

and we would not expect these procedures to be performed during the same operative session with a higher paying procedure with status indicator "T." Therefore, we propose to continue our current policy of multiple procedure discounting. That is, when two or more APCS with status indicator "T" are billed together we propose to pay 100 percent for the highest cost APC and 50 percent for all other APCs with status indicator "T." We propose not to adjust these payments to account for device costs in the APCs.

F. Outpatient Billing For Dialysis

Currently, hospitals are unable to bill for dialysis treatments furnished to End-Stage Renal Disease (ESRD) patients on an outpatient basis, unless the hospital also has a certified hospital-based ESRD facility. As a result of this policy, there has been an increase in denials by the PROs for inappropriate hospital admissions.

When ESRD patients come to the hospital for a medical emergency or for problems with their access sites, they typically miss their regularly scheduled dialysis appointments. If the ESRD patient's usual facility is unable to reschedule the dialysis treatment, the beneficiary has to wait until the next scheduled dialysis appointment. CMS is concerned that by maintaining this policy, beneficiaries may be receiving interrupted care because there will be unnecessary lapses in treatment. The ESRD patient should not be prevented from receiving her or his normal dialysis because he or she experienced another unrelated medical situation. Therefore, we propose to allow payment for dialysis treatments for ESRD patients in the outpatient department of a hospital in specific situations. Payment would be limited to unscheduled dialysis for ESRD patients in exceptional circumstances. Outpatient dialysis for acute patients would not be included in this payment mechanism.

We propose to limit this payment to medical situations in which the ESRD patient cannot obtain her or his regularly scheduled dialysis treatment at a certified ESRD facility. Situations that we propose to allow are limited to: (1) dialysis performed following or in connection with a vascular access procedure; (2) dialysis performed following treatment for an unrelated medical emergency. For example, if a patient goes to the emergency room for chest pains and misses a regularly scheduled dialysis treatment that cannot be rescheduled, we would allow the hospital to provide and bill Medicare for the dialysis treatment; and (3) emergency dialysis—Currently, the only

mechanism available for payment in this situation is through an inpatient admission. We will maintain our policy that routine treatments in non-ESRD certified hospitals would not be payable under OPPS.

We believe it is important to make this change in policy for two reasons: (1) to ensure that hospital outpatient departments are paid for providing this much needed service; and (2) to prevent dialysis patients from receiving interrupted care. Non-ESRD certified hospital outpatient facilities would bill Medicare using a new G code, G0GGG, "Unscheduled or emergency treatment for dialysis for ESRD patient in the outpatient department of a hospital that does not have a certified ESRD facility." We propose that this new code will have status indicator "S" and be assigned to APC 0170. Payment would be roughly equivalent to the reimbursement rate for acute dialysis. We propose to implement this change effective January 1, 2003. Effective January 1, 2003, this would be the only way for non-ESRD certified hospital outpatient facilities to bill Medicare and be paid for providing outpatient dialysis to ESRD beneficiaries.

CMS will be monitoring the use of this new code to ensure that (1) certified dialysis facilities are not incorrectly using this code; and (2) the same dialysis patient is not repeatedly using this code, which would indicate routine dialysis treatment.

When ESRD patients receive outpatient dialysis in non-ESRD certified hospital outpatient facilities, the patient's home facility would be responsible for obtaining and reviewing the patient's medical records to ensure that appropriate care was provided in the hospital and that modifications are made, if necessary, to the patient's plan of care upon her or his return to the facility. This ensures continuity of care for the patient.

IX. Summary of and Responses to MedPAC Recommendations

The Medicare Payment Advisory Commission (MedPAC) in its March 2002 Report to the Congress: "Medicare Payment Policy," makes a number of recommendations relating to the OPPS. This section provides responses to those recommendations.

Recommendation: For calendar year 2003, the Secretary should increase the payment rates for services covered by the OPPS by the rate of increase in the hospital market basket.

Response: Section 1833(t)(3)(C)(ii) of the Act requires the Secretary to update the conversion factor annually. Under section 1833(t)(3)(C)(iv) of the Act, the

update is equal to the hospital market basket percentage increase applicable under the hospital inpatient PPS, minus one percentage point for the years 2000 and 2002. The Secretary has the authority under section 1833(t)(3)(C)(iv) of the Act to substitute a market basket that is specific to hospital outpatient services. In the September 8, 1998 proposed rule on the OPPS, we indicated that we were considering the option of developing an outpatient-specific market basket and invited comments on possible sources of data suitable for constructing one (63 FR 47579). We received no comments in response to this invitation, and we therefore announced in the April 7, 2000 final rule that we would update the conversion factor by the hospital inpatient market basket increase, minus one percentage point, for the years 2000, 2001, and 2002 (65 FR 18502). (As required by section 401(c) of the BIPA, we made payment adjustments effective April 1, 2001 under a special payment rule that had the effect of providing a full market basket update in 2001.) For 2003, we propose to increase payment rates by the rate of increase in the hospital market basket.

Recommendation: The Congress should—

- Replace hospital-specific payments for pass-through devices with national rates.
- Give the Secretary authority to consider alternatives to average wholesale price (AWP) when determining payments for pass-through drugs and biologicals.

Response: Regarding the pricing of transitional pass-through devices, we share the Commission's concern that the current methodology provides incentives for hospitals to inflate charges for transitional pass-through devices to increase payments. However, we believe that alternative approaches are not necessarily superior. Further, the salience of this problem should be much less in the future.

At present, the payment for a transitional pass-through device is set, on a claim-by-claim basis, relative to the hospital's charge for that device. The charge is reduced to a measure of cost by application of a hospital-specific cost-to-charge ratio, and a subtraction is made to reflect the portion of device costs already recognized in the payment for the associated procedure APC. This procedure means that a higher charge by a hospital will result in a higher payment from Medicare. The Commission notes that this method embodies an incentive for hospitals, perhaps prompted by manufacturers, to increase charges as a means of

increasing payments. The Commission is concerned that this situation may lead to excessive payments and may bias the charges used to revise, from year to year, relative weights in the OPPS.

In fact, the extent to which hospitals raising their charges on devices is problematic depends on the outcomes. In general, we anticipate that hospital charge structures, on average, reflect their costs; this assumption helps support the use of charge data to revise relative weights in hospital prospective payment systems. Accordingly, whether payments to hospitals for transitional pass-through devices might be considered excessive depends on whether hospitals inflate charges beyond the levels appropriate to recover their costs. Whether their behavior leads to biases in charge data depends on whether they set charges on transitional pass-through devices significantly differently than on other services.

Moving to a fee schedule for transitional pass-through devices would remove the particular incentive problem that the Commission noted, which we agree would be desirable. However, the establishment of appropriate national rates would then become the focus. In the absence of field data on actual costs, we will be inevitably reliant on information that manufacturers provide. At present, manufacturers are asked for information about prices on applications for pass-through status. Anecdotal information suggests this information is not fully reliable as a measure of what hospitals actually pay.

The Commission's report discusses the possibility of CMS setting the rate for a device based on analysis of the manufacturer's costs, including an appropriate rate of return on equity. This approach would confront a number of accounting, legal, and operational difficulties.

- First, it would take some time to complete the analysis for a new product, which could significantly delay establishment of a rate. The rate that would be used in the meantime, or whether billing would be permitted at all, would be open to question.

- Second, it appears that large firms with multiple product lines supply most devices, which would make determining the costs of a particular device difficult. This problem would be compounded when multiple enterprises are involved in bringing a product to market, which is not uncommon in the device industry, where invention and initial development may occur in one firm and final development, manufacturing, and marketing in another.

- Third, the government generally does not have access to manufacturers cost information. While legal authority could be enhanced, manufacturers would face incentives that raise questions about the reliability of information provided, and the need for government accounting and auditing resources would be high.

- Fourth, as the Commission's report notes, an appropriate rate of return on equity would have to be established.

- Fifth, devices are now paid, under BIPA, on the basis of categories. As a result, if a manufacturer brings to market a product that fits the description of a category, hospitals can bill for that manufacturer's product without any change in coding or notification of CMS. Consequently, we do not know what specific devices are actually being billed in these categories, or who manufactures them. Whatever rate might be established on the basis of an initial application for a category would presumably be based on the applicant's costs. Later entrants might have significantly different cost structures, but this information would not come into account unless a more elaborate process was implemented to include it.

Finally, whether a rate set in this fashion would pay less or more than the current method is unclear. The current method is based on actual experience in the field, and it will reflect, though perhaps somewhat tenuously, whatever competitive market pressures exist. Any method that we use aimed at ensuring a more reliable price could yield a price that is too high, since it will not reflect market activity. Whether a rate set by *ex ante* analysis of this sort would produce superior results does not appear obvious.

The Commission's report also mentions the possibility of using competitive bidding to set rates for transitional pass-through devices. While competitive bidding appears attractive as a means of setting a market-related price, it has not proven an easy process for Medicare to implement. Competitive bidding seems best suited for established products with multiple suppliers. However, transitional pass-through devices are by definition new to the market and will frequently have only one manufacturer, at least at the start of the 2 to 3 year transitional pass-through period. Even in those instances in which this technique would be possible, it involves a fair amount of administrative resources and time, and using it to establish a rate that will be used at the most for 3 years does not appear to be an effective use of resources.

Both of the suggestions discussed above reflect procedures that involve relatively high overhead on the part of CMS and of other actors. It is not obvious whether either would produce results that are superior to those derived from the present method. While they would change incentives on hospitals, incentives of manufacturers would still be a source of concern. We agree with the Commission that further investigation would be necessary to determine a feasible alternative to cost-based pass-through payments.

In considering the advantages of various approaches, it is important to keep the size of the problem in mind, especially when contemplating procedures for setting rates that would involve substantial administrative resources. As of July 1, 2002, the OPPS pays for 100 categories of devices. As is explained in section III.C of this preamble, we are proposing that 95 categories will lose pass-through status and be retired as of January 1, 2003.³ Since the initial categories were established in April 2001, we have added only three categories. While several applications are pending, given the extensiveness of the existing categories, it appears likely that the number of new categories to be established in future years will be small.⁴ The likely volume of claims represented by these new categories is of course speculative, but it also does not seem likely to be large relative to the size of the OPPS system. As discussed below, we developed criteria for the establishment of new categories that were specifically intended to limit future pass-through payments to devices that provide a substantial clinical improvement.

Considering that the identified alternatives do not appear to be manifestly superior to the current system but do involve significantly more administrative resources, and given the anticipated small volume of transitional pass-through devices in the future, we think on balance it would be best to let more experience develop with the current system before making significant changes to the current method.

However, we agree that it would be desirable to give the Secretary authority

³ In accord with the BBRA amendment that established the pass-through payment methodology, items are only eligible for pass-through payments for 2 to 3 years. After expiration of pass-through status, payments for devices described by these categories will be packaged into APC payments for the procedures with which they are used.

⁴ If a new device arrives on the market that would have fit in a category formerly in use but subsequently retired, it will not be eligible for pass-through payment.

to use alternatives to AWP when determining payments for pass-through drugs and biologicals. At present, total payment for these items is governed by the general rule (section 1842(o) of the Act) for Medicare pricing of drugs, which requires they be paid at 95 percent of AWP. This rule also covers most drugs delivered "incident to" physicians' services in physicians' offices and elsewhere. The Congress is at present considering various changes to the AWP as the basis for Medicare payment for drugs, and if a change is adopted to this standard, it may be an appropriate standard for transitional pass-through drugs and biologicals as well.

Recommendation: The Secretary should do the following:

- Ensure additional payments are made only for new or substantially improved technologies that are expensive in relation to the applicable ambulatory payment classification rate.
- Avoid basing national rates only on reported costs.
- Ensure that the same broad principles guide payments for new technologies in the inpatient and outpatient payment systems.

Response: We agree that additional payments should be limited to items that have the greatest merit and that have high costs not well captured in the existing payment structure. The Commission notes that limiting the number of transitional pass-through items limits the burdens on hospitals and us; reduces the likelihood of exceeding the statutory cap on aggregate pass-through payment, necessitating a uniform reduction in transitional pass-through payments; and limits the redistribution of funds across hospitals that are low versus high users of transitional pass-through items. We agree with these points. On November 2, 2001, we published an interim final rule with comment period in the **Federal Register** (66 FR 55850 to 55857) that set forth criteria we will use to evaluate whether to establish new categories of devices in the future. These criteria include tests of whether a device is new, whether it represents a substantial medical improvement for Medicare beneficiaries, and whether its costs are high relative to the payments that would otherwise be made.

Section 1833(t)(6)(D) of the Act prescribes the method for setting payment for transitional pass-through drugs and devices. The issue of possible alternatives is discussed above.

We agree that the same principles should govern payments for new technologies in the inpatient and outpatient prospective payment

systems. Criteria governing extra new technology payments in the IPPS were established in a final rule published in the **Federal Register** (66 FR 46902 to 46925) on September 7, 2001. The criteria have the same general form as those for the OPPS. They differ in some particulars, largely traceable to the difference of the two payment systems. In particular, the IPPS system pays on the basis of an episode of care. As a result, the bundle of payment is generally larger and hospitals are better able to absorb minor cost differences. Considering the impact of new technology on all costs of the episode is also pertinent. Consequently, the criteria for special payment for inpatient new technologies require examination of the net effect on costs of the entire episode (not just the added costs of a new technology), and the relative cost standard we established is somewhat more stringent than for the OPPS. We believe it is premature to judge whether it will make sense to make these criteria even closer in the future, as the Commission's discussion suggests.

X. Summary of Proposed Changes for 2003

A. Changes Required by Statute

We are proposing the following changes to implement statutory requirements:

- Add APCs, delete APCs, and modify the composition of some existing APCs.
- Recalibrate the relative payment weights of the APCs.
- Update the conversion factor and the wage index.
- Revise the APC payment amounts to reflect the APC reclassifications, the recalibration of payment weights, and the other required updates and adjustments.
- Cease transitional pass-through payments for drugs and biologicals (including blood and blood products) and devices (including brachytherapy), that will, on January 1, 2003, have been paid under transitional pass-through methodology for at least 2 years.

B. Additional Changes to OPPS and Payment Suspension Provisions

We are proposing the following additional changes to the OPPS and Payment Suspension Provisions:

- Creation of new evaluation and management service codes for outpatient clinic and emergency department encounters for implementation no earlier than January 1, 2004.
- Changes to the list of services that we do not pay in outpatient

departments because we define them as "inpatient only" procedures.

- Changes to our policy of nonpayment for procedures on the "inpatient only" list in special cases involving death or transfer before inpatient admission.
- Changes to our policy governing observation in cases of direct admission to observation.
- Changes to status indicators for HCPCS codes.
- Changes to our policies governing dialysis for ESRD patients and regarding partial hospitalization.

In addition, we are making changes to payment suspension policies.

C. Changes to the Regulations Text

A. We propose to make the following changes to our regulations:

- Amend § 410.43(b) to add clinical social worker services (for the diagnosis and treatment of mental illnesses) that meet the requirements of section 1861(hh)(2) of the Act to the specified professional services that are separately covered and not paid as partial hospitalization services.
- Amend § 419.66(c)(1) to specify that we must establish a new category for a medical device if it is not described by any category previously in effect as well as an existing category.

XI. Summary of Proposed Payment Suspension Provisions

In this rule, we propose to revise § 405.371 (c) to specify that we may suspend Medicare payments "in whole or in part" if a provider has failed to timely file an acceptable cost report. This provision is consistent with the existing provisions in § 405.371(a) governing the suspension of Medicare payments "in whole or in part" under certain conditions. We believe the Medicare program would benefit because immediate complete payment suspension can be disruptive to providers and may negatively affect the care of Medicare patients.

XII. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

This rule does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

XIII. Response to Public Comments

Because of the large number of items of correspondence we normally receive on a proposed rule, we are not able to acknowledge or respond to them individually. However, in preparing the final rule, we will consider all comments concerning the provisions of this proposed rule that we receive by the date and time specified in the **DATES** section of this preamble and respond to those comments in the preamble to that rule.

XIV. Regulatory Impact Analysis

The regulatory impact analysis for this proposed rule consists of an impact analysis for the OPPS provisions and a regulatory impact statement for the provision for payment suspension for unfiled cost reports.

A. OPPS

1. General

We have examined the impacts of this proposed rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review) and the Regulatory Flexibility Act (RFA) (September 16, 1980 Pub. L. 96–354). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more annually).

We estimate the effects of the provisions that would be implemented by this proposed rule would result in expenditures exceeding \$100 million in any 1 year. We estimate the total increase (from changes in the proposed

rule as well as enrollment, utilization, and case mix changes) in expenditures under the OPPS for CY 2003 compared to CY 2002 to be approximately \$1.372 billion. Therefore, this proposed rule is an economically significant rule under Executive Order 12866, and a major rule under 5 U.S.C. 804(2).

The RFA requires agencies to determine whether a rule will have a significant economic impact on a substantial number of small entities. For purposes of the RFA, small entities include small businesses, nonprofit organizations and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6 to \$29 million or less in any 1 year (see 65 FR 69432).

For purposes of the RFA we have determined that approximately 37 percent of hospitals and 98 percent of mental health practitioners would be considered small entities according to the Small Business Administration (SBA) size standards. We do not have data available to calculate the percentages of entities in the pharmaceutical preparation manufacturing, biological products, or medical instrument industries. For the pharmaceutical preparation manufacturing industry (NAICS 325412), the size standard is 750 or fewer employees and \$67.6 billion in annual sales (1997 business census). For biological products (except diagnostic) (NAICS 325414) \$5.7 billion and medical instruments (NAICS 339112), with \$18.5 billion in annual sales, the standard is 50 or fewer employees (see the standards web site at <http://www.sba.gov/regulations/siccodes/>). Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area (MSA) and has fewer than 100 beds (or New England County Metropolitan Area (NECMA)). Section 601(g) of the Social Security Amendments of 1983 (Pub. L. 98–21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the OPPS, we classify these hospitals as urban hospitals. We believe that the

changes in this proposed rule would affect both a substantial number of rural hospitals as well as other classes of hospitals and that the effects on some may be significant. Therefore, we conclude that this proposed rule has a significant impact on a substantial number of small entities. However, the statute provides for small rural hospitals (of less than 100 beds) to be held harmless by the law and to continue to be paid at cost; therefore this proposed rule has no impact on them.

Unfunded Mandates

Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in an expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$110 million. This proposed rule would not mandate any requirements for State, local, or tribal governments. This proposed rule imposes no unfunded mandates on the private sector.

Federalism

Executive Order 13132 establishes certain requirements that an agency must meet when it publishes a proposed rule (and subsequent final rule) that imposes substantial direct costs on State and local governments, preempts State law, or otherwise has Federalism implications.

We have examined this proposed rule in accordance with Executive Order 13132, Federalism, and have determined that it will not have an impact on the rights, roles, and responsibilities of State, local or tribal governments. The impact analysis (see table 10) shows that payments to governmental hospitals (including State, local and tribal governmental hospitals) would increase by 5 percent under the proposed rule.

2. Changes in this Proposed Rule

We are proposing several changes to the OPPS that are required by the statute. We are required under section 1833(t)(3)(C)(ii) of the Act to update annually the conversion factor used to determine the APC payment rates. We are also required under section 1833(t)(9)(A) of the Act to revise, not less often than annually, the wage index and other adjustments. In addition, we must review the clinical integrity of payment groups and weights at least annually. Accordingly, in this proposed rule, we are updating the conversion factor and the wage index adjustment for hospital outpatient services furnished beginning January 1, 2003 as

we discuss in sections VI and IV, respectively, of this preamble. We are also proposing revisions to the relative APC payment weights based on claims data from January 1, 2001 through December 31, 2001. Finally, we are proposing to remove 95 devices and more than 200 drugs and biologicals from pass-through payment status.

Under this proposed rule, the change to the conversion factor as provided by statute would increase total OPPS payments by 3.5 percent in 2003. The changes to the wage index and to the APC weights (which incorporates the cessation of pass-through payments for many drugs and devices) do not increase OPPS payments because the OPPS is budget neutral. However, the wage index and APC weight changes do change the distribution of payments within the budget neutral system as shown in Table 10 and described in more detail in this section.

Alternatives Considered

Alternatives to the changes we propose and the reason that we did not choose to propose them are discussed throughout this proposed rule. Below we discuss options we considered when analyzing methodologies to appropriately recognize the costs of former pass-through items. For a more detailed discussion, see section III.C.1 regarding the expiration of pass-through payment for devices and section III.C.2 regarding the expiration of pass-through payment for drugs and biologicals.

Payment for Categories of Devices

We considered establishing separate APCs for categories of devices and paying for them separately. We did not propose this option because we believe that to the extent possible, hospital payment for procedures and visits should include all of the costs required to provide the procedures and visits.

A second option we considered involved (1) packaging some categories of devices into the procedures with which they were billed in 2001 and (2) paying the rest through separate APCs (as discussed in section III.C.). We did not propose this option because we believe that devices are routinely used in the services for which they are needed and therefore are consistently paid at the cost of providing the service. Furthermore, criteria that would provide a basis for some devices to be packaged and for others to be paid separately would have to be developed and approved, thereby further complicating an already complex payment system.

Payment for Drugs and Biologicals

We considered continuing to make separate payment for all drugs and biologicals through separate APCs. We did not propose to pay separately for all drugs through separate APCs because we believe that, to the extent possible, hospital payment for services should include all of the costs of the services. We believe that drugs should be packaged with the services in which they are furnished except when we determine that there is a valid reason to do otherwise. However, we recognize that (unlike the stability that exists with device usage with the applicable procedures) the use of drugs may vary widely depending upon patient and disease characteristics. Therefore, packaging payment for all drugs may, in some cases, provide inadequate payment for the services furnished. Where a hospital has a disproportionate share of patients who need greater amounts of expensive drugs, underpayment for the drugs needed by these patients could result in cessation of needed services. For the first year that we are ceasing transitional pass-through payment for drugs, we decided to proceed cautiously by proposing to pay separately for drugs when the cost per encounter was more than \$150 or when special characteristics existed (for example, orphan drugs, blood products).

We also considered packaging the costs of all drugs into the cost of the associated procedures with which they were billed in 2001. We did not package all payment for drugs into the payment for the procedures because, while this packaging is ultimately our goal, we believe, for the reasons indicated above, that we need to proceed cautiously to ensure that we do not inadvertently threaten access to needed care.

Conclusion

It is clear that the changes in this proposed rule would affect both a substantial number of rural hospitals as well as other classes of hospitals, and the effects on some may be significant. Therefore, the discussion below, in combination with the rest of this proposed rule, constitutes a regulatory impact analysis.

The OPPS rates proposed for CY 2003 would have, overall, a positive effect for every category of hospital with the exception of children's hospitals, which are held harmless under the OPPS. The changes in the OPPS proposed for 2003 would result in an overall 3.5 percent increase in Medicare payments to hospitals, exclusive of outlier and transitional pass-through payments and transitional corridor payments. As

described in the preamble, budget neutrality adjustments are made to the conversion factor and the weights to assure that the revisions in the wage index, APC groups, and relative weights do not affect aggregate payments. The impact of the wage and recalibration changes does vary somewhat by hospital group. Estimates of these impacts are displayed on Table 10.

The overall projected increase in payments for urban hospitals is slightly lower (2.5 percent) than the average increase for all hospitals (3.5 percent) while the increase for rural hospitals is significantly greater (7.6 percent) than the average increase. Rural hospitals gain 2.3 percent from the wage index change, and also gain 1.6 percent from APC changes. A discussion of the distribution of outlier payments that we project under this proposed rule can be found under section D below. Table 11 presents the outlier distribution that we expect to see under this proposed rule.

3. Limitations of Our Analysis

The distributional impacts represent the projected effects of the proposed policy changes, as well as statutory changes effective for 2003, on various hospital groups. We estimate the effects of individual policy changes by estimating payments per service while holding all other payment policies constant. We use the best data available but do not attempt to predict behavioral responses to our policy changes. In addition, we do not make adjustments for future changes in variables such as service volume, service mix, or number of encounters.

4. Estimated Impacts of This Proposed Rule on Hospitals

The OPPS is a budget neutral payment system under which the increase to the total payments made under OPPS is limited by the increase to the conversion factor set under the methodology in the statute. The impact tables show the redistributive effects of the wage index and APC changes. In some cases, under this proposed rule, hospitals would receive more total payment than in 2002 while in other cases they would receive less total payment than they received in 2002. The impact of this proposed rule would depend on a number of factors, most significant of which are the mix of services furnished by a hospital (for example, how the APCs for the hospital's most frequently furnished services would change) and the impact of the wage index changes on the hospital.

Column 4 in Table 10 represents the full impact on each hospital group of all

the changes for 2003. Columns 2 and 3 in the table reflect the independent effects of the proposed change in the wage index and the APC reclassification and recalibration changes, respectively. We excluded critical access hospitals (CAHs) from the analysis of the impact of the proposed 2003 OPPS rates that is summarized in Table 10. For that reason, the total number of hospitals included in Table 10 (4,551) is lower than in previous years. CAHs are excluded from the OPPS.

In general, the wage index changes favor rural hospitals, particularly the largest in bed size and volume. The only rural hospitals that would experience a negative impact due to wage index changes are those in Puerto Rico, a decrease of 2.8 percent. Conversely, the urban hospitals are generally negatively affected by wage index changes, with the largest decreases occurring in those with 300–499 beds (−0.7 percent) and those in the Middle Atlantic (−1.3 percent), Pacific (−0.9 percent) and Puerto Rico Regions (−1.8 percent). However, this effect is somewhat lessened by the distribution of outlier payments as discussed in more detail below.

The APC reclassification and recalibration changes also favor rural hospitals and have a negative effect on urban hospitals in excess of 200 beds. Specifically, urban hospitals with 200–

299 beds (−0.5 percent decrease), urban hospitals with 300–499 beds (−2.0 percent decrease) and urban hospitals in excess of 500 beds (a −1.9 percent decrease) all show a decrease attributed to APC recalibration. We believe this occurs as a result of our folding 75 percent of estimated pass-through device costs into APC payments in the 2002 OPPS. Specifically, a comparison of the relative payment weights proposed for 2003, as listed in Addendum A, with the final 2002 relative payment weights in the March 1, 2002 final rule shows a decrease in the weights for certain APCs in 2002 that included a fold-in of 75 percent of estimated pass-through device costs. We relied on cost information supplied by device manufacturers in estimating the device costs to be folded in when calculating the median APC costs for the 2002 OPPS, whereas the proposed 2003 relative payment weights are based on actual hospital charges and utilization under the OPPS as reported by hospitals. We believe this downward tendency in the payment weights for APCs that include device costs, based on actual hospital experience, accounts in part for the lower positive effect of the proposed 2003 rates on urban hospitals and on teaching hospitals, which tend to perform a higher number of procedures involving costly new technology devices, in contrast with an

increased positive effect in 2003 on rural and non-teaching hospitals, which tend to furnish a higher volume of clinic and preventive services than procedures associated with expensive new technology devices.

In both urban and rural areas, hospitals that provide a lower volume of outpatient services are projected to receive a larger increase in payments than higher volume hospitals. In rural areas, hospitals with volumes of fewer than 5000 services are projected to experience a significant increase in payments (8.1 percent). The less favorable impact for the high volume urban hospitals is attributable to both wage index and APC changes. For example, urban hospitals providing more than 42,999 services are projected to gain a combined 1.6 percent due to these changes.

Major teaching hospitals are projected to experience a smaller increase in payments (1.7 percent) than the aggregate for all hospitals (3.5 percent) due to negative impacts of the wage index (−0.5 percent) and recalibration (−1.2 percent). Hospitals with less intensive teaching programs are projected to experience an overall increase (2.0 percent) that is smaller than the average for all hospitals. There is little difference in impact among hospitals with that serve low-income patients.

TABLE 10.—IMPACT OF CHANGES FOR CY 2003 HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

[Percent change in total payment to hospitals (program and beneficiary); does not include the effects of outlier and transitional pass-through payments or of transitional corridor payments.]

	Number of hospitals ¹ (1)	New wage index ² (2)	APC changes ³ (3)	All CY 2003 changes ⁴ (4)
ALL HOSPITALS	4,551	0.0	0.0	3.5
NON-TEFRA HOSPITALS	4,002	0.0	−0.1	3.4
URBAN HOSPS	2,429	−0.6	−0.5	2.5
LARGE URBAN (GT 1 MILL.)	1,398	−0.7	−0.1	2.6
OTHER URBAN (LE 1 MILL.)	1,031	−0.4	−0.9	2.2
RURAL HOSPS	1,573	2.3	1.6	7.6
BEDS (URBAN):				
0–99 BEDS	554	−0.3	3.1	6.4
100–199 BEDS	882	−0.6	1.4	4.3
200–299 BEDS	488	−0.6	−0.5	2.3
300–499 BEDS	364	−0.7	−2.0	0.7
500+ BEDS	141	−0.3	−1.9	1.3
BEDS (RURAL):				
0–49 BEDS	754	0.4	2.9	7.0
50–99 BEDS	479	1.5	2.3	7.6
100–149 BEDS	201	2.4	1.5	7.6
150–199 BEDS	73	5.5	0.1	9.5
200+ BEDS	66	3.3	0.0	7.0
VOLUME (URBAN):				
LT 5,000	188	0.9	6.5	10.9
5,000–10,999	305	−0.8	5.1	7.9
11,000–20,999	472	−0.7	2.6	5.5
21,000–42,999	657	−0.8	0.3	3.0
GT 42,999	807	−0.5	−1.4	1.6
VOLUME (RURAL):				
LT 5,000	326	0.2	4.2	8.1
5,000–10,999	446	0.6	4.4	8.7

TABLE 10.—IMPACT OF CHANGES FOR CY 2003 HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM—Continued
 [Percent change in total payment to hospitals (program and beneficiary); does not include the effects of outlier and transitional pass-through payments or of transitional corridor payments.]

	Number of hospitals ¹ (1)	New wage index ² (2)	APC changes ³ (3)	All CY 2003 changes ⁴ (4)
11,000–20,999	373	1.3	2.7	7.7
21,000–42,999	290	1.9	1.4	6.9
GT 42,999	138	4.3	-0.2	7.8
REGION (URBAN):				
NEW ENGLAND	127	-0.6	0.6	3.4
MIDDLE ATLANTIC	372	-1.3	0.2	2.3
SOUTH ATLANTIC	370	-0.2	-0.1	3.2
EAST NORTH CENT.	413	-0.7	-1.4	1.4
EAST SOUTH CENT.	153	-0.6	-1.0	1.9
WEST NORTH CENT.	172	-0.3	-1.6	1.6
WEST SOUTH CENT.	293	0.5	-0.7	3.3
MOUNTAIN	122	-0.4	-1.1	1.9
PACIFIC	368	-0.9	0.6	3.1
PUERTO RICO	39	-1.8	4.7	6.4
REGION (RURAL):				
NEW ENGLAND	40	1.6	1.3	6.5
MIDDLE ATLANTIC	63	2.2	1.3	7.2
SOUTH ATLANTIC	226	2.6	2.1	8.4
EAST NORTH CENT.	213	1.2	-0.2	4.6
EAST SOUTH CENT.	232	2.3	2.6	8.7
WEST NORTH CENT.	271	2.0	0.9	6.6
WEST SOUTH CENT.	278	1.8	3.2	8.8
MOUNTAIN	141	4.1	1.3	9.2
PACIFIC	104	5.6	2.7	12.1
PUERTO RICO	5	-2.8	10.4	11.1
TEACHING STATUS:				
NON-TEACHING	2,935	0.4	1.1	5.0
MINOR	782	-0.4	-1.1	2.0
MAJOR	284	-0.5	-1.2	1.7
DSH PATIENT PERCENT:				
0	11	4.9	10.1	19.4
GT 0–0.10	982	-0.2	-0.4	3.0
0.10–0.16	873	0.7	-0.8	3.4
0.16–0.23	767	-0.6	-0.3	2.6
0.23–0.35	756	-0.2	0.1	3.4
GE 0.35	613	-0.1	2.2	5.8
URBAN IME/DSH:				
IME & DSH	982	-0.7	-1.2	1.6
IME/NO DSH	0	0.0	0.0	0.0
NO IME/DSH	1,441	-0.4	0.7	3.8
NO IME/NO DSH	6	5.4	9.8	19.7
RURAL HOSP. TYPES:				
NO SPECIAL STATUS	610	0.7	2.7	7.1
RRC	167	4.2	0.2	8.2
SCH/EACH	507	1.5	2.7	7.8
MDH	199	0.8	2.1	6.6
SCH AND RRC	75	4.0	0.5	8.2
TYPE OF OWNERSHIP:				
VOLUNTARY	2,440	-0.1	-0.4	3.1
PROPRIETARY	707	-0.6	0.9	3.8
GOVERNMENT	855	0.7	0.7	5.0
SPECIALTY HOSPITALS:				
EYE AND EAR	13	-1.4	11.5	13.7
TRAUMA	153	-0.3	-1.5	1.6
CANCER	10	0.5	-3.9	0.2
TEFRA HOSPITALS (NOT INCLUDED ON OTHER LINES):				
REHAB	166	10.3	2.8	16.9
PSYCH	198	0.1	15.9	20.1
LTC	143	1.3	15.9	20.4
CHILDREN	42	-1.4	-2.8	-0.9

Note: For CY 2003, under the OPPS transitional corridor policy, the following categories of hospitals are held harmless compared to their 1996 payment margin for these services: cancer and children's hospitals and rural hospitals with 100 or fewer beds.

¹ Some data necessary to classify hospitals by category were missing; thus, the total number of hospitals in each category may not equal the national total.

² This column shows the impact of updating the wage index used to calculate payment by applying the proposed FY 2003 hospital inpatient wage index after geographic reclassification by the Medicare Geographic Classification Review Board. The hospital inpatient proposed rule for FY 2003 was published in the FEDERAL REGISTER on May 9, 2002.

³ This column shows the impact of changes resulting from the reclassification of HCPCS codes among APC groups and the recalibration of APC weights based on 2001 hospital claims data.

⁴ This column shows changes in total payment from CY 2002 to CY 2003, excluding outlier and pass-through payments. It incorporates all of the changes reflected in columns 2 and 3. In addition, it shows the impact of the proposed CY 2003 payment update. The sum of the columns may be different from the percentage changes shown here due to rounding.

As stated elsewhere in this preamble, we propose to allocate 2 percent of the estimated 2003 expenditures to outlier payments. In Table 11 below, we provide a distribution by percentage of the total projected outlier payments for the categories of hospitals that we show in the impact table (Table 10).

We project, based on the mix of services for the hospitals that will be

paid under the OPPS in 2003, that most hospitals will receive outlier payments. It appears that, with the exception of some smaller bed hospitals, all Tax Equity & Fiscal Responsibility Act of 1982 (TEFRA) hospitals can be expected to receive outlier payments. This is because TEFRA hospitals provide an atypical mix of specialty services (which account for less than 1 percent

of total OPPS payment before consideration of outliers). A greater percentage of non-TEFRA hospitals are not projected to receive outlier payments.

The anticipated outlier payments for urban hospitals can be expected to ameliorate the impact of the wage index and APC changes on payments to urban hospitals.

TABLE 11.—DISTRIBUTION OF OUTLIER PAYMENTS FOR CY 2003 HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

	Number of hosps	Percent of total hosps	Number of hosps with outliers	Percent of total outlier payments
ALL HOSPITALS	4,551	100.00	4,306	100.00
NON-TEFRA HOSPITALS	4,002	88.00	3,987	99.40
URBAN HOSPS	2,429	53.40	2,420	83.20
LARGE URBAN (GT 1 MILL.)	1,398	30.80	1,396	55.20
OTHER URBAN (LE 1 MILL.)	1,031	22.60	1,024	28.00
RURAL HOSPS	1,573	34.60	1,567	16.00
BEDS (URBAN):				
0-99 BEDS	554	12.20	550	6.80
100-199 BEDS	882	19.40	877	18.20
200-299 BEDS	488	10.80	488	16.20
300-499 BEDS	364	8.00	364	21.00
500+ BEDS	141	3.00	141	21.00
BEDS (RURAL):				
0-49 BEDS	754	16.60	751	4.20
50-99 BEDS	479	10.60	477	5.00
100-149 BEDS	201	4.40	200	2.60
150-199 BEDS	73	1.60	73	2.00
200+ BEDS	66	1.40	66	2.40
VOLUME (URBAN):				
LT 5,000	188	4.20	180	1.00
5,000-10,999	310	6.80	309	2.80
11,000-20,999	467	10.20	467	7.00
21,000-42,999	659	14.40	659	15.80
GT 42,999	805	17.60	805	56.60
VOLUME (RURAL):				
LT 5,000	326	7.20	321	1.00
5,000-10,999	447	9.80	446	2.60
11,000-20,999	372	8.20	372	3.80
21,000-42,999	290	6.40	290	4.20
GT 42,999	138	3.00	138	4.40
REGION (URBAN):				
NEW ENGLAND	127	2.80	126	6.20
MIDDLE ATLANTIC	372	8.20	371	22.80
SOUTH ATLANTIC	370	8.20	369	11.00
EAST NORTH CENT.	413	9.00	409	15.60
EAST SOUTH CENT.	153	3.40	152	3.40
WEST NORTH CENT.	172	3.80	172	4.40
WEST SOUTH CENT.	293	6.40	292	8.20
MOUNTAIN	122	2.60	122	3.00
PACIFIC	368	8.00	368	8.60
PUERTO RICO	39	0.80	39	0.20
REGION (RURAL):				
NEW ENGLAND	40	0.80	40	1.00
MIDDLE ATLANTIC	63	1.40	63	1.00
SOUTH ATLANTIC	226	5.00	223	3.00
EAST NORTH CENT.	213	4.60	212	3.00
EAST SOUTH CENT.	232	5.00	232	1.60
WEST NORTH CENT.	271	6.00	270	2.40
WEST SOUTH CENT.	278	6.20	278	1.60
MOUNTAIN	141	3.00	141	1.40
PACIFIC	104	2.20	103	1.20
PUERTO RICO	5	0.20	5	0.00
TEACHING STATUS:				
NON-TEACHING	2,935	64.40	2,920	39.80

TABLE 11.—DISTRIBUTION OF OUTLIER PAYMENTS FOR CY 2003 HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM—Continued

	Number of hosps	Percent of total hosps	Number of hosps with outliers	Percent of total outlier payments
MINOR	782	17.20	782	27.20
MAJOR	284	6.20	284	32.20
DSH PATIENT PERCENT:				
0	11	0.20	10	0.00
GT 0—0.10	982	21.60	978	24.80
0.10—0.16	873	19.20	873	19.40
0.16—0.23	767	16.80	765	17.60
0.23—0.35	756	16.60	753	20.00
GE 0.35	613	13.40	608	17.40
URBAN IME/DSH:				
IME & DSH	982	21.60	982	57.20
IME/NO DSH	0	0.00	0	0.00
NO IME/DSH	1,441	31.60	1,433	26.00
NO IME/NO DSH	6	0.20	5	0.00
RURAL HOSP. TYPES:				
NO SPECIAL STATUS	621	13.60	617	5.20
RRC	167	3.60	166	4.00
SCH/EACH	511	11.20	511	4.40
MDH	199	4.40	198	1.00
SCH AND RRC	75	1.60	75	1.40
TYPE OF OWNERSHIP:				
VOLUNTARY	2,440	53.60	2,435	73.60
PROPRIETARY	707	15.60	702	10.40
GOVERNMENT	855	18.80	850	15.20
SPECIALTY HOSPITALS:				
EYE AND EAR	13	0.20	13	0.20
TRAUMA	153	3.40	153	15.00
CANCER	10	0.20	10	3.80
TEFRA HOSPITALS (NOT INCLUDED ON OTHER LINES):				
REHAB	166	3.60	113	0.20
PSYCH	198	4.40	65	0.20
LTC	143	3.20	100	0.20
CHILDREN	42	1.00	41	0.20

5. Estimated Impacts of This Proposed Rule on Beneficiaries

For services for which the beneficiary pays a coinsurance of 20 percent of the payment rate, the beneficiary share of payment would increase for services for which OPPS payments would rise and would decrease for services for which OPPS payments would fall. For example for a mid level office visit (APC 0601), the minimum unadjusted copayment in 2002 was \$9.67; under this proposed rule, the minimum unadjusted copayment would be \$10.82 because the OPPS payment for the service would increase under this proposed rule. For some services (those services for which a national unadjusted copayment amount is shown in Addendum B), however, the beneficiary copayment is frozen based on historic data and would not change, therefore not presenting any potential impact on beneficiaries.

However, in all cases, the statute limits beneficiary liability for copayment for a service to the inpatient hospital deductible for the applicable year. This amount was \$812 for 2002, but is not determined for 2003. In

general, the impact of this proposed rule on beneficiaries would vary based on the service the beneficiary receives and whether the copayment for the service is one that is frozen under the OPPS.

B. Payment Suspension for Unfiled Cost Reports

Overall Impact

We have examined the impacts of this proposed rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 16, 1980, Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), and Executive Order 13132. (A description of each of these requirements is stated above in section XIV.A.1.) We have determined that the proposed payment suspension provision does not have an economic impact on Medicare payments or other payments to providers. We are proposing to allow the Secretary flexibility in payment suspensions, but we are not altering the final payment determination in any way. With the

implementation of the various prospective payment systems, the majority of the payment to providers is based on the PPS methodology and not on the cost report. Suspending all payments because the cost report is not timely filed negatively affects providers. Providing the Secretary with flexibility in payment suspension can lessen the financial impact on providers. For these reasons, we are not preparing analyses for either the RFA or section 1102(b) of the Act because we have determined, and we certify, that this rule would not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals. Under the requirement for Unfunded Mandates, this proposed rule will not have an economic effect on State, local, or tribal governments, in the aggregate, or on the private sector.

Anticipated Effects

- Effects on providers that file cost reports. The majority of providers that file cost reports comply with the timeliness provisions and will be unaffected by this proposed regulation.

In FY 2000, collectively 16 percent of hospitals, skilled nursing facilities, and home health agencies filed late cost reports. Of this 16 percent, 65 percent of those were only 1 day late. Currently, when a provider fails to file an acceptable cost report, the provider is placed on a complete payment suspension. Under this provision, for those providers who do not file timely, an immediate payment suspension less than the total suspension currently required might be imposed if the Secretary deemed it appropriate, which would allow the provider to more easily continue operations while completing and submitting the acceptable cost report.

2. Effects on other providers. The payment suspension provision does not affect other providers.

3. Effects on the Medicare Program. The provision would allow the Secretary to more effectively manage the Medicare program by imposing other than complete payment suspension when it is appropriate to do so. The Medicare program benefits because immediate complete payment suspension can be disruptive to providers and may negatively affect the care of Medicare patients. There are no costs to the Medicare program to doing so, because when the cost report is submitted, the suspended payments are returned to the provider.

4. Effects on Beneficiaries. We have determined that this provision has a potentially positive impact on beneficiaries. Under this proposed provision the Secretary will have the discretion to impose less than 100 percent payment suspension when a provider fails to timely file an acceptable cost report. Doing so will lessen the financial burden on the provider and thereby allow it to provide adequate services to its patient population as it works to complete and file an acceptable cost report.

Alternatives Considered

We considered not revising existing § 405.371(c) to provide that payment suspension could be “in whole or in part”. However, we did not choose this option because we believe the Secretary should have the discretion to impose partial payment suspensions when circumstances warrant in order to more effectively manage the Medicare program.

Conclusion

In conclusion, we have determined that the proposed payment suspension provision does not have an economic impact on Medicare payments.

Federalism

Since this regulation does not impose any costs on State or local governments, it will not have an effect on State or local governments. State or local governments will have no roles or responsibilities associated with this provision.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

List of Subjects

42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 419

Hospitals, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services proposes to amend 42 CFR chapter IV as follows:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

Subpart C—Suspension of Payment, Recovery of Overpayments, and Repayment of Scholarships and Loans

1. The authority citation for subpart C continues to read as follows:

Authority: Secs. 1102, 1815, 1833, 1842, 1866, 1870, 1871, 1879, and 1892 of the Social Security Act (42 U.S.C. 1302, 1395g, 1395l, 1395u, 1395cc, 1395gg, 1395hh, 1395pp, and 1395ccc) and 31 U.S.C. 3711.

2. Section 405.371(c) is revised to read as follows:

§ 405.371 Suspension, offset and recoupment of Medicare payments to providers and suppliers of services.

(c) Suspension of payment in the case of unfiled cost reports. If a provider has

failed to timely file an acceptable cost report, payment to the provider is immediately suspended in whole or in part until a cost report is filed and determined by the intermediary to be acceptable. In the case of an unfiled cost report, the provisions of § 405.372 do not apply. (See § 405.372(a)(2) concerning failure to furnish other information.)

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

1. The authority citation continues to read as follows:

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

2. In 410.43 republish the introductory text of paragraph (b), and add a new paragraph (b)(6) to read as follows:

§ 410.43 Partial hospitalization services: Conditions and exclusions.

* * * * *

(b) The following services are separately covered and not paid as partial hospitalization services:

* * * * *

(6) Clinical social worker services that meet the requirements of section 1861(hh)(2) of the Act.

PART 419—PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES

1. The authority citation continues to read as follows:

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

§ 419.66 [Amended]

2. In § 419.66, paragraph (c)(1) is amended by adding the phrase “or by any category previously in effect” after “categories” and before “and”.

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

Dated: July 31, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

Approved: August 5, 2002.

Tommy G. Thompson,

Secretary.

BILLING CODE 4120-01-P

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0620	Critical Care	S	10.25	\$533.09	\$150.55	\$106.62
0656	Transcatheter Placement of Drug-Eluting Coronary Stents	T	90.90	\$4,927.70	.....	\$985.54
0657	Placement of Tissue Clips	S	1.38	\$71.77	.....	\$14.35
0658	Percutaneous Breast Biopsies	T	5.57	\$289.69	.....	\$57.94

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0001	Level I Photochemotherapy	S	0.43	\$22.36	\$7.88	\$4.47
0002	Fine needle Biopsy/Aspiration	T	0.63	\$32.77	\$8.52	\$6.55
0003	Bone Marrow Biopsy/Aspiration	T	1.24	\$64.49	\$27.08	\$12.90
0004	Level I Needle Biopsy/Aspiration Except Bone Marrow.	T	1.63	\$84.77	\$22.04	\$16.95
0005	Level II Needle Biopsy /Aspiration Except Bone Marrow.	T	3.02	\$157.07	\$69.11	\$31.41
0006	Level I Incision & Drainage	T	1.89	\$98.30	\$25.56	\$19.66
0007	Level II Incision & Drainage	T	9.44	\$490.96	\$103.10	\$98.19
0008	Level III Incision and Drainage	T	16.32	\$848.79	.....	\$169.76
0009	Nail Procedures	T	0.68	\$35.37	\$8.34	\$7.07
0010	Level I Destruction of Lesion	T	0.70	\$36.41	\$10.56	\$7.28
0011	Level II Destruction of Lesion	T	1.93	\$100.38	\$27.88	\$20.08
0012	Level I Debridement & Destruction	T	0.76	\$39.53	\$10.67	\$7.91
0013	Level II Debridement & Destruction	T	1.10	\$57.21	\$14.30	\$11.44
0015	Level III Debridement & Destruction	T	1.43	\$74.37	\$18.59	\$14.87
0016	Level IV Debridement & Destruction	T	2.57	\$133.66	\$56.14	\$26.73
0017	Level VI Debridement & Destruction	T	16.46	\$856.07	\$227.84	\$171.21
0018	Biopsy of Skin/Puncture of Lesion	T	0.92	\$47.85	\$15.79	\$9.57
0019	Level I Excision/ Biopsy	T	3.94	\$204.92	\$75.82	\$40.98
0020	Level II Excision/ Biopsy	T	7.36	\$382.79	\$114.84	\$76.56
0021	Level III Excision/ Biopsy	T	14.58	\$758.29	\$227.49	\$151.66
0022	Level IV Excision/ Biopsy	T	18.10	\$941.36	\$367.13	\$188.27
0023	Exploration Penetrating Wound	T	2.38	\$123.78	\$40.37	\$24.76
0024	Level I Skin Repair	T	2.00	\$104.02	\$37.45	\$20.80
0025	Level II Skin Repair	T	5.89	\$306.33	\$116.41	\$61.27
0027	Level IV Skin Repair	T	15.73	\$818.10	\$343.60	\$163.62
0028	Level I Breast Surgery	T	17.44	\$907.04	\$303.74	\$181.41
0029	Level II Breast Surgery	T	29.89	\$1,554.55	\$632.64	\$310.91
0030	Level III Breast Surgery	T	40.23	\$2,092.32	\$763.55	\$418.46
0032	Insertion of Central Venous/Arterial Catheter	T	7.14	\$371.34	.....	\$74.27
0033	Partial Hospitalization	P	4.96	\$257.96	.....	\$51.59
0035	Placement of Arterial or Central Venous Catheter	T	0.24	\$12.48	\$3.74	\$2.50
0041	Level I Arthroscopy	T	27.58	\$1,434.41	\$580.06	\$286.88
0042	Level II Arthroscopy	T	43.24	\$2,248.87	\$804.74	\$449.77
0043	Closed Treatment Fracture Finger/Toe/Trunk	T	1.68	\$87.38	.....	\$17.48
0045	Bone/Joint Manipulation Under Anesthesia	T	13.47	\$700.56	\$280.22	\$140.11
0046	Open/Percutaneous Treatment Fracture or Dislocation.	T	29.03	\$1,509.82	\$535.76	\$301.96
0047	Arthroplasty without Prosthesis	T	29.59	\$1,538.95	\$537.03	\$307.79
0048	Arthroplasty with Prosthesis	T	36.93	\$1,920.69	\$633.83	\$384.14
0049	Level I Musculoskeletal Procedures Except Hand and Foot.	T	19.45	\$1,011.58	.....	\$202.32
0050	Level II Musculoskeletal Procedures Except Hand and Foot.	T	23.60	\$1,227.41	.....	\$245.48
0051	Level III Musculoskeletal Procedures Except Hand and Foot.	T	34.03	\$1,769.87	.....	\$353.97
0052	Level IV Musculoskeletal Procedures Except Hand and Foot.	T	42.37	\$2,203.62	.....	\$440.72
0053	Level I Hand Musculoskeletal Procedures	T	14.76	\$767.65	\$253.49	\$153.53
0054	Level II Hand Musculoskeletal Procedures	T	23.50	\$1,222.21	\$472.33	\$244.44
0055	Level I Foot Musculoskeletal Procedures	T	18.28	\$950.72	\$355.34	\$190.14
0056	Level II Foot Musculoskeletal Procedures	T	22.94	\$1,193.09	\$405.81	\$238.62
0057	Bunion Procedures	T	23.87	\$1,241.45	\$496.58	\$248.29
0058	Level I Strapping and Cast Application	S	1.09	\$56.69	\$14.74	\$11.34
0060	Manipulation Therapy	S	0.36	\$18.72	.....	\$3.74

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0068	CPAP Initiation	S	1.59	\$82.69	\$45.48	\$16.54
0069	Thoracoscopy	T	29.51	\$1,534.79	\$591.64	\$306.96
0070	Thoracentesis/Lavage Procedures	T	3.30	\$171.63	.....	\$34.33
0071	Level I Endoscopy Upper Airway	T	1.01	\$52.53	\$14.18	\$10.51
0072	Level II Endoscopy Upper Airway	T	1.66	\$86.33	\$37.99	\$17.27
0073	Level III Endoscopy Upper Airway	T	3.63	\$188.79	\$74.14	\$37.76
0074	Level IV Endoscopy Upper Airway	T	12.84	\$667.80	\$295.70	\$133.56
0075	Level V Endoscopy Upper Airway	T	20.41	\$1,061.50	\$445.92	\$212.30
0076	Endoscopy Lower Airway	T	9.30	\$483.68	\$189.92	\$96.74
0077	Level I Pulmonary Treatment	S	0.26	\$13.52	\$7.44	\$2.70
0078	Level II Pulmonary Treatment	S	0.68	\$35.37	\$15.21	\$7.07
0079	Ventilation Initiation and Management	S	1.63	\$84.77	\$16.80	\$16.95
0080	Diagnostic Cardiac Catheterization	T	35.64	\$1,853.60	\$838.92	\$370.72
0081	Non-Coronary Angioplasty or Atherectomy	T	22.69	\$1,180.08	.....	\$236.02
0082	Coronary Atherectomy	T	75.42	\$3,922.52	\$1,137.53	\$784.50
0083	Coronary Angioplasty and Percutaneous Valvuloplasty.	T	47.83	\$2,487.59	.....	\$497.52
0084	Level I Electrophysiologic Evaluation	S	9.60	\$499.29	.....	\$99.86
0085	Level II Electrophysiologic Evaluation	T	31.77	\$1,652.33	\$363.51	\$330.47
0086	Ablate Heart Dysrhythm Focus	T	43.70	\$2,272.79	\$772.75	\$454.56
0087	Cardiac Electrophysiologic Recording/Mapping	T	5.81	\$302.17	.....	\$60.43
0088	Thrombectomy	T	33.96	\$1,766.23	\$678.68	\$353.25
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes.	T	108.92	\$5,664.82	\$1,642.80	\$1,132.96
0090	Insertion/Replacement of Pacemaker Pulse Generator.	T	77.15	\$4,012.49	\$1,444.50	\$802.50
0091	Level II Vascular Ligation	T	27.03	\$1,405.80	\$348.23	\$281.16
0092	Level I Vascular Ligation	T	24.97	\$1,298.66	\$505.37	\$259.73
0093	Vascular Repair/Fistula Construction	T	26.29	\$1,367.32	\$277.34	\$273.46
0094	Level I Resuscitation and Cardioversion	S	2.68	\$139.38	\$47.39	\$27.88
0095	Cardiac Rehabilitation	S	0.66	\$34.33	\$16.73	\$6.87
0096	Non-Invasive Vascular Studies	S	1.82	\$94.66	\$48.15	\$18.93
0097	Cardiac and Ambulatory Blood Pressure Monitoring ..	X	0.84	\$43.69	\$23.80	\$8.74
0098	Injection of Sclerosing Solution	T	1.90	\$98.82	\$20.88	\$19.76
0099	Electrocardiograms	S	0.38	\$19.76	.....	\$3.95
0100	Stress Tests and Continuous ECG	X	1.34	\$69.69	\$38.33	\$13.94
0101	Tilt Table Evaluation	S	4.40	\$228.84	\$105.27	\$45.77
0103	Miscellaneous Vascular Procedures	T	11.26	\$585.62	\$210.82	\$117.12
0104	Transcatheter Placement of Intracoronary Stents	T	72.72	\$3,782.09	.....	\$756.42
0105	Revision/Removal of Pacemakers, AICD, or Vascular	T	19.14	\$995.45	\$370.40	\$199.09
0106	Insertion/Replacement/Repair of Pacemaker and/or Electrodes.	T	29.23	\$1,520.22	\$410.46	\$304.04
0107	Insertion of Cardioverter-Defibrillator	T	181.51	\$9,440.15	\$2,076.83	\$1,888.03
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads.	T	232.69	\$12,101.97	.....	\$2,420.39
0109	Removal of Implanted Devices	T	7.68	\$399.43	\$131.49	\$79.89
0110	Transfusion	S	4.04	\$210.12	.....	\$42.02
0111	Blood Product Exchange	S	13.60	\$707.32	\$198.05	\$141.46
0112	Apheresis, Photopheresis, and Plasmapheresis	S	39.40	\$2,049.15	\$612.47	\$409.83
0113	Excision Lymphatic System	T	19.75	\$1,027.18	.....	\$205.44
0114	Thyroid/Lymphadenectomy Procedures	T	37.55	\$1,952.94	\$507.76	\$390.59
0115	Cannula/Access Device Procedures	T	23.48	\$1,221.17	\$439.62	\$244.23
0116	Chemotherapy Administration by Other Technique Except Infusion.	S	0.85	\$44.21	.....	\$8.84
0117	Chemotherapy Administration by Infusion Only	S	3.87	\$201.27	\$52.33	\$40.25
0118	Chemotherapy Administration by Both Infusion and Other Technique.	S	5.68	\$295.41	\$72.03	\$59.08
0119	Implantation of Devices	T	25.88	\$1,345.99	.....	\$269.20
0120	Infusion Therapy Except Chemotherapy	T	1.81	\$94.14	\$25.42	\$18.83
0121	Level I Tube changes and Repositioning	T	2.17	\$112.86	\$45.14	\$22.57
0122	Level II Tube changes and Repositioning	T	3.89	\$202.32	\$46.53	\$40.46
0123	Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant.	S	4.86	\$252.76	.....	\$50.55
0124	Revision of Implanted Infusion Pump	T	23.47	\$1,220.65	.....	\$244.13
0125	Refilling of Infusion Pump	T	1.73	\$89.98	.....	\$18.00
0130	Level I Laparoscopy	T	31.99	\$1,663.77	\$659.53	\$332.75
0131	Level II Laparoscopy	T	42.44	\$2,207.26	\$1,001.89	\$441.45
0132	Level III Laparoscopy	T	57.95	\$3,013.92	\$1,239.22	\$602.78
0140	Esophageal Dilation without Endoscopy	T	5.84	\$303.73	\$107.24	\$60.75

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0141	Upper GI Procedures	T	7.82	\$406.71	\$150.48	\$81.34
0142	Small Intestine Endoscopy	T	8.21	\$426.99	\$152.78	\$85.40
0143	Lower GI Endoscopy	T	8.37	\$435.32	\$186.06	\$87.06
0146	Level I Sigmoidoscopy	T	3.47	\$180.47	\$64.40	\$36.09
0147	Level II Sigmoidoscopy	T	7.30	\$379.67	\$83.53	\$75.93
0148	Level I Anal/Rectal Procedure	T	3.61	\$187.75	\$67.59	\$37.55
0149	Level III Anal/Rectal Procedure	T	16.91	\$879.47	\$293.06	\$175.89
0150	Level IV Anal/Rectal Procedure	T	22.02	\$1,145.24	\$437.12	\$229.05
0151	Endoscopic Retrograde Cholangio-Pancreatography (ERCP).	T	18.23	\$948.12	\$245.46	\$189.62
0152	Percutaneous Abdominal and Biliary Procedures	T	6.18	\$321.42	\$80.36	\$64.28
0153	Peritoneal and Abdominal Procedures	T	25.99	\$1,351.71	\$540.68	\$270.34
0154	Hernia/Hydrocele Procedures	T	26.98	\$1,403.20	\$491.12	\$280.64
0155	Level II Anal/Rectal Procedure	T	10.05	\$522.69	\$188.17	\$104.54
0156	Level II Urinary and Anal Procedures	T	3.10	\$161.23	\$48.37	\$32.25
0157	Colorectal Cancer Screening: Barium Enema	S	2.73	\$141.98	\$22.19	\$28.40
0158	Colorectal Cancer Screening: Colonoscopy	T	7.56	\$393.19	.....	\$98.30
0159	Colorectal Cancer Screening: Flexible Sigmoidoscopy	S	2.48	\$128.98	.....	\$32.25
0160	Level I Cystourethroscopy and other Genitourinary Procedures.	T	6.44	\$334.94	\$105.06	\$66.99
0161	Level II Cystourethroscopy and other Genitourinary Procedures.	T	16.03	\$833.70	\$249.36	\$166.74
0162	Level III Cystourethroscopy and other Genitourinary Procedures.	T	21.50	\$1,118.19	.....	\$223.64
0163	Level IV Cystourethroscopy and other Genitourinary Procedures.	T	24.77	\$1,288.26	.....	\$257.65
0164	Level I Urinary and Anal Procedures	T	1.18	\$61.37	\$18.41	\$12.27
0165	Level III Urinary and Anal Procedures	T	12.62	\$656.35	.....	\$131.27
0166	Level I Urethral Procedures	T	15.63	\$812.90	\$218.73	\$162.58
0167	Level III Urethral Procedures	T	27.15	\$1,412.04	\$555.84	\$282.41
0168	Level II Urethral Procedures	T	24.10	\$1,253.42	\$405.60	\$250.68
0169	Lithotripsy	T	46.44	\$2,415.30	\$1,115.69	\$483.06
0170	Dialysis	S	4.79	\$249.12	.....	\$49.82
0179	Urinary Incontinence Procedures	T	81.28	\$4,227.29	\$1,817.73	\$845.46
0180	Circumcision	T	18.95	\$985.57	\$304.87	\$197.11
0181	Penile Procedures	T	29.88	\$1,554.03	\$621.82	\$310.81
0182	Insertion of Penile Prosthesis	T	83.80	\$4,358.35	\$1,438.26	\$871.67
0183	Testes/Epididymis Procedures	T	22.19	\$1,154.08	\$448.94	\$230.82
0184	Prostate Biopsy	T	3.66	\$190.35	\$95.18	\$38.07
0187	Miscellaneous Placement/Repositioning	X	4.19	\$217.92	\$94.96	\$43.58
0188	Level II Female Reproductive Proc	T	1.12	\$58.25	\$11.95	\$11.65
0189	Level III Female Reproductive Proc	T	1.63	\$84.77	\$18.60	\$16.95
0190	Surgical Hysteroscopy	T	20.06	\$1,043.30	\$424.28	\$208.66
0191	Level I Female Reproductive Proc	T	0.22	\$11.44	\$3.32	\$2.29
0192	Level IV Female Reproductive Proc	T	2.94	\$152.91	\$42.81	\$30.58
0193	Level V Female Reproductive Proc	T	14.57	\$757.77	\$171.13	\$151.55
0194	Level VI Female Reproductive Proc	T	18.88	\$981.93	\$397.84	\$196.39
0195	Level VII Female Reproductive Proc	T	24.37	\$1,267.46	\$483.80	\$253.49
0196	Dilation and Curettage	T	16.32	\$848.79	\$338.23	\$169.76
0197	Infertility Procedures	T	1.19	\$61.89	\$24.76	\$12.38
0198	Pregnancy and Neonatal Care Procedures	T	1.33	\$69.17	\$32.92	\$13.83
0199	Vaginal Delivery	T	5.69	\$295.93	\$72.98	\$59.19
0200	Therapeutic Abortion	T	14.49	\$753.61	\$307.83	\$150.72
0201	Spontaneous Abortion	T	15.84	\$823.82	\$329.65	\$164.76
0202	Level VIII Female Reproductive Proc	T	39.09	\$2,033.03	\$996.18	\$406.61
0203	Level IV Nerve Injections	T	10.96	\$570.02	\$256.51	\$114.00
0204	Level I Nerve Injections	T	2.13	\$110.78	\$42.10	\$22.16
0206	Level II Nerve Injections	T	4.89	\$254.32	\$75.55	\$50.86
0207	Level III Nerve Injections	T	5.97	\$310.49	\$123.69	\$62.10
0208	Laminotomies and Laminectomies	T	39.95	\$2,077.76	.....	\$415.55
0209	Extended EEG Studies and Sleep Studies, Level II ...	S	12.09	\$628.79	\$280.58	\$125.76
0212	Nervous System Injections	T	3.53	\$183.59	\$84.45	\$36.72
0213	Extended EEG Studies and Sleep Studies, Level I	S	3.38	\$175.79	\$70.41	\$35.16
0214	Electroencephalogram	S	2.37	\$123.26	\$61.63	\$24.65
0215	Level I Nerve and Muscle Tests	S	0.60	\$31.21	.....	\$6.24
0216	Level III Nerve and Muscle Tests	S	3.06	\$159.15	\$71.62	\$31.83
0218	Level II Nerve and Muscle Tests	S	1.06	\$55.13	.....	\$11.03
0220	Level I Nerve Procedures	T	16.66	\$866.47	.....	\$173.29
0221	Level II Nerve Procedures	T	25.35	\$1,318.43	\$463.62	\$263.69

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0222	Implantation of Neurological Device	T	140.56	\$7,310.39	.....	\$1,462.08
0223	Implantation of Pain Management Device	T	20.30	\$1,055.78	.....	\$211.16
0224	Implantation of Reservoir/Pump/Shunt	T	39.14	\$2,035.63	\$453.41	\$407.13
0225	Implantation of Neurostimulator Electrodes	T	44.47	\$2,312.84	.....	\$462.57
0226	Implantation of Drug Infusion Reservoir	T	44.20	\$2,298.80	.....	\$459.76
0227	Implantation of Drug Infusion Device	T	128.03	\$6,658.71	.....	\$1,331.74
0228	Creation of Lumbar Subarachnoid Shunt	T	55.05	\$2,863.10	\$696.46	\$572.62
0229	Transcatherter Placement of Intravascular Shunts	T	49.00	\$2,548.44	\$662.59	\$509.69
0230	Level I Eye Tests & Treatments	S	0.78	\$40.57	\$15.82	\$8.11
0231	Level III Eye Tests & Treatments	S	2.24	\$116.50	\$52.43	\$23.30
0232	Level I Anterior Segment Eye Procedures	T	4.91	\$255.36	\$112.36	\$51.07
0233	Level II Anterior Segment Eye Procedures	T	13.43	\$698.48	\$266.33	\$139.70
0234	Level III Anterior Segment Eye Procedures	T	21.45	\$1,115.59	\$535.48	\$223.12
0235	Level I Posterior Segment Eye Procedures	T	5.62	\$292.29	\$81.84	\$58.46
0236	Level II Posterior Segment Eye Procedures	T	20.62	\$1,072.43	.....	\$214.49
0237	Level III Posterior Segment Eye Procedures	T	35.09	\$1,825.00	\$818.54	\$365.00
0238	Level I Repair and Plastic Eye Procedures	T	3.04	\$158.11	\$58.96	\$31.62
0239	Level II Repair and Plastic Eye Procedures	T	6.91	\$359.38	\$115.94	\$71.88
0240	Level III Repair and Plastic Eye Procedures	T	16.99	\$883.63	\$315.31	\$176.73
0241	Level IV Repair and Plastic Eye Procedures	T	21.89	\$1,138.48	\$384.47	\$227.70
0242	Level V Repair and Plastic Eye Procedures	T	28.87	\$1,501.50	\$597.36	\$300.30
0243	Strabismus/Muscle Procedures	T	20.94	\$1,089.07	\$431.39	\$217.81
0244	Corneal Transplant	T	38.14	\$1,983.62	\$851.42	\$396.72
0245	Level I Cataract Procedures without IOL Insert	T	14.39	\$748.41	\$251.21	\$149.68
0246	Cataract Procedures with IOL Insert	T	23.59	\$1,226.89	\$495.96	\$245.38
0247	Laser Eye Procedures Except Retinal	T	4.97	\$258.48	\$108.56	\$51.70
0248	Laser Retinal Procedures	T	4.44	\$230.92	\$96.99	\$46.18
0249	Level II Cataract Procedures without IOL Insert	T	27.75	\$1,443.25	\$524.67	\$288.65
0250	Nasal Cauterization/Packing	T	1.68	\$87.38	\$30.58	\$17.48
0251	Level I ENT Procedures	T	1.92	\$99.86	.....	\$19.97
0252	Level II ENT Procedures	T	6.27	\$326.10	\$114.24	\$65.22
0253	Level III ENT Procedures	T	14.79	\$769.21	\$284.61	\$153.84
0254	Level IV ENT Procedures	T	21.89	\$1,138.48	\$352.93	\$227.70
0256	Level V ENT Procedures	T	35.51	\$1,846.84	.....	\$369.37
0258	Tonsil and Adenoid Procedures	T	21.15	\$1,099.99	\$437.25	\$220.00
0259	Level VI ENT Procedures	T	291.05	\$15,137.22	\$7,417.24	\$3,027.44
0260	Level I Plain Film Except Teeth	X	0.81	\$42.13	\$23.17	\$8.43
0261	Level II Plain Film Except Teeth Including Bone Density Measurement	X	1.37	\$71.25	\$34.15	\$14.25
0262	Plain Film of Teeth	X	0.60	\$31.21	\$10.30	\$6.24
0263	Level I Miscellaneous Radiology Procedures	X	1.99	\$103.50	\$45.54	\$20.70
0264	Level II Miscellaneous Radiology Procedures	X	2.75	\$143.02	\$77.23	\$28.60
0265	Level I Diagnostic Ultrasound Except Vascular	S	1.04	\$54.09	\$29.75	\$10.82
0266	Level II Diagnostic Ultrasound Except Vascular	S	1.70	\$88.42	\$48.63	\$17.68
0267	Level III Diagnostic Ultrasound Except Vascular	S	2.58	\$134.18	\$65.52	\$26.84
0268	Ultrasound Guidance Procedures	S	1.48	\$76.97	.....	\$15.39
0269	Level III Echocardiogram Except Transesophageal ...	S	3.42	\$177.87	\$92.49	\$35.57
0270	Transesophageal Echocardiogram	S	5.65	\$293.85	\$146.79	\$58.77
0271	Mammography	S	0.69	\$35.89	\$16.80	\$7.18
0272	Level I Fluoroscopy	X	1.38	\$71.77	\$38.64	\$14.35
0274	Myelography	S	3.21	\$166.95	\$80.14	\$33.39
0275	Arthrography	S	3.09	\$160.71	\$69.09	\$32.14
0276	Level I Digestive Radiology	S	1.69	\$87.90	\$41.72	\$17.58
0277	Level II Digestive Radiology	S	2.50	\$130.02	\$60.47	\$26.00
0278	Diagnostic Urography	S	2.65	\$137.82	\$66.07	\$27.56
0279	Level II Angiography and Venography except Extremity	S	8.41	\$437.40	\$174.57	\$87.48
0280	Level III Angiography and Venography except Extremity	S	15.51	\$806.66	\$353.85	\$161.33
0281	Venography of Extremity	S	5.23	\$272.01	\$115.16	\$54.40
0282	Miscellaneous Computerized Axial Tomography	S	1.76	\$91.54	\$44.51	\$18.31
0283	Computerized Axial Tomography with Contrast Material	S	4.75	\$247.04	.....	\$49.41
0284	Magnetic Resonance Imaging and Magnetic Resonance Angiography with Contrast Material	S	7.74	\$402.55	\$201.02	\$80.51
0285	Myocardial Positron Emission Tomography (PET)	S	16.73	\$870.11	\$374.15	\$174.02
0286	Myocardial Scans	S	6.94	\$360.94	\$198.52	\$72.19
0287	Complex Venography	S	7.13	\$370.82	\$114.51	\$74.16
0288	Bone Density:Axial Skeleton	S	1.38	\$71.77	.....	\$14.35

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0289	Needle Localization for Breast Biopsy	X	1.84	\$95.70	\$44.80	\$19.14
0290	Level I Diagnostic Nuclear Medicine Excluding Myocardial Scans.	S	2.16	\$112.34	\$56.17	\$22.47
0291	Level II Diagnostic Nuclear Medicine Excluding Myocardial Scans.	S	4.19	\$217.92	\$108.96	\$43.58
0292	Level III Diagnostic Nuclear Medicine Excluding Myocardial Scans.	S	4.53	\$235.60	\$117.80	\$47.12
0294	Level II Therapeutic Nuclear Medicine	S	4.45	\$231.44	\$127.29	\$46.29
0295	Level I Therapeutic Nuclear Medicine	S	3.86	\$200.75	\$110.41	\$40.15
0296	Level I Therapeutic Radiologic Procedures	S	2.12	\$110.26	\$52.92	\$22.05
0297	Level II Therapeutic Radiologic Procedures	S	7.80	\$405.67	\$172.51	\$81.13
0299	Miscellaneous Radiation Treatment	S	6.20	\$322.46	.....	\$64.49
0300	Level I Radiation Therapy	S	1.53	\$79.57	.....	\$15.91
0301	Level II Radiation Therapy	S	2.22	\$115.46	.....	\$23.09
0302	Level III Radiation Therapy	S	10.17	\$528.93	\$200.99	\$105.79
0303	Treatment Device Construction	X	2.93	\$152.39	\$68.58	\$30.48
0304	Level I Therapeutic Radiation Treatment Preparation	X	1.69	\$87.90	\$41.52	\$17.58
0305	Level II Therapeutic Radiation Treatment Preparation	X	3.87	\$201.27	\$91.38	\$40.25
0310	Level III Therapeutic Radiation Treatment Preparation.	X	14.38	\$747.89	\$339.05	\$149.58
0312	Radioelement Applications	S	4.23	\$220.00	.....	\$44.00
0313	Brachytherapy	S	13.80	\$717.72	.....	\$143.54
0314	Hyperthermic Therapies	S	4.24	\$220.52	\$101.77	\$44.10
0320	Electroconvulsive Therapy	S	4.46	\$231.96	\$80.06	\$46.39
0321	Biofeedback and Other Training	S	1.27	\$66.05	\$21.78	\$13.21
0322	Brief Individual Psychotherapy	S	1.44	\$74.89	\$12.40	\$14.98
0323	Extended Individual Psychotherapy	S	1.95	\$101.42	\$21.26	\$20.28
0324	Family Psychotherapy	S	2.71	\$140.94	.....	\$28.19
0325	Group Psychotherapy	S	1.55	\$80.61	\$18.27	\$16.12
0330	Dental Procedures	S	0.64	\$33.29	.....	\$6.66
0332	Computerized Axial Tomography and Computerized Angiography without Contrast Material.	S	3.62	\$188.27	\$91.27	\$37.65
0333	Computerized Axial Tomography and Computerized Angio w/o Contrast Material followed by Contrast.	S	5.69	\$295.93	\$146.98	\$59.19
0335	Magnetic Resonance Imaging, Miscellaneous	S	6.46	\$335.98	\$151.46	\$67.20
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast.	S	7.01	\$364.58	\$176.94	\$72.92
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed by Contrast Material.	S	9.86	\$512.81	\$240.77	\$102.56
0339	Observation	S	7.60	\$395.27	.....	\$79.05
0340	Minor Ancillary Procedures	X	0.66	\$34.33	.....	\$6.87
0341	Skin Tests and Miscellaneous Red Blood Cell Tests	X	0.16	\$8.32	\$3.08	\$1.66
0342	Level I Pathology	X	0.23	\$11.96	\$5.88	\$2.39
0343	Level II Pathology	X	0.47	\$24.44	\$13.20	\$4.89
0344	Level III Pathology	X	0.66	\$34.33	\$18.54	\$6.87
0345	Level I Transfusion Laboratory Procedures	X	0.19	\$9.88	\$3.06	\$1.98
0346	Level II Transfusion Laboratory Procedures	X	0.42	\$21.84	\$5.46	\$4.37
0347	Level III Transfusion Laboratory Procedures	X	0.98	\$50.97	\$12.74	\$10.19
0348	Fertility Laboratory Procedures	X	0.83	\$43.17	.....	\$8.63
0352	Level I Injections	X	0.14	\$7.28	.....	\$1.46
0353	Level II Allergy Injections	X	0.43	\$22.36	.....	\$4.47
0354	Administration of Influenza/Pneumonia Vaccine	K	0.09	\$4.68	.....	.....
0355	Level I Immunizations	K	0.24	\$12.48	.....	\$2.50
0356	Level II Immunizations	K	0.69	\$35.89	.....	\$7.18
0359	Level II Injections	X	0.83	\$43.17	.....	\$8.63
0360	Level I Alimentary Tests	X	1.65	\$85.81	\$42.91	\$17.16
0361	Level II Alimentary Tests	X	3.55	\$184.63	\$83.23	\$36.93
0362	Level III Otorhinolaryngologic Function Tests	X	2.83	\$147.19	.....	\$29.44
0363	Level I Otorhinolaryngologic Function Tests	X	0.76	\$39.53	\$14.63	\$7.91
0364	Level I Audiometry	X	0.45	\$23.40	\$9.13	\$4.68
0365	Level II Audiometry	X	1.31	\$68.13	\$20.16	\$13.63
0367	Level I Pulmonary Test	X	0.60	\$31.21	\$15.61	\$6.24
0368	Level II Pulmonary Tests	X	0.96	\$49.93	\$24.97	\$9.99
0369	Level III Pulmonary Tests	X	2.39	\$124.30	\$41.02	\$24.86
0370	Allergy Tests	X	0.74	\$38.49	\$11.16	\$7.70
0371	Level I Allergy Injections	X	0.50	\$26.00	.....	\$5.20
0372	Therapeutic Phlebotomy	X	0.56	\$29.13	\$10.09	\$5.83
0373	Neuropsychological Testing	X	2.37	\$123.26	.....	\$24.65
0374	Monitoring Psychiatric Drugs	X	1.20	\$62.41	.....	\$12.48

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0600	Low Level Clinic Visits	V	0.91	\$47.33	.....	\$9.47
0601	Mid Level Clinic Visits	V	1.04	\$54.09	.....	\$10.82
0602	High Level Clinic Visits	V	1.57	\$81.65	.....	\$16.33
0610	Low Level Emergency Visits	V	1.49	\$77.49	\$19.57	\$15.50
0611	Mid Level Emergency Visits	V	2.66	\$138.34	\$36.47	\$27.67
0612	High Level Emergency Visits	V	4.53	\$235.60	\$54.14	\$47.12
0620	Critical Care	S	10.25	\$533.09	\$150.55	\$106.62
0656	Transcatheter Placement of Drug-Eluting Coronary Stents.	T	90.90	\$4,927.70	.....	\$985.54
0657	Placement of Tissue Clips	S	1.38	\$71.77	.....	\$14.35
0658	Percutaneous Breast Biopsies	T	5.57	\$289.69	.....	\$57.94
0659	Hyperbaric Oxygen	S	3.12	\$162.27	.....	\$32.45
0660	Level II Otorhinolaryngologic Function Tests	X	1.65	\$85.81	\$31.75	\$17.16
0661	Level IV Pathology	X	3.46	\$179.95	\$98.97	\$35.99
0662	CT Angiography	S	5.96	\$309.97	\$170.48	\$61.99
0663	Stereotactic Radiosurgery	S	63.69	\$3,312.45	.....	\$662.49
0664	Proton Beam Radiation Therapy	S	11.03	\$573.66	.....	\$114.73
0665	Bone Density:Appendicular Skeleton	S	0.73	\$37.97	.....	\$7.59
0666	Myocardial Add-on Scans	S	1.59	\$82.69	\$45.48	\$16.54
0667	Nonmyocardial Positron Emission Tomography (PET)	S	18.68	\$971.53	.....	\$194.31
0668	Level I Angiography and Venography except Extremity.	S	5.36	\$278.77	\$122.66	\$55.75
0669	Digital Mammography	S	0.95	\$49.41	.....	\$9.88
0670	Intravenous and Intracardiac Ultrasound	S	14.78	\$768.69	\$276.73	\$153.74
0671	Level II Echocardiogram Except Transesophageal ...	S	1.68	\$87.38	\$45.44	\$17.48
0672	Level IV Posterior Segment Procedures	T	39.95	\$2,077.76	\$1,038.88	\$415.55
0673	Level IV Anterior Segment Eye Procedures	T	27.47	\$1,428.69	\$685.77	\$285.74
0674	Prostate Cryoablation	T	69.25	\$3,601.62	.....	\$720.32
0675	Prostatic Thermotherapy	T	51.57	\$2,682.10	.....	\$536.42
0676	Level II Transcatheter Thrombolysis	T	4.62	\$240.28	\$64.88	\$48.06
0677	Level I Transcatheter Thrombolysis	T	2.80	\$145.63	.....	\$29.13
0678	External Counterpulsation	T	2.55	\$132.62	.....	\$26.52
0679	Level II Resuscitation and Cardioversion	S	5.70	\$296.45	\$100.79	\$59.29
0680	Insertion of Patient Activated Event Recorders	S	51.95	\$2,701.87	.....	\$540.37
0681	Knee Arthroplasty	T	158.14	\$8,224.70	\$3,289.88	\$1,644.94
0682	Level V Debridement & Destruction	T	6.74	\$350.54	\$161.25	\$70.11
0683	Level II Photochemotherapy	S	2.11	\$109.74	\$39.51	\$21.95
0684	Prostate Brachytherapy	T	103.47	\$5,381.37	.....	\$1,076.27
0685	Level III Needle Biopsy/Aspiration Except Bone Marrow.	T	4.47	\$232.48	\$102.29	\$46.50
0686	Level III Skin Repair	T	11.30	\$587.70	\$270.34	\$117.54
0687	Revision/Removal of Neurostimulator Electrodes	T	19.50	\$1,014.18	\$466.52	\$202.84
0688	Revision/Removal of Neurostimulator Pulse Generator Receiver.	T	30.58	\$1,590.44	\$779.32	\$318.09
0689	Electronic Analysis of Cardioverter-defibrillators	S	0.60	\$31.21	\$12.03	\$6.24
0690	Electronic Analysis of Pacemakers and other Cardiac Devices.	S	0.45	\$23.40	\$10.63	\$4.68
0691	Electronic Analysis of Programmable Shunts/Pumps	S	3.14	\$163.31	\$89.02	\$32.66
0692	Electronic Analysis of Neurostimulator Pulse Generators.	S	0.85	\$44.21	\$24.32	\$8.84
0693	Level II Breast Reconstruction	T	39.30	\$2,043.95	\$798.17	\$408.79
0694	Mohs Surgery	T	3.90	\$202.84	\$81.14	\$40.57
0695	Level VII Debridement & Destruction	T	19.65	\$1,021.98	\$266.59	\$204.40
0697	Level I Echocardiogram Except Transesophageal ...	S	1.51	\$78.53	\$40.84	\$15.71
0698	Level II Eye Tests & Treatments	S	1.01	\$52.53	\$20.49	\$10.51
0699	Level IV Eye Tests & Treatment	T	2.37	\$123.26	\$55.47	\$24.65
0701	SR 89 chloride, per mCi	K	6.43	\$334.42	.....	\$66.88
0702	SM 153 Iexidronam, 50 mCi	K	15.02	\$781.18	.....	\$156.24
0706	New Technology - Level I (\$0 - \$50)	S	.....	\$25.00	.....	\$5.00
0707	New Technology - Level II (\$50 - \$100)	S	.....	\$75.00	.....	\$15.00
0708	New Technology - Level III (\$100 - \$200)	S	.....	\$150.00	.....	\$30.00
0709	New Technology - Level IV (\$200 - \$300)	S	.....	\$250.00	.....	\$50.00
0710	New Technology - Level V (\$300 - \$500)	S	.....	\$400.00	.....	\$80.00
0711	New Technology - Level VI (\$500 - \$750)	S	.....	\$625.00	.....	\$125.00
0712	New Technology - Level VII (\$750 - \$1000)	S	.....	\$875.00	.....	\$175.00
0713	New Technology - Level VIII (\$1000 - \$1250)	S	.....	\$1,125.00	.....	\$225.00
0714	New Technology - Level IX (\$1250 - \$1500)	S	.....	\$1,375.00	.....	\$275.00
0715	New Technology - Level X (\$1500 - \$1750)	S	.....	\$1,625.00	.....	\$325.00
0716	New Technology - Level XI (\$1750 - \$2000)	S	.....	\$1,875.00	.....	\$375.00

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0717	New Technology - Level XII (\$2000 - \$2500)	S		\$2,250.00	.....	\$450.00
0718	New Technology - Level XIII (\$2500 - \$3000)	S		\$2,750.00	.....	\$550.00
0719	New Technology-Level XIV (\$3000- \$3500)	S		\$3,250.00	.....	\$650.00
0720	New Technology - Level XV (\$3500 - \$5000)	S		\$4,250.00	.....	\$850.00
0721	New Technology - Level XVI (\$5000 - \$6000)	S		\$5,500.00	.....	\$1,100.00
0726	Dexrazoxane hcl injection, 250 mg	K	2.40	\$124.82	.....	\$24.96
0728	Filgrastim 300 mcg injection	K	2.24	\$116.50	.....	\$23.30
0730	Pamidronate disodium , 30 mg	K	3.46	\$179.95	.....	\$35.99
0732	Mesna injection 200 mg	K	0.55	\$28.60	.....	\$5.72
0733	Non esrd epoetin alpha inj, 1000 u	K	0.19	\$9.88	.....	\$1.98
0734	Darbepoetin alfa, 1 mcg	G		\$4.74	.....	\$0.68
0800	Leuprolide acetate, 3.75 mg	K	4.15	\$215.84	.....	\$43.17
0802	Etoposide oral 50 mg	K	0.54	\$28.08	.....	\$5.62
0807	Aldesleukin/single use vial	K	6.09	\$316.73	.....	\$63.35
0810	Goserelin acetate implant 3.6 mg	K	5.94	\$308.93	.....	\$61.79
0811	Carboplatin injection 50 mg	K	1.58	\$82.17	.....	\$16.43
0813	Cisplatin 10 mg injection	K	0.47	\$24.44	.....	\$4.89
0820	Daunorubicin 10 mg	K	2.27	\$118.06	.....	\$23.61
0821	Daunorubicin citrate liposom 10 mg	K	3.17	\$164.87	.....	\$32.97
0822	Diethylstibestrol injection 250 mg	K	2.21	\$114.94	.....	\$22.99
0823	Docetaxel, 20 mg	K	4.01	\$208.56	.....	\$41.71
0827	Floxuridine injection 500 mg	K	2.42	\$125.86	.....	\$25.17
0828	Gemcitabine HCL 200 mg	K	1.49	\$77.49	.....	\$15.50
0830	Irinotecan injection 20 mg	K	1.86	\$96.74	.....	\$19.35
0831	Ifosfamide injection 1 gm	K	2.06	\$107.14	.....	\$21.43
0832	Idarubicin hcl injection 5 mg	K	4.57	\$237.68	.....	\$47.54
0838	Interferon gamma 1-b inj, 3 million u	K	2.49	\$129.50	.....	\$25.90
0840	Melphalan hydrochl 50 mg	K	4.09	\$212.72	.....	\$42.54
0842	Fludarabine phosphate inj 50 mg	K	3.30	\$171.63	.....	\$34.33
0843	Pegaspargase, singl dose vial	K	2.38	\$123.78	.....	\$24.76
0844	Pentostatin injection, 10 mg	K	21.32	\$1,108.83	.....	\$221.77
0849	Rituximab, 100 mg	K	5.71	\$296.97	.....	\$59.39
0852	Topotecan, 4 mg	K	7.61	\$395.79	.....	\$79.16
0855	Vinorelbine tartrate, 10 mg	K	1.10	\$57.21	.....	\$11.44
0856	Porfimer sodium, 75 mg	K	26.35	\$1,370.44	.....	\$274.09
0857	Bleomycin sulfate injection 15 u	K	3.10	\$161.23	.....	\$32.25
0858	Cladribine, 1mg	K	0.84	\$43.69	.....	\$8.74
0861	Leuprolide acetate injection 1 mg	K	0.84	\$43.69	.....	\$8.74
0862	Mitomycin 5 mg inj	K	1.18	\$61.37	.....	\$12.27
0863	Paclitaxel injection, 30 mg	K	2.50	\$130.02	.....	\$26.00
0864	Mitoxantrone hcl, 5 mg	K	3.02	\$157.07	.....	\$31.41
0884	Rho d immune globulin inj, 1 dose pkg	K	0.70	\$36.41	.....	\$7.28
0888	Cyclosporine oral 100 mg	K	0.04	\$2.08	.....	\$0.42
0890	Lymphocyte immune globulin 250 mg	K	3.64	\$189.31	.....	\$37.86
0891	Tacrolimus oral per 1 mg	K	0.02	\$1.04	.....	\$0.21
0900	Alglucerase injection, per 10 u	K	0.53	\$27.56	.....	\$5.51
0901	Alpha 1 proteinase inhibitor, 10 mg	K	0.02	\$1.04	.....	\$0.21
0902	Botulinum toxin a, per unit	K	0.05	\$2.60	.....	\$0.52
0903	Cytomegalovirus imm IV/vial	K	0.34	\$17.68	.....	\$3.54
0905	Immune globulin 500 mg	K	0.45	\$23.40	.....	\$4.68
0909	Interferon beta-1a, 33 mcg	K	2.77	\$144.06	.....	\$28.81
0916	Injection imiglucerase /unit	K	0.05	\$2.60	.....	\$0.52
0925	Factor viii per iu	K	0.01	\$52	.....	\$0.10
0926	Factor VIII (porcine) per iu	K	0.02	\$1.04	.....	\$0.21
0927	Factor viii recombinant per iu	K	0.01	\$52	.....	\$0.10
0928	Factor ix complex per iu	K	0.01	\$52	.....	\$0.10
0929	Anti-inhibitor per iu	K	0.01	\$52	.....	\$0.10
0930	Antithrombin iii injection per iu	K	0.01	\$52	.....	\$0.10
0931	Factor IX non-recombinant, per iu	K	0.01	\$52	.....	\$0.10
0932	Factor IX recombinant, per iu	K	0.03	\$1.56	.....	\$0.31
0949	Plasma, Pooled Multiple Donor, Solvent/Detergent T	K	1.26	\$65.53	.....	\$13.11
0950	Blood (Whole) For Transfusion	K	1.25	\$65.01	.....	\$13.00
0952	Cryoprecipitate	K	0.53	\$27.56	.....	\$5.51
0954	RBC leukocytes reduced	K	1.59	\$82.69	.....	\$16.54
0955	Plasma, Fresh Frozen	K	0.71	\$36.93	.....	\$7.39
0956	Plasma Protein Fraction	K	1.94	\$100.90	.....	\$20.18
0957	Platelet Concentrate	K	0.67	\$34.85	.....	\$6.97
0958	Platelet Rich Plasma	K	1.12	\$58.25	.....	\$11.65
0959	Red Blood Cells	K	1.12	\$58.25	.....	\$11.65

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0960	Washed Red Blood Cells	K	1.42	\$73.85	.....	\$14.77
0961	Infusion, Albumin (Human) 5%, 50 ml	K	0.47	\$24.44	.....	\$4.89
0963	Albumin (human), 5%, 250 ml	K	2.37	\$123.26	.....	\$24.65
0964	Albumin (human), 25%, 20 ml	K	0.50	\$26.00	.....	\$5.20
0965	Albumin (human), 25%, 50ml	K	1.25	\$65.01	.....	\$13.00
0966	Plasmaprotein fract,5%,250ml	K	9.71	\$505.01	.....	\$101.00
0970	New Technology - Level I (\$0 - \$50)	T	.....	\$25.00	.....	\$5.00
0971	New Technology - Level II (\$50 - \$100)	T	.....	\$75.00	.....	\$15.00
0972	New Technology - Level III (\$100 - \$200)	T	.....	\$150.00	.....	\$30.00
0973	New Technology - Level IV (\$200 - \$300)	T	.....	\$250.00	.....	\$50.00
0974	New Technology - Level V (\$300 - \$500)	T	.....	\$400.00	.....	\$80.00
0975	New Technology - Level VI (\$500 - \$750)	T	.....	\$625.00	.....	\$125.00
0976	New Technology - Level VII (\$750 - \$1000)	T	.....	\$875.00	.....	\$175.00
0977	New Technology - Level VIII (\$1000 - \$1250)	T	.....	\$1,125.00	.....	\$225.00
0978	New Technology - Level IX (\$1250 - \$1500)	T	.....	\$1,375.00	.....	\$275.00
0979	New Technology - Level X (\$1500 - \$1750)	T	.....	\$1,625.00	.....	\$325.00
0980	New Technology - Level XI (\$1750 - \$2000)	T	.....	\$1,875.00	.....	\$375.00
0981	New Technology - Level XII (\$2000 - \$2500)	T	.....	\$2,250.00	.....	\$450.00
0982	New Technology - Level XIII (\$2500 - \$3000)	T	.....	\$2,750.00	.....	\$550.00
0983	New Technology-Level XIV (\$3000- \$3500)	T	.....	\$3,250.00	.....	\$650.00
0984	New Technology - Level XV (\$3500 - \$5000)	T	.....	\$4,250.00	.....	\$850.00
0985	New Technology - Level XVI (\$5000 - \$6000)	T	.....	\$5,500.00	.....	\$1,100.00
1009	Cryoprecip reduced plasma	K	0.66	\$34.33	.....	\$6.87
1010	Blood, L/R, CMV-neg	K	1.67	\$86.86	.....	\$17.37
1011	Platelets, HLA-m, L/R, unit	K	6.03	\$313.61	.....	\$62.72
1013	Platelet concentrate, L/R, unit	K	0.91	\$47.33	.....	\$9.47
1016	Blood, L/R, froz/deglycerol/washed	K	1.09	\$56.69	.....	\$11.34
1017	Platelets, aph/pher, L/R, CMV-neg, unit	K	4.78	\$248.60	.....	\$49.72
1018	Blood, L/R, irradiated	K	1.90	\$98.82	.....	\$19.76
1019	Platelets, aph/pher, L/R, irradiated, unit	K	6.93	\$360.42	.....	\$72.08
1058	TC 99M oxidronate, per vial	G	.....	\$36.74	.....	\$5.26
1059	Cultured chondrocytes implnt	K	43.64	\$2,269.67	.....	\$453.93
1064	I-131 cap, each add mCi	G	.....	\$5.86	.....	\$.75
1065	I-131 sol, each add mCi	G	.....	\$15.81	.....	\$2.03
1084	Denileukin diftitox, 300 MCG	K	13.94	\$725.01	.....	\$145.00
1086	Temozolomide,oral 5 mg	K	0.05	\$2.60	.....	\$.52
1091	IN 111 Oxyquinoline, per .5 mCi	K	4.36	\$226.76	.....	\$45.35
1092	IN 111 Pentetate, per 0.5 mCi	K	4.78	\$248.60	.....	\$49.72
1095	Technetium TC 99M Deprotide	K	0.25	\$13.00	.....	\$2.60
1096	TC 99M Exametazime, per dose	K	3.35	\$174.23	.....	\$34.85
1122	TC 99M arcitumomab, per vial	K	8.33	\$433.23	.....	\$86.65
1167	Epirubicin hcl, 2 mg	K	0.32	\$16.64	.....	\$3.33
1178	Busulfan IV, 6 mg	K	0.53	\$27.56	.....	\$5.51
1203	Verteporfin for injection	K	16.26	\$845.67	.....	\$169.13
1207	Octreotide acetate depot 1mg	K	1.22	\$63.45	.....	\$12.69
1305	Apligraf	K	12.47	\$648.55	.....	\$129.71
1348	I-131 sol, per 1-6 mCi	K	0.19	\$9.88	.....	\$1.98
1409	Factor via recombinant, per 1.2 mg	K	13.53	\$703.68	.....	\$140.74
1604	IN 111 capromab pentetide, per dose	K	5.91	\$307.37	.....	\$61.47
1605	Abciximab injection, 10 mg	K	5.82	\$302.69	.....	\$60.54
1609	Rho(D) immune globulin h, sd, 100 iu	K	0.22	\$11.44	.....	\$2.29
1611	Hylan G-F 20 injection, 16 mg	K	2.43	\$126.38	.....	\$25.28
1612	Daclizumab, parenteral, 25 mg	K	3.77	\$196.07	.....	\$39.21
1613	Trastuzumab, 10 mg	K	0.66	\$34.33	.....	\$6.87
1614	Valrubicin, 200 mg	K	2.04	\$106.10	.....	\$21.22
1615	Basiliximab, 20 mg	K	9.64	\$501.37	.....	\$100.27
1618	Vonwillebrandfactrcmplx, per iu	K	0.01	\$.52	.....	\$.10
1620	Technetium tc99m bicisate	K	2.80	\$145.63	.....	\$29.13
1625	Indium 111-in pentetreotide	K	4.57	\$237.68	.....	\$47.54
1628	Chromic phosphate p32	K	1.35	\$70.21	.....	\$14.04
1716	Brachytx seed, Gold 198	K	0.35	\$18.20	.....	\$3.64
1718	Brachytx seed, Iodine 125	K	0.64	\$33.29	.....	\$6.66
1719	Brachytxseed, Non-HDR Ir-192	K	0.57	\$29.65	.....	\$5.93
1720	Brachytx seed, Palladium 103	K	0.89	\$46.29	.....	\$9.26
1765	Adhesion barrier	H	.....	.....	.....	.....
1775	FDG, per dose (4-40 mCi/ml)	G	.....	\$475.00	.....	\$68.00
1783	Ocular implant, aqueous drainage assist device	H	.....	.....	.....	.....
1888	Catheter, ablation, non-cardiac, endovascular (implantable).	H	.....	.....	.....	.....

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2003—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
1900	Lead, left ventricular coronary venous system	H	.....	.....	.....	.....
2618	Probe, cryoablation	H	.....	.....	.....	.....
7000	Amifostine, 500 mg	K	4.46	\$231.96	.....	\$46.39
7001	Amphotericin B lipid complex, 50 mg	K	2.05	\$106.62	.....	\$21.32
7011	Oprelvekin injection, 5 mg	K	2.52	\$131.06	.....	\$26.21
7024	Corticorelin ovine triflutat	K	4.62	\$240.28	.....	\$48.06
7025	Digoxin immune FAB (ovine)	K	2.77	\$144.06	.....	\$28.81
7030	Hemin, per 1 mg	K	0.01	\$.52	.....	\$.10
7031	Octreotide acetate injection	K	0.90	\$46.81	.....	\$9.36
7034	Somatropin injection	K	0.78	\$40.57	.....	\$8.11
7035	Teniposide, 50 mg	K	1.24	\$64.49	.....	\$12.90
7038	Muromonab-CD3, 5 mg	K	4.43	\$230.40	.....	\$46.08
7041	Tirofiban hydrochloride 12.5 mg	K	4.82	\$250.68	.....	\$50.14
7042	Capecitabine, oral, 150 mg	K	0.03	\$.56	.....	\$.31
7043	Infliximab injection 10 mg	K	0.74	\$38.49	.....	\$7.70
7045	Trimetrexate glucoronate	K	1.23	\$63.97	.....	\$12.79
7046	Doxorubicin hcl liposome inj 10 mg	K	4.54	\$236.12	.....	\$47.22
7049	Filgrastim 480 mcg injection	K	3.37	\$175.27	.....	\$35.05
7051	Leuprolide acetate implant, 65 mg	G	.....	\$5,399.80	.....	\$773.02
9002	Tenecteplase, 50mg/vial	K	25.46	\$1,324.15	.....	\$264.83
9003	Palivizumab, per 50mg	K	9.34	\$485.76	.....	\$97.15
9004	Gemtuzumab ozogamicin inj,5mg	K	1.05	\$54.61	.....	\$10.92
9005	Reteplase injection	K	10.84	\$563.78	.....	\$112.76
9009	Baclofen refill kit - per 2000 mcg	K	0.79	\$41.09	.....	\$8.22
9010	Baclofen refill kit - per 4000 mcg	K	0.95	\$49.41	.....	\$9.88
9012	Arsenic Trioxide	G	.....	\$23.75	.....	\$3.40
9015	Mycophenolate mofetil oral 250 mg	G	.....	\$2.40	.....	\$.34
9016	Echocardiography contrast	G	.....	\$118.75	.....	\$17.00
9018	Botulinum tox B, per 100 u	G	.....	\$.879	.....	\$.126
9019	Caspofungin acetate, 5 mg	G	.....	\$34.20	.....	\$4.90
9020	Sirolimus tablet, 1 mg	K	0.05	\$.260	.....	\$.52
9104	Anti-thymocyte globulin rabbit	K	1.97	\$102.46	.....	\$20.49
9105	Hep B imm glob, per 1 ml	K	1.58	\$82.17	.....	\$16.43
9106	Sirolimus, 1 mg	K	0.05	\$.260	.....	\$.52
9108	Thyrotropin alfa, per 1.1 mg	K	8.79	\$457.16	.....	\$91.43
9109	Tirofiban hcl, per 6.25 mg	K	2.32	\$120.66	.....	\$24.13
9110	Alemtuzumab, per ml	G	.....	\$486.88	.....	\$69.70
9111	Inj, bivalirudin, per 250mg vial	G	.....	\$397.81	.....	\$56.95
9112	Perflutren lipid micro, per 2ml	G	.....	\$148.20	.....	\$21.22
9113	Inj pantoprazole sodium, vial	G	.....	\$22.80	.....	\$3.26
9114	Nesiritide, per 1.5 mg vial	G	.....	\$433.20	.....	\$62.02
9115	Inj, zoledronic acid, per 2 mg	G	.....	\$406.78	.....	\$58.23
9200	Orcel, per 36 cm ²	G	.....	\$1,135.25	.....	\$162.52
9201	Dermagraft, per 37.5 sq cm	G	.....	\$577.60	.....	\$82.69
9217	Leuprolide acetate suspnsion, 7.5 mg	K	6.30	\$327.66	.....	\$65.53
9500	Platelets, irradiated	K	0.92	\$47.85	.....	\$9.57
9501	Platelets, pheresis	K	5.10	\$265.25	.....	\$53.05
9502	Platelet pheresis irradiated	K	1.99	\$103.50	.....	\$20.70
9503	Fresh frozen plasma, ea unit	K	0.77	\$40.05	.....	\$8.01
9504	RBC deglycerolized	K	1.91	\$99.34	.....	\$19.87
9505	RBC irradiated	K	1.82	\$94.66	.....	\$18.93
9506	Granulocytes, pheresis	K	0.45	\$23.40	.....	\$4.68

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDER YEAR 2003

CPT/HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0002T	C	Endovas repr abdo ao aneury .....	.....	.....	.....	.....	.....
0003T	S	Cervicography	0706	.....	\$25.00	.....	\$5.00
0005T	C	Perc cath stent/brain cv art .....	.....	.....	.....	.....	.....
0006T	C	Perc cath stent/brain cv art .....	.....	.....	.....	.....	.....

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0007T	C	Perc cath stent/brain cv art					
0008T	E	Upper gi endoscopy w/suture					
0009T	T	Endometrial cryoablation	0980		\$1,875.00		\$375.00
00100	N	Anesth, salivary gland					
00102	N	Anesth, repair of cleft lip					
00103	N	Anesth, blepharoplasty					
00104	N	Anesth, electroshock					
0010T	A	Tb test, gamma interferon					
00120	N	Anesth, ear surgery					
00124	N	Anesth, ear exam					
00126	N	Anesth, tympanotomy					
0012T	T	Osteochondral knee autograft	0041	27.58	\$1,434.41	\$580.06	\$286.88
0013T	T	Osteochondral knee allograft	0041	27.58	\$1,434.41	\$580.06	\$286.88
00140	N	Anesth, procedures on eye					
00142	N	Anesth, lens surgery					
00144	N	Anesth, corneal transplant					
00145	N	Anesth, vitreoretinal surg					
00147	N	Anesth, iridectomy					
00148	N	Anesth, eye exam					
0014T	T	Meniscal transplant, knee	0041	27.58	\$1,434.41	\$580.06	\$286.88
00160	N	Anesth, nose/sinus surgery					
00162	N	Anesth, nose/sinus surgery					
00164	N	Anesth, biopsy of nose					
0016T	E	Thermotx choroid vasc lesion					
00170	N	Anesth, procedure on mouth					
00172	N	Anesth, cleft palate repair					
00174	C	Anesth, pharyngeal surgery					
00176	C	Anesth, pharyngeal surgery					
0017T	E	Photocoagulat macular drusen					
0018T	S	Transcranial magnetic stimul	0215	0.60	\$31.21		\$6.24
00190	N	Anesth, face/skull bone surg					
00192	C	Anesth, facial bone surgery					
0019T	A	Extracorp shock wave tx, ms					
0020T	A	Extracorp shock wave tx, ft					
00210	N	Anesth, open head surgery					
00212	N	Anesth, skull drainage					
00214	C	Anesth, skull drainage					
00215	C	Anesth, skull repair/fract					
00216	N	Anesth, head vessel surgery					
00218	N	Anesth, special head surgery					
0021T	C	Fetal oximetry, trnsvag/cerv					
00220	N	Anesth, intrcrn nerve					
00222	N	Anesth, head nerve surgery					
0023T	A	Phenotype drug test, hiv 1					
0024T	C	Transcath cardiac reduction					
0025T	S	Ultrasonic pachymetry	0230	0.78	\$40.57	\$15.82	\$8.11
0026T	A	Measure remnant lipoproteins					
00300	N	Anesth, head/neck/prtrunk					
00320	N	Anesth, neck organ surgery					
00322	N	Anesth, biopsy of thyroid					
00350	N	Anesth, neck vessel surgery					
00352	N	Anesth, neck vessel surgery					
00400	N	Anesth, skin, ext/per/atrunk					
00402	N	Anesth, surgery of breast					
00404	C	Anesth, surgery of breast					
00406	C	Anesth, surgery of breast					
00410	N	Anesth, surgery of breast					
00450	N	Anesth, surgery of shoulder					
00452	C	Anesth, surgery of shoulder					
00454	N	Anesth, collar bone biopsy					
00470	N	Anesth, removal of rib					
00472	N	Anesth, chest wall repair					
00474	C	Anesth, surgery of rib(s)					
00500	N	Anesth, esophageal surgery					
00520	N	Anesth, chest procedure					
00522	N	Anesth, chest lining biopsy					

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
00524	C	Anesth, chest drainage .....	.....	.....	.....	.....	.....
00528	N	Anesth, chest partition view .....	.....	.....	.....	.....	.....
00530	N	Anesth, pacemaker insertion .....	.....	.....	.....	.....	.....
00532	N	Anesth, vascular access .....	.....	.....	.....	.....	.....
00534	N	Anesth, cardioverter/defib .....	.....	.....	.....	.....	.....
00537	N	Anesth, cardiac electrophys .....	.....	.....	.....	.....	.....
00540	C	Anesth, chest surgery .....	.....	.....	.....	.....	.....
00542	C	Anesth, release of lung .....	.....	.....	.....	.....	.....
00544	C	Anesth, chest lining removal .....	.....	.....	.....	.....	.....
00546	C	Anesth, lung,chest wall surg .....	.....	.....	.....	.....	.....
00548	N	Anesth, trachea,bronchi surg .....	.....	.....	.....	.....	.....
00550	N	Anesth, sternal debridement .....	.....	.....	.....	.....	.....
00560	C	Anesth, open heart surgery .....	.....	.....	.....	.....	.....
00562	C	Anesth, open heart surgery .....	.....	.....	.....	.....	.....
00563	N	Anesth, heart proc w/pump .....	.....	.....	.....	.....	.....
00566	N	Anesth, cabg w/o pump .....	.....	.....	.....	.....	.....
00580	C	Anesth heart/lung transplant .....	.....	.....	.....	.....	.....
00600	N	Anesth, spine, cord surgery .....	.....	.....	.....	.....	.....
00604	C	Anesth, sitting procedure .....	.....	.....	.....	.....	.....
00620	N	Anesth, spine, cord surgery .....	.....	.....	.....	.....	.....
00622	C	Anesth, removal of nerves .....	.....	.....	.....	.....	.....
00630	N	Anesth, spine, cord surgery .....	.....	.....	.....	.....	.....
00632	C	Anesth, removal of nerves .....	.....	.....	.....	.....	.....
00634	C	Anesth for chemonucleolysis .....	.....	.....	.....	.....	.....
00635	N	Anesth, lumbar puncture .....	.....	.....	.....	.....	.....
00670	C	Anesth, spine, cord surgery .....	.....	.....	.....	.....	.....
00700	N	Anesth, abdominal wall surg .....	.....	.....	.....	.....	.....
00702	N	Anesth, for liver biopsy .....	.....	.....	.....	.....	.....
00730	N	Anesth, abdominal wall surg .....	.....	.....	.....	.....	.....
00740	N	Anesth, upper gi visualize .....	.....	.....	.....	.....	.....
00750	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00752	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00754	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00756	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00770	N	Anesth, blood vessel repair .....	.....	.....	.....	.....	.....
00790	N	Anesth, surg upper abdomen .....	.....	.....	.....	.....	.....
00792	C	Anesth, hemorrh/excise liver .....	.....	.....	.....	.....	.....
00794	C	Anesth, pancreas removal .....	.....	.....	.....	.....	.....
00796	C	Anesth, for liver transplant .....	.....	.....	.....	.....	.....
00797	N	Anesth, surgery for obesity .....	.....	.....	.....	.....	.....
00800	N	Anesth, abdominal wall surg .....	.....	.....	.....	.....	.....
00802	C	Anesth, fat layer removal .....	.....	.....	.....	.....	.....
00810	N	Anesth, low intestine scope .....	.....	.....	.....	.....	.....
00820	N	Anesth, abdominal wall surg .....	.....	.....	.....	.....	.....
00830	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00832	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00840	N	Anesth, surg lower abdomen .....	.....	.....	.....	.....	.....
00842	N	Anesth, amniocentesis .....	.....	.....	.....	.....	.....
00844	C	Anesth, pelvis surgery .....	.....	.....	.....	.....	.....
00846	C	Anesth, hysterectomy .....	.....	.....	.....	.....	.....
00848	C	Anesth, pelvic organ surg .....	.....	.....	.....	.....	.....
00851	N	Anesth, tubal ligation .....	.....	.....	.....	.....	.....
00860	N	Anesth, surgery of abdomen .....	.....	.....	.....	.....	.....
00862	N	Anesth, kidney/ureter surg .....	.....	.....	.....	.....	.....
00864	C	Anesth, removal of bladder .....	.....	.....	.....	.....	.....
00865	C	Anesth, removal of prostate .....	.....	.....	.....	.....	.....
00866	C	Anesth, removal of adrenal .....	.....	.....	.....	.....	.....
00868	C	Anesth, kidney transplant .....	.....	.....	.....	.....	.....
00869	N	Anesth, vasectomy .....	.....	.....	.....	.....	.....
00870	N	Anesth, bladder stone surg .....	.....	.....	.....	.....	.....
00872	N	Anesth kidney stone destruct .....	.....	.....	.....	.....	.....
00873	N	Anesth kidney stone destruct .....	.....	.....	.....	.....	.....
00880	N	Anesth, abdomen vessel surg .....	.....	.....	.....	.....	.....
00882	C	Anesth, major vein ligation .....	.....	.....	.....	.....	.....
00902	N	Anesth, anorectal surgery .....	.....	.....	.....	.....	.....
00904	C	Anesth, perineal surgery .....	.....	.....	.....	.....	.....

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
00906	N	Anesth, removal of vulva .....	.....	.....	.....	.....	.....
00908	C	Anesth, removal of prostate .....	.....	.....	.....	.....	.....
00910	N	Anesth, bladder surgery .....	.....	.....	.....	.....	.....
00912	N	Anesth, bladder tumor surg .....	.....	.....	.....	.....	.....
00914	N	Anesth, removal of prostate .....	.....	.....	.....	.....	.....
00916	N	Anesth, bleeding control .....	.....	.....	.....	.....	.....
00918	N	Anesth, stone removal .....	.....	.....	.....	.....	.....
00920	N	Anesth, genitalia surgery .....	.....	.....	.....	.....	.....
00922	N	Anesth, sperm duct surgery .....	.....	.....	.....	.....	.....
00924	N	Anesth, testis exploration .....	.....	.....	.....	.....	.....
00926	N	Anesth, removal of testis .....	.....	.....	.....	.....	.....
00928	C	Anesth, removal of testis .....	.....	.....	.....	.....	.....
00930	N	Anesth, testis suspension .....	.....	.....	.....	.....	.....
00932	C	Anesth, amputation of penis .....	.....	.....	.....	.....	.....
00934	C	Anesth, penis, nodes removal .....	.....	.....	.....	.....	.....
00936	C	Anesth, penis, nodes removal .....	.....	.....	.....	.....	.....
00938	N	Anesth, insert penis device .....	.....	.....	.....	.....	.....
00940	N	Anesth, vaginal procedures .....	.....	.....	.....	.....	.....
00942	N	Anesth, surg on vag/urethral .....	.....	.....	.....	.....	.....
00944	C	Anesth, vaginal hysterectomy .....	.....	.....	.....	.....	.....
00948	N	Anesth, repair of cervix .....	.....	.....	.....	.....	.....
00950	N	Anesth, vaginal endoscopy .....	.....	.....	.....	.....	.....
00952	N	Anesth, hysteroscope/graph .....	.....	.....	.....	.....	.....
01112	N	Anesth, bone aspirate/bx .....	.....	.....	.....	.....	.....
01120	N	Anesth, pelvis surgery .....	.....	.....	.....	.....	.....
01130	N	Anesth, body cast procedure .....	.....	.....	.....	.....	.....
01140	C	Anesth, amputation at pelvis .....	.....	.....	.....	.....	.....
01150	C	Anesth, pelvic tumor surgery .....	.....	.....	.....	.....	.....
01160	N	Anesth, pelvis procedure .....	.....	.....	.....	.....	.....
01170	N	Anesth, pelvis surgery .....	.....	.....	.....	.....	.....
01180	N	Anesth, pelvis nerve removal .....	.....	.....	.....	.....	.....
01190	C	Anesth, pelvis nerve removal .....	.....	.....	.....	.....	.....
01200	N	Anesth, hip joint procedure .....	.....	.....	.....	.....	.....
01202	N	Anesth, arthroscopy of hip .....	.....	.....	.....	.....	.....
01210	N	Anesth, hip joint surgery .....	.....	.....	.....	.....	.....
01212	C	Anesth, hip disarticulation .....	.....	.....	.....	.....	.....
01214	C	Anesth, hip arthroplasty .....	.....	.....	.....	.....	.....
01215	N	Anesth, revise hip repair .....	.....	.....	.....	.....	.....
01220	N	Anesth, procedure on femur .....	.....	.....	.....	.....	.....
01230	N	Anesth, surgery of femur .....	.....	.....	.....	.....	.....
01232	C	Anesth, amputation of femur .....	.....	.....	.....	.....	.....
01234	C	Anesth, radical femur surg .....	.....	.....	.....	.....	.....
01250	N	Anesth, upper leg surgery .....	.....	.....	.....	.....	.....
01260	N	Anesth, upper leg veins surg .....	.....	.....	.....	.....	.....
01270	N	Anesth, thigh arteries surg .....	.....	.....	.....	.....	.....
01272	C	Anesth, femoral artery surg .....	.....	.....	.....	.....	.....
01274	C	Anesth, femoral embolectomy .....	.....	.....	.....	.....	.....
01320	N	Anesth, knee area surgery .....	.....	.....	.....	.....	.....
01340	N	Anesth, knee area procedure .....	.....	.....	.....	.....	.....
01360	N	Anesth, knee area surgery .....	.....	.....	.....	.....	.....
01380	N	Anesth, knee joint procedure .....	.....	.....	.....	.....	.....
01382	N	Anesth, knee arthroscopy .....	.....	.....	.....	.....	.....
01390	N	Anesth, knee area procedure .....	.....	.....	.....	.....	.....
01392	N	Anesth, knee area surgery .....	.....	.....	.....	.....	.....
01400	N	Anesth, knee joint surgery .....	.....	.....	.....	.....	.....
01402	C	Anesth, knee arthroplasty .....	.....	.....	.....	.....	.....
01404	C	Anesth, amputation at knee .....	.....	.....	.....	.....	.....
01420	N	Anesth, knee joint casting .....	.....	.....	.....	.....	.....
01430	N	Anesth, knee veins surgery .....	.....	.....	.....	.....	.....
01432	N	Anesth, knee vessel surg .....	.....	.....	.....	.....	.....
01440	N	Anesth, knee arteries surg .....	.....	.....	.....	.....	.....
01442	C	Anesth, knee artery surg .....	.....	.....	.....	.....	.....
01444	C	Anesth, knee artery repair .....	.....	.....	.....	.....	.....
01462	N	Anesth, lower leg procedure .....	.....	.....	.....	.....	.....
01464	N	Anesth, ankle arthroscopy .....	.....	.....	.....	.....	.....
01470	N	Anesth, lower leg surgery .....	.....	.....	.....	.....	.....

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
01472	N	Anesth, achilles tendon surg .....	.....	.....	.....	.....	.....
01474	N	Anesth, lower leg surgery .....	.....	.....	.....	.....	.....
01480	N	Anesth, lower leg bone surg .....	.....	.....	.....	.....	.....
01482	N	Anesth, radical leg surgery .....	.....	.....	.....	.....	.....
01484	N	Anesth, lower leg revision .....	.....	.....	.....	.....	.....
01486	C	Anesth, ankle replacement .....	.....	.....	.....	.....	.....
01490	N	Anesth, lower leg casting .....	.....	.....	.....	.....	.....
01500	N	Anesth, leg arteries surg .....	.....	.....	.....	.....	.....
01502	C	Anesth, lwr leg embolectomy .....	.....	.....	.....	.....	.....
01520	N	Anesth, lower leg vein surg .....	.....	.....	.....	.....	.....
01522	N	Anesth, lower leg vein surg .....	.....	.....	.....	.....	.....
01610	N	Anesth, surgery of shoulder .....	.....	.....	.....	.....	.....
01620	N	Anesth, shoulder procedure .....	.....	.....	.....	.....	.....
01622	N	Anesth, shoulder arthroscopy .....	.....	.....	.....	.....	.....
01630	N	Anesth, surgery of shoulder .....	.....	.....	.....	.....	.....
01632	C	Anesth, surgery of shoulder .....	.....	.....	.....	.....	.....
01634	C	Anesth, shoulder joint amput .....	.....	.....	.....	.....	.....
01636	C	Anesth, forequarter amput .....	.....	.....	.....	.....	.....
01638	C	Anesth, shoulder replacement .....	.....	.....	.....	.....	.....
01650	N	Anesth, shoulder artery surg .....	.....	.....	.....	.....	.....
01652	C	Anesth, shoulder vessel surg .....	.....	.....	.....	.....	.....
01654	C	Anesth, shoulder vessel surg .....	.....	.....	.....	.....	.....
01656	C	Anesth, arm-leg vessel surg .....	.....	.....	.....	.....	.....
01670	N	Anesth, shoulder vein surg .....	.....	.....	.....	.....	.....
01680	N	Anesth, shoulder casting .....	.....	.....	.....	.....	.....
01682	N	Anesth, airplane cast .....	.....	.....	.....	.....	.....
01710	N	Anesth, elbow area surgery .....	.....	.....	.....	.....	.....
01712	N	Anesth, uppr arm tendon surg .....	.....	.....	.....	.....	.....
01714	N	Anesth, uppr arm tendon surg .....	.....	.....	.....	.....	.....
01716	N	Anesth, biceps tendon repair .....	.....	.....	.....	.....	.....
01730	N	Anesth, uppr arm procedure .....	.....	.....	.....	.....	.....
01732	N	Anesth, elbow arthroscopy .....	.....	.....	.....	.....	.....
01740	N	Anesth, upper arm surgery .....	.....	.....	.....	.....	.....
01742	N	Anesth, humerus surgery .....	.....	.....	.....	.....	.....
01744	N	Anesth, humerus repair .....	.....	.....	.....	.....	.....
01756	C	Anesth, radical humerus surg .....	.....	.....	.....	.....	.....
01758	N	Anesth, humeral lesion surg .....	.....	.....	.....	.....	.....
01760	N	Anesth, elbow replacement .....	.....	.....	.....	.....	.....
01770	N	Anesth, uppr arm artery surg .....	.....	.....	.....	.....	.....
01772	N	Anesth, uppr arm embolectomy .....	.....	.....	.....	.....	.....
01780	N	Anesth, upper arm vein surg .....	.....	.....	.....	.....	.....
01782	N	Anesth, uppr arm vein repair .....	.....	.....	.....	.....	.....
01810	N	Anesth, lower arm surgery .....	.....	.....	.....	.....	.....
01820	N	Anesth, lower arm procedure .....	.....	.....	.....	.....	.....
01830	N	Anesth, lower arm surgery .....	.....	.....	.....	.....	.....
01832	N	Anesth, wrist replacement .....	.....	.....	.....	.....	.....
01840	N	Anesth, lwr arm artery surg .....	.....	.....	.....	.....	.....
01842	N	Anesth, lwr arm embolectomy .....	.....	.....	.....	.....	.....
01844	N	Anesth, vascular shunt surg .....	.....	.....	.....	.....	.....
01850	N	Anesth, lower arm vein surg .....	.....	.....	.....	.....	.....
01852	N	Anesth, lwr arm vein repair .....	.....	.....	.....	.....	.....
01860	N	Anesth, lower arm casting .....	.....	.....	.....	.....	.....
01905	N	Anes, spine inject, x-ray/re .....	.....	.....	.....	.....	.....
01916	N	Anesth, dx arteriography .....	.....	.....	.....	.....	.....
01920	N	Anesth, catheterize heart .....	.....	.....	.....	.....	.....
01922	N	Anesth, cat or MRI scan .....	.....	.....	.....	.....	.....
01924	N	Anes, ther interven rad, art .....	.....	.....	.....	.....	.....
01925	N	Anes, ther interven rad, car .....	.....	.....	.....	.....	.....
01926	N	Anes, tx interv rad hrt/cran .....	.....	.....	.....	.....	.....
01930	N	Anes, ther interven rad, vei .....	.....	.....	.....	.....	.....
01931	N	Anes, ther interven rad, tip .....	.....	.....	.....	.....	.....
01932	N	Anes, tx interv rad, th vein .....	.....	.....	.....	.....	.....
01933	N	Anes, tx interv rad, cran v .....	.....	.....	.....	.....	.....
01951	N	Anesth, burn, less 4 percent .....	.....	.....	.....	.....	.....
01952	N	Anesth, burn, 4-9 percent .....	.....	.....	.....	.....	.....
01953	N	Anesth, burn, each 9 percent .....	.....	.....	.....	.....	.....

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
01960	N	Anesth, vaginal delivery .....	.....	.....	.....	.....	.....
01961	N	Anesth, cs delivery .....	.....	.....	.....	.....	.....
01962	N	Anesth, emer hysterectomy .....	.....	.....	.....	.....	.....
01963	N	Anesth, cs hysterectomy .....	.....	.....	.....	.....	.....
01964	N	Anesth, abortion procedures .....	.....	.....	.....	.....	.....
01967	N	Anesth/analg, vag delivery .....	.....	.....	.....	.....	.....
01968	N	Anes/analg cs deliver add-on .....	.....	.....	.....	.....	.....
01969	N	Anesth/analg cs hyst add-on .....	.....	.....	.....	.....	.....
01990	C	Support for organ donor .....	.....	.....	.....	.....	.....
01995	N	Regional anesthesia limb .....	.....	.....	.....	.....	.....
01996	N	Manage daily drug therapy .....	.....	.....	.....	.....	.....
01999	N	Unlisted anesth procedure .....	.....	.....	.....	.....	.....
10021	T	Fna w/o image	0002	0.63	\$32.77	\$8.52	\$6.55
10022	T	Fna w/image	0002	0.63	\$32.77	\$8.52	\$6.55
10040	T	Acne surgery	0010	0.70	\$36.41	\$10.56	\$7.28
10060	T	Drainage of skin abscess	0006	1.89	\$98.30	\$25.56	\$19.66
10061	T	Drainage of skin abscess	0006	1.89	\$98.30	\$25.56	\$19.66
10080	T	Drainage of pilonidal cyst	0006	1.89	\$98.30	\$25.56	\$19.66
10081	T	Drainage of pilonidal cyst	0007	9.44	\$490.96	\$103.10	\$98.19
10120	T	Remove foreign body	0006	1.89	\$98.30	\$25.56	\$19.66
10121	T	Remove foreign body	0021	14.58	\$758.29	\$227.49	\$151.66
10140	T	Drainage of hematoma/fluid	0007	9.44	\$490.96	\$103.10	\$98.19
10160	T	Puncture drainage of lesion	0018	0.92	\$47.85	\$15.79	\$9.57
10180	T	Complex drainage, wound	0007	9.44	\$490.96	\$103.10	\$98.19
11000	T	Debride infected skin	0015	1.43	\$74.37	\$18.59	\$14.87
11001	T	Debride infected skin add-on	0013	1.10	\$57.21	\$14.30	\$11.44
11010	T	Debride skin, fx	0022	18.10	\$941.36	\$367.13	\$188.27
11011	T	Debride skin/muscle, fx	0022	18.10	\$941.36	\$367.13	\$188.27
11012	T	Debride skin/muscle/bone, fx	0022	18.10	\$941.36	\$367.13	\$188.27
11040	T	Debride skin, partial	0015	1.43	\$74.37	\$18.59	\$14.87
11041	T	Debride skin, full	0015	1.43	\$74.37	\$18.59	\$14.87
11042	T	Debride skin/tissue	0016	2.57	\$133.66	\$56.14	\$26.73
11043	T	Debride tissue/muscle	0016	2.57	\$133.66	\$56.14	\$26.73
11044	T	Debride tissue/muscle/bone	0682	6.74	\$350.54	\$161.25	\$70.11
11055	T	Trim skin lesion	0012	0.76	\$39.53	\$10.67	\$7.91
11056	T	Trim skin lesions, 2 to 4	0012	0.76	\$39.53	\$10.67	\$7.91
11057	T	Trim skin lesions, over 4	0012	0.76	\$39.53	\$10.67	\$7.91
11100	T	Biopsy of skin lesion	0018	0.92	\$47.85	\$15.79	\$9.57
11101	T	Biopsy, skin add-on	0018	0.92	\$47.85	\$15.79	\$9.57
11200	T	Removal of skin tags	0013	1.10	\$57.21	\$14.30	\$11.44
11201	T	Remove skin tags add-on	0015	1.43	\$74.37	\$18.59	\$14.87
11300	T	Shave skin lesion	0012	0.76	\$39.53	\$10.67	\$7.91
11301	T	Shave skin lesion	0012	0.76	\$39.53	\$10.67	\$7.91
11302	T	Shave skin lesion	0013	1.10	\$57.21	\$14.30	\$11.44
11303	T	Shave skin lesion	0015	1.43	\$74.37	\$18.59	\$14.87
11305	T	Shave skin lesion	0013	1.10	\$57.21	\$14.30	\$11.44
11306	T	Shave skin lesion	0013	1.10	\$57.21	\$14.30	\$11.44
11307	T	Shave skin lesion	0013	1.10	\$57.21	\$14.30	\$11.44
11308	T	Shave skin lesion	0013	1.10	\$57.21	\$14.30	\$11.44
11310	T	Shave skin lesion	0013	1.10	\$57.21	\$14.30	\$11.44
11311	T	Shave skin lesion	0013	1.10	\$57.21	\$14.30	\$11.44
11312	T	Shave skin lesion	0013	1.10	\$57.21	\$14.30	\$11.44
11313	T	Shave skin lesion	0016	2.57	\$133.66	\$56.14	\$26.73
11400	T	Removal of skin lesion	0019	3.94	\$204.92	\$75.82	\$40.98
11401	T	Removal of skin lesion	0019	3.94	\$204.92	\$75.82	\$40.98
11402	T	Removal of skin lesion	0019	3.94	\$204.92	\$75.82	\$40.98
11403	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11404	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11406	T	Removal of skin lesion	0021	14.58	\$758.29	\$227.49	\$151.66
11420	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11421	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11422	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11423	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11424	T	Removal of skin lesion	0021	14.58	\$758.29	\$227.49	\$151.66
11426	T	Removal of skin lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11440	T	Removal of skin lesion	0019	3.94	\$204.92	\$75.82	\$40.98

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
11441	T	Removal of skin lesion	0019	3.94	\$204.92	\$75.82	\$40.98
11442	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11443	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11444	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11446	T	Removal of skin lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11450	T	Removal, sweat gland lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11451	T	Removal, sweat gland lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11462	T	Removal, sweat gland lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11463	T	Removal, sweat gland lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11470	T	Removal, sweat gland lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11471	T	Removal, sweat gland lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11600	T	Removal of skin lesion	0019	3.94	\$204.92	\$75.82	\$40.98
11601	T	Removal of skin lesion	0019	3.94	\$204.92	\$75.82	\$40.98
11602	T	Removal of skin lesion	0019	3.94	\$204.92	\$75.82	\$40.98
11603	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11604	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11606	T	Removal of skin lesion	0021	14.58	\$758.29	\$227.49	\$151.66
11620	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11621	T	Removal of skin lesion	0019	3.94	\$204.92	\$75.82	\$40.98
11622	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11623	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11624	T	Removal of skin lesion	0021	14.58	\$758.29	\$227.49	\$151.66
11626	T	Removal of skin lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11640	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11641	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11642	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11643	T	Removal of skin lesion	0020	7.36	\$382.79	\$114.84	\$76.56
11644	T	Removal of skin lesion	0021	14.58	\$758.29	\$227.49	\$151.66
11646	T	Removal of skin lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11719	T	Trim nail(s)	0009	0.68	\$35.37	\$8.34	\$7.07
11720	T	Debride nail, 1-5	0009	0.68	\$35.37	\$8.34	\$7.07
11721	T	Debride nail, 6 or more	0009	0.68	\$35.37	\$8.34	\$7.07
11730	T	Removal of nail plate	0013	1.10	\$57.21	\$14.30	\$11.44
11732	T	Remove nail plate, add-on	0012	0.76	\$39.53	\$10.67	\$7.91
11740	T	Drain blood from under nail	0009	0.68	\$35.37	\$8.34	\$7.07
11750	T	Removal of nail bed	0019	3.94	\$204.92	\$75.82	\$40.98
11752	T	Remove nail bed/finger tip	0022	18.10	\$941.36	\$367.13	\$188.27
11755	T	Biopsy, nail unit	0019	3.94	\$204.92	\$75.82	\$40.98
11760	T	Repair of nail bed	0024	2.00	\$104.02	\$37.45	\$20.80
11762	T	Reconstruction of nail bed	0024	2.00	\$104.02	\$37.45	\$20.80
11765	T	Excision of nail fold, toe	0015	1.43	\$74.37	\$18.59	\$14.87
11770	T	Removal of pilonidal lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11771	T	Removal of pilonidal lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11772	T	Removal of pilonidal lesion	0022	18.10	\$941.36	\$367.13	\$188.27
11900	T	Injection into skin lesions	0012	0.76	\$39.53	\$10.67	\$7.91
11901	T	Added skin lesions injection	0012	0.76	\$39.53	\$10.67	\$7.91
11920	T	Correct skin color defects	0024	2.00	\$104.02	\$37.45	\$20.80
11921	T	Correct skin color defects	0024	2.00	\$104.02	\$37.45	\$20.80
11922	T	Correct skin color defects	0024	2.00	\$104.02	\$37.45	\$20.80
11950	T	Therapy for contour defects	0024	2.00	\$104.02	\$37.45	\$20.80
11951	T	Therapy for contour defects	0024	2.00	\$104.02	\$37.45	\$20.80
11952	T	Therapy for contour defects	0024	2.00	\$104.02	\$37.45	\$20.80
11954	T	Therapy for contour defects	0024	2.00	\$104.02	\$37.45	\$20.80
11960	T	Insert tissue expander(s)	0027	15.73	\$818.10	\$343.60	\$163.62
11970	T	Replace tissue expander	0027	15.73	\$818.10	\$343.60	\$163.62
11971	T	Remove tissue expander(s)	0022	18.10	\$941.36	\$367.13	\$188.27
11975	E	Insert contraceptive cap .....	.....	.....	.....	.....	.....
11976	T	Removal of contraceptive cap	0019	3.94	\$204.92	\$75.82	\$40.98
11977	E	Removal/reinsert contra cap .....	.....	.....	.....	.....	.....
11980	X	Implant hormone pellet(s)	0340	0.66	\$34.33	.....	\$6.87
11981	X	Insert drug implant device	0340	0.66	\$34.33	.....	\$6.87
11982	X	Remove drug implant device	0340	0.66	\$34.33	.....	\$6.87
11983	X	Remove/insert drug implant	0340	0.66	\$34.33	.....	\$6.87
12001	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12002	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12004	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
12005	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12006	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12007	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12011	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12013	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12014	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12015	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12016	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12017	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12018	T	Repair superficial wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12020	T	Closure of split wound	0024	2.00	\$104.02	\$37.45	\$20.80
12021	T	Closure of split wound	0024	2.00	\$104.02	\$37.45	\$20.80
12031	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12032	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12034	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12035	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12036	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12037	T	Layer closure of wound(s)	0025	5.89	\$306.33	\$116.41	\$61.27
12041	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12042	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12044	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12045	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12046	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12047	T	Layer closure of wound(s)	0025	5.89	\$306.33	\$116.41	\$61.27
12051	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12052	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12053	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12054	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12055	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12056	T	Layer closure of wound(s)	0024	2.00	\$104.02	\$37.45	\$20.80
12057	T	Layer closure of wound(s)	0025	5.89	\$306.33	\$116.41	\$61.27
13100	T	Repair of wound or lesion	0025	5.89	\$306.33	\$116.41	\$61.27
13101	T	Repair of wound or lesion	0025	5.89	\$306.33	\$116.41	\$61.27
13102	T	Repair wound/lesion add-on	0024	2.00	\$104.02	\$37.45	\$20.80
13120	T	Repair of wound or lesion	0024	2.00	\$104.02	\$37.45	\$20.80
13121	T	Repair of wound or lesion	0024	2.00	\$104.02	\$37.45	\$20.80
13122	T	Repair wound/lesion add-on	0024	2.00	\$104.02	\$37.45	\$20.80
13131	T	Repair of wound or lesion	0024	2.00	\$104.02	\$37.45	\$20.80
13132	T	Repair of wound or lesion	0024	2.00	\$104.02	\$37.45	\$20.80
13133	T	Repair wound/lesion add-on	0024	2.00	\$104.02	\$37.45	\$20.80
13150	T	Repair of wound or lesion	0025	5.89	\$306.33	\$116.41	\$61.27
13151	T	Repair of wound or lesion	0024	2.00	\$104.02	\$37.45	\$20.80
13152	T	Repair of wound or lesion	0025	5.89	\$306.33	\$116.41	\$61.27
13153	T	Repair wound/lesion add-on	0024	2.00	\$104.02	\$37.45	\$20.80
13160	T	Late closure of wound	0027	15.73	\$818.10	\$343.60	\$163.62
14000	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
14001	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
14020	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
14021	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
14040	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
14041	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
14060	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
14061	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
14300	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
14350	T	Skin tissue rearrangement	0027	15.73	\$818.10	\$343.60	\$163.62
15000	T	Skin graft	0025	5.89	\$306.33	\$116.41	\$61.27
15001	T	Skin graft add-on	0025	5.89	\$306.33	\$116.41	\$61.27
15050	T	Skin pinch graft	0025	5.89	\$306.33	\$116.41	\$61.27
15100	T	Skin split graft	0027	15.73	\$818.10	\$343.60	\$163.62
15101	T	Skin split graft add-on	0027	15.73	\$818.10	\$343.60	\$163.62
15120	T	Skin split graft	0027	15.73	\$818.10	\$343.60	\$163.62
15121	T	Skin split graft add-on	0027	15.73	\$818.10	\$343.60	\$163.62
15200	T	Skin full graft	0027	15.73	\$818.10	\$343.60	\$163.62
15201	T	Skin full graft add-on	0025	5.89	\$306.33	\$116.41	\$61.27
15220	T	Skin full graft	0027	15.73	\$818.10	\$343.60	\$163.62
15221	T	Skin full graft add-on	0025	5.89	\$306.33	\$116.41	\$61.27

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
15240	T	Skin full graft	0027	15.73	\$818.10	\$343.60	\$163.62
15241	T	Skin full graft add-on	0025	5.89	\$306.33	\$116.41	\$61.27
15260	T	Skin full graft	0027	15.73	\$818.10	\$343.60	\$163.62
15261	T	Skin full graft add-on	0025	5.89	\$306.33	\$116.41	\$61.27
15342	T	Cultured skin graft, 25 cm	0025	5.89	\$306.33	\$116.41	\$61.27
15343	T	Culture skn graft addl 25 cm	0024	2.00	\$104.02	\$37.45	\$20.80
15350	T	Skin homograft	0686	11.30	\$587.70	\$270.34	\$117.54
15351	T	Skin homograft add-on	0027	15.73	\$818.10	\$343.60	\$163.62
15400	T	Skin heterograft	0025	5.89	\$306.33	\$116.41	\$61.27
15401	T	Skin heterograft add-on	0025	5.89	\$306.33	\$116.41	\$61.27
15570	T	Form skin pedicle flap	0027	15.73	\$818.10	\$343.60	\$163.62
15572	T	Form skin pedicle flap	0027	15.73	\$818.10	\$343.60	\$163.62
15574	T	Form skin pedicle flap	0027	15.73	\$818.10	\$343.60	\$163.62
15576	T	Form skin pedicle flap	0027	15.73	\$818.10	\$343.60	\$163.62
15600	T	Skin graft	0027	15.73	\$818.10	\$343.60	\$163.62
15610	T	Skin graft	0027	15.73	\$818.10	\$343.60	\$163.62
15620	T	Skin graft	0027	15.73	\$818.10	\$343.60	\$163.62
15630	T	Skin graft	0027	15.73	\$818.10	\$343.60	\$163.62
15650	T	Transfer skin pedicle flap	0027	15.73	\$818.10	\$343.60	\$163.62
15732	T	Muscle-skin graft, head/neck	0027	15.73	\$818.10	\$343.60	\$163.62
15734	T	Muscle-skin graft, trunk	0027	15.73	\$818.10	\$343.60	\$163.62
15736	T	Muscle-skin graft, arm	0027	15.73	\$818.10	\$343.60	\$163.62
15738	T	Muscle-skin graft, leg	0027	15.73	\$818.10	\$343.60	\$163.62
15740	T	Island pedicle flap graft	0027	15.73	\$818.10	\$343.60	\$163.62
15750	T	Neurovascular pedicle graft	0027	15.73	\$818.10	\$343.60	\$163.62
15756	C	Free muscle flap, microvasc .....	.....	.....	.....	.....	.....
15757	C	Free skin flap, microvasc .....	.....	.....	.....	.....	.....
15758	C	Free fascial flap, microvasc .....	.....	.....	.....	.....	.....
15760	T	Composite skin graft	0027	15.73	\$818.10	\$343.60	\$163.62
15770	T	Derma-fat-fascia graft	0027	15.73	\$818.10	\$343.60	\$163.62
15775	T	Hair transplant punch grafts	0025	5.89	\$306.33	\$116.41	\$61.27
15776	T	Hair transplant punch grafts	0025	5.89	\$306.33	\$116.41	\$61.27
15780	T	Abrasion treatment of skin	0022	18.10	\$941.36	\$367.13	\$188.27
15781	T	Abrasion treatment of skin	0022	18.10	\$941.36	\$367.13	\$188.27
15782	T	Abrasion treatment of skin	0022	18.10	\$941.36	\$367.13	\$188.27
15783	T	Abrasion treatment of skin	0016	2.57	\$133.66	\$56.14	\$26.73
15786	T	Abrasion, lesion, single	0013	1.10	\$57.21	\$14.30	\$11.44
15787	T	Abrasion, lesions, add-on	0013	1.10	\$57.21	\$14.30	\$11.44
15788	T	Chemical peel, face, epiderm	0012	0.76	\$39.53	\$10.67	\$7.91
15789	T	Chemical peel, face, dermal	0015	1.43	\$74.37	\$18.59	\$14.87
15792	T	Chemical peel, nonfacial	0012	0.76	\$39.53	\$10.67	\$7.91
15793	T	Chemical peel, nonfacial	0013	1.10	\$57.21	\$14.30	\$11.44
15810	T	Salabrasion	0016	2.57	\$133.66	\$56.14	\$26.73
15811	T	Salabrasion	0016	2.57	\$133.66	\$56.14	\$26.73
15819	T	Plastic surgery, neck	0025	5.89	\$306.33	\$116.41	\$61.27
15820	T	Revision of lower eyelid	0027	15.73	\$818.10	\$343.60	\$163.62
15821	T	Revision of lower eyelid	0027	15.73	\$818.10	\$343.60	\$163.62
15822	T	Revision of upper eyelid	0027	15.73	\$818.10	\$343.60	\$163.62
15823	T	Revision of upper eyelid	0027	15.73	\$818.10	\$343.60	\$163.62
15824	T	Removal of forehead wrinkles	0027	15.73	\$818.10	\$343.60	\$163.62
15825	T	Removal of neck wrinkles	0027	15.73	\$818.10	\$343.60	\$163.62
15826	T	Removal of brow wrinkles	0027	15.73	\$818.10	\$343.60	\$163.62
15828	T	Removal of face wrinkles	0027	15.73	\$818.10	\$343.60	\$163.62
15829	T	Removal of skin wrinkles	0027	15.73	\$818.10	\$343.60	\$163.62
15831	T	Excise excessive skin tissue	0022	18.10	\$941.36	\$367.13	\$188.27
15832	T	Excise excessive skin tissue	0022	18.10	\$941.36	\$367.13	\$188.27
15833	T	Excise excessive skin tissue	0022	18.10	\$941.36	\$367.13	\$188.27
15834	T	Excise excessive skin tissue	0022	18.10	\$941.36	\$367.13	\$188.27
15835	T	Excise excessive skin tissue	0025	5.89	\$306.33	\$116.41	\$61.27
15836	T	Excise excessive skin tissue	0020	7.36	\$382.79	\$114.84	\$76.56
15837	T	Excise excessive skin tissue	0020	7.36	\$382.79	\$114.84	\$76.56
15838	T	Excise excessive skin tissue	0020	7.36	\$382.79	\$114.84	\$76.56
15839	T	Excise excessive skin tissue	0020	7.36	\$382.79	\$114.84	\$76.56
15840	T	Graft for face nerve palsy	0027	15.73	\$818.10	\$343.60	\$163.62
15841	T	Graft for face nerve palsy	0027	15.73	\$818.10	\$343.60	\$163.62
15842	T	Flap for face nerve palsy	0027	15.73	\$818.10	\$343.60	\$163.62

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
15845	T	Skin and muscle repair, face	0027	15.73	\$818.10	\$343.60	\$163.62
15850	T	Removal of sutures	0016	2.57	\$133.66	\$56.14	\$26.73
15851	T	Removal of sutures	0013	1.10	\$57.21	\$14.30	\$11.44
15852	X	Dressing change,not for burn	0340	0.66	\$34.33	.....	\$6.87
15860	S	Test for blood flow in graft	0706	.....	\$25.00	.....	\$5.00
15876	T	Suction assisted lipectomy	0027	15.73	\$818.10	\$343.60	\$163.62
15877	T	Suction assisted lipectomy	0027	15.73	\$818.10	\$343.60	\$163.62
15878	T	Suction assisted lipectomy	0027	15.73	\$818.10	\$343.60	\$163.62
15879	T	Suction assisted lipectomy	0027	15.73	\$818.10	\$343.60	\$163.62
15920	T	Removal of tail bone ulcer	0022	18.10	\$941.36	\$367.13	\$188.27
15922	T	Removal of tail bone ulcer	0027	15.73	\$818.10	\$343.60	\$163.62
15931	T	Remove sacrum pressure sore	0022	18.10	\$941.36	\$367.13	\$188.27
15933	T	Remove sacrum pressure sore	0022	18.10	\$941.36	\$367.13	\$188.27
15934	T	Remove sacrum pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15935	T	Remove sacrum pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15936	T	Remove sacrum pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15937	T	Remove sacrum pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15940	T	Remove hip pressure sore	0022	18.10	\$941.36	\$367.13	\$188.27
15941	T	Remove hip pressure sore	0022	18.10	\$941.36	\$367.13	\$188.27
15944	T	Remove hip pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15945	T	Remove hip pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15946	T	Remove hip pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15950	T	Remove thigh pressure sore	0022	18.10	\$941.36	\$367.13	\$188.27
15951	T	Remove thigh pressure sore	0022	18.10	\$941.36	\$367.13	\$188.27
15952	T	Remove thigh pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15953	T	Remove thigh pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15956	T	Remove thigh pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15958	T	Remove thigh pressure sore	0027	15.73	\$818.10	\$343.60	\$163.62
15999	T	Removal of pressure sore	0022	18.10	\$941.36	\$367.13	\$188.27
16000	T	Initial treatment of burn(s)	0013	1.10	\$57.21	\$14.30	\$11.44
16010	T	Treatment of burn(s)	0016	2.57	\$133.66	\$56.14	\$26.73
16015	T	Treatment of burn(s)	0017	16.46	\$856.07	\$227.84	\$171.21
16020	T	Treatment of burn(s)	0013	1.10	\$57.21	\$14.30	\$11.44
16025	T	Treatment of burn(s)	0013	1.10	\$57.21	\$14.30	\$11.44
16030	T	Treatment of burn(s)	0015	1.43	\$74.37	\$18.59	\$14.87
16035	C	Incision of burn scab, initi .....	.....	.....	.....	.....	.....
16036	C	Incise burn scab, addnl incis .....	.....	.....	.....	.....	.....
17000	T	Destroy benign/premal lesion	0010	0.70	\$36.41	\$10.56	\$7.28
17003	T	Destroy lesions, 2-14	0010	0.70	\$36.41	\$10.56	\$7.28
17004	T	Destroy lesions, 15 or more	0011	1.93	\$100.38	\$27.88	\$20.08
17106	T	Destruction of skin lesions	0011	1.93	\$100.38	\$27.88	\$20.08
17107	T	Destruction of skin lesions	0011	1.93	\$100.38	\$27.88	\$20.08
17108	T	Destruction of skin lesions	0011	1.93	\$100.38	\$27.88	\$20.08
17110	T	Destruct lesion, 1-14	0010	0.70	\$36.41	\$10.56	\$7.28
17111	T	Destruct lesion, 15 or more	0011	1.93	\$100.38	\$27.88	\$20.08
17250	T	Chemical cauterity, tissue	0013	1.10	\$57.21	\$14.30	\$11.44
17260	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17261	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17262	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17263	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17264	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17266	T	Destruction of skin lesions	0016	2.57	\$133.66	\$56.14	\$26.73
17270	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17271	T	Destruction of skin lesions	0012	0.76	\$39.53	\$10.67	\$7.91
17272	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17273	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17274	T	Destruction of skin lesions	0016	2.57	\$133.66	\$56.14	\$26.73
17276	T	Destruction of skin lesions	0016	2.57	\$133.66	\$56.14	\$26.73
17280	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17281	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17282	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17283	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17284	T	Destruction of skin lesions	0016	2.57	\$133.66	\$56.14	\$26.73
17286	T	Destruction of skin lesions	0015	1.43	\$74.37	\$18.59	\$14.87
17304	T	Chemosurgery of skin lesion	0694	3.90	\$202.84	\$81.14	\$40.57
17305	T	2nd stage chemosurgery	0694	3.90	\$202.84	\$81.14	\$40.57

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
17306	T	3rd stage chemosurgery	0694	3.90	\$202.84	\$81.14	\$40.57
17307	T	Followup skin lesion therapy	0694	3.90	\$202.84	\$81.14	\$40.57
17310	T	Extensive skin chemosurgery	0694	3.90	\$202.84	\$81.14	\$40.57
17340	T	Cryotherapy of skin	0012	0.76	\$39.53	\$10.67	\$7.91
17360	T	Skin peel therapy	0012	0.76	\$39.53	\$10.67	\$7.91
17380	T	Hair removal by electrolysis	0012	0.76	\$39.53	\$10.67	\$7.91
17999	T	Skin tissue procedure	0006	1.89	\$98.30	\$25.56	\$19.66
19000	T	Drainage of breast lesion	0004	1.63	\$84.77	\$22.04	\$16.95
19001	T	Drain breast lesion add-on	0004	1.63	\$84.77	\$22.04	\$16.95
19020	T	Incision of breast lesion	0008	16.32	\$848.79	.....	\$169.76
19030	N	Injection for breast x-ray .....	.....	.....	.....	.....	.....
19100	T	Bx breast percut w/o image	0005	3.02	\$157.07	\$69.11	\$31.41
19101	T	Biopsy of breast, open	0028	17.44	\$907.04	\$303.74	\$181.41
19102	T	Bx breast percut w/image	0005	3.02	\$157.07	\$69.11	\$31.41
19103	T	Bx breast percut w/device	0658	5.57	\$289.69	.....	\$57.94
19110	T	Nipple exploration	0028	17.44	\$907.04	\$303.74	\$181.41
19112	T	Excise breast duct fistula	0028	17.44	\$907.04	\$303.74	\$181.41
19120	T	Removal of breast lesion	0028	17.44	\$907.04	\$303.74	\$181.41
19125	T	Excision, breast lesion	0028	17.44	\$907.04	\$303.74	\$181.41
19126	T	Excision, addl breast lesion	0028	17.44	\$907.04	\$303.74	\$181.41
19140	T	Removal of breast tissue	0028	17.44	\$907.04	\$303.74	\$181.41
19160	T	Removal of breast tissue	0028	17.44	\$907.04	\$303.74	\$181.41
19162	T	Remove breast tissue, nodes	0693	39.30	\$2,043.95	\$798.17	\$408.79
19180	T	Removal of breast	0029	29.89	\$1,554.55	\$632.64	\$310.91
19182	T	Removal of breast	0029	29.89	\$1,554.55	\$632.64	\$310.91
19200	C	Removal of breast .....	.....	.....	.....	.....	.....
19220	C	Removal of breast .....	.....	.....	.....	.....	.....
19240	T	Removal of breast	0030	40.23	\$2,092.32	\$763.55	\$418.46
19260	T	Removal of chest wall lesion	0021	14.58	\$758.29	\$227.49	\$151.66
19271	C	Revision of chest wall .....	.....	.....	.....	.....	.....
19272	C	Extensive chest wall surgery .....	.....	.....	.....	.....	.....
19290	N	Place needle wire, breast .....	.....	.....	.....	.....	.....
19291	N	Place needle wire, breast .....	.....	.....	.....	.....	.....
19295	S	Place breast clip, percut	0657	1.38	\$71.77	.....	\$14.35
19316	T	Suspension of breast	0029	29.89	\$1,554.55	\$632.64	\$310.91
19318	T	Reduction of large breast	0693	39.30	\$2,043.95	\$798.17	\$408.79
19324	T	Enlarge breast	0693	39.30	\$2,043.95	\$798.17	\$408.79
19325	T	Enlarge breast with implant	0693	39.30	\$2,043.95	\$798.17	\$408.79
19328	T	Removal of breast implant	0029	29.89	\$1,554.55	\$632.64	\$310.91
19330	T	Removal of implant material	0029	29.89	\$1,554.55	\$632.64	\$310.91
19340	T	Immediate breast prosthesis	0030	40.23	\$2,092.32	\$763.55	\$418.46
19342	T	Delayed breast prosthesis	0693	39.30	\$2,043.95	\$798.17	\$408.79
19350	T	Breast reconstruction	0029	29.89	\$1,554.55	\$632.64	\$310.91
19355	T	Correct inverted nipple(s)	0029	29.89	\$1,554.55	\$632.64	\$310.91
19357	T	Breast reconstruction	0693	39.30	\$2,043.95	\$798.17	\$408.79
19361	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19364	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19366	T	Breast reconstruction	0029	29.89	\$1,554.55	\$632.64	\$310.91
19367	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19368	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19369	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19370	T	Surgery of breast capsule	0029	29.89	\$1,554.55	\$632.64	\$310.91
19371	T	Removal of breast capsule	0029	29.89	\$1,554.55	\$632.64	\$310.91
19380	T	Revise breast reconstruction	0030	40.23	\$2,092.32	\$763.55	\$418.46
19396	T	Design custom breast implant	0029	29.89	\$1,554.55	\$632.64	\$310.91
19499	T	Breast surgery procedure	0028	17.44	\$907.04	\$303.74	\$181.41
20000	T	Incision of abscess	0006	1.89	\$98.30	\$25.56	\$19.66
20005	T	Incision of deep abscess	0049	19.45	\$1,011.58	.....	\$202.32
20100	T	Explore wound, neck	0023	2.38	\$123.78	\$40.37	\$24.76
20101	T	Explore wound, chest	0027	15.73	\$818.10	\$343.60	\$163.62
20102	T	Explore wound, abdomen	0027	15.73	\$818.10	\$343.60	\$163.62
20103	T	Explore wound, extremity	0023	2.38	\$123.78	\$40.37	\$24.76
20150	T	Excise epiphyseal bar	0051	34.03	\$1,769.87	.....	\$353.97
20200	T	Muscle biopsy	0021	14.58	\$758.29	\$227.49	\$151.66
20205	T	Deep muscle biopsy	0021	14.58	\$758.29	\$227.49	\$151.66
20206	T	Needle biopsy, muscle	0005	3.02	\$157.07	\$69.11	\$31.41

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
20220	T	Bone biopsy, trocar/needle	0019	3.94	\$204.92	\$75.82	\$40.98
20225	T	Bone biopsy, trocar/needle	0019	3.94	\$204.92	\$75.82	\$40.98
20240	T	Bone biopsy, excisional	0022	18.10	\$941.36	\$367.13	\$188.27
20245	T	Bone biopsy, excisional	0022	18.10	\$941.36	\$367.13	\$188.27
20250	T	Open bone biopsy	0049	19.45	\$1,011.58	.....	\$202.32
20251	T	Open bone biopsy	0049	19.45	\$1,011.58	.....	\$202.32
20500	T	Injection of sinus tract	0251	1.92	\$99.86	.....	\$19.97
20501	N	Inject sinus tract for x-ray .....	.....	.....	.....	.....	.....
20520	T	Removal of foreign body	0019	3.94	\$204.92	\$75.82	\$40.98
20525	T	Removal of foreign body	0022	18.10	\$941.36	\$367.13	\$188.27
20526	T	Ther injection carpal tunnel	0204	2.13	\$110.78	\$42.10	\$22.16
20550	T	Inject tendon/ligament/cyst	0204	2.13	\$110.78	\$42.10	\$22.16
20551	T	Inject tendon origin/insert	0204	2.13	\$110.78	\$42.10	\$22.16
20552	T	Inject trigger point, 1 or 2	0204	2.13	\$110.78	\$42.10	\$22.16
20553	T	Inject trigger points, > 3	0204	2.13	\$110.78	\$42.10	\$22.16
20600	T	Drain/inject, joint/bursa	0204	2.13	\$110.78	\$42.10	\$22.16
20605	T	Drain/inject, joint/bursa	0204	2.13	\$110.78	\$42.10	\$22.16
20610	T	Drain/inject, joint/bursa	0204	2.13	\$110.78	\$42.10	\$22.16
20615	T	Treatment of bone cyst	0004	1.63	\$84.77	\$22.04	\$16.95
20650	T	Insert and remove bone pin	0049	19.45	\$1,011.58	.....	\$202.32
20660	C	Apply,remove fixation device .....	.....	.....	.....	.....	.....
20661	C	Application of head brace .....	.....	.....	.....	.....	.....
20662	C	Application of pelvis brace .....	.....	.....	.....	.....	.....
20663	C	Application of thigh brace .....	.....	.....	.....	.....	.....
20664	C	Halo brace application .....	.....	.....	.....	.....	.....
20665	X	Removal of fixation device	0340	0.66	\$34.33	.....	\$6.87
20670	T	Removal of support implant	0021	14.58	\$758.29	\$227.49	\$151.66
20680	T	Removal of support implant	0022	18.10	\$941.36	\$367.13	\$188.27
20690	T	Apply bone fixation device	0050	23.60	\$1,227.41	.....	\$245.48
20692	T	Apply bone fixation device	0050	23.60	\$1,227.41	.....	\$245.48
20693	T	Adjust bone fixation device	0049	19.45	\$1,011.58	.....	\$202.32
20694	T	Remove bone fixation device	0049	19.45	\$1,011.58	.....	\$202.32
20802	C	Replantation, arm, complete .....	.....	.....	.....	.....	.....
20805	C	Replant, forearm, complete .....	.....	.....	.....	.....	.....
20808	C	Replantation hand, complete .....	.....	.....	.....	.....	.....
20816	C	Replantation digit, complete .....	.....	.....	.....	.....	.....
20822	C	Replantation digit, complete .....	.....	.....	.....	.....	.....
20824	C	Replantation thumb, complete .....	.....	.....	.....	.....	.....
20827	C	Replantation thumb, complete .....	.....	.....	.....	.....	.....
20838	C	Replantation foot, complete .....	.....	.....	.....	.....	.....
20900	T	Removal of bone for graft	0050	23.60	\$1,227.41	.....	\$245.48
20902	T	Removal of bone for graft	0050	23.60	\$1,227.41	.....	\$245.48
20910	T	Remove cartilage for graft	0027	15.73	\$818.10	\$343.60	\$163.62
20912	T	Remove cartilage for graft	0027	15.73	\$818.10	\$343.60	\$163.62
20920	T	Removal of fascia for graft	0027	15.73	\$818.10	\$343.60	\$163.62
20922	T	Removal of fascia for graft	0027	15.73	\$818.10	\$343.60	\$163.62
20924	T	Removal of tendon for graft	0050	23.60	\$1,227.41	.....	\$245.48
20926	T	Removal of tissue for graft	0027	15.73	\$818.10	\$343.60	\$163.62
20930	C	Spinal bone allograft .....	.....	.....	.....	.....	.....
20931	C	Spinal bone allograft .....	.....	.....	.....	.....	.....
20936	C	Spinal bone autograft .....	.....	.....	.....	.....	.....
20937	C	Spinal bone autograft .....	.....	.....	.....	.....	.....
20938	C	Spinal bone autograft .....	.....	.....	.....	.....	.....
20950	T	Fluid pressure, muscle	0006	1.89	\$98.30	\$25.56	\$19.66
20955	C	Fibula bone graft, microvasc .....	.....	.....	.....	.....	.....
20956	C	Iliac bone graft, microvasc .....	.....	.....	.....	.....	.....
20957	C	Mt bone graft, microvasc .....	.....	.....	.....	.....	.....
20962	C	Other bone graft, microvasc .....	.....	.....	.....	.....	.....
20969	C	Bone/skin graft, microvasc .....	.....	.....	.....	.....	.....
20970	C	Bone/skin graft, iliac crest .....	.....	.....	.....	.....	.....
20972	C	Bone/skin graft, metatarsal .....	.....	.....	.....	.....	.....
20973	C	Bone/skin graft, great toe .....	.....	.....	.....	.....	.....
20974	A	Electrical bone stimulation .....	.....	.....	.....	.....	.....
20975	T	Electrical bone stimulation	0049	19.45	\$1,011.58	.....	\$202.32
20979	A	Us bone stimulation .....	.....	.....	.....	.....	.....
20999	T	Musculoskeletal surgery	0049	19.45	\$1,011.58	.....	\$202.32

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
21010	T	Incision of jaw joint	0254	21.89	\$1,138.48	\$352.93	\$227.70
21015	T	Resection of facial tumor	0253	14.79	\$769.21	\$284.61	\$153.84
21025	T	Excision of bone, lower jaw	0256	35.51	\$1,846.84	.....	\$369.37
21026	T	Excision of facial bone(s)	0256	35.51	\$1,846.84	.....	\$369.37
21029	T	Contour of face bone lesion	0256	35.51	\$1,846.84	.....	\$369.37
21030	T	Removal of face bone lesion	0254	21.89	\$1,138.48	\$352.93	\$227.70
21031	T	Remove exostosis, mandible	0254	21.89	\$1,138.48	\$352.93	\$227.70
21032	T	Remove exostosis, maxilla	0254	21.89	\$1,138.48	\$352.93	\$227.70
21034	T	Removal of face bone lesion	0256	35.51	\$1,846.84	.....	\$369.37
21040	T	Removal of jaw bone lesion	0254	21.89	\$1,138.48	\$352.93	\$227.70
21041	T	Removal of jaw bone lesion	0256	35.51	\$1,846.84	.....	\$369.37
21044	T	Removal of jaw bone lesion	0256	35.51	\$1,846.84	.....	\$369.37
21045	C	Extensive jaw surgery .....	.....	.....	.....	.....	.....
21050	T	Removal of jaw joint	0256	35.51	\$1,846.84	.....	\$369.37
21060	T	Remove jaw joint cartilage	0256	35.51	\$1,846.84	.....	\$369.37
21070	T	Remove coronoid process	0256	35.51	\$1,846.84	.....	\$369.37
21076	T	Prepare face/oral prosthesis	0254	21.89	\$1,138.48	\$352.93	\$227.70
21077	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21079	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21080	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21081	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21082	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21083	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21084	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21085	T	Prepare face/oral prosthesis	0253	14.79	\$769.21	\$284.61	\$153.84
21086	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21087	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21088	T	Prepare face/oral prosthesis	0256	35.51	\$1,846.84	.....	\$369.37
21089	T	Prepare face/oral prosthesis	0253	14.79	\$769.21	\$284.61	\$153.84
21100	T	Maxillofacial fixation	0256	35.51	\$1,846.84	.....	\$369.37
21110	T	Interdental fixation	0252	6.27	\$326.10	\$114.24	\$65.22
21116	N	Injection, jaw joint x-ray .....	.....	.....	.....	.....	.....
21120	T	Reconstruction of chin	0254	21.89	\$1,138.48	\$352.93	\$227.70
21121	T	Reconstruction of chin	0254	21.89	\$1,138.48	\$352.93	\$227.70
21122	T	Reconstruction of chin	0254	21.89	\$1,138.48	\$352.93	\$227.70
21123	T	Reconstruction of chin	0254	21.89	\$1,138.48	\$352.93	\$227.70
21125	T	Augmentation, lower jaw bone	0254	21.89	\$1,138.48	\$352.93	\$227.70
21127	T	Augmentation, lower jaw bone	0256	35.51	\$1,846.84	.....	\$369.37
21137	T	Reduction of forehead	0254	21.89	\$1,138.48	\$352.93	\$227.70
21138	T	Reduction of forehead	0256	35.51	\$1,846.84	.....	\$369.37
21139	T	Reduction of forehead	0256	35.51	\$1,846.84	.....	\$369.37
21141	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21142	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21143	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21145	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21146	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21147	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21150	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21151	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21154	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21155	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21159	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21160	C	Reconstruct midface, lefort .....	.....	.....	.....	.....	.....
21172	C	Reconstruct orbit/forehead .....	.....	.....	.....	.....	.....
21175	C	Reconstruct orbit/forehead .....	.....	.....	.....	.....	.....
21179	C	Reconstruct entire forehead .....	.....	.....	.....	.....	.....
21180	C	Reconstruct entire forehead .....	.....	.....	.....	.....	.....
21181	T	Contour cranial bone lesion	0254	21.89	\$1,138.48	\$352.93	\$227.70
21182	C	Reconstruct cranial bone .....	.....	.....	.....	.....	.....
21183	C	Reconstruct cranial bone .....	.....	.....	.....	.....	.....
21184	C	Reconstruct cranial bone .....	.....	.....	.....	.....	.....
21188	C	Reconstruction of midface .....	.....	.....	.....	.....	.....
21193	C	Reconst lwr jaw w/o graft .....	.....	.....	.....	.....	.....
21194	C	Reconst lwr jaw w/graf .....	.....	.....	.....	.....	.....
21195	C	Reconst lwr jaw w/o fixation .....	.....	.....	.....	.....	.....
21196	C	Reconst lwr jaw w/fixation .....	.....	.....	.....	.....	.....

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
21198	T	Reconstr lwr jaw segment	0256	35.51	\$1,846.84	.....	\$369.37
21199	T	Reconstr lwr jaw w/advance	0256	35.51	\$1,846.84	.....	\$369.37
21206	T	Reconstruct upper jaw bone	0256	35.51	\$1,846.84	.....	\$369.37
21208	T	Augmentation of facial bones	0256	35.51	\$1,846.84	.....	\$369.37
21209	T	Reduction of facial bones	0256	35.51	\$1,846.84	.....	\$369.37
21210	T	Face bone graft	0256	35.51	\$1,846.84	.....	\$369.37
21215	T	Lower jaw bone graft	0256	35.51	\$1,846.84	.....	\$369.37
21230	T	Rib cartilage graft	0256	35.51	\$1,846.84	.....	\$369.37
21235	T	Ear cartilage graft	0254	21.89	\$1,138.48	\$352.93	\$227.70
21240	T	Reconstruction of jaw joint	0256	35.51	\$1,846.84	.....	\$369.37
21242	T	Reconstruction of jaw joint	0256	35.51	\$1,846.84	.....	\$369.37
21243	T	Reconstruction of jaw joint	0256	35.51	\$1,846.84	.....	\$369.37
21244	T	Reconstruction of lower jaw	0256	35.51	\$1,846.84	.....	\$369.37
21245	T	Reconstruction of jaw	0256	35.51	\$1,846.84	.....	\$369.37
21246	T	Reconstruction of jaw	0256	35.51	\$1,846.84	.....	\$369.37
21247	C	Reconstruct lower jaw bone .....	.....	.....	.....	.....	.....
21248	T	Reconstruction of jaw	0256	35.51	\$1,846.84	.....	\$369.37
21249	T	Reconstruction of jaw	0256	35.51	\$1,846.84	.....	\$369.37
21255	C	Reconstruct lower jaw bone .....	.....	.....	.....	.....	.....
21256	C	Reconstruction of orbit .....	.....	.....	.....	.....	.....
21260	T	Revise eye sockets	0256	35.51	\$1,846.84	.....	\$369.37
21261	T	Revise eye sockets	0256	35.51	\$1,846.84	.....	\$369.37
21263	T	Revise eye sockets	0256	35.51	\$1,846.84	.....	\$369.37
21267	T	Revise eye sockets	0256	35.51	\$1,846.84	.....	\$369.37
21268	C	Revise eye sockets .....	.....	.....	.....	.....	.....
21270	T	Augmentation, cheek bone	0256	35.51	\$1,846.84	.....	\$369.37
21275	T	Revision, orbitofacial bones	0256	35.51	\$1,846.84	.....	\$369.37
21280	T	Revision of eyelid	0256	35.51	\$1,846.84	.....	\$369.37
21282	T	Revision of eyelid	0253	14.79	\$769.21	\$284.61	\$153.84
21295	T	Revision of jaw muscle/bone	0252	6.27	\$326.10	\$114.24	\$65.22
21296	T	Revision of jaw muscle/bone	0254	21.89	\$1,138.48	\$352.93	\$227.70
21299	T	Cranio/maxillofacial surgery	0253	14.79	\$769.21	\$284.61	\$153.84
21300	T	Treatment of skull fracture	0253	14.79	\$769.21	\$284.61	\$153.84
21310	X	Treatment of nose fracture	0340	0.66	\$34.33	.....	\$6.87
21315	X	Treatment of nose fracture	0340	0.66	\$34.33	.....	\$6.87
21320	X	Treatment of nose fracture	0340	0.66	\$34.33	.....	\$6.87
21325	T	Treatment of nose fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70
21330	T	Treatment of nose fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70
21335	T	Treatment of nose fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70
21336	T	Treat nasal septal fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
21337	T	Treat nasal septal fracture	0253	14.79	\$769.21	\$284.61	\$153.84
21338	T	Treat nasoethmoid fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70
21339	T	Treat nasoethmoid fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70
21340	T	Treatment of nose fracture	0256	35.51	\$1,846.84	.....	\$369.37
21343	C	Treatment of sinus fracture .....	.....	.....	.....	.....	.....
21344	C	Treatment of sinus fracture .....	.....	.....	.....	.....	.....
21345	T	Treat nose/jaw fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70
21346	C	Treat nose/jaw fracture .....	.....	.....	.....	.....	.....
21347	C	Treat nose/jaw fracture .....	.....	.....	.....	.....	.....
21348	C	Treat nose/jaw fracture .....	.....	.....	.....	.....	.....
21355	T	Treat cheek bone fracture	0256	35.51	\$1,846.84	.....	\$369.37
21356	C	Treat cheek bone fracture .....	.....	.....	.....	.....	.....
21360	C	Treat cheek bone fracture .....	.....	.....	.....	.....	.....
21365	C	Treat cheek bone fracture .....	.....	.....	.....	.....	.....
21366	C	Treat cheek bone fracture .....	.....	.....	.....	.....	.....
21385	C	Treat eye socket fracture .....	.....	.....	.....	.....	.....
21386	C	Treat eye socket fracture .....	.....	.....	.....	.....	.....
21387	C	Treat eye socket fracture .....	.....	.....	.....	.....	.....
21390	T	Treat eye socket fracture	0256	35.51	\$1,846.84	.....	\$369.37
21395	C	Treat eye socket fracture .....	.....	.....	.....	.....	.....
21400	T	Treat eye socket fracture	0252	6.27	\$326.10	\$114.24	\$65.22
21401	T	Treat eye socket fracture	0253	14.79	\$769.21	\$284.61	\$153.84
21406	T	Treat eye socket fracture	0256	35.51	\$1,846.84	.....	\$369.37
21407	T	Treat eye socket fracture	0256	35.51	\$1,846.84	.....	\$369.37
21408	C	Treat eye socket fracture .....	.....	.....	.....	.....	.....
21421	T	Treat mouth roof fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
21422	C	Treat mouth roof fracture					
21423	C	Treat mouth roof fracture					
21431	C	Treat craniofacial fracture					
21432	C	Treat craniofacial fracture					
21433	C	Treat craniofacial fracture					
21435	C	Treat craniofacial fracture					
21436	C	Treat craniofacial fracture					
21440	T	Treat dental ridge fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70
21445	T	Treat dental ridge fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70
21450	T	Treat lower jaw fracture	0251	1.92	\$99.86	.....	\$19.97
21451	T	Treat lower jaw fracture	0252	6.27	\$326.10	\$114.24	\$65.22
21452	T	Treat lower jaw fracture	0253	14.79	\$769.21	\$284.61	\$153.84
21453	T	Treat lower jaw fracture	0256	35.51	\$1,846.84	.....	\$369.37
21454	T	Treat lower jaw fracture	0254	21.89	\$1,138.48	\$352.93	\$227.70
21461	T	Treat lower jaw fracture	0256	35.51	\$1,846.84	.....	\$369.37
21462	T	Treat lower jaw fracture	0256	35.51	\$1,846.84	.....	\$369.37
21465	T	Treat lower jaw fracture	0256	35.51	\$1,846.84	.....	\$369.37
21470	T	Treat lower jaw fracture	0256	35.51	\$1,846.84	.....	\$369.37
21480	T	Reset dislocated jaw	0251	1.92	\$99.86	.....	\$19.97
21485	T	Reset dislocated jaw	0253	14.79	\$769.21	\$284.61	\$153.84
21490	T	Repair dislocated jaw	0256	35.51	\$1,846.84	.....	\$369.37
21493	T	Treat hyoid bone fracture	0252	6.27	\$326.10	\$114.24	\$65.22
21494	T	Treat hyoid bone fracture	0252	6.27	\$326.10	\$114.24	\$65.22
21495	C	Treat hyoid bone fracture					
21497	T	Interdental wiring	0253	14.79	\$769.21	\$284.61	\$153.84
21499	T	Head surgery procedure	0253	14.79	\$769.21	\$284.61	\$153.84
21501	T	Drain neck/chest lesion	0008	16.32	\$848.79	.....	\$169.76
21502	T	Drain chest lesion	0049	19.45	\$1,011.58	.....	\$202.32
21510	C	Drainage of bone lesion					
21550	T	Biopsy of neck/chest	0021	14.58	\$758.29	\$227.49	\$151.66
21555	T	Remove lesion, neck/chest	0022	18.10	\$941.36	\$367.13	\$188.27
21556	T	Remove lesion, neck/chest	0022	18.10	\$941.36	\$367.13	\$188.27
21557	C	Remove tumor, neck/chest					
21600	T	Partial removal of rib	0050	23.60	\$1,227.41	.....	\$245.48
21610	T	Partial removal of rib	0050	23.60	\$1,227.41	.....	\$245.48
21615	C	Removal of rib					
21616	C	Removal of rib and nerves					
21620	C	Partial removal of sternum					
21627	C	Sternal debridement					
21630	C	Extensive sternum surgery					
21632	C	Extensive sternum surgery					
21700	T	Revision of neck muscle	0049	19.45	\$1,011.58	.....	\$202.32
21705	C	Revision of neck muscle/rib					
21720	T	Revision of neck muscle	0049	19.45	\$1,011.58	.....	\$202.32
21725	T	Revision of neck muscle	0006	1.89	\$98.30	\$25.56	\$19.66
21740	C	Reconstruction of sternum					
21750	C	Repair of sternum separation					
21800	T	Treatment of rib fracture	0043	1.68	\$87.38	.....	\$17.48
21805	T	Treatment of rib fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
21810	C	Treatment of rib fracture(s)					
21820	T	Treat sternum fracture	0043	1.68	\$87.38	.....	\$17.48
21825	C	Treat sternum fracture					
21899	T	Neck/chest surgery procedure	0252	6.27	\$326.10	\$114.24	\$65.22
21920	T	Biopsy soft tissue of back	0020	7.36	\$382.79	\$114.84	\$76.56
21925	T	Biopsy soft tissue of back	0022	18.10	\$941.36	\$367.13	\$188.27
21930	T	Remove lesion, back or flank	0022	18.10	\$941.36	\$367.13	\$188.27
21935	T	Remove tumor, back	0022	18.10	\$941.36	\$367.13	\$188.27
22100	T	Remove part of neck vertebra	0208	39.95	\$2,077.76	.....	\$415.55
22101	T	Remove part, thorax vertebra	0208	39.95	\$2,077.76	.....	\$415.55
22102	T	Remove part, lumbar vertebra	0208	39.95	\$2,077.76	.....	\$415.55
22103	T	Remove extra spine segment	0208	39.95	\$2,077.76	.....	\$415.55
22110	C	Remove part of neck vertebra					
22112	C	Remove part, thorax vertebra					
22114	C	Remove part, lumbar vertebra					
22116	C	Remove extra spine segment					
22210	C	Revision of neck spine					

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
22212	C	Revision of thorax spine .....	.....	.....	.....	.....	.....
22214	C	Revision of lumbar spine .....	.....	.....	.....	.....	.....
22216	C	Revise, extra spine segment .....	.....	.....	.....	.....	.....
22220	C	Revision of neck spine .....	.....	.....	.....	.....	.....
22222	C	Revision of thorax spine .....	.....	.....	.....	.....	.....
22224	C	Revision of lumbar spine .....	.....	.....	.....	.....	.....
22226	C	Revise, extra spine segment .....	.....	.....	.....	.....	.....
22305	T	Treat spine process fracture	0043	1.68	\$87.38	.....	\$17.48
22310	T	Treat spine fracture	0043	1.68	\$87.38	.....	\$17.48
22315	T	Treat spine fracture	0043	1.68	\$87.38	.....	\$17.48
22318	C	Treat odontoid fx w/o graft .....	.....	.....	.....	.....	.....
22319	C	Treat odontoid fx w/graf...	.....	.....	.....	.....	.....
22325	C	Treat spine fracture .....	.....	.....	.....	.....	.....
22326	C	Treat neck spine fracture .....	.....	.....	.....	.....	.....
22327	C	Treat thorax spine fracture .....	.....	.....	.....	.....	.....
22328	C	Treat each add spine fx .....	.....	.....	.....	.....	.....
22505	T	Manipulation of spine	0045	13.47	\$700.56	\$280.22	\$140.11
22520	T	Percut vertebroplasty thor	0050	23.60	\$1,227.41	.....	\$245.48
22521	T	Percut vertebroplasty lumb	0050	23.60	\$1,227.41	.....	\$245.48
22522	T	Percut vertebroplasty addl	0050	23.60	\$1,227.41	.....	\$245.48
22548	C	Neck spine fusion .....	.....	.....	.....	.....	.....
22554	C	Neck spine fusion .....	.....	.....	.....	.....	.....
22556	C	Thorax spine fusion .....	.....	.....	.....	.....	.....
22558	C	Lumbar spine fusion .....	.....	.....	.....	.....	.....
22585	C	Additional spinal fusion .....	.....	.....	.....	.....	.....
22590	C	Spine & skull spinal fusion .....	.....	.....	.....	.....	.....
22595	C	Neck spinal fusion .....	.....	.....	.....	.....	.....
22600	C	Neck spine fusion .....	.....	.....	.....	.....	.....
22610	C	Thorax spine fusion .....	.....	.....	.....	.....	.....
22612	C	Lumbar spine fusion .....	.....	.....	.....	.....	.....
22614	C	Spine fusion, extra segment .....	.....	.....	.....	.....	.....
22630	C	Lumbar spine fusion .....	.....	.....	.....	.....	.....
22632	C	Spine fusion, extra segment .....	.....	.....	.....	.....	.....
22800	C	Fusion of spine .....	.....	.....	.....	.....	.....
22802	C	Fusion of spine .....	.....	.....	.....	.....	.....
22804	C	Fusion of spine .....	.....	.....	.....	.....	.....
22808	C	Fusion of spine .....	.....	.....	.....	.....	.....
22810	C	Fusion of spine .....	.....	.....	.....	.....	.....
22812	C	Fusion of spine .....	.....	.....	.....	.....	.....
22818	C	Kyphectomy, 1-2 segments .....	.....	.....	.....	.....	.....
22819	C	Kyphectomy, 3 or more .....	.....	.....	.....	.....	.....
22830	C	Exploration of spinal fusion .....	.....	.....	.....	.....	.....
22840	C	Insert spine fixation device .....	.....	.....	.....	.....	.....
22841	C	Insert spine fixation device .....	.....	.....	.....	.....	.....
22842	C	Insert spine fixation device .....	.....	.....	.....	.....	.....
22843	C	Insert spine fixation device .....	.....	.....	.....	.....	.....
22844	C	Insert spine fixation device .....	.....	.....	.....	.....	.....
22845	C	Insert spine fixation device .....	.....	.....	.....	.....	.....
22846	C	Insert spine fixation device .....	.....	.....	.....	.....	.....
22847	C	Insert spine fixation device .....	.....	.....	.....	.....	.....
22848	C	Insert pelv fixation device .....	.....	.....	.....	.....	.....
22849	C	Reinsert spinal fixation .....	.....	.....	.....	.....	.....
22850	C	Remove spine fixation device .....	.....	.....	.....	.....	.....
22851	C	Apply spine prosth device .....	.....	.....	.....	.....	.....
22852	C	Remove spine fixation device .....	.....	.....	.....	.....	.....
22855	C	Remove spine fixation device .....	.....	.....	.....	.....	.....
22899	T	Spine surgery procedure	0043	1.68	\$87.38	.....	\$17.48
22900	T	Remove abdominal wall lesion	0022	18.10	\$941.36	\$367.13	\$188.27
22999	T	Abdomen surgery procedure	0022	18.10	\$941.36	\$367.13	\$188.27
23000	T	Removal of calcium deposits	0021	14.58	\$758.29	\$227.49	\$151.66
23020	T	Release shoulder joint	0051	34.03	\$1,769.87	.....	\$353.97
23030	T	Drain shoulder lesion	0008	16.32	\$848.79	.....	\$169.76
23031	T	Drain shoulder bursa	0008	16.32	\$848.79	.....	\$169.76
23035	T	Drain shoulder bone lesion	0049	19.45	\$1,011.58	.....	\$202.32
23040	T	Exploratory shoulder surgery	0050	23.60	\$1,227.41	.....	\$245.48
23044	T	Exploratory shoulder surgery	0050	23.60	\$1,227.41	.....	\$245.48

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
23065	T	Biopsy shoulder tissues	0021	14.58	\$758.29	\$227.49	\$151.66
23066	T	Biopsy shoulder tissues	0022	18.10	\$941.36	\$367.13	\$188.27
23075	T	Removal of shoulder lesion	0021	14.58	\$758.29	\$227.49	\$151.66
23076	T	Removal of shoulder lesion	0022	18.10	\$941.36	\$367.13	\$188.27
23077	T	Remove tumor of shoulder	0022	18.10	\$941.36	\$367.13	\$188.27
23100	T	Biopsy of shoulder joint	0049	19.45	\$1,011.58	.....	\$202.32
23101	T	Shoulder joint surgery	0050	23.60	\$1,227.41	.....	\$245.48
23105	T	Remove shoulder joint lining	0050	23.60	\$1,227.41	.....	\$245.48
23106	T	Incision of collarbone joint	0050	23.60	\$1,227.41	.....	\$245.48
23107	T	Explore treat shoulder joint	0050	23.60	\$1,227.41	.....	\$245.48
23120	T	Partial removal, collar bone	0051	34.03	\$1,769.87	.....	\$353.97
23125	T	Removal of collar bone	0051	34.03	\$1,769.87	.....	\$353.97
23130	T	Remove shoulder bone, part	0051	34.03	\$1,769.87	.....	\$353.97
23140	T	Removal of bone lesion	0049	19.45	\$1,011.58	.....	\$202.32
23145	T	Removal of bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
23146	T	Removal of bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
23150	T	Removal of humerus lesion	0050	23.60	\$1,227.41	.....	\$245.48
23155	T	Removal of humerus lesion	0050	23.60	\$1,227.41	.....	\$245.48
23156	T	Removal of humerus lesion	0050	23.60	\$1,227.41	.....	\$245.48
23170	T	Remove collar bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
23172	T	Remove shoulder blade lesion	0050	23.60	\$1,227.41	.....	\$245.48
23174	T	Remove humerus lesion	0050	23.60	\$1,227.41	.....	\$245.48
23180	T	Remove collar bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
23182	T	Remove shoulder blade lesion	0050	23.60	\$1,227.41	.....	\$245.48
23184	T	Remove humerus lesion	0050	23.60	\$1,227.41	.....	\$245.48
23190	T	Partial removal of scapula	0050	23.60	\$1,227.41	.....	\$245.48
23195	T	Removal of head of humerus	0050	23.60	\$1,227.41	.....	\$245.48
23200	C	Removal of collar bone .....	.....	.....	.....	.....	.....
23210	C	Removal of shoulder blade .....	.....	.....	.....	.....	.....
23220	C	Partial removal of humerus .....	.....	.....	.....	.....	.....
23221	C	Partial removal of humerus .....	.....	.....	.....	.....	.....
23222	C	Partial removal of humerus .....	.....	.....	.....	.....	.....
23330	T	Remove shoulder foreign body	0020	7.36	\$382.79	\$114.84	\$76.56
23331	T	Remove shoulder foreign body	0022	18.10	\$941.36	\$367.13	\$188.27
23332	C	Remove shoulder foreign body .....	.....	.....	.....	.....	.....
23350	N	Injection for shoulder x-ray .....	.....	.....	.....	.....	.....
23395	T	Muscle transfer,shoulder/arm	0051	34.03	\$1,769.87	.....	\$353.97
23397	T	Muscle transfers	0052	42.37	\$2,203.62	.....	\$440.72
23400	T	Fixation of shoulder blade	0050	23.60	\$1,227.41	.....	\$245.48
23405	T	Incision of tendon & muscle	0050	23.60	\$1,227.41	.....	\$245.48
23406	T	Incise tendon(s) & muscle(s)	0050	23.60	\$1,227.41	.....	\$245.48
23410	T	Repair of tendon(s)	0052	42.37	\$2,203.62	.....	\$440.72
23412	T	Repair of tendon(s)	0052	42.37	\$2,203.62	.....	\$440.72
23415	T	Release of shoulder ligament	0051	34.03	\$1,769.87	.....	\$353.97
23420	T	Repair of shoulder	0052	42.37	\$2,203.62	.....	\$440.72
23430	T	Repair biceps tendon	0052	42.37	\$2,203.62	.....	\$440.72
23440	T	Remove/transplant tendon	0052	42.37	\$2,203.62	.....	\$440.72
23450	T	Repair shoulder capsule	0052	42.37	\$2,203.62	.....	\$440.72
23455	T	Repair shoulder capsule	0052	42.37	\$2,203.62	.....	\$440.72
23460	T	Repair shoulder capsule	0052	42.37	\$2,203.62	.....	\$440.72
23462	T	Repair shoulder capsule	0052	42.37	\$2,203.62	.....	\$440.72
23465	T	Repair shoulder capsule	0052	42.37	\$2,203.62	.....	\$440.72
23466	T	Repair shoulder capsule	0052	42.37	\$2,203.62	.....	\$440.72
23470	T	Reconstruct shoulder joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
23472	C	Reconstruct shoulder joint .....	.....	.....	.....	.....	.....
23480	T	Revision of collar bone	0051	34.03	\$1,769.87	.....	\$353.97
23485	T	Revision of collar bone	0051	34.03	\$1,769.87	.....	\$353.97
23490	T	Reinforce clavicle	0051	34.03	\$1,769.87	.....	\$353.97
23491	T	Reinforce shoulder bones	0051	34.03	\$1,769.87	.....	\$353.97
23500	T	Treat clavicle fracture	0043	1.68	\$87.38	.....	\$17.48
23505	T	Treat clavicle fracture	0043	1.68	\$87.38	.....	\$17.48
23515	T	Treat clavicle fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
23520	T	Treat clavicle dislocation	0043	1.68	\$87.38	.....	\$17.48
23525	T	Treat clavicle dislocation	0043	1.68	\$87.38	.....	\$17.48
23530	T	Treat clavicle dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
23532	T	Treat clavicle dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
23540	T	Treat clavicle dislocation	0043	1.68	\$87.38	.....	\$17.48
23545	T	Treat clavicle dislocation	0043	1.68	\$87.38	.....	\$17.48
23550	T	Treat clavicle dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
23552	T	Treat clavicle dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
23570	T	Treat shoulder blade fx	0043	1.68	\$87.38	.....	\$17.48
23575	T	Treat shoulder blade fx	0043	1.68	\$87.38	.....	\$17.48
23585	T	Treat scapula fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
23600	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
23605	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
23615	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
23616	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
23620	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
23625	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
23630	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
23650	T	Treat shoulder dislocation	0043	1.68	\$87.38	.....	\$17.48
23655	T	Treat shoulder dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
23660	T	Treat shoulder dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
23665	T	Treat dislocation/fracture	0043	1.68	\$87.38	.....	\$17.48
23670	T	Treat dislocation/fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
23675	T	Treat dislocation/fracture	0043	1.68	\$87.38	.....	\$17.48
23680	T	Treat dislocation/fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
23700	T	Fixation of shoulder	0045	13.47	\$700.56	\$280.22	\$140.11
23800	T	Fusion of shoulder joint	0051	34.03	\$1,769.87	.....	\$353.97
23802	T	Fusion of shoulder joint	0051	34.03	\$1,769.87	.....	\$353.97
23900	C	Amputation of arm & girdle .....	.....	.....	.....	.....	.....
23920	C	Amputation at shoulder joint .....	.....	.....	.....	.....	.....
23921	T	Amputation follow-up surgery	0025	5.89	\$306.33	\$116.41	\$61.27
23929	T	Shoulder surgery procedure	0043	1.68	\$87.38	.....	\$17.48
23930	T	Drainage of arm lesion	0008	16.32	\$848.79	.....	\$169.76
23931	T	Drainage of arm bursa	0006	1.89	\$98.30	\$25.56	\$19.66
23935	T	Drain arm/elbow bone lesion	0049	19.45	\$1,011.58	.....	\$202.32
24000	T	Exploratory elbow surgery	0050	23.60	\$1,227.41	.....	\$245.48
24006	T	Release elbow joint	0050	23.60	\$1,227.41	.....	\$245.48
24065	T	Biopsy arm/elbow soft tissue	0021	14.58	\$758.29	\$227.49	\$151.66
24066	T	Biopsy arm/elbow soft tissue	0021	14.58	\$758.29	\$227.49	\$151.66
24075	T	Remove arm/elbow lesion	0021	14.58	\$758.29	\$227.49	\$151.66
24076	T	Remove arm/elbow lesion	0022	18.10	\$941.36	\$367.13	\$188.27
24077	T	Remove tumor of arm/elbow	0022	18.10	\$941.36	\$367.13	\$188.27
24100	T	Biopsy elbow joint lining	0049	19.45	\$1,011.58	.....	\$202.32
24101	T	Explore/treat elbow joint	0050	23.60	\$1,227.41	.....	\$245.48
24102	T	Remove elbow joint lining	0050	23.60	\$1,227.41	.....	\$245.48
24105	T	Removal of elbow bursa	0049	19.45	\$1,011.58	.....	\$202.32
24110	T	Remove humerus lesion	0049	19.45	\$1,011.58	.....	\$202.32
24115	T	Remove/grafft bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
24116	T	Remove/grafft bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
24120	T	Remove elbow lesion	0049	19.45	\$1,011.58	.....	\$202.32
24125	T	Remove/grafft bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
24126	T	Remove/grafft bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
24130	T	Removal of head of radius	0050	23.60	\$1,227.41	.....	\$245.48
24134	T	Removal of arm bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
24136	T	Remove radius bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
24138	T	Remove elbow bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
24140	T	Partial removal of arm bone	0050	23.60	\$1,227.41	.....	\$245.48
24145	T	Partial removal of radius	0050	23.60	\$1,227.41	.....	\$245.48
24147	T	Partial removal of elbow	0050	23.60	\$1,227.41	.....	\$245.48
24149	C	Radical resection of elbow .....	.....	.....	.....	.....	.....
24150	T	Extensive humerus surgery	0052	42.37	\$2,203.62	.....	\$440.72
24151	T	Extensive humerus surgery	0052	42.37	\$2,203.62	.....	\$440.72
24152	T	Extensive radius surgery	0052	42.37	\$2,203.62	.....	\$440.72
24153	T	Extensive radius surgery	0052	42.37	\$2,203.62	.....	\$440.72
24155	T	Removal of elbow joint	0051	34.03	\$1,769.87	.....	\$353.97
24160	T	Remove elbow joint implant	0050	23.60	\$1,227.41	.....	\$245.48
24164	T	Remove radius head implant	0050	23.60	\$1,227.41	.....	\$245.48
24200	T	Removal of arm foreign body	0019	3.94	\$204.92	\$75.82	\$40.98
24201	T	Removal of arm foreign body	0021	14.58	\$758.29	\$227.49	\$151.66
24220	N	Injection for elbow x-ray .....	.....	.....	.....	.....	.....

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
24300	T	Manipulate elbow w/anesth	0045	13.47	\$700.56	\$280.22	\$140.11
24301	T	Muscle/tendon transfer	0050	23.60	\$1,227.41	.....	\$245.48
24305	T	Arm tendon lengthening	0050	23.60	\$1,227.41	.....	\$245.48
24310	T	Revision of arm tendon	0049	19.45	\$1,011.58	.....	\$202.32
24320	T	Repair of arm tendon	0051	34.03	\$1,769.87	.....	\$353.97
24330	T	Revision of arm muscles	0051	34.03	\$1,769.87	.....	\$353.97
24331	T	Revision of arm muscles	0051	34.03	\$1,769.87	.....	\$353.97
24332	T	Tenolysis, triceps	0049	19.45	\$1,011.58	.....	\$202.32
24340	T	Repair of biceps tendon	0051	34.03	\$1,769.87	.....	\$353.97
24341	T	Repair arm tendon/muscle	0051	34.03	\$1,769.87	.....	\$353.97
24342	T	Repair of ruptured tendon	0051	34.03	\$1,769.87	.....	\$353.97
24343	T	Repr elbow lat ligmnt w/tiss	0050	23.60	\$1,227.41	.....	\$245.48
24344	T	Reconstruct elbow lat ligmnt	0051	34.03	\$1,769.87	.....	\$353.97
24345	T	Repr elbw med ligmnt w/tiss	0050	23.60	\$1,227.41	.....	\$245.48
24346	T	Reconstruct elbow med ligmnt	0051	34.03	\$1,769.87	.....	\$353.97
24350	T	Repair of tennis elbow	0050	23.60	\$1,227.41	.....	\$245.48
24351	T	Repair of tennis elbow	0050	23.60	\$1,227.41	.....	\$245.48
24352	T	Repair of tennis elbow	0050	23.60	\$1,227.41	.....	\$245.48
24354	T	Repair of tennis elbow	0050	23.60	\$1,227.41	.....	\$245.48
24356	T	Revision of tennis elbow	0050	23.60	\$1,227.41	.....	\$245.48
24360	T	Reconstruct elbow joint	0047	29.59	\$1,538.95	\$537.03	\$307.79
24361	T	Reconstruct elbow joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
24362	T	Reconstruct elbow joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
24363	T	Replace elbow joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
24365	T	Reconstruct head of radius	0047	29.59	\$1,538.95	\$537.03	\$307.79
24366	T	Reconstruct head of radius	0048	36.93	\$1,920.69	\$633.83	\$384.14
24400	T	Revision of humerus	0050	23.60	\$1,227.41	.....	\$245.48
24410	T	Revision of humerus	0050	23.60	\$1,227.41	.....	\$245.48
24420	T	Revision of humerus	0051	34.03	\$1,769.87	.....	\$353.97
24430	T	Repair of humerus	0051	34.03	\$1,769.87	.....	\$353.97
24435	T	Repair humerus with graft	0051	34.03	\$1,769.87	.....	\$353.97
24470	T	Revision of elbow joint	0051	34.03	\$1,769.87	.....	\$353.97
24495	T	Decompression of forearm	0050	23.60	\$1,227.41	.....	\$245.48
24498	T	Reinforce humerus	0051	34.03	\$1,769.87	.....	\$353.97
24500	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
24505	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
24515	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24516	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24530	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
24535	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
24538	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24545	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24546	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24560	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
24565	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
24566	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24575	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24576	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
24577	T	Treat humerus fracture	0043	1.68	\$87.38	.....	\$17.48
24579	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24582	T	Treat humerus fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24586	T	Treat elbow fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24587	T	Treat elbow fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24600	T	Treat elbow dislocation	0043	1.68	\$87.38	.....	\$17.48
24605	T	Treat elbow dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
24615	T	Treat elbow dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
24620	T	Treat elbow fracture	0043	1.68	\$87.38	.....	\$17.48
24635	T	Treat elbow fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24640	T	Treat elbow dislocation	0043	1.68	\$87.38	.....	\$17.48
24650	T	Treat radius fracture	0043	1.68	\$87.38	.....	\$17.48
24655	T	Treat radius fracture	0043	1.68	\$87.38	.....	\$17.48
24665	T	Treat radius fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24666	T	Treat radius fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
24670	T	Treat ulnar fracture	0043	1.68	\$87.38	.....	\$17.48
24675	T	Treat ulnar fracture	0043	1.68	\$87.38	.....	\$17.48
24685	T	Treat ulnar fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
24800	T	Fusion of elbow joint	0051	34.03	\$1,769.87	.....	\$353.97
24802	T	Fusion/grafft of elbow joint	0051	34.03	\$1,769.87	.....	\$353.97
24900	C	Amputation of upper arm .....	.....	.....	.....	.....	.....
24920	C	Amputation of upper arm .....	.....	.....	.....	.....	.....
24925	T	Amputation follow-up surgery	0049	19.45	\$1,011.58	.....	\$202.32
24930	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
24931	C	Amputate upper arm & implant .....	.....	.....	.....	.....	.....
24935	T	Revision of amputation	0052	42.37	\$2,203.62	.....	\$440.72
24940	C	Revision of upper arm .....	.....	.....	.....	.....	.....
24999	T	Upper arm/elbow surgery	0043	1.68	\$87.38	.....	\$17.48
25000	T	Incision of tendon sheath	0049	19.45	\$1,011.58	.....	\$202.32
25001	T	Incise flexor carpi radialis	0049	19.45	\$1,011.58	.....	\$202.32
25020	T	Decompress forearm 1 space	0049	19.45	\$1,011.58	.....	\$202.32
25023	T	Decompress forearm 1 space	0050	23.60	\$1,227.41	.....	\$245.48
25024	T	Decompress forearm 2 spaces	0050	23.60	\$1,227.41	.....	\$245.48
25025	T	Decompress forearm 2 spaces	0050	23.60	\$1,227.41	.....	\$245.48
25028	T	Drainage of forearm lesion	0049	19.45	\$1,011.58	.....	\$202.32
25031	T	Drainage of forearm bursa	0049	19.45	\$1,011.58	.....	\$202.32
25035	T	Treat forearm bone lesion	0049	19.45	\$1,011.58	.....	\$202.32
25040	T	Explore/treat wrist joint	0050	23.60	\$1,227.41	.....	\$245.48
25065	T	Biopsy forearm soft tissues	0021	14.58	\$758.29	\$227.49	\$151.66
25066	T	Biopsy forearm soft tissues	0022	18.10	\$941.36	\$367.13	\$188.27
25075	T	Remove forearm lesion subcut	0021	14.58	\$758.29	\$227.49	\$151.66
25076	T	Remove forearm lesion deep	0022	18.10	\$941.36	\$367.13	\$188.27
25077	T	Remove tumor, forearm/wrist	0022	18.10	\$941.36	\$367.13	\$188.27
25085	T	Incision of wrist capsule	0049	19.45	\$1,011.58	.....	\$202.32
25100	T	Biopsy of wrist joint	0049	19.45	\$1,011.58	.....	\$202.32
25101	T	Explore/treat wrist joint	0050	23.60	\$1,227.41	.....	\$245.48
25105	T	Remove wrist joint lining	0050	23.60	\$1,227.41	.....	\$245.48
25107	T	Remove wrist joint cartilage	0050	23.60	\$1,227.41	.....	\$245.48
25110	T	Remove wrist tendon lesion	0049	19.45	\$1,011.58	.....	\$202.32
25111	T	Remove wrist tendon lesion	0053	14.76	\$767.65	\$253.49	\$153.53
25112	T	Reremove wrist tendon lesion	0053	14.76	\$767.65	\$253.49	\$153.53
25115	T	Remove wrist/forearm lesion	0049	19.45	\$1,011.58	.....	\$202.32
25116	T	Remove wrist/forearm lesion	0049	19.45	\$1,011.58	.....	\$202.32
25118	T	Excise wrist tendon sheath	0050	23.60	\$1,227.41	.....	\$245.48
25119	T	Partial removal of ulna	0050	23.60	\$1,227.41	.....	\$245.48
25120	T	Removal of forearm lesion	0050	23.60	\$1,227.41	.....	\$245.48
25125	T	Remove/grafft forearm lesion	0050	23.60	\$1,227.41	.....	\$245.48
25126	T	Remove/grafft forearm lesion	0050	23.60	\$1,227.41	.....	\$245.48
25130	T	Removal of wrist lesion	0050	23.60	\$1,227.41	.....	\$245.48
25135	T	Remove & graft wrist lesion	0050	23.60	\$1,227.41	.....	\$245.48
25136	T	Remove & graft wrist lesion	0050	23.60	\$1,227.41	.....	\$245.48
25145	T	Remove forearm bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
25150	T	Partial removal of ulna	0050	23.60	\$1,227.41	.....	\$245.48
25151	T	Partial removal of radius	0050	23.60	\$1,227.41	.....	\$245.48
25170	T	Extensive forearm surgery	0052	42.37	\$2,203.62	.....	\$440.72
25210	T	Removal of wrist bone	0054	23.50	\$1,222.21	\$472.33	\$244.44
25215	T	Removal of wrist bones	0054	23.50	\$1,222.21	\$472.33	\$244.44
25230	T	Partial removal of radius	0050	23.60	\$1,227.41	.....	\$245.48
25240	T	Partial removal of ulna	0050	23.60	\$1,227.41	.....	\$245.48
25246	N	Injection for wrist x-ray .....	.....	.....	.....	.....	.....
25248	T	Remove forearm foreign body	0049	19.45	\$1,011.58	.....	\$202.32
25250	T	Removal of wrist prosthesis	0050	23.60	\$1,227.41	.....	\$245.48
25251	T	Removal of wrist prosthesis	0050	23.60	\$1,227.41	.....	\$245.48
25259	T	Manipulate wrist w/anesthes	0043	1.68	\$87.38	.....	\$17.48
25260	T	Repair forearm tendon/muscle	0050	23.60	\$1,227.41	.....	\$245.48
25263	T	Repair forearm tendon/muscle	0050	23.60	\$1,227.41	.....	\$245.48
25265	T	Repair forearm tendon/muscle	0050	23.60	\$1,227.41	.....	\$245.48
25270	T	Repair forearm tendon/muscle	0050	23.60	\$1,227.41	.....	\$245.48
25272	T	Repair forearm tendon/muscle	0050	23.60	\$1,227.41	.....	\$245.48
25274	T	Repair forearm tendon/muscle	0050	23.60	\$1,227.41	.....	\$245.48
25275	T	Repair forearm tendon sheath	0050	23.60	\$1,227.41	.....	\$245.48
25280	T	Revise wrist/forearm tendon	0050	23.60	\$1,227.41	.....	\$245.48
25290	T	Incise wrist/forearm tendon	0050	23.60	\$1,227.41	.....	\$245.48
25295	T	Release wrist/forearm tendon	0049	19.45	\$1,011.58	.....	\$202.32

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
25300	T	Fusion of tendons at wrist	0050	23.60	\$1,227.41	.....	\$245.48
25301	T	Fusion of tendons at wrist	0050	23.60	\$1,227.41	.....	\$245.48
25310	T	Transplant forearm tendon	0051	34.03	\$1,769.87	.....	\$353.97
25312	T	Transplant forearm tendon	0051	34.03	\$1,769.87	.....	\$353.97
25315	T	Revise palsy hand tendon(s)	0051	34.03	\$1,769.87	.....	\$353.97
25316	T	Revise palsy hand tendon(s)	0051	34.03	\$1,769.87	.....	\$353.97
25320	T	Repair/revise wrist joint	0051	34.03	\$1,769.87	.....	\$353.97
25322	T	Revise wrist joint	0047	29.59	\$1,538.95	\$537.03	\$307.79
25335	T	Realignment of hand	0051	34.03	\$1,769.87	.....	\$353.97
25337	T	Reconstruct ulna/radioulnar	0051	34.03	\$1,769.87	.....	\$353.97
25350	T	Revision of radius	0051	34.03	\$1,769.87	.....	\$353.97
25355	T	Revision of radius	0051	34.03	\$1,769.87	.....	\$353.97
25360	T	Revision of ulna	0050	23.60	\$1,227.41	.....	\$245.48
25365	T	Revise radius & ulna	0050	23.60	\$1,227.41	.....	\$245.48
25370	T	Revise radius or ulna	0051	34.03	\$1,769.87	.....	\$353.97
25375	T	Revise radius & ulna	0051	34.03	\$1,769.87	.....	\$353.97
25390	T	Shorten radius or ulna	0050	23.60	\$1,227.41	.....	\$245.48
25391	T	Lengthen radius or ulna	0051	34.03	\$1,769.87	.....	\$353.97
25392	T	Shorten radius & ulna	0050	23.60	\$1,227.41	.....	\$245.48
25393	T	Lengthen radius & ulna	0051	34.03	\$1,769.87	.....	\$353.97
25394	T	Repair carpal bone, shorten	0053	14.76	\$767.65	\$253.49	\$153.53
25400	T	Repair radius or ulna	0050	23.60	\$1,227.41	.....	\$245.48
25405	T	Repair/grafft radius or ulna	0050	23.60	\$1,227.41	.....	\$245.48
25415	T	Repair radius & ulna	0050	23.60	\$1,227.41	.....	\$245.48
25420	T	Repair/grafft radius & ulna	0051	34.03	\$1,769.87	.....	\$353.97
25425	T	Repair/grafft radius or ulna	0051	34.03	\$1,769.87	.....	\$353.97
25426	T	Repair/grafft radius & ulna	0051	34.03	\$1,769.87	.....	\$353.97
25430	T	Vasc graft into carpal bone	0054	23.50	\$1,222.21	\$472.33	\$244.44
25431	T	Repair nonunion carpal bone	0054	23.50	\$1,222.21	\$472.33	\$244.44
25440	T	Repair/grafft wrist bone	0051	34.03	\$1,769.87	.....	\$353.97
25441	T	Reconstruct wrist joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
25442	T	Reconstruct wrist joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
25443	T	Reconstruct wrist joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
25444	T	Reconstruct wrist joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
25445	T	Reconstruct wrist joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
25446	T	Wrist replacement	0048	36.93	\$1,920.69	\$633.83	\$384.14
25447	T	Repair wrist joint(s)	0047	29.59	\$1,538.95	\$537.03	\$307.79
25449	T	Remove wrist joint implant	0047	29.59	\$1,538.95	\$537.03	\$307.79
25450	T	Revision of wrist joint	0051	34.03	\$1,769.87	.....	\$353.97
25455	T	Revision of wrist joint	0051	34.03	\$1,769.87	.....	\$353.97
25490	T	Reinforce radius	0051	34.03	\$1,769.87	.....	\$353.97
25491	T	Reinforce ulna	0051	34.03	\$1,769.87	.....	\$353.97
25492	T	Reinforce radius and ulna	0051	34.03	\$1,769.87	.....	\$353.97
25500	T	Treat fracture of radius	0043	1.68	\$87.38	.....	\$17.48
25505	T	Treat fracture of radius	0043	1.68	\$87.38	.....	\$17.48
25515	T	Treat fracture of radius	0046	29.03	\$1,509.82	\$535.76	\$301.96
25520	T	Treat fracture of radius	0043	1.68	\$87.38	.....	\$17.48
25525	T	Treat fracture of radius	0046	29.03	\$1,509.82	\$535.76	\$301.96
25526	T	Treat fracture of radius	0046	29.03	\$1,509.82	\$535.76	\$301.96
25530	T	Treat fracture of ulna	0043	1.68	\$87.38	.....	\$17.48
25535	T	Treat fracture of ulna	0043	1.68	\$87.38	.....	\$17.48
25545	T	Treat fracture of ulna	0046	29.03	\$1,509.82	\$535.76	\$301.96
25560	T	Treat fracture radius & ulna	0043	1.68	\$87.38	.....	\$17.48
25565	T	Treat fracture radius & ulna	0043	1.68	\$87.38	.....	\$17.48
25574	T	Treat fracture radius & ulna	0046	29.03	\$1,509.82	\$535.76	\$301.96
25575	T	Treat fracture radius/ulna	0046	29.03	\$1,509.82	\$535.76	\$301.96
25600	T	Treat fracture radius/ulna	0043	1.68	\$87.38	.....	\$17.48
25605	T	Treat fracture radius/ulna	0043	1.68	\$87.38	.....	\$17.48
25611	T	Treat fracture radius/ulna	0046	29.03	\$1,509.82	\$535.76	\$301.96
25620	T	Treat fracture radius/ulna	0046	29.03	\$1,509.82	\$535.76	\$301.96
25622	T	Treat wrist bone fracture	0043	1.68	\$87.38	.....	\$17.48
25624	T	Treat wrist bone fracture	0043	1.68	\$87.38	.....	\$17.48
25628	T	Treat wrist bone fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
25630	T	Treat wrist bone fracture	0043	1.68	\$87.38	.....	\$17.48
25635	T	Treat wrist bone fracture	0043	1.68	\$87.38	.....	\$17.48
25645	T	Treat wrist bone fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
25650	T	Treat wrist bone fracture	0043	1.68	\$87.38	.....	\$17.48
25651	T	Pin ulnar styloid fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
25652	T	Treat fracture ulnar styloid	0046	29.03	\$1,509.82	\$535.76	\$301.96
25660	T	Treat wrist dislocation	0043	1.68	\$87.38	.....	\$17.48
25670	T	Treat wrist dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
25671	T	Pin radioulnar dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
25675	T	Treat wrist dislocation	0043	1.68	\$87.38	.....	\$17.48
25676	T	Treat wrist dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
25680	T	Treat wrist fracture	0043	1.68	\$87.38	.....	\$17.48
25685	T	Treat wrist fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
25690	T	Treat wrist dislocation	0043	1.68	\$87.38	.....	\$17.48
25695	T	Treat wrist dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
25800	T	Fusion of wrist joint	0051	34.03	\$1,769.87	.....	\$353.97
25805	T	Fusion/graft of wrist joint	0051	34.03	\$1,769.87	.....	\$353.97
25810	T	Fusion/graft of wrist joint	0051	34.03	\$1,769.87	.....	\$353.97
25820	T	Fusion of hand bones	0053	14.76	\$767.65	\$253.49	\$153.53
25825	T	Fuse hand bones with graft	0054	23.50	\$1,222.21	\$472.33	\$244.44
25830	T	Fusion, radioulnar jnt/ulna	0051	34.03	\$1,769.87	.....	\$353.97
25900	C	Amputation of forearm .....	.....	.....	.....	.....	.....
25905	C	Amputation of forearm .....	.....	.....	.....	.....	.....
25907	T	Amputation follow-up surgery	0049	19.45	\$1,011.58	.....	\$202.32
25909	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
25915	C	Amputation of forearm .....	.....	.....	.....	.....	.....
25920	C	Amputate hand at wrist .....	.....	.....	.....	.....	.....
25922	T	Amputate hand at wrist	0049	19.45	\$1,011.58	.....	\$202.32
25924	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
25927	C	Amputation of hand .....	.....	.....	.....	.....	.....
25929	T	Amputation follow-up surgery	0027	15.73	\$818.10	\$343.60	\$163.62
25931	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
25999	T	Forearm or wrist surgery	0043	1.68	\$87.38	.....	\$17.48
26010	T	Drainage of finger abscess	0006	1.89	\$98.30	\$25.56	\$19.66
26011	T	Drainage of finger abscess	0007	9.44	\$490.96	\$103.10	\$98.19
26020	T	Drain hand tendon sheath	0053	14.76	\$767.65	\$253.49	\$153.53
26025	T	Drainage of palm bursa	0053	14.76	\$767.65	\$253.49	\$153.53
26030	T	Drainage of palm bursa(s)	0053	14.76	\$767.65	\$253.49	\$153.53
26034	T	Treat hand bone lesion	0053	14.76	\$767.65	\$253.49	\$153.53
26035	T	Decompress fingers/hand	0053	14.76	\$767.65	\$253.49	\$153.53
26037	T	Decompress fingers/hand	0053	14.76	\$767.65	\$253.49	\$153.53
26040	T	Release palm contracture	0054	23.50	\$1,222.21	\$472.33	\$244.44
26045	T	Release palm contracture	0054	23.50	\$1,222.21	\$472.33	\$244.44
26055	T	Incise finger tendon sheath	0053	14.76	\$767.65	\$253.49	\$153.53
26060	T	Incision of finger tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26070	T	Explore/treat hand joint	0053	14.76	\$767.65	\$253.49	\$153.53
26075	T	Explore/treat finger joint	0053	14.76	\$767.65	\$253.49	\$153.53
26080	T	Explore/treat finger joint	0053	14.76	\$767.65	\$253.49	\$153.53
26100	T	Biopsy hand joint lining	0053	14.76	\$767.65	\$253.49	\$153.53
26105	T	Biopsy finger joint lining	0053	14.76	\$767.65	\$253.49	\$153.53
26110	T	Biopsy finger joint lining	0053	14.76	\$767.65	\$253.49	\$153.53
26115	T	Remove hand lesion subcut	0022	18.10	\$941.36	\$367.13	\$188.27
26116	T	Remove hand lesion, deep	0022	18.10	\$941.36	\$367.13	\$188.27
26117	T	Remove tumor, hand/finger	0022	18.10	\$941.36	\$367.13	\$188.27
26121	T	Release palm contracture	0054	23.50	\$1,222.21	\$472.33	\$244.44
26123	T	Release palm contracture	0054	23.50	\$1,222.21	\$472.33	\$244.44
26125	T	Release palm contracture	0054	23.50	\$1,222.21	\$472.33	\$244.44
26130	T	Remove wrist joint lining	0053	14.76	\$767.65	\$253.49	\$153.53
26135	T	Revise finger joint, each	0054	23.50	\$1,222.21	\$472.33	\$244.44
26140	T	Revise finger joint, each	0053	14.76	\$767.65	\$253.49	\$153.53
26145	T	Tendon excision, palm/finger	0053	14.76	\$767.65	\$253.49	\$153.53
26160	T	Remove tendon sheath lesion	0053	14.76	\$767.65	\$253.49	\$153.53
26170	T	Removal of palm tendon, each	0053	14.76	\$767.65	\$253.49	\$153.53
26180	T	Removal of finger tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26185	T	Remove finger bone	0053	14.76	\$767.65	\$253.49	\$153.53
26200	T	Remove hand bone lesion	0053	14.76	\$767.65	\$253.49	\$153.53
26205	T	Remove/grafft bone lesion	0054	23.50	\$1,222.21	\$472.33	\$244.44
26210	T	Removal of finger lesion	0053	14.76	\$767.65	\$253.49	\$153.53
26215	T	Remove/grafft finger lesion	0053	14.76	\$767.65	\$253.49	\$153.53

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
26230	T	Partial removal of hand bone	0053	14.76	\$767.65	\$253.49	\$153.53
26235	T	Partial removal, finger bone	0053	14.76	\$767.65	\$253.49	\$153.53
26236	T	Partial removal, finger bone	0053	14.76	\$767.65	\$253.49	\$153.53
26250	T	Extensive hand surgery	0053	14.76	\$767.65	\$253.49	\$153.53
26255	T	Extensive hand surgery	0054	23.50	\$1,222.21	\$472.33	\$244.44
26260	T	Extensive finger surgery	0053	14.76	\$767.65	\$253.49	\$153.53
26261	T	Extensive finger surgery	0053	14.76	\$767.65	\$253.49	\$153.53
26262	T	Partial removal of finger	0053	14.76	\$767.65	\$253.49	\$153.53
26320	T	Removal of implant from hand	0021	14.58	\$758.29	\$227.49	\$151.66
26340	T	Manipulate finger w/anesth	0043	1.68	\$87.38	.....	\$17.48
26350	T	Repair finger/hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26352	T	Repair/graff hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26356	T	Repair finger/hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26357	T	Repair finger/hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26358	T	Repair/graff hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26370	T	Repair finger/hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26372	T	Repair/graff hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26373	T	Repair finger/hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26390	T	Revise hand/finger tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26392	T	Repair/graff hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26410	T	Repair hand tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26412	T	Repair/graff hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26415	T	Excision, hand/finger tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26416	T	Graft hand or finger tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26418	T	Repair finger tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26420	T	Repair/graff finger tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26426	T	Repair finger/hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26428	T	Repair/graff finger tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26432	T	Repair finger tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26433	T	Repair finger tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26434	T	Repair/graff finger tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26437	T	Realignment of tendons	0053	14.76	\$767.65	\$253.49	\$153.53
26440	T	Release palm/finger tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26442	T	Release palm & finger tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26445	T	Release hand/finger tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26449	T	Release forearm/hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26450	T	Incision of palm tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26455	T	Incision of finger tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26460	T	Incise hand/finger tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26471	T	Fusion of finger tendons	0053	14.76	\$767.65	\$253.49	\$153.53
26474	T	Fusion of finger tendons	0053	14.76	\$767.65	\$253.49	\$153.53
26476	T	Tendon lengthening	0053	14.76	\$767.65	\$253.49	\$153.53
26477	T	Tendon shortening	0053	14.76	\$767.65	\$253.49	\$153.53
26478	T	Lengthening of hand tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26479	T	Shortening of hand tendon	0053	14.76	\$767.65	\$253.49	\$153.53
26480	T	Transplant hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26483	T	Transplant/graff hand tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26485	T	Transplant palm tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26489	T	Transplant/graff palm tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26490	T	Revise thumb tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26492	T	Tendon transfer with graft	0054	23.50	\$1,222.21	\$472.33	\$244.44
26494	T	Hand tendon/muscle transfer	0054	23.50	\$1,222.21	\$472.33	\$244.44
26496	T	Revise thumb tendon	0054	23.50	\$1,222.21	\$472.33	\$244.44
26497	T	Finger tendon transfer	0054	23.50	\$1,222.21	\$472.33	\$244.44
26498	T	Finger tendon transfer	0054	23.50	\$1,222.21	\$472.33	\$244.44
26499	T	Revision of finger	0054	23.50	\$1,222.21	\$472.33	\$244.44
26500	T	Hand tendon reconstruction	0053	14.76	\$767.65	\$253.49	\$153.53
26502	T	Hand tendon reconstruction	0054	23.50	\$1,222.21	\$472.33	\$244.44
26504	T	Hand tendon reconstruction	0054	23.50	\$1,222.21	\$472.33	\$244.44
26508	T	Release thumb contracture	0053	14.76	\$767.65	\$253.49	\$153.53
26510	T	Thumb tendon transfer	0054	23.50	\$1,222.21	\$472.33	\$244.44
26516	T	Fusion of knuckle joint	0054	23.50	\$1,222.21	\$472.33	\$244.44
26517	T	Fusion of knuckle joints	0054	23.50	\$1,222.21	\$472.33	\$244.44
26518	T	Fusion of knuckle joints	0054	23.50	\$1,222.21	\$472.33	\$244.44
26520	T	Release knuckle contracture	0053	14.76	\$767.65	\$253.49	\$153.53
26525	T	Release finger contracture	0053	14.76	\$767.65	\$253.49	\$153.53

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
26530	T	Revise knuckle joint	0047	29.59	\$1,538.95	\$537.03	\$307.79
26531	T	Revise knuckle with implant	0048	36.93	\$1,920.69	\$633.83	\$384.14
26535	T	Revise finger joint	0047	29.59	\$1,538.95	\$537.03	\$307.79
26536	T	Revise/implant finger joint	0048	36.93	\$1,920.69	\$633.83	\$384.14
26540	T	Repair hand joint	0053	14.76	\$767.65	\$253.49	\$153.53
26541	T	Repair hand joint with graft	0054	23.50	\$1,222.21	\$472.33	\$244.44
26542	T	Repair hand joint with graft	0053	14.76	\$767.65	\$253.49	\$153.53
26545	T	Reconstruct finger joint	0054	23.50	\$1,222.21	\$472.33	\$244.44
26546	T	Repair nonunion hand	0054	23.50	\$1,222.21	\$472.33	\$244.44
26548	T	Reconstruct finger joint	0054	23.50	\$1,222.21	\$472.33	\$244.44
26550	T	Construct thumb replacement	0054	23.50	\$1,222.21	\$472.33	\$244.44
26551	C	Great toe-hand transfer .....	.....	.....	.....	.....	.....
26553	C	Single transfer, toe-hand .....	.....	.....	.....	.....	.....
26554	C	Double transfer, toe-hand .....	.....	.....	.....	.....	.....
26555	T	Positional change of finger	0054	23.50	\$1,222.21	\$472.33	\$244.44
26556	C	Toe joint transfer .....	.....	.....	.....	.....	.....
26560	T	Repair of web finger	0053	14.76	\$767.65	\$253.49	\$153.53
26561	T	Repair of web finger	0054	23.50	\$1,222.21	\$472.33	\$244.44
26562	T	Repair of web finger	0054	23.50	\$1,222.21	\$472.33	\$244.44
26565	T	Correct metacarpal flaw	0054	23.50	\$1,222.21	\$472.33	\$244.44
26567	T	Correct finger deformity	0054	23.50	\$1,222.21	\$472.33	\$244.44
26568	T	Lengthen metacarpal/finger	0054	23.50	\$1,222.21	\$472.33	\$244.44
26580	T	Repair hand deformity	0054	23.50	\$1,222.21	\$472.33	\$244.44
26587	T	Reconstruct extra finger	0053	14.76	\$767.65	\$253.49	\$153.53
26590	T	Repair finger deformity	0054	23.50	\$1,222.21	\$472.33	\$244.44
26591	T	Repair muscles of hand	0054	23.50	\$1,222.21	\$472.33	\$244.44
26593	T	Release muscles of hand	0053	14.76	\$767.65	\$253.49	\$153.53
26596	T	Excision constricting tissue	0054	23.50	\$1,222.21	\$472.33	\$244.44
26600	T	Treat metacarpal fracture	0043	1.68	\$87.38	.....	\$17.48
26605	T	Treat metacarpal fracture	0043	1.68	\$87.38	.....	\$17.48
26607	T	Treat metacarpal fracture	0043	1.68	\$87.38	.....	\$17.48
26608	T	Treat metacarpal fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
26615	T	Treat metacarpal fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
26641	T	Treat thumb dislocation	0043	1.68	\$87.38	.....	\$17.48
26645	T	Treat thumb fracture	0043	1.68	\$87.38	.....	\$17.48
26650	T	Treat thumb fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
26665	T	Treat thumb fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
26670	T	Treat hand dislocation	0043	1.68	\$87.38	.....	\$17.48
26675	T	Treat hand dislocation	0043	1.68	\$87.38	.....	\$17.48
26676	T	Pin hand dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
26685	T	Treat hand dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
26686	T	Treat hand dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
26700	T	Treat knuckle dislocation	0043	1.68	\$87.38	.....	\$17.48
26705	T	Treat knuckle dislocation	0043	1.68	\$87.38	.....	\$17.48
26706	T	Pin knuckle dislocation	0043	1.68	\$87.38	.....	\$17.48
26715	T	Treat knuckle dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
26720	T	Treat finger fracture, each	0043	1.68	\$87.38	.....	\$17.48
26725	T	Treat finger fracture, each	0043	1.68	\$87.38	.....	\$17.48
26727	T	Treat finger fracture, each	0046	29.03	\$1,509.82	\$535.76	\$301.96
26735	T	Treat finger fracture, each	0046	29.03	\$1,509.82	\$535.76	\$301.96
26740	T	Treat finger fracture, each	0043	1.68	\$87.38	.....	\$17.48
26742	T	Treat finger fracture, each	0043	1.68	\$87.38	.....	\$17.48
26746	T	Treat finger fracture, each	0046	29.03	\$1,509.82	\$535.76	\$301.96
26750	T	Treat finger fracture, each	0043	1.68	\$87.38	.....	\$17.48
26755	T	Treat finger fracture, each	0043	1.68	\$87.38	.....	\$17.48
26756	T	Pin finger fracture, each	0046	29.03	\$1,509.82	\$535.76	\$301.96
26765	T	Treat finger fracture, each	0046	29.03	\$1,509.82	\$535.76	\$301.96
26770	T	Treat finger dislocation	0043	1.68	\$87.38	.....	\$17.48
26775	T	Treat finger dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
26776	T	Pin finger dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
26785	T	Treat finger dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
26820	T	Thumb fusion with graft	0054	23.50	\$1,222.21	\$472.33	\$244.44
26841	T	Fusion of thumb	0054	23.50	\$1,222.21	\$472.33	\$244.44
26842	T	Thumb fusion with graft	0054	23.50	\$1,222.21	\$472.33	\$244.44
26843	T	Fusion of hand joint	0054	23.50	\$1,222.21	\$472.33	\$244.44
26844	T	Fusion/graft of hand joint	0054	23.50	\$1,222.21	\$472.33	\$244.44

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
26850	T	Fusion of knuckle	0054	23.50	\$1,222.21	\$472.33	\$244.44
26852	T	Fusion of knuckle with graft	0054	23.50	\$1,222.21	\$472.33	\$244.44
26860	T	Fusion of finger joint	0054	23.50	\$1,222.21	\$472.33	\$244.44
26861	T	Fusion of finger jnt, add-on	0054	23.50	\$1,222.21	\$472.33	\$244.44
26862	T	Fusion/grafft of finger joint	0054	23.50	\$1,222.21	\$472.33	\$244.44
26863	T	Fuse/grafft added joint	0054	23.50	\$1,222.21	\$472.33	\$244.44
26910	T	Amputate metacarpal bone	0054	23.50	\$1,222.21	\$472.33	\$244.44
26951	T	Amputation of finger/thumb	0053	14.76	\$767.65	\$253.49	\$153.53
26952	T	Amputation of finger/thumb	0053	14.76	\$767.65	\$253.49	\$153.53
26989	T	Hand/finger surgery	0043	1.68	\$87.38	.....	\$17.48
26990	T	Drainage of pelvis lesion	0049	19.45	\$1,011.58	.....	\$202.32
26991	T	Drainage of pelvis bursa	0049	19.45	\$1,011.58	.....	\$202.32
26992	C	Drainage of bone lesion .....	.....	.....	.....	.....	.....
27000	T	Incision of hip tendon	0049	19.45	\$1,011.58	.....	\$202.32
27001	T	Incision of hip tendon	0050	23.60	\$1,227.41	.....	\$245.48
27003	T	Incision of hip tendon	0050	23.60	\$1,227.41	.....	\$245.48
27005	C	Incision of hip tendon .....	.....	.....	.....	.....	.....
27006	C	Incision of hip tendons .....	.....	.....	.....	.....	.....
27025	C	Incision of hip/thigh fascia .....	.....	.....	.....	.....	.....
27030	C	Drainage of hip joint .....	.....	.....	.....	.....	.....
27033	T	Exploration of hip joint	0051	34.03	\$1,769.87	.....	\$353.97
27035	T	Denerivation of hip joint	0052	42.37	\$2,203.62	.....	\$440.72
27036	C	Excision of hip joint/muscle .....	.....	.....	.....	.....	.....
27040	T	Biopsy of soft tissues	0021	14.58	\$758.29	\$227.49	\$151.66
27041	T	Biopsy of soft tissues	0022	18.10	\$941.36	\$367.13	\$188.27
27047	T	Remove hip/pelvis lesion	0022	18.10	\$941.36	\$367.13	\$188.27
27048	T	Remove hip/pelvis lesion	0022	18.10	\$941.36	\$367.13	\$188.27
27049	T	Remove tumor, hip/pelvis	0022	18.10	\$941.36	\$367.13	\$188.27
27050	T	Biopsy of sacroiliac joint	0049	19.45	\$1,011.58	.....	\$202.32
27052	T	Biopsy of hip joint	0049	19.45	\$1,011.58	.....	\$202.32
27054	C	Removal of hip joint lining .....	.....	.....	.....	.....	.....
27060	T	Removal of ischial bursa	0049	19.45	\$1,011.58	.....	\$202.32
27062	T	Remove femur lesion/bursa	0049	19.45	\$1,011.58	.....	\$202.32
27065	T	Removal of hip bone lesion	0049	19.45	\$1,011.58	.....	\$202.32
27066	T	Removal of hip bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
27067	T	Remove/grafft hip bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
27070	C	Partial removal of hip bone .....	.....	.....	.....	.....	.....
27071	C	Partial removal of hip bone .....	.....	.....	.....	.....	.....
27075	C	Extensive hip surgery .....	.....	.....	.....	.....	.....
27076	C	Extensive hip surgery .....	.....	.....	.....	.....	.....
27077	C	Extensive hip surgery .....	.....	.....	.....	.....	.....
27078	C	Extensive hip surgery .....	.....	.....	.....	.....	.....
27079	C	Extensive hip surgery .....	.....	.....	.....	.....	.....
27080	T	Removal of tail bone	0050	23.60	\$1,227.41	.....	\$245.48
27086	T	Remove hip foreign body	0020	7.36	\$382.79	\$114.84	\$76.56
27087	T	Remove hip foreign body	0049	19.45	\$1,011.58	.....	\$202.32
27090	C	Removal of hip prosthesis .....	.....	.....	.....	.....	.....
27091	C	Removal of hip prosthesis .....	.....	.....	.....	.....	.....
27093	N	Injection for hip x-ray .....	.....	.....	.....	.....	.....
27095	N	Injection for hip x-ray .....	.....	.....	.....	.....	.....
27096	N	Inject sacroiliac joint .....	.....	.....	.....	.....	.....
27097	T	Revision of hip tendon	0050	23.60	\$1,227.41	.....	\$245.48
27098	T	Transfer tendon to pelvis	0050	23.60	\$1,227.41	.....	\$245.48
27100	T	Transfer of abdominal muscle	0051	34.03	\$1,769.87	.....	\$353.97
27105	T	Transfer of spinal muscle	0051	34.03	\$1,769.87	.....	\$353.97
27110	T	Transfer of iliopsoas muscle	0051	34.03	\$1,769.87	.....	\$353.97
27111	T	Transfer of iliopsoas muscle	0051	34.03	\$1,769.87	.....	\$353.97
27120	C	Reconstruction of hip socket .....	.....	.....	.....	.....	.....
27122	C	Reconstruction of hip socket .....	.....	.....	.....	.....	.....
27125	C	Partial hip replacement .....	.....	.....	.....	.....	.....
27130	C	Total hip arthroplasty .....	.....	.....	.....	.....	.....
27132	C	Total hip arthroplasty .....	.....	.....	.....	.....	.....
27134	C	Revise hip joint replacement .....	.....	.....	.....	.....	.....
27137	C	Revise hip joint replacement .....	.....	.....	.....	.....	.....
27138	C	Revise hip joint replacement .....	.....	.....	.....	.....	.....
27140	C	Transplant femur ridge .....	.....	.....	.....	.....	.....

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
27146	C	Incision of hip bone					
27147	C	Revision of hip bone					
27151	C	Incision of hip bones					
27156	C	Revision of hip bones					
27158	C	Revision of pelvis					
27161	C	Incision of neck of femur					
27165	C	Incision/fixation of femur					
27170	C	Repair/graff femur head/neck					
27175	C	Treat slipped epiphysis					
27176	C	Treat slipped epiphysis					
27177	C	Treat slipped epiphysis					
27178	C	Treat slipped epiphysis					
27179	C	Revise head/neck of femur					
27181	C	Treat slipped epiphysis					
27185	C	Revision of femur epiphysis					
27187	C	Reinforce hip bones					
27193	T	Treat pelvic ring fracture	0043	1.68	\$87.38		\$17.48
27194	T	Treat pelvic ring fracture	0045	13.47	\$700.56	\$280.22	\$140.11
27200	T	Treat tail bone fracture	0043	1.68	\$87.38		\$17.48
27202	T	Treat tail bone fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27215	C	Treat pelvic fracture(s)					
27216	T	Treat pelvic ring fracture	0050	23.60	\$1,227.41		\$245.48
27217	C	Treat pelvic ring fracture					
27218	C	Treat pelvic ring fracture					
27220	T	Treat hip socket fracture	0043	1.68	\$87.38		\$17.48
27222	C	Treat hip socket fracture					
27226	C	Treat hip wall fracture					
27227	C	Treat hip fracture(s)					
27228	C	Treat hip fracture(s)					
27230	T	Treat thigh fracture	0043	1.68	\$87.38		\$17.48
27232	C	Treat thigh fracture					
27235	T	Treat thigh fracture	0050	23.60	\$1,227.41		\$245.48
27236	C	Treat thigh fracture					
27238	T	Treat thigh fracture	0043	1.68	\$87.38		\$17.48
27240	C	Treat thigh fracture					
27244	C	Treat thigh fracture					
27245	C	Treat thigh fracture					
27246	T	Treat thigh fracture	0043	1.68	\$87.38		\$17.48
27248	C	Treat thigh fracture					
27250	T	Treat hip dislocation	0043	1.68	\$87.38		\$17.48
27252	T	Treat hip dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
27253	C	Treat hip dislocation					
27254	C	Treat hip dislocation					
27256	T	Treat hip dislocation	0043	1.68	\$87.38		\$17.48
27257	T	Treat hip dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
27258	C	Treat hip dislocation					
27259	C	Treat hip dislocation					
27265	T	Treat hip dislocation	0043	1.68	\$87.38		\$17.48
27266	T	Treat hip dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
27275	T	Manipulation of hip joint	0045	13.47	\$700.56	\$280.22	\$140.11
27280	C	Fusion of sacroiliac joint					
27282	C	Fusion of pubic bones					
27284	C	Fusion of hip joint					
27286	C	Fusion of hip joint					
27290	C	Amputation of leg at hip					
27295	C	Amputation of leg at hip					
27299	T	Pelvis/hip joint surgery	0043	1.68	\$87.38		\$17.48
27301	T	Drain thigh/knee lesion	0008	16.32	\$848.79		\$169.76
27303	C	Drainage of bone lesion					
27305	T	Incise thigh tendon & fascia	0049	19.45	\$1,011.58		\$202.32
27306	T	Incision of thigh tendon	0049	19.45	\$1,011.58		\$202.32
27307	T	Incision of thigh tendons	0049	19.45	\$1,011.58		\$202.32
27310	T	Exploration of knee joint	0050	23.60	\$1,227.41		\$245.48
27315	T	Partial removal, thigh nerve	0220	16.66	\$866.47		\$173.29
27320	T	Partial removal, thigh nerve	0220	16.66	\$866.47		\$173.29
27323	T	Biopsy, thigh soft tissues	0021	14.58	\$758.29	\$227.49	\$151.66

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
27324	T	Biopsy, thigh soft tissues	0022	18.10	\$941.36	\$367.13	\$188.27
27327	T	Removal of thigh lesion	0022	18.10	\$941.36	\$367.13	\$188.27
27328	T	Removal of thigh lesion	0022	18.10	\$941.36	\$367.13	\$188.27
27329	T	Remove tumor, thigh/knee	0022	18.10	\$941.36	\$367.13	\$188.27
27330	T	Biopsy, knee joint lining	0050	23.60	\$1,227.41	.....	\$245.48
27331	T	Explore/treat knee joint	0050	23.60	\$1,227.41	.....	\$245.48
27332	T	Removal of knee cartilage	0050	23.60	\$1,227.41	.....	\$245.48
27333	T	Removal of knee cartilage	0050	23.60	\$1,227.41	.....	\$245.48
27334	T	Remove knee joint lining	0050	23.60	\$1,227.41	.....	\$245.48
27335	T	Remove knee joint lining	0050	23.60	\$1,227.41	.....	\$245.48
27340	T	Removal of kneecap bursa	0049	19.45	\$1,011.58	.....	\$202.32
27345	T	Removal of knee cyst	0049	19.45	\$1,011.58	.....	\$202.32
27347	T	Remove knee cyst	0049	19.45	\$1,011.58	.....	\$202.32
27350	T	Removal of kneecap	0050	23.60	\$1,227.41	.....	\$245.48
27355	T	Remove femur lesion	0050	23.60	\$1,227.41	.....	\$245.48
27356	T	Remove femur lesion/graft	0050	23.60	\$1,227.41	.....	\$245.48
27357	T	Remove femur lesion/graft	0050	23.60	\$1,227.41	.....	\$245.48
27358	T	Remove femur lesion/fixation	0050	23.60	\$1,227.41	.....	\$245.48
27360	T	Partial removal, leg bone(s)	0050	23.60	\$1,227.41	.....	\$245.48
27365	C	Extensive leg surgery .....	.....	.....	.....	.....	.....
27370	N	Injection for knee x-ray .....	.....	.....	.....	.....	.....
27372	T	Removal of foreign body	0022	18.10	\$941.36	\$367.13	\$188.27
27380	T	Repair of kneecap tendon	0049	19.45	\$1,011.58	.....	\$202.32
27381	T	Repair/grafft kneecap tendon	0049	19.45	\$1,011.58	.....	\$202.32
27385	T	Repair of thigh muscle	0049	19.45	\$1,011.58	.....	\$202.32
27386	T	Repair/grafft of thigh muscle	0049	19.45	\$1,011.58	.....	\$202.32
27390	T	Incision of thigh tendon	0049	19.45	\$1,011.58	.....	\$202.32
27391	T	Incision of thigh tendons	0049	19.45	\$1,011.58	.....	\$202.32
27392	T	Incision of thigh tendons	0049	19.45	\$1,011.58	.....	\$202.32
27393	T	Lengthening of thigh tendon	0050	23.60	\$1,227.41	.....	\$245.48
27394	T	Lengthening of thigh tendons	0050	23.60	\$1,227.41	.....	\$245.48
27395	T	Lengthening of thigh tendons	0051	34.03	\$1,769.87	.....	\$353.97
27396	T	Transplant of thigh tendon	0050	23.60	\$1,227.41	.....	\$245.48
27397	T	Transplants of thigh tendons	0051	34.03	\$1,769.87	.....	\$353.97
27400	T	Revise thigh muscles/tendons	0051	34.03	\$1,769.87	.....	\$353.97
27403	T	Repair of knee cartilage	0050	23.60	\$1,227.41	.....	\$245.48
27405	T	Repair of knee ligament	0051	34.03	\$1,769.87	.....	\$353.97
27407	T	Repair of knee ligament	0051	34.03	\$1,769.87	.....	\$353.97
27409	T	Repair of knee ligaments	0051	34.03	\$1,769.87	.....	\$353.97
27418	T	Repair degenerated kneecap	0051	34.03	\$1,769.87	.....	\$353.97
27420	T	Revision of unstable kneecap	0051	34.03	\$1,769.87	.....	\$353.97
27422	T	Revision of unstable kneecap	0051	34.03	\$1,769.87	.....	\$353.97
27424	T	Revision/removal of kneecap	0051	34.03	\$1,769.87	.....	\$353.97
27425	T	Lateral retinacular release	0050	23.60	\$1,227.41	.....	\$245.48
27427	T	Reconstruction, knee	0052	42.37	\$2,203.62	.....	\$440.72
27428	T	Reconstruction, knee	0052	42.37	\$2,203.62	.....	\$440.72
27429	T	Reconstruction, knee	0052	42.37	\$2,203.62	.....	\$440.72
27430	T	Revision of thigh muscles	0051	34.03	\$1,769.87	.....	\$353.97
27435	T	Incision of knee joint	0051	34.03	\$1,769.87	.....	\$353.97
27437	T	Revise kneecap	0047	29.59	\$1,538.95	\$537.03	\$307.79
27438	T	Revise kneecap with implant	0048	36.93	\$1,920.69	\$633.83	\$384.14
27440	T	Revision of knee joint	0047	29.59	\$1,538.95	\$537.03	\$307.79
27441	T	Revision of knee joint	0047	29.59	\$1,538.95	\$537.03	\$307.79
27442	T	Revision of knee joint	0047	29.59	\$1,538.95	\$537.03	\$307.79
27443	T	Revision of knee joint	0047	29.59	\$1,538.95	\$537.03	\$307.79
27445	C	Revision of knee joint .....	.....	.....	.....	.....	.....
27446	T	Revision of knee joint	0681	158.14	\$8,224.70	\$3,289.88	\$1,644.94
27447	C	Total knee arthroplasty .....	.....	.....	.....	.....	.....
27448	C	Incision of thigh .....	.....	.....	.....	.....	.....
27450	C	Incision of thigh .....	.....	.....	.....	.....	.....
27454	C	Realignment of thigh bone .....	.....	.....	.....	.....	.....
27455	C	Realignment of knee .....	.....	.....	.....	.....	.....
27457	C	Realignment of knee .....	.....	.....	.....	.....	.....
27465	C	Shortening of thigh bone .....	.....	.....	.....	.....	.....
27466	C	Lengthening of thigh bone .....	.....	.....	.....	.....	.....
27468	C	Shorten/lengthen thighs .....	.....	.....	.....	.....	.....

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
27470	C	Repair of thigh					
27472	C	Repair/graft of thigh					
27475	C	Surgery to stop leg growth					
27477	C	Surgery to stop leg growth					
27479	C	Surgery to stop leg growth					
27485	C	Surgery to stop leg growth					
27486	C	Revised/replace knee joint					
27487	C	Revised/replace knee joint					
27488	C	Removal of knee prosthesis					
27495	C	Reinforce thigh					
27496	T	Decompression of thigh/knee	0049	19.45	\$1,011.58		\$202.32
27497	T	Decompression of thigh/knee	0049	19.45	\$1,011.58		\$202.32
27498	T	Decompression of thigh/knee	0049	19.45	\$1,011.58		\$202.32
27499	T	Decompression of thigh/knee	0049	19.45	\$1,011.58		\$202.32
27500	T	Treatment of thigh fracture	0043	1.68	\$87.38		\$17.48
27501	T	Treatment of thigh fracture	0043	1.68	\$87.38		\$17.48
27502	T	Treatment of thigh fracture	0043	1.68	\$87.38		\$17.48
27503	T	Treatment of thigh fracture	0043	1.68	\$87.38		\$17.48
27506	C	Treatment of thigh fracture					
27507	C	Treatment of thigh fracture					
27508	T	Treatment of thigh fracture	0043	1.68	\$87.38		\$17.48
27509	T	Treatment of thigh fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27510	T	Treatment of thigh fracture	0043	1.68	\$87.38		\$17.48
27511	C	Treatment of thigh fracture					
27513	C	Treatment of thigh fracture					
27514	C	Treatment of thigh fracture					
27516	T	Treat thigh fx growth plate	0043	1.68	\$87.38		\$17.48
27517	T	Treat thigh fx growth plate	0043	1.68	\$87.38		\$17.48
27519	C	Treat thigh fx growth plate					
27520	T	Treat kneecap fracture	0043	1.68	\$87.38		\$17.48
27524	T	Treat kneecap fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27530	T	Treat knee fracture	0043	1.68	\$87.38		\$17.48
27532	T	Treat knee fracture	0043	1.68	\$87.38		\$17.48
27535	C	Treat knee fracture					
27536	C	Treat knee fracture					
27538	T	Treat knee fracture(s)	0043	1.68	\$87.38		\$17.48
27540	C	Treat knee fracture					
27550	T	Treat knee dislocation	0043	1.68	\$87.38		\$17.48
27552	T	Treat knee dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
27556	C	Treat knee dislocation					
27557	C	Treat knee dislocation					
27558	C	Treat knee dislocation					
27560	T	Treat kneecap dislocation	0043	1.68	\$87.38		\$17.48
27562	T	Treat kneecap dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
27566	T	Treat kneecap dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
27570	T	Fixation of knee joint	0045	13.47	\$700.56	\$280.22	\$140.11
27580	C	Fusion of knee					
27590	C	Amputate leg at thigh					
27591	C	Amputate leg at thigh					
27592	C	Amputate leg at thigh					
27594	T	Amputation follow-up surgery	0049	19.45	\$1,011.58		\$202.32
27596	C	Amputation follow-up surgery					
27598	C	Amputate lower leg at knee					
27599	T	Leg surgery procedure	0043	1.68	\$87.38		\$17.48
27600	T	Decompression of lower leg	0049	19.45	\$1,011.58		\$202.32
27601	T	Decompression of lower leg	0049	19.45	\$1,011.58		\$202.32
27602	T	Decompression of lower leg	0049	19.45	\$1,011.58		\$202.32
27603	T	Drain lower leg lesion	0008	16.32	\$848.79		\$169.76
27604	T	Drain lower leg bursa	0049	19.45	\$1,011.58		\$202.32
27605	T	Incision of achilles tendon	0055	18.28	\$950.72	\$355.34	\$190.14
27606	T	Incision of achilles tendon	0049	19.45	\$1,011.58		\$202.32
27607	T	Treat lower leg bone lesion	0049	19.45	\$1,011.58		\$202.32
27610	T	Explore/treat ankle joint	0050	23.60	\$1,227.41		\$245.48
27612	T	Exploration of ankle joint	0050	23.60	\$1,227.41		\$245.48
27613	T	Biopsy lower leg soft tissue	0020	7.36	\$382.79	\$114.84	\$76.56
27614	T	Biopsy lower leg soft tissue	0022	18.10	\$941.36	\$367.13	\$188.27

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
27615	T	Remove tumor, lower leg	0046	29.03	\$1,509.82	\$535.76	\$301.96
27618	T	Remove lower leg lesion	0021	14.58	\$758.29	\$227.49	\$151.66
27619	T	Remove lower leg lesion	0022	18.10	\$941.36	\$367.13	\$188.27
27620	T	Explore/treat ankle joint	0050	23.60	\$1,227.41	.....	\$245.48
27625	T	Remove ankle joint lining	0050	23.60	\$1,227.41	.....	\$245.48
27626	T	Remove ankle joint lining	0050	23.60	\$1,227.41	.....	\$245.48
27630	T	Removal of tendon lesion	0049	19.45	\$1,011.58	.....	\$202.32
27635	T	Remove lower leg bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
27637	T	Remove/graft leg bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
27638	T	Remove/graft leg bone lesion	0050	23.60	\$1,227.41	.....	\$245.48
27640	T	Partial removal of tibia	0051	34.03	\$1,769.87	.....	\$353.97
27641	T	Partial removal of fibula	0050	23.60	\$1,227.41	.....	\$245.48
27645	C	Extensive lower leg surgery .....	.....	.....	.....	.....	.....
27646	C	Extensive lower leg surgery .....	.....	.....	.....	.....	.....
27647	T	Extensive ankle/heel surgery	0051	34.03	\$1,769.87	.....	\$353.97
27648	N	Injection for ankle x-ray .....	.....	.....	.....	.....	.....
27650	T	Repair achilles tendon	0051	34.03	\$1,769.87	.....	\$353.97
27652	T	Repair/grafft achilles tendon	0051	34.03	\$1,769.87	.....	\$353.97
27654	T	Repair of achilles tendon	0051	34.03	\$1,769.87	.....	\$353.97
27655	T	Repair leg fascia defect	0049	19.45	\$1,011.58	.....	\$202.32
27658	T	Repair of leg tendon, each	0049	19.45	\$1,011.58	.....	\$202.32
27659	T	Repair of leg tendon, each	0049	19.45	\$1,011.58	.....	\$202.32
27664	T	Repair of leg tendon, each	0049	19.45	\$1,011.58	.....	\$202.32
27665	T	Repair of leg tendon, each	0050	23.60	\$1,227.41	.....	\$245.48
27675	T	Repair lower leg tendons	0049	19.45	\$1,011.58	.....	\$202.32
27676	T	Repair lower leg tendons	0050	23.60	\$1,227.41	.....	\$245.48
27680	T	Release of lower leg tendon	0050	23.60	\$1,227.41	.....	\$245.48
27681	T	Release of lower leg tendons	0050	23.60	\$1,227.41	.....	\$245.48
27685	T	Revision of lower leg tendon	0050	23.60	\$1,227.41	.....	\$245.48
27686	T	Revise lower leg tendons	0050	23.60	\$1,227.41	.....	\$245.48
27687	T	Revision of calf tendon	0050	23.60	\$1,227.41	.....	\$245.48
27690	T	Revise lower leg tendon	0051	34.03	\$1,769.87	.....	\$353.97
27691	T	Revise lower leg tendon	0051	34.03	\$1,769.87	.....	\$353.97
27692	T	Revise additional leg tendon	0051	34.03	\$1,769.87	.....	\$353.97
27695	T	Repair of ankle ligament	0050	23.60	\$1,227.41	.....	\$245.48
27696	T	Repair of ankle ligaments	0050	23.60	\$1,227.41	.....	\$245.48
27698	T	Repair of ankle ligament	0050	23.60	\$1,227.41	.....	\$245.48
27700	T	Revision of ankle joint	0047	29.59	\$1,538.95	\$537.03	\$307.79
27702	C	Reconstruct ankle joint .....	.....	.....	.....	.....	.....
27703	C	Reconstruction, ankle joint .....	.....	.....	.....	.....	.....
27704	T	Removal of ankle implant	0049	19.45	\$1,011.58	.....	\$202.32
27705	T	Incision of tibia	0051	34.03	\$1,769.87	.....	\$353.97
27707	T	Incision of fibula	0049	19.45	\$1,011.58	.....	\$202.32
27709	T	Incision of tibia & fibula	0050	23.60	\$1,227.41	.....	\$245.48
27712	C	Realignment of lower leg .....	.....	.....	.....	.....	.....
27715	C	Revision of lower leg .....	.....	.....	.....	.....	.....
27720	C	Repair of tibia .....	.....	.....	.....	.....	.....
27722	C	Repair/grafft of tibia .....	.....	.....	.....	.....	.....
27724	C	Repair/grafft of tibia .....	.....	.....	.....	.....	.....
27725	C	Repair of lower leg .....	.....	.....	.....	.....	.....
27727	C	Repair of lower leg .....	.....	.....	.....	.....	.....
27730	T	Repair of tibia epiphysis	0050	23.60	\$1,227.41	.....	\$245.48
27732	T	Repair of fibula epiphysis	0050	23.60	\$1,227.41	.....	\$245.48
27734	T	Repair lower leg epiphyses	0050	23.60	\$1,227.41	.....	\$245.48
27740	T	Repair of leg epiphyses	0050	23.60	\$1,227.41	.....	\$245.48
27742	T	Repair of leg epiphyses	0051	34.03	\$1,769.87	.....	\$353.97
27745	T	Reinforce tibia	0051	34.03	\$1,769.87	.....	\$353.97
27750	T	Treatment of tibia fracture	0043	1.68	\$87.38	.....	\$17.48
27752	T	Treatment of tibia fracture	0043	1.68	\$87.38	.....	\$17.48
27756	T	Treatment of tibia fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27758	T	Treatment of tibia fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27759	T	Treatment of tibia fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27760	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
27762	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
27766	T	Treatment of ankle fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27780	T	Treatment of fibula fracture	0043	1.68	\$87.38	.....	\$17.48

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
27781	T	Treatment of fibula fracture	0043	1.68	\$87.38	.....	\$17.48
27784	T	Treatment of fibula fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27786	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
27788	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
27792	T	Treatment of ankle fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27808	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
27810	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
27814	T	Treatment of ankle fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27816	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
27818	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
27822	T	Treatment of ankle fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27823	T	Treatment of ankle fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27824	T	Treat lower leg fracture	0043	1.68	\$87.38	.....	\$17.48
27825	T	Treat lower leg fracture	0043	1.68	\$87.38	.....	\$17.48
27826	T	Treat lower leg fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27827	T	Treat lower leg fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27828	T	Treat lower leg fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
27829	T	Treat lower leg joint	0046	29.03	\$1,509.82	\$535.76	\$301.96
27830	T	Treat lower leg dislocation	0043	1.68	\$87.38	.....	\$17.48
27831	T	Treat lower leg dislocation	0043	1.68	\$87.38	.....	\$17.48
27832	T	Treat lower leg dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
27840	T	Treat ankle dislocation	0043	1.68	\$87.38	.....	\$17.48
27842	T	Treat ankle dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
27846	T	Treat ankle dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
27848	T	Treat ankle dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
27860	T	Fixation of ankle joint	0045	13.47	\$700.56	\$280.22	\$140.11
27870	T	Fusion of ankle joint	0051	34.03	\$1,769.87	.....	\$353.97
27871	T	Fusion of tibiofibular joint	0051	34.03	\$1,769.87	.....	\$353.97
27880	C	Amputation of lower leg .....	.....	.....	.....	.....	.....
27881	C	Amputation of lower leg .....	.....	.....	.....	.....	.....
27882	C	Amputation of lower leg .....	.....	.....	.....	.....	.....
27884	T	Amputation follow-up surgery	0049	19.45	\$1,011.58	.....	\$202.32
27886	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
27888	C	Amputation of foot at ankle .....	.....	.....	.....	.....	.....
27889	T	Amputation of foot at ankle	0050	23.60	\$1,227.41	.....	\$245.48
27892	T	Decompression of leg	0049	19.45	\$1,011.58	.....	\$202.32
27893	T	Decompression of leg	0049	19.45	\$1,011.58	.....	\$202.32
27894	T	Decompression of leg	0049	19.45	\$1,011.58	.....	\$202.32
27899	T	Leg/ankle surgery procedure	0043	1.68	\$87.38	.....	\$17.48
28001	T	Drainage of bursa of foot	0008	16.32	\$848.79	.....	\$169.76
28002	T	Treatment of foot infection	0049	19.45	\$1,011.58	.....	\$202.32
28003	T	Treatment of foot infection	0049	19.45	\$1,011.58	.....	\$202.32
28005	T	Treat foot bone lesion	0055	18.28	\$950.72	\$355.34	\$190.14
28008	T	Incision of foot fascia	0055	18.28	\$950.72	\$355.34	\$190.14
28010	T	Incision of toe tendon	0055	18.28	\$950.72	\$355.34	\$190.14
28011	T	Incision of toe tendons	0055	18.28	\$950.72	\$355.34	\$190.14
28020	T	Exploration of foot joint	0055	18.28	\$950.72	\$355.34	\$190.14
28022	T	Exploration of foot joint	0055	18.28	\$950.72	\$355.34	\$190.14
28024	T	Exploration of toe joint	0055	18.28	\$950.72	\$355.34	\$190.14
28030	T	Removal of foot nerve	0220	16.66	\$866.47	.....	\$173.29
28035	T	Decompression of tibia nerve	0220	16.66	\$866.47	.....	\$173.29
28043	T	Excision of foot lesion	0021	14.58	\$758.29	\$227.49	\$151.66
28045	T	Excision of foot lesion	0055	18.28	\$950.72	\$355.34	\$190.14
28046	T	Resection of tumor, foot	0055	18.28	\$950.72	\$355.34	\$190.14
28050	T	Biopsy of foot joint lining	0055	18.28	\$950.72	\$355.34	\$190.14
28052	T	Biopsy of foot joint lining	0055	18.28	\$950.72	\$355.34	\$190.14
28054	T	Biopsy of toe joint lining	0055	18.28	\$950.72	\$355.34	\$190.14
28060	T	Partial removal, foot fascia	0056	22.94	\$1,193.09	\$405.81	\$238.62
28062	T	Removal of foot fascia	0056	22.94	\$1,193.09	\$405.81	\$238.62
28070	T	Removal of foot joint lining	0056	22.94	\$1,193.09	\$405.81	\$238.62
28072	T	Removal of foot joint lining	0056	22.94	\$1,193.09	\$405.81	\$238.62
28080	T	Removal of foot lesion	0055	18.28	\$950.72	\$355.34	\$190.14
28086	T	Excise foot tendon sheath	0055	18.28	\$950.72	\$355.34	\$190.14
28088	T	Excise foot tendon sheath	0055	18.28	\$950.72	\$355.34	\$190.14
28090	T	Removal of foot lesion	0055	18.28	\$950.72	\$355.34	\$190.14
28092	T	Removal of toe lesions	0055	18.28	\$950.72	\$355.34	\$190.14

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
28100	T	Removal of ankle/heel lesion	0055	18.28	\$950.72	\$355.34	\$190.14
28102	T	Remove/grafft foot lesion	0056	22.94	\$1,193.09	\$405.81	\$238.62
28103	T	Remove/grafft foot lesion	0056	22.94	\$1,193.09	\$405.81	\$238.62
28104	T	Removal of foot lesion	0055	18.28	\$950.72	\$355.34	\$190.14
28106	T	Remove/grafft foot lesion	0056	22.94	\$1,193.09	\$405.81	\$238.62
28107	T	Remove/grafft foot lesion	0056	22.94	\$1,193.09	\$405.81	\$238.62
28108	T	Removal of toe lesions	0055	18.28	\$950.72	\$355.34	\$190.14
28110	T	Part removal of metatarsal	0056	22.94	\$1,193.09	\$405.81	\$238.62
28111	T	Part removal of metatarsal	0055	18.28	\$950.72	\$355.34	\$190.14
28112	T	Part removal of metatarsal	0055	18.28	\$950.72	\$355.34	\$190.14
28113	T	Part removal of metatarsal	0055	18.28	\$950.72	\$355.34	\$190.14
28114	T	Removal of metatarsal heads	0055	18.28	\$950.72	\$355.34	\$190.14
28116	T	Revision of foot	0055	18.28	\$950.72	\$355.34	\$190.14
28118	T	Removal of heel bone	0055	18.28	\$950.72	\$355.34	\$190.14
28119	T	Removal of heel spur	0055	18.28	\$950.72	\$355.34	\$190.14
28120	T	Part removal of ankle/heel	0055	18.28	\$950.72	\$355.34	\$190.14
28122	T	Partial removal of foot bone	0055	18.28	\$950.72	\$355.34	\$190.14
28124	T	Partial removal of toe	0055	18.28	\$950.72	\$355.34	\$190.14
28126	T	Partial removal of toe	0055	18.28	\$950.72	\$355.34	\$190.14
28130	T	Removal of ankle bone	0055	18.28	\$950.72	\$355.34	\$190.14
28140	T	Removal of metatarsal	0055	18.28	\$950.72	\$355.34	\$190.14
28150	T	Removal of toe	0055	18.28	\$950.72	\$355.34	\$190.14
28153	T	Partial removal of toe	0055	18.28	\$950.72	\$355.34	\$190.14
28160	T	Partial removal of toe	0055	18.28	\$950.72	\$355.34	\$190.14
28171	T	Extensive foot surgery	0055	18.28	\$950.72	\$355.34	\$190.14
28173	T	Extensive foot surgery	0055	18.28	\$950.72	\$355.34	\$190.14
28175	T	Extensive foot surgery	0055	18.28	\$950.72	\$355.34	\$190.14
28190	T	Removal of foot foreign body	0019	3.94	\$204.92	\$75.82	\$40.98
28192	T	Removal of foot foreign body	0021	14.58	\$758.29	\$227.49	\$151.66
28193	T	Removal of foot foreign body	0021	14.58	\$758.29	\$227.49	\$151.66
28200	T	Repair of foot tendon	0055	18.28	\$950.72	\$355.34	\$190.14
28202	T	Repair/grafft of foot tendon	0056	22.94	\$1,193.09	\$405.81	\$238.62
28208	T	Repair of foot tendon	0055	18.28	\$950.72	\$355.34	\$190.14
28210	T	Repair/grafft of foot tendon	0055	18.28	\$950.72	\$355.34	\$190.14
28220	T	Release of foot tendon	0055	18.28	\$950.72	\$355.34	\$190.14
28222	T	Release of foot tendons	0055	18.28	\$950.72	\$355.34	\$190.14
28225	T	Release of foot tendon	0055	18.28	\$950.72	\$355.34	\$190.14
28226	T	Release of foot tendons	0055	18.28	\$950.72	\$355.34	\$190.14
28230	T	Incision of foot tendon(s)	0055	18.28	\$950.72	\$355.34	\$190.14
28232	T	Incision of toe tendon	0055	18.28	\$950.72	\$355.34	\$190.14
28234	T	Incision of foot tendon	0055	18.28	\$950.72	\$355.34	\$190.14
28238	T	Revision of foot tendon	0056	22.94	\$1,193.09	\$405.81	\$238.62
28240	T	Release of big toe	0055	18.28	\$950.72	\$355.34	\$190.14
28250	T	Revision of foot fascia	0056	22.94	\$1,193.09	\$405.81	\$238.62
28260	T	Release of midfoot joint	0056	22.94	\$1,193.09	\$405.81	\$238.62
28261	T	Revision of foot tendon	0056	22.94	\$1,193.09	\$405.81	\$238.62
28262	T	Revision of foot and ankle	0056	22.94	\$1,193.09	\$405.81	\$238.62
28264	T	Release of midfoot joint	0056	22.94	\$1,193.09	\$405.81	\$238.62
28270	T	Release of foot contracture	0055	18.28	\$950.72	\$355.34	\$190.14
28272	T	Release of toe joint, each	0055	18.28	\$950.72	\$355.34	\$190.14
28280	T	Fusion of toes	0055	18.28	\$950.72	\$355.34	\$190.14
28285	T	Repair of hammertoe	0055	18.28	\$950.72	\$355.34	\$190.14
28286	T	Repair of hammertoe	0055	18.28	\$950.72	\$355.34	\$190.14
28288	T	Partial removal of foot bone	0056	22.94	\$1,193.09	\$405.81	\$238.62
28289	T	Repair hallux rigidus	0056	22.94	\$1,193.09	\$405.81	\$238.62
28290	T	Correction of bunion	0056	22.94	\$1,193.09	\$405.81	\$238.62
28292	T	Correction of bunion	0057	23.87	\$1,241.45	\$496.58	\$248.29
28293	T	Correction of bunion	0057	23.87	\$1,241.45	\$496.58	\$248.29
28294	T	Correction of bunion	0056	22.94	\$1,193.09	\$405.81	\$238.62
28296	T	Correction of bunion	0056	22.94	\$1,193.09	\$405.81	\$238.62
28297	T	Correction of bunion	0057	23.87	\$1,241.45	\$496.58	\$248.29
28298	T	Correction of bunion	0056	22.94	\$1,193.09	\$405.81	\$238.62
28299	T	Correction of bunion	0057	23.87	\$1,241.45	\$496.58	\$248.29
28300	T	Incision of heel bone	0056	22.94	\$1,193.09	\$405.81	\$238.62
28302	T	Incision of ankle bone	0056	22.94	\$1,193.09	\$405.81	\$238.62
28304	T	Incision of midfoot bones	0056	22.94	\$1,193.09	\$405.81	\$238.62

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

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2003—Continued

CPT/ HCPCS	Status indicator	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
28305	T	Incise/graft midfoot bones	0056	22.94	\$1,193.09	\$405.81	\$238.62
28306	T	Incision of metatarsal	0056	22.94	\$1,193.09	\$405.81	\$238.62
28307	T	Incision of metatarsal	0056	22.94	\$1,193.09	\$405.81	\$238.62
28308	T	Incision of metatarsal	0056	22.94	\$1,193.09	\$405.81	\$238.62
28309	T	Incision of metatarsals	0056	22.94	\$1,193.09	\$405.81	\$238.62
28310	T	Revision of big toe	0055	18.28	\$950.72	\$355.34	\$190.14
28312	T	Revision of toe	0055	18.28	\$950.72	\$355.34	\$190.14
28313	T	Repair deformity of toe	0055	18.28	\$950.72	\$355.34	\$190.14
28315	T	Removal of sesamoid bone	0055	18.28	\$950.72	\$355.34	\$190.14
28320	T	Repair of foot bones	0056	22.94	\$1,193.09	\$405.81	\$238.62
28322	T	Repair of metatarsals	0056	22.94	\$1,193.09	\$405.81	\$238.62
28340	T	Resect enlarged toe tissue	0055	18.28	\$950.72	\$355.34	\$190.14
28341	T	Resect enlarged toe	0055	18.28	\$950.72	\$355.34	\$190.14
28344	T	Repair extra toe(s)	0056	22.94	\$1,193.09	\$405.81	\$238.62
28345	T	Repair webbed toe(s)	0056	22.94	\$1,193.09	\$405.81	\$238.62
28360	T	Reconstruct cleft foot	0056	22.94	\$1,193.09	\$405.81	\$238.62
28400	T	Treatment of heel fracture	0043	1.68	\$87.38	.....	\$17.48
28405	T	Treatment of heel fracture	0043	1.68	\$87.38	.....	\$17.48
28406	T	Treatment of heel fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28415	T	Treat heel fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28420	T	Treat/graft heel fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28430	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
28435	T	Treatment of ankle fracture	0043	1.68	\$87.38	.....	\$17.48
28436	T	Treatment of ankle fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28445	T	Treat ankle fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28450	T	Treat midfoot fracture, each	0043	1.68	\$87.38	.....	\$17.48
28455	T	Treat midfoot fracture, each	0043	1.68	\$87.38	.....	\$17.48
28456	T	Treat midfoot fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28465	T	Treat midfoot fracture, each	0046	29.03	\$1,509.82	\$535.76	\$301.96
28470	T	Treat metatarsal fracture	0043	1.68	\$87.38	.....	\$17.48
28475	T	Treat metatarsal fracture	0043	1.68	\$87.38	.....	\$17.48
28476	T	Treat metatarsal fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28485	T	Treat metatarsal fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28490	T	Treat big toe fracture	0043	1.68	\$87.38	.....	\$17.48
28495	T	Treat big toe fracture	0043	1.68	\$87.38	.....	\$17.48
28496	T	Treat big toe fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28505	T	Treat big toe fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28510	T	Treatment of toe fracture	0043	1.68	\$87.38	.....	\$17.48
28515	T	Treatment of toe fracture	0043	1.68	\$87.38	.....	\$17.48
28525	T	Treat toe fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28530	T	Treat sesamoid bone fracture	0043	1.68	\$87.38	.....	\$17.48
28531	T	Treat sesamoid bone fracture	0046	29.03	\$1,509.82	\$535.76	\$301.96
28540	T	Treat foot dislocation	0043	1.68	\$87.38	.....	\$17.48
28545	T	Treat foot dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
28546	T	Treat foot dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28555	T	Repair foot dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28570	T	Treat foot dislocation	0043	1.68	\$87.38	.....	\$17.48
28575	T	Treat foot dislocation	0043	1.68	\$87.38	.....	\$17.48
28576	T	Treat foot dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28585	T	Repair foot dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28600	T	Treat foot dislocation	0043	1.68	\$87.38	.....	\$17.48
28605	T	Treat foot dislocation	0043	1.68	\$87.38	.....	\$17.48
28606	T	Treat foot dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28615	T	Repair foot dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28630	T	Treat toe dislocation	0043	1.68	\$87.38	.....	\$17.48
28635	T	Treat toe dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
28636	T	Treat toe dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28645	T	Repair toe dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28660	T	Treat toe dislocation	0043	1.68	\$87.38	.....	\$17.48
28665	T	Treat toe dislocation	0045	13.47	\$700.56	\$280.22	\$140.11
28666	T	Treat toe dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28675	T	Repair of toe dislocation	0046	29.03	\$1,509.82	\$535.76	\$301.96
28705	T	Fusion of foot bones	0056	22.94	\$1,193.09	\$405.81	\$238.62
28715	T	Fusion of foot bones	0056	22.94	\$1,193.09	\$405.81	\$238.62
28725	T	Fusion of foot bones	0056	22.94	\$1,193.09	\$405.81	\$238.62
28730	T	Fusion of foot bones	0056	22.94	\$1,193.09	\$405.81	\$238.62