEPHALITIS .....	63
0362	MENINGOCOCCEMIA .....	97
0363	MENINGOCOCC ADRENAL SYND .....	97
03640	MENINGOCOCC CARDITIS NOS .....	36
03641	MENINGOCOCC PERICARDITIS .....	36
03642	MENINGOCOCC ENDOCARDITIS .....	36
03643	MENINGOCOCC MYOCARDITIS .....	36
03681	MENINGOCOCC OPTIC NEURIT .....	68
03682	MENINGOCOCC ARTHROPATHY .....	24
03689	MENINGOCOCCAL INFECT NEC .....	97
0369	MENINGOCOCCAL INFECT NOS .....	97
037	TETANUS .....	97
0380	STREPTOCOCCAL SEPTICEMIA .....	97
0382	PNEUMOCOCCAL SEPTICEMIA .....	97
0383	ANAEROBIC SEPTICEMIA .....	97
03840	GRAM-NEG SEPTICEMIA NOS .....	97
03841	H. INFLUENAE SEPTICEMIA .....	97
03842	E COLI SEPTICEMIA .....	97
03843	PSEUDOMONAS SEPTICEMIA .....	97
03844	SERRATIA SEPTICEMIA .....	97
03849	GRAM-NEG SEPTICEMIA NEC .....	97
0388	SEPTICEMIA NEC .....	97
0389	SEPTICEMIA NOS .....	97
0390	CUTANEOUS ACTINOMYCOSIS .....	18
0391	PULMONARY ACTINOMYCOSIS .....	33
0392	ABDOMINAL ACTINOMYCOSIS .....	41
0393	CERVICOFAC ACTINOMYCOSIS .....	18
0394	MADURA FOOT .....	18
0398	ACTINOMYCOSIS NEC .....	97
0399	ACTINOMYCOSIS NOS .....	97
0400	GAS GANGRENE .....	97
0401	RHINOSCLEROMA .....	97
0402	WHIPPLE'S DISEASE .....	41
0403	NECROBACILLOSIS .....	97
04081	TROPICAL PYOMYOSITIS .....	24
04089	BACTERIAL DISEASES NEC .....	97
04100	STREPTOCOCCUS UNSPECF .....	97
04101	STREPTOCOCCUS GROUP A .....	97
04102	STREPTOCOCCUS GROUP B .....	97
04103	STREPTOCOCCUS GROUP C .....	97
04104	STREPTOCOCCUS GROUP D .....	97
04105	STREPTOCOCCUS GROUP G .....	97
04109	OTHER STREPTOCOCCUS .....	97
04110	STAPHYLOCOCCUS UNSPCFIED .....	97
04111	STAPHYLOCOCCUS AUREUS .....	97
04119	OTHER STAPHYLOCOCCUS .....	97
0412	PNEUMOCOCCUS INFECT NOS .....	97
0413	KLEBSIELLA INFECT NOS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0414	E. COLI INFECT NOS .....	97
0415	H. INFLUENZAE INFECT NOS .....	97
0416	PROTEUS INFECTION NOS .....	97
0417	PSEUDOMONAS INFECT NOS .....	97
04181	MYCOPLASMA .....	97
04182	BACILLUS FRAGILIS .....	97
04183	CLOSTRIDIUM PERFRINGENS .....	97
04184	OTHER ANAEROBES .....	97
04185	OTH GRAM NEGATV BACTERIA .....	97
04186	HELICOBACTER PYLORI .....	41
04189	OTH SPECF BACTERIA .....	97
0419	BACTERIAL INFECTION NOS .....	97
042	HUMAN IMMUNO VIRUS DIS .....	86
04500	AC BULBAR POLIO-TYPE NOS .....	63
04501	AC BULBAR POLIO-TYPE 1 .....	63
04502	AC BULBAR POLIO-TYPE 2 .....	63
04503	AC BULBAR POLIO-TYPE 3 .....	63
04510	PARAL POLIO NEC-TYPE NOS .....	63
04511	PARAL POLIO NEC-TYPE 1 .....	63
04512	PARAL POLIO NEC-TYPE 2 .....	63
04513	PARAL POLIO NEC-TYPE 3 .....	63
04520	NONPARALY POLIO-TYPE NOS .....	63
04521	NONPARALYT POLIO-TYPE 1 .....	63
04522	NONPARALYT POLIO-TYPE 2 .....	63
04523	NONPARALYT POLIO-TYPE 3 .....	63
04590	AC POLIO NOS-TYPE NOS .....	63
04591	AC POLIO NOS-TYPE 1 .....	63
04592	AC POLIO NOS-TYPE 2 .....	63
04593	AC POLIO NOS-TYPE 3 .....	63
0460	KURU .....	63
0461	JAKOB-CREUTZFELDT DIS .....	63
0462	SUBAC SCLEROS PANENCEPH .....	63
0463	PROG MULTIFOC LEUKOENCEPH .....	63
0468	CNS SLOW VIRUS INFEC NEC .....	63
0469	CNS SLOW VIRUS INFEC NOS .....	63
0470	COXSACKIE VIRUS MENING .....	63
0471	ECHO VIRUS MENINGITIS .....	63
0478	VIRAL MENINGITIS NEC .....	63
0479	VIRAL MENINGITIS NOS .....	63
048	OTH ENTEROVIRAL CNS DIS .....	97
0490	LYMPHOCYTIC CHORIOMENING .....	63
0491	ADENOVIRAL MENINGITIS .....	63
0498	VIRAL ENCEPHALITIS NEC .....	63
0499	VIRAL ENCEPHALITIS NOS .....	63
0500	VARIOLA MAJOR .....	97
0501	ALASTRIM .....	97
0502	MODIFIED SMALLPOX .....	97
0509	SMALLPOX NOS .....	97
0510	COWPOX .....	97
0511	PSEUDOCOWPOX .....	18
0512	CONTAGIOUS PUSTULAR DERM .....	18
0519	PARAVACCINIA NOS .....	97
0520	POSTVARICELLA ENCEPHALIT .....	63
0521	VARICELLA PNEUMONITIS .....	33
0527	VARICELLA COMPLICAT NEC .....	97
0528	VARICELLA COMPLICAT NOS .....	97
0529	VARICELLA UNCOMPLICATED .....	97
0530	HERPES ZOSTER MENINGITIS .....	63
05310	H ZOSTER NERV SYST NOS .....	63
05311	GENICULATE HERPES ZOSTER .....	63
05312	POSTHERPES TRIGEM NEURAL .....	63
05313	POSTHERPES POLYNEUROPATH .....	63
05319	H ZOSTER NERV SYST NEC .....	63
05320	HERPES ZOSTER OF EYELID .....	68
05321	H ZOSTER KERATOCONJUNCT .....	68
05322	H ZOSTER IRIDOCYCLITIS .....	68
05329	HERPES ZOSTER OF EYE NEC .....	68
05371	H ZOSTER OTITIS EXTERNA .....	31
05379	H ZOSTER COMPLICATED NEC .....	97
0538	H ZOSTER COMPLICATED NOS .....	97
0539	HERPES ZOSTER NOS .....	18
0540	ECZEMA HERPETICUM .....	18
05410	GENITAL HERPES NOS .....	97
05411	HERPETIC VULVOVAGINITIS .....	97
05412	HERPETIC ULCER OF VULVA .....	97
05413	HERPETIC INFECT OF PENIS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
05419	GENITAL HERPES NEC .....	97
0542	HERPETIC GINGIVOSTOMAT .....	31
0543	HERPETIC ENCEPHALITIS .....	63
05440	HERPES SIMPLEX EYE NOS .....	68
05441	HERPES SIMPLEX OF EYELID .....	68
05442	DENDRITIC KERATITIS .....	68
05443	H SIMPLEX KERATITIS .....	68
05444	H SIMPLEX IRIDOCYCLITIS .....	68
05449	HERPES SIMPLEX EYE NEC .....	68
0545	HERPETIC SEPTICEMIA .....	97
0546	HERPETIC WHITLOW .....	18
05471	VISCERAL HERPES SIMPLEX .....	41
05472	H SIMPLEX MENINGITIS .....	63
05473	H SIMPLEX OTITIS EXTERNA .....	31
05479	H SIMPLEX COMPLICAT NEC .....	97
0548	H SIMPLEX COMPLICAT NOS .....	97
0549	HERPES SIMPLEX NOS .....	18
0550	POSTMEASLES ENCEPHALITIS .....	63
0551	POSTMEASLES PNEUMONIA .....	33
0552	POSTMEASLES OTITIS MEDIA .....	31
05571	MEASLES KERATITIS .....	68
05579	MEASLES COMPLICATION NEC .....	97
0558	MEASLES COMPLICATION NOS .....	97
0559	MEASLES UNCOMPLICATED .....	97
05600	RUBELLA NERVE COMPL NOS .....	63
05601	RUBELLA ENCEPHALITIS .....	63
05609	RUBELLA NERVE COMPL NEC .....	63
05671	ARTHRITIS DUE TO RUBELLA .....	24
05679	RUBELLA COMPLICATION NEC .....	97
0568	RUBELLA COMPLICATION NOS .....	97
0569	RUBELLA UNCOMPLICATED .....	97
0570	ERYTHEMA INFECTIOSUM .....	97
0578	VIRAL EXANTHEMATA NEC .....	97
0579	VIRAL EXANTHEMATA NOS .....	97
0600	SYLVATIC YELLOW FEVER .....	97
0601	URBAN YELLOW FEVER .....	97
0609	YELLOW FEVER NOS .....	97
061	DENGUE .....	97
0620	JAPANESE ENCEPHALITIS .....	63
0621	WEST EQUINE ENCEPHALITIS .....	63
0622	EAST EQUINE ENCEPHALITIS .....	63
0623	ST LOUIS ENCEPHALITIS .....	63
0624	AUSTRALIAN ENCEPHALITIS .....	63
0625	CALIFORNIA ENCEPHALITIS .....	97
0628	MOSQUIT-BORNE ENCEPH NEC .....	97
0629	MOSQUIT-BORNE ENCEPH NOS .....	97
0630	RUSSIA SPR-SUMMER ENCEPH .....	97
0631	LOUPING ILL .....	97
0632	CENT EUROPE ENCEPHALITIS .....	63
0638	TICK-BORNE ENCEPH NEC .....	97
0639	TICK-BORNE ENCEPH NOS .....	97
064	VIR ENCEPH ARTHROPOD NEC .....	63
0650	CRIMEAN HEMORRHAGIC FEV .....	97
0651	OMSK HEMORRHAGIC FEVER .....	97
0652	KYASANUR FOREST DISEASE .....	97
0653	TICK-BORNE HEM FEVER NEC .....	97
0654	MOSQUITO-BORNE HEM FEVER .....	97
0658	ARTHROPOD HEM FEVER NEC .....	97
0659	ARTHROPOD HEM FEVER NOS .....	97
0660	PHLEBOTOMUS FEVER .....	97
0661	TICK-BORNE FEVER .....	97
0662	VENEZUELAN EQUINE FEVER .....	63
0663	MOSQUITO-BORNE FEVER NEC .....	97
0668	ARTHROPOD VIRUS NEC .....	97
0669	ARTHROPOD VIRUS NOS .....	97
0700	HEPATITIS A WITH COMA .....	78
0701	HEPATITIS A W/O COMA .....	41
07020	HPT B ACTE COMA WO DLTA .....	78
07021	HPT B ACTE COMA W DLTA .....	78
07022	HPT B CHRN COMA WO DLTA .....	78
07023	HPT B CHRN COMA W DLTA .....	78
07030	HPT B ACTE WO CM WO DLTA .....	41
07031	HPT B ACTE WO CM W DLTA .....	41
07032	HPT B CHRN WO CM WO DLTA .....	41
07033	HPT B CHRN WO CM W DLTA .....	41
07041	HPT C ACUTE W HEPAT COMA .....	78

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
07042	HPT DLT WO B W HPT COMA .....	78
07043	HPT E W HEPAT COMA .....	78
07044	CHRONC HPT C W HEPAT COMA .....	78
07049	OTH VRL HEPAT W HPT COMA .....	78
07051	HPT C ACUTE WO HPAT COMA .....	41
07052	HPT DLT WO B WO HPT COMA .....	41
07053	HPT E WO HEPAT COMA .....	41
07054	CHRONC HPT C WO HPAT COMA .....	41
07059	OTH VRL HPAT WO HPT COMA .....	41
0706	VIRAL HEPAT NOS W COMA .....	78
0709	VIRAL HEPAT NOS W/O COMA .....	41
071	RABIES .....	63
0720	MUMPS ORCHITIS .....	53
0721	MUMPS MENINGITIS .....	63
0722	MUMPS ENCEPHALITIS .....	63
0723	MUMPS PANCREATITIS .....	41
07271	MUMPS HEPATITIS .....	41
07272	MUMPS POLYNEUROPATHY .....	63
07279	MUMPS COMPLICATION NEC .....	97
0728	MUMPS COMPLICATION NOS .....	97
0729	MUMPS UNCOMPLICATED .....	97
0730	ORNITHOSIS PNEUMONIA .....	33
0737	ORNITHOSIS COMPLICAT NEC .....	97
0738	ORNITHOSIS COMPLICAT NOS .....	97
0739	ORNITHOSIS NOS .....	97
0740	HERPANGINA .....	31
0741	EPIDEMIC PLEURODYNTIA .....	33
07420	COXSACKIE CARDITIS NOS .....	36
07421	COXSACKIE PERICARDITIS .....	36
07422	COXSACKIE ENDOCARDITIS .....	36
07423	COXSACKIE MYOCARDITIS .....	36
0743	HAND, FOOT & MOUTH DIS .....	97
0748	COXSACKIE VIRUS NEC .....	97
075	INFECTIOUS MONONUCLEOSIS .....	97
0760	TRACHOMA, INITIAL STAGE .....	68
0761	TRACHOMA, ACTIVE STAGE .....	68
0769	TRACHOMA NOS .....	68
0770	INCLUSION CONJUNCTIVITIS .....	68
0771	EPIDEM KERATOCONJUNCTIV .....	68
0772	PHARYNGOCONJUNCT FEVER .....	68
0773	ADENOVIRAL CONJUNCT NEC .....	68
0774	EPIDEM HEM CONJUNCTIVIT .....	68
0778	VIRAL CONJUNCTIVITIS NEC .....	68
07798	UNSP DS CONJUC CHLAMYDIA .....	97
07799	UNSP DS CONJUC VIRUSES .....	97
0780	MOLLUSCUM CONTAGIOSUM .....	18
07810	VIRAL WARTS NOS .....	97
07811	CONDYLOMA ACUMINATUM .....	97
07819	OTH SPECIFD VIRAL WARTS .....	97
0782	SWEATING FEVER .....	97
0783	CAT-SCRATCH DISEASE .....	97
0784	FOOT & MOUTH DISEASE .....	97
0785	CYTOMEGALOVIRAL DISEASE .....	97
0786	HEM NEPHROSONEPHRITIS .....	53
0787	ARENAVIRAL HEM FEVER .....	97
07881	EPIDEMIC VERTIGO .....	31
07882	EPIDEMIC VOMITING SYND .....	41
07888	OTH SPEC DIS CHLAMYDIAE .....	97
07889	OTH SPEC DIS VIRUSES .....	97
0790	ADENOVIRUS INFECT NOS .....	97
0791	ECHO VIRUS INFECT NOS .....	97
0792	COXSACKIE VIRUS INF NOS .....	97
0793	RHINOVIRUS INFECT NOS .....	97
0794	HUMAN PAPILLOMA VIRUS .....	97
07950	RETROVIRUS, UNSPECIFIED .....	86
07951	HTLV-1 INFECTION OTH DIS .....	86
07952	HTLV-III INFECTN OTH DIS .....	86
07953	HIV-2 INFECTION OTH DIS .....	86
07959	OTH SPECIFED RETROVIRUS .....	86
07981	HANTAVIRUS INFECTION .....	97
07988	OTH SPCF CHLAMYDIAL INFC .....	97
07989	OTH SPECF VIRAL INFECTN .....	97
07998	CHLAMYDIAL INFECTION NOS .....	97
07999	VIRAL INFECTION NOS .....	97
080	LOUSE-BORNE TYPHUS .....	97
0810	MURINE TYPHUS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0811	BRILL'S DISEASE .....	97
0812	SCRUB TYPHUS .....	97
0819	TYPHUS NOS .....	97
0820	SPOTTED FEVERS .....	97
0821	BOUTONNEUSE FEVER .....	97
0822	NORTH ASIAN TICK FEVER .....	97
0823	QUEENSLAND TICK TYPHUS .....	97
0828	TICK-BORNE RICKETTS NEC .....	97
0829	TICK-BORNE RICKETTS NOS .....	97
0830	Q FEVER .....	97
0831	TRENCH FEVER .....	97
0832	RICKETTSIALPOX .....	97
0838	RICKETTSIOSSES NEC .....	97
0839	RICKETTSIOSIS NOS .....	97
0840	FALCIPARUM MALARIA .....	97
0841	VIVAX MALARIA .....	97
0842	QUARTAN MALARIA .....	97
0843	OVALE MALARIA .....	97
0844	MALARIA NEC .....	97
0845	MIXED MALARIA .....	97
0846	MALARIA NOS .....	97
0847	INDUCED MALARIA .....	97
0848	BLACKWATER FEVER .....	97
0849	MALARIA COMPLICATED NEC .....	97
0850	VISCERAL LEISHMANIASIS .....	97
0851	CUTAN LEISHMANIAS URBAN .....	18
0852	CUTAN LEISHMANIAS ASIAN .....	18
0853	CUTAN LEISHMANIAS ETHIOP .....	18
0854	CUTAN LEISHMANIAS AMER .....	18
0855	MUCOCUTAN LEISHMANIASIS .....	18
0859	LEISHMANIASIS NOS .....	97
0860	CHAGAS DISEASE OF HEART .....	36
0861	CHAGAS DIS OF OTH ORGAN .....	97
0862	CHAGAS DISEASE NOS .....	97
0863	GAMBIAN TRYPANOSOMIASIS .....	97
0864	RHODESIAN TRYPANOSOMIAS .....	97
0865	AFRICAN TRYPANOSOMA NOS .....	97
0869	TRYPANOSOMIASIS NOS .....	97
0870	LOUSE-BORNE RELAPS FEVER .....	97
0871	TICK-BORNE RELAPS FEVER .....	97
0879	RELAPSING FEVER NOS .....	97
0880	BARTONELLOSIS .....	97
08881	LYME DISEASE .....	97
08882	BABESIOSIS .....	97
08889	OTH ARTHROPOD-BORNE DIS .....	97
0889	ARTHROPOD-BORNE DIS NOS .....	97
0900	EARLY CONG SYPH SYMPTOM .....	97
0901	EARLY CONGEN SYPH LATENT .....	97
0902	EARLY CONGEN SYPH NOS .....	97
0903	SYPHILITIC KERATITIS .....	68
09040	JUVENILE NEUROSYPH NOS .....	63
09041	CONGEN SYPH ENCEPHALITIS .....	63
09042	CONGEN SYPH MENINGITIS .....	63
09049	JUVENILE NEUROSYPH NEC .....	63
0905	LATE CONGEN SYPH SYMPTOM .....	97
0906	LATE CONGEN SYPH LATENT .....	97
0907	LATE CONGEN SYPH NOS .....	97
0909	CONGENITAL SYPHILIS NOS .....	97
0910	PRIMARY GENITAL SYPHILIS .....	97
0911	PRIMARY ANAL SYPHILIS .....	41
0912	PRIMARY SYPHILIS NEC .....	97
0913	SECONDARY SYPH SKIN .....	18
0914	SYPHILITIC ADENOPATHY .....	97
09150	SYPHILITIC UVEITIS NOS .....	68
09151	SYPHILIT CHORIORETINITIS .....	68
09152	SYPHILITIC IRIDOCYCLITIS .....	68
09161	SYPHILITIC PERIOSTITIS .....	24
09162	SYPHILITIC HEPATITIS .....	41
09169	SECOND SYPH VISCERA NEC .....	41
0917	SECOND SYPHILIS RELAPSE .....	97
09181	ACUTE SYPHIL MENINGITIS .....	63
09182	SYPHILITIC ALOPECIA .....	18
09189	SECONDARY SYPHILIS NEC .....	97
0919	SECONDARY SYPHILIS NOS .....	97
0920	EARLY SYPH LATENT RELAPS .....	97
0929	EARLY SYPHIL LATENT NOS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0930	AORTIC ANEURYSM, SYPHIL .....	36
0931	SYPHILITIC AORTITIS .....	36
09320	SYPHIL ENDOCARDITIS NOS .....	36
09321	SYPHILITIC MITRAL VALVE .....	36
09322	SYPHILITIC AORTIC VALVE .....	36
09323	SYPHIL TRICUSPID VALVE .....	36
09324	SYPHIL PULMONARY VALVE .....	36
09381	SYPHILITIC PERICARDITIS .....	36
09382	SYPHILITIC MYOCARDITIS .....	36
09389	CARDIOVASCULAR SYPH NEC .....	36
0939	CARDIOVASCULAR SYPH NOS .....	36
0940	TABES DORSALIS .....	63
0941	GENERAL PARESIS .....	63
0942	SYPHILITIC MENINGITIS .....	63
0943	ASYMPTOMAT NEUROSYPHILIS .....	63
09481	SYPHILITIC ENCEPHALITIS .....	63
09482	SYPHILITIC PARKINSONISM .....	63
09483	SYPH DISSEM RETINITIS .....	68
09484	SYPHILITIC OPTIC ATROPHY .....	68
09485	SYPH RETROBULB NEURITIS .....	63
09486	SYPHIL ACOUSTIC NEURITIS .....	31
09487	SYPH RUPT CEREB ANEURYSM .....	63
09489	NEUROSYPHILIS NEC .....	63
0949	NEUROSYPHILIS NOS .....	63
0950	SYPHILITIC EPISCLERITIS .....	68
0951	SYPHILIS OF LUNG .....	33
0952	SYPHILITIC PERITONITIS .....	41
0953	SYPHILIS OF LIVER .....	41
0954	SYPHILIS OF KIDNEY .....	53
0955	SYPHILIS OF BONE .....	24
0956	SYPHILIS OF MUSCLE .....	24
0957	SYPHILIS OF TENDON/BURSA .....	24
0958	LATE SYMPT SYPHILIS NEC .....	97
0959	LATE SYMPT SYPHILIS NOS .....	97
096	LATE SYPHILIS LATENT .....	97
0970	LATE SYPHILIS NOS .....	97
0971	LATENT SYPHILIS NOS .....	97
0979	SYPHILIS NOS .....	97
0980	ACUTE GC INFECT LOWER GU .....	97
09810	GC (ACUTE) UPPER GU NOS .....	97
09811	GC CYSTITIS (ACUTE) .....	53
09812	GC PROSTATITIS (ACUTE) .....	53
09813	GC ORCHITIS (ACUTE) .....	97
09814	GC SEM VESICULIT (ACUTE) .....	97
09815	GC CERVICITIS (ACUTE) .....	97
09816	GC ENDOMETRITIS (ACUTE) .....	97
09817	ACUTE GC SALPINGITIS .....	97
09819	GC (ACUTE) UPPER GU NEC .....	97
0982	CHR GC INFECT LOWER GU .....	97
09830	CHR GC UPPER GU NOS .....	53
09831	GC CYSTITIS, CHRONIC .....	53
09832	GC PROSTATITIS, CHRONIC .....	53
09833	GC ORCHITIS, CHRONIC .....	97
09834	GC SEM VESICULITIS, CHR .....	97
09835	GC CERVICITIS, CHRONIC .....	97
09836	GC ENDOMETRITIS, CHRONIC .....	97
09837	GC SALPINGITIS (CHRONIC) .....	97
09839	CHR GC UPPER GU NEC .....	97
09840	GONOCOCCAL CONJUNCTIVIT .....	68
09841	GONOCOCCAL IRIDOCYCLITIS .....	68
09842	GONOCOCCAL ENDOPHTHALMIA .....	68
09843	GONOCOCCAL KERATITIS .....	68
09849	GONOCOCCAL EYE NEC .....	68
09850	GONOCOCCAL ARTHRITIS .....	24
09851	GONOCOCCAL SYNOVITIS .....	24
09852	GONOCOCCAL BURSITIS .....	24
09853	GONOCOCCAL SPONDYLITIS .....	24
09859	GC INFECT JOINT NEC .....	24
0986	GONOCOCCAL INFEC PHARYNX .....	31
0987	GC INFECT ANUS & RECTUM .....	97
09881	GONOCOCCAL KERATOSIS .....	68
09882	GONOCOCCAL MENINGITIS .....	63
09883	GONOCOCCAL PERICARDITIS .....	36
09884	GONOCOCCAL ENDOCARDITIS .....	36
09885	GONOCOCCAL HEART DIS NEC .....	36
09886	GONOCOCCAL PERITONITIS .....	41

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
09889	GONOCOCCAL INF SITE NEC .....	97
0990	CHANCROID .....	97
0991	LYMPHOGRANULOMA VENEREUM .....	97
0992	GRANULOMA INGUINALE .....	97
0993	REITER'S DISEASE .....	24
09940	UNSPCF NONGNCCCL URETHRITS .....	97
09941	CHLMYD TRACHOMATIS URETH .....	97
09949	NONGC URTH OTH SPF ORGSM .....	97
09950	OTH VD CHLM TRCH UNSP ST .....	97
09951	OTH VD CHLM TRCH PHARYNX .....	97
09952	OTH VD CHLM TRCH ANS RCT .....	97
09953	OTH VD CHLM TRCH LOWR GU .....	97
09954	OTH VD CHLM TRCH OTH GU .....	97
09955	OT VD CHLM TRCH UNSPF GU .....	97
09956	OT VD CHLM TRCH PRONEUM .....	97
09959	OTH VD CHLM TRCH SPCF ST .....	97
0998	VENEREAL DISEASE NEC .....	97
0999	VENEREAL DISEASE NOS .....	97
1000	LEPTOSPIROS ICTEROHEM .....	97
10081	LEPTOSPIRAL MENINGITIS .....	63
10089	LEPTOSPIRAL INFECT NEC .....	63
1009	LEPTOSPIROSIS NOS .....	97
101	VINCENT'S ANGINA .....	31
1020	INITIAL LESIONS YAWS .....	18
1021	MULTIPLE PAPILLOMATA .....	18
1022	EARLY SKIN YAWS NEC .....	18
1023	HYPERKERATOSIS OF YAWS .....	18
1024	GUMMATA AND ULCERS, YAWS .....	18
1025	GANGOSA .....	31
1026	YAWS OF BONE & JOINT .....	24
1027	YAWS MANIFESTATIONS NEC .....	97
1028	LATENT YAWS .....	97
1029	YAWS NOS .....	97
1030	PINTA PRIMARY LESIONS .....	18
1031	PINTA INTERMED LESIONS .....	18
1032	PINTA LATE LESIONS .....	97
1033	PINTA MIXED LESIONS .....	18
1039	PINTA NOS .....	97
1040	NONVENEREAL ENDEMIC SYPH .....	97
1048	SPIROCHETAL INFECT NEC .....	97
1049	SPIROCHETAL INFECT NOS .....	97
1100	DERMATOPHYT SCALP/BEARD .....	18
1101	DERMATOPHYTOSIS OF NAIL .....	18
1102	DERMATOPHYTOSIS OF HAND .....	18
1103	DERMATOPHYTOSIS OF GROIN .....	18
1104	DERMATOPHYTOSIS OF FOOT .....	18
1105	DERMATOPHYTOSIS OF BODY .....	18
1106	DEEP DERMATOPHYTOSIS .....	18
1108	DERMATOPHYTOSIS SITE NEC .....	18
1109	DERMATOPHYTOSIS SITE NOS .....	18
1110	PITYRIASIS VERSICOLOR .....	18
1111	TINEA NIGRA .....	18
1112	TINEA BLANCA .....	18
1113	BLACK PIEDRA .....	18
1118	DERMATOMYCOSES NEC .....	18
1119	DERMATOMYCOSIS NOS .....	18
1120	THRUSH .....	31
1121	CANDIDAL VULVOVAGINITIS .....	97
1122	CANDIDIAS UROGENITAL NEC .....	97
1123	CUTANEOUS CANDIDIASIS .....	18
1124	CANDIDIASIS OF LUNG .....	33
1125	DISSEMINATED CANDIDIASIS .....	97
11281	CANDIDAL ENDOCARDITIS .....	36
11282	CANDIDAL OTITIS EXTERNA .....	31
11283	CANDIDAL MENINGITIS .....	63
11284	CANDIDAL ESOPHAGITIS .....	97
11285	CANDIDAL ENTERITIS .....	97
11289	CANDIDIASIS SITE NEC .....	97
1129	CANDIDIASIS SITE NOS .....	18
1140	PRIMARY COCCIDIOIDOMYCOS .....	33
1141	PRIM CUTAN COCCIDIOID .....	18
1142	COCCIDIOIDAL MENINGITIS .....	63
1143	PROGRESS COCCIDIOID NEC .....	97
1144	CH PL COCCIDIOIDOMYCOSIS .....	97
1145	PL COCCIDIOIDOMYCOSIS NOS .....	97
1149	COCCIDIOIDOMYCOSIS NOS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
11500	HISTOPLASMA CAPSULAT NOS .....	97
11501	HISTOPLASM CAPSUL MENING .....	63
11502	HISTOPLASM CAPSUL RETINA .....	68
11503	HISTOPLASM CAPS PERICARD .....	36
11504	HISTOPLASM CAPS ENDOCARD .....	36
11505	HISTOPLASM CAPS PNEUMON .....	33
11509	HISTOPLASMA CAPSULAT NEC .....	97
11510	HISTOPLASMA DUBOISII NOS .....	97
11511	HISTOPLASM DUBOIS MENING .....	63
11512	HISTOPLASM DUBOIS RETINA .....	68
11513	HISTOPLASM DUB PERICARD .....	36
11514	HISTOPLASM DUB ENDOCARD .....	36
11515	HISTOPLASM DUB PNEUMONIA .....	33
11519	HISTOPLASMA DUBOISII NEC .....	97
11590	HISTOPLASMOSIS NOS .....	97
11591	HISTOPLASMOSIS MENINGIT .....	63
11592	HISTOPLASMOSIS RETINITIS .....	68
11593	HISTOPLASMOSIS PERICARD .....	36
11594	HISTOPLASMOSIS ENDOCARD .....	36
11595	HISTOPLASMOSIS PNEUMONIA .....	33
11599	HISTOPLASMOSIS NEC .....	97
1160	BLASTOMYCOSIS .....	97
1161	PARACOCCIDIOIDOMYCOSIS .....	97
1162	LOBOMYCOSIS .....	97
1170	RHINOSPORIDIOSIS .....	97
1171	SPOROTRICHOSIS .....	97
1172	CHROMOBLASTOMYCOSIS .....	97
1173	ASPERGILLOSIS .....	97
1174	MYCOTIC MYCETOMAS .....	97
1175	CRYPTOCOCCOSIS .....	97
1176	ALLESCHERIOSIS .....	97
1177	ZYGOMYCOSIS .....	97
1178	DEMATIACIOUS FUNGI INF .....	97
1179	MYCOSES NEC & NOS .....	18
118	OPPORTUNISTIC MYCOSES .....	97
1200	SCHISTOSOMA HAEMATOBIIUM .....	53
1201	SCHISTOSOMA MANSONI .....	41
1202	SCHISTOSOMA JAPONICUM .....	97
1203	CUTANEOUS SCHISTOSOMA .....	18
1208	SCHISTOSOMIASIS NEC .....	97
1209	SCHISTOSOMIASIS NOS .....	97
1210	OPISTHORCHIASIS .....	41
1211	CLONORCHIASIS .....	41
1212	PARAGONIMIASIS .....	33
1213	FASCIOLIASIS .....	41
1214	FASCIOLOPSIASIS .....	41
1215	METAGONIMIASIS .....	97
1216	HETEROPHYIASIS .....	97
1218	TREMATODE INFECTION NEC .....	97
1219	TREMATODE INFECTION NOS .....	97
1220	ECHINOCOCC GRANUL LIVER .....	41
1221	ECHINOCOCC GRANUL LUNG .....	33
1222	ECHINOCOCC GRAN THYROID .....	82
1223	ECHINOCOCC GRANUL NEC .....	97
1224	ECHINOCOCC GRANUL NOS .....	97
1225	ECHINOCOC MULTILOC LIVER .....	41
1226	ECHINOCOC MULTILOC NEC .....	97
1227	ECHINOCOC MULTILOC NOS .....	97
1228	ECHINOCOCCOSIS NOS LIVER .....	41
1229	ECHINOCOCCOSIS NEC/NOS .....	97
1230	TAENIA SOLIUM INTESTINE .....	41
1231	CYSTICERCOSIS .....	41
1232	TAENIA SAGINATA INFECT .....	41
1233	TAENIASIS NOS .....	41
1234	DIPHYLLOBOTHRIAS INTEST .....	41
1235	SPARGANOSIS .....	41
1236	HYMENOLEPIASIS .....	41
1238	CESTODE INFECTION NEC .....	41
1239	CESTODE INFECTION NOS .....	41
124	TRICHINOSIS .....	97
1250	BANCROFTIAN FILARIASIS .....	97
1251	MALAYAN FILARIASIS .....	97
1252	LOIASIS .....	97
1253	ONCHOCERCIASIS .....	97
1254	DIPETALONEMIASIS .....	97
1255	MANSONELLA OZZARDI INFEC .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
1256	FILARIASIS NEC .....	97
1257	DRACONTIASIS .....	97
1259	FILARIASIS NOS .....	97
1260	ANCYLOSTOMA DUODENALE .....	41
1261	NECATOR AMERICANUS .....	41
1262	ANCYLOSTOMA BRAZILIENSE .....	41
1263	ANCYLOSTOMA CEYLANICUM .....	41
1268	ANCYLOSTOMA NEC .....	41
1269	ANCYLOSTOMIASIS NOS .....	41
1270	ASCARIASIS .....	41
1271	ANISAKIASIS .....	41
1272	STRONGYLOIDIASIS .....	41
1273	TRICHURIASIS .....	41
1274	ENTEROBIASIS .....	41
1275	CAPILLARIASIS .....	41
1276	TRICHOSTRONGYLIASIS .....	41
1277	INTEST HELMINTHIASIS NEC .....	41
1278	MIXED INTESTINE HELMINTH .....	97
1279	INTEST HELMINTHIASIS NOS .....	41
1280	TOXOCARIASIS .....	97
1281	GNATHOSTOMIASIS .....	97
1288	HELMINTHIASIS NEC .....	97
1289	HELMINTHIASIS NOS .....	97
129	INTESTIN PARASITISM NOS .....	41
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\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.