9–8–98
Vol. 63 No. 173

# federal register

Tuesday
September 8, 1998

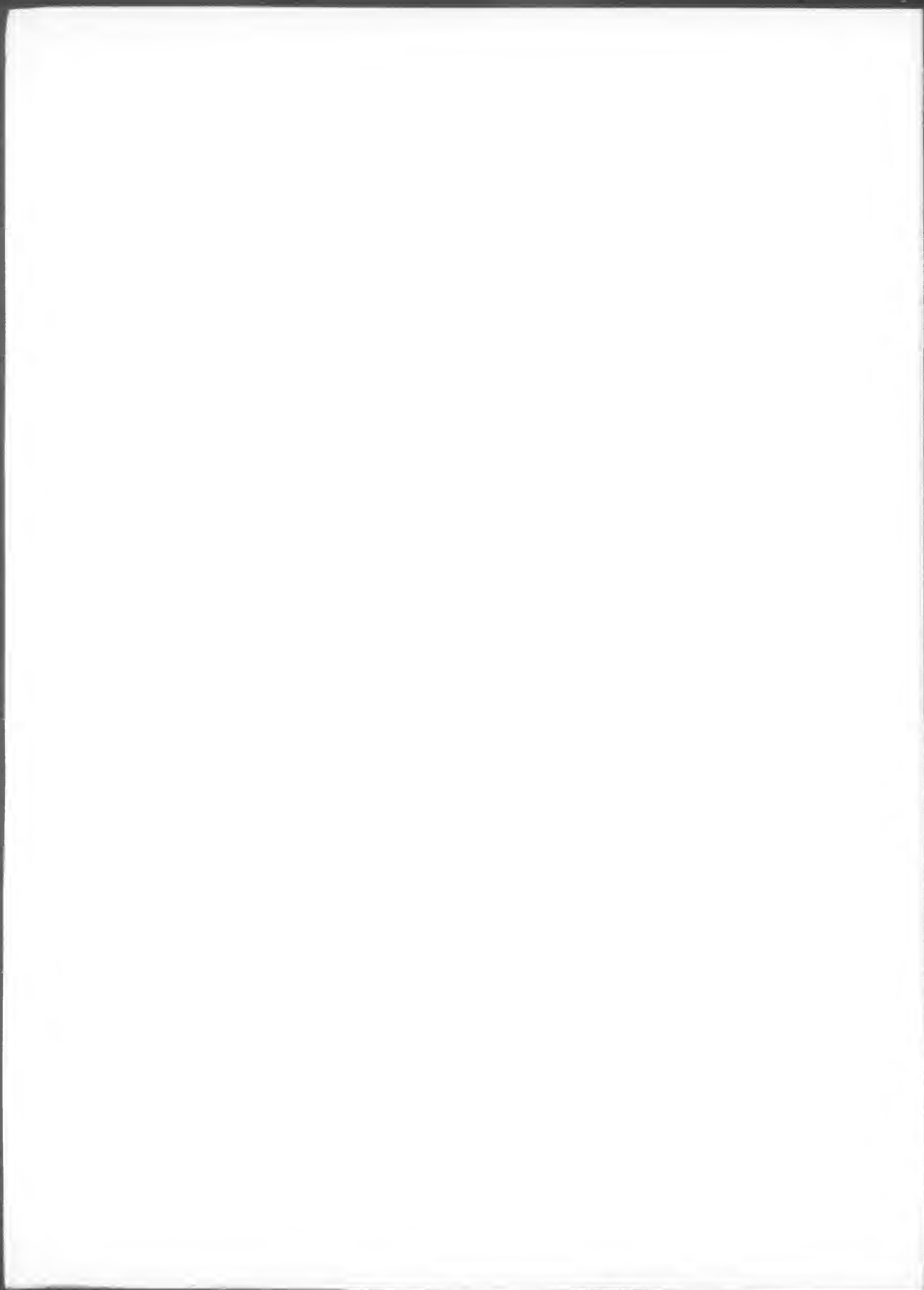
United States
Government
Printing Office
SUPERINTENDENT
OF DOCUMENTS
Washington, DC 20402

OFFICIAL BUSINESS
Penalty for private use, $300

PERIODICALS

Postage and Fees Paid
U.S. Government Printing Office
(ISSN 0097–6326)

*****************3-DIGIT 481
A FR UMI 346U DEC 98 R
UMI
PERIODICALS CHECK IN
PO BOX 1346
ANN ARBOR MI 48106



9–8–98
Vol. 63 No. 173
Pages 47419–48080

federal register

Tuesday
September 8, 1998

**Briefings on how to use the Federal Register**
For information on briefings in Washington, DC, and New York City, see announcement on the inside cover of this issue.

**Now Available Online via**

***GPO Access***

Free online access to the official editions of the *Federal Register, the Code of Federal Regulations* and other Federal Register publications is available on *GPO Access,* a service of the U.S. Government Printing Office at:

http://www.access.gpo.gov/nara/index.html

For additional information on *GPO Access* products, services and access methods, see page II or contact the *GPO Access* User Support Team via:

- ★ Phone: toll-free: 1-888-293-6498
- ★ Email: gpoaccess@gpo.gov

**Attention: Federal Agencies**

***Plain Language Tools Are Now Available***

The Office of the Federal Register offers Plain Language Tools on its Website to help you comply with the President's Memorandum of June 1, 1998—Plain Language in Government Writing (63 FR 31883, June 10, 1998). Our address is: http://www.nara.gov/fedreg

For more in-depth guidance on the elements of plain language, read "Writing User-Friendly Documents" on the National Partnership for Reinventing Government (NPR) Website at: http://www.plainlanguage.gov

The **FEDERAL REGISTER** is published daily, Monday through Friday, except official holidays, by the Office of the Federal Register, National Archives and Records Administration, Washington, DC 20408, under the Federal Register Act (44 U.S.C. Ch. 15) and the regulations of the Administrative Committee of the Federal Register (1 CFR Ch. I). The Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 is the exclusive distributor of the official edition.

The **Federal Register** provides a uniform system for making available to the public regulations and legal notices issued by Federal agencies. These include Presidential proclamations and Executive Orders, Federal agency documents having general applicability and legal effect, documents required to be published by act of Congress, and other Federal agency documents of public interest.

Documents are on file for public inspection in the Office of the Federal Register the day before they are published, unless the issuing agency requests earlier filing. For a list of documents currently on file for public inspection, see http://www.nara.gov/fedreg.

**The seal of the National Archives and Records Administration authenticates the Federal Register** as the official serial publication established under the Federal Register Act. Under 44 U.S.C. 1507, the contents of the **Federal Register** shall be judicially noticed.

The **Federal Register** is published in paper and on 24x microfiche. It is also available online at no charge as one of the databases on GPO Access, a service of the U.S. Government Printing Office.

The online edition of the **Federal Register** is issued under the authority of the Administrative Committee of the Federal Register as the official legal equivalent of the paper and microfiche editions (44 U.S.C. 4101 and 1 CFR 5.10). It is updated by 6 a.m. each day the **Federal Register** is published and it includes both text and graphics from Volume 59, Number 1 (January 2, 1994) forward.

GPO Access users can choose to retrieve online **Federal Register** documents as TEXT (ASCII text, graphics omitted), PDF (Adobe Portable Document Format, including full text and all graphics), or SUMMARY (abbreviated text) files. Users should carefully check retrieved material to ensure that documents were properly downloaded.

On the World Wide Web, connect to the **Federal Register** at http://www.access.gpo.gov/nara. Those without World Wide Web access can also connect with a local WAIS client, by Telnet to swais.access.gpo.gov, or by dialing (202) 512-1661 with a computer and modem. When using Telnet or modem, type swais, then log in as guest with no password.

For more information about GPO Access, contact the GPO Access User Support Team by E-mail at gpoaccess@gpo.gov; by fax at (202) 512–1262; or call (202) 512–1530 or 1–888–293–6498 (toll free) between 7 a.m. and 5 p.m. Eastern time, Monday–Friday, except Federal holidays.

The annual subscription price for the **Federal Register** paper edition is $555, or $607 for a combined **Federal Register**, Federal Register Index and List of CFR Sections Affected (LSA) subscription; the microfiche edition of the **Federal Register** including the Federal Register Index and LSA is $220. Six month subscriptions are available for one-half the annual rate. The charge for individual copies in paper form is $8.00 for each issue, or $8.00 for each group of pages as actually bound; or $1.50 for each issue in microfiche form. All prices include regular domestic postage and handling. International customers please add 25% for foreign handling. Remit check or money order, made payable to the Superintendent of Documents, or charge to your GPO Deposit Account, VISA, MasterCard or Discover. Mail to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954.

There are no restrictions on the republication of material appearing in the **Federal Register**.

**How To Cite This Publication:** Use the volume number and the page number. Example: 63 FR 12345.

## SUBSCRIPTIONS AND COPIES

**PUBLIC**

| | |
|---|---|
| **Subscriptions:** | |
| Paper or fiche | 202–512–1800 |
| Assistance with public subscriptions | 512–1806 |
| **General online information** | 202–512–1530; 1–888–293–6498 |
| **Single copies/back copies:** | |
| Paper or fiche | 512–1800 |
| Assistance with public single copies | 512–1803 |

**FEDERAL AGENCIES**

| | |
|---|---|
| **Subscriptions:** | |
| Paper or fiche | 523–5243 |
| Assistance with Federal agency subscriptions | 523–5243 |

FEDERAL REGISTER WORKSHOP

### THE FEDERAL REGISTER: WHAT IT IS AND HOW TO USE IT

FOR: Any person who uses the Federal Register and Code of Federal Regulations.

WHO: Sponsored by the Office of the Federal Register.

WHAT: Free public briefings (approximately 3 hours) to present:

1. The regulatory process, with a focus on the Federal Register system and the public's role in the development regulations.
2. The relationship between the Federal Register and Code of Federal Regulations.
3. The important elements of typical Federal Register documents.
4. An introduction to the finding aids of the FR/CFR system.

WHY: To provide the public with access to information necessary to research Federal agency regulations which directly affect them. There will be no discussion of specific agency regulations.

### WASHINGTON, DC

WHEN: September 15, 1998 at 9:00 a.m.

WHERE: Office of the Federal Register<br>Conference Room,<br>800 North Capitol Street, N.W.<br>Washington, DC<br>(3 blocks north of Union Station Metro)

RESERVATIONS: 202–523–4538

### NEW YORK CITY

WHEN: September 22, 1998 at 9:00 a.m.

WHERE: National Archives—Northeast Region<br>201 Varick Street, 12th Floor<br>New York, New York

RESERVATIONS: 1–800–688–9889 x 0<br>(Federal Information Center)

Printed on recycled paper.

# Contents

Federal Register

Vol. 63, No. 173

Tuesday, September 8, 1998

**Agriculture Department**
*See* Animal and Plant Health Inspection Service
*See* Foreign Agricultural Service

**Animal and Plant Health Inspection Service**
RULES
Livestock and poultry disease control:
Brucellosis; increased indemnity for cattle and bison, 47419–47423

**Children and Families Administration**
NOTICES
Agency information collection activities:
Proposed collection; comment request, 47502–47503

**Coast Guard**
RULES
Drawbridge operations:
Louisiana, 47427–47428
Texas, 47426–47427
Ports and waterways safety:
Custom House Reach, Charleston Harbor, SC; safety zone, 47428–47429
Regattas and marine parades:
Busch Beer Drag Boat Classic, 47425–47426
PROPOSED RULES
Ports and waterways safety:
Hackensack River, NJ; safety zone, 47455

**Commerce Department**
*See* International Trade Administration
*See* Minority Business Development Agency
*See* National Oceanic and Atmospheric Administration
*See* National Telecommunications and Information Administration

**Comptroller of the Currency**
NOTICES
Agency information collection activities:
Submission for OMB review; comment request, 47547–47548

**Defense Department**
RULES
Acquisition regulations:
North Atlantic Treaty Organization countries; quality assurance
Correction, 47439
PROPOSED RULES
Acquisition regulations:
Contract financing; flexible progress payments, 47460–47461
NOTICES
Agency information collection activities:
Submission for OMB review; comment request, 47485–47486
Meetings:
Military Justice Joint Service Committee, 47486

**Education Department**
NOTICES
Agency information collection activities:
Submission for OMB review; comment request, 47486–47487

**Employment and Training Administration**
NOTICES
Grants and cooperative agreements; availability, etc.:
Opportunity areas for out-of-school youth pilot demonstration, 47520–47528

**Energy Department**
*See* Energy Efficiency and Renewable Energy Office
*See* Federal Energy Regulatory Commission
RULES
Personnel assurance program:
DOE and DOE contractor employees assigned nuclear explosive duties at DOE facilities; procedures and standards, 48059–48074
NOTICES
Meetings:
Secretary of Energy Advisory Board, 47487

**Energy Efficiency and Renewable Energy Office**
RULES
Consumer products; energy conservation program:
Electric cooktops, self-cleaning ovens, and microwave ovens; energy conservation standards, 48037–48057

**Environmental Protection Agency**
RULES
Air programs; approval and promulgation; State plans for designated facilities and pollutants:
Virginia, 47436–47438
Air quality implementation plans; approval and promulgation; various States:
Illinois, 47431–47434
Louisiana, 47429–47431
Pennsylvania, 47434–47436
Drinking water:
Safe Drinking Water Act—
Public water system program; administrative compliance orders procedures removed, 48075–48077
PROPOSED RULES
Air programs; approval and promulgation; State plans for designated facilities and pollutants:
Virginia, 47459
Air quality implementation plans; approval and promulgation; various States:
Illinois, 47459
Louisiana, 47458–47459
Drinking water:
Safe Drinking Water Act—
Public water system program; citizen suits; complaint notice requirements, 48078–48080
NOTICES
Air programs:
Ambient air quality standards, national—
Liberty Borough, PA, PM-10 nonattainment area; attainment determination, 47493

Power-Bannock Counties, ID, PM-10 nonattainment area; attainment determination; settlement agreement, 47493–47494
Meetings:
Carbon monoxide; air quality criteria; peer-review workshop, 47494
Superfund; response and remedial actions, proposed settlements, etc.:
Hansen Container Site, CO, 47494–47495
Quality Plating Site, IL, 47495

**Federal Aviation Administration**
RULES
Airworthiness directives:
Airbus, 47423–47425
PROPOSED RULES
Airworthiness directives:
Boeing, 47447–47448
British Aerospace, 47440–47442, 47445–47447
McDonnell Douglas, 47443–47445
NOTICES
Advisory circulars; availability, etc.:
Aircraft—
Electronic displays installation, 47544–47545
Equipment, systems, and installations, 47544

**Federal Communications Commission**
RULES
Practice and procedure:
Regulatory fees (1998 FY); assessment and collection
Correction, 47438–47439
PROPOSED RULES
Common carrier services:
Wireless communication services—
Regulations streamlining, 47460
NOTICES
Rulemaking proceedings; petitions filed, granted, denied, etc., 47495

**Federal Energy Regulatory Commission**
NOTICES
Environmental statements; availability, etc.:
Vector Pipeline L.P., 47490–47491
Environmental statements; notice of intent:
Little Horn Energy Wyoming, Inc., 47491–47492
Hydroelectric applications, 47492
*Applications, hearings, determinations, etc.:*
Abacus Group Ltd., 47487
Columbia Gas Transmission Corp., 47488
Eastern Shore Natural Gas Co., 47488
Koch Gateway Pipeline Co. et al., 47489
KO Transmission Co., 47488–47489
Northern Natural Gas Co., 47489–47490
Williams Gas Pipelines Central, Inc., 47490
Williston Basin Interstate Pipeline Co., 47490

**Federal Financial Institutions Examination Council**
NOTICES
Truth in Lending Act; administrative enforcement; restitution policy statement, 47495–47498

**Federal Maritime Commission**
NOTICES
Agreements filed, etc., 47499
Freight forwarder licenses:
Transoptima et al., 47499

**Federal Railroad Administration**
NOTICES
Exemption petitions, etc.:
CSX Transportation, Inc., 47545

**Federal Reserve System**
NOTICES
Banks and bank holding companies:
Formations, acquisitions, and mergers, 47499–47501
Permissible nonbanking activities, 47501

**Food and Drug Administration**
NOTICES
Food additive petitions:
Keller & Heckman LLP, 47503–47504
Meetings:
Anti-Infective Drugs Advisory Committee, 47504
Nonprescription Drugs Advisory Committee, 47504
Reports and guidance documents; availability, etc.:
Antibiotic resistance marker genes use in transgenic plants; industry guidance, 47505–47506

**Foreign Agricultural Service**
NOTICES
North American Free Trade Agreement:
Frozen concentrated orange juice from Mexico; temporary duty imposition, 47465

**General Services Administration**
RULES
Federal travel:
Privately owned vehicle mileage reimbursement, 47438

**Health and Human Services Department**
*See* Children and Families Administration
*See* Food and Drug Administration
*See* Health Care Financing Administration
*See* Inspector General Office, Health and Human Services Department
*See* Substance Abuse and Mental Health Services Administration
NOTICES
Healthy People 2010 objectives; comment request, 47501–47502

**Health Care Financing Administration**
*See* Inspector General Office, Health and Human Services Department
PROPOSED RULES
Medicare:
Hospital outpatient services; prospective payment system, 47551–48036
NOTICES
Medicare:
Medicare+Choice program—
Risk adjusted payment implementation; meeting, 47506–47513
Meetings:
Competitive Pricing Advisory Committee, 47513–47514

**Inspector General Office, Health and Human Services Department**
PROPOSED RULES
Medicare:
Hospital outpatient services; prospective payment system, 47551–48036

**Interior Department**
*See* Land Management Bureau
*See* National Park Service

**Internal Revenue Service**
PROPOSED RULES
Income taxes:
S corporation subsidiaries
Hearing postponement, 47455

**International Development Cooperation Agency**
*See* Overseas Private Investment Corporation

**International Trade Administration**
NOTICES
Antidumping:
Corrosion-resistant carbon steel flat products from—
Japan, 47465–47469
Oil country tubular goods from—
Korea, 47469–47474
Titanium sponge from—
Kazakhstan, 47478–47480
Russian Federation, 47474–47477

**Justice Department**
NOTICES
Agency information collection activities:
Proposed collection; comment request, 47519–47520

**Labor Department**
*See* Employment and Training Administration

**Land Management Bureau**
NOTICES
Agency information collection activities:
Submission for OMB review; comment request, 47516–47517
Alaska Native claims selection:
Koniag, Inc., Regional Native Corp., 47517
Classification of public lands:
Nevada, 47517–47518
Right-of-way; applications, etc.:
New Mexico, 47518

**Minority Business Development Agency**
NOTICES
Grants and cooperative agreements; availability, etc.:
Minority business opportunity committee program, 47480–47484

**National Aeronautics and Space Administration**
NOTICES
Agency information collection activities:
Submission for OMB review; comment request, 47529
Meetings:
Space Science Advisory Committee, 47529

**National Highway Traffic Safety Administration**
NOTICES
Motor vehicle safety standards; exemption petitions, etc.:
Kolcraft Enterprises, Inc., 47545–47546

**National Oceanic and Atmospheric Administration**
RULES
Fishery conservation and management:
Alaska; fisheries of Exclusive Economic Zone—
Pollock, 47439
PROPOSED RULES
Fishery conservation and management:
Alaska; fisheries of Exclusive Economic Zone—
Groundfish observer program, 47462–47464
Caribbean, Gulf, and South Atlantic fisheries—
South Atlantic snapper-grouper, 47461–47462

**National Park Service**
NOTICES
Concession contract negotiations:
Glen Canyon National Recreation Area, CO; lodging accommodations, etc.; cancellation, 47518
Rocky Mountain National Park, CO; instruction and guide services, 47518–47519
Realty actions; sales, leases, etc.:
Appalachian National Scenic Trail, NH, 47519

**National Telecommunications and Information Administration**
NOTICES
Meetings:
Public Interest Obligations of Digital Television Broadcasters Advisory Committee, 47484–47485

**Nuclear Regulatory Commission**
PROPOSED RULES
High-level radioactive wastes disposal, geologic repositories:
Investigation and evaluation of potentially adverse conditions; withdrawn, 47440
NOTICES
Environmental statements; availability, etc.:
Toledo Edison Co. et al., 47531–47532
Petitions; Director's decisions:
Commonwealth Edison Co., 47532–47534
Veterans Administration Medical Center, Philadelphia, PA, 47534–47540
*Applications, hearings, determinations, etc.:*
Carolina Power & Light Co., 47529–47531
Commonwealth Edison Co., 47531

**Overseas Private Investment Corporation**
NOTICES
Meetings; Sunshine Act, 47519

**Postal Rate Commission**
PROPOSED RULES
Practice and procedure:
Library reference rule, 47456–47458

**Public Health Service**
*See* Food and Drug Administration
*See* Substance Abuse and Mental Health Services Administration

**Securities and Exchange Commission**
NOTICES
Meetings; Sunshine Act, 47541–47542
*Applications, hearings, determinations, etc.:*
DG Investor Series et al., 47540–47541

**Special Counsel Office**
NOTICES
Agency information collection activities:
Proposed collection; comment request, 47542–47543

**State Department**
NOTICES
Meetings:
International Communications and Information Policy Advisory Committee, 47543
Senior Executive Service:
Performance Review Board; membership, 47543

**Substance Abuse and Mental Health Services Administration**
NOTICES
Federal agency urine drug testing; certified laboratories meeting minimum standards, list, 47514–47516
Meetings:
Substance Abuse Prevention Center National Advisory Council, 47516

**Surface Transportation Board**
NOTICES
Railroad services abandonment:
R.J. Corman Railroad Co./Allentown Lines, Inc., 47546–47547

**Tennessee Valley Authority**
PROPOSED RULES
Freedom of Information Act; implementation, 47448–47455

**Thrift Supervision Office**
NOTICES
Agency information collection activities:
Proposed collection; comment request, 47548
Submission for OMB review; comment request, 47548–47549

**Transportation Department**
*See* Coast Guard
*See* Federal Aviation Administration
*See* Federal Railroad Administration
*See* National Highway Traffic Safety Administration
*See* Surface Transportation Board
NOTICES
Agency information collection activities:
Submission for OMB review; comment request, 47543–47544
Aviation proceedings:
Agreements filed; weekly receipts, 47544

**Treasury Department**
*See* Comptroller of the Currency
*See* Internal Revenue Service
*See* Thrift Supervision Office

**Veterans Affairs Department**
NOTICES
Meetings:
Research and Development Cooperative Studies Evaluation Committee, 47549

---

**Separate Parts In This Issue**

**Part II**
Department of Health and Human Services, Health Care Financing Administration, and Inspector General Office, 47551–48036

**Part III**
Department of Energy, Energy Efficiency and Renewable Energy Office 48037–48057

**Part IV**
Department of Energy, 48059–48074

**Part V**
Environmental Protection Agency, 48075–48080

---

**Reader Aids**
Consult the Reader Aids section at the end of this issue for phone numbers, online resources, finding aids, reminders, and notice of recently enacted public laws.

## CFR PARTS AFFECTED IN THIS ISSUE

A cumulative list of the parts affected this month can be found in the Reader Aids section at the end of this issue.


**9 CFR**
51.....47491

**10 CFR**
430.....48038
711.....48060

**Proposed Rules:**
60.....47440

**14 CFR**
39.....47423

**Proposed Rules:**
39 (4 documents).....47440, 47443, 47445, 47447

**18 CFR**

**Proposed Rules:**
1301.....47448

**26 CFR**

**Proposed Rules:**
1.....47455

**33 CFR**
100.....47425
117 (2 documents).....47426, 47427
165.....47428

**Proposed Rules:**
165.....47455

**39 CFR**

**Proposed Rules:**
3001.....47456

**40 CFR**
52 (3 documents).....47429, 47431, 47434
62.....47436
142.....48076

**Proposed Rules:**
52 (2 documents).....47458, 47459
62.....47459
135.....48078

**41 CFR**
301–10.....47438

**42 CFR**

**Proposed Rules:**
409.....47552
410.....47552
411.....47552
412.....47552
413.....47552
419.....47552
489.....47552
498.....47552
1003.....47552

**47 CFR**
1.....47438

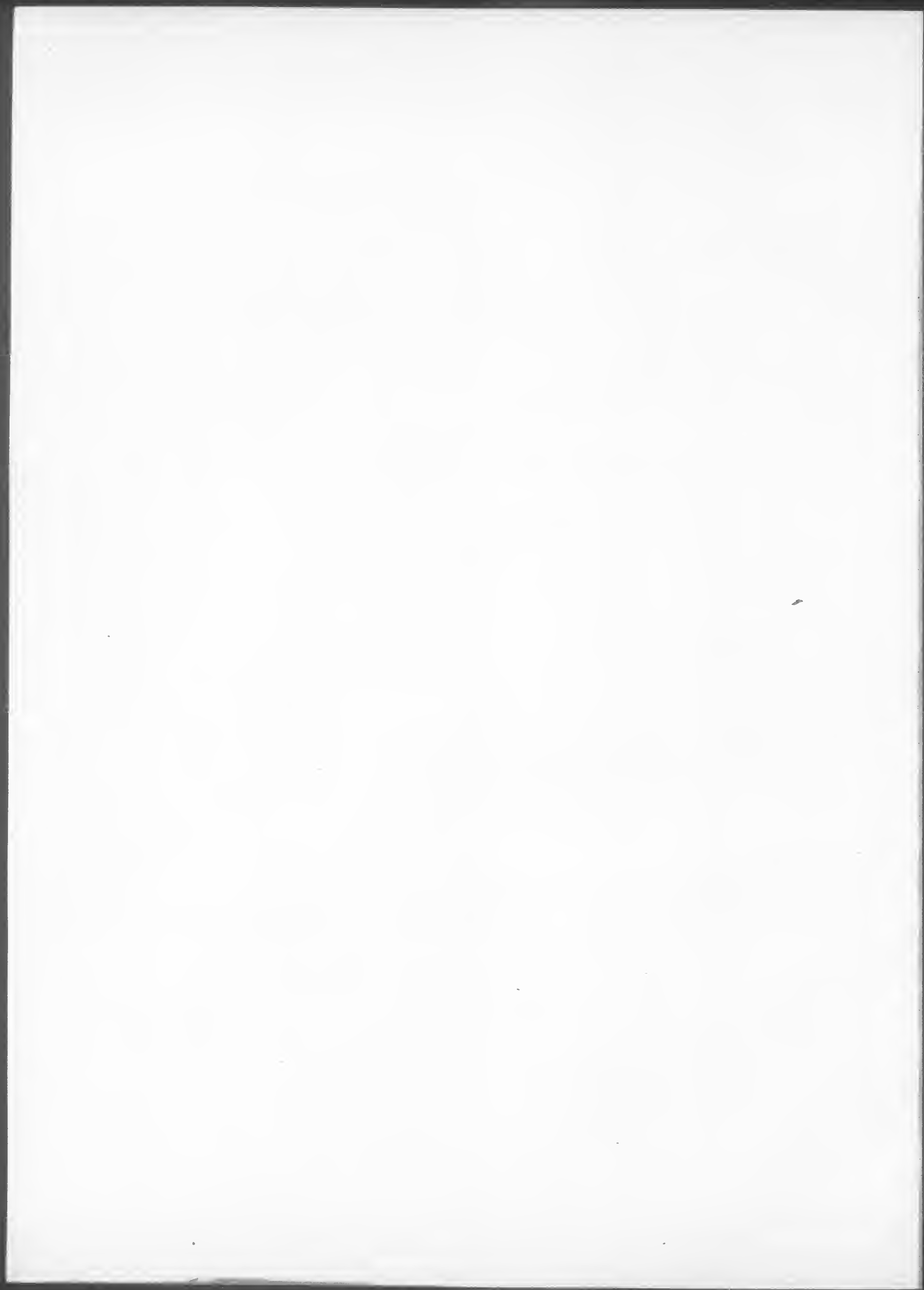
**Proposed Rules:**
Ch. I.....47460

**48 CFR**
246.....47439

**Proposed Rules:**
232.....47460
252.....47460

**50 CFR**
679.....47462

**Proposed Rules:**
622.....47461
679.....47462



Federal Register
Vol. 63, No. 173
Tuesday, September 8, 1998

# Rules and Regulations

This section of the FEDERAL REGISTER contains regulatory documents having general applicability and legal effect, most of which are keyed to and codified in the Code of Federal Regulations, which is published under 50 titles pursuant to 44 U.S.C. 1510.

The Code of Federal Regulations is sold by the Superintendent of Documents. Prices of new books are listed in the first FEDERAL REGISTER issue of each week.

## DEPARTMENT OF AGRICULTURE

### Animal and Plant Health Inspection Service

### 9 CFR Part 51

[Docket No. 98–016–2]

### Brucellosis; Increased Indemnity for Cattle and Bison

**AGENCY:** Animal and Plant Health Inspection Service, USDA.

**ACTION:** Final rule.

**SUMMARY:** We are adopting as a final rule, with two changes, an interim rule that amended the regulations governing Federal indemnity paid under the brucellosis eradication program to increase the amount of indemnity that may be paid for certain cattle and bison destroyed because of brucellosis. The interim rule described two indemnity methods—an appraisal method and a fixed-rate method—from which owners of certain animals approved for destruction may choose. As amended by this document, the rule now allows owners to receive Federal indemnity for unweaned, neutered calves in herds approved for depopulation, and the fixed-rate indemnity method now accounts for the higher value of registered beef cattle and dairy cattle compared to nonregistered beef cattle and bison. This action will provide sufficient financial incentive for cattle and bison owners to depopulate brucellosis-affected herds. The continued existence of these herds increases the risk of disease spread and prolongs the eradication process.

**EFFECTIVE DATE:** September 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** Dr. Valerie Ragan, Senior Staff Veterinarian, National Animal Health Programs Staff, VS, APHIS, 4700 River Road Unit 36, Riverdale, MD 20737–1231, (301) 734–3754.

**SUPPLEMENTARY INFORMATION:**

### Background

The regulations in part 78 of title 9 of the Code of Federal Regulations (CFR) govern the interstate movement of cattle, bison, and swine to help prevent the interstate spread of brucellosis, a contagious disease affecting animals and humans caused by bacteria of the genus *Brucella*. In humans, brucellosis initially causes flulike symptoms, but the disease may develop into a number of chronic conditions, such as arthritis. In cattle and bison, brucellosis causes, among other things, decreased milk production and loss of young through abortion or birth of weak calves. Humans can be treated for brucellosis with antibiotics; there is no feasible means of curing brucellosis in food animals.

The regulations in part 78 are part of a cooperative Federal and State program, administered by the Animal and Plant Health Inspection Service (APHIS), U.S. Department of Agriculture (USDA), to eradicate brucellosis from the United States. Program officials are striving to eradicate the field strain of *Brucella abortus* from domestic cattle and bison herds by the end of December 1998. Among other things, the regulations in part 78 provide a system for classifying States or portions of States (areas) according to the rate of *B. abortus* infection present and the general effectiveness of the brucellosis control and eradication program in the State or area. The classifications are Class Free, Class A, Class B, Class C, and quarantined States and areas, with Class Free States being those in which there has been no finding of brucellosis in cattle or bison for the 12 months preceding classification and quarantined States and areas being those States and areas with the highest rates of brucellosis. As of July 31, 1998, there were only 8 known affected cattle herds and 1 known affected bison herd, and APHIS had declared 43 States, Puerto Rico, and the U.S. Virgin Islands free of the disease.

Brucellosis is commonly transmitted to susceptible animals by direct contact with infected animals. The disease is also transmitted to susceptible animals in contact with an environment that has been contaminated by discharges from infected animals. Infected pregnant cows may discharge billions of *Brucella* bacteria at calving or abortion. Although it is not common, infected bulls can spread the disease to cows during breeding. Because brucellosis is transmitted by sexually intact animals, steers and spayed heifers do not pose a risk of transmitting brucellosis.

The basic approach to brucellosis eradication in cattle and bison has been to test cattle and bison for infection and send sexually intact infected and exposed animals to slaughter. Brucellosis-exposed cattle and brucellosis-exposed bison have a high probability of contracting brucellosis, and may, in fact, be contagious before they react to an official test for brucellosis. Because the continued presence of brucellosis in a herd seriously threatens the health of animals in that herd and other herds, the prompt destruction of sexually intact brucellosis-affected cattle or bison is critical to the success of the eradication program.

To encourage destruction of sexually intact cattle and bison that are infected with or that have been exposed to brucellosis, USDA pays Federal indemnity to owners of certain animals that are destroyed because of brucellosis. The regulations governing indemnification under the brucellosis eradication program are in 9 CFR part 51 (referred to below as the regulations). Without sufficient financial incentive to destroy exposed animals or depopulate affected herds, many owners prefer to quarantine exposed animals or, when the exposed animals in a herd cannot be isolated, the entire herd. Quarantining is a lengthy and expensive process for both the owner and USDA. USDA has to pay to have the quarantined herd tested periodically, until the herd is found to be free of brucellosis, and the owner may not sell or move any animals while they are under quarantine, except for slaughter, which provides less revenue than sales for breeding purposes.

In an interim rule effective March 24, 1998, and published in the Federal Register on March 31, 1998 (63 FR 15281–15284, Docket No. 98–016–1), we amended the regulations to provide additional financial incentive for owners to choose depopulation when USDA offers to pay indemnity for destruction of a herd. We amended § 51.3, "Payment to owners for animals destroyed," by changing the system of determining the indemnity to be paid for all cattle and bison destroyed under

the program, except for individual reactors and sexually intact exposed female calves that are not part of a whole-herd depopulation.

As a result of the interim rule, the Administrator may authorize the payment of indemnity by USDA to any owner of the following animals destroyed under the brucellosis eradication program: (1) Cattle and bison identified as reactors as a result of a complete herd test and any sexually intact exposed female calves (defined in § 51.1 as "a female bovine less than 6 months of age that is nursed by a brucellosis reactor at the time such reactor is condemned, and that has not been altered to make it incapable of reproduction"), (2) cattle and bison in a herd that has been approved by APHIS for depopulation, and (3) brucellosis-exposed cattle and brucellosis-exposed bison that were previously sold or traded from any herd that has, subsequent to the sale or trade, been found to be affected with brucellosis.

For individual cattle and bison identified as reactors on a complete herd test and for any sexually intact exposed female calves, the interim rule provided a fixed indemnity rate: $250 for any registered cattle and nonregistered dairy cattle and $50 for any bison, nonregistered cattle other than dairy cattle, or sexually intact exposed female calves. For cattle and bison herds that have been approved for depopulation and for brucellosis-exposed cattle and brucellosis-exposed bison that meet the conditions described above, the interim rule allowed owners to choose an appraisal method or a fixed-rate method for determining the indemnity amounts. As specified in the interim rule, under the appraisal method, the indemnity is the appraised market value of the animal minus the salvage value, and under the fixed-rate method, the indemnity will not exceed $250 per animal. The method chosen must be used for all animals to be destroyed.

According to the interim rule, owners have the option of having an appraisal of their animals done prior to choosing the method used. Appraisals are conducted by an independent appraiser selected by the APHIS Administrator, and the cost of the appraisals is borne by APHIS. In all cases, the amount of Federal indemnity is determined in accordance with the regulations that were in effect on the date that reactors were found or the date that depopulation or removal of individual exposed animals was approved. Prior to payment of indemnity, proof of destruction [1] must be furnished to the Veterinarian in Charge. The Administrator shall authorize the maximum per-head amount for animals approved for indemnity under the brucellosis eradication program unless: (1) Sufficient funds are not available, (2) the State or area in which the animal is located is under Federal quarantine, (3) the State does not request payment of Federal indemnity, or (4) the State requests a rate lower than the maximum.

We solicited comments concerning the interim rule for 60 days ending June 1, 1998. We received 14 comments by that date. The comments were from cattle industry associations, State departments of agriculture, and veterinary associations. All of the commenters were in favor of the intent of the interim rule: Many stated that increased indemnification is important for the rapid completion of the brucellosis eradication program because some producers have been reluctant to depopulate their affected herds. However, all but one of the commenters requested changes to the provisions of the interim rule. The suggestions made in the comments are discussed in detail below.

The comments primarily dealt with two concerns. The most prevalent suggestion was to allow cows and nursing calves in herds approved for depopulation to be appraised as a pair because these animals are generally worth more as a unit than as individuals.

The second most prevalent suggestion was to allow indemnity to be paid for all unweaned calves in herds approved for depopulation and to exempt any neutered calves from "B" branding and slaughter requirements. (Currently, the regulations allow for indemnity to be paid for sexually intact calves of both sexes but not for spayed heifers or steers, with the exception of work oxen, because neutered animals do not present a threat of spreading brucellosis. However, a common herd-management practice involves neutering nursing calves, especially the males. Owners of herds approved for depopulation are reluctant to slaughter cows with nursing calves that have been neutered because these calves are not eligible for indemnity and feeding unweaned calves is a labor-intensive and frequently unsuccessful undertaking.) The commenters expressed concern that owners of herds approved for depopulation may either delay depopulation until the neutered calves can be weaned (generally at about 6 months of age) or opt to test the herd with removal of reactors until the herd qualifies for release from quarantine. In either case, the herd remains as a potential source of disease transmission for an extended period of time. Several commenters stated that herd owners whose management practices include neutering of calves are "seriously disadvantaged" by the provisions in the interim rule.

One commenter stated that it is important to pay adequate indemnity to the owners of cows with nursing bull calves. The commenter stated that 4 to 6 months after weaning, the nursing bull calf becomes a valuable steer worth approximately $500. Without being offered adequate indemnity, owners of exposed cows with nursing bull calves may resist depopulation. The commenter further stated that either "an indemnity option to encourage such owners to depopulate should be provided" or the Federal fixed indemnity should be increased by $100 and the States should be permitted to apply State indemnity funds to address this issue.

One commenter suggested several other changes to the regulations. (1) State clearly that bull calves are eligible for indemnity. These calves would include weaned and unweaned bull calves that are to be used for breeding and unweaned bull calves that are not to be used for breeding. (2) Require destruction of all sexually intact males and females for which indemnity is paid. However, bull calves under 18 months of age for which indemnity is paid could be castrated and not destroyed and exempted from reactor tagging and "B" branding requirements. (3) For the purpose of herd depopulation, define a "steer" as a castrated male that has been weaned and a "not weaned steer" as a castrated male that has not been weaned. Allow indemnity to be paid for not weaned steer calves and exempt these calves from reactor tagging, "B" branding, and slaughter.

One commenter "encourages APHIS to continue to vigorously attack the remaining vestiges of this contagious disease affecting animals and humans." The commenter urged that, as the

[1] The Veterinarian in Charge shall accept any of the following documents as proof of destruction: (a) A postmortem report; (b) a meat inspection certification of slaughter; (c) a written statement by a State representative, APHIS representative, or accredited veterinarian attesting to the destruction of the animal; (d) a written, sworn statement by the owner or caretaker of the animal attesting to the destruction of the animal; (e) a permit (VS Form 1–27) consigning the animal from a farm or livestock market directly to a recognized slaughtering establishment; or (f) in unique situations where the documents listed above are not available, other similarly reliable forms of proof of destruction.

eradication program winds down, APHIS continue adequate monitoring and surveillance at first points of market concentration and/or slaughter to prevent reinfection of the Nation's cattle herd from undetected animals.

Our final rule incorporates some of the suggestions made in the comments.

We agree with the comments about the increased value of cow—calf pairs over individual animals, and the appraisals made under the brucellosis program already take into account the increased value of such pairs. We further believe that adequate indemnity is currently offered for both weaned and unweaned bull calves and that no clarification needs to be made to the regulations regarding the eligibility of bull calves for indemnity. We also do not believe that definitions of steer and bull calves need to be added to the regulations. However, we will amend the regulations to allow for payment of indemnity for certain neutered calves as explained below.

In regard to the suggestions regarding unweaned calves in herds approved for depopulation, we recognize the problems described previously for herd owners caused by slaughtering cows that have nursing calves. We have decided to offer herd owners indemnity for unweaned, neutered cattle and bison in herds approved for depopulation. We are changing the regulations in paragraph (d) of § 51.9, "Claims not allowed," to allow for such payment. However, for reasons described below, we are not changing our regulations to incorporate the suggestion to allow indemnity to be paid for these calves but not require them to be destroyed.

As with all other animals for which Federal indemnity is provided under the brucellosis eradication program, we will require that owners of unweaned, neutered cattle and bison in herds approved for depopulation send these unweaned calves to slaughter or otherwise destroy them in accordance with the regulations in order to receive indemnity for them. Although these animals do not pose a threat of spreading brucellosis, we believe that it is important to require their destruction because we do not want to establish a situation in which it is financially beneficial for owners to have brucellosis infection in their herds. By providing indemnity for these calves and then allowing the owners to keep them, the possibility exists that the owners could profit from this action if the animals are raised and then sold at a later date. As stated previously, our goal in providing indemnification to owners under the brucellosis eradication program is to provide sufficient financial incentive to encourage destruction of infected and exposed animals. Therefore, we are not amending the requirement in § 51.3 of the regulations that owners must provide proof of destruction of their animals in order to collect Federal indemnity for them. We are also not amending the requirements in § 51.5, which specifies methods of identification, including an option for "B" branding, for animals to be destroyed. Owners who choose to seek Federal indemnity for unweaned, neutered calves in herds approved for depopulation must identify and move these calves to slaughter in accordance with § 51.5 of the regulations and provide proof of destruction for them in accordance with § 51.3 of the regulations.

In regard to the comment concerning continued efforts by APHIS to identify and eliminate the last vestiges of brucellosis, we recognize the need to ensure adequate monitoring and surveillance to detect and eliminate any newly discovered sources of the disease and are committed to continuing efforts in this regard.

We are also making a change to the interim rule to correct an inadvertent omission. As stated previously, the interim rule specifies that, for owners of herds and individual exposed animals that qualify for either the appraisal method or the fixed-rate method of indemnity, the indemnity rate under the fixed-rate method shall not exceed $250 per animal. For reasons explained below, the interim rule should have stated that, under the fixed-rate system, the indemnity shall not exceed $250 per animal for bison and nonregistered cattle other than dairy cattle and $750 per animal for registered cattle and nonregistered dairy cattle. We are amending the language in § 51.3 (a)(2)(ii)(B) accordingly.

Prior to publication of the interim rule, the indemnity regulations for herd depopulation in States other than Class Free States took into account the higher value of dairy cattle and registered beef cattle in comparison with bison and nonregistered beef cattle. The former regulations provided that, in States other than Class Free States, the indemnity for animals in herds depopulated because of brucellosis would not exceed $250 per animal for any bison and nonregistered cattle other than dairy cattle and the lesser of 95 percent of appraised value minus salvage value or $750 for any registered cattle or nonregistered dairy cattle. The regulations essentially provided a fixed-rate system with an appraisal component in States other than Class Free States: For regulated animals with comparatively lower values (bison and nonregistered beef cattle), the indemnity was capped at $250; for regulated animals with comparatively higher values (registered beef cattle and dairy cattle), the indemnity was capped at $750.

As stated previously, under the new indemnity system established by the interim rule, owners of herds approved for depopulation must choose one of the two methods (appraisal or fixed rate) for all of the animals in the herd. While the appraisal method obviously accounts for differences in value of animals, the fixed-rate method ($250 per animal) does not account for any differences in value. In changing the former indemnity regulations to the interim rule, we inadvertently omitted under the fixed-rate method the higher rates (up to $750 per animal) that had been in place under the former regulations for registered animals and dairy cattle in States other than Class Free States.

Under the interim rule, owners of nonregistered beef cattle herds are expected to choose the fixed-rate method because the rate of $250 per animal plus salvage value is fair compensation for these animals; owners of registered beef cattle herds are expected to choose the appraisal method because $250 per animal plus salvage value is inadequate compensation for such animals. Owners of beef cattle herds with a mixture of registered and nonregistered animals would have to choose the appraisal method to obtain adequate compensation for all their animals. However, in certain situations, the fixed-rate method can be advantageous to both APHIS and the owner, i.e., APHIS can avoid the cost of conducting the appraisals, and the owner can receive the indemnity money quickly. To make the fixed-rate method under the interim rule commensurate with the former indemnity regulations, which accounted for the higher value of registered beef cattle and dairy cattle, we are splitting the fixed-rate method into the two levels described above. This change in the fixed-rate method should not cause a significant difference in program expenditures and will facilitate depopulation of affected herds with a mixture of registered and nonregistered animals.

Therefore, based on the rationale set forth in the interim rule and in this document, we are adopting the provisions of the interim rule as a final rule with the changes discussed in this document.

This final rule also affirms the information contained in the interim rule concerning Executive Orders 12372

and 12988 and the Paperwork Reduction Act. Because the emergency nature of the interim rule made compliance with section 603 and timely compliance with section 604 of the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) impracticable, we are addressing the Regulatory Flexibility Act in this document as set forth below.

**Effective Date**

This is a substantive rule that relieves restrictions concerning the payment of indemnity for certain cattle and bison. Therefore, pursuant to the provisions of 5 U.S.C. 553, it may be made effective less than 30 days after publication in the **Federal Register**.

**Executive Order 12866 and Regulatory Flexibility Act**

This rule has been reviewed under Executive Order 12866. The rule has been determined to be not significant for the purposes of Executive Order 12866 and, therefore, has not been reviewed by the Office of Management and Budget.

In its effort to eradicate brucellosis, an infectious and contagious bacterial disease affecting animals and humans, the Federal Government offers indemnity payments to owners of cattle and bison destroyed because of brucellosis in accordance with the regulations in 9 CFR part 51. As completion of the brucellosis eradication program approaches, whole-herd depopulation of affected herds has become critical. Program officials recently determined that the Federal indemnity payments needed to be increased to provide sufficient incentive for owners to agree to depopulate herds. When whole-herd depopulation is necessary, producers incur costs related not only to animal loss, but also to transactions, including expenses of gathering and loading, transportation, and commission fees. Furthermore, with the loss of an entire herd, producers suffer production losses; dairy operations lose milk production, and beef operations lose calves. Registered herds may experience the irretrievable loss of valuable breeding characteristics.

In an interim rule published in the **Federal Register** on March 31, 1998, (63 FR 15281–15284, Docket No. 98–016–1), APHIS increased the Federal indemnity payments under the brucellosis eradication program to better reflect the appraised value, or fair market value, of certain animals destroyed under the program. Program officials believe that the increased payments will provide the necessary inducement for producers to depopulate affected herds and replace slaughtered animals with healthier ones. The continued existence of these herds increases the risk of disease spread and prolongs the eradication process.

In 1997, the total number of cattle and bison in the United States was approximately 101.2 million, valued at about $53 billion. Gross income of the U.S. cattle industry was about $31 billion, and total U.S. earnings from exports of live cattle, beef, and veal was approximately $2.6 billion. More than 97 percent of the 1,167,910 U.S. cattle and bison operations had gross cash values of less than $500,000, which, according to standards for agricultural producers set by the Small Business Administration, categorizes these operations as small entities.

The number of brucellosis-affected herds varies over time. According to an informal APHIS estimate, for each herd in quarantine, program officials expect the possible existence of two potential suspect herds. As of July 31, 1998, eight cattle herds and one bison herd were under quarantine. However, only six herds (all owned by persons considered to be small entities) were potential candidates for depopulation. Five were nonregistered beef herds with a total of approximately 1,367 head of cattle, and one was a registered beef herd with about 155 head.

According to the indemnity regulations in place prior to publication of the interim rule, the producers accepting herd depopulation would have received $250 per head as indemnity payment for bison and nonregistered beef cattle destroyed and the lesser of either 95 percent of appraised value minus salvage value or $750 for any registered cattle or nonregistered dairy cattle. In addition to these Federal indemnity payments, these owners would have received the salvage value for each animal and possibly a State supplement to the Federal indemnity payment.

In 1997, beef and cull dairy cows sold for slaughter brought an average of $270 salvage value per 900-lb animal. The replacement cost of a nonregistered beef cow with calf averaged $750, and a cow with no calf, $500. A replacement cow from a registered beef herd averaged $1,200. These figures show that, even before taking into account the other costs, the total compensation (the sum of the salvage value and the indemnity amounts in place at that time) paid to a nonregistered herd owner still fell short of the replacement costs. Specifically, the shortfall averaged $230 per nonregistered beef cow with calf. As a result, many producers would not opt for whole-herd depopulation if offered. The continued existence of affected herds can result in the spread of brucellosis, hindering the eradication process and increasing long-term costs.

Under this final rule, which gives producers of herds approved for depopulation the option of receiving a fixed rate for their animals or an amount based on an appraisal, it is anticipated that many producers will choose the fixed-rate method for claiming indemnity for bison and nonregistered beef cattle and the appraisal method for registered cattle and nonregistered dairy cattle. For owners of bison and nonregistered beef cattle, the value per animal would be about $520 (the fixed rate plus the estimated salvage value), which is very close to the market value of the animals. Owners of registered cattle and nonregistered dairy cattle would not incur a direct market loss because the new indemnity payments would amount to the appraised market value of the live animals minus the salvage value realized. Owners of herds comprising registered and nonregistered beef cattle could choose either indemnity method to receive adequate compensation for their animals as a result of a change from the interim rule to the final rule that split the flat rate into two levels—$250 for bison and nonregistered beef cattle and $750 for registered beef cattle and dairy cattle. Another change from the interim rule to the final rule is the inclusion in the indemnity payment program of neutered calves that are nursing cows in herds approved for depopulation. These calves were formerly excluded from eligibility for indemnity. This change will have an additional mitigating impact on the losses certain producers would incur through herd depopulation.

The cost to APHIS for paying indemnity to the six eligible herd owners if they had decided to participate in whole-herd depopulation under the former indemnity regulations would have been approximately $322,375; the cost to APHIS under the regulations created by the interim and final rules would be approximately $352,450—a difference of $30,075. (We estimate that $26,625 of that total is the result of paying indemnity for the neutered calves.) Because keeping potentially diseased animals or having a herd under quarantine creates a severe competitive disadvantage, these producers can be expected to participate in whole-herd depopulation if their losses are reasonably reduced. These figures do not take into account any currently unidentified affected herds for which APHIS may want to encourage depopulation in the future. However, the total compensation that APHIS will provide in fiscal year 1998 will be limited by available appropriated

funding and will not exceed $3.41 million on a nationwide basis.

Compared with the value of the U.S. cattle industry and its importance to the national economy, the actual costs of increased indemnity for depopulating all animals in all brucellosis-affected herds is small. Competitiveness in the international market depends upon a reputation for producing high-quality, disease-free animals. Both the actual product and the purchasers' perception of the product's quality contribute to continued world market acceptance. While isolated brucellosis outbreaks resulting in relatively small potential losses in cattle production can reduce the confidence of importers and cause a loss of trade, the damage that would result from a widespread brucellosis infection would be extremely costly and harmful to U.S. gross national income. Therefore, efforts to eradicate brucellosis and secure the health of the cattle industry continue to serve the economic interests of the Nation. The increased indemnity payments promulgated by this rule are expected to provide a stronger incentive for whole-herd depopulation of affected cattle. This rule should result in savings to the eradication program because the rule will facilitate the program's progress. The overall effect of this rule upon supply, price, and competitiveness is expected to be minor or none.

Under these circumstances, the Administrator of the Animal and Plant Health Inspection Service has determined that this action will not have a significant economic impact on a substantial number of small entities.

**List of Subjects in 9 CFR Part 51**

Animal diseases, Cattle, Hogs, Indemnity payments, Reporting and recordkeeping requirements.

Accordingly, we are amending 9 CFR part 51 as follows:

## PART 51—ANIMALS DESTROYED BECAUSE OF BRUCELLOSIS

1. The authority citation for part 51 continues to read as follows:

**Authority:** 21 U.S.C. 111–113, 114, 114a, 114a–1, 120, 121, 125, and 134b; 7 CFR 2.22, 2.80, and 371.2(d).

2. In § 51.3, paragraph (a)(2)(ii)(B) is revised to read as follows:

**§ 51.3 Payment to owners for animals destroyed.**

(a) * * *

(2) * * *

(ii) * * *

(B) *Fixed-rate method.* The indemnity shall not exceed $250 per animal for bison and nonregistered cattle other than dairy cattle and $750 per animal for registered cattle and nonregistered dairy cattle.

* * * * *

3. In § 51.9, paragraph (d) is revised to read as follows:

**§ 51.9 Claims not allowed.**

* * * * *

(d) If the animals are:

(1) Barrows or gilts maintained for feeding purposes; or

(2) Spayed heifers or steers, unless the steers are work oxen, or unless the spayed heifers or steers are unweaned animals in a herd approved for depopulation in accordance with § 51.3 of this part.

* * * * *

Done in Washington, DC, this 28th day of August, 1998.

**Joan M. Arnoldi,**

*Acting Administrator, Animal and Plant Health Inspection Service.*

[FR Doc. 98–24016 Filed 9–4–98; 8:45 am]

BILLING CODE 3410–34–P

---

## DEPARTMENT OF TRANSPORTATION

### Federal Aviation Administration

### 14 CFR Part 39

**[Docket No. 98–NM–18–AD; Amendment 39–10742; AD 98–18–26]**

**RIN 2120–AA64**

## Airworthiness Directives; Airbus Model A320 Series Airplanes

**AGENCY:** Federal Aviation Administration, DOT.

**ACTION:** Final rule.

**SUMMARY:** This amendment adopts a new airworthiness directive (AD), applicable to certain Airbus Model A320 series airplanes, that requires repetitive inspections to detect fatigue cracking of the front spar vertical stringers on the wings; and repair, if necessary. This amendment also provides for an optional terminating action for the repetitive inspections. This amendment is prompted by issuance of mandatory continuing airworthiness information by a foreign civil airworthiness authority. The actions specified by this AD are intended to detect and correct fatigue cracking of the front spar vertical stringers on the wings, which could result in reduced structural integrity of the airframe.

**DATES:** Effective October 13, 1998.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of October 13, 1998.

**ADDRESSES:** The service information referenced in this AD may be obtained from Airbus Industrie, 1 Rond Point Maurice Bellonte, 31707 Blagnac Cedex, France. This information may be examined at the Federal Aviation Administration (FAA), Transport Airplane Directorate, Rules Docket, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

**FOR FURTHER INFORMATION CONTACT:** Norman B. Martenson, Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2110; fax (425) 227–1149.

**SUPPLEMENTARY INFORMATION:** A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an airworthiness directive (AD) that is applicable to certain Airbus A320 series airplanes was published in the **Federal Register** on May 5, 1998 (63 FR 24760). That action proposed to require repetitive inspections to detect fatigue cracking of the front spar vertical stringers on the wings; and repair, if necessary. That action also proposed to provide for an optional terminating action for the repetitive inspections.

Interested persons have been afforded an opportunity to participate in the making of this amendment. Due consideration has been given to the comments received.

### Request To Allow Flight With Known Cracks

One commenter, the manufacturer, requests that the proposed AD be revised to allow operators to continue operation of an unrepaired airplane following detection of cracks, utilizing the follow-on inspections and conditions described in Airbus Service Bulletin A320–57–1016, Revision 1, dated December 6, 1995. The commenter states that the follow-on inspection intervals are based on fatigue test results and calculations of the crack propagation rate, depending on the crack length. The commenter also states that the structure of the Airbus Model A320 series airplane is classified as damage tolerant. Additionally, the commenter notes that the inspection program specified in the service bulletin was developed in order to prevent the need for extensive repairs of the aircraft.

The FAA does not concur. It is the FAA's policy to require repair of known cracks prior to further flight, except in certain cases of unusual need, as

discussed below. This policy is based on the fact that such damaged airplanes do not conform to the FAA certificated type design, and therefore, are not airworthy until a properly approved repair is incorporated. While recognizing that repair deferrals may be necessary at times, the FAA policy is intended to minimize adverse human factors relating to the lack of reliability of long-term repetitive inspections, which may reduce the safety of the type certificated design if such repair deferrals are practiced routinely.

As noted above, the FAA's policy regarding flight with known cracks does allow deferral of repairs in certain cases, if there is an unusual need for a temporary deferral. Unusual needs include such circumstances as legitimate difficulty in acquiring parts to accomplish repairs. Under such conditions, the FAA may allow a temporary deferral of the repair, subject to a stringent inspection program acceptable to the FAA. The FAA acknowledges that the manufacturer has specified inspection intervals that are intended to allow continued operation with known cracks, and to prevent the need for extensive repairs. However, since the FAA is not aware of any unusual need for repair deferral in regard to this AD, the FAA has not evaluated these inspection intervals.

Additionally, the FAA policy applies to airplanes certificated to damage tolerance evaluation regulations as well as those not so certificated. Therefore, the commenter's statement that "the Airbus Model A320 airplane structure is classified as damage tolerant" is not relevant to the application of the FAA's policy in this regard.

The FAA considers the compliance times in this AD to be adequate to allow operators to acquire parts to have on hand in the event that a crack is detected during inspection. Therefore, the FAA has determined that, due to the safety implications and consequences associated with such cracking, any subject bottom flange or fastener hole that is found to be cracked must be repaired or modified prior to further flight. No change to the final rule is necessary.

### Request To Revise Service Bulletin Dates

One commenter supports the intent of the proposed AD, but requests that it be revised to reflect the correct issuance date for Revision 1 of Airbus Service Bulletins A320–57–1016 and A320–57–1017. The commenter states that the correct issuance date for both of these service bulletins is September 3, 1991. The FAA does not concur. The original version of these service bulletins is dated September 3, 1991, rather than Revision 1. Therefore, the FAA finds that no change to the final rule is necessary.

### Conclusion

After careful review of the available data, including the comments noted above, the FAA has determined that air safety and the public interest require the adoption of the rule as proposed.

### Cost Impact

The FAA estimates that 16 airplanes of U.S. registry will be affected by this AD, that it will take approximately 2 work hours per airplane to accomplish the required inspection, and that the average labor rate is $60 per work hour. Based on these figures, the cost impact of the inspection required by this AD on U.S. operators is estimated to be $1,920, or $120 per airplane, per inspection cycle.

The cost impact figure discussed above is based on assumptions that no operator has yet accomplished any of the requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

Should an operator elect to accomplish the optional terminating modification, rather than continue the repetitive inspections, it would require approximately 6 work hours to accomplish it, at an average labor rate of $60 per work hour. Required parts would cost approximately $700 per airplane. Based on these figures, the cost impact of the optional terminating modification provided by this AD on U.S. operators is estimated to be $1,060

### Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a "significant regulatory action" under Executive Order 12866; (2) is not a "significant rule" under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES**.

### List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

### Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

## PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

**Authority:** 49 U.S.C. 106(g), 40113, 44701.

### § 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

**98–18–26 Airbus Industrie:** Amendment 39–10742. Docket 98–NM–18–AD.

*Applicability:* Model A320 series airplanes on which Airbus Modification 21290 (reference Airbus Service Bulletin A320–57–1017, Revision 01, dated March 17, 1997) has not been installed, certificated in any category.

**Note 1:** This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

*Compliance:* Required as indicated, unless accomplished previously.

To detect and correct fatigue cracking of the front spar vertical stringers on the wings, which could result in reduced structural integrity of the airframe, accomplish the following:

(a) Prior to the accumulation of 24,000 total flight cycles, or within 60 days after the effective date of this AD, whichever occurs later: Perform an eddy current inspection to detect fatigue cracking of the front spar vertical stringers on the wings, in accordance with Airbus Service Bulletin A320–57–1016, Revision 1, dated December 6, 1995.

(1) If no crack is detected, repeat the eddy current inspection thereafter at intervals not to exceed 14,000 flight cycles.

(2) If any crack is detected, prior to further flight, repair in accordance with a method approved by the Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate; or the Direction Generale de l'Aviation Civile (or its delegated agent). Thereafter, repeat the eddy current inspection at intervals not to exceed 14,000 flight cycles.

(b) Modification of the front spar vertical stringers on the wings, in accordance with Airbus Service Bulletin A320–57–1017, Revision 01, dated March 17, 1997, constitutes terminating action for the repetitive inspection requirements of this AD.

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, International Branch, ANM–116. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, International Branch, ANM–116.

**Note 2:** Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the International Branch, ANM–116.

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(e) The inspections shall be done in accordance with Airbus Service Bulletin A320–57–1016, Revision 1, dated December 6, 1995, which contains the following list of effective pages:

| Page No. | Revision level shown on page | Date shown on page |
|---|---|---|
| 1–4, 7 ....... | 1 ..................... | Dec. 6, 1995 |
| 5–6, 8–13 | Original .......... | Sept. 3, 1991 |

This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Airbus Industrie, 1 Rond Point Maurice Bellonte, 31707 Blagnac Cedex, France. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

**Note 3:** The subject of this AD is addressed in French airworthiness directive 97–311–105(B), dated October 22, 1997.

(f) This amendment becomes effective on October 13, 1998.

Issued in Renton, Washington, on August 28, 1998.

**Vi L. Lipski, Acting Manager,**

*Transport Airplane Directorate,Aircraft Certification Service.*

[FR Doc. 98–23738 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–13–P

---

## DEPARTMENT OF TRANSPORTATION

### Coast Guard

### 33 CFR Part 100

[CGD08–98–054]

RIN 2115–AE46

## Special Local Regulations; 1998 Busch Beer Drag Boat Classic; Kaskaskia River Mile 28.0–29.0, New Athens, Illinois

**AGENCY:** Coast Guard, DOT.

**ACTION:** Temporary final rule.

**SUMMARY:** Special local regulations are being adopted for the Busch Beer Drag Boar Classic. This event will be held on September 12 and 13, 1998 from 7 a.m. until 8 p.m. at New Athens, Illinois. These regulations are needed to provide for the safety of life on navigable waters during the event.

**EFFECTIVE DATE:** These regulations are effective from 7 a.m. until 8 p.m., on September 12 and 13, 1998..

**ADDRESSES:** All documents referred to in this regulation are available for review at Marine Safety Office, St. Louis, 1222 Spruce Street, St. Louis, Missouri 63103–2835.

**FOR FURTHER INFORMATION CONTACT:** Lieutenant D. Schroder, USCG Marine Safety Office, St. Louis, Missouri at (314) 539–3091, ext. 01.

**SUPPLEMENTARY INFORMATION:**

### Drafting Information

The drafters of this regulation are Lieutenant D. Schroder, Project Officer, USCG Marine Safety Office, St. Louis, and LTJG M. Woodruff, Project Attorney, Eighth Coast Guard District Legal Office.

### Regulatory History

In accordance with 5 U.S.C. 553, a notice of proposed rule making for these regulations has not been published, and good cause exists for making them effective in less than 30 days from the date of publication in the Federal Register. Following normal rule making procedures would be impracticable. The details of the event were not finalized in sufficient time to publish proposed rules in advance of the event or to provide for a delayed effective date.

### Background and Purpose

The marine event requiring this regulation is a two day drag boat event consisting of numerous races through each day on September 12 and 13. The Kaskaskia River at mile 28.0–29.0 will be closed during these events. The event is sponsored by the St. Louis Drag Boat Association.

### Regulatory Evaluation

This rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs and benefits under section 6(a)(3) of that order. It has been exempted from review by the Office Management and Budget under that order. It is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040; February 26, 1979). The Coast Guard expects the economic impact of this rule to be so minimal that a full Regulatory Evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary because of the event's short duration, and commercial vessel transit schedule stated above.

### Small Entities

The Coast Guard finds that the impact, if any, on small entities is not substantial. Therefore, the Coast Guard certifies under section 605(b) of the Regulatory Flexibility Act (5 U.S.C. 601 et seq) that this temporary rule will not have a significant economic impact on a substantial number of small entities because of the event's short duration, and commercial vessel transit schedule stated above.

### Collection of Information

This rule contains no information collection requirements under the Paperwork Reduction Act (44 U.S.C. 3501 et. seq).

### Federalism Assessment

The Coast Guard has analyzed this action in accordance with the principles and criteria of Executive Order 12612 and has determined that this rule does not raise sufficient federalism implications to warrant the preparation of a Federalism Assessment.

### Environmental Assessment

The Coast Guard considered the environmental impact of this rule and concluded that under section 2–1, paragraph (34)(h) of Commandant Instruction M16475.1C, this rule is excluded from further environmental documentation.

**List of Subjects in 33 CFR Part 100**

Marine safety, Navigation (water), Reporting and recordkeeping requirements, Waterways.

**Temporary Regulations**

In consideration of the foregoing, part 100 of Title 33, Code of Federal Regulations, is amended as follows:

**PART 100—[AMENDED]**

1. The authority citation for part 100 continues to read as follows:

**Authority:** 33 U.S.C. 1233; 49 CFR 1.46 and 33 CFR 100.35

2. A temporary § 100.35–T08–054 is added to read as follows:

**§ 100.35–T08–054 Kaskaskia River at Mile 28.0–29.0**

(a) *Regulated Area:* A regulated area is established between mile 28.0 and 29.0 of the Kaskaskia River.

(b) *Special Local Regulation:* All persons and/or vessels not registered with the sponsors as participants or official patrol vessels are considered spectators. "Participants" are those persons and/or vessels identified by the sponsor as taking part in the event. The "official patrol" consists of any Coast Guard, public, state or local law enforcement and/or sponsor provided vessel assigned to patrol the event. The Coast Guard "Patrol Commander" is a Coast Guard commissioned, warrant, or petty officer who has been designated by Commanding Officer, Coast Guard Marine Safety Office St. Louis.

(1) No vessel shall anchor, block, loiter in, or impede the through transit of participants or official patrol vessels in the regulated area during effective dates and times, unless cleared for such entry by or through an official patrol vessel.

(2) When hailed and/or signaled by an official vessel, a spectator shall come to an immediate stop. Vessels shall comply with all directions given; failure to do so may result in a citation.

(3) The Patrol Commander is empowered to forbid and control the movement of all vessels in the regulated area. The Patrol Commander may terminate the event at any time it is deemed necessary for the protection of life and/or property and can be reached on VHF–FM Channel 16 by using the call sign "PATCOM".

(c) *Effective Date:* This section is effective from 7 a.m. until 8 p.m. on Spetember 12 and 13, 1998.

Dated: August 21, 1998.

**Paul J. Pluta,**

*Radm, USCG.*

[FR Doc. 98–24054 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–15–M

---

**DEPARTMENT OF TRANSPORTATION**

**Coast Guard**

**33 CFR Part 117**

**[CGD08–98–049]**

**Drawbridge Operating Regulation; Victoria Channel, TX**

**AGENCY:** Coast Guard, DOT.

**ACTION:** Final rule.

**SUMMARY:** The Coast Guard is removing the operating regulation for the Missouri Pacific railroad automated bridge across Victoria Channel, mile 29.4, near Bloomington, Texas, which was published in 1978 allowing the bridge to operate as an automated bridge. However, the mechanism to automate the bridge was never connected and the bridge owner does not wish to automate the bridge. The bridge opens on signal. Therefore, the operating regulation is unnecessary and is being removed.

**DATES:** This regulation becomes effective September 8, 1998.

**ADDRESSES:** Documents referred to in this rule are available for inspection or copying at the office of the Eighth Coast Guard District, Bridge Administration Branch, Hale Boggs Federal Building, room 1313, 501 Magazine Street, New Orleans, Louisiana 70130–3396 between 7 a.m. and 4 p.m., Monday through Friday, except Federal holidays. The telephone number is (504) 589–2965. Commander (ob) maintains the public docket for this rulemaking.

**FOR FURTHER INFORMATION CONTACT:** Mr. David Frank, Bridge Administration Branch, telephone number 504–589–2965.

**SUPPLEMENTARY INFORMATION:**

**Background**

In 1977, the contractor proposing to automate the Missouri Pacific railroad bridge across Victoria Channel, mile 29.4, at Bloomington, Texas, requested a special operating regulation for the automation of the drawbridge. The Coast Guard proceeded with the publication of the proposed regulation and on November 9, 1978, the operation regulation was published in the **Federal Register** (43 FR 53236). The regulation was amended on January 11, 1979 (44 FR 2386). However, the railroad never established the automation system and the bridge has operated manually throughout its existence. Presently, the bridge operates as required by 33 CFR 117.5 rather than under 33 CFR 117.991. Therefore, 33 CFR 117.991 is unnecessary and should be removed.

The Coast Guard has determined that good cause exists under the Administrative Procedure Act (5 U.S.C. 553) to forego notice and comment for this rulemaking because although the drawbridge operation regulation was established, the bridge was never automated and continues to open on signal. Since the bridge was never automated and the owner does not wish to automate the bridge, there is no need for the regulation.

The Coast Guard, for the reason just stated, has also determined that good cause exists for this rule to become effective upon publication in the **Federal Register**.

**Regulatory Evaluation**

This final rule is not a significant regulatory action under section 39f) of Executive Order 12866 and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. The Office of Management and Budget under that Order has not reviewed it. It is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040; February 26, 1979). The Coast Guard expects the economic impact of this final rule to be so minimal that a full Regulatory Evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary.

**Small Entities**

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Coast Guard considers whether this final rule will have a significant economic impact on a substantial number of small entities. "Small entities" include (1) small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and (2) governmental jurisdictions with populations of less than 50,000.

The Missouri Pacific railroad bridge across Victoria Channel, mile 29.4, at Bloomington, Texas opens for the passage of traffic on signal making the rule governing the bridge unnecessary. Therefore, the Coast Guard certifies under 5 U.S.C. 605(b) that this final rule will not have a significant economic impact on a substantial number of small entities.

### Collection of Information

This final rule does not provide for a collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3051 *et seq.*).

### Federalism

The Coast Guard has analyzed this final rule under the principals and criteria contained in Executive Order 12612 and has determined that this rulemaking does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

### Environment

The Coast Guard considered the environmental impact of this final rule and concluded that under Figure 2–1, CE # 32(e) of the NEPA Implementing Procedures, COMDINST M16475.1C, this final rule is categorically excluded from further environmental documentation. A "Categorical Exclusion Determination" is available in the docket for inspection or copying where indicated under ADDRESSES.

### List of Subjects in 33 CFR Part 117

Bridges.

### Regulations

For the reasons set out in the preamble, the Coast Guard is amending part 117 of Title 33, Code of Federal Regulations as follows:

## PART 117—DRAWBRIDGE OPERATION REGULATIONS

1. The authority citation for Part 117 continues to read as follows:

**Authority:** 33 U.S.C. 499; 49 CFR 1.46; 33 CFR 1.05–1(g); section 117.255 also issued under the authority of Pub. L. 102–587, 105 Stat. 5039.

**§ 117.991 [Removed]**

2. Section 117.991 is removed.

Dated: August 21, 1998.

**Paul J. Pluta,**

*Rear Admiral, U.S. Coast Guard Commander, Eighth Coast Guard District.*

[FR Doc. 98–24053 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–15–M

---

## DEPARTMENT OF TRANSPORTATION

### Coast Guard

### 33 CFR Part 117

### [CGD08–98–052]

### RIN 2115–AE47

## Drawbridge Operation Regulation; Lafourche Bayou, LA

**AGENCY:** Coast Guard, DOT.

**ACTION:** Temporary rule.

**SUMMARY:** The Coast Guard is temporarily changing the regulation for the operation of the draw of the SR1 vertical lift bridge across Lafourche Bayou, mile 13.3, in Leeville, Lafourche Parish, Louisiana. The draw will remain closed to navigation continuously from noon on Mondays through noon on Fridays from October 5, 1998, through November 6, 1998. In the event of an approaching tropical storm or hurricane, work on the bridge will be discontinued and the draw will return to normal operation. This temporary rule is issued to allow for the replacement of the electrical and mechanical components of the bridge.

**DATES:** This temporary rule is effective from noon on October 5, 1998 through noon on November 6, 1998.

**ADDRESSES:** All documents referred to in this notice will be available for inspection and copying at room 1313 in the Hale Boggs Federal Building at Commander (ob), Eighth Coast Guard District, Hale Boggs Federal Building, room 1313, 501 Magazine Street, New Orleans, Louisiana 70130–3396 between 7 a.m. and 4 p.m., Monday through Friday, except Federal holidays. The Bridge Administration Branch of the Eighth Coast Guard District maintains the public docket for this temporary rule.

**FOR FURTHER INFORMATION CONTACT:** Phil Johnson or David Frank, Bridge Administration Branch, Commander (ob), Eighth Coast Guard District, 501 Magazine Street, New Orleans, Louisiana, 70130–3396, telephone number 504–589–2965.

**SUPPLEMENTARY INFORMATION:** On June 5, 1998, the Louisiana Department of Transportation and Development (LDOTD), requested a change to the operating schedule of the SR1 vertical lift bridge across Lafourche Bayou, mile 13.3, in Leeville, Lafourche Parish, Louisiana. LDOTD requested that the bridge be closed to navigation continuously from 7 a.m. on Tuesday through 7 p.m. on Thursday each week from July 7, 1998 through July 30, 1998. The reason for the closure was to allow for the replacement of the four (4) lift Cables on the bridge. The District Commander granted the deviation request on June 11, 1998. The deviation (CGD 08–98–28) was published in the **Federal Register** on Friday, June 19, 1998 (63 FR 33575). The lift cables were replaced and work was completed by July 30, 1998.

Additionally, on June 5, 1998, LDOTD requested a second temporary deviation from the regulation governing the operation of the SR1 vertical lift bridge across Lafourche Bayou, mile 13.3, in Leeville, Lafourche Parish, Louisiana. LDOTD requested that the bridge be closed to navigation from 7 am. until 9 a.m.; 9:30 am. until noon; 12:30 p.m. until 3 p.m.; and 3:30 p.m. until 7 p.m., Monday through Friday, except Federal holidays, from August 3, 1998, until October 2, 1998. This temporary deviation was requested to allow for general maintenance repairs. The District Commander granted the deviation request on July 11, 1998. The deviation (CGD 08–98–30) was published in the **Federal Register** on Friday, June 19, 1998 (63 FR 33577). General maintenance repairs are currently underway and the deviation is in effect.

On July 16, 1998, LDOTD requested a modification to temporary deviation (CGD 08–98–30) to allow the bridge to be closed continuously during the mid-week period for two weeks in August, two weeks in September, and two weeks in October. LDOTD stated that the contractor was unable to complete scheduled electric and mechanical repairs without disconnecting power to the bridge rendering the draw inoperable. LDOTD subsequently requested that the SR1 vertical lift bridge across Lafourche Bayou, mile 13.3, in Leeville, Lafourche Parish, Louisiana remain closed to navigation continuously from noon on Mondays through noon on Fridays from October 5, 1998, through November 6, 1998. This closure would allow the contractor to replace the electrical and mechanical components on the bridge. The contractor can not complete these repairs without disconnecting power to the bridge, rendering the draw inoperable.

In making this revised request for closure, LDOTD has moved the dates of the closure outside of the height of hurricane season. However, in the event of an approaching tropical storm or hurricane, work on the bridge will be discontinued and the draw will return to normal operation. The contractor has also worked out an agreement with the Port Authority which will allow larger vessels that are unable to transit through the bridge while in the closed-to-navigation position to off load their catch below the bridge. Since the applicant has adequately resolved the concerns of the Coast Guard, the District Commander is granting LDOTD's request for a temporary change to bridge operating procedures.

In accordance with 5 U.S.C. 553, a notice of proposed rulemaking for this rule has been published, and good cause exists for making it effective in less than

30 days from the date of publication. Following normal rule making procedures would have been impracticable. There was not sufficient time to publish proposed rules in advance of implementing the change to the bridge operating procedures or to provide for a delayed effective date.

**Background and Purpose**

The bridge has a vertical clearance of 40 feet above mean high water in the closed-to-navigation position. Mean high water elevation is 3 feet above Mean Sea Level (MSL). Navigation on the waterway consists primarily of fishing vessels, some tugs with tows and occasional recreational craft. Presently, the draw opens on signal for the passage of vessels. The contractor has requested a complete closure of the bridge to allow for the replacement of the electrical and mechanical components of the bridge and for the pulling of electric conduit wiring on the bridge. During portions of this repair work, scaffolding may be placed below the bridge over the navigation channel reducing the approved vertical clearance to less than 40 feet above mean high water. The reduction in the vertical clearance will be approximately 4 feet. Additionally, if a tropical storm or hurricane develops in the Gulf of Mexico, work will be discontinued and the bridge returned to normal operation for the passage of vessel traffic. Alternate routes are available to vessel operators wishing to enter the area. This work is essential for the continued safe operation of the vertical lift span.

**Regulatory Evaluation**

This temporary rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential cost and benefits under section 6(a)(3) of that order. The Office of Management and Budget has not reviewed it under that order. It is not significant under the Regulatory Policies and Procedures of the Department of Transportation (DOT) (44 FR 11040, February 26, 1979). The Coast Guard expects the economic impact of this temporary rule to be so minimal that a full Regulatory Evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary. This is because the majority of vessels using the waterway will not be affected by the closure. The majority of the fishing vessels are able to transit under the bridge, which has a vertical clearance of 40 feet above mean high water in the closed-to-navigation position. Additionally, larger vessels will be able to off load their cargoes downstream of the bridge site.

**Small Entities**

Under the Regulatory Flexibility Act, 5 U.S.C. 601 et seq., the Coast Guard must consider whether this temporary rule will have a significant economic impact on a substantial number of small entities. "Small entities" may include (1) small businesses and not-for-profit organizations that are independently owned and operated and are not dominate in their fields and (2) governmental jurisdictions with populations of less than 50,000. The majority of commercial vessels and fishing vessels that normally transit the bridge will still be able to do so beneath the bridge in the closed-to-navigation position. Thus, the Coast Guard expects there be no significant economic impact on these vessels. The Coast Guard is not aware of any other waterway users who would suffer economic hardship from being unable to transit the waterway during these closure periods. Therefore, the Coast Guard certifies under 5 U.S.C. 605(b) that this temporary rule will not have a significant economic impact on a substantial number of small entities.

**Collection of Information**

This temporary rule contains no collection-of-information requirements under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq..

**Federalism**

The Coast Guard has analyzed this proposal under the principles and criteria contained in Executive Order 12612, and it has been determined that this rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

**Environment**

The Coast Guard considered the environmental impact of this temporary rule and concluded that this action is categorically excluded from further environmental documentation under current Coast Guard CE #32(e), in accordance with Section 2.B.2 and Figure 2–1 of the National Environmental Protection Act Implementing Procedures, COMDTINST M16475.1C. A "Categorical Exclusion Determination" is available in the docket for inspection or copying where indicated under ADDRESSES.

**List of Subjects in 33 CFR Part 117**

Bridges.

**Temporary Regulations**

For the reasons set out in the preamble, the Coast Guard is temporarily amending part 117 Title 33 Code of Federal Regulations as follows:

## PART 117—DRAWBRIDGE OPERATION REGULATIONS

1. The authority citation for part 117 continues to read as follows:

**Authority:** 33 U.S.C. 499; 49 CFR 1.46; and 33 CFR 1.05–1(g); section 117.255 also issued under the authority of Pub. L. 102–587, 106 Stat. 5039.

2. Effective noon, October 5, 1998, through noon, November 6, 1998, § 117.465 is amended by adding paragraph (g) to read as follows:

**§ 117.465 Lafourche Bayou.**

* * * * *

(g) The draw of the SR 1 bridge, mile 13.3, at Leeville, shall open to signal, except that; from noon on October 5, 1998, through noon on November 6, 1998, the draw will remain closed to navigation continuously from noon on Mondays through noon on Fridays. In the event of an approaching tropical storm or hurricane, work on the bridge will be discontinued and the draw will return to normal operation.

Dated: August 27, 1998.

**Paul J. Pluta,**

*Rear Admiral, U.S. Coast Guard Commander, Eighth Coast Guard District.*

[FR Doc. 98–24052 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–15–M

---

**DEPARTMENT OF TRANSPORTATION**

**Coast Guard**

**33 CFR Part 165**

**[COTP CHARLESTON 98–053]**

**RIN 2115–AA97**

## Safety Zone; Around Alone 98/99 Fireworks, Custom House Reach, Charleston, SC.

**AGENCY:** Coast Guard, DOT.

**ACTION:** Temporary final rule.

**SUMMARY:** The Coast Guard is establishing a safety zone on September 25 in the vicinity of the Custom House Reach, Charleston Harbor, South Carolina to protect vessels in the vicinity from the hazards associated with the storage, preparation, and launching of fireworks. Entry into this zone is prohibited unless authorized by the Captain of the Port.

**DATES:** This regulation becomes effective at 9 p.m. Eastern Standard Time (EST), and terminates at 10:15 p.m. (EST), on September 25, 1998.

**FOR FURTHER INFORMATION CONTACT:**

LTJG Robert M. Hengst, Project Manager, U.S. Coast Guard Marine Safety Office Charleston, at (843) 724-7685.

**SUPPLEMENTARY INFORMATION:** .

### Background and Purpose

The event requiring this regulation will occur on September 25, 1998. The Charleston Maritime Commission is sponsoring a Bon Voyage Fireworks Display on this date for the departure of the Around Alone fleet. The fireworks display will be positioned on a barge in the Custom House Reach, Charleston Harbor, South Carolina. The approximate position of this barge will be 32–46.86' North, 079–55.17' West, directly east of Waterfront Park, downtown Charleston. The safety zone will be bounded on the north by the 32–47.03' North latitude and on the south by the 32–46.65' North latitude. The border to the east is Shutes Folly and to the west is the downtown Charleston peninsula. The safety zone is needed to prevent damage to vessels or injury to persons from hazards associated with a fireworks display.

In accordance with 5 U.S.C. 553, a notice of proposed rulemaking was not published for this regulation and good cause exists for making it effective in less than 30 days after **Federal Register** publication. Publishing a NPRM and delaying its effective date would be contrary to safety interests since immediate action is needed to minimize potential danger to the public as the permit was not received in sufficient time to process as an NPRM.

### Regulatory Evaluation

This rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs and benefits under section 6(a)(3) of the order. It has been exempted from review by the Office of Management and Budget under that order. It is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040, February 26, 1979). The Coast Guard expects the economic impact of this rule to be so minimal that a full Regulatory Evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary. Maritime traffic will not be significantly impacted because this proposal will only be in effect for approximately one hour and fifteen minutes in a limited area.

### Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Coast Guard must consider whether this rule, if adopted, will have a significant economic impact on a substantial number of small entities. "Small entities" include small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their field and governmental jurisdictions with populations of less than 50,000.

Therefore, the Coast Guard certifies under section 605(b) that this rule will not have a significant effect upon a substantial number of small entities because this proposal will only be in effect for approximately one hour and fifteen minutes in a limited area.

### Collection of Information

This rule contains no collection of information requirements under the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*).

### Federalism

This action has been analyzed in accordance with the principles and criteria contained in Executive Order 12612, and it has been determined that the rulemaking does not have sufficient Federal implications to warrant the preparation of a Federalism Assessment.

### Environmental Assessment

The Coast Guard has considered the environmental impact of this action and has determined pursuant to Figure 2–1, paragraph 34(g) of Commandant Instruction M16475.1C that this action is categorically excluded from further environmental documentation.

### List of Subjects in 33 CFR Part 165

Harbors, Marine Safety, Navigation (water), Reporting and recordkeeping requirements, Security measures, Waterways.

### Temporary Regulation

In consideration of the foregoing, the Coast Guard amends part 165 of Title 33, Code of Federal Regulations, as follows:

## PART 165—[AMENDED]

1. The authority citation for part 165 continues to read as follows:

**Authority:** 33 U.S.C. 1231; 50 U.S.C. 191; 33 CFR 1.05–1(g), 6.04–1, 6.04–6, and 160.5; 49 CFR 1.46.

2. A new § 165.T07–053 is added to read as follows:

**§ 165.T07–053 Temporary Safety Zone; Around Alone 98/99 Fireworks Custom House Reach, Charleston, SC.**

(a) *Location.* The following boundaries are established as a safety zone: All waters within an area bounded on the north by the 32–47.03' North latitude; bounded on the south by the 32–46.65' North latitude; bounded on east by Shutes Folly and bounded on the west by the downtown Charleston peninsula. All coordinates refered use datum: NAD 1983.

(b) *Regulations.* (1) The Captain of the Port, Charleston, SC will activate this safety zone by means of a locally promulgated broadcast notice to mariners. Once implemented, all vessels and persons are prohibited from entering this zone, unless otherwise authorized by the Captain of the Port, Charleston, SC.

(2) The general regulations governing safety zones contained in 33 CFR 165.20 and 165.23 apply.

(c) *Effective Date.* this section is effective from 9 p.m. EST and until 10:15 p.m. EST, on September 25, 1998.

Dated: August 20, 1998.

**F.J. Sturm,**

*Commander of the Port, Charleston, South Carolina.*

[FR Doc. 98–24055 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–15–U

---

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 52

[LA–47–1–7388a; FRL–6156–3]

### Approval and Promulgation of Implementation Plans; Louisiana: Reasonable Available Control Technology for Emissions of Volatile Organic Compounds from Batch Processes

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Direct final rule.

**SUMMARY:** The EPA is approving a revision to the Louisiana State Implementation Plan (SIP) rule requiring Reasonable Available Control Technology (RACT) for emissions of Volatile Organic Compounds (VOC) from Synthetic Organic Chemical Manufacturing Industry (SOCMI) Batch Processes. The EPA finds the rules for Batch Processes in the Louisiana SIP are consistent with EPA's guidance for this source category and therefore constitute RACT. This action converts the conditional approval to a full approval.

**DATES:** This action is effective on November 9, 1998 unless adverse or critical comments are received by October 8, 1998. If EPA receives such comments, then it will publish a timely withdrawal in the **Federal Register** informing the public that this rule will not take effect.

**ADDRESSES:** Written comments on this action should be addressed to Mr. Thomas H. Diggs, Chief, Air Planning Section (6PD–L), at the EPA Region 6 Office listed below.

Copies of documents relevant to this action are available for public inspection during normal business hours at the following locations. Anyone wanting to examine these documents should make an appointment with the appropriate office at least two working days in advance.

Environmental Protection Agency, Region 6, Air Planning Section (6PD–L), 1445 Ross Avenue, Dallas, Texas 75202–2733.

Louisiana Department of Environmental Quality, Air Quality Division, 7290 Bluebonnet Boulevard, Baton Rouge, Louisiana 70810, telephone (504) 765–7247.

Documents which are incorporated by reference are available for public inspection at the Air and Radiation Docket and Information Center, Environmental Protection Agency, 401 M Street, SW., Washington, DC 20460.

**FOR FURTHER INFORMATION CONTACT:** Bill Deese of the EPA Region 6 Air Planning Section (6PD–L) at (214) 665–7253 at the Region 6 address above.

**SUPPLEMENTARY INFORMATION:**

## I. Background

### *A. RACT Rule Requirements*

Sections 182(b)(2)(A) and 182(c) of the Clean Air Act (the Act) as amended in 1990 requires States to adopt RACT rules for stationary sources of VOCs located in ozone nonattainment areas classified as moderate or above that are covered by a Control Technique Guideline (CTG). A CTG has been developed by EPA providing guidance on the level of control that constitutes RACT for SOCMI processes.

### *B. Conditional Approval*

On December 2, 1997 (62 FR 63658), EPA conditionally approved the Louisiana SOCMI Batch Processing RACT rule. The rule was conditionally approved because of a deficiency identified in the single unit operation exemption thresholds. The State made a commitment to EPA to correct the deficiency in the rule within one year of the publication of the conditional approval. This condition was codified in 40 CFR 52.994(b).

### *C. State Submittal*

In a letter dated March 23, 1998, the Governor of Louisiana submitted a revision to the Batch Processing RACT rule found in Louisiana Administrative Code, Title 33, Part III, Section 2149 (LAC 33:III.2149) entitled "Limiting Volatile Organic Compound Emissions from Batch Processing." The revision eliminates the individual process single unit operation exemptions and sets the overall single unit operation exemption to 500 pounds per year or less. The revision also adds language which clarifies the successive ranking scheme exemptions for aggregate streams of unit operations. Louisiana's rules for Batch Processes are consistent with EPA's guidance for this source category and therefore have been determined to constitute RACT.

The EPA removed 40 CFR 52.994(b) by mistake in a **Federal Register** action published March 9, 1998 (63 FR 11374), when EPA removed the entire section 40 CFR 52.994. The intent of the March 9, 1998, action was to remove only section 52.994(a). Because 40 CFR 52.994(b) is already removed, it not necessary to remove it in this action.

## II. Final Action

The EPA is approving a revision to the Louisiana SIP rule requiring RACT for emissions of VOC from SOCMI Batch Processes. Louisiana's rules for Batch Processes are consistent with EPA's guidance for this source category and therefore have been determined to constitute RACT. The rule revision sets the overall single unit operation exemption to 500 pounds per year and clarifies the successive ranking scheme exemptions for aggregate streams of unit operations. This action converts the conditional approval to a full approval.

The EPA is publishing this rule without prior proposal because the Agency views this as a noncontroversial amendment and anticipates no adverse comments. However, in the proposed section of this **Federal Register** publication, EPA is publishing a separate document that will serve as the proposal to approve the SIP revision should relevant adverse comments be filed. This rule will be effective November 9, 1998 without further notice unless the Agency receives relevant adverse comments by October 8, 1998.

If EPA receives such comments, then EPA will publish a document withdrawing the final rule and informing the public that the rule will not take effect. All public comments received will then be addressed in a subsequent final rule based on this rule. The EPA will not institute a second comment period on this rule. Only parties interested in commenting on this rule should do so at this time. If no such comments are received, the public is advised that this rule will be effective on November 9, 1998 and no further action will be taken on the proposed rule.

Nothing in this action should be construed as permitting or allowing or establishing a precedent for any future request for revision to any SIP. Each request for revision to the SIP shall be considered separately in light of specific technical, economic, and environmental factors and in relation to relevant statutory and regulatory requirements.

## III. Administrative Requirements

### *A. Executive Orders (E.O.) 12866 and 13045*

The Office of Management and Budget has exempted this regulatory action from E.O. 12866, entitled "Regulatory Planning Review," review. The final rule is not subject to E.O. 13045, entitled "Protection of Children from Environmental Health Risks and Safety Risks," because it is not an "economically significant" action under E.O. 12866.

### *B. Regulatory Flexibility*

The Regulatory Flexibility Act (RFA), 5 U.S.C. 600 *et seq.*, generally requires an agency to conduct a regulatory flexibility analysis of any rule subject to notice and comment rulemaking requirements unless the agency certifies that the rule will not have a significant economic impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and small governmental jurisdictions. This final rule will not have a significant impact on a substantial number of small entities because SIP approvals under section 110 and subchapter I, part D of the Act do not create any new requirements but simply approve requirements that the State is already imposing. Therefore, because the Federal SIP approval does not create any new requirements, I certify that this action will not have a significant economic impact on a substantial number of small entities. Moreover, due to the nature of the Federal-State relationship under the Act, preparation of flexibility analysis would constitute Federal inquiry into the economic reasonableness of state action. The Act forbids EPA to base its actions concerning SIPs on such grounds. *See Union Electric Co.*, v. *U.S. EPA*, 427 U.S. 246, 255–66 (1976); 42 U.S.C. 7410(a)(2).

### *C. Unfunded Mandates*

Under section 202 of the Unfunded Mandates Reform Act of 1995, signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule

that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to private sector, of $100 million or more. Under section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule.

The EPA has determined that the approval action promulgated does not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate, or to the private sector. This Federal action approves preexisting requirements under State or local law, and imposes no new requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

*D. Submission to Congress and the Comptroller General*

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. The EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This rule is not a "major rule" as defined by 5 U.S.C. 804(2).

*E. Petitions for Judicial Review*

Under section 307(b)(1) of the Act, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by November 9, 1998. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in proceedings to enforce its requirements. *See* section 307(b)(2).

**List of Subjects in 40 CFR part 52**

Environmental protection, Air pollution control, Hydrocarbons, Incorporation by reference, Ozone, Volatile organic compounds.

Dated: August 21, 1998.

**Jerry Clifford,**

*Acting Regional Administrator, Region 6.*

Part 52, chapter I, title 40 of the Code of Federal Regulations is amended as follows:

## PART 52—[AMENDED]

1. The authority citation of part 52 continues to read as follows:

**Authority:** 42 U.S.C. 7401 *et seq.*

## Subpart T—Louisiana

2. Section 52.970 is amended by adding paragraph (c)(77) to read as follows:

**§ 52.970 Identification of plan.**

* * * * *

(c) * * *

(77) Revisions to the Louisiana Administrative Code, Title 33, Part III, Chapter 21, Section 2149 (LAC 33:III.2149), "Limiting Volatile Organic Compound Emissions from Batch Processing," submitted by the Governor on March 23, 1998.

(i) Incorporation by reference.

LAC 33:III Chapter 21, revised paragraph 2149.A.2.b; paragraphs 2149.C.2.a, b, and c become paragraphs 2149.C.2.d, e, and f respectively; and add new paragraphs 2149.C.2.a, b, and c, as adopted in the Louisiana Register on November 20, 1997 (LR 23:1507).

(ii) Additional material. None.

[FR Doc. 98–24043 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–P

---

## ENVIRONMENTAL PROTECTION AGENCY

## 40 CFR Part 52

[IL172–1a; FRL–6152–5]

## Approval and Promulgation of Implementation Plan; Illinois

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Direct final rule.

**SUMMARY:** On November 14, 1995, and May 9 and June 14, 1996, the State of Illinois submitted State Implementation Plan (SIP) revision requests to meet commitments related to the conditional approval of Illinois' May 15, 1992, SIP submittal for the Lake Calumet (SE Chicago), McCook, and Granite City, Illinois, Particulate Matter (PM) nonattainment areas. The EPA is approving the SIP revision request as it applies to the McCook area, including the attainment demonstration for the McCook PM nonattainment area. The SIP revision request corrects, for the McCook PM nonattainment area, all of the deficiencies of the May 15, 1992, submittal (as discussed in the November 18, 1994, conditional approval notice). This document also revises the codification of the conditional approval to remove issues which have been resolved. No action is being taken on the submitted plan revisions for the Lake Calumet area at this time; they will be addressed in a separate rulemaking action. Approval of the Granite City PM plan became effective on May 11, 1998 (see 63 FR 11842).

**DATES:** This rule is effective on November 9, 1998, unless EPA receives written adverse comments by October 8, 1998. If adverse comment is received, EPA will publish a timely withdrawal of the rule in the **Federal Register** informing the public that the rule will not take effect.

**ADDRESSES:** Copies of the revision request and EPA's analysis are available for inspection at the following address: U.S. Environmental Protection Agency, Region 5, Air and Radiation Division, 77 West Jackson Boulevard, Chicago, Illinois 60604. (It is recommended that you telephone David Pohlman at (312) 886–3299 before visiting the Region 5 Office.)

Written comments should be sent to: J. Elmer Bortzer, Chief, Regulation Development Section, Air Programs Branch (AR–18J), U.S. Environmental Protection Agency, 77 West Jackson Boulevard, Chicago, Illinois 60604.

**FOR FURTHER INFORMATION CONTACT:** David Pohlman at (312) 886–3299.

**SUPPLEMENTARY INFORMATION:**

### I. Background

Under section 107(d)(4)(B) of the Clean Air Act (Act), as amended on November 15, 1990 (amended Act), certain areas ("initial areas") were designated nonattainment for PM. Under section 188 of the amended Act these initial areas were classified as "moderate." The initial areas included the Lake Calumet, McCook, and Granite City, Illinois, PM nonattainment areas. The McCook area includes Lyons Township in Cook County, Illinois. (See 40 CFR 81.314 for a complete description of these areas.) Section 189 of the amended Act requires State submittal of a PM SIP for the initial areas by November 15, 1991. Illinois submitted the required SIP revision for

the McCook, Illinois, PM nonattainment area to EPA on May 15, 1992. Upon review of Illinois' submittal, EPA identified several concerns. Illinois submitted a letter on March 2, 1994, committing to satisfy all of these concerns within one year of final conditional approval. On May 25, 1994, the EPA proposed to conditionally approve the SIP. Final conditional approval was published on November 18, 1994, and became effective on December 19, 1994. The final conditional approval allowed the State until November 20, 1995, to correct the stated deficiencies. Of the five deficiencies, only three apply to the McCook area:

1. Invalid emissions inventory and attainment demonstration, due to underestimated emissions from 3 coal-fired boilers at CPC International, and 3 coal-fired boilers at GM Electromotive Division.

2. Failure to adequately address maintenance of the PM National Ambient Air Quality Standards (NAAQS) for at least 3 years beyond the applicable attainment date.

3. The following enforceability concerns:

a. Section 212.107, Measurement Methods for Visible Emissions could be misinterpreted as requiring use of Method 22 for sources subject to opacity limits as well as sources subject to limits on detectability of visible emissions.

b. Inconsistencies in the measurement methods for opacity, visible emissions, and "PM" in section 212.110, 212.107, 212.108, and 212.109.

c. Language in several rules which exempts from mass emissions limits those sources having no visible emissions.

The Illinois Environmental Protection Agency (IEPA) held a public hearing on the proposed rules on January 5, 1996. The rules became effective at the State level on May 22, 1996, and were published in the Illinois Register on June 7, 1996. Illinois made submittals to meet the commitments related to the conditional approval on November 14, 1995, May 9, 1996, and June 14, 1996. At this time, the EPA is only acting on the portions of those submittals that pertain to the McCook PM nonattainment area.

Based on Illinois' submittals, the EPA is now fully approving the SIP for the McCook area.

## II. Analysis of State Submittal

The first deficiency was an incomplete emissions inventory and attainment demonstration. The emissions inventory issue involved emissions estimations from 3 coal-fired boilers at CPC International and 3 coal-fired boilers at GM Electromotive Division. The EPA had pointed out that emissions from these sources were underestimated in the emissions inventory. Illinois recalculated these emissions, and EPA agrees that they are now correct. (Appendix 1 to Attachment 18 of Illinois' May 9, 1996 submittal)

To correct the problems with the attainment demonstration and emissions inventory, Illinois submitted a revised emissions inventory, which includes corrected emissions estimates from the GM Electromotive Division and CPC International boilers, and a revised attainment demonstration including an air quality modeling analysis.

In the submitted modeled attainment demonstration, which uses 5 years of meteorological data, a violation of the 24-hour NAAQS is indicated when six exceedances of the 24-hour standard are predicted. Each receptor's predicted 6th highest 24-hour value is, therefore, compared to the standard. The 24-hour PM standard is 150 micrograms per cubic meter ("$\mu g/m^3$"). The highest, sixth highest predicted 24-hour PM concentration at any receptor in the McCook nonattainment area was 145.3 "$\mu g/m^3$". Thus, the modeling analysis predicts that the 24-hour NAAQS will be met.

A modeled violation of the annual PM standard is indicated when any receptor's 5 year arithmetic mean annual PM concentration exceeds the annual PM standard of 50 $\mu g/m^3$. The highest arithmetic mean annual PM concentration predicted by the modeling for the McCook area was 47.38 $\mu g/m^3$. Therefore, the modeling analysis predicts that the annual PM NAAQS will be met.

The second deficiency was Illinois' failure to adequately address maintenance of the PM NAAQS for at least 3 years beyond the applicable attainment date. Because of the length of time it may take to determine whether an area has attained the standards, EPA recommends that PM nonattainment area SIP submittals demonstrate maintenance of the PM NAAQS for at least 3 years beyond the applicable attainment date. (See a August 20, 1991, memorandum from Fred H. Renner, Jr. to Regional Air Branch Chiefs titled "Questions and Answers for Particulate Matter, Sulfur Dioxide, and Lead".) Illinois' May 15, 1992, submittal took growth into account in the modeling analysis, but did not sufficiently address maintenance of the NAAQS for PM.

The attainment date was December 31, 1994. Therefore, Illinois needs to show maintenance up to December 31, 1997. In the May 9, 1996, submittal, Illinois used ambient monitoring data to show that background concentrations of PM were no higher in 1995 than they were in 1991, and there are no significant trends in background PM concentrations from 1989 to 1995. Illinois concluded from this analysis that the effects of growth on ambient PM concentrations in the McCook PM nonattainment area would continue to be negligible through the end of the maintenance period. The EPA agrees, because the maintenance period is over, that the projection of trends in PM background concentrations is sufficient for this maintenance demonstration.

The final issue from the November 18, 1994, conditional approval notice which applies to the McCook area involves specific wording in several of Illinois' rules. In the 1992 submittal, 35 IAC Section 212.107, Measurement Methods for Visible Emissions, stated that Method 22 should be used for "detection of visible emissions." This could be misinterpreted as requiring use of Method 22 for sources subject to opacity limits as well as sources subject to limits on detectability of visible emissions. The revised rule (See the June 14, 1996, submittal) contains revised language which adequately clarifies the intended uses of Method 22.

Another wording problem was the fact that measurement methods for opacity, visible emissions, and "PM" in 35 IAC 212.107, 212.108, and 212.109, and 212.110 were not always consistent with each other. The revised rules in the June 14, 1996, submittal contain much less potential overlap than the previous rules. The rules are now consistent.

Finally, several of the rules in the 1992 submittal contained language which exempted sources with no visible emissions from mass emissions limits. Illinois has added language which states that the exemption "is not a defense to a finding of a violation of the mass emission limits." This issue has been adequately addressed, and these rules were approved by the USEPA on March 11, 1998. (63 FR 11842)

Section 179(a) of the amended Act states that if the Administrator finds that a State has failed to make a required submission, finds that a SIP or SIP revision submitted by the State does not satisfy the minimum criteria established under section 110(k) of the amended Act, or disapproves a SIP submission in whole or in part, unless the deficiency has been corrected within 18 months after the finding, one of the sanctions referred to in section 179(b) of the amended Act shall apply until the Administrator determines that the State

has come into compliance. (Pursuant to 40 CFR 52.31, the first sanction shall be a sanction requiring 2 to 1 offsets, in the absence of a case-specific selection otherwise.) If the deficiency has not been corrected within 6 months of the selection of the first sanction, the second sanction under section 179(b) shall also apply. In addition, section 110(c) of the Act requires promulgation of a Federal Implementation Plan (FIP) within 2 years after the finding or disapproval, as discussed above, unless the State corrects the deficiency and the SIP is approved before the FIP is promulgated.

On December 17, 1991, a letter was sent to the Governor of Illinois notifying him that the EPA was making a finding that the State of Illinois had failed to submit a PM SIP for the McCook PM nonattainment area. This letter triggered both the sanctions and FIP processes as explained above. Illinois submitted a PM SIP revision for the nonattainment area on May 15, 1992, and in an April 30, 1993, letter to the State the EPA informed the State that the SIP was determined to be complete. Therefore, the deficiency which started the sanctions and FIP processes was corrected, and the sanctions process ended. The FIP process, however, was not stopped by the correction of the deficiency and EPA was to promulgate a FIP within 2 years of the failure-to-submit letter (or December 17, 1993), unless a PM SIP for the nonattainment area was finally approved before then.

On November 18, 1994, the EPA conditionally approved the SIP. The final conditional approval allowed the State until November 20, 1995, to correct the five stated deficiencies. Conditional approval does not start a new sanctions process, unless the State fails to make a submittal to address the deficiencies, makes an incomplete submittal, or the submittal is ultimately disapproved. Illinois made a submittal to meet the commitments related to the conditional approval on November 14, 1995. Supplemental information was submitted on May 9, 1996, and June 14, 1996. This submittal became complete by operation of law on May 14, 1996. No sanctions process is currently running. Upon full approval of the McCook PM plan, FIP liability will also end.

## III. Final Rulemaking Action

Illinois has corrected all of the deficiencies listed in the November 18, 1994, conditional approval as they relate to the McCook PM nonattainment area. Because Illinois has met all of the commitments of the conditional approval, the EPA is approving the plan for the McCook PM nonattainment area.

The EPA is publishing this rule without prior proposal because EPA views this as a noncontroversial revision and anticipates no adverse comments. However, in a separate document in this **Federal Register** publication, the EPA is proposing to approve the SIP revision should specified written adverse or critical comments be filed. This rule will become effective without further notice unless the Agency receives relevant adverse written comment within 30 days from the date of publication, as indicated above. Should the Agency receive such comments, it will publish a final rule informing the public that this rule will not take effect. Any parties interested in commenting on this action should do so at this time.

## IV. Administrative Requirements

### *A. Executive Order 12866*

The Office of Management and Budget has exempted this regulatory action from Executive Order 12866 review.

### *B. Executive Order 13045*

This final rule is not subject to Executive Order 13045, entitled "Protection of Children from Environmental Health Risks and Safety Risks," because it is not an "economically significant" action under Executive Order 12866.

### *C. Future Requests*

Nothing in this action should be construed as permitting, allowing or establishing a precedent for any future request for revision to any SIP. Each request for revision to the SIP shall be considered separately in light of specific technical, economic, and environmental factors and in relevant statutory and regulatory requirements.

### *D. Regulatory Flexibility Act*

The Regulatory Flexibility Act generally requires an agency to conduct a regulatory flexibility analysis of any rule subject to notice and comment rulemaking requirements unless the agency certifies that the rule will not have a significant economic impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and small governmental jurisdictions. This final rule will not have a significant impact on a substantial number of small entities because SIP approvals under section 110 and subchapter I, part D of the Clean Air Act do not create any new requirements, but simply approve requirements that the State is already imposing. Therefore, because the federal SIP approval does not impose any new requirements, I certify that this action will not have a significant economic impact on a substantial number of small entities. Moreover, due to the nature of the Federal-State relationship under the Clean Air Act, preparation of a flexibility analysis would constitute Federal inquiry into the economic reasonableness of State action. The Clean Air Act forbids EPA to base its actions concerning SIPs on such grounds. *Union Electric Co.* v. *EPA.*, 427 U.S. 246, 256–66 (1976); 42 U.S.C. 7410(a)(2).

### *E. Unfunded Mandates.*

Under section 202 of the Unfunded Mandates Reform Act of 1995, signed into law on March 22, 1995, EPA must undertake various actions in association with any proposed or final rule that includes a Federal mandate that may result in estimated costs to state, local, or tribal governments in the aggregate; or to the private sector, of $100 million or more. This Federal action approves pre-existing requirements under state or local law, and imposes no new requirements. Accordingly, no additional costs to state, local, or tribal governments, or the private sector, result from this action.

### *F. Submission to Congress and the Comptroller General*

The Congressional Review Act, 5 U.S.C. 801 et seq., as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress, and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the Federal Register. This rule is not a "major rule" as defined by 5 U.S.C. 804(2).

### *G. Petitions for Judicial Review*

Under section 307(b)(1) of the Act, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by November 9, 1998. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purposes of judicial review, nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in proceedings to

enforce its requirements. (See section 307(b)(2)).

**List of Subjects in 40 CFR Part 52**

Environmental protection, Air pollution control, Incorporation by reference, Particulate matter.

Dated: August 11, 1998.

**David A. Ullrich,**

*Acting Regional Administrator.*

For the reasons stated in the preamble, part 52, chapter I, title 40 of the Code of Federal Regulations is amended as follows:

## PART 52 [AMENDED]

1. The authority citation for part 52 continues to read as follows:

**Authority:** 42 U.S.C. 7401 et seq.

## Subpart O—Illinois

2. Section 52.719 is amended by revising paragraph (a) to read as follows:

### § 52.719 Identification of plan—Conditional approval.

* * * * *

(a) On May 15, 1992, Illinois submitted a part D particulate matter (PM) nonattainment area plan for the Lake Calumet (Southeast Chicago) moderate nonattainment area. This plan included control measures adopted in a final opinion and order of the Illinois Pollution Control Board, on April 9, 1992, in proceeding R91–22. The United States Environmental Protection Agency conditionally approved the State's plan, contingent on fulfillment of the State's commitment to meet 3 requirements by November 20, 1995. The first requirement is for the State to adopt and submit additional enforceable control measures, if necessary, that will achieve attainment. The second requirement is for the State to submit a complete and accurate emissions inventory (including corrected emissions estimates, as well as any new control measures which may be needed) and an acceptable modeled attainment demonstration. The third requirement is for the State to impose an opacity limit for coke oven combustion stacks which is reflective of their mass emission limits.

*(1) Incorporation by reference.*

(i) Illinois Administrative Code Title 35: Environmental Protection, Subtitle B: Air Pollution, Chapter 1: Pollution Control Board, Subchapter c: Emission Standards and Limitations for Stationary Sources, Part 211: Definitions and General Provisions, Subpart A: General Provisions, Section 211.101. Adopted at 16 Illinois Register 7656, effective May 1, 1992. (ii) Illinois Administrative Code Title 35: Environmental Protection, Subtitle B: Air Pollution, Chapter 1: Pollution Control Board, Subchapter c: Emission Standards and Limitations for Stationary Sources, Part 212: Visible and Particulate Matter Emissions, Subpart A: General, Sections 212.107, 212.108, 212.109, 212.110, 212.113; Subpart E: Particulate Matter Emissions from Fuel Combustion Sources, Section 212.210; Subpart K: Fugitive Particulate Matter, Sections 212.302, 212.309, 212.316; Subpart L: Particulate Matter from Process Emission Sources, Section 212.324; Subpart N: Food Manufacturing, Section 212.362; Subpart Q: Stone, Clay, Glass and Concrete Manufacturing, Section 212.425; Subpart R: Primary and Fabricated Metal Products and Machinery Manufacture, Section 212.458; Subpart S: Agriculture, Section 212.464; Section 212 Illustration D: McCook Vicinity Map, Illustration E: Lake Calumet Vicinity Map, and Illustration F: Granite City Vicinity Map. Adopted at 16 Illinois Register 7880, effective May 11, 1992.

3. Section 52.725 is amended by adding paragraph (f) to read as follows:

### § 52.725 Control strategy: Particulates.

* * * * *

(f) On November 14, 1995, May 9, 1996, and June 14, 1996, the State of Illinois submitted State Implementation Plan (SIP) revision requests to meet commitments related to the conditional approval of Illinois' May 15, 1992, SIP submittal for the Lake Calumet (SE Chicago), McCook, and Granite City, Illinois, Particulate Matter (PM) nonattainment areas. The EPA is approving the SIP revision request as it applies to the McCook PM nonattainment area. For the McCook PM nonattainment area, all of the deficiencies of the May 15, 1992, submittal have been corrected.

[FR Doc. 98–24037 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–P

---

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 52

[PA039/067–4077; FRL–6149–1]

### Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania: Attainment Demonstration and Contingency Measures for the Liberty Borough PM–10 Nonattainment Area

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Final rule.

**SUMMARY:** EPA is approving State Implementation Plan (SIP) revisions submitted by the Pennsylvania Department of Environmental Protection (PADEP) consisting of an attainment demonstration and contingency measures for Allegheny County, Pennsylvania's Liberty Borough particulate matter moderate nonattainment area. EPA is approving the attainment demonstration because the Allegheny County Healthy Department's (ACHD) modeling analysis (submitted as a SIP revision by PADEP) adequately demonstrates that the regulatory portion of the attainment plan is sufficient to attain and maintain the National Ambient Air Quality Standards (NAAQS) for particulate matter that were in effect at the time of the submittal, and because its analyses have been corroborated by monitored air quality data. EPA is approving the contingency measures for the area because they satisfy the requirements of the Clean Air Act (the Act). EPA approved the regulatory portion of the attainment plan for the Liberty Borough area as a SIP revision in an earlier rulemaking action. Elsewhere in today's **Federal Register**, EPA has published its determination that the Liberty Borough area has attained the NAAQS for particulate matter. In an earlier action, EPA approved source-specific control requirements for the USX Clairton Coke Works which further strengthen the SIP for the Liberty Borough area.

**EFFECTIVE DATE:** This final rule is effective on October 8, 1998.

**ADDRESSES:** Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U. S. Environmental Protection Agency , Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103: the Air and Radiation Docket and Information Center, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; the Allegheny County Health Department, Department of Air Quality, 301 39th Street, Pittsburgh, Pennsylvania 15201; and Pennsylvania Department of Environmental Protection, Bureau of Air Quality, P.O. Box 8468, 400 Market Street, Harrisburg, Pennsylvania 17105.

**FOR FURTHER INFORMATION CONTACT:** Ruth E. Knapp (215) 814–2191, or by e-mail at knapp.ruth@epamail.epa.gov.

**SUPPLEMENTARY INFORMATION:** On January 6, 1994, the Pennsylvania Department of Environmental Protection (PADEP) submitted an attainment plan

to EPA on behalf of the Allegheny County Health Department (ACHD) for the Liberty Borough PM–10 nonattainment area.[1] PM–10 is particulate matter smaller than 10 microns in diameter. On July 12, 1995, PADEP submitted contingency measures to EPA on behalf of the ACHD for the Liberty Borough PM–10 nonattainment area. These two revisions to the Pennsylvania SIP were submitted to fulfill the Act's requirements for an attainment plan consisting of regulatory control measures, an attainment demonstration (including air quality modeling) that the regulations are sufficient to attain the PM–10 NAAQS, and contingency measures. These "Part D" requirements are described in more detail in the technical support document (TSD) prepared by EPA to support this rulemaking. Copies of the TSD are available, upon request, from the EPA Regional office listed in the **ADDRESSES** section of this notice.

As stated above, EPA previously took final action[2] to approve the regulatory portion of the attainment plan which included control measures for a variety of industrial sources. That action made those measures part of the SIP and federally enforceable. On June 12, 1998 (63 FR 32173), EPA published a notice of proposed rulemaking (NPR) proposing approval of the attainment demonstration and contingency measures portions of the attainment plan for the Liberty Borough PM–10 nonattainment area. The rationale for EPA's action was explained in the NPR and will not be restated here. No public comments were received on the NPR.

Please note that while EPA revised the NAAQS for particulate matter[3] on July 18, 1997, in this notice the terms "NAAQS" and "PM–10 NAAQS" refer to the previously existing NAAQS that were in effect at the time that the attainment plan was required and submitted.

## Final Action

EPA is approving the attainment demonstration and the contingency measures as a revision to the Pennsylvania SIP. Nothing in this action should be construed as permitting or allowing or establishing a precedent for any future request for revision to any state implementation plan. Each request for a revision to the state implementation plan shall be considered separately in light of specific technical, economic, and environmental factors and in relation to relevant statutory and regulatory requirements.

[1] The Liberty Borough PM–10 nonattainment area is comprised of the City of Clairton and the Boroughs of Glassport, Liberty, Lincoln, and Port Vue.

[2] See 61 FR 29664.

[3] See 62 FR 38652.

## Administrative Requirements

### *A. Executive Orders 12866 and 13045*

The Office of Management and Budget (OMB) has exempted this regulatory action from E.O. 12866 review. The final rule is not subject to E.O. 13045, entitled "Protection of Children from Environmental Health Risks and Safety Risks," because it is not an "economically significant" action under E.O. 12866.

### *B. Regulatory Flexibility Act*

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C. 603 and 604. Alternatively, EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000.

SIP approvals under section 110 and subchapter I, part D of the Clean Air Act do not create any new requirements but simply approve requirements that the State is already imposing. Therefore, because the Federal SIP approval does not impose any new requirements, EPA certifies that it does not have a significant impact on any small entities affected. Moreover, due to the nature of the Federal-State relationship under the CAA, preparation of a flexibility analysis would constitute Federal inquiry into the economic reasonableness of state action. The Clean Air Act forbids EPA to base its actions concerning SIPs on such grounds. *Union Electric Co.* v. *U.S. EPA*, 427 U.S. 246, 255–66 (1976); 42 U.S.C. 7410(a)(2).

### *C. Unfunded Mandates*

Under Section 202 of the Unfunded Mandates Reform Act of 1995 ("Unfunded Mandates Act"), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to private sector, of $100 million or more. Under Section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule. EPA has determined that the approval action being promulgated does not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate, or to the private sector. This Federal action approves pre-existing requirements under State or local law, and imposes no new requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

### *D. Submission to Congress and the General Accounting Office*

The Congressional Review Act, 5 U.S.C. 801 et seq., as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This rule is not a "major rule" as defined by 5 U.S.C. 804(2).

### *E. Petitions for Judicial Review*

Under section 307(b)(1) of the Clean Air Act, petitions for judicial review of this action to approve the Liberty Borough PM–10 attainment demonstration and contingency measures must be filed in the United States Court of Appeals for the appropriate circuit by November 9, 1998. Filing a petition for reconsideration of this final rule does not affect the finality of this rule for the purposed of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

## List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Incorporation by reference, Intergovernmental relations, Particulate matter.

Dated: August 13, 1998.

**W. Michael McCabe,**

*Regional Administrator, Region III.*

40 CFR Part 52 is amended as follows:

## PART 52—[AMENDED]

1. The authority citation for part 52 continues to read as follows:

**Authority:** 42 U.S.C. 7401*et seq.*

## Subpart NN—Pennsylvania

2. Section 52.2020 is amended by adding paragraphs (c)(135) to read as follows:

**§ 52.2020 Identification of plan.**

* * * * *

(c) * * *

(135) Revisions to the Pennsylvania State Implementation Plan consisting of contingency measures for USX Clairton in the Liberty Borough PM–10 Nonattainment Area, submitted on July 12, 1995 by the Pennsylvania Department of Environmental Protection:

(i) Incorporation by reference.

(A) Letter of July 12, 1995 from the Pennsylvania Department of Environmental Protection transmitting a SIP revision for contingency control measures for USX Clairton Works located in Liberty Borough PM–10 nonattainment area of Allegheny County.

(B) Revision to Allegheny County's Article XXI applicable to USX's Clairton Coke Works, effective July 11, 1995 specifically:

(*1*) Revisions to section 2105.21.e included in Appendix 34 which require improved procedures to capture pushing emissions for all USX-Clairton batteries except Battery B.

(ii) Additional Material—Remainder of the July 12, 1995 submittal.

3. Section 52.2059 is amended by adding paragraph (b) to read as follows:

**§ 52.2059 Control strategy: particulate matter.**

* * * * *

(b) EPA approves the PM–10 attainment demonstration for the Liberty Borough Area of Allegheny County submitted by the Pennsylvania Department of Environmental Protection on January 6, 1994.

[FR Doc. 98–24040 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–P

## ENVIRONMENTAL PROTECTION AGENCY

## 40 CFR Part 62

**[VA 011–5034a; FRL–6155–9]**

## Approval and Promulgation of State Air Quality Plans for Designated Facilities and Pollutants; Commonwealth of Virginia; Control of Total Reduced Sulfur Emissions from Existing Kraft Pulp Mills

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Direct final rule.

**SUMMARY:** EPA is approving the 111(d) plan for Kraft pulp mills submitted by the Commonwealth of Virginia. The plan requires the control of total reduced sulfur (TRS) emissions from existing Kraft pulp mills. The Virginia plan establishes emission limits for existing Kraft pulp mills, and provides for the implementation and enforcement of those limits. The intended effect of this action is to approve the plan which was submitted in accordance with the Clean Air Act (the Act).

**DATES:** This direct final rule is effective on November 9, 1998, without further notice, unless EPA receives adverse comments by October 8, 1998. If adverse comments are received EPA will publish a timely withdrawal of the direct final rule in the **Federal Register** and inform the public that the rule will not take effect.

**ADDRESSES:** Comments may be mailed to Makeba A. Morris, Chief, Technical Assessment Branch, Mailcode 3AP22, Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103. Copies of the documents relevant to this action are available for public inspection during normal business hours at the following locations: Air Protection Division, Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103; and Commonwealth of Virginia, Department of Environmental Quality, 629 East Main Street, Richmond, VA 23219.

**FOR FURTHER INFORMATION CONTACT:** Artra B. Cooper at (215) 814–2096, or by e-mail at cooper.artra@epamail.gov.

**SUPPLEMENTARY INFORMATION:**

### I. Background

The Act requires that states submit plans to EPA to implement and enforce the Emission Guidelines (EG) promulgated for Kraft pulp mills pursuant to Section 111(d). As required by section 111(d) of the Act, EPA established a process at 40 CFR Part 60, Subpart B, which is similar to the process required by section 110 of the Act , which the states must follow for adopting and submitting 111(d) plans. Subpart B provides that, once a standard of performance for the control of a designated pollutant from a new source category is promulgated, the Administrator will then publish an emission guideline (E.G.) and guideline document applicable to the control of the same pollutant from designated (existing) facilities. The E.G. and related information were provided in a guideline document entitled "Kraft Pulping—Control of TRS Emissions from Existing Mills" (March 1979).

On May 15, 1990, the Commonwealth of Virginia submitted its Kraft pulp mill 111(d) plan for the control of TRS from existing kraft pulp mills to EPA for approval. The plan consists of regulations and consent agreements with the affected facilities within the Commonwealth. EPA has determined that the plan meets the requirements of 40 CFR Part 60, Subpart B. The Virginia regulation entitled: "Regulation for the Control and Abatement of Air Pollution, VR 120–01, Part IV, Rule 4–13, Emission Standard for Kraft Pulp Mills," is the regulatory portion of Virginia's 111(d) plan. This regulation provides for control of TRS emissions from Kraft pulp mills. The Commonwealth's regulation contains the emission limits found in the E.G. issued by EPA. The regulation includes emission limitations for applicable emission sources, provisions for compliance schedules, monitoring, record keeping and reporting requirements, all of which comport with the E.G. The regulation also requires operational standards for continuous monitoring systems, development and implementation of a quality control plan and submittal of control plans. The consent agreements included in the 111(d) plan were reached with the four affected facilities located within the Commonwealth of Virginia. They include the following sources: Westvaco Corporation—Covington, Union Camp—Franklin, Stone Container Corporation—Hopewell, and Chesapeake Corporation—West Point. These consent agreements provided interim emission limits while providing time for the affected facilities to comply with the E.G.-based limits. The consent agreements required compliance with the E.G.-based limits specified in the Commonwealth's regulation by no later than October 1994.

More detailed information on the requirements of Virginia's plan and EPA's evaluation are contained in the

Technical Support Document (TSD) accompanying this rulemaking. Copies of the TSD are available upon request from the EPA Regional Office listed in the **ADDRESSES** section of this document.

### II. Final Action

EPA is approving the Commonwealth of Virginia's 111(d) plan for the control of total reduced sulfur emissions from Kraft pulp mills.

EPA is approving this rule without prior proposal because the Agency views this as a noncontroversial amendment and anticipates no adverse comments. However, in the proposed rules section of this **Federal Register** publication, EPA is publishing a separate document that will serve as the proposal to approve the 111(d) plan should adverse or critical comments be filed. This rule will be effective November 9, 1998, without further notice unless the Agency receives adverse comments by October 8, 1998. If EPA receives such comments, then EPA will publish a document withdrawing the final rule and informing the public that the rule will not take effect. All public comments received will then be addressed in a subsequent final rule based on the proposed rule. EPA will not institute a second comment period on this rule. Parties interested in commenting on this rule should do so at this time. If no such comments are received, the public is advised that this rule will be effective on November 9, 1998, and no further action will be taken on the proposed rule.

### III. Administrative Requirements

*A. Executive Orders 12866 and 13045*

The Office of Management and Budget (OMB) has exempted this regulatory action from E.O. 12866 review. The final rule is not subject to E.O. 13045, entitled "Protection of Children from Environmental Health Risks and Safety Risks," because it is not an "economically significant" action under E.O. 12866.

*B. Regulatory Flexibility Act*

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et. seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities (5 U.S.C. 603 and 604). Alternatively, the EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000. State plan approvals under section 111 of the Act do not create any new requirements, but simply approve requirements that the State is already imposing. Therefore, because the federal action to approve the state plan does not impose any new requirements, EPA certifies that it does not have a significant impact on any small entities affected. Moreover, due to the nature of the Federal-State relationship under the Act, preparation of a flexibility analysis would constitute Federal inquiry into the economic reasonableness of State action. The Act forbids EPA to base its actions concerning State plans on such grounds. *See Union Electric Co.* v. *U.S. EPA*, 427 U.S. 246, 255–66 (1976); 42 U.S.C. 7410(a)(2).

*C. Unfunded Mandates*

Under Section 202 of the Unfunded Mandates Reform Act of 1995 ("Unfunded Mandates Act"), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to private sector, of $100 million or more. Under Section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule. EPA has determined that the approval action promulgated does not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate, or to the private sector. This Federal action approves pre-existing requirements under State or local law, and imposes no new requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

*D. Submission to Congress and the General Accounting Office*

The Congressional Review Act, 5 U.S.C. 801 et seq., as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This rule is not a "major rule" as defined by 5 U.S.C. 804(2).

*E. Petitions for Judicial Review*

Under section 307(b)(1) of the Clean Air Act, petitions for judicial review of this action approving The Commonwealth of Virginia's 111(d) plan for Kraft pulp mills must be filed in the United States Court of Appeals for the appropriate circuit by Nobember 9, 1998. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

**List of Subjects in 40 CFR Part 62**

Environmental protection, Air pollution control, Reporting and recordkeeping requirements, Total reduced sulfur.

Dated: August 27, 1998.

**Thomas C. Voltaggio,**

*Acting Regional Administrator, EPA Region III.*

40 CFR Part 62 is amended as follows:

## PART 62—[AMENDED]

1. The authority citation for Part 62 continues to read as follows:

**Authority:** 42 U.S.C. 7401–7671q.

## Subpart VV—Virginia

2. Under existing heading, § 62.11610 is added to read as follows:

**Total Reduced Sulfur Emissions From Existing Kraft Pulp Mills**

**§ 62.11610 Identification of plan.**

(a) Title of Plan. Commonwealth of Virginia State Implementation Plan under section 111(d) plan for the Designated Facility—Kraft Pulp Mills.

(b) The plan was officially submitted by the Executive Director of the Department of Virginia Department of Air Pollution Control, on May 15, 1990.

(c) Identification of sources. The Plan includes the following Kraft Pulp Mills:

(1) Chesapeake Corporation, West Point;

(2) Stone Container Corporation, Hopewell;

(3) Union Camp Corporation, Franklin; and

(4) Westvaco Corporation, Covington.

(d) Article 13, 9 VAC—40—1690, Section 120–04–1304 (Standard for total reduced sulfur), effective October 1, 1989. This plan was submitted on May 15, 1990 by the Commonwealth of Virginia.

[FR Doc. 98–23888 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–P

## GENERAL SERVICES ADMINISTRATION

### 41 CFR Part 301–10

[FTR Amendment 73]

RIN 3090–AG75

### Federal Travel Regulation; Privately Owned Vehicle Mileage Reimbursement

**AGENCY:** Office of Governmentwide Policy, GSA.

**ACTION:** Final rule.

**SUMMARY:** This final rule increases the mileage reimbursement rates for use of a privately owned vehicle (POV) on official travel to reflect current costs of operation as determined in cost studies conducted by the General Services Administration (GSA). The governing regulation is revised to increase the mileage allowance for advantageous use of a privately owned airplane from 85 to 88 cents per mile, the cost of operating a privately owned automobile from 31 to 32.5 cents per mile, and the cost of operating a privately owned motorcycle from 25 to 26 cents per mile.

**EFFECTIVE DATE:** This final rule is effective September 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** Devoanna R. Reels, General Services Administration, Travel and Transportation Management Policy Division (MTT), Washington, DC 20405, telephone 202–501–3781.

**SUPPLEMENTARY INFORMATION:** GSA has determined that this rule is not a significant regulatory action for the purposes of E.O. 12866 of September 30, 1993. This final rule is not required to be published in the **Federal Register** for notice and comment; therefore, the Regulatory Flexibility Act does not apply. The Paperwork Reduction Act does not apply, because the proposed revisions do not impose recordkeeping or information collection requirements, or the collection of information from offerors, contractors, or members of the public which require the approval of the Office of Management and Budget under 44 U.S.C. 501 *et seq.* This proposed rule is also exempt from Congressional review prescribed under 5 U.S.C. 801, since it relates solely to agency management and personnel.

**List of Subjects in 41 CFR Part 301–10**

Government employees, Travel and transportation expenses.

For the reasons set out in the preamble, 41 CFR part 301–10 is amended as follows:

### PART 301–10—TRANSPORTATION EXPENSES

1. The authority citation for 41 CFR part 301–10 continues to read as follows:

**Authority:** 5 U.S.C. 5707; 40 U.S.C. 486(c); 49 U.S.C. 40118.

2. Section 301–10.303 is amended by revising the entries for " Privately owned airplane," "Privately owned automobile," and "Privately owned motorcycle" to read as follows:

**§ 301–10.303 What am I reimbursed when use of a POV is determined by my agency to be advantageous to the Government?**

| For use of a— | Your reimbursement is— |
|---|---|
| * * * * | * |
| Privately owned airplane .......... | [1] 88.0 |
| Privately owned automobile ...... | [1] 32.5 |
| Privately owned motorcycle ...... | [1] 26.0 |

[1] Cents per mile.

Dated: September 1, 1998.

**David J. Barram,**

*Administrator of General Services.*

**General Services Administration; Report to Congress on the Costs of Operating Privately Owned Vehicles**

Subparagraph (b)(1)(A) of Section 5707 of Title 5, United States Code, requires the Administrator of General Services to periodically investigate the cost to Government employees of operating privately owned vehicles (airplanes, automobiles, and motorcycles) while on official travel, to report the results of the investigations to Congress, and to publish the report in the **Federal Register**. This report is being published to comply with the requirements of the law.

Dated: September 1, 1998.

**David J. Barram,**

*Administrator of General Services.*

**Report to Congress**

Subparagraph (b)(1)(A) of Section 5707 of Title 5, United States Code, requires that the Administrator of General Services, in consultation with the Secretary of Transportation, the Secretary of Defense, and representatives of Government employee organizations, conduct periodic investigations of the cost of operating privately owned vehicles (airplanes, automobiles, and motorcycles) to Government employees while on official travel and report the results to Congress at least once a year. The law further requires that a determination of the average, actual cost per mile be based on the results of the investigation. Such figures must be reported to Congress within 5 working days after the determination has been made.

Pursuant to the requirements of subparagraph (b)(1)(A) of Section 5707 of Title 5, United States Code, the General Services Administration (GSA) conducted an investigation of the cost of operating privately owned automobiles, airplanes, motorcycles, and consulted with the Secretaries of Defense, Transportation and representatives of employee organization on the results. As required, GSA is reporting the results of the investigation and the cost per mile determinations. GSA's cost studies show and I have determined the per-mile operating costs of privately owned vehicles to be 88 cents for airplanes, 32.5 cents for automobiles, and 26 cents for motorcycles.

I will issue a regulation to increase the current 85 to 88 cents for privately owned airplanes, 31 to 32.5 cents for privately owned automobiles, and the current 25 to 26 cents for privately owned motorcycles.

This report on the cost of operating privately-owned vehicles will be published in the **Federal Register**.

[FR Doc. 98–24019 Filed 9–4–98; 8:45 am]

BILLING CODE 6820–34–P

## FEDERAL COMMUNICATIONS COMMISSION

### 47 CFR Part 1

[MD Docket No. 98–36; FCC 98–115]

### Assessment and Collection of Regulatory Fees for Fiscal Year 1998

**AGENCY:** Federal Communications Commission.

**ACTION:** Final rule; correction.

**SUMMARY:** This document corrects portions of the Commission's rules that were published in the **Federal Register** of July 1, 1998 (63 FR 35847).

**EFFECTIVE DATE:** September 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** Terry Johnson, Office of Managing Director, (202) 418–0445.

**SUPPLEMENTARY INFORMATION:** The Federal Communications Commission published a document establishing rules

for assessment and collection of regulatory fees in the **Federal Register** of July 1, 1998 (63 FR 35847). In rule FR Doc. 98–17222, published on July 1, 1998, (63 FR 35847) make the following corrections:

1. On page 35873, in the table labeled "Attachment F-FY 1998 Schedule of Regulatory Fees" and under the first column labeled "Fee Category," line 12 is corrected to read as follows:

CMRS Mobile Services (per unit) (47 CFR Parts 20, 22, 24, 27, 80 and 90).

2. On page 35873, in the table labeled "Attachment F-FY 1998 Schedule of Regulatory Fees" and under the first column labeled "Fee Category," line 13 is corrected to read as follows:

CMRS Messaging Services (per unit) (47 CFR Parts 20, 22, 24 and 90).

3. On page 35874, in the table labeled "Attachment G-Comparison Between FY 1997 and FY 1998 Proposed and Final Regulatory Fees-Continued" and under the first column labeled "Fee Category," line 5 is corrected to read as follows:

CMRS Mobile Services (per unit) (47 CFR Parts 20, 22, 24, 27, 80 and 90).

4. On page 35874, in the table labeled "Attachment G-Comparison Between FY 1997 and FY 1998 Proposed and Final Regulatory Fees-Continued" and under the first column labeled "Fee Category," line 6 is corrected to read as follows:

CMRS Messaging Services [formerly One-Way Paging] (per unit) (47 CFR Parts 20, 22, 24 and 90).

5. On page 35876, in the second column, paragraph 14., the sentence beginning in the middle of line 19 is corrected to read:

While specific rules pertaining to each covered service remain in separate parts 22, 24, 27, 80 and 90, general rules for CMRS are contained in part 20. CMRS Mobile Services will include: Specialized Mobile Radio Service (part 90);[144] Personal Communications Services (part 24); Public Coast Stations (part 80); Public Mobile Radio (Cellular, 800 MHz Air-Ground Radiotelephone, and Offshore Radio Services) (part 22); and Wireless Communications Services (part 27).

Federal Communications Commission.

**William F. Caton,**

*Deputy Secretary.*

[FR Doc. 98–23965 Filed 9–4–98; 8:45 am]

BILLING CODE 6712–01–P

## DEPARTMENT OF DEFENSE

### 48 CFR Part 246

[DFARS Case 97–D038]

### Defense Federal Acquisition Regulation Supplement; Quality Assurance Among North Atlantic Treaty Organization Countries

**AGENCY:** Department of Defense (DoD).

**ACTION:** Correction to final rule.

**SUMMARY:** The Department of Defense is issuing a correction to the final rule published at 63 FR 43890, August 17, 1998.

**EFFECTIVE DATE:** August 17, 1998.

**FOR FURTHER INFORMATION CONTACT:** Defense Federal Acquisition Regulations Council, Attn: Ms. Michele Peterson, PDUSD (A&T) DP (DAR), IMD 3D139, 3062 Defense Pentagon, Washington, DC 20301–3062.

### Correction

In the issue of Monday, August 17, 1998, on page 43890, in the third column, amendatory instruction 2 is corrected by removing the reference "225.78" and inserting in its place the reference "225.8".

**Michele P. Peterson,**

*Executive Editor, Defense Acquisition Regulations Council.*

[FR Doc. 98–23975 Filed 9–4–98; 8:45 am]

BILLING CODE 5000–04–M

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

### 50 CFR Part 679

[Docket No. 971208297–8054–02; I.D. 090298A]

### Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in Statistical Area 610 of the Gulf of Alaska

**AGENCY:** National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

**ACTION:** Closure.

**SUMMARY:** NMFS is prohibiting directed fishing for pollock in Statistical Area 610 of the Gulf of Alaska (GOA). This action is necessary to prevent exceeding the 1998 total allowable catch (TAC) of pollock in this area.

**DATES:** Effective 1200 hrs, Alaska local time (A.l.t.), September 2, 1998, until 2400 hrs, A.l.t., December 31, 1998.

**FOR FURTHER INFORMATION CONTACT:** Thomas Pearson, 907–486-6919.

**SUPPLEMENTARY INFORMATION:** NMFS manages the groundfish fishery in the GOA exclusive economic zone according to the Fishery Management Plan for Groundfish of the Gulf of Alaska (FMP) prepared by the North Pacific Fishery Management Council under authority of the Magnuson-Stevens Fishery Conservation and Management Act. Regulations governing fishing by U.S. vessels in accordance with the FMP appear at subpart H of 50 CFR part 600 and 50 CFR part 679.

In accordance with § 679.20(c)(3)(ii), the Final 1998 Harvest Specifications of Groundfish for the GOA (63 FR 12027, March 12, 1998) established the amount of the 1998 TAC of pollock in Statistical Area 610 of the GOA as 29,790 metric tons (mt).

In accordance with § 679.20(d)(1)(i), the Administrator, Alaska Region, NMFS (Regional Administrator), has determined that the 1998 TAC for pollock will be reached. Therefore, the Regional Administrator is establishing a directed fishing allowance of 29,590 mt, and is setting aside the remaining 200 mt as bycatch to support other anticipated groundfish fisheries. In accordance with § 679.20(d)(1)(iii), the Regional Administrator finds that this directed fishing allowance has been reached. Consequently, NMFS is prohibiting directed fishing for pollock in Statistical Area 610 of the GOA.

Maximum retainable bycatch amounts for applicable gear types may be found in the regulations at § 679.20(e) and (f).

### Classification

This action responds to the best available information recently obtained from the fishery. It must be implemented immediately to prevent overharvesting the 1998 TAC of pollock for Statistical Area 610 of the GOA. A delay in the effective date is impracticable and contrary to the public interest. Further delay would only result in overharvest. NMFS finds for good cause that the implementation of this action should not be delayed for 30 days. Accordingly, under 5 U.S.C. 553(d), a delay in the effective date is hereby waived.

This action is required by 50 CFR 679.20 and is exempt from review under E.O. 12866.

**Authority:** 16 U.S.C. 1801 *et seq.*

Dated: September 2, 1998.

**Bruce Morehead,**

*Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.*

[FR Doc. 98–24023 Filed 9–2–98; 1:49 pm]

BILLING CODE 3510–22–F

# Proposed Rules

Federal Register
Vol. 63, No. 173
Tuesday, September 8, 1998

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

## NUCLEAR REGULATORY COMMISSION

### 10 CFR Part 60

RIN 3150–AE40

### Clarification of the Assessment Requirements for the Siting Criteria and Performance Objectives

**AGENCY:** Nuclear Regulatory Commission.

**ACTION:** Proposed rule: Withdrawal.

**SUMMARY:** The Nuclear Regulatory Commission (NRC) is withdrawing a proposed rule that would clarify uncertainties in regulations that contain generic criteria governing the disposal of high-level radioactive wastes (HLW) in geologic repositories. Because the NRC is developing site-specific disposal regulations for Yucca Mountain, Nevada, consistent with the Energy Policy Act of 1992 (EnPA), the proposed rule is being withdrawn.

**FOR FURTHER INFORMATION CONTACT:** Janet P. Kotra, Performance Assessment and High-Level Waste Integration Branch, Division of Waste Management, Office of Nuclear Material Safety and Safeguards, Nuclear Regulatory Commission, 11545 Rockville Pike, Rockville, Maryland 20852–2738. Telephone 301/415–6674. E-mail JPK@NRC.GOV.

**SUPPLEMENTARY INFORMATION:** Existing NRC regulations at 10 CFR part 60, initially issued in 1983, contain generic criteria governing the disposal of HLW in a geologic repository. On July 9, 1993 (58 FR 36902), the NRC published, for public comment, proposed amendments intended to clarify certain regulatory uncertainties in those regulations related to the investigation and evaluation of potentially adverse conditions at potential repository sites. The public comment period ended on October 7, 1993.

In anticipation of the results of a National Academy of Science (NAS) study undertaken in response to the EnPA, as well as Congressional activity with respect to the Nuclear Waste Policy Act of 1982, as amended, the Commission decided not to issue a final rule and directed the NRC staff to withdraw the proposed rulemaking and reconsider the need for it when the legislative environment had stabilized. The purpose of this **Federal Register** notice is to announce the NRC's withdrawal of this proposed rule.

At present, the NRC staff has considered and is implementing a strategy for developing site-specific disposal regulations that would apply solely to the proposed geologic repository at Yucca Mountain, and is deferring the updating of 10 CFR part 60 generic requirements to a later date. These site-specific regulations will be promulgated consistent with EnPA, which also requires the Environmental Protection Agency to issue radiation standards for a geologic repository at Yucca Mountain, based on and consistent with the 1995 findings and recommendations of the NAS. A proposed rule will be published for public comment by the end of the calendar year.

The NRC staff's strategy for developing the site-specific disposal regulations for Yucca Mountain can be found in a Commission Paper, designated SECY–97–300, that is dated December 24, 1997. This strategy was approved by the Commission in an SRM dated March 6, 1998. The Commission Paper, the SRM, and associated documents are available for public inspection and/or copying at the NRC Public Document Room located at 2120 L Street (lower level), NW, Washington, DC 20012–7082. Telephone: 202–512–2249.

Dated at Rockville, Maryland, this 31st day of August, 1998.

For the Nuclear Regulatory Commission.

**John C. Hoyle,**

*Secretary of the Commission.*

[FR Doc. 98–24007 Filed 9–4–98; 8:45 am]

BILLING CODE 7590–01–P

## DEPARTMENT OF TRANSPORTATION

### Federal Aviation Administration

### 14 CFR Part 39

[Docket No. 98–NM–217–AD]

RIN 2120–AA64

### Airworthiness Directives; British Aerospace Model Viscount 744, 745, 745D, and 810 Series Airplanes

**AGENCY:** Federal Aviation Administration, DOT.

**ACTION:** Notice of proposed rulemaking (NPRM).

**SUMMARY:** This document proposes the supersedure of an existing airworthiness directive (AD), applicable to all British Aerospace Model Viscount 700, 800, and 810 series airplanes, that currently requires repetitive inspections to detect cracks and corrosion in the inboard and outboard engine nacelle structures on the wings; replacement of any cracked fittings and mating struts; and treatment or replacement of any corroded fittings or struts. This action would require repetitive inspections to detect cracking or corrosion of the eye end fittings of the outboard engine lower support or of the bore of the taper pin holes, and repair, if necessary. This action also would limit the applicability of the existing AD. This proposal is prompted by reports of cracked and separated lower eye end fittings. The actions specified by the proposed AD are intended to detect and correct cracking of the eye end fittings of the outboard engine lower support, which could result in reduced structural integrity of the engine nacelle support structures.

**DATES:** Comments must be received by October 8, 1998.

**ADDRESSES:** Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–217–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

The service information referenced in the proposed rule may be obtained from British Aerospace Regional Aircraft Limited, Chadderton Division, Engineering Support, Greengate,

Middleton, Manchester M24 1SA, England. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington.

**FOR FURTHER INFORMATION CONTACT:** Norman B. Martenson, Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2110; fax (425) 227–1149.

**SUPPLEMENTARY INFORMATION:**

### Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments, specified above, will be considered before taking action on the proposed rule. The proposals contained in this notice may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: "Comments to Docket Number 98–NM–217–AD." The postcard will be date stamped and returned to the commenter.

### Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–217–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

### Discussion

On September 10, 1990, the FAA issued AD 90–20–17, amendment 39–6744 (55 FR 38539, September 19, 1990), applicable to all British Aerospace Model Viscount 700, 800, and 810 series airplanes, to require repetitive visual, x-ray, ultrasonic, and dye penetrant inspections to detect cracks and corrosion in the inboard and outboard engine nacelle structures on the left and right wings; replacement of any cracked fittings and mating struts; and treatment or replacement of any corroded fittings or struts. That action was prompted by reports indicating that nacelle lower eye end fittings had cracked and separated due to fatigue failure or stress corrosion. The requirements of that AD are intended to detect and correct fatigue or stress corrosion cracking of the nacelle lower eye end fittings, which could result in reduced structural integrity of the engine nacelle support structures.

### Actions Since Issuance of Previous Rule

Since the issuance of AD 90–20–17, the Civil Aviation Authority (CAA), which is the airworthiness authority for the United Kingdom, has determined that long-term continued operational safety would be better assured by using eddy current inspections, rather than visual, x-ray, ultrasonic, and dye penetrant inspections, to detect cracking and corrosion in engine nacelle support structures. British Aerospace has issued new service information to reflect this determination.

### Explanation of Relevant Service Information

British Aerospace has issued Preliminary Technical Leaflet (PTL) No. 326, Issue 2, including Appendices 1 and 2, all dated December 1, 1994 (for Model Viscount 744, 745, and 745D series airplanes). British Aerospace also has issued PTL 197, Issue 3, including Appendices 1 and 2, all dated November 20, 1993 (for Model Viscount 810 series airplanes). Those PTL's describe procedures for repetitive eddy current inspections to detect cracking or corrosion of the eye end fittings of the outboard engine lower support and of the bore of the taper pin holes in the engine nacelle subframes, tubes, and fittings. The CAA classified these PTL's as mandatory in order to assure the continued airworthiness of these airplanes in the United Kingdom.

### FAA's Conclusions

These airplane models are manufactured in the United Kingdom and are type certificated for operation in the United States under the provisions of § 21.29 of the Federal Aviation Regulations (14 CFR 21.29) and the applicable bilateral airworthiness agreement. Pursuant to this bilateral airworthiness agreement, the CAA has kept the FAA informed of the situation described above. The FAA has examined the findings of the CAA, reviewed all available information, and determined that AD action is necessary for products of this type design that are certificated for operation in the United States.

### Explanation of Requirements of Proposed Rule

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design registered in the United States, the proposed AD would supersede AD 90–20–17 to require new repetitive eddy current inspections to detect cracking or corrosion of the eye end fittings of the outboard engine lower support or of the bore of the taper pin holes, and repair, if necessary. The proposed AD also would limit the applicability of the existing AD. The actions would be required to be accomplished in accordance with the PTL's described previously, except as discussed below.

### Differences Between Proposed Rule and Preliminary Technical Leaflets

Operators should note that, although the PTL's specify that the manufacturer may be contacted for disposition of repair conditions, this proposal would require the repair of those conditions to be accomplished in accordance with a method approved by either the FAA, or the CAA (or its delegated agent). In light of the type of repair that would be required to address the identified unsafe condition, and in consonance with existing bilateral airworthiness agreements, the FAA has determined that, for this proposed AD, a repair approved by either the FAA or the CAA would be acceptable for compliance with this proposed AD.

### Explanation of Revisions to Applicability

The applicability of the proposed AD has been reduced to include only Model Viscount 744, 745, and 745D series airplanes on which British Aerospace Modification D3227 has not been accomplished, and Model Viscount 810 series airplanes, on which British Aerospace Modification FG 2103 has not been accomplished. This change is necessary to incorporate restrictions to the effectivity of the PTL's that are specified in the Compliance paragraph of each PTL.

### Other Relevant Rulemaking

The FAA previously has issued AD 98–12–17, amendment 39–10444 (63 FR 31347, June 9, 1998), which is applicable to all British Aerospace Model Viscount 744, 745, 745D, and 810 series airplanes. That AD requires repetitive inspections to detect cracking

and corrosion of components of the engine nacelle subframe structure; corrective action, if any cracking or corrosion is found; and replacement of any component that has reached its life limit with a new or serviceable component. That AD references British Aerospace Viscount Alert Preliminary Technical Leaflet (PTL) 500, dated January 1, 1993; including Appendices 1 through 4 inclusive, dated November 1992, and Appendix 5, dated October 1992; as the appropriate sources of service information for accomplishment of the actions required by AD 98–12–17. PTL 500 superseded and canceled British Aerospace Viscount Alert PTL No. 122, Issue 4, and British Aerospace Viscount Alert PTL No. 258, Issue 4, which were referenced in AD 90–20–17 as appropriate sources of service information for accomplishment of certain actions required by that AD. For this reason, those actions would not be mandated by this new proposed AD.

**Cost Impact**

There are approximately 29 airplanes of U.S. registry that would be affected by this proposed AD.

The new eddy current inspections that are proposed in this AD action would take approximately 2 work hours per airplane to accomplish, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the proposed requirements of this AD on U.S. operators is estimated to be $3,480, or $120 per airplane, per inspection cycle.

The cost impact figure discussed above is based on assumptions that no operator has yet accomplished any of the current or proposed requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

**Regulatory Impact**

The regulations proposed herein would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this proposal would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this proposed regulation (1) is not a "significant regulatory action" under Executive Order 12866; (2) is not a "significant rule" under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES.**

**List of Subjects in 14 CFR Part 39**

Air transportation, Aircraft, Aviation safety, Safety.

**The Proposed Amendment**

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

## PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

**Authority:** 49 U.S.C. 106(g), 40113, 44701.

**§ 39.13 [Amended]**

2. Section 39.13 is amended by removing amendment 39–6744 (55 FR 38539, September 19, 1990), and by adding a new airworthiness directive (AD), to read as follows:

**British Aerospace Regional Aircraft Limited (Formerly British Aerospace Commercial Aircraft Limited, Vickers-Armstrongs Aircraft Limited):** Docket 98–NM–217–AD. Supersedes AD 90–20–17, amendment 39–6744.

*Applicability:* Model Viscount 744, 745, and 745D series airplanes, on which British Aerospace Modification D3227 has not been accomplished; and Model Viscount 810 series airplanes, on which British Aerospace Modification FG 2103 has not been accomplished; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

*Compliance:* Required as indicated, unless accomplished previously.

To detect and correct cracking of the eye end fittings of the outboard engine lower support, which could result in reduced structural integrity of the engine nacelle support structures, accomplish the following:

(a) Perform an eddy current inspection to detect cracking or corrosion of the eye end fittings of the outboard engine lower support, or of the bore of the taper pin holes, in accordance with the Accomplishment Instructions of British Aerospace Preliminary Technical Leaflet (PTL) No. 326, Issue 2, including Appendices 1 and 2, all dated December 1, 1994 (for Model Viscount 744, 745, and 745D series airplanes); or PTL 197, Issue 3, including Appendices 1 and 2, all dated November 20, 1993 (for Model Viscount 810 series airplanes); at the applicable time specified in either paragraph (a)(1) or (a)(2) of this AD. Thereafter, repeat the inspection at intervals not to exceed 900 landings.

(1) For Model Viscount 744, 745, and 745D series airplanes: Inspect within 3 months after the effective date of this AD.

(2) For Model Viscount 810 series airplanes: Inspect within 900 landings after the last inspection performed in accordance with PTL 197, Issue 2, dated July 10, 1992; or within 3 months after the effective date of this AD, whichever occurs later.

(b) If any cracking is found during any inspection performed in accordance with paragraph (a) of this AD, prior to further flight, repair in accordance with a method approved by the Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate; or the Civil Aviation Authority (or its delegated agent).

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, International Branch, ANM–116. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, International Branch, ANM–116.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the International Branch, ANM–116.

(d) Special flight permits may be issued in accordance with §§ 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Issued in Renton, Washington, on September 1, 1998.

**Darrell M. Pederson,**

*Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.*

[FR Doc. 98–24064 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–13–U

**DEPARTMENT OF TRANSPORTATION**

**Federal Aviation Administration**

**14 CFR Part 39**

**[Docket No. 98–NM–109–AD]**

**RIN 2120–AA64**

## Airworthiness Directives; McDonnell Douglas Model DC–9–80 Series Airplanes, Model MD–88 Airplanes, and Model MD–90–30 Airplanes

**AGENCY:** Federal Aviation Administration, DOT.

**ACTION:** Notice of proposed rulemaking (NPRM).

**SUMMARY:** This document proposes the adoption of a new airworthiness directive (AD) that is applicable to certain McDonnell Douglas Model DC–9–80 series airplanes, Model MD–88 airplanes, and Model MD–90–30 airplanes. This proposal would require repetitive inspections to detect cracking of the main landing gear (MLG) shock strut pistons, and replacement of a cracked piston with a new or serviceable part. This proposal is prompted by reports indicating that, while an airplane was positioned on the taxiway, the right MLG shock strut piston failed due to fatigue cracking. The actions specified by the proposed AD are intended to detect and correct such fatigue cracking, which could result in failure of the piston, and consequent damage to the airplane structure or injury to the passengers and flightcrew.

**DATES:** Comments must be received by October 23, 1998.

**ADDRESSES:** Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–109–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

The service information referenced in the proposed rule may be obtained from The Boeing Company, Douglas Products Division, 3855 Lakewood Boulevard, Long Beach, California 90846, Attention: Technical Publications Business Administration, Dept. C1–L51 (2–60). This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington, or at the FAA, Transport Airplane Directorate, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California.

**FOR FURTHER INFORMATION CONTACT:** Brent Bandley, Aerospace Engineer, Airframe Branch, ANM–120L, FAA, Transport Airplane Directorate, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California 90712–4137; telephone (562) 627–5237; fax (562) 627–5210.

**SUPPLEMENTARY INFORMATION:**

### Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments, specified above, will be considered before taking action on the proposed rule. The proposals contained in this notice may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: "Comments to Docket Number 98–NM–109–AD." The postcard will be date stamped and returned to the commenter.

### Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–109–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

### Discussion

The FAA has received a report of failure of the shock strut piston of the right main landing gear (MLG) while a McDonnell Douglas Model DC–9–80 series airplane was positioned on the taxiway. (A similar incident also occurred in 1991.) The report indicated that the affected piston on the airplane had accumulated 22,484 total flight cycles. Investigation revealed that the cause of this failure was attributed to a large fatigue crack that had propagated across the bottom of the MLG shock strut piston. The crack initiated near the jackball, which is located on the bottom of the MLG shock strut piston and is used by operators to jack up the airplane. This condition, if not corrected, could result in failure of the MLG shock strut piston, and consequent damage to the airplane structure or injury to the passengers and flightcrew.

The subject area on certain McDonnell Douglas Model MD–88 airplanes and Model MD–90–30 airplanes is identical to that of the affected Model DC–9–80 series airplanes. Therefore, all of these airplanes may be subject to the same unsafe condition.

### Explanation of Relevant Service Information

The FAA has reviewed and approved McDonnell Douglas Alert Service Bulletins MD80–32A308, dated March 5, 1998, and MD80–32A308, Revision 01, dated May 12, 1998 [for Model DC–9–81 (MD–81), DC–9–82 (MD–82), DC–9–83 (MD–83), and DC–9–87 (MD–87) series airplanes, and Model MD–88 airplanes]; and MD90–32A030, dated March 26, 1998, and MD90–32A030, Revision 01, dated May 11, 1998 (for Model MD–90–30 airplanes). These alert service bulletins describe procedures for repetitive fluorescent dye penetrant and fluorescent magnetic particle inspections to detect cracking of the MLG shock strut piston, and replacement of any cracked piston with a new or serviceable part.

### Explanation of Requirements of Proposed Rule

Since an unsafe condition has been identified that is likely to exist or develop on other products of this same type design, the proposed AD would require accomplishment of the actions specified in the alert service bulletins described previously.

### Interim Action

This is considered to be interim action. The manufacturer has advised that it currently is developing a modification that will positively address the unsafe condition addressed by this AD. Once this modification is developed, approved, and available, the FAA may consider additional rulemaking.

### Cost Impact

There are approximately 1,250 airplanes of the affected design in the worldwide fleet. The FAA estimates that 828 airplanes of U.S. registry would be affected by this proposed AD, that it

would take approximately 4 work hours per airplane to accomplish the proposed inspection, and that the average labor rate is $60 per work hour. Based on these figures, the cost impact of the inspection proposed by this AD on U.S. operators is estimated to be $198,720, or $240 per airplane, per inspection cycle.

The cost impact figures discussed above are based on assumptions that no operator has yet accomplished any of the proposed requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

Should an operator be required to accomplish the proposed replacement of an MLG shock strut piston, it would take approximately 16 work hours per airplane to accomplish, at an average labor rate of $60 per work hour. Required parts would cost approximately $107,070 per airplane. Based on these figures, the cost impact of the replacement proposed by this AD on U.S. operators is estimated to be $108,030 per airplane.

### Regulatory Impact

The regulations proposed herein would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this proposal would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this proposed regulation (1) is not a "significant regulatory action" under Executive Order 12866; (2) is not a "significant rule" under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES.**

### List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

### The Proposed Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

## PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

**Authority:** 49 U.S.C. 106(g), 40113, 44701.

### § 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

**McDonnell Douglas:** Docket 98–NM–109–AD.

*Applicability:* Model DC–9–81 (MD–81), DC–9–82 (MD–82), DC–9–83 (MD–83), and DC–9–87 (MD–87) series airplanes, and Model MD–88 airplanes, as listed in McDonnell Douglas Alert Service Bulletin MD80–32A308, Revision 01, dated May 12, 1998; and Model MD–90–30 airplanes, as listed in McDonnell Douglas Alert Service Bulletin MD90–32A030, Revision 01, dated May 11, 1998; certificated in any category.

**Note 1:** This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (e) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

*Compliance:* Required as indicated, unless accomplished previously.

To detect and correct fatigue cracking of the main landing gear (MLG) shock strut pistons, which could result in failure of the piston, and consequent damage to the airplane structure or injury to the passengers and flightcrew, accomplish the following:

(a) Perform fluorescent dye penetrant and fluorescent magnetic particle inspections to detect cracking of an MLG shock strut piston, in accordance with McDonnell Douglas Alert Service Bulletin MD80–32A308, dated March 5, 1998, or MD80–32A308, Revision 01, dated May 12, 1998 [for Model DC–9–81 (MD–81), DC–9–82 (MD–82), DC–9–83 (MD–83), and DC–9–87 (MD–87) series airplanes, and Model MD–88 airplanes]; or MD90–32A030, dated March 26, 1998, or MD90–32A030, Revision 01, dated May 11, 1998 (for Model MD–90–30 airplanes); as applicable. Perform the inspections at the later of the times specified in paragraphs (a)(1) and (a)(2) of this AD.

(1) Prior to the accumulation of 10,000 total landings on an MLG shock strut piston, or within 6 months after the effective date of this AD, whichever occurs later.

(2) Within 2,500 landings after a major overhaul and initial inspection of the MLG shock strut piston accomplished prior to the effective date of this AD, in accordance with McDonnell Douglas All Operator Letter 9–2153 [for Model DC–9–81 (MD–81), DC–9–82 (MD–82), DC–9–83 (MD–83), and DC–9–87 (MD–87) series airplanes, and Model MD–88 airplanes], or McDonnell Douglas Component Maintenance Manual, Chapter 32–17–01 (for Model MD–90–30 airplanes).

(b) Condition 1. If any cracking is detected, prior to further flight, replace any cracked MLG shock strut piston with a new or serviceable piston, in accordance with McDonnell Douglas Alert Service Bulletin MD80–32A308, dated March 5, 1998, or MD80–32A308, Revision 01, dated May 12, 1998 [for Model DC–9–81 (MD–81), DC–9–82 (MD–82), DC–9–83 (MD–83), and DC–9–87 (MD–87) series airplanes, and Model MD–88 airplanes]; or MD90–32A030, dated March 26, 1998, or MD90–32A030, Revision 01, dated May 11, 1998 (for Model MD–90–30 airplanes); as applicable. Repeat the fluorescent dye penetrant and fluorescent magnetic particle inspections thereafter at intervals not to exceed 2,500 landings.

(c) Condition 2. If no cracking is detected, repeat the fluorescent dye penetrant and fluorescent magnetic particle inspections thereafter at intervals not to exceed 2,500 landings, in accordance with McDonnell Douglas Alert Service Bulletin MD80–32A308, dated March 5, 1998, or MD80–32A308, Revision 01, dated May 12, 1998 [for Model DC–9–81 (MD–81), DC–9–82 (MD–82), DC–9–83 (MD–83), and DC–9–87 (MD–87) series airplanes, and Model MD–88 airplanes]; or MD90–32A030, dated March 26, 1998, or MD90–32A030, Revision 01, dated May 11, 1998 (for Model MD–90–30 airplanes); as applicable.

(d) As of the effective date of this AD, no person shall install on any airplane a replacement MLG shock strut piston, part number 5935347–509, –511, or –513, or an MLG assembly from an operator's spares inventory, unless those components have been inspected in accordance with the requirements specified by paragraph (a) of this AD.

(e) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Los Angeles Aircraft Certification Office (ACO), FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Los Angeles ACO.

**Note 2:** Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Los Angeles ACO.

(f) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Issued in Renton, Washington, on September 1, 1998.

**Darrell M. Pederson,**

*Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.*

[FR Doc. 98–24063 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–13–P

---

**DEPARTMENT OF TRANSPORTATION**

**Federal Aviation Administration**

**14 CFR Part 39**

**[Docket No. 97–NM–129–AD]**

**RIN 2120–AA64**

## Airworthiness Directives; British Aerospace Model BAe 146 and Model Avro 146–RJ Series Airplanes

**AGENCY:** Federal Aviation Administration, DOT.

**ACTION:** Notice of proposed rulemaking (NPRM).

**SUMMARY:** This document proposes the adoption of a new airworthiness directive (AD) that is applicable to certain British Aerospace Model BAe 146 and Model Avro 146–RJ series airplanes. This proposal would require a one-time measurement to determine the thickness of the outer links of the side stays of the main landing gear (MLG), and corrective actions, if necessary. This proposal also would provide for replacement of a thin outer link with a new or serviceable part in lieu of certain follow-on inspections. This proposal is prompted by issuance of mandatory continuing airworthiness information by a foreign civil airworthiness authority. The actions specified by the proposed AD are intended to prevent cracking of the outer links of the side stays of the MLG, which could result in increased braking distance during landing, and consequent runway overrun.

**DATES:** Comments must be received by October 8, 1998.

**ADDRESSES:** Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 97–NM–129–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

The service information referenced in the proposed rule may be obtained from AI(R) American Support , Inc., 13850 Mclearen Road, Herndon, Virginia 20171. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington.

**FOR FURTHER INFORMATION CONTACT:** Norman B. Martenson, Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2110; fax (425) 227–1149.

**SUPPLEMENTARY INFORMATION:**

### Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments, specified above, will be considered before taking action on the proposed rule. The proposals contained in this notice may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: "Comments to Docket Number 97–NM–129–AD." The postcard will be date stamped and returned to the commenter.

### Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 97–NM–129–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

### Discussion

The Civil Aviation Authority (CAA), which is the airworthiness authority for the United Kingdom, notified the FAA that an unsafe condition may exist on certain British Aerospace Model BAe 146 and Model Avro 146–RJ series airplanes. The CAA advises that it has received a report of cracking on the shoulder of two outer links of a side stay of the main landing gear (MLG). Investigation has revealed that the insufficient thickness of the outer links on certain Model BAe 146 and Model Avro 146–RJ series airplanes causes them to be susceptible to this type of cracking. In addition, this cracking may have been aggravated by insufficient greasing of the spherical bearing, which could result in increased stress on the side stay when the gear is in transit. Such cracking, if not corrected, could result in increased braking distance during landing, and consequent runway overrun.

### Explanation of Relevant Service Information

The manufacturer has issued British Aerospace Service Bulletin SB.32–144, dated December 11, 1996, which describes procedures for a one-time measurement to determine the thickness of the outer links of the side stays of the MLG. The measurement involves placing a profile gauge over the thinnest section of the outer link profile. For outer links on which a profile gauge slips over the profile, the service bulletin also describes procedures for follow-on repetitive detailed visual inspections to detect cracking of the outer links, and replacement of any cracked outer link with a new or serviceable part.

The British Aerospace service bulletin references Messier-Dowty Service Bulletin 146–32–128, dated December 6, 1996, as an additional source of service information for accomplishment of the measurement.

Accomplishment of the actions specified in the service bulletins is intended to adequately address the identified unsafe condition. The CAA approved Messier-Dowty Service Bulletin 146–32–128, dated December 6, 1996; classified British Aerospace Service Bulletin SB.32–144, dated December 11, 1996, as mandatory; and issued British airworthiness directive 005–12–96 in order to assure the continued airworthiness of these airplanes in the United Kingdom.

### FAA's Conclusions

These airplane models are manufactured in the United Kingdom and are type certificated for operation in the United States under the provisions of section 21.29 of the Federal Aviation Regulations (14 CFR 21.29) and the applicable bilateral airworthiness agreement. Pursuant to this bilateral airworthiness agreement, the CAA has kept the FAA informed of the situation described above. The FAA has examined the findings of the CAA, reviewed all available information, and determined that AD action is necessary for products of this type design that are

certificated for operation in the United States.

### Explanation of Requirements of Proposed Rule

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design registered in the United States, the proposed AD would require accomplishment of the actions specified in the British Aerospace service bulletin described previously, except as discussed below.

### Differences Between Proposed Rule and Service Bulletin

Operators should note that, unlike the procedures described in Messier-Dowty Service Bulletin 146–32–128 and British Aerospace Service Bulletin SB.32–144, this proposed AD would not permit further flight if cracks are detected in the outer links of the side stays of the MLG. The FAA has determined that, because of the safety implications and consequences associated with such cracking, any subject outer link that is found to be cracked must be replaced prior to further flight.

In addition, operators should note that, for airplanes on which the profile gauge slips over the top edge of the outer link profile, the service bulletins do not describe a terminating action for the follow-on repetitive inspections to detect cracking of the outer links. However, this proposed AD would allow replacement of a thin outer link with a new or serviceable part in lieu of the follow-on inspections.

### Cost Impact

The FAA estimates that 37 airplanes of U.S. registry would be affected by this proposed AD. It would take approximately 1 work hour per airplane to accomplish the proposed measurement, at an average labor rate of $60 per work hour. Required parts would be supplied by the manufacturer at no cost to operators. Based on this figure, the cost impact of the measurement proposed by this AD on U.S. operators is estimated to be $2,220, or $60 per airplane.

The cost impact figure discussed above is based on assumptions that no operator has yet accomplished any of the proposed requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

### Regulatory Impact

The regulations proposed herein would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this proposal would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this proposed regulation (1) is not a "significant regulatory action" under Executive Order 12866; (2) is not a "significant rule" under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES**.

### List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

### The Proposed Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

## PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

**Authority:** 49 U.S.C. 106(g), 40113, 44701.

**§ 39.13 [Amended]**

2. Section 39.13 is amended by adding the following new airworthiness directive:

**British Aerospace Regional Aircraft** (Formerly British Aerospace Regional Aircraft Limited, Avro International Aerospace Division; British Aerospace, PLC; British Aerospace Commercial Aircraft Limited): Docket 97–NM–129–AD.

*Applicability:* Model BAe 146 and Model Avro 146–RJ series airplanes, equipped with side stays of the main landing gear (MLG) having part numbers (P/N) listed in Messier-Dowty Service Bulletin 146–32–128, dated December 6, 1996; certificated in any category.

**Note 1:** This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

*Compliance:* Required as indicated, unless accomplished previously.

To prevent cracking of the outer links of the side stays of the main landing gear (MLG), which could result in increased braking distance during landing, and consequent runway overrun, accomplish the following:

(a) Within 500 landings or 60 days after the effective date of this AD, whichever occurs later, perform a one-time measurement to determine the thickness of the outer links of the side stays of the MLG, in accordance with British Aerospace Service Bulletin SB.32–144, dated December 11, 1996.

**Note 2:** The British Aerospace service bulletin references Messier-Dowty Service Bulletin 146–32–128, dated December 6, 1996, as an additional source of service information for accomplishment of the measurement.

(1) If the profile gauge does not slip over the top edge of the outer link profile, no further action is required by this AD.

(2) If the profile gauge slips over the top edge of the outer link profile, prior to further flight, accomplish either paragraph (a)(2)(i) or (a)(2)(ii) of this AD.

(i) Replace the outer link with a new or serviceable part in accordance with the service bulletin. After replacement of the outer link, no further action is required by this AD.

**Note 3:** For purposes of this AD, a "serviceable" outer link is defined as an outer link that is not cracked and on which a profile gauge does not slip over the top edge of the profile, as described in the service bulletin.

(ii) Perform a detailed visual inspection to detect cracking of the outer links of the side stays of the MLG, in accordance with the service bulletin.

(A) If no cracking is detected, repeat the detailed visual inspection thereafter at intervals not to exceed 4,000 landings.

(B) If any cracking is detected during any detailed visual inspection required by this AD, prior to further flight, replace the cracked outer link with a new or serviceable part in accordance with the service bulletin. After replacement of the outer link, no further action is required by this AD.

(b) As of the effective date of this AD, no person shall install on any airplane a side stay of the MLG having a part number listed in paragraph 1.A. of Messier-Dowty Service Bulletin 146–32–128, dated December 6, 1996; unless the profile gauge does not slip over the profile of the outer links of the side stay, as described in British Aerospace Service Bulletin SB.32–144, dated December 11, 1996.

(c) An alternative method of compliance or adjustment of the compliance time that

provides an acceptable level of safety may be used if approved by the Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, International Branch, ANM–116.

**Note 4:** Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the International Branch, ANM–116.

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

**Note 5:** The subject of this AD is addressed in British airworthiness directive 005–12–96.

Issued in Renton, Washington, on September 1, 1998.

**Darrell M. Pederson,**

*Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.*

[FR Doc. 98–24060 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–13–P

---

## DEPARTMENT OF TRANSPORTATION

## Federal Aviation Administration

## 14 CFR Part 39

[Docket No. 98–NM–223–AD]

RIN 2120–AA64

## Airworthiness Directives; Boeing Model 747 Series Airplanes

**AGENCY:** Federal Aviation Administration, DOT.

**ACTION:** Notice of proposed rulemaking (NPRM).

**SUMMARY:** This document proposes the adoption of a new airworthiness directive (AD) that is applicable to certain Boeing Model 747 series airplanes. This proposal would require a one-time detailed visual inspection to detect improperly installed or frayed aileron cables, and a one-time detailed visual inspection to detect improper identification or location of the cable markers, and corrective actions, if necessary. This proposal is prompted by a report that an aileron cable failed, due to improper installation onto the wrong groove of an aileron cable drum. The actions specified by the proposed AD are intended to detect and correct an improperly installed aileron cable; such installation could lead to the failure of the aileron cable, and consequent reduced lateral control capability of the airplane.

**DATES:** Comments must be received by October 23, 1998.

**ADDRESSES:** Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–223–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

The service information referenced in the proposed rule may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington.

**FOR FURTHER INFORMATION CONTACT:** Tamara L. Anderson, Aerospace Engineer, Airframe Branch, ANM–120S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington; telephone (425) 227–2771; fax (425) 227–1181.

**SUPPLEMENTARY INFORMATION:**

### Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments, specified above, will be considered before taking action on the proposed rule. The proposals contained in this notice may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: "Comments to Docket Number 98–NM–223–AD." The postcard will be date stamped and returned to the commenter.

### Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–103, Attention: Rules Docket No. 98–NM–223–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

### Discussion

The FAA has received a report indicating that an operator of a Boeing Model 747 series airplane experienced a failure of a wing aileron control cable (AA–11) during the taxi-out phase of operations. An adjacent aileron cable (AB–13) also was found to be severely frayed. An investigation attributed the aileron cable failure and cable fraying to the improper installation of the aileron cables onto the aileron cable drum. Specifically, the improper installation consisted of both aileron cables being installed into the wrong grooves of the aileron cable drum. This allowed the aileron cables to make contact with the forward guide pin of the aileron cable drum, which in turn led to the fraying of the cables.

The misrouting of the aileron cables on the incident airplane was probably related to the fact that certain aileron cable markers, which are merely decals that the manufacturer uses as guides for installation, were installed incorrectly. Further investigation indicated that as many as eight other airplanes also had aileron cable markers that had been installed incorrectly. In addition, at least three other airplanes have experienced excessive aileron cable wear due to misrouting of the aileron cables during installation. An improperly installed aileron cable, if not corrected, could lead to the eventual failure of an aileron cable, and consequent reduced lateral control capability of the airplane.

### Explanation of Relevant Service Information

The FAA has reviewed and approved Boeing Service Bulletin 747–27–2367, dated June 25, 1998, which describes procedures for performing a one-time detailed visual inspection to detect improper installation or fraying of the aileron cables, and a one-time detailed visual inspection to detect improper identification or location of the associated aileron cable markers, and corrective actions, if necessary. The corrective actions include replacing frayed cables with new cables, and rerouting misrouted aileron cables; and replacing any incorrectly installed aileron cable markers with new markers.

### Explanation of Requirements of Proposed Rule

Since an unsafe condition has been identified that is likely to exist or develop on other products of this same type design, the proposed AD would require accomplishment of the actions specified in the service bulletin described previously. The proposed AD also would require that operators report the results of adverse inspection findings to the FAA.

### Cost Impact

There are approximately 1,053 Boeing Model 747 series airplanes of the affected design in the worldwide fleet. The FAA estimates that 228 airplanes of U.S. registry would be affected by this proposed AD.

It would take approximately 9 work hours per airplane to accomplish the proposed detailed visual inspections, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the proposed AD on U.S. operators is estimated to be $123,120, or $540 per airplane.

The cost impact figure discussed above is based on assumptions that no operator has yet accomplished any of the proposed requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

### Regulatory Impact

The regulations proposed herein would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this proposal would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this proposed regulation (1) is not a "significant regulatory action" under Executive Order 12866; (2) is not a "significant rule" under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES**.

### List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

### The Proposed Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

## PART 39 AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

**Authority:** 49 U.S.C. 106(g), 40113, 44701.

**§ 39.13 [Amended]**

2. Section 39.13 is amended by adding the following new airworthiness directive:

**Boeing:** Docket 98–NM–223–AD.

*Applicability:* Model 747 series airplanes, line numbers 1 through 1129 inclusive, excluding line number 1122; certificated in any category.

**Note 1:** This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

*Compliance:* Required as indicated, unless accomplished previously.

To detect and correct an improperly installed aileron cable, which could lead to the failure of the aileron cable, and consequent reduced lateral control capability of the airplane, accomplish the following:

(a) Within 18 months after the effective date of this AD, perform a one-time detailed visual inspection to detect improper installation or fraying of the aileron cables on both wings. In addition, perform a one-time detailed visual inspection of the aileron cable markers on both wings to detect improper identification or location. Perform both inspections in accordance with the Accomplishment Instructions of Boeing Service Bulletin 747–27–2367, dated June 25, 1998.

(1) If no improperly installed or frayed aileron cable is found, and if no aileron cable marker is improperly identified or located, no further action is required by this AD.

(2) If any aileron cable is found to be improperly installed (but not frayed), prior to further flight, reroute the discrepant aileron cable in accordance with the Accomplishment Instructions of the service bulletin.

(3) If any aileron cable is found to be frayed, prior to further flight, replace the discrepant aileron cable with a new aileron cable in accordance with the Accomplishment Instructions of the service bulletin.

(4) If any aileron cable marker is found to be improperly identified or located, prior to further flight, replace the discrepant aileron cable marker with a new aileron cable marker in accordance with the Accomplishment Instructions of the service bulletin.

(b) Within 10 days after accomplishing the detailed visual inspections required by paragraph (a) of this AD, submit a report of the inspection results (adverse findings only) to the Manager, Boeing Certificate Management Office, FAA, Transport Airplane Directorate, 2500 East Valley Road, Suite C2, Renton, Washington 98055; fax (425) 227–1159. Required information for each report must include the following: description of the adverse finding, airplane serial number, and total flight cycles and flight hours accumulated at the time of the inspection. Information collection requirements contained in this regulation have been approved by the Office of Management and Budget (OMB) under the provisions of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 *et seq.*) and have been assigned OMB Control Number 2120–0056.

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Seattle Aircraft Certification Office (ACO), FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Seattle ACO.

**Note 2:** Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Seattle ACO.

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Issued in Renton, Washington, on September 1, 1998.

**Darrell M. Pederson,**

*Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.*

[FR Doc. 98–24065 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–13–U

---

## TENNESSEE VALLEY AUTHORITY

## 18 CFR Part 1301

## Revision of Tennessee Valley Authority Freedom of Information Act Regulations and Implementation of Electronic Freedom of Information Act Amendments of 1996

**AGENCY:** Tennessee Valley Authority.

**ACTION:** Proposed rule.

**SUMMARY:** These proposed revisions incorporate TVA's former Freedom of Information Act (FOIA) regulations, as revised herein, and contain new provisions implementing the Electronic Freedom of Information Act (EFOIA) of 1996. Additionally, the regulations include updated cost figures to be used in calculating and charging fees.

**DATES:** Submit comments on or before October 8, 1998.

**ADDRESSES:** Address all comments concerning this proposed rule to Wilma H. McCauley, FOIA Officer, Tennessee Valley Authority, 1101 Market Street (WR 4Q), Chattanooga, Tennessee 37402.

**FOR FURTHER INFORMATION:** Wilma H. McCauley, FOIA Officer, Tennessee Valley Authority, 1101 Market Street (WR 4Q), Chattanooga, Tennessee 37402–2801, telephone number (423) 751–2523.

**SUPPLEMENTARY INFORMATION:** These proposed revisions will revise TVA's existing regulations to reflect the provisions of Public Law 104–231, the EFOIA, to provide the public access to government information and records maintained in an electronic format, lengthen the time limits for responding to FOIA requests as prescribed by the EFOIA, provide for expedited processing of certain requests, establish electronic reading rooms, provide for multi-track processing of requests, and provide for an agency reference guide on FOIA. Additionally, the proposed regulations have been revised to include updated cost figures used in calculating and charging fees. The duplication charge will remain the same at ten cents per page, while document search and review charges will increase to $14.90 per hour for clerical time and $34.30 per hour for professional and managerial time.

## Regulatory Flexibility Act Certification

We certify that these rules will not have a significant economic impact on a substantial number of small entities because these rules affect primarily individuals, not small entities, and for the most part simply implement the language of the EFOIA amendments. There is no reason to believe that the revised rules will impose any costs on FOIA requesters beyond those nominal costs imposed under TVA's former rules. Further, the "small entities" that make FOIA requests, as compared with individual requesters and other requesters, are relatively few in number.

## List of Subjects in 18 CFR Part 1301

Freedom of Information, Privacy, Sunshine Act.

For the reasons stated in the preamble, TVA proposes to amend 18 CFR Part 1301 as follows:

## Part 1301—PROCEDURES

1. The authority citation for part 1301 Subpart A continues to read as follows:

Authority: 16 U.S.C. 831–831dd, 5 U.S.C. 552.

2. Subpart A of Part 1301 is revised to read as follows:

### Subpart A—Freedom of Information Act

Sec.

1301.1 General provisions.
1301.2 Public reading rooms.
1301.3 Requirements for making requests.
1301.4 Responsibility for responding to requests.
1301.5 Timing of responses to requests.
1301.6 Responses to requests.
1301.7 Exempt records.
1301.8 Business information.
1301.9 Appeals.
1301.10 Fees.
1301.11 Other rights and services.

### Subpart A—Freedom of Information Act

#### § 1301.1 General provisions

This subpart contains the rules that TVA follows in processing requests for records under the Freedom of Information Act (FOIA), 5 U.S.C. 552. These rules should be read together with the FOIA, which provides additional information about access to records maintained by TVA. Requests made by individuals for records about themselves under the Privacy Act of 1974, 5 U.S.C. 552a, which are processed under subpart B of this part, are processed under this subpart also. Information routinely provided to the public as part of a regular TVA activity (for example, press releases) may be provided to the public without the need for a FOIA request under this subpart. As a matter of policy, TVA makes discretionary disclosures of records or information exempt from disclosure under the FOIA whenever disclosure would not foreseeably harm an interest protected by a FOIA exemption, but this policy does not create any right enforceable in court.

#### § 1301.2 Public reading rooms.

TVA maintains a public electronic reading room accessible in its Corporate Libraries at 400 Summit Hill Drive, Knoxville, TN 37902–1499 and 1101 Market Street, Chattanooga, TN 37402–2801. This electronic reading room contains the records that the FOIA requires to be made regularly available for public inspection and copying. Each TVA organization is responsible for determining which of the records it generates are required to be made available in this way and for ensuring that those records are available in TVA's reading room. TVA's FOIA Officer will maintain a current subject-matter index of TVA's reading room records. The index will be updated regularly, at least quarterly, with respect to newly included records.

#### § 1301.3 Requirements for making requests.

(a) *How made and addressed.* You may make a request for records of TVA by writing to the Tennessee Valley Authority, TVA FOIA Officer, Enterprise Document Management (EDM), 1101 Market Street (WR 4Q), Chattanooga, TN 37402–2801. You may find TVA's "Guide to Information About TVA"—which is available electronically at TVA's World Wide Web site, and is available in paper form as well—helpful in making your request. For additional information about the FOIA, you may refer directly to the statute. If you are making a request for records about yourself, see Subpart B Privacy Act for additional requirements. If you are making a request for records about another individual, either a written authorization signed by that individual permitting disclosure of those records to you or proof that that individual is deceased (for example, a copy of a death certificate or an obituary) will help the processing of your request. Your request will be considered received as of the date it is received by the FOIA Officer. For the quickest possible handling, you should mark both your request letter and the envelope "Freedom of Information Act Request."

(b) *Descriptions of records sought.* You must describe the records that you seek in enough detail to enable TVA personnel to locate them with a reasonable amount of effort. Whenever possible, your request should include specific information about each record sought, such as the date, title or name, author, recipient, and subject matter of the record. If known, you should include any file designations or descriptions for the records that you want. As a general rule, the more specific you are about the records or type of records that you want, the more likely TVA will be able to locate those records in response to your request. If TVA determines that your request does not reasonably describe records, it shall tell you either what additional information is needed or why your request is otherwise insufficient. TVA shall also give you an opportunity to discuss your request so that you may modify it to meet the requirements of this section. If your request does not

reasonably describe the records you seek, the agency's response to your request may be delayed.

(c) *Agreement to pay fees.* If you make a FOIA request, it shall be considered an agreement by you to pay all applicable fees charged under section 1301.11, up to $25.00, unless you seek a waiver of fees. TVA's FOIA Officer will confirm this agreement in an acknowledgement letter. When making a request, you may specify a willingness to pay a greater or lesser amount.

**§ 1301.4 Responsibility for responding to requests.**

(a) TVA's FOIA Officer, or the FOIA Officer's designee, is responsible for responding to all FOIA requests. In determining which records are responsive to a request, TVA will include only records in its possession as of the date the request is received by the FOIA Officer. If any other date is used, the FOIA Officer shall inform the requester of that date.

(b) *Authority to grant or deny requests.* TVA's FOIA Officer, or the FOIA Officer's designee, is authorized to grant or deny any request for a TVA record.

(c) *Consultations and referrals.* When the FOIA Officer receives a request for a record in TVA's possession, the FOIA Officer shall determine whether another agency of the Federal Government is better able to determine whether the record is exempt from disclosure under the FOIA and, if so, whether it should be disclosed as a matter of administrative discretion. If the FOIA Officer determines that TVA is not best able to process the record, the FOIA Officer shall either:

(1) Respond to the request regarding that record, after consulting with the agency best able to determine whether to disclose it and with any other agency that has a substantial interest in it; or

(2) Refer the responsibility for responding to the request regarding that record to the agency that originated the record (but only if that agency is subject to the FOIA). Ordinarily, the agency that originated a record will be presumed to be best able to determine whether to disclose it.

(d) *Notice of referral.* Whenever TVA refers all or any part of the responsibility for responding to a request to another agency, it ordinarily shall notify the requester of the referral and inform the requester of the name of each agency to which the request has been referred and of the part of the request that has been referred.

(e) *Timing of responses to consultations and referrals.* All consultations and referrals will be handled according to the date the FOIA request initially was received by the FOIA Officer, not any later date.

(f) *Agreements regarding consultations and referrals.* TVA may make agreements with other agencies to eliminate the need for consultations or referrals for particular types of records.

**§ 1301.5 Timing of responses to requests.**

(a) In general, TVA ordinarily shall respond to requests according to their order of receipt and placement in an appropriate processing track, as follows.

(b) *Multi-track processing procedures.* TVA has established three tracks for handling requests and the track to which a request is assigned will depend on the nature of the request and the estimated processing time, including a consideration of the number of pages involved. If TVA places a request in a track other than Track 1, it will advise requesters of the limits of its faster track(s). TVA may provide requesters in its tracks 2 and 3 with an opportunity to limit the scope of their requests in order to qualify for faster processing within the specified limits of TVA's faster track(s). When doing so, TVA may contact the requester either by telephone or by letter, whichever is most efficient in each case.

(1) Track 1. Requests that can be answered with readily available records or information. These are the fastest to process. These requests ordinarily will be responded to within 20 working days of receipt of a request by the FOIA Officer. The 20 working day time limit provided in this paragraph may be extended by TVA for unusual circumstances, as defined in § 1301.5(c), upon written notice to the person requesting the records.

(2) Track 2. Requests where we need records or information from other offices throughout TVA, where we must consult with other Governmental agencies, or when we must process a submitter notice as described in § 1301.8(d), but we do not expect that the decision on disclosure will be as time consuming as for requests in Tract 3.

(3) Tract 3. Requests which require a decision or input from another office or agency, extensive submitter notifications because of the presence of Business Information as defined in § 1301.8(b)(1), and a considerable amount of time will be needed for that, or the request is complicated or involves a large number of records. Usually, these cases will take the longest to process.

(c) *Unusual circumstances.* (1) Where the time limits for processing a request cannot be met because of unusual circumstances and TVA determines to extend the time limits on that basis, TVA shall as soon as practicable notify the requester in writing of the unusual circumstances and of the date by which processing of the request can be expected to be completed. Where the extension is for more than ten working days, TVA shall provide the requester with an opportunity either to modify the request so that it may be processed within the time limits or to arrange an alternative time period with TVA for processing the request or a modified request. As used in this paragraph, 'unusual circumstances' means, but only to the extent reasonably necessary to the proper processing of the particular requests:

(i) The need to search for and collect the requested records from field facilities or other establishments that are separate from the office processing the request;

(ii) The need to search for, collect, and appropriately examine a voluminous amount of separate and distinct records which are demanded in a single request; or

(iii) The need for consultation, which shall be conducted with all practicable speed, with another agency having a substantial interest in the determination of the request or among two or more components of the agency having substantial subject matter interest therein.

(2) When TVA reasonably believes that multiple requests submitted by a requester, or by a group of requesters acting in concert, constitute a single request that would otherwise involve unusual circumstances, and the requests involve clearly related matters, they may be aggregated, as defined in § 1301.10(h). Multiple requests by a requester involving unrelated matters will not be aggregated.

(d) Expedited processing. (1) Requests and appeals will be taken out of order and given expedited treatment whenever TVA determines that they involve:

(i) Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of an individual;

(ii) An urgency to inform the public about an actual or alleged federal government activity, if made by a person primarily engaged in disseminating information;

(iii) The loss of substantial due process rights; or

(iv) A matter of widespread and exceptional media interest in which there exist possible questions about the

government's integrity which affect public confidence.

(2) A request for expedited processing may be made at the time of the initial request for records or at any later time. For a prompt determination, a request for expedited processing must be sent to and received by TVA's FOIA Officer.

(3) A requester who seeks expedited processing must submit a statement, certified to be true and correct to the best of that person's knowledge and belief, explaining in detail the basis for requesting expedited processing. For example, a requester within the category in paragraph (d)(1)(ii) of this section, if not a full-time member of the news media, must establish that he or she is a person whose main professional activity or occupation is information dissemination, though it need not be his or her sole occupation. A requester within the category in paragraph (d)(1)(ii) of this section also must establish a particular urgency to inform the public about the government activity involved in the request, beyond the public's right to know about government activity generally. The formality of certification may be waived as a matter of administrative discretion.

(4) Within ten calendar days of receipt of a request for expedited processing, TVA's FOIA Officer shall decide whether to grant it and shall notify the requester of the decision. If a request for expedited treatment is granted, the request shall be given priority and shall be processed as soon as practicable. If a request for expedited processing is denied, any appeal of that decision shall be acted upon expeditiously.

**§ 1301.6 Responses to requests.**

(a) *Acknowledgements of requests.* On receipt of a request, the FOIA Officer ordinarily shall send an acknowledgement letter to the requester which shall confirm the requester's agreement to pay fees under section 1301.10 and provide an assigned request number for further reference.

(b) *Grants of requests.* Ordinarily, TVA shall have twenty business days from when a request is received to determine whether to grant or deny the request. Once TVA makes a determination to grant a request in whole or in part, it shall notify the requester in writing. The FOIA Officer shall inform the requester in the notice of any fee charged under section 1301.10 and shall disclose records to the requester promptly on payment of any applicable fee, if the fee is equal to or more than $100. If the fee is less than $100, the FOIA officer shall disclose the records along with a statement of the fee. Records disclosed in part shall be marked or annotated to show the amount of information deleted unless doing so would harm an interest protected by an applicable exemption. The location of the information deleted also shall be indicated on the record, if technically feasible.

(c) *Adverse determinations of requests.* If TVA makes an adverse determination denying a request in any respect, they shall notify the requester of that determination in writing. Adverse determinations, or denials of requests, consist of: a determination to withhold any requested record in whole or in part; a determination that a requested record does not exist or cannot be located; a determination that a record is not readily reproducible in the form or format sought by the requester; a determination that what has been requested is not a record subject to the FOIA; a determination on any disputed fee matter, including a denial of a request for a fee waiver; and a denial of a request for expedited treatment. The denial letter shall be signed by the FOIA Officer or the FOIA Officer's designee, and shall include:

(1) The name and title or position of the person responsible for the denial;

(2) A brief statement of the reason(s) for the denial, including any FOIA exemption applied by TVA in denying the request;

(3) An estimate of the volume of records or information withheld, in number of pages or in some other reasonable form of estimation. This estimate does not need to be provided if the volume is otherwise indicated through deletions on records disclosed in part, or if providing an estimate would harm an interest protected by an applicable exemption; and

(4) A statement that the denial may be appealed under section 1301.9 and a description of the requirements of section 1301.9.

**§ 1301.7 Exempt records.**

(a) *Records available.* TVA's records will be made available for inspection and copying upon request as provided in this section, except that records are exempt and are not made available if they are:

(1)(i) Specifically authorized under criteria established by an Executive order to be kept secret in the interest of national defense or foreign policy and

(ii) Are in fact properly classified pursuant to such Executive order;

(2) Related solely to the internal personnel rules and practices of TVA;

(3) Specifically exempted from disclosure by statute;

(4) Trade secrets and commercial or financial information obtained from any person and privileged or confidential;

(5) Inter-agency or intra-agency memorandums or letters which would not be available by law to a private party in litigation with TVA, including without limitation records relating to control and accounting for special nuclear material and to the physical security plans for the protection of TVA's nuclear facilities;

(6) Personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy;

(7) Records or information compiled for law enforcement purposes, but only to the extent that the production of such law enforcement records or information:

(i) Could reasonably be expected to interfere with enforcement proceedings,

(ii) Would deprive a person of a right to a fair trial or an impartial adjudication,

(iii) Could reasonably be expected to constitute an unwarranted invasion of personal privacy,

(iv) Could reasonably be expected to disclose the identity of a confidential source, including a State, local, or foreign agency or authority or any private institution which furnished information on a confidential basis, and, in the case of a record or information compiled by a criminal law enforcement authority in the course of a criminal investigation or by an agency conducting a lawful national security intelligence investigation, information furnished by a confidential source,

(v) Would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law, or

(vi) Could reasonably be expected to endanger the life or physical safety of any individual.

(8) Contained in or related to examination, operation, or condition reports prepared by, on behalf of, or for the use of any agency responsible for the regulation or supervision of financial institution; or

(9) Geological and geophysical information and data, including maps, concerning wells.

(b) The availability of certain classes of nonexempt records is deferred for such time as TVA may determine is reasonably necessary to avoid interference with the accomplishment of its statutory responsibilities. Such records include bids and information concerning the identity and number of bids received prior to bid opening; all

nonexempt records relating to bids between the time of bid opening and award; and all nonexempt records relating to negotiations in progress involving contracts or agreements for the acquisition or disposal of real or personal property by TVA prior to the conclusion of such negotiations. Any reasonably segregable portion of an available record shall be provided to any person requesting such record after deletion of the portions which are exempt under this paragraph.

**§ 1301.8 Business information.**

(a) *In general.* Business information obtained by TVA from a submitter will be disclosed under the FOIA only under this section.

(b) *Definitions.* For purposes of this section:

(1) *Business information* means commercial or financial information obtained by TVA from a submitter that may be protected from disclosure under Exemption 4 of the FOIA.

(2) *Submitter* means any person or entity from whom TVA obtains business information, directly or indirectly. The term includes corporations; state and local governments; and foreign governments.

(c) *Designation of business information.* A submitter of business information will use good-faith efforts to designate, by appropriate markings, either at the time of submission or at a reasonable time thereafter, any portions of its submission that it considers to be protected from disclosure under Exemption 4. These designations will expire ten years after the date of the submission unless the submitter requests, and provides justification for, a longer designation period.

(d) *Notice to submitters.* TVA shall provide a submitter with prompt written notice of a FOIA request or administrative appeal that seeks its business information wherever required under paragraph (e) of this section, except as provided in paragraph (h) of this section, in order to give the submitter an opportunity to object to disclosure of any specified portion of that information under paragraph (f) of this section. The notice shall either describe the business information requested or include copies of the requested records or record portions containing the information. When notification of a voluminous number of submitters is required, notification may be made by posting or publishing the notice in a place reasonably likely to accomplish notification of submitters.

(e) *Where notice is required.* Notice shall be given to a submitter wherever:

(1) The information has been designated in good faith by the submitter as information considered protected from disclosure under Exemption 4; or

(2) TVA has reason to believe that the information may be protected from disclosure under Exemption 4.

(f) *Opportunity to object to disclosure.* TVA will allow a submitter a reasonable time to respond to the notice described in paragraph (d) of this section. If a submitter has any objection to disclosure, it is required to submit a detailed written statement. The statement must specify all grounds for withholding any portion of the information under any exemption of the FOIA and, in the case of Exemption 4, it must show why the information is a trade secret or commercial or financial information that is privileged or confidential. In the event that a submitter fails to respond to the notice within the time specified in it, the submitter will be considered to have no objection to disclosure of the information. Information provided by the submitter that is not received by TVA until after its disclosure decision has been made shall not be considered by TVA. Information provided by a submitter under this paragraph may itself be subject to disclosure under the FOIA.

(g) *Notice of intent to disclose.* TVA shall consider a submitter's objections and specific grounds for nondisclosure in deciding whether to disclose business information. Whenever TVA decides to disclose business information over the objection of a submitter, TVA shall give the submitter written notice, which shall include:

(1) A statement of the reason(s) why each of the submitter's disclosure objections was not sustained;

(2) A description of the business information to be disclosed, and

(3) A specified disclosure date, which shall be a reasonable time subsequent to the notice.

(h) *Exceptions to notice requirements.* The notice requirements of paragraphs (d) and (g) of this section shall not apply if:

(1) TVA determines that the information should not be disclosed;

(2) The information lawfully has been published or has been officially made available to the public;

(3) Disclosure of the information is required by statute (other than the FOIA) or by applicable regulation; or

(4) The designation made by the submitter under paragraph (c) of this section appears obviously frivolous-except that, in such a case, the component shall, within a reasonable time prior to a specified disclosure date, give the submitter written notice of any final decision to disclose the information.

(i) *Notice of FOIA lawsuit.* Whenever a requester files a lawsuit seeking to compel the disclosure of business information, TVA shall promptly notify the submitter.

(j) *Corresponding notice to requesters.* Whenever TVA provides a submitter with notice and an opportunity to object to disclosure under paragraph (d) of this section, TVA shall also notify the requester(s). Whenever TVA notifies a submitter of its intent to disclose requested information under paragraph (g) of this section, TVA shall also notify the requester(s). Whenever a submitter files a lawsuit seeking to prevent the disclosure of business information, TVA shall notify the requester(s).

**§ 1301.9 Appeals.**

(a) *Appeals of adverse determinations.* If you are dissatisfied with TVA's response to your request, you may appeal an adverse determination denying your request, in any respect, to TVA's FOIA Appeal Official, the Senior Manager, Administrative Services, Tennessee Valley Authority, 400 Summit Hill Drive (ET 6M), Knoxville, TN 37902–1499. You must make your appeal in writing and it must be received by the Senior Manager within 30 days of the date of the letter denying your request. Your appeal letter may include as much or as little related information as you wish, as long as it clearly identifies the TVA determination (including the assigned request number, if known) that you are appealing. An adverse determination by the TVA Appeal Official will be the final action of TVA.

(b) *Responses to appeals.* The decision on your appeal will be made in writing within 20 days (excluding Saturdays, Sundays, and legal holidays) after an appeal is received. A decision affirming an adverse determination in whole or in part shall contain a statement of the reason(s) for the affirmance, including any FOIA exemption(s) applied, and will inform you of the FOIA provisions for court review of the decision. If the adverse determination is reversed or modified on appeal, in whole or in part, you will be notified in a written decision and your request will be reprocessed in accordance with that appeal decision.

(c) *When appeal is required.* If you wish to seek review by a court of any adverse determination, you must first appeal it under this section.

**§ 1301.10 Fees.**

(a) *In general*, TVA shall charge for processing requests under the FOIA in accordance with paragraph (c) of this section, except where fees are limited under paragraph (d) of this section or where a waiver or reduction of fees is granted under paragraph (k) of this section. If the applicable fees are $100 or more, TVA ordinarily will collect all applicable fees before sending copies of requested records to a requester. If the applicable fees are less than $100, TVA ordinarily will bill the requester for the fees in the letter responding to the request and enclosing the requested records. Requesters must pay fees by check or money order made payable to the Tennessee Valley Authority

(b) *Definitions*. For purposes of this section:

(1) *Commercial use request* means a request from or on behalf of a person who seeks information for a use or purpose that furthers his or her commercial, trade, or profit interests, which can include furthering those interests through litigation. TVA shall determine, whenever reasonably possible, the use to which a requester will put the requested records. When it appears that the requester will put the records to a commercial use, either because of the nature of the request itself or because TVA has reasonable cause to doubt a requester's stated use, TVA shall provide the requester a reasonable opportunity to submit further clarification.

(2) *Direct costs* means those expenses that TVA actually incurs in searching for and duplicating (and, in the case of commercial use requests, reviewing) records to respond to a FOIA request. Direct costs include, for example, the salary of the employee performing the work (the basic rate of pay for the employee, plus 16 percent of that rate to cover benefits, unless the fee is a standard TVA fee as set forth in paragraph (c) of this section) and the cost of operating duplication machinery. Not included in direct costs are overhead expenses such as the costs of space and heating or lighting of the facility in which the records are kept.

(3) *Duplication* means the making of a copy of a record, or of the information contained in it, necessary to respond to a FOIA request. Copies can take the form of paper, microform, audiovisual materials, or electronic records (for example, magnetic tape or disk), among others. TVA shall honor a requester's specified preference of form or format of disclosure if the record is readily reproducible with reasonable efforts in the requested form or format.

(4) *Educational institution* means a preschool, a public or private elementary or secondary school, an institution of undergraduate higher education, an institution of graduate higher education, or an institution of professional education, or an institution of vocational education, that operates a program of scholarly research. To be in this category, a requester must show that the request is authorized by and is made under the auspices of a qualifying institution and that the records are not sought for commercial or private use, but are sought to further scholarly research.

(5) *Noncommercial scientific institution* means an institution that is not operated on a "commercial" basis, as that term is defined in paragraph (b)(1) of this section, and that is operated solely for the purpose of conducting scientific research the results of which are not intended to promote any particular product or industry. To be in this category, a requester must show that the request is authorized by and is made under the auspices of a qualifying institution and that the records are not sought for a commercial or private use but are sought to further scientific research.

(6) *Representative of the news media, or news media requester*, means any person actively gathering news for an entity that is organized and operated to publish or broadcast news to the public. The term "news" means information that is about current events or that would be of current interest to the public. Examples of news media entities include television or radio stations broadcasting to the public at large and publishers of periodicals (but only in those instances where they can qualify as disseminators of "news") who make their products available for purchase or subscription by the general public. For "freelance" journalists to be regarded as working for a news organization, they must demonstrate a solid basis for expecting publication through that organization. A publication contract would be the clearest proof, but TVA shall also look to the past publication record of a requester in making this determination. To be in this category, a requester must not be seeking the requested records for a commercial or private use. However, a request for records supporting the news-dissemination function of the requester shall not be considered to be for a commercial use.

(7) *Review* means the examination of a record located in response to a request in order to determine whether any portion of it is exempt from disclosure. It also includes processing any record for disclosure-for example, doing all that is necessary to redact it and prepare it for disclosure. Review costs are recoverable even if a record ultimately is not disclosed. Review time includes time spent considering any formal objection to disclosure made by a business submitter under section 1301.8, but does not include time spent resolving general legal or policy issues regarding the application of exemptions.

(8) *Search* means the process of looking for and retrieving records or information responsive to a request. It includes page-by-page or line-by-line identification of information within records and also includes reasonable efforts to locate and retrieve information from records maintained in electronic form or format. TVA shall ensure that searches are done in the most efficient and least expensive manner reasonably possible. For example, TVA shall not search line-by-line where duplicating an entire document would be quicker and less expensive.

(c) *Fees*. In responding to a FOIA request, TVA shall charge the following fees unless a waiver or reduction of fees has been granted under paragraph (k) of this section:

(1) Search time charges for other than computer searches. For time spent by clerical employees in searching files, the charge is $14.90 per hour. For time spent by supervisory and professional employees, the charge is $34.30 per hour.

(2) Duplication charges. For photostatic reproduction of requested material which consists of sheets no larger than 8½ by 14 inches, the charge is 10 cents per page. For copies produced by computer, such as tapes or printouts, TVA will charge the direct costs, including operator time, of producing the copy. For other forms of duplication, TVA will charge the direct cost of that duplication.

(3) Review charges. Review fees will be charged to requesters who make a commercial use request. Review fees will be charged only for the initial record review—in other words, the review done when TVA determines whether an exemption applies to a particular record or record portion at the initial request level. No charge will be made for review at the administrative appeal level for an exemption already applied. However, record or record portions withheld under an exemption that is subsequently determined not to apply may be reviewed again to determine whether any other exemption not previously considered applies; the costs of that review are chargeable where it is made necessary by a change of circumstances. Review fees will be

charged at the same rates as those charged for a search under paragraph (c)(1) of this section.

(d) *Limitations on charging fees.* (1) No search fee will be charged for requests by educational institutions, noncommercial scientific institutions, or representatives of the news media.

(2) No search fee or review fee will be charged for a quarter-hour period unless more than half of that period is required for search or review.

(3) Except for requesters seeking records for a commercial use, TVA will provide the following without charge:

(i) The first 100 pages of duplication (or the cost equivalent); and

(ii) The first two hours of search (or the cost equivalent).

(4) No fee is charged to any requester if the cost of collecting the fee would be equal to or greater than the fee itself.

(5) The provisions of paragraphs (d)(3) and (4) of this section work together. This means that for requesters other than those seeking records for a commercial use, no fee will be charged unless the cost of search in excess of two hours plus the cost of duplication in excess of 100 pages is equal to or greater than the fee itself.

(e) *Notice of anticipated fees in excess of $25.00.* When TVA determines or estimates that the fees to be charged under this section will amount to more than $25.00, TVA shall notify the requester of the actual or estimated amount of the fees, unless the requester has indicated a willingness to pay fees as high as those anticipated. If only a portion of the fee can be estimated readily, TVA shall advise the requester that the estimated fee may be only a portion of the total fee. In cases in which a requester has been notified that actual or estimated fees amount to more than $25.00, the request shall not be considered received and further work shall not be done on it until the requester agrees to pay the anticipated total fee. Any such agreement should be documented in writing. A notice under this paragraph will offer the requester an opportunity to discuss the matter with TVA personnel in order to reformulate the request to meet the requester's needs at a lower cost.

(f) *Charges for other services.* Apart from the other provisions of this section, when TVA chooses as a matter of administrative discretion to provide a special service—such as certifying that records are true copies or sending them by other than ordinary mail—the direct costs of providing the service ordinarily will be charged.

(g) *Charging interest.* TVA may charge interest on any unpaid bill starting on the 31st day following the date of billing the requester. Interest charges will be assessed at the rate provided in 31 U.S.C. 3717 and will accrue from the date of the billing until payment is received by TVA.

(h) *Aggregating requests.* When TVA reasonably believes that a requester or a group of requesters acting together is attempting to divide a request into a series of requests for the purpose of avoiding fees, TVA may aggregate those requests and charge accordingly. TVA may presume that multiple requests of this type made within a 30-day period have been made in order to avoid fees. Where requests are separated by a longer period, TVA will aggregate them only where there exists a solid basis for determining that aggregation is warranted under all of the circumstances involved. Multiple requests involving unrelated matters will not be aggregated.

(i) *Advance payments.* (1) For requests other than those described in paragraphs (i) (2) and (3) of this section, TVA shall not require the requester to make an advance payment—in other words, a payment made before work is begun or continued on a request. Payment owed for work already completed (i.e., a prepayment before copies are sent to a requester) is not an advance payment.

(2) Where TVA determines or estimates that a total fee to be charged under this section will be more than $250.00, it may require the requester to make an advance payment of an amount up to the amount of the entire anticipated fee before beginning to process the request, except where it receives a satisfactory assurance of full payment from a requester that has a history of prompt payment.

(3) Where a requester has previously failed to pay a properly charged FOIA fee to TVA or another agency within 30 days of the date of billing, TVA may require the requester to pay the full amount due, plus any applicable interest, and to make an advance payment of the full amount of any anticipated fee, before TVA begins to process a new request or continues to process a pending request from that requester.

(4) In cases in which TVA requires advance payment or payment due under paragraph (i) (2) or (3) of this section, the request shall not be considered received and further work will not be done on it until the required payment is received.

(j) *Other fees for TVA published materials.* The fee schedule of this section does not apply to fees charged by TVA for documents, including maps or reports and the like, which TVA sells to the public at established prices. Where records responsive to requests are maintained for distribution and sale by TVA at established prices, TVA will inform requesters of the steps for obtaining records from those sources so that they may do so most economically.

(k) *Waiver or reduction of fees.* (1) Records responsive to a request will be furnished without charge or at a charge reduced below that established under paragraph (c) of this section where TVA determines, based on all available information, that the requester has documented that:

(i) Disclosure of the requested information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government, and

(ii) Disclosure of the information is not primarily in the commercial interest of the requester.

(2) To determine whether the first fee waiver requirement is met, TVA will consider the following factors:

(i) The subject of the request: Whether the subject of the requested records concerns "the operations or activities of the government." The subject of the requested records must concern identifiable operations or activities of the federal government, with a connection that is direct and clear, not remote or attenuated.

(ii) The informative value of the information to be disclosed: Whether the disclosure is "likely to contribute" to an understanding of government operations or activities. The disclosable portions of the requested records must be meaningfully informative about government operations or activities in order to be "likely to contribute" to an increased public understanding of those operations or activities. The disclosure of information that already is in the public domain, in either a duplicative or a substantially identical form, would not be as likely to contribute to such understanding where nothing new would be added to the public's understanding.

(iii) The contribution to an understanding of the subject by the public likely to result from disclosure: Whether disclosure of the requested information will contribute to "public understanding." The disclosure must contribute to the understanding of a reasonably broad audience of persons interested in the subject, as opposed to the individual understanding of the requester. A requester's expertise in the subject area and ability and intention to effectively convey information to the public shall be considered. It shall be presumed that a representative of the

news media will satisfy this consideration.

(iv) The significance of the contribution to public understanding: Whether the disclosure is likely to contribute "significantly" to public understanding of government operations or activities. The public's understanding of the subject in question, as compared to the level of public understanding existing prior to the disclosure, must be enhanced by the disclosure to a significant extent. TVA shall not make value judgments about whether information that would contribute significantly to public understanding of the operations or activities of the government is "important" enough to be made public.

(3) To determine whether the second fee waiver requirement is met, TVA will consider the following factors:

(i) The existence and magnitude of a commercial interest: Whether the requester has a commercial interest that would be furthered by the requested disclosure. TVA shall consider any commercial interest of the requester (with reference to the definition of "commercial use" in paragraph (b) (1) of this section), or of any person on whose behalf the requester may be acting, that would be furthered by the requested disclosure. Requesters shall be given an opportunity in the administrative process to provide explanatory information regarding this consideration.

(ii) The primary interest in disclosure. Whether any identified commercial interest of the requester is sufficiently large, in comparison with the public interest in disclosure, that disclosure is "primarily in the commercial interest of the requester." A fee waiver or reduction is justified where the public interest standard is satisfied and that public interest is greater in magnitude than that of any identified commercial interest in disclosure. TVA ordinarily shall presume that where a news media requester has satisfied the public interest standard, the public interest will be the interest primarily served by disclosure to that requester. Disclosure to data brokers or others who merely compile and market government information for direct economic return shall not be presumed to primarily serve the public interest.

(4) Where only some of the requested records satisfy the requirements for a waiver of fees, a waiver shall be granted for those records.

(5) Requests for the waiver or reduction of fees should address the factors listed in paragraphs (k) (2) and (3) of this section, insofar as they apply to each request. TVA will exercise their discretion to consider the cost-effectiveness of their investment of administrative resources in this decisionmaking process, however, in deciding to grant waivers or reductions of fees.

**§ 1301.11 Other rights and services.**

Nothing in this subpart shall be construed to entitle any person, as of right, to any service or to the disclosure of any record to which such person is not entitled under the FOIA.

**William S. Moore,**

*Senior Manager, Administrative Services.*

[FR Doc. 98–23690 Filed 9–4–98; 8:45 am]

BILLING CODE 8120–08–P

---

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### 26 CFR Part 1

[REG–251698–96]

RIN 1545–AU77

### S Corporation Subsidiaries; Hearing

**AGENCY:** Internal Revenue Service, Treasury.

**ACTION:** Postponement of public hearing.

**SUMMARY:** This document postpones the public hearing on proposed regulations relating to the treatment of corporate subsidiaries of S corporations.

**DATES:** The public hearing originally scheduled for Wednesday, September 9, 1998, is postponed.

**FOR FURTHER INFORMATION CONTACT:** Mike Slaughter of the Regulations Unit, Assistant Chief Counsel (Corporate), (202) 622–7190 (not a toll-free number).

**SUPPLEMENTARY INFORMATION:** The subject of the public hearing is proposed regulations under section 1308 of the Internal Revenue Code. A notice of public hearing appearing in the **Federal Register** on Thursday, August 13, 1998 (63 FR 43353), announced that a public hearing will be held Wednesday, September 9, 1998, beginning at 1 p.m. in room 3411, Internal Revenue Building, 1111 Constitution Avenue NW, Washington, DC .

The public hearing is postponed. A new hearing date will be scheduled at a later date.

**Cynthia E. Grigsby,**

*Chief, Regulations Unit Assistant Chief Counsel (Corporate).*

[FR Doc. 98–24022 Filed 9–4–98; 8:45 am]

BILLING CODE 4830–01–U

---

## DEPARTMENT OF TRANSPORTATION

### Coast Guard

### 33 CFR Part 165

[CGD01–98–042]

RIN 2121–AA97

### Safety Zone: Tri-State Inboard Powerboat Championships, Hackensack River, Secaucus, NJ

**AGENCY:** Coast Guard, DOT.

**ACTION:** Withdrawal of notice of proposed rulemaking.

**SUMMARY:** The Coast Guard is withdrawing its notice of proposed rulemaking to establish a temporary safety zone in the Hackensack River for the Tri-State Inboard Powerboat Championships. The event has been cancelled by the sponsor. Therefore, the rule is no longer needed and the Coast Guard is terminating further rulemaking under docket number 98–042.

**DATES:** The notice of proposed rulemaking is withdrawn effective September 8, 1998.

**ADDRESSES:** Docements as indicated in this preamble are available for inspection or copying at Coast Guard Activities New York, 212 Coast Guard Drive, room 205, Staten Island, New York 10305, between 8 a.m. and 3 p.m., Monday through Friday, except Federal holidays. The telephone number is (718) 354–4195.

**FOR FURTHER INFORMATION CONTACT:** Lieutenant Junior Grade Alma Kenneally, Waterways Oversight Branch, Coast Guard Activities New York (718) 354–4195.

**SUPPLEMENTARY INFORMATION:** On May 18, 1998, the Coast Guard published a notice of proposed rulemaking entitled "Safety Zone: Tri-State Inboard Powerboat Championships, Hackensack River, Secaucus, NJ" in the **Federal Register** (63 FR 27243). This project is no longer necessary as the event has been cancelled by the sponsor, Meadowlands Inboard Racing Association. Therefore, this rulemaking is no longer necessary, and the Coast Guard is withdrawing the NPRM and terminating further rulemaking under docket number 98–042.

Dated: August 26, 1998.

**R.E. Bennis,**

*Captain, U.S. Coast Guard, Captain of the Port, New York.*

[FR Doc. 98–24056 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–15–M

## POSTAL RATE COMMISSION

### 39 CFR 3001

[Docket No. RM98–2; Order No. 1219]

### Revisions to Library Reference Rule

**AGENCY:** Postal Rate Commission.

**ACTION:** Proposed rule.

**SUMMARY:** The Commission proposes amending its rules of practice to clarify the use of library references in evidentiary proceedings. The proposed amendments specify conditions under which library references may be filed; improve labeling and identification; and establish a process for conditional acceptance that entails motion practice.

**DATES:** Comments should be filed on or before October 14, 1998.

**FOR FURTHER INFORMATION CONTACT:** Stephen L. Sharfman, General Counsel, 202–789–6820.

**SUPPLEMENTARY INFORMATION:** The Commission's rules of practice authorize participants in evidentiary proceedings to label material as a library reference and file it with the Commission's docket section. *See generally* Rule 31(b), and Docket No. R97–1 Special Rule of Practice No. 5. Designation as a library reference and acceptance in the Commission's docket section confer no evidentiary status on the material; instead, these steps are part of an administrative practice designed to relieve participants of the burden of serving copies of voluminous material on others or to facilitate reference to, or identification of, the material.

The Commission's longstanding approach has been to allow the Postal Service and others to file material as a library reference without requiring them to make a threshold showing of the appropriateness of the designation, and without conducting an independent evaluation. In Docket No. R97–1, serious concerns arose that the library reference practice could be employed, either inadvertently or strategically, to insulate material from effective cross-examination (or to control the timing of such examination), and thereby interfere with participants' due process rights and the timely completion of Commission proceedings. A related concern was that the complexity of issues in Docket No. R97–1 and the extensive amount of material filed in support of the Service's request made it difficult to determine the contents of some library references; to distinguish between evidentiary and non-evidentiary material; and to determine responsibility for sponsorship. A series of rulings and orders addressed the immediate due process concerns of Docket No. R97–1, and a related Notice of Inquiry (NOI) invited comments on suggestions for improving the rule. *See, for example*, P.O. Ruling R97–1/20 (September 17, 1997); Order No. 1201 (November 4, 1997); and NOI No. 1, Question 3 (September 17, 1997). The comments are available for review in the Commission's docket room.

### Scope of Proposed Rulemaking

The Commission proposes a limited update of its rules of practice to address certain aspects of the controversy that surfaced in Docket No. R97–1. Among other things, the revisions require that approval of the designation of material as a library reference be obtained through a motion. They also specify circumstances or conditions, in addition to those already identified in Commission rules, under which material can be designated as a library reference. The revisions also improve the labeling and description of material contained in library references, and require participants to file an electronic version of the material, absent a satisfactory demonstration of why an electronic version cannot be supplied, or should not be required to be supplied. These changes effectively eliminate the need for the special rule that was used in Docket No. R97–1, but do not address all of the issues that arose with respect to library references in Docket No. R97–1 or preclude the possibility that special rules governing the use of library references may continue to be needed. The remaining discussion briefly reviews comments submitted in response to NOI No. 1 in Docket No. R97–1; describes proposed revisions, and sets out proposed changes.

### Comments Submitted in Response to NOI No. 1

In its response to the NOI, Nashua Photo Inc., District Photo Inc., Mystic Color Lab and Seattle Filmworks, Inc. (NDMS) state that they do not view "the mere act of labeling a particular document as a library reference as especially problematic," even if the document is not voluminous as now anticipated by the Commission's rules. NDMS Response to NOI No. 1 on Interpretation of Commission Rules Authorizing the Use of Library References (October 3, 1997) at 2. They add:

> In fact, it may be a relatively harmless procedure if the party submitting the library reference feels the information in the library reference is information few would want to read, or that inclusion with testimony would be unduly burdensome, or divert the reader, or if the information is in the nature of a secondary source which is provided to facilitate access by other parties. Except for abuse, the designation of a document as a library reference should not, of itself, create a serious issue in a rate or classification proceeding.

Id. at 2.

However, NDMS further observe:

> Designation of library references becomes abusive if the party offering the library reference offers it with one or more of the following purposes or results: (i) To circumvent the requirement for the presentation of record evidence before the Commission; (ii) to circumvent the requirement that a live witness vouch for the accuracy and reliability of the study (or other information); (iii) to circumvent the requirement that a live witness be made available for written or oral cross-examination; or (iv) to interpose delay and unnecessary discovery and motions practice and associated expense on intervenors during a statutorily-limited proceeding where every day counts.

Id. at 2–3.

### Alliance of Nonprofit Mailers (ANM)

ANM observes that the Commission has not set a minimum page limit or word count as a condition for designating a document as a library reference, but says it is "unlikely that a blanket rule of this kind would be useful." ANM Comments (October 3, 1997) at 1–2. ANM also notes that a document of general interest and importance may warrant individual service even if voluminous and, conversely, that a document devoid of general interest or importance may be "too voluminous reasonably to be distributed" by individual service even if the document is short. Id. at 2.

In the absence of a bright line standard, ANM says that "deciding which Postal Service library references were *not* 'too voluminous reasonably to be distributed' is likely to be more contentious than helpful." Id. Thus, instead of establishing a minimum page count or word count for library references, ANM suggests that the Commission should consider requiring parties sponsoring library references to provide individual copies to interested parties upon request. It further states that if this approach is adopted, the Commission might consider the advisability of prohibiting parties, with the possible exception of the Postal Service and the Commission's Office of the Consumer Advocate (OCA), from submitting blanket requests for copies of all library references. Id. Also, ANM said the Commission should make mandatory the now-voluntary practice of submitting library references in

electronic form for posting on, and downloading from, the Commission web site. Id.

ANM also states that the "formalities of designating library references are far less critical than the need to ensure that data, studies or other information in a library reference, if relied upon by the sponsoring party, are open to meaningful cross-examination." Id. Therefore, it suggests that a party choosing to rely on a library reference in support of its case should be required to offer a witness sponsoring the library reference for cross-examination, except when the information at issue is of a kind that is normally admissible without a sponsoring witness, such as a statement against interest, or an admission by an adverse party. Id. at 3–4. ANM further contends that the Postal Service should be required to identify—when filing its formal request and written case-in-chief, but no later than the beginning of hearings—which portions of which library references will be sponsored into evidence, and by which witnesses. Id. at 4.

Newspaper Association of America (NAA)

NAA maintains that instead of revisions to existing rules, there simply should be adherence to and serious enforcement of the rules as they now exist. NAA Comments in Response to NOI No. 1 at 2 (October 3, 1998).

Parcel Shippers Association (PSA)

PSA's response does not directly address revisions, but cites its September 17, 1997 Memorandum of Law on the Issue of the Evidentiary Value of Unsponsored Library References, which reviewed PSA's concerns about the Service's reliance on unsponsored library references not only in Docket No. R97–1, but in Docket No. MC95–1 as well. PSA Response to NOI No. 1 at 1 (October 2, 1997). PSA notes that its memorandum makes clear that it "is concerned about the status of Library Reference H–108, currently anonymously authored and unsponsored, but heavily relied upon by several Postal Service witnesses' filed testimony as the source of their testimony." Id.

Office of the Consumer Advocate (OCA)

In the course of extensive comments, the OCA notes that an ongoing problem with library references is that "a fair number of them have merely been deposited in the Commission's docket room without any explanation for their purpose and being." OCA Response to NOI No. 1 on Interpretation of Commission Rules Authorizing the Use of Library References at 10 (October 3, 1997). It contends that a "roadmap" is necessary to ensure that it can evaluate the evidence contained in library references. Id. at 12. A related problem, according to the OCA, is the incompleteness of explanation about what is contained in a library reference. Id. at 20. It observes:

> * * * [USPS–LR–]H–146 described six computer programs that were not discussed in the Postal Service's direct testimony. Interrogatory OCA/USPS–T–12–35 was necessary to elicit information concerning the objectives and uses of such programs, and how the program may have changed over time. The Postal Service's failure to state clearly (without having the information extracted by OCA) that the outputs of these programs are used in the testimony and workpapers of witness Alexandrovich demonstrates how the Postal Service misuses the opportunity to file what is, in reality, evidence, as matter buried within a library reference.

Id. at 20 (fn. omitted).

The OCA suggests that Rule 53 should be amended to require the Service to identify, at the time it files its request, the evidence on which it intends to rely, and the witness whose responsibility it will be to answer questions concerning all filed material. Id. at 21. Among other things, the OCA also suggests amendments to address the sponsorship of institutional responses and surveys and what it refers to as an "administrative change" which would require a party filing a library reference to supply both the statistical information and the accompanying text in diskette form. Id. at 22–27.

Postal Service

The Postal Service acknowledges that the Docket No. R97–1 experience may justify clarifying or revising the library reference practice, but indicates it "does not believe that it is a foregone conclusion that a formal rulemaking is necessary. * * *" Response of the United States Postal Service to NOI No. 1 at 4 (October 6, 1997). It suggests that "[f]urther clarification or refinement of the Commission's existing practices, as well as a better understanding of the effect on the evidentiary record, may obviate a formal rule change." Id.

Proposed Revisions

Based on recent experience in Docket No. R97–1 and other dockets, and on the comments submitted in response to NOI No. 1, the Commission has determined that certain improvements in its rules of practice are necessary and desirable. The Commission's proposal draws on suggestions and observations made in comments briefly reviewed above. Since the practice of allowing participants to designate material as a library reference is intended to foster convenience, a central focus of the revisions is on adequate identification of material contained in a library reference and its relationship to issues in the proceeding. The proposal does not include a page limit, but anticipates that if "volume" or length is a reason for designating material as a library reference, this will be addressed in the participant's motion. An electronic version of the document or material is to be filed, absent a showing of why this cannot or should not be supplied.

The most significant change is the introduction of formal motion practice, with conditional acceptance of the material proposed for designation pending a ruling. The proposed rule provides that the motion is to affirmatively address various matters, such as an explanation of how the material relates to the participant's case or to issues in the proceeding; whether the material will be entered into the evidentiary record; and the anticipated sponsor.

The rule reflects the longstanding principle, which appears in the existing rule, that designation of a material as a library reference and acceptance in the Commission's docket room does not confer evidentiary status on the material.

List of Subjects in 39 CFR Part 3001

Administrative practice and procedure, Postal Service.

For the reasons stated in the preamble, 39 CFR 3001.31 is amended as follows:

## PART 3001—RULES OF PRACTICE AND PROCEDURE

1. The authority citation for part 3001 continues to read as follows:

**Authority:** 39 U.S.C. 404(b), 3603, 3622–24, 3661, 3662.

2. Amend § 3001.31 by revising paragraph (b) to read as follows:

**§ 3001.31 Evidence.**

* * * * *

(b) *Documentary material*—(1) *General.* Documents and detailed data and information shall be presented as exhibits. Where relevant and material matter offered in evidence is embraced in a document containing other matter not material or relevant or not intended to be put in evidence, the participant offering the same shall plainly designate the matter offered excluding the immaterial or irrelevant parts. If other matter in such document is in such bulk or extent as would unnecessarily encumber the record, it may be marked

for identification, and, if properly authenticated, the relevant and material parts thereof may be read into the record, or, if the Commission or presiding officer so directs, a true copy of such matter in proper form shall be received in evidence as an exhibit. Copies of documents shall be delivered by the participant offering the same to the other participants or their attorneys appearing at the hearing, who shall be afforded an opportunity to examine the entire document and to offer in evidence in like manner other material and relevant portions thereof.

(2) *Library references.* The term "library reference" is a generic term or label that participants and others may use to identify or designate certain documents or things ("material") filed with the Commission's docket section. The practice of filing a library reference is authorized primarily as a convenience to participants and the Commission under certain circumstances. These include:

(i) when the participant satisfactorily demonstrates that the physical characteristics of the material, such as number of pages or bulk, are reasonably likely to render compliance with service requirements unduly burdensome;

(ii) when the participant satisfactorily demonstrates that interest in the material or things so labeled is likely to be so limited that service on the entire list would be unreasonably burdensome, and the participant agrees to serve the material on individual participants upon request;

(iii) when the participant satisfactorily demonstrates that designation of material as a library reference is appropriate because the material constitutes a secondary source. A "secondary source" is one that provides background for a position or matter referred to elsewhere in a participant's case or filing, but does not constitute essential support and is unlikely to be a material factor in a decision on the merits of issues in the proceeding;

(iv) when the participant satisfactorily demonstrates that the reference to, identification of, or use of the material would be facilitated if it is filed as a library reference; or

(v) when otherwise justified by circumstances, as determined by the Commission or presiding officer.

(3) *Form and timing of required demonstration.* The requisite demonstration shall be provided in the form of a motion. In general, the motion shall be accompanied by the simultaneous filing, with the Commission's docket section, of a copy of the material proposed for designation as a library reference. If appropriate, a comprehensive description of the material may be filed with the docket section in lieu of the material itself.

The motion shall set forth with particularity the reason(s) why designation of the material as a library reference is being sought; explain how the material relates to the participant's case or to issues in the proceeding; indicate whether the material contains a survey or survey results; and provide a good-faith indication of whether the participant anticipates that the material will be entered, in whole or in part, into the evidentiary record. The motion shall also identify authors or others materially contributing to the preparation of the library reference.

If the participant filing the library reference anticipates seeking to enter all or part of the material contained therein into the evidentiary record, the motion also shall identity portions expected to be entered and the expected sponsor(s).

(4) *Conditional acceptance.* Material accompanying a motion invoking the library reference designation shall be accepted in the Commission's docket section conditionally, pending a ruling on the merits of the motion.

(5) *Labels and descriptions.* Material proposed to be filed as a library reference shall be labeled in a manner consistent with standard Commission notation and any other conditions the Presiding Officer or Commission establishes. In addition, material designated as a library reference shall include a preface or summary addressing the following matters: The proceeding and document or issue to which the material relates; the identity of the participant designating the library reference; the identity of the witness or witnesses who will be sponsoring the material or the reason why a sponsor cannot be identified; and to the extent feasible, other library references or testimony referred to within. In addition, the preface or summary shall explicitly indicate whether the library reference is an update or revision to a library reference filed in another Commission proceeding, and provide an adequate identification of the predecessor material.

(6) *Electronic version.* Material filed as a library reference shall also be made available in an electronic version, absent a showing of why an electronic version cannot be supplied or should not be required to be supplied.

(7) *Status of library references.* Designation of material as a library reference and acceptance in the Commission's docket section does not confer evidentiary status. The evidentiary status of the material is governed by this section.

* * * * *

Dated: August 27, 1998.

**Margaret P. Crenshaw,**

*Secretary.*

[FR Doc. 98–23635 Filed 9–2–98; 8:45 am]

BILLING CODE 7710–FW–P

---

## ENVIRONMENTAL PROTECTION AGENCY

**40 CFR Part 52**

**[LA–47–1–7388b; FRL–6156–2]**

## Approval and Promulgation of Implementation Plans; Louisiana: Reasonable Available Control Technology for Emissions of Volatile Organic Compounds from Batch Processes

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Proposed rule.

**SUMMARY:** In this action, EPA is approving a revision to the Louisiana State Implementation Plan rule requiring Reasonable Available Control Technology for emissions of Volatile Organic Compounds from Synthetic Organic Chemical Manufacturing Industry Batch Processes. In the Rules and Regulations Section of this **Federal Register**, EPA is approving the State's SIP revision as a direct final rule without prior proposal because the Agency views this as a noncontroversial revision and anticipates no adverse comments. The rationale for the approval is set forth in the direct final rule. If no relevant adverse comments are received in response to this rule, no further activity is contemplated in relation to this proposed rule. If EPA receives relevant adverse comments, EPA will publish a timely withdrawal informing the public that the final rule will not take effect, and all relevant public comments received during the 30-day comment period set forth below will be addressed in a subsequent final rule based on this proposed rule. Any parties interested in commenting on this action should do so at this time.

**DATES:** Comments must be received in writing by October 8, 1998.

**ADDRESSES:** Written comments should be addressed to Thomas H. Diggs, Chief, Air Planning Section, at the EPA Region 6 Office listed below. Copies of the documents relevant to this proposed rule are available for public inspection during normal business hours at the following locations. Anyone wanting to examine these documents should make

an appointment with the appropriate office at least two working days in advance.

Environmental Protection Agency, Region 6, Air Planning Section (6PD-L), 1445 Ross Avenue, Dallas, Texas 75202–2733.

Louisiana Department of Environmental Quality, Air Quality Division, 7290 Bluebonnet Boulevard, Baton Rouge, Louisiana 70810.

**FOR FURTHER INFORMATION CONTACT:** Bill Deese of the EPA Region 6 Air Planning Section (6PD-L) at (214) 665–7253 at the Region 6 address above.

**SUPPLEMENTARY INFORMATION:** See the information provided in the direct final rule in the Rules and Regulations section of this **Federal Register.**

**Authority:** 42 U.S.C. 7401 *et seq.*

Dated: August 21, 1998.

**Jerry Clifford,**

*Acting Director, Regional Administrator, Region 6.*

[FR Doc. 98–24044 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–P

---

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 52

[IL172–1b; FRL–6152–6]

### Approval and Promulgation of Implementation Plan; Illinois

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Proposed rule.

**SUMMARY:** On November 14, 1995, May 9 and 1996, June 14, 1996, the State of Illinois submitted State Implementation Plan (SIP) revision requests to meet commitments related to the conditional approval of Illinois' May 15, 1992, SIP submittal for the Lake Calumet (SE Chicago), McCook, and Granite City, Illinois, Particulate Matter (PM) nonattainment areas. The EPA is approving the SIP revision request as it applies to the McCook area, including the attainment demonstration for the McCook PM nonattainment area. The SIP revision request corrects, for the McCook PM nonattainment area, all of the deficiencies of the May 15, 1992, submittal (as discussed in the November 18, 1994, conditional approval notice). The EPA is also revising the codification of the conditional approval to remove issues which have been resolved. No action is being taken on the submitted plan revisions for the Lake Calumet area at this time; they will be addressed in a separate rulemaking action. Approval of the Granite City PM plan became effective on May 11, 1998 (see 63 FR 11842). In the final rules section of this **Federal Register**, the EPA is approving the State's requests as a direct final rule without prior proposal because EPA views this action as noncontroversial and anticipates no adverse comments. A detailed rationale for approving the State's request is set forth in the direct final rule. The direct final rule will become effective without further notice unless the Agency receives relevant adverse written comment on this rulemaking within 30 days of publication of today's document. Should the Agency receive such comment, it will publish a timely withdrawal informing the public that the direct final rule will not take effect and such public comment received will be addressed in a subsequent final rule based on this proposed rule. If no adverse written comments are received, the direct final rule will take effect on the date stated in that action and no further activity will be taken on this rule. EPA does not plan to institute a second comment period on this rule. Any parties interested in commenting on this rule should do so at this time.

**DATES:** Written comments must be received on or before October 8, 1998.

**ADDRESSES:** Written comments should be mailed to: J. Elmer Bortzer, Chief, Regulation Development Section, Air Programs Branch (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604.

Copies of the State submittal and EPA's analysis of it are available for inspection at: Regulation Development Section, Air Programs Branch (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604.

**FOR FURTHER INFORMATION CONTACT:** David Pohlman, Regulation Development Section, Air Programs Branch (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604, (312) 886–3299.

**SUPPLEMENTARY INFORMATION:** For additional information see the direct final rule published in the rules section of this **Federal Register.**

Dated: August 11, 1998.

**David A. Ullrich,**

*Acting Regional Administrator, Region V.*

[FR Doc. 98–24038 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–P

---

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 62

[VA 011–5034b; FRL–6156–1]

### Approval and Promulgation of State Air Quality Plans for Designated Facilities and Pollutants, Commonwealth of Virginia; Control of Total Reduced Sulfur Emissions from Existing Kraft Pulp Mills

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Proposed rule.

**SUMMARY:** EPA proposes to approve the Commonwealth of Virginia's 111(d) for the control of total reduced sulfur (TRS) emissions from existing Kraft pulp mills. In the final rules section of the **Federal Register**, EPA is approving the Commonwealth's plan as a direct final rule without prior proposal because the Agency views this as a noncontroversial action and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule and in the accompanying technical support document. If no adverse comments are received in response to this rule, no further activity is contemplated in relation to this plan. If EPA receives adverse comments, the direct final rule will be withdrawn and all public comments received will be addressed in a subsequent final rule based on this proposed plan. EPA will not institute a second comment period on this action. Parties interested in commenting on this document should do so at this time.

**DATES:** Comments must be received in writing by October 8, 1998.

**ADDRESSES:** Comments may be mailed to Makeba A. Morris, Chief, Technical Assessment Branch, Mailcode 3AP22, Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103.

**FOR FURTHER INFORMATION CONTACT:** Artra B. Cooper at (215) 814–2096, or by e-mail at cooper.artra@epamail.gov.

**SUPPLEMENTARY INFORMATION:** See the information provided in the direct final rule with the same title which is located in the rules section of the **Federal Register.**

Dated: August 27, 1998.

**Thomas C. Voltaggio,**

*Acting Director, Regional Administrator EPA Region III.*

[FR Doc. 98–23889 Filed 9–4–98; 8:45 am]

BILLING CODE 5560–50–P

## FEDERAL COMMUNICATIONS COMMISSION

### 47 CFR Ch. I

**[WT Docket 98–20 and WT Docket 98–100; DA 98–1687]**

### Streamlining of Wireless Regulations

**AGENCY:** Federal Communications Commission.

**ACTION:** Proposed rule; request for comments.

**SUMMARY:** In this *Public Notice*, DA 98–1687, the Wireless Telecommunications Bureau seeks public comment on the Personal Communications Industry Association's (PCIA) July 31, 1998 letter proposing streamlining of wireless regulations.

**ADDRESSES:** Federal Communications Commission, 1919 M Street, NW, Room 222, Washington, DC 20554.

**DATES:** Comments are due September 23, 1998.

**ADDRESSES:** Federal Communications Commission, 1919 M Street, NW, Room 222, Washington, DC 20554.

**FOR FURTHER INFORMATION CONTACT:** Jeffrey Steinberg, Commercial Wireless Division, Wireless Telecommunications Bureau, (202) 418–0620.

**SUPPLEMENTARY INFORMATION:** This *Public Notice*, DA 98–1687, released on August 21, 1998, is available for inspection and copying during normal business hours in the FCC Reference Center, Room 5608, 2025 M Street NW, Washington, DC. The complete text, including attachments, may also be purchased from the Commission's copy contractor, International Transcription Service, Inc., 1231—20th Street, NW, Washington, DC 20037, (202) 857–3800.

**Summary of Public Notice**

1. In numerous proceedings, the Commission has emphasized its desire to take a "common sense" approach to regulation, committing to streamlining its regulations to the greatest extent possible in order to reduce unnecessary regulatory costs and burdens consistent with the public interest. The Commission has also encouraged and received industry input on these issues.

2. On July 31, 1998, Mary McDermott, Senior Vice President & Chief of Staff, Public Relations, PCIA submitted a letter to Daniel B. Phythyon, Chief, Wireless Telecommunications Bureau (PCIA Letter) concerning potential streamlining or elimination of certain wireless regulations. In the letter, PCIA identified three categories of regulations that it regards as administratively unnecessary: (1) Regulations that have been the subject of comment in the Commission's Universal Licensing System (ULS) rulemaking; (2) other regulations that PCIA contends could be eliminated or modified by the Commission without the need for prior notice and comment; and (3) regulations that PCIA believes should be eliminated or modified but that may require prior notice and comment.

3. We note that many of the specific proposals in the PCIA letter are already the subject of ongoing Commission proceedings, including the ULS rulemaking and the Commission's Notice of Proposed Rulemaking, 63 FR 43025 (August 11, 1998) seeking comment on additional areas where it could apply streamlining or forbearance to its wireless regulations (Wireless Forbearance). In the interest of furthering these and other initiatives, the Bureau believes it serves the public interest to seek public comment on the PCIA Letter, and on the proposals made therein for streamlining and elimination of Commission regulations. We note that this will not delay any streamlining action that the Bureau or the Commission may elect to take without further notice and comment. In addition, we will incorporate comments on the PCIA Letter into the record of our ULS and Wireless Forbearance proceedings, and will incorporate them into other proceedings as appropriate.

Federal Communications Commission.

**Rosalind Allen,**

*Deputy Chief, Wireless Telecommunications Bureau.*

[FR Doc. 98–24005 Filed 9–4–98; 8:45 am]

BILLING CODE 6712–01–P

---

## DEPARTMENT OF DEFENSE

### 48 CFR Parts 232 and 252

**[DFARS Case 98–D400]**

### Defense Federal Acquisition Regulation Supplement; Flexible Progress Payments

**AGENCY:** Department of Defense (DoD).

**ACTION:** Proposed rule with request for comments.

**SUMMARY:** The Director of Defense Procurement is proposing to amend the Defense Federal Acquisition Regulation Supplement (DFARS) to remove references to the flexible progress payments method of contract financing. The current DFARS coverage does not permit its use for contracts awarded as a result of solicitations issued on or after November 11, 1993.

**DATES:** Comments on the proposed rule should be submitted in writing to the address specified below on or before November 9, 1998, to be considered in the formulation of the final rule.

**ADDRESSES:** Interested parties should submit written comments on the proposed rule to: Defense Acquisition Regulations Council, Attn: Ms. Sandra G. Haberlin, PDUSD (A&T) DP (DAR), IMD 3D139, 3062 Defense Pentagon, Washington, DC 20301–3062. Telefax number (703) 602–0350. E-mail comments submitted over the Internet should be addressed to: dfars@acq.osd.mil. Please cite DFARS Case 98–D400 in all correspondence related to this issue. E-mail correspondence should cite DFARS Case 98–D400 in the subject line.

**FOR FURTHER INFORMATION CONTACT:** Ms. Sandra G. Haberlin, (703) 602–0131.

**SUPPLEMENTARY INFORMATION:**

**A. Background**

The Director of Defense Procurement established a special interagency team to review existing policies and procedures related to progress payments, to make them easier to understand and to minimize the burdens imposed on contractors and contracting officers. Regulatory requirements pertaining to progress payments that were not required by statute, required to ensure adequately standardized government business practices, or required to protect the public interest were considered for revision or elimination.

An advance notice of proposed rulemaking (ANPR) was published in the **Federal Register** on May 1, 1997 (62 FR 23740). The ANPR solicited comments from industry and government personnel on how the Federal Acquisition Regulation (FAR) could be revised to result in a simplified and streamlined process of applying for and administering progress payments.

After reviewing progress payment policies and public comments received in response to the ANPR, the team identified potential changes to the FAR and the DFARS. One of the changes for consideration was to eliminate DFARS coverage for flexible progress payments. A second ANPR was published in the **Federal Register** on March 5, 1998 (63 FR 11074), that solicited comments on the potential changes identified in the notice. The ANPR also announced a public meeting, that was subsequently held on April 23, 1998.

After considering written comments received in response to the two notices, and verbal comments provided during the public meeting, the working group

submitted a report to the Defense Acquisition Regulations Council.

This proposed rule reflects the conclusion of the working group that references to flexible progress payments as a method of contract financing should be removed from the DFARS. This financing method is administratively complex and burdensome, and may be replaced with the less cumbersome financing method of performance-based payments in some situations. In addition, as indicated in Table 32–1 at DFARS 232.502–1–71, flexible progress payments currently are not permitted for use for contracts awarded as a result of solicitations issued on or after November 11, 1993.

B. Regulatory Flexibility Act

The proposed rule is not expected to have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.*, because most contracts awarded to small entities have a dollar value less than the simplified acquisition threshold, and, therefore, do not use the flexible progress payments method of financing. In addition, flexible progress payments currently are not permitted for use for contracts awarded as a result of solicitations issued on or after November 11, 1993. An initial regulatory flexibility analysis has, therefore, not been performed. Comments are invited from small businesses and other interested parties. Comments from small entities concerning the affected DFARS subparts also will be considered in accordance with 5 U.S.C. 610. Such comments should be submitted separately and should cite 5 U.S.C. 601, *et seq.* (DFARS Case 98–D400), in correspondence.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the proposed rule does not impose any information collection requirements that require Office of Management and Budget approval under 44 U.S.C. 3501, et seq.

**List of Subjects in 48 CFR Parts 232 and 252**

Government procurement.

**Michele P. Peterson,**

*Executive Editor, Defense Acquisition Regulations Council.*

Therefore, 48 CFR Parts 232 and 252 are proposed to be amended as follows:

1. The authority citation for 48 CFR Parts 232 and 252 continues to read as follows:

**Authority:** 41 U.S.C. 421 and 48 CFR Chapter 1.

## PART 232—CONTRACT FINANCING

2. Section 232.501 is revised to read as follows:

**§ 232.501 General.**

**§ 232.501–1 [Amended]**

3. Section 232.501–1 is amended by removing paragraph (a)(iii).

**§ 232.501–2 [Amended]**

4. Section 232.501–2 is amended in the second sentence by revising the parenthetical "(232.171)" to read "(see 232.071)".

**§ 232.502–1–71 [Removed]**

5. Section 232.502–1–71 is removed.

**§ 232.502–4–70 [Amended]**

6. Section 232.502–4–70 is amended by removing paragraph (b) and redesignating paragraph (c) as paragraph (b).

## PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

**§ 252.232–7003 [Removed and Reserved]**

7. Section 252.232–7003 is removed and reserved.

8. Section 252.232–7004 is amended by revising the introductory text to read as follows:

**§ 252.232–70004 DoD progress payment rates.**

As prescribed in 232.502–4–70(b), use the following clause:

* * * * *

[FR Doc. 98–23976 Filed 9–4–98; 8:45 am]

BILLING CODE 5000–04–M

---

**DEPARTMENT OF COMMERCE**

**National Oceanic and Atmospheric Administration**

**50 CFR Part 622**

**[I.D. 082698D]**

**RIN 0648–AK05**

## Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Snapper-Grouper Fishery off the Southern Atlantic States; Amendment 9

**AGENCY:** National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

**ACTION:** Notice of availability of an amendment to a fishery management plan; request for comments.

**SUMMARY:** NMFS announces that the South Atlantic Fishery Management Council (Council) has submitted Amendment 9 to the Fishery Management Plan for the Snapper-Grouper Fishery of the South Atlantic Region for review, approval, and implementation by NMFS. Written comments are requested from the public.

**DATES:** Written comments must be received on or before November 9, 1998.

**ADDRESSES:** Comments must be mailed to the Southeast Regional Office, NMFS, 9721 Executive Center Drive N., St. Petersburg, FL 33702.

Requests for copies of Amendment 9, which includes a final supplemental environmental impact statement, an initial regulatory flexibility analysis, a regulatory impact review, and a social impact/fishery impact statement, should be sent to the South Atlantic Fishery Management Council, One Southpark Circle, Suite 306, Charleston, SC 29407–4699; Phone: 843–571–4366; Fax: 843–769–4520.

**FOR FURTHER INFORMATION CONTACT:** Peter J. Eldridge, 727–570–5305.

**SUPPLEMENTARY INFORMATION:** The Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act) requires each regional fishery management council to submit any fishery management plan or amendment to the Secretary of Commerce for review and approval, disapproval, or partial approval. The Magnuson-Stevens Act also requires that NMFS, upon receiving an amendment, immediately publish a document in the **Federal Register** stating that the amendment is available for public review and comment.

Amendment 9 would: increase the minimum size for red porgy, black sea bass, gag, and black grouper for all participants; increase the minimum size for vermilion snapper for a person subject to the bag limit; establish bag limits for red porgy and black sea bass; during March and April, prohibit harvest and possession in excess of the bag limit and prohibit purchase and sale of red porgy, gag grouper, and black grouper; for greater amberjack, reduce the bag limit, establish a commercial quota and trip limit, prohibit sale of greater amberjack caught under the bag limit when the commercial fishery is closed, prohibit harvest and possession in excess of the bag limit during April, change the beginning of the fishing year to May 1, and prohibit coring (removal of the head from the carcass); restrict possession of gag and black grouper within the aggregate grouper bag limit; establish an aggregate bag limit for all

snapper-grouper species currently not under a bag limit (excluding tomtate and blue runner); require escape vents and escape panels with degradable hinges and fasteners in black sea bass pots; and specify that a vessel with longline gear on board may only possess certain deep-water species of snapper-grouper.

A proposed rule to implement Amendment 9 has been received from the Council. In accordance with the Magnuson-Stevens Act, NMFS is evaluating the proposed rule to determine whether it is consistent with Amendment 9, the Magnuson-Stevens Act, and other applicable law. If that determination is affirmative, NMFS will publish it in the **Federal Register** for public review and comment.

Comments received by November 9, 1998 whether specifically directed to the amendment or the proposed rule, will be considered by NMFS in its decision to approve, disapprove, or partially approve Amendment 9. Comments received after that date will not be considered by NMFS in this decision. All comments on Amendment 9 or on the proposed rule during their respective comment periods will be addressed in the final rule.

**Authority:** 16 U.S.C. 1801 *et seq.*

Dated: September 1, 1998.

**Bruce Morehead,**

*Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.*

[FR Doc. 98–24032 Filed 9–4–98; 8:45 am]

BILLING CODE 3510–22–F

---

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

### 50 CFR Part 679

[Docket No. 980826225–8225–01 ; I.D. 081498C]

RIN 0648–AL50

## Fisheries of the Exclusive Economic Zone Off Alaska; Extension of the Interim Groundfish Observer Program through December 31, 2000

**AGENCY:** National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

**ACTION:** Proposed rule; request for comments.

**SUMMARY:** NMFS issues a proposed rule to extend the current groundfish observer coverage requirements and implementing regulations for the North Pacific Groundfish Observer Program (Observer Program) that expire December 31, 1998. This action is necessary to assure uninterrupted observer coverage through December 31, 2000.

This action is intended to accomplish the objectives of the Fishery Management Plan for Groundfish of the Gulf of Alaska and the Fishery Management Plan for the Groundfish Fishery of the Bering Sea and Aleutian Islands Area (FMPs).

**DATES:** Comments on this proposed rule must be received by October 8, 1998.

**ADDRESSES:** Comments should be sent to Sue Salveson, Assistant Regional Administrator for Sustainable Fisheries, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802, Attn: Lori J. Gravel, or delivered to the Federal Building, 709 West 9th Street, Juneau, AK. Copies of the Environmental Assessment/ Regulatory Impact Review/Final Regulatory Flexibility Analysis (EA/ RIR/FRFA) prepared for the 1997 Interim Groundfish Observer Program, the RIR/FRFA prepared for the 1998 Interim Groundfish Observer Program, and the RIR/Initial Regulatory Flexibility Analysis (IRFA) prepared for this proposed regulatory action also may be obtained from the same address.

**FOR FURTHER INFORMATION CONTACT:** Sue Salveson, 907–586–7228.

**SUPPLEMENTARY INFORMATION:**

### Background

NMFS manages the U.S. groundfish fisheries of the Gulf of Alaska and the Bering Sea and Aleutian Islands management area in the Exclusive Economic Zone under the FMPs. The North Pacific Fishery Management Council (Council) prepared the FMPs pursuant to the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act). Regulations implementing the FMPs appear at 50 CFR part 679. General regulations that also pertain to U.S. fisheries appear at subpart H of 50 CFR part 600.

In 1996, the Council adopted and NMFS implemented the Interim Groundfish Observer Program. The Interim Groundfish Observer Program superseded the North Pacific Fisheries Research Plan and extended the 1996 mandatory groundfish observer requirements through 1997 (61 FR 56425, November 1, 1996) and again through 1998 (62 FR 67755, December 30, 1997). The intent of the Interim Observer Program is to provide for the collection of observer data necessary to manage the Alaska groundfish fisheries while a long-term program is being developed to address concerns about observer data integrity, observer compensation and working conditions, and equitable distribution of observer coverage costs. During 1997 and 1998, NMFS attempted to address the first two concerns through the development of a joint partnership agreement (JPA). The JPA would be an agreement with a third party organization that would be implemented by 1999 for that organization to provide observer procurement services for the Alaska groundfish industry. The Pacific States Marine Fisheries Commission (PSMFC) expressed a willingness to serve as the third party organization to provide these services under a JPA. Throughout 1997 and 1998, NMFS consulted with the Council on the progress toward development of a JPA between NMFS and PSMFC.

At its December 1997 meeting, the Council further requested NMFS to address the observer coverage cost distribution issue through either reconsideration of the North Pacific Fisheries Research Plan that was repealed in 1995 (61 FR 56425, November 1, 1996), or the development of an alternative funding mechanism. The Council intended that options to address the cost distribution issue be developed concurrently with the JPA, although the implementation schedule of the JPA and of measures to address industry cost concerns were anticipated to differ.

During late spring 1998, NMFS became aware of two issues that forestalled the ability of PSMFC to go forward with the JPA concept as endorsed by the Council and conceptualized by NMFS. First, the authorities and respective roles of NMFS and PSMFC under a JPA could subject the agreement to the Services Contract Act (SCA). While it would be possible to develop a JPA under the SCA, under the SCA's wage provisions costs of observer services under the JPA would likely increase beyond those negotiated under union settlement and envisioned by the Council for this program.

Second, the role envisioned for PSMFC under the JPA would increase PSMFC's exposure to potential lawsuits. PSMFC determined this exposure to be too high. Furthermore, NMFS could not sufficiently indemnify PSMFC against legal challenge because (1) no statutory authority for such indemnification exists, and (2) the Anti-Deficiency Act precludes open-ended indemnification. Regulations developed to implement the JPA could deflect potential lawsuits away from PSMFC to NMFS.

Nonetheless, such deflection could not sufficiently reduce the potential for lawsuits in a manner that would allow PSMFC to go forward with the JPA as endorsed by the Council.

At its June 1998 meeting, the Council was informed that development of a JPA failed due to the issues described here. Subsequently, the Council requested NMFS to develop new options for an alternative infrastructure for the Observer Program that would (1) better assure the continued collection of quality observer data, and (2) address observer coverage cost distribution issues through a fee collection or alternative funding mechanism. NMFS is scheduled to report back to the Council at its October 1998 meeting on a plan to achieve these objectives. The Council also recognized that the development of measures to address concerns about the continued integrity of observer data and industry cost distribution issues would require extensive time and coordination efforts among NMFS staff, different industry sectors, and representatives of observer interests. At its June 1998 meeting, the Council unanimously requested NMFS to extend the current Interim Observer Program through December 31, 2000.

A description of the regulatory provisions of the Interim Groundfish Observer Program was provided in the proposed rule and final rule implementing this program (61 FR 40380, August 2, 1996; 61 FR 56425, November 1, 1996, respectively) as well as the proposed and final rule that extended the interim program through 1998 (62 FR 49198, September 19, 1997; 62 FR 67755, December 30, 1997, respectively). Consistent with the final rule extending the existing observer program into 1998, § 679.50(i)(1)(i) of the proposed rule specifies that observer contractors certified prior to January 1, 1999, and providing observer services during 1998, would be exempt from the requirement to submit an application for certification. The intent of this provision is to alleviate an unnecessary paperwork burden on those observer contractors who are certified by NMFS and currently provide observer services. No other changes to the existing regulations are proposed at this time.

## Classification

This proposed rule has been determined to be not significant for purposes of E.O. 12866.

This rule would extend without change existing collection-of-information requirements subject to the Paperwork Reduction Act (PRA). The collection of this information has been approved by the Office of Management and Budget (OMB) under OMB control numbers 0648–0318 and 0648–0307.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA, unless that collection of information displays a currently valid OMB control number.

The extension of the existing regulations implementing the interim observer program through December 31, 2000, is consistent with the intent and purpose of the Interim Groundfish Observer Program. The proposed action is a necessary extension of the rule implementing the Interim Groundfish Observer Program and will provide the same benefits as listed in the EA/RIR/FRFA for the Interim Groundfish Observer Program, dated August 27, 1996, and the RIR/FRFA for the extension of Interim Observer Program through 1998 dated October 28, 1997. Copies of these analyses are available from NMFS (see ADDRESSES).

NMFS prepared an IRFA as part of the RIR, which describes the impact this proposed rule would have on small entities, if adopted. Based on the analysis, it was determined that this proposed rule could have a significant economic impact on a substantial number of small entities. A copy of this analysis is also available from NMFS (see ADDRESSES).

Observer costs borne by vessels and processors are based on whether an observer is aboard a vessel and on overall coverage needs. Higher costs are borne by those vessels and shoreside processors that require higher levels of coverage. Most of the catcher vessels participating in the groundfish fisheries off Alaska and required to carry observers (i.e., vessels 60 ft (18.3 mt) LOA and longer) meet the definition of a small entity under the Regulatory Flexibility Act (RFA). Since 1995, about 270 catcher vessels carry observers annually. The FRFAs prepared for the 1997 and 1998 Interim Groundfish Observer Program describe the degree to which these catcher vessels would be economically impacted by observer coverage levels or other regulatory provisions of the Observer Program. The proposed action is not expected to result in any economic impacts beyond those already analyzed in these previous FRFAs because this rule would not implement any changes in required observer coverage levels or other regulations implementing the Interim Observer Program, except for an extension of the effective date, and the underlying socioeconomic conditions of the fishery and participating small entities has remained constant. These impacts are summarized from the IRFA prepared for this proposed action as follows:

Table 4 of the IRFA summarizes costs by groundfish harvesting and processing sector considering observer costs as a fraction of exvessel groundfish value alone, and of the sum of exvessel values for groundfish and halibut. For most sectors, ranges, averages and medians are similar for both groundfish only and groundfish plus halibut categories. Participation in halibut fisheries occurred in only four of the ten sectors examined (100 percent and 30 percent fixed-gear catch vessels (CVs), 30 percent fixed-gear catcher/processor vessels (CPs), and 30 percent trawlers CVs). The data in Table 4 are based on 1995 assumptions for estimated costs per observer day ($180–$198/day) and indicate that vessel and processor observer costs ranged from .02 to 24.8 percent of the operations exvessel value of catch. Fixed gear vessels generally experience the highest relative cost for observer coverage (about 3.5 percent of the groundfish exvessel value for catch vessels > 125 ft LOA and 2.5 percent for catch vessels > 60 ft and < 125 ft LOA). These relative costs are decreased slightly to 3.4 and 2.0 percent, respectively, if the vessels' exvessel value of halibut catch is also considered. Shoreside processors and trawl catcher processors generally paid the least for observer coverage relative to exvessel value (0.5 percent and 1.0 percent, respectively). Note that these relative costs would increase under the proposed action to the extent that observer union negotiations continue to result in increased costs per deployment day.

Table 4 also presents data based on an assumption for estimated costs per observer day of $325/day. Under this higher cost scenario, vessel and processor observer costs ranged from .04 percent to 40.7 percent of the operations' exvessel value of catch. Again, fixed gear vessels generally experience the highest relative cost for observer coverage (about 6.3 percent of the groundfish exvessel value for catcher vessels > 125 ft LOA and 4.2 percent for catcher/processor vessels > 125 ft LOA). The relative costs for catcher vessels is decreased slightly to 6.1 if the vessels' exvessel value of halibut catch is also considered. Shoreside processors and trawl catcher processors generally paid the least for observer coverage relative to exvessel value (0.8 percent and 1.7 percent, respectively).

Under both cost scenarios, the highest relative costs of observer coverage were correlated with vessel operations that were at the lowest end of the revenue spectrum within each sector examined. The fact that fixed gear operations generally pay higher relative costs for observer coverage reflects that these operations generally receive less revenue from the groundfish/halibut fisheries compared to trawl operations. The single case where observer costs exceeded 20 percent reflected a single vessel operation that earned less than $5,500 in groundfish revenues for 1995.

The RFA requires that the IRFA describe significant alternatives to the proposed rule that accomplish the stated objectives of the applicable

statutes and that minimize any significant impact on small entities. The IRFA must discuss significant alternatives to the proposed rule such as (1) establishing different reporting requirements for small entities that take into account the resources available to small entities, (2) consolidating or simplifying of reporting requirements, (3) using performance rather than design standards, and (4) allowing exemptions from coverage for small entities.

Alternatives that addressed modifying reporting requirements for small entities or the use of performance rather than design standards for small entities were not considered by the Council or in this analysis. Such alternatives are not relevant to this proposed action and would not mitigate the impacts on small entities. Allowing exemptions for small entities from this proposed action would not be appropriate because the objective to assure uninterrupted observer coverage requirements through 2000 could not be achieved if small entities were exempted.

However, this action does include measures that will minimize the significant economic impacts of observer coverage requirements on at least some small entities. Vessels less than 60 ft (18.3 m) LOA are not required to carry an observer while fishing for groundfish. Similarly, vessels between 60 ft (18.3 m) and 125 ft (38.1 m) LOA have lower levels of observer coverage than those for vessels over 125 ft (38.1 m) LOA. These measures, which have been incorporated into the requirements of the North Pacific Groundfish Observer Program since its inception in 1989, effectively mitigate the economic impacts on some small entities without adversely affecting implementation of the conservation and management responsibilities imposed by the FMPs and the Magnuson-Stevens Act.

The EA/RIR/FRFA prepared for the 1997 Interim Groundfish Observer Program (61 FR 56425, November 1, 1996) included the North Pacific Fisheries Research Plan (Research Plan) as an alternative. However, the Research Plan currently is not a viable alternative to the proposed interim observer program because fees collected in 1995 were refunded in early 1996 and, if the Research Plan were pursued as the preferred alternative, start-up funding would have to be collected again. Regulations implementing the existing observer program will expire at the end of 1998. Implementation of a fee-based observer program is not feasible by the end of this year, which would be necessary to provide observer coverage for the 1999–2000 groundfish fisheries. The preferred alternative for an interim observer program is the only option that could be implemented by January 1, 1999, so that the groundfish fisheries could commence without interruption.

With the demise of the JPA, the Council again requested NMFS to address industry cost distribution issues through a fee collection or alternative funding mechanism. NMFS is scheduled to report back to the Council at its October 1998 meeting on a plan to achieve this objective.

**List of Subjects in 50 CFR Part 679**

Alaska, Fisheries, Reporting and recordkeeping requirements.

Dated: September 1, 1998.

**Hilda Diaz-Soltero,**

*Acting Assistant Administrator for Fisheries, National Marine Fisheries Service.*

For the reasons set out in the preamble, 50 CFR part 679 is proposed to be amended as follows:

## PART 679—FISHERIES OF THE EXCLUSIVE ECONOMIC ZONE OFF ALASKA

1. The authority citation for 50 CFR part 679 continues to read as follows:

**Authority:** 16 U.S.C. 773 *et seq.*, 1801 *et seq.*, and 3631 *et seq.*

2. In § 679.50, the section heading, paragraphs (i)(1)(i), and (i)(1)(iii) are revised to read as follows:

**§ 679.50 Groundfish Observer Program applicable through December 31, 2000.**

* * * * *

(i) * * *

(1) * * *

(i) *Application.* An applicant seeking to become an observer contractor must submit an application to the Regional Administrator describing the applicant's ability to carry out the responsibilities and duties of an observer contractor as set out in paragraph (i)(2) of this section and the arrangements and methods to be used. Observer contractors certified prior to January 1, 1999, and that have provided observer services during 1998, are exempt from this requirement to submit an application and are certified for the term specified in paragraph (i)(1)(iii) of this section.

* * * * *

(iii) *Term.* Observer contractors will be certified through December 31, 2000. NMFS can decertify or suspend observer contractors pursuant to paragraph (j) of this section.

* * * * *

[FR Doc. 98–24031 Filed 9–4–98; 8:45 am]

BILLING CODE 3510–22–F

# Notices

Federal Register

Vol. 63, No. 173

Tuesday, September 8, 1998

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

## DEPARTMENT OF AGRICULTURE

### Foreign Agricultural Service

### Special Provision for Frozen Concentrated Orange Juice Under the North American Free Trade Agreement Implementation Act

**AGENCY:** Foreign Agricultural Service, USDA.

**ACTION:** Notice of determination of termination of existence of price conditions necessary for imposition of temporary duty on frozen concentrated orange juice from Mexico.

**SUMMARY:** Pursuant to Section 309(a) of the North American Free Trade Agreement Implementation Act of 1993 ("NAFTA Implementation Act"), this is a notification that for 56 consecutive business days the daily price for frozen concentrated orange juice has exceeded the trigger price.

**FOR FURTHER INFORMATION CONTACT:** Joseph Somers, Horticultural and Tropical Products Division, Foreign Agricultural Service, U.S. Department of Agriculture, Washington, DC 20250–1000 or telephone at (202) 720–3423.

**SUPPLEMENTARY INFORMATION:** The NAFTA Implementation Act authorizes the imposition of a temporary duty (snapback) for Mexican frozen concentrated orange juice when certain conditions exist. Mexican articles falling under subheading 2009.11.00 of the Harmonized Tariff Schedule of the Untied States (HTS) are subject to the snapback duty provision.

Under Section 309(a) of the NAFTA Implementation Act, certain price conditions must exist before the United States can apply a snapback duty on imports of Mexican frozen concentrated orange juice. In addition, such imports must exceed specified amounts before the snapback duty can be applied. The price conditions exist when for each period of 5 consecutive business days the daily price for frozen concentrated orange juice is less than the trigger price.

For the purpose of this provision, the term "daily price" means the daily closing price of the New York Cotton Exchange, or any successor as determined by the Secretary of Agriculture (the "Exchange"), for the closest month in which contracts for frozen concentrated orange juice are being traded on the Exchange. The term "business day" means a day in which contracts for frozen concentrated orange juice are being traded on the Exchange.

The term "trigger price" means the average daily closing price of the Exchange for the corresponding month during the previous 5-year period, excluding the year with the highest average price for the corresponding month and the year with the lowest average price for the corresponding month.

Price conditions no longer exist when the Secretary determines that for a period of 5 consecutive business days the daily price for frozen concentrated orange juice has exceeded the trigger price. Whenever the price conditions are determined to exist or to cease to exist the Secretary is required to immediately notify the Commissioner of Customs of such determination. Whenever the determination is that the price conditions exist and the quantity of Mexican articles of frozen concentrated orange juice entered exceeds (1) 264,978,000 liters (single strength equivalent) in any of calendar years 1994 through 2002, or (2) 340,560,000 liters (single strength equivalent) in any calendar years 2003 through 2007, the rate of duty on Mexican articles of frozen concentrated orange juice that are entered after the date on which the applicable quantity limitation is reached and before the date of publication in **Federal Register** of the determination that the price conditions have ceased to exist shall be the lower of—(1) the column 1—General rate of duty in effect for such articles on July 1, 1991; or (2) the column 1—General rate of duty in effect on that day. For the purpose of this provision, the term "entered" means entered or withdrawn from warehouse for consumption in the customs territory of the United States.

In accordance with section 309(a) of the NAFTA Implementation Act, it has been determined that for the period August 14–20, 1998, the daily price for frozen concentrated orange juice has exceeded the trigger price.

Issued at Washington, D.C. the 27th day of August 1998.

**Lon Hatamiya,**

*Administrator, Foreign Agricultural Service.*

[FR Doc. 98–23650 Filed 9–4–98; 8:45 am]

BILLING CODE 3410–10–M

## DEPARTMENT OF COMMERCE

### International Trade Administration

[A–588–824]

### Certain Corrosion-Resistant Carbon Steel Flat Products From Japan: Preliminary Results of Antidumping Duty Administrative Review

**AGENCY:** Import Administration, International Trade Administration, U.S. Department of Commerce.

**ACTION:** Notice of Preliminary Results of the Antidumping Duty Administrative Review of Certain Corrosion-Resistant Carbon Steel Flat Products From Japan.

**SUMMARY:** In response to requests from interested parties, the Department of Commerce (the Department) is conducting an administrative review of the antidumping duty order on certain corrosion-resistant carbon steel flat products from Japan. This review covers one manufacturer of the subject merchandise. The period of review ("POR") is August 1, 1996 through July 31, 1997.

We have preliminarily determined that sales subject to this review have been made below normal value ("NV"). If these preliminary results are adopted in our final results of these administrative reviews, we will instruct the U.S. Customs Service to assess antidumping duties based on the difference between the export price ("EP") and the NV.

**EFFECTIVE DATE:** September 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** Doreen Chen, Stephen Jacques, or Rick Johnson, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, N.W., Washington, DC 20230; telephone: (202) 482–0413, 482–1391, or 482–3818, respectively.

**SUPPLEMENTARY INFORMATION:**

**The Applicable Statute**

Unless otherwise indicated, all citations to the Tariff Act of 1930, as amended (the Act), are to the provisions effective January 1, 1995, the effective date of the amendments made to the Act by the Uruguay Round Agreements Act (URAA). In addition, unless otherwise indicated, all citations to the Department's regulations are to 19 CFR part 351 (62 FR 27379, May 19, 1997).

**Background**

On July 19, 1993, the Department published in the **Federal Register** (58 FR 37154) the antidumping duty orders on certain corrosion-resistant carbon steel flat products from Japan.(*"Final Determination"*). On August 13, 1997, Nippon Steel Corporation ("NSC") requested a review of its exports of corrosion-resistant steel. On September 25, 1997, in accordance with section 751 of the Act, we published a notice of initiation of administrative review of this order for the period August 1, 1996 through July 31, 1997 (62 FR 50292).

Under section 751(a)(3)(A) of the Act, the Department may extend the deadline for completion of an administrative review if it determines that it is not practicable to complete the review within the statutory time limit of 365 days. On February 9, 1998 the Department published a notice of extension of the time limit for the preliminary results in the review to July 2, 1998. *See Corrosion-Resistant Carbon Steel Flat Products From Japan: Extension of Time Limit for Preliminary Results of the Antidumping Duty Administrative Review*, 63 FR 26144 (February 9, 1998). On May 12, 1998, the Department published a notice of extension of the time limit for the preliminary results in the review to August 31, 1998. *See Corrosion-Resistant Carbon Steel Flat Products From Japan: Extension of Time Limit for Preliminary Results of the Antidumping Duty Administrative Review*, 63 FR 26144 (May 12, 1998). The Department is conducting this review in accordance with section 751(a) of the Act.

**Scope of Reviews**

This review of "certain corrosion-resistant steel flat products" covers flat-rolled carbon steel products, of rectangular shape, either clad, plated, or coated with corrosion-resistant metals such as zinc, aluminum, or zinc-, aluminum-, nickel-or iron-based alloys, whether or not corrugated or painted, varnished or coated with plastics or other nonmetallic substances in addition to the metallic coating, in coils (whether or not in successively superimposed layers) and of a width of 0.5 inch or greater, or in straight lengths which, if of a thickness less than 4.75 millimeters, are of a width of 0.5 inch or greater and which measures at least 10 times the thickness or if of a thickness of 4.75 millimeters or more are of a width which exceeds 150 millimeters and measures at least twice the thickness, as currently classifiable in the Harmonized Tariff Schedule (HTS) under item numbers 7210.30.0030, 7210.30.0060, 7210.41.0000, 7210.49.0030, 7210.49.0090, 7210.61.0000, 7210.69.0000, 7210.70.6030, 7210.70.6060, 7210.70.6090, 7210.90.1000, 7210.90.6000, 7210.90.9000, 7212.20.0000, 7212.30.1030, 7212.30.1090, 7212.30.3000, 7212.30.5000, 7212.40.1000, 7212.40.5000, 7212.50.0000, 7212.60.0000, 7215.90.1000, 7215.90.3000, 7215.90.5000, 7217.20.1500, 7217.30.1530, 7217.30.1560, 7217.90.1000, 7217.90.5030, 7217.90.5060, and 7217.90.5090. Included are flat-rolled products of non-rectangular cross-section where such cross-section is achieved subsequent to the rolling process (i.e., products which have been worked after rolling)—for example, products which have been beveled or rounded at the edges. Excluded are flat-rolled steel products either plated or coated with tin, lead, chromium, chromium oxides, both tin and lead ("terne plate"), or both chromium and chromium oxides ("tin-free steel"), whether or not painted, varnished or coated with plastics or other nonmetallic substances in addition to the metallic coating. Also excluded are clad products in straight lengths of 0.1875 inch or more in composite thickness and of a width which exceeds 150 millimeters and measures at least twice the thickness. Also excluded are certain clad stainless flat-rolled products, which are three-layered corrosion-resistant carbon steel flat-rolled products less than 4.75 millimeters in composite thickness that consist of a carbon steel flat-rolled product clad on both sides with stainless steel in a 20%-60%-20% ratio. The HTS item numbers are provided for convenience and Customs purposes. The written description remains dispositive of the scope of this review.

**Verification**

As provided in section 782(i) of the Act, we verified cost and sales information provided by NSC, using standard verification procedures, including on-site inspection of the manufacturer's facilities and the examination of relevant sales and financial records. Our verification results are outlined in the public versions of the verification reports, which are on file with the Department in the Central Records Unit, Room B–099.

**Transactions Reviewed**

In accordance with section 751 of the Act, the Department is required to determine the EP (or CEP) and NV of each entry of subject merchandise. On November 18, 1997, respondent requested that it be relieved from reporting certain information, *e.g.* price adjustments for sales by NSC's affiliated manufacturers. Respondent argued that it should not be required to report such information on sales by affiliated manufacturers because these sales were not exported to the United States and would not provide the most similar product matches to the subject merchandise under review. *See* November 18, 1997 letter. Therefore, respondent reported only matching characteristics, date of sale, quantity and price for these sales.

The Department directed respondent to report sales by affiliated resellers. *See* Department's September 19, 1997 antidumping questionnaire and supplemental questionnaire dated January 15, 1998 at p.1. In the response to the questionnaire, respondent stated that it was unable to collect sales data from all affiliated resellers. *See* Questionnaire Response, dated November 25, 1997 at p. B–6; Supplemental Questionnaire Response dated February 12, 1998 at p. S–1–3. Respondent only reported sales by one affiliated reseller. *Id.* The Department asked respondent to further explain its inability to report sales by affiliated resellers. *See* Second Supplemental Questionnaire dated April 14, 1998 at p. 1–2. Respondent elaborated concerning its inability to report sales, its methodology in reporting certain transactions and the impact of reporting resales on the dumping margin. *See* Second Supplemental Questionnaire Response dated May 13, 1998 at pp. 1–14. The Department preliminarily allowed this limited reporting for downstream sales since we found adequate home market matches to U.S. sales. As this issue involves proprietary information, please see the Department's *Decision Memorandum: Fourth Administrative Review of the Antidumping Duty Order on Certain Corrosion-Resistant Carbon Steel Flat Products from Japan* for a complete explanation of this issue.

**Product Comparisons**

In accordance with section 771(16) of the Act, we considered all products produced by the respondent covered by the description in the "Scope of the Review" section of this notice, (*supra*), and sold in the home market during the period of review (POR), to be foreign like products for purposes of determining appropriate product comparisons to U.S. sales. Where there were no sales of identical merchandise in the home market to compare to U.S. sales, we compared U.S. sales to the most similar foreign like product on the basis of the characteristics listed in Appendix V of the Department's September 19, 1997 antidumping questionnaire. In making product comparisons, we matched foreign like products based on the physical characteristics reported by the respondent and verified by the Department.

**Fair Value Comparisons**

To determine whether sales of subject merchandise to the United States were made at less than fair value, we compared the EP to the NV, as described in the "United States Price" and "Normal Value" sections of this notice. In accordance with section 777A(d)(2) of the Act, we calculated monthly weighted-average prices for NV and compared these to individual U.S. transaction prices.

*United States Price*

For calculation of the price to the United States, we used EP when the subject merchandise was sold directly or indirectly to the first unaffiliated purchaser in the United States prior to importation and when constructed export price (CEP) was not otherwise warranted, based on facts on the record.

The Department calculated EP for NSC based on packed, prepaid or delivered prices to customers in the United States. We made adjustments to the starting price, net of billing adjustments, for movement expenses (foreign and U.S. movement, brokerage and handling, and U.S. Customs duties), in accordance with section 772(c)(2) of the Act.

It is the Department's current practice normally to use the invoice date as the date of sale; we may, however, use a date other than the invoice date if we are satisfied that a different date better reflects the date on which the exporter or producer establishes the material terms of sale. *See* 19 CFR 351.401(i) (62 FR at 27411).

Accordingly, as allowed by the exception set forth in section 351.401(i) of the regulations, we used the date of order confirmation as date of sale for all of NSC's sales in both the U.S. market and the home market. Because in this review the date of order better reflects the date on which the material terms of sale are established, we will not use the date of invoice as the new regulations prescribe. We did not use date of shipment as the date of sale, as reported by respondent, because, we determined that date of shipment did not represent the date on which the material terms of sale are established. *See Antidumping Duties; Countervailing Duties; Final Rule*, 62 FR at 27349.

*Normal Value*

The Department determines the viability of the home market as the comparison market by comparing the aggregate quantity of home market and U.S. sales. We found that respondent's quantity of sales in its home market exceeded five percent of its sales to the United States for the relevant class or kind of merchandise. Therefore, we have determined that respondent's home market sales are viable. Moreover, there is no evidence on the record supporting a particular market situation in the exporting country that would not permit a proper comparison of home market and U.S. prices. Therefore, we used home market sales for purposes of comparison with sales of the subject merchandise to the United States, pursuant to section 773(a)(1)(C) of the Act. In accordance with section 773(a)(1)(B)(i) of the Act, we based NV on the price at which the foreign like product was first sold for consumption in the home market, in the usual commercial quantities and in the ordinary course of trade, at the same level of trade as the EP sale.

In accordance with section 773(a)(4) of the Act, we used CV as the basis for NV when there were no above-cost contemporaneous sales of identical or similar merchandise in the comparison market. We calculated CV in accordance with section 773(e) of the Act. We included the cost of materials and fabrication, SG&A expenses, and profit. In accordance with section 773(e)(2)(A) of the Act, we based SG&A expenses and profit on the amounts incurred and realized by respondent in connection with the production and sale of the foreign like product in the ordinary course of trade for consumption in the foreign country. For selling expenses, we used the weighted-average home market selling expenses.

We used sales to affiliated customers only where we determined such sales were made at arm's-length prices, *i.e.*, at prices comparable to prices at which the firm sold identical merchandise to unaffiliated customers.

For the class or kind of merchandise under review, the Department disregarded sales below the cost of production ("COP") in the last completed review as of the date of the issuance of the antidumping questionnaire (*see Certain Hot-Rolled Carbon Steel Flat Products, Certain Cold-Rolled Carbon Steel Flat Products, and Certain Corrosion-Resistant Carbon Steel Flat Products from Japan: Final Determinations of Sales at Less Than Fair Value*, 58 FR 37154 (July 9, 1993)). We therefore had reasonable grounds to believe or suspect, pursuant to section 773(b)(2)(A)(ii) of the Act, that sales of the foreign like product under consideration for the determination of NV in this review may have been made at prices below the COP. Pursuant to section 773(b)(1) of the Act, we initiated COP investigations of sales by respondent in the home market.

We compared sales of the foreign like product in the home market with the model-specific cost of production figure for the POR ("COP"). In accordance with section 773(b)(3) of the Act, we calculated the COP based on the sum of the costs of materials and fabrication employed in producing the foreign like product plus selling, general and administrative (SG&A) expenses and all costs and expenses incidental to placing the foreign like product in condition packed and ready for shipment. We revised respondent's reported G & A expense ratio to include certain non-operating income and expense items. We revised the reported transfer price of electricity obtained from affiliates to reflect the market value paid to non-affiliates. The market price was higher than the transfer price. *See Memorandum to the File: OA Analysis Memorandum for the Preliminary Results of Review*, August 31, 1998. In our COP analysis, we used home market sales and COP information provided by the respondent in its questionnaire responses.

After calculating COP, we tested whether home market sales of subject merchandise were made at prices below COP and, if so, whether the below-cost sales were made within an extended period of time in substantial quantities and at prices that did not permit recovery of all costs within a reasonable period of time. Because each individual price was compared against the POR-long average COP, any sales that were below cost were also not at prices which permitted cost recovery within a reasonable period of time. We compared model-specific COPs to the reported home market prices less any applicable

movement charges, discounts, and rebates.

Pursuant to section 773(b)(2)(C) of the Act, where less than 20 percent of a respondent's sales of a given model were at prices less than COP, we did not disregard any below-cost sales of that model because the below-cost sales were not made in substantial quantities within an extended period of time. Where 20 percent or more of a respondent's sales of a given model during the POR were at prices less than the weighted-average COPs for the POR, we disregarded the below-cost sales because they were made within an extended period of time in substantial quantities in accordance with sections 773(b)(2)(B) and (C) of the Act, and were at prices which would not permit recovery of all costs within a reasonable period of time in accordance with section 773(b)(2)(D) of the Act.

In accordance with section 773(a)(1)(B)(i) of the Act, where possible, we based NV on sales at the same level of trade ("LOT") as the U.S. price. *See* the Level of Trade Section below.

The Department determined in the final determination of the most recently completed segment of this proceeding in which NSC has participated (*Certain Hot-Rolled Carbon Steel Flat Products, Certain Cold-Rolled Carbon Steel Flat Products, and Certain Corrosion-Resistant Carbon Steel Flat Products From Japan: Final Determinations of Sales at Less than Fair Value*, 58 FR 37154, July 9, 1993) that it would be inappropriate to resort directly to constructed value (CV), in lieu of foreign market sales, as the basis for NV if the Department finds foreign market sales of merchandise identical or most similar to that sold in the United States to be outside the "ordinary course of trade." Therefore, we will match a given U.S. sale to foreign market sales of the next most similar model when all sales of the most comparable model are below cost. The Department will use CV as the basis for NV only when there are no above-cost sales that are otherwise suitable for comparison. Therefore, in this proceeding, when making comparisons in accordance with section 771(16) of the Act, we considered all products sold in the home market as described in the "Scope of Review" section of this notice, above, that were in the ordinary course of trade for purposes of determining appropriate product comparisons to U.S. sales. Where there were no sales of identical merchandise in the home market made in the ordinary course of trade to compare to U.S. sales, we compared U.S. sales to sales of the most similar foreign like product made in the ordinary course of trade, based on the characteristics listed in Sections B and C of our antidumping questionnaire. This methodology is pursuant to the ruling of the Court of Appeals for the Federal Circuit in *CEMEX* v. *United States*, 133 F.3d 1098 (Fed Cir. 1998), and has been implemented to the extent that the data on the record permitted.

For those models for which there was a sufficient quantity of sales at prices above COP, we based NV on home market prices to unaffiliated purchasers, in accordance with 19 CFR 351.403. Home market prices were based on the packed, ex-factory or delivered prices to unaffiliated purchasers in the home market.

We calculated the starting price net of discounts, rebates, and post-sale adjustments, where applicable. We treated rebates that were granted after the date of sale as post-sale price adjustments. The Department allows post-sale price adjustments that reflect the respondent's normal business practice. *See Antifriction Bearings (Other Than Tapered Roller Bearings) and Parts Thereof from France, et al. (AFBs); Final Results of Antidumping Duty Administrative Review, Partial Termination of Administrative Review, and Revocation in Part of Antidumping Duty Orders*, 60 FR 10900, 10930 (Feb. 28, 1995); *Certain Corrosion-Resistant Carbon Steel Flat Products and Certain Cut-to-Length Carbon Steel Plate from Canada: Final Results of Antidumping Duty Administrative Review*, 61 FR 13815, 13823 (March 28, 1996). At verification, we examined documentation which adequately demonstrated that the adjustments to rebates reflect respondent's normal course of trade of conducting ongoing price negotiations with its HM customers. In addition, we preliminarily determine that respondent has reported rebates on a transaction-specific basis.

Although it is our general policy to allow rebates only when the terms of sale are predetermined, the purpose of requiring respondent to prove that the buyer was aware of the conditions to be fulfilled and the approximate amount of the rebates at the time of the sale is to protect against manipulation of the dumping margins by a respondent once it learns that certain sales will be subject to review. *See AFB's* at 10930; *Certain Corrosion-Resistant Carbon Steel Flat Products and Certain Cut-to-Length Carbon Steel Plate from Canada* at 13823. In the instant case, because we found that adjustments to rebates are part of respondent's normal business practice, we are satisfied that respondent is not engaged in the manipulation of dumping margins through the use of rebates. For a further description of the Department's treatment of these expenses, *see* the *Analysis Memo*, dated August 31 at p. 3.

We made adjustments, where applicable, for packing and movement expenses in accordance with sections 773(a)(6)(A) and (B) of the Act. We also made adjustments for differences in cost attributable to differences in physical characteristics of the merchandise pursuant to section 773(a)(6)(C)(ii) of the Act and for differences in circumstances of sale ("COS") in accordance with 773(a)(6)(C)(iii) of the Act and 19 CFR 351.410. For comparison to EP, we made COS adjustments by deducting home market direct selling expenses (credit, royalties and warranty expenses) and adding U.S. direct selling expenses (credit and warranty expenses). When comparisons were made to EP sales on which commissions were paid, but no commissions were paid on the foreign market sales, we made adjustments for home market indirect selling expenses and inventory carrying costs to offset these U.S. commissions pursuant to 19 CFR section 351.410(b) or 351.410(e).

**Level of Trade ("LOT")**

In accordance with section 773(a)(1)(B) of the Act, to the extent practicable, we determine NV based on sales in the comparison market at the same level of trade ("LOT") as the EP or CEP transaction. The NV LOT is that of the starting-price sales in the comparison market or, when NV is based on constructed value ("CV"), that of the sales from which we derive selling, general and administrative ("SG&A") expenses and profit. For EP, the U.S. LOT is also the level of the starting-price sale, which is usually from exporter to importer.

To determine whether NV sales are at a different LOT than EP, we examine stages in the marketing process and selling functions along the chain of distribution between the producer and the unaffiliated customer. If the comparison-market sales are at a different LOT, and the difference affects price comparability, as manifested in a pattern of consistent price differences between the sales on which NV is based and comparison-market sales at the LOT of the export transaction, we make an LOT adjustment under section 773(a)(7)(A) of the Act. *See Notice of Final Determination of Sales at Less Than Fair Value: Certain Cut-to-Length Carbon Steel Plate from South Africa*, 62 FR 61731 (November 19, 1997).

In the present review, respondent claimed that only one LOT existed and did not request a LOT adjustment. To evaluate LOTs, we examined information regarding the distribution systems in both the U.S. and home market, including the selling functions, classes of customer, and selling expenses.

Respondent reported one LOT in the home market based on two classes of customers: trading companies and end users. We examined the reported selling functions and found that NSC provides the same selling functions to its home market customers regardless of channel of distribution. We preliminarily determine that the selling functions between the reported channels are sufficiently similar to consider them as one LOT in the comparison market.

NSC stated that it sells to one LOT in the United States: trading companies. We compared the selling functions performed at the home market LOT and the LOT in the United States and found them substantially similar. Of the thirteen selling functions reported for home market sales, twelve of the selling functions were identical to U.S. sales. For a further discussion of the Department's LOT analysis, *see Memorandum to the File: Analysis Memorandum for the Preliminary Results of Review*, August, 31 1998.

**Preliminary Results of Reviews**

As a result of our reviews, we preliminarily determine the weighted-average dumping margins for NSC for the period August 1, 1996 through July 31, 1997 is as follows:

| Manufacturer/exporter | Time period | Margin (percent) |
|---|---|---|
| NSC ......... | 8/1/96–7/31/97 | 1.93 |

Parties to the proceeding may request disclosure within five days of the date of publication of this notice. Any interested party may request a hearing within 30 days of publication. Any hearing, if requested, will be held 37 days after the date of publication or the first business day thereafter. Case briefs from interested parties may be submitted not later than 30 days after the date of publication of this notice. Rebuttal briefs, limited to issues raised in those briefs, may be filed not later than 35 days after the date of publication of this notice. The Department will publish the final results of this administrative review, including its analysis of issues raised in the case and rebuttal briefs, not later than 120 days after the date of publication of this notice.

Upon issuance of the final results of review, the Department shall determine, and the U.S. Customs Service shall assess, antidumping duties on all appropriate entries. In accordance with 19 CFR 351.212(b), we calculated an importer-specific ad valorem duty assessment rate based on the ratio of the total amount of antidumping duties calculated for the examined sales to the total customs value of the sales used to calculate those duties. This rate will be assessed uniformly on all entries of that particular importer during the POR.

Furthermore, the following deposit requirements will be effective for all shipments of the subject merchandise entered, or withdrawn from warehouse, for consumption on or after the publication date, as provided by section 751(a) of the Act: (1) the cash deposit rate for NSC will be that established in the final results of review (except that no deposit will be required for a firm with a zero or de minimis margin, *i.e.*, a margin less than 0.5 percent); (2) for merchandise exported by manufacturers or exporters not covered in this review, but covered in the LTFV investigation or previous review, the cash deposit rate will continue to be the company-specific rate published for the most recent segment; (3) if the exporter is not a firm covered in this review, a previous review, or the original LTFV investigation, but the manufacturer is, the cash deposit rate will be the rate established for the most recent period for the manufacturer of the merchandise; (4) the cash deposit rate for all other manufacturers or exporters will continue to be the "all others" rates established in the LTFV investigations, which was 40.19 percent for corrosion-resistant steel products (see *Final Determination*, 58 FR 37154 (July 9, 1993)). These requirements, when imposed, shall remain in effect until publication of the final results of the next administrative review.

This notice serves as a preliminary reminder to importers of their responsibility under 19 CFR 351.402(f) to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of double antidumping duties.

These results of the administrative review are issued and published in accordance with sections 751(a)(1) and 777(i)(1)of the Act.

Dated: August 31, 1998.

**Joseph A. Spetrini**

*Acting Assistant Secretary for Import Administration.*

[FR Doc. 98–24069 Filed 9–4–98; 8:45 am]

BILLING CODE 3510–DS–P

---

**DEPARTMENT OF COMMERCE**

**International Trade Administration**

**[A–580–825]**

## Oil Country Tubular Goods From Korea: Preliminary Results of Antidumping Duty Administrative Review

**AGENCY:** Import Administration, International Trade Administration, U.S. Department of Commerce.

**ACTION:** Notice of Preliminary Results of the Antidumping Duty Administrative Review of Oil Country Tubular Goods From Korea.

**SUMMARY:** In response to a request from SeAH Steel Corporation ("SeAH"), the Department of Commerce ("the Department") is conducting an administrative review of the antidumping duty order on oil country tubular goods from Korea. This review covers one manufacturer/exporter of the subject merchandise to the United States, SeAH, and the period August 1, 1996 through July 31, 1997, which is the second period of review ("POR").

We have preliminarily determined that SeAH made sales below normal value ("NV"). If these preliminary results are adopted in our final results of this administrative review, we will instruct the U.S. Customs Service to assess antidumping duties based on the difference between the constructed export price ("CEP") and the NV.

**EFFECTIVE DATE:** September 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** Doug Campau, Steve Bezirganian, or Steven Presing, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW, Washington, DC 20230; telephone: (202) 482–0409, -0162, or -0194, respectively.

**SUPPLEMENTARY INFORMATION:**

**The Applicable Statute**

Unless otherwise indicated, all citations to the Tariff Act of 1930, as amended (the Act), are to the provisions effective January 1, 1995, the effective date of the amendments made to the Act by the Uruguay Round Agreements Act (URAA). In addition, unless otherwise indicated, all citations to the Department's regulations are to 19 CFR part 351 (62 FR 27379, May 19, 1997).

## Background

On August 11, 1995, the Department published in the **Federal Register** (60 FR 41058) the antidumping duty order on oil country tubular goods from Korea. On August 4, 1997, the Department published in the **Federal Register** (62 FR 41925) a notice indicating an opportunity to request an administrative review of this order for the period August 1, 1996, through July 31, 1997, and on August 29, 1997, SeAH requested an administrative review for its entries during that period. On September 25, 1997, in accordance with Section 751 of the Act, we published in the **Federal Register** a notice of initiation of an administrative review of this order for the period August 1, 1996 through July 31, 1997 (62 FR 50292).

Under section 751(a)(3)(A) of the Act, the Department may extend the deadline for completion of an administrative review if it determines that it is not practicable to complete the review within the statutory time limit of 365 days. On January 30, 1998, the Department published a notice of extension of the time limit for the preliminary results in the review to August 31, 1998. *See Oil Country Tubular Goods from Korea; Extension of Time Limit for Antidumping Duty Administrative Review*, 63 FR 4624.

The Department is conducting this review in accordance with section 751(a) of the Act.

## Scope of Review

The merchandise covered by this order are oil country tubular goods ("OCTG"), hollow steel products of circular cross-section, including only oil well casing and tubing, of iron (other than cast iron) or steel (both carbon and alloy), whether seamless or welded, whether or not conforming to American Petroleum Institute ("API") or non-API specifications, whether finished or unfinished (including green tubes and limited service OCTG products). This scope does not cover casing or tubing pipe containing 10.5 percent or more of chromium, or drill pipe. The OCTG subject to this order are currently classified in the Harmonized Tariff Schedule of the United States ("HTSUS") under item numbers: 7304.29.10.10, 7304.29.10.20, 7304.29.10.30, 7304.29.10.40, 7304.29.10.50, 7304.29.10.60, 7304.29.10.80, 7304.29.20.10, 7304.29.20.20, 7304.29.20.30, 7304.29.20.40, 7304.29.20.50, 7304.29.20.60, 7304.29.20.80, 7304.29.30.10, 7304.29.30.20, 7304.29.30.30, 7304.29.30.40, 7304.29.30.50, 7304.29.30.60, 7304.29.30.80, 7304.29.40.10, 7304.29.40.20, 7304.29.40.30, 7304.29.40.40, 7304.29.40.50, 7304.29.40.60, 7304.29.40.80, 7304.29.50.15, 7304.29.50.30, 7304.29.50.45, 7304.29.50.60, 7304.29.50.75, 7304.29.60.15, 7304.29.60.30, 7304.29.60.45, 7304.29.60.60, 7304.29.60.75, 7305.20.20.00, 7305.20.40.00, 7305.20.60.00, 7305.20.80.00, 7306.20.10.30, 7306.20.10.90, 7306.20.20.00, 7306.20.30.00, 7306.20.40.00, 7306.20.60.10, 7306.20.60.50, 7306.20.80.10, and 7306.20.80.50. The HTSUS item numbers are provided for convenience and Customs purposes. The written description remains dispositive of the scope of this review.

## Comparison Market

The Department determines the viability of a comparison market by comparing the aggregate quantity of comparison market and U.S. sales. An exporting country is not considered a viable comparison market if the aggregate quantity of sales of subject merchandise within it amounts to less than five percent of the quantity of sales of subject merchandise into the U.S. during the POR. Section 773(a)(1)(B) of the Act; 19 CFR 351.404. We found Korea was not a viable comparison market because the aggregate quantity of SeAH's sales of subject merchandise within Korea during the POR amounted to less than five percent of the quantity of sales of subject merchandise to the U.S. during the POR.

According to Section 773(a)(1)(B)(ii) of the Act, the price of sales to a third country can be used as the basis for normal value if such price is representative, if the aggregate quantity (or, where appropriate, value) of sales to that country is at least 5 percent of the quantity (or value) of total sales to the United States, and if the Department does not determine that the particular market situation in that country prevents proper comparison with the export price or constructed export price. The volume and value of sales to Myanmar were both found to exceed 5 percent of the volume and value of sales to the United States. We also found the price of SeAH's Myanmar sales to be representative. (*see 1996–1997 Administrative Review of the Antidumping Duty Order on Oil Country Tubular Goods from Korea: Analysis of Petitioners' Allegation of Sales Below the Cost of Production for SeAH Steel Corporation*, at 1–2, which is the January 7, 1998 memorandum from Steve Bezirganian through Steven Presing to Roland MacDonald (*"Cost Allegation Analysis Memorandum"*). Further, we found no reason to determine that the market situation in Myanmar would somehow prevent proper comparison between normal value and export price or constructed export price. *Id.* We therefore found Myanmar to be the appropriate comparison market per section 773(a)(1)(B)(ii) of the Act.

The only comparison market customer was a Korean trading company that resold the merchandise to Myanmar customers. SeAH has a joint venture with that trading company, but it is not involved with the production of subject merchandise. Accordingly, we do not consider SeAH and the Korean trading company to be affiliated for purposes of sales to Myanmar. Further, we have no other information on the record which indicates that this company should be considered an affiliated party pursuant to section 771(33) of the Act, we have preliminarily determined not to treat it as such.

## Product Comparisons

In accordance with section 771(16) of the Act, we considered all products produced by the respondent, covered by the description in the Scope of the Review section, above, and sold in the comparison market during the POR, to be foreign like products for purposes of determining appropriate product comparisons to U.S. sales. Where there were no contemporaneous sales of identical merchandise in the comparison market to compare to U.S. sales, we compared U.S. sales to the most similar foreign like product on the basis of the characteristics listed in Appendix V of the Department's September 16, 1997 antidumping questionnaire.

## Fair Value Comparisons

To determine whether sales of subject merchandise to the United States were made at less than fair value, we compared the Constructed Export Price (CEP) to the NV, as described in the "United States Price" and "Normal Value" sections of this notice. In accordance with section 777A(d)(2) of the Act, we calculated monthly weighted-average prices for NV and compared these to individual U.S. transaction prices.

## Interested Party Comments

On August 17, 1998, petitioners submitted comments. On August 19, 1998, SeAH submitted comments. Because of the lateness of these submissions, we are not able to fully consider them for these preliminary results.

**United States Price**

SeAH produced OCTG in Korea and shipped it to the United States. Pusan Pipe America, Inc. ("PPA"), an affiliate of SeAH, was the importer of record. After importation, PPA maintained the merchandise in inventory. PPA sold OCTG to the Panther division of State Pipe and Supply Co. ("State"), a firm that is jointly owned by SeAH and PPA. State, in turn, sold OCTG to unaffiliated U.S. customers, typically after further manufacturing was performed by unaffiliated processors. State invoiced the unaffiliated customers and received payment.

In accordance with section 772(b) of the Act, we used CEP for calculation of the price to the United States because the first sales to unaffiliated customers in the United States were made after importation of the subject merchandise. The starting point for the calculation of CEP was the delivered price to unaffiliated customers in the United States. In accordance with section 772(c)(2) of the Act, we made deductions for movement expenses, including foreign inland freight, ocean freight, marine insurance, foreign and U.S. brokerage and handling, U.S. inland freight, and U.S. customs duties. In accordance with section 772(d)(1) of the Act, we also deducted credit expenses, warranty expenses, early payment discounts and other discounts, warehousing expenses, other direct selling expenses (inspection expenses), indirect selling expenses, and inventory carrying costs. For certain U.S. sales, a domestic court ruled SeAH should be paid for certain disputed receivables due. However, such payments have not yet been received by SeAH. Accordingly, these court-ordered payments have not been taken into account in determining dates of payment. Should SeAH receive those payments prior to the final, we will take them into consideration. For our calculations, we set the payment date (for these U.S. sales) equal to the date of SeAH's last submission (August 19, 1998) and recalculated credit expense accordingly.

In accordance with section 772(c)(1)(b) of the Act, we added duty drawback to the starting price. Pursuant to section 772(d)(3) of the Act, we made an adjustment for CEP profit. In accordance with section 772(d)(2) of the Act, we deducted the cost of further manufacturing where such deduction was appropriate. This deduction for further manufacturing was based on the fees charged by the unaffiliated U.S. processors; SeAH indicated that the reported further processors' charges included processing and repacking, and that it did not include separate G&A or interest expense information related to this further processing because all of the expenses incurred by State and PPA, including the minimal G&A and interest expense associated with their dealings with further processors, were reported as selling expenses. Finally, we made an adjustment for an amount of profit allocated to these expenses, when incurred in connection with economic activity in the United States, in accordance with section 772(d)(3) of the Act.

**Normal Value**

*A. Model Match*

In accordance with recent practice, we matched a given U.S. sale to comparison market sales of the next most similar model if all contemporaneous sales of the most comparable model were below cost and discarded from our analysis. The Department uses CV as the basis for NV only when there are no above-cost sales that are otherwise suitable for comparison. Therefore, in this proceeding, in making comparisons in accordance with section 771(16) of the Act, we considered all products sold in the comparison market as described in the "Scope of Review" section of this notice, above, that were in the ordinary course of trade for purposes of determining appropriate product comparisons to U.S. sales. Where there were no sales of identical merchandise in the comparison market made in the ordinary course of trade to compare to U.S. sales, we compared U.S. sales to sales of the most similar foreign like product made in the ordinary course of trade, based on the characteristics listed in Sections B and C of our antidumping questionnaire. This methodology is in accordance with the ruling of the Court of Appeals for the Federal Circuit in *CEMEX* vs. *United States*, 133 F.3d 897 (Fed Cir. 1998).

*B. Cost of Production and Constructed Value*

1. Cost of Production: On December 2, 1997, petitioners alleged that SeAH made comparison market sales of OCTG at prices below the cost of production ("COP") during the POR. After analyzing petitioners" allegation (*see* the aforementioned *Cost Allegation Analysis Memo*), the Department determined that it had reasonable grounds to believe or suspect that sales had been made at prices that were less than the COP. Therefore, on January 8, 1998, pursuant to section 773(b) of the Act, the Department initiated a COP investigation of SeAH. We compared sales of the foreign like product in the comparison market with the model-specific COP figure for the POR. In accordance with section 773(b)(3) of the Act, we calculated the COP based on the sum of the costs of materials and fabrication employed in producing the foreign like product, plus selling, general and administrative (SG&A) expenses, including all costs and expenses incidental to placing the foreign like product in condition packed and ready for shipment. In our COP analysis, we used comparison market sales and COP information provided by the respondent in its questionnaire responses.

The API Specification 5CT, to which SeAH states it makes its OCTG, requires that a carload lot (considered to be a minimum of 40,000 pounds, or 18.14 metric tons) meet a negative weight tolerance of 1.75% (*i.e.*, the actual weight of the carload lot can be no less than 100% minus 1.75%, or 98.25%, of the theoretical weight of the carload, the latter being the weight basis for SeAH's sales). The weight tolerance for single lengths of pipe are plus 6.5% and minus 3.5% (*i.e.*, the actual weight of any given pipe must be between 96.5% and 106.5% of the theoretical weight). SeAH has reported weight conversion factors that indicate actual weight was less than 96.5% of theoretical weight, outside of the API weight tolerance. Weight conversion factors are needed to convert SeAH's production costs, which for most OCTG products are maintained on an actual weight basis, to a theoretical weight basis so that the cost and sales data are on a comparable weight basis.

Petitioners argue that these conversion factors cannot, by definition, be greater than 1.75% because SeAH does not know at the time of production whether or not the customers will eventually purchase carload lots. Petitioners state that the Department should therefore deny SeAH's conversion factors in their entirety.

SeAH argues that the minus 1.75% tolerance only applies to OCTG which has an outside diameter of less than 1.660 inches and that it did not produce or make sales of these products to Myanmar or the United States. SeAH asserts that it, State, and their customers do not require that carload lots of the merchandise be weighed, and that it, State, and their customers do not interpret the API specifications to require that the carload lots of the merchandise be weighed. SeAH indicates that it performs a weight-tolerance test for plain-end pipe, to make sure its weight meets the plus 6.5% and minus 3.5% tolerances, and

that it performs the same test again, after the further processing (performed in Korea for Myanmar sales, and by the unaffiliated U.S. further processors for U.S. sales), to assure that the finished goods meet the same tolerances.

We find, based on the record, that the minus 1.75% weight tolerance API specified for carload lots of 5CT applies for all OCTG produced to that specification, not simply to OCTG with an outside diameter of less than 1.660 inches. The specification states that "[a]ll dimensions shown herein without tolerances are related to the basis for design and are not subject to measurement to determine acceptance or rejection of the product," and that "[e]xceptions are Grades C90, T95, and Q125, which may be furnished in other sizes, weights, and wall thicknesses as agreed between the purchaser and the manufacturer" (*see* API Specification 5CT at section 7.1, in SeAH's December 24, 1997 submission). The carload lot weight is a dimension (weight) with a tolerance (minus 1.75%), and none of SeAH's Myanmar or U.S. sales were of Grades C90, T95, or Q125.

Nevertheless, it does not appear that the API carload lot weight tolerance would apply to merchandise being transported by ship, which is the case for SeAH's Myanmar sales and for its U.S. sales to PPA. These are the transactions that are relevant for cost purposes; the further manufactured U.S. sales to unaffiliated U.S. customers need not meet any particular specification, or even be categorized as OCTG. SeAH stated that its production meets the minus 3.5% and plus 6.5% tolerance, and there is no clear reason why the actual weight should be less than 96.5% of the theoretical weight if all of SeAH's OCTG is produced to the specification. Consequently, for our preliminary results we have used a conversion factor based on this assumption (except for products for which costs were maintained on a theoretical weight basis, which require no weight conversion).

Hot-rolled steel coil is one of the main material inputs used to manufacture OCTG. SeAH purchased the majority of its hot-rolled steel coil inputs from Pohang Iron and Steel Co., Ltd. ("POSCO"). While SeAH and POSCO are involved in a joint venture that produced non-subject merchandise, we have no other information on the record which indicates that these two companies should be considered affiliated parties pursuant to section 771(33) of the Act. Therefore, we have preliminarily determined that SeAH and POSCO are not affiliated.

After calculating COP, we tested whether comparison market sales of the foreign like product were made at prices below COP and, if so, whether the below-cost sales were made within an extended period of time, in substantial quantities, and at prices that did not permit recovery of all costs within a reasonable period of time. Because each individual price was compared against the POR average COP, any sales that were below cost were also determined not to be at prices which permitted cost recovery within a reasonable period of time. We compared model-specific COPs to the reported comparison market prices, less any applicable movement charges, discounts, and rebates.

Pursuant to section 773(b)(2)(C) of the Act, where less than 20 percent of a respondent's sales of a given model were at prices less than COP, we did not disregard any below-cost sales of that model because the below-cost sales were not made in substantial quantities within an extended period of time. Where 20 percent or more of a respondent's sales of a given model during the POR were at prices less than the weighted-average COPs for the POR, we disregarded the below-cost sales because they were made within an extended period of time in substantial quantities in accordance with sections 773(b)(2) (B) and (C) of the Act, and were at prices which would not permit recovery of all costs within a reasonable period of time in accordance with section 773(b)(2)(D) of the Act.

2. Constructed Value: In accordance with section 773(a)(4) of the Act, we used constructed value ("CV") as the basis for NV when there were no above-cost contemporaneous sales of such or similar merchandise in the comparison market. We calculated CV in accordance with section 773(e) of the Act. We included SeAH's cost of materials and fabrication (including packing), SG&A expenses, and profit. *See* section 773(e)(2)(A) of the Act. We applied the same conversion factor methodology as noted in the COP section above. In accordance with section 773(e)(2)(A) of the Act, we based SG&A expenses and profit on the amounts incurred and realized by the respondent in connection with the production and sale of the foreign like product in the ordinary course of trade for consumption in the comparison market. For selling expenses, we used the weighted-average comparison market selling expenses.

*C. Price-to-Price Comparison*

Where appropriate, for comparison to CEP, we made adjustments to NV by deducting Korean inland freight, brokerage, handling, and packing, in accordance with sections 773(a)(6)(A) and (B) of the Act, and by deducting direct selling expenses (credit expenses) in accordance with section 773(a)(6)(C)(iii) of the Act. We also made adjustments for differences in costs attributable to differences in physical characteristics of merchandise, pursuant to section 773(a)(6)(C)(ii) of the Act.

In accordance with section 773(a)(1)(B) of the Act, to the extent practicable, we determine NV based on sales in the comparison market at the same level of trade ("LOT") as the U.S. sales. The NV LOT is that of the starting-price sales in the comparison market or, when NV is based on CV, that of the sales from which we derive SG&A expenses and profit. For both EP and CEP, the relevant transaction for the level of trade analysis is the sale (or constructed sale) from the exporter to the importer.

To determine whether comparison market NV sales are at a different LOT than EP or CEP, we examine stages in the marketing process and selling functions along the chain of distribution between the producer and unaffiliated customer. If the comparison-market sales are at a different LOT and the difference affects price comparability, as manifested in a pattern of consistent price differences between the sales on which NV is based and comparison-market sales at the LOT of the export transaction, we make a LOT adjustment under section 773(a)(7)(A) of the Act. Finally, if the NV level is more remote from the factory than the CEP level and there is no basis for determining whether the difference in the levels between NV and CEP affects price comparability, we adjust NV under section 773(a)(7)(B) of the Act (the CEP-offset provision). *See Notice of Final Determination of Sales at Less Than Fair Value: Certain Cut-to-Length Carbon Steel Plate from South Africa*, 62 FR 61731, 61732 (November 17, 1997), and *Granular Polytetrafluoroethylene Resin From Italy; Preliminary Results of Antidumping Duty Administrative Review*, 63 FR 25826 (May 11, 1998).

SeAH asserted that its comparison market sales were at a different LOT than its U.S. sales because the comparison market sales are at a more advanced level of distribution than its sales to State, and because SeAH performed and incurred all expenses for all significant selling functions and support services for the comparison market sales, but did not perform them for its CEP sales made through PPA and State. SeAH requested a CEP offset to

reflect these differences (*see, e.g.*, pages 19–21 of SeAH's November 12, 1997, Section B questionnaire response).

In its original questionnaire response, SeAH asserted that it performs many functions with respect to third country sales that it does not perform with respect to U.S. sales, such as: gathering strategic and marketing information including industry developments, potential new or refined applications, products and sales practices of customers and competitors, and technical and engineering developments; establishing pricing policies for OCTG sales based on market conditions in the third-country market; establishing sales promotional and marketing strategies, including advertising, promotional activities, and technical service for third-country market sales; and maintaining a skilled sales force that is knowledgeable about SeAH's OCTG products and the OCTG market in the third country market. Therefore, SeAH claims that it has distinguished different levels of trade for its Myanmar sales versus its sales to the U.S. importer of record, PPA, by highlighting ways in which SeAH is deeply involved with, and knowledgeable about, the Myanmar market.

However, the record indicates that SeAH has greatly overstated the extent and importance of its activities with respect to the Myanmar market. For example, at page 14 of its April 3, 1998 supplemental questionnaire response, SeAH indicated that it does not even know the identity or location of the customers of the Korean trading company to which it made its Myanmar sales. While SeAH clarified this point at page 40 of its June 4, 1998 supplemental questionnaire response by saying that several documents in the third country sales process indicate the destination and identity of the ultimate Myanmar customers, it also noted that it had no contact with those Myanmar customers, nor did it have any knowledge of the prices that the unaffiliated Korean trading company charged those Myanmar customers. SeAH's knowledge of the OCTG market is based on "customer contacts and other contacts in the industry" (see page 13 of the April 3, 1998 supplemental questionnaire response), and based on SeAH's own statements, such contacts with respect to Myanmar are very limited.

The record does not indicate more than a minimal involvement by SeAH in either the marketing process or the selling functions associated with its Myanmar and U.S. sales. There does not appear to be any substantive difference between the functions performed by SeAH with respect to the sales to the Korean trading company destined for Myanmar and the functions performed by SeAH with respect to its sales to PPA, the affiliated U.S. importer of record. In both instances, SeAH made sales to resellers that in turn sold to end-users, and the record does not indicate any more than the most minimal interaction of SeAH with those resellers (the unaffiliated Korean trading company for the Myanmar sales, and PPA for the U.S. sales) with respect to the sales process. Consequently, we have preliminarily determined that the sales in both markets are at the same LOT. Therefore, a CEP offset is not warranted.

**Preliminary Results of Reviews**

As a result of our review, we preliminarily determine the weighted-average dumping margin for the period August 1, 1996 through July 31, 1997 to be as follows:

| Manufacturer/exporter | Time period | Margin (percent) |
|---|---|---|
| SeAH ....... | 9/1/96–8/31/97 | 0.35 |

Pursuant to 19 CFR 351.224(b), the Department will disclose to parties to the proceeding any calculations performed in connection with these preliminary results within five days after the publication of this notice. Pursuant to 19 CFR 351.309, interested parties may submit written comments in response to these preliminary results. Case briefs must be submitted within 30 days after the date of publication of this notice, and rebuttal briefs, limited to arguments raised in case briefs, must be submitted no later than five days after the time limit for filing case briefs. Parties who submit argument in this proceeding are requested to submit with the argument: (1) A statement of the issue, and (2) a brief summary of the argument. Case and rebuttal briefs must be served on interested parties in accordance with 19 CFR 351.303(f). Also, pursuant to 19 CFR 351.310, within 30 days of the date of publication of this notice, interested parties may request a public hearing on arguments to be raised in the case and rebuttal briefs. Unless the Secretary specifies otherwise, the hearing, if requested, will be held two days after the date for submission of rebuttal briefs, that is, thirty-seven days after the date of publication of these preliminary results.

The Department will publish the final results of this administrative review, including the results of its analysis of issues raised in any case or rebuttal brief or at a hearing, not later than 120 days after the date of publication of this notice.

The Department shall determine, and the U.S. Customs Service shall assess, antidumping duties on all appropriate entries. In accordance with 19 CFR 351.212(b), we have calculated exporter/importer-specific assessment rates. We divided the total dumping margins for the reviewed sales by the total entered value of those reviewed sales for each importer. We will direct the U.S. Customs Service to assess the resulting percentage margin against the entered customs values for the subject merchandise on each of that importer's entries under the relevant order during the review period.

Furthermore, the following deposit requirements will be effective for all shipments of the subject merchandise entered, or withdrawn from warehouse, for consumption on or after the publication date, as provided by section 751(a) of the Act: (1) The cash deposit rate for each reviewed company will be that established in the final results of review (except that a deposit of zero will be required for firms with zero or de minimis margins, i.e., margins less than 0.5 percent); (2) for exporters not covered in this review, but covered in the LTFV investigation or previous review, the cash deposit rate will continue to be the company-specific rate published for the most recent period; (3) if the exporter is not a firm covered in this review, a previous review, or the original LTFV investigation, but the manufacturer is, the cash deposit rate will be the rate established for the most recent period for the manufacturer of the merchandise; (4) the cash deposit rate for all other manufacturers or exporters will continue to be the "all others" rate established in the LTFV investigation, which was 12.17 percent. These requirements, when imposed, shall remain in effect until publication of the final results of the next administrative review.

This notice serves as a preliminary reminder to importers of their responsibility under 19 CFR 351.402(f) to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of double antidumping duties.

These administrative reviews and notices are published in accordance with 751(a)(1) of the Act (19 U.S.C.

1675(a)(1)) and 19 CFR 351.213 and 19 CFR 351.221(b)(4).

Dated: August 31, 1998.

**Joseph A. Spetrini,**

*Acting Assistant Secretary for Import Administration.*

[FR Doc. 98–24068 Filed 9–4–98; 8:45 am]

BILLING CODE 3510–DS–P

---

## DEPARTMENT OF COMMERCE

## International Trade Administration

[A–821–803]

## Titanium Sponge from the Russian Federation: Preliminary Results of Antidumping Duty Administrative Review and Partial Revocation

**AGENCY:** Import Administration, International Trade Administration, Department of Commerce.

**ACTION:** Notice of preliminary results of antidumping duty administrative review and partial revocation.

**SUMMARY:** In response to requests from AVISMA Titanium-Magnesium Works; the affiliated companies Interlink Metals, Inc., and Interlink Metals & Chemicals, S.A.; TMC Trading International Ltd.; and Titanium Metals Corporation, the Department of Commerce is conducting an administrative review of the antidumping finding on titanium sponge from the Russian Federation. This notice of preliminary results covers the period August 1, 1996 through July 31, 1997. This review covers one manufacturer/exporter, AVISMA Titanium-Magnesium Works, and two trading companies, TMC Trading International Ltd. and, collectively as one company, Interlink Metals, Inc., and Interlink Metals & Chemicals, S.A.

We have preliminarily determined that no dumping margins apply during this review period. If these preliminary results are adopted in our final results of administrative review, we will instruct the U.S. Customs Service to liquidate entries during the period of review without regard to dumping duties. Furthermore, if these preliminary results are adopted in our final results of review, this will be the Interlink entities' third consecutive review with no dumping margins. Therefore, in the final results we will revoke this finding with respect to Interlink. Interested parties are invited to comment on these preliminary results. Parties who submit arguments in this proceeding are requested to submit with the argument: (1) A statement of the issue; and (2) a brief summary of the argument.

**EFFECTIVE DATE:** September 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** Wendy Frankel or Mark Manning, Office of AD/CVD Enforcement, Office 4, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, N.W., Washington, D.C. 20230; telephone (202) 482–5849 and 482–3936, respectively.

**SUPPLEMENTARY INFORMATION:**

### The Applicable Statute

Unless otherwise indicated, all citations to the Tariff Act of 1930, as amended (the Act), are references to the provisions effective January 1, 1995, the effective date of the amendments made to the Act by the Uruguay Round Agreements Act. In addition, unless otherwise indicated, all citations to the Department of Commerce's regulations refer to the regulations codified at 19 CFR part 351, 62 FR 27296 (May 19, 1997).

### Background

The Department of Commerce (the Department) published an antidumping finding on titanium sponge from the Union of Soviet Socialist Republics (U.S.S.R.) on August 28, 1968 (33 FR 12138). In December 1991, the U.S.S.R. divided into fifteen independent states. To conform to these changes, the Department changed the original antidumping finding into fifteen findings applicable to each of the former republics of the U.S.S.R. (57 FR 36070, August 12, 1992).

On August 26, 1997, AVISMA Titanium-Magnesium Works (AVISMA) and Interlink Metals & Chemicals, S.A. and Interlink Metals, Inc. (collectively Interlink) requested that the Department conduct an administrative review of the antidumping finding on titanium sponge from the Russian Federation (Russia) for one manufacturer/exporter, AVISMA, and one trading company, Interlink, covering the period August 1, 1996 through July 31, 1997. On August 27, 1997, Titanium Metals Corporation (TIMET) requested that the Department conduct an administrative review for the trading companies, Interlink and TMC Trading International, Ltd. (TMC). On August 28, 1997, TMC requested that the Department conduct an administrative review of its U.S. sales. The Department published a notice of initiation of the review on September 25, 1997 (62 FR 50292). Due to the complexity of the legal and methodological issues presented by this review, the Department postponed the date of the preliminary results of review by sixty days on February 10, 1998 (63 FR 6721). The Department published a second sixty day postponement of preliminary results of review on April 16, 1998 (63 FR 18885). The Department is conducting this administrative review in accordance with section 751 of the Act.

On August 13, 1998, the International Trade Commission (ITC) published in the **Federal Register** its determination that revocation of the findings covering titanium sponge imports from the Republic of Kazakhstan (Kazakhstan), Russia, and Ukraine and the antidumping duty order covering imports of titanium sponge from Japan is not likely to lead to continuation or recurrence of material injury to an industry in the United States. Due to this determination the Department has revoked the findings covering titanium sponge imports from Kazakhstan, Russia, and Ukraine and the antidumping duty order covering titanium sponge imports from Japan. This revocation is effective as of August 13, 1998. *See Notice of Revocation of Antidumping Findings and Antidumping Duty Order and Termination of Five-Year ("Sunset") Reviews: Titanium Sponge from Kazakhstan, Russia, Ukraine, and Japan,* (63 FR 46215, August 31, 1998).

### Scope of the Review

The product covered by this administrative review is titanium sponge from Russia. Titanium sponge is chiefly used for aerospace vehicles, specifically, in construction of compressor blades and wheels, stator blades, rotors, and other parts in aircraft gas turbine engines. Imports of titanium sponge are currently classifiable under the harmonized tariff schedule (HTS) subheading 8108.10.50.10. The HTS subheading is provided for convenience and U.S. Customs purposes. Our written description of the scope of this proceeding is dispositive.

### Separate Rates

During the period of review (POR), AVISMA made direct sales of subject merchandise to the U.S. market that were entered for consumption. Due to these direct sales, AVISMA has requested a separate, company-specific rate. The claimed ownership of AVISMA during the POR is that of a publicly owned joint stock company, where 100 percent of the shares are owned by private individuals and private companies. AVISMA asserted that the state owned zero percent of its shares.

To establish whether a firm is sufficiently independent from

government control to be entitled to a separate rate, the Department analyzes each exporting entity under a test arising out of the *Final Determination of Sales at Less Than Fair Value: Sparklers from the People's Republic of China*, 56 FR 20588 (May 6, 1991) and amplified in the *Final Determination of Sales at Less Than Fair Value: Silicon Carbide from the People's Republic of China*, 59 FR 22585 (May 2, 1994). Under the separate rates criteria, the Department assigns separate rates in nonmarket economy cases only if a respondent can demonstrate the absence of both *de jure* and *de facto* government control over its export activities. Since the Department did not verify the information submitted by AVISMA to the record of this proceeding, we must rely upon the information provided by AVISMA in its questionnaire responses in order to determine whether there is an absence of either *de jure* or *de facto* governmental control.

*1. Absence of De Jure Control*

An individual company may be considered for a separate rate if it meets the following *de jure* criteria: (1) an absence of restrictive stipulations associated with an individual exporter's business and export licenses; (2) any legislative enactments decentralizing control of companies; (3) any other formal measures by the government decentralizing control of companies. AVISMA has placed on the administrative record a number of documents demonstrating absence of *de jure* control. These documents include laws, regulations, and provisions enacted by the government of Russia, describing the deregulation of Russian enterprises as well as the deregulation of the Russian export trade. Specifically, these documents include the President of the Russian Federation's Decree Number 721, that states "a joint stock company from the moment of its registration is out of the control of Ministries, State and Local administrative organs and authorities." In addition, AVISMA has placed on the record Article 49 of the Russian Federation's Civil Code, which states "Commercial organizations * * * can have civil rights and civil obligation necessary for any kind of activities, not prohibited by the regulation." "Commercial organization" is defined to be an organization, whose activities are aimed at gaining profit (Russian Federation Civil Code Article 50). *See* AVISMA's questionnaire response dated November 26, 1997. Furthermore, AVISMA claims that there are no licenses issued by any government agency to AVISMA with regard to any aspect of AVISMA's production or sales activity. Based on this information, we have concluded that there was a *de jure* absence of governmental control over AVISMA.

*2. Absence of De Facto Control*

The Department typically considers four factors in evaluating whether each respondent is subject to *de facto* government control of its export functions: (1) whether the export prices are set by or subject to the approval of a governmental authority; (2) whether the respondent has authority to negotiate and sign contracts and other agreements; (3) whether the respondent has autonomy from the government in making decisions regarding the selection of management; and (4) it retains the proceeds of its export sales and makes independent decisions regarding disposition of profits or financing of losses.

In its questionnaire responses, AVISMA asserted the following: (1) it establishes its own export price; (2) it negotiates contracts without guidance from any governmental entities or organizations; (3) it selects its own management; and (4) it retains the proceeds of its export sales, uses profits according to its business needs, and has no restrictions on the use of its retained foreign currency earnings. In support of its claim that it is free of *de facto* government control, AVISMA provided sample documents to one of its direct sales to the United States. These documents include the sales contract, currency control passport, commercial invoice, quality control shipping document, and customs declaration. In addition, AVISMA provided its audited financial statements from the two most recent fiscal years (1995 and 1996) as well as the income statements for the first and second quarters of 1997. This information supports a finding that, during the POR, there was a *de facto* absence of governmental control of export functions. Therefore, we have concluded that AVISMA is entitled to a separate rate.

**The Russia-Wide Rate**

In past reviews of this finding, the Department has examined several export companies not included in the instant review. One of these exporters, Cometals Inc., had shipments that were reviewed and received a positive margin. *See Titanium Sponge From the Russian Federation; Notice of Final Results of Antidumping Duty Administrative Review*, 62 FR 48601 (September 16, 1997) (*Titanium Sponge 1996*). Therefore, we conclude that not all exporters of titanium sponge from Russia are included in the instant review. Accordingly, we are applying a single antidumping deposit rate—the Russia-wide rate—to all manufacturers/exporters of titanium sponge from the Russian Federation that have not received a company-specific rate in the current or prior administrative reviews.

**Intent To Revoke**

On August 26, 1997, Interlink submitted a request, in accordance with Section 351.222(b), that the Department revoke the finding covering titanium sponge from the Russian Federation with respect to its sales of this merchandise. In accordance with Section 351.222(b)(iii), Interlink submitted on December 10, 1997, a certification that it had not sold the subject merchandise at less than normal value for a three-year period, including this review period, and would not do so in the future.

We preliminarily determine that Interlink sold titanium sponge from Russia at not less than normal value during this review period. Based on Interlink's three consecutive years of zero margins and the absence of evidence to the contrary, we preliminarily determine that it is not likely that Interlink will in the future sell titanium sponge at less than normal value. Therefore, if these preliminary findings are affirmed in our final results, we intend to revoke the order on titanium sponge from Russia with respect to Interlink.

In the last two administrative reviews, we determined that Interlink did not sell titanium sponge at less than fair value. *See Titanium Sponge 1996* and *Titanium Sponge From the Russian Federation; Notice of Final Results of Antidumping Duty Administrative Review*, 61 FR 58525 (November 15, 1996). Additionally, as discussed below, we have preliminarily determined that Interlink has not sold titanium sponge at less than fair value during the period covered by this review. Consequently, we preliminarily determine that because Interlink has three consecutive years of zero or *de minimis* margins on titanium sponge, Interlink is eligible for revocation of the finding on titanium sponge from Russia under Section 351.222(b).

**United States Price**

*AVISMA*

We calculated U.S. price (USP) for AVISMA's sales to unaffiliated purchasers in the United States based on export price (EP), as defined in section 772(a) of the Act. For the date of sale, we used the sales invoice date.

We made deductions, where appropriate, for inland freight, brokerage and handling, international freight, marine insurance, and Russian export charges. AVISMA did not claim any other adjustments to USP, nor were any other adjustments allowed.

*Interlink and TMC*

For purposes of this review, we assigned a separate rate for Interlink and TMC (which are located in market-economy countries) because AVISMA, at the time of sale to these entities, did not have knowledge of the ultimate destination of the merchandise. We calculated USP for TMC based on EP. Interlink reported that its U.S. sales were EP sales that were made to unaffiliated U.S. customers prior to importation and customarily did not enter into the inventory of Interlink Metals & Chemicals S.A.'s U.S. affiliate. When U.S. sales are made in this manner, our practice is to examine several criteria in order to determine whether the sales are EP sales. Those criteria are: (1) Whether the merchandise was shipped directly from the manufacturer to the unaffiliated U.S. customer; (2) whether this was the customary commercial channel between the parties involved; and (3) whether the function of the U.S. selling agent was limited to that of a "processor of sales-related documentation" and a "communications link" with the unaffiliated U.S. buyer. Where all three criteria are met, indicating that the activities of the U.S. selling agent are ancillary to the sale, the Department has regarded the routine selling functions of the exporter as merely having been relocated geographically from the country of exportation to the United States where the sales agent performs them, and has determined the sales to be EP sales. Where one or more of these conditions is not met, indicating that the U.S. sales agent is substantially involved in the U.S. sales process, the Department has classified the sales in question as constructed export price (CEP) sales. *See, e.g., Certain Cold-Rolled and Corrosion-Resistant Carbon Steel Flat Products From Korea: Final Results of Antidumping Duty Administrative Reviews*, 63 FR 13,170 (March 18, 1998) and *Viscose Rayon Staple Fiber from Finland: Final Results of Antidumping Duty Administrative Review*, 63 FR 32,820 (June 16, 1998). The record shows that during the POR Interlink Metals, Inc., Interlink's U.S. operation, was responsible for the sale of titanium sponge to customers and that sales activities were generally performed in the United States. Thus, we have preliminarily determined that Interlink Metals, Inc. acted as more than a "processor of sales-related documentation" and a "communications link" with the unaffiliated U.S. buyer. Therefore, we based USP on CEP, as defined in section 772(b) of the Act. For date of sale, we used the sales invoice date for both TMC and Interlink. We excluded those sales made to the United States which the respondents identified as having entered the United States under temporary importation bond (TIB). We are currently confirming the information provided by respondents regarding TIB entries through Customs and National Census Bureau data.

In calculating USP for TMC and Interlink, we made deductions, where appropriate, for ocean freight, warehouse expenses, insurance, brokerage and handling, inland freight, and U.S. duty and terminal handling charges. Additionally, in accordance with section 772 (d) of the Act and the Department's practice in non-market economy (NME) cases involving CEP sales, in calculating USP for Interlink we made deductions for U.S. credit and indirect selling expenses and the profit allocated to these U.S. expenses (*see Notice of Final Determination of Sales at Less Than Fair Value: Bicycles From the People's Republic of China* 61 FR 19026 (April 30, 1996)). TMC and Interlink did not claim any other adjustments to USP, nor were any other adjustments allowed.

**Surrogate Country Selection**

Section 773(c)(1) of the Act provides that the Department shall determine normal value on the basis of the value of the factors of production if (1) the subject merchandise is exported from a NME country, and (2) the available information does not permit the calculation of normal value under section 773(a) of the Act. In previous proceedings, the Department has considered Russia to be a NME country. *See Final Determination of Sales at Less Than Fair Value: Pure Magnesium and Alloy Magnesium from the Russian Federation (Magnesium From Russia)*, 60 FR 16440 (March 30, 1995); and *Final Determination of Sales at Less Than Fair Value: Ferrovanadium and Nitrided Vanadium from the Russian Federation*, 60 FR 27957 (May 26, 1995). Section 771(18)(C) of the Act states that "any determination that a foreign country is a nonmarket economy country shall remain in effect until revoked by the administering authority." Because NME status has not been revoked in any previous proceeding for Russia, we are considering Russia to be a NME country for purposes of this review. Therefore, because AVISMA is located in Russia, we have applied surrogate values to the factors of production to determine normal value.

We calculated normal value based on factors of production provided by AVISMA, in accordance with Section 773(c)(1) of the Act and section 351.408 of the Department's regulations. We determined that Venezuela is comparable to Russia in terms of per capita gross national product (GNP), the growth rate in per capita GNP, and the national distribution of labor. In addition, Venezuela is a significant producer of comparable merchandise. *See* Memorandum to the File, *Titanium Sponge from the Russian Federation; Surrogate Country Selection*, dated July 2, 1997. Therefore, in accordance with section 773(c)(4) of the Act, we selected Venezuela as a comparable surrogate on the basis of the above criteria and have used publicly available information relating to Venezuela to value the various factors of production, except as indicated below. *See* Memorandum from Jeff May, Acting Director, Office of Policy, to Holly A. Kuga, Senior Director, Office of AD/CVD Enforcement, October 20, 1997, and Memorandum from Jeff May, Acting Director, Office of Policy, to Holly A. Kuga, Senior Director, Office of AD/CVD Enforcement, January 27, 1998.

**Normal Value**

To determine normal value, in accordance with section 773(c)(3) of the Act, we valued the factors of production as follows (for further discussion, see the Analysis Memorandum for the Preliminary Results of Administrative Review, dated August 31, 1998):

• Except as noted below, we valued raw materials and by-products using the Venezuelan import data obtained by Interlink from the Commodity Trade Statistics Section, United Nations Statistics Division, (UN import statistics) for the calendar year 1996. We adjusted certain factor values to reflect the actual purity used in the production of the subject merchandise. We valued chlorine using the average of the calendar 1996 and 1997 price quotes that respondents obtained from a Venezuelan chlorine producer. We were unable to find publicly available information from Venezuela or from any of the other potential surrogate countries in order to value ilmenite, rutile concentrate and carnallite concentrate. For ilmenite, we used the 1995 Brazilian price that was reported in the 1995–1996 administrative review of this finding. We valued rutile concentrate using the 1997 Australian

price provided by Interlink. For carnallite concentrate, we used the Indian price for dolomite, a commodity similar to carnallite concentrate, that was reported in the antidumping duty investigation of magnesium from Russia (*see Notice of Final Determination of Sales at Less Than Fair Value: Pure Magnesium and Alloy Magnesium From the Russian Federation* 60 FR 16440, 16449 (March 30, 1995)) (*Magnesium From Russia*) and used to value carnallite concentrate in the 1995–1996 administrative review of this finding. Since we obtained values for ilmenite and carnallite concentrate that are in U.S. dollars, we did not adjust for the effects of inflation.

• Pursuant to Section 351.408(c)(3), we valued direct labor by using the regression-based wage rate for Russia as posted on the Import Administration Internet website.

• For electricity, we used the simple average of the 1996 and 1997 electricity rates for industrial users in Guayana, Venezuela, as reported by the Venezuelan Chamber of the Electric Industry. To value natural gas, we used the 1996 price of gas in Venezuela as reported by the International Energy Agency's (IEA's) publication *Energy Prices and Taxes, 4th Quarter 1997*. Since this price was reported in U.S. dollars per tonne of oil equivalent, we converted the IEA price into a U.S. dollar per metric ton measure. AVISMA reported its consumption of natural gas in tons of reference fuel. Using the conversion rate in the calculation memorandum in *Magnesium From Russia*, we converted AVISMA's natural gas consumption into a metric ton measure.

• To value railcar freight in Russia, we used the Venezuelan rates obtained by the petitioner from the national Venezuelan railway authority. This rate is on a per kilometer, per ton basis. We were unable to find truck rates from Venezuela or from any of the other potential surrogate countries. Therefore, we used the Brazilian trucking rates, provided by Interlink, that were used in the 1995–1996 administrative review of this finding.

• For packing materials, we used the 1996 UN import statistics from Venezuela provided by Interlink. We valued labor used in packing with the above-referenced regression-based labor rate for Russia.

• We valued selling, general and administrative expenses and profit using the 1997 income statement for CVG Industria Venezolana De Aluminio C.A., a major aluminum producer in Venezuela.

• We were unable to find information on factory overhead for an appropriate company or industry from Venezuela or from any other potential surrogate country. Therefore, as in the 1995–1996 administrative review of this finding, we valued factory overhead using cost data reported in the public record of the antidumping administrative review of silicon metal from Brazil. In the instant review, we relied on public cost data in the 1996–1997 antidumping administrative review of silicon metal from Brazil.

• We included in normal value, where appropriate, movement expenses incurred in bringing the subject merchandise from the Russian plant to the resellers' warehouses. We valued railcar freight in Russia using the Venezuelan rates obtained by the petitioner from the national Venezuelan railway authority. We valued railcar freight and brokerage in Finland using the prices AVISMA reported in the public version of the section C response that it submitted in the instant review. We valued the Russian customs fee, paid by AVISMA on its exports of subject merchandise, using the Venezuelan exportation fee as reported by the Department's commercial service personnel in Caracas, Venezuela.

**Currency Conversion**

We made currency conversions in accordance with section 773A(a) of the Act, based on rates certified by the Federal Reserve Bank and Dow Jones Business Information Services.

**Preliminary Results**

As a result of this review, we preliminarily determine that the following weighted-average dumping margins exist:

| Manufacturer/exporter | Period | Margin (percent) |
|---|---|---|
| Interlink Metals & Chemicals, S.A | 8/1/96–7/31/97 | 0.00 |
| TMC Trading International, Ltd | 8/1/96–7/31/97 | 0.00 |
| AVISMA Titanium-Magnesium Works | 8/1/96–7/31/97 | 0.00 |
| Russia-wide rate | 8/1/96–7/31/97 | 83.96 |

Parties to this proceeding may request disclosure of our preliminary results within five days of publication of this notice and any interested party may request a hearing within 30 days of publication. Any hearing, if requested, will be held 44 days after the date of publication, or the first working day thereafter. Interested parties may submit case briefs and/or written comments no later than 30 days after the date of publication. Rebuttal briefs and rebuttals to written comments, limited to issues raised in such briefs or comments, may be filed no later than 35 days after the date of publication. The Department will publish a notice of the final results of the administrative review, which will include the results of its analysis of issues raised in any such written comments or at the hearing, within 120 days from the publication of the preliminary results.

The final results of this review shall be the basis for the assessment of antidumping duties on entries of merchandise covered by the determination. The Department shall determine, and Customs shall assess, antidumping duties on all appropriate entries. Individual differences between export price and normal value may vary from the percentages stated above. The Department will issue appraisement instructions directly to Customs.

This notice serves as a preliminary reminder to importers of their responsibility under 19 CFR 351.402(f) to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of double antidumping duties.

This administrative review and notice are in accordance with section 751(a)(1) of the Act (19 U.S.C. 1675(a)(1)). This notice is published in accordance with section 777(i) of the Act.

Dated: August 31, 1998.

**Joseph A. Spetrini,**

*Acting Assistant Secretary for Import Administration.*

[FR Doc. 98–24070 Filed 9–4–98; 8:45 am]

BILLING CODE 3510–DS–P

**DEPARTMENT OF COMMERCE**

**International Trade Administration**

**[A–834–803]**

## Titanium Sponge from the Republic of Kazakhstan: Preliminary Results of Antidumping Duty Administrative Review

**AGENCY:** Import Administration, International Trade Administration, Department of Commerce.

**ACTION:** Notice of Preliminary Results of Antidumping Duty Administrative Review.

**SUMMARY:** In response to requests from Ust-Kamenogorsk Titanium and Magnesium Plant, Specialty Metals Company, and Oremet Titanium Inc., the Department of Commerce is conducting an administrative review of the antidumping finding on titanium sponge from the Republic of Kazakhstan. This notice of preliminary results covers the period August 1, 1996 through July 31, 1997. This review covers one manufacturer/exporter, Ust-Kamenogorsk Titanium and Magnesium Plant, and one trading company, Specialty Metals Company.

We have preliminarily determined that no dumping margins apply during this review period. If these preliminary results are adopted in our final results of administrative review, we will instruct the U.S. Customs Service to liquidate entries during the period of review (POR) without regard to dumping duties. Interested parties are invited to comment on these preliminary results. Parties who submit arguments in this proceeding are requested to submit with the argument: (1) a statement of the issue; and (2) a brief summary of the argument.

**EFFECTIVE DATE:** September 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** Wendy Frankel or Mark Manning, Office of AD/CVD Enforcement, Office 4, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, N.W., Washington, D.C. 20230; telephone (202) 482–5849 and 482–3936, respectively.

**SUPPLEMENTARY INFORMATION:**

### The Applicable Statute

Unless otherwise indicated, all citations to the Tariff Act of 1930, as amended (the Act), are references to the provisions effective January 1, 1995, the effective date of the amendments made to the Act by the Uruguay Round Agreements Act. In addition, unless otherwise indicated, all citations to the Department of Commerce's regulations refer to the regulations codified at 19 CFR part 351, 62 FR 27296 (May 19, 1997).

### Background

The Department of Commerce (the Department) published an antidumping finding on titanium sponge from the Union of Soviet Socialist Republics (U.S.S.R.) on August 28, 1968 (33 FR 12138). In December 1991, the U.S.S.R. divided into fifteen independent states. To conform to these changes, the Department changed the original antidumping finding into fifteen findings applicable to each of the former republics of the U.S.S.R. (57 FR 36070, August 12, 1992).

On August 29, 1997, Ust-Kamenogorsk Titanium and Magnesium Plant (UKTMP), Specialty Metals Company (SMC), and Oremet Titanium Inc. (Oremet) requested that the Department conduct an administrative review of the antidumping finding on titanium sponge from the Republic of Kazakhstan (Kazakhstan) for one manufacturer/exporter, UKTMP, and one trading company, SMC, covering the period August 1, 1996 through July 31, 1997. The Department published a notice of initiation of the review on September 25, 1997 (62 FR 50292). Due to the complexity of the legal and methodological issues presented by this review, the Department postponed the date of the preliminary results of review by sixty days on February 10, 1998 (63 FR 6721). The Department published a second sixty day postponement of the preliminary results of review on April 16, 1998 (63 FR 18885). The Department is conducting this administrative review in accordance with section 751 of the Act.

On August 13, 1998, the International Trade Commission (ITC) published in the **Federal Register** its determination that revocation of the findings covering titanium sponge imports from Kazakhstan, the Russian Federation (Russia), and Ukraine and the antidumping duty order covering imports of titanium sponge from Japan is not likely to lead to continuation or recurrence of material injury to an industry in the United States. Due to this determination the Department has revoked the findings covering titanium sponge imports from Kazakhstan, Russia, and Ukraine and the antidumping duty order covering titanium sponge imports from Japan. This revocation is effective as of August 13, 1998, the date of publication in the **Federal Register** of the ITC's determinations. *See Notice of Revocation of Antidumping Findings and Antidumping Duty Order and Termination of Five-Tear ("Sunset") Reviews: Titanium Sponge from Kazakhstan, Russia, Ukraine, and Japan,* (63 FR 46215, August 31, 1998).

### Scope of the Review

The product covered by this administrative review is titanium sponge from Kazakhstan. Titanium sponge is chiefly used for aerospace vehicles, specifically, in construction of compressor blades and wheels, stator blades, rotors, and other parts in aircraft gas turbine engines. Imports of titanium sponge are currently classifiable under the harmonized tariff schedule (HTS) subheading 8108.10.50.10. The HTS subheading is provided for convenience and U.S. Customs purposes. Our written description of the scope of this proceeding is dispositive.

### United States Price (USP)

*UKTMP and SMC*

SMC is located in a market-economy country. Since SMC owns 65 percent of UKTMP and manages the operations of UKTMP under a long-term management contract, we are considering both companies to constitute one entity and are calculating one rate that will apply to both SMC and UKTMP.

In calculating the USP for SMC, we used export price, as defined in section 772(a) of the Act. For date of sale, we used the sales invoice date because this is the date when the price and quantity are set. We excluded those sales made to the United States which the respondents identified as having entered the United States under temporary importation bond (TIB). At this time, because merchandise entered under a TIB is not entered for consumption, such merchandise is not subject to the antidumping finding. *See Titanium Metals Corp.* v. *The United States,* 901 F. Supp 362 (CIT 1995). Respondents provided information regarding TIB entries, and we are currently confirming this information through Customs and National Census Bureau data.

We calculated export price based on the price to unaffiliated purchasers in the United States. We made deductions, where appropriate, for ocean freight, insurance, brokerage and handling, and inland freight. SMC did not claim any other adjustments to USP, nor were any other adjustments allowed.

### Surrogate Country Selection

Section 773(c)(1) of the Act provides that the Department shall determine normal value on the basis of the value

of the factors of production if (1) the subject merchandise is exported from a non-market economy (NME) country, and (2) the available information does not permit the calculation of normal value under section 773(a) of the Act. Section 771(18)(C) of the Act states that "any determination that a foreign country is a nonmarket economy country shall remain in effect until revoked by the administering authority." Because NME status has not been revoked for Kazakhstan in any previous proceedings, we are considering Kazakhstan to be a NME country for purposes of this review. Therefore, because UKTMP is located in Kazakhstan, we have applied surrogate values to the factors of production to determine normal value.

We calculated normal value based on factors of production provided by UKTMP, in accordance with section 773(c)(1) of the Act and section 351.408 of the Department's regulations. We determined that Indonesia is comparable to Kazakhstan in terms of per capita gross national product (GNP), the growth rate in per capita GNP, and the national distribution of labor. In addition, Indonesia is a significant producer of comparable merchandise. Therefore, in accordance with section 773(c)(4) of the Act, we selected Indonesia as a comparable surrogate on the basis of the above criteria and have used publicly available information relating to Indonesia to value the various factors of production, except as indicated below. *See* the Memorandum from Jeff May, Acting Director, Office of Policy, to Holly A. Kuga, Senior Director, Office of AD/CVD Enforcement, October 20, 1997, and the Memorandum from Jeff May, Acting Director, Office of Policy, to Holly A. Kuga, Senior Director, Office of AD/CVD Enforcement, June 15, 1998.

**Normal Value**

To determine normal value, in accordance with section 773(c)(3) of the Act, we valued the factors of production as follows (for further discussion, *see* the Analysis Memorandum for the Preliminary Results of Administrative Review, dated August 31, 1998):

- Except as noted below, we valued raw materials using Indonesian import data from the Commodity Trade Statistics Section, United Nations Statistics Division, (UN import statistics) for the calendar year 1996. We adjusted certain factor values to reflect the actual purity used in the production of the subject merchandise. Since UKTMP purchased titanium slag from both market and non-market economy suppliers, consistent with the Department's practice, we valued this input with the market economy price, regardless of the supplier. The most recent Indonesian import statistics that we were able to find for chlorine and hydrochloric acid were Indonesia's 1993 import statistics, as reported in the United Nation's publication, *Commodity Trade Statistics, 1993.* Since the UN statistics are reported in U.S. dollars, we did not adjust for the effects of inflation. We were unable to find information from Indonesia or from any of the other potential surrogate countries in order to value carnallite and spent electrolyte. For carnallite, we used the Indian price for dolomite, a commodity similar to carnallite, that was reported in the antidumping duty investigation of magnesium from Russia (*see Notice of Final Determination of Sales at Less Than Fair Value: Pure Magnesium and Alloy Magnesium From the Russian Federation* 60 FR 16440, 16449 (March 30, 1995)) (*Magnesium From Russia*) and used to value carnallite concentrate in *Titanium Sponge From the Russian Federation; Notice of Final Results of Antidumping Duty Administrative Review* 62 FR 48601 (September 16, 1997) (also *see Titanium Sponge From the Russian Federation; Preliminary Results of Antidumping Duty Administrative Review* 62 FR 25920, 25922, (May 12, 1997). In order to value spent electrolyte, we used the surrogate value for potassium chloride because spent electrolyte is 75 percent potassium chloride.
- Pursuant to section 351.408(c)(3) of the Department's regulations, we valued direct labor by using the regression-based wage rate for Kazakhstan as posted on the Import Administration Internet web site.
- For electricity, we used the "extra large industry user" rate from Indonesia's electricity tariff schedule that UKTMP would have received had it been an electricity consumer in Indonesia during the period of review (POR). This decision was based on finding that UKTMP's level of electricity usage during the POR was similar to the profile of "large industrial user" in *Magnesium From Russia* (page 16446). To confirm that UKTMP would have received this rate, we divided the average number of kilowatt hours used during each month of the POR by the number of hours in a month, which demonstrated that UKTMP's kilowatt use was higher than the minimum necessary to receive the "extra large industrial user" rate in effect in Indonesia. Since the Indonesia rate was for 1994, and expressed in rupiahs, we adjusted this rate in order to account for the effects of inflation.
- We were unable to obtain recent publicly available information for Indonesian truck and railway rates. Therefore, we used the truck and railway rates as reported by the U.S. Embassy in Jakarta, Indonesia and transmitted to the Department in September 1991 via cable (Jakarta 12078). This information was obtained for the antidumping duty investigation of *Certain Butt-Weld Pipe Fittings from the PRC.* Since these 1991 rates were reported in rupiahs per metric ton per kilometer, we inflated them to take into account the effects of inflation.
- In regard to packing materials, we used the 1996 UN import statistics from Indonesia that were provided by the petitioner for polyethylene film and argon. We valued sheet steel by using Indonesia's 1994 import statistics, as reported in the United Nation's publication, *Commodity Trade Statistics, 1994.* Since the UN data is reported in U.S. dollars, we did not adjust for the effects of inflation. We valued labor used in packing with the above-referenced regression-based labor rate for Kazakhstan.
- For factory overhead, selling, general and administrative (SG&A) expense, and profit, we used information from the calendar 1996 income statement of a Philippine producer of various aluminum products. The Philippines, although not the primary surrogate country in this review, is one of the countries that the Department has identified as a comparable market economy country and a potential surrogate for Kazakhstan.
- *Currency Conversion*

We made currency conversions in accordance with section 773A(a) of the Act, based on rates certified by the Federal Reserve Bank and Dow Jones Business Information Services.

**Preliminary Results**

As a result of this review, we preliminarily determine that the following weighted-average dumping margins exist:

| Manufacturer/exporter | Period | Margin (percent) |
|---|---|---|
| Specialty Metals Company/Ust-Kamenogorsk Titanium and Magnesium Plant (one entity) | 8/1/96–7/31/97 | 0.00 |
| Kazakhstan-wide rate | 8/1/96—7/31/97 | 83.96 |

Parties to this proceeding may request disclosure of our preliminary results of review within five days of publication of this notice and any interested party may request a hearing within 30 days of publication. Any hearing, if requested, will be held 44 days after the date of publication, or the first working day thereafter. Interested parties may submit case briefs and/or written comments no later than 30 days after the date of publication. Rebuttal briefs and rebuttals to written comments, limited to issues raised in such briefs or comments, may be filed no later than 35 days after the date of publication. The Department will publish a notice of the final results of the administrative review, which will include the results of its analysis of issues raised in any such written comments or at the hearing, within 120 days from the publication of the preliminary results.

The final results of this review shall be the basis for the assessment of antidumping duties on entries of merchandise covered by the determination. The Department shall determine, and Customs shall assess, antidumping duties on all appropriate entries. Individual differences between export price and normal value may vary from the percentages stated above. The Department will issue appraisement instructions directly to Customs.

This notice serves as a preliminary reminder to importers of their responsibility under section 351.402(f) of the Department's regulations to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of double antidumping duties.

This administrative review and notice are in accordance with section 751(a)(1) of the Act (19 U.S.C. 1675(a)(1)). This notice is published in accordance with section 777(i) of the Act.

Dated: August 31, 1998.

**Joseph A. Spetrini,**

*Acting Assistant Secretary for Import Administration.*

[FR Doc. 98–24071 Filed 9–4–98; 8:45 am]

BILLING CODE 3510–DS–P

## DEPARTMENT OF COMMERCE

### Minority Business Development Agency

[Docket No. 980901228–8228–01]

RIN: 0640–ZA04

### Solicitation of Applications for the Minority Business Opportunity Committee (MBOC) Program

**AGENCY:** Minority Business Development Agency, Commerce.

**ACTION:** Notice.

**SUMMARY:** In accordance with Executive Order 11625 and 15 U.S.C. 1512, the Minority Business Development Agency (MBDA) is soliciting competitive applications from organizations seeking to operate Minority Business Opportunity Committees (MBOCs). All information required to submit a cooperative agreement application by eligible applicants is contained in this announcement and in the Competitive Application Package (CAP).

The MBDA provides business development services to minority entrepreneurs through different types of programs. Each program is designed to focus on the unique business problems of a specific market. MBDA's programs from a national business delivery network that addresses needs of minority entrepreneurs throughout the United States. The MBOC program is designed to provide minority business owners with enhanced access to the marketplace by identifying marketing and sales opportunities, financing resources, potential joint venture partners, and otherwise assisting minority firms to position themselves for long-term growth. State or local government entities, American Indian Tribes, colleges, universities, and/or non-profit organizations are eligible to operate MBOCs. For-profit organizations are not eligible to operate MBOCs.

**DATES:** Complete applications for the MBOC program must be: (1) Mailed (USPS postmark) by October 8, 1998 to the address below; or (2) received by MBDA at the address below no later than 5 p.m. Eastern Daylight Time. Applications postmarked later than the closing date or received after the closing date will not be considered. Anticipated time for processing of applications is 90 days. MBDA anticipates that awards will be made with start dates of January 1, 1999.

**ADDRESSES:** Applicants must submit one signed original plus two (2) copies of the application, including all information required by the CAP. Completed application packages must be submitted to: Minority Business Opportunity Committee Program Manager, Office of Executive Secretariat, HCHB, Room 5073, Minority Business Development Agency, U.S. Department of Commerce, 1401 Constitution Avenue, NW, Washington, DC 20230.

If the application is hand-delivered by the applicant or its representative, it must be delivered to Room 1874, which is located at Entrance #10, 15th Street, NW, between Pennsylvania and Constitution Avenues. Unsigned applications will be considered non-responsive and will be returned to the applicant. Failure to submit other required information may result in points being deducted from an applicant's score.

**FOR FURTHER INFORMATION CONTACT:** For further information and a Competitive Application Package contact Stephen Boykin, the MBOC Program Manager, at (202) 482–1712.

**SUPPLEMENTARY INFORMATION:**

**Authority:** Exeuctive Order 11625 and 15 U.S.C. 1512.

*Catalogue of Federal Domestic Assistance (CFDA):* 11.803, Minority Business Opportunity Committees.

*Program Description:* The MBDA has established the MBOC Program as a vehicle for providing timely market leads, access to resources, and current business information to minority businesses seeking to market effectively their products and services within the local economy. In accomplishing this purpose, MBOCs help to bring regional coordination and synergy to the minority business development efforts taking place within an applicant-defined geographical service area.

MBOCs are comprised of local or regional governments, business and industry leaders, as well as representatives of organizations that conduct substantial purchasing within the regional economy. These organizations may include large corporations located or having regional headquarters within the region, government agencies at the Federal, State, and local levels, banking and

financial institutions, chambers of commerce, community development organizations, training organizations, trade associations, economic development groups, quasi-public entities such as transit authorities, ports, stadium authorities, and public utilities, and non-profit entities such as hospitals, colleges, and universities. Industries represented on the MBOC should include, where appropriate, transportation, construction, travel and tourism, high technology, health care, telecommunications, manufacturing, retailing, and any other sector of the local economy which generates, or has the potential to generate, sales, and business ownership opportunities for minority entrepreneurs. The participation on the MBOC of a broad cross-section of government and industry executives helps to ensure that minority businesses have access to a breadth of information concerning available market opportunities. The purpose of the MBOC Program is to promote the full inclusion of the minority business sector in the overall economy.

Applicants should first include a description in their proposals showing how they intend to establish a detailed organizational and functional framework for the management and operation of the MBOC. The applicant must demonstrate how the operational structure of the MBOC will function and be financed. For example, the applicant should indicate how a program will be developed to recruit members from Federal, state, local and private sector organizations, and how the applicant intends to operate the MBOC in terms of meetings and the establishment of subcommittees or task forces. In addition, the selection of key personnel, such as a chairperson and executive director to manage the MBOC on a day-to-day basis, is important. The applicant may also indicate how it intends to encourage member organizations to enter into goals for the utilization of minority business enterprises and to track performance in meeting those goals.

In designing its MBOC proposal, the applicant must note that there are six core areas in which activities must be conducted. MBOC encourages applicants to submit proposals that are "tailored" to their defined markets, and that display the imagination and innovation of the applicant in carrying out activities in the core areas to obtain the maximum business development impact for minority firms. While examples of activities that might be conducted under each of the core areas are mentioned, applicants are encouraged to submit innovative proposals setting forth the activities which the applicant plans to conduct under the core areas.

(1) Access to Markets—MBOCs should promote relationship-building and the sharing of information between organizations in the applicant-defined geographical service area which conduct substantial purchasing activity, and minority businesses that provide the products or services sought by these organizations. MBOCs must make full use of the Agency's Phoenix and Opportunity databases (OMB No. 0640–002) by requiring participating businesses to enter the requisite information into the systems. The MBOCs will serve as a clearinghouse both for minority companies seeking timely market leads for available contract opportunities, and for mainstream institutions seeking to identify particular categories of minority suppliers. Activities in this core area may include facilitating contract awards to minority businesses by collecting and disseminating information to the minority business community concerning available market opportunities, and engaging in matchmaking between corporate and governmental purchasers and minority-owned suppliers.

(2) Access to Capital—MBOCs should work to create an environment within the finance and investment community that fairly values the business assets of minority-owned companies. Whether these assets are in the form of property, plants or equipment located in minority communities, a workforce which consists largely of minority employees, or the character and credit-worthiness of an individual minority business owner, the MBOC should help to ensure that the capital markets evaluate these assets objectively, and provide minority companies with access to capital on a nondiscriminatory basis. In addition to helping to ensure the availability of debt financing sources such as commercial banks and government-sponsored loan and/or loan guaranty programs, MBOC activities should include assisting in the identification of sources of equity capital for minority firms, such as venture capital funds, institutional investors (insurance companies, pension funds, etc.), and high net-worth individuals.

(3) Sustained Advocacy on Behalf of the Minority Business Sector—MBOCs should play a clear and highly visible role in articulating the benefits to the economic region which are derived from the full participation of the minority business sector. MBOC leadership, including government officials, private executives, and other designated representatives of the MBOC should conduct media outreach, disseminate economic data, and otherwise advocate for inclusion of minority businesses in the region's economic mainstream, including exporting. Activities in this area may include the establishment of a newsletter, conducting workshops, holding receptions, making media appearances, participating in Minority Enterprise Development Week activities, and ensuring that achievements of the MBOC are communicated regularly to the corporate community, elected officials, and trade and industry groups. MBOCs should sponsor workshops and seminars on topics that promote utilization of minority-owned companies within the regional economy. Such activities may be directed at minority businesses, for example, arranging and promoting workshops on marketing to corporate and institutional clients, or may be directed at the mainstream business community, such as workshops on structuring diversity programs for procurements, or both. Workshops, conferences, and seminars should be designed by the MBOC leadership based on those topics which best address the needs and opportunities present within that MBOC's particular service area. For instance, an MBOC might participate in or develop educational activities to promote export opportunities for minority businesses. In addition to being a consistant vehicle for the promotion to the mainstream business community of the economic benefits of a healthy minority business sector, the MBOC should develop recommendations for changing procurement, banking, or other practices which may impede the growth of minority firms.

(4) Business Ownership Opportunities—Lack of succession, corporate divestitures, and other fortuitous circumstances often create opportunities for entrepreneurs to acquire companies as going concerns. Key to identifying such opportunities is establishing relationships with corporate decisionmakers, banking executives, suppliers and others having first-hand knowledge of such companies' conditions. The MBOC should serve as a vehicle for bringing members of the minority and non-minority business communities together through the following activities: networking, subcommittee assignments, and other activities designed to promote the sharing of information. In addition, the MBOC should assist minority executives and managers within the

corporate sector who have an interest in leveraging their current expertise through business acquisitions.

(5) Youth Entrepreneurship—In light of the continuing low formation rate of minority business, MBOCs should direct some of their activities to promoting youth entrepreneurship. MBOCs should, wherever possible, sponsor activities designed to cultivate the entrepreneurial spirit in minority youth between the ages of 14 and 18, and to make them view business ownership as something realistically attainable.

(6) Resource Development—The MBOC should maintain a constant inventory of the various resource providers within the project's service area that offer services that can assist minority companies. Such resource providers may include banks and other financial institutions, bonding companies, business consultants, chambers of commerce and other networking groups, trade associations active in all viable local industries, state, local and private technical assistance providers, etc.

In accordance with OMB Circular A–110 and 15 CFR part 24, selected recipients must manage and monitor functions and activities supported by the financial award. Recipients will be required to use program performance measures in quarterly reports and to provide an end-of-year assessment of the accomplishments of the project using these measures. Criteria to measure MBOC program performance must include, but are not limited to, the following:

1. The establishment of the MBOC and holding regularly scheduled meetings;

2. The number of contracting opportunities disseminated;

3. The generating of actual procurement opportunities;

4. The number of procurement matches effected through the Phoenix-Opportunity databases;

5. The identifying of sources of financing, both debt and equity, for capital development;

6. The identifying of business acquisition opportunities;

7. The collecting and analyzing of data on MBOC members and participants to allow tracking of minority business activities;

8. The sponsoring or participating in events, workshops, conferences, and seminars, either directly or in partnership with other public and/or private sector organizations to promote minority business;

9. The promoting of youth entrepreneurship through a series of events, conferences or workshops;

10. The providing to minority businesses of information on the resources available to assist them.

Applicants should be mindful of these performance measures and should use them when estimating projected project results in their proposals. Applicants are also encouraged to develop and utilize additional performance measures they find meaningful to demonstrate the success of innovative techniques and methodologies. Finally, applicants must include a detailed workplan that delineates a schedule of proposed activities and milestones for implementing the tasks indicated above within the award.

*Funding Availability:* MBDA anticipates that approximately $2.5 million will be available in FY 1999 for Federal assistance under this program. Applicants are hereby given notice that funds have not yet been appropriated for this program. In no event will MBDA or the Department of Commerce be responsible for proposal preparation costs if this program fails to receive funding or is canceled because of other agency priorities.

Financial assistance awards under this program may range from $1000,000 to $250,000 in Federal funding per year based upon the size of the market and its need for MBDA resources as evidenced by applicant proposals. An applicant may request up to $750,000 in total Federal support over a period of three years. Applicants must submit project plans and budgets for three years. The annual awards must have Scopes of Work that are clearly severable and can be easily separated in annual increments of meaningful work which represent solid accomplishments if prospective funding is not made available to the Applicant. Projects will be funded for no more than one year at a time. Funding for subsequent years will be at the sole discretion of the Department of Commerce (DoC) and will depend on satisfactory performance by the recipient and the availability of funds to support the continuation of the project.

*Matching Requirements:* Cost sharing of at least 30% is required. Additional cost sharing is encouraged. Cost sharing may be in the form of cash, third party in-kind contributions, non-cash applicant contributions or combinations thereof. There share may also be contributed by local, state, and private sector organizations. Some applicants may want to apply jointly for an award to operate an MBOC.

*Type of Funding Instrument:* Financial assistance awards in the form of cooperative agreements will be used to fund this program. MBDA's substantial involvements with recipients will include performing the following duties to further the MBOC's objectives:

1. Post-Award Conferences

MBDA will conduct post-award conferences for all new MBOC awards in order that each MBOC have a clear understanding of the program and its objectives. The Agency will:

• Provide an MBDA Director to the MBOC.

• Orient MBOC staff.

• Provide and explain program reporting requirements and procedures.

• Identify available resources that may enhance the capabilities of the MBOC.

• Provide detailed information about MBDA's Phoenix-Opportunity databases.

2. Networking, Promoting and Information Exchanges

MBDA will provide the following:

• Access to the Phoenix-Opportunity databases.

• Promote the exchange of new business opportunity information within the MBDA-funded system.

• Help promote special events at the local, state and national levels in celebration of Minority Enterprise Development Week.

3. Project Management

• Monitor the performance of the MBOC. This will include an onsite review, when deemed necessary and appropriate by the Regional Office, to verify MBOC performance. MBDA will then provide a report of the findings and recommendations for improvement, if appropriate.

• Approve qualifications of key MBOC staff.

*Eligibility Criteria:* State or local government entities, American Indian Tribes, colleges, universities, and/or non-profit organizations are eligible to operate MBOCs. Experience has demonstrated that public and quasi-public entities such as these are best positioned within the local market to coordinate the voluntary participation of corporate and government officials which is so critical to an MBOC's success. For-profit organizations are not eligible to operate MBOCs.

*Award Period:* The total project award period is three (3) years. Funding will be provided annually at the discretion of MBDA and the Department of Commerce, and will depend upon satisfactory performance by the recipient and availability of funds to continue the project. Project proposals accepted for funding will not compete for funding in subsequent budget periods within the approved project award period. Publication of this notice

does not obligate the Department of Commerce or MBDA to award any specific cooperative agreement or to obligate all or any part of available funds.

*Indirect Costs:* The total dollar amount of the indirect costs proposed in an application under this program must not exceed the indirect cost rate negotiated and approved by a cognizant Federal agency prior to the proposed effective date of the award or 100 percent of the total proposed direct costs dollar amount in the application, whichever is less.

*Application Forms and Package:* Standard Forms 424, Application for Federal Assistance; 424A, Budget Information—Non-Construction Programs; and 424B, Assurances—Non-Construction Programs, (Rev. 4–92); and other Department of Commerce forms shall be used in applying for financial assistance. These forms may be obtained by contacting MBDA as described in the "CONTACT" section above. Applicants and recipients are subject to all requirements of the CAP.

*Project Funding Priorities:* MBDA is especially interested in receiving innovative proposals that focus on the following: (1) Identifying and working to eliminate barriers which reduce the access of minority businesses to markets and capital; (2) identifying and working to meet the special needs of minority businesses at they seek to enter the export marketing community; (3) promoting the understanding and use of Electronic Commerce by minority businesses.

*Evaluation Criteria:* Proposals will be evaluated based on the following criteria:

(1) Applicant Capability (25%). Considers, among other things, knowledge of economic region, i.e., minority business demographics and an assessment of the community's need, prior experience in the minority business community, and relationships (ties) with organizations from which members of the MBOC will be recruited. Includes an assessment of the number, qualifications, experience, and proposed roles of staff who will administer the MBOC program. Qualifications of the chairperson and executive officer of the MBOC are particularly important. Position descriptions should be included as part of the application.

(2) Techniques and Methodologies (40%). Includes the applicant's plan on how to carry out the MBOC work requirements relating to activities in the six core areas, the establishment and operation of the MBOC itself, and the applicant's proposed strategies for overcoming traditional barriers to the success of minority businesses. The applicant must provide a detailed discussion relating its plan to the particular resources and business capabilities of its service area. Applicants and recipients are subject to all requirements in the CAP.

(3) Creativity and Innovation (15%). Can include unique or novel approaches to solving the problems of minority businesses, the manner in which activities are customized to meet the special economic needs of the MBOC's service area, and creativity in the way the applicant proposes to bring together the diverse components which are necessary for the success of the MBOC.

(4) Proposed Budget/Cost (20%). Includes the reasonableness, allowability, and allocability of costs. Cost sharing proposed by the applicant is also important, particularly if the applicant proposes cost sharing in excess of 30%.

An application must receive at least a 70% average score of all four criteria to be considered programmatically acceptable and responsive.

*Selection Procedures:* Each application will receive an independent, objective review by a panel qualified to evaluate the applications submitted. The independent review panel, consisting of at least three individuals, will review all applications based on the criteria above. The independent review panel will evaluate and rank the proposals. The Director of MBDA makes the final recommendations to the Department of Commerce Grants Officer regarding the funding of applications, taking into account the following selection criteria:

(1) The evaluations and rankings of the independent review panel;

(2) The degree to which applications address MBDA priorities as established under the project funding priorities listed above;

(3) The availability of funding;

(4) The national geographic distribution of the proposed awards. MBDA anticipates placing at least two MBOCs in each of the Agency's five Regions; and

(5) The mixture of large and small economic regions/markets/cities.

The amount of funds awarded to each recipient, the scope of programmatic activities, and clarifications and/or correction of errors will be determined and/or conducted in preaward negotiations between the applicant, the Grants Officer, and the MBDA Program Officer.

*Other Requirements*

(1) *Purchase of American-Made Equipment and Products:* Applicants are hereby notified that they are encouraged, to the greatest extent practicable, to purchase American-made equipment and products with funding provided under this program.

(2) *Paperwork Reduction Act:* This notice involves collections of information subject to the Paperwork Reduction Act, which have been approved by OMB under OMB control numbers 0348–0043, 0348–0044, 0348–0040, and 0348–0046. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB control number.

(3) *Federal Policies and Procedures*—Recipients and subrecipients are subject to all Federal laws and Federal and DoC policies, regulations, and procedures applicable to Federal financial assistance awards.

(4) *Past Performance*—Unsatisfactory performance under prior Federal awards may result in an application not being considered for funding.

(5) *Preaward Activities*—If applicants incur any costs prior to an award being made, they do so solely at their own risk of not being reimbursed by the Government. Notwithstanding any verbal or written assurance that may have been received, there is no obligation on the part of DoC to cover preaward costs.

(6) *No Obligation for Future Funding*—If an application is selected for funding, DoC has no obligation to provide any additional future funding in connection with that award. Renewal of an award to increase funding or extend the period of performance is at the total discretion of DoC.

(7) *Delinquent Federal Debts*—No award of Federal funds shall be made to an applicant who has an outstanding delinquent Federal debt until either:

i. The delinquent account is paid in full,

ii. A negotiated repayment schedule is established and at least one payment is received, or

iii. Other arrangements satisfactory to DoC are made.

(8) *Name Check Review.* All non-profit and for-profit applicants are subject to a name check review process. Name checks are intended to reveal if any key individuals associated with the applicant have been convicted of or are presently facing criminal charges such as fraud, theft, perjury, or other matters which significantly reflect on the applicant's management honesty or financial integrity.

(9) *Primary Applicant Certifications.* All primary applicants must submit a completed Form CD–511, "Certifications Regarding Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements and Lobbying," and the following explanations are hereby provided:

i. *Nonprocurement Debarment and Suspension.* Prospective participants (as defined at 15 CFR part 26, Section 105) are subject to 15 CFR part 26, "Nonprocurement Debarment and Suspension" and the related section of the certification form prescribed above applies;

ii. *Drug-Free Workplace.* Grantees (as defined at 15 CFR part 26, Section 605) are subject to 15 CFR part 26, subpart F, "Governmentwide Requirements for Drug-Free Workplace (Grants)" and the related section of the certification form prescribed above applies;

iii. *Anti-Lobbying.* Persons (as defined at 15 CFR part 28, Section 105) are subject to the lobbying provisions of 31 U.S.C. 1352, "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," and the lobbying section of the certification form prescribed above applies to applications/bids for grants, cooperative agreements, and contracts for more than $100,000, and loans and loan guarantees for more than $150,000, or the single family maximum mortgage limit for affected programs, whichever is greater; and

iv. *Anti-Lobbying Disclosures.* Any applicant that has paid or will pay for lobbying using any funds must submit an SF–LLL, "Disclosure of Lobbying Activities," as required under 15 CFR part 28, appendix B.

(10) *Lower Tier Certifications.* Recipients shall require applicants/bidders for subgrants, contracts, subcontracts, or other lower tier covered transactions at any tier under the award to submit, if applicable, a complete Form CD–512, "Certifications Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions and Lobbying" and disclosure form, SF–LLL, "Disclosure of Lobbying Activities." Form CD–512 is intended for the use of recipients and should not be transmitted to DoC. SF–LLL submitted by any tier recipient or subrecipient should be submitted to DoC in accordance with the instructions contained in the award document.

(11) *False Statements.* A false statement on an application is grounds for denial or termination of funds and grounds for possible punishment by a fine or imprisonment as provided in 18 U.S.C. 1001.

(12) *Intergovernmental Review.* Applications under this program are not subject to Executive Order 12372, "Intergovernmental Review of Federal Programs."

(13) *Executive Order 12866.* It has been determined that this notice is not significant for purposes of Executive Order 12866.

Dated: September 2, 1998.

**Courtland Cox,**

*Director, Minority Business Development Agency.*

[FR Doc. 98–24030 Filed 9–4–98; 8:45 am]

BILLING CODE 3510–21–M

---

## DEPARTMENT OF COMMERCE

### National Telecommunications and Information Administration (NTIA)

### Advisory Committee on Public Interest Obligations of Digital Television Broadcasters; Notice of Location of September Meeting

**ACTION:** Notice of location for the September 9 meeting.

**REFERENCE:** This notice updates the notice of postponement published in the **Federal Register** on August 6, 1998. Citation: 63 FR 42010.

**SUMMARY:** The President established the Advisory Committee on Public Interest Obligations of Digital Television Broadcasters (PIAC) to advise the Vice President on the public interest obligations of digital broadcasters. The Committee will study and recommend which public interest obligations should accompany broadcasters' receipt of digital television licenses. The President designated the National Telecommunications and Information Administration as secretariat for the Committee.

**AUTHORITY:** Executive Order 13038, signed by President Clinton on March 11, 1997.

**DATES:** The meeting will be held on Wednesday, September 9 from 8:30 a.m. to 5:30 p.m.

**ADDRESSES:** The meeting is scheduled to take place in the Farragut Room of the Admiralty Ballroom of the Hilton Crystal City Hotel at 2399 Jefferson Davis Highway, Arlington, VA 22202. The nearest Metro stop is Crystal City on the blue and yellow lines. Parking at hourly rates is available at the hotel. For further directions, please call the Hilton at 703–418–6800.

**FOR FURTHER INFORMATION CONTACT:** Karen Edwards, Designated Federal Officer and Telecommunications Policy Specialist, at the National Telecommunications and Information Administration, U.S. Department of Commerce, Room 4720, 14th Street and Constitution Avenue, N.W., Washington, DC 20230. Telephone: 202–482–8056; Fax: 202–482–8058; E-mail: piac@ntia.doc.gov.

*Media Inquiries:* Please contact Karen Kirchgasser of NTIA's Office of Public Affairs at 202–482–7002.

#### AGENDA

Opening remarks
Committee deliberations
Public comment
Closing remarks

This agenda is subject to change. For an updated, more detailed agenda, please check the Advisory Committee homepage at www.ntia.doc.gov/pubintadvcom/pubint.htm.

#### Public Participation

The meeting will be open to the public, with limited seating available on a first-come, first-served basis. This meeting is physically accessible to people with disabilities. Any member of the public requiring special services, such as sign language interpretation or other ancillary aids, should contact Karen Edwards immediately at 202–482–8056 or at piac@ntia.doc.gov.

Members of the public may submit written comments concerning the Committee's affairs at any time before or after the meeting. The Secretariat's guidelines for public comment are described below and are available on the Advisory Committee homepage (www.ntia.doc.gov/pubintadvcom/pubint.htm) or by calling 202–482–8056.

#### Guidelines for Public Comment

The Advisory Committee on Public Interest Obligations of Digital Television Broadcasters welcomes public comments.

*Oral Comment:* In general, opportunities for oral comment will usually be limited to no more than five (5) minutes per speaker and no more than thirty (30) minutes total at each meeting.

*Written Comment:* Written comments must be submitted to the Advisory Committee Secretariat at the address listed below. Comments can be submitted either by letter addressed to the Committee (please place "Public Comment" on the bottom left of the envelope and submit at least thirty-five (35) copies) or by electronic mail to piac@ntia.doc.gov (please use "Public Comment" as the subject line). Written comments received within three (3)

workings days of a meeting and comments received shortly after a meeting will be compiled and sent as briefing material to Committee members prior to the next scheduled meeting.

**Obtaining Meeting Minutes**

Within thirty (30) days following the meeting, copies of the minutes of the meeting may be obtained over the Internet at www.ntia.doc.gov/pubintadvcom/pubint.htm, by phone request at 202–482–8056, by email request at piac@ntia.doc.gov or by written request to Karen Edwards; Advisory Committee on Public Interest Obligations of Digital Television Broadcasters; National Telecommunications and Information Administration; U.S. Department of Commerce, Room 4720; 14th Street and Constitution Avenue N.W., Washington, DC 20230.

**Larry Irving,**

*Assistant Secretary for Communications and Information.*

[FR Doc. 98–24123 Filed 9–4–98; 8:45 am]

BILLING CODE 3510–60–P

## DEPARTMENT OF DEFENSE

### Office of the Secretary

### Submission for OMB Review; Comment Request

**ACTION:** Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*Title, Associated Form, and OMB Number:* Nomination for Appointment to the United States Military Academy, Naval Academy, and Air Force Academy; DD Form 1870; OMB Number 0701–0026.

*Type of Request:* Reinstatement.

*Number of Respondents:* 15,425.

*Responses Per Respondent:* 1.

*Annual Responses:* 15,425.

*Average Burden Per Response:* 30 minutes.

*Annual Burden Hours:* 7,713.

*Needs and Uses:* The information collection requirement is necessary to receive nominations from all Members of Congress, the Vice President, Delegates to Congress, and the Governor and Resident Commissioner of Puerto Rico annually to each of the three service academies, as legal nominating authorities. The DD Form 1870 is used solely by legal nominating authorities, who by federal law, are entitled to make appointments to the United States Military Academy, Naval Academy, and Air Force Academy. The nomination form allows for legal nominating authorities to select by checking one box as to which academy is being provided with the name of a nominee. The form provides the required information in order for a nomination to be processed.

*Affected Public:* Individuals or households.

*Frequency:* On occasion.

*Respondent's Obligation:* Required to obtain or retain benefits.

*OMB Desk Officer:* Mr. Edward C. Springer.

Written comments and recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

*DoD Clearance Officer:* Mr. Robert Cushing.

Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202–4302.

Dated: September 2, 1998.

**Patricia L. Toppings,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 98–24077 Filed 9–4–98; 8:45 am]

BILLING CODE 5000–04–M

## DEPARTMENT OF DEFENSE

### Office of the Secretary

### Submission for OMB Review; Comment Request

**ACTION:** Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*Title, Associated Form, and OMB Number:* Lock Performance Monitoring System (PMS) Waterway Traffic Report; ENG Forms 3102C and 3102D; OMB Number 0710–0008.

*Type of Request:* Reinstatement.

*Number of Respondents:* 3,000.

*Responses Per Respondent:* 232 (average).

*Annual Responses:* 695,304.

*Average Burden Per Response:* 2.5 minutes.

*Annual Burden Hours:* 28,507.

*Needs and Uses:* The U.S. Army Corps of Engineers utilizes the data collected to monitor and analyze the use and operation of federally owned and operated locks. Owners, agents, and masters of vessels provide general data about vessels and estimated tonnage and commodities carried. The information is used for sizing and scheduling replacement or maintenance for locks and canals. The data are used primarily by the Corps of Engineers in conducting a system-wide approach to planning and management of the waterway. The Headquarters, Division, and District Offices use the information specifically to assist in making determinations on: adequate staffing for operations and maintenance of the navigation locks and dams; to justify the hours of locks operations; to provide a basis to justify continued funding as set out in the President's Operation and Maintenance; the General Budget; to schedule routine maintenance and repairs; to serve as a basis for studies and plans for improvement; for lock operating procedures; to provide data to be used in analysis for major modifications or replacements to lock and dam structures; and, to forecast the impact that delays, downtime, and proposed changes have on the diversion of waterborne commerce to other transportation modes.

*Affected Public:* Business or Other For-Profit.

*Frequency:* On occasion.

*Respondent's Obligation:* Mandatory.

*OMB Desk Officer:* Mr. James A. Laity.

Written comments and recommendations on the proposed information collection should be sent to Mr. Laity at the Office of Management and Budget, Desk Officer for U.S. Army, COE, Room 10202, New Executive Office Building, Washington, DC 20503.

*DOD Clearance Officer:* Mr. Robert Cushing.

Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202–4302.

Dated: September 1, 1998.

**Patricia L. Toppings,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 98–24079 Filed 9–4–98; 8:45 am]

BILLING CODE 5000–04–M

## DEPARTMENT OF DEFENSE

### Office of the Secretary

### Submission for OMB Review; Comment Request

**ACTION:** Notice.

The Department of Defense has submitted to OMB for clearance, the

following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*Title, Associated Form, and OMB Number:* Terminal and Transfer Facilities Descriptions; WRSC Forms 1,2,3,4,5,6,7,8,9; OMB Number 0710–0007.

*Type of Request:* Reinstatement.

*Number of Respondents:* 1,489.

*Responses Per Respondent:* 1.

*Annual Responses: 1,489.*

*Average Burden Per Response:* 15 minutes.

*Annual Burden Hours:* 372.

*Needs and Uses:* The data compiled into Port Series reports are used within the Corps of Engineers for navigation and planning functions, by the Coast Guard for marine safety inspections, by the Navy for guidance in providing safe passage in time of national emergency, by the Army for mission deployment planning, and by the public for general interest studies. Data gathered and published as one of the 56 Port Series Reports, relate to terminals, transfer facilities, storage facilities, and intermodal transportation. Respondents are the terminal and transfer facility operators.

*Affected Public:* Business or Other For-Profit; Federal Government; State, Local, or Tribal Government.

*Frequency:* Annually.

*Respondent's Obligation:* Voluntary.

*OMB Desk Officer:* Mr. James A. Laity.

Written comments and recommendations on the proposed information collection should be sent to Mr. Laity at the Office of Management and Budget, Desk Officer for U.S. Army, COE, Room 10202, New Executive Office Building, Washington, DC 20503.

*DOD Clearance Officer:* Mr. Robert Cushing.

Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202–4302.

Dated: September 2, 1998.

**Patricia L. Toppings,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 98–24080 Filed 9–4–98; 8:45 am]

BILLING CODE 5000–04–M

---

## DEPARTMENT OF DEFENSE

### Office of the Secretary

### Joint Service Committee on Military Justice; Public Meeting

**AGENCY:** Joint Service Committee on Military Justice (JSC).

**ACTION:** Notice of public meeting.

**SUMMARY:** This notice sets forth the schedule and proposed agenda for a public meeting of the JSC. This notice also describes the functions of the JSC.

**DATES & TIMES:** Thursday, October 1, 1998, at 2:00 p.m..

**ADDRESSES:** Room 808, 1501 Wilson Blvd., Arlington, VA 22209–22403.

*Function:* The JSC was established by the Judge Advocates General in 1972. The JSC currently operates under Department of Defense Directive 5500.17, May 8, 1996. The function of the JSC is to improve military justice through preparation and evaluation of proposed amendments and changes to the Uniform Code of Military Justice and the Manual for Courts-Martial.

*Agenda:* The JSC will receive public comment concerning the proposed amendments to the Manual for Courts-Martial regarding the offense of adultery as published on August 14, 1998. The JSC requests that individuals or organizations desiring to provide comment at the public meeting give notice of their planned attendance to the point of contact below by September 24, 1998.

This notice is provided in accordance with DoD Directive 5500.17, "Role and Responsibilities of the Joint Service Committee (JSC) on Military Justice," May 8, 1996. This notice is intended only to improve the internal management of the Federal Government. It is not intended to create any right or benefit, substantive or procedural, enforceable at law by any party against the United States, its agencies, its officers, or any person.

**FOR FURTHER INFORMATION CONTACT:** Lt Col Thomas C. Jaster, U.S. Air Force, Air Force Legal Services Agency, 112 Luke Avenue, Room 343, Bolling Air Force Base, Washington, DC 20332–8000, (202) 767–1539; FAX (202) 404–8755.

Dated: September 2, 1998.

**Patricia L. Toppings,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 98–24078 Filed 9–4–98; 8:45 am]

BILLING CODE 5000–04–M

---

## DEPARTMENT OF EDUCATION

### Submission for OMB Review; Comment Request

**AGENCY:** Department of Education.

**ACTION:** Submission for OMB review; comment request.

**SUMMARY:** The Acting Deputy Chief Information Officer, Office of the Chief Information Officer, invites comments on the submission for OMB review as required by the Paperwork Reduction Act of 1995.

**DATES:** Interested persons are invited to submit comments on or before October 8, 1998.

**ADDRESSES:** Written comments should be addressed to the Office of Information and Regulatory Affairs, Attention: Danny Werfel, Desk Officer, Department of Education, Office of Management and Budget, 725 17th Street, NW., Room 10235, New Executive Office Building, Washington, DC 20503. Requests for copies of the proposed information collection requests should be addressed to Patrick J. Sherrill, Department of Education, 600 Independence Avenue, S.W., Room 5624, Regional Office Building 3, Washington, D.C. 20202–4651.

**FOR FURTHER INFORMATION CONTACT:** Patrick J. Sherrill (202) 708–8196. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339 between 8 a.m. and 8 p.m., Eastern time, Monday through Friday.

**SUPPLEMENTARY INFORMATION:** Section 3506 of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) requires that the Office of Management and Budget (OMB) provide interested Federal agencies and the public an early opportunity to comment on information collection requests. OMB may amend or waive the requirement for public consultation to the extent that public participation in the approval process would defeat the purpose of the information collection, violate State or Federal law, or substantially interfere with any agency's ability to perform its statutory obligations. The Acting Deputy Chief Information Officer, Office of the Chief Information Officer, publishes this notice containing proposed information collection requests prior to submission of these requests to OMB. Each proposed information collection, grouped by office, contains the following: (1) Type of review requested, e.g., new, revision, extension, existing or reinstatement; (2) Title; (3) Summary of the collection; (4) Description of the need for, and proposed use of, the information; (5) Respondents and frequency of collection; and (6) Reporting and/or Recordkeeping burden. OMB invites public comment at the address specified above. Copies of the requests are available from Patrick J. Sherrill at the address specified above.

Dated: September 1, 1998.

**Renaldo Harper,**

*Acting Deputy Chief Information Officer, Office of the Chief Information Officer.*

**Office of Elementary and Secondary Education**

*Type of Review:* Reinstatement.

*Title:* High School Equivalency Program (HEP) and the College Assistance Migrant Program.

*Frequency:* Annually.

*Affected Public:* Not-for-profit institutions.

*Reporting and Recordkeeping Hour Burden:*

Responses: 75

Burden Hours: 1,500

*Abstract:* Institutions of Higher Education and non-profit organizations working with Institutions of Higher Education, are eligible applicants under the High School Equivalency Program and College Assistance Migrant Program. Data collected in the application provides program and budget information needed to evaluate the quality of the projects proposed for funding consideration. In addition, this application contains a possible means for allotting points, subject to the reviewer's professional judgment.

[FR Doc. 98–23988 Filed 9–4–98; 8:45 am]

BILLING CODE 4000–01–P

---

## DEPARTMENT OF ENERGY

### Secretary of Energy Advisory Board

### Notice of Open Meeting

**AGENCY:** Department of Energy.

**SUMMARY:** Consistent with the provisions of the Federal Advisory Committee Act (Pub. L. No. 92–463, 86 Stat. 770), notice is hereby given of the following advisory committee meeting:

Name: Secretary of Energy Advisory Board—Task Force on Education.

**DATE(S) AND TIME(S):** Friday, September 18, 1998, 8:30 am—12:30 pm.

**ADDRESSES:** Marriott Key Bridge Hotel, Francis Scott Key Salon B, 1401 Lee Highway, Arlington, Virginia.

**FOR FURTHER INFORMATION CONTACT:** Bruce Bornfleth, Secretary of Energy Advisory Board (AB–1), U.S. Department of Energy, 1000 Independence Avenue, SW, Washington, D.C. 20585, (202) 586–4040 or (202) 586–6279 (fax).

**SUPPLEMENTARY INFORMATION:** The purpose of the Task Force on Education is to provide information and recommendations to the Secretary of Energy Advisory Board on ways to make the Department's scientific, technical and supercomputing capabilities more available to our Nation's schools, colleges and universities, and to provide recommendations on how the Department can best enhance science, technology, engineering and mathematics education in the United States. The Task Force on Education will finalize their report for submission to the Secretary of Energy Advisory Board.

**Tentative Agenda**

*Friday, September 18, 1998*

8:30—8:45 AM Welcome and Opening Remarks—Dr. Hanna Gray, Task Force Chair

8:45—10:30 AM Working Session: Final Report of the Task Force on Education

10:30—10:45 AM Break

10:45—11:30 AM Working Session: Final Report of the Task Force on Education

11:30—12:00 PM Public Comment Period

12:00—12:30 PM Closing Remarks—Dr. Hanna Gray

This agenda is subject to change. The final agenda will be available at the meeting.

**Public Participation**

The Chair of the Task Force is empowered to conduct the meeting in a fashion that will, in the Chairman's judgment, facilitate the orderly conduct of business. During its meeting in Arlington, Virginia the Task Force welcomes public comment. Members of the public will be heard in the order in which they sign up at the beginning of the meeting. The Task Force will make every effort to hear the views of all interested parties. Written comments may be submitted to Skila Harris, Executive Director, Secretary of Energy Advisory Board, AB–1, U.S. Department of Energy, 1000 Independence Avenue, SW, Washington, D.C. 20585. This notice is being published less than 15 days before the day of the meeting due to programmatic issues that needed to be resolved.

**Minutes**

Minutes and a transcript of the meeting will be available for public review and copying approximately 30 days following the meeting at the Freedom of Information Public Reading Room, 1E–190 Forrestal Building, 1000 Independence Avenue, SW, Washington, D.C., between 9:00 AM and 4:00 PM, Monday through Friday except Federal holidays. Information on the Task Force on Education and future reports may be found at the Secretary of Energy Advisory Board's web site, located at http://www.hr.doe.gov/seab.

Issued at Washington, D.C., on September 1, 1998.

**Althea T. Vanzego,**

*Acting Deputy Advisory Committee Management Officer.*

[FR Doc. 98–24021 Filed 9–4–98; 8:45 am]

BILLING CODE 6450–01–P

---

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

[Docket No. ER98–4240–000]

### Abacus Group Ltd.; Notice of Amendment to Initial Rate Filing

September 1, 1998.

Take notice that on August 24, 1998, Abacus Group, Ltd., tendered for filing an amendment to its petition for acceptance of initial rate schedule, waivers, and blanket authority, including Abacus Group, Ltd., Rate Schedule FERC No. 1, under which AGL will engage in wholesale electric power and energy transactions as a marketer.

Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions and protests should be filed on or before September 11, 1998. Protests will be considered by the Commission to determine the appropriate action to be taken, but will not serve to make protestants parties to the proceedings. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23981 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

[Docket No. CP98–741–000]

### Columbia Gas Transmission Corporation; Notice of Request Under Blanket Authorization

September 1, 1998.

Take notice that on August 24, 1998, Columbia Gas Transmission Corporation (Columbia), 12801 Fair Lakes Parkway, Fairfax, Virginia 22030–0146, Charleston, West Virginia 25314–1599, filed in Docket No. CP98–741–000 a request pursuant to Sections 157.205 and 157.211 of the Commission's Regulations under the Natural Gas Act (18 CFR 157.205, 157.211) for authorization to construct and operate the facilities necessary to establish four additional points of delivery to existing customers for firm transportation service, under the Columbia's blanket certificate issued in Docket No. CP83–76–000 pursuant to Section 7 of the Natural Gas Act, all as more fully set forth in the request that is on file with the Commission and open to public inspection.

Columbia states that the customer is Mountaineer Gas Company (MGC) and the request is for 3 residential and 1 commercial delivery points. The first new delivery point will be in Randolph County, West Virginia. The estimated quantities of natural gas to be delivered is 1.5 Dth/day and 150 Dth/annually and will allow MGC to serve Wayne Hornick, a residential customer.

The second new delivery point will be in Roane County, West Virginia. the estimated quantities of natural gas to be delivered is 1.5 Dth/day and 150 Dth/annually and will allow MGC to serve Kermit Godbey, a residential customer.

The third new delivery point will be in Upshur County, West Virginia. The estimated quantities of natural gas to be delivered is 1.5 Dth/day and 150 Dth/annually and will allow MGC to serve Stephen and Rebecca Hollen, a residential customer.

The commercial new delivery point will be in Hancock County, West Virginia. The estimated quantities of natural gas to be delivered is 3.5 Dth/day and 1,100 Dth/annually and will allow MGC to serve Continental Plastic Container, a commercial customer.

Columbia states that these new delivery points to MGC will involve construction of interconnecting facilities located on Columbia's existing right-of-way to provide the service with MGC setting the meter and regulator at each location.

Columbia states that the new points of delivery will have no effect on peak day and annual deliveries, that its existing tariff does not prohibit addition of new delivery points and that deliveries will be accomplished without detriment or disadvantage to its other customers and that the total volumes delivered will not exceed total volumes authorized prior to this request.

The quantities to be provided through the new delivery points will be within Columbia's authorized level of services. Therefore, there is no impact on Columbia's existing design day and annual obligations to its customers as a result of the construction and operation of the new points of delivery for firm transportation service.

Columbia estimated that the cost to install the new taps to be approximately $150 per tap and will be treated as an O&M expense.

Any person or the Commission's staff may, within 45 days after issuance of the instant notice by the Commission, file pursuant to Rule 214 of the Commission's Procedural Rules (18 CFR 385.214) a motion to intervene or notice of intervention and pursuant to Section 157.205 of the Regulations under the Natural Gas Act (18 CFR 157.205) a protest to the request. If no protest is filed within the time allowed therefor, the proposed activity shall be deemed to be authorized effective the day after the time allowed for filing a protest. If a protest is filed and not withdrawn within 30 days after the time allowed for filing a protest, the instant request shall be treated as an application for authorization pursuant to Section 7 of the Natural Gas Act.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23978 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

---

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

[Docket No. RP98–347–001]

### Eastern Shore Natural Gas Company; Notice of Proposed Changes in FERC Gas Tariff

September 1, 1998.

Take notice that on August 14, 1998, Eastern Shore Natural Gas Company (Eastern Shore) tendered for filing as part of its FERC Gas Tariff, Second Revised Volume No. 1, the following revised tariff sheets, with a proposed effective date of August 1, 1998:

Sub. Second Revised Sheet No. 141
Sub. Second Revised Sheet No. 143
Sub. Second Revised Sheet No. 160A
Sub. Second Revised Sheet No. 210
Second Revised Sheet No. 215

On July 9, 1998 Eastern Shore filed with the Commission revised tariff sheets to inplement the Commission's April 16, 1998 final rule in Docket No. RM96–1–007; Order No. 587–G Standards for Business Practices of Interstate Natural Gas Pipelines. In the July 29th Order, the Commission directed Eastern Shore to file revised tariff sheets to incorporate the correction or omission of the following; (a) incorporate GISB standard 5.3.30 into its tariff, (b) delete GISB standard 4.3.4 from its tariff, and (c) incorporate all of the x.4.x data set standards into its tariff.

Eastern Shore states that the purpose of the instant filing is to comply with that requirement.

Eastern Shore states that copies of its filing has been mailed to all firm customers, interruptible customers, and affected state commissions.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceedings. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23986 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

---

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

[Docket No. TM99–1–131–000]

### KO Transmission Company; Notice of ACA Filing

September 1, 1998.

Take notice that on August 27, 1998, KO Transmission Company (KO Transmission) tendered for filing as part of its FERC Gas Tariff, Original Volume No. 1, the following tariff sheet with a proposed effective date of October 1, 1998:

Fifth Revised Sheet No. 10

KO Transmission states that the purpose of this filing is to include Commission's Annual Charge Adjustment surcharge of $0.0022 per dekatherm in applicable rates.

KO Transmission states that copies of this filing were served to all of its customers.

Any person desiring to be heard or to protest said filing should file a motion to intervene or a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.214 or 385.211 of the Commission's Rules and Regulations. All such motions or protests must be filed in accordance with Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceedings. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23987 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

---

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. CP98–747–000]**

## Koch Gateway Pipeline Company and Mobile Bay Pipeline Company; Notice of Application

September 1, 1998.

Take notice that on August 25, 1998, Koch Gateway Pipeline Company (Koch Gateway) and Mobile Bay Pipeline Company (Mobile Bay) (Applicants), both at 20 Greenway Plaza, P.O. Box 1478, Houston, Texas 77251–1478, filed in Docket No. CP98–747–000 a joint application pursuant to Sections 7(c) and (b) of the Natural Gas Act for a certificate of public convenience and necessity and for an order granting permission and approval to transfer facilities and services, all as more fully set forth in the application which is on file with the Commission and open to public inspection.

Koch Gateway requests a certificate of public convenience and necessity authorizing it to acquire the facilities of Mobile Bay whereby Mobile Bay's existing services will be performed by Koch Gateway. Further, Mobile Bay requests companion authority to transfer all of its assets, operations, and services to Koch Gateway. In addition, Koch Gateway requests that it be substituted for Mobile Bay in all pending proceedings in which Mobile Bay is a party. The joint application requests that the authorizations be made effective as of the first day of operation after the jurisdictional assets are conveyed to Koch Gateway.

The Applicants state that the operations of both Koch Gateway and Mobile Bay's pipeline system will continue in an uninterrupted manner with no change in jurisdictional services or maximum rates. Mobile Bay requests companion authority to transfer, pursuant to Section 7(b), its jurisdictional facilities and operations to Koch Gateway. Further, Mobile Bay declares that it will terminate its effective FERC Gas Tariff and services will be provided under Koch Gateway's tariff that is on file with the Commission and in effect on the date of the approval of this application. In addition, Koch Gateway asserts that it will file tariff revisions to its effective tariff incorporating Mobile Bay's existing rates and services.

The Applicants state that these changes will not adversely impact the customers of either Mobile Bay or Koch Gateway or the service they receive on either pipeline. The Applicants declare there will be no change in the maximum tariff rates on either pipeline.

The Applicants state that the approval of this application is required by present and future public convenience and necessity to eliminate redundant administrative processes between Koch Gateway and Mobile Bay. The Applicants declare Mobile Bay is a wholly owned subsidiary of Koch Gateway, delivering over 98% of its volumes into Koch Gateway. The Applicants assert that this results in duplicate contract, nominations, and invoicing processes for both the Applicants and their customers.

Any person desiring to be heard or to make any protest with reference to said Application should on or before September 21, 1998, file with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.211 or 18 CFR 385.214) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

Take further notice that pursuant to the authority contained in and subject to the jurisdiction conferred upon the Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this Application if no petition to intervene is filed within the time required herein, if the Commission on its own review of the matter finds that a grant of the abandonment is required by public convenience and necessity. If a petition for leave to intervene is timely filed, or if the Commission, on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for Applicant to appear or be represented at the hearing.

**Linwood A. Waston, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23980 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

---

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. RP98–292–001]**

## Northern Natural Gas Company; Notice of Compliance Filing

September 1, 1998.

Take notice that on August 14, 1998, Northern Natural Gas Company (Northern) tendered for filing to become part of its FERC Gas Tariff, Fifth Revised Volume No. 1, the following tariff sheet, with an effective date of August 1, 1998:

Substitute First Revised Third Revised Sheet No. 204

Northern states that the instant filing is being made in compliance with the Commission's Letter Order issued July 30, 1998 in Docket No. RP98–292 (July 30 Order) addressing Order No. 587–G and the most recent version (Version 1.2) of the standards promulgated by Gas Industry Standards Boards (GISB).

Northern states that copies of the filing were served upon Northern's customers and interested State Commissions.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC

20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceedings. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23985 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

[Docket No. CP98–743–000]

### Williams Gas Pipelines Central, Inc.; Notice of Application for Abandonment

September 1, 1998.

Take notice that on August 24, 1998 as supplemented on August 28, 1998, Williams Gas Pipelines Central, Inc. (Williams), P.O. Box 3288, Tulsa, Oklahoma 74101, filed in the above docket a request pursuant to Section 7(b) of the Natural Gas Act and Sections 157.7(a) and 157.18 of the Federal Energy Regulatory Commission's (Commission) Regulations for authorization to abandon the receipt of gas for transportation from Transtate Gas Service Company (Transtate), formerly Gulf Energy Gathering & Processing, and to reclaim measurement facilities located in Garvin County, Oklahoma, under the authorization issued in Docket No. CP82–479–000, all as more fully set forth in the request on file with the Commission and open to public inspection.

Williams states that the meter setting has been blinded for some time and that Transtate has been notified of the proposed reclaim of facilities.

Any person desiring to be heard or to make any protest with reference to said application should on or before September 22, 1998, file with the Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426, a motion to intervene or a protest in accordance with the requirements of the Commissions's Rules of Practice and procedure (18 CFR 385.211 and 385.214) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceedings. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this application if no motion to intervene is filed within the time required herein or if the Commission on its own review of the matter, finds that a grant of the certificate for the proposal is required by the public convenience and necessity. If the Commission believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for Williams to appear or be represented at the hearing.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23979 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

[Docket No. GT98–89–000]

### Williston Basin Interstate Pipeline Company; Notice of Proposed Changes in FERC Gas Tariff

September 1, 1998.

Take notice that on August 27, 1998, Williston Basin Interstate Pipeline Company (Williston Basin), tendered for filing as part of its FERC Tariff, Second Revised Volume No. 1, the following revised tariff sheets to become effective August 27, 1998:

Seventeenth Revised Sheet No. 777
Teenty-sixth Revised Sheet No. 831
Twenty-fifth Revised Sheet No. 832

Williston Basin states that the revised tariff sheets are being filed simply to update its Master Receipt/Delivery Point List.

Any person desiring to be heard or to protest said filing should file a motion to intervene or a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Sections 385.214 or 385.211 of the Commission's Rules and Regulations. All such motions or protests must be filed in accordance with Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceedings. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23982 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

[Docket Nos. CP98–131–000 and CP98–133–000]

### Vector Pipeline L.P.; Notice of Availability of the Draft Environmental Impact Statement for the Proposed Vector Pipeline Project

September 1, 1998.

The staff of the Federal Energy Regulatory Commission (FERC or Commission) has prepared a Draft Environmental Impact Statement (DEIS) on the natural gas pipeline facilities proposed by Vector Pipeline L.P. (Vector) in the above-referenced dockets.

The DEIS was prepared to satisfy the requirements of the National Environmental Policy Act. The staff concludes that approval of the proposed project with the appropriate mitigating measures as recommended, would have limited adverse environmental impact. The DEIS also analyzed system alternatives, major route alternatives, route variations, and alternative compressor station sites, and requests comments on them.

The DEIS addresses the potential environmental effects of the construction and operation of the following facilities:

- 266.9 miles of 42-inch-diameter pipeline in Illinois, Indiana, and Michigan extending from Joliet in Will County, Illinois to Oakland County, Michigan;
- 3.7 miles of 42-inch-diameter pipeline in St. Clair County, Michigan terminating at the border of the United States and Canada near St. Clair, Michigan;
- four meter stations;

• two compressor stations totaling 60,000 horsepower;
• 20 new mainline values, two internal tool or "pig" launchers and one pig receiver; and
• permanent roads for access to compressor stations and valves.

The Vector Pipeline Project also includes the lease of 58.8 miles of an existing 36-inch-diameter pipeline from Oakland County to St. Clair County, Michigan.

The purpose of the proposed facilities would be to transport about 1 billion cubic feet per day of natural gas from the Chicago hub to the Dawn hub; deliver significant volumes of gas to markets in Michigan; and to provide increased access to the Dawn hub and markets in Canada and the eastern U.S.

**Specific Comment Request**

The staff has identified and evaluated in detail two compressor station alternative sites, and evaluated eight route variations to the proposed facilities. Of these compressor station alternatives and route variations, the staff has not recommended the use of any at this time. Area residents, local or state governments, intervenors, Vector, and other interested parties are asked to provide specific comments on whether these alternatives and variations are reasonable, practicable, and environmentally preferable to the proposed facilities. Comments should also address any effect on project timing and related cost/benefits.

**Comment Procedures and Public Meeting**

Any person wishing to comment on the DEIS may do so. To ensure reconsideration prior to a Commission decision on the proposal, it is important that we receive your comments before the date specified below. Please carefully follow these instructions to ensure that your comments are received in time and properly recorded:

• Send two copies of your comments to: Secretary, Federal Energy Regulatory Commission, 888 First St., NE, Room 1A Washington, DC 20426;

• Label one copy of the comments for the attention of the Environmental Review and Compliance Branch, PR-11.1;

• Reference Docket Nos. CP98-131-000 and CP98-133-000;

• Mail your comments so that they will be received in Washington, DC on or before October 19, 1998.

In addition to accepting written comments, four public meetings to receive comments on the DEIS will be held at the following times and locations:

| Date/time | Location |
|---|---|
| Monday, October 5, 1998 7:00 pm | Leslie High School Auditorium, 4141 Hull Road, Leslie, MI, (517) 589-8200. |
| Monday, October 5, 1998 7:00 pm | Milford High School, 2380 S. Milford Road, Milford, MI, (248) 684-8091. |
| Tuesday, October 6, 1998 7:00 pm | Three Rivers Community Center, 103 Postage Avenue, Three Rivers, MI, (616) 279-9231. |
| Tuesday, October 6, 1998 7:00 pm | Radisson Hotel at Star Plaza, 800 E. 81st Avenue, Merrillville, IN, (219) 757-3537. |

Interested groups and individuals are encouraged to attend and present oral comments on the environmental impacts described in the DEIS. Transcripts of the meetings will be prepared. Additional information about the meetings is available from Paul McKee in the Commission's Office of External Affairs, at (202) 208-1088.

After these comments are reviewed, any significant new issues are investigated, and modifications are made to the DEIS, a Final Environmental Impact Statement (FEIS) will be published and distributed by the staff. The FEIS will contain the staff's responses to timely comments filed on the DEIS.

Comments will be considered by the Commission but will not serve to make the commenter a party to the proceeding. Any person seeking to become a party to the proceeding must file a motion to intervene pursuant to Rule 214 of the Commission's Rules of Practice and Procedures (18 CFR 385.214).

Anyone may intervene in this proceeding based on this DEIS. You must file your request to intervene as specified above. You do not need intervenor status to have your comments considered.

The DEIS has been placed in the public files of the FERC and is available for distribution and public inspection at: Federal Energy Regulatory Commission, Public Reference and Files Maintenance Branch, 888 First Street, NE, Room 2A, Washington, DC 20426, (202) 208-1371.

Copies of the DEIS have been mailed to Federal, State, and local agencies, public interest groups, individuals who have requested the DEIS, newspapers, and parties to this proceeding. A limited number of copies of the DEIS are available from the above address.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98-23977 Filed 9-4-98; 8:45 am]

BILLING CODE 6717-01-M

---

**DEPARTMENT OF ENERGY**

**Federal Energy Regulatory Commission**

**[Project No. 10725-002]**

**Little Horn Energy Wyoming Inc.; Notice of Intent To Prepare an Environmental Impact Statement and Conduct Public Scoping Meetings and a Site Visit**

September 1, 1998.

The Federal Energy Regulatory Commission (Commission) is reviewing the hydropower application for an original license for the 1,000-megawatt Dry Fork Energy Storage Project No. 10725. The proposed pumped storage project, to be constructed by Little Horn Energy Wyoming, Inc. (Little Horn Energy), would be located on 1,055 acres of United States lands within the Bighorn National Forest in Sheridan County, Wyoming. The project would include two reservoirs. The lower reservoir would be created by impounding the Dry Fork of the Little Bighorn River with a 265-foot-high dam. The upper reservoir would be created by constructing a perimeter dam that would be up to 100 feet high on Dry Fork Ridge.

The Commission staff has determined that licensing this project would constitute a major federal action significantly affecting the quality of the human environment. Therefore, the Commission staff intends to prepare an Environmental Impact Statement (EIS) for the project in accordance with the National Environmental Policy Act. In the EIS, the Commission staff will consider reasonable alternatives to Little Horn Energy's proposed action and analyze both site-specific and cumulative environmental impacts of the project, including economic and engineering impacts.

A draft EIS will be issued and circulated to those on the mailing list for this project, and the Commission staff will hold a public meeting to discuss the draft EIS. All comments

filed on the draft EIS will be analyzed by the staff and considered in a final EIS. The staff's conclusions and recommendations presented in the final EIS will then be presented to the Commission to assist in making a licensing decision.

### Scoping

The Commission staff is asking the resource agencies, Indian tribes, non-governmental organizations, and the public to help them identify the scope of environmental issues that should be analyzed in the EIS and to provide them with information that may be useful in preparing the EIS.

To help focus comments on the environmental issues, a scoping document outlining subject areas to be addressed in the EIS will be mailed to those on the mailing list for the project.

Those with comments or information pertaining to this project should file it with the Commission at the following address within 60 days of the issuance date of the scoping document: David P. Boergers, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426.

All filings should clearly show the following on the first page: Dry Fork Energy Storage Project, FERC No. 10725.

Intervenors are reminded of the Commission's Rules of Practice and Procedure which require all intervenors filing documents with the Commission to serve a copy of that document on each person whose name appears on the official service list for the project. Further, if an intervenor files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

In addition to asking for written comments, the Commission staff will hold two scoping meetings to solicit any verbal input and comments that you may wish to offer on the scope of the EIS. An agency scoping meeting will begin at 9:30 a.m. on September 30, 1998, at the Holiday Inn, Sheridan, Wyoming. A public scoping meeting will begin at 5:00 PM on September 30, 1998, at the Sheridan Jr. High School Auditorium, 600 Adair Street, Sheridan, Wyoming. The first hour of the public scoping meeting will be an informal session where the public will have the opportunity to meet with the Commission staff and the applicant to discuss the proposed project. The public and agencies may attend either meeting.

There will also be a visit to the project site on September 29, 1998, to allow the parties to become more familiar with the project area. Those planning on attending the site visit should bring a four-wheel-drive vehicle, blaze orange clothing (if possible), and lunch. We plan to hike from the proposed lower reservoir site to the proposed upper reservoir site and to one alternative reservoir location.

More information about the scoping meetings and site visit is available in the scoping document. If you have any questions about this notice or need a copy of the scoping document, please contact Mr. Doug Hjorth at (781) 444–3330 ext. 283 or Mr. Nick Jayjack at (202) 219–2825.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23984 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

---

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

### Notice of Surrender of Exemption

September 1, 1998.

Take notice that the following hydroelectric application has been filed with the Federal Energy Regulatory Commission and is available for public inspection.

*a. Type of Application:* Surrender of Exemption

*b. Project No:* 7454–005

*c. Date Filed:* February 27, 1997, supplemented on June 13, 1997, and July 17, 1998

*d. Applicant:* El Dorado Irrigation District

*e. Name of Project:* Weber Dam

*f. Location:* North Fork Weber Creek, El Dorado County, California

*g. Filed Pursuant to:* Federal Power Act, 16 USC Section 791(a)–825(r)

*h. Applicant Contact:* Steven Hutchings, 2890 Mosquito Road, Placerville, CA 95667 (916) 622–4534

*i. FERC Contact:* Dave Cagnon, (202) 219–2693

*j. Comment Date:* October 9, 1998

*k. Description of Application:* El Dorado Irrigation District has applied to surrender its exemption because of difficulties in operating the hydroelectric facility in an efficient and economic manner and due to its changing priorities. The project consists of: (1) 30-inch-diameter, 100-foot-long penstock, joining a 24-inch diameter outlet pipe; (2) 90-foot-high, 308-foot-long Weber Dam on the north fork of Weber Creek at an elevation of 2,275 feet; a powerhouse with an installed capacity of 175 kW under an operating head of 71 feet; and (3) a 7000-foot-long, 21-kV transmission line of Pacific Gas and Electric. The exemptee proposes to remove the existing hydroelectric works, rebuild the dam, and utilize the reservoir as a future domestic water supply.

*l. The notice also consists of the following standard paragraphs:* B, C2, and D2.

*B. Comments, Protests, or Motions to Intervene*—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

*C2. Filing and Service of Responsive Documents*—Any filings must bear in all capital letters the title "COMMENTS," "PROTEST" or "MOTION TO INTERVENE," as applicable, and the project number of the particular application to which the filing is in response. Any of these documents must be filed by providing the original and 8 copies to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426. Any motion to intervene must also be served upon each representative of the applicant specified in the particular notice.

*D2. Agency Comments*—Federal, state, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 98–23983 Filed 9–4–98; 8:45 am]

BILLING CODE 6717–01–M

## ENVIRONMENTAL PROTECTION AGENCY

[FRL–6149–3]

### Determination of Attainment of the Air Quality for PM–10 in the Liberty Borough, Pennsylvania Area

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Finding of attainment.

**SUMMARY:** EPA has determined that the air quality in the Liberty Borough, Pennsylvania area has attained national ambient air quality standards (NAAQS) for particulate matter of nominal aerodynamic diameters smaller than 10 micrometers (PM–10). This finding is based on monitored air quality data for the area during the years 1995–1997. Elsewhere in the Final Rules section, EPA is approving the attainment demonstration and contingency measures submitted by the Pennsylvania Department of Environmental Protection (PADEP) on behalf of the Allegheny County Health Department (ACHD). These state implementation plan (SIP) revisions demonstrate that the attainment plan for the Liberty Borough area is sufficient to attain and maintain the NAAQS. In a previous final rulemaking, EPA also approved a SIP revision requiring additional control measures at the USX Clairton coke works.

**EFFECTIVE DATE:** This finding is effective on October 8, 1998.

**ADDRESSES:** Copies of documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103; Pennsylvania Department of Environmental Protection, Bureau of Air Quality, P. O. Box 8468, 400 Market Street, Harrisburg, Pennsylvania 17105; Allegheny County Health Department, Department of Air Quality, 301 39th Street, Pittsburgh, Pennsylvania 15201.

**FOR FURTHER INFORMATION CONTACT:** Ruth E. Knapp (215) 814–2191, or by e-mail at knapp.ruth@epa.gov.

**SUPPLEMENTARY INFORMATION:** On June 12, 1998 (63 FR 32205) EPA published a notice announcing its proposed finding that the air quality in the Liberty Borough, Pennsylvania moderate nonattainment area has attained national ambient air quality standards (NAAQS) for particulate matter of nominal aerodynamic diameters smaller than 10 micrometers (PM–10). No comments were submitted on the proposed finding. The rationale for EPA's finding was explained in the proposal and will not be restated here. While EPA revised the NAAQS for particulate matter on July 18, 1997, in this notice the terms "NAAQS" and "PM–10 NAAQS" refer only to the previously existing NAAQS.

#### Final Determination

EPA finds, pursuant to section 188(b)(2), that the Liberty Borough moderate nonattainment area has attained the NAAQS for PM–10.

#### Administrative Requirements

*A. Executive Orders 12866 and 13045*

The Office of Management and Budget (OMB) has exempted this finding from E.O. 12866 review. This finding is not subject to E.O. 13045, entitled "Protection of Children from Environmental Health Risks and Safety Risks," because it is not an "economically significant" action under E.O. 12866.

*B. Regulatory Flexibility Act*

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C. 603 and 604. Alternatively, EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000. Determinations of attainment under the Clean Air Act do not impose any new requirements on small entities. Therefore, EPA certifies that this determination does not have a significant impact on a substantial number of small entities.

*C. Unfunded Mandates*

Under Section 202 of the Unfunded Mandates Reform Act of 1995 ("Unfunded Mandates Act"), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to private sector, of $100 million or more. Under Section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule. EPA has determined that this determination of attainment does not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate, or to the private sector. This finding of attainment resulted from pre-existing requirements under State or local law, and imposes no new requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this finding.

EPA's final decision to find that the Liberty Borough area attained the NAAQS for PM–10 is based on sections 179(c) and 188(b)(2) of the Clean Air Act, as amended, and EPA regulations in 40 CFR Part 50.

*D. Submission to Congress and the General Accounting Office*

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this finding and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This finding is not a "major rule" as defined by 5 U.S.C. 804(2).

**Authority:** 42 U.S.C. 7401 *et seq.*

Dated: August 28, 1998.

**Thomas C. Voltaggio,**

*Acting Regional Administrator, Region III.*

[FR Doc. 98–24039 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–P

---

## ENVIRONMENTAL PROTECTION AGENCY

[FRL–6157–4]

### Proposed Settlement Agreement; Power-Bannock Counties, ID PM SIP

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Notice of proposed settlement agreement; request for public comment.

**SUMMARY:** In accordance with Section 113(g) of the Clean Air Act ("Act"), notice is hereby given of a proposed settlement agreement concerning litigation instituted against the Environmental Protection Agency ("EPA") by the Portneuf Environmental Council. The lawsuit concerns EPA's alleged failure to perform a

nondiscretionary duty with respect to determining, based on air quality data, whether the Power-Bannock Counties nonattainment area in Idaho attained the PM–10 national ambient air quality standards by the December 31, 1996 statutorily- extended attainment deadline.

The Agreement generally establishes deadlines by which EPA will propose and take final action on a federal plan to control particulate matter (PM–10) for the portions of the area that are not attaining the PM–10 standards in existence prior to September 16, 1997.

For a period of thirty [30] days following the date of publication of this notice, the Agency will receive written comments relating to the settlement agreement. EPA or the Department of Justice may withhold or withdraw consent to the proposed settlement agreement if the comments disclose facts or circumstances that indicate that such consent is inappropriate, improper, inadequate, or inconsistent with the requirements of the Act.

Copies of the settlement agreement are available from Samantha Hooks, Air and Radiation Law Office (2344), Office of General Counsel, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460, (202) 260–3804. Written comments should be sent to Michael A. Prosper at the above address and must be submitted on or before October 8, 1998.

Dated: August 28, 1998.

**Scott C. Fulton,**

*Acting General Counsel.*

[FR Doc. 98–24046 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–M

---

## ENVIRONMENTAL PROTECTION AGENCY

[FRL–6157–9]

### Air Quality Criteria for Carbon Monoxide

**AGENCY:** Environmental Protection Agency.

**ACTION:** Notice of public meeting: Peer-Review Workshop on Air Quality Criteria for Carbon Monoxide.

**SUMMARY:** The U.S. Environmental Protection Agency (EPA) is announcing a meeting organized, convened, and conducted by the Eastern Research Group, Inc., a contractor to the EPA for external scientific peer consultation, to facilitate the preparation of an external review draft of the Carbon Monoxide Air Quality Criteria Document. All interested parties may attend and assist in developing and refining the scientific information base available for accomplishing this task.

**DATES:** The meeting dates are September 17 and 18, 1998.

**ADDRESSES:** The Durham Marriott (formerly Durham Omni), will be the meeting site. It is located on 201 Foster St. in Durham, North Carolina; the telephone number is 919–683–6664. The times for the meetings are 8:30 a.m. to 5:30 p.m. on the first day and 8:30 a.m. to 12:30 p.m. on the second day. At the time of the meetings, the Eastern Research Group will make available copies of the draft chapters that the workshop sessions will be reviewing.

**FOR FURTHER INFORMATION CONTACT:** Ms. Linda Cooper (telephone 919–468–7878) for registration information and logistics and Ms. Monica Seagroves (telephone 919–468–7825) for technical information. Ms. Cooper and Ms. Seagroves work for Eastern Research Group, Inc., Engineering and Science Division, 1600 Perimeter Park, P.O. Box 2010, Morrisville, NC 27560–2010.

**SUPPLEMENTARY INFORMATION:** The U.S. Environmental Protection Agency (EPA) is updating and revising, where appropriate, the EPA's Air Quality Criteria for Carbon Monoxide (CO). Sections 108 and 109 of the Clean Air Act require that the EPA carry out a periodic review and revision, where appropriate, of the criteria and the National Ambient Air Quality Standards (NAAQS) for the "criteria" air pollutants such as carbon monoxide.

The EPA will keep the public informed, through subsequent **Federal Register** notice announcements, of additional opportunities for public input into the preparation process, such as the public comment period following the release of the first external review draft of the Carbon Monoxide Air Quality Criteria Document and the Clean Air Scientific Advisory Committee (CASAC) review in early 1999.

Dated: September 1, 1998.

**William H. Farland, Ph.D.,**

*Director, National Center for Environmental Assessment.*

[FR Doc. 98–24086 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–P

---

## ENVIRONMENTAL PROTECTION AGENCY

[FRL–6157–7]

### Proposed Administrative Settlement Agreement Pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as Amended by the Superfund Amendments and Reauthorization Act—Hansen Container Site, Grand Junction, CO

**AGENCY:** Environmental Protection Agency.

**ACTION:** Notice and Request for Public Comment.

**SUMMARY:** In accordance with the requirements of section 122(h)(1) of the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA), notice is hereby given of a proposed settlement under section 122(h), concerning the Hansen Container site in Grand Junction, Colorado (Site). The proposed Administrative Settlement Agreement requires seventeen (17) Potentially Responsible Parties to Pay an aggregate total of $1,440,720 to address their liability to the United States Environmental Protection Agency (EPA) related to response actions taken or to be taken at the Site.

**DATES:** Comments must be submitted on or before October 8, 1998.

**ADDRESSES:** The Proposed Administrative Settlement Agreement is available for public inspection at the EPA Superfund Record Center, 999 18th Street, 5th Floor, North Tower, Denver, Colorado.

Comments should be addressed to Maureen O'Reilly, Enforcement Specialist, (8ENF–T), U.S. Environmental Protection Agency, 999 18th Street, Suite 500, Denver, Colorado, 80202–2405, and should reference the Hansen Container settlement (docket number).

**FOR FURTHER INFORMATION CONTACT:** Maureen O'Reilly, Enforcement Specialist, at (303) 312–6402.

**SUPPLEMENTARY INFORMATION:** Notice of Section 122(h) Administrative Settlement Agreement: In accordance with section 122(i)(1) of CERCLA, notice is hereby given that the terms of the Administrative Settlement Agreement have been agreed to by the following parties: (in alphabetical order): Adolph Coors Company; Allied Signal, Inc.; Amoco Corporation; Canada Eldor (f/k/a Eldorado Nuclear Ltd.); Defense Logistics Agency; Chris Hansen, Jr.; Kerr-McGee Corporation; Mallinckrodt Chemical, Inc.; National Aeronautics

and Space Administration; National Lead Company of Ohio; Oil & Solvent Process Company; Thiokol Corporation; Umetco Minerals Corporation; Union Carbide Corporation; Union Pacific Railroad; U.S. Air Force, U.S. Department of Energy.

By the terms of the proposed Administrative Settlement Agreement, these parties will together pay $1,440,720 to the Hazardous Substance Superfund. EPA applied its June 3, 1996 orphan share guidance to the facts at this site and determined that application of the orphan share policy was indeed appropriate. EPA determined that the maximum orphan share compensation at this site was $562,500. When the orphan share amount is added to the settlement offer, the total is $2,003,220. This amount represents 95.4% of EPA's $2.1 million in past response costs.

In exchange for payment, EPA will provide the settling parties with a covenant not to sue for liability under section 107(a) of CERCLA, to recover past response costs incurred through January 9, 1998.

For a period of thirty (30) days from the date of this publication, the public may submit comments on EPA relating to this proposed settlement.

A copy of the proposed Administrative Settlement Agreement may be obtained from the Superfund Records Center located at the U.S. Environmental Protection Agency, Region VIII, 999 18th Street, 5th floor, Denver, Colorado 80202. Additional background information relating to the settlement is also available for review at the Superfund Records Center.

Dated: August 12, 1998.

**William P. Yellowtail,**

*Regional Administrator, Environmental Protection Agency, Region VIII.*

[FR Doc. 98–24041 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–M

## ENVIROMENTAL PROTECTION AGENCY

[FRL–6155–4]

### Proposed Administrative Agreement Under 42 U.S.C. Section 122(h) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) for the Quality Plating Superfund Site

**AGENCY:** Environmental Protection Agency (USEPA).

**ACTION:** Notice. Request for Public Comments.

**SUMMARY:** USEPA is proposing to settle a claim under Section 107 of CERCLA for response costs incurred during removal activities at the Quality Plating site in Chicago, Illinois. Respondent has agreed to reimburses USEPA in the amount of $25,000. USEPA today is proposing to approve this settlement because it reimburses USEPA, in part, for costs incurred during USEPA's removal action.

**DATES:** Comments on this proposed settlement must be received on or before October 8, 1998.

**ADDRESSES:** Copies of the proposed settlement are available at the following address for review: (It is recommended that you telephone Janet Pope (312) 353–0628 before visiting the Region V Office). U.S. Environmental Protection Agency, Region V, Office of Superfund, Removal and Enforcement Response Branch, 77 W. Jackson Blvd., Chicago, Illinois 60604.

Comments on this proposed settlement should be addressed to : (Please submit an original and three copies, if possible) Janet Pope, Community Relations Coordinator, Office of Public Affairs, U.S. Environmental Protection Agency, Region V, 77 W. Jackson Boulevard (P–19J), Chicago, Illinois 60604, (312) 353–0628.

**FOR FURTHER INFORMATION CONTACT:** Janet Pope, Office of Public Affairs, at (312) 353–0628.

**SUPPLEMENTARY INFORMATION:** The Quality Plating site, an abandoned metal plating facility that contained numerous vats, tanks, and drums of acids, caustics, cyanide and solvents, is not on the National Priorities List. USEPA investigated the Quality Plating site, located at 323 North Kilpatrick Avenue, Chicago, Illinois, and undertook response actions designed to minimize the immediate threat, test the materials involved and properly dispose of the hazardous waste.

The Settling Party is an individual who was the Chief Executive Officer and a shareholder of the plating corporation that previously operated the site. It is alleged that the Settling Party operated the site, including actively participating in the decision to close and abandon the operation. A 30-day period, beginning on the date of publication, is open pursuant to section 122(i) of CERCLA for comments on the proposed settlement.

Comments should be sent to Janet Pope of the Office of Public Affairs (P–19J), U.S. Environmental Protection Agency, Region V, 77 W. Jackson Boulevard, Chicago, Illinois 60604.

**Mony Chabria,**

*Assistant Regional Counsel, United States Environmental Protection Agency.*

[FR Doc. 98–24042 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–M

## FEDERAL COMMUNICATIONS COMMISSION

[Report No. 2294]

### Corrected; Petitions for Reconsideration and Clarification of Action in Rulemaking Proceeding

August 25, 1998.

Petitions for reconsideration and clarification have been filed in the Commission's rulemaking proceedings listed in this Public Notice and published pursuant to 47 CFR Section 1.429(e). The full text of these documents are available for viewing and copying in Room 239, 1919 M Street, N.W., Washington, D.C. or may be purchased from the Commission's copy contractor, ITS, Inc., (202) 857–3800. Oppositions to these petitions must be filed September 23, 1998. See Section 1.4(b)(1) of the Commission's rule (47 CFR 1.4(b)(1)). Replies to an opposition must be filed within 10 days after the time for filing oppositions has expired.

*Subject:* Implementation of Section 304 of the Telecommunications Act of 1996 (CS Docket No. 97–80).

Commercial Availability of Navigation Devices.

*Number of Petitions File:* 5.

Federal Communications Commission.

**William F. Caton,**

*Deputy Secretary.*

[FR Doc. 98–23964 Filed 9–4–98; 8:45 am]

BILLING CODE 6712–01–M

## FEDERAL FINANCIAL INSTITUTIONS EXAMINATION COUNCIL

### Administrative Enforcement of the Truth in Lending Act—Restitution

**ACTION:** Notice and request for comment.

**SUMMARY:** The Consumer Compliance Task Force of the Federal Financial Institutions Examination Council (FFIEC) is issuing a revised Joint Statement of Policy on the Administrative Enforcement of the Truth in Lending Act—Restitution (Policy Statement). The Policy Statement issued by the FFIEC on July 21, 1980 must be revised to reflect the statutory changes to certain provisions of the Truth in Lending Act (TILA)

made by the Congress in 1995 and 1996. The staffs of the Office of the Comptroller of the Currency (OCC), the Federal Reserve Board (FRB), the Federal Deposit Insurance Corporation (FDIC), the Office of Thrift Supervision (OTS) and the National Credit Union Administration (NCUA) have prepared this revised Policy Statement to reflect the changes made to the TILA.

**DATES:** Public comment is invited on a continuing basis.

**ADDRESSES:** Questions and comments may be sent to Keith J. Todd, Acting Executive Secretary, Federal Financial Institutions Examination Council, 2100 Pennsylvania Avenue NW, Suite 200, Washington, DC 20037, or by facsimile transmission to (202) 634–6556.

**FOR FURTHER INFORMATION CONTACT:**

*OCC:* Gene Ullrich, National Bank Examiner, Community and Consumer Policy, (202) 874–4866, Office of the Comptroller of the Currency, 250 E Street SW, Washington, DC 20219.

*FRB:* Anthony Iwuji, Review Examiner, Division of Consumer and Community Affairs, (202) 452–3946, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue NW, Washington, DC 20551.

*FDIC:* James K. Baebel, Senior Review Examiner, Division of Compliance and Consumer Affairs, (202) 942–3086, Federal Deposit Insurance Corporation, 550 17th Street NW, PA–1730–7048, Washington, DC 20429.

*OTS:* Gary Jackson, Program Analyst, Compliance Policy, (202) 906–5653, Office of Thrift Supervision, 1700 G Street NW, Washington, D.C. 20552.

*NCUA:* Jodee Wuerker, Program Officer, Office of Examination and Insurance, (703) 518–6375, National Credit Union Administration, 1775 Duke Street, Alexandria, VA 22314–3428.

**SUPPLEMENTARY INFORMATION:**

## Background

The Truth in Lending Act Amendments of 1995 and the Economic Growth and Regulatory Paperwork Reduction Act of 1996 amended the TILA to incorporate new tolerances for disclosures of the finance charge and other disclosures affected by the finance charge on certain types of loans. These amendments specify that in closed-end consumer credit transactions secured by real property or a dwelling, the disclosed finance charge and other disclosures affected by the disclosed finance charge shall be treated as accurate if the amount disclosed as the finance charge is overstated, or is understated by no more than $100 for transactions consummated on or after September 30, 1995, or $200 for loans made before that date. The Federal Reserve Board proposed and adopted amendments to Regulation Z in 1996 to implement the statutory changes (12 CFR 226.18(d)(1), 226.18(d)(2), 226.22(a)(4) and 226.22(a)(5)).

The Policy Statement originally issued in 1980 was directly affected by the amendments to the TILA and the changes to Regulation Z in several respects. First, the changes to the tolerances affect the definition for understated annual percentage rates (APR) contained in the Policy Statement. Second, the amendments enhanced the agencies' abilities to make modifications to the amount or timing of restitution in the event that payment of restitution would adversely affect the capital position of the financial institution. In the main, the revisions to the Policy Statement make only those changes necessary to accommodate statutory requirements. Some other editorial changes were made, however, to reflect that some provisions of the original Policy Statement were no longer needed due to the passage of time.

## Summary of Changes

The revised Policy Statement drops the definition of "Irregular Mortgage Transaction." The term is used in the Truth in Lending Simplification and Reform Act in the definition of an understated APR for loans secured by dwellings consummated prior to March 31, 1982. There is no longer any need for maintaining a separate definition of this term in the Policy Statement. A footnote has been included in the revised Policy Statement to indicate that, should loans consummated prior to March 31, 1982 having understated APRs be found, the original Policy Statement should be consulted for guidance.

The definition of the term "Understated APR" in the Policy Statement has been modified to reflect revised tolerances for certain real estate secured transactions. The Truth in Lending Amendments of 1995 and the Economic Growth and Regulatory Paperwork Reduction Act of 1996 mandated these revisions. The Policy Statement has also been revised to consolidate six separate sub-parts to the definition of an "Understated APR" into two sub-parts; (1) Loans having an amortization schedule of 10 years or less, and (2) loans with an amortization schedule of more than 10 years.

- Loans having an amortization schedule of 10 years or less will be provided a tolerance of 25 basis points (one-quarter of one percent). Loans that are secured by real estate or a dwelling will be provided the tolerances permitted by 12 CFR 226.22(a)(4) and (5).
- Loans having an amortization schedule of more than 10 years will be provided a tolerance of 12.5 basis points (one-eighth of one percent) in the case of a regular transaction and 25 basis points (one-quarter of one percent) in the case of an irregular transaction. Loans that are secured by real estate or a dwelling will be provided the tolerances permitted by 12 CFR 226.22(a)(4) and (5).

References to 15 U.S.C. 1606(c) contained in the body of the definition of an understated APR in the original Policy Statement have now been moved to footnote 3 in the revised Policy Statement. The change was purely editorial in nature. A new footnote 4 has been added to more specifically identify the sections of Regulation Z (12 CFR 226.14(a) and 226.22(a)) that define the requirements for annual percentage rate disclosures.

The "Corrective Action Period" section of the original Policy Statement contains time frames for determining which loans are subject to adjustment when violations are discovered. Previously, the agencies have collectively taken the position that the phrase "immediately preceding examination" in subsection 2.b. means the most recent examination that precedes the current examination in which compliance with Regulation Z and the Act was reviewed. However, the United States Court of Appeals for the 8th Circuit (First National Bank of Council Bluffs v. Office of the Comptroller of the Currency, 956 F.2d 1456 (8th Cir. 1992)), and the United States Court of Appeals for the Eleventh Circuit, (Consolidated Bank, N.A. v. United States Department of the Treasury, 118 F.3d 1461 (11th Cir. 1997)) determined that the phrase "immediately preceding examination" should be read as referring to an examination of any type conducted immediately prior to the current examination, including examinations in which no review of compliance with Regulation Z or the Act is conducted. Consequently, the agencies, as a matter of policy, will now apply the decisions reached by the Eighth and Eleventh Circuit Courts in carrying out their enforcement responsibilities with respect to the meaning of "immediately preceding examination." No changes to the Policy Statement are necessary to effect this policy position made by the agencies. Additional guidance will be provided to the examination staff for

each agency to advise on the proper period for corrective action when violations requiring adjustments are discovered.

In the section of the Policy Statement entitled "Violations Involving the Improper Disclosure of Credit Life, Accident, Health, or Loss of Income Insurance," the original Policy Statement had a separate provision detailing how certain violations involving credit life insurance disclosures would be treated until March 31, 1982. Since this time period has now expired that portion of the section has been deleted.

The Economic Growth and Regulatory Paperwork Reduction Act of 1996 provided additional flexibility for the regulatory agencies to require partial or delayed payments for reimbursements by an institution if the payment would cause the institution to become undercapitalized as that term is defined in section 38 of the Federal Deposit Insurance Act. Those provisions are now reflected in the section of the Policy Statement entitled "Safety and Soundness." That section states that if the results of a full and immediate adjustment required under the Policy Statement would have a significant adverse impact on the capital position of the creditor, the agencies can permit partial adjustments to be made or permit partial payments over an extended period of time.

The text of the revised Policy Statement follows:

## Administrative Enforcement of the Truth in Lending Act—Restitution

## Joint Statement of Policy

The Depository Institutions Deregulation and Monetary Control Act of 1980 (Pub. L. 96–221) was enacted on March 31, 1980. Title VI of that Act, the Truth in Lending Simplification and Reform Act, amends the Truth in Lending Act, 15 U.S.C. 1601, *et seq.* Section 608 of Title VI, effective March 31, 1980, authorizes the federal Truth in Lending enforcement agencies to order creditors to make monetary and other adjustments to the accounts of consumers where an annual percentage rate (APR) or finance charge was inaccurately disclosed. It generally requires the agencies to order restitution when such disclosure errors resulted from a clear and consistent pattern or practice of violations, gross negligence, or a willful violation which was intended to mislead the person to whom the credit was extended. However, the Act does not preclude the agencies from ordering restitution for isolated disclosure errors.

This policy guide summarizes and explains the restitution provisions of the Truth in Lending Act (Act), as amended. The material also explains corrective actions the financial regulatory agencies believe will be appropriate and generally intend to take in those situations in which the Act gives the agencies the authority to take equitable remedial action.

The agencies anticipate that most financial institutions will voluntarily comply with the restitution provisions of the Act as part of the normal regulatory process. If a creditor does not voluntarily act to correct violations, the agencies will use their cease and desist authority to require correction pursuant to: 15 U.S.C. 1607 and 12 U.S.C. 1818(b) in the cases of the Board of Governors of the Federal Reserve System, the Federal Deposit Insurance Corporation, the Office of the Comptroller of the Currency, and the Office of Thrift Supervision; and 15 U.S.C. 1607 and 12 U.S.C. 1786(e)(1) in the case of the National Credit Union Administration.

## Restitution Provisions

### *Definitions*

Except as provided below, all definitions are those found in the Act and Regulation Z, 12 CFR part 226.

1. "Current examination" means the most recent examination begun on or after March 31, 1980, in which compliance with Regulation Z was reviewed.

2. "Lump sum method" means a method of reimbursement in which a cash payment equal to the total adjustment will be made to a consumer.

3. "Lump sum/payment reduction method" means a method of reimbursement in which the total adjustment to a consumer will be made in two stages:

a. A cash payment that fully adjusts the consumer's account up to the time of the cash payment; and,

b. A reduction of the remaining payment amounts on the loan.

4. "Understated APR" means a disclosed APR that is understated by more than the reimbursement tolerance provided in the Act,[1] as follows:

- For loans [2] with an amortization schedule of 10 years or less, a disclosed APR which, when increased by the greater of the APR tolerance specified in the Act [3] and Regulation Z [4] or one-quarter of one percent, is less than the actual APR calculated under the Act.[5]
- For loans with an amortization schedule of more than 10 years, a disclosed APR which, when increased by the APR tolerance specified in the Act and Regulation Z (*i.e.*, one-quarter of one percent for irregular loans, one-eighth of one percent for all other closed-end loans) is less than the actual APR.[6]

5. "Understated finance charge" means a disclosed finance charge which, when increased by the greater of the finance charge dollar tolerance specified in the Act and Regulation Z or a dollar tolerance that is generated by the corresponding APR reimbursement tolerance,[7] is less than the finance charge calculated under the Act.

### *De Minimis Rule*

If the amount of adjustment on an account is less than $1.00, no restitution will be ordered. However, the agencies may require a creditor to make any adjustments of less than $1.00 by paying into the United States Treasury, if more than one year has elapsed since the date of the violation.

---

[1] 15 U.S.C. 1607(e)

[2] For loans consummated after March 31, 1982. For loans consummated prior to that date refer to the Policy Guide dated July 21, 1980 (45 FR 48712) for additional guidance.

[3] 15 U.S.C. 1606(c)

[4] 12 CFR 226.14(a) and 226.22(a)

[5] If, however, the loan is closed-end credit secured by real estate or a dwelling and the APR is understated by more than one-quarter of one percent, the APR will be considered accurate and not subject to reimbursement if: (1) The finance charge is understated but considered accurate in accordance with the Act and Regulation (*i.e.*, the finance charge is not understated by more than $100 on loans made on or after 9/30/95, or $200 for loans made before that date); and (2) the APR is not understated by more than the dollar equivalent of the finance charge error and the understated APR resulted from the understated finance charge that is considered accurate.

[6] If, however, the loan is closed-end credit secured by real estate or a dwelling and the APR is understated by more than one-eighth of one percent if the transaction is not considered to be an irregular transaction as defined by the Regulation (12 CFR 226.22(a)(3)) or one quarter of one percent if the transaction is irregular according to the definition, the APR will be considered accurate and no subject to reimbursement if: (1) The finance charge is understated but considered accurate according to the Actual Regulation (i.e., the finance charge is understated but considered accurate according to the Act and Regulation i.e., the finance charge is not understated by more than $100 on loans made on or after 9/30/95, or $200 for loans made before that date); and (2) the APR is not understated by more than the dollar equivalent of the finance charge error and the understated APR resulted from the understated finance charge that is considered accurate.

[7] The finance charge tolerance for each loan will be generated by the corresponding APR tolerance applicable to that loan. For example, consider a single-payment loan with a one-year maturity that is subject to a one-quarter of one percent APR tolerance. If the amount financed is $5,000 and the finance charge is $912.50, the actual APR will be 18.25%. The finance charge generated by an APR of 18% (applying the one-quarter of one percent APR tolerance to 18.25%) for that loan would be $900. The difference between $912.50 and $900 produces a numerical finance charge tolerance of $12.50. If the disclosed finance charge is not understated by more than $12.50, reimbursement would not be ordered.

*Corrective Action Period*

1. Open-end credit transactions will be subject to an adjustment if the violation occurred within the two-year period preceding the date of the current examination.

2. Closed-end credit transactions will be subject to an adjustment if the violation resulted from a clear and consistent pattern or practice or gross negligence where:

a. There is an understated APR on a loan which originated between January 1, 1977 and March 31, 1980.

b. There is an understated APR or understated finance charge, and the practice giving rise to the violation is identified during the current examination. Loans containing the violation which were consummated since the date of the immediately preceding examination are subject to an adjustment.

c. There is an understated APR or understated finance charge, the practice giving rise to the violation was identified during a prior examination and the practice is not corrected by the date of the current examination. Loans containing the violation which were consummated since the creditor was first notified in writing of the violation are subject to an adjustment. (Prior examinations include any examinations conducted since July 1, 1969).

3. Each closed-end credit transaction, consummated since July 1, 1969, and containing a willful violation intended to mislead the consumer is subject to an adjustment.

4. For terminated loans subject to 2, above, an adjustment will not be ordered if the violation occurred in a transaction consummated more than two years prior to the date of the current examination.

*Calculating the Adjustment*

Consumers will not be required to pay any amount in excess of the finance charge or dollar equivalent of the APR actually disclosed on transactions involving:

1. Understated APR violations on transactions consummated between January 1, 1977 and March 31, 1980, or

2. Willful violations which were intended to mislead the consumer.

On all other transactions, applicable tolerances provided in the definitions of understated APR and understated finance charge may be applied in calculating the amount of adjustment to the consumer's account.

*Methods of Adjustment*

The consumer's account will be adjusted using the lump sum method or the lump sum/payment reduction method, at the discretion of the creditor.

*Violations Involving the Non-Disclosure of the APR or Finance Charge*

1. In cases where an APR was required to be disclosed but was not, the disclosed APR shall be considered to be the contract rate, if disclosed on the note or the Truth in Lending disclosure statement.

2. In cases where an APR was required to be disclosed but was not, and no contract rate was disclosed, consumers will not be required to pay an amount greater than the actual APR reduced by one-quarter of one percentage point, in the case of first lien mortgage transactions, and by one percentage point in all other transactions.

3. In cases where a finance charge was not disclosed, no adjustment will be ordered.

*Violations Involving the Improper Disclosure of Credit Life, Accident, Health, or Loss of Income Insurance*

1. If the creditor has not disclosed to the consumer in writing that credit life, accident, health, or loss of income insurance is optional, the insurance shall be treated as having been required and improperly excluded from the finance charge. An adjustment will be ordered if it results in an understated APR or finance charge. The insurance will remain in effect for the remainder of its term.

2. If the creditor has disclosed to the consumer in writing that credit life, accident, health, or loss of income insurance is optional, but there is either no signed insurance option or no disclosure of the cost of the insurance, the insurance shall be treated as having been required and improperly excluded from the finance charge. An adjustment will be ordered if it results in an understated APR or finance charge. The insurance will remain in effect for the remainder of its term.

*Special Disclosures*

Adjustments will not be required for violations involving the disclosures required by sections 106(c) and (d) of the Act, (15 U.S.C. 1605(c) and (d)).

*Obvious Errors*

If an APR was disclosed correctly, but the finance charge required to be disclosed was understated, or if the finance charge was disclosed correctly, but the APR required to be disclosed was understated, no adjustment will be required if the error involved a disclosed value which was 10 percent or less of the amount that should have been disclosed.

*Agency Discretion*

Adjustments will not be required if the agency determines that the disclosure error resulted from any unique circumstances involving a clearly technical and non-substantive disclosure violation which did not adversely affect information provided to the consumer and which did not mislead or otherwise deceive the consumer.

*Safety and Soundness*

In some cases, an agency may order, in place of an immediate, full adjustment, either a partial adjustment, or a full adjustment in partial payments over an extended time period that the agency considers reasonable. The agency may do so if it determines that (1) the full, immediate adjustment would have a significantly adverse impact upon the safety and soundness of the creditor, and (2) a partial adjustment, or making partial payments over an extended period of time, is necessary to avoid causing the creditor to become undercapitalized.[8]

*Exemption from Restitution Orders*

A creditor will not be subject to an order to make an adjustment if within 60 days after discovering a disclosure error, whether pursuant to a final written examination report or through the creditor's own procedures, the creditor notifies the person concerned of the error and adjusts the account to ensure that such person will not be required to pay a finance charge in excess of that actually disclosed or the dollar equivalent of the APR disclosed, whichever is lower. This 60-day period for correction of disclosure errors is unrelated to the provisions of the civil liability section of the Act.

Dated: September 2, 1998.

**Keith J. Todd,**

*Acting Executive Secretary, Federal Financial Institutions Examination Council.*

[FR Doc. 98–24057 Filed 9–4–98; 8:45 am]

**BILLING CODES FRB: 6210–01–P 20%, OTS: 6720–01–P 20%, FDIC: 6714–01–P 20%, OCC: 4810–33–P 20%, NCUA: 7535–01–P 20%**

[8] The term "undercapitalized" will have the meaning as defined in section 38 of the Federal Deposit Insurance Act (12 U.S.C. 1831o).

## FEDERAL MARITIME COMMISSION

### Notice of Agreement(s) Filed

The Commission hereby gives notice of the filing of the following agreement(s) under the Shipping Act of 1984.

Interested parties can review or obtain copies of agreements at the Washington, DC offices of the Commission, 800 North Capitol Street, N.W., Room 962. Interested parties may submit comments on an agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days of the date this notice appears in the Federal Register.

*Agreement No.:* 224–200563–008.

*Title:* Oakland/Trans Pacific Container Service Terminal Agreement.

*Parties:* Port of Oakland ("Port"), Trans Pacific Container Service Corporation ("Trans Pacific").

*Synopsis:* The proposed amendment recognizes Hyundai Merchant Marine Co. Ltd. ("Hyundai") as a secondary user of certain facilities in the Port's Seventh Street Marine Terminal area previously set aside for preferential use by Trans Pacific. Hyundai will utilize the facilities for an initial period of five years.

*Agreement No.:* 224–201057.

*Title:* Tampa Port Authority/Harborside Refrigerated Services, Inc.

*Parties:* Tampa Port Authority, Harborside Refrigerated Services, Inc.

*Synopsis:* The proposed Agreement authorizes the Port Authority to charge an incentive wharfage rate of $1.50 per gross ton on export poultry, based on a minimum volume of 20,000 gross short tons. The term of the Agreement is for one year.

By order of the Federal Maritime Commission.

Dated: September 1, 1998.

**Joseph C. Polking,**

*Secretary.*

[FR Doc. 98–23961 Filed 9–4–98; 8:45 am]

BILLING CODE 6730–01–M

## FEDERAL MARITIME COMMISSION

### Ocean Freight Forwarder License Applicants

Notice is hereby given that the following applicants have filed with the Federal Maritime Commission applications for licenses as ocean freight forwarders pursuant to section 19 of the Shipping Act of 1984 (46 U.S.C. app. 1718 and 46 CFR 510).

Persons knowing of any reason why any of the following applicants should not receive a license are requested to contact the Office of Freight Forwarders, Federal Maritime Commission, Washington, DC 20573.

Transoptima Freight & Logistics, Inc. d/b/a Transoptima, 4135—145th Ave., NE., Bellevue, WA 98007, Officers: Georgi Dodov, Director, Anetta Dodova, Director

Magnum Freight Corporation, 2950 NW 75th Avenue, Miami, FL 33122, Officer: Alvaro Fabre, President

Trans Forwarding, Inc., 7941 NW 21st Street, Miami, FL 33122, Officer: Roberto Wittkop, President

LP International Inc., 3400 W. 35th Street, Chicago, IL 60632, Officers: James E. Hurley, President, Ralph H. Steinbarth, Director

AFS Freight Management (USA) Inc. d/b/a, AFS Projects & Logistics USA, 2698 Junipero Avenue, Suite 201A, Signal Hills, CA 90806, Officers: Stephen Charles Rieson, President, Vince Argenzio, Sr. Vice President

GAI International, 2631 So. Shaver, Pasadena, TX 77502, Gerald Gumina, Sole Proprietor

Dated: September 1, 1998.

**Joseph C. Polking,**

*Secretary.*

[FR Doc. 98–23962 Filed 9–4–98; 8:45 am]

BILLING CODE 6730–01–M

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than September 28, 1998.

**A. Federal Reserve Bank of Cleveland** (Paul Kaboth, Banking Supervisor) 1455 East Sixth Street, Cleveland, Ohio 44101-2566:

*1. Charter One Financial, Inc.*, Cleveland, and Charter-Michigan Bancorp, Inc., both of Cleveland, Ohio; to become bank holding companies by acquiring 100 percent of the voting of ALBANK Financial Corporation, Albany, New York, and thereby indirectly aquire ALBANK Commercial, Albany, New York, and 9.9 percent of Gateway American Bank of Florida, Fort Lauderdale, Florida.

In connection with this application, Applicants have also applied to acquire all the nonbank subsidiaries of ALBANK, including Charter One Bank, FSB, Cleveland, Ohio, and ALBANK, FSB, Albany, New York, and thereby engage in operating savings associations, pursuant to § 225.28(b)(4)(ii) of Regulation Y; The First Financial Services and Development Corporation, Cleveland, Ohio, Servco, Inc., Cleveland, Ohio, and CDC-ASBANY Corp., Albany, New York, and thereby engage in community development activities, pursuant to § 225.28(b)(12) of Regulation Y; Charter One Investments, Inc., Cleveland, Ohio, Charter One Investments of Michigan, Inc., Detroit, Michigan, Charter One Investments of New York, Inc., Rochester, New York, Cuyahoga Financial Services Agency, Inc., Cleveland, Ohio, and ALVEST Financial Services, Inc., Albany, New York, and thereby engage in securities activities, pursuant to § 225.28(b)(7) of Regulation Y; Equity One Credit Corp., Cleveland, Ohio, Charter One Mortgage Corp., Richmond, Virginia, Charter One Auto Finance Corp., Rochester, New York, Equity One Credit Corp. (aka First Family Financial Services, Inc.), Cleveland, Ohio, and Servco, Inc., Cleveland, Ohio, and thereby engage in lending activities, pursuant to § 225.28(b)(1) of Regulation Y; ICX Corporation, Cleveland, Ohio, and Charter One Auto Finance Corp., Rochester, New York, and thereby engage in leasing activities, pursuant to § 225.28(b)(3) of Regulation Y; Real Estate Appraisal Services, Inc., Cleveland, Ohio, and thereby engage in real estate appraisal services, pursuant to § 225.28(b)(2)(i) of Regulation Y; Bay

Life Insurance Agency, Inc., Phoenix, Arizona, and thereby indirectly acquire 1001 Insurance Agency, Inc. (inactive), Detroit, Michigan, and thereby engage in insurance activities, pursuant to § 225.28(b)(11)(i) of Regulation Y; and GCCC, Inc., Cleveland, Ohio, and thereby engage in data processing activities, pursuant to § 225.28(b)(14) of Regulation Y.

**B. Federal Reserve Bank of Atlanta** (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. *SunTrust Banks, Inc.*, Atlanta, Georgia; to acquire 100 percent of the voting shares of Crestar Financial, Corporation, Richmond, Virginia, and thereby indirectly acquire Crestar Bank, Richmond, Virginia. In addition, Applicant seeks approval to acquire 19.9 percent of the voting shares of Crestar pursuant to an option agreement that may be exercised in the event that the full acquisition does not take place.

In connection with this application, Applicant also has applied to acquire the nonbanking subsidiaries of Crestar, including Crestar Securities Corporation, Richmond, Virginia: extending credit and servicing loans, pursuant to § 225.28(b)(1) of Regulation Y, providing leasing services, pursuant to § 225.28(b)(3) of Regulation Y, and thereby engage in providing financial and investment advisory services, pursuant to § 225.28(b)(6) of Regulation Y, providing agency transactional services for customer investments, pursuant to § 225.28(b)(7) of Regulation Y, underwriting and dealing in certain government obligations and money market instruments, pursuant to § 225.28(b)(8) of Regulation Y, engaging in sales of fixed rate and variable annuities and life insurance on an agency basis, pursuant to §§ 225.28(b)(11)(iv) and 225.28(b)(11)(vii) of Regulation Y, and underwriting and dealing in, to a limited extent, certain municipal revenue bonds, 1-4 family mortgage-related securities, consumer receivable-related securities, and commercial paper, pursuant to *Crestar Financial Corporation*, 83 Federal Reserve Bulletin 512 (1997), and other Board Orders.

In addition, Notificant proposes to engage through Crestar Insurance Agency, Richmond, Virginia, in the activity of acting as an insurance agency that provides life and property/casualty insurance coverage as agent for both individuals and businesses, pursuant to §§ 225.28(b)(11)(iv) and 225.28(b)(11)(vii) of Regulation Y; to engage through Crestar Community Development Corporation, Richmond, Virginia, in community development activities, pursuant to § 225.18(b)(12); to operate an electronic funds transfer network and engage in data processing and management consulting activities by acquiring 5.7 percent of Honor Technologies, Inc., Maitland, Florida, pursuant to §§ 225.28(b)(9) and 225.28(b)(14) of Regulation Y, respectively. **Comments on this application must be received by September 30, 1998.**

Board of Governors of the Federal Reserve System, August 31, 1998.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 98–23792 Filed 9–4–98; 8:45 am]

BILLING CODE 6210–01–F

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 1, 1998.

**A. Federal Reserve Bank of New York** (Betsy Buttrill White, Senior Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. *Commerzbank AG*, Frankfurt AM Main, Federal Republic of Germany; to become a bank holding company by acquiring 32.39 percent of the voting shares of Korea Exchange Bank, Seoul, Korea, and thereby indirectly acquire California Korea Bank, Los Angeles, California.

**B. Federal Reserve Bank of St. Louis** (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63102-2034:

2. *Area Bancshares Corporation*, Ownesboro, Kentucky to acquire 100 percent of the voting shares of Broadway Bank and Trust, Paducah, Kentucky, a *de novo* state bank.

Board of Governors of the Federal Reserve System, September 1, 1998.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 98–23968 Filed 9–4–98; 8:45 am]

BILLING CODE 6210–01–F

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 2, 1998.

**A. Federal Reserve Bank of New York** (Betsy Buttrill White, Senior Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. *Greene County Bancorp, MHC, and Greene County Bancorp, Inc.*, both of Catskill, New York; to become bank holding companies by acquiring 51 percent of the voting shares of Greene County Savings Bank, Catskill, New York.

2. *Cortland First Financial Corporation*, Cortland, New York; to acquire 100 percent of the voting shares of Oneida Valley Bancshares, Inc., Oneida, New York, and thereby indirectly acquire Oneida Valley National Bank, Oneida, New York.

3. *Oneida Financial MHC, and Oneida Financial Corp.*, both of Oneida, New York; to become bank holding companies by acquiring 53.50 percent of the voting shares of The Oneida Savings Bank, Oneida, New York.

**B. Federal Reserve Bank of Chicago** (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. *Legacy Bancorp, Inc.*, Milwaukee, Wisconsin; to become a bank holding company by acquiring 100 percent of the voting shares of Legacy Bank, Milwaukee, Wisconsin (in organization).

**C. Federal Reserve Bank of Kansas City** (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *BancFirst Corporation*, Oklahoma City, Oklahoma; to acquire 100 percent of the voting shares of Kingfisher Bancorp, Inc.,, Kingfisher, Oklahoma, and thereby indirectly acquire Kingfisher Bank and Trust Co., Kingfisher, Oklahoma.

Board of Governors of the Federal Reserve System, September 2, 1998.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 98-24076 Filed 9-4-98; 8:45 am]

BILLING CODE 6210-01-F

## FEDERAL RESERVE SYSTEM

### Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than September 22, 1998.

**A. Federal Reserve Bank of Atlanta** (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. *SouthTrust Corporation*, Birmingham, Alabama; to engage *de novo* through its subsidiary, SouthTrust Securities, Inc., Birmingham, Alabama, in underwriting and dealing, to a limited extent, in certain private ownership industrial development revenue bonds; *See Crestar Financial Corporation*, 83 Fed. Res. Bull. 512 (1997); *Bank South Corporation*, 81 Fed. Res. Bull. 1116 (1995)), and certain unrated municipal revenue bonds; *See Letter Interpreting Section 20 Orders*, 81 Fed. Res. Bull. 198 (1995); *Mellon Bank Corporation*, 81 Fed. Res. Bull. (1995); *SunTrust Banks, Inc.*, 81 Fed. Res. Bull. 1137 (1995)).

Board of Governors of the Federal Reserve System, September 1, 1998.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 98-23969 Filed 9-4-98; 8:45 am]

BILLING CODE 6210-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

### Healthy People 2010 Objectives: Draft for Public Comment

**AGENCY:** DHHS/OS/Office of Public Health and Science, Office of Disease Prevention and Health Promotion (ODPHP).

**ACTION:** Call for comments on the draft national health objectives in Healthy People 2010.

**SUMMARY:** During the fall of 1998, the Department of Health and Human Services is soliciting comments on Healthy People 2010 Objectives: Draft for Public Comment, which identifies the national health promotion and disease prevention objectives for the next decade. Individuals and organizations are encouraged to comment on the draft objectives in one or more of the following three ways: (1) in writing, by submission through the mails, courier service, or the Internet; (2) in person, at one of five regional meetings scheduled at locations around the country; (3) in person, at the annual fall meeting of the national Healthy People Consortium.

**DATES:** The period for public comment opens at 9:00 a.m. EDT on September 15, 1998, and closes at 5:00 p.m. EST on December 15, 1998. Five regional meetings on Healthy People 2010 are scheduled on: October 5–6 in Philadelphia, PA; October 21–22 in New Orleans, LA; November 5–6 in Chicago, IL; December 2–3 in Seattle, WA; and December 9–10 in Sacramento, CA. Public comments on the Healthy People 2010 objectives will be accepted and recorded on the second day of each meeting. The Healthy People Consortium meeting is on November 12–13, 1998 in Washington, D.C. at the Capital Hilton hotel. A public hearing will be held during the afternoon of November 13, 1998. Pre-registration for these meetings is required. Registration forms and additional information about the meetings can be obtained by calling 1–800–367–4725. Seating is limited. In the event that interpretive services for the hearing-impaired are required, please indicate these special needs on the registration form.

**AVAILABILITY OF DRAFT DOCUMENT:** The draft document Healthy People 2010 Objectives: Draft for Public Comment will be for sale by the U.S. Government Printing Office as stock #017–001–00537. All orders must be prepaid. To order, call (202) 512–1800; FAX (202) 512–2250; or send orders to—Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. The full document and additional background information are also available on the Healthy People 2010 World Wide Web site, http://web.health.gov/healthypeople.

**ADDRESSES:** The mailing address for written comments is: Attention: Healthy People 2010 Objectives, Office of Disease Prevention and Health Promotion, Department of Health and Human Services, Room 738–G Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. Comments may also be submitted electronically through the Healthy People 2010 World Wide Web site, http://web.health.gov/healthypeople.

**FOR FURTHER INFORMATION CONTACT:** Office of Disease Prevention and Health Promotion, Room 738–G Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, (202) 205–8583.

**SUPPLEMENTARY INFORMATION:**

### Background

In 1979, the Department of Health and Human Services began an initiative using objectives for health promotion and disease prevention to improve the health of people living in the United States. The first set of national health targets was published in 1979 in Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention. This report proposed five goals to be achieved by 1990, including the reduction of mortality among four different age groups and the increase of independence among older adults. The goals were supported by objectives that were released in 1980 with 1990 targets. Healthy People 2000, the second and current national prevention initiative, reflects the progress and experience of 10 years, as well as an expanded science base and surveillance system. An extensive network of voluntary and professional organizations, businesses, and individuals collaborated in the design of the document's framework. Healthy People 2000 has three broad goals—increasing the span of health life, reducing health disparities, and achieving access to clinical preventive services—and is organized into 22 priority areas.

### Structure of Health People 2010

The Healthy People 2010 process builds on Healthy People 2000. Two overarching goals are proposed: (1) Increase quality and years of health life, and (2) eliminate health disparities. The first goal continues the year 2000 goal and emphasizes increasing the quality and wellness of life years, not just life expectancy. The second goal expands the year 2000 goal of reducing health disparities by calling for the elimination of these disparities. Select populations are targeted in many objectives to identify disparities in health status, health risk, or service delivery. The proposed focus areas are analogous to, and for the most part use the same names as, the Healthy People 2000 priority areas. The term "focus area" was chosen to avoid any implication of prioritization. New focus areas have been added in response to changes in health care and public health during the last decade and to anticipated changes in coming years. These new focus areas include: (1) Access to quality health services; (2) arthritis, osteoporosis, and chronic back conditions; (3) disability and secondary conditions; (4) health communication; (5) public health infrastructure; and (6) respiratory diseases. The focus areas are organized under the headings "Promote Healthy Behaviors," "Promote Healthy and Safe Communities," "Prevent and Reduce Diseases and Disorders," and "Improve Systems of Personal and Public Health."

### Objectives for Healthy People 2010

The 2010 document has two types of objectives, measurable and developmental. Measurable objectives provide direction for action. They have baselines that use reliable data derived from currently established, nationally recognized data systems. Baseline data provide the point from which the target for 2010 can be set. Whenever possible, objectives will be measured with national systems that either build on, or are comparable with, state and local data systems. An example of a measurable objective in the Maternal, Infant, and Child Health focus area is "Reduce the infant mortality rate to no more than 5 per 1,000 live births." The most recent data indicate that the infant mortality rate was 7.6 per 1,000 live births in 1995, as recorded by National Vital Statistics System, the data source from the Centers for Disease Control and Prevention, National Center for Health Statistics.

Developmental objectives describe a desired outcome or improvement in health status. However, current surveillance systems do not provide data to measure these objectives. The purpose of developmental objectives is to identify areas that are important to achieving improved health for Americans and to stimulate the development of data systems to measure them. An example of a developmental objective is "Increase the proportion of infants aged 18 months and younger who receive recommended primary care services at appropriated intervals." Baseline data to measure such an objective are not currently available.

### Purpose of Public Comment

The year 2010 goals and objectives need to address priorities for improving the health of the Nation and must be meaningful and useful for many stakeholders, including the general public. Comments on the 2010 objectives received by ODPHP by the three ways identified above will be assigned for review to agencies of HHS. A listing of these lead agencies is contained in the 2010 draft document. Public comments will be used to refine the draft 2010 document into its final form, which is scheduled for release in January 2000.

Dated: August 25, 1998.

**David Satcher,**

*Assistant Secretary for Health and Surgeon General.*

[FR Doc. 98–23970 Filed 9–4–98; 8:45 am]

BILLING CODE 4160–17–M

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Proposed Information Collection Activity; Comment Request Proposed Project

*Title:* Form OCSE–396A, Child Support Enforcement Program Financial Report and Form OCSE–34A, Child Support Enforcement Program Quarterly Report of Collections.

*OMB No.:* New.

*Description:* These forms are used by States to report the expenditures and the collections of child support payments made under Title IV–D of the Social Security Act during each fiscal quarter. These forms also report the semiannual budget estimates for the program and the portion of the collected payments to be distributed to the custodial parent or to the Federal or State governments. The information is used to calculate quarterly grant awards, annual incentive payments to the States, annual "hold harmless" payments and is published in an Annual Report to Congress. Respondents are limited to the designated child support enforcement agency in each State.

*Respondents:* States.

ANNUAL BURDEN ESTIMATES

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|---|---|---|---|---|
| 396A | 54 | 4 | 8 | 1,728 |

ANNUAL BURDEN ESTIMATES—Continued

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|---|---|---|---|---|
| 34A | 54 | 4 | 8 | 1,728 |

*Estimated Total Annual Burden Hours:* 3,456.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: September 1, 1998.

**Bob Sargis,**

*Reports Clearance Officer.*

[FR Doc. 98–23973 Filed 9–4–98; 8:45 am]

BILLING CODE 4184–01–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Proposed Information Collection Activity; Comment Request; Proposed Project

*Title:* Emergency TANF Data Report (ACF–198).

*OMB No.:* 0970–0164.

*Description:* This information is being collected to meet the statutory requirements of section 411 of the Social Security Act. It consists of disaggregated and aggregated demographic and program information that will be used to determine participation rates, performance awards, and other statutorily required indicators for the Temporary Assistance for Needy Families (TANF) program. OMB previously approved this data collection through September 30, 1998. We are now requesting an extension through March 31, 2000, in order to maintain continuity of data collection.

*Respondents:* State, Local or Tribal Government.

ANNUAL BURDEN ESTIMATES

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|---|---|---|---|---|
| ACF–198 | 54 | 4 | 451 | 97,416 |

Estimated Total Annual Burden Hours: 97,416.

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW, Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: September 2, 1998.

**Bob Sargis,**

*Acting Reports Clearance Officer.*

[FR Doc. 98–24017 Filed 9–4–98; 8:45 am]

BILLING CODE 4184–01–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. 98F–0730]**

### Keller and Heckman LLP; Filing of Food Additive Petition

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that Keller and Heckman LLP, has filed a petition proposing that the food additive regulations be amended to change the density specifications for ethylene-maleic anhydride copolymers intended for use in contact with food.

**FOR FURTHER INFORMATION CONTACT:** Vir D. Anand, Center for Food Safety and Applied Nutrition (HFS–215), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3081.

**SUPPLEMENTARY INFORMATION:** Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 8B4623) has been filed by Keller and Heckman LLP, 1001 G St. NW., suite 500 West, Washington, DC 20001. The petition proposes to amend the food additive regulations in § 177.1520 *Olefin polymers* (21 CFR 177.1520) to change the density specifications from "0.92 to 0.94" to "0.92 or greater" for ethylene-maleic anhydride copolymers intended for use in contact with food.

The agency has determined under 21 CFR 25.32(i) that this action is of the type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Dated: August 21, 1998.

**George H. Pauli,**

*Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.*

[FR Doc. 98–23960 Filed 9–4–98; 8:45 am]

BILLING CODE 4160–01–F

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

### Anti-Infective Drugs Advisory Committee; Notice of Meeting

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

*Name of Committee*: Anti-Infective Drugs Advisory Committee.

*General Function of the Committee*: To provide advice and recommendations to the agency on FDA's regulatory issues.

*Date and Time*: The meeting will be held on October 15 and 16, 1998, 8 a.m. to 5 p.m.

*Location*: Holiday Inn—Silver Spring, Kennedy Grand Ballroom, 8777 Georgia Ave., Silver Spring, MD.

*Contact Person*: Ermona B. McGoodwin, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–7001, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12530. Please call the Information Line for up-to-date information on this meeting.

*Agenda*: The committee will discuss the development of drug products for resistant bacteria, including selective spectrum agents.

*Procedure*: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by October 9, 1998. Oral presentations from the public will be scheduled between approximately 1 p.m. and 1:30 p.m. Time allotted for each presentation may be limited. Those desiring to make formal presentations should notify the contact person before October 9, 1998, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: September 1, 1998.

**Michael A. Friedman,**

*Deputy Commissioner for Operations.*

[FR Doc. 98–24003 Filed 9–4–98; 8:45 am]

BILLING CODE 4160–01–F

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

### Dental Plaque Subcommittee of the Nonprescription Drugs Advisory Committee; Notice of Meeting

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

*Name of Committee*: Dental Plaque Subcommittee of the Nonprescription Drugs Advisory Committee.

*General Function of the Committee*: To provide advice and recommendations to the agency on FDA's regulatory issues.

*Date and Time*: The meeting will be held on October 22 and 23, 1998, 8:30 a.m. to 5 p.m.

*Location*: Town Center Hotel, The Maryland Ballroom, 8727 Colesville Rd., Silver Spring, MD.

*Contact Person*: Robert L. Sherman or Stephanie A. Mason, Center for Drug Evaluation and Research (HFD–560), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD, 301–827–5191, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12541. Please call the Information Line for up-to-date information on this meeting.

*Agenda*: The subcommittee will discuss: (1) The safety and efficacy of the combination of triclosan and zinc citrate and vote on the combination of zinc chloride, sodium citrate, hydrogen peroxide and sodium lauryl sulfate; (2) professional labeling for over-the-counter (OTC) antiplaque-antigingivitis drug products; and (3) the elements of their recommendations concerning OTC antiplaque-antigingivitis drug products, which will continue on October 23, 1998.

*Procedure*: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by October 15, 1998. Oral presentations from the public will be scheduled on October 22 between approximately 11 a.m. and 12 m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before October 15, 1998, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: September 1, 1998.

**Michael A. Friedman,**

*Deputy Commissioner for Operations.*

[FR Doc. 98–24002 Filed 9–4–98; 8:45 am]

BILLING CODE 4160–01–F

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

**[Docket No. 98D–0340]**

## Draft Guidance for Industry: Use of Antibiotic Resistance Marker Genes in Transgenic Plants; Report and Guidance for Industry; Availability

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the availability of a draft guidance entitled "Use of Antibiotic Resistance Marker Genes in Transgenic Plants: Guidance for Industry" (the draft guidance) and report entitled "Report on Consultations Regarding Use of Antibiotic Resistance Marker Genes In Transgenic Plants." The report summarizes FDA's recent consultations with outside experts on the use of antibiotic resistance marker genes in transgenic plants. The draft guidance is intended to provide information to crop developers that will assist them on the use of antibiotic resistance marker genes in the development of transgenic plants. In accordance with FDA's good guidance practices (GGP's) for Level 1 guidance, the agency is making the draft guidance available for public comment. The agency is also making the report available for public comment.

**DATES:** Written comments by December 7, 1998.

**ADDRESSES:** Submit written comments on the draft guidance and report to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit written requests for single copies of the draft guidance and report to the Division of Product Policy (HFS–206), Center for Food Safety and Applied Nutrition, Food and Drug Administration, 200 C St. SW., Washington, DC 20204. Send two self-addressed adhesive labels to assist that office in processing your requests. Requests and comments should be identified with the docket number found in brackets in the heading of this document. The draft guidance, report, and received comments are available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

**FOR FURTHER INFORMATION CONTACT:**

Regarding human food issues: Nega Beru, Center for Food Safety and Applied Nutrition (HFS–206), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3097.

Regarding animal feed issues: William D. Price, Center for Veterinary Medicine (HFV–200), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–827–6652.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of May 29, 1992 (57 FR 22984), FDA published a notice on a policy statement (the 1992 policy) regarding foods derived from new plant varieties, including those derived using genetic engineering techniques. In the 1992 policy statement, FDA specifically discussed antibiotic resistance selectable marker genes and noted that both the antibiotic resistance gene and the enzyme encoded by the gene, unless removed, are expected to be present in foods derived from plants developed using the markers. The agency acknowledged that, when present in food, enzymes that are encoded by selectable marker genes and that inactivate certain clinically useful antibiotics theoretically might reduce the therapeutic efficacy of antibiotics administered orally. Accordingly, FDA believes that it is important to evaluate such concerns with respect to commercial use of antibiotic resistance marker genes in food, especially those marker genes that will be widely used. In addition, the agency also believes that it is important to consider the possibility that resistance to antibiotics in microorganisms has the potential to spread through horizontal transfer of antibiotic resistance marker genes from plants (59 FR 26700, May 23, 1994). This second consideration was reflected in FDA's evaluation of the safety of the use of the kanamycin resistance ($kan^r$) gene product, aminoglycoside 3′-phosphotransferase II (APH(3′)II, also known as neomycin phosphotransferase II or nptII) when the agency amended the food additive regulations to permit the use of APH(3′)II in the development of transgenic tomato, cotton, and oilseed rape.

FDA received several comments from the public regarding the use of antibiotic resistance marker genes in transgenic plants in response to the 1992 policy, and in response to the agency's solicitation for comment regarding the request of Calgene, Inc., for an advisory opinion on the use of the $kan^r$ gene as a selectable marker in the development of transgenic tomatoes (56 FR 20004, May 1, 1991). FDA responded to these comments when it issued the final rule permitting the use of APH(3′)II in the development of transgenic tomatoes, oilseed rape, and cotton (59 FR 26700 at 26706).

Since FDA's decision approving the use of the APH(3′)II in the development of transgenic tomatoes, cotton, and oilseed rape, the agency has continued to receive inquiries from crop developers as well as from the public regarding the safety and regulatory status of antibiotic resistance marker genes. Therefore, FDA sought to develop sound scientific principles regarding the safety of the use of antibiotic resistance marker genes in the development of transgenic plants intended for food use so as to provide sound scientific guidance to crop developers regarding the safe use of antibiotic resistance marker genes. Toward this end, FDA undertook several consultations with outside experts having expertise in relevant fields including gene transfer and antibiotic resistance. The purpose of the consultations was to determine whether circumstances exist under which FDA should recommend that a given antibiotic resistance gene not be used in crops intended for food use, and if so, to delineate the nature of those circumstances.

A team of scientists from FDA's Center for Food Safety and Applied Nutrition, Center for Veterinary Medicine, and Center for Drug Evaluation and Research held separate consultations with each expert. Following completion of all of the consultations, FDA prepared a report summarizing the discussions in each consultation. The report is entitled "Report on Consultations Regarding Use of Antibiotic Resistance Marker Genes In Transgenic Plants." The agency is by this notice making this report available for comment.

In order to facilitate the consultations, the agency developed several questions to form the basis of the discussions with the outside experts. These questions, enumerated in the report, were not intended to be exhaustive but rather to initiate the discussions with the experts. The agency is aware that there may be relevant issues not covered by these questions, e.g., the likelihood of a mutation in a given antibiotic resistance gene giving rise to resistance to another antibiotic. In commenting on the draft guidance and report, the agency encourages comments on issues that may have not been covered.

With this notice, FDA is announcing the availability of the draft guidance. The draft guidance represents the agency's current thinking on the use of antibiotic resistance marker genes in transgenic plants. It does not create or confer any rights for or on any person and does not operate to bind FDA or the

public. An alternative approach may be used if such an approach satisfies the requirements of the applicable statute, regulations, or both. The draft guidance is being distributed for comment purposes in accordance with FDA's GGP's (62 FR 8961, February 27, 1997); the draft guidance has been designated as Level 1 guidance.

Interested persons may, on or before December 7, 1998, submit written comments regarding the draft guidance and report to the Dockets Management Branch (address above). Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments and requests for copies are to be identified with the docket number found in brackets in the heading of this document. A copy of the draft guidance, report, and received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday. After consideration of any comments received in response to this notice, FDA will revise the draft guidance as appropriate and will announce its availability in the **Federal Register**.

An electronic version of the draft guidance and report are available on the Internet using the World Wide Web (WWW) at http://vm.cfsan.fda.gov under the heading "Biotechnology."

Dated: August 28, 1998.

**William B. Schultz,**

*Deputy Commissioner for Policy.*

[FR Doc. 98–24072 Filed 9–4–98; 8:45 am]

BILLING CODE 4160–01–F

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[HCFA–1045–N]

RIN 0938–AJ16

### Medicare Program: Request for Public Comments on Implementation of Risk Adjusted Payment for the Medicare+Choice Program and Announcement of Public Meeting

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Solicitation of comments; announcement of meeting.

**SUMMARY:** This notice solicits further public comments on issues related to the implementation of risk adjusted payment for Medicare+Choice organizations. Section 1853(a)(3) of the Social Security Act (the Act) requires the Secretary to implement a risk adjustment methodology that accounts for variation in per capita costs based on health status and demographic factors for payments no later than January 1, 2000. The methodology is to apply uniformly to all Medicare+Choice plans. This notice outlines our proposed approach to implementing risk adjusted payment.

In order to carry out risk adjustment, section 1853(a)(3) of the Act also requires Medicare+Choice organizations, as well as other organizations with risk sharing contracts, to submit encounter data. Inpatient hospital data are required for discharges on or after July 1, 1997. Other data, as the Secretary deems necessary, may be required beginning July 1998.

The Medicare+Choice interim final rule published on June 26, 1998 (63 FR 34968) describes the general process for the collection of encounter data. We also included a schedule for the collection of additional encounter data. Physician, outpatient hospital, skilled nursing facility, and home health data will be collected no earlier than October 1, 1999, and all other data we deem necessary no earlier than October 1, 2000. Given any start date, comprehensive risk adjustment will be made about three years after the year of initial collection of outpatient hospital and physician encounter data. Comments on the process for encounter data collection are requested in that interim final rule. We intend to consider comments received in response to this solicitation as we develop the final methodology for implementation of risk adjustment.

This notice also informs the public of a meeting on September 17, 1998, to discuss risk adjustment and the collection of encounter data. The meeting will be held at the Health Care Financing Administration headquarters, located at 7500 Security Boulevard, Baltimore, MD, beginning at 8:30 a.m. Additional materials on the risk adjustment model will be available on or after October 15, 1998, and may be requested in writing from Chapin Wilson, Health Care Financing Administration, Department of Health and Human Services, 200 Independence Avenue, S.W., Room 435–H, Washington, DC 20201.

**DATES:** We request that comments be submitted on or before October 6, 1998.

**ADDRESSES:** Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1045–N, P.O. Box 26688, Baltimore, MD 21207.

If you prefer you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1045–N. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone (202) 686–7890).

**FOR FURTHER INFORMATION CONTACT:** Cynthia Tudor, (410) 786–6499.

**SUPPLEMENTARY INFORMATION:**

## I. Background

Since 1985, Medicare payments to risk contracting Health Maintenance Organizations (HMOs) for aged and disabled beneficiaries living in a given county have been based on actuarial estimates of the per capita cost Medicare incurs paying claims on a fee-for-service (FFS) basis in that county. (Medicare's costs in paying claims for beneficiaries with end-stage renal disease are not considered in these county estimates, but are treated separately on a statewide basis.) These county estimates have been adjusted for the demographic composition of that county (age, gender, Medicaid eligibility status, and institutional status) in order to produce a figure representing the costs that would be incurred by Medicare on behalf of an average Medicare beneficiary in the county. These county per capita payment rates, adjusted for the average beneficiary, have been published annually as the county rate book. Prior to January 1998, actual payments for a given HMO enrollee were based on this county rate book amount, adjusted by demographic factors associated with each enrollee. Again, the demographic factors have been age, gender, Medicaid eligibility, and institutional status. This methodology is known as the "Adjusted Average Per Capita Cost" (AAPCC) methodology, and HMOs with Medicare contracts under section 1876 of the Social Security Act (the Act) were paid on this basis between 1985 and 1997.

In enacting the new Part C of Title XVIII to create the Medicare+Choice program, the Congress provided, a new section 1853 of the Act, for a new methodology for paying organizations that enter into Medicare+Choice contracts. Under this new methodology, the equivalent of the above-described county rate book (that is, the county-wide amount that is adjusted by an individual enrollee's demographic status to determine the final payment amount) is based on the greatest of three amounts. The first amount is a new blended payment rate methodology that would combine the area specific amounts with national data and would be subject to other adjustments. The second amount is a new minimum specified rate amount (for example, $367 per month per enrollee in 1998). The third amount is based on a 2 percent increase over the prior year's rates, with the rate book for 1997 serving as the baseline. As in the case of the AAPCC methodology described above, the county rates under section 1853 of the Act, are adjusted for the demographic status of each enrollee.

Under section 1876(k)(3) of the Act, the new Medicare+Choice payment methodology under section 1853 of the Act applies to existing HMO contracts under section 1876 for 1998, and to Medicare+Choice plans beginning in 1999.

Section 1853(a)(3) of the Act requires the Secretary to develop and implement a new risk adjustment methodology to be used to adjust the county-wide rates under section 1853 of the Act to reflect the expected relative health status of each enrollee. This new methodology, which must be implemented by January 1, 2000, would replace the current method of adjusting county-wide rates based on the four demographic factors of age, gender, Medicaid eligibility, and institutional status. The goal is to pay Medicare+Choice organizations based on better estimates of health care costs of the population they enroll (relative to the FFS population).

While the Medicare+Choice legislation mandates the implementation of risk adjustment in general, the legislation provides the Secretary with broad discretion to develop a risk adjustment methodology that would "account for variations in per capita costs based on health status and other demographic factors." Because Medicare+Choice legislation does not allow for the collection of any data other than inpatient hospital data (in the near term), we are constrained initially to using a model that requires only inpatient data. We are currently receiving these data. In previous public meetings on encounter data requirements, organizations have been briefed on the Principal Inpatient Diagnostic Cost Group (PIP–DCG), created by HHS-sponsored researchers at Health Economics Research, Inc., and Boston and Brandeis. This is the only risk adjuster model that has been developed to run solely on inpatient data. The model was recently updated using 1995 and 1996 Medicare data.

The remainder of this notice outlines our proposed approach for implementation of risk adjusted payments on January 1, 2000, discussing both the risk adjustment methodology and the proposed risk adjustment payment model. In the development of all risk adjustment payment models, there are two tasks that must be performed: (1) The estimation of the risk adjustment model, and (2) application of the risk adjustment model to a payment system. The estimation of the PIP–DCG model is described first.

*A. The Principal In-Patient Diagnostic Cost Group (PIP–DCG) Model*

In constructing a risk adjustment model, it is important to determine which set of conditions should be used to adjust payments. Under the current payment system, all enrollees are placed in a base group paid according to demographic characteristics. In this risk adjustment system, all conditions that appear as inpatient principal diagnoses are candidates for adjusting payments. The base payment category decreases as more conditions are placed into separate disease groups. Because an inpatient hospital-based system depends on a person's site of service, only a subset of conditions should be recognized for changing payments. That is, the system should recognize admissions for which inpatient care is most frequently appropriate. For example, admissions for diseases most commonly treated on an outpatient basis should remain in the base group and should not be used for adjustment.

The PIP–DCG model was estimated using diagnostic information for Medicare FFS enrollees from inpatient hospital stays during calendar year 1995. The sample used in the estimation analyses consisted of individuals included in the 5-percent sample of Medicare beneficiaries who were alive and enrolled in Medicare during all of 1995, and on January 1, 1996. Beneficiaries with certain characteristics (for example, HMO enrollees and end-stage renal disease enrollees, new Medicare eligibles in 1996) were excluded from the analyses. In general, these exclusions were made to increase confidence that a complete set of Medicare claims for each beneficiary in the sample data set was included in the model development. The final estimation data set included 1.4 million Medicare beneficiaries.

While the PIP–DCG model uses only inpatient diagnoses in creating the risk adjustment classification system, the model predicts total expected costs for the following year across multiple sites of services. Consequently, all Medicare expenditures, other than those for hospice care, were included in the calculation. Medicare expenditures for hospice care were not included because Medicare+Choice organizations are not responsible for hospice care. The model was estimated assuming no time lag between the base year (diagnostic information) and the predicted expenditures; that is, calendar year 1995 beneficiary diagnoses were used to predict calendar year 1996 expenditures.

1. From Diagnosis Groups (DxGroups) to PIP–DCGs

The risk adjustment model estimation process begins with a classification system, forming the inherent logic of the model. For the PIP–DCG model, diagnoses are classified into DxGroups based on the principal inpatient diagnosis. The DxGroups comprise an exhaustive classification of all valid International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM) diagnostic codes. For example, DxGroup 1, Central Nervous System Infections, includes ICD–9–CM diagnostic codes for such conditions as encephalitis and meningitis. The primary criteria in forming the DxGroups were clinical coherence and an adequate sample size to estimate average expenditures. Beneficiaries with multiple different inpatient diagnoses could have multiple hospital stays, and would initially be placed in multiple DxGroups.

Next, DxGroups were aggregated into payment groups, or PIP–DCGs, using a sorting algorithm that ranked DxGroups based on 1996 actual expenditures. For example, DxGroup 7 (Metastatic Cancer with a mean future expenditure of $26,331) was placed in PIP–DCG 26. Highest expenditure DxGroups were grouped into the "highest" PIP–DCG. Once beneficiaries with the highest costs were placed into a DxGroup, those beneficiaries and all their associated expenditures were removed from the data for other DxGroups and then the DxGroups were re-ranked. The DxGroups with the next most costly diagnoses were grouped into the next highest numbered PIP–DCG, and those beneficiaries were removed from the

remaining DxGroups. The process was repeated until each beneficiary and his or her expenditures were assigned to a single PIP–DCG group. Beneficiaries with multiple inpatient diagnoses were placed in their highest expenditure PIP–DCG group.

In this way, each PIP–DCG group was defined according to average total expenditures for beneficiaries with inpatient diagnoses, categorized and sorted using the DxGroups rather than diagnosis by diagnosis. Based upon this sorting algorithm, more than 20 initial PIP–DCGs were defined. Lower average expenditure PIP–DCG groups had lower cost ranges (or intervals), while the highest average expenditure PIP–DCG groups had wider ranges.[1]

2. Modifications to the PIP–DCG Model

After the initial sorting of DxGroups into PIP–DCG groups was complete, a clinical panel reviewed the placement of the DxGroups and their resulting predicted expenditures, to determine the appropriateness of their application in a payment model. Through this process, 75 DxGroups (covering about ⅓ of the admissions) were identified as: (1) Representing only a minor or transitory disease or disorder, not clinically likely to result in significant future medical costs, (2) rarely the main cause of an inpatient stay, or (3) vague or ambiguous. These groups, as recommended by the clinical panel, were identified as those most likely to result in inconsistent or inappropriate reimbursements and were placed (with their associated expenditures) in the base payment category (for which the payment is a function of demographic factors). Examples of these groups include the DxGroup for fluid/electrolyte disorders and malnutrition. Though the treatment for individuals with this diagnoses are often quite costly in the following year, the diagnosis is clinically vague and, therefore, represented a likely target for coding "creep." The clinical panel concluded that many of the sickest individuals with this diagnosis were likely to have another hospitalization that would trigger appropriate increased reimbursements. Then, the remaining DxGroups were resorted and placed into revised DCGs for the payment model. A total of 10 PIP–DCGs (above the base payment category) are included in the current model.

As a second strategy to ensure consistent and appropriate payment levels, beneficiary diagnoses reported as a result of a short hospital stay (1 day or less) were left in the base payment category. Since the majority of 1-day stays are for diagnoses already assigned to the base group, the effect on payment is small. Also, short stays are often indicative of less serious, and, hence, less costly cases. It is important to note that these modifications do not mean that these expenditures have been excluded from the model. Rather, the payments associated with these diseases are captured in increased payments for the base payment category, where the majority of enrollees are paid based on demographic factors.

Under the proposed PIP–DCG model, beneficiaries who are hospitalized for chemotherapy (V58.1 and V66.2) were treated as exceptions. These codes are indicators of a treatment method, rather than a particular disease. Recognizing, however, that Medicare's current inpatient coding rules require that the diagnoses for beneficiaries who are hospitalized for chemotherapy must be coded using these V-codes as the principal diagnoses, the most appropriate PIP–DCG group for these beneficiaries would be assigned based on the type of cancer, using a secondary diagnosis. A model will be estimated that uses secondary diagnoses to determine risk scores for hospitalized beneficiaries that were assigned chemotherapy V-codes (as defined above). This modification could be made for payment in calendar year 2000. The model described in this notice has left these admissions in the base group.

3. Addition of Demographic and Other Factors

The next phase in the estimation of the model was the creation of demographic variables (age, sex, and disability status) for the PIP–DCG groups. In this phase of the calibration, 24 age and sex groupings were created. Separate groupings were created for males and females, by 5-year age increments, except where numbers were too small to get good estimates (that is, age group 0 through 34 and greater than 94 for males and females).

Separate parameters were also included to estimate the unique cost effects of whether an aged beneficiary was formerly eligible because of a disability, and whether an aged or disabled beneficiary is eligible for Medicaid. The estimated adjustments for the demographic categories are the same irrespective of which PIP–DCG an enrollee falls into. The Medicaid adjustment, however, depends on a person's status as aged or disabled.

New enrollees to Medicare, for whom there are no claims history, will be assigned a score based on a separate HCFA analysis of actual new enrollee expenditures. At this time, a separate parameter is not anticipated for the institutionalized because institutional status is not needed as an indicator of high Medicare utilization. Under the demographically adjusted system, institutional status was an indicator of a beneficiary with relatively poor health status. It, therefore, increased payments over the age and sex based amounts. The risk adjuster model has health status measures built in, and on the average, compensates for poor health status. In fact, preliminary estimates indicate that after accounting for inpatient hospital admissions, the institutional adjustment would be negative. Adjustments for the working-aged will be made in a manner similar to the current system. As a last step during the estimation, expenditures were adjusted to create an estimate of annual payments as if each beneficiary had been alive and enrolled for the entire year. This is equivalent to an expenditure per month measure. Estimation of the incremental costs associated with each of the variables (for example, demographics, DCGs) was made by the linear regression technique, which takes account of all the variables that apply to an individual.

4. The Current PIP–DCG Model

The current PIP–DCG model contains a total of 37 parameters (10 PIP–DCGs and 27 demographic or Medicaid factors). The model will continue to be refined over the next few months. While there are a number of ways to assess the "accuracy" of the model, payment for different groups of beneficiaries is improved with risk adjustment compared to the application of a demographic only model. Preliminary coefficients for the PIP–DCG model are presented in Table 1. The current placements of DxGroups into PIP–DCG groups are shown in Table 2. The next section of this notice details how we are proposing to use the PIP–DCG model in the Medicare+Choice payment system as of January 1, 2000.

[1] The PIP–DCG groupings were further refined using a number of criteria. First, each original PIP–DCG group remained in the final payment model only if it contained at least 1,000 beneficiaries from the original sample; this minimum sample size was defined to assure stability of estimated payments in the final model. If sample sizes were smaller than 1,000, the potential PIP–DCG was expanded to include DxGroups with average expenditures in the next lower range until the sample size criteria was satisfied. If at any time during the sorting algorithm a DxGroup had fewer than 50 beneficiaries assigned to it, it was assigned to the base payment category. This base payment category also included all beneficiaries (and expenditures) for whom there was no inpatient diagnosis during 1995.

*B. Proposed Payment System Application of the PIP–DCG Model*

In its basic form, the PIP–DCG model is an algorithm that uses base year inpatient diagnoses, along with demographic factors and Medicaid eligibility, to predict total health spending in the following year. In applying the PIP–DCG model to risk adjusted payments for the Medicare+Choice program, however, the model will be used to determine relative risk scores. These relative risk scores will be used, in place of the current demographic factors, to adjust county rate book payments for the relative health status of the individual enrollee.

1. Estimating Beneficiary Relative Risk Factors

The PIP–DCG model was developed to be "additive", meaning that incremental dollars are added together based on each beneficiary's characteristics. Referring to Table 3, the following examples illustrate how the PIP–DCG model will be used for estimating relative risk factors.

A beneficiary is placed in a PIP–DCG group, based on inpatient diagnoses reported. In this example, "Beneficiary A" was hospitalized twice during the base year. The diagnoses reported were Asthma (PIP–DCG 8) and Lung Cancer (PIP–DCG 18). The highest PIP–DCG category then for this beneficiary is PIP–DCG 18, which carries with it an estimated future year expenditure of $12,883. The beneficiary is also placed in the appropriate demographic groups. In this case, Beneficiary A is male, aged 82. This age group carries an estimated expenditure of $5,617. In addition, Beneficiary A had originally been Medicare eligible because of a disability (which carries an incremental expenditure of $2,381), but is not eligible for Medicaid (no expenditure increment). Adding together these increments based on the PIP–DCG model, the predicted expenditures for this beneficiary are $20,881.

As another example, consider "Beneficiary B." Beneficiary B had no inpatient admissions during the base year. Therefore, no specific PIP–DCG increment is added; expenditures for non-hospitalized beneficiaries are included in the demographic factors. Beneficiary B is placed in the appropriate age and sex grouping; in this case, female aged 72, which carries a predicted expenditure of $3,118. Beneficiary B is also placed in the Aged with Medicaid eligibility group, which adds $2,124 to her annual predicted expenditures. Since she has never been disabled, no additional expenditures are added. Therefore, total annual predicted expenditures for Beneficiary B are $5,242.

Because Medicare+Choice program payments are based on the county-wide rates determined under section 1853(c) of the Act, the predicted annual expenditures described above will be converted to relative risk scores. This is accomplished by dividing the predicted expenditures for each beneficiary by the national average predicted expenditure ($5,300). Individuals whose risk scores are equal to 1.00 are "average." In the examples described above, Beneficiary A's relative risk score is 3.9 (indicating a high expected cost individual), while Beneficiary B's relative risk score is 0.99 (indicating a slightly lower than average risk individual).

After Medicare+Choice organizations submit inpatient hospital encounter data, we will use the demographic information and diagnostic information from all Medicare+Choice organizations a beneficiary may have joined and from FFS to determine the appropriate risk factor for each beneficiary. When a Medicare+Choice organization forwards enrollment information to us, we, in turn, will send the Medicare+Choice organization the appropriate risk factor, as well as the resultant payment. Because the risk factor is computed for each individual beneficiary, the factor follows that beneficiary. In addition, since all beneficiaries will have risk factors, information will be immediately available for payment purposes as beneficiaries move among Medicare+Choice organizations.

Risk adjustment factors for new Medicare beneficiaries (for whom health status information) is not available will be based on demographic information only. Examples of persons using the demographic model are new 65-year-olds and new Medicare disabled individuals. Similar to the current system, a "demographic only" model is being developed that will be used to determine the risk adjustment factors for these beneficiaries.

2. Risk Adjusted Payment Model

To determine risk adjusted monthly payment amounts for each Medicare+Choice enrollee, individual risk factors (described above) will be multiplied by the appropriate payment rate for the county determined under section 1853(c) of the Act. Beginning with the implementation of risk adjustment, the separate aged and disabled rate books (incorporating combined Medicare Parts A and B) will be combined. Risk adjusted payments will be made using a single, combined Medicare+Choice county rate book. This change will be made because there is a single risk adjustment methodology for the entire Medicare population (excluding persons with end-stage renal disease).

In addition to combining the current aged and disabled county rate books into a single combined county rate book, an adjustment to these rate book amounts will be required before applying the risk adjustment factors discussed above. This adjustment, or re-scaling factor, is necessary in order to account for the fact that the existing county rate book already accounts for demographic factors that are addressed, in a more precise way, in the risk adjustment factors we will be using. If the PIP–DCG model risk adjustment factors were applied to unadjusted county rate book amounts, this would create unintended distortions that would produce adjustments inconsistent with Congress' mandate in section 1853(c) of the Act. The application of the rescaling factor we are proposing would in effect translate the rate book amounts into the same language used under the risk adjustment methodology, so that we are not comparing "apples to oranges." As a result of rescaling, payment for a person with the average risk score in a county would be the same as payment for a person with the average demographic score in that county. (However, a person with the average demographic score does not necessarily have the average risk score.) To the extent that an organization enrolls sicker people, the organization will receive higher payments.

*C. Summary of HCFA's Proposed Approach for 2000*

The proposed approach we will use to meet the year 2000 mandate for risk adjusted payments will—

(1) Be based on inpatient data;

(2) Utilize a prospective PIP–DCG risk adjuster to estimate relative beneficiary risk scores;

(3) Apply a re-scaling factor to address inconsistencies between demographic factors in the rate book and new risk adjusters;

(4) Apply individual enrollee risk scores in determining fully capitated payments;

(5) Include the auditing of medical records to validate encounter data;

(6) Implement processes to collect encounter data on additional services; and

(7) Continue to refine the risk adjustment system based on ongoing research.

*D. Other Issues*

In addition to comments on the proposed risk adjustment approach, we are interested in receiving responses to the following questions: (1) Under one possible implementation approach we have considered, a Medicare+Choice organization would be paid initially based on estimates of the number of enrollees the organization has in a given risk factor category. These estimates would be based on the most recently available data (probably July 1998 through June 1999). Once more current data (from January 1999 through December 1999) became available in July 2000, a retroactive adjustment would be made pursuant to section 1853(a)(2) of the Act "to take into account any difference between the actual number of individuals enrolled" in a given risk category, and the "number of such individuals estimated to be so enrolled when the advance payment was determined." These adjustments would be made retroactive to January 2000. This would be consistent with our longstanding practice of making retroactive adjustments to reflect the actual number of enrollees in a current demographic category (such as institutional status, end-stage renal disease status, dual eligible status, or working aged status) when this number differs from the number of enrollees estimated to be in any such category at the time payments were initially made.

An alternative approach is to use data from an earlier period (for example, July 1, 1998 through June 30, 1999) to determine the risk factor for enrollees and payments to Medicare+Choice organizations for calendar year 2000. Using data from an earlier time period introduces some error into the estimates, but we do not believe it introduces any systematic bias. Note that implementation of this alternative model solves the problem of basing the payments to a plan on the estimated number of enrollees in a given risk factor category, which would require a retroactive adjustment as described above. Assuming a relatively large and stable population for a plan, aggregate payments under this approach are not likely to differ from aggregate payments using a method requiring this type of retroactive payment adjustment. However, on an individual basis, using data from an earlier time period lengthens the time between a hospital stay for an enrollee and compensation to the organization for the future predicted cost of that illness.

Given these issues, what problems are Medicare+Choice organizations likely to encounter with retroactive payment adjustments? Conversely, if data from an earlier time period were used, what problems are organizations likely to encounter?

(2) The Secretary is required to announce the annual Medicare+Choice capitation rate for each Medicare+Choice payment area and the risk and other factors to be used in adjusting such rates by March 1 of the year preceding the payment year. In addition, at least 45 days prior to the annual announcement of capitation rates, the Secretary shall provide notice to Medicare+Choice organizations of proposed changes to be made in the methodology from the methodology and assumptions used in the previous announcement.

The implementation of risk adjustment will alter the methodology for calculating rates for each Medicare+Choice payment area. Given the proposed changes, what types of information should be included in the 45-day notice and the annual announcement to assist Medicare+Choice organizations in planning for risk adjusted payments?

(3) What types of problems are Medicare+Choice organizations likely to encounter as capitation payments are changed from a demographic only basis to a health status adjusted basis? How should we address these problems, especially for small plans, rural plans, and start up plans? While we are currently processing the inpatient hospital data for managed care enrollees, we note that we will be unable to model the financial impact of the risk adjustment methodology until we have completed the processing of these data and have assigned risk scores to plans enrollees.

## II. September 17, 1998, Public Meeting

In addition to seeking written comments from the public, we will hold a public meeting on September 17, 1998, at HCFA, 7500 Security Boulevard, Baltimore, MD. The purpose of this meeting will be to discuss issues and concerns from potential Medicare+Choice organizations, organizations contracting under section 1876 of the Act, providers, beneficiaries, and other interested parties on the implementation of risk adjusted payment. The collection and auditing of encounter data, which was described in the Medicare+Choice interim final rule published on June 26, 1998, in the **Federal Register**, will also be addressed in this meeting. The agenda for the meeting is likely to cover the following topics:

- Background on the Principal Inpatient Diagnostic Cost Group (PIP–DCG) risk adjustment model.
- Changes to the payment rates.
- Application of the risk adjustment model for payment in CY 2000.
- Description of the overall risk adjustment implementation process.
- Auditing of encounter data.
- Collection of additional encounter data.

Comments on the proposed agenda are welcome. Further information on the meeting can be obtained from Chapin Wilson, (202) 690–7874.

In accordance with E.O. 12866, this notice was reviewed by the Office of Management and Budget.

TABLE 1.—CURRENT PIP–DCG MODEL

| | |
|---|---|
| Number of Observations | 1,401,274 |
| R–Squared | 0.058718 |
| Dependent Variable Mean | $5,300 |
| Root Mean Square Error | 14,256 |
| Model Parameters | 37 |
| **Base Payment Categories** | **Payment Increment** |
| Male: Aged 0–34 | 1,255 |
| Male: 35–44 | 1,940 |
| Male: 45–54 | 2,654 |
| Male: 55–59 | 3,350 |
| Male: 60–64 | 3,970 |
| Male: 65–69 | 2,792 |

TABLE 1.—CURRENT PIP–DCG MODEL—Continued

| Base Payment Categories | Payment Increment |
|---|---|
| Male: 70–74 | 3,702 |
| Male: 75–79 | 4,738 |
| Male: 80–84 | 5,617 |
| Male: 85–89 | 6,562 |
| Male: 90–94 | 7,209 |
| Male: 95+ | 7,189 |
| Female: 0–34 | 1,345 |
| Female: 35–44 | 2,167 |
| Female: 45–54 | 2,763 |
| Female: 55–59 | 3,647 |
| Female: 60–64 | 4,673 |
| Female: 65–69 | 2,439 |
| Female: 70–74 | 3,118 |
| Female: 75–79 | 3,994 |
| Female: 80–84 | 4,768 |
| Female: 85–89 | 5,592 |
| Female: 90–94 | 5,855 |
| Female: 95+ | 5,466 |
| Other Demographic Factors | |
| Previously Disabled | 2,381 |
| Medicaid, Medicare Aged | 2,124 |
| Medicaid, Medicare Disabled | 1,744 |
| PIP–DCGs | |
| PIP–DCG 6 | 2,265 |
| PIP–DCG 8 | 4,406 |
| PIP–DCG 10 | 5,829 |
| PIP–DCG 12 | 7,950 |
| PIP–DCG 14 | 9,946 |
| PIP–DCG 18 | 12,883 |
| PIP–DCG 20 | 16,346 |
| PIP–DCG 23 | 18,950 |
| PIP–DCG 26 | 21,881 |
| PIP–DCG 29 | 29,317 |

Notes: PIP–DCG 4 is combined with the demographic factors, and includes those with no hospitalizations, modified or certain low-cost admissions. Diagnoses from hospital stays of less than two days are not used in assigning PIP–DCGS.

TABLE 2.—DIAGNOSES (DXGROUPS) INCLUDED IN EACH PIP–DCG—CURRENT PAYMENT MODEL

| | | |
|---|---|---|
| PIP–DCG 6: | | |
| DxGroup | 18 | Cancer of Prostate/Testis/Male Genital Organs. |
| | 14 | Breast Cancer. |
| PIP–DCG 8: | | |
| DxGroup | 82 | Acute Myocardial Infarction. |
| | 146 | Pelvic Fracture. |
| | 145 | Fractures of Skull/Face. |
| | 77 | Valvular and Rheumatic Heart Disease. |
| | 86 | Atrial Arrhythmia. |
| | 84 | Angina Pectoris. |
| | 80 | Coronary Atherosclerosis. |
| | 92 | Precerebral Arterial Occlusion. |
| | 16 | Cancer of Uterus/Cervix/Female Genital Organs. |
| | 79 | Hypertension, Complicated. |
| | 36 | Peptic Ulcer. |
| | 110 | Asthma. |
| | 96 | Aortic and Other Arterial Aneurysm. |
| | 153 | Brain Injury. |
| | 1 | Central Nervous System Infections. |
| | 39 | Abdominal Hernia, Complicated. |
| | 64 | Alcohol/Drug Dependence. |
| PIP–DCG 10: | | |
| DxGroup | 109 | Bacterial Pneumonia. |
| | 42 | Gastrointestinal Obstruction/Perforation. |
| | 143 | Vertebral Fracture Without Spinal Cord Injury. |
| | 21 | Other Cancers. |
| | 4 | Tuberculosis. |
| | 97 | Thromboembolic Vascular Disease. |
| | 59 | Schizophrenic Disorders. |

TABLE 2.—DIAGNOSES (DXGROUPS) INCLUDED IN EACH PIP–DCG—CURRENT PAYMENT MODEL—Continued

| | | |
|---|---|---|
| | 11 | Colon Cancer. |
| | 116 | Kidney Infection. |
| | 83 | Unstable Angina. |
| | 94 | Transient Cerebral Ischemia. |
| | 81 | Post-Myocardia Infarction. |
| | 150 | Internal Injuries/Traumatic Amputations/Third Degree Burns. |
| | 32 | Pancreatitis/Other Pancreatic Disorders. |
| | 147 | Hip Fracture. |
| | 158 | Artificial Opening of Gastrointestinal Tract Status. |
| PIP–DCG 12: | | |
| DxGroup | 91 | Cerebral Hemorrhage. |
| | 93 | Stroke. |
| | 56 | Dementia. |
| | 98 | Peripheral Vascular Disease. |
| | 41 | Inflammatory Bowel Disease. |
| | 22 | Benign Brain/Nervous System Neoplasm. |
| | 48 | Rheumatoid Arthritis and Connective Tissue Disease. |
| | 49 | Bone/Joint Infections/Necrosis. |
| | 19 | Cancer of Bladder, Kidney, Urinary Organs. |
| | 45 | Gastrointestinal Hemorrhage. |
| | 87 | Paroxysmal Ventricular Tachycardia. |
| | 133 | Cellulitis and Bullous Skin Disorders. |
| | 57 | Drug/Alcohol Psychoses. |
| PIP–DCG 14: | | |
| DxGroup | 66 | Personality Disorders. |
| | 29 | Adrenal Gland, Metabolic Disorders. |
| | 70 | Degenerative Neurologic Disorders. |
| | 2 | Septicemia/Shock. |
| | 144 | Spinal Cord Injury. |
| | 58 | Delirium/Hallucinations. |
| | 61 | Paranoia and Other Psychoses. |
| | 63 | Anxiety Disorders. |
| | 73 | Epilepsy and Other Seizure Disorders. |
| | 10 | Stomach, Small Bowel, Other Digestive Cancer. |
| | 12 | Rectal Cancer. |
| | 26 | Diabetes with Acute Complications/Hypoglycemic Coma. |
| | 113 | Pleural Effusion/Pneumothorax/Empyema. |
| | 60 | Major Depression. |
| PIP–DCG 18: | | |
| DxGroup | 34 | Cirrhosis, Other Liver Disorders. |
| | 72 | Paralytic and Other Neurologic Disorders. |
| | 108 | Gram-Negative/Staphylococcus Pneumonia. |
| | 111 | Pulmonary Fibrosis and Bronchiectasis. |
| | 89 | Congestive Heart Failure. |
| | 105 | Chronic Obstructive Pulmonary Disease. |
| | 95 | Atherosclerosis of Major Vessel. |
| | 13 | Lung Cancer. |
| | 8 | Mouth/Pharynx/Larynx/Other Respiratory Cancer. |
| PIP–DCG 20: | | |
| DxGroup | 112 | Aspiration Pneumonia. |
| | 76 | Coma and Encephalopathy. |
| | 75 | Polyneuropathy. |
| | 17 | Cancer of Placenta/Ovary/Uterine Adnexa. |
| | 55 | Blood/Immune Disorders. |
| PIP–DCG 23: | | |
| DxGroup | 134 | Decubitus and Chronic Skin Ulcers. |
| | 33 | End-stage Liver Disorders. |
| | 9 | Liver/Pancreas/Esophagus Cancer. |
| | 88 | Cardio-Respiratory Failure and Shock. |
| | 27 | Diabetes with Chronic Complications. |
| | 115 | Renal Failure/Nephritis. |
| PIP–DCG 26: | | |
| DxGroup | 7 | Metastatic Cancer. |
| PIP–DCG 29: | | |
| DxGroup | 3 | HIV/AIDS. |
| | 15 | Blood, Lymphatic Cancers/Neoplasms. |
| | 20 | Brain/Nervous System Cancers. |

TABLE 3.—ESTIMATING PROSPECTIVE BENEFICIARY EXPENDITURES MEAN PREDICTED EXPENDITURES = $5300

| Demographic factors base PIP–DCG | | + | PIP–DCG | | + | Other factors | |
|---|---|---|---|---|---|---|---|
| **Aged Population** | | | | | | | |
| Male 65–69 | $2792 | | PIP–DCG 6 | $2265 | | Previously Disabled | $2381 |
| Male 70–74 | 3702 | | PIP–DCG 8 | 4406 | | Medicaid, Medicare Aged | 2124 |
| Male 75–79 | 4738 | | PIP–DCG 10 | 5829 | | | |
| Male 80–84 | 5617 | | PIP–DCG 12 | 7950 | | | |
| Male 85–89 | 6562 | | PIP–DCG 14 | 9946 | | | |
| Male 90–94 | 7209 | | PIP–DCG 18 | 12,883 | | | |
| Male 95+ | 7189 | | PIP–DCG 20 | 16,346 | | | |
| Female 65–69 | 2439 | | PIP–DCG 23 | 18,950 | | | |
| Female 70–74 | 3118 | | PIP–DCG 26 | 21,881 | | | |
| Female 75–79 | 3944 | | PIP–DCG 29 | 29,317 | | | |
| Female 80–84 | 4768 | | | | | | |
| Female 85–89 | 5592 | | | | | | |
| Female 90–94 | 5855 | | | | | | |
| Female 95+ | 5466 | | | | | | |
| **Disabled Population** | | | | | | | |
| Male 0–34 | 1255 | | PIP–DCG 6 | 2265 | | Medicaid, Medicare Disabled | 1744 |
| Male 34–44 | 1940 | | PIP–DCG 8 | 4406 | | | |
| Male 45–54 | 2654 | | PIP–DCG 10 | 5829 | | | |
| Male 55–59 | 3350 | | PIP–DCG12 | 7950 | | | |
| Male 60–64 | 3970 | | PIP–DCG 14 | 9946 | | | |
| Female 0–34 | 1345 | | PIP–DCG 18 | 12,883 | | | |
| Female 34–44 | 2167 | | PIP–DCG 20 | 16,346 | | | |
| Female 45–54 | 2763 | | PIP–DCG 23 | 18,950 | | | |
| Female 55–59 | 3647 | | PIP–DCG 26 | 21,881 | | | |
| Female 60–64 | 4673 | | PIP–DCG 29 | 29,317 | | | |

(Sec. 4002 of the Balanced Budget Act of 1997 (Public Law 105–33)

Dated: August 26, 1998.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

Dated: September 1, 1998.

**Donna E. Shalala,**

*Secretary.*

[FR Doc. 98–24085 Filed 9–2–98; 4:10 pm]

BILLING CODE 4120–01–P

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

### [HCFA–1046–N]

RIN 0938–AJ14

### Medicare Program; September 23 and 24, 1998, Meeting of the Competitive Pricing Advisory Committee

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Competitive Pricing Advisory Committee. This meeting is open to the public.

**DATES:** The meeting is scheduled for September 23, 1998, from 9:00 a.m. until 5:30 p.m. and September 24, 1998, from 9:00 a.m. until 5:30 p.m.

**ADDRESSES:** The meeting will be held at the Sheraton Crystal City, 1800 Jefferson Davis Highway, Arlington, Virginia 22202.

**FOR FURTHER INFORMATION CONTACT:** Lu Zawistowich, Sc.D., Executive Director, Competitive Pricing Advisory Committee, Health Care Financing Administration, 7500 Security Boulevard C4–14–17, Baltimore, Maryland 21244–1850, (410) 786–6451.

**SUPPLEMENTARY INFORMATION:** Section 4011 of the Balanced Budget Act of 1997, (BBA) (Public Law 105–33) requires the Secretary of the Department of Health and Human Services (the Secretary) to establish a demonstration project under which payments to Medicare+Choice organizations in designated areas are determined in accordance with a competitive pricing methodology. Section 4012 of the BBA requires the Secretary to appoint a Competitive Pricing Advisory Committee (the CPAC). The CPAC will meet periodically to make recommendations to the Secretary concerning the designation of areas for inclusion in the project and appropriate research design for implementing the project.

The CPAC consists of 15 individuals who are independent actuaries; experts in competitive pricing and the administration of the Federal Employees Health Benefit Program; and representatives of health plans, insurers, employers, unions, and beneficiaries. In accordance with section 4012(a)(5) of the BBA, the CPAC shall terminate on December 31, 2004.

The CPAC held its first meeting on May 7, 1998, and its second meeting on June 24 and 25, 1998. The CPAC members are: James Cubbin, Executive Director, General Motors Health Care Initiative; Robert Berenson, M.D., Director, Center for Health Plans and Providers, HCFA; John Bertko, CEO and Senior Actuary, PM-Squared Inc.; Dave Durenberger, Senior Health Policy Fellow, University of St. Thomas and Founder of Public Policy Partners; Gary Goldstein, M.D., CEO, The Oschner Clinic; Samuel Havens, Healthcare Consultant and Chairman of Health Scope/United; Margaret Jordan, Healthcare Consultant and CEO, The Margaret Jordan Group; Chip Kahn, CEO, The Health Insurance Association of America; Cleve Killingsworth, President, Health Alliance Plan; Nancy Kichak, Director, Office of Actuaries, Office of Personnel Management; Len Nichols, Principal Research Associate, The Urban Institute; Robert Reischauer,

Senior Fellow, The Brookings Institute; John Rother, Director, Legislation and Public Policy, American Association of Retired Persons; Andrew Stern, President, Service Employees International Union, AFL–CIO; and Jay Wolfson, Director, The Florida Information Center, University of South Florida. The Chairperson is James Cubbin and the Co-Chairperson is Robert Berenson, M.D.

The agenda will include observations and points of view on the previous competitive pricing demonstration initiative in Denver from the health plan, provider, employer, beneficiary, and HCFA perspectives. The CPAC will discuss all of the major competitive pricing demonstration design issues and select options that it determines are appropriate for the demonstrations authorized under section 4011 of the BBA.

Individuals or organizations that wish to make 5-minute oral presentations on the agenda issues should contact the Executive Director by 12 noon, September 16, 1998, to be scheduled. The number of oral presentations may be limited by the time available. A written copy of the oral remarks should be submitted to the Executive Director no later than 12 noon, September 18, 1998. Anyone who is not scheduled to speak may submit written comments to the Executive Director by 12 noon, September 18, 1998. The meeting is open to the public, but attendance is limited to the space available.

(Section 4012 of the Balanced Budget Act of 1997, Public Law 105–33 (42 U.S.C. 1395w–23 note) and section 10(a) of Public Law 92–463 (5 U.S.C. App.2, section 10(a))

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

Dated: August 22, 1998.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

[FR Doc. 98–24018 Filed 9–4–98; 8:45 am]

BILLING CODE 4120–01–P

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

### Current List of Laboratories Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies, and Laboratories That Have Withdrawn From the Program

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services notifies Federal agencies of the laboratories currently certified to meet standards of Subpart C of Mandatory Guidelines for Federal Workplace Drug Testing Programs (59 FR 29916, 29925). A similar notice listing all currently certified laboratories will be published during the first week of each month, and updated to include laboratories which subsequently apply for and complete the certification process. If any listed laboratory's certification is totally suspended or revoked, the laboratory will be omitted from updated lists until such time as it is restored to full certification under the Guidelines.

If any laboratory has withdrawn from the National Laboratory Certification Program during the past month, it will be identified as such at the end of the current list of certified laboratories, and will be omitted from the monthly listing thereafter.

This Notice is now available on the internet at the following website: http://www.health.org

**FOR FURTHER INFORMATION CONTACT:** Mrs. Giselle Hersh or Dr. Walter Vogl, Division of Workplace Programs, 5600 Fishers Lane, Rockwall 2 Building, Room 815, Rockville, Maryland 20857; Tel.: (301) 443–6014.

**Special Note:** Our office moved to a different building on May 18, 1996. Please use the above address for all regular mail and correspondence. For all overnight mail service use the following address: Division of Workplace Programs, 5515 Security Lane, Room 815, Rockville, Maryland 20852.

**SUPPLEMENTARY INFORMATION:** Mandatory Guidelines for Federal Workplace Drug Testing were developed in accordance with Executive Order 12564 and section 503 of Pub. L. 100–71. Subpart C of the Guidelines, "Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies," sets strict standards which laboratories must meet in order to conduct urine drug testing for Federal agencies. To become certified an applicant laboratory must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification a laboratory must participate in a quarterly performance testing program plus periodic, on-site inspections.

Laboratories which claim to be in the applicant stage of certification are not to be considered as meeting the minimum requirements expressed in the HHS Guidelines. A laboratory must have its letter of certification from SAMHSA, HHS (formerly: HHS/NIDA) which attests that it has met minimum standards.

In accordance with Subpart C of the Guidelines, the following laboratories meet the minimum standards set forth in the Guidelines:

ACL Laboratories, 8901 W. Lincoln Ave., West Allis, WI 53227, 414–328–7840 (formerly: Bayshore Clinical Laboratory)

Aegis Analytical Laboratories, Inc., 345 Hill Ave., Nashville, TN 37210, 615–255–2400

Alabama Reference Laboratories, Inc., 543 South Hull St., Montgomery, AL 36103, 800–541–4931/334–263–5745

Alliance Laboratory Services, 3200 Burnet Ave., Cincinnati, OH 45229, 513–569–2051 (formerly: Jewish Hospital of Cincinnati, Inc.)

American Medical Laboratories, Inc., 14225 Newbrook Dr., Chantilly, VA 20151, 703–802–6900

Associated Pathologists Laboratories, Inc., 4230 South Burnham Ave., Suite 250, Las Vegas, NV 89119–5412, 702–733–7866/800–433–2750

Associated Regional and University Pathologists, Inc. (ARUP), 500 Chipeta Way, Salt Lake City, UT 84108, 801–583–2787/800–242–2787

Baptist Medical Center—Toxicology Laboratory, 9601 I–630, Exit 7, Little Rock, AR 72205–7299, 501–202–2783 (formerly: Forensic Toxicology Laboratory Baptist Medical Center)

Cedars Medical Center, Department of Pathology, 1400 Northwest 12th Ave., Miami, FL 33136, 305–325–5784

Clinical Reference Lab, 8433 Quivira Rd., Lenexa, KS 66215–2802, 800–445–6917

Cox Health Systems, Department of Toxicology, 1423 North Jefferson Ave., Springfield, MO 65802, 800–876–3652/417–269–3093 (formerly: Cox Medical Centers)

Dept. of the Navy, Navy Drug Screening Laboratory, Great Lakes, IL, P.O. Box 88–6819, Great Lakes, IL 60088–6819, 847–688–2045/847–688–4171

Diagnostic Services Inc., dba DSI, 12700 Westlinks Drive, Fort Myers, FL 33913, 941–561–8200/800–735–5416

Doctors Laboratory, Inc., P.O. Box 2658, 2906 Julia Dr., Valdosta, GA 31604, 912–244–4468

DrugProof, Division of Dynacare/Laboratory of Pathology, LLC, 1229 Madison St., Suite 500, Nordstrom Medical Tower, Seattle, WA 98104, 800–898–0180/206–386–2672 (formerly: Laboratory of Pathology of Seattle, Inc., DrugProof, Division of Laboratory of Pathology of Seattle, Inc.)

DrugScan, Inc., P.O. Box 2969, 1119 Mearns Rd., Warminster, PA 18974, 215–674–9310

Dynacare Kasper Medical Laboratories*, 14940–123 Ave., Edmonton, Alberta, Canada T5V 1B4, 800–661–9876/403–451–3702
ElSohly Laboratories, Inc., 5 Industrial Park Dr., Oxford, MS 38655, 601–236–2609
Gamma-Dynacare Medical Laboratories *, A Division of the Gamma-Dynacare Laboratory Partnership, 245 Pall Mall St., London, ON, Canada N6A 1P4, 519–679–1630
General Medical Laboratories, 36 South Brooks St., Madison, WI 53715, 608–267–6267
Hartford Hospital Toxicology Laboratory, 80 Seymour St., Hartford, CT 06102–5037, 860–545–6023
Info-Meth, 112 Crescent Ave., Peoria, IL 61636, 800–752–1835 / 309–671–5199, (Formerly: Methodist Medical Center Toxicology Laboratory)
LabCorp Occupational Testing Services, Inc., 1904 Alexander Drive, Research Triangle Park, NC 27709, 919–672–6900 / 800–833–3984, (Formerly: CompuChem Laboratories, Inc.; CompuChem Laboratories, Inc., A Subsidiary of Roche, Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group)
LabCorp Occupational Testing Services, Inc., 4022 Willow Lake Blvd., Memphis, TN 38118, 901–795–1515/ 800–223–6339, (Formerly: MedExpress/National Laboratory Center)
LabOne, Inc., 8915 Lenexa Dr., Overland Park, Kansas 66214, 913–888–3927 / 800–728–4064, (formerly: Center for Laboratory Services, a Division of LabOne, Inc.)
Laboratory Corporation of America, 888 Willow St., Reno, NV 89502, 702–334–3400, (formerly: Sierra Nevada Laboratories, Inc.)
Laboratory Corporation of America Holdings, 69 First Ave., Raritan, NJ 08869, 800–437–4986 / 908–526–2400, (Formerly: Roche Biomedical Laboratories, Inc.)
Laboratory Specialists, Inc., 1111 Newton St., Gretna, LA 70053, 504–361–8989 / 800–433–3823
Marshfield Laboratories, Forensic Toxicology Laboratory, 1000 North Oak Ave., Marshfield, WI 54449, 715–389–3734 / 800–331–3734
MAXXAM Analytics Inc. *, 5540 McAdam Rd., Mississauga, ON, Canada L4Z 1P1, 905–890–2555, (formerly: NOVAMANN (Ontario) Inc.)
Medical College Hospitals Toxicology Laboratory, Department of Pathology, 3000 Arlington Ave., Toledo, OH 43614, 419–381–5213
MedTox Laboratories, Inc., 402 W. County Rd. D, St. Paul, MN 55112, 800–832–3244 / 612–636–7466
Methodist Hospital Toxicology Services of Clarian Health Partners, Inc., Department of Pathology and Laboratory Medicine, 1701 N. Senate Blvd. Indianapolis, IN 46202, 317–929–3587
MetroLab-Legacy Laboratory Services, 1225 NE 2nd Ave., Portland, OR 97232, 503–413–4512, 800–950–5295
Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, Minnesota 55417, 612–725–2088
National Toxicology Laboratories, Inc., 1100 California Ave., Bakersfield, CA 93304, 805–322–4250
Northwest Toxicology, Inc., 1141 E. 3900 South, Salt Lake City, UT 84124, 800–322–3361 / 801–268–2431
Oregon Medical Laboratories, P.O. Box 972, 722 East 11th Ave., Eugene, OR 97440–0972, 541–341–8092
Pacific Toxicology Laboratories, 1519 Pontius Ave., Los Angeles, CA 90025, 310–312–0056, (formerly: Centinela Hospital Airport Toxicology Laboratory
Pathology Associates Medical Laboratories, 11604 E. Indiana, Spokane, WA 99206, 509–926–2400 / 800–541–7891
PharmChem Laboratories, Inc., 1505–A O'Brien Dr., Menlo Park, CA 94025, 650–328–6200 / 800–446–5177
PharmChem Laboratories, Inc., Texas Division, 7610 Pebble Dr., Fort Worth, TX 76118, 817–595–0294, (formerly: Harris Medical Laboratory)
Physicians Reference Laboratory, 7800 West 110th St., Overland Park, KS 66210, 913–339–0372 / 800–821–3627
Poisonlab, Inc., 7272 Clairemont Mesa Blvd., San Diego, CA 92111, 619–279–2600 / 800–882–7272
Premier Analytical Laboratories, 15201 East I–10 Freeway, Suite 125, Channelview, TX 77530, 713–457–3784 / 800–888–4063, (formerly: Drug Labs of Texas)
Presbyterian Laboratory Services, 5040 Airport Center Parkway, Charlotte, NC 28208, 800–473–6640 / 704–943–3437
Quest Diagnostics Incorporated, 4444 Giddings Road, Auburn Hills, MI 48326, 810–373–9120 / 800–444–0106, (formerly: HealthCare/Preferred Laboratories, HealthCare/MetPath, CORNING Clinical Laboratories)
Quest Diagnostics Incorporated, National Center for Forensic Science, 1901 Sulphur Spring Rd., Baltimore, MD 21227, 410–536–1485, (formerly: Maryland Medical Laboratory, Inc., National Center for Forensic Science, CORNING National Center for Forensic Science)
Quest Diagnostics Incorporated, 4770 Regent Blvd., Irving, TX 75063, 800–526–0947 / 972–916–3376, (formerly: Damon Clinical Laboratories, Damon/ MetPath, CORNING Clinical Laboratories)
Quest Diagnostics Incorporated, 875 Greentree Rd., 4 Parkway Ctr., Pittsburgh, PA 15220–3610, 800–574–2474 / 412–920–7733, (formerly: Med-Chek Laboratories, Inc., Med-Chek/ Damon, MetPath Laboratories, CORNING Clinical Laboratories)
Quest Diagnostics Incorporated, 2320 Schuetz Rd., St. Louis, MO 63146, 800–288–7293 / 314–991–1311, (formerly: Metropolitan Reference Laboratories, Inc., CORNING Clinical Laboratories, South Central Division)
Quest Diagnostics Incorporated, 7470 Mission Valley Rd., San Diego, CA 92108–4406, 800–446–4728 / 619–686–3200, (formerly: Nichols Institute, Nichols Institute Substance Abuse Testing (NISAT), CORNING Nichols Institute, CORNING Clinical Laboratories)
Quest Diagnostics Incorporated, One Malcolm Ave., Teterboro, NJ 07608, 201–393–5590, (formerly: MetPath, Inc., CORNING MetPath Clinical Laboratories, CORNING Clinical Laboratory)
Quest Diagnostics Incorporated, 1355 Mittel Blvd., Wood Dale, IL 60191, 630–595–3888, (formerly: MetPath, Inc., CORNING MetPath Clinical Laboratories, CORNING Clinical Laboratories Inc.)
Scientific Testing Laboratories, Inc., 463 Southlake Blvd., Richmond, VA 23236, 804–378–9130
Scott & White Drug Testing Laboratory, 600 S. 31st St., Temple, TX 76504, 800–749–3788/254–771–8379
S.E.D. Medical Laboratories, 500 Walter NE, Suite 500, Albuquerque, NM 87102, 505–727–8800/800–999–LABS
SmithKline Beecham Clinical Laboratories, 3175 Presidential Dr., Atlanta, GA 30340, 770–452–1590, (formerly: SmithKline Bio-Science Laboratories)
SmithKline Beecham Clinical Laboratories, 8000 Sovereign Row, Dallas, TX 75247, 214–637–7236, (formerly: SmithKline Bio-Science Laboratories)
SmithKline Beecham Clinical Laboratories, 801 East Dixie Ave., Leesburg, FL 34748, 352–787–9006, (formerly: Doctors & Physicians Laboratory)
SmithKline Beecham Clinical Laboratories, 400 Egypt Rd., Norristown, PA 19403, 800–877–7484/610–631–4600, (formerly: SmithKline Bio-Science Laboratories)

SmithKline Beecham Clinical Laboratories, 506 E. State Pkwy., Schaumburg, IL 60173, 847–447–4379/800–447–4379, (formerly: International Toxicology Laboratories)

SmithKline Beecham Clinical Laboratories, 7600 Tyrone Ave., Van Nuys, CA 91405, 818–989–2520/800–877–2520

South Bend Medical Foundation, Inc., 530 N. Lafayette Blvd., South Bend, IN 46601, 219–234–4176

Southwest Laboratories, 2727 W. Baseline Rd., Tempe, AZ 85283, 602–438–8507

Sparrow Health System, Toxicology Testing Center, St. Lawrence Campus, 1210 W. Saginaw, Lansing, MI 48915, 517–377–0520, (formerly: St. Lawrence Hospital & Healthcare System)

St. Anthony Hospital Toxicology Laboratory, 1000 N. Lee St., Oklahoma City, OK 73101, 405–272–7052

Toxicology & Drug Monitoring Laboratory, University of Missouri Hospital & Clinics, 2703 Clark Lane, Suite B, Lower Level, Columbia, MO 65202, 573–882–1273

Toxicology Testing Service, Inc., 5426 N.W. 79th Ave., Miami, FL 33166, 305–593–2260

UNILAB, 18408 Oxnard St., Tarzana, CA 91356, 800–492–0800/818–996–7300, (formerly: MetWest-BPL Toxicology Laboratory)

Universal Toxicology Laboratories, LLC, 10210 W. Highway 80, Midland, Texas 79706, 915–561–8851/888–953–8851

UTMB Pathology-Toxicology Laboratory, University of Texas Medical Branch, Clinical Chemistry Division, 301 University Boulevard, Room 5.158, Old John Sealy, Galveston, Texas 77555–0551, 409–772–3197

The following lab is voluntarily withdrawing from the National Laboratory Certification Program on September 15, 1998:

Medlab Clinical Testing, Inc., 212 Cherry Lane, New Castle, DE 19720, 302–655–5227

* The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were accredited to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories will continue under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. DHHS, with the DHHS' National Laboratory Certification Program (NLCP) contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do. Upon finding a Canadian laboratory to be qualified, the DHHS will recommend that DOT certify the laboratory (**Federal Register**, 16 July 1996) as meeting the minimum standards of the "Mandatory Guidelines for Workplace Drug Testing" (59 **Federal Register**, 9 June 1994, Pages 29908–29931). After receiving the DOT certification, the laboratory will be included in the monthly list of DHHS certified laboratories and participate in the NLCP certification maintenance program.

**Richard Kopanda,**

*Executive Officer, Substance Abuse and Mental Health Services Administration.*

[FR Doc. 98–24087 Filed 9–4–98; 8:45 am]

BILLING CODE 4160–20–U

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration (SAMHSA)

### Correction of Meeting Notice

Public notice was given in the **Federal Register** on August 19, 1998 (Volume 63, Number 160, pages 44467–44468) that the Center for Substance Abuse Prevention (CSAP) National Advisory Council would be meeting on September 14–15, 1998. The agenda of the meeting has subsequently changed. The dates, location, and contact for additional information remain as originally announced.

The open portion of the meeting will begin earlier on September 14 than originally announced and the meeting agenda will include the SAMHSA Administrator's Report.

*Closed:* September 14, 1998, 10:00 a.m.–2 p.m.

*Open:* September 14, 1998, 2:15 p.m.–3:30 p.m.; September 15, 1998, 8:30 a.m.–4:00 p.m.

Dated: August 31, 1998.

**Jeri Lipov,**

*Committee Management Officer, Substance Abuse and Mental Health Services Administration.*

[FR Doc. 98–23958 Filed 9–4–98; 8:45 am]

BILLING CODE 4162–20–P

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[WO–350–1540–01]

### Information Collection Submitted to the Office of Management and Budget for Review Under the Paperwork Reduction Act

The proposal for the collection of information listed below has been submitted to the Office of Management and Budget for approval under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35). Copies of the proposed collection of information and related forms and explanatory material may be obtained by contacting the Bureau's Clearance Officer at the phone number listed below. On June 24, 1998, BLM published a notice in the **Federal Register** (63 FR 34472) requesting comments on this proposed collection. The comment period closed on August 24, 1998. BLM received no comments from the public in response to that notice. Copies of the proposed collection of information and related documents and explanatory material may be obtained by contacting the BLM clearance officer at the telephone number listed below.

OMB is required to respond to this request within 60 days but may respond within 30 days. For maximum consideration, your comments and suggestions on the requirement should be made within 30 days directly to the Office of Management and Budget, Interior Desk Officer (1004–0060), Office of Information and Regulatory Affairs, Washington, D.C. 20503. Please provide a copy of your comments to the Bureau Clearance Officer (WO–630), 1849 C St., N.W., Mail Stop 401 LS, Washington, D.C. 20240.

*Nature of Comments:* We specifically request your comments on the following:

1. Whether the collection of information is necessary for the proper functioning of BLM, including whether or not the information will have practical utility;
2. The accuracy of BLM's estimate of the burden of collecting the information, including the validity of the methodology and assumptions used;
3. The quality, utility and clarity of the information to be collected; and
4. How to minimize the burden of collecting the information on those who are to respond, including the use of appropriate automated electronic, mechanical or other forms of information technology.

*Title:* Application for Transportation and Utility Systems and Facilities on

Federal Lands, Pub. L. 96–487 (Also applicable for 43 CFR 2800 and 2880).

*OMB Approval Number:* 1004–0060.

*Abstract:* Respondents supply information as to their identity and address and the nature, location and potential impacts of the proposed facility. The information enables the using agency to identify and communicate with the applicant and to locate and evaluate the effect of the proposed facility on the environment and other land uses.

*Frequency:* Once.

*Description of Respondents:* Applicants needing a right-of-way on Federal Lands.

*Estimated Completion Time:* 2 hours.

*Annual Responses:* 4900.

*Annual Burden Hours:* 9600.

*Bureau Clearance Officer:* Carole Smith, (202) 452–0367.

Dated: August 25, 1998.

**Carole J. Smith,**

*Bureau of Land Management Clearance Officer.*

[FR Doc. 98–24029 Filed 9–4–98; 8:45 am]

BILLING CODE 4310–84–M

---

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[AK–962–1410–00–P]

### Notice for Publication AA–11774; Alaska Native Claims Selection

In accordance with Departmental regulation 43 CFR 2650.7(d), notice is hereby given that a decision to issue conveyance under the provisions of Sec. 14(h)(1) of the Alaska Native Claims Settlement Act of December 18, 1971, 43 U.S.C. 1601, 1613(h)(1), will be issued to Koniag, Inc., Regional Native Corporation for approximately 1.1 acres. The lands involved are in the vicinity of Chowiet Island, Alaska.

**Seward Meridian, Alaska**

T. 48 S., R. 48 W.,
Sec. 13.

A notice of the decision will be published once a week, for four (4) consecutive weeks, in the *Anchorage Daily News.* Copies of the decision may be obtained by contacting the Alaska State Office of the Bureau of Land Management, 222 West Seventh Avenue, #13, Anchorage, Alaska 99513–7599 ((907) 271–5960).

Any party claiming a property interest which is adversely affected by the decision, an agency of the Federal government or regional corporation, shall have until October 8, 1998 to file an appeal. However, parties receiving service by certified mail shall have 30 days from the date of receipt to file an appeal. Appeals must be filed in the Bureau of Land Management at the address identified above, where the requirements for filing an appeal may be obtained. Parties who do not file an appeal in accordance with the requirements of 43 CFR part 4, subpart E, shall be deemed to have waived their rights.

**Patricia A. Baker,**

*Land Law Examiner, ANCSA Team, Branch of 962 Adjudication.*

[FR Doc. 98–23996 Filed 9–4–98; 8:45 am]

BILLING CODE 4310–$$–P

---

## DEPARTMENT OF THE INTERIOR

### BUREAU OF LAND MANAGEMENT

[AK–962–1410–00–P]

### Notice for Publication AA–11774; Alaska Native Claims Selection

In accordance with Departmental regulation 43 CFR 2650.7(d), notice is hereby given that a decision to issue conveyance under the provisions of Sec. 14(h)(1) of the Alaska Native Claims Settlement Act of December 18, 1971, 43 U.S.C. 1601, 1613(h)(1), will be issued to Koniag, Inc., Regional Native Corporation for approximately 3.8 acres. The lands involved are in the vicinity of Ugaiushak Island, Alaska.

**Seward Meridian, Alaska**

T. 39 S., R. 48 W.,
Sec. 24.

A notice of the decision will be published once a week, for four (4) consecutive weeks, in the *Anchorage Daily News.* Copies of the decision may be obtained by contacting the Alaska State Office of the Bureau of Land Management, 222 West Seventh Avenue, #13, Anchorage, Alaska 99513–7599 ((907) 271–5960).

Any party claiming a property interest which is adversely affected by the decision, an agency of the Federal government or regional corporation, shall have until October 8, 1998 to file an appeal. However, parties receiving service by certified mail shall have 30 days from the date of receipt to file an appeal. Appeals must be filed in the Bureau of Land Management at the address identified above, where the requirements for filing an appeal may be obtained. Parties who do not file an appeal in accordance with the requirements of 43 CFR Part 4, Subpart E, shall be deemed to have waived their rights.

**Patricia A. Baker,**

*Land Law Examiner, ANCSA Team, Branch of 962 Adjudication.*

[FR Doc. 98–23999 Filed 9–4–98; 8:45 am]

BILLING CODE 4310–$$–P

---

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[NV–931–1430–01; N–38765, N–39765]

### Termination of Desert Land Entry Classifications; Nevada

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice.

**SUMMARY:** This action terminates the desert land classifications dated January 7, 1984, and July 28, 1989, for N–38765 and N–39765, respectively. The lands will be opened to the operation of the public land laws, including location and entry under the mining laws.

**EFFECTIVE DATE:** October 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** Dennis J. Samuelson, BLM Nevada State Office, P.O. Box 12000, Reno, Nevada 89520, 702–861–6532.

**SUPPLEMENTARY INFORMATION:** The desert land classifications for N–38765 and N–39765, were made on January 7, 1984, and July 28, 1989, respectively, pursuant to Section 7 of the Taylor Grazing Act (43 U.S.C., et seq.). When entry to the lands was allowed, the lands became segregated from surface entry and mining. The entrymen failed to file final proof as required and the entries were canceled by decisions dated July 10, 1998.

Pursuant to Section 7 of the Taylor Grazing Act (43 U.S.C., *et. seq.*), the desert land classifications for N–38765 and N–39765 are hereby terminated for the following described lands:

**Mount Diablo Meridian, Nevada**

T. 10 N., R. 43 E.,
Sec. 32.

The area described contains 640 acres in Nye County.

1. At 9 a.m. on October 8, 1998, the lands described above will be opened to the operation of the public land laws generally, subject to valid existing rights, the provision of existing withdrawals, other segregations of record, and the requirements of applicable law. All valid applications received at or prior to 9 a.m. on October 8, 1998, shall be considered as simultaneously filed at that time. Those received thereafter shall be considered in the order of filing.

2. At 9 a.m. on October 8, 1998, the lands described above will be opened to location and entry under the United States mining laws, subject to valid existing rights, the provisions of existing withdrawals, other segregations of record, and the requirements of applicable law. Appropriation of any of the lands described in this order under the general mining laws prior to the date and time of restoration is unauthorized. Any such attempted appropriation, including attempted adverse possession under 30 U.S.C. 38 (1988), shall vest no rights against the United States. Acts required to establish a location and to initiate a right of possession are governed by State law where not in conflict with Federal law. The Bureau of Land Management will not intervene in disputes between rival locators over possessory rights since Congress has provided for such determinations in local courts.

Dated: September 1, 1998.

**William K. Stowers,**

*Lands Team Lead.*

[FR Doc. 98–23998 Filed 9–4–98; 8:45 am]

BILLING CODE 4310–HC–P

---

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[G–070–5101–00–YGKH; NMNM 80897]

### Notice of Right-of-Way Application; New Mexico

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice of realty action.

**SUMMARY:** An amended application, serialized as NMNM 80897, was received for a 1,140.79 feet right-of-way for construction of two 24 inch diameter pipes.

Notice is hereby given that, pursuant to Section 28 of the Mineral Leasing Act of 1920 (30 U.S.C. 185), as amended by the Act of November 16, 1973 (37 Stat. 576), Devon Energy Corporation has applied for an amended right-of-way serialized as NMNM 80897 to construct 1,140.79 feet of two 24 inch diameter natural gas pipeline across public land in Rio Arriba County, New Mexico. This will lower pressures in Devon's existing Sims Mesa Central Delivery Point which would allow them to transport the volumes of Fruitland Coal-Bed Methane (natural gas) their wells are capable of producing. The proposed line crosses the following public lands in Rio Arriba County.

**New Mexico Principal Meridian**

T. 30 N., R. 7 W.,

Sec. 22, NENE.

Containing 1.31 acres.

The purpose of this notice is to inform the public that the Bureau of Land Management will be deciding whether the right-of-way should be approved, and if so, under what terms and conditions.

Interested persons desiring to express their views should promptly send their name and address to the Assistant Field Office Manager for Resources, Bureau of Land Management, 1235 La Plata Highway, Suite A, Farmington, New Mexico 87401.

Dated: September 2, 1998.

**John A. Phillips,**

*Associate District Manager.*

[FR Doc. 98–24111 Filed 9–4–98; 8:45 am]

BILLING CODE 4310–FB–M

---

## DEPARTMENT OF THE INTERIOR

### National Park Service

### Notice of Cancellation of Prospectus for Operation of Accommodations, Facilities, and Services Within Glen Canyon National Recreation Area

**SUMMARY:** This notice advises all persons and entities interested in the Prospectus for Operation of Accommodations, Facilities and Services, National Park Service, Glen Canyon National Recreation Area, which was issued on July 1, 1998, that the National Park Service is canceling this prospectus pursuant to 36 CFR 51.4(c). This notice is effective immediately. The National Park Service has concluded that several programmatic issues have arisen which require consideration and resolution before proceeding further. A new prospectus will be issued by the National Park Service as soon as is practicable. Persons requesting the prospectus issued on July 1, 1998 will be notified of its issuance at the appropriate time. Solicitation notices will be posted in accordance with 36 CFR 51.4(a).

**SUPPLEMENTARY INFORMATION:** Additional information can be obtained by contacting the National Park Service, Intermountain Region-Denver Support Office, Office of Concessions Management, 12795 W. Alameda Parkway, P.O. Box 25287, Denver, Colorado 80225–0287, Attn: Kathy Fleming (303) 969–2665.

Dated: August 25, 1998.

**John H. King,**

*Acting Director, Intermountain Region.*

[FR Doc. 98–23989 Filed 9–4–98; 8:45 am]

BILLING CODE 4310–70–P

---

## DEPARTMENT OF THE INTERIOR

### National Park Service

### Notice of Intent to Issue a Concession Permit at Rocky Mountain National Park

**SUMMARY:** Pursuant to the Act of October 9, 1965 (P.L. 89–249; 79 Stat. 969; 16 U.S.C. 20 *et seq.*), notice is hereby given that the National Park Service intends to issue a concession permit at Rocky Mountain National Park with a term of three years. The services to be provided under this permit are; instruction and guide services in technical rock climbing, mountaineering, and ski mountaineering. This short term authorization is necessary to allow the continuation of public services during the completion of planning documents for Rocky Mountain National Park. The current concessioner has performed its obligation to the satisfaction of the Secretary of Interior and retains its right of preference under this administration action.

**EFFECTIVE DATE:** Any party interested in making an offer for this new permit must do so within 15 days of the date of publication of this announcement. A copy of the prospectus for this concession authorization may be obtained from the Chief of Concessions Management, Intermountain Support Office, National Park Service, 12795 West Alameda Parkway, P.O. Box 25287, Denver, Colorado, 80225–0287, or call: (303) 969–2661.

**INFORMATION:** Information regarding this notice can be obtained from: Chief, Concessions Management, Intermountain Support Office, Attention: Judy Jennings, National Park Service, 12795 West Alameda Parkway, P.O. Box 25287, Denver, Colorado, 80225–0287, or call: (303) 969–2661.

The National Park Service is currently in the planning process to determine the future direction of concession services in Rocky Mountain National Park. This necessary planning process will directly affect future concession activities. Included in this planning process is the development of a commercial services plan. It is anticipated that the park commercial services plan will be completed in 1999. Until planning is completed, it is not in the best interest of the park to enter into a longer term concession permit. It is the intention of the National Park Service to complete the planning process then conduct a public solicitation and selection of a concessioner for a longer permit period.

Dated: September 25, 1998.

**John King,**

*Deputy Regional Director, Southwest Intermountain Region.*

[FR Doc. 98–23990 Filed 9–4–98; 8:45 am]

BILLING CODE 4310–70–P

## DEPARTMENT OF INTERIOR

### National Park Service

### Appalachian National Scenic Trail—Notice of Realty Action

**AGENCY:** National Park Service.

**ACTION:** Notice of Realty Action.

**SUMMARY:** This notice announces a proposed exchange of fee simple title in federally-owned lands for fee simple title in private lands both located in Grafton County, New Hampshire. The exchange will protect .17 of a mile of trail footpath and eliminate a vehicular access across the Appalachian National Scenic Trail.

I. The following described interest acquired by the National Park Service, has been determined to be suitable for disposal by exchange. The selected Federal land is within the boundaries for the Appalachian National Scenic Trail. The land has been surveyed for cultural resources and endangered and threatened species. These reports are available upon request.

A fee interest in the following property is to be exchanged: Tract 195–29 is a 2.25 acre portion of the land acquired by the United States of America by deed recorded at Deed Book 1500, Page 894, in the Grafton County Registry of Deeds, State of New Hampshire. The United States will also resolve a potential claim to adjacent Dartmouth College lands which was disclosed by a recent survey. The potential claim involves 3.53 acres and will be settled as part of the exchange process. Conveyance by the United States will be done by a Quitclaim Deed.

II. In exchange for the interests described in Paragraph I above, the Trustees of Dartmouth College will convey to the United States of America fee simple title and a vehicular access across federal lands within the boundaries of the Appalachian National Scenic Trail.

The interest in land to be acquired by the United States of America is described as follows: Tract 195–27, being fee simple title to 1.51 acres acquired by the trustees of Dartmouth College by deed recorded in Deed Book 1040, Page 395, in the Grafton County Registry of Deeds, State of New Hampshire. Also to be acquired is Tract 199–23, being fee simple title to 13.89 acres acquired by the Trustees of Dartmouth College by deeds recorded in Deed Book 1237, Page 366 and Deed Book 1049, Page 308 in the Grafton County Registry of Deeds, State of New Hampshire. This will include a vehicular right-of-way owned by Dartmouth College across other lands of. the United States within the boundaries of the Appalachian National Scenic Trail as described in Deed Book 1797, Page 867 in Grafton County Register of Deeds, State of New Hampshire. The conveyance to the United States will be done by General Warranty Deed.

The value of the interests to be exchanged shall be determined by current fair market value appraisals and if they are not appropriately equal, the values shall be equalized by a cash payment.

**SUPPLEMENTARY INFORMATION:** The authority for this exchange is Section 5(b) of the Land and Water Conservation Fund Act Amendments in Pub. L. 90–401, approved July 15, 1968, and Section 7(f) of the National Trails System Act, Pub. L. 90–543, as amended.

Detailed information concerning this exchange including precise legal descriptions, Land Protection Plan and cultural reports, are available at the address below.

For a period of 45 days from the date of this notice, interested parties may submit written comments to the address below. Adverse comments will be evaluated and this action may be modified or vacated accordingly. In the absence of any action to modify or vacate, this realty action will become the final determination of the Department of Interior.

**FOR FURTHER INFORMATION CONTACT:** Chief, Acquisition Division, National Park Service, AT/LAFO, PO Box 908, Martinsburg, WV 25402, (304) 263–4943.

Dated: June 10, 1998.

**Pamela Underhill,**

*Park Manager, Appalachian National Scenic Trail.*

[FR Doc. 98–23991 Filed 9–4–98; 8:45 am]

BILLING CODE 4310–70–M

## OVERSEAS PRIVATE INVESTMENT CORPORATION

### September 22, 1998 Board of Directors Meeting; Sunshine Act

**TIME AND DATE:** Tuesday, September 22, 1998, 1:00 PM (OPEN Portion), 1:30 PM (CLOSED Portion).

**PLACE:** Offices of the Corporation, Twelfth Floor Board Room, 1100 New York Avenue NW., Washington, DC.

**STATUS:** Meeting OPEN to the Public from 1:00 PM to 1:30 PM, Closed portion will commence at 1:30 PM (approx.)

**MATTERS TO BE CONSIDERED:**

1. President's Report
2. Approved of June 9, 1998 Minutes (Open Portion)
3. Meeting schedule through June, 1999

**FURTHER MATTERS TO BE CONSIDERED:** (Closed to the Public 1:30 PM)

1. Proposed FY 2000 Budget Proposal and Allocation of Retained Earnings
2. Finance and Insurance Project in Venezuela
3. Insurance Project in Brazil
4. Insurance Project in Colombia
5. Finance and Insurance Project in Central America and the Caribbean
6. Finance Project in Philippines
7. Insurance Project in Angola
8. Finance and Insurance Project in Bangladesh
9. Investment Fund in Armenia, Azerbaijan, and Georgia
10. Approval of June 9, 1998 Minutes (closed Portion)
11. Pending Major Projects
12. Report on Indonesia

**CONTACT PERSON FOR INFORMATION:** Information on the meeting may be obtained from Connie M. Downs at (202) 336–8438.

Dated: September 3, 1998.

**Connie M. Downs,**

*OPIC Corporate Secretary.*

[FR Doc. 98–24192 Filed 9–3–98; 3:46 pm]

BILLING CODE 3210–01–M

## DEPARTMENT OF JUSTICE

### Office of Community Oriented Policing Services; Agency Information Collection Activities: Proposed collection; comment request

**ACTION:** Notice of Information Collection Under Review; Troops to COPS II Program Solicitation.

The proposed information collection is published to obtain comments from the public and affected agencies. Comments are encouraged and will be accepted until the sixtieth day from the date published in the **Federal Register**. Request written comments and suggestions from the public and affected agencies concerning the proposed collection of information. Your comments should address one or more of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

If you have additional comments, suggestions, or need a copy of the proposed information collection instrument with instructions, or additional information, please contact Kristen Mahoney, 202–616–2896, U.S. Department of Justice, Office of Community Oriented Policing Services, 1100 Vermont Avenue, NW, Washington, DC 20530.

Additionally, comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time should be directed to Kristen Mahoney, 202–616–2896, U.S. Department of Justice, Office of Community Oriented Policing Services, 1100 Vermont Avenue, NW, Washington, DC 20530.

Overview of this information collection:

(1) Type of Information Collection: *New collection.*

(2) Title of the Form/Collection: Troops to COPS II Program Solicitation.

(3) Agency form number, if any, and the applicable component of the Department of Justice sponsoring the collection: Form: None. Office of Community Oriented Policing Services, U.S. Department of Justice.

(4) Affected public who will be asked or required to respond, as well as a brief abstract: Primary: State and Local governments, private non-profit organizations, individuals, education institutions, hospitals, and private commercial organizations (if legislation allows). Other: None.

The information collected is used to determine applicant eligibility for the Troops to COPS II Grant Program. The program provides funding to law enforcement agencies for costs associated with hiring eligible military veterans as law enforcement officers. The goal of Troops to COPS II is to facilitate the transition of those who have served in the armed forces to service in community policing across America. Agencies selected to receive a Universal Hiring Program grant on or after September 1, 1997 are eligible to apply for this program. Troops to COPS II is a one year grant which provides reimbursement up to $25,000 per veteran for hiring expenses such as academy and field training, supplemental community policing training, uniforms and basic issue equipment. There is no local match requirement for these funds. (The local match for the UHP grant, however, remains a grant requirement.)

(5) An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond: 500 respondents at 1.5 hours per response. The information will be collected once from each respondent.

(6) An estimate of the total public burden (in hours) associated with the collection: 750 annual burden hours.

If additional information is required contact: Mr. Robert B. Briggs, Clearance Officer, United States Department of Justice, Information Management and Security Staff, Justice Management Division, Suite 850, Washington Center, 1001 G Street, NW., Washington, DC 20530.

Dated: September 1, 1998.

**Robert B. Briggs,**

*Department Clearance Officer, United States Department of Justice.*

[FR Doc. 98–24015 Filed 9–4–98; 8:45 am]

BILLING CODE 4410–21–M

---

## DEPARTMENT OF LABOR

### Employment and Training Administration

### Office of Policy and Research; Job Training Partnership Act, Title IV, Demonstration Program: Opportunity Areas For Out-Of-School Youth Pilot Demonstration

**AGENCY:** Employment and Training Administration, Labor.

**ACTION:** Notice of Availability of Funds and Solicitation for Grant Applications (SGA).

**SUMMARY:** All information required to submit a grant application is contained in this announcement. The U.S. Department of Labor (DOL), Employment and Training Administration (ETA), announces a pilot demonstration as authorized under Title IV Part D of The Job Training Partnership Act, to increase the long-term employment of youth living in high-poverty areas. This notice provides information on the process that eligible entities must use to apply for these demonstration funds and how grantees will be selected. It is anticipated that up to $12.5 million will be available for funding demonstration projects covered by this solicitation, with each award being approximately $2.25 million.

**DATES:** The closing date for receipt of proposals is December 7, 1998 at 4:00 p.m. (Eastern Time).

**ADDRESSES:** Applications must be mailed to: U.S. Department of Labor; Employment and Training Administration; Division of Acquisition and Assistance; Attention: B. Yvonne Harrell, Reference: SGA/DAA 98–016; 200 Constitution Avenue, N.W., Room S–4203; Washington, DC 20210.

**FOR FURTHER INFORMATION CONTACT:** All questions should be faxed to Ms. B. Yvonne Harrell at (202) 219–8739 (this is not a toll-free number). Please include a contact person, telephone number, fax number and refer to SGA–DAA–98–016.

**Part I. Background**

The Department of Labor currently has six (6) Youth Opportunity pilot projects. Three were funded in 1996, Chicago, Houston, and Los Angeles, and three in 1997, the Bronx, Boston, and rural Kentucky. Through this solicitation, the Department of Labor expects to award grants to establish five additional Youth Opportunity pilot sites. In these pilot projects, Opportunity Areas are created in targeted communities to expand employment, education, and training opportunities for out-of-school youth ages 16–24, with priority given to high school dropouts. The demonstrations provide employment, education and training opportunities, mentoring, support, leadership, developmental and other services as needed for all youth in the target area.

The Department expects to award five (5) grants of approximately $2.25 million each for a period of 18 months under this competition. Based on the availability of funds and successful completion of this initial funding period, some level of second and third year funding may be provided to the demonstration sites. Award decisions will be published on the Internet at ETA's Home Page at http://www.doleta.gov.

*Eligible Applicants.*

This grant competition is limited to the Service Delivery Areas (SDAs) covering urban and rural sites designated by Housing Urban Development (HUD) and the Department of Agriculture as Empowerment Zones (EZs), supplemental empowerment zones, Enterprise Communities (ECs), or

enhanced enterprise communities. In EZ/ECs that include more than one SDA (e.g., Philadelphia/Camden and Kansas City, Missouri/Kansas), the SDAs can submit either separate applications or a joint application, which must clearly identify each SDA's responsibilities. To be eligible to apply, SDAs will need to identify a contiguous set of census tracts with a population of at least 10,000 in the 1990 Census. SDAs will need to list as partners the local public school system, the local EZ/EC governing board, the juvenile justice system, representatives of major employer networks connected to the school-to-work effort, the state School-to-Work Partnership, and if applicable, the local School-to-Work Partnership. In sites where the target area includes public housing facilities, the demonstrations should establish linkages with all employment and training and other programs being operated by the local Housing Authority.

Current DOL grantees serving Out-of-School Youth, cannot submit an application to service the same community.

Applicants should outline how they will involve residents, youth and other community-based organizations (CBOs) and faith-based organizations of the community in the planning, and other involvement of the effort. Partners do not have to be solely subcontractors. Some partners will have resources of their own which can be made available to youth in the targeted community.

*Program Components*

Grant funds shall be used to create an Opportunity Area for youth living in the target area. Youth employment and development activities funded under the grant shall be used for a structured set of initiatives focused sharply on getting out-of-school youth ages 16–24 into long-term employment at wage levels that will prevent future dependency. The various programs funded under the grant should constitute a coherent strategy for serving large numbers of neighborhood youth and raising the employment rate of out-of-school youth in the area up to 80 percent. This overall strategy needs to be responsive to the particular problems of out-of-school youth in high-poverty areas, especially the pervasive joblessness of males. Given the solid economy the country is now experiencing, the overall strategy should have a strong private sector emphasis with a core program of perhaps 15 case managers and job developers working to place youth and retain youth in private sector jobs.

Allowable activities will include but not be limited to job placement officers and case managers working to link youth with private sector employers; on-the-job training; programs directed towards rehabilitating inner-city housing and that teach leadership skills and prepare youth for construction careers; preparation of apprenticeship positions in commercial construction; referrals of youth to Job Corps Centers for open-entry/open-exit to academic, vocational and life skills training primarily in a structured environment; alternative and charter schools; local conservation corps programs for youth who need to gain disciplined work experience before being ready for private sector placement; and adult mentors working with youth over an extended period of time.

Offerers are encouraged to consider effective practices in their communities in workforce development, youth development and quality project management. Examples of activities within these categories include: job shadowing, long term post-placement monitoring, developing mentor/coach relationships, diverse funding and collaboration, and on-going assessment of progress through project data. The experiences gained through the "Promising and Effective Practices Network" (PEPNet), funded in part by the Department of Labor, may be useful. Information on PEPNet is available on Internet web site www.ttrc.doleta.gov/PEPNet.

A small amount, not more than $150,000 per year, of grant funds can be used for dropout prevention, college bound type programs, and sports and recreation programs open to all youth in the target area.

DOL expects that various CBOs in each site will operate many of the services provided under this grant. However, the services should be well coordinated between CBO operations and the core program components and offered to participants in a uniform manner.

Training offered by this demonstration shall incorporate elements of the School-to-Work initiatives. This should include classroom based and work-based learning, connective or supportive activities which helps participants complete the training and enter and maintain employment. Classroom curricula should be directly linked to the jobs in the labor market with direct input from employers. Job shadowing and on-the-job training opportunities should be committed to employers and indicated in the proposal. The grantee should also investigate and experiment with other venues of learning in the community for participants.
Training and education can be offered through alternative and charter school settings using the School-to-Work model for providing both classroom and work based learning opportunities.
Applicants are encouraged to investigate, within each site, how the average daily attendance dollars from State and local school systems can be used to provide training to participants of this demonstration and provide for opportunities in alternative and chatter schools. In a few States the average daily attendance dollars follow youth who drop school and enter job training programs.

Sites providing services to youth in need of bonding to become employed can utilize the services of the Federal Bonding program. More information on the Federal Bonding program will be provided at the time of grant awards.

Services must not be fragmented, but should operate as an integrated system that supports and furthers the notion of sustaining the effort beyond the grant period through the creation of a new or changed infrastructure. The primary outreach, intake and counseling activities in this initiative should be based in the targeted neighborhood in a center where participants can come for assistance in improving their employment prospects. *Project Directors and primary staff, e.g., case manager and job developers*, should be located in the center. All connecting activities should be easily accessible to program participants and should be provided in settings where it is conducive to accomplishing the goals and objectives of the demonstration.

Other partnerships/linkages should be established with the local One-Stop Center and the America's Career Infonet system. The Infonet system is a searchable database of employment trends, wages, training requirements, economic information, area cost of living, etc. The Infonet system is available through the One-Stop Center, the local employment service office, and the Internet. (Sites are encouraged to have access to the Internet.) The grantee may use a small amount, not more than $20,000 per year, of the grant funds to purchase technical assistance to coordinate with other local service providers, e.g., welfare-to-work program, school-to-work, vocational education programs, one-stop, etc., to focus on and receive employers involvement, commitment for work-based learning, work experience, on-the-job training, and job opportunities. The technical assistance *shall* be provided by a firm or individual who is familiar

with the local labor market and has demonstrated experience in this area.

The grantee may also use a small amount, not more than $5,000 per year, of the grant funds to purchase local technical assistance to establish and train members of a formal Community Advisory Board, which membership should include residents, youth, business leaders, community leaders, ministers, teachers, etc., to have direct involvement with the project meeting it goals and objectives, initiating and carrying out community activities that will enhance the quality of life in the local community, increase community members participation in this initiative, and have direct impact on parental involvement with the program.
GED should be used only as a tool for those who seek higher education or it is needed before entering a job training component. But it should not be seen as an end in itself.

*Coordination*

Applicants must use partnerships both (1) to enhance the out-of-school programs funded under the grant and (2) to provide complementary programs so as to make the target neighborhood an Opportunity Area for all youth. It is expected that applicant and other partners will invest State, local, and other federal resources to secure the success of the project. Complementary projects should include: (1) School-to-work efforts in the target area high school; (2) commitments for specific numbers of career-track jobs by employers located in the wider metropolitan area; (3) school district efforts to reduce the dropout and truancy rates in area middle schools and high schools; (4) investments from other State and federal programs, such as JTPA; (5) a public/private collaboration to start a program that helps youth attend college in the target area; (6) a comprehensive sports and recreation program for youth of all ages in the target neighborhood; and (7) a comprehensive youth community service program in the target area. The application should provide dollar values for the contributions from each partner, and these figures will be included in the final grant budget. Applicants also must agree to continue initiatives started under this grant beyond the three-year grant period. Applicants are encouraged to use State and local educational funds to support education and training services for youth who have dropped out of school.

*Period of Performance*

The period of performance shall be 18 months from the date of execution by the Government. Delivery of services to targeted groups shall commence within 90 days of execution of a grant.

**Part II. Application Process and Guidelines**

A grant application shall be limited to 12 double-spaced, single-side, 8.5-inch × 11-inch pages with 1-inch margins. Text type shall be 11 point or larger. Applications that do not meet these requirements will not be considered. SDAs wishing to apply to be a demonstration site should begin as quickly as possible forming the partnerships with State and local school-to-work efforts, local public schools, empowerment zones, juvenile justice system, community based organizations, and the private sector necessary to carry out this project. An original and three (3) copies of the application shall be submitted. The applications shall consist of two (2) separate and distinct parts: Part A, the Financial Proposal, and Part B, the Technical Proposal.

*Part A—Financial Proposal*

The Financial Proposal, shall contain the Standard Form 424, "Application for Federal Assistance" (Appendix A) and the "Budget Information Sheet" (Appendix B) for an 18-month initial grant period. Both of these forms are attached. The budget shall include on a separate page a detailed breakout of each proposed budget line item. For each budget line item that includes funds or in-kind contributions from a source other than the grant funds, identify the source, the amount, and in-kind contributions, including any restrictions that may apply to these funds. The Federal Domestic Assistance Catalog number is 17.249.

*Part B. Technical Proposal*

The technical proposal should be 12 pages or less and reflect the local partnerships that are being developed. An Executive Summary may be included, but shall not exceed two pages. The technical proposal should include letters of support from the local chief elected official.

These letters will not be counted against the page limit. No cost data or reference to price shall be included in the technical proposal. The technical proposal shall include answers to the following questions:

1. What is the need in the target community? What is its population and poverty rate in the 1990 Census? What are the dropout rates of target area high schools, as measured by the number of ninth graders enrolled in September of 1993 and the number of students graduating in June of 199[illegible]?

2. What new initiatives and on-going effective practices for out-of-school youth will be funded with the grant?

3. How will new initiatives and effective practices fit into your overall EZ/EC plan?

4. What school-to-work initiatives consistent with the School-to-Work Opportunities Act of 1994 currently exist in the target area high school? What additional school-to-work initiatives will be implemented if this grant is received?

5. What dropout prevention efforts currently exist in target area middle schools and high school? What new initiatives are committed as a if this grant is received?

6. What do local major corporations promise as their role if the area becomes an opportunity area? The application should be clear in specifying existing private sector activities and *new* activities supported with leveraged resources. The specific number of jobs pledged for target area youth should be included in the application.

7. What strategy do you have for linking with Job Corps?

8. What State and local public sector, and non-profit sector (including faith-based organizations) commitments are being promised? Again, the application should be clear in specifying existing public sector activities in the target area and new activities being supported with leveraged resources.

9. What strategy do you have for maintaining these enhanced services to out-of-school youth after the demonstration has ended? Will school funds be provided?

10. What strategies do you have for engaging the juvenile justice system in preventing juvenile crime in the target area and in meeting the needs of target area youth who are in the criminal justice system?

11. What strategy do you have to hire and maintain high quality staff, particularly in the areas of job development, case management and project director and to provide salary levels that are comparable with other programs with same type of job responsibility.

Information required under (a), and (b), below shall be provided separately for each targeted neighborhood where out-of-school youth will be served.

*(a) Target Neighborhood*

Applications should identify a target area within the EZ/EC with a population of between 10,000 and 15,000 persons and a poverty rate in the 1990 Census that is among the highest in the EZ/EC.

In urban sites, the target area should be comprised of contiguous census tracts. In rural counties larger than 15,000, the target area should be comprised of contiguous census tracts or block numbering areas. In both urban and rural sites, the target area should include a high school and at least one middle school.

*(b) Sample Site Plan*

One example of the type of plan that could be included in the proposal is below. This example is intended to be illustrative rather than prescriptive. It is expected that each community will develop a plan that is tailored to its area. In this example, the target community within the EZ/EC has a population of 10,000, with 1,600 16–24 year-olds and with 20 percent of its population living in public housing. Roughly half of the 16–24 year-olds are out-of-school (800) and 40 percent of the out-of-school youth are employed (320). To reach an 80 percent employment level for this group will require 640 being employed, or 320 more jobs. To achieve this level of employment and to stem the dropout rate, the following example shows how the DOL grant might be used in conjunction with the leveraging of other resources. (This is an example):

| | DOL grant | Other resources |
|---|---|---|
| Job developers/case managers (Staff of 15) | $850,000 | |
| CET training (50 youth @ $6,000) | 150,000 | 150,000 |
| On-the-job training (40 youth @ $5,000) | 200,000 | |
| YouthBuild (40 youth @ $20,000) | 300,000 | 500,000 |
| Local conservation corps (40 youth @ $20,000) | 400,000 | 400,000 |
| Alternative school (80 youth @ $8,000) | 200,000 | 440,000 |
| Middle school restructuring | | 235,000 |
| Futures program in high school | 50,000 | 200,000 |
| College Bound program | 50,000 | 100,000 |
| Sports and recreation program | 50,000 | 100,000 |
| Juvenile alternative sentencing program | | 100,000 |
| | 2,250,000 | *2,250,000 |

*This SGA recommends the leveraging of resources on a one-to-one basis through in-kind or cash dollars. The leveraged resources could be used to serve 22–24 year-olds, and thus come from JTPA Title II–A. Other leveraged resources could come from other Federal agencies, local corporations and foundations. Funds for a new alternative school in the target community would come from State or local education funds. In addition to these funds for job training programs, the local area would also provide funds for new initiatives to strengthen the target area's middle schools and high school. These initiatives would include enhanced school-to-work efforts in the high school; a program to prepare entering ninth graders for starting high school and to provide outreach workers to keep youth in school; a program to help youth enter college, and a comprehensive sports and recreation program for youth. These initiatives would be paid for through a combination of other Federal funds, public school funds, local corporations, and local foundations. A significant number of private sector jobs would also be pledged for participants.

*Hand-Delivered Applications*

Applications should be mailed no later than five (5) days prior to the closing date for the receipt of applications. However, if applications are hand-delivered, they must be received at the designated place by 4 p.m., Eastern Time on the closing date for receipt of applications. All overnight mail will be considered to be hand-delivered and must be received at the designated place by the specified time and closing date. Telegraphed and/or faxed proposals will not be honored. Applications that fail to adhere to the above instructions will not be honored.

*Late Applications*

Any application received at the office designated in the solicitation after the exact time specified for receipt will not be considered unless it:

(a) Was sent by U.S. Postal Service registered or certified mail not later than the fifth calendar day before the closing date specified for receipt of applications (e.g., an offer submitted in response to a solicitation requiring receipt of application by the 30th of January must have been mailed by the 25th); or

(b) Was sent by U.S. Postal Service Express Mail Next Day Service—Post Office to Addressee, not later than 5 p.m. at the place of mailing two working days prior to the date specified for receipt of application. The term "working days" excludes weekends and U.S. Federal holidays.

The only acceptable evidence to establish the date of mailing of a late application sent by U.S. Postal Service registered or certified mail is the U.S. postmark on the envelope or wrapper and on the original receipt from the U.S. Postal Service. Both postmarks must show a legible date or the proposal shall be processed as if it had been mailed late. "Postmark" means a printed, stamped, or otherwise placed impression (exclusive of a postage meter machine impression) that is readily identifiable without further action as having been supplied and affixed by an employee of the U.S. Postal Service on the date of mailing. Therefore, applicants should request the postal clerk to place a legible hand cancellation "bull's eye" postmark on both the receipt and the envelope or wrapper.

The only acceptable evidence to establish the date of mailing of a late application sent by "Express Mail Next-Day Service—Post Office to Addressee" is the date entered by the post office receiving clerk on the "Express Mail Next Day Service—Post Office to Addressee" label and the postmarks on both the envelope and wrapper and the original receipt from the U.S. Postal Service. "Postmark" has the same meaning as defined above. Therefore, an applicant should request the postal clerk to place a legible hand cancellation "bull's eye" postmark on both the receipt and the envelope or wrapper.

*Withdrawal of Applications*

Applications may be withdrawn by written notice or telegram (including mailgram) received at any time before award. Applications may be withdrawn in person by the applicant or by an authorized representative thereof, if the representative's identity is made known and the representative signs a receipt for the proposal.

**Part III—Evaluation Component**

The demonstration sites will be required to collect and maintain participant records so that this can be a learning experience for the government. We look to learn and share effective techniques and strategies for meeting

the needs of out-of-school youth. The required participant records will be similar to the Standardized Program Information Report (SPIR) required for JTPA Title II programs. Leveraged resources from schools can be provided in a variety of ways such as by changing education funding formulas to reach out of school youth, starting or expanding alternative schools, and providing space in school buildings for training programs. No funds under this grant should be set aside for local evaluations, as the project will be formally evaluated through DOL. The DOL evaluation will be aimed primarily at learning from this demonstration if a comprehensive approach to addressing the employment and other needs of out of school youth increases their employment rate, thereby, decreasing negative behavior. The Department will use the lessons learned in subsequent programs for out of school youth.

## Part IV—Evaluation Criteria

Prospective offerers are advised that the selection of grantee(s) for award is to be made after careful evaluation of proposals by a panel of specialists. Each panelist will evaluate the proposals for acceptability with emphasis on the various factors enumerated below. The panel results are advisory in nature and not binding on the Grant Officer.

1. Need in target neighborhood, as measured by its poverty rate in the 1990 Census (10 points).
2. Plan and capacity for conducting project (45 points).
3. Level of investments of schools and other public sector partners (15 points)
4. Level of investments of private sector partners, including commitments for private-sector jobs (10 points)
5. Current school-to-work program and plans for next year's school-to-work program in target area high school (10 points)
6. Dropout prevention plans (10 points)

Applicants are advised that discussions may be necessary in order to clarify any inconsistencies in their applications. Site visits will be made prior to final decisions of awards, to confirm information submitted in application. The final decision on awards will be based on what is most advantageous to the Federal Government, taking into account factors such as geographic diversity, mix of EZs and ECs, and demographic characteristics. The Government may elect to award grant(s) without discussion with the offerers.

Signed on this 1st day of September 1998.

**Janice E. Perry,**

*Grant Officer, Department of Labor/ETA.*

Attachments: Standard Form 424 Budget Information Sheet

BILLING CODE 4510–30–P

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED

Applicant Identifier

1. TYPE OF SUBMISSION:

Application
☐ Construction
☐ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Organizational Unit:

Address (give city, county, State and zip code):

Name and telephone number of the person to be contacted on matters involving this application (give area code):

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

☐☐-☐☐☐☐☐☐☐

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☐

A. State
B. County
C. Municipa
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J . Private University
K Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify): ____________

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

____________

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

☐☐-☐☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (cities, counties, States, etc.):

13. PROPOSED PROJECT:

Start Date | Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant | b. Project

15. ESTIMATED FUNDING:

| | | |
|---|---|---|
| a. Federal | $ | .00 |
| b. Applicant | $ | .00 |
| c. State | $ | .00 |
| d. Local | $ | .00 |
| e. Other | $ | .00 |
| f. Program Income | $ | .00 |
| g. TOTAL | $ | .00 |

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE ____________

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| a. Typed Name of Authorized Representative | b. Title | c. Telephone number |
|---|---|---|
| d. Signature of Authorized Representative | | e. Date Signed |

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

## INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which ave established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

| Item: | Entry: |
|---|---|
| 1. | Self-explanatory. |
| 2. | Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable). |
| 3. | State use only (if applicable) |
| 4. | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake this assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. |
| 7. | Enter the appropriate letter in the space provided. |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided.<br><br>- "New" means a new assistance award.<br>- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br>- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |
| 9. | Name of Federal agency from which assistance is being requested with this application. |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is required. |
| 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of the project. |

| Item: | Entry: |
|---|---|
| 12. | List only the largest political entities affected (e.g., State, counties, cities. |
| 13. | Self-explanatory. |
| 14. | List the applicant's Congressional District and any District(s) affected by the program or project. |
| 15. | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. |
| 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |

## PART II - BUDGET INFORMATION

SECTION A - Budget Summary by Categories

| | (A) | (B) | (C) |
|---|---|---|---|
| 1. Personnel | | | |
| 2. Fringe Benefits (Rate %) | | | |
| 3. Travel | | | |
| 4. Equipment | | | |
| 5. Supplies | | | |
| 6. Contractual | | | |
| 7. Other | | | |
| 8. Total, Direct Cost (Lines 1 through 7) | | | |
| 9. Indirect Cost (Rate %) | | | |
| 10. Training Cost/Stipends | | | |
| 11. TOTAL Funds Requested (Lines 8 through 10) | | | |

SECTION B - Cost Sharing/ Match Summary (if appropriate)

| | (A) | (B) | (C) |
|---|---|---|---|
| 1. Cash Contribution | | | |
| 2. In-Kind Contribution | | | |
| 3. TOTAL Cost Sharing / Match (Rate %) | | | |

NOTE: Use Column A to record funds requested for the initial period of performance (i.e. 12 months, 18 months, etc.); Column B to record changes to Column A (i.e. requests for additional funds or line item changes; and Column C to record the totals (A plus B).

## *INSTRUCTIONS FOR PART II - BUDGET INFORMATION*

*SECTION A - Budget Summary by Categories*

1. *Personnel:* *Show salaries to be paid for project personnel.*

2. *Fringe Benefits: Indicate the rate and amount of fringe benefits.*

3. *Travel: Indicate the amount requested for staff travel. Include funds to cover at least one trip to Washington, DC for project director or designee.*

4. *Equipment: Indicate the cost of non-expendable personal property that has a useful life of more than one year with a per unit cost of $5,000 or more.*

5. *Supplies: Include the cost of consumable supplies and materials to be used during the project period.*

6. *Contractual: Show the amount to be used for (1) procurement contracts (except those which belong on other lines such as supplies and equipment); and (2) sub-contracts/grants.*

7. *Other: Indicate all direct costs not clearly covered by lines 1 through 6 above, including consultants.*

8. *Total, Direct Costs: Add lines 1 through 7.*

9. *Indirect Costs: Indicate the rate and amount of indirect costs. Please include a copy of your negotiated Indirect Cost Agreement.*

10. *Training /Stipend Cost: (If allowable)*

11. *Total Federal funds Requested: Show total of lines 8 through 10.*

*SECTION B - Cost Sharing/Matching Summary*

***Indicate the actual rate and amount of cost sharing/matching when there is a cost sharing/matching requirement. Also include percentage of total project cost and indicate source of cost sharing/matching funds, i.e. other Federal source or other Non-Federal source.***

***NOTE:***

***PLEASE INCLUDE A DETAILED COST ANALYSIS OF EACH LINE ITEM.***

[FR Doc. 98–24013 Filed 9–4–98; 8:45 am]
BILLING CODE 4510–30–C

## NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice (98–116)]

### Information Collection: Submission for OMB Review, Comment Request

**AGENCY:** National Aeronautics and Space Administration (NASA).

**ACTION:** Notice of Agency Report Forms Under OMB Review.

**SUMMARY:** The National Aeronautics and Space Administration has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

**DATES:** Comments on this proposal should be received on or before October 8, 1998.

**ADDRESSES:** All comments should be addressed to Ms. Sue McDonald, Mail Code GS4, Lyndon B. Johnson Space Center, Houston, TX 77058.

**FOR FURTHER INFORMATION CONTACT:** Ms. Carmela Simonson, Office of the Chief Information Officer, (202) 358–1223.

*Reports:* JSC Form 1625.

*Title:* Radioactive Material Transfer Receipt.

*OMB Number:* 2700–0007.

*Type of review:* Extension.

*Need and Uses:* Federal law requires that Johnson Space Center keep records of each radioactive material transfer.

*Affected Public:* Business or other for-profit, Federal Government, State, Local or Tribal Government.

*Number of Respondents:* 50.

*Responses Per Respondent:* 2.

*Annual Responses:* 100.

*Hours Per Request:* ½ hr.

*Annual Burden Hours:* 58.

*Frequency of Report:* On occasion.

**Donald J. Andreotta,**

*Deputy Chief Information Officer (Operations), Office of the Administrator.*

[FR Doc. 98–24075 Filed 9–4–98; 8:45 am]

BILLING CODE 7510–01–P

## NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[98–115]

### NASA Advisory Council (NAC), Space Science Advisory Committee (SScAC), Sun-Earth Connection Advisory Subcommittee; Meeting

**AGENCY:** National Aeronautics and Space Administration.

**ACTION:** Notice of Meeting.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, Pub. L. 92–463, as amended, the National Aeronautics and Space Administration announces a meeting of the NASA Advisory Council, Space Science Advisory Committee, Sun-Earth Connection Advisory Subcommittee.

**DATES:** Monday, September 21, 1998, 8:30 a.m. to 5:00 p.m.; Tuesday, September 22, 1998, 8:30 a.m. to 5:00 p.m.; and Wednesday, September 23, 1998, from 8:30 a.m. to 1:00 p.m.

**ADDRESSES:** National Aeronautics and Space Administration, MIC 6, Room 6H46 300 E Street, SW, Washington, DC 20546.

**FOR FURTHER INFORMATION CONTACT:** Dr. George Withbroe, Code S, National Aeronautics and Space Administration, Washington, DC 20546, (202) 358–2150.

**SUPPLEMENTARY INFORMATION:** The meeting will be open to the public up to the capacity of the room. The agenda for the meeting is as follows:

—Sun-Earth Connection Program Overview: Budget, Current Program,
—Future Activities
—Research and Analysis Program
—Solar Terrestrial Probes Program
—Solar Probe
—Discussion and writing groups

It is imperative that the meeting be held on these dates to accommodate the scheduling priorities of the key participants. Visitors will be requested to sign a visitor's register.

Dated: September 1, 1998.

**Matthew M. Crouch,**

*Advisory Committee Management Officer, National Aeronautics and Space Administration.*

[FR Doc. 98–24074 Filed 9–4–98; 8:45 am]

BILLING CODE 7510–01–P

## NUCLEAR REGULATORY COMMISSION

[Docket No. 50–400]

### Carolina Power & Light Company; Notice of Consideration of Issuance of Amendment to Facility Operating License, Proposed No Significant Hazards Consideration Determination, and Opportunity For a Hearing

The U.S. Nuclear Regulatory Commission (the Commission) is considering issuance of an amendment to Facility Operating License No. NPF–63 issued to Carolina Power & Light Company (the licensee) for operation of the Shearon Harris Nuclear Power Plant located in Wake and Chatham Counties, North Carolina.

The proposed amendment would revise the Harris Nuclear Plant (HNP) Technical Specifications (TS) concerning the applicability of Limiting Conditions for Operation (LCO) and Surveillance Requirements (SR). Specifically, HNP proposes to revise TS 3.0.4 and associated specifications; TS 4.0.4; and Bases for TS 3.0.3, TS 3.0.4, and TS 4.0.4 to be consistent with Generic Letter 87–09 dated June 4, 1987.

This proposed TS change is needed due to the verbatim requirements of TS 3.0.4 and inoperable TS equipment that would prevent plant shutdown. A verbatim reading of the current HNP TS 3.0.4 would not allow entry into a lesser operational mode if required TS components were inoperable.

Before issuance of the proposed license amendment, the Commission will have made findings required by the Atomic Energy Act of 1954, as amended (the Act) and the Commission's regulations.

The Commission has made a proposed determination that the amendment request involves no significant hazards consideration. Under the Commission's regulations in 10 CFR 50.92, this means that operation of the facility in accordance with the proposed amendment would not (1) involve a significant increase in the probability or consequences of an accident previously evaluated; or (2) create the possibility of a new or different kind of accident from any accident previously evaluated; or (3) involve a significant reduction in a margin of safety. As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. The proposed amendment does not involve a significant increase in the probability or consequences of an accident previously evaluated.

The proposed revision to TS 3.0.4 allows entry into an operational condition in accordance with action requirements when conformance to the action requirements permits continued operation of the facility for an unlimited period of time. This operational flexibility is consistent with that allowed by the existing individual LCOs and their associated action requirements which provide an acceptable level of safety for continued operation.

The proposed revision to TS 4.0.4 clarifies that Specification 4.0.4 does not prevent passage through or to operational conditions as required to comply with action requirements. This is consistent with the existing Specification 3.0.4. In addition, the potential for plant upset and challenge to safety systems is heightened if surveillances are performed during a shutdown to comply with Action Requirements.

The revisions to the Bases Section 3.0 and 4.0 and the elimination of specific exceptions

to Specification 3.0.4 are administrative in nature and, therefore, do not involve a significant increase in the probability or consequences of an accident previously evaluated.

Therefore, the proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated. There is no physical alteration to any plant system, nor is there a change in the method in which any safety related system performs its function.

2. The proposed amendment does not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed amendment does not create the possibility of a new or different kind of accident from any accident previously evaluated because there is no physical alteration to any plant system, nor is there a change in the method in which any safety related system performs its function.

The revisions to the Bases Sections 3.0 and 4.0 and the elimination of specific exemptions to Specification 3.0.4 are administrative in nature and, therefore, do not create the possibility of a new or different kind of accident from any accident previously evaluated.

Therefore, the proposed change does not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. The proposed amendment does not involve a significant reduction in the margin of safety.

The revision to Specification 3.0.4 allows operational flexibility which is consistent with that allowed by the existing individual LCOs and their associated action requirements which provide an acceptable level of safety for continued operation. The proposed revision to Specification 4.0.4 is a clarification to the specification and as such is administrative in nature. The revision makes it clear that Specification 4.0.4 does not prevent passage through or to operational conditions as required to comply with action requirements. This is consistent with the existing Specification 3.0.4. These revisions result in improved Technical Specifications, and therefore, increase the margin of safety.

The revisions to the Bases Sections 3.0 and 4.0 and the elimination of specific exemptions to Specification 3.0.4 are administrative in nature and, therefore, do not involve a significant reduction in a margin of safety.

Therefore, the proposed change does not involve a significant reduction in the margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

The Commission is seeking public comments on this proposed determination. Any comments received within 30 days after the date of publication of this notice will be considered in making any final determination.

Normally, the Commission will not issue the amendment until the expiration of the 30-day notice period. However, should circumstances change during the notice period such that failure to act in a timely way would result, for example, in derating or shutdown of the facility, the Commission may issue the license amendment before the expiration of the 30-day notice period, provided that its final determination is that the amendment involves no significant hazards consideration. The final determination will consider all public and State comments received. Should the Commission take this action, it will publish in the **Federal Register** a notice of issuance and provide for opportunity for a hearing after issuance. The Commission expects that the need to take this action will occur very infrequently.

Written comments may be submitted by mail to the Chief, Rules and Directives Branch, Division of Administrative Services, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and should cite the publication date and page number of this **Federal Register** notice. Written comments may also be delivered to Room 6D59, Two White Flint North, 11545 Rockville Pike, Rockville, Maryland, from 7:30 a.m. to 4:15 p.m. Federal workdays. Copies of written comments received may be examined at the NRC Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC.

The filing of requests for hearing and petitions for leave to intervene is discussed below.

By October 8, 1998, the licensee may file a request for a hearing with respect to issuance of the amendment to the subject facility operating license and any person whose interest may be affected by this proceeding and who wishes to participate as a party in the proceeding must file a written request for a hearing and a petition for leave to intervene. Requests for a hearing and a petition for leave to intervene shall be filed in accordance with the Commission's "Rules of Practice for Domestic Licensing Proceedings" in 10 CFR Part 2. Interested persons should consult a current copy of 10 CFR 2.714 which is available at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room located at the Cameron Village Regional Library, 1930 Clark Avenue, Raleigh, North Carolina 27605. If a request for a hearing or petition for leave to intervene is filed by the above date, the Commission or an Atomic Safety and Licensing Board, designated by the Commission or by the Chairman of the Atomic Safety and Licensing Board Panel, will rule on the request and/or petition; and the Secretary or the designated Atomic Safety and Licensing Board will issue a notice of hearing or an appropriate order.

As required by 10 CFR 2.714, a petition for leave to intervene shall set forth with particularity the interest of the petitioner in the proceeding, and how that interest may be affected by the results of the proceeding. The petition should specifically explain the reasons why intervention should be permitted with particular reference to the following factors: (1) The nature of the petitioner's right under the Act to be made party to the proceeding; (2) the nature and extent of the petitioner's property, financial, or other interest in the proceeding; and (3) the possible effect of any order which may be entered in the proceeding on the petitioner's interest. The petition should also identify the specific aspect(s) of the subject matter of the proceeding as to which petitioner wishes to intervene. Any person who has filed a petition for leave to intervene or who has been admitted as a party may amend the petition without requesting leave of the Board up to 15 days prior to the first prehearing conference scheduled in the proceeding, but such an amended petition must satisfy the specificity requirements described above.

Not later than 15 days prior to the first prehearing conference scheduled in the proceeding, a petitioner shall file a supplement to the petition to intervene which must include a list of the contentions which are sought to be litigated in the matter. Each contention must consist of a specific statement of the issue of law or fact to be raised or controverted. In addition, the petitioner shall provide a brief explanation of the bases of the contention and a concise statement of the alleged facts or expert opinion which support the contention and on which the petitioner intends to rely in proving the contention at the hearing. The petitioner must also provide references to those specific sources and documents of which the petitioner is aware and on which the petitioner intends to rely to establish those facts or expert opinion. Petitioner must provide sufficient information to show that a genuine dispute exists with the applicant on a material issue of law or fact. Contentions shall be limited to matters within the scope of the amendment under consideration. The

contention must be one which, if proven, would entitle the petitioner to relief. A petitioner who fails to file such a supplement which satisfies these requirements with respect to at least one contention will not be permitted to participate as a party.

Those permitted to intervene become parties to the proceeding, subject to any limitations in the order granting leave to intervene, and have the opportunity to participate fully in the conduct of the hearing, including the opportunity to present evidence and cross-examine witnesses.

If a hearing is requested, the Commission will make a final determination on the issue of no significant hazards consideration. The final determination will serve to decide when the hearing is held.

If the final determination is that the amendment request involves no significant hazards consideration, the Commission may issue the amendment and make it immediately effective, notwithstanding the request for a hearing. Any hearing held would take place after issuance of the amendment.

If the final determination is that the amendment request involves a significant hazards consideration, any hearing held would take place before the issuance of any amendment.

A request for a hearing or a petition for leave to intervene must be filed with the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, Attention: Rulemakings and Adjudications Staff, or may be delivered to the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, by the above date. A copy of the petition should also be sent to the Office of the General Counsel, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and to William D. Johnson, Vice President and Senior Counsel, Carolina Power & Light Company, Post Office Box 1551, Raleigh, North Carolina 27602, attorney for the licensee.

Nontimely filings of petitions for leave to intervene, amended petitions, supplemental petitions and/or requests for hearing will not be entertained absent a determination by the Commission, the presiding officer or the presiding Atomic Safety and Licensing Board that the petition and/or request should be granted based upon a balancing of the factors specified in 10 CFR 2.714(a)(1)(I)-(v) and 2.714(d).

For further details with respect to this action, see the application for amendment dated August 27, 1998, which is available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room located at the Cameron Village Regional Library, 1930 Clark Avenue, Raleigh, North Carolina 27605.

Dated at Rockville, Maryland, this 21st day of September, 1998.

For the Nuclear Regulatory Commission.

**Scott C. Flanders,**

*Project Manager, Project Directorate II–1, Division of Reactor Projects—I/II, Office of Nuclear Reactor Regulation.*

[FR Doc. 98–24010 Filed 9–4–98; 8:45 am]

BILLING CODE 7590–01–P

---

## NUCLEAR REGULATORY COMMISSION

[Docket Nos. 50–295/304–LA–2 ASLBP No. 98–750–06-LA]

## Commonwealth Edison Company; Establishment of Atomic Safety and Licensing Board

Pursuant to delegation by the Commission dated December 29, 1972, published in the **Federal Register**, 37 FR 28710 (1972), and Sections 2.105, 2.700, 2.702, 2.714, 2.714a, 2.717, 2.721 of the Commission's Regulations, all as amended, an Atomic Safety and Licensing Board is being established to preside over the following proceeding.

### COMMONWEALTH EDISON COMPANY

*Zion Nuclear Power Station*

This Board is being established pursuant to a petition for leave to intervene submitted by the Committee for Safety at Plant Zion, Randy Robarge and Edwin D. Dienethal. The petition was filed in response to a notice of issuance of a license amendment to the Commonwealth Edison Company for the Zion Nuclear Power Station and the Nuclear Regulatory Commission's Staff's finding of no significant hazards considerations in connection with that license amendment. The notice was published in the **Federal Register** at 63 FR 43216, 43217 (August 12, 1998).

The Board is comprised of the following administrative judges:

Thomas S. Moore, Chairman, Atomic Safety and Licensing Board Panel, U.S. Nuclear Regulatory Commission, Washington, DC 20555

Dr. Jerry R. Kline, Atomic Safety and Licensing Board Panel, U.S. Nuclear Regulatory Commission, Washington, DC 20555

Frederick J. Shon, Atomic Safety and Licensing Board Panel, U.S. Nuclear Regulatory Commission, Washington, DC 20555

All correspondence, documents and other materials shall be filed with the Judges in accordance with 10 CFR 2.701.

Issued at Rockville, Maryland, this 1st day of September 1998.

**B. Paul Cotter, Jr.,**

*Chief Administrative Judge, Atomic Safety and Licensing Board Panel.*

[FR Doc. 98–24008 Filed 9–4–98; 8:45 am]

BILLING CODE 7590–01–P

---

## NUCLEAR REGULATORY COMMISSION

[Docket No. 50–346]

## Toledo Edison Company, Centerior Service Company and The Cleveland Electric Illuminating Company; Davis-Besse Nuclear Power Station, Unit 1; Environmental Assessment and Finding of No Significant Impact

The U.S. Nuclear Regulatory Commission (the Commission) is considering the issuance of an order approving, under 10 CFR 50.80, the transfer of Facility Operating License No. NPF–3, issued to the Toledo Edison Company, Centerior Service Company, and The Cleveland Electric Illuminating Company (the licensees) for the Davis-Besse Nuclear Power Station, Unit 1, located in Ottawa County, Ohio, with respect to operating authority under the license, and considering issuance of a conforming amendment under 10 CFR 50.90.

### Environmental Assessment

*Identification of the Proposed Action*

The proposed action would approve the transfer of operating authority under the license to a new company, FirstEnergy Nuclear Operating Company (FENOC), to allow it to use and operate Davis-Besse and to possess and use related licensed nuclear materials in accordance with the same conditions and authorizations included in the current operating license. The proposed action would also approve issuance of a license amendment reflecting the transfer of operating authority. FENOC would be formed by FirstEnergy Corporation to become the licensed operator for Davis-Besse and would have exclusive control over the operation and maintenance of the facility.

Under the proposed arrangement, ownership of Davis-Besse will remain unchanged with each owner retaining its current ownership interest. FENOC will not own any portion of Davis-Besse. Likewise, the owners' entitlement to capacity and energy from Davis-Besse

will not be affected by the proposed change in operating responsibility for Davis-Besse. The owners will continue to provide all funds for the operation, maintenance, and decommissioning by FENOC of Davis-Besse. The responsibility of the owners will include funding for any emergency situations that might arise at Davis-Besse.

The proposed action is in accordance with the licensees' application dated June 29, 1998, as supplemented by letter dated July 14, 1998, for approval of the transfer of the license and issuance of a conforming amendment.

*Need for the Proposed Action*

The proposed action is needed to enable the licensees to transfer operating authority to FENOC as discussed above. The licensees have submitted that this will enable them to enhance the already high level of public safety, operational efficiency, and cost-effective operations at Davis-Besse.

*Environmental Impacts of the Proposed Action*

The Commission has completed its evaluation of the proposed action and concludes that there will be no physical or operational changes to Davis-Besse. The technical qualifications of FENOC to carry out its responsibilities under the operating license for Davis-Besse will be equivalent to the present technical qualifications of the current operators. FENOC will assume responsibility for, and control over, operation and maintenance of the facility. The present plant organization, the oversight organizations, and the engineering and support organizations will be transferred essentially intact to FENOC. The technical qualifications of the FENOC organization, therefore, will be at least equivalent to those of the existing organization.

The Commission has evaluated the environmental impact of the proposed action and has determined that the probability or consequences of accidents would not be increased and that post-accident radiological releases would not be greater than previously determined. Further, the Commission has determined that the proposed action would not affect routine radiological plant effluents and would not increase occupational radiological exposure. Accordingly, the Commission concludes that there are no significant radiological environmental impacts associated with the proposed action.

With regard to potential nonradiological impacts, the proposed action would not affect nonradiological plant effluents and would have no other environmental impact. Therefore, the Commission concludes that there are no significant nonradiological environmental impacts associated with the proposed action.

*Alternative to the Proposed Action*

Since the Commission concluded that there is no measurable environmental impact associated with the proposed action, any alternative with equal or greater environmental impacts need not be evaluated. As an alternative to the proposed action, the staff considered denial of the requested action. Denial of the application would result in no change in current environmental impacts. The environmental impacts of the proposed action and the alternative action are identical.

*Alternative Use of Resources*

This action does not involve the use of any resources not previously considered in the "Final Environmental Statement Related to the Operation of Davis-Besse Nuclear Power Station, Unit 1," dated October 1975.

*Agencies and Persons Contacted*

In accordance with its stated policy, on July 21, 1998, the staff consulted with the State official of the Ohio Emergency Management Agency regarding the environmental impact of the proposed action. The State official had no comments.

**Finding of No Significant Impact**

Based upon the environmental assessment, the Commission concludes that the proposed action will not have a significant effect on the quality of the human environment. Accordingly, the Commission has determined not to prepare an environmental impact statement for the proposed action.

For further details with respect to the proposed action, see the licensees' application dated June 29, 1998, as supplemented by letter dated July 14, 1998, which are available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room located at the University of Toledo, William Carlson Library, Government Documents Collection, 2801 West Bancroft Avenue, Toledo, OH 43606.

Dated at Rockville, Maryland, this 1st day of September 1998.

For the Nuclear Regulatory Commission.

**Ronald R. Bellamy,**

*Director, Project Directorate III-3, Division of Reactor Projects—III/IV, Office of Nuclear Reactor Regulation.*

[FR Doc. 98–24009 Filed 9–4–98; 8:45 am]

BILLING CODE 7590–01–P

## NUCLEAR REGULATORY COMMISSION

**[Docket Nos. STN 50–456, STN 50–457, STN 50–454, STN 50–455, 50–237, 50–249, 50–373, 50–374, 50–254, 50–265, 50–295, and 50–304]**

## Commonwealth Edison Company (Braidwood Station, Units 1 and 2), (Byron Station, Units 1 and 2), (Dresden Nuclear Power Station, Units 2 and 3), (LaSalle County Station, Units 1 and 2), (Quad Cities Nuclear Power Station, Units 1 and 2), and (Zion Nuclear Power Station, Units 1 and 2); Issuance of Director's Decision Under 10 C.F.R. § 2.206

Notice is hereby given that the Director, Office of Nuclear Reactor Regulation, has taken action with regard to a Petition submitted by the National Whistleblower Legal Defense and Education Fund (Petitioner), dated March 25, 1998, regarding Commonwealth Edison Company (ComEd).

The Petitioner requested that the NRC take corrective action and impose civil penalties against ComEd. The Petitioner asserted that: (1) ComEd's assertion in a pleading in a case before the U.S. Department of Labor that the filing of a "Problem Identification Form" does not constitute a protected activity fosters an atmosphere of intimidation and chills the reporting of concerns in violation of 10 CFR § 50.7; and (2) ComEd intentionally imposed "restrictive confidentiality" aimed at prohibiting employees from providing information to the NRC in violation of 10 C.F.R. § 50.7.

The Director of the Office of Nuclear Reactor Regulation has denied the Petition. The reasons for the denial are explained in the Director's Decision under 10 C.F.R. § 2.206 (DD–98–08), the complete text of which follows this notice and which is available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, N.W., Washington, D.C. 20555–0001; and at the local public document rooms; the Byron Public Library District, 109 N. Franklin, P.O. Box 434, Byron, Illinois 61010; the Wilmington Public Library, 201 S. Kankakee Street, Wilmington, Illinois 60481; Morris Area Public Library District, 604 Liberty Street, Morris, Illinois 60450; Jacobs Memorial Library, 815 North Orlando Smith Avenue, Illinois Valley Community College, Oglesby, Illinois 61348–9692; Dixon Public Library, 221 Hennepin Avenue, Dixon, Illinois 61021; and Waukegan Public Library, 128 N. County Street, Waukegan, Illinois 60085.

A copy of this Decision will be filed with the Secretary of the Commission for the Commission's review in accordance with 10 C.F.R. § 2.206(c) of the Commission's regulations. As provided by this regulation, this Decision will constitute the final action of the Commission 25 days after the date of issuance unless the Commission, on its own motion, institutes a review of the decision within that time.

Dated at Rockville, Maryland, this 31st day of August 1998.

For the Nuclear Regulatory Commission.

**Frank J. Miraglia,**

*Acting Director, Office of Nuclear Reactor Regulation.*

**Director's Decision Under 10 CFR § 2.206**

*I. Introduction*

On March 25, 1998, the National Whistle Blower Legal Defense and Education Fund and Mr. Randy Robarge filed a Petition with the U.S. Nuclear Regulatory Commission (NRC) pursuant to Section 2.206 of Title 10 of the *Code of Federal Regulations* (10 CFR § 2.206). (Although Mr. Randy Robarge was also initially named as a Petitioner, the NRC was notified by counsel for Mr. Robarge by written submittal dated June 26, 1998, that Mr. Robarge was withdrawing his Petition). The Petition requested that the NRC take certain immediate "corrective" action and impose civil penalties against Commonwealth Edison Company (ComEd) based upon ComEd's: (1) "Interference" with the willingness of employees to file Problem Identification Forms (PIFs); and (2) "intentional prohibition" of employees from directly communicating information to the NRC. The Petitioner raised two issues. Specifically, the Petitioner asserted, first, that ComEd's assertion in a pleading in a case before the U.S. Department of Labor (DOL),[1] 98–ERA–2, that the filing of a PIF does not constitute protected activity fosters an atmosphere of intimidation and chills the reporting of safety concerns in violation of 10 CFR § 50.7. As a consequence, the Petitioner requested the NRC to: (1) Immediately issue a Show Cause Order requiring ComEd to explain why the filing of a PIF does not constitute protected activity under Section 211 of the Energy Reorganization Act of 1974, as amended, 42 U.S.C. § 5851 (1988 and Supp. V 1993) (ERA); (2) issue a Severity Level I violation and appropriate civil penalty for taking action that ComEd knew or should have known would prevent employees from filing PIFs; and (3) require the licensee to post a public apology for claiming that the filing of a PIF does not constitute a protected activity.

In addition, the Petitioner asserted that ComEd intentionally imposed restrictive confidentiality provisions in a discovery agreement in a pending DOL proceeding aimed at prohibiting employees from providing information to the NRC in violation of 10 CFR § 50.7. As a consequence, the Petitioner requested that the NRC: (1) Issue a Show Cause Order to ComEd requiring it to explain under oath why the imposition of restrictive confidentiality clauses prohibiting employees from directly communicating information to the NRC should not be prohibited; (2) impose a Severity Level I violation and appropriate civil penalty against ComEd for the intentional violation of 10 CFR § 50.7(f); (3) require ComEd to transmit to all individuals under similar restrictive confidentiality terms notice that they are now free to communicate information to the NRC; and (4) require the licensee to release to the NRC copies of all restrictive confidentiality agreements entered into by ComEd and any subcontractors employed by ComEd since March 21, 1990 (the date the **Federal Register** notice of 10 CFR § 50.7(f) was published).

By letter dated April 29, 1998, I informed the Petitioner that the Petition had been referred to me pursuant to 10 CFR § 2.206 of the Commission's regulations. I further informed the Petitioner that the issues raised in the Petition did not constitute an immediate safety concern at ComEd's nuclear facilities and that the information provided did not warrant the immediate action that was requested, but that action would be taken upon the Petition within a reasonable time.

On May 20, 1998, the NRC forwarded a copy of the Petition to the licensee with a request to respond to the issues raised in the Petition. The licensee responded to the NRC's request by letter dated June 19, 1998.

*II. Background*

Mr. Randy Robarge, a former health physics supervisor at the Zion Nuclear Power Station, filed a complaint with the U.S. Department of Labor (DOL) under Section 211 of the ERA (98–ERA–2) claiming that he was discriminated against and subjected to a retaliatory discharge for filing PIFs. On November 26, 1997, during discovery in connection with the pending litigation before the DOL Administrative Law Judge, Mr. Robarge filed through his counsel a "Request for Production of Documents, Admissions, and Interrogatory Questions" (Complainant's Request). On February 5, 1998, ComEd filed through its counsel its "Respondent's Response and Objections" (Respondent's Response). In addition, during discovery, counsel for Mr. Robarge and ComEd entered into a joint agreement to provide for the confidentiality of certain documents. The agreement was embodied in an Order signed by counsel for both parties on March 23, 1998, entitled, "Stipulation and Order Governing Confidentiality of Document and Information" (Confidentiality Order).[2]

*III. Discussion*

The Petitioner makes two assertions in support of the request that the NRC take the action requested. These assertions arise from statements made by ComEd in the discovery documents described above.

First, the Petitioner claims that ComEd's response in its Respondent's Response to a request made by Mr. Robarge in his Complainant's Request (Request Number 3) amounts to an assertion that the filing of PIFs is not a protected activity and, as such, will "chill" the reporting of safety concerns in violation of 10 CFR § 50.7. Request Number 3 requested that ComEd admit or deny the following statement: "The complainant engaged in protected activity under Section 211 when he filed 'PIFs' with the Respondent." In its Respondent's Response, ComEd stated the following: "Respondent objects to the Request as being overly broad, vague and ambiguous in referring generally to 'PIFs' and for calling for a legal conclusion and, therefore, this Request is denied."

The Petitioner asserts that this "cavalier attitude and recalcitrance to admit that the filing of PIFs is protected activity" by the licensee will "chill" the willingness of employees to file PIFs and, as such, warrants that the NRC

[1] The case involved an assertion by Mr. Robarge that he had been discriminated against by ComEd for raising Nuclear Safety concerns in violation of Section 211 of the Energy Reorganization Act of 1974, as amended, 42 U.S.C § 5851 (1988 and Supp. V. 1993).

[2] On June 8, 1998, the parties submitted to the DOL Administrative Law Judge a joint motion seeking approval of a settlement agreement and to protect its confidentiality and to dismiss the claim. Attached to the motion was the settlement and release agreement signed by counsel for both parties, as well as Mr. Robarge. On June 10, 1998, the Administrative Law Judge issued a Recommended Decision and Order recommending that the joint motion to approve settlement agreement and for order of dismissal be granted, and noted that the Recommended Decision and Order would become the final order of the Secretary of Labor absent a petition for review being received by the Administrative Review Board within ten business days. We have been informed that the DOL has no record of an appeal being filed.

issue a Show Cause Order to the licensee, issue a Severity Level I violation and civil penalty, and require the licensee to post a public apology. In support of this assertion, the Petitioner submitted as an attachment to the Petition an affidavit by a ComEd employee that stated that ComEd's denial that the filing of a PIF constitutes protected activity "chills" the willingness of employees to file PIFs.

In construing ComEd's response to Request Number 3 in such a manner, the Petitioner appears to have misconstrued the statement by taking it out of context and misstating the licensee's position. In making this statement, the licensee does not appear to be taking the position that the filing of all PIFs was not a protected activity. Rather, the licensee was objecting specifically to a request for admission as being an inappropriate discovery request as a litigative technique. Nothing in its response suggests that ComEd did not recognize that the actual filing of a PIF could constitute protected activity. In fact, in its response to the Petition, dated June 19, 1998, ComEd specifically stated that it recognizes that the preparation of internal nuclear safety-related documents, such as PIFs, could give rise to protected activity.[3] Thus, there is no merit to this assertion, nor does it warrant the action requested by the Petitioner.

The Petitioner's second assertion is that ComEd intentionally imposed a restrictive provision upon Mr. Robarge aimed at prohibiting employees from providing information to the NRC in violation of 10 CFR § 50.7. To "correct" this practice, the Petitioner requests that the NRC issue a Show Cause Order to ComEd, impose a Severity Level I violation and civil penalty against ComEd, require ComEd to transmit to all individuals under similar confidentiality terms notice that they are now free to communicate information to the NRC, and require ComEd to release to the NRC copies of all restrictive confidentiality agreements entered into by ComEd and its subcontractors since March 21, 1990.

The provision that the Petitioner asserts was intended to prohibit Mr. Robarge from providing information to the NRC in violation of NRC requirements is Section 3(g) of the Confidentiality Order. Section 3(g) of the Confidentiality Order states that confidential information may be disclosed to governmental law enforcement agencies and other governmental bodies pursuant to valid subpoena, provided that: (1) The subpoenaed party give counsel for the designating party written notice of the subpoena and, if so directed by the designating party, object to such subpoena on a timely basis so as to preserve the designating party's rights; and (2) the subpoenaed party proceed in good faith to seek to obtain confidential treatment of the subpoenaed documents from the relevant governmental body. The Confidentiality Order also contains a provision (Provision 6) that would allow either party to challenge the applicability of this stipulation to any document designated as confidential.

The Petitioner alleges that Mr. Robarge objected through his counsel to the wording of Section 3 (g) and requested that the provision include an additional paragraph stating the following:

> Nothing in this agreement shall constitute a prohibition on either party to communicate directly with the U.S. Nuclear Regulatory Commission any information or documentation that is designated as "confidential" by either party except that the party seeking to provide that material to the NRC shall clearly designate the documents as "confidential" and request that the documents be treated as confidential to the fullest extent reasonable under the circumstance.

The Petitioner asserts that ComEd's counsel responded in a letter dated March 19, 1998, that "the language in your addendum is not something that ComEd will stipulate to end a confidentiality order (or an addendum to such an order). On the merits, this section goes directly against the purpose for having a confidentiality order in the first place." The Petitioner also states that ComEd's counsel acknowledged to counsel for Mr. Robarge that "the restrictive confidentiality language is routinely incorporated in agreements entered into by ComEd." The Petitioner asserts that these statements demonstrate that the prohibition in communication with the NRC was intentional rather than inadvertent, and that identical restrictive language is routinely incorporated into ComEd agreements.

The language of which the Petitioner complains is reflected in the Confidentiality Order executed by counsel for *both* parties as well as the Administrative Law Judge (ALJ) presiding in the DOL proceeding regarding Mr. Robarge's Section 211 complaint. Indeed, it appears that the Confidentiality Order was executed by counsel for both parties on March 23, 1998, and entered by the DOL ALJ on March 24, 1998; both dates are after the exchange of correspondence alluded to by counsel for Mr. Robarge with respect to his complaints about the possible restrictive nature of the provision. To the extent that Mr. Robarge had such concerns, they should have been raised in the first instance, before the DOL ALJ. That agency has, in the past, expressed no hesitation in assuring that agreements reached by parties to proceedings before it under Section 211 do not contain provisions which unlawfully interfere with an individual's right to engage in protected activity, *Polizzi* v. *Gibbs & Hill, Inc.*, 87–ERA–38 (Secretary of Labor, July 18, 1989). There is no indication that Mr. Robarge requested that the ALJ consider this matter in the first instance, or sought reconsideration by DOL. In the absence of consideration of this matter by the ALJ, NRC does not intend to take action.

*IV. Conclusion*

For the reasons discussed in the preceding section, no basis exists for taking the actions requested by the Petitioner. Accordingly, the Petition is denied.

A copy of the Decision will be filed with the Secretary of the Commission for the Commission's review. The Decision will become the final action of the Commission, 25 days after issuance unless the Commission, on its own motion, institutes review of the decision within that time.

Dated at Rockville, Maryland, this 31st day of August 1998.

For the Nuclear Regulatory Commission.

*/s/ Frank J. Miraglia,*

**Samuel J. Collins,**

*Director, Office of Nuclear Reactor Regulation.*

[FR Doc. 98–24012 Filed 9–4–98; 8:45 am]

BILLING CODE 7590–01–P

---

[3] With regard to the attached affidavit (Exhibit 5 to the Petition), the affiant indicates that he viewed the licensee's response to request number 3 in its Respondent's Response to represent ComEd's "official legal position." It thus appears that the affiant misunderstood the purpose of the response and its limited significance as a litigation technique and the fact that this statement did not constitute an "official legal position" about whether the filing of PIFs could constitute protected activity.

---

## NUCLEAR REGULATORY COMMISSION

**[Docket Number: 030–14526; License Number: 37–00062–07]**

### Department of Veterans Administration Medical Center, Philadelphia, PA; Issuance of Director's Decision Under 10 CFR § 2.206

Notice is hereby given that the Director, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission (Commission or NRC), has taken action with regard to a

Petition dated January 28, 1998, submitted by Ann Lovell (Petitioner), regarding the Department of Veterans Administration Medical Center, Philadelphia, Pennsylvania (PVAMC). The Petitioner has requested that NRC take immediate action to suspend or revoke the NRC license issued to PVAMC. As grounds for her request, the Petitioner asserts that executive management is operating in a manner that has the potential to present a significant danger to medical center patients, staff, and the general public. Specifically, the Petitioner asserts that: (1) there has been a consistent pattern of NRC violations occurring within the medical center for which PVAMC has failed to take corrective action; (2) PVAMC has a history of supplying false information to NRC; (3) individuals, including the Petitioner, became contaminated with radioactive material in the nuclear medicine department as a result of what the Petitioner believes was an intentional incident; and (4) PVAMC employees are fearful of bringing safety concerns to the licensee for fear of retaliation, and to NRC because of NRC's "history of inaction" regarding the medical center. Additionally, the Petitioner claims that NRC withdrew a civil penalty after a change in NRC Region I management, which may have been withdrawn as it was not "cost-effective" to pursue the issue.

The Director of the Office of Nuclear Material Safety and Safeguards has denied the Petition. The reasons for this denial are explained in the "Director's Decision Under 10 CFR § 2.206," (DD–98–07) the complete text of which follows this notice. The Director's Decision is available for public inspection at NRC's Public Document Room, the Gelman Building, 2120 L Street, N.W., Washington, D.C.

A copy of this Decision will be filed with the Secretary of the Commission, for the Commission's review, in accordance with 10 CFR § 2.206(c) of the Commission's regulations. As provided by this regulation, the Decision will constitute the final action of the Commission 25 days after the date of issuance of the Decision, unless the Commission, on its own motion, institutes a review of the Decision within that time.

Dated at Rockville, Maryland, this 28 day of August, 1998.

For the Nuclear Regulatory Commission.

**Carl J. Paperiello,**

*Director, Office of Nuclear Material Safety and Safeguards.*

## Director's Decision Under 10 CFR § 2.206

### *I. Introduction*

By a Petition addressed to the Director, Division of Nuclear Materials Safety, U.S. Nuclear Regulatory Commission (NRC), Region I, dated January 28, 1998, Ann Lovell (Petitioner), requested that NRC take immediate action to suspend or revoke the NRC license issued to the Department of Veterans Administration Medical Center, Philadelphia, Pennsylvania (PVAMC or licensee). As grounds for her request, the Petitioner asserts that executive management is operating in a manner that has the potential to present a significant danger to PVAMC patients, staff, and the general public. Specifically, the Petitioner asserts that: (1) there has been a consistent pattern of NRC violations occurring within the medical center for which PVAMC has failed to take corrective action; (2) PVAMC has a history of supplying false information to NRC; (3) individuals, including the Petitioner, became contaminated with radioactive material in the nuclear medicine department as a result of what the Petitioner believes was an intentional incident; and (4) PVAMC employees are fearful of bringing safety concerns to the licensee, for fear of retaliation, and to NRC, because of NRC's "history of inaction" regarding the PVAMC. Additionally, the Petitioner claims that NRC withdrew a civil penalty after a change in NRC Region I management, which may have been withdrawn because it was not "cost-effective" to pursue the issue against the Department of Veterans Affairs.

On February 27, 1998, the receipt of the Petition was acknowledged and the Petitioner was informed that the Petition had been referred to the Office of Nuclear Material Safety and Safeguards pursuant to 10 CFR § 2.206 of the Commission's regulations. The Petitioner was also informed that her request that NRC immediately suspend or revoke the PVAMC's license was denied, and that other action on her request would be completed within a reasonable time, as provided by 10 CFR § 2.206.

### *II. Background*

The circumstances surrounding the issues raised in the Petition can be summarized as follows. From 1994 until Spring 1998, the Petitioner was employed by PVAMC as the Radiation Safety Officer (RSO). In November 1995, the Petitioner raised concerns to NRC regarding the safety of the licensee's operations in connection with a potential furlough of Federal government employees. As a result, NRC conducted a special inspection of the licensee's facility on November 17, 1995 (Inspection Report No. 030–14526/95–002). During the inspection, the inspector discovered that the licensee had replaced the RSO before NRC approval and had held a Radiation Safety Committee (RSC) meeting without a quorum, in that the RSO and half of the RSC membership were not present. Based on these violations, a Notice of Violation (NOV) was issued to PVAMC on January 4, 1996.

The licensee responded to the NOV by letter dated February 23, 1996. In its response, the licensee stated that it replaced the RSO with a nuclear physician, to ensure continuous coverage of the radiation safety program during a Federal government furlough, and that the full complement of the RSC could not be assembled to formalize the decision, because of the furlough of personnel, including the RSO.

On February 5, 1996, the Petitioner filed a discrimination complaint with the United States Department of Labor (DOL), asserting that she had been discriminated against for contacting NRC. In a decision issued on March 6, 1996, the Acting District Director of the DOL Wage and Hour Division determined that discrimination was a factor in the actions that comprised the complaint, in violation of Section 211 of the Energy Reorganization Act of 1974, as amended, 42 U.S.C. § 5851 (1988 and Supp. V. 1993). The licensee did not appeal the findings of the Acting District Director, so that the decision of the Acting District Director became the final DOL decision.

NRC held an Enforcement Conference with PVAMC on August 26, 1996, regarding this matter. On September 18, 1996, NRC issued a NOV and Proposed Imposition of Civil Penalty to PVAMC based on the DOL Acting District Director's decision and information provided by PVAMC during the conference, for a violation of the Commission's Employee Protection regulations, 10 CFR § 30.7 (EA 96–182). Specifically, the licensee was cited for discriminating against the Petitioner in that her supervisor had chastised her for contacting NRC. The violation was categorized, in accordance with the Commission's Enforcement Policy, NUREG–1600, "General Statement of Policy and Procedures for NRC Enforcement Actions" (hereafter,

Enforcement Policy), as a Severity Level II violation, and a civil penalty of $8000 was proposed.

On November 15, 1996, PVAMC submitted a "Response to Notice of Violation and Proposed Imposition of Civil Penalty" and "Answer to a Notice of Violation." In these documents, it admitted the violation, but requested reconsideration of the determination that the violation constituted a Severity Level II violation warranting a civil penalty of $8000. In support of its request, PVAMC stated that the supervisor had chastised the Petitioner not just for contacting NRC, but for failing to notify him of certain information of which she was aware; that the chastisement was an isolated occurrence; that other employees were not "chilled" from raising safety concerns as a result of this event; and that a Severity Level II violation was for the most severe violations involving actual or high potential impact on the public, which had not been the case here. Following a review of the licensee's response and the findings of an investigation conducted by NRC's Office of Investigations (OI) that there had been no continued discrimination against the Petitioner, NRC informed the licensee, by letter dated September 25, 1997, that it had concluded that the violation would be more appropriately classified as a Severity Level III violation and that enforcement discretion should be exercised to not issue a civil penalty, in accordance with Section VII.B.6. of the Enforcement Policy.[1] NRC conducted an inspection of the licensee's facility from July 9 through October 20, 1997, (Inspection Report 030–14526/97–001). On approximately July 24, 1997, a contamination incident occurred in the licensee's Nuclear Medicine Department, in which the hands of the RSO and the Chief Nuclear Medicine Technologist (CNMT) became contaminated. The inspector determined that a radiation survey instrument may have become contaminated during surveys of the Nuclear Medicine Department, and that the two individuals' hands became contaminated as a result of handling the instrument. The inspection results indicated that the incident may have been caused by a weakness in the licensee's contamination control techniques, including not using contamination control precautions during the use of radioactive material, and, in some cases, failing to wear gloves. In addition, NRC determined that significant weaknesses existed in the licensee's program in such areas as the functioning and effectiveness of the RSC, training, teamwork, communications, leadership, and conflict resolution. NRC issued a Confirmatory Action Letter (CAL) to PVAMC on December 19, 1997, (with corrected copy issued December 31, 1997), confirming the licensee's commitments to conduct a comprehensive review and assessment of its radiation safety program; to provide training to staff, including among other things, instruction regarding employees' rights to raise safety concerns to management and NRC; and to develop a formal program audit system to continuously identify and correct program deficiencies.

*III. Discussion*

As stated above, the Petitioner has raised numerous issues in support of her assertion that executive management of PVAMC is operating in a manner that has the potential to present a significant danger to medical center patients, staff, and the general public. These issues, and NRC's evaluation of these issues, are set forth below.

A. Petitioner's Assertion of Consistent Pattern of Violations for Which PVAMC Failed to Take Corrective Action

Among other things, the Petitioner maintains that there has been a consistent pattern of NRC violations occurring within the medical center for which PVAMC has failed to take corrective action. In support of this assertion, the Petitioner has submitted an attachment to her Petition, entitled "Chronology of PVAMC/NRC Interaction Since Whistle Blower Incident of November 17, 1995," that she purports "attests" to such a consistent pattern of violations within the facility.

NRC inspections conducted at PVAMC's facilities from 1995 through 1997 identified several violations. However, none of these violations was of high safety significance, and, with the exception of the enforcement action discussed above, involving discrimination against the Petitioner for raising safety concerns (EA 96–182), all the violations were categorized as Severity Level IV violations in accordance with the Commission's Enforcement Policy.[2] The Severity Level IV violations are described in Inspection Reports 030–14526/96–002 and 030–14526/97–001, issued on September 11, 1997, and December 10, 1997, respectively. The licensee responded to the violations identified in Inspection Report 030–14526/96–002 by letter dated November 4, 1997, and to the violations identified in Inspection Report 030–14526–001, by letter dated January 9, 1998. In its responses, the licensee described its corrective actions for the violations.

In addition, as noted above, during these inspections, certain programmatic weaknesses were identified by NRC, including conflicts between management, the RSO, the RSC, and the licensee's staff. NRC determined that weaknesses existed in such areas as the functioning and effectiveness of the RSC, training, teamwork, communications, leadership, and conflict resolution. NRC also was concerned that PVAMC employees may have been reluctant to raise safety concerns because of these communication problems. As a result of these findings, NRC management toured the facilities on December 15, 1997, and met with representatives of the licensee on December 18, 1997, to discuss these program weaknesses. Subsequently, on December 19, 1997 (with corrected copy issued December 31, 1997), a CAL was issued to PVAMC, documenting the licensee's commitment to: (1) have the RSO and the RSC Chairman conduct a comprehensive review and assessment of the radiation safety program; (2) provide training, conducted by the RSO and the RSC Chairman, to all nuclear medicine staff, researchers using radioactive material, RSC members, and the facility management, on all applicable NRC regulatory requirements, on management expectations, and on the policy on bringing forth identified program deficiencies; and (3) establish a formal program audit system to identify, report, and correct program deficiencies. The licensee completed these actions by May 30, 1998. Additionally, the CAL provided that the licensee was to notify NRC, after completing all items in the CAL, so as to arrange for a meeting between NRC and PVAMC senior management, to discuss the program status and achievements. This meeting was held as part of the exit meeting on June 3, 1998, at the conclusion of the

[1] Section VII.B.6 of the Enforcement Policy (63 FR 26630, May 13, 1998) provides that NRC may refrain from issuing a civil penalty if the outcome of the normal process described in the Enforcement Policy does not result in a sanction consistent with an appropriate regulatory message. The Enforcement Policy further provides that NRC may reduce, or refrain from issuing, a civil penalty, for a Severity Level II, III, or IV violation based on the merits of the case.

[2] As described in the Enforcement Policy, Severity Level IV violations are less serious violations, but of more than minor safety concerns, in that, if left uncorrected, they could lead to a more serious concern.

inspection conducted by NRC at the licensee's facilities from June 1–3, 1998 (Inspection Report 030–14526/98–001, issued July 23, 1998).[3]

By letters dated February 20, April 6 (with revisions to audit report dated April 10), April 13, and May 28, 1998, PVAMC responded to the CAL, and submitted the results of its audit. In its responses, it stated that it had made numerous improvements to its program. Among these were the implementation of an "Open-Door Policy" of encouraging staff to identify and report program deficiencies. A notice from executive management, the RSC, and the RSO was sent to employees and posted in numerous, visible locations. The notice encouraged all staff to report apparent radiation safety problems, violations, and potential misadministrations. It explained that management, the RSC, and the RSO encouraged all staff to report problems without fear of reprisal, indicating that it was management's responsibility to assure a safe working environment. The notice stated that the goal was to create a secure, friendly environment that fosters self-identification of problems. A list of whom to contact, including the RSO, executive management, and the members of the RSC, and their phone numbers, was included in the notice. PVAMC staff has received training in this policy. PVAMC hired an Interim RSO while the previous RSO (the Petitioner) was out on medical leave,[4] and also informed NRC of the new Interim Director of the PVAMC. The Interim RSO was mandated to evaluate the radiation safety program and to recommend any needed changes. PVAMC provided NRC with a copy of its assessment and audit of the radiation safety program, in which it evaluated its program, identified certain program deficiencies, and specified its corrective actions. PVAMC also indicated that training would be provided, by March 15, 1998, to staff who use radioactive material. The training would include, as a minimum, instruction regarding all applicable NRC regulatory requirements, management expectations, and the policy on bringing forth identified program deficiencies. PVAMC also submitted its formal radiation safety audit program.

NRC has verified that the licensee has taken the actions required by the CAL. NRC has reviewed PVAMC's audit report and found that the licensee's audit demonstrated that PVAMC had taken corrective actions and implemented its commitments in the CAL to improve its oversight of the radiation safety program and to improve its problems related to communication, teamwork, and conflict resolution. PVAMC has conducted a comprehensive review and assessment of the radiation safety program. NRC has determined that PVAMC's audit was thorough in its assessment of the problems with communication, teamwork, and conflict resolution, as well as its evaluation of program deficiencies. In the audit report, PVAMC recognized the problems, and indicated that it had made progress in those areas. PVAMC noted that it had been concentrating on re-focusing attention on issues rather than past interpersonal conflicts, and is working on re-establishing trust and team work. PVAMC also stated that staff was beginning to feel more comfortable with admitting mistakes and initiating corrective actions. To clarify responsibilities, and to prevent the RSO from auditing its own activity, the Interim RSO recommended that the authorized users and their staff perform their own routine monitoring duties, with radiation safety staff auditing these duties. Staff has received training on all applicable NRC regulatory requirements, on management expectations, and on the policy on bringing forth identified program deficiencies. Additionally, PVAMC has established a formal system for conducting radiation safety program audits.

NRC conducted an inspection from June 1–3, 1998, at the licensee's facility (Inspection Report 030–14526/98–001, issued July 23, 1998). The inspection focused on the licensee's responses, dated November 4, 1997, and January 8, 1998, to the violations identified in Inspection Reports 030–14526/96–002 and 030–14526/97–001, respectively; licensee actions to assess and improve the radiation safety program; and implementation of management commitments addressed in the CAL. Within the scope of this inspection, no violations were identified. The inspectors verified that PVAMC's submitted corrective actions, as described previously, had been implemented for the violations identified in Inspection Reports 030–14526/96–002 and 030–14526/97–001.

The NRC inspectors, through a review of records, discussions with the licensee's staff, and observation of onsite activities, noted that major staff changes have occurred in areas that affect radiation safety and communication of management's message to staff concerning the significance of bringing forth any safety concerns. A new chairman of the RSC was appointed in September 1997, and a new RSO was appointed in December 1997. The Chief Operating Officer currently has direct oversight of the radiation safety program, and the RSO is reporting to this individual. When the new Chief of Staff (COS) is appointed, the RSO will report directly to the COS. The inspectors noted that these staff changes, and their initiatives, significantly improved personnel's understanding of the importance of radiation safety and the importance of a work environment in which staff is encouraged to bring forth issues relating to radiation safety without fear of retaliation. The licensee's Interim Director (appointed March 1998), the new RSC chairman, and the new RSO, in cooperation with the facility staff, have initiated and implemented specific actions that enhanced and improved management oversight of the radiation safety program. These actions included establishing a formal audit program and providing training to staff on all applicable NRC regulatory requirements and the importance of reporting any program deficiencies. Additionally, management has worked to build teamwork and improve communication, and has made a commitment to increase program oversight. In summary, although the Petitioner is correct that certain violations and programmatic weaknesses have been identified in the past at PVAMC, as discussed above, the violations were not of major safety significance, and the licensee has undertaken extensive corrective actions for such deficiencies. In addition, NRC will continue to inspect the licensee's radiation safety program on an accelerated inspection schedule, in accordance with NRC's Inspection Manual Chapter 2800, so as to closely monitor the licensee's progress in improving its radiation safety program and communication among its RSO, RSC, management, and staff. In sum, the NRC has not substantiated the Petitioner's assertion that there has been a consistent pattern of violations occurring at the licensee's facilities for which the licensee has failed to take corrective action, and has found no basis for taking the action requested by the Petitioner.

B. Petitioner's Assertions of Altered Records and Licensee's "History" of Providing Inaccurate Information

The Petitioner also asserts that the inspector to whom she had provided information concerning problems at PVAMC had "copies of records which

[3] This inspection is discussed later in Section D of this Decision.

[4] The Petitioner has subsequently resigned from PVAMC.

appeared to have been deliberately altered by medical center personnel." In addition, she asserts that PVAMC has a "history of supplying information inconsistent with reality to the NRC." Finally, in her attachment to the Petition, the Petitioner refers to a letter from PVAMC to NRC, dated February 23, 1996, which she asserts contained inaccurate information.

The Petitioner has not specified the records that were allegedly altered by PVAMC personnel, and NRC has not identified any alterations of records required to be provided or maintained by NRC requirements. Therefore, this portion of the Petitioner's assertion has not been substantiated.

The Petitioner also asserts that her attached "chronological summary" of correspondence between PVAMC and NRC will "attest" to the fact that there had been a "consistent pattern of NRC violations occurring within the medical center" and that the licensee has a "history of supplying information inconsistent with reality to the NRC, and taking minimal, if any effort to correct cited violations." The attachment to the Petition references, among other documents: (a) an NOV issued to the licensee dated January 4, 1996; (b) a letter from PVAMC responding to the NOV, dated February 23, 1996, in which PVAMC allegedly supplied NRC with inaccurate information; (c) a letter from NRC to the licensee dated April 19, 1996, which noted "inconsistencies" in the licensee's letter, dated February 23, 1996; (d) a letter from the licensee dated May 6, 1996, in which the licensee acknowledged that there were inconsistencies in its letter dated February 23, 1996; and (e) a letter from NRC, dated June 27, 1996, accepting the licensee's statements in its letter, dated May 6, 1996, and approving the licensee's corrective actions to the violations cited in the NOV dated January 4, 1996.

The licensee's letter, dated February 23, 1996, responded to the NOV issued on January 4, 1996, citing it, among other things, for violating 10 CFR 35.13(c) by replacing the RSO without receiving a license amendment, and for violating 10 CFR 35.21(a) and 35.22(a)(3) by conducting a meeting of the RSC without half of the RSC membership or the RSO being present. In its response to the violations, by letter dated February 23, 1996, the licensee stated that an amendment request had been filed during the government-wide furlough, as the RSO was furloughed but, in order to ensure uninterrupted coverage of the radiation safety program, a nuclear physician was assigned as RSO until the shutdown terminated. The licensee also stated that the full RSC could not be assembled because its members, including the RSO, had been furloughed.

This information initially appeared to the NRC staff to be inconsistent with its understanding of the events surrounding the furlough. Among other things, the NRC determined that, contrary to the licensee's statement, the RSO had never been furloughed. By letter dated April 19, 1996, the licensee was requested to provide clarification of the facts surrounding its understanding of these events. By letter dated May 6, 1996, the licensee submitted its response to this letter. In its response, it apologized for any inconsistency. The licensee stated that the RSO had been scheduled to be furloughed and the redesignation request filed with the NRC was to ensure radiation safety compliance in preparation for the contingency of the furlough. The licensee admitted, however, that the RSO was never officially furloughed and had not been contacted to attend the meeting.

NRC evaluated the information submitted by the licensee and determined that the information it had submitted in its letter dated February 23, 1996, was inaccurate. Nonetheless, the NRC concluded that the inaccuracy was not a deliberate attempt by the licensee to deceive the NRC, and that the licensee admitted to, and clarified, its error. The Petitioner's "chronological summary" that she submits as an attachment to her Petition does not provide any additional examples of the licensee's failure to submit accurate information. Therefore, this single incident of supplying inaccurate information does not support the Petitioner's assertion that PVAMC has a "history of supplying information inconsistent with reality to the NRC and taking minimal, if any, effort to correct cited violations." In addition, as described above, the licensee has taken considerable corrective action with regard to other identified violations and problems. Therefore, this matter does not provide a sufficient basis for taking the action the Petitioner has requested.

C. Petitioner's Assertion Regarding Contamination Incident

The Petitioner also asserts that individuals at PVAMC have become contaminated in what the Petitioner believes was an intentional incident. As noted above, NRC conducted an inspection of PVAMC during the period of July 9 through October 20, 1997, during which the inspectors examined the circumstances surrounding a contamination incident that occurred in the Nuclear Medicine Department around July 24, 1997 (Inspection Report 030–14526/97–001, dated December 5, 1997). The incident involved the contamination of the hands of the RSO and the CNMT and contamination of a survey instrument.

The cause of the contamination was not definitively identified; however, NRC staff believes that the instrument may have been contaminated during routine surveys of the Nuclear Medicine Department. The licensee later determined that the survey instrument was contaminated with indium-111, a radionuclide that is not regulated by NRC. However, during the course of NRC's investigation of the contamination incident, NRC found violations of procedures related to the use of byproduct material. The inspector noted that the incident may have been caused by a weakness in the licensee's contamination control techniques, including not using contamination control precautions during the use of radioactive material, and, in some cases, failing to wear gloves. The inspector determined that the RSO and CNMT hand contamination was most likely caused by handling the contaminated instrument. The PVAMC was cited for four violations, three of which were related to NRC program deficiencies found as a result of NRC's review of the contamination incident, in an NOV dated December 10, 1997 (Inspection Report 030–14526/97–001): (1) failure to provide training to personnel who work in or frequent an area where radioactive materials are used or stored; (2) performing inadequate surveys in an area where radiopharmaceuticals were prepared for use and administered, in that an instrument with a faulty cable that rendered the instrument inoperable was used; and (3) failure to use an extremity monitor by a nuclear medicine technologist.[5]

Notwithstanding the above, the results of urinalyses performed on the licensee personnel involved in the incident indicated that there had been no intake of radioactive material by any of these individuals, including the Petitioner. In addition, the results of thyroid counts taken of these individuals indicated that the Petitioner did not exhibit any counts above

[5] The licensee committed, in its response to the NOV by letter dated January 9, 1998, to providing training to staff, to ensure that appropriate techniques will be used by its personnel so as to minimize contamination and avoid such incidents in the future. It also committed to provide training in the requirement to use personnel monitors and proper survey techniques.

background in any of the radioactive iodine channels.[6]

The Petitioner also asserted in her Petition that she was fearful for her personal safety as well as that of her then unborn child, that certain NRC staff shared these concerns, and that she believed that the contamination was intentional. In support of her claim, she stated that "two senior NRC physicists telephoned, and cautioned me to remove all consumable items from my office and not to eat or drink anything over which I did not have positive control." Although the NRC inspector did caution the Petitioner as she stated, this was advice given following the contamination incident as a reasonable precautionary health physics recommendation, based on the circumstances of the individual situation and the Petitioner's expressed concern for her personal safety.

Additionally, the Petitioner stated that "I received a visit in my office by two NRC inspectors, one of whom came to caution me that he believed my physical safety was in jeopardy due to the allegations I had made regarding violations involving human uses of radioactive materials." The Petitioner has not provided specific information as to who the inspector was who made this statement, and NRC has been unable to identify any individual as having made this statement. Nonetheless, NRC is aware that the Petitioner had raised a concern about her personal safety during 1997 following her raising allegations to NRC. However, NRC also was aware that the PVAMC security force was contacted by the parties involved. Therefore, the Petitioner has not raised any new information of which the NRC was not aware. As discussed above, NRC investigated the contamination incident, and did not find any evidence that the contamination incident was intentional and that the Petitioner was in any physical danger as a result of this incident.

Furthermore, as explained above, the licensee has since made numerous changes to its program and organizational structure, and has developed a program to encourage employees to raise nuclear safety concerns without fear of retaliation. In addition, as is also explained above, NRC will continue to closely monitor the licensee's program on an accelerated inspection schedule to assure that PVAMC's corrective actions for past problems continue to be effective. Therefore, notwithstanding the seriousness of the situation that occurred during 1997, the Petitioner has not provided any information that would provide a basis for the NRC to take additional action such as she requested at this time.

D. Petitioner's Assertion of Employees' Fear of Raising Safety Concerns

The Petitioner also asserts that PVAMC employees are fearful of bringing safety concerns to the licensee for fear of retaliation, and to NRC due to NRC's "history of inaction" regarding the medical center.[7] With regard to the Petitioner's assertion that PVAMC employees are fearful of bringing forth safety concerns, as described above, during NRC inspections conducted at the licensee's facility from 1995 through 1997, certain programmatic weaknesses were identified, including communication problems among PVAMC staff, management, the prior RSO, and the previous RSC chairman. Furthermore, NRC became aware that, as a result of these problems, some PVAMC employees may have been reluctant to inform management or NRC about safety concerns. However, as described above, NRC Region I and Headquarters management met with the licensee on December 18, 1997, to discuss these program deficiencies, and subsequently issued a CAL, in which the licensee made several commitments to improve its oversight of the radiation safety program and to provide training to all nuclear medicine staff, researchers using radioactive material, RSC members and the facility management, on all applicable NRC regulatory requirements, on management expectations, and on the policy on encouraging employees to bring identified program deficiencies to management's attention. The licensee committed to complete these items by May 30, 1998. As discussed above, NRC inspected the facility June 1–3, 1998, and confirmed that the licensee completed these items. Additionally, the licensee is on an accelerated inspection schedule so that NRC can closely monitor PVAMC's progress in improving communication among the facility staff and program performance.

The licensee has conducted a comprehensive review and assessment of its radiation safety program and provided a copy of the report to NRC by letters dated April 6 (with revised copy of report dated April 10) and April 13, 1998. NRC has determined that the assessment was of an adequate depth and breadth and covered not only technical radiation safety program issues but was expanded to include interpersonal communications, cooperation, and conflict resolution among the facility staff, as well. An audit was also performed by the Department of Veteran's Affairs' National Health Physics office manager.

NRC has found, through a review of the audit report and during its inspection performed June 1–3, 1998, that PVAMC has provided comprehensive training to all nuclear medicine staff, researchers using radioactive materials, RSC members, and facility management. The training focused on, among other things, the right and duty of employees to raise any nuclear safety concerns to management, or directly to NRC.

The inspectors also reviewed the implementation of PVAMC's actions documented in its responses to the CAL. The inspectors, through a review of records, discussions with the licensee's staff, and observation of onsite activities, noted that major staff changes have occurred in areas that affect communication of management's message to staff concerning the improved communications at all levels and the significance of bringing forth any safety concerns. The inspectors noted that these staff changes, as well as the implementations of their directives, significantly improved personnel's understanding of the importance of radiation safety and the importance of a work environment in which staff is encouraged to bring forth issues relating to radiation safety without fear of retaliation. The licensee's new senior management, the new RSC chairman, and the new RSO, in cooperation with the facility staff, have initiated and implemented specific actions, including providing training to staff on the importance of reporting any program deficiencies and safety concerns. Additionally, management has worked to build teamwork and improve communication, and has made a commitment to increase program oversight. During the June 1998 inspection, the inspectors found that the licensee's corrective actions to date have been effective. The new RSO and management team are making a concerted effort to create a favorable work environment which fosters an open flow of communication. The inspectors interviewed staff and found

[6] The CNMT did have an uptake of $1.5 \times 10^{-3}$ Bq (40 nanocuries) of iodine-123, which is indicative of a minor intake of iodine-123 (a radionuclide not regulated by NRC, but regulated by the State of Pennsylvania). The licensee indicated that training will be given to this individual to ensure that appropriate techniques are used to minimize contamination in the future.

[7] The Petitioner's assertion of NRC's history of inaction regarding the PVAMC was referred to the Office of the Inspector General on February 12, 1998.

that individuals appear to be "more comfortable" raising safety concerns without fear of retaliation.

In sum, although, as a result of a general weakness in communications at the licensee's facility, there may have been, in the past, a reluctance among employees to raise safety concerns, NRC has found that the licensee has taken numerous effective corrective actions to ensure that employees are encouraged to raise nuclear safety concerns. Additionally, as stated earlier, PVAMC is on an accelerated inspection schedule, and this issue will be reviewed during future inspections. Therefore, the Petitioner's assertions regarding this issue do not provide a basis that would warrant the action she has requested.

The Petitioner also asserts that NRC withdrew a civil penalty after a change in NRC Region I management, possibly because it was not "cost-effective" to pursue the issue. She states that NRC's withdrawal of a civil penalty involving a violation of protected activities sent a "chilling" effect to individuals both within and external to the PVAMC who may have thought of raising a safety concern.

NRC staff assumes that the Petitioner is referring to the NOV dated September 18, 1996 (EA 96–182). As discussed earlier, NRC issued a NOV and Proposed Imposition of Civil Penalty of $8000 to PVAMC as a result of concluding that PVAMC had discriminated against the Petitioner for raising safety concerns in November 1995, related to then-impending Federal government furloughs. NRC had identified this violation based on the determination of the DOL Acting District Director of the Wage and Hour Division that the Petitioner had been chastised by her immediate supervisor, the Chief of Engineering, for raising safety concerns. However, as explained previously, after its review of all of the available information, including the results of the OI investigation and PVAMC's responses to the NOV, NRC concluded, in a letter dated September 27, 1997, that the violation would be more appropriately classified as a Severity Level III violation and that enforcement discretion would be exercised to withdraw the civil penalty, pursuant to Section VII.B.6 of the Enforcement Policy. In this case, the determination to withdraw the civil penalty was made based on the fact that the chastisement of the Petitioner did not substantially affect the conditions of her employment; an apology was issued; she remained the RSO; DOL had concluded that it found that PVAMC had met the terms and conditions of remedies it had outlined concerning the violation; and investigations conducted by DOL and OI failed to substantiate that there had been any continued discrimination against the Petitioner. Nonetheless, while NRC believes that there is no merit to the Petitioner's assertion that the decision to withdraw the civil penalty resulted from the fact that it was not "cost-effective" to pursue the issue against PVAMC, the Petition was forwarded to the Office of the Inspector General for its review on February 12, 1998.

*IV. Conclusion*

NRC has determined that, for the reasons discussed above, the Petitioner has not provided a sufficient basis for taking any action to suspend or revoke PVAMC's license, as requested in the Petition. Accordingly, the Petition is denied.

As provided by 10 CFR § 2.206(c), a copy of this Decision will be filed with the Secretary of the Commission, for the Commission's review. The Decision will become the final action of the Commission 25 days after issuance unless the Commission, on its own motion, institutes review of the Decision within that time.

Dated at Rockville, Maryland, this 28th day of August, 1998.

For the Nuclear Regulatory Commission.

**Carl J. Paperiello,**

*Director, Office of Nuclear Material Safety and Safeguards.*

[FR Doc. 98–24011 Filed 9–4–98; 8:45 am]

BILLING CODE 7590–01–P

## SECURITIES AND EXCHANGE COMMISSION

**[Investment Company Act Release No. 23420; 812–11286]**

## DG Investor Series, et al.; Notice of Application

August 31, 1998.

**AGENCY:** Securities and Exchange Commission ("SEC").

**ACTION:** Notice of application for exemption under section 6(c) of the Investment Company Act of 1940 (the "Act") from section 15(a) of the Act.

**SUMMARY OF APPLICATION:** The requested order would amend a prior order (the "Prior Order") [1] permitting the implementation, without prior shareholder approval, of new advisory ("New Management Agreement") and sub-advisory agreements ("New Sub-Advisory Agreements") (collectively, the "New Agreements").

**APPLICANTS:** Parksouth Corporation ("Adviser"), Womack Asset Management ("Womack"), Bennett Lawrence Management, LLC ("Bennett"), Lazard Asset Management, a division of Lazard Freres & Co. LLC ("Lazard"), and DG Investor Series (the "Trust").

**FILING DATE:** The application was filed on August 31, 1998. Applicants have agreed to file an amendment during the notice period, the substance of which is described in this notice period, the substance of which is described in this notice. *Hearing or Notification of Hearing:* An order granting the application will be issued unless the SEC orders a hearing. Interested persons may request a hearing by writing to the SEC's Secretary and serving applicants with a copy of the request, personally or by mail. Hearing requests should be received by the SEC by 5:00 p.m. on September 21, 1998, and should be accompanied by proof of service on applicants in the form of an affidavit or, for lawyers, a certificate of service. Hearing requests should state the nature of the writer's interest, the reason for the request, and the issues contested. Persons who wish to be notified of a hearing may request notification by writing to the SEC's Secretary.

**ADDRESSES:** Secretary, SEC, 450 Fifth Street, NW, Washington, DC 20549. Trust, Adviser, Womack, Bennett, and Lazard, c/o Timothy S. Johnson, Esq., Federated Investors, 5800 Corporate Drive, Pittsburgh, Pennsylvania 15237–7010.

**FOR FURTHER INFORMATION CONTACT:** John K. Forst, Attorney Advisor, at (202) 942–0569, or Mary Kay Frech, Branch Chief, at (202) 942–0564 (Office of Investment Company Regulation, Division of Investment Management).

**SUPPLEMENTARY INFORMATION:** The following is a summary of the application. The complete application may be obtained for a fee at the SEC's Public Reference Branch, 450 Fifth Street, NW, Washington, DC 20549 (tel. 202–942–8090).

### Applicants' Representations

1. The Trust is a Massachusetts business trust registered under the Act as an open-end management investment company. The Trust currently offers nine series: DG Equity Fund, DG Opportunity Fund ("Opportunity Fund"), DG Mid Cap Fund ("Mid Cap Fund"), DG International Equity Fund ("International Equity Fund"), DG Limited Term Government Income Fund, DG Government Income Fund,

[1] *DG Investor Series, et al.*, Investment Company Act Release Nos. 23107 (April 9, 1998) (notice) and 23163 (April 30, 1998) (order).

DG Municipal Income Fund, DG Prime Money Market Fund, and DG Treasury Money Market Fund (each a "Portfolio"). The assets of the Trust are managed by the Adviser pursuant to an investment management contract between the Adviser and the Trust on behalf of each Portfolio (the "Existing Management Agreement"). Womack provides investment advisory services to the Opportunity Fund pursuant to a separate agreement with the Adviser. Bennett provides investment advisory services to the Mid Cap Fund pursuant to a separate agreement with the Adviser. Lazard provides investment advisory services to the International Equity Fund pursuant to a separate agreement with the Adviser (collectively the existing Womack, Bennett and Lazard sub-advisory agreements are the "Existing Sub-Advisory Agreements"). The Adviser, Womack, Bennett, and Lazard are investment advisers registered under the Investment Advisers Act of 1940.

2. On May 1, 1998, Deposit Guaranty Corporation ("DGC"), corporate parent of the Advisor merged with First American Corporation ("First American"), a bank holding company (the "Transaction"). As a result of the Transaction, the Adviser became a wholly-owned subsidiary of First American.

3. The Transaction resulted in an assignment and thus the automatic termination of the Existing Management Agreement and Existing Sub-Advisory Agreements (together, the Existing Management Agreement and Existing Sub-Advisory Agreements are the "Existing Agreements"). On April 30, 1998, the SEC issued the Prior Order permitting (i) the implementation, during the Interim Period (as defined below), prior to obtaining shareholder approval, of the applicable New Agreements, and (ii) the Adviser and Subadvisers to receive from each Portfolio all fees earned under the New Agreements during the Interim Period, as applicable, if, and to the extent, the New Management Agreement and applicable New Sub-Advisory Agreement are approved by the shareholders of each Portfolio. The Prior Order covered the Interim Period beginning on the date the Transaction was consummated and continued through the date on which the applicable New Agreements are approved or disapproved by the shareholders of each relevant Portfolio, but in no event later than September 30, 1998. Applicants seek to amend the Prior Order to extend the Interim Period until the date on which the applicable New Agreements are approved or disapproved by the shareholders of each relevant Portfolio, but in no event later than December 31, 1998.

4. Applicants state that the officers of the Trust and of the Adviser have been diligently exploring different scenarios under which the shareholders of the Trust can benefit from economies of scale and/or reduced fees and expenses. Applicants have recently concluded that these benefits could best be achieved by merging or otherwise combining the Portfolios with other registered investment companies advised by other subsidiaries of First American (the "Fund Mergers"). Applicants anticipate the Fund Mergers will be considered by the Trust's board of directors at a special meeting on or about the week of September 7, 1998.

5. Applicants seek to avoid the potential shareholder confusion caused by soliciting approval of the New Agreements and then shortly thereafter soliciting approval for the Fund Mergers. Applicants propose to delay approval of the New Agreements and seek approval of the New Agreements and Fund Mergers simultaneously during 1998. Applicants state that the Adviser and Sub-Advisers will bear the costs of preparing and filing this application and the costs relating to the solicitation of shareholder approval of the New Agreements and the Fund Mergers.

6. Applicants state that they will comply with all of the terms and conditions of the Prior Order.

**Applicants' Legal Analysis**

1. Section 15(a) of the Act provides, in pertinent part, that it is unlawful for any person to serve as an investment adviser to a registered investment company, except pursuant to a written contract that has been approved by the vote of a majority of the outstanding voting securities of the investment company. Section 15(a) further requires the written contract to provide for its automatic termination in the event of its "assignment." Section 2(a)(4) of the Act defines "assignment" to include any direct or indirect transfer of a contract by the assignor, or of a controlling block of the assignor's outstanding voting securities by a security holder of the assignor. Applicants state that the Transaction resulted in an assignment of the Existing Management Agreement and the Existing Sub-Advisory Agreements and that the Existing Agreements terminated according to the Act and their terms.

2. Section 6(c) provides that the SEC may exempt any person, security, or transaction from any provision of the Act, if and to the extent that such exemption is necessary or appropriate in the public interest and consistent with the protection of investors and the purposes fairly intended by the policy and provisions of the Act. Applicants believe that the requested relief meets this standard.

3. Applicants believe that allowing the Adviser and Subadvisers to continue to provide investment advisory services to the Portfolios during the Interim Period as extended by the requested order, thereby avoiding any interruption in services to the Portfolios, is in the best interests of the Portfolios and their shareholders. Applicants state that officers of First American and of the Trust have recently formulated definitive plans for a combination of the Portfolios with another registered investment company advised by a subsidiary of First American. Applicants note that if First American had decided to allow the proxy solicitation to occur with respect to the New Agreements and subsequently determined to solicit shareholders regarding a Fund Merger, the inconvenience and possible confusion and disruption to shareholders of the Portfolios could have been quite significant. Applicants state that they will comply with all terms and conditions of the Prior Order except that the shareholders meeting under condition 3 of the Prior Order must take place prior to December 31, 1998.

For the Commission, by the Division of Investment Management, pursuant to delegated authority.

**Margaret H. McFarland,**

*Deputy Secretary.*

[FR Doc. 98–23972 Filed 9–4–98; 8:45 am]

BILLING CODE 8010–01–M

## SECURITIES AND EXCHANGE COMMISSION

### Sunshine Act Meeting

Notice is hereby given, pursuant to the provisions of the Government in the Sunshine Act, Pub. L. 94–409, that the Securities and Exchange Commission will hold the following meeting during the week of September 7, 1998.

A closed meeting will be held on Thursday, September 10, 1995, at 10:00 a.m.

Commissioners, Counsel to the Commissioners, the Secretary to the Commission, and recording secretaries will attend the closed meeting. Certain staff members who have an interest in the matters may also be present.

The General Counsel of the Commission, or his designee, has certified that, in his opinion, one or

more of the exemptions set forth in 5 U.S.C. 552b(c)(4), (8), (9)(A) and (10) and 17 CFR 200.402(a)(4), (8), (9)(i) and (10), permit consideration of the scheduled matters at the closed meeting.

Commissioner Hunt, as duty officer, voted to consider the items listed for the closed meeting in a closed session.

The subject matter of the closed meeting scheduled for Thursday, September 10, 1998, at 10:00 a.m., will be:

Institution and settlement of injunctive actions

Institution and settlement of administrative proceedings of an enforcement nature.

Opinion.

At times, changes in Commission priorities require alterations in the scheduling of meeting items. For further information and to ascertain what, if any, matters have been added, deleted or postponed, please contact:

The Office of the Secretary at (202) 942–7070.

**Jonathan G. Katz,**

*Secretary.*

Dated: September 2, 1998.

[FR Doc. 98–24117 Filed 9–3–98; 11:10 am]

BILLING CODE 8010–01–M

## OFFICE OF SPECIAL COUNSEL

### Agency Information Collection Activities: Proposed Collections; Comment Request

**AGENCY:** U.S. Office of Special Counsel.

**ACTION:** Notice.

**SUMMARY:** The U.S. Office of Special Counsel (OSC) announces an opportunity for public comment on proposed collections of certain information by the agency. Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies are required to publish notice in the **Federal Register** about each proposed collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on three forms to be used in implementing an annual OSC survey requirement enacted by Pub. L. 103–424.

**DATES:** Submit written comments on each collection of information by November 9, 1998.

**ADDRESSES:** Submit written comments on each collection of information to Erin M. McDonnell, Associate Special Counsel for Planning and Advice, U.S. Office of Special Counsel, 1730 M Street, NW, Suite 300, Washington, DC 20036–4505.

**FOR FURTHER INFORMATION CONTACT:** Requests for further information, including copies of the proposed collections of information, may be addressed to: Erin M. McDonnell, Associate Special Counsel for Planning and Advice, U.S. Office of Special Counsel, 1730 M Street, NW, Suite 300, Washington, DC 20036–4505, fax: (202) 653–5151.

**SUPPLEMENTARY INFORMATION:** Under the PRA, federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information that they conduct or sponsor. The term "collection of information" is defined at 44 U.S.C. 3502(3) and 5 CFR 1320.3(c), and includes written surveys. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to provide a 60-day notice in the **Federal Register** about each proposed collection of information, before submitting the collection(s) to OMB for approval. To comply with this requirement, OSC is publishing notice of the proposed collections of information discussed further below.

The OSC is an independent agency responsible for (1) investigation of allegations of prohibited personnel practices defined by law at 5 U.S.C. 2302(b), and certain other illegal employment practices under titles 5 and 38 of the U.S. Code, affecting current or former federal employees or applicants for employment, and covered state and local government employees; (2) the interpretation and enforcement of Hatch Act provisions on political activity in Chapters 15 and 73 of title 5 of the U.S. Code; and (3) the provision of a secure channel through which federal employees may make disclosures of information evidencing violations of law, rule or regulation, gross waste of funds, gross mismanagement, abuse of authority, or a substantial and specific danger to public health or safety.

Section 13 of Pub. L. 103–424, enacted in 1994, required OSC, after consultation with the Office of Policy and Evaluation at the U.S. Merit Systems Protection Board (MSPB), to conduct annual surveys of individuals seeking OSC assistance, and to report on survey results in OSC's annual reports to Congress. Sec. 13 provides that annual surveys shall determine: (1) Whether individuals seeking assistance were fully apprised of their rights; (2) whether individuals were successful at the OSC or the MSPB; and (3) if individuals, whether successful or not, were satisfied with the treatment received from the OSC.

After consultation with the MSPB, OSC obtained OMB clearance under the PRA to use three survey forms, one for each category of individuals seeking the agency's assistance—*i.e.*, persons whose allegations of prohibited personnel practices and other violations of law within OSC's jurisdiction were investigated and closed, with or without corrective or disciplinary action; individuals who received written OSC advisory opinions about allowable and unallowable political activity under the Hatch Act; and individuals whose disclosures of possible wrongdoing by federal agencies were acted on by the OSC Disclosure Unit. The OSC sent surveys to individuals in these three categories, and reported on the results in its annual reports to Congress.

Since expiration of the OMB clearance in 1997, the OSC has modified the survey forms to focus more clearly on customer service issues, to elicit information that would place responses to the questions enumerated in the statute in a more meaningful context, and provide a clearer context for responses received to other questions. The three survey formats, as revised, are proposed for use in surveying persons whose matters were closed, or who received written Hatch Act advisory opinions, between fiscal years (FY) 1998–2000. As before, survey responses will be voluntary, will not solicit information required by law or regulation, and will be able to be submitted without personal identification if the respondent so chooses.

With respect to the following proposed collections of information, OSC invites comments on: (1) Whether they are necessary for the proper performance of OSC's functions, including whether the information will have practical utility; (2) the accuracy of OSC's estimate of the burden of the proposed collections of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of collection of information on respondents, including through the use of automated information collection techniques, when appropriate, and other forms of information technology:

a. OSC Form 48a (Prohibited Personnel Practice/Related Matters).

b. OSC Form 48b (Hatch Act Advisory Opinions).

c. OSC Form 48c (Whistleblower Disclosure Matters).

The OSC estimates that the burden of these collections of information will be as follows:

11. *OSC Form 48a (Prohibited Personnel Practice/Related Matters)*
 1998: 2385 complainants in closed matters × 20 mins. = 811 hrs.
 1999: 2648 complainants in closed matters × 20 mins. = 901 hrs.
 2000: 2940 complainants in closed matters × 20 mins. = 1000 hrs.
2. *OSC Form 48b (Hatch Act Advisory Opinions)*
 1998: 116 recipients of written advisory opinions × 12 mins. = 24 hrs.
 1999: 129 recipients of written advisory opinions × 12 mins. = 26 hrs.
 2000: 142 recipients of written advisory opinions × 12 mins. = 29 hrs.
13. *OSC Form 48c (Whistleblower Disclosure Matters)*
 1998: 161 submitters in closed disclosure matters × 15 mins. = 41 hrs.
 1999: 178 submitters in closed disclosure matters × 15 mins. = 45 hrs.
 2000: 196 submitters in closed disclosure matters × 15 mins. = 49 hrs.

These estimates are derived from projected increases in the number of matters closed and opinions issued between FY 1998–2000, based on FY 1997 totals. Burden means the value of time, effort, and financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a federal agency. The term includes reviewing instructions; searching data sources; collecting data; completing and reviewing information collections; and transmitting or otherwise disclosing information.

Dated: August 24, 1998.

**Elaine D. Kaplan,**

*Special Counsel.*

[FR Doc. 98–24028 Filed 9–4–98; 8:45 am]

BILLING CODE 7405–01–P

## DEPARTMENT OF STATE

**[Public Notice No. 2880]**

### Advisory Committee on International Communications and Information Policy Notice of Committee Renewal

The Department of State has renewed the Charter of the Advisory Committee on International Communications and Information Policy for another two years, effective August 17, 1998. This Committee will continue to provide a formal channel for regular consultation and coordination on major economic, social, and legal issues and problems in international communications and information policy, especially as these issues and problems involve users of information and communication services, providers of such services, technology research and development, foreign industrial and regulatory policy, the activities of international organizations with regard to communications and information, and developing country interests.

The Committee consists of representatives of the communications and information technology industries who are selected by the U.S. Coordinator for International Communications and Information Policy to serve generally for a two-year term. The Committee will continue to follow the procedures prescribed by the Federal Advisory Committee Act (FACA). Meetings will continue to be open to the public unless a determination is made in accordance with section 10(d) of the FACA, 5 U.S.C. Secs. 552B(c)(1) and (4), that a meeting or a portion of the meeting should be closed to the public. Notice of each meeting will continue to be provided for publication in the **Federal Register** as far in advance as possible prior to the meeting.

For further information on the renewal of the Committee, please contact Timothy C. Finton, Executive Secretary of the Committee, at (202) 647–5385.

Dated: August 26, 1998.

**Timothy C. Finton,**

*Executive Secretary.*

[FR Doc. 98–24027 Filed 9–4–98; 8:45 am]

BILLING CODE 4710–45–M

## DEPARTMENT OF STATE

**[Public Notice 2883]**

### Director General of the Foreign Service and Director of Personnel State Department Performance Review Board Members (at Large Board)

In accordance with section 4314(c)(4) of the Civil Service Reform Act of 1978 (Pub. L. 95–454), the Executive Resources Board of the Department of State has appointed the following individuals to the State Department Performance Review Board (At Large Board) register.

Margaret Grafeld, Director, Information Resources Management Programs & Services, Bureau of Information Resources Management, Department of State
Linda Jacobson, Assistant Legal Adviser for Diplomatic Law and Litigation, Office of the Legal Adviser, Department of State
Katherine Lee, Chief, Training and Development Division, United States Information Agency
Ruth A. Whiteside, Deputy Director, Foreign Service Institute, Department of State
William B. Wood, Geographer, Bureau of Intelligence and Research, Department of State

Dated: August 28, 1998.

**Alex De La Garza,**

*Acting Director General of the Foreign Service and Director of Personnel.*

[FR Doc. 98–24049 Filed 9–4–98; 8:45 am]

BILLING CODE 4710–15–M

## DEPARTMENT OF TRANSPORTATION

### Office of the Secretary

### Reports, Forms and Recordkeeping Requirements

**AGENCY:** Office of the Secretary, DOT.

**ACTION:** Notice.

**SUMMARY:** This notice lists those forms, reports, and recordkeeping requirements imposed upon the public which were transmitted by the Department of Transportation to the Office of Management and Budget (OMB) for its approval in accordance with the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). Section 3507 of Title 44 of the United States Code, requires that agencies prepare a notice for publication in the **Federal Register**, listing information collection request submitted to OMB for approval or renewal under that Act. OMB reviews and approves agency submissions in accordance with criteria set forth in that Act. In carrying out its responsibilities, OMB also considers public comments on the proposed forms and the reporting and recordkeeping requirements. OMB approval of an information collection requirement must be renewed at least once every three years.

The **Federal Register** Notice with a 60-day comment period soliciting comments on information collection 2120–0040 was published on June 16, 1998 (63 FR 32909).

**DATES:** Comments on this notice must be received on or before October 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** Copies of the DOT information collection requests submitted to OMB may be obtained by telephoning FRA's clearance officers, Robert Brogan (telephone number (202) 493–6292) or Maryann Johnson (telephone number (202) 493–6136).

SUPPLEMENTARY INFORMATION:

**Federal Railroad Administration (FRA)**

*Title:* Railroad Safety Culture Survey.

*OMB Control Number:* 2130–0546.

*Form(s):* N/A.

*Type of Request:* Extension of a currently approved collection.

*Affected Public:* Railroad workers, Railroad managers.

*Abstract:* These ICRs are intended to (i) identify the rail industry current safety programs among small class I and class II railroads; and (ii) identify any outstanding operational safety culture issues that could be addressed through on-going efforts in partnership with FRA.

*Estimated Burden:* The estimated total annual burden is 50 hours.

*Addresses:* Written comments on the DOT information collection request should be forwarded, within 30 days of publication, to Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Room 10102, Washington, DC 20503, ATTN: FRA Desk Officer. A comment to OMB is best assured of having its full effect if OMB receives it within 30 days of publication. If you anticipate submitting substantive comments, but find that more than 10 days from the date of publication are needed to prepare them, please notify the OMB official of your intent immediately.

*Comments are invited on:* Whether the proposed collections of information are necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; the accuracy of the Department's estimate of the burden of the proposed information collections; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

Issued in Washington, DC, on August 31, 1998.

**Phillip A. Leach,**

*Clearance Officer, United States Department of Transportation.*

[FR Doc. 98–24034 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–62–P

## DEPARTMENT OF TRANSPORTATION

### Office of the Secretary

### Aviation Proceedings, Agreements filed during the week ending August 28, 1998

The following Agreements were filed with the Department of Transportation under the provisions of 49 U.S.C. Sections 412 and 414. Answers may be filed within 21 days of date of filing.

*Docket Number:* OST–98–4393.

*Date Filed:* August 28, 1998.

*Parties:* Members of the International Air Transport Association.

*Subject:* PTC2 Telex Mail Vote 952 r1, PEX fares between Europe and Southern Africa, PTC3 Telex Mail Vote 953 r2, Solomon Islands-Australia fares, Intended effective date: September 8, 1998.

**Dorothy W. Walker,**

*Federal Register Liaison.*

[FR Doc. 98–24033 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–62–P

## DEPARTMENT OF TRANSPORTATION

### Federal Aviation Administration

### Proposed Revisions to Advisory Circular—Equipment, Systems, and Installations in Part 23 Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed revisions to advisory circular and request for comments.

SUMMARY: This notice requests comments regarding proposed revisions to Advisory Circular (AC) 23.1309–1C, "Equipment, Systems, and Installations in Part 23 Airplanes." The AC provides guidance and information for an acceptable means for showing compliance with the requirements of § 23.1309(a) and (b) (Amendment 23–49) for equipment, systems, and installations in Title 14 CFR Part 23 airplanes. The AC defines the appropriate airplane systems probability levels for airplanes designed to 14 CFR Part 23 standards.

DATES: Comments must be received on or before November 4, 1998.

ADDRESSES: Send all comments on the proposed AC revisions to the Federal Aviation Administration, Attention: Ervin Dvorak, ACE–111, Regulations and Policy Branch, Small Airplane Directorate, Aircraft Certification Service, 601 East 12th Street, Kansas City, Missouri 64106.

FOR FURTHER INFORMATION CONTACT: Terre Flynn, Regulations and Policy Branch, ACE–111, at the above address, telephone number (816) 426–6941, or facsimile (816) 426–2169.

SUPPLEMENTARY INFORMATION:

**Comments Invited**

A copy of the proposed revisions to the AC may be obtained by contacting the person name above under FOR FURTHER INFORMATION CONTACT. Interested persons are invited to comment on the proposed AC revisions by submitting comments to the address specified above. All comments received on or before the closing date will be considered by the Small Airplane Directorate, 1201 Walnut, Room 900, Kansas City, Missouri 64106, between 7:30 a.m. and 4:00 p.m. weekdays, except Federal holidays.

**Background**

This AC includes a matrix that categorizes new certification probability levels for four certification classes of Part 23 airplanes. The four certification classes of airplanes are as follows: Class I (typically single, reciprocating engine airplanes under 6,000 pounds), Class II (typically multi, reciprocating engine and single-engine turbine airplanes under 6,000 pounds), Class III (typically airplanes over 6,000 pounds), and Class IV (typically commuter category). Also, the related Software Development Assurance Levels for the various Failure Conditions for each certification class are part of the matrix. The Small Airplane Directorate based the new probability levels on historical accident data for each class.

Issued in Kansas City, Missouri, on August 27, 1998.

**James E. Jackson,**

*Acting Manager, Small Airplane Directorate, Aircraft Certification Service.*

[FR Doc. 98–23786 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–13–M

## DEPARTMENT OF TRANSPORTATION

### Federal Aviation Administration

### Proposed Revisions to Advisory Circular—Installation of Electronic Dispalys in Part 23 Airplanes

AGENCY: Federal Aviation Administration, DOT .

ACTION: Notice of proposed revisions to advisory circular and request for comments.

SUMMARY: This notice requests comments regarding proposed revisions to Advisory Circular (AC) 23.1311–1A, "Installation of Electronic Displays in Part 23 Airplanes." The AC provide an

acceptable means of showing compliance with Title 14 of the Code of Federal Regulations (14 CFR) applicable to the installation of electronic displays in Part 23 airplanes.

**DATES:** Comments must be received on or before November 4, 1998.

**ADDRESSES:** Send all comments on the proposed AC revisions to the Federal Aviation Administration, Attention: Ervin Dvorak, ACE–111, Regulations and Policy Branch, Small Airplane Directorate, Aircraft Certification Service, 601 East 12th Street, Kansas City, Missouri 64106.

**FOR FURTHER INFORMATION CONTACT:** Terre Flynn, Regulations and Policy Branch, ACE–111, at the above address, telephone number (816) 426–6941, as facsimile (816) 426–2169.

**SUPPLEMENTARY INFORMATION:**

Comments Invited

A copy of the proposed revisions to the AC may be obtained by contacting the person named above under **FOR FURTHER INFORMATION CONTACT.** Interested persons are invited to comment on the proposed AC revisions by submitting comments to the address specified above. All comments received on or before the closing date will be considered by the Small Airplane Directorate before issuing the revised AC. Comments may be examined at the Small Airplane Directorate, 1201 Walnut, Room 900, Kansas City, Missouri 64106, between 7:30 a.m. and 4:00 p.m. weekdays, except Federal holidays.

Background

The planned revision to AC 23.1311–1 will update guidance for electronic displays in the areas of human factors, navigation, moving maps, weather displays, alerts for warnings and caution, terrain awareness, propulsion, flight instruments, and color.

Issued in Kansas City, Missouri, on August 17, 1998.

**Michael Gallagher,**

*Manager, Small Airplane Directorate, Aircraft Certification Service.*

[FR Doc. 98–23787 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–13–M

## DEPARTMENT OF TRANSPORTATION

### Federal Railroad Administration

### Notice of Application for Approval of Discontinuance or Modification of a Railroad Signal System or Relief From the Requirements of Title 49 Code of Federal Regulations Part 236

Pursuant to Title 49 Code of Federal Regulations (CFR) Part 235 and 49 U.S.C. App. 26, the following railroad has petitioned the Federal Railroad Administration (FRA) seeking approval for the discontinuance or modification of the signal system or relief from the requirements of 49 CFR Part 236 as detailed below.

BS–AP–No. 3490

Applicant: CSX Transportation, Incorporated, Mr. R. M. Kadlick, Chief Engineer Train Control, 500 Water Street (S/C J–350), Jacksonville, Florida 32202

CSX Transportation, Incorporated seeks approval of the proposed temporary discontinuance of the signal system, on the main tracks, between Ensel, milepost CH–90.4 and Trowbridge, milepost CH–84.1, near Lansing, Michigan, on the Saginaw Subdivision, Detroit 2 Service Lane, for approximately 30 days. The proposal is associated with major modifications in track and signal arrangements, and all train movements will be governed under the direction of a dispatcher, utilizing a switch tender to operate power-operated switches within the construction area.

The reason given for the proposed changes is to provide a safe and reliable method of operation during construction, and to expedite track and signal modifications and cut over.

Any interested party desiring to protest the granting of an application shall set forth specifically the grounds upon which the protest is made, and contain a concise statement of the interest of the Protestant in the proceeding. The original and two copies of the protest shall be filed with the Associate Administrator for Safety, FRA, 400 Seventh Street, S.W., Mail Stop 25, Washington, D.C. 20590 within 30 calendar days of the date of publication of this notice. Additionally, one copy of the protest shall be furnished to the applicant at the address listed above.

FRA expects to be able to determine these matters without an oral hearing. However, if a specific request for an oral hearing is accompanied by a showing that the party is unable to adequately present his or her position by written statements, an application may be set for public hearing.

Issued in Washington, D.C. on September 2, 1998.

**Edward R. English,**

*Director, Office of Safety Assurance and Compliance.*

[FR Doc. 98–24001 Filed 9–4–98; 8:45 am]

BILLING CODE 4910–06–P

## Department of Transportation

### National Highway Traffic Safety Administration

[Docket No. NHTSA–98–4383; Notice 1]

### Kolcraft Enterprises, Inc.; Receipt of Application for Decision of Inconsequential Noncompliance

Kolcraft Enterprises of Chicago, Illinois, has determined that 706,068 child restraint systems fail to comply with 49 CFR 571.213, Federal Motor Vehicle Safety Standard (FMVSS) No. 213, "Child Restraint Systems," and has filed an appropriate report pursuant to 49 CFR Part 573, "Defects and Noncompliance Reports." Kolcraft has also applied to be exempted from the notification and remedy requirements of 49 U.S.C. Chapter 301—"Motor Vehicle Safety" on the basis that the noncompliance is inconsequential to motor vehicle safety.

This notice of receipt of an application is published under 49 U.S.C. 30118 and 30120 and does not represent any agency decision or other exercise of judgement concerning the merits of the petition.

FMVSS No. 213, S5.6.1.8, requires:

In the case of each child restraint system that can be used in a position so that it is facing the rear of the vehicle, the instructions shall provide a warning against using rear-facing restraints at seating positions equipped with air bags, and shall explain the reasons for, and consequences of not following the warning. The instructions shall also include a statement that owners of vehicles with front passenger side air bags should refer to their vehicle owner's manual for child restraint installation instructions.

In adopting the above requirement that certain vehicle owners be directed to their owner's manual for installation instructions, the National Highway Traffic Safety Administration (NHTSA) stated that such instructions would "complement" the requirement that owner's manuals of vehicles having a front passenger side air bag provide information regarding "proper positioning of occupants, including children, at seating positions equipped with an air bag." 59 FR 7643, 7646 (Feb. 16, 1994)(final rule). This requirement

appears in S4.5.1(e) of FMVSS No. 208, which was added in 1993. 58 FR 46551, 46564 (Sep. 2, 1993)(final rule).

The items affected by the noncompliance are the instructions for proper use that were provided after August 15, 1994, with certain models of Kolcraft's child restraints in order to comply with S5.6 of FMVSS No. 213. Kolcraft's instructions provided the appropriate warning against using rear-facing restraints at seating positions equipped with air bags, as well as the reason for the warning and the consequences of not following it. However, Kolcraft's instructions did not include a statement expressly referring owners of vehicles with front passenger side air bags to their vehicle owner's manual for child restraint installation instructions. The noncompliance began August 15, 1994, the effective date of S5.6.1.8. The following models of child restraints were affected by the noncompliance: Rock "n Ride (until April 1996); Auto-Mate (until June 1997); Traveler 700 (until December 1995); Performa (until June 1997); and Secure Fit (until June 1997). The total number of child restraints involved is 706,068. In response to an April 17, 1997 letter from NHTSA concerning miscellaneous compliance issues, Kolcraft has subsequently revised its instructions to conform to S5.6.1.8.

Kolcraft supports its application for inconsequential noncompliance with the following:

S4.5.1(e) of FMVSS No. 208 requires owner's manuals to provide information regarding "proper positioning of occupants, including children, at seating positions equipped with air bags." (Emphasis supplied.) It does not, however, require a vehicle manufacturer to include "child restraint installation instructions" in general. Indeed, for rear-facing infant restraints such as Kolcraft's Rock "n Ride, there should be no child restraint installation instructions for "seating positions equipped with air bags," because rear-facing restraints should not be used in air bag equipped seats. And not surprisingly, no owner's manual we reviewed contains installation instructions for rear-facing infant seats at "seating positions equipped with air bags'; rather, they consistently warn against installation of a rear-facing restraint at an air bag equipped seating position. While some owner's manuals contain child restraint installation instructions for other (non-air bag) seating positions, not all owner's manuals contain such information. Thus, since the vehicle owner's manual will not always yield the "child restraint installation" information apparently contemplated by S5.6.1.8 of FMVSS No. 213, the inadvertent omission from the Kolcraft instruction sheets of a reference to the vehicle owner's manual is not consequential to motor vehicle safety.

Moreover, although Kolcraft does not question the usefulness of a statement directing vehicle owners to their owner's manual for "complement[ary]" (59 Fed. Reg. at 7,646) information relating to the positioning of occupants " especially children " at seat positions equipped with air bags, Kolcraft's inadvertent failure to include such a statement in its instructions is inconsequential because Kolcraft's instructions set forth in detail the very information about child restraint installation and the proper positioning of children that is contemplated in S5.6.1.8 and the final rule promulgating the regulation, and, in many cases, exceed that information. In short, the omission of the statement directing owners of vehicles with front passenger side air bags to their owner's manual would not deprive vehicle owners using Kolcraft child restraints from any information germane to the safe installation of child restraints in vehicles equipped with air bags.

For example, Kolcraft's instructions include warnings not to place a rear-facing child restraint in a seat equipped with air bags, as well as a statement explaining the reason for the warning and the consequences of ignoring it. The instructions provide information regarding appropriate seating positions. The instructions also provide elaborate information about how to install child restraints with a variety of seat belts, and they illustrate a number of different seat belt configurations, explaining which are and which are not appropriate for use in installing child restraints. The instructions also explain why certain configurations are inappropriate and what vehicle owners should do if a seat belt will not hold a child restraint tightly. Thus, Kolcraft's instructions provide all the information concerning installation and positioning of children that S5.6.1.8 apparently contemplates would be provided in owner's manuals, and, in many respects, exceed the information described in S5.6.1.8. Accordingly, Kolcraft's inadvertent noncompliance with S5.6.1.8's requirement of a statement referring to the vehicle owner's manual is inconsequential as it relates to motor vehicle safety.

Kolcraft does not question the usefulness or importance of S5.6.1.8's requirement that the instructions for child restraints direct owners of vehicles with front passenger side air bags to their vehicle owner's manual for child restraint installation instructions. As soon as it learned of its noncompliance with the requirement, Kolcraft revised its instructions to conform exactly to S5.6.1.8. However, because Kolcraft's noncompliant instructions provide detailed information relating to the installation of child restraints with a variety of seat belt configurations, as well as information concerning the proper positioning of children in vehicles equipped with air bags, the omission of a statement referring to the owner's manual in Kolcraft's instructions was inconsequential with respect to vehicle safety.

Interested persons are invited to submit written data, views, and arguments on the application of Kolcraft described above. Comments should refer to the docket number and be submitted to: U.S. Department of Transportation Docket Management, Room PL-401, 400 Seventh Street, SW, Washington, DC 20590. It is requested, but not required, that two copies be submitted.

All comments received before the close of business on the closing date indicated below will be considered. The application and supporting materials, and all comments received after the closing date, will also be filed and will be considered to the extent possible. When the application is granted or denied, the notice will be published in the **Federal Register** pursuant to the authority indicated below.

Comment closing date: October 8, 1998.

(49 U.S.C. 30118 and 30120; delegations of authority at 49 CFR 1.50 and 501.8)

Issued on: September 1, 1998.

**L. Robert Shelton,**

*Associate Administrator for Safety Performance Standards.*

[FR Doc. 98-23966 Filed 9-4-98; 8:45 am]

BILLING CODE 4910-59-P

---

## DEPARTMENT OF TRANSPORTATION

## Surface Transportation Board

**[STB Docket No. AB-550X]**

## R.J. Corman Railroad Company/ Allentown Lines, Inc.—Abandonment Exemption—in Lehigh County, PA

R.J. Corman Railroad Company/ Allentown Lines, Inc. (RJCN) has filed a notice of exemption under 49 CFR 1152 Subpart F—*Exempt Abandonments* to abandon a 1.945-mile line of railroad known as the Barber's Quarry Industrial Track between milepost 93.144 in the vicinity of Union and 3rd Streets in

Allentown and milepost 95.089 in the vicinity of Lawrence Street and Lehigh Parkway in the township of Salisbury, Lehigh County, Pa. The line traverses United States Postal Service Zip Codes 18102 and 18103.

RJCN has certified that: (1) No local traffic has moved over the line for at least 2 years; (2) there is no overhead traffic on the line; (3) no formal complaint filed by a user of rail service on the line (or by a state or local government entity acting on behalf of such user) regarding cessation of service over the line either is pending with the Surface Transportation Board (Board) or with any U.S. District Court or has been decided in favor of complainant within the 2-year period; and (4) the requirements at 49 CFR 1105.7 (environmental reports), 49 CFR 1105.8 (historic reports), 49 CFR 1105.11 (transmittal letter), 49 CFR 1105.12 (newspaper publication), and 49 CFR 1152.50(d)(1) (notice to governmental agencies) have been met.

As a condition to this exemption, any employee adversely affected by the abandonment shall be protected under *Oregon Short Line R. Co.—Abandonment— Goshen,* 360 I.C.C. 91 (1979). To address whether this condition adequately protects affected employees, a petition for partial revocation under 49 U.S.C. 10502(d) must be filed. Provided no formal expression of intent to file an offer of financial assistance (OFA) has been received, this exemption will be effective on October 8, 1998, unless stayed pending reconsideration. Petitions to stay that do not involve environmental issues,[1] formal expressions of intent to file an OFA under 49 CFR 1152.27(c)(2),[2] and trail use/rail banking requests under 49 CFR 1152.29 must be filed by September 18, 1998. Petitions to reopen or requests for public use conditions under 49 CFR 1152.28 must be filed by September 28, 1998, with: Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, NW, Washington, DC 20423.

A copy of any petition filed with the Board should be sent to applicant's representative: Kevin M. Sheys, Oppenheimer Wolff Donnelly & Bayh LLP, 1350 Eye Street, NW, Suite 200, Washington, DC 20005–3324.

If the verified notice contains false or misleading information, the exemption is void *ab initio.*

RJCN has filed an environmental report which addresses the effects of the abandonment, if any, on the environment and historic resources. The Section of Environmental Analysis (SEA) will issue an environmental assessment (EA) by September 11, 1998. Interested persons may obtain a copy of the EA by writing to SEA (Room 500, Surface Transportation Board, Washington, DC 20423) or by calling SEA, at (202) 565–1545. Comments on environmental and historic preservation matters must be filed within 15 days after the EA becomes available to the public.

Environmental, historic preservation, public use, or trail use/rail banking conditions will be imposed, where appropriate, in a subsequent decision.

Pursuant to the provisions of 49 CFR 1152.29(e)(2), RJCN shall file a notice of consummation with the Board to signify that it has exercised the authority granted and fully abandoned the line. If consummation has not been effected by RJCN's filing of a notice of consummation by September 8, 1999, and there are no legal or regulatory barriers to consummation, the authority to abandon will automatically expire.

Board decisions and notices are available on our website at "WWW.STB.DOT.GOV."

Decided: September 1, 1998.

By the Board, David M. Konschnik, Director, Office of Proceedings.

**Vernon A. Williams,**

*Secretary.*

[FR Doc. 98–24050 Filed 9–4–98; 8:45 am]

BILLING CODE 4915–00–P

[1] The Board will grant a stay if an informed decision on environmental issues (whether raised by a party or by the Board's Section of Environmental Analysis in its independent investigation) cannot be made before the exemption's effective date. *See Exemption of Out-of-Service Rail Lines,* 5 I.C.C.2d 377 (1989). Any request for a stay should be filed as soon as possible so that the Board may take appropriate action before the exemption's effective date.

[2] Each offer of financial assistance must be accompanied by the filing fee, which currently is set at $1000. *See* 49 CFR 1002.2(f)(25).

## DEPARTMENT OF THE TREASURY

### Office of the Comptroller of the Currency

### Information Collection; Submission for OMB Review; Comment Request

**AGENCY:** Office of the Comptroller of the Currency, Treasury.

**ACTION:** Submission for OMB review; Comment request.

**SUMMARY:** In accordance with the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Office of the Comptroller of the Currency (OCC) hereby gives notice that it has sent to the Office of Management and Budget (OMB) for review an information collection titled Uniform Form for Registration and Amendment to Registration as a Transfer Agent—Form TA–1.

**DATES:** Comments regarding this information collection are welcome and should be submitted to the OMB Reviewer and the OCC. Comments are due on or before October 8, 1998.

**ADDRESSES:** A copy of the submission may be obtained by calling the OCC Contact listed. Direct all written comments to the Communications Division, Attention: 1557–0124, Third Floor, Office of the Comptroller of the Currency, 250 E Street, SW, Washington, DC 20219. In addition, comments may be sent by facsimile transmission to (202)874–5274, or by electronic mail to REGS.COMMENTS@OCC.TREAS.GOV.

**SUPPLEMENTARY INFORMATION:**

*OMB Number:* 1557–0124.

*Form Number:* TA–1.

*Type of Review:* Reinstatement, with change, of a previously approved collection.

*Title:* Uniform Form for Registration and Amendment to Registration as a Transfer Agent—Form TA–1.

*Description:* This notice covers a renewal with change of a currently approved information collection titled Uniform Form for Registration and Amendment to Registration as a Transfer Agent—Form TA–1. Section 17A(c) of the Securities Exchange Act of 1934 (Act), as amended by the Securities Act Amendments of 1975, provides that all those authorized to transfer securities registered under Section 12 of the Act (transfer agents) shall register by filing with the appropriate regulatory agency an application for registration in such form and containing such information and documents as such appropriate regulatory agency may prescribe to be necessary or appropriate in furtherance of the purposes of this section. Form TA–1 was developed by the OCC, Federal Deposit Insurance Corporation, and the Board of Governors of the Federal Reserve to satisfy this statutory requirement. National bank transfer agents use Form TA–1 to register or amend registration as transfer agents. The OCC uses the information to determine whether to allow, deny, accelerate, or postpone an application. An amendment to Form TA–1 must be filed with the OCC within sixty calendar days following the date on which any information reported on Form TA–1 becomes inaccurate, misleading or incomplete. The OCC also uses the data to more effectively schedule and plan

transfer agent examinations. Amendments to Form TA–1 are used by the OCC to schedule and plan examinations. The Securities and Exchange Commission maintains complete files on the registration data of all transfer agents registered pursuant to the Act. It utilizes the data to identify transfer agents and to facilitate development of rules and standards applicable to all registered transfer agents.

*Respondents:* Businesses or other for-profit; individuals.

*Number of Respondents:* 50.

*Total Annual Responses:* 50.

*Frequency of Response:* On occasion.

*Estimated Total Annual Burden:* 25 hours.

*OCC Contact:* Jessie Gates or Camille Dixon, (202)874–5090, Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, 250 E Street, SW, Washington, DC 20219.

*OMB Reviewer:* Alexander Hunt, (202)395–7340, Paperwork Reduction Project 1557–0124, Office of Management and Budget, Room 10226, New Executive Office Building, Washington, DC 20503.

The OCC may not conduct or sponsor, and respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number. Comments are invited on: (a) Whether the proposed revisions to the following collections of information are necessary for the proper performance of the OCC's functions, including whether the information has practical utility; (b) the accuracy of the OCC's estimate of the burden of the information collection as it is proposed to be revised; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of information collection on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or startup costs and costs of operation, maintenance, and purchase of services to provide information.

Dated: September 1, 1998.

**Mark J. Tenhundfeld,**

*Assistant Director, Legislative & Regulatory Activities Division.*

[FR Doc. 98–24014 Filed 9–4–98; 8:45 am]

BILLING CODE 4810–33–p

## DEPARTMENT OF THE TREASURY

### Office of Thrift Supervision

### Proposed Agency Information Collection Activities; Comment Request

**ACTION:** Notice and request for comments.

**SUMMARY:** The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to comment on proposed and continuing information collections, as required by the Paperwork Reduction Act of 1995, Pub. L. 104–13. Today, the Office of Thrift Supervision within the Department of the Treasury solicits comments on the information collection entitled Loans in Areas Having Special Flood Hazards.

**DATES:** Submit written comments on or before November 9, 1998.

**ADDRESSES:** Send comments to Manager, Dissemination Branch, Records Management and Information Policy, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552, Attention 1550–0088. Hand deliver comments to 1700 G Street, NW. from 9:00 A.M. to 5:00 P.M. on business days. Send facsimile transmissions to FAX Number (202) 906–7755 or (202) 906–6956 (if the comment is over 25 pages). E-mail to public.info@ots.treas.gov and include your name and telephone number. Interested persons may inspect comments at 1700 G Street, NW., from 9:00 A.M. until 4:00 P.M. on business days.

**FOR FURTHER INFORMATION CONTACT:** Larry A. Clark, Compliance Policy, Office of Supervision, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552, (202) 906–5628.

**SUPPLEMENTARY INFORMATION:**

*Title:* Loans in Areas Having Special Flood Hazards (12 CFR 572).

*OMB Number:* 1550–0088.

*Form Number:* Not Applicable.

*Abstract:* Savings and Loan Associations are required by statute and by 12 CFR Part 572 to file reports, make certain disclosures, and keep records regarding flood insurance. Borrowers use the information received from the associations to make valid purchase decisions. OTS uses the records to verify the associations' compliance.

*Current Actions:* OTS proposes to renew this information collection without revision.

*Type of Review:* Extension of an already approved collection.

*Affected Public:* Business or For Profit.

*Estimated Number of Respondents:* 1,182.

*Estimated Time Per Respondent:* 26.25 average hours.

*Estimated Total Annual Burden Hours:* 31,027.5 hours.

**Request for Comments**

The OTS will summarize comments submitted in response to this notice or will include these comments in its request for OMB approval. All comments will become a matter of public record. The OTS invites comment on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality; and (d) ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

Dated: September 1, 1998.

**Catherine C. M. Teti,**

*Director, Records Management and Information Policy.*

[FR Doc. 98–23993 Filed 9–4–98; 8:45 am]

BILLING CODE 6720–01–P

## DEPARTMENT OF THE TREASURY

### Office of Thrift Supervision

### Submission for OMB Review; Comment Request

September 1, 1998.

The Office of Thrift Supervision (OTS) has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Pub. L. 104–13. Interested persons may obtain copies of the submission(s) by calling the OTS Clearance Officer listed. Send comments regarding this information collection to the OMB reviewer listed and to the OTS Clearance Officer, Office of Thrift Supervision, 1700 G Street, NW, Washington, DC 20552.

*OMB Number:* 1550–0004.

*Form Number:* OTS Form 248.

*Type of Review:* Extension of an already approved collection.

*Title:* Annual Survey of Deposits; Deposits by Office.

*Description:* This survey provides deposit data for each thrift office which is essential for OTS'' analysis of market share of deposits required in evaluating the competitive impact of mergers, acquisitions, and branching

applications. This information is shared with the Federal Reserve Board, the Federal Deposit Insurance Corporation, the Office of the Comptroller of the Currency and the Department of Justice.

*Respondents:* Savings and Loan Associations and Savings Banks.

*Estimated Number of Reporters:* 1,182.

*Estimated Burden Hours per Reporter:* 1 hour average.

*Frequency of Response:* Annually.

*Estimated Total Reporting Burden:* 1,182 hours.

*Clearance Officer:* Colleen M. Devine, (202) 906–6025, Office of Thrift Supervision, 1700 Street, NW, Washington, DC 20552.

*OMB Reviewer:* Alexander Hunt, (202) 395–7860, Office of Management and Budget, Room 10202, New Executive Office Building, Washington, DC 20503.

**Catherine C. M. Teti,**

*Director, Records Management and Information Policy.*

[FR Doc. 98–23992 Filed 9–4–98; 8:45 am]

BILLING CODE 6720–01–P

## DEPARTMENT OF VETERANS AFFAIRS

### Research and Development Cooperative Studies Evaluation Committee; Notice of Meeting

The Department of Veterans Affairs gives notice under Public Law 92–463 (Federal Advisory Committee Act) as amended, by section 5(c) of Public Law 94–409, that a meeting of the Research and Development Cooperative Studies Evaluation Committee will be held at the Marriott Residence Inn, 500 Army Navy Drive, Arlington, VA 22202, October 14–15, 1998. The session on October 14 is scheduled to begin at 7:30 a.m. and end at 4:15 p.m. and on October 15 from 7:30 a.m. to 1:00 p.m. The meeting will be for the purpose of reviewing the following four new proposals: Cost effectiveness of alternative management strategies in patients with dyspepsia, Vitamins to lower homocysteinemia in kidney and end stage renal disease, Multi-model therapy in Veterans with Gulf War illnesses and Antibiotic treatment of Gulf War Syndrome. The Committee will also review the progress of one ongoing study on cost and outcome of telephone care.

The Committee advises the Chief Research and Development Officer through the Chief of the Cooperative Studies Program on the relevance and feasibility of the studies, the adequacy of the protocols, and the scientific validity and propriety of technical details, including protection of human subjects.

The meeting will be open to the public from 7:30 a.m. to 8:00 a.m. on both days to discuss the general status of the program. Those who plan to attend should contact Dr. Ping Huang, Coordinator, Research and Development Cooperative Studies Evaluation Committee, Department of Veterans Affairs, Washington, DC, (202.273.8295), prior to October 9, 1998.

The meeting will be closed from 8:45 a.m. to 4:15 p.m. on October 14, 1998 and from 8:00 a.m. to 1:00 p.m., on October 15, 1998. These portions of the meeting involve consideration of specific proposals in accordance with provisions set forth in section 10(d) of Public Law 92–463, as amended by sections 5(c) of Public Law 94–409, and 5 U.S.C. 552b(c)(6). During the closed sessions of the meeting, discussions and recommendations will deal with qualifications of personnel conducting the studies, staff and consultant critiques of research protocols, and similar documents, and the medical records of patients who are study subjects, the disclosures of which would constitute a clearly unwarranted invasion of personal privacy.

Dated: August 27, 1998.

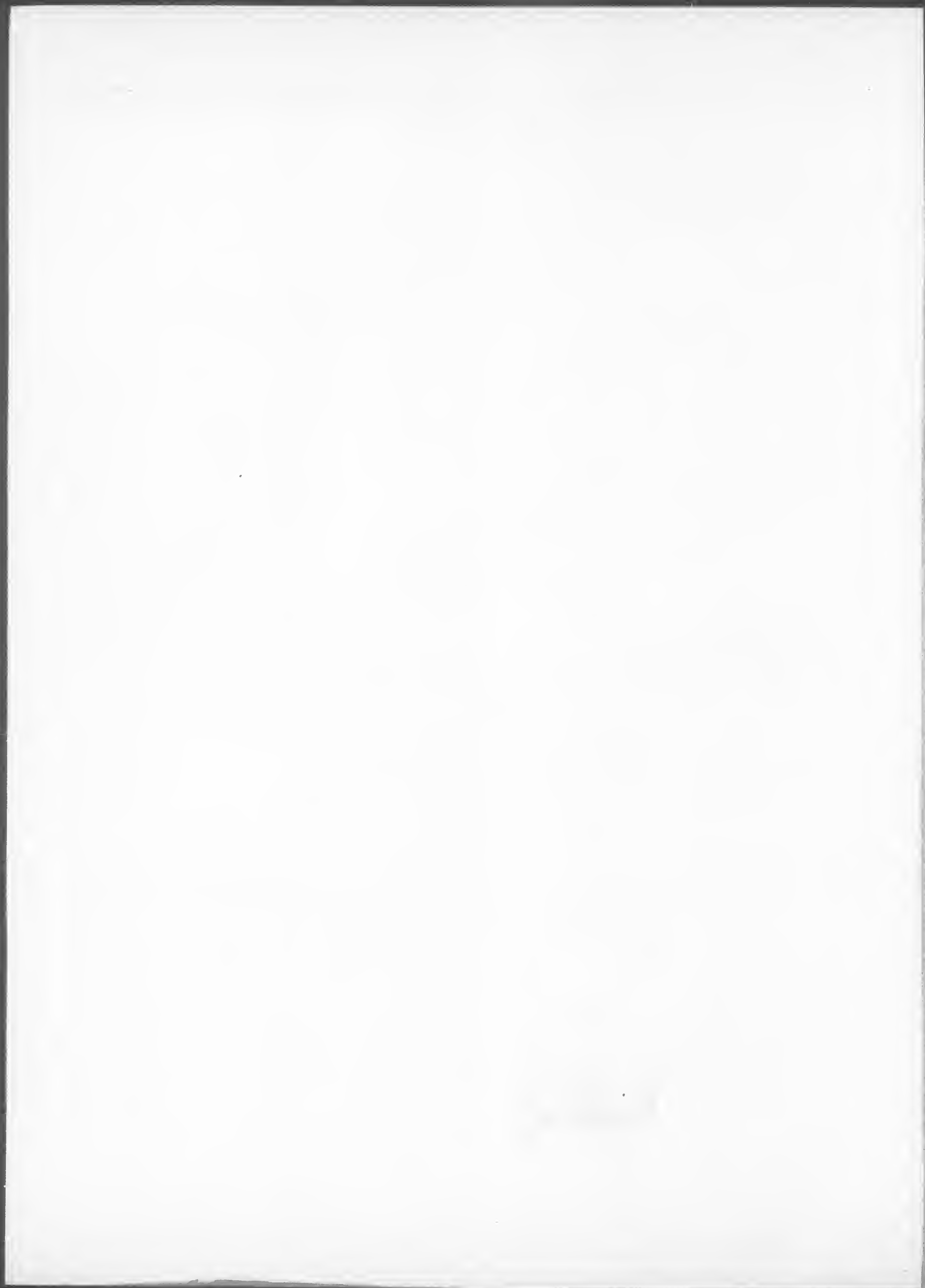
By Direction of the Secretary.

**Heyward Bannister,**

*Committee Management Officer.*

[FR Doc. 98–24000 Filed 9–4–98; 8:45 am]

BILLING CODE 8320–01–M



federal register

Tuesday
September 8, 1998

## Part II

# Department of Health and Human Services

Health Care Financing Administration
Office of Inspector General

42 CFR Part 409, et al.
Medicare Program; Prospective Payment System for Hospital Outpatient Services; Proposed Rules

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Care Financing Administration**

**Office of Inspector General**

**42 CFR Parts 409, 410, 411, 412, 413, 419, 489, 498, and 1003**

**[HCFA–1005–P]**

**RIN 0938–AI56**

# Medicare Program; Prospective Payment System for Hospital Outpatient Services

**AGENCY:** Health Care Financing Administration (HCFA), HHS, and Office of Inspector General (OIG), HHS.

**ACTION:** Proposed rule.

**SUMMARY:** As required by sections 4521, 4522, and 4523 of the Balanced Budget Act of 1997, this proposed rule would eliminate the formula-driven overpayment for certain outpatient hospital services, extend reductions in payment for costs of hospital outpatient services, and establish in regulations a prospective payment system for hospital outpatient services (and for Medicare Part B services furnished to inpatients who have no Part A coverage). The prospective payment system would simplify our current payment system and apply to all hospitals, including those that are excluded from the inpatient prospective payment system. The Balanced Budget Act provides for implementation of the prospective payment system effective January 1, 1999, but delays application of the system to cancer hospitals until January 1, 2000. The hospital outpatient prospective payment system would also apply to partial hospitalization services furnished by community mental health centers.

Although the statutory effective date for the outpatient prospective payment system is January 1, 1999, implementation of the new system will have to be delayed because of year 2000 systems concerns. The demands on intermediary bill processing systems and HCFA internal systems to become compliant for the year 2000 preclude making the major systems changes that are required to implement the prospective payment system. The outpatient prospective payment system will be implemented for all hospitals and community mental health centers as soon as possible after January 1, 2000, and a notice of the anticipated implementation date will be published in the **Federal Register** at least 90 days in advance.

This document also proposes new requirements for provider departments and provider-based entities. These proposed changes, as revised based on our consideration of public comments, will be effective 30 days after publication of a final rule.

This proposed rule would also implement section 9343(c) of the Omnibus Budget Reconciliation Act of 1986, which prohibits Medicare payment for nonphysician services furnished to a hospital outpatient by a provider or supplier other than a hospital, unless the services are furnished under an arrangement with the hospital. This section also authorizes the Department of Health and Human Services' Office of Inspector General to impose a civil money penalty, not to exceed $10,000, against any individual or entity who knowingly and willfully presents a bill for non-physician or other bundled services not provided directly or under such an arrangement.

This proposed rule also addresses the requirements for designating certain entities as provider-based or as a department of a hospital.

**DATES:** Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on November 9, 1998.

**ADDRESSES:** Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1005–P, P.O. Box 26688, Baltimore, MD 21207–0488.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or
Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1005–P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

*Copies:* To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 or by faxing to (202) 512–2250. The cost for each copy is $8. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

This **Federal Register** document is also available from the **Federal Register** online database through GPO Access, a service of the U.S. Government Printing Office. Free public access is available on a Wide Area Information Server (WAIS) through the Internet and via asynchronous dial-in. Internet users can access the database by using the World Wide Web; the Superintendent of Documents home page address is http://www.access.gpo.gov/nara/index.html, by using local WAIS client software, or by telnet to swais.access.gpo.gov, then login as guest (no password required). Dial-in users should use communications software and modem to call 202–512–1661; type swais, then login as guest (no password required).

**FOR FURTHER INFORMATION CONTACT:**

Janet Wellham, (410) 786–4510 (for general information). Joel Schaer (OIG), (202) 619–0089 (for information concerning civil money penalties).
Kitty Ahern, (410) 786–4515 (for information related to the classification of services into ambulatory payment classification (APC) groups).
Suzanne Letsch (410) 786–4558 (for information related to volume control measures and updates).
George Morey (410) 786–4653 (for information related to the determination of provider-based status).
Janet Samen (410) 786–9161 (for information on the application of APCs to community mental health centers).

**SUPPLEMENTARY INFORMATION:** To assist readers in referencing sections contained in this document, we are providing the following table of contents.

**Table of Contents**

I. Background

II. Elimination of Formula-Driven Overpayment
III. Extension of Cost Reductions
IV. Prohibition Against Unbundling of Hospital Outpatient Services
A. Background
B. Previous Medicare Regulations Affecting Bundling
C. Office of Inspector General (OIG) Civil Money Penalty Authority
D. Proposed Regulations Published August 5, 1988
1. Bundling of Hospital Outpatient Services
2. Civil Money Penalties for Unbundling Hospital Outpatient Services
E. Revised Proposed Regulations on Bundling of Hospital Services
V. Hospital Outpatient Prospective Payment System (PPS)
A. Scope of Services Within the Outpatient PPS
1. Services Excluded from the Hospital Outpatient PPS
2. Services Included Within the Scope of the Hospital Outpatient PPS
a. Services for Patients Who Have Exhausted Their Part A Benefits
b. Partial Hospitalization Services
c. Services Designated by the Secretary
3. Hospital Outpatient PPS Payment Indicators
B. Description of the Ambulatory Payment Classification (APC) Groups
1. Setting Payment Rates Based on Groups of Services Rather than on Individual Services
2. How the Groups Were Constructed
3. Packaging Under the Groups
4. Treatment of Clinic and Emergency Visits
5. Treatment of Partial Hospitalization Services
6. Comments on Specific APCs
7. Discounting of Surgical Procedures
a. Reduced Payment for Multiple Procedures
b. Discounted Payment for Terminated Procedures
8. Inpatient Care
C. Calculation of Group Weights and Rates
1. Group Weights
2. Conversion Factor
a. Calculating Aggregate Calendar Year 1996 Medicare and Beneficiary Payments for Hospital Outpatient Services (Current Law)
b. Sum of the Relative Weights
D. Calculation of Medicare Payment Amount and Copayment Amount
1. Introduction
2. Determination of Unadjusted Copayment Amount, Program Payment Percentage, and Copayment Percentage
3. Calculation of Medicare Payment Amount and Beneficiary Copayment Amount
4. Hospital Election to Offer Reduced Copayment
E. Adjustment for Area Wage Differences
1. Proposed Wage Index
2. Labor-Related Portion of Hospital Outpatient Department PPS Payment Rates
3. Adjustment of Hospital Outpatient Department PPS Payment and Copayment Amounts for Geographic Wage Variations
F. Claims Submission and Processing
G. Updates
1. Revisions to Weights and the Wage and Other Adjustments
2. Revisions to APC Groups
3. Annual Update to Conversion Factor
H. Outlier Payments
I. Adjustments for Specific Classes of Hospitals
J. Volume Control Measures
K. Prohibition Against Administrative or Judicial Review
VI. Hospital Outpatient Departments and Provider-Based Entities
A. Background
B. Effects on Medicare
C. Relationship of the "Provider-Based" Proposals to Prospective Payment for Outpatient Hospital Services and Effective Date of "Provider-Based" Proposals
D. Basis for Current Provider-Based Policy
E. Provisions of this Proposed Rule
F. Requirements for Payment
1. Prerequisites for Payment for Outpatient Hospital Services and Supplies Incident to Physician Services
2. Prerequisites for Payment for Hospital or Critical Access Hospital Diagnostic Services Furnished to Outpatients
3. Payment for Ambulatory Surgical Services
VII. MedPAC Recommendations
VIII. Collection of Information Requirements
IX. Response to Comments
X. Regulatory Impact Analysis
A. Introduction
B. Estimated Impact on Medicare Program
C. Objectives
D. Limitations of Our Analysis
E. Hospitals Included In and Excluded From the Prospective Payment System
F. Quantitative Impact Analysis of the Proposed Policy Changes Under the Prospective Payment System for Operating Costs and Capital Costs
G. Estimated Impact of the New APC System
XI. Delay in Implementation
Regulations Text
Addenda
Addendum A—List of Proposed Hospital Outpatient Ambulatory Payment Classes with Status Indicators, Relative Weights, Payment Rates, and Coinsurance Amounts
Addendum B—Proposed Hospital Outpatient Department (HOPD) Payment Status by HCPCS and Related Information
Addendum C—Proposed Hospital Outpatient Payment for Procedures by APC
Addendum D—Summary of Medical APCs
Addendum E—Major Diagnostic Categories
Addendum F—ICD–9 Codes with Major Diagnostic Categories (MDCs) for Payment of Medical Visits under the Hospital Outpatient PPS
Addendum G—CPT Codes Which Will Be Paid Only As Inpatient Procedures
Addendum H—Status Indicators
Addendum I—Service Mix Indices by Hospital
Addendum J—Wage Index for Urban Areas
Addendum K—Wage Index for Rural Areas
Addendum L—Wage Index for Hospitals That Are Reclassified


In addition, because there are many terms to which we refer by acronym in this rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

APC Ambulatory payment classification
APG Ambulatory patient group
ASC Ambulatory surgical center
BBA Balanced Budget Act of 1997
CAH Critical access hospital
CCI [HCFA's] Correct Coding Initiative
CCR Cost center specific cost-to-charge ratio
CHAMPUS Civilian Health and Medical Program of the Uniformed Services
CMHC Community mental health center
CMP Civil money penalty
CORF Comprehensive outpatient rehabilitation facility
CPT [Physicians'] Current Procedural Terminology, 4th Edition, 1998, copyrighted by the American Medical Association
DME Durable medical equipment
DMEPOS DME, orthotics, prosthetics, prosthetic devices, prosthetic implants and supplies
DRG Diagnosis-related group
EACH Essential access community hospital
ESRD End-stage renal disease
FDO Formula-driven overpayment
FQHC Federally qualified health center
HCPCS HCFA Common Procedure Coding System
HHA Home health agency
ICD–9–CM International Classification of Diseases, Ninth Edition, Clinical Modification
IME Indirect medical education
IOL Intraocular lens
MDC Major diagnostic category
MDH Medicare dependent hospital
MedPAC Medicare Payment Advisory Commission
MSA Metropolitan statistical area
NECMA New England County Metropolitan Area
OBRA Omnibus Budget Reconciliation Act
PPS Prospective payment system
RHC Rural health clinic
RPCH Rural primary care hospital
RRC Rural referral center
SCH Sole community hospital
SGR Sustainable growth rate
SNF Skilled nursing facility
TEFRA Tax Equity and Fiscal Responsibility Act of 1982

## I. Background

As the Medicare statute was originally enacted, Medicare payment for hospital services (inpatient and outpatient) was based on hospital-specific reasonable costs attributable to serving Medicare beneficiaries. Later, the law was amended to limit payment to the lesser of a hospital's reasonable costs or to its customary charges. In 1983, section 601 of the Social Security Amendments of 1983 (Public Law 98–21) completely revised the cost-based payment system for most hospital inpatient services by enacting section 1886(d) of the Social

Security Act (the Act). This section provided for a prospective payment system (PPS) for acute inpatient hospital stays, effective with hospital cost reporting periods beginning on or after October 1, 1983.

Although payment for most inpatient services became subject to a PPS, hospital outpatient services continued to be paid based on hospital-specific costs, which provided little incentive for hospital efficiency for outpatient services. At the same time, advances in medical technology and changes in practice patterns were bringing about a shift in the site of medical care from the inpatient to the outpatient setting. During the 1980s, the Congress took steps to control the escalating costs of providing outpatient care. The Congress amended the statute to implement across-the-board reductions of 5.8 percent and 10 percent to the amounts otherwise payable for hospital operating costs and capital costs, respectively, and legislated a number of different payment methods for specific types of hospital outpatient services. These methods included fee schedules for clinical diagnostic laboratory tests, orthotics, prosthetics, and durable medical equipment (DME); composite rate payment for dialysis for persons with end-stage renal disease (ESRD); and payments based on blends of hospital costs and the rates paid in other ambulatory settings such as separately certified ambulatory surgical centers (ASCs) or physician offices for certain surgery, radiology, and other diagnostic procedures. Nevertheless, Medicare payment for services performed in the hospital outpatient setting remains largely cost-based.

In section 9343(f) of the Omnibus Budget Reconciliation Act of 1986 (OBRA 1986) (Public Law 99–509) and in section 4151(b)(2) of the Omnibus Budget Reconciliation Act of 1990 (Public Law 101–508), the Congress required the Secretary to develop a proposal to replace the current hospital outpatient payment system with a PPS and to submit a report to the Congress on the proposed system. In OBRA 1986, the Congress paved the way for development of a PPS, under section 9343(g), by requiring fiscal intermediaries to require hospitals to report claims for services under the HCFA Common Procedure Coding System (HCPCS), and, under section 9343(c), by extending the prohibition against unbundling of hospital services under section 1862(a)(14) of the Act to include outpatient services as well as inpatient services. HCPCS coding enabled us to determine what specific procedures and services were being billed, while the extension of the prohibition against unbundling ensured that all nonpractitioner services provided to hospital outpatients would be billed only by the hospital, not by an outside supplier, and, therefore, would be reported on hospital bills and captured in the hospital outpatient data that could be used to develop an outpatient PPS.

Section 1866(g) of the Act, as added by section 9343(c) of OBRA 1986, and amended by section 4085(i)(17) of the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) (Public Law 100–203), also authorizes the Department of Health and Human Services' Office of Inspector General to impose a civil money penalty (CMP), not to exceed $2,000, against any individual or entity who knowingly and willfully presents a bill in violation of an arrangement (as defined in section 1861(w)(1) of the Act).

A proposed rule to implement section 9343(c) was published in the **Federal Register** on August 5, 1988. However, those regulations were never published as a final rule, so we are including them in this regulation and will implement them as part of the final regulation implementing the hospital outpatient PPS.

The Secretary submitted a Report to Congress on March 17, 1995. The report summarized the research HCFA conducted in searching for a way to classify outpatient services for purposes of developing an outpatient PPS. The report cited Ambulatory Patient Groups (APGs), developed by 3M-Health Information Systems under a cooperative grant with HCFA, as the most promising classification system for grouping outpatient services and recommended that APG-like groups be used in designing a hospital outpatient PPS.

The report also presented a number of options that could be used, once a PPS was in place, for addressing the issue of rapidly growing beneficiary copayment. As a separate issue, we recommended that the Congress amend the provisions of the law pertaining to the blended payment methods for ASC surgery, radiology, and other diagnostic services to correct an anomaly that resulted in a less than full recognition of the amount paid by the beneficiary in calculating program payment (referred to as the formula-driven overpayment).

The Balanced Budget Act of 1997 (BBA) (Public Law 105–33), enacted on August 5, 1997, contains a number of provisions that affect Medicare payment for hospital outpatient services. The purpose of this proposed rule is to implement sections 4521, 4522, and 4523 of the BBA and section 9343(c) of OBRA 1986. Section 4521 of the BBA eliminates the formula-driven overpayment effective for services furnished on or after October 1, 1997. Because of the October 1, 1997 effective date, HCFA has already taken action to implement this provision. Section 4522 extends the current cost reductions of 5.8 percent and 10 percent (applicable to hospital outpatient operating costs and hospital capital costs, respectively) through and including December 31, 1999.

Section 4523 of the BBA amends section 1833 of the Act by adding subsection (t), which provides for implementation of a PPS for most hospitals for outpatient services furnished on or after January 1, 1999 and for cancer hospitals that are excluded from inpatient PPS for services furnished on or after January 1, 2000. We note that while the statutory effective date for the outpatient PPS is January 1, 1999, implementation of the new payment system will have to be delayed because of year 2000 systems concerns. The demands on intermediary bill processing systems and HCFA internal systems to become compliant for the year 2000 preclude making the major systems changes that are required to implement the PPS. See Section XI of this preamble ("Delay in Implementation") for a more detailed explanation of the reasons for delay. The outpatient PPS will be implemented as soon as possible after January 1, 2000. A notice of the anticipated implementation date will be published in the **Federal Register** at least 90 days in advance. The rates that will go into effect on the implementation date will apply to all hospitals including cancer hospitals described in section 1886(d)(1)(B)(v) of the Act. The rates will be based on the rates that would have been in effect January 1, 1999 updated by the rate of increase in the hospital market basket minus one percentage point.

Section 1833(t)(1)(B) of the Act authorizes the Secretary to designate the hospital outpatient services that would be paid under the PPS. Section 1833(t)(1)(B) also requires that the outpatient PPS include inpatient services covered under Part B for beneficiaries who are entitled to Part A benefits but who have exhausted their Part A benefits or otherwise are not in a covered Part A stay. However, section 1833(t)(1)(B) specifically excludes as covered services under the outpatient PPS ambulance services and physical and occupational therapy, and speech-language pathology services, for which separate fee schedules are required by

statute. (See section 4531 of the BBA for amendments pertaining to ambulance services and section 4541 for amendments pertaining to outpatient rehabilitation services.)

Section 1833(t)(2) of the Act stipulates certain requirements for the hospital outpatient PPS. The Secretary is required to develop a classification system for covered outpatient services which may consist of groups arranged so that the services within each group are comparable clinically and with respect to the use of resources. In addition, this section specifies data requirements for establishing relative payment weights, which are to be based on median hospital costs determined by data from the most recent available cost reports; requires that the portion of the Medicare payment and the beneficiary copayment that are attributable to labor and labor-related costs be adjusted for geographic wage differences; and authorizes the establishment of other adjustments, such as outlier adjustments or adjustments for certain classes of hospitals, that are necessary to ensure equitable payments. All adjustments are required to be made in a budget neutral manner. This section concludes with the requirement that a control on unnecessary increases in the volume of covered services be established.

Section 1833(t)(3) provides for a new method of calculating beneficiary copayment. It freezes beneficiary copayment at 20 percent of the national median charges for covered services (or group of covered services) furnished during 1996 and updated to 1999 using the Secretary's estimated charge growth from 1996 to 1999. This section specifies how beneficiary deductibles are to be treated in calculating the Medicare payment and beneficiary copayment amounts and requires that rules be established regarding determination of copayment amounts for covered services that were not furnished in 1996. Further, it prescribes the formula for calculating the initial conversion factor used to determine Medicare payment amounts for 1999 and the method for updating the conversion factor in subsequent years.

Sections 1833(t)(4) and (t)(5) describe the basis for determining the Medicare payment amount and the beneficiary copayment amount for services covered under the outpatient PPS. The latter section requires the Secretary to establish a procedure whereby hospitals may voluntarily elect to reduce beneficiary copayment for some or all covered services to an amount not less than 20 percent of the Medicare payment amount. Hospitals are further allowed to advertise any such reductions of copayment amounts. Section 4451 of the BBA added section 1861(v)(1)(T) to the Act, which stipulates that bad debts will not be recognized on any copayment the hospital elects to reduce.

Section 1833(t)(6) authorizes periodic review and revision of the payment groups, relative payment weights, wage index, and conversion factor.

Section 1833(t)(7) describes how payment is to be made for ambulance services, which are specifically excluded from the outpatient PPS under section 1833(t)(1)(B).

Section 1833(t)(8) provides that the Secretary may establish a separate conversion factor for determining services furnished by cancer hospitals excluded from inpatient PPS under this PPS.

Section 1833(t)(9) prohibits administrative or judicial review of the PPS classification system, the groups, relative payment weights, adjustment factors, other adjustments, calculation of base amounts, periodic adjustments, and the establishment of a separate conversion factor for those cancer hospitals excluded from inpatient PPS.

Section 4523(d) of the BBA amends section 1833(a)(2)(B) of the Act to require payment under the PPS for some services described in section 1832(a)(2) that are currently paid on a cost basis and furnished by providers of services such as comprehensive outpatient rehabilitation facilities (CORFs), home health agencies (HHAs), hospices, and community mental health centers (CMHCs). This amendment requires that partial hospitalization services furnished by CMHCs beginning January 1, 1999 be paid under the PPS. As noted earlier, implementation of the PPS will be delayed. Implementation will occur as soon as possible after January 1, 2000.

## II. Elimination of Formula-Driven Overpayment

Before enactment of section 4521 of the BBA, under the blended payment formulas for ASC procedures, radiology, and other diagnostic services, the ASC or physician fee schedule portion of the blends was calculated as if the beneficiary paid 20 percent of the ASC rate or physician fee schedule amount instead of the actual amount paid, which was 20 percent of the hospital's billed charges. Section 4521 corrects this anomaly by changing the blended calculations so that all amounts paid by the beneficiary are subtracted from the total payment in determining the amount due from the program. Effective for services furnished on or after October 1, 1997, payment for surgery, radiology, and other diagnostic services under blended payment methods will be calculated by subtracting the full amount of copayment due from the beneficiary (based on 20 percent of the hospital's billed charges).

## III. Extension of Cost Reductions

Section 1861(v)(1)(S)(ii) of the Act requires that the amounts otherwise payable for hospital outpatient operating costs and capital costs be reduced by 5.8 percent and 10 percent, respectively. These reductions were scheduled to sunset at the end of fiscal year 1998, but section 4522 of the BBA extended the reductions through December 31, 1999.

## IV. Prohibition Against Unbundling of Hospital Outpatient Services

### *A. Background*

The Social Security Amendments of 1965 (Public Law 89–97), enacted on July 30, 1965, established title XVIII of the Act, which authorized the establishment of the Medicare program to pay part of the costs of health care services furnished to eligible beneficiaries. Part A of the program (Hospital Insurance) provides basic health insurance protection against the costs of inpatient or home health care. Part B of the program (Supplementary Medical Insurance) provides voluntary supplementary insurance covering most physician services and certain other items and services not covered under Part A, including hospital outpatient services.

Before the enactment of Public Law 98–21 on April 7, 1983, which established the Medicare PPS for inpatient hospital services, nonphysician services furnished to Medicare beneficiaries who were hospital patients were generally billed by the hospitals. Under certain circumstances, however, Part B of the Medicare statute permitted payments to be made to an outside supplier or another provider for certain nonphysician services otherwise covered by Medicare Part B that were furnished to a hospital patient. When payments were made under these circumstances, some nonphysician services were billed as hospital services in one hospital and billed by an outside supplier in another. The practice of billing by suppliers outside the hospital for these services has been referred to in the legislative history as the "unbundling" of hospital services.

Since the enactment of Public Law 98–21 and the publication of implementing regulations on September 1, 1983 (48 FR 39752), the Medicare program has required that nonphysician

services furnished to hospital inpatients be covered and paid for under Medicare as hospital services. This practice of covering nonphysician services furnished to hospital inpatients by an outside supplier as hospital services is referred to as "bundling." Under the PPS for inpatient hospital services, a single predetermined payment is made for a case based on the diagnosis-related group (DRG) to which the case is assigned. Bundling ensures that the DRG payments to all hospitals cover a comparable "bundle" of services related to the hospital stay.

Specifically, Public Law 98–21 added section 1862(a)(14) to the Act to prohibit payment for services (other than physician services) furnished to an inpatient of a hospital by an entity other than the hospital, unless the services are furnished under an arrangement (as defined in section 1861(w)(1) of the Act). (Section 1861(w)(1) of the Act specifies that the term "arrangements" is limited to arrangements under which receipt of payment by the hospital or other provider for Medicare-covered services to an individual discharges the liability of the individual or any other person to pay for the services.) Public Law 98–21 also added section 1866(a)(1)(H) to the Act to provide that a hospital is eligible to participate in the Medicare program only if the hospital agrees to furnish to inpatients either directly or under an arrangement all Medicare-covered items and services, other than physician services.

Regardless of whether the hospital furnishes the services directly or arranges for furnishing the services, the hospital assumes financial responsibility for the services. The Medicare program makes payment only to hospitals and not to other providers or suppliers that furnish inpatient services on behalf of the hospitals.

In Public Law 98–21, the Congress addressed only nonphysician services furnished to Medicare beneficiaries who are hospital inpatients. The Congress did not address at that time nonphysician services furnished to Medicare beneficiaries who are hospital outpatients, for which payment is made, usually on a cost basis, under Part B of Medicare. Thus, services to hospital outpatients continued to be unbundled in some hospitals. Subsequently, in section 9343(c) of OBRA 1986, the Congress extended the bundling provision to all nonphysician services furnished to hospital "patients," thus also including nonphysician services furnished to Medicare beneficiaries who are hospital outpatients.

Sections 9343(c)(1) and (c)(2) of OBRA 1986 amended sections 1862(a)(14) and 1866(a)(1)(H) of the Act, respectively. As revised, section 1862(a)(14) of the Act prohibits payment for nonphysician services furnished to hospital patients (inpatients and outpatients), unless the services are furnished by the hospital, either directly or under an arrangement (as defined in section 1861(w)(1) of the Act). As revised, section 1866(a)(1)(H) of the Act requires each Medicare-participating hospital to agree to furnish directly all covered nonphysician services required by its patients (inpatients and outpatients) or to have the services furnished under an arrangement (as defined in section 1861(w)(1) of the Act). Section 9338(a)(3) of OBRA 1986 affected implementation of the bundling mandate by amending section 1861(s)(2)(K) of the Act to permit services of physician assistants to be covered and billed separately.

Bundling of outpatient hospital services was required in order to provide a basis for implementing another provision of OBRA 1986, which required the development of a prospective payment methodology for outpatient hospital services. Section 9343(f) of OBRA 1986 amended section 1135 of the Act to require the Secretary to submit to the Congress by April 1, 1988, an interim report concerning development of a fully prospective payment system for ambulatory surgery. The legislation also specified that a final report was due to the Congress no later than April 1, 1989, with recommendations concerning implementation of a fully prospective payment mechanism for ambulatory surgery services by October 1, 1989. We released an interim report in June of 1988 and the final report in September of 1990. The final report summarized our research findings relating to hospital outpatient prospective payment and did not contain specific recommendations regarding a PPS for ambulatory surgical services. Later, in section 4151(b)(2) of OBRA 1990, the Congress expanded its earlier request and required HCFA to develop a PPS that included all hospital outpatient services. That legislation also directed us to submit a report to the Congress concerning this proposal. We submitted a report to the Congress on March 17, 1995.

In order for us to be able to develop a PPS for hospital outpatient services, it was necessary to have available clear and consistent rules about the range of services that would be included in this payment system. Previous policies on coverage of hospital outpatient services permitted services to be unbundled and thus allowed providers to vary their practices concerning the furnishing of services. The Congress recognized the inconsistencies of the current payment system and required bundling as a first step toward payment reform.

*B. Previous Medicare Regulations Affecting Bundling*

Previous regulations set forth at 42 CFR 405.310(m) concerning noncoverage of certain services furnished to hospital inpatients (redesignated as § 411.15(m)) implemented the statutory requirement for bundling of inpatient hospital services. They excluded from coverage nonphysician services furnished to hospital inpatients by an entity other than the hospital, unless the services were furnished under an arrangement. The exclusion from coverage in effect at that time did not apply to physician services that met the conditions for payment for physician services to provider patients in § 405.550(b) (redesignated as § 415.102(a)), or services of anesthetists employed by physicians that met the conditions for payment in § 405.553(b)(4) concerning reasonable charges for anesthesiology services furnished by the anesthesiologist or by an anesthetist employed by the anesthesiologist. (The regulation is now deleted as the payment structure for anesthesiologists has changed.) The exception for physician services is required by section 1862(a)(14) of the Act. Services of physician-employed anesthetists were exempted from bundling as an administrative measure to prevent disruption of long-standing physician-anesthetist team relationships. However, in a final rule published on May 26, 1993 (58 FR 30630), the regulations set forth at § 411.15(m) and § 489.20(d) were revised to reflect the statutory exclusion of certified registered nurse anesthetist (CRNA) services (including services of anesthesiologist assistants), physician assistant services, certified nurse midwife services, and qualified psychologist services from the inpatient bundling requirement. Section 411.15(m) concerns services to hospital inpatients excluded from coverage, and § 489.20(d) concerns a provider agreement in the case of a hospital or critical access hospital (CAH) to furnish directly or make arrangements for Medicare-covered services to inpatients of a hospital or a CAH.

*C. Office of Inspector General (OIG) Civil Money Penalty Authority*

In order to prevent the unbundling of nonphysician hospital services, section 9343(c)(3) of OBRA 1986 amended section 1866 of the Act by adding a new paragraph (g). Specifically, this

authority provided for the imposition of a civil money penalty (CMP), not to exceed $2,000, against any person who knowingly and willfully presents, or causes to be presented, a bill or request for payment for a hospital outpatient service under Part B of Medicare that violates the requirement for billing under arrangements specified in section 1866(a)(1)(H) of the Act. Section 1866(g) was further amended by section 4085(i)(17) of OBRA 1987. Section 4085(i)(17) of OBRA 1987 deleted all references to hospital outpatient services under Part B of Medicare and authorized imposition of a CMP when arrangements should have been made but were not. Section 1866(g) of the Act authorizes imposition of a CMP against any person who knowingly and willfully presents, or causes to be presented, a bill or request for payment inconsistent with an arrangement under section 1866(a)(1)(H) or in violation of the requirement for an arrangement. The result of this amendment is that the CMP is now applicable for all services furnished to hospital patients, whether paid for under Medicare Part A or B. The statute also requires that a CMP be imposed in the same manner as other CMPs are imposed under section 1128A of the Act. Section 231(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191) revised section 1128A of the Act to increase the CMP maximum amount for each false claim or prohibited practice from $2,000 to $10,000. Implementing regulations for this authority are set forth in 42 CFR parts 1003 and 1005.

To implement the provisions of section 9343(c) of OBRA 1986, we published a proposed rule in the **Federal Register** on August 5, 1988 (53 FR 29486). Those regulations have not been published in final, but we are proposing revised implementing regulations as part of this regulation.

*D. Proposed Regulations Published August 5, 1988*

1. Bundling of Hospital Outpatient Services

We proposed to implement the requirement for bundling of outpatient hospital services by amending then existing Medicare regulations (§ 405.310 concerning particular services excluded from coverage, and part 410 concerning supplementary medical insurance benefits) to exclude coverage of any services that are furnished in a hospital to an outpatient of the hospital by an entity other than the hospital during or as a result of an encounter in the hospital, unless the services are furnished under an arrangement. In addition, we proposed to require bundling of those diagnostic procedures or tests (for example, magnetic resonance imaging procedures) that are furnished outside the hospital by an entity other than the hospital but are ordered during an encounter in the hospital with the patient or as a result of such an encounter.

In the proposed rule, in § 405.310(n)(1) concerning definitions of services to hospital outpatients excluded from coverage (now redesignated as § 411.15(m)), we defined a hospital outpatient as an individual who is not an inpatient of the hospital but who is registered as an outpatient.

We proposed to define, in § 410.2 ("Definitions"), the term "encounter" as a direct personal contact between a patient and a physician, or other person who is authorized by State licensure law and, where applicable, by hospital staff bylaws, to order or furnish services for the patient for the purpose of diagnosis or treatment of the patient. The use of the "encounter" as a basis for identifying the services to be bundled is not specifically required by OBRA 1986 but is needed in order to implement the bundling requirement in a uniform and equitable manner, as explained further in section III. of the preamble of the August 5, 1988 proposed rule (53 FR 29489).

As in the case of services to hospital inpatients, physician services that meet the conditions for payment for services of physicians to provider patients in § 415.102(a) would not be bundled under our proposal. (The exception for physician services is required by section 1862(a)(14) of the Act.) We also proposed, as an administrative measure, to exempt from outpatient bundling the services of physician-employed anesthetists that meet the conditions for payment for services furnished by an anesthesiologist or by an anesthetist employed by the anesthesiologist in § 405.553(b)(4). These services were exempted from bundling to prevent disruption of long-standing physician-anesthetist team relationships. We also proposed to exempt physician assistant services as defined in section 1861(s)(2)(K)(i) of the Act from inpatient and outpatient bundling. We proposed this change to help accomplish the objective of section 1861(s)(2)(K)(i) of the Act, as amended by section 9338(a)(3) of OBRA 1986, which permits physician assistant services to be covered and to be billed separately. As noted earlier, we have made the changes in the types of services excluded from bundling of inpatient services in the May 1993 final rule (58 FR 30630).

We also proposed to revise the regulations set forth at § 489.20, which describe the basic commitments included in the provider agreement. They would require a hospital that furnishes services to a beneficiary who is not currently an inpatient of a hospital but who is registered by the hospital as an outpatient to agree either to furnish directly or to make arrangements (in accordance with section 1861(w)(1) of the Act) for all items and services for which bundling is required under the proposed revision described above, and for which the beneficiary is entitled to have payment made under Medicare.

We proposed in the August 5, 1988 proposed rule that if a Medicare outpatient is referred to another provider or supplier for further diagnostic testing or other diagnostic services as a result of an encounter that occurs in the hospital, the hospital would be responsible for arranging with the other entity for the furnishing of services. (We have now changed our view on bundling of these services as discussed in the following section IV.E.) Also, the hospital would be responsible for furnishing or arranging for the furnishing of prostheses and prosthetic devices (other than dental) that replace all or part of an internal body organ (for example, intraocular lenses (IOLs)) and are implanted or fitted during an encounter. For example, in the absence of a bundling provision, the physician who implants an IOL during surgery performed on an outpatient of a hospital also could be the supplier of the IOL and could bill Medicare under Part B for it. As proposed in our August 1988 rule, this practice would be prohibited, and the hospital would have to furnish the IOL, either directly or under an arrangement (that is, would have to pay for the lens). The same policies would apply to other items and services, such as artificial limbs, knees, and hips; orthotics; equipment and supplies covered under the prosthetic device benefit; and services incident to physician services. Thus, hospitals would be required to assume financial liability for prostheses and prosthetic devices (which are regarded as "services" for Medicare coverage purposes) and for other services furnished by an outside entity to their outpatients, and the practice of unbundling these services would be prohibited.

Sometimes a hospital may furnish an item or service for which a patient will have a continuing need. For example, a hospital may furnish a DME item such as a wheelchair. When this situation occurs, the proposed rule required that

the hospital would be responsible for bundling the items and services it furnishes on-site. In adopting the view that these types of items are subject to bundling, we did not discount the patient's continuing need for them after leaving the hospital. However, the bundling provisions in sections 1862(a)(14) and 1866(a)(1)(H) of the Act prohibit unbundling of services to an individual who is a patient of a hospital and do not provide any specific exception to these provisions for DME. Therefore, we did not believe it would be appropriate to exclude DME from bundling when it was furnished to a hospital patient. (We have now changed our previous position on bundling of DME as discussed in section IV.E.)

2. Civil Money Penalties for Unbundling Hospital Outpatient Services

In order to implement section 1866(g) of the Act, in our August 5, 1988 proposed rule, we proposed that the OIG would impose a CMP against any person who knowingly and willfully presents, or causes to be presented, a bill or request for payment for a hospital outpatient service under Part B of Medicare that violates the billing arrangement under section 1866(a)(1)(H) of the Act or the requirement for an arrangement. The amount of the CMP was to be limited to $2,000 for each improper bill or request, even if the bill or request included more than one item or service. However, in accordance with the Health Insurance Portability and Accountability Act of 1996, which increased the minimum penalty amount to $10,000, the increased amount will now be reflected in the regulations.

*E. Revised Proposed Regulations on Bundling of Hospital Services*

This proposed rule incorporates most of the provisions of the August 5, 1988 proposed rule. The following describes how the regulations published in this proposed rule to implement the rebundling of outpatient hospital services differ from the regulations we proposed and published on August 5, 1988:

• We are not including any of the changes in the regulations relating to payment for physician laboratory services (§§ 405.555(a) through (c), and 405.556(c) of the August 5, 1988 proposed rule), because these regulations were deleted as a result of publication of regulations to implement the Medicare physician fee schedule published on November 25, 1991 (56 FR 59502).

• We are revising § 409.10(b), which describes services that are not included in the definition of "hospital inpatient or inpatient CAH services" to include all of the services that are now exceptions from the bundling rule under section 1862(a)(14) of the Act. Section 4511 of the BBA revised sections 1862(a)(14) and 1866(a)(1)(H) of the Act to exclude services of nurse practitioners and clinical nurse specialists described in section 1861(s)(2)(K) of the Act from the bundling requirement.

• As previously indicated, proposed § 410.2 had been revised in the earlier proposed rule to include a definition of an "encounter." The definition of an encounter is expanded to include encounters in a CAH. That section is further amended to include a definition of an "outpatient" as a person who has not been admitted as an inpatient but who is registered on the hospital or CAH records as an outpatient and receives services (rather than supplies alone) directly from the hospital or CAH. The revision to include CAHs in these definitions is made to comply with sections 1862(a)(14) and 1866(a)(1)(H) of the Act, which require that CAHs be treated as hospitals for purposes of the bundling provisions. (The BBA eliminated rural primary care hospitals (RPCHs) and created CAHs. The Congress intended, under section 4201(c) of the BBA, that CAHs be subject to the same Medicare requirements to which RPCHs were subject.)

• The revision to § 410.27 is the same as in the earlier proposed rule except that the revision is now designated as paragraph (e) instead of paragraph (c).

• We are removing paragraph (a)(4) of § 410.28 ("Hospital or CAH diagnostic services furnished to outpatients: Conditions") to reflect a change made by section 4085(i)(11) of OBRA 1987 regarding provisions of diagnostic services furnished to outpatients.

• Proposed § 410.30 (redesignated as § 416.39 in this proposed rule) is being significantly revised. In § 410.30(a) and (b) (now § 410.39 (a) and (b) of regulations published on August 5, 1988, we proposed to require the hospital to furnish directly or under arrangements all services furnished to its outpatients during an encounter as well as any diagnostic services furnished outside the hospital that were ordered during or as a result of an encounter in the hospital. In this rule, we are not extending the bundling requirements to include diagnostic services ordered during an encounter in the hospital that are furnished outside the hospital. Thus, the hospital will not be required to furnish such diagnostic services directly or under arrangements. We are proposing a more limited approach to bundling because the PPS we are proposing involves less "packaging" than we anticipated when we published the August 1988 proposed regulations. At that time, we believed that a PPS payment for a surgical procedure was likely to include preoperative tests and that payment for a clinic visit was likely to include the ancillary services (for example, laboratory tests and x-rays) that were needed to make a diagnosis. Therefore, by requiring bundling of off-site diagnostic tests that were ordered during an outpatient encounter at the hospital, we believed we could ensure that: (1) We had sufficient data to set payment rates that included the ancillary tests, and (2) once the system was implemented, the bundling rules would prevent any duplication of program payments. That is, a service packaged into a PPS payment to the hospital could not also be billed to the program as an ancillary test by an outside entity.

As noted above, the PPS we are proposing now does not include extensive packaging; therefore, the payment for related diagnostic tests is not included in the payments under the ambulatory payment classification (APC) groups for surgical procedures, clinic visits, emergency room visits, etc. Any diagnostic tests that are furnished will result in a separate payment. The program will pay the entity that actually furnishes the service—the hospital, if the service is provided directly or under arrangements made by the hospital; or another Medicare recognized entity, if the patient leaves the hospital and obtains the service elsewhere. Because diagnostic tests are not being packaged into another hospital service, we no longer need to require that a hospital furnish directly or under arrangements the services ordered during, or as a result of, an encounter, but furnished outside the hospital. If the PPS is changed in future years to require a more packaged approach to payment, the bundling regulations will be revised. Proposed § 410.30 (now § 410.39) is also revised to require that the bundling rules apply to CAHs, and the list of services that are excepted from the bundling requirements, in § 410.30(b) (now § 410.39(b)) (previously designated in the August 5, 1988, proposed rule as § 410.30(c)), is expanded to include all of the services that are currently excepted under section 1862(a)(14) of the Act.

• We are revising § 411.15(m) (previously designated as § 405.310(m)) significantly. We are eliminating proposed § 405.310(n). That section, which had described the hospital

outpatient services that were excluded from coverage if not furnished directly or under arrangements, has been revised so that we will not require that hospitals bundle diagnostic services ordered during or as a result of an encounter in the hospital if furnished outside the hospital. The requirements of that section have been incorporated into § 411.15(m)(1). We are revising § 411.15(m)(2), which describes the services that are exceptions to the bundling rule, to include all of the services that are now exceptions under section 1862(a)(14) of the Act. We are further revising § 411.15(m)(3), "Scope of exclusion," to delete the reference to DME as a service that must be bundled. DME is defined under section 1861(n) of the Act as equipment used in the patient's home or in another institution used as his home other than a hospital or skilled nursing facility (SNF). By definition, DME is not something that is provided for use in the hospital setting. Therefore, we do not believe that the DME benefit provides for any item or service that is expected to be used by the patient while in the hospital as an inpatient or outpatient. Section 1862(a)(14) of the Act requires the hospital to provide directly or under arrangements services furnished to the patients of a hospital or CAH. We did not provide an exception for DME in our earlier proposed rule, because the bundling requirements under sections 1862(a)(14) and 1866(a)(1)(H) of the Act did not provide an exception for DME. However, we now believe that a statutory exception is not required because the bundling requirements apply to the services a hospital furnishes to its patients, and DME is not a hospital service. The covered Part B benefit for DME as described under section 1861(n) of the Act is intended for equipment used in the home, so a hospital that furnishes DME to its patients is not providing a hospital service to its patients, but is acting in the capacity of a supplier of DME, not a provider of hospital services. For these reasons, we will not require bundling of DME for hospital patients.

- Section 412.50 was not amended in the earlier proposed rule, but we are revising it in this rule to specify that hospital inpatient services do not include the services that are exceptions to the bundling requirements under section 1862(a)(14) of the Act.
- We are revising proposed § 489.20(d) to incorporate as exceptions to the bundling requirements all of the services that are now exceptions under section 1866(a)(1)(H) of the Act.
- In addition to minor wording changes in introductory paragraph (b), proposed § 1003.102 remains the same as in the August 5, 1988 proposed rule, with the exception that the revision is now designated as paragraph (b)(14) rather than as paragraph (b)(4), as originally indicated in the August 5, 1988 proposed rule. Paragraphs (b)(11) through (b)(13) of § 1003.102 are being reserved. We are also amending § 1003.103(a) to indicate, in accordance with section 231(c) of the Health Insurance Portability and Accountability Act, that the maximum CMP for each improper bill or request has been increased to $10,000.
- We are also amending § 1003.105 (Exclusion from participation in Medicare and State health care programs) by revising paragraph (a)(1)(i) to reflect that this basis for imposition of a CMP is also a basis for an exclusion from participation in Medicare and the State health care programs.

## V. Hospital Outpatient Prospective Payment System (PPS)

In this proposed rule, we delineate the services that are covered under the hospital outpatient prospective payment system (PPS) that we are required to establish under section 1833(t) of the Act. We also propose Medicare payment rates when those services are ordered or furnished for diagnosis or treatment of a Medicare beneficiary who is registered on hospital records as an outpatient, and who receives services directly from the hospital.

In this section, we explain the framework for the hospital outpatient PPS. This framework rests on Medicare's definition of an outpatient, which we discuss in section IV.E, above, and on Medicare's definition of what constitutes a hospital outpatient department or clinic. In section VI., below, we address requirements to define and distinguish among the various sites where services that are covered under the hospital outpatient PPS could be furnished. For example, a service furnished at an outpatient department or clinic located within a hospital can also be furnished at a "provider-based" entity, at a site away from a hospital that functions as though it were a department within the hospital, at an ASC, and at a physician office. Under the statute as it is currently written, in order to determine whether Medicare makes payment for a service under the hospital outpatient PPS that is the subject of this proposed rule or under another provision of Medicare Part B, such as the ASC benefit or the physician fee schedule, it is essential to clarify exactly where and under what conditions the service was furnished.

This PPS will apply to covered hospital outpatient services furnished by any hospital participating in the Medicare program, except for those hospitals discussed below. Partial hospitalization services in community mental health centers (CMHCs) will also be paid under this PPS.

The cancer hospitals that are excluded from inpatient PPS will be paid under hospital outpatient PPS. Although the BBA provides for a separate conversion factor if necessary, we intend to pay cancer hospitals using the same conversion factor and rates as all other hospitals. Certain hospitals in Maryland furnish services that are exempt from this system because they qualify under section 1814(b)(3) of the Act for payment under the State's payment system. Such excluded services are limited to the services paid under the State's payment system as described in section 1814(b)(3) of the Act. Any other outpatient services furnished by the hospital will be paid under the outpatient PPS. Critical access hospitals are excluded from the outpatient PPS because they are paid under a reasonable cost based system, as required under section 1834(g) of the Act. All other participating hospitals will be paid under hospital outpatient PPS.

Distinct parts of hospitals that are excluded under inpatient PPS will be included in the outpatient PPS, to the extent that outpatient services are furnished by the hospital. For example, a hospital with an excluded inpatient psychiatric unit will have payment made under this PPS for outpatient psychiatric services including to inpatients who are not in a covered Part A stay.

### *A. Scope of Services Within the Outpatient PPS*

Section 1833(t)(1)(B)(i) of the Act gives the Secretary the authority to designate which services are to be covered under the hospital outpatient PPS. In this section, we indicate the types of services for which we are proposing to make payment under the hospital outpatient PPS and the types of services we are proposing to exclude from the scope of the hospital outpatient PPS.

Section 1833(t)(2)(A) of the Act requires the Secretary to develop a classification system for the services that she designates are covered under the hospital outpatient PPS. Section 1833(t)(2)(B) of the Act allows the Secretary to classify covered outpatient services by groups so that the services within each are comparable clinically and with respect to the use of resources.

We refer to the hospital outpatient PPS classification system that we have developed as the Ambulatory Payment Classification (APC) system. The APC system consists of 346 groups of services that are covered under the hospital outpatient PPS.

In section V.B., below, we explain how we assigned services and procedures to APC groups and in sections V.C. and V.D., below, we explain how we used the APC groups to determine hospital outpatient PPS payment rates.

1. Services Excluded From the Hospital Outpatient PPS

Section 1833(t)(1)(B)(iii) of the Act excludes the following from payment under the hospital outpatient PPS: ambulance services, physical and occupational therapy, and speech-language pathology services. These services will be paid under fee schedules in all settings.

Section 1833(t)(1)(B)(i) of the Act gives the Secretary the authority to designate which hospital outpatient services are covered under the outpatient PPS. In considering which services to include under the outpatient PPS, we wanted to ensure that all hospital outpatient services are paid under a prospectively determined amount. Some hospital outpatient services (for example, clinical diagnostic laboratory services, orthotics and prosthetics, ESRD dialysis services) are currently paid based on fee schedules or other prospective rates. Payments under these fee schedules apply not only to hospital outpatient services, but the same or very similar payment rates apply across a number of sites of ambulatory care. Such similar payments across various settings creates a level playing field where HCFA pays virtually the same payment for the same service, without regard to where the service is furnished. So that we do not disrupt an existing level playing field, we propose to exclude from our PPS, hospital outpatient services that are currently paid prospectively determined rates that are the same rates paid in other settings.

We are proposing to exclude from the hospital outpatient PPS the following:

a. Certain services already paid for under fee schedules or other payment systems including, but not limited to, services for patients with ESRD that are paid for under the ESRD composite rate; laboratory services paid under the clinical diagnostic laboratory fee schedule; and DME, orthotics, prosthetics, prosthetic devices, prosthetic implants and supplies (DMEPOS) paid for under the DMEPOS fee schedule when the hospital is acting as a supplier of these items. An item such as crutches or a walker that is given to the patient to take home, but that may also be used while the patient is at the hospital, would be billed to the DME regional carrier rather than being paid for under the hospital outpatient PPS.

b. Hospital outpatient services furnished to inpatients of an SNF regardless of whether the person is in a Part A covered stay and furnished pursuant to the resident assessment or comprehensive care plan and that are covered under the SNF PPS, furnished "under arrangements" and billable only by the SNF.

c. Services and procedures that require inpatient care.

*MedPAC Recommendation:* In its March 1998 report to the Congress, the Medicare Payment Advisory Commission (MedPAC) recommends that costs associated with allied health professions training, such as nursing schools and paramedical education, be excluded from the calculation of the relative weights and the conversion factor used to set outpatient PPS payment rates. MedPAC further recommends that Medicare make separate payment for these costs, consistent with the manner in which Medicare pays for allied health professions training costs under the inpatient PPS.

*Response:* We agree with MedPAC's recommendation. We did not include costs associated with allied health professions training in the calculation of outpatient PPS relative weights and conversion factors. We propose to pay hospitals that have allied health professions training programs on a cost-pass-through basis similar to the way we treat these costs under the hospital inpatient PPS.

2. Services Included Within the Scope of the Hospital Outpatient PPS

*a. Services for Patients Who Have Exhausted Their Part A Benefits*

Section 1833(t)(1)(B)(ii) of the Act provides for Medicare payment under the hospital outpatient PPS for certain services furnished to inpatients who have exhausted Part A benefits or otherwise are not in a covered Part A stay. Examples of services covered under this provision include diagnostic x-rays and certain other diagnostic services and radiation therapy covered under section 1832 of the Act.

*b. Partial Hospitalization Services*

Section 1833(a)(2)(B) of the Act provides that partial hospitalization services furnished in CMHCs be paid for under the hospital outpatient PPS. Partial hospitalization is a distinct and organized intensive psychiatric outpatient day treatment program, designed to provide patients with profound and disabling mental health conditions an individualized, coordinated, comprehensive, and multidisciplinary treatment program.

*c. Services Designated by the Secretary*

Under the authority established by the statute at section 1833(t)(1)(B)(i), we further are proposing to include within the scope of services for which payment is made under the hospital outpatient PPS the following:

- Services that are included within the outpatient PPS system are all hospital outpatient services that have not been identified for exclusion as described in section V.A.1., above. Among the types of services that we have classified into APC groups for payment under the hospital outpatient PPS are the following: surgical procedures; radiology, including radiation therapy; clinic visits; emergency department visits; diagnostic services and other diagnostic tests; partial hospitalization for the mentally ill; surgical pathology; cancer chemotherapy.
- Services furnished to SNF inpatients that are not packaged into SNF consolidated billing precisely because they are services that are commonly furnished by hospital outpatient departments and that SNFs would not be able to provide, such as CT scans, magnetic resonance imaging, or ambulatory surgery requiring the use of an operating room.
- Supplies such as surgical dressings that can be used during surgery or other treatments in the hospital outpatient setting that are also on the DMEPOS fee schedule. Payment for such supplies, when they are used in the hospital, is packaged into the APC payment rate for the procedure or service with which the items are associated.
- Certain preventive services furnished to healthy persons, such as colorectal cancer screening.

Section 4523(d)(3) of the BBA provides that we will make Part B payment for certain medical and other health services, when furnished by a provider of services or by others under arrangement with a provider of services, under the outpatient PPS, if we would otherwise pay those providers on a reasonable cost basis for those services. Specifically, we are proposing that we would pay for the following medical and other health services under the

outpatient PPS when furnished by a provider of services:

• Antigens (as defined in 1861(s)(2)(G) of the Act);

• Splints and casts (1861(s)(5));

• Pneumococcal vaccine, influenza vaccine, hepatitis B vaccine (1861(s)(10)).

We make Part B payment for the above services under the outpatient PPS when those services are provided by a CORF, HHA, or hospice program. However, this provision does not apply to services, furnished by a CORF, that fall within the definition of CORF services at section 1861(cc)(1) of the Act. It also does not apply to services furnished by a hospice within the scope of the hospice benefit. Nor does it apply to services furnished by HHAs to individuals under an HHA plan of treatment within the scope of the home health benefit.

3. Hospital Outpatient PPS Payment Indicators

Column B in Addendum B indicates the payment status of each HCPCS code. Addendum B displays all HCPCS codes, including those incidental services that are packaged into APC payment rates. Addendum G identifies inpatient services not payable under outpatient PPS.

• We use "A" to indicate services that are paid under some other method such as the DMEPOS fee schedule or the physician fee schedule.

• We use "E" to indicate services for which payment is not allowed under the hospital outpatient PPS or is not covered by Medicare.

• We use "C" to indicate inpatient services that are not payable under the outpatient PPS.

• We use "N" to indicate services that are incidental, with payment packaged into another service or APC group.

• We use "P" to indicate services that are paid only in partial hospitalization programs.

• We use "S" to indicate significant procedures for which payment is allowed under the hospital outpatient PPS but to which the multiple procedure reduction does not apply.

• We use "T" to indicate surgical services for which payment is allowed under the hospital outpatient PPS. Services with a payment indicator "T" are the only services to which the multiple procedure payment reduction applies.

• We use "V" to indicate medical visits for which payment is allowed under the hospital outpatient PPS. Providers must use ICD–9–CM (International Classification of Diseases, Ninth Edition, Clinical Modification) codes to determine the level of payment for services with a payment indicator "V".

• We use "X" to indicate ancillary services for which payment is allowed under the hospital outpatient PPS.

The table below lists all of the outpatient PPS indicators and what they designate.

STATUS INDICATORS

[How Medicare Pays for Various Services When They Are Billed for Hospital Outpatients]

| Indicator | Service | Status |
|---|---|---|
| A | Pulmonary Rehabilitation; Clinical Trial | Non-paid. |
| C | Inpatient Procedures | Bill as Inpatient. |
| A | Durable Medical Equipment, Prosthetics and Orthotics | DMEPOS Fee Schedule. |
| E | Non-covered Items and Services | Non-paid. |
| A | Physical, Occupational and Speech Therapy | Rehab Fee Schedule. |
| A | Ambulance | Ambulance Fee Schedule. |
| A | EPO for ESRD patients | National Rate. |
| A | Clinical Diagnostic Laboratory Services | Lab Fee Schedule. |
| A | Physician Services for ESRD patients | Bill to carrier. |
| A | Screening Mammography | Lower of Charge or National Rate. |
| N | Incidental Services, packaged into APC Rate | Packaged; no additional payment allowed. |
| P | Partial Hospitalization Services | Paid per diem. |
| S | Significant Procedure, not reduced when multiple | Paid under hospital outpatient PPS (APC rate). |
| T | Significant Procedure, multiple procedure reduction applies | Paid under hospital outpatient PPS (APC rate). |
| V | Visit to Clinic or Emergency Department | Paid under hospital outpatient PPS (APC rate). |
| X | Ancillary Service | Paid under hospital outpatient PPS (APC rate). |

*B. Description of the Ambulatory Payment Classification (APC) Groups*

In response to OBRA 1986 and OBRA 1990 requirements to develop a hospital outpatient PPS, we examined systems that were in place or under development, and we entered into a cooperative agreement with 3M-Health Information Systems to develop a classification system for outpatient services. The results of our review of existing systems are outlined in a Report to Congress dated March 17, 1995. The report identified the Ambulatory Patient Groups (APGs), which were developed by 3M-Health Information Systems, as the most promising classification system, and we recommended that APG-like groups be used as the basis for the hospital outpatient PPS. Soon after the report was submitted to the Congress, 3M-Health Information Systems released an updated version (known as Version 2.0) of the APGs. Since the release of Version 2.0, HCFA has revised the APGs based on more recent Medicare data. These revisions constitute what we are calling the Ambulatory Payment Classification (APC) system or groups that are proposed in this rule. Services within the APC system are identified by HCPCS codes and descriptions.

1. Setting Payment Rates Based on Groups of Services Rather Than on Individual Services

*MedPAC Recommendation:* In its March 1998 report to the Congress entitled "Report to the Congress: Medicare Payment Policy," MedPAC recommends that payment rates under the hospital outpatient PPS be based upon relative weights for each individual service rather than upon groups of similar services to help ensure consistent payments across ambulatory settings. MedPAC gives several reasons to support this recommendation:

• If services in a group are not homogeneous, a single payment rate for

all services in the group would not be accurate.

• Hospitals whose case mix includes a greater than average volume of higher-cost procedures in a group with a payment rate based on median costs for all procedures in the group could face losses and would have a financial incentive to provide only the lower-cost procedures within a group and to avoid the higher-cost procedures.

• Grouping services creates considerable administrative burdens and problems related to data consistency, provider education, the need for extensive technical assistance, and modification of claims processing systems.

• If costs for services in a group change at different rates, the price for the group may become distorted over time, necessitating periodic rebasing of group weights.

• Using groups to set rates for services under the hospital outpatient PPS moves away from standardizing payment systems across ambulatory settings.

*Response:* We have carefully reviewed MedPAC's concerns about using groups of services rather than individual services as the basis for setting weights under the hospital outpatient PPS, and we believe that we have addressed most of these concerns in our approach to ratesetting using APC groups.

Section 1833(t)(2)(A) of the Act requires the Secretary to develop a classification system for covered outpatient services. Section 1833(t)(2)(B) provides that this classification system may be composed of groups, so that services within each group are comparable clinically and with respect to the use of resources. The statute refers to "each such service (or group of services)," implying that we may choose or not choose to group services. We have chosen to set rates for groups of similar services rather than setting rates for individual services for several reasons:

• The composition of the APC groups is based on two premises: the procedures within each group must be similar clinically, and the procedures must be similar in terms of resource costs. As we explain below, we used 3M's APGs as a starting point, but we have subsequently made changes to most of the 3M groups, taking into account 1996 outpatient claims data; data collected in a 1994 survey of ASC costs and charges; data collected in 1995 and 1996 to establish resource-based practice expense relative values under the Medicare physician fee schedule; comments on surgical groupings following an ASC town meeting held at HCFA in July 1996 at which participants reviewed 3M's Version 2.0 surgical APGs for consistency in terms of clinical characteristics and resource costs; and the medical judgment of HCFA's medical advisors. Further, we invite comments on the composition of all the APC groups that are presented in this proposed rule and whether readers believe that further refinements are needed. We request that commenters support their recommendations for changes in the APC groups with data regarding resource costs (time, supplies, equipment, labor requirements) as well as clinical arguments.

We have also solicited comments on the same surgical APC groups that are proposed in this rule as part of a proposed rule entitled "Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Surgical Procedures for Ambulatory Surgical Centers Effective October 1, 1998" (HCFA–1885–P), published in the **Federal Register** June 12, 1998 (63 FR 32290). We intend to coordinate our review of all comments submitted timely during the comment period for the hospital outpatient PPS proposed rule and the ASC proposed rule. Any subsequent changes to the APC groups will be used by both payment systems when we set their respective final rates. We have a high level of confidence in the homogeneity of the APC groups that will emerge from this exhaustive review process.

• We have found that, in this context, setting weights at a single code level suggests a level of precision that is often not warranted due either to low procedure volume or questionable cost data.

• Of the 10,500 codes in the HCPCS, over 5,000 describe services that are covered under the hospital outpatient PPS. However, an examination of outpatient claims data for 1997 reveals that as few as 100 HCPCS codes account for more than a third of all coded services billed during that year. MedPAC states in its report to the Congress that its analysis of physician claims for 1996 revealed that more than 90 percent of hospital outpatient volume was accounted for by 300 high volume services. Because so many codes were billed infrequently or not at all, we found ratesetting to be facilitated by grouping together the data that were available for codes that are similar clinically. We disagree with MedPAC's suggestion that we establish payment groups composed only of low-volume procedures. If we were to establish such groups, we would either have to except these groups from the principle of clinical consistency that applies to other APC groups or greatly increase the number of APC groups within the outpatient PPS. And, this approach does not solve the problem of how to establish weights for procedures, whether they are taken individually or in groups, for which we have inadequate cost data. Placing low Medicare volume procedures in APC groups with which they are similar clinically and in terms of resource consumption does not affect the weight established for the group to any appreciable extent because the weight derives from the higher volume procedures within the group.

• Grouping closely related services, and paying the median cost of the group, discourages the upcoding that occurs when individual services that are similar have disparate median costs.

• Using APC groups to set outpatient weights is consistent with the ratesetting method we are proposing for ASCs. In a proposed rule entitled "Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Surgical Procedures for Ambulatory Surgical Centers Effective October 1, 1998" (HCFA–1885–P), published in the **Federal Register** June 12, 1998 (63 FR 32290), we propose payment rates for surgical procedures performed in Medicare-approved ASCs using APC surgical groups proposed in this rule.

• Payment rates for new or redefined services can be more reliably established by assigning codes for these services to an existing group of several codes that share characteristics with the new code rather than trying to match it to an equivalent single procedure for which we may or may not have reliable cost data.

• Our experience basing ASC payment rates on groups of codes has proved to be no more burdensome administratively than has our experience with setting weights on a single code basis under the Medicare physician fee schedule. Under the outpatient PPS, with weights set by APC groups, hospitals will continue to use the same HCPCS coding and the same claims forms that they use currently. Any burdens on HCFA or on hospitals necessitating additional technical assistance or systems changes are more a function of implementing an entirely new payment system than of our setting weights on the basis of groups of services instead of on the basis of single procedures or services.

We invite comments on our setting rates on the basis of groups of services rather than on individual codes.

2. How the Groups Were Constructed

3M created APGs by combining procedure codes and diagnosis codes into groups that were clinically related (such as all codes for repair of fractured legs) and analyzing claims data to determine if the codes that were clinically similar also used resources in similar ways (for example, surgical repair would likely be more resource intensive than closed manipulation and casting). The resources that were examined were based on a 3-month sample of all Medicare claims for outpatient services. The sample of nearly 15 million claims was selected from claims paid in 1992 with the charges on each claim matched to departmental cost-to-charge ratios from the hospital that provided the services. The costs that were calculated using billed charges and department cost-to-charge ratios included direct costs, as well as the overhead for performing the services. The APGs were clustered into significant procedures (both surgical and nonsurgical), medical visits (in both clinics and emergency departments), and ancillary services. Other groups captured incidental services (those that would not be paid separately) and procedures for which no payment is made, such as services specifically excluded from Medicare payment by statute.

Our Report to Congress recommended the use of APG-like groups for a hospital outpatient prospective payment system. When the time came to update payment groups for ASCs, which already were paid under a PPS, we decided to propose the use of APG-like groups. The ASC industry was accustomed to eight payment groups, with rates ranging from about $300 to about $900 in roughly $75 increments, without clinical coherence. While interested in our proposal, the ASCs were concerned about perceived misclassifications, with groups containing codes they believed represented divergent resources. To accommodate these concerns, we regrouped many surgical codes, creating more levels within some ranges of groups and otherwise changing 3M's system. We also found it necessary to change the medical APGs. The medical visit groups, which under the APGs were grouped based on the patient's diagnosis, were clearly distinct when laboratory services and plain film x-rays were packaged in, but were much less distinct when those ancillary services related to the visit were not packaged, as will be the case initially under our system. We therefore investigated other approaches to categorizing medical visits that would result in clearly defined payment groups without extensive packaging. We discuss these approaches in section V.B.4., below.

This process of revising 3M's APGs resulted in the development of the set of 346 mutually-exclusive and exhaustive service categories called ambulatory payment classification groups or APCs. The weights of the groups proposed in this rule are based on new data, as required by the BBA. We matched the database of 98 million hospital outpatient claims paid in 1996 to the most recent available cost reports for each hospital, and constructed the groups using these cost data. We defined each outpatient service under the PPS by a HCPCS code and classified it either into one of the APC groups for which an outpatient PPS payment rate is established or into a non-payment category of services that are excluded from the outpatient PPS. A weight is associated with each APC group. See section V.C. of this rule for details on how we calculated the weights. Procedures and services assigned a non-payment classification include services that can be provided only on an inpatient basis; codes or services that are not covered by Medicare; and procedures and services paid under fee schedules or other payment method.

3. Packaging Under the Groups

Packaged services are those that are recognized as contributing to the cost of the services in an APC, but that we do not pay for separately. Under the APC system, packaged services include the operating room, recovery room, anesthesia, medical/surgical supplies, pharmaceuticals, observation, blood, intraocular lenses, casts and splints, donor tissue, and various incidental services such as venipuncture. We "packaged" the services (and their costs) within the APC group of procedures with which they were delivered in the base year. Below is a list of the hospital revenue centers from which we derived costs that were packaged within the APC groups. For example, a given surgical procedure would have a cost for the use of the operating and recovery rooms in every case. However, supply costs might vary, with some patients requiring special drains and dressings and others needing minimal dressings. The average packaged cost for supplies might represent, for example, $200 for the former group 40 percent of the time, and $150 for the rest. Thus, the APC would include $170 for supplies. Similarly, only a few cases would have included observation in the base year, but each case in the group would include a small amount for the times we associated observation with the cases in the group.

We have packaged the cost of pharmaceuticals and biologicals within APC groups. We did this because we believe drugs are usually provided in connection with some other treatment or procedure. We have captured aggregate cost data on all drugs that were billed with HCPCS codes and those billed with revenue center codes, whether or not a HCPCS was entered. Thus, historical patterns of drug use are captured within the APC groups with which the drugs were billed during the base year. The only separate drug groups we have created are for chemotherapeutic agents, because those were separately identified in 3M's APG system. Because we intended to use an APG-like system, we required detailed coding of chemotherapeutic agents in order to be able to capture the costs of the specific drugs. We did not require HCPCS coding of other drugs, so we cannot specifically identify costs of non-chemotherapy drugs. We understand, however, that some rarely-used drugs are both expensive and used in only a few hospitals. In those instances, APC payment rates may not adequately represent costs for hospitals that treat patients who require infusions of very costly drugs or biologicals. Because we do not have bills that were coded to identify these high-cost drugs individually, we cannot evaluate the impact of paying separately for high-cost drugs. We could require HCPCS coding of all drugs or certain categories of drugs in order to gather the data, but we know hospitals could find such a requirement burdensome. We solicit comments on this issue.

Currently, drugs that can be self-administered are not covered under Part B of Medicare (with certain specific exemptions for blood-clotting factors, immunosuppresives, erythropoietin for dialysis patients, and certain oral chemotherapeutic agents and antiemetics). This presents problems in the outpatient hospital setting because even a pain killer given to a groggy patient postoperatively would not be covered. The only way such drugs can be paid for is for the hospital to bill the beneficiary. In many cases, the hospital does not, both because keeping track of such small charges for billing purposes is burdensome and because beneficiaries would not understand why they are being asked to pay for, for example, pain medication that was clearly related to the procedure they had undergone.

We propose to allow hospitals to provide drugs to patients without requiring that the hospital bill the

patient, and without Medicare's paying the hospital. Normally, hospitals are not allowed to waive such billing, since not charging a patient could be seen as an inducement to the patient to use other services at the hospital, for which the hospital would be paid. However, if the benefit is not advertised, we believe that provision of the self-administered drugs at no charge to the beneficiary need not constitute an inducement in violation of the anti-kickback rules. The hospital may not advertise this to the public or in any other way induce patients to use the hospital's service in return for forgoing payment.

*Recommendation:* MedPAC recommends that the unit of payment under the outpatient PPS be the individual service or procedure that is furnished and that payment for services and supplies integral to the individual service or procedure be bundled within that single unit of payment.

*Response:* We agree both with MedPAC's recommendation regarding what should constitute the unit of payment under the outpatient PPS, and with MedPAC's recommendation regarding the "bundling" of payment, which we call "packaging," for supplies and services that are integral to the individual service or procedure that constitutes the unit of payment. All services and procedures for which payment is to be made under the outpatient PPS are identified by HCPCS codes and descriptions. This approach of identifying individual services by HCPCS as the unit for payment parallels the unit for payment under both the Medicare physician fee schedule and the ASC facility services benefit. In addition, as we explain above, the payment amount for each HCPCS code is a packaged payment that takes into account the costs associated with services and supplies that are integral to the primary HCPCS-coded service or procedure and that are furnished at the same time and in the same place as the primary service or procedure. Because we modeled the outpatient PPS package of services for surgical procedures on the package of services that is the basis for payments for facility services furnished by Medicare approved ASCs, the definition of packaging will become standardized across both settings upon implementation of the outpatient PPS.

MedPAC cites as a disadvantage of using individual services or procedures as the unit for payment the limited options that are available to control the volume of unnecessary ancillary services. We discuss in section V.J. how we intend to address volume control under the outpatient PPS. While a broader definition of packaging that includes related ancillaries such as diagnostic x-rays and other diagnostic tests that are furnished in other settings or at a different time than the primary service or procedures may have potential benefits not realized by the more limited packaging that we are using, we are concerned that applying different definitions of packaging to payments for the same primary service furnished in different settings would defeat the goal of establishing a unified payment structure across sites. One component of achieving this goal is to employ a consistent definition of packaging across all sites of ambulatory services. We solicit comments on the packaging options and the implications for ratesetting and volume control of using the same or different definitions of packaging across different settings.

The following table identifies by revenue code the services and items that are packaged into the various categories of APC groups (surgery, radiology, other diagnostic, medical visits, and all other APC groups).

PACKAGED SERVICES BY REVENUE CENTER

| | |
|---|---|
| **SURGERY** | |
| 250 ......... | PHARMACY. |
| 251 ......... | GENERIC. |
| 252 ......... | NONGENERIC. |
| 257 ......... | NONPRESCRIPTION DRUGS. |
| 258 ......... | IV SOLUTIONS. |
| 259 ......... | OTHER. |
| 270 ......... | M&S SUPPLIES. |
| 271 ......... | NONSTERILE SUPPLIES. |
| 272 ......... | STERILE SUPPLIES. |
| 360 ......... | OPERATING ROOM. |
| 361 ......... | MINOR SURGERY. |
| 369 ......... | OTHER. |
| 370 ......... | ANESTHESIA. |
| 379 ......... | OTHER. |
| 380 ......... | "BLOOD, GENERAL CLASS". |
| 381 ......... | PACKED RED CELLS. |
| 382 ......... | WHOLE BLOOD. |
| 383 ......... | PLASMA. |
| 384 ......... | PLATELETS. |
| 385 ......... | LEUCOCYTES. |
| 386 ......... | OTHER COMPONENTS. |
| 387 ......... | OTHER DERIVATIVES. |
| 389 ......... | OTHER BLOOD. |
| 390 ......... | BLOOD STORAGE AND PROCESSING. |
| 391 ......... | BLOOD ADMINISTRATION. |
| 399 ......... | OTHER BLOOD PROC/STORAGE. |
| 490 ......... | "AMBULATORY SURGERY, GENERAL CLASS". |
| 491 ......... | OTHER AMBULATORY SURGICAL CARE. |
| 630 ......... | DRUGS REQUIRING ID. |
| 631 ......... | SINGLE SOURCE DRUG. |
| 632 ......... | MULTIPLE SOURCE DRUG. |
| 636 ......... | DRUGS REQUIRING DETAILED CODING. |
| 700 ......... | CAST ROOM. |
| 709 ......... | OTHER. |
| 710 ......... | RECOVERY ROOM. |
| 719 ......... | OTHER. |
| 720 ......... | LABOR ROOM. |
| 721 ......... | LABOR. |
| 722 ......... | DELIVERY. |
| 723 ......... | CIRCUMCISION. |
| 724 ......... | BIRTHING CENTER. |
| 729 ......... | OTHER. |
| 750 ......... | GASTROINTESTINAL. |
| 759 ......... | OTHER. |
| 760 ......... | OBSERVATION ROOM. |
| 761 ......... | TREATMENT ROOM. |
| 762 ......... | OBSERVATION ROOM. |
| 769 ......... | OTHER TREATMENT ROOM. |
| 890 ......... | OTHER DONOR BANK. |
| 891 ......... | BONE. |
| 892 ......... | ORGAN. |
| 893 ......... | SKIN. |
| 899 ......... | OTHER. |
| 920 ......... | "OTHER DIAGNOSTIC SERVICES, GENERAL CLASS". |
| 929 ......... | OTHER DIAGNOSTIC SERVICES. |
| 940 ......... | "OTHER THERAPEUTIC SERVICES, GENERAL CLASS". |
| 949 ......... | OTHER THERAPEUTIC SERVICES. |
| **MEDICAL VISIT** | |
| 250 ......... | PHARMACY. |
| 251 ......... | GENERIC. |
| 252 ......... | NONGENERIC. |
| 257 ......... | NONPRESCRIPTION DRUGS. |
| 258 ......... | IV SOLUTIONS. |
| 259 ......... | OTHER. |
| 270 ......... | M&S SUPPLIES. |
| 271 ......... | NONSTERILE SUPPLIES. |
| 272 ......... | STERILE SUPPLIES. |
| 279 ......... | OTHER. |
| 380 ......... | "BLOOD, GENERAL CLASS". |
| 381 ......... | PACKED RED CELLS. |
| 382 ......... | WHOLE BLOOD. |
| 383 ......... | PLASMA. |
| 384 ......... | PLATELETS. |
| 385 ......... | LEUCOCYTES. |
| 386 ......... | OTHER COMPONENTS. |
| 387 ......... | OTHER DERIVATIVES. |
| 389 ......... | OTHER BLOOD. |
| 390 ......... | BLOOD STORAGE AND PROCESSING. |
| 391 ......... | BLOOD ADMINISTRATION. |
| 399 ......... | OTHER BLOOD PROC/STORAGE. |
| 630 ......... | DRUGS REQUIRING ID. |
| 631 ......... | SINGLE SOURCE DRUG. |
| 632 ......... | MULTIPLE SOURCE DRUG. |
| 636 ......... | DRUGS REQUIRING DETAILED CODING. |
| 762 ......... | OBSERVATION ROOM. |
| **DIAGNOSTIC** | |
| 250 ......... | PHARMACY. |
| 251 ......... | GENERIC. |
| 252 ......... | NONGENERIC. |
| 254 ......... | INCIDENT TO OTHER DIAGNOSTIC. |
| 257 ......... | NONPRESCRIPTION DRUGS. |
| 258 ......... | IV SOLUTIONS. |
| 259 ......... | OTHER. |
| 270 ......... | M&S SUPPLIES. |
| 271 ......... | NONSTERILE SUPPLIES. |
| 272 ......... | STERILE SUPPLIES. |
| 360 ......... | OPERATING ROOM. |
| 361 ......... | MINOR SURGERY. |
| 369 ......... | OTHER. |
| 370 ......... | ANESTHESIA. |
| 372 ......... | INCIDENT TO OTHER DIAGNOSTIC. |
| 379 ......... | OTHER. |
| 380 ......... | "BLOOD, GENERAL CLASS". |
| 381 ......... | PACKED RED CELLS. |
| 382 ......... | WHOLE BLOOD. |
| 383 ......... | PLASMA. |
| 384 ......... | PLATELETS. |
| 385 ......... | LEUCOCYTES. |
| 386 ......... | OTHER COMPONENTS. |
| 387 ......... | OTHER DERIVATIVES. |
| 389 ......... | OTHER BLOOD. |
| 390 ......... | BLOOD STORAGE AND PROCESSING. |
| 391 ......... | BLOOD ADMINISTRATION. |
| 399 ......... | OTHER BLOOD PROC/STORAGE. |

PACKAGED SERVICES BY REVENUE CENTER—Continued

| | |
|---|---|
| 450 ......... | ER. |
| 459 ......... | OTHER. |
| 622 ......... | INCIDENT TO OTHER DIAGNOSTIC. |
| 630 ......... | DRUGS REQUIRING ID. |
| 631 ......... | SINGLE SOURCE DRUG. |
| 632 ......... | MULTIPLE SOURCE DRUG. |
| 636 ......... | DRUGS REQUIRING DETAILED CODING. |
| 710 ......... | RECOVERY ROOM. |
| 719 ......... | OTHER. |
| 762 ......... | OBSERVATION ROOM. |
| **RADIOLOGY** | |
| 250 ......... | PHARMACY. |
| 251 ......... | GENERIC. |
| 252 ......... | NONGENERIC. |
| 255 ......... | INCIDENT TO RADIOLOGY. |
| 257 ......... | NON-PRESCRIPTION DRUGS. |
| 258 ......... | IV SOLUTIONS. |
| 259 ......... | OTHER. |
| 270 ......... | M&S SUPPLIES. |
| 271 ......... | NONSTERILE SUPPLIES. |
| 272 ......... | STERILE SUPPLIES. |
| 360 ......... | OPERATING ROOM. |
| 361 ......... | MINOR SURGERY. |
| 369 ......... | OTHER. |
| 370 ......... | ANESTHESIA. |
| 371 ......... | ANESTHESIA INCIDENT TO RADIOLOGY. |
| 379 ......... | OTHER. |
| 380 ......... | "BLOOD, GENERAL CLASS". |
| 381 ......... | PACKED RED CELLS. |
| 382 ......... | WHOLE BLOOD. |
| 383 ......... | PLASMA. |
| 384 ......... | PLATELETS. |
| 385 ......... | LEUCOCYTES. |
| 386 ......... | OTHER COMPONENTS. |
| 387 ......... | OTHER DERIVATIVES. |
| 389 ......... | OTHER BLOOD. |
| 390 ......... | BLOOD STORAGE AND PROCESSING. |
| 391 ......... | BLOOD ADMINISTRATION. |
| 399 ......... | OTHER BLOOD PROC/STORAGE. |
| 621 ......... | SUPPLIES INCIDENT TO RADIOLOGY. |
| 630 ......... | DRUGS REQUIRING ID. |
| 631 ......... | SINGLE SOURCE DRUG. |
| 632 ......... | MULTIPLE SOURCE DRUG. |
| 636 ......... | DRUGS REQUIRING DETAILED CODING. |
| 710 ......... | RECOVERY ROOM. |
| 719 ......... | OTHER. |
| 762 ......... | OBSERVATION ROOM. |
| **ALL OTHER APC GROUPS** | |
| 250 ......... | PHARMACY. |
| 251 ......... | GENERIC. |
| 252 ......... | NONGENERIC. |
| 257 ......... | NONPRESCRIPTION DRUGS. |
| 258 ......... | IV SOLUTIONS. |
| 259 ......... | OTHER. |
| 270 ......... | M&S SUPPLIES. |
| 271 ......... | NONSTERILE SUPPLIES. |
| 272 ......... | STERILE SUPPLIES. |
| 279 ......... | OTHER. |
| 380 ......... | "BLOOD, GENERAL CLASS". |
| 381 ......... | PACKED RED CELLS. |
| 382 ......... | WHOLE BLOOD. |
| 383 ......... | PLASMA. |
| 384 ......... | PLATELETS. |
| 385 ......... | LEUCOCYTES. |
| 386 ......... | OTHER COMPONENTS. |
| 387 ......... | OTHER DERIVATIVES. |
| 389 ......... | OTHER BLOOD. |
| 390 ......... | BLOOD STORAGE AND PROCESSING. |
| 391 ......... | BLOOD ADMINISTRATION. |
| 399 ......... | OTHER BLOOD PROC/STORAGE. |
| 630 ......... | DRUGS REQUIRING ID. |
| 631 ......... | SINGLE SOURCE DRUG. |
| 632 ......... | MULTIPLE SOURCE DRUG. |
| 636 ......... | DRUGS REQUIRING DETAILED CODING. |
| 762 ......... | OBSERVATION ROOM. |

4. Treatment of Clinic and Emergency Visits

The major issue we face in determining payment for clinic and emergency room visits is whether to include diagnosis as well as *Physicians' Current Procedural Terminology* (CPT) codes in setting payment rates. We solicit comments on the approaches that we discuss below and on other possible alternatives.

Determining payment for clinic and emergency room visits requires a variety of considerations and trade-offs. These include:

- The impact of packaging on setting payment rates (for example, the more packaging, the greater the difference among APC payments; however, we are not proposing a fully packaged system initially, which reduces payment differences and may necessitate additional policies to increase differences across payment groups);
- How to code visits in a manner that recognizes variations in service intensity and levels of resource consumption (for example, how to pay more for visits that cost more);
- How to keep the system administratively manageable (for payment purposes, we assign 31 CPT codes that describe different levels of evaluation and management services to 7 APC groups);
- How to define critical care in terms of facility as opposed to physician inputs (for example, what is an appropriate facility payment for critical care when critical care CPT codes are currently determined to reflect physician inputs);
- Data problems associated with identifying costs from claims that list multiple services (for example, the data analysis we have conducted so far reflects only data from claims for single visits; we are analyzing data from multiple visit claims to glean additional information relevant to these policies);
- How to move toward greater uniformity of payments across ambulatory settings so as to remove payment as an incentive for determining site of service (for example, the trade-off that could result if, by enhancing differentiation of payments for services within the hospital outpatient setting, we were to increase payment differences across settings for services that are provided in both hospital outpatient departments and physician offices).

Given the range of issues surrounding payments for clinic and emergency room visits, we are continuing to weigh different options. We are concerned that using diagnosis coding to set rates for hospital outpatient clinic visits could increase disparities in payment methodology between outpatient departments and physician offices, for which a new system of resource based practice costs is just now being proposed. (These concerns do not extend as much to emergent and critical care, which are not routinely furnished in physician office settings.) Diagnostic coding has not been used in the past to adjust payments in the physician office setting and there is no general evidence that practice expense (or work) in physician office settings varies by the patient's diagnosis. Moreover, because patients in the hospital outpatient department can be shifted easily to alternative outpatient settings, adjustment of facility costs to take diagnosis into account in one setting but not others may create incentives to shift patients among ambulatory settings in unknown ways.

**Coding Visits**

We have considered several approaches to setting prospective payment rates for hospital clinic and emergency visits. We reviewed the medical visit groups in 3M's version 2.0 of APGs that are based solely on ICD–9 diagnosis codes, with 80 APGs providing several groups for each body system; we analyzed the effect on ratesetting of defining clinic and emergency visits solely by CPT code; and, we analyzed the effect of using a matrix that combines patient diagnosis with a CPT code to describe the nature of the outpatient encounter. We discuss these various approaches in more detail here and some of the advantages and disadvantages of each. Again, we solicit comments on these approaches to setting payment rates for clinic and emergency room visits as well as comments on alternative approaches that are not mentioned here.

*Approach 1: Using Diagnosis Codes Only*

3M's approach of using only ICD–9 diagnosis codes with extensive packaging results in a wide range of group payment rates. The group that pays the most is almost 13 times as costly as the lowest-paid group. However, when we removed minor laboratory tests, x-rays, and certain other minor procedures that had been packaged into 3M's medical visit APGs in order to conform with the packaging that we propose in this proposed rule,

the difference between the highest and the lowest paid group dropped to not quite five times. (Fully packaged APGs are sufficiently differentiated for payment purposes, while partially packaged APGs are not; therefore, if we were to move to a fully packaged system, we would re-evaluate approaches using diagnosis.)

We also found that grouping clinic and emergency visits solely on the basis of diagnoses tends to result in visits that require major resources for critical cases clustering together with less resource-intensive follow-up visits after the crisis has passed.

*Approach 2: Using CPT Codes Only*

The APC groups that we propose in this proposed rule as the basis for setting rates for surgical services consist solely of CPT codes. We looked at using only CPT codes to establish payment groups for outpatient clinic and emergency room visits, but we found that the variation between the most costly and the least costly encounter was quite flat, with the former only 4.5 times greater than the latter. When basing payment on CPT codes alone, the range reflects hospitals' billing patterns in increasing level of intensity, but cases at the margin are overwhelmed by the numbers of visits billed so that individual cases with low or high costs are not discernible. Also, billing patterns reflect standard bills, not the resources used in any particular case.

*Approach 3: CPT and Diagnosis Hybrid*

We looked at another approach that bases payment rates on a hybrid of CPT codes and patient diagnoses. We first assigned 31 CPT codes that describe physician encounters with patients in the outpatient setting to seven APC groups: three for clinic visits, three for emergency department visits, and one for critical care. We also collapsed approximately 12,000 ICD–9 codes into 20 major diagnostic categories (MDCs), arranged generally by body system. Classifying services in this fashion produces a more manageable number of groups, and results in a matrix of 121 CPT/diagnosis combinations, in which the most costly combination is more than 10 times as costly as the least.

Our grouping of evaluation and management CPT codes was based on several factors. As we note above, we grouped 31 CPT codes that represent different levels of physician "evaluation and management" of patients into seven APC groups. (For a more complete discussion, refer to the evaluation and management services guidelines in Physicians' *Current Procedural Terminology* 1998 edition (CPT '98) published by the American Medical Association.) CPT codes are more descriptive of physician effort than of facility use, and our cost data showed little difference between level 1 and level 2 visits or between level 4 and level 5 visits. Therefore, we elected to combine some of the CPT codes into a single group, for example, the two least intensive outpatient visit codes, 99201 and 99202, are both in APC 911, which is the lowest level of clinic visits, etc. Grouping CPT codes together in this fashion reduces administrative burden, and our data analysis shows only small additional cost differences among the complete set of CPT medical visit codes. Moreover, we found that grouping CPT codes in this fashion evens out certain anomalies that arise when an emergency department furnishes services that would not typically be thought of as emergency care, such as suture removal, or treatment of a skin disease. Even though suture removal or treatment of conditions such as impetigo, conjunctivitis, etc. is performed in emergency departments, these types of services are more appropriately furnished at a clinic because they do not require the more elaborate resources of the emergency department. Assigning codes to APC groups would allow us to set payment for care of patients with minor problems in the emergency department at a level equivalent to payment for the same care when it is furnished at a clinic. We welcome comments on payment for services that do not require emergency room use.

Using a matrix of evaluation and management codes with patient diagnosis would offset the disadvantages noted above of grouping solely by CPT code (too little payment variation) or solely by patient diagnosis (reduced payment variation and commingling of resource intensive and non-resource intensive visits). Defining a clinic or emergency visit APC in terms of both CPT code and diagnosis, even when grouping codes to provide a manageable number of groups, would better recognize the facility resources consumed in providing emergency and critical care visits. Many such visits, of course, cluster around the same dollar amount, but this is expected because many visits involve typical care and standard resources. The cases that represent care at higher or lower levels of intensity appear to represent real differences in resource consumption. We used the CPT/patient diagnosis hybrid to model impacts. We do not believe that payment to individual hospitals would be significantly affected, whether we base payment rates on groups of CPT codes only or on groups that combine CPT codes and patient diagnosis.

Using a matrix that combines CPT codes with patient diagnosis to set payment rates for clinic and emergency department visits would also improve the coding of diagnoses in the hospital outpatient setting generally. Such improved diagnosis coding is critical to evaluating future degrees of packaging in the APC system, and we have already noted that more packaging tends to increase the measured cost differences across APC groups.

However, as we discussed earlier, there are also problems with using a matrix that includes diagnosis codes for hospital outpatient visits. We are concerned about the effect of using a method to pay for clinic visits in the hospital outpatient setting that is at variance with the method we use to pay for the same service in a physician office. A possible alternative to using diagnosis codes as an indicator of resource consumption in connection with medical visits in hospital outpatient departments is to create a uniform fee schedule for physician visits across all ambulatory settings, paying the site at which the service is furnished the physician practice expense component as a "facility fee." However, the latter option would require legislation and a possible reallocation of the overhead currently associated with medical visits in the outpatient department to other outpatient services. Given the complexity of these issues, it may not be desirable to introduce additional differences, such as diagnosis, among payments in medical visits at this time. We invite public comment on all of the issues raised in the discussion in this section. In addition, after this rule is published, we will be reexamining our outpatient database and extending our analysis to multiple visit data. We will incorporate the findings of these additional analyses into our final decision.

**Hypothetical Case Using the Hybrid**

The following is a hypothetical case presented to illustrate how payment would be determined using the CPT code/diagnosis code hybrid. A new patient, an elderly woman who has recently come to live with her family in the area, presents to the primary care clinic complaining of fatigue, shortness of breath, swollen ankles, and loss of vision. The physician spends 45 minutes eliciting the patient's medical, family, and social history and performing an extensive physical examination. Suspecting cataracts as the

cause of her loss of vision, the physician suggests she make an appointment in the eye clinic. Suspecting congestive heart failure as the cause of her other symptoms, but also suspicious of coexisting diabetes and hypertension, the physician orders laboratory tests and an electrocardiogram (ECG) to be performed that day, and schedules an appointment in the cardiovascular clinic for a later date. If payment to the hospital were to be made on the basis of a CPT code/ICD–9 code matrix, the hospital's claim for services furnished in connection with this visit would identify the following information: CPT code 99204, comprehensive outpatient visit, new patient, and ICD–9 diagnosis code 401.1, benign hypertension. Payment would be determined by mapping CPT code 99204 to APC group 915, levels 4 and 5 clinic visit, and ICD–9 code 4011 to MDC 36, cardiovascular system diseases. Payment would be the rate established for the resulting hybrid group identifier, 91536. Addendum A lists the payment rates for the proposed hospital clinic and emergency room payment groups. Separate payment would be made under the clinical diagnostic laboratory fee schedule for the laboratory work; the ECG would be paid for separately on the basis of the payment rate established for APC 950.

Several months later, the same patient, who now is known to have congestive heart failure, returns to the primary care clinic complaining of a cough and runny nose. The physician, having determined that the symptoms are due to a virus, recommends using a humidifier and drinking extra fluids. The hospital would code this visit with CPT code 99212 (problem-focused outpatient visit, established patient) and with ICD–9 diagnosis code 460 (acute nasopharyngitis, or common cold). This combination, in turn, would map to APC 911, levels 1 and 2 clinic visit, plus MDC 31, ear, nose, mouth and throat diseases, and payment for this patient's second visit to the hospital clinic would be based on the rate established for hybrid group 91131.

Payment for Screening Services

Every patient who presents to an emergency department and requests (or has requested on his or her behalf) a screening must be screened in accordance with section 1867(a) of the Act. If the physician or other hospital staff who performs the screening determines that no medical emergency exists, the patient can be referred to one of the hospital's clinics or to another provider such as a physician office for further treatment, or the emergency department personnel can decide to treat the patient in the emergency department. We propose to create a HCPCS code to be used to bill the screening. Payment for this new code will be low because no treatment is included in the screening. Payment for the screening APC is made only when no additional services are furnished by the emergency department. If non-emergency treatment is furnished, the appropriate emergency room visit should be billed, and *not* the screening. Similarly, if the screening reveals that an emergency does exist and treatment is instituted immediately, the screening should not be billed; the screening is subsumed into the further treatment. If an emergency room physician feels the need to consult with another physician before deciding whether the patient needs emergency treatment, the consultation is part of the original screening, and the hospital should bill for only one screening visit, if a bill for screening is appropriate, as described above.

Payment for Critical Care

We propose to have hospitals use CPT code 99291 to bill for outpatient encounters in which critical care services are furnished. We use the CPT definition of "critical care," which is the evaluation and management of the unstable critically ill or injured patient who requires the constant attendance of a physician. Under the outpatient PPS, we would allow the hospital to use CPT 99291 in place of, but not in addition to, a code for a medical visit or for an emergency department service. However, the entire duration of the hospital outpatient department's critical care services for an individual patient is represented by CPT 99291, and we would not allow the facility to use CPT 99292 to bill for critical care services extended in 30-minute increments, as would the attending physician. (We have packaged the costs associated with subsequent hours of critical care billing into the APG group of services with which the critical care hours were billed in the base year.) If other services, such as surgery, x-rays, or cardiopulmonary resuscitation, are furnished on the same day as the critical care services, we would allow the hospital to bill for them separately.

We expect that the numbering scheme proposed in this rule to distinguish clinic and emergency room visits would be changed in the final rule. Although we believe the 5-digit identifier used in this proposal makes it easier to see the relationship between the CPT code for the level of the visit and the ICD–9–CM code for the diagnosis, for claims processing purposes, we would have to replace 5-digit identifiers with 3-digit ones.

5. Treatment of Partial Hospitalization Services

In accordance with section 1861(ff) of the Act, partial hospitalization services may be furnished only by a hospital to its outpatients or by a community mental health center (CMHC). We published an interim final rule on February 11, 1994 (59 FR 6570) to establish coverage criteria and payment requirements for partial hospitalization programs. In that rule, we indicated that physician services and certain nonphysician practitioner services are not considered to be partial hospitalization services. Payment for these services is outside the scope of this proposed rule.

The partial hospitalization program of services is organized and furnished similarly, whether the program is administered by a hospital or by a CMHC. Section 1833(a)(2)(B) of the Act requires that payment for CMHC partial hospitalization services be based on the hospital outpatient PPS. Thus, the methodology we are proposing would apply to hospital outpatient and to CMHC partial hospitalization programs. The current rules governing CMHC payment appear in 42 CFR part 413. This proposed rule would amend § 413.1 to indicate that payment for partial hospitalization services furnished by CMHCs is made in accordance with the hospital outpatient prospective payment system described in part 419 of this chapter.

Patients eligible for the Medicare partial hospitalization benefit comprise two groups: patients who have been discharged from a psychiatric hospital for whom partial hospitalization services are provided in lieu of continued inpatient treatment; and patients who exhibit disabling psychiatric/psychological symptoms as a result of an acute exacerbation of a severe and persistent mental illness for whom the partial hospitalization services are provided in lieu of admission to an inpatient psychiatric hospital.

As required by section 1835(a)(2) of the Act, admission to a partial hospitalization program is limited to patients whose physicians certify that: (1) the individual would require inpatient psychiatric care in the absence of partial hospitalization services; (2) an individualized, written plan of care has been established by a physician and is reviewed periodically by a physician; and (3) the patient is or was under the care of a physician. This certification would be made when the physician

believes that the course of the patient's current episode of illness would result in psychiatric hospitalization if the partial hospitalization services are not substituted.

The acute psychiatric condition being treated by a partial hospitalization program must require intensive active treatment, including a combination of medical and nursing interventions, individual and group psychotherapy, occupational therapy, family counseling, and various adjunctive therapeutic activities that are not primarily recreational or diversionary. The patient's degree of impairment must be severe enough to require a multidisciplinary structured day program, but not so severe that patients are incapable of participating in and benefitting from an active treatment program. Patients must require partial hospitalization services at levels of intensity and frequency comparable to patients in an inpatient setting for similar psychiatric illnesses. In addition, the patient must have an adequate community-based network to support the patient outside the partial hospitalization program.

Typically, patients admitted to a partial hospitalization program initially require full-time participation in order to provide crisis stabilization, that is, 6 hours of programming for 5 days per week. In some cases, the patient may ultimately require inpatient psychiatric care despite the partial hospitalization services. However, in most cases, as the patient's symptoms diminish and functional goals are achieved, the frequency of attendance is reduced to 4 days and, later, to 3 days. Once the patient's participation drops to this level, the need for partial hospitalization services in lieu of inpatient psychiatric care is not generally indicated and the patient would be discharged to a lower level of outpatient psychiatric care.

Under the current reasonable cost payment system, providers report the total number of units for each partial hospitalization service furnished during the billing period. As noted earlier, hospitals are also required to report claims for services using HCPCS codes. Payment for the additional overhead cost of supportive staff and recordkeeping for a comprehensive day program of services would be built into the provider's charge structure for covered partial hospitalization services and paid through the cost report settlement process.

Because a day of care is the unit that defines the structure and scheduling of partial hospitalization services, we believe that a per diem payment for partial hospitalization services is a more appropriate methodology than billing for each component of a partial hospitalization program. A packaged, per diem approach is used by other governmental and private payers when paying for partial hospitalization services. In order to determine the median cost for the partial hospitalization APC group, we analyzed the components reported for each partial hospitalization service over the course of a billing period and established a per diem payment rate. This analysis resulted in an APC payment rate of $208.25 per day, of which $46.78 is the beneficiary's copayment.

As noted above, partial hospitalization providers currently report the total number of units for each service billed. We have revised the billing instructions to require CMHCs to report HCPCS codes and to require hospitals and CMHCs to report the date of each service, effective October 1, 1998. We welcome information from the public to assist us in refining the median cost for a day of partial hospitalization. We are particularly interested in information concerning the mix of services that constitute a typical partial hospitalization day.

We have not established a group to represent a half-day of partial hospitalization, although we are aware that other governmental and private payers have adopted both a full and half-day rate for partial hospitalization. For example, CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) recognizes a day with at least 6 hours of programming as a full day, while days with at least 3 programmed hours, but less than 6, are paid a per diem rate equal to 75 percent of the full day rate. However, the CHAMPUS per diem is not tied to the cost of certain covered services, but rather to the number of programmed hours the patient attends. As noted above, we will begin to collect information October 1, 1998, regarding which services are furnished each day. Once we have analyzed this information, we will be able to determine the extent to which half-days are used typically in partial hospitalization treatment planning. We are interested in public comments regarding whether we should establish a half-day partial hospitalization group.

We have also decided not to propose a minimum number of hours or units of covered services that constitute a partial hospitalization day at this time. However, we are concerned that a low frequency of participation, either very few days per week or few covered services per day, indicate that the partial hospitalization program is no longer reasonable and necessary and the patient could be managed in a less intensive level of outpatient treatment or periodic office visits. Fiscal intermediaries in performing medical review of claims will continue to make decisions regarding whether the services furnished a patient are covered and payable as partial hospitalization services. As noted above, CHAMPUS has established a minimum of 3 hours of service for payment of their partial hospitalization per diem amount. We are specifically requesting public comment on adopting a minimum number of services for Medicare payment purposes.

We note that many other payers have established an annual limit on the number of covered partial hospitalization days. There is currently no duration limit on the Medicare partial hospitalization benefit. Rather, in order to be covered by Medicare, partial hospitalization services must be reasonably expected to improve or maintain the patient's condition and to prevent relapse or hospitalization. For most psychiatric patients, particularly those with long term, chronic conditions, control of symptoms and maintenance of a functional level to avoid hospitalization is an acceptable expectation of improvement. It is not necessary for a course of partial hospitalization services to have, as its goal, restoration of the patient to the level of functioning exhibited prior to the onset of the illness. Some patients may undergo a course of treatment that increases their level of functioning but then reach a point where further significant improvement is not expected. Continued coverage after this point may be dependent upon evidence that the patient is not able to maintain stability with less intensive treatment. Although we are not proposing a duration standard for partial hospitalization at this time, we are concerned that there is significant variation in duration of treatment. We solicit data that show treatment duration from providers of partial hospitalization services. We are also considering specifying a timeframe for periodic physician recertification of need for partial hospitalization services as a method to ensure that a patient's individual needs continue to require the intensity of a partial hospitalization program.

Finally, we are concerned about the impact of establishing a per diem payment for partial hospitalization on the provision of other outpatient mental health services. Patients should be

referred to the outpatient mental health treatment program that best suits their individual needs. Partial hospitalization programs differ from other outpatient mental health treatment programs in the intensity of the program, the frequency of participation, and the patient's need for a comprehensive structured program of services. Upon discharge from a partial hospitalization program, a patient's symptoms and level of functioning will have stabilized to the point that the intensity of a partial hospitalization program is no longer necessary. We are concerned that providing a per diem payment for partial hospitalization services may discourage timely discharge. For this reason, medical review by fiscal intermediaries will continue to focus on patients' initial and continued eligibility for partial hospitalization services.

As noted previously, once we have complete encounter data on which to base the per diem partial hospitalization rate, the per diem will represent the median cost of services furnished on a typical day. As such, it will not be based on the cost of each service furnished on a particular day. Since partial hospitalization represents the most intensive outpatient program and we will have established the median cost of furnishing a day of partial hospitalization services, it does not seem appropriate to pay more for other, less intensive outpatient psychiatric programs. For this reason, we are specifically requesting public comment on establishing a limit on routine outpatient mental health services furnished on a given day to equal the partial hospitalization per diem amount.

6. Comments on Specific APCs

*APCs 061–064.* We created separate (that is, unpackaged) groups for various chemotherapeutic agents because we believed that some agents had high costs that would not be recognized if those drugs were packaged into the median cost for the chemotherapy administration. We solicit comment on whether to package these costs into the chemotherapy delivery codes in the final rule. We request that commenters identify high-cost chemotherapeutic agents that would not be adequately recognized if packaged or that may require a separate payment or higher payment grouping.

*APC 226:* This group represents the facility costs for making custom maxillofacial prosthetics. There are few claims, and the median cost is very low compared to the practice expenses associated with these claims on the Medicare physician fee schedule. We assume poor coding accounts for the anomalous cost. However, it may be that these services are not performed in hospital outpatient departments; they may actually be performed by maxillofacial surgeons in their offices or by dental laboratories. We welcome comments on whether these services are actually provided in the outpatient hospital setting and the resources involved.

*APC 317 (Cochlear device implantation):* The few claims in our database for this procedure have such disparate costs that we are uncertain of the appropriate assignment of the surgery. The device is paid for from the DMEPOS fee schedule. We solicit comments on whether the implant procedure itself resembles procedures in another APC group to which it could be appropriately assigned.

*APCs with a status indicator of "V":* The groups that represent medical visits in clinics and emergency departments are based on a matrix, with intensity represented by six levels of CPT codes combined with 20 categories of ICD–9 codes indicating diagnosis or condition. Although current instructions require hospitals to use a CPT code to bill for medical visits, we permit hospitals to bill for all medical visits under a single code (99201) unless a hospital chooses to be more specific. In 1997, our data show code 99201 accounting for 22 percent of all medical visits billed, which we surmise is an overstatement of the incidence of the lowest level clinic visit. With the implementation of the hospital outpatient PPS, we will require hospitals to begin coding medical visits with greater specificity. As a result, we expect to see an increase in the relative incidence of higher level medical visits and emergency visits and a proportional decrease in the relative incidence of the lowest level clinic visit. We will monitor claims by provider for unexplained increases in the total number of visits or in the proportion of visits billed at the highest levels. Use of HCPCS codes should conform with the CPT clinical examples of cases in each code level.

Because the layout of the outpatient claim form does not allow a HCPCS code to be linked to more than one ICD–9–CM code, the form properly accounts for only one medical visit per claim. When two or more medical visits occur on the same day for different diagnoses, a separate claim would be created for each visit, showing the appropriate level of CPT code and the related diagnosis. We would expect this to occur only in those hospitals that operate many outpatient clinics dedicated to various conditions, such as a diabetes clinic, arthritis clinic, etc. Clinics in which a patient is seen for one or a number of conditions by one health care professional, such as in a primary care clinic, would bill for only one clinic visit for that encounter.

A medical visit would not be billed simply because a patient has presented to a hospital for a service such as chemotherapy, cardiac rehabilitation, an x-ray, etc.

We propose not to pay for a medical visit that takes place on the same date of service as a scheduled outpatient surgery. Registration of the patient, taking of vital signs, insertion of an IV, preparation for surgery, etc., are packaged into and paid for as part of the APC group to which the surgical procedure or service is classified.

In cases where a surgical procedure or service is performed as the immediate result of an outpatient visit (such as the removal of skin lesions following a visit to a dermatology clinic) or from an emergency department visit, the visit would be billed with a modifier −25, indicating that a separately identifiable evaluation and management service was furnished.

*APCs 667 and 668:* These groups, for cataract surgery without and with insertion of an IOL, should require different resources, because 667 should not include the cost of an IOL. Because the median costs of the two groups are identical, we assume that hospitals were not correctly coding some cases. Therefore, we have reduced the median cost of 667 by $200 to reflect the resources associated with an IOL. We arrived at this figure by allowing the $150 that was allowed for an IOL as the ASC portion of the blended amount formerly paid, and by assuming that the recognition of hospitals' costs under the blend would result in the hospital IOL "allowance" being higher than the ASC's. This reduction will have a very small overall effect, because the services in APC 668 were billed more than 225 times as often as those in APC 667. This also leads us to believe that the data we have for the services in APC 668 are more likely to represent accurate information.

*APC 670:* This group packages payment for the acquisition costs of corneal tissue with the payment for the corneal transplant surgery. It has been brought to our attention that the costs of acquiring corneal tissue vary widely from one locality to another, so that packaging may not be a reasonable way to handle these costs. We are specifically soliciting comments on the issue of packaging corneal tissue costs. We are also soliciting suggestions for alternate ways to pay for corneal tissue, if the comments and supporting data we

receive indicate that packaging is not an appropriate way to treat these costs.

*APCs 761 and 762, and 791 and 792:* These groups are anomalous, because the group entitled "Complex" in each case has a lower weight than the one entitled "Standard." This has to do with the cost of the procedure itself compared to the cost of the radionuclide involved. We are working with the Society for Nuclear Medicine to correct these anomalies.

*APCs 902 and 903:* We had very few bills for the vaccines in these groups (902 includes polio vaccine and DPT; 903 includes vaccines for rabies and plague). We are considering combining the two groups. We solicit comments on vaccine costs to supplement our data.

*APCs 091 and 91191:* Brief psychotherapy encounters can be identified by either a CPT code (as in APC 091) or a low- or mid-level visit with a psychiatric diagnosis (APC 91191). We determined the median costs for these bills taken together, because we believe that there are no differences in the facility resources used in these instances. In the case of other psychiatric encounters, we believe that clinic services at the highest level should be the equivalent of an extended psychotherapy encounter. Mid- and high-level emergency room encounters should be billed by evaluation and management CPT codes and psychiatric diagnoses.

*APC 921:* Although the addenda refer to this APC, in fact diabetic education services will be paid under the physician fee schedule, which will establish rates for one-on-one sessions and group sessions. The addenda will be corrected in the final rule. (A proposed rule titled "Medicare Program; Expanded Coverage for Diabetes Outpatient Self-Management Training Services" is under development.)

*APCs 981 and 982:* These groups represent nerve and muscle tests. We are continuing to evaluate whether these two groups should be combined in the final rule, because there is very little distinction between them in our cost data.

We are still examining ways to pay for drugs outside the composite rate for ESRD patients, and the services to be paid under our system in CORFs, HHAs, and hospices. These will be APCs, based on services that are packaged in our system.

7. Discounting of Surgical Procedures

Under hospital outpatient PPS, we will discount payment amounts when more than one procedure is performed during a single operative session or when a surgical procedure is terminated prior to completion. The discount policy explained below is consistent with Medicare policy and regulations governing payment for physician and ASC surgical services.

*a. Reduced Payment for Multiple Procedures*

When more than one surgical procedure (defined as those HCPCS codes in APC groups with status "T") is performed during a single operative session, we propose that the full Medicare payment amount and beneficiary copayment amount would be paid for the procedure having the highest APC payment rate. Fifty percent of the normal Medicare payment amount and beneficiary copayment amount would be paid for all other procedures performed during the same operative session to reflect the savings associated with having to prepare the patient only once and the incremental costs associated with anesthesia, operating and recovery room use, and other services required for the second and subsequent procedures.

*b. Discounted Payment for Terminated Procedures*

Under outpatient PPS, the hospital will use modifiers to indicate procedures that are terminated prior to completion. Modifier-52 (Reduced Services) is used to identify a procedure that is terminated after the patient has been prepared for surgery, including sedation when provided, and taken to the room where the procedure is to be performed, but *before* anesthesia is induced (for example, local, regional block(s), or general anesthesia). Fifty percent of the normal Medicare payment amount and beneficiary copayment amount would be paid for a procedure terminated before anesthesia is induced.

Modifier-53 (Discontinued Procedure) is used to indicate that a surgical procedure was started but discontinued *after* the induction of anesthesia (for example, local, regional block, or general anesthesia), or *after* the procedure was started (incision made, intubation begun, scope inserted) due to extenuating circumstances or circumstances that threatened the well-being of the patient. To recognize the costs incurred by the hospital to prepare the patient for surgery and the resources expended in the operating room and recovery room, the full Medicare payment amount and beneficiary copayment amount would be paid for a procedure that was started but discontinued after the induction of anesthesia or after the procedure was started, as indicated by a modifier-53.

The elective cancellation of procedures would not be reported. If multiple procedures were planned, only the procedure actually initiated would be billed. A pattern of canceled procedures will prompt medical review of the reasons for cancellation and may trigger review of the appropriateness of patient selection for outpatient surgery.

8. Inpatient Care

In recent years, the distinction between inpatient and outpatient care has been blurred by the retention of outpatients in the hospital overnight, sometimes for many days in a row. Medicare paid for observation services while the hospital determined whether an outpatient needed admission for further treatment. Frequently, the patients did not understand that they were not inpatients until they were billed for 20 percent of outpatient charges as copayment. In November 1996, we put in place a policy limiting outpatient observation services to a maximum of 48 hours. We made clear at that time that observation was not a means to make it possible to perform inpatient surgery on an outpatient basis, nor was it appropriate to retain chemotherapy patients in long-term observation. Because observation is not provided as the sole service a patient receives, we packaged costs associated with observation into the median costs for the services, for example, surgery or chemotherapy, with which they were furnished in 1996.

There are procedures that, by their nature, require inpatient care. Open abdominal surgery requires a postoperative recovery period, for example, to ensure that bowel function resumes. Certain major surgeries require monitoring in an intensive care unit until the patient's neurological or other function returns. Yet other surgeries involve large or delicate surgical wounds that require monitoring, skilled dressing changes, and fluid replacement. These procedures obviously require inpatient care, and performing them on an outpatient basis would clearly jeopardize patient health and safety. Other procedures are not as clearly defined as inpatient, but we have classified them as inpatient because they are performed on an inpatient basis virtually all the time for the Medicare population, either because of the invasive nature of the procedures, the need for postoperative care, or the underlying physical condition of the patient who would require such surgery. These procedures are not classified in an outpatient APC group, and no payment is provided for these procedures under the hospital

outpatient PPS. We will deny payment for claims that are submitted for these procedures furnished as outpatient services because performing these procedures on an outpatient basis is not safe or appropriate, and therefore not reasonable and necessary under Medicare rules. Because we base these denials on the exclusion in section 1862(a)(1)(A) of the Act and in § 411.15(k)(1), beneficiaries may be protected from liability by the limitation on liability provision of section 1879 of the Act.

The procedures that we consider appropriate and safe only in an inpatient setting and for which we are excluding payment under the hospital outpatient PPS are listed in Addendum H to enable hospitals to make appropriate site of care decisions. This list represents national Medicare policy and is binding on fiscal intermediaries and peer review organizations, as well as on hospitals and Medicare participating ASCs.

We acknowledge that we have classified in outpatient APC groups some procedures that may seem closely related to procedures that we are excluding from the outpatient PPS on the basis of their status as inpatient procedures. We expect that when the former are performed in the outpatient setting, they will be only the simplest, least intense cases. The fact that a service is included in an APC group under the hospital outpatient PPS should not be construed to mean that the procedure may only be performed in an outpatient setting. In every case, we expect the surgeon and the hospital to assess the risk to the individual patient and to act in that patient's best interests.

*C. Calculation of Group Weights and Rates*

1. Group Weights

Section 1833(t)(2)(C) of the Act requires the Secretary to develop relative payment weights for covered groups of hospital outpatient services. The statute requires that such weights be developed using 1996 hospital outpatient claims and the most recent available hospital cost reports. We are required to base these weights on median hospital costs. In constructing the database to model the outpatient PPS proposal, we used a universe of approximately 98 million calendar year 1996 final action claims for hospital outpatient department services received through June 1997 to match to the most recent hospital cost reports available.

To derive weights based on median hospital costs for services in the hospital outpatient APC groups, we needed to convert billed charges to costs and aggregate them to the procedure or visit level. To do this, we first identified the cost-to-charge ratio that was specific to each hospital's cost centers ("cost center specific cost-to-charge ratios" or CCRs). We then developed a crosswalk to match the hospital's CCRs to revenue centers used on the hospital's 1996 outpatient bills. The CCRs included operating and capital costs but excluded costs associated with direct graduate medical education and allied health education. (Medicare payment for direct graduate medical education is made as a pass-through under the inpatient PPS and includes the costs associated with approved educational activities for residents assigned to the hospital's outpatient department. We discuss in elsewhere in this proposed rule how we would make payment for allied health education.)

Our next task was to identify each hospital's most recent available cost report from which to determine the hospital's CCRs. Because there is generally a 2-year lag between claims adjudication and cost report filing, the most recent cost reports that we could expect to be available to associate with calendar year 1996 claims were those from PPS–12 (cost reporting periods beginning on or after October 1, 1994 and before October 1, 1995). We searched the PPS–12 period first to match the 1996 final action claims to a cost report. If we achieved a match, no other action was needed. However, if no match was found, we next searched for a cost report in the PPS–11 period and subsequently in the PPS–10 period, if necessary.

If the most recent available cost report that we used for a provider was one that had been submitted but not settled, we calculated an adjustment factor to adjust for the differences that exist between settled and "as submitted" cost reports. We determined the adjustment factor by dividing the outpatient department cost-to-charge ratio from the hospital's most recent settled cost report by the outpatient department cost-to-charge ratio from the hospital's "as submitted" cost report for the same period. We used the resulting ratio to adjust each of the CCRs in the hospital's most recent "as submitted" cost report. We repeated this process for every hospital for which the most recent available cost report was a cost report that had not been settled.

The Office of Inspector General (OIG) is concerned that the cost reports we are using may reflect some unallowable costs. Therefore, the OIG, in conjunction with HCFA, is proposing to examine the extent to which the cost reports used reflect costs that were inappropriately allowed. If this examination reveals excessive inappropriate costs, we would address this issue in a future proposed rule, or perhaps seek legislation to adjust future payment rates downward.

When this process was completed, we were able to match revenue centers from approximately 83 million claims to CCRs of approximately 5,600 hospitals. We excluded from the crosswalk approximately 15 million claims in which the bill type denoted services that would not be covered under the PPS, for example, bill type 72X for dialysis services for patients with ESRD. The table below shows the three cost reporting periods we used and the percentage of the cost reports within each PPS period with which we were able to match 1996 claims. The most recent cost reports available to us were from the hospital inpatient PPS–12 period, and 95.8 percent of the most recent cost reports available to us matched the 1996 claims that we are required to use as the basis for establishing relative payment weights for the APC groups in the outpatient PPS.

| Reporting period | Percentage of cost reports matched |
|---|---|
| PPS–12 (cost reporting period beginning on or after 10/1/94 and before 10/1/95) | 95.8 |
| PPS–11 (cost reporting period beginning on or after 10/1/93 and before 10/1/94) | 3.7 |
| PPS–10 (cost reporting period beginning on or after 10/1/92 and before 10/1/93) | 0.5 |
| | 100.0 |

We next separated the estimated 83 million claims that we had matched with a cost report into two distinct groups: single-procedure claims and multiple-procedure claims. Single-procedure claims are those for which the HCPCS to be grouped to an APC is the only code that appears on the bill, other than laboratory and incidentals such as venipuncture. Multi-procedure claims included more than one HCPCS code that could be mapped to an APC. There were approximately 37 million single-procedure claims and 46 million multiple-procedure claims.

To calculate median costs for services within an APC, we used only the single-procedure bills. (Of the roughly 37 million single-procedure claims, about 11 million were excluded from the conversion process largely because the only HCPCS codes reported on the claims were for laboratory procedures.)

This approach was taken because of our inability to specifically allocate charges or costs for packaged items and services such as anesthesia, recovery room, drugs, or supplies to a particular procedure when more than one significant procedure or medical visit was billed on a claim. Use of the single-procedure bills minimizes the risk of improperly assigning costs to the wrong procedure or visit. Although single-procedure/visit bills were used for determining APC relative payment weights, the multiple-procedure bills were used in the service mix calculations, regressions, and impact analyses.

For each single-procedure claim, we calculated a cost for every billed line item charge by multiplying each revenue center charge by the appropriate hospital-specific CCR. If the appropriate cost center did not exist for a given hospital, we crosswalked the revenue center to a secondary cost center when possible, or to the hospital's overall cost-to-charge ratio for outpatient department services. We excluded from this calculation all charges associated with HCPCS codes previously defined as noncovered under this PPS, for example, laboratory, ambulance, and therapy services.

To calculate the per-procedure or per-visit costs, we used the charges shown in the revenue centers that contained items integral to performing the procedure or visit. These included those items that we previously discussed as being subject to our proposed packaging provision. For example, in calculating the surgical procedure cost, we included charges for the operating room, treatment rooms, recovery, observation, medical and surgical supplies, blood, pharmacy, anesthesia, cast and splints, and donor tissue, bone, and organ. For medical visit cost estimates, we included charges for items such as medical and surgical supplies, drugs, observation, and blood. A complete listing of the revenue centers we used is included elsewhere in this preamble.

To standardize costs for geographic wage variation, we divided the labor-related portion of the operating and capital costs for each billed item by the hospital inpatient prospective payment system wage index published in the **Federal Register** on May 8, 1998 (63 FR 25575). We used 60 percent to represent our estimate of that portion of costs attributable, on average, to labor, but this factor is sensitive to other payment adjustments. Therefore, we will restandardize costs in the final rule using FY 1999 hospital inpatient PPS wage index values and the final labor market share value. A more detailed discussion of wage index adjustments is found below (section V.E. of this document).

We then added the standardized labor-related cost to the non-labor-related cost component for each billed item to derive the total standardized cost for each procedure or medical visit. We trimmed standardized procedure and visit costs to remove extremely unusual costs that appeared to be errors in the data. The trimming methodology is analogous to that used in calculating the DRG weights for the inpatient PPS: any bills with costs outside of 3 standard deviations from the geometric mean were eliminated. The geometric mean and the associated standard deviation are used because the distribution of costs more closely resembles a lognormal distribution than a normal distribution: there are no negative costs, and the average cost is greater than the median cost. Using the geometric mean has the effect of minimizing the impact of the most unusual bills in the determination of the mean. The geometric mean is calculated by taking the mean of the natural logarithm cost. Since the distribution of the natural logarithms of a set of numbers is more compact than the distribution of the numbers themselves, bills with extreme costs do not appear as extreme as they would if non-logged costs were examined. This ensures that only the most unusual data will be removed from the calculation.

After we trimmed the procedure and visit level costs, we mapped each procedure or visit cost to its assigned APC. We calculated the median cost for each APC weighted by procedure volume.

Using these median APC costs, we then calculated the relative payment weights for each APC. We decided to scale all the relative payment weights to APC 91336, a mid-level clinic visit for cardiovascular services because it is one of the most frequently performed services. This approach is consistent with that used in developing relative value units for the Medicare physician fee schedule. By assigning APC 91336 a relative payment weight of "1.0," hospitals can easily compare the relative relationship of one APC to another. Next, we divided the median cost for each APC by the median cost for APC 91336 to derive the relative payment weight for each APC.

2. Conversion Factor

Section 1833(t)(3)(C)(i) of the Act requires that we establish a conversion factor for 1999 to determine the Medicare amounts for each covered group of services. The statute mandates that the conversion factor be established on the basis of the weights and aggregate projected utilization for 1999 and based on the base amount of payments described in section 1833(t)(3)(A) of the Act. Such base amount is calculated for the services included in the outpatient PPS, as an estimate of the sum of (1) total payments that would be payable from the Trust Fund under the current (non-PPS) payment system in 1999 plus (2) the beneficiary copayments that would have been made under the new (PPS) system in 1999. Section 1833(t)(3)(C)(ii) of the Act further requires that the Medicare amount take into account all appropriate adjustments.

Although section 1833(t)(2)(C) of the Act requires us to project utilization for hospital outpatient services, we were unable to project precisely increases in the volume and intensity of services because we were not able to quantify some of the factors that affect utilization. For instance, we would anticipate that Medicare beneficiaries that choose to migrate to managed care plans may be healthier than those who choose to stay in fee-for-service plans. Thus, we could assume a decrease in the volume of services but an increase in the intensity of services furnished for Medicare beneficiaries enrolled in fee-for-service plans. Another factor that we believe will affect future utilization is the incentive to code HCPCS accurately to receive payment. Currently, hospitals are paid for the majority of the outpatient services they furnish on a cost basis. Claims without a HCPCS or an invalid HCPCS are not always rejected. In contrast, under the new PPS, hospitals would be required to use HCPCS codes and, for medical visits and emergency room services, ICD–9 codes, in order to receive payment. We expect that frequencies may increase as a result of the coding requirements. All in all, these are factors we believe will affect the reporting of volume and intensity of services, but we were not able to quantify these assumptions individually to project 1999 utilization. Therefore, we used what we believe to be a more reliable and valid approach to computing the conversion factor under the methodology described below.

**Setting the Rates**

In order to convert the relative weights determined for each APC (see previous section) into payment rates, we calculated a conversion factor that would result in payments to hospitals under the PPS in 1999 equaling the total projected payment specified in section 1833(t)(3)(A) of the Act. The prospective payment rate set for each APC is

calculated by multiplying the APC's relative weight by a conversion factor. We computed the conversion factor by first adding together for calendar year 1996 the aggregate Medicare hospital outpatient payments paid under the current cost-based payment system (referred to in this section as current law payments) plus the estimated beneficiary copayment amounts that would be paid under the outpatient PPS for the same services. We then divided that amount by the sum of the relative weights for all APCs under the hospital outpatient PPS. The methodology we followed to determine current law Medicare hospital outpatient payments and beneficiary copayments is discussed in section V.C.2.a., below, which is followed in section V.C.2.b. by a discussion of the sum of the relative weights.

*a. Calculating Aggregate Calendar Year 1996 Medicare and Beneficiary Payments for Hospital Outpatient Services (Current Law)*

First, to calculate Medicare hospital outpatient payment amounts under current law (that is, before PPS), we identified calendar year 1996 single and multiple procedure bills for all the services that we will recognize under the outpatient PPS. As we identified services that will be paid under the outpatient PPS, we eliminated invalid or noncovered HCPCS codes.

Hospital payments include both operating and capital costs for the HCPCS coded services for which payment is to be made under the outpatient PPS. We summed both of these types of costs by HCPCS at the provider level. Summarizing the data in this manner allows us to simulate provider payment on an aggregate basis. We then applied the legislated capital cost reductions of 10 percent and operating cost reductions of 5.8 percent, as required by section 4522 of the BBA.

We determined for each HCPCS code the applicable payment methodology under current law. We then calculated current law payment for procedures in the baseline using one of the following equations, as appropriate:

- For radiology procedures paid for under the radiology fee schedule, payment is determined in the aggregate for each provider as the lower of cost, charge, or blended amount. The radiology blended amount is determined by the following equation:

(0.42 × lower of cost or charge minus beneficiary copayment) + (0.58 × ((0.62 × global physician fee schedule amount) − beneficiary copayment))

- For surgical procedures for which Medicare pays an ASC facility fee, payment is determined in the aggregate for each provider as the lower of the cost, charge, or blended amount. The ASC blended amount is determined by the following equation:

(0.42 × lower of cost or charge minus beneficiary copayment) + (0.58 × (ASC payment rate − beneficiary copayment))

- For diagnostic procedures paid under the diagnostic fee schedule, payment is determined in the aggregate for each provider as the lower of cost, charge, or blended amount. The blended amount is determined by the following equation:

(0.50 × lower of cost or charge minus beneficiary copayment) + (0.50 × ((0.42 × global physician fee schedule amount) − beneficiary copayment))

For all other covered services not subject to one of the blended payment method categories, payment is determined to be the lower of costs or charges less beneficiary copayment. Because the formula-driven overpayment (FDO) was corrected beginning October 1, 1997, the blended equations eliminate FDO.

We then determined each provider payment. We summed the aggregate amounts computed for each of the four types of payment methodologies discussed above to determine the Medicare payment amount for each provider. In addition, we also determined the amount of the beneficiary copayment for each provider using the beneficiary copayment amounts that would be paid under the PPS. Summing both the Medicare payment and the beneficiary copayment amounts at the provider level is necessary in order to determine the impact of the outpatient PPS on individual hospitals. In addition to calculating provider payments under the current law and PPS payment systems, we calculated the aggregate Medicare payments under the current system and beneficiary copayments under the PPS for all hospitals for services that are within the scope of the outpatient PPS. The total amount reflects the amount hospitals would be paid under the PPS in accordance with section 1833(t)(3)(A) of the Act and is the numerator in the equation for calculating the unadjusted conversion factor.

*b. Sum of the Relative Weights*

Next we summed the relative weights. Specifically, we multiplied the volume of procedures or visits (excluding the volume of packaged services) for each group by the relative weights for each group. We then calculated the conversion factor by dividing the sum of the volume multiplied by the relative weights for each APC into the total payment explained above, including both Medicare payment and beneficiary copayment. The calendar year 1996 conversion factor is $46.32. To trend forward the 1996 conversion factor to 1999, HCFA's Office of the Actuary estimated an update factor of 1.0939. The update factor represents the estimated per service increase in outpatient Medicare payments and beneficiary copayment between 1996 and 1999 net of changes in the volume and intensity of services. Medicare payments per service were increased by projected CPI-medical items for cost-based services and for blend services mandated updates. Beneficiary copayments were increased by projected increases in CPI-outpatient charges. In estimating the update factor, HCFA's Office of the Actuary assumed that using the national median of the charges for PPS services to establish the unadjusted copayment amount would result in beneficiaries paying 6.9 percent less in coinsurance payments in 1999 than what they would have been expected to pay otherwise, which would create an incentive for a behavioral offset by hospitals of 10 percent of the coinsurance reduction. It was assumed that 45 percent of this offset would apply to the services subject to the PPS and, therefore, would be included in setting the 1999 conversion factor. The remaining 55 percent of the offset would be reflected in expenditures for non-PPS services with both the beneficiary and Medicare absorbing this impact. The adjusted 1999 conversion factor is $50.67.

*D. Calculation of Medicare Payment Amount and Copayment Amount*

1. Introduction

In the previous section, section V.C, we explain how we determined national prospective payment rates, standardized for area wage variations, for the APC groups. In this section, we explain how we are proposing to calculate Medicare program payment amounts and beneficiary copayment amounts for each APC group.

Under the statutory provision currently in effect, copayment for hospital outpatient department services is based on 20 percent of the hospital's billed charges. Because most hospital outpatient services have been paid, at least in part, on the basis of retrospectively calculated cost, Medicare payment amounts for most

hospital outpatient services are not known at the time the services are furnished. For that reason, coinsurance could not be based on 20 percent of the payment amount. Accordingly, the statute required that copayment be based on 20 percent of charges. Because charges for hospital outpatient services have increased faster than costs for those services, beneficiaries' copayments of 20 percent of charges have, for some services, accounted for 50 percent or more of the total (Medicare program plus beneficiary) payments to the hospitals. Because of extensive secondary insurance coverage, a large share of the copayments made to hospitals is not direct out-of-pocket expenditures by the beneficiaries. There has, however, been concern that premiums for Medigap policies may be affected by the growing copayment liability. In addition, copayments most directly affect those beneficiaries who do not have supplemental insurance. This group of beneficiaries cannot afford to purchase supplemental insurance, and high copayment rates can be a hardship for those needing services. The outpatient PPS created by section 4523 of the BBA, which added section 1833(t) to the Act, includes a mechanism that is designed to eventually achieve a beneficiary copayment level equal to 20 percent of the prospectively determined payment rate that has been established for the service.

*MedPAC Comment:* In its March 1998 report to the Congress, MedPAC expresses concern about the inequity represented by the current level of beneficiary copayment liability, which generally exceeds 20 percent of the total payment to hospitals for outpatient services. MedPAC, recognizing that immediate beneficiary copayment reductions to 20 percent of payments made to hospitals would result either in unacceptable increases in program outlays and/or unacceptable reductions in payments to hospitals, agrees with the need for a phased-in approach to the copayment reductions. However, MedPAC recommends that the Congress specify a shorter timeframe than that which results from the provisions of the BBA to phase in fully the appropriate beneficiary copayment contribution of 20 percent for hospital outpatient services paid for under the outpatient PPS.

*Response:* While we do not disagree with MedPAC's recommendation with respect to beneficiary copayment, because of the budgetary implications and the existing statutory requirements resulting from the BBA, implementation of this recommendation would ultimately require action by the Congress.

The next sections describe the steps that we followed in accordance with statutory requirements to determine the beneficiary copayment amount and the Medicare program payment amount for services paid for under the hospital outpatient PPS.

2. Determination of Unadjusted Copayment Amount, Program Payment Percentage, and Copayment Percentage

In order to calculate program payment amounts and beneficiary copayment amounts, we first determined for each APC group two base amounts, in accordance with statutory provisions:

- An *unadjusted copayment amount*, described in section 1833(t)(3)(B) of the Act.
- The "pre-deductible payment percentage," which we call *the program payment percentage*, described in section 1833(t)(3)(E).

The steps that we followed to calculate these two base amounts for each APC group are explained below.

(a) *Calculate the unadjusted copayment amount for each APC group.*

(i) Determine the national median of the charges billed in 1996 for the services that constitute the APC group after standardizing charges for geographic variations attributable to labor costs. (To make the labor adjustment, we divided the portion of each charge that we estimated was attributable to labor costs (60 percent) by the provider's hospital inpatient wage index value, and we added the result to the non-labor portion of the charge (40 percent). Section V.F. provides a detailed discussion of the adjustments made within the outpatient PPS to offset regional differences in labor costs.)

(ii) Update charge values to projected 1999 levels by multiplying the 1996 median charge for the APC group by 29.2 percent, which the HCFA Office of the Actuary estimates to be the rate of growth of charges between 1996 and 1999.

(iii) Multiply the estimated 1999 national median charge for the APC group by 20 percent, which becomes the *unadjusted copayment amount* for the APC group. The *unadjusted copayment amount* is frozen at the 1999 level until such time as the program payment percentage (see below) equals or exceeds 80 percent (section 1833(t)(3)(B)(ii) of the Act).

(b) *Calculate the program payment percentage (pre-deductible payment percentage).* In this proposed rule, we use the term *program payment percentage* to replace the term "pre-deductible payment percentage," which is referred to in section 1833(t)(3)(E) of the Act. The *program payment percentage* is calculated annually for each APC group, until the value of the program payment percentage equals 80 percent. To determine the program payment percentage for each APC group, we followed these steps:

(i) Subtract the APC group's unadjusted copayment amount from the payment rate set for the APC group;

(ii) Divide the difference [(APC payment rate) minus (unadjusted copayment amount)] by the APC payment rate, and multiply by 100. The resulting percentage is the program payment percentage.

Calculation of the program payment percentage allows us to determine a "copayment percentage," which equals the difference between the program payment percentage and 100 percent. As the program payment percentage for an APC group approaches 80 percent due to annual market basket increases of the APC payment rates, the copayment percentage, conversely, approaches 20 percent, which is ultimately the target copayment percentage for all services paid for under the hospital outpatient PPS. When the copayment percentage equals 20 percent of the APC payment rate, we consider the copayment amount for that APC to be fully phased in at the standard Medicare copayment level, as we explain in the next section.

3. Calculation of Medicare Payment Amount and Beneficiary Copayment Amount

a. *Calculate the Medicare payment amount.* A Medicare payment amount is calculated for every APC group. The Medicare payment amount takes into account wage index and other applicable adjustments and applicable beneficiary deductible amounts. The Medicare payment amount calculated for an APC group applies to all the services that are classified within that APC group. The Medicare payment amount for a specific service classified to an APC group under the outpatient PPS is calculated as follows:

(i) Apply to the national payment rate that is set annually for each APC group the appropriate wage index adjustment (see section V.E. for a discussion of how national APC rates are to be adjusted for geographic wage differences) and any other adjustments applicable to the provider;

(ii) Subtract from the adjusted APC group payment rate the amount of any applicable deductible as provided under § 410.160; and

(iii) Multiply the adjusted APC group payment rate, from which the applicable

deductible has been subtracted, by the program payment percentage determined for the APC group or 80 percent, whichever is lower. The result is the Medicare payment amount.

b. *Calculate the copayment amount*.

A *copayment amount* is calculated annually for each APC group. The copayment amount calculated for an APC group applies to all the services that are classified within the APC group. The copayment amount for an APC is calculated as follows:

Subtract the APC group's Medicare payment amount from the adjusted APC group payment rate less deductible, for example, COPAYMENT AMOUNT *equals* [(adjusted APC group payment rate less deductible) *minus* (APC group Medicare payment amount). The resulting difference is the beneficiary copayment amount.

Again, as soon as the Medicare program payment percentage of an adjusted APC payment rate less deductible equals or exceeds 80 percent, we set the copayment amount at 20 percent of the adjusted APC group payment rate, and we consider the standard Medicare 20 percent copayment level to be fully phased in for that APC group (section 1833(t)(3)(B)(ii) of the Act). Thereafter, for those APC groups whose program payment percentage has become 80 percent of the APC payment rate (and whose copayment percentage is 20 percent), the unadjusted copayment amount for the APC ceases to be frozen at the 1999 level. The copayment amount for the APC group is permanently established at 20 percent of the adjusted APC group payment rate. Because the copayment amount is now tied directly to the APC payment rate, the copayment dollar amount increases as annual updates increase the APC group payment rate.

For example, assume that the wage-adjusted payment rate for an APC is $300; the program payment percentage for the APC group is 60 percent; the wage-adjusted copayment amount for the APC group is $120; and the beneficiary has not yet satisfied any portion of his or her annual $100 deductible.

(A) Adjusted APC payment rate: $300
(B) Subtract the applicable deductible: $300 − $100 = $200
(C) Multiply the remainder by the program payment percentage to determine the Medicare payment amount: 0.6 × $200 = $120
(D) Subtract the Medicare payment amount from the adjusted APC payment rate less deductible to determine the copayment amount: $200 − $120 = $80

In this case, the beneficiary pays a deductible of $100 and an $80 copayment. The program also pays $120, for a total payment to the hospital of $300. Applying the program payment percentage ensures that the program and the beneficiary pay the same proportion of payment that they would have paid if no deductible were taken.

In the event that the annual deductible has already been satisfied, the calculation runs as follows:

(A) Adjusted APC payment rate: $300
(B) Subtract the applicable deductible: N/A
(C) Multiply by the program payment percentage to determine the Medicare payment amount: 0.6 × $300 = $180
(D) Subtract the Medicare payment amount from the adjusted APC payment rate less deductible to determine the copayment amount: $300 − $180 = $120

In this case, the beneficiary makes a $120 copayment. The program also pays $180, for a total payment to the hospital of $300.

4. Hospital Election To Offer Reduced Copayment

The transition to the standard Medicare copayment rate (20 percent of the wage-adjusted APC payment rate) will obviously be gradual. For those APC groups for which copayment is currently a relatively high proportion of the total payment, the process will be correspondingly lengthy. Therefore, the Act offers hospitals the option of electing to reduce copayment amounts and allows the hospital to advertise these reduced rates. In this section, we discuss the procedure by which hospitals can elect to offer a reduced copayment amount, and the effect of such election on calculation of the program payment and beneficiary copayment.

Section 1833(t)(5)(B) of the Act requires the Secretary to establish a procedure under which a hospital, before the beginning of a year, may elect to reduce the copayment amount otherwise established for some or all hospital outpatient department services to an amount that is not less than 20 percent of the hospital outpatient prospective payment amount. The statute further provides that the election of a reduced copayment amount will apply without change for the entire year, and that the hospital may advertise its reduced copayment levels. Section 1833(t)(5)(C) of the Act provides that deductibles cannot be waived. Finally, section 1861(v)(1)(T) of the Act (as established by section 4451 of the BBA) provides that no reduction in copayment elected by the hospital under section 1833(t)(5)(B) may be treated as a bad debt.

In this rule, we are proposing that a hospital may make the election to reduce copayments on a calendar year basis. The hospital must notify its fiscal intermediary of its election to reduce copayments no later than 90 days prior to the start of the calendar year. This 90-day notification requirement is necessary in order to give the intermediaries sufficient time to make the systems changes required to implement the hospital's election. The hospital's notification must be in writing. It must specifically identify the APC groups to which the hospital's election will apply and the copayment level (within the limits identified below) that the hospital has selected for each group. The election of reduced copayment must remain in effect unchanged during the year for which the election was made. The hospital may advertise and otherwise disseminate information concerning the reduced level of copayment that it has elected.

We also are proposing that a hospital may elect to reduce the copayment amount for any or all APC groups. A hospital may *not* elect to reduce the copayment amount for some, but not all, services within the same APC group.

A hospital may not elect for an APC group a copayment amount that is less than 20 percent of the adjusted APC payment rate for that hospital. In determining whether to make such an election, hospitals should note that the national copayment amount under this system, based on 20 percent of national median charges for each APC, may yield copayment amounts that are significantly higher or lower than the copayment that the hospital has previously collected. This is because the median of the national charges for an APC group, from which the copayment amount is ultimately derived, may be higher or lower than the hospital's historic charges. We, therefore, advise that hospitals, in determining whether to exercise the option of electing lower copayment and the level at which to make the election, carefully study the annual copayment amounts for each APC group in relation to the copayment amount that the hospital has previously collected.

Calculation of copayment amounts on the basis of a hospital's election of reduced copayment for the most part follows the formula described previously. For example, assume that the adjusted APC payment rate is $300; the program payment percentage for the

APC group is 60 percent; the hospital has elected a $60 adjusted *reduced* copayment amount for the APC group; and the beneficiary has not satisfied the annual deductible.

(A) Adjusted APC payment rate: $300
(B) Subtract the applicable deductible: $300 − $100 = $200
(C) Multiply by the program payment percentage to determine the Medicare payment amount: 0.6 × $200 = $120
(D) Beneficiary's copayment is the difference between the APC payment rate reduced by any deductible amount and the Medicare payment amount, but not to exceed the adjusted reduced copayment amount: $200 − $120 = $80 (limited to $60 because of the hospital-elected reduced copayment amount)

In this case, Medicare makes its regular payment of $120, but the beneficiary pays a $100 deductible and a reduced copayment amount of $60, for a total payment to the hospital of $280 instead of the $300 that the hospital would have received if it had not made its election.

*E. Adjustment for Area Wage Differences*

1. Proposed Wage Index

Section 1833(t)(2)(D) of the Act requires that, as part of the methodology for determining prospective payments to hospitals for outpatient services, the Secretary must determine a wage adjustment factor to adjust the portion of payment and copayment attributable to labor-related costs for relative differences in labor and labor-related costs across geographic regions in a budget-neutral manner.

To determine which wage adjustment factor to incorporate into the hospital outpatient department PPS, we considered several options. One choice would be to use a wage index specific to hospital outpatient department labor costs. However, the Congress did not require us to nor did we have either the time or resources necessary to construct a hospital-outpatient-department-specific wage index.

We next considered the hospital inpatient PPS wage index that HCFA maintains under the Medicare program. The hospital inpatient PPS wage index is well established, and it is constructed specifically for the purpose of "reflecting the relative hospital wage level in the geographic area of the hospital compared to the national average hospital wage level" (section 1886(d)(3)(E) of the Act), a requirement that is analogous to that set forth under the hospital outpatient department PPS in section 1833(t)(2)(D) of the Act. The data upon which the hospital inpatient PPS wage index is based are collected from Medicare cost reports, and the wage index is updated annually. Any changes in hospital inpatient PPS wage index values must be made in such a manner as to assure budget neutrality (section 1886(d)(3)(E) of the Act). The hospital inpatient PPS wage index for fiscal year 1998 reflects the following:

- Total salaries and hours from short-term, acute care hospitals.
- Home office costs and hours.
- Fringe benefits associated with hospital and home office salaries.
- Direct patient care contract labor costs and hours.
- The exclusion of salaries and hours for nonhospital type services such as SNF services, home health services, or other subprovider components that are not subject to the PPS.

A detailed description of the fiscal year 1999 hospital inpatient PPS wage index is contained in the proposed rule entitled "Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 1999 Rates (HCFA–1003–P)" published in the **Federal Register** on May 8, 1998 (63 FR 25575).

We decided that using the hospital inpatient PPS wage index as the source of an adjustment factor for geographic wage differences for the hospital outpatient department PPS was both reasonable and logical, given the inseparable, subordinate status of the outpatient department within the hospital overall. We then had to determine which version of the hospital inpatient PPS wage index to use. There are several possible wage indices that can be developed from the basic wage and salary data taken from hospital cost reports, depending on changes that are applied to the data. One modification takes into account the effect of hospital redesignation under 1886(d)(8)(B) of the Act and hospital reclassification under 1886(d)(10). A second modification results from assigning to an urban hospital the statewide rural wage index value for the State in which that hospital is located when the wage index of the urban hospital would otherwise be lower than the statewide rural wage index value (the "floor"). (In fiscal year 1998, this particular "hold harmless" provision affected 128 hospitals in 32 metropolitan statistical areas (MSAs).) Given the choice between the wage index that we use under the hospital inpatient PPS, which reflects reclassification and other changes, and a wage index that does not incorporate these changes, we are proposing to adopt the wage index that is used to determine payments to hospitals under the hospital inpatient PPS to adjust for relative differences in labor and labor-related costs across geographic areas under the hospital outpatient department PPS. We note that hospital outpatient department services do not fall under the category of either "nonhospital type services" or of "other subprovider components," which are excluded from consideration in developing the hospital inpatient PPS wage index. We also note that because hospital staff frequently provide services in both the inpatient and outpatient departments, labor costs associated with hospital outpatient department services are generally reflected in the hospital wage and salary data that are the basis of the hospital inpatient PPS wage index.

By statute, we implement the annual updates of the hospital inpatient PPS on a fiscal year basis. However, updates to the hospital outpatient department PPS will be made on a calendar year basis. We are proposing to update the wage index values used to calculate hospital outpatient department PPS Medicare payment and beneficiary copayment amounts on a calendar year basis. In other words, the hospital inpatient PPS wage index values that are updated annually on October 1 will be implemented for the hospital outpatient department PPS on the January 1 immediately following. We are proposing this schedule so that wage index changes are implemented concurrently with any other revisions, such as changes in the APC groups resulting from new or deleted CPT codes, that are implemented on a calendar year basis.

2. Labor-Related Portion of Hospital Outpatient Department PPS Payment Rates

In calculating payments to hospitals under the hospital inpatient PPS, the labor-related portion of expenses within the standardized amounts used to establish the prospective payment rates is multiplied by the hospital wage index value to offset regional wage differences. The fiscal year 1998 labor-related portion under the hospital inpatient PPS is 71.1 percent. The manner in which this portion was calculated is explained in detail in the August 29, 1997 **Federal Register** (62 FR 45993). We note that compensation for wages, salaries, and employee benefits accounts for 61.4 percent of expenses, with the other 9.7 percent attributable to professional fees, postal services, and all other labor-intensive services, as explained in the August 29, 1997 **Federal Register** (62 FR 45995).

Current ASC payment rates are standardized for regional wage differences, and carriers adjust the base rates to calculate payments to individual facilities by multiplying the labor-related portion of the base rate by the appropriate hospital inpatient PPS wage index factor. The labor-related portion of current ASC payment rates is 34.45 percent based on 1986 ASC survey data.

Because of the sequence of steps that we followed to construct the hospital outpatient department services PPS database, we had to estimate the percentage of hospital outpatient department costs attributable to labor in order to standardize hospital outpatient department costs for geographic wage differences. We decided that 60 percent represented a reasonable estimate of outpatient costs attributable to labor, as it falls between the hospital inpatient PPS operating cost labor factor of 71.1 percent and the ASC labor factor of 34.45 percent and is within a percentage point of the labor-related costs under the hospital inpatient operating cost PPS attributed directly to wages, salaries, and employee benefits (61.4 percent) under the rebased 1992 hospital market basket that was used to develop the fiscal year 1997 update factor for inpatient PPS rates (published August 30, 1996 at 61 FR 46187). In addition to considering what percentage of costs is attributed to labor by other payment systems, we considered health care market factors such as the shift of more complex services from the inpatient to the outpatient setting, which could influence labor intensity and costs, and 60 percent seemed appropriate. (As we explain in section V.I. below, regression analysis confirmed the labor percentage to be 60 percent.) We calculated 60 percent of each hospital's total operating and capital costs. We then divided that amount by the provider's 1996 hospital inpatient PPS wage index value to standardize differences in costs that are attributable to geographic wage differences. The total cost of performing a procedure/visit, therefore, includes wage-standardized operating and capital costs, as well as bundled ancillary costs (that is, operating room time, medical/surgical supplies, pharmaceuticals, anesthesia, recovery room, observation, biologicals, etc.) and minor ancillary procedures (for example, venipuncture), as explained in greater detail in section V.C.

The final hospital outpatient department PPS payment rates that would have been effective January 1, 1999 may differ slightly from those proposed in this rule because we intend to adjust APC payment rates using the fiscal year 1999 hospital inpatient PPS wage index values that are implemented October 1, 1998. The hospital inpatient PPS wage index values proposed for fiscal year 1999 are in the **Federal Register** proposed rule published May 8, 1998 entitled "Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 1999 Rates (HCFA–1003–P)" (63 FR 25575).

We are proposing to use the annually updated hospital inpatient PPS wage index values to adjust both program payment and copayment amounts for area wage variations, as we explain below.

3. Adjustment of Hospital Outpatient Department PPS Payment and Copayment Amounts for Geographic Wage Variations

To adjust the APC payment rates and beneficiary copayment rates for outpatient services for geographic wage variations, we are proposing to use the same labor-related percentage (60 percent) that we used initially to standardize costs for geographic wage differences. When intermediaries calculate actual payment amounts, they will multiply the prospectively determined APC payment rate and copayment amount by that labor-related percentage to determine the labor-related portion of the base payment and copayment rates that is to be adjusted using the appropriate wage index factor. That labor-related portion will then be multiplied by the hospital's inpatient PPS wage index factor, and the resulting wage-adjusted labor-related portion will be added to the non-labor-related portion, resulting in wage-adjusted payment and copayment rates. The wage-adjusted copayment amount is then subtracted from the wage-adjusted APC payment rate, and the result is the Medicare payment amount for the service or procedure. Note that even if a hospital elects to discount the copayment, the full copayment amount is assumed for purposes of determining Medicare program payments. (See section V.D. for a discussion of how Medicare program payments are calculated when the Part B deductible applies.)

The following is an example of how an intermediary would calculate the Medicare payment for a surgical procedure with a hypothetical APC payment rate of $300 that is performed in the outpatient department of a hospital located in Heartland, USA. The copayment amount for the procedure is $105. The hospital inpatient PPS wage index value for hospitals located in Heartland, USA is 1.0234. The labor-related portion of the base payment rate is $180 ($300 × 60 percent), and the non-labor-related portion of the base payment rate is $120 ($300 × 40 percent). The labor-related portion of the base copayment rate is $72 ($120 × 60 percent), and the non-labor-related portion of the base copayment rate is $48 ($120 × 40 percent). It is assumed that the beneficiary deductible has been met.

*Wage-Adjusted Base Payment Rate (rounded to nearest dollar):*
= ($180 × 1.0234) + $120
= $184 + $120
= $304

*Wage-Adjusted Base Copayment Rate (rounded to nearest dollar):*
= ($72 × 1.0234) + $48
= $74 + $48
= $122

*Calculate Medicare Program Payment Amount:*
$304 − $122 = $182

*F. Claims Submission and Processing*

Hospitals will receive detailed instructions on claims submission over the coming year. This section provides a brief overview of the process.

In order for APCs to properly capture services furnished, hospitals must assign HCPCS codes to services. Revenue center codes will capture only packaged services (operating and recovery room, pharmaceuticals, medical/surgical supplies, etc.). Correct assignment of codes requires an understanding of the differences among surgical procedures, a knowledge of the extent of effort expended in a clinic visit, etc. We believe that many hospitals currently have surgical records coded using HCPCS in the medical records department. However, many hospital coders are much more familiar with the ICD–9–CM system of classification than they are with HCPCS. Among the sources of education available to update skills, hospitals may want to explore in-service education from a credentialed coder with experience in billing for physicians' and surgeons' services, classes available from local hospital associations or medical record associations, formal classes in local colleges, etc.

Coding conventions in the outpatient setting differ slightly from those in use in inpatient settings. The diagnosis identified on the claim need not be the "principal" diagnosis, as required under DRGs. Instead the diagnosis is the reason for the visit as identified at the time of the visit. It is not necessary to wait to submit the claim until laboratory or x-ray results are known, in an effort to more clearly identify the diagnosis. In billing for clinic and emergency

department visits, the diagnosis should relate to the reason for the visit. A patient who attends several different clinics in one day should have separate claims submitted for each clinic visit, since at this time only one diagnosis can be associated with each claim. We will seek a change to the UB–92 allowing diagnoses to be identified by number, so that each line item can have a diagnosis associated with it.

Another difference from inpatient reporting is that the DRG GROUPER can take every procedure coded and identify the one highest in the surgical hierarchy applicable to the diagnosis, then ignore those that do not affect the DRG. The HCPCS codes, however, are both more numerous and very specific and should be used appropriately, since each code will trigger a payment.

We propose to apply to hospital outpatient claims HCFA's Correct Coding Initiative (CCI). One of the purposes of the CCI is to ensure that the most comprehensive of a group of codes is billed instead of the component parts. For example, G0001 (routine venipuncture) is a component part of 36430 (transfusion of blood or blood components) and should not be separately billed. Similarly, 94760 (pulse oximetry) should not be billed with surgical procedures for which it is a common monitoring technique. In 1997, hospital outpatient claims showed it more than 10,000 times with 45378 (diagnostic colonoscopy). The CCI also checks for mutually-exclusive code pairs. For example, 93797 (cardiac rehabilitation without ECG monitoring) should not be billed simultaneously with 93798 (cardiac rehabilitation with ECG monitoring), which happened nearly 12,000 times in 1997 hospital outpatient claims. We propose to use the CCI edits to ensure that only appropriate codes are grouped and priced.

Carriers have used CCI as an editing tool since January 1996, and have discovered that the vast majority of edits are rarely triggered. However, as shown in the examples above, hospitals' coding patterns could result in inappropriate payments unless such edits are applied. Under the cost reimbursement system, these types of errors did not ultimately result in higher payments to the hospitals; nor did providing wrong numbers in the units field (for example, repeating the revenue code). Again, under this PPS, each unit billed will trigger a payment. Thus, we have created a second set of edits limiting the number of units allowed for each HCPCS code. For example, only "1" will be accepted in the units field for cataract surgery, but for most services the edit allows for the procedure to be performed a number of times in a day, with an upper limit to reduce obvious errors. Of course, hospitals should report only the actual number of times a procedure was performed, keeping in mind that CPT and HCPCS definitions sometimes specify the units. For example, code 11720 is for debridement of nail(s) by any method; one to five. This code should be reported only once for any number of nails debrided between one and five, inclusive. If more than five nails are debrided, the appropriate code is 11721, debridement of nail(s) by any method; six or more, billed only once in place of 11720.

We propose to require that hospital outpatient and CMHC bills that span more than one day indicate the date of the service for each line item on the bill. Line item dates of service are needed in order to implement the CCI and the units' edits, both of which are applied based on services furnished on the same date.

Further information on billing line item dates of service, using HCPCS to code all claims, and editing will be provided by instructions.

### *G. Updates*

#### 1. Revisions to Weights and the Wage and Other Adjustments

Section 1833(t)(6)(A) of the Act gives the Secretary authority to periodically review and update the APC groups, the relative payment weights, and the wage and the other adjustments that are components of the outpatient PPS, to take into account changes in medical practice, changes in technology, the addition of new services, new cost data, and other relevant information and factors.

We explained above that we intend to update the wage index values used to calculate program payment and copayment amounts on a calendar year basis, adopting effective for services furnished each January 1 the wage index value established for a hospital under the inpatient PPS the previous October 1.

Recalibration of the APC group weights is another type of revision provided for under the statutory review authority. We define recalibration as the updating of all the APC group weights based on more recent information. We do not intend to make this type of update on an annual basis. For example, we are required to rebase ASC payment rates using survey data that are collected every 5 years. At this time, we would like to solicit comments on how frequently to recalibrate the hospital outpatient APC weights and on the method and data that should be used.

Section 1833(t)(6)(B) of the Act requires that all revisions to APC groupings, weights, and other adjustments be made in a budget-neutral manner. Adjustments made for a particular year may not cause the estimated amount of expenditures under the outpatient PPS to increase or decrease from the expenditures that we estimate would have been made under the outpatient PPS without any updates or revisions.

#### 2. Revisions to APC Groups

It is our intent to use the same APC surgical groups in the payment systems both for hospital outpatient services and for surgical services furnished by Medicare-approved ASCs. A discussion of the use of APC groups to set payment rates for Medicare-approved ASCs can be found in the proposed rule entitled "Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Surgical Procedures for Ambulatory Surgical Centers Effective October 1, 1998" (HCFA–1885–P) that was published in the **Federal Register** June 12, 1998 (63 FR 32290). In order to maintain comparability of the APC groups across both settings, we are proposing to coordinate our review of comments on the composition of the APC groups that are submitted during the public comment period following publication of both this proposed rule and the ASC proposed rule. We are further proposing to coordinate any adjustments to the composition of the APC surgical groups that may result from our analysis of both sets of comments to ensure that the final APC surgical groups not only reflect and take into account both sets of comments, but also remain comparable for ASCs and hospital outpatient departments to the maximum extent possible within the constraints imposed by statutory and regulatory requirements.

Thereafter, we expect the composition of all the APC groups to remain essentially intact from one year to the next with the exception of the few changes that may be necessary as a consequence of annual revisions to HCPCS and ICD–9 codes. We do not plan to routinely reclassify services and procedures from one APC to another. HCFA will make these changes based on evidence that a reassignment would improve the group(s) either clinically or with respect to resource consumption. All changes in APC groups must be budget neutral, and changes in APC groups will only be made through notice and comment when we implement the annual outpatient PPS update.

We are proposing to follow certain conventions when, as a result of annual HCPCS and ICD–9 revisions, we add new services to the hospital outpatient PPS. As part of the notice and comment process accompanying the annual update of the outpatient PPS, we shall propose the assignment of a newly created code to the existing APC that, in the judgment of our medical advisors, is the most similar clinically and in terms of resource requirements to the new service. Because a new service will not have any charge history or cost data associated with it, classification of a new service to an existing APC group will not alter the APC payment rate, relative weight, and program payment and copayment amounts that have been established for that APC group. The new service will assume the same payment rate, relative weight, and program and copayment amounts that have been established for the APC group to which it is classified.

If the annual revision of HCPCS or ICD–9 result in the deletion of a code or service that is classified in an APC group under the outpatient PPS, we shall remove that service from the APC group and discontinue paying for the service under the outpatient PPS. When a CPT code that contributed cost data to our 1996 database is deleted, we will continue to use the cost data in the APC. This in fact did occur in the psychotherapy set of codes. The codes that were in effect in 1996 have been replaced. If we did not capture these data from those codes, we would not be able to assign a weight to brief psychotherapy visits. As long as the new codes belong in the same APC, in terms of clinical coherence and related resource use, the data are relevant. If the code that contributed data to the 1996 database were revised so that it no longer belonged in the APC to which it was originally assigned, the revised code would be placed in an APC that better matched the new description. As in the case of an entirely new code, no cost data would be available for the revised code, so it would be assigned the weight, program payment rate, and copayment rate of the codes in the new APC. We will not create an APC for an entirely new code, but will assign it for at least 2 years to an existing group while accumulating data on its costs relative to the other codes in the APC.

When we do reclassify a service from one APC group to another, the reclassification will affect the payment rate, the weight, and the payment and copayment amounts for both of the "donor" APC group and the "receiving" APC group if the service that is reclassified was recognized in 1996 and is reflected in our database. As a result of reclassifying a service that was recognized in 1996 and is reflected in our database, we shall recalculate the payment rate, the weight, and the payment and copayment amounts for both the "donor" APC group and the APC group to which the service is reassigned. If the service that is reclassified was not recognized in 1996 and is therefore not reflected in our database, we shall treat it in the same manner that we treat the addition of altogether new services and the removal of services that are deleted from HCPCS and ICD–9, that is, reclassifying the code will have no effect on the payment rate, relative weight, and payment and copayment amounts for either the donor APC or the receiving APC, and the reclassified code will assume the payment rate, relative weight, and payment and copayment amounts of the APC to which the service is reclassified.

3. Annual Update to Conversion Factor

Section 1833(t)(3)(C)(ii) of the Act requires us to update annually the conversion factor used to determine APC payment rates. Section 1833(t)(3)(C)(iii) of the Act provides that the update be equal to the hospital inpatient market basket percentage increase applicable to hospital discharges under section 1886(b)(3)(B)(iii) of the Act, reduced by one percentage point for the years 2000, 2001, and 2002. We also have the option (under section 1833(t)(3)(C)(iii)) of developing a market basket that is specific to hospital outpatient services. We are considering this option, and we solicit comments on possible sources of data that are suitable for constructing a market basket specific to hospital outpatient services.

*H. Outlier Payments*

Section 1833(t)(2)(E) of the Act requires us to establish in a budget-neutral manner other adjustments that we determine are necessary to ensure equitable payments, such as outlier adjustments or adjustments for certain classes of hospitals. We considered several factors to evaluate the necessity of an outlier adjustment policy.

The most relevant factor is that the proposed system has minimal packaging. Unlike the DRG system for inpatient services, where a patient can be classified into only one payment group during an inpatient stay, payment can be made for a number of APC groups for a given patient on a given day. If multiple services are delivered, payments will be made for multiple APCs. Because a hospital will receive payment for each service furnished, we believe this greatly reduces the need for an outlier adjustment.

Another relevant factor is that critical care services have been isolated into their own APC. Payment for the critical care APC is based on median hospital costs of critical care services. Therefore, payments for this group will reflect the intensity and associated higher costs of this type of medical care.

Even if critical care is not delivered, higher payment will be made for more serious cases. Payments for medical visits to the emergency room will be made at three incremental levels of intensity, and additional payments will be made for any other laboratory work, x-rays, or surgical interventions resulting from the visit.

Upon consideration of the above factors, we do not believe that an outlier adjustment is necessary to ensure equitable payments.

*I. Adjustments for Specific Classes of Hospitals*

As part of the analysis to determine whether payment adjustments would be proposed for the outpatient prospective payment system, we conducted extensive regression analysis of the relationship between outpatient hospital costs (calculated as hospital outpatient operating and capital cost per unit) and several factors that affect costs. The latter included variables used in estimating similar models for the inpatient PPS, as well as several variables unique to hospital outpatient departments. We considered all costs and services for each hospital relevant to the proposed payment system. Ultimately, we decided not to propose any adjustments to the Federal payment other than the wage index used to adjust for local variation in labor costs at this time. While this reflects a difference in policy relative to inpatient PPS, the proposed outpatient PPS is fundamentally different. Specifically, the outpatient system has limited packaging, so variations in costs are limited to the resources used to produce a single procedure. Cost variations in the inpatient system, however, also can be attributed to variation in the intensity of services bundled under a single rate. Therefore, variations in outpatient cost per unit among hospitals are expected to be small relative to the variations in inpatient cost per discharge that have been estimated in the past.

We began our analysis by examining the distribution of service mix and cost per unit (or cost per service) among various types of hospitals. This analysis revealed some extreme values of cost per unit among types of hospitals, especially major teaching hospitals,

hospitals with trauma centers, and eye and ear hospitals. These costs were 200 percent to 400 percent higher than the average cost per unit for all hospitals. Because costs are measured on a per unit basis, values of this magnitude suggested problems both with identifying procedure codes and properly entering the correct unit of measurement (times performed, minutes of treatment, etc.). Under the current payment system, hospitals will be fully reimbursed for their services even if claims do not contain all the procedure codes that would be associated with revenue centers billed. A consistent practice of such under-coding would lead to very high costs associated with a single unit.

The presence of these extreme values also suggested that a few hospitals could unduly influence the distribution of hospital outpatient cost per unit in our regression analysis. Individual bills were not edited for extreme unit costs. However, even removing cost outliers at the bill-level might not have eliminated these extreme variations at the hospital level. A single under-coded bill might not meet outlier thresholds, but the combined effects of coding differences on all of a hospital's bills could create much higher or lower unit costs.

In light of the lack of trimming for outlier/error costs at the bill level, the possibility of outlier hospitals skewing the distribution of cost per unit, and the hospital-level analysis for payment adjustments argued for an edit on cost per unit at the hospital level. The distribution of cost per unit more closely resembles a lognormal distribution than a normal distribution; there are no negative costs and the average cost is greater than the median cost. We identified outliers using the mean and standard deviation of the natural logarithm of cost per unit. Taking the natural logarithm of any variable compresses the distribution and minimizes the impact of the most unusual bills in the determination of the mean. The compressed distribution also makes it more difficult to identify outliers.

We removed 83 hospitals through an edit of three standard deviations from the mean of the logged unit costs: 51 hospitals with a logged cost per unit exceeding three standard deviations above the mean and 32 hospitals with a logged cost per unit less than three standard deviations below the mean. Removing outlier hospitals greatly improved the distribution of unit costs among types of hospitals. The exempted Maryland hospitals were also excluded from the analysis. However, we included the 10 cancer hospitals. After we removed the 54 exempted Maryland hospitals, outlier hospitals, and hospitals for which we could not identify payment variables, we were left with 5,419 hospitals for analysis. Our regression analyses use this set of hospitals.

A variety of regression models have become the standard of practice for examining hospital cost variation and analyzing potential payment adjustments. We looked at two standard models: fully specified explanatory models to examine the impact of all relevant factors that might potentially affect outpatient hospital cost per unit and payment models that examine the impacts of those factors used to determine payment rates. The payment models standardize the dependent variable, hospital outpatient cost per unit, by service mix to capture the relationship between the APC weights and payment under the PPS, rather than a statistical relationship between service mix and costs. Both unweighted regressions and regressions weighted by volume were examined. All regressions employed a double log or semi-log specification. References to logs throughout this discussion refer to the natural logarithm, and the geometric mean is the mean of the natural logarithm of values. Our dependent variable was total hospital outpatient cost per unit.

We used payment variables from the inpatient prospective payment system, including disproportionate share patient percentage, both capital and operating teaching variables (resident to average daily census and resident to bed ratios respectively), and dummy variables to account for location in a rural, large urban, and other urban area. We also looked at a modified teaching variable that reflects outpatient volume, several dummy variables unique to outpatient departments, such as the presence of a trauma unit, and the difference in costs among various types of TEFRA hospitals and cancer hospitals. A discussion of the major payment variables and our findings appears below.

**Service Mix Index**

Using APC weights and the number of services provided in each APC, we calculated an average APC weight, or service mix, for each hospital. We also calculated a "discounted" service mix that considers the reduced weight for additional surgical procedures performed at the same time, which is consistent with the proposed payment system. The national average service mix is 1.43, and the national average service mix discounted for multiple procedures is 1.45. The differences between the two are negligible due to the low volume of services subject to discounting, and they proved almost interchangeable in the adjustment regressions. We did use the discounted service mix for our regressions because it reflects the proposed policy.

Since APC weights are calculated from costs, we would expect approximately a one to one, or proportional, relationship between service mix and hospital outpatient cost per unit. That is, we expect the coefficient of the service mix to be one in a regression of outpatient cost per unit on the service mix. However, initial payment regressions of hospital outpatient cost per unit on service mix and the wage index revealed a coefficient of 0.68, suggesting that the calculated service mix increases faster than cost per unit; a 10 percent increase in the service mix is associated with a 6.8 percent increase in costs.

This estimated relationship prompted a preliminary analysis of the relationship between geometric means and median cost per unit within each APC. If per unit cost within APCs is distributed log normally, the median and the geometric mean are equivalent. However, if the distribution of costs within APCs is skewed, then the median may differ from the geometric mean. Because the dependent variable in the regression models is the natural log of hospital outpatient cost per unit, a systematic difference between the geometric mean of cost per unit and median cost per unit could explain the lack of one to one relationship between hospital service mix and hospital cost per service. Weighting the regression equation by the volume of services, essentially giving greater weight to the relationship between service mix and unit costs for hospitals with a higher volume of services, increases the relationship to 7.5 percent. Higher volume hospitals tend to have a higher service mix and higher service costs.

A limited analysis of unit costs for selected APCs demonstrated that, in general, in APCs with low relative weights, median hospital cost per unit is lower than the geometric mean of logged hospital cost per unit, and, in APCs with high relative weights, median hospital cost per unit is generally higher than the geometric mean. This would lead to a greater spread in a hospital's service mix than appears in their actual cost per unit, and would provide an explanation for the less than proportional relationship that was estimated to exist between service mix and cost per unit. A regression of cost per unit on a service mix derived from weights based on the geometric

mean and the wage index demonstrated better correlation; a 10 percent increase in service mix led to a 7.7 percent increase in cost per unit. Weighting this regression equation by the volume of services increases the relationship to 9.1 percent, suggesting that the higher service mix of higher volume hospitals better tracks those hospitals' cost per unit.

### Labor Share

The coefficient of the hospital wage index is the estimated percentage change in costs attributable to a 1 percent increase in the wage index. This coefficient provides an estimate of the share of outpatient hospital unit costs that are attributable to labor. Depending on the model specification, the coefficient ranged from 0.51 to 0.68 reflecting a labor share between 50 and 70 percent. The coefficient from a fully specified payment regression of the hospital cost per unit standardized for the service mix on the wage index, disproportionate share patient percentage, modified teaching, rural, and urban variables is approximately 0.60, suggesting a labor share of 60 percent. Even though we ultimately decided that we would not propose additional adjustments, we believe that the coefficient from this specification provides the best estimate of the labor share for the proposed system. This judgment was based on a policy to use a labor share that reflected the relationship between the wage index and costs, rather than the effects of correlated factors. The explanatory regression model that has a dependent variable of unstandardized hospital outpatient cost per unit also implies a labor share of 60 percent across most specifications.

### Teaching Intensity and Disproportionate Share Patient Percentage

For the inpatient PPS, the intensity of teaching programs has typically been measured by the resident to bed ratio or resident to average daily census ratio. Early in our regression analysis, we used resident to the average daily census of inpatient days, the teaching variable from inpatient capital PPS. The results suggested that costs increase somewhat with the size of the teaching program ($p<0.05$). However, we believed that this ratio could not adequately represent teaching hospitals with large outpatient departments relative to the size of their inpatient operations. We modified the resident to average daily census variable to reflect the ratio of residents to combined inpatient and outpatient utilization. To accomplish this, we calculated the ratio of inpatient costs per day to outpatient costs per unit for each hospital, and we used this ratio to convert hospital services into inpatient day equivalents. We combined both inpatient days and outpatient day equivalents to get a ratio of residents to inpatient and outpatient days. Since we cannot, at this time, allocate residents to inpatient and outpatient settings, we could not estimate a teaching variable based on residents to outpatient volume alone.

We created the disproportionate share patient percentage variable by adding the percentage of inpatient days attributable to Medicaid patients to the percentage of Medicare patients receiving Supplemental Security Income. In most regression specifications, the disproportionate share percentage was positive, small in magnitude, and significant ($p<0.05$). These coefficients imply that a hospital with a 40 percent disproportionate share percentage would be approximately 4.5 percent [calculated $(e^{DSHP*0.11}-1)*100$] more costly than hospitals without any low-income patients. Teaching intensity variables were not significant in un-weighted regressions ($p>0.05$). However, they were positive and significant in regressions weighted by number of services. The teaching coefficient implies that a hospital with a resident to combined inpatient and outpatient "days" ratio of 0.35 would be 2.4 percent [calculated $((1+IME)^{0.08}-1)*100$] more costly than hospitals with no residents.

We also estimated several regression specifications to determine if there were thresholds for the estimated impacts of teaching and disproportionate share patient percentage on costs. We determined that positive and significant estimated differences do not occur for hospitals whose disproportionate share percentage is less than 0.40. Significant effects for the teaching variable do not occur for hospitals whose ratio of residents to inpatient and outpatient days is less than 0.32. We used these results to estimate a new disproportionate share patient percentage based on a 0.30 threshold and a ratio of residents to inpatient and outpatient "days" based on a 0.28 threshold. We chose these thresholds by identifying the point at which the relationship between the unit costs and the teaching intensity or disproportionate share patient percentage becomes positive rather than significant because of the lack of significance associated with the teaching variable and because the small coefficient for the disproportionate share variable led to intermittent significance for higher values. We subtracted these thresholds from the original variable to create new teaching and disproportionate share patient percentage variables. Subtracting the threshold removes the effect of values that are not significantly related to cost per unit and eliminates the sudden increase (notch effect) in the disproportionate share patient percentage and teaching variable at the threshold level. The new variables suggest that a hospital with a disproportionate share patient percentage 10 points higher than the 30 percent threshold is approximately 2.3 percent more costly [calculated $(e^{DSHP*0.23}-1)*100$] and that a hospital with a ratio of residents to inpatient and outpatient utilization 0.07 higher than the 0.28 threshold is approximately 0.75 percent more costly [calculated $((1+IME)^{0.11}-1)*100$].

### Urban and Rural Location

We also estimated difference in hospital outpatient costs between rural, large urban, and other urban areas. In almost all of the regression models, both explanatory and payment, the rural dummy variable was positive and significant ($p<0.05$). Rural hospitals had approximately 8 percent higher standardized unit costs than urban hospitals. In all of the regression models, large urban hospitals were not significantly different from other urban hospitals.

### TEFRA and Cancer Hospitals

We also found that some types of TEFRA hospitals (long-term care, children's, and psychiatric) and the ten cancer hospitals have significantly ($p<0.05$) higher unit costs standardized for service mix. Cancer, children's, and long term care hospitals demonstrated standardized unit costs that were at least 20 percent higher than other hospitals. We believe that these significantly higher costs largely can be attributed to under-coding because proper coding is not required for the payment of many services under the current system, especially medical visits. Poor coding would affect calculations of both service mix and cost per unit.

### Estimated Payments

The appropriateness of potential payment adjustments must be based on both cost effects estimated by regression analysis and other factors including simulated payment impacts. We simulated the impact of the proposed system on hospitals by calculating the percentage difference between payments made under current law and payments

under the proposed system (column 3). Section X. contains a more complete table that considers the impact of proposed payments on additional classes of hospitals, including TEFRA and cancer hospitals. Although Column 3 represents the net effect of the new PPS on hospitals, we thought it was necessary to show the impacts on hospitals of simply changing the payment system without including the effects of the overall reduced payment to hospitals because the PPS system is not budget neutral to current payment. To reiterate, the conversion factor is set by summing Medicare payments under the current system and beneficiary copayment under the new system and dividing by the sum of the relative weights. Beneficiary copayments under the new system will reduce overall payments to most hospitals because 20 percent of the median group charges is less than 20 percent of actual charges. Therefore, we simulated the impacts as though the conversion factor were set as if the system were to be budget neutral. Column 4 demonstrates the distributional impacts resulting from implementing the new system after eliminating the overall reduction in payment most hospitals will experience due to the effect of the methodology used to set the conversion factor. We believe the column 4 percentage differences are what we should examine since any adjustment we would consider should correct for inequities caused by moving to a PPS (not the legislated reduction in total payment). Therefore, we based our decision about adjustments on these percentage differences rather than percentages combining the PPS and the overall reduction in coinsurance amounts required by law. We also estimated payment to cost ratios associated with the new payment methods and the percent change in total Medicare payments. All simulations used a labor share of 60 percent. The table below shows the results of two simulations. The first contains only the wage index adjustment to the APC rates. The second also includes the threshold adjustments for disproportionate share patient percentage and teaching intensity discussed above.

BILLING CODE 4120–01–P

## CHANGES FOR 1999
## OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

| | | | No Teaching and DSH Adjustments | | | | Teaching and DSH Adjustments | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number of hospitals (1) | Outpatient percent (2) | Percent change in Medicare Outpatient payment (3) | Conversion Factor Effect removed (4) | Stand-ardized payment to cost ratio (5) | Percent change in total Medicare payments (6) | Percent change in Medicare Outpatient payment (7) | Conversion Factor Effect removed (8) | Standardized payment to cost ratio (9) | Percent change in total Medicare payments (10) |
| ALL HOSPITALS | 5,419 | 9.9 | -3.8 | -0.0 | 1.0000 | -0.4 | -3.8 | -0.0 | 1.0000 | -0.4 |
| NON-TEFRA HOSPITALS | 4,864 | 10.0 | -3.7 | 0.1 | 1.0011 | -0.4 | -3.7 | 0.1 | 1.0012 | -0.4 |
| GEOGRAPHIC LOCATION: URBAN HOSPITALS | 2,677 | 9.3 | -3.3 | 0.5 | 1.0057 | -0.3 | -3.2 | 0.6 | 1.0069 | -0.3 |
| LARGE URBAN AREAS | 1,516 | 9.1 | -5.0 | -1.3 | 0.9868 | -0.5 | -4.6 | -0.8 | 0.9915 | -0.4 |
| OTHER URBAN AREAS | 1,161 | 9.6 | -0.9 | 3.0 | 1.0332 | -0.1 | -1.3 | 2.6 | 1.0293 | -0.1 |
| RURAL HOSPITALS | 2,187 | 14.7 | -5.2 | -1.5 | 0.9816 | -0.8 | -5.7 | -1.9 | 0.9770 | -0.8 |
| VOLUME (URBAN) 0- 4,999 UNITS | 278 | 12.1 | -15.6 | -12.3 | 0.8164 | -1.9 | -14.8 | -11.4 | 0.8244 | -1.8 |
| 5,000- 10,999 UNITS | 442 | 9.8 | -6.3 | -2.6 | 0.9559 | -0.6 | -5.8 | -2.1 | 0.9607 | -0.6 |
| 11,000- 20,999 UNITS | 599 | 9.1 | -5.8 | -2.1 | 0.9574 | -0.5 | -5.6 | -1.9 | 0.9593 | -0.5 |
| 21,000- 42,999 UNITS | 780 | 8.7 | -3.6 | 0.2 | 1.0071 | -0.3 | -3.9 | -0.1 | 1.0040 | -0.3 |
| 43,000 OR MORE UNITS | 578 | 9.7 | -2.0 | 1.9 | 1.0266 | -0.2 | -1.7 | 2.2 | 1.0299 | -0.2 |
| VOLUME (RURAL) 0- 4,999 UNITS | 816 | 18.2 | -17.0 | -13.7 | 0.7799 | -3.1 | -17.2 | -13.9 | 0.7781 | -3.1 |
| 5,000 - 10,999 UNITS | 694 | 15.8 | -10.0 | -6.5 | 0.9144 | -1.6 | -10.3 | -6.7 | 0.9122 | -1.6 |
| 11,000 - 20,999 UNITS | 420 | 14.6 | -5.8 | -2.1 | 0.9848 | -0.8 | -6.2 | -2.5 | 0.9812 | -0.9 |
| 21,000- 42,999 UNITS | 215 | 13.5 | -1.8 | 2.0 | 1.0368 | -0.2 | -2.5 | 1.3 | 1.0294 | -0.3 |
| 43,000 OR MORE UNITS | 42 | 13.2 | 5.3 | 9.4 | 1.1263 | 0.7 | 4.6 | 8.7 | 1.1190 | 0.6 |

| | | | No Teaching and DSH Adjustments | | | | Teaching and DSH Adjustments | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number of hospitals (1) | Outpatient percent (2) | Percent change in Medicare Outpatient payment (3) | Conversion Factor Effect removed (4) | Stand-ardized payment to cost ratio (5) | Percent change in total Medicare payments (6) | Percent change in Medicare Outpatient payment (7) | Conversion Factor Effect removed (8) | Standardized payment to cost ratio (9) | Percent change in total Medicare payments (10) |
| TEACHING STATUS | | | | | | | | | | |
| NON-TEACHING | 3,847 | 11.2 | -3.1 | 0.7 | 1.0031 | -0.3 | -3.7 | 0.1 | 0.9973 | -0.4 |
| FEWER THAN 100 RESIDENTS | 766 | 9.1 | -1.8 | 2.0 | 1.0326 | -0.2 | -2.4 | 1.5 | 1.0266 | -0.2 |
| 100 OR MORE RESIDENTS | 250 | 9.2 | -9.4 | -5.8 | 0.9331 | -0.9 | -6.4 | -2.7 | 0.9643 | -0.6 |
| DISPROPORTIONATE SHARE PATIENT RATIO | | | | | | | | | | |
| 0 | 25 | 25.1 | -0.3 | 3.6 | 0.9250 | -0.1 | -1.2 | 2.7 | 0.9175 | -0.3 |
| 0.001- 0.099 | 916 | 10.3 | -4.9 | -1.1 | 0.9780 | -0.5 | -5.8 | -2.1 | 0.9682 | -0.6 |
| 0.100- 0.159 | 1,016 | 10.9 | -0.9 | 3.0 | 1.0447 | -0.1 | -1.9 | 1.9 | 1.0337 | -0.2 |
| 0.160- 0.299 | 1,613 | 10.1 | -3.0 | 0.8 | 1.0113 | -0.3 | -3.7 | 0.0 | 1.0039 | -0.4 |
| GREATER THAN 0.299 | 1,294 | 9.2 | -6.6 | -2.9 | 0.9617 | -0.6 | -3.5 | 0.3 | 0.9934 | -0.3 |

BILLING CODE 4120-01-C

Based on our analyses, we are not proposing to make adjustments to the outpatient payment rates for disproportionate share patient percentage and teaching intensity and rural location for the following reasons.

1. Estimated effects of teaching intensity and disproportionate share patient percentage on costs were small and, in some cases, not statistically significant.

2. Payment impacts without such adjustments do not vary considerably, the largest being a reduction of 5.8 percent for major teaching hospitals. These impacts should also be evaluated in terms of the overall effect on Medicare payments since on average, outpatient services account for 10 percent of hospitals' Medicare payments. For example, the associated reduction of total Medicare payments for major teaching hospitals would be about 1 percent.

3. With the threshold adjustments we considered, estimated payment reductions for rural hospitals would be 1.9 percent under the proposed system, rather than 1.5 percent. These hospitals also receive a greater percent of their Medicare income (14.7 percent) from providing outpatient services. Similarly, payment reductions for low-volume rural hospitals would be 13.9 percent of current payments, rather than 13.7 percent, and these hospitals also earn a greater percentage of their Medicare income (18.2 percent) from providing outpatient services. Because of these potential shifts in payments, any adjustment should be based on stronger analytic results than those found with the current data.

4. We also believe the issue of payment adjustments should be reexamined using data from initial years of the implemented system because current cost calculations and relationships among key factors and costs probably are affected by variation in coding patterns.

5. HCFA is working towards standardizing payment across all sites of service. Fewer adjustments to the outpatient PPS would allow HCFA to move ahead more quickly with this approach.

6. We believe that we should further analyze the impact of basing APC weight calculations on the median rather than the geometric mean because better correlation between costs and service mix would impact the size of adjustments.

Although the payment simulations show potentially large percentage losses and low payment to cost ratios for low-volume hospitals, we are not proposing an adjustment for volume. The low-volume hospitals get a much greater percent of their Medicare income from the provision of outpatient services than the average, and total Medicare payments would drop by 3.1 percent for rural low-volume hospitals and 1.8 percent for urban low-volume hospitals. Low-volume hospitals have higher than average standardized unit costs, which may be attributable to economies of scale, under-coding, or cost allocations to the outpatient departments that are not volume related. However, an adjustment to the rates based on volume alone might reward inefficiency and create adverse incentives such as a reduction in services in order to increase payment rates. Moreover, these hospitals do not comprise a large enough proportion of other hospital types to substantially benefit from other adjustments (for example, teaching or disproportionate share).

We are particularly concerned about the potential impact of the outpatient PPS on low-volume rural hospitals that are sole community hospitals or Medicare-dependent hospitals. Approximately 60 percent of the rural hospitals furnishing fewer than 5,000 visits fall into these categories. We are investigating the reasons for their higher costs and are assessing whether a temporary adjustment is needed to moderate the impact of moving to an outpatient PPS. One option we are considering would be to phase-in the outpatient PPS for low-volume Medicare-dependent and sole community hospitals by paying a portion of the payment based on PPS rates and a portion based on the current payment system. For example, payment could be based on 75 percent of payments under the current system and 25 percent on PPS rates in the first year, 50 percent current system payments and 50 percent PPS rates in the second year, 25 percent current system payments and 75 percent PPS rates in the third year, and completely on PPS rates in subsequent years. Another option we are considering would phase-in outpatient PPS if a low-volume sole community hospital or Medicare-dependent hospital has a negative Medicare margin for outpatient services. For example, payment could be based on the amount payable under outpatient PPS plus a percentage of the difference between those amounts and the amounts payable under the current system. The percentage of the difference that would be payable could phase down, for example, 75 percent in year one of implementation, 50 percent in year 2, 25 percent in year 3, and no adjustment in year 4 and subsequent years. We solicit comment on this and other alternatives we might consider. By statute, any adjustment would have to be budget neutral.

We also are not proposing adjustments for cancer or TEFRA hospitals at this time. We believe that claims from cancer and TEFRA hospitals have been under-coded for many of the services cancer hospitals provide due to the lack of payment incentives for proper coding of these services under the current system. Further analysis will be conducted to determine if current coding practices explain the negative impact. If we determine that cancer hospitals would be unduly harmed because of the new outpatient PPS, we will consider whether an adjustment or perhaps a transition period is needed to moderate the impact. By statute, any adjustment would have to be budget neutral.

We do not believe that this action will restrict beneficiary access because other hospitals provide many of the same services provided at TEFRA hospitals. In addition, children's and free-standing psychiatric hospitals are less dependent than other hospitals on Medicare revenues. Finally, the remaining classes of TEFRA hospitals, rehabilitation and long-term care, lose a much smaller percentage of their total Medicare income, 3.7 and 3.5 percent respectively than the average for all facilities.

We are not proposing adjustments for any eye and ear or trauma hospitals because payment simulations demonstrated an increase in payments under the proposed PPS. We will assess the need for additional adjustments and make any appropriate changes as data become available under the new system.

*J. Volume Control Measures*

Section 1833(t)(2)(F) of the Act requires us to develop a method for controlling unnecessary increases in the volume of covered outpatient department services, including partial hospitalization services in CMHCs. If the volume of services paid for increases beyond amounts established through methodologies determined in section 1833(t)(2)(F), section 1833(t)(6)(C) provides that the update to the conversion factor may be adjusted. MedPAC recommends in its report to the Congress that we implement an expenditure cap to help control spending for hospital outpatient services and that we monitor hospital outpatient volume to ensure that access to services and quality of care are not reduced under a cap.

In this proposed rule, we are proposing a volume control measure for services furnished in CY 2000. In the

proposed rule for rates that would be effective in CY 2001, we plan to propose an appropriate method for determining expenditure targets for services furnished in CY 2001 and subsequent years, following completion of further analysis of how that target should be computed. Later in this section, we discuss several possible approaches for controlling the volume of hospital outpatient services furnished in CY 2001 and subsequent years.

Pursuant to section 1833(t)(2)(F) and consistent with section 1833(t)(6)(C), we are proposing to update the target amount specified under section 1833(t)(3)(A) for CY 1999 as an expenditure target for services furnished in CY 2000. We will update the CY 1999 target for inflation (based on the projected change in the hospital market basket minus one percentage point) and estimated changes in the volume and intensity of hospital outpatient services and estimated Part B fee-for-service changes in enrollment. If volume exceeds the target for CY 2000, we are proposing to adjust the update to the conversion factor for CY 2002. We will compare the CY 2000 target to an estimate of CY 2000 actual payments to hospitals. (HCFA's Office of the Actuary will determine the CY 2000 actual payments using the best available data.) If unnecessary volume increases, as reflected by expenditure levels, cause payments to exceed the target, we will determine the percentage by which the target is exceeded, and adjust the CY 2002 update to the conversion factor by the same percentage.

In conjunction with the Office of Inspector General, we are proposing to do further work to assure that only payments made in accordance with existing Medicare law and regulations were used in the calculation of the target amount. If this work reveals that adjustments to the target amount and expenditure ceiling are warranted, we will address this issue in a future rule.

When the inpatient PPS was implemented, the packaging of all services provided during an admission under a single rate was the primary method of volume control. This method was appropriate because the concern was the intensity of services per admission, rather than the number of admissions, which was generally stable. For outpatient department services, there has been rapid growth in the intensity of ancillary services per procedure. We believe that greater packaging of these services might provide volume control. However, because the hospital outpatient PPS will not initially include a significant degree of packaging, we are examining a number of mechanisms to control unnecessary increases, as reflected by expenditure levels, in the volume of covered outpatient department services. The volume of services is a significant concern, particularly during the first few years of the outpatient PPS, because of the possible incentives under PPS to increase utilization.

Although the updated target amount provides a basis against which we can measure year 2000 actual payments, we need to develop an approach for establishing a volume control measure for years 2001 and beyond. Because of the complexities involved in developing such a system, we do not plan to propose a method for future years (2001 and beyond) until we issue our notice of proposed rulemaking for CY 2001, but we want to open a discussion now, so that we can obtain comments that we can use in developing a proposal.

One possible mechanism to control unnecessary increases in the volume of outpatient services paid for under the outpatient PPS is to expand the sustainable growth rate (SGR) system for physician services, which is required under section 1848(d)(3) of the Act, as amended by section 4502 of the BBA, to take into account hospital outpatient services. Physicians typically are responsible for ordering medical services and are thus responsible for determining a substantial portion of hospital outpatient volume. Expanding the SGR system for physician services to include hospital outpatient services would provide added incentives for physicians to evaluate the necessity of orders for hospital outpatient services.

A second possible mechanism would be to expand the SGR system for physician services to include all ambulatory services, for example, services in hospital outpatient departments and ASCs, and to use this expanded SGR system to establish updates for the ambulatory facility payments as well as for physician fee schedule updates. This method would spread volume control incentives more evenly across the ambulatory sector. It would more closely align physician and facility incentives and be less sensitive than a hospital-outpatient-department-only SGR to shifts in site of service.

A third approach to controlling unnecessary growth in the volume of hospital outpatient services is to modify the physician SGR method and incorporate it into the hospital outpatient department payment system. That is, as in the physician payment context, an SGR value for hospital outpatient services would be calculated and payment updates for these services would be reduced if volume increases result in expenditures above target levels.

We believe the third option of linking updates of the outpatient department conversion factor to an SGR system is the most feasible approach to take initially. Additional study, analysis, and possible legislative modification would be necessary before we could consider implementing either of the first two options discussed above. We acknowledge that, to the extent that hospital outpatient volume is physician driven, an outpatient SGR could arguably be viewed as unnecessarily and unfairly penalizing facilities. Moreover, because sites of ambulatory care are relatively interchangeable with respect to the delivery of outpatient services, setting appropriate targets for hospital outpatient departments alone could be difficult. However, an outpatient SGR system would parallel the SGR system created for physician services under section 4502 of the BBA. Physician volume issues have been extensively analyzed by MedPAC, and the SGR system for physicians has evolved as a feasible method for volume control. Many outpatient PPS issues are similar to physician issues because changes in technology and places of service can affect expenditures for both hospital outpatient departments and physicians.

The outpatient SGR system would base volume and intensity growth allowances for services under the outpatient PPS on the growth in the general economy. Other factors in determining the target rate of growth include medical inflation, changes in enrollment, and changes in spending due to changes in the law or regulations. The outpatient SGR would be calculated as the product of—

(1) The annual update to the conversion factor (described in section V.G.3. of this preamble), which is the outpatient market basket percentage increase reduced by one percentage point for the years 2000, 2001, and 2002.

(2) The percentage increase or decrease in Part B enrollees (excluding those enrolled in Medicare+Choice) from one year to the next;

(3) The projected growth in the real gross domestic product per capita (or real gross domestic product per capita plus an appropriate factor for recent outpatient department services growth) from the previous year to the year involved; and

(4) The percentage change in spending for outpatient department services resulting from changes in law and regulations from one year to the next.

This growth rate system would be used in setting annual updates to the conversion factor for hospital outpatient services. Pursuant to section 1833(t)(2)(F) of the Act, and consistent with section 1833(t)(6)(C), we would lower the annual update to the conversion factor for a given year if volume increases cause expenditures to exceed the target amount in a previous year. While we think using an outpatient department SGR is the most feasible option in the short term, in the long term we would like to develop a more integrated approach that addresses physicians and ASCs, as well as outpatient departments. In addition to requesting comments on our proposed volume control measure for services furnished in CY 2000, we specifically solicit comments on the appropriateness of applying the SGR method directly to payments made under the outpatient PPS for future years. We also welcome comments on the development of a long-term integrated system that we would consider as we develop possible future proposals. In our final rule, we will respond to comments on our proposed volume control measure for services furnished in CY 2000. We do not intend to respond to comments concerning the development of an SGR system for services furnished after CY 2000, an integrated system, or any other approach. However, we will use any comments we receive in developing a proposal we will make next year for volume control measures to be applied to services furnished after CY 2000.

*K. Prohibition Against Administrative or Judicial Review*

Section 1833(t)(9) of the Act prohibits administrative or judicial review of the PPS classification system, the groups, relative payment weights, adjustment factors, other adjustments, volume control methods, calculation of base amounts, periodic control methods, periodic adjustments, and the establishment of a separate conversion factor for cancer hospitals.

## VI. Hospital Outpatient Clinics and Other Provider-Based Entities

*A. Background*

The Medicare law (section 1861(u) of the Act) lists the types of facilities that are regarded as providers of services, but does not use or define the term "provider-based." However, from the beginning of the Medicare program, some providers, which are referred to in this section as "main providers," have owned and operated other facilities, such as SNFs or HHAs, that were administered financially and clinically by the main provider. The subordinate facilities may have been located on the main provider campus or may have been located away from the main provider. In order to accommodate the financial integration of the two facilities without creating an administrative burden, we have permitted the subordinate facility to be considered provider-based. The determination of provider-based status allowed the main provider to achieve certain economies of scale. To the extent that overhead costs of the main provider, such as administrative, general, housekeeping, etc. were shared by the subsidiary facility, these costs were allowed to flow to the subordinate facility through the cost allocation process in the cost report. This was considered appropriate because these facilities were also operationally integrated, and the provider-based facility was sharing the overhead costs and revenue producing services controlled by the main provider.

Before implementation of the hospital inpatient PPS in 1983, there was little incentive for providers to affiliate with one another merely to increase Medicare revenues or to misrepresent themselves as being provider-based, since at that time each provider was paid primarily on a retrospective, cost-based system. At that time, it was in the best interest of both the Medicare program and the providers to allow the subordinate facilities to claim provider-based status, because the main providers achieved certain economies, primarily on overhead costs, due to the low incremental nature of the additional costs incurred. For example, the billing department of a main provider could usually accommodate the additional workload associated with a provider-based facility by hiring an additional billing clerk, instead of incurring the cost of a separate billing department for the provider-based facility. This economy of scale would usually extend to the other overhead costs incurred by the main provider, because the free-standing facility was generally more costly to maintain than one that was provider-based. This was due primarily to the savings on overhead costs that were accomplished by the merging of the free-standing facility into the main provider and having it integrated with the main provider. Although there were several limited guidelines outlining the conditions for certain provider-based situations, we devoted few resources to reviewing provider compliance, because there was little incentive for providers to use this designation inappropriately.

Since 1983, the number of provider-based facilities has increased significantly. For example, in July of 1982, there were 481 provider-based HHAs as compared with 2,577 provider-based HHAs in October of 1996. This was an increase of 435.75 percent in the 13 years since the PPS was established. In addition, many hospitals now have a large number of outpatient clinics, often located at various sites.

We believe the growth in the number of facilities and organizations claiming to be provider-based has occurred for several reasons. First, the PPS established payment rates using base year costs that included provider overhead. Health care providers, looking for ways to increase their Medicare revenues, realized that if they established provider-based facilities or organizations that were still subject to the reasonable cost principles, they would then be able to shift some of the overhead from the hospital inpatient operating costs to these provider-based facilities or organizations. The PPS main provider would be paid a PPS payment that was intended to cover overhead costs, as well as being reimbursed on a reasonable cost basis based on Medicare's share of the overhead costs for the services furnished by the provider-based facility or organization. A main provider that is excluded from PPS and subject to the rate-of-increase limits would also benefit from shifting its overhead to the subordinate provider-based facility or organization. This cost shifting would enable it to increase its payment by being paid for the Medicare share of the diverted overhead on a cost-based methodology, as well as bringing its costs below the rate-of-increase limit. The main provider could then share in the incentive payment by having its costs come in below the target rate.

More recently, other factors have combined to create incentives for providers to affiliate with one another and to acquire control of nonprovider treatment settings, such as physician offices. Integrated delivery systems offer a wide variety of health care services and can assume responsibility for entire episodes of a patient's illness. These systems are attractive to patients, who seek continuity of care, and to businesses seeking a single source of health services for their employees. The resulting growth in the number of patients enrolled by these integrated delivery systems has created a powerful incentive for affiliations. In addition, hospitals rely on referrals from physicians to assure a steady stream of patients, and they have begun to purchase physician practices and integrate them into their outpatient operations. This trend also has created

incentives for hospitals to affiliate with physician practices.

*B. Effects on Medicare*

For several reasons, it is essential that we ensure that decisions regarding provider-based status are made appropriately, and that facilities or organizations are not recognized as provider-based unless they are in fact integral and subordinate parts of the main provider. As noted earlier, in cases where main providers are paid under the PPS and subordinate facilities or organizations are paid under the reasonable cost reimbursement method (section 1861(v)(1)(A) of the Act and 42 CFR part 413), a provider-based determination could allow the main provider to shift overhead costs to cost centers that are paid on a cost basis and thereby increase Medicare payments with no commensurate benefit to the Medicare program or its beneficiaries.

Payments for services furnished in a hospital outpatient clinic generally include both a facility payment and payment for the professional services of a physician. The combined payments are typically higher than the payment for comparable services furnished in a physician office, where a separate facility fee is not payable. In many cases, there is also an increase in beneficiaries' out-of-pocket expenses compared to services furnished in a physician office. For example, when a beneficiary is treated in a physician office, the only payment made is Part B payment to the physician for his or her professional services, under the physician fee schedule. The single payment made under the physician fee schedule pays for the physician's work and includes a component for practice expense. The beneficiary's coinsurance is based on 20 percent of the physician fee schedule amount. However, if the same service is furnished in a hospital outpatient clinic, Medicare Part B payment for a facility fee is also made to the hospital, in addition to the physician's payment (which may include a smaller practice expense component). Thus, for the same visit, the beneficiary is also subject to the Part B coinsurance for the hospital's facility fee. Beneficiaries are responsible for coinsurance based on 20 percent of the hospital's charges (or, the applicable coinsurance amounts under the hospital outpatient PPS).

Provider-based status also raises issues of Medicare coverage. Generally, the services of nonphysician staff furnished in a physician office are covered only as services "incident to" the professional services of a physician under section 1861(s)(2)(A) of the Act. This means that a physician must be available on the premises when the service is furnished, in order to provide direct supervision of that service. In hospital outpatient departments, however, we presume that the "incident to" requirements are met with respect to hospital services incident to physician services to outpatients (section 1861(s)(2)(B)). The policy assumed the outpatient department was co-located on the hospital premises and staff physicians would be available nearby to provide necessary oversight. It is possible that a hospital outpatient clinic may not be in the immediate vicinity of the hospital and may furnish nonphysician services without actually providing for direct physician supervision of those services. We do not believe that such services should be presumed to meet applicable "incident to" requirements. As explained below, it could also present a health and safety risk at a time when the office is staffed with nonphysician personnel who are furnishing medical care with no physician present and available to attend to any unexpected emergency situation that may arise.

Provider-based status for a facility or organization can have other implications for the health and safety of its patients. Hospital outpatient facilities are subject to the Medicare conditions of participation in 42 CFR part 482, including specific requirements covering such crucial areas as adequacy of physician care (§ 482.22, "Conditions of participation: Medical staff"), and the safety of the physical environment, including compliance with fire safety requirements (§ 482.41, "Conditions of participation: Physical environment"). Beneficiaries have the right to expect that any outpatient department of a hospital meets applicable conditions of participation and that the facility is capable of providing care commensurate with the general level of care furnished in a hospital outpatient department that is co-located with the inpatient setting. However, the facility claimed as an outpatient department may not have been surveyed for compliance with the conditions of participation and, in some cases, we may not even have been notified of its existence.

The BBA includes several new provisions that can be implemented appropriately only if clear distinctions are made between free-standing and provider-based facilities. Section 4205(a)(1) of the BBA amended section 1833(f) of the Act to extend the per-visit payment limit for rural health clinics (RHCs), which previously applied only to free-standing RHCs, to most provider-based RHCs as well. (The law provides that the limit does not apply to RHCs located in hospitals with less than 50 beds.)

Section 4541 of the BBA amended section 1833 of the Act to establish a prospective system of payment for outpatient physical therapy services (including outpatient speech-language pathology services) and outpatient occupational therapy services furnished after 1998, and to establish a $1,500 annual limit on the amount of payment for such services to each beneficiary. Under sections 1833(g)(1) and (g)(2) of the Act, however, that limit does not apply to services furnished in hospital outpatient departments. Moreover, as explained later in this section of the preamble, there are differences in payment for ambulatory surgical services, depending on whether the services are furnished in a hospital, by an approved ASC, or in a physician office. Further, higher composite rate payments are made to hospital-based ESRD facilities than to free-standing ESRD facilities. Thus, it is essential that we have clear rules for identifying provider-based facilities.

*C. Relationship of the "Provider-Based" Proposals to Prospective Payment for Outpatient Hospital Services and Effective Date of "Provider-Based" Proposals*

Although the proposed regulations set forth in new § 413.65 and in the amendment to § 413.24 relate to providers generally, their implementation is crucial to successful implementation of a PPS for outpatient hospital services. No outpatient PPS can succeed if it does not clearly define the services to which it applies. Experience suggests that under the existing policies defining provider-based status, many ambulatory services may be characterized either as physician office services or as services of hospital outpatient departments or clinics or an ASC, depending on the financial incentives involved. Thus, we are publishing these proposed rules to permit clearer distinctions to be made between various types of services, and to ensure that services paid for under the outpatient PPS are of the same type as those included in the data on which the system is based.

As explained in the previous section of this preamble, it is essential that provider-based decisions be made appropriately in all cases, not just those involving outpatient hospital services paid for under a PPS. Therefore, the effective date of these proposals will not be delayed until after an outpatient PPS is in effect. On the contrary, we plan to

implement proposed §§ 413.24(d)(6)(i) and (ii), 413.65, 489.24(b), and 498.3, as revised based on our consideration of public comments, with respect to services furnished on or after 30 days following publication of a final rule.

*D. Basis for Current Provider-Based Policy*

Although there is no direct statutory requirement to maintain explicit criteria for determination as to provider-based status, there are statutory references acknowledging the existence of this payment outcome. For example, section 1881(b) of the Act provides for separate payment rates for hospital-based (ESRD) facilities.

There is currently no general definition of "provider-based facility" in the CFR. However, various sections of the CFR do contain provisions for recognition of specific types of entities as provider-based.

Section 405.2462(a) authorizes payment for RHCs and Federally qualified health centers (FQHCs) as provider-based, if:

(1) The clinic or center is an integral and subordinate part of a hospital, SNF, or HHA participating in Medicare, (that is, a provider of services); and

(2) The clinic or center is operated with other departments of the provider under common licensure, governance, and professional supervision.

Definitions of hospital-based HHAs and SNFs were published in final notices on cost limits for HHAs and SNFs, in the June 5, 1980 (45 FR 38014) and September 4, 1980 (45 FR 58699) issues of the **Federal Register**, respectively. These criteria were identical to one another and were similar to the RHC and FQHC definition but they provided considerably more detail in their description of common governance.

Further, we have provided additional detail regarding the factors to be considered in making determinations regarding provider-based status in our manuals. The Medicare Regional Office Manual at section 6860 provides a list of criteria that should be considered in making a determination regarding provider-based status for clinics. Also, section 2186 of the State Operations Manual provides direction regarding provider-based designation for HHAs.

Program Memorandum A–96–7, published on August 27, 1996, pulled together the instructions previously manualized for specific entity types into a general instruction for the designation of provider-based status to all facilities or organizations. In developing this Program Memorandum, we took information from the State Operations Manual (sections 2024, 2186, and 2242), the Regional Office Manual (section 1060, 2020 and 6865), and §§ 405.2462 and 413.170 of the CFR.

Under the policy we set forth in Program Memorandum A–96–7, the following applicable requirements must be met before an entity can be designated as provider-based for Medicare payment purposes:

1. The entity is physically located in close proximity of the provider where it is based, and both facilities serve the same patient population (for example, from the same service, or catchment area);

2. The entity is an integral and subordinate part of the provider where it is based, and as such, is operated with other departments of that provider under common licensure (except in situations where the State separately licenses the provider-based entity);

3. The entity is included under the accreditation of the provider where it is based (if the provider is accredited by a national accrediting body) and the accrediting body recognizes the entity as part of the provider;

4. The entity is operated under common ownership and control (that is, common governance) by the provider where it is based, as evidenced by the following:

- The entity is subject to common bylaws and operating decisions of the governing body of the provider where it is based;
- The provider has final responsibility for administrative decisions, final approval for personnel actions, and final approval for medical staff appointments in the provider-based entity; and
- The entity functions as a department of the provider where it is based with significant common resource usage of buildings, equipment, and service personnel on a daily basis.

5. The entity director is under the direct day-to-day supervision of the provider where it is located, as evidenced by the following:

- The entity director or individual responsible for day-to-day operations at the entity maintains a daily reporting relationship and is accountable to the Chief Executive Officer of the provider and reports through that individual to the governing body of the provider where the entity is based; and
- Administrative functions of the entity, for example, records, billing, laundry, housekeeping and purchasing are integrated with those of the provider where the entity is based.

6. Clinical services of the entity and the provider where it is located are integrated as evidenced by the following:

- Professional staff of the provider-based entity have clinical privileges in the provider where it is based;
- The medical director of the entity (if the entity has a medical director) maintains a day-to-day reporting relationship to the chief medical officer or other similar official of the provider where it is based;
- All medical staff committees or the professional committees at the provider where the entity is based are responsible for all medical activities in the provider-based entity;
- Medical records for patients treated in the provider-based entity are integrated into the unified records system of the provider where the entity is based;
- Patients treated at the provider-based entity are considered patients of the provider and have full access to all provider services; and
- Patient services provided in the entity are integrated into corresponding inpatient and/or outpatient services, as appropriate, by the provider where it is based.

7. The entity is held out to the public as part of the provider where it is based (for example, patients know they are entering the provider and will be billed accordingly).

8. The entity and the provider where it is based are financially integrated as evidenced by the following:

- The entity and the provider where it is based have an agreement for the sharing of income and expenses, and
- The entity reports its cost in the cost report of the provider where it is based using the same accounting system and the same cost reporting period as the provider where it is based.

Our policy will continue to follow the principles we articulated in Program Memorandum A–96–7 until 30 days after this rule is published as final in the **Federal Register**. After that date, we will apply the policies set forth in the final regulations.

*E. Provisions of This Proposed Rule*

This proposed rule would add a new § 413.65, stating the appropriate definitions of, and the general requirements for, the determination of "provider-based" status. In paragraph (a), we are proposing to define the following terms for purposes of this section: department of a provider, free-standing facility, main provider, provider-based entity, and provider-based status. The definitions used are as follows.

*Department of a provider* means a facility or organization or clinic that is

either created by, or acquired by, a main provider for the purpose of furnishing health care services under the name, ownership, and financial and administrative control of the main provider in accordance with the provisions of proposed § 413.65. A department of a provider is not licensed or certified to provide services in its own right, and Medicare conditions of participation do not apply to the department as an independent entity. The term "department of a provider" does not include an RHC or FQHC; however, an RHC or FQHC could qualify as a provider-based entity.

*Free-standing facility* means an entity that furnishes health care services to Medicare beneficiaries, and that is not integrated with any other entity as a main provider, a department of a provider, or a provider-based entity.

*Main provider* means a provider that either creates or acquires ownership of another entity to deliver additional health care services under its name, ownership, and financial and administrative control.

*Provider-based entity* means a provider, or an RHC or FQHC as defined in § 405.2401(b), that is either created by, or acquired by, a main provider for the purpose of furnishing health care services under the name, ownership, and administrative and financial control of the main provider in accordance with the provisions of proposed § 413.65. A provider-based entity is certified to provide services in its own right.

*Provider-based status* means the relationship between a main provider and a provider-based entity, or a department of a provider, that is in compliance with the provisions of proposed § 413.65.

We are proposing to state explicitly, in new paragraph (b), that a facility or organization is not entitled to be treated as provider-based simply because it or the provider believe it to be provider-based. We also would state that, if a facility or organization seeking provider-based status is located off the campus of a provider, or inclusion of the costs of the facility or organization on the provider's cost report would increase the total costs on that report by at least 5 percent, HCFA will not treat the facility or organization as provider-based for purposes of billing or cost reporting unless the provider has contacted HCFA and obtained a determination of provider-based status. This means that we would not accept billings from the facility or organization as if it were provider-based, and the provider will not be permitted to include costs of the facility or organization on its cost report, unless the acquisition or creation of the facility or organization has been reported to us and we have determined that it is either a department of a provider or a provider-based entity. Further, a facility not located on the campus of a hospital and used as a site of physician services of the kind ordinarily furnished in physician offices will be presumed to be a free-standing facility unless it is determined by HCFA to have provider-based status. For example, a physician office practice purchased by a main provider would not qualify for provider-based status unless it meets all applicable criteria in proposed § 413.65.

We are proposing to require, in new paragraph (c), that a main provider that acquires a facility or organization for which it wishes to claim provider-based status must report its acquisition of the facility or organization to HCFA and furnish all information needed for a determination as to whether the facility or organization meets the criteria in this section for provider-based status. A main provider that has had one or more facilities or organizations determined to have provider-based status also must report to HCFA any material change in the relationship between it and any department or provider-based entity, such as a change in ownership of the entity or entry into a new or different management contract, that could affect the provider-based status of the department or entity.

In new paragraph (d), we propose the requirements for a determination of "provider-based status." In paragraph (d)(1), we would set forth licensure requirements for facilities or organizations seeking provider-based status. Any facility or organization seeking to be a department of a provider would have to be operated under the same license as the main provider. We note that if a State's licensure laws establish restrictions on the type or location of facilities or organizations that can be licensed as part of a provider, we would defer to those restrictions in determining whether a particular facility is a department of the provider. For example, if the hospital licensure laws of a particular State precluded facilities located more than 5 miles from a hospital from being licensed as part of the hospital, we also would not consider those facilities to be a part of the hospital. Provider-based entities would not have to be operated under the same license as the main provider, since in most cases we expect that they would be separately licensed by the State. To take account of possible State-by-State differences in licensure, however, we would require only that a prospective provider-based entity be licensed in accordance with the law of the State in which it is located.

In addition, if a State health facilities' cost review commission, or other agency that has authority to regulate the rates charged by hospitals or other providers in a State, finds that a particular facility or organization is not part of a provider, we also would determine that the facility or organization does not have provider-based status. We believe it would be inappropriate for a facility or organization to be considered free-standing for State ratesetting purposes, but provider-based status under Medicare.

In paragraph (d)(2), we would require that a facility or organization be under the ownership and control of the main provider. In particular, we would require that the facility or organization be 100 percent owned by the provider, that the main provider and a facility or organization seeking provider-based status have the same governing body, and that the facility or organization be operated under the same organizational documents as the main provider. For example, the facility seeking provider-based status would have to be subject to the bylaws and operating decisions of the governing body of the main provider. In addition, we would require that the main provider have final responsibility for administrative decisions, final approval for outside contracts, final responsibility for personnel policies, and final approval for medical staff appointments in the department or entity.

In paragraph (d)(3), with respect to administration and direct supervision of the main provider, we are proposing to require that a facility or organization seeking provider-based status have a reporting relationship to the main provider that is characterized by the same frequency, intensity, and level of accountability that exists in the relationship between the main provider and one of its departments. As evidence of this relationship, we would look to whether the facility is under the direct supervision of the provider where it is located, whether it is operated under the same monitoring and oversight as any other department of the provider, and is operated as any other department with respect to supervision and accountability. We would expect the director or individual responsible for daily operations at the facility or organization to maintain a day-to-day reporting relationship with a manager at the main provider and to be accountable to the main provider's governing body in the same manner as any department head of the provider. We also would require integration of certain

administrative functions, in particular, billing services, records, human resources, payroll, employee benefit package, salary structure, and purchasing services. Either the same employee or group of employees would have to handle these administrative functions for both the facility or organization and the main provider, or the administrative functions for the entity and the main provider would have to be contracted out under the same contractual agreement, or be handled under different contract agreements, with the entity's contract being managed by the main provider's billing department.

In paragraph (d)(4), we are proposing that a facility or organization seeking provider-based status and the main provider share integrated clinical services, as evidenced by privileging of the professional staff of the department or entity at the main provider, and the main provider's maintenance of the same monitoring and oversight of the department or entity as of other departments. Also, the medical director of the department or entity must maintain a day-to-day reporting relationship with the chief medical officer (or equivalent) of the main provider, and be under the same supervision as any other director of the main provider. We also would expect medical staff committees or other professional committees of the main provider to be responsible for medical activities in the department or entity, including quality assurance, utilization review, and the coordination and integration of services. We also would expect medical records to be integrated into a unified retrieval system. We would expect that inpatient and outpatient services of the facility or organization and the main provider be integrated and that patients treated at the facility or organization who require further care have full access to all services of the main provider, including all inpatient or outpatient services of the main provider.

In paragraph (d)(5), we would require that the proposed department or entity and the main provider be fully financially integrated within the main provider's financial system, as evidenced by the sharing of income and expenses. The department's or entity's costs should be reported in a cost center of the provider, and the department's or entity's financial status should be incorporated into, and readily identifiable in, the main provider's trial balance.

In paragraph (d)(6), we would require that the main provider and the facility seeking status as a department of the provider be held out to the public as a single entity, so that when patients enter the department they are aware that they are entering the provider and will be billed accordingly. (This requirement would not apply to a provider-based entity that is itself a provider, such as a SNF.)

In paragraph (d)(7), we would require that the department of a provider or provider-based entity and the main provider be located on the same campus. Alternatively, the main provider and facility seeking provider-based status must demonstrate that they serve the same patient population. The department or entity and the main provider would be required to demonstrate that they serve the same patient population by submitting patient lists and/or demographic data showing that a high percentage of the patients of both come from the same geographic area, or that patients of the entity also receive a preponderance of services from the main provider. We would specify that a facility or organization is not considered to be in the "immediate vicinity" of the main provider if it is located in a different State than the main provider. We welcome comments as to whether an exception should be made for areas where a single metropolitan area may include two or more States.

New paragraph (e) would specifically prohibit the approval of provider-based status for any proposed department or entity that is owned by two or more providers engaged in a joint venture. Some hospitals, under joint venture arrangements, are jointly purchasing or jointly creating free-standing facilities. Although the facility or organization is operated by two or more hospitals, the dominant hospital claims the free-standing facility or organization as a department or provider-based entity. This is clearly unallowable, because the facility or organization is owned by more than one hospital, and in its own right must be considered as free-standing, subject to all of the rules and certifications that govern that type of operation.

In proposed paragraph (f), we would state that facilities or organizations operated under management contracts will be considered provider-based only if specific requirements for staff employment, administrative functions, day-to-day control of operations, and holding of the management contract by the provider itself rather than by a parent organization are met. Generally, we believe it would be difficult for any facility or organization operated under a management contract to provide all services to be able to demonstrate the degree of integration with a provider that would be needed to qualify for provider-based status. Thus, we are proposing to adopt these requirements, which are designed to ensure that we treat a facility or organization under a management contract as provider-based only if it clearly is operated by the provider, not by the management company or by a common parent organization.

In proposed paragraph (g), we would specify nine obligations of hospital outpatient departments and hospital-based entities. These obligations are spelled out in detail to help us ensure that facilities seeking recognition as hospital outpatient departments or hospital-based entities are in fact what they represent themselves as being, and are not simply the private offices of individual physicians or of physicians in group practices. The obligations are—

—In the case of hospital outpatient departments located off the main provider campus, compliance with the anti-dumping requirements in §§ 489.20 (l), (m), (q), and (r) and 489.24. If any individual comes to any hospital-based entity (including an RHC) located on the main hospital campus and a request is made on the individual's behalf for examination or treatment of a medical condition, as described in § 489.24, the hospital must comply with the anti-dumping requirements in § 489.24. We would also revise § 489.24(b) to clarify that for purposes of the anti-dumping rules set forth in that section, hospital property means the entire main hospital campus, including the parking lot, sidewalk, and driveway, as well as any facility or organization that is located off the main hospital campus but has been determined under § 413.65 to be a department of the hospital.

—Billing of physician services in hospital outpatient departments or hospital-based entities (other than RHCs) with the correct site-of-service indicator, so that applicable site-of-service reductions to physician and practitioner payment amounts can be applied;

—In the case of hospital outpatient departments, compliance with all the terms of the provider agreement;

—Compliance by physician staff with the nondiscrimination provisions in § 489.10(b) of this chapter;

—In the case of hospital outpatient departments (other than RHCs), representation to other payers as an outpatient department of the hospital, and treatment of all patients, for billing purposes, as hospital outpatients;

—In the case of hospital outpatient departments or hospital-based entities, compliance with the payment window provisions applicable under § 412.2(c)(5) (for PPS hospitals) or § 413.40(c)(2) (for PPS-excluded hospitals);

—In the case of hospital outpatient departments or hospital-based entities (other than RHCs), notice to each beneficiary treated that he or she will be liable for coinsurance for a facility visit as well as for the physician service; and

—In the case of hospital outpatient departments, compliance with applicable Medicare hospital conditions of participation for hospitals in part 482 of this chapter.

We would also preclude any facility or organization that furnishes all services under arrangements from qualifying as provider-based. We believe the provision of services under arrangement was intended to be allowed only to a limited extent, in situations where cost-effectiveness or clinical considerations, or both, necessitate the provision of services by someone other than the provider's own staff. The "under arrangement" provision in section 1861(w)(1) of the Act and § 409.3 is not intended to allow a facility merely to act as a billing agent for another. We are concerned that this would be the case if all services at a facility or organization seeking provider-based status were furnished under arrangement. We believe use of arranged-for services could, if not limited, become a means of circumventing the provider-based requirements. We are proposing in paragraph (g)(10) that a facility or organization may not qualify for provider-based status if all of the services furnished at the facility are furnished under arrangements. We note that this approach is consistent with existing policy under which a hospital outpatient is expected to receive services, rather than supplies, directly from the hospital.

Proposed paragraph (h) states that if we learn of a provider that has inappropriately treated a facility or organization as provider-based, before obtaining our determination of provider-based status, we would reconsider all payments to that main provider for periods subject to reopening, investigate, and determine whether the designation was appropriate. If we find it was not provider-based, we will recover all payments in excess of those payments that should have been made in the absence of the provider-based status. As explained further below, however, recovery will not be made for any period prior to the effective date of this rule if during all of that period the management of the facility or organization made a good-faith effort to operate it as a department of a provider or provider-based entity.

In proposed paragraph (i), we would detail the application of the principles in paragraph (h) to situations involving inappropriate billing for services furnished in a physician office or other facility or organization as if they had been furnished in a hospital outpatient or other department of a provider or in a provider-based entity. Generally, when such cases of inappropriate billing are found, we will recover any overpayments as described in the preceding paragraph. Under certain circumstances, however, we will determine that the management of a facility or organization has made a good faith effort to operate it as a department of a provider or a provider-based entity and will not recover past payments. We would take this action if we determine that the requirements regarding licensure and public awareness in paragraphs (d)(1) and (d)(6) are met, all facility services were billed as if they had been furnished by a department of the main provider or a provider-based entity of the main provider, and all professional services of physicians and other practitioners were billed with the correct site-of-service indicator, as described in paragraph (g)(4).

We are also proposing to add a new paragraph (j) that would allow HCFA to review past determinations. If we find that a designation was in error, and the facility or organization in question does not meet the requirements of this section, we will notify the main provider that the provider-based status will cease as of the first day of the next cost report period following notification of the redetermination.

In addition, we are proposing to add to § 413.24(d) new paragraphs (6)(i) and (6)(ii) to clarify that main providers, in completing their Medicare cost reports, may not allocate overhead costs to the provider-based or other cost centers that incur similar costs directly through management contracts or other arrangements. These changes are needed to prevent mis-allocation of management costs, which would result in excessive payment to those types of providers paid on a reasonable cost basis.

As the number of affiliation agreements among various entities has increased, there has been a noticeable shift in the way the HHAs and clinics have been managed, resulting in increased Medicare payments. Today, there are many management companies that enter into contracts with main providers to manage their provider-based entities, and the costs of these management services are being directly assigned to the department or provider-based entity receiving the service. The contracts typically call for the management company to provide the billing and accounting services, and to procure services, such as housekeeping, laundry and linen, to enable the department or provider-based entity to operate away from the campus and supervision of the main provider, even though these management companies must report to the board of the main provider. In addition to directly assigning these costs to the department or provider-based entity, the main provider, through the cost report, is still allocating overhead costs to the department or provider-based entity, even though these services are being performed through the management contract and not through the main provider. Under these circumstances, the provider could be paid three times for the same overhead cost. The first payment would be made through the PPS payment, which reflects overhead cost. The second payment would come through the cost of the management contract, and the third would come through the allocation of a share of the main provider's overhead cost to the department or provider-based entity. Our proposed changes to § 413.24 are needed to prevent this result.

To provide an administrative appeals process for entities that have been denied provider-based status, we are proposing to revise the regulations on provider appeals at § 498.3. As revised, these rules would specify that a provider seeking a determination that a facility or an organization is a department of the provider or a provider-based entity under proposed § 413.65 will be included in the definition of "prospective provider" for purposes of part 498, and will be afforded the same appeal rights as a prospective provider, such as a hospital or SNF, that has been found by HCFA not to qualify for participation as a provider. We believe it is in the best interest of both HCFA and health care organizations to have an explicit procedure for handling these appeals.

*F. Requirements for Payment*

The following discussion sets out the requirements that must be met to allow us to make payment under the outpatient PPS for various services.

1. Prerequisites for Payment for Outpatient Hospital Services and Supplies Incident to Physician Services

Medicare Part B benefits include payment for services and supplies that are furnished incident to the professional services of a physician. Medicare makes payment for services and supplies furnished in physician offices that are incident to a professional service of a physician under the provisions of the Medicare physician fee schedule (section 1848 and section 1861(s)(2)(A) of the Act; 42 CFR part 414). Payment for the "incident to" services furnished in physician offices is generally included within the fee for the physician services. Medicare also makes payment for hospital services and supplies that are incident to a physician service furnished to outpatients (section 1861(s)(2)(B) of the Act). Payment for "incident to" services furnished to hospital outpatients is *in addition to* payment for the professional services of a physician. The place where "incident to" services are furnished determines how Medicare pays for them.

We are proposing to add to the regulations certain prerequisites that the hospital must fulfill before it can receive Medicare payment under section 1861(s)(2)(B) of the Act for services and supplies furnished "incident to" physician services at a site that is off the premises of the main hospital complex. These prerequisites are intended to adapt our current policy regarding payment for "incident to" services furnished to hospital outpatients to address the special circumstances presented by a hospital outpatient department or clinic that is not co-located on the hospital campus or within a short distance of the hospital and that HCFA has designated is a department of the hospital or "provider-based."

The first prerequisite is that the office/clinic meet the responsibilities and criteria incumbent upon a provider-based entity as defined in § 413.65(g). We are proposing this requirement because the fact that a hospital owns and/or operates a clinic does not automatically make that clinic an integral, subordinate part of the hospital. If the clinic does not conform with the responsibilities and criteria at § 413.65(g), that clinic would be paid as a physician office, and Medicare payment for services furnished at that site would be made accordingly.

The second prerequisite is that the hospital seek an official determination from HCFA that the provider-based designation applies to the proposed off-site hospital outpatient department/clinic as required by § 413.65(d). The authority to determine whether or not an entity has provider-based status rests solely with HCFA. The criteria and obligations that are a prerequisite of a provider-based hospital outpatient designation are discussed earlier in this section.

Current regulations require that, in order to be paid for as "incident to" services, outpatient hospital services and supplies are to be furnished as an integral though incidental part of a physician service (§ 410.27(a)(1)(ii)). In addition, as a matter of policy, we require that the services and supplies be furnished on a physician's order by hospital personnel and under a physician's supervision (Intermediary Manual, section 3112.4(A)). When "incident to" services are furnished on hospital premises, we assume the physician supervision requirement to be met because staff physicians would be present nearby within the hospital. We also allow staff in a department of the hospital other than that of the ordering physician to supervise the services. We equate the location of the hospital outpatient department or hospital clinic within the hospital's walls, or their co-location on the same campus, with being "on the hospital premises," and we assume physician supervision is always at hand. In the interests of beneficiary health and safety, we do not believe it is reasonable, safe, or appropriate to extend these assumptions to a hospital outpatient department or hospital clinic that is located off-site and that is not on the hospital premises, even if that outpatient department or clinic is accorded provider-based status. Therefore, we are proposing as the third prerequisite for a hospital to receive payment for "incident to" services under section 1861(s)(2)(B) of the Act, when these services are furnished at a hospital outpatient department or clinic that HCFA designates as provider-based: that the "incident to" services and supplies always be furnished under the direct supervision of a physician.

Unless the three prerequisites are met, we are proposing to continue to regard a clinic, even if it is owned or operated by a hospital, as a physician office or physician clinic for Medicare payment purposes. Payment for services and supplies incident to physician services that are furnished to Medicare beneficiaries at that site would only be paid in accordance with section 1848 and section 1861(s)(2)(A) of the Act, and payment would be subject to Medicare physician fee schedule payment policies and regulations (part 410; part 414).

2. Prerequisites for Payment for Hospital or Critical Access Hospital Diagnostic Services Furnished to Outpatients

Prerequisites for payment for diagnostic services furnished to hospital outpatients are addressed in § 410.28. We are proposing to add a new paragraph to the regulation that would require, at a minimum, a general level of physician supervision, and in some cases, direct or personal physician supervision, when diagnostic x-ray tests and other diagnostic tests are furnished at a hospital outpatient department or clinic that HCFA has determined meets the criteria and obligations of a provider-based entity in accordance with § 413.65. The definitions of general, direct, and personal supervision are contained in § 410.32. Although the levels of supervision defined in § 410.32 apply specifically to diagnostic x-ray and other tests that are payable under the Medicare physician fee schedule, we believe the same levels of supervision are equally relevant and reasonable and necessary to ensure that beneficiary health and safety are protected and that diagnostic x-ray and other diagnostic tests are safe and effective when they are furnished at a hospital outpatient department or clinic that HCFA has designated to be provider-based.

We are also proposing to exclude from the supervision requirement in provider-based outpatient settings the same three types of diagnostic tests that are excluded from the supervision requirement under the physician fee schedule:

- Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.
- Diagnostic tests personally furnished by a "qualified audiologist" as defined in section 1861(ll)(3) of the Act. These include "audiology services" as defined in section 1861(ll)(2) of the Act. We exclude these diagnostic tests from the physician supervision requirement because the Congress has defined these services without requiring physician supervision of their performance.
- Diagnostic psychological testing services personally performed by a qualified psychologist practicing independently of an institution, agency, or physician office as currently defined in section 2070.2 of the Medicare Carriers Manual (HCFA Pub. 14–3). These services are distinguished from services of a clinical psychologist, which are covered under section 1861(ii) of the Act, rather than section 1861(s)(3).

We are proposing to coordinate changes to the physician supervision requirements for diagnostic tests performed in outpatient settings that HCFA has designated to be provider-based with changes made to these requirements under the Medicare physician fee schedule. Refer to the final rule governing the 1998 physician fee schedule that was published in the October 31, 1997 **Federal Register** ("Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule, Other Part B Payment Policies, and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998" (BPD–884–FC) (62 FR 59048)) for a full discussion. Implementing instructions for physician supervision of diagnostic tests are being developed. We note that these implementing instructions will contain revisions in the supervision levels required for many ultrasound services, stress tests, and some other services.

When diagnostic x-rays and other diagnostic tests are performed at a hospital-owned and/or operated office or clinic that is off-site and that HCFA does *not* designate as provider-based, we are proposing to pay for these services under the provisions of the Medicare physician fee schedule and the requirements of § 410.32 or under the provisions of § 410.33, if applicable.

3. Payment for Ambulatory Surgical Services

Upon implementation of the hospital outpatient PPS, Medicare payment for resource costs incurred in connection with performing ambulatory surgical procedures would be made either under the provisions of the hospital outpatient PPS; or, under the benefit established at section 1832(a)(2)(F) of the Act for facility services furnished by an approved ASC in connection with surgical procedures specified by the Secretary; or, under the physician fee schedule as established under section 1848 of the Act.

When ambulatory surgery is performed at the hospital on Medicare beneficiaries who are registered at the hospital as outpatients, Medicare would allow payment under the outpatient PPS, as explained in this proposed rule. However, Medicare would make payment under the outpatient PPS for surgical procedures performed at an off-site clinic that the hospital owns and operates and for which it submits claims only if the off-site clinic has been designated by HCFA as a department of the hospital in accordance with proposed § 413.65.

Alternatively, if the hospital-owned off-site facility is certified or accredited in accordance with ASC conditions of coverage and the requirements at part 416, Medicare would make payment for covered surgical procedures performed at the off-site facility under the ASC benefit.

However, for Medicare payment purposes, we consider an off-site office, clinic, organization, or facility that is owned and operated by a hospital but that does not meet the requirements at proposed § 413.65 or in part 416, to be a physician office or clinic, and Medicare payment for surgical procedures performed at that site would be limited to what Medicare allows for physician services furnished in connection with the surgical procedure under the Medicare physician fee schedule.

## VII. MedPAC Recommendations

We reviewed the March 1998 report submitted by MedPAC to the Congress and gave its recommendations careful consideration in establishing the framework for the outpatient PPS that is the subject of this proposed rule. We responded earlier to several MedPAC recommendations that pertained directly to specific features of the outpatient PPS. In this section, we address the more general MedPAC recommendations on hospital outpatient payment policies.

*Recommendation:* MedPAC expresses its concern about the effects of inappropriate payment levels that could, if they are too low, restrict beneficiary access to care or prompt shifts of services for financial rather than clinical reasons, or that could, if they are too high, stimulate growth in the volume of outpatient services that is unrelated to patient needs. MedPAC states that the initial level of payment established in the BBA is a reasonable starting point for the outpatient PPS, but recommends that the Secretary monitor access to hospital outpatient services to ensure that the aggregate level of payment under the outpatient PPS is appropriate.

*Response:* We agree with MedPAC that monitoring service patterns not only in hospital outpatient departments but across all ambulatory settings subsequent to implementation of the outpatient PPS is essential in order to detect sudden changes and to identify variant trends in where services are being furnished to Medicare beneficiaries. As is MedPAC, we too are aware of how vividly any differences in payment for services furnished in different ambulatory settings will be revealed once the outpatient PPS is implemented, and we expect that these differences will, not surprisingly, precipitate shifts in services from one setting to another. It is the recognition of this likely outcome that makes it all the more urgent that we resolve the dilemma posed by two conflicting policy determinations raised by MedPAC: whether to set Medicare payments to reflect the cost of providing a service regardless of where the service is furnished or whether to set Medicare payments to acknowledge that the site where a service is furnished could affect the cost of furnishing the service. As we discuss below, we clearly are inclined toward a position that Medicare should determine payment on the basis of the service that is furnished rather on the setting where that service is furnished, but there are many factors still to be considered before making such a determination final. In the meantime, we believe that the adjustments provided for under the outpatient PPS will contribute to ensuring that Medicare is paying adequately for services, especially in areas where a hospital is the only provider of services to which beneficiaries have access. We particularly welcome comments and suggestions regarding methods by which we can enhance our monitoring of service delivery patterns to ensure that the outpatient PPS is not adversely affecting beneficiary access to hospital outpatient care in accordance with MedPAC's recommendation. We agree with MedPAC's concern that payment levels under the outpatient PPS be sufficient to support the provision of services, especially in areas where a hospital is the only provider of such services, but that payment levels under the outpatient PPS not exceed payments for the same services at other ambulatory sites to such a degree as to cause shifts in where services are provided for financial rather than clinical reasons.

*Recommendation:* MedPAC recommends that HCFA continue to investigate service classification systems that could be applied consistently to all ambulatory care settings. In its 1998 report to Congress, MedPAC expresses concern about the impact on service delivery of paying different amounts for the same service based on where the service is furnished. MedPAC appears to favor Medicare ambulatory care payment systems that are standardized across hospital outpatient, physician office, and ASC settings. MedPAC equates "standardized" with "policies that are comparable for the same service, regardless of setting," (p. 83) and "* * * consistency of payment across all ambulatory settings" (p. 84).

*Response:* In principle, we agree that establishing Medicare payment

uniformity across ambulatory care settings is important. We have, to the extent permitted by the statute, incorporated into the outpatient PPS elements of Medicare payment policy for ASCs and for physician services.

Upon implementation of the outpatient PPS, the same unit of payment (HCPCS codes and descriptors) will be used for all three settings. Packaging under the outpatient PPS parallels that for ASCs. At least initially, volume control under the outpatient PPS parallels that which is applied to physician services. The policy for discounting multiple procedures will be comparable under the outpatient PPS, the ASC benefit, and the physician fee schedule. APC groups will be used to set rates for ASC payments and for hospital outpatient surgical services, and we propose to pay for the same surgical procedures in both settings. Notwithstanding these similarities, payment rates for most procedures will not be the same for ASCs and under the outpatient PPS. We use different data and methods to set rates for ASC services, for physician services, and for hospital outpatient services. The latter is attributable primarily to the fact that the statute sets forth criteria that are to be considered when setting payment mechanisms that are specific to each site of service.

Several fundamental issues must be addressed before we achieve the goal of making consistent payment for the same service across all ambulatory sites of service. First, consensus must be reached on what constitutes "consistent payment." Even MedPAC equivocates on this point, noting that while it believes that "Medicare's payment should reflect the cost of efficiently providing a service, regardless of where it is delivered * * * (b)ecause of access or quality concerns * * * it may be appropriate to continue to pay different amounts for the same service, depending on the setting in which it is furnished." Does "consistent" or "comparable" payment mean the *same* payment for a service regardless of setting? Or would consistency be achieved by using the same group weights for hospital outpatient and ASC payment rates even though we used site-specific conversion factors, resulting in different payment rates? Should we use ASC groups as the basis for setting payments for physician services? Is there a single index that is appropriate to standardize variations in costs attributable solely to geographical differences? And which legislative changes would be required to standardize payment for services across ambulatory settings? These are but a few of the issues and options that we and stakeholders across the spectrum of ambulatory care must thoroughly examine and analyze as we move towards standardizing payments across ambulatory sites of service. We solicit comments on this issue, on options to be considered in restructuring Medicare payment provisions towards the goal of establishing payment uniformity across ambulatory sites, and on strategies for achieving consensus on the definition of both goals and the means of attaining them.

## VIII. 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.

We are soliciting public comment on each of these issues for the provisions summarized below that contain information collection requirements:

*Section 413.65 Requirements for a Determination That a Facility or an Organization is a Department of a Provider or a Provider-Based Entity*

*Section 413.65(c)(1) and (c)(2)* states that a main provider that acquires a facility or organization for which it wishes to claim provider-based status, including any physician offices that a hospital wishes to operate as a hospital outpatient department or clinic, must report its acquisition of the facility or organization to HCFA and must furnish all information needed for a determination as to whether the facility or organization meets the requirements in paragraph (d) of this section for provider-based status. This requirement applies, however, only if the facility or organization is located off the campus of the provider, or inclusion of the costs of the facility or organization on the provider's cost report would increase the total costs on the report by at least 5 percent. Furthermore, a main provider that has had one or more entities considered provider-based also must report to HCFA any material change in the relationship between it and any provider-based facility or organization, such as a change in ownership of the facility or organization or entry into a new or different management contract that could affect the provider-based status of the facility or organization.

The burden associated with this requirement is the time for the main provider to report its acquisition to HCFA, furnish all information needed for a determination, report to HCFA any material change in the relationship between it and any provider-based facility or organization, such as a change in ownership of the facility or organization or entry into a new or different management contract that could affect the provider-based status of the facility or organization. It is estimated that 105 main providers will take 10 hours for a total of 1,050 hours.

*Section 419.42 Hospital Election To Reduce Copayment*

*Section 419.42(b) and (c)* states that a hospital must notify its fiscal intermediary of its election to reduce copayments no later than 90 days prior to the start of the calendar year. The hospital's election must be properly documented. It must specifically identify the ambulatory payment classification to which it applies and the copayment level (within the limits identified below) that the hospital has selected for each group.

The burden associated with these requirements is the time it takes a hospital to compile, review, and analyze data for both revenues and copayments; prepare and present the data to the hospital board; make a business decision as to whether the hospital would elect to reduce copayments; and then notify its fiscal intermediary of its election. A hospital would notify its fiscal intermediary of its election to reduce copayments only if there were other providers, in close proximity, that would attract a majority of the hospital's business if they did not reduce their copayments. Since hospitals do not want to lose money by absorbing copayments, we anticipate that this requirement will affect 750 hospitals and take them 10 hours each for a total of 7,500 hours.

*Section 419.42(e)* states that the hospital may advertise and otherwise disseminate information concerning the reduced level(s) of coinsurance that it has elected.

The burden associated with this requirement is the time for the hospital to disseminate information concerning its coinsurance election. It is estimated that 750 hospitals will each take 10 hours annually to disseminate this information via newsletters and information sessions at senior citizen centers for a total of 7,500 hours.

While the information collection requirements listed below are subject to the Paperwork Reduction Act, the burden associated with these requirements is captured under § 413.65(c)(1) and (c)(2).

*Section 413.65(b)(2)* states that a provider or a facility or organization must contact HCFA and the facility or organization must be determined by HCFA to be provider-based before the main provider begins billing for services of the facility or organization as if they were furnished by a department of the provider-based entity, or before it includes costs of those services on its cost report.

*Section 413.65(d)(7)(i)* requires that the facility or organization demonstrates a high level of integration with the main provider by showing that it meets all of the other provider-based criteria, and demonstrates that it serves the same patient population as the main provider, either by submitting records such as common patient lists and/or demographic data showing that a high percentage of patients of both the main provider and the applicant entity come from the same geographic area, or by submitting data substantiating that the patients served by the entity also receive services from the main provider (for example, the patients of an RHC receive inpatient hospital services from the main provider).

While the information collection requirements listed below are subject to the Paperwork Reduction Act, we believe the burden associated with these requirements is not subject to the Act, as defined by 5 CFR 1320.3(b)(2), because the time, effort, and financial resources necessary to comply with these requirements would be incurred by persons in the normal course of their activities.

*Section 413.65(g)(7)* states that when a Medicare beneficiary is treated in a hospital outpatient department or hospital-based entity, the hospital has a duty to notify the beneficiary, prior to the delivery of services, of the beneficiary's potential financial liability (that is, a coinsurance liability for a facility visit as well as for the physician service).

We believe the information collection requirement below is exempt from the Paperwork Reduction Act, as defined by 5 CFR 1320.4(a)(2), since this activity is pursuant to the conduct of an investigation or audit against specific individuals or entities.

*Section 413.65(i)(1)* states that if HCFA determines that a provider has been inappropriately billing Medicare for services furnished in a physician office or other facility or organization as if they had been furnished in a hospital outpatient department or other department of a provider or in a provider-based entity, HCFA stops all payments to the provider for outpatient services until the provider can demonstrate which payments are proper.

The table below indicates the annual number of responses for each regulation section in this proposed rule containing information collection requirements, the average burden per response in minutes or hours, and the total annual burden hours.

ESTIMATED ANNUAL BURDEN

| CFR section | Responses | Average burden per response (hours) | Annual burden hours |
|---|---|---|---|
| 413.65(c)(1) and (c)(2) | 105 | 10 | 1,050 |
| 419.42(b) and (d) | 750 | 10 | 7,500 |
| 419.42(f) | 750 | 10 | 7,500 |
| Total | | | 16,050 |

We have submitted a copy of this proposed rule to OMB for its review of the information collection requirements. These requirements are not effective until they have been approved by OMB. A notice will be published in the **Federal Register** when approval is obtained.

If you comment on any of these information collection and record keeping requirements, please mail copies directly to the following:

Health Care Financing Administration, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Room C2–26–17, 7500 Security Boulevard, Baltimore, MD 21244–1850, Attn: Louis Blank HCFA–1005–P, Fax number: (410) 786–1415 and,

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn.: Allison Herron Eydt, HCFA Desk Officer, Fax numbers: (202) 395–6974 or (202) 395–5167.

## IX. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the "DATES" section of this preamble, and, if we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

## X. Regulatory Impact Analysis

### *A. Introduction*

We have examined the impacts of this proposed rule as required by Executive Order 12866, the Unfunded Mandates Reform Act of 1995, and the Regulatory Flexibility Act (RFA) (Public Law 96–354). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when 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). Because the projected savings resulting from this proposed rule are

expected to exceed $100 million, it is considered a major rule.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits for any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million. This proposed rule does not mandate any requirements for State, local, or tribal governments. However, our estimations indicate that the loss of income to the private sector as a result of this rule should exceed $300 million total to all hospitals.

We generally prepare a regulatory flexibility analysis that is consistent with the RFA (5 U.S.C. 601 through 612), unless we certify that a proposed rule would not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, we consider all hospitals to be small entities.

Also, section 1102(b) of the Social Security Act requires us to prepare a regulatory impact analysis for any proposed rule that may have a significant impact on the operations of a substantial number of small rural hospitals. Such an 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 with fewer than 100 beds that is located outside of a Metropolitan Statistical Area (MSA) or New England County Metropolitan Area (NECMA). Section 601(g) of the Social Security Amendments of 1983 (Public Law 98–21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the proposed prospective payment system, we classify these hospitals as urban hospitals.

*B. Estimated Impact on Medicare Program*

According to HCFA's Office of the Actuary, the benefit impacts of the hospital outpatient PPS (including elimination of the formula-driven overpayment (FDO) effective as of October 1, 1997, extension of the 10 percent reduction in payments for hospital outpatient capital cost and the 5.8 percent reduction for outpatient services paid on a cost basis through CY 1999, and the implementation of a PPS for hospital outpatient services on January 1, 1999 would be as follows:

| Fiscal year | Impact ($ millions) |
|---|---|
| 1998 | −940 |
| 1999 | −1650 |
| 2000 | −1330 |
| 2001 | −1070 |
| 2002 | −990 |
| 2003 | −680 |

The use of the national median of the charges for PPS services to establish the unadjusted copayment amount would have resulted in the beneficiaries paying 6.9 percent less in coinsurance payments in 1999 than what they would have been expected to pay otherwise. It was assumed that there would have been a behavioral offset by the hospitals of 10 percent of the coinsurance reduction. It was assumed that 45 percent of this offset would apply to the services subject to the PPS and, therefore, would have been included in setting the 1999 conversion factor. The remaining 55 percent of the offset would be reflected in expenditures for non-PPS services with both the beneficiary and Medicare absorbing this impact. With the delay in implementation of the outpatient PPS, the behavioral offset will not occur in 1999, and, therefore, there will be slightly higher program savings.

*C. Objectives*

The primary objective of the proposed prospective payment system is to simplify the payment system while at the same time ensuring that payments are sufficient to adequately compensate hospitals for their legitimate costs. In addition, we share national goals of deficit reduction and restraints on government spending in general.

We believe the proposed changes would further each of these goals while maintaining the financial viability of the hospital industry and ensuring access to high quality health care for Medicare beneficiaries. We expect that these proposed changes would ensure that the outcomes of this payment system are reasonable and equitable while avoiding or minimizing unintended adverse consequences.

*D. Limitations of our Analysis*

The following quantitative analysis presents the projected effects of our proposed policy changes, as well as statutory changes, on various hospital groups. We use the best data available; in addition, we do not make adjustments for future changes in such variables as volume and intensity. As we have done in previous proposed rules, we are soliciting comments and information about the anticipated effects of these changes on hospitals and our methodology for estimating them.

*E. Hospitals Included in and Excluded From the Prospective Payment System*

The outpatient prospective payment system encompasses nearly all hospitals that participate in the Medicare program. However, those services furnished by Maryland hospitals that are paid under a cost containment waiver in accordance with section 1814(b)(3) of the Act are excluded from the PPS. Critical access hospitals (CAHs) are also excluded and are paid at cost under section 1834(g).

*F. Quantitative Impact Analysis of the Proposed Policy Changes Under the Prospective Payment System for Operating Costs and Capital Costs*

Basis and Methodology of Estimates

The data used in developing the quantitative analyses presented below are taken from the CY 1996 cost and charge data and the most current provider-specific file that is used for payment purposes. Our analysis has several qualifications. First, we draw upon various sources for the data used to categorize hospitals in the tables. In some cases, there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available source overall. For individual hospitals, however, some miscategorizations are possible.

Using CY 1996 cost and charge data, we simulated payments using the current and proposed payment methodologies. We used both single and multiple bills to calculate current and proposed Medicare and beneficiary hospital outpatient payment amounts. Both current and proposed payment estimates include operating and capital costs. The exempted Maryland hospitals were excluded from the simulations; however, we included the 10 cancer hospitals that will be paid under the proposed system.

We also trimmed outlier hospitals from the impact analysis because we had indications that hospitals with extreme unit costs would not allow us to assess the impacts among the various classes of hospitals accurately. First, we identified all the outlier hospitals by using an edit of three standard deviations from the mean of the logged unit costs. Trimming the data in this manner ensures that only the hospitals with extremely high and low costs are eliminated from the impacts. In doing this, we removed 83 hospitals of which 32 hospitals had extremely low unit costs and 51 hospitals had extremely

high unit costs. We conducted a thorough analysis of these hospitals to ensure that we did not remove any particular type of hospital (for example, teaching hospitals) that would further harm the integrity of the data. We speculate many of these hospitals are not coding accurately, and we will continue to perform further analysis in this area after implementation of the new APC system.

After removing the 54 exempted Maryland hospitals, outlier hospitals, and hospitals for which we could not identify payment variables, we included 5,419 hospitals in our analysis. The impact analysis focuses on this set of hospitals. The table below demonstrates the results of our analysis. The table categorizes hospitals by various geographic and special payment consideration groups to illustrate the varying impacts on different types of hospitals. The first column represents the number of hospitals in each category. The second column is the hospitals' Medicare outpatient payments as a percentage of the hospitals' total Medicare payment. The third column shows the percentage change in Medicare outpatient payments comparing the current and proposed payment systems. The fourth column shows the change in total Medicare payments, resulting from implementing the PPS for outpatient services.

The top row of the table shows the overall impact on the 5,419 hospitals included in the analysis. We included as much of the data as possible to the extent that we were able to capture all the provider information necessary to determine payment. Further, our estimates include the same set of services for both current and proposed APC payments so that we could determine the impact as accurately as possible. Since payment under the proposed APC system can only be determined if bills are accurately coded, the data upon which the impacts were developed do not reflect all CY 1996 hospital outpatient services, but only those that were coded using valid HCPCS.

The second row identifies the hospitals in our analysis with the exception of psychiatric, long-term care, children, and rehabilitation hospitals, which account for 4,864 hospitals.

The next four rows of the table contain hospitals categorized according to their geographic location (all urban, which is further divided into large urban and other urban, or rural). There are 2,677 hospitals located in urban areas (MSAs or NECMAs) included in our analysis. Among these, there are 1,516 hospitals located in large urban areas (populations over 1 million), and 1,161 hospitals in other urban areas (populations of 1 million or fewer). In addition, there are 2,187 hospitals in rural areas. The next two groupings are by bed-size categories, shown separately for urban and rural hospitals. The next category includes the volume of outpatient services, also shown separately for urban and rural hospitals. The final groupings by geographic location are by census divisions, also shown separately for urban and rural hospitals.

The next three groupings examine the impacts of the proposed changes on hospitals grouped by whether or not they have residency programs (teaching hospitals that receive an indirect medical education (IME) adjustment), receive disproportionate share hospital (DSH) payments, or some combination of these two adjustments. There are 3,847 non-teaching hospitals in our analysis, 766 teaching hospitals with fewer than 100 residents, and 250 teaching hospitals with 100 or more residents.

In the DSH categories, hospitals are grouped according to their DSH payment status. The next category groups hospitals considered urban after geographic reclassification, in terms of whether they receive the IME adjustment, the DSH adjustment, both, or neither. The next five rows examine the impacts of the proposed changes on rural hospitals by special payment groups (rural referral centers (RRCs), sole community hospitals/essential access community hospitals (SCHs/EACHs), Medicare dependent hospitals (MDHs), and SCHs and RRCs), as well as rural hospitals not receiving a special payment designation. The RRCs (168), SCH/EACHs (625), MDHs (365), and SCH and RRCs (55) shown here were not reclassified for purposes of the standardized amount.

The next grouping is based on type of ownership. These data are taken primarily from the FY 1995 Medicare cost report files, if available (otherwise, FY 1994 data are used).

The next groupings are the specialty hospitals. The first set includes the categorizations of eye and ear hospitals and trauma hospitals (hospitals having a level one trauma center) and cancer hospitals. The final groupings are the TEFRA hospitals, specifically rehabilitation, psychiatric, long-term care, and children hospitals.

### *G. Estimated Impact of the New APC System*

Column 3 compares our estimate of payments, incorporating statutory and policy changes reflected in this proposed rule for CY 1996, to our estimate of payments in CY 1996 under the current payment system. Percent differences between current and proposed payment reflect the combined impact of a proportionally equal reduction in payments due to the calculation of the conversion factor and distributional differences attributable to variation in cost and charge structures among hospitals. The methodology described in section 1833(t)(3)(C) of the Act outlining the calculation of the conversion factor reduces payment to hospitals overall by 3.8 percent relative to current law. As noted, section 1833(t)(3)(C) of the Act requires us to set the conversion factor so that total 1999 payments to hospitals under the proposed PPS system equal Medicare payment amounts as calculated under the current payment system plus beneficiary copayments as calculated under the proposed system (20 percent of the APC median charge or, at minimum, 20 percent of the APC rate). The 3.8 percent loss implies that the difference between the median and charges higher than the median was proportionally larger than the difference between the median and charges lower than the median. Because this reduction is incorporated into the conversion factor, the 3.8 percent is distributed among hospitals proportional to their total payments. After removing the effect of the conversion factor calculation on total payments, the remaining percent differences demonstrate the redistribution of payments among hospitals and can be attributed to variation in both costs and charge structures. Variation in costs among hospitals results in differences between current and proposed Medicare payments, and variation in charge structures results in differences between current and proposed beneficiary copayment.

Redistributions may also occur as a result of current payment methods. Total Medicare outpatient payments are less than reported total costs because (in addition to the 5.8 and 10 percent reductions for operating and capital costs) the blended payment methods applicable to many surgical and diagnostic services often result in payments that are less than reported costs. Other services such as medical visits, chemotherapy services, partial hospitalization services, and non-ASC approved surgeries are paid based on hospital costs. The new system redistributes the current total Medicare payments, based in part on cost-based payments and in part on blended

payment amounts, across all services. Hospitals, in the aggregate, will receive proportionately less for services that are currently paid based on costs and more for services that had been paid under blended payment methods.

The impact on TEFRA hospitals is shown separately at the end of the table; however, these hospitals were not included in determining the impact on any of the other categories (for example, geographic location, bed size, volume, etc.). These hospitals demonstrated a very low service mix, but an average unit cost that is only somewhat smaller than the national average. We believe that billing practices may account for this phenomenon. Some TEFRA hospitals appear to under-code HCPCS and units. This may be because correct coding is not required for payment or because they bill an all-inclusive rate. Undercoding or billing an all-inclusive rate could account for their low volume, low service mix, and almost average cost per unit. We expect that once these hospitals begin to code HCPCS according to the new payment system, new payments will better reflect current payments.

In general, differences among hospital classifications for short-term acute care hospitals were relatively small. That is, payments under the proposed outpatient system were within a few percentage points of payments made under current law. The following discussion highlights some of the variation in payments among hospital classifications.

Based on comparing current and proposed payment estimates, minor teaching hospitals lose 1.8 percent, while major teaching hospitals experience a reduction of 9.4 percent. Non-teaching hospitals experience a decrease of 3.1 percent. However, major teaching hospitals gain less of their total Medicare income (9.2 percent) from outpatient services than the national average (10 percent). This results in a less than 1 percent loss in their total Medicare income.

Hospitals with a high percentage of low income patients (disproportionate share patient percentage $\leq 0.35$) appear to experience payment reductions of 6.8 percent relative to current law. These hospitals have lower than average volume, and, like major teaching hospitals, they receive a smaller than average percent of their Medicare income from outpatient services.

Rural hospitals would lose about 5.2 percent and large urban hospitals would lose about 5.0 percent under the new system while other urban hospitals would lose 0.9 percent. These small differences illustrate fairly equitable payment among these geographical settings. However, rural hospitals get a greater percentage of their Medicare income (14.7 percent) from outpatient services compared to the national average of 10 percent.

Low-volume hospitals appear to lose a large percentage of their payments under the new payment system (17 percent for rural and 15.6 percent for urban hospitals with less than 5,000 units of service). We believe several factors are contributing to this outcome, including undercoding, lack of economies of scale, and underpayment due to the reliance on the median instead of the geometric mean in the calculation of APC weights. The majority of these hospitals (about 75 percent) are rural. These hospitals also have a service mix (1.03) lower than the national average (1.45) and higher than average hospital cost per unit standardized for service mix. For these small hospitals, some of the higher standardized unit costs could be attributed to economies of scale. These low-volume rural hospitals also receive a greater percentage of their Medicare income (18.2 percent) from outpatient services than the average. SCHs and MDHs comprise about 60 percent of these low-volume rural hospitals.

As discussed previously in section V.I, the Adjustments section, we are particularly concerned about the potential impact on the approximately 60 percent of low-volume rural hospitals that are sole community hospitals or Medicare-dependent hospitals. As previously discussed, one option would be to phase-in the outpatient PPS for low-volume Medicare-dependent and sole community hospitals by paying a portion of the payment based on PPS rates and a portion based on the current payment system. For example, payment could be based on 75 percent of payments under the current system and 25 percent on PPS rates in the first year, 50 percent current system payments and 50 percent PPS rates in the second year, 25 percent current system payments and 75 percent PPS rates in the third year, and completely on PPS rates in subsequent years. If such an approach were adopted, the impact on Medicare outpatient payment for these hospitals would be as follows:

ESTIMATED IMPACT OF A TRANSITION POLICY ON MEDICARE OUTPATIENT PAYMENTS FOR MEDICARE-DEPENDENT AND SOLE COMMUNITY HOSPITALS

[In percent]

| | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| MDH | −2.1 | −4.3 | −6.4 | −8.5 |
| SCH | −1.7 | −3.3 | −5.0 | −6.7 |
| SCH/RRC | −0.5 | −1.0 | −1.6 | −2.1 |

Another option discussed earlier in the adjustments section would phase-in outpatient PPS if a low-volume sole community or Medicare-dependent hospital has a negative Medicare margin for outpatient services. For example, payment could be based on the amount payable under outpatient PPS plus a percentage of the difference between those amounts and the amounts payable under the current system. The percentage of the difference that would be payable could phase down, for example, 75 percent in the first year, 50 percent in the second year, 25 percent in the third year, and no additional payment in subsequent years. We solicit comments on these and other alternatives we could consider.

As noted above, rural hospitals lose a larger percent of their payments than urban hospitals. Among the census divisions, rural New England hospitals experience the largest negative payment impact of 13.6 percent. This could be attributed to higher non-labor costs in New England. West North Central hospitals also would experience a 7.7 percent payment loss.

Urban census division breakouts reveal that Middle Atlantic urban hospitals lose 11.3 percent of payments while the other urban census regions gain or lose modestly.

Hospitals located in Puerto Rico gain because of the change in the beneficiary copayment. Previously these hospitals received 20 percent of their charges from the beneficiary, whereas under the

new PPS they would receive 20 percent of the APC median charge or, at minimum, they would receive 20 percent of the payment rate. Hospitals in Puerto Rico gain under the new proposed system because 20 percent of their charges are lower than 20 percent of the APC median charges or 20 percent of the rates.

Among special categories of rural hospitals, MDHs and SCHs/EACHs would experience decreases of 8.5 and 6.7 percent, respectively. Some of this decrease may be attributed to the impact on low-volume rural hospitals.

Cancer hospitals experience a 29.2 percent loss. Several factors may contribute to this loss. Under-coding could be a factor contributing to the percentage loss. In addition, the current requirements for batch billing of services such as chemotherapy and radiation therapy and the fact that we used only single procedure bills to calculate group weights may also have contributed to the impact on these hospitals. Further analysis will be conducted to determine if current coding practices explain the negative impact. We will be verifying the accuracy of the rates for these types of procedures. Specifically, the APC weights were calculated using single bill procedures. Using single bill procedures to compute a weight for services which are not typically billed as a single procedure could result in rates that are not accurate for these services. We will verify the accuracy of the rates for these types of procedures by analyzing the costs from the multiple bills. If further analysis reveals that cancer hospitals would be unduly harmed because of the new outpatient PPS, we will consider whether an adjustment or perhaps a transition period is needed to moderate the impact. By statute, any adjustment would have to be budget neutral. Until further analysis can be conducted we are not proposing an adjustment for cancer hospitals.

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

BILLING CODE 4120-01-P

CHANGES FOR
OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

| | Number of hospitals (1) | Outpatient percent (2) | Percent change in Medicare outpatient payments (3) | Percent change in total Medicare payments (4) |
|---|---|---|---|---|
| ALL HOSPITALS | 5,419 | 9.9 | -3.8 | -0.4 |
| NON-TEFRA HOSPITALS | 4,864 | 10.0 | -3.7 | -0.4 |
| NON-TEFRA HOSPITALS: LOCATION | | | | |
| GEOGRAPHIC LOCATION | | | | |
| URBAN HOSPITALS | 2,677 | 9.3 | -3.3 | -0.3 |
| LARGE URBAN AREAS | 1,516 | 9.1 | -5.0 | -0.5 |
| OTHER URBAN AREAS | 1,161 | 9.6 | -0.9 | -0.1 |
| RURAL HOSPITALS | 2,187 | 14.7 | -5.2 | -0.8 |
| BED SIZE (URBAN) | | | | |
| 0- 99 BEDS | 654 | 15.5 | -7.4 | -1.1 |
| 100-199 BEDS | 917 | 10.4 | -2.5 | -0.3 |
| 200-299 BEDS | 542 | 9.2 | -0.7 | -0.1 |
| 300-499 BEDS | 425 | 8.6 | -3.3 | -0.3 |
| 500 OR MORE BEDS | 139 | 8.3 | -7.0 | -0.6 |
| BED SIZE (RURAL) | | | | |
| 0- 49 BEDS | 1,149 | 19.6 | -9.8 | -1.9 |
| 50- 99 BEDS | 644 | 15.5 | -6.9 | -1.1 |
| 100-149 BEDS | 229 | 13.5 | -4.6 | -0.6 |
| 150-199 BEDS | 91 | 13.0 | -2.0 | -0.3 |
| 200 OR MORE BEDS | 74 | 11.4 | 0.1 | 0.0 |
| VOLUME (URBAN) | | | | |
| 0- 4,999 UNITS | 278 | 12.1 | -15.6 | -1.9 |
| 5,000- 10,999 UNITS | 442 | 9.8 | -6.3 | -0.6 |

| | Number of hospitals (1) | Outpatient percent (2) | Percent change in Medicare outpatient payments (3) | Percent change in total Medicare payments (4) |
|---|---|---|---|---|
| 11,000- 20,999 UNITS | 599 | 9.1 | -5.8 | -0.5 |
| 21,000- 42,999 UNITS | 780 | 8.7 | -3.6 | -0.3 |
| 43,000 OR MORE UNITS | 578 | 9.7 | -2.0 | -0.2 |
| VOLUME (RURAL) | | | | |
| 0- 4,999 UNITS | 816 | 18.2 | -17.0 | -3.1 |
| 5,000- 10,999 UNITS | 694 | 15.8 | -10.0 | -1.6 |
| 11,000- 20,999 UNITS | 420 | 14.6 | -5.8 | -0.8 |
| 21,000- 42,999 UNITS | 215 | 13.5 | -1.8 | -0.2 |
| 43,000 OR MORE UNITS | 42 | 13.2 | 5.3 | 0.7 |
| URBAN BY CENSUS DIV. | | | | |
| NEW ENGLAND | 152 | 10.7 | -4.9 | -0.5 |
| MIDDLE ATLANTIC | 399 | 8.3 | -11.3 | -0.9 |
| SOUTH ATLANTIC | 400 | 8.6 | -3.8 | -0.3 |
| EAST NORTH CENTRAL | 451 | 10.7 | -0.5 | -0.1 |
| EAST SOUTH CENTRAL | 158 | 7.9 | 0.9 | 0.1 |
| WEST NORTH CENTRAL | 189 | 9.5 | -1.6 | -0.2 |
| WEST SOUTH CENTRAL | 340 | 9.7 | -2.2 | -0.2 |
| MOUNTAIN | 122 | 10.2 | 1.3 | 0.1 |
| PACIFIC | 429 | 9.3 | 0.1 | 0.0 |
| PUERTO RICO | 37 | 6.8 | 8.3 | 8.6 |
| RURAL BY CENSUS DIV. | | | | |
| NEW ENGLAND | 56 | 16.9 | -13.6 | -2.3 |
| MIDDLE ATLANTIC | 81 | 13.5 | -1.9 | -0.3 |
| SOUTH ATLANTIC | 283 | 11.8 | -5.7 | -0.7 |
| EAST NORTH CENTRAL | 288 | 15.8 | -3.3 | -0.5 |
| EAST SOUTH CENTRAL | 267 | 11.2 | -5.6 | -0.6 |

| | Number of hospitals (1) | Outpatient percent (2) | Percent change in Medicare outpatient payments (3) | Percent change in total Medicare payments (4) |
|---|---|---|---|---|
| WEST NORTH CENTRAL | 516 | 19.6 | -7.7 | -1.5 |
| WEST SOUTH CENTRAL | 339 | 14.1 | -6.1 | -0.9 |
| MOUNTAIN | 216 | 16.7 | -3.5 | -0.6 |
| PACIFIC | 137 | 16.4 | 0.8 | 0.1 |
| PUERTO RICO | 4 | 6.6 | 34.6 | 2.3 |
| TEACHING STATUS | | | | |
| NON-TEACHING | 3,847 | 11.2 | -3.1 | -0.3 |
| FEWER THAN 100 RESIDENTS | 766 | 9.1 | -1.8 | -0.2 |
| 100 OR MORE RESIDENTS | 250 | 9.2 | -9.4 | -0.9 |
| DISPROPORTIONATE SHARE PATIENT RATIO | | | | |
| 0 | 25 | 25.1 | -0.3 | -0.1 |
| 0.001- 0.099 | 916 | 10.3 | -4.9 | -0.5 |
| 0.100- 0.159 | 1,016 | 10.9 | -0.9 | -0.1 |
| 0.160- 0.229 | 977 | 10.2 | -2.9 | -0.3 |
| 0.230- 0.349 | 966 | 9.6 | -4.2 | -0.4 |
| 0.350 AND GREATER | 964 | 9.2 | -6.8 | -0.6 |
| URBAN TEACHING AND DSH | | | | |
| BOTH TEACHING AND DSH | 957 | 9.0 | -4.6 | -0.4 |
| TEACHING AND NO DSH | 2 | 19.8 | -18.6 | -3.7 |
| NO TEACHING AND DSH | 1,708 | 9.8 | -1.9 | -0.2 |
| NO TEACHING AND NO DSH | 10 | 28.6 | 40.8 | 11.7 |
| RURAL HOSPITAL TYPES | | | | |
| NONSPECIAL STATUS HOSPITALS | 950 | 15.0 | -6.6 | -1.0 |
| RRC | 168 | 12.4 | -1.9 | -0.2 |
| SCH/EACH | 625 | 16.4 | -6.7 | -1.1 |

| | Number of hospitals (1) | Outpatient percent (2) | Percent change in Medicare outpatient payments (3) | Percent change in total Medicare payments (4) |
|---|---|---|---|---|
| MDH | 365 | 18.2 | -8.5 | -1.5 |
| SCH/EACH AND RRC | 55 | 13.7 | -2.1 | -0.3 |
| TYPE OF OWNERSHIP | | | | |
| VOLUNTARY | 2,877 | 9.9 | -4.0 | -0.4 |
| PROPRIETARY | 680 | 7.9 | -1.1 | -0.1 |
| GOVERNMENT | 1,307 | 12.3 | -4.0 | -0.5 |
| SPECIALTY HOSPITALS | | | | |
| EYE AND EAR | 13 | 33.6 | 1.4 | 0.5 |
| TRAUMA | 160 | 9.1 | -5.9 | -0.5 |
| CANCER | 10 | 22.0 | -29.2 | -6.4 |
| TEFRA HOSPITALS: | | | | |
| REHABILITATION | 141 | 3.7 | -24.1 | -0.9 |
| PSYCHIATRIC | 304 | 10.4 | -11.7 | -1.2 |
| LONG-TERM CARE | 70 | 3.5 | -4.1 | -0.1 |
| CHILDREN'S | 40 | 9.9 | -34.8 | -3.4 |

BILLING CODE 4120-01-C

### XI. Delay in Implementation Date

Like other public and private organizations that depend upon the smooth functioning of computer systems, the Medicare program faces the challenge making changes to assure that computers can recognize dates in the year 2000 and later. Computer programming, which has commonly employed only two digits to record the year in the date for transactions and other entries, will not be able to distinguish the year 2000 from the year 1900 without reprogramming. Such confusion in the context of Medicare enrollment and claims processing could create massive errors, as computers could mistakenly determine that beneficiaries are not eligible for benefits or that services were rendered before the effective date of benefit provisions.

For Medicare, achieving year 2000 (Y2K) compliance involves renovating all computer and information systems. The year 2000 especially affects HCFA because of our extensive reliance on multiple computer systems. More than 183 systems are used in administering the Medicare and Medicaid programs, and 98 of these are considered "mission critical" for establishing beneficiary eligibility and making payments to providers, plans, and states. Medicare is the most automated health care payer in the country. The Medicare program processes nearly one billion claims each year, or about 17 million transactions each week. Fully 98 percent of inpatient hospital and other Medicare Part A claims are processed electronically, as are 85 percent of physician and other Medicare Part B claims.

The renovation process is complicated because each piece in the systems used by Medicare, its 60-plus claims processing contractors, interfaces with state Medicaid programs, and some 1.6 million providers must be thoroughly reviewed and renovated by those responsible for each particular system. Programs must be tested, both alone and for the complicated interfaces among them. To fix only the Medicare systems, 49 million lines of code must be renovated. All Medicare-specific software must be renovated, and tested to assure that it continues to work with new versions of vendor-supplied software, including operating systems that drive the hardware. Some hardware must be upgraded, and our telecommunications equipment and software must be compliant. We must assure that all data exchanges with thousands of partners are compliant. Testing of year 2000 changes presents a far greater burden than testing of routine system changes because we must test multiple times on a range of different dates. For example, February 29, 2000 and March 1, 2000 must both be tested because CY 2000 is a leap year.

Because this process is necessary to keep program payments going out to beneficiaries and providers, year 2000 work must take precedence over other projects that require systems changes, including some Balanced Budget Act provisions. The Y2K project must be completed before other projects simply because activity on these other projects would divert resources from the Y2K project and could even compromise the effort to assure Y2K compliance if implemented in tandem. Many other private and public organizations, including most major insurance companies, have reached the same conclusion and are halting other projects involving information technology changes to clear the decks for the year 2000.

HCFA's independent year 2000 verification and validation contractor, Intermetrics, has advised the agency to delay all projects that could interfere with year 2000 work. Intermetrics specifically advised the agency to "seek necessary relief from Congressional mandates, system transitions and version releases to allow near-term, focused attention to achieving Y2K compliant systems." This includes projects that are complex, or which would occur during a critical window between October 1999 and March 2000. Otherwise, they warned, "many of your most critical system renovations have risk of significant schedule slippage."

Implementation of outpatient PPS is one of the projects that must be delayed by the year 2000 system renovations, because it requires massive system changes. Major contractor systems will be affected: the Fiscal Intermediary Standard Systems (FISS), the Arkansas Part A Standard System (APASS), the Common Working File (CWF), the Outpatient Code Editor (OCE), and the various systems operated by Fiscal Intermediaries and their corporate entities. Several HCFA systems will also be affected, including the National Claims History (NCH), the Provider Statistical & Reimbursement System (PS&R), and the Electronic Data Interchange (EDI). The scope of the required changes is also substantial. Among the required changes are:

- Expansion of the claim record of FISS, APASS, EDI, NCH and CWF to accept and retain specific information related to how a service is being paid or why it's denied.
- Conversion of all claims history to correspond with expanded format.
- Rewriting the program for FISS to process claims using line item dates of service.
- Rewriting the program for CWF to accept non covered charges by claim and line item.
- Developing, installing and testing an outpatient PRICER which determines payment amounts based on the HCFA Common Procedural Codes (HCPCS).
- Revision of interfaces with the fiscal intermediaries, providers, Billing Agents, EDI, OCE, PS&R and NCH and create an interface for PRICER.
- Developing, installing and testing a program to calculate the variable co-insurance per payment code grouping for each provider who elects to accept a reduced co-insurance.
- Revision of all claims processing output and interfaces including: Medicare Summary Notices (MSN), Beneficiary Denial Letters (BDL), Explanation of Medicare Benefits (EOMB), Notice of Utilization (NOU), Remittance Advice (RA).

The consequence of all these required changes to basic systems will be to change the entire way Fiscal Intermediaries process and pay hospital outpatient and community mental health center claims. There is also a major impact on the many systems that are required to receive this revised output. Changes of this magnitude require massive testing by all of the systems maintainers as well as each Fiscal Intermediary. Additionally, the impact on the Fiscal Intermediary systems has a domino effect. The intermediaries are doing business for Medicare under the auspices of their respective corporate entities. These corporate systems must be modified to accept, edit and relay the new information necessary to process outpatient PPS claims. They are also working toward becoming millennium compliant and competing for the same resources to scope, program, test and rework these changes, as well as the multitude of other BBA changes and Y2K. In the light of this, HCFA has no choice but to suspend implementing such massive change while the Intermediaries, their respective corporate entities, the standard systems maintainers as well as the provider community are working diligently to become Y2K compliant. It would be irresponsible to continue activity that would create a real danger that basic enrollment and claims processing activities will be disrupted, with far worse consequences for providers and beneficiaries than delay in implementation of outpatient PPS will cause.

We analyzed whether existing systems could be used to mimic processing of bills under the outpatient PPS. In every case, there were insuperable obstacles. In no case, for example, could these other systems compute the coinsurance correctly: the other available systems compute coinsurance as 20 percent of charges or 20 percent of a fee schedule amount. We have therefore reluctantly concluded that there is no alternative to a delay in implementation. As previously noted, the outpatient PPS will be implemented as soon as possible after January 1, 2000. A notice of the anticipated implementation date will be published in the **Federal Register** at least 90 days in advance.

We expect that there will be no negative impact on hospitals generally from the delay in implementation. The effect on individual hospitals will, of course, vary depending on how their current cost-based reimbursement compares to the total payments they would receive under the proposed system. Hospitals altogether should receive about the same level of Medicare program payments under the existing payment system, as they would have received in program payments under the outpatient PPS. When beneficiary coinsurance is taken into account, we expect that hospitals generally will receive about 3.8 percent more in total payments under the existing payment system, than they would have received in total payments under the outpatient PPS. We should note that payment rates will be established at the level they would have been if the PPS had been implemented on January 1, 1999.

The major impact of the delay in implementation will be on beneficiaries who will continue to pay coinsurance based on 20 percent of the hospital's charges. In the aggregate, we estimate beneficiary coinsurance would have been 6.9 percent lower under the outpatient prospective payment system in 1999 than under the current system. Under the prospective payment system, coinsurance will be based on our estimate of the median coinsurance amount for each APC under the current system in 1999. In the aggregate, estimated median coinsurance amounts are 6.9 percent lower than estimated mean coinsurance amounts for each APC. The actual impact will depend on the extent to which hospitals raise their charges in 1999. For example, the impact on beneficiaries would be moderated if hospitals show restraint in increasing charges (which have been increasing more rapidly than cost). We will actively encourage hospitals to voluntarily restrain from increasing their current charges. The actual impact on a given beneficiary will also depend on the hospital's charge structure relative to national charge levels. A beneficiary receiving services from a hospital with relatively low charges could be advantaged by the delay whereas a hospital with relatively high charges would be disadvantaged by the delay. We note that the impact will not be carried over to the prospective payment system.

**List of Subjects**

*42 CFR Part 409*

Health facilities, Medicare.

*42 CFR Part 410*

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

*42 CFR Part 411*

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

*42 CFR Part 412*

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

*42 CFR Part 413*

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

*42 CFR Part 419*

Health facilities, Hospitals, Medicare.

*42 CFR Part 489*

Health facilities, Medicare, Reporting and recordkeeping requirements.

*42 CFR Part 498*

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

*42 CFR Part 1003*

Administrative practice and procedure, Archives and records, grant program—social programs, Maternal and Child Health, Medicaid, Medicare, Penalties.

For the reasons set forth in the preamble, 42 CFR chapters IV and V would be amended as follows:

## PART 409—HOSPITAL INSURANCE BENEFITS

A. Part 409 is amended as set forth below:

1. The authority citation for part 409 continues to read as follows:

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

### Subpart B—Inpatient Hospital Services and Inpatient Critical Access Hospital Services

2. In § 409.10, paragraph (b) is revised to read as follows:

**§ 409.10 Included services.**

* * * * *

(b) *Inpatient hospital services* does not include the following types of services:

(1) Post-hospital SNF care, as described in § 409.20, furnished by a hospital or a critical access hospital that has a swing-bed approval.

(2) Nursing facility services, described in § 440.155 of this chapter, that may be furnished as a Medicaid service under title XIX of the Act in a swing-bed hospital that has an approval to furnish nursing facility services.

(3) Physician services that meet the requirements of § 415.102(a) of this chapter for payment on a fee schedule basis.

(4) Physician assistant services, as defined in section 1861(s)(2)(K)(i) of the Act.

(5) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.

(6) Certified nurse mid-wife services, as defined in section 1861(gg) of the Act.

(7) Qualified psychologist services, as defined in section 1861(ii) of the Act.

(8) Services of an anesthetist, as defined in § 410.69 of this chapter.

## PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

B. Part 410 is amended as set forth below:

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

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

### Subpart A—General Provisions

2. In § 410.2, the following definitions are added in alphabetical order to read as follows:

**§ 410.2 Definitions.**

As used in this part—

* * * * *

*Encounter* means a direct personal contact between a patient and a physician, or other person who is authorized by State licensure law and, if applicable, by hospital or CAH staff bylaws, to order or furnish hospital services for diagnosis or treatment of the patient.

* * * * *

*Outpatient* means a person who has not been admitted as an inpatient but who is registered on the hospital or CAH records as an outpatient and receives services (rather than supplies alone) directly from the hospital or CAH.

* * * * *

## Subpart B—Medical and Other Health Services

3. In § 410.27, the section heading is revised, the introductory text to paragraph (a) is revised, the introductory text to paragraph (a)(1) is republished, and new paragraphs (a)(1)(iii), (e), and (f) are added to read as follows:

**§ 410.27 Outpatient hospital services and supplies incident to a physician service: Conditions.**

(a) Medicare Part B pays for hospital services and supplies furnished incident to a physician service to outpatients, including drugs and biologicals that cannot be self-administered, if—

(1) They are furnished—

* * * * *

(iii) In the hospital or at a location (other than an RHC or an FQHC) that HCFA designates as qualifying as a department of a provider under § 413.65 of this chapter; and

* * * * *

(e) Services furnished by an entity other than the hospital are subject to the limitations specified in § 410.39(a).

(f) Services furnished at a location (other than an RHC or an FQHC) that HCFA designates as having provider-based status under § 413.65 of this chapter must be under the direct supervision of a physician as defined in § 410.32(b)(3)(ii).

4. In § 410.28, paragraph (a)(4) is removed, paragraph (c) is redesignated as paragraph (d), and new paragraphs (c) and (e) are added to read as follows:

**§ 410.28 Hospital or CAH diagnostic services furnished to outpatients: Conditions.**

* * * * *

(c) Diagnostic services furnished by an entity other than the hospital or CAH are subject to the limitations specified in § 410.39(a).

* * * * *

(e) Medicare Part B makes payment under section 1833(t) of the Act for diagnostic tests performed at a facility (other than an RHC or an FQHC) that HCFA designates as having provider-based status only when the diagnostic tests are furnished under the appropriate level of physician supervision specified by HCFA in accordance with the definitions in § 410.32(b)(3)(i), (b)(3)(ii), and (b)(3)(iii).

5. A new § 410.39 is added to read as follows:

**§ 410.39 Limitations on coverage of certain services furnished to hospital outpatients.**

(a) Except as provided in paragraph (c) of this section, Medicare Part B does not pay for any item or service that is furnished to a hospital outpatient (as defined in § 410.2) during an encounter (as defined in § 410.2) by an entity other than the hospital unless the hospital has an arrangement (as defined in § 409.3 of this chapter) with that entity to furnish that particular service to its patients.

(b) As used in paragraph (a) of this section, the term "hospital" includes a CAH.

(c) The limitations stated in paragraphs (a) and (b) of this section do not apply to the following services:

(1) Physician services that meet the requirements of § 415.102(a) of this chapter for payment on a fee schedule basis.

(2) Physician assistant services, as defined in section 1861(s)(2)(K)(i) of the Act.

(3) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.

(4) Certified nurse mid-wife services, as defined in section 1861(gg) of the Act.

(5) Qualified psychologist services, as defined in section 1861(ii) of the Act.

(6) Services of an anesthetist, as defined in § 410.69.

## PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

C. Part 411 is amended as set forth below:

1. The authority citation for part 411 continues to read as follows:

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

## Subpart A—General Exclusions and Exclusion of Particular Services

2. In § 411.15, the introductory text is republished; the section heading to paragraph (m) is revised; paragraph (m)(1) is revised; the introductory text to paragraph (m)(2) is republished; paragraphs (m)(2)(iii), (m)(2)(iv), and (m)(2)(v) are redesignated as paragraphs (m)(2)(iv), (m)(2)(v), and (m)(2)(vi), respectively; and new paragraphs (m)(2)(iii) and (m)(3) are added to read as follows:

**§ 411.15 Particular services excluded from coverage.**

The following services are excluded from coverage.

* * * * *

(m) *Services to hospital patients*—(1) *Basic rule.* Except as provided in paragraph (m)(2) of this section, any service furnished to an inpatient of a hospital or to a hospital outpatient (as defined in § 410.2 of this chapter) during an encounter (as defined in § 410.2 of this chapter) by an entity other than the hospital, unless the hospital has an arrangement (as defined in § 409.3 of this chapter) with that entity to furnish that particular service to the hospital's patients. (As used in this paragraph (m)(1), the term "hospital" includes a CAH.)

(2) *Exceptions.* The following services are not excluded from coverage:

* * * * *

(iii) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.

* * * * *

(3) *Scope of exclusion.* Services subject to exclusion under the provisions of this paragraph (m) include, but are not limited to, clinical laboratory services; pacemakers and other prostheses and prosthetic devices (other than dental) that replace all or part of an internal body organ (for example, intraocular lenses); artificial limbs, knees, and hips; equipment and supplies covered under the prosthetic device benefits; and services incident to a physician service.

* * * * *

## PART 412—PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT HOSPITAL SERVICES

D. Part 412 is amended as set forth below:

1. The authority citation for part 412 continues to read as follows:

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

## Subpart C—Conditions for Payment Under the Prospective Payment Systems for Inpatient Operating Costs and Inpatient Capital-Related Costs

2. In § 412.50, paragraphs (a) and (b) are revised to read as follows:

**§ 412.50 Furnishing of inpatient hospital services directly or under arrangements.**

(a) The applicable payments made under the prospective payment systems, as described in subparts H and M of this part, are payment in full for all inpatient hospital services, as defined in § 409.10

of this chapter. Inpatient hospital services do not include the following types of services:

(1) Physician services that meet the requirements of § 415.102(a) of this chapter for payment on a fee schedule basis.

(2) Physician assistant services, as defined in section 1861(s)(2)(K)(i) of the Act.

(3) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.

(4) Certified nurse mid-wife services, as defined in section 1861(gg) of the Act.

(5) Qualified psychologist services, as defined in section 1861(ii) of the Act.

(6) Services of an anesthetist, as defined in § 410.69 of this chapter.

(b) HCFA does not pay any provider or supplier other than the hospital for services furnished to a beneficiary who is an inpatient, except for the services described in paragraphs (a)(1) through (a)(6) of this section.

* * * * *

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

E. Part 413 is amended as set forth below:

1. The authority citation for part 413 continues to read as follows:

**Authority:** Secs. 1102, 1861(v)(1)(A), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395x(v)(1)(A), and 1395hh).

### Subpart A—Introduction and General Rules

#### § 413.1 [Amended]

2. In § 413.1, paragraph (a)(2)(viii) is removed.

### Subpart B—Accounting Records and Reports

3. In § 413.24, the heading to paragraph (d) is published, and a new paragraph (d)(6) is added to read as follows:

#### § 413.24 Adequate cost data and cost finding.

* * * * *

(d) *Cost finding methods.* * * *

(6) *Management contracts.* (i) If the main provider purchases services for a department of the provider or a provider-based entity through a management contract or otherwise directly assigns costs to the department or entity, the like costs of the main provider must be carved out to ensure that they are not allocated to the department of the provider or provider-based entity. However, if the like costs of the main provider cannot be separately identified, the costs of the services purchased through a management contract must be included in the main provider's administrative and general costs and allocated among the provider's overall statistics.

(ii) Costs of free-standing entities may not be shown in the provider's trial balance for purposes of stepping down overhead costs to such entities. The provider must develop detailed work papers showing the exact cost of the services (including overhead) provided to or by the free-standing entity and show those carved out costs as non-reimbursable cost centers in the provider's trial balance.

* * * * *

### Subpart E—Payments to Providers

4. A new § 413.65 is added to read as follows:

#### § 413.65 Requirements for a determination that a facility or an organization is a department of a provider or a provider-based entity.

(a) *Definitions.* In this subpart E, unless the context indicates otherwise—

*Department of a provider* means a facility or organization or a physician office that is either created by, or acquired by, a main provider for the purpose of furnishing health care services under the name, ownership, and financial and administrative control of the main provider, in accordance with the provisions of this section. A department of a provider may not be licensed to provide health care services in its own right, and Medicare conditions of participation do not apply to a department as an independent entity. For purposes of this part, the term "department of a provider" does not include an RHC or an FQHC.

*Free-standing facility* means an entity that furnishes health care services to Medicare beneficiaries and that is not integrated with any other entity as a main provider, a department of a provider, or a provider-based entity.

*Main provider* means a provider that either creates, or acquires ownership of, another entity to deliver additional health care services under its name, ownership, and financial and administrative control.

*Provider-based entity* means a provider of health care services, or an RHC or an FQHC as defined in § 405.2401(b) of this chapter, that is either created by, or acquired by, a main provider for the purpose of furnishing health care services under the name, ownership, and administrative and financial control of the main provider, in accordance with the provisions of this section.

*Provider-based status* means the relationship between a main provider and a provider-based entity or a department of a provider, that complies with the provisions of this section.

(b) *Responsibility for obtaining provider-based determinations.* (1) A facility or organization is not entitled to be treated as provider-based simply because it or the main provider believe it is provider-based.

(2) A provider or a facility or organization must contact HCFA and the facility or organization must be determined by HCFA to be provider-based before the main provider begins billing for services of the facility or organization as if they were furnished by a department of the provider or provider-based entity, or before it includes costs of those services on its cost report.

(3) A facility that is not located on the campus of a hospital and is used as a site of physician services of the kind ordinarily furnished in physician offices will be presumed to be a free-standing facility, unless it is determined by HCFA to have provider-based status.

(c) *Reporting.* (1) A main provider that acquires a facility or organization for which it wishes to claim provider-based status, including any physician offices that a hospital wishes to operate as a hospital outpatient department or clinic, must report its acquisition of the facility or organization to HCFA and must furnish all information needed for a determination as to whether the facility or organization meets the requirements in paragraph (d) of this section for provider-based status.

(2) A main provider that has had one or more facilities or organizations considered provider-based also must report to HCFA any material change in the relationship between it and any provider-based facility or organization, such as a change in ownership of the facility or organization or entry into a new or different management contract that could affect the provider-based status of the facility or organization.

(d) *Requirements.* An entity must meet the following requirements to be determined by HCFA to be a provider-based entity or a department of a provider:

(1) *Licensure.* The department of the provider and the main provider are operated under the same license, except in areas where the State requires a separate license for the department of

the provider. If a State health facilities' cost review commission or other agency that has authority to regulate the rates charged by hospitals or other providers in a State finds that a particular facility or organization is not part of a provider, HCFA will determine that the facility or organization does not have provider-based status.

(2) *Operation under the ownership and control of the main provider.* The facility or organization seeking provider-based status is operated under the ownership and control of the main provider, as evidenced by the following:

(i) The facility or organization is 100 percent owned by the provider.

(ii) The main provider and the facility or organization seeking status as a department of the provider have the same governing body.

(iii) The facility or organization is operated under the same organizational documents as the main provider. For example, the facility or organization seeking provider-based status must be subject to common bylaws and operating decisions of the governing body of the provider where it is based.

(iv) The main provider has final responsibility for administrative decisions, final approval for contracts with outside parties, final approval for personnel actions, final responsibility for personnel policies (such as fringe benefits/code of conduct), and final approval for medical staff appointments in the facility or organization.

(3) *Administration and supervision.* The reporting relationship between the facility or organization seeking provider-based status and the main provider must have the same frequency, intensity, and level of accountability that exists in the relationship between the main provider and one of its departments, as evidenced by compliance with all of the following requirements:

(i) The facility or organization is under the direct supervision of the provider where it is located.

(ii) The facility or organization is operated under the same monitoring and oversight by the provider as any other department of the provider, and is operated just as any other department of the provider with regard to supervision and accountability. The facility or organization director or individual responsible for daily operations at the entity—

(A) Maintains a day-to-day reporting relationship with a manager at the main provider; and

(B) Is accountable to the governing body of the main provider, in the same manner as any department head of the provider.

(iii) The following administrative functions of the facility or organization are integrated with those of the provider where the facility or organization is based: billing services, records, human resources, payroll, employee benefit package, salary structure, and purchasing services. Either the same employees or group of employees handle these administrative functions for the facility or organization and the main provider, or the administrative functions for both the facility or organization and the entity are—

(A) Contracted out under the same contract agreement; or

(B) Handled under different contract agreements, with the contract of the facility or organization being managed by the main provider's billing department.

(4) *Clinical services.* The clinical services of the facility or organization seeking provider-based status and the main provider are integrated as evidenced by the following:

(i) Professional staff of the facility or organization have clinical privileges at the main provider.

(ii) The main provider maintains the same monitoring and oversight of the facility or organization as it does for any other department of the provider.

(iii) The medical director of the facility or organization seeking provider-based status maintains a day-to-day reporting relationship with the Chief Medical Officer or other similar official of the main provider, and is under the same type of supervision and accountability as any other director, medical or otherwise, of the main provider.

(iv) Medical staff committees or other professional committees at the main provider are responsible for medical activities in the facility or organization including quality assurance, utilization review, and the coordination and integration of services, to the extent practicable, between the facility or organization seeking provider-based status and the main provider.

(v) Medical records for patients treated in the facility or organization are integrated into a unified retrieval system (or cross reference) of the main provider.

(vi) Inpatient and outpatient services of the facility or organization and the main provider are integrated, and patients treated at the facility or organization who require further care have full access to all services of the main provider and are referred where appropriate to the corresponding inpatient or outpatient department or service of the main provider.

(5) *Financial integration.* The financial operations of the facility or organization are fully integrated within the financial system of the main provider, as evidenced by shared income and expenses between the main provider and the facility or organization. The costs of the facility or organization are reported in a cost center of the provider, and the financial status of the facility or organization is incorporated and readily identified in the main provider's trial balance.

(6) *Public awareness.* The facility or organization seeking status as a department of a provider is held out to the public and other payers as part of the main provider. When patients enter the provider-based facility or organization, they are aware that they are entering the main provider and are billed accordingly.

(7) *Location in immediate vicinity.* The facility or organization and the main provider are located on the same campus, except where the following requirements are met:

(i) The facility or organization demonstrates a high level of integration with the main provider by showing that it meets all of the other provider-based criteria, and demonstrates that it serves the same patient population as the main provider, either by submitting records such as common patient lists and/or demographic data showing that a high percentage of patients of both the main provider and the applicant entity come from the same geographic area, or by submitting data substantiating that the patients served by the entity also receive services from the main provider (for example, the patients of an RHC receive inpatient hospital services from the main provider).

(ii) A facility or organization is not considered to be in the "immediate vicinity" of the main provider if the facility or organization and the main provider are located in different States.

(e) *Provider-based status not applicable to joint ventures.* A facility or organization cannot be considered provider-based if the entity is owned by two or more providers engaged in a joint venture. For example, where a hospital has jointly purchased or jointly created free-standing facilities under joint venture arrangements, neither party to the joint venture arrangement can claim the free-standing facility as a provider-based entity.

(f) *Management contracts.* Facilities and organizations operated under management contracts are considered provider-based if all of the following criteria are met:

(1) The staff of the facility or organization are employed by the

provider or by another organization other than the management company.

(2) The administrative functions of the facility or organization are integrated with those of the main provider, as determined under criteria in paragraph (b)(3)(iii) of this section.

(3) The main provider has significant day-to-day control over the operations of the facility or organization as determined under criteria in paragraph (b)(3)(ii) of this section.

(4) The management contract is held by the main provider itself, not by a parent organization that has control over both the main provider and the facility or organization.

(g) *Obligations of hospital outpatient departments and hospital-based entities.* (1) Hospital outpatient departments located either on or off the main premises of the hospital must comply with the anti-dumping rules in §§ 489.20(l), (m), (q), and (r) and 489.24 of this chapter. If any individual comes to any hospital-based entity (including an RHC) located on the main hospital campus, and a request is made on the individual's behalf for examination or treatment of a medical condition, as described in § 489.24, the hospital must comply with the anti-dumping rules in § 489.24.

(2) Physician services furnished in hospital outpatient departments or hospital-based entities (other than RHCs) must be billed with the correct site-of-service indicator, so that applicable site-of-service reductions to physician and practitioner payment amounts can be applied.

(3) Hospital outpatient departments must comply with all the terms of the hospital's provider agreement.

(4) Physicians who work in hospital outpatient departments or hospital-based entities are obligated to comply with the non-discrimination provisions in § 489.10(b) of this chapter.

(5) Hospital outpatient departments (other than RHCs) must hold themselves out to other payers as outpatient departments of that hospital, and must treat all patients, for billing purposes, as hospital outpatients. The department must not treat some patients as hospital outpatients and others as physician office patients.

(6) In the case of a patient admitted to the hospital as an inpatient after receiving treatment in the hospital outpatient department or hospital-based entity, payments for services in the hospital outpatient department or hospital-based entity are subject to the payment window provisions applicable to PPS hospitals and to hospitals and units excluded from PPS set forth at § 412.2(c)(5) of this chapter and at § 413.40(c)(2), respectively.

(7) When a Medicare beneficiary is treated in a hospital outpatient department or hospital-based entity (other than an RHC), the hospital has a duty to notify the beneficiary, prior to the delivery of services, of the beneficiary's potential financial liability (that is, a coinsurance liability for an outpatient visit to the hospital as well as for the physician service).

(8) Hospital outpatient departments must meet applicable hospital health and safety rules for Medicare-participating hospitals in part 482 of this chapter.

(9) A facility or organization may not qualify for provider-based status if all services furnished at the facility are furnished under arrangement.

(h) *Inappropriate treatment of a facility or organization as provider-based.* If HCFA learns of a provider treating a facility or organization as provider-based without notifying HCFA to obtain a determination of provider-based status, HCFA reconsiders all payments to that provider for all cost reporting periods subject to re-opening in accordance with §§ 405.1885 and 405.1889 of this chapter. HCFA then investigates and determines whether the requirements in paragraph (d) of this section were met. If the facility or organization did not qualify for a provider-based determination, HCFA recovers the difference between the amount of payments that actually were made and the amount of payments that should have been made in the absence of a determination of provider-based status, except that recovery will not be made for any period prior to [insert the effective date of final rule] if during all of that period the management of the entity made a good faith effort to operate it as a provider-based facility or organization, as described in paragraph (i)(2) of this section.

(i) *Inappropriate billing.* (1) If HCFA determines that a provider has been inappropriately billing Medicare for services furnished in a physician office or other facility or organization as if they had been furnished in a hospital outpatient department or other department of a provider or in a provider-based entity, HCFA stops all payments to the provider for outpatient services until the provider can demonstrate which payments are proper. If overpayments have been made, HCFA recovers the difference between the amount of payments that actually were made and the amount of the payments that should have been made in the absence of the determination of provider-based status. However, past payments attributable to treatment as a department of a provider or a provider-based entity for any period prior to [insert effective date of final rule] are not recovered if during all of that period the management of a facility or an organization made a good faith effort to operate it as a department of a provider or a provider-based entity, as described in paragraph (i)(2) of this section, prior to [insert effective date of final rule].

(2) HCFA determines that the management of a facility has made a good faith effort to operate it as a provider-based entity if—

(i) The requirements regarding licensure and public awareness in paragraphs (d)(1) and (d)(6) of this section are met;

(ii) All facility services were billed as if they had been furnished by a department of a provider or a provider-based entity of the main provider; and

(iii) All professional services of physicians and other practitioners were billed with the correct site-of-service indicator, as described in paragraph (g)(7) of this section.

(j) *Correction of errors.* HCFA may review a past determination of provider-based status if it believes that the determination may be inappropriate, based on the provisions of this section. If HCFA determines that a previous determination was in error, and the entity should not be considered provider-based, HCFA notifies the main provider. Treatment of the facility or organization as provider-based ceases with the first day of the next cost report period following notification of the redetermination.

## Subpart F—Specific Categories of Costs

5. In § 413.118, the heading to paragraph (d) is republished, and a new paragraph (d)(5) is added to read as follows:

**§ 413.118 Payment for facility services related to covered ASC surgical procedures performed in hospitals on an outpatient basis.**

* * * * *

(d) *Blended payment amount.* * * *

(5) For portions of cost reporting periods beginning on or after October 1, 1997, for purposes of calculating the blended payment amount under paragraph (d)(4) of this section, the ASC payment amount is the sum of the standard overhead amounts reduced by deductibles and coinsurance as defined in section 1866(a)(2)(ii) of the Act.

* * * * *

6. In § 413.122, the heading to paragraph (b) is republished, a new

paragraph (b)(5) is added, the heading to paragraph (c) is republished, and a new paragraph (c)(4) is added to read as follows:

**413.122 Payment for hospital outpatient radiology services and other diagnostic procedures.**

* * * * *

(b) *Payment for hospital outpatient radiology services.* * * *

(5) For hospital outpatient radiology services furnished on or after October 1, 1997, the blended payment amount is equal to the sum of—

(i) 42 percent of the hospital-specific amount; and

(ii) 58 percent of the fee schedule amount calculated as 62 percent of the sum of the fee schedule amounts payable for the same services when furnished by participating physicians in their offices in the same locality, less deductible and coinsurance as defined in section 1866(a)(2)(A)(ii) of the Act.

(c) *Payment for other diagnostic procedures.* * * *

(4) For other diagnostic services furnished on or after October 1, 1997, the blended payment amount is equal to the sum of—

(i) 50 percent of the hospital-specific amount; and

(ii) 50 percent of the fee schedule amount calculated as 42 percent of the sum of the fee schedule amounts payable for the same services when furnished by participating physicians in their offices in the same locality, less deductible and coinsurance as defined in section 1866(a)(2)(A)(ii) of the Act.

7. In § 413.124, paragraph (a) is revised to read as follows:

**§ 413.124 Reduction to hospital outpatient operating costs.**

(a) Except for sole community hospitals, as defined in § 412.92 of this chapter, and critical access hospitals, the reasonable costs of outpatient hospital services (other than capital-related costs of such services) are reduced by 5.8 percent for services furnished during portions of cost reporting periods occurring on or after October 1, 1990 and before January 1, 2000.

* * * * *

## Subpart G—Capital-Related Costs

8. In § 413.130, the heading to paragraph (j) and the introductory text to paragraph (j)(1) are republished, and paragraph (j)(1)(ii) is revised to read as follows:

**§ 413.130 Introduction to capital-related costs.**

* * * * *

(j) *Reduction to capital-related costs.* (1) Except for sole community hospitals and critical access hospitals, the amount of capital-related costs of all hospital outpatient services is reduced by—

* * * * *

(ii) 10 percent for portions of cost reporting periods occurring on or after October 1, 1991 through December 31, 1999 and before January 1, 2000.

* * * * *

F. A new part 419, consisting of §§ 419.1, 419.2, 419.20, 419.21, 419.22, 419.30, 419.31, 419.32, 419.40, 419.41, 419.42, 419.43, 419.44, 419.50, 419.51, and 419.60, is added to read as follows:

## PART 419—PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES


**Subpart A—General Provisions**

Sec.
419.1 Scope of part.
419.2 Basis of payment.

**Subpart B—Services Subject to and Excluded From the Hospital Outpatient Prospective Payment System**

419.20 Hospitals subject to the hospital outpatient prospective payment system.
419.21 Hospital outpatient services subject to the outpatient prospective payment system.
419.22 Hospital outpatient services excluded from payment under the hospital outpatient prospective payment system.

**Subpart C—Basic Methodology for Determining Prospective Payment Rates for Hospital Outpatient Services**

419.30 Base expenditure target for calendar year 1999.
419.31 Ambulatory Payment Classification (APC) system and payment weights.
419.32 Calculation of prospective payment rates for hospital outpatient services.

**Subpart D—Payments to Hospitals**

419.40 Payment concepts.
419.41 Calculation of national beneficiary copayment amounts and national Medicare program payment amounts.
419.42 Hospital election to reduce copayment.
419.43 Adjustments to national program payment and beneficiary copayment amounts.
419.44 Payment reductions for surgical procedures.

**Subpart E—Updates**

419.50 Revisions to groups, weights, and other adjustments.
419.51 Volume control measures for services furnished in CY 2000.

**Subpart F—Limitations on Review**

419.60 Limitations on administrative and judicial review.


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

## PART 419—PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES

### Subpart A—General Provisions

**§ 419.1 Scope of part.**

(a) *Purpose.* This part implements section 1833(t) of the Act by establishing a prospective payment system for services furnished by hospital outpatient departments to Medicare beneficiaries who are registered on hospital records as outpatients, effective for services furnished on or after the implementation date.

(b) *Summary of content.* This subpart describes the basis of payment for outpatient hospital services under the prospective payment system. Subpart B sets forth the categories of hospitals and services that are subject to the outpatient hospital prospective payment system and those categories of hospitals and services that are excluded from the outpatient hospital prospective payment system. Subpart C sets forth requirements and the basic methodology by which prospective payment rates for hospital outpatient services are determined. Subpart D describes Medicare payment amounts, beneficiary copayment amounts, and methods of payment to hospitals under the hospital outpatient prospective payment system. Subpart E describes how the hospital outpatient prospective payment system may be revised to take into account changes in medical practice and technology, the addition or deletion of services, new cost data, and other relevant information and factors.

**§ 419.2 Basis of payment.**

(a) *Unit of payment.* Under the hospital outpatient prospective payment system, hospitals are paid a predetermined amount for designated services, which are identified by codes established under the Health Care Financing Administration Common Procedure Coding System (HCPCS), furnished to Medicare beneficiaries. The prospective payment rate for each service or procedure for which payment is allowed under the hospital outpatient prospective payment system is determined according to the methodology described in subpart C of this part. The manner in which the Medicare payment amount and the beneficiary copayment amount for each service or procedure are determined is described in subpart D of this part.

(b) *Costs included in determination of hospital outpatient department payment rates.* The prospective payment system establishes a national payment rate,

standardized for geographic wage differences, for operating and capital-related costs that are directly related and integral to performing a procedure or furnishing a service on an outpatient basis, including, but not limited to—

(1) Use of an operating suite, procedure room, or treatment room;

(2) Use of recovery room;

(3) Use of an observation bed;

(4) Anesthesia, drugs, biologicals, other pharmaceuticals, and blood; medical and surgical supplies and equipment; surgical dressings; splints, casts, and other devices used for reduction of fractures and dislocations;

(5) Supplies and equipment for administering and monitoring anesthesia or sedation;

(6) Intra-ocular lenses (IOLs);

(7) Incidental services such as venipuncture;

(8) Capital-related costs.

(c) *Costs excluded from determination of hospital outpatient prospective payment rates.* The following costs are excluded from the hospital outpatient prospective payment rates:

(1) Medical education costs for approved nursing and allied health education programs.

(2) Costs for services listed in § 419.22.

## Subpart B—Services Subject to and Excluded From the Hospital Outpatient Prospective Payment System

### § 419.20 Hospitals subject to the hospital outpatient prospective payment system.

(a) *Applicability.* The hospital outpatient prospective payment system is applicable to any hospital participating in the Medicare program, except those specified in paragraph (b) of this section, for services furnished on or after the implementation date.

(b) *Hospitals excluded from the outpatient prospective payment system.* (1) Those services furnished by Maryland hospitals that are paid under a cost containment waiver in accordance with section 1814(b)(3) of the Act are excluded from the hospital outpatient prospective payment system.

(2) Critical access hospitals (CAHs) are excluded from the hospital outpatient prospective payment system.

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

Beginning on the implementation date, except for services described in § 419.22, payment is made under the hospital outpatient prospective payment system for—

(a) Medicare Part B services furnished to hospital outpatients designated by HCFA under this part that are not otherwise excluded under § 419.22;

(b) Services that are covered under Medicare Part B when furnished to hospital inpatients who are either not entitled to benefits under Part A or who have exhausted their Part A benefits, but are entitled to benefits under Part B of the program;

(c) Partial hospitalization services furnished by community mental health centers (CMHCs);

(d) The following medical and other health services furnished by a comprehensive outpatient rehabilitation facility (CORF) when they fall outside the definition of CORF services at section 1861(cc)(1) of the Act; or by a home health agency (HHA) to patients who are not under an HHA plan or treatment; or, by a hospice program furnishing services to patients outside the hospice benefit:

(1) Antigens.

(2) Splints and casts.

(3) Pneumococcal vaccine, influenza vaccine, hepatitis B vaccine.

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

The following services are not paid for under the hospital outpatient prospective payment system:

(a) Physician services.

(b) Nurse practitioner services.

(c) Physician assistant services.

(d) Certified nurse-midwife services.

(e) Services of qualified psychologists.

(f) Services of an anesthetist as defined in § 410.69 of this chapter.

(g) Clinical social worker services as defined in section 1861(hh)(2) of the Act.

(h) Rehabilitation services described in section 1833(a)(8) of the Act.

(i) Ambulance services.

(j) Prosthetics and prosthetic supplies, prosthetic devices, prosthetic implants (except IOLs), and orthotic devices.

(k) Durable medical equipment supplied by the hospital for the patient to take home.

(l) Clinical diagnostic laboratory services.

(m) Dialysis services furnished to ESRD patients.

(n) Services and procedures that are not safely furnished in an outpatient setting or that require inpatient care.

(o) Services specific to other sites such as nursing homes.

(p) Services furnished to persons who are inpatients of a SNF and furnished pursuant to the resident assessment or comprehensive care plan but that are covered under the SNF prospective payment system, furnished "under arrangement," and billable only by the SNF.

(q) Services that are not covered by Medicare by statute.

(r) Services that are not reasonable or necessary for the diagnosis or treatment of an illness or disease.

## Subpart C—Basic Methodology for Determining Prospective Payment Rates for Hospital Outpatient Services

### § 419.30 Base expenditure target for calendar year 1999.

(a) HCFA estimates the aggregate amount that would be payable for hospital outpatient services in calendar year 1999 by summing—

(1) The total amounts that would be payable from the Trust Fund for covered hospital outpatient services without regard to the outpatient prospective payment system described in this part; and

(2) The total amounts of copayments estimated to be paid by beneficiaries, under the prospective payment system described in this part, to hospitals for covered hospital outpatient services.

(b) The aggregate amount under paragraph (a) of this section is determined as though the deductible required under section 1833(b) of the Act did not apply.

### § 419.31 Ambulatory Payment Classification (APC) system and payment weights.

(a) *APC groups.* (1) HCFA classifies hospital outpatient services and procedures that are comparable clinically and similar in terms of resource use into APC groups.

(2) The payment rate determined for an APC group in accordance with § 419.32 and the copayment amount and program payment amount determined for an APC group in accordance with subpart D of this part apply to every individual service or procedure within the APC group.

(b) *APC weighting factors.* (1) Using hospital claims data from calendar year 1996 and data from the most recent available hospital cost reports, HCFA determines the median costs for the services and procedures within each APC group.

(2) HCFA assigns to each APC group an appropriate weighting factor to reflect the relative median costs for the services within the APC group compared to the median costs for the services in all APC groups.

(c) *Standardizing amounts.* (1) HCFA determines the portion of costs determined in paragraph (b)(1) of this section that is labor-related. This is known as the "labor-related portion" of hospital outpatient costs.

(2) HCFA standardizes the median costs determined in paragraph (b)(1) of

this section by adjusting for variations in hospital labor costs across geographic areas.

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

(a) *Conversion factor for 1999.* HCFA calculates a conversion factor in such a manner as to ensure that payment for hospital outpatient services furnished in 1999 would have equalled the base expenditure target calculated in § 419.30, taking APC group weights and estimated service volume into account.

(b) *Conversion factor for calendar years 2000, 2001, and 2002.* (1) Subject to paragraph (c)(2) of this section, the conversion factor for each of the calendar years 2000, 2001, and 2002 is equal to the conversion factor calculated under paragraph (a) of this section for the previous year adjusted by the hospital inpatient market basket percentage increase applicable under section 1886(b)(3)(B)(iii) of the Act for fiscal years 2000, 2001, and 2002, respectively, reduced by one percentage point.

(2) Beginning in calendar year 2000, HCFA may substitute for the hospital inpatient market basket percentage in paragraph (c)(1) of this section a market basket percentage increase that is determined and applied to hospital outpatient services in the same manner that the hospital inpatient market basket percentage increase is determined and applied to inpatient hospital services.

(c) *Payment rates.* The payment rate for services and procedures for which payment is made under the hospital outpatient prospective payment system is the product of the conversion factor calculated under paragraph (a) or paragraph (b) of this section and the relative weight determined under § 419.31(b).

## Subpart D—Payments to Hospitals

**§ 419.40 Payment concepts.**

In addition to the payment rate described in § 419.32, for each APC group there is a predetermined beneficiary copayment amount as described in § 419.41(a). The Medicare payment for each APC is calculated by applying the program payment percentage as described in § 419.41(b).

(b) For purposes of this section—

*Copayment percentage* is calculated as the difference between the program payment percentage and 100 percent. The copayment percentage in any year is thus defined for each APC group as the *greater* of the following: the ratio of the APC group unadjusted copayment amount *to* the annual APC group payment rate, or 20 percent.

*Program payment percentage* is calculated as the *lower* of the following: the ratio of the APC group payment rate minus the APC group unadjusted copayment amount, *to* the APC group payment rate, *or* 80 percent.

*Unadjusted copayment amount* is calculated as 20 percent of the wage-adjusted national median of charges for services within an APC group furnished during 1996, updated to 1999 using an actuarial projection of charge increases for hospital outpatient department services during the period 1996 to 1999.

**§ 419.41 Calculation of national beneficiary copayment amounts and national Medicare program payment amounts.**

(a) *Calculation of the national beneficiary copayment amount.* To calculate the unadjusted copayment amount for each APC group, HCFA—

(1) Standardizes 1996 hospital charges for the services within each APC group to offset variations in hospital labor costs across geographic areas;

(2) Identifies the median of the wage-neutralized 1996 charges for each APC group; and,

(3) Determines the value equal to 20 percent of the wage-neutralized 1996 median charge for each APC group and multiplies that value by an actuarial projection of increases in charges for hospital outpatient department services during the period 1996 to 1999. The result is the unadjusted beneficiary copayment amount for the APC group.

(b) *Calculation of the program payment amount for each APC group.* (1) HCFA calculates annually the program payment percentage for every APC group on the basis of each group's unadjusted copayment amount and its payment rate after the payment rate is adjusted in accordance with § 419.32.

(2) The Medicare program payment amounts are calculated annually by multiplying the updated APC group payment rates by the program payment percentage.

(c) To determine payment amounts due for a service paid for under the hospital outpatient prospective payment system, HCFA makes the following calculations:

(1) Makes the wage index adjustment and any other adjustments that are appropriate in accordance with § 419.43.

(2) Subtracts the amount of the applicable Part B deductible provided under § 410.160 of this chapter.

(3) Multiplies the remainder by the program payment percentage for the group to determine the program payment amount.

(4) Subtracts the program payment amount from the amount determined in paragraph (c)(2) of this section to determine the copayment amount.

**§ 419.42 Hospital election to reduce copayment.**

(a) A hospital may elect to reduce copayments for any or all APC groups on a calendar year basis. A hospital may *not* elect to reduce copayment for some, but not all, services within the same group.

(b) A hospital must notify its fiscal intermediary of its election to reduce copayments no later than 90 days prior to the start of the calendar year.

(c) The hospital's election must be properly documented. It must specifically identify the APCs to which it applies and the copayment level (within the limits identified below) that the hospital has selected for each group.

(d) The election of reduced copayment must remain in effect unchanged during the year for which the election was made.

(e) The hospital may advertise and otherwise disseminate information concerning the reduced level(s) of copayment that it has elected.

(f) In electing reduced copayment, a hospital may elect a level that is less than that year's national copayment amount for the group, but not less than 20 percent of the APC payment rate as determined in § 419.32.

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

(a) *General rule.* HCFA determines national prospective payment rates for hospital outpatient department services and determines a wage adjustment factor to adjust the portion of the APC payment and national beneficiary copayment amount attributable to labor-related costs for relative differences in labor and labor-related costs across geographic regions in a budget neutral manner.

(b) *Labor-related portion of payment and copayment rates for hospital outpatient services.* HCFA determines the portion of hospital outpatient costs attributable to labor and labor-related costs (known as the "labor-related portion" of hospital outpatient costs) in accordance with § 419.31(c)(1).

(c) *Wage index factor.* HCFA uses the hospital inpatient prospective payment system wage index established in accordance with section 1886(d)(3)(E) of the Act and part 412 of this chapter to make the adjustment referred to in paragraph (a) of this section.

(d) *Other adjustments.* Any other adjustments to payment amounts made by HCFA to ensure equitable payments are made in a budget neutral manner.

**§ 419.44 Payment reductions for surgical procedures.**

(a) *Multiple surgical procedures.* When more than one surgical procedure for which payment is made under the hospital outpatient prospective payment system is performed during a single surgical encounter, the Medicare program payment amount and the beneficiary copayment amount are based on—

(1) The full amounts for the procedure with the highest APC payment rate; and

(2) One half of the full program and beneficiary payment amounts for all other covered procedures.

(b) *Terminated procedures.* When a surgical procedure is terminated prior to completion due to extenuating circumstances or circumstances that threaten the well-being of the patient, the Medicare program payment amount and the beneficiary copayment amount are based on—

(1) The full amounts if the procedure is discontinued after the induction of anesthesia or after the procedure is started; and

(2) One-half of the full program and beneficiary payment amounts if the procedure is discontinued after the patient is prepared for surgery and taken to the room where the procedure is to be performed, but before anesthesia is induced.

## Subpart E—Updates

**§ 419.50 Revisions to groups, weights, and other adjustments.**

(a) HCFA periodically reviews and updates groups, relative payment weights, and the wage and other adjustments to take into account changes in medical practice, changes in technology, the addition of new services, new cost data, and other relevant information and factors.

(1) *Changes in the APC system.* HCFA may make a change in the group composition of the APC system or recalibrate any APC weight, as needed, but not more frequently than once a year. HCFA makes these changes based on evidence that a reassignment would improve the consistency of the group(s) either clinically or with respect to resource consumption.

(2) *New services.* HCFA assigns a new service to the APC group that is most similar clinically and with respect to resource consumption.

(3) *Budget neutrality.* HCFA adjusts the conversion factor so that any adjustments determined under paragraphs (a)(1) through (a)(3) of this section do not increase or decrease the amount of expenditures that would have been made under this section if the adjustments had not been made.

(b) *Annual update to conversion factor.* HCFA updates the conversion factor annually as specified in § 419.32.

**§ 419.51 Volume control measures for services furnished in CY 2000.**

HCFA uses the target amount specified under section 1833(t)(3)(A) of the Act as an expenditure target for services furnished in CY 1999. HCFA updates the target amount to CY 2000 based on the adjustment to the conversion factor in § 419.32(b), estimated changes in the volume and intensity of hospital outpatient services, and estimated changes in beneficiary enrollment. HCFA compares the CY 2000 target to an estimate of CY 2000 actual payments to hospitals. If unnecessary volume increases cause payments to exceed the target, HCFA determines the percentage by which the target is exceeded, and adjusts the CY 2002 update to the conversion factor by the same percentage.

## Subpart F—Limitations on Review

**§ 419.60 Limitations on administrative and judicial review.**

There can be no administrative or judicial review under sections 1869 and 1878 of the Act, or otherwise of—

(a) The development of the APC system, including—

(1) Establishment of the groups and relative payment weights;

(2) Wage adjustment factors;

(3) Other adjustments; and

(4) Methods for controlling unnecessary increases in volume.

(b) The calculation of base amounts described in section 1833(t)(3) of the Act;

(c) Periodic adjustments described in section 1833(t)(6) of the Act; and

(d) The establishment of a separate conversion factor for hospitals described in section 1886(d)(1)(B)(v) of the Act.

## PART 489—PROVIDER AGREEMENTS AND SUPPLIER APPROVAL

G. Part 489 is amended as set forth below:

1. The authority citation to part 489 continues to read as follows:

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

## Subpart B—Essentials of Provider Agreements

2. In § 489.20, the introductory text to the section is republished; the introductory text to paragraph (d) is revised; paragraphs (d)(3), (d)(4), and (d)(5) are redesignated as paragraphs (d)(4), (d)(5), and (d)(6), respectively; and a new paragraph (d)(3) is added to read as follows:

**§ 489.20 Basic commitments.**

The provider agrees to the following:

* * * * *

(d) In the case of a hospital or a CAH that furnishes services to Medicare beneficiaries, either to furnish directly or to make arrangements (as defined in § 409.3 of this chapter) for all Medicare-covered services to inpatients and outpatients of a hospital or a CAH except the following:

* * * * *

(3) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.

* * * * *

3. In § 489.24(b), the definition for "Comes to the emergency department" is revised to read as follows:

**§ 489.24 Special responsibilities of Medicare hospitals in emergency cases.**

* * * * *

(b) * * *

*Comes to the emergency department* means, with respect to an individual requesting examination or treatment, that the individual is on the hospital property. For purposes of this section, "property" means the entire main hospital campus, including the parking lot, sidewalk, and driveway, as well as any facility or organization that is located off the main hospital campus but has been determined under § 416.35 of this chapter to be a department of the hospital. Property also includes ambulances owned and operated by the hospital, even if the ambulance is not on hospital grounds. An individual in a nonhospital-owned ambulance on hospital property is considered to have come to the hospital's emergency department. An individual in a nonhospital-owned ambulance off hospital property is not considered to have come to the hospital's emergency department, even if a member of the ambulance staff contacts the hospital by telephone or telemetry communications and informs the hospital that they want to transport the individual to the hospital for examination and treatment. In such situations, the hospital may deny access if it is in "diversionary status," that is, it does not have the staff or facilities to accept any additional emergency patients. If, however, the ambulance staff disregards the hospital's instructions and transports the individual on to hospital property, the individual is considered to have come to the emergency department.

* * * * *

## PART 498—APPEALS PROCEDURES FOR DETERMINATIONS THAT AFFECT PARTICIPATION IN THE MEDICARE PROGRAM AND FOR DETERMINATIONS THAT AFFECT THE PARTICIPATION OF ICFs/MR AND CERTAIN NFs IN THE MEDICAID PROGRAM

H. Part 498 is amended as set forth below:

1. The authority citation for part 498 continues to read as follows:

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

2. In § 498.2, the introductory text is republished, and the definition of "Provider" is revised to read as follows:

### § 498.2 Definitions.

As used in this part —

* * * * *

*Provider* means a hospital, critical access hospital (CAH), skilled nursing facility (SNF), comprehensive outpatient rehabilitation facility (CORF), home health agency (HHA), or hospice, that has in effect an agreement to participate in Medicare, that has in effect an agreement to participate in Medicaid, or a clinic, rehabilitation agency, or public health agency that has a similar agreement but only to furnish outpatient physical therapy or outpatient speech pathology services, and *prospective provider* means any of the listed entities that seeks to participate in Medicare as a provider or to have any facility or organization determined to be a department of the provider or provider-based entity under § 412.65 of this chapter.

* * * * *

3. In § 498.3, the introductory text to paragraph (b) is republished; paragraphs (b)(2) through (b)(14) are redesignated as paragraphs (b)(3) through (b)(15), respectively; and a new paragraph (b)(2) is added to read as follows:

### § 498.3 Scope and applicability.

* * * * *

(b) *Initial determinations by HCFA.* HCFA makes initial determinations with respect to the following matters:

* * * * *

(2) Whether a prospective department of a provider or provider-based entity qualifies as a department of a provider or provider-based entity under § 413.65 of this chapter.

* * * * *

## PART 1003—CIVIL MONEY PENALTIES, ASSESSMENTS AND EXCLUSIONS

I. Part 1003 is amended as set forth below:

1. The authority citation for part 1003 is revised to read as follows:

**Authority:** 42 U.S.C. 1302, 1320–7, 1320a-7a, 1320b-10, 1395u(j), 1395u(k), 1395cc(g), 1395dd(d)(1), 1395mm, 1395nn(g), 1395ss(d), 1396b(m), 11131(c) and 11137(b)(2).

2. Section 1003.100 is amended by revising paragraph (a) to read as follows:

### § 1003.100 Basis and purpose.

(a) *Basis.* This part implements sections 1102, 1128(c), 1128A, 1140, 1842(j), 1842(k), 1866(g), 1876(i)(6), 1877(g), 1882(d) and 1903(m)(5) of the Social Security Act, and sections 421(c) and 427(b)(2) of Pub. L. 99–660 (42 U.S.C. 1302, 1320a–7, 1320a–7a, 1320b–10, 1395u(j), 1395u(k), 1395cc(g), 1395mm(i)(6), 1395nn(g), 1395ss(d), 1396d(m)(5), 11131(c) and 11137(b)(2)).

* * * * *

3. Section 1003.102 is amended by republishing the introductory text to paragraph (b), by reserving paragraphs (b)(11) through (b)(13), and by adding a new paragraph (b)(14) to read as follows:

### § 1003.102 Basis for civil money penalties and assessments.

* * * * *

(b) The OIG may impose a penalty, and where authorized, an assessment against any person (including an insurance company in the case of paragraphs (b)(5) and (b)(6) of this section) whom it determines in accordance with this part—

* * * * *

(11) [Reserved]

(12) [Reserved]

(13) [Reserved]

(14) Has knowingly and willfully presented, or caused to be presented, a bill or request for payment for an item or service furnished to a hospital patient for which payment may be made under the Medicare or another Federal health care program, if that bill or request is inconsistent with an arrangement under section 1866(a)(1)(H) of the Act, or violates the requirements for such an arrangement.

* * * * *

4. Section 1003.103 is amended by revising paragraph (a) to read as follows:

### § 1003.103 Amount of penalty.

(a) Except as provided in paragraphs (b) through (f) of this section, the OIG may impose a penalty of not more than $10,000 for each item or service that is subject to a determination under § 1003.102.

* * * * *

5. Section 1003.105 is amended by revising paragraph (a)(1)(i) to read as follows:

### § 1003.105 Exclusion from participation in Medicare and State health care programs.

(a)(1) * * *

(i) Any person who is subject to a penalty or assessment under § 1003.102(a), (b)(1) through (b)(4), or (b)(14).

* * * * *

(Catalog of Federal Domestic Assistance 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 29, 1998.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

Dated: June 29, 1998.

**June G. Brown,**

*Inspector General, Department of Health and Human Services.*

Approved: August 15, 1998.

**Donna E. Shalala,**

*Secretary.*

**Note:** The following addenda will not appear in the Code of Federal Regulations.

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS

| APC [1 2] | Group title | Status indicator | Relative weight | Payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|
| 020 | Partial Hospitalization per diem | S | 4.11 | $208.01 | $46.78 | $41.60 |
| 031 | Dental procedures | S | 1.34 | $67.90 | $13.58 | $13.58 |
| 061 | Level I Chemotherapeutic agents | X | 1.04 | $52.70 | $36.61 | $10.54 |
| 062 | Level II Chemotherapeutic agents | X | 1.69 | $85.63 | $36.61 | $17.13 |

[1] *APCs preceded by an asterisk have anomalous weights. Refer to the Preamble for discussion.
[2] +APCs preceded by a plus sign (+) indicate the median cost of all claims in combined levels of the MDC was calculated; one rate is paid for multiple levels.

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

| APC [1] [2] | Group title | Status indicator | Relative weight | Payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|
| 063 | Level III Chemotherapeutic agents | X | 2.89 | $146.43 | $110.97 | $29.29 |
| 064 | Level IV Chemotherapeutic agents | X | 4.17 | $211.29 | $140.12 | $42.26 |
| 089 | Neuropsychological Testing | X | 2.54 | $128.70 | $37.29 | $25.74 |
| 090 | Monitoring psychiatric drugs | X | 0.85 | $43.07 | $12.43 | $8.61 |
| 091 | Brief Individual Psychotherapy | S | 1.09 | $55.23 | $14.01 | $11.05 |
| 092 | Extended Individual Psychotherapy | S | 1.57 | $79.55 | $21.92 | $15.91 |
| 093 | Family Psychotherapy | S | 1.54 | $78.03 | $20.11 | $15.61 |
| 094 | Group Psychotherapy | S | 1.24 | $62.83 | $20.11 | $12.57 |
| 121 | Level I needle biopsy/aspiration | T | 0.67 | $33.95 | $20.91 | $6.79 |
| 122 | Level II needle biopsy/aspiration | T | 4.87 | $246.76 | $115.03 | $49.35 |
| 131 | Level I incision & drainage | T | 1.94 | $98.30 | $36.61 | $19.66 |
| 132 | Level II incision & drainage | T | 6.04 | $306.04 | $134.13 | $61.21 |
| 137 | Nail procedures | T | 0.46 | $23.31 | $4.66 | $4.66 |
| 141 | Level I Destruction of lesion | T | 0.59 | $29.90 | $9.49 | $5.98 |
| 142 | Level II Destruction of lesion | T | 3.77 | $191.02 | $73.00 | $38.20 |
| 151 | Level I debridement/destruction | T | 1.74 | $88.16 | $35.71 | $17.63 |
| 152 | Level II debridement/destruction | T | 10.43 | $528.48 | $261.71 | $105.70 |
| 161 | Level I excision/biopsy | T | 3.50 | $177.34 | $75.48 | $35.47 |
| 162 | Level II excision/biopsy | T | 5.67 | $287.30 | $125.43 | $57.46 |
| 163 | Level III excision/biopsy | T | 10.69 | $541.66 | $264.65 | $108.33 |
| 181 | Level I skin repair | T | 2.19 | $110.97 | $43.84 | $22.19 |
| 182 | Level II skin repair | T | 4.00 | $202.68 | $84.98 | $40.54 |
| 183 | Level III skin repair | T | 11.17 | $565.98 | $286.46 | $113.20 |
| 184 | Level IV skin repair | T | 15.17 | $768.66 | $396.40 | $153.73 |
| 197 | Incision/excision breast | T | 12.13 | $614.62 | $310.75 | $122.92 |
| 198 | Breast reconstruction/mastectomy | T | 19.17 | $971.33 | $530.20 | $194.27 |
| 200 | Arthrocentesis & Ligament/Tendon Injection | T | 1.89 | $95.77 | $39.10 | $19.15 |
| 207 | Closed treatment fracture finger/toe/trunk | T | 1.70 | $86.14 | $31.64 | $17.23 |
| 209 | Closed treatment fracture/dislocation/except finger/toe/trunk. | T | 1.94 | $98.30 | $37.29 | $19.66 |
| 210 | Bone/joint manipulation under anesthesia | T | 10.46 | $530.00 | $283.40 | $106.00 |
| 216 | Open/percutaneous treatment fracture or dislocation. | T | 20.13 | $1,019.98 | $520.82 | $204.00 |
| 217 | Arthroplasty | T | 20.48 | $1,037.71 | $526.81 | $207.54 |
| 218 | Arthroplasty with prosthesis | T | 27.49 | $1,392.90 | $715.52 | $278.58 |
| *226 | Maxillofacial prostheses | T | 1.59 | $80.56 | $21.92 | $16.11 |
| 231 | Level I skull and facial bone procedures | T | 12.02 | $609.05 | $299.90 | $121.81 |
| 232 | Level II skull and facial bone procedures | T | 23.93 | $1,212.52 | $639.35 | $242.50 |
| 251 | Level I Musculoskeletal Procedures | T | 14.26 | $722.55 | $366.12 | $144.51 |
| 252 | Level II Musculoskeletal Procedures | T | 19.39 | $982.48 | $509.18 | $196.50 |
| 253 | Level III Musculoskeletal Procedures | T | 26.33 | $1,334.13 | $699.24 | $266.83 |
| 254 | Level IV Musculoskeletal Procedures | T | 34.37 | $1,741.51 | $937.11 | $348.30 |
| 261 | Level I Hand Musculoskeletal Procedures | T | 10.54 | $534.06 | $261.48 | $106.81 |
| 262 | Level II Hand Musculoskeletal Procedures | T | 18.35 | $929.78 | $480.82 | $185.96 |
| 271 | Level I Foot Musculoskeletal Procedures | T | 14.41 | $730.15 | $368.38 | $146.03 |
| 272 | Level II Foot Musculoskeletal Procedures | T | 16.56 | $839.09 | $409.74 | $167.82 |
| 276 | Bunion Procedures | T | 19.19 | $972.35 | $500.14 | $194.47 |
| 280 | Diagnostic Arthroscopy | T | 22.20 | $1,124.86 | $581.72 | $224.97 |
| 281 | Level I Surgical Arthroscopy | T | 22.65 | $1,147.66 | $590.20 | $229.53 |
| 282 | Level II Surgical Arthroscopy | T | 23.94 | $1,213.03 | $614.04 | $242.61 |
| 286 | Arthroscopically-Aided Procedures | T | 26.76 | $1,355.91 | $802.41 | $271.18 |
| 311 | Level I ENT Procedures | T | 1.43 | $72.46 | $20.57 | $14.49 |
| 312 | Level II ENT Procedures | T | 7.26 | $367.86 | $178.31 | $73.57 |
| 313 | Level III ENT Procedures | T | 15.81 | $801.08 | $411.09 | $160.22 |
| 314 | Level IV ENT Procedures | T | 25.65 | $1,299.67 | $693.37 | $259.93 |
| *317 | Implantation of Cochlear Device | T | ............ | ............ | ............ | ............ |
| 318 | Nasal Cauterization/Packing | T | 2.07 | $104.89 | $38.65 | $20.98 |
| 319 | Tonsil/Adenoid Procedures | T | 17.30 | $876.58 | $480.02 | $175.32 |
| 320 | Thoracentesis/Lavage Procedures | T | 3.17 | $160.62 | $79.33 | $32.12 |
| 331 | Level I Endoscopy Upper Airway | T | 0.69 | $34.96 | $14.01 | $6.99 |
| 332 | Level II Endoscopy Upper Airway | T | 9.74 | $493.52 | $244.98 | $98.70 |
| 333 | Level III Endoscopy Upper Airway | T | 17.24 | $873.54 | $464.20 | $174.71 |
| 336 | Endoscopy Lower Airway | T | 7.44 | $376.98 | $197.98 | $75.40 |
| 339 | Injection of Sclerosing Solution | T | 1.02 | $51.68 | $19.66 | $10.34 |
| 341 | Level I Needle and Catheter Placement | T | 0.13 | $6.59 | $2.94 | $1.32 |
| 342 | Level II Needle and Catheter Placement | T | 3.20 | $162.14 | $80.23 | $32.43 |
| 343 | Level III Needle and Catheter Placement | T | 9.52 | $482.37 | $224.87 | $96.47 |
| 346 | Placement Transvenous Caths/Cutdown | T | 4.83 | $244.73 | $120.23 | $48.95 |
| 347 | Injection Procedures for Interventional Radiology. | T | 2.93 | $148.46 | $62.15 | $29.69 |
| 360 | Removal/Revision, Pacemaker/Vascular Device. | T | 6.09 | $308.58 | $140.12 | $61.72 |
| 367 | Vascular Ligation | T | 17.59 | $891.28 | $449.06 | $178.26 |
| 368 | Vascular Repair/Fistula Construction | T | 22.83 | $1,156.78 | $648.85 | $231.36 |
| 369 | Blood and Blood Product Exchange | T | 4.33 | $219.40 | $97.18 | $43.88 |

[1] *APCs preceded by an asterisk have anomalous weights. Refer to the Preamble for discussion.
[2] +APCs preceded by a plus sign (+) indicate the median cost of all claims in combined levels of the MDC was calculated; one rate is paid for multiple levels.

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

| APC [1] [2] | Group title | Status indicator | Relative weight | Payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|
| 396 | Lymph Node Excisions | T | 13.28 | $672.89 | $338.77 | $134.58 |
| 397 | Thyroid/Lymphadenectomy Procedures | T | 18.36 | $930.29 | $496.86 | $186.06 |
| 406 | Esophageal Dilation without Endoscopy | T | 4.31 | $218.39 | $108.48 | $43.68 |
| 407 | Esophagoscopy | T | 7.06 | $357.73 | $189.84 | $71.55 |
| 417 | Diagnostic Upper GI Endoscopy | T | 6.44 | $326.31 | $181.70 | $65.26 |
| 418 | Therapeutic Upper GI Endoscopy | T | 7.59 | $384.58 | $214.25 | $76.92 |
| 419 | Small Intestine Endoscopy | T | 7.13 | $361.27 | $164.08 | $72.25 |
| 426 | Diagnostic Lower GI Endoscopy | T | 6.85 | $347.09 | $187.81 | $69.42 |
| 427 | Therapeutic Lower GI Endoscopy | T | 8.22 | $416.50 | $224.19 | $83.30 |
| 437 | Therapeutic Anoscopy | T | 2.91 | $147.45 | $76.61 | $29.49 |
| 446 | Diagnostic Sigmoidoscopy | T | 2.59 | $131.23 | $65.09 | $26.25 |
| 447 | Therapeutic Proctosigmoidoscopy | T | 6.87 | $348.10 | $184.76 | $69.62 |
| 448 | Therapeutic Flexible Sigmoidoscopy | T | 5.37 | $272.09 | $141.25 | $54.42 |
| 449 | Complex GI Endoscopy | T | 7.80 | $395.22 | $215.38 | $79.04 |
| 451 | Level I Anal/Rectal Procedures | T | 2.56 | $129.71 | $54.24 | $25.94 |
| 452 | Level II Anal/Rectal Procedures | T | 4.82 | $244.23 | $109.61 | $48.85 |
| 453 | Level III Anal/Rectal Procedures | T | 16.87 | $854.79 | $445.22 | $170.96 |
| 456 | Endoscopic Retrograde Cholangio-Pancreatography (ERCP). | T | 9.78 | $495.55 | $257.19 | $99.11 |
| 458 | Percutaneous Biliary Endoscopic Procedures. | T | 7.23 | $366.34 | $181.59 | $73.27 |
| 459 | Peritoneal and Abdominal Procedures | T | 18.06 | $915.09 | $496.52 | $183.02 |
| 466 | Hernia/Hydrocele Procedures | T | 21.43 | $1,085.85 | $562.97 | $217.17 |
| 470 | Tube Procedures | T | 2.22 | $112.49 | $54.92 | $22.50 |
| 521 | Level I Cystourethroscopy and other Genitourinary Procedures. | T | 5.06 | $256.39 | $112.10 | $51.28 |
| 522 | Level II Cystourethroscopy and other Genitourinary Procedures. | T | 10.46 | $530.00 | $262.39 | $106.00 |
| 523 | Level III Cystourethroscopy and other Genitourinary Procedures. | T | 16.87 | $854.79 | $447.03 | $170.96 |
| 524 | Level IV Cystourethroscopy and other Genitourinary Procedures. | T | 28.89 | $1,463.84 | $833.38 | $292.77 |
| 527 | Lithotripsy | T | 51.56 | $2,612.52 | $1,372.95 | $522.50 |
| 529 | Simple Urinary Studies and Procedures | T | 2.50 | $126.67 | $63.05 | $25.33 |
| 530 | Genitourinary Procedures | T | 2.52 | $127.69 | $54.69 | $25.54 |
| 531 | Level I Urethral Procedures | T | 18.94 | $959.68 | $527.26 | $191.94 |
| 532 | Level II Urethral Procedures | T | 25.50 | $1,292.07 | $602.18 | $258.41 |
| 536 | Circumcision | T | 13.17 | $667.32 | $326.57 | $133.46 |
| 537 | Penile Procedures | T | 28.72 | $1,455.23 | $864.34 | $291.05 |
| 538 | Insertion of Penile Prosthesis | T | 45.59 | $2,310.02 | $1,540.64 | $462.00 |
| 546 | Testes/Epididymis Procedures | T | 17.14 | $868.47 | $453.81 | $173.69 |
| 547 | Prostate Biopsy | T | 4.39 | $222.44 | $125.20 | $44.49 |
| 550 | Surgical Hysteroscopy | T | 16.89 | $855.81 | $447.93 | $171.16 |
| 551 | Level I Laparoscopy | T | 24.78 | $1,255.59 | $711.67 | $251.12 |
| 552 | Level II Laparoscopy | T | 37.71 | $1,910.75 | $1,053.16 | $382.15 |
| 561 | Level I Female Reproductive Procedures | T | 1.52 | $77.02 | $24.63 | $15.40 |
| 562 | Level II Female Reproductive Procedures | T | 12.76 | $646.54 | $330.75 | $129.31 |
| 563 | Level III Female Reproductive Procedures | T | 16.90 | $856.31 | $464.88 | $171.26 |
| 567 | D & C | T | 13.61 | $689.61 | $364.09 | $137.92 |
| 568 | Infertility Procedures | T | 2.49 | $126.17 | $49.49 | $25.23 |
| 578 | Pregnancy and Neonatal Care Procedures | T | 1.26 | $63.84 | $33.90 | $12.77 |
| 580 | Vaginal Delivery | T | 4.59 | $232.57 | $146.34 | $46.51 |
| 586 | Therapeutic Abortion | T | 12.50 | $633.37 | $431.89 | $126.67 |
| 587 | Spontaneous Abortion | T | 13.25 | $671.37 | $347.02 | $134.27 |
| 600 | Spinal Tap | T | 2.63 | $133.26 | $61.47 | $26.65 |
| 601 | Level I Nervous System Injections | T | 3.11 | $157.58 | $74.13 | $31.52 |
| 602 | Level II Nervous System Injections | T | 3.33 | $168.73 | $87.69 | $33.75 |
| 616 | Implantation of Neurostimulator Electrodes | T | 14.43 | $731.16 | $366.57 | $146.23 |
| 617 | Revision/Removal Neurological Device | T | 11.56 | $585.74 | $287.59 | $117.15 |
| 618 | Implantation of Neurological Device | T | 25.56 | $1,295.11 | $780.49 | $259.02 |
| 631 | Level I Nerve Procedures | T | 12.98 | $657.69 | $333.80 | $131.54 |
| 632 | Level II Nerve Procedures | T | 18.13 | $918.64 | $461.04 | $183.73 |
| 648 | Laser Retinal Procedures | T | 3.94 | $199.64 | $95.15 | $39.93 |
| 649 | Laser Eye Procedures except Retinal | T | 4.44 | $224.97 | $111.64 | $44.99 |
| 651 | Level I Anterior Segment Eye Procedures | T | 7.24 | $366.85 | $174.70 | $73.37 |
| 652 | Level II Anterior Segment Eye Procedures | T | 16.48 | $835.03 | $433.69 | $167.01 |
| 667 | Cataract Procedures | T | 15.33 | $776.40 | $521.72 | $155.28 |
| 668 | Cataract Procedures with IOL Insert | T | 19.28 | $976.91 | $530.87 | $195.38 |
| 670 | Corneal Transplant | T | 29.23 | $1,481.07 | $847.50 | $296.21 |
| 676 | Posterior Segment Eye Procedures | T | 6.30 | $319.22 | $140.35 | $63.84 |
| 677 | Strabismus/Muscle Procedures | T | 16.26 | $823.89 | $436.63 | $164.78 |
| 681 | Level I Eye Procedures | T | 1.67 | $84.62 | $30.51 | $16.92 |
| 682 | Level II Eye Procedures | T | 3.54 | $179.37 | $81.36 | $35.87 |
| 683 | Level III Eye Procedures | T | 10.19 | $516.32 | $257.87 | $103.26 |
| 684 | Level IV Eye Procedures | T | 13.48 | $683.02 | $348.94 | $136.60 |

[1] *APCs preceded by an asterisk have anomalous weights. Refer to the Preamble for discussion.
[2] +APCs preceded by a plus sign (+) indicate the median cost of all claims in combined levels of the MDC was calculated; one rate is paid for multiple levels.

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

| APC[1,2] | Group title | | Status indicator | Relative weight | Payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 690 | Vitrectomy | | T | 30.54 | $1,547.45 | $852.02 | $309.49 |
| 700 | Plain Film | | X | 0.78 | $39.52 | $22.37 | $7.90 |
| 706 | Miscellaneous Radiological Procedures | | X | 1.96 | $99.31 | $57.63 | $19.86 |
| 710 | Computerized Axial Tomography | | S | 5.06 | $256.39 | $176.28 | $51.28 |
| 716 | Fluoroscopy | | X | 1.59 | $80.56 | $47.91 | $16.11 |
| 720 | Magnetic Resonance Angiography | | S | 6.34 | $321.24 | $206.11 | $64.25 |
| 726 | Magnetic Resonance Imaging | | S | 7.96 | $403.33 | $258.09 | $80.67 |
| 728 | Myelography | | S | 4.07 | $206.22 | $113.23 | $41.24 |
| 730 | Arthography | | S | 2.48 | $125.66 | $72.09 | $25.13 |
| 736 | Digestive Radiology | | S | 1.85 | $93.74 | $54.24 | $18.75 |
| 737 | Diagnostic Urography | | S | 2.81 | $142.38 | $86.56 | $28.48 |
| 738 | Therapeutic Radiologic Procedures | | S | 4.48 | $227.00 | $133.23 | $45.40 |
| 739 | Diagnostic Angiography and Venography | | S | 5.83 | $295.40 | $168.71 | $59.08 |
| 746 | Mammography | | S | 0.69 | $34.96 | $19.44 | $6.99 |
| 747 | Diagnostic Ultrasound Except Vascular | | S | 1.65 | $83.60 | $54.69 | $16.72 |
| 749 | Guidance under Ultrasound | | X | 2.44 | $123.63 | $76.16 | $24.73 |
| 750 | Therapeutic Radiation Treatment Planning | | X | 0.91 | $46.11 | $25.54 | $9.22 |
| 751 | Level I Therapeutic Radiation Treatment Preparation. | | X | 1.15 | $58.27 | $33.22 | $11.65 |
| 752 | Level II Therapeutic Radiation Treatment Preparation. | | X | 3.54 | $179.37 | $88.82 | $35.87 |
| 757 | Radiation Therapy | | S | 2.30 | $116.54 | $52.43 | $23.31 |
| 758 | Hyperthermic Therapies | | S | 3.41 | $172.78 | $76.84 | $34.56 |
| 759 | Brachytherapy and Complex Radioelement Applications. | | S | 7.98 | $404.34 | $160.01 | $80.87 |
| 760 | PET Scans | | S | 17.26 | $874.55 | $419.46 | $174.91 |
| *761 | Standard Non-Imaging Nuclear Medicine | | S | 2.04 | $103.37 | $61.47 | $20.67 |
| *762 | Complex Non-Imaging Nuclear Medicine | | S | 1.78 | $90.19 | $51.53 | $18.04 |
| 771 | Standard Planar Nuclear Medicine | | S | 3.78 | $191.53 | $116.84 | $38.31 |
| 772 | Complex Planar Nuclear Medicine | | S | 4.22 | $213.83 | $127.92 | $42.77 |
| 781 | Standard SPECT Nuclear Medicine | | S | 5.26 | $266.52 | $145.77 | $53.30 |
| 782 | Complex SPECT Nuclear Medicine | | S | 9.28 | $470.21 | $275.04 | $94.04 |
| *791 | Standard Therapeutic Nuclear Medicine | | S | 15.83 | $802.10 | $562.06 | $160.42 |
| *792 | Complex Therapeutic Nuclear Medicine | | S | 4.80 | $243.21 | $144.19 | $48.64 |
| 861 | Immunology Tests | | X | 0.13 | $6.59 | $3.62 | $1.32 |
| 881 | Level I Pathology | | X | 0.20 | $10.13 | $6.78 | $2.03 |
| 882 | Level II Pathology | | X | 0.39 | $19.76 | $11.75 | $3.95 |
| 883 | Level III Pathology | | X | 0.65 | $32.94 | $20.34 | $6.59 |
| 900 | Critical Care | | V | 7.44 | $376.98 | $144.87 | $75.40 |
| 901 | Level I Immunization | | X | 0.07 | $3.55 | $2.49 | $0.71 |
| *902 | Level II Immunization | | X | 1.78 | $90.19 | $41.47 | $18.04 |
| *903 | Level III Immunization | | X | 1.16 | $58.78 | $25.65 | $11.76 |
| 906 | Infusion Therapy except Chemotherapy | | X | 1.46 | $73.98 | $42.49 | $14.80 |
| 907 | Intramuscular Injections | | X | 0.85 | $43.07 | $11.98 | $8.61 |
| +91111 | Low Level Clinic Visits | Well care and administrative | V | 1.06 | $53.71 | $12.66 | $10.74 |
| 91118 | Low Level Clinic Visits | Skin and breast diseases | V | 0.83 | $42.06 | $9.27 | $8.41 |
| 91124 | Low Level Clinic Visits | Musculoskeletal diseases | V | 0.87 | $44.08 | $9.49 | $8.82 |
| 91131 | Low Level Clinic Visits | Ear, nose, mouth and throat diseases | V | 0.81 | $41.04 | $9.04 | $8.21 |
| 91133 | Low Level Clinic Visits | Respiratory system diseases | V | 0.80 | $40.54 | $8.59 | $8.11 |
| 91136 | Low Level Clinic Visits | Cardiovascular system diseases | V | 0.85 | $43.07 | $8.61 | $8.61 |
| 91141 | Low Level Clinic Visits | Digestive system diseases | V | 0.98 | $49.66 | $10.40 | $9.93 |
| 91153 | Low Level Clinic Visits | Kidney, urinary tract and male genital diseases. | V | 0.91 | $46.11 | $9.27 | $9.22 |
| 91156 | Low Level Clinic Visits | Female genital system diseases | V | 0.93 | $47.12 | $9.42 | $9.42 |
| *91157 | Low Level Clinic Visits | Pregnancy and neonatal care | V | 1.33 | $67.39 | $14.46 | $13.48 |
| 91163 | Low Level Clinic Visits | Nervous system diseases | V | 0.98 | $49.66 | $10.17 | $9.93 |
| *91168 | Low Level Clinic Visits | Eye diseases | V | 0.98 | $49.66 | $10.62 | $9.93 |
| *91172 | Low Level Clinic Visits | Trauma and poisoning | V | 1.06 | $53.71 | $14.24 | $10.74 |
| *91178 | Low Level Clinic Visits | Major signs, symptoms and findings | V | 1.52 | $77.02 | $21.58 | $15.40 |
| 91182 | Low Level Clinic Visits | Endocrine, nutritional and metabolic diseases. | V | 0.87 | $44.08 | $9.04 | $8.82 |
| *91186 | Low Level Clinic Visits | Immunologic and hematologic diseases | V | 1.09 | $55.23 | $11.30 | $11.05 |
| 91188 | Low Level Clinic Visits | Malignancy | V | 0.72 | $36.48 | $8.14 | $7.30 |
| +91191 | Low Level Clinic Visits | Psychiatric disorders | V | 1.09 | $55.23 | $14.01 | $11.05 |
| 91197 | Low Level Clinic Visits | Infectious disease | V | 1.02 | $51.68 | $11.53 | $10.34 |
| +91199 | Low Level Clinic Visits | Unknown cause of mortality | V | 1.31 | $66.38 | $20.79 | $13.28 |
| +91311 | Mid Level Clinic Visits | Well care and administrative | V | 1.06 | $53.71 | $12.66 | $10.74 |
| 91318 | Mid Level Clinic Visits | Skin and breast diseases | V | 0.98 | $49.66 | $9.93 | $9.93 |
| 91324 | Mid Level Clinic Visits | Musculoskeletal diseases | V | 0.98 | $49.66 | $9.93 | $9.93 |
| 91331 | Mid Level Clinic Visits | Ear, nose, mouth and throat diseases | V | 0.94 | $47.63 | $9.53 | $9.53 |
| 91333 | Mid Level Clinic Visits | Respiratory system diseases | V | 0.93 | $47.12 | $9.42 | $9.42 |
| 91336 | Mid Level Clinic Visits | Cardiovascular system diseases | V | 1.00 | $50.67 | $10.13 | $10.13 |
| 91341 | Mid Level Clinic Visits | Digestive system diseases | V | 1.00 | $50.67 | $10.13 | $10.13 |
| 91353 | Mid Level Clinic Visits | Kidney, urinary tract and male genital diseases. | V | 1.04 | $52.70 | $10.54 | $10.54 |

[1] *APCs preceded by an asterisk have anomalous weights. Refer to the Preamble for discussion.
[2] +APCs preceded by a plus sign (+) indicate the median cost of all claims in combined levels of the MDC was calculated; one rate is paid for multiple levels.

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

| APC[1][2] | Group title | | Status indicator | Relative weight | Payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 91356 | Mid Level Clinic Visits | Female genital system diseases | V | 1.06 | $53.71 | $10.74 | $10.74 |
| *91357 | Mid Level Clinic Visits | Pregnancy and neonatal care | V | 1.22 | $61.82 | $12.66 | $12.36 |
| 91363 | Mid Level Clinic Visits | Nervous system diseases | V | 1.04 | $52.70 | $10.54 | $10.54 |
| *91368 | Mid Level Clinic Visits | Eye diseases | V | 0.87 | $44.08 | $8.82 | $8.82 |
| *91372 | Mid Level Clinic Visits | Trauma and poisoning | V | 1.06 | $53.71 | $10.85 | $10.74 |
| *91378 | Mid Level Clinic Visits | Major signs, symptoms and findings | V | 1.13 | $57.26 | $11.45 | $11.45 |
| 91382 | Mid Level Clinic Visits | Endocrine, nutritional and metabolic diseases. | V | 1.00 | $50.67 | $10.13 | $10.13 |
| *91386 | Mid Level Clinic Visits | Immunologic and hematologic diseases | V | 1.04 | $52.70 | $10.54 | $10.54 |
| 91388 | Mid Level Clinic Visits | Malignancy | V | 0.83 | $42.06 | $8.41 | $8.41 |
| +91391 | Mid Level Clinic Visits | Psychiatric disorders | V | 1.09 | $55.23 | $14.01 | $11.05 |
| 91397 | Mid Level Clinic Visits | Infectious disease | V | 1.06 | $53.71 | $10.74 | $10.74 |
| +91399 | Mid Level Clinic Visits | Unknown cause of mortality | V | 1.31 | $66.38 | $20.79 | $13.28 |
| +91511 | High Level Clinic Visits | Well care and administrative | V | 1.06 | $53.71 | $12.66 | $10.74 |
| 91518 | High Level Clinic Visits | Skin and breast diseases | V | 1.69 | $85.63 | $19.21 | $17.13 |
| 91524 | High Level Clinic Visits | Musculoskeletal diseases | V | 1.37 | $69.42 | $15.37 | $13.88 |
| 91531 | High Level Clinic Visits | Ear, nose, mouth and throat diseases | V | 1.31 | $66.38 | $14.92 | $13.28 |
| 91533 | High Level Clinic Visits | Respiratory system diseases | V | 1.33 | $67.39 | $13.79 | $13.48 |
| 91536 | High Level Clinic Visits | Cardiovascular system diseases | V | 1.43 | $72.46 | $15.37 | $14.49 |
| 91541 | High Level Clinic Visits | Digestive system diseases | V | 1.50 | $76.00 | $16.05 | $15.20 |
| 91553 | High Level Clinic Visits | Kidney, urinary tract and male genital diseases. | V | 1.30 | $65.87 | $14.01 | $13.17 |
| 91556 | High Level Clinic Visits | Female genital system diseases | V | 1.43 | $72.46 | $14.49 | $14.49 |
| 91557 | High Level Clinic Visits | Pregnancy and neonatal care | V | 1.81 | $91.71 | $22.15 | $18.34 |
| 91563 | High Level Clinic Visits | Nervous system diseases | V | 1.50 | $76.00 | $16.72 | $15.20 |
| 91568 | High Level Clinic Visits | Eye diseases | V | 1.31 | $66.38 | $13.79 | $13.28 |
| 91572 | High Level Clinic Visits | Trauma and poisoning | V | 1.69 | $85.63 | $22.15 | $17.13 |
| 91578 | High Level Clinic Visits | Major signs, symptoms and findings | V | 1.89 | $95.77 | $29.15 | $19.15 |
| 91582 | High Level Clinic Visits | Endocrine, nutritional and metabolic diseases. | V | 1.41 | $71.44 | $15.14 | $14.29 |
| 91586 | High Level Clinic Visits | Immunologic and hematologic diseases | V | 1.65 | $83.60 | $18.98 | $16.72 |
| 91588 | High Level Clinic Visits | Malignancy | V | 1.09 | $55.23 | $12.43 | $11.05 |
| 91591 | High Level Clinic Visits | Psychiatric disorders | V | 1.57 | $79.55 | $21.92 | $15.91 |
| 91597 | High Level Clinic Visits | Infectious disease | V | 1.76 | $89.18 | $19.66 | $17.84 |
| +91599 | High Level Clinic Visits | Unknown cause of mortality | V | 1.31 | $66.38 | $20.79 | $13.28 |
| 919 | Electroconvulsive Therapy | | S | 3.17 | $160.62 | $80.00 | $32.12 |
| 920 | Biofeedback and other Training | | S | 1.17 | $59.28 | $29.61 | $11.86 |
| *921 | Diabetes Education | | S | | | | |
| 926 | Dialysis for other than ESRD patients | | S | 4.28 | $216.87 | $69.83 | $43.37 |
| 928 | Alimentary Tests | | X | 3.11 | $157.58 | $83.85 | $31.52 |
| 930 | Minor Eye Examinations | | X | 1.02 | $51.68 | $22.83 | $10.34 |
| 931 | Level I Eye Tests | | X | 0.74 | $37.50 | $21.47 | $7.50 |
| 932 | Level II Eye Tests | | X | 2.52 | $127.69 | $65.09 | $25.54 |
| 936 | Fitting of Vision Aids | | X | 0.52 | $26.35 | $9.49 | $5.27 |
| 940 | Otorhinolaryngologic Function Tests | | X | 3.04 | $154.04 | $51.98 | $30.81 |
| 941 | Level I Audiometry | | X | 0.74 | $37.50 | $13.56 | $7.50 |
| 942 | Level II Audiometry | | X | 1.48 | $74.99 | $22.15 | $15.00 |
| 947 | Resuscitation and Cardioversion | | S | 4.07 | $206.22 | $109.61 | $41.24 |
| 948 | Cardiac Rehabilitation | | X | 0.81 | $41.04 | $16.95 | $8.21 |
| 949 | Cardiovascular Stress Test | | X | 1.46 | $73.98 | $62.83 | $14.80 |
| 950 | Electrocardiogram (ECG) | | X | 0.35 | $17.73 | $15.82 | $3.55 |
| +95111 | Low Level ER Visits | Well care and administrative | V | 1.06 | $53.71 | $12.66 | $10.74 |
| 95118 | Low Level ER Visits | Skin and breast diseases | V | 1.17 | $59.28 | $19.21 | $11.86 |
| 95124 | Low Level ER Visits | Musculoskeletal diseases | V | 1.17 | $59.28 | $19.89 | $11.86 |
| 95131 | Low Level ER Visits | Ear, nose, mouth and throat diseases | V | 1.11 | $56.24 | $17.63 | $11.25 |
| 95133 | Low Level ER Visits | Respiratory system diseases | V | 1.15 | $58.27 | $18.31 | $11.65 |
| 95136 | Low Level ER Visits | Cardiovascular system diseases | V | 1.24 | $62.83 | $19.89 | $12.57 |
| 95141 | Low Level ER Visits | Digestive system diseases | V | 1.30 | $65.87 | $21.02 | $13.17 |
| 95153 | Low Level ER Visits | Kidney, urinary tract and male genital diseases. | V | 1.43 | $72.46 | $24.41 | $14.49 |
| 95156 | Low Level ER Visits | Female genital system diseases | V | 1.41 | $71.44 | $23.73 | $14.29 |
| 95157 | Low Level ER Visits | Pregnancy and neonatal care | V | 1.44 | $72.96 | $24.18 | $14.59 |
| 95163 | Low Level ER Visits | Nervous system diseases | V | 1.31 | $66.38 | $22.83 | $13.28 |
| 95168 | Low Level ER Visits | Eye diseases | V | 1.20 | $60.80 | $20.79 | $12.16 |
| 95172 | Low Level ER Visits | Trauma and poisoning | V | 1.28 | $64.86 | $22.15 | $12.97 |
| 95178 | Low Level ER Visits | Major signs, symptoms and findings | V | 2.02 | $102.35 | $37.97 | $20.47 |
| 95182 | Low Level ER Visits | Endocrine, nutritional and metabolic diseases. | V | 1.50 | $76.00 | $24.63 | $15.20 |
| 95186 | Low Level ER Visits | Immunologic and hematologic diseases | V | 1.43 | $72.46 | $25.76 | $14.49 |
| 95188 | Low Level ER Visits | Malignancy | V | 1.52 | $77.02 | $26.44 | $15.40 |
| 95191 | Low Level ER Visits | Psychiatric Disorders | V | 1.09 | $55.23 | $14.01 | $11.05 |
| 95197 | Low Level ER Visits | Infectious disease | V | 1.24 | $62.83 | $20.57 | $12.57 |
| +95199 | Low Level ER Visits | Unknown cause of mortality | V | 1.31 | $66.38 | $20.79 | $13.28 |
| +95311 | Mid Level ER Visits | Well care and administrative | V | 1.06 | $53.71 | $12.66 | $10.74 |
| 95318 | Mid Level ER Visits | Skin and breast diseases | V | 1.89 | $95.77 | $34.80 | $19.15 |

[1] *APCs preceded by an asterisk have anomalous weights. Refer to the Preamble for discussion.

[2] +APCs preceded by a plus sign (+) indicate the median cost of all claims in combined levels of the MDC was calculated; one rate is paid for multiple levels.

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

| APC [1] [2] | Group title | | Status indicator | Relative weight | Payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 95324 | Mid Level ER Visits | Musculoskeletal diseases | V | 1.78 | $90.19 | $32.32 | $18.04 |
| 95331 | Mid Level ER Visits | Ear, nose, mouth and throat diseases | V | 1.81 | $91.71 | $31.64 | $18.34 |
| 95333 | Mid Level ER Visits | Respiratory system diseases | V | 1.91 | $96.78 | $33.67 | $19.36 |
| 95336 | Mid Level ER Visits | Cardiovascular system diseases | V | 2.02 | $102.35 | $36.16 | $20.47 |
| 95341 | Mid Level ER Visits | Digestive system diseases | V | 2.02 | $102.35 | $36.61 | $20.47 |
| 95353 | Mid Level ER Visits | Kidney, urinary tract and male genital diseases. | V | 2.06 | $104.38 | $38.19 | $20.88 |
| 95356 | Mid Level ER Visits | Female genital system diseases | V | 2.04 | $103.37 | $36.61 | $20.67 |
| 95357 | Mid Level ER Visits | Pregnancy and neonatal care | V | 2.06 | $104.38 | $39.78 | $20.88 |
| 95363 | Mid Level ER Visits | Nervous system diseases | V | 2.00 | $101.34 | $37.29 | $20.27 |
| 95368 | Mid Level ER Visits | Eye diseases | V | 1.69 | $85.63 | $33.00 | $17.13 |
| 95372 | Mid Level ER Visits | Trauma and poisoning | V | 2.02 | $102.35 | $38.87 | $20.47 |
| 95378 | Mid Level ER Visits | Major signs, symptoms and findings | V | 3.07 | $155.56 | $58.76 | $31.11 |
| 95382 | Mid Level ER Visits | Endocrine, nutritional and metabolic diseases. | V | 2.30 | $116.54 | $43.62 | $23.31 |
| 95386 | Mid Level ER Visits | Immunologic and hematologic diseases | V | 2.39 | $121.10 | $47.01 | $24.22 |
| 95388 | Mid Level ER Visits | Malignancy | V | 2.15 | $108.94 | $41.13 | $21.79 |
| 95391 | Mid Level ER Visits | Psychiatric Disorders | V | 2.00 | $101.34 | $35.93 | $20.27 |
| 95397 | Mid Level ER Visits | Infectious disease | V | 1.98 | $100.33 | $36.61 | $20.07 |
| +95399 | Mid Level ER Visits | Unknown cause of mortality | V | 1.31 | $66.38 | $20.79 | $13.28 |
| +95511 | High Level ER Visits | Well care and administrative | V | 1.06 | $53.71 | $12.66 | $10.74 |
| 95518 | High Level ER Visits | Skin and breast diseases | V | 2.61 | $132.25 | $46.56 | $26.45 |
| 95524 | High Level ER Visits | Musculoskeletal diseases | V | 2.44 | $123.63 | $41.36 | $24.73 |
| 95531 | High Level ER Visits | Ear, nose, mouth and throat diseases | V | 2.56 | $129.71 | $44.07 | $25.94 |
| 95533 | High Level ER Visits | Respiratory system diseases | V | 3.19 | $161.64 | $54.69 | $32.33 |
| 95536 | High Level ER Visits | Cardiovascular system diseases | V | 3.17 | $160.62 | $54.69 | $32.12 |
| 95541 | High Level ER Visits | Digestive system diseases | V | 2.89 | $146.43 | $54.69 | $29.29 |
| 95553 | High Level ER Visits | Kidney, urinary tract and male genital diseases. | V | 2.89 | $146.43 | $54.69 | $29.29 |
| 95556 | High Level ER Visits | Female genital system diseases | V | 2.73 | $138.33 | $50.85 | $27.67 |
| 95557 | High Level ER Visits | Pregnancy and neonatal care | V | 2.93 | $148.46 | $54.92 | $29.69 |
| 95563 | High Level ER Visits | Nervous system diseases | V | 3.04 | $154.04 | $58.08 | $30.81 |
| 95568 | High Level ER Visits | Eye diseases | V | 2.31 | $117.05 | $40.00 | $23.41 |
| 95572 | High Level ER Visits | Trauma and poisoning | V | 2.74 | $138.83 | $50.17 | $27.77 |
| 95578 | High Level ER Visits | Major signs, symptoms and findings | V | 6.85 | $347.09 | $148.48 | $69.42 |
| 95582 | High Level ER Visits | Endocrine, nutritional and metabolic diseases. | V | 3.28 | $166.20 | $64.64 | $33.24 |
| 95586 | High Level ER Visits | Immunologic and hematologic diseases | V | 3.70 | $187.48 | $74.35 | $37.50 |
| 95588 | High Level ER Visits | Malignancy | V | 3.67 | $185.96 | $61.70 | $37.19 |
| 95591 | High Level ER Visits | Psychiatric Disorders | V | 3.48 | $176.33 | $62.38 | $35.27 |
| 95597 | High Level ER Visits | Infectious disease | V | 2.81 | $142.38 | $53.34 | $28.48 |
| +95599 | High Level ER Visits | Unknown cause of mortality | V | 1.31 | $66.38 | $20.79 | $13.28 |
| 956 | Continuous ECG and Blood Pressure Monitoring. | | X | 1.11 | $56.24 | $55.82 | $11.25 |
| 957 | Echocardiography | | S | 2.83 | $143.39 | $117.07 | $28.68 |
| 958 | Diagnostic Cardiac Catheterization | | T | 26.11 | $1,322.98 | $659.47 | $264.60 |
| 960 | Cardiac Electrophysiologic Tests/Procedures. | | S | 4.24 | $214.84 | $144.41 | $42.97 |
| 966 | Electronic Analysis of Pacemakers/other Devices. | | X | 0.39 | $19.76 | $12.43 | $3.95 |
| 967 | Non-Invasive Vascular Studies | | X | 1.70 | $86.14 | $57.40 | $17.23 |
| 968 | Vascular Ultrasound | | X | 2.37 | $120.09 | $79.55 | $24.02 |
| 969 | Hyperbaric Oxygen | | S | 2.65 | $134.27 | $141.70 | $26.85 |
| 971 | Level I Pulmonary Tests | | X | 0.78 | $39.52 | $21.47 | $7.90 |
| 972 | Level II Pulmonary Tests | | X | 1.02 | $51.68 | $29.38 | $10.34 |
| 973 | Level III Pulmonary Tests | | S | 1.89 | $95.77 | $55.82 | $19.15 |
| 976 | Pulmonary Therapy | | S | 0.44 | $22.29 | $14.92 | $4.46 |
| 977 | Allergy Tests | | X | 0.63 | $31.92 | $12.66 | $6.38 |
| 978 | Allergy Injections | | X | 0.31 | $15.71 | $3.39 | $3.14 |
| 979 | Extended EEG Studies and Sleep Studies | | S | 10.17 | $515.31 | $288.83 | $103.06 |
| 980 | Electroencephalogram | | S | 2.15 | $108.94 | $57.86 | $21.79 |
| *981 | Level I Nerve and Muscle Tests | | X | 1.46 | $73.98 | $41.81 | $14.80 |
| *982 | Level II Nerve and Muscle Tests | | X | 1.39 | $70.43 | $38.87 | $14.09 |
| 987 | Subcutaneous or Intramuscular Chemotherapy. | | S | 0.65 | $32.94 | $13.33 | $6.59 |
| 988 | Chemotherapy except by Extended Infusion. | | S | 4.15 | $210.28 | $97.52 | $42.06 |
| 989 | Chemotherapy by Extended Infusion | | S | 1.72 | $87.15 | $40.68 | $17.43 |
| 990 | Photochemotherapy | | S | 0.43 | $21.79 | $8.14 | $4.36 |
| 997 | Manipulation Therapy | | S | 0.69 | $34.96 | $7.23 | $6.99 |
| 999 | Therapeutic Phlebotomy | | X | 0.43 | $21.79 | $10.85 | $4.36 |

[1] *APCs preceded by an asterisk have anomalous weights. Refer to the Preamble for discussion.
[2] +APCs preceded by a plus sign (+) indicate the median cost of all claims in combined levels of the MDC was calculated; one rate is paid for multiple levels.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 00100 | N | Anesth, skin surgery | | | | | |
| 00102 | N | Anesth, repair of cleft lip | | | | | |
| 00103 | N | Anesth, blepharoplasty | | | | | |
| 00104 | N | Anesth for electroshock | | | | | |
| 00120 | N | Anesthesia for ear surgery | | | | | |
| 00124 | N | Anesthesia for ear exam | | | | | |
| 00126 | N | Anesth, tympanotomy | | | | | |
| 00140 | N | Anesth, procedures on eye | | | | | |
| 00142 | N | Anesthesia for lens surgery | | | | | |
| 00144 | N | Anesth, corneal transplant | | | | | |
| 00145 | N | Anesth, vitrectomy | | | | | |
| 00147 | N | Anesth, iridectomy | | | | | |
| 00148 | N | Anesthesia for eye exam | | | | | |
| 00160 | N | Anesth, nose, sinus surgery | | | | | |
| 00162 | N | Anesth, nose, sinus surgery | | | | | |
| 00164 | N | Anesth, biopsy of nose | | | | | |
| 00170 | N | Anesth, procedure on mouth | | | | | |
| 00172 | N | Anesth, cleft palate repair | | | | | |
| 00174 | C | Anesth, pharyngeal surgery | | | | | |
| 00176 | C | Anesth, pharyngeal surgery | | | | | |
| 00190 | N | Anesth, facial bone surgery | | | | | |
| 00192 | C | Anesth, facial bone surgery | | | | | |
| 00210 | N | Anesth, open head surgery | | | | | |
| 00212 | N | Anesth, skull drainage | | | | | |
| 00214 | C | Anesth, skull drainage | | | | | |
| 00215 | C | Anesth, skull fracture | | | | | |
| 00216 | N | Anesth, head vessel surgery | | | | | |
| 00218 | N | Anesth, special head surgery | | | | | |
| 00220 | N | Anesth, spinal fluid shunt | | | | | |
| 00222 | N | Anesth, head nerve surgery | | | | | |
| 00300 | N | Anesth, skin surgery, neck | | | | | |
| 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, chest skin surgery | | | | | |
| 00402 | N | Anesth, surgery of breast | | | | | |
| 00404 | C | Anesth, surgery of breast | | | | | |
| 00406 | C | Anesth, surgery of breast | | | | | |
| 00410 | N | Anesth, correct heart rhythm | | | | | |
| 00420 | N | Anesth, skin surgery, back | | | | | |
| 00450 | N | Anesth, surgery of shoulder | | | | | |
| 00452 | C | Anesth, surgery of shoulder | | | | | |
| 00454 | N | Anesth, collarbone 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 | | | | | |
| 00524 | C | Anesth, chest drainage | | | | | |
| 00528 | N | Anesth, chest partition view | | | | | |
| 00530 | C | Anesth, pacemaker insertion | | | | | |
| 00532 | N | Anesth, vascular access | | | | | |
| 00534 | N | Anesth, cardioverter/defib | | | | | |
| 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 | | | | | |
| 00560 | C | Anesth, open heart surgery | | | | | |
| 00562 | C | Anesth, open heart surgery | | | | | |
| 00580 | C | Anesth,heart/lung transplant | | | | | |
| 00600 | N | Anesth, spine, cord surgery | | | | | |
| 00604 | C | Anesth, surgery of vertebra | | | | | |
| 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 | | | | | |
| 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, gi visualization | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 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, part liver removal | | | | | |
| 00794 | C | Anesth, pancreas removal | | | | | |
| 00796 | C | Anesth, for liver transplant | | | | | |
| 00800 | N | Anesth, abdominal wall surg | | | | | |
| 00802 | C | Anesth, fat layer removal | | | | | |
| 00810 | N | Anesth, intestine endoscopy | | | | | |
| 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 | | | | | |
| 00850 | C | Anesth, cesarean section | | | | | |
| 00855 | C | Anesth, hysterectomy | | | | | |
| 00857 | C | Analgesia, labor & c-section | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| 00684 | C | Anesth, major vein revision | | | | | |
| 00900 | N | Anesth, perineal procedure | | | | | |
| 00902 | N | Anesth, anorectal surgery | | | | | |
| 00904 | C | Anesth, perineal surgery | | | | | |
| 00906 | N | Anesth, removal of vulva | | | | | |
| 00908 | C | Anesth, removal of prostate | | | | | |
| 00910 | N | Anesth, bladder surgery | | | | | |
| 00912 | N | Anesth, bladder tumor surg | | | | | |
| 00914 | N | Anesth, removal of prostate | | | | | |
| 00916 | N | Anesth, bleeding control | | | | | |
| 00918 | N | Anesth, stone removal | | | | | |
| 00920 | N | Anesth, genitalia surgery | | | | | |
| 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, surgery on vagina | | | | | |
| 00944 | C | Anesth, vaginal hysterectomy | | | | | |
| 00946 | N | Anesth, vaginal delivery | | | | | |
| 00948 | N | Anesth, repair of cervix | | | | | |
| 00950 | N | Anesth, vaginal endoscopy | | | | | |
| 00952 | N | Anesth, uterine endoscopy | | | | | |
| 00955 | C | Analgesia, vaginal delivery | | | | | |
| 01000 | N | Anesth, skin surgery, pelvis | | | | | |
| 01110 | N | Anesth, skin surgery, pelvis | | | | | |
| 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 | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 01210 | N | Anesth, hip joint surgery | | | | | |
| 01212 | C | Anesth, hip disarticulation | | | | | |
| 01214 | C | Anesth, replacement of hip | | | | | |
| 01220 | N | Anesth, procedure on femur | | | | | |
| 01230 | N | Anesth, surgery of femur | | | | | |
| 01232 | C | Anesth, amputation of femur | | | | | |
| 01234 | C | Anesth, radical femur surg | | | | | |
| 01240 | N | Anesth, upper leg skin 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 | | | | | |
| 01300 | N | Anesth, skin surgery, knee | | | | | |
| 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, replacement of knee | | | | | |
| 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 | | | | | |
| 01460 | N | Anesth, lower leg skin surg | | | | | |
| 01462 | N | Anesth, lower leg procedure | | | | | |
| 01464 | N | Anesth, ankle arthroscopy | | | | | |
| 01470 | N | Anesth, lower leg surgery | | | | | |
| 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, lowerleg embolectomy | | | | | |
| 01520 | N | Anesth, lower leg vein surg | | | | | |
| 01522 | N | Anesth, lower leg vein surg | | | | | |
| 01600 | N | Anesth, shoulder skin 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 | | | | | |
| 01700 | N | Anesth, elbow area skin surg | | | | | |
| 01710 | N | Anesth, elbow area surgery | | | | | |
| 01712 | N | Anesth, upperarm tendon surg | | | | | |
| 01714 | N | Anesth, upperarm tendon surg | | | | | |
| 01716 | N | Anesth, biceps tendon repair | | | | | |
| 01730 | N | Anesth, upperarm 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, upperarm artery surg | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 01772 | C | Anesth, upperarm embolectomy | | | | | |
| 01780 | N | Anesth, upper arm vein surg | | | | | |
| 01782 | C | Anesth, upperarm vein repair | | | | | |
| 01784 | N | Anesth, av fistula repair | | | | | |
| 01800 | N | Anesth, lower arm skin surg | | | | | |
| 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, lowerarm artery surg | | | | | |
| 01842 | C | Anesth, lowerarm embolectomy | | | | | |
| 01844 | N | Anesth, vascular shunt surg | | | | | |
| 01850 | N | Anesth, lower arm vein surg | | | | | |
| 01852 | C | Anesth, lowerarm vein repair | | | | | |
| 01860 | N | Anesth, lower arm casting | | | | | |
| 01900 | N | Anesth, uterus/tube inject | | | | | |
| 01902 | C | Anesth, burr holes, skull | | | | | |
| 01904 | C | Anesth, skull x-ray inject | | | | | |
| 01906 | N | Anesth, lumbar myelography | | | | | |
| 01908 | N | Anesth, cervical myelography | | | | | |
| 01910 | N | Anesth, skull myelography | | | | | |
| 01912 | N | Anesth, lumbar discography | | | | | |
| 01914 | N | Anesth, cervical discography | | | | | |
| 01916 | C | Anesth, head arteriogram | | | | | |
| 01918 | C | Anesth, limb arteriogram | | | | | |
| 01920 | N | Anesth, catheterize heart | | | | | |
| 01921 | C | Anesth, vessel surgery | | | | | |
| 01922 | N | Anesth, cat or MRI scan | | | | | |
| 01990 | C | Support for organ donor | | | | | |
| 01995 | N | Regional anesthesia, limb | | | | | |
| 01996 | N | Manage daily drug therapy | | | | | |
| 01999 | N | Unlisted anesth procedure | | | | | |
| 10040 | T | Acne surgery of skin abscess | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 10060 | T | Drainage of skin abscess | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 10061 | T | Drainage of skin abscess | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 10080 | T | Drainage of pilonidal cyst | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 10081 | T | Drainage of pilonidal cyst | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 10120 | T | Remove foreign body | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 10121 | T | Remove foreign body | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 10140 | T | Drainage of hematoma/fluid | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 10160 | T | Puncture drainage of lesion | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 10180 | T | Complex drainage, wound | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 11000 | T | Debride infected skin | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11001 | T | Debride infect skin add | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11010 | T | Debride skin, fx | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11011 | T | Debride skin/muscle, fx | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11012 | T | Debride skin/muscle/bone, fx | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11040 | T | Debride skin partial | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11041 | T | Debride skin full | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11042 | T | Debride skin/tissue | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11043 | T | Debride tissue/muscle | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 11044 | T | Debride tissue/muscle/bone | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 11055 | T | Trim skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11056 | T | Trim 2 to 4 skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11057 | T | Trim over 4 skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11100 | T | Biopsy of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11101 | T | Biopsy, each added lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11200 | T | Removal of skin tags | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11201 | T | Removal of added skin tags | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11300 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11301 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11302 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11303 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11305 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11306 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11307 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11308 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11310 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11311 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11312 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11313 | T | Shave skin lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11400 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11401 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11402 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11403 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 11404 | T | Removal of skin lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 11406 | T | Removal of skin lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11420 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11421 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11422 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11423 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11424 | T | Removal of skin lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 11426 | T | Removal of skin lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11440 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11441 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11442 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11443 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11444 | T | Removal of skin lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 11446 | T | Removal of skin lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11450 | T | Removal, sweat gland lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11451 | T | Removal, sweat gland lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11462 | T | Removal, sweat gland lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11463 | T | Removal, sweat gland lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11470 | T | Removal, sweat gland lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11471 | T | Removal, sweat gland lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11600 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11601 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11602 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11603 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11604 | T | Removal of skin lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 11606 | T | Removal of skin lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11620 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11621 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11622 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11623 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11624 | T | Removal of skin lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11626 | T | Removal of skin lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11640 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11641 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11642 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11643 | T | Removal of skin lesion | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11644 | T | Removal of skin lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11646 | T | Removal of skin lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11719 | T | Trim nail(s) | 137 | 0.46 | $24.49 | $4.90 | $4.90 |
| 11720 | T | Debride nail, 1–5 | 137 | 0.46 | $24.49 | $4.90 | $4.90 |
| 11721 | T | Debride nail, 6 or more | 137 | 0.46 | $24.49 | $4.90 | $4.90 |
| 11730 | T | Removal of nail plate | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11731 | T | Removal of second nail plate | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11732 | T | Remove additional nail plate | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11740 | T | Drain blood from under nail | 137 | 0.46 | $24.49 | $4.90 | $4.90 |
| 11750 | T | Removal of nail bed | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 11752 | T | Remove nail bed/finger tip | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11755 | T | Biopsy, nail unit | 137 | 0.46 | $24.49 | $4.90 | $4.90 |
| 11760 | T | Reconstruction of nail bed | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 11762 | T | Reconstruction of nail bed | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 11765 | T | Excision of nail fold, toe | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11770 | T | Removal of pilonidal lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 11771 | T | Removal of pilonidal lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11772 | T | Removal of pilonidal lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11900 | T | Injection into skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11901 | T | Added skin lesions injection | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 11920 | T | Correct skin color defects | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 11921 | T | Correct skin color defects | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 11922 | T | Correct skin color defects | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 11950 | T | Therapy for contour defects | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 11951 | T | Therapy for contour defects | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 11952 | T | Therapy for contour defects | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 11954 | T | Therapy for contour defects | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 11960 | T | Insert tissue expander(s) | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 11970 | T | Replace tissue expander | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 11971 | T | Remove tissue expander(s) | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 11975 | E | Insert contraceptive cap | | | | | |
| 11976 | T | Removal of contraceptive cap | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 11977 | E | Removal/reinsert contra cap | | | | | |
| 12001 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12002 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12004 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12005 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12006 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12007 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 12011 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12013 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12014 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12015 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12016 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12017 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12018 | T | Repair superficial wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12020 | T | Closure of split wound | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12021 | T | Closure of split wound | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12031 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12032 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12034 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12035 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12036 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12037 | T | Layer closure of wound(s) | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 12041 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12042 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12044 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12045 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12046 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12047 | T | Layer closure of wound(s) | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 12051 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12052 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12053 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12054 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12055 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12056 | T | Layer closure of wound(s) | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 12057 | T | Layer closure of wound(s) | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 13100 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13101 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13120 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13121 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13131 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13132 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13150 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13151 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13152 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13160 | T | Late closure of wound | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 13300 | T | Repair of wound or lesion | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 14000 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 14001 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 14020 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 14021 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 14040 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 14041 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 14060 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 14061 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 14300 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 14350 | T | Skin tissue rearrangement | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15000 | T | Skin graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15050 | T | Skin pinch graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15100 | T | Skin split graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15101 | T | Skin split graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15120 | T | Skin split graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15121 | T | Skin split graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15200 | T | Skin full graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15201 | T | Skin full graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15220 | T | Skin full graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15221 | T | Skin full graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15240 | T | Skin full graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15241 | T | Skin full graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15260 | T | Skin full graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15261 | T | Skin full graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15350 | T | Skin homograft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15400 | T | Skin heterograft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15570 | T | Form skin pedicle flap | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15572 | T | Form skin pedicle flap | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15574 | T | Form skin pedicle flap | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15576 | T | Form skin pedicle flap | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15580 | T | Attach skin pedicle graft | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15600 | T | Skin graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15610 | T | Skin graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15620 | T | Skin graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15625 | T | Skin graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15630 | T | Skin graft procedure | 183 | 11.17 | $590.61 | $286.57 | $118.12 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 15650 | T | Transfer skin pedicle flap | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15732 | T | Muscle-skin graft, head/neck | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15734 | T | Muscle-skin graft, trunk | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15736 | T | Muscle-skin graft, arm | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15738 | T | Muscle-skin graft, leg | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15740 | T | Island pedicle flap graft | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15750 | T | Neurovascular pedicle graft | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15756 | C | Free muscle flap, microvasc | | | | | |
| 15757 | C | Free skin flap, microvasc | | | | | |
| 15758 | C | Free fascial flap, microvasc | | | | | |
| 15760 | T | Composite skin graft | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15770 | T | Derma-fat-fascia graft | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15775 | T | Hair transplant punch grafts | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15776 | T | Hair transplant punch grafts | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15780 | T | Abrasion treatment of skin | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15781 | T | Abrasion treatment of skin | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15782 | T | Abrasion treatment of skin | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15783 | T | Abrasion treatment of skin | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15786 | T | Abrasion treatment of lesion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15787 | T | Abrasion, added skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15788 | T | Chemical peel, face, epiderm | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15789 | T | Chemical peel, face, dermal | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15792 | T | Chemical peel, nonfacial | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15793 | T | Chemical peel, nonfacial | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15810 | T | Salabrasion | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15811 | T | Salabrasion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15819 | T | Plastic surgery, neck | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15820 | T | Revision of lower eyelid | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15821 | T | Revision of lower eyelid | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15822 | T | Revision of upper eyelid | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15823 | T | Revision of upper eyelid | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15824 | T | Removal of forehead wrinkles | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15825 | T | Removal of neck wrinkles | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15826 | T | Removal of brow wrinkles | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15828 | T | Removal of face wrinkles | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15829 | T | Removal of skin wrinkles | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15831 | T | Excise excessive skin tissue | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15832 | T | Excise excessive skin tissue | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15833 | T | Excise excessive skin tissue | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15834 | T | Excise excessive skin tissue | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15835 | T | Excise excessive skin tissue | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 15836 | T | Excise excessive skin tissue | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15837 | T | Excise excessive skin tissue | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15838 | T | Excise excessive skin tissue | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15839 | T | Excise excessive skin tissue | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15840 | T | Graft for face nerve palsy | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15841 | T | Graft for face nerve palsy | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15842 | T | Graft for face nerve palsy | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15845 | T | Skin and muscle repair, face | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15850 | T | Removal of sutures | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15851 | T | Removal of sutures | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15852 | T | Dressing change, not for burn | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 15860 | N | Test for blood flow in graft | | | | | |
| 15876 | T | Suction assisted lipectomy | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15877 | T | Suction assisted lipectomy | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15878 | T | Suction assisted lipectomy | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15879 | T | Suction assisted lipectomy | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15920 | T | Removal of tail bone ulcer | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15922 | T | Removal of tail bone ulcer | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15931 | T | Remove sacrum pressure sore | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15933 | T | Remove sacrum pressure sore | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15934 | T | Remove sacrum pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15935 | T | Remove sacrum pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15936 | T | Remove sacrum pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15937 | T | Remove sacrum pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15940 | T | Removal of pressure sore | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15941 | T | Removal of pressure sore | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15944 | T | Removal of pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15945 | T | Removal of pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15946 | T | Removal of pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15950 | T | Remove thigh pressure sore | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15951 | T | Remove thigh pressure sore | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 15952 | T | Remove thigh pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15953 | T | Remove thigh pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15956 | T | Remove thigh pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 15958 | T | Remove thigh pressure sore | 184 | 15.17 | $802.17 | $396.40 | $160.43 |
| 15999 | T | Removal of pressure sore | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 16000 | T | Initial treatment of burn(s) | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 16010 | T | Treatment of burn(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 16015 | T | Treatment of burn(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 16020 | T | Treatment of burn(s) | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 16025 | T | Treatment of burn(s) | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 16030 | T | Treatment of burn(s) | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 16035 | T | Incision of burn scab | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 16040 | T | Burn wound excision | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 16041 | T | Burn wound excision | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 16042 | T | Burn wound excision | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 17000 | T | Destroy benign/premal lesion | 141 | 0.59 | $31.34 | $9.49 | $6.27 |
| 17003 | T | Destroy 2–14 lesions | 141 | 0.59 | $31.34 | $9.49 | $6.27 |
| 17004 | T | Destroy 15 & more lesions | 142 | 3.78 | $199.81 | $73.00 | $39.96 |
| 17106 | T | Destruction of skin lesions | 141 | 0.59 | $31.34 | $9.49 | $6.27 |
| 17107 | T | Destruction of skin lesions | 142 | 3.78 | $199.81 | $73.00 | $39.96 |
| 17108 | T | Destruction of skin lesions | 142 | 3.78 | $199.81 | $73.00 | $39.96 |
| 17110 | T | Destruct lesion, 1–14 | 141 | 0.59 | $31.34 | $9.49 | $6.27 |
| 17111 | T | Destruct lesion, 15 or more | 142 | 3.78 | $199.81 | $73.00 | $39.96 |
| 17250 | T | Chemical cautery, tissue | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17260 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17261 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17262 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17263 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17264 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17266 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17270 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17271 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17272 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17273 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17274 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17276 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17280 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17281 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17282 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17283 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17284 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17286 | T | Destruction of skin lesions | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17304 | T | Chemosurgery of skin lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 17305 | T | 2nd stage chemosurgery | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 17306 | T | 3rd stage chemosurgery | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 17307 | T | Followup skin lesion therapy | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 17310 | T | Extensive skin chemosurgery | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 17340 | T | Cryotherapy of skin | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17360 | T | Skin peel therapy | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17380 | T | Hair removal by electrolysis | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 17999 | T | Skin tissue procedure | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 19000 | T | Drainage of breast lesion | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 19001 | T | Drain added breast lesion | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 19020 | T | Incision of breast lesion | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 19030 | T | Injection for breast x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 19100 | T | Biopsy of breast | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 19101 | T | Biopsy of breast | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19110 | T | Nipple exploration | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19112 | T | Excise breast duct fistula | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19120 | T | Removal of breast lesion | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19125 | T | Excision, breast lesion | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19126 | T | Excision, add'l breast lesion | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19140 | T | Removal of breast tissue | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19160 | T | Removal of breast tissue | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19162 | T | Remove breast tissue, nodes | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19180 | T | Removal of breast | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19182 | T | Removal of breast | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19200 | C | Removal of breast | | | | | |
| 19220 | C | Removal of breast | | | | | |
| 19240 | C | Removal of breast | | | | | |
| 19260 | C | Removal of chest wall lesion | | | | | |
| 19271 | C | Revision of chest wall | | | | | |
| 19272 | C | Extensive chest wall surgery | | | | | |
| 19290 | T | Place needle wire, breast | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19291 | T | Place needle wire, breast | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19316 | T | Suspension of breast | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19318 | T | Reduction of large breast | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19324 | T | Enlarge breast | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 19325 | T | Enlarge breast with implant | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19328 | T | Removal of breast implant | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19330 | T | Removal of implant material | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19340 | T | Immediate breast prosthesis | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19342 | T | Delayed breast prosthesis | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19350 | T | Breast reconstruction | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19355 | T | Correct inverted nipple(s) | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19357 | T | Breast reconstruction | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19361 | C | Breast reconstruction | | | | | |
| 19364 | C | Breast reconstruction | | | | | |
| 19366 | T | Breast reconstruction | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19367 | C | Breast reconstruction | | | | | |
| 19368 | C | Breast reconstruction | | | | | |
| 19369 | C | Breast reconstruction | | | | | |
| 19370 | T | Surgery of breast capsule | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19371 | T | Removal of breast capsule | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19380 | T | Revise breast reconstruction | 198 | 19.17 | $1,013.73 | $530.20 | $202.75 |
| 19396 | T | Design custom breast implant | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 19499 | T | Breast surgery procedure | 197 | 12.13 | $641.54 | $310.75 | $128.31 |
| 20000 | T | Incision of abscess | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 20005 | T | Incision of deep abscess | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 20100 | C | Explore wound, neck | | | | | |
| 20101 | C | Explore wound, chest | | | | | |
| 20102 | C | Explore wound, abdomen | | | | | |
| 20103 | C | Explore wound, extremity | | | | | |
| 20150 | C | Excise epiphyseal bar | | | | | |
| 20200 | T | Muscle biopsy | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 20205 | T | Deep muscle biopsy | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 20206 | T | Needle biopsy, muscle | 122 | 4.87 | $257.6 | $115.03 | $51.52 |
| 20220 | T | Bone biopsy, trocar/needle | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 20225 | T | Bone biopsy, trocar/needle | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 20240 | T | Bone biopsy, excisional | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 20245 | T | Bone biopsy, excisional | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 20250 | T | Open bone biopsy | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 20251 | T | Open bone biopsy | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 20500 | T | Injection of sinus tract | 181 | 2.19 | $115.58 | $43.84 | $23.12 |
| 20501 | T | Inject sinus tract for x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 20520 | T | Removal of foreign body | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 20525 | T | Removal of foreign body | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 20550 | T | Inj tendon/ligament/cyst | 200 | 1.89 | $99.90 | $39.10 | $19.98 |
| 20600 | T | Drain/inject joint/bursa | 200 | 1.89 | $99.90 | $39.10 | $19.98 |
| 20605 | T | Drain/inject joint/bursa | 200 | 1.89 | $99.90 | $39.10 | $19.98 |
| 20610 | T | Drain/inject joint/bursa | 200 | 1.89 | $99.90 | $39.10 | $19.98 |
| 20615 | T | Treatment of bone cyst | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 20650 | T | Insert and remove bone pin | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 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 | N | Removal of fixation device | | | | | |
| 20670 | T | Removal of support implant | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 20680 | T | Removal of support implant | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 20690 | T | Apply bone fixation device | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 20692 | T | Apply bone fixation device | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 20693 | T | Adjust bone fixation device | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 20694 | T | Remove bone fixation device | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 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 | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 20902 | T | Removal of bone for graft | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 20910 | T | Remove cartilage for graft | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 20912 | T | Remove cartilage for graft | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 20920 | T | Removal of fascia for graft | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 20922 | T | Removal of fascia for graft | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 20924 | T | Removal of tendon for graft | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 20926 | T | Removal of tissue for graft | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 20930 | C | Spinal bone allograft | | | | | |
| 20931 | C | Spinal bone allograft | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 20936 | C | Spinal bone autograft | | | | | |
| 20937 | C | Spinal bone autograft | | | | | |
| 20938 | C | Spinal bone autograft | | | | | |
| 20950 | T | Record fluid pressure,muscle | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 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 | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 20999 | N | Musculoskeletal surgery | | | | | |
| 21010 | T | Incision of jaw joint | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21015 | T | Resection of facial tumor | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21025 | T | Excision of bone, lower jaw | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21026 | T | Excision of facial bone(s) | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21029 | T | Contour of face bone lesion | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21030 | T | Removal of face bone lesion | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21031 | T | Remove exostosis, mandible | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21032 | T | Remove exostosis, maxilla | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21034 | T | Removal of face bone lesion | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21040 | T | Removal of jaw bone lesion | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21041 | T | Removal of jaw bone lesion | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21044 | T | Removal of jaw bone lesion | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21045 | C | Extensive jaw surgery | | | | | |
| 21050 | T | Removal of jaw joint | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21060 | T | Remove jaw joint cartilage | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21070 | T | Remove coronoid process | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21076 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21077 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21079 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21080 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21081 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21082 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21083 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21084 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21085 | N | Prepare face/oral prosthesis | | | | | |
| 21086 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21087 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21088 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21089 | T | Prepare face/oral prosthesis | 226 | 1.59 | $84.23 | $21.92 | $16.85 |
| 21100 | T | Maxillofacial fixation | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21110 | T | Interdental fixation | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21116 | T | Injection, jaw joint x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 21120 | T | Reconstruction of chin | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21121 | T | Reconstruction of chin | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21122 | T | Reconstruction of chin | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21123 | T | Reconstruction of chin | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21125 | T | Augmentation lower jaw bone | 231 | 12.02 | $635.66 | 299.90 | $127.13 |
| 21127 | T | Augmentation lower jaw bone | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21137 | C | Reduction of forehead | | | | | |
| 21138 | C | Reduction of forehead | | | | | |
| 21139 | C | Reduction of forehead | | | | | |
| 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 | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21182 | C | Reconstruct cranial bone | | | | | |
| 21183 | C | Reconstruct cranial bone | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 21184 | C | Reconstruct cranial bone | | | | | |
| 21188 | C | Reconstruction of midface | | | | | |
| 21193 | C | Reconstruct lower jaw bone | | | | | |
| 21194 | C | Reconstruct lower jaw bone | | | | | |
| 21195 | C | Reconstruct lower jaw bone | | | | | |
| 21196 | C | Reconstruct lower jaw bone | | | | | |
| 21198 | C | Reconstruct lower jaw bone | | | | | |
| 21206 | T | Reconstruct upper jaw bone | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21208 | T | Augmentation of facial bones | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21209 | T | Reduction of facial bones | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21210 | T | Face bone graft | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21215 | T | Lower jaw bone graft | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21230 | T | Rib cartilage graft | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21235 | T | Ear cartilage graft | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21240 | T | Reconstruction of jaw joint | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21242 | T | Reconstruction of jaw joint | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21243 | T | Reconstruction of jaw joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 21244 | T | Reconstruction of lower jaw | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21245 | T | Reconstruction of jaw | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21246 | T | Reconstruction of jaw | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21247 | C | Reconstruct lower jaw bone | | | | | |
| 21248 | T | Reconstruction of jaw | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21249 | T | Reconstruction of jaw | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21255 | C | Reconstruct lower jaw bone | | | | | |
| 21256 | C | Reconstruction of orbit | | | | | |
| 21260 | T | Revise eye sockets | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21261 | C | Revise eye sockets | | | | | |
| 21263 | C | Revise eye sockets | | | | | |
| 21267 | T | Revise eye sockets | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21268 | C | Revise eye sockets | | | | | |
| 21270 | T | Augmentation cheek bone | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21275 | T | Revision orbitofacial bones | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21280 | T | Revision of eyelid | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21282 | T | Revision of eyelid | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21295 | T | Revision of jaw muscle/bone | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21296 | T | Revision of jaw muscle/bone | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21299 | T | Cranio/maxillofacial surgery | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21300 | T | Treatment of skull fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21310 | T | Treatment of nose fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21315 | T | Treatment of nose fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21320 | T | Treatment of nose fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21325 | T | Repair of nose fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21330 | T | Repair of nose fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21335 | T | Repair of nose fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21336 | T | Repair nasal septal fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 21337 | T | Repair nasal septal fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21338 | T | Repair nasoethmoid fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21339 | T | Repair nasoethmoid fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21340 | T | Repair of nose fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21343 | T | Repair of sinus fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21344 | C | Repair of sinus fracture | | | | | |
| 21345 | T | Repair of nose/jaw fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21346 | C | Repair of nose/jaw fracture | | | | | |
| 21347 | C | Repair of nose/jaw fracture | | | | | |
| 21348 | C | Repair of nose/jaw fracture | | | | | |
| 21355 | T | Repair cheek bone fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21356 | C | Repair cheek bone fracture | | | | | |
| 21360 | C | Repair cheek bone fracture | | | | | |
| 21365 | C | Repair cheek bone fracture | | | | | |
| 21366 | C | Repair cheek bone fracture | | | | | |
| 21385 | C | Repair eye socket fracture | | | | | |
| 21386 | C | Repair eye socket fracture | | | | | |
| 21387 | C | Repair eye socket fracture | | | | | |
| 21390 | C | Repair eye socket fracture | | | | | |
| 21395 | C | Repair eye socket fracture | | | | | |
| 21400 | T | Treat eye socket fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21401 | T | Repair eye socket fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21406 | C | Repair eye socket fracture | | | | | |
| 21407 | C | Repair eye socket fracture | | | | | |
| 21408 | C | Repair eye socket fracture | | | | | |
| 21421 | T | Treat mouth roof fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21422 | C | Repair mouth roof fracture | | | | | |
| 21423 | C | Repair mouth roof fracture | | | | | |
| 21431 | C | Treat craniofacial fracture | | | | | |
| 21432 | C | Repair craniofacial fracture | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 21433 | C | Repair craniofacial fracture | | | | | |
| 21435 | C | Repair craniofacial fracture | | | | | |
| 21436 | C | Repair craniofacial fracture | | | | | |
| 21440 | T | Repair dental ridge fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21445 | T | Repair dental ridge fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21450 | T | Treat lower jaw fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21451 | T | Treat lower jaw fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21452 | T | Treat lower jaw fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21453 | T | Treat lower jaw fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21454 | T | Treat lower jaw fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21461 | T | Repair lower jaw fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21462 | T | Repair lower jaw fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21465 | T | Repair lower jaw fracture | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21470 | C | Repair lower jaw fracture | | | | | |
| 21480 | T | Reset dislocated jaw | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21485 | T | Reset dislocated jaw | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21490 | T | Repair dislocated jaw | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 21493 | T | Treat hyoid bone fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21494 | T | Repair hyoid bone fracture | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21495 | C | Repair hyoid bone fracture | | | | | |
| 21497 | T | Interdental wiring | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21499 | T | Head surgery procedure | 231 | 12.02 | $635.66 | $299.90 | $127.13 |
| 21501 | T | Drain neck/chest lesion | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 21502 | T | Drain chest lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 21510 | C | Drainage of bone lesion | | | | | |
| 21550 | T | Biopsy of neck/chest | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 21555 | T | Remove lesion neck/chest | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 21556 | T | Remove lesion neck/chest | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 21557 | C | Remove tumor, neck or chest | | | | | |
| 21600 | T | Partial removal of rib | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 21610 | T | Partial removal of rib | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 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 | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 21705 | C | Revision of neck muscle/rib | | | | | |
| 21720 | T | Revision of neck muscle | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 21725 | T | Revision of neck muscle | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 21740 | C | Reconstruction of sternum | | | | | |
| 21750 | C | Repair of sternum separation | | | | | |
| 21800 | T | Treatment of rib fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 21805 | T | Treatment of rib fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 21810 | C | Treatment of rib fracture(s) | | | | | |
| 21820 | T | Treat sternum fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 21825 | C | Repair sternum fracture | | | | | |
| 21899 | T | Neck/chest surgery procedure | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 21920 | T | Biopsy soft tissue of back | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 21925 | T | Biopsy soft tissue of back | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 21930 | T | Remove lesion, back or flank | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 21935 | T | Remove tumor of back | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 22100 | C | Remove part of neck vertebra | | | | | |
| 22101 | C | Remove part, thorax vertebra | | | | | |
| 22102 | C | Remove part, lumbar vertebra | | | | | |
| 22103 | C | Remove extra spine segment | | | | | |
| 22110 | C | Remove part of neck vertebra | | | | | |
| 22112 | C | Remove part, thorax vertebra | | | | | |
| 22114 | C | Remove part, lumbar vertebra | | | | | |
| 22116 | C | Remove extra spine segment | | | | | |
| 22210 | C | Revision of neck spine | | | | | |
| 22212 | C | Revision of thorax spine | | | | | |
| 22214 | C | Revision of lumbar spine | | | | | |
| 22216 | C | Revise, extra spine segment | | | | | |
| 22220 | C | Revision of neck spine | | | | | |
| 22222 | C | Revision of thorax spine | | | | | |
| 22224 | C | Revision of lumbar spine | | | | | |
| 22226 | C | Revise, extra spine segment | | | | | |
| 22305 | T | Treat spine process fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 22310 | T | Treat spine fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 22315 | T | Treat spine fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 22325 | C | Repair of spine fracture | | | | | |
| 22326 | C | Repair neck spine fracture | | | | | |
| 22327 | C | Repair thorax spine fracture | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 22328 | C | Repair each add spine fx | | | | | |
| 22505 | T | Manipulation of spine | 210 | 10.46 | $553.39 | $283.4 | $110.68 |
| 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 & more segment | | | | | |
| 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 pelvic 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 | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 22900 | T | Remove abdominal wall lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 22999 | T | Abdomen surgery procedure | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 23000 | T | Removal of calcium deposits | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 23020 | T | Release shoulder joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23030 | T | Drain shoulder lesion | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 23031 | T | Drain shoulder bursa | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 23035 | C | Drain shoulderbone lesion | | | | | |
| 23040 | T | Exploratory shoulder surgery | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23044 | T | Exploratory shoulder surgery | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23065 | T | Biopsy shoulder tissues | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 23066 | T | Biopsy shoulder tissues | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 23075 | T | Removal of shoulder lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 23076 | T | Removal of shoulder lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 23077 | T | Remove tumor of shoulder | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 23100 | T | Biopsy of shoulder joint | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 23101 | T | Shoulder joint surgery | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23105 | T | Remove shoulder joint lining | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23106 | T | Incision of collarbone joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23107 | T | Explore, treat shoulder joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23120 | T | Partial removal, collarbone | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23125 | C | Removal of collarbone | | | | | |
| 23130 | T | Partial removal, shoulderbone | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23140 | T | Removal of bone lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 23145 | T | Removal of bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23146 | T | Removal of bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23150 | T | Removal of humerus lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23155 | T | Removal of humerus lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23156 | T | Removal of humerus lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23170 | T | Remove collarbone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23172 | T | Remove shoulder blade lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23174 | T | Remove humerus lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23180 | T | Remove collarbone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23182 | T | Remove shoulderblade lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23184 | T | Remove humerus lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23190 | T | Partial removal of scapula | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23195 | C | Removal of head of humerus | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 23200 | C | Removal of collarbone | | | | | |
| 23210 | C | Removal of shoulderblade | | | | | |
| 23220 | C | Partial removal of humerus | | | | | |
| 23221 | C | Partial removal of humerus | | | | | |
| 23222 | C | Partial removal of humerus | | | | | |
| 23330 | T | Remove shoulder foreign body | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 23331 | T | Remove shoulder foreign body | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 23332 | C | Remove shoulder foreign body | | | | | |
| 23350 | T | Injection for shoulder x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 23395 | C | Muscle transfer, shoulder/arm | | | | | |
| 23397 | C | Muscle transfers | | | | | |
| 23400 | C | Fixation of shoulderblade | | | | | |
| 23405 | T | Incision of tendon & muscle | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23406 | T | Incise tendon(s) & muscle(s) | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 23410 | T | Repair of tendon(s) | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23412 | T | Repair of tendon(s) | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23415 | T | Release of shoulder ligament | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23420 | T | Repair of shoulder | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23430 | T | Repair biceps tendon | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23440 | C | Removal/transplant tendon | | | | | |
| 23450 | T | Repair shoulder capsule | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23455 | T | Repair shoulder capsule | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23460 | T | Repair shoulder capsule | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23462 | T | Repair shoulder capsule | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23465 | T | Repair shoulder capsule | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23466 | T | Repair shoulder capsule | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 23470 | C | Reconstruct shoulder joint | | | | | |
| 23472 | C | Reconstruct shoulder joint | | | | | |
| 23480 | T | Revision of collarbone | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23485 | T | Revision of collarbone | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23490 | T | Reinforce clavicle | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23491 | T | Reinforce shoulderbones | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23500 | T | Treat clavicle fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23505 | T | Treat clavicle fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23515 | T | Repair clavicle fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23520 | T | Treat clavicle dislocation | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23525 | T | Treat clavicle dislocation | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23530 | T | Repair clavicle dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23532 | T | Repair clavicle dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23540 | T | Treat clavicle dislocation | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23545 | T | Treat clavicle dislocation | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23550 | T | Repair clavicle dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23552 | T | Repair clavicle dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23570 | T | Treat shoulderblade fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23575 | T | Treat shoulderblade fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23585 | T | Repair scapula fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23600 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 23605 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 23615 | T | Repair humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23616 | T | Repair humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23620 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 23625 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 23630 | T | Repair humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23650 | T | Treat shoulder dislocation | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23655 | T | Treat shoulder dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 23660 | T | Repair shoulder dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23665 | T | Treat dislocation/fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 23670 | T | Repair dislocation/fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23675 | T | Treat dislocation/fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 23680 | T | Repair dislocation/fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 23700 | T | Fixation of shoulder | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 23800 | T | Fusion of shoulder joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23802 | T | Fusion of shoulder joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 23900 | C | Amputation of arm & girdle | | | | | |
| 23920 | C | Amputation at shoulder joint | | | | | |
| 23921 | T | Amputation follow-up surgery | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 23929 | T | Shoulder surgery procedure | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 23930 | T | Drainage of arm lesion | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 23931 | T | Drainage of arm bursa | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 23935 | T | Drain arm/elbow bone lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 24000 | T | Exploratory elbow surgery | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24006 | T | Release elbow joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24065 | T | Biopsy arm/elbow soft tissue | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 24066 | T | Biopsy arm/elbow soft tissue | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 24075 | T | Remove arm/elbow lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 24076 | T | Remove arm/elbow lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 24077 | T | Remove tumor of arm/elbow | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 24100 | T | Biopsy elbow joint lining | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 24101 | T | Explore/treat elbow joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24102 | T | Remove elbow joint lining | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24105 | T | Removal of elbow bursa | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 24110 | T | Remove humerus lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 24115 | T | Remove/graft bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24116 | T | Remove/graft bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24120 | T | Remove elbow lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 24125 | T | Remove/graft bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24126 | T | Remove/graft bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24130 | T | Removal of head of radius | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24134 | T | Removal of arm bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24136 | T | Remove radius bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24138 | T | Remove elbow bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24140 | T | Partial removal of arm bone | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24145 | T | Partial removal of radius | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24147 | T | Partial removal of elbow | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24149 | C | Radical resection of elbow | | | | | |
| 24150 | C | Extensive humerus surgery | | | | | |
| 24151 | C | Extensive humerus surgery | | | | | |
| 24152 | C | Extensive radius surgery | | | | | |
| 24153 | C | Extensive radius surgery | | | | | |
| 24155 | T | Removal of elbow joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24160 | T | Remove elbow joint implant | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24164 | T | Remove radius head implant | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24200 | T | Removal of arm foreign body | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 24201 | T | Removal of arm foreign body | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 24220 | T | Injection for elbow x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 24301 | T | Muscle/tendon transfer | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24305 | T | Arm tendon lengthening | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24310 | T | Revision of arm tendon | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 24320 | T | Repair of arm tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24330 | T | Revision of arm muscles | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24331 | T | Revision of arm muscles | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24340 | T | Repair of biceps tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24341 | T | Repair tendon/muscle arm | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24342 | T | Repair of ruptured tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24350 | T | Repair of tennis elbow | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24351 | T | Repair of tennis elbow | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24352 | T | Repair of tennis elbow | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24354 | T | Repair of tennis elbow | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24356 | T | Revision of tennis elbow | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24360 | T | Reconstruct elbow joint | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 24361 | T | Reconstruct elbow joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 24362 | T | Reconstruct elbow joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 24363 | T | Replace elbow joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 24365 | T | Reconstruct head of radius | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 24366 | T | Reconstruct head of radius | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 24400 | T | Revision of humerus | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24410 | T | Revision of humerus | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24420 | T | Revision of humerus | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24430 | T | Repair of humerus | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24435 | T | Repair humerus with graft | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24470 | T | Revision of elbow joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24495 | T | Decompression of forearm | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 24498 | T | Reinforce humerus | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24500 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24505 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24515 | T | Repair humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24516 | T | Repair humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24530 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24535 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24538 | T | Treat humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24545 | T | Repair humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24546 | T | Repair humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24560 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24565 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24566 | T | Treat humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24575 | T | Repair humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24576 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24577 | T | Treat humerus fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24579 | T | Repair humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24582 | T | Treat humerus fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 24586 | T | Repair elbow fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24587 | T | Repair elbow fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24600 | T | Treat elbow dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24605 | T | Treat elbow dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 24615 | T | Repair elbow dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24620 | T | Treat elbow fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24635 | T | Repair elbow fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24640 | T | Treat elbow dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24650 | T | Treat radius fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24655 | T | Treat radius fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24665 | T | Repair radius fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24666 | T | Repair radius fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24670 | T | Treatment of ulna fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24675 | T | Treatment of ulna fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 24685 | T | Repair ulna fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 24800 | T | Fusion of elbow joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24802 | T | Fusion/graft of elbow joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 24900 | C | Amputation of upper arm | | | | | |
| 24920 | C | Amputation of upper arm | | | | | |
| 24925 | T | Amputation follow-up surgery | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 24930 | C | Amputation follow-up surgery | | | | | |
| 24931 | C | Amputate upper arm & implant | | | | | |
| 24935 | C | Revision of amputation | | | | | |
| 24940 | C | Revision of upper arm | | | | | |
| 24999 | T | Upper arm/elbow surgery | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25000 | T | Incision of tendon sheath | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25020 | T | Decompression of forearm | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25023 | T | Decompression of forearm | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25028 | T | Drainage of forearm lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25031 | T | Drainage of forearm bursa | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25035 | T | Treat forearm bone lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25040 | T | Explore/treat wrist joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25065 | T | Biopsy forearm soft tissues | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 25066 | T | Biopsy forearm soft tissues | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 25075 | T | Removal of forearm lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 25076 | T | Removal of forearm lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 25077 | T | Remove tumor, forearm/wrist | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 25085 | T | Incision of wrist capsule | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25100 | T | Biopsy of wrist joint | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25101 | T | Explore/treat wrist joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25105 | T | Remove wrist joint lining | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25107 | T | Remove wrist joint cartilage | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25110 | T | Remove wrist tendon lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25111 | T | Remove wrist tendon lesion | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 25112 | T | Remove wrist tendon lesion | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 25115 | T | Remove wrist/forearm lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25116 | T | Remove wrist/forearm lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25118 | T | Excise wrist tendon sheath | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25119 | T | Partial removal of ulna | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25120 | T | Removal of forearm lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25125 | T | Remove/graft forearm lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25126 | T | Remove/graft forearm lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25130 | T | Removal of wrist lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25135 | T | Remove & graft wrist lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25136 | T | Remove & graft wrist lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25145 | T | Remove forearm bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25150 | T | Partial removal of ulna | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25151 | T | Partial removal of radius | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25170 | C | Extensive forearm surgery | | | | | |
| 25210 | T | Removal of wrist bone | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 25215 | T | Removal of wrist bones | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 25230 | T | Partial removal of radius | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25240 | T | Partial removal of ulna | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25246 | T | Injection for wrist x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 25248 | T | Remove forearm foreign body | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25250 | T | Removal of wrist prosthesis | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25251 | T | Removal of wrist prosthesis | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25260 | T | Repair forearm tendon/muscle | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25263 | T | Repair forearm tendon/muscle | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25265 | T | Repair forearm tendon/muscle | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25270 | T | Repair forearm tendon/muscle | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25272 | T | Repair forearm tendon/muscle | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25274 | T | Repair forearm tendon/muscle | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25280 | T | Revise wrist/forearm tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25290 | T | Incise wrist/forearm tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 25295 | T | Release wrist/forearm tendon | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25300 | T | Fusion of tendons at wrist | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25301 | T | Fusion of tendons at wrist | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25310 | T | Transplant forearm tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25312 | T | Transplant forearm tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25315 | T | Revise palsy hand tendon(s) | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25316 | T | Revise palsy hand tendon(s) | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25320 | T | Repair/revise wrist joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25332 | T | Revise wrist joint | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 25335 | T | Realignment of hand | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25337 | T | Reconstruct ulna/radioulnar | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25350 | T | Revision of radius | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25355 | T | Revision of radius | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25360 | T | Revision of ulna | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25365 | T | Revise radius & ulna | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25370 | T | Revise radius or ulna | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25375 | T | Revise radius & ulna | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25390 | C | Shorten radius/ulna | | | | | |
| 25391 | C | Lengthen radius/ulna | | | | | |
| 25392 | C | Shorten radius & ulna | | | | | |
| 25393 | C | Lengthen radius & ulna | | | | | |
| 25400 | T | Repair radius or ulna | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25405 | C | Repair/graft radius or ulna | | | | | |
| 25415 | T | Repair radius & ulna | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 25420 | C | Repair/graft radius & ulna | | | | | |
| 25425 | T | Repair/graft radius or ulna | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25426 | T | Repair/graft radius & ulna | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25440 | T | Repair/graft wrist bone | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25441 | T | Reconstruct wrist joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 25442 | T | Reconstruct wrist joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 25443 | T | Reconstruct wrist joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 25444 | T | Reconstruct wrist joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 25445 | T | Reconstruct wrist joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 25446 | T | Wrist replacement | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 25447 | T | Repair wrist joint(s) | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 25449 | T | Remove wrist joint implant | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 25450 | T | Revision of wrist joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25455 | T | Revision of wrist joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25490 | T | Reinforce radius | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25491 | T | Reinforce ulna | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25492 | T | Reinforce radius and ulna | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25500 | T | Treat fracture of radius | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25505 | T | Treat fracture of radius | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25515 | T | Repair fracture of radius | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25520 | T | Repair fracture of radius | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25525 | T | Repair fracture of radius | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25526 | T | Repair fracture of radius | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25530 | T | Treat fracture of ulna | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25535 | T | Treat fracture of ulna | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25545 | T | Repair fracture of ulna | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25560 | T | Treat fracture radius & ulna | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25565 | T | Treat fracture radius & ulna | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25574 | T | Treat fracture radius & ulna | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25575 | T | Repair fracture radius/ulna | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25600 | T | Treat fracture radius/ulna | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25605 | T | Treat fracture radius/ulna | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25611 | T | Repair fracture radius/ulna | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25620 | T | Repair fracture radius/ulna | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25622 | T | Treat wrist bone fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25624 | T | Treat wrist bone fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25628 | T | Repair wrist bone fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25630 | T | Treat wrist bone fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25635 | T | Treat wrist bone fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25645 | T | Repair wrist bone fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25650 | T | Repair wrist bone fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25660 | T | Treat wrist dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25670 | T | Repair wrist dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25675 | T | Treat wrist dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25676 | T | Repair wrist dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25680 | T | Treat wrist fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 25685 | T | Repair wrist fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25690 | T | Treat wrist dislocation | 209 | 1.94 | 102.84 | $37.29 | $20.57 |
| 25695 | T | Repair wrist dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 25800 | T | Fusion of wrist joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25805 | T | Fusion/graft of wrist joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 25810 | T | Fusion/graft of wrist joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25820 | T | Fusion of hand bones | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 25825 | T | Fusion hand bones with graft | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 25830 | T | Fusion radioulnar jnt/ulna | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 25900 | C | Amputation of forearm | | | | | |
| 25905 | C | Amputation of forearm | | | | | |
| 25907 | T | Amputation follow-up surgery | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25909 | C | Amputation follow-up surgery | | | | | |
| 25915 | C | Amputation of forearm | | | | | |
| 25920 | C | Amputate hand at wrist | | | | | |
| 25922 | T | Amputate hand at wrist | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 25924 | C | Amputation follow-up surgery | | | | | |
| 25927 | C | Amputation of hand | | | | | |
| 25929 | T | Amputation follow-up surgery | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 25931 | C | Amputation follow-up surgery | | | | | |
| 25999 | T | Forearm or wrist surgery | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 26010 | T | Drainage of finger abscess | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 26011 | T | Drainage of finger abscess | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 26020 | T | Drain hand tendon sheath | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26025 | T | Drainage of palm bursa | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26030 | T | Drainage of palm bursa(s) | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26034 | T | Treat hand bone lesion | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26035 | T | Decompress fingers/hand | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26037 | T | Decompress fingers/hand | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26040 | T | Release palm contracture | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26045 | T | Release palm contracture | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26055 | T | Incise finger tendon sheath | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26060 | T | Incision of finger tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26070 | T | Explore/treat hand joint | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26075 | T | Explore/treat finger joint | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26080 | T | Explore/treat finger joint | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26100 | T | Biopsy hand joint lining | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26105 | T | Biopsy finger joint lining | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26110 | T | Biopsy finger joint lining | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26115 | T | Removal of hand lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 26116 | T | Removal of hand lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 26117 | T | Remove tumor, hand/finger | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 26121 | T | Release palm contracture | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26123 | T | Release palm contracture | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26125 | T | Release palm contracture | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26130 | T | Remove wrist joint lining | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26135 | T | Revise finger joint, each | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26140 | T | Revise finger joint, each | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26145 | T | Tendon excision, palm/finger | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26160 | T | Remove tendon sheath lesion | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26170 | T | Removal of palm tendon, each | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26180 | T | Removal of finger tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26185 | T | Remove finger bone | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26200 | T | Remove hand bone lesion | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26205 | T | Remove/graft bone lesion | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26210 | T | Removal of finger lesion | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26215 | T | Remove/graft finger lesion | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26230 | T | Partial removal of hand bone | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26235 | T | Partial removal, finger bone | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26236 | T | Partial removal, finger bone | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26250 | T | Extensive hand surgery | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26255 | T | Extensive hand surgery | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26260 | T | Extensive finger surgery | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26261 | T | Extensive finger surgery | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26262 | T | Partial removal of finger | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26320 | T | Removal of implant from hand | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 26350 | T | Repair finger/hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26352 | T | Repair/graft hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26356 | T | Repair finger/hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26357 | T | Repair finger/hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26358 | T | Repair/graft hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26370 | T | Repair finger/hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26372 | T | Repair/graft hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26373 | T | Repair finger/hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26390 | T | Revise hand/finger tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26392 | T | Repair/graft hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26410 | T | Repair hand tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26412 | T | Repair/graft hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26415 | T | Excision, hand/finger tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26416 | T | Graft hand or finger tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 26418 | T | Repair finger tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26420 | T | Repair/graft finger tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26426 | T | Repair finger/hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26428 | T | Repair/graft finger tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26432 | T | Repair finger tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26433 | T | Repair finger tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26434 | T | Repair/graft finger tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26437 | T | Realignment of tendons | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26440 | T | Release palm/finger tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26442 | T | Release palm & finger tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26445 | T | Release hand/finger tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26449 | T | Release forearm/hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26450 | T | Incision of palm tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26455 | T | Incision of finger tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26460 | T | Incise hand/finger tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26471 | T | Fusion of finger tendons | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26474 | T | Fusion of finger tendons | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26476 | T | Tendon lengthening | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26477 | T | Tendon shortening | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26478 | T | Lengthening of hand tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26479 | T | Shortening of hand tendon | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26480 | T | Transplant hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26483 | T | Transplant/graft hand tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26485 | T | Transplant palm tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26489 | T | Transplant/graft palm tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26490 | T | Revise thumb tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26492 | T | Tendon transfer with graft | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26494 | T | Hand tendon/muscle transfer | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26496 | T | Revise thumb tendon | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26497 | T | Finger tendon transfer | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26498 | T | Finger tendon transfer | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26499 | T | Revision of finger | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26500 | T | Hand tendon reconstruction | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26502 | T | Hand tendon reconstruction | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26504 | T | Hand tendon reconstruction | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26508 | T | Release thumb contracture | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26510 | T | Thumb tendon transfer | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26516 | T | Fusion of knuckle joint | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26517 | T | Fusion of knuckle joints | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26518 | T | Fusion of knuckle joints | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26520 | T | Release knuckle contracture | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26525 | T | Release finger contracture | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26530 | T | Revise knuckle joint | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 26531 | T | Revise knuckle with implant | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 26535 | T | Revise finger joint | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 26536 | T | Revise/implant finger joint | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 26540 | T | Repair hand joint | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26541 | T | Repair hand joint with graft | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26542 | T | Repair hand joint with graft | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26545 | T | Reconstruct finger joint | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26546 | T | Repair non-union hand | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26548 | T | Reconstruct finger joint | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26550 | T | Construct thumb replacement | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26551 | C | Great toe-hand transfer | | | | | |
| 26553 | C | Single toe-hand transfer | | | | | |
| 26554 | C | Double toe-hand transfer | | | | | |
| 26555 | T | Positional change of finger | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26556 | C | Toe joint transfer | | | | | |
| 26560 | T | Repair of web finger | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26561 | T | Repair of web finger | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26562 | T | Repair of web finger | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26565 | T | Correct metacarpal flaw | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26567 | T | Correct finger deformity | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26568 | T | Lengthen metacarpal/finger | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26580 | T | Repair hand deformity | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26585 | T | Repair finger deformity | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26587 | T | Reconstruct extra finger | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26590 | T | Repair finger deformity | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26591 | T | Repair muscles of hand | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26593 | T | Release muscles of hand | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26596 | T | Excision constricting tissue | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26597 | T | Release of scar contracture | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26600 | T | Treat metacarpal fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 26605 | T | Treat metacarpal fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 26607 | T | Treat metacarpal fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 26608 | T | Treat metacarpal fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26615 | T | Repair metacarpal fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26641 | T | Treat thumb dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 26645 | T | Treat thumb fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 26650 | T | Repair thumb fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26665 | T | Repair thumb fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26670 | T | Treat hand dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 26675 | T | Treat hand dislocation | 210 | 10.46 | $553.39 | $283.4 | $110.68 |
| 26676 | T | Pin hand dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26685 | T | Repair hand dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26686 | T | Repair hand dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26700 | T | Treat knuckle dislocation | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 26705 | T | Treat knuckle dislocation | 210 | 10.46 | $553.39 | $283.4 | $110.68 |
| 26706 | T | Pin knuckle dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 26715 | T | Repair knuckle dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26720 | T | Treat finger fracture, each | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 26725 | T | Treat finger fracture, each | 207 | 1.70 | $90.11 | $31.84 | $18.02 |
| 26727 | T | Treat finger fracture, each | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26735 | T | Repair finger fracture, each | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26740 | T | Treat finger fracture, each | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 26742 | T | Treat finger fracture, each | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 26746 | T | Repair finger fracture, each | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26750 | T | Treat finger fracture, each | 207 | 1.70 | $90.11 | $31.84 | $18.02 |
| 26755 | T | Treat finger fracture, each | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 26756 | T | Pin finger fracture, each | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26765 | T | Repair finger fracture, each | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26770 | T | Treat finger dislocation | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 26775 | T | Treat finger dislocation | 210 | 10.46 | $553.39 | $283.4 | $110.68 |
| 26776 | T | Pin finger dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26785 | T | Repair finger dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 26820 | T | Thumb fusion with graft | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26841 | T | Fusion of thumb | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26842 | T | Thumb fusion with graft | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26843 | T | Fusion of hand joint | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26844 | T | Fusion/graft of hand joint | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26850 | T | Fusion of knuckle | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26852 | T | Fusion of knuckle with graft | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26860 | T | Fusion of finger joint | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26861 | T | Fusion of finger joint, added | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26862 | T | Fusion/graft of finger joint | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26863 | T | Fuse/graft added joint | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26910 | T | Amputate metacarpal bone | 262 | 18.35 | $970.64 | $480.93 | $194.13 |
| 26951 | T | Amputation of finger/thumb | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26952 | T | Amputation of finger/thumb | 261 | 10.54 | $557.31 | $261.48 | $111.46 |
| 26989 | T | Hand/finger surgery | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 26990 | T | Drainage of pelvis lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 26991 | T | Drainage of pelvis bursa | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 26992 | C | Drainage of bone lesion | | | | | |
| 27000 | T | Incision of hip tendon | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27001 | T | Incision of hip tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27003 | T | Incision of hip tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 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 | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27035 | C | Denervation of hip joint | | | | | |
| 27036 | C | Excision of hip joint/muscle | | | | | |
| 27040 | T | Biopsy of soft tissues | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 27041 | T | Biopsy of soft tissues | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27047 | T | Remove hip/pelvis lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27048 | T | Remove hip/pelvis lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27049 | T | Remove tumor, hip/pelvis | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27050 | T | Biopsy of sacroiliac joint | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27052 | T | Biopsy of hip joint | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27054 | C | Removal of hip joint lining | | | | | |
| 27060 | T | Removal of ischial bursa | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27062 | T | Remove femur lesion/bursa | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27065 | T | Removal of hip bone lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27066 | T | Removal of hip bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27067 | T | Remove/graft hip bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27070 | C | Partial removal of hip bone | | | | | |
| 27071 | C | Partial removal of hip bone | | | | | |
| 27075 | C | Extensive hip surgery | | | | | |
| 27076 | C | Extensive hip surgery | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 27077 | C | Extensive hip surgery | | | | | |
| 27078 | C | Extensive hip surgery | | | | | |
| 27079 | C | Extensive hip surgery | | | | | |
| 27080 | T | Removal of tail bone | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27086 | T | Remove hip foreign body | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27087 | T | Remove hip foreign body | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27090 | C | Removal of hip prosthesis | | | | | |
| 27091 | C | Removal of hip prosthesis | | | | | |
| 27093 | T | Injection for hip x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 27095 | T | Injection for hip x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 27097 | T | Revision of hip tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27098 | T | Transfer tendon to pelvis | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27100 | T | Transfer of abdominal muscle | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27105 | T | Transfer of spinal muscle | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27110 | T | Transfer of iliopsoas muscle | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27111 | T | Transfer of iliopsoas muscle | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27120 | C | Reconstruction of hip socket | | | | | |
| 27122 | C | Reconstruction of hip socket | | | | | |
| 27125 | C | Partial hip replacement | | | | | |
| 27130 | C | Total hip replacement | | | | | |
| 27132 | C | Total hip replacement | | | | | |
| 27134 | C | Revise hip joint replacement | | | | | |
| 27137 | C | Revise hip joint replacement | | | | | |
| 27138 | C | Revise hip joint replacement | | | | | |
| 27140 | C | Transplant of femur ridge | | | | | |
| 27146 | C | Incision of hip bone | | | | | |
| 27147 | C | Revision of hip bone | | | | | |
| 27151 | C | Incision of hip bones | | | | | |
| 27156 | C | Revision of hip bones | | | | | |
| 27158 | C | Revision of pelvis | | | | | |
| 27161 | C | Incision of neck of femur | | | | | |
| 27165 | C | Incision/fixation of femur | | | | | |
| 27170 | C | Repair/graft femur head/neck | | | | | |
| 27175 | C | Treat slipped epiphysis | | | | | |
| 27176 | C | Treat slipped epiphysis | | | | | |
| 27177 | C | Repair slipped epiphysis | | | | | |
| 27178 | C | Repair slipped epiphysis | | | | | |
| 27179 | C | Revise head/neck of femur | | | | | |
| 27181 | C | Repair slipped epiphysis | | | | | |
| 27185 | C | Revision of femur epiphysis | | | | | |
| 27187 | C | Reinforce hip bones | | | | | |
| 27193 | T | Treat pelvic ring fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27194 | T | Treat pelvic ring fracture | 210 | 10.46 | $553.39 | $283.4 | $110.68 |
| 27200 | T | Treat tail bone fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 27202 | T | Repair tail bone fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27215 | C | Pelvic fracture(s) treatment | | | | | |
| 27216 | C | Treat pelvic ring fracture | | | | | |
| 27217 | C | Treat pelvic ring fracture | | | | | |
| 27218 | C | Treat pelvic ring fracture | | | | | |
| 27220 | T | Treat hip socket fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 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 fracture of thigh | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27232 | C | Treat fracture of thigh | | | | | |
| 27235 | C | Repair of thigh fracture | | | | | |
| 27236 | C | Repair of thigh fracture | | | | | |
| 27238 | T | Treatment of thigh fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27240 | C | Treatment of thigh fracture | | | | | |
| 27244 | C | Repair of thigh fracture | | | | | |
| 27245 | C | Repair of thigh fracture | | | | | |
| 27246 | T | Treatment of thigh fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27248 | C | Repair of thigh fracture | | | | | |
| 27250 | T | Treat hip dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27252 | T | Treat hip dislocation | 210 | 10.46 | $553.39 | $283.4 | $110.68 |
| 27253 | C | Repair of hip dislocation | | | | | |
| 27254 | C | Repair of hip dislocation | | | | | |
| 27256 | T | Treatment of hip dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27257 | T | Treatment of hip dislocation | 210 | 10.46 | $553.39 | $283.4 | $110.68 |
| 27258 | C | Repair of hip dislocation | | | | | |
| 27259 | C | Repair of hip dislocation | | | | | |
| 27265 | T | Treatment of hip dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27266 | T | Treatment of hip dislocation | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 27275 | T | Manipulation of hip joint | 210 | 10.46 | $553.39 | $283.4 | $110.68 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 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 | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 27301 | T | Drain thigh/knee lesion | 132 | 6.04 | $319.3 | $134.24 | $63.86 |
| 27303 | C | Drainage of bone lesion | | | | | |
| 27305 | T | Incise thigh tendon & fascia | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27306 | T | Incision of thigh tendon | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27307 | T | Incision of thigh tendons | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27310 | T | Exploration of knee joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27315 | T | Partial removal, thigh nerve | 631 | 12.98 | $686.6 | $333.8 | $137.32 |
| 27320 | T | Partial removal, thigh nerve | 631 | 12.98 | $686.6 | $333.8 | $137.32 |
| 27323 | T | Biopsy thigh soft tissues | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 27324 | T | Biopsy thigh soft tissues | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27327 | T | Removal of thigh lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27328 | T | Removal of thigh lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27329 | T | Remove tumor, thigh/knee | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27330 | T | Biopsy knee joint lining | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27331 | T | Explore/treat knee joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27332 | T | Removal of knee cartilage | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27333 | T | Removal of knee cartilage | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27334 | T | Remove knee joint lining | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27335 | T | Remove knee joint lining | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27340 | T | Removal of kneecap bursa | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27345 | T | Removal of knee cyst | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27350 | T | Removal of kneecap | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27355 | T | Remove femur lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27356 | T | Remove femur lesion/graft | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27357 | T | Remove femur lesion/graft | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27358 | T | Remove femur lesion/fixation | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27360 | T | Partial removal leg bone(s) | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27365 | C | Extensive leg surgery | | | | | |
| 27370 | T | Injection for knee x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 27372 | T | Removal of foreign body | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27380 | T | Repair of kneecap tendon | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27381 | T | Repair/graft kneecap tendon | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27385 | T | Repair of thigh muscle | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27386 | T | Repair/graft of thigh muscle | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27390 | T | Incision of thigh tendon | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27391 | T | Incision of thigh tendons | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27392 | T | Incision of thigh tendons | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27393 | T | Lengthening of thigh tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27394 | T | Lengthening of thigh tendons | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27395 | T | Lengthening of thigh tendons | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27396 | T | Transplant of thigh tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27397 | T | Transplants of thigh tendons | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27400 | T | Revise thigh muscles/tendons | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27403 | T | Repair of knee cartilage | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27405 | T | Repair of knee ligament | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27407 | T | Repair of knee ligament | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27409 | T | Repair of knee ligaments | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27418 | T | Repair degenerated kneecap | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27420 | T | Revision of unstable kneecap | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27422 | T | Revision of unstable kneecap | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27424 | T | Revision/removal of kneecap | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27425 | T | Lateral retinacular release | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27427 | T | Reconstruction, knee | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 27428 | T | Reconstruction, knee | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 27429 | T | Reconstruction, knee | 254 | 34.37 | $1,817.86 | $937.22 | $363.57 |
| 27430 | T | Revision of thigh muscles | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27435 | T | Incision of knee joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27437 | T | Revise kneecap | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 27438 | T | Revise kneecap with implant | 218 | 27.50 | $1,454.49 | $715.52 | $290.90 |
| 27440 | T | Revision of knee joint | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 27441 | T | Revision of knee joint | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 27442 | T | Revision of knee joint | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 27443 | T | Revision of knee joint | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 27445 | C | Revision of knee joint | | | | | |
| 27446 | C | Revision of knee joint | | | | | |
| 27447 | C | Total knee replacement | | | | | |
| 27448 | C | Incision of thigh | | | | | |
| 27450 | C | Incision of thigh | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 27454 | C | Realignment of thigh bone | | | | | |
| 27455 | C | Realignment of knee | | | | | |
| 27457 | C | Realignment of knee | | | | | |
| 27465 | C | Shortening of thigh bone | | | | | |
| 27466 | C | Lengthening of thigh bone | | | | | |
| 27468 | C | Shorten/lengthen thighs | | | | | |
| 27470 | C | Repair of thigh | | | | | |
| 27472 | C | Repair/graft of thigh | | | | | |
| 27475 | 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 | Revise knee joint replace | | | | | |
| 27487 | C | Revise knee joint replace | | | | | |
| 27488 | C | Removal of knee prosthesis | | | | | |
| 27495 | C | Reinforce thigh | | | | | |
| 27496 | T | Decompression of thigh/knee | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27497 | T | Decompression of thigh/knee | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27498 | T | Decompression of thigh/knee | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27499 | T | Decompression of thigh/knee | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27500 | T | Treatment of thigh fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27501 | T | Treatment of thigh fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27502 | T | Treatment of thigh fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27503 | T | Treatment of thigh fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27506 | C | Repair of thigh fracture | | | | | |
| 27507 | C | Treatment of thigh fracture | | | | | |
| 27508 | T | Treatment of thigh fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27509 | T | Treatment of thigh fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27510 | T | Treatment of thigh fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27511 | C | Treatment of thigh fracture | | | | | |
| 27513 | C | Treatment of thigh fracture | | | | | |
| 27514 | C | Repair of thigh fracture | | | | | |
| 27516 | T | Repair of thigh growth plate | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27517 | T | Repair of thigh growth plate | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27519 | C | Repair of thigh growth plate | | | | | |
| 27520 | T | Treat kneecap fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27524 | C | Repair of kneecap fracture | | | | | |
| 27530 | T | Treatment of knee fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27532 | T | Treatment of knee fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27535 | C | Treatment of knee fracture | | | | | |
| 27536 | C | Repair of knee fracture | | | | | |
| 27538 | T | Treat knee fracture(s) | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27540 | C | Repair of knee fracture | | | | | |
| 27550 | T | Treat knee dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27552 | T | Treat knee dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 27556 | T | Repair of knee dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27557 | C | Repair of knee dislocation | | | | | |
| 27558 | C | Repair of knee dislocation | | | | | |
| 27560 | T | Treat kneecap dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27562 | T | Treat kneecap dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 27566 | T | Repair kneecap dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27570 | T | Fixation of knee joint | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 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 | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27596 | C | Amputation follow-up surgery | | | | | |
| 27598 | C | Amputate lower leg at knee | | | | | |
| 27599 | T | Leg surgery procedure | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27600 | T | Decompression of lower leg | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27601 | T | Decompression of lower leg | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27602 | T | Decompression of lower leg | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27603 | T | Drain lower leg lesion | 132 | 6.04 | $319.3 | $134.24 | $63.86 |
| 27604 | T | Drain lower leg bursa | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27605 | T | Incision of achilles tendon | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 27606 | T | Incision of achilles tendon | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27607 | T | Treat lower leg bone lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27610 | T | Explore/treat ankle joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27612 | T | Exploration of ankle joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27613 | T | Biopsy lower leg soft tissue | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 27614 | T | Biopsy lower leg soft tissue | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27615 | T | Remove tumor, lower leg | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27618 | T | Remove lower leg lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 27619 | T | Remove lower leg lesion | 163 | 10.69 | $565.14 | $264.65 | $113.03 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 27620 | T | Explore, treat ankle joint | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27625 | T | Remove ankle joint lining | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27626 | T | Remove ankle joint lining | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27630 | T | Removal of tendon lesion | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27635 | T | Remove lower leg bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27637 | T | Remove/graft leg bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27638 | T | Remove/graft leg bone lesion | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27640 | T | Partial removal of tibia | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27641 | T | Partial removal of fibula | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27645 | C | Extensive lower leg surgery | | | | | |
| 27646 | C | Extensive lower leg surgery | | | | | |
| 27647 | T | Extensive ankle/heel surgery | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27648 | T | Injection for ankle x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 27650 | T | Repair achilles tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27652 | T | Repair/graft achilles tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27654 | T | Repair of achilles tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27656 | T | Repair leg fascia defect | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27658 | T | Repair of leg tendon, each | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27659 | T | Repair of leg tendon, each | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27664 | T | Repair of leg tendon, each | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27665 | T | Repair of leg tendon, each | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27675 | T | Repair lower leg tendons | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27676 | T | Repair lower leg tendons | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27680 | T | Release of lower leg tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27681 | T | Release of lower leg tendons | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27685 | T | Revision of lower leg tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27686 | T | Revise lower leg tendons | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27687 | T | Revision of calf tendon | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27690 | T | Revise lower leg tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27691 | T | Revise lower leg tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27692 | T | Revise additional leg tendon | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27695 | T | Repair of ankle ligament | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27696 | T | Repair of ankle ligaments | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27698 | T | Repair of ankle ligament | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27700 | T | Revision of ankle joint | 217 | 20.48 | $1,083.27 | $526.81 | $216.65 |
| 27702 | C | Reconstruct ankle joint | | | | | |
| 27703 | C | Reconstruction, ankle joint | | | | | |
| 27704 | T | Removal of ankle implant | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27705 | T | Incision of tibia | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27707 | T | Incision of fibula | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27709 | T | Incision of tibia & fibula | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27712 | C | Realignment of lower leg | | | | | |
| 27715 | C | Revision of lower leg | | | | | |
| 27720 | C | Repair of tibia | | | | | |
| 27722 | C | Repair/graft of tibia | | | | | |
| 27724 | C | Repair/graft of tibia | | | | | |
| 27725 | C | Repair of lower leg | | | | | |
| 27727 | C | Repair of lower leg | | | | | |
| 27730 | T | Repair of tibia epiphysis | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27732 | T | Repair of fibula epiphysis | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27734 | T | Repair lower leg epiphyses | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27740 | T | Repair of leg epiphyses | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27742 | T | Repair of leg epiphyses | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27745 | T | Reinforce tibia | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27750 | T | Treatment of tibia fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27752 | T | Treatment of tibia fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27756 | T | Repair of tibia fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27758 | T | Repair of tibia fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27759 | T | Repair of tibia fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27760 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27762 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27766 | T | Repair of ankle fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27780 | T | Treatment of fibula fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27781 | T | Treatment of fibula fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27784 | T | Repair of fibula fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27786 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27788 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27792 | T | Repair of ankle fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27808 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27810 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27814 | T | Repair of ankle fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27816 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27818 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27822 | T | Repair of ankle fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27823 | T | Repair of ankle fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 27824 | T | Treat lower leg fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27825 | T | Treat lower leg fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27826 | T | Treat lower leg fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27827 | T | Treat lower leg fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27828 | T | Treat lower leg fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27829 | T | Treat lower leg joint | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27830 | T | Treat lower leg dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27831 | T | Treat lower leg dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 27832 | T | Repair lower leg dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27840 | T | Treat ankle dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 27842 | T | Treat ankle dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 27846 | T | Repair ankle dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27848 | T | Repair ankle dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 27860 | T | Fixation of ankle joint | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 27870 | T | Fusion of ankle joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27871 | T | Fusion of tibiofibular joint | 253 | 26.33 | $1,392.78 | $699.24 | $278.56 |
| 27880 | C | Amputation of lower leg | | | | | |
| 27881 | C | Amputation of lower leg | | | | | |
| 27882 | C | Amputation of lower leg | | | | | |
| 27884 | T | Amputation follow-up surgery | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27886 | C | Amputation follow-up surgery | | | | | |
| 27888 | C | Amputation of foot at ankle | | | | | |
| 27889 | T | Amputation of foot at ankle | 252 | 19.39 | $1,025.49 | $509.18 | $205.10 |
| 27892 | T | Decompression of leg | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27893 | T | Decompression of leg | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27894 | T | Decompression of leg | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 27899 | T | Leg/ankle surgery procedure | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28001 | T | Drainage of bursa of foot | 132 | 6.04 | $319.3 | $134.24 | $63.86 |
| 28002 | T | Treatment of foot infection | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 28003 | T | Treatment of foot infection | 251 | 14.26 | $754.18 | $366.12 | $150.84 |
| 28005 | T | Treat foot bone lesion | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28008 | T | Incision of foot fascia | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28010 | T | Incision of toe tendon | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28011 | T | Incision of toe tendons | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28020 | T | Exploration of a foot joint | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28022 | T | Exploration of a foot joint | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28024 | T | Exploration of a toe joint | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28030 | T | Removal of foot nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 28035 | T | Decompression of tibia nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 28043 | T | Excision of foot lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 28045 | T | Excision of foot lesion | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28046 | T | Resection of tumor, foot | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28050 | T | Biopsy of foot joint lining | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28052 | T | Biopsy of foot joint lining | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28054 | T | Biopsy of toe joint lining | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28060 | T | Partial removal foot fascia | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28062 | T | Removal of foot fascia | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28070 | T | Removal of foot joint lining | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28072 | T | Removal of foot joint lining | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28080 | T | Removal of foot lesion | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28086 | T | Excise foot tendon sheath | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28088 | T | Excise foot tendon sheath | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28090 | T | Removal of foot lesion | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28092 | T | Removal of toe lesions | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28100 | T | Removal of ankle/heel lesion | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28102 | T | Remove/graft foot lesion | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28103 | T | Remove/graft foot lesion | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28104 | T | Removal of foot lesion | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28106 | T | Remove/graft foot lesion | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28107 | T | Remove/graft foot lesion | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28108 | T | Removal of toe lesions | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28110 | T | Part removal of metatarsal | 276 | 19.19 | $1,014.71 | $500.14 | $202.94 |
| 28111 | T | Part removal of metatarsal | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28112 | T | Part removal of metatarsal | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28113 | T | Part removal of metatarsal | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28114 | T | Removal of metatarsal heads | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28116 | T | Revision of foot | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28118 | T | Removal of heel bone | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28119 | T | Removal of heel spur | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28120 | T | Part removal of ankle/heel | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28122 | T | Partial removal of foot bone | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28124 | T | Partial removal of toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28126 | T | Partial removal of toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28130 | T | Removal of ankle bone | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28140 | T | Removal of metatarsal | 271 | 14.41 | $762.01 | $368.38 | $152.40 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 28150 | T | Removal of toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28153 | T | Partial removal of toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28160 | T | Partial removal of toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28171 | T | Extensive foot surgery | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28173 | T | Extensive foot surgery | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28175 | T | Extensive foot surgery | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28190 | T | Removal of foot foreign body | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 28192 | T | Removal of foot foreign body | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 28193 | T | Removal of foot foreign body | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 28200 | T | Repair of foot tendon | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28202 | T | Repair/graft of foot tendon | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28208 | T | Repair of foot tendon | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28210 | T | Repair/graft of foot tendon | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28220 | T | Release of foot tendon | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28222 | T | Release of foot tendons | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28225 | T | Release of foot tendon | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28226 | T | Release of foot tendons | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28230 | T | Incision of foot tendon(s) | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28232 | T | Incision of toe tendon | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28234 | T | Incision of foot tendon | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28238 | T | Revision of foot tendon | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28240 | T | Release of big toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28250 | T | Revision of foot fascia | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28260 | T | Release of midfoot joint | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28261 | T | Revision of foot tendon | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28262 | T | Revision of foot and ankle | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28264 | T | Release of midfoot joint | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28270 | T | Release of foot contracture | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28272 | T | Release of toe joint, each | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28280 | T | Fusion of toes | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28285 | T | Repair of hammertoe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28286 | T | Repair of hammertoe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28288 | T | Partial removal of foot bone | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28290 | T | Correction of bunion | 276 | 19.19 | $1,014.71 | $500.14 | $202.94 |
| 28292 | T | Correction of bunion | 276 | 19.19 | $1,014.71 | $500.14 | $202.94 |
| 28293 | T | Correction of bunion | 276 | 19.19 | $1,014.71 | $500.14 | $202.94 |
| 28294 | T | Correction of bunion | 276 | 19.19 | $1,014.71 | $500.14 | $202.94 |
| 28296 | T | Correction of bunion | 276 | 19.19 | $1,014.71 | $500.14 | $202.94 |
| 28297 | T | Correction of bunion | 276 | 19.19 | $1,014.71 | $500.14 | $202.94 |
| 28298 | T | Correction of bunion | 276 | 19.19 | $1,014.71 | $500.14 | $202.94 |
| 28299 | T | Correction of bunion | 276 | 19.19 | $1,014.71 | $500.14 | $202.94 |
| 28300 | T | Incision of heel bone | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28302 | T | Incision of ankle bone | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28304 | T | Incision of midfoot bones | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28305 | T | Incise/graft midfoot bones | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28306 | T | Incision of metatarsal | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28307 | T | Incision of metatarsal | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28308 | T | Incision of metatarsal | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28309 | T | Incision of metatarsals | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28310 | T | Revision of big toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28312 | T | Revision of toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28313 | T | Repair deformity of toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28315 | T | Removal of sesamoid bone | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28320 | T | Repair of foot bones | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28322 | T | Repair of metatarsals | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28340 | T | Resect enlarged toe tissue | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28341 | T | Resect enlarged toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28344 | T | Repair extra toe(s) | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28345 | T | Repair webbed toe(s) | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28360 | T | Reconstruct cleft foot | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28400 | T | Treatment of heel fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28405 | T | Treatment of heel fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28406 | T | Treatment of heel fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28415 | T | Repair of heel fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28420 | T | Repair/graft heel fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28430 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28435 | T | Treatment of ankle fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28436 | T | Treatment of ankle fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28445 | T | Repair of ankle fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28450 | T | Treat midfoot fracture, each | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28455 | T | Treat midfoot fracture, each | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28456 | T | Repair midfoot fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28465 | T | Repair midfoot fracture, each | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28470 | T | Treat metatarsal fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28475 | T | Treat metatarsal fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 28476 | T | Repair metatarsal fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28485 | T | Repair metatarsal fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28490 | T | Treat big toe fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 28495 | T | Treat big toe fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 28496 | T | Repair big toe fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28505 | T | Repair big toe fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28510 | T | Treatment of toe fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 28515 | T | Treatment of toe fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 28525 | T | Repair of toe fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28530 | T | Treat sesamoid bone fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28531 | T | Treat sesamoid bone fracture | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28540 | T | Treat foot dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28545 | T | Treat foot dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 28546 | T | Treat foot dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28555 | T | Repair foot dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28570 | T | Treat foot dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28575 | T | Treat foot dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 28576 | T | Treat foot dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28585 | T | Repair foot dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28600 | T | Treat foot dislocation | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 28605 | T | Treat foot dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 28606 | T | Treat foot dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28615 | T | Repair foot dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28630 | T | Treat toe dislocation | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 28635 | T | Treat toe dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 28636 | T | Treat toe dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28645 | T | Repair toe dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28660 | T | Treat toe dislocation | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 28665 | T | Treat toe dislocation | 210 | 10.46 | $553.39 | $283.40 | $110.68 |
| 28666 | T | Treat toe dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28675 | T | Repair of toe dislocation | 216 | 20.13 | $1,064.67 | $520.93 | $212.93 |
| 28705 | T | Fusion of foot bones | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28715 | T | Fusion of foot bones | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28725 | T | Fusion of foot bones | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28730 | T | Fusion of foot bones | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28735 | T | Fusion of foot bones | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28737 | T | Revision of foot bones | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28740 | T | Fusion of foot bones | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28750 | T | Fusion of big toe joint | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28755 | T | Fusion of big toe joint | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28760 | T | Fusion of big toe joint | 272 | 16.56 | $875.63 | $409.74 | $175.13 |
| 28800 | C | Amputation of midfoot | | | | | |
| 28805 | C | Amputation thru metatarsal | | | | | |
| 28810 | T | Amputation toe & metatarsal | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28820 | T | Amputation of toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28825 | T | Partial amputation of toe | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 28899 | T | Foot/toes surgery procedure | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 29000 | N | Application of body cast | | | | | |
| 29010 | N | Application of body cast | | | | | |
| 29015 | N | Application of body cast | | | | | |
| 29020 | N | Application of body cast | | | | | |
| 29025 | N | Application of body cast | | | | | |
| 29035 | N | Application of body cast | | | | | |
| 29040 | N | Application of body cast | | | | | |
| 29044 | N | Application of body cast | | | | | |
| 29046 | N | Application of body cast | | | | | |
| 29049 | N | Application of figure eight | | | | | |
| 29055 | N | Application of shoulder cast | | | | | |
| 29058 | N | Application of shoulder cast | | | | | |
| 29065 | N | Application of long arm cast | | | | | |
| 29075 | N | Application of forearm cast | | | | | |
| 29085 | N | Apply hand/wrist cast | | | | | |
| 29105 | N | Apply long arm splint | | | | | |
| 29125 | N | Apply forearm splint | | | | | |
| 29126 | N | Apply forearm splint | | | | | |
| 29130 | N | Application of finger splint | | | | | |
| 29131 | N | Application of finger splint | | | | | |
| 29200 | N | Strapping of chest | | | | | |
| 29220 | N | Strapping of low back | | | | | |
| 29240 | N | Strapping of shoulder | | | | | |
| 29260 | N | Strapping of elbow or wrist | | | | | |
| 29280 | N | Strapping of hand or finger | | | | | |
| 29305 | N | Application of hip cast | | | | | |
| 29325 | N | Application of hip casts | | | | | |
| 29345 | N | Application of long leg cast | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 29355 | N | Application of long leg cast | | | | | |
| 29358 | N | Apply long leg cast brace | | | | | |
| 29365 | N | Application of long leg cast | | | | | |
| 29405 | N | Apply short leg cast | | | | | |
| 29425 | N | Apply short leg cast | | | | | |
| 29435 | N | Apply short leg cast | | | | | |
| 29440 | N | Addition of walker to cast | | | | | |
| 29445 | N | Apply rigid leg cast | | | | | |
| 29450 | N | Application of leg cast | | | | | |
| 29505 | N | Application long leg splint | | | | | |
| 29515 | N | Application lower leg splint | | | | | |
| 29520 | N | Strapping of hip | | | | | |
| 29530 | N | Strapping of knee | | | | | |
| 29540 | N | Strapping of ankle | | | | | |
| 29550 | N | Strapping of toes | | | | | |
| 29580 | N | Application of paste boot | | | | | |
| 29590 | N | Application of foot splint | | | | | |
| 29700 | N | Removal/revision of cast | | | | | |
| 29705 | N | Removal/revision of cast | | | | | |
| 29710 | N | Removal/revision of cast | | | | | |
| 29715 | N | Removal/revision of cast | | | | | |
| 29720 | N | Repair of body cast | | | | | |
| 29730 | N | Windowing of cast | | | | | |
| 29740 | N | Wedging of cast | | | | | |
| 29750 | N | Wedging of clubfoot cast | | | | | |
| 29799 | N | Casting/strapping procedure | | | | | |
| 29800 | T | Jaw arthroscopy/surgery | 280 | 22.20 | $1,174.36 | $581.72 | $234.87 |
| 29804 | T | Jaw arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29815 | T | Shoulder arthroscopy | 280 | 22.20 | $1,174.36 | $581.72 | $234.87 |
| 29819 | T | Shoulder arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29820 | T | Shoulder arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29821 | T | Shoulder arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29822 | T | Shoulder arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29823 | T | Shoulder arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29825 | T | Shoulder arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29826 | T | Shoulder arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29830 | T | Elbow arthroscopy | 280 | 22.20 | $1,174.36 | $581.72 | $234.87 |
| 29834 | T | Elbow arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29835 | T | Elbow arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29836 | T | Elbow arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29837 | T | Elbow arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29838 | T | Elbow arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29840 | T | Wrist arthroscopy | 280 | 22.20 | $1,174.36 | $581.72 | $234.87 |
| 29843 | T | Wrist arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29844 | T | Wrist arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29845 | T | Wrist arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29846 | T | Wrist arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29847 | T | Wrist arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29848 | T | Wrist arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29850 | T | Knee arthroscopy/surgery | 286 | 26.76 | $1,415.31 | $802.53 | $283.06 |
| 29851 | T | Knee arthroscopy/surgery | 286 | 26.76 | $1,415.31 | $802.53 | $283.06 |
| 29855 | T | Tibial arthroscopy/surgery | 286 | 26.76 | $1,415.31 | $802.53 | $283.06 |
| 29856 | T | Tibial arthroscopy/surgery | 286 | 26.76 | $1,415.31 | $802.53 | $283.06 |
| 29860 | T | Hip arthroscopy, dx | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29861 | T | Hip arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29862 | T | Hip arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29863 | T | Hip arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29870 | T | Knee arthroscopy, diagnostic | 280 | 22.20 | $1,174.36 | $581.72 | $234.87 |
| 29871 | T | Knee arthroscopy/drainage | 282 | 23.94 | $1,266.43 | $614.04 | $253.29 |
| 29874 | T | Knee arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29875 | T | Knee arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29876 | T | Knee arthroscopy/surgery | 282 | 23.94 | $1,266.43 | $614.04 | $253.29 |
| 29877 | T | Knee arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29879 | T | Knee arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29880 | T | Knee arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29881 | T | Knee arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29882 | T | Knee arthroscopy/surgery | 282 | 23.94 | $1,266.43 | $614.04 | $253.29 |
| 29883 | T | Knee arthroscopy/surgery | 282 | 23.94 | $1,266.43 | $614.04 | $253.29 |
| 29884 | T | Knee arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29885 | T | Knee arthroscopy/surgery | 282 | 23.94 | $1,266.43 | $614.04 | $253.29 |
| 29886 | T | Knee arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29887 | T | Knee arthroscopy/surgery | 282 | 23.94 | $1,266.43 | $614.04 | $253.29 |
| 29888 | T | Knee arthroscopy/surgery | 286 | 26.76 | $1,415.31 | $802.53 | $283.06 |
| 29889 | T | Knee arthroscopy/surgery | 286 | 26.76 | $1,415.31 | $802.53 | $283.06 |
| 29891 | T | Ankle arthroscopy/surgery | 282 | 23.94 | $1,266.43 | $614.04 | $253.29 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 29892 | T | Ankle arthroscopy/surgery | 286 | 26.76 | $1,415.31 | $802.53 | $283.06 |
| 29893 | T | Scope, plantar fasciotomy | 271 | 14.41 | $762.01 | $368.38 | $152.40 |
| 29894 | T | Ankle arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29895 | T | Ankle arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29897 | T | Ankle arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29898 | T | Ankle arthroscopy/surgery | 281 | 22.65 | $1,197.87 | $590.31 | $239.57 |
| 29909 | T | Arthroscopy of joint | 280 | 22.20 | $1,174.36 | $581.72 | $234.87 |
| 30000 | T | Drainage of nose lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30020 | T | Drainage of nose lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30100 | T | Intranasal biopsy | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30110 | T | Removal of nose polyp(s) | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30115 | T | Removal of nose polyp(s) | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30117 | T | Removal of intranasal lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30118 | T | Removal of intranasal lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30120 | T | Revision of nose | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30124 | T | Removal of nose lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30125 | T | Removal of nose lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30130 | T | Removal of turbinate bones | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30140 | T | Removal of turbinate bones | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30150 | T | Partial removal of nose | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30160 | T | Removal of nose | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30200 | T | Injection treatment of nose | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 30210 | T | Nasal sinus therapy | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30220 | T | Insert nasal septal button | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30300 | T | Remove nasal foreign body | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30310 | T | Remove nasal foreign body | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30320 | T | Remove nasal foreign body | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30400 | T | Reconstruction of nose | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 30410 | T | Reconstruction of nose | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 30420 | T | Reconstruction of nose | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 30430 | T | Revision of nose | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30435 | T | Revision of nose | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 30450 | T | Revision of nose | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 30460 | T | Revision of nose | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 30462 | T | Revision of nose | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 30520 | T | Repair of nasal septum | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30540 | T | Repair nasal defect | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30545 | T | Repair nasal defect | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 30560 | T | Release of nasal adhesions | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 30580 | T | Repair upper jaw fistula | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30600 | T | Repair mouth/nose fistula | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30620 | T | Intranasal reconstruction | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30630 | T | Repair nasal septum defect | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 30801 | T | Cauterization inner nose | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 30802 | T | Cauterization inner nose | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 30901 | T | Control of nosebleed | 318 | 2.07 | $109.70 | $38.65 | $21.94 |
| 30903 | T | Control of nosebleed | 318 | 2.07 | 109.70 | $38.65 | $21.94 |
| 30905 | T | Control of nosebleed | 318 | 2.07 | $109.70 | $38.65 | $21.94 |
| 30906 | T | Repeat control of nosebleed | 318 | 2.07 | $109.70 | $38.65 | $21.94 |
| 30915 | T | Ligation nasal sinus artery | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 30920 | T | Ligation upper jaw artery | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 30930 | T | Therapy fracture of nose | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 30999 | T | Nasal surgery procedure | 318 | 2.07 | $109.70 | $38.65 | $21.94 |
| 31000 | T | Irrigation maxillary sinus | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 31002 | T | Irrigation sphenoid sinus | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 31020 | T | Exploration maxillary sinus | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31030 | T | Exploration maxillary sinus | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31032 | T | Explore sinus, remove polyps | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31040 | T | Exploration behind upper jaw | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31050 | T | Exploration sphenoid sinus | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31051 | T | Sphenoid sinus surgery | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31070 | T | Exploration of frontal sinus | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31075 | T | Exploration of frontal sinus | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31080 | T | Removal of frontal sinus | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31081 | T | Removal of frontal sinus | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31084 | T | Removal of frontal sinus | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31085 | T | Removal of frontal sinus | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31086 | T | Removal of frontal sinus | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31087 | T | Removal of frontal sinus | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31090 | T | Exploration of sinuses | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31200 | T | Removal of ethmoid sinus | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31201 | T | Removal of ethmoid sinus | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31205 | T | Removal of ethmoid sinus | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31225 | C | Removal of upper jaw | | | | | |
| 31230 | C | Removal of upper jaw | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 31231 | T | Nasal endoscopy, dx | 331 | 0.69 | $36.24 | $14.01 | $7.25 |
| 31233 | T | Nasal/sinus endoscopy, dx | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31235 | T | Nasal/sinus endoscopy, dx | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31237 | T | Nasal/sinus endoscopy, surg | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31238 | T | Nasal/sinus endoscopy, surg | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31239 | T | Nasal/sinus endoscopy, surg | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31240 | T | Nasal/sinus endoscopy, surg | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31254 | T | Revision of ethmoid sinus | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31255 | T | Removal of ethmoid sinus | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31256 | T | Exploration maxillary sinus | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31267 | T | Endoscopy, maxillary sinus | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31276 | T | Sinus surgical endoscopy | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31287 | T | Nasal/sinus endoscopy, surg | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31288 | T | Nasal/sinus endoscopy, surg | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31290 | C | Nasal/sinus endoscopy, surg | | | | | |
| 31291 | C | Nasal/sinus endoscopy, surg | | | | | |
| 31292 | C | Nasal/sinus endoscopy, surg | | | | | |
| 31293 | C | Nasal/sinus endoscopy, surg | | | | | |
| 31294 | C | Nasal/sinus endoscopy, surg | | | | | |
| 31299 | T | Sinus surgery procedure | 331 | 0.69 | $36.24 | $14.01 | $7.25 |
| 31300 | T | Removal of larynx lesion | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31320 | T | Diagnostic incision larynx | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31360 | C | Removal of larynx | | | | | |
| 31365 | C | Removal of larynx | | | | | |
| 31367 | C | Partial removal of larynx | | | | | |
| 31368 | C | Partial removal of larynx | | | | | |
| 31370 | C | Partial removal of larynx | | | | | |
| 31375 | C | Partial removal of larynx | | | | | |
| 31380 | C | Partial removal of larynx | | | | | |
| 31382 | C | Partial removal of larynx | | | | | |
| 31390 | C | Removal of larynx & pharynx | | | | | |
| 31395 | C | Reconstruct larynx & pharynx | | | | | |
| 31400 | T | Revision of larynx | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31420 | T | Removal of epiglottis | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31500 | S | Insert emergency airway | 947 | 4.07 | $215.48 | $109.61 | $43.10 |
| 31502 | T | Change of windpipe airway | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 31505 | T | Diagnostic laryngoscopy | 331 | 0.69 | $36.24 | $14.01 | $7.25 |
| 31510 | T | Laryngoscopy with biopsy | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31511 | T | Remove foreign body, larynx | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31512 | T | Removal of larynx lesion | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31513 | T | Injection into vocal cord | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31515 | T | Laryngoscopy for aspiration | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31520 | T | Diagnostic laryngoscopy | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31525 | T | Diagnostic laryngoscopy | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31526 | T | Diagnostic laryngoscopy | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31527 | T | Laryngoscopy for treatment | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31528 | T | Laryngoscopy and dilatation | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31529 | T | Laryngoscopy and dilatation | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31530 | T | Operative laryngoscopy | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31531 | T | Operative laryngoscopy | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31535 | T | Operative laryngoscopy | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31536 | T | Operative laryngoscopy | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31540 | T | Operative laryngoscopy | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31541 | T | Operative laryngoscopy | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31560 | T | Operative laryngoscopy | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31561 | T | Operative laryngoscopy | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31570 | T | Laryngoscopy with injection | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31571 | T | Laryngoscopy with injection | 333 | 17.24 | $911.87 | $464.20 | $182.37 |
| 31575 | T | Diagnostic laryngoscopy | 331 | 0.69 | $36.24 | $14.01 | $7.25 |
| 31576 | T | Laryngoscopy with biopsy | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31577 | T | Remove foreign body, larynx | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31578 | T | Removal of larynx lesion | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31579 | T | Diagnostic laryngoscopy | 331 | 0.69 | $36.24 | $14.01 | $7.25 |
| 31580 | C | Revision of larynx | | | | | |
| 31582 | C | Revision of larynx | | | | | |
| 31584 | C | Repair of larynx fracture | | | | | |
| 31585 | T | Repair of larynx fracture | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 31586 | T | Repair of larynx fracture | 209 | 1.94 | $102.84 | $37.29 | $20.57 |
| 31587 | C | Revision of larynx | | | | | |
| 31588 | T | Revision of larynx | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31590 | T | Reinnervate larynx | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31595 | T | Larynx nerve surgery | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31599 | T | Larynx surgery procedure | 207 | 1.70 | $90.11 | $31.64 | $18.02 |
| 31600 | C | Incision of windpipe | | | | | |
| 31601 | C | Incision of windpipe | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 31603 | T | Incision of windpipe | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 31605 | T | Incision of windpipe | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 31610 | C | Incision of windpipe | | | | | |
| 31611 | T | Surgery/speech prosthesis | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31612 | T | Puncture/clear windpipe | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 31613 | T | Repair windpipe opening | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31614 | T | Repair windpipe opening | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31615 | T | Visualization of windpipe | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31622 | T | Diagnostic bronchoscopy | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31625 | T | Bronchoscopy with biopsy | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31628 | T | Bronchoscopy with biopsy | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31629 | T | Bronchoscopy with biopsy | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31630 | T | Bronchoscopy with repair | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31631 | T | Bronchoscopy with dilation | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31635 | T | Remove foreign body, airway | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31640 | T | Bronchoscopy & remove lesion | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31641 | T | Bronchoscopy, treat blockage | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31645 | T | Bronchoscopy, clear airways | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31646 | T | Bronchoscopy, reclear airways | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31656 | T | Bronchoscopy, inject for xray | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 31700 | T | Insertion of airway catheter | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31708 | T | Instill airway contrast dye | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 31710 | T | Insertion of airway catheter | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 31715 | T | Injection for bronchus x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 31717 | T | Bronchial brush biopsy | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31720 | T | Clearance of airways | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31725 | C | Clearance of airways | | | | | |
| 31730 | T | Intro windpipe wire/tube | 332 | 9.74 | $515.19 | $244.98 | $103.04 |
| 31750 | T | Repair of windpipe | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31755 | T | Repair of windpipe | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 31760 | C | Repair of windpipe | | | | | |
| 31766 | C | Reconstruction of windpipe | | | | | |
| 31770 | C | Repair/graft of bronchus | | | | | |
| 31775 | C | Reconstruct bronchus | | | | | |
| 31780 | C | Reconstruct windpipe | | | | | |
| 31781 | C | Reconstruct windpipe | | | | | |
| 31785 | C | Remove windpipe lesion | | | | | |
| 31786 | C | Remove windpipe lesion | | | | | |
| 31800 | C | Repair of windpipe injury | | | | | |
| 31805 | C | Repair of windpipe injury | | | | | |
| 31820 | T | Closure of windpipe lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31825 | T | Repair of windpipe defect | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31830 | T | Revise windpipe scar | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 31899 | T | Airways surgical procedure | 336 | 7.44 | $393.74 | $197.98 | $78.75 |
| 32000 | T | Drainage of chest | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 32002 | T | Treatment of collapsed lung | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 32005 | C | Treat lung lining chemically | | | | | |
| 32020 | T | Insertion of chest tube | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 32035 | C | Exploration of chest | | | | | |
| 32036 | C | Exploration of chest | | | | | |
| 32095 | C | Biopsy through chest wall | | | | | |
| 32100 | C | Exploration/biopsy of chest | | | | | |
| 32110 | C | Explore/repair chest | | | | | |
| 32120 | C | Re-exploration of chest | | | | | |
| 32124 | C | Explore chest, free adhesions | | | | | |
| 32140 | C | Removal of lung lesion(s) | | | | | |
| 32141 | C | Remove/treat lung lesions | | | | | |
| 32150 | C | Removal of lung lesion(s) | | | | | |
| 32151 | C | Remove lung foreign body | | | | | |
| 32160 | C | Open chest heart massage | | | | | |
| 32200 | C | Open drainage, lung lesion | | | | | |
| 32201 | C | Percut drainage, lung lesion | | | | | |
| 32215 | C | Treat chest lining | | | | | |
| 32220 | C | Release of lung | | | | | |
| 32225 | C | Partial release of lung | | | | | |
| 32310 | C | Removal of chest lining | | | | | |
| 32320 | C | Free/remove chest lining | | | | | |
| 32400 | T | Needle biopsy chest lining | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 32402 | C | Open biopsy chest lining | | | | | |
| 32405 | T | Biopsy, lung or mediastinum | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 32420 | T | Puncture/clear lung | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 32440 | C | Removal of lung | | | | | |
| 32442 | C | Sleeve pneumonectomy | | | | | |
| 32445 | C | Removal of lung | | | | | |
| 32480 | C | Partial removal of lung | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 32482 | C | Bilobectomy | | | | | |
| 32484 | C | Segmentectomy | | | | | |
| 32486 | C | Sleeve lobectomy | | | | | |
| 32488 | C | Completion pneumonectomy | | | | | |
| 32491 | C | Lung volume reduction | | | | | |
| 32500 | C | Partial removal of lung | | | | | |
| 32501 | C | Repair bronchus (add-on) | | | | | |
| 32520 | C | Remove lung & revise chest | | | | | |
| 32522 | C | Remove lung & revise chest | | | | | |
| 32525 | C | Remove lung & revise chest | | | | | |
| 32540 | C | Removal of lung lesion | | | | | |
| 32601 | C | Thoracoscopy, diagnostic | | | | | |
| 32602 | C | Thoracoscopy, diagnostic | | | | | |
| 32603 | C | Thoracoscopy, diagnostic | | | | | |
| 32604 | C | Thoracoscopy, diagnostic | | | | | |
| 32605 | C | Thoracoscopy, diagnostic | | | | | |
| 32606 | C | Thoracoscopy, diagnostic | | | | | |
| 32650 | C | Thoracoscopy, surgical | | | | | |
| 32651 | C | Thoracoscopy, surgical | | | | | |
| 32652 | C | Thoracoscopy, surgical | | | | | |
| 32653 | C | Thoracoscopy, surgical | | | | | |
| 32654 | C | Thoracoscopy, surgical | | | | | |
| 32655 | C | Thoracoscopy, surgical | | | | | |
| 32656 | C | Thoracoscopy, surgical | | | | | |
| 32657 | C | Thoracoscopy, surgical | | | | | |
| 32658 | C | Thoracoscopy, surgical | | | | | |
| 32659 | C | Thoracoscopy, surgical | | | | | |
| 32660 | C | Thoracoscopy, surgical | | | | | |
| 32661 | C | Thoracoscopy, surgical | | | | | |
| 32662 | C | Thoracoscopy, surgical | | | | | |
| 32663 | C | Thoracoscopy, surgical | | | | | |
| 32664 | C | Thoracoscopy, surgical | | | | | |
| 32665 | C | Thoracoscopy, surgical | | | | | |
| 32800 | C | Repair lung hernia | | | | | |
| 32810 | C | Close chest after drainage | | | | | |
| 32815 | C | Close bronchial fistula | | | | | |
| 32820 | C | Reconstruct injured chest | | | | | |
| 32850 | C | Donor pneumonectomy | | | | | |
| 32851 | C | Lung transplant, single | | | | | |
| 32852 | C | Lung transplant w/bypass | | | | | |
| 32853 | C | Lung transplant, double | | | | | |
| 32854 | C | Lung transplant w/bypass | | | | | |
| 32900 | C | Removal of rib(s) | | | | | |
| 32905 | C | Revise & repair chest wall | | | | | |
| 32906 | C | Revise & repair chest wall | | | | | |
| 32940 | C | Revision of lung | | | | | |
| 32960 | T | Therapeutic pneumothorax | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 32999 | T | Chest surgery procedure | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 33010 | T | Drainage of heart sac | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 33011 | T | Repeat drainage of heart sac | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 33015 | C | Incision of heart sac | | | | | |
| 33020 | C | Incision of heart sac | | | | | |
| 33025 | C | Incision of heart sac | | | | | |
| 33030 | C | Partial removal of heart sac | | | | | |
| 33031 | C | Partial removal of heart sac | | | | | |
| 33050 | C | Removal of heart sac lesion | | | | | |
| 33120 | C | Removal of heart lesion | | | | | |
| 33130 | C | Removal of heart lesion | | | | | |
| 33200 | C | Insertion of heart pacemaker | | | | | |
| 33201 | C | Insertion of heart pacemaker | | | | | |
| 33206 | C | Insertion of heart pacemaker | | | | | |
| 33207 | C | Insertion of heart pacemaker | | | | | |
| 33208 | C | Insertion of heart pacemaker | | | | | |
| 33210 | C | Insertion of heart electrode | | | | | |
| 33211 | C | Insertion of heart electrode | | | | | |
| 33212 | C | Insertion of pulse generator | | | | | |
| 33213 | C | Insertion of pulse generator | | | | | |
| 33214 | C | Upgrade of pacemaker system | | | | | |
| 33216 | C | Revision implanted electrode | | | | | |
| 33217 | C | Insert/revise electrode | | | | | |
| 33218 | C | Repair pacemaker electrodes | | | | | |
| 33220 | C | Repair pacemaker electrode | | | | | |
| 33222 | T | Pacemaker AICD pocket | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 33223 | T | Pacemaker AICD pocket | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 33233 | C | Removal of pacemaker system | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 33234 | C | Removal of pacemaker system | | | | | |
| 33235 | C | Removal pacemaker electrode | | | | | |
| 33236 | C | Remove electrode/thoracotomy | | | | | |
| 33237 | C | Remove electrode/thoracotomy | | | | | |
| 33238 | C | Remove electrode/thoracotomy | | | | | |
| 33240 | C | Insert/replace pulse gener | | | | | |
| 33241 | C | Remove pulse generator only | | | | | |
| 33242 | C | Repair pulse generator/leads | | | | | |
| 33243 | C | Remove generator/thoracotomy | | | | | |
| 33244 | C | Remove generator | | | | | |
| 33245 | C | Implant heart defibrillator | | | | | |
| 33246 | C | Implant heart defibrillator | | | | | |
| 33247 | C | Insert/replace leads | | | | | |
| 33249 | C | Insert/replace leads/gener | | | | | |
| 33250 | C | Ablate heart dysrhythm focus | | | | | |
| 33251 | C | Ablate heart dysrhythm focus | | | | | |
| 33253 | C | Reconstruct atria | | | | | |
| 33261 | C | Ablate heart dysrhythm focus | | | | | |
| 33300 | C | Repair of heart wound | | | | | |
| 33305 | C | Repair of heart wound | | | | | |
| 33310 | C | Exploratory heart surgery | | | | | |
| 33315 | C | Exploratory heart surgery | | | | | |
| 33320 | C | Repair major blood vessel(s) | | | | | |
| 33321 | C | Repair major vessel | | | | | |
| 33322 | C | Repair major blood vessel(s) | | | | | |
| 33330 | C | Insert major vessel graft | | | | | |
| 33332 | C | Insert major vessel graft | | | | | |
| 33335 | C | Insert major vessel graft | | | | | |
| 33400 | C | Repair of aortic valve | | | | | |
| 33401 | C | Valvuloplasty, open | | | | | |
| 33403 | C | Valvuloplasty, w/cp bypass | | | | | |
| 33404 | C | Prepare heart-aorta conduit | | | | | |
| 33405 | C | Replacement of aortic valve | | | | | |
| 33406 | C | Replacement, aortic valve | | | | | |
| 33411 | C | Replacement of aortic valve | | | | | |
| 33412 | C | Replacement of aortic valve | | | | | |
| 33413 | C | Replacement, aortic valve | | | | | |
| 33414 | C | Repair, aortic valve | | | | | |
| 33415 | C | Revision, subvalvular tissue | | | | | |
| 33416 | C | Revise ventricle muscle | | | | | |
| 33417 | C | Repair of aortic valve | | | | | |
| 33420 | C | Revision of mitral valve | | | | | |
| 33422 | C | Revision of mitral valve | | | | | |
| 33425 | C | Repair of mitral valve | | | | | |
| 33426 | C | Repair of mitral valve | | | | | |
| 33427 | C | Repair of mitral valve | | | | | |
| 33430 | C | Replacement of mitral valve | | | | | |
| 33460 | C | Revision of tricuspid valve | | | | | |
| 33463 | C | Valvuloplasty, tricuspid | | | | | |
| 33464 | C | Valvuloplasty, tricuspid | | | | | |
| 33465 | C | Replace tricuspid valve | | | | | |
| 33468 | C | Revision of tricuspid valve | | | | | |
| 33470 | C | Revision of pulmonary valve | | | | | |
| 33471 | C | Valvotomy, pulmonary valve | | | | | |
| 33472 | C | Revision of pulmonary valve | | | | | |
| 33474 | C | Revision of pulmonary valve | | | | | |
| 33475 | C | Replacement, pulmonary valve | | | | | |
| 33476 | C | Revision of heart chamber | | | | | |
| 33478 | C | Revision of heart chamber | | | | | |
| 33496 | C | Repair, prosth valve clot | | | | | |
| 33500 | C | Repair heart vessel fistula | | | | | |
| 33501 | C | Repair heart vessel fistula | | | | | |
| 33502 | C | Coronary artery correction | | | | | |
| 33503 | C | Coronary artery graft | | | | | |
| 33504 | C | Coronary artery graft | | | | | |
| 33505 | C | Repair artery w/tunnel | | | | | |
| 33506 | C | Repair artery, translocation | | | | | |
| 33510 | C | CABG, vein, single | | | | | |
| 33511 | C | CABG, vein, two | | | | | |
| 33512 | C | CABG, vein, three | | | | | |
| 33513 | C | CABG, vein, four | | | | | |
| 33514 | C | CABG, vein, five | | | | | |
| 33516 | C | CABG, vein, six+ | | | | | |
| 33517 | C | CABG, artery-vein, single | | | | | |
| 33518 | C | CABG, artery-vein, two | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 33519 | C | CABG, artery-vein, three | | | | | |
| 33521 | C | CABG, artery-vein, four | | | | | |
| 33522 | C | CABG, artery-vein, five | | | | | |
| 33523 | C | CABG, artery-vein, six+ | | | | | |
| 33530 | C | Coronary artery, bypass/reop | | | | | |
| 33533 | C | CABG, arterial, single | | | | | |
| 33534 | C | CABG, arterial, two | | | | | |
| 33535 | C | CABG, arterial, three | | | | | |
| 33536 | C | CABG, arterial, four+ | | | | | |
| 33542 | C | Removal of heart lesion | | | | | |
| 33545 | C | Repair of heart damage | | | | | |
| 33572 | C | Open coronary endarterectomy | | | | | |
| 33600 | C | Closure of valve | | | | | |
| 33602 | C | Closure of valve | | | | | |
| 33606 | C | Anastomosis/artery-aorta | | | | | |
| 33608 | C | Repair anomaly w/conduit | | | | | |
| 33610 | C | Repair by enlargement | | | | | |
| 33611 | C | Repair double ventricle | | | | | |
| 33612 | C | Repair double ventricle | | | | | |
| 33615 | C | Repair (simple fontan) | | | | | |
| 33617 | C | Repair by modified fontan | | | | | |
| 33619 | C | Repair single ventricle | | | | | |
| 33641 | C | Repair heart septum defect | | | | | |
| 33645 | C | Revision of heart veins | | | | | |
| 33647 | C | Repair heart septum defects | | | | | |
| 33660 | C | Repair of heart defects | | | | | |
| 33665 | C | Repair of heart defects | | | | | |
| 33670 | C | Repair of heart chambers | | | | | |
| 33681 | C | Repair heart septum defect | | | | | |
| 33684 | C | Repair heart septum defect | | | | | |
| 33688 | C | Repair heart septum defect | | | | | |
| 33690 | C | Reinforce pulmonary artery | | | | | |
| 33692 | C | Repair of heart defects | | | | | |
| 33694 | C | Repair of heart defects | | | | | |
| 33697 | C | Repair of heart defects | | | | | |
| 33702 | C | Repair of heart defects | | | | | |
| 33710 | C | Repair of heart defects | | | | | |
| 33720 | C | Repair of heart defect | | | | | |
| 33722 | C | Repair of heart defect | | | | | |
| 33730 | C | Repair heart-vein defect(s) | | | | | |
| 33732 | C | Repair heart-vein defect | | | | | |
| 33735 | C | Revision of heart chamber | | | | | |
| 33736 | C | Revision of heart chamber | | | | | |
| 33737 | C | Revision of heart chamber | | | | | |
| 33750 | C | Major vessel shunt | | | | | |
| 33755 | C | Major vessel shunt | | | | | |
| 33762 | C | Major vessel shunt | | | | | |
| 33764 | C | Major vessel shunt & graft | | | | | |
| 33766 | C | Major vessel shunt | | | | | |
| 33767 | C | Atrial septectomy/septostomy | | | | | |
| 33770 | C | Repair great vessels defect | | | | | |
| 33771 | C | Repair great vessels defect | | | | | |
| 33774 | C | Repair great vessels defect | | | | | |
| 33775 | C | Repair great vessels defect | | | | | |
| 33776 | C | Repair great vessels defect | | | | | |
| 33777 | C | Repair great vessels defect | | | | | |
| 33778 | C | Repair great vessels defect | | | | | |
| 33779 | C | Repair great vessels defect | | | | | |
| 33780 | C | Repair great vessels defect | | | | | |
| 33781 | C | Repair great vessels defect | | | | | |
| 33786 | C | Repair arterial trunk | | | | | |
| 33788 | C | Revision of pulmonary artery | | | | | |
| 33800 | C | Aortic suspension | | | | | |
| 33802 | C | Repair vessel defect | | | | | |
| 33803 | C | Repair vessel defect | | | | | |
| 33813 | C | Repair septal defect | | | | | |
| 33814 | C | Repair septal defect | | | | | |
| 33820 | C | Revise major vessel | | | | | |
| 33822 | C | Revise major vessel | | | | | |
| 33824 | C | Revise major vessel | | | | | |
| 33840 | C | Remove aorta constriction | | | | | |
| 33845 | C | Remove aorta constriction | | | | | |
| 33851 | C | Remove aorta constriction | | | | | |
| 33852 | C | Repair septal defect | | | | | |
| 33853 | C | Repair septal defect | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 33860 | C | Ascending aorta graft | | | | | |
| 33861 | C | Ascending aorta graft | | | | | |
| 33863 | C | Ascending aorta graft | | | | | |
| 33870 | C | Transverse aortic arch graft | | | | | |
| 33875 | C | Thoracic aorta graft | | | | | |
| 33877 | C | Thoracoabdominal graft | | | | | |
| 33910 | C | Remove lung artery emboli | | | | | |
| 33915 | C | Remove lung artery emboli | | | | | |
| 33916 | C | Surgery of great vessel | | | | | |
| 33917 | C | Repair pulmonary artery | | | | | |
| 33918 | C | Repair pulmonary atresia | | | | | |
| 33919 | C | Repair pulmonary atresia | | | | | |
| 33920 | C | Repair pulmonary atresia | | | | | |
| 33922 | C | Transect pulmonary artery | | | | | |
| 33924 | C | Remove pulmonary shunt | | | | | |
| 33930 | C | Removal of donor heart/lung | | | | | |
| 33935 | C | Transplantation, heart/lung | | | | | |
| 33940 | C | Removal of donor heart | | | | | |
| 33945 | C | Transplantation of heart | | | | | |
| 33960 | C | External circulation assist | | | | | |
| 33961 | C | External circulation assist | | | | | |
| 33970 | C | Aortic circulation assist | | | | | |
| 33971 | C | Aortic circulation assist | | | | | |
| 33973 | C | Insert balloon device | | | | | |
| 33974 | C | Remove intra-aortic balloon | | | | | |
| 33975 | C | Implant ventricular device | | | | | |
| 33976 | C | Implant ventricular device | | | | | |
| 33977 | C | Remove ventricular device | | | | | |
| 33978 | C | Remove ventricular device | | | | | |
| 33999 | T | Cardiac surgery procedure | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 34001 | C | Removal of artery clot | | | | | |
| 34051 | C | Removal of artery clot | | | | | |
| 34101 | C | Removal of artery clot | | | | | |
| 34111 | C | Removal of arm artery clot | | | | | |
| 34151 | C | Removal of artery clot | | | | | |
| 34201 | C | Removal of artery clot | | | | | |
| 34203 | C | Removal of leg artery clot | | | | | |
| 34401 | C | Removal of vein clot | | | | | |
| 34421 | C | Removal of vein clot | | | | | |
| 34451 | C | Removal of vein clot | | | | | |
| 34471 | C | Removal of vein clot | | | | | |
| 34490 | C | Removal of vein clot | | | | | |
| 34501 | C | Repair valve, femoral vein | | | | | |
| 34502 | C | Reconstruct, vena cava | | | | | |
| 34510 | C | Transposition of vein valve | | | | | |
| 34520 | C | Cross-over vein graft | | | | | |
| 34530 | C | Leg vein fusion | | | | | |
| 35001 | C | Repair defect of artery | | | | | |
| 35002 | C | Repair artery rupture, neck | | | | | |
| 35005 | C | Repair defect of artery | | | | | |
| 35011 | C | Repair defect of artery | | | | | |
| 35013 | C | Repair artery rupture, arm | | | | | |
| 35021 | C | Repair defect of artery | | | | | |
| 35022 | C | Repair artery rupture, chest | | | | | |
| 35045 | C | Repair defect of arm artery | | | | | |
| 35081 | C | Repair defect of artery | | | | | |
| 35082 | C | Repair artery rupture, aorta | | | | | |
| 35091 | C | Repair defect of artery | | | | | |
| 35092 | C | Repair artery rupture, aorta | | | | | |
| 35102 | C | Repair defect of artery | | | | | |
| 35103 | C | Repair artery rupture, groin | | | | | |
| 35111 | C | Repair defect of artery | | | | | |
| 35112 | C | Repair artery rupture, spleen | | | | | |
| 35121 | C | Repair defect of artery | | | | | |
| 35122 | C | Repair artery rupture, belly | | | | | |
| 35131 | C | Repair defect of artery | | | | | |
| 35132 | C | Repair artery rupture, groin | | | | | |
| 35141 | C | Repair defect of artery | | | | | |
| 35142 | C | Repair artery rupture, thigh | | | | | |
| 35151 | C | Repair defect of artery | | | | | |
| 35152 | C | Repair artery rupture, knee | | | | | |
| 35161 | C | Repair defect of artery | | | | | |
| 35162 | C | Repair artery rupture | | | | | |
| 35180 | C | Repair blood vessel lesion | | | | | |
| 35182 | C | Repair blood vessel lesion | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 35184 | C | Repair blood vessel lesion | | | | | |
| 35188 | T | Repair blood vessel lesion | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 35189 | C | Repair blood vessel lesion | | | | | |
| 35190 | C | Repair blood vessel lesion | | | | | |
| 35201 | C | Repair blood vessel lesion | | | | | |
| 35206 | C | Repair blood vessel lesion | | | | | |
| 35207 | T | Repair blood vessel lesion | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 35211 | C | Repair blood vessel lesion | | | | | |
| 35216 | C | Repair blood vessel lesion | | | | | |
| 35221 | C | Repair blood vessel lesion | | | | | |
| 35226 | C | Repair blood vessel lesion | | | | | |
| 35231 | C | Repair blood vessel lesion | | | | | |
| 35236 | C | Repair blood vessel lesion | | | | | |
| 35241 | C | Repair blood vessel lesion | | | | | |
| 35246 | C | Repair blood vessel lesion | | | | | |
| 35251 | C | Repair blood vessel lesion | | | | | |
| 35256 | C | Repair blood vessel lesion | | | | | |
| 35261 | C | Repair blood vessel lesion | | | | | |
| 35266 | C | Repair blood vessel lesion | | | | | |
| 35271 | C | Repair blood vessel lesion | | | | | |
| 35276 | C | Repair blood vessel lesion | | | | | |
| 35281 | C | Repair blood vessel lesion | | | | | |
| 35286 | C | Repair blood vessel lesion | | | | | |
| 35301 | C | Rechanneling of artery | | | | | |
| 35311 | C | Rechanneling of artery | | | | | |
| 35321 | C | Rechanneling of artery | | | | | |
| 35331 | C | Rechanneling of artery | | | | | |
| 35341 | C | Rechanneling of artery | | | | | |
| 35351 | C | Rechanneling of artery | | | | | |
| 35355 | C | Rechanneling of artery | | | | | |
| 35361 | C | Rechanneling of artery | | | | | |
| 35363 | C | Rechanneling of artery | | | | | |
| 35371 | C | Rechanneling of artery | | | | | |
| 35372 | C | Rechanneling of artery | | | | | |
| 35381 | C | Rechanneling of artery | | | | | |
| 35390 | C | Reoperation, carotid | | | | | |
| 35400 | C | Angioscopy | | | | | |
| 35450 | C | Repair arterial blockage | | | | | |
| 35452 | C | Repair arterial blockage | | | | | |
| 35454 | C | Repair arterial blockage | | | | | |
| 35456 | C | Repair arterial blockage | | | | | |
| 35458 | C | Repair arterial blockage | | | | | |
| 35459 | C | Repair arterial blockage | | | | | |
| 35460 | C | Repair venous blockage | | | | | |
| 35470 | C | Repair arterial blockage | | | | | |
| 35471 | C | Repair arterial blockage | | | | | |
| 35472 | C | Repair arterial blockage | | | | | |
| 35473 | C | Repair arterial blockage | | | | | |
| 35474 | C | Repair arterial blockage | | | | | |
| 35475 | C | Repair arterial blockage | | | | | |
| 35476 | C | Repair venous blockage | | | | | |
| 35480 | C | Atherectomy, open | | | | | |
| 35481 | C | Atherectomy, open | | | | | |
| 35482 | C | Atherectomy, open | | | | | |
| 35483 | C | Atherectomy, open | | | | | |
| 35484 | C | Atherectomy, open | | | | | |
| 35485 | C | Atherectomy, open | | | | | |
| 35490 | C | Atherectomy, percutaneous | | | | | |
| 35491 | C | Atherectomy, percutaneous | | | | | |
| 35492 | C | Atherectomy, percutaneous | | | | | |
| 35493 | C | Atherectomy, percutaneous | | | | | |
| 35494 | C | Atherectomy, percutaneous | | | | | |
| 35495 | C | Atherectomy, percutaneous | | | | | |
| 35501 | C | Artery bypass graft | | | | | |
| 35506 | C | Artery bypass graft | | | | | |
| 35507 | C | Artery bypass graft | | | | | |
| 35508 | C | Artery bypass graft | | | | | |
| 35509 | C | Artery bypass graft | | | | | |
| 35511 | C | Artery bypass graft | | | | | |
| 35515 | C | Artery bypass graft | | | | | |
| 35516 | C | Artery bypass graft | | | | | |
| 35518 | C | Artery bypass graft | | | | | |
| 35521 | C | Artery bypass graft | | | | | |
| 35526 | C | Artery bypass graft | | | | | |
| 35531 | C | Artery bypass graft | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 35533 | C | Artery bypass graft | | | | | |
| 35536 | C | Artery bypass graft | | | | | |
| 35541 | C | Artery bypass graft | | | | | |
| 35546 | C | Artery bypass graft | | | | | |
| 35548 | C | Artery bypass graft | | | | | |
| 35549 | C | Artery bypass graft | | | | | |
| 35551 | C | Artery bypass graft | | | | | |
| 35556 | C | Artery bypass graft | | | | | |
| 35558 | C | Artery bypass graft | | | | | |
| 35560 | C | Artery bypass graft | | | | | |
| 35563 | C | Artery bypass graft | | | | | |
| 35565 | C | Artery bypass graft | | | | | |
| 35566 | C | Artery bypass graft | | | | | |
| 35571 | C | Artery bypass graft | | | | | |
| 35582 | C | Vein bypass graft | | | | | |
| 35583 | C | Vein bypass graft | | | | | |
| 35585 | C | Vein bypass graft | | | | | |
| 35587 | C | Vein bypass graft | | | | | |
| 35601 | C | Artery bypass graft | | | | | |
| 35606 | C | Artery bypass graft | | | | | |
| 35612 | C | Artery bypass graft | | | | | |
| 35616 | C | Artery bypass graft | | | | | |
| 35621 | C | Artery bypass graft | | | | | |
| 35623 | C | Bypass graft, not vein | | | | | |
| 35626 | C | Artery bypass graft | | | | | |
| 35631 | C | Artery bypass graft | | | | | |
| 35636 | C | Artery bypass graft | | | | | |
| 35641 | C | Artery bypass graft | | | | | |
| 35642 | C | Artery bypass graft | | | | | |
| 35645 | C | Artery bypass graft | | | | | |
| 35646 | C | Artery bypass graft | | | | | |
| 35650 | C | Artery bypass graft | | | | | |
| 35651 | C | Artery bypass graft | | | | | |
| 35654 | C | Artery bypass graft | | | | | |
| 35656 | C | Artery bypass graft | | | | | |
| 35661 | C | Artery bypass graft | | | | | |
| 35663 | C | Artery bypass graft | | | | | |
| 35665 | C | Artery bypass graft | | | | | |
| 35666 | C | Artery bypass graft | | | | | |
| 35671 | C | Artery bypass graft | | | | | |
| 35681 | C | Artery bypass graft | | | | | |
| 35691 | C | Arterial transposition | | | | | |
| 35693 | C | Arterial transposition | | | | | |
| 35694 | C | Arterial transposition | | | | | |
| 35695 | C | Arterial transposition | | | | | |
| 35700 | C | Reoperation, bypass graft | | | | | |
| 35701 | C | Exploration, carotid artery | | | | | |
| 35721 | C | Exploration, femoral artery | | | | | |
| 35741 | C | Exploration popliteal artery | | | | | |
| 35761 | C | Exploration of artery/vein | | | | | |
| 35800 | C | Explore neck vessels | | | | | |
| 35820 | C | Explore chest vessels | | | | | |
| 35840 | C | Explore abdominal vessels | | | | | |
| 35860 | C | Explore limb vessels | | | | | |
| 35870 | C | Repair vessel graft defect | | | | | |
| 35875 | T | Removal of clot in graft | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 35876 | T | Removal of clot in graft | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 35901 | C | Excision, graft, neck | | | | | |
| 35903 | C | Excision, graft, extremity | | | | | |
| 35905 | C | Excision, graft, thorax | | | | | |
| 35907 | C | Excision, graft, abdomen | | | | | |
| 36000 | N | Place needle in vein | | | | | |
| 36005 | T | Injection, venography | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 36010 | T | Place catheter in vein | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36011 | T | Place catheter in vein | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36012 | T | Place catheter in vein | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36013 | T | Place catheter in artery | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36014 | T | Place catheter in artery | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36015 | T | Place catheter in artery | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36100 | T | Establish access to artery | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36120 | T | Establish access to artery | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36140 | T | Establish access to artery | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36145 | N | Artery to vein shunt | | | | | |
| 36160 | T | Establish access to aorta | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36200 | T | Place catheter in aorta | 342 | 3.20 | $169.45 | $80.23 | $33.89 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 36215 | T | Place catheter in artery | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 36216 | T | Place catheter in artery | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 36217 | T | Place catheter in artery | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 36218 | T | Place catheter in artery | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 36245 | T | Place catheter in artery | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 36246 | T | Place catheter in artery | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 36247 | T | Place catheter in artery | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 36248 | T | Place catheter in artery | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 36260 | T | Insertion of infusion pump | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36261 | T | Revision of infusion pump | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 36262 | T | Removal of infusion pump | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 36299 | T | Vessel injection procedure | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 36400 | N | Drawing blood | | | | | |
| 36405 | N | Drawing blood | | | | | |
| 36406 | N | Drawing blood | | | | | |
| 36410 | T | Drawing blood | 341 | 0.13 | $6.86 | $2.94 | $1.37 |
| 36415 | E | Drawing blood | | | | | |
| 36420 | T | Establish access to vein | 341 | 0.13 | $6.86 | $2.94 | $1.37 |
| 36425 | T | Establish access to vein | 341 | 0.13 | $6.86 | $2.94 | $1.37 |
| 36430 | T | Blood transfusion service | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| 36440 | T | Blood transfusion service | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| 36450 | T | Exchange transfusion service | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| 36455 | T | Exchange transfusion service | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| 36460 | T | Transfusion service, fetal | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| 36468 | T | Injection(s); spider veins | 339 | 1.02 | $53.87 | $19.66 | $10.77 |
| 36469 | T | Injection(s); spider veins | 339 | 1.02 | $53.87 | $19.66 | $10.77 |
| 36470 | T | Injection therapy of vein | 339 | 1.02 | $53.87 | $19.66 | $10.77 |
| 36471 | T | Injection therapy of veins | 339 | 1.02 | $53.87 | $19.66 | $10.77 |
| 36481 | T | Insertion of catheter, vein | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 36488 | S | Insertion of catheter, vein | 346 | 4.83 | $255.64 | $120.23 | $51.13 |
| 36489 | S | Insertion of catheter, vein | 346 | 4.83 | $255.64 | $120.23 | $51.13 |
| 36490 | S | Insertion of catheter, vein | 346 | 4.83 | $255.64 | $120.23 | $51.13 |
| 36491 | S | Insertion of catheter, vein | 346 | 4.83 | $255.64 | $120.23 | $51.13 |
| 36493 | S | Repositioning of cvc | 346 | 4.83 | $255.64 | $120.23 | $51.13 |
| 36500 | T | Insertion of catheter, vein | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36510 | C | Insertion of catheter, vein | | | | | |
| 36520 | T | Plasma and/or cell exchange | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| 36522 | T | Photopheresis | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| 36530 | T | Insertion of infusion pump | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36531 | T | Revision of infusion pump | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 36532 | T | Removal of infusion pump | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 36533 | T | Insertion of access port | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36534 | T | Revision of access port | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 36535 | T | Removal of access port | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 36600 | N | Withdrawal of arterial blood | | | | | |
| 36620 | T | Insertion catheter, artery | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36625 | T | Insertion catheter, artery | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 36640 | S | Insertion catheter, artery | 346 | 4.83 | $255.64 | $120.23 | $51.13 |
| 36660 | C | Insertion catheter, artery | | | | | |
| 36680 | X | Insert needle, bone cavity | 906 | 1.46 | $77.38 | $42.49 | $15.48 |
| 36800 | T | Insertion of cannula | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36810 | T | Insertion of cannula | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36815 | T | Insertion of cannula | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36821 | T | Artery-vein fusion | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36822 | C | Insertion of cannula(s) | | | | | |
| 36825 | T | Artery-vein graft | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36830 | T | Artery-vein graft | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36832 | T | Revise artery-vein fistula | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36834 | C | Repair A–V aneurysm | | | | | |
| 36835 | T | Artery to vein shunt | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36860 | T | Cannula declotting | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 36861 | T | Cannula declotting | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 37140 | C | Revision of circulation | | | | | |
| 37145 | C | Revision of circulation | | | | | |
| 37160 | C | Revision of circulation | | | | | |
| 37180 | C | Revision of circulation | | | | | |
| 37181 | C | Splice spleen/kidney veins | | | | | |
| 37195 | C | Thrombolytic therapy, stroke | | | | | |
| 37200 | C | Transcatheter biopsy | | | | | |
| 37201 | C | Transcatheter therapy infuse | | | | | |
| 37202 | C | Transcatheter therapy infuse | | | | | |
| 37203 | T | Transcatheter retrieval | 360 | 6.09 | $322.24 | $140.12 | $64.45 |
| 37204 | C | Transcatheter occlusion | | | | | |
| 37205 | C | Transcatheter stent | | | | | |
| 37206 | C | Transcatheter stent | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1] / HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 37207 | C | Transcatheter stent | | | | | |
| 37208 | C | Transcatheter stent | | | | | |
| 37209 | C | Exchange arterial catheter | | | | | |
| 37250 | C | Intravascular us | | | | | |
| 37251 | C | Intravascular us | | | | | |
| 37565 | C | Ligation of neck vein | | | | | |
| 37600 | C | Ligation of neck artery | | | | | |
| 37605 | C | Ligation of neck artery | | | | | |
| 37606 | C | Ligation of neck artery | | | | | |
| 37607 | T | Ligation of fistula | 368 | 22.83 | $1,207.67 | $648.85 | $241.53 |
| 37609 | T | Temporal artery procedure | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 37615 | C | Ligation of neck artery | | | | | |
| 37616 | C | Ligation of chest artery | | | | | |
| 37617 | C | Ligation of abdomen artery | | | | | |
| 37618 | T | Ligation of extremity artery | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 37620 | C | Revision of major vein | | | | | |
| 37650 | T | Revision of major vein | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 37660 | C | Revision of major vein | | | | | |
| 37700 | T | Revise leg vein | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 37720 | T | Removal of leg vein | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 37730 | T | Removal of leg veins | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 37735 | T | Removal of leg veins/lesion | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 37760 | T | Revision of leg veins | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 37780 | T | Revision of leg vein | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 37785 | T | Revise secondary varicosity | 367 | 17.59 | $930.48 | $449.06 | $186.10 |
| 37788 | C | Revascularization, penis | | | | | |
| 37790 | T | Penile venous occlusion | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 37799 | T | Vascular surgery procedure | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 38100 | C | Removal of spleen, total | | | | | |
| 38101 | C | Removal of spleen, partial | | | | | |
| 38102 | C | Removal of spleen, total | | | | | |
| 38115 | C | Repair of ruptured spleen | | | | | |
| 38200 | T | Injection for spleen x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 38230 | T | Bone marrow collection | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| 38231 | T | Stem cell collection | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| 38240 | C | Bone marrow/stem transplant | | | | | |
| 38241 | C | Bone marrow/stem transplant | | | | | |
| 38300 | T | Drainage lymph node lesion | 132 | 6.04 | $319.3 | $134.24 | $63.86 |
| 38305 | T | Drainage lymph node lesion | 132 | 6.04 | $319.3 | $134.24 | $63.86 |
| 38308 | T | Incision of lymph channels | 396 | 13.28 | $702.27 | $338.77 | $140.45 |
| 38380 | C | Thoracic duct procedure | | | | | |
| 38381 | C | Thoracic duct procedure | | | | | |
| 38382 | C | Thoracic duct procedure | | | | | |
| 38500 | T | Biopsy/removal, lymph node(s) | 396 | 13.28 | $702.27 | $338.77 | $140.45 |
| 38505 | T | Needle biopsy, lymph node(s) | 122 | 4.87 | $257.6 | $115.03 | $51.52 |
| 38510 | T | Biopsy/removal, lymph node(s) | 396 | 13.28 | $702.27 | $338.77 | $140.45 |
| 38520 | T | Biopsy/removal, lymph node(s) | 396 | 13.28 | $702.27 | $338.77 | $140.45 |
| 38525 | T | Biopsy/removal, lymph node(s) | 396 | 13.28 | $702.27 | $338.77 | $140.45 |
| 38530 | T | Biopsy/removal, lymph node(s) | 396 | 13.28 | $702.27 | $338.77 | $140.45 |
| 38542 | T | Explore deep node(s), neck | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 38550 | T | Removal neck/armpit lesion | 396 | 13.28 | $702.27 | $338.77 | $140.45 |
| 38555 | T | Removal neck/armpit lesion | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 38562 | C | Removal, pelvic lymph nodes | | | | | |
| 38564 | C | Removal, abdomen lymph nodes | | | | | |
| 38700 | C | Removal of lymph nodes, neck | | | | | |
| 38720 | C | Removal of lymph nodes, neck | | | | | |
| 38724 | C | Removal of lymph nodes, neck | | | | | |
| 38740 | T | Remove armpit lymph nodes | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 38745 | T | Remove armpits lymph nodes | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 38746 | C | Remove thoracic lymph nodes | | | | | |
| 38747 | C | Remove abdominal lymph nodes | | | | | |
| 38760 | T | Remove groin lymph nodes | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 38765 | C | Remove groin lymph nodes | | | | | |
| 38770 | C | Remove pelvis lymph nodes | | | | | |
| 38780 | C | Remove abdomen lymph nodes | | | | | |
| 38790 | T | Injection for lymphatic xray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 38794 | T | Access thoracic lymph duct | 342 | 3.20 | $169.45 | $80.23 | $33.89 |
| 38999 | T | Blood/lymph system procedure | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 39000 | C | Exploration of chest | | | | | |
| 39010 | C | Exploration of chest | | | | | |
| 39200 | C | Removal chest lesion | | | | | |
| 39220 | C | Removal chest lesion | | | | | |
| 39400 | C | Visualization of chest | | | | | |
| 39499 | C | Chest procedure | | | | | |
| 39501 | C | Repair diaphragm laceration | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 39502 | C | Repair paraesophageal hernia | | | | | |
| 39503 | C | Repair of diaphragm hernia | | | | | |
| 39520 | C | Repair of diaphragm hernia | | | | | |
| 39530 | C | Repair of diaphragm hernia | | | | | |
| 39531 | C | Repair of diaphragm hernia | | | | | |
| 39540 | C | Repair of diaphragm hernia | | | | | |
| 39541 | C | Repair of diaphragm hernia | | | | | |
| 39545 | C | Revision of diaphragm | | | | | |
| 39599 | C | Diaphragm surgery procedure | | | | | |
| 40490 | T | Biopsy of lip | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40500 | T | Partial excision of lip | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40510 | T | Partial excision of lip | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40520 | T | Partial excision of lip | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40525 | T | Reconstruct lip with flap | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40527 | T | Reconstruct lip with flap | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40530 | T | Partial removal of lip | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40650 | T | Repair lip | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40652 | T | Repair lip | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40654 | T | Repair lip | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40700 | T | Repair cleft lip/nasal | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 40701 | T | Repair cleft lip/nasal | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 40702 | T | Repair cleft lip/nasal | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 40720 | T | Repair cleft lip/nasal | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 40761 | T | Repair cleft lip/nasal | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 40799 | T | Lip surgery procedure | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40800 | T | Drainage of mouth lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40801 | T | Drainage of mouth lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40804 | T | Removal foreign body, mouth | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40805 | T | Removal foreign body, mouth | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40806 | T | Incision of lip fold | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40808 | T | Biopsy of mouth lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40810 | T | Excision of mouth lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40812 | T | Excise/repair mouth lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40814 | T | Excise/repair mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40816 | T | Excision of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40818 | T | Excise oral mucosa for graft | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40819 | T | Excise lip or cheek fold | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40820 | T | Treatment of mouth lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 40830 | T | Repair mouth laceration | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 40831 | T | Repair mouth laceration | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 40840 | T | Reconstruction of mouth | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40842 | T | Reconstruction of mouth | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 40843 | T | Reconstruction of mouth | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 40844 | T | Reconstruction of mouth | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 40845 | T | Reconstruction of mouth | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 40899 | T | Mouth surgery procedure | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41000 | T | Drainage of mouth lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41005 | T | Drainage of mouth lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41006 | T | Drainage of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41007 | T | Drainage of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41008 | T | Drainage of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41009 | T | Drainage of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41010 | T | Incision of tongue fold | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41015 | T | Drainage of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41016 | T | Drainage of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41017 | T | Drainage of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41018 | T | Drainage of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41100 | T | Biopsy of tongue | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41105 | T | Biopsy of tongue | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41108 | T | Biopsy of floor of mouth | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41110 | T | Excision of tongue lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41112 | T | Excision of tongue lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41113 | T | Excision of tongue lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41114 | T | Excision of tongue lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41115 | T | Excision of tongue fold | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41116 | T | Excision of mouth lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41120 | T | Partial removal of tongue | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41130 | C | Partial removal of tongue | | | | | |
| 41135 | C | Tongue and neck surgery | | | | | |
| 41140 | C | Removal of tongue | | | | | |
| 41145 | C | Tongue removal; neck surgery | | | | | |
| 41150 | C | Tongue, mouth, jaw surgery | | | | | |
| 41153 | C | Tongue, mouth, neck surgery | | | | | |
| 41155 | C | Tongue, jaw, & neck surgery | | | | | |
| 41250 | T | Repair tongue laceration | 312 | 7.26 | $383.95 | $178.31 | $76.79 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 41251 | T | Repair tongue laceration | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 41252 | T | Repair tongue laceration | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 41500 | T | Fixation of tongue | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 41510 | T | Tongue to lip surgery | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 41520 | T | Reconstruction, tongue fold | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41599 | T | Tongue and mouth surgery | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41800 | T | Drainage of gum lesion | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 41805 | T | Removal foreign body, gum | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41806 | T | Removal foreign body, jawbone | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41820 | T | Excision, gum, each quadrant | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41821 | T | Excision of gum flap | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41822 | T | Excision of gum lesion | 231 | 12.02 | $635.66 | $299.9 | $127.13 |
| 41823 | T | Excision of gum lesion | 231 | 12.02 | $635.66 | $299.9 | $127.13 |
| 41825 | T | Excision of gum lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41826 | T | Excision of gum lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41827 | T | Excision of gum lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 41828 | T | Excision of gum lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41830 | T | Removal of gum tissue | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41850 | T | Treatment of gum lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41870 | T | Gum graft | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41872 | T | Repair gum | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41874 | T | Repair tooth socket | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 41899 | T | Dental surgery procedure | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42000 | T | Drainage mouth roof lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42100 | T | Biopsy roof of mouth | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42104 | T | Excision lesion, mouth roof | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42106 | T | Excision lesion, mouth roof | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42107 | T | Excision lesion, mouth roof | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42120 | T | Remove palate/lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42140 | T | Excision of uvula | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42145 | C | Repair, palate,pharynx/uvula | | | | | |
| 42160 | T | Treatment mouth roof lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42180 | T | Repair palate | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42182 | T | Repair palate | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42200 | T | Reconstruct cleft palate | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42205 | T | Reconstruct cleft palate | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42210 | T | Reconstruct cleft palate | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42215 | T | Reconstruct cleft palate | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42220 | T | Reconstruct cleft palate | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42225 | T | Reconstruct cleft palate | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42226 | T | Lengthening of palate | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42227 | T | Lengthening of palate | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42235 | T | Repair palate | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42260 | T | Repair nose to lip fistula | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42280 | T | Preparation, palate mold | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42281 | T | Insertion, palate prosthesis | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42299 | T | Palate/uvula surgery | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42300 | T | Drainage of salivary gland | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42305 | T | Drainage of salivary gland | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42310 | T | Drainage of salivary gland | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42320 | T | Drainage of salivary gland | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42325 | T | Create salivary cyst drain | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42326 | T | Create salivary cyst drain | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42330 | T | Removal of salivary stone | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42335 | T | Removal of salivary stone | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42340 | T | Removal of salivary stone | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42400 | T | Biopsy of salivary gland | 122 | 4.87 | $257.6 | $115.03 | $51.52 |
| 42405 | T | Biopsy of salivary gland | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42408 | T | Excision of salivary cyst | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42409 | T | Drainage of salivary cyst | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42410 | T | Excise parotid gland/lesion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42415 | T | Excise parotid gland/lesion | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42420 | T | Excise parotid gland/lesion | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42425 | T | Excise parotid gland/lesion | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42426 | C | Excise parotid gland/lesion | | | | | |
| 42440 | T | Excision submaxillary gland | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42450 | T | Excision sublingual gland | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42500 | T | Repair salivary duct | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42505 | T | Repair salivary duct | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42507 | T | Parotid duct diversion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42508 | T | Parotid duct diversion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42509 | T | Parotid duct diversion | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42510 | T | Parotid duct diversion | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42550 | T | Injection for salivary x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 42600 | T | Closure of salivary fistula | 313 | 15.81 | $836.45 | $411.09 | $167.29 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 42650 | T | Dilation of salivary duct | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42660 | T | Dilation of salivary duct | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42665 | T | Ligation of salivary duct | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42699 | T | Salivary surgery procedure | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 42700 | T | Drainage of tonsil abscess | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42720 | T | Drainage of throat abscess | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42725 | T | Drainage of throat abscess | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42800 | T | Biopsy of throat | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42802 | T | Biopsy of throat | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42804 | T | Biopsy of upper nose/throat | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42806 | T | Biopsy of upper nose/throat | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42808 | T | Excise pharynx lesion | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 42809 | T | Remove pharynx foreign body | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 42810 | T | Excision of neck cyst | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42815 | T | Excision of neck cyst | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42820 | T | Remove tonsils and adenoids | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42821 | T | Remove tonsils and adenoids | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42825 | T | Removal of tonsils | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42826 | T | Removal of tonsils | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42830 | T | Removal of adenoids | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42831 | T | Removal of adenoids | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42835 | T | Removal of adenoids | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42836 | T | Removal of adenoids | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42842 | T | Extensive surgery of throat | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42844 | T | Extensive surgery of throat | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42845 | C | Extensive surgery of throat | | | | | |
| 42860 | T | Excision of tonsil tags | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42870 | T | Excision of lingual tonsil | 319 | 17.30 | $914.81 | $480.02 | $182.96 |
| 42890 | T | Partial removal of pharynx | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42892 | T | Revision of pharyngeal walls | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 42894 | C | Revision of pharyngeal walls | | | | | |
| 42900 | T | Repair throat wound | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42950 | T | Reconstruction of throat | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42953 | C | Repair throat, esophagus | | | | | |
| 42955 | T | Surgical opening of throat | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42960 | T | Control throat bleeding | 318 | 2.07 | $109.7 | $38.65 | $21.94 |
| 42961 | C | Control throat bleeding | | | | | |
| 42962 | T | Control throat bleeding | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42970 | T | Control nose/throat bleeding | 318 | 2.07 | $109.7 | $38.65 | $21.94 |
| 42971 | C | Control nose/throat bleeding | | | | | |
| 42972 | T | Control nose/throat bleeding | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 42999 | T | Throat surgery procedure | 318 | 2.07 | $109.7 | $38.65 | $21.94 |
| 43020 | T | Incision of esophagus | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 43030 | T | Throat muscle surgery | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 43045 | C | Incision of esophagus | | | | | |
| 43100 | C | Excision of esophagus lesion | | | | | |
| 43101 | C | Excision of esophagus lesion | | | | | |
| 43107 | C | Removal of esophagus | | | | | |
| 43108 | C | Removal of esophagus | | | | | |
| 43112 | C | Removal of esophagus | | | | | |
| 43113 | C | Removal of esophagus | | | | | |
| 43116 | C | Partial removal of esophagus | | | | | |
| 43117 | C | Partial removal of esophagus | | | | | |
| 43118 | C | Partial removal of esophagus | | | | | |
| 43121 | C | Partial removal of esophagus | | | | | |
| 43122 | C | Parital removal of esophagus | | | | | |
| 43123 | C | Partial removal of esophagus | | | | | |
| 43124 | C | Removal of esophagus | | | | | |
| 43130 | C | Removal of esophagus pouch | | | | | |
| 43135 | C | Removal of esophagus pouch | | | | | |
| 43200 | T | Esophagus endoscopy | 417 | 6.44 | $340.85 | $181.70 | $68.17 |
| 43202 | T | Esophagus endoscopy, biopsy | 417 | 6.44 | $340.85 | $181.70 | $68.17 |
| 43204 | T | Esophagus endoscopy & inject | 407 | 7.06 | $373.17 | $189.84 | $74.63 |
| 43205 | T | Esophagus endoscopy/ligation | 407 | 7.06 | $373.17 | $189.84 | $74.63 |
| 43215 | T | Esophagus endoscopy | 407 | 7.06 | $373.17 | $189.84 | $74.63 |
| 43216 | T | Esophagus endoscopy/lesion | 407 | 7.06 | $373.17 | $189.84 | $74.63 |
| 43217 | T | Esophagus endoscopy | 407 | 7.06 | $373.17 | $189.84 | $74.63 |
| 43219 | T | Esophagus endoscopy | 449 | 7.80 | $412.35 | $215.38 | $82.47 |
| 43220 | T | Esophagus endoscopy,dilation | 407 | 7.06 | $373.17 | $189.84 | $74.63 |
| 43226 | T | Esophagus endoscopy,dilation | 407 | 7.06 | $373.17 | $189.84 | $74.63 |
| 43227 | T | Esophagus endoscopy, repair | 407 | 7.06 | $373.17 | $189.84 | $74.63 |
| 43228 | T | Esophagus endoscopy,ablation | 449 | 7.80 | $412.35 | $215.38 | $82.47 |
| 43234 | T | Upper GI endoscopy, exam | 417 | 6.44 | $340.85 | $181.70 | $68.17 |
| 43235 | T | Upper gi endoscopy,diagnosis | 417 | 6.44 | $340.85 | $181.70 | $68.17 |
| 43239 | T | Upper GI endoscopy, biopsy | 417 | 6.44 | $340.85 | $181.70 | $68.17 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 43241 | T | Upper GI endoscopy with tube | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43243 | T | Upper GI endoscopy & inject. | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43244 | T | Upper GI endoscopy/ligation | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43245 | T | Operative upper GI endoscopy | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43246 | T | Place gastrostomy tube | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43247 | T | Operative upper GI endoscopy | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43248 | T | Upper GI endoscopy/guidewire | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43249 | T | Esophagus endoscopy,dilation | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43250 | T | Upper GI endoscopy/tumor | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43251 | T | Operative upper GI endoscopy | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43255 | T | Operative upper GI endoscopy | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43258 | T | Operative upper GI endoscopy | 449 | 7.80 | $412.35 | $215.38 | $82.47 |
| 43259 | T | Endoscopic ultrasound exam | 449 | 7.80 | $412.35 | $215.38 | $82.47 |
| 43260 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43261 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43262 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43263 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43264 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43265 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43267 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43268 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43269 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43271 | T | Endoscopy,bile duct/pancreas | 456 | 9.78 | $517.15 | $257.19 | $103.43 |
| 43272 | T | Endoscopy,bile duct/pancreas | 449 | 7.80 | $412.35 | $215.38 | $82.47 |
| 43300 | C | Repair of esophagus | | | | | |
| 43305 | C | Repair esophagus and fistula | | | | | |
| 43310 | C | Repair of esophagus | | | | | |
| 43312 | C | Repair esophagus and fistula | | | | | |
| 43320 | C | Fuse esophagus & stomach | | | | | |
| 43324 | C | Revise esophagus & stomach | | | | | |
| 43325 | C | Revise esophagus & stomach | | | | | |
| 43326 | C | Revise esophagus & stomach | | | | | |
| 43330 | C | Repair of esophagus | | | | | |
| 43331 | C | Repair of esophagus | | | | | |
| 43340 | C | Fuse esophagus & intestine | | | | | |
| 43341 | C | Fuse esophagus & intestine | | | | | |
| 43350 | C | Surgical opening, esophagus | | | | | |
| 43351 | C | Surgical opening, esophagus | | | | | |
| 43352 | C | Surgical opening, esophagus | | | | | |
| 43360 | C | Gastrointestinal repair | | | | | |
| 43361 | C | Gastrointestinal repair | | | | | |
| 43400 | C | Ligate esophagus veins | | | | | |
| 43401 | C | Esophagus surgery for veins | | | | | |
| 43405 | C | Ligate/staple esophagus | | | | | |
| 43410 | C | Repair esophagus wound | | | | | |
| 43415 | C | Repair esophagus wound | | | | | |
| 43420 | C | Repair esophagus opening | | | | | |
| 43425 | C | Repair esophagus opening | | | | | |
| 43450 | T | Dilate esophagus | 406 | 4.31 | $228.21 | $108.48 | $45.64 |
| 43453 | T | Dilate esophagus | 406 | 4.31 | $228.21 | $108.48 | $45.64 |
| 43456 | T | Dilate esophagus | 406 | 4.31 | $228.21 | $108.48 | $45.64 |
| 43458 | T | Dilation of esophagus | 406 | 4.31 | $228.21 | $108.48 | $45.64 |
| 43460 | C | Pressure treatment esophagus | | | | | |
| 43496 | C | Free jejunum flap, microvasc | | | | | |
| 43499 | T | Esophagus surgery procedure | 406 | 4.31 | $228.21 | $108.48 | $45.64 |
| 43500 | C | Surgical opening of stomach | | | | | |
| 43501 | C | Surgical repair of stomach | | | | | |
| 43502 | C | Surgical repair of stomach | | | | | |
| 43510 | C | Surgical opening of stomach | | | | | |
| 43520 | C | Incision of pyloric muscle | | | | | |
| 43600 | T | Biopsy of stomach | 417 | 6.44 | $340.85 | $181.70 | $68.17 |
| 43605 | C | Biopsy of stomach | | | | | |
| 43610 | C | Excision of stomach lesion | | | | | |
| 43611 | C | Excision of stomach lesion | | | | | |
| 43620 | C | Removal of stomach | | | | | |
| 43621 | C | Removal of stomach | | | | | |
| 43622 | C | Removal of stomach | | | | | |
| 43631 | C | Removal of stomach, partial | | | | | |
| 43632 | C | Removal stomach, partial | | | | | |
| 43633 | C | Removal stomach, partial | | | | | |
| 43634 | C | Removal stomach, partial | | | | | |
| 43635 | C | Partial removal of stomach | | | | | |
| 43638 | C | Partial removal of stomach | | | | | |
| 43639 | C | Removal stomach, partial | | | | | |
| 43640 | C | Vagotomy & pylorus repair | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 43641 | C | Vagotomy & pylorus repair | | | | | |
| 43750 | T | Place gastrostomy tube | 418 | 7.59 | $401.58 | $214.25 | $80.32 |
| 43760 | T | Change gastrostomy tube | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 43761 | T | Reposition gastrostomy tube | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 43800 | C | Reconstruction of pylorus | | | | | |
| 43810 | C | Fusion of stomach and bowel | | | | | |
| 43820 | C | Fusion of stomach and bowel | | | | | |
| 43825 | C | Fusion of stomach and bowel | | | | | |
| 43830 | C | Place gastrostomy tube | | | | | |
| 43831 | C | Place gastrostomy tube | | | | | |
| 43832 | C | Place gastrostomy tube | | | | | |
| 43840 | C | Repair of stomach lesion | | | | | |
| 43842 | C | Gastroplasty for obesity | | | | | |
| 43843 | C | Gastroplasty for obesity | | | | | |
| 43846 | C | Gastric bypass for obesity | | | | | |
| 43847 | C | Gastric bypass for obesity | | | | | |
| 43848 | C | Revision gastroplasty | | | | | |
| 43850 | C | Revise stomach-bowel fusion | | | | | |
| 43855 | C | Revise stomach-bowel fusion | | | | | |
| 43860 | C | Revise stomach-bowel fusion | | | | | |
| 43865 | C | Revise stomach-bowel fusion | | | | | |
| 43870 | T | Repair stomach opening | 182 | 4.00 | $211.56 | $84.98 | $42.31 |
| 43880 | C | Repair stomach-bowel fistula | | | | | |
| 43999 | T | Stomach surgery procedure | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 44005 | C | Freeing of bowel adhesion | | | | | |
| 44010 | C | Incision of small bowel | | | | | |
| 44015 | C | Insert needle catheter, bowel | | | | | |
| 44020 | C | Exploration of small bowel | | | | | |
| 44021 | C | Decompress small bowel | | | | | |
| 44025 | C | Incision of large bowel | | | | | |
| 44050 | C | Reduce bowel obstruction | | | | | |
| 44055 | C | Correct malrotation of bowel | | | | | |
| 44100 | T | Biopsy of bowel | 417 | 6.44 | $340.85 | $181.70 | $68.17 |
| 44110 | C | Excision of bowel lesion(s) | | | | | |
| 44111 | C | Excision of bowel lesion(s) | | | | | |
| 44120 | C | Removal of small intestine | | | | | |
| 44121 | C | Removal of small intestine | | | | | |
| 44125 | C | Removal of small intestine | | | | | |
| 44130 | C | Bowel to bowel fusion | | | | | |
| 44139 | C | Mobilization of colon | | | | | |
| 44140 | C | Partial removal of colon | | | | | |
| 44141 | C | Partial removal of colon | | | | | |
| 44143 | C | Partial removal of colon | | | | | |
| 44144 | C | Partial removal of colon | | | | | |
| 44145 | C | Partial removal of colon | | | | | |
| 44146 | C | Partial removal of colon | | | | | |
| 44147 | C | Partial removal of colon | | | | | |
| 44150 | C | Removal of colon | | | | | |
| 44151 | C | Removal of colon/ileostomy | | | | | |
| 44152 | C | Removal of colon/ileostomy | | | | | |
| 44153 | C | Removal of colon/ileostomy | | | | | |
| 44155 | C | Removal of colon | | | | | |
| 44156 | C | Removal of colon/ileostomy | | | | | |
| 44160 | C | Removal of colon | | | | | |
| 44300 | C | Open bowel to skin | | | | | |
| 44310 | C | Ileostomy/jejunostomy | | | | | |
| 44312 | T | Revision of ileostomy | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 44314 | C | Revision of ileostomy | | | | | |
| 44316 | C | Devise bowel pouch | | | | | |
| 44320 | C | Colostomy | | | | | |
| 44322 | C | Colostomy with biopsies | | | | | |
| 44340 | T | Revision of colostomy | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 44345 | C | Revision of colostomy | | | | | |
| 44346 | C | Revision of colostomy | | | | | |
| 44360 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44361 | T | Small bowel endoscopy,biopsy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44363 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44364 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44365 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44366 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44369 | T | Small bowel endoscopy | 449 | 7.80 | $412.35 | $215.38 | $82.47 |
| 44372 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44373 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44376 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44377 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1] / HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 44378 | T | Small bowel endoscopy | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44380 | T | Small bowel endoscopy | 426 | 6.85 | $362.40 | $187.81 | $72.48 |
| 44382 | T | Small bowel endoscopy | 426 | 6.85 | $362.40 | $187.81 | $72.48 |
| 44385 | T | Endoscopy of bowel pouch | 426 | 6.85 | $362.40 | $187.81 | $72.48 |
| 44386 | T | Endoscopy, bowel pouch, biopsy | 426 | 6.85 | $362.40 | $187.81 | $72.48 |
| 44388 | T | Colon endoscopy | 426 | 6.85 | $362.40 | $187.81 | $72.48 |
| 44389 | T | Colonoscopy with biopsy | 426 | 6.85 | $362.40 | $187.81 | $72.48 |
| 44390 | T | Colonoscopy for foreign body | 427 | 8.22 | $434.88 | $224.19 | $86.98 |
| 44391 | T | Colonoscopy for bleeding | 427 | 8.22 | $434.88 | $224.19 | $86.98 |
| 44392 | T | Colonoscopy & polypectomy | 427 | 8.22 | $434.88 | $224.19 | $86.98 |
| 44393 | T | Colonoscopy, lesion removal | 449 | 7.80 | $412.35 | $215.38 | $82.47 |
| 44394 | T | Colonoscopy w/snare | 427 | 8.22 | $434.88 | $224.19 | $86.98 |
| 44500 | C | Intro, gastrointestinal tube | | | | | |
| 44602 | C | Suture, small intestine | | | | | |
| 44603 | C | Suture, small intestine | | | | | |
| 44604 | C | Suture, large intestine | | | | | |
| 44605 | C | Repair of bowel lesion | | | | | |
| 44615 | C | Intestinal stricturoplasty | | | | | |
| 44620 | C | Repair bowel opening | | | | | |
| 44625 | C | Repair bowel opening | | | | | |
| 44626 | C | Repair bowel opening | | | | | |
| 44640 | C | Repair bowel-skin fistula | | | | | |
| 44650 | C | Repair bowel fistula | | | | | |
| 44660 | C | Repair bowel-bladder fistula | | | | | |
| 44661 | C | Repair bowel-bladder fistula | | | | | |
| 44680 | C | Surgical revision, intestine | | | | | |
| 44700 | C | Suspend bowel w/prosthesis | | | | | |
| 44799 | T | Intestine surgery procedure | 419 | 7.13 | $377.09 | $164.08 | $75.42 |
| 44800 | C | Excision of bowel pouch | | | | | |
| 44820 | C | Excision of mesentery lesion | | | | | |
| 44850 | C | Repair of mesentery | | | | | |
| 44899 | C | Bowel surgery procedure | | | | | |
| 44900 | C | Drain, app abscess, open | | | | | |
| 44901 | C | Drain, app abscess, perc | | | | | |
| 44950 | C | Appendectomy | | | | | |
| 44955 | C | Appendectomy | | | | | |
| 44960 | C | Appendectomy | | | | | |
| 45000 | T | Drainage of pelvic abscess | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 45005 | T | Drainage of rectal abscess | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 45020 | T | Drainage of rectal abscess | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 45100 | T | Biopsy of rectum | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 45108 | T | Removal of anorectal lesion | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 45110 | C | Removal of rectum | | | | | |
| 45111 | C | Partial removal of rectum | | | | | |
| 45112 | C | Removal of rectum | | | | | |
| 45113 | C | Partial proctectomy | | | | | |
| 45114 | C | Partial removal of rectum | | | | | |
| 45116 | C | Partial removal of rectum | | | | | |
| 45119 | C | Remove, rectum w/reservoir | | | | | |
| 45120 | C | Removal of rectum | | | | | |
| 45121 | C | Removal of rectum and colon | | | | | |
| 45123 | C | Partial proctectomy | | | | | |
| 45130 | C | Excision of rectal prolapse | | | | | |
| 45135 | C | Excision of rectal prolapse | | | | | |
| 45150 | T | Excision of rectal stricture | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 45160 | T | Excision of rectal lesion | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 45170 | T | Excision of rectal lesion | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 45190 | T | Destruction, rectal tumor | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 45300 | T | Proctosigmoidoscopy | 446 | 2.59 | $137.12 | $65.09 | $27.42 |
| 45303 | T | Proctosigmoidoscopy | 447 | 6.87 | $363.38 | $184.87 | $72.68 |
| 45305 | T | Proctosigmoidoscopy; biopsy | 446 | 2.59 | $137.12 | $65.09 | $27.42 |
| 45307 | T | Proctosigmoidoscopy | 447 | 6.87 | $363.38 | $184.87 | $72.68 |
| 45308 | T | Proctosigmoidoscopy | 447 | 6.87 | $363.38 | $184.87 | $72.68 |
| 45309 | T | Proctosigmoidoscopy | 447 | 6.87 | $363.38 | $184.87 | $72.68 |
| 45315 | T | Proctosigmoidoscopy | 447 | 6.87 | $363.38 | $184.87 | $72.68 |
| 45317 | T | Proctosigmoidoscopy | 447 | 6.87 | $363.38 | $184.87 | $72.68 |
| 45320 | T | Proctosigmoidoscopy | 447 | 6.87 | $363.38 | $184.87 | $72.68 |
| 45321 | T | Proctosigmoidoscopy | 447 | 6.87 | $363.38 | $184.87 | $72.68 |
| 45330 | T | Sigmoidoscopy, diagnostic | 446 | 2.59 | $137.12 | $65.09 | $27.42 |
| 45331 | T | Sigmoidoscopy and biopsy | 446 | 2.59 | $137.12 | $65.09 | $27.42 |
| 45332 | T | Sigmoidoscopy | 448 | 5.37 | $284.04 | $141.25 | $56.81 |
| 45333 | T | Sigmoidoscopy & polypectomy | 448 | 5.37 | $284.04 | $141.25 | $56.81 |
| 45334 | T | Sigmoidoscopy for bleeding | 448 | 5.37 | $284.04 | $141.25 | $56.81 |
| 45337 | T | Sigmoidoscopy, decompression | 448 | 5.37 | $284.04 | $141.25 | $56.81 |
| 45338 | T | Sigmoidoscopy | 448 | 5.37 | $284.04 | $141.25 | $56.81 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 45339 | T | Sigmoidoscopy | 449 | 7.80 | $412.35 | $215.38 | $82.47 |
| 45355 | T | Surgical colonoscopy | 427 | 8.22 | $434.88 | $224.19 | $86.98 |
| 45378 | T | Diagnostic colonoscopy | 426 | 6.85 | $362.40 | $187.81 | $72.48 |
| 45379 | T | Colonoscopy | 427 | 8.22 | $434.88 | $224.19 | $86.98 |
| 45380 | T | Colonoscopy and biopsy | 426 | 6.85 | $362.40 | $187.81 | $72.48 |
| 45382 | T | Colonoscopy, control bleeding | 427 | 8.22 | $434.88 | $224.19 | $86.98 |
| 45383 | T | Colonoscopy, lesion removal | 449 | 7.80 | $412.35 | $215.38 | $82.47 |
| 45384 | T | Colonoscopy | 427 | 8.22 | $434.88 | $224.19 | $86.98 |
| 45385 | T | Colonoscopy, lesion removal | 427 | 8.22 | $434.88 | $224.19 | $86.98 |
| 45500 | T | Repair of rectum | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 45505 | T | Repair of rectum | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 45520 | T | Treatment of rectal prolapse | 339 | 1.02 | $53.87 | $19.66 | $10.77 |
| 45540 | C | Correct rectal prolapse | | | | | |
| 45541 | C | Correct rectal prolapse | | | | | |
| 45550 | C | Repair rectum; remove sigmoid | | | | | |
| 45560 | T | Repair of rectocele | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 45562 | C | Exploration/repair of rectum | | | | | |
| 45563 | C | Exploration/repair of rectum | | | | | |
| 45800 | C | Repair rectumbladder fistula | | | | | |
| 45805 | C | Repair fistula; colostomy | | | | | |
| 45820 | C | Repair rectourethral fistula | | | | | |
| 45825 | C | Repair fistula; colostomy | | | | | |
| 45900 | T | Reduction of rectal prolapse | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 45905 | T | Dilation of anal sphincter | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 45910 | T | Dilation of rectal narrowing | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 45915 | T | Remove rectal obstruction | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 45999 | T | Rectum surgery procedure | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 46030 | T | Removal of rectal marker | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 46040 | T | Incision of rectal abscess | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 46045 | T | Incision of rectal abscess | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46050 | T | Incision of anal abscess | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 46060 | T | Incision of rectal abscess | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46070 | T | Incision of anal septum | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46080 | T | Incision of anal sphincter | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 46083 | T | Incise external hemorrhoid | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46200 | T | Removal of anal fissure | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46210 | T | Removal of anal crypt | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 46211 | T | Removal of anal crypts | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46220 | T | Removal of anal tab | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46221 | T | Ligation of hemorrhoid(s) | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46230 | T | Removal of anal tabs | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46250 | T | Hemorrhoidectomy | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46255 | T | Hemorrhoidectomy | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46257 | T | Remove hemorrhoids & fissure | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46258 | T | Remove hemorrhoids & fistula | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46260 | T | Hemorrhoidectomy | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46261 | T | Remove hemorrhoids & fissure | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46262 | T | Remove hemorrhoids & fistula | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46270 | T | Removal of anal fistula | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46275 | T | Removal of anal fistula | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46280 | T | Removal of anal fistula | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46285 | T | Removal of anal fistula | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46288 | T | Repair anal fistula | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46320 | T | Removal of hemorrhoid clot | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46500 | T | Injection into hemorrhoids | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46600 | N | Diagnostic anoscopy | | | | | |
| 46604 | N | Anoscopy and dilation | | | | | |
| 46606 | T | Anoscopy and biopsy | 436 | 1.43 | $75.42 | $24.86 | $15.08 |
| 46608 | T | Anoscopy; remove foreign body | 437 | 2.91 | $153.77 | $76.61 | $30.75 |
| 46610 | T | Anoscopy; remove lesion | 437 | 2.91 | $153.77 | $76.61 | $30.75 |
| 46611 | T | Anoscopy | 437 | 2.91 | $153.77 | $76.61 | $30.75 |
| 46612 | T | Anoscopy; remove lesions | 437 | 2.91 | $153.77 | $76.61 | $30.75 |
| 46614 | T | Anoscopy; control bleeding | 437 | 2.91 | $153.77 | $76.61 | $30.75 |
| 46615 | T | Anoscopy | 437 | 2.91 | $153.77 | $76.61 | $30.75 |
| 46700 | T | Repair of anal stricture | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46705 | C | Repair of anal stricture | | | | | |
| 46715 | C | Repair of anovaginal fistula | | | | | |
| 46716 | C | Repair of anovaginal fistula | | | | | |
| 46730 | C | Construction of absent anus | | | | | |
| 46735 | C | Construction of absent anus | | | | | |
| 46740 | C | Construction of absent anus | | | | | |
| 46742 | C | Repair, imperforated anus | | | | | |
| 46744 | C | Repair, cloacal anomaly | | | | | |
| 46746 | C | Repair, cloacal anomaly | | | | | |
| 46748 | C | Repair, cloacal anomaly | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 46750 | T | Repair of anal sphincter | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46751 | C | Repair of anal sphincter | | | | | |
| 46753 | T | Reconstruction of anus | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46754 | T | Removal of suture from anus | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 46760 | T | Repair of anal sphincter | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46761 | T | Repair of anal sphincter | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46762 | T | Implant artificial sphincter | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46900 | T | Destruction, anal lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 46910 | T | Destruction, anal lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 46916 | T | Cryosurgery, anal lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 46917 | T | Laser surgery, anal lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 46922 | T | Excision of anal lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 46924 | T | Destruction, anal lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 46934 | T | Destruction of hemorrhoids | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46935 | T | Destruction of hemorrhoids | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46936 | T | Destruction of hemorrhoids | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46937 | T | Cryotherapy of rectal lesion | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46938 | T | Cryotherapy of rectal lesion | 453 | 16.87 | $892.28 | $445.22 | $178.46 |
| 46940 | T | Treatment of anal fissure | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46942 | T | Treatment of anal fissure | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46945 | T | Ligation of hemorrhoids | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46946 | T | Ligation of hemorrhoids | 451 | 2.56 | $135.16 | $54.24 | $27.03 |
| 46999 | T | Anus surgery procedure | 452 | 4.83 | $255.64 | $109.61 | $51.13 |
| 47000 | T | Needle biopsy of liver | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 47001 | C | Needle biopsy, liver | | | | | |
| 47010 | C | Open drainage, liver lesion | | | | | |
| 47011 | C | Percut drain, liver lesion | | | | | |
| 47015 | C | Inject/aspirate liver cyst | | | | | |
| 47100 | C | Wedge biopsy of liver | | | | | |
| 47120 | C | Partial removal of liver | | | | | |
| 47122 | C | Extensive removal of liver | | | | | |
| 47125 | C | Partial removal of liver | | | | | |
| 47130 | C | Partial removal of liver | | | | | |
| 47133 | C | Removal of donor liver | | | | | |
| 47134 | C | Partial removal, donor liver | | | | | |
| 47135 | C | Transplantation of liver | | | | | |
| 47136 | C | Transplantation of liver | | | | | |
| 47300 | C | Surgery for liver lesion | | | | | |
| 47350 | C | Repair liver wound | | | | | |
| 47360 | C | Repair liver wound | | | | | |
| 47361 | C | Repair liver wound | | | | | |
| 47362 | C | Repair liver wound | | | | | |
| 47399 | T | Liver surgery procedure | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 47400 | C | Incision of liver duct | | | | | |
| 47420 | C | Incision of bile duct | | | | | |
| 47425 | C | Incision of bile duct | | | | | |
| 47460 | C | Incise bile duct sphincter | | | | | |
| 47480 | C | Incision of gallbladder | | | | | |
| 47490 | C | Incision of gallbladder | | | | | |
| 47500 | T | Injection for liver x-rays | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 47505 | T | Injection for liver x-rays | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 47510 | T | Insert catheter, bile duct | 458 | 7.24 | $382.97 | $181.70 | $76.59 |
| 47511 | T | Insert bile duct drain | 458 | 7.24 | $382.97 | $181.70 | $76.59 |
| 47525 | T | Change bile duct catheter | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 47530 | T | Revise, reinsert bile tube | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 47550 | C | Bile duct endoscopy | | | | | |
| 47552 | T | Biliary endoscopy, thru skin | 458 | 7.24 | $382.97 | $181.70 | $76.59 |
| 47553 | T | Biliary endoscopy, thru skin | 458 | 7.24 | $382.97 | $181.70 | $76.59 |
| 47554 | T | Biliary endoscopy, thru skin | 458 | 7.24 | $382.97 | $181.70 | $76.59 |
| 47555 | T | Biliary endoscopy, thru skin | 458 | 7.24 | $382.97 | $181.70 | $76.59 |
| 47556 | T | Biliary endoscopy, thru skin | 458 | 7.24 | $382.97 | $181.70 | $76.59 |
| 47600 | C | Removal of gallbladder | | | | | |
| 47605 | C | Removal of gallbladder | | | | | |
| 47610 | C | Removal of gallbladder | | | | | |
| 47612 | C | Removal of gallbladder | | | | | |
| 47620 | C | Removal of gallbladder | | | | | |
| 47630 | T | Remove bile duct stone | 458 | 7.24 | $382.97 | $181.70 | $76.59 |
| 47700 | C | Exploration of bile ducts | | | | | |
| 47701 | C | Bile duct revision | | | | | |
| 47711 | C | Excision of bile duct tumor | | | | | |
| 47712 | C | Excision of bile duct tumor | | | | | |
| 47715 | C | Excision of bile duct cyst | | | | | |
| 47716 | C | Fusion of bile duct cyst | | | | | |
| 47720 | C | Fuse gallbladder & bowel | | | | | |
| 47721 | C | Fuse upper gi structures | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 47740 | C | Fuse gallbladder & bowel | | | | | |
| 47741 | C | Fuse gallbladder & bowel | | | | | |
| 47760 | C | Fuse bile ducts and bowel | | | | | |
| 47765 | C | Fuse liver ducts & bowel | | | | | |
| 47780 | C | Fuse bile ducts and bowel | | | | | |
| 47785 | C | Fuse bile ducts and bowel | | | | | |
| 47800 | C | Reconstruction of bile ducts | | | | | |
| 47801 | C | Placement, bile duct support | | | | | |
| 47802 | C | Fuse liver duct & intestine | | | | | |
| 47900 | C | Suture bile duct injury | | | | | |
| 47999 | T | Bile tract surgery procedure | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 48000 | C | Drainage of abdomen | | | | | |
| 48001 | C | Placement of drain, pancreas | | | | | |
| 48005 | C | Resect/debride pancreas | | | | | |
| 48020 | C | Removal of pancreatic stone | | | | | |
| 48100 | C | Biopsy of pancreas | | | | | |
| 48102 | T | Needle biopsy, pancreas | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 48120 | C | Removal of pancreas lesion | | | | | |
| 48140 | C | Partial removal of pancreas | | | | | |
| 48145 | C | Partial removal of pancreas | | | | | |
| 48146 | C | Pancreatectomy | | | | | |
| 48148 | C | Removal of pancreatic duct | | | | | |
| 48150 | C | Partial removal of pancreas | | | | | |
| 48152 | C | Pancreatectomy | | | | | |
| 48153 | C | Pancreatectomy | | | | | |
| 48154 | C | Pancreatectomy | | | | | |
| 48155 | C | Removal of pancreas | | | | | |
| 48160 | E | Pancreas removal, transplant | | | | | |
| 48180 | C | Fuse pancreas and bowel | | | | | |
| 48400 | C | Injection, intraoperative | | | | | |
| 48500 | C | Surgery of pancreas cyst | | | | | |
| 48510 | C | Drain pancreatic pseudocyst | | | | | |
| 48511 | C | Drain pancreatic pseudocyst | | | | | |
| 48520 | C | Fuse pancreas cyst and bowel | | | | | |
| 48540 | C | Fuse pancreas cyst and bowel | | | | | |
| 48545 | C | Pancreatorrhaphy | | | | | |
| 48547 | C | Duodenal exclusion | | | | | |
| 48550 | E | Donor pancreatectomy | | | | | |
| 48554 | E | Transplantallograft pancreas | | | | | |
| 48556 | C | Removal, allograft pancreas | | | | | |
| 48999 | T | Pancreas surgery procedure | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 49000 | C | Exploration of abdomen | | | | | |
| 49002 | C | Reopening of abdomen | | | | | |
| 49010 | C | Exploration behind abdomen | | | | | |
| 49020 | C | Drain abdominal abscess | | | | | |
| 49021 | C | Drain abdominal abscess | | | | | |
| 49040 | C | Open drainage abdom abscess | | | | | |
| 49041 | C | Percut drain abdom abscess | | | | | |
| 49060 | C | Open drain retroper abscess | | | | | |
| 49061 | C | Percutdrain retroper abscess | | | | | |
| 49062 | C | Drain to peritoneal cavity | | | | | |
| 49080 | T | Puncture, peritoneal cavity | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 49081 | T | Removal of abdominal fluid | 320 | 3.17 | $167.49 | $79.33 | $33.50 |
| 49085 | T | Remove abdomen foreign body | 459 | 18.06 | $954.97 | $496.52 | $190.99 |
| 49180 | T | Biopsy, abdominal mass | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 49200 | C | Removal of abdominal lesion | | | | | |
| 49201 | C | Removal of abdominal lesion | | | | | |
| 49215 | C | Excise sacral spine tumor | | | | | |
| 49220 | C | Multiple surgery, abdomen | | | | | |
| 49250 | T | Excision of umbilicus | 459 | 18.06 | $954.97 | $496.52 | $190.99 |
| 49255 | C | Removal of omentum | | | | | |
| 49400 | T | Air injection into abdomen | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 49420 | T | Insert abdominal drain | 459 | 18.06 | $954.97 | $496.52 | $190.99 |
| 49421 | T | Insert abdominal drain | 459 | 18.06 | $954.97 | $496.52 | $190.99 |
| 49422 | T | Remove perm cannula/catheter | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 49423 | T | Exchange drainage cath | 459 | 18.06 | $954.97 | $496.52 | $190.99 |
| 49424 | T | Assess cyst, contrast inj | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 49425 | C | Insert abdomen-venous drain | | | | | |
| 49426 | T | Revise abdomen-venous shunt | 459 | 18.06 | $954.97 | $496.52 | $190.99 |
| 49427 | T | Injection, abdominal shunt | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 49428 | C | Ligation of shunt | | | | | |
| 49429 | T | Removal of shunt | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 49495 | T | Repair inguinal hernia, init | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49496 | T | Repair inguinal hemia, init | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49500 | T | Repair inguinal hemia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 49501 | T | Repair inguinal hernia, init | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49505 | T | Repair inguinal hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49507 | T | Repair, inguinal hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49520 | T | Rerepair inguinal hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49521 | T | Repair inguinal hernia, rec | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49525 | T | Repair inguinal hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49540 | T | Repair lumbar hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49550 | T | Repair femoral hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49553 | T | Repair femoral hernia, init | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49555 | T | Repair femoral hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49557 | T | Repair femoral hernia, recur | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49560 | T | Repair abdominal hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49561 | T | Repair incisional hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49565 | T | Rerepair abdominal hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49566 | T | Repair incisional hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49568 | T | Hernia repair w/mesh | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49570 | T | Repair epigastric hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49572 | T | Repair, epigastric hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49580 | T | Repair umbilical hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49582 | T | Repair umbilical hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49585 | T | Repair umbilical hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49587 | T | Repair umbilical hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49590 | T | Repair abdominal hernia | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49600 | T | Repair umbilical lesion | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 49605 | C | Repair umbilical lesion | | | | | |
| 49606 | C | Repair umbilical lesion | | | | | |
| 49610 | C | Repair umbilical lesion | | | | | |
| 49611 | C | Repair umbilical lesion | | | | | |
| 49900 | C | Repair of abdominal wall | | | | | |
| 49905 | C | Omental flap | | | | | |
| 49906 | C | Free omental flap, microvasc | | | | | |
| 49999 | T | Abdomen surgery procedure | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 50010 | C | Exploration of kidney | | | | | |
| 50020 | C | Open drain renal abscess | | | | | |
| 50021 | C | Percut drain renal abscess | | | | | |
| 50040 | C | Drainage of kidney | | | | | |
| 50045 | C | Exploration of kidney | | | | | |
| 50060 | C | Removal of kidney stone | | | | | |
| 50065 | C | Incision of kidney | | | | | |
| 50070 | C | Incision of kidney | | | | | |
| 50075 | C | Removal of kidney stone | | | | | |
| 50080 | C | Removal of kidney stone | | | | | |
| 50081 | C | Removal of kidney stone | | | | | |
| 50100 | C | Revise kidney blood vessels | | | | | |
| 50120 | C | Exploration of kidney | | | | | |
| 50125 | C | Explore and drain kidney | | | | | |
| 50130 | C | Removal of kidney stone | | | | | |
| 50135 | C | Exploration of kidney | | | | | |
| 50200 | T | Biopsy of kidney | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 50205 | C | Biopsy of kidney | | | | | |
| 50220 | C | Removal of kidney | | | | | |
| 50225 | C | Removal of kidney | | | | | |
| 50230 | C | Removal of kidney | | | | | |
| 50234 | C | Removal of kidney & ureter | | | | | |
| 50236 | C | Removal of kidney & ureter | | | | | |
| 50240 | C | Partial removal of kidney | | | | | |
| 50280 | C | Removal of kidney lesion | | | | | |
| 50290 | C | Removal of kidney lesion | | | | | |
| 50300 | C | Removal of donor kidney | | | | | |
| 50320 | C | Removal of donor kidney | | | | | |
| 50340 | C | Removal of kidney | | | | | |
| 50360 | C | Transplantation of kidney | | | | | |
| 50365 | C | Transplantation of kidney | | | | | |
| 50370 | C | Remove transplanted kidney | | | | | |
| 50380 | C | Reimplantation of kidney | | | | | |
| 50390 | T | Drainage of kidney lesion | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 50392 | T | Insert kidney drain | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 50393 | T | Insert ureteral tube | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 50394 | T | Injection for kidney x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 50395 | T | Create passage to kidney | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 50396 | T | Measure kidney pressure | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 50398 | T | Change kidney tube | 521 | 5.06 | $267.39 | $112.10 | $53.48 |
| 50400 | C | Revision of kidney/ureter | | | | | |
| 50405 | C | Revision of kidney/ureter | | | | | |
| 50500 | C | Repair of kidney wound | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 50520 | C | Close kidney-skin fistula | | | | | |
| 50525 | C | Repair renal-abdomen fistula | | | | | |
| 50526 | C | Repair renal-abdomen fistula | | | | | |
| 50540 | C | Revision of horseshoe kidney | | | | | |
| 50551 | T | Kidney endoscopy | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 50553 | T | Kidney endoscopy | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 50555 | T | Kidney endoscopy & biopsy | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 50557 | T | Kidney endoscopy & treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 50559 | T | Renal endoscopy; radiotracer | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 50561 | T | Kidney endoscopy & treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 50570 | C | Kidney endoscopy | | | | | |
| 50572 | C | Kidney endoscopy | | | | | |
| 50574 | C | Kidney endoscopy & biopsy | | | | | |
| 50575 | C | Kidney endoscopy | | | | | |
| 50576 | C | Kidney endoscopy & treatment | | | | | |
| 50578 | C | Renal endoscopy; radiotracer | | | | | |
| 50580 | C | Kidney endoscopy & treatment | | | | | |
| 50590 | T | Fragmenting of kidney stone | 527 | 51.56 | $2,726.80 | $1,372.95 | $545.36 |
| 50600 | C | Exploration of ureter | | | | | |
| 50605 | C | Insert ureteral support | | | | | |
| 50610 | C | Removal of ureter stone | | | | | |
| 50620 | C | Removal of ureter stone | | | | | |
| 50630 | C | Removal of ureter stone | | | | | |
| 50650 | C | Removal of ureter | | | | | |
| 50660 | C | Removal of ureter | | | | | |
| 50684 | T | Injection for ureter x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 50686 | T | Measure ureter pressure | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 50688 | T | Change of ureter tube | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 50690 | T | Injection for ureter x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 50700 | C | Revision of ureter | | | | | |
| 50715 | C | Release of ureter | | | | | |
| 50722 | C | Release of ureter | | | | | |
| 50725 | C | Release/revise ureter | | | | | |
| 50727 | C | Revise ureter | | | | | |
| 50728 | C | Revise ureter | | | | | |
| 50740 | C | Fusion of ureter & kidney | | | | | |
| 50750 | C | Fusion of ureter & kidney | | | | | |
| 50760 | C | Fusion of ureters | | | | | |
| 50770 | C | Splicing of ureters | | | | | |
| 50780 | C | Reimplant ureter in bladder | | | | | |
| 50782 | C | Reimplant ureter in bladder | | | | | |
| 50783 | C | Reimplant ureter in bladder | | | | | |
| 50785 | C | Reimplant ureter in bladder | | | | | |
| 50800 | C | Implant ureter in bowel | | | | | |
| 50810 | C | Fusion of ureter & bowel | | | | | |
| 50815 | C | Urine shunt to bowel | | | | | |
| 50820 | C | Construct bowel bladder | | | | | |
| 50825 | C | Construct bowel bladder | | | | | |
| 50830 | C | Revise urine flow | | | | | |
| 50840 | C | Replace ureter by bowel | | | | | |
| 50845 | C | Appendico-vesicostomy | | | | | |
| 50860 | C | Transplant ureter to skin | | | | | |
| 50900 | C | Repair of ureter | | | | | |
| 50920 | C | Closure ureter/skin fistula | | | | | |
| 50930 | C | Closure ureter/bowel fistula | | | | | |
| 50940 | C | Release of ureter | | | | | |
| 50951 | T | Endoscopy of ureter | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 50953 | T | Endoscopy of ureter | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 50955 | T | Ureter endoscopy & biopsy | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 50957 | T | Ureter endoscopy & treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 50959 | T | Ureter endoscopy & tracer | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 50961 | T | Ureter endoscopy & treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 50970 | C | Ureter endoscopy | | | | | |
| 50972 | C | Ureter endoscopy & catheter | | | | | |
| 50974 | C | Ureter endoscopy & biopsy | | | | | |
| 50976 | C | Ureter endoscopy & treatment | | | | | |
| 50978 | C | Ureter endoscopy & tracer | | | | | |
| 50980 | C | Ureter endoscopy & treatment | | | | | |
| 51000 | T | Drainage of bladder | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 51005 | T | Drainage of bladder | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 51010 | T | Drainage of bladder | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 51020 | T | Incise & treat bladder | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 51030 | T | Incise & treat bladder | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 51040 | T | Incise & drain bladder | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 51045 | T | Incise bladder, drain ureter | 523 | 16.87 | $892.28 | $447.03 | $178.46 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 51050 | T | Removal of bladder stone | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 51060 | C | Removal of ureter stone | | | | | |
| 51065 | T | Removal of ureter stone | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 51080 | T | Drainage of bladder abscess | 132 | 6.04 | $319.30 | $134.24 | $63.86 |
| 51500 | T | Removal of bladder cyst | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 51520 | T | Removal of bladder lesion | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 51525 | C | Removal of bladder lesion | | | | | |
| 51530 | C | Removal of bladder lesion | | | | | |
| 51535 | C | Repair of ureter lesion | | | | | |
| 51550 | C | Partial removal of bladder | | | | | |
| 51555 | C | Partial removal of bladder | | | | | |
| 51565 | C | Revise bladder & ureter(s) | | | | | |
| 51570 | C | Removal of bladder | | | | | |
| 51575 | C | Removal of bladder & nodes | | | | | |
| 51580 | C | Remove bladder; revise tract | | | | | |
| 51585 | C | Removal of bladder & nodes | | | | | |
| 51590 | C | Remove bladder; revise tract | | | | | |
| 51595 | C | Remove bladder; revise tract | | | | | |
| 51596 | C | Remove bladder, create pouch | | | | | |
| 51597 | C | Removal of pelvic structures | | | | | |
| 51600 | T | Injection for bladder x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 51605 | T | Preparation for bladder xray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 51610 | T | Injection for bladder x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 51700 | T | Irrigation of bladder | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 51705 | T | Change of bladder tube | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 51710 | T | Change of bladder tube | 470 | 2.22 | $117.53 | $54.92 | $23.51 |
| 51715 | T | Endoscopic injection/implant | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 51720 | T | Treatment of bladder lesion | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 51725 | T | Simple cystometrogram | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51726 | T | Complex cystometrogram | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51736 | T | Urine flow measurement | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51741 | T | Electro-uroflowmetry, first | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51772 | T | Urethra pressure profile | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51784 | T | Anal/urinary muscle study | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51785 | T | Anal/urinary muscle study | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51792 | T | Urinary reflex study | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51795 | T | Urine voiding pressure study | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51797 | T | Intraabdominal pressure test | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 51800 | C | Revision of bladder/urethra | | | | | |
| 51820 | C | Revision of urinary tract | | | | | |
| 51840 | C | Attach bladder/urethra | | | | | |
| 51841 | C | Attach bladder/urethra | | | | | |
| 51845 | C | Repair bladder neck | | | | | |
| 51860 | C | Repair of bladder wound | | | | | |
| 51865 | C | Repair of bladder wound | | | | | |
| 51880 | T | Repair of bladder opening | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 51900 | C | Repair bladder/vagina lesion | | | | | |
| 51920 | C | Close bladder-uterus fistula | | | | | |
| 51925 | C | Hysterectomy/bladder repair | | | | | |
| 51940 | C | Correction of bladder defect | | | | | |
| 51960 | C | Revision of bladder & bowel | | | | | |
| 51980 | C | Construct bladder opening | | | | | |
| 52000 | T | Cystoscopy | 521 | 5.06 | $267.39 | $112.10 | $53.48 |
| 52005 | T | Cystoscopy & ureter catheter | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52007 | T | Cystoscopy and biopsy | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52010 | T | Cystoscopy & duct catheter | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52204 | T | Cystoscopy | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52214 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52224 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52234 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52235 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52240 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52250 | T | Cystoscopy & radiotracer | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52260 | T | Cystoscopy & treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52265 | T | Cystoscopy & treatment | 521 | 5.06 | $267.39 | $112.10 | $53.48 |
| 52270 | T | Cystoscopy & revise urethra | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52275 | T | Cystoscopy & revise urethra | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52276 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52277 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52281 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52282 | T | Cystoscopy, implant stent | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52283 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52285 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52290 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52300 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 52301 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52305 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52310 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52315 | T | Cystoscopy and treatment | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52317 | T | Remove bladder stone | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52318 | T | Remove bladder stone | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52320 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52325 | T | Cystoscopy, stone removal | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52327 | T | Cystoscopy, inject material | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52330 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52332 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52334 | T | Create passage to kidney | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52335 | T | Endoscopy of urinary tract | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52336 | T | Cystoscopy, stone removal | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52337 | T | Cystoscopy, stone removal | 524 | 28.89 | 1,527.95 | $833.49 | $305.59 |
| 52338 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52339 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52340 | T | Cystoscopy and treatment | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52450 | T | Incision of prostate | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52500 | T | Revision of bladder neck | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52510 | T | Dilation prostatic urethra | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 52601 | T | Prostatectomy (TURP) | 524 | 28.89 | $1,527.95 | $833.49 | $305.59 |
| 52606 | T | Control postop bleeding | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52612 | T | Prostatectomy, first stage | 524 | 28.89 | $1,527.95 | $833.49 | $305.59 |
| 52614 | T | Prostatectomy, second stage | 524 | 28.89 | $1,527.95 | $833.49 | $305.59 |
| 52620 | T | Remove residual prostate | 524 | 28.89 | $1,527.95 | $833.49 | $305.59 |
| 52630 | T | Remove prostate regrowth | 524 | 28.89 | $1,527.95 | $833.49 | $305.59 |
| 52640 | T | Relieve bladder contracture | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 52647 | T | Laser surgery of prostate | 524 | 28.89 | $1,527.95 | $833.49 | $305.59 |
| 52648 | T | Laser surgery of prostate | 524 | 28.89 | $1,527.95 | $833.49 | $305.59 |
| 52700 | T | Drainage of prostate abscess | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 53000 | T | Incision of urethra | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53010 | T | Incision of urethra | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53020 | T | Incision of urethra | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53025 | T | Incision of urethra | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53040 | T | Drainage of urethra abscess | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53060 | T | Drainage of urethra abscess | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53080 | T | Drainage of urinary leakage | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53085 | C | Drainage of urinary leakage | | | | | |
| 53200 | T | Biopsy of urethra | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53210 | T | Removal of urethra | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53215 | T | Removal of urethra | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53220 | T | Treatment of urethra lesion | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53230 | T | Removal of urethra lesion | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53235 | T | Removal of urethra lesion | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53240 | T | Surgery for urethra pouch | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53250 | T | Removal of urethra gland | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53260 | T | Treatment of urethra lesion | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53265 | T | Treatment of urethra lesion | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53270 | T | Removal of urethra gland | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53275 | T | Repair of urethra defect | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53400 | T | Revise urethra, 1st stage | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53405 | T | Revise urethra, 2nd stage | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53410 | T | Reconstruction of urethra | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53415 | C | Reconstruction of urethra | | | | | |
| 53420 | T | Reconstruct urethra, stage 1 | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53425 | T | Reconstruct urethra, stage 2 | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53430 | T | Reconstruction of urethra | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53440 | T | Correct bladder function | 538 | 45.59 | $2,411.41 | $1,540.64 | $482.28 |
| 53442 | T | Remove perineal prosthesis | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53443 | C | Reconstruction of urethra | | | | | |
| 53445 | T | Correct urine flow control | 538 | 45.59 | $2,411.41 | $1,540.64 | $482.28 |
| 53447 | T | Remove artificial sphincter | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53449 | T | Correct artificial sphincter | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53450 | T | Revision of urethra | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53460 | T | Revision of urethra | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53502 | T | Repair of urethra injury | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53505 | T | Repair of urethra injury | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53510 | T | Repair of urethra injury | 531 | 18.94 | $1,001.98 | $527.26 | $200.40 |
| 53515 | T | Repair of urethra injury | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53520 | T | Repair of urethra defect | 532 | 25.50 | $1,348.71 | $602.29 | $269.74 |
| 53600 | T | Dilate urethra stricture | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 53601 | T | Dilate urethra stricture | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 53605 | T | Dilate urethra stricture | 522 | 10.46 | $553.39 | $262.39 | $110.68 |
| 53620 | T | Dilate urethra stricture | 530 | 2.52 | $133.21 | $54.69 | $26.64 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 53621 | T | Dilate urethra stricture | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 53660 | T | Dilation of urethra | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 53661 | T | Dilation of urethra | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 53665 | T | Dilation of urethra | 531 | 18.94 | $1,001.98 | $527.26 | $200.4 |
| 53670 | N | Insert urinary catheter | | | | | |
| 53675 | T | Insert urinary catheter | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 53850 | T | Prostatic microwave thermotx | 524 | 28.89 | $1,527.95 | $833.49 | $305.59 |
| 53852 | T | Prostatic rf thermotx | 524 | 28.89 | $1,527.95 | $833.49 | $305.59 |
| 53899 | T | Urology surgery procedure | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 54000 | T | Slitting of prepuce | 531 | 18.94 | $1,001.98 | $527.26 | $200.4 |
| 54001 | T | Slitting of prepuce | 531 | 18.94 | $1,001.98 | $527.26 | $200.4 |
| 54015 | T | Drain penis lesion | 132 | 6.04 | $319.3 | $134.24 | $63.86 |
| 54050 | T | Destruction, penis lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 54055 | T | Destruction, penis lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 54056 | T | Cryosurgery, penis lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 54057 | T | Laser surg, penis lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 54060 | T | Excision of penis lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 54065 | T | Destruction, penis lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 54100 | T | Biopsy of penis | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 54105 | T | Biopsy of penis | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 54110 | T | Treatment of penis lesion | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54111 | T | Treat penis lesion, graft | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54112 | T | Treat penis lesion, graft | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54115 | T | Treatment of penis lesion | 132 | 6.04 | $319.3 | $134.24 | $63.86 |
| 54120 | T | Partial removal of penis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54125 | C | Removal of penis | | | | | |
| 54130 | C | Remove penis & nodes | | | | | |
| 54135 | C | Remove penis & nodes | | | | | |
| 54150 | T | Circumcision | 536 | 13.17 | $696.39 | $326.57 | $139.28 |
| 54152 | T | Circumcision | 536 | 13.17 | $696.39 | $326.57 | $139.28 |
| 54160 | T | Circumcision | 536 | 13.17 | $696.39 | $326.57 | $139.28 |
| 54161 | T | Circumcision | 536 | 13.17 | $696.39 | $326.57 | $139.28 |
| 54200 | T | Treatment of penis lesion | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 54205 | T | Treatment of penis lesion | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54220 | T | Treatment of penis lesion | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 54230 | T | Prepare penis study | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 54231 | T | Dynamic cavernosometry | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 54235 | T | Penile injection | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 54240 | T | Penis study | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 54250 | T | Penis study | 529 | 2.50 | $132.23 | $63.05 | $26.45 |
| 54300 | T | Revision of penis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54304 | T | Revision of penis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54308 | T | Reconstruction of urethra | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54312 | T | Reconstruction of urethra | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54316 | T | Reconstruction of urethra | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54318 | T | Reconstruction of urethra | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54322 | T | Reconstruction of urethra | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54324 | T | Reconstruction of urethra | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54326 | T | Reconstruction of urethra | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54328 | T | Revise penis, urethra | 537 | 28.72 | $1.519.13 | $864.45 | $303.83 |
| 54332 | C | Revise penis, urethra | | | | | |
| 54336 | C | Revise penis, urethra | | | | | |
| 54340 | T | Secondary urethral surgery | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54344 | T | Secondary urethral surgery | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54348 | T | Secondary urethral surgery | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54352 | T | Reconstruct urethra, penis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54360 | T | Penis plastic surgery | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54380 | T | Repair penis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54385 | T | Repair penis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54390 | C | Repair penis and bladder | | | | | |
| 54400 | T | Insert semi-rigid prosthesis | 538 | 45.59 | $2,411.41 | $1,540.64 | $482.28 |
| 54401 | T | Insert self-contd prosthesis | 538 | 45.59 | $2,411.41 | $1,540.64 | $482.28 |
| 54402 | T | Remove penis prosthesis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54405 | T | Insert multi-comp prosthesis | 538 | 45.59 | $2,411.41 | $1,540.64 | $482.28 |
| 54407 | T | Remove multi-comp prosthesis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54409 | T | Revise penis prosthesis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54420 | T | Revision of penis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54430 | C | Revision of penis | | | | | |
| 54435 | T | Revision of penis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54440 | T | Repair of penis | 537 | 28.72 | $1,519.13 | $864.45 | $303.83 |
| 54450 | T | Preputial stretching | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 54500 | T | Biopsy of testis | 122 | 4.87 | $257.6 | $115.03 | $51.52 |
| 54505 | T | Biopsy of testis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54510 | T | Removal of testis lesion | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54520 | T | Removal of testis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 54530 | T | Removal of testis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54535 | C | Extensive testis surgery | | | | | |
| 54550 | T | Exploration for testis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54560 | C | Exploration for testis | | | | | |
| 54600 | T | Reduce testis torsion | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54620 | T | Suspension of testis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54640 | T | Suspension of testis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54650 | C | Orchiopexy (Fowler-Stephens) | | | | | |
| 54660 | T | Revision of testis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54670 | T | Repair testis injury | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54680 | T | Relocation of testis(es) | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54700 | T | Drainage of scrotum | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54800 | T | Biopsy of epididymis | 122 | 4.87 | $257.6 | $115.03 | $51.52 |
| 54820 | T | Exploration of epididymis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54830 | T | Remove epididymis lesion | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54840 | T | Remove epididymis lesion | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54860 | T | Removal of epididymis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54861 | T | Removal of epididymis | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54900 | T | Fusion of spermatic ducts | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 54901 | T | Fusion of spermatic ducts | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55000 | T | Drainage of hydrocele | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 55040 | T | Removal of hydrocele | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 55041 | T | Removal of hydroceles | 466 | 21.43 | $1,133.23 | $562.97 | $226.65 |
| 55060 | T | Repair of hydrocele | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55100 | T | Drainage of scrotum abscess | 132 | 6.04 | $319.3 | $134.24 | $63.86 |
| 55110 | T | Explore scrotum | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55120 | T | Removal of scrotum lesion | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55150 | T | Removal of scrotum | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55175 | T | Revision of scrotum | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55180 | T | Revision of scrotum | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55200 | T | Incision of sperm duct | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55250 | T | Removal of sperm duct(s) | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55300 | T | Preparation,sperm duct x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 55400 | T | Repair of sperm duct | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55450 | T | Ligation of sperm duct | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55500 | T | Removal of hydrocele | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55520 | T | Removal of sperm cord lesion | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55530 | T | Revise spermatic cord veins | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55535 | T | Revise spermatic cord veins | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55540 | T | Revise hemia & sperm veins | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55600 | C | Incise sperm duct pouch | | | | | |
| 55605 | C | Incise sperm duct pouch | | | | | |
| 55650 | C | Remove sperm duct pouch | | | | | |
| 55680 | T | Remove sperm pouch lesion | 546 | 17.15 | $906.97 | $453.81 | $181.39 |
| 55700 | T | Biopsy of prostate | 547 | 4.39 | $232.13 | $125.2 | $46.43 |
| 55705 | T | Biopsy of prostate | 547 | 4.39 | $232.13 | $125.2 | $46.43 |
| 55720 | T | Drainage of prostate abscess | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 55725 | T | Drainage of prostate abscess | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 55801 | C | Removal of prostate | | | | | |
| 55810 | C | Extensive prostate surgery | | | | | |
| 55812 | C | Extensive prostate surgery | | | | | |
| 55815 | C | Extensive prostate surgery | | | | | |
| 55821 | C | Removal of prostate | | | | | |
| 55831 | C | Removal of prostate | | | | | |
| 55840 | C | Extensive prostate surgery | | | | | |
| 55842 | C | Extensive prostate surgery | | | | | |
| 55845 | C | Extensive prostate surgery | | | | | |
| 55859 | T | Percut/needle insert, pros | 523 | 16.87 | $892.28 | $447.03 | $178.46 |
| 55860 | C | Surgical exposure, prostate | | | | | |
| 55862 | C | Extensive prostate surgery | | | | | |
| 55865 | C | Extensive prostate surgery | | | | | |
| 55870 | T | Electroejaculation | 568 | 2.50 | $132.23 | $49.49 | $26.45 |
| 55899 | T | Genital surgery procedure | 530 | 2.52 | $133.21 | $54.69 | $26.64 |
| 55970 | E | Sex transformation, M to F | | | | | |
| 55980 | E | Sex transformation, F to M | | | | | |
| 56300 | T | Laparoscopy; diagnostic | 551 | 24.78 | $1,310.51 | $711.67 | $262.1 |
| 56301 | T | Laparoscopy; tubal cautery | 551 | 24.78 | $1,310.51 | $711.67 | $262.1 |
| 56302 | T | Laparoscopy; tubal block | 551 | 24.78 | $1,310.51 | $711.67 | $262.1 |
| 56303 | T | Laparoscopy; excise lesions | 551 | 24.78 | $1,310.51 | $711.67 | $262.1 |
| 56304 | T | Laparoscopy; lysis | 551 | 24.78 | $1,310.51 | $711.67 | $262.1 |
| 56305 | T | Laparoscopy; biopsy | 551 | 24.78 | $1,310.51 | $711.67 | $262.1 |
| 56306 | T | Laparoscopy; aspiration | 551 | 24.78 | $1,310.51 | $711.67 | $262.1 |
| 56307 | T | Laparoscopy; remove adnexa | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56308 | C | Laparoscopy; hysterectomy | | | | | |
| 56309 | T | Laparoscopy; remove myoma | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 56310 | C | Laparoscopic enterolysis | | | | | |
| 56311 | T | Laparoscopic lymph node biop | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56312 | T | Laparoscopic lymphadenectomy | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56313 | T | Laparoscopic lymphadenectomy | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56314 | C | Lapar; drain lymphocele | | | | | |
| 56315 | C | Laparoscopic appendectomy | | | | | |
| 56316 | T | Laparoscopic hernia repair | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56317 | T | Laparoscopic hernia repair | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56318 | T | Laparoscopic orchiectomy | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56320 | T | Laparoscopy, spermatic veins | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56322 | C | Laparoscopy, vagus nerves | | | | | |
| 56323 | C | Laparoscopy, vagus nerves | | | | | |
| 56324 | C | Laparoscopy, cholecystoenter | | | | | |
| 56340 | C | Laparoscopic cholecystectomy | | | | | |
| 56341 | C | Laparoscopic cholecystectomy | | | | | |
| 56342 | C | Laparoscopic cholecystectomy | | | | | |
| 56343 | T | Laparoscopic salpingostomy | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56344 | T | Laparoscopic fimbrioplasty | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56345 | C | Laparoscopic splenectomy | | | | | |
| 56346 | T | Laparoscopic gastrostomy | 551 | 24.78 | $1,310.51 | $711.67 | $262.1 |
| 56347 | C | Laparoscopic jejunostomy | | | | | |
| 56348 | C | Laparo; resect intestine | | | | | |
| 56349 | C | Laparoscopy; fundoplasty | | | | | |
| 56350 | T | Hysteroscopy; diagnostic | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 56351 | T | Hysteroscopy; biopsy | 550 | 16.89 | $893.26 | $447.93 | $178.65 |
| 56352 | T | Hysteroscopy; lysis | 550 | 16.89 | $893.26 | $447.93 | $178.65 |
| 56353 | T | Hysteroscopy; resect septum | 550 | 16.89 | $893.26 | $447.93 | $178.65 |
| 56354 | T | Hysteroscopy; remove myoma | 550 | 16.89 | $893.26 | $447.93 | $178.65 |
| 56355 | T | Hysteroscopy; remove impact | 550 | 16.89 | $893.26 | $447.93 | $178.65 |
| 56356 | T | Hysteroscopy; ablation | 550 | 16.89 | $893.26 | $447.93 | $178.65 |
| 56362 | T | Laparoscopy w/cholangio | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56363 | T | Laparoscopy w/biopsy | 552 | 37.72 | $1,995.15 | $1,053.16 | $399.03 |
| 56399 | T | Laparoscopy procedure | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 56405 | T | I & D of vulva/perineum | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 56420 | T | Drainage of gland abscess | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 56440 | T | Surgery for vulva lesion | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 56441 | T | Lysis of labial lesion(s) | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 56501 | T | Destruction, vulva lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 56515 | T | Destruction, vulva lesion(s) | 152 | 10.43 | $551.43 | $261.71 | $110.29 |
| 56605 | T | Biopsy of vulva/perineum | 161 | 3.50 | $385.12 | $75.48 | $37.02 |
| 56606 | T | Biopsy of vulva/perineum | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 56620 | T | Partial removal of vulva | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 56625 | T | Complete removal of vulva | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 56630 | C | Extensive vulva surgery | | | | | |
| 56631 | C | Extensive vulva surgery | | | | | |
| 56632 | C | Extensive vulva surgery | | | | | |
| 56633 | C | Extensive vulva surgery | | | | | |
| 56634 | C | Extensive vulva surgery | | | | | |
| 56637 | C | Extensive vulva surgery | | | | | |
| 56640 | C | Extensive vulva surgery | | | | | |
| 56700 | T | Partial removal of hymen | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 56720 | T | Incision of hymen | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 56740 | T | Remove vagina gland lesion | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 56800 | T | Repair of vagina | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 56805 | C | Repair clitoris | | | | | |
| 56810 | T | Repair of perineum | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57000 | T | Exploration of vagina | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57010 | T | Drainage of pelvic abscess | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57020 | T | Drainage of pelvic fluid | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57061 | T | Destruction vagina lesion(s) | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57065 | T | Destruction vagina lesion(s) | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57100 | T | Biopsy of vagina | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57105 | T | Biopsy of vagina | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57108 | C | Partial removal of vagina | | | | | |
| 57110 | C | Removal of vagina | | | | | |
| 57120 | C | Closure of vagina | | | | | |
| 57130 | T | Remove vagina lesion | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57135 | T | Remove vagina lesion | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57150 | T | Treat vagina infection | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57160 | T | Insertion of pessary/device | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57170 | T | Fitting of diaphragm/cap | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57180 | T | Treat vaginal bleeding | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57200 | T | Repair of vagina | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57210 | T | Repair vagina/perineum | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57220 | T | Revision of urethra | 563 | 16.91 | $894.24 | $464.88 | $178.85 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 57230 | T | Repair of urethral lesion | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57240 | T | Repair bladder & vagina | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57250 | T | Repair rectum & vagina | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57260 | T | Repair of vagina | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57265 | T | Extensive repair of vagina | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57268 | T | Repair of bowel bulge | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57270 | C | Repair of bowel pouch | | | | | |
| 57280 | C | Suspension of vagina | | | | | |
| 57282 | C | Repair of vaginal prolapse | | | | | |
| 57284 | T | Repair paravaginal defect | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57288 | T | Repair bladder defect | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57289 | T | Repair bladder & vagina | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57291 | T | Construction of vagina | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57292 | C | Construct vagina with graft | | | | | |
| 57300 | T | Repair rectum-vagina fistula | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57305 | C | Repair rectum-vagina fistula | | | | | |
| 57307 | C | Fistula repair & colostomy | | | | | |
| 57308 | C | Fistula repair, transperine | | | | | |
| 57310 | C | Repair urethrovaginal lesion | | | | | |
| 57311 | C | Repair urethrovaginal lesion | | | | | |
| 57320 | C | Repair bladder-vagina lesion | | | | | |
| 57330 | C | Repair bladder-vagina lesion | | | | | |
| 57335 | C | Repair vagina | | | | | |
| 57400 | T | Dilation of vagina | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57410 | T | Pelvic examination | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57415 | T | Removal vaginal foreign body | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57452 | T | Examination of vagina | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57454 | T | Vagina examination & biopsy | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57460 | T | Cervix excision | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57500 | T | Biopsy of cervix | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57505 | T | Endocervical curettage | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57510 | T | Cauterization of cervix | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57511 | T | Cryocautery of cervix | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57513 | T | Laser surgery of cervix | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57520 | T | Conization of cervix | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57522 | T | Conization of cervix | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57530 | T | Removal of cervix | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57531 | C | Removal of cervix, radical | | | | | |
| 57540 | C | Removal of residual cervix | | | | | |
| 57545 | C | Remove cervix, repair pelvis | | | | | |
| 57550 | T | Removal of residual cervix | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57555 | T | Remove cervix, repair vagina | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57556 | T | Remove cervix, repair bowel | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 57700 | T | Revision of cervix | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57720 | T | Revision of cervix | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 57800 | T | Dilation of cervical canal | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 57820 | T | D&c of residual cervix | 567 | 13.61 | $719.9 | $364.09 | $143.98 |
| 58100 | T | Biopsy of uterus lining | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 58120 | T | Dilation and curettage (D&C) | 567 | 13.61 | $719.9 | $364.09 | $143.98 |
| 58140 | C | Removal of uterus lesion | | | | | |
| 58145 | T | Removal of uterus lesion | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 58150 | C | Total hysterectomy | | | | | |
| 58152 | C | Total hysterectomy | | | | | |
| 58180 | C | Partial hysterectomy | | | | | |
| 58200 | C | Extensive hysterectomy | | | | | |
| 58210 | C | Extensive hysterectomy | | | | | |
| 58240 | C | Removal of pelvis contents | | | | | |
| 58260 | C | Vaginal hysterectomy | | | | | |
| 58262 | C | Vaginal hysterectomy | | | | | |
| 58263 | C | Vaginal hysterectomy | | | | | |
| 58267 | C | Hysterectomy & vagina repair | | | | | |
| 58270 | C | Hysterectomy & vagina repair | | | | | |
| 58275 | C | Hysterectomy, revise vagina | | | | | |
| 58280 | C | Hysterectomy, revise vagina | | | | | |
| 58285 | C | Extensive hysterectomy | | | | | |
| 58300 | E | Insert intrauterine device | | | | | |
| 58301 | T | Remove intrauterine device | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 58321 | T | Artificial insemination | 568 | 2.50 | $132.23 | $49.49 | $26.45 |
| 58322 | T | Artificial insemination | 568 | 2.50 | $132.23 | $49.49 | $26.45 |
| 58323 | T | Sperm washing | 568 | 2.50 | $132.23 | $49.49 | $26.45 |
| 58340 | T | Catheter for hysterography | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 58345 | T | Reopen fallopian tube | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 58350 | T | Reopen fallopian tube | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 58400 | C | Suspension of uterus | | | | | |
| 58410 | C | Suspension of uterus | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 58520 | C | Repair of ruptured uterus | | | | | |
| 58540 | C | Revision of uterus | | | | | |
| 58600 | C | Division of fallopian tube | | | | | |
| 58605 | C | Division of fallopian tube | | | | | |
| 58611 | C | Ligate oviduct(s) | | | | | |
| 58615 | C | Occlude fallopian tube(s) | | | | | |
| 58700 | C | Removal of fallopian tube | | | | | |
| 58720 | C | Removal of ovary/tube(s) | | | | | |
| 58740 | C | Revise fallopian tube(s) | | | | | |
| 58750 | C | Repair oviduct | | | | | |
| 58752 | C | Revise ovarian tube(s) | | | | | |
| 58760 | C | Remove tubal obstruction | | | | | |
| 58770 | C | Create new tubal opening | | | | | |
| 58800 | T | Drainage of ovarian cyst(s) | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 58805 | C | Drainage of ovarian cyst(s) | | | | | |
| 58820 | T | Open drain ovary abscess | 563 | 16.91 | $894.24 | $464.88 | $178.85 |
| 58822 | C | Percut drain ovary abscess | | | | | |
| 58823 | C | Percut drain pelvic abscess | | | | | |
| 58825 | C | Transposition, ovary(s) | | | | | |
| 58900 | C | Biopsy of ovary(s) | | | | | |
| 58920 | C | Partial removal of ovary(s) | | | | | |
| 58925 | C | Removal of ovarian cyst(s) | | | | | |
| 58940 | C | Removal of ovary(s) | | | | | |
| 58943 | C | Removal of ovary(s) | | | | | |
| 58950 | C | Resect ovarian malignancy | | | | | |
| 58951 | C | Resect ovarian malignancy | | | | | |
| 58952 | C | Resect ovarian malignancy | | | | | |
| 58960 | C | Exploration of abdomen | | | | | |
| 58970 | T | Retrieval of oocyte | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 58974 | T | Transfer of embryo | 568 | 2.50 | $132.23 | $49.49 | $26.45 |
| 58976 | T | Transfer of embryo | 568 | 2.50 | $132.23 | $49.49 | $26.45 |
| 58999 | T | Genital surgery procedure | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 59000 | T | Amniocentesis | 578 | 1.26 | $66.60 | $33.90 | $13.32 |
| 59012 | T | Fetal cord puncture, prenatal | 578 | 1.26 | $66.60 | $33.90 | $13.32 |
| 59015 | T | Chorion biopsy | 578 | 1.26 | $66.60 | $33.90 | $13.32 |
| 59020 | T | Fetal contract stress test | 578 | 1.26 | $66.60 | $33.90 | $13.32 |
| 59025 | T | Fetal non-stress test | 578 | 1.26 | $66.60 | $33.90 | $13.32 |
| 59030 | T | Fetal scalp blood sample | 578 | 1.26 | $66.60 | $33.90 | $13.32 |
| 59050 | T | Fetal monitor w/report | 578 | 1.26 | $66.60 | $33.90 | $13.32 |
| 59051 | N | Fetal monitor/interpret only | | | | | |
| 59100 | C | Remove uterus lesion | | | | | |
| 59120 | C | Treat ectopic pregnancy | | | | | |
| 59121 | C | Treat ectopic pregnancy | | | | | |
| 59130 | C | Treat ectopic pregnancy | | | | | |
| 59135 | C | Treat ectopic pregnancy | | | | | |
| 59136 | C | Treat ectopic pregnancy | | | | | |
| 59140 | C | Treat ectopic pregnancy | | | | | |
| 59150 | C | Treat ectopic pregnancy | | | | | |
| 59151 | C | Treat ectopic pregnancy | | | | | |
| 59160 | T | D&C after delivery | 567 | 13.61 | $719.90 | $364.09 | $143.98 |
| 59200 | T | Insert cervical dilator | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| 59300 | T | Episiotomy or vaginal repair | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 59320 | T | Revision of cervix | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 59325 | C | Revision of cervix | | | | | |
| 59350 | C | Repair of uterus | | | | | |
| 59400 | E | Obstetrical care | | | | | |
| 59409 | T | Obstetrical care | 580 | 4.59 | $242.90 | $146.45 | $48.58 |
| 59410 | E | Obstetrical care | | | | | |
| 59412 | T | Antepartum manipulation | 580 | 4.59 | $242.90 | $146.45 | $48.58 |
| 59414 | T | Deliver placenta | 580 | 4.59 | $242.90 | $146.45 | $48.58 |
| 59425 | E | Antepartum care only | | | | | |
| 59426 | E | Antepartum care only | | | | | |
| 59430 | E | Care after delivery | | | | | |
| 59510 | E | Cesarean delivery | | | | | |
| 59514 | C | Cesarean delivery only | | | | | |
| 59515 | E | Cesarean delivery | | | | | |
| 59525 | C | Remove uterus after cesarean | | | | | |
| 59610 | E | Vbac delivery | | | | | |
| 59612 | T | Vbac delivery only | 580 | 4.59 | $242.90 | $146.45 | $48.58 |
| 59614 | E | Vbac care after delivery | | | | | |
| 59618 | E | Attempted vbac delivery | | | | | |
| 59620 | C | Attempted vbac delivery only | | | | | |
| 59622 | E | Attempted vbac after care | | | | | |
| 59812 | T | Treatment of miscarriage | 587 | 13.26 | $701.29 | $347.14 | $140.26 |
| 59820 | T | Care of miscarriage | 587 | 13.26 | $701.29 | $347.14 | $140.26 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 59821 | T | Treatment of miscarriage | 587 | 13.26 | $701.29 | $347.14 | $140.26 |
| 59830 | C | Treat uterus infection | | | | | |
| 59840 | T | Abortion | 586 | 12.50 | $661.13 | $431.89 | $132.23 |
| 59841 | T | Abortion | 586 | 12.50 | $661.13 | $431.89 | $132.23 |
| 59850 | C | Abortion | | | | | |
| 59851 | C | Abortion | | | | | |
| 59852 | C | Abortion | | | | | |
| 59855 | C | Abortion | | | | | |
| 59856 | C | Abortion | | | | | |
| 59857 | C | Abortion | | | | | |
| 59866 | C | Abortion | | | | | |
| 59870 | T | Evacuate mole of uterus | 587 | 13.26 | $701.29 | $347.14 | $140.26 |
| 59871 | T | Remove cerclage suture | 562 | 12.76 | $674.84 | $330.86 | $134.97 |
| 59899 | T | Maternity care procedure | 578 | 1.26 | $66.60 | $33.90 | $13.32 |
| 60000 | T | Drain thyroid/tongue cyst | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 60001 | T | Aspirate/inject thyroid cyst | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 60100 | T | Biopsy of thyroid | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 60200 | T | Remove thyroid lesion | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 60210 | T | Partial excision thyroid | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 60212 | C | Partial thyroid excision | | | | | |
| 60220 | T | Partial removal of thyroid | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 60225 | T | Partial removal of thyroid | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 60240 | T | Removal of thyroid | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 60252 | C | Removal of thyroid | | | | | |
| 60254 | C | Extensive thyroid surgery | | | | | |
| 60260 | C | Repeat thyroid surgery | | | | | |
| 60270 | C | Removal of thyroid | | | | | |
| 60271 | C | Removal of thyroid | | | | | |
| 60280 | T | Remove thyroid duct lesion | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 60281 | T | Remove thyroid duct lesion | 397 | 18.37 | $971.62 | $496.97 | $194.32 |
| 60500 | C | Explore parathyroid glands | | | | | |
| 60502 | C | Re-explore parathyroids | | | | | |
| 60505 | C | Explore parathyroid glands | | | | | |
| 60512 | C | Autotransplant, parathyroid | | | | | |
| 60520 | C | Removal of thymus gland | | | | | |
| 60521 | C | Removal thymus gland | | | | | |
| 60522 | C | Removal of thymus gland | | | | | |
| 60540 | C | Explore adrenal gland | | | | | |
| 60545 | C | Explore adrenal gland | | | | | |
| 60600 | C | Remove carotid body lesion | | | | | |
| 60605 | C | Remove carotid body lesion | | | | | |
| 60699 | T | Endocrine surgery procedure | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 61000 | T | Remove cranial cavity fluid | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 61001 | T | Remove cranial cavity fluid | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 61020 | T | Remove brain cavity fluid | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 61026 | T | Injection into brain canal | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 61050 | T | Remove brain canal fluid | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 61055 | T | Injection into brain canal | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 61070 | T | Brain canal shunt procedure | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 61105 | C | Drill skull for examination | | | | | |
| 61106 | C | Drill skull for exam/surgery | | | | | |
| 61107 | C | Drill skull for implantation | | | | | |
| 61108 | C | Drill skull for drainage | | | | | |
| 61120 | C | Pierce skull for examination | | | | | |
| 61130 | C | Pierce skull, exam/surgery | | | | | |
| 61140 | C | Pierce skull for biopsy | | | | | |
| 61150 | C | Pierce skull for drainage | | | | | |
| 61151 | C | Pierce skull for drainage | | | | | |
| 61154 | C | Pierce skull, remove clot | | | | | |
| 61156 | C | Pierce skull for drainage | | | | | |
| 61210 | C | Pierce skull; implant device | | | | | |
| 61215 | T | Insert brain-fluid device | 618 | 25.56 | $1,351.64 | $780.60 | $270.33 |
| 61250 | C | Pierce skull & explore | | | | | |
| 61253 | C | Pierce skull & explore | | | | | |
| 61304 | C | Open skull for exploration | | | | | |
| 61305 | C | Open skull for exploration | | | | | |
| 61312 | C | Open skull for drainage | | | | | |
| 61313 | C | Open skull for drainage | | | | | |
| 61314 | C | Open skull for drainage | | | | | |
| 61315 | C | Open skull for drainage | | | | | |
| 61320 | C | Open skull for drainage | | | | | |
| 61321 | C | Open skull for drainage | | | | | |
| 61330 | C | Decompress eye socket | | | | | |
| 61332 | C | Explore/biopsy eye socket | | | | | |
| 61333 | C | Explore orbit; remove lesion | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 61334 | C | Explore orbit; remove object | | | | | |
| 61340 | C | Relieve cranial pressure | | | | | |
| 61343 | C | Incise skull, pressure relief | | | | | |
| 61345 | C | Relieve cranial pressure | | | | | |
| 61440 | C | Incise skull for surgery | | | | | |
| 61450 | C | Incise skull for surgery | | | | | |
| 61458 | C | Incise skull for brain wound | | | | | |
| 61460 | C | Incise skull for surgery | | | | | |
| 61470 | C | Incise skull for surgery | | | | | |
| 61480 | C | Incise skull for surgery | | | | | |
| 61490 | C | Incise skull for surgery | | | | | |
| 61500 | C | Removal of skull lesion | | | | | |
| 61501 | C | Remove infected skull bone | | | | | |
| 61510 | C | Removal of brain lesion | | | | | |
| 61512 | C | Remove brain lining lesion | | | | | |
| 61514 | C | Removal of brain abscess | | | | | |
| 61516 | C | Removal of brain lesion | | | | | |
| 61518 | C | Removal of brain lesion | | | | | |
| 61519 | C | Remove brain lining lesion | | | | | |
| 61520 | C | Removal of brain lesion | | | | | |
| 61521 | C | Removal of brain lesion | | | | | |
| 61522 | C | Removal of brain abscess | | | | | |
| 61524 | C | Removal of brain lesion | | | | | |
| 61526 | C | Removal of brain lesion | | | | | |
| 61530 | C | Removal of brain lesion | | | | | |
| 61531 | C | Implant brain electrodes | | | | | |
| 61533 | C | Implant brain electrodes | | | | | |
| 61534 | C | Removal of brain lesion | | | | | |
| 61535 | C | Remove brain electrodes | | | | | |
| 61536 | C | Removal of brain lesion | | | | | |
| 61538 | C | Removal of brain tissue | | | | | |
| 61539 | C | Removal of brain tissue | | | | | |
| 61541 | C | Incision of brain tissue | | | | | |
| 61542 | C | Removal of brain tissue | | | | | |
| 61543 | C | Removal of brain tissue | | | | | |
| 61544 | C | Remove and treat brain lesion | | | | | |
| 61545 | C | Excision of brain tumor | | | | | |
| 61546 | C | Removal of pituitary gland | | | | | |
| 61548 | C | Removal of pituitary gland | | | | | |
| 61550 | C | Release of skull seams | | | | | |
| 61552 | C | Release of skull seams | | | | | |
| 61556 | C | Incise skull/sutures | | | | | |
| 61557 | C | Incise skull/sutures | | | | | |
| 61558 | C | Excision of skull/sutures | | | | | |
| 61559 | C | Excision of skull/sutures | | | | | |
| 61563 | C | Excision of skull tumor | | | | | |
| 61564 | C | Excision of skull tumor | | | | | |
| 61570 | C | Remove brain foreign body | | | | | |
| 61571 | C | Incise skull for brain wound | | | | | |
| 61575 | C | Skull base/brainstem surgery | | | | | |
| 61576 | C | Skull base/brainstem surgery | | | | | |
| 61580 | C | Craniofacial approach, skull | | | | | |
| 61581 | C | Craniofacial approach, skull | | | | | |
| 61582 | C | Craniofacial approach, skull | | | | | |
| 61583 | C | Craniofacial approach, skull | | | | | |
| 61584 | C | Orbitocranial approach/skull | | | | | |
| 61585 | C | Orbitocranial approach/skull | | | | | |
| 61586 | C | Resect nasopharynx, skull | | | | | |
| 61590 | C | Infratemporal approach/skull | | | | | |
| 61591 | C | Infratemporal approach/skull | | | | | |
| 61592 | C | Orbitocranial approach/skull | | | | | |
| 61595 | C | Transtemporal approach/skull | | | | | |
| 61596 | C | Transcochlear approach/skull | | | | | |
| 61597 | C | Transcondylar approach/skull | | | | | |
| 61598 | C | Transpetrosal approach/skull | | | | | |
| 61600 | C | Resect/excise cranial lesion | | | | | |
| 61601 | C | Resect/excise cranial lesion | | | | | |
| 61605 | C | Resect/excise cranial lesion | | | | | |
| 61606 | C | Resect/excise cranial lesion | | | | | |
| 61607 | C | Resect/excise cranial lesion | | | | | |
| 61608 | C | Resect/excise cranial lesion | | | | | |
| 61609 | C | Transect, artery, sinus | | | | | |
| 61610 | C | Transect, artery, sinus | | | | | |
| 61611 | C | Transect, artery, sinus | | | | | |
| 61612 | C | Transect, artery, sinus | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 61613 | C | Remove aneurysm, sinus | | | | | |
| 61615 | C | Resect/excise lesion, skull | | | | | |
| 61616 | C | Resect/excise lesion, skull | | | | | |
| 61618 | C | Repair dura | | | | | |
| 61619 | C | Repair dura | | | | | |
| 61624 | C | Occlusion/embolization cath | | | | | |
| 61626 | C | Occlusion/embolization cath | | | | | |
| 61680 | C | Intracranial vessel surgery | | | | | |
| 61682 | C | Intracranial vessel surgery | | | | | |
| 61684 | C | Intracranial vessel surgery | | | | | |
| 61686 | C | Intracranial vessel surgery | | | | | |
| 61690 | C | Intracranial vessel surgery | | | | | |
| 61692 | C | Intracranial vessel surgery | | | | | |
| 61700 | C | Inner skull vessel surgery | | | | | |
| 61702 | C | Inner skull vessel surgery | | | | | |
| 61703 | C | Clamp neck artery | | | | | |
| 61705 | C | Revise circulation to head | | | | | |
| 61708 | C | Revise circulation to head | | | | | |
| 61710 | C | Revise circulation to head | | | | | |
| 61711 | C | Fusion of skull arteries | | | | | |
| 61712 | C | Skull or spine microsurgery | | | | | |
| 61720 | C | Incise skull/brain surgery | | | | | |
| 61735 | C | Incise skull/brain surgery | | | | | |
| 61750 | C | Incise skull; brain biopsy | | | | | |
| 61751 | C | Brain biopsy with cat scan | | | | | |
| 61760 | C | Implant brain electrodes | | | | | |
| 61770 | C | Incise skull for treatment | | | | | |
| 61790 | T | Treat trigeminal nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 61791 | C | Treat trigeminal tract | | | | | |
| 61793 | S | Focus radiation beam | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 61795 | C | Brain surgery using computer | | | | | |
| 61850 | C | Implant neuroelectrodes | | | | | |
| 61855 | C | Implant neuroelectrodes | | | | | |
| 61860 | C | Implant neuroelectrodes | | | | | |
| 61865 | C | Implant neuroelectrodes | | | | | |
| 61870 | C | Implant neuroelectrodes | | | | | |
| 61875 | C | Implant neuroelectrodes | | | | | |
| 61880 | C | Revise/remove neuroelectrode | | | | | |
| 61885 | T | Implant neuroreceiver | 618 | 25.56 | $1,351.64 | $780.60 | $270.33 |
| 61888 | C | Revise/remove neuroreceiver | | | | | |
| 62000 | C | Repair of skull fracture | | | | | |
| 62005 | C | Repair of skull fracture | | | | | |
| 62010 | C | Treatment of head injury | | | | | |
| 62100 | C | Repair brain fluid leakage | | | | | |
| 62115 | C | Reduction of skull defect | | | | | |
| 62116 | C | Reduction of skull defect | | | | | |
| 62117 | C | Reduction of skull defect | | | | | |
| 62120 | C | Repair skull cavity lesion | | | | | |
| 62121 | C | Incise skull repair | | | | | |
| 62140 | C | Repair of skull defect | | | | | |
| 62141 | C | Repair of skull defect | | | | | |
| 62142 | C | Remove skull plate/flap | | | | | |
| 62143 | C | Replace skull plate/flap | | | | | |
| 62145 | C | Repair of skull and brain | | | | | |
| 62146 | C | Repair of skull with graft | | | | | |
| 62147 | C | Repair of skull with graft | | | | | |
| 62180 | C | Establish brain cavity shunt | | | | | |
| 62190 | C | Establish brain cavity shunt | | | | | |
| 62192 | C | Establish brain cavity shunt | | | | | |
| 62194 | T | Replace/irrigate catheter | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62200 | C | Establish brain cavity shunt | | | | | |
| 62201 | C | Establish brain cavity shunt | | | | | |
| 62220 | C | Establish brain cavity shunt | | | | | |
| 62223 | C | Establish brain cavity shunt | | | | | |
| 62225 | T | Replace/irrigate catheter | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62230 | T | Replace/revise brain shunt | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 62256 | C | Remove brain cavity shunt | | | | | |
| 62258 | C | Replace brain cavity shunt | | | | | |
| 62268 | T | Drain spinal cord cyst | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62269 | T | Needle biopsy spinal cord | 122 | 4.87 | $257.60 | $115.03 | $51.52 |
| 62270 | T | Spinal fluid tap, diagnostic | 600 | 2.63 | $139.08 | $61.47 | $27.82 |
| 62272 | T | Drain spinal fluid | 600 | 2.63 | $139.08 | $61.47 | $27.82 |
| 62273 | T | Treat lumbar spine lesion | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62274 | T | Inject spinal anesthetic | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62275 | T | Inject spinal anesthetic | 602 | 3.33 | $176.30 | $87.69 | $35.26 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 62276 | T | Inject spinal anesthetic | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62277 | T | Inject spinal anesthetic | 602 | 3.33 | 176.30 | $87.69 | $35.26 |
| 62278 | T | Inject spinal anesthetic | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62279 | T | Inject spinal anesthetic | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62280 | T | Treat spinal cord lesion | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62281 | T | Treat spinal cord lesion | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62282 | T | Treat spinal canal lesion | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62284 | T | Injection for myelogram | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 62287 | T | Percutaneous diskectomy | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 62288 | T | Injection into spinal canal | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62289 | T | Injection into spinal canal | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62290 | T | Inject for spine disk x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 62291 | T | Inject for spine disk x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 62292 | T | Injection into disk lesion | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62294 | T | Injection into spinal artery | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62298 | T | Injection into spinal canal | 602 | 3.33 | $176.30 | $87.69 | $35.26 |
| 62350 | T | Implant spinal catheter | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 62351 | C | Implant spinal catheter | | | | | |
| 62355 | T | Remove spinal canal catheter | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 62360 | T | Insert spine infusion device | 618 | 25.56 | $1,351.64 | $780.60 | $270.33 |
| 62361 | T | Implant spine infusion pump | 618 | 25.56 | $1,351.64 | $780.60 | $270.33 |
| 62362 | T | Implant spine infusion pump | 618 | 25.56 | $1,351.64 | $780.60 | $270.33 |
| 62365 | T | Remove spine infusion device | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 62367 | X | Analyze spine infusion pump | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 62368 | X | Analyze spine infusion pump | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 63001 | C | Removal of spinal lamina | | | | | |
| 63003 | C | Removal of spinal lamina | | | | | |
| 63005 | C | Removal of spinal lamina | | | | | |
| 63011 | C | Removal of spinal lamina | | | | | |
| 63012 | C | Removal of spinal lamina | | | | | |
| 63015 | C | Removal of spinal lamina | | | | | |
| 63016 | C | Removal of spinal lamina | | | | | |
| 63017 | C | Removal of spinal lamina | | | | | |
| 63020 | C | Neck spine disk surgery | | | | | |
| 63030 | C | Low back disk surgery | | | | | |
| 63035 | C | Added spinal disk surgery | | | | | |
| 63040 | C | Neck spine disk surgery | | | | | |
| 63042 | C | Low back disk surgery | | | | | |
| 63045 | C | Removal of spinal lamina | | | | | |
| 63046 | C | Removal of spinal lamina | | | | | |
| 63047 | C | Removal of spinal lamina | | | | | |
| 63048 | C | Removal of spinal lamina | | | | | |
| 63055 | C | Decompress spinal cord | | | | | |
| 63056 | C | Decompress spinal cord | | | | | |
| 63057 | C | Decompress spinal cord | | | | | |
| 63064 | C | Decompress spinal cord | | | | | |
| 63066 | C | Decompress spinal cord | | | | | |
| 63075 | C | Neck spine disk surgery | | | | | |
| 63076 | C | Neck spine disk surgery | | | | | |
| 63077 | C | Spine disk surgery, thorax | | | | | |
| 63078 | C | Spine disk surgery, thorax | | | | | |
| 63081 | C | Removal of vertebral body | | | | | |
| 63082 | C | Removal of vertebral body | | | | | |
| 63085 | C | Removal of vertebral body | | | | | |
| 63086 | C | Removal of vertebral body | | | | | |
| 63087 | C | Removal of vertebral body | | | | | |
| 63088 | C | Removal of vertebral body | | | | | |
| 63090 | C | Removal of vertebral body | | | | | |
| 63091 | C | Removal of vertebral body | | | | | |
| 63170 | C | Incise spinal cord tract(s) | | | | | |
| 63172 | C | Drainage of spinal cyst | | | | | |
| 63173 | C | Drainage of spinal cyst | | | | | |
| 63180 | C | Revise spinal cord ligaments | | | | | |
| 63182 | C | Revise spinal cord ligaments | | | | | |
| 63185 | C | Incise spinal column/nerves | | | | | |
| 63190 | C | Incise spinal column/nerves | | | | | |
| 63191 | C | Incise spinal column/nerves | | | | | |
| 63194 | C | Incise spinal column & cord | | | | | |
| 63195 | C | Incise spinal column & cord | | | | | |
| 63196 | C | Incise spinal column & cord | | | | | |
| 63197 | C | Incise spinal column & cord | | | | | |
| 63198 | C | Incise spinal column & cord | | | | | |
| 63199 | C | Incise spinal column & cord | | | | | |
| 63200 | C | Release of spinal cord | | | | | |
| 63250 | C | Revise spinal cord vessels | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 63251 | C | Revise spinal cord vessels | | | | | |
| 63252 | C | Revise spinal cord vessels | | | | | |
| 63265 | C | Excise intraspinal lesion | | | | | |
| 63266 | C | Excise intraspinal lesion | | | | | |
| 63267 | C | Excise intraspinal lesion | | | | | |
| 63268 | C | Excise intraspinal lesion | | | | | |
| 63270 | C | Excise intraspinal lesion | | | | | |
| 63271 | C | Excise intraspinal lesion | | | | | |
| 63272 | C | Excise intraspinal lesion | | | | | |
| 63273 | C | Excise intraspinal lesion | | | | | |
| 63275 | C | Biopsy/excise spinal tumor | | | | | |
| 63276 | C | Biopsy/excise spinal tumor | | | | | |
| 63277 | C | Biopsy/excise spinal tumor | | | | | |
| 63278 | C | Biopsy/excise spinal tumor | | | | | |
| 63280 | C | Biopsy/excise spinal tumor | | | | | |
| 63281 | C | Biopsy/excise spinal tumor | | | | | |
| 63282 | C | Biopsy/excise spinal tumor | | | | | |
| 63283 | C | Biopsy/excise spinal tumor | | | | | |
| 63285 | C | Biopsy/excise spinal tumor | | | | | |
| 63286 | C | Biopsy/excise spinal tumor | | | | | |
| 63287 | C | Biopsy/excise spinal tumor | | | | | |
| 63290 | C | Biopsy/excise spinal tumor | | | | | |
| 63300 | C | Removal of vertebral body | | | | | |
| 63301 | C | Removal of vertebral body | | | | | |
| 63302 | C | Removal of vertebral body | | | | | |
| 63303 | C | Removal of vertebral body | | | | | |
| 63304 | C | Removal of vertebral body | | | | | |
| 63305 | C | Removal of vertebral body | | | | | |
| 63306 | C | Removal of vertebral body | | | | | |
| 63307 | C | Removal of vertebral body | | | | | |
| 63308 | C | Removal of vertebral body | | | | | |
| 63600 | T | Remove spinal cord lesion | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 63610 | T | Stimulation of spinal cord | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 63615 | T | Remove lesion of spinal cord | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 63650 | T | Implant neuroelectrodes | 616 | 14.43 | $762.99 | $366.57 | $152.60 |
| 63655 | C | Implant neuroelectrodes | | | | | |
| 63660 | T | Revise/remove neuroelectrode | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 63685 | T | Implant neuroreceiver | 618 | 25.56 | $1,351.64 | $780.60 | $270.33 |
| 63688 | T | Revise/remove neuroreceiver | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 63690 | X | Analysis of neuroreceiver | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 63691 | X | Analysis of neuroreceiver | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 63700 | C | Repair of spinal herniation | | | | | |
| 63702 | C | Repair of spinal herniation | | | | | |
| 63704 | C | Repair of spinal herniation | | | | | |
| 63706 | C | Repair of spinal herniation | | | | | |
| 63707 | C | Repair spinal fluid leakage | | | | | |
| 63709 | C | Repair spinal fluid leakage | | | | | |
| 63710 | C | Graft repair of spine defect | | | | | |
| 63740 | C | Install spinal shunt | | | | | |
| 63741 | C | Install spinal shunt | | | | | |
| 63744 | T | Revision of spinal shunt | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 63746 | T | Removal of spinal shunt | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 64400 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64402 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64405 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64408 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64410 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64412 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64413 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64415 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64417 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64418 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64420 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64421 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64425 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64430 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64435 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64440 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64441 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64442 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64443 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64445 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64450 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64505 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64508 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 64510 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64520 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64530 | T | Injection for nerve block | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64550 | A | Apply neurostimulator | | | | | |
| 64553 | T | Implant neuroelectrodes | 616 | 14.43 | $762.99 | $366.57 | $152.60 |
| 64555 | T | Implant neuroelectrodes | 616 | 14.43 | $762.99 | $366.57 | $152.60 |
| 64560 | T | Implant neuroelectrodes | 616 | 14.43 | $762.99 | $366.57 | $152.60 |
| 64565 | T | Implant neuroelectrodes | 616 | 14.43 | $762.99 | $366.57 | $152.60 |
| 64573 | T | Implant neuroelectrodes | 616 | 14.43 | $762.99 | $366.57 | $152.60 |
| 64575 | T | Implant neuroelectrodes | 616 | 14.43 | $762.99 | $366.57 | $152.60 |
| 64577 | T | Implant neuroelectrodes | 616 | 14.43 | $762.99 | $366.57 | $152.60 |
| 64580 | T | Implant neuroelectrodes | 616 | 14.43 | $762.99 | $366.57 | $152.60 |
| 64585 | T | Revise/remove neuroelectrode | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 64590 | T | Implant neuroreceiver | 618 | 25.56 | $1,351.64 | $780.60 | $270.33 |
| 64595 | T | Revise/remove neuroreceiver | 617 | 11.56 | $611.18 | $287.70 | $122.24 |
| 64600 | T | Injection treatment of nerve | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64605 | T | Injection treatment of nerve | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64610 | T | Injection treatment of nerve | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64612 | T | Destroy nerve, face muscle | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64613 | T | Destroy nerve, spine muscle | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64620 | T | Injection treatment of nerve | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64622 | T | Injection treatment of nerve | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64623 | T | Injection treatment of nerve | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64630 | T | Injection treatment of nerve | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64640 | T | Injection treatment of nerve | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64680 | T | Injection treatment of nerve | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 64702 | T | Revise finger/toe nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64704 | T | Revise hand/foot nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64708 | T | Revise arm/leg nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64712 | T | Revision of sciatic nerve | 631 | 12.98 | $686.60 | $333.8 | $137.32 |
| 64713 | T | Revision of arm nerve(s) | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64714 | T | Revise low back nerve(s) | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64716 | T | Revision of cranial nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64718 | T | Revise ulnar nerve at elbow | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64719 | T | Revise ulnar nerve at wrist | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64721 | T | Carpal tunnel surgery | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64722 | T | Relieve pressure on nerve(s) | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64726 | T | Release foot/toe nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64727 | T | Internal nerve revision | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64732 | T | Incision of brow nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64734 | T | Incision of cheek nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64736 | T | Incision of chin nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64738 | T | Incision of jaw nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64740 | T | Incision of tongue nerve | 631 | 12.98 | $686.60 | $333.8 | $137.32 |
| 64742 | T | Incision of facial nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64744 | T | Incise nerve, back of head | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64746 | T | Incise diaphragm nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64752 | C | Incision of vagus nerve | | | | | |
| 64755 | C | Incision of stomach nerves | | | | | |
| 64760 | C | Incision of vagus nerve | | | | | |
| 64761 | T | Incision of pelvis nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64763 | C | Incise hip/thigh nerve | | | | | |
| 64766 | C | Incise hip/thigh nerve | | | | | |
| 64771 | T | Sever cranial nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64772 | T | Incision of spinal nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64774 | T | Remove skin nerve lesion | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64776 | T | Remove digit nerve lesion | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64778 | T | Added digit nerve surgery | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64782 | T | Remove limb nerve lesion | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64783 | T | Added limb nerve surgery | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64784 | T | Remove nerve lesion | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64786 | T | Remove sciatic nerve lesion | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64787 | T | Implant nerve end | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64788 | T | Remove skin nerve lesion | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64790 | T | Removal of nerve lesion | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64792 | T | Removal of nerve lesion | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64795 | T | Biopsy of nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64802 | C | Remove sympathetic nerves | | | | | |
| 64804 | C | Remove sympathetic nerves | | | | | |
| 64809 | C | Remove sympathetic nerves | | | | | |
| 64818 | C | Remove sympathetic nerves | | | | | |
| 64820 | C | Remove sympathetic nerves | | | | | |
| 64830 | T | Microrepair of nerve | 631 | 12.98 | $686.60 | $333.80 | $137.32 |
| 64831 | T | Repair of digit nerve | 632 | 18.13 | $958 88 | $461.04 | $191.78 |
| 64832 | T | Repair additional nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 64834 | T | Repair of hand or foot nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64835 | T | Repair of hand or foot nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64836 | T | Repair of hand or foot nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64837 | T | Repair additional nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64840 | T | Repair of leg nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64856 | T | Repair/transpose nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64857 | T | Repair arm/leg nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64858 | T | Repair sciatic nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64859 | T | Additional nerve surgery | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64861 | T | Repair of arm nerves | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64862 | T | Repair of low back nerves | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64864 | T | Repair of facial nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64865 | T | Repair of facial nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64866 | C | Fusion of facial/other nerve | | | | | |
| 64868 | C | Fusion of facial/other nerve | | | | | |
| 64870 | T | Fusion of facial/other nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64872 | T | Subsequent repair of nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64874 | T | Repair & revise nerve | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64876 | T | Repair nerve; shorten bone | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64885 | T | Nerve graft, head or neck | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64886 | T | Nerve graft, head or neck | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64890 | T | Nerve graft, hand or foot | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64891 | T | Nerve graft, hand or foot | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64892 | T | Nerve graft, arm or leg | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64893 | T | Nerve graft, arm or leg | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64895 | T | Nerve graft, hand or foot | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64896 | T | Nerve graft, hand or foot | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64897 | T | Nerve graft, arm or leg | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64898 | T | Nerve graft, arm or leg | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64901 | T | Additional nerve graft | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64902 | T | Additional nerve graft | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64905 | T | Nerve pedicle transfer | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64907 | T | Nerve pedicle transfer | 632 | 18.13 | $958.88 | $461.04 | $191.78 |
| 64999 | T | Nervous system surgery | 601 | 3.11 | $164.55 | $74.13 | $32.91 |
| 65091 | T | Revise eye | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65093 | T | Revise eye with implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65101 | T | Removal of eye | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65103 | T | Remove eye/insert implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65105 | T | Remove eye/attach implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65110 | C | Removal of eye | | | | | |
| 65112 | C | Remove eye, revise socket | | | | | |
| 65114 | C | Remove eye, revise socket | | | | | |
| 65125 | T | Revise ocular implant | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 65130 | T | Insert ocular implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65135 | T | Insert ocular implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65140 | T | Attach ocular implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65150 | T | Revise ocular implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65155 | T | Reinsert ocular implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 65175 | T | Removal of ocular implant | 683 | 10.19 | $538.7 | $257.87 | $107.74 |
| 65205 | T | Remove foreign body from eye | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 65210 | T | Remove foreign body from eye | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 65220 | T | Remove foreign body from eye | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 65222 | T | Remove foreign body from eye | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 65235 | T | Remove foreign body from eye | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65260 | T | Remove foreign body from eye | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 65265 | T | Remove foreign body from eye | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 65270 | T | Repair of eye wound | 183 | 11.17 | $590.61 | $286.57 | $118.12 |
| 65272 | T | Repair of eye wound | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65273 | C | Repair of eye wound | | | | | |
| 65275 | T | Repair of eye wound | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65280 | T | Repair of eye wound | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65285 | T | Repair of eye wound | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65286 | T | Repair of eye wound | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65290 | T | Repair of eye socket wound | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 65400 | T | Removal of eye lesion | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65410 | T | Biopsy of cornea | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 65420 | T | Removal of eye lesion | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65426 | T | Removal of eye lesion | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65430 | T | Corneal smear | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 65435 | T | Curette/treat cornea | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 65436 | T | Curette/treat cornea | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65450 | T | Treatment of corneal lesion | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65600 | T | Revision of cornea | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 65710 | T | Corneal transplant | 670 | 29.24 | $1,546.56 | $847.50 | $309.31 |
| 65730 | T | Corneal transplant | 670 | 29.24 | $1,546.56 | $847.50 | $309.31 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 65750 | T | Corneal transplant | 670 | 29.24 | $1,546.56 | $847.50 | $309.31 |
| 65755 | T | Corneal transplant | 670 | 29.24 | $1,546.56 | $847.50 | $309.31 |
| 65760 | E | Revision of cornea | | | | | |
| 65765 | E | Revision of cornea | | | | | |
| 65767 | E | Corneal tissue transplant | | | | | |
| 65770 | T | Revise cornea with implant | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65771 | E | Radial keratotomy | | | | | |
| 65772 | T | Correction of astigmatism | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65775 | T | Correction of astigmatism | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65800 | T | Drainage of eye | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 65805 | T | Drainage of eye | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 65810 | T | Drainage of eye | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65815 | T | Drainage of eye | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65820 | T | Relieve inner eye pressure | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 65850 | T | Incision of eye | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65855 | T | Laser surgery of eye | 649 | 4.44 | $235.07 | $111.64 | $47.01 |
| 65860 | T | Incise inner eye adhesions | 649 | 4.44 | $235.07 | $111.64 | $47.01 |
| 65865 | T | Incise inner eye adhesions | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65870 | T | Incise inner eye adhesions | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65875 | T | Incise inner eye adhesions | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65880 | T | Incise inner eye adhesions | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65900 | T | Remove eye lesion | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65920 | T | Remove implant from eye | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 65930 | T | Remove blood clot from eye | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66020 | T | Injection treatment of eye | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 66030 | T | Injection treatment of eye | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 66130 | T | Remove eye lesion | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66150 | T | Glaucoma surgery | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66155 | T | Glaucoma surgery | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66160 | T | Glaucoma surgery | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66165 | T | Glaucoma surgery | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66170 | T | Glaucoma surgery | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66172 | T | Incision of eye | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66180 | T | Implant eye shunt | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66185 | T | Revise eye shunt | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66220 | T | Repair eye lesion | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 66225 | T | Repair/graft eye lesion | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66250 | T | Follow-up surgery of eye | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66500 | T | Incision of iris | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66505 | T | Incision of iris | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66600 | T | Remove iris and lesion | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66605 | T | Removal of iris | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66625 | T | Removal of iris | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66630 | T | Removal of iris | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66635 | T | Removal of iris | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66680 | T | Repair iris & ciliary body | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66682 | T | Repair iris and ciliary body | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66700 | T | Destruction, ciliary body | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66710 | T | Destruction, ciliary body | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66720 | T | Destruction, ciliary body | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66740 | T | Destruction, ciliary body | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66761 | T | Revision of iris | 649 | 4.44 | $235.07 | $111.64 | $47.01 |
| 66762 | T | Revision of iris | 649 | 4.44 | $235.07 | $111.64 | $47.01 |
| 66770 | T | Removal of inner eye lesion | 649 | 4.44 | $235.07 | $111.64 | $47.01 |
| 66820 | T | Incision, secondary cataract | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66821 | T | After cataract laser surgery | 649 | 4.44 | $235.07 | $111.64 | $47.01 |
| 66825 | T | Reposition intraocular lens | 651 | 7.24 | $382.97 | $174.70 | $76.59 |
| 66830 | T | Removal of lens lesion | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 66840 | T | Removal of lens material | 667 | 19.28 | $1,019.61 | $521.83 | $203.92 |
| 66850 | T | Removal of lens material | 667 | 19.28 | $1,019.61 | $521.83 | $203.92 |
| 66852 | T | Removal of lens material | 667 | 19.28 | $1,019.61 | $521.83 | $203.92 |
| 66920 | T | Extraction of lens | 667 | 19.28 | $1,019.61 | $521.83 | $203.92 |
| 66930 | T | Extraction of lens | 667 | 19.28 | $1,019.61 | $521.83 | $203.92 |
| 66940 | T | Extraction of lens | 667 | 19.28 | $1,019.61 | $521.83 | $203.92 |
| 66983 | T | Remove cataract, insert lens | 668 | 19.28 | $1,019.61 | $530.87 | $203.92 |
| 66984 | T | Remove cataract, insert lens | 668 | 19.28 | $1,019.61 | $530.87 | $203.92 |
| 66985 | T | Insert lens prosthesis | 668 | 19.28 | $1,019.61 | $530.87 | $203.92 |
| 66986 | T | Exchange lens prosthesis | 668 | 19.28 | $1,019.61 | $530.87 | $203.92 |
| 66999 | T | Eye surgery procedure | 649 | 4.44 | $235.07 | $111.64 | $47.01 |
| 67005 | T | Partial removal of eye fluid | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67010 | T | Partial removal of eye fluid | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67015 | T | Release of eye fluid | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67025 | T | Replace eye fluid | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 67027 | T | Implant eye drug system | 690 | 30.54 | $1,615.12 | $852.02 | $323.02 |
| 67028 | T | Injection eye drug | 682 | 3.54 | $187.08 | $81.36 | $37.42 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 67030 | T | Incise inner eye strands | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67031 | T | Laser surgery, eye strands | 649 | 4.44 | $235.07 | $111.64 | $47.01 |
| 67036 | T | Removal of inner eye fluid | 690 | 30.54 | $1,615.12 | $852.02 | $323.02 |
| 67038 | T | Strip retinal membrane | 690 | 30.54 | $1,615.12 | $852.02 | $323.02 |
| 67039 | T | Laser treatment of retina | 690 | 30.54 | $1,615.12 | $852.02 | $323.02 |
| 67040 | T | Laser treatment of retina | 690 | 30.54 | $1,615.12 | $852.02 | $323.02 |
| 67101 | T | Repair, detached retina | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67105 | T | Repair, detached retina | 648 | 3.94 | $208.62 | $95.15 | $41.72 |
| 67107 | T | Repair detached retina | 690 | 30.54 | $1,615.12 | $852.02 | $323.02 |
| 67108 | T | Repair detached retina | 690 | 30.54 | $1,615.12 | $852.02 | $323.02 |
| 67110 | T | Repair detached retina | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67112 | T | Re-repair detached retina | 690 | 30.54 | $1,615.12 | $852.02 | $323.02 |
| 67115 | T | Release, encircling material | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67120 | T | Remove eye implant material | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67121 | T | Remove eye implant material | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67141 | T | Treatment of retina | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67145 | T | Treatment of retina | 648 | 3.94 | $208.62 | $95.15 | $41.72 |
| 67208 | T | Treatment of retinal lesion | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67210 | T | Treatment of retinal lesion | 648 | 3.94 | $208.62 | $95.15 | $41.72 |
| 67218 | T | Treatment of retinal lesion | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67227 | T | Treatment of retinal lesion | 676 | 6.30 | $333.01 | $140.35 | $66.60 |
| 67228 | T | Treatment of retinal lesion | 648 | 3.94 | $208.62 | $95.15 | $41.72 |
| 67250 | T | Reinforce eye wall | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67255 | T | Reinforce/graft eye wall | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67299 | T | Eye surgery procedure | 649 | 4.44 | $235.07 | $111.64 | $47.01 |
| 67311 | T | Revise eye muscle | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67312 | T | Revise two eye muscles | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67314 | T | Revise eye muscle | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67316 | T | Revise two eye muscles | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67318 | T | Revise eye muscle(s) | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67320 | T | Revise eye muscle(s) | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67331 | T | Eye surgery follow-up | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67332 | T | Rerevise eye muscles | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67334 | T | Revise eye muscle w/suture | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67335 | T | Eye suture during surgery | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67340 | T | Revise eye muscle | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67343 | T | Release eye tissue | 677 | 16.26 | $859.96 | $436.63 | $171.99 |
| 67345 | T | Destroy nerve of eye muscle | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 67350 | T | Biopsy eye muscle | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 67399 | T | Eye muscle surgery procedure | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 67400 | T | Explore/biopsy eye socket | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67405 | T | Explore/drain eye socket | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67412 | T | Explore/treat eye socket | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67413 | T | Explore/treat eye socket | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67414 | C | Explore/decompress eye socke | | | | | |
| 67415 | T | Aspiration orbital contents | 122 | $4.87 | $257.60 | $115.03 | $51.52 |
| 67420 | T | Explore/treat eye socket | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 67430 | T | Explore/treat eye socket | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 67440 | T | Explore/drain eye socket | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 67445 | C | Explore/decompress eye socke | | | | | |
| 67450 | T | Explore/biopsy eye socket | 232 | 23.93 | $1,265.45 | $639.35 | $253.09 |
| 67500 | T | Inject/treat eye socket | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 67505 | T | Inject/treat eye socket | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 67515 | T | Inject/treat eye socket | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 67550 | T | Insert eye socket implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67560 | T | Revise eye socket implant | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67570 | C | Decompress optic nerve | | | | | |
| 67599 | T | Orbit surgery procedure | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 67700 | T | Drainage of eyelid abscess | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67710 | T | Incision of eyelid | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67715 | T | Incision of eyelid fold | 683 | 10.19 | $538.76 | $257.87 | $107.74 |
| 67800 | T | Remove eyelid lesion | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67801 | T | Remove eyelid lesions | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67805 | T | Remove eyelid lesions | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67808 | T | Remove eyelid lesion(s) | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67810 | T | Biopsy of eyelid | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67820 | T | Revise eyelashes | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67825 | T | Revise eyelashes | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67830 | T | Revise eyelashes | 683 | 10.19 | $538.7 | $257.87 | $107.74 |
| 67835 | T | Revise eyelashes | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67840 | T | Remove eyelid lesion | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67850 | T | Treat eyelid lesion | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67875 | T | Closure of eyelid by suture | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67880 | T | Revision of eyelid | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 67882 | T | Revision of eyelid | 684 | 13.48 | $713.04 | $348.94 | $142.61 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 67900 | T | Repair brow defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67901 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67902 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67903 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67904 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67906 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67908 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67909 | T | Revise eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67911 | T | Revise eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67914 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67915 | T | Repair eyelid defect | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67916 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67917 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67921 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67922 | T | Repair eyelid defect | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67923 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67924 | T | Repair eyelid defect | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67930 | T | Repair eyelid wound | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67935 | T | Repair eyelid wound | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 67938 | T | Remove eyelid foreign body | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 67950 | T | Revision of eyelid | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67961 | T | Revision of eyelid | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67966 | T | Revision of eyelid | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67971 | T | Reconstruction of eyelid | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67973 | T | Reconstruction of eyelid | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67974 | T | Reconstruction of eyelid | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67975 | T | Reconstruction of eyelid | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 67999 | T | Revision of eyelid | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68020 | T | Incise/drain eyelid lining | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68040 | T | Treatment of eyelid lesions | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68100 | T | Biopsy of eyelid lining | 162 | 5.67 | $299.71 | $125.43 | $59 94 |
| 68110 | T | Remove eyelid lining lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 68115 | T | Remove eyelid lining lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 68130 | T | Remove eyelid lining lesion | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 68135 | T | Remove eyelid lining lesion | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 68200 | T | Treat eyelid by injection | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 68320 | T | Revise/graft eyelid lining | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68325 | T | Revise/graft eyelid lining | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68326 | T | Revise/graft eyelid lining | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68328 | T | Revise/graft eyelid lining | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68330 | T | Revise eyelid lining | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 68335 | T | Revise/graft eyelid lining | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68340 | T | Separate eyelid adhesions | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68360 | T | Revise eyelid lining | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 68362 | T | Revise eyelid lining | 652 | 16.48 | $871.71 | $433.69 | $174.34 |
| 68399 | T | Eyelid lining surgery | 162 | 5.67 | $299.71 | $125.43 | $59.94 |
| 68400 | T | Incise/drain tear gland | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68420 | T | Incise/drain tear sac | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68440 | T | Incise tear duct opening | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68500 | T | Removal of tear gland | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68505 | T | Partial removal tear gland | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68510 | T | Biopsy of tear gland | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 68520 | T | Removal of tear sac | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68525 | T | Biopsy of tear sac | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 68530 | T | Clearance of tear duct | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68540 | T | Remove tear gland lesion | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68550 | T | Remove tear gland lesion | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68700 | T | Repair tear ducts | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68705 | T | Revise tear duct opening | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68720 | T | Create tear sac drain | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68745 | T | Create tear duct drain | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68750 | T | Create tear duct drain | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68760 | T | Close tear duct opening | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68761 | T | Close tear duct opening | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 68770 | T | Close tear system fistula | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68801 | T | Dilate tear duct opening | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68810 | T | Probe nasolacrimal duct | 683 | 10.19 | $538.70 | $257.87 | $107.74 |
| 68811 | T | Probe nasolacrimal duct | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68815 | T | Probe nasolacrimal duct | 684 | 13.48 | $713.04 | $348.94 | $142.61 |
| 68840 | T | Explore/irrigate tear ducts | 682 | 3.54 | $187.08 | $81.36 | $37.42 |
| 68850 | T | Injection for tear sac x-ray | 347 | 2.93 | $154.75 | $62.15 | $30.95 |
| 68899 | T | Tear duct system surgery | 681 | 1.67 | $88.15 | $30.51 | $17.63 |
| 69000 | T | Drain external ear lesion | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 69005 | T | Drain external ear lesion | 131 | 1.94 | $102.84 | $36.61 | $20.57 |
| 69020 | T | Drain outer ear canal lesion | 131 | 1.94 | $102.84 | $36.61 | $20.57 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 69090 | E | Pierce earlobes | | | | | |
| 69100 | T | Biopsy of external ear | 161 | 3.50 | $185.12 | $75 48 | $37.02 |
| 69105 | T | Biopsy of external ear canal | 161 | 3.50 | $185.12 | $75.48 | $37.02 |
| 69110 | T | Partial removal external ear | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 69120 | T | Removal of external ear | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 69140 | T | Remove ear canal lesion(s) | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 69145 | T | Remove ear canal lesion(s) | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 69150 | T | Extensive ear canal surgery | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69155 | C | Extensive ear/neck surgery | | | | | |
| 69200 | T | Clear outer ear canal | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69205 | T | Clear outer ear canal | 163 | 10.69 | $565.14 | $264.65 | $113.03 |
| 69210 | T | Remove impacted ear wax | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69220 | T | Clean out mastoid cavity | 151 | 1.74 | $92.07 | $35.71 | $18.41 |
| 69222 | T | Clean out mastoid cavity | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69300 | T | Revise external ear | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 69310 | T | Rebuild outer ear canal | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69320 | T | Rebuild outer ear canal | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69399 | T | Outer ear surgery procedure | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69400 | T | Inflate middle ear canal | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69401 | N | Inflate middle ear canal | | | | | |
| 69405 | T | Catheterize middle ear canal | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69410 | T | Inset middle ear baffle | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69420 | T | Incision of eardrum | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69421 | T | Incision of eardrum | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 69424 | T | Remove ventilating tube | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69433 | T | Create eardrum opening | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 69436 | T | Create eardrum opening | 312 | 7.26 | $383.95 | $178.31 | $76.79 |
| 69440 | T | Exploration of middle ear | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 69450 | T | Eardrum revision | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 69501 | T | Mastoidectomy | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69502 | T | Mastoidectomy | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69505 | T | Remove mastoid structures | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69511 | T | Extensive mastoid surgery | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69530 | T | Extensive mastoid surgery | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69535 | C | Remove part of temporal bone | | | | | |
| 69540 | T | Remove ear lesion | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69550 | T | Remove ear lesion | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69552 | T | Remove ear lesion | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69554 | C | Remove ear lesion | | | | | |
| 69601 | T | Mastoid surgery revision | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69602 | T | Mastoid surgery revision | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69603 | T | Mastoid surgery revision | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69604 | T | Mastoid surgery revision | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69605 | T | Mastoid surgery revision | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69610 | T | Repair of eardrum | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69620 | T | Repair of eardrum | 313 | 15.81 | $836.45 | $411.09 | $167.29 |
| 69631 | T | Repair eardrum structures | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69632 | T | Rebuild eardrum structures | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69633 | T | Rebuild eardrum structures | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69635 | T | Repair eardrum structures | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69636 | T | Rebuild eardrum structures | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69637 | T | Rebuild eardrum structures | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69641 | T | Revise middle ear & mastoid | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69642 | T | Revise middle ear & mastoid | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69643 | T | Revise middle ear & mastoid | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69644 | T | Revise middle ear & mastoid | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69645 | T | Revise middle ear & mastoid | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69646 | T | Revise middle ear & mastoid | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69650 | T | Release middle ear bone | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69660 | T | Revise middle ear bone | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69661 | T | Revise middle ear bone | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69662 | T | Revise middle ear bone | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69666 | T | Repair middle ear structures | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69667 | T | Repair middle ear structures | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69670 | T | Remove mastoid air cells | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69676 | T | Remove middle ear nerve | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69700 | T | Close mastoid fistula | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69710 | E | Implant/replace hearing aid | | | | | |
| 69711 | T | Remove/repair hearing aid | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69720 | T | Release facial nerve | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69725 | T | Release facial nerve | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69740 | T | Repair facial nerve | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69745 | T | Repair facial nerve | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69799 | T | Middle ear surgery procedure | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 69801 | T | Incise inner ear | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 69802 | T | Incise inner ear | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69805 | T | Explore inner ear | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69806 | T | Explore inner ear | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69820 | T | Establish inner ear window | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69840 | T | Revise inner ear window | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69905 | T | Remove inner ear | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69910 | T | Remove inner ear & mastoid | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69915 | T | Incise inner ear nerve | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69930 | T | Implant cochlear device | 317 | | | | |
| 69949 | T | Inner ear surgery procedure | 314 | 25.65 | $1,356.54 | $693.37 | $271.31 |
| 69950 | C | Incise inner ear nerve | | | | | |
| 69955 | C | Release facial nerve | | | | | |
| 69960 | C | Release inner ear canal | | | | | |
| 69970 | C | Remove inner ear lesion | | | | | |
| 69979 | C | Temporal bone surgery | | | | | |
| 70010 | S | Contrast x-ray of brain | 728 | 4.07 | $215.48 | $113.23 | $43.10 |
| 70015 | S | Contrast x-ray of brain | 728 | 4.07 | $215.48 | $113.23 | $43.10 |
| 70030 | X | X-ray eye for foreign body | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70100 | X | X-ray exam of jaw | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70110 | X | X-ray exam of jaw | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70120 | X | X-ray exam of mastoids | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70130 | X | X-ray exam of mastoids | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70134 | X | X-ray exam of middle ear | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70140 | X | X-ray exam of facial bones | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70150 | X | X-ray exam of facial bones | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70160 | X | X-ray exam of nasal bones | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70170 | X | X-ray exam of tear duct | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 70190 | X | X-ray exam of eye sockets | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70200 | X | X-ray exam of eye sockets | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70210 | X | X-ray exam of sinuses | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70220 | X | X-ray exam of sinuses | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70240 | X | X-ray exam pituitary saddle | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70250 | X | X-ray exam of skull | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70260 | X | X-ray exam of skull | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70300 | X | X-ray exam of teeth | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70310 | X | X-ray exam of teeth | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70320 | X | Full mouth x-ray of teeth | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70328 | X | X-ray exam of jaw joint | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70330 | X | X-ray exam of jaw joints | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70332 | S | X-ray exam of jaw joint | 730 | 2.48 | $131.25 | $72.09 | $26.25 |
| 70336 | S | Magnetic image jaw joint | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 70350 | X | X-ray head for orthodontia | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70355 | X | Panoramic x-ray of jaws | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70360 | X | X-ray exam of neck | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70370 | X | Throat x-ray & fluoroscopy | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 70371 | X | Speech evaluation, complex | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 70373 | X | Contrast x-ray of larynx | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 70380 | X | X-ray exam of salivary gland | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 70390 | X | X-ray exam of salivary duct | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 70450 | S | CAT scan of head or brain | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70460 | S | Contrast CAT scan of head | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70470 | S | Contrast CAT scans of head | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70480 | S | CAT scan of skull | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70481 | S | Contrast CAT scan of skull | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70482 | S | Contrast CAT scans of skull | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70486 | S | CAT scan of face, jaw | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70487 | S | Contrast CAT scan, face/jaw | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70488 | S | Contrast CAT scans face/jaw | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70490 | S | CAT scan of neck tissue | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70491 | S | Contrast CAT of neck tissue | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70492 | S | Contrast CAT of neck tissue | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 70540 | S | Magnetic image, face, neck | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 70541 | S | Magnetic image, head (MRA) | 720 | 6.35 | $335.95 | $206.11 | $67.19 |
| 70551 | S | Magnetic image, brain (MRI) | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 70552 | S | Magnetic image, brain (MRI) | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 70553 | S | Magnetic image, brain | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 71010 | X | Chest x-ray | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71015 | X | X-ray exam of chest | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71020 | X | Chest x-ray | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71021 | X | Chest x-ray | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71022 | X | Chest x-ray | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71023 | X | Chest x-ray and fluoroscopy | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 71030 | X | Chest x-ray | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71034 | X | Chest x-ray & fluoroscopy | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 71035 | X | Chest x-ray | 700 | 0.78 | $41.14 | $22.37 | $8.23 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 71036 | X | X-ray guidance for biopsy | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 71038 | X | X-ray guidance for biopsy | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 71040 | X | Contrast x-ray of bronchi | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 71060 | X | Contrast x-ray of bronchi | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 71090 | X | X-ray & pacemaker insertion | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 71100 | X | X-ray exam of ribs | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71101 | X | X-ray exam of ribs, chest | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71110 | X | X-ray exam of ribs | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71111 | X | X-ray exam of ribs, chest | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71120 | X | X-ray exam of breastbone | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71130 | X | X-ray exam of breastbone | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 71250 | S | Cat scan of chest | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 71260 | S | Contrast CAT scan of chest | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 71270 | S | Contrast CAT scans of chest | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 71550 | S | Magnetic image, chest | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 71555 | E | Magnetic imaging/chest (MRA) | | | | | |
| 72010 | X | X-ray exam of spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72020 | X | X-ray exam of spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72040 | X | X-ray exam of neck spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72050 | X | X-ray exam of neck spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72052 | X | X-ray exam of neck spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72069 | X | X-ray exam of trunk spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72070 | X | X-ray exam of thorax spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72072 | X | X-ray exam of thoracic spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72074 | X | X-ray exam of thoracic spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72080 | X | X-ray exam of trunk spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72090 | X | X-ray exam of trunk spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72100 | X | X-ray exam of lower spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72110 | X | X-ray exam of lower spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72114 | X | X-ray exam of lower spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72120 | X | X-ray exam of lower spine | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72125 | S | CAT scan of neck spine | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72126 | S | Contrast CAT scan of neck | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72127 | S | Contrast CAT scans of neck | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72128 | S | CAT scan of thorax spine | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72129 | S | Contrast CAT scan of thorax | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72130 | S | Contrast CAT scans of thorax | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72131 | S | CAT scan of lower spine | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72132 | S | Contrast CAT of lower spine | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72133 | S | Contrast CAT scans, low spine | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72141 | S | Magnetic image, neck spine | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72142 | S | Magnetic image, neck spine | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72146 | S | Magnetic image, chest spine | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72147 | S | Magnetic image, chest spine | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72148 | S | Magnetic image, lumbar spine | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72149 | S | Magnetic image, lumbar spine | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72156 | S | Magnetic image, neck spine | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72157 | S | Magnetic image, chest spine | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72158 | S | Magnetic image, lumbar spine | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72159 | E | Magnetic imaging/spine (MRA) | | | | | |
| 72170 | X | X-ray exam of pelvis | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72190 | X | X-ray exam of pelvis | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72192 | S | CAT scan of pelvis | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72193 | S | Contrast CAT scan of pelvis | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72194 | S | Contrast CAT scans of pelvis | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 72196 | S | Magnetic image, pelvis | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 72198 | E | Magnetic imaging/pelvis(MRA) | | | | | |
| 72200 | X | X-ray exam sacroiliac joints | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72202 | X | X-ray exam sacroiliac joints | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72220 | X | X-ray exam of tailbone | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 72240 | S | Contrast x-ray of neck spine | 728 | 4.07 | $215.48 | $113.23 | $43.10 |
| 72255 | S | Contrast x-ray thorax spine | 728 | 4.07 | $215.48 | $113.23 | $43.10 |
| 72265 | S | Contrast x-ray lower spine | 728 | 4.07 | $215.48 | $113.23 | $43.10 |
| 72270 | S | Contrast x-ray of spine | 728 | 4.07 | $215.48 | $113.23 | $43.10 |
| 72285 | S | X-ray of neck spine disk | 728 | 4.07 | $215.48 | $113.23 | $43.10 |
| 72295 | S | X-ray of lower spine disk | 728 | 4.07 | $215.48 | $113.23 | $43.10 |
| 73000 | X | X-ray exam of collarbone | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73010 | X | X-ray exam of shoulderblade | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73020 | X | X-ray exam of shoulder | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73030 | X | X-ray exam of shoulder | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73040 | S | Contrast x-ray of shoulder | 730 | 2.48 | $131.25 | $72.09 | $26.25 |
| 73050 | X | X-ray exam of shoulders | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73060 | X | X-ray exam of humerus | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73070 | X | X-ray exam of elbow | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73080 | X | X-ray exam of elbow | 700 | 0.78 | $41.14 | $22.37 | $8.23 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 73085 | S | Contrast x-ray of elbow | 730 | 2.48 | $131.25 | $72.09 | $26.25 |
| 73090 | X | X-ray exam of forearm | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73092 | X | X-ray exam of arm, infant | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73100 | X | X-ray exam of wrist | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73110 | X | X-ray exam of wrist | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73115 | S | Contrast x-ray of wrist | 730 | 2.48 | $131.25 | $72.09 | $26.25 |
| 73120 | X | X-ray exam of hand | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73130 | X | X-ray exam of hand | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73140 | X | X-ray exam of finger(s) | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73200 | S | CAT scan of arm | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 73201 | S | Contrast CAT scan of arm | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 73202 | S | Contrast CAT scans of arm | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 73220 | S | Magnetic image, arm, hand | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 73221 | S | Magnetic image, joint of arm | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 73225 | E | Magnetic imaging/upper (MRA) | | | | | |
| 73500 | X | X-ray exam of hip | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73510 | X | X-ray exam of hip | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73520 | X | X-ray exam of hips | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73525 | S | Contrast x-ray of hip | 730 | 2.48 | $131.25 | $72.09 | $26.25 |
| 73530 | X | X-ray exam of hip | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73540 | X | X-ray exam of pelvis & hips | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73550 | X | X-ray exam of thigh | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73560 | X | X-ray exam of knee | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73562 | X | X-ray exam of knee | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73564 | X | X-ray exam of knee | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73565 | X | X-ray exam of knee | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73580 | S | Contrast x-ray of knee joint | 730 | 2.48 | $131.25 | $72.09 | $26.25 |
| 73590 | X | X-ray exam of lower leg | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73592 | X | X-ray exam of leg, infant | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73600 | X | X-ray exam of ankle | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73610 | X | X-ray exam of ankle | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73615 | S | Contrast x-ray of ankle | 730 | 2.48 | $131.25 | $72.09 | $26.25 |
| 73620 | X | X-ray exam of foot | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73630 | X | X-ray exam of foot | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73650 | X | X-ray exam of heel | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73660 | X | X-ray exam of toe(s) | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 73700 | S | CAT scan of leg | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 73701 | S | Contrast CAT scan of leg | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 73702 | S | Contrast CAT scans of leg | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 73720 | S | Magnetic image, leg, foot | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 73721 | S | Magnetic image, joint of leg | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 73725 | E | Magnetic imaging/lower (MRA) | | | | | |
| 74000 | X | X-ray exam of abdomen | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 74010 | X | X-ray exam of abdomen | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 74020 | X | X-ray exam of abdomen | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 74022 | X | X-ray exam series, abdomen | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 74150 | S | CAT scan of abdomen | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 74160 | S | Contrast CAT scan of abdomen | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 74170 | S | Contrast CAT scans, abdomen | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 74181 | S | Magnetic image,abdomen (MRI) | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 74185 | E | Magnetic image/abdomen (MRA) | | | | | |
| 74190 | X | X-ray exam of peritoneum | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74210 | S | Contrast xray exam of throat | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74220 | S | Contrast xray exam,esophagus | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74230 | S | Cinema xray throat/esophagus | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74235 | S | Remove esophagus obstruction | 738 | 4.48 | $237.03 | $133.34 | $47.41 |
| 74240 | S | X-ray exam upper GI tract | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74241 | S | X-ray exam upper GI tract | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74245 | S | X-ray exam upper GI tract | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74246 | S | Contrast xray upper GI tract | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74247 | S | Contrast xray upper GI tract | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74249 | S | Contrast xray upper GI tract | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74250 | S | X-ray exam of small bowel | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74251 | S | X-ray exam of small bowel | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74260 | S | X-ray exam of small bowel | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74270 | S | Contrast x-ray exam of colon | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74280 | S | Contrast x-ray exam of colon | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74283 | S | Contrast x-ray exam of colon | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74290 | S | Contrast x-ray, gallbladder | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74291 | S | Contrast x-rays, gallbladder | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| 74300 | C | X-ray bile ducts, pancreas | | | | | |
| 74301 | C | Additional x-rays at surgery | | | | | |
| 74305 | X | X-ray bile ducts, pancreas | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74320 | X | Contrast x-ray of bile ducts | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74327 | S | X-ray for bile stone removal | 738 | 4.48 | $237.03 | $133.34 | $47.41 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 74328 | X | Xray for bile duct endoscopy | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74329 | X | X-ray for pancreas endoscopy | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74330 | X | Xray,bile/pancreas endoscopy | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74340 | X | X-ray guide for GI tube | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 74350 | X | X-ray guide, stomach tube | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74355 | X | X-ray guide, intestinal tube | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74360 | S | X-ray guide, GI dilation | 738 | 4.48 | $237.03 | $133.34 | $47.41 |
| 74363 | S | X-ray, bile duct dilation | 738 | 4.48 | $237.03 | $133.34 | $47.41 |
| 74400 | S | Contrast x-ray urinary tract | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74405 | S | Contrast x-ray urinary tract | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74410 | S | Contrast x-ray urinary tract | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74415 | S | Contrast x-ray urinary tract | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74420 | S | Contrast x-ray urinary tract | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74425 | S | Contrast x-ray urinary tract | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74430 | S | Contrast x-ray of bladder | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74440 | S | Xray exam male genital tract | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74445 | S | X-ray exam of penis | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74450 | S | X-ray exam urethra/bladder | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74455 | S | X-ray exam urethra/bladder | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 74470 | X | X-ray exam of kidney lesion | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74475 | S | Xray control catheter insert | 738 | 4.48 | $237.03 | $133.34 | $47.41 |
| 74480 | S | Xray control catheter insert | 738 | 4.48 | $237.03 | $133.34 | $47.41 |
| 74485 | S | X-ray guide, GU dilation | 738 | 4.48 | $237.03 | $133.34 | $47.41 |
| 74710 | X | X-ray measurement of pelvis | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 74740 | X | X-ray female genital tract | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74742 | X | X-ray fallopian tube | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 74775 | S | X-ray exam of perineum | 737 | 2.81 | $148.88 | $86.56 | $29.78 |
| 75552 | S | Magnetic image, myocardium | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 75553 | S | Magnetic image, myocardium | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 75554 | S | Cardiac MRI/function | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 75555 | S | Cardiac MRI/limited study | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 75556 | E | Cardiac MRI/flow mapping | | | | | |
| 75600 | S | Contrast x-ray exam of aorta | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75605 | S | Contrast x-ray exam of aorta | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75625 | S | Contrast x-ray exam of aorta | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75630 | S | X-ray aorta, leg arteries | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75650 | S | Artery x-rays, head & neck | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75658 | S | X-ray exam of arm arteries | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75660 | S | Artery x-rays, head & neck | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75662 | S | Artery x-rays, head & neck | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75665 | S | Artery x-rays, head & neck | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75671 | S | Artery x-rays, head & neck | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75676 | S | Artery x-rays, neck | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75680 | S | Artery x-rays, neck | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75685 | S | Artery x-rays, spine | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75705 | S | Artery x-rays, spine | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75710 | S | Artery x-rays, arm/leg | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75716 | S | Artery x-rays, arms/legs | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75722 | S | Artery x-rays, kidney | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75724 | S | Artery x-rays, kidneys | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75726 | S | Artery x-rays, abdomen | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75731 | S | Artery x-rays, adrenal gland | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75733 | S | Artery x-rays,adrenal glands | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75736 | S | Artery x-rays, pelvis | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75741 | S | Artery x-rays, lung | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75743 | S | Artery x-rays, lungs | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75746 | S | Artery x-rays, lung | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75756 | S | Artery x-rays, chest | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75774 | S | Artery x-ray, each vessel | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75790 | S | Visualize A–V shunt | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75801 | X | Lymph vessel x-ray, arm/leg | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 75803 | X | Lymph vessel x-ray,arms/legs | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 75805 | X | Lymph vessel x-ray, trunk | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 75807 | X | Lymph vessel x-ray, trunk | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 75809 | X | Nonvascular shunt, x-ray | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 75810 | S | Vein x-ray, spleen/liver | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75820 | S | Vein x-ray, arm/leg | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75822 | S | Vein x-ray, arms/legs | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75825 | S | Vein x-ray, trunk | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75827 | S | Vein x-ray, chest | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75831 | S | Vein x-ray, kidney | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75833 | S | Vein x-ray, kidneys | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75840 | S | Vein x-ray, adrenal gland | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75842 | S | Vein x-ray, adrenal glands | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75860 | S | Vein x-ray, neck | 739 | 5.83 | $308.53 | $168.82 | $61.71 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 75870 | S | Vein x-ray, skull | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75872 | S | Vein x-ray, skull | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75880 | S | Vein x-ray, eye socket | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75885 | S | Vein x-ray, liver | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75887 | S | Vein x-ray, liver | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75889 | S | Vein x-ray, liver | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75891 | S | Vein x-ray, liver | 739 | 5.83 | $308.53 | $168.82 | $61.71 |
| 75893 | N | Venous sampling by catheter | | | | | |
| 75894 | C | Xrays, transcatheter therapy | | | | | |
| 75896 | C | Xrays, transcatheter therapy | | | | | |
| 75898 | X | Follow-up angiogram | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 75900 | C | Arterial catheter exchange | | | | | |
| 75940 | C | X-ray placement, vein filter | | | | | |
| 75945 | C | Intravascular us | | | | | |
| 75946 | C | Intravascular us | | | | | |
| 75960 | C | Transcatheter intro, stent | | | | | |
| 75961 | C | Retrieval, broken catheter | | | | | |
| 75962 | C | Repair arterial blockage | | | | | |
| 75964 | C | Repair artery blockage, each | | | | | |
| 75966 | C | Repair arterial blockage | | | | | |
| 75968 | C | Repair artery blockage, each | | | | | |
| 75970 | C | Vascular biopsy | | | | | |
| 75978 | C | Repair venous blockage | | | | | |
| 75980 | S | Contrast xray exam bile duct | 738 | 4.48 | $237.03 | $133.34 | $47.41 |
| 75982 | S | Contrast xray exam bile duct | 738 | 4.48 | $237.03 | $133.34 | $47.41 |
| 75984 | S | Xray control catheter change | 738 | 4.48 | $237.03 | $133.34 | $47.41 |
| 75989 | X | Abscess drainage under x-ray | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 75992 | C | Atherectomy, x-ray exam | | | | | |
| 75993 | C | Atherectomy, x-ray exam | | | | | |
| 75994 | C | Atherectomy, x-ray exam | | | | | |
| 75995 | C | Atherectomy, x-ray exam | | | | | |
| 75996 | C | Atherectomy, x-ray exam | | | | | |
| 76000 | X | Fluoroscope examination | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 76001 | X | Fluoroscope exam, extensive | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 76003 | X | Needle localization by x-ray | 716 | 1.59 | $84.23 | $47.91 | $16.85 |
| 76010 | X | X-ray, nose to rectum | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76020 | X | X-rays for bone age | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76040 | X | X-rays, bone evaluation | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76061 | X | X-rays, bone survey | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76062 | X | X-rays, bone survey | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76065 | X | X-rays, bone evaluation | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76066 | X | Joint(s) survey, single film | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76070 | E | CT scan, bone density study | | | | | |
| 76075 | X | Dual energy x-ray study | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 76076 | X | Dual energy x-ray study | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76078 | X | Photodensitometry | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76080 | X | X-ray exam of fistula | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 76086 | X | X-ray of mammary duct | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 76088 | X | X-ray of mammary ducts | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 76090 | S | Mammogram, one breast | 746 | 0.69 | $36.24 | $19.44 | $7.25 |
| 76091 | S | Mammogram, both breasts | 746 | 0.69 | $36.24 | $19.44 | $7.25 |
| 76092 | A | Mammogram, screening | | | | | |
| 76093 | S | Magnetic image, breast | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 76094 | S | Magnetic image, both breasts | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 76095 | X | Stereotactic breast biopsy | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 76096 | X | X-ray of needle wire, breast | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 76098 | X | X-ray exam, breast specimen | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76100 | X | X-ray exam of body section | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76101 | X | Complex body section x-ray | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 76102 | X | Complex body section x-rays | 706 | 1.96 | $103.82 | $57.63 | $20.76 |
| 76120 | X | Cinematic x-rays | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76125 | X | Cinematic x-rays | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76140 | E | X-ray consultation | | | | | |
| 76150 | X | X-ray exam, dry process | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76350 | N | Special x-ray contrast study | | | | | |
| 76355 | S | CAT scan for localization | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 76360 | S | CAT scan for needle biopsy | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 76365 | S | CAT scan for cyst aspiration | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 76370 | S | CAT scan for therapy guide | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 76375 | S | 3d/holograph reconstr add-on | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 76380 | S | CAT scan follow-up study | 710 | 5.06 | $267.39 | $176.28 | $53.48 |
| 76390 | S | Mr spectroscopy | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 76400 | S | Magnetic image, bone marrow | 726 | 7.96 | $421.16 | $258.09 | $84.23 |
| 76499 | X | Radiographic procedure | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 76506 | S | Echo exam of head | 747 | 1.65 | $37.17 | $54.69 | $17.43 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 76511 | S | Echo exam of eye | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76512 | S | Echo exam of eye | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76513 | S | Echo exam of eye, water bath | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76516 | S | Echo exam of eye | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76519 | S | Echo exam of eye | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76529 | S | Echo exam of eye | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76536 | S | Echo exam of head and neck | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76604 | S | Echo exam of chest | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76645 | S | Echo exam of breast | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76700 | S | Echo exam of abdomen | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76705 | S | Echo exam of abdomen | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76770 | S | Echo exam abdomen back wall | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76775 | S | Echo exam abdomen back wall | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76778 | S | Echo exam kidney transplant | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76800 | S | Echo exam spinal canal | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76805 | S | Echo exam of pregnant uterus | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76810 | S | Echo exam of pregnant uterus | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76815 | S | Echo exam of pregnant uterus | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76816 | S | Echo exam followup or repeat | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76818 | S | Fetal biophysical profile | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76825 | X | Echo exam of fetal heart | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 76826 | X | Echo exam of fetal heart | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 76827 | X | Echo exam of fetal heart | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 76828 | X | Echo exam of fetal heart | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 76830 | S | Echo exam, transvaginal | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76831 | S | Echo exam, uterus | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76856 | S | Echo exam of pelvis | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76857 | S | Echo exam of pelvis | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76870 | S | Echo exam of scrotum | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76872 | S | Echo exam, transrectal | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76880 | S | Echo exam of extremity | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76885 | S | Echo exam, infant hips | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76886 | S | Echo exam, infant hips | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76930 | X | Echo guide for heart sac tap | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76932 | X | Echo guide for heart biopsy | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76934 | X | Echo guide for chest tap | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76936 | X | Echo guide for artery repair | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76938 | X | Echo exam for drainage | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76941 | X | Echo guide for transfusion | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76942 | X | Echo guide for biopsy | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76945 | X | Echo guide, villus sampling | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76946 | X | Echo guide for amniocentesis | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76948 | X | Echo guide, ova aspiration | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76950 | X | Echo guidance radiotherapy | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76960 | X | Echo guidance radiotherapy | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76965 | X | Echo guidance radiotherapy | 749 | 2.46 | $130.27 | $76.16 | $26.05 |
| 76970 | S | Ultrasound exam follow-up | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76975 | S | GI endoscopic ultrasound | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76986 | S | Echo exam at surgery | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 76999 | S | Echo examination procedure | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| 77261 | X | Radiation therapy planning | 750 | 0.93 | $48.97 | $25.54 | $9.79 |
| 77262 | X | Radiation therapy planning | 750 | 0.93 | $48.97 | $25.54 | $9.79 |
| 77263 | X | Radiation therapy planning | 750 | 0.93 | $48.97 | $25.54 | $9.79 |
| 77280 | X | Set radiation therapy field | 752 | 3.56 | $188.05 | $88.82 | $37.61 |
| 77285 | X | Set radiation therapy field | 752 | 3.56 | $188.05 | $88.82 | $37.61 |
| 77290 | X | Set radiation therapy field | 752 | 3.56 | $188.05 | $88.82 | $37.61 |
| 77295 | X | Set radiation therapy field | 752 | 3.56 | $188.05 | $88.82 | $37.61 |
| 77299 | X | Radiation therapy planning | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77300 | X | Radiation therapy dose plan | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77305 | X | Radiation therapy dose plan | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77310 | X | Radiation therapy dose plan | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77315 | X | Radiation therapy dose plan | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77321 | X | Radiation therapy port plan | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77326 | X | Radiation therapy dose plan | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77327 | X | Radiation therapy dose plan | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77328 | X | Radiation therapy dose plan | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77331 | X | Special radiation dosimetry | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77332 | X | Radiation treatment aid(s) | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77333 | X | Radiation treatment aid(s) | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77334 | X | Radiation treatment aid(s) | 751 | 1.07 | $56.81 | $33.22 | $11.36 |
| 77336 | X | Radiation physics consu | 750 | 0.93 | $48.97 | $25.54 | $9.79 |
| 77370 | X | Radiation physics consult | 750 | 0.93 | $48.97 | $25.54 | $9.79 |
| 77399 | X | External radiation dosimetry | 750 | 0.93 | $48.97 | $25.54 | $9.79 |
| 77401 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77402 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 77403 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77404 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77406 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77407 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77408 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77409 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77411 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77412 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77413 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77414 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77416 | S | Radiation treatment delivery | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77417 | X | Radiology port film(s) | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 77419 | E | Weekly radiation therapy | | | | | |
| 77420 | E | Weekly radiation therapy | | | | | |
| 77425 | E | Weekly radiation therapy | | | | | |
| 77430 | E | Weekly radiation therapy | | | | | |
| 77431 | X | Radiation therapy management | 750 | 0.93 | $48.97 | $25.54 | $9.79 |
| 77432 | X | Stereotactic radiation trmt | 750 | 0.93 | $48.97 | $25.54 | $9.79 |
| 77470 | S | Special radiation treatment | 757 | 2.20 | $116.55 | $52.43 | $23.31 |
| 77499 | N | Radiation therapy management | | | | | |
| 77600 | S | Hyperthermia treatment | 758 | 3.41 | $180.22 | $76.84 | $36.04 |
| 77605 | S | Hyperthermia treatment | 758 | 3.41 | $180.22 | $76.84 | $36.04 |
| 77610 | S | Hyperthermia treatment | 758 | 3.41 | $180.22 | $76.84 | $36.04 |
| 77615 | S | Hyperthermia treatment | 758 | 3.41 | $180.22 | $76.84 | $36.04 |
| 77620 | S | Hyperthermia treatment | 758 | 3.41 | $180.22 | $76.84 | $36.04 |
| 77750 | S | Infuse radioactive materials | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77761 | S | Radioelement application | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77762 | S | Radioelement application | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77763 | S | Radioelement application | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77776 | S | Radioelement application | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77777 | S | Radioelement application | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77778 | S | Radioelement application | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77781 | S | High intensity brachytherapy | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77782 | S | High intensity brachytherapy | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77783 | S | High intensity brachytherapy | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77784 | S | High intensity brachytherapy | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77789 | S | Radioelement application | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 77790 | N | Radioelement handling | | | | | |
| 77799 | S | Radium/radioisotope therapy | 759 | 8.09 | $428.02 | $160.01 | $85.60 |
| 78000 | S | Thyroid, single uptake | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78001 | S | Thyroid, multiple uptakes | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78003 | S | Thyroid suppress/stimul | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78006 | S | Thyroid, imaging with uptake | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78007 | S | Thyroid, image, mult uptakes | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78010 | S | Thyroid imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78011 | S | Thyroid imaging with flow | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78015 | S | Thyroid met imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78016 | S | Thyroid met imaging/studies | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78017 | S | Thyroid met imaging, mult | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78018 | S | Thyroid, met imaging, body | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78070 | S | Parathyroid nuclear imaging | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78075 | S | Adrenal nuclear imaging | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78099 | S | Endocrine nuclear procedure | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78102 | S | Bone marrow imaging, ltd | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78103 | S | Bone marrow imaging, mult | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78104 | S | Bone marrow imaging, body | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78110 | S | Plasma volume, single | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78111 | S | Plasma volume, multiple | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78120 | S | Red cell mass, single | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78121 | S | Red cell mass, multiple | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78122 | S | Blood volume | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78130 | S | Red cell survival study | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78135 | S | Red cell survival kinetics | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78140 | S | Red cell sequestration | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78160 | S | Plasma iron turnover | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78162 | S | Iron absorption exam | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78170 | S | Red cell iron utilization | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78172 | S | Total body iron estimation | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78185 | S | Spleen imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78190 | S | Platelet survival, kinetics | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78191 | S | Platelet survival | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78195 | S | Lymph system imaging | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78199 | S | Blood/lymph nuclear exam | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78201 | S | Liver imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78202 | S | Liver imaging with flow | 771 | 3.81 | $201.77 | $116.84 | $40.35 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 78205 | S | Liver imaging (3D) | 781 | 5.37 | $284.04 | $145.77 | $56.81 |
| 78215 | S | Liver and spleen imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78216 | S | Liver & spleen image, flow | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78220 | S | Liver function study | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78223 | S | Hepatobiliary imaging | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78230 | S | Salivary gland imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78231 | S | Serial salivary imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78232 | S | Salivary gland function exam | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78258 | S | Esophageal motility study | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78261 | S | Gastric mucosa imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78262 | S | Gastroesophageal reflux exam | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78264 | S | Gastric emptying study | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78270 | S | Vit B–12 absorption exam | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78271 | S | Vit B–12 absorp exam, IF | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78272 | S | Vit B–12 absorp, combined | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78278 | S | Acute GI blood loss imaging | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78282 | S | GI protein loss exam | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78290 | S | Meckel's divert exam | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78291 | S | Leveen/shunt patency exam | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78299 | S | GI nuclear procedure | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78300 | S | Bone imaging, limited area | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78305 | S | Bone imaging, multiple areas | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78306 | S | Bone imaging, whole body | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78315 | S | Bone imaging, 3 phase | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78320 | S | Bone imaging (3D) | 781 | 5.37 | $284.04 | $145.77 | $56.81 |
| 78350 | X | Bone mineral, single photon | 700 | 0.78 | $41.14 | $22.37 | $8.23 |
| 78351 | E | Bone mineral, dual photon | | | | | |
| 78399 | S | Musculoskeletal nuclear exam | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78414 | S | Non-imaging heart function | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78428 | S | Cardiac shunt imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78445 | S | Vascular flow imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78455 | S | Venous thrombosis study | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78457 | S | Venous thrombosis imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78458 | S | Ven thrombosis images, bilat | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78459 | S | Heart muscle imaging (PET) | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| 78460 | S | Heart muscle blood single | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78461 | S | Heart muscle blood multiple | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78464 | S | Heart image (3D) single | 781 | 5.37 | $284.04 | $145.77 | $56.81 |
| 78465 | S | Heart image (3D) multiple | 782 | 9.50 | $502.46 | $275.04 | $100.49 |
| 78466 | S | Heart infarct image | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78468 | S | Heart infarct image, EF | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78469 | S | Heart infarct image (3D) | 781 | 5.37 | $284.04 | $145.77 | $56.81 |
| 78472 | S | Gated heart, resting | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78473 | S | Gated heart, multiple | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78478 | S | Heart wall motion (add-on) | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78480 | S | Heart function, (add-on) | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78481 | S | Heart first pass single | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78483 | S | Heart first pass multiple | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78491 | E | Heart image (pet) single | | | | | |
| 78492 | E | Heart image (pet) multiple | | | | | |
| 78499 | S | Cardiovascular nuclear exam | 762 | 1.80 | $95.01 | $51.53 | $19.00 |
| 78580 | S | Lung perfusion imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78584 | S | Lung V/Q image single breath | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78585 | S | Lung V/Q imaging | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78586 | S | Aerosol lung image, single | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78587 | S | Aerosol lung image, multiple | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78591 | S | Vent image, 1 breath, 1 proj | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78593 | S | Vent image, 1 proj, gas | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78594 | S | Vent image, mult proj, gas | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78596 | S | Lung differential function | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78599 | S | Respiratory nuclear exam | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78600 | S | Brain imaging, ltd static | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78601 | S | Brain ltd imaging & flow | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78605 | S | Brain imaging, complete | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78606 | S | Brain imaging comp & flow | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78607 | S | Brain imaging (3D) | 781 | 5.37 | $284.04 | $145.77 | $56.81 |
| 78608 | S | Brain imaging (PET) | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| 78609 | S | Brain imaging (PET) | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| 78610 | S | Brain flow imaging only | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78615 | S | Cerebral blood flow imaging | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78630 | S | Cerebrospinal fluid scan | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78635 | S | CSF ventriculography | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78645 | S | CSF shunt evaluation | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78647 | S | Cerebrospinal fluid scan | 781 | 5.37 | $284.04 | $145.77 | $56.81 |
| 78650 | S | CSF leakage imaging | 772 | 4.28 | $226.25 | $127.92 | $45.25 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 78660 | S | Nuclear exam of tear flow | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78699 | S | Nervous system nuclear exam | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78700 | S | Kidney imaging, static | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78701 | S | Kidney imaging with flow | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78704 | S | Imaging renogram | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78707 | S | Kidney flow & function image | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78708 | S | Kidney flow & function image | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78709 | S | Kidney flow & function image | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78710 | S | Kidney imaging (3D) | 781 | 5.37 | $284.04 | $145.77 | $56.81 |
| 78715 | S | Renal vascular flow exam | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78725 | S | Kidney function study | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 78730 | S | Urinary bladder retention | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78740 | S | Ureteral reflux study | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78760 | S | Testicular imaging | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78761 | S | Testicular imaging & flow | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78799 | S | Genitourinary nuclear exam | 771 | 3.81 | $201.77 | $116.84 | $40.35 |
| 78800 | S | Tumor imaging, limited area | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78801 | S | Tumor imaging, mult areas | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78802 | S | Tumor imaging, whole body | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78803 | S | Tumor imaging (3D) | 782 | 9.50 | $502.46 | $275.04 | $100.49 |
| 78805 | S | Abscess imaging, ltd area | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78806 | S | Abscess imaging, whole body | 772 | 4.28 | $226.25 | $127.92 | $45.25 |
| 78807 | S | Nuclear localization/abscess | 782 | 9.50 | $502.46 | $275.04 | $100.49 |
| 78810 | S | Tumor imaging (PET) | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| 78890 | N | Nuclear medicine data proc | | | | | |
| 78891 | N | Nuclear med data proc | | | | | |
| 78990 | E | Provide diag radionuclide(s) | | | | | |
| 78999 | S | Nuclear diagnostic exam | 761 | 2.06 | $108.72 | $61.47 | $21.74 |
| 79000 | S | Intial hyperthyroid therapy | 792 | 4.80 | $253.68 | $144.19 | $50.74 |
| 79001 | S | Repeat hyperthyroid therapy | 791 | 16.26 | $859.96 | $562.06 | $171.99 |
| 79020 | S | Thyroid ablation | 792 | 4.80 | $253.68 | $144.19 | $50.74 |
| 79030 | S | Thyroid ablation, carcinoma | 792 | 4.80 | $253.68 | $144.19 | $50.74 |
| 79035 | S | Thyroid metastatic therapy | 792 | 4.80 | $253.68 | $144.19 | $50.74 |
| 79100 | S | Hematopoetic nuclear therapy | 791 | 16.26 | $859.96 | $562.06 | $171.99 |
| 79200 | S | Intracavitary nuc treatment | 792 | 4.80 | $253.68 | $144.19 | $50.74 |
| 79300 | S | Interstitial nuclear therapy | 791 | 16.26 | $859.96 | $562.06 | $171.99 |
| 79400 | S | Nonhemato nuclear therapy | 791 | 16.26 | $859.96 | $562.06 | $171.99 |
| 79420 | S | Intravascular nuc therapy | 791 | 16.26 | $859.96 | $562.06 | $171.99 |
| 79440 | S | Nuclear joint therapy | 791 | 16.26 | $859.96 | $562.06 | $171.99 |
| 79900 | N | Provide ther radiopharm(s) | | | | | |
| 79999 | S | Nuclear medicine therapy | 791 | 16.26 | $859.96 | $562.06 | $171.99 |
| 80049 | A | Metabolic panel, basic | | | | | |
| 80050 | A | General health panel | | | | | |
| 80051 | A | Electrolyte panel | | | | | |
| 80054 | A | Comprehen metabolic panel | | | | | |
| 80055 | A | Obstetric panel | | | | | |
| 80058 | A | Hepatic function panel | | | | | |
| 80059 | A | Hepatitis panel | | | | | |
| 80061 | A | Lipid panel | | | | | |
| 80072 | A | Arthritis panel | | | | | |
| 80090 | A | Torch antibody panel | | | | | |
| 80091 | A | Thyroid panel | | | | | |
| 80092 | A | Thyroid panel w/TSH | | | | | |
| 80100 | A | Drug screen | | | | | |
| 80101 | A | Drug screen | | | | | |
| 80102 | A | Drug confirmation | | | | | |
| 80103 | N | Drug analysis, tissue prep | | | | | |
| 80150 | A | Assay of amikacin | | | | | |
| 80152 | A | Assay of amitriptyline | | | | | |
| 80154 | A | Assay of benzodiazepines | | | | | |
| 80156 | A | Assay carbamazepine | | | | | |
| 80158 | A | Assay of cyclosporine | | | | | |
| 80160 | A | Assay of desipramine | | | | | |
| 80162 | A | Assay for digoxin | | | | | |
| 80164 | A | Assay, dipropylacetic acid | | | | | |
| 80166 | A | Assay of doxepin | | | | | |
| 80168 | A | Assay of ethosuximide | | | | | |
| 80170 | A | Gentamicin | | | | | |
| 80172 | A | Assay for gold | | | | | |
| 80174 | A | Assay of imipramine | | | | | |
| 80176 | A | Assay for lidocaine | | | | | |
| 80178 | A | Assay for lithium | | | | | |
| 80182 | A | Assay for nortriptyline | | | | | |
| 80184 | A | Assay for phenobarbital | | | | | |
| 80185 | A | Assay for phenytoin | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 80186 | A | Assay for phenytoin, free | | | | | |
| 80188 | A | Assay for primidone | | | | | |
| 80190 | A | Assay for procainamide | | | | | |
| 80192 | A | Assay for procainamide | | | | | |
| 80194 | A | Assay for quinidine | | | | | |
| 80196 | A | Assay for salicylate | | | | | |
| 80197 | A | Assay for tacrolimus | | | | | |
| 80198 | A | Assay for theophylline | | | | | |
| 80200 | A | Assay for tobramycin | | | | | |
| 80201 | A | Assay for topiramate | | | | | |
| 80202 | A | Assay for vancomycin | | | | | |
| 80299 | A | Quantitative assay, drug | | | | | |
| 80400 | A | Acth stimulation panel | | | | | |
| 80402 | A | Acth stimulation panel | | | | | |
| 80406 | A | Acth stimulation panel | | | | | |
| 80408 | A | Aldosterone suppression eval | | | | | |
| 80410 | A | Calcitonin stimul panel | | | | | |
| 80412 | A | CRH stimulation panel | | | | | |
| 80414 | A | Testosterone response | | | | | |
| 80415 | A | Estradiol response panel | | | | | |
| 80416 | A | Renin stimulation panel | | | | | |
| 80417 | A | Renin stimulation panel | | | | | |
| 80418 | A | Pituitary evaluation panel | | | | | |
| 80420 | A | Dexamethasone panel | | | | | |
| 80422 | A | Glucagon tolerance panel | | | | | |
| 80424 | A | Glucagon tolerance panel | | | | | |
| 80426 | A | Gonadotropin hormone panel | | | | | |
| 80428 | A | Growth hormone panel | | | | | |
| 80430 | A | Growth hormone panel | | | | | |
| 80432 | A | Insulin suppression panel | | | | | |
| 80434 | A | Insulin tolerance panel | | | | | |
| 80435 | A | Insulin tolerance panel | | | | | |
| 80436 | A | Metyrapone panel | | | | | |
| 80438 | A | TRH stimulation panel | | | | | |
| 80439 | A | TRH stimulation panel | | | | | |
| 80440 | A | TRH stimulation panel | | | | | |
| 80500 | X | Lab pathology consultation | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 80502 | X | Lab pathology consultation | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 81000 | A | Urinalysis, nonauto, w/scope | | | | | |
| 81001 | A | Urinalysis, auto, w/scope | | | | | |
| 81002 | A | Urinalysis nonauto w/o scope | | | | | |
| 81003 | A | Urinalysis, auto, w/o scope | | | | | |
| 81005 | A | Urinalysis | | | | | |
| 81007 | A | Urine screen for bacteria | | | | | |
| 81015 | A | Microscopic exam of urine | | | | | |
| 81020 | A | Urinalysis, glass test | | | | | |
| 81025 | A | Urine pregnancy test | | | | | |
| 81050 | A | Urinalysis, volume measure | | | | | |
| 81099 | A | Urinalysis test procedure | | | | | |
| 82000 | A | Assay blood acetaldehyde | | | | | |
| 82003 | A | Assay acetaminophen | | | | | |
| 82009 | A | Test for acetone/ketones | | | | | |
| 82010 | A | Acetone assay | | | | | |
| 82013 | A | Acetylcholinester- ase assay | | | | | |
| 82024 | A | ACTH | | | | | |
| 82030 | A | ADP & AMP | | | | | |
| 82040 | A | Assay serum albumin | | | | | |
| 82042 | A | Assay urine albumin | | | | | |
| 82043 | A | Microalbumin, quantitative | | | | | |
| 82044 | A | Microalbumin, semiquant | | | | | |
| 82055 | A | Assay ethanol | | | | | |
| 82075 | A | Assay breath ethanol | | | | | |
| 82085 | A | Assay of aldolase | | | | | |
| 82088 | A | Aldosterone | | | | | |
| 82101 | A | Assay of urine alkaloids | | | | | |
| 82103 | A | Alpha-1-antitrypsin, total | | | | | |
| 82104 | A | Alpha-1-antitrypsin, pheno | | | | | |
| 82105 | A | Alpha-fetoprotein, serum | | | | | |
| 82106 | A | Alpha-fetoprotein; amniotic | | | | | |
| 82108 | A | Assay, aluminum | | | | | |
| 82128 | A | Test for amino acids | | | | | |
| 82130 | A | Amino acids analysis | | | | | |
| 82131 | A | Amino acids | | | | | |
| 82135 | A | Assay, aminolevulinic acid | | | | | |
| 82140 | A | Assay of ammonia | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 82143 | A | Amniotic fluid scan | | | | | |
| 82145 | A | Assay of amphetamines | | | | | |
| 82150 | A | Assay of amylase | | | | | |
| 82154 | A | Androstanediol glucuronide | | | | | |
| 82157 | A | Assay of androstenedione | | | | | |
| 82160 | A | Androsterone assay | | | | | |
| 82163 | A | Assay of angiotensin II | | | | | |
| 82164 | A | Angiotensin I enzyme test | | | | | |
| 82172 | A | Apolipoprotein | | | | | |
| 82175 | A | Assay of arsenic | | | | | |
| 82180 | A | Assay of ascorbic acid | | | | | |
| 82190 | A | Atomic absorption | | | | | |
| 82205 | A | Assay of barbiturates | | | | | |
| 82232 | A | Beta-2 protein | | | | | |
| 82239 | A | Bile acids, total | | | | | |
| 82240 | A | Bile acids, cholylglycine | | | | | |
| 82250 | A | Assay bilirubin | | | | | |
| 82251 | A | Assay bilirubin | | | | | |
| 82252 | A | Fecal bilirubin test | | | | | |
| 82270 | A | Test feces for blood | | | | | |
| 82273 | A | Test for blood, other source | | | | | |
| 82286 | A | Assay of bradykinin | | | | | |
| 82300 | A | Assay cadmium | | | | | |
| 82306 | A | Assay of vitamin D | | | | | |
| 82307 | A | Assay of vitamin D | | | | | |
| 82308 | A | Assay of calcitonin | | | | | |
| 82310 | A | Assay calcium | | | | | |
| 82330 | A | Assay calcium | | | | | |
| 82331 | A | Calcium infusion test | | | | | |
| 82340 | A | Assay calcium in urine | | | | | |
| 82355 | A | Calculus (stone) analysis | | | | | |
| 82360 | A | Calculus (stone) assay | | | | | |
| 82365 | A | Calculus (stone) assay | | | | | |
| 82370 | A | X-ray assay, calculus (stone) | | | | | |
| 82374 | A | Assay blood carbon dioxide | | | | | |
| 82375 | A | Assay blood carbon monoxide | | | | | |
| 82376 | A | Test for carbon monoxide | | | | | |
| 82378 | A | Carcinoembryonic antigen | | | | | |
| 82380 | A | Assay carotene | | | | | |
| 82382 | A | Assay urine catecholamines | | | | | |
| 82383 | A | Assay blood catecholamines | | | | | |
| 82384 | A | Assay three catecholamines | | | | | |
| 82387 | A | Cathepsin-D | | | | | |
| 82390 | A | Assay ceruloplasmin | | | | | |
| 82397 | A | Chemiluminescent assay | | | | | |
| 82415 | A | Assay chloramphenicol | | | | | |
| 82435 | A | Assay blood chloride | | | | | |
| 82436 | A | Assay urine chloride | | | | | |
| 82438 | A | Assay other fluid chlorides | | | | | |
| 82441 | A | Test for chlorohydrocarbons | | | | | |
| 82465 | A | Assay serum cholesterol | | | | | |
| 82480 | A | Assay serum cholinesterase | | | | | |
| 82482 | A | Assay rbc cholinesterase | | | | | |
| 82485 | A | Assay chondroitin sulfate | | | | | |
| 82486 | A | Gas/liquid chromatography | | | | | |
| 82487 | A | Paper chromatography | | | | | |
| 82488 | A | Paper chromatography | | | | | |
| 82489 | A | Thin layer chromatography | | | | | |
| 82491 | A | Chromotography, quantitative | | | | | |
| 82495 | A | Assay chromium | | | | | |
| 82507 | A | Assay citrate | | | | | |
| 82520 | A | Assay for cocaine | | | | | |
| 82523 | A | Collagen crosslinks | | | | | |
| 82525 | A | Assay copper | | | | | |
| 82528 | A | Assay corticosterone | | | | | |
| 82530 | A | Cortisol, free | | | | | |
| 82533 | A | Total cortisol | | | | | |
| 82540 | A | Assay creatine | | | | | |
| 82550 | A | Assay CK (CPK) | | | | | |
| 82552 | A | Assay CPK in blood | | | | | |
| 82553 | A | Creatine, MB fraction | | | | | |
| 82554 | A | Creatine, isoforms | | | | | |
| 82565 | A | Assay creatinine | | | | | |
| 82570 | A | Assay urine creatinine | | | | | |
| 82575 | A | Creatinine clearance test | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 82585 | A | Assay cryofibrinogen | | | | | |
| 82595 | A | Assay cryoglobulin | | | | | |
| 82600 | A | Assay cyanide | | | | | |
| 82607 | A | Vitamin B–12 | | | | | |
| 82608 | A | B–12 binding capacity | | | | | |
| 82615 | A | Test for urine cystines | | | | | |
| 82626 | A | Dehydroepiandrosterone | | | | | |
| 82627 | A | Dehydroepiandrosterone | | | | | |
| 82633 | A | Desoxycorticoster one | | | | | |
| 82634 | A | Deoxycortisol | | | | | |
| 82638 | A | Assay dibucaine number | | | | | |
| 82646 | A | Assay of dihydrocodeinone | | | | | |
| 82649 | A | Assay of dihydromorphin one | | | | | |
| 82651 | A | Dihydrotestosterone assay | | | | | |
| 82652 | A | Assay, dihydroxyvitamin D | | | | | |
| 82654 | A | Assay of dimethadione | | | | | |
| 82664 | A | Electrophoretic test | | | | | |
| 82666 | A | Epiandrosterone assay | | | | | |
| 82668 | A | Erythropoietin | | | | | |
| 82670 | A | Estradiol | | | | | |
| 82671 | A | Estrogens assay | | | | | |
| 82672 | A | Estrogen assay | | | | | |
| 82677 | A | Estriol | | | | | |
| 82679 | A | Estrone | | | | | |
| 82690 | A | Ethchlorvynol | | | | | |
| 82693 | A | Ethylene glycol | | | | | |
| 82696 | A | Etiocholanolone | | | | | |
| 82705 | A | Fats/lipids, feces, qualitative | | | | | |
| 82710 | A | Fats/lipids, feces, quantitative | | | | | |
| 82715 | A | Fecal fat assay | | | | | |
| 82725 | A | Assay blood fatty acids | | | | | |
| 82728 | A | Assay ferritin | | | | | |
| 82735 | A | Assay fluoride | | | | | |
| 82742 | A | Assay of flurazepam | | | | | |
| 82746 | A | Blood folic acid serum | | | | | |
| 82747 | A | Folic acid, RBC | | | | | |
| 82757 | A | Assay semen fructose | | | | | |
| 82759 | A | RBC galactokinase assay | | | | | |
| 82760 | A | Assay galactose | | | | | |
| 82775 | A | Assay galactose transferase | | | | | |
| 82776 | A | Galactose transferase test | | | | | |
| 82784 | A | Assay gammaglobulin IgM | | | | | |
| 82785 | A | Assay, gammaglobulin IgE | | | | | |
| 82787 | A | IgG1, 2, 3 and 4 | | | | | |
| 82800 | A | Blood pH | | | | | |
| 82803 | A | Blood gases: pH, pO2 & pCO2 | | | | | |
| 82805 | A | Blood gases W/02 saturation | | | | | |
| 82810 | A | Blood gases, O2 sat only | | | | | |
| 82820 | A | Hemoglobin-oxygen affinity | | | | | |
| 82926 | A | Assay gastric acid | | | | | |
| 82928 | A | Assay gastric acid | | | | | |
| 82938 | A | Gastrin test | | | | | |
| 82941 | A | Assay of gastrin | | | | | |
| 82943 | A | Assay of glucagon | | | | | |
| 82946 | A | Glucagon tolerance test | | | | | |
| 82947 | A | Assay quantitative, glucose | | | | | |
| 82948 | A | Reagent strip/blood glucose | | | | | |
| 82950 | A | Glucose test | | | | | |
| 82951 | A | Glucose tolerance test (GTT) | | | | | |
| 82952 | A | GTT-added samples | | | | | |
| 82953 | A | Glucose-tolbutamide test | | | | | |
| 82955 | A | Assay G6PD enzyme | | | | | |
| 82960 | A | Test for G6PD enzyme | | | | | |
| 82962 | A | Glucose blood test | | | | | |
| 82963 | A | Glucosidase assay | | | | | |
| 82965 | A | Assay GDH enzyme | | | | | |
| 82975 | A | Assay glutamine | | | | | |
| 82977 | A | Assay of GGT | | | | | |
| 82978 | A | Glutathione assay | | | | | |
| 82979 | A | Assay RBC glutathione enzyme | | | | | |
| 82980 | A | Assay of glutethimide | | | | | |
| 82985 | A | Glycated protein | | | | | |
| 83001 | A | Gonadotropin (FSH) | | | | | |
| 83002 | A | Gonadotropin (LH) | | | | | |
| 83003 | A | Assay growth hormone (HGH) | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 83008 | A | Assay guanosine | | | | | |
| 83010 | A | Quant assay haptoglobin | | | | | |
| 83012 | A | Assay haptoglobins | | | | | |
| 83015 | A | Heavy metal screen | | | | | |
| 83018 | A | Quantitative screen, metals | | | | | |
| 83019 | A | Breath isotope test | | | | | |
| 83020 | A | Assay hemoglobin | | | | | |
| 83026 | A | Hemoglobin, copper sulfate | | | | | |
| 83030 | A | Fetal hemoglobin assay | | | | | |
| 83033 | A | Fetal fecal hemoglobin assay | | | | | |
| 83036 | A | Glycated hemoglobin test | | | | | |
| 83045 | A | Blood methemoglobin test | | | | | |
| 83050 | A | Blood methemoglobin assay | | | | | |
| 83051 | A | Assay plasma hemoglobin | | | | | |
| 83055 | A | Blood sulfhemoglobin test | | | | | |
| 83060 | A | Blood sulfhemoglobin assay | | | | | |
| 83065 | A | Hemoglobin heat assay | | | | | |
| 83068 | A | Hemoglobin stability screen | | | | | |
| 83069 | A | Assay urine hemoglobin | | | | | |
| 83070 | A | Qualt assay hemosiderin | | | | | |
| 83071 | A | Quant assay of hemosiderin | | | | | |
| 83088 | A | Assay histamine | | | | | |
| 83150 | A | Assay for HVA | | | | | |
| 83491 | A | Assay of corticosteroids | | | | | |
| 83497 | A | Assay 5-HIAA | | | | | |
| 83498 | A | Assay of progesterone | | | | | |
| 83499 | A | Assay of progesterone | | | | | |
| 83500 | A | Assay free hydroxyproline | | | | | |
| 83505 | A | Assay total hydroxyproline | | | | | |
| 83516 | A | Immunoassay, non antibody | | | | | |
| 83518 | A | Immunoassay, dipstick | | | | | |
| 83519 | A | Immunoassay nonantibody | | | | | |
| 83520 | A | Immunoassay, RIA | | | | | |
| 83525 | A | Assay of insulin | | | | | |
| 83527 | A | Assay of insulin | | | | | |
| 83528 | A | Assay intrinsic factor | | | | | |
| 83540 | A | Assay iron | | | | | |
| 83550 | A | Iron binding test | | | | | |
| 83570 | A | Assay IDH enzyme | | | | | |
| 83582 | A | Assay ketogenic steroids | | | | | |
| 83586 | A | Assay 17-(17-KS)ketosteroids | | | | | |
| 83593 | A | Fractionation ketosteroids | | | | | |
| 83605 | A | Lactic acid assay | | | | | |
| 83615 | A | Lactate (LD) (LDH) enzyme | | | | | |
| 83625 | A | Assay LDH enzymes | | | | | |
| 83632 | A | Placental lactogen | | | | | |
| 83633 | A | Test urine for lactose | | | | | |
| 83634 | A | Assay urine for lactose | | | | | |
| 83655 | A | Assay for lead | | | | | |
| 83661 | A | Assay L/S ratio | | | | | |
| 83662 | A | L/S ratio, foam stability | | | | | |
| 83670 | A | Assay LAP enzyme | | | | | |
| 83690 | A | Assay lipase | | | | | |
| 83715 | A | Assay blood lipoproteins | | | | | |
| 83717 | A | Assay blood lipoproteins | | | | | |
| 83718 | A | Blood lipoprotein assay | | | | | |
| 83719 | A | Blood lipoprotein assay | | | | | |
| 83721 | A | Blood lipoprotein assay | | | | | |
| 83727 | A | LRH hormone assay | | | | | |
| 83735 | A | Assay magnesium | | | | | |
| 83775 | A | Assay of md enzyme | | | | | |
| 83785 | A | Assay of manganese | | | | | |
| 83805 | A | Assay of meprobamate | | | | | |
| 83825 | A | Assay mercury | | | | | |
| 83835 | A | Assay metanephrines | | | | | |
| 83840 | A | Assay methadone | | | | | |
| 83857 | A | Assay methemalbumin | | | | | |
| 83858 | A | Assay methsuximide | | | | | |
| 83864 | A | Mucopolysaccharides | | | | | |
| 83866 | A | Mucopolysaccharides screen | | | | | |
| 83872 | A | Assay synovial fluid mucin | | | | | |
| 83873 | A | Assay, CSF protein | | | | | |
| 83874 | A | Myoglobin | | | | | |
| 83883 | A | Nephelometry, not specified | | | | | |
| 83885 | A | Assay for nickel | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 83887 | A | Assay nicotine | | | | | |
| 83890 | A | Molecular diagnostics | | | | | |
| 83892 | A | Molecular diagnostics | | | | | |
| 83894 | A | Molecular diagnostics | | | | | |
| 83896 | A | Molecular diagnostics | | | | | |
| 83898 | A | Molecular diagnostics | | | | | |
| 83902 | A | Molecular diagnostics | | | | | |
| 83912 | A | Genetic examination | | | | | |
| 83915 | A | Assay nucleotidase | | | | | |
| 83916 | A | Oligoclonal bands | | | | | |
| 83918 | A | Assay organic acids | | | | | |
| 83925 | A | Opiates | | | | | |
| 83930 | A | Assay blood osmolality | | | | | |
| 83935 | A | Assay urine osmolality | | | | | |
| 83937 | A | Assay for osteocalcin | | | | | |
| 83945 | A | Assay oxalate | | | | | |
| 83970 | A | Assay of parathormone | | | | | |
| 83986 | A | Assay body fluid acidity | | | | | |
| 83992 | A | Assay for phencyclidine | | | | | |
| 84022 | A | Assay of phenothiazine | | | | | |
| 84030 | A | Assay blood PKU | | | | | |
| 84035 | A | Assay phenylketones | | | | | |
| 84060 | A | Assay acid phosphatase | | | | | |
| 84061 | A | Phosphatase, forensic exam | | | | | |
| 84066 | A | Assay prostate phosphatase | | | | | |
| 84075 | A | Assay alkaline phosphatase | | | | | |
| 84078 | A | Assay alkaline phosphatase | | | | | |
| 84080 | A | Assay alkaline phosphatases | | | | | |
| 84081 | A | Amniotic fluid enzyme test | | | | | |
| 84085 | A | Assay RBC PG6D enzyme | | | | | |
| 84087 | A | Assay phosphohexose enzymes | | | | | |
| 84100 | A | Assay phosphorus | | | | | |
| 84105 | A | Assay urine phosphorus | | | | | |
| 84106 | A | Test for porphobilinogen | | | | | |
| 84110 | A | Assay porphobilinogen | | | | | |
| 84119 | A | Test urine for porphyrins | | | | | |
| 84120 | A | Assay urine porphyrins | | | | | |
| 84126 | A | Assay feces porphyrins | | | | | |
| 84127 | A | Porphyrins, feces | | | | | |
| 84132 | A | Assay serum potassium | | | | | |
| 84133 | A | Assay urine potassium | | | | | |
| 84134 | A | Prealbumin | | | | | |
| 84135 | A | Assay pregnanediol | | | | | |
| 84138 | A | Assay pregnanetriol | | | | | |
| 84140 | A | Assay for pregnenolone | | | | | |
| 84143 | A | Assay/17-hydroxypregnenolone | | | | | |
| 84144 | A | Assay progesterone | | | | | |
| 84146 | A | Assay for prolactin | | | | | |
| 84150 | A | Assay of prostaglandin | | | | | |
| 84153 | A | Prostate specific antigen | | | | | |
| 84155 | A | Assay protein | | | | | |
| 84160 | A | Assay serum protein | | | | | |
| 84165 | A | Assay serum proteins | | | | | |
| 84181 | A | Western blot test | | | | | |
| 84182 | A | Protein, western blot test | | | | | |
| 84202 | A | Assay RBC protoporphyrin | | | | | |
| 84203 | A | Test RBC protoporphyrin | | | | | |
| 84206 | A | Assay of proinsulin | | | | | |
| 84207 | A | Assay vitamin B–6 | | | | | |
| 84210 | A | Assay pyruvate | | | | | |
| 84220 | A | Assay pyruvate kinase | | | | | |
| 84228 | A | Assay quinine | | | | | |
| 84233 | A | Assay estrogen | | | | | |
| 84234 | A | Assay progesterone | | | | | |
| 84235 | A | Assay endocrine hormone | | | | | |
| 84238 | A | Assay non-endocrine receptor | | | | | |
| 84244 | A | Assay of renin | | | | | |
| 84252 | A | Assay vitamin B–2 | | | | | |
| 84255 | A | Assay selenium | | | | | |
| 84260 | A | Assay serotonin | | | | | |
| 84270 | A | Sex hormone globulin (SHBG) | | | | | |
| 84275 | A | Assay sialic acid | | | | | |
| 84285 | A | Assay silica | | | | | |
| 84295 | A | Assay serum sodium | | | | | |
| 84300 | A | Assay urine sodium | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 84305 | A | Somatomedin | | | | | |
| 84307 | A | Somatostatin | | | | | |
| 84311 | A | Spectrophotometry | | | | | |
| 84315 | A | Body fluid specific gravity | | | | | |
| 84375 | A | Chromatogram assay, sugars | | | | | |
| 84392 | A | Assay urine sulfate | | | | | |
| 84402 | A | Testosterone | | | | | |
| 84403 | A | Assay total testosterone | | | | | |
| 84425 | A | Assay vitamin B–1 | | | | | |
| 84430 | A | Assay thiocyanate | | | | | |
| 84432 | A | Thyroglobulin | | | | | |
| 84436 | A | Assay, total thyroxine | | | | | |
| 84437 | A | Assay neonatal thyroxine | | | | | |
| 84439 | A | Assay, free thyroxine | | | | | |
| 84442 | A | Thyroid activity (TBG) assay | | | | | |
| 84443 | A | Assay thyroid stim hormone | | | | | |
| 84445 | A | Thyroid immunoglobulins TSI | | | | | |
| 84446 | A | Assay vitamin E | | | | | |
| 84449 | A | Assay for transcortin | | | | | |
| 84450 | A | Transferase (AST) (SGOT) | | | | | |
| 84460 | A | Alanine amino (ALT) (SGPT) | | | | | |
| 84466 | A | Transferrin | | | | | |
| 84478 | A | Assay triglycerides | | | | | |
| 84479 | A | Assay thyroid (t–3 or t–4) | | | | | |
| 84480 | A | Assay triiodothyronine (t–3) | | | | | |
| 84481 | A | Free assay (FT–3) | | | | | |
| 84482 | A | T3 reverse | | | | | |
| 84484 | A | Troponin, quant | | | | | |
| 84485 | A | Assay duodenal fluid trypsin | | | | | |
| 84488 | A | Test feces for trypsin | | | | | |
| 84490 | A | Assay feces for trypsin | | | | | |
| 84510 | A | Assay tyrosine | | | | | |
| 84512 | A | Troponin, qual | | | | | |
| 84520 | A | Assay urea nitrogen | | | | | |
| 84525 | A | Urea nitrogen semi-quant | | | | | |
| 84540 | A | Assay urine urea-N | | | | | |
| 84545 | A | Urea-N clearance test | | | | | |
| 84550 | A | Assay blood uric acid | | | | | |
| 84560 | A | Assay urine uric acid | | | | | |
| 84577 | A | Assay feces urobilinogen | | | | | |
| 84578 | A | Test urine urobilinogen | | | | | |
| 84580 | A | Assay urine urobilinogen | | | | | |
| 84583 | A | Assay urine urobilinogen | | | | | |
| 84585 | A | Assay urine VMA | | | | | |
| 84586 | A | VIP assay | | | | | |
| 84588 | A | Assay vasopressin | | | | | |
| 84590 | A | Assay vitamin-A | | | | | |
| 84597 | A | Assay vitamin-K | | | | | |
| 84600 | A | Assay for volatiles | | | | | |
| 84620 | A | Xylose tolerance test | | | | | |
| 84630 | A | Assay zinc | | | | | |
| 84681 | A | Assay C-peptide | | | | | |
| 84702 | A | Chorionic gonadotropin test | | | | | |
| 84703 | A | Chorionic gonadotropin assay | | | | | |
| 84830 | A | Ovulation tests | | | | | |
| 84999 | A | Clinical chemistry test | | | | | |
| 85002 | A | Bleeding time test | | | | | |
| 85007 | A | Differential WBC count | | | | | |
| 85008 | A | Nondifferential WBC count | | | | | |
| 85009 | A | Differential WBC count | | | | | |
| 85013 | A | Hematocrit | | | | | |
| 85014 | A | Hematocrit | | | | | |
| 85018 | A | Hemoglobin | | | | | |
| 85021 | A | Automated hemogram | | | | | |
| 85022 | A | Automated hemogram | | | | | |
| 85023 | A | Automated hemogram | | | | | |
| 85024 | A | Automated hemogram | | | | | |
| 85025 | A | Automated hemogram | | | | | |
| 85027 | A | Automated hemogram | | | | | |
| 85029 | A | Automated hemogram | | | | | |
| 85030 | A | Automated hemogram | | | | | |
| 85031 | A | Manual hemogram, complete cbc | | | | | |
| 85041 | A | Red blood cell (RBC) count | | | | | |
| 85044 | A | Reticulocyte count | | | | | |
| 85045 | A | Reticulocyte count | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 85048 | A | White blood cell (WBC) count | | | | | |
| 85060 | X | Blood smear interpretation | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 85095 | T | Bone marrow aspiration | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 85097 | X | Bone marrow interpretation | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 85102 | T | Bone marrow biopsy | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 85130 | A | Chromogenic substrate assay | | | | | |
| 85170 | A | Blood clot retraction | | | | | |
| 85175 | A | Blood clot lysis time | | | | | |
| 85210 | A | Blood clot factor II test | | | | | |
| 85220 | A | Blood clot factor V test | | | | | |
| 85230 | A | Blood clot factor VII test | | | | | |
| 85240 | A | Blood clot factor VIII test | | | | | |
| 85244 | A | Blood clot factor VIII test | | | | | |
| 85245 | A | Blood clot factor VIII test | | | | | |
| 85246 | A | Blood clot factor VIII test | | | | | |
| 85247 | A | Blood clot factor VIII test | | | | | |
| 85250 | A | Blood clot factor IX test | | | | | |
| 85260 | A | Blood clot factor X test | | | | | |
| 85270 | A | Blood clot factor XI test | | | | | |
| 85280 | A | Blood clot factor XII test | | | | | |
| 85290 | A | Blood clot factor XIII test | | | | | |
| 85291 | A | Blood clot factor XIII test | | | | | |
| 85292 | A | Blood clot factor assay | | | | | |
| 85293 | A | Blood clot factor assay | | | | | |
| 85300 | A | Antithrombin III test | | | | | |
| 85301 | A | Antithrombin III test | | | | | |
| 85302 | A | Blood clot inhibitor antigen | | | | | |
| 85303 | A | Blood clot inhibitor test | | | | | |
| 85305 | A | Blood clot inhibitor assay | | | | | |
| 85306 | A | Blood clot inhibitor test | | | | | |
| 85335 | A | Factor inhibitor test | | | | | |
| 85337 | A | Thrombomodulin | | | | | |
| 85345 | A | Coagulation time | | | | | |
| 85347 | A | Coagulation time | | | | | |
| 85348 | A | Coagulation time | | | | | |
| 85360 | A | Euglobulin lysis | | | | | |
| 85362 | A | Fibrin degradation products | | | | | |
| 85366 | A | Fibrinogen test | | | | | |
| 85370 | A | Fibrinogen test | | | | | |
| 85378 | A | Fibrin degradation | | | | | |
| 85379 | A | Fibrin degradation | | | | | |
| 85384 | A | Fibrinogen | | | | | |
| 85385 | A | Fibrinogen | | | | | |
| 85390 | A | Fibrinolysins screen | | | | | |
| 85400 | A | Fibrinolytic plasmin | | | | | |
| 85410 | A | Fibrinolytic antiplasmin | | | | | |
| 85415 | A | Fibrinolytic plasminogen | | | | | |
| 85420 | A | Fibrinolytic plasminogen | | | | | |
| 85421 | A | Fibrinolytic plasminogen | | | | | |
| 85441 | A | Heinz bodies; direct | | | | | |
| 85445 | A | Heinz bodies; induced | | | | | |
| 85460 | A | Hemoglobin, fetal | | | | | |
| 85461 | A | Hemoglobin, fetal | | | | | |
| 85475 | A | Hemolysin | | | | | |
| 85520 | A | Heparin assay | | | | | |
| 85525 | A | Heparin | | | | | |
| 85530 | A | Heparin-protamine tolerance | | | | | |
| 85535 | A | Iron stain, blood cells | | | | | |
| 85540 | A | Wbc alkaline phosphatase | | | | | |
| 85547 | A | RBC mechanical fragility | | | | | |
| 85549 | A | Muramidase | | | | | |
| 85555 | A | RBC osmotic fragility | | | | | |
| 85557 | A | RBC osmotic fragility | | | | | |
| 85576 | A | Blood platelet aggregation | | | | | |
| 85585 | A | Blood platelet estimation | | | | | |
| 85590 | A | Platelet manual count | | | | | |
| 85595 | A | Platelet count, automated | | | | | |
| 85597 | A | Platelet neutralization | | | | | |
| 85610 | A | Prothrombin time | | | | | |
| 85611 | A | Prothrombin test | | | | | |
| 85612 | A | Viper venom prothrombin time | | | | | |
| 85613 | A | Russell viper venom, diluted | | | | | |
| 85635 | A | Reptilase test | | | | | |
| 85651 | A | Rbc sed rate, nonauto | | | | | |
| 85652 | A | Rbc sed rate, auto | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 85660 | A | RBC sickle cell test | | | | | |
| 85670 | A | Thrombin time, plasma | | | | | |
| 85675 | A | Thrombin time, titer | | | | | |
| 85705 | A | Thromboplastin inhibition | | | | | |
| 85730 | A | Thromboplastin time, partial | | | | | |
| 85732 | A | Thromboplastin time, partial | | | | | |
| 85810 | A | Blood viscosity examination | | | | | |
| 85999 | A | Hematology procedure | | | | | |
| 86000 | A | Agglutinins; febrile | | | | | |
| 86003 | A | Allergen specific IgE | | | | | |
| 86005 | A | Allergen specific IgE | | | | | |
| 86021 | A | WBC antibody identification | | | | | |
| 86022 | A | Platelet antibodies | | | | | |
| 86023 | A | Immunoglobulin assay | | | | | |
| 86038 | A | Antinuclear antibodies | | | | | |
| 86039 | A | Antinuclear antibodies (ANA) | | | | | |
| 86060 | A | Antistreptolysin O titer | | | | | |
| 86063 | A | Antistreptolysin O screen | | | | | |
| 86077 | X | Physician blood bank service | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 86078 | X | Physician blood bank service | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 86079 | X | Physician blood bank service | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 86140 | A | C-reactive protein | | | | | |
| 86147 | A | Cardiolipin antibody | | | | | |
| 86148 | A | Phospholipid antibody | | | | | |
| 86155 | A | Chemotaxis assay | | | | | |
| 86156 | A | Cold agglutinin screen | | | | | |
| 86157 | A | Cold agglutinin, titer | | | | | |
| 86160 | A | Complement, antigen | | | | | |
| 86161 | A | Complement/function activity | | | | | |
| 86162 | A | Complement, total (CH50) | | | | | |
| 86171 | A | Complement fixation, each | | | | | |
| 86185 | A | Counterimmunoelectrophoresis | | | | | |
| 86215 | A | Deoxyribonuclease, antibody | | | | | |
| 86225 | A | DNA antibody | | | | | |
| 86226 | A | DNA antibody, single strand | | | | | |
| 86235 | A | Nuclear antigen antibody | | | | | |
| 86243 | A | Fc receptor | | | | | |
| 86255 | A | Fluorescent antibody; screen | | | | | |
| 86256 | A | Fluorescent antibody; titer | | | | | |
| 86277 | A | Growth hormone antibody | | | | | |
| 86280 | A | Hemagglutination inhibition | | | | | |
| 86308 | A | Heterophile antibodies | | | | | |
| 86309 | A | Heterophile antibodies | | | | | |
| 86310 | A | Heterophile antibodies | | | | | |
| 86316 | A | Immunoassay, tumor antigen | | | | | |
| 86317 | A | Immunoassay, infectious agent | | | | | |
| 86318 | A | Immunoassay, infectious agent | | | | | |
| 86320 | A | Serum immunoelectrophoresis | | | | | |
| 86325 | A | Other immunoelectrophoresis | | | | | |
| 86327 | A | Immunoelectrophoresis assay | | | | | |
| 86329 | A | Immunodiffusion | | | | | |
| 86331 | A | Immunodiffusion ouchterlony | | | | | |
| 86332 | A | Immune complex assay | | | | | |
| 86334 | A | Immunofixation procedure | | | | | |
| 86337 | A | Insulin antibodies | | | | | |
| 86340 | A | Intrinsic factor antibody | | | | | |
| 86341 | A | Islet cell antibody | | | | | |
| 86343 | A | Leukocyte histamine release | | | | | |
| 86344 | A | Leukocyte phagocytosis | | | | | |
| 86353 | A | Lymphocyte transformation | | | | | |
| 86359 | A | T cells, total count | | | | | |
| 86360 | A | T cell absolute count/ratio | | | | | |
| 86361 | A | T cell absolute count | | | | | |
| 86376 | A | Microsomal antibody | | | | | |
| 86378 | A | Migration inhibitory factor | | | | | |
| 86382 | A | Neutralization test, viral | | | | | |
| 86384 | A | Nitroblue tetrazolium dye | | | | | |
| 86403 | A | Particle agglutination test | | | | | |
| 86406 | A | Particle agglutination test | | | | | |
| 86430 | A | Rheumatoid factor test | | | | | |
| 86431 | A | Rheumatoid factor, quant | | | | | |
| 86485 | X | Skin test, candida | 861 | 0.13 | $6.86 | $3.62 | $1.37 |
| 86490 | X | Coccidioidomycosis skin test | 861 | 0.13 | $6.86 | $3.62 | $1.37 |
| 86510 | X | Histoplasmosis skin test | 861 | 0.13 | $6.86 | $3.62 | $1.37 |
| 86580 | X | TB intradermal test | 861 | 0.13 | $6.86 | $3.62 | $1.37 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 86585 | X | TB tine test | 861 | 0.13 | $6.86 | $3.62 | $1.37 |
| 86586 | X | Skin test, unlisted | 861 | 0.13 | $6.86 | $3.62 | $1.37 |
| 86588 | A | Streptocollus, direct screen | | | | | |
| 86590 | A | Streptokinase, antibody | | | | | |
| 86592 | A | Blood serology, qualitative | | | | | |
| 86593 | A | Blood serology, quantitative | | | | | |
| 86602 | A | Antinomyces antibody | | | | | |
| 86603 | A | Adenovirus, antibody | | | | | |
| 86606 | A | Aspergillus antibody | | | | | |
| 86609 | A | Bacterium, antibody | | | | | |
| 86612 | A | Blastomyces, antibody | | | | | |
| 86615 | A | Bordetella antibody | | | | | |
| 86617 | A | Lyme disease antibody | | | | | |
| 86618 | A | Lyme disease antibody | | | | | |
| 86619 | A | Borrelia antibody | | | | | |
| 86622 | A | Brucella, antibody | | | | | |
| 86625 | A | Campylobacter, antibody | | | | | |
| 86628 | A | Candida, antibody | | | | | |
| 86631 | A | Chlamydia, antibody | | | | | |
| 86632 | A | Chlamydia, IgM, antibody | | | | | |
| 86635 | A | Coccidioides, antibody | | | | | |
| 86638 | A | Q fever antibody | | | | | |
| 86641 | A | Cryptococcus antibody | | | | | |
| 86644 | A | CMV antibody | | | | | |
| 86645 | A | CMV antibody, IgM | | | | | |
| 86648 | A | Diphtheria antibody | | | | | |
| 86651 | A | Encephalitis antibody | | | | | |
| 86652 | A | Encephalitis antibody | | | | | |
| 86653 | A | Encephalitis, antibody | | | | | |
| 86654 | A | Encephalitis, antibody | | | | | |
| 86658 | A | Enterovirus, antibody | | | | | |
| 86663 | A | Epstein-barr antibody | | | | | |
| 86664 | A | Epstein-barr antibody | | | | | |
| 86665 | A | Epstein-barr, antibody | | | | | |
| 86668 | A | Francisella tularensis | | | | | |
| 86671 | A | Fungus, antibody | | | | | |
| 86674 | A | Giardia lamblia | | | | | |
| 86677 | A | Helicobacter pylori | | | | | |
| 86682 | A | Helminth, antibody | | | | | |
| 86684 | A | Hemophilus influenza | | | | | |
| 86687 | A | HTLV I | | | | | |
| 86688 | A | HTLV–II | | | | | |
| 86689 | A | HTLV/HIV confirmatory test | | | | | |
| 86692 | A | Hepatitis, delta agent | | | | | |
| 86694 | A | Herpes simplex test | | | | | |
| 86695 | A | Herpes simplex test | | | | | |
| 86698 | A | Histoplasma | | | | | |
| 86701 | A | HIV–1 | | | | | |
| 86702 | A | HIV–2 | | | | | |
| 86703 | A | HIV–1/HIV–2, single assay | | | | | |
| 86704 | A | Hep b core ab test, igg & m | | | | | |
| 86705 | A | Hep b core ab test, igm | | | | | |
| 86706 | A | Hepatitis b surface ab test | | | | | |
| 86707 | A | Hepatitis be ab test | | | | | |
| 86708 | A | Hep a ab test, igg & m | | | | | |
| 86709 | A | Hep a ab test, igm | | | | | |
| 86710 | A | Influenza virus | | | | | |
| 86713 | A | Legionella | | | | | |
| 86717 | A | Leishmania | | | | | |
| 86720 | A | Leptospira | | | | | |
| 86723 | A | Listeria monocytogenes | | | | | |
| 86727 | A | Lymph choriomeningitis | | | | | |
| 86729 | A | Lympho venereum | | | | | |
| 86732 | A | Mucormycosis | | | | | |
| 86735 | A | Mumps | | | | | |
| 86738 | A | Mycoplasma | | | | | |
| 86741 | A | Neisseria meningitidis | | | | | |
| 86744 | A | Nocardia | | | | | |
| 86747 | A | Parvovirus | | | | | |
| 86750 | A | Malaria | | | | | |
| 86753 | A | Protozoa, not elsewhere | | | | | |
| 86756 | A | Respiratory virus | | | | | |
| 86759 | A | Rotavirus | | | | | |
| 86762 | A | Rubella | | | | | |
| 86765 | A | Rubeola | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 86768 | A | Salmonella | | | | | |
| 86771 | A | Shigella | | | | | |
| 86774 | A | Tetanus | | | | | |
| 86777 | A | Toxoplasma | | | | | |
| 86778 | A | Toxoplasma, IgM | | | | | |
| 86781 | A | Treponema pallidum confirm | | | | | |
| 86784 | A | Trichinella | | | | | |
| 86787 | A | Varicella-zoster | | | | | |
| 86790 | A | Virus, not specified | | | | | |
| 86793 | A | Yersinia | | | | | |
| 86800 | A | Thyroglobulin antibody | | | | | |
| 86803 | A | Hepatitis c ab test | | | | | |
| 86804 | A | Hep c ab test, confirm | | | | | |
| 86805 | A | Lymphocytotoxicity assay | | | | | |
| 86806 | A | Lymphocytotoxicity assay | | | | | |
| 86807 | A | Cytotoxic antibody screening | | | | | |
| 86808 | A | Cytotoxic antibody screening | | | | | |
| 86812 | A | HLA typing, A, B, or C | | | | | |
| 86813 | A | HLA typing, A, B, or C | | | | | |
| 86816 | A | HLA typing, DR/DQ | | | | | |
| 86817 | A | HLA typing, DR/DQ | | | | | |
| 86821 | A | Lymphocyte culture, mixed | | | | | |
| 86822 | A | Lymphocyte culture, primed | | | | | |
| 86849 | A | Immunology procedure | | | | | |
| 86850 | A | RBC antibody screen | | | | | |
| 86860 | A | RBC antibody elution | | | | | |
| 86870 | A | RBC antibody identification | | | | | |
| 86880 | A | Coombs test | | | | | |
| 86885 | A | Coombs test | | | | | |
| 86886 | A | Coombs test | | | | | |
| 86890 | A | Autologous blood process | | | | | |
| 86891 | A | Autologous blood, op salvage | | | | | |
| 86900 | A | Blood typing, ABO | | | | | |
| 86901 | A | Blood typing, Rh (D) | | | | | |
| 86903 | A | Blood typing, antigen screen | | | | | |
| 86904 | A | Blood typing, patient serum | | | | | |
| 86905 | A | Blood typing, RBC antigens | | | | | |
| 86906 | A | Blood typing, Rh phenotype | | | | | |
| 86910 | E | Blood typing, paternity test | | | | | |
| 86911 | E | Blood typing, antigen system | | | | | |
| 86915 | A | Bone marrow | | | | | |
| 86920 | A | Compatibility test | | | | | |
| 86921 | A | Compatibility test | | | | | |
| 86922 | A | Compatibility test | | | | | |
| 86927 | A | Plasma, fresh frozen | | | | | |
| 86930 | A | Frozen blood prep | | | | | |
| 86931 | A | Frozen blood thaw | | | | | |
| 86932 | A | Frozen blood, freeze/thaw | | | | | |
| 86940 | A | Hemolysins/agglutinins auto | | | | | |
| 86941 | A | Hemolysins/agglutinins | | | | | |
| 86945 | A | Blood product/irradiation | | | | | |
| 86950 | A | Leukacyte transfusion | | | | | |
| 86965 | A | Pooling blood platelets | | | | | |
| 86970 | A | RBC pretreatment | | | | | |
| 86971 | A | RBC pretreatment | | | | | |
| 86972 | A | RBC pretreatment | | | | | |
| 86975 | A | RBC pretreatment, serum | | | | | |
| 86976 | A | RBC pretreatment, serum | | | | | |
| 86977 | A | RBC pretreatment, serum | | | | | |
| 86978 | A | RBC pretreatment, serum | | | | | |
| 86985 | A | Split blood or products | | | | | |
| 86999 | A | Transfusion procedure | | | | | |
| 87001 | A | Small animal inoculation | | | | | |
| 87003 | A | Small animal inoculation | | | | | |
| 87015 | A | Specimen concentration | | | | | |
| 87040 | A | Blood culture for bacteria | | | | | |
| 87045 | A | Stool culture for bacteria | | | | | |
| 87060 | A | Nose/throat culture,bacteria | | | | | |
| 87070 | A | Culture specimen, bacteria | | | | | |
| 87072 | A | Culture of specimen by kit | | | | | |
| 87075 | A | Culture specimen, bacteria | | | | | |
| 87076 | A | Bacteria identification | | | | | |
| 87081 | A | Bacteria culture screen | | | | | |
| 87082 | A | Culture of specimen by kit | | | | | |
| 87083 | A | Culture of specimen by kit | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 87084 | A | Culture of specimen by kit | | | | | |
| 87085 | A | Culture of specimen by kit | | | | | |
| 87086 | A | Urine culture, colcny count | | | | | |
| 87087 | A | Urine bacteria culture | | | | | |
| 87088 | A | Urine bacteria culture | | | | | |
| 87101 | A | Skin fungus culture | | | | | |
| 87102 | A | Fungus isolation culture | | | | | |
| 87103 | A | Blood fungus culture | | | | | |
| 87106 | A | Fungus identification | | | | | |
| 87109 | A | Mycoplasma culture | | | | | |
| 87110 | A | Culture, chlamydia | | | | | |
| 87116 | A | Mycobacteria culture | | | | | |
| 87117 | A | Mycobacteria culture | | | | | |
| 87118 | A | Mycobacteria identification | | | | | |
| 87140 | A | Culture typing, fluorescent | | | | | |
| 87143 | A | Culture typing, GLC method | | | | | |
| 87145 | A | Culture typing, phage method | | | | | |
| 87147 | A | Culture typing, serologic | | | | | |
| 87151 | A | Culture typing, serologic | | | | | |
| 87155 | A | Culture typing, precipitin | | | | | |
| 87158 | A | Culture typing, added method | | | | | |
| 87163 | A | Special microbiology culture | | | | | |
| 87164 | A | Dark field examination | | | | | |
| 87166 | A | Dark field examination | | | | | |
| 87174 | A | Endotoxin, bacterial | | | | | |
| 87175 | A | Assay, endotoxin, bacterial | | | | | |
| 87176 | A | Endotoxin, bacterial | | | | | |
| 87177 | A | Ova and parasites smears | | | | | |
| 87181 | A | Antibiotic sensitivity, each | | | | | |
| 87184 | A | Antibiotic sensitivity, each | | | | | |
| 87186 | A | Antibiotic sensitivity, MIC | | | | | |
| 87187 | A | Antibiotic sensitivity, MBC | | | | | |
| 87188 | A | Antibiotic sensitivity, each | | | | | |
| 87190 | A | TB antibiotic sensitivity | | | | | |
| 87192 | A | Antibiotic sensitivity, each | | | | | |
| 87197 | A | Bactericidal level, serum | | | | | |
| 87205 | A | Smear, stain & interpret | | | | | |
| 87206 | A | Smear, stain & interpret | | | | | |
| 87207 | A | Smear, stain & interpret | | | | | |
| 87208 | A | Smear, stain & interpret | | | | | |
| 87210 | A | Smear, stain & interpret | | | | | |
| 87211 | A | Smear, stain & interpret | | | | | |
| 87220 | A | Tissue exam for fungi | | | | | |
| 87230 | A | Assay, toxin or antitoxin | | | | | |
| 87250 | A | Virus inoculation for test | | | | | |
| 87252 | A | Virus inoculation for test | | | | | |
| 87253 | A | Virus inoculation for test | | | | | |
| 87260 | A | Adenovirus ag, dfa | | | | | |
| 87265 | A | Pertussis ag, dfa | | | | | |
| 87270 | A | Chylmd trach ag, dfa | | | | | |
| 87272 | A | Cryptosporidum ag, dfa | | | | | |
| 87274 | A | Herpes simplex ag, dfa | | | | | |
| 87276 | A | Influenza ag, dfa | | | | | |
| 87278 | A | Legion pneumo ag, dfa | | | | | |
| 87280 | A | Resp syncytial ag, dfa | | | | | |
| 87285 | A | Trepon pallidum ag, dfa | | | | | |
| 87290 | A | Varicella ag, dfa | | | | | |
| 87299 | A | Ag detection nos, dfa | | | | | |
| 87301 | A | Adenovirus ag, eia | | | | | |
| 87320 | A | Chylmd trach ag, eia | | | | | |
| 87324 | A | Clostridium ag, eia | | | | | |
| 87328 | A | Cryptospor ag, eia | | | | | |
| 87332 | A | Cytomegalovirus ag, eia | | | | | |
| 87335 | A | E coli 0157 ag, eia | | | | | |
| 87340 | A | Hepatitis b surface ag, eia | | | | | |
| 87350 | A | Hepatitis b ag, eia | | | | | |
| 87380 | A | Hepatitis delta ag, eia | | | | | |
| 87385 | A | Histoplasma capsul ag, eia | | | | | |
| 87390 | A | Hiv–1 ag, eia | | | | | |
| 87391 | A | Hiv–2 ag, eia | | | | | |
| 87420 | A | Resp syncytial ag, eia | | | | | |
| 87425 | A | Rotavirus ag, eia | | | | | |
| 87430 | A | Strep a ag, eia | | | | | |
| 87449 | A | Ag detect nos, eia, mult | | | | | |
| 87450 | A | Ag detect nos, eia, single | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 87470 | A | Bartonella, dna, dir probe | | | | | |
| 87471 | A | Bartonella, dna, amp probe | | | | | |
| 87472 | A | Bartonella, dna, quant | | | | | |
| 87475 | A | Lyme dis, dna, dir probe | | | | | |
| 87476 | A | Lyme dis, dna, amp probe | | | | | |
| 87477 | A | Lyme dis, dna, quant | | | | | |
| 87480 | A | Candida, dna, dir probe | | | | | |
| 87481 | A | Candida, dna, amp probe | | | | | |
| 87482 | A | Candida, dna, quant | | | | | |
| 87485 | A | Chylmd pneum, dna, dir probe | | | | | |
| 87486 | A | Chylmd pneum, dna, amp probe | | | | | |
| 87487 | A | Chylmd pneum, dna, quant | | | | | |
| 87490 | A | Chylmd trach, dna, dir probe | | | | | |
| 87491 | A | Chylmd trach, dna, amp probe | | | | | |
| 87492 | A | Chylmd trach, dna, quant | | | | | |
| 87495 | A | Cytomeg, dna, dir probe | | | | | |
| 87496 | A | Cytomeg, dna, amp probe | | | | | |
| 87497 | A | Cytomeg, dna, quant | | | | | |
| 87510 | A | Gardner vag, dna, dir probe | | | | | |
| 87511 | A | Gardner vag, dna, amp probe | | | | | |
| 87512 | A | Gardner vag, dna, quant | | | | | |
| 87515 | A | Hepatitis b, dna, dir probe | | | | | |
| 87516 | A | Hepatitis b, dna, amp probe | | | | | |
| 87517 | A | Hepatitis b, dna, quant | | | | | |
| 87520 | A | Hepatitis c, rna, dir probe | | | | | |
| 87521 | A | Hepatitis c, rna, amp probe | | | | | |
| 87522 | A | Hepatitis c, rna, quant | | | | | |
| 87525 | A | Hepatitis g, dna, dir probe | | | | | |
| 87526 | A | Hepatitis g, dna, amp probe | | | | | |
| 87527 | A | Hepatitis g, dna, quant | | | | | |
| 87528 | A | Hsv, dna, dir probe | | | | | |
| 87529 | A | Hsv, dna, amp probe | | | | | |
| 87530 | A | Hsv, dna, quant | | | | | |
| 87531 | A | Hhv–6, dna, dir probe | | | | | |
| 87532 | A | Hhv–6, dna. amp probe | | | | | |
| 87533 | A | Hhv–6, dna, quant | | | | | |
| 87534 | A | Hiv–1, dna, dir probe | | | | | |
| 87535 | A | Hiv–1, dna, amp probe | | | | | |
| 87536 | A | Hiv–1, dna, quant | | | | | |
| 87537 | A | Hiv–2, dna, dir probe | | | | | |
| 87538 | A | Hiv–2, dna, amp probe | | | | | |
| 87539 | A | Hiv–2, dna, quant | | | | | |
| 87540 | A | Legion pneumo, dna, dir prob | | | | | |
| 87541 | A | Legion pneumo, dna, amp prob | | | | | |
| 87542 | A | Legion pneumo, dna, quant | | | | | |
| 87550 | A | Mycobacteria, dna, dir probe | | | | | |
| 87551 | A | Mycobacteria, dna, amp probe | | | | | |
| 87552 | A | Mycobacteria, dna, quant | | | | | |
| 87555 | A | M.tuberculo, dna, dir probe | | | | | |
| 87556 | A | M.tuberculo, dna, amp probe | | | | | |
| 87557 | A | M.tuberculo, dna, quant | | | | | |
| 87560 | A | M.avium-intra, dna, dir prob | | | | | |
| 87561 | A | M.avium-intra, dna, amp prob | | | | | |
| 87562 | A | M.avium-intra, dna, quant | | | | | |
| 87580 | A | M.pneumon, dna, dir probe | | | | | |
| 87581 | A | M.pneumon, dna, amp probe | | | | | |
| 87582 | A | M.pneumon, dna, quant | | | | | |
| 87590 | A | N.gonorrhoeae, dna, dir prob | | | | | |
| 87591 | A | N.gonorrhoeae, dna, amp prob | | | | | |
| 87592 | A | N.gonorrhoeae, dna, quant | | | | | |
| 87620 | A | Hpv, dna, dir probe | | | | | |
| 87621 | A | Hpv, dna, amp probe | | | | | |
| 87622 | A | Hpv, dna, quant | | | | | |
| 87650 | A | Strep a, dna, dir probe | | | | | |
| 87651 | A | Strep a, dna, amp probe | | | | | |
| 87652 | A | Strep a, dna, quant | | | | | |
| 87797 | A | Detect agent nos, dna, dir | | | | | |
| 87798 | A | Detect agent nos, dna, amp | | | | | |
| 87799 | A | Detect agent nos, dna, quant | | | | | |
| 87810 | A | Chylmd trach assay w/optic | | | | | |
| 87850 | A | N. gonorrhoeae assay w/optic | | | | | |
| 87880 | A | Strep a assay w/optic | | | | | |
| 87899 | A | Agent nos assay w/optic | | | | | |
| 87999 | A | Microbiology procedure | | | | | |
| 88000 | E | Autopsy (necropsy), gross | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 88005 | E | Autopsy (necropsy), gross | | | | | |
| 88007 | E | Autopsy (necropsy), gross | | | | | |
| 88012 | E | Autopsy (necropsy), gross | | | | | |
| 88014 | E | Autopsy (necropsy), gross | | | | | |
| 88016 | E | Autopsy (necropsy), gross | | | | | |
| 88020 | E | Autopsy (necropsy), complete | | | | | |
| 88025 | E | Autopsy (necropsy), complete | | | | | |
| 88027 | E | Autopsy (necropsy), complete | | | | | |
| 88028 | E | Autopsy (necropsy), complete | | | | | |
| 88029 | E | Autopsy (necropsy), complete | | | | | |
| 88036 | E | Limited autopsy | | | | | |
| 88037 | E | Limited autopsy | | | | | |
| 88040 | E | Forensic autopsy (necropsy) | | | | | |
| 88045 | E | Coroner's autopsy (necropsy) | | | | | |
| 88099 | E | Necropsy (autopsy) procedure | | | | | |
| 88104 | X | Cytopathology, fluids | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88106 | X | Cytopathology, fluids | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88107 | X | Cytopathology, fluids | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88108 | X | Cytopath, concentrate tech | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88125 | X | Forensic cytopathology | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| 88130 | A | Sex chromatin identification | | | | | |
| 88140 | A | Sex chromatin identification | | | | | |
| 88141 | N | Cytopath cerv/vag interpret | | | | | |
| 88142 | A | Cytopath cerv/vag thin layer | | | | | |
| 88150 | A | Cytopath cerv/vag | | | | | |
| 88152 | A | Cytopath cerv/vag auto | | | | | |
| 88155 | A | Cytopath cerv/vag index | | | | | |
| 88156 | A | Cytopath cerv/vag tbs | | | | | |
| 88158 | A | Cytopath cerv/vag tbs auto | | | | | |
| 88160 | X | Cytopath smear, other source | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88161 | X | Cytopath smear, other source | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88162 | X | Cytopath smear, other source | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88170 | T | Fine needle aspiration | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 88171 | T | Fine needle aspiration | 121 | 0.67 | $35.26 | $21.02 | $7.05 |
| 88172 | X | Evaluation of smear | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88173 | X | Interpretation of smear | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88180 | X | Cell marker study | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88182 | X | Cell marker study | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88199 | X | Cytopathology procedure | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| 88230 | A | Tissue culture, lymphocyte | | | | | |
| 88233 | A | Tissue culture, skin/biopsy | | | | | |
| 88235 | A | Tissue culture, placenta | | | | | |
| 88237 | A | Tissue culture, bone marrow | | | | | |
| 88239 | A | Tissue culture, other | | | | | |
| 88245 | A | Chromosome analysis | | | | | |
| 88248 | A | Chromosome analysis | | | | | |
| 88250 | A | Chromosome analysis | | | | | |
| 88260 | A | Chromosome analysis: 5 cells | | | | | |
| 88261 | A | Chromosome analysis: 5 cells | | | | | |
| 88262 | A | Chromosome count:15–20 cells | | | | | |
| 88263 | A | Chromosome analysis:45 cells | | | | | |
| 88267 | A | Chromosome analysis:placenta | | | | | |
| 88269 | A | Chromosome analysis:amniotic | | | | | |
| 88280 | A | Chromosome karyotype study | | | | | |
| 88283 | A | Chromosome banding study | | | | | |
| 88285 | A | Chromosome count: additional | | | | | |
| 88289 | A | Chromosome study: additional | | | | | |
| 88299 | A | Cytogenetic study | | | | | |
| 88300 | X | Surg path, gross | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| 88302 | X | Tissue exam by pathologist | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88304 | X | Tissue exam by pathologist | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88305 | X | Tissue exam by pathologist | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88307 | X | Tissue exam by pathologist | 883 | 0.65 | $34.28 | $20.34 | $6.86 |
| 88309 | X | Tissue exam by pathologist | 883 | 0.65 | $34.28 | $20.34 | $6.86 |
| 88311 | X | Decalcify tissue | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| 88312 | X | Special stains | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88313 | X | Special stains | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| 88314 | X | Histochemical stain | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88318 | X | Chemical histochemistry | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88319 | X | Enzyme histochemistry | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88321 | X | Microslide consultation | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88323 | X | Microslide consultation | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88325 | X | Comprehensive review of data | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88329 | X | Pathology consult in surgery | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88331 | X | Pathology consult in surgery | 882 | 0.39 | $20.57 | $11.75 | $4.11 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 88332 | X | Pathology consult in surgery | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88342 | X | Immunocytochemistry | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88346 | X | Immunofluorescent study | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88347 | X | Immunofluorescent study | 882 | 0.39 | $20.57 | $11.75 | $4.11 |
| 88348 | X | Electron microscopy | 883 | 0.65 | $34.28 | $20.34 | $6.86 |
| 88349 | X | Scanning electron microscopy | 883 | 0.65 | $34.28 | $20.34 | $6.86 |
| 88355 | X | Analysis, skeletal muscle | 883 | 0.65 | $34.28 | $20.34 | $6.86 |
| 88356 | X | Analysis, nerve | 883 | 0.65 | $34.28 | $20.34 | $6.86 |
| 88358 | X | Analysis, tumor | 883 | 0.65 | $34.28 | $20.34 | $6.86 |
| 88362 | X | Nerve teasing preparations | 883 | 0.65 | $34.28 | $20.34 | $6.86 |
| 88365 | X | Tissue hybridization | 883 | 0.65 | $34.28 | $20.34 | $6.86 |
| 88371 | A | Protein, western blot tissue | | | | | |
| 88372 | A | Protein analysis w/probe | | | | | |
| 88399 | X | Surgical pathology procedure | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| 89050 | A | Body fluid cell count | | | | | |
| 89051 | A | Body fluid cell count | | | | | |
| 89060 | A | Exam,synovial fluid crystals | | | | | |
| 89100 | X | Sample intestinal contents | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 89105 | X | Sample intestinal contents | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 89125 | A | Specimen fat stain | | | | | |
| 89130 | X | Sample stomach contents | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 89132 | X | Sample stomach contents | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 89135 | X | Sample stomach contents | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 89136 | X | Sample stomach contents | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 89140 | X | Sample stomach contents | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 89141 | X | Sample stomach contents | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 89160 | A | Exam feces for meat fibers | | | | | |
| 89190 | A | Nasal smear for eosinophils | | | | | |
| 89250 | A | Fertilization of oocyte | | | | | |
| 89251 | A | Culture oocyte w/embryos | | | | | |
| 89252 | A | Assist oocyte fertilization | | | | | |
| 89253 | A | Embryo hatching | | | | | |
| 89254 | A | Oocyte identification | | | | | |
| 89255 | A | Prepare embryo for transfer | | | | | |
| 89256 | A | Prepare cryopreserved embryo | | | | | |
| 89257 | A | Sperm identification | | | | | |
| 89258 | A | Cryopreservation, embryo | | | | | |
| 89259 | A | Cryopreservation, sperm | | | | | |
| 89260 | A | Sperm isolation, simple | | | | | |
| 89261 | A | Sperm isolation, complex | | | | | |
| 89300 | A | Semen analysis | | | | | |
| 89310 | A | Semen analysis | | | | | |
| 89320 | A | Semen analysis | | | | | |
| 89325 | A | Sperm antibody test | | | | | |
| 89329 | A | Sperm evaluation test | | | | | |
| 89330 | A | Evaluation, cervical mucus | | | | | |
| 89350 | X | Sputum specimen collection | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| 89355 | A | Exam feces for starch | | | | | |
| 89360 | X | Collect sweat for test | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| 89365 | A | Water load test | | | | | |
| 89399 | X | Pathology lab procedure | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| 90700 | X | DTaP immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90701 | X | DTP immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90702 | X | DT immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90703 | X | Tetanus immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90704 | X | Mumps immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90705 | X | Measles immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90706 | X | Rubella immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90707 | X | MMR virus immunization | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90708 | X | Measles-rubella immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90709 | X | Rubella & mumps immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90710 | X | Combined vaccine | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90711 | X | Combined vaccine | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90712 | X | Oral poliovirus immunization | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90713 | X | Poliomyelitis immunization | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90714 | X | Typhoid immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90716 | X | Chicken pox vaccine | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90717 | X | Yellow fever immunization | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90718 | X | Td immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90719 | X | Diphtheria immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90720 | X | DTP/HIB vaccine | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90721 | X | Dtap/hib vaccine | 903 | 1.17 | $61.71 | $25.76 | $12.34 |
| 90724 | X | Influenza immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90725 | X | Cholera immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90726 | X | Rabies immunization | 903 | 1.17 | $61.71 | $25.76 | $12.34 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 90727 | X | Plague immunization | 903 | 1.17 | $61.71 | $25.76 | $12.34 |
| 90728 | X | BCG immunization | 903 | 1.17 | $61.71 | $25.76 | $12.34 |
| 90730 | X | Hepatitis A vaccine | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90732 | X | Pneumococcal immunization | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90733 | X | Meningococcal immunization | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90735 | X | Encephalitis virus vaccine | 903 | 1.17 | $61.71 | $25.76 | $12.34 |
| 90737 | X | Influenza B immunization | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90741 | X | Passive immunization, ISG | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90742 | X | Special passive immunization | 903 | 1.17 | $61.71 | $25.76 | $12.34 |
| 90744 | X | Hepatitis B vaccine, under 11 | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90745 | X | Hepatitis B vaccine, 11–19 | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90746 | X | Hepatitis B vaccine, over 20 | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90747 | X | Hepatitis B vaccine, ill pat | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| 90748 | X | Hepatitis b/hib vaccine | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90749 | X | Immunization procedure | 901 | 0.07 | $3.92 | $2.49 | 0.78 |
| 90780 | X | IV infusion therapy, 1 hour | 906 | 1.46 | $77.38 | $42.49 | $15.48 |
| 90781 | X | IV infusion, additional hour | 906 | 1.46 | $77.38 | $42.49 | $15.48 |
| 90782 | X | Injection (SC)/(IM) | 907 | 0.85 | $45.05 | $11.98 | $9.01 |
| 90783 | X | Injection (IA) | 907 | 0.85 | $45.05 | $11.98 | $9.01 |
| 90784 | X | Injection (IV) | 907 | 0.85 | $45.05 | $11.98 | $9.01 |
| 90788 | X | Injection of antibiotic | 907 | 0.85 | $45.05 | $11.98 | $9.01 |
| 90799 | X | Therapeutic/diag injection | 907 | 0.85 | $45.05 | $11.98 | $9.01 |
| 90801 | S | Psy dx interview | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90802 | S | Intac psy dx interview | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90804 | S | Psytx, office (20–30) | 091 | 1.19 | $62.69 | $15.37 | $12.54 |
| 90805 | S | Psytx, office (20–30) w/e&m | 091 | 1.19 | $62.69 | $15.37 | $12.54 |
| 90806 | S | Psytx, office (45–50) | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90807 | S | Psytx, office (45–50) w/e&m | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90808 | S | Psytx, office (75–80) | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90809 | S | Psytx, office (75–80) w/e&m | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90810 | S | Intac psytx, office (20–30) | 091 | 1.19 | $62.69 | $15.37 | $12.54 |
| 90811 | S | Intac psytx, off 20–30 w/e&m | 091 | 1.19 | $62.69 | $15.37 | $12.54 |
| 90812 | S | Intac psytx, office (45–50) | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90813 | S | Intac psytx, off 45–50 w/e&m | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90814 | S | Intac psytx, office (75–80) | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90815 | S | Intac psytx, off 75–80 w/e&m | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90816 | S | Psytx, hosp (20–30) | 091 | 1.19 | $62.69 | $15.37 | $12.54 |
| 90817 | S | Psytx, hosp (20–30) w/e&m | 091 | 1.19 | $62.69 | $15.37 | $12.54 |
| 90818 | S | Psytx, hosp (45–50) | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90819 | S | Psytx, hosp (45–50) w/e&m | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90821 | S | Psytx, hosp (75–80) | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90822 | S | Psytx, hosp (75–80) w/e&m | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90823 | S | Intac psytx, hosp (20–30) | 091 | 1.19 | $62.69 | $15.37 | $12.54 |
| 90824 | S | Intac psytx, hsp 20–30 w/e&m | 091 | 1.19 | $62.69 | $15.37 | $12.54 |
| 90826 | S | Intac psytx, hosp (45–50) | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90827 | S | Intac psytx, hsp 45–50 w/e&m | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90828 | S | Intac psytx, hosp (75–80) | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90829 | S | Intac psytx, hsp 75–80 w/e&m | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90845 | S | Psychoanalysis | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90846 | S | Family psytx w/o patient | 093 | 1.54 | $81.29 | $20.11 | $16.26 |
| 90847 | S | Family psytx w/patient | 093 | 1.54 | $81.29 | $20.11 | $16.26 |
| 90849 | S | Multiple family group psytx | 094 | 1.24 | $65.62 | $20.11 | $13.12 |
| 90853 | S | Group psychotherapy | 094 | 1.24 | $65.62 | $20.11 | $13.12 |
| 90857 | S | Intac group psytx | 094 | 1.24 | $65.62 | $20.11 | $13.12 |
| 90862 | X | Medication management | 090 | 0.85 | $45.05 | $12.43 | $9.01 |
| 90865 | S | Narcosynthesis | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90870 | S | Electroconvulsive therapy | 919 | 3.17 | $167.49 | $80.00 | $33.50 |
| 90871 | S | Electroconvulsive therapy | 919 | 3.17 | $167.49 | $80.00 | $33.50 |
| 90875 | E | Psychophysiological therapy | | | | | |
| 90876 | E | Psychophysiological therapy | | | | | |
| 90880 | S | Hypnotherapy | 092 | 1.57 | $83.25 | $21.92 | $16.65 |
| 90882 | E | Environmental manipulation | | | | | |
| 90885 | N | Psy evaluation of records | | | | | |
| 90887 | N | Consultation with family | | | | | |
| 90889 | N | Preparation of report | | | | | |
| 90899 | S | Psychiatric service/therapy | 091 | 1.19 | $62.69 | $15.37 | $12.54 |
| 90901 | S | Biofeedback, any method | 920 | 1.17 | $61.71 | $29.61 | $12.34 |
| 90911 | S | Biofeedback peri/uro/rectal | 920 | 1.17 | $61.71 | $29.61 | $12.34 |
| 90918 | A | ESRD related services, month | | | | | |
| 90919 | A | ESRD related services, month | | | | | |
| 90920 | A | ESRD related services, month | | | | | |
| 90921 | A | ESRD related services, month | | | | | |
| 90922 | A | ESRD related services, day | | | | | |
| 90923 | A | Esrd related services, day | | | | | |
| 90924 | A | Esrd related services, day | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 90925 | A | Esrd related services, day | | | | | |
| 90935 | S | Hemodialysis, one evaluation | 926 | 4.28 | $226.25 | $69.83 | $45.25 |
| 90937 | S | Hemodialysis, repeated eval | 926 | 4.28 | $226.25 | $69.83 | $45.25 |
| 90945 | S | Dialysis, one evaluation | 926 | 4.28 | $226.25 | $69.83 | $45.25 |
| 90947 | S | Dialysis, repeated eval | 926 | 4.28 | $226.25 | $69.83 | $45.25 |
| 90989 | E | Dialysis training/complete | | | | | |
| 90993 | N | Dialysis training/incomplete | | | | | |
| 90997 | S | Hemoperfusion | 926 | 4.28 | $226.25 | $69.83 | $45.25 |
| 90999 | S | Dialysis procedure | 926 | 4.28 | $226.25 | $69.83 | $45.25 |
| 91000 | X | Esophageal intubation | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91010 | X | Esophagus motility study | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91011 | X | Esophagus motility study | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91012 | X | Esophagus motility study | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91020 | X | Gastric motility | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91030 | X | Acid perfusion of esophagus | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91032 | X | Esophagus, acid reflux test | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91033 | X | Prolonged acid reflux test | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91052 | X | Gastric analysis test | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91055 | X | Gastric intubation for smear | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91060 | X | Gastric saline load test | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91065 | X | Breath hydrogen test | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91100 | X | Pass intestine bleeding tube | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91105 | X | Gastric intubation treatment | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 91122 | N | Anal pressure record | | | | | |
| 91299 | X | Gastroenterology procedure | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 92002 | V | Eye exam, new patient | 913 | | | | |
| 92004 | V | Eye exam, new patient | 915 | | | | |
| 92012 | V | Eye exam established pt | 913 | | | | |
| 92014 | V | Eye exam & treatment | 915 | | | | |
| 92015 | E | Refraction | | | | | |
| 92018 | T | New eye exam & treatment | 676 | 6.30 | $333.01 | $140.35 | $66.6 |
| 92019 | T | Eye exam & treatment | 676 | 6.30 | $333.01 | $140.35 | $66.6 |
| 92020 | N | Special eye evaluation | | | | | |
| 92060 | X | Special eye evaluation | 930 | 1.02 | $53.87 | $22.83 | $10.77 |
| 92065 | X | Orthoptic/pleoptic training | 930 | 1.02 | $53.87 | $22.83 | $10.77 |
| 92070 | N | Fitting of contact lens | | | | | |
| 92081 | X | Visual field examination(s) | 930 | 1.02 | $53.87 | $22.83 | $10.77 |
| 92082 | X | Visual field examination(s) | 930 | 1.02 | $53.87 | $22.83 | $10.77 |
| 92083 | X | Visual field examination(s) | 930 | 1.02 | $53.87 | $22.83 | $10.77 |
| 92100 | N | Serial tonometry exam(s) | | | | | |
| 92120 | X | Tonography & eye evaluation | 931 | 0.74 | $39.18 | $21.47 | $7.84 |
| 92130 | X | Water provocation tonography | 931 | 0.74 | $39.18 | $21.47 | $7.84 |
| 92140 | X | Glaucoma provocative tests | 930 | 1.02 | $53.87 | $22.83 | $10.77 |
| 92225 | N | Special eye exam, initial | | | | | |
| 92226 | N | Special eye exam, subsequent | | | | | |
| 92230 | X | Eye exam with photos | 931 | 0.74 | $39.18 | $21.47 | $7.84 |
| 92235 | X | Eye exam with photos | 932 | 2.52 | $133.21 | $65.09 | $26.64 |
| 92240 | X | Icg angiography | 931 | 0.74 | $39.18 | $21.47 | $7.84 |
| 92250 | X | Eye exam with photos | 931 | 0.74 | $39.18 | $21.47 | $7.84 |
| 92260 | N | Ophthalmoscopy/dynamometry | | | | | |
| 92265 | X | Eye muscle evaluation | 932 | 2.52 | $133.21 | $65.09 | $26.64 |
| 92270 | X | Electro-oculography | 932 | 2.52 | $133.21 | $65.09 | $26.64 |
| 92275 | X | Electroretinography | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 92283 | X | Color vision examination | 930 | 1.02 | $53.87 | $22.83 | $10.77 |
| 92284 | X | Dark adaptation eye exam | 930 | 1.02 | $53.87 | $22.83 | $10.77 |
| 92285 | X | Eye photography | 930 | 1.02 | $53.87 | $22.83 | $10.77 |
| 92286 | X | Internal eye photography | 932 | 2.52 | $133.21 | $65.09 | $26.64 |
| 92287 | X | Internal eye photography | 932 | 2.52 | $133.21 | $65.09 | $26.64 |
| 92310 | E | Contact lens fitting | | | | | |
| 92311 | X | Contact lens fitting | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92312 | X | Contact lens fitting | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92313 | X | Contact lens fitting | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92314 | E | Prescription of contact lens | | | | | |
| 92315 | X | Prescription of contact lens | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92316 | X | Prescription of contact lens | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92317 | X | Prescription of contact lens | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92325 | X | Modification of contact lens | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92326 | X | Replacement of contact lens | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92330 | X | Fitting of artificial eye | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92335 | N | Fitting of artificial eye | | | | | |
| 92340 | E | Fitting of spectacles | | | | | |
| 92341 | E | Fitting of spectacles | | | | | |
| 92342 | E | Fitting of spectacles | | | | | |
| 92352 | X | Special spectacles fitting | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92353 | X | Special spectacles fitting | 936 | 0.52 | $27.42 | $9.49 | $5.48 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 92354 | X | Special spectacles fitting | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92355 | X | Special spectacles fitting | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92358 | X | Eye prosthesis service | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92370 | E | Repair & adjust spectacles | | | | | |
| 92371 | X | Repair & adjust spectacles | 936 | 0.52 | $27.42 | $9.49 | $5.48 |
| 92390 | E | Supply of spectacles | | | | | |
| 92391 | E | Supply of contact lenses | | | | | |
| 92392 | E | Supply of low vision aids | | | | | |
| 92393 | E | Supply of artificial eye | | | | | |
| 92395 | E | Supply of spectacles | | | | | |
| 92396 | E | Supply of contact lenses | | | | | |
| 92499 | X | Eye service or procedure | 931 | 0.74 | $39.18 | $21.47 | $7.84 |
| 92502 | T | Ear and throat examination | 311 | 1.43 | $75.42 | $20.57 | $15.08 |
| 92504 | N | Ear microscopy examination | | | | | |
| 92506 | A | Speech & hearing evaluation | | | | | |
| 92507 | A | Speech/hearing therapy | | | | | |
| 92508 | A | Speech/hearing therapy | | | | | |
| 92510 | A | Rehab for ear implant | | | | | |
| 92511 | T | Nasopharyngos- copy | 331 | 0.69 | $36.24 | $14.01 | $7.25 |
| 92512 | X | Nasal function studies | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92516 | X | Facial nerve function test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92520 | X | Laryngeal function studies | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92525 | A | Oral function evaluation | | | | | |
| 92526 | A | Oral function therapy | | | | | |
| 92531 | N | Spontaneous nystagmus study | | | | | |
| 92532 | N | Positional nystagmus study | | | | | |
| 92533 | N | Caloric vestibular test | | | | | |
| 92534 | N | Optokinetic nystagmus | | | | | |
| 92541 | X | Spontaneous nystagmus test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92542 | X | Positional nystagmus test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92543 | X | Caloric vestibular test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92544 | X | Optokinetic nystagmus test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92545 | X | Oscillating tracking test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92546 | X | Sinusoidal rotational test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92547 | X | Supplemental electrical test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92548 | X | Posturography | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92551 | E | Pure tone hearing test, air | | | | | |
| 92552 | X | Pure tone audiometry, air | 941 | 0.74 | $39.18 | $13.56 | $7.84 |
| 92553 | X | Audiometry, air & bone | 941 | 0.74 | $39.18 | $13.56 | $7.84 |
| 92555 | X | Speech threshold audiometry | 941 | 0.74 | $39.18 | $13.56 | $7.84 |
| 92556 | X | Speech audiometry, complete | 941 | 0.74 | $39.18 | $13.56 | $7.84 |
| 92557 | X | Comprehensive hearing test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92559 | E | Group audiometric testing | | | | | |
| 92560 | E | Bekesy audiometry, screen | | | | | |
| 92561 | X | Bekesy audiometry, diagnosis | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92562 | X | Loudness balance test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92563 | X | Tone decay hearing test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92564 | X | Sisi hearing test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92565 | X | Stenger test, pure tone | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92567 | X | Tympanometry | 941 | 0.74 | $39.18 | $13.56 | $7.84 |
| 92568 | X | Acoustic reflex testing | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92569 | X | Acoustic reflex decay test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92571 | X | Filtered speech hearing test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92572 | X | Staggered spondaic word test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92573 | X | Lombard test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92575 | X | Sensorineural acuity test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92576 | X | Synthetic sentence test | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92577 | X | Stenger test, speech | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92579 | X | Visual audiometry (vra) | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92582 | X | Conditioning play audiometry | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92583 | X | Select picture audiometry | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92584 | X | Electrocochleography | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92585 | X | Auditory evoked potential | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 92587 | X | Evoked auditory test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92588 | X | Evoked auditory test | 940 | 3.04 | $160.63 | $51.98 | $32.13 |
| 92589 | X | Auditory function test(s) | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92590 | E | Hearing aid exam, one ear | | | | | |
| 92591 | E | Hearing aid exam, both ears | | | | | |
| 92592 | E | Hearing aid check, one ear | | | | | |
| 92593 | E | Hearing aid check, both ears | | | | | |
| 92594 | E | Electro hearing aid test, one | | | | | |
| 92595 | E | Electro hearing aid test, both | | | | | |
| 92596 | X | Ear protector evaluation | 942 | 1.48 | $78.36 | $22.15 | $15.67 |
| 92597 | A | Oral speech device eval | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 92598 | A | Modify oral speech device | | | | | |
| 92599 | X | ENT procedure/service | 941 | 0.74 | $39.18 | $13.56 | $7.84 |
| 92950 | S | Heart/lung resuscitation(CPR | 947 | 4.07 | $215.48 | $109.61 | $43.10 |
| 92953 | S | Temporary external pacing | 947 | 4.07 | $215.48 | $109.61 | $43.10 |
| 92960 | S | Heart electroconversion | 947 | 4.07 | $215.48 | $109.61 | $43.10 |
| 92970 | C | Cardioassist, internal | | | | | |
| 92971 | C | Cardioassist, external | | | | | |
| 92975 | C | Dissolve clot, heart vessel | | | | | |
| 92977 | C | Dissolve clot, heart vessel | | | | | |
| 92978 | C | Intravas us, heart (add-on) | | | | | |
| 92979 | C | Intravas us, heart (add-on) | | | | | |
| 92980 | C | Insert intracoronary stent | | | | | |
| 92981 | C | Insert intracoronary stent | | | | | |
| 92982 | C | Coronary artery dilation | | | | | |
| 92984 | C | Coronary artery dilation | | | | | |
| 92986 | C | Revision of aortic valve | | | | | |
| 92987 | C | Revision of mitral valve | | | | | |
| 92990 | C | Revision of pulmonary valve | | | | | |
| 92992 | C | Revision of heart chamber | | | | | |
| 92993 | C | Revision of heart chamber | | | | | |
| 92995 | C | Coronary atherectomy | | | | | |
| 92996 | C | Coronary atherectomy | | | | | |
| 92997 | C | Pul art balloon repair, perc | | | | | |
| 92998 | C | Pul art balloon repair, perc | | | | | |
| 93000 | N | Electrocardiogram, complete | | | | | |
| 93005 | X | Electrocardiogram, tracing | 950 | 0.35 | $18.61 | $15.82 | $3.72 |
| 93010 | N | Electrocardiogram report | | | | | |
| 93012 | X | Transmission of ecg | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93014 | N | Report on transmitted ecg | | | | | |
| 93015 | N | Cardiovascular stress test | | | | | |
| 93016 | N | Cardiovascular stress test | | | | | |
| 93017 | X | Cardiovascular stress test | 949 | 1.46 | $77.38 | $62.83 | $15.48 |
| 93018 | N | Cardiovascular stress test | | | | | |
| 93024 | X | Cardiac drug stress test | 949 | 1.46 | $77.38 | $62.83 | $15.48 |
| 93040 | N | Rhythm ECG with report | | | | | |
| 93041 | X | Rhythm ECG, tracing | 950 | 0.35 | $18.61 | $15.82 | $3.72 |
| 93042 | N | Rhythm ECG, report | | | | | |
| 93224 | X | ECG monitor/report, 24 hrs | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93225 | X | ECG monitor/record, 24 hrs | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93226 | X | ECG monitor/report, 24 hrs | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93227 | N | ECG monitor/review, 24 hrs | | | | | |
| 93230 | X | ECG monitor/report, 24 hrs | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93231 | X | Ecg monitor/record, 24 hrs | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93232 | X | ECG monitor/report, 24 hrs | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93233 | N | ECG monitor/review, 24 hrs | | | | | |
| 93235 | X | ECG monitor/report, 24 hrs | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93236 | X | ECG monitor/report, 24 hrs | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93237 | N | ECG monitor/review, 24 hrs | | | | | |
| 93268 | X | ECG record/review | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93270 | X | ECG recording | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93271 | X | Ecg/monitoring and anaylysis | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93272 | N | Ecg/review,interpret only | | | | | |
| 93278 | X | ECG/signal-averaged | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| 93303 | X | Echo transthoracic | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93304 | X | Echo transthoracic | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93307 | X | Echo exam of heart | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93308 | X | Echo exam of heart | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93312 | X | Echo transesophageal | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93313 | X | Echo transesophageal | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93314 | N | Echo transesophageal | | | | | |
| 93315 | X | Echo transesophageal | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93316 | X | Echo transesophageal | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93317 | N | Echo transesophageal | | | | | |
| 93320 | X | Doppler echo exam, heart | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93321 | X | Doppler echo exam, heart | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93325 | X | Doppler color flow | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93350 | X | Echo transthoracic | 957 | 2.83 | $149.86 | $117.07 | $29.97 |
| 93501 | T | Right heart catheterization | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93503 | T | Insert/place heart catheter | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93505 | T | Biopsy of heart lining | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93508 | T | Cath placement, angiography | 343 | 9.52 | $503.44 | $224.87 | $100.69 |
| 93510 | T | Left heart catheterization | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93511 | T | Left heart catheterization | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93514 | T | Left heart catheterization | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93524 | T | Left heart catheterization | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 93526 | T | Rt & Lt heart catheters | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93527 | T | Rt & Lt heart catheters | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93528 | T | Rt & Lt heart catheters | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93529 | T | Rt, Lt heart catheterization | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93530 | T | Rt heart cath, congenital | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93531 | T | R & l heart cath, congenital | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93532 | T | R & l heart cath, congenital | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93533 | T | R & l heart cath, congenital | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93536 | T | Insert circulation assi | 958 | 26.11 | $1,381.03 | $659.47 | $276.21 |
| 93539 | N | Injection, cardiac cath | | | | | |
| 93540 | N | Injection, cardiac cath | | | | | |
| 93541 | N | Injection for lung angiogram | | | | | |
| 93542 | N | Injection for heart x-rays | | | | | |
| 93543 | N | Injection for heart x-rays | | | | | |
| 93544 | N | Injection for aortography | | | | | |
| 93545 | N | Injection for coronary xrays | | | | | |
| 93555 | N | Imaging, cardiac cath | | | | | |
| 93556 | N | Imaging, cardiac cath | | | | | |
| 93561 | N | Cardiac output measurement | | | | | |
| 93562 | N | Cardiac output measurement | | | | | |
| 93600 | S | Bundle of His recording | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93602 | S | Intra-atrial recording | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93603 | S | Right ventricular recording | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93607 | S | Right ventricular recording | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93609 | S | Mapping of tachycardia | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93610 | S | Intra-atrial pacing | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93612 | S | Intraventricular pacing | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93615 | S | Esophageal recording | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93616 | S | Esophageal recording | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93618 | S | Heart rhythm pacing | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93619 | S | Electrophysiology evaluation | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93620 | S | Electrophysiology evaluation | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93621 | S | Electrophysiology evaluation | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93622 | S | Electrophysiology evaluation | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93623 | S | Stimulation, pacing heart | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93624 | S | Electrophysiologic study | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93631 | S | Heart pacing, mapping | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93640 | S | Evaluation heart device | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93641 | S | Electrophysiology evaluation | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93642 | S | Electrophysiology evaluation | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93650 | S | Ablate heart dysrhythm focus | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93651 | S | Ablate heart dysrhythm focus | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93652 | S | Ablate heart dysrhythm focus | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93660 | S | Tilt table evaluation | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93720 | X | Total body plethysmography | 967 | 1.70 | $90.11 | $57.40 | $18.02 |
| 93721 | X | Plethysmography tracing | 967 | 1.70 | $90.11 | $57.40 | $18.02 |
| 93722 | N | Plethysmography report | | | | | |
| 93724 | S | Analyze pacemaker system | 960 | 4.24 | $224.29 | $144.41 | $44.86 |
| 93731 | X | Analyze pacemaker system | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 93732 | X | Analyze pacemaker system | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 93733 | X | Telephone analysis, pacemaker | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 93734 | X | Analyze pacemaker system | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 93735 | X | Analyze pacemaker system | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 93736 | X | Telephone analysis, pacemaker | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 93737 | X | Analyze cardio/defibrillator | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 93738 | X | Analyze cardio/defibrillator | 966 | 0.39 | $20.57 | $12.43 | $4.11 |
| 93740 | X | Temperature gradient studies | 967 | 1.70 | $90.11 | $57.40 | $18.02 |
| 93760 | E | Cephalic thermogram | | | | | |
| 93762 | E | Peripheral thermogram | | | | | |
| 93770 | N | Measure venous pressure | | | | | |
| 93784 | E | Ambulatory BP monitoring | | | | | |
| 93786 | E | Ambulatory BP recording | | | | | |
| 93788 | E | Ambulatory BP analysis | | | | | |
| 93790 | E | Review/report BP recording | | | | | |
| 93797 | X | Cardiac rehab | 948 | 0.81 | $43.10 | $16.95 | $8.62 |
| 93798 | X | Cardiac rehab/monitor | 948 | 0.81 | $43.10 | $16.95 | $8.62 |
| 93799 | X | Cardiovascular procedure | 967 | 1.70 | $90.11 | $57.40 | $18.02 |
| 93875 | X | Extracranial study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93880 | X | Extracranial study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93882 | X | Extracranial study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93886 | X | Intracranial study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93888 | X | Intracranial study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93922 | X | Extremity study | 967 | 1.70 | $90.11 | $57.40 | $18.02 |
| 93923 | X | Extremity study | 967 | 1.70 | $90.11 | $57.40 | $18.02 |
| 93924 | X | Extremity study | 967 | 1.70 | $90.11 | $57.40 | $18.02 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 93925 | X | Lower extremity study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93926 | X | Lower extremity study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93930 | X | Upper extremity study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93931 | X | Upper extremity study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93965 | X | Extremity study | 967 | 1.70 | $90.11 | $57.40 | $18.02 |
| 93970 | X | Extremity study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93971 | X | Extremity study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93975 | X | Vascular study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93976 | X | Vascular study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93978 | X | Vascular study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93979 | X | Vascular study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93980 | X | Penile vascular study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93981 | X | Penile vascular study | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 93990 | X | Doppler flow testing | 968 | 2.37 | $125.37 | $79.55 | $25.07 |
| 94010 | X | Breathing capacity test | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94060 | X | Evaluation of wheezing | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94070 | S | Evaluation of wheezing | 973 | 1.89 | $99.90 | $55.82 | $19.98 |
| 94150 | N | Vital capacity test | | | | | |
| 94200 | X | Lung function test (MBC/MVV) | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94240 | X | Residual lung capacity | 972 | 1.02 | $53.87 | $29.38 | $10.77 |
| 94250 | X | Expired gas collection | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94260 | X | Thoracic gas volume | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94350 | X | Lung nitrogen washout curve | 972 | 1.02 | $53.87 | $29.38 | $10.77 |
| 94360 | X | Measure airflow resistance | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94370 | X | Breath airway closing volume | 972 | 1.02 | $53.87 | $29.38 | $10.77 |
| 94375 | X | Respiratory flow volume loop | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94400 | X | CO2 breathing response curve | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94450 | X | Hypoxia response curve | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94620 | S | Pulmonary stress testing | 973 | 1.89 | $99.90 | $55.82 | $19.98 |
| 94640 | S | Airway inhalation treatment | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94642 | S | Aerosol inhalation treatment | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94650 | S | Pressure breathing (IPPB) | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94651 | S | Pressure breathing (IPPB) | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94652 | C | Pressure breathing (IPPB) | | | | | |
| 94656 | C | Initial ventilator mgmt | | | | | |
| 94657 | S | Cont. ventilator | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94660 | S | Pos airway pressure, CPAP | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94662 | S | Neg pressure ventilation,cnp | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94664 | S | Aerosol or vapor inhalations | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94665 | S | Aerosol or vapor inhalations | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94667 | S | Chest wall manipulation | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94668 | S | Chest wall manipulation | 976 | 0.44 | $23.30 | $14.92 | $4.66 |
| 94680 | X | Exhaled air analysis: O2 | 972 | 1.02 | $53.87 | $29.38 | $10.77 |
| 94681 | X | Exhaled air analysis: O2,CO2 | 972 | 1.02 | $53.87 | $29.38 | $10.77 |
| 94690 | X | Exhaled air analysis | 972 | 1.02 | $53.87 | $29.38 | $10.77 |
| 94720 | X | Monoxide diffusing capacity | 972 | 1.02 | $53.87 | $29.38 | $10.77 |
| 94725 | X | Membrane diffusion capacity | 972 | 1.02 | $53.87 | $29.38 | $10.77 |
| 94750 | S | Pulmonary compliance study | 973 | 1.89 | $99.90 | $55.82 | $19.98 |
| 94760 | N | Measure blood oxygen level | | | | | |
| 94761 | N | Measure blood oxygen level | | | | | |
| 94762 | X | Measure blood oxygen level | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94770 | X | Exhaled carbon dioxide test | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 94772 | S | Breath recording, infant | 973 | 1.89 | $99.90 | $55.82 | $19.98 |
| 94799 | X | Pulmonary service/procedure | 971 | 0.78 | $41.14 | $21.47 | $8.23 |
| 95004 | X | Allergy skin tests | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95010 | X | Sensitivity skin tests | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95015 | X | Sensitivity skin tests | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95024 | X | Allergy skin tests | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95027 | X | Skin end point titration | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95028 | X | Allergy skin tests | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95044 | X | Allergy patch tests | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95052 | X | Photo patch test | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95056 | X | Photosensitivity tests | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95060 | X | Eye allergy tests | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95065 | X | Nose allergy test | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95070 | S | Bronchial allergy tests | 973 | 1.89 | $99.90 | $55.82 | $19.98 |
| 95071 | S | Bronchial allergy tests | 973 | 1.89 | $99.90 | $55.82 | $19.98 |
| 95075 | X | Ingestion challenge test | 928 | 3.11 | $164.55 | $83.85 | $32.91 |
| 95078 | X | Provocative testing | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95115 | X | Immunotherapy, one injection | 978 | 0.31 | $16.65 | $3.39 | $3.33 |
| 95117 | X | Immunotherapy injections | 978 | 0.31 | $16.65 | $3.39 | $3.33 |
| 95120 | E | Immunotherapy, one injection | | | | | |
| 95125 | E | Immunotherapy, many antigens | | | | | |
| 95130 | E | Immunotherapy, insect venom | | | | | |
| 95131 | E | Immunotherapy, insect venoms | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 95132 | E | Immunotherapy, insect venoms | | | | | |
| 95133 | E | Immunotherapy, insect venoms | | | | | |
| 95134 | E | Immunotherapy, insect venoms | | | | | |
| 95144 | X | Antigen therapy services | 978 | 0.31 | $16.65 | $3.39 | $3.33 |
| 95145 | X | Antigen therapy services | 978 | 0.31 | $16.65 | $3.39 | $3.33 |
| 95146 | X | Antigen therapy services | 978 | 0.31 | $16.65 | $3.39 | $3.33 |
| 95147 | X | Antigen therapy services | 978 | 0.31 | $16.65 | $3.39 | $3.33 |
| 95148 | X | Antigen therapy services | 978 | 0.31 | $16.65 | $3.39 | $3.33 |
| 95149 | X | Antigen therapy services | 901 | 0.07 | $3.92 | $2.49 | $.78 |
| 95165 | X | Antigen therapy services | 978 | 0.31 | $16.65 | $3.39 | $3.33 |
| 95170 | X | Antigen therapy services | 901 | 0.07 | $3.92 | $2.49 | $.78 |
| 95180 | X | Rapid desensitization | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95199 | X | Allergy immunology services | 977 | 0.63 | $33.30 | $12.66 | $6.66 |
| 95805 | S | Multiple sleep latency test | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95806 | S | Sleep study, unattended | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95807 | S | Sleep study, attended | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95808 | S | Polysomnography, 1–3 | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95810 | S | Polysomnography, 4 or more | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95811 | S | Polysomnography w/cpap | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95812 | S | Electroencephalogram (EEG) | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95813 | S | Electroencephalogram (EEG) | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95816 | X | Electroencephalogram (EEG) | 980 | 2.15 | $113.62 | $57.86 | $22.72 |
| 95819 | X | Electroencephalogram (EEG) | 980 | 2.15 | $113.62 | $57.86 | $22.72 |
| 95822 | X | Sleep electroencephalogram | 980 | 2.15 | $113.62 | $57.86 | $22.72 |
| 95824 | X | Electroencephalography | 980 | 2.15 | $113.62 | $57.86 | $22.72 |
| 95827 | S | Night electroencephalogram | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95829 | X | Surgery electrocorticogram | 980 | 2.15 | $113.62 | $57.86 | $22.72 |
| 95830 | N | Insert electrodes for EEG | | | | | |
| 95831 | N | Limb muscle testing, manual | | | | | |
| 95832 | N | Hand muscle testing, manual | | | | | |
| 95833 | N | Body muscle testing, manual | | | | | |
| 95834 | N | Body muscle testing, manual | | | | | |
| 95851 | N | Range of motion measurements | | | | | |
| 95852 | N | Range of motion measurements | | | | | |
| 95857 | X | Tensilon test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95858 | X | Tensilon test & myogram | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95860 | X | Muscle test, one limb | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95861 | X | Muscle test, two limbs | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95863 | X | Muscle test, 3 limbs | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95864 | X | Muscle test, 4 limbs | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95867 | X | Muscle test, head or neck | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95868 | X | Muscle test, head or neck | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95869 | X | Muscle test, thor paraspinal | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95870 | X | Muscle test, non-paraspinal | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95872 | X | Muscle test, one fiber | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95875 | X | Limb exercise test | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95900 | X | Motor nerve conduction test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95903 | X | Motor nerve conduction test | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95904 | X | Sense nerve conduction test | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95920 | C | Intraoperative nerve testing | | | | | |
| 95921 | X | Autonomic nervous func test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95922 | X | Autonomic nervous func test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95923 | X | Autonomic nervous func test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95925 | X | Somatosensory testing | 982 | 1.39 | $73.46 | $38.87 | $14.69 |
| 95926 | X | Somatosensory testing | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95927 | X | Somatosensory testing | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95930 | X | Visual evoked potential test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95933 | X | Blink reflex test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95934 | X | 'h' reflex test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95936 | X | 'h' reflex test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95937 | X | Neuromuscular junction test | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95950 | X | Ambulatory eeg monitoring | 981 | 1.46 | $77.38 | $41.81 | $15.48 |
| 95951 | S | EEG monitoring/videorecord | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95953 | S | EEG monitoring/computer | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95954 | S | EEG monitoring/giving drugs | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95955 | X | EEG during surgery | 980 | 2.15 | $113.62 | $57.86 | $22.72 |
| 95956 | N | EEG monitoring/cable/radio | | | | | |
| 95957 | N | EEG digital analysis | | | | | |
| 95958 | S | EEG monitoring/function test | 979 | 10.17 | $537.72 | $288.83 | $107.54 |
| 95961 | C | Electrode stimulation, brain | | | | | |
| 95962 | C | Electrode stimulation, brain | | | | | |
| 95999 | N | Neurological procedure | | | | | |
| 96100 | X | Psychological testing | 089 | 2.54 | $134.19 | $37.29 | $26.84 |
| 96105 | X | Assessment of aphasia | 089 | 2.54 | $134.19 | $37.29 | $26.84 |
| 96110 | X | Developmental test, lim | 089 | 2.54 | $134.19 | $37.29 | $26.84 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 96111 | X | Developmental test, extend | 089 | 2.54 | $134.19 | $37.29 | $26.84 |
| 96115 | X | Neurobehavior status exam | 089 | 2.54 | $134.19 | $37.29 | $26.84 |
| 96117 | X | Neuropsych test battery | 089 | 2.54 | $134.19 | $37.29 | $26.84 |
| 96400 | S | Chemotherapy, (SC)/(IM) | 987 | 0.65 | $34.28 | $13.33 | $6.86 |
| 96405 | S | Intralesional chemo admin | 987 | 0.65 | $34.28 | $13.33 | $6.86 |
| 96406 | S | Intralesional chemo admin | 987 | 0.65 | $34.28 | $13.33 | $6.86 |
| 96408 | S | Chemotherapy, push technique | 988 | 4.15 | $219.40 | $97.63 | $43.88 |
| 96410 | S | Chemotherapy, infusion method | 988 | 4.15 | $219.40 | $97.63 | $43.88 |
| 96412 | S | Chemotherapy, infusion method | 988 | 4.15 | $219.40 | $97.63 | $43.88 |
| 96414 | S | Chemotherapy, infusion method | 989 | 1.72 | $91.09 | $40.68 | $18.22 |
| 96420 | S | Chemotherapy, push technique | 988 | 4.15 | $219.40 | $97.63 | $43.88 |
| 96422 | S | Chemotherapy, infusion method | 988 | 4.15 | $219.40 | $97.63 | $43.88 |
| 96423 | S | Chemotherapy, infusion method | 988 | 4.15 | $219.40 | $97.63 | $43.88 |
| 96425 | S | Chemotherapy, infusion method | 989 | 1.72 | $91.09 | $40.68 | $18.22 |
| 96440 | S | Chemotherapy, intracavitary | 989 | 1.72 | $91.09 | $40.68 | $18.22 |
| 96445 | S | Chemotherapy, intracavitary | 989 | 1.72 | $91.09 | $40.68 | $18.22 |
| 96450 | S | Chemotherapy, into CNS | 989 | 1.72 | $91.09 | $40.68 | $18.22 |
| 96520 | E | Pump refilling, maintenance | | | | | |
| 96530 | E | Pump refilling, maintenance | | | | | |
| 96542 | S | Chemotherapy injection | 989 | 1.72 | $91.09 | $40.68 | $18.22 |
| 96545 | N | Provide chemotherapy agent | | | | | |
| 96549 | S | Chemotherapy, unspecified | 987 | 0.65 | $34.28 | $13.33 | $6.86 |
| 96900 | S | Ultraviolet light therapy | 990 | 0.43 | $22.53 | $8.14 | $4.51 |
| 96902 | N | Trichogram | | | | | |
| 96910 | S | Photochemotherapy with UV–B | 990 | 0.43 | $22.53 | $8.14 | $4.51 |
| 96912 | S | Photochemotherapy with UV–A | 990 | 0.43 | $22.53 | $8.14 | $4.51 |
| 96913 | S | Photochemotherapy, UV–A or B | 990 | 0.43 | $22.53 | $8.14 | $4.51 |
| 96999 | S | Dermatological procedure | 990 | 0.43 | $22.53 | $8.14 | $4.51 |
| 97001 | A | Pt evaluation | | | | | |
| 97002 | A | Pt re-evaluation | | | | | |
| 97003 | A | Ot evaluation | | | | | |
| 97004 | A | Ot re-evaluation | | | | | |
| 97010 | A | Hot or cold packs therapy | | | | | |
| 97012 | A | Mechanical traction therapy | | | | | |
| 97014 | A | Electric stimulation therapy | | | | | |
| 97016 | A | Vasopneumatic device therapy | | | | | |
| 97018 | A | Paraffin bath therapy | | | | | |
| 97020 | A | Microwave therapy | | | | | |
| 97022 | A | Whirlpool therapy | | | | | |
| 97024 | A | Diathermy treatment | | | | | |
| 97026 | A | Infrared therapy | | | | | |
| 97028 | A | Ultraviolet therapy | | | | | |
| 97032 | A | Electrical stimulation | | | | | |
| 97033 | A | Electric current therapy | | | | | |
| 97034 | A | Contrast bath therapy | | | | | |
| 97035 | A | Ultrasound therapy | | | | | |
| 97036 | A | Hydrotherapy | | | | | |
| 97039 | A | Physical therapy treatment | | | | | |
| 97110 | A | Therapeutic exercises | | | | | |
| 97112 | A | Neuromuscular reeducation | | | | | |
| 97113 | A | Aquatic therapy/exercises | | | | | |
| 97116 | A | Gait training therapy | | | | | |
| 97122 | A | Manual traction therapy | | | | | |
| 97124 | A | Massage therapy | | | | | |
| 97139 | A | Physical medicine procedure | | | | | |
| 97150 | A | Group therapeutic procedures | | | | | |
| 97250 | S | Myofascial release | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 97260 | S | Regional manipulation | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 97261 | S | Supplemental manipulations | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 97265 | A | Joint mobilization | | | | | |
| 97504 | A | Orthotic training | | | | | |
| 97520 | A | Prosthetic training | | | | | |
| 97530 | A | Therapeutic activities | | | | | |
| 97535 | A | Self care mngment training | | | | | |
| 97537 | A | Community/work reintegration | | | | | |
| 97542 | A | Wheelchair mngement training | | | | | |
| 97545 | A | Work hardening | | | | | |
| 97546 | A | Work hardening | | | | | |
| 97703 | A | Prosthetic checkout | | | | | |
| 97750 | A | Physical performance test | | | | | |
| 97770 | A | Cognitive skills development | | | | | |
| 97780 | E | Acupuncture w/o stim | | | | | |
| 97781 | E | Acupuncture w/stim | | | | | |
| 97799 | A | Physical medicine procedure | | | | | |
| 98925 | S | Osteopathic manipulation | 997 | 0.69 | $36.24 | $7.25 | $7.25 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 98926 | S | Osteopathic manipulation | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 98927 | S | Osteopathic manipulation | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 98928 | S | Osteopathic manipulation | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 98929 | S | Osteopathic manipulation | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 98940 | S | Chiropractic manipulation | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 98941 | S | Chiropractic manipulation | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 98942 | S | Chiropractic manipulation | 997 | 0.69 | $36.24 | $7.25 | $7.25 |
| 98943 | E | Chiropractic manipulation | | | | | |
| 99000 | E | Specimen handling | | | | | |
| 99001 | N | Specimen handling | | | | | |
| 99002 | E | Device handling | | | | | |
| 99024 | N | Post-op follow-up visit | | | | | |
| 99025 | N | Initial surgical evaluation | | | | | |
| 99050 | E | Medical services after hrs | | | | | |
| 99052 | E | Medical services at night | | | | | |
| 99054 | E | Medical services, unusual hrs | | | | | |
| 99056 | E | Non-office medical services | | | | | |
| 99058 | N | Office emergency care | | | | | |
| 99070 | E | Special supplies | | | | | |
| 99071 | E | Patient education materials | | | | | |
| 99075 | E | Medical testimony | | | | | |
| 99078 | S | Group health education | 921 | | | | |
| 99080 | E | Special reports or forms | | | | | |
| 99082 | E | Unusual physician travel | | | | | |
| 99090 | E | Computer data analysis | | | | | |
| 99100 | N | Special anesthesia service | | | | | |
| 99116 | N | Anesthesia with hypothermia | | | | | |
| 99135 | N | Special anesthesia procedure | | | | | |
| 99140 | N | Emergency anesthesia | | | | | |
| 99141 | N | Sedation, iv/im or inhalant | | | | | |
| 99142 | N | Sedation, oral/rectal/nasal | | | | | |
| 99175 | N | Induction of vomiting | | | | | |
| 99183 | S | Hyperbaric oxygen therapy | 969 | 2.65 | $140.06 | $141.70 | $28.01 |
| 99185 | N | Regional hypothermia | | | | | |
| 99186 | N | Total body hypothermia | | | | | |
| 99190 | C | Special pump services | | | | | |
| 99191 | C | Special pump services | | | | | |
| 99192 | C | Special pump services | | | | | |
| 99195 | X | Phlebotomy | 999 | 0.43 | $22.53 | $10.85 | $4.51 |
| 99199 | N | Special service or report | | | | | |
| 99201 | V | Office/outpatient visit, new | 911 | | | | |
| 99202 | V | Office/outpatient visit, new | 911 | | | | |
| 99203 | V | Office/outpatient visit, new | 913 | | | | |
| 99204 | V | Office/outpatient visit, new | 915 | | | | |
| 99205 | V | Office/outpatient visit, new | 915 | | | | |
| 99211 | V | Office/outpatient visit, est | 911 | | | | |
| 99212 | V | Office/outpatient visit, est | 911 | | | | |
| 99213 | V | Office/outpatient visit, est | 913 | | | | |
| 99214 | V | Office/outpatient visit, est | 915 | | | | |
| 99215 | V | Office/outpatient visit, est | 915 | | | | |
| 99217 | N | Observation care discharge | | | | | |
| 99218 | N | Observation care | | | | | |
| 99219 | N | Observation care | | | | | |
| 99220 | N | Observation care | | | | | |
| 99221 | E | Initial hospital care | | | | | |
| 99222 | E | Initial hospital care | | | | | |
| 99223 | E | Initial hospital care | | | | | |
| 99231 | E | Subsequent hospital care | | | | | |
| 99232 | E | Subsequent hospital care | | | | | |
| 99233 | E | Subsequent hospital care | | | | | |
| 99234 | C | Observ/hosp same date | | | | | |
| 99235 | C | Observ/hosp same date | | | | | |
| 99236 | C | Observ/hosp same date | | | | | |
| 99238 | E | Hospital discharge day | | | | | |
| 99239 | E | Hospital discharge day | | | | | |
| 99241 | V | Office consultation | 911 | | | | |
| 99242 | V | Office consultation | 911 | | | | |
| 99243 | V | Office consultation | 913 | | | | |
| 99244 | V | Office consultation | 915 | | | | |
| 99245 | V | Office consultation | 915 | | | | |
| 99251 | C | Initial inpatient consult | | | | | |
| 99252 | C | Initial inpatient consult | | | | | |
| 99253 | C | Initial inpatient consult | | | | | |
| 99254 | C | Initial inpatient consult | | | | | |
| 99255 | C | Initial inpatient consult | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 99261 | C | Follow-up inpatient consult | | | | | |
| 99262 | C | Follow-up inpatient consult | | | | | |
| 99263 | C | Follow-up inpatient consult | | | | | |
| 99271 | V | Confirmatory consultation | 911 | | | | |
| 99272 | V | Confirmatory consultation | 911 | | | | |
| 99273 | V | Confirmatory consultation | 913 | | | | |
| 99274 | V | Confirmatory consultation | 915 | | | | |
| 99275 | V | Confirmatory consultation | 915 | | | | |
| 99281 | V | Emergency dept visit | 951 | | | | |
| 99282 | V | Emergency dept visit | 951 | | | | |
| 99283 | V | Emergency dept visit | 953 | | | | |
| 99284 | V | Emergency dept visit | 955 | | | | |
| 99285 | V | Emergency dept visit | 955 | | | | |
| 99288 | E | Direct advanced life support | | | | | |
| 99291 | S | Critical care, first hour | 900 | 7.44 | $393.74 | $144.87 | $78.75 |
| 99292 | N | Critical care, addl 30 min | | | | | |
| 99295 | C | Neonatal critical care | | | | | |
| 99296 | C | Neonatal critical care | | | | | |
| 99297 | C | Neonatal critical care | | | | | |
| 99301 | E | Nursing facility care | | | | | |
| 99302 | E | Nursing facility care | | | | | |
| 99303 | E | Nursing facility care | | | | | |
| 99311 | E | Nursing facility care, subseq | | | | | |
| 99312 | E | Nursing facility care, subseq | | | | | |
| 99313 | E | Nursing facility care, subseq | | | | | |
| 99315 | E | Nursing fac discharge day | | | | | |
| 99316 | E | Nursing fac discharge day | | | | | |
| 99321 | N | Rest home visit, new patient | | | | | |
| 99322 | N | Rest home visit, new patient | | | | | |
| 99323 | N | Rest home visit, new patient | | | | | |
| 99331 | N | Rest home visit, estab pat | | | | | |
| 99332 | N | Rest home visit, estab pat | | | | | |
| 99333 | N | Rest home visit, estab pat | | | | | |
| 99341 | N | Home visit, new patient | | | | | |
| 99342 | N | Home visit, new patient | | | | | |
| 99343 | N | Home visit, new patient | | | | | |
| 99344 | N | Home visit, new patient | | | | | |
| 99345 | N | Home visit, new patient | | | | | |
| 99347 | N | Home visit, estab patient | | | | | |
| 99348 | N | Home visit, estab patient | | | | | |
| 99349 | N | Home visit, estab patient | | | | | |
| 99350 | N | Home visit, estab patient | | | | | |
| 99354 | N | Prolonged service, office | | | | | |
| 99355 | N | Prolonged service, office | | | | | |
| 99356 | C | Prolonged service, inpatient | | | | | |
| 99357 | C | Prolonged service, inpatient | | | | | |
| 99358 | N | Prolonged serv, w/o contact | | | | | |
| 99359 | N | Prolonged serv, w/o contact | | | | | |
| 99360 | E | Physician standby services | | | | | |
| 99361 | E | Physician/team conference | | | | | |
| 99362 | E | Physician/team conference | | | | | |
| 99371 | E | Physician phone consultation | | | | | |
| 99372 | E | Physician phone consultation | | | | | |
| 99373 | E | Physician phone consultation | | | | | |
| 99374 | E | Home health care supervision | | | | | |
| 99375 | E | Home health care supervision | | | | | |
| 99377 | E | Hospice care supervision | | | | | |
| 99378 | E | Hospice care supervision | | | | | |
| 99379 | E | Nursing fac care supervision | | | | | |
| 99380 | E | Nursing fac care supervision | | | | | |
| 99381 | E | Preventive visit, new, infant | | | | | |
| 99382 | E | Preventive visit, new, age 1–4 | | | | | |
| 99383 | E | Preventive visit, new, age 5–11 | | | | | |
| 99384 | E | Preventive visit, new, 12–17 | | | | | |
| 99385 | E | Preventive visit, new, 18–39 | | | | | |
| 99386 | E | Preventive visit, new, 40–64 | | | | | |
| 99387 | E | Preventive visit, new, 65 & over | | | | | |
| 99391 | E | Preventive visit, est, infant | | | | | |
| 99392 | E | Preventive visit, est, age 1–4 | | | | | |
| 99393 | E | Preventive visit, est, age 5–11 | | | | | |
| 99394 | E | Preventive visit, est, 12–17 | | | | | |
| 99395 | E | Preventive visit, est, 18–39 | | | | | |
| 99396 | E | Preventive visit, est, 40–64 | | | | | |
| 99397 | E | Preventive visit, est, 65 & over | | | | | |
| 99401 | E | Preventive counseling, indiv | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 99402 | E | Preventive counseling, indiv | | | | | |
| 99403 | E | Preventive counseling, indiv | | | | | |
| 99404 | E | Preventive counseling, indiv | | | | | |
| 99411 | E | Preventive counseling, group | | | | | |
| 99412 | E | Preventive counseling, group | | | | | |
| 99420 | E | Health risk assessment test | | | | | |
| 99429 | E | Unlisted preventive service | | | | | |
| 99431 | N | Initial care, normal newborn | | | | | |
| 99432 | N | Newborn care not in hospital | | | | | |
| 99433 | C | Normal newborn care, hospital | | | | | |
| 99435 | E | Hospital NB discharge day | | | | | |
| 99436 | N | Attendance, birth | | | | | |
| 99440 | S | Newborn resuscitation | 947 | 4.07 | $215.48 | $109.61 | $43.10 |
| 99450 | E | Life/disability evaluation | | | | | |
| 99455 | N | Disability examination | | | | | |
| 99456 | N | Disability examination | | | | | |
| 99499 | N | Unlisted E/M service | | | | | |
| A0021 | E | Outside state ambulance serv | | | | | |
| A0030 | A | Air ambulance service | | | | | |
| A0040 | A | Helicopter ambulance service | | | | | |
| A0050 | A | Water amb service emergency | | | | | |
| A0080 | E | Noninterest escort in non er | | | | | |
| A0090 | E | Interest escort in non er | | | | | |
| A0100 | E | Nonemergency transport taxi | | | | | |
| A0110 | E | Nonemergency transport bus | | | | | |
| A0120 | E | Noner transport mini-bus | | | | | |
| A0130 | E | Noner transport wheelch van | | | | | |
| A0140 | E | Nonemergency transport air | | | | | |
| A0160 | E | Noner transport case worker | | | | | |
| A0170 | E | Noner transport parking fees | | | | | |
| A0180 | E | Noner transport lodgng recip | | | | | |
| A0190 | E | Noner transport meals recip | | | | | |
| A0200 | E | Noner transport lodgng escrt | | | | | |
| A0210 | E | Noner transport meals escort | | | | | |
| A0225 | A | Neonatal emergency transport | | | | | |
| A0300 | A | Ambulance basic non-emer all | | | | | |
| A0302 | A | Ambulance basic emergeny all | | | | | |
| A0304 | A | Amb adv non-er no serv all | | | | | |
| A0306 | A | Amb adv non-er spec serv all | | | | | |
| A0308 | A | Amb adv er no spec serv all | | | | | |
| A0310 | A | Amb adv er spec serv all | | | | | |
| A0320 | A | Amb basic non-er + supplies | | | | | |
| A0322 | A | Amb basic emerg + supplies | | | | | |
| A0324 | A | Adv non-er serv sep mileage | | | | | |
| A0326 | A | Adv non-er no serv sep mile | | | | | |
| A0328 | A | Adv er no serv sep mileage | | | | | |
| A0330 | A | Adv er spec serv sep mile | | | | | |
| A0340 | A | Amb basic non-er + mileage | | | | | |
| A0342 | A | Ambul basic emer + mileage | | | | | |
| A0344 | A | Amb adv non-er no serv +mile | | | | | |
| A0346 | A | Amb adv non-er serv + mile | | | | | |
| A0348 | A | Adv emer no spec serv + mile | | | | | |
| A0350 | A | Adv emer spec serv + mileage | | | | | |
| A0360 | A | Basic non-er sep mile & supp | | | | | |
| A0362 | A | Basic emer sep mile & supply | | | | | |
| A0364 | A | Adv non-er no serv sep mi & su | | | | | |
| A0366 | A | Adv non-er serv sep mil & supp | | | | | |
| A0368 | A | Adv er no serv sep mile & supp | | | | | |
| A0370 | A | Adv er spec serv sep mi & supp | | | | | |
| A0380 | A | Basic life support mileage | | | | | |
| A0382 | A | Basic support routine suppls | | | | | |
| A0384 | A | Bls defibrillation supplies | | | | | |
| A0390 | A | Advanced life support mileage | | | | | |
| A0392 | A | Als defibrillation supplies | | | | | |
| A0394 | A | Als IV drug therapy supplies | | | | | |
| A0396 | A | Als esophageal intub suppls | | | | | |
| A0398 | A | Als routine disposble suppls | | | | | |
| A0420 | A | Ambulance waiting 1/2 hr | | | | | |
| A0422 | A | Ambulance 02 life sustaining | | | | | |
| A0424 | A | Extra ambulance attendant | | | | | |
| A0888 | E | Noncovered ambulance mileage | | | | | |
| A0999 | A | Unlisted ambulance service | | | | | |
| A4206 | A | 1 CC sterile syringe & needle | | | | | |
| A4207 | A | 2 CC sterile syringe & needle | | | | | |
| A4208 | A | 3 CC sterile syringe & needle | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| A4209 | A | 5+ CC sterile syringe & needle | | | | | |
| A4210 | E | Nonneedle injection device | | | | | |
| A4211 | A | Supp for self-adm injections | | | | | |
| A4212 | A | Non coring needle or stylet | | | | | |
| A4213 | A | 20+ CC syringe only | | | | | |
| A4214 | A | 30 CC sterile water/saline | | | | | |
| A4215 | A | Sterile needle | | | | | |
| A4220 | A | Infusion pump refill kit | | | | | |
| A4221 | A | Maint drug infus cath per wk | | | | | |
| A4222 | A | Drug infusion pump supplies | | | | | |
| A4230 | E | Infus insulin pump non needl | | | | | |
| A4231 | E | Infusion insulin pump needle | | | | | |
| A4232 | E | Syringe w/needle insulin 3cc | | | | | |
| A4244 | A | Alcohol or peroxide per pint | | | | | |
| A4245 | A | Alcohol wipes per box | | | | | |
| A4246 | A | Betadine/phisohex solution | | | | | |
| A4247 | A | Betadine/iodine swabs/wipes | | | | | |
| A4250 | E | Urine reagent strips/tablets | | | | | |
| A4253 | A | Blood glucose/reagent strips | | | | | |
| A4254 | A | Battery for glucose monitor | | | | | |
| A4255 | A | Glucose monitor platforms | | | | | |
| A4256 | A | Calibrator solution/chips | | | | | |
| A4258 | A | Lancet device each | | | | | |
| A4259 | A | Lancets per box | | | | | |
| A4260 | E | Levonorgestrel implant | | | | | |
| A4262 | N | Temporary tear duct plug | | | | | |
| A4263 | A | Permanent tear duct plug | | | | | |
| A4265 | A | Paraffin | | | | | |
| A4270 | A | Disposable endoscope sheath | | | | | |
| A4300 | A | Cath impl vasc access portal | | | | | |
| A4301 | A | Implantable access syst perc | | | | | |
| A4305 | A | Drug delivery system >=50 ML | | | | | |
| A4306 | A | Drug delivery system <=5 ML | | | | | |
| A4310 | A | Insert tray w/o bag/cath | | | | | |
| A4311 | A | Catheter w/o bag 2-way latex | | | | | |
| A4312 | A | Cath w/o bag 2-way silicone | | | | | |
| A4313 | A | Catheter w/bag 3-way | | | | | |
| A4314 | A | Cath w/drainage 2-way latex | | | | | |
| A4315 | A | Cath w/drainage 2-way silcne | | | | | |
| A4316 | A | Cath w/drainage 3-way | | | | | |
| A4320 | A | Irrigation tray | | | | | |
| A4321 | A | Cath therapeutic irrig agent | | | | | |
| A4322 | A | Irrigation syringe | | | | | |
| A4323 | A | Saline irrigation solution | | | | | |
| A4326 | A | Male external catheter | | | | | |
| A4327 | A | Fem urinary collect dev cup | | | | | |
| A4328 | A | Fem urinary collect pouch | | | | | |
| A4329 | A | External catheter start set | | | | | |
| A4330 | A | Stool collection pouch | | | | | |
| A4335 | A | Incontinence supply | | | | | |
| A4338 | A | Indwelling catheter latex | | | | | |
| A4340 | A | Indwelling catheter special | | | | | |
| A4344 | A | Cath indw foley 2 way silicn | | | | | |
| A4346 | A | Cath indw foley 3 way | | | | | |
| A4347 | A | Male external catheter | | | | | |
| A4351 | A | Straight tip urine catheter | | | | | |
| A4352 | A | Coude tip urinary catheter | | | | | |
| A4353 | A | Intermittent urinary cath | | | | | |
| A4354 | A | Cath insertion tray w/bag | | | | | |
| A4355 | A | Bladder irrigation tubing | | | | | |
| A4356 | A | Ext ureth clmp or compr dvc | | | | | |
| A4357 | A | Bedside drainage bag | | | | | |
| A4358 | A | Urinary leg bag | | | | | |
| A4359 | A | Urinary suspensory w/o leg b | | | | | |
| A4361 | A | Ostomy face plate | | | | | |
| A4362 | A | Solid skin barrier | | | | | |
| A4363 | A | Liquid skin barrier | | | | | |
| A4364 | A | Ostomy/cath adhesive | | | | | |
| A4365 | A | Ostomy adhesive remover wipe | | | | | |
| A4367 | A | Ostomy belt | | | | | |
| A4368 | A | Ostomy filter | | | | | |
| A4397 | A | Irrigation supply sleeve | | | | | |
| A4398 | A | Ostomy irrigation bag | | | | | |
| A4399 | A | Ostomy irrig cone/cath w brs | | | | | |
| A4400 | A | Ostomy irrigation set | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| A4402 | A | Lubricant per ounce | | | | | |
| A4404 | A | Ostomy ring each | | | | | |
| A4421 | A | Ostomy supply misc | | | | | |
| A4454 | A | Tape all types all sizes | | | | | |
| A4455 | A | Adhesive remover per ounce | | | | | |
| A4460 | A | Elastic compression bandage | | | | | |
| A4462 | A | Abdmnl drssng holder/binder | | | | | |
| A4465 | A | Non-elastic extremity binder | | | | | |
| A4470 | A | Gravlee jet washer | | | | | |
| A4480 | A | Vabra aspirator | | | | | |
| A4481 | A | Tracheostoma filter | | | | | |
| A4490 | E | Above knee surgical stocking | | | | | |
| A4495 | E | Thigh length surg stocking | | | | | |
| A4500 | E | Below knee surgical stocking | | | | | |
| A4510 | E | Full length surg stocking | | | | | |
| A4550 | E | Surgical trays | | | | | |
| A4554 | E | Disposable underpads | | | | | |
| A4556 | A | Electrodes | | | | | |
| A4557 | A | Lead wires | | | | | |
| A4558 | A | Conductive paste or gel | | | | | |
| A4560 | A | Pessary | | | | | |
| A4565 | A | Slings | | | | | |
| A4570 | A | Splint | | | | | |
| A4572 | A | Rib belt | | | | | |
| A4575 | E | Hyperbaric o2 chamber disps | | | | | |
| A4580 | A | Cast supplies (plaster) | | | | | |
| A4590 | A | Special casting material | | | | | |
| A4595 | A | TENS suppl 2 lead per month | | | | | |
| A4611 | A | Heavy duty battery | | | | | |
| A4612 | A | Battery cables | | | | | |
| A4613 | A | Battery charger | | | | | |
| A4615 | A | Cannula nasal | | | | | |
| A4616 | A | Tubing (oxygen) per foot | | | | | |
| A4617 | A | Mouth piece | | | | | |
| A4618 | A | Breathing circuits | | | | | |
| A4619 | A | Face tent | | | | | |
| A4620 | A | Variable concentration mask | | | | | |
| A4621 | A | Tracheotomy mask or collar | | | | | |
| A4622 | A | Tracheostomy or larngectomy | | | | | |
| A4623 | A | Tracheostomy inner cannula | | | | | |
| A4624 | A | Tracheal suction tube | | | | | |
| A4625 | A | Trach care kit for new trach | | | | | |
| A4626 | A | Tracheostomy cleaning brush | | | | | |
| A4627 | E | Spacer bag/reservoir | | | | | |
| A4628 | A | Oropharyngeal suction cath | | | | | |
| A4629 | A | Tracheostomy care kit | | | | | |
| A4630 | A | Repl bat t.e.n.s. own by pt | | | | | |
| A4631 | A | Wheelchair battery | | | | | |
| A4635 | A | Underarm crutch pad | | | | | |
| A4636 | A | Handgrip for cane etc | | | | | |
| A4637 | A | Repl tip cane/crutch/walker | | | | | |
| A4640 | A | Alternating pressure pad | | | | | |
| A4641 | N | Diagnostic imaging agent | | | | | |
| A4642 | N | Satumomab pendetide per dose | | | | | |
| A4643 | N | High dose contrast MRI | | | | | |
| A4644 | N | Contrast 100–199 MGs iodine | | | | | |
| A4645 | N | Contrast 200–299 MGs iodine | | | | | |
| A4646 | N | Contrast 300–399 MGs iodine | | | | | |
| A4647 | N | Supp-paramagnetic contr mat | | | | | |
| A4649 | A | Surgical supplies | | | | | |
| A4650 | A | Supp esrd centrifuge | | | | | |
| A4655 | A | Esrd syringe/needle | | | | | |
| A4660 | A | Esrd blood pressure device | | | | | |
| A4663 | A | Esrd blood pressure cuff | | | | | |
| A4670 | E | Auto blood pressure monitor | | | | | |
| A4680 | A | Activated carbon filters | | | | | |
| A4690 | A | Dialyzers | | | | | |
| A4700 | A | Standard dialysate solution | | | | | |
| A4705 | A | Bicarb dialysate solution | | | | | |
| A4712 | A | Sterile water | | | | | |
| A4714 | A | Treated water for dialysis | | | | | |
| A4730 | A | Fistula cannulation set dial | | | | | |
| A4735 | A | Local/topical anesthetics | | | | | |
| A4740 | A | Esrd shunt accessory | | | | | |
| A4750 | A | Arterial or venous tubing | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| A4755 | A | Arterial and venous tubing | | | | | |
| A4760 | A | Standard testing solution | | | | | |
| A4765 | A | Dialysate concentrate | | | | | |
| A4770 | A | Blood testing supplies | | | | | |
| A4771 | A | Blood clotting time tube | | | | | |
| A4772 | A | Dextrostick/glucose strips | | | | | |
| A4773 | A | Hemostix | | | | | |
| A4774 | A | Ammonia test paper | | | | | |
| A4780 | A | Esrd sterilizing agent | | | | | |
| A4790 | A | Esrd cleansing agents | | | | | |
| A4800 | A | Heparin/antidote dialysis | | | | | |
| A4820 | A | Supplies hemodialysis kit | | | | | |
| A4850 | A | Rubber tipped hemostats | | | | | |
| A4860 | A | Disposable catheter caps | | | | | |
| A4870 | A | Plumbing/electrical work | | | | | |
| A4880 | A | Water storage tanks | | | | | |
| A4890 | A | Contracts/repair/maintenance | | | | | |
| A4900 | A | Capd supply kit | | | | | |
| A4901 | A | Capd supply kit | | | | | |
| A4905 | A | Ipd supply kit | | | | | |
| A4910 | A | Esrd nonmedical supplies | | | | | |
| A4912 | A | Gomco drain bottle | | | | | |
| A4913 | A | Esrd supply | | | | | |
| A4914 | A | Preparation kit | | | | | |
| A4918 | A | Venous pressure clamp | | | | | |
| A4919 | A | Supp dialysis dialyzer holde | | | | | |
| A4920 | A | Harvard pressure clamp | | | | | |
| A4921 | A | Measuring cylinder | | | | | |
| A4927 | A | Gloves | | | | | |
| A5051 | A | Pouch clsd w barr attached | | | | | |
| A5052 | A | Clsd ostomy pouch w/o barr | | | | | |
| A5053 | A | Clsd ostomy pouch faceplate | | | | | |
| A5054 | A | Clsd ostomy pouch w/flange | | | | | |
| A5055 | A | Stoma cap | | | | | |
| A5061 | A | Pouch drainable w barrier at | | | | | |
| A5062 | A | Drnble ostomy pouch w/o barr | | | | | |
| A5063 | A | Drain ostomy pouch w/flange | | | | | |
| A5064 | E | Drain ostomy pouch w/fceplte | | | | | |
| A5065 | E | Drain ostomy pouch on fcplte | | | | | |
| A5071 | A | Urinary pouch w/barrier | | | | | |
| A5072 | A | Urinary pouch w/o barrier | | | | | |
| A5073 | A | Urinary pouch on barr w/flng | | | | | |
| A5074 | E | Urinary pouch w/faceplate | | | | | |
| A5075 | E | Urinary pouch on faceplate | | | | | |
| A5081 | A | Continent stoma plug | | | | | |
| A5082 | A | Continent stoma catheter | | | | | |
| A5093 | A | Ostomy accessory convex inse | | | | | |
| A5102 | A | Bedside drain btl w/wo tube | | | | | |
| A5105 | A | Urinary suspensory | | | | | |
| A5112 | A | Urinary leg bag | | | | | |
| A5113 | A | Latex leg strap | | | | | |
| A5114 | A | Foam/fabric leg strap | | | | | |
| A5119 | A | Skin barrier wipes box pr 50 | | | | | |
| A5121 | A | Solid skin barrier 6x6 | | | | | |
| A5122 | A | Solid skin barrier 8x8 | | | | | |
| A5123 | A | Skin barrier with flange | | | | | |
| A5126 | A | Adhesive disc/foam pad | | | | | |
| A5131 | A | Appliance cleaner | | | | | |
| A5149 | A | Incontinence/ostomy supply | | | | | |
| A5500 | A | Diab shoe for density insert | | | | | |
| A5501 | A | Diabetic custom molded shoe | | | | | |
| A5502 | A | Diabetic shoe density insert | | | | | |
| A5503 | A | Diabetic shoe w/roller/rockr | | | | | |
| A5504 | A | Diabetic shoe with wedge | | | | | |
| A5505 | A | Diab shoe w/metatarsal bar | | | | | |
| A5506 | A | Diabetic shoe w/off set heel | | | | | |
| A5507 | A | Modification diabetic shoe | | | | | |
| A6020 | A | Collagen dressing cover ea | | | | | |
| A6025 | E | Silicone gel sheet, each | | | | | |
| A6154 | A | Wound pouch each | | | | | |
| A6196 | A | Alginate dressing <=16 sq in | | | | | |
| A6197 | A | Alginate drsg >16 <=48 sq in | | | | | |
| A6198 | A | Alginate dressing > 48 sq in | | | | | |
| A6199 | A | Alginate drsg wound filler | | | | | |
| A6203 | A | Composite drsg <= 16 sq in | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| A6204 | A | Composite drsg >16<=48 sq in | | | | | |
| A6205 | A | Composite drsg > 48 sq in | | | | | |
| A6206 | A | Contact layer <= 16 sq in | | | | | |
| A6207 | A | Contact layer >16<= 48 sq in | | | | | |
| A6208 | A | Contact layer > 48 sq in | | | | | |
| A6209 | A | Foam drsg <=16 sq in w/o bdr | | | | | |
| A6210 | A | Foam drg >16<=48 sq in w/o b | | | | | |
| A6211 | A | Foam drg > 48 sq in w/o brdr | | | | | |
| A6212 | A | Foam drg <=16 sq in w/border | | | | | |
| A6213 | A | Foam drg >16<=48 sq in w/bdr | | | | | |
| A6214 | A | Foam drg > 48 sq in w/border | | | | | |
| A6215 | A | Foam dressing wound filler | | | | | |
| A6216 | A | Non-sterile gauze<=16 sq in | | | | | |
| A6217 | A | Non-sterile gauze>16<=48 sq | | | | | |
| A6218 | A | Non-sterile gauze > 48 sq in | | | | | |
| A6219 | A | Gauze <= 16 sq in w/border | | | | | |
| A6220 | A | Gauze >16 <=48 sq in w/bordr | | | | | |
| A6221 | A | Gauze > 48 sq in w/border | | | | | |
| A6222 | A | Gauze <=16 in no w/sal w/o b | | | | | |
| A6223 | A | Gauze >16<=48 no w/sal w/o b | | | | | |
| A6224 | A | Gauze > 48 in no w/sal w/o b | | | | | |
| A6228 | A | Gauze <= 16 sq in water/sal | | | | | |
| A6229 | A | Gauze >16<=48 sq in watr/sal | | | | | |
| A6230 | A | Gauze > 48 sq in water/salne | | | | | |
| A6234 | A | Hydrocolld drg <=16 w/o bdr | | | | | |
| A6235 | A | Hydrocolld drg >16<=48 w/o b | | | | | |
| A6236 | A | Hydrocolld drg > 48 in w/o b | | | | | |
| A6237 | A | Hydrocolld drg <=16 in w/bdr | | | | | |
| A6238 | A | Hydrocolld drg >16<=48 w/bdr | | | | | |
| A6239 | A | Hydrocolld drg > 48 in w/bdr | | | | | |
| A6240 | A | Hydrocolld drg filler paste | | | | | |
| A6241 | A | Hydrocolloid drg filler dry | | | | | |
| A6242 | A | Hydrogel drg <=16 in w/o bdr | | | | | |
| A6243 | A | Hydrogel drg >16<=48 w/o bdr | | | | | |
| A6244 | A | Hydrogel drg >48 in w/o bdr | | | | | |
| A6245 | A | Hydrogel drg <= 16 in w/bdr | | | | | |
| A6246 | A | Hydrogel drg >16<=48 in w/b | | | | | |
| A6247 | A | Hydrogel drg > 48 sq in w/b | | | | | |
| A6248 | A | Hydrogel drsg gel filler | | | | | |
| A6250 | A | Skin seal protect moisturizr | | | | | |
| A6251 | A | Absorpt drg <=16 sq in w/o b | | | | | |
| A6252 | A | Absorpt drg >16 <=48 w/o bdr | | | | | |
| A6253 | A | Absorpt drg > 48 sq in w/o b | | | | | |
| A6254 | A | Absorpt drg <=16 sq in w/bdr | | | | | |
| A6255 | A | Absorpt drg >16<=48 in w/bdr | | | | | |
| A6256 | A | Absorpt drg > 48 sq in w/bdr | | | | | |
| A6257 | A | Transparent film <= 16 sq in | | | | | |
| A6258 | A | Transparent film >16<=48 in | | | | | |
| A6259 | A | Transparent film > 48 sq in | | | | | |
| A6260 | A | Wound cleanser any type/size | | | | | |
| A6261 | A | Wound filler gel/paste/oz | | | | | |
| A6262 | A | Wound filler dry form/gram | | | | | |
| A6263 | A | Non-sterile elastic gauze/yd | | | | | |
| A6264 | A | Non-sterile no elastic gauze | | | | | |
| A6265 | A | Tape per 18 sq inches | | | | | |
| A6266 | A | Impreg gauze no h20/sal/yard | | | | | |
| A6402 | A | Sterile gauze <= 16 sq in | | | | | |
| A6403 | A | Sterile gauze>16 <= 48 sq in | | | | | |
| A6404 | A | Sterile gauze > 48 sq in | | | | | |
| A6405 | A | Sterile elastic gauze/yd | | | | | |
| A6406 | A | Sterile non-elastic gauze/yd | | | | | |
| A9150 | E | Misc/exper non-prescript dru | | | | | |
| A9160 | E | Podiatrist non-covered servi | | | | | |
| A9170 | E | Chiropractor non-covered ser | | | | | |
| A9190 | E | Misc/expe personal comfort i | | | | | |
| A9270 | E | Non-covered item or service | | | | | |
| A9300 | E | Exercise equipment | | | | | |
| A9500 | N | Technetium TC 99m sestamibi | | | | | |
| A9502 | N | Technetium TC99M tetrofosmin | | | | | |
| A9503 | N | Technetium TC 99m medronate | | | | | |
| A9505 | N | Thallous chloride TL 201/mci | | | | | |
| A9600 | N | Strontium-89 chloride | | | | | |
| B4034 | A | Enter feed supkit syr by day | | | | | |
| B4035 | A | Enteral feed supp pump per d | | | | | |
| B4036 | A | Enteral feed sup kit grav by | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| B4081 | A | Enteral ng tubing w/ stylet | | | | | |
| B4082 | A | Enteral ng tubing w/o stylet | | | | | |
| B4083 | A | Enteral stomach tube levine | | | | | |
| B4084 | A | Gastrostomy/jejunostomy tubi | | | | | |
| B4085 | A | Gastrostomy tube w/ring each | | | | | |
| B4150 | A | Enteral formulae category i | | | | | |
| B4151 | A | Enteral formulae category i– | | | | | |
| B4152 | A | Enteral formulae category ii | | | | | |
| B4153 | A | Enteral formulae category ii | | | | | |
| B4154 | A | Enteral formulae category IV | | | | | |
| B4155 | A | Enteral formulae category v | | | | | |
| B4156 | A | Enteral formulae category vi | | | | | |
| B4164 | A | Parenteral 50% dextrose solu | | | | | |
| B4168 | A | Parenteral sol amino acid 3. | | | | | |
| B4172 | A | Parenteral sol amino acid 5. | | | | | |
| B4176 | A | Parenteral sol amino acid 7– | | | | | |
| B4178 | A | Parenteral sol amino acid > | | | | | |
| B4180 | A | Parenteral sol carb > 50% | | | | | |
| B4184 | A | Parenteral sol lipids 10% | | | | | |
| B4186 | A | Parenteral sol lipids 20% | | | | | |
| B4189 | A | Parenteral sol amino acid & | | | | | |
| B4193 | A | Parenteral sol 52–73 gm prot | | | | | |
| B4197 | A | Parenteral sol 74–100 gm pro | | | | | |
| B4199 | A | Parenteral sol > 100gm prote | | | | | |
| B4216 | A | Parenteral nutrition additiv | | | | | |
| B4220 | A | Parenteral supply kit premix | | | | | |
| B4222 | A | Parenteral supply kit homemi | | | | | |
| B4224 | A | Parenteral administration ki | | | | | |
| B5000 | A | Parenteral sol renal-amirosy | | | | | |
| B5100 | A | Parenteral sol hepatic-fream | | | | | |
| B5200 | A | Parenteral sol stres-bmch c | | | | | |
| B9000 | A | Enter infusion pump w/o alrm | | | | | |
| B9002 | A | Enteral infusion pump w/ ala | | | | | |
| B9004 | A | Parenteral infus pump portab | | | | | |
| B9006 | A | Parenteral infus pump statio | | | | | |
| B9998 | A | Enteral supp not otherwise c | | | | | |
| B9999 | A | Parenteral supp not othrws c | | | | | |
| D0120 | E | Periodic oral evaluation | | | | | |
| D0140 | E | Limit oral eval problm focus | | | | | |
| D0150 | S | Comprehensve oral evaluation | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0160 | E | Extensv oral eval prob focus | | | | | |
| D0210 | E | Intraor complete film series | | | | | |
| D0220 | E | Intraoral periapical first f | | | | | |
| D0230 | E | Intraoral periapical ea add | | | | | |
| D0240 | S | Intraoral occlusal film | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0250 | S | Extraoral first film | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0260 | S | Extraoral ea additional film | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0270 | S | Dental bitewing single film | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0272 | S | Dental bitewings two films | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0274 | S | Dental bitewings four films | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0290 | E | Dental film skull/facial bon | | | | | |
| D0310 | E | Dental saliography | | | | | |
| D0320 | E | Dental tmj arthrogram incl i | | | | | |
| D0321 | E | Dental other tmj films | | | | | |
| D0322 | E | Dental tomographic survey | | | | | |
| D0330 | E | Dental panoramic film | | | | | |
| D0340 | E | Dental cephalometric film | | | | | |
| D0415 | E | Bacteriologic study | | | | | |
| D0425 | E | Caries susceptibility test | | | | | |
| D0460 | S | Pulp vitality test | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0470 | E | Diagnostic casts | | | | | |
| D0471 | S | Diagnostic photographs | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0501 | S | Histopathologic examinations | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0502 | S | Other oral pathology procedu | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D0999 | S | Unspecified diagnostic proce | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D1110 | E | Dental prophylaxis adult | | | | | |
| D1120 | E | Dental prophylaxis child | | | | | |
| D1201 | E | Topical fluor w prophy child | | | | | |
| D1203 | E | Topical fluor w/o prophy chi | | | | | |
| D1204 | E | Topical fluor w/o prophy adu | | | | | |
| D1205 | E | Topical fluoride w/ prophy a | | | | | |
| D1310 | E | Nutri counsel-control caries | | | | | |
| D1320 | E | Tobacco counseling | | | | | |
| D1330 | E | Oral hygiene instruction | | | | | |
| D1351 | E | Dental sealant per tooth | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| D1510 | S | Space maintainer fxd unilat | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D1515 | S | Fixed bilat space maintainer | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D1520 | S | Remove unilat space maintain | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D1525 | S | Remove bilat space maintain | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D1550 | S | Recement space maintainer | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D2110 | E | Amalgam one surface primary | | | | | |
| D2120 | E | Amalgam two surfaces primary | | | | | |
| D2130 | E | Amalgam three surfaces prima | | | | | |
| D2131 | E | Amalgam four/more surf prima | | | | | |
| D2140 | E | Amalgam one surface permanen | | | | | |
| D2150 | E | Amalgam two surfaces permane | | | | | |
| D2160 | E | Amalgam three surfaces perma | | | | | |
| D2161 | E | Amalgam 4 or > surfaces perm | | | | | |
| D2210 | E | Silcate cement per restorat | | | | | |
| D2330 | E | Resin one surface-anterior | | | | | |
| D2331 | E | Resin two surfaces-anterior | | | | | |
| D2332 | E | Resin three surfaces-anterio | | | | | |
| D2335 | E | Resin 4/> surf or w incis an | | | | | |
| D2336 | E | Composite resin crown | | | | | |
| D2380 | E | Resin one surf poster primar | | | | | |
| D2381 | E | Resin two surf poster primar | | | | | |
| D2382 | E | Resin three/more surf post p | | | | | |
| D2385 | E | Resin one surf poster perman | | | | | |
| D2386 | E | Resin two surf poster perman | | | | | |
| D2387 | E | Resin three/more surf post p | | | | | |
| D2410 | E | Dental gold foil one surface | | | | | |
| D2420 | E | Dental gold foil two surface | | | | | |
| D2430 | E | Dental gold foil three surfa | | | | | |
| D2510 | E | Dental inlay metalic 1 surf | | | | | |
| D2520 | E | Dental inlay metallic 2 surf | | | | | |
| D2530 | E | Dental inlay metl 3/more sur | | | | | |
| D2543 | E | Dental onlay metallic 3 surf | | | | | |
| D2544 | E | Dental onlay metl 4/more sur | | | | | |
| D2610 | E | Inlay porcelain/ceramic 1 su | | | | | |
| D2620 | E | Inlay porcelain/ceramic 2 su | | | | | |
| D2630 | E | Dental onlay porc 3/more sur | | | | | |
| D2642 | E | Dental onlay porcelin 2 surf | | | | | |
| D2643 | E | Dental onlay porcelin 3 surf | | | | | |
| D2644 | E | Dental onlay porc 4/more sur | | | | | |
| D2650 | E | Inlay composite/resin one su | | | | | |
| D2651 | E | Inlay composite/resin two su | | | | | |
| D2652 | E | Dental inlay resin 3/mre sur | | | | | |
| D2662 | E | Dental onlay resin 2 surface | | | | | |
| D2663 | E | Dental onlay resin 3 surface | | | | | |
| D2664 | E | Dental onlay resin 4/mre sur | | | | | |
| D2710 | E | Crown resin laboratory | | | | | |
| D2720 | E | Crown resin w/ high noble me | | | | | |
| D2721 | E | Crown resin w/ base metal | | | | | |
| D2722 | E | Crown resin w/ noble metal | | | | | |
| D2740 | E | Crown porcelain/ceramic subs | | | | | |
| D2750 | E | Crown porcelain w/ h noble m | | | | | |
| D2751 | E | Crown porcelain fused base m | | | | | |
| D2752 | E | Crown porcelain w/ noble met | | | | | |
| D2790 | E | Crown full cast high noble m | | | | | |
| D2791 | E | Crown full cast base metal | | | | | |
| D2792 | E | Crown full cast noble metal | | | | | |
| D2810 | E | Crown 3/4 cast metallic | | | | | |
| D2910 | E | Dental recement inlay | | | | | |
| D2920 | E | Dental recement crown | | | | | |
| D2930 | E | Prefab stnlss steel crwn pri | | | | | |
| D2931 | E | Prefab stnlss steel crown pe | | | | | |
| D2932 | E | Prefabricated resin crown | | | | | |
| D2933 | E | Prefab stainless steel crown | | | | | |
| D2940 | E | Dental sedative filling | | | | | |
| D2950 | E | Core build-up incl any pins | | | | | |
| D2951 | E | Tooth pin retention | | | | | |
| D2952 | E | Post and core cast + crown | | | | | |
| D2954 | E | Prefab post/core + crown | | | | | |
| D2955 | E | Post removal | | | | | |
| D2960 | E | Laminate labial veneer | | | | | |
| D2961 | E | Lab labial veneer resin | | | | | |
| D2962 | E | Lab labial veneer porcelain | | | | | |
| D2970 | S | Temporary-fractured tooth | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D2980 | E | Crown repair | | | | | |
| D2999 | S | Dental unspec restorative pr | 031 | 1.33 | $70.52 | $14.10 | $14.10 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| D3110 | E | Pulp cap direct | | | | | |
| D3120 | E | Pulp cap indirect | | | | | |
| D3220 | E | Therapeutic pulpotomy | | | | | |
| D3230 | E | Pulpal therapy anterior prim | | | | | |
| D3240 | E | Pulpal therapy posterior pri | | | | | |
| D3310 | E | Anterior | | | | | |
| D3320 | E | Root canal therapy 2 canals | | | | | |
| D3330 | E | Root canal therapy 3 canals | | | | | |
| D3346 | E | Retreat root canal anterior | | | | | |
| D3347 | E | Retreat root canal bicuspid | | | | | |
| D3348 | E | Retreat root canal molar | | | | | |
| D3351 | E | Apexification/recalc initial | | | | | |
| D3352 | E | Apexification/recalc interim | | | | | |
| D3353 | E | Apexification/recalc final | | | | | |
| D3410 | E | Apicoect/perirad surg anter | | | | | |
| D3421 | E | Root surgery bicuspid | | | | | |
| D3425 | E | Root surgery molar | | | | | |
| D3426 | E | Root surgery ea add root | | | | | |
| D3430 | E | Retrograde filling | | | | | |
| D3450 | E | Root amputation | | | | | |
| D3460 | S | Endodontic endosseous implan | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D3470 | E | Intentional replantation | | | | | |
| D3910 | E | Isolation-tooth w rubb dam | | | | | |
| D3920 | E | Tooth splitting | | | | | |
| D3950 | E | Canal prep/fitting of dowel | | | | | |
| D3960 | E | Bleaching of discolored toot | | | | | |
| D3999 | S | Endodontic procedure | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4210 | E | Gingivectomy/plasty per quad | | | | | |
| D4211 | E | Gingivectomy/plasty per toot | | | | | |
| D4220 | E | Gingival curettage per quadr | | | | | |
| D4240 | E | Gingival flap proc w/ planin | | | | | |
| D4249 | E | Crown lengthen hard tissue | | | | | |
| D4250 | S | Mucogingival surg per quadra | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4260 | S | Osseous surgery per quadrant | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4263 | S | Bone replce graft first site | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4264 | S | Bone replce graft each add | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4266 | E | Guided tiss regen resorble | | | | | |
| D4267 | E | Guided tiss regen nonresorb | | | | | |
| D4270 | S | Pedicle soft tissue graft pr | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4271 | S | Free soft tissue graft proc | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4273 | S | Subepithelial tissue graft | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4274 | E | Distal/proximal wedge proc | | | | | |
| D4320 | E | Provision splnt intracoronal | | | | | |
| D4321 | E | Provisional splint extracoro | | | | | |
| D4341 | E | Periodontal scaling & root | | | | | |
| D4355 | S | Full mouth debridement | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4381 | S | Localized chemo delivery | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D4910 | E | Periodontal maint procedures | | | | | |
| D4920 | E | Unscheduled dressing change | | | | | |
| D4999 | E | Unspecified periodontal proc | | | | | |
| D5110 | E | Dentures complete maxillary | | | | | |
| D5120 | E | Dentures complete mandible | | | | | |
| D5130 | E | Dentures immediat maxillary | | | | | |
| D5140 | E | Dentures immediat mandible | | | | | |
| D5211 | E | Dentures maxill part resin | | | | | |
| D5212 | E | Dentures mand part resin | | | | | |
| D5213 | E | Dentures maxill part metal | | | | | |
| D5214 | E | Dentures mandibl part metal | | | | | |
| D5281 | E | Removable partial denture | | | | | |
| D5410 | E | Dentures adjust cmplt maxil | | | | | |
| D5411 | E | Dentures adjust cmplt mand | | | | | |
| D5421 | E | Dentures adjust part maxill | | | | | |
| D5422 | E | Dentures adjust part mandbl | | | | | |
| D5510 | E | Dentur repr broken compl bas | | | | | |
| D5520 | E | Replace denture teeth complt | | | | | |
| D5610 | E | Dentures repair resin base | | | | | |
| D5620 | E | Rep part denture cast frame | | | | | |
| D5630 | E | Rep partial denture clasp | | | | | |
| D5640 | E | Replace part denture teeth | | | | | |
| D5650 | E | Add tooth to partial denture | | | | | |
| D5660 | E | Add clasp to partial denture | | | | | |
| D5710 | E | Dentures rebase cmplt maxil | | | | | |
| D5711 | E | Dentures rebase cmplt mand | | | | | |
| D5720 | E | Dentures rebase part maxill | | | | | |
| D5721 | E | Dentures rebase part mandbl | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| D5730 | E | Denture reln cmplt maxil ch | | | | | |
| D5731 | E | Denture reln cmplt mand chr | | | | | |
| D5740 | E | Denture reln part maxil chr | | | | | |
| D5741 | E | Denture reln part mand chr | | | | | |
| D5750 | E | Denture reln cmplt max lab | | | | | |
| D5751 | E | Denture reln cmplt mand lab | | | | | |
| D5760 | E | Denture reln part maxil lab | | | | | |
| D5761 | E | Denture reln part mand lab | | | | | |
| D5810 | E | Denture interm cmplt maxill | | | | | |
| D5811 | E | Denture interm cmplt mandbl | | | | | |
| D5820 | E | Denture interm part maxill | | | | | |
| D5821 | E | Denture interm part mandbl | | | | | |
| D5850 | E | Denture tiss conditn maxill | | | | | |
| D5851 | E | Denture tiss condtin mandbl | | | | | |
| D5860 | E | Overdenture complete | | | | | |
| D5861 | E | Overdenture partial | | | | | |
| D5862 | E | Precision attachment | | | | | |
| D5899 | E | Removable prosthodontic proc | | | | | |
| D5911 | S | Facial moulage sectional | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D5912 | S | Facial moulage complete | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D5913 | E | Nasal prosthesis | | | | | |
| D5914 | E | Auricular prosthesis | | | | | |
| D5915 | E | Orbital prosthesis | | | | | |
| D5916 | E | Ocular prosthesis | | | | | |
| D5919 | E | Facial prosthesis | | | | | |
| D5922 | E | Nasal septal prosthesis | | | | | |
| D5923 | E | Ocular prosthesis interim | | | | | |
| D5924 | E | Cranial prosthesis | | | | | |
| D5925 | E | Facial augmentation implant | | | | | |
| D5926 | E | Replacement nasal prosthesis | | | | | |
| D5927 | E | Auricular replacement | | | | | |
| D5928 | E | Orbital replacement | | | | | |
| D5929 | E | Facial replacement | | | | | |
| D5931 | E | Surgical obturator | | | | | |
| D5932 | E | Postsurgical obturator | | | | | |
| D5933 | E | Refitting of obturator | | | | | |
| D5934 | E | Mandibular flange prosthesis | | | | | |
| D5935 | E | Mandibular denture prosth | | | | | |
| D5936 | E | Temp obturator prosthesis | | | | | |
| D5937 | E | Trismus appliance | | | | | |
| D5951 | E | Feeding aid | | | | | |
| D5952 | E | Pediatric speech aid | | | | | |
| D5953 | E | Adult speech aid | | | | | |
| D5954 | E | Superimposed prosthesis | | | | | |
| D5955 | E | Palatal lift prosthesis | | | | | |
| D5958 | E | Intraoral con def inter plt | | | | | |
| D5959 | E | Intraoral con def mod palat | | | | | |
| D5960 | E | Modify speech aid prosthesis | | | | | |
| D5982 | E | Surgical stent | | | | | |
| D5983 | S | Radiation applicator | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D5984 | S | Radiation shield | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D5985 | S | Radiation cone locator | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D5986 | E | Fluoride applicator | | | | | |
| D5987 | S | Commissure splint | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D5988 | E | Surgical splint | | | | | |
| D5999 | E | Maxillofacial prosthesis | | | | | |
| D6010 | E | Odontics endosteal implant | | | | | |
| D6020 | E | Odontics abutment placement | | | | | |
| D6040 | E | Odontics eposteal implant | | | | | |
| D6050 | E | Odontics transosteal implnt | | | | | |
| D6055 | E | Implant connecting bar | | | | | |
| D6080 | E | Implant maintenance | | | | | |
| D6090 | E | Repair implant | | | | | |
| D6095 | E | Odontics repr abutment | | | | | |
| D6100 | E | Removal of implant | | | | | |
| D6199 | E | Implant procedure | | | | | |
| D6210 | E | Prosthodont high noble metal | | | | | |
| D6211 | E | Bridge base metal cast | | | | | |
| D6212 | E | Bridge noble metal cast | | | | | |
| D6240 | E | Bridge porcelain high noble | | | | | |
| D6241 | E | Bridge porcelain base metal | | | | | |
| D6242 | E | Bridge porcelain nobel metal | | | | | |
| D6250 | E | Bridge resin w/high noble | | | | | |
| D6251 | E | Bridge resin base metal | | | | | |
| D6252 | E | Bridge resin w/noble metal | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| D6520 | E | Dental retainer two surfaces | | | | | |
| D6530 | E | Retainer metallic 3+ surface | | | | | |
| D6543 | E | Dental retainr onlay 3 surf | | | | | |
| D6544 | E | Dental retainr onlay 4/more | | | | | |
| D6545 | E | Dental retainr cast metl | | | | | |
| D6720 | E | Retain crown resin w hi nble | | | | | |
| D6721 | E | Crown resin w/base metal | | | | | |
| D6722 | E | Crown resin w/noble metal | | | | | |
| D6750 | E | Crown porcelain high noble | | | | | |
| D6751 | E | Crown porcelain base metal | | | | | |
| D6752 | E | Crown porcelain noble metal | | | | | |
| D6780 | E | Crown 3/4 high noble metal | | | | | |
| D6790 | E | Crown full high noble metal | | | | | |
| D6791 | E | Crown full base metal cast | | | | | |
| D6792 | E | Crown full noble metal cast | | | | | |
| D6920 | S | Dental connector bar | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D6930 | E | Dental recement bridge | | | | | |
| D6940 | E | Stress breaker | | | | | |
| D6950 | E | Precision attachment | | | | | |
| D6970 | E | Post & core plus retainer | | | | | |
| D6971 | E | Cast post bridge retainer | | | | | |
| D6972 | E | Prefab post & core plus reta | | | | | |
| D6973 | E | Core build up for retainer | | | | | |
| D6975 | E | Coping metal | | | | | |
| D6980 | E | Bridge repair | | | | | |
| D6999 | E | Fixed prosthodontic proc | | | | | |
| D7110 | S | Oral surgery single tooth | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7120 | S | Each add tooth extraction | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7130 | S | Tooth root removal | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7210 | S | Rem imp tooth w mucoper flp | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7220 | S | Impact tooth remov soft tiss | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7230 | S | Impact tooth remov part bony | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7240 | S | Impact tooth remov comp bony | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7241 | S | Impact tooth rem bony w/comp | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7250 | S | Tooth root removal | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7260 | S | Oral antral fistula closure | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7270 | E | Tooth reimplantation | | | | | |
| D7272 | E | Tooth transplantation | | | | | |
| D7280 | E | Exposure impact tooth orthod | | | | | |
| D7281 | E | Exposure tooth aid eruption | | | | | |
| D7285 | E | Biopsy of cral tissue hard | | | | | |
| D7286 | E | Biopsy of cral tissue soft | | | | | |
| D7290 | E | Repositioning of teeth | | | | | |
| D7291 | S | Transseptal fiberotomy | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7310 | E | Alveoplasty w/ extraction | | | | | |
| D7320 | E | Alveoplasty w/o extraction | | | | | |
| D7340 | E | Vestibuloplasty ridge extens | | | | | |
| D7350 | E | Vestibuloplasty exten graft | | | | | |
| D7410 | E | Rad exc lesion up to 1.25 cm | | | | | |
| D7420 | E | Lesion > 1.25 cm | | | | | |
| D7430 | E | Exc benign tumor to 1.25 cm | | | | | |
| D7431 | E | Benign tumor exc > 1.25 cm | | | | | |
| D7440 | E | Malig tumor exc to 1.25 cm | | | | | |
| D7441 | E | Malig tumor > 1.25 cm | | | | | |
| D7450 | E | Rem odontogen cyst to 1.25cm | | | | | |
| D7451 | E | Rem odontogen cyst > 1.25 cm | | | | | |
| D7460 | E | Rem nonodonto cyst to 1.25cm | | | | | |
| D7461 | E | Rem nonodonto cyst > 1.25 cm | | | | | |
| D7465 | E | Lesion destruction | | | | | |
| D7470 | E | Rem exostosis maxilla/mandib | | | | | |
| D7480 | E | Partial ostectomy | | | | | |
| D7490 | E | Mandible resection | | | | | |
| D7510 | E | I&d absc intraoral soft tiss | | | | | |
| D7520 | E | I&d abscess extraoral | | | | | |
| D7530 | E | Removal fb skin/areolar tiss | | | | | |
| D7540 | E | Removal of fb reaction | | | | | |
| D7550 | E | Removal of sloughed off bone | | | | | |
| D7560 | E | Maxillary sinusotomy | | | | | |
| D7610 | E | Maxilla open reduct simple | | | | | |
| D7620 | E | Clsd reduct simpl maxilla fx | | | | | |
| D7630 | E | Open red simpl mandible fx | | | | | |
| D7640 | E | Clsd red simpl mandible fx | | | | | |
| D7650 | E | Open red simp malar/zygom fx | | | | | |
| D7660 | E | Clsd red simp malar/zygom fx | | | | | |
| D7670 | E | Open red simple alveolus fx | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| D7680 | E | Reduct simple facial bone fx | | | | | |
| D7710 | E | Maxilla open reduct compound | | | | | |
| D7720 | E | Clsd reduct compd maxilla fx | | | | | |
| D7730 | E | Open reduct compd mandble fx | | | | | |
| D7740 | E | Clsd reduct compd mandble fx | | | | | |
| D7750 | E | Open red comp malar/zygma fx | | | | | |
| D7760 | E | Clsd red comp malar/zygma fx | | | | | |
| D7770 | E | Open reduc compd alveolus fx | | | | | |
| D7780 | E | Reduct compnd facial bone fx | | | | | |
| D7810 | E | Tmj open reduct-dislocation | | | | | |
| D7820 | E | Closed tmp manipulation | | | | | |
| D7830 | E | Tmj manipulation under anest | | | | | |
| D7840 | E | Removal of tmj condyle | | | | | |
| D7850 | E | Tmj meniscectomy | | | | | |
| D7852 | E | Tmj repair of joint disc | | | | | |
| D7854 | E | Tmj excisn of joint membrane | | | | | |
| D7856 | E | Tmj cutting of a muscle | | | | | |
| D7858 | E | Tmj reconstruction | | | | | |
| D7860 | E | Tmj cutting into joint | | | | | |
| D7865 | E | Tmj reshaping components | | | | | |
| D7870 | E | Tmj aspiration joint fluid | | | | | |
| D7872 | E | Tmj diagnostic arthroscopy | | | | | |
| D7873 | E | Tmj arthroscopy lysis adhesn | | | | | |
| D7874 | E | Tmj arthroscopy disc reposit | | | | | |
| D7875 | E | Tmj arthroscopy synovectomy | | | | | |
| D7876 | E | Tmj arthroscopy discectomy | | | | | |
| D7877 | E | Tmj arthroscopy debridement | | | | | |
| D7880 | E | Occlusal orthotic appliance | | | | | |
| D7899 | E | Tmj unspecified therapy | | | | | |
| D7910 | E | Dent sutur recent wnd to 5cm | | | | | |
| D7911 | E | Dental suture wound to 5 cm | | | | | |
| D7912 | E | Suture complicate wnd > 5 cm | | | | | |
| D7920 | E | Dental skin graft | | | | | |
| D7940 | S | Reshaping bone orthognathic | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D7941 | E | Bone cutting ramus closed | | | | | |
| D7942 | E | Bone cutting ramus open | | | | | |
| D7943 | E | Cutting ramus open w/graft | | | | | |
| D7944 | E | Bone cutting segmented | | | | | |
| D7945 | E | Bone cutting body mandible | | | | | |
| D7946 | E | Reconstruction maxilla total | | | | | |
| D7947 | E | Reconstruct maxilla segment | | | | | |
| D7948 | E | Reconstruct midface no graft | | | | | |
| D7949 | E | Reconstruct midface w/graft | | | | | |
| D7950 | E | Mandible graft | | | | | |
| D7955 | E | Repair maxillofacial defects | | | | | |
| D7960 | E | Frenulectomy/frenulotomy | | | | | |
| D7970 | E | Excision hyperplastic tissue | | | | | |
| D7971 | E | Excision pericoronal gingiva | | | | | |
| D7980 | E | Sialolithotomy | | | | | |
| D7981 | E | Excision of salivary gland | | | | | |
| D7982 | E | Sialodochoplasty | | | | | |
| D7983 | E | Closure of salivary fistula | | | | | |
| D7990 | E | Emergency tracheotomy | | | | | |
| D7991 | E | Dental coronoidectomy | | | | | |
| D7995 | E | Synthetic graft facial bones | | | | | |
| D7996 | E | Implant mandible for augment | | | | | |
| D7999 | E | Oral surgery procedure | | | | | |
| D8010 | E | Limited dental tx primary | | | | | |
| D8020 | E | Limited dental tx transition | | | | | |
| D8030 | E | Limited dental tx adolescent | | | | | |
| D8040 | E | Limited dental tx adult | | | | | |
| D8050 | E | Intercep dental tx primary | | | | | |
| D8060 | E | Intercep dental tx transitn | | | | | |
| D8070 | E | Compre dental tx transition | | | | | |
| D8080 | E | Compre dental tx adolescent | | | | | |
| D8090 | E | Compre dental tx adult | | | | | |
| D8210 | E | Orthodontic rem appliance tx | | | | | |
| D8220 | E | Fixed appliance therapy habt | | | | | |
| D8660 | E | Preorthodontic tx visit | | | | | |
| D8670 | E | Periodic orthodontc tx visit | | | | | |
| D8680 | E | Orthodontic retention | | | | | |
| D8690 | E | Orthodontic treatment | | | | | |
| D8999 | E | Orthodontic procedure | | | | | |
| D9110 | N | Tx dental pain minor proc | | | | | |
| D9210 | E | Dent anesthesia w/o surgery | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| D9211 | E | Regional block anesthesia | | | | | |
| D9212 | E | Trigeminal block anesthesia | | | | | |
| D9215 | E | Local anesthesia | | | | | |
| D9220 | E | General anesthesia | | | | | |
| D9221 | E | General anesthesia ea ad 15m | | | | | |
| D9230 | N | Analgesia | | | | | |
| D9240 | E | Intravenous sedation | | | | | |
| D9310 | E | Dental consultation | | | | | |
| D9410 | E | Dental house call | | | | | |
| D9420 | E | Hospital call | | | | | |
| D9430 | E | Office visit during hours | | | | | |
| D9440 | E | Office visit after hours | | | | | |
| D9610 | E | Dent therapeutic drug inject | | | | | |
| D9630 | S | Other drugs/medicaments | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D9910 | E | Dent appl desensitizing med | | | | | |
| D9920 | E | Behavior management | | | | | |
| D9930 | S | Treatment of complications | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D9940 | S | Dental occlusal guard | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D9941 | E | Fabrication athletic guard | | | | | |
| D9950 | S | Occlusion analysis | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D9951 | S | Limited occlusal adjustment | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D9952 | S | Complete occlusal adjustment | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| D9970 | E | Enamel microabrasion | | | | | |
| D9999 | E | Adjunctive procedure | | | | | |
| E0100 | A | Cane adjust/fixed with tip | | | | | |
| E0105 | A | Cane adjust/fixed quad/3 pro | | | | | |
| E0110 | A | Crutch forearm pair | | | | | |
| E0111 | A | Crutch forearm each | | | | | |
| E0112 | A | Crutch underarm pair wood | | | | | |
| E0113 | A | Crutch underarm each wood | | | | | |
| E0114 | A | Crutch underarm pair no wood | | | | | |
| E0116 | A | Crutch underarm each no wood | | | | | |
| E0130 | A | Walker rigid adjust/fixed ht | | | | | |
| E0135 | A | Walker folding adjust/fixed | | | | | |
| E0141 | A | Rigid walker wheeled wo seat | | | | | |
| E0142 | A | Walker rigid wheeled with se | | | | | |
| E0143 | A | Walker folding wheeled w/o s | | | | | |
| E0145 | A | Walker whled seat/crutch att | | | | | |
| E0146 | A | Folding walker wheels w seat | | | | | |
| E0147 | A | Walker variable wheel resist | | | | | |
| E0153 | A | Forearm crutch platform atta | | | | | |
| E0154 | A | Walker platform attachment | | | | | |
| E0155 | A | Walker rigd pick-up/wheel at | | | | | |
| E0156 | A | Walker seat attachment | | | | | |
| E0157 | A | Walker crutch attachment | | | | | |
| E0158 | A | Walker leg extensions | | | | | |
| E0159 | A | Brake for wheeled walker | | | | | |
| E0160 | A | Sitz type bath or equipment | | | | | |
| E0161 | A | Sitz bath/equipment w/faucet | | | | | |
| E0162 | A | Sitz bath chair | | | | | |
| E0163 | A | Commode chair stationry fxd | | | | | |
| E0164 | A | Commode chair mobile fixed a | | | | | |
| E0165 | A | Commode chair stationry det | | | | | |
| E0166 | A | Commode chair mobile detach | | | | | |
| E0167 | A | Commode chair pail or pan | | | | | |
| E0175 | A | Commode chair foot rest | | | | | |
| E0176 | A | Air pressre pad/cushion nonp | | | | | |
| E0177 | A | Water press pad/cushion nonp | | | | | |
| E0178 | A | Gel pressre pad/cushion nonp | | | | | |
| E0179 | A | Dry pressre pad/cushion nonp | | | | | |
| E0180 | A | Press pad alternating w pump | | | | | |
| E0181 | A | Press pad alternating w/ pum | | | | | |
| E0182 | A | Pressure pad alternating pum | | | | | |
| E0184 | A | Dry pressure mattress | | | | | |
| E0185 | A | Gel pressure mattress pad | | | | | |
| E0186 | A | Air pressure mattress | | | | | |
| E0187 | A | Water pressure mattress | | | | | |
| E0188 | E | Synthetic sheepskin pad | | | | | |
| E0189 | E | Lambswool sheepskin pad | | | | | |
| E0191 | A | Protector heel or elbow | | | | | |
| E0192 | A | Pad wheelchr low press/posit | | | | | |
| E0193 | A | Powered air flotation bed | | | | | |
| E0194 | A | Air fluidized bed | | | | | |
| E0196 | A | Gel pressure mattress | | | | | |
| E0197 | A | Air pressure pad for mattres | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| E0198 | A | Water pressure pad for mattr | | | | | |
| E0199 | A | Dry pressure pad for mattres | | | | | |
| E0200 | A | Heat lamp without stand | | | | | |
| E0202 | A | Phototherapy light w/ photom | | | | | |
| E0205 | A | Heat lamp with stand | | | | | |
| E0210 | A | Electric heat pad standard | | | | | |
| E0215 | A | Electric heat pad moist | | | | | |
| E0217 | A | Water circ heat pad w pump | | | | | |
| E0218 | A | Water circ cold pad w pump | | | | | |
| E0220 | A | Hot water bottle | | | | | |
| E0225 | A | Hydrocollator unit | | | | | |
| E0230 | A | Ice cap or collar | | | | | |
| E0235 | A | Paraffin bath unit portable | | | | | |
| E0236 | A | Pump for water circulating p | | | | | |
| E0238 | A | Heat pad non-electric moist | | | | | |
| E0239 | A | Hydrocollator unit portable | | | | | |
| E0241 | E | Bath tub wall rail | | | | | |
| E0242 | E | Bath tub rail floor | | | | | |
| E0243 | E | Toilet rail | | | | | |
| E0244 | E | Toilet seat raised | | | | | |
| E0245 | E | Tub stool or bench | | | | | |
| E0246 | A | Transfer tub rail attachment | | | | | |
| E0249 | A | Pad water circulating heat u | | | | | |
| E0250 | A | Hosp bed fixed ht w/ mattres | | | | | |
| E0251 | A | Hosp bed fixd ht w/o mattres | | | | | |
| E0255 | A | Hospital bed var ht w/ mattr | | | | | |
| E0256 | A | Hospital bed var ht w/o matt | | | | | |
| E0260 | A | Hosp bed semi-electr w/ matt | | | | | |
| E0261 | A | Hosp bed semi-electr w/o mat | | | | | |
| E0265 | A | Hosp bed total electr w/ mat | | | | | |
| E0266 | A | Hosp bed total elec w/o matt | | | | | |
| E0270 | A | Hospital bed institutional t | | | | | |
| E0271 | A | Mattress innerspring | | | | | |
| E0272 | A | Mattress foam rubber | | | | | |
| E0273 | A | Bed board | | | | | |
| E0274 | A | Over-bed table | | | | | |
| E0275 | A | Bed pan standard | | | | | |
| E0276 | A | Bed pan fracture | | | | | |
| E0277 | A | Powered pres-redu air mattrs | | | | | |
| E0280 | A | Bed cradle | | | | | |
| E0290 | A | Hosp bed fx ht w/o rails w/m | | | | | |
| E0291 | A | Hosp bed fx ht w/o rail w/o | | | | | |
| E0292 | A | Hosp bed var ht w/o rail w/o | | | | | |
| E0293 | A | Hosp bed var ht w/o rail w/ | | | | | |
| E0294 | A | Hosp bed semi-elect w/ mattr | | | | | |
| E0295 | A | Hosp bed semi-elect w/o matt | | | | | |
| E0296 | A | Hosp bed total elect w/ matt | | | | | |
| E0297 | A | Hosp bed total elect w/o mat | | | | | |
| E0305 | A | Rails bed side half length | | | | | |
| E0310 | A | Rails bed side full length | | | | | |
| E0315 | A | Bed accessory brd/tbl/supprt | | | | | |
| E0325 | A | Urinal male jug-type | | | | | |
| E0326 | A | Urinal female jug-type | | | | | |
| E0350 | A | Control unit bowel system | | | | | |
| E0352 | A | Disposable pack w/bowel syst | | | | | |
| E0370 | A | Air elevator for heel | | | | | |
| E0371 | A | Nonpower mattress overlay | | | | | |
| E0372 | A | Powered air mattress overlay | | | | | |
| E0373 | A | Nonpowered pressure mattress | | | | | |
| E0424 | A | Stationary compressed gas 02 | | | | | |
| E0425 | A | Gas system stationary compre | | | | | |
| E0430 | A | Oxygen system gas portable | | | | | |
| E0431 | A | Portable gaseous 02 | | | | | |
| E0434 | A | Portable liquid 02 | | | | | |
| E0435 | A | Oxygen system liquid portabl | | | | | |
| E0439 | A | Stationary liquid 02 | | | | | |
| E0440 | A | Oxygen system liquid station | | | | | |
| E0441 | A | Oxygen contents gas per/unit | | | | | |
| E0442 | A | Oxygen contents liq per/unit | | | | | |
| E0443 | A | Port 02 contents gas/unit | | | | | |
| E0444 | A | Port 02 contents liq/unit | | | | | |
| E0450 | A | Volume vent stationary/porta | | | | | |
| E0452 | A | Intermit assis device w cpap | | | | | |
| E0453 | A | Ventilator 12 hrs/less per d | | | | | |
| E0455 | A | Oxygen tent excl croup/ped t | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| E0457 | A | Chest shell | | | | | |
| E0459 | A | Chest wrap | | | | | |
| E0460 | A | Neg press vent portabl/statn | | | | | |
| E0462 | A | Rocking bed w/ or w/o side r | | | | | |
| E0480 | A | Percussor elect/pneum home m | | | | | |
| E0500 | A | Ippb all types | | | | | |
| E0550 | A | Humidif extens supple w ippb | | | | | |
| E0555 | A | Humidifier for use w/ regula | | | | | |
| E0560 | A | Humidifier supplemental w/ i | | | | | |
| E0565 | A | Compressor air power source | | | | | |
| E0570 | A | Nebulizer with compression | | | | | |
| E0575 | A | Nebulizer ultrasonic | | | | | |
| E0580 | A | Nebulizer for use w/ regulat | | | | | |
| E0585 | A | Nebulizer w/ compressor & he | | | | | |
| E0600 | A | Suction pump portab hom modl | | | | | |
| E0601 | A | Cont airway pressure device | | | | | |
| E0605 | A | Vaporizer room type | | | | | |
| E0606 | A | Drainage board postural | | | | | |
| E0607 | A | Blood glucose monitor home | | | | | |
| E0608 | A | Apnea monitor | | | | | |
| E0609 | A | Blood gluc mon w/special fea | | | | | |
| E0610 | A | Pacemaker monitr audible/vis | | | | | |
| E0615 | A | Pacemaker monitr digital/vis | | | | | |
| E0621 | A | Patient lift sling or seat | | | | | |
| E0625 | A | Patient lift bathroom or toi | | | | | |
| E0627 | A | Seat lift incorp lift-chair | | | | | |
| E0628 | A | Seat lift for pt furn-electr | | | | | |
| E0629 | A | Seat lift for pt furn-non-el | | | | | |
| E0630 | A | Patient lift hydraulic | | | | | |
| E0635 | A | Patient lift electric | | | | | |
| E0650 | A | Pneuma compresor non-segment | | | | | |
| E0651 | A | Pneum compressor segmental | | | | | |
| E0652 | A | Pneum compres w/cal pressure | | | | | |
| E0655 | A | Pneumatic appliance half arm | | | | | |
| E0660 | A | Pneumatic appliance full leg | | | | | |
| E0665 | A | Pneumatic appliance full arm | | | | | |
| E0666 | A | Pneumatic appliance half leg | | | | | |
| E0667 | A | Seg pneumatic appl full leg | | | | | |
| E0668 | A | Seg pneumatic appl full arm | | | | | |
| E0669 | A | Seg pneumatic appli half leg | | | | | |
| E0671 | A | Pressure pneum appl full leg | | | | | |
| E0672 | A | Pressure pneum appl full arm | | | | | |
| E0673 | A | Pressure pneum appl half leg | | | | | |
| E0690 | A | Ultraviolet cabinet | | | | | |
| E0700 | A | Safety equipment | | | | | |
| E0710 | A | Restraints any type | | | | | |
| E0720 | A | Tens two lead | | | | | |
| E0730 | A | Tens four lead | | | | | |
| E0731 | A | Conductive garment for tens/ | | | | | |
| E0740 | A | Incontinence treatment systm | | | | | |
| E0744 | A | Neuromuscular stim for scoli | | | | | |
| E0745 | A | Neuromuscular stim for shock | | | | | |
| E0746 | A | Electromyograph biofeedback | | | | | |
| E0747 | A | Elec osteogen stim not spine | | | | | |
| E0748 | A | Elec osteogen stim spinal | | | | | |
| E0749 | A | Elec osteogen stim implanted | | | | | |
| E0751 | A | Pulse generator or receiver | | | | | |
| E0753 | A | Neurostimul electrodes/leads | | | | | |
| E0755 | A | Electronic salivary reflex s | | | | | |
| E0760 | A | Osteogen ultrasound stimltor | | | | | |
| E0776 | A | Iv pole | | | | | |
| E0781 | A | External ambulatory infus pu | | | | | |
| E0782 | A | Non-programble infusion pump | | | | | |
| E0783 | A | Programmable infusion pump | | | | | |
| E0784 | A | Ext amb infusn pump insulin | | | | | |
| E0791 | A | Parenteral infusion pump sta | | | | | |
| E0840 | A | Tract frame attach headboard | | | | | |
| E0850 | A | Traction stand free standing | | | | | |
| E0855 | A | Cervical traction equipment | | | | | |
| E0860 | A | Tract equip cervical tract | | | | | |
| E0870 | A | Tract frame attach footboard | | | | | |
| E0880 | A | Trac stand free stand extrem | | | | | |
| E0890 | A | Traction frame attach pelvic | | | | | |
| E0900 | A | Trac stand free stand pelvic | | | | | |
| E0910 | A | Trapeze bar attached to bed | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| E0920 | A | Fracture frame attached to b | | | | | |
| E0930 | A | Fracture frame free standing | | | | | |
| E0935 | A | Exercise device passive moti | | | | | |
| E0940 | A | Trapeze bar free standing | | | | | |
| E0941 | A | Gravity assisted traction de | | | | | |
| E0942 | A | Cervical head harness/halter | | | | | |
| E0943 | A | Cervical pillow | | | | | |
| E0944 | A | Pelvic belt/harness/boot | | | | | |
| E0945 | A | Belt/harness extremity | | | | | |
| E0946 | A | Fracture frame dual w cross | | | | | |
| E0947 | A | Fracture frame attachmnts pe | | | | | |
| E0948 | A | Fracture frame attachmnts ce | | | | | |
| E0950 | A | Tray | | | | | |
| E0951 | A | Loop heel | | | | | |
| E0952 | A | Loop tie | | | | | |
| E0953 | A | Pneumatic tire | | | | | |
| E0954 | A | Wheelchair semi-pneumatic ca | | | | | |
| E0958 | A | Whlchr att-conv 1 arm drive | | | | | |
| E0959 | A | Amputee adapter | | | | | |
| E0961 | A | Wheelchair brake extension | | | | | |
| E0962 | A | Wheelchair 1 inch cushion | | | | | |
| E0963 | A | Wheelchair 2 inch cushion | | | | | |
| E0964 | A | Wheelchair 3 inch cushion | | | | | |
| E0965 | A | Wheelchair 4 inch cushion | | | | | |
| E0966 | A | Wheelchair head rest extensi | | | | | |
| E0967 | A | Wheelchair hand rims | | | | | |
| E0968 | A | Wheelchair commode seat | | | | | |
| E0969 | A | Wheelchair narrowing device | | | | | |
| E0970 | A | Wheelchair no. 2 footplates | | | | | |
| E0971 | A | Wheelchair anti-tipping devi | | | | | |
| E0972 | A | Transfer board or device | | | | | |
| E0973 | A | Wheelchair adjustabl height | | | | | |
| E0974 | A | Wheelchair grade-aid | | | | | |
| E0975 | A | Wheelchair reinforced seat u | | | | | |
| E0976 | A | Wheelchair reinforced back u | | | | | |
| E0977 | A | Wheelchair wedge cushion | | | | | |
| E0978 | A | Wheelchair belt w/airplane b | | | | | |
| E0979 | A | Wheelchair belt with velcro | | | | | |
| E0980 | A | Wheelchair safety vest | | | | | |
| E0990 | A | Whellchair elevating leg res | | | | | |
| E0991 | A | Wheelchair upholstry seat | | | | | |
| E0992 | A | Wheelchair solid seat insert | | | | | |
| E0993 | A | Wheelchair back upholstery | | | | | |
| E0994 | A | Wheelchair arm rest | | | | | |
| E0995 | A | Wheelchair calf rest | | | | | |
| E0996 | A | Wheelchair tire solid | | | | | |
| E0997 | A | Wheelchair caster w/ a fork | | | | | |
| E0998 | A | Wheelchair caster w/o a fork | | | | | |
| E0999 | A | Wheelchr pneumatic tire w/wh | | | | | |
| E1000 | A | Wheelchair tire pneumatic ca | | | | | |
| E1001 | A | Wheelchair wheel | | | | | |
| E1031 | A | Rollabout chair with casters | | | | | |
| E1050 | A | Whelchr fxd full length arms | | | | | |
| E1060 | A | Wheelchair detachable arms | | | | | |
| E1065 | A | Wheelchair power attachment | | | | | |
| E1066 | A | Wheelchair battery charger | | | | | |
| E1069 | A | Wheelchair deep cycle batter | | | | | |
| E1070 | A | Wheelchair detachable foot r | | | | | |
| E1083 | A | Hemi-wheelchair fixed arms | | | | | |
| E1084 | A | Hemi-wheelchair detachable a | | | | | |
| E1085 | A | Hemi-wheelchair fixed arms | | | | | |
| E1086 | A | Hemi-wheelchair detachable a | | | | | |
| E1087 | A | Wheelchair lightwt fixed arm | | | | | |
| E1088 | A | Wheelchair lightweight det a | | | | | |
| E1089 | A | Wheelchair lightwt fixed arm | | | | | |
| E1090 | A | Wheelchair lightweight det a | | | | | |
| E1091 | A | Wheelchair youth | | | | | |
| E1092 | A | Wheelchair wide w/ leg rests | | | | | |
| E1093 | A | Wheelchair wide w/ foot rest | | | | | |
| E1100 | A | Whchr s-recl fxd arm leg res | | | | | |
| E1110 | A | Wheelchair semi-recl detach | | | | | |
| E1130 | A | Whlchr stand fxd arm ft rest | | | | | |
| E1140 | A | Wheelchair standard detach a | | | | | |
| E1150 | A | Wheelchair standard w/ leg r | | | | | |
| E1160 | A | Wheelchair fixed arms | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| E1170 | A | Whlchr ampu fxd arm leg rest | | | | | |
| E1171 | A | Wheelchair amputee w/o leg r | | | | | |
| E1172 | A | Wheelchair amputee detach ar | | | | | |
| E1180 | A | Wheelchair amputee w/ foot r | | | | | |
| E1190 | A | Wheelchair amputee w/ leg re | | | | | |
| E1195 | A | Wheelchair amputee heavy dut | | | | | |
| E1200 | A | Wheelchair amputee fixed arm | | | | | |
| E1210 | A | Whlchr moto ful arm leg rest | | | | | |
| E1211 | A | Wheelchair motorized w/ det | | | | | |
| E1212 | A | Wheelchair motorized w full | | | | | |
| E1213 | A | Wheelchair motorized w/ det | | | | | |
| E1220 | A | Whlchr special size/constrc | | | | | |
| E1221 | A | Wheelchair spec size w foot | | | | | |
| E1222 | A | Wheelchair spec size w/ leg | | | | | |
| E1223 | A | Wheelchair spec size w foot | | | | | |
| E1224 | A | Wheelchair spec size w/ leg | | | | | |
| E1225 | A | Wheelchair spec sz semi-recl | | | | | |
| E1226 | A | Wheelchair spec sz full-recl | | | | | |
| E1227 | A | Wheelchair spec sz spec ht a | | | | | |
| E1228 | A | Wheelchair spec sz spec ht b | | | | | |
| E1230 | A | Power operated vehicle | | | | | |
| E1240 | A | Whchr litwt det arm leg rest | | | | | |
| E1250 | A | Wheelchair lightwt fixed arm | | | | | |
| E1260 | A | Wheelchair lightwt foot rest | | | | | |
| E1270 | A | Wheelchair lightweight leg r | | | | | |
| E1280 | A | Whchr h-duty det arm leg res | | | | | |
| E1285 | A | Wheelchair heavy duty fixed | | | | | |
| E1290 | A | Wheelchair hvy duty detach a | | | | | |
| E1295 | A | Wheelchair heavy duty fixed | | | | | |
| E1296 | A | Wheelchair special seat heig | | | | | |
| E1297 | A | Wheelchair special seat dept | | | | | |
| E1298 | A | Wheelchair spec seat depth/w | | | | | |
| E1300 | A | Whirlpool portable | | | | | |
| E1310 | A | Whirlpool non-portable | | | | | |
| E1340 | A | Repair for DME, per 15 min | | | | | |
| E1353 | A | Oxygen supplies regulator | | | | | |
| E1355 | A | Oxygen supplies stand/rack | | | | | |
| E1372 | A | Oxy suppl heater for nebuliz | | | | | |
| E1375 | A | Oxygen suppl nebulizer porta | | | | | |
| E1377 | A | Oxygen concentrator to 244 c | | | | | |
| E1378 | A | Oxygen concentrator to 488 c | | | | | |
| E1379 | A | Oxygen concentrator to 732 c | | | | | |
| E1380 | A | Oxygen concentrator to 976 c | | | | | |
| E1381 | A | Oxygen concentrat to 1220 cu | | | | | |
| E1382 | A | Oxygen concentrat to 1464 cu | | | | | |
| E1383 | A | Oxygen concentrat to 1708 cu | | | | | |
| E1384 | A | Oxygen concentrat to 1952 cu | | | | | |
| E1385 | A | Oxygen concentrator > 1952 c | | | | | |
| E1399 | A | Durable medical equipment mi | | | | | |
| E1400 | A | Oxygen concentrator < 2 lite | | | | | |
| E1401 | A | Oxygen concentrator 2–3 lite | | | | | |
| E1402 | A | Oxygen concentrator 3–4 lite | | | | | |
| E1403 | A | Oxygen concentrator 4–5 lite | | | | | |
| E1404 | A | Oxygen concentrator > 5 lite | | | | | |
| E1405 | A | O2/water vapor enrich w/heat | | | | | |
| E1406 | A | O2/water vapor enrich w/o he | | | | | |
| E1510 | A | Kidney dialysate delivry sys | | | | | |
| E1520 | A | Heparin infusion pump for di | | | | | |
| E1530 | A | Air bubble detector for dial | | | | | |
| E1540 | A | Pressure alarm for dialysis | | | | | |
| E1550 | A | Bath conductivity meter | | | | | |
| E1560 | A | Blood leak detector for dial | | | | | |
| E1570 | A | Adjustable chair for esrd pt | | | | | |
| E1575 | A | Transducer protector/fluid b | | | | | |
| E1580 | A | Unipuncture control system | | | | | |
| E1590 | A | Hemodialysis machine | | | | | |
| E1592 | A | Auto interm peritoneal dialy | | | | | |
| E1594 | A | Cycler dialysis machine | | | | | |
| E1600 | A | Deliv/install equip for dial | | | | | |
| E1610 | A | Reverse osmosis water purifi | | | | | |
| E1615 | A | Deionizer water purification | | | | | |
| E1620 | A | Blood pump for dialysis | | | | | |
| E1625 | A | Water softening system | | | | | |
| E1630 | A | Reciprocating peritoneal dia | | | | | |
| E1632 | A | Wearable artificial kidney | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| E1635 | A | Compact travel hemodialyzer | | | | | |
| E1636 | A | Sorbent cartridges for dialy | | | | | |
| E1640 | A | Replacement components for d | | | | | |
| E1699 | A | Dialysis equipment unspecifi | | | | | |
| E1700 | A | Jaw motion rehab system | | | | | |
| E1701 | A | Repl cushions for jaw motion | | | | | |
| E1702 | A | Repl measr scales jaw motion | | | | | |
| E1800 | A | Adjust elbow ext/flex device | | | | | |
| E1805 | A | Adjust wrist ext/flex device | | | | | |
| E1810 | A | Adjust knee ext/flex device | | | | | |
| E1815 | A | Adjust ankle ext/flex device | | | | | |
| E1820 | A | Soft interface material | | | | | |
| E1825 | A | Adjust finger ext/flex devc | | | | | |
| E1830 | A | Adjust toe ext/flex device | | | | | |
| G0001 | N | Drawing blood for specimen | | | | | |
| G0002 | N | Temporary urinary catheter | | | | | |
| G0004 | X | ECG transm phys review & int | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| G0005 | X | ECG 24 hour recording | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| G0006 | X | ECG transmission & analysis | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| G0007 | N | ECG phy review & interpret | | | | | |
| G0008 | X | Admin influenza virus vac | 901 | 0.07 | $3.92 | $2.49 | $0.78 |
| G0009 | X | Admin pneumococcal vaccine | 901 | 0.07 | $3.92 | $2.49 | $0.78 |
| G0010 | X | Admin hepatitis b vaccine | 902 | 1.78 | $94.03 | $41.58 | $18.81 |
| G0015 | X | Post symptom ECG tracing | 956 | 1.11 | $58.77 | $55.82 | $11.75 |
| G0016 | N | Post symptom ECG md review | | | | | |
| G0025 | X | Collagen skin test kit | 881 | 0.20 | $10.77 | $6.78 | $2.15 |
| G0026 | A | Fecal leukocyte examination | | | | | |
| G0027 | A | Semen analysis | | | | | |
| G0030 | S | PET imaging prev PET single | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0031 | S | PET imaging prev PET multple | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0032 | S | PET follow SPECT 78464 singl | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0033 | S | PET follow SPECT 78464 mult | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0034 | S | PET follow SPECT 76865 singl | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0035 | S | PET follow SPECT 78465 mult | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0036 | S | PET follow cornry angio sing | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0037 | S | PET follow cornry angio mult | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0038 | S | PET follow myocard perf sing | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0039 | S | PET follow myocard perf mult | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0040 | S | PET follow stress echo singl | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0041 | S | PET follow stress echo mult | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0042 | S | PET follow ventriculogm sing | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0043 | S | PET follow ventriculogm mult | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0044 | S | PET following rest ECG singl | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0045 | S | PET following rest ECG mult | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0046 | S | PET follow stress ECG singl | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0047 | S | PET follow stress ECG mult | 760 | 17.91 | $947.13 | $419.46 | $189.43 |
| G0050 | S | Residual urine by ultrasound | 747 | 1.65 | $87.17 | $54.69 | $17.43 |
| G0101 | V | CA screen;pelvic/breast exam | 913 | | | | |
| G0104 | T | CA screen;flexi sigmoidscope | 446 | 2.59 | $137.12 | $65.09 | $27.42 |
| G0105 | T | Colorectal scrn; hi risk ind | 426 | 6.85 | $362.40 | $187.81 | $72.48 |
| G0106 | S | Colon CA screen;barium enema | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| G0107 | A | CA screen; fecal blood test | | | | | |
| G0110 | A | Nett pulm-rehab educ; ind | | | | | |
| G0111 | A | Nett pulm-rehab educ; group | | | | | |
| G0112 | A | Nett;nutrition guid, initial | | | | | |
| G0113 | A | Nett;nutrition guid,subseqnt | | | | | |
| G0114 | A | Nett; psychosocial consult | | | | | |
| G0115 | A | Nett; psychological testing | | | | | |
| G0116 | A | Nett; psychosocial counsel | | | | | |
| G0120 | S | Colon ca scrn; barium enema | 736 | 1.85 | $97.95 | $54.24 | $19.59 |
| G0121 | E | Colon ca scrn; barium enema | | | | | |
| G0122 | E | Colon ca scrn; barium enema | | | | | |
| J0120 | N | Tetracyclin injection | | | | | |
| J0150 | N | Injection adenosine 6 MG | | | | | |
| J0170 | N | Adrenalin epinephrin inject | | | | | |
| J0190 | N | Inj biperiden lactate/5 mg | | | | | |
| J0205 | N | Alglucerase injection | | | | | |
| J0207 | N | Amifostine | | | | | |
| J0210 | N | Methyldopate hcl injection | | | | | |
| J0256 | N | Alpha 1-proteinase 500 MG | | | | | |
| J0270 | E | Alprostadil for injection | | | | | |
| J0280 | N | Aminophyllin 250 MG inj | | | | | |
| J0290 | N | Ampicillin 500 MG inj | | | | | |
| J0295 | N | Ampicillin sodium per 1.5 gm | | | | | |
| J0300 | N | Amobarbital 125 MG inj | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| J0330 | N | Succinycholine chloride inj | | | | | |
| J0340 | N | Nandrolon phenpropionate inj | | | | | |
| J0350 | N | Injection anistreplase 30 u | | | | | |
| J0360 | N | Hydralazine hcl injection | | | | | |
| J0380 | N | Inj metaraminol bitartrate | | | | | |
| J0390 | N | Chloroquine injection | | | | | |
| J0400 | N | Inj trimethaphan camsylate | | | | | |
| J0460 | N | Atropine sulfate injection | | | | | |
| J0470 | N | Dimecaprol injection | | | | | |
| J0475 | N | Baclofen 10 MG injection | | | | | |
| J0500 | N | Dicyclomine injection | | | | | |
| J0510 | N | Benzquinamide injection | | | | | |
| J0515 | N | Inj benztropine mesylate | | | | | |
| J0520 | N | Bethanechol chloride inject | | | | | |
| J0530 | N | Penicillin g benzathine inj | | | | | |
| J0540 | N | Penicillin g benzathine inj | | | | | |
| J0550 | N | Penicillin g benzathine inj | | | | | |
| J0560 | N | Penicillin g benzathine inj | | | | | |
| J0570 | N | Penicillin g benzathine inj | | | | | |
| J0580 | N | Penicillin g benzathine inj | | | | | |
| J0585 | N | Botulinum toxin a per unit | | | | | |
| J0590 | N | Ethylnorepinephrine hcl inj | | | | | |
| J0600 | N | Edetate calcium disodium inj | | | | | |
| J0610 | N | Calcium gluconate injection | | | | | |
| J0620 | N | Calcium glycer & lact/10 ML | | | | | |
| J0630 | N | Calcitonin salmon injection | | | | | |
| J0635 | N | Calcitriol injection | | | | | |
| J0640 | X | Leucovorin calcium injection | 064 | 4.17 | $220.38 | $140.12 | $44.08 |
| J0670 | N | Inj mepivacaine HCL/10 ml | | | | | |
| J0690 | N | Cefazolin sodium injection | | | | | |
| J0694 | N | Cefoxitin sodium injection | | | | | |
| J0695 | N | Cefonocid sodium injection | | | | | |
| J0696 | N | Ceftriaxone sodium injection | | | | | |
| J0697 | N | Sterile cefuroxime injection | | | | | |
| J0698 | N | Cefotaxime sodium injection | | | | | |
| J0702 | N | Betamethasone acet&sod phosp | | | | | |
| J0704 | N | Betamethasone sod phosp/4 MG | | | | | |
| J0710 | N | Cephapirin sodium injection | | | | | |
| J0713 | N | Inj ceftazidime per 500 mg | | | | | |
| J0715 | N | Ceftizoxime sodium / 500 MG | | | | | |
| J0720 | N | Chloramphenicol sodium injec | | | | | |
| J0725 | N | Chorionic gonadotropin/1000u | | | | | |
| J0730 | N | Chlorpheniramin maleate inj | | | | | |
| J0735 | N | Clonidine hydrochloride | | | | | |
| J0740 | N | Cidofovir injection | | | | | |
| J0743 | N | Cilastatin sodium injection | | | | | |
| J0745 | N | Inj codeine phosphate /30 MG | | | | | |
| J0760 | N | Colchicine injection | | | | | |
| J0770 | N | Colistimethate sodium inj | | | | | |
| J0780 | N | Prochlorperazine injection | | | | | |
| J0800 | N | Corticotropin injection | | | | | |
| J0810 | N | Cortisone injection | | | | | |
| J0835 | N | Inj cosyntropin per 0.25 MG | | | | | |
| J0850 | N | Cytomegalovirus imm IV /vial | | | | | |
| J0895 | N | Deferoxamine mesylate inj | | | | | |
| J0900 | N | Testosterone enanthate inj | | | | | |
| J0945 | N | Brompheniramine maleate inj | | | | | |
| J0970 | N | Estradiol valerate injection | | | | | |
| J1000 | N | Depo-estradiol cypionate inj | | | | | |
| J1020 | N | Methylprednisolone 20 MG inj | | | | | |
| J1030 | N | Methylprednisolone 40 MG inj | | | | | |
| J1040 | N | Methylprednisolone 80 MG inj | | | | | |
| J1050 | N | Medroxyprogesterone inj | | | | | |
| J1055 | E | Medrxyprogester acetate inj | | | | | |
| J1060 | N | Testosterone cypionate 1 ML | | | | | |
| J1070 | N | Testosterone cypionat 100 MG | | | | | |
| J1080 | N | Testosterone cypionat 200 MG | | | | | |
| J1090 | N | Testosterone cypionate 50 MG | | | | | |
| J1095 | N | Inj dexamethasone acetate | | | | | |
| J1100 | N | Dexamethosone sodium phos | | | | | |
| J1110 | N | Inj dihydroergotamine mesylt | | | | | |
| J1120 | N | Acetazolamid sodium injectio | | | | | |
| J1160 | N | Digoxin injection | | | | | |
| J1165 | N | Phenytoin sodium injection | | | | | |
| J1170 | N | Hydromorphone injection | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| J1180 | N | Dyphylline injection | | | | | |
| J1190 | N | Dexrazoxane HCl injection | | | | | |
| J1200 | N | Diphenhydramine hcl injectio | | | | | |
| J1205 | N | Chlorothiazide sodium inj | | | | | |
| J1212 | N | Dimethyl sulfoxide 50% 50 ML | | | | | |
| J1230 | N | Methadone injection | | | | | |
| J1240 | N | Dimenhydrinate injection | | | | | |
| J1245 | N | Dipyridamole injection | | | | | |
| J1250 | N | Inj dobutamine HCL/250 mg | | | | | |
| J1320 | N | Amitriptyline injection | | | | | |
| J1325 | N | Epoprostenol injection | | | | | |
| J1330 | N | Ergonovine maleate injection | | | | | |
| J1362 | N | Erythromycin glucep / 250 MG | | | | | |
| J1364 | N | Erythro lactobionate /500 MG | | | | | |
| J1380 | N | Estradiol valerate 10 MG inj | | | | | |
| J1390 | N | Estradiol valerate 20 MG inj | | | | | |
| J1410 | N | Inj estrogen conjugate 25 MG | | | | | |
| J1435 | N | Injection estrone per 1 MG | | | | | |
| J1436 | N | Etidronate disodium inj | | | | | |
| J1440 | N | Filgrastim 300 mcg injeciton | | | | | |
| J1441 | N | Filgrastim 480 mcg injection | | | | | |
| J1455 | N | Foscarnet sodium injection | | | | | |
| J1460 | N | Gamma globulin 1 CC inj | | | | | |
| J1470 | N | Gamma globulin 2 CC inj | | | | | |
| J1480 | N | Gamma globulin 3 CC inj | | | | | |
| J1490 | N | Gamma globulin 4 CC inj | | | | | |
| J1500 | N | Gamma globulin 5 CC inj | | | | | |
| J1510 | N | Gamma globulin 6 CC inj | | | | | |
| J1520 | N | Gamma globulin 7 CC inj | | | | | |
| J1530 | N | Gamma globulin 8 CC inj | | | | | |
| J1540 | N | Gamma globulin 9 CC inj | | | | | |
| J1550 | N | Gamma globulin 10 CC inj | | | | | |
| J1560 | N | Gamma globulin > 10 CC inj | | | | | |
| J1561 | N | Immune globulin 500 mg | | | | | |
| J1562 | N | Immune globulin 5 gms | | | | | |
| J1565 | N | RSV-ivig | | | | | |
| J1570 | N | Ganciclovir sodium injection | | | | | |
| J1580 | N | Garamycin gentamicin inj | | | | | |
| J1600 | N | Gold sodium thiomaleate inj | | | | | |
| J1610 | N | Glucagon hydrochloride/1 MG | | | | | |
| J1620 | N | Gonadorelin hydroch/ 100 mcg | | | | | |
| J1626 | N | Granisetron HCl injection | | | | | |
| J1630 | N | Haloperidol injection | | | | | |
| J1631 | N | Haloperidol decanoate inj | | | | | |
| J1642 | N | Inj heparin sodium per 10 u | | | | | |
| J1644 | N | Inj heparin sodium per 1000u | | | | | |
| J1645 | N | Dalteparin sodium | | | | | |
| J1650 | N | Inj enoxaparin sodium 30 mg | | | | | |
| J1670 | N | Tetanus immune globulin inj | | | | | |
| J1690 | N | Prednisolone tebutate inj | | | | | |
| J1700 | N | Hydrocortisone acetate inj | | | | | |
| J1710 | N | Hydrocortisone sodium ph inj | | | | | |
| J1720 | N | Hydrocortisone sodium succ i | | | | | |
| J1730 | N | Diazoxide injection | | | | | |
| J1739 | N | Hydroxyprogesterone cap 125 | | | | | |
| J1741 | N | Hydroxyprogesterone cap 250 | | | | | |
| J1742 | N | Ibutilide fumarate injection | | | | | |
| J1760 | N | Iron dextran 2 CC inj | | | | | |
| J1770 | N | Iron dextran 5 CC inj | | | | | |
| J1780 | N | Iron dextran 10 CC inj | | | | | |
| J1785 | N | Injection imiglucerase /unit | | | | | |
| J1790 | N | Droperidol injection | | | | | |
| J1800 | N | Propranolol injection | | | | | |
| J1810 | N | Droperidol/fentanyl inj | | | | | |
| J1820 | N | Insulin injection | | | | | |
| J1825 | N | Interferon beta-1a | | | | | |
| J1830 | N | Interferon beta-1b / .25 MG | | | | | |
| J1840 | N | Kanamycin sulfate 500 MG inj | | | | | |
| J1850 | N | Kanamycin sulfate 75 MG inj | | | | | |
| J1885 | N | Ketorolac tromethamine inj | | | | | |
| J1890 | N | Cephalothin sodium injection | | | | | |
| J1910 | N | Kutapressin injection | | | | | |
| J1930 | N | Propiomazine injection | | | | | |
| J1940 | N | Furosemide injection | | | | | |
| J1950 | X | Leuprolide acetate /3.75 MG | 064 | 4.17 | $220.38 | $140.12 | $44.08 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| J1955 | N | Inj levocamitine per 1 gm | | | | | |
| J1960 | N | Levorphanol tartrate inj | | | | | |
| J1970 | N | Methotrimeprazine injection | | | | | |
| J1980 | N | Hyoscyamine sulfate inj | | | | | |
| J1990 | N | Chlordiazepoxide injection | | | | | |
| J2000 | N | Lidocaine injection | | | | | |
| J2010 | N | Lincomycin injection | | | | | |
| J2060 | N | Lorazepam injection | | | | | |
| J2150 | N | Mannitol injection | | | | | |
| J2175 | N | Meperidine hydrochl /100 MG | | | | | |
| J2180 | N | Meperidine/promethazine inj | | | | | |
| J2210 | N | Methylergonovin maleate inj | | | | | |
| J2240 | N | Metocurine iodide injection | | | | | |
| J2250 | N | Inj midazolam hydrochloride | | | | | |
| J2260 | N | Inj milrinone lactate / 5 ML | | | | | |
| J2270 | N | Morphine sulfate injection | | | | | |
| J2275 | N | Morphine sulfate injection | | | | | |
| J2300 | N | Inj nalbuphine hydrochloride | | | | | |
| J2310 | N | Inj naloxone hydrochloride | | | | | |
| J2320 | N | Nandrolone decanoate 50 MG | | | | | |
| J2321 | N | Nandrolone decanoate 100 MG | | | | | |
| J2322 | N | Nandrolone decanoate 200 MG | | | | | |
| J2330 | N | Thiothixene injection | | | | | |
| J2350 | N | Niacinamide/niacin injection | | | | | |
| J2360 | N | Orphenadrine injection | | | | | |
| J2370 | N | Phenylephrine hcl injection | | | | | |
| J2400 | N | Chloroprocaine hcl injection | | | | | |
| J2405 | N | Ondansetron hcl injection | | | | | |
| J2410 | N | Oxymorphone hcl injection | | | | | |
| J2430 | N | Pamidronate disodium /30 MG | | | | | |
| J2440 | N | Papaverin hcl injection | | | | | |
| J2460 | N | Oxytetracycline injection | | | | | |
| J2480 | N | Hydrochlorides of opium inj | | | | | |
| J2510 | N | Penicillin g procaine inj | | | | | |
| J2512 | N | Inj pentagastrin per 2 ML | | | | | |
| J2515 | N | Pentobarbital sodium inj | | | | | |
| J2540 | N | Penicillin g potassium inj | | | | | |
| J2545 | A | Pentamidine isethionte/300mg | | | | | |
| J2550 | N | Promethazine hcl injection | | | | | |
| J2560 | N | Phenobarbital sodium inj | | | | | |
| J2590 | N | Oxytocin injection | | | | | |
| J2597 | N | Inj desmopressin acetate | | | | | |
| J2640 | N | Prednisolone sodium ph inj | | | | | |
| J2650 | N | Prednisolone acetate inj | | | | | |
| J2670 | N | Totazoline hcl injection | | | | | |
| J2675 | N | Inj progesterone per 50 MG | | | | | |
| J2680 | N | Fluphenazine decanoate 25 MG | | | | | |
| J2690 | N | Procainamide hcl injection | | | | | |
| J2700 | N | Oxacillin sodium injeciton | | | | | |
| J2710 | N | Neostigmine methylslfte inj | | | | | |
| J2720 | N | Inj protamine sulfate/10 MG | | | | | |
| J2725 | N | Inj protirelin per 250 mcg | | | | | |
| J2730 | N | Pralidoxime chloride inj | | | | | |
| J2760 | N | Phentolaine mesylate inj | | | | | |
| J2765 | N | Metoclopramide hcl injection | | | | | |
| J2790 | N | Rho d immune globulin inj | | | | | |
| J2800 | N | Methocarbamol injection | | | | | |
| J2810 | N | Inj theophylline per 40 MG | | | | | |
| J2820 | N | Sargramostim injection | | | | | |
| J2860 | N | Secobarbital sodium inj | | | | | |
| J2910 | N | Aurothioglucose injeciton | | | | | |
| J2912 | N | Sodium chloride injection | | | | | |
| J2920 | N | Methylprednisolone injection | | | | | |
| J2930 | N | Methylprednisolone injection | | | | | |
| J2950 | N | Promazine hcl injeciton | | | | | |
| J2970 | N | Methicillin sodium injection | | | | | |
| J2995 | N | Inj streptokinase /250000 IU | | | | | |
| J2996 | N | Alteplase recombinant inj | | | | | |
| J3000 | N | Streptomycin injection | | | | | |
| J3010 | N | Fentanyl citrate injeciton | | | | | |
| J3030 | N | Sumatriptan succinate / 6 MG | | | | | |
| J3070 | N | Pentazocine hcl injeciton | | | | | |
| J3080 | N | Chlorprothixene injection | | | | | |
| J3105 | N | Terbutaline sulfate inj | | | | | |
| J3120 | N | Testosterone enanthate inj | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| J3130 | N | Testosterone enanthate inj | | | | | |
| J3140 | N | Testosterone suspension inj | | | | | |
| J3150 | N | Testosteron propionate inj | | | | | |
| J3230 | N | Chlorpromazine hcl injection | | | | | |
| J3240 | N | Thyrotropin injection | | | | | |
| J3250 | N | Trimethobenzamide hcl inj | | | | | |
| J3260 | N | Tobramycin sulfate injection | | | | | |
| J3265 | N | Injection torsemide 10 mg/ml | | | | | |
| J3270 | N | Imipramine hcl injection | | | | | |
| J3280 | N | Thiethylperazine maleate inj | | | | | |
| J3301 | N | Triamcinolone acetonide inj | | | | | |
| J3302 | N | Triamcinolone diacetate inj | | | | | |
| J3303 | N | Triamcinolone hexacetonl inj | | | | | |
| J3305 | N | Inj trimetrexate glucoronate | | | | | |
| J3310 | N | Perphenazine injeciton | | | | | |
| J3320 | N | Spectinomycn di-hcl inj | | | | | |
| J3350 | N | Urea injection | | | | | |
| J3360 | N | Diazepam injection | | | | | |
| J3364 | N | Urokinase 5000 IU injection | | | | | |
| J3365 | N | Urokinase 250,000 IU inj | | | | | |
| J3370 | E | Vancomycin hcl injeciton | | | | | |
| J3390 | N | Methoxamine injection | | | | | |
| J3400 | N | Triflupromazine hcl inj | | | | | |
| J3410 | N | Hydroxyzine hcl injeciton | | | | | |
| J3420 | N | Vitamin b12 injection | | | | | |
| J3430 | N | Vitamin k phytonadione inj | | | | | |
| J3450 | N | Mephentermine sulfate inj | | | | | |
| J3470 | N | Hyaluronidase injection | | | | | |
| J3475 | N | Inj magnesium sulfate | | | | | |
| J3480 | N | Inj potassium chloride | | | | | |
| J3490 | N | Drugs unclassified injection | | | | | |
| J3520 | E | Edetate disodium per 150 mg | | | | | |
| J3530 | N | Nasal vaccine inhalation | | | | | |
| J3535 | E | Metered dose inhaler drug | | | | | |
| J3570 | E | Laetrile amygdalin vit B17 | | | | | |
| J7030 | A | Normal saline solution infus | | | | | |
| J7040 | A | Normal saline solution infus | | | | | |
| J7042 | A | 5% dextrose/normal saline | | | | | |
| J7050 | A | Normal saline solution infus | | | | | |
| J7051 | A | Sterile saline/water | | | | | |
| J7060 | A | 5% dextrose/water | | | | | |
| J7070 | A | D5w infusion | | | | | |
| J7100 | A | Dextran 40 infusion | | | | | |
| J7110 | A | Dextran 75 infusion | | | | | |
| J7120 | A | Ringers lactate infusion | | | | | |
| J7130 | A | Hypertonic saline solution | | | | | |
| J7190 | N | Factor viii | | | | | |
| J7191 | N | Factor VIII (porcine) | | | | | |
| J7192 | N | Factor viii recombinant | | | | | |
| J7194 | N | Factor ix complex | | | | | |
| J7196 | N | Othr hemophilia clot factors | | | | | |
| J7197 | N | Antithrombin iii injection | | | | | |
| J7300 | E | Intraut copper contraceptive | | | | | |
| J7310 | N | Ganciclovir long act implant | | | | | |
| J7500 | N | Azathiop po tab 50mg 100s ea | | | | | |
| J7501 | N | Azathioprine parenteral | | | | | |
| J7503 | N | Cyclosporine parenteral | | | | | |
| J7504 | N | Lymphocyte immune globulin | | | | | |
| J7505 | N | Monoclonal antibodies | | | | | |
| J7506 | N | Prednisone oral | | | | | |
| J7507 | N | Tacrolimus oral per 1 MG | | | | | |
| J7508 | N | Tacrolimus oral per 5 MG | | | | | |
| J7509 | N | Methylprednisolone oral | | | | | |
| J7510 | N | Prednisolone oral per 5 mg | | | | | |
| J7599 | N | Immunosuppressive drug noc | | | | | |
| J7610 | A | Acetylcysteine 10% injection | | | | | |
| J7615 | A | Acetylcysteine 20% injection | | | | | |
| J7620 | A | Albuterol sulfate .083%/ml | | | | | |
| J7625 | A | Albuterol sulfate .5% inj | | | | | |
| J7627 | A | Bitolterolmesylate inhal sol | | | | | |
| J7630 | A | Cromolyn sodium injeciton | | | | | |
| J7640 | A | Epinephrine injection | | | | | |
| J7645 | A | Ipratropium bromide .02%/ml | | | | | |
| J7650 | A | Isoetharine hcl .1% inj | | | | | |
| J7651 | A | Isoetharine hcl .125% inj | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| J7652 | A | Isoetharine hcl .167% inj | | | | | |
| J7653 | A | Isoetharine hcl .2%/ inj | | | | | |
| J7654 | A | Isoetharine hcl .25% inj | | | | | |
| J7655 | A | Isoetharine hcl 1% inj | | | | | |
| J7660 | A | Isoproterenol hcl .5% inj | | | | | |
| J7665 | A | Isoproterenol hcl 1% inj | | | | | |
| J7670 | A | Metaproterenol sulfate .4% | | | | | |
| J7672 | A | Metaproterenol sulfate .6% | | | | | |
| J7675 | A | Metaproterenol sulfate 5% | | | | | |
| J7699 | A | Inhalation solution for DME | | | | | |
| J7799 | A | Non-inhalation drug for DME | | | | | |
| J8499 | E | Oral prescrip drug non chemo | | | | | |
| J8530 | N | Cyclophosphamide oral 25 MG | | | | | |
| J8560 | N | Etoposide oral 50 MG | | | | | |
| J8600 | N | Melphalan oral 2 MG | | | | | |
| J8610 | X | Methotrexate oral 2.5 MG | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J8999 | X | Oral prescription drug chemo | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9000 | X | Doxorubic hcl 10 MG vl chemo | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9015 | X | Aldesleukin/single use vial | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9020 | X | Asparaginase injection | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9031 | X | Bcg live intravesical vac | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9040 | X | Bleomycin sulfate injection | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9045 | X | Carboplatin injection | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9050 | X | Carmus bischl nitro inj | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9060 | X | Cisplatin 10 MG injeciton | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9062 | X | Cisplatin 50 MG injeciton | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9065 | X | Inj cladribine per 1 MG | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9070 | X | Cyclophosphamide 100 MG inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9080 | X | Cyclophosphamide 200 MG inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9090 | X | Cyclophosphamide 500 MG inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9091 | X | Cyclophosphamide 1.0 grm inj | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9092 | X | Cyclophosphamide 2.0 grm inj | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9093 | X | Cyclophosphamide lyophilized | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9094 | X | Cyclophosphamide lyophilized | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9095 | X | Cyclophosphamide lyophilized | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9096 | X | Cyclophosphamide lyophilized | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9097 | X | Cyclophosphamide lyophilized | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9100 | X | Cytarabine hcl 100 MG inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9110 | X | Cytarabine hcl 500 MG inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9120 | X | Dactinomycin actinomycin d | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9130 | X | Dacarbazine 10 MG inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9140 | X | Dacarbazine 200 MG inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9150 | X | Daunorubicin | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9165 | X | Diethylstilbestrol injection | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9170 | X | Docetaxel | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9181 | X | Etoposide 10 MG inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9182 | X | Etoposide 100 MG inj | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9185 | X | Fludarabine phosphate inj | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9190 | X | Fluorouracil injection | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9200 | X | Floxuridine injection | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9201 | X | Gemcitabine HCl | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9202 | X | Goserelin acetate implant | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9206 | X | Irinotecan injection | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9208 | X | Ifosfomide injection | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9209 | X | Mesna injection | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9211 | X | Idarubicin hcl injeciton | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9213 | X | Interferon alfa-2a inj | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9214 | X | Interferon alfa-2b inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9215 | X | Interferon alfa-n3 inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9216 | X | Interferon gamma 1–b inj | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9217 | X | Leuprolide acetate suspnsion | 064 | 4.17 | $220.38 | $140.12 | $44.08 |
| J9218 | X | Leuprolide acetate injeciton | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9230 | X | Mechlorethamine hcl inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9245 | X | Inj melphalan hydrochl 50 MG | 064 | 4.17 | $220.38 | $140.12 | $44.08 |
| J9250 | X | Methotrexate sodium inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9260 | X | Methotrexate sodium inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9265 | X | Paclitaxel injection | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9266 | X | Pegaspargase/singl dose vial | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9268 | X | Pentostatin injection | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9270 | X | Plicamycin (mithramycin) inj | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9280 | X | Mitomycin 5 MG inj | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9290 | X | Mitomycin 20 MG inj | 064 | 4.17 | $220.38 | $140.12 | $44.08 |
| J9291 | X | Mitomycin 40 MG inj | 064 | 4.17 | $220.38 | $140.12 | $44.08 |
| J9293 | X | Mitoxantrone hydrochl / 5 MG | 064 | 4.17 | $220.38 | $140.12 | $44.08 |
| J9320 | X | Streptozocin injection | 063 | 2.89 | $152.79 | $110.97 | $30.56 |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| J9340 | X | Thiotepa injection | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9350 | X | Topotecan | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9360 | X | Vinblastine sulfate inj | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9370 | X | Vincristine sulfate 1 MG inj | 062 | 1.69 | $89.13 | $36.61 | $17.83 |
| J9375 | X | Vincristine sulfate 2 MG inj | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9380 | X | Vincristine sulfate 5 MG inj | 063 | 2.89 | $152.79 | $110.97 | $30.56 |
| J9390 | X | Vinorelbine tartrate/10 mg | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9600 | X | Porfimer sodium | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| J9999 | X | Chemotherapy drug | 061 | 1.04 | $54.85 | $36.61 | $10.97 |
| K0001 | A | Standard wheelchair | | | | | |
| K0002 | A | Stnd hemi (low seat) whlchr | | | | | |
| K0003 | A | Lightweight wheelchair | | | | | |
| K0004 | A | High strength ltwt whlchr | | | | | |
| K0005 | A | Ultralightweight wheelchair | | | | | |
| K0006 | A | Heavy duty wheelchair | | | | | |
| K0007 | A | Extra heavy duty wheelchair | | | | | |
| K0008 | A | Cstm manual wheelchair/base | | | | | |
| K0009 | A | Other manual wheelchair/base | | | | | |
| K0010 | A | Stnd wt frame power whlchr | | | | | |
| K0011 | A | Stnd wt pwr whlchr w control | | | | | |
| K0012 | A | Ltwt portbl power whlchr | | | | | |
| K0013 | A | Custom power whlchr base | | | | | |
| K0014 | A | Other power whlchr base | | | | | |
| K0015 | A | Detach non-adjus hght armrst | | | | | |
| K0016 | A | Detach adjust armrst cmplete | | | | | |
| K0017 | A | Detach adjust armrest base | | | | | |
| K0018 | A | Detach adjust armrst upper | | | | | |
| K0019 | A | Arm pad each | | | | | |
| K0020 | A | Fixed adjust armrest pair | | | | | |
| K0021 | A | Anti-tipping device each | | | | | |
| K0022 | A | Reinforced back upholstery | | | | | |
| K0023 | A | Planr back insrt foam w/strp | | | | | |
| K0024 | A | Plnr back insrt foam w/hrdwr | | | | | |
| K0025 | A | Hook-on headrest extension | | | | | |
| K0026 | A | Back upholst lgtwt whlchr | | | | | |
| K0027 | A | Back upholst other whlchr | | | | | |
| K0028 | A | Fully reclining back | | | | | |
| K0029 | A | Reinforced seat upholstery | | | | | |
| K0030 | A | Solid plnr seat sngl dnsfoam | | | | | |
| K0031 | A | Safety belt/pelvic strap | | | | | |
| K0032 | A | Seat uphols lgtwt whlchr | | | | | |
| K0033 | A | Seat upholstery other whlchr | | | | | |
| K0034 | A | Heel loop each | | | | | |
| K0035 | A | Heel loop with ankle strap | | | | | |
| K0036 | A | Toe loop each | | | | | |
| K0037 | A | High mount flip-up footrest | | | | | |
| K0038 | A | Leg strap each | | | | | |
| K0039 | A | Leg strap h style each | | | | | |
| K0040 | A | Adjustable angle footplate | | | | | |
| K0041 | A | Large size footplate each | | | | | |
| K0042 | A | Standard size footplate each | | | | | |
| K0043 | A | Ftrst lower extension tube | | | | | |
| K0044 | A | Ftrst upper hanger bracket | | | | | |
| K0045 | A | Footrest complete assembly | | | | | |
| K0046 | A | Elevat legrst low extension | | | | | |
| K0047 | A | Elevat legrst up hangr brack | | | | | |
| K0048 | A | Elevate legrest complete | | | | | |
| K0049 | A | Calf pad each | | | | | |
| K0050 | A | Ratchet assembly | | | | | |
| K0051 | A | Cam relese assem ftrst/lgrst | | | | | |
| K0052 | A | Swingaway detach footrest | | | | | |
| K0053 | A | Elevate footrest articulate | | | | | |
| K0054 | A | Seat wdth 10–12/15/17/20 wc | | | | | |
| K0055 | A | Seat dpth 15/17/18 ltwt wc | | | | | |
| K0056 | A | Seat ht <17 or <=21 ltwt wc | | | | | |
| K0057 | A | Seat wdth 19/20 hvy dty wc | | | | | |
| K0058 | A | Seat dpth 17/18 power wc | | | | | |
| K0059 | A | Plastic coated handrim each | | | | | |
| K0060 | A | Steel handrim each | | | | | |
| K0061 | A | Aluminum handrim each | | | | | |
| K0062 | A | Handrim 8–10 vert/obliq proj | | | | | |
| K0063 | A | Hndrm 12–16 vert/obliq proj | | | | | |
| K0064 | A | Zero pressure tube flat free | | | | | |
| K0065 | A | Spoke protectors | | | | | |
| K0066 | A | Solid tire any size each | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| K0067 | A | Pneumatic tire any size each | | | | | |
| K0068 | A | Pneumatic tire tube each | | | | | |
| K0069 | A | Rear whl complete solid tire | | | | | |
| K0070 | A | Rear whl compl pneum tire | | | | | |
| K0071 | A | Front castr compl pneum tire | | | | | |
| K0072 | A | Frnt cstr cmpl sem-pneum tir | | | | | |
| K0073 | A | Caster pin lock each | | | | | |
| K0074 | A | Pneumatic caster tire each | | | | | |
| K0075 | A | Semi-pneumatic caster tire | | | | | |
| K0076 | A | Solid caster tire each | | | | | |
| K0077 | A | Front caster assem complete | | | | | |
| K0078 | A | Pneumatic caster tire tube | | | | | |
| K0079 | A | Wheel lock extension pair | | | | | |
| K0080 | A | Anti-rollback device pair | | | | | |
| K0081 | A | Wheel lock assembly complete | | | | | |
| K0082 | A | 22 nf deep cycl acid battery | | | | | |
| K0083 | A | 22 nf gel cell battery each | | | | | |
| K0084 | A | Grp 24 deep cycl acid battry | | | | | |
| K0085 | A | Group 24 gel cell battery | | | | | |
| K0086 | A | U–1 lead acid battery each | | | | | |
| K0087 | A | U–1 gel cell battery each | | | | | |
| K0088 | A | Battry chrgr acid/gel cell | | | | | |
| K0089 | A | Battery charger dual mode | | | | | |
| K0090 | A | Rear tire power wheelchair | | | | | |
| K0091 | A | Rear tire tube power whlchr | | | | | |
| K0092 | A | Rear assem cmplt powr whlchr | | | | | |
| K0093 | A | Rear zero pressure tire tube | | | | | |
| K0094 | A | Wheel tire for power base | | | | | |
| K0095 | A | Wheel tire tube each base | | | | | |
| K0096 | A | Wheel assem powr base complt | | | | | |
| K0097 | A | Wheel zero presure tire tube | | | | | |
| K0098 | A | Drive belt power wheelchair | | | | | |
| K0099 | A | Front caster power whelchair | | | | | |
| K0100 | A | Amputee adapter pair | | | | | |
| K0101 | A | One-arm drive attachment | | | | | |
| K0102 | A | Crutch and cane holder | | | | | |
| K0103 | A | Transfer board < 25″ | | | | | |
| K0104 | A | Cylinder tank carrier | | | | | |
| K0105 | A | Iv hanger | | | | | |
| K0106 | A | Arm trough each | | | | | |
| K0107 | A | Wheelchair tray | | | | | |
| K0108 | A | Other accessories | | | | | |
| K0109 | A | Customize whlchr base frame | | | | | |
| K0112 | A | Trunk vest supprt innr frame | | | | | |
| K0113 | A | Trunk vest suprt w/o inr frm | | | | | |
| K0114 | A | Whlchr back suprt inr frame | | | | | |
| K0115 | A | Back module orthotic system | | | | | |
| K0116 | A | Back & seat modul orthot sys | | | | | |
| K0119 | N | Azathioprine oral tab 50 MG | | | | | |
| K0120 | N | Azathioprine prentrl 100 MG | | | | | |
| K0121 | N | Cyclosporine oral 25 MG | | | | | |
| K0122 | N | Cyclosporine prentrl 250 MG | | | | | |
| K0123 | N | Imun/antitymocyt glob 250 MG | | | | | |
| K0137 | A | Skin barrier liquid per oz | | | | | |
| K0138 | A | Skin barrier paste per oz | | | | | |
| K0139 | A | Skin barrier powder per oz | | | | | |
| K0168 | A | Disposable nebulizer set | | | | | |
| K0169 | A | Disposable nebulizer small | | | | | |
| K0170 | A | Non disposable nebulizer set | | | | | |
| K0171 | A | Filtered nebulizer set | | | | | |
| K0172 | A | Disposable nebulizer unfill | | | | | |
| K0173 | A | Disposable nebulizer prefill | | | | | |
| K0174 | A | Reservoir bottle w nebulizer | | | | | |
| K0175 | A | Disposable corrugated tubing | | | | | |
| K0176 | A | Non dispos corrugated tubing | | | | | |
| K0177 | A | Water collec dev w nebulizer | | | | | |
| K0178 | A | Disposbl filter w compressor | | | | | |
| K0179 | A | Non-dispos filter w/compress | | | | | |
| K0180 | A | Aerosol mask with nebulizer | | | | | |
| K0181 | A | Dome & mouthpiece w/ nebuliz | | | | | |
| K0182 | A | Water distilled w/ nebulizer | | | | | |
| K0183 | A | Nasal application with cpap | | | | | |
| K0184 | A | Nasal pillows/seals pair | | | | | |
| K0185 | A | Headgear with cpap device | | | | | |
| K0186 | A | Chin strap with cpap device | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| K0187 | A | Tubing with cpap device | | | | | |
| K0188 | A | Filter disposable with cpap | | | | | |
| K0189 | A | Filter non-disposable w/cpap | | | | | |
| K0190 | A | Disposable canister w/pump | | | | | |
| K0191 | A | Non-disposbl canister w/pump | | | | | |
| K0192 | A | Tubing used w/ suction pump | | | | | |
| K0193 | A | Airway pressure dev/w hmdfer | | | | | |
| K0194 | A | Assist device w/humidifier | | | | | |
| K0195 | A | Elevating whlchair leg rests | | | | | |
| K0268 | A | Humidifier with cpap device | | | | | |
| K0269 | A | Aerosol compressor cpap dev | | | | | |
| K0270 | A | Ultrasonic generator w nebul | | | | | |
| K0277 | A | Skin barrier solid 4x4 equiv | | | | | |
| K0278 | A | Skin barrier with flange | | | | | |
| K0279 | A | Skin barrier extended wear | | | | | |
| K0280 | A | Extension drainage tubing | | | | | |
| K0281 | A | Lubricant catheter insertion | | | | | |
| K0283 | A | Saline solution dispenser | | | | | |
| K0284 | A | External infusion pump reuse | | | | | |
| K0400 | A | Skin support attachment each | | | | | |
| K0401 | A | Diabetic deluxe shoe | | | | | |
| K0407 | A | Urinary cath skin attachment | | | | | |
| K0408 | A | Urinary cath leg strap | | | | | |
| K0409 | A | Sterile H2O irrigation solut | | | | | |
| K0410 | A | Male ext cath w/adh coating | | | | | |
| K0411 | A | Male ext cath w/adh strip | | | | | |
| K0412 | N | Mycophenolate mofetil 25o mg | | | | | |
| K0415 | N | RX antiemetic drg, oral NOS | | | | | |
| K0416 | N | Rx antiemetic drg,rectal NOS | | | | | |
| K0417 | A | Mech infus pump sht trm drug | | | | | |
| K0418 | N | Oral cyclosporin | | | | | |
| K0419 | A | Drainable plstic pch w fcplt | | | | | |
| K0420 | A | Drainable rubber pch w fcplt | | | | | |
| K0421 | A | drainable plstic pch w/o fp | | | | | |
| K0422 | A | Drainable rubber pch w/o fp | | | | | |
| K0423 | A | Urinary plstic pouch w fcplt | | | | | |
| K0424 | A | Urinary rubber pouch w fcplt | | | | | |
| K0425 | A | Urinary plstic pouch w/o fp | | | | | |
| K0426 | A | Urinary hvy plstc pch w/o fp | | | | | |
| K0427 | A | Urinary rubber pouch w/o fp | | | | | |
| K0428 | A | Ostomy faceplt/silicone ring | | | | | |
| K0429 | A | Skin barrier solid ext wear | | | | | |
| K0430 | A | Skin barrier w flang ex wear | | | | | |
| K0431 | A | Closed pouch w st wear bar | | | | | |
| K0432 | A | Drainable pch w ex wear bar | | | | | |
| K0433 | A | Drainable pch w st wear bar | | | | | |
| K0434 | A | Drainable pch ex wear convex | | | | | |
| K0435 | A | Urinary pouch w ex wear bar | | | | | |
| K0436 | A | Urinary pouch w st wear bar | | | | | |
| K0437 | A | Urine pch w ex wear bar conv | | | | | |
| K0438 | A | Ostomy pouch liq deodorant | | | | | |
| K0439 | A | Ostomy pouch solid deodorant | | | | | |
| K0440 | A | Nasal prosthesis | | | | | |
| K0441 | A | Midfacial prosthesis | | | | | |
| K0442 | A | Orbital prosthesis | | | | | |
| K0443 | A | Upper facial prosthesis | | | | | |
| K0444 | A | Hemi-facial prosthesis | | | | | |
| K0445 | S | Auricular prosthesis | 031 | 1.33 | $70.52 | $14.10 | $14.10 |
| K0446 | A | Partial facial prosthesis | | | | | |
| K0447 | A | Nasal septal prosthesis | | | | | |
| K0448 | A | Unspec maxillofacial prosth | | | | | |
| K0449 | A | Repair maxillofacial prosth | | | | | |
| K0450 | A | Liq adhes for facial prosth | | | | | |
| K0451 | A | Adhesive remover wipes | | | | | |
| K0452 | A | Wheelchair bearings | | | | | |
| K0453 | N | Amphotericin B | | | | | |
| K0455 | A | Pump uninterrupted infusion | | | | | |
| K0501 | A | Aerosol compressor for svneb | | | | | |
| K0503 | A | Acetylcysteine inh sol u d | | | | | |
| K0504 | A | Albuterol inh sol con | | | | | |
| K0505 | A | Albuterol inh sol u d | | | | | |
| K0506 | A | Atropine inh sol con | | | | | |
| K0507 | A | Atropine inh sol u d | | | | | |
| K0508 | A | Bitolterol mes inh sol con | | | | | |
| K0509 | A | Bitolterol mes inh sol u d | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| K0511 | A | Cromolyn sodium inh sol u d | | | | | |
| K0512 | A | Dexamethasone inh sol con | | | | | |
| K0513 | A | Dexamethasone inh sol u d | | | | | |
| K0514 | A | Domase alpha inh sol u d | | | | | |
| K0515 | A | Glycopyrrolate inh sol con | | | | | |
| K0516 | A | Glycopyrrolate inh sol u d | | | | | |
| K0518 | A | Ipratropium brom inh sol u d | | | | | |
| K0519 | A | Isoetharine HCl inh sol con | | | | | |
| K0520 | A | Isoetharine HCl inh sol u d | | | | | |
| K0521 | A | IsoproterenolHCl inh sol con | | | | | |
| K0522 | A | IsoproterenolHCl inh sol u d | | | | | |
| K0523 | A | Metaproterenol inh sol con | | | | | |
| K0524 | A | Metaproterenol inh sol u d | | | | | |
| K0525 | A | Terbutaline SO4 inh sol con | | | | | |
| K0526 | A | Terbutaline SO4 inh sol u d | | | | | |
| K0527 | A | Triamcinolone inh sol con | | | | | |
| K0528 | A | Triamcinolone inh sol u d | | | | | |
| K0529 | A | Sterile H20 or nss w lv neb | | | | | |
| K0530 | A | Nebulizer not used w oxygen | | | | | |
| L0100 | A | Cerv craniosten helmet mold | | | | | |
| L0110 | A | Cerv craniostenosis hel non- | | | | | |
| L0120 | A | Cerv flexible non-adjustable | | | | | |
| L0130 | A | Flex thermoplastic collar mo | | | | | |
| L0140 | A | Cervical semi-rigid adjustab | | | | | |
| L0150 | A | Cerv semi-rig adj molded chn | | | | | |
| L0160 | A | Cerv semi-rig wire occ/mand | | | | | |
| L0170 | A | Cervical collar molded to pt | | | | | |
| L0172 | A | Cerv col thermplas foam 2 pi | | | | | |
| L0174 | A | Cerv col foam 2 piece w thor | | | | | |
| L0180 | A | Cer post col occ/man sup adj | | | | | |
| L0190 | A | Cerv collar supp adj cerv ba | | | | | |
| L0200 | A | Cerv col supp adj bar & thor | | | | | |
| L0210 | A | Thoracic rib belt | | | | | |
| L0220 | A | Thor rib belt custom fabrica | | | | | |
| L0300 | A | TLSO flex surgical support | | | | | |
| L0310 | A | Tlso flexible custom fabrica | | | | | |
| L0315 | A | Tlso flex elas rigid post pa | | | | | |
| L0317 | A | Tlso flex hypext elas post p | | | | | |
| L0320 | A | Tlso a–p contrl w apron fmt | | | | | |
| L0330 | A | Tlso ant-pos-lateral control | | | | | |
| L0340 | A | Tlso a-p-l-rotary with apron | | | | | |
| L0350 | A | Tlso flex compress jacket cu | | | | | |
| L0360 | A | Tlso flex compress jacket mo | | | | | |
| L0370 | A | Tlso a-p-l-rotary hyperexten | | | | | |
| L0380 | A | Tlso a-p-l-rot w/ pos extens | | | | | |
| L0390 | A | Tlso a-p-l control molded | | | | | |
| L0400 | A | Tlso a-p-l w interface mater | | | | | |
| L0410 | A | Tlso a-p-l two piece constr | | | | | |
| L0420 | A | Tlso a-p-l 2 piece w interfa | | | | | |
| L0430 | A | Tlso a-p-l w interface custm | | | | | |
| L0440 | A | Tlso a-p-l overlap fmt cust | | | | | |
| L0500 | A | Lso flex surgical support | | | | | |
| L0510 | A | Lso flexible custom fabricat | | | | | |
| L0515 | A | Lso flex elas w/ rig post pa | | | | | |
| L0520 | A | Lso a-p-l control with apron | | | | | |
| L0530 | A | Lso ant-pos control w apron | | | | | |
| L0540 | A | Lso lumbar flexion a-p-l | | | | | |
| L0550 | A | Lso a-p-l control molded | | | | | |
| L0560 | A | Lso a-p-l w interface | | | | | |
| L0565 | A | Lso a-p-l control custom | | | | | |
| L0600 | A | Sacroiliac flex surg support | | | | | |
| L0610 | A | Sacroiliac flexible custm fa | | | | | |
| L0620 | A | Sacroiliac semi-rig w apron | | | | | |
| L0700 | A | Ctlso a-p-l control molded | | | | | |
| L0710 | A | Ctlso a-p-l control w/ inter | | | | | |
| L0810 | A | Halo cervical into jckt vest | | | | | |
| L0820 | A | Halo cervical into body jack | | | | | |
| L0830 | A | Halo cerv into milwaukee typ | | | | | |
| L0860 | A | Magnetic resonanc image comp | | | | | |
| L0900 | A | Torso/ptosis support | | | | | |
| L0910 | A | Torso & ptosis supp custm fa | | | | | |
| L0920 | A | Torso/pendulous abd support | | | | | |
| L0930 | A | Pendulous abdomen supp custm | | | | | |
| L0940 | A | Torso/postsurgical support | | | | | |
| L0950 | A | Post surg support custom fab | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L0960 | A | Post surgical support pads | | | | | |
| L0970 | A | Tlso corset front | | | | | |
| L0972 | A | Lso corset front | | | | | |
| L0974 | A | Tlso full corset | | | | | |
| L0976 | A | Lso full corset | | | | | |
| L0978 | A | Axillary crutch extension | | | | | |
| L0980 | A | Peroneal straps pair | | | | | |
| L0982 | A | Stocking supp grips set of f | | | | | |
| L0984 | A | Protective body sock each | | | | | |
| L0999 | A | Add to spinal orthosis NOS | | | | | |
| L1000 | A | Ctlso milwauke initial model | | | | | |
| L1010 | A | Ctlso axilla sling | | | | | |
| L1020 | A | Kyphosis pad | | | | | |
| L1025 | A | Kyphosis pad floating | | | | | |
| L1030 | A | Lumbar bolster pad | | | | | |
| L1040 | A | Lumbar or lumbar rib pad | | | | | |
| L1050 | A | Sternal pad | | | | | |
| L1060 | A | Thoracic pad | | | | | |
| L1070 | A | Trapezius sling | | | | | |
| L1080 | A | Outrigger | | | | | |
| L1085 | A | Outrigger bil w/ vert extens | | | | | |
| L1090 | A | Lumbar sling | | | | | |
| L1100 | A | Ring flange plastic/leather | | | | | |
| L1110 | A | Ring flange plas/leather mol | | | | | |
| L1120 | A | Covers for upright each | | | | | |
| L1200 | A | Furnsh initial orthosis only | | | | | |
| L1210 | A | Lateral thoracic extension | | | | | |
| L1220 | A | Anterior thoracic extension | | | | | |
| L1230 | A | Milwaukee type superstructur | | | | | |
| L1240 | A | Lumbar derotation pad | | | | | |
| L1250 | A | Anterior asis pad | | | | | |
| L1260 | A | Anterior thoracic derotation | | | | | |
| L1270 | A | Abdominal pad | | | | | |
| L1280 | A | Rib gusset (elastic) each | | | | | |
| L1290 | A | Lateral trochanteric pad | | | | | |
| L1300 | A | Body jacket mold to patient | | | | | |
| L1310 | A | Post-operative body jacket | | | | | |
| L1499 | A | Spinal orthosis NOS | | | | | |
| L1500 | A | Thkao mobility frame | | | | | |
| L1510 | A | Thkao standing frame | | | | | |
| L1520 | A | Thkao swivel walker | | | | | |
| L1600 | A | Abduct hip flex frejka w cvr | | | | | |
| L1610 | A | Abduct hip flex frejka covr | | | | | |
| L1620 | A | Abduct hip flex pavlik harne | | | | | |
| L1630 | A | Abduct control hip semi-flex | | | | | |
| L1640 | A | Pelv band/spread bar thigh c | | | | | |
| L1650 | A | HO abduction hip adjustable | | | | | |
| L1660 | A | HO abduction static plastic | | | | | |
| L1680 | A | Pelvic & hip control thigh c | | | | | |
| L1685 | A | Post-op hip abduct custom fa | | | | | |
| L1686 | A | HO post-op hip abduction | | | | | |
| L1700 | A | Leg perthes orth toronto typ | | | | | |
| L1710 | A | Legg perthes orth newington | | | | | |
| L1720 | A | Legg perthes orthosis trilat | | | | | |
| L1730 | A | Legg perthes orth scottish r | | | | | |
| L1750 | A | Legg perthes sling | | | | | |
| L1755 | A | Legg perthes patten bottom t | | | | | |
| L1800 | A | Knee orthoses elas w stays | | | | | |
| L1810 | A | Ko elastic with joints | | | | | |
| L1815 | A | Elastic with condylar pads | | | | | |
| L1820 | A | Ko elas w/ condyle pads & jo | | | | | |
| L1825 | A | Ko elastic knee cap | | | | | |
| L1830 | A | Ko immobilizer canvas longit | | | | | |
| L1832 | A | KO adj jnt pos rigid support | | | | | |
| L1834 | A | Ko w/0 joint rigid molded to | | | | | |
| L1840 | A | Ko derot ant cruciate custom | | | | | |
| L1843 | A | KO single upright custom fit | | | | | |
| L1844 | A | Ko w/adj jt rot cntrl molded | | | | | |
| L1845 | A | Ko w/ adj flex/ext rotat cus | | | | | |
| L1846 | A | Ko w adj flex/ext rotat mold | | | | | |
| L1850 | A | Ko swedish type | | | | | |
| L1855 | A | Ko plas doub upright jnt mol | | | | | |
| L1858 | A | Ko polycentric pneumatic pad | | | | | |
| L1860 | A | Ko supracondylar socket mold | | | | | |
| L1870 | A | Ko doub upright lacers molde | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L1880 | A | Ko doub upright cuffs/lacers | | | | | |
| L1885 | A | Knee upright w/resistance | | | | | |
| L1900 | A | Afo sprng wir drsflx calf bd | | | | | |
| L1902 | A | Afo ankle gauntlet | | | | | |
| L1904 | A | Afo molded ankle gauntlet | | | | | |
| L1906 | A | Afo multiligamentus ankle su | | | | | |
| L1910 | A | Afo sing bar clasp attach sh | | | | | |
| L1920 | A | Afo sing upright w/ adjust s | | | | | |
| L1930 | A | Afo plastic | | | | | |
| L1940 | A | Afo molded to patient plasti | | | | | |
| L1945 | A | Afo molded plas rig ant tib | | | | | |
| L1950 | A | Afo spiral molded to pt plas | | | | | |
| L1960 | A | Afo pos solid ank plastic mo | | | | | |
| L1970 | A | Afo plastic molded w/ankle j | | | | | |
| L1980 | A | Afo sing solid stirrup calf | | | | | |
| L1990 | A | Afo doub solid stirrup calf | | | | | |
| L2000 | A | Kafo sing fre stirr thi/calf | | | | | |
| L2010 | A | Kafo sng solid stirrup w/o j | | | | | |
| L2020 | A | Kafo dbl solid stirrup band/ | | | | | |
| L2030 | A | Kafo dbl solid stirrup w/o j | | | | | |
| L2035 | A | KAFO plastic pediatric size | | | | | |
| L2036 | A | Kafo plas doub free knee mol | | | | | |
| L2037 | A | Kafo plas sing free knee mol | | | | | |
| L2038 | A | Kafo w/o joint multi-axis an | | | | | |
| L2039 | A | KAFO, plstic, medlat rotat con | | | | | |
| L2040 | A | Hkafo torsion bil rot straps | | | | | |
| L2050 | A | Hkafo torsion cable hip pelv | | | | | |
| L2060 | A | Hkafo torsion ball bearing j | | | | | |
| L2070 | A | Hkafo torsion unilat rot str | | | | | |
| L2080 | A | Hkafo unilat torsion cable | | | | | |
| L2090 | A | Hkafo unilat torsion ball br | | | | | |
| L2102 | A | Afo tibial fx cast plstr mol | | | | | |
| L2104 | A | Afo tib fx cast synthetic mo | | | | | |
| L2106 | A | Afo tib fx cast plaster mold | | | | | |
| L2108 | A | Afo tib fx cast molded to pt | | | | | |
| L2112 | A | Afo tibial fracture soft | | | | | |
| L2114 | A | Afo tib fx semi-rigid | | | | | |
| L2116 | A | Afo tibial fracture rigid | | | | | |
| L2122 | A | Kafo fem fx cast plaster mol | | | | | |
| L2124 | A | Kafo fem fx cast synthet mol | | | | | |
| L2126 | A | Kafo fem fx cast thermoplas | | | | | |
| L2128 | A | Kafo fem fx cast molded to p | | | | | |
| L2132 | A | Kafo femoral fx cast soft | | | | | |
| L2134 | A | Kafo fem fx cast semi-rigid | | | | | |
| L2136 | A | Kafo femoral fx cast rigid | | | | | |
| L2180 | A | Plas shoe insert w ank joint | | | | | |
| L2182 | A | Drop lock knee | | | | | |
| L2184 | A | Limited motion knee joint | | | | | |
| L2186 | A | Adj motion knee jnt lerman t | | | | | |
| L2188 | A | Quadrilateral brim | | | | | |
| L2190 | A | Waist belt | | | | | |
| L2192 | A | Pelvic band & belt thigh fla | | | | | |
| L2200 | A | Limited ankle motion ea jnt | | | | | |
| L2210 | A | Dorsiflexion assist each joi | | | | | |
| L2220 | A | Dorsi & plantar flex ass/res | | | | | |
| L2230 | A | Split flat caliper stirr & p | | | | | |
| L2240 | A | Round caliper and plate atta | | | | | |
| L2250 | A | Foot plate molded stirrup at | | | | | |
| L2260 | A | Reinforced solid stirrup | | | | | |
| L2265 | A | Long tongue stirrup | | | | | |
| L2270 | A | Varus/valgus strap padded/li | | | | | |
| L2275 | A | Plastic mod low ext pad/line | | | | | |
| L2280 | A | Molded inner boot | | | | | |
| L2300 | A | Abduction bar jointed adjust | | | | | |
| L2310 | A | Abduction bar-straight | | | | | |
| L2320 | A | Non-molded lacer | | | | | |
| L2330 | A | Lacer molded to patient mode | | | | | |
| L2335 | A | Anterior swing band | | | | | |
| L2340 | A | Pre-tibial shell molded to p | | | | | |
| L2350 | A | Prosthetic type socket molde | | | | | |
| L2360 | A | Extended steel shank | | | | | |
| L2370 | A | Patten bottom | | | | | |
| L2375 | A | Torsion ank & half solid sti | | | | | |
| L2380 | A | Torsion straight knee joint | | | | | |
| L2385 | A | Straight knee joint heavy du | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L2390 | A | Offset knee joint each | | | | | |
| L2395 | A | Offset knee joint heavy duty | | | | | |
| L2397 | A | Suspension sleeve lower ext | | | | | |
| L2405 | A | Knee joint drop lock ea jnt | | | | | |
| L2415 | A | Knee joint cam lock each joi | | | | | |
| L2425 | A | Knee disc/dial lock/adj flex | | | | | |
| L2430 | A | Knee jnt ratchet lock ea jnt | | | | | |
| L2435 | A | Knee joint polycentric joint | | | | | |
| L2492 | A | Knee lift loop drop lock rin | | | | | |
| L2500 | A | Thi/glut/ischia wgt bearing | | | | | |
| L2510 | A | Th/wght bear quad-lat brim m | | | | | |
| L2520 | A | Th/wght bear quad-lat brim c | | | | | |
| L2525 | A | Th/wght bear nar m-l brim mo | | | | | |
| L2526 | A | Th/wght bear nar m-l brim cu | | | | | |
| L2530 | A | Thigh/wght bear lacer non-mo | | | | | |
| L2540 | A | Thigh/wght bear lacer molded | | | | | |
| L2550 | A | Thigh/wght bear high roll cu | | | | | |
| L2570 | A | Hip clevis type 2 posit jnt | | | | | |
| L2580 | A | Pelvic control pelvic sling | | | | | |
| L2600 | A | Hip clevis/thrust bearing fr | | | | | |
| L2610 | A | Hip clevis/thrust bearing lo | | | | | |
| L2620 | A | Pelvic control hip heavy dut | | | | | |
| L2622 | A | Hip joint adjustable flexion | | | | | |
| L2624 | A | Hip adj flex ext abduct cont | | | | | |
| L2627 | A | Plastic mold recipro hip & c | | | | | |
| L2628 | A | Metal frame recipro hip & ca | | | | | |
| L2630 | A | Pelvic control band & belt u | | | | | |
| L2640 | A | Pelvic control band & belt b | | | | | |
| L2650 | A | Pelv & thor control gluteal | | | | | |
| L2660 | A | Thoracic control thoracic ba | | | | | |
| L2670 | A | Thorac cont paraspinal uprig | | | | | |
| L2680 | A | Thorac cont lat support upri | | | | | |
| L2750 | A | Plating chrome/nickel pr bar | | | | | |
| L2755 | A | Carbon graphite lamination | | | | | |
| L2760 | A | Extension per extension per | | | | | |
| L2770 | A | Low ext orthosis per bar/jnt | | | | | |
| L2780 | A | Non-corrosive finish | | | | | |
| L2785 | A | Drop lock retainer each | | | | | |
| L2795 | A | Knee control full kneecap | | | | | |
| L2800 | A | Knee cap medial or lateral p | | | | | |
| L2810 | A | Knee control condylar pad | | | | | |
| L2820 | A | Soft interface below knee se | | | | | |
| L2830 | A | Soft interface above knee se | | | | | |
| L2840 | A | Tibial length sock fx or equ | | | | | |
| L2850 | A | Femoral lgth sock fx or equa | | | | | |
| L2860 | A | Torsion mechanism knee/ankle | | | | | |
| L2999 | A | Lower extremity orthosis NOS | | | | | |
| L3000 | A | Ft insert ucb berkeley shell | | | | | |
| L3001 | A | Foot insert remov molded spe | | | | | |
| L3002 | A | Foot insert plastazote or eq | | | | | |
| L3003 | A | Foot insert silicone gel eac | | | | | |
| L3010 | A | Foot longitudinal arch suppo | | | | | |
| L3020 | A | Foot longitud/metatarsal sup | | | | | |
| L3030 | A | Foot arch support remov prem | | | | | |
| L3040 | A | Ft arch suprt premold longit | | | | | |
| L3050 | A | Foot arch supp premold metat | | | | | |
| L3060 | A | Foot arch supp longitud/meta | | | | | |
| L3070 | A | Arch suprt att to sho longit | | | | | |
| L3080 | A | Arch supp att to shoe metata | | | | | |
| L3090 | A | Arch supp att to shoe long/m | | | | | |
| L3100 | A | Hallus-valgus nght dynamic s | | | | | |
| L3140 | A | Abduction rotation bar shoe | | | | | |
| L3150 | A | Abduct rotation bar w/o shoe | | | | | |
| L3160 | A | Shoe styled positioning dev | | | | | |
| L3170 | A | Foot plastic heel stabilizer | | | | | |
| L3201 | A | Oxford w supinat/pronat inf | | | | | |
| L3202 | A | Oxford w/ supinat/pronator c | | | | | |
| L3203 | A | Oxford w/ supinator/pronator | | | | | |
| L3204 | A | Hightop w/ supp/pronator inf | | | | | |
| L3206 | A | Hightop w/ supp/pronator chi | | | | | |
| L3207 | A | Hightop w/ supp/pronator jun | | | | | |
| L3208 | A | Surgical boot each infant | | | | | |
| L3209 | A | Surgical boot each child | | | | | |
| L3211 | A | Surgical boot each junior | | | | | |
| L3212 | A | Benesch boot pair infant | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L3213 | A | Benesch boot pair child | | | | | |
| L3214 | A | Benesch boot pair junior | | | | | |
| L3215 | A | Orthopedic ftwear ladies oxf | | | | | |
| L3216 | A | Orthoped ladies shoes dpth i | | | | | |
| L3217 | A | Ladies shoes hightop depth i | | | | | |
| L3218 | A | Ladies surgical boot each | | | | | |
| L3219 | A | Orthopedic mens shoes oxford | | | | | |
| L3221 | A | Orthopedic mens shoes dpth i | | | | | |
| L3222 | A | Mens shoes hightop depth inl | | | | | |
| L3223 | A | Mens surgical boot each | | | | | |
| L3224 | A | Woman's shoe oxford brace | | | | | |
| L3225 | A | Man's shoe oxford brace | | | | | |
| L3230 | A | Custom shoes depth inlay | | | | | |
| L3250 | A | Custom mold shoe remov prost | | | | | |
| L3251 | A | Shoe molded to pt silicone s | | | | | |
| L3252 | A | Shoe molded plastazote cust | | | | | |
| L3253 | A | Shoe molded plastazote cust | | | | | |
| L3254 | A | Orth foot non-stndard size/w | | | | | |
| L3255 | A | Orth foot non-standard size/ | | | | | |
| L3257 | A | Orth foot add charge split s | | | | | |
| L3260 | A | Ambulatory surgical boot eac | | | | | |
| L3265 | A | Plastazote sandal each | | | | | |
| L3300 | A | Sho lift taper to metatarsal | | | | | |
| L3310 | A | Shoe lift elev heel/sole neo | | | | | |
| L3320 | A | Shoe lift elev heel/sole cor | | | | | |
| L3330 | A | Lifts elevation metal extens | | | | | |
| L3332 | A | Shoe lifts tapered to one-ha | | | | | |
| L3334 | A | Shoe lifts elevation heel /i | | | | | |
| L3340 | A | Shoe wedge sach | | | | | |
| L3350 | A | Shoe heel wedge | | | | | |
| L3360 | A | Shoe sole wedge outside sole | | | | | |
| L3370 | A | Shoe sole wedge between sole | | | | | |
| L3380 | A | Shoe clubfoot wedge | | | | | |
| L3390 | A | Shoe outflare wedge | | | | | |
| L3400 | A | Shoe metatarsal bar wedge ro | | | | | |
| L3410 | A | Shoe metatarsal bar between | | | | | |
| L3420 | A | Full sole/heel wedge btween | | | | | |
| L3430 | A | Sho heel count plast reinfor | | | | | |
| L3440 | A | Heel leather reinforced | | | | | |
| L3450 | A | Shoe heel sach cushion type | | | | | |
| L3455 | A | Shoe heel new leather standa | | | | | |
| L3460 | A | Shoe heel new rubber standar | | | | | |
| L3465 | A | Shoe heel thomas with wedge | | | | | |
| L3470 | A | Shoe heel thomas extend to b | | | | | |
| L3480 | A | Shoe heel pad & depress for | | | | | |
| L3485 | A | Shoe heel pad removable for | | | | | |
| L3500 | A | Shoe misc add insole leather | | | | | |
| L3510 | A | Shoe misc addition insole ru | | | | | |
| L3520 | A | Shoe insole felt cver w/ lea | | | | | |
| L3530 | A | Shoe misc additions sole hal | | | | | |
| L3540 | A | Shoe misc additions sole ful | | | | | |
| L3550 | A | Shoe misc add toe tap standa | | | | | |
| L3560 | A | Shoe misc add toe tap horses | | | | | |
| L3570 | A | Shoe special extension to in | | | | | |
| L3580 | A | Shoe convert instep velcro c | | | | | |
| L3590 | A | Shoe convert firm to soft cn | | | | | |
| L3595 | A | Shoe misc additions march ba | | | | | |
| L3600 | A | Trans shoe calip plate exist | | | | | |
| L3610 | A | Trans shoe caliper plate new | | | | | |
| L3620 | A | Trans shoe solid stirrup exi | | | | | |
| L3630 | A | Trans shoe solid stirrup new | | | | | |
| L3640 | A | Shoe dennis browne splint bo | | | | | |
| L3649 | A | Unlist proc orth shoe modif/ | | | | | |
| L3650 | A | Shlder fig 8 abduct restrain | | | | | |
| L3660 | A | Abduct restrainer canvas & web | | | | | |
| L3670 | A | Acromio/clavicular canvas & we | | | | | |
| L3700 | A | Elbow orthoses elas w stays | | | | | |
| L3710 | A | Elbow elastic with metal joi | | | | | |
| L3720 | A | Forearm/arm cuffs free motio | | | | | |
| L3730 | A | Forearm/arm cuffs ext/flex a | | | | | |
| L3740 | A | Cuffs adj lock w/ active con | | | | | |
| L3800 | A | Whfo short opponen no attach | | | | | |
| L3805 | A | Whfo long opponens no attach | | | | | |
| L3810 | A | Whfo thumb abduction bar | | | | | |
| L3815 | A | Whfo second m.p. abduction a | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L3820 | A | Whfo ip ext asst w/ mp ext s | | | | | |
| L3825 | A | Whfo m.p. extension stop | | | | | |
| L3830 | A | Whfo m.p. extension assist | | | | | |
| L3835 | A | Whfo m.p. spring extension a | | | | | |
| L3840 | A | Whfo spring swivel thumb | | | | | |
| L3845 | A | Whfo thumb ip ext ass w/ mp | | | | | |
| L3850 | A | Action wrist w/ dorsiflex as | | | | | |
| L3855 | A | Whfo adj m.p. flexion contro | | | | | |
| L3860 | A | Whfo adj m.p. flex ctrl & i | | | | | |
| L3890 | A | Torsion mechanism wrist/elbo | | | | | |
| L3900 | A | Hinge extension/flex wrist/f | | | | | |
| L3901 | A | Hinge ext/flex wrist finger | | | | | |
| L3902 | A | Whfo ext power compress gas | | | | | |
| L3904 | A | Whfo electric custom fitted | | | | | |
| L3906 | A | Wrist gauntlet molded to pt | | | | | |
| L3907 | A | Whfo wrst gauntlt thmb spica | | | | | |
| L3908 | A | Wrist cock-up non-molded | | | | | |
| L3910 | A | Whfo swanson design | | | | | |
| L3912 | A | Flex glove w/elastic finger | | | | | |
| L3914 | A | WHO wrist extension cock-up | | | | | |
| L3916 | A | Whfo wrist extens w/ outrigg | | | | | |
| L3918 | A | HFO knuckle bender | | | | | |
| L3920 | A | Knuckle bender with outrigge | | | | | |
| L3922 | A | Knuckle bend 2 seg to flex j | | | | | |
| L3924 | A | Oppenheimer | | | | | |
| L3926 | A | Thomas suspension | | | | | |
| L3928 | A | Finger extension w/ clock sp | | | | | |
| L3930 | A | Finger extension with wrist | | | | | |
| L3932 | A | Safety pin spring wire | | | | | |
| L3934 | A | Safety pin modified | | | | | |
| L3936 | A | Palmer | | | | | |
| L3938 | A | Dorsal wrist | | | | | |
| L3940 | A | Dorsal wrist w/outrigger at | | | | | |
| L3942 | A | Reverse knuckle bender | | | | | |
| L3944 | A | Reverse knuckle bend w/ outr | | | | | |
| L3946 | A | HFO composite elastic | | | | | |
| L3948 | A | Finger knuckle bender | | | | | |
| L3950 | A | Oppenheimer w/ knuckle bend | | | | | |
| L3952 | A | Oppenheimer w/ rev knuckle 2 | | | | | |
| L3954 | A | Spreading hand | | | | | |
| L3956 | A | Add joint upper ext orthosis | | | | | |
| L3960 | A | Sewho airplan desig abdu pos | | | | | |
| L3962 | A | Sewho erbs palsey design abd | | | | | |
| L3963 | A | Molded w/ articulating elbow | | | | | |
| L3964 | A | Seo mobile arm sup att to wc | | | | | |
| L3965 | A | Arm supp att to wc rancho ty | | | | | |
| L3966 | A | Mobile arm supports reclinin | | | | | |
| L3968 | A | Friction dampening arm supp | | | | | |
| L3969 | A | Monosuspension arm/hand supp | | | | | |
| L3970 | A | Elevat proximal arm support | | | | | |
| L3972 | A | Offset/lat rocker arm w/ ela | | | | | |
| L3974 | A | Mobile arm support supinator | | | | | |
| L3980 | A | Upp ext fx orthosis humeral | | | | | |
| L3982 | A | Upper ext fx orthosis rad/ul | | | | | |
| L3984 | A | Upper ext fx orthosis wrist | | | | | |
| L3985 | A | Forearm hand fx orth w/ wr h | | | | | |
| L3986 | A | Humeral rad/ulna wrist fx or | | | | | |
| L3995 | A | Sock fracture or equal each | | | | | |
| L3999 | A | Upper limb orthosis NOS | | | | | |
| L4000 | A | Repl girdle milwaukee orth | | | | | |
| L4010 | A | Replace trilateral socket br | | | | | |
| L4020 | A | Replace quadlat socket brim | | | | | |
| L4030 | A | Replace socket brim cust fit | | | | | |
| L4040 | A | Replace molded thigh lacer | | | | | |
| L4045 | A | Replace non-molded thigh lac | | | | | |
| L4050 | A | Replace molded calf lacer | | | | | |
| L4055 | A | Replace non-molded calf lace | | | | | |
| L4060 | A | Replace high roll cuff | | | | | |
| L4070 | A | Replace prox & dist upright | | | | | |
| L4080 | A | Repl met band kafo-afo prox | | | | | |
| L4090 | A | Repl met band kafo-afo calf/ | | | | | |
| L4100 | A | Repl leath cuff kafo prox th | | | | | |
| L4110 | A | Repl leath cuff kafo-afo cal | | | | | |
| L4130 | A | Replace pretibial shell | | | | | |
| L4205 | A | Ortho dvc repair per 15 min | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L4210 | A | Orth dev repair/repl minor p | | | | | |
| L4310 | A | Mult-podus/eq orth prep mgmt | | | | | |
| L4320 | A | Low ext mgmt sys ft pos afo | | | | | |
| L4350 | A | Pneumatic ankle cntrl splint | | | | | |
| L4360 | A | Pneumatic walking splint | | | | | |
| L4370 | A | Pneumatic full leg splint | | | | | |
| L4380 | A | Pneumatic knee splint | | | | | |
| L4390 | A | Replace multi-podus splint | | | | | |
| L4392 | A | Replace ankle contrac splint | | | | | |
| L4394 | A | Replace foot drop splint | | | | | |
| L4396 | A | Ankle contracture splint | | | | | |
| L4398 | A | Foot drop splint recumbent | | | | | |
| L5000 | A | Sho insert w arch toe filler | | | | | |
| L5010 | A | Mold socket ank hgt w/ toe f | | | | | |
| L5020 | A | Tibial tubercle hgt w/ toe f | | | | | |
| L5050 | A | Ank symes mold sckt sach ft | | | | | |
| L5060 | A | Symes met fr leath socket ar | | | | | |
| L5100 | A | Molded socket shin sach foot | | | | | |
| L5105 | A | Plast socket jts/thgh lacer | | | | | |
| L5150 | A | Mold sckt ext knee shin sach | | | | | |
| L5160 | A | Mold socket bent knee shin s | | | | | |
| L5200 | A | Kne sing axis fric shin sach | | | | | |
| L5210 | A | No knee/ankle joints w/ ft b | | | | | |
| L5220 | A | No knee joint with artic ali | | | | | |
| L5230 | A | Fem focal defic constant fri | | | | | |
| L5250 | A | Hip canad sing axi cons fric | | | | | |
| L5270 | A | Tilt table locking hip sing | | | | | |
| L5280 | A | Hemipelvect canad sing axis | | | | | |
| L5300 | A | Bk sach soft cover & finish | | | | | |
| L5310 | A | Knee disart sach soft cv/fin | | | | | |
| L5320 | A | Ak open end sach soft cv/fin | | | | | |
| L5330 | A | Hip canadian sach sft cv/fin | | | | | |
| L5340 | A | Hemipelvectomy canad cv/fin | | | | | |
| L5400 | A | Postop dress & 1 cast chg bk | | | | | |
| L5410 | A | Postop dsg bk ea add cast ch | | | | | |
| L5420 | A | Postop dsg & 1 cast chg ak/d | | | | | |
| L5430 | A | Postop dsg ak ea add cast ch | | | | | |
| L5450 | A | Postop app non-wgt bear dsg | | | | | |
| L5460 | A | Postop app non-wgt bear dsg | | | | | |
| L5500 | A | Init bk ptb plaster direct | | | | | |
| L5505 | A | Init ak ischal plstr direct | | | | | |
| L5510 | A | Prep BK ptb plaster molded | | | | | |
| L5520 | A | Prep BK ptb thermopls direct | | | | | |
| L5530 | A | Prep BK ptb thermopls molded | | | | | |
| L5535 | A | Prep BK ptb open end socket | | | | | |
| L5540 | A | Prep BK ptb laminated socket | | | | | |
| L5560 | A | Prep AK ischial plast molded | | | | | |
| L5570 | A | Prep AK ischial direct form | | | | | |
| L5580 | A | Prep AK ischial thermo mold | | | | | |
| L5585 | A | Prep AK ischial open end | | | | | |
| L5590 | A | Prep AK ischial laminated | | | | | |
| L5595 | A | Hip disartic sach thermopls | | | | | |
| L5600 | A | Hip disart sach laminat mold | | | | | |
| L5610 | A | Above knee hydracadence | | | | | |
| L5611 | A | Ak 4 bar link w/fric swing | | | | | |
| L5613 | A | Ak 4 bar ling w/hydraul swig | | | | | |
| L5614 | A | 4-bar link above knee w/swng | | | | | |
| L5616 | A | Ak univ multiplex sys frict | | | | | |
| L5617 | A | AK/BK self-aligning unit ea | | | | | |
| L5618 | A | Test socket symes | | | | | |
| L5620 | A | Test socket below knee | | | | | |
| L5622 | A | Test socket knee disarticula | | | | | |
| L5624 | A | Test socket above knee | | | | | |
| L5626 | A | Test socket hip disarticulat | | | | | |
| L5628 | A | Test socket hemipelvectomy | | | | | |
| L5629 | A | Below knee acrylic socket | | | | | |
| L5630 | A | Syme typ expandabl wall sckt | | | | | |
| L5631 | A | Ak/knee disartic acrylic soc | | | | | |
| L5632 | A | Symes type ptb brim design s | | | | | |
| L5634 | A | Symes type poster opening so | | | | | |
| L5636 | A | Symes type medial opening so | | | | | |
| L5637 | A | Below knee total contact | | | | | |
| L5638 | A | Below knee leather socket | | | | | |
| L5639 | A | Below knee wood socket | | | | | |
| L5640 | A | Knee disarticulat leather so | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L5642 | A | Above knee leather socket | | | | | |
| L5643 | A | Hip flex inner socket ext fr | | | | | |
| L5644 | A | Above knee wood socket | | | | | |
| L5645 | A | Ak flexibl inner socket ext | | | | | |
| L5646 | A | Below knee air cushion socke | | | | | |
| L5647 | A | Below knee suction socket | | | | | |
| L5648 | A | Above knee air cushion socke | | | | | |
| L5649 | A | Isch containmt/narrow m-l so | | | | | |
| L5650 | A | Tot contact ak/knee disart s | | | | | |
| L5651 | A | Ak flex inner socket ext fra | | | | | |
| L5652 | A | Suction susp ak/knee disart | | | | | |
| L5653 | A | Knee disart expand wall sock | | | | | |
| L5654 | A | Socket insert symes | | | | | |
| L5655 | A | Socket insert below knee | | | | | |
| L5656 | A | Socket insert knee articulat | | | | | |
| L5658 | A | Socket insert above knee | | | | | |
| L5660 | A | Sock insrt syme silicone gel | | | | | |
| L5661 | A | Multi-durometer symes | | | | | |
| L5662 | A | Socket insert bk silicone ge | | | | | |
| L5663 | A | Sock knee disartic silicone | | | | | |
| L5664 | A | Socket insert ak silicone ge | | | | | |
| L5665 | A | Multi-durometer below knee | | | | | |
| L5666 | A | Below knee cuff suspension | | | | | |
| L5667 | A | Socket insert w lock lower | | | | | |
| L5668 | A | Socket insert w/o lock lower | | | | | |
| L5669 | A | Below knee socket w/o lock | | | | | |
| L5670 | A | Bk molded supracondylar susp | | | | | |
| L5672 | A | Bk removable medial brim sus | | | | | |
| L5674 | A | Bk latex sleeve suspension/e | | | | | |
| L5675 | A | Bk latex sleeve susp/eq hvy | | | | | |
| L5676 | A | Bk knee joints single axis p | | | | | |
| L5677 | A | Bk knee joints polycentric p | | | | | |
| L5678 | A | Bk joint covers pair | | | | | |
| L5680 | A | Bk thigh lacer non-molded | | | | | |
| L5682 | A | Bk thigh lacer glut/ischia m | | | | | |
| L5684 | A | Bk fork strap | | | | | |
| L5686 | A | Bk back check | | | | | |
| L5688 | A | Bk waist belt webbing | | | | | |
| L5690 | A | Bk waist belt padded and lin | | | | | |
| L5692 | A | Ak pelvic control belt light | | | | | |
| L5694 | A | Ak pelvic control belt pad/l | | | | | |
| L5695 | A | Ak sleeve susp neoprene/equa | | | | | |
| L5696 | A | Ak/knee disartic pelvic join | | | | | |
| L5697 | A | Ak/knee disartic pelvic band | | | | | |
| L5698 | A | Ak/knee disartic silesian ba | | | | | |
| L5699 | A | Shoulder harness | | | | | |
| L5700 | A | Replace socket below knee | | | | | |
| L5701 | A | Replace socket above knee | | | | | |
| L5702 | A | Replace socket hip | | | | | |
| L5704 | A | Custom shape covr below knee | | | | | |
| L5705 | A | Custm shape cover above knee | | | | | |
| L5706 | A | Custm shape cvr knee disart | | | | | |
| L5707 | A | Custm shape cover hip disart | | | | | |
| L5710 | A | Kne-shin exo sng axi mnl loc | | | | | |
| L5711 | A | Knee-shin exo mnl lock ultra | | | | | |
| L5712 | A | Knee-shin exo frict swg & st | | | | | |
| L5714 | A | Knee-shin exo variable frict | | | | | |
| L5716 | A | Knee-shin exo mech stance ph | | | | | |
| L5718 | A | Knee-shin exo frct swg & sta | | | | | |
| L5722 | A | Knee-shin pneum swg frct exo | | | | | |
| L5724 | A | Knee-shin exo fluid swing ph | | | | | |
| L5726 | A | Knee-shin ext jnts fld swg e | | | | | |
| L5728 | A | Knee-shin fluid swg & stance | | | | | |
| L5780 | A | Knee-shin pneum/hydra pneum | | | | | |
| L5785 | A | Exoskeletal bk ultralt mater | | | | | |
| L5790 | A | Exoskeletal ak ultra-light m | | | | | |
| L5795 | A | Exoskel hip ultra-light mate | | | | | |
| L5810 | A | Endoskel knee-shin mnl lock | | | | | |
| L5811 | A | Endo knee-shin mnl lck ultra | | | | | |
| L5812 | A | Endo knee-shin frct swg & st | | | | | |
| L5814 | A | Endo knee-shin hydral swg ph | | | | | |
| L5816 | A | Endo knee-shin polyc mch sta | | | | | |
| L5818 | A | Endo knee-shin frct swg & st | | | | | |
| L5822 | A | Endo knee-shin pneum swg frc | | | | | |
| L5824 | A | Endo knee-shin fluid swing p | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L5826 | A | Pediatric knee joint | | | | | |
| L5828 | A | Endo knee-shin fluid swg/sta | | | | | |
| L5830 | A | Endo knee-shin pneum/swg pha | | | | | |
| L5840 | A | Multi-axial knee/shin system | | | | | |
| L5845 | A | Knee-shin sys stance flexion | | | | | |
| L5846 | A | Knee-shin sys microprocessor | | | | | |
| L5850 | A | Endo ak/hip knee extens assi | | | | | |
| L5855 | A | Mech hip extension assist | | | | | |
| L5910 | A | Endo below knee alignable sy | | | | | |
| L5920 | A | Endo ak/hip alignable system | | | | | |
| L5925 | A | Above knee manual lock | | | | | |
| L5930 | A | High activity knee frame | | | | | |
| L5940 | A | Endo bk ultra-light material | | | | | |
| L5950 | A | Endo ak ultra-light material | | | | | |
| L5960 | A | Endo hip ultra-light materia | | | | | |
| L5962 | A | Below knee flex cover system | | | | | |
| L5964 | A | Above knee flex cover system | | | | | |
| L5966 | A | Hip flexible cover system | | | | | |
| L5970 | A | Foot external keel sach foot | | | | | |
| L5972 | A | Flexible keel foot | | | | | |
| L5974 | A | Foot single axis ankle/foot | | | | | |
| L5976 | A | Energy storing foot | | | | | |
| L5978 | A | Ft prosth multiaxial ankl/ft | | | | | |
| L5979 | A | Multi-axial ankle/ft prosth | | | | | |
| L5980 | A | Flex foot system | | | | | |
| L5981 | A | Flex-walk sys low ext prosth | | | | | |
| L5982 | A | Exoskeletal axial rotation u | | | | | |
| L5984 | A | Endoskeletal axial rotation | | | | | |
| L5985 | A | Lwr ext dynamic prosth pylon | | | | | |
| L5986 | A | Multi-axial rotation unit | | | | | |
| L5987 | A | Shank ft w vert load pylon | | | | | |
| L5999 | A | Lowr extremity prosthes NOS | | | | | |
| L6000 | A | Par hand robin-aids thum rem | | | | | |
| L6010 | A | Hand robin-aids little/ring | | | | | |
| L6020 | A | Part hand robin-aids no fing | | | | | |
| L6050 | A | Wrst MLd sck flx hng tri pad | | | | | |
| L6055 | A | Wrst mold sock w/exp interfa | | | | | |
| L6100 | A | Elb mold sock flex hinge pad | | | | | |
| L6110 | A | Elbow mold sock suspension t | | | | | |
| L6120 | A | Elbow mold doub spit soc ste | | | | | |
| L6130 | A | Elbow stump activated lock h | | | | | |
| L6200 | A | Elbow mold outsid lock hinge | | | | | |
| L6205 | A | Elbow molded w/ expand inter | | | | | |
| L6250 | A | Elbow inter loc elbow forarm | | | | | |
| L6300 | A | Shlder disart int lock elbow | | | | | |
| L6310 | A | Shoulder passive restor comp | | | | | |
| L6320 | A | Shoulder passive restor cap | | | | | |
| L6350 | A | Thoracic intern lock elbow | | | | | |
| L6360 | A | Thoracic passive restor comp | | | | | |
| L6370 | A | Thoracic passive restor cap | | | | | |
| L6380 | A | Postop dsg cast chg wrst/elb | | | | | |
| L6382 | A | Postop dsg cast chg elb dis/ | | | | | |
| L6384 | A | Postop dsg cast chg shlder/t | | | | | |
| L6386 | A | Postop ea cast chg & realign | | | | | |
| L6388 | A | Postop applicat rigid dsg on | | | | | |
| L6400 | A | Below elbow prosth tiss shap | | | | | |
| L6450 | A | Elb disart prosth tiss shap | | | | | |
| L6500 | A | Above elbow prosth tiss shap | | | | | |
| L6550 | A | Shldr disar prosth tiss shap | | | | | |
| L6570 | A | Scap thorac prosth tiss shap | | | | | |
| L6580 | A | Wrist/elbow bowden cable mol | | | | | |
| L6582 | A | Wrist/elbow bowden cbl dir f | | | | | |
| L6584 | A | Elbow fair lead cable molded | | | | | |
| L6586 | A | Elbow fair lead cable dir fo | | | | | |
| L6588 | A | Shdr fair lead cable molded | | | | | |
| L6590 | A | Shdr fair lead cable direct | | | | | |
| L6600 | A | Polycentric hinge pair | | | | | |
| L6605 | A | Single pivot hinge pair | | | | | |
| L6610 | A | Flexible metal hinge pair | | | | | |
| L6615 | A | Disconnect locking wrist uni | | | | | |
| L6616 | A | Disconnect insert locking wr | | | | | |
| L6620 | A | Flexion-friction wrist unit | | | | | |
| L6623 | A | Spring-ass rot wrst w/ latch | | | | | |
| L6625 | A | Rotation wrst w/ cable lock | | | | | |
| L6628 | A | Quick disconn hook adapter o | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L6629 | A | Lamination collar w/couplin | | | | | |
| L6630 | A | Stainless steel any wrist | | | | | |
| L6632 | A | Latex suspension sleeve each | | | | | |
| L6635 | A | Lift assist for elbow | | | | | |
| L6637 | A | Nudge control elbow lock | | | | | |
| L6640 | A | Shoulder abduction joint pai | | | | | |
| L6641 | A | Excursion amplifier pulley t | | | | | |
| L6642 | A | Excursion amplifier lever ty | | | | | |
| L6645 | A | Shoulder flexion-abduction j | | | | | |
| L6650 | A | Shoulder universal joint | | | | | |
| L6655 | A | Standard control cable extra | | | | | |
| L6660 | A | Heavy duty control cable | | | | | |
| L6665 | A | Teflon or equal cable lining | | | | | |
| L6670 | A | Hook to hand cable adapter | | | | | |
| L6672 | A | Harness chest/shlder saddle | | | | | |
| L6675 | A | Harness figure of 8 sing con | | | | | |
| L6676 | A | Harness figure of 8 dual con | | | | | |
| L6680 | A | Test sock wrist disart/bel e | | | | | |
| L6682 | A | Test sock elbw disart/above | | | | | |
| L6684 | A | Test socket shldr disart/tho | | | | | |
| L6686 | A | Suction socket | | | | | |
| L6687 | A | Frame typ socket bel elbow/w | | | | | |
| L6688 | A | Frame typ sock above elb/dis | | | | | |
| L6689 | A | Frame typ socket shoulder di | | | | | |
| L6690 | A | Frame typ sock interscap-tho | | | | | |
| L6691 | A | Removable insert each | | | | | |
| L6692 | A | Silicone gel insert or equal | | | | | |
| L6700 | A | Terminal device model #3 | | | | | |
| L6705 | A | Terminal device model #5 | | | | | |
| L6710 | A | Terminal device model #5x | | | | | |
| L6715 | A | Terminal device model #5xa | | | | | |
| L6720 | A | Terminal device model #6 | | | | | |
| L6725 | A | Terminal device model #7 | | | | | |
| L6730 | A | Terminal device model #7lo | | | | | |
| L6735 | A | Terminal device model #8 | | | | | |
| L6740 | A | Terminal device model #8x | | | | | |
| L6745 | A | Terminal device model #88x | | | | | |
| L6750 | A | Terminal device model #10p | | | | | |
| L6755 | A | Terminal device model #10x | | | | | |
| L6765 | A | Terminal device model #12p | | | | | |
| L6770 | A | Terminal device model #99x | | | | | |
| L6775 | A | Terminal device model#555 | | | | | |
| L6780 | A | Terminal device model #ss555 | | | | | |
| L6790 | A | Hooks-accu hook or equal | | | | | |
| L6795 | A | Hooks-2 load or equal | | | | | |
| L6800 | A | Hooks-aprl vc or equal | | | | | |
| L6805 | A | Modifier wrist flexion unit | | | | | |
| L6806 | A | Trs grip vc or equal | | | | | |
| L6807 | A | Term device grip1/2 or equal | | | | | |
| L6808 | A | Term device infant or child | | | | | |
| L6809 | A | Trs super sport passive | | | | | |
| L6810 | A | Pincher tool otto bock or eq | | | | | |
| L6825 | A | Hands dorrance vo | | | | | |
| L6830 | A | Hand aprl vc | | | | | |
| L6835 | A | Hand sierra vo | | | | | |
| L6840 | A | Hand becker imperial | | | | | |
| L6845 | A | Hand becker lock grip | | | | | |
| L6850 | A | Term dvc-hand becker plylite | | | | | |
| L6855 | A | Hand robin-aids vo | | | | | |
| L6860 | A | Hand robin-aids vo soft | | | | | |
| L6865 | A | Hand passive hand | | | | | |
| L6867 | A | Hand detroit infant hand | | | | | |
| L6868 | A | Passive inf hand steeper/hos | | | | | |
| L6870 | A | Hand child mitt | | | | | |
| L6872 | A | Hand nyu child hand | | | | | |
| L6873 | A | Hand mech inf steeper or equ | | | | | |
| L6875 | A | Hand bock vc | | | | | |
| L6880 | A | Hand bock vo | | | | | |
| L6890 | A | Production glove | | | | | |
| L6895 | A | Custom glove | | | | | |
| L6900 | A | Hand restorat thumb/1 finger | | | | | |
| L6905 | A | Hand restoration multiple fi | | | | | |
| L6910 | A | Hand restoration no fingers | | | | | |
| L6915 | A | Hand restoration replacmnt g | | | | | |
| L6920 | A | Wrist disarticul switch ctrl | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L6925 | A | Wrist disart myoelectronic c | | | | | |
| L6930 | A | Below elbow switch control | | | | | |
| L6935 | A | Below elbow myoelectronic ct | | | | | |
| L6940 | A | Elbow disarticulation switch | | | | | |
| L6945 | A | Elbow disart myoelectronic c | | | | | |
| L6950 | A | Above elbow switch control | | | | | |
| L6955 | A | Above elbow myoelectronic ct | | | | | |
| L6960 | A | Shldr disartic switch contro | | | | | |
| L6965 | A | Shldr disartic myoelectronic | | | | | |
| L6970 | A | Interscapular-thor switch ct | | | | | |
| L6975 | A | Interscap-thor myoelectronic | | | | | |
| L7010 | A | Hand otto back steeper/eq sw | | | | | |
| L7015 | A | Hand sys teknik village swit | | | | | |
| L7020 | A | Electronic greifer switch ct | | | | | |
| L7025 | A | Electron hand myoelectronic | | | | | |
| L7030 | A | Hand sys teknik vill myoelec | | | | | |
| L7035 | A | Electron greifer myoelectro | | | | | |
| L7040 | A | Prehensile actuator hosmer s | | | | | |
| L7045 | A | Electron hook child michigan | | | | | |
| L7170 | A | Electronic elbow hosmer swit | | | | | |
| L7180 | A | Electronic elbow utah myoele | | | | | |
| L7185 | A | Electron elbow adolescent sw | | | | | |
| L7186 | A | Electron elbow child switch | | | | | |
| L7190 | A | Elbow adolescent myoelectron | | | | | |
| L7191 | A | Elbow child myoelectronic ct | | | | | |
| L7260 | A | Electron wrist rotator otto | | | | | |
| L7261 | A | Electron wrist rotator utah | | | | | |
| L7266 | A | Servo control steeper or equ | | | | | |
| L7272 | A | Analogue control unb or equa | | | | | |
| L7274 | A | Proportional ctl 12 volt uta | | | | | |
| L7360 | A | Six volt bat otto bock/eq ea | | | | | |
| L7362 | A | Battery chrgr six volt otto | | | | | |
| L7364 | A | Twelve volt battery utah/equ | | | | | |
| L7366 | A | Battery chrgr 12 volt utah/e | | | | | |
| L7499 | A | Upper extremity prosthes NOS | | | | | |
| L7500 | A | Prosthetic dvc repair hourly | | | | | |
| L7510 | A | Prosthetic device repair rep | | | | | |
| L7520 | A | Repair prosthesis per 15 min | | | | | |
| L7900 | A | Vacuum erection system | | | | | |
| L8000 | A | Mastectomy bra | | | | | |
| L8010 | A | Mastectomy sleeve | | | | | |
| L8020 | A | Mastectomy form | | | | | |
| L8030 | A | Breast prosthesis silicone/e | | | | | |
| L8039 | A | Breast prosthesis NOS | | | | | |
| L8100 | A | Elas suprt stock bk med wgt | | | | | |
| L8110 | A | Elastic supp stocking bk hvy | | | | | |
| L8120 | A | Elastic supp stockng bk surg | | | | | |
| L8130 | A | Elastic supp stocking ak med | | | | | |
| L8140 | A | Elastic supp stocking ak hvy | | | | | |
| L8150 | A | Elastic supp stockng ak surg | | | | | |
| L8160 | A | Supp stocking full lgth med | | | | | |
| L8170 | A | Supp stocking full lgth hvy | | | | | |
| L8180 | A | Supp stocking heavy surg wei | | | | | |
| L8190 | A | Elas stocking leotards med w | | | | | |
| L8200 | A | Elas stocking leotards surg | | | | | |
| L8210 | A | Elastic stocking custom made | | | | | |
| L8220 | A | Elastic stocking lymphedema | | | | | |
| L8230 | A | Elastic stocking garter belt | | | | | |
| L8239 | A | Elastic support NOS | | | | | |
| L8300 | A | Truss single w/ standard pad | | | | | |
| L8310 | A | Truss double w/ standard pad | | | | | |
| L8320 | A | Truss addition to std pad wa | | | | | |
| L8330 | A | Truss add to std pad scrotal | | | | | |
| L8400 | A | Sheath below knee | | | | | |
| L8410 | A | Sheath above knee | | | | | |
| L8415 | A | Sheath upper limb | | | | | |
| L8417 | A | Pros sheath/sock w gel cushn | | | | | |
| L8420 | A | Sock wool below knee | | | | | |
| L8430 | A | Sock wool above knee | | | | | |
| L8435 | A | Sock wool upper limb | | | | | |
| L8440 | A | Shrinker below knee | | | | | |
| L8460 | A | Shrinker above knee | | | | | |
| L8465 | A | Shrinker upper limb | | | | | |
| L8470 | A | Stump sock single below knee | | | | | |
| L8480 | A | Stump sock single above knee | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| L8485 | A | Stump sock fitting uppr limb | | | | | |
| L8490 | A | Air seal suction reten systm | | | | | |
| L8499 | A | Unlisted misc prosthetic ser | | | | | |
| L8500 | A | Artificial larynx | | | | | |
| L8501 | A | Tracheostomy speaking valve | | | | | |
| L8600 | A | Implant breast silicone/eq | | | | | |
| L8603 | A | Collagen imp urinary 2.5 CC | | | | | |
| L8610 | A | Ocular implant | | | | | |
| L8612 | A | Aqueous shunt prosthesis | | | | | |
| L8613 | A | Ossicular implant | | | | | |
| L8614 | A | Cochlear device/system | | | | | |
| L8619 | A | Replace cochlear processor | | | | | |
| L8630 | A | Metacarpophalangeal implant | | | | | |
| L8641 | A | Metatarsal joint implant | | | | | |
| L8642 | A | Hallux implant | | | | | |
| L8658 | A | Interphalangeal joint implnt | | | | | |
| L8670 | A | Vascular graft, synthetic | | | | | |
| L8699 | A | Prosthetic implant NOS | | | | | |
| M0064 | X | Visit for drug monitoring | 090 | 0.85 | $45.05 | $12.43 | $9.01 |
| M0075 | E | Cellular therapy | | | | | |
| M0076 | E | Prolotherapy | | | | | |
| M0100 | E | Intragastric hypothermia | | | | | |
| M0101 | E | Foot care hygienic/pm | | | | | |
| M0300 | E | IV chelation therapy | | | | | |
| M0301 | E | Fabric wrapping of aneurysm | | | | | |
| M0302 | E | Assessment of cardiac output | | | | | |
| P2028 | A | Cephalin floculation test | | | | | |
| P2029 | A | Congo red blood test | | | | | |
| P2031 | E | Hair analysis | | | | | |
| P2033 | A | Blood thymol turbidity | | | | | |
| P2038 | A | Blood mucoprotein | | | | | |
| P3000 | A | Screen pap by tech w md supv | | | | | |
| P3001 | A | Screening pap smear by phys | | | | | |
| P7001 | E | Culture bacterial urine | | | | | |
| P9010 | N | Whole blood for transfusion | | | | | |
| P9011 | N | Blood split unit | | | | | |
| P9012 | N | Cryoprecipitate each unit | | | | | |
| P9013 | N | Unit/s blood fibrinogen | | | | | |
| P9014 | N | Gamma globulin 1 ML | | | | | |
| P9015 | N | Rh immune globulin 1 ML | | | | | |
| P9016 | N | Leukocyte poor blood, unit | | | | | |
| P9017 | N | One donor fresh frozn plasma | | | | | |
| P9018 | N | Plasma protein fract, unit | | | | | |
| P9019 | N | Platelet concentrate unit | | | | | |
| P9020 | N | Platelet rich plasma unit | | | | | |
| P9021 | N | Red blood cells unit | | | | | |
| P9022 | N | Washed red blood cells unit | | | | | |
| P9603 | N | One-way allow prorated miles | | | | | |
| P9604 | N | One-way allow prorated trip | | | | | |
| P9610 | E | Urine specimen collect singl | | | | | |
| P9615 | E | Urine specimen collect mult | | | | | |
| Q0034 | X | Admin of influenza vaccine | 901 | 0.07 | $3.92 | $2.49 | $.78 |
| Q0035 | X | Cardiokymography | 950 | 0.35 | $18.61 | $15.82 | $3.72 |
| Q0068 | T | Extracorpeal plasmapheresis | 369 | 4.33 | $229.19 | $97.18 | $45.84 |
| Q0081 | X | Infusion ther other than che | 906 | 1.46 | $77.38 | $42.49 | $15.48 |
| Q0082 | X | Activity therapy w/partial h | | | | | |
| Q0083 | S | Chemo by other than infusion | 987 | 0.65 | $34.28 | $13.33 | $6.86 |
| Q0084 | S | Chemotherapy by infusion | 989 | 1.72 | $91.09 | $40.68 | $18.22 |
| Q0085 | S | Chemo by both infusion and o | 989 | 1.72 | $91.09 | $40.68 | $18.22 |
| Q0086 | A | Physical therapy evaluation/ | | | | | |
| Q0091 | T | Obtaining screen pap smear | 561 | 1.52 | $80.32 | $24.63 | $16.06 |
| Q0092 | N | Set up port xray equipment | | | | | |
| Q0111 | A | Wet mounts/ w preparations | | | | | |
| Q0112 | A | Potassium hydroxide preps | | | | | |
| Q0113 | A | Pinworm examinations | | | | | |
| Q0114 | A | Fern test | | | | | |
| Q0115 | A | Post-coital mucous exam | | | | | |
| Q0132 | A | Dispensing fee DME neb drug | | | | | |
| Q0136 | N | Non esrd epoetin alpha inj | | | | | |
| Q0144 | E | Azithromycin dihydrate, oral | | | | | |
| Q0156 | N | Human albumin 5% | | | | | |
| Q0157 | N | Human albumin 25% | | | | | |
| Q9920 | A | Epoetin with hct <= 20 | | | | | |
| Q9921 | A | Epoetin with hct = 21 | | | | | |
| Q9922 | A | Epoetin with hct = 22 | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| Q9923 | A | Epoetin with hct = 23 | | | | | |
| Q9924 | A | Epoetin with hct = 24 | | | | | |
| Q9925 | A | Epoetin with hct = 25 | | | | | |
| Q9926 | A | Epoetin with hct = 26 | | | | | |
| Q9927 | A | Epoetin with hct = 27 | | | | | |
| Q9928 | A | Epoetin with hct = 28 | | | | | |
| Q9929 | A | Epoetin with hct = 29 | | | | | |
| Q9930 | A | Epoetin with hct = 30 | | | | | |
| Q9931 | A | Epoetin with hct = 31 | | | | | |
| Q9932 | A | Epoetin with hct = 32 | | | | | |
| Q9933 | A | Epoetin with hct = 33 | | | | | |
| Q9934 | A | Epoetin with hct = 34 | | | | | |
| Q9935 | A | Epoetin with hct = 35 | | | | | |
| Q9936 | A | Epoetin with hct = 36 | | | | | |
| Q9937 | A | Epoetin with hct = 37 | | | | | |
| Q9938 | A | Epoetin with hct = 38 | | | | | |
| Q9939 | A | Epoetin with hct = 39 | | | | | |
| Q9940 | A | Epoetin with hct >= 40 | | | | | |
| R0070 | N | Transport portable x-ray | | | | | |
| R0075 | N | Transport port x-ray multipl | | | | | |
| R0076 | N | Transport portable EKG | | | | | |
| V2020 | A | Vision svcs frames purchases | | | | | |
| V2025 | E | Eyeglasses delux frames | | | | | |
| V2100 | A | Lens spher single plano 4.00 | | | | | |
| V2101 | A | Single visn sphere 4.12–7.00 | | | | | |
| V2102 | A | Singl visn sphere 7.12–20.00 | | | | | |
| V2103 | A | Spherocylindr 4.00d/12–2.00d | | | | | |
| V2104 | A | Spherocylindr 4.00d/2.12–4d | | | | | |
| V2105 | A | Spherocylinder 4.00d/4.25–6d | | | | | |
| V2106 | A | Spherocylinder 4.00d/>6.00d | | | | | |
| V2107 | A | Spherocylinder 4.25d/12–2d | | | | | |
| V2108 | A | Spherocylinder 4.25d/2.12–4d | | | | | |
| V2109 | A | Spherocylinder 4.25d/4.25–6d | | | | | |
| V2110 | A | Spherocylinder 4.25d/over 6d | | | | | |
| V2111 | A | Spherocylindr 7.25d/.25–2.25 | | | | | |
| V2112 | A | Spherocylindr 7.25d/2.25–4d | | | | | |
| V2113 | A | Spherocylindr 7.25d/4.25–6d | | | | | |
| V2114 | A | Spherocylinder over 12.00d | | | | | |
| V2115 | A | Lens lenticular bifocal | | | | | |
| V2116 | A | Nonaspheric lens bifocal | | | | | |
| V2117 | A | Aspheric lens bifocal | | | | | |
| V2118 | A | Lens aniseikonic single | | | | | |
| V2199 | A | Lens single vision not oth c | | | | | |
| V2200 | A | Lens spher bifoc plano 4.00d | | | | | |
| V2201 | A | Lens sphere bifocal 4.12–7.0 | | | | | |
| V2202 | A | Lens sphere bifocal 7.12–20 | | | | | |
| V2203 | A | Lens sphcyl bifocal 4.00d/.1 | | | | | |
| V2204 | A | Lens sphcy bifocal 4.00d/2.1 | | | | | |
| V2205 | A | Lens sphcy bifocal 4.00d/4.2 | | | | | |
| V2206 | A | Lens sphcy bifocal 4.00d/ove | | | | | |
| V2207 | A | Lens sphcy bifocal 4.25–7d/ | | | | | |
| V2208 | A | Lens sphcy bifocal 4.25–7/2 | | | | | |
| V2209 | A | Lens sphcy bifocal 4.25–7/4 | | | | | |
| V2210 | A | Lens sphcy bifocal 4.25–7/ov | | | | | |
| V2211 | A | Lens sphcy bifo 7.25–12/.25– | | | | | |
| V2212 | A | Lens sphcyl bifo 7.25–12/2.2 | | | | | |
| V2213 | A | Lens sphcyl bifo 7.25–12/4.2 | | | | | |
| V2214 | A | Lens sphcyl bifocal over 12 | | | | | |
| V2215 | A | Lens lenticular bifocal | | | | | |
| V2216 | A | Lens lenticular nonaspheric | | | | | |
| V2217 | A | Lens lenticular aspheric bif | | | | | |
| V2218 | A | Lens aniseikonic bifocal | | | | | |
| V2219 | A | Lens bifocal seg width over | | | | | |
| V2220 | A | Lens bifocal add over 3.25d | | | | | |
| V2299 | A | Lens bifocal speciality | | | | | |
| V2300 | A | Lens sphere trifocal 4.00d | | | | | |
| V2301 | A | Lens sphere trifocal 4.12–7 | | | | | |
| V2302 | A | Lens sphere trifocal 7.12–20 | | | | | |
| V2303 | A | Lens sphcy trifocal 4.0/.12– | | | | | |
| V2304 | A | Lens sphcy trifocal 4.0/2.25 | | | | | |
| V2305 | A | Lens sphcy trifocal 4.0/4.25 | | | | | |
| V2306 | A | Lens sphcyl trifocal 4.00/>6 | | | | | |
| V2307 | A | Lens sphcy trifocal 4.25–7/ | | | | | |
| V2308 | A | Lens sphc trifocal 4.25–7/2 | | | | | |
| V2309 | A | Lens sphc trifocal 4.25–7/4 | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| V2310 | A | Lens sphc trifocal 4.25–7/>6 | | | | | |
| V2311 | A | Lens sphc trifo 7.25–12/.25– | | | | | |
| V2312 | A | Lens sphc trifo 7.25–12/2.25 | | | | | |
| V2313 | A | Lens sphc trifo 7.25–12/4.25 | | | | | |
| V2314 | A | Lens sphcyl trifocal over 12 | | | | | |
| V2315 | A | Lens lenticular trifocal | | | | | |
| V2316 | A | Lens lenticular nonaspheric | | | | | |
| V2317 | A | Lens lenticular aspheric tri | | | | | |
| V2318 | A | Lens aniseikonic trifocal | | | | | |
| V2319 | A | Lens trifocal seg width > 28 | | | | | |
| V2320 | A | Lens trifocal add over 3.25d | | | | | |
| V2399 | A | Lens trifocal speciality | | | | | |
| V2410 | A | Lens variab asphericity sing | | | | | |
| V2430 | A | Lens variable asphericity bi | | | | | |
| V2499 | A | Variable asphericity lens | | | | | |
| V2500 | A | Contact lens pmma spherical | | | | | |
| V2501 | A | Cntct lens pmma-toric/prism | | | | | |
| V2502 | A | Contact lens pmma bifocal | | | | | |
| V2503 | A | Cntct lens pmma color vision | | | | | |
| V2510 | A | Cntct gas permeable sphericl | | | | | |
| V2511 | A | Cntct toric prism ballast | | | | | |
| V2512 | A | Cntct lens gas permbl bifocl | | | | | |
| V2513 | A | Contact lens extended wear | | | | | |
| V2520 | A | Contact lens hydrophilic | | | | | |
| V2521 | A | Cntct lens hydrophilic toric | | | | | |
| V2522 | A | Cntct lens hydrophil bifocl | | | | | |
| V2523 | A | Cntct lens hydrophil extend | | | | | |
| V2530 | A | Contact lens gas impermeable | | | | | |
| V2531 | A | Contact lens gas permeable | | | | | |
| V2599 | A | Contact lens/es other type | | | | | |
| V2600 | A | Hand held low vision aids | | | | | |
| V2610 | A | Single lens spectacle mount | | | | | |
| V2615 | A | Telescop/othr compound lens | | | | | |
| V2623 | A | Plastic eye prosth custom | | | | | |
| V2624 | A | Polishing artifical eye | | | | | |
| V2625 | A | Enlargemnt of eye prosthesis | | | | | |
| V2626 | A | Reduction of eye prosthesis | | | | | |
| V2627 | A | Scleral cover shell | | | | | |
| V2628 | A | Fabrication & fitting | | | | | |
| V2629 | A | Prosthetic eye other type | | | | | |
| V2630 | N | Anter chamber intraocul lens | | | | | |
| V2631 | N | Iris support intraoclr lens | | | | | |
| V2632 | N | Post chmbr intraocular lens | | | | | |
| V2700 | A | Balance lens | | | | | |
| V2710 | A | Glass/plastic slab off prism | | | | | |
| V2715 | A | Prism lens/es | | | | | |
| V2718 | A | Fresnell prism press-on lens | | | | | |
| V2730 | A | Special base curve | | | | | |
| V2740 | A | Rose tint plastic | | | | | |
| V2741 | A | Non-rose tint plastic | | | | | |
| V2742 | A | Rose tint glass | | | | | |
| V2743 | A | Non-rose tint glass | | | | | |
| V2744 | A | Tint photochromatic lens/es | | | | | |
| V2750 | A | Anti-reflective coating | | | | | |
| V2755 | A | UV lens/es | | | | | |
| V2760 | A | Scratch resistant coating | | | | | |
| V2770 | A | Occluder lens/es | | | | | |
| V2780 | A | Oversize lens/es | | | | | |
| V2781 | A | Progressive lens per lens | | | | | |
| V2785 | N | Comeal tissue processing | | | | | |
| V2799 | A | Miscellaneous vision service | | | | | |
| V5008 | E | Hearing screening | | | | | |
| V5010 | E | Assessment for hearing aid | | | | | |
| V5011 | E | Hearing aid fitting/checking | | | | | |
| V5014 | E | Hearing aid repair/modifying | | | | | |
| V5020 | E | Conformity evaluation | | | | | |
| V5030 | E | Body-worn hearing aid air | | | | | |
| V5040 | E | Body-worn hearing aid bone | | | | | |
| V5050 | E | Body-worn hearing aid in ear | | | | | |
| V5060 | E | Behind ear hearing aid | | | | | |
| V5070 | E | Glasses air conduction | | | | | |
| V5080 | E | Glasses bone conduction | | | | | |
| V5090 | E | Hearing aid dispensing fee | | | | | |
| V5100 | E | Body-worn bilat hearing aid | | | | | |
| V5110 | E | Hearing aid dispensing fee | | | | | |

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description | Proposed APC | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| V5120 | E | Body-worn binaur hearing aid | | | | | |
| V5130 | E | In ear binaural hearing aid | | | | | |
| V5140 | E | Behind ear binaur hearing ai | | | | | |
| V5150 | E | Glasses binaural hearing aid | | | | | |
| V5160 | E | Dispensing fee binaural | | | | | |
| V5170 | E | Within ear cros hearing aid | | | | | |
| V5180 | E | Behind ear cros hearing aid | | | | | |
| V5190 | E | Glasses cros hearing aid | | | | | |
| V5200 | E | Cros hearing aid dispens fee | | | | | |
| V5210 | E | In ear bicros hearing aid | | | | | |
| V5220 | E | Behind ear bicros hearing ai | | | | | |
| V5230 | E | Glasses bicros hearing aid | | | | | |
| V5240 | E | Dispensing fee bicros | | | | | |
| V5299 | A | Hearing service | | | | | |
| V5336 | E | Repair communication device | | | | | |
| V5362 | A | Speech screening | | | | | |
| V5363 | A | Language screening | | | | | |
| V5364 | A | Dysphagia screening | | | | | |

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 031 | Dental procedures | | S | 1.34 | $67.90 | $13.58 | $13.58 |
| 031 | D0150 | Comprehensive oral evaluation | | | | | |
| 031 | D0240 | Intraoral occlusal film | | | | | |
| 031 | D0250 | Extraoral first film | | | | | |
| 031 | D0260 | Extraoral ea additional film | | | | | |
| 031 | D0270 | Dental bitewing single film | | | | | |
| 031 | D0272 | Dental bitewings two films | | | | | |
| 031 | D0274 | Dental bitewings four films | | | | | |
| 031 | D0460 | Pulp vitality test | | | | | |
| 031 | D0471 | Diagnostic photographs | | | | | |
| 031 | D0501 | Histopathologic examinations | | | | | |
| 031 | D0502 | Other oral pathology procedure | | | | | |
| 031 | D0999 | Unspecified diagnostic procedure | | | | | |
| 031 | D1510 | Space maintainer fxd unilat | | | | | |
| 031 | D1515 | Fixed bilat space maintainer | | | | | |
| 031 | D1520 | Remove unilat space maintain | | | | | |
| 031 | D1525 | Remove bilat space maintain | | | | | |
| 031 | D1550 | Recement space maintainer | | | | | |
| 031 | D2970 | Temporary- fractured tooth | | | | | |
| 031 | D2999 | Dental unspec restorative pr | | | | | |
| 031 | D3460 | Endodontic endosseous implan | | | | | |
| 031 | D3999 | Endodontic procedure | | | | | |
| 031 | D4250 | Mucogingival surg per quadra | | | | | |
| 031 | D4260 | Osseous surgery per quadrant | | | | | |
| 031 | D4263 | Bone replce graft first site | | | | | |
| 031 | D4264 | Bone replce graft each add | | | | | |
| 031 | D4270 | Pedicle soft tissue graft pr | | | | | |
| 031 | D4271 | Free soft tissue graft proc | | | | | |
| 031 | D4273 | Subepithelial tissue graft | | | | | |
| 031 | D4355 | Full mouth debridement | | | | | |
| 031 | D4381 | Localized chemo delivery | | | | | |
| 031 | D5911 | Facial moulage sectional | | | | | |
| 031 | D5912 | Facial moulage complete | | | | | |
| 031 | D5983 | Radiation applicator | | | | | |
| 031 | D5984 | Radiation shield | | | | | |
| 031 | D5985 | Radiation cone locator | | | | | |
| 031 | D5987 | Commissure splint | | | | | |
| 031 | D6920 | Dental connector bar | | | | | |
| 031 | D7110 | Oral surgery single tooth | | | | | |
| 031 | D7120 | Each add tooth extraction | | | | | |
| 031 | D7130 | Tooth root removal | | | | | |
| 031 | D7210 | Rem imp tooth w mucoper flp | | | | | |
| 031 | D7220 | Impact tooth remov soft tiss | | | | | |
| 031 | D7230 | Impact tooth remov part bony | | | | | |
| 031 | D7240 | Impact tooth remov comp bony | | | | | |
| 031 | D7241 | Impact tooth rem bony w/comp | | | | | |
| 031 | D7250 | Tooth root removal | | | | | |
| 031 | D7260 | Oral antral fistula closure | | | | | |
| 031 | D7291 | Transseptal fiberotomy | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 031 | D7940 | Reshaping bone orthognathic | | | | | |
| 031 | D9630 | Other drugs/medicaments | | | | | |
| 031 | D9930 | Treatment of complications | | | | | |
| 031 | D9940 | Dental occlusal guard | | | | | |
| 031 | D9950 | Occlusion analysis | | | | | |
| 031 | D9951 | Limited occlusal adjustment | | | | | |
| 031 | D9952 | Complete occlusal adjustment | | | | | |
| 031 | K0445 | Auricular prosthesis | | | | | |
| 061 | Level I Chemotherapeutic agents | | X | 1.04 | $52.70 | $36.61 | $10.54 |
| 061 | J8610 | Methotrexate oral 2.5 MG | | | | | |
| 061 | J8999 | Oral prescription drug chemo | | | | | |
| 061 | J9015 | Aldesleukin/single use vial | | | | | |
| 061 | J9070 | Cyclophosphamide 100 MG inj | | | | | |
| 061 | J9080 | Cyclophosphamide 200 MG inj | | | | | |
| 061 | J9090 | Cyclophosphamide 500 MG inj | | | | | |
| 061 | J9093 | Cyclophosphamide lyophilized | | | | | |
| 061 | J9094 | Cyclophosphamide lyophilized | | | | | |
| 061 | J9095 | Cyclophosphamide lyophilized | | | | | |
| 061 | J9100 | Cytarabine hcl 100 MG inj | | | | | |
| 061 | J9110 | Cytarabine hcl 500 MG inj | | | | | |
| 061 | J9120 | Dactinomycin actinomycin d | | | | | |
| 061 | J9130 | Dacarbazine 10 MG inj | | | | | |
| 061 | J9140 | Dacarbazine 200 MG inj | | | | | |
| 061 | J9165 | Diethylstilbestrol injection | | | | | |
| 061 | J9170 | Docetaxel | | | | | |
| 061 | J9181 | Etoposide 10 MG inj | | | | | |
| 061 | J9190 | Fluorouracil injection | | | | | |
| 061 | J9201 | Gemcitabine HCl | | | | | |
| 061 | J9206 | Irinotecan injection | | | | | |
| 061 | J9214 | Interferon alfa-2b inj | | | | | |
| 061 | J9215 | Interferon alfa-n3 inj | | | | | |
| 061 | J9218 | Leuprolide acetate injection | | | | | |
| 061 | J9230 | Mechlorethamine hcl inj | | | | | |
| 061 | J9250 | Methotrexate sodium inj | | | | | |
| 061 | J9260 | Methotrexate sodium inj | | | | | |
| 061 | J9266 | Pegaspargase/singl dose vial | | | | | |
| 061 | J9350 | Topotecan | | | | | |
| 061 | J9360 | Vinblastine sulfate inj | | | | | |
| 061 | J9390 | Vinorelbine tartrate/10 mg | | | | | |
| 061 | J9600 | Porfimer sodium | | | | | |
| 061 | J9999 | Chemotherapy drug | | | | | |
| 062 | Level II Chemotherapeutic agents | | X | 1.69 | $85.63 | $36.61 | $17.13 |
| 062 | J9000 | Doxorubic hcl 10 MG vl chemo | | | | | |
| 062 | J9020 | Asparaginase injection | | | | | |
| 062 | J9060 | Cisplatin 10 MG injection | | | | | |
| 062 | J9065 | Inj cladribine per 1 MG | | | | | |
| 062 | J9091 | Cyclophosphamide 1.0 grm inj | | | | | |
| 062 | J9092 | Cyclophosphamide 2.0 grm inj | | | | | |
| 062 | J9096 | Cyclophosphamide lyophilized | | | | | |
| 062 | J9097 | Cyclophosphamide lyophilized | | | | | |
| 062 | J9150 | Daunorubicin | | | | | |
| 062 | J9211 | Idarubicin hcl injection | | | | | |
| 062 | J9213 | Interferon alfa-2a inj | | | | | |
| 062 | J9265 | Paclitaxel injection | | | | | |
| 062 | J9268 | Pentostatin injection | | | | | |
| 062 | J9370 | Vincristine sulfate 1 MG inj | | | | | |
| 063 | Level III Chemotherapeutic agents | | X | 2.89 | $146.43 | $110.97 | $29.29 |
| 063 | J9031 | Bcg live intravesical vac | | | | | |
| 063 | J9040 | Bleomycin sulfate injection | | | | | |
| 063 | J9045 | Carboplatin injection | | | | | |
| 063 | J9050 | Carmus bischl nitro inj | | | | | |
| 063 | J9062 | Cisplatin 50 MG injection | | | | | |
| 063 | J9182 | Etoposide 100 MG inj | | | | | |
| 063 | J9185 | Fludarabine phosphate inj | | | | | |
| 063 | J9200 | Floxuridine injection | | | | | |
| 063 | J9202 | Goserelin acetate implant | | | | | |
| 063 | J9208 | Ifosfomide injection | | | | | |
| 063 | J9209 | Mesna injection | | | | | |
| 063 | J9216 | Interferon gamma 1-b inj | | | | | |
| 063 | J9270 | Plicamycin (mithramycin) inj | | | | | |
| 063 | J9280 | Mitomycin 5 MG inj | | | | | |
| 063 | J9320 | Streptozocin injection | | | | | |
| 063 | J9340 | Thiotepa injection | | | | | |
| 063 | J9375 | Vincristine sulfate 2 MG inj | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 063 | J9380 | Vincristine sulfate 5 MG inj | | | | | |
| 064 | | Level IV Chemotherapeutic agents | X | 4.17 | $211.29 | $140.12 | $42.26 |
| 064 | J0640 | Leucovorin calcium injection | | | | | |
| 064 | J9217 | Leuprolide acetate suspnsion | | | | | |
| 064 | J9245 | Inj melphalan hydrochl 50 MG | | | | | |
| 064 | J9290 | Mitomycin 20 MG inj | | | | | |
| 064 | J9291 | Mitomycin 40 MG inj | | | | | |
| 064 | J9293 | Mitoxantrone hydrochl / 5 MG | | | | | |
| 089 | | Neuropsychological Testing | X | 2.54 | $128.7 | $37.29 | $25.74 |
| 089 | 96100 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF PERSONALITY, PSYCHOPATHOLOGY, EMOTIONALITY, INTELLECTUAL ABILITIES, EG, WAIS-R, RORSCHACH, MMPI) WITH INTERPRETATION AND REPORT, PER HOUR | | | | | |
| 089 | 96105 | ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT | | | | | |
| 089 | 96110 | DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT | | | | | |
| 089 | 96111 | DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS, EG, BAYLEY SCALES OF INFANT DEVELOPMENT) WITH INTERPRETATION AND REPORT, PER HOUR | | | | | |
| 089 | 96115 | NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, MEMORY, VISUAL SPATIAL ABILITIES, LANGUAGE FUNCTIONS, PLANNING) WITH INTERPRETATION AND REPORT, PER HOUR | | | | | |
| 089 | 96117 | NEUROPSYCHOLOGICAL TESTING BATTERY (EG, HALSTEAD-REITAN, LURIA, WAIS-R) WITH INTERPRETATION AND REPORT, PER HOUR | | | | | |
| 090 | | Monitoring psychiatric drugs | X | 0.85 | $43.07 | $12.43 | $8.61 |
| 090 | 90862 | PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDICAL PSYCHOTHERAPY | | | | | |
| 090 | M0064 | Visit for drug monitoring | | | | | |
| 091 | | Brief Individual Psychotherapy | S | 1.09 | $55.23 | $14.01 | $11.05 |
| 091 | 90804 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; | | | | | |
| 091 | 90805 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES | | | | | |
| 091 | 90810 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; | | | | | |
| 091 | 90811 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH M | | | | | |
| 091 | 90899 | UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE | | | | | |
| 092 | | Extended Individual Psychotherapy | S | 1.57 | $79.55 | $21.92 | $15.91 |
| 092 | 90801 | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION | | | | | |
| 092 | 90802 | INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF COMMUNICATION | | | | | |
| 092 | 90806 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; | | | | | |
| 092 | 90807 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES | | | | | |
| 092 | 90808 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; | | | | | |
| 092 | 90809 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES | | | | | |
| 092 | 90812 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; | | | | | |
| 092 | 90813 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH M | | | | | |
| 092 | 90814 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; | | | | | |
| 092 | 90815 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH M | | | | | |
| 092 | 90845 | PSYCHOANALYSIS | | | | | |
| 092 | 90865 | NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMOBARBITAL (AMYTAL) INTERVIEW | | | | | |
| 092 | 90880 | HYPNOTHERAPY | | | | | |
| 093 | | Family Psychotherapy | S | 1.54 | $78.03 | $20.11 | $15.61 |

(See Addendum D. for Payment of Medical Visits)

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

[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 093 | 90846 | FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT) | | | | | |
| 093 | 90847 | FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT) | | | | | |
| 094 | Group Psychotherapy | | S | 1.24 | $62.83 | $20.11 | $12.57 |
| 094 | 90849 | MULTIPLE-FAMILY GROUP PSYCHOTHERAPY | | | | | |
| 094 | 90853 | GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | | | | |
| 094 | 90857 | INTERACTIVE GROUP PSYCHOTHERAPY | | | | | |
| 121 | Level I needle biopsy/aspiration | | T | 0.67 | $33.95 | $20.91 | $6.79 |
| 121 | 17999 | UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE | | | | | |
| 121 | 19000 | PUNCTURE ASPIRATION OF CYST OF BREAST; | | | | | |
| 121 | 19001 | PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST | | | | | |
| 121 | 20615 | ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST | | | | | |
| 121 | 55000 | PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION | | | | | |
| 121 | 60001 | ASPIRATION AND/OR INJECTION, THYROID CYST | | | | | |
| 121 | 60699 | UNLISTED PROCEDURE, ENDOCRINE SYSTEM | | | | | |
| 121 | 85095 | BONE MARROW; ASPIRATION ONLY | | | | | |
| 121 | 85102 | BONE MARROW BIOPSY, NEEDLE OR TROCAR | | | | | |
| 121 | 88170 | FINE NEEDLE ASPIRATION WITH OR WITHOUT PREPARATION OF SMEARS; SUPERFICIAL TISSUE (EG, THYROID, BREAST, PROSTATE | | | | | |
| 121 | 88171 | FINE NEEDLE ASPIRATION WITH OR WITHOUT PREPARATION OF SMEARS; DEEP TISSUE UNDER RADIOLOGIC GUIDANCE | | | | | |
| 122 | Level II needle biopsy/aspiration | | T | 4.87 | $246.76 | $115.03 | $49.35 |
| 122 | 19100 | BIOPSY OF BREAST; NEEDLE CORE (SEPARATE PROCEDURE) | | | | | |
| 122 | 20206 | BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE | | | | | |
| 122 | 32400 | BIOPSY, PLEURA; PERCUTANEOUS NEEDLE | | | | | |
| 122 | 32405 | BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE | | | | | |
| 122 | 38505 | BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY) | | | | | |
| 122 | 42400 | BIOPSY OF SALIVARY GLAND; NEEDLE | | | | | |
| 122 | 47000 | BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS | | | | | |
| 122 | 47399 | UNLISTED PROCEDURE, LIVER | | | | | |
| 122 | 48102 | BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE | | | | | |
| 122 | 48999 | UNLISTED PROCEDURE, PANCREAS | | | | | |
| 122 | 49180 | BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE | | | | | |
| 122 | 50200 | RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE | | | | | |
| 122 | 50390 | ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS | | | | | |
| 122 | 54500 | BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE) | | | | | |
| 122 | 54800 | BIOPSY OF EPIDIDYMIS, NEEDLE | | | | | |
| 122 | 60100 | BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE | | | | | |
| 122 | 62269 | BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE | | | | | |
| 122 | 67415 | FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS | | | | | |
| 131 | Level I incision & drainage | | T | 1.94 | $98.30 | $36.61 | $19.66 |
| 131 | 10040 | ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES) | | | | | |
| 131 | 10060 | INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE | | | | | |
| 131 | 10061 | INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE | | | | | |
| 131 | 10080 | INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE | | | | | |
| 131 | 10081 | INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED | | | | | |
| 131 | 10120 | INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE | | | | | |
| 131 | 10140 | INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION | | | | | |
| 131 | 10160 | PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST | | | | | |
| 131 | 10180 | INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION | | | | | |
| 131 | 11976 | REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES | | | | | |
| 131 | 20000 | INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFICIAL | | | | | |
| 131 | 26010 | DRAINAGE OF FINGER ABSCESS; SIMPLE | | | | | |
| 131 | 26011 | DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) | | | | | |
| 131 | 69000 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE | | | | | |
| 131 | 69005 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED | | | | | |
| 131 | 69020 | DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS | | | | | |
| 132 | Level II incision & drainage | | T | 6.04 | $306.04 | $134.13 | $61.21 |
| 132 | 19020 | MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP | | | | | |
| 132 | 20950 | MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER TECHNIQUE) IN DETECTION OF MUSCLE COMPARTMENT SYNDROME | | | | | |
| 132 | 21501 | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; | | | | | |
| 132 | 21700 | DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB | | | | | |
| 132 | 21720 | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION | | | | | |
| 132 | 21725 | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION | | | | | |
| 132 | 23030 | INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA | | | | | |
| 132 | 23031 | INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA | | | | | |
| 132 | 23930 | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA | | | | | |
| 132 | 23931 | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; INFECTED BURSA | | | | | |
| 132 | 27301 | INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED BURSA, OR HEMATOMA, THIGH OR KNEE REGION | | | | | |
| 132 | 27603 | INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA | | | | | |
| 132 | 28001 | INCISION AND DRAINAGE, INFECTED BURSA, FOOT | | | | | |
| 132 | 38300 | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 132 | 38305 | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE | | | | | |
| 132 | 38999 | UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM | | | | | |
| 132 | 51080 | DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS | | | | | |
| 132 | 54015 | INCISION AND DRAINAGE OF PENIS, DEEP | | | | | |
| 132 | 54115 | REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT) | | | | | |
| 132 | 55100 | DRAINAGE OF SCROTAL WALL ABSCESS | | | | | |
| 137 | Nail procedures | | T | 0.46 | $23.31 | $4.66 | $4.66 |
| 137 | 11719 | TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER | | | | | |
| 137 | 11720 | DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE | | | | | |
| 137 | 11721 | DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE | | | | | |
| 137 | 11740 | EVACUATION OF SUBUNGUAL HEMATOMA | | | | | |
| 137 | 11755 | BIOPSY OF NAIL UNIT, ANY METHOD (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL NAIL FOLDS) (SEPARATE PROCEDURE) | | | | | |
| 141 | Level I Destruction of lesion | | T | 0.59 | $29.90 | $9.49 | $5.98 |
| 141 | 17000 | DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN OR PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES) OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; FIRST LESION | | | | | |
| 141 | 17003 | DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN OR PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES) OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; SECOND THROUGH 14 LE | | | | | |
| 141 | 17106 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM | | | | | |
| 141 | 17110 | DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; UP TO 14 LESIONS | | | | | |
| 142 | Level II Destruction of lesion | | T | 3.77 | $191.02 | $73.00 | $38.20 |
| 142 | 17004 | DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN OR PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES) OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; 15 OR MORE LESIONS | | | | | |
| 142 | 17107 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0–50.0 SQ CM | | | | | |
| 142 | 17108 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM | | | | | |
| 142 | 17111 | DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR MORE LESIONS | | | | | |
| 151 | Level I debridement/destruction | | T | 1.74 | $88.16 | $35.71 | $17.63 |
| 151 | 11000 | DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE | | | | | |
| 151 | 11001 | DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE | | | | | |
| 151 | 11040 | DEBRIDEMENT; SKIN, PARTIAL THICKNESS | | | | | |
| 151 | 11041 | DEBRIDEMENT; SKIN, FULL THICKNESS | | | | | |
| 151 | 11042 | DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE | | | | | |
| 151 | 11055 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION | | | | | |
| 151 | 11056 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO FOUR LESIONS | | | | | |
| 151 | 11057 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THAN FOUR LESIONS | | | | | |
| 151 | 11200 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS | | | | | |
| 151 | 11201 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL TEN LESIONS | | | | | |
| 151 | 11300 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 151 | 11301 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 151 | 11302 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 151 | 11303 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM | | | | | |
| 151 | 11305 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 151 | 11306 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 151 | 11307 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 151 | 11308 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM | | | | | |
| 151 | 11310 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 151 | 11311 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 151 | 11312 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 151 | 11313 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM | | | | | |
| 151 | 11730 | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE | | | | | |
| 151 | 11731 | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SECOND NAIL PLATE | | | | | |
| 151 | 11732 | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE | | | | | |
| 151 | 11765 | WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL) | | | | | |
| 151 | 11900 | INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS | | | | | |
| 151 | 11901 | INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS | | | | | |
| 151 | 15783 | DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL) | | | | | |
| 151 | 15786 | ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR) | | | | | |
| 151 | 15787 | ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS | | | | | |
| 151 | 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL | | | | | |
| 151 | 15789 | CHEMICAL PEEL, FACIAL; DERMAL | | | | | |
| 151 | 15792 | CHEMICAL PEEL, NONFACIAL; EPIDERMAL | | | | | |
| 151 | 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL | | | | | |

(See Addendum D. for Payment of Medical Visits)
[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 151 | 15810 | SALABRASION; 20 SQ CM OR LESS | | | | | |
| 151 | 15850 | REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON | | | | | |
| 151 | 15851 | REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON | | | | | |
| 151 | 15852 | DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL) | | | | | |
| 151 | 16000 | INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED | | | | | |
| 151 | 16020 | DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL | | | | | |
| 151 | 16025 | DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY) | | | | | |
| 151 | 16030 | DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY) | | | | | |
| 151 | 17250 | CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA) | | | | | |
| 151 | 17260 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 151 | 17261 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 151 | 17262 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 151 | 17263 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM | | | | | |
| 151 | 17264 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM | | | | | |
| 151 | 17266 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM | | | | | |
| 151 | 17270 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 151 | 17271 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 151 | 17272 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 151 | 17273 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM | | | | | |
| 151 | 17274 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM | | | | | |
| 151 | 17276 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM | | | | | |
| 151 | 17280 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 151 | 17281 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 151 | 17282 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 151 | 17283 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM | | | | | |
| 151 | 17284 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM | | | | | |
| 151 | 17286 | DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM | | | | | |
| 151 | 17340 | CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE | | | | | |
| 151 | 17360 | CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID) | | | | | |
| 151 | 17380 | ELECTROLYSIS EPILATION, EACH 1/2 HOUR | | | | | |
| 151 | 42809 | REMOVAL OF FOREIGN BODY FROM PHARYNX | | | | | |
| 151 | 69220 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING) | | | | | |
| 152 | | Level II debridement/destruction | T | 10.43 | $528.48 | $261.71 | $105.7 |
| 152 | 16010 | DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, SMALL | | | | | |
| 152 | 16015 | DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM OR LARGE, OR WITH MAJOR DEBRIDEMENT | | | | | |
| 152 | 46900 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL | | | | | |
| 152 | 46910 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION | | | | | |
| 152 | 46916 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY | | | | | |
| 152 | 46917 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY | | | | | |
| 152 | 46922 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION | | | | | |
| 152 | 46924 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, ANY METHOD | | | | | |
| 152 | 54050 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL | | | | | |
| 152 | 54055 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION | | | | | |
| 152 | 54056 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY | | | | | |
| 152 | 54057 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY | | | | | |
| 152 | 54060 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION | | | | | |
| 152 | 54065 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, ANY METHOD | | | | | |
| 152 | 56501 | DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD | | | | | |
| 152 | 56515 | DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD | | | | | |
| 161 | | Level I excision/biopsy | T | 3.50 | $177.34 | $75.48 | $35.47 |
| 161 | 11100 | BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED (SEPARATE PROCEDURE); SINGLE LESION | | | | | |
| 161 | 11101 | BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED (SEPARATE PROCEDURE); EACH SEPARATE/ADDITIONAL LESION | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 161 | 11400 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 161 | 11401 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 161 | 11402 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 161 | 11403 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM | | | | | |
| 161 | 11420 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 161 | 11421 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 161 | 11422 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 161 | 11423 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM | | | | | |
| 161 | 11440 | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 161 | 11441 | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 161 | 11442 | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 161 | 11443 | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM | | | | | |
| 161 | 11600 | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 161 | 11601 | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 161 | 11602 | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 161 | 11603 | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM | | | | | |
| 161 | 11620 | EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 161 | 11621 | EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 161 | 11622 | EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 161 | 11623 | EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM | | | | | |
| 161 | 11640 | EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS | | | | | |
| 161 | 11641 | EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6 TO 1.0 CM | | | | | |
| 161 | 11642 | EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM | | | | | |
| 161 | 11643 | EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1 TO 3.0 CM | | | | | |
| 161 | 11750 | EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL; | | | | | |
| 161 | 20520 | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE | | | | | |
| 161 | 21550 | BIOPSY, SOFT TISSUE OF NECK OR THORAX | | | | | |
| 161 | 21920 | BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL | | | | | |
| 161 | 23065 | BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL | | | | | |
| 161 | 24065 | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL | | | | | |
| 161 | 24200 | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS | | | | | |
| 161 | 25065 | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL | | | | | |
| 161 | 27613 | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL | | | | | |
| 161 | 28190 | REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS | | | | | |
| 161 | 56605 | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION | | | | | |
| 161 | 56606 | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION | | | | | |
| 161 | 58999 | UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL) | | | | | |
| 161 | 69100 | BIOPSY EXTERNAL EAR | | | | | |
| 161 | 69105 | BIOPSY EXTERNAL AUDITORY CANAL | | | | | |
| 162 | Level II excision/biopsy | | T | 5.67 | $287.30 | $125.43 | $57.46 |
| 162 | 11043 | DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE | | | | | |
| 162 | 11044 | DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE | | | | | |
| 162 | 11404 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM | | | | | |
| 162 | 11424 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM | | | | | |
| 162 | 11444 | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM | | | | | |
| 162 | 11604 | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM | | | | | |
| 162 | 11770 | EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE | | | | | |
| 162 | 16035 | ESCHAROTOMY | | | | | |
| 162 | 16040 | EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; UP TO ONE PERCENT TOTAL BODY SURFACE AREA | | | | | |
| 162 | 16041 | EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; GREATER THAN ONE PERCENT AND UP TO NINE PERCENT TOTAL BODY SURFACE AREA | | | | | |
| 162 | 16042 | EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; EACH ADDITIONAL NINE PERCENT TOTAL BODY SURFACE AREA, OR PART THEREOF | | | | | |
| 162 | 17304 | CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; FI | | | | | |
| 162 | 17305 | CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; SE | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 162 | 17306 | CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; TH | | | | | |
| 162 | 17307 | CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; AD | | | | | |
| 162 | 17310 | CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; MO | | | | | |
| 162 | 20200 | BIOPSY, MUSCLE; SUPERFICIAL | | | | | |
| 162 | 20205 | BIOPSY, MUSCLE; DEEP | | | | | |
| 162 | 20220 | BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS) | | | | | |
| 162 | 20225 | BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR) | | | | | |
| 162 | 20670 | REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE) | | | | | |
| 162 | 23000 | REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, OPEN METHOD | | | | | |
| 162 | 23075 | EXCISION, TUMOR, SHOULDER AREA; SUBCUTANEOUS | | | | | |
| 162 | 24075 | EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS | | | | | |
| 162 | 25075 | EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBCUTANEOUS | | | | | |
| 162 | 27040 | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL | | | | | |
| 162 | 27323 | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL | | | | | |
| 162 | 28043 | EXCISION, TUMOR, FOOT; SUBCUTANEOUS | | | | | |
| 162 | 37609 | LIGATION OR BIOPSY, TEMPORAL ARTERY | | | | | |
| 162 | 37799 | UNLISTED PROCEDURE, VASCULAR SURGERY | | | | | |
| 162 | 54100 | BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE) | | | | | |
| 162 | 54105 | BIOPSY OF PENIS; DEEP STRUCTURES | | | | | |
| 162 | 67350 | BIOPSY OF EXTRAOCULAR MUSCLE | | | | | |
| 162 | 67399 | UNLISTED PROCEDURE, OCULAR MUSCLE | | | | | |
| 162 | 68100 | BIOPSY OF CONJUNCTIVA | | | | | |
| 162 | 68110 | EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM | | | | | |
| 162 | 68115 | EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM | | | | | |
| 162 | 68135 | DESTRUCTION OF LESION, CONJUNCTIVA | | | | | |
| 162 | 68399 | UNLISTED PROCEDURE, CONJUNCTIVA | | | | | |
| 163 | Level III excision/biopsy | | T | 10.69 | $541.66 | $264.65 | $108.33 |
| 163 | 10121 | INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED | | | | | |
| 163 | 11010 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN AND SUBCUTANEOUS TISSUES | | | | | |
| 163 | 11011 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE | | | | | |
| 163 | 11012 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE, AND BONE | | | | | |
| 163 | 11406 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER | | | | | |
| 163 | 11426 | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM | | | | | |
| 163 | 11446 | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM | | | | | |
| 163 | 11450 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR | | | | | |
| 163 | 11451 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR | | | | | |
| 163 | 11462 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR | | | | | |
| 163 | 11463 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR | | | | | |
| 163 | 11470 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR | | | | | |
| 163 | 11471 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPAIR | | | | | |
| 163 | 11606 | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM | | | | | |
| 163 | 11624 | EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM | | | | | |
| 163 | 11626 | EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM | | | | | |
| 163 | 11644 | EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM | | | | | |
| 163 | 11646 | EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM | | | | | |
| 163 | 11752 | EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL; WITH AMPUTATION OF TUFT OF DISTAL PHALANX | | | | | |
| 163 | 11771 | EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE | | | | | |
| 163 | 11772 | EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED | | | | | |
| 163 | 11971 | REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS | | | | | |
| 163 | 15780 | DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS) | | | | | |
| 163 | 15781 | DERMABRASION; SEGMENTAL, FACE | | | | | |
| 163 | 15782 | DERMABRASION; REGIONAL, OTHER THAN FACE | | | | | |
| 163 | 15811 | SALABRASION; OVER 20 SQ CM | | | | | |
| 163 | 15838 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD | | | | | |
| 163 | 15920 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE | | | | | |
| 163 | 15931 | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; | | | | | |
| 163 | 15933 | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY | | | | | |
| 163 | 15940 | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; | | | | | |
| 163 | 15941 | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY) | | | | | |
| 163 | 15950 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; | | | | | |
| 163 | 15951 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY | | | | | |
| 163 | 15999 | UNLISTED PROCEDURE, EXCISION PRESSURE ULCER | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 163 | 20240 | BIOPSY, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR) | | | | | |
| 163 | 20245 | BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR) | | | | | |
| 163 | 20525 | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED | | | | | |
| 163 | 20680 | REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE) | | | | | |
| 163 | 21555 | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS | | | | | |
| 163 | 21556 | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR | | | | | |
| 163 | 21925 | BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP | | | | | |
| 163 | 21930 | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK | | | | | |
| 163 | 21935 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK | | | | | |
| 163 | 22900 | EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID) | | | | | |
| 163 | 22999 | UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM | | | | | |
| 163 | 23066 | BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP | | | | | |
| 163 | 23076 | EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR | | | | | |
| 163 | 23077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA | | | | | |
| 163 | 23330 | REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS | | | | | |
| 163 | 23331 | REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER PROSTHESIS REMOVAL) | | | | | |
| 163 | 24066 | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP | | | | | |
| 163 | 24076 | EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR | | | | | |
| 163 | 24077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA | | | | | |
| 163 | 24201 | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP | | | | | |
| 163 | 25066 | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP | | | | | |
| 163 | 25076 | EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR | | | | | |
| 163 | 25077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA | | | | | |
| 163 | 26115 | EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; SUBCUTANEOUS | | | | | |
| 163 | 26116 | EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR | | | | | |
| 163 | 26117 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER | | | | | |
| 163 | 26320 | REMOVAL OF IMPLANT FROM FINGER OR HAND | | | | | |
| 163 | 27041 | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP | | | | | |
| 163 | 27047 | EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS | | | | | |
| 163 | 27048 | EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR | | | | | |
| 163 | 27049 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA | | | | | |
| 163 | 27324 | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP | | | | | |
| 163 | 27327 | EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS | | | | | |
| 163 | 27328 | EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR | | | | | |
| 163 | 27329 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA | | | | | |
| 163 | 27372 | REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA | | | | | |
| 163 | 27614 | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP | | | | | |
| 163 | 27618 | EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS | | | | | |
| 163 | 27619 | EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR | | | | | |
| 163 | 28192 | REMOVAL OF FOREIGN BODY, FOOT; DEEP | | | | | |
| 163 | 28193 | REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED | | | | | |
| 163 | 69110 | EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR | | | | | |
| 163 | 69145 | EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL | | | | | |
| 163 | 69205 | REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA | | | | | |
| 181 | Level I skin repair | | T | 2.19 | $110.97 | $43.84 | $22.19 |
| 181 | 11760 | REPAIR OF NAIL BED | | | | | |
| 181 | 11762 | RECONSTRUCTION OF NAIL BED WITH GRAFT | | | | | |
| 181 | 11920 | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.0 SQ CM OR LESS | | | | | |
| 181 | 11921 | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM | | | | | |
| 181 | 11922 | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM | | | | | |
| 181 | 11950 | SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS | | | | | |
| 181 | 11951 | SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC | | | | | |
| 181 | 11952 | SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC | | | | | |
| 181 | 11954 | SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10.0 CC | | | | | |
| 181 | 12001 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS | | | | | |
| 181 | 12002 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM | | | | | |
| 181 | 12004 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM | | | | | |
| 181 | 12005 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM | | | | | |
| 181 | 12006 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM | | | | | |
| 181 | 12007 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); OVER 30.0 CM | | | | | |
| 181 | 12011 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS | | | | | |
| 181 | 12013 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM | | | | | |
| 181 | 12014 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM | | | | | |
| 181 | 12015 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM | | | | | |
| 181 | 12016 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 181 | 12017 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM | | | | | |
| 181 | 12018 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM | | | | | |
| 181 | 12020 | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE | | | | | |
| 181 | 12021 | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING | | | | | |
| 181 | 12031 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS | | | | | |
| 181 | 12032 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM | | | | | |
| 181 | 12034 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM | | | | | |
| 181 | 12035 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM | | | | | |
| 181 | 12036 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM | | | | | |
| 181 | 12041 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS | | | | | |
| 181 | 12042 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM | | | | | |
| 181 | 12044 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM | | | | | |
| 181 | 12045 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM | | | | | |
| 181 | 12046 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM | | | | | |
| 181 | 12051 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS | | | | | |
| 181 | 12052 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM | | | | | |
| 181 | 12053 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM | | | | | |
| 181 | 12054 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM | | | | | |
| 181 | 12055 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM | | | | | |
| 181 | 12056 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM | | | | | |
| 181 | 20500 | INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) | | | | | |
| 182 | Level II skin repair | | T | 4. | $202.68 | $84.98 | $40.54 |
| 182 | 13100 | REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM | | | | | |
| 182 | 13101 | REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM | | | | | |
| 182 | 13120 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM | | | | | |
| 182 | 13121 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM | | | | | |
| 182 | 13131 | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM | | | | | |
| 182 | 13132 | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM | | | | | |
| 182 | 13150 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS | | | | | |
| 182 | 13151 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM | | | | | |
| 182 | 13152 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM | | | | | |
| 182 | 13160 | SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED | | | | | |
| 182 | 13300 | REPAIR, UNUSUAL, COMPLICATED, OVER 7.5 CM, ANY AREA | | | | | |
| 182 | 43870 | CLOSURE OF GASTROSTOMY, SURGICAL | | | | | |
| 183 | Level III skin repair | | T | 11.17 | $565.98 | $286.46 | $113.20 |
| 183 | 11960 | INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION | | | | | |
| 183 | 11970 | REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS | | | | | |
| 183 | 12037 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM | | | | | |
| 183 | 12047 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM | | | | | |
| 183 | 12057 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM | | | | | |
| 183 | 14000 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS | | | | | |
| 183 | 14001 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM | | | | | |
| 183 | 14020 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/ OR LEGS; DEFECT 10 SQ CM OR LESS | | | | | |
| 183 | 14021 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/ OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM | | | | | |
| 183 | 14040 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/ OR FEET; DEFECT 10 SQ CM OR LESS | | | | | |
| 183 | 14041 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/ OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM | | | | | |
| 183 | 14060 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS | | | | | |
| 183 | 14061 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM | | | | | |
| 183 | 14300 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR COMPLICATED, ANY AREA | | | | | |
| 183 | 14350 | FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE | | | | | |
| 183 | 15000 | EXCISIONAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF ESSENTIALLY INTACT SKIN (INCLUDING SUBCUTANEOUS TISSUES), SCAR, OR OTHER LESION PRIOR TO REPAIR WITH FREE SKIN GRAFT (LIST AS SEPARATE SERVICE IN ADDITION TO SKIN GRAFT) | | | | | |
| 183 | 15050 | PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO DEFECT SIZE 2 CM DIAMETER | | | | | |
| 183 | 15100 | SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050) | | | | | |
| 183 | 15101 | SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF | | | | | |
| 183 | 15120 | SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050) | | | | | |
| 183 | 15121 | SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF | | | | | |
| 183 | 15200 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS | | | | | |
| 183 | 15201 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM | | | | | |
| 183 | 15220 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS | | | | | |
| 183 | 15221 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM | | | | | |
| 183 | 15240 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 183 | 15241 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM | | | | | |
| 183 | 15260 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS | | | | | |
| 183 | 15261 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONAL 20 SQ CM | | | | | |
| 183 | 15350 | APPLICATION OF ALLOGRAFT, SKIN | | | | | |
| 183 | 15400 | APPLICATION OF XENOGRAFT, SKIN | | | | | |
| 183 | 15570 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK | | | | | |
| 183 | 15572 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS | | | | | |
| 183 | 15574 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET | | | | | |
| 183 | 15576 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL | | | | | |
| 183 | 15580 | CROSS FINGER FLAP, INCLUDING FREE GRAFT TO DONOR SITE | | | | | |
| 183 | 15600 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK | | | | | |
| 183 | 15610 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS. OR LEGS | | | | | |
| 183 | 15620 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS (EXCEPT 15625), OR FEET | | | | | |
| 183 | 15625 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); SECTION PEDICLE OF CROSS FINGER FLAP | | | | | |
| 183 | 15630 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS | | | | | |
| 183 | 15650 | TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION | | | | | |
| 183 | 15775 | PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS | | | | | |
| 183 | 15776 | PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS | | | | | |
| 183 | 15819 | CERVICOPLASTY | | | | | |
| 183 | 15820 | BLEPHAROPLASTY, LOWER EYELID | | | | | |
| 183 | 15821 | BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD | | | | | |
| 183 | 15822 | BLEPHAROPLASTY, UPPER EYELID | | | | | |
| 183 | 15823 | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID | | | | | |
| 183 | 15825 | RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP") | | | | | |
| 183 | 15829 | RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP | | | | | |
| 183 | 15835 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK | | | | | |
| 183 | 20910 | CARTILAGE GRAFT; COSTOCHONDRAL | | | | | |
| 183 | 20912 | CARTILAGE GRAFT; NASAL SEPTUM | | | | | |
| 183 | 20920 | FASCIA LATA GRAFT; BY STRIPPER | | | | | |
| 183 | 20922 | FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET | | | | | |
| 183 | 20926 | TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS) | | | | | |
| 183 | 23921 | DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION | | | | | |
| 183 | 25929 | TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION | | | | | |
| 183 | 44312 | REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE) | | | | | |
| 183 | 44340 | REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE) | | | | | |
| 183 | 65270 | REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE | | | | | |
| 184 | Level IV skin repair | | T | 15.17 | $768.66 | $396.40 | $153.73 |
| 184 | 15732 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE) | | | | | |
| 184 | 15734 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK | | | | | |
| 184 | 15736 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY | | | | | |
| 184 | 15738 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY | | | | | |
| 184 | 15740 | FLAP; ISLAND PEDICLE | | | | | |
| 184 | 15750 | FLAP; NEUROVASCULAR PEDICLE | | | | | |
| 184 | 15760 | GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA | | | | | |
| 184 | 15770 | GRAFT; DERMA-FAT-FASCIA | | | | | |
| 184 | 15824 | RHYTIDECTOMY; FOREHEAD | | | | | |
| 184 | 15826 | RHYTIDECTOMY; GLABELLAR FROWN LINES | | | | | |
| 184 | 15828 | RHYTIDECTOMY; CHEEK, CHIN, AND NECK | | | | | |
| 184 | 15831 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ABDOMEN (ABDOMINOPLASTY) | | | | | |
| 184 | 15832 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH | | | | | |
| 184 | 15833 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG | | | | | |
| 184 | 15834 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP | | | | | |
| 184 | 15836 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM | | | | | |
| 184 | 15837 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND | | | | | |
| 184 | 15839 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA | | | | | |
| 184 | 15840 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA) | | | | | |
| 184 | 15841 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT) | | | | | |
| 184 | 15842 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE | | | | | |
| 184 | 15845 | GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER | | | | | |
| 184 | 15876 | SUCTION ASSISTED LIPECTOMY; HEAD AND NECK | | | | | |
| 184 | 15877 | SUCTION ASSISTED LIPECTOMY; TRUNK | | | | | |
| 184 | 15878 | SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY | | | | | |
| 184 | 15879 | SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY | | | | | |
| 184 | 15922 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE | | | | | |
| 184 | 15934 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE | | | | | |
| 184 | 15935 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY | | | | | |
| 184 | 15936 | EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE | | | | | |
| 184 | 15937 | EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY | | | | | |
| 184 | 15944 | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE | | | | | |

(See Addendum D. for Payment of Medical Visits)
[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 184 | 15945 | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY | | | | | |
| 184 | 15946 | EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE | | | | | |
| 184 | 15952 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE | | | | | |
| 184 | 15953 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY | | | | | |
| 184 | 15956 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE | | | | | |
| 184 | 15958 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY | | | | | |
| 197 | | Incision/excision breast | T | 12.13 | $614.62 | $310.75 | $122.92 |
| 197 | 19101 | BIOPSY OF BREAST; INCISIONAL | | | | | |
| 197 | 19110 | NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT | | | | | |
| 197 | 19112 | EXCISION OF LACTIFEROUS DUCT FISTULA | | | | | |
| 197 | 19120 | EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19140), MALE OR FEMALE, ONE OR MORE LESIONS | | | | | |
| 197 | 19125 | EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION | | | | | |
| 197 | 19126 | EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A RADIOLOGICAL MARKER | | | | | |
| 197 | 19140 | MASTECTOMY FOR GYNECOMASTIA | | | | | |
| 197 | 19290 | PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST | | | | | |
| 197 | 19291 | PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESION | | | | | |
| 197 | 19396 | PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT | | | | | |
| 197 | 19499 | UNLISTED PROCEDURE, BREAST | | | | | |
| 198 | | Breast reconstruction/mastectomy | T | 19.17 | $971.33 | $530.20 | $194.27 |
| 198 | 19160 | MASTECTOMY, PARTIAL; | | | | | |
| 198 | 19162 | MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY | | | | | |
| 198 | 19180 | MASTECTOMY, SIMPLE, COMPLETE | | | | | |
| 198 | 19182 | MASTECTOMY, SUBCUTANEOUS | | | | | |
| 198 | 19316 | MASTOPEXY | | | | | |
| 198 | 19318 | REDUCTION MAMMAPLASTY | | | | | |
| 198 | 19324 | MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT | | | | | |
| 198 | 19325 | MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT | | | | | |
| 198 | 19328 | REMOVAL OF INTACT MAMMARY IMPLANT | | | | | |
| 198 | 19330 | REMOVAL OF MAMMARY IMPLANT MATERIAL | | | | | |
| 198 | 19340 | IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION | | | | | |
| 198 | 19342 | DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION | | | | | |
| 198 | 19350 | NIPPLE/AREOLA RECONSTRUCTION | | | | | |
| 198 | 19355 | CORRECTION OF INVERTED NIPPLES | | | | | |
| 198 | 19357 | BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION | | | | | |
| 198 | 19366 | BREAST RECONSTRUCTION WITH OTHER TECHNIQUE | | | | | |
| 198 | 19370 | OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST | | | | | |
| 198 | 19371 | PERIPROSTHETIC CAPSULECTOMY, BREAST | | | | | |
| 198 | 19380 | REVISION OF RECONSTRUCTED BREAST | | | | | |
| 200 | | Arthrocentesis & Ligament/Tendon Injection | T | 1.89 | $95.77 | $39.10 | $19.15 |
| 200 | 20550 | INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR GANGLION CYST | | | | | |
| 200 | 20600 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (EG, FINGERS, TOES) | | | | | |
| 200 | 20605 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA) | | | | | |
| 200 | 20610 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA) | | | | | |
| 207 | | Closed treatment fracture finger/toe/trunk | T | 1.70 | $86.14 | $31.64 | $17.23 |
| 207 | 21800 | CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH | | | | | |
| 207 | 21820 | CLOSED TREATMENT OF STERNUM FRACTURE | | | | | |
| 207 | 21899 | UNLISTED PROCEDURE, NECK OR THORAX | | | | | |
| 207 | 22305 | CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S) | | | | | |
| 207 | 22310 | CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING OR BRACING | | | | | |
| 207 | 22315 | CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH AND INCLUDING CASTING AND/OR BRACING, WITH OR WITHOUT ANESTHESIA, BY MANIPULATION OR TRACTION | | | | | |
| 207 | 22899 | UNLISTED PROCEDURE, SPINE | | | | | |
| 207 | 23500 | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION | | | | | |
| 207 | 23505 | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION | | | | | |
| 207 | 23520 | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION | | | | | |
| 207 | 23525 | WITH MANIPULATION | | | | | |
| 207 | 23540 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION | | | | | |
| 207 | 23545 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION | | | | | |
| 207 | 23570 | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION | | | | | |
| 207 | 23575 | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT SHOULDER JOINT INVOLVEMENT) | | | | | |
| 207 | 23650 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA | | | | | |
| 207 | 23929 | UNLISTED PROCEDURE, SHOULDER | | | | | |
| 207 | 26700 | CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA | | | | | |
| 207 | 26720 | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH | | | | | |
| 207 | 26725 | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION, EACH | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 207 | 26740 | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITHOUT MANIPULATION, EACH | | | | | |
| 207 | 26750 | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH | | | | | |
| 207 | 26755 | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH | | | | | |
| 207 | 26770 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA | | | | | |
| 207 | 26989 | UNLISTED PROCEDURE, HANDS OR FINGERS | | | | | |
| 207 | 27200 | CLOSED TREATMENT OF COCCYGEAL FRACTURE | | | | | |
| 207 | 27299 | UNLISTED PROCEDURE, PELVIS OR HIP JOINT | | | | | |
| 207 | 28490 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION | | | | | |
| 207 | 28495 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION | | | | | |
| 207 | 28510 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH | | | | | |
| 207 | 28515 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH | | | | | |
| 207 | 28630 | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 207 | 28660 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 207 | 28899 | UNLISTED PROCEDURE, FOOT OR TOES | | | | | |
| 207 | 31585 | TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITHOUT MANIPULATION | | | | | |
| 207 | 31599 | UNLISTED PROCEDURE, LARYNX | | | | | |
| 209 | Closed treatment fracture/dislocation/except finger/toe/trunk | | T | 1.94 | $98.30 | $37.29 | $19.66 |
| 209 | 23600 | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 23605 | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION | | | | | |
| 209 | 23620 | CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 23625 | CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION | | | | | |
| 209 | 23665 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH MANIPULATION | | | | | |
| 209 | 23675 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION | | | | | |
| 209 | 24500 | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 24505 | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION | | | | | |
| 209 | 24530 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITHOUT MANIPULATION | | | | | |
| 209 | 24535 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION | | | | | |
| 209 | 24560 | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION | | | | | |
| 209 | 24565 | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION | | | | | |
| 209 | 24576 | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION | | | | | |
| 209 | 24577 | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION | | | | | |
| 209 | 24600 | TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 209 | 24620 | CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH MANIPULATION | | | | | |
| 209 | 24640 | CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION | | | | | |
| 209 | 24650 | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 24655 | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION | | | | | |
| 209 | 24670 | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION | | | | | |
| 209 | 24675 | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION | | | | | |
| 209 | 24999 | UNLISTED PROCEDURE, HUMERUS OR ELBOW | | | | | |
| 209 | 25500 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 25505 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION | | | | | |
| 209 | 25520 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION) | | | | | |
| 209 | 25530 | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 25535 | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION | | | | | |
| 209 | 25560 | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION | | | | | |
| 209 | 25565 | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION | | | | | |
| 209 | 25600 | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITHOUT MANIPULATION | | | | | |
| 209 | 25605 | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITH MANIPULATION | | | | | |
| 209 | 25622 | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 25624 | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION | | | | | |
| 209 | 25630 | CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH BONE | | | | | |
| 209 | 25635 | CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE | | | | | |
| 209 | 25650 | CLOSED TREATMENT OF ULNAR STYLOID FRACTURE | | | | | |
| 209 | 25660 | CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION | | | | | |
| 209 | 25675 | CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION | | | | | |
| 209 | 25680 | CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION | | | | | |
| 209 | 25690 | CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION | | | | | |
| 209 | 25999 | UNLISTED PROCEDURE, FOREARM OR WRIST | | | | | |
| 209 | 26600 | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE | | | | | |
| 209 | 26605 | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE | | | | | |
| 209 | 26607 | CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE | | | | | |
| 209 | 26641 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION | | | | | |
| 209 | 26645 | CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION | | | | | |
| 209 | 26670 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 209 | 26706 | PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION | | | | | |
| 209 | 26742 | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITH MANIPULATION, EACH | | | | | |
| 209 | 27193 | CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT MANIPULATION | | | | | |
| 209 | 27220 | CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION | | | | | |
| 209 | 27230 | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION | | | | | |
| 209 | 27238 | CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 27246 | CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION | | | | | |
| 209 | 27250 | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA | | | | | |
| 209 | 27256 | TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITHOUT ANESTHESIA, WITHOUT MANIPULATION | | | | | |
| 209 | 27265 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 209 | 27500 | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION | | | | | |
| 209 | 27501 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITHOUT MANIPULATION | | | | | |
| 209 | 27502 | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION | | | | | |
| 209 | 27503 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION | | | | | |
| 209 | 27508 | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION | | | | | |
| 209 | 27510 | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION | | | | | |
| 209 | 27516 | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION | | | | | |
| 209 | 27517 | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION | | | | | |
| 209 | 27520 | CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION | | | | | |
| 209 | 27530 | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION | | | | | |
| 209 | 27532 | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION | | | | | |
| 209 | 27538 | CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION | | | | | |
| 209 | 27550 | CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 209 | 27560 | CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 209 | 27599 | UNLISTED PROCEDURE, FEMUR OR KNEE | | | | | |
| 209 | 27750 | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION | | | | | |
| 209 | 27752 | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION | | | | | |
| 209 | 27760 | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 27762 | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION | | | | | |
| 209 | 27780 | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 27781 | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION | | | | | |
| 209 | 27786 | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION | | | | | |
| 209 | 27788 | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION | | | | | |
| 209 | 27808 | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION | | | | | |
| 209 | 27810 | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION | | | | | |
| 209 | 27816 | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 27818 | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION | | | | | |
| 209 | 27824 | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITHOUT MANIPULATION | | | | | |
| 209 | 27825 | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION | | | | | |
| 209 | 27830 | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 209 | 27840 | CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 209 | 27899 | UNLISTED PROCEDURE, LEG OR ANKLE | | | | | |
| 209 | 28400 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 28405 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION | | | | | |
| 209 | 28430 | CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION | | | | | |
| 209 | 28435 | CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION | | | | | |
| 209 | 28450 | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH | | | | | |
| 209 | 28455 | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH | | | | | |
| 209 | 28470 | CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH | | | | | |
| 209 | 28475 | CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH | | | | | |
| 209 | 28530 | CLOSED TREATMENT OF SESAMOID FRACTURE | | | | | |
| 209 | 28540 | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA | | | | | |
| 209 | 28570 | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 209 | 28600 | CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA | | | | | |
| 209 | 31586 | TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITH CLOSED MANIPULATIVE REDUCTION | | | | | |
| 210 | Bone/joint | manipulation under anesthesia | T | 10.46 | $530.00 | $283.40 | $106.00 |
| 210 | 22505 | MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION | | | | | |
| 210 | 23655 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 23700 | MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED) | | | | | |
| 210 | 24605 | TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 26675 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 26705 | CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 26775 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 210 | 27194 | CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITH MANIPULATION, REQUIRING MORE THAN LOCAL ANESTHESIA | | | | | |
| 210 | 27252 | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA | | | | | |
| 210 | 27257 | TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITH MANIPULATION, REQUIRING ANESTHESIA | | | | | |
| 210 | 27275 | MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA | | | | | |
| 210 | 27552 | CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 27562 | CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 27570 | MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES) | | | | | |
| 210 | 27831 | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 27842 | CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION | | | | | |
| 210 | 27860 | MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS) | | | | | |
| 210 | 28545 | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA | | | | | |
| 210 | 28575 | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 28605 | CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 28635 | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA | | | | | |
| 210 | 28665 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA | | | | | |
| 216 | Open/percutaneous treatment fracture or dislocation | | T | 20.13 | $1,019.98 | $520.82 | $204.00 |
| 216 | 21336 | OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION | | | | | |
| 216 | 21805 | OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH | | | | | |
| 216 | 23515 | OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 23530 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; | | | | | |
| 216 | 23532 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 216 | 23550 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; | | | | | |
| 216 | 23552 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 216 | 23585 | OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION | | | | | |
| 216 | 23615 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES); | | | | | |
| 216 | 23616 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES); WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT | | | | | |
| 216 | 23630 | OPEN TREATMENT OF GREATER TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 23660 | OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION | | | | | |
| 216 | 23670 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 23680 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 24515 | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE | | | | | |
| 216 | 24516 | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS | | | | | |
| 216 | 24538 | PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION | | | | | |
| 216 | 24545 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT INTERCONDYLAR EXTENSION | | | | | |
| 216 | 24546 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH INTERCONDYLAR EXTENSION | | | | | |
| 216 | 24566 | PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION | | | | | |
| 216 | 24575 | OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 24579 | OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 24582 | PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION | | | | | |
| 216 | 24586 | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS); | | | | | |
| 216 | 24587 | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS); WITH IMPLANT ARTHROPLASTY | | | | | |
| 216 | 24615 | OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION | | | | | |
| 216 | 24635 | OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 24665 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; | | | | | |
| 216 | 24666 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WITH RADIAL HEAD PROSTHETIC REPLACEMENT | | | | | |
| 216 | 24685 | OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 25515 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 25525 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION | | | | | |
| 216 | 25526 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), INCLUDES REPAIR OF TRIANGULAR CARTILAGE | | | | | |
| 216 | 25545 | OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 25574 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 216 | 25575 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA | | | | | |
| 216 | 25611 | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, REQUIRING MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION | | | | | |
| 216 | 25620 | OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 25628 | OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 25645 | OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE | | | | | |
| 216 | 25670 | OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES | | | | | |
| 216 | 25676 | OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC | | | | | |
| 216 | 25685 | OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION | | | | | |
| 216 | 25695 | OPEN TREATMENT OF LUNATE DISLOCATION | | | | | |
| 216 | 26608 | PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE | | | | | |
| 216 | 26615 | OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE | | | | | |
| 216 | 26650 | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION | | | | | |
| 216 | 26665 | OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 26676 | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION | | | | | |
| 216 | 26685 | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 26686 | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAYED REDUCTION | | | | | |
| 216 | 26715 | OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 26727 | PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, EACH | | | | | |
| 216 | 26735 | OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH | | | | | |
| 216 | 26746 | OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH | | | | | |
| 216 | 26756 | PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH | | | | | |
| 216 | 26765 | OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH | | | | | |
| 216 | 26776 | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION | | | | | |
| 216 | 26785 | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE | | | | | |
| 216 | 27202 | OPEN TREATMENT OF COCCYGEAL FRACTURE | | | | | |
| 216 | 27509 | PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, OR SUPRACONDYLAR OR TRANSCONDYLAR, WITH OR WITHOUT INTERCONDYLAR EXTENSION, OR DISTAL FEMORAL EPIPHYSEAL SEPARATION | | | | | |
| 216 | 27556 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS REPAIR OR AUGMENTATION/RECONSTRUCTION | | | | | |
| 216 | 27566 | OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY | | | | | |
| 216 | 27615 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA | | | | | |
| 216 | 27756 | PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS) | | | | | |
| 216 | 27758 | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE | | | | | |
| 216 | 27759 | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE | | | | | |
| 216 | 27766 | OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 27784 | OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 27792 | OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 27814 | OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 27822 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITHOUT FIXATION OF POSTERIOR LIP | | | | | |
| 216 | 27823 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITH FIXATION OF POSTERIOR LIP | | | | | |
| 216 | 27826 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF FIBULA ONLY | | | | | |
| 216 | 27827 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF TIBIA ONLY | | | | | |
| 216 | 27828 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF BOTH TIBIA AND FIBULA | | | | | |
| 216 | 27829 | OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 27832 | OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR WITH EXCISION OF PROXIMAL FIBULA | | | | | |
| 216 | 27846 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNAL FIXATION | | | | | |
| 216 | 27848 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 28406 | PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION | | | | | |
| 216 | 28415 | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; | | | | | |
| 216 | 28420 | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 216 | 28436 | PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION | | | | | |
| 216 | 28445 | OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 28456 | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 216 | 28465 | OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH | | | | | |
| 216 | 28476 | PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH | | | | | |
| 216 | 28485 | OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH | | | | | |
| 216 | 28496 | PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION | | | | | |
| 216 | 28505 | OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 28525 | OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH | | | | | |
| 216 | 28531 | OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION | | | | | |
| 216 | 28546 | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION | | | | | |
| 216 | 28555 | OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 28576 | PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION | | | | | |
| 216 | 28585 | OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 28606 | PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION | | | | | |
| 216 | 28615 | OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 28636 | PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION | | | | | |
| 216 | 28645 | OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 216 | 28666 | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION | | | | | |
| 216 | 28675 | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION | | | | | |
| 217 | Arthroplasty | | T | 20.48 | $1,037.71 | $526.81 | $207.54 |
| 217 | 24360 | ARTHROPLASTY, ELBOW; WITH MEMBRANE | | | | | |
| 217 | 24365 | ARTHROPLASTY, RADIAL HEAD; | | | | | |
| 217 | 25332 | ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION | | | | | |
| 217 | 25447 | INTERPOSITION ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS | | | | | |
| 217 | 25449 | REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT | | | | | |
| 217 | 26530 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; SINGLE, EACH | | | | | |
| 217 | 26535 | ARTHROPLASTY INTERPHALANGEAL JOINT; SINGLE, EACH | | | | | |
| 217 | 27266 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA | | | | | |
| 217 | 27437 | ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS | | | | | |
| 217 | 27440 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; | | | | | |
| 217 | 27441 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY | | | | | |
| 217 | 27442 | ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; | | | | | |
| 217 | 27443 | ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY | | | | | |
| 217 | 27700 | ARTHROPLASTY, ANKLE; | | | | | |
| 218 | Arthroplasty with prosthesis | | T | 27.49 | $1,392.90 | $715.52 | $278.58 |
| 218 | 21243 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT | | | | | |
| 218 | 24361 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT | | | | | |
| 218 | 24362 | ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION | | | | | |
| 218 | 24363 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW") | | | | | |
| 218 | 24366 | ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT | | | | | |
| 218 | 25441 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS | | | | | |
| 218 | 25442 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA | | | | | |
| 218 | 25443 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR) | | | | | |
| 218 | 25444 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE | | | | | |
| 218 | 25445 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM | | | | | |
| 218 | 25446 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST") | | | | | |
| 218 | 26531 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH | | | | | |
| 218 | 26536 | ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH | | | | | |
| 218 | 27438 | ARTHROPLASTY, PATELLA; WITH PROSTHESIS | | | | | |
| 226 | Maxillofacial prostheses | | T | 1.59 | $80.56 | $21.92 | $16.11 |
| 226 | 21076 | IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS | | | | | |
| 226 | 21077 | IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS | | | | | |
| 226 | 21079 | IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS | | | | | |
| 226 | 21080 | IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS | | | | | |
| 226 | 21081 | IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS | | | | | |
| 226 | 21082 | IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS | | | | | |
| 226 | 21083 | IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS | | | | | |
| 226 | 21084 | IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS | | | | | |
| 226 | 21086 | IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS | | | | | |
| 226 | 21087 | IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS | | | | | |
| 226 | 21088 | IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS | | | | | |
| 226 | 21089 | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE | | | | | |
| 231 | Level I skull and facial bone procedures | | T | 12.02 | $609.05 | $299.9 | $121.81 |
| 231 | 21015 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP | | | | | |
| 231 | 21025 | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE | | | | | |
| 231 | 21026 | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S) | | | | | |
| 231 | 21029 | REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA) | | | | | |
| 231 | 21030 | EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE | | | | | |
| 231 | 21031 | EXCISION OF TORUS MANDIBULARIS | | | | | |
| 231 | 21032 | EXCISION OF MAXILLARY TORUS PALATINUS | | | | | |
| 231 | 21040 | EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE | | | | | |
| 231 | 21041 | EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; COMPLEX | | | | | |
| 231 | 21100 | APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE) | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 231 | 21110 | APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES | | | | | |
| 231 | 21120 | GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL) | | | | | |
| 231 | 21125 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL | | | | | |
| 231 | 21280 | MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) | | | | | |
| 231 | 21282 | LATERAL CANTHOPEXY | | | | | |
| 231 | 21295 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH | | | | | |
| 231 | 21296 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH | | | | | |
| 231 | 21299 | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE | | | | | |
| 231 | 21300 | CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION | | | | | |
| 231 | 21310 | CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION | | | | | |
| 231 | 21315 | CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION | | | | | |
| 231 | 21320 | CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION | | | | | |
| 231 | 21325 | OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED | | | | | |
| 231 | 21337 | CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION | | | | | |
| 231 | 21355 | PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION | | | | | |
| 231 | 21400 | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION | | | | | |
| 231 | 21401 | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION | | | | | |
| 231 | 21440 | CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE) | | | | | |
| 231 | 21451 | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION | | | | | |
| 231 | 21480 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT | | | | | |
| 231 | 21485 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING), INITIAL OR SUBSEQUENT | | | | | |
| 231 | 21493 | CLOSED TREATMENT OF HYOID FRACTURE; WITHOUT MANIPULATION | | | | | |
| 231 | 21494 | CLOSED TREATMENT OF HYOID FRACTURE; WITH MANIPULATION | | | | | |
| 231 | 21497 | INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE | | | | | |
| 231 | 21499 | UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD | | | | | |
| 231 | 41822 | EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | | | | | |
| 231 | 41823 | EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | | | | | |
| 232 | | Level II skull and facial bone procedures | T | 23.93 | $1,212.52 | $639.35 | $242.50 |
| 232 | 21010 | ARTHROTOMY, TEMPOROMANDIBULAR JOINT | | | | | |
| 232 | 21034 | EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE | | | | | |
| 232 | 21044 | EXCISION OF MALIGNANT TUMOR OF MANDIBLE | | | | | |
| 232 | 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE) | | | | | |
| 232 | 21060 | MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE) | | | | | |
| 232 | 21070 | CORONOIDECTOMY (SEPARATE PROCEDURE) | | | | | |
| 232 | 21121 | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE | | | | | |
| 232 | 21122 | GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN) | | | | | |
| 232 | 21123 | GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) | | | | | |
| 232 | 21127 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT) | | | | | |
| 232 | 21181 | RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL | | | | | |
| 232 | 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD) | | | | | |
| 232 | 21208 | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT) | | | | | |
| 232 | 21209 | OSTEOPLASTY, FACIAL BONES; REDUCTION | | | | | |
| 232 | 21210 | GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT) | | | | | |
| 232 | 21215 | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT) | | | | | |
| 232 | 21230 | GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT) | | | | | |
| 232 | 21235 | GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT) | | | | | |
| 232 | 21240 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 232 | 21242 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT | | | | | |
| 232 | 21244 | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE) | | | | | |
| 232 | 21245 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL | | | | | |
| 232 | 21246 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE | | | | | |
| 232 | 21248 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL | | | | | |
| 232 | 21249 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE | | | | | |
| 232 | 21260 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH | | | | | |
| 232 | 21267 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH | | | | | |
| 232 | 21270 | MALAR AUGMENTATION, PROSTHETIC MATERIAL | | | | | |
| 232 | 21275 | SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION | | | | | |
| 232 | 21330 | OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION | | | | | |
| 232 | 21335 | OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM | | | | | |
| 232 | 21338 | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION | | | | | |
| 232 | 21339 | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION | | | | | |
| 232 | 21340 | PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR OF CANTHAL LIGAMENTS AND/OR THE NASOLACRIMAL APPARATUS | | | | | |
| 232 | 21343 | OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE | | | | | |
| 232 | 21345 | CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT | | | | | |
| 232 | 21421 | CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT | | | | | |
| 232 | 21445 | OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE) | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 232 | 21450 | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION | | | | | |
| 232 | 21452 | PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION | | | | | |
| 232 | 21453 | CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION | | | | | |
| 232 | 21454 | OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION | | | | | |
| 232 | 21461 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION | | | | | |
| 232 | 21462 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION | | | | | |
| 232 | 21465 | OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE | | | | | |
| 232 | 21490 | OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION | | | | | |
| 232 | 67420 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION | | | | | |
| 232 | 67430 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF FOREIGN BODY | | | | | |
| 232 | 67440 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH DRAINAGE | | | | | |
| 232 | 67450 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR EXPLORATION, WITH OR WITHOUT BIOPSY | | | | | |
| 251 | Level I musculoskeletal procedures | | T | 14.26 | $722.55 | $366.12 | $144.51 |
| 251 | 20005 | INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED | | | | | |
| 251 | 20250 | BIOPSY, VERTEBRAL BODY, OPEN; THORACIC | | | | | |
| 251 | 20251 | BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL | | | | | |
| 251 | 20650 | INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE) | | | | | |
| 251 | 20693 | ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW RING(S) OR BAR(S)) | | | | | |
| 251 | 20694 | REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM | | | | | |
| 251 | 20975 | ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE) | | | | | |
| 251 | 23100 | ARTHROTOMY WITH BIOPSY, GLENOHUMERAL JOINT | | | | | |
| 251 | 23140 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; | | | | | |
| 251 | 23935 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW | | | | | |
| 251 | 24100 | ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY | | | | | |
| 251 | 24105 | EXCISION, OLECRANON BURSA | | | | | |
| 251 | 24110 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; | | | | | |
| 251 | 24120 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; | | | | | |
| 251 | 24310 | TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH | | | | | |
| 251 | 24925 | AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION | | | | | |
| 251 | 25000 | TENDON SHEATH INCISION; AT RADIAL STYLOID (EG, FOR DEQUERVAIN'S DISEASE) | | | | | |
| 251 | 25020 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT | | | | | |
| 251 | 25028 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA | | | | | |
| 251 | 25031 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA | | | | | |
| 251 | 25035 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST | | | | | |
| 251 | 25085 | CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE) | | | | | |
| 251 | 25100 | ARTHROTOMY, WRIST JOINT; WITH BIOPSY | | | | | |
| 251 | 25110 | EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST | | | | | |
| 251 | 25115 | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS | | | | | |
| 251 | 25116 | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); EXTENSORS, WITH OR WITHOUT TRANSPOSITION OF DORSAL RETINACULUM | | | | | |
| 251 | 25248 | EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST | | | | | |
| 251 | 25295 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON | | | | | |
| 251 | 25907 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION | | | | | |
| 251 | 25922 | DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION | | | | | |
| 251 | 26990 | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA | | | | | |
| 251 | 26991 | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA | | | | | |
| 251 | 27000 | TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE) | | | | | |
| 251 | 27050 | ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT | | | | | |
| 251 | 27052 | ARTHROTOMY, WITH BIOPSY; HIP JOINT | | | | | |
| 251 | 27060 | EXCISION; ISCHIAL BURSA | | | | | |
| 251 | 27062 | EXCISION; TROCHANTERIC BURSA OR CALCIFICATION | | | | | |
| 251 | 27065 | EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR) WITH OR WITHOUT AUTOGRAFT | | | | | |
| 251 | 27086 | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE | | | | | |
| 251 | 27087 | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP | | | | | |
| 251 | 27305 | FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN | | | | | |
| 251 | 27306 | TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); SINGLE | | | | | |
| 251 | 27307 | TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); MULTIPLE | | | | | |
| 251 | 27340 | EXCISION, PREPATELLAR BURSA | | | | | |
| 251 | 27345 | EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST) | | | | | |
| 251 | 27380 | SUTURE OF INFRAPATELLAR TENDON; PRIMARY | | | | | |
| 251 | 27381 | SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT | | | | | |
| 251 | 27385 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY | | | | | |
| 251 | 27386 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT | | | | | |
| 251 | 27390 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE | | | | | |
| 251 | 27391 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG | | | | | |
| 251 | 27392 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL | | | | | |
| 251 | 27496 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); | | | | | |
| 251 | 27497 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE | | | | | |
| 251 | 27498 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 251 | 27499 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE | | | | | |
| 251 | 27594 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION | | | | | |
| 251 | 27600 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY | | | | | |
| 251 | 27601 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY | | | | | |
| 251 | 27602 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S) | | | | | |
| 251 | 27604 | INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA | | | | | |
| 251 | 27606 | TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA | | | | | |
| 251 | 27607 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE | | | | | |
| 251 | 27630 | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE | | | | | |
| 251 | 27656 | REPAIR, FASCIAL DEFECT OF LEG | | | | | |
| 251 | 27658 | REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH | | | | | |
| 251 | 27659 | REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH | | | | | |
| 251 | 27664 | REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH | | | | | |
| 251 | 27675 | REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY | | | | | |
| 251 | 27704 | REMOVAL OF ANKLE IMPLANT | | | | | |
| 251 | 27707 | OSTEOTOMY; FIBULA | | | | | |
| 251 | 27884 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION | | | | | |
| 251 | 27892 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE | | | | | |
| 251 | 27893 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE | | | | | |
| 251 | 27894 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE | | | | | |
| 251 | 28002 | DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL SPACE, SPECIFY | | | | | |
| 251 | 28003 | DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS | | | | | |
| 252 | Level II Musculoskeletal Procedures | | T | 19.39 | $982.48 | $509.18 | $196.5 |
| 252 | 20690 | APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM | | | | | |
| 252 | 20692 | APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE) | | | | | |
| 252 | 20900 | BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON) | | | | | |
| 252 | 20902 | BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE | | | | | |
| 252 | 20924 | TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS) | | | | | |
| 252 | 21502 | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY | | | | | |
| 252 | 21600 | EXCISION OF RIB, PARTIAL | | | | | |
| 252 | 21610 | COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE) | | | | | |
| 252 | 23040 | ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY | | | | | |
| 252 | 23044 | ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY | | | | | |
| 252 | 23101 | ARTHROTOMY WITH BIOPSY, OR WITH EXCISION OF TORN CARTILAGE, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT | | | | | |
| 252 | 23105 | ARTHROTOMY WITH SYNOVECTOMY; GLENOHUMERAL JOINT | | | | | |
| 252 | 23106 | ARTHROTOMY WITH SYNOVECTOMY; STERNOCLAVICULAR JOINT | | | | | |
| 252 | 23107 | ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY | | | | | |
| 252 | 23145 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 252 | 23146 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT | | | | | |
| 252 | 23150 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; | | | | | |
| 252 | 23155 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 252 | 23156 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT | | | | | |
| 252 | 23170 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE | | | | | |
| 252 | 23172 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA | | | | | |
| 252 | 23174 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK | | | | | |
| 252 | 23180 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE | | | | | |
| 252 | 23182 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA | | | | | |
| 252 | 23184 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS | | | | | |
| 252 | 23190 | OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) | | | | | |
| 252 | 23405 | TENOMYOTOMY, SHOULDER AREA; SINGLE | | | | | |
| 252 | 23406 | TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION | | | | | |
| 252 | 24000 | ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY | | | | | |
| 252 | 24006 | ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE) | | | | | |
| 252 | 24101 | ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY | | | | | |
| 252 | 24102 | ARTHROTOMY, ELBOW; WITH SYNOVECTOMY | | | | | |
| 252 | 24115 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 252 | 24116 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT | | | | | |
| 252 | 24125 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 252 | 24126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT | | | | | |
| 252 | 24130 | EXCISION, RADIAL HEAD | | | | | |
| 252 | 24134 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 252 | 24136 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK | | | | | |
| 252 | 24138 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS | | | | | |
| 252 | 24140 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS | | | | | |
| 252 | 24145 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD OR NECK | | | | | |
| 252 | 24147 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS | | | | | |
| 252 | 24160 | IMPLANT REMOVAL; ELBOW JOINT | | | | | |
| 252 | 24164 | IMPLANT REMOVAL; RADIAL HEAD | | | | | |
| 252 | 24301 | MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331) | | | | | |
| 252 | 24305 | TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH | | | | | |
| 252 | 24350 | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); | | | | | |
| 252 | 24351 | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH EXTENSOR ORIGIN DETACHMENT | | | | | |
| 252 | 24352 | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH ANNULAR LIGAMENT RESECTION | | | | | |
| 252 | 24354 | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH STRIPPING | | | | | |
| 252 | 24356 | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH PARTIAL OSTECTOMY | | | | | |
| 252 | 24400 | OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION | | | | | |
| 252 | 24410 | MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE) | | | | | |
| 252 | 24495 | DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION | | | | | |
| 252 | 25023 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE | | | | | |
| 252 | 25040 | ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY | | | | | |
| 252 | 25101 | ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY | | | | | |
| 252 | 25105 | ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY | | | | | |
| 252 | 25107 | ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR OF TRIANGULAR CARTILAGE COMPLEX | | | | | |
| 252 | 25118 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; | | | | | |
| 252 | 25119 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA | | | | | |
| 252 | 25120 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); | | | | | |
| 252 | 25125 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 252 | 25126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH ALLOGRAFT | | | | | |
| 252 | 25130 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; | | | | | |
| 252 | 25135 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 252 | 25136 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT | | | | | |
| 252 | 25145 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST | | | | | |
| 252 | 25150 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA | | | | | |
| 252 | 25151 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS | | | | | |
| 252 | 25230 | RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE) | | | | | |
| 252 | 25240 | EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION) | | | | | |
| 252 | 25250 | REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE) | | | | | |
| 252 | 25251 | REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST" | | | | | |
| 252 | 25260 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE | | | | | |
| 252 | 25263 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE | | | | | |
| 252 | 25265 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE | | | | | |
| 252 | 25270 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE | | | | | |
| 252 | 25272 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE | | | | | |
| 252 | 25274 | REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EACH TENDON OR MUSCLE | | | | | |
| 252 | 25280 | LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON | | | | | |
| 252 | 25290 | TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON | | | | | |
| 252 | 25300 | TENODESIS AT WRIST; FLEXORS OF FINGERS | | | | | |
| 252 | 25301 | TENODESIS AT WRIST; EXTENSORS OF FINGERS | | | | | |
| 252 | 25360 | OSTEOTOMY; ULNA | | | | | |
| 252 | 25365 | OSTEOTOMY; RADIUS AND ULNA | | | | | |
| 252 | 25400 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE) | | | | | |
| 252 | 25415 | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE) | | | | | |
| 252 | 27001 | TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN | | | | | |
| 252 | 27003 | TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY | | | | | |
| 252 | 27066 | EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT | | | | | |
| 252 | 27067 | EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION | | | | | |
| 252 | 27080 | COCCYGECTOMY, PRIMARY | | | | | |
| 252 | 27097 | HAMSTRING RECESSION, PROXIMAL | | | | | |
| 252 | 27098 | ADDUCTOR TRANSFER TO ISCHIUM | | | | | |
| 252 | 27310 | ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY | | | | | |
| 252 | 27330 | ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY | | | | | |
| 252 | 27331 | ARTHROTOMY, KNEE; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODIES | | | | | |
| 252 | 27332 | ARTHROTOMY, KNEE, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL OR LATERAL | | | | | |
| 252 | 27333 | ARTHROTOMY, KNEE, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL | | | | | |
| 252 | 27334 | ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR OR POSTERIOR | | | | | |
| 252 | 27335 | ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA | | | | | |
| 252 | 27350 | PATELLECTOMY OR HEMIPATELLECTOMY | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 252 | 27355 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; | | | | | |
| 252 | 27356 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT | | | | | |
| 252 | 27357 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 252 | 27358 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355, 27356, OR 27357) | | | | | |
| 252 | 27360 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), FEMUR, PROXIMAL TIBIA AND/ OR FIBULA | | | | | |
| 252 | 27393 | LENGTHENING OF HAMSTRING TENDON; SINGLE | | | | | |
| 252 | 27394 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE, ONE LEG | | | | | |
| 252 | 27396 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE | | | | | |
| 252 | 27403 | ARTHROTOMY WITH OPEN MENISCUS REPAIR | | | | | |
| 252 | 27425 | LATERAL RETINACULAR RELEASE (ANY METHOD) | | | | | |
| 252 | 27610 | ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY | | | | | |
| 252 | 27612 | ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING | | | | | |
| 252 | 27620 | ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY | | | | | |
| 252 | 27625 | ARTHROTOMY, ANKLE, WITH SYNOVECTOMY; | | | | | |
| 252 | 27626 | ARTHROTOMY, ANKLE, WITH SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY | | | | | |
| 252 | 27635 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; | | | | | |
| 252 | 27637 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 252 | 27638 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT | | | | | |
| 252 | 27641 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS); FIBULA | | | | | |
| 252 | 27665 | REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH | | | | | |
| 252 | 27676 | REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY | | | | | |
| 252 | 27680 | TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; SINGLE | | | | | |
| 252 | 27681 | TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH | | | | | |
| 252 | 27685 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE) | | | | | |
| 252 | 27686 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH | | | | | |
| 252 | 27687 | GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE) | | | | | |
| 252 | 27695 | SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL | | | | | |
| 252 | 27696 | SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS | | | | | |
| 252 | 27698 | SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE) | | | | | |
| 252 | 27709 | OSTEOTOMY; TIBIA AND FIBULA | | | | | |
| 252 | 27730 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA | | | | | |
| 252 | 27732 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA | | | | | |
| 252 | 27734 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA | | | | | |
| 252 | 27740 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; | | | | | |
| 252 | 27889 | ANKLE DISARTICULATION | | | | | |
| 253 | Level III Musculoskeletal Procedures | | T | 26.33 | $1,334.13 | $699.24 | $266.83 |
| 253 | 23020 | CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROCEDURE) | | | | | |
| 253 | 23120 | CLAVICULECTOMY; PARTIAL | | | | | |
| 253 | 23130 | ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL | | | | | |
| 253 | 23415 | CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY | | | | | |
| 253 | 23480 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; | | | | | |
| 253 | 23485 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION) | | | | | |
| 253 | 23490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE | | | | | |
| 253 | 23491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUMERUS AND HUMERAL HEAD | | | | | |
| 253 | 23800 | ARTHRODESIS, SHOULDER JOINT; WITH OR WITHOUT LOCAL BONE GRAFT | | | | | |
| 253 | 23802 | ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 253 | 24155 | RESECTION OF ELBOW JOINT (ARTHRECTOMY) | | | | | |
| 253 | 24320 | TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROCEDURE) | | | | | |
| 253 | 24330 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); | | | | | |
| 253 | 24331 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT | | | | | |
| 253 | 24340 | TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE) | | | | | |
| 253 | 24341 | REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF) | | | | | |
| 253 | 24342 | REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT | | | | | |
| 253 | 24420 | OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876) | | | | | |
| 253 | 24430 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE) | | | | | |
| 253 | 24435 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 253 | 24470 | HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS) | | | | | |
| 253 | 24498 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERUS | | | | | |
| 253 | 24800 | ARTHRODESIS, ELBOW JOINT; WITH OR WITHOUT LOCAL AUTOGRAFT OR ALLOGRAFT | | | | | |
| 253 | 24802 | ARTHRODESIS, ELBOW JOINT; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT OTHER THAN LOCALLY OBTAINED) | | | | | |
| 253 | 25310 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON | | | | | |
| 253 | 25312 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT), EACH TENDON | | | | | |
| 253 | 25315 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST; | | | | | |
| 253 | 25316 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER | | | | | |
| 253 | 25320 | CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, ANY METHOD (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY, CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 253 | 25335 | CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND) | | | | | |
| 253 | 25337 | RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE STABILIZATION (EG, TENDON TRANSFER, TENDON GRAFT OR WEAVE, OR TENODESIS) WITH OR WITHOUT OPEN REDUCTION OF DISTAL RADIOULNAR JOINT | | | | | |
| 253 | 25350 | OSTEOTOMY, RADIUS; DISTAL THIRD | | | | | |
| 253 | 25355 | OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD | | | | | |
| 253 | 25370 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA | | | | | |
| 253 | 25375 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA | | | | | |
| 253 | 25425 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA | | | | | |
| 253 | 25426 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA | | | | | |
| 253 | 25440 | REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION) | | | | | |
| 253 | 25450 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, DISTAL RADIUS OR ULNA | | | | | |
| 253 | 25455 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA | | | | | |
| 253 | 25490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS | | | | | |
| 253 | 25491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA | | | | | |
| 253 | 25492 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND VLNA | | | | | |
| 253 | 25800 | ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITHOUT BONE GRAFT | | | | | |
| 253 | 25805 | ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT | | | | | |
| 253 | 25810 | ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 253 | 25830 | DISTAL RADIOULNAR JOINT ARTHRODESIS AND SEGMENTAL RESECTION OF ULNA (EG, SAUVE-KAPANDJI PROCEDURE), WITH OR WITHOUT BONE GRAFT | | | | | |
| 253 | 27033 | ARTHROTOMY, HIP, WITH EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY | | | | | |
| 253 | 27100 | TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT) | | | | | |
| 253 | 27105 | TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT) | | | | | |
| 253 | 27110 | TRANSFER ILIOPSOAS; TO GREATER TROCHANTER | | | | | |
| 253 | 27111 | TRANSFER ILIOPSOAS; TO FEMORAL NECK | | | | | |
| 253 | 27395 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE, BILATERAL | | | | | |
| 253 | 27397 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE | | | | | |
| 253 | 27400 | TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR (EGGERS TYPE PROCEDURE) | | | | | |
| 253 | 27405 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL | | | | | |
| 253 | 27407 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE | | | | | |
| 253 | 27409 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS | | | | | |
| 253 | 27418 | ANTERIOR TIBIAL TUBERCLEPLASTY (EG, FOR CHONDROMALACIA PATELLAE) | | | | | |
| 253 | 27420 | RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; (HAUSER TYPE PROCEDURE) | | | | | |
| 253 | 27422 | RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (CAMPBELL, GOLDWAITE TYPE PROCEDURE) | | | | | |
| 253 | 27424 | RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY | | | | | |
| 253 | 27430 | QUADRICEPSPLASTY (BENNETT OR THOMPSON TYPE) | | | | | |
| 253 | 27435 | CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE | | | | | |
| 253 | 27640 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS); TIBIA | | | | | |
| 253 | 27647 | RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS | | | | | |
| 253 | 27650 | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; | | | | | |
| 253 | 27652 | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 253 | 27654 | REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT | | | | | |
| 253 | 27690 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT) | | | | | |
| 253 | 27691 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLUCIS LONGUS, OR PERONEAL TENDON TO MIDFOOT OR HINDFOOT) | | | | | |
| 253 | 27692 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON | | | | | |
| 253 | 27705 | OSTEOTOMY; TIBIA | | | | | |
| 253 | 27742 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR | | | | | |
| 253 | 27745 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA | | | | | |
| 253 | 27870 | ARTHRODESIS, ANKLE, ANY METHOD | | | | | |
| 253 | 27871 | ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL | | | | | |
| 254 | Level IV Musculoskeletal Procedures | | T | 34.37 | $1,741.51 | $937.11 | $348.30 |
| 254 | 23410 | REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); ACUTE | | | | | |
| 254 | 23412 | REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); CHRONIC | | | | | |
| 254 | 23420 | REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) | | | | | |
| 254 | 23430 | TENODESIS OF LONG TENDON OF BICEPS | | | | | |
| 254 | 23450 | CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION | | | | | |
| 254 | 23455 | CAPSULORRHAPHY, ANTERIOR; BANKART TYPE OPERATION WITH OR WITHOUT STAPLING | | | | | |
| 254 | 23460 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK | | | | | |
| 254 | 23462 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER | | | | | |
| 254 | 23465 | CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, WITH OR WITHOUT BONE BLOCK | | | | | |
| 254 | 23466 | CAPSULORRHAPHY WITH ANY TYPE MULTI-DIRECTIONAL INSTABILITY | | | | | |
| 254 | 27427 | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR | | | | | |
| 254 | 27428 | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) | | | | | |
| 254 | 27429 | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR | | | | | |
| 261 | Level I Hand Musculoskeletal Procedures | | T | 10.54 | $534.06 | $261.48 | $106.81 |
| 261 | 25111 | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 261 | 25112 | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT | | | | | |
| 261 | 25820 | INTERCARPAL FUSION; WITHOUT BONE GRAFT | | | | | |
| 261 | 26020 | DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM | | | | | |
| 261 | 26025 | DRAINAGE OF PALMAR BURSA; SINGLE, ULNAR OR RADIAL | | | | | |
| 261 | 26030 | DRAINAGE OF PALMAR BURSA; MULTIPLE OR COMPLICATED | | | | | |
| 261 | 26034 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HAND OR FINGER | | | | | |
| 261 | 26035 | DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN) | | | | | |
| 261 | 26037 | DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) | | | | | |
| 261 | 26055 | TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER) | | | | | |
| 261 | 26060 | TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT | | | | | |
| 261 | 26070 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT | | | | | |
| 261 | 26075 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; METACARPOPHALANGEAL JOINT | | | | | |
| 261 | 26080 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH | | | | | |
| 261 | 26100 | ARTHROTOMY WITH SYNOVIAL BIOPSY; CARPOMETACARPAL JOINT | | | | | |
| 261 | 26105 | ARTHROTOMY WITH SYNOVIAL BIOPSY; METACARPOPHALANGEAL JOINT | | | | | |
| 261 | 26110 | ARTHROTOMY WITH SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH | | | | | |
| 261 | 26130 | SYNOVECTOMY, CARPOMETACARPAL JOINT | | | | | |
| 261 | 26140 | SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL | | | | | |
| 261 | 26145 | SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR, PALM OR FINGER, SINGLE, EACH DIGIT | | | | | |
| 261 | 26160 | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER | | | | | |
| 261 | 26170 | EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH | | | | | |
| 261 | 26180 | EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE) | | | | | |
| 261 | 26185 | SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE) | | | | | |
| 261 | 26200 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; | | | | | |
| 261 | 26210 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER; | | | | | |
| 261 | 26215 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 261 | 26230 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL | | | | | |
| 261 | 26235 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX OF FINGER | | | | | |
| 261 | 26236 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF FINGER | | | | | |
| 261 | 26250 | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; | | | | | |
| 261 | 26260 | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; | | | | | |
| 261 | 26261 | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 261 | 26262 | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, DISTAL PHALANX OF FINGER | | | | | |
| 261 | 26410 | EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON | | | | | |
| 261 | 26418 | EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON | | | | | |
| 261 | 26432 | EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), CLOSED, SPLINTING WITH OR WITHOUT PERCUTANEOUS PINNING | | | | | |
| 261 | 26433 | EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITHOUT GRAFT | | | | | |
| 261 | 26437 | EXTENSOR TENDON REALIGNMENT, HAND | | | | | |
| 261 | 26440 | TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH TENDON | | | | | |
| 261 | 26445 | TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON | | | | | |
| 261 | 26450 | TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH | | | | | |
| 261 | 26455 | TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH | | | | | |
| 261 | 26460 | TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH | | | | | |
| 261 | 26471 | TENODESIS; FOR PROXIMAL INTERPHALANGEAL JOINT STABILIZATION | | | | | |
| 261 | 26474 | TENODESIS; FOR DISTAL JOINT STABILIZATION | | | | | |
| 261 | 26476 | TENDON LENGTHENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH | | | | | |
| 261 | 26477 | TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH | | | | | |
| 261 | 26478 | TENDON LENGTHENING, FLEXOR, HAND OR FINGER, SINGLE, EACH | | | | | |
| 261 | 26479 | TENDON SHORTENING, FLEXOR, HAND OR FINGER, SINGLE, EACH | | | | | |
| 261 | 26500 | TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE) | | | | | |
| 261 | 26508 | THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE | | | | | |
| 261 | 26520 | CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; METACARPOPHALANGEAL JOINT, SINGLE, EACH | | | | | |
| 261 | 26525 | CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH | | | | | |
| 261 | 26540 | REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT | | | | | |
| 261 | 26542 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT) | | | | | |
| 261 | 26560 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS | | | | | |
| 261 | 26587 | RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE | | | | | |
| 261 | 26593 | RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY) | | | | | |
| 261 | 26951 | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT CLOSURE | | | | | |
| 261 | 26952 | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL ADVANCEMENT FLAPS (V–Y, HOOD) | | | | | |
| 262 | Level II Hand Musculoskeletal Procedures | | T | 18.35 | $929.78 | $480.82 | $185.96 |
| 262 | 25210 | CARPECTOMY; ONE BONE | | | | | |
| 262 | 25215 | CARPECTOMY; ALL BONES OF PROXIMAL ROW | | | | | |
| 262 | 25825 | INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26040 | FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; PERCUTANEOUS | | | | | |
| 262 | 26045 | FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL | | | | | |
| 262 | 26121 | FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z–PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT) | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 262 | 26123 | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z–PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); | | | | | |
| 262 | 26125 | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION | | | | | |
| 262 | 26135 | SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT | | | | | |
| 262 | 26205 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26255 | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26350 | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; PRIMARY OR SECONDARY WITHOUT FREE GRAFT, EACH TENDON | | | | | |
| 262 | 26352 | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON | | | | | |
| 262 | 26356 | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; PRIMARY, EACH TENDON | | | | | |
| 262 | 26357 | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON | | | | | |
| 262 | 26358 | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON | | | | | |
| 262 | 26370 | PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; PRIMARY | | | | | |
| 262 | 26372 | PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26373 | PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITHOUT FREE GRAFT | | | | | |
| 262 | 26390 | FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER | | | | | |
| 262 | 26392 | REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER | | | | | |
| 262 | 26412 | EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON | | | | | |
| 262 | 26415 | EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED EXTENSOR TENDON GRAFT, HAND OR FINGER | | | | | |
| 262 | 26416 | REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER | | | | | |
| 262 | 26420 | EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON | | | | | |
| 262 | 26426 | EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); USING LOCAL TISSUES | | | | | |
| 262 | 26428 | EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26434 | EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26442 | TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON | | | | | |
| 262 | 26449 | TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR FINGER, INCLUDING HAND AND FOREARM | | | | | |
| 262 | 26480 | TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITHOUT FREE GRAFT, EACH | | | | | |
| 262 | 26483 | TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON | | | | | |
| 262 | 26485 | TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITHOUT FREE TENDON GRAFT | | | | | |
| 262 | 26489 | TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON | | | | | |
| 262 | 26490 | OPPONENSPLASTY; SUBLIMIS TENDON TRANSFER TYPE | | | | | |
| 262 | 26492 | OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26494 | OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER | | | | | |
| 262 | 26496 | OPPONENSPLASTY; OTHER METHODS | | | | | |
| 262 | 26497 | TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER | | | | | |
| 262 | 26498 | TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS | | | | | |
| 262 | 26499 | CORRECTION CLAW FINGER, OTHER METHODS | | | | | |
| 262 | 26502 | TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE) | | | | | |
| 262 | 26504 | TENDON PULLEY RECONSTRUCTION; WITH TENDON PROSTHESIS (SEPARATE PROCEDURE) | | | | | |
| 262 | 26510 | CROSS INTRINSIC TRANSFER | | | | | |
| 262 | 26516 | CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT | | | | | |
| 262 | 26517 | CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS | | | | | |
| 262 | 26518 | CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS | | | | | |
| 262 | 26541 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26545 | RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT | | | | | |
| 262 | 26546 | REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION) | | | | | |
| 262 | 26548 | REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT | | | | | |
| 262 | 26550 | POLLICIZATION OF A DIGIT | | | | | |
| 262 | 26555 | POSITIONAL CHANGE OF OTHER FINGER | | | | | |
| 262 | 26561 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS | | | | | |
| 262 | 26562 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS) | | | | | |
| 262 | 26565 | OSTEOTOMY FOR CORRECTION OF DEFORMITY; METACARPAL | | | | | |
| 262 | 26567 | OSTEOTOMY FOR CORRECTION OF DEFORMITY; PHALANX OF FINGER | | | | | |
| 262 | 26568 | OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX | | | | | |
| 262 | 26580 | REPAIR CLEFT HAND | | | | | |
| 262 | 26585 | REPAIR BIFID DIGIT | | | | | |
| 262 | 26590 | REPAIR MACRODACTYLIA | | | | | |
| 262 | 26591 | REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY) | | | | | |
| 262 | 26596 | EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES | | | | | |
| 262 | 26597 | RELEASE OF SCAR CONTRACTURE, FLEXOR OR EXTENSOR, WITH SKIN GRAFTS, REARRANGEMENT FLAPS, OR Z-PLASTIES, HAND AND/OR FINGER | | | | | |

(See Addendum D. for Payment of Medical Visits)
[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 262 | 26820 | FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26841 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; | | | | | |
| 262 | 26842 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26843 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; | | | | | |
| 262 | 26844 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26850 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | | | | |
| 262 | 26852 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26860 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | | | | |
| 262 | 26861 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT | | | | | |
| 262 | 26862 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 262 | 26863 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH ADDITIONAL JOINT | | | | | |
| 262 | 26910 | AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER | | | | | |
| 271 | Level I Foot Musculoskeletal Procedures | | T | 14.41 | $730.15 | $368.38 | $146.03 |
| 271 | 27605 | TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); *LOCAL ANESTHESIA | | | | | |
| 271 | 28005 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT | | | | | |
| 271 | 28008 | FASCIOTOMY, FOOT AND/OR TOE | | | | | |
| 271 | 28010 | TENOTOMY, SUBCUTANEOUS, TOE; SINGLE | | | | | |
| 271 | 28011 | TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE | | | | | |
| 271 | 28020 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT | | | | | |
| 271 | 28022 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT | | | | | |
| 271 | 28024 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT | | | | | |
| 271 | 28045 | EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR | | | | | |
| 271 | 28046 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT | | | | | |
| 271 | 28050 | ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT | | | | | |
| 271 | 28052 | ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT | | | | | |
| 271 | 28054 | ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT | | | | | |
| 271 | 28080 | EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH | | | | | |
| 271 | 28086 | SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR | | | | | |
| 271 | 28088 | SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR | | | | | |
| 271 | 28090 | EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT | | | | | |
| 271 | 28092 | EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES | | | | | |
| 271 | 28100 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; | | | | | |
| 271 | 28104 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; | | | | | |
| 271 | 28108 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT | | | | | |
| 271 | 28111 | OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD | | | | | |
| 271 | 28112 | OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH) | | | | | |
| 271 | 28113 | OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD | | | | | |
| 271 | 28114 | OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (CLAYTON TYPE PROCEDURE) | | | | | |
| 271 | 28116 | OSTECTOMY, EXCISION OF TARSAL COALITION | | | | | |
| 271 | 28118 | OSTECTOMY, CALCANEUS; | | | | | |
| 271 | 28119 | OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE | | | | | |
| 271 | 28120 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TALAR BOSSING), TALUS OR CALCANEUS | | | | | |
| 271 | 28122 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOSSING), TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS | | | | | |
| 271 | 28124 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOSSING), PHALANX OF TOE | | | | | |
| 271 | 28126 | RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, SINGLE TOE, EACH | | | | | |
| 271 | 28130 | TALECTOMY (ASTRAGALECTOMY) | | | | | |
| 271 | 28140 | METATARSECTOMY | | | | | |
| 271 | 28150 | PHALANGECTOMY OF TOE, SINGLE, EACH | | | | | |
| 271 | 28153 | RESECTION, HEAD OF PHALANX, TOE | | | | | |
| 271 | 28160 | HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH | | | | | |
| 271 | 28171 | RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS) | | | | | |
| 271 | 28173 | RADICAL RESECTION OF TUMOR, BONE; METATARSAL | | | | | |
| 271 | 28175 | RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE | | | | | |
| 271 | 28200 | REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON | | | | | |
| 271 | 28208 | REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON | | | | | |
| 271 | 28210 | REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT) | | | | | |
| 271 | 28220 | TENOLYSIS, FLEXOR, FOOT; SINGLE | | | | | |
| 271 | 28222 | TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION) | | | | | |
| 271 | 28225 | TENOLYSIS, EXTENSOR, FOOT; SINGLE | | | | | |
| 271 | 28226 | TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION) | | | | | |
| 271 | 28230 | TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE) | | | | | |
| 271 | 28232 | TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE) | | | | | |
| 271 | 28234 | TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE | | | | | |
| 271 | 28240 | TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE | | | | | |
| 271 | 28270 | CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE PROCEDURE) | | | | | |

(See Addendum D. for Payment of Medical Visits)

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

[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 271 | 28272 | CAPSULOTOMY; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE) | | | | | |
| 271 | 28280 | WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) (KELIKIAN TYPE PROCEDURE) | | | | | |
| 271 | 28285 | HAMMERTOE OPERATION, ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY) | | | | | |
| 271 | 28286 | COCK-UP FIFTH TOE OPERATION WITH PLASTIC SKIN CLOSURE (RUIZ-MORA TYPE PROCEDURE) | | | | | |
| 271 | 28310 | OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE) | | | | | |
| 271 | 28312 | OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE | | | | | |
| 271 | 28313 | RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY | | | | | |
| 271 | 28315 | SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE) | | | | | |
| 271 | 28340 | RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION | | | | | |
| 271 | 28341 | RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION | | | | | |
| 271 | 28737 | ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE) | | | | | |
| 271 | 28750 | ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT | | | | | |
| 271 | 28755 | ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT | | | | | |
| 271 | 28810 | AMPUTATION, METATARSAL, WITH TOE, SINGLE | | | | | |
| 271 | 28820 | AMPUTATION, TOE; METATARSOPHALANGEAL JOINT | | | | | |
| 271 | 28825 | AMPUTATION, TOE; INTERPHALANGEAL JOINT | | | | | |
| 271 | 29893 | ENDOSCOPIC PLANTAR FASCIOTOMY | | | | | |
| 272 | Level II Foot Musculoskeletal Procedures | | T | 16.56 | $839.09 | $409.74 | $167.82 |
| 272 | 28060 | FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE) | | | | | |
| 272 | 28062 | FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE) | | | | | |
| 272 | 28070 | SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH | | | | | |
| 272 | 28072 | SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH | | | | | |
| 272 | 28102 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 272 | 28103 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT | | | | | |
| 272 | 28106 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 272 | 28107 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ALLOGRAFT | | | | | |
| 272 | 28202 | REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT) | | | | | |
| 272 | 28238 | ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE) | | | | | |
| 272 | 28250 | DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE) | | | | | |
| 272 | 28260 | CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE) | | | | | |
| 272 | 28261 | CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING | | | | | |
| 272 | 28262 | CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT CLUBFOOT DEFORMITY | | | | | |
| 272 | 28264 | CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE) | | | | | |
| 272 | 28288 | OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD | | | | | |
| 272 | 28300 | OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION | | | | | |
| 272 | 28302 | OSTEOTOMY; TALUS | | | | | |
| 272 | 28304 | OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; | | | | | |
| 272 | 28305 | OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER TYPE) | | | | | |
| 272 | 28306 | OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL | | | | | |
| 272 | 28307 | OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL WITH AUTOGRAFT | | | | | |
| 272 | 28308 | OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; OTHER THAN FIRST METATARSAL | | | | | |
| 272 | 28309 | OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE) | | | | | |
| 272 | 28320 | REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS) | | | | | |
| 272 | 28322 | REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 272 | 28344 | RECONSTRUCTION, TOE(S); POLYDACTYLY | | | | | |
| 272 | 28345 | RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB | | | | | |
| 272 | 28360 | RECONSTRUCTION, CLEFT FOOT | | | | | |
| 272 | 28705 | PANTALAR ARTHRODESIS | | | | | |
| 272 | 28715 | TRIPLE ARTHRODESIS | | | | | |
| 272 | 28725 | SUBTALAR ARTHRODESIS | | | | | |
| 272 | 28730 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; | | | | | |
| 272 | 28735 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION | | | | | |
| 272 | 28740 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT | | | | | |
| 272 | 28760 | ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK (JONES TYPE PROCEDURE) | | | | | |
| 276 | Bunion Procedures | | T | 19.19 | $972.35 | $500.14 | $194.47 |
| 276 | 28110 | OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE) | | | | | |
| 276 | 28290 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE) | | | | | |
| 276 | 28292 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO TYPE PROCEDURE | | | | | |
| 276 | 28293 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT | | | | | |

(See Addendum D. for Payment of Medical Visits)

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

[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 276 | 28294 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE PROCEDURE) | | | | | |
| 276 | 28296 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES) | | | | | |
| 276 | 28297 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE | | | | | |
| 276 | 28298 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY | | | | | |
| 276 | 28299 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY) | | | | | |
| 280 | Diagnostic Arthroscopy | | T | 22.2 | $1,124.86 | $581.72 | $224.97 |
| 280 | 29800 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE) | | | | | |
| 280 | 29815 | ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE) | | | | | |
| 280 | 29830 | ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE) | | | | | |
| 280 | 29840 | ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE) | | | | | |
| 280 | 29870 | ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE) | | | | | |
| 280 | 29909 | UNLISTED PROCEDURE, ARTHROSCOPY | | | | | |
| 281 | Level I Surgical Arthroscopy | | T | 22.65 | $1,147.66 | $590.20 | $229.53 |
| 281 | 29804 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL | | | | | |
| 281 | 29819 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY | | | | | |
| 281 | 29820 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL | | | | | |
| 281 | 29821 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE | | | | | |
| 281 | 29822 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED | | | | | |
| 281 | 29823 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE | | | | | |
| 281 | 29825 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION | | | | | |
| 281 | 29826 | ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT CORACOACROMIAL RELEASE | | | | | |
| 281 | 29834 | ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY | | | | | |
| 281 | 29835 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL | | | | | |
| 281 | 29836 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE | | | | | |
| 281 | 29837 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED | | | | | |
| 281 | 29838 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE | | | | | |
| 281 | 29843 | ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE | | | | | |
| 281 | 29844 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL | | | | | |
| 281 | 29845 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE | | | | | |
| 281 | 29846 | ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARTILAGE AND/OR JOINT DEBRIDEMENT | | | | | |
| 281 | 29847 | ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY | | | | | |
| 281 | 29848 | ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT | | | | | |
| 281 | 29860 | ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE) | | | | | |
| 281 | 29861 | ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY | | | | | |
| 281 | 29862 | ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM | | | | | |
| 281 | 29863 | ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY | | | | | |
| 281 | 29874 | ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION) | | | | | |
| 281 | 29875 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE) | | | | | |
| 281 | 29877 | ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) | | | | | |
| 281 | 29879 | ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING | | | | | |
| 281 | 29880 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) | | | | | |
| 281 | 29881 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) | | | | | |
| 281 | 29884 | ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE) | | | | | |
| 281 | 29886 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION | | | | | |
| 281 | 29894 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY | | | | | |
| 281 | 29895 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL | | | | | |
| 281 | 29897 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED | | | | | |
| 281 | 29898 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE | | | | | |
| 282 | Level II Surgical Arthroscopy | | T | 23.94 | $1,213.03 | $614.04 | $242.61 |
| 282 | 29871 | ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE | | | | | |
| 282 | 29876 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL) | | | | | |
| 282 | 29882 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL) | | | | | |
| 282 | 29883 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL) | | | | | |
| 282 | 29885 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION) | | | | | |
| 282 | 29887 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION | | | | | |
| 282 | 29891 | ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT | | | | | |
| 286 | Arthroscopically-Aided Procedures | | T | 26.76 | $1,355.91 | $802.41 | $271.18 |
| 286 | 29850 | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY) | | | | | |
| 286 | 29851 | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY) | | | | | |
| 286 | 29855 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY) | | | | | |
| 286 | 29856 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY) | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status Indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 286 | 29888 | ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION | | | | | |
| 286 | 29889 | ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECONSTRUCTION | | | | | |
| 286 | 29892 | ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFOND FRACTURE, WITH OR WITHOUT INTERNAL FIXATION (INCLUDES ARTHROSCOPY) | | | | | |
| 311 | Level I ENT Procedures | | T | 1.43 | $72.46 | $20.57 | $14.49 |
| 311 | 30000 | DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH | | | | | |
| 311 | 30020 | DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM | | | | | |
| 311 | 30100 | BIOPSY, INTRANASAL | | | | | |
| 311 | 30110 | EXCISION, NASAL POLYP(S), SIMPLE | | | | | |
| 311 | 30117 | EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH | | | | | |
| 311 | 30124 | EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS | | | | | |
| 311 | 30210 | DISPLACEMENT THERAPY (PROETZ TYPE) | | | | | |
| 311 | 30220 | INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON) | | | | | |
| 311 | 30300 | REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE | | | | | |
| 311 | 30560 | LYSIS INTRANASAL SYNECHIA | | | | | |
| 311 | 31000 | LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM) | | | | | |
| 311 | 31002 | LAVAGE BY CANNULATION; SPHENOID SINUS | | | | | |
| 311 | 31603 | TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL | | | | | |
| 311 | 31605 | TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE | | | | | |
| 311 | 40490 | BIOPSY OF LIP | | | | | |
| 311 | 40799 | UNLISTED PROCEDURE, LIPS | | | | | |
| 311 | 40800 | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE | | | | | |
| 311 | 40801 | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED | | | | | |
| 311 | 40804 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE | | | | | |
| 311 | 40805 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED | | | | | |
| 311 | 40806 | INCISION OF LABIAL FRENUM (FRENOTOMY) | | | | | |
| 311 | 40808 | BIOPSY, VESTIBULE OF MOUTH | | | | | |
| 311 | 40810 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR | | | | | |
| 311 | 40812 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR | | | | | |
| 311 | 40820 | DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL) | | | | | |
| 311 | 40899 | UNLISTED PROCEDURE, VESTIBULE OF MOUTH | | | | | |
| 311 | 41000 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL | | | | | |
| 311 | 41005 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL | | | | | |
| 311 | 41100 | BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS | | | | | |
| 311 | 41105 | BIOPSY OF TONGUE; POSTERIOR ONE-THIRD | | | | | |
| 311 | 41108 | BIOPSY OF FLOOR OF MOUTH | | | | | |
| 311 | 41110 | EXCISION OF LESION OF TONGUE WITHOUT CLOSURE | | | | | |
| 311 | 41115 | EXCISION OF LINGUAL FRENUM (FRENECTOMY) | | | | | |
| 311 | 41599 | UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH | | | | | |
| 311 | 41805 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES | | | | | |
| 311 | 41806 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE | | | | | |
| 311 | 41820 | GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT | | | | | |
| 311 | 41821 | OPERCULECTOMY, EXCISION PERICORONAL TISSUES | | | | | |
| 311 | 41825 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR | | | | | |
| 311 | 41826 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR | | | | | |
| 311 | 41828 | EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY) | | | | | |
| 311 | 41830 | ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY | | | | | |
| 311 | 41850 | DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES | | | | | |
| 311 | 41870 | PERIODONTAL MUCOSAL GRAFTING | | | | | |
| 311 | 41872 | GINGIVOPLASTY, EACH QUADRANT (SPECIFY) | | | | | |
| 311 | 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY) | | | | | |
| 311 | 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES | | | | | |
| 311 | 42000 | DRAINAGE OF ABSCESS OF PALATE, UVULA | | | | | |
| 311 | 42100 | BIOPSY OF PALATE, UVULA | | | | | |
| 311 | 42104 | EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE | | | | | |
| 311 | 42106 | EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE | | | | | |
| 311 | 42140 | UVULECTOMY, EXCISION OF UVULA | | | | | |
| 311 | 42160 | DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL) | | | | | |
| 311 | 42280 | MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS | | | | | |
| 311 | 42281 | INSERTION OF PIN-RETAINED PALATAL PROSTHESIS | | | | | |
| 311 | 42299 | UNLISTED PROCEDURE, PALATE, UVULA | | | | | |
| 311 | 42330 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL | | | | | |
| 311 | 42335 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL | | | | | |
| 311 | 42650 | DILATION SALIVARY DUCT | | | | | |
| 311 | 42660 | DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION | | | | | |
| 311 | 42665 | LIGATION SALIVARY DUCT, INTRAORAL | | | | | |
| 311 | 42699 | UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS | | | | | |
| 311 | 69200 | REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA | | | | | |
| 311 | 69210 | REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS | | | | | |
| 311 | 69222 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING) | | | | | |
| 311 | 69399 | UNLISTED PROCEDURE, EXTERNAL EAR | | | | | |
| 311 | 69400 | EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITH CATHETERIZATION | | | | | |
| 311 | 69405 | EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC | | | | | |
| 311 | 69410 | FOCAL APPLICATION OF PHASE CONTROL SUBSTANCE, MIDDLE EAR (BAFFLE TECHNIQUE) | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 311 | 69420 | MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION | | | | | |
| 311 | 69424 | VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN | | | | | |
| 311 | 69540 | EXCISION AURAL POLYP | | | | | |
| 311 | 69610 | TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OR PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH | | | | | |
| 311 | 69799 | UNLISTED PROCEDURE, MIDDLE EAR | | | | | |
| 311 | 92502 | OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA | | | | | |
| 312 | Level II ENT Procedures | | T | 7.26 | $367.86 | $178.31 | $73.57 |
| 312 | 30801 | CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE PROCEDURE); SUPERFICIAL | | | | | |
| 312 | 30802 | CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE PROCEDURE); INTRAMURAL | | | | | |
| 312 | 30930 | FRACTURE NASAL TURBINATE(S), THERAPEUTIC | | | | | |
| 312 | 31612 | TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION | | | | | |
| 12 | 40830 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS | | | | | |
| 312 | 40831 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX | | | | | |
| 312 | 41250 | REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE | | | | | |
| 312 | 41251 | REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE | | | | | |
| 312 | 41252 | REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX | | | | | |
| 312 | 41500 | FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE) | | | | | |
| 312 | 41510 | SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE) | | | | | |
| 312 | 41800 | DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES | | | | | |
| 312 | 42300 | DRAINAGE OF ABSCESS; PAROTID, SIMPLE | | | | | |
| 312 | 42305 | DRAINAGE OF ABSCESS; PAROTID, COMPLICATED | | | | | |
| 312 | 42310 | DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL | | | | | |
| 312 | 42320 | DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL | | | | | |
| 312 | 42405 | BIOPSY OF SALIVARY GLAND; INCISIONAL | | | | | |
| 312 | 42700 | INCISION AND DRAINAGE ABSCESS; PERITONSILLAR | | | | | |
| 312 | 42720 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH | | | | | |
| 312 | 42800 | BIOPSY; OROPHARYNX | | | | | |
| 312 | 42802 | BIOPSY; HYPOPHARYNX | | | | | |
| 312 | 42804 | BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE | | | | | |
| 312 | 42806 | BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION | | | | | |
| 312 | 42808 | EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD | | | | | |
| 312 | 60000 | INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED | | | | | |
| 312 | 69421 | MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA | | | | | |
| 312 | 69433 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA | | | | | |
| 312 | 69436 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA | | | | | |
| 313 | Level III ENT Procedures | | T | 15.81 | $801.08 | $411.09 | $160.22 |
| 313 | 30115 | EXCISION, NASAL POLYP(S), EXTENSIVE | | | | | |
| 313 | 30118 | EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY) | | | | | |
| 313 | 30120 | EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA | | | | | |
| 313 | 30125 | EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE | | | | | |
| 313 | 30130 | EXCISION TURBINATE, PARTIAL OR COMPLETE | | | | | |
| 313 | 30140 | SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE | | | | | |
| 313 | 30150 | RHINECTOMY; PARTIAL | | | | | |
| 313 | 30160 | RHINECTOMY; TOTAL | | | | | |
| 313 | 30310 | REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA | | | | | |
| 313 | 30320 | REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY | | | | | |
| 313 | 30430 | RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK) | | | | | |
| 313 | 30520 | SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT | | | | | |
| 313 | 30540 | REPAIR CHOANAL ATRESIA; INTRANASAL | | | | | |
| 313 | 30580 | REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED) | | | | | |
| 313 | 30600 | REPAIR FISTULA; ORONASAL | | | | | |
| 313 | 30620 | SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT) | | | | | |
| 313 | 30630 | REPAIR NASAL SEPTAL PERFORATIONS | | | | | |
| 313 | 31020 | SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL | | | | | |
| 313 | 31030 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS | | | | | |
| 313 | 31032 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS | | | | | |
| 313 | 31050 | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; | | | | | |
| 313 | 31051 | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S) | | | | | |
| 313 | 31070 | SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION) | | | | | |
| 313 | 31200 | ETHMOIDECTOMY; INTRANASAL, ANTERIOR | | | | | |
| 313 | 31320 | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC | | | | | |
| 313 | 31595 | SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL | | | | | |
| 313 | 31611 | CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOICE BUTTON, BLOM-SINGER PROSTHESIS) | | | | | |
| 313 | 31613 | TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION | | | | | |
| 313 | 31614 | TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION | | | | | |
| 313 | 31820 | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR | | | | | |
| 313 | 31825 | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR | | | | | |
| 313 | 31830 | REVISION OF TRACHEOSTOMY SCAR | | | | | |
| 313 | 40500 | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 313 | 40510 | EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE | | | | | |
| 313 | 40520 | EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE | | | | | |
| 313 | 40525 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN) | | | | | |
| 313 | 40527 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER) | | | | | |
| 313 | 40530 | RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION | | | | | |
| 313 | 40650 | REPAIR LIP, FULL THICKNESS; VERMILION ONLY | | | | | |
| 313 | 40652 | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT | | | | | |
| 313 | 40654 | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX | | | | | |
| 313 | 40814 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR | | | | | |
| 313 | 40816 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE | | | | | |
| 313 | 40818 | EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT | | | | | |
| 313 | 40819 | EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY) | | | | | |
| 313 | 40840 | VESTIBULOPLASTY; ANTERIOR | | | | | |
| 313 | 40842 | VESTIBULOPLASTY; POSTERIOR, UNILATERAL | | | | | |
| 313 | 41006 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID | | | | | |
| 313 | 41007 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE | | | | | |
| 313 | 41008 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR | | | | | |
| 313 | 41009 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE | | | | | |
| 313 | 41010 | INCISION OF LINGUAL FRENUM (FRENOTOMY) | | | | | |
| 313 | 41015 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL | | | | | |
| 313 | 41016 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL | | | | | |
| 313 | 41017 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR | | | | | |
| 313 | 41018 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE | | | | | |
| 313 | 41112 | EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS | | | | | |
| 313 | 41113 | EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD | | | | | |
| 313 | 41114 | EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP | | | | | |
| 313 | 41116 | EXCISION, LESION OF FLOOR OF MOUTH | | | | | |
| 313 | 41120 | GLOSSECTOMY; LESS THAN ONE-HALF TONGUE | | | | | |
| 313 | 41520 | FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) | | | | | |
| 313 | 41827 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR | | | | | |
| 313 | 42107 | EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE | | | | | |
| 313 | 42120 | RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION | | | | | |
| 313 | 42180 | REPAIR, LACERATION OF PALATE; UP TO 2 CM | | | | | |
| 313 | 42182 | REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX | | | | | |
| 313 | 42200 | PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY | | | | | |
| 313 | 42205 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY | | | | | |
| 313 | 42215 | PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION | | | | | |
| 313 | 42220 | PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE | | | | | |
| 313 | 42235 | REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP | | | | | |
| 313 | 42260 | REPAIR OF NASOLABIAL FISTULA | | | | | |
| 313 | 42325 | FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); | | | | | |
| 313 | 42326 | FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); WITH PROSTHESIS | | | | | |
| 313 | 42340 | SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL | | | | | |
| 313 | 42408 | EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA) | | | | | |
| 313 | 42409 | MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA) | | | | | |
| 313 | 42410 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION | | | | | |
| 313 | 42440 | EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND | | | | | |
| 313 | 42450 | EXCISION OF SUBLINGUAL GLAND | | | | | |
| 313 | 42500 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE | | | | | |
| 313 | 42505 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED | | | | | |
| 313 | 42507 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); | | | | | |
| 313 | 42508 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF ONE SUBMANDIBULAR GLAND | | | | | |
| 313 | 42510 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCTS | | | | | |
| 313 | 42600 | CLOSURE SALIVARY FISTULA | | | | | |
| 313 | 42725 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH | | | | | |
| 313 | 42810 | EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES | | | | | |
| 313 | 42815 | EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX | | | | | |
| 313 | 42900 | SUTURE PHARYNX FOR WOUND OR INJURY | | | | | |
| 313 | 42950 | PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX) | | | | | |
| 313 | 42955 | PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING) | | | | | |
| 313 | 42962 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); WITH SECONDARY SURGICAL INTERVENTION | | | | | |
| 313 | 42972 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL INTERVENTION | | | | | |
| 313 | 43020 | ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY | | | | | |
| 313 | 43030 | CRICOPHARYNGEAL MYOTOMY | | | | | |
| 313 | 69120 | EXCISION EXTERNAL EAR; COMPLETE AMPUTATION | | | | | |
| 313 | 69140 | EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL | | | | | |
| 313 | 69300 | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION | | | | | |
| 313 | 69440 | MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION | | | | | |
| 313 | 69450 | TYMPANOLYSIS, TRANSCANAL | | | | | |
| 313 | 69620 | MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA) | | | | | |
| 314 | Level IV ENT Procedures | | T | 25.65 | $1,299.67 | $693.37 | $259.93 |
| 314 | 30400 | RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 314 | 30410 | RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP | | | | | |
| 314 | 30420 | RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR | | | | | |
| 314 | 30435 | RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES) | | | | | |
| 314 | 30450 | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES) | | | | | |
| 314 | 30460 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY | | | | | |
| 314 | 30462 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES | | | | | |
| 314 | 30545 | REPAIR CHOANAL ATRESIA; TRANSPALATINE | | | | | |
| 314 | 31040 | PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH | | | | | |
| 314 | 31075 | SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE) | | | | | |
| 314 | 31080 | SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION) | | | | | |
| 314 | 31081 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION) | | | | | |
| 314 | 31084 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION | | | | | |
| 314 | 31085 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION | | | | | |
| 314 | 31086 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION | | | | | |
| 314 | 31087 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION | | | | | |
| 314 | 31090 | SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL) | | | | | |
| 314 | 31201 | ETHMOIDECTOMY; INTRANASAL, TOTAL | | | | | |
| 314 | 31205 | ETHMOIDECTOMY; EXTRANASAL, TOTAL | | | | | |
| 314 | 31300 | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY | | | | | |
| 314 | 31400 | ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH | | | | | |
| 314 | 31420 | EPIGLOTTIDECTOMY | | | | | |
| 314 | 31588 | LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER PARTIAL LARYNGECTOMY) | | | | | |
| 314 | 31590 | LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE | | | | | |
| 314 | 31750 | TRACHEOPLASTY; CERVICAL | | | | | |
| 314 | 31755 | TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE | | | | | |
| 314 | 40700 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL | | | | | |
| 314 | 40701 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE | | | | | |
| 314 | 40702 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES | | | | | |
| 314 | 40720 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE | | | | | |
| 314 | 40761 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND INSERTING OF PEDICLE | | | | | |
| 314 | 40843 | VESTIBULOPLASTY; POSTERIOR, BILATERAL | | | | | |
| 314 | 40844 | VESTIBULOPLASTY; ENTIRE ARCH | | | | | |
| 314 | 40845 | VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING) | | | | | |
| 314 | 42210 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT) | | | | | |
| 314 | 42225 | PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP | | | | | |
| 314 | 42226 | LENGTHENING OF PALATE, AND PHARYNGEAL FLAP | | | | | |
| 314 | 42227 | LENGTHENING OF PALATE, WITH ISLAND FLAP | | | | | |
| 314 | 42415 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE | | | | | |
| 314 | 42420 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE | | | | | |
| 314 | 42425 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE | | | | | |
| 314 | 42509 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS | | | | | |
| 314 | 42842 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE | | | | | |
| 314 | 42844 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE, BUCCAL) | | | | | |
| 314 | 42890 | LIMITED PHARYNGECTOMY | | | | | |
| 314 | 42892 | RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR PHARYNGEAL WALLS | | | | | |
| 314 | 69150 | RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION | | | | | |
| 314 | 69310 | RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION) (SEPARATE PROCEDURE) | | | | | |
| 314 | 69320 | RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE | | | | | |
| 314 | 69501 | TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY) | | | | | |
| 314 | 69502 | MASTOIDECTOMY; COMPLETE | | | | | |
| 314 | 69505 | MASTOIDECTOMY; MODIFIED RADICAL | | | | | |
| 314 | 69511 | MASTOIDECTOMY; RADICAL | | | | | |
| 314 | 69530 | PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY | | | | | |
| 314 | 69550 | EXCISION AURAL GLOMUS TUMOR; TRANSCANAL | | | | | |
| 314 | 69552 | EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID | | | | | |
| 314 | 69601 | REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY | | | | | |
| 314 | 69602 | REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY | | | | | |
| 314 | 69603 | REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY | | | | | |
| 314 | 69604 | REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY | | | | | |
| 314 | 69605 | REVISION MASTOIDECTOMY; WITH APICECTOMY | | | | | |
| 314 | 69631 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION | | | | | |
| 314 | 69632 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION (EG, POSTFENESTRATION) | | | | | |
| 314 | 69633 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS (PORP), TOTAL OSSICULAR REPL | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 314 | 69635 | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION | | | | | |
| 314 | 69636 | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION | | | | | |
| 314 | 69637 | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS (PORP), TOTAL | | | | | |
| 314 | 69641 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION | | | | | |
| 314 | 69642 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION | | | | | |
| 314 | 69643 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED WALL, WITHOUT OSSICULAR CHAIN RECONSTRUCTION | | | | | |
| 314 | 69644 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED CANAL WALL, WITH OSSICULAR CHAIN RECONSTRUCTION | | | | | |
| 314 | 69645 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITHOUT OSSICULAR CHAIN RECONSTRUCTION | | | | | |
| 314 | 69646 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITH OSSICULAR CHAIN RECONSTRUCTION | | | | | |
| 314 | 69650 | STAPES MOBILIZATION | | | | | |
| 314 | 69660 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL; | | | | | |
| 314 | 69661 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL; WITH FOOTPLATE DRILL OUT | | | | | |
| 314 | 69662 | REVISION OF STAPEDECTOMY OR STAPEDOTOMY | | | | | |
| 314 | 69666 | REPAIR OVAL WINDOW FISTULA | | | | | |
| 314 | 69667 | REPAIR ROUND WINDOW FISTULA | | | | | |
| 314 | 69670 | MASTOID OBLITERATION (SEPARATE PROCEDURE) | | | | | |
| 314 | 69676 | TYMPANIC NEURECTOMY | | | | | |
| 314 | 69700 | CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE) | | | | | |
| 314 | 69711 | REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE | | | | | |
| 314 | 69720 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION | | | | | |
| 314 | 69725 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION | | | | | |
| 314 | 69740 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION | | | | | |
| 314 | 69745 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GANGLION | | | | | |
| 314 | 69801 | LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); TRANSCANAL | | | | | |
| 314 | 69802 | LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); WITH MASTOIDECTOMY | | | | | |
| 314 | 69805 | ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT | | | | | |
| 314 | 69806 | ENDOLYMPHATIC SAC OPERATION; WITH SHUNT | | | | | |
| 314 | 69820 | FENESTRATION SEMICIRCULAR CANAL | | | | | |
| 314 | 69840 | REVISION FENESTRATION OPERATION | | | | | |
| 314 | 69905 | LABYRINTHECTOMY; TRANSCANAL | | | | | |
| 314 | 69910 | LABYRINTHECTOMY; WITH MASTOIDECTOMY | | | | | |
| 314 | 69915 | VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH | | | | | |
| 314 | 69949 | UNLISTED PROCEDURE, INNER EAR | | | | | |
| 317 | Implantation of Cochlear Device | | T | | | | |
| 317 | 69930 | COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY | | | | | |
| 318 | Nasal Cauterization/Packing | | T | 2.07 | $104.89 | $38.65 | $20.98 |
| 318 | 30901 | CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD | | | | | |
| 318 | 30903 | CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD | | | | | |
| 318 | 30905 | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL | | | | | |
| 318 | 30906 | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; | | | | | |
| 318 | 30999 | UNLISTED PROCEDURE, NOSE | | | | | |
| 318 | 42960 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); SIMPLE | | | | | |
| 318 | 42970 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR NASAL PACKS, WITH OR WITHOUT ANTERIOR PACKS AND/OR CAUTERIZATION | | | | | |
| 318 | 42999 | UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS | | | | | |
| 319 | Tonsil/Adenoid Procedures | | T | 17.30 | $876.58 | $480.02 | $175.32 |
| 319 | 42820 | TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12 | | | | | |
| 319 | 42821 | TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER | | | | | |
| 319 | 42825 | TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12 | | | | | |
| 319 | 42826 | TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER | | | | | |
| 319 | 42830 | ADENOIDECTOMY, PRIMARY; UNDER AGE 12 | | | | | |
| 319 | 42831 | ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER | | | | | |
| 319 | 42835 | ADENOIDECTOMY, SECONDARY; UNDER AGE 12 | | | | | |
| 319 | 42836 | ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER | | | | | |
| 319 | 42860 | EXCISION OF TONSIL TAGS | | | | | |
| 319 | 42870 | EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE) | | | | | |
| 320 | Thoracentesis/Lavage Procedures | | T | 3.17 | $160.62 | $79.33 | $32.12 |
| 320 | 32000 | THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT | | | | | |

(See Addendum D. for Payment of Medical Visits)
[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 320 | 32002 | THORACENTESIS WITH INSERTION OF TUBE WITH OR WITHOUT WATER SEAL (EG, FOR PNEUMOTHORAX) (SEPARATE | | | | | |
| 320 | 32020 | TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA) (SEPARATE PROCEDURE) | | | | | |
| 320 | 32420 | PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION | | | | | |
| 320 | 32960 | PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR | | | | | |
| 320 | 32999 | UNLISTED PROCEDURE, LUNGS AND PLEURA | | | | | |
| 320 | 33010 | PERICARDIOCENTESIS; INITIAL | | | | | |
| 320 | 33011 | PERICARDIOCENTESIS; SUBSEQUENT | | | | | |
| 320 | 33999 | UNLISTED PROCEDURE, CARDIAC SURGERY | | | | | |
| 320 | 49080 | PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); INITIAL | | | | | |
| 320 | 49081 | PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); SUBSEQUENT | | | | | |
| 331 | Level I Endoscopy Upper Airway | | T | 0.69 | $34.96 | $14.01 | $6.99 |
| 331 | 31231 | NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | | | | | |
| 331 | 31299 | UNLISTED PROCEDURE, ACCESSORY SINUSES | | | | | |
| 331 | 31505 | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC | | | | | |
| 331 | 31575 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC | | | | | |
| 331 | 31579 | LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY | | | | | |
| 331 | 92511 | NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE) | | | | | |
| 332 | Level II Endoscopy Upper Airway | | T | 9.74 | $493.52 | $244.98 | $98.70 |
| 332 | 31233 | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE) | | | | | |
| 332 | 31235 | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM) | | | | | |
| 332 | 31237 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE) | | | | | |
| 332 | 31238 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF EPISTAXIS | | | | | |
| 332 | 31240 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION | | | | | |
| 332 | 31510 | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY | | | | | |
| 332 | 31511 | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY | | | | | |
| 332 | 31512 | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION | | | | | |
| 332 | 31513 | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION | | | | | |
| 332 | 31515 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION | | | | | |
| 332 | 31520 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN | | | | | |
| 332 | 31525 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN | | | | | |
| 332 | 31526 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE | | | | | |
| 332 | 31528 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL | | | | | |
| 332 | 31529 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT | | | | | |
| 332 | 31576 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY | | | | | |
| 332 | 31577 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY | | | | | |
| 332 | 31578 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION | | | | | |
| 332 | 31700 | CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE) | | | | | |
| 332 | 31717 | CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY | | | | | |
| 332 | 31720 | CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL | | | | | |
| 332 | 31730 | TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN | | | | | |
| 333 | Level III Endoscopy Upper Airway | | T | 17.24 | $873.54 | $464.20 | $174.71 |
| 333 | 31239 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY | | | | | |
| 333 | 31254 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR) | | | | | |
| 333 | 31255 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR) | | | | | |
| 333 | 31256 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; | | | | | |
| 333 | 31267 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS | | | | | |
| 333 | 31276 | NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS | | | | | |
| 333 | 31287 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; | | | | | |
| 333 | 31288 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS | | | | | |
| 333 | 31527 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR | | | | | |
| 333 | 31530 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; | | | | | |
| 333 | 31531 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE | | | | | |
| 333 | 31535 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; | | | | | |
| 333 | 31536 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE | | | | | |
| 333 | 31540 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; | | | | | |
| 333 | 31541 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE | | | | | |
| 333 | 31560 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; | | | | | |
| 333 | 31561 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE | | | | | |
| 333 | 31570 | LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; | | | | | |
| 333 | 31571 | LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE | | | | | |
| 336 | Endoscopy Lower Airway | | T | 7.44 | $376.98 | $197.98 | $75.40 |
| 336 | 31615 | TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION | | | | | |
| 336 | 31622 | BRONCHOSCOPY; DIAGNOSTIC, (FLEXIBLE OR RIGID), WITH OR WITHOUT CELL WASHING OR BRUSHING | | | | | |
| 336 | 31625 | BRONCHOSCOPY; WITH BIOPSY | | | | | |
| 336 | 31628 | BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | | | | |
| 336 | 31629 | BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY | | | | | |
| 336 | 31630 | BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE | | | | | |
| 336 | 31631 | BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT | | | | | |
| 336 | 31635 | BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY | | | | | |
| 336 | 31640 | BRONCHOSCOPY; WITH EXCISION OF TUMOR | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 336 | 31641 | BRONCHOSCOPY; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER) | | | | | |
| 336 | 31645 | BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL (EG, DRAINAGE OF LUNG ABSCESS) | | | | | |
| 336 | 31646 | BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT | | | | | |
| 336 | 31656 | BRONCHOSCOPY; WITH INJECTION OF CONTRAST MATERIAL FOR SEGMENTAL BRONCHOGRAPHY (FIBERSCOPE ONLY) | | | | | |
| 336 | 31899 | UNLISTED PROCEDURE, TRACHEA, BRONCHI | | | | | |
| 339 | Injection of Sclerosing Solution | | T | 1.02 | $51.68 | $19.66 | $10.34 |
| 339 | 36468 | SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK | | | | | |
| 339 | 36469 | SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); FACE | | | | | |
| 339 | 36470 | INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN | | | | | |
| 339 | 36471 | INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG | | | | | |
| 339 | 45520 | PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE | | | | | |
| 341 | Level I Needle and Catheter Placement | | T | .13 | $6.59 | $2.94 | $1.32 |
| 341 | 36410 | VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES. NOT TO BE USED FOR ROUTINE VENIPUNCTURE. | | | | | |
| 341 | 36420 | VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR | | | | | |
| 341 | 36425 | VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER | | | | | |
| 342 | Level II Needle and Catheter Placement | | T | 3.20 | $162.14 | $80.23 | $32.43 |
| 342 | 36010 | INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA | | | | | |
| 342 | 36011 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN) | | | | | |
| 342 | 36012 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINUS) | | | | | |
| 342 | 36013 | INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY | | | | | |
| 342 | 36014 | SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY | | | | | |
| 342 | 36015 | SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY | | | | | |
| 342 | 36100 | INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY | | | | | |
| 342 | 36120 | INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY | | | | | |
| 342 | 36140 | INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY | | | | | |
| 342 | 36160 | INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR | | | | | |
| 342 | 36200 | INTRODUCTION OF CATHETER, AORTA | | | | | |
| 342 | 36500 | VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING | | | | | |
| 342 | 36620 | ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS | | | | | |
| 342 | 36625 | ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN | | | | | |
| 342 | 38794 | CANNULATION, THORACIC DUCT | | | | | |
| 343 | Level III Needle and Catheter Placement | | T | 9.52 | $482.37 | $224.87 | $96.47 |
| 343 | 36215 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY | | | | | |
| 343 | 36216 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY | | | | | |
| 343 | 36217 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY | | | | | |
| 343 | 36218 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY (USE IN ADDITION TO 36216 OR 36217 AS APPROPRIATE) | | | | | |
| 343 | 36245 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY | | | | | |
| 343 | 36246 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY | | | | | |
| 343 | 36247 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY | | | | | |
| 343 | 36248 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY (USE IN ADDITION TO 36246 OR 36247 AS APPROPRIATE) | | | | | |
| 343 | 36481 | PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD | | | | | |
| 343 | 93508 | CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR VENOUS CORONARY BYPASS GRAFT(S) FOR CORONARY ANGIOGRAPHY WITHOUT CONCOMITANT LEFT HEART CATHETERIZATION | | | | | |
| 346 | Placement Transvenous Caths/Cutdown | | T | 4.83 | $244.73 | $120.23 | $48.95 |
| 346 | 36488 | PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS, AGE 2 YEARS OR UNDER | | | | | |
| 346 | 36489 | PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS, OVER AGE 2 | | | | | |
| 346 | 36490 | PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); CUTDOWN, AGE 2 YEARS OR UNDER | | | | | |
| 346 | 36491 | PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); CUTDOWN, OVER AGE 2 | | | | | |
| 346 | 36493 | REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE | | | | | |
| 346 | 36640 | ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN | | | | | |
| 347 | Injection Procedures for Interventional Radiology | | T | 2.93 | $148.46 | $62.15 | $29.69 |
| 347 | 19030 | INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM | | | | | |
| 347 | 20501 | INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) | | | | | |
| 347 | 21116 | INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 347 | 23350 | INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY | | | | | |
| 347 | 24220 | INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY | | | | | |
| 347 | 25246 | INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY | | | | | |
| 347 | 27093 | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA | | | | | |
| 347 | 27095 | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA | | | | | |
| 347 | 27370 | INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY | | | | | |
| 347 | 27648 | INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY | | | | | |
| 347 | 30200 | INJECTION INTO TURBINATE(S), THERAPEUTIC | | | | | |
| 347 | 31708 | INSTILLATION OF CONTRAST MATERIAL FOR LARYNGOGRAPHY OR BRONCHOGRAPHY, WITHOUT CATHETERIZATION | | | | | |
| 347 | 31710 | CATHETERIZATION FOR BRONCHOGRAPHY, WITH OR WITHOUT INSTILLATION OF CONTRAST MATERIAL | | | | | |
| 347 | 31715 | TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY | | | | | |
| 347 | 36005 | INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER) | | | | | |
| 347 | 38200 | INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY | | | | | |
| 347 | 38790 | INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY | | | | | |
| 347 | 42550 | INJECTION PROCEDURE FOR SIALOGRAPHY | | | | | |
| 347 | 47500 | INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY | | | | | |
| 347 | 47505 | INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG, PERCUTANEOUS TRANSHEPATIC OR T-TUBE) | | | | | |
| 347 | 49400 | INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE) | | | | | |
| 347 | 49424 | CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE) | | | | | |
| 347 | 49427 | INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT | | | | | |
| 347 | 50392 | INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS | | | | | |
| 347 | 50393 | INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS | | | | | |
| 347 | 50394 | INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM, PYELOSTOGRAM, ANTEGRADE PYELOURETEROGRAMS) THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER | | | | | |
| 347 | 50395 | INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS | | | | | |
| 347 | 50684 | INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER | | | | | |
| 347 | 50690 | INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE | | | | | |
| 347 | 51600 | INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY | | | | | |
| 347 | 51605 | INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR CHAIN URETHROCYSTOGRAPHY | | | | | |
| 347 | 51610 | INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY | | | | | |
| 347 | 54230 | INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY | | | | | |
| 347 | 55300 | VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL | | | | | |
| 347 | 58340 | CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR HYSTEROSONOGRAPHY OR HYSTEROSALPINGOGRAPHY | | | | | |
| 347 | 62284 | INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA) | | | | | |
| 347 | 62290 | INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR | | | | | |
| 347 | 62291 | INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL | | | | | |
| 347 | 68850 | INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY | | | | | |
| 360 | Removal/Revision, Pacemaker/Vascular Device | | T | 6.09 | $308.58 | $140.12 | $61.72 |
| 360 | 33222 | REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER | | | | | |
| 360 | 33223 | REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR | | | | | |
| 360 | 36261 | REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | | | | | |
| 360 | 36262 | REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | | | | | |
| 360 | 36299 | UNLISTED PROCEDURE, VASCULAR INJECTION | | | | | |
| 360 | 36531 | REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP | | | | | |
| 360 | 36532 | REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP | | | | | |
| 360 | 36534 | REVISION OF IMPLANTABLE VENOUS ACCESS PORT AND/OR SUBCUTANEOUS RESERVOIR | | | | | |
| 419 | 44377 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE | | | | | |
| 419 | 44378 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH CONTROL OF BLEEDING, ANY METHOD | | | | | |
| 419 | 44799 | UNLISTED PROCEDURE, INTESTINE | | | | | |
| 426 | Diagnostic Lower GI Endoscopy | | T | 6.85 | $347.09 | $187.81 | $69.42 |
| 426 | 44380 | ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE) | | | | | |
| 426 | 44382 | ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE | | | | | |
| 426 | 44385 | ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE) | | | | | |
| 426 | 44386 | ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; WITH BIOPSY, SINGLE OR MULTIPLE | | | | | |
| 426 | 44388 | COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE) | | | | | |
| 426 | 44389 | COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE | | | | | |
| 426 | 45378 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE) | | | | | |
| 426 | 45380 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE | | | | | |
| 426 | G0105 | Colorectal Ca screening, pt at high risk | | | | | |
| 427 | Therapeutic Lower GI Endoscopy | | T | 8.22 | $416.5 | $224.19 | $83.3 |
| 427 | 44390 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 427 | 44391 | COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING, ANY METHOD | | | | | |
| 427 | 44392 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY | | | | | |
| 427 | 44394 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE | | | | | |
| 427 | 45355 | COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE | | | | | |
| 427 | 45379 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY | | | | | |
| 427 | 45382 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING, ANY METHOD | | | | | |
| 427 | 45384 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY | | | | | |
| 427 | 45385 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE | | | | | |
| 437 | Therapeutic Anoscopy | | T | 2.91 | $147.45 | $76.61 | $29.49 |
| 437 | 46608 | ANOSCOPY; WITH REMOVAL OF FOREIGN BODY | | | | | |
| 437 | 46610 | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY | | | | | |
| 437 | 46611 | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE | | | | | |
| 437 | 46612 | ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 437 | 46614 | ANOSCOPY; WITH CONTROL OF BLEEDING, ANY METHOD | | | | | |
| 437 | 46615 | ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 446 | Diagnostic Sigmoidoscopy | | T | 2.59 | $131.23 | $65.09 | $26.25 |
| 446 | 45300 | PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE) | | | | | |
| 446 | 45305 | PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE | | | | | |
| 446 | 45330 | SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE) | | | | | |
| 446 | 45331 | SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE | | | | | |
| 446 | G0104 | Colorectal Ca screening | | | | | |
| 447 | Therapeutic Proctosigmoidoscopy | | T | 6.87 | $348.10 | $184.76 | $69.62 |
| 447 | 45303 | PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION, ANY METHOD | | | | | |
| 447 | 45307 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY | | | | | |
| 447 | 45308 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY | | | | | |
| 447 | 45309 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE | | | | | |
| 447 | 45315 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 447 | 45317 | PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING, ANY METHOD | | | | | |
| 447 | 45320 | PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG, LASER) | | | | | |
| 447 | 45321 | PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS | | | | | |
| 448 | Therapeutic Flexible Sigmoidoscopy | | T | 5.37 | $272.09 | $141.25 | $54.42 |
| 448 | 45332 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY | | | | | |
| 448 | 45333 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY | | | | | |
| 448 | 45334 | SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD | | | | | |
| 448 | 45337 | SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD | | | | | |
| 448 | 45338 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE | | | | | |
| 449 | Complex GI Endoscopy | | T | 7.8 | $395.22 | $215.38 | $79.04 |
| 449 | 43219 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF PLASTIC TUBE OR STENT | | | | | |
| 449 | 43228 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S), NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 449 | 43258 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 449 | 43259 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION | | | | | |
| 449 | 43272 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 449 | 44369 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 449 | 44393 | COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 449 | 45339 | SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 449 | 45383 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE | | | | | |
| 451 | Level I Anal/Rectal Procedures | | T | 2.56 | $129.71 | $54.24 | $25.94 |
| 451 | 46070 | INCISION, ANAL SEPTUM (INFANT) | | | | | |
| 451 | 46083 | INCISION OF THROMBOSED HEMORRHOID, EXTERNAL | | | | | |
| 451 | 46220 | PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE) | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 451 | 46221 | HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND) | | | | | |
| 451 | 46230 | EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE | | | | | |
| 451 | 46320 | ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID | | | | | |
| 451 | 46500 | INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS | | | | | |
| 451 | 46934 | DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL | | | | | |
| 451 | 46935 | DESTRUCTION OF HEMORRHOIDS, ANY METHOD; EXTERNAL | | | | | |
| 451 | 46936 | DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL AND EXTERNAL | | | | | |
| 451 | 46940 | CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL | | | | | |
| 451 | 46942 | CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT | | | | | |
| 451 | 46945 | LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE | | | | | |
| 451 | 46946 | LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES | | | | | |
| 452 | | Level II Anal/Rectal Procedures | T | 4.82 | $244.23 | $109.61 | $48.85 |
| 452 | 45000 | TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | | | | | |
| 452 | 45005 | INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM | | | | | |
| 452 | 45020 | INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS | | | | | |
| 452 | 45100 | BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON) | | | | | |
| 452 | 45900 | REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA | | | | | |
| 452 | 45905 | DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL | | | | | |
| 452 | 45910 | DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL | | | | | |
| 452 | 45915 | REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA | | | | | |
| 452 | 45999 | UNLISTED PROCEDURE, RECTUM | | | | | |
| 452 | 46030 | REMOVAL OF ANAL SETON, OTHER MARKER | | | | | |
| 452 | 46040 | INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE) | | | | | |
| 452 | 46050 | INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL | | | | | |
| 452 | 46080 | SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE) | | | | | |
| 452 | 46210 | CRYPTECTOMY; SINGLE | | | | | |
| 452 | 46754 | REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL | | | | | |
| 452 | 46999 | UNLISTED PROCEDURE, ANUS | | | | | |
| 453 | | Level III Anal/Rectal Procedures | T | 16.87 | $854.79 | $445.22 | $170.96 |
| 453 | 45108 | ANORECTAL MYOMECTOMY | | | | | |
| 453 | 45150 | DIVISION OF STRICTURE OF RECTUM | | | | | |
| 453 | 45160 | EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL APPROACH | | | | | |
| 453 | 45170 | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH | | | | | |
| 453 | 45190 | DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG, ELECTRODESICCATION) TRANSANAL APPROACH | | | | | |
| 453 | 45500 | PROCTOPLASTY; FOR STENOSIS | | | | | |
| 453 | 45505 | PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE | | | | | |
| 453 | 45560 | REPAIR OF RECTOCELE (SEPARATE PROCEDURE) | | | | | |
| 453 | 46045 | INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA | | | | | |
| 453 | 46060 | INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY OR FISTULOTOMY, SUBMUSCULAR, WITH OR WITHOUT PLACEMENT OF SETON | | | | | |
| 453 | 46200 | FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY | | | | | |
| 453 | 46211 | CRYPTECTOMY; MULTIPLE (SEPARATE PROCEDURE) | | | | | |
| 453 | 46250 | HEMORRHOIDECTOMY, EXTERNAL, COMPLETE | | | | | |
| 453 | 46255 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; | | | | | |
| 453 | 46257 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY | | | | | |
| 453 | 46258 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY | | | | | |
| 453 | 46260 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; | | | | | |
| 453 | 46261 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY | | | | | |
| 453 | 46262 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY | | | | | |
| 453 | 46270 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS | | | | | |
| 453 | 46275 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSCULAR | | | | | |
| 453 | 46280 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIPLE, WITH OR WITHOUT PLACEMENT OF SETON | | | | | |
| 453 | 46285 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE | | | | | |
| 453 | 46288 | CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP | | | | | |
| 453 | 46700 | ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT | | | | | |
| 453 | 46750 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT | | | | | |
| 453 | 46753 | GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE | | | | | |
| 453 | 46760 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT | | | | | |
| 453 | 46761 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR) | | | | | |
| 453 | 46762 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER | | | | | |
| 453 | 46937 | CRYOSURGERY OF RECTAL TUMOR; BENIGN | | | | | |
| 453 | 46938 | CRYOSURGERY OF RECTAL TUMOR; MALIGNANT | | | | | |
| 456 | | Endoscopic Retrograde Cholangiopancreatography (ERCP) | T | 9.78 | $495.55 | $257.19 | $99.11 |
| 456 | 43260 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE) | | | | | |
| 456 | 43261 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE | | | | | |
| 456 | 43262 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY | | | | | |
| 456 | 43263 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI (PANCREATIC DUCT OR COMMON BILE DUCT) | | | | | |
| 456 | 43264 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF STONE(S) FROM BILIARY AND/OR PANCREATIC DUCTS | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 456 | 43265 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE DESTRUCTION, LITHOTRIPSY OF STONE(S), ANY METHOD | | | | | |
| 456 | 43267 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF NASOBILIARY OR NASOPANCREATIC DRAINAGE TUBE | | | | | |
| 456 | 43268 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF TUBE OR STENT INTO BILE OR PANCREATIC DUCT | | | | | |
| 456 | 43269 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF FOREIGN BODY AND/OR CHANGE OF TUBE OR STENT | | | | | |
| 456 | 43271 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE BALLOON DILATION OF AMPULLA, BILIARY AND/OR PANCREATIC DUCT(S) | | | | | |
| 458 | Percutaneous Biliary Endoscopic Procedures | | T | 7.23 | $366.34 | $181.59 | $73.27 |
| 458 | 47510 | INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE | | | | | |
| 458 | 47511 | INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIARY DRAINAGE | | | | | |
| 458 | 47552 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING AND/OR WASHING (SEPARATE PROCEDURE) | | | | | |
| 458 | 47553 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE OR MULTIPLE | | | | | |
| 458 | 47554 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF STONE(S) | | | | | |
| 458 | 47555 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT STENT | | | | | |
| 458 | 47556 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITH STENT | | | | | |
| 458 | 47630 | BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECHNIQUE) | | | | | |
| 459 | Peritoneal and Abdominal Procedures | | T | 18.06 | $915.09 | $496.52 | $183.02 |
| 459 | 49085 | REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY | | | | | |
| 459 | 49250 | UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE) | | | | | |
| 459 | 49420 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY | | | | | |
| 459 | 49421 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT | | | | | |
| 459 | 49423 | EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE) | | | | | |
| 459 | 49426 | REVISION OF PERITONEAL-VENOUS SHUNT | | | | | |
| 466 | Hernia/Hydrocele Procedures | | T | 21.43 | $1,085.85 | $562.97 | $217.17 |
| 466 | 49495 | REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE | | | | | |
| 466 | 49496 | REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49500 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE | | | | | |
| 466 | 49501 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49505 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE | | | | | |
| 466 | 49507 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49520 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE | | | | | |
| 466 | 49521 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49525 | REPAIR INGUINAL HERNIA, SLIDING, ANY AGE | | | | | |
| 466 | 49540 | REPAIR LUMBAR HERNIA | | | | | |
| 466 | 49550 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE; | | | | | |
| 466 | 49553 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49555 | REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE | | | | | |
| 466 | 49557 | REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49560 | REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE | | | | | |
| 466 | 49561 | REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49565 | REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE | | | | | |
| 466 | 49566 | REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49568 | IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR) | | | | | |
| 466 | 49570 | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE) | | | | | |
| 466 | 49572 | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49580 | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE | | | | | |
| 466 | 49582 | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49585 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE | | | | | |
| 466 | 49587 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED | | | | | |
| 466 | 49590 | REPAIR SPIGELIAN HERNIA | | | | | |
| 466 | 49600 | REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE | | | | | |
| 466 | 51500 | EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR | | | | | |
| 466 | 55040 | EXCISION OF HYDROCELE; UNILATERAL | | | | | |
| 466 | 55041 | EXCISION OF HYDROCELE; BILATERAL | | | | | |
| 470 | Tube Procedures | | T | 2.22 | $112.49 | $54.92 | $22.50 |
| 470 | 31502 | TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT | | | | | |
| 470 | 43760 | CHANGE OF GASTROSTOMY TUBE | | | | | |
| 470 | 43761 | REPOSITIONING OF THE GASTRIC FEEDING TUBE THROUGH THE DUODENUM FOR ENTERIC NUTRITION | | | | | |
| 470 | 43999 | UNLISTED PROCEDURE, STOMACH | | | | | |
| 470 | 47525 | CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER | | | | | |
| 470 | 47530 | REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE | | | | | |
| 470 | 47999 | UNLISTED PROCEDURE, BILIARY TRACT | | | | | |
| 470 | 49422 | REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER | | | | | |
| 470 | 49429 | REMOVAL OF PERITONEAL-VENOUS SHUNT | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 470 | 49999 | UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM | | | | | |
| 470 | 50688 | CHANGE OF URETEROSTOMY TUBE | | | | | |
| 470 | 51705 | CHANGE OF CYSTOSTOMY TUBE; SIMPLE | | | | | |
| 470 | 51710 | CHANGE OF CYSTOSTOMY TUBE; COMPLICATED | | | | | |
| 521 | | Level I Cystourethroscopy and other Genitourinary Procedures | T | 5.06 | $256.39 | $112.10 | $51.28 |
| 521 | 50398 | CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE | | | | | |
| 521 | 52000 | CYSTOURETHROSCOPY (SEPARATE PROCEDURE) | | | | | |
| 521 | 52265 | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA | | | | | |
| 522 | | Level II Cystourethroscopy and other Genitourinary Procedures | T | 10.46 | $530.00 | $262.39 | $106.00 |
| 522 | 50551 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; | | | | | |
| 522 | 50553 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER | | | | | |
| 522 | 50555 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY | | | | | |
| 522 | 50557 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY | | | | | |
| 522 | 50559 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE WITH OR WITHOUT BIOPSY AND/OR FULGURATION | | | | | |
| 522 | 50561 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS | | | | | |
| 522 | 52005 | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; | | | | | |
| 522 | 52007 | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BRUSH BIOPSY OF URETER AND/OR RENAL PELVIS | | | | | |
| 522 | 52010 | CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RADIOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE | | | | | |
| 522 | 52204 | CYSTOURETHROSCOPY, WITH BIOPSY | | | | | |
| 522 | 52214 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA, URETHRA, OR PERIURETHRAL GLANDS | | | | | |
| 522 | 52224 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESION(S) WITH OR WITHOUT BIOPSY | | | | | |
| 522 | 52260 | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA | | | | | |
| 522 | 52270 | CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE | | | | | |
| 522 | 52275 | CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE | | | | | |
| 522 | 52276 | CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY | | | | | |
| 522 | 52281 | CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY, WITH OR WITHOUT INJECTION PROCEDURE FOR CYSTOGRAPHY, MALE OR FEMALE | | | | | |
| 522 | 52283 | CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE | | | | | |
| 522 | 52285 | CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY, URETHRAL DILATION, INTERNAL URETHROTOMY, LYSIS OF URETHROVAGINAL SEPTAL FIBROSIS, LATERAL INCISIONS OF THE BLADDER NECK, AND FULGURATION | | | | | |
| 522 | 52290 | CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL | | | | | |
| 522 | 52300 | CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL | | | | | |
| 522 | 52301 | CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL | | | | | |
| 522 | 52305 | CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE | | | | | |
| 522 | 52310 | CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); SIMPLE | | | | | |
| 522 | 52315 | CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); COMPLICATED | | | | | |
| 522 | 52327 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL | | | | | |
| 522 | 52510 | TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA, ANY METHOD | | | | | |
| 522 | 53605 | DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA | | | | | |
| 523 | | Level III Cystourethroscopy and other Genitourinary Procedures | T | 16.87 | $854.79 | $447.03 | $170.96 |
| 523 | 50951 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; | | | | | |
| 523 | 50953 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER | | | | | |
| 523 | 50955 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY | | | | | |
| 523 | 50957 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY | | | | | |
| 523 | 50959 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY AND/OR FULGURATION (NOT INCLUDING PROVIS) | | | | | |
| 523 | 50961 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS | | | | | |
| 523 | 51020 | CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL | | | | | |
| 523 | 51030 | CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION | | | | | |

(See Addendum D. for Payment of Medical Visits)

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

[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

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

[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

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

[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT [1]/ HCPCS [2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 546 | 54900 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL | | | | | |
| 546 | 54901 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL | | | | | |
| 546 | 55060 | REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE) | | | | | |
| 546 | 55110 | SCROTAL EXPLORATION | | | | | |
| 546 | 55120 | REMOVAL OF FOREIGN BODY IN SCROTUM | | | | | |
| 546 | 55150 | RESECTION OF SCROTUM | | | | | |
| 546 | 55175 | SCROTOPLASTY; SIMPLE | | | | | |
| 546 | 55180 | SCROTOPLASTY; COMPLICATED | | | | | |
| 546 | 55200 | VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | | | | | |
| 546 | 55250 | VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S) | | | | | |
| 546 | 55400 | VASOVASOSTOMY, VASOVASORRHAPHY | | | | | |
| 546 | 55450 | LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | | | | | |
| 546 | 55500 | EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE) | | | | | |
| 546 | 55520 | EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE) | | | | | |
| 546 | 55530 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE) | | | | | |
| 546 | 55535 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH | | | | | |
| 546 | 55540 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR | | | | | |
| 546 | 55680 | EXCISION OF MULLERIAN DUCT CYST | | | | | |
| 547 | Prostate Biopsy | | T | 4.39 | $222.44 | $125.2 | $44.49 |
| 547 | 55700 | BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH | | | | | |
| 547 | 55705 | BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH | | | | | |
| 550 | Surgical Hysteroscopy | | T | 16.89 | $855.81 | $447.93 | $171.16 |
| 550 | 56351 | HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C | | | | | |
| 550 | 56352 | HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD) | | | | | |
| 550 | 56353 | HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD) | | | | | |
| 550 | 56354 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA | | | | | |
| 550 | 56355 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY | | | | | |
| 550 | 56356 | HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD) | | | | | |
| 551 | Level I Laparoscopy | | T | 24.78 | $1,255.59 | $711.67 | $251.12 |
| 551 | 56300 | LAPAROSCOPY (PERITONEOSCOPY), DIAGNOSTIC; (SEPARATE PROCEDURE) | | | | | |
| 551 | 56301 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION) | | | | | |
| 551 | 56302 | LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING) | | | | | |
| 551 | 56303 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD | | | | | |
| 551 | 56304 | LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE) | | | | | |
| 551 | 56305 | LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE) | | | | | |
| 551 | 56306 | LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE) | | | | | |
| 551 | 56346 | LAPAROSCOPY, SURGICAL; GASTROSTOMY, TEMPORARY (TUBE OR RUBBER OR PLASTIC) (SEPARATE PROCEDURE) | | | | | |
| 552 | Level II Laparoscopy | | T | 37.71 | $1,910.75 | $1,053.16 | $382.15 |
| 552 | 56307 | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY) | | | | | |
| 552 | 56309 | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE) | | | | | |
| 552 | 56311 | LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE | | | | | |
| 552 | 56312 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY | | | | | |
| 552 | 56313 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE | | | | | |
| 552 | 56316 | LAPAROSCOPY, SURGICAL; REPAIR OF INITIAL INGUINAL HERNIA | | | | | |
| 552 | 56317 | LAPAROSCOPY, SURGICAL; REPAIR OF RECURRENT INGUINAL HERNIA | | | | | |
| 552 | 56318 | LAPAROSCOPY, SURGICAL; ORCHIECTOMY | | | | | |
| 552 | 56320 | LAPAROSCOPY, SURGICAL; WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE | | | | | |
| 552 | 56343 | LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY) | | | | | |
| 552 | 56344 | LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY | | | | | |
| 552 | 56362 | LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY | | | | | |
| 552 | 56363 | LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY | | | | | |
| 561 | Level I Female Reproductive Procedures | | T | 1.52 | $77.02 | $24.63 | $15.4 |
| 561 | 56405 | INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS | | | | | |
| 561 | 56420 | INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS | | | | | |
| 561 | 56441 | LYSIS OF LABIAL ADHESIONS | | | | | |
| 561 | 57061 | DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD | | | | | |
| 561 | 57100 | BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE) | | | | | |
| 561 | 57150 | IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE | | | | | |
| 561 | 57160 | FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE | | | | | |
| 561 | 57170 | DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS | | | | | |
| 561 | 57180 | INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARATE PROCEDURE) | | | | | |
| 561 | 57452 | COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROCEDURE) | | | | | |
| 561 | 57454 | COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCERVICAL CURETTAGE | | | | | |
| 561 | 57500 | BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE) | | | | | |
| 561 | 57505 | ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE) | | | | | |
| 561 | 57510 | CAUTERIZATION OF CERVIX; ELECTRO OR THERMAL | | | | | |
| 561 | 57511 | CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT | | | | | |
| 561 | 57513 | CAUTERIZATION OF CERVIX; LASER ABLATION | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)
[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

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

[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

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

[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

| APC | CPT[1]/ HCPCS[2] | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|---|---|---|---|---|---|---|---|
| 760 | 78608 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION | | | | | |
| 760 | 78609 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION | | | | | |
| 760 | 78810 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION | | | | | |
| 760 | G0030 | PET imaging prev PET single | | | | | |
| 760 | G0031 | PET imaging prev PET multple | | | | | |
| 760 | G0032 | PET follow SPECT 78464 singl | | | | | |
| 760 | G0033 | PET follow SPECT 78464 mult | | | | | |
| 760 | G0034 | PET follow SPECT 76865 singl | | | | | |
| 760 | G0035 | PET follow SPECT 78465 mult | | | | | |
| 760 | G0036 | PET follow cornry angio sing | | | | | |
| 760 | G0037 | PET follow cornry angio mult | | | | | |
| 760 | G0038 | PET follow myocard perf sing | | | | | |
| 760 | G0039 | PET follow myocard perf mult | | | | | |
| 760 | G0040 | PET follow stress echo singl | | | | | |
| 760 | G0041 | PET follow stress echo mult | | | | | |
| 760 | G0042 | PET follow ventriculogm sing | | | | | |
| 760 | G0043 | PET follow ventriculogm mult | | | | | |
| 760 | G0044 | PET following rest ECG singl | | | | | |
| 760 | G0045 | PET following rest ECG mult | | | | | |
| 760 | G0046 | PET follow stress ECG singl | | | | | |
| 760 | G0047 | PET follow stress ECG mult | | | | | |
| 761 | Standard Non-Imaging Nuclear Medicine | | S | 2.04 | $103.37 | $61.47 | $20.67 |
| 761 | 78000 | THYROID UPTAKE; SINGLE DETERMINATION | | | | | |
| 761 | 78099 | UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 761 | 78110 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING | | | | | |
| 761 | 78111 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS | | | | | |
| 761 | 78120 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING | | | | | |
| 761 | 78199 | UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 761 | 78270 | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR | | | | | |
| 761 | 78271 | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR | | | | | |
| 761 | 78272 | VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR | | | | | |
| 761 | 78282 | GASTROINTESTINAL PROTEIN LOSS | | | | | |
| 761 | 78299 | UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 761 | 78725 | KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION | | | | | |
| 761 | 78999 | UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 762 | Complex Non-Imaging Nuclear Medicine | | S | 1.78 | $90.19 | $51.53 | $18.04 |
| 762 | 78001 | THYROID UPTAKE; MULTIPLE DETERMINATIONS | | | | | |
| 762 | 78003 | THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES) | | | | | |
| 762 | 78121 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS | | | | | |
| 762 | 78122 | WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE) | | | | | |
| 762 | 78130 | RED CELL SURVIVAL STUDY; | | | | | |
| 762 | 78135 | RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION) | | | | | |
| 762 | 78140 | LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC) | | | | | |
| 762 | 78160 | PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE | | | | | |
| 762 | 78162 | RADIOIRON ORAL ABSORPTION | | | | | |
| 762 | 78170 | RADIOIRON RED CELL UTILIZATION | | | | | |
| 762 | 78172 | CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON | | | | | |
| 762 | 78190 | KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION | | | | | |
| 762 | 78191 | PLATELET SURVIVAL STUDY | | | | | |
| 762 | 78414 | DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR WITHOUT PHARMACOLOGIC INTERVENTION OR EXERCISE, SINGLE OR MULTIPLE DETERMINATIONS | | | | | |
| 762 | 78455 | VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN) | | | | | |
| 762 | 78499 | UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 771 | Standard Planar Nuclear Medicine | | S | 3.78 | $191.53 | $116.84 | $38.31 |
| 771 | 78006 | THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION | | | | | |
| 771 | 78010 | THYROID IMAGING; ONLY | | | | | |
| 771 | 78011 | THYROID IMAGING; WITH VASCULAR FLOW | | | | | |
| 771 | 78015 | THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY) | | | | | |
| 771 | 78102 | BONE MARROW IMAGING; LIMITED AREA | | | | | |
| 771 | 78103 | BONE MARROW IMAGING; MULTIPLE AREAS | | | | | |
| 771 | 78104 | BONE MARROW IMAGING; WHOLE BODY | | | | | |
| 771 | 78185 | SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW | | | | | |
| 771 | 78201 | LIVER IMAGING; STATIC ONLY | | | | | |
| 771 | 78202 | LIVER IMAGING; WITH VASCULAR FLOW | | | | | |
| 771 | 78215 | LIVER AND SPLEEN IMAGING; STATIC ONLY | | | | | |
| 771 | 78216 | LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW | | | | | |
| 771 | 78230 | SALIVARY GLAND IMAGING; | | | | | |
| 771 | 78231 | SALIVARY GLAND IMAGING; WITH SERIAL IMAGES | | | | | |
| 771 | 78261 | GASTRIC MUCOSA IMAGING | | | | | |
| 771 | 78290 | BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS) | | | | | |
| 771 | 78300 | BONE AND/OR JOINT IMAGING; LIMITED AREA | | | | | |
| 771 | 78305 | BONE AND/OR JOINT IMAGING; MULTIPLE AREAS | | | | | |
| 771 | 78306 | BONE AND/OR JOINT IMAGING; WHOLE BODY | | | | | |

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

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

[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)
[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

(See Addendum D. for Payment of Medical Visits)

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

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

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

ADDENDUM D.—SUMMARY OF MEDICAL APCS

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

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
Note: Medical visit APCs are created by combining level of visit from Addendum D with reason for visit from Addendum E. Thus a midlevel clinic visit (99203) for an eye disorder groups to APC 91368.

ADDENDUM E.—MAJOR DIAGNOSTIC CATEGORIES (MDCS)

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

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

| ICD–9 | ICD–9 Description | MDC |
| --- | --- | --- |
| 0010 | CHOLERA D/T VIB CHOLERAE | 41 |
| 0011 | CHOLERA D/T VIB EL TOR | 41 |
| 0019 | CHOLERA NOS | 41 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 1256 | FILARIASIS NEC | 97 |
| 1257 | DRACONTIASIS | 97 |
| 1259 | FILARIASIS NOS | 97 |
| 1260 | ANCYLOSTOMA DUODENALE | 41 |
| 1261 | NECATOR AMERICANUS | 41 |
| 1262 | ANCYLOSTOMA BRAZILIENSE | 41 |
| 1263 | ANCYLOSTOMA CEYLANICUM | 41 |
| 1268 | ANCYLOSTOMA NEC | 41 |
| 1269 | ANCYLOSTOMIASIS NOS | 41 |
| 1270 | ASCARIASIS | 41 |
| 1271 | ANISAKIASIS | 41 |
| 1272 | STRONGYLOIDIASIS | 41 |
| 1273 | TRICHURIASIS | 41 |
| 1274 | ENTEROBIASIS | 41 |
| 1275 | CAPILLARIASIS | 41 |
| 1276 | TRICHOSTRONGYLIASIS | 41 |
| 1277 | INTEST HELMINTHIASIS NEC | 41 |
| 1278 | MIXED INTESTINE HELMINTH | 97 |
| 1279 | INTEST HELMINTHIASIS NOS | 41 |
| 1280 | TOXOCARIASIS | 97 |
| 1281 | GNATHOSTOMIASIS | 97 |
| 1288 | HELMINTHIASIS NEC | 97 |
| 1289 | HELMINTHIASIS NOS | 97 |
| 129 | INTESTIN PARASITISM NOS | 41 |
| 1300 | TOXOPLASM MENINGOENCEPH | 63 |
| 1301 | TOXOPLASM CONJUNCTIVITIS | 68 |
| 1302 | TOXOPLASM CHORIORETINIT | 68 |
| 1303 | TOXOPLASMA MYOCARDITIS | 36 |
| 1304 | TOXOPLASMA PNEUMONITIS | 33 |
| 1305 | TOXOPLASMA HEPATITIS | 41 |
| 1307 | TOXOPLASMOSIS SITE NEC | 97 |
| 1308 | MULTISYSTEM TOXOPLASMOS | 97 |
| 1309 | TOXOPLASMOSIS NOS | 97 |
| 13100 | UROGENITAL TRICHOMON NOS | 97 |
| 13101 | TRICHOMONAL VAGINITIS | 97 |
| 13102 | TRICHOMONAL URETHRITIS | 97 |
| 13103 | TRICHOMONAL PROSTATITIS | 97 |
| 13109 | UROGENITAL TRICHOMON NEC | 97 |
| 1318 | TRICHOMONIASIS NEC | 97 |
| 1319 | TRICHOMONIASIS NOS | 97 |
| 1320 | PEDICULUS CAPITIS | 18 |
| 1321 | PEDICULUS CORPORIS | 18 |
| 1322 | PHTHIRUS PUBIS | 18 |
| 1323 | MIXED PEDICUL & PHTHIRUS | 18 |
| 1329 | PEDICULOSIS NOS | 18 |
| 1330 | SCABIES | 18 |
| 1338 | ACARIASIS NEC | 18 |
| 1339 | ACARIASIS NOS | 18 |
| 1340 | MYIASIS | 18 |
| 1341 | ARTHROPOD INFEST NEC | 18 |
| 1342 | HIRUDINIASIS | 18 |
| 1348 | INFESTATION NEC | 18 |
| 1349 | INFESTATION NOS | 18 |
| 135 | SARCOIDOSIS | 33 |
| 1360 | AINHUM | 97 |
| 1361 | BEHCET'S SYNDROME | 24 |
| 1362 | FREE-LIVING AMEBA INFECT | 97 |
| 1363 | PNEUMOCYSTOSIS | 33 |
| 1364 | PSOROSPERMIASIS | 97 |
| 1365 | SARCOSPORIDIOSIS | 97 |
| 1368 | INFECT/PARASITE DIS NEC | 97 |
| 1369 | INFECT/PARASITE DIS NOS | 97 |
| 1370 | LATE EFFECT TB, RESP/NOS | 33 |
| 1371 | LATE EFFECT CNS TB | 63 |
| 1372 | LATE EFFECT GU TB | 53 |
| 1373 | LATE EFF BONE & JOINT TB | 24 |
| 1374 | LATE EFFECT TB NEC | 97 |
| 138 | LATE EFFECT ACUTE POLIO | 63 |
| 1390 | LATE EFF VIRAL ENCEPHAL | 63 |
| 1391 | LATE EFFECT OF TRACHOMA | 68 |
| 1398 | LATE EFF INFECT DIS NEC | 97 |
| 1400 | MAL NEO UPPER VERMILION | 88 |
| 1401 | MAL NEO LOWER VERMILION | 88 |
| 1403 | MAL NEO UPPER LIP, INNER | 88 |
| 1404 | MAL NEO LOWER LIP, INNER | 88 |
| 1405 | MAL NEO LIP, INNER NOS | 88 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 1406 | MAL NEO LIP, COMMISSURE | 88 |
| 1408 | MAL NEO LIP NEC | 88 |
| 1409 | MAL NEO LIP/VERMIL NOS | 88 |
| 1410 | MAL NEO TONGUE BASE | 88 |
| 1411 | MAL NEO DORSAL TONGUE | 88 |
| 1412 | MAL NEO TIP/LAT TONGUE | 88 |
| 1413 | MAL NEO VENTRAL TONGUE | 88 |
| 1414 | MAL NEO ANT 2/3 TONGUE | 88 |
| 1415 | MAL NEO TONGUE JUNCTION | 88 |
| 1416 | MAL NEO LINGUAL TONSIL | 88 |
| 1418 | MALIG NEO TONGUE NEC | 88 |
| 1419 | MALIG NEO TONGUE NOS | 88 |
| 1420 | MALIG NEO PAROTID | 88 |
| 1421 | MALIG NEO SUBMANDIBULAR | 88 |
| 1422 | MALIG NEO SUBLINGUAL | 88 |
| 1428 | MAL NEO MAJ SALIVARY NEC | 88 |
| 1429 | MAL NEO SALIVARY NOS | 88 |
| 1430 | MALIG NEO UPPER GUM | 88 |
| 1431 | MALIG NEO LOWER GUM | 88 |
| 1438 | MALIG NEO GUM NEC | 88 |
| 1439 | MALIG NEO GUM NOS | 88 |
| 1440 | MAL NEO ANT FLOOR MOUTH | 88 |
| 1441 | MAL NEO LAT FLOOR MOUTH | 88 |
| 1448 | MAL NEO MOUTH FLOOR NEC | 88 |
| 1449 | MAL NEO MOUTH FLOOR NOS | 88 |
| 1450 | MAL NEO CHEEK MUCOSA | 88 |
| 1451 | MAL NEO MOUTH VESTIBULE | 88 |
| 1452 | MALIG NEO HARD PALATE | 88 |
| 1453 | MALIG NEO SOFT PALATE | 88 |
| 1454 | MALIGNANT NEOPLASM UVULA | 88 |
| 1455 | MALIGNANT NEO PALATE NOS | 88 |
| 1456 | MALIG NEO RETROMOLAR | 88 |
| 1458 | MALIG NEOPLASM MOUTH NEC | 88 |
| 1459 | MALIG NEOPLASM MOUTH NOS | 88 |
| 1460 | MALIGNANT NEOPL TONSIL | 88 |
| 1461 | MAL NEO TONSILLAR FOSSA | 88 |
| 1462 | MAL NEO TONSIL PILLARS | 88 |
| 1463 | MALIGN NEOPL VALLECULA | 88 |
| 1464 | MAL NEO ANT EPIGLOTTIS | 88 |
| 1465 | MAL NEO EPIGLOTTIS JUNCT | 88 |
| 1466 | MAL NEO LAT OROPHARYNX | 88 |
| 1467 | MAL NEO POST OROPHARYNX | 88 |
| 1468 | MAL NEO OROPHARYNX NEC | 88 |
| 1469 | MALIG NEO OROPHARYNX NOS | 88 |
| 1470 | MAL NEO SUPER NASOPHARYN | 88 |
| 1471 | MAL NEO POST NASOPHARYNX | 88 |
| 1472 | MAL NEO LAT NASOPHARYNX | 88 |
| 1473 | MAL NEO ANT NASOPHARYNX | 88 |
| 1478 | MAL NEO NASOPHARYNX NEC | 88 |
| 1479 | MAL NEO NASOPHARYNX NOS | 88 |
| 1480 | MAL NEO POSTCRICOID | 88 |
| 1481 | MAL NEO PYRIFORM SINUS | 88 |
| 1482 | MAL NEO ARYEPIGLOTT FOLD | 88 |
| 1483 | MAL NEO POST HYPOPHARYNX | 88 |
| 1488 | MAL NEO HYPOPHARYNX NEC | 88 |
| 1489 | MAL NEO HYPOPHARYNX NOS | 88 |
| 1490 | MAL NEO PHARYNX NOS | 88 |
| 1491 | MAL NEO WALDEYER'S RING | 88 |
| 1498 | MAL NEO ORAL/PHARYNX NEC | 88 |
| 1499 | MAL NEO OROPHRYN ILL-DEF | 88 |
| 1500 | MAL NEO CERVICAL ESOPHAG | 88 |
| 1501 | MAL NEO THORACIC ESOPHAG | 88 |
| 1502 | MAL NEO ABDOMIN ESOPHAG | 88 |
| 1503 | MAL NEO UPPER 3RD ESOPH | 88 |
| 1504 | MAL NEO MIDDLE 3RD ESOPH | 88 |
| 1505 | MAL NEO LOWER 3RD ESOPH | 88 |
| 1508 | MAL NEO ESOPHAGUS NEC | 88 |
| 1509 | MAL NEO ESOPHAGUS NOS | 88 |
| 1510 | MAL NEO STOMACH CARDIA | 88 |
| 1511 | MALIGNANT NEO PYLORUS | 88 |
| 1512 | MAL NEO PYLORIC ANTRUM | 88 |
| 1513 | MAL NEO STOMACH FUNDUS | 88 |
| 1514 | MAL NEO STOMACH BODY | 88 |
| 1515 | MAL NEO STOM LESSER CURV | 88 |
| 1516 | MAL NEO STOM GREAT CURV | 88 |
| 1518 | MALIG NEOPL STOMACH NEC | 88 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 1519 | MALIG NEOPL STOMACH NOS | 88 |
| 1520 | MALIGNANT NEOPL DUODENUM | 88 |
| 1521 | MALIGNANT NEOPL JEJUNUM | 88 |
| 1522 | MALIGNANT NEOPLASM ILEUM | 88 |
| 1523 | MAL NEO MECKEL'S DIVERT | 88 |
| 1528 | MAL NEO SMALL BOWEL NEC | 88 |
| 1529 | MAL NEO SMALL BOWEL NOS | 88 |
| 1530 | MAL NEO HEPATIC FLEXURE | 88 |
| 1531 | MAL NEO TRANSVERSE COLON | 88 |
| 1532 | MAL NEO DESCEND COLON | 88 |
| 1533 | MAL NEO SIGMOID COLON | 88 |
| 1534 | MALIGNANT NEOPLASM CECUM | 88 |
| 1535 | MALIGNANT NEO APPENDIX | 88 |
| 1536 | MALIG NEO ASCEND COLON | 88 |
| 1537 | MAL NEO SPLENIC FLEXURE | 88 |
| 1538 | MALIGNANT NEO COLON NEC | 88 |
| 1539 | MALIGNANT NEO COLON NOS | 88 |
| 1540 | MAL NEO RECTOSIGMOID JCT | 88 |
| 1541 | MALIGNANT NEOPL RECTUM | 88 |
| 1542 | MALIG NEOPL ANAL CANAL | 88 |
| 1543 | MALIGNANT NEO ANUS NOS | 88 |
| 1548 | MAL NEO RECTUM/ANUS NEC | 88 |
| 1550 | MAL NEO LIVER, PRIMARY | 88 |
| 1551 | MAL NEO INTRAHEPAT DUCTS | 88 |
| 1552 | MALIGNANT NEO LIVER NOS | 88 |
| 1560 | MALIG NEO GALLBLADDER | 88 |
| 1561 | MAL NEO EXTRAHEPAT DUCTS | 88 |
| 1562 | MAL NEO AMPULLA OF VATER | 88 |
| 1568 | MALIG NEO BILIARY NEC | 88 |
| 1569 | MALIG NEO BILIARY NOS | 88 |
| 1570 | MAL NEO PANCREAS HEAD | 88 |
| 1571 | MAL NEO PANCREAS BODY | 88 |
| 1572 | MAL NEO PANCREAS TAIL | 88 |
| 1573 | MAL NEO PANCREATIC DUCT | 88 |
| 1574 | MAL NEO ISLET LANGERHANS | 88 |
| 1578 | MALIG NEO PANCREAS NEC | 88 |
| 1579 | MALIG NEO PANCREAS NOS | 88 |
| 1580 | MAL NEO RETROPERITONEUM | 88 |
| 1588 | MAL NEO PERITONEUM NEC | 88 |
| 1589 | MAL NEO PERITONEUM NOS | 88 |
| 1590 | MALIG NEO INTESTINE NOS | 88 |
| 1591 | MALIGNANT NEO SPLEEN NEC | 88 |
| 1598 | MAL NEO GI/INTRA-ABD NEC | 88 |
| 1599 | MAL NEO GI TRACT ILL-DEF | 88 |
| 1600 | MAL NEO NASAL CAVITIES | 88 |
| 1601 | MALIG NEO MIDDLE EAR | 88 |
| 1602 | MAL NEO MAXILLARY SINUS | 88 |
| 1603 | MAL NEO ETHMOIDAL SINUS | 88 |
| 1604 | MALIG NEO FRONTAL SINUS | 88 |
| 1605 | MAL NEO SPHENOID SINUS | 88 |
| 1608 | MAL NEO ACCESS SINUS NEC | 88 |
| 1609 | MAL NEO ACCESS SINUS NOS | 88 |
| 1610 | MALIGNANT NEO GLOTTIS | 88 |
| 1611 | MALIG NEO SUPRAGLOTTIS | 88 |
| 1612 | MALIG NEO SUBGLOTTIS | 88 |
| 1613 | MAL NEO CARTILAGE LARYNX | 88 |
| 1618 | MALIGNANT NEO LARYNX NEC | 88 |
| 1619 | MALIGNANT NEO LARYNX NOS | 88 |
| 1620 | MALIGNANT NEO TRACHEA | 88 |
| 1622 | MALIG NEO MAIN BRONCHUS | 88 |
| 1623 | MAL NEO UPPER LOBE LUNG | 88 |
| 1624 | MAL NEO MIDDLE LOBE LUNG | 88 |
| 1625 | MAL NEO LOWER LOBE LUNG | 88 |
| 1628 | MAL NEO BRONCH/LUNG NEC | 88 |
| 1629 | MAL NEO BRONCH/LUNG NOS | 88 |
| 1630 | MAL NEO PARIETAL PLEURA | 88 |
| 1631 | MAL NEO VISCERAL PLEURA | 88 |
| 1638 | MALIG NEOPL PLEURA NEC | 88 |
| 1639 | MALIG NEOPL PLEURA NOS | 88 |
| 1640 | MALIGNANT NEOPL THYMUS | 88 |
| 1641 | MALIGNANT NEOPL HEART | 88 |
| 1642 | MAL NEO ANT MEDIASTINUM | 88 |
| 1643 | MAL NEO POST MEDIASTINUM | 88 |
| 1648 | MAL NEO MEDIASTINUM NEC | 88 |
| 1649 | MAL NEO MEDIASTINUM NOS | 88 |
| 1650 | MAL NEO UPPER RESP NOS | 88 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 1658 | MAL NEO THORAX/RESP NEC | 88 |
| 1659 | MAL NEO RESP SYSTEM NOS | 88 |
| 1700 | MAL NEO SKULL/FACE BONE | 88 |
| 1701 | MALIGNANT NEO MANDIBLE | 88 |
| 1702 | MALIG NEO VERTEBRAE | 88 |
| 1703 | MAL NEO RIBS/STERN/CLAV | 88 |
| 1704 | MAL NEO LONG BONES ARM | 88 |
| 1705 | MAL NEO BONES WRIST/HAND | 88 |
| 1706 | MAL NEO PELVIC GIRDLE | 88 |
| 1707 | MAL NEO LONG BONES LEG | 88 |
| 1708 | MAL NEO BONES ANKLE/FOOT | 88 |
| 1709 | MALIG NEOPL BONE NOS | 88 |
| 1710 | MAL NEO SOFT TISSUE HEAD | 88 |
| 1712 | MAL NEO SOFT TISSUE ARM | 88 |
| 1713 | MAL NEO SOFT TISSUE LEG | 88 |
| 1714 | MAL NEO SOFT TIS THORAX | 88 |
| 1715 | MAL NEO SOFT TIS ABDOMEN | 88 |
| 1716 | MAL NEO SOFT TIS PELVIS | 88 |
| 1717 | MAL NEOPL TRUNK NOS | 88 |
| 1718 | MAL NEO SOFT TISSUE NEC | 88 |
| 1719 | MAL NEO SOFT TISSUE NOS | 88 |
| 1720 | MALIG MELANOMA LIP | 88 |
| 1721 | MALIG MELANOMA EYELID | 88 |
| 1722 | MALIG MELANOMA EAR | 88 |
| 1723 | MAL MELANOM FACE NEC/NOS | 88 |
| 1724 | MAL MELANOMA SCALP/NECK | 88 |
| 1725 | MALIG MELANOMA TRUNK | 88 |
| 1726 | MALIG MELANOMA ARM | 88 |
| 1727 | MALIG MELANOMA LEG | 88 |
| 1728 | MALIG MELANOMA SKIN NEC | 88 |
| 1729 | MALIG MELANOMA SKIN NOS | 88 |
| 1730 | MALIG NEO SKIN LIP | 88 |
| 1731 | MALIG NEO SKIN EYELID | 88 |
| 1732 | MALIG NEO SKIN EAR | 88 |
| 1733 | MAL NEO SKIN FACE NEC | 88 |
| 1734 | MAL NEO SCALP/SKIN NECK | 88 |
| 1735 | MALIG NEO SKIN TRUNK | 88 |
| 1736 | MALIG NEO SKIN ARM | 88 |
| 1737 | MALIG NEO SKIN LEG | 88 |
| 1738 | MALIG NEO SKIN NEC | 88 |
| 1739 | MALIG NEO SKIN NOS | 88 |
| 1740 | MALIG NEO NIPPLE | 88 |
| 1741 | MAL NEO BREAST-CENTRAL | 88 |
| 1742 | MAL NEO BREAST UP-INNER | 88 |
| 1743 | MAL NEO BREAST LOW-INNER | 86 |
| 1744 | MAL NEO BREAST UP-OUTER | 88 |
| 1745 | MAL NEO BREAST LOW-OUTER | 88 |
| 1746 | MAL NEO BREAST-AXILLARY | 88 |
| 1748 | MALIGN NEOPL BREAST NEC | 88 |
| 1749 | MALIGN NEOPL BREAST NOS | 88 |
| 1750 | MAL NEO MALE NIPPLE | 88 |
| 1759 | MAL NEO MALE BREAST NEC | 88 |
| 1760 | SKIN - KAPOSI'S SARCOMA | 86 |
| 1761 | SFT TISUE - KPSI'S SRCMA | 86 |
| 1762 | PALATE - KPSI's SARCOMA | 86 |
| 1763 | GI SITES - KPSI'S SRCOMA | 86 |
| 1764 | LUNG - KAPOSI'S SARCOMA | 86 |
| 1765 | LYM NDS - KPSI'S SARCOMA | 86 |
| 1768 | SPF STS - KPSI'S SARCOMA | 86 |
| 1769 | KAPOSI'S SARCOMA NOS | 86 |
| 179 | MALIG NEOPL UTERUS NOS | 88 |
| 1800 | MALIG NEO ENDOCERVIX | 88 |
| 1801 | MALIG NEO EXOCERVIX | 88 |
| 1808 | MALIG NEO CERVIX NEC | 88 |
| 1809 | MAL NEO CERVIX UTERI NOS | 88 |
| 181 | MALIGNANT NEOPL PLACENTA | 88 |
| 1820 | MALIG NEO CORPUS UTERI | 88 |
| 1821 | MAL NEO UTERINE ISTHMUS | 88 |
| 1828 | MAL NEO BODY UTERUS NEC | 88 |
| 1830 | MALIGN NEOPL OVARY | 88 |
| 1832 | MAL NEO FALLOPIAN TUBE | 88 |
| 1833 | MAL NEO BROAD LIGAMENT | 88 |
| 1834 | MALIG NEO PARAMETRIUM | 88 |
| 1835 | MAL NEO ROUND LIGAMENT | 88 |
| 1838 | MAL NEO ADNEXA NEC | 88 |
| 1839 | MAL NEO ADNEXA NOS | 88 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 1840 | MALIGN NEOPL VAGINA | 88 |
| 1841 | MAL NEO LABIA MAJORA | 88 |
| 1842 | MAL NEO LABIA MINORA | 88 |
| 1843 | MALIGN NEOPL CLITORIS | 88 |
| 1844 | MALIGN NEOPL VULVA NOS | 88 |
| 1848 | MAL NEO FEMALE GENIT NEC | 88 |
| 1849 | MAL NEO FEMALE GENIT NOS | 88 |
| 185 | MALIGN NEOPL PROSTATE | 88 |
| 1860 | MAL NEO UNDESCEND TESTIS | 88 |
| 1869 | MALIG NEO TESTIS NEC | 88 |
| 1871 | MALIGN NEOPL PREPUCE | 88 |
| 1872 | MALIG NEO GLANS PENIS | 88 |
| 1873 | MALIG NEO PENIS BODY | 88 |
| 1874 | MALIG NEO PENIS NOS | 88 |
| 1875 | MALIG NEO EPIDIDYMIS | 88 |
| 1876 | MAL NEO SPERMATIC CORD | 88 |
| 1877 | MALIGN NEOPL SCROTUM | 88 |
| 1878 | MAL NEO MALE GENITAL NEC | 88 |
| 1879 | MAL NEO MALE GENITAL NOS | 88 |
| 1880 | MAL NEO BLADDER-TRIGONE | 88 |
| 1881 | MAL NEO BLADDER-DOME | 88 |
| 1882 | MAL NEO BLADDER-LATERAL | 88 |
| 1883 | MAL NEO BLADDER-ANTERIOR | 88 |
| 1884 | MAL NEO BLADDER-POST | 88 |
| 1885 | MAL NEO BLADDER NECK | 88 |
| 1886 | MAL NEO URETERIC ORIFICE | 88 |
| 1887 | MALIG NEO URACHUS | 88 |
| 1888 | MALIG NEO BLADDER NEC | 88 |
| 1889 | MALIG NEO BLADDER NOS | 88 |
| 1890 | MALIG NEOPL KIDNEY | 88 |
| 1891 | MALIG NEO RENAL PELVIS | 88 |
| 1892 | MALIGN NEOPL URETER | 88 |
| 1893 | MALIGN NEOPL URETHRA | 88 |
| 1894 | MAL NEO PARAURETHRAL | 88 |
| 1898 | MAL NEO URINARY NEC | 88 |
| 1899 | MAL NEO URINARY NOS | 88 |
| 1900 | MALIGN NEOPL EYEBALL | 88 |
| 1901 | MALIGN NEOPL ORBIT | 88 |
| 1902 | MAL NEO LACRIMAL GLAND | 88 |
| 1903 | MAL NEO CONJUNCTIVA | 88 |
| 1904 | MALIGN NEOPL CORNEA | 88 |
| 1905 | MALIGN NEOPL RETINA | 88 |
| 1906 | MALIGN NEOPL CHOROID | 88 |
| 1907 | MAL NEO LACRIMAL DUCT | 88 |
| 1908 | MALIGN NEOPL EYE NEC | 88 |
| 1909 | MALIGN NEOPL EYE NOS | 88 |
| 1910 | MALIGN NEOPL CEREBRUM | 88 |
| 1911 | MALIG NEO FRONTAL LOBE | 88 |
| 1912 | MAL NEO TEMPORAL LOBE | 88 |
| 1913 | MAL NEO PARIETAL LOBE | 88 |
| 1914 | MAL NEO OCCIPITAL LOBE | 88 |
| 1915 | MAL NEO CEREB VENTRICLE | 88 |
| 1916 | MAL NEO CEREBELLUM NOS | 88 |
| 1917 | MAL NEO BRAIN STEM | 88 |
| 1918 | MALIG NEO BRAIN NEC | 88 |
| 1919 | MALIG NEO BRAIN NOS | 88 |
| 1920 | MAL NEO CRANIAL NERVES | 88 |
| 1921 | MAL NEO CEREBRAL MENING | 88 |
| 1922 | MAL NEO SPINAL CORD | 88 |
| 1923 | MAL NEO SPINAL MENINGES | 88 |
| 1928 | MAL NEO NERVOUS SYST NEC | 88 |
| 1929 | MAL NEO NERVOUS SYST NOS | 88 |
| 193 | MALIGN NEOPL THYROID | 88 |
| 1940 | MALIGN NEOPL ADRENAL | 88 |
| 1941 | MALIG NEO PARATHYROID | 88 |
| 1943 | MALIG NEO PITUITARY | 88 |
| 1944 | MALIGN NEO PINEAL GLAND | 88 |
| 1945 | MAL NEO CAROTID BODY | 88 |
| 1946 | MAL NEO PARAGANGLIA NEC | 88 |
| 1948 | MAL NEO ENDOCRINE NEC | 88 |
| 1949 | MAL NEO ENDOCRINE NOS | 88 |
| 1950 | MAL NEO HEAD/FACE/NECK | 88 |
| 1951 | MALIGN NEOPL THORAX | 88 |
| 1952 | MALIG NEO ABDOMEN | 88 |
| 1953 | MALIGN NEOPL PELVIS | 88 |
| 1954 | MALIGN NEOPL ARM | 88 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 1955 | MALIGN NEOPL LEG | 88 |
| 1958 | MALIG NEO SITE NEC | 88 |
| 1960 | MAL NEO LYMPH-HEAD/NECK | 88 |
| 1961 | MAL NEO LYMPH-INTRATHOR | 88 |
| 1962 | MAL NEO LYMPH INTRA-ABD | 88 |
| 1963 | MAL NEO LYMPH-AXILLA/ARM | 88 |
| 1965 | MAL NEO LYMPH-INGUIN/LEG | 88 |
| 1966 | MAL NEO LYMPH-INTRAPELV | 88 |
| 1968 | MAL NEO LYMPH NODE-MULT | 88 |
| 1969 | MAL NEO LYMPH NODE NOS | 88 |
| 1970 | SECONDARY MALIG NEO LUNG | 88 |
| 1971 | SEC MAL NEO MEDIASTINUM | 88 |
| 1972 | SECOND MALIG NEO PLEURA | 88 |
| 1973 | SEC MALIG NEO RESP NEC | 88 |
| 1974 | SEC MALIG NEO SM BOWEL | 88 |
| 1975 | SEC MALIG NEO LG BOWEL | 88 |
| 1976 | SEC MAL NEO PERITONEUM | 88 |
| 1977 | SECOND MALIG NEO LIVER | 88 |
| 1978 | SEC MAL NEO GI NEC | 88 |
| 1980 | SECOND MALIG NEO KIDNEY | 88 |
| 1981 | SEC MALIG NEO URIN NEC | 88 |
| 1982 | SECONDARY MALIG NEO SKIN | 88 |
| 1983 | SEC MAL NEO BRAIN/SPINE | 88 |
| 1984 | SEC MALIG NEO NERVE NEC | 88 |
| 1985 | SECONDARY MALIG NEO BONE | 88 |
| 1986 | SECOND MALIG NEO OVARY | 88 |
| 1987 | SECOND MALIG NEO ADRENAL | 88 |
| 19881 | SECOND MALIG NEO BREAST | 88 |
| 19882 | SECOND MALIG NEO GENITAL | 88 |
| 19889 | SECONDARY MALIG NEO NEC | 88 |
| 1990 | MALIG NEO DISSEMINATED | 88 |
| 1991 | MALIGNANT NEOPLASM NOS | 88 |
| 20000 | RETCLSRC UNSP XTRNDL ORG | 88 |
| 20001 | RETICULOSARCOMA HEAD | 88 |
| 20002 | RETICULOSARCOMA THORAX | 88 |
| 20003 | RETICULOSARCOMA ABDOM | 88 |
| 20004 | RETICULOSARCOMA AXILLA | 88 |
| 20005 | RETICULOSARCOMA INGUIN | 88 |
| 20006 | RETICULOSARCOMA PELVIC | 88 |
| 20007 | RETICULOSARCOMA SPLEEN | 88 |
| 20008 | RETICULOSARCOMA MULT | 88 |
| 20010 | LYMPHSRC UNSP XTRNDL ORG | 88 |
| 20011 | LYMPHOSARCOMA HEAD | 88 |
| 20012 | LYMPHOSARCOMA THORAX | 88 |
| 20013 | LYMPHOSARCOMA ABDOM | 88 |
| 20014 | LYMPHOSARCOMA AXILLA | 88 |
| 20015 | LYMPHOSARCOMA INGUIN | 88 |
| 20016 | LYMPHOSARCOMA PELVIC | 88 |
| 20017 | LYMPHOSARCOMA SPLEEN | 88 |
| 20018 | LYMPHOSARCOMA MULT | 88 |
| 20020 | BRKT TMR UNSP XTRNDL ORG | 88 |
| 20021 | BURKITT'S TUMOR HEAD | 88 |
| 20022 | BURKITT'S TUMOR THORAX | 88 |
| 20023 | BURKITT'S TUMOR ABDOM | 88 |
| 20024 | BURKITT'S TUMOR AXILLA | 88 |
| 20025 | BURKITT'S TUMOR INGUIN | 88 |
| 20026 | BURKITT'S TUMOR PELVIC | 88 |
| 20027 | BURKITT'S TUMOR SPLEEN | 88 |
| 20028 | BURKITT'S TUMOR MULT | 88 |
| 20080 | OTH VARN UNSP XTRNDL ORG | 88 |
| 20081 | MIXED LYMPHOSARC HEAD | 88 |
| 20082 | MIXED LYMPHOSARC THORAX | 88 |
| 20083 | MIXED LYMPHOSARC ABDOM | 88 |
| 20084 | MIXED LYMPHOSARC AXILLA | 88 |
| 20085 | MIXED LYMPHOSARC INGUIN | 88 |
| 20086 | MIXED LYMPHOSARC PELVIC | 88 |
| 20087 | MIXED LYMPHOSARC SPLEEN | 88 |
| 20088 | MIXED LYMPHOSARC MULT | 88 |
| 20100 | HDGK PRG UNSP XTRNDL ORG | 88 |
| 20101 | HODGKINS PARAGRAN HEAD | 88 |
| 20102 | HODGKINS PARAGRAN THORAX | 88 |
| 20103 | HODGKINS PARAGRAN ABDOM | 88 |
| 20104 | HODGKINS PARAGRAN AXILLA | 88 |
| 20105 | HODGKINS PARAGRAN INGUIN | 88 |
| 20106 | HODGKINS PARAGRAN PELVIC | 88 |
| 20107 | HODGKINS PARAGRAN SPLEEN | 88 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 20108 | HODGKINS PARAGRAN MULT | 88 |
| 20110 | HDGK GRN UNSP XTRNDL ORG | 88 |
| 20111 | HODGKINS GRANULOM HEAD | 88 |
| 20112 | HODGKINS GRANULOM THORAX | 88 |
| 20113 | HODGKINS GRANULOM ABDOM | 88 |
| 20114 | HODGKINS GRANULOM AXILLA | 88 |
| 20115 | HODGKINS GRANULOM INGUIN | 88 |
| 20116 | HODGKINS GRANULOM PELVIC | 88 |
| 20117 | HODGKINS GRANULOM SPLEEN | 88 |
| 20118 | HODGKINS GRANULOM MULT | 88 |
| 20120 | HDGK SRC UNSP XTRNDL ORG | 88 |
| 20121 | HODGKINS SARCOMA HEAD | 88 |
| 20122 | HODGKINS SARCOMA THORAX | 88 |
| 20123 | HODGKINS SARCOMA ABDOM | 88 |
| 20124 | HODGKINS SARCOMA AXILLA | 88 |
| 20125 | HODGKINS SARCOMA INGUIN | 88 |
| 20126 | HODGKINS SARCOMA PELVIC | 88 |
| 20127 | HODGKINS SARCOMA SPLEEN | 88 |
| 20128 | HODGKINS SARCOMA MULT | 88 |
| 20140 | LYM-HST UNSP XTRNDL ORGN | 88 |
| 20141 | HODG LYMPH-HISTIO HEAD | 88 |
| 20142 | HODG LYMPH-HISTIO THORAX | 88 |
| 20143 | HODG LYMPH-HISTIO ABDOM | 88 |
| 20144 | HODG LYMPH-HISTIO AXILLA | 88 |
| 20145 | HODG LYMPH-HISTIO INGUIN | 88 |
| 20146 | HODG LYMPH-HISTIO PELVIC | 88 |
| 20147 | HODG LYMPH-HISTIO SPLEEN | 88 |
| 20148 | HODG LYMPH-HISTIO MULT | 88 |
| 20150 | NDR SCLR UNSP XTRNDL ORG | 88 |
| 20151 | HODG NODUL SCLERO HEAD | 88 |
| 20152 | HODG NODUL SCLERO THORAX | 88 |
| 20153 | HODG NODUL SCLERO ABDOM | 88 |
| 20154 | HODG NODUL SCLERO AXILLA | 88 |
| 20155 | HODG NODUL SCLERO INGUIN | 88 |
| 20156 | HODG NODUL SCLERO PELVIC | 88 |
| 20157 | HODG NODUL SCLERO SPLEEN | 88 |
| 20158 | HODG NODUL SCLERO MULT | 88 |
| 20160 | MXD CELR UNSP XTRNDL ORG | 88 |
| 20161 | HODGKINS MIX CELL HEAD | 88 |
| 20162 | HODGKINS MIX CELL THORAX | 88 |
| 20163 | HODGKINS MIX CELL ABDOM | 88 |
| 20164 | HODGKINS MIX CELL AXILLA | 88 |
| 20165 | HODGKINS MIX CELL INGUIN | 88 |
| 20166 | HODGKINS MIX CELL PELVIC | 88 |
| 20167 | HODGKINS MIX CELL SPLEEN | 88 |
| 20168 | HODGKINS MIX CELL MULT | 88 |
| 20170 | LYM DPLT UNSP XTRNDL ORG | 88 |
| 20171 | HODG LYMPH DEPLET HEAD | 88 |
| 20172 | HODG LYMPH DEPLET THORAX | 88 |
| 20173 | HODG LYMPH DEPLET ABDOM | 88 |
| 20174 | HODG LYMPH DEPLET AXILLA | 88 |
| 20175 | HODG LYMPH DEPLET INGUIN | 88 |
| 20176 | HODG LYMPH DEPLET PELVIC | 88 |
| 20177 | HODG LYMPH DEPLET SPLEEN | 88 |
| 20178 | HODG LYMPH DEPLET MULT | 88 |
| 20190 | HDGK DIS UNSP XTRNDL ORG | 88 |
| 20191 | HODGKINS DIS NOS HEAD | 88 |
| 20192 | HODGKINS DIS NOS THORAX | 88 |
| 20193 | HODGKINS DIS NOS ABDOM | 88 |
| 20194 | HODGKINS DIS NOS AXILLA | 88 |
| 20195 | HODGKINS DIS NOS INGUIN | 88 |
| 20196 | HODGKINS DIS NOS PELVIC | 88 |
| 20197 | HODGKINS DIS NOS SPLEEN | 88 |
| 20198 | HODGKINS DIS NOS MULT | 88 |
| 20200 | NDLR LYM UNSP XTRNDL ORG | 88 |
| 20201 | NODULAR LYMPHOMA HEAD | 88 |
| 20202 | NODULAR LYMPHOMA THORAX | 88 |
| 20203 | NODULAR LYMPHOMA ABDOM | 88 |
| 20204 | NODULAR LYMPHOMA AXILLA | 88 |
| 20205 | NODULAR LYMPHOMA INGUIN | 88 |
| 20206 | NODULAR LYMPHOMA PELVIC | 88 |
| 20207 | NODULAR LYMPHOMA SPLEEN | 88 |
| 20208 | NODULAR LYMPHOMA MULT | 88 |
| 20210 | MYCS FNG UNSP XTRNDL ORG | 88 |
| 20211 | MYCOSIS FUNGOIDES HEAD | 88 |
| 20212 | MYCOSIS FUNGOIDES THORAX | 88 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 20213 | MYCOSIS FUNGOIDES ABDOM | 88 |
| 20214 | MYCOSIS FUNGOIDES AXILLA | 88 |
| 20215 | MYCOSIS FUNGOIDES INGUIN | 88 |
| 20216 | MYCOSIS FUNGOIDES PELVIC | 88 |
| 20217 | MYCOSIS FUNGOIDES SPLEEN | 88 |
| 20218 | MYCOSIS FUNGOIDES MULT | 88 |
| 20220 | SZRY DIS UNSP XTRNDL ORG | 88 |
| 20221 | SEZARY'S DISEASE HEAD | 88 |
| 20222 | SEZARY'S DISEASE THORAX | 88 |
| 20223 | SEZARY'S DISEASE ABDOM | 88 |
| 20224 | SEZARY'S DISEASE AXILLA | 88 |
| 20225 | SEZARY'S DISEASE INGUIN | 88 |
| 20226 | SEZARY'S DISEASE PELVIC | 88 |
| 20227 | SEZARY'S DISEASE SPLEEN | 88 |
| 20228 | SEZARY'S DISEASE MULT | 88 |
| 20230 | MLG HIST UNSP XTRNDL ORG | 88 |
| 20231 | MAL HISTIOCYTOSIS HEAD | 88 |
| 20232 | MAL HISTIOCYTOSIS THORAX | 88 |
| 20233 | MAL HISTIOCYTOSIS ABDOM | 88 |
| 20234 | MAL HISTIOCYTOSIS AXILLA | 88 |
| 20235 | MAL HISTIOCYTOSIS INGUIN | 88 |
| 20236 | MAL HISTIOCYTOSIS PELVIC | 88 |
| 20237 | MAL HISTIOCYTOSIS SPLEEN | 88 |
| 20238 | MAL HISTIOCYTOSIS MULT | 88 |
| 20240 | LK RTCTL UNSP XTRNDL ORG | 88 |
| 20241 | HAIRY-CELL LEUKEM HEAD | 88 |
| 20242 | HAIRY-CELL LEUKEM THORAX | 88 |
| 20243 | HAIRY-CELL LEUKEM ABDOM | 88 |
| 20244 | HAIRY-CELL LEUKEM AXILLA | 88 |
| 20245 | HAIRY-CELL LEUKEM INGUIN | 88 |
| 20246 | HAIRY-CELL LEUKEM PELVIC | 88 |
| 20247 | HAIRY-CELL LEUKEM SPLEEN | 88 |
| 20248 | HAIRY-CELL LEUKEM MULT | 88 |
| 20250 | LTR-SIWE UNSP XTRNDL ORG | 88 |
| 20251 | LETTERER-SIWE DIS HEAD | 88 |
| 20252 | LETTERER-SIWE DIS THORAX | 88 |
| 20253 | LETTERER-SIWE DIS ABDOM | 88 |
| 20254 | LETTERER-SIWE DIS AXILLA | 88 |
| 20255 | LETTERER-SIWE DIS INGUIN | 88 |
| 20256 | LETTERER-SIWE DIS PELVIC | 88 |
| 20257 | LETTERER-SIWE DIS SPLEEN | 88 |
| 20258 | LETTERER-SIWE DIS MULT | 88 |
| 20260 | MLG MAST UNSP XTRNDL ORG | 88 |
| 20261 | MAL MASTOCYTOSIS HEAD | 88 |
| 20262 | MAL MASTOCYTOSIS THORAX | 88 |
| 20263 | MAL MASTOCYTOSIS ABDOM | 88 |
| 20264 | MAL MASTOCYTOSIS AXILLA | 88 |
| 20265 | MAL MASTOCYTOSIS INGUIN | 88 |
| 20266 | MAL MASTOCYTOSIS PELVIC | 88 |
| 20267 | MAL MASTOCYTOSIS SPLEEN | 88 |
| 20268 | MAL MASTOCYTOSIS MULT | 88 |
| 20280 | OTH LYMP UNSP XTRNDL ORG | 88 |
| 20281 | LYMPHOMAS NEC HEAD | 88 |
| 20282 | LYMPHOMAS NEC THORAX | 88 |
| 20283 | LYMPHOMAS NEC ABDOM | 88 |
| 20284 | LYMPHOMAS NEC AXILLA | 88 |
| 20285 | LYMPHOMAS NEC INGUIN | 88 |
| 20286 | LYMPHOMAS NEC PELVIC | 88 |
| 20287 | LYMPHOMAS NEC SPLEEN | 88 |
| 20288 | LYMPHOMAS NEC MULT | 88 |
| 20290 | UNSP LYM UNSP XTRNDL ORG | 88 |
| 20291 | LYMPHOID MAL NEC HEAD | 88 |
| 20292 | LYMPHOID MAL NEC THORAX | 88 |
| 20293 | LYMPHOID MAL NEC ABDOM | 88 |
| 20294 | LYMPHOID MAL NEC AXILLA | 88 |
| 20295 | LYMPHOID MAL NEC INGUIN | 88 |
| 20296 | LYMPHOID MAL NEC PELVIC | 88 |
| 20297 | LYMPHOID MAL NEC SPLEEN | 88 |
| 20298 | LYMPHOID MAL NEC MULT | 88 |
| 20300 | MULT MYELM W/O REMISSION | 88 |
| 20301 | MULT MYELM W REMISSION | 88 |
| 20310 | PLSM CELL LEUK W/O RMSON | 88 |
| 20311 | PLSM CELL LEUK W RMSON | 88 |
| 20380 | OTH IMNPRFL NPL W/O RMSN | 88 |
| 20381 | OTH IMNPRFL NPL W RMSN | 88 |
| 20400 | ACT LYM LEUK W/O RMSION | 88 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 20401 | ACT LYM LEUK W RMSION | 88 |
| 20410 | CHR LYM LEUK W/O RMSION | 88 |
| 20411 | CHR LYM LEUK W RMSION | 88 |
| 20420 | SBAC LYM LEUK W/O RMSION | 88 |
| 20421 | SBAC LYM LEUK W RMSION | 88 |
| 20480 | OTH LYM LEUK W/O RMSION | 88 |
| 20481 | OTH LYM LEUK W RMSION | 88 |
| 20490 | UNS LYM LEUK W/O RMSION | 88 |
| 20491 | UNS LYM LEUK W RMSION | 88 |
| 20500 | ACT MYL LEUK W/O RMSION | 88 |
| 20501 | ACT MYL LEUK W RMSION | 88 |
| 20510 | CHR MYL LEUK W/O RMSION | 88 |
| 20511 | CHR MYL LEUK W RMSION | 88 |
| 20520 | SBAC MYL LEUK W/O RMSION | 88 |
| 20521 | SBAC MYL LEUK W RMSION | 88 |
| 20530 | MYL SRCOMA W/O RMSION | 88 |
| 20531 | MYL SRCOMA W RMSION | 88 |
| 20580 | OTH MYL LEUK W/O RMSION | 88 |
| 20581 | OTH MYL LEUK W RMSION | 88 |
| 20590 | UNS MYL LEUK W/O RMSION | 88 |
| 20591 | UNS MYL LEUK W RMSION | 88 |
| 20600 | ACT MONO LEUK W/O RMSION | 88 |
| 20601 | ACT MONO LEUK W RMSION | 88 |
| 20610 | CHR MONO LEUK W/O RMSION | 88 |
| 20611 | CHR MONO LEUK W RMSION | 88 |
| 20620 | SBAC MONO LEUK W/O RMSON | 88 |
| 20621 | SBAC MONO LEUK W RMSION | 88 |
| 20680 | OTH MONO LEUK W/O RMSION | 88 |
| 20681 | OTH MONO LEUK W RMSION | 88 |
| 20690 | UNS MONO LEUK W/O RMSION | 88 |
| 20691 | UNS MONO LEUK W RMSION | 88 |
| 20700 | ACT ERTH/ERYLK W/O RMSON | 88 |
| 20701 | ACT ERTH/ERYLK W RMSON | 88 |
| 2071 | CHRONIC ERYTHREMIA* | 88 |
| 20710 | CHR ERYTHRM W/O REMISION | 88 |
| 20711 | CHR ERYTHRM W REMISION | 88 |
| 2072 | MEGAKARYOCYTIC LEUKEMIA* | 88 |
| 20720 | MGKRYCYT LEUK W/O RMSION | 88 |
| 20721 | MGKRYCYT LEUK W RMSION | 88 |
| 2078 | SPECIFIED LEUKEMIA NEC* | 88 |
| 20780 | OTH SPF LEUK W/O REMSION | 88 |
| 20781 | OTH SPF LEUK W REMSION | 88 |
| 2080 | ACT LEUK UNS CL W/O RMSN* | 88 |
| 20800 | ACT LEUK UNS CL W/O RMSN | 88 |
| 20801 | ACT LEUK UNS CL W RMSON | 88 |
| 2081 | CHRONIC LEUKEMIA NOS* | 88 |
| 20810 | CHR LEUK UNS CL W/O RMSN | 88 |
| 20811 | CHR LEUK UNS CL W RMSON | 88 |
| 2082 | SUBACUTE LEUKEMIA NOS* | 88 |
| 20820 | SBAC LEUK UNS CL W/O RMS | 88 |
| 20821 | SBAC LEUK UNS CL W RMSON | 88 |
| 2088 | LEUKEMIA-UNSPEC CELL NEC* | 88 |
| 20880 | OTH LEUK UNS CL W/O RMSN | 88 |
| 20881 | OTH LEUK UNS CL W RMSON | 88 |
| 2089 | LEUKEMIA-UNSPEC CELL NOS* | 88 |
| 20890 | LEUKEMIA NOS W/O REMSION | 88 |
| 20891 | LEUKEMIA NOS W REMISSION | 88 |
| 2100 | BENIGN NEOPLASM LIP | 31 |
| 2101 | BENIGN NEOPLASM TONGUE | 31 |
| 2102 | BEN NEO MAJOR SALIVARY | 31 |
| 2103 | BENIGN NEO MOUTH FLOOR | 31 |
| 2104 | BENIGN NEO MOUTH NEC/NOS | 31 |
| 2105 | BENIGN NEOPLASM TONSIL | 31 |
| 2106 | BENIGN NEO OROPHARYN NEC | 31 |
| 2107 | BENIGN NEO NASOPHARYNX | 31 |
| 2108 | BENIGN NEO HYPOPHARYNX | 31 |
| 2109 | BENIGN NEO PHARYNX NOS | 31 |
| 2110 | BENIGN NEO ESOPHAGUS | 41 |
| 2111 | BENIGN NEOPLASM STOMACH | 41 |
| 2112 | BENIGN NEOPLASM SM BOWEL | 41 |
| 2113 | BENIGN NEOPLASM LG BOWEL | 41 |
| 2114 | BENIGN NEOPL RECTUM/ANUS | 41 |
| 2115 | BEN NEO LIVER/BILE DUCTS | 41 |
| 2116 | BENIGN NEOPLASM PANCREAS | 41 |
| 2117 | BEN NEO ISLETS LANGERHAN | 82 |
| 2118 | BEN NEO PERITONEUM | 41 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 2119 | BEN NEO GI TRACT NEC/NOS | 41 |
| 2120 | BEN NEO NASAL CAV/SINUS | 31 |
| 2121 | BENIGN NEO LARYNX | 31 |
| 2122 | BENIGN NEO TRACHEA | 33 |
| 2123 | BENIGN NEO BRONCHUS/LUNG | 33 |
| 2124 | BENIGN NEOPLASM PLEURA | 33 |
| 2125 | BENIGN NEO MEDIASTINUM | 33 |
| 2126 | BENIGN NEOPLASM THYMUS | 86 |
| 2127 | BENIGN NEOPLASM HEART | 36 |
| 2128 | BENIGN NEO RESP SYS NEC | 33 |
| 2129 | BENIGN NEO RESP SYS NOS | 33 |
| 2130 | BEN NEO SKULL/FACE BONE | 24 |
| 2131 | BEN NEO LOWER JAW BONE | 31 |
| 2132 | BENIGN NEO VERTEBRAE | 24 |
| 2133 | BEN NEO RIBS/STERN/CLAV | 33 |
| 2134 | BEN NEO LONG BONES ARM | 24 |
| 2135 | BEN NEO BONES WRIST/HAND | 24 |
| 2136 | BENIGN NEO PELVIC GIRDLE | 24 |
| 2137 | BEN NEO LONG BONES LEG | 24 |
| 2138 | BEN NEO BONES ANKLE/FOOT | 24 |
| 2139 | BENIGN NEO BONE NOS | 24 |
| 2140 | LIPOMA SKIN FACE | 18 |
| 2141 | LIPOMA SKIN NEC | 18 |
| 2142 | LIPOMA INTRATHORACIC | 33 |
| 2143 | LIPOMA INTRA-ABDOMINAL | 41 |
| 2144 | LIPOMA SPERMATIC CORD | 53 |
| 2148 | LIPOMA NEC | 18 |
| 2149 | LIPOMA NOS | 18 |
| 2150 | BEN NEO SOFT TISSUE HEAD | 18 |
| 2152 | BEN NEO SOFT TISSUE ARM | 18 |
| 2153 | BEN NEO SOFT TISSUE LEG | 18 |
| 2154 | BEN NEO SOFT TIS THORAX | 18 |
| 2155 | BEN NEO SOFT TIS ABDOMEN | 18 |
| 2156 | BEN NEO SOFT TIS PELVIS | 18 |
| 2157 | BENIGN NEO TRUNK NOS | 18 |
| 2158 | BEN NEO SOFT TISSUE NEC | 18 |
| 2159 | BEN NEO SOFT TISSUE NOS | 18 |
| 2160 | BENIGN NEO SKIN LIP | 18 |
| 2161 | BENIGN NEO SKIN EYELID | 68 |
| 2162 | BENIGN NEO SKIN EAR | 18 |
| 2163 | BENIGN NEO SKIN FACE NEC | 18 |
| 2164 | BEN NEO SCALP/SKIN NECK | 18 |
| 2165 | BENIGN NEO SKIN TRUNK | 18 |
| 2166 | BENIGN NEO SKIN ARM | 18 |
| 2167 | BENIGN NEO SKIN LEG | 18 |
| 2168 | BENIGN NEOPLASM SKIN NEC | 18 |
| 2169 | BENIGN NEOPLASM SKIN NOS | 18 |
| 217 | BENIGN NEOPLASM BREAST | 18 |
| 2180 | SUBMUCOUS LEIOMYOMA | 56 |
| 2181 | INTRAMURAL LEIOMYOMA | 56 |
| 2182 | SUBSEROUS LEIOMYOMA | 56 |
| 2189 | UTERINE LEIOMYOMA NOS | 56 |
| 2190 | BENIGN NEO CERVIX UTERI | 56 |
| 2191 | BENIGN NEO CORPUS UTERI | 56 |
| 2198 | BENIGN NEO UTERUS NEC | 56 |
| 2199 | BENIGN NEO UTERUS NOS | 56 |
| 220 | BENIGN NEOPLASM OVARY | 56 |
| 2210 | BEN NEO FALLOPIAN TUBE | 56 |
| 2211 | BENIGN NEOPLASM VAGINA | 56 |
| 2212 | BENIGN NEOPLASM VULVA | 56 |
| 2218 | BEN NEO FEM GENITAL NEC | 56 |
| 2219 | BEN NEO FEM GENITAL NOS | 56 |
| 2220 | BENIGN NEOPLASM TESTIS | 53 |
| 2221 | BENIGN NEOPLASM PENIS | 53 |
| 2222 | BENIGN NEOPLASM PROSTATE | 53 |
| 2223 | BENIGN NEO EPIDIDYMIS | 53 |
| 2224 | BENIGN NEOPLASM SCROTUM | 53 |
| 2228 | BEN NEO MALE GENITAL NEC | 53 |
| 2229 | BEN NEO MALE GENITAL NOS | 53 |
| 2230 | BENIGN NEOPLASM KIDNEY | 53 |
| 2231 | BENIGN NEO RENAL PELVIS | 53 |
| 2232 | BENIGN NEOPLASM URETER | 53 |
| 2233 | BENIGN NEOPLASM BLADDER | 53 |
| 22381 | BENIGN NEOPLASM URETHRA | 53 |
| 22389 | BENIGN NEO URINARY NEC | 53 |
| 2239 | BENIGN NEO URINARY NOS | 53 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 2240 | BENIGN NEOPLASM EYEBALL | 68 |
| 2241 | BENIGN NEOPLASM ORBIT | 68 |
| 2242 | BEN NEO LACRIMAL GLAND | 68 |
| 2243 | BENIGN NEO CONJUNCTIVA | 68 |
| 2244 | BENIGN NEOPLASM CORNEA | 68 |
| 2245 | BENIGN NEOPLASM RETINA | 68 |
| 2246 | BENIGN NEOPLASM CHOROID | 68 |
| 2247 | BEN NEO LACRIMAL DUCT | 68 |
| 2248 | BENIGN NEOPLASM EYE NEC | 68 |
| 2249 | BENIGN NEOPLASM EYE NOS | 68 |
| 2250 | BENIGN NEOPLASM BRAIN | 63 |
| 2251 | BENIGN NEO CRANIAL NERVE | 63 |
| 2252 | BEN NEO CEREBR MENINGES | 63 |
| 2253 | BENIGN NEO SPINAL CORD | 63 |
| 2254 | BEN NEO SPINAL MENINGES | 63 |
| 2258 | BENIGN NEO NERV SYS NEC | 63 |
| 2259 | BENIGN NEO NERV SYS NOS | 63 |
| 226 | BENIGN NEOPLASM THYROID | 82 |
| 2270 | BENIGN NEOPLASM ADRENAL | 82 |
| 2271 | BENIGN NEO PARATHYROID | 82 |
| 2273 | BENIGN NEO PITUITARY | 82 |
| 2274 | BEN NEOPL PINEAL GLAND | 63 |
| 2275 | BENIGN NEO CAROTID BODY | 63 |
| 2276 | BEN NEO PARAGANGLIA NEC | 63 |
| 2278 | BENIGN NEO ENDOCRINE NEC | 82 |
| 2279 | BENIGN NEO ENDOCRINE NOS | 82 |
| 22800 | HEMANGIOMA NOS | 36 |
| 22801 | HEMANGIOMA SKIN | 18 |
| 22802 | HEMANGIOMA INTRACRANIAL | 63 |
| 22803 | HEMANGIOMA RETINA | 68 |
| 22804 | HEMANGIOMA INTRA-ABDOM | 41 |
| 22809 | HEMANGIOMA NEC | 36 |
| 2281 | LYMPHANGIOMA, ANY SITE | 86 |
| 2290 | BENIGN NEO LYMPH NODES | 86 |
| 2298 | BENIGN NEOPLASM NEC | 18 |
| 2299 | BENIGN NEOPLASM NOS | 18 |
| 2300 | CA IN SITU ORAL CAV/PHAR | 88 |
| 2301 | CA IN SITU ESOPHAGUS | 88 |
| 2302 | CA IN SITU STOMACH | 88 |
| 2303 | CA IN SITU COLON | 88 |
| 2304 | CA IN SITU RECTUM | 88 |
| 2305 | CA IN SITU ANAL CANAL | 88 |
| 2306 | CA IN SITU ANUS NOS | 88 |
| 2307 | CA IN SITU BOWEL NEC/NOS | 88 |
| 2308 | CA IN SITU LIVER/BILIARY | 88 |
| 2309 | CA IN SITU GI NEC/NOS | 88 |
| 2310 | CA IN SITU LARYNX | 88 |
| 2311 | CA IN SITU TRACHEA | 88 |
| 2312 | CA IN SITU BRONCHUS/LUNG | 86 |
| 2318 | CA IN SITU RESP SYS NEC | 88 |
| 2319 | CA IN SITU RESP SYS NOS | 88 |
| 2320 | CA IN SITU SKIN LIP | 88 |
| 2321 | CA IN SITU EYELID | 88 |
| 2322 | CA IN SITU SKIN EAR | 88 |
| 2323 | CA IN SITU SKIN FACE NEC | 88 |
| 2324 | CA IN SITU SCALP | 88 |
| 2325 | CA IN SITU SKIN TRUNK | 88 |
| 2326 | CA IN SITU SKIN ARM | 88 |
| 2327 | CA IN SITU SKIN LEG | 88 |
| 2328 | CA IN SITU SKIN NEC | 88 |
| 2329 | CA IN SITU SKIN NOS | 88 |
| 2330 | CA IN SITU BREAST | 88 |
| 2331 | CA IN SITU CERVIX UTERI | 88 |
| 2332 | CA IN SITU UTERUS NEC | 88 |
| 2333 | CA IN SITU FEM GEN NEC | 88 |
| 2334 | CA IN SITU PROSTATE | 88 |
| 2335 | CA IN SITU PENIS | 88 |
| 2336 | CA IN SITU MALE GEN NEC | 88 |
| 2337 | CA IN SITU BLADDER | 88 |
| 2339 | CA IN SITU URINARY NEC | 88 |
| 2340 | CA IN SITU EYE | 88 |
| 2348 | CA IN SITU NEC | 88 |
| 2349 | CA IN SITU NOS | 88 |
| 2350 | UNC BEHAV NEO SALIVARY | 88 |
| 2351 | UNC BEHAV NEO ORAL/PHAR | 88 |
| 2352 | UNC BEHAV NEO INTESTINE | 88 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 2353 | UNC BEHAV NEO LIVER | 88 |
| 2354 | UNC BEHAV NEO PERITONEUM | 88 |
| 2355 | UNC BEHAV NEO GI NEC | 88 |
| 2356 | UNC BEHAV NEO LARYNX | 88 |
| 2357 | UNC BEHAV NEO LUNG | 88 |
| 2358 | UNC BEHAV NEO PLEURA | 88 |
| 2359 | UNC BEHAV NEO RESP NEC | 88 |
| 2360 | UNCERT BEHAV NEO UTERUS | 88 |
| 2361 | UNC BEHAV NEO PLACENTA | 88 |
| 2362 | UNC BEHAV NEO OVARY | 88 |
| 2363 | UNC BEHAV NEO FEMALE NEC | 88 |
| 2364 | UNC BEHAV NEO TESTIS | 88 |
| 2365 | UNC BEHAV NEO PROSTATE | 88 |
| 2366 | UNC BEHAV NEO MALE NEC | 88 |
| 2367 | UNC BEHAV NEO BLADDER | 88 |
| 23690 | UNC BEHAV NEO URINAR NOS | 88 |
| 23691 | UNC BEHAV NEO KIDNEY | 88 |
| 23699 | UNC BEHAV NEO URINAR NEC | 88 |
| 2370 | UNC BEHAV NEO PITUITARY | 88 |
| 2371 | UNC BEHAV NEO PINEAL | 88 |
| 2372 | UNC BEHAV NEO ADRENAL | 88 |
| 2373 | UNC BEHAV NEO PARAGANG | 88 |
| 2374 | UNCER NEO ENDOCRINE NEC | 88 |
| 2375 | UNC BEH NEO BRAIN/SPINAL | 88 |
| 2376 | UNC BEHAV NEO MENINGES | 88 |
| 2377 | NEUROFIBROMATOSIS* | 88 |
| 23770 | NEUROFIBROMATOSIS NOS | 63 |
| 23771 | NEUROFIBROMATOSIS TYPE I | 63 |
| 23772 | NEUROFIBROMATOSIS TYP II | 63 |
| 2379 | UNC BEH NEO NERV SYS NEC | 88 |
| 2380 | UNC BEHAV NEO BONE | 88 |
| 2381 | UNC BEHAV NEO SOFT TISSU | 88 |
| 2382 | UNC BEHAV NEO SKIN | 88 |
| 2383 | UNC BEHAV NEO BREAST | 88 |
| 2384 | POLYCYTHEMIA VERA | 88 |
| 2385 | MASTOCYTOMA NOS | 88 |
| 2386 | PLASMACYTOMA NOS | 88 |
| 2387 | LYMPHOPROLIFERAT DIS NOS | 88 |
| 2388 | UNCERT BEHAVIOR NEO NEC | 88 |
| 2389 | UNCERT BEHAVIOR NEO NOS | 88 |
| 2390 | DIGESTIVE NEOPLASM NOS | 88 |
| 2391 | RESPIRATORY NEOPLASM NOS | 88 |
| 2392 | BONE/SKIN NEOPLASM NOS | 88 |
| 2393 | BREAST NEOPLASM NOS | 88 |
| 2394 | BLADDER NEOPLASM NOS | 88 |
| 2395 | OTHER GU NEOPLASM NOS | 88 |
| 2396 | BRAIN NEOPLASM NOS | 88 |
| 2397 | ENDOCRINE/NERV NEO NOS | 88 |
| 2398 | NEOPLASM NOS, SITE NEC | 88 |
| 2399 | NEOPLASM NOS | 88 |
| 2400 | SIMPLE GOITER | 82 |
| 2409 | GOITER NOS | 82 |
| 2410 | NONTOX UNINODULAR GOITER | 82 |
| 2411 | NONTOX MULTINODUL GOITER | 82 |
| 2419 | NONTOX NODUL GOITER NOS | 82 |
| 24200 | TOX DIF GOITER NO CRISIS | 82 |
| 24201 | TOX DIF GOITER W CRISIS | 78 |
| 24210 | TOX UNINOD GOIT NO CRIS | 82 |
| 24211 | TOX UNINOD GOIT W CRISIS | 78 |
| 24220 | TOX MULTNOD GOIT NO CRIS | 82 |
| 24221 | TOX MULTNOD GOIT W CRIS | 78 |
| 24230 | TOX NOD GOITER NO CRISIS | 82 |
| 24231 | TOX NOD GOITER W CRISIS | 78 |
| 24240 | THYROTOX-ECT NOD NO CRIS | 82 |
| 24241 | THYROTOX-ECT NOD W CRIS | 78 |
| 24280 | THYRTOX ORIG NEC NO CRIS | 82 |
| 24281 | THYROTOX ORIG NEC W CRIS | 78 |
| 24290 | THYROTOX NOS NO CRISIS | 82 |
| 24291 | THYROTOX NOS W CRISIS | 78 |
| 243 | CONGENITAL HYPOTHYROIDSM | 82 |
| 2440 | POSTSURGICAL HYPOTHYROID | 82 |
| 2441 | POSTABLAT HYPOTHYR NEC | 82 |
| 2442 | IODINE HYPOTHYROIDISM | 82 |
| 2443 | IATROGEN HYPOTHYROID NEC | 82 |
| 2448 | ACQUIRED HYPOTHYROID NEC | 82 |
| 2449 | HYPOTHYROIDISM NOS | 82 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 2450 | ACUTE THYROIDITIS | 82 |
| 2451 | SUBACUTE THYROIDITIS | 82 |
| 2452 | CHR LYMPHOCYT THYROIDIT | 82 |
| 2453 | CHR FIBROUS THYROIDITIS | 82 |
| 2454 | IATROGENIC THYROIDITIS | 82 |
| 2458 | CHR THYROIDITIS NEC/NOS | 82 |
| 2459 | THYROIDITIS NOS | 82 |
| 2460 | DIS THYROCALCITON SECRET | 82 |
| 2461 | DYSHORMONOGENIC GOITER | 82 |
| 2462 | CYST OF THYROID | 82 |
| 2463 | HEMORR/INFARC THYROID | 82 |
| 2468 | DISORDERS OF THYROID NEC | 82 |
| 2469 | DISORDER OF THYROID NOS | 82 |
| 25000 | DMII WO CMP NT ST UNCNTR | 82 |
| 25001 | DMI WO CMP NT ST UNCNTRL | 82 |
| 25002 | DMII WO CMP UNCNTRLD | 82 |
| 25003 | DMI WO CMP UNCNTRLD | 82 |
| 25010 | DMII KETO NT ST UNCNTRLD | 78 |
| 25011 | DMI KETO NT ST UNCNTRLD | 78 |
| 25012 | DMII KETOACD UNCONTROLD | 78 |
| 25013 | DMI KETOACD UNCONTROLD | 78 |
| 25020 | DMII HPRSM NT ST UNCNTRL | 78 |
| 25021 | DMI HPRSM NT ST UNCNTRLD | 78 |
| 25022 | DMII HPROSMLR UNCONTROLD | 78 |
| 25023 | DMI HPROSMLR UNCONTROLD | 78 |
| 25030 | DMII O CM NT ST UNCNTRLD | 78 |
| 25031 | DMI O CM NT ST UNCNTRLD | 78 |
| 25032 | DMII OTH COMA UNCONTROLD | 78 |
| 25033 | DMI OTH COMA UNCONTROLD | 78 |
| 25040 | DMII RENL NT ST UNCNTRLD | 53 |
| 25041 | DMI RENL NT ST UNCNTRLD | 53 |
| 25042 | DMII RENAL UNCNTRLD | 82 |
| 25043 | DMI RENAL UNCNTRLD | 82 |
| 25050 | DMII OPHTH NT ST UNCNTRL | 68 |
| 25051 | DMI OPHTH NT ST UNCNTRLD | 68 |
| 25052 | DMII OPHTH UNCNTRLD | 82 |
| 25053 | DMI OPHTH UNCNTRLD | 82 |
| 25060 | DMII NEURO NT ST UNCNTRL | 63 |
| 25061 | DMI NEURO NT ST UNCNTRLD | 63 |
| 25062 | DMII NEURO UNCNTRLD | 82 |
| 25063 | DMI NEURO UNCNTRLD | 82 |
| 25070 | DMII CIRC NT ST UNCNTRLD | 82 |
| 25071 | DMI CIRC NT ST UNCNTRLD | 82 |
| 25072 | DMII CIRC UNCNTRLD | 82 |
| 25073 | DMI CIRC UNCNTRLD | 82 |
| 25080 | DMII OTH NT ST UNCNTRLD | 82 |
| 25081 | DMI OTH NT ST UNCNTRLD | 82 |
| 25082 | DMII OTH UNCNTRLD | 82 |
| 25083 | DMI OTH UNCNTRLD | 82 |
| 25090 | DMII UNSPF NT ST UNCNTRL | 82 |
| 25091 | DMI UNSPF NT ST UNCNTRLD | 82 |
| 25092 | DMII UNSPF UNCNTRLD | 82 |
| 25093 | DMI UNSPF UNCNTRLD | 82 |
| 2510 | HYPOGLYCEMIC COMA | 78 |
| 2511 | OTH SPCF HYPOGLYCEMIA | 82 |
| 2512 | HYPOGLYCEMIA NOS | 82 |
| 2513 | POSTSURG HYPOINSULINEMIA | 82 |
| 2514 | ABN SECRETION GLUCAGON | 82 |
| 2515 | ABNORM SECRETION GASTRIN | 41 |
| 2518 | PANCREATIC DISORDER NEC | 82 |
| 2519 | PANCREATIC DISORDER NOS | 82 |
| 2520 | HYPERPARATHYROIDISM | 82 |
| 2521 | HYPOPARATHYROIDISM | 82 |
| 2528 | PARATHYROID DISORDER NEC | 82 |
| 2529 | PARATHYROID DISORDER NOS | 82 |
| 2530 | ACROMEGALY AND GIGANTISM | 82 |
| 2531 | ANT PITUIT HYPERFUNC NEC | 82 |
| 2532 | PANHYPOPITUITARISM | 82 |
| 2533 | PITUITARY DWARFISM | 82 |
| 2534 | ANTER PITUITARY DIS NEC | 82 |
| 2535 | DIABETES INSIPIDUS | 82 |
| 2536 | NEUROHYPOPHYSIS DIS NEC | 82 |
| 2537 | IATROGENIC PITUITARY DIS | 82 |
| 2538 | PITUITARY DISORDER NEC | 82 |
| 2539 | PITUITARY DISORDER NOS | 82 |
| 2540 | PERSIST HYPERPLAS THYMUS | 86 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 2541 | ABSCESS OF THYMUS | 86 |
| 2548 | DISEASES OF THYMUS NEC | 86 |
| 2549 | DISEASE OF THYMUS NOS | 86 |
| 2550 | CUSHING'S SYNDROME | 82 |
| 2551 | HYPERALDOSTERONISM | 82 |
| 2552 | ADRENOGENITAL DISORDERS | 82 |
| 2553 | CORTICOADREN OVERACT NEC | 82 |
| 2554 | CORTICOADRENAL INSUFFIC | 82 |
| 2555 | ADRENAL HYPOFUNCTION NEC | 82 |
| 2556 | MEDULLOADRENAL HYPERFUNC | 82 |
| 2558 | ADRENAL DISORDER NEC | 82 |
| 2559 | ADRENAL DISORDER NOS | 82 |
| 2560 | HYPERESTROGENISM | 56 |
| 2561 | OVARIAN HYPERFUNC NEC | 56 |
| 2562 | POSTABLATIV OVARIAN FAIL | 56 |
| 2563 | OVARIAN FAILURE NEC | 56 |
| 2564 | POLYCYSTIC OVARIES | 56 |
| 2568 | OVARIAN DYSFUNCTION NEC | 56 |
| 2569 | OVARIAN DYSFUNCTION NOS | 56 |
| 2570 | TESTICULAR HYPERFUNCTION | 82 |
| 2571 | POSTABLAT TESTIC HYPOFUN | 82 |
| 2572 | TESTICULAR HYPOFUNC NEC | 82 |
| 2578 | TESTICULAR DYSFUNCT NEC | 82 |
| 2579 | TESTICULAR DYSFUNCT NOS | 82 |
| 2580 | WERMER'S SYNDROME | 82 |
| 2581 | COMB ENDOCR DYSFUNCT NEC | 82 |
| 2588 | POLYGLANDUL DYSFUNC NEC | 82 |
| 2589 | POLYGLANDUL DYSFUNC NOS | 82 |
| 2590 | DELAY SEXUAL DEVELOP NEC | 82 |
| 2591 | SEXUAL PRECOCITY NEC | 82 |
| 2592 | CARCINOID SYNDROME | 82 |
| 2593 | ECTOPIC HORMONE SECR NEC | 82 |
| 2594 | DWARFISM NEC | 82 |
| 2598 | ENDOCRINE DISORDERS NEC | 82 |
| 2599 | ENDOCRINE DISORDER NOS | 82 |
| 260 | KWASHIORKOR | 82 |
| 261 | NUTRITIONAL MARASMUS | 82 |
| 262 | OTH SEVERE MALNUTRITION | 82 |
| 2630 | MALNUTRITION MOD DEGREE | 82 |
| 2631 | MALNUTRITION MILD DEGREE | 82 |
| 2632 | ARREST DEVEL D/T MALNUTR | 82 |
| 2638 | PROTEIN-CAL MALNUTR NEC | 82 |
| 2639 | PROTEIN-CAL MALNUTR NOS | 82 |
| 2640 | VIT A CONJUNCTIV XEROSIS | 68 |
| 2641 | VIT A BITOT'S SPOT | 68 |
| 2642 | VIT A CORNEAL XEROSIS | 68 |
| 2643 | VIT A CORNEA ULCER/XEROS | 68 |
| 2644 | VIT A KERATOMALACIA | 68 |
| 2645 | VIT A NIGHT BLINDNESS | 68 |
| 2646 | VIT A DEF W CORNEAL SCAR | 68 |
| 2647 | VIT A OCULAR DEFIC NEC | 68 |
| 2648 | VITAMIN A DEFICIENCY NEC | 82 |
| 2649 | VITAMIN A DEFICIENCY NOS | 82 |
| 2650 | BERIBERI | 82 |
| 2651 | THIAMINE DEFIC NEC/NOS | 82 |
| 2652 | PELLAGRA | 82 |
| 2660 | ARIBOFLAVINOSIS | 82 |
| 2661 | VITAMIN B6 DEFICIENCY | 82 |
| 2662 | B-COMPLEX DEFIC NEC | 82 |
| 2669 | VITAMIN B DEFICIENCY NOS | 82 |
| 267 | ASCORBIC ACID DEFICIENCY | 82 |
| 2680 | RICKETS, ACTIVE | 24 |
| 2681 | RICKETS, LATE EFFECT | 24 |
| 2682 | OSTEOMALACIA NOS | 24 |
| 2689 | VITAMIN D DEFICIENCY NOS | 82 |
| 2690 | DEFICIENCY OF VITAMIN K | 82 |
| 2691 | VITAMIN DEFICIENCY NEC | 82 |
| 2692 | VITAMIN DEFICIENCY NOS | 82 |
| 2693 | MINERAL DEFICIENCY NEC | 82 |
| 2698 | NUTRITION DEFICIENCY NEC | 82 |
| 2699 | NUTRITION DEFICIENCY NOS | 82 |
| 2700 | AMINO-ACID TRANSPORT DIS | 82 |
| 2701 | PHENYLKETONURIA-PKU | 82 |
| 2702 | AROM AMIN-ACID METAB NEC | 82 |
| 2703 | BRAN-CHAIN AMIN-ACID DIS | 82 |
| 2704 | SULPH AMINO-ACID MET DIS | 82 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 2705 | DIS HISTIDINE METABOLISM | 82 |
| 2706 | DIS UREA CYCLE METABOL | 82 |
| 2707 | STRAIG AMIN-ACID MET NEC | 82 |
| 2708 | DIS AMINO-ACID METAB NEC | 82 |
| 2709 | DIS AMINO-ACID METAB NOS | 82 |
| 2710 | GLYCOGENOSIS | 82 |
| 2711 | GALACTOSEMIA | 82 |
| 2712 | HERED FRUCTOSE INTOLERAN | 41 |
| 2713 | DISACCHARIDASE DEF/MALAB | 41 |
| 2714 | RENAL GLYCOSURIA | 82 |
| 2718 | DIS CARBOHYDR METAB NEC | 82 |
| 2719 | DIS CARBOHYDR METAB NOS | 82 |
| 2720 | PURE HYPERCHOLESTEROLEM | 82 |
| 2721 | PURE HYPERGLYCERIDEMIA | 82 |
| 2722 | MIXED HYPERLIPIDEMIA | 82 |
| 2723 | HYPERCHYLOMICRONEMIA | 82 |
| 2724 | HYPERLIPIDEMIA NEC/NOS | 82 |
| 2725 | LIPOPROTEIN DEFICIENCIES | 82 |
| 2726 | LIPODYSTROPHY | 82 |
| 2727 | LIPIDOSES | 82 |
| 2728 | LIPOID METABOL DIS NEC | 82 |
| 2729 | LIPOID METABOL DIS NOS | 82 |
| 2730 | POLYCLON HYPERGAMMAGLOBU | 86 |
| 2731 | MONOCLON PARAPROTEINEMIA | 86 |
| 2732 | PARAPROTEINEMIA NEC | 88 |
| 2733 | MACROGLOBULINEMIA | 88 |
| 2738 | DIS PLAS PROTEIN MET NEC | 88 |
| 2739 | DIS PLAS PROTEIN MET NOS | 88 |
| 2740 | GOUTY ARTHROPATHY | 24 |
| 27410 | GOUTY NEPHROPATHY NOS | 53 |
| 27411 | URIC ACID NEPHROLITHIAS | 53 |
| 27419 | GOUTY NEPHROPATHY NEC | 53 |
| 27481 | GOUTY TOPHI OF EAR | 24 |
| 27482 | GOUTY TOPHI SITE NEC | 24 |
| 27489 | GOUT W MANIFESTATION NEC | 24 |
| 2749 | GOUT NOS | 24 |
| 2750 | DIS IRON METABOLISM | 82 |
| 2751 | DIS COPPER METABOLISM | 82 |
| 2752 | DIS MAGNESIUM METABOLISM | 82 |
| 2753 | DIS PHOSPHORUS METABOL | 82 |
| 2754 | DIS CALCIUM METABOLISM* | 82 |
| 2758 | DIS MINERAL METABOL NEC | 82 |
| 2759 | DIS MINERAL METABOL NOS | 82 |
| 2760 | HYPEROSMOLALITY | 82 |
| 2761 | HYPOSMOLALITY | 82 |
| 2762 | ACIDOSIS | 82 |
| 2763 | ALKALOSIS | 82 |
| 2764 | MIXED ACID-BASE BAL DIS | 82 |
| 2765 | HYPOVOLEMIA | 82 |
| 2766 | FLUID OVERLOAD | 82 |
| 2767 | HYPERPOTASSEMIA | 82 |
| 2768 | HYPOPOTASSEMIA | 82 |
| 2769 | ELECTROLYT/FLUID DIS NEC | 82 |
| 27700 | CYSTIC FIBROS W/O ILEUS | 82 |
| 27701 | CYSTIC FIBROSIS W ILEUS | 57 |
| 2771 | DIS PORPHYRIN METABOLISM | 82 |
| 2772 | PURINE/PYRIMID DIS NEC | 82 |
| 2773 | AMYLOIDOSIS | 86 |
| 2774 | DIS BILIRUBIN EXCRETION | 41 |
| 2775 | MUCOPOLYSACCHARIDOSIS | 82 |
| 2776 | DEFIC CIRCUL ENZYME NEC | 82 |
| 2778 | METABOLISM DISORDER NEC | 82 |
| 2779 | METABOLISM DISORDER NOS | 82 |
| 2780 | OBESITY* | 82 |
| 27800 | OBESITY NOS | 82 |
| 27801 | MORBID OBESITY | 82 |
| 2781 | LOCALIZED ADIPOSITY | 82 |
| 2782 | HYPERVITAMINOSIS A | 82 |
| 2783 | HYPERCAROTINEMIA | 82 |
| 2784 | HYPERVITAMINOSIS D | 82 |
| 2788 | OTHER HYPERALIMENTATION | 82 |
| 27900 | HYPOGAMMAGLOBULINEM NOS | 86 |
| 27901 | SELECTIVE IGA IMMUNODEF | 86 |
| 27902 | SELECTIVE IGM IMMUNODEF | 86 |
| 27903 | SELECTIVE IG DEFIC NEC | 86 |
| 27904 | CONG HYPOGAMMAGLOBULINEM | 86 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 27905 | IMMUNODEFIC W HYPER-IGM | 86 |
| 27906 | COMMON VARIABL IMMUNODEF | 86 |
| 27909 | HUMORAL IMMUNITY DEF NEC | 86 |
| 27910 | IMMUNDEF T-CELL DEF NOS | 86 |
| 27911 | DIGEORGE'S SYNDROME | 86 |
| 27912 | WISKOTT-ALDRICH SYNDROME | 86 |
| 27913 | NEZELOF'S SYNDROME | 86 |
| 27919 | DEFIC CELL IMMUNITY NOS | 86 |
| 2792 | COMBINED IMMUNITY DEFIC | 86 |
| 2793 | IMMUNITY DEFICIENCY NOS | 86 |
| 2794 | AUTOIMMUNE DISEASE NEC | 24 |
| 2798 | IMMUNE MECHANISM DIS NEC | 86 |
| 2799 | IMMUNE MECHANISM DIS NOS | 86 |
| 2800 | CHR BLOOD LOSS ANEMIA | 86 |
| 2801 | IRON DEF ANEMIA DIETARY | 86 |
| 2808 | IRON DEFIC ANEMIA NEC | 86 |
| 2809 | IRON DEFIC ANEMIA NOS | 86 |
| 2810 | PERNICIOUS ANEMIA | 86 |
| 2811 | B12 DEFIC ANEMIA NEC | 86 |
| 2812 | FOLATE-DEFICIENCY ANEMIA | 86 |
| 2813 | MEGALOBLASTIC ANEMIA NEC | 86 |
| 2814 | PROTEIN DEFIC ANEMIA | 86 |
| 2818 | NUTRITIONAL ANEMIA NEC | 86 |
| 2819 | DEFICIENCY ANEMIA NOS | 86 |
| 2820 | HEREDITARY SPHEROCYTOSIS | 86 |
| 2821 | HEREDIT ELLIPTOCYTOSIS | 86 |
| 2822 | GLUTATHIONE DIS ANEMIA | 86 |
| 2823 | ENZYME DEFIC ANEMIA NEC | 86 |
| 2824 | THALASSEMIAS | 86 |
| 2825 | SICKLE-CELL TRAIT | 86 |
| 28260 | SICKLE-CELL ANEMIA NOS | 86 |
| 28261 | HB-S DISEASE W/O CRISIS | 86 |
| 28262 | HB-S DISEASE WITH CRISIS | 86 |
| 28263 | SICKLE-CELL/HB-C DISEASE | 86 |
| 28269 | SICKLE-CELL ANEMIA NEC | 86 |
| 2827 | HEMOGLOBINOPATHIES NEC | 86 |
| 2828 | HERED HEMOLYTIC ANEM NEC | 86 |
| 2829 | HERED HEMOLYTIC ANEM NOS | 86 |
| 2830 | AUTOIMMUN HEMOLYTIC ANEM | 86 |
| 2831 | NONAUTOIMMU HEMOLYT ANEM* | 86 |
| 28310 | NONAUTO HEM ANEMIA NOS | 86 |
| 28311 | HEMOLYTIC UREMIC SYND | 86 |
| 28319 | OTH NONAUTO HEM ANEMIA | 86 |
| 2832 | HEMOLYTIC HEMOGLOBINURIA | 86 |
| 2839 | ACQ HEMOLYTIC ANEMIA NOS | 86 |
| 2840 | CONGEN APLASTIC ANEMIA | 86 |
| 2848 | APLASTIC ANEMIAS NEC | 86 |
| 2849 | APLASTIC ANEMIA NOS | 86 |
| 2850 | SIDEROBLASTIC ANEMIA | 86 |
| 2851 | AC POSTHEMORRHAG ANEMIA | 86 |
| 2858 | ANEMIA NEC | 86 |
| 2859 | ANEMIA NOS | 86 |
| 2860 | CONG FACTOR VIII DIORD | 86 |
| 2861 | CONG FACTOR IX DISORDER | 86 |
| 2862 | CONG FACTOR XI DISORDER | 86 |
| 2863 | CONG DEF CLOT FACTOR NEC | 86 |
| 2864 | VON WILLEBRAND'S DISEASE | 86 |
| 2865 | CIRCULATING ANTICOAG DIS | 86 |
| 2866 | DEFIBRINATION SYNDROME | 86 |
| 2867 | ACQ COAGUL FACTOR DEFIC | 86 |
| 2869 | COAGULAT DEFECT NEC/NOS | 86 |
| 2870 | ALLERGIC PURPURA | 86 |
| 2871 | THROMBOCYTOPATHY | 86 |
| 2872 | PURPURA NOS | 86 |
| 2873 | PRIMARY THROMBOCYTOPENIA | 86 |
| 2874 | SECOND THROMBOCYTOPENIA | 86 |
| 2875 | THROMBOCYTOPENIA NOS | 86 |
| 2878 | HEMORRHAGIC COND NEC | 86 |
| 2879 | HEMORRHAGIC COND NOS | 86 |
| 2880 | AGRANULOCYTOSIS | 86 |
| 2881 | FUNCTION DIS NEUTROPHILS | 86 |
| 2882 | GENETIC ANOMALY LEUKOCYT | 86 |
| 2883 | EOSINOPHILIA | 86 |
| 2888 | WBC DISEASE NEC | 86 |
| 2889 | WBC DISEASE NOS | 86 |
| 2890 | SECONDARY POLYCYTHEMIA | 86 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 2891 | CHRONIC LYMPHADENITIS | 86 |
| 2892 | MESENTERIC LYMPHADENITIS | 41 |
| 2893 | LYMPHADENITIS NOS | 86 |
| 2894 | HYPERSPLENISM | 86 |
| 28950 | SPLEEN DISEASE NOS | 86 |
| 28951 | CHR CONGEST SPLENOMEGALY | 86 |
| 28959 | SPLEEN DISEASE NEC | 86 |
| 2896 | FAMILIAL POLYCYTHEMIA | 86 |
| 2897 | METHEMOGLOBINEMIA | 86 |
| 2898 | BLOOD DISEASES NEC | 86 |
| 2899 | BLOOD DISEASE NOS | 86 |
| *2900 | SENILE DEMENTIA UNCOMP | |
| 29010 | PRESENILE DEMENTIA | 91 |
| 29011 | PRESENILE DELIRIUM | 91 |
| 29012 | PRESENILE DELUSION | 91 |
| 29013 | PRESENILE DEPRESSION | 91 |
| 29020 | SENILE DELUSION | 91 |
| 29021 | SENILE DEPRESSIVE | 91 |
| 2903 | SENILE DELIRIUM | 91 |
| 29040 | ARTERIOSCLER DEMENT NOS | 91 |
| 29041 | ARTERIOSCLER DELIRIUM | 91 |
| 29042 | ARTERIOSCLER DELUSION | 91 |
| 29043 | ARTERIOSCLER DEPRESSIVE | 91 |
| 2908 | SENILE PSYCHOSIS NEC | 91 |
| 2909 | SENILE PSYCHOT COND NOS | 91 |
| 2910 | DELIRIUM TREMENS | 91 |
| 2911 | ALCOHOL AMNESTIC SYND | 91 |
| 2912 | ALCOHOLIC DEMENTIA NEC | 91 |
| 2913 | ALCOHOL HALLUCINOSIS | 91 |
| 2914 | PATHOLOGIC ALCOHOL INTOX | 91 |
| 2915 | ALCOHOLIC JEALOUSY | 91 |
| 2918 | ALCOHOLIC PSYCHOSIS NEC | 91 |
| 2919 | ALCOHOLIC PSYCHOSIS NOS | 91 |
| 2920 | DRUG WITHDRAWAL SYNDROME | 91 |
| 29211 | DRUG PARANOID STATE | 91 |
| 29212 | DRUG HALLUCINOSIS | 91 |
| 2922 | PATHOLOGIC DRUG INTOX | 91 |
| 29281 | DRUG-INDUCED DELIRIUM | 91 |
| 29282 | DRUG-INDUCED DEMENTIA | 91 |
| 29283 | DRUG AMNESTIC SYNDROME | 91 |
| 29284 | DRUG DEPRESSIVE SYNDROME | 91 |
| 29289 | DRUG MENTAL DISORDER NEC | 91 |
| 2929 | DRUG MENTAL DISORDER NOS | 91 |
| 2930 | ACUTE DELIRIUM | 91 |
| 2931 | SUBACUTE DELIRIUM | 91 |
| 29381 | ORGANIC DELUSIONAL SYND | 91 |
| 29382 | ORGANIC HALLUCINOSIS SYN | 91 |
| 29383 | ORGANIC AFFECTIVE SYND | 91 |
| 29389 | TRANSIENT ORG MENTAL NEC | 91 |
| 2939 | TRANSIENT ORG MENTAL NOS | 91 |
| 2940 | AMNESTIC SYNDROME | 91 |
| 2941 | DEMENTIA IN OTH DISEASES | 91 |
| 2948 | ORGANIC BRAIN SYND NEC | 91 |
| 2949 | ORGANIC BRAIN SYND NOS | 91 |
| 29500 | SIMPL SCHIZOPHREN-UNSPEC | 91 |
| 29501 | SIMPL SCHIZOPHREN-SUBCHR | 91 |
| 29502 | SIMPLE SCHIZOPHREN-CHR | 91 |
| 29503 | SIMP SCHIZ-SUBCHR/EXACER | 91 |
| 29504 | SIMPL SCHIZO-CHR/EXACERB | 91 |
| 29505 | SIMPL SCHIZOPHREN-REMISS | 91 |
| 29510 | HEBEPHRENIA-UNSPEC | 91 |
| 29511 | HEBEPHRENIA-SUBCHRONIC | 91 |
| 29512 | HEBEPHRENIA-CHRONIC | 91 |
| 29513 | HEBEPHREN-SUBCHR/EXACERB | 91 |
| 29514 | HEBEPHRENIA-CHR/EXACERB | 91 |
| 29515 | HEBEPHRENIA-REMISSION | 91 |
| 29520 | CATATONIA-UNSPEC | 91 |
| 29521 | CATATONIA-SUBCHRONIC | 91 |
| 29522 | CATATONIA-CHRONIC | 91 |
| 29523 | CATATONIA-SUBCHR/EXACERB | 91 |
| 29524 | CATATONIA-CHR/EXACERB | 91 |
| 29525 | CATATONIA-REMISSION | 91 |
| 29530 | PARANOID SCHIZO-UNSPEC | 91 |
| 29531 | PARANOID SCHIZO-SUBCHR | 91 |
| 29532 | PARANOID SCHIZO-CHRONIC | 91 |
| 29533 | PARAN SCHIZO-SUBCHR/EXAC | 91 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 29534 | PARAN SCHIZO-CHR/EXACERB | 91 |
| 29535 | PARANOID SCHIZO-REMISS | 91 |
| 29540 | AC SCHIZOPHRENIA-UNSPEC | 91 |
| 29541 | AC SCHIZOPHRENIA-SUBCHR | 91 |
| 29542 | AC SCHIZOPHRENIA-CHR | 91 |
| 29543 | AC SCHIZO-SUBCHR/EXACERB | 91 |
| 29544 | AC SCHIZOPHR-CHR/EXACERB | 91 |
| 29545 | AC SCHIZOPHRENIA-REMISS | 91 |
| 29550 | LATENT SCHIZOPHREN-UNSP | 91 |
| 29551 | LAT SCHIZOPHREN-SUBCHR | 91 |
| 29552 | LATENT SCHIZOPHREN-CHR | 91 |
| 29553 | LAT SCHIZO-SUBCHR/EXACER | 91 |
| 29554 | LATENT SCHIZO-CHR/EXACER | 91 |
| 29555 | LAT SCHIZOPHREN-REMISS | 91 |
| 29560 | RESID SCHIZOPHREN-UNSP | 91 |
| 29561 | RESID SCHIZOPHREN-SUBCHR | 91 |
| 29562 | RESIDUAL SCHIZOPHREN-CHR | 91 |
| 29563 | RESID SCHIZO-SUBCHR/EXAC | 91 |
| 29564 | RESID SCHIZO-CHR/EXACERB | 91 |
| 29565 | RESID SCHIZOPHREN-REMISS | 91 |
| 29570 | SCHIZOAFFECTIVE-UNSPEC | 91 |
| 29571 | SCHIZOAFFECTIVE-SUBCHR | 91 |
| 29572 | SCHIZOAFFECTIVE-CHRONIC | 91 |
| 29573 | SCHIZOAFF-SUBCHR/EXACER | 91 |
| 29574 | SCHIZOAFFECT-CHR/EXACER | 91 |
| 29575 | SCHIZOAFFECTIVE-REMISS | 91 |
| 29580 | SCHIZOPHRENIA NEC-UNSPEC | 91 |
| 29581 | SCHIZOPHRENIA NEC-SUBCHR | 91 |
| 29582 | SCHIZOPHRENIA NEC-CHR | 91 |
| 29583 | SCHIZO NEC-SUBCHR/EXACER | 91 |
| 29584 | SCHIZO NEC-CHR/EXACERB | 91 |
| 29585 | SCHIZOPHRENIA NEC-REMISS | 91 |
| 29590 | SCHIZOPHRENIA NOS-UNSPEC | 91 |
| 29591 | SCHIZOPHRENIA NOS-SUBCHR | 91 |
| 29592 | SCHIZOPHRENIA NOS-CHR | 91 |
| 29593 | SCHIZO NOS-SUBCHR/EXACER | 91 |
| 29594 | SCHIZO NOS-CHR/EXACERB | 91 |
| 29595 | SCHIZOPHRENIA NOS-REMISS | 91 |
| 29600 | MANIC DISORDER-UNSPEC | 91 |
| 29601 | MANIC DISORDER-MILD | 91 |
| 29602 | MANIC DISORDER-MOD | 91 |
| 29603 | MANIC DISORDER-SEVERE | 91 |
| 29604 | MANIC DIS-SEVERE W PSYCH | 91 |
| 29605 | MANIC DIS-PARTIAL REMISS | 91 |
| 29606 | MANIC DIS-FULL REMISSION | 91 |
| 29610 | RECUR MANIC DIS-UNSPEC | 91 |
| 29611 | RECUR MANIC DIS-MILD | 91 |
| 29612 | RECUR MANIC DIS-MOD | 91 |
| 29613 | RECUR MANIC DIS-SEVERE | 91 |
| 29614 | RECUR MANIC-SEV W PSYCHO | 91 |
| 29615 | RECUR MANIC-PART REMISS | 91 |
| 29616 | RECUR MANIC-FULL REMISS | 91 |
| 29620 | DEPRESS PSYCHOSIS-UNSPEC | 91 |
| 29621 | DEPRESS PSYCHOSIS-MILD | 91 |
| 29622 | DEPRESSIVE PSYCHOSIS-MOD | 91 |
| 29623 | DEPRESS PSYCHOSIS-SEVERE | 91 |
| 29624 | DEPR PSYCHOS-SEV W PSYCH | 91 |
| 29625 | DEPR PSYCHOS-PART REMISS | 91 |
| 29626 | DEPR PSYCHOS-FULL REMISS | 91 |
| 29630 | RECURR DEPR PSYCHOS-UNSP | 91 |
| 29631 | RECURR DEPR PSYCHOS-MILD | 91 |
| 29632 | RECURR DEPR PSYCHOS-MOD | 91 |
| 29633 | RECUR DEPR PSYCH-SEVERE | 91 |
| 29634 | REC DEPR PSYCH-PSYCHOTIC | 91 |
| 29635 | RECUR DEPR PSYC-PART REM | 91 |
| 29636 | RECUR DEPR PSYC-FULL REM | 91 |
| 29640 | BIPOL AFF, MANIC-UNSPEC | 91 |
| 29641 | BIPOLAR AFF, MANIC-MILD | 91 |
| 29642 | BIPOLAR AFFEC, MANIC-MOD | 91 |
| 29643 | BIPOL AFF, MANIC-SEVERE | 91 |
| 29644 | BIPOL MANIC-SEV W PSYCH | 91 |
| 29645 | BIPOL AFF MANIC-PART REM | 91 |
| 29646 | BIPOL AFF MANIC-FULL REM | 91 |
| 29650 | BIPOLAR AFF, DEPR-UNSPEC | 91 |
| 29651 | BIPOLAR AFFEC, DEPR-MILD | 91 |
| 29652 | BIPOLAR AFFEC, DEPR-MOD | 91 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 29653 | BIPOL AFF, DEPR-SEVERE | 91 |
| 29654 | BIPOL DEPR-SEV W PSYCH | 91 |
| 29655 | BIPOL AFF DEPR-PART REM | 91 |
| 29656 | BIPOL AFF DEPR-FULL REM | 91 |
| 29660 | BIPOL AFF, MIXED-UNSPEC | 91 |
| 29661 | BIPOLAR AFF, MIXED-MILD | 91 |
| 29662 | BIPOLAR AFFEC, MIXED-MOD | 91 |
| 29663 | BIPOL AFF, MIXED-SEVERE | 91 |
| 29664 | BIPOL MIXED-SEV W PSYCH | 91 |
| 29665 | BIPOL AFF, MIX-PART REM | 91 |
| 29666 | BIPOL AFF, MIX-FULL REM | 91 |
| 2967 | BIPOLAR AFFECTIVE NOS | 91 |
| 29680 | MANIC-DEPRESSIVE NOS | 91 |
| 29681 | ATYPICAL MANIC DISORDER | 91 |
| 29682 | ATYPICAL DEPRESSIVE DIS | 91 |
| 29689 | MANIC-DEPRESSIVE NEC | 91 |
| 29690 | AFFECTIVE PSYCHOSIS NOS | 91 |
| 29699 | AFFECTIVE PSYCHOSES NEC | 91 |
| 2970 | PARANOID STATE, SIMPLE | 91 |
| 2971 | PARANOIA | 91 |
| 2972 | PARAPHRENIA | 91 |
| 2973 | SHARED PARANOID DISORDER | 91 |
| 2978 | PARANOID STATES NEC | 91 |
| 2979 | PARANOID STATE NOS | 91 |
| 2980 | REACT DEPRESS PSYCHOSIS | 91 |
| 2981 | EXCITATIV TYPE PSYCHOSIS | 91 |
| 2982 | REACTIVE CONFUSION | 91 |
| 2983 | ACUTE PARANOID REACTION | 91 |
| 2984 | PSYCHOGEN PARANOID PSYCH | 91 |
| 2988 | REACT PSYCHOSIS NEC/NOS | 91 |
| 2989 | PSYCHOSIS NOS | 91 |
| 29900 | INFANTILE AUTISM-ACTIVE | 91 |
| 29901 | INFANTILE AUTISM-RESID | 91 |
| 29910 | DISINTEGR PSYCH-ACTIVE | 91 |
| 29911 | DISINTEGR PSYCH-RESIDUAL | 91 |
| 29980 | CHILD PSYCHOS NEC-ACTIVE | 91 |
| 29981 | CHILD PSYCHOS NEC-RESID | 91 |
| 29990 | CHILD PSYCHOS NOS-ACTIVE | 91 |
| 29991 | CHILD PSYCHOS NOS-RESID | 91 |
| 30000 | ANXIETY STATE NOS | 91 |
| 30001 | PANIC DISORDER | 91 |
| 30002 | GENERALIZED ANXIETY DIS | 91 |
| 30009 | ANXIETY STATE NEC | 91 |
| 30010 | HYSTERIA NOS | 91 |
| 30011 | CONVERSION DISORDER | 91 |
| 30012 | PSYCHOGENIC AMNESIA | 91 |
| 30013 | PSYCHOGENIC FUGUE | 91 |
| 30014 | MULTIPLE PERSONALITY | 91 |
| 30015 | DISSOCIATIVE REACT NOS | 91 |
| 30016 | FACTITIOUS ILL W SYMPTOM | 91 |
| 30019 | FACTITIOUS ILL NEC/NOS | 91 |
| 30020 | PHOBIA NOS | 91 |
| 30021 | AGORAPHOBIA WITH PANIC | 91 |
| 30022 | AGORAPHOBIA W/O PANIC | 91 |
| 30023 | SOCIAL PHOBIA | 91 |
| 30029 | ISOLATED PHOBIAS NEC | 91 |
| 3003 | OBSESSIVE-COMPULSIVE DIS | 91 |
| 3004 | NEUROTIC DEPRESSION | 91 |
| 3005 | NEURASTHENIA | 91 |
| 3006 | DEPERSONALIZATION SYND | 91 |
| 3007 | HYPOCHONDRIASIS | 91 |
| 30081 | SOMATIZATION DISORDER | 91 |
| 30089 | NEUROTIC DISORDERS NEC | 91 |
| 3009 | NEUROTIC DISORDER NOS | 91 |
| 3010 | PARANOID PERSONALITY | 91 |
| 30110 | AFFECTIV PERSONALITY NOS | 91 |
| 30111 | CHRONIC HYPOMANIC PERSON | 91 |
| 30112 | CHR DEPRESSIVE PERSON | 91 |
| 30113 | CYCLOTHYMIC DISORDER | 91 |
| 30120 | SCHIZOID PERSONALITY NOS | 91 |
| 30121 | INTROVERTED PERSONALITY | 91 |
| 30122 | SCHIZOTYPAL PERSONALITY | 91 |
| 3013 | EXPLOSIVE PERSONALITY | 91 |
| 3014 | COMPULSIVE PERSONALITY | 91 |
| 30150 | HISTRIONIC PERSON NOS | 91 |
| 30151 | CHR FACTITIOUS ILLNESS | 91 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 30159 | HISTRIONIC PERSON NEC | 91 |
| 3016 | DEPENDENT PERSONALITY | 91 |
| 3017 | ANTISOCIAL PERSONALITY | 91 |
| 30181 | NARCISSISTIC PERSONALITY | 91 |
| 30182 | AVOIDANT PERSONALITY | 91 |
| 30183 | BORDERLINE PERSONALITY | 91 |
| 30184 | PASSIVE-AGGRESSIV PERSON | 91 |
| 30189 | PERSONALITY DISORDER NEC | 91 |
| 3019 | PERSONALITY DISORDER NOS | 91 |
| 3020 | EGO-DYSTONIC HOMOSEXLTY | 91 |
| 3021 | ZOOPHILIA | 91 |
| 3022 | PEDOPHILIA | 91 |
| 3023 | TRANSVESTISM | 91 |
| 3024 | EXHIBITIONISM | 91 |
| 30250 | TRANS-SEXUALISM NOS | 91 |
| 30251 | TRANS-SEXUALISM, ASEXUAL | 91 |
| 30252 | TRANS-SEXUAL, HOMOSEXUAL | 91 |
| 30253 | TRANS-SEX, HETEROSEXUAL | 91 |
| 3026 | PSYCHOSEX IDENTITY DIS | 91 |
| 30270 | PSYCHOSEXUAL DYSFUNC NOS | 91 |
| 30271 | INHIBITED SEXUAL DESIRE | 91 |
| 30272 | INHIBITED SEX EXCITEMENT | 91 |
| 30273 | INHIBITED FEMALE ORGASM | 91 |
| 30274 | INHIBITED MALE ORGASM | 91 |
| 30275 | PREMATURE EJACULATION | 91 |
| 30276 | FUNCTIONAL DYSPAREUNIA | 91 |
| 30279 | PSYCHOSEXUAL DYSFUNC NEC | 91 |
| 30281 | FETISHISM | 91 |
| 30282 | VOYEURISM | 91 |
| 30283 | SEXUAL MASOCHISM | 91 |
| 30284 | SEXUAL SADISM | 91 |
| 30285 | GEND IDEN DIS, ADOL/ADULT | 91 |
| 30289 | PSYCHOSEXUAL DIS NEC | 91 |
| 3029 | PSYCHOSEXUAL DIS NOS | 91 |
| 30300 | AC ALCOHOL INTOX-UNSPEC | 91 |
| 30301 | AC ALCOHOL INTOX-CONTIN | 91 |
| 30302 | AC ALCOHOL INTOX-EPISOD | 91 |
| 30303 | AC ALCOHOL INTOX-REMISS | 91 |
| 30390 | ALCOH DEP NEC/NOS-UNSPEC | 91 |
| 30391 | ALCOH DEP NEC/NOS-CONTIN | 91 |
| 30392 | ALCOH DEP NEC/NOS-EPISOD | 91 |
| 30393 | ALCOH DEP NEC/NOS-REMISS | 91 |
| 30400 | OPIOID DEPENDENCE-UNSPEC | 91 |
| 30401 | OPIOID DEPENDENCE-CONTIN | 91 |
| 30402 | OPIOID DEPENDENCE-EPISOD | 91 |
| 30403 | OPIOID DEPENDENCE-REMISS | 91 |
| 30410 | BARBITURAT DEPEND-UNSPEC | 91 |
| 30411 | BARBITURAT DEPEND-CONTIN | 91 |
| 30412 | BARBITURAT DEPEND-EPISOD | 91 |
| 30413 | BARBITURAT DEPEND-REMISS | 91 |
| 30420 | COCAINE DEPEND-UNSPEC | 91 |
| 30421 | COCAINE DEPEND-CONTIN | 91 |
| 30422 | COCAINE DEPEND-EPISODIC | 91 |
| 30423 | COCAINE DEPEND-REMISS | 91 |
| 30430 | CANNABIS DEPEND-UNSPEC | 91 |
| 30431 | CANNABIS DEPEND-CONTIN | 91 |
| 30432 | CANNABIS DEPEND-EPISODIC | 91 |
| 30433 | CANNABIS DEPEND-REMISS | 91 |
| 30440 | AMPHETAMIN DEPEND-UNSPEC | 91 |
| 30441 | AMPHETAMIN DEPEND-CONTIN | 91 |
| 30442 | AMPHETAMIN DEPEND-EPISOD | 91 |
| 30443 | AMPHETAMIN DEPEND-REMISS | 91 |
| 30450 | HALLUCINOGEN DEP-UNSPEC | 91 |
| 30451 | HALLUCINOGEN DEP-CONTIN | 91 |
| 30452 | HALLUCINOGEN DEP-EPISOD | 91 |
| 30453 | HALLUCINOGEN DEP-REMISS | 91 |
| 30460 | DRUG DEPEND NEC-UNSPEC | 91 |
| 30461 | DRUG DEPEND NEC-CONTIN | 91 |
| 30462 | DRUG DEPEND NEC-EPISODIC | 91 |
| 30463 | DRUG DEPEND NEC-IN REM | 91 |
| 30470 | OPIOID/OTHER DEP-UNSPEC | 91 |
| 30471 | CPIOID/OTHER DEP-CONTIN | 91 |
| 30472 | OPIOID/OTHER DEP-EPISOD | 91 |
| 30473 | OPIOID/OTHER DEP-REMISS | 91 |
| 30480 | COMB DRUG DEP NEC-UNSPEC | 91 |
| 30481 | COMB DRUG DEP NEC-CONTIN | 91 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 30482 | COMB DRUG DEP NEC-EPISOD | 91 |
| 30483 | COMB DRUG DEP NEC-REMISS | 91 |
| 30490 | DRUG DEPEND NOS-UNSPEC | 91 |
| 30491 | DRUG DEPEND NOS-CONTIN | 91 |
| 30492 | DRUG DEPEND NOS-EPISODIC | 91 |
| 30493 | DRUG DEPEND NOS-REMISS | 91 |
| 30500 | ALCOHOL ABUSE-UNSPEC | 91 |
| 30501 | ALCOHOL ABUSE-CONTINUOUS | 91 |
| 30502 | ALCOHOL ABUSE-EPISODIC | 91 |
| 30503 | ALCOHOL ABUSE-IN REMISS | 91 |
| 3051 | TOBACCO USE DISORDER | 11 |
| 30510 | TOBACCO USE DISORDER | 11 |
| 30511 | TOBACCO USE DISORDER | 11 |
| 30512 | TOBACCO USE DISORDER | 11 |
| 30513 | TOBACCO USE DISORDER | 11 |
| 30520 | CANNABIS ABUSE-UNSPEC | 91 |
| 30521 | CANNABIS ABUSE-CONTIN | 91 |
| 30522 | CANNABIS ABUSE-EPISODIC | 91 |
| 30523 | CANNABIS ABUSE-IN REMISS | 91 |
| 30530 | HALLUCINOG ABUSE-UNSPEC | 91 |
| 30531 | HALLUCINOG ABUSE-CONTIN | 91 |
| 30532 | HALLUCINOG ABUSE-EPISOD | 91 |
| 30533 | HALLUCINOG ABUSE-REMISS | 91 |
| 30540 | BARBITURATE ABUSE-UNSPEC | 91 |
| 30541 | BARBITURATE ABUSE-CONTIN | 91 |
| 30542 | BARBITURATE ABUSE-EPISOD | 91 |
| 30543 | BARBITURATE ABUSE-REMISS | 91 |
| 30550 | OPIOID ABUSE-UNSPEC | 91 |
| 30551 | OPIOID ABUSE-CONTINUOUS | 91 |
| 30552 | OPIOID ABUSE-EPISODIC | 91 |
| 30553 | OPIOID ABUSE-IN REMISS | 91 |
| 30560 | COCAINE ABUSE-UNSPEC | 91 |
| 30561 | COCAINE ABUSE-CONTINUOUS | 91 |
| 30562 | COCAINE ABUSE-EPISODIC | 91 |
| 30563 | COCAINE ABUSE-IN REMISS | 91 |
| 30570 | AMPHETAMINE ABUSE-UNSPEC | 91 |
| 30571 | AMPHETAMINE ABUSE-CONTIN | 91 |
| 30572 | AMPHETAMINE ABUSE-EPISOD | 91 |
| 30573 | AMPHETAMINE ABUSE-REMISS | 91 |
| 30580 | ANTIDEPRESS ABUSE-UNSPEC | 91 |
| 30581 | ANTIDEPRESS ABUSE-CONTIN | 91 |
| 30582 | ANTIDEPRESS ABUSE-EPISOD | 91 |
| 30583 | ANTIDEPRESS ABUSE-REMISS | 91 |
| 30590 | DRUG ABUSE NEC-UNSPEC | 91 |
| 30591 | DRUG ABUSE NEC-CONTIN | 91 |
| 30592 | DRUG ABUSE NEC-EPISODIC | 91 |
| 30593 | DRUG ABUSE NEC-IN REMISS | 91 |
| 3060 | PSYCHOGEN MUSCULSKEL DIS | 24 |
| 3061 | PSYCHOGENIC RESPIR DIS | 33 |
| 3062 | PSYCHOGEN CARDIOVASC DIS | 36 |
| 3063 | PSYCHOGENIC SKIN DISEASE | 18 |
| 3064 | PSYCHOGENIC GI DISEASE | 41 |
| 30650 | PSYCHOGENIC GU DIS NOS | 53 |
| 30651 | PSYCHOGENIC VAGINISMUS | 56 |
| 30652 | PSYCHOGENIC DYSMENORRHEA | 56 |
| 30653 | PSYCHOGENIC DYSURIA | 53 |
| 30659 | PSYCHOGENIC GU DIS NEC | 53 |
| 3066 | PSYCHOGEN ENDOCRINE DIS | 82 |
| 3067 | PSYCHOGENIC SENSORY DIS | 91 |
| 3068 | PSYCHOGENIC DISORDER NEC | 91 |
| 3069 | PSYCHOGENIC DISORDER NOS | 91 |
| 3070 | STAMMERING & STUTTERING | 91 |
| 3071 | ANOREXIA NERVOSA | 91 |
| 30720 | TIC DISORDER NOS | 63 |
| 30721 | TRANSIENT TIC, CHILDHOOD | 63 |
| 30722 | CHRONIC MOTOR TIC DIS | 63 |
| 30723 | GILLES TOURETTE DISORDER | 63 |
| 3073 | STEREOTYPED MOVEMENTS | 91 |
| 30740 | NONORGANIC SLEEP DIS NOS | 91 |
| 30741 | TRANSIENT INSOMNIA | 91 |
| 30742 | PERSISTENT INSOMNIA | 91 |
| 30743 | TRANSIENT HYPERSOMNIA | 91 |
| 30744 | PERSISTENT HYPERSOMNIA | 91 |
| 30745 | DISRUPT SLEEP-WAKE CYCLE | 91 |
| 30746 | SOMNAMBULISM/NGHT TERROR | 91 |
| 30747 | SLEEP STAGE DYSFUNC NEC | 91 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 30748 | REPETIT SLEEP INTRUSION | 91 |
| 30749 | NONORGANIC SLEEP DIS NEC | 91 |
| 30750 | EATING DISORDER NOS | 91 |
| 30751 | BULIMIA | 91 |
| 30752 | PICA | 91 |
| 30753 | PSYCHOGENIC RUMINATION | 91 |
| 30754 | PSYCHOGENIC VOMITING | 91 |
| 30759 | EATING DISORDER NEC | 91 |
| 3076 | ENURESIS | 91 |
| 3077 | ENCOPRESIS | 91 |
| 30780 | PSYCHOGENIC PAIN NOS | 91 |
| 30781 | TENSION HEADACHE | 63 |
| 30789 | PSYCHOGENIC PAIN NEC | 91 |
| 3079 | SPECIAL SYMPTOM NEC/NOS | 91 |
| 3080 | STRESS REACT, EMOTIONAL | 91 |
| 3081 | STRESS REACTION, FUGUE | 91 |
| 3082 | STRESS REACT, PSYCHOMOT | 91 |
| 3083 | ACUTE STRESS REACT NEC | 91 |
| 3084 | STRESS REACT, MIXED DIS | 91 |
| 3089 | ACUTE STRESS REACT NOS | 91 |
| 3090 | BRIEF DEPRESSIVE REACT | 91 |
| 3091 | PROLONG DEPRESSIVE REACT | 91 |
| 30921 | SEPARATION ANXIETY | 91 |
| 30922 | EMANCIPATION DISORDER | 91 |
| 30923 | ACADEMIC/WORK INHIBITION | 91 |
| 30924 | ADJ REACT-ANXIOUS MOOD | 91 |
| 30928 | ADJ REACT-MIXED EMOTION | 91 |
| 30929 | ADJ REACT-EMOTION NEC | 91 |
| 3093 | ADJUST REACT-CONDUCT DIS | 91 |
| 3094 | ADJ REACT-EMOTION/CONDUC | 91 |
| 30981 | PROLONG POSTTRAUM STRESS | 91 |
| 30982 | ADJUST REACT-PHYS SYMPT | 91 |
| 30983 | ADJUST REACT-WITHDRAWAL | 91 |
| 30989 | ADJUSTMENT REACTION NEC | 91 |
| 3099 | ADJUSTMENT REACTION NOS | 91 |
| 3100 | FRONTAL LOBE SYNDROME | 91 |
| 3101 | ORGANIC PERSONALITY SYND | 91 |
| 3102 | POSTCONCUSSION SYNDROME | 63 |
| 3108 | NONPSYCHOT BRAIN SYN NEC | 91 |
| 3109 | NONPSYCHOT BRAIN SYN NOS | 91 |
| 311 | DEPRESSIVE DISORDER NEC | 91 |
| 31200 | UNSOCIAL AGGRESS-UNSPEC | 91 |
| 31201 | UNSOCIAL AGGRESSION-MILD | 91 |
| 31202 | UNSOCIAL AGGRESSION-MOD | 91 |
| 31203 | UNSOCIAL AGGRESS-SEVERE | 91 |
| 31210 | UNSOCIAL UNAGGRESS-UNSP | 91 |
| 31211 | UNSOCIAL UNAGGRESS-MILD | 91 |
| 31212 | UNSOCIAL UNAGGRESS-MOD | 91 |
| 31213 | UNSOCIAL UNAGGR-SEVERE | 91 |
| 31220 | SOCIAL CONDUCT DIS-UNSP | 91 |
| 31221 | SOCIAL CONDUCT DIS-MILD | 91 |
| 31222 | SOCIAL CONDUCT DIS-MOD | 91 |
| 31223 | SOCIAL CONDUCT DIS-SEV | 91 |
| 31230 | IMPULSE CONTROL DIS NOS | 91 |
| 31231 | PATHOLOGICAL GAMBLING | 91 |
| 31232 | KLEPTOMANIA | 91 |
| 31233 | PYROMANIA | 91 |
| 31234 | INTERMITT EXPLOSIVE DIS | 91 |
| 31235 | ISOLATED EXPLOSIVE DIS | 91 |
| 31239 | IMPULSE CONTROL DIS NEC | 91 |
| 3124 | MIX DIS CONDUCT/EMOTION | 91 |
| 3128 | OTHER CONDUCT DISTURB* | 91 |
| 31281 | CNDCT DSRDR CHLDHD ONST | 63 |
| 31282 | CNDCT DSRDR ADLSCNT ONST | 63 |
| 31289 | OTHER CONDUCT DISORDER | 63 |
| 3129 | CONDUCT DISTURBANCE NOS | 91 |
| 3130 | OVERANXIOUS DISORDER | 91 |
| 3131 | MISERY & UNHAPPINESS DIS | 91 |
| 31321 | SHYNESS DISORDER-CHILD | 91 |
| 31322 | INTROVERTED DIS-CHILD | 91 |
| 31323 | ELECTIVE MUTISM | 91 |
| 3133 | RELATIONSHIP PROBLEMS | 91 |
| 31381 | OPPOSITIONAL DISORDER | 91 |
| 31382 | IDENTITY DISORDER | 91 |
| 31383 | ACADEMIC UNDERACHIEVMENT | 91 |
| 31389 | EMOTIONAL DIS CHILD NEC | 91 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 3139 | EMOTIONAL DIS CHILD NOS | 91 |
| 31400 | ATTN DEFIC NONHYPERACT | 91 |
| 31401 | ATTN DEFICIT W HYPERACT | 91 |
| 3141 | HYPERKINET W DEVEL DELAY | 91 |
| 3142 | HYPERKINETIC CONDUCT DIS | 91 |
| 3148 | OTHER HYPERKINETIC SYND | 91 |
| 3149 | HYPERKINETIC SYND NOS | 91 |
| 31500 | READING DISORDER NOS | 91 |
| 31501 | ALEXIA | 91 |
| 31502 | DEVELOPMENTAL DYSLEXIA | 91 |
| 31509 | READING DISORDER NEC | 91 |
| 3151 | ARITHMETICAL DISORDER | 91 |
| 3152 | OTH LEARNING DIFFICULTY | 91 |
| 31531 | DEVELOPMENT LANGUAGE DIS | 91 |
| 31539 | SPEECH/LANGUAGE DIS NEC | 91 |
| 3154 | COORDINATION DISORDER | 91 |
| 3155 | MIXED DEVELOPMENT DIS | 91 |
| 3158 | DEVELOPMENT DELAYS NEC | 91 |
| 3159 | DEVELOPMENT DELAY NOS | 91 |
| 316 | PSYCHIC FACTOR W OTH DIS | 91 |
| 317 | MILD MENTAL RETARDATION | 91 |
| 3180 | MOD MENTAL RETARDATION | 91 |
| 3181 | SEVERE MENTAL RETARDAT | 91 |
| 3182 | PROFOUND MENTAL RETARDAT | 91 |
| 319 | MENTAL RETARDATION NOS | 91 |
| 3200 | HEMOPHILUS MENINGITIS | 63 |
| 3201 | PNEUMOCOCCAL MENINGITIS | 63 |
| 3202 | STREPTOCOCCAL MENINGITIS | 63 |
| 3203 | STAPHYLOCOCC MENINGITIS | 63 |
| 3207 | MENING IN OTH BACT DIS | 63 |
| 3208 | BACTERIAL MENINGITIS NEC* | 63 |
| 32081 | ANAEROBIC MENINGITIS | 63 |
| 32082 | MNINGTS GRAM-NEG BCT NEC | 63 |
| 32089 | MENINGITIS OTH SPCF BACT | 63 |
| 3209 | BACTERIAL MENINGITIS NOS | 63 |
| 3210 | CRYPTOCOCCAL MENINGITIS | 63 |
| 3211 | MENING IN OTH FUNGAL DIS | 63 |
| 3212 | MENING IN OTH VIRAL DIS | 63 |
| 3213 | TRYPANOSOMIASIS MENINGIT | 63 |
| 3214 | MENINGIT D/T SARCOIDOSIS | 63 |
| 3218 | MENING IN OTH NONBAC DIS | 63 |
| 3220 | NONPYOGENIC MENINGITIS | 63 |
| 3221 | EOSINOPHILIC MENINGITIS | 63 |
| 3222 | CHRONIC MENINGITIS | 63 |
| 3229 | MENINGITIS NOS | 63 |
| 3230 | ENCEPHALIT IN VIRAL DIS | 63 |
| 3231 | RICKETTSIAL ENCEPHALITIS | 63 |
| 3232 | PROTOZOAL ENCEPHALITIS | 63 |
| 3234 | OTH ENCEPHALIT D/T INFEC | 63 |
| 3235 | POSTIMMUNIZAT ENCEPHALIT | 63 |
| 3236 | POSTINFECT ENCEPHALITIS | 63 |
| 3237 | TOXIC ENCEPHALITIS | 63 |
| 3238 | ENCEPHALITIS NEC | 63 |
| 3239 | ENCEPHALITIS NOS | 63 |
| 3240 | INTRACRANIAL ABSCESS | 63 |
| 3241 | INTRASPINAL ABSCESS | 63 |
| 3249 | CNS ABSCESS NOS | 63 |
| 325 | PHLEBITIS INTRCRAN SINUS | 63 |
| 326 | LATE EFF CNS ABSCESS | 63 |
| 3300 | LEUKODYSTROPHY | 63 |
| 3301 | CEREBRAL LIPIDOSES | 63 |
| 3302 | CEREB DEGEN IN LIPIDOSIS | 63 |
| 3303 | CERB DEG CHLD IN OTH DIS | 63 |
| 3308 | CEREB DEGEN IN CHILD NEC | 63 |
| 3309 | CEREB DEGEN IN CHILD NOS | 63 |
| 3310 | ALZHEIMER'S DISEASE | 91 |
| 3311 | PICK'S DISEASE | 91 |
| 3312 | SENILE DEGENERAT BRAIN | 91 |
| 3313 | COMMUNICAT HYDROCEPHALUS | 63 |
| 3314 | OBSTRUCTIV HYDROCEPHALUS | 63 |
| 3317 | CEREB DEGEN IN OTH DIS | 63 |
| 33181 | REYE'S SYNDROME | 63 |
| 33189 | CEREB DEGENERATION NEC | 63 |
| 3319 | CEREB DEGENERATION NOS | 63 |
| 3320 | PARALYSIS AGITANS | 63 |
| 3321 | SECONDARY PARKINSONISM | 63 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 3330 | DEGEN BASAL GANGLIA NEC | 63 |
| 3331 | TREMOR NEC | 63 |
| 3332 | MYOCLONUS | 63 |
| 3333 | TICS OF ORGANIC ORIGIN | 63 |
| 3334 | HUNTINGTON'S CHOREA | 63 |
| 3335 | CHOREA NEC | 63 |
| 3336 | IDIOPAT TORSION DYSTONIA | 63 |
| 3337 | SYMPTOM TORSION DYSTONIA | 63 |
| 33381 | BLEPHAROSPASM | 68 |
| 33382 | OROFACIAL DYSKINESIA | 63 |
| 33383 | SPASMODIC TORTICOLLIS | 63 |
| 33384 | ORGANIC WRITERS' CRAMP | 63 |
| 33389 | FRAGM TORSION DYSTON NEC | 63 |
| 33390 | EXTRAPYRAMIDAL DIS NOS | 63 |
| 33391 | STIFF-MAN SYNDROME | 63 |
| 33392 | NEUROLEPTIC MALGNT SYND | 63 |
| 33393 | BNIGN SHUDDERING ATTACKS | 63 |
| 33399 | EXTRAPYRAMIDAL DIS NEC | 63 |
| 3340 | FRIEDREICH'S ATAXIA | 63 |
| 3341 | HERED SPASTIC PARAPLEGIA | 63 |
| 3342 | PRIMARY CEREBELLAR DEGEN | 63 |
| 3343 | CEREBELLAR ATAXIA NEC | 63 |
| 3344 | CEREBEL ATAX IN OTH DIS | 63 |
| 3348 | SPINOCEREBELLAR DIS NEC | 63 |
| 3349 | SPINOCEREBELLAR DIS NOS | 63 |
| 3350 | WERDNIG-HOFFMANN DISEASE | 63 |
| 33510 | SPINAL MUSCL ATROPHY NOS | 63 |
| 33511 | KUGELBERG-WELANDER DIS | 63 |
| 33519 | SPINAL MUSCL ATROPHY NEC | 63 |
| 33520 | AMYOTROPHIC SCLEROSIS | 63 |
| 33521 | PROG MUSCULAR ATROPHY | 63 |
| 33522 | PROGRESSIVE BULBAR PALSY | 63 |
| 33523 | PSEUDOBULBAR PALSY | 63 |
| 33524 | PRIM LATERAL SCLEROSIS | 63 |
| 33529 | MOTOR NEURON DISEASE NEC | 63 |
| 3358 | ANT HORN CELL DIS NEC | 63 |
| 3359 | ANT HORN CELL DIS NOS | 63 |
| 3360 | SYRINGOMYELIA | 63 |
| 3361 | VASCULAR MYELOPATHIES | 63 |
| 3362 | COMB DEG CORD IN OTH DIS | 63 |
| 3363 | MYELOPATHY IN OTH DIS | 63 |
| 3368 | MYELOPATHY NEC | 63 |
| 3369 | SPINAL CORD DISEASE NOS | 63 |
| 3370 | IDIOPATH AUTO NEUROPATHY | 63 |
| 3371 | AUT NEUROPTHY IN OTH DIS | 63 |
| 33720 | UNSP RFLX SYMPTH DYSTRPH | 63 |
| 33721 | RFLX SYM DYSTRPH UP LIMB | 63 |
| 33722 | RFLX SYM DYSTRPH LWR LMB | 63 |
| 33729 | RFLX SYM DYSTRPH OTH ST | 63 |
| 3379 | AUTONOMIC NERVE DIS NEC | 63 |
| 340 | MULTIPLE SCLEROSIS | 63 |
| 3410 | NEUROMYELITIS OPTICA | 63 |
| 3411 | SCHILDER'S DISEASE | 63 |
| 3418 | CNS DEMYELINATION NEC | 63 |
| 3419 | CNS DEMYELINATION NOS | 63 |
| 3420 | FLACCID HEMIPLEGIA* | 63 |
| 34200 | FLCCD HMIPLGA UNSPF SIDE | 63 |
| 34201 | FLCCD HMIPLGA DOMNT SIDE | 63 |
| 34202 | FLCCD HMIPLG NONDMNT SDE | 63 |
| 3421 | SPASTIC HEMIPLEGIA* | 63 |
| 34210 | SPSTC HMIPLGA UNSPF SIDE | 63 |
| 34211 | SPSTC HMIPLGA DOMNT SIDE | 63 |
| 34212 | SPSTC HMIPLG NONDMNT SDE | 63 |
| 34280 | OT SP HMIPLGA UNSPF SIDE | 63 |
| 34281 | OT SP HMIPLGA DOMNT SIDE | 63 |
| 34282 | OT SP HMIPLG NONDMNT SDE | 63 |
| 3429 | HEMIPLEGIA NOS* | 63 |
| 34290 | UNSP HEMIPLGA UNSPF SIDE | 63 |
| 34291 | UNSP HEMIPLGA DOMNT SIDE | 63 |
| 34292 | UNSP HMIPLGA NONDMNT SDE | 63 |
| 3430 | CONGENITAL DIPLEGIA | 63 |
| 3431 | CONGENITAL HEMIPLEGIA | 63 |
| 3432 | CONGENITAL QUADRIPLEGIA | 63 |
| 3433 | CONGENITAL MONOPLEGIA | 63 |
| 3434 | INFANTILE HEMIPLEGIA | 63 |
| 3438 | CEREBRAL PALSY NEC | 63 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 3439 | CEREBRAL PALSY NOS | 63 |
| 3440 | QUADRIPLEGIA NOS* | 63 |
| 34400 | QUADRIPLEGIA, UNSPECIFD | 63 |
| 34401 | QUADRPLG C1-C4, COMPLETE | 63 |
| 34402 | QUADRPLG C1-C4, INCOMPLT | 63 |
| 34403 | QUADRPLG C5-C7, COMPLETE | 63 |
| 34404 | QUADRPLG C5-C7, INCOMPLT | 63 |
| 34409 | OTHER QUADRIPLEGIA | 63 |
| 3441 | PARAPLEGIA NOS | 63 |
| 3442 | DIPLEGIA OF UPPER LIMBS | 63 |
| 3443 | MONOPLEGIA OF LOWER LIMB* | 63 |
| 34430 | MONPLGA LWR LMB UNSP SDE | 63 |
| 34431 | MONPLGA LWR LMB DMNT SDE | 63 |
| 34432 | MNPLG LWR LMB NONDMNT SD | 63 |
| 3444 | MONOPLEGIA OF UPPER LIMB* | 63 |
| 34440 | MONPLGA UPR LMB UNSP SDE | 63 |
| 34441 | MONPLGA UPR LMB DMNT SDE | 63 |
| 34442 | MNPLG UPR LMB NONDMNT SD | 63 |
| 3445 | MONOPLEGIA NOS | 63 |
| 34460 | CAUDA EQUINA SYND NOS | 63 |
| 34461 | NEUROGENIC BLADDER | 53 |
| 3448 | PARALYTIC SYNDROMES NEC* | 63 |
| 34481 | LOCKED-IN STATE | 78 |
| 34489 | OTH SPCF PARALYTIC SYND | 63 |
| 3449 | PARALYSIS NOS | 63 |
| 34500 | GEN NONCV EP W/O INTR EP | 63 |
| 34501 | GEN NONCONV EP W INTR EP | 63 |
| 34510 | GEN CNV EPIL W/O INTR EP | 63 |
| 34511 | GEN CNV EPIL W INTR EPIL | 63 |
| 3452 | PETIT MAL STATUS | 78 |
| 3453 | GRAND MAL STATUS | 78 |
| 34540 | PSYMOTR EPIL W/O INT EPI | 63 |
| 34541 | PSYMOTR EPIL W INTR EPIL | 63 |
| 34550 | PART EPIL W/O INTR EPIL | 63 |
| 34551 | PART EPIL W INTR EPIL | 63 |
| 34560 | INF SPASM W/O INTR EPIL | 63 |
| 34561 | INF SPASM W INTRACT EPIL | 63 |
| 34570 | EPIL PAR CONT W/O INT EP | 63 |
| 34571 | EPIL PAR CONT W INTR EPI | 63 |
| 34580 | EPILEP NEC W/O INTR EPIL | 63 |
| 34581 | EPILEPSY NEC W INTR EPIL | 63 |
| 34590 | EPILEP NOS W/O INTR EPIL | 63 |
| 34591 | EPILEPSY NOS W INTR EPIL | 63 |
| 3460 | CLASSICAL MIGRAINE* | 63 |
| 34600 | CLSC MIGRNE WO NTRC MGRN | 63 |
| 34601 | CLSC MGRN W NTRC MGR STD | 63 |
| 3461 | COMMON MIGRAINE* | 63 |
| 34610 | COMN MIGRNE WO NTRC MGRN | 63 |
| 34611 | COMN MGRN W NTRC MGR STD | 63 |
| 3462 | VARIANTS OF MIGRAINE* | 63 |
| 34620 | VRNT MIGRNE WO NTRC MGRN | 63 |
| 34621 | VRNT MGRN W NTRC MGR STD | 63 |
| 3468 | MIGRAINE NEC* | 63 |
| 34680 | OTHR MIGRNE WO NTRC MGRN | 63 |
| 34681 | OTHR MGRN W NTRC MGR STD | 63 |
| 3469 | MIGRAINE NOS* | 63 |
| 34690 | MIGRNE UNSP WO NTRC MGRN | 63 |
| 34691 | MGRN UNSP W NTRC MGR STD | 63 |
| 347 | CATAPLEXY AND NARCOLEPSY | 63 |
| 3480 | CEREBRAL CYSTS | 63 |
| 3481 | ANOXIC BRAIN DAMAGE | 63 |
| 3482 | PSEUDOTUMOR CEREBRI | 63 |
| 3483 | ENCEPHALOPATHY NOS | 63 |
| 3484 | COMPRESSION OF BRAIN | 63 |
| 3485 | CEREBRAL EDEMA | 63 |
| 3488 | BRAIN CONDITIONS NEC | 63 |
| 3489 | BRAIN CONDITION NOS | 63 |
| 3490 | LUMBAR PUNCTURE REACTION | 63 |
| 3491 | COMPLICATION CNS DEVICE | 63 |
| 3492 | DISORDER OF MENINGES NEC | 63 |
| 34981 | CEREBROSPINAL RHINORRHEA | 63 |
| 34982 | TOXIC ENCEPHALOPATHY | 63 |
| 34989 | CNS DISORDER NEC | 63 |
| 3499 | CNS DISORDER NOS | 63 |
| 3501 | TRIGEMINAL NEURALGIA | 63 |
| 3502 | ATYPICAL FACE PAIN | 63 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 3508 | TRIGEMINAL NERVE DIS NEC | 63 |
| 3509 | TRIGEMINAL NERVE DIS NOS | 63 |
| 3510 | BELL'S PALSY | 63 |
| 3511 | GENICULATE GANGLIONITIS | 63 |
| 3518 | FACIAL NERVE DIS NEC | 63 |
| 3519 | FACIAL NERVE DIS NOS | 63 |
| 3520 | OLFACTORY NERVE DISORDER | 63 |
| 3521 | GLOSSOPHARYNG NEURALGIA | 63 |
| 3522 | GLOSSOPHAR NERVE DIS NEC | 63 |
| 3523 | PNEUMOGASTRIC NERVE DIS | 63 |
| 3524 | ACCESSORY NERVE DISORDER | 63 |
| 3525 | HYPOGLOSSAL NERVE DIS | 63 |
| 3526 | MULT CRANIAL NERVE PALSY | 63 |
| 3529 | CRANIAL NERVE DIS NOS | 63 |
| 3530 | BRACHIAL PLEXUS LESIONS | 63 |
| 3531 | LUMBOSACRAL PLEX LESION | 63 |
| 3532 | CERVICAL ROOT LESION NEC | 63 |
| 3533 | THORACIC ROOT LESION NEC | 63 |
| 3534 | LUMBSACRAL ROOT LES NEC | 63 |
| 3535 | NEURALGIC AMYOTROPHY | 63 |
| 3536 | PHANTOM LIMB (SYNDROME) | 63 |
| 3538 | NERV ROOT/PLEXUS DIS NEC | 63 |
| 3539 | NERV ROOT/PLEXUS DIS NOS | 63 |
| 3540 | CARPAL TUNNEL SYNDROME | 63 |
| 3541 | MEDIAN NERVE LESION NEC | 63 |
| 3542 | ULNAR NERVE LESION | 63 |
| 3543 | RADIAL NERVE LESION | 63 |
| 3544 | CAUSALGIA UPPER LIMB | 63 |
| 3545 | MONONEURITIS MULTIPLEX | 63 |
| 3548 | MONONEURITIS ARM NEC | 63 |
| 3549 | MONONEURITIS ARM NOS | 63 |
| 3550 | SCIATIC NERVE LESION | 63 |
| 3551 | MERALGIA PARESTHETICA | 63 |
| 3552 | FEMORAL NERVE LESION NEC | 63 |
| 3553 | LAT POPLITEAL NERVE LES | 63 |
| 3554 | MED POPLITEAL NERVE LES | 63 |
| 3555 | TARSAL TUNNEL SYNDROME | 63 |
| 3556 | PLANTAR NERVE LESION | 63 |
| 3557 | MONONEURITIS LEG NEC* | 63 |
| 35571 | CAUSALGIA LOWER LIMB | 63 |
| 35579 | OTH MONONEUR LOWER LIMB | 63 |
| 3558 | MONONEURITIS LEG NOS | 63 |
| 3559 | MONONEURITIS NOS | 63 |
| 3560 | HERED PERIPH NEUROPATHY | 63 |
| 3561 | PERONEAL MUSCLE ATROPHY | 63 |
| 3562 | HERED SENSORY NEUROPATHY | 63 |
| 3563 | REFSUM'S DISEASE | 63 |
| 3564 | IDIO PROG POLYNEUROPATHY | 63 |
| 3568 | IDIO PERIPH NEURPTHY NEC | 63 |
| 3569 | IDIO PERIPH NEURPTHY NOS | 63 |
| 3570 | AC INFECT POLYNEURITIS | 63 |
| 3571 | NEURPTHY IN COL VASC DIS | 63 |
| 3572 | NEUROPATHY IN DIABETES | 63 |
| 3573 | NEUROPATHY IN MALIG DIS | 63 |
| 3574 | NEUROPATHY IN OTHER DIS | 63 |
| 3575 | ALCOHOLIC POLYNEUROPATHY | 63 |
| 3576 | NEUROPATHY DUE TO DRUGS | 63 |
| 3577 | NEURPTHY TOXIC AGENT NEC | 63 |
| 3578 | INFLAM/TOX NEUROPTHY NEC | 63 |
| 3579 | INFLAM/TOX NEUROPTHY NOS | 63 |
| 3580 | MYASTHENIA GRAVIS | 63 |
| 3581 | MYASTHENIA IN OTH DIS | 63 |
| 3582 | TOXIC MYONEURAL DISORDER | 63 |
| 3588 | MYONEURAL DISORDERS NEC | 63 |
| 3589 | MYONEURAL DISORDERS NOS | 63 |
| 3590 | CONG HERED MUSC DYSTRPHY | 63 |
| 3591 | HERED PROG MUSC DYSTRPHY | 63 |
| 3592 | MYOTONIC DISORDERS | 63 |
| 3593 | FAMIL PERIODIC PARALYSIS | 63 |
| 3594 | TOXIC MYOPATHY | 63 |
| 3595 | MYOPATHY IN ENDOCRIN DIS | 63 |
| 3596 | INFL MYOPATHY IN OTH DIS | 63 |
| 3598 | MYOPATHY NEC | 63 |
| 3599 | MYOPATHY NOS | 63 |
| 36000 | PURULENT ENDOPHTHALM NOS | 68 |
| 36001 | ACUTE ENDOPHTHALMITIS | 68 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 36002 | PANOPHTHALMITIS | 68 |
| 36003 | CHRONIC ENDOPHTHALMITIS | 68 |
| 36004 | VITREOUS ABSCESS | 68 |
| 36011 | SYMPATHETIC UVEITIS | 68 |
| 36012 | PANUVEITIS | 68 |
| 36013 | PARASITIC ENDOPHTHAL NOS | 68 |
| 36014 | OPHTHALMIA NODOSA | 68 |
| 36019 | ENDOPHTHALMITIS NEC | 68 |
| 36020 | DEGENERAT GLOBE DIS NOS | 68 |
| 36021 | PROGRESSIVE HIGH MYOPIA | 68 |
| 36023 | SIDEROSIS | 68 |
| 36024 | OTHER METALLOSIS, EYE | 68 |
| 36029 | DEGENERATIVE GLOBE NEC | 68 |
| 36030 | HYPOTONY NOS, EYE | 68 |
| 36031 | PRIMARY HYPOTONY | 68 |
| 36032 | HYPOTONY DUE TO FISTULA | 68 |
| 36033 | HYPOTONY W EYE DIS NEC | 68 |
| 36034 | FLAT ANTERIOR CHAMBER | 68 |
| 36040 | DEGENERATION OF EYE NOS | 68 |
| 36041 | BLIND HYPOTENSIVE EYE | 68 |
| 36042 | BLIND HYPERTENSIVE EYE | 68 |
| 36043 | HEMOPHTHALMOS | 68 |
| 36044 | LEUCOCORIA | 68 |
| 36050 | OLD MAGNET FB, EYE NOS | 68 |
| 36051 | OLD MAGNET FB, ANT CHAMB | 68 |
| 36052 | OLD MAGNET FB, IRIS | 68 |
| 36053 | OLD MAGNET FB, LENS | 68 |
| 36054 | OLD MAGNET FB, VITREOUS | 68 |
| 36055 | OLD MAGNET FB, POST WALL | 68 |
| 36059 | OLD MAGNET FB, EYE NEC | 68 |
| 36060 | INTRAOCULAR FB NOS | 68 |
| 36061 | FB IN ANTERIOR CHAMBER | 68 |
| 36062 | FB IN IRIS OR CILIARY | 68 |
| 36063 | FOREIGN BODY IN LENS | 68 |
| 36064 | FOREIGN BODY IN VITREOUS | 68 |
| 36065 | FB IN POSTERIOR WALL | 68 |
| 36069 | INTRAOCULAR FB NEC | 68 |
| 36081 | LUXATION OF GLOBE | 68 |
| 36089 | DISORDER OF GLOBE NEC | 68 |
| 3609 | DISORDER OF GLOBE NOS | 68 |
| 36100 | DETACHMNT W DEFECT NOS | 68 |
| 36101 | PART DETACH-SINGL DEFEC | 68 |
| 36102 | PART DETACH-MULT DEFECT | 68 |
| 36103 | PART DETACH-GIANT TEAR | 68 |
| 36104 | PART DETACH-DIALYSIS | 68 |
| 36105 | RECENT DETACHMENT, TOTAL | 68 |
| 36106 | OLD DETACHMENT, PARTIAL | 68 |
| 36107 | OLD DETACHMENT, TOTAL | 68 |
| 36110 | RETINOSCHISIS NOS | 68 |
| 36111 | FLAT RETINOSCHISIS | 68 |
| 36112 | BULLOUS RETINOSCHISIS | 68 |
| 36113 | PRIMARY RETINAL CYSTS | 68 |
| 36114 | SECONDARY RETINAL CYSTS | 68 |
| 36119 | RETINOSHISIS OR CYST NEC | 68 |
| 3612 | SEROUS RETINA DETACHMENT | 68 |
| 36130 | RETINAL DEFECT NOS | 68 |
| 36131 | ROUND HOLE OF RETINA | 68 |
| 36132 | HORSESHOE TEAR OF RETINA | 68 |
| 36133 | MULT DEFECTS OF RETINA | 68 |
| 36181 | RETINAL TRACTION DETACH | 68 |
| 36189 | RETINAL DETACHMENT NEC | 68 |
| 3619 | RETINAL DETACHMENT NOS | 68 |
| 36201 | DIABETIC RETINOPATHY NOS | 68 |
| 36202 | PROLIF DIAB RETINOPATHY | 68 |
| 36210 | BACKGRND RETINOPATHY NOS | 68 |
| 36211 | HYPERTENSIVE RETINOPATHY | 68 |
| 36212 | EXUDATIVE RETINOPATHY | 68 |
| 36213 | RETINAL VASCULAR CHANGES | 68 |
| 36214 | RETINA MICROANEURYSM NOS | 68 |
| 36215 | RETINAL TELANGIECTASIA | 68 |
| 36216 | RETINAL NEOVASCULAR NOS | 68 |
| 36217 | RETINAL VARICES | 68 |
| 36218 | RETINAL VASCULITIS | 68 |
| 36221 | RETROLENTAL FIBROPLASIA | 68 |
| 36229 | PROLIF RETINOPATHY NEC | 68 |
| 36230 | RETINAL VASC OCCLUS NOS | 68 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 36231 | CENT RETINA ARTERY OCCLU | 68 |
| 36232 | ARTERIAL BRANCH OCCLUS | 68 |
| 36233 | PART ARTERIAL OCCLUSION | 68 |
| 36234 | TRANSIENT ARTERIAL OCCLU | 68 |
| 36235 | CENT RETINAL VEIN OCCLUS | 68 |
| 36236 | VENOUS TRIBUTARY OCCLUS | 68 |
| 36237 | RETINA VENOUS ENGORGEMNT | 68 |
| 36240 | RETINA LAYER SEPARAT NOS | 68 |
| 36241 | CENT SEROUS RETINOPATHY | 68 |
| 36242 | SEROUS DETACH PIGM EPITH | 68 |
| 36243 | HEM DETACH PIGMNT EPITH | 68 |
| 36250 | MACULAR DEGENERATION NOS | 68 |
| 36251 | NONEXUDAT MACULAR DEGEN | 68 |
| 36252 | EXUDATIVE MACULAR DEGEN | 68 |
| 36253 | CYSTOID MACULAR DEGEN | 68 |
| 36254 | MACULAR CYST OR HOLE | 68 |
| 36255 | TOXIC MACULOPATHY | 68 |
| 36256 | MACULAR PUCKERING | 68 |
| 36257 | DRUSEN (DEGENERATIVE) | 68 |
| 36260 | PERIPH RETINA DEGEN NOS | 68 |
| 36261 | PAVING STONE DEGENERAT | 68 |
| 36262 | MICROCYSTOID DEGENERAT | 68 |
| 36263 | LATTICE DEGENERATION | 68 |
| 36264 | SENILE RETICULAR DEGEN | 68 |
| 36265 | SECONDRY PIGMENT DEGEN | 68 |
| 36266 | SEC VITREORETINA DEGEN | 68 |
| 36270 | HERED RETIN DYSTRPHY NOS | 68 |
| 36271 | RET DYSTRPH IN LIPIDOSES | 68 |
| 36272 | RET DYSTRPH IN SYST DIS | 68 |
| 36273 | VITREORETINAL DYSTROPHY | 68 |
| 36274 | PIGMENT RETINA DYSTROPHY | 68 |
| 36275 | SENSORY RETINA DYSTROPHY | 68 |
| 36276 | VITELLIFORM DYSTROPHY | 68 |
| 36277 | BRUCH MEMBRANE DYSTROPHY | 68 |
| 36281 | RETINAL HEMORRHAGE | 68 |
| 36282 | RETINA EXUDATES/DEPOSITS | 68 |
| 36283 | RETINAL EDEMA | 68 |
| 36284 | RETINAL ISCHEMIA | 68 |
| 36285 | RETINAL NERV FIBER DEFEC | 68 |
| 36289 | RETINAL DISORDERS NEC | 68 |
| 3629 | RETINAL DISORDER NOS | 68 |
| 36300 | FOCAL CHORIORETINIT NOS | 68 |
| 36301 | JUXTAPAP FOC CHOROIDITIS | 68 |
| 36303 | FOC CHOROIDITIS POST NEC | 68 |
| 36304 | PERIPH FOCAL CHOROIDITIS | 68 |
| 36305 | JUXTAPAP FOCAL RETINITIS | 68 |
| 36306 | MACULAR FOCAL RETINITIS | 68 |
| 36307 | FOC RETINITIS POST NEC | 68 |
| 36308 | PERIPH FOCAL RETINITIS | 68 |
| 36310 | DISSEM CHORIORETINIT NOS | 68 |
| 36311 | DISSEM CHOROIDITIS, POST | 68 |
| 36312 | PERIPH DISEM CHOROIDITIS | 68 |
| 36313 | GEN DISSEM CHOROIDITIS | 68 |
| 36314 | METASTAT DISSEM RETINIT | 68 |
| 36315 | PIGMENT EPITHELIOPATHY | 68 |
| 36320 | CHORIORETINITIS NOS | 68 |
| 36321 | PARS PLANITIS | 68 |
| 36322 | HARADA'S DISEASE | 68 |
| 36330 | CHORIORETINAL SCAR NOS | 68 |
| 36331 | SOLAR RETINOPATHY | 68 |
| 36332 | MACULAR SCARS NEC | 68 |
| 36333 | POSTERIOR POLE SCAR NEC | 68 |
| 36334 | PERIPHERAL RETINAL SCARS | 68 |
| 36335 | DISSEMINATED RETINA SCAR | 68 |
| 36340 | CHOROIDAL DEGEN NOS | 68 |
| 36341 | SENILE ATROPHY, CHOROID | 68 |
| 36342 | DIFUS SEC ATROPH CHOROID | 68 |
| 36343 | ANGIOID STREAKS, CHOROID | 68 |
| 36350 | HERED CHOROID ATROPH NOS | 68 |
| 36351 | PRT CIRCMPAP CHOROID DYS | 68 |
| 36352 | TOT CIRCMPAP CHOROID DYS | 68 |
| 36353 | PART CENT CHOROID DYSTR | 68 |
| 36354 | TOT CENT CHOROID ATROPHY | 68 |
| 36355 | CHOROIDEREMIA | 68 |
| 36356 | PRT GEN CHOROID DYST NEC | 68 |
| 36357 | TOT GEN CHOROID DYST NEC | 68 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 36361 | CHOROIDAL HEMORRHAGE NOS | 68 |
| 36362 | EXPULSIVE CHOROID HEMORR | 68 |
| 36363 | CHOROIDAL RUPTURE | 68 |
| 36370 | CHOROIDAL DETACHMENT NOS | 68 |
| 36371 | SEROUS CHOROID DETACHMNT | 68 |
| 36372 | HEMORR CHOROID DETACHMNT | 68 |
| 3638 | DISORDERS OF CHOROID NEC | 68 |
| 3639 | CHOROIDAL DISORDER NOS | 68 |
| 36400 | ACUTE IRIDOCYCLITIS NOS | 68 |
| 36401 | PRIMARY IRIDOCYCLITIS | 68 |
| 36402 | RECURRENT IRIDOCYCLITIS | 68 |
| 36403 | SECONDRY IRITIS, INFECT | 68 |
| 36404 | SECOND IRITIS, NONINFEC | 68 |
| 36405 | HYPOPYON | 68 |
| 36410 | CHR IRIDOCYCLITIS NOS | 68 |
| 36411 | CHR IRIDOCYL IN OTH DIS | 68 |
| 36421 | FUCH HETROCHROM CYCLITIS | 68 |
| 36422 | GLAUCOMATOCYCLIT CRISES | 68 |
| 36423 | LENS-INDUCED IRIDOCYCLIT | 68 |
| 36424 | VOGT-KOYANAGI SYNDROME | 68 |
| 3643 | IRIDOCYCLITIS NOS | 68 |
| 36441 | HYPHEMA | 68 |
| 36442 | RUBEOSIS IRIDIS | 68 |
| 36451 | PROGRESSIVE IRIS ATROPHY | 68 |
| 36452 | IRIDOSCHISIS | 68 |
| 36453 | PIGMENT IRIS DEGENERAT | 68 |
| 36454 | PUPILLARY MARGIN DEGEN | 68 |
| 36455 | MIOTIC CYST PUPIL MARGIN | 68 |
| 36456 | DEGEN CHAMBER ANGLE | 68 |
| 36457 | DEGEN CILIARY BODY | 68 |
| 36459 | IRIS ATROPHY NEC | 68 |
| 36460 | IDIOPATHIC CYSTS | 68 |
| 36461 | IMPLANTATION CYSTS | 68 |
| 36462 | EXUD CYST IRIS/ANT CHAMB | 68 |
| 36463 | PRIMARY CYST PARS PLANA | 68 |
| 36464 | EXUDAT CYST PARS PLANA | 68 |
| 36470 | ADHESIONS OF IRIS NOS | 68 |
| 36471 | POSTERIOR SYNECHIAE | 68 |
| 36472 | ANTERIOR SYNECHIAE | 68 |
| 36473 | GONIOSYNECHIAE | 68 |
| 36474 | PUPILLARY MEMBRANES | 68 |
| 36475 | PUPILLARY ABNORMALITIES | 68 |
| 36476 | IRIDODIALYSIS | 68 |
| 36477 | RECESSION, CHAMBER ANGLE | 68 |
| 3648 | IRIS/CILIARY DIS NEC | 68 |
| 3649 | IRIS/CILIARY DIS NOS | 68 |
| 36500 | PREGLAUCOMA NOS | 68 |
| 36501 | OPN ANGL W BORDERLN FIND | 68 |
| 36502 | ANATOMICAL NARROW ANGLE | 68 |
| 36503 | STEROID RESPONDERS | 68 |
| 36504 | OCULAR HYPERTENSION | 68 |
| 36510 | OPEN-ANGLE GLAUCOMA NOS | 68 |
| 36511 | PRIM OPEN ANGLE GLAUCOMA | 68 |
| 36512 | LOW TENSION GLAUCOMA | 68 |
| 36513 | PIGMENTARY GLAUCOMA | 68 |
| 36514 | GLAUCOMA OF CHILDHOOD | 68 |
| 36515 | RESIDUAL OPN ANG GLAUCMA | 68 |
| 36520 | PRIM ANGL-CLOS GLAUC NOS | 68 |
| 36521 | INTERMIT ANGL-CLOS GLAUC | 68 |
| 36522 | ACUTE ANGL-CLOS GLAUCOMA | 68 |
| 36523 | CHR ANGLE-CLOS GLAUCOMA | 68 |
| 36524 | RESIDUAL ANGL-CLOS GLAUC | 68 |
| 36531 | GLAUC STAGE-STER INDUCED | 68 |
| 36532 | GLAUC RESID-STER INDUCED | 68 |
| 36541 | GLAUC W CHAMB ANGLE ANOM | 68 |
| 36542 | GLAUCOMA W IRIS ANOMALY | 68 |
| 36543 | GLAUC W ANT SEG ANOM NEC | 68 |
| 36544 | GLAUCOMA W SYSTEMIC SYND | 68 |
| 36551 | PHACOLYTIC GLAUCOMA | 68 |
| 36552 | PSEUDOEXFOLIAT GLAUCOMA | 68 |
| 36559 | GLAUCOMA W LENS DIS NEC | 68 |
| 36560 | GLAUC W OCULAR DIS NOS | 68 |
| 36561 | GLAUC W PUPILLARY BLOCK | 68 |
| 36562 | GLAUCOMA W OCULAR INFLAM | 68 |
| 36563 | GLAUCOMA W VASCULAR DIS | 68 |
| 36564 | GLAUCOMA W TUMOR OR CYST | 68 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 36565 | GLAUCOMA W OCULAR TRAUMA | 68 |
| 36581 | HYPERSECRETION GLAUCOMA | 68 |
| 36582 | GLAUC W INC EPISCL PRESS | 68 |
| 36589 | GLAUCOMA NEC | 68 |
| 3659 | GLAUCOMA NOS | 68 |
| 36600 | NONSENILE CATARACT NOS | 68 |
| 36601 | ANT SUBCAPS POL CATARACT | 68 |
| 36602 | POST SUBCAPS POL CATARCT | 68 |
| 36603 | CORTICAL CATARACT | 68 |
| 36604 | NUCLEAR CATARACT | 68 |
| 36609 | NONSENILE CATARACT NEC | 68 |
| 36610 | SENILE CATARACT NOS | 68 |
| 36611 | PSEUDOEXFOL LENS CAPSULE | 68 |
| 36612 | INCIPIENT CATARACT | 68 |
| 36613 | ANT SUBCAPS SENILE CATAR | 68 |
| 36614 | POST SUBCAP SENILE CATAR | 68 |
| 36615 | CORTICAL SENILE CATARACT | 68 |
| 36616 | SENILE NUCLEAR CATARACT | 68 |
| 36617 | MATURE CATARACT | 68 |
| 36618 | HYPERMATURE CATARACT | 68 |
| 36619 | SENILE CATARACT NEC | 68 |
| 36620 | TRAUMATIC CATARACT NOS | 68 |
| 36621 | LOCAL TRAUMATIC OPACITY | 68 |
| 36622 | TOTAL TRAUMATIC CATARACT | 68 |
| 36623 | PART RESOLV TRAUM CATAR | 68 |
| 36630 | CATARACTA COMPLICATA NOS | 68 |
| 36631 | GLAUCOMATOUS FLECKS | 68 |
| 36632 | CATARACT IN INFLAM DIS | 68 |
| 36633 | CATARACT W NEOVASCULIZAT | 68 |
| 36634 | CATARACT IN DEGEN DIS | 68 |
| 36641 | DIABETIC CATARACT | 68 |
| 36642 | TETANIC CATARACT | 68 |
| 36643 | MYOTONIC CATARACT | 68 |
| 36644 | CATARACT W SYNDROME NEC | 68 |
| 36645 | TOXIC CATARACT | 68 |
| 36646 | CATARACT W RADIATION | 68 |
| 36650 | AFTER-CATARACT NOS | 68 |
| 36651 | SOEMMERING'S RING | 68 |
| 36652 | AFTER-CATARACT NEC | 68 |
| 36653 | AFTR-CATAR OBSCUR VISION | 68 |
| 3668 | CATARACT NEC | 68 |
| 3669 | CATARACT NOS | 68 |
| 3670 | HYPERMETROPIA | 68 |
| 3671 | MYOPIA | 68 |
| 36720 | ASTIGMATISM NOS | 68 |
| 36721 | REGULAR ASTIGMATISM | 68 |
| 36722 | IRREGULAR ASTIGMATISM | 68 |
| 36731 | ANISOMETROPIA | 68 |
| 36732 | ANISEIKONIA | 68 |
| 3674 | PRESBYOPIA | 68 |
| 36751 | PARESIS OF ACCOMMODATION | 68 |
| 36752 | TOT INTERN OPHTHALMOPLEG | 68 |
| 36753 | SPASM OF ACCOMMODATION | 68 |
| 36781 | TRANSIENT REFRACT CHANGE | 68 |
| 36789 | REFRACTION DISORDER NEC | 68 |
| 3679 | REFRACTION DISORDER NOS | 68 |
| 36800 | AMBLYOPIA NOS | 68 |
| 36801 | STRABISMIC AMBLYOPIA | 68 |
| 36802 | DEPRIVATION AMBLYOPIA | 68 |
| 36803 | REFRACTIVE AMBLYOPIA | 68 |
| 36810 | SUBJ VISUAL DISTURB NOS | 68 |
| 36811 | SUDDEN VISUAL LOSS | 68 |
| 36812 | TRANSIENT VISUAL LOSS | 68 |
| 36813 | VISUAL DISCOMFORT | 68 |
| 36814 | DISTORTION OF SHAPE/SIZE | 68 |
| 36815 | VISUAL DISTORTIONS NEC | 68 |
| 36816 | PSYCHOPHYSIC VISUAL DIST | 68 |
| 3682 | DIPLOPIA | 68 |
| 36830 | BINOCULAR VISION DIS NOS | 68 |
| 36831 | BINOCULAR VIS SUPPRESS | 68 |
| 36832 | VISUAL PERCEPT W/O FUSN | 68 |
| 36833 | FUSION W DEF STEREOPSIS | 68 |
| 36834 | ABN RETINA CORRESPOND | 68 |
| 36840 | VISUAL FIELD DEFECT NOS | 68 |
| 36841 | CENTRAL SCOTOMA | 68 |
| 36842 | SCOTOMA OF BLIND SPOT | 68 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 36843 | SECTOR OR ARCUATE DEFECT | 68 |
| 36844 | VISUAL FIELD DEFECT NEC | 68 |
| 36845 | GEN VISUAL CONTRACTION | 68 |
| 36846 | HOMONYMOUS HEMIANOPSIA | 68 |
| 36847 | HETERONYMOUS HEMIANOPSIA | 68 |
| 36851 | PROTAN DEFECT | 68 |
| 36852 | DEUTAN DEFECT | 68 |
| 36853 | TRITAN DEFECT | 68 |
| 36854 | ACHROMATOPSIA | 68 |
| 36855 | ACQ COLOR DEFICIENCY | 68 |
| 36859 | COLOR DEFICIENCY NEC | 68 |
| 36860 | NIGHT BLINDNESS NOS | 68 |
| 36861 | CONGEN NIGHT BLINDNESS | 68 |
| 36862 | ACQUIRED NIGHT BLINDNESS | 68 |
| 36863 | ABN DARK ADAPTAT CURVE | 68 |
| 36869 | NIGHT BLINDNESS NEC | 68 |
| 3688 | VISUAL DISTURBANCES NEC | 68 |
| 3689 | VISUAL DISTURBANCE NOS | 68 |
| 36900 | BOTH EYES BLIND-WHO DEF | 68 |
| 36901 | TOT IMPAIRMENT-BOTH EYES | 68 |
| 36902 | ONE EYE-NEAR TOT/OTH-NOS | 68 |
| 36903 | ONE EYE-NEAR TOT/OTH-TOT | 68 |
| 36904 | NEAR-TOT IMPAIR-BOTH EYE | 68 |
| 36905 | ONE EYE-PROFOUND/OTH-NOS | 68 |
| 36906 | ONE EYE-PROFOUND/OTH-TOT | 68 |
| 36907 | ONE EYE-PRFND/OTH-NR TOT | 68 |
| 36908 | PROFOUND IMPAIR BOTH EYE | 68 |
| 36910 | BLINDNESS/LOW VISION | 68 |
| 36911 | 1 EYE-SEV/OTH-BLIND NOS | 68 |
| 36912 | ONE EYE-SEVERE/OTH-TOTAL | 68 |
| 36913 | ONE EYE-SEV/OTH-NEAR TOT | 68 |
| 36914 | ONE EYE-SEV/OTH-PRFND | 68 |
| 36915 | ONE EYE-MOD/OTH-BLIND | 68 |
| 36916 | ONE EYE-MODERATE/OTH-TOT | 68 |
| 36917 | ONE EYE-MOD/OTH-NEAR TOT | 68 |
| 36918 | ONE EYE-MOD/OTH-PROFOUND | 68 |
| 36920 | LOW VISION, 2 EYES NOS | 68 |
| 36921 | ONE EYE-SEVERE/OTH-NOS | 68 |
| 36922 | SEVERE IMPAIR-BOTH EYES | 68 |
| 36923 | ONE EYE-MODERATE/OTH-NOS | 68 |
| 36924 | ONE EYE-MODERATE/OTH-SEV | 68 |
| 36925 | MODERATE IMPAIR-BOTH EYE | 68 |
| 3693 | BLINDNESS NOS, BOTH EYES | 68 |
| 3694 | LEGAL BLINDNESS-USA DEF | 68 |
| 36960 | BLINDNESS, ONE EYE | 68 |
| 36961 | ONE EYE-TOTAL/OTH-UNKNWN | 68 |
| 36962 | ONE EYE-TOT/OTH-NEAR NOR | 68 |
| 36963 | ONE EYE-TOTAL/OTH-NORMAL | 68 |
| 36964 | ONE EYE-NEAR TOT/OTH-NOS | 68 |
| 36965 | NEAR-TOT IMP/NEAR-NORMAL | 68 |
| 36966 | NEAR-TOTAL IMPAIR/NORMAL | 68 |
| 36967 | ONE EYE-PRFOUND/OTH-UNKN | 68 |
| 36968 | PROFND IMPAIR/NEAR NORM | 68 |
| 36969 | PROFOUND IMPAIR/NORMAL | 68 |
| 36970 | LOW VISION, ONE EYE | 68 |
| 36971 | ONE EYE-SEVERE/OTH-UNKNW | 68 |
| 36972 | ONE EYE-SEV/OTH-NR NORM | 68 |
| 36973 | ONE EYE-SEVERE/OTH-NORM | 68 |
| 36974 | ONE EYE-MOD/OTHER-UNKNWN | 68 |
| 36975 | ONE EYE-MOD/OTH-NR NORM | 68 |
| 36976 | ONE EYE-MOD/OTH NORMAL | 68 |
| 3698 | VISUAL LOSS, ONE EYE NOS | 68 |
| 3699 | VISUAL LOSS NOS | 68 |
| 37000 | CORNEAL ULCER NOS | 68 |
| 37001 | MARGINAL CORNEAL ULCER | 68 |
| 37002 | RING CORNEAL ULCER | 68 |
| 37003 | CENTRAL CORNEAL ULCER | 68 |
| 37004 | HYPOPYON ULCER | 68 |
| 37005 | MYCOTIC CORNEAL ULCER | 68 |
| 37006 | PERFORATED CORNEAL ULCER | 68 |
| 37007 | MOOREN'S ULCER | 68 |
| 37020 | SUPERFIC KERATITIS NOS | 68 |
| 37021 | PUNCTATE KERATITIS | 68 |
| 37022 | MACULAR KERATITIS | 68 |
| 37023 | FILAMENTARY KERATITIS | 68 |
| 37024 | PHOTOKERATITIS | 68 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 37031 | PHLYCTEN KERATOCONJUNCT | 68 |
| 37032 | LIMBAR KERATOCONJUNCTIV | 68 |
| 37033 | KERATOCONJUNCTIVIT SICCA | 68 |
| 37034 | EXPSURE KERATOCONJUNCTIV | 68 |
| 37035 | NEUROTROPH KERATOCONJUNC | 68 |
| 37040 | KERATOCONJUNCTIVITIS NOS | 68 |
| 37044 | KERATITIS IN EXANTHEMA | 68 |
| 37049 | KERATOCONJUNCTIVITIS NEC | 68 |
| 37050 | INTERSTIT KERATITIS NOS | 68 |
| 37052 | DIFFUS INTERSTIT KERATIT | 68 |
| 37054 | SCLEROSING KERATITIS | 68 |
| 37055 | CORNEAL ABSCESS | 68 |
| 37059 | INTERSTIT KERATITIS NEC | 68 |
| 37060 | CORNEA NEOVASCULARIZ NOS | 68 |
| 37061 | LOCAL VASCULARIZA CORNEA | 68 |
| 37062 | CORNEAL PANNUS | 68 |
| 37063 | DEEP VASCULARIZA CORNEA | 68 |
| 37064 | CORNEAL GHOST VESSELS | 68 |
| 3708 | KERATITIS NEC | 68 |
| 3709 | KERATITIS NOS | 68 |
| 37100 | CORNEAL OPACITY NOS | 68 |
| 37101 | MINOR OPACITY OF CORNEA | 68 |
| 37102 | PERIPH OPACITY OF CORNEA | 68 |
| 37103 | CENTRAL OPACITY, CORNEA | 68 |
| 37104 | ADHERENT LEUCOMA | 68 |
| 37105 | PHTHISICAL CORNEA | 68 |
| 37110 | CORNEAL DEPOSIT NOS | 68 |
| 37111 | ANT CORNEA PIGMENTATION | 68 |
| 37112 | STROMAL CORNEA PIGMENT | 68 |
| 37113 | POST CORNEA PIGMENTATION | 68 |
| 37114 | KAYSER-FLEISCHER RING | 68 |
| 37115 | OTH DEPOSIT W METAB DIS | 68 |
| 37116 | ARGENTOUS CORNEA DEPOSIT | 68 |
| 37120 | CORNEAL EDEMA NOS | 68 |
| 37121 | IDIOPATHIC CORNEAL EDEMA | 68 |
| 37122 | SECONDARY CORNEAL EDEMA | 68 |
| 37123 | BULLOUS KERATOPATHY | 68 |
| 37124 | EDEMA D/T CONTACT LENS | 68 |
| 37130 | CORNEA MEMB CHANGE NOS | 68 |
| 37131 | FOLD OF BOWMAN MEMBRANE | 68 |
| 37132 | FOLD IN DESCEMET MEMBRAN | 68 |
| 37133 | RUPTURE DESCEMET MEMBRAN | 68 |
| 37140 | CORNEAL DEGENERATION NOS | 68 |
| 37141 | SENILE CORNEAL CHANGES | 68 |
| 37142 | RECURRENT CORNEA EROSION | 68 |
| 37143 | BAND-SHAPED KERATOPATHY | 68 |
| 37144 | CALCER CORNEA DEGEN NEC | 68 |
| 37145 | KERATOMALACIA NOS | 68 |
| 37146 | NODULAR CORNEA DEGEN | 68 |
| 37148 | PERIPHERAL CORNEA DEGEN | 68 |
| 37149 | CORNEA DEGENERATION NEC | 68 |
| 37150 | CORNEAL DYSTROPHY NOS | 68 |
| 37151 | JUV EPITH CORNEA DYSTRPH | 68 |
| 37152 | ANT CORNEA DYSTROPHY NEC | 68 |
| 37153 | GRANULAR CORNEA DYSTRPHY | 68 |
| 37154 | LATTICE CORNEA DYSTROPHY | 68 |
| 37155 | MACULAR CORNEA DYSTROPHY | 68 |
| 37156 | STROM CORNEA DYSTRPH NEC | 68 |
| 37157 | ENDOTHEL CORNEA DYSTRPHY | 68 |
| 37158 | POST CORNEA DYSTRPHY NEC | 68 |
| 37160 | KERATOCONUS NOS | 68 |
| 37161 | KERATOCONUS, STABLE | 68 |
| 37162 | KERATOCONUS, AC HYDROPS | 68 |
| 37170 | CORNEAL DEFORMITY NOS | 68 |
| 37171 | CORNEAL ECTASIA | 68 |
| 37172 | DESCEMETOCELE | 68 |
| 37173 | CORNEAL STAPHYLOMA | 68 |
| 37181 | CORNEAL ANESTHESIA | 68 |
| 37182 | CORNEAL DSDR CONTCT LENS | 68 |
| 37189 | CORNEAL DISORDER NEC | 68 |
| 3719 | CORNEAL DISORDER NOS | 68 |
| 37200 | ACUTE CONJUNCTIVITIS NOS | 68 |
| 37201 | SEROUS CONJUNCTIVITIS | 68 |
| 37202 | AC FOLLIC CONJUNCTIVITIS | 68 |
| 37203 | MUCOPUR CONJUNCTIVIT NEC | 68 |
| 37204 | PSEUDOMEMB CONJUNCTIVIT | 68 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 37205 | AC ATOPIC CONJUNCTIVITIS | 68 |
| 37210 | CHR CONJUNCTIVITIS NOS | 68 |
| 37211 | SIMPL CHR CONJUNCTIVITIS | 68 |
| 37212 | CHR FOLLIC CONJUNCTIVIT | 68 |
| 37213 | VERNAL CONJUNCTIVITIS | 68 |
| 37214 | CHR ALLRG CONJUNCTIV NEC | 68 |
| 37215 | PARASITIC CONJUNCTIVITIS | 68 |
| 37220 | BLEPHAROCONJUNCTIVIT NOS | 68 |
| 37221 | ANGULAR BLEPHAROCONJUNCT | 68 |
| 37222 | CONTACT BLEPHAROCONJUNCT | 68 |
| 37230 | CONJUNCTIVITIS NOS | 68 |
| 37231 | ROSACEA CONJUNCTIVITIS | 68 |
| 37233 | MUCOCUTAN DIS CONJUNCTIV | 68 |
| 37239 | CONJUNCTIVITIS NEC | 68 |
| 37240 | PTERYGIUM NOS | 68 |
| 37241 | PERIPH STATION PTERYGIUM | 68 |
| 37242 | PERIPH PROGESS PTERYGIUM | 68 |
| 37243 | CENTRAL PTERYGIUM | 68 |
| 37244 | DOUBLE PTERYGIUM | 68 |
| 37245 | RECURRENT PTERYGIUM | 68 |
| 37250 | CONJUNCTIVAL DEGEN NOS | 68 |
| 37251 | PINGUECULA | 68 |
| 37252 | PSEUDOPTERYGIUM | 68 |
| 37253 | CONJUNCTIVAL XEROSIS | 68 |
| 37254 | CONJUNCTIVAL CONCRETIONS | 68 |
| 37255 | CONJUNCTIVA PIGMENTATION | 68 |
| 37256 | CONJUNCTIVAL DEPOSITS | 68 |
| 37261 | GRANULOMA OF CONJUNCTIVA | 68 |
| 37262 | LOCAL CONJUNCTIVA ADHES | 68 |
| 37263 | SYMBLEPHARON | 68 |
| 37264 | SCARRING OF CONJUNCTIVA | 68 |
| 37271 | HYPEREMIA OF CONJUNCTIVA | 68 |
| 37272 | CONJUNCTIVAL HEMORRHAGE | 68 |
| 37273 | CONJUNCTIVAL EDEMA | 68 |
| 37274 | CONJUNCTIVA VASC ANOMALY | 68 |
| 37275 | CONJUNCTIVAL CYSTS | 68 |
| 3728 | CONJUNCTIVA DISORDER NEC | 68 |
| 3729 | CONJUNCTIVA DISORDER NOS | 68 |
| 37300 | BLEPHARITIS NOS | 68 |
| 37301 | ULCERATIVE BLEPHARITIS | 68 |
| 37302 | SQUAMOUS BLEPHARITIS | 68 |
| 37311 | HORDEOLUM EXTERNUM | 68 |
| 37312 | HORDEOLUM INTERNUM | 68 |
| 37313 | ABSCESS OF EYELID | 68 |
| 3732 | CHALAZION | 68 |
| 37331 | ECZEM DERMATITIS EYELID | 68 |
| 37332 | CONTACT DERMATIT EYELID | 68 |
| 37333 | XERODERMA OF EYELID | 68 |
| 37334 | DISC LUP ERYTHEMATOS LID | 68 |
| 3734 | INFECT DERM LID W DEFORM | 68 |
| 3735 | INFEC DERMATITIS LID NEC | 68 |
| 3736 | PARASITIC INFEST EYELID | 68 |
| 3738 | INFLAMMATION EYELID NEC | 68 |
| 3739 | INFLAMMATION EYELID NOS | 68 |
| 37400 | ENTROPION NOS | 68 |
| 37401 | SENILE ENTROPION | 68 |
| 37402 | MECHANICAL ENTROPION | 68 |
| 37403 | SPASTIC ENTROPION | 68 |
| 37404 | CICATRICIAL ENTROPION | 68 |
| 37405 | TRICHIASIS W/O ENTROPION | 68 |
| 37410 | ECTROPION NOS | 68 |
| 37411 | SENILE ECTROPION | 68 |
| 37412 | MECHANICAL ECTROPION | 68 |
| 37413 | SPASTIC ECTROPION | 68 |
| 37414 | CICATRICIAL ECTROPION | 68 |
| 37420 | LAGOPHTHALMOS NOS | 68 |
| 37421 | PARALYTIC LAGOPHTHALMOS | 68 |
| 37422 | MECHANICAL LAGOPHTHALMOS | 68 |
| 37423 | CICATRICIAL LAGOPHTHALM | 68 |
| 37430 | PTOSIS OF EYELID NOS | 68 |
| 37431 | PARALYTIC PTOSIS | 68 |
| 37432 | MYOGENIC PTOSIS | 68 |
| 37433 | MECHANICAL PTOSIS | 68 |
| 37434 | BLEPHAROCHALASIS | 68 |
| 37441 | LID RETRACTION OR LAG | 68 |
| 37443 | ABNORM INNERVATION SYND | 68 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 37444 | SENSORY DISORDERS, LID | 68 |
| 37445 | SENSORMOTR DISOR LID NEC | 68 |
| 37446 | BLEPHAROPHIMOSIS | 68 |
| 37450 | DEGEN DISORDER NOS, LID | 68 |
| 37451 | XANTHELASMA | 18 |
| 37452 | HYPERPIGMENTATION LID | 68 |
| 37453 | HYPOPIGMENTATION LID | 68 |
| 37454 | HYPERTRICHOSIS OF EYELID | 68 |
| 37455 | HYPOTRICHOSIS OF EYELID | 68 |
| 37456 | DEGEN DIS EYELID NEC | 68 |
| 37481 | HEMORRHAGE OF EYELID | 68 |
| 37482 | EDEMA OF EYELID | 68 |
| 37483 | ELEPHANTIASIS OF EYELID | 68 |
| 37484 | CYSTS OF EYELIDS | 68 |
| 37485 | VASCULAR ANOMALY, EYELID | 68 |
| 37486 | OLD FOREIGN BODY, EYELID | 68 |
| 37487 | DERMATOCHALASIS | 68 |
| 37489 | DISORDERS OF EYELID NEC | 68 |
| 3749 | DISORDER OF EYELID NOS | 68 |
| 37500 | DACRYOADENITIS NOS | 68 |
| 37501 | ACUTE DACRYOADENITIS | 68 |
| 37502 | CHRONIC DACRYOADENITIS | 68 |
| 37503 | CH ENLARGMNT LACRIM GLND | 68 |
| 37511 | DACRYOPS | 68 |
| 37512 | LACRIMAL GLAND CYST NEC | 68 |
| 37513 | PRIMARY LACRIMAL ATROPHY | 68 |
| 37514 | SECONDARY LACRIM ATROPHY | 68 |
| 37515 | TEAR FILM INSUFFIC NOS | 68 |
| 37516 | LACRIMAL GLAND DISLOCAT | 68 |
| 37520 | EPIPHORA NOS | 68 |
| 37521 | EPIPHORA D/T EXCESS TEAR | 68 |
| 37522 | EPIPHORA D/T INSUF DRAIN | 68 |
| 37530 | DACRYOCYSTITIS NOS | 68 |
| 37531 | ACUTE CANALICULITIS | 68 |
| 37532 | ACUTE DACRYOCYSTITIS | 68 |
| 37533 | PHLEGMON DACRYOCYSTITIS | 68 |
| 37541 | CHRONIC CANALICULITIS | 68 |
| 37542 | CHRONIC DACRYOCYSTITIS | 68 |
| 37543 | LACRIMAL MUCOCELE | 68 |
| 37551 | LACRIML PUNCTUM EVERSION | 68 |
| 37552 | LACRIML PUNCTUM STENOSIS | 68 |
| 37553 | LACRIM CANALIC STENOSIS | 68 |
| 37554 | LACRIMAL SAC STENOSIS | 68 |
| 37555 | NEONATAL NASOLACRML OBST | 68 |
| 37556 | ACQ NASOLACRML STENOSIS | 68 |
| 37557 | DACRYOLITH | 68 |
| 37561 | LACRIMAL FISTULA | 68 |
| 37569 | LACRIM PASSGE CHANGE NEC | 68 |
| 37581 | LACRIM PASSAGE GRANULOMA | 68 |
| 37589 | LACRIMAL SYST DIS NEC | 68 |
| 3759 | LACRIMAL SYST DIS NOS | 68 |
| 37600 | ACUTE INFLAM NOS, ORBIT | 68 |
| 37601 | ORBITAL CELLULITIS | 68 |
| 37602 | ORBITAL PERIOSTITIS | 68 |
| 37603 | ORBITAL OSTEOMYELITIS | 68 |
| 37604 | ORBITAL TENONITIS | 68 |
| 37610 | CHR INFLAM NOS, ORBIT | 68 |
| 37611 | ORBITAL GRANULOMA | 68 |
| 37612 | ORBITAL MYOSITIS | 68 |
| 37613 | PARASITE INFEST, ORBIT | 68 |
| 37621 | THYROTOXIC EXOPHTHALMOS | 68 |
| 37622 | EXOPHTHALM OPHTHALMOPLEG | 68 |
| 37630 | EXOPHTHALMOS NOS | 68 |
| 37631 | CONSTANT EXOPHTHALMOS | 68 |
| 37632 | ORBITAL HEMORRHAGE | 68 |
| 37633 | ORBITAL EDEMA | 68 |
| 37634 | INTERMITTNT EXOPHTHALMOS | 68 |
| 37635 | PULSATING EXOPHTHALMOS | 68 |
| 37636 | LATERAL GLOBE DISPLACMNT | 68 |
| 37640 | DEFORMITY OF ORBIT NOS | 68 |
| 37641 | HYPERTELORISM OF ORBIT | 68 |
| 37642 | EXOSTOSIS OF ORBIT | 68 |
| 37643 | ORBT DEFORM D/T BONE DIS | 68 |
| 37644 | CRANIOFACIAL-ORBIT DEFOR | 68 |
| 37645 | ATROPHY OF ORBIT | 68 |
| 37646 | ENLARGEMENT OF ORBIT | 68 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 37647 | ORBIT DEFORM D/T TRAUMA | 68 |
| 37650 | ENOPHTHALMOS NOS | 68 |
| 37651 | ENOPHTH D/T ORBIT ATRPHY | 68 |
| 37652 | ENOPHTHALMOS D/T TRAUMA | 68 |
| 3766 | OLD FOREIGN BODY, ORBIT | 68 |
| 37681 | ORBITAL CYSTS | 68 |
| 37682 | EXTRAOCUL MUSCL MYOPATHY | 68 |
| 37689 | ORBITAL DISORDERS NEC | 68 |
| 3769 | ORBITAL DISORDER NOS | 68 |
| 37700 | PAPILLEDEMA NOS | 68 |
| 37701 | PAPILLEDEMA W INCR PRESS | 68 |
| 37702 | PAPILLEDEMA W DECR PRESS | 68 |
| 37703 | PAPILLEDEMA W RETINA DIS | 68 |
| 37704 | FOSTER-KENNEDY SYNDROME | 63 |
| 37710 | OPTIC ATROPHY NOS | 63 |
| 37711 | PRIMARY OPTIC ATROPHY | 63 |
| 37712 | POSTINFLAM OPTIC ATROPHY | 63 |
| 37713 | OPTIC ATRPH W RETIN DYST | 63 |
| 37714 | CUPPING OF OPTIC DISC | 63 |
| 37715 | PARTIAL OPTIC ATROPHY | 63 |
| 37716 | HEREDITARY OPTIC ATROPHY | 63 |
| 37721 | DRUSEN OF OPTIC DISC | 68 |
| 37722 | CRATER-LIKE HOLE OP DISC | 68 |
| 37723 | COLOBOMA OF OPTIC DISC | 68 |
| 37724 | PSEUDOPAPILLEDEMA | 78 |
| 37730 | OPTIC NEURITIS NOS | 68 |
| 37731 | OPTIC PAPILLITIS | 68 |
| 37732 | RETROBULBAR NEURITIS | 68 |
| 37733 | NUTRITION OPTC NEUROPTHY | 68 |
| 37734 | TOXIC OPTIC NEUROPATHY | 68 |
| 37739 | OPTIC NEURITIS NEC | 68 |
| 37741 | ISCHEMIC OPTIC NEUROPTHY | 68 |
| 37742 | OPTIC NERVE SHEATH HEMOR | 68 |
| 37749 | OPTIC NERVE DISORDER NEC | 68 |
| 37751 | OPT CHIASM W PITUIT DIS | 63 |
| 37752 | OPT CHIASM DIS/NEOPL NEC | 63 |
| 37753 | OPT CHIASM W VASCUL DIS | 63 |
| 37754 | OP CHIASM DIS W INFL DIS | 63 |
| 37761 | VIS PATH DIS W NEOPLASMS | 63 |
| 37762 | VIS PATH DIS W VASC DIS | 63 |
| 37763 | VIS PATH DIS W INFL DIS | 63 |
| 37771 | VIS CORTX DIS W NEOPLASM | 63 |
| 37772 | VIS CORTX DIS W VASC DIS | 63 |
| 37773 | VIS CORTEX DIS W INFLAM | 63 |
| 37775 | CORTICAL BLINDNESS | 63 |
| 3779 | OPTIC NERVE DISORDER NOS | 63 |
| 37800 | ESOTROPIA NOS | 68 |
| 37801 | MONOCULAR ESOTROPIA | 68 |
| 37802 | MONOC ESOTROP W A PATTRN | 68 |
| 37803 | MONOC ESOTROP W V PATTRN | 68 |
| 37804 | MONOC ESOTROP W X/Y PAT | 68 |
| 37805 | ALTERNATING ESOTROPIA | 68 |
| 37806 | ALT ESOTROPIA W A PATTRN | 68 |
| 37807 | ALT ESOTROPIA W V PATTRN | 68 |
| 37808 | ALT ESOTROP W X/Y PATTRN | 68 |
| 37810 | EXOTROPIA NOS | 68 |
| 37811 | MONOCULAR EXOTROPIA | 68 |
| 37812 | MONOC EXOTROP W A PATTRN | 68 |
| 37813 | MONOC EXOTROP W V PATTRN | 68 |
| 37814 | MONOC EXOTROP W X/Y PAT | 68 |
| 37815 | ALTERNATING EXOTROPIA | 68 |
| 37816 | ALT EXOTROPIA W A PATTRN | 68 |
| 37817 | ALT EXOTROPIA W V PATTRN | 68 |
| 37818 | ALT EXOTROP W X/Y PATTRN | 68 |
| 37820 | INTERMIT HETEROTROP NOS | 68 |
| 37821 | INTERMIT MONOC ESOTROPIA | 68 |
| 37822 | INTERMIT ALTRN ESOTROPIA | 68 |
| 37823 | INTERMIT MONOC EXOTROPIA | 68 |
| 37824 | INTERMIT ALTRN EXOTROPIA | 68 |
| 37830 | HETEROTROPIA NOS | 68 |
| 37831 | HYPERTROPIA | 68 |
| 37832 | HYPOTROPIA | 68 |
| 37833 | CYCLOTROPIA | 68 |
| 37834 | MONOFIXATION SYNDROME | 68 |
| 37835 | ACCOMMODATIVE ESOTROPIA | 68 |
| 37840 | HETEROPHORIA NOS | 68 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 37841 | ESOPHORIA | 68 |
| 37842 | EXOPHORIA | 68 |
| 37843 | VERTICAL HETEROPHORIA | 68 |
| 37844 | CYCLOPHORIA | 68 |
| 37845 | ALTERNATING HYPERPHORIA | 68 |
| 37850 | PARALYTIC STRABISMUS NOS | 68 |
| 37851 | PARTIAL THIRD NERV PALSY | 68 |
| 37852 | TOTAL THIRD NERVE PALSY | 68 |
| 37853 | FOURTH NERVE PALSY | 68 |
| 37854 | SIXTH NERVE PALSY | 68 |
| 37855 | EXTERNAL OPHTHALMOPLEGIA | 68 |
| 37856 | TOTAL OPHTHALMOPLEGIA | 68 |
| 37860 | MECHANICAL STRABISM NOS | 68 |
| 37861 | BROWN'S SHEATH SYNDROME | 68 |
| 37862 | MECH STRAB D/T MUSCL DIS | 68 |
| 37863 | MECH STRAB W OTH CONDITN | 68 |
| 37871 | DUANE'S SYNDROME | 68 |
| 37872 | PROG EXT OPHTHALMOPLEGIA | 68 |
| 37873 | NEUROMUSCLE DIS STRABISM | 68 |
| 37881 | PALSY OF CONJUGATE GAZE | 68 |
| 37882 | SPASM OF CONJUGATE GAZE | 68 |
| 37883 | CONVERGENC INSUFFICIENCY | 68 |
| 37884 | CONVERGENCE EXCESS | 68 |
| 37885 | ANOMALIES OF DIVERGENCE | 68 |
| 37886 | INTERNUCL OPHTHALMOPLEG | 63 |
| 37887 | SKEW DEVIATION, EYE | 68 |
| 3789 | EYE MOVEMNT DISORDER NOS | 68 |
| 37900 | SCLERITIS NOS | 68 |
| 37901 | EPISCLERIT PERIODIC FUGX | 68 |
| 37902 | NODULAR EPISCLERITIS | 68 |
| 37903 | ANTERIOR SCLERITIS | 68 |
| 37904 | SCLEROMALACIA PERFORANS | 68 |
| 37905 | SCLERITIS W CORNEA INVOL | 68 |
| 37906 | BRAWNY SCLERITIS | 68 |
| 37907 | POSTERIOR SCLERITIS | 68 |
| 37909 | SCLERITIS NEC | 68 |
| 37911 | SCLERAL ECTASIA | 68 |
| 37912 | STAPHYLOMA POSTICUM | 68 |
| 37913 | EQUATORIAL STAPHYLOMA | 68 |
| 37914 | LOCAL ANTERIOR STAPHYLMA | 68 |
| 37915 | RING STAPHYLOMA | 68 |
| 37916 | SCLERAL DEGEN DIS NEC | 68 |
| 37919 | DISORDER OF SCLERA NEC | 68 |
| 37921 | VITREOUS DEGENERATION | 68 |
| 37922 | CRYSTAL DEPOSIT VITREOUS | 68 |
| 37923 | VITREOUS HEMORRHAGE | 68 |
| 37924 | VITREOUS OPACITIES NEC | 68 |
| 37925 | VITREOUS MEMBRANES | 68 |
| 37926 | VITREOUS PROLAPSE | 68 |
| 37929 | VITREOUS DISORDERS NEC | 68 |
| 37931 | APHAKIA | 68 |
| 37932 | SUBLUXATION OF LENS | 68 |
| 37933 | ANT DISLOCATION OF LENS | 68 |
| 37934 | POST DISLOCATION OF LENS | 68 |
| 37939 | DISORDERS OF LENS NEC | 68 |
| 37940 | ABN PUPIL FUNCTION NOS | 68 |
| 37941 | ANISOCORIA | 68 |
| 37942 | MIOSIS NOT D/T MIOTICS | 68 |
| 37943 | MYDRIASIS NOT D/T MYDRTC | 68 |
| 37945 | ARGYLL ROBERTSON PUPIL | 68 |
| 37946 | TONIC PUPILLARY REACTION | 68 |
| 37949 | PUPIL FUNCT ANOMALY NEC | 68 |
| 37950 | NYSTAGMUS NOS | 68 |
| 37951 | CONGENITAL NYSTAGMUS | 68 |
| 37952 | LATENT NYSTAGMUS | 68 |
| 37953 | VISUAL DEPRIVATN NYSTAGM | 68 |
| 37954 | NYSTAGMS W VESTIBULR DIS | 68 |
| 37955 | DISSOCIATED NYSTAGMUS | 68 |
| 37956 | NYSTAGMUS NEC | 68 |
| 37957 | SACCADIC EYE MOVMNT DEF | 68 |
| 37958 | SMOOTH PURSUIT MVMNT DEF | 68 |
| 37959 | IRREGULAR EYE MVMNTS NEC | 68 |
| 3798 | EYE DISORDERS NEC | 68 |
| 37990 | EYE DISORDER NOS | 68 |
| 37991 | PAIN IN OR AROUND EYE | 68 |
| 37992 | SWELLING OR MASS OF EYE | 68 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 37993 | REDNESS/DISCHARGE OF EYE | 68 |
| 37999 | ILL-DEFINED EYE DIS NEC | 68 |
| 38000 | PERICHONDRITIS PINNA NOS | 31 |
| 38001 | AC PERICHONDRITIS PINNA | 24 |
| 38002 | CHR PERICHONDRITIS PINNA | 24 |
| 38010 | INFEC OTITIS EXTERNA NOS | 31 |
| 38011 | ACUTE INFECTION OF PINNA | 31 |
| 38012 | ACUTE SWIMMERS' EAR | 31 |
| 38013 | AC INFECT EXTERN EAR NEC | 31 |
| 38014 | MALIGNANT OTITIS EXTERNA | 31 |
| 38015 | CHR MYCOT OTITIS EXTERNA | 31 |
| 38016 | CHR INF OTIT EXTERNA NEC | 31 |
| 38021 | CHOLESTEATOMA EXTERN EAR | 31 |
| 38022 | ACUTE OTITIS EXTERNA NEC | 31 |
| 38023 | CHR OTITIS EXTERNA NEC | 31 |
| 38030 | DISORDER OF PINNA NOS | 31 |
| 38031 | HEMATOMA AURICLE/PINNA | 31 |
| 38032 | ACQ DEFORM AURICLE/PINNA | 31 |
| 38039 | NONINFECT DIS PINNA NEC | 31 |
| 3804 | IMPACTED CERUMEN | 31 |
| 38050 | ACQ STENOS EAR CANAL NOS | 31 |
| 38051 | STENOSIS EAR D/T TRAUMA | 31 |
| 38052 | STENOSIS EAR D/T SURGERY | 31 |
| 38053 | STENOSIS EAR D/T INFLAM | 31 |
| 38081 | EXOSTOSIS EXT EAR CANAL | 31 |
| 38089 | DIS EXTERNAL EAR NEC | 31 |
| 3809 | DIS EXTERNAL EAR NOS | 31 |
| 38100 | AC NONSUP OTITIS MED NOS | 31 |
| 38101 | AC SEROUS OTITIS MEDIA | 31 |
| 38102 | AC MUCOID OTITIS MEDIA | 31 |
| 38103 | AC SANGUIN OTITIS MEDIA | 31 |
| 38104 | AC ALLERGIC SEROUS OM | 31 |
| 38105 | AC ALLERGIC MUCOID OM | 31 |
| 38106 | AC ALLERG SANGUINOUS OM | 31 |
| 38110 | CHR SEROUS OM SIMP/NOS | 31 |
| 38119 | CHR SEROUS OM NEC | 31 |
| 38120 | CHR MUCOID OM SIMP/NOS | 31 |
| 38129 | CHR MUCOID OM NEC | 31 |
| 3813 | CHR NONSUP OM NOS/NEC | 31 |
| 3814 | NONSUPP OTITIS MEDIA NOS | 31 |
| 38150 | EUSTACHIAN SALPING NOS | 31 |
| 38151 | AC EUSTACHIAN SALPING | 31 |
| 38152 | CHR EUSTACHIAN SALPING | 31 |
| 38160 | OBSTR EUSTACH TUBE NOS | 31 |
| 38161 | OSSEOUS EUSTACHIAN OBSTR | 31 |
| 38162 | INTRINSIC EUSTACH OBSTR | 31 |
| 38163 | EXTRINSIC EUSTACH OBSTR | 31 |
| 3817 | PATULOUS EUSTACHIAN TUBE | 31 |
| 38181 | DYSFUNCT EUSTACHIAN TUBE | 31 |
| 38189 | EUSTACHIAN TUBE DIS NEC | 31 |
| 3819 | EUSTACHIAN TUBE DIS NOS | 31 |
| 38200 | AC SUPP OTITIS MEDIA NOS | 31 |
| 38201 | AC SUPP OM W DRUM RUPT | 31 |
| 38202 | AC SUPP OM IN OTH DIS | 31 |
| 3821 | CHR TUBOTYMPAN SUPPUR OM | 31 |
| 3822 | CHR ATTICOANTRAL SUP OM | 31 |
| 3823 | CHR SUP OTITIS MEDIA NOS | 31 |
| 3824 | SUPPUR OTITIS MEDIA NOS | 31 |
| 3829 | OTITIS MEDIA NOS | 31 |
| 38300 | AC MASTOIDITIS W/O COMPL | 31 |
| 38301 | SUBPERI MASTOID ABSCESS | 31 |
| 38302 | AC MASTOIDITIS-COMPL NEC | 31 |
| 3831 | CHRONIC MASTOIDITIS | 31 |
| 38320 | PETROSITIS NOS | 31 |
| 38321 | ACUTE PETROSITIS | 31 |
| 38322 | CHRONIC PETROSITIS | 31 |
| 38330 | POSTMASTOID COMPL NOS | 31 |
| 38331 | POSTMASTOID MUCOSAL CYST | 31 |
| 38332 | POSTMASTOID CHOLESTEATMA | 31 |
| 38333 | POSTMASTOID GRANULATIONS | 31 |
| 38381 | POSTAURICULAR FISTULA | 31 |
| 38389 | DISORDERS OF MASTOID NEC | 31 |
| 3839 | MASTOIDITIS NOS | 31 |
| 38400 | ACUTE MYRINGITIS NOS | 31 |
| 38401 | BULLOUS MYRINGITIS | 31 |
| 38409 | ACUTE MYRINGITIS NEC | 31 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 3841 | CHRONIC MYRINGITIS | 31 |
| 38420 | PERFORAT TYMPAN MEMB NOS | 31 |
| 38421 | CENT PERF TYMPANIC MEMB | 31 |
| 38422 | ATTIC PERF TYMPANIC MEMB | 31 |
| 38423 | MARGINAL PERF TYMP NEC | 31 |
| 38424 | MULT PERF TYMPANIC MEMB | 31 |
| 38425 | TOTAL PERF TYMPANIC MEMB | 31 |
| 38481 | ATROPHIC FLACCID TYMPAN | 31 |
| 38482 | ATROPHIC NONFLACCID TYMP | 31 |
| 3849 | DIS TYMPANIC MEMB NOS | 31 |
| 38500 | TYMPANOSCLEROSIS NOS | 31 |
| 38501 | TYMPANOSCL-TYMPANIC MEMB | 31 |
| 38502 | TYMPNOSCLER-TYMP/OSSICLE | 31 |
| 38503 | TYMPANOSCLER-ALL PARTS | 31 |
| 38509 | TYMPNSCLR-OTH SITE COMB | 31 |
| 38510 | ADHESIVE MID EAR DIS NOS | 31 |
| 38511 | ADHESION TYMPANUM-INCUS | 31 |
| 38512 | ADHESION TYMPANUM-STAPES | 31 |
| 38513 | ADHESION TYMP-PROMONTOR | 31 |
| 38519 | ADHESIVE MID EAR DIS NEC | 31 |
| 38521 | ANKYLOSIS MALLEUS | 31 |
| 38522 | ANKYLOSIS EAR OSSICL NEC | 31 |
| 38523 | DISLOCATION EAR OSSICLE | 31 |
| 38524 | PARTIAL LOSS EAR OSSICLE | 31 |
| 38530 | CHOLESTEATOMA NOS | 31 |
| 38531 | CHOLESTEATOMA OF ATTIC | 31 |
| 38532 | CHOLESTEATOMA MIDDLE EAR | 31 |
| 38533 | CHOLESTMA MID EAR/MSTOID | 31 |
| 38535 | DIFFUSE CHOLESTEATOSIS | 31 |
| 38582 | CHOLESTERIN GRANULOMA | 31 |
| 38583 | FOREIGN BODY MIDDLE EAR | 31 |
| 38589 | DIS MID EAR/MASTOID NEC | 31 |
| 3859 | DIS MID EAR/MASTOID NOS | 31 |
| 38600 | MENIERE'S DISEASE NOS | 31 |
| 38601 | MENIERE DIS COCHLVESTIB | 31 |
| 38602 | MENIERE DIS COCHLEAR | 31 |
| 38603 | MENIERE DIS VESTIBULAR | 31 |
| 38604 | INACTIVE MENIERE'S DIS | 31 |
| 38610 | PERIPHERAL VERTIGO NOS | 31 |
| 38611 | BENIGN PARXYSMAL VERTIGO | 31 |
| 38612 | VESTIBULAR NEURONITIS | 31 |
| 38619 | PERIPHERAL VERTIGO NEC | 31 |
| 3862 | CENTRAL ORIGIN VERTIGO | 31 |
| 38630 | LABYRINTHITIS NOS | 31 |
| 38631 | SEROUS LABYRINTHITIS | 31 |
| 38632 | CIRCUMSCRI LABYRINTHITIS | 31 |
| 38633 | SUPPURATIV LABYRINTHITIS | 31 |
| 38634 | TOXIC LABYRINTHITIS | 31 |
| 38635 | VIRAL LABYRINTHITIS | 31 |
| 38640 | LABYRINTHINE FISTULA NOS | 31 |
| 38641 | ROUND WINDOW FISTULA | 31 |
| 38642 | OVAL WINDOW FISTULA | 31 |
| 38643 | SEMICIRCUL CANAL FISTULA | 31 |
| 38648 | LABYRINTH FISTULA COMB | 31 |
| 38650 | LABYRINTHINE DYSFUNC NOS | 31 |
| 38651 | HYPRACT LABYRINTH UNILAT | 31 |
| 38652 | HYPERACT LABYRINTH BILAT | 31 |
| 38653 | HYPOACT LABYRINTH UNILAT | 31 |
| 38654 | HYPOACT LABYRINTH BILAT | 31 |
| 38655 | LOSS LABYRN REACT UNILAT | 31 |
| 38656 | LOSS LABYRIN REACT BILAT | 31 |
| 38658 | LABYRINTHINE DYSFUNC NEC | 31 |
| 3868 | DISORDERS LABYRINTH NEC | 31 |
| 3869 | VERTIGINOUS SYND NOS | 31 |
| 3870 | OTOSCLER-OVAL WND NONOBL | 31 |
| 3871 | OTOSCLER-OVAL WNDW OBLIT | 31 |
| 3872 | COCHLEAR OTOSCLEROSIS | 31 |
| 3878 | OTOSCLEROSIS NEC | 31 |
| 3879 | OTOSCLEROSIS NOS | 31 |
| 38800 | DEGEN/VASCUL DIS EAR NOS | 31 |
| 38801 | PRESBYACUSIS | 31 |
| 38802 | TRANS ISCHEMIC DEAFNESS | 31 |
| 38810 | NOISE EFFECT-EAR/NOS | 31 |
| 38811 | ACOUSTIC TRAUMA | 31 |
| 38812 | HEARING LOSS D/T NOISE | 31 |
| 3882 | SUDDEN HEARING LOSS NOS | 31 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 38830 | TINNITUS NOS | 31 |
| 38831 | SUBJECTIVE TINNITUS | 31 |
| 38832 | OBJECTIVE TINNITUS | 31 |
| 38840 | ABN AUDITORY PERCEPT NOS | 31 |
| 38841 | DIPLACUSIS | 31 |
| 38842 | HYPERACUSIS | 31 |
| 38843 | IMPAIRM AUDITORY DISCRIM | 31 |
| 38844 | AUDITORY RECRUITMENT | 31 |
| 3885 | ACOUSTIC NERVE DISORDERS | 31 |
| 38860 | OTORRHEA NOS | 31 |
| 38861 | CEREBROSP FLUID OTORRHEA | 63 |
| 38869 | OTORRHEA NEC | 31 |
| 38870 | OTALGIA NOS | 31 |
| 38871 | OTOGENIC PAIN | 31 |
| 38872 | REFERRED PAIN OF EAR | 31 |
| 3888 | DISORDERS OF EAR NEC | 31 |
| 3889 | DISORDER OF EAR NOS | 31 |
| 38900 | CONDUCT HEARING LOSS NOS | 31 |
| 38901 | CONDUC HEAR LOSS EXT EAR | 31 |
| 38902 | CONDUCT HEAR LOSS TYMPAN | 31 |
| 38903 | CONDUC HEAR LOSS MID EAR | 31 |
| 38904 | COND HEAR LOSS INNER EAR | 31 |
| 38908 | COND HEAR LOSS COMB TYPE | 31 |
| 38910 | SENSORNEUR HEAR LOSS NOS | 31 |
| 38911 | SENSORY HEARING LOSS | 31 |
| 38912 | NEURAL HEARING LOSS | 31 |
| 38914 | CENTRAL HEARING LOSS | 31 |
| 38918 | SENSORNEUR LOSS COMB TYP | 31 |
| 3892 | MIXED HEARING LOSS | 31 |
| 3897 | DEAF MUTISM NEC | 31 |
| 3898 | HEARING LOSS NEC | 31 |
| 3899 | HEARING LOSS NOS | 31 |
| 390 | RHEUM FEV W/O HRT INVOLV | 24 |
| 3910 | ACUTE RHEUMATIC PERICARD | 36 |
| 3911 | ACUTE RHEUMATIC ENDOCARD | 36 |
| 3912 | AC RHEUMATIC MYOCARDITIS | 36 |
| 3918 | AC RHEUMAT HRT DIS NEC | 36 |
| 3919 | AC RHEUMAT HRT DIS NOS | 36 |
| 3920 | RHEUM CHOREA W HRT INVOL | 36 |
| 3929 | RHEUMATIC CHOREA NOS | 36 |
| 393 | CHR RHEUMATIC PERICARD | 36 |
| 3940 | MITRAL STENOSIS | 36 |
| 3941 | RHEUMATIC MITRAL INSUFF | 36 |
| 3942 | MITRAL STENOSIS W INSUFF | 36 |
| 3949 | MITRAL VALVE DIS NEC/NOS | 36 |
| 3950 | RHEUMAT AORTIC STENOSIS | 36 |
| 3951 | RHEUMATIC AORTIC INSUFF | 36 |
| 3952 | RHEUM AORTIC STEN/INSUFF | 36 |
| 3959 | RHEUM AORTIC DIS NEC/NOS | 36 |
| 3960 | MITRAL/AORTIC STENOSIS | 36 |
| 3961 | MITRAL STENOS/AORT INSUF | 36 |
| 3962 | MITRAL INSUF/AORT STENOS | 36 |
| 3963 | MITRAL/AORTIC VAL INSUFF | 36 |
| 3968 | MITR/AORTIC MULT INVOLV | 36 |
| 3969 | MITRAL/AORTIC V DIS NOS | 36 |
| 3970 | TRICUSPID VALVE DISEASE | 36 |
| 3971 | RHEUM PULMON VALVE DIS | 36 |
| 3979 | RHEUM ENDOCARDITIS NOS | 36 |
| 3980 | RHEUMATIC MYOCARDITIS | 36 |
| 39890 | RHEUMATIC HEART DIS NOS | 36 |
| 39891 | RHEUMATIC HEART FAILURE | 36 |
| 39899 | RHEUMATIC HEART DIS NEC | 36 |
| 4010 | MALIGNANT HYPERTENSION | 36 |
| 4011 | BENIGN HYPERTENSION | 36 |
| 4019 | HYPERTENSION NOS | 36 |
| 40200 | MAL HYPERTEN HRT DIS NOS | 36 |
| 40201 | MAL HYPERT HRT DIS W CHF | 36 |
| 40210 | BEN HYPERTEN HRT DIS NOS | 36 |
| 40211 | BENIGN HYP HRT DIS W CHF | 36 |
| 40290 | HYPERTENSIVE HRT DIS NOS | 36 |
| 40291 | HYPERTEN HEART DIS W CHF | 36 |
| 40300 | MAL HYP REN W/O REN FAIL | 36 |
| 40301 | MAL HYP REN W RENAL FAIL | 53 |
| 40310 | BEN HYP REN W/O REN FAIL | 36 |
| 40311 | BEN HYP RENAL W REN FAIL | 53 |
| 40390 | HYP REN NOS W/O REN FAIL | 36 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 40391 | HYP RENAL NOS W REN FAIL | 53 |
| 40400 | MAL HY HT/REN W/O CHF/RF | 36 |
| 40401 | MAL HYPER HRT/REN W CHF | 36 |
| 40402 | MAL HY HT/REN W REN FAIL | 53 |
| 40403 | MAL HYP HRT/REN W CHF&RF | 36 |
| 40410 | BEN HY HT/REN W/O CHF/RF | 36 |
| 40411 | BEN HYPER HRT/REN W CHF | 36 |
| 40412 | BEN HY HT/REN W REN FAIL | 53 |
| 40413 | BEN HYP HRT/REN W CHF&RF | 36 |
| 40490 | HY HT/REN NOS W/O CHF/RF | 36 |
| 40491 | HYPER HRT/REN NOS W CHF | 36 |
| 40492 | HY HT/REN NOS W REN FAIL | 53 |
| 40493 | HYP HT/REN NOS W CHF&RF | 36 |
| 40501 | MAL RENOVASC HYPERTENS | 36 |
| 40509 | MAL SECOND HYPERTEN NEC | 36 |
| 40511 | BENIGN RENOVASC HYPERTEN | 36 |
| 40519 | BENIGN SECOND HYPERT NEC | 36 |
| 40591 | RENOVASC HYPERTENSION | 36 |
| 40599 | SECOND HYPERTENSION NEC | 36 |
| 41000 | AMI ANTEROLATERAL, UNSPEC | 36 |
| 41001 | AMI ANTEROLATERAL, INIT | 36 |
| 41002 | AMI ANTEROLATERAL, SUBSEQ | 36 |
| 41010 | AMI ANTERIOR WALL, UNSPEC | 36 |
| 41011 | AMI ANTERIOR WALL, INIT | 36 |
| 41012 | AMI ANTERIOR WALL, SUBSEQ | 36 |
| 41020 | AMI INFEROLATERAL, UNSPEC | 36 |
| 41021 | AMI INFEROLATERAL, INIT | 36 |
| 41022 | AMI INFEROLATERAL, SUBSEQ | 36 |
| 41030 | AMI INFEROPOST, UNSPEC | 36 |
| 41031 | AMI INFEROPOST, INITIAL | 36 |
| 41032 | AMI INFEROPOST, SUBSEQ | 36 |
| 41040 | AMI INFERIOR WALL, UNSPEC | 36 |
| 41041 | AMI INFERIOR WALL, INIT | 36 |
| 41042 | AMI INFERIOR WALL, SUBSEQ | 36 |
| 41050 | AMI LATERAL NEC, UNSPEC | 36 |
| 41051 | AMI LATERAL NEC, INITIAL | 36 |
| 41052 | AMI LATERAL NEC, SUBSEQ | 36 |
| 41060 | TRUE POST INFARCT, UNSPEC | 36 |
| 41061 | TRUE POST INFARCT, INIT | 36 |
| 41062 | TRUE POST INFARCT, SUBSEQ | 36 |
| 41070 | SUBENDO INFARCT, UNSPEC | 36 |
| 41071 | SUBENDO INFARCT, INITIAL | 36 |
| 41072 | SUBENDO INFARCT, SUBSEQ | 36 |
| 41080 | AMI NEC, UNSPECIFIED | 36 |
| 41081 | AMI NEC, INITIAL | 36 |
| 41082 | AMI NEC, SUBSEQUENT | 36 |
| 41090 | AMI NOS, UNSPECIFIED | 36 |
| 41091 | AMI NOS, INITIAL | 36 |
| 41092 | AMI NOS, SUBSEQUENT | 36 |
| 4110 | POST MI SYNDROME | 36 |
| 4111 | INTERMED CORONARY SYND | 36 |
| 41181 | CORONARY OCCLSN W/O MI | 36 |
| 41189 | AC ISCHEMIC HRT DIS NEC | 36 |
| 412 | OLD MYOCARDIAL INFARCT | 36 |
| 4130 | ANGINA DECUBITUS | 36 |
| 4131 | PRINZMETAL ANGINA | 36 |
| 4139 | ANGINA PECTORIS NEC/NOS | 36 |
| 41400 | COR ATH UNSP VSL NTV/GFT | 36 |
| 41401 | CRNRY ATHRSCL NATVE VSSL | 36 |
| 41402 | CRN ATH ATLG VN BPS GRFT | 36 |
| 41403 | CRN ATH NONATLG BLG GRFT | 36 |
| 41410 | ANEURYSM, HEART (WALL) | 36 |
| 41411 | CORONARY VESSEL ANEURYSM | 36 |
| 41419 | ANEURYSM OF HEART NEC | 36 |
| 4148 | CHR ISCHEMIC HRT DIS NEC | 36 |
| 4149 | CHR ISCHEMIC HRT DIS NOS | 36 |
| 4150 | ACUTE COR PULMONALE | 36 |
| 41511 | IATROGEN PULM EMB/INFARC | 33 |
| 41519 | PULM EMBOL/INFARCT NEC | 33 |
| 4160 | PRIM PULM HYPERTENSION | 36 |
| 4161 | KYPHOSCOLIOTIC HEART DIS | 36 |
| 4168 | CHR PULMON HEART DIS NEC | 36 |
| 4169 | CHR PULMON HEART DIS NOS | 36 |
| 4170 | ARTERIOVEN FISTU PUL VES | 36 |
| 4171 | PULMON ARTERY ANEURYSM | 36 |
| 4178 | PULMON CIRCULAT DIS NEC | 36 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 4179 | PULMON CIRCULAT DIS NOS | 36 |
| 4200 | AC PERICARDIT IN OTH DIS | 36 |
| 42090 | ACUTE PERICARDITIS NOS | 36 |
| 42091 | AC IDIOPATH PERICARDITIS | 36 |
| 42099 | ACUTE PERICARDITIS NEC | 36 |
| 4210 | AC/SUBAC BACT ENDOCARD | 36 |
| 4211 | AC ENDOCARDIT IN OTH DIS | 36 |
| 4219 | AC/SUBAC ENDOCARDIT NOS | 36 |
| 4220 | AC MYOCARDIT IN OTH DIS | 36 |
| 42290 | ACUTE MYOCARDITIS NOS | 36 |
| 42291 | IDIOPATHIC MYOCARDITIS | 36 |
| 42292 | SEPTIC MYOCARDITIS | 36 |
| 42293 | TOXIC MYOCARDITIS | 36 |
| 42299 | ACUTE MYOCARDITIS NEC | 36 |
| 4230 | HEMOPERICARDIUM | 36 |
| 4231 | ADHESIVE PERICARDITIS | 36 |
| 4232 | CONSTRICTIV PERICARDITIS | 36 |
| 4238 | PERICARDIAL DISEASE NEC | 36 |
| 4239 | PERICARDIAL DISEASE NOS | 36 |
| 4240 | MITRAL VALVE DISORDER | 36 |
| 4241 | AORTIC VALVE DISORDER | 36 |
| 4242 | NONRHEUM TRICUSP VAL DIS | 36 |
| 4243 | PULMONARY VALVE DISORDER | 36 |
| 42490 | ENDOCARDITIS NOS | 36 |
| 42491 | ENDOCARDITIS IN OTH DIS | 36 |
| 42499 | ENDOCARDITIS NEC | 36 |
| 4250 | ENDOMYOCARDIAL FIBROSIS | 36 |
| 4251 | HYPERTR OBSTR CARDIOMYOP | 36 |
| 4252 | OBSC AFRIC CARDIOMYOPATH | 36 |
| 4253 | ENDOCARD FIBROELASTOSIS | 36 |
| 4254 | PRIM CARDIOMYOPATHY NEC | 36 |
| 4255 | ALCOHOLIC CARDIOMYOPATHY | 36 |
| 4257 | METABOLIC CARDIOMYOPATHY | 36 |
| 4258 | CARDIOMYOPATH IN OTH DIS | 36 |
| 4259 | SECOND CARDIOMYOPATH NOS | 36 |
| 4260 | ATRIOVENT BLOCK COMPLETE | 36 |
| 42610 | ATRIOVENT BLOCK NOS | 36 |
| 42611 | ATRIOVENT BLOCK-1ST DEGR | 36 |
| 42612 | ATRIOVEN BLOCK-MOBITZ II | 36 |
| 42613 | AV BLOCK-2ND DEGREE NEC | 36 |
| 4262 | LEFT BB HEMIBLOCK | 36 |
| 4263 | LEFT BB BLOCK NEC | 36 |
| 4264 | RT BUNDLE BRANCH BLOCK | 36 |
| 42650 | BUNDLE BRANCH BLOCK NOS | 36 |
| 42651 | RT BBB/LFT POST FASC BLK | 36 |
| 42652 | RT BBB/LFT ANT FASC BLK | 36 |
| 42653 | BILAT BB BLOCK NEC | 36 |
| 42654 | TRIFASCICULAR BLOCK | 36 |
| 4266 | OTHER HEART BLOCK | 36 |
| 4267 | ANOMALOUS AV EXCITATION | 36 |
| 42681 | LOWN-GANONG-LEVINE SYND | 36 |
| 42689 | CONDUCTION DISORDER NEC | 36 |
| 4269 | CONDUCTION DISORDER NOS | 36 |
| 4270 | PAROX ATRIAL TACHYCARDIA | 36 |
| 4271 | PAROX VENTRIC TACHYCARD | 78 |
| 4272 | PAROX TACHYCARDIA NOS | 36 |
| 42731 | ATRIAL FIBRILLATION | 36 |
| 42732 | ATRIAL FLUTTER | 36 |
| 42741 | VENTRICULAR FIBRILLATION | 78 |
| 42742 | VENTRICULAR FLUTTER | 78 |
| 4275 | CARDIAC ARREST | 78 |
| 42760 | PREMATURE BEATS NOS | 36 |
| 42761 | ATRIAL PREMATURE BEATS | 36 |
| 42769 | PREMATURE BEATS NEC | 36 |
| 42781 | SINOATRIAL NODE DYSFUNCT | 36 |
| 42789 | CARDIAC DYSRHYTHMIAS NEC | 36 |
| 4279 | CARDIAC DYSRHYTHMIA NOS | 36 |
| 4280 | CONGESTIVE HEART FAILURE | 36 |
| 4281 | LEFT HEART FAILURE | 36 |
| 4289 | HEART FAILURE NOS | 36 |
| 4290 | MYOCARDITIS NOS | 36 |
| 4291 | MYOCARDIAL DEGENERATION | 36 |
| 4292 | ASCVD | 36 |
| 4293 | CARDIOMEGALY | 36 |
| 4294 | HRT DIS POSTCARDIAC SURG | 36 |
| 4295 | CHORDAE TENDINAE RUPTURE | 36 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 4296 | PAPILLARY MUSCLE RUPTURE | 36 |
| 42971 | ACQ CARDIAC SEPTL DEFECT | 36 |
| 42979 | OTHER SEQUELAE OF MI NEC | 36 |
| 42981 | PAPILLARY MUSCLE DIS NEC | 36 |
| 42982 | HYPERKINETIC HEART DIS | 36 |
| 42989 | ILL-DEFINED HRT DIS NEC | 36 |
| 4299 | HEART DISEASE NOS | 36 |
| 430 | SUBARACHNOID HEMORRHAGE | 63 |
| 431 | INTRACEREBRAL HEMORRHAGE | 63 |
| 4320 | NONTRAUM EXTRADURAL HEM | 63 |
| 4321 | SUBDURAL HEMORRHAGE | 63 |
| 4329 | INTRACRANIAL HEMORR NOS | 63 |
| 43300 | OCL BSLR ART WO INFRCT | 63 |
| 43301 | OCL BSLR ART W INFRCT | 63 |
| 43310 | OCL CRTD ART WO INFRCT | 63 |
| 43311 | OCL CRTD ART W INFRCT | 63 |
| 43320 | OCL VRTB ART WO INFRCT | 63 |
| 43321 | OCL VRTB ART W INFRCT | 63 |
| 43330 | OCL MLT BI ART WO INFRCT | 63 |
| 43331 | OCL MLT BI ART W INFRCT | 63 |
| 43380 | OCL SPCF ART WO INFRCT | 63 |
| 43381 | OCL SPCF ART W INFRCT | 63 |
| 43390 | OCL ART NOS WO INFRCT | 63 |
| 43391 | OCL ART NOS W INFRCT | 63 |
| 43400 | CRBL THRMBS WO INFRCT | 63 |
| 43401 | CRBL THRMBS W INFRCT | 63 |
| 43410 | CRBL EMBLSM WO INFRCT | 63 |
| 43411 | CRBL EMBLSM W INFRCT | 63 |
| 43490 | CRBL ART OC NOS WO INFRC | 63 |
| 43491 | CRBL ART OCL NOS W INFRC | 63 |
| 4350 | BASILAR ARTERY SYNDROME | 63 |
| 4351 | VERTEBRAL ARTERY SYNDROM | 63 |
| 4352 | SUBCLAVIAN STEAL SYNDROM | 63 |
| 4353 | VERTBROBASLR ARTERY SYND | 63 |
| 4358 | TRANS CEREB ISCHEMIA NEC | 63 |
| 4359 | TRANS CEREB ISCHEMIA NOS | 63 |
| 436 | CVA | 63 |
| 4370 | CEREBRAL ATHEROSCLEROSIS | 63 |
| 4371 | AC CEREBROVASC INSUF NOS | 63 |
| 4372 | HYPERTENS ENCEPHALOPATHY | 63 |
| 4373 | NONRUPT CEREBRAL ANEURYM | 63 |
| 4374 | CEREBRAL ARTERITIS | 63 |
| 4375 | MOYAMOYA DISEASE | 63 |
| 4376 | NONPYOGEN THROMBOS SINUS | 63 |
| 4377 | TRANSIENT GLOBAL AMNESIA | 11 |
| 4378 | CEREBROVASC DISEASE NEC | 63 |
| 4379 | CEREBROVASC DISEASE NOS | 63 |
| 4400 | AORTIC ATHEROSCLEROSIS | 36 |
| 4401 | RENAL ARTERY ATHEROSCLER | 53 |
| 44020 | ATHSCL EXTRM NTV ART NOS | 36 |
| 44021 | ATH EXT NTV AT W CLAUDCT | 36 |
| 44022 | ATH EXT NTV AT W RST PN | 36 |
| 44023 | ATH EXT NTV ART ULCRTION | 36 |
| 44024 | ATH EXT NTV ART GNGRENE | 36 |
| 44029 | ATHRSC EXTRM NTV ART OTH | 36 |
| 44030 | ATHSCL EXTRM BPS GFT NOS | 36 |
| 44031 | ATH EXT AUTOLOGS BPS GFT | 36 |
| 44032 | ATH EXT NONAUTLG BPS GFT | 36 |
| 4408 | ATHEROSCLEROSIS NEC | 36 |
| 4409 | ATHEROSCLEROSIS NOS | 36 |
| 44100 | DSCT OF AORTA UNSP SITE | 78 |
| 44101 | DSCT OF THORACIC AORTA | 78 |
| 44102 | DSCT OF ABDOMINAL AORTA | 78 |
| 44103 | DSCT OF THORACOABD AORTA | 78 |
| 4411 | RUPTUR THORACIC ANEURYSM | 78 |
| 4412 | THORACIC AORTIC ANEURYSM | 36 |
| 4413 | RUPT ABD AORTIC ANEURYSM | 78 |
| 4414 | ABDOM AORTIC ANEURYSM | 36 |
| 4415 | RUPT AORTIC ANEURYSM NOS | 78 |
| 4416 | THORACOABD ANEURYSM RUPT | 78 |
| 4417 | THRACABD ANURYSM WO RUPT | 36 |
| 4419 | AORTIC ANEURYSM NOS | 36 |
| 4420 | UPPER EXTREMITY ANEURYSM | 36 |
| 4421 | RENAL ARTERY ANEURYSM | 53 |
| 4422 | ILIAC ARTERY ANEURYSM | 36 |
| 4423 | LOWER EXTREMITY ANEURYSM | 36 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 44281 | ANEURYSM OF NECK | 36 |
| 44282 | SUBCLAVIAN ANEURYSM | 36 |
| 44283 | SPLENIC ARTERY ANEURYSM | 36 |
| 44284 | VISCERAL ANEURYSM NEC | 36 |
| 44289 | ANEURYSM NEC | 36 |
| 4429 | ANEURYSM NOS | 36 |
| 4430 | RAYNAUD'S SYNDROME | 86 |
| 4431 | THROMBOANGIIT OBLITERANS | 36 |
| 44381 | ANGIOPATHY IN OTHER DIS | 36 |
| 44389 | PERIPH VASCULAR DIS NEC | 36 |
| 4439 | PERIPH VASCULAR DIS NOS | 36 |
| 4440 | ABD AORTIC EMBOLISM | 36 |
| 4441 | THORACIC AORTIC EMBOLISM | 36 |
| 44421 | UPPER EXTREMITY EMBOLISM | 36 |
| 44422 | LOWER EXTREMITY EMBOLISM | 36 |
| 44481 | ILIAC ARTERY EMBOLISM | 36 |
| 44489 | ARTERIAL EMBOLISM NEC | 36 |
| 4449 | ARTERIAL EMBOLISM NOS | 36 |
| 4460 | POLYARTERITIS NODOSA | 86 |
| 4461 | MUCOCUTAN LYMPH NODE SYN | 86 |
| 4462 | HYPERSENSITIV ANGIITIS* | 86 |
| 44620 | HYPERSENSIT ANGIITIS NOS | 86 |
| 44621 | GOODPASTURE'S SYNDROME | 86 |
| 44629 | HYPERSENSIT ANGIITIS NEC | 86 |
| 4463 | LETHAL MIDLINE GRANULOMA | 86 |
| 4464 | WEGENER'S GRANULOMATOSIS | 86 |
| 4465 | GIANT CELL ARTERITIS | 86 |
| 4466 | THROMBOT MICROANGIOPATHY | 86 |
| 4467 | TAKAYASU'S DISEASE | 86 |
| 4470 | ACQ ARTERIOVEN FISTULA | 36 |
| 4471 | STRICTURE OF ARTERY | 36 |
| 4472 | RUPTURE OF ARTERY | 78 |
| 4473 | RENAL ARTERY HYPERPLASIA | 53 |
| 4474 | CELIAC ART COMPRESS SYN | 41 |
| 4475 | NECROSIS OF ARTERY | 36 |
| 4476 | ARTERITIS NOS | 24 |
| 4478 | ARTERIAL DISEASE NEC | 36 |
| 4479 | ARTERIAL DISEASE NOS | 36 |
| 4480 | HEREDIT HEMORR TELANGIEC | 36 |
| 4481 | NEVUS, NON-NEOPLASTIC | 18 |
| 4489 | CAPILLARY DIS NEC/NOS | 36 |
| 4510 | SUPERFIC PHLEBITIS-LEG | 36 |
| 45111 | FEMORAL VEIN PHLEBITIS | 36 |
| 45119 | DEEP PHLEBITIS-LEG NEC | 36 |
| 4512 | THROMBOPHLEBITIS LEG NOS | 36 |
| 45181 | ILIAC THROMBOPHLEBITIS | 36 |
| 45182 | PHLBTS SPRFC VN UP EXTRM | 36 |
| 45183 | PHLBTS DEEP VN UP EXTRM | 36 |
| 45184 | PHLBTS VN NOS UP EXTRM | 36 |
| 45189 | THROMBOPHLEBITIS NEC | 36 |
| 4519 | THROMBOPHLEBITIS NOS | 36 |
| 452 | PORTAL VEIN THROMBOSIS | 41 |
| 4530 | BUDD-CHIARI SYNDROME | 41 |
| 4531 | THROMBOPHLEBITIS MIGRANS | 36 |
| 4532 | VENA CAVA THROMBOSIS | 36 |
| 4533 | RENAL VEIN THROMBOSIS | 53 |
| 4538 | VENOUS THROMBOSIS NEC | 36 |
| 4539 | VENOUS THROMBOSIS NOS | 36 |
| 4540 | LEG VARICOSITY W ULCER | 36 |
| 4541 | LEG VARICOSITY W INFLAM | 36 |
| 4542 | VARICOS LEG ULCER/INFLAM | 36 |
| 4549 | VARICOSE VEIN OF LEG NOS | 36 |
| 4550 | INT HEMORRHOID W/O COMPL | 41 |
| 4551 | INT THROMBOS HEMORRHOID | 41 |
| 4552 | INT HEMRRHOID W COMP NEC | 41 |
| 4553 | EXT HEMORRHOID W/O COMPL | 41 |
| 4554 | EXT THROMBOS HEMORRHOID | 41 |
| 4555 | EXT HEMRRHOID W COMP NEC | 41 |
| 4556 | HEMORRHOIDS NOS | 41 |
| 4557 | THROMBOS HEMORRHOIDS NOS | 41 |
| 4558 | HEMRRHOID NOS W COMP NEC | 41 |
| 4559 | RESIDUAL HEMORRHOID TAGS | 41 |
| 4560 | ESOPHAG VARICES W BLEED | 41 |
| 4561 | ESOPH VARICES W/O BLEED | 41 |
| 45620 | BLEED ESOPH VAR OTH DIS | 41 |
| 45621 | ESOPH VARICE OTH DIS NOS | 41 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 4563 | SUBLINGUAL VARICES | 36 |
| 4564 | SCROTAL VARICES | 53 |
| 4565 | PELVIC VARICES | 53 |
| 4566 | VULVAL VARICES | 56 |
| 4568 | VARICES OF OTHER SITES | 36 |
| 4570 | POSTMASTECT LYMPHEDEMA | 18 |
| 4571 | OTHER LYMPHEDEMA | 18 |
| 4572 | LYMPHANGITIS | 18 |
| 4578 | NONINFECT LYMPH DIS NEC | 86 |
| 4579 | NONINFECT LYMPH DIS NOS | 86 |
| 4580 | ORTHOSTATIC HYPOTENSION | 36 |
| 4581 | CHRONIC HYPOTENSION | 36 |
| 4582 | IATROGENIC HYPOTENSION | 82 |
| 4589 | HYPOTENSION NOS | 36 |
| 4590 | HEMORRHAGE NOS | 11 |
| 4591 | POSTPHLEBITIC SYNDROME | 36 |
| 4592 | COMPRESSION OF VEIN | 36 |
| 45981 | VENOUS INSUFFICIENCY NOS | 36 |
| 45989 | CIRCULATORY DISEASE NEC | 36 |
| 4599 | CIRCULATORY DISEASE NOS | 36 |
| 460 | ACUTE NASOPHARYNGITIS | 31 |
| 4610 | AC MAXILLARY SINUSITIS | 31 |
| 4611 | AC FRONTAL SINUSITIS | 31 |
| 4612 | AC ETHMOIDAL SINUSITIS | 31 |
| 4613 | AC SPHENOIDAL SINUSITIS | 31 |
| 4618 | OTHER ACUTE SINUSITIS | 31 |
| 4619 | ACUTE SINUSITIS NOS | 31 |
| 462 | ACUTE PHARYNGITIS | 31 |
| 463 | ACUTE TONSILLITIS | 31 |
| 4640 | ACUTE LARYNGITIS | 31 |
| 46410 | AC TRACHEITIS NO OBSTRUC | 31 |
| 46411 | AC TRACHEITIS W OBSTRUCT | 31 |
| 46420 | AC LARYNGOTRACH NO OBSTR | 31 |
| 46421 | AC LARYNGOTRACH W OBSTR | 31 |
| 46430 | AC EPIGLOTTITIS NO OBSTR | 31 |
| 46431 | AC EPIGLOTTITIS W OBSTR | 78 |
| 4644 | CROUP | 31 |
| 4650 | ACUTE LARYNGOPHARYNGITIS | 31 |
| 4658 | ACUTE URI MULT SITES NEC | 31 |
| 4659 | ACUTE URI NOS | 31 |
| 4660 | ACUTE BRONCHITIS | 33 |
| 470 | DEVIATED NASAL SEPTUM | 31 |
| 4710 | POLYP OF NASAL CAVITY | 31 |
| 4711 | POLYPOID SINUS DEGEN | 31 |
| 4718 | NASAL SINUS POLYP NEC | 31 |
| 4719 | NASAL POLYP NOS | 31 |
| 4720 | CHRONIC RHINITIS | 31 |
| 4721 | CHRONIC PHARYNGITIS | 31 |
| 4722 | CHRONIC NASOPHARYNGITIS | 31 |
| 4730 | CHR MAXILLARY SINUSITIS | 31 |
| 4731 | CHR FRONTAL SINUSITIS | 31 |
| 4732 | CHR ETHMOIDAL SINUSITIS | 31 |
| 4733 | CHR SPHENOIDAL SINUSITIS | 31 |
| 4738 | CHRONIC SINUSITIS NEC | 31 |
| 4739 | CHRONIC SINUSITIS NOS | 31 |
| 4740 | CHRONIC TONSILLITIS | 31 |
| 47410 | HYPERTROPHY T AND A | 31 |
| 47411 | HYPERTROPHY TONSILS | 31 |
| 47412 | HYPERTROPHY ADENOIDS | 31 |
| 4742 | ADENOID VEGETATIONS | 31 |
| 4748 | CHR T & A DIS NEC | 31 |
| 4749 | CHR T & A DIS NOS | 31 |
| 475 | PERITONSILLAR ABSCESS | 31 |
| 4760 | CHRONIC LARYNGITIS | 31 |
| 4761 | CHR LARYNGOTRACHEITIS | 31 |
| 4770 | RHINITIS DUE TO POLLEN | 31 |
| 4778 | ALLERGIC RHINITIS NEC | 31 |
| 4779 | ALLERGIC RHINITIS NOS | 31 |
| 4780 | HYPERTRPH NASAL TURBINAT | 31 |
| 4781 | NASAL & SINUS DIS NEC | 31 |
| 47820 | DISEASE OF PHARYNX NOS | 31 |
| 47821 | CELLULITIS OF PHARYNX | 31 |
| 47822 | PARAPHARYNGEAL ABSCESS | 31 |
| 47824 | RETROPHARYNGEAL ABSCESS | 31 |
| 47825 | EDEMA PHARYNX/NASOPHARYX | 31 |
| 47826 | CYST PHARYNX/NASOPHARYNX | 31 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 47829 | DISEASE OF PHARYNX NEC | 31 |
| 47830 | VOCAL CORD PARALYSIS NOS | 31 |
| 47831 | VOCAL PARAL UNILAT PART | 31 |
| 47832 | VOCAL PARAL UNILAT TOTAL | 31 |
| 47833 | VOCAL PARAL BILAT PART | 31 |
| 47834 | VOCAL PARAL BILAT TOTAL | 31 |
| 4784 | VOCAL CORD/LARYNX POLYP | 31 |
| 4785 | VOCAL CORD DISEASE NEC | 31 |
| 4786 | EDEMA OF LARYNX | 31 |
| 47870 | DISEASE OF LARYNX NOS | 31 |
| 47871 | LARYNGEAL CELLULITIS | 31 |
| 47874 | STENOSIS OF LARYNX | 31 |
| 47875 | LARYNGEAL SPASM | 31 |
| 47879 | DISEASE OF LARYNX NEC | 31 |
| 4788 | URT HYPERSENS REACT NOS | 31 |
| 4789 | UPPER RESP DIS NEC/NOS | 31 |
| 4800 | ADENOVIRAL PNEUMONIA | 33 |
| 4801 | RESP SYNCYT VIRAL PNEUM | 33 |
| 4802 | PARINFLUENZA VIRAL PNEUM | 33 |
| 4808 | VIRAL PNEUMONIA NEC | 33 |
| 4809 | VIRAL PNEUMONIA NOS | 33 |
| 481 | PNEUMOCOCCAL PNEUMONIA | 33 |
| 4820 | K. PNEUMONIAE PNEUMONIA | 33 |
| 4821 | PSEUDOMONAL PNEUMONIA | 33 |
| 4822 | H. INFLUENZAE PNEUMONIA | 33 |
| 48230 | STREPTOCOCCAL PNEUMN NOS | 33 |
| 48231 | PNEUMONIA STRPTOCOCCUS A | 33 |
| 48232 | PNEUMONIA STRPTOCOCCUS B | 33 |
| 48239 | PNEUMONIA OTH STREP | 33 |
| 4824 | STAPHYLOCOCCAL PNEUMONIA | 33 |
| 48281 | PNEUMONIA ANAEROBES | 33 |
| 48282 | PNEUMONIA E COLI | 33 |
| 48283 | PNEUMO OTH GRM-NEG BACT | 33 |
| 48289 | PNEUMONIA OTH SPCF BACT | 33 |
| 4829 | BACTERIAL PNEUMONIA NOS | 33 |
| 4830 | PNEU MYCPLSM PNEUMONIAE | 33 |
| 4838 | PNEUMON OTH SPEC ORGNSM | 33 |
| 4841 | PNEUM W CYTOMEG INCL DIS | 33 |
| 4843 | PNEUMONIA IN WHOOP COUGH | 33 |
| 4845 | PNEUMONIA IN ANTHRAX | 33 |
| 4846 | PNEUM IN ASPERGILLOSIS | 33 |
| 4847 | PNEUM IN OTH SYS MYCOSES | 33 |
| 4848 | PNEUM IN INFECT DIS NEC | 33 |
| 485 | BRONCHOPNEUMONIA ORG NOS | 33 |
| 486 | PNEUMONIA, ORGANISM NOS | 33 |
| 4870 | INFLUENZA WITH PNEUMONIA | 33 |
| 4871 | FLU W RESP MANIFEST NEC | 31 |
| 4878 | FLU W MANIFESTATION NEC | 31 |
| 490 | BRONCHITIS NOS | 33 |
| 4910 | SIMPLE CHR BRONCHITIS | 33 |
| 4911 | MUCOPURUL CHR BRONCHITIS | 33 |
| 4912 | OBSTRUCT CHR BRONCHITIS* | 33 |
| 49120 | OBS CHR BRNC W/O ACT EXA | 33 |
| 49121 | OBS CHR BRNC W ACT EXA | 33 |
| 4918 | CHRONIC BRONCHITIS NEC | 33 |
| 4919 | CHRONIC BRONCHITIS NOS | 33 |
| 4920 | EMPHYSEMATOUS BLEB | 33 |
| 4928 | EMPHYSEMA NEC | 33 |
| 49300 | EXT ASTHMA W/O STAT ASTH | 33 |
| 49301 | EXT ASTHMA W STATUS ASTH | 78 |
| 49310 | INT ASTHMA W/O STAT ASTH | 33 |
| 49311 | INT ASTHMA W STATUS ASTH | 78 |
| 49320 | CH OB ASTH W/O STAT ASTH | 33 |
| 49321 | CH OB ASTHMA W STAT ASTH | 78 |
| 49390 | ASTHMA W/O STATUS ASTHM | 33 |
| 49391 | ASTHMA W STATUS ASTHMAT | 78 |
| 494 | BRONCHIECTASIS | 33 |
| 4950 | FARMERS' LUNG | 33 |
| 4951 | BAGASSOSIS | 33 |
| 4952 | BIRD-FANCIERS' LUNG | 33 |
| 4953 | SUBEROSIS | 33 |
| 4954 | MALT WORKERS' LUNG | 33 |
| 4955 | MUSHROOM WORKERS' LUNG | 33 |
| 4956 | MAPL BARK-STRIPPRS' LUNG | 33 |
| 4957 | "VENTILATION" PNEUMONIT | 33 |
| 4958 | ALLERG ALVEOL/PNEUM NEC | 33 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 4959 | ALLERG ALVEOL/PNEUM NOS | 33 |
| 496 | CHR AIRWAY OBSTRUCT NEC | 33 |
| 500 | COAL WORKERS' PNEUMOCON | 33 |
| 501 | ASBESTOSIS | 33 |
| 502 | SILICA PNEUMOCON NEC | 33 |
| 503 | INORG DUST PNEUMOCON NEC | 33 |
| 504 | DUST PNEUMONOPATHY NEC | 33 |
| 505 | PNEUMOCONIOSIS NOS | 33 |
| 5060 | FUM/VAPOR BRONC/PNEUMON | 33 |
| 5061 | FUM/VAPOR AC PULM EDEMA | 33 |
| 5062 | FUM/VAPOR UP RESP INFLAM | 33 |
| 5063 | FUM/VAP AC RESP COND NEC | 33 |
| 5064 | FUM/VAPOR CHR RESP COND | 33 |
| 5069 | FUM/VAPOR RESP COND NOS | 33 |
| 5070 | FOOD/VOMIT PNEUMONITIS | 33 |
| 5071 | OIL/ESSENCE PNEUMONITIS | 33 |
| 5078 | SOLID/LIQ PNEUMONIT NEC | 33 |
| 5080 | AC PUL MANIF D/T RADIAT | 33 |
| 5081 | CHR PUL MANIF D/T RADIAT | 33 |
| 5088 | RESP COND: EXT AGENT NEC | 33 |
| 5089 | RESP COND: EXT AGENT NOS | 33 |
| 5100 | EMPYEMA WITH FISTULA | 33 |
| 5109 | EMPYEMA W/O FISTULA | 33 |
| 5110 | PLEURISY W/O EFFUS OR TB | 33 |
| 5111 | BACT PLEUR/EFFUS NOT TB | 33 |
| 5118 | PLEURAL EFFUS NEC NOT TB | 33 |
| 5119 | PLEURAL EFFUSION NOS | 33 |
| 5120 | SPONT TENS PNEUMOTHORAX | 33 |
| 5121 | IATROGENIC PNEUMOTHORAX | 78 |
| 5128 | SPONT PNEUMOTHORAX NEC | 33 |
| 5130 | ABSCESS OF LUNG | 33 |
| 5131 | ABSCESS OF MEDIASTINUM | 33 |
| 514 | PULM CONGEST/HYPOSTASIS | 33 |
| 515 | POSTINFLAM PULM FIBROSIS | 33 |
| 5160 | PUL ALVEOLAR PROTEINOSIS | 33 |
| 5161 | IDIO PULM HEMOSIDEROSIS | 33 |
| 5162 | PULM ALVEOLAR MICROLITH | 33 |
| 5163 | IDIO FIBROS ALVEOLITIS | 33 |
| 5168 | ALVEOL PNEUMONOPATHY NEC | 33 |
| 5169 | ALVEOL PNEUMONOPATHY NOS | 33 |
| 5171 | RHEUMATIC PNEUMONIA | 33 |
| 5172 | SYST SCLEROSIS LUNG DIS | 33 |
| 5178 | LUNG INVOLV IN OTH DIS | 33 |
| 5180 | PULMONARY COLLAPSE | 33 |
| 5181 | INTERSTITIAL EMPHYSEMA | 33 |
| 5182 | COMPENSATORY EMPHYSEMA | 33 |
| 5183 | PULMONARY EOSINOPHILIA | 33 |
| 5184 | ACUTE LUNG EDEMA NOS | 33 |
| 5185 | POST TRAUM PULM INSUFFIC | 33 |
| 51881 | RESPIRATORY FAILURE | 33 |
| 51882 | OTHER PULMONARY INSUFF | 33 |
| 51889 | OTHER LUNG DISEASE NEC | 33 |
| 5190 | TRACHEOSTOMY COMPLIC | 33 |
| 5191 | TRACHEA/BRONCHUS DIS NEC | 33 |
| 5192 | MEDIASTINITIS | 33 |
| 5193 | MEDIASTINUM DISEASE NEC | 33 |
| 5194 | DISORDERS OF DIAPHRAGM | 33 |
| 5198 | RESP SYSTEM DISEASE NEC | 11 |
| 5199 | RESP SYSTEM DISEASE NOS | 11 |
| 5200 | ANODONTIA | 31 |
| 5201 | SUPERNUMERARY TEETH | 31 |
| 5202 | ABNORMAL TOOTH SIZE/FORM | 31 |
| 5203 | MOTTLED TEETH | 31 |
| 5204 | TOOTH FORMATION DISTURB | 31 |
| 5205 | HEREDIT TOOTH STRUCT NEC | 31 |
| 5206 | TOOTH ERUPTION DISTURB | 31 |
| 5207 | TEETHING SYNDROME | 31 |
| 5208 | TOOTH DEVEL/ERUP DIS NEC | 31 |
| 5209 | TOOTH DEVEL/ERUP DIS NOS | 31 |
| 5210 | DENTAL CARIES | 31 |
| 5211 | EXCESS ATTRITION-TEETH | 31 |
| 5212 | ABRASION OF TEETH | 31 |
| 5213 | EROSION OF TEETH | 31 |
| 5214 | RESORPTION OF TEETH | 31 |
| 5215 | HYPERCEMENTOSIS | 31 |
| 5216 | ANKYLOSIS OF TEETH | 31 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 5217 | POSTERUPT COLOR CHANGE | 31 |
| 5218 | HARD TISS DIS TEETH NEC | 31 |
| 5219 | HARD TISS DIS TEETH NOS | 31 |
| 5220 | PULPITIS | 31 |
| 5221 | NECROSIS OF TOOTH PULP | 31 |
| 5222 | TOOTH PULP DEGENERATION | 31 |
| 5223 | ABN HARD TISS-TOOTH PULP | 31 |
| 5224 | AC APICAL PERIODONTITIS | 31 |
| 5225 | PERIAPICAL ABSCESS | 31 |
| 5226 | CHR APICAL PERIODONTITIS | 31 |
| 5227 | PERIAPICAL ABSC W SINUS | 31 |
| 5228 | RADICULAR CYST | 31 |
| 5229 | PULP/PERIAPICAL DIS NEC | 31 |
| 5230 | ACUTE GINGIVITIS | 31 |
| 5231 | CHRONIC GINGIVITIS | 31 |
| 5232 | GINGIVAL RECESSION | 31 |
| 5233 | ACUTE PERIODONTITIS | 31 |
| 5234 | CHRONIC PERIODONTITIS | 31 |
| 5235 | PERIODONTOSIS | 31 |
| 5236 | ACCRETIONS ON TEETH | 31 |
| 5238 | PERIODONTAL DISEASE NEC | 31 |
| 5239 | GINGIV/PERIODONT DIS NOS | 31 |
| 52400 | UNSPCF ANOMALY JAW SIZE | 31 |
| 52401 | MAXILLARY HYPERPLASIA | 31 |
| 52402 | MANDIBULAR HYPERPLASIA | 31 |
| 52403 | MAXILLARY HYPOPLASIA | 31 |
| 52404 | MANDIBULAR HYPOPLASIA | 31 |
| 52405 | MACROGENIA | 31 |
| 52406 | MICROGENIA | 31 |
| 52409 | OTH SPCF ANMLY JAW SIZE | 31 |
| 52410 | UNSPCF ANM JAW CRANL BSE | 31 |
| 52411 | MAXILLARY ASYMMETRY | 31 |
| 52412 | OTHER JAW ASYMMETRY | 31 |
| 52419 | SPCFD ANOM JAW CRANL BSE | 31 |
| 5242 | DENTAL ARCH ANOMALY | 31 |
| 5243 | TOOTH POSITION ANOMALY | 31 |
| 5244 | MALOCCLUSION NOS | 31 |
| 5245 | ABN DENTOFACIAL FUNCTION | 31 |
| 52460 | TMJ DISORDERS NOS | 24 |
| 52461 | ADHESNS/ANKYLOSIS—TMJ | 24 |
| 52462 | ARTHRALGIA TMJ | 24 |
| 52463 | ARTICULAR DISC DISORDER | 24 |
| 52469 | OTHER SPECF TMJ DISORDRS | 24 |
| 52470 | UNSPF DENT ALVELR ANMALY | 31 |
| 52471 | ALVEOLAR MAXIL HYPRPLSIA | 31 |
| 52472 | ALVEOLAR MANDIB HYPRPLAS | 31 |
| 52473 | ALVEOLAR MAXIL HYPOPLSIA | 31 |
| 52474 | ALVEOLAR MANDB HYPOPLSIA | 31 |
| 52479 | OTH SPCF ALVEOLAR ANMALY | 31 |
| 5248 | DENTOFACIAL ANOMALY NEC | 31 |
| 5249 | DENTOFACIAL ANOMALY NOS | 31 |
| 5250 | EXFOLIATION OF TEETH | 31 |
| 5251 | LOSS OF TEETH, ACQUIRED | 31 |
| 5252 | ATROPHY ALVEOLAR RIDGE | 31 |
| 5253 | RETAINED DENTAL ROOT | 31 |
| 5258 | DENTAL DISORDER NEC | 31 |
| 5259 | DENTAL DISORDER NOS | 31 |
| 5260 | DEVEL ODONTOGENIC CYSTS | 31 |
| 5261 | FISSURAL CYSTS OF JAW | 31 |
| 5262 | CYSTS OF JAWS NEC | 31 |
| 5263 | CENT GIANT CELL GRANULOM | 31 |
| 5264 | INFLAMMATION OF JAW | 31 |
| 5265 | ALVEOLITIS OF JAW | 31 |
| 52681 | EXOSTOSIS OF JAW | 31 |
| 52689 | JAW DISEASE NEC | 31 |
| 5269 | JAW DISEASE NOS | 31 |
| 5270 | SALIVARY GLAND ATROPHY | 31 |
| 5271 | SALIVARY GLND HYPRTROPHY | 31 |
| 5272 | SIALOADENITIS | 31 |
| 5273 | SALIVARY GLAND ABSCESS | 31 |
| 5274 | SALIVARY GLAND FISTULA | 31 |
| 5275 | SIALOLITHIASIS | 31 |
| 5276 | SALIVARY GLAND MUCOCELE | 31 |
| 5277 | SALIVARY SECRETION DIS | 31 |
| 5278 | SALIVARY GLAND DIS NEC | 31 |
| 5279 | SALIVARY GLAND DIS NOS | 31 |

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

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

| ICD–9* | ICD–9 Description | MDC |
|---|---|---|
| 5280 | STOMATITIS | 31 |
| 5281 | CANCRUM ORIS | 31 |
| 5282 | ORAL APHTHAE | 31 |
| 5283 | CELLULITIS/ABSCESS MOUTH | 31 |
| 5284 | ORAL SOFT TISSUE CYST | 31 |
| 5285 | DISEASES OF LIPS | 31 |
| 5286 | LEUKOPLAKIA ORAL MUCOSA | 31 |
| 5287 | ORAL EPITHELIUM DIS NEC | 31 |
| 5288 | ORAL SUBMUCOSAL FIBROSIS | 31 |
| 5289 | ORAL SOFT TISSUE DIS NEC | 31 |
| 5290 | GLOSSITIS | 31 |
| 5291 | GEOGRAPHIC TONGUE | 31 |
| 5292 | MED RHOMBOID GLOSSITIS | 31 |
| 5293 | HYPERTROPH TONGUE PAPILL | 31 |
| 5294 | ATROPHY TONGUE PAPILLAE | 31 |
| 5295 | PLICATED TONGUE | 31 |
| 5296 | GLOSSODYNIA | 31 |
| 5298 | TONGUE DISORDER NEC | 31 |
| 5299 | TONGUE DISORDER NOS | 31 |
| 5300 | ACHALASIA & CARDIOSPASM | 41 |
| 53010 | ESOPHAGITIS, UNSPECIFIED | 41 |
| 53011 | REFLUX ESOPHAGITIS | 41 |
| 53019 | OTHER ESOPHAGITIS | 41 |
| 5302 | ULCER OF ESOPHAGUS | 41 |
| 5303 | ESOPHAGEAL STRICTURE | 41 |
| 5304 | PERFORATION OF ESOPHAGUS | 41 |
| 5305 | DYSKINESIA OF ESOPHAGUS | 41 |
| 5306 | ACQ ESOPHAG DIVERTICULUM | 41 |
| 5307 | MALLORY-WEISS SYNDROME | 41 |
| 53081 | ESOPHAGEAL REFLUX | 41 |
| 53082 | ESOPHAGEAL HEMORRHAGE | 41 |
| 53083 | ESOPHAGEAL LEUKOPLAKIA | 41 |
| 53084 | TRACHEOESOPHAGEAL FSTULA | 41 |
| 53089 | OTHER DSRDERS ESOPHAGUS | 41 |
| 5309 | ESOPHAGEAL DISORDER NOS | 41 |
| 53100 | AC STOMACH ULCER W HEM | 41 |
| 53101 | AC STOMAC ULC W HEM-OBST | 41 |
| 53110 | AC STOMACH ULCER W PERF | 78 |
| 53111 | AC STOM ULC W PERF-OBST | 78 |
| 53120 | AC STOMAC ULC W HEM/PERF | 78 |
| 53121 | AC STOM ULC HEM/PERF-OBS | 78 |
| 53130 | ACUTE STOMACH ULCER NOS | 41 |
| 53131 | AC STOMACH ULC NOS-OBSTR | 41 |
| 53140 | CHR STOMACH ULC W HEM | 41 |
| 53141 | CHR STOM ULC W HEM-OBSTR | 41 |
| 53150 | CHR STOMACH ULCER W PERF | 78 |
| 53151 | CHR STOM ULC W PERF-OBST | 78 |
| 53160 | CHR STOMACH ULC HEM/PERF | 78 |
| 53161 | CHR STOM ULC HEM/PERF-OB | 78 |
| 53170 | CHR STOMACH ULCER NOS | 41 |
| 53171 | CHR STOMACH ULC NOS-OBST | 41 |
| 53190 | STOMACH ULCER NOS | 41 |
| 53191 | STOMACH ULCER NOS-OBSTR | 41 |
| 53200 | AC DUODENAL ULCER W HEM | 41 |
| 53201 | AC DUODEN ULC W HEM-OBST | 41 |
| 53210 | AC DUODENAL ULCER W PERF | 78 |
| 53211 | AC DUODEN ULC PERF-OBSTR | 78 |
| 53220 | AC DUODEN ULC W HEM/PERF | 78 |
| 53221 | AC DUOD ULC HEM/PERF-OBS | 78 |
| 53230 | ACUTE DUODENAL ULCER NOS | 41 |
| 53231 | AC DUODENAL ULC NOS-OBST | 41 |
| 53240 | CHR DUODEN ULCER W HEM | 41 |
| 53241 | CHR DUODEN ULC HEM-OBSTR | 41 |
| 53250 | CHR DUODEN ULCER W PERF | 78 |
| 53251 | CHR DUODEN ULC PERF-OBST | 78 |
| 53260 | CHR DUODEN ULC HEM/PERF | 78 |
| 53261 | CHR DUOD ULC HEM/PERF-OB | 78 |
| 53270 | CHR DUODENAL ULCER NOS | 41 |
| 53271 | CHR DUODEN ULC NOS-OBSTR | 41 |
| 53290 | DUODENAL ULCER NOS | 41 |
| 53291 | DUODENAL ULCER NOS-OBSTR | 41 |
| 53300 | AC PEPTIC ULCER W HEMORR | 41 |
| 53301 | AC PEPTIC ULC W HEM-OBST | 41 |
| 53310 | AC PEPTIC ULCER W PERFOR | 78 |
| 53311 | AC PEPTIC ULC W PERF-OBS | 78 |
| 53320 | AC PEPTIC ULC W HEM/PERF | 78 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 53321 | AC PEPT ULC HEM/PERF-OBS | 78 |
| 53330 | ACUTE PEPTIC ULCER NOS | 41 |
| 53331 | AC PEPTIC ULCER NOS-OBST | 41 |
| 53340 | CHR PEPTIC ULCER W HEM | 41 |
| 53341 | CHR PEPTIC ULC W HEM-OBS | 41 |
| 53350 | CHR PEPTIC ULCER W PERF | 78 |
| 53351 | CHR PEPTIC ULC PERF-OBST | 78 |
| 53360 | CHR PEPT ULC W HEM/PERF | 78 |
| 53361 | CHR PEPT ULC HEM/PERF-OB | 78 |
| 53370 | CHRONIC PEPTIC ULCER NOS | 41 |
| 53371 | CHR PEPTIC ULCER NOS-OBS | 41 |
| 53390 | PEPTIC ULCER NOS | 41 |
| 53391 | PEPTIC ULCER NOS-OBSTRUC | 41 |
| 53400 | AC MARGINAL ULCER W HEM | 41 |
| 53401 | AC MARGIN ULC W HEM-OBST | 41 |
| 53410 | AC MARGINAL ULCER W PERF | 78 |
| 53411 | AC MARGIN ULC W PERF-OBS | 78 |
| 53420 | AC MARGIN ULC W HEM/PERF | 78 |
| 53421 | AC MARG ULC HEM/PERF-OBS | 78 |
| 53430 | AC MARGINAL ULCER NOS | 41 |
| 53431 | AC MARGINAL ULC NOS-OBST | 41 |
| 53440 | CHR MARGINAL ULCER W HEM | 41 |
| 53441 | CHR MARGIN ULC W HEM-OBS | 41 |
| 53450 | CHR MARGINAL ULC W PERF | 78 |
| 53451 | CHR MARGIN ULC PERF-OBST | 78 |
| 53460 | CHR MARGIN ULC HEM/PERF | 78 |
| 53461 | CHR MARG ULC HEM/PERF-OB | 78 |
| 53470 | CHR MARGINAL ULCER NOS | 41 |
| 53471 | CHR MARGINAL ULC NOS-OBS | 41 |
| 53490 | GASTROJEJUNAL ULCER NOS | 41 |
| 53491 | GASTROJEJUN ULC NOS-OBST | 41 |
| 53500 | ACUTE GASTRTIS W/O HMRHG | 41 |
| 53501 | ACUTE GASTRITIS W HMRHG | 41 |
| 53510 | ATRPH GASTRTIS W/O HMRHG | 41 |
| 53511 | ATRPH GASTRITIS W HMRHG | 41 |
| 53520 | GSTR MCSL HYPRT W/O HMRG | 41 |
| 53521 | GSTR MCSL HYPRT W HMRG | 41 |
| 53530 | ALCHL GASTRTIS W/O HMRHG | 41 |
| 53531 | ALCHL GSTRITIS W HMRHG | 41 |
| 53540 | OTH SPF GSTRT W/O HMRHG | 41 |
| 53541 | OTH SPF GASTRT W HMRHG | 41 |
| 53550 | GSTR/DDNTS NOS W/O HMRHG | 41 |
| 53551 | GSTR/DDNTS NOS W HMRHG | 41 |
| 53560 | DUODENITIS W/O HMRHG | 41 |
| 53561 | DUODENITIS W HMRHG | 41 |
| 5360 | ACHLORHYDRIA | 41 |
| 5361 | AC DILATION OF STOMACH | 41 |
| 5362 | PERSISTENT VOMITING | 41 |
| 5363 | GASTROPARESIS | 41 |
| 5368 | STOMACH FUNCTION DIS NEC | 41 |
| 5369 | STOMACH FUNCTION DIS NOS | 41 |
| 5370 | ACQ PYLORIC STENOSIS | 41 |
| 5371 | GASTRIC DIVERTICULUM | 41 |
| 5372 | CHRONIC DUODENAL ILEUS | 41 |
| 5373 | DUODENAL OBSTRUCTION NEC | 41 |
| 5374 | GASTRIC/DUODENAL FISTULA | 41 |
| 5375 | GASTROPTOSIS | 41 |
| 5376 | HOURGLASS STRICTURE STOM | 41 |
| 53781 | PYLOROSPASM | 41 |
| 53782 | ANGIO STM/DUDN W/O HMRHG | 41 |
| 53783 | ANGIO STM/DUDN W HMRHG | 41 |
| 53789 | GASTRODUODENAL DIS NEC | 41 |
| 5379 | GASTRODUODENAL DIS NOS | 41 |
| 5400 | AC APPEND W PERITONITIS | 41 |
| 5401 | ABSCESS OF APPENDIX | 41 |
| 5409 | ACUTE APPENDICITIS NOS | 41 |
| 541 | APPENDICITIS NOS | 41 |
| 542 | OTHER APPENDICITIS | 41 |
| 5430 | HYPERPLASIA OF APPENDIX | 41 |
| 5439 | DISEASES OF APPENDIX NEC | 41 |
| 55000 | UNILAT ING HERNIA W GANG | 41 |
| 55001 | RECUR UNIL ING HERN-GANG | 41 |
| 55002 | BILAT ING HERNIA W GANG | 41 |
| 55003 | RECUR BIL ING HERN-GANG | 41 |
| 55010 | UNILAT ING HERNIA W OBST | 41 |
| 55011 | RECUR UNIL ING HERN-OBST | 41 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 55012 | BILAT ING HERNIA W OBST | 41 |
| 55013 | RECUR BIL ING HERN-OBSTR | 41 |
| 55090 | UNILAT INGUINAL HERNIA | 41 |
| 55091 | RECUR UNILAT INGUIN HERN | 41 |
| 55092 | BILAT INGUINAL HERNIA | 41 |
| 55093 | RECUR BILAT INGUIN HERN | 41 |
| 55100 | UNIL FEMORAL HERN W GANG | 41 |
| 55101 | REC UNIL FEM HERN W GANG | 41 |
| 55102 | BILAT FEM HERN W GANG | 41 |
| 55103 | RECUR BIL FEM HERN-GANG | 41 |
| 5511 | UMBILICAL HERNIA W GANGR | 41 |
| 55120 | GANGR VENTRAL HERNIA NOS | 41 |
| 55121 | GANGR INCISIONAL HERNIA | 41 |
| 55129 | GANG VENTRAL HERNIA NEC | 41 |
| 5513 | DIAPHRAGM HERNIA W GANGR | 78 |
| 5518 | HERNIA, SITE NEC W GANGR | 78 |
| 5519 | HERNIA, SITE NOS W GANGR | 78 |
| 55200 | UNIL FEMORAL HERN W OBST | 41 |
| 55201 | REC UNIL FEM HERN W OBST | 41 |
| 55202 | BIL FEMORAL HERN W OBSTR | 41 |
| 55203 | REC BIL FEM HERN W OBSTR | 41 |
| 5521 | UMBILICAL HERNIA W OBSTR | 41 |
| 55220 | OBSTR VENTRAL HERNIA NOS | 41 |
| 55221 | OBSTR INCISIONAL HERNIA | 41 |
| 55229 | OBSTR VENTRAL HERNIA NEC | 41 |
| 5523 | DIAPHRAGM HERNIA W OBSTR | 41 |
| 5528 | HERNIA, SITE NEC W OBSTR | 41 |
| 5529 | HERNIA, SITE NOS W OBSTR | 41 |
| 55300 | UNILAT FEMORAL HERNIA | 41 |
| 55301 | RECUR UNIL FEMORAL HERN | 41 |
| 55302 | BILATERAL FEMORAL HERNIA | 41 |
| 55303 | RECUR BILAT FEMORAL HERN | 41 |
| 5531 | UMBILICAL HERNIA | 41 |
| 55320 | VENTRAL HERNIA NOS | 41 |
| 55321 | INCISIONAL HERNIA | 41 |
| 55329 | VENTRAL HERNIA NEC | 41 |
| 5533 | DIAPHRAGMATIC HERNIA | 41 |
| 5538 | HERNIA NEC | 41 |
| 5539 | HERNIA NOS | 41 |
| 5550 | REG ENTERITIS, SM INTEST | 41 |
| 5551 | REG ENTERITIS, LG INTEST | 41 |
| 5552 | REG ENTERIT SM/LG INTEST | 41 |
| 5559 | REGIONAL ENTERITIS NOS | 41 |
| 5560 | ULCERATIVE ENTEROCOLITIS | 41 |
| 5561 | ULCERATIVE ILEOCOLITIS | 41 |
| 5562 | ULCERATIVE PROCTITIS | 41 |
| 5563 | ULCERTVE PRCTOSIGMOIDTIS | 41 |
| 5564 | PSEUDOPOLYPOSIS COLON | 41 |
| 5565 | LFTSDED ULCERTVE COLITIS | 41 |
| 5566 | UNIVRSL ULCERTVE COLITIS | 41 |
| 5568 | OTHER ULCERATIVE COLITIS | 41 |
| 5569 | ULCERATVE COLITIS UNSPCF | 41 |
| 5570 | AC VASC INSUFF INTESTINE | 41 |
| 5571 | CHR VASC INSUFF INTEST | 41 |
| 5579 | VASC INSUFF INTEST NOS | 41 |
| 5581 | RADIATION GASTROENTERIT | 41 |
| 5582 | TOXIC GASTROENTERITIS | 41 |
| 5589 | NONINF GASTROENTERIT NEC | 41 |
| 5600 | INTUSSUSCEPTION | 41 |
| 5601 | PARALYTIC ILEUS | 41 |
| 5602 | VOLVULUS OF INTESTINE | 41 |
| 56030 | IMPACTION INTESTINE NOS | 41 |
| 56031 | GALLSTONE ILEUS | 41 |
| 56039 | IMPACTION INTESTINE NEC | 41 |
| 56081 | INTESTINAL ADHES W OBSTR | 41 |
| 56089 | INTESTINAL OBSTRUCT NEC | 41 |
| 5609 | INTESTINAL OBSTRUCT NOS | 41 |
| 56200 | DVRTCLO SML INT W/O HMRG | 41 |
| 56201 | DVRTCLI SML INT W/O HMRG | 41 |
| 56202 | DVRTCLO SML INT W HMRHG | 41 |
| 56203 | DVRTCLI SML INT W HMRHG | 41 |
| 56210 | DVRTCLO COLON W/O HMRHG | 41 |
| 56211 | DVRTCLI COLON W/O HMRHG | 41 |
| 56212 | DVRTCLO COLON W HMRHG | 41 |
| 56213 | DVRTCLI COLON W HMRHG | 41 |
| 5640 | CONSTIPATION | 41 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 5641 | IRRITABLE COLON | 41 |
| 5642 | POSTGASTRIC SURGERY SYND | 41 |
| 5643 | VOMITING POST-GI SURGERY | 41 |
| 5644 | POSTOP GI FUNCT DIS NEC | 41 |
| 5645 | FUNCTIONAL DIARRHEA | 41 |
| 5646 | ANAL SPASM | 41 |
| 5647 | MEGACOLON NEC | 41 |
| 5648 | FUNCT DIS INTESTINE NEC | 41 |
| 5649 | FUNCT DIS INTESTINE NOS | 41 |
| 5650 | ANAL FISSURE | 41 |
| 5651 | ANAL FISTULA | 41 |
| 566 | ANAL & RECTAL ABSCESS | 41 |
| 5670 | PERITONITIS IN INFEC DIS | 41 |
| 5671 | PNEUMOCOCCAL PERITONITIS | 41 |
| 5672 | SUPPURAT PERITONITIS NEC | 41 |
| 5678 | PERITONITIS NEC | 41 |
| 5679 | PERITONITIS NOS | 41 |
| 5680 | PERITONEAL ADHESIONS | 41 |
| 56881 | HEMOPERITONEUM | 78 |
| 56882 | PERITONEAL EFFUSION | 41 |
| 56889 | PERITONEAL DISORDER NEC | 41 |
| 5689 | PERITONEAL DISORDER NOS | 41 |
| 5690 | ANAL & RECTAL POLYP | 41 |
| 5691 | RECTAL PROLAPSE | 41 |
| 5692 | RECTAL & ANAL STENOSIS | 41 |
| 5693 | RECTAL & ANAL HEMORRHAGE | 41 |
| 56941 | RECTAL & ANAL ULCER | 41 |
| 56942 | ANAL OR RECTAL PAIN | 41 |
| 56949 | RECTAL & ANAL DIS NEC | 41 |
| 5695 | INTESTINAL ABSCESS | 41 |
| 56960 | COLSTOMY/ENTER COMP NOS | 41 |
| 56961 | COLOSTY/ENTEROST INFECTN | 41 |
| 56969 | COLSTMY/ENTEROS COMP NEC | 41 |
| 56981 | INTESTINAL FISTULA | 41 |
| 56982 | ULCERATION OF INTESTINE | 41 |
| 56983 | PERFORATION OF INTESTINE | 41 |
| 56984 | ANGIO INTES W/O HMRHG | 41 |
| 56985 | ANGIO INTES W HMRHG | 41 |
| 56989 | INTESTINAL DISORDERS NEC | 41 |
| 5699 | INTESTINAL DISORDER NOS | 41 |
| 570 | ACUTE NECROSIS OF LIVER | 41 |
| 5710 | ALCOHOLIC FATTY LIVER | 41 |
| 5711 | AC ALCOHOLIC HEPATITIS | 41 |
| 5712 | ALCOHOL CIRRHOSIS LIVER | 41 |
| 5713 | ALCOHOL LIVER DAMAGE NOS | 41 |
| 57140 | CHRONIC HEPATITIS NOS | 41 |
| 57141 | CHR PERSISTENT HEPATITIS | 41 |
| 57149 | CHRONIC HEPATITIS NEC | 41 |
| 5715 | CIRRHOSIS OF LIVER NOS | 41 |
| 5716 | BILIARY CIRRHOSIS | 41 |
| 5718 | CHRONIC LIVER DIS NEC | 41 |
| 5719 | CHRONIC LIVER DIS NOS | 41 |
| 5720 | ABSCESS OF LIVER | 41 |
| 5721 | PORTAL PYEMIA | 41 |
| 5722 | HEPATIC COMA | 78 |
| 5723 | PORTAL HYPERTENSION | 41 |
| 5724 | HEPATORENAL SYNDROME | 41 |
| 5728 | OTH SEQUELA, CHR LIV DIS | 41 |
| 5730 | CHR PASSIV CONGEST LIVER | 41 |
| 5731 | HEPATITIS IN VIRAL DIS | 41 |
| 5732 | HEPATITIS IN OTH INF DIS | 41 |
| 5733 | HEPATITIS NOS | 41 |
| 5734 | HEPATIC INFARCTION | 41 |
| 5738 | LIVER DISORDERS NEC | 41 |
| 5739 | LIVER DISORDER NOS | 41 |
| 57400 | CHOLELITH W AC CHOLECYST | 41 |
| 57401 | CHOLELITH/AC GB INF-OBST | 41 |
| 57410 | CHOLELITH W CHOLECYS NEC | 41 |
| 57411 | CHOLELITH/GB INF NEC-OBS | 41 |
| 57420 | CHOLELITHIASIS NOS | 41 |
| 57421 | CHOLELITHIAS NOS W OBSTR | 41 |
| 57430 | CHOLEDOCHOLITH/AC GB INF | 41 |
| 57431 | CHOLEDOCHLITH/AC GB-OBST | 41 |
| 57440 | CHOLEDOCHLITH/GB INF NEC | 41 |
| 57441 | CHOLEDOCHLITH/GB NEC-OBS | 41 |
| 57450 | CHOLEDOCHOLITHIASIS NOS | 41 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 57451 | CHOLEDOCHLITH NOS W OBST | 41 |
| 5750 | ACUTE CHOLECYSTITIS | 41 |
| 5752 | OBSTRUCTION GALLBLADDER | 41 |
| 5753 | HYDROPS OF GALLBLADDER | 41 |
| 5754 | PERFORATION GALLBLADDER | 41 |
| 5755 | FISTULA OF GALLBLADDER | 41 |
| 5756 | GB CHOLESTEROLOSIS | 41 |
| 5758 | DIS OF GALLBLADDER NEC | 41 |
| 5759 | DIS OF GALLBLADDER NOS | 41 |
| 5760 | POSTCHOLECYSTECTOMY SYND | 41 |
| 5761 | CHOLANGITIS | 41 |
| 5762 | OBSTRUCTION OF BILE DUCT | 41 |
| 5763 | PERFORATION OF BILE DUCT | 41 |
| 5764 | FISTULA OF BILE DUCT | 41 |
| 5765 | SPASM SPHINCTER OF ODDI | 41 |
| 5768 | DIS OF BILIARY TRACT NEC | 41 |
| 5769 | DIS OF BILIARY TRACT NOS | 41 |
| 5770 | ACUTE PANCREATITIS | 41 |
| 5771 | CHRONIC PANCREATITIS | 41 |
| 5772 | PANCREAT CYST/PSEUDOCYST | 41 |
| 5778 | PANCREATIC DISEASE NEC | 41 |
| 5779 | PANCREATIC DISEASE NOS | 41 |
| 5780 | HEMATEMESIS | 41 |
| 5781 | BLOOD IN STOOL | 41 |
| 5789 | GASTROINTEST HEMORR NOS | 41 |
| 5790 | CELIAC DISEASE | 41 |
| 5791 | TROPICAL SPRUE | 41 |
| 5792 | BLIND LOOP SYNDROME | 41 |
| 5793 | INTEST POSTOP NONABSORB | 41 |
| 5794 | PANCREATIC STEATORRHEA | 41 |
| 5798 | INTEST MALABSORPTION NEC | 41 |
| 5799 | INTEST MALABSORPTION NOS | 41 |
| 5800 | AC PROLIFERAT NEPHRITIS | 53 |
| 5804 | AC RAPIDLY PROGR NEPHRIT | 53 |
| 58081 | AC NEPHRITIS IN OTH DIS | 53 |
| 58089 | ACUTE NEPHRITIS NEC | 53 |
| 5809 | ACUTE NEPHRITIS NOS | 53 |
| 5810 | NEPHROTIC SYN, PROLIFER | 53 |
| 5811 | EPIMEMBRANOUS NEPHRITIS | 53 |
| 5812 | MEMBRANOPROLIF NEPHROSIS | 53 |
| 5813 | MINIMAL CHANGE NEPHROSIS | 53 |
| 58181 | NEPHROTIC SYN IN OTH DIS | 53 |
| 58189 | NEPHROTIC SYNDROME NEC | 53 |
| 5819 | NEPHROTIC SYNDROME NOS | 53 |
| 5820 | CHR PROLIFERAT NEPHRITIS | 53 |
| 5821 | CHR MEMBRANOUS NEPHRITIS | 53 |
| 5822 | CHR MEMBRANOPROLIF NEPHR | 53 |
| 5824 | CHR RAPID PROGR NEPHRIT | 53 |
| 58281 | CHR NEPHRITIS IN OTH DIS | 53 |
| 58289 | CHRONIC NEPHRITIS NEC | 53 |
| 5829 | CHRONIC NEPHRITIS NOS | 53 |
| 5830 | PROLIFERAT NEPHRITIS NOS | 53 |
| 5831 | MEMBRANOUS NEPHRITIS NOS | 53 |
| 5832 | MEMBRANOPROLIF NEPHR NOS | 53 |
| 5834 | RAPIDLY PROG NEPHRIT NOS | 53 |
| 5836 | RENAL CORT NECROSIS NOS | 53 |
| 5837 | NEPHR NOS/MEDULL NECROS | 53 |
| 58381 | NEPHRITIS NOS IN OTH DIS | 53 |
| 58389 | NEPHRITIS NEC | 53 |
| 5839 | NEPHRITIS NOS | 53 |
| 5845 | LOWER NEPHRON NEPHROSIS | 53 |
| 5846 | AC RENAL FAIL, CORT NECR | 53 |
| 5847 | AC REN FAIL, MEDULL NECR | 53 |
| 5848 | AC RENAL FAILURE NEC | 53 |
| 5849 | ACUTE RENAL FAILURE NOS | 53 |
| 585 | CHRONIC RENAL FAILURE | 53 |
| 586 | RENAL FAILURE NOS | 53 |
| 587 | RENAL SCLEROSIS NOS | 53 |
| 5880 | RENAL OSTEODYSTROPHY | 53 |
| 5881 | NEPHROGEN DIABETES INSIP | 53 |
| 5888 | IMPAIRED RENAL FUNCT NEC | 53 |
| 5889 | IMPAIRED RENAL FUNCT NOS | 53 |
| 5890 | UNILATERAL SMALL KIDNEY | 53 |
| 5891 | BILATERAL SMALL KIDNEYS | 53 |
| 5899 | SMALL KIDNEY NOS | 53 |
| 59000 | CHR PYELONEPHRITIS NOS | 53 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 59001 | CHR PYELONEPH W MED NECR | 53 |
| 59010 | AC PYELONEPHRITIS NOS | 53 |
| 59011 | AC PYELONEPHR W MED NECR | 53 |
| 5902 | RENAL/PERIRENAL ABSCESS | 53 |
| 5903 | PYELOURETERITIS CYSTICA | 53 |
| 59080 | PYELONEPHRITIS NOS | 53 |
| 59081 | PYELONEPHRIT IN OTH DIS | 53 |
| 5909 | INFECTION OF KIDNEY NOS | 53 |
| 591 | HYDRONEPHROSIS | 53 |
| 5920 | CALCULUS OF KIDNEY | 53 |
| 5921 | CALCULUS OF URETER | 53 |
| 5929 | URINARY CALCULUS NOS | 53 |
| 5930 | NEPHROPTOSIS | 53 |
| 5931 | HYPERTROPHY OF KIDNEY | 53 |
| 5932 | CYST OF KIDNEY, ACQUIRED | 53 |
| 5933 | STRICTURE OF URETER | 53 |
| 5934 | URETERIC OBSTRUCTION NEC | 53 |
| 5935 | HYDROURETER | 53 |
| 5936 | POSTURAL PROTEINURIA | 53 |
| 59370 | VESCOURETRL RFLUX UNSPCF | 53 |
| 59371 | VSCURT RFLX NPHT UNILTRL | 53 |
| 59372 | VSCOURTL RFLX NPHT BLTRL | 53 |
| 59373 | VSCOURTL RFLX W NPHT NOS | 53 |
| 59381 | RENAL VASCULAR DISORDER | 53 |
| 59382 | URETERAL FISTULA | 53 |
| 59389 | RENAL & URETERAL DIS NEC | 53 |
| 5939 | RENAL & URETERAL DIS NOS | 53 |
| 5940 | BLAD DIVERTICULUM CALCUL | 53 |
| 5941 | BLADDER CALCULUS NEC | 53 |
| 5942 | URETHRAL CALCULUS | 53 |
| 5948 | LOWER URIN CALCUL NEC | 53 |
| 5949 | LOWER URIN CALCUL NOS | 53 |
| 5950 | ACUTE CYSTITIS | 53 |
| 5951 | CHR INTERSTIT CYSTITIS | 53 |
| 5952 | CHRONIC CYSTITIS NEC | 53 |
| 5953 | TRIGONITIS | 53 |
| 5954 | CYSTITIS IN OTH DIS | 53 |
| 59581 | CYSTITIS CYSTICA | 53 |
| 59582 | IRRADIATION CYSTITIS | 53 |
| 59589 | CYSTITIS NEC | 53 |
| 5959 | CYSTITIS NOS | 53 |
| 5960 | BLADDER NECK OBSTRUCTION | 53 |
| 5961 | INTESTINOVESICAL FISTULA | 53 |
| 5962 | VESICAL FISTULA NEC | 53 |
| 5963 | DIVERTICULUM OF BLADDER | 53 |
| 5964 | ATONY OF BLADDER | 53 |
| 59651 | HYPERTONICITY OF BLADDER | 53 |
| 59652 | LOW BLADDER COMPLIANCE | 53 |
| 59653 | PARALYSIS OF BLADDER | 53 |
| 59654 | NEUROGENIC BLADDER NOS | 53 |
| 59655 | DETRUSR SPHINC DYSSNRGIA | 53 |
| 59659 | OTH FUNC DSDR BLADDER | 53 |
| 5966 | BLADDER RUPT, NONTRAUM | 53 |
| 5967 | BLADDER WALL HEMORRHAGE | 53 |
| 5968 | BLADDER DISORDER NEC | 53 |
| 5969 | BLADDER DISORDER NOS | 53 |
| 5970 | URETHRAL ABSCESS | 53 |
| 59780 | URETHRITIS NOS | 53 |
| 59781 | URETHRAL SYNDROME NOS | 53 |
| 59789 | URETHRITIS NEC | 53 |
| 59800 | URETHR STRICT:INFECT NOS | 53 |
| 59801 | URETH STRICT:OTH INFECT | 53 |
| 5981 | TRAUM URETHRAL STRICTURE | 53 |
| 5982 | POSTOP URETHRAL STRICTUR | 53 |
| 5988 | URETHRAL STRICTURE NEC | 53 |
| 5989 | URETHRAL STRICTURE NOS | 53 |
| 5990 | URIN TRACT INFECTION NOS | 53 |
| 5991 | URETHRAL FISTULA | 53 |
| 5992 | URETHRAL DIVERTICULUM | 53 |
| 5993 | URETHRAL CARUNCLE | 53 |
| 5994 | URETHRAL FALSE PASSAGE | 53 |
| 5995 | PROLAPSE URETHRAL MUCOSA | 53 |
| 5996 | URINARY OBSTRUCTION NOS | 53 |
| 5997 | HEMATURIA | 53 |
| 5998 | URINARY TRACT DIS NEC* | 53 |
| 59981 | URETHRAL HYPERMOBILITY | 53 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 59982 | INTRINSC SPHNCTR DFICNCY | 53 |
| 59983 | URETHRAL INSTABILITY | 53 |
| 59984 | OTH SPCF DSDR URETHRA | 53 |
| 59989 | OTH SPCF DSDR URNRY TRCT | 53 |
| 5999 | URINARY TRACT DIS NOS | 53 |
| 600 | HYPERPLASIA OF PROSTATE | 53 |
| 6010 | ACUTE PROSTATITIS | 53 |
| 6011 | CHRONIC PROSTATITIS | 53 |
| 6012 | ABSCESS OF PROSTATE | 53 |
| 6013 | PROSTATOCYSTITIS | 53 |
| 6014 | PROSTATITIS IN OTH DIS | 53 |
| 6018 | PROSTATIC INFLAM DIS NEC | 53 |
| 6019 | PROSTATITIS NOS | 53 |
| 6020 | CALCULUS OF PROSTATE | 53 |
| 6021 | PROSTATIC CONGEST/HEMORR | 53 |
| 6022 | ATROPHY OF PROSTATE | 53 |
| 6028 | PROSTATIC DISORDERS NEC | 53 |
| 6029 | PROSTATIC DISORDER NOS | 53 |
| 6030 | ENCYSTED HYDROCELE | 53 |
| 6031 | INFECTED HYDROCELE | 53 |
| 6038 | HYDROCELE NEC | 53 |
| 6039 | HYDROCELE NOS | 53 |
| 6040 | ORCHITIS WITH ABSCESS | 53 |
| 60490 | ORCHITIS/EPIDIDYMIT NOS | 53 |
| 60491 | ORCHITIS IN OTH DISEASE | 53 |
| 60499 | ORCHITIS/EPIDIDYMIT NEC | 53 |
| 605 | REDUN PREPUCE & PHIMOSIS | 53 |
| 6060 | AZOOSPERMIA | 53 |
| 6061 | OLIGOSPERMIA | 53 |
| 6068 | MALE INFERTILITY NEC | 53 |
| 6069 | MALE INFERTILITY NOS | 53 |
| 6070 | LEUKOPLAKIA OF PENIS | 53 |
| 6071 | BALANOPOSTHITIS | 53 |
| 6072 | INFLAM DIS, PENIS NEC | 53 |
| 6073 | PRIAPISM | 53 |
| 60781 | BALANITIS XEROTICA OBLIT | 53 |
| 60782 | VASCULAR DISORDER, PENIS | 53 |
| 60783 | EDEMA OF PENIS | 53 |
| 60784 | IMPOTENCE, ORGANIC ORIGN | 53 |
| 60789 | DISORDER OF PENIS NEC | 53 |
| 6079 | DISORDER OF PENIS NOS | 53 |
| 6080 | SEMINAL VESICULITIS | 97 |
| 6081 | SPERMATOCELE | 53 |
| 6082 | TORSION OF TESTIS | 53 |
| 6083 | ATROPHY OF TESTIS | 53 |
| 6084 | MALE GEN INFLAM DIS NEC | 53 |
| 60881 | MALE GEN DIS IN OTH DIS | 53 |
| 60883 | MALE GEN VASCUL DIS NEC | 53 |
| 60884 | CHYLOCELE, TUNIC VAGINAL | 53 |
| 60885 | STRICTURE, MALE GEN ORGN | 53 |
| 60886 | EDEMA, MALE GENITAL ORGN | 53 |
| 60889 | MALE GENITAL DIS NEC | 53 |
| 6089 | MALE GENITAL DIS NOS | 53 |
| 6100 | SOLITARY CYST OF BREAST | 18 |
| 6101 | DIFFUS CYSTIC MASTOPATHY | 18 |
| 6102 | FIBROADENOSIS OF BREAST | 18 |
| 6103 | FIBROSCLEROSIS OF BREAST | 18 |
| 6104 | MAMMARY DUCT ECTASIA | 18 |
| 6108 | BENIGN MAMM DYSPLAS NEC | 18 |
| 6109 | BENIGN MAMM DYSPLAS NOS | 18 |
| 6110 | INFLAM DISEASE OF BREAST | 18 |
| 6111 | HYPERTROPHY OF BREAST | 18 |
| 6112 | FISSURE OF NIPPLE | 18 |
| 6113 | FAT NECROSIS OF BREAST | 18 |
| 6114 | ATROPHY OF BREAST | 18 |
| 6115 | GALACTOCELE | 18 |
| 6116 | GALACTORRHEA-NONOBSTET | 18 |
| 61171 | MASTODYNIA | 18 |
| 61172 | LUMP OR MASS IN BREAST | 18 |
| 61179 | SYMPTOMS IN BREAST NEC | 18 |
| 6118 | BREAST DISORDERS NEC | 18 |
| 6119 | BREAST DISORDER NOS | 18 |
| 6140 | AC SALPINGO-OOPHORITIS | 97 |
| 6141 | CHR SALPINGO-OOPHORITIS | 97 |
| 6142 | SALPINGO-OOPHORITIS NOS | 97 |
| 6143 | ACUTE PARAMETRITIS | 56 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 6144 | CHRONIC PARAMETRITIS | 56 |
| 6145 | AC PELV PERITONITIS-FEM | 56 |
| 6146 | FEM PELVIC PERITON ADHES | 56 |
| 6147 | CHR PELV PERITON NEC-FEM | 56 |
| 6148 | FEM PELV INFLAM DIS NEC | 97 |
| 6149 | FEM PELV INFLAM DIS NOS | 97 |
| 6150 | AC UTERINE INFLAMMATION | 56 |
| 6151 | CHR UTERINE INFLAMMATION | 56 |
| 6159 | UTERINE INFLAM DIS NOS | 56 |
| 6160 | CERVICITIS | 97 |
| 61610 | VAGINITIS NOS | 97 |
| 61611 | VAGINITIS IN OTH DISEASE | 97 |
| 6162 | BARTHOLIN'S GLAND CYST | 56 |
| 6163 | BARTHOLIN'S GLND ABSCESS | 56 |
| 6164 | ABSCESS OF VULVA NEC | 56 |
| 61650 | ULCERATION OF VULVA NOS | 56 |
| 61651 | VULVAR ULCER IN OTH DIS | 56 |
| 6168 | FEMALE GEN INFLAM NEC | 56 |
| 6169 | FEMALE GEN INFLAM NOS | 56 |
| 6170 | UTERINE ENDOMETRIOSIS | 56 |
| 6171 | OVARIAN ENDOMETRIOSIS | 56 |
| 6172 | TUBAL ENDOMETRIOSIS | 56 |
| 6173 | PELV PERIT ENDOMETRIOSIS | 56 |
| 6174 | VAGINAL ENDOMETRIOSIS | 56 |
| 6175 | INTESTINAL ENDOMETRIOSIS | 41 |
| 6176 | ENDOMETRIOSIS IN SCAR | 18 |
| 6178 | ENDOMETRIOSIS NEC | 56 |
| 6179 | ENDOMETRIOSIS NOS | 56 |
| 6180 | PROLAPSE OF VAGINAL WALL | 56 |
| 6181 | UTERINE PROLAPSE | 56 |
| 6182 | UTEROVAG PROLAPS-INCOMPL | 56 |
| 6183 | UTEROVAG PROLAPS-COMPLET | 56 |
| 6184 | UTERVAGINAL PROLAPSE NOS | 56 |
| 6185 | POSTOP VAGINAL PROLAPSE | 56 |
| 6186 | VAGINAL ENTEROCELE | 56 |
| 6187 | OLD LACER PELVIC MUSCLE | 56 |
| 6188 | GENITAL PROLAPSE NEC | 56 |
| 6189 | GENITAL PROLAPSE NOS | 56 |
| 6190 | URIN-GENITAL FISTUL, FEM | 56 |
| 6191 | DIGEST-GENIT FISTUL, FEM | 41 |
| 6192 | GENITAL-SKIN FISTUL, FEM | 56 |
| 6198 | FEM GENITAL FISTULA NEC | 56 |
| 6199 | FEM GENITAL FISTULA NOS | 56 |
| 6200 | FOLLICULAR CYST OF OVARY | 56 |
| 6201 | CORPUS LUTEUM CYST | 56 |
| 6202 | OVARIAN CYST NEC/NOS | 56 |
| 6203 | ACQ ATROPHY OVARY & TUBE | 56 |
| 6204 | PROLAPSE OF OVARY & TUBE | 56 |
| 6205 | TORSION OF OVARY OR TUBE | 56 |
| 6206 | BROAD LIGAMENT LACER SYN | 56 |
| 6207 | BROAD LIGAMENT HEMATOMA | 56 |
| 6208 | NONINFL DIS OVA/ADNX NEC | 56 |
| 6209 | NONINFL DIS OVA/ADNX NOS | 56 |
| 6210 | POLYP OF CORPUS UTERI | 56 |
| 6211 | CHR UTERINE SUBINVOLUTN | 56 |
| 6212 | HYPERTROPHY OF UTERUS | 56 |
| 6213 | ENDOMETRIAL HYPERPLASIA | 56 |
| 6214 | HEMATOMETRA | 56 |
| 6215 | INTRAUTERINE SYNECHIAE | 56 |
| 6216 | MALPOSITION OF UTERUS | 56 |
| 6217 | CHR INVERSION OF UTERUS | 56 |
| 6218 | DISORDERS OF UTERUS NEC | 56 |
| 6219 | DISORDER OF UTERUS NOS | 56 |
| 6220 | EROSION/ECTROPION CERVIX | 56 |
| 6221 | DYSPLASIA OF CERVIX | 56 |
| 6222 | LEUKOPLAKIA OF CERVIX | 56 |
| 6223 | OLD LACERATION OF CERVIX | 56 |
| 6224 | STRICTURE OF CERVIX | 56 |
| 6225 | INCOMPETENCE OF CERVIX | 56 |
| 6226 | HYPERTROPHIC ELONG CERVX | 56 |
| 6227 | MUCOUS POLYP OF CERVIX | 56 |
| 6228 | NONINFLAM DIS CERVIX NEC | 56 |
| 6229 | NONINFLAM DIS CERVIX NOS | 56 |
| 6230 | DYSPLASIA OF VAGINA | 56 |
| 6231 | LEUKOPLAKIA OF VAGINA | 56 |
| 6232 | STRICTURE OF VAGINA | 56 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 6233 | TIGHT HYMENAL RING | 56 |
| 6234 | OLD VAGINAL LACERATION | 56 |
| 6235 | NONINFECT VAG LEUKORRHEA | 56 |
| 6236 | VAGINAL HEMATOMA | 56 |
| 6237 | POLYP OF VAGINA | 56 |
| 6238 | NONINFLAM DIS VAGINA NEC | 56 |
| 6239 | NONINFLAM DIS VAGINA NOS | 56 |
| 6240 | DYSTROPHY OF VULVA | 56 |
| 6241 | ATROPHY OF VULVA | 56 |
| 6242 | HYPERTROPHY OF CLITORIS | 56 |
| 6243 | HYPERTROPHY OF LABIA | 56 |
| 6244 | OLD LACERATION OF VULVA | 56 |
| 6245 | HEMATOMA OF VULVA | 56 |
| 6246 | POLYP OF LABIA AND VULVA | 56 |
| 6248 | NONINFLAM DIS VULVA NEC | 56 |
| 6249 | NONINFLAM DIS VULVA NOS | 56 |
| 6250 | DYSPAREUNIA | 56 |
| 6251 | VAGINISMUS | 56 |
| 6252 | MITTELSCHMERZ | 56 |
| 6253 | DYSMENORRHEA | 56 |
| 6254 | PREMENSTRUAL TENSION | 56 |
| 6255 | PELVIC CONGESTION SYND | 56 |
| 6256 | FEM STRESS INCONTINENCE | 56 |
| 6258 | FEM GENITAL SYMPTOMS NEC | 56 |
| 6259 | FEM GENITAL SYMPTOMS NOS | 56 |
| 6260 | ABSENCE OF MENSTRUATION | 56 |
| 6261 | SCANTY MENSTRUATION | 56 |
| 6262 | EXCESSIVE MENSTRUATION | 56 |
| 6263 | PUBERTAL MENORRHAGIA | 56 |
| 6264 | IRREGULAR MENSTRUATION | 56 |
| 6265 | OVULATION BLEEDING | 56 |
| 6266 | METRORRHAGIA | 56 |
| 6267 | POSTCOITAL BLEEDING | 56 |
| 6268 | MENSTRUAL DISORDER NEC | 56 |
| 6269 | MENSTRUAL DISORDER NOS | 56 |
| 6270 | PREMENOPAUSE MENORRHAGIA | 56 |
| 6271 | POSTMENOPAUSAL BLEEDING | 56 |
| 6272 | FEMALE CLIMACTERIC STATE | 56 |
| 6273 | ATROPHIC VAGINITIS | 56 |
| 6274 | ARTIFIC MENOPAUSE STATES | 56 |
| 6278 | MENOPAUSAL DISORDER NEC | 56 |
| 6279 | MENOPAUSAL DISORDER NOS | 56 |
| 6280 | INFERTILITY-ANOVULATION | 56 |
| 6281 | INFERTIL-PITUITARY ORIG | 56 |
| 6282 | INFERTILITY-TUBAL ORIGIN | 56 |
| 6283 | INFERTILITY-UTERINE ORIG | 56 |
| 6284 | INFERTIL-CERVICAL ORIG | 56 |
| 6288 | FEMALE INFERTILITY NEC | 56 |
| 6289 | FEMALE INFERTILITY NOS | 56 |
| 6290 | HEMATOCELE, FEMALE NEC | 56 |
| 6291 | HYDROCELE CANAL NUCK-FEM | 56 |
| 6298 | FEMALE GENITAL DIS NEC | 56 |
| 6299 | FEMALE GENITAL DIS NOS | 56 |
| 630 | HYDATIDIFORM MOLE | 57 |
| 631 | OTH ABN PROD CONCEPTION | 57 |
| 632 | MISSED ABORTION | 57 |
| 6330 | ABDOMINAL PREGNANCY | 57 |
| 6331 | TUBAL PREGNANCY | 57 |
| 6332 | OVARIAN PREGNANCY | 57 |
| 6338 | ECTOPIC PREGNANCY NEC | 57 |
| 6339 | ECTOPIC PREGNANCY NOS | 57 |
| 63400 | SPON ABOR W PEL INF-UNSP | 57 |
| 63401 | SPON ABOR W PELV INF-INC | 57 |
| 63402 | SPON ABOR W PEL INF-COMP | 57 |
| 63410 | SPON ABORT W HEMORR-UNSP | 57 |
| 63411 | SPON ABORT W HEMORR-INC | 57 |
| 63412 | SPON ABORT W HEMORR-COMP | 57 |
| 63420 | SPON AB W PEL DAMAG-UNSP | 57 |
| 63421 | SPON AB W PELV DAMAG-INC | 57 |
| 63422 | SPON AB W PEL DAMAG-COMP | 57 |
| 63430 | SPON AB W REN FAIL-UNSP | 57 |
| 63431 | SPON AB W REN FAIL-INC | 57 |
| 63432 | SPON AB W REN FAIL-COMP | 57 |
| 63440 | SPON AB W METAB DIS-UNSP | 57 |
| 63441 | SPON AB W METAB DIS-INC | 57 |
| 63442 | SPON AB W METAB DIS-COMP | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 63450 | SPON ABORT W SHOCK-UNSP | 57 |
| 63451 | SPON ABORT W SHOCK-INC | 57 |
| 63452 | SPON ABORT W SHOCK-COMP | 57 |
| 63460 | SPON ABORT W EMBOL-UNSP | 57 |
| 63461 | SPON ABORT W EMBOL-INC | 57 |
| 63462 | SPON ABORT W EMBOL-COMP | 57 |
| 63470 | SPON AB W COMPL NEC-UNSP | 57 |
| 63471 | SPON AB W COMPL NEC-INC | 57 |
| 63472 | SPON AB W COMPL NEC-COMP | 57 |
| 63480 | SPON AB W COMPL NOS-UNSP | 57 |
| 63481 | SPON AB W COMPL NOS-INC | 57 |
| 63482 | SPON AB W COMPL NOS-COMP | 57 |
| 63490 | SPON ABORT UNCOMPL-UNSP | 57 |
| 63491 | SPON ABORT UNCOMPL-INC | 57 |
| 63492 | SPON ABORT UNCOMPL-COMP | 57 |
| 63500 | LEG ABOR W PELV INF-UNSP | 57 |
| 63501 | LEG ABOR W PELV INF-INC | 57 |
| 63502 | LEG ABOR W PELV INF-COMP | 57 |
| 63510 | LEGAL ABOR W HEMORR-UNSP | 57 |
| 63511 | LEGAL ABORT W HEMORR-INC | 57 |
| 63512 | LEGAL ABOR W HEMORR-COMP | 57 |
| 63520 | LEG AB W PELV DAMAG-UNSP | 57 |
| 63521 | LEG AB W PELV DAMAG-INC | 57 |
| 63522 | LEG AB W PELV DAMAG-COMP | 57 |
| 63530 | LEG ABOR W REN FAIL-UNSP | 57 |
| 63531 | LEG ABOR W REN FAIL-INC | 57 |
| 63532 | LEG ABOR W REN FAIL-COMP | 57 |
| 63540 | LEG AB W METAB DIS-UNSP | 57 |
| 63541 | LEG AB W METAB DIS-INC | 57 |
| 63542 | LEG AB W METAB DIS-COMP | 57 |
| 63550 | LEGAL ABORT W SHOCK-UNSP | 57 |
| 63551 | LEGAL ABORT W SHOCK-INC | 57 |
| 63552 | LEGAL ABORT W SHOCK-COMP | 57 |
| 63560 | LEGAL ABORT W EMBOL-UNSP | 57 |
| 63561 | LEGAL ABORT W EMBOL-INC | 57 |
| 63562 | LEGAL ABORT W EMBOL-COMP | 57 |
| 63570 | LEG AB W COMPL NEC-UNSP | 57 |
| 63571 | LEG AB W COMPL NEC-INC | 57 |
| 63572 | LEG AB W COMPL NEC-COMP | 57 |
| 63580 | LEG AB W COMPL NOS-UNSP | 57 |
| 63581 | LEG AB W COMPL NOS-INC | 57 |
| 63582 | LEG AB W COMPL NOS-COMP | 57 |
| 63590 | LEGAL ABORT UNCOMPL-UNSP | 57 |
| 63591 | LEGAL ABORT UNCOMPL-INC | 57 |
| 63592 | LEGAL ABORT UNCOMPL-COMP | 57 |
| 63600 | ILLEG AB W PELV INF-UNSP | 57 |
| 63601 | ILLEG AB W PELV INF-INC | 57 |
| 63602 | ILLEG AB W PELV INF-COMP | 57 |
| 63610 | ILLEG AB W HEMORR-UNSPEC | 57 |
| 63611 | ILLEG AB W HEMORR-INC | 57 |
| 63612 | ILLEG AB W HEMORR-COMP | 57 |
| 63620 | ILLEG AB W PEL DAMG-UNSP | 57 |
| 63621 | ILLEG AB W PEL DAMAG-INC | 57 |
| 63622 | ILLEG AB W PEL DAMG-COMP | 57 |
| 63630 | ILLEG AB W REN FAIL-UNSP | 57 |
| 63631 | ILLEG AB W REN FAIL-INC | 57 |
| 63632 | ILLEG AB W REN FAIL-COMP | 57 |
| 63640 | ILLEG AB W MET DIS-UNSP | 57 |
| 63641 | ILLEG AB W METAB DIS-INC | 57 |
| 63642 | ILLEG AB W MET DIS-COMP | 57 |
| 63650 | ILLEG ABORT W SHOCK-UNSP | 57 |
| 63651 | ILLEG ABORT W SHOCK-INC | 57 |
| 63652 | ILLEG ABORT W SHOCK-COMP | 57 |
| 63660 | ILLEG AB W EMBOLISM-UNSP | 57 |
| 63661 | ILLEG AB W EMBOLISM-INC | 57 |
| 63662 | ILLEG AB W EMBOLISM-COMP | 57 |
| 63670 | ILLG AB W COMPL NEC-UNSP | 57 |
| 63671 | ILLEG AB W COMPL NEC-INC | 57 |
| 63672 | ILLG AB W COMPL NEC-COMP | 57 |
| 63680 | ILLG AB W COMPL NOS-UNSP | 57 |
| 63681 | ILLEG AB W COMPL NOS-INC | 57 |
| 63682 | ILLG AB W COMPL NOS-COMP | 57 |
| 63690 | ILLEG ABORT UNCOMPL-UNSP | 57 |
| 63691 | ILLEG ABORT UNCOMPL-INC | 57 |
| 63692 | ILLEG ABORT UNCOMPL-COMP | 57 |
| 63700 | ABORT NOS W PEL INF-UNSP | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 63701 | ABORT NOS W PEL INF-INC | 57 |
| 63702 | ABORT NOS W PEL INF-COMP | 57 |
| 63710 | ABORT NOS W HEMORR-UNSP | 57 |
| 63711 | ABORT NOS W HEMORR-INC | 57 |
| 63712 | ABORT NOS W HEMORR-COMP | 57 |
| 63720 | AB NOS W PELV DAMAG-UNSP | 57 |
| 63721 | AB NOS W PELV DAMAG-INC | 57 |
| 63722 | AB NOS W PELV DAMAG-COMP | 57 |
| 63730 | AB NOS W RENAL FAIL-UNSP | 57 |
| 63731 | AB NOS W RENAL FAIL-INC | 57 |
| 63732 | AB NOS W RENAL FAIL-COMP | 57 |
| 63740 | AB NOS W METAB DIS-UNSP | 57 |
| 63741 | AB NOS W METAB DIS-INC | 57 |
| 63742 | AB NOS W METAB DIS-COMP | 57 |
| 63750 | ABORT NOS W SHOCK-UNSP | 57 |
| 63751 | ABORT NOS W SHOCK-INC | 57 |
| 63752 | ABORT NOS W SHOCK-COMP | 57 |
| 63760 | AB NOS W EMBOLISM-UNSP | 57 |
| 63761 | AB NOS W EMBOLISM-INC | 57 |
| 63762 | AB NOS W EMBOLISM-COMP | 57 |
| 63770 | AB NOS W COMPL NEC-UNSP | 57 |
| 63771 | AB NOS W COMPL NEC-INC | 57 |
| 63772 | AB NOS W COMPL NEC-COMP | 57 |
| 63780 | AB NOS W COMPL NOS-UNSP | 57 |
| 63781 | AB NOS W COMPL NOS-INC | 57 |
| 63782 | AB NOS W COMPL NOS-COMP | 57 |
| 63790 | AB NOS UNCOMPLICAT-UNSP | 57 |
| 63791 | AB NOS UNCOMPLICAT-INC | 57 |
| 63792 | AB NOS UNCOMPLICAT-COMP | 57 |
| 6380 | ATTEM ABORT W PELVIC INF | 57 |
| 6381 | ATTEM ABORT W HEMORRHAGE | 57 |
| 6382 | ATTEM ABORT W PELV DAMAG | 57 |
| 6383 | ATTEM ABORT W RENAL FAIL | 57 |
| 6384 | ATTEM ABOR W METABOL DIS | 57 |
| 6385 | ATTEM ABORTION W SHOCK | 57 |
| 6386 | ATTEMP ABORT W EMBOLISM | 57 |
| 6387 | ATTEMP ABORT W COMPL NEC | 57 |
| 6388 | ATTEMP ABORT W COMPL NOS | 57 |
| 6389 | ATTEMPTED ABORT UNCOMPL | 57 |
| 6390 | POSTABORTION GU INFECT | 57 |
| 6391 | POSTABORTION HEMORRHAGE | 57 |
| 6392 | POSTABORT PELVIC DAMAGE | 57 |
| 6393 | POSTABORT RENAL FAILURE | 57 |
| 6394 | POSTABORT METABOLIC DIS | 57 |
| 6395 | POSTABORTION SHOCK | 57 |
| 6396 | POSTABORTION EMBOLISM | 57 |
| 6398 | POSTABORTION COMPL NEC | 57 |
| 6399 | POSTABORTION COMPL NOS | 57 |
| 64000 | THREATENED ABORT-UNSPEC | 57 |
| *64001 | THREATENED ABORT-DELIVER | |
| 64003 | THREATEN ABORT-ANTEPART | 57 |
| 64080 | HEM EARLY PREG NEC-UNSP | 57 |
| *64081 | HEM EARLY PREG NEC-DELIV | |
| 64083 | HEM EARLY PG NEC-ANTEPAR | 57 |
| 64090 | HEMORR EARLY PREG-UNSPEC | 57 |
| *64091 | HEM EARLY PREG-DELIVERED | |
| 64093 | HEM EARLY PREG-ANTEPART | 57 |
| 64100 | PLACENTA PREVIA-UNSPEC | 57 |
| *64101 | PLACENTA PREVIA-DELIVER | |
| 64103 | PLACENTA PREVIA-ANTEPART | 57 |
| 64110 | PLACENTA PREV HEM-UNSPEC | 57 |
| *64111 | PLACENTA PREV HEM-DELIV | |
| 64113 | PLACEN PREV HEM-ANTEPART | 57 |
| 64120 | PREM SEPAR PLACEN-UNSPEC | 57 |
| 64121 | PREM SEPAR PLACEN-DELIV | 57 |
| 64123 | PREM SEPAR PLAC-ANTEPART | 57 |
| 64130 | COAG DEF HEMORR-UNSPEC | 57 |
| 64131 | COAG DEF HEMORR-DELIVER | 57 |
| 64133 | COAG DEF HEMORR-ANTEPART | 57 |
| 64180 | ANTEPART HEM NEC-UNSPEC | 57 |
| *64181 | ANTEPARTUM HEM NEC-DELIV | |
| 64183 | ANTEPART HEM NEC-ANTEPAR | 57 |
| 64190 | ANTEPART HEM NOS-UNSPEC | 57 |
| *64191 | ANTEPARTUM HEM NOS-DELIV | |
| 64193 | ANTEPART HEM NOS-ANTEPAR | 57 |
| 64200 | ESSEN HYPERTEN PREG-UNSP | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *64201 | ESSEN HYPERTEN-DELIVERED | |
| *64202 | ESSEN HYPERTEN-DEL W P/P | |
| 64203 | ESSEN HYPERTEN-ANTEPART | 57 |
| 64204 | ESSEN HYPERTEN-POSTPART | 57 |
| 64210 | RENAL HYPERTEN PREG-UNSP | 57 |
| *64211 | RENAL HYPERTEN PG-DELIV | |
| *64212 | RENAL HYPERTEN-DEL P/P | |
| 64213 | RENAL HYPERTEN-ANTEPART | 57 |
| 64214 | RENAL HYPERTEN-POSTPART | 57 |
| 64220 | OLD HYPERTEN PREG-UNSPEC | 57 |
| *64221 | OLD HYPERTEN NEC-DELIVER | |
| *64222 | OLD HYPERTEN-DELIV W P/P | |
| 64223 | OLD HYPERTEN NEC-ANTEPAR | 57 |
| 64224 | OLD HYPERTEN NEC-POSTPAR | 57 |
| 64230 | TRANS HYPERTEN PREG-UNSP | 57 |
| *64231 | TRANS HYPERTEN-DELIVERED | |
| *64232 | TRANS HYPERTEN-DEL W P/P | |
| 64233 | TRANS HYPERTEN-ANTEPART | 57 |
| 64234 | TRANS HYPERTEN-POSTPART | 57 |
| 64240 | MILD/NOS PREECLAMP-UNSP | 57 |
| *64241 | MILD/NOS PREECLAMP-DELIV | |
| *64242 | MILD PREECLAMP-DEL W P/P | |
| 64243 | MILD/NOS PREECLAMP-ANTEP | 57 |
| 64244 | MILD/NOS PREECLAMP-P/P | 57 |
| 64250 | SEVERE PREECLAMP-UNSPEC | 57 |
| *64251 | SEVERE PREECLAMP-DELIVER | |
| *64252 | SEV PREECLAMP-DEL W P/P | |
| 64253 | SEV PREECLAMP-ANTEPARTUM | 57 |
| 64254 | SEV PREECLAMP-POSTPARTUM | 57 |
| 64260 | ECLAMPSIA-UNSPECIFIED | 57 |
| *64261 | ECLAMPSIA-DELIVERED | |
| *64262 | ECLAMPSIA-DELIV W P/P | |
| 64263 | ECLAMPSIA-ANTEPARTUM | 57 |
| 64264 | ECLAMPSIA-POSTPARTUM | 57 |
| 64270 | TOX W OLD HYPERTEN-UNSP | 57 |
| *64271 | TOX W OLD HYPERTEN-DELIV | |
| *64272 | TOX W OLD HYP-DEL W P/P | |
| 64273 | TOX W OLD HYPER-ANTEPART | 57 |
| 64274 | TOX W OLD HYPER-POSTPART | 57 |
| 64290 | HYPERTEN PREG NOS-UNSPEC | 57 |
| *64291 | HYPERTENS NOS-DELIVERED | |
| *64292 | HYPERTENS NOS-DEL W P/P | |
| 64293 | HYPERTENS NOS-ANTEPARTUM | 57 |
| 64294 | HYPERTENS NOS-POSTPARTUM | 57 |
| 64300 | MILD HYPEREM GRAV-UNSPEC | 57 |
| *64301 | MILD HYPEREM GRAV-DELIV | |
| 64303 | MILD HYPEREMESIS-ANTEPAR | 57 |
| 64310 | HYPEREM W METAB DIS-UNSP | 57 |
| *64311 | HYPEREM W METAB DIS-DEL | |
| 64313 | HYPEREM W METAB-ANTEPART | 57 |
| 64320 | LATE VOMIT OF PREG-UNSP | 57 |
| *64321 | LATE VOMIT OF PREG-DELIV | |
| 64323 | LATE VOMIT PREG-ANTEPART | 57 |
| 64380 | VOMIT COMPL PREG-UNSPEC | 57 |
| *64381 | VOMIT COMPL PREG-DELIVER | |
| *64383 | VOMIT COMPL PREG-ANTEPAR | 57 |
| 64390 | VOMIT OF PREG NOS-UNSPEC | 57 |
| *64391 | VOMIT OF PREG NOS-DELIV | |
| *64393 | VOMIT OF PG NOS-ANTEPART | 57 |
| 64400 | THREAT PREM LABOR-UNSPEC | 57 |
| 64403 | THRT PREM LABOR-ANTEPART | 57 |
| *64410 | THREAT LABOR NEC-UNSPEC | 57 |
| 64413 | THREAT LABOR NEC-ANTEPAR | 57 |
| 64420 | EARLY ONSET DELIV-UNSPEC | 57 |
| *64421 | EARLY ONSET DELIVERY-DEL | |
| 64500 | PROLONGED PREG-UNSPEC | 57 |
| *64501 | PROLONGED PREG-DELIVERED | |
| 64503 | PROLONGED PREG-ANTEPART | 57 |
| 64600 | PAPYRACEOUS FETUS-UNSPEC | 57 |
| *64601 | PAPYRACEOUS FETUS-DELIV | |
| 64603 | PAPYRACEOUS FET-ANTEPAR | 57 |
| 64610 | EDEMA IN PREG-UNSPEC | 57 |
| *64611 | EDEMA IN PREG-DELIVERED | |
| *64612 | EDEMA IN PREG-DEL W P/P | |
| 64613 | EDEMA IN PREG-ANTEPARTUM | 57 |
| 64614 | EDEMA IN PREG-POSTPARTUM | 57 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 64620 | RENAL DIS PREG NOS-UNSP | 57 |
| *64621 | RENAL DIS NOS-DELIVERED | |
| *64622 | RENAL DIS NOS-DEL W P/P | |
| *64623 | RENAL DIS NOS-ANTEPARTUM | 57 |
| 64624 | RENAL DIS NOS-POSTPARTUM | 57 |
| 64630 | HABITUAL ABORTER-UNSPEC | 57 |
| *64631 | HABITUAL ABORTER-DELIVER | |
| 64633 | HABITUAL ABORT-ANTEPART | 57 |
| 64640 | NEURITIS OF PREG-UNSPEC | 57 |
| *64641 | NEURITIS-DELIVERED | |
| *64642 | NEURITIS-DELIVERED W P/P | |
| 64643 | NEURITIS OF PREG-ANTEPAR | 57 |
| 64644 | NEURITIS OF PREG-POSTPAR | 57 |
| 64650 | BACTERIURIA PREG-UNSPEC | 57 |
| *64651 | ASYM BACTERIURIA-DELIVER | |
| *64652 | ASY BACTERURIA-DEL W P/P | |
| 64653 | ASY BACTERIURIA-ANTEPART | 57 |
| 64654 | ASY BACTERIURIA-POSTPART | 57 |
| 64660 | GU INFECT IN PREG-UNSPEC | 57 |
| *64661 | GU INFECTION-DELIVERED | |
| *64662 | GU INFECTION-DELIV W P/P | |
| 64663 | GU INFECTION-ANTEPARTUM | 57 |
| 64664 | GU INFECTION-POSTPARTUM | 57 |
| 64670 | LIVER DIS IN PREG-UNSPEC | 57 |
| *64671 | LIVER DISORDER-DELIVERED | |
| 64673 | LIVER DISORDER-ANTEPART | 57 |
| 64680 | PREG COMPL NEC-UNSPEC | 57 |
| *64681 | PREG COMPL NEC-DELIVERED | |
| *64682 | PREG COMPL NEC-DEL W P/P | |
| 64683 | PREG COMPL NEC-ANTEPART | 57 |
| 64684 | PREG COMPL NEC-POSTPART | 57 |
| 64690 | PREG COMPL NOS-UNSPEC | 57 |
| *64691 | PREG COMPL NOS-DELIVERED | |
| 64693 | PREG COMPL NOS-ANTEPART | 57 |
| 64700 | SYPHILIS IN PREG-UNSPEC | 57 |
| *64701 | SYPHILIS-DELIVERED | |
| *64702 | SYPHILIS-DELIVERED W P/P | |
| 64703 | SYPHILIS-ANTEPARTUM | 57 |
| 64704 | SYPHILIS-POSTPARTUM | 57 |
| 64710 | GONORRHEA IN PREG-UNSPEC | 57 |
| *64711 | GONORRHEA-DELIVERED | |
| *64712 | GONORRHEA-DELIVER W P/P | |
| 64713 | GONORRHEA-ANTEPARTUM | 57 |
| 64714 | GONORRHEA-POSTPARTUM | 57 |
| 64720 | OTHER VD IN PREG-UNSPEC | 57 |
| *64721 | OTHER VD-DELIVERED | |
| *64722 | OTHER VD-DELIVERED W P/P | |
| 64723 | OTHER VD-ANTEPARTUM | 57 |
| 64724 | OTHER VD-POSTPARTUM | 57 |
| 64730 | TB IN PREG-UNSPECIFIED | 57 |
| *64731 | TUBERCULOSIS-DELIVERED | |
| *64732 | TUBERCULOSIS-DELIV W P/P | |
| 64733 | TUBERCULOSIS-ANTEPARTUM | 57 |
| 64734 | TUBERCULOSIS-POSTPARTUM | 57 |
| 64740 | MALARIA IN PREG-UNSPEC | 57 |
| *64741 | MALARIA-DELIVERED | |
| *64742 | MALARIA-DELIVERED W P/P | |
| 64743 | MALARIA-ANTEPARTUM | 57 |
| 64744 | MALARIA-POSTPARTUM | 57 |
| 64750 | RUBELLA IN PREG-UNSPEC | 57 |
| *64751 | RUBELLA-DELIVERED | |
| *64752 | RUBELLA-DELIVERED W P/P | |
| 64753 | RUBELLA-ANTEPARTUM | 57 |
| 64754 | RUBELLA-POSTPARTUM | 57 |
| 64760 | OTH VIRUS IN PREG-UNSPEC | 57 |
| *64761 | OTH VIRAL DIS-DELIVERED | |
| *64762 | OTH VIRAL DIS-DEL W P/P | |
| 64763 | OTH VIRAL DIS-ANTEPARTUM | 57 |
| 64764 | OTH VIRAL DIS-POSTPARTUM | 57 |
| 64780 | INF DIS IN PREG NEC-UNSP | 57 |
| *64781 | INFECT DIS NEC-DELIVERED | |
| *64782 | INFECT DIS NEC-DEL W P/P | |
| 64783 | INFECT DIS NEC-ANTEPART | 57 |
| 64784 | INFECT DIS NEC-POSTPART | 57 |
| 64790 | INFECT IN PREG NOS-UNSP | 57 |
| *64791 | INFECT NOS-DELIVERED | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *64792 | INFECT NOS-DELIVER W P/P | |
| 64793 | INFECT NOS-ANTEPARTUM | 57 |
| 64794 | INFECT NOS-POSTPARTUM | 57 |
| 64800 | DIABETES IN PREG-UNSPEC | 57 |
| *64801 | DIABETES-DELIVERED | |
| *64802 | DIABETES-DELIVERED W P/P | |
| 64803 | DIABETES-ANTEPARTUM | 57 |
| 64804 | DIABETES-POSTPARTUM | 57 |
| 64810 | THYROID DYSFUN PREG-UNSP | 57 |
| *64811 | THYROID DYSFUNC-DELIVER | |
| *64812 | THYROID DYSFUN-DEL W P/P | |
| 64813 | THYROID DYSFUNC-ANTEPART | 57 |
| 64814 | THYROID DYSFUNC-POSTPART | 57 |
| 64820 | ANEMIA IN PREG-UNSPEC | 57 |
| *64821 | ANEMIA-DELIVERED | |
| *64822 | ANEMIA-DELIVERED W P/P | |
| 64823 | ANEMIA-ANTEPARTUM | 57 |
| 64824 | ANEMIA-POSTPARTUM | 57 |
| 64830 | DRUG DEPEND PREG-UNSPEC | 57 |
| *64831 | DRUG DEPENDENCE-DELIVER | |
| *64832 | DRUG DEPENDEN-DEL W P/P | |
| 64833 | DRUG DEPENDENCE-ANTEPART | 57 |
| 64834 | DRUG DEPENDENCE-POSTPART | 57 |
| 64840 | MENTAL DIS PREG-UNSPEC | 57 |
| *64841 | MENTAL DISORDER-DELIVER | |
| *64842 | MENTAL DIS-DELIV W P/P | |
| 64843 | MENTAL DISORDER-ANTEPART | 57 |
| 64844 | MENTAL DISORDER-POSTPART | 57 |
| 64850 | CONGEN CV DIS PREG-UNSP | 57 |
| *64851 | CONGEN CV DIS-DELIVERED | |
| *64852 | CONGEN CV DIS-DEL W P/P | |
| 64853 | CONGEN CV DIS-ANTEPARTUM | 57 |
| 64854 | CONGEN CV DIS-POSTPARTUM | 57 |
| 64860 | CV DIS NEC PREG-UNSPEC | 57 |
| *64861 | CV DIS NEC PREG-DELIVER | |
| *64862 | CV DIS NEC-DELIVER W P/P | |
| 64863 | CV DIS NEC-ANTEPARTUM | 57 |
| 64864 | CV DIS NEC-POSTPARTUM | 57 |
| 64870 | BONE DISORD IN PREG-UNSP | 57 |
| *64871 | BONE DISORDER-DELIVERED | |
| *64872 | BONE DISORDER-DEL W P/P | |
| 64873 | BONE DISORDER-ANTEPARTUM | 57 |
| 64874 | BONE DISORDER-POSTPARTUM | 57 |
| 64880 | ABN GLUCOSE IN PREG-UNSP | 57 |
| *64881 | ABN GLUCOSE TOLER-DELIV | |
| *64882 | ABN GLUCOSE-DELIV W P/P | |
| 64883 | ABN GLUCOSE-ANTEPARTUM | 57 |
| 64884 | ABN GLUCOSE-POSTPARTUM | 57 |
| 64890 | OTH CURR COND PREG-UNSP | 57 |
| *64891 | OTH CURR COND-DELIVERED | |
| *64892 | OTH CURR COND-DEL W P/P | |
| 64893 | OTH CURR COND-ANTEPARTUM | 57 |
| 64894 | OTH CURR COND-POSTPARTUM | 57 |
| *650 | NORMAL DELIVERY | |
| 65100 | TWIN PREGNANCY-UNSPEC | 57 |
| *65101 | TWIN PREGNANCY-DELIVERED | |
| 65103 | TWIN PREGNANCY-ANTEPART | 57 |
| 65110 | TRIPLET PREGNANCY-UNSPEC | 57 |
| *65111 | TRIPLET PREGNANCY-DELIV | |
| 65113 | TRIPLET PREG-ANTEPARTUM | 57 |
| 65120 | QUADRUPLET PREG-UNSPEC | 57 |
| *65121 | QUADRUPLET PREG-DELIVER | |
| 65123 | QUADRUPLET PREG-ANTEPART | 57 |
| 65130 | TWINS W FETAL LOSS-UNSP | 57 |
| *65131 | TWINS W FETAL LOSS-DEL | |
| 65133 | TWINS W FETAL LOSS-ANTE | 57 |
| 65140 | TRIPLETS W FET LOSS-UNSP | 57 |
| *65141 | TRIPLETS W FET LOSS-DEL | |
| 65143 | TRIPLETS W FET LOSS-ANTE | 57 |
| 65150 | QUADS W FETAL LOSS-UNSP | 57 |
| *65151 | QUADS W FETAL LOSS-DEL | |
| 65153 | QUADS W FETAL LOSS-ANTE | 57 |
| 65160 | MULT GES W FET LOSS-UNSP | 57 |
| *65161 | MULT GES W FET LOSS-DEL | |
| 65163 | MULT GES W FET LOSS-ANTE | 57 |
| 65180 | MULTI GESTAT NEC-UNSPEC | 57 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| *65181 | MULTI GESTAT NEC-DELIVER | |
| 65183 | MULTI GEST NEC-ANTEPART | 57 |
| 65190 | MULTI GESTAT NOS-UNSPEC | 57 |
| *65191 | MULT GESTATION NOS-DELIV | |
| 65193 | MULTI GEST NOS-ANTEPART | 57 |
| 65200 | UNSTABLE LIE-UNSPECIFIED | 57 |
| *65201 | UNSTABLE LIE-DELIVERED | |
| 65203 | UNSTABLE LIE-ANTEPARTUM | 57 |
| 65210 | CEPHALIC VERS NOS-UNSPEC | 57 |
| *65211 | CEPHALIC VERS NOS-DELIV | |
| 65213 | CEPHAL VERS NOS-ANTEPART | 57 |
| 65220 | BREECH PRESENTAT-UNSPEC | 57 |
| *65221 | BREECH PRESENTAT-DELIVER | |
| 65223 | BREECH PRESENT-ANTEPART | 57 |
| 65230 | TRANSV/OBLIQ LIE-UNSPEC | 57 |
| *65231 | TRANSVER/OBLIQ LIE-DELIV | |
| 65233 | TRANSV/OBLIQ LIE-ANTEPAR | 57 |
| 65240 | FACE/BROW PRESENT-UNSPEC | 57 |
| *65241 | FACE/BROW PRESENT-DELIV | |
| 65243 | FACE/BROW PRES-ANTEPART | 57 |
| 65250 | HIGH HEAD AT TERM-UNSPEC | 57 |
| *65251 | HIGH HEAD AT TERM-DELIV | |
| 65253 | HIGH HEAD TERM-ANTEPART | 57 |
| 65260 | MULT GEST MALPRESEN-UNSP | 57 |
| *65261 | MULT GEST MALPRES-DELIV | |
| 65263 | MULT GES MALPRES-ANTEPAR | 57 |
| 65270 | PROLAPSED ARM-UNSPEC | 57 |
| *65271 | PROLAPSED ARM-DELIVERED | |
| 65273 | PROLAPSED ARM-ANTEPART | 57 |
| 65280 | MALPOSITION NEC-UNSPEC | 57 |
| *65281 | MALPOSITION NEC-DELIVER | |
| 65283 | MALPOSITION NEC-ANTEPART | 57 |
| 65290 | MALPOSITION NOS-UNSPEC | 57 |
| *65291 | MALPOSITION NOS-DELIVER | |
| 65293 | MALPOSITION NOS-ANTEPART | 57 |
| 65300 | PELVIC DEFORM NOS-UNSPEC | 57 |
| *65301 | PELVIC DEFORM NOS-DELIV | |
| 65303 | PELV DEFORM NOS-ANTEPART | 57 |
| 65310 | CONTRACT PELV NOS-UNSPEC | 57 |
| *65311 | CONTRACT PELV NOS-DELIV | |
| 65313 | CONTRAC PELV NOS-ANTEPAR | 57 |
| 65320 | INLET CONTRACTION-UNSPEC | 57 |
| *65321 | INLET CONTRACTION-DELIV | |
| 65323 | INLET CONTRACT-ANTEPART | 57 |
| 65330 | OUTLET CONTRACTION-UNSP | 57 |
| *65331 | OUTLET CONTRACTION-DELIV | |
| 65333 | OUTLET CONTRACT-ANTEPART | 57 |
| 65340 | FETOPELV DISPROP-UNSPEC | 57 |
| *65341 | FETOPELV DISPROPOR-DELIV | |
| 65343 | FETOPEL DISPROP-ANTEPART | 57 |
| 65350 | FETAL DISPROP NOS-UNSPEC | 57 |
| *65351 | FETAL DISPROP NOS-DELIV | |
| 65353 | FETAL DISPRO NOS-ANTEPAR | 57 |
| 65360 | HYDROCEPHAL FETUS-UNSPEC | 57 |
| *65361 | HYDROCEPH FETUS-DELIVER | |
| 65363 | HYDROCEPH FETUS-ANTEPART | 57 |
| 65370 | OTH ABN FET DISPROP-UNSP | 57 |
| *65371 | OTH ABN FET DISPRO-DELIV | |
| 65373 | OTH ABN FET DISPRO-ANTEP | 57 |
| 65380 | DISPROPORTION NEC-UNSPEC | 57 |
| *65381 | DISPROPORTION NEC-DELIV | |
| 65383 | DISPROPOR NEC-ANTEPARTUM | 57 |
| *65390 | DISPROPORTION NOS-UNSPEC | |
| *65391 | DISPROPORTION NOS-DELIV | |
| 65393 | DISPROPOR NOS-ANTEPARTUM | 57 |
| 65400 | CONG ABN UTER PREG-UNSP | 57 |
| *65401 | CONGEN ABN UTERUS-DELIV | |
| *65402 | CONG ABN UTER-DEL W P/P | |
| 65403 | CONGEN ABN UTER-ANTEPART | 57 |
| 65404 | CONGEN ABN UTER-POSTPART | 57 |
| 65410 | UTER TUMOR IN PREG-UNSP | 57 |
| *65411 | UTERINE TUMOR-DELIVERED | |
| *65412 | UTERINE TUMOR-DEL W P/P | |
| 65413 | UTERINE TUMOR-ANTEPARTUM | 57 |
| 65414 | UTERINE TUMOR-POSTPARTUM | 57 |
| 65420 | PREV C-DELIVERY UNSPEC | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *65421 | PREV C-DELIVERY-DELIVRD | |
| 65423 | PREV C-DELIVERY-ANTEPART | 57 |
| 65430 | RETROVERT UTERUS-UNSPEC | 57 |
| *65431 | RETROVERT UTERUS-DELIVER | |
| *65432 | RETROVERT UTER-DEL W P/P | |
| 65433 | RETROVERT UTER-ANTEPART | 57 |
| 65434 | RETROVERT UTER-POSTPART | 57 |
| 65440 | ABN GRAV UTERUS NEC-UNSP | 57 |
| *65441 | ABN UTERUS NEC-DELIVERED | |
| *65442 | ABN UTERUS NEC-DEL W P/P | |
| 65443 | ABN UTERUS NEC-ANTEPART | 57 |
| 65444 | ABN UTERUS NEC-POSTPART | 57 |
| 65450 | CERV INCOMPET PREG-UNSP | 57 |
| *65451 | CERVICAL INCOMPET-DELIV | |
| *65452 | CERV INCOMPET-DEL W P/P | |
| 65453 | CERV INCOMPET-ANTEPARTUM | 57 |
| 65454 | CERV INCOMPET-POSTPARTUM | 57 |
| 65460 | ABN CERVIX NEC PREG-UNSP | 57 |
| *65461 | ABN CERVIX NEC-DELIVERED | |
| *65462 | ABN CERVIX NEC-DEL W P/P | |
| 65463 | ABN CERVIX NEC-ANTEPART | 57 |
| 65464 | ABN CERVIX NEC-POSTPART | 57 |
| 65470 | ABN VAGINA IN PREG-UNSP | 57 |
| *65471 | ABNORM VAGINA-DELIVERED | |
| *65472 | ABNORM VAGINA-DEL W P/P | |
| 65473 | ABNORM VAGINA-ANTEPARTUM | 57 |
| 65474 | ABNORM VAGINA-POSTPARTUM | 57 |
| 65480 | ABN VULVA IN PREG-UNSPEC | 57 |
| *65481 | ABNORMAL VULVA-DELIVERED | |
| *65482 | ABNORMAL VULVA-DEL W P/P | |
| 65483 | ABNORMAL VULVA-ANTEPART | 57 |
| 65484 | ABNORMAL VULVA-POSTPART | 57 |
| 65490 | ABN PEL NEC IN PREG-UNSP | 57 |
| *65491 | ABN PELV ORG NEC-DELIVER | |
| *65492 | ABN PELV NEC-DELIV W P/P | |
| 65493 | ABN PELV ORG NEC-ANTEPAR | 57 |
| 65494 | ABN PELV ORG NEC-POSTPAR | 57 |
| 65500 | FETAL CNS MALFORM-UNSPEC | 57 |
| *65501 | FETAL CNS MALFORM-DELIV | |
| 65503 | FETAL CNS MALFOR-ANTEPAR | 57 |
| 65510 | FETAL CHROMOS ABN-UNSPEC | 57 |
| *65511 | FETAL CHROMOSO ABN-DELIV | |
| 65513 | FET CHROMO ABN-ANTEPART | 57 |
| 65520 | FAMIL HEREDIT DIS-UNSPEC | 57 |
| *65521 | FAMIL HEREDIT DIS-DELIV | |
| 65523 | FAMIL HERED DIS-ANTEPART | 57 |
| 65530 | FET DAMG D/T VIRUS-UNSP | 57 |
| *65531 | FET DAMG D/T VIRUS-DELIV | |
| 65533 | FET DAMG D/T VIRUS-ANTEP | 57 |
| 65540 | FET DAMG D/T DIS-UNSPEC | 57 |
| *65541 | FET DAMG D/T DIS-DELIVER | |
| 65543 | FET DAMG D/T DIS-ANTEPAR | 57 |
| 65550 | FETAL DAMG D/T DRUG-UNSP | 57 |
| *65551 | FET DAMAG D/T DRUG-DELIV | |
| 65553 | FET DAMG D/T DRUG-ANTEPA | 57 |
| 65560 | RADIAT FETAL DAMAG-UNSP | 57 |
| *65561 | RADIAT FETAL DAMAG-DELIV | |
| 65563 | RADIAT FET DAMAG-ANTEPAR | 57 |
| 65580 | FETAL ABNORM NEC-UNSPEC | 57 |
| *65581 | FETAL ABNORM NEC-DELIVER | |
| 65583 | FETAL ABNORM NEC-ANTEPAR | 57 |
| 65590 | FETAL ABNORM NOS-UNSPEC | 57 |
| *65591 | FETAL ABNORM NOS-DELIVER | |
| 65593 | FETAL ABNORM NOS-ANTEPAR | 57 |
| 65600 | FETAL-MATERNAL HEM-UNSP | 57 |
| *65601 | FETAL-MATERNAL HEM-DELIV | |
| 65603 | FETAL-MATERN HEM-ANTEPAR | 57 |
| 65610 | RH ISOIMMUNIZATION-UNSP | 57 |
| *65611 | RH ISOIMMUNIZAT-DELIVER | |
| 65613 | RH ISOIMMUNIZAT-ANTEPART | 57 |
| 65620 | ABO ISOIMMUNIZATION-UNSP | 57 |
| *65621 | ABO ISOIMMUNIZAT-DELIVER | |
| 65623 | ABO ISOIMMUNIZAT-ANTEPAR | 57 |
| 65630 | FETAL DISTRESS-UNSPEC | 57 |
| *65631 | FETAL DISTRESS-DELIVERED | |
| 65633 | FETAL DISTRESS-ANTEPART | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 65640 | INTRAUTERINE DEATH-UNSP | 57 |
| *65641 | INTRAUTER DEATH-DELIVER | |
| 65643 | INTRAUTER DEATH-ANTEPART | 57 |
| 65650 | POOR FETAL GROWTH-UNSPEC | 57 |
| *65651 | POOR FETAL GROWTH-DELIV | |
| 65653 | POOR FETAL GRTH-ANTEPART | 57 |
| 65660 | EXCESS FETAL GRTH-UNSPEC | 57 |
| *65661 | EXCESS FETAL GRTH-DELIV | |
| 65663 | EXCESS FET GRTH-ANTEPART | 57 |
| 65670 | OTH PLACENT COND-UNSPEC | 57 |
| *65671 | OTH PLACENT COND-DELIVER | |
| 65673 | OTH PLACENT COND-ANTEPAR | 57 |
| 65680 | FET/PLAC PROB NEC-UNSPEC | 57 |
| *65681 | FET/PLAC PROB NEC-DELIV | |
| 65683 | FET/PLAC PROB NEC-ANTEPA | 57 |
| 65690 | FET/PLAC PROB NOS-UNSPEC | 57 |
| *65691 | FET/PLAC PROB NOS-DELIV | |
| 65693 | FET/PLAC PROB NOS-ANTEPA | 57 |
| 65700 | POLYHYDRAMNIOS-UNSPEC | 57 |
| *65701 | POLYHYDRAMNIOS-DELIVERED | |
| 65703 | POLYHYDRAMNIOS-ANTEPART | 57 |
| 65800 | OLIGOHYDRAMNIOS-UNSPEC | 57 |
| *65801 | OLIGOHYDRAMNIOS-DELIVER | |
| 65803 | OLIGOHYDRAMNIOS-ANTEPAR | 57 |
| 65810 | PREM RUPT MEMBRAN-UNSPEC | 57 |
| *65811 | PREM RUPT MEMBRAN-DELIV | |
| 65813 | PREM RUPT MEMB-ANTEPART | 57 |
| 65820 | PROLONG RUPT MEMB-UNSPEC | 57 |
| 65821 | PROLONG RUPT MEMB-DELIV | 57 |
| 65823 | PROLONG RUP MEMB-ANTEPAR | 57 |
| 65830 | ARTIFIC RUPT MEMBR-UNSP | 57 |
| *65831 | ARTIFIC RUPT MEMBR-DELIV | |
| 65833 | ARTIF RUPT MEMB-ANTEPART | 57 |
| 65840 | AMNIOTIC INFECTION-UNSP | 57 |
| *65841 | AMNIOTIC INFECTION-DELIV | |
| 65843 | AMNIOTIC INFECT-ANTEPART | 57 |
| 65880 | AMNIOTIC PROB NEC-UNSPEC | 57 |
| *65881 | AMNIOTIC PROB NEC-DELIV | |
| 65883 | AMNION PROB NEC-ANTEPART | 57 |
| 65890 | AMNIOTIC PROB NOS-UNSPEC | 57 |
| 65891 | AMNIOTIC PROB NOS-DELIV | 57 |
| 65893 | AMNION PROB NOS-ANTEPART | 57 |
| 65900 | FAIL MECHAN INDUCT-UNSP | 57 |
| *65901 | FAIL MECH INDUCT-DELIVER | |
| 65903 | FAIL MECH INDUCT-ANTEPAR | 57 |
| 65910 | FAIL INDUCTION NOS-UNSP | 57 |
| *65911 | FAIL INDUCTION NOS-DELIV | |
| 65913 | FAIL INDUCT NOS-ANTEPART | 57 |
| 65920 | PYREXIA IN LABOR-UNSPEC | 57 |
| *65921 | PYREXIA IN LABOR-DELIVER | |
| 65923 | PYREXIA IN LABOR-ANTEPAR | 57 |
| 65930 | SEPTICEMIA IN LABOR-UNSP | 57 |
| *65931 | SEPTICEM IN LABOR-DELIV | |
| 65933 | SEPTICEM IN LABOR-ANTEPA | 57 |
| 65940 | GRAND MULTIPARITY-UNSPEC | 57 |
| *65941 | GRAND MULTIPARITY-DELIV | |
| 65943 | GRAND MULTIPARITY-ANTEPA | 57 |
| 65950 | ELDERLY PRIMIGRAVID-UNSP | 57 |
| *65951 | ELDERLY PRIMIGRAVIDA-DEL | |
| 65953 | ELDER PRIMIGRAVID-ANTEPA | 57 |
| 65960 | OTH ADVNCD MTRNL AGE UNS | 57 |
| *65961 | OTH ADVNCD MTRNL AGE DEL | |
| 65963 | OTH ADVNCD MTRNL AGE ANT | 57 |
| 65980 | COMPLIC LABOR NEC-UNSP | 57 |
| *65981 | COMPLIC LABOR NEC-DELIV | |
| 65983 | COMPL LABOR NEC-ANTEPART | 57 |
| 65990 | COMPLIC LABOR NOS-UNSP | 57 |
| *65991 | COMPLIC LABOR NOS-DELIV | |
| 65993 | COMPL LABOR NOS-ANTEPART | 57 |
| 66000 | OBSTRUCT/FET MALPOS-UNSP | 57 |
| *66001 | OBSTRUC/FET MALPOS-DELIV | |
| 66003 | OBSTRUC/FET MALPOS-ANTEP | 57 |
| 66010 | BONY PELV OBSTRUC-UNSPEC | 57 |
| *66011 | BONY PELV OBSTRUCT-DELIV | |
| 66013 | BONY PELV OBSTRUC-ANTEPA | 57 |
| 66020 | ABN PELV TISS OBSTR-UNSP | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 66021 | ABN PELV TIS OBSTR-DELIV | 57 |
| 66023 | ABN PELV TIS OBSTR-ANTEP | 57 |
| 66030 | PERSIST OCCIPITPOST-UNSP | 57 |
| *66031 | PERSIST OCCIPTPOST-DELIV | |
| 66033 | PERSIST OCCIPTPOST-ANTEP | 57 |
| 66040 | SHOULDER DYSTOCIA-UNSPEC | 57 |
| *66041 | SHOULDER DYSTOCIA-DELIV | |
| 66043 | SHOULDER DYSTOCIA-ANTEPA | 57 |
| 66050 | LOCKED TWINS-UNSPECIFIED | 57 |
| *66051 | LOCKED TWINS-DELIVERED | |
| 66053 | LOCKED TWINS-ANTEPARTUM | 57 |
| 66060 | FAIL TRIAL LAB NOS-UNSP | 57 |
| *66061 | FAIL TRIAL LAB NOS-DELIV | |
| 66063 | FAIL TRIAL LAB NOS-ANTEP | 57 |
| 66070 | FAILED FORCEP NOS-UNSPEC | 57 |
| *66071 | FAILED FORCEPS NOS-DELIV | |
| 66073 | FAIL FORCEPS NOS-ANTEPAR | 57 |
| 66080 | OBSTRUC LABOR NEC-UNSPEC | 57 |
| *66081 | OBSTRUCT LABOR NEC-DELIV | |
| 66083 | OBSTRUC LABOR NEC-ANTEPA | 57 |
| 66090 | OBSTRUC LABOR NOS-UNSPEC | 57 |
| *66091 | OBSTRUCT LABOR NOS-DELIV | |
| 66093 | OBSTRUC LABOR NOS-ANTEPA | 57 |
| 66100 | PRIM UTERINE INERT-UNSP | 57 |
| *66101 | PRIM UTERINE INERT-DELIV | |
| 66103 | PRIM UTER INERT-ANTEPART | 57 |
| 66110 | SEC UTERINE INERT-UNSPEC | 57 |
| *66111 | SEC UTERINE INERT-DELIV | |
| 66113 | SEC UTERINE INERT-ANTEPA | 57 |
| 66120 | UTERINE INERTIA NEC-UNSP | 57 |
| *66121 | UTERINE INERT NEC-DELIV | |
| 66123 | UTERINE INERT NEC-ANTEPA | 57 |
| 66130 | PRECIPITATE LABOR-UNSPEC | 57 |
| *66131 | PRECIPITATE LABOR-DELIV | |
| 66133 | PRECIPITATE LABOR-ANTEPA | 57 |
| 66140 | UTER DYSTOCIA NOS-UNSPEC | 57 |
| *66141 | UTER DYSTOCIA NOS-DELIV | |
| 66143 | UTER DYSTOCIA NOS-ANTEPA | 57 |
| 66190 | ABNORMAL LABOR NOS-UNSP | 57 |
| *66191 | ABNORMAL LABOR NOS-DELIV | |
| 66193 | ABNORM LABOR NOS-ANTEPAR | 57 |
| 66200 | PROLONGED 1ST STAGE-UNSP | 57 |
| *66201 | PROLONG 1ST STAGE-DELIV | |
| 66203 | PROLONG 1ST STAGE-ANTEPA | 57 |
| 66210 | PROLONGED LABOR NOS-UNSP | 57 |
| *66211 | PROLONG LABOR NOS-DELIV | |
| 66213 | PROLONG LABOR NOS-ANTEPA | 57 |
| 66220 | PROLONGED 2ND STAGE-UNSP | 57 |
| *66221 | PROLONG 2ND STAGE-DELIV | |
| 66223 | PROLONG 2ND STAGE-ANTEPA | 57 |
| 66230 | DELAY DEL 2ND TWIN-UNSP | 57 |
| *66231 | DELAY DEL 2ND TWIN-DELIV | |
| 66233 | DELAY DEL 2 TWIN-ANTEPAR | 57 |
| 66300 | CORD PROLAPSE-UNSPEC | 57 |
| *66301 | CORD PROLAPSE-DELIVERED | |
| 66303 | CORD PROLAPSE-ANTEPARTUM | 57 |
| 66310 | CORD AROUND NECK-UNSPEC | 57 |
| *66311 | CORD AROUND NECK-DELIVER | |
| 66313 | CORD AROUND NECK-ANTEPAR | 57 |
| 66320 | CORD COMPRESS NEC-UNSPEC | 57 |
| *66321 | CORD COMPRESS NEC-DELIV | |
| 66323 | CORD COMPRES NEC-ANTEPAR | 57 |
| 66330 | CORD ENTANGLE NEC-UNSPEC | 57 |
| *66331 | CORD ENTANGLE NEC-DELIV | |
| 66333 | CORD ENTANGL NEC-ANTEPAR | 57 |
| 66340 | SHORT CORD-UNSPECIFIED | 57 |
| *66341 | SHORT CORD-DELIVERED | |
| 66343 | SHORT CORD-ANTEPARTUM | 57 |
| 66350 | VASA PREVIA-UNSPECIFIED | 57 |
| *66351 | VASA PREVIA-DELIVERED | |
| 66353 | VASA PREVIA-ANTEPARTUM | 57 |
| 66360 | VASC LESION CORD-UNSPEC | 57 |
| *66361 | VASC LESION CORD-DELIVER | |
| 66363 | VASC LESION CORD-ANTEPAR | 57 |
| 66380 | CORD COMPLICAT NEC-UNSP | 57 |
| *66381 | CORD COMPLICAT NEC-DELIV | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 66383 | CORD COMPL NEC-ANTEPART | 57 |
| 66390 | CORD COMPLICAT NOS-UNSP | 57 |
| *66391 | CORD COMPLICAT NOS-DELIV | |
| 66393 | CORD COMPL NOS-ANTEPART | 57 |
| 66400 | DEL W 1 DEG LACERAT-UNSP | 57 |
| *66401 | DEL W 1 DEG LACERAT-DEL | |
| 66404 | DEL W 1 DEG LAC-POSTPART | 57 |
| 66410 | DEL W 2 DEG LACERAT-UNSP | 57 |
| *66411 | DEL W 2 DEG LACERAT-DEL | |
| 66414 | DEL W 2 DEG LAC-POSTPART | 57 |
| 66420 | DEL W 3 DEG LACERAT-UNSP | 57 |
| *66421 | DEL W 3 DEG LACERAT-DEL | |
| 66424 | DEL W 3 DEG LAC-POSTPART | 57 |
| 66430 | DEL W 4 DEG LACERAT-UNSP | 57 |
| *66431 | DEL W 4 DEG LACERAT-DEL | |
| 66434 | DEL W 4 DEG LAC-POSTPART | 57 |
| 66440 | OB PERINEAL LAC NOS-UNSP | 57 |
| *66441 | OB PERINEAL LAC NOS-DEL | |
| 66444 | PERINEAL LAC NOS-POSTPAR | 57 |
| 66450 | OB PERINEAL HEMATOM-UNSP | 57 |
| *66451 | OB PERINEAL HEMATOMA-DEL | |
| 66454 | PERIN HEMATOMA-POSTPART | 57 |
| 66480 | OB PERIN TRAUM NEC-UNSP | 57 |
| *66481 | OB PERINEAL TRAU NEC-DEL | |
| 66484 | PERIN TRAUM NEC-POSTPART | 57 |
| 66490 | OB PERIN TRAUM NOS-UNSP | 57 |
| *66491 | OB PERINEAL TRAU NOS-DEL | |
| 66494 | PERIN TRAUM NOS-POSTPART | 57 |
| 66500 | PRELABOR RUPT UTER-UNSP | 57 |
| *66501 | PRELABOR RUPT UTERUS-DEL | |
| 66503 | PRELAB RUPT UTER-ANTEPAR | 57 |
| 66510 | RUPTURE UTERUS NOS-UNSP | 57 |
| *66511 | RUPTURE UTERUS NOS-DELIV | |
| 66520 | INVERSION OF UTERUS-UNSP | 57 |
| *66522 | INVERS UTERUS-DEL W P/P | |
| 66524 | INVERS UTERUS-POSTPART | 57 |
| 66530 | LACERAT OF CERVIX-UNSPEC | 57 |
| *66531 | LACERAT OF CERVIX-DELIV | |
| 66534 | LACER OF CERVIX-POSTPART | 57 |
| 66540 | HIGH VAGINAL LACER-UNSP | 57 |
| *66541 | HIGH VAGINAL LACER-DELIV | |
| 66544 | HIGH VAGINAL LAC-POSTPAR | 57 |
| 66550 | OB INJ PELV ORG NEC-UNSP | 57 |
| *66551 | OB INJ PELV ORG NEC-DEL | |
| 66554 | INJ PELV ORG NEC-POSTPAR | 57 |
| 66560 | DAMAGE TO PELVIC JT-UNSP | 57 |
| *66561 | DAMAGE TO PELVIC JT-DEL | |
| 66564 | DAMAGE PELVIC JT-POSTPAR | 57 |
| 66570 | OB PELVIC HEMATOMA-UNSP | 57 |
| *66571 | OB PELVIC HEMATOMA-DELIV | |
| *66572 | PELVIC HEMATOM-DEL W PP | |
| 66574 | PELVIC HEMATOMA-POSTPART | 57 |
| 66580 | OB TRAUMA NEC-UNSPEC | 57 |
| *66581 | OB TRAUMA NEC-DELIVERED | |
| *66582 | OB TRAUMA NEC-DEL W P/P | |
| 66583 | OB TRAUMA NEC-ANTEPARTUM | 57 |
| 66584 | OB TRAUMA NEC-POSTPARTUM | 57 |
| 66590 | OB TRAUMA NOS-UNSPEC | 57 |
| *66591 | OB TRAUMA NOS-DELIVERED | |
| *66592 | OB TRAUMA NOS-DEL W P/P | |
| 66593 | OB TRAUMA NOS-ANTEPARTUM | 57 |
| 66594 | OB TRAUMA NOS-POSTPARTUM | 57 |
| 66600 | THIRD-STAGE HEM-UNSPEC | 57 |
| *66602 | THRD-STAGE HEM-DEL W P/P | |
| 66604 | THIRD-STAGE HEM-POSTPART | 57 |
| 66610 | POSTPARTUM HEM NEC-UNSP | 57 |
| *66612 | POSTPA HEM NEC-DEL W P/P | |
| 66614 | POSTPART HEM NEC-POSTPAR | 57 |
| 66620 | DELAY P/PART HEM-UNSPEC | 57 |
| *66622 | DELAY P/P HEM-DEL W P/P | |
| 66624 | DELAY P/PART HEM-POSTPAR | 57 |
| 66630 | POSTPART COAGUL DEF-UNSP | 57 |
| *66632 | P/P COAG DEF-DEL W P/P | |
| 66634 | POSTPART COAG DEF-POSTPA | 57 |
| 66700 | RETAIN PLACENTA NOS-UNSP | 57 |
| *66702 | RETND PLAC NOS-DEL W P/P | |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 66704 | RETAIN PLAC NOS-POSTPART | 57 |
| 66710 | RETAIN PROD CONCEPT-UNSP | 57 |
| *66712 | RET PROD CONC-DEL W P/P | |
| 66714 | RET PROD CONCEPT-POSTPAR | 57 |
| 66800 | PULM COMPL IN DEL-UNSPEC | 57 |
| *66801 | PULM COMPL IN DEL-DELIV | |
| *66802 | PULM COMPLIC-DEL W P/P | |
| 66803 | PULM COMPLICAT-ANTEPART | 57 |
| 66804 | PULM COMPLICAT-POSTPART | 57 |
| 66810 | HEART COMPL IN DEL-UNSP | 57 |
| *66811 | HEART COMPL IN DEL-DELIV | |
| *66812 | HEART COMPL-DEL W P/P | |
| 66813 | HEART COMPLIC-ANTEPART | 57 |
| 66814 | HEART COMPLIC-POSTPART | 57 |
| 66820 | CNS COMPL LABOR/DEL-UNSP | 57 |
| *66821 | CNS COMPL LAB/DEL-DELIV | |
| *66822 | CNS COMPLIC-DEL W P/P | |
| 66823 | CNS COMPL IN DEL-ANTEPAR | 57 |
| 66824 | CNS COMPL IN DEL-POSTPAR | 57 |
| 66880 | ANESTH COMP DEL NEC-UNSP | 57 |
| *66881 | ANESTH COMPL NEC-DELIVER | |
| *66882 | ANESTH COMPL NEC-DEL P/P | |
| 66883 | ANESTH COMPL ANTEPARTUM | 57 |
| 66884 | ANESTH COMPL-POSTPARTUM | 57 |
| 66890 | ANESTH COMP DEL NOS-UNSP | 57 |
| *66891 | ANESTH COMPL NOS-DELIVER | |
| *66892 | ANESTH COMPL NOS-DEL P/P | |
| 66893 | ANESTH COMPL-ANTEPARTUM | 57 |
| 66894 | ANESTH COMPL-POSTPARTUM | 57 |
| 66900 | MATERNAL DISTRESS-UNSPEC | 57 |
| *66901 | MATERNAL DISTRESS-DELIV | |
| *66902 | MATERN DISTRES-DEL W P/P | |
| 66903 | MATERN DISTRESS-ANTEPAR | 57 |
| 66904 | MATERN DISTRESS-POSTPART | 57 |
| 66910 | OBSTETRIC SHOCK-UNSPEC | 57 |
| *66911 | OBSTETRIC SHOCK-DELIVER | |
| *66912 | OBSTET SHOCK-DELIV W P/P | |
| 66913 | OBSTETRIC SHOCK-ANTEPAR | 57 |
| 66914 | OBSTETRIC SHOCK-POSTPART | 57 |
| 66920 | MATERN HYPOTENS SYN-UNSP | 57 |
| *66921 | MATERN HYPOTEN SYN-DELIV | |
| *66922 | MATERN HYPOTEN-DEL W P/P | |
| 66923 | MATERN HYPOTENS-ANTEPAR | 57 |
| 66924 | MATERN HYPOTENS-POSTPART | 57 |
| 66930 | AC REN FAIL W DELIV-UNSP | 57 |
| *66932 | AC REN FAIL-DELIV W P/P | |
| 66934 | AC RENAL FAILURE-POSTPAR | 57 |
| 66940 | OTH OB SURG COMPL-UNSPEC | 57 |
| *66941 | OTH OB COMPL-DELIVERED | |
| *66942 | OTH OB COMPL-DELIV W P/P | |
| 66943 | COMPLC OB SURG ANTEPRTM | 56 |
| 66944 | OTH OB SURG COMPL-POSTPA | 57 |
| 66950 | FORCEP DELIV NOS-UNSPEC | 57 |
| *66951 | FORCEP DELIV NOS-DELIVER | |
| 66960 | BREECH EXTR NOS-UNSPEC | 57 |
| *66961 | BREECH EXTR NOS-DELIVER | |
| 66970 | CESAREAN DELIV NOS-UNSP | 57 |
| *66971 | CESAREAN DELIVERY NOS | |
| *66980 | COMPL LAB/DELIV NEC-UNSP | |
| *66981 | COMP LAB/DELIV NEC-DELIV | |
| *66982 | COMPL DEL NEC-DEL W P/P | |
| 66983 | COMPL DELIV NEC-ANTEPAR | 57 |
| 66984 | COMPL DELIV NEC-POSTPART | 57 |
| 66990 | COMPL LAB/DELIV NOS-UNSP | 57 |
| *66991 | COMP LAB/DELIV NOS-DELIV | |
| *66992 | COMPL DEL NOS-DEL W P/P | |
| 66993 | COMPL DELIV NOS-ANTEPAR | 57 |
| 66994 | COMPL DELIV NOS-POSTPART | 57 |
| 67000 | MAJOR PUERP INFECT-UNSP | 57 |
| *67002 | MAJOR PUERP INF-DEL P/P | |
| 67004 | MAJOR PUERP INF-POSTPART | 57 |
| 67100 | VARIC VEIN LEG PREG-UNSP | 57 |
| *67101 | VARICOSE VEIN LEG-DELIV | |
| *67102 | VARIC VEIN LEG-DEL W P/P | |
| 67103 | VARIC VEIN LEG-ANTEPART | 57 |
| 67104 | VARIC VEIN LEG-POSTPART | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 67110 | VARIC VULVA PREG-UNSPEC | 57 |
| *67111 | VARICOSE VULVA-DELIVERED | |
| *67112 | VARICOSE VULVA-DEL W P/P | |
| 67113 | VARICOSE VULVA-ANTEPART | 57 |
| 67114 | VARICOSE VULVA-POSTPART | 57 |
| 67120 | THROMBOPHLEB PREG-UNSPEC | 57 |
| *67121 | THROMBOPHLEBITIS-DELIVER | |
| *67122 | THROMBOPHLEB-DELIV W P/P | |
| 67123 | THROMBOPHLEBIT-ANTEPART | 57 |
| 67124 | THROMBOPHLEBIT-POSTPART | 57 |
| 67130 | DEEP THROMB ANTEPAR-UNSP | 57 |
| *67131 | DEEP THROM ANTEPAR-DELIV | |
| 67133 | DEEP VEIN THROMB-ANTEPAR | 57 |
| 67140 | DEEP THROMB POSTPAR-UNSP | 57 |
| *67142 | THROMB POSTPAR-DEL W P/P | |
| 67144 | DEEP VEIN THROMB-POSTPAR | 57 |
| 67150 | THROMBOSIS NEC PREG-UNSP | 57 |
| *67151 | THROMBOSIS NEC-DELIVERED | |
| *67152 | THROMB NEC-DELIV W P/P | |
| 67153 | THROMBOSIS NEC-ANTEPART | 57 |
| 67154 | THROMBOSIS NEC-POSTPART | 57 |
| 67180 | VEN COMPL PREG NEC-UNSP | 57 |
| *67181 | VENOUS COMPL NEC-DELIVER | |
| *67182 | VEN COMP NEC-DELIV W P/P | |
| 67183 | VENOUS COMPL NEC-ANTEPAR | 57 |
| 67184 | VENOUS COMPL NEC-POSTPAR | 57 |
| 67190 | VEN COMPL PREG NOS-UNSP | 57 |
| *67191 | VENOUS COMPL NOS-DELIVER | |
| *67192 | VEN COMP NOS-DELIV W P/P | |
| 67193 | VENOUS COMPL NOS-ANTEPAR | 57 |
| 67194 | VENOUS COMPL NOS-POSTPAR | 57 |
| 67200 | PUERPERAL PYREXIA-UNSPEC | 57 |
| *67202 | PUERP PYREXIA-DEL W P/P | |
| 67204 | PUERP PYREXIA-POSTPARTUM | 57 |
| 67300 | OB AIR EMBOLISM-UNSPEC | 57 |
| *67301 | OB AIR EMBOLISM-DELIVER | |
| *67302 | OB AIR EMBOL-DELIV W P/P | |
| 67303 | OB AIR EMBOLISM-ANTEPART | 57 |
| 67304 | OB AIR EMBOLISM-POSTPART | 57 |
| 67310 | AMNIOTIC EMBOLISM-UNSPEC | 57 |
| *67311 | AMNIOTIC EMBOLISM-DELIV | |
| *67312 | AMNIOT EMBOL-DELIV W P/P | |
| 67313 | AMNIOTIC EMBOL-ANTEPART | 57 |
| 67314 | AMNIOTIC EMBOL-POSTPART | 57 |
| 67320 | OB PULM EMBOL NOS-UNSPEC | 57 |
| *67321 | PULM EMBOL NOS-DELIVERED | |
| *67322 | PULM EMBOL NOS-DEL W P/P | |
| 67323 | PULM EMBOL NOS-ANTEPART | 57 |
| 67324 | PULM EMBOL NOS-POSTPART | 57 |
| 67330 | OB PYEMIC EMBOL-UNSPEC | 57 |
| *67331 | OB PYEMIC EMBOL-DELIVER | |
| *67332 | OB PYEM EMBOL-DEL W P/P | |
| 67333 | OB PYEMIC EMBOL-ANTEPART | 57 |
| 67334 | OB PYEMIC EMBOL-POSTPART | 57 |
| 67380 | OB PULMON EMBOL NEC-UNSP | 57 |
| *67381 | PULMON EMBOL NEC-DELIVER | |
| *67382 | PULM EMBOL NEC-DEL W P/P | |
| 67383 | PULMON EMBOL NEC-ANTEPAR | 57 |
| 67384 | PULMON EMBOL NEC-POSTPAR | 57 |
| 67400 | PUERP CEREBVASC DIS-UNSP | 57 |
| *67401 | PUERP CEREBVAS DIS-DELIV | |
| *67402 | CEREBVAS DIS-DELIV W P/P | |
| 67403 | CEREBROVASC DIS-ANTEPART | 57 |
| 67404 | CEREBROVASC DIS-POSTPART | 57 |
| 67410 | DISRUPT C-SECT WND-UNSP | 57 |
| *67412 | DISRUPT C-SECT-DEL W P/P | |
| 67414 | DISRUPT C-SECT-POSTPART | 57 |
| 67420 | DISRUPT PERINEUM-UNSPEC | 57 |
| *67422 | DISRUPT PERIN-DEL W P/P | |
| 67424 | DISRUPT PERINEUM-POSTPAR | 57 |
| 67430 | OB SURG COMPL NEC-UNSPEC | 57 |
| *67432 | OB SURG COMPL-DEL W P/P | |
| 67434 | OB SURG COMP NEC-POSTPAR | 57 |
| 67440 | PLACENTAL POLYP-UNSPEC | 57 |
| 67442 | PLACENT POLYP-DEL W P/P | |
| 67444 | PLACENTAL POLYP-POSTPART | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 67480 | PUERP COMPL NEC-UNSPEC | 57 |
| *67482 | PUERP COMP NEC-DEL W P/P | |
| 67484 | PUERP COMPL NEC-POSTPART | 57 |
| 67490 | PUERP COMPL NOS-UNSPEC | 57 |
| *67492 | PUERP COMP NOS-DEL W P/P | |
| 67494 | PUERP COMPL NOS-POSTPART | 57 |
| 67500 | INFECT NIPPLE PREG-UNSP | 57 |
| 67501 | INFECT NIPPLE-DELIVERED | 57 |
| 67502 | INFECT NIPPLE-DEL W P/P | 57 |
| 67503 | INFECT NIPPLE-ANTEPARTUM | 57 |
| 67504 | INFECT NIPPLE-POSTPARTUM | 57 |
| 67510 | BREAST ABSCESS PREG-UNSP | 57 |
| 67511 | BREAST ABSCESS-DELIVERED | 57 |
| 67512 | BREAST ABSCESS-DEL W P/P | 57 |
| 67513 | BREAST ABSCESS-ANTEPART | 57 |
| 67514 | BREAST ABSCESS-POSTPART | 57 |
| 67520 | MASTITIS IN PREG-UNSPEC | 57 |
| 67521 | MASTITIS-DELIVERED | 57 |
| 67522 | MASTITIS-DELIV W P/P | 57 |
| 67523 | MASTITIS-ANTEPARTUM | 57 |
| 67524 | MASTITIS-POSTPARTUM | 57 |
| 67580 | BREAST INF PREG NEC-UNSP | 57 |
| 67581 | BREAST INFECT NEC-DELIV | 57 |
| 67582 | BREAST INF NEC-DEL W P/P | 57 |
| 67583 | BREAST INF NEC-ANTEPART | 57 |
| 67584 | BREAST INF NEC-POSTPART | 57 |
| 67590 | BREAST INF PREG NOS-UNSP | 57 |
| 67591 | BREAST INFECT NOS-DELIV | 57 |
| 67592 | BREAST INF NOS-DEL W P/P | 57 |
| 67593 | BREAST INF NOS-ANTEPART | 57 |
| 67594 | BREAST INF NOS-POSTPART | 57 |
| 67600 | RETRACT NIPPLE PREG-UNSP | 57 |
| 67601 | RETRACTED NIPPLE-DELIVER | 57 |
| 67602 | RETRACT NIPPLE-DEL W P/P | 57 |
| 67603 | RETRACT NIPPLE-ANTEPART | 57 |
| 67604 | RETRACT NIPPLE-POSTPART | 57 |
| 67610 | CRACKED NIPPLE PREG-UNSP | 57 |
| 67611 | CRACKED NIPPLE-DELIVERED | 57 |
| 67612 | CRACKED NIPPLE-DEL W P/P | 57 |
| 67613 | CRACKED NIPPLE-ANTEPART | 57 |
| 67614 | CRACKED NIPPLE-POSTPART | 57 |
| 67620 | BREAST ENGORGE-UNSPEC | 57 |
| 67621 | BREAST ENGORGE-DELIVERED | 57 |
| 67622 | BREAST ENGORGE-DEL W P/P | 57 |
| 67623 | BREAST ENGORGE-ANTEPART | 57 |
| 67624 | BREAST ENGORGE-POSTPART | 57 |
| 67630 | BREAST DIS PREG NEC-UNSP | 57 |
| 67631 | BREAST DIS NEC-DELIVERED | 57 |
| 67632 | BREAST DIS NEC-DEL W P/P | 57 |
| 67633 | BREAST DIS NEC-ANTEPART | 57 |
| 67634 | BREAST DIS NEC-POSTPART | 57 |
| 67640 | LACTATION FAIL-UNSPEC | 57 |
| 67641 | LACTATION FAIL-DELIVERED | 57 |
| 67642 | LACTATION FAIL-DEL W P/P | 57 |
| 67643 | LACTATION FAIL-ANTEPART | 57 |
| 67644 | LACTATION FAIL-POSTPART | 57 |
| 67650 | SUPPR LACTATION-UNSPEC | 57 |
| 67651 | SUPPR LACTATION-DELIVER | 57 |
| 67652 | SUPPR LACTAT-DEL W P/P | 57 |
| 67653 | SUPPR LACTATION-ANTEPAR | 57 |
| 67654 | SUPPR LACTATION-POSTPART | 57 |
| 67660 | GALACTORRHEA PREG-UNSPEC | 57 |
| 67661 | GALACTORRHEA-DELIVERED | 57 |
| 67662 | GALACTORRHEA-DEL W P/P | 57 |
| 67663 | GALACTORRHEA-ANTEPARTUM | 57 |
| 67664 | GALACTORRHEA-POSTPARTUM | 57 |
| 67680 | LACTATION DIS NEC-UNSPEC | 57 |
| 67681 | LACTATION DIS NEC-DELIV | 57 |
| 67682 | LACTAT DIS NEC-DEL W P/P | 57 |
| 67683 | LACTAT DIS NEC-ANTEPART | 57 |
| 67684 | LACTAT DIS NEC-POSTPART | 57 |
| 67690 | LACTATION DIS NOS-UNSPEC | 57 |
| 67691 | LACTATION DIS NOS-DELIV | 57 |
| 67692 | LACTAT DIS NOS-DEL W P/P | 57 |
| 67693 | LACTAT DIS NOS-ANTEPART | 57 |
| 67694 | LACTAT DIS NOS-POSTPART | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 677 | LATE EFFCT CMPLCATN PREG | 11 |
| 6800 | CARBUNCLE OF FACE | 18 |
| 6801 | CARBUNCLE OF NECK | 18 |
| 6802 | CARBUNCLE OF TRUNK | 18 |
| 6803 | CARBUNCLE OF ARM | 18 |
| 6804 | CARBUNCLE OF HAND | 18 |
| 6805 | CARBUNCLE OF BUTTOCK | 18 |
| 6806 | CARBUNCLE OF LEG | 18 |
| 6807 | CARBUNCLE OF FOOT | 18 |
| 6808 | CARBUNCLE, SITE NEC | 18 |
| 6809 | CARBUNCLE NOS | 18 |
| 68100 | CELLULITIS, FINGER NOS | 18 |
| 68101 | FELON | 18 |
| 68102 | ONYCHIA OF FINGER | 18 |
| 68110 | CELLULITIS, TOE NOS | 18 |
| 68111 | ONYCHIA OF TOE | 18 |
| 6819 | CELLULITIS OF DIGIT NOS | 18 |
| 6820 | CELLULITIS OF FACE | 18 |
| 6821 | CELLULITIS OF NECK | 18 |
| 6822 | CELLULITIS OF TRUNK | 18 |
| 6823 | CELLULITIS OF ARM | 18 |
| 6824 | CELLULITIS OF HAND | 18 |
| 6825 | CELLULITIS OF BUTTOCK | 18 |
| 6826 | CELLULITIS OF LEG | 18 |
| 6827 | CELLULITIS OF FOOT | 18 |
| 6828 | CELLULITIS, SITE NEC | 18 |
| 6829 | CELLULITIS NOS | 18 |
| 683 | ACUTE LYMPHADENITIS | 86 |
| 684 | IMPETIGO | 18 |
| 6850 | PILONIDAL CYST W ABSCESS | 18 |
| 6851 | PILONIDAL CYST W/O ABSC | 18 |
| 6861 | PYOGENIC GRANULOMA | 18 |
| 6868 | LOCAL SKIN INFECTION NEC | 18 |
| 6869 | LOCAL SKIN INFECTION NOS | 18 |
| 69010 | SEBRRHEIC DERMATITIS NOS | 18 |
| 69011 | SEBORRHEA CAPITIS | 18 |
| 69012 | SBRHEIC INFANTL DRMTITIS | 18 |
| 69018 | SEBRRHEIC DERMATITIS NEC | 18 |
| 6908 | ERYTHMTSQUAMOUS DERM NEC | 18 |
| 6910 | DIAPER OR NAPKIN RASH | 18 |
| 6918 | OTHER ATOPIC DERMATITIS | 18 |
| 6920 | DETERGENT DERMATITIS | 18 |
| 6921 | OIL & GREASE DERMATITIS | 18 |
| 6922 | SOLVENT DERMATITIS | 18 |
| 6923 | TOPICAL MED DERMATITIS | 18 |
| 6924 | CHEMICAL DERMATITIS NEC | 18 |
| 6925 | TOPICAL FOOD DERMATITIS | 18 |
| 6926 | DERMATITIS DUE TO PLANT | 18 |
| 69270 | SOLAR DERMATITIS NOS | 18 |
| 69271 | SUNBURN | 18 |
| 69272 | ACT DRMTITIS SOLAR RDIAT | 18 |
| 69273 | ACTNC RETIC ACTNC GRNLMA | 18 |
| 69274 | OTH CHR DRMTIT SOLAR RAD | 18 |
| 69279 | OTH DERMATITIS SOLAR RAD | 18 |
| 69281 | COSMETIC DERMATITIS | 18 |
| 69282 | DERMATITIS OTH RADIATION | 18 |
| 69283 | DERMATITIS METALS | 18 |
| 69289 | DERMATITIS NEC | 18 |
| 6929 | DERMATITIS NOS | 18 |
| 6930 | DRUG DERMATITIS NOS | 18 |
| 6931 | DERMAT D/T FOOD INGEST | 18 |
| 6938 | DERMAT D/T INT AGENT NEC | 18 |
| 6939 | DERMAT D/T INT AGENT NOS | 18 |
| 6940 | DERMATITIS HERPETIFORMIS | 18 |
| 6941 | SUBCORNEAL PUST DERMATOS | 68 |
| 6942 | JUVEN DERMAT HERPETIFORM | 18 |
| 6943 | IMPETIGO HERPETIFORMIS | 18 |
| 6944 | PEMPHIGUS | 18 |
| 6945 | PEMPHIGOID | 18 |
| 69460 | BN MUCOUS MEMB PEMPH NOS | 18 |
| 69461 | OCULAR PEMPHIGUS | 68 |
| 6948 | BULLOUS DERMATOSES NEC | 18 |
| 6949 | BULLOUS DERMATOSES NOS | 18 |
| 6950 | TOXIC ERYTHEMA | 18 |
| 6951 | ERYTHEMA MULTIFORME | 18 |
| 6952 | ERYTHEMA NODOSUM | 18 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 6953 | ROSACEA | 18 |
| 6954 | LUPUS ERYTHEMATOSUS | 18 |
| 69581 | RITTER'S DISEASE | 18 |
| 69589 | ERYTHEMATOUS COND NEC | 18 |
| 6959 | ERYTHEMATOUS COND NOS | 18 |
| 6960 | PSORIATIC ARTHROPATHY | 24 |
| 6961 | OTHER PSORIASIS | 18 |
| 6962 | PARAPSORIASIS | 18 |
| 6963 | PITYRIASIS ROSEA | 18 |
| 6964 | PITYRIASIS RUBRA PILARIS | 18 |
| 6965 | PITYRIASIS NEC & NOS | 18 |
| 6968 | PSORIAS RELATED DIS NEC | 18 |
| 6970 | LICHEN PLANUS | 18 |
| 6971 | LICHEN NITIDUS | 18 |
| 6978 | LICHEN NEC | 18 |
| 6979 | LICHEN NOS | 18 |
| 6980 | PRURITUS ANI | 18 |
| 6981 | PRURITUS OF GENITALIA | 53 |
| 6982 | PRURIGO | 18 |
| 6983 | LICHENIFICATION | 18 |
| 6984 | DERMATITIS FACTITIA | 18 |
| 6988 | PRURITIC CONDITIONS NEC | 18 |
| 6989 | PRURITIC DISORDER NOS | 18 |
| 700 | CORNS AND CALLOSITIES | 18 |
| 7010 | CIRCUMSCRIBE SCLERODERMA | 18 |
| 7011 | KERATODERMA, ACQUIRED | 18 |
| 7012 | ACQ ACANTHOSIS NIGRICANS | 18 |
| 7013 | STRIAE ATROPHICAE | 18 |
| 7014 | KELOID SCAR | 18 |
| 7015 | ABNORMAL GRANULATION NEC | 18 |
| 7018 | SKIN HYPERTRO/ATROPH NEC | 18 |
| 7019 | SKIN HYPERTRO/ATROPH NOS | 18 |
| 7020 | ACTINIC KERATOSIS | 18 |
| 70211 | INFLAMED SBRHEIC KERATOS | 18 |
| 70219 | OTHER SBORHEIC KERATOSIS | 18 |
| 7028 | OTHER SPECF DERMATOSES | 18 |
| 7030 | INGROWING NAIL | 18 |
| 7038 | DISEASES OF NAIL NEC | 18 |
| 7039 | DISEASE OF NAIL NOS | 18 |
| 70400 | ALOPECIA NOS | 18 |
| 70401 | ALOPECIA AREATA | 18 |
| 70402 | TELOGEN EFFLUVIUM | 18 |
| 70409 | ALOPECIA NEC | 18 |
| 7041 | HIRSUTISM | 18 |
| 7042 | ABNORMALITIES OF HAIR | 18 |
| 7043 | VARIATIONS IN HAIR COLOR | 18 |
| 7048 | HAIR DISEASES NEC | 18 |
| 7049 | HAIR DISEASE NOS | 18 |
| 7050 | ANHIDROSIS | 18 |
| 7051 | PRICKLY HEAT | 18 |
| 70581 | DYSHIDROSIS | 18 |
| 70582 | FOX-FORDYCE DISEASE | 18 |
| 70583 | HIDRADENITIS | 18 |
| 70589 | SWEAT GLAND DISORDER NEC | 18 |
| 7059 | SWEAT GLAND DISORDER NOS | 18 |
| 7060 | ACNE VARIOLIFORMIS | 18 |
| 7061 | ACNE NEC | 18 |
| 7062 | SEBACEOUS CYST | 18 |
| 7063 | SEBORRHEA | 18 |
| 7068 | SEBACEOUS GLAND DIS NEC | 18 |
| 7069 | SEBACEOUS GLAND DIS NOS | 18 |
| 7070 | DECUBITUS ULCER | 18 |
| 7071 | CHRONIC ULCER OF LEG | 18 |
| 7078 | CHRONIC SKIN ULCER NEC | 18 |
| 7079 | CHRONIC SKIN ULCER NOS | 18 |
| 7080 | ALLERGIC URTICARIA | 18 |
| 7081 | IDIOPATHIC URTICARIA | 18 |
| 7082 | URTICARIA FROM COLD/HEAT | 18 |
| 7083 | DERMATOGRAPHIC URTICARIA | 18 |
| 7084 | VIBRATORY URTICARIA | 18 |
| 7085 | CHOLINERGIC URTICARIA | 18 |
| 7088 | URTICARIA NEC | 18 |
| 7089 | URTICARIA NOS | 18 |
| 70900 | DYSCHROMIA, UNSPECIFIED | 18 |
| 70901 | VITILIGO | 18 |
| 70909 | OTHER DYSCHROMIA | 18 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 7091 | VASCULAR DISORD OF SKIN | 18 |
| 7092 | SCAR & FIBROSIS OF SKIN | 18 |
| 7093 | DEGENERATIVE SKIN DISORD | 18 |
| 7094 | FOREIGN BODY GRANUL-SKIN | 18 |
| 7098 | SKIN DISORDERS NEC | 18 |
| 7099 | SKIN DISORDER NOS | 18 |
| 7100 | SYST LUPUS ERYTHEMATOSUS | 86 |
| 7101 | SYSTEMIC SCLEROSIS | 86 |
| 7102 | SICCA SYNDROME | 86 |
| 7103 | DERMATOMYOSITIS | 86 |
| 7104 | POLYMYOSITIS | 86 |
| 7105 | EOSINOPHILIA MYALGIA SND | 24 |
| 7108 | DIFF CONNECT TIS DIS NEC | 24 |
| 7109 | DIFF CONNECT TIS DIS NOS | 24 |
| 71100 | PYOGEN ARTHRITIS-UNSPEC | 24 |
| 71101 | PYOGEN ARTHRITIS-SHLDER | 24 |
| 71102 | PYOGEN ARTHRITIS-UP/ARM | 24 |
| 71103 | PYOGEN ARTHRITIS-FOREARM | 24 |
| 71104 | PYOGEN ARTHRITIS-HAND | 24 |
| 71105 | PYOGEN ARTHRITIS-PELVIS | 24 |
| 71106 | PYOGEN ARTHRITIS-L/LEG | 24 |
| 71107 | PYOGEN ARTHRITIS-ANKLE | 24 |
| 71108 | PYOGEN ARTHRITIS NEC | 24 |
| 71109 | PYOGEN ARTHRITIS-MULT | 24 |
| 71110 | REITER ARTHRITIS-UNSPEC | 24 |
| 71111 | REITER ARTHRITIS-SHLDER | 24 |
| 71112 | REITER ARTHRITIS-UP/ARM | 24 |
| 71113 | REITER ARTHRITIS-FOREARM | 24 |
| 71114 | REITER ARTHRITIS-HAND | 24 |
| 71115 | REITER ARTHRITIS-PELVIS | 24 |
| 71116 | REITER ARTHRITIS-L/LEG | 24 |
| 71117 | REITER ARTHRITIS-ANKLE | 24 |
| 71118 | REITER ARTHRITIS NEC | 24 |
| 71119 | REITER ARTHRITIS-MULT | 24 |
| 71120 | BEHCET ARTHRITIS-UNSPEC | 24 |
| 71121 | BEHCET ARTHRITIS-SHLDER | 24 |
| 71122 | BEHCET ARTHRITIS-UP/ARM | 24 |
| 71123 | BEHCET ARTHRITIS-FOREARM | 24 |
| 71124 | BEHCET ARTHRITIS-HAND | 24 |
| 71125 | BEHCET ARTHRITIS-PELVIS | 24 |
| 71126 | BEHCET ARTHRITIS-L/LEG | 24 |
| 71127 | BEHCET ARTHRITIS-ANKLE | 24 |
| 71128 | BEHCET ARTHRITIS NEC | 24 |
| 71129 | BEHCET ARTHRITIS-MULT | 24 |
| 71130 | DYSENTER ARTHRIT-UNSPEC | 24 |
| 71131 | DYSENTER ARTHRIT-SHLDER | 24 |
| 71132 | DYSENTER ARTHRIT-UP/ARM | 24 |
| 71133 | DYSENTER ARTHRIT-FOREARM | 24 |
| 71134 | DYSENTER ARTHRIT-HAND | 24 |
| 71135 | DYSENTER ARTHRIT-PELVIS | 24 |
| 71136 | DYSENTER ARTHRIT-L/LEG | 24 |
| 71137 | DYSENTER ARTHRIT-ANKLE | 24 |
| 71138 | DYSENTER ARTHRIT NEC | 24 |
| 71139 | DYSENTER ARTHRIT-MULT | 24 |
| 71140 | BACT ARTHRITIS-UNSPEC | 24 |
| 71141 | BACT ARTHRITIS-SHLDER | 24 |
| 71142 | BACT ARTHRITIS-UP/ARM | 24 |
| 71143 | BACT ARTHRITIS-FOREARM | 24 |
| 71144 | BACT ARTHRITIS-HAND | 24 |
| 71145 | BACT ARTHRITIS-PELVIS | 24 |
| 71146 | BACT ARTHRITIS-L/LEG | 24 |
| 71147 | BACT ARTHRITIS-ANKLE | 24 |
| 71148 | BACT ARTHRITIS NEC | 24 |
| 71149 | BACT ARTHRITIS-MULT | 24 |
| 71150 | VIRAL ARTHRITIS-UNSPEC | 24 |
| 71151 | VIRAL ARTHRITIS-SHLDER | 24 |
| 71152 | VIRAL ARTHRITIS-UP/ARM | 24 |
| 71153 | VIRAL ARTHRITIS-FOREARM | 24 |
| 71154 | VIRAL ARTHRITIS-HAND | 24 |
| 71155 | VIRAL ARTHRITIS-PELVIS | 24 |
| 71156 | VIRAL ARTHRITIS-L/LEG | 24 |
| 71157 | VIRAL ARTHRITIS-ANKLE | 24 |
| 71158 | VIRAL ARTHRITIS NEC | 24 |
| 71159 | VIRAL ARTHRITIS-MULT | 24 |
| 71160 | MYCOTIC ARTHRITIS-UNSPEC | 24 |
| 71161 | MYCOTIC ARTHRITIS-SHLDER | 24 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 71162 | MYCOTIC ARTHRITIS-UP/ARM | 24 |
| 71163 | MYCOTIC ARTHRIT-FOREARM | 24 |
| 71164 | MYCOTIC ARTHRITIS-HAND | 24 |
| 71165 | MYCOTIC ARTHRITIS-PELVIS | 24 |
| 71166 | MYCOTIC ARTHRITIS-L/LEG | 24 |
| 71167 | MYCOTIC ARTHRITIS-ANKLE | 24 |
| 71168 | MYCOTIC ARTHRITIS NEC | 24 |
| 71169 | MYCOTIC ARTHRITIS-MULT | 24 |
| 71170 | HELMINTH ARTHRIT-UNSPEC | 24 |
| 71171 | HELMINTH ARTHRIT-SHLDER | 24 |
| 71172 | HELMINTH ARTHRIT-UP/ARM | 24 |
| 71173 | HELMINTH ARTHRIT-FOREARM | 24 |
| 71174 | HELMINTH ARTHRIT-HAND | 24 |
| 71175 | HELMINTH ARTHRIT-PELVIS | 24 |
| 71176 | HELMINTH ARTHRIT-L/LEG | 24 |
| 71177 | HELMINTH ARTHRIT-ANKLE | 24 |
| 71178 | HELMINTH ARTHRIT NEC | 24 |
| 71179 | HELMINTH ARTHRIT-MULT | 24 |
| 71180 | INF ARTHRITIS NEC-UNSPEC | 24 |
| 71181 | INF ARTHRITIS NEC-SHLDER | 24 |
| 71182 | INF ARTHRITIS NEC-UP/ARM | 24 |
| 71183 | INF ARTHRIT NEC-FOREARM | 24 |
| 71184 | INF ARTHRITIS NEC-HAND | 24 |
| 71185 | INF ARTHRITIS NEC-PELVIS | 24 |
| 71186 | INF ARTHRITIS NEC-L/LEG | 24 |
| 71187 | INF ARTHRITIS NEC-ANKLE | 24 |
| 71188 | INF ARTHRIT NEC-OTH SITE | 24 |
| 71189 | INF ARTHRITIS NEC-MULT | 24 |
| 71190 | INF ARTHRITIS NOS-UNSPEC | 24 |
| 71191 | INF ARTHRITIS NOS-SHLDER | 24 |
| 71192 | INF ARTHRITIS NOS-UP/ARM | 24 |
| 71193 | INF ARTHRIT NOS-FOREARM | 24 |
| 71194 | INF ARTHRIT NOS-HAND | 24 |
| 71195 | INF ARTHRIT NOS-PELVIS | 24 |
| 71196 | INF ARTHRIT NOS-L/LEG | 24 |
| 71197 | INF ARTHRIT NOS-ANKLE | 24 |
| 71198 | INF ARTHRIT NOS-OTH SITE | 24 |
| 71199 | INF ARTHRITIS NOS-MULT | 24 |
| 71210 | DICALC PHOS CRYST-UNSPEC | 24 |
| 71211 | DICALC PHOS CRYST-SHLDER | 24 |
| 71212 | DICALC PHOS CRYST-UP/ARM | 24 |
| 71213 | DICALC PHOS CRYS-FOREARM | 24 |
| 71214 | DICALC PHOS CRYST-HAND | 24 |
| 71215 | DICALC PHOS CRYST-PELVIS | 24 |
| 71216 | DICALC PHOS CRYST-L/LEG | 24 |
| 71217 | DICALC PHOS CRYST-ANKLE | 24 |
| 71218 | DICALC PHOS CRY-SITE NEC | 24 |
| 71219 | DICALC PHOS CRYST-MULT | 24 |
| 71220 | PYROPHOSPH CRYST-UNSPEC | 24 |
| 71221 | PYROPHOSPH CRYST-SHLDER | 24 |
| 71222 | PYROPHOSPH CRYST-UP/ARM | 24 |
| 71223 | PYROPHOSPH CRYST-FOREARM | 24 |
| 71224 | PYROPHOSPH CRYST-HAND | 24 |
| 71225 | PYROPHOSPH CRYST-PELVIS | 24 |
| 71226 | PYROPHOSPH CRYST-L/LEG | 24 |
| 71227 | PYROPHOSPH CRYST-ANKLE | 24 |
| 71228 | PYROPHOS CRYST-SITE NEC | 24 |
| 71229 | PYROPHOS CRYST-MULT | 24 |
| 71230 | CHONDROCALCIN NOS-UNSPEC | 24 |
| 71231 | CHONDROCALCIN NOS-SHLDER | 24 |
| 71232 | CHONDROCALCIN NOS-UP/ARM | 24 |
| 71233 | CHONDROCALC NOS-FOREARM | 24 |
| 71234 | CHONDROCALCIN NOS-HAND | 24 |
| 71235 | CHONDROCALCIN NOS-PELVIS | 24 |
| 71236 | CHONDROCALCIN NOS-L/LEG | 24 |
| 71237 | CHONDROCALCIN NOS-ANKLE | 24 |
| 71238 | CHONDROCALC NOS-OTH SITE | 24 |
| 71239 | CHONDROCALCIN NOS-MULT | 24 |
| 71280 | CRYST ARTHROP NEC-UNSPEC | 24 |
| 71281 | CRYST ARTHROP NEC-SHLDER | 24 |
| 71282 | CRYST ARTHROP NEC-UP/ARM | 24 |
| 71283 | CRYS ARTHROP NEC-FOREARM | 24 |
| 71284 | CRYST ARTHROP NEC-HAND | 24 |
| 71285 | CRYST ARTHROP NEC-PELVIS | 24 |
| 71286 | CRYST ARTHROP NEC-L/LEG | 24 |
| 71287 | CRYST ARTHROP NEC-ANKLE | 24 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 71288 | CRY ARTHROP NEC-OTH SITE | 24 |
| 71289 | CRYST ARTHROP NEC-MULT | 24 |
| 71290 | CRYST ARTHROP NOS-UNSPEC | 24 |
| 71291 | CRYST ARTHROP NOS-SHLDR | 24 |
| 71292 | CRYST ARTHROP NOS-UP/ARM | 24 |
| 71293 | CRYS ARTHROP NOS-FOREARM | 24 |
| 71294 | CRYST ARTHROP NOS-HAND | 24 |
| 71295 | CRYST ARTHROP NOS-PELVIS | 24 |
| 71296 | CRYST ARTHROP NOS-L/LEG | 24 |
| 71297 | CRYST ARTHROP NOS-ANKLE | 24 |
| 71298 | CRY ARTHROP NOS-OTH SITE | 24 |
| 71299 | CRYST ARTHROP NOS-MULT | 24 |
| 7130 | ARTHROP W ENDOCR/MET DIS | 24 |
| 7131 | ARTHROP W NONINF GI DIS | 24 |
| 7132 | ARTHROPATH W HEMATOL DIS | 24 |
| 7133 | ARTHROPATHY W SKIN DIS | 24 |
| 7134 | ARTHROPATHY W RESP DIS | 24 |
| 7135 | ARTHROPATHY W NERVE DIS | 24 |
| 7136 | ARTHROP W HYPERSEN REACT | 24 |
| 7137 | ARTHROP W SYSTEM DIS NEC | 24 |
| 7138 | ARTHROP W OTH DIS NEC | 24 |
| 7140 | RHEUMATOID ARTHRITIS | 24 |
| 7141 | FELTY'S SYNDROME | 24 |
| 7142 | SYST RHEUM ARTHRITIS NEC | 24 |
| 71430 | JUV RHEUM ARTHRITIS NOS | 24 |
| 71431 | POLYART JUV RHEUM ARTHR | 24 |
| 71432 | PAUCIART JUV RHEUM ARTHR | 24 |
| 71433 | MONOART JUV RHEUM ARTHR | 24 |
| 7144 | CHR POSTRHEUM ARTHRITIS | 24 |
| 71481 | RHEUMATOID LUNG | 33 |
| 71489 | INFLAMM POLYARTHROP NEC | 24 |
| 7149 | INFLAMM POLYARTHROP NOS | 24 |
| 71500 | GENERAL OSTEOARTHROSIS | 24 |
| 71504 | GEN OSTEOARTHROS-HAND | 24 |
| 71509 | GENERAL OSTEOARTHROSIS | 24 |
| 71510 | LOC PRIM OSTEOART-UNSPEC | 24 |
| 71511 | LOC PRIM OSTEOART-SHLDER | 24 |
| 71512 | LOC PRIM OSTEOART-UP/ARM | 24 |
| 71513 | LOC PRIM OSTEOART-FORARM | 24 |
| 71514 | LOC PRIM OSTEOARTH-HAND | 24 |
| 71515 | LOC PRIM OSTEOART-PELVIS | 24 |
| 71516 | LOC PRIM OSTEOART-L/LEG | 24 |
| 71517 | LOC PRIM OSTEOARTH-ANKLE | 24 |
| 71518 | LOC PRIM OSTEOARTHR NEC | 24 |
| 71520 | LOC 2ND OSTEOARTH-UNSPEC | 24 |
| 71521 | LOC 2ND OSTEOARTH-SHLDER | 24 |
| 71522 | LOC 2ND OSTEOARTH-UP/ARM | 24 |
| 71523 | LOC 2ND OSTEOART-FOREARM | 24 |
| 71524 | LOC 2ND OSTEOARTHRO-HAND | 24 |
| 71525 | LOC 2ND OSTEOARTH-PELVIS | 24 |
| 71526 | LOC 2ND OSTEOARTHR-L/LEG | 24 |
| 71527 | LOC 2ND OSTEOARTHR-ANKLE | 24 |
| 71528 | LOC 2ND OSTEOARTHROS NEC | 24 |
| 71530 | LOC OSTEOARTH NOS-UNSPEC | 24 |
| 71531 | LOC OSTEOARTH NOS-SHLDER | 24 |
| 71532 | LOC OSTEOARTH NOS-UP/ARM | 24 |
| 71533 | LOC OSTEOART NOS-FOREARM | 24 |
| 71534 | LOC OSTEOARTH NOS-HAND | 24 |
| 71535 | LOC OSTEOARTH NOS-PELVIS | 24 |
| 71536 | LOC OSTEOARTH NOS-L/LEG | 24 |
| 71537 | LOC OSTEOARTH NOS-ANKLE | 24 |
| 71538 | LOC OSTEOAR NOS-SITE NEC | 24 |
| 71580 | OSTEOARTHROSIS-MULT SITE | 24 |
| 71589 | OSTEOARTHROSIS-MULT SITE | 24 |
| 71590 | OSTEOARTHROS NOS-UNSPEC | 24 |
| 71591 | OSTEOARTHROS NOS-SHLDER | 24 |
| 71592 | OSTEOARTHROS NOS-UP/ARM | 24 |
| 71593 | OSTEOARTHROS NOS-FOREARM | 24 |
| 71594 | OSTEOARTHROS NOS-HAND | 24 |
| 71595 | OSTEOARTHROS NOS-PELVIS | 24 |
| 71596 | OSTEOARTHROS NOS-L/LEG | 24 |
| 71597 | OSTEOARTHROS NOS-ANKLE | 24 |
| 71598 | OSTEOARTHRO NOS-OTH SITE | 24 |
| 71600 | KASCHIN-BECK DIS-UNSPEC | 24 |
| 71601 | KASCHIN-BECK DIS-SHLDER | 24 |
| 71602 | KASCHIN-BECK DIS-UP/ARM | 24 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 71603 | KASCHIN-BECK DIS-FOREARM | 24 |
| 71604 | KASCHIN-BECK DIS-HAND | 24 |
| 71605 | KASCHIN-BECK DIS-PELVIS | 24 |
| 71606 | KASCHIN-BECK DIS-L/LEG | 24 |
| 71607 | KASCHIN-BECK DIS-ANKLE | 24 |
| 71608 | KASCHIN-BECK DIS NEC | 24 |
| 71609 | KASCHIN-BECK DIS-MULT | 24 |
| 71610 | TRAUM ARTHROPATHY-UNSPEC | 24 |
| 71611 | TRAUM ARTHROPATHY-SHLDER | 24 |
| 71612 | TRAUM ARTHROPATHY-UP/ARM | 24 |
| 71613 | TRAUM ARTHROPATH-FOREARM | 24 |
| 71614 | TRAUM ARTHROPATHY-HAND | 24 |
| 71615 | TRAUM ARTHROPATHY-PELVIS | 24 |
| 71616 | TRAUM ARTHROPATHY-L/LEG | 24 |
| 71617 | TRAUM ARTHROPATHY-ANKLE | 24 |
| 71618 | TRAUM ARTHROPATHY NEC | 24 |
| 71619 | TRAUM ARTHROPATHY-MULT | 24 |
| 71620 | ALLERG ARTHRITIS-UNSPEC | 24 |
| 71621 | ALLERG ARTHRITIS-SHLDER | 24 |
| 71622 | ALLERG ARTHRITIS-UP/ARM | 24 |
| 71623 | ALLERG ARTHRITIS-FOREARM | 24 |
| 71624 | ALLERG ARTHRITIS-HAND | 24 |
| 71625 | ALLERG ARTHRITIS-PELVIS | 24 |
| 71626 | ALLERG ARTHRITIS-L/LEG | 24 |
| 71627 | ALLERG ARTHRITIS-ANKLE | 24 |
| 71628 | ALLERG ARTHRITIS NEC | 24 |
| 71629 | ALLERG ARTHRITIS-MULT | 24 |
| 71630 | CLIMACT ARTHRITIS-UNSPEC | 24 |
| 71631 | CLIMACT ARTHRITIS-SHLDER | 24 |
| 71632 | CLIMACT ARTHRITIS-UP/ARM | 24 |
| 71633 | CLIMACT ARTHRIT-FOREARM | 24 |
| 71634 | CLIMACT ARTHRITIS-HAND | 24 |
| 71635 | CLIMACT ARTHRITIS-PELVIS | 24 |
| 71636 | CLIMACT ARTHRITIS-L/LEG | 24 |
| 71637 | CLIMACT ARTHRITIS-ANKLE | 24 |
| 71638 | CLIMACT ARTHRITIS NEC | 24 |
| 71639 | CLIMACT ARTHRITIS-MULT | 24 |
| 71640 | TRANS ARTHROPATHY-UNSPEC | 24 |
| 71641 | TRANS ARTHROPATHY-SHLDER | 24 |
| 71642 | TRANS ARTHROPATHY-UP/ARM | 24 |
| 71643 | TRANS ARTHROPATH-FOREARM | 24 |
| 71644 | TRANS ARTHROPATHY-HAND | 24 |
| 71645 | TRANS ARTHROPATHY-PELVIS | 24 |
| 71646 | TRANS ARTHROPATHY-L/LEG | 24 |
| 71647 | TRANS ARTHROPATHY-ANKLE | 24 |
| 71648 | TRANS ARTHROPATHY NEC | 24 |
| 71649 | TRANS ARTHROPATHY-MULT | 24 |
| 71650 | POLYARTHRITIS NOS-UNSPEC | 24 |
| 71651 | POLYARTHRITIS NOS-SHLDER | 24 |
| 71652 | POLYARTHRITIS NOS-UP/ARM | 24 |
| 71653 | POLYARTHRIT NOS-FOREARM | 24 |
| 71654 | POLYARTHRITIS NOS-HAND | 24 |
| 71655 | POLYARTHRITIS NOS-PELVIS | 24 |
| 71656 | POLYARTHRITIS NOS-L/LEG | 24 |
| 71657 | POLYARTHRITIS NOS-ANKLE | 24 |
| 71658 | POLYARTHRIT NOS-OTH SITE | 24 |
| 71659 | POLYARTHRITIS NOS-MULT | 24 |
| 71660 | MONOARTHRITIS NOS-UNSPEC | 24 |
| 71661 | MONOARTHRITIS NOS-SHLDER | 24 |
| 71662 | MONOARTHRITIS NOS-UP/ARM | 24 |
| 71663 | MONOARTHRIT NOS-FOREARM | 24 |
| 71664 | MONOARTHRITIS NOS-HAND | 24 |
| 71665 | MONOARTHRITIS NOS-PELVIS | 24 |
| 71666 | MONOARTHRITIS NOS-L/LEG | 24 |
| 71667 | MONOARTHRITIS NOS-ANKLE | 24 |
| 71668 | MONOARTHRIT NOS-OTH SITE | 24 |
| 71680 | ARTHROPATHY NEC-UNSPEC | 24 |
| 71681 | ARTHROPATHY NEC-SHLDER | 24 |
| 71682 | ARTHROPATHY NEC-UP/ARM | 24 |
| 71683 | ARTHROPATHY NEC-FOREARM | 24 |
| 71684 | ARTHROPATHY NEC-HAND | 24 |
| 71685 | ARTHROPATHY NEC-PELVIS | 24 |
| 71686 | ARTHROPATHY NEC-L/LEG | 24 |
| 71687 | ARTHROPATHY NEC-ANKLE | 24 |
| 71688 | ARTHROPATHY NEC-OTH SITE | 24 |
| 71689 | ARTHROPATHY NEC-MULT | 24 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 71690 | ARTHROPATHY NOS-UNSPEC | 24 |
| 71691 | ARTHROPATHY NOS-SHLDER | 24 |
| 71692 | ARTHROPATHY NOS-UP/ARM | 24 |
| 71693 | ARTHROPATHY NOS-FOREARM | 24 |
| 71694 | ARTHROPATHY NOS-HAND | 24 |
| 71695 | ARTHROPATHY NOS-PELVIS | 24 |
| 71696 | ARTHROPATHY NOS-L/LEG | 24 |
| 71697 | ARTHROPATHY NOS-ANKLE | 24 |
| 71698 | ARTHROPATHY NOS-OTH SITE | 24 |
| 71699 | ARTHROPATHY NOS-MULT | 24 |
| 7170 | OLD BUCKET TEAR MED MEN | 24 |
| 7171 | DERANG ANT MED MENISCUS | 24 |
| 7172 | DERANG POST MED MENISCUS | 24 |
| 7173 | DERANG MED MENISCUS NEC | 24 |
| 71740 | DERANG LAT MENISCUS NOS | 24 |
| 71741 | OLD BUCKET TEAR LAT MEN | 24 |
| 71742 | DERANGE ANT LAT MENISCUS | 24 |
| 71743 | DERANG POST LAT MENISCUS | 24 |
| 71749 | DERANG LAT MENISCUS NEC | 24 |
| 7175 | DERANGEMENT MENISCUS NEC | 24 |
| 7176 | LOOSE BODY IN KNEE | 24 |
| 7177 | CHONDROMALACIA PATELLAE | 24 |
| 71781 | OLD DISRUPT LAT COLLAT | 24 |
| 71782 | OLD DISRUPT MED COLLAT | 24 |
| 71783 | OLD DISRUPT ANT CRUCIATE | 24 |
| 71784 | OLD DISRUPT POST CRUCIAT | 24 |
| 71785 | OLD DISRUPT KNEE LIG NEC | 24 |
| 71789 | INT DERANGEMENT KNEE NEC | 24 |
| 7179 | INT DERANGEMENT KNEE NOS | 24 |
| 71800 | ARTIC CARTIL DIS-UNSPEC | 24 |
| 71801 | ARTIC CARTIL DIS-SHLDER | 24 |
| 71802 | ARTIC CARTIL DIS-UP/ARM | 24 |
| 71803 | ARTIC CARTIL DIS-FOREARM | 24 |
| 71804 | ARTIC CARTIL DIS-HAND | 24 |
| 71805 | ARTIC CARTIL DIS-PELVIS | 24 |
| 71807 | ARTIC CARTIL DIS-ANKLE | 24 |
| 71808 | ARTIC CARTIL DIS-JT NEC | 24 |
| 71809 | ARTIC CARTIL DIS-MULT JT | 24 |
| 71810 | LOOSE BODY-UNSPEC | 24 |
| 71811 | LOOSE BODY-SHLDER | 24 |
| 71812 | LOOSE BODY-UP/ARM | 24 |
| 71813 | LOOSE BODY-FOREARM | 24 |
| 71814 | LOOSE BODY-HAND | 24 |
| 71815 | LOOSE BODY-PELVIS | 24 |
| 71817 | LOOSE BODY-ANKLE | 24 |
| 71818 | LOOSE BODY-JOINT NEC | 24 |
| 71819 | LOOSE BODY-MULT JOINTS | 24 |
| 71820 | PATHOL DISLOCAT-UNSPEC | 24 |
| 71821 | PATHOL DISLOCAT-SHLDER | 24 |
| 71822 | PATHOL DISLOCAT-UP/ARM | 24 |
| 71823 | PATHOL DISLOCAT-FOREARM | 24 |
| 71824 | PATHOL DISLOCAT-HAND | 24 |
| 71825 | PATHOL DISLOCAT-PELVIS | 24 |
| 71826 | PATHOL DISLOCAT-L/LEG | 24 |
| 71827 | PATHOL DISLOCAT-ANKLE | 24 |
| 71828 | PATHOL DISLOCAT-JT NEC | 24 |
| 71829 | PATHOL DISLOCAT-MULT JTS | 24 |
| 71830 | RECUR DISLOCAT-UNSPEC | 24 |
| 71831 | RECUR DISLOCAT-SHLDER | 24 |
| 71832 | RECUR DISLOCAT-UP/ARM | 24 |
| 71833 | RECUR DISLOCAT-FOREARM | 24 |
| 71834 | RECUR DISLOCAT-HAND | 24 |
| 71835 | RECUR DISLOCAT-PELVIS | 24 |
| 71836 | RECUR DISLOCAT-L/LEG | 24 |
| 71837 | RECUR DISLOCAT-ANKLE | 24 |
| 71838 | RECUR DISLOCAT-JT NEC | 24 |
| 71839 | RECUR DISLOCAT-MULT JTS | 24 |
| 71840 | JT CONTRACTURE-UNSPEC | 24 |
| 71841 | JT CONTRACTURE-SHLDER | 24 |
| 71842 | JT CONTRACTURE-UP/ARM | 24 |
| 71843 | JT CONTRACTURE-FOREARM | 24 |
| 71844 | JT CONTRACTURE-HAND | 24 |
| 71845 | JT CONTRACTURE-PELVIS | 24 |
| 71846 | JT CONTRACTURE-L/LEG | 24 |
| 71847 | JT CONTRACTURE-ANKLE | 24 |
| 71848 | JT CONTRACTURE-JT NEC | 24 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 71849 | JT CONTRACTURE-MULT JTS | 24 |
| 71850 | ANKYLOSIS-UNSPEC | 24 |
| 71851 | ANKYLOSIS-SHOULDER | 24 |
| 71852 | ANKYLOSIS-UPPER/ARM | 24 |
| 71853 | ANKYLOSIS-FOREARM | 24 |
| 71854 | ANKYLOSIS-HAND | 24 |
| 71855 | ANKYLOSIS-PELVIS | 24 |
| 71856 | ANKYLOSIS-LOWER/LEG | 24 |
| 71857 | ANKYLOSIS-ANKLE | 24 |
| 71858 | ANKYLOSIS-JOINT NEC | 24 |
| 71859 | ANKYLOSIS-MULT JOINTS | 24 |
| 71860 | PROTRUSIO ACETAB-UNSPEC | 24 |
| 71865 | PROTRUSIO ACETABULI NOS | 24 |
| 71880 | JT DERANGMNT NEC-UNSP JT | 24 |
| 71881 | JT DERANGMENT NEC-SHLDER | 24 |
| 71882 | JT DERANGMENT NEC-UP/ARM | 24 |
| 71883 | JT DERANGMNT NEC-FOREARM | 24 |
| 71884 | JT DERANGEMENT NEC-HAND | 24 |
| 71885 | JT DERANGMENT NEC-PELVIS | 24 |
| 71886 | JT DERANGEMENT NEC-L/LEG | 24 |
| 71887 | JT DERANGEMENT NEC-ANKLE | 24 |
| 71888 | JT DERANGMENT NEC-OTH JT | 24 |
| 71889 | JT DERANGEMENT NEC-MULT | 24 |
| 71890 | JT DERANGMNT NOS-UNSP JT | 24 |
| 71891 | JT DERANGMENT NOS-SHLDER | 24 |
| 71892 | JT DERANGMENT NOS-UP/ARM | 24 |
| 71893 | JT DERANGMNT NOS-FOREARM | 24 |
| 71894 | JT DERANGEMENT NOS-HAND | 24 |
| 71895 | JT DERANGMENT NOS-PELVIS | 24 |
| 71897 | JT DERANGEMENT NOS-ANKLE | 24 |
| 71898 | JT DERANGMENT NOS-OTH JT | 24 |
| 71899 | JT DERANGEMENT NOS-MULT | 24 |
| 71900 | JOINT EFFUSION-UNSPEC | 24 |
| 71901 | JOINT EFFUSION-SHLDER | 24 |
| 71902 | JOINT EFFUSION-UP/ARM | 24 |
| 71903 | JOINT EFFUSION-FOREARM | 24 |
| 71904 | JOINT EFFUSION-HAND | 24 |
| 71905 | JOINT EFFUSION-PELVIS | 24 |
| 71906 | JOINT EFFUSION-L/LEG | 24 |
| 71907 | JOINT EFFUSION-ANKLE | 24 |
| 71908 | JOINT EFFUSION-JT NEC | 24 |
| 71909 | JOINT EFFUSION-MULT JTS | 24 |
| 71910 | HEMARTHROSIS-UNSPEC | 24 |
| 71911 | HEMARTHROSIS-SHLDER | 24 |
| 71912 | HEMARTHROSIS-UP/ARM | 24 |
| 71913 | HEMARTHROSIS-FOREARM | 24 |
| 71914 | HEMARTHROSIS-HAND | 24 |
| 71915 | HEMARTHROSIS-PELVIS | 24 |
| 71916 | HEMARTHROSIS-L/LEG | 24 |
| 71917 | HEMARTHROSIS-ANKLE | 24 |
| 71918 | HEMARTHROSIS-JT NEC | 24 |
| 71919 | HEMARTHROSIS-MULT JTS | 24 |
| 71920 | VILLONOD SYNOVIT-UNSPEC | 24 |
| 71921 | VILLONOD SYNOVIT-SHLDER | 24 |
| 71922 | VILLONOD SYNOVIT-UP/ARM | 24 |
| 71923 | VILLONOD SYNOVIT-FOREARM | 24 |
| 71924 | VILLONOD SYNOVIT-HAND | 24 |
| 71925 | VILLONOD SYNOVIT-PELVIS | 24 |
| 71926 | VILLONOD SYNOVIT-L/LEG | 24 |
| 71927 | VILLONOD SYNOVIT-ANKLE | 24 |
| 71928 | VILLONOD SYNOVIT-JT NEC | 24 |
| 71929 | VILLONOD SYNOVIT-MULT JT | 24 |
| 71930 | PALINDROM RHEUM-UNSPEC | 24 |
| 71931 | PALINDROM RHEUM-SHLDER | 24 |
| 71932 | PALINDROM RHEUM-UP/ARM | 24 |
| 71933 | PALINDROM RHEUM-FOREARM | 24 |
| 71934 | PALINDROM RHEUM-HAND | 24 |
| 71935 | PALINDROM RHEUM-PELVIS | 24 |
| 71936 | PALINDROM RHEUM-L/LEG | 24 |
| 71937 | PALINDROM RHEUM-ANKLE | 24 |
| 71938 | PALINDROM RHEUM-JT NEC | 24 |
| 71939 | PALINDROM RHEUM-MULT JTS | 24 |
| 71940 | JOINT PAIN-UNSPEC | 24 |
| 71941 | JOINT PAIN-SHLDER | 24 |
| 71942 | JOINT PAIN-UP/ARM | 24 |
| 71943 | JOINT PAIN-FOREARM | 24 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 71944 | JOINT PAIN-HAND | 24 |
| 71945 | JOINT PAIN-PELVIS | 24 |
| 71946 | JOINT PAIN-L/LEG | 24 |
| 71947 | JOINT PAIN-ANKLE | 24 |
| 71948 | JOINT PAIN-JT NEC | 24 |
| 71949 | JOINT PAIN-MULT JTS | 24 |
| 71950 | JT STIFFNESS NEC-UNSPEC | 24 |
| 71951 | JT STIFFNESS NEC-SHLDER | 24 |
| 71952 | JT STIFFNESS NEC-UP/ARM | 24 |
| 71953 | JT STIFFNES NEC-FOREARM | 24 |
| 71954 | JT STIFFNESS NEC-HAND | 24 |
| 71955 | JT STIFFNESS NEC-PELVIS | 24 |
| 71956 | JT STIFFNESS NEC-L/LEG | 24 |
| 71957 | JT STIFFNESS NEC-ANKLE | 24 |
| 71958 | JT STIFFNESS NEC-OTH JT | 24 |
| 71959 | JT STIFFNESS NEC-MULT JT | 24 |
| 71960 | JOINT SYMPT NEC-UNSP JT | 24 |
| 71961 | JOINT SYMPTOM NEC-SHLDER | 24 |
| 71962 | JOINT SYMPTOM NEC-UP/ARM | 24 |
| 71963 | JOINT SYMPT NEC-FOREARM | 24 |
| 71964 | JOINT SYMPTOM NEC-HAND | 24 |
| 71965 | JOINT SYMPTOM NEC-PELVIS | 24 |
| 71966 | JOINT SYMPTOM NEC-L/LEG | 24 |
| 71967 | JOINT SYMPTOM NEC-ANKLE | 24 |
| 71968 | JOINT SYMPTOM NEC-OTH JT | 24 |
| 71969 | JOINT SYMPT NEC-MULT JTS | 24 |
| 71970 | DIFFICULT WALK-UNSPEC | 24 |
| 71975 | DIFFICULT WALK-PELVIS | 24 |
| 71976 | DIFFICULT WALK-LO/LEG | 24 |
| 71977 | DIFFICULT WALK-FOOT | 24 |
| 71978 | DIFFICULT WALK NEC | 24 |
| 71979 | DIFFICULT WALK-MULT | 24 |
| 71980 | JOINT DIS NEC-UNSPEC | 24 |
| 71981 | JOINT DIS NEC-SHLDER | 24 |
| 71982 | JOINT DIS NEC-UP/ARM | 24 |
| 71983 | JOINT DIS NEC-FOREARM | 24 |
| 71984 | JOINT DIS NEC-HAND | 24 |
| 71985 | JOINT DIS NEC-PELVIS | 24 |
| 71986 | JOINT DIS NEC-L/LEG | 24 |
| 71987 | JOINT DIS NEC-ANKLE | 24 |
| 71988 | JOINT DIS NEC-OTH JT | 24 |
| 71989 | JOINT DIS NEC-MULT JTS | 24 |
| 71990 | JOINT DIS NOS-UNSPEC JT | 24 |
| 71991 | JOINT DIS NOS-SHLDER | 24 |
| 71992 | JOINT DIS NOS-UP/ARM | 24 |
| 71993 | JOINT DIS NOS-FOREARM | 24 |
| 71994 | JOINT DIS NOS-HAND | 24 |
| 71995 | JOINT DIS NOS-PELVIS | 24 |
| 71996 | JOINT DIS NOS-L/LEG | 24 |
| 71997 | JOINT DIS NOS-ANKLE | 24 |
| 71998 | JOINT DIS NOS-OTH JT | 24 |
| 71999 | JOINT DIS NOS-MULT JTS | 24 |
| 7200 | ANKYLOSING SPONDYLITIS | 24 |
| 7201 | SPINAL ENTHESOPATHY | 24 |
| 7202 | SACROILIITIS NEC | 24 |
| 72081 | SPONDYLOPATHY IN OTH DIS | 24 |
| 72089 | INFLAM SPONDYLOPATHY NEC | 24 |
| 7209 | INFLAM SPONDYLOPATHY NOS | 24 |
| 7210 | CERVICAL SPONDYLOSIS | 24 |
| 7211 | CERV SPONDYL W MYELOPATH | 24 |
| 7212 | THORACIC SPONDYLOSIS | 24 |
| 7213 | LUMBOSACRAL SPONDYLOSIS | 24 |
| 72141 | SPOND COMPR THOR SP CORD | 24 |
| 72142 | SPOND COMPR LUMB SP CORD | 24 |
| 7215 | KISSING SPINE | 24 |
| 7216 | ANKYL VERT HYPEROSTOSIS | 24 |
| 7217 | TRAUMATIC SPONDYLOPATHY | 24 |
| 7218 | SPINAL DISORDERS NEC | 24 |
| 72190 | SPONDYLOS NOS W/O MYELOP | 24 |
| 72191 | SPONDYLOSIS NOS W MYELOP | 24 |
| 7220 | CERVICAL DISC DISPLACMNT | 24 |
| 72210 | LUMBAR DISC DISPLACEMENT | 24 |
| 72211 | THORACIC DISC DISPLACMNT | 24 |
| 7222 | DISC DISPLACEMENT NOS | 24 |
| 72230 | SCHMORL'S NODES NOS | 24 |
| 72231 | SCHMORLS NODE-THORACIC | 24 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 72232 | SCHMORLS NODE-LUMBAR | 24 |
| 72239 | SCHMORLS NODE-REGION NEC | 24 |
| 7224 | CERVICAL DISC DEGEN | 24 |
| 72251 | THORACIC DISC DEGEN | 24 |
| 72252 | LUMB/LUMBOSAC DISC DEGEN | 24 |
| 7226 | DISC DEGENERATION NOS | 24 |
| 72270 | DISC DIS W MYELOPATH NOS | 24 |
| 72271 | CERV DISC DIS W MYELOPAT | 24 |
| 72272 | THOR DISC DIS W MYELOPAT | 24 |
| 72273 | LUMB DISC DIS W MYELOPAT | 24 |
| 72280 | POSTLAMINECTOMY SYND NOS | 24 |
| 72281 | POSTLAMINECT SYND-CERV | 24 |
| 72282 | POSTLAMINECT SYND-THORAC | 24 |
| 72283 | POSTLAMINECT SYND-LUMBAR | 24 |
| 72290 | DISC DIS NEC/NOS-UNSPEC | 24 |
| 72291 | DISC DIS NEC/NOS-CERV | 24 |
| 72292 | DISC DIS NEC/NOS-THORAC | 24 |
| 72293 | DISC DIS NEC/NOS-LUMBAR | 24 |
| 7230 | CERVICAL SPINAL STENOSIS | 24 |
| 7231 | CERVICALGIA | 24 |
| 7232 | CERVICOCRANIAL SYNDROME | 63 |
| 7233 | CERVICOBRACHIAL SYNDROME | 63 |
| 7234 | BRACHIAL NEURITIS NOS | 63 |
| 7235 | TORTICOLLIS NOS | 24 |
| 7236 | PANNICULITIS OF NECK | 18 |
| 7237 | OSSIFICATION CERV LIG | 24 |
| 7238 | CERVICAL SYNDROME NEC | 24 |
| 7239 | NECK DISORDER/SYMPT NOS | 24 |
| 72400 | SPINAL STENOSIS NOS | 24 |
| 72401 | SPINAL STENOSIS-THORACIC | 24 |
| 72402 | SPINAL STENOSIS-LUMBAR | 24 |
| 72409 | SPINAL STENOSIS-OTH SITE | 24 |
| 7241 | PAIN IN THORACIC SPINE | 24 |
| 7242 | LUMBAGO | 24 |
| 7243 | SCIATICA | 24 |
| 7244 | LUMBOSACRAL NEURITIS NOS | 24 |
| 7245 | BACKACHE NOS | 24 |
| 7246 | DISORDERS OF SACRUM | 24 |
| 72470 | DISORDER OF COCCYX NOS | 24 |
| 72471 | HYPERMOBILITY OF COCCYX | 24 |
| 72479 | DISORDER OF COCCYX NEC | 24 |
| 7248 | OTHER BACK SYMPTOMS | 24 |
| 7249 | BACK DISORDER NOS | 24 |
| 725 | POLYMYALGIA RHEUMATICA | 24 |
| 7260 | ADHESIVE CAPSULIT SHLDER | 24 |
| 72610 | ROTATOR CUFF SYND NOS | 24 |
| 72611 | CALCIF TENDINITIS SHLDER | 24 |
| 72612 | BICIPITAL TENOSYNOVITIS | 24 |
| 72619 | ROTATOR CUFF DIS NEC | 24 |
| 7262 | SHOULDER REGION DIS NEC | 24 |
| 72630 | ELBOW ENTHESOPATHY NOS | 24 |
| 72631 | MEDIAL EPICONDYLITIS | 24 |
| 72632 | LATERAL EPICONDYLITIS | 24 |
| 72633 | OLECRANON BURSITIS | 24 |
| 72639 | ELBOW ENTHESOPATHY NEC | 24 |
| 7264 | ENTHESOPATHY OF WRIST | 24 |
| 7265 | ENTHESOPATHY OF HIP | 24 |
| 72660 | ENTHESOPATHY OF KNEE NOS | 24 |
| 72661 | PES ANSERINUS TENDINITIS | 24 |
| 72662 | TIBIAL COLL LIG BURSITIS | 24 |
| 72663 | FIBULA COLL LIG BURSITIS | 24 |
| 72664 | PATELLAR TENDINITIS | 24 |
| 72665 | PREPATELLAR BURSITIS | 24 |
| 72669 | ENTHESOPATHY OF KNEE NEC | 24 |
| 72670 | ANKLE ENTHESOPATHY NOS | 24 |
| 72671 | ACHILLES TENDINITIS | 24 |
| 72672 | TIBIALIS TENDINITIS | 24 |
| 72673 | CALCANEAL SPUR | 24 |
| 72679 | ANKLE ENTHESOPATHY NEC | 24 |
| 7268 | PERIPH ENTHESOPATHY NEC | 24 |
| 72690 | ENTHESOPATHY, SITE NOS | 24 |
| 72691 | EXOSTOSIS, SITE NOS | 24 |
| 72700 | SYNOVITIS NOS | 24 |
| 72701 | SYNOVITIS IN OTH DIS | 24 |
| 72702 | GIANT CELL TUMOR TENDON | 24 |
| 72703 | TRIGGER FINGER | 24 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 72704 | RADIAL STYLOID TENOSYNOV | 24 |
| 72705 | TENOSYNOV HAND/WRIST NEC | 24 |
| 72706 | TENOSYNOVITIS FOOT/ANKLE | 24 |
| 72709 | SYNOVITIS NEC | 24 |
| 7271 | BUNION | 24 |
| 7272 | OCCUPATIONAL BURSITIS | 24 |
| 7273 | BURSITIS NEC | 24 |
| 72740 | SYNOVIAL CYST NOS | 24 |
| 72741 | GANGLION OF JOINT | 24 |
| 72742 | GANGLION OF TENDON | 24 |
| 72743 | GANGLION NOS | 24 |
| 72749 | BURSAL CYST NEC | 24 |
| 72750 | RUPTURE OF SYNOVIUM NOS | 24 |
| 72751 | POPLITEAL SYNOVIAL CYST | 24 |
| 72759 | RUPTURE OF SYNOVIUM NEC | 24 |
| 72760 | NONTRAUM TENDON RUPT NOS | 24 |
| 72761 | ROTATOR CUFF RUPTURE | 24 |
| 72762 | BICEPS TENDON RUPTURE | 24 |
| 72763 | RUPT EXTEN TENDON HAND | 24 |
| 72764 | RUPT FLEXOR TENDON HAND | 24 |
| 72765 | RUPTURE QUADRICEP TENDON | 24 |
| 72766 | RUPTURE PATELLAR TENDON | 24 |
| 72767 | RUPTURE ACHILLES TENDON | 24 |
| 72768 | RUPTURE TENDON FOOT NEC | 24 |
| 72769 | NONTRAUM TENDON RUPT NEC | 24 |
| 72781 | CONTRACTURE OF TENDON | 24 |
| 72782 | CALCIUM DEPOSIT TENDON | 24 |
| 72789 | SYNOV/TEND/BURSA DIS NEC | 24 |
| 7279 | SYNOV/TEND/BURSA DIS NOS | 24 |
| 7280 | INFECTIVE MYOSITIS | 24 |
| 72810 | MUSCULAR CALCIFICAT NOS | 24 |
| 72811 | PROG MYOSITIS OSSIFICANS | 24 |
| 72812 | TRAUM MYOSITIS OSSIFICAN | 24 |
| 72813 | POSTOP HETEROTOPIC CALC | 24 |
| 72819 | MUSCULAR CALCIFICAT NEC | 24 |
| 7282 | MUSC DISUSE ATROPHY NEC | 24 |
| 7283 | MUSCLE DISORDERS NEC | 24 |
| 7284 | LAXITY OF LIGAMENT | 24 |
| 7285 | HYPERMOBILITY SYNDROME | 24 |
| 7286 | CONTRACTED PALMAR FASCIA | 24 |
| 72871 | PLANTAR FIBROMATOSIS | 24 |
| 72879 | FIBROMATOSES NEC | 24 |
| 72881 | INTERSTITIAL MYOSITIS | 24 |
| 72882 | FB GRANULOMA OF MUSCLE | 24 |
| 72883 | NONTRAUM MUSCLE RUPTURE | 24 |
| 72884 | DIASTASIS OF MUSCLE | 24 |
| 72885 | SPASM OF MUSCLE | 24 |
| 72886 | NECROTIZING FASCIITIS | 97 |
| 72889 | MUSCLE/LIGAMENT DIS NEC | 24 |
| 7289 | MUSCLE/LIGAMENT DIS NOS | 24 |
| 7290 | RHEUMATISM NOS | 24 |
| 7291 | MYALGIA AND MYOSITIS NOS | 24 |
| 7292 | NEURALGIA/NEURITIS NOS | 63 |
| 72930 | PANNICULITIS, UNSP SITE | 18 |
| 72931 | HYPERTROPHY OF FAT PAD | 18 |
| 72939 | PANNICULITIS, SITE NEC | 18 |
| 7294 | FASCIITIS NOS | 24 |
| 7295 | PAIN IN LIMB | 24 |
| 7296 | OLD FB IN SOFT TISSUE | 72 |
| 72981 | SWELLING OF LIMB | 24 |
| 72982 | CRAMP IN LIMB | 24 |
| 72989 | MUSCSKEL SYMPT LIMB NEC | 24 |
| 7299 | SOFT TISSUE DIS NEC/NOS | 24 |
| 73000 | AC OSTEOMYELITIS-UNSPEC | 24 |
| 73001 | AC OSTEOMYELITIS-SHLDER | 24 |
| 73002 | AC OSTEOMYELITIS-UP/ARM | 24 |
| 73003 | AC OSTEOMYELITIS-FOREARM | 24 |
| 73004 | AC OSTEOMYELITIS-HAND | 24 |
| 73005 | AC OSTEOMYELITIS-PELVIS | 24 |
| 73006 | AC OSTEOMYELITIS-L/LEG | 24 |
| 73007 | AC OSTEOMYELITIS-ANKLE | 24 |
| 73008 | AC OSTEOMYELITIS NEC | 24 |
| 73009 | AC OSTEOMYELITIS-MULT | 24 |
| 73010 | CHR OSTEOMYELITIS-UNSP | 24 |
| 73011 | CHR OSTEOMYELIT-SHLDER | 24 |
| 73012 | CHR OSTEOMYELIT-UP/ARM | 24 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 73013 | CHR OSTEOMYELIT-FOREARM | 24 |
| 73014 | CHR OSTEOMYELIT-HAND | 24 |
| 73015 | CHR OSTEOMYELIT-PELVIS | 24 |
| 73016 | CHR OSTEOMYELIT-L/LEG | 24 |
| 73017 | CHR OSTEOMYELIT-ANKLE | 24 |
| 73018 | CHR OSTEOMYELIT NEC | 24 |
| 73019 | CHR OSTEOMYELIT-MULT | 24 |
| 73020 | OSTEOMYELITIS NOS-UNSPEC | 24 |
| 73021 | OSTEOMYELITIS NOS-SHLDER | 24 |
| 73022 | OSTEOMYELITIS NOS-UP/ARM | 24 |
| 73023 | OSTEOMYELIT NOS-FOREARM | 24 |
| 73024 | OSTEOMYELITIS NOS-HAND | 24 |
| 73025 | OSTEOMYELITIS NOS-PELVIS | 24 |
| 73026 | OSTEOMYELITIS NOS-L/LEG | 24 |
| 73027 | OSTEOMYELITIS NOS-ANKLE | 24 |
| 73028 | OSTEOMYELIT NOS-OTH SITE | 24 |
| 73029 | OSTEOMYELITIS NOS-MULT | 24 |
| 73030 | PERIOSTITIS-UNSPEC | 24 |
| 73031 | PERIOSTITIS-SHLDER | 24 |
| 73032 | PERIOSTITIS-UP/ARM | 24 |
| 73033 | PERIOSTITIS-FOREARM | 24 |
| 73034 | PERIOSTITIS-HAND | 24 |
| 73035 | PERIOSTITIS-PELVIS | 24 |
| 73036 | PERIOSTITIS-L/LEG | 24 |
| 73037 | PERIOSTITIS-ANKLE | 24 |
| 73038 | PERIOSTITIS NEC | 24 |
| 73039 | PERIOSTITIS-MULT | 24 |
| 73070 | POLIO OSTEOPATHY-UNSPEC | 24 |
| 73071 | POLIO OSTEOPATHY-SHLDER | 24 |
| 73072 | POLIO OSTEOPATHY-UP/ARM | 24 |
| 73073 | POLIO OSTEOPATHY-FOREARM | 24 |
| 73074 | POLIO OSTEOPATHY-HAND | 24 |
| 73075 | POLIO OSTEOPATHY-PELVIS | 24 |
| 73076 | POLIO OSTEOPATHY-L/LEG | 24 |
| 73077 | POLIO OSTEOPATHY-ANKLE | 24 |
| 73078 | POLIO OSTEOPATHY NEC | 24 |
| 73079 | POLIO OSTEOPATHY-MULT | 24 |
| 73080 | BONE INFECT NEC-UNSPEC | 24 |
| 73081 | BONE INFECT NEC-SHLDER | 24 |
| 73082 | BONE INFECT NEC-UP/ARM | 24 |
| 73083 | BONE INFECT NEC-FOREARM | 24 |
| 73084 | BONE INFECT NEC-HAND | 24 |
| 73085 | BONE INFECT NEC-PELVIS | 24 |
| 73086 | BONE INFECT NEC-L/LEG | 24 |
| 73087 | BONE INFECT NEC-ANKLE | 24 |
| 73088 | BONE INFECT NEC-OTH SITE | 24 |
| 73089 | BONE INFECT NEC-MULT | 24 |
| 73090 | BONE INFEC NOS-UNSP SITE | 24 |
| 73091 | BONE INFECT NOS-SHLDER | 24 |
| 73092 | BONE INFECT NOS-UP/ARM | 24 |
| 73093 | BONE INFECT NOS-FOREARM | 24 |
| 73094 | BONE INFECT NOS-HAND | 24 |
| 73095 | BONE INFECT NOS-PELVIS | 24 |
| 73096 | BONE INFECT NOS-L/LEG | 24 |
| 73097 | BONE INFECT NOS-ANKLE | 24 |
| 73098 | BONE INFECT NOS-OTH SITE | 24 |
| 73099 | BONE INFECT NOS-MULT | 24 |
| 7310 | OSTEITIS DEFORMANS NOS | 24 |
| 7311 | OSTEITIS DEF IN OTH DIS | 24 |
| 7312 | HYPERTROPH OSTEOARTHROP | 24 |
| 7318 | BONE INVOLV IN OTH DIS | 24 |
| 7320 | JUV OSTEOCHONDROS SPINE | 24 |
| 7321 | JUV OSTEOCHONDROS PELVIS | 24 |
| 7322 | FEMORAL EPIPHYSIOLYSIS | 24 |
| 7323 | JUV OSTEOCHONDROSIS ARM | 24 |
| 7324 | JUV OSTEOCHONDROSIS LEG | 24 |
| 7325 | JUV OSTEOCHONDROSIS FOOT | 24 |
| 7326 | JUV OSTEOCHONDROSIS NEC | 24 |
| 7327 | OSTEOCHONDRIT DISSECANS | 24 |
| 7328 | OSTEOCHONDROPATHY NEC | 24 |
| 7329 | OSTEOCHONDROPATHY NOS | 24 |
| 73300 | OSTEOPOROSIS NOS | 24 |
| 73301 | SENILE OSTEOPOROSIS | 24 |
| 73302 | IDIOPATHIC OSTEOPOROSIS | 24 |
| 73303 | DISUSE OSTEOPOROSIS | 24 |
| 73309 | OSTEOPOROSIS NEC | 24 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 73310 | PATH FX UNSPECIFIED SITE | 72 |
| 73311 | PATH FX HUMERUS | 72 |
| 73312 | PATH FX DSTL RADIUS ULNA | 72 |
| 73313 | PATH FX VERTEBRAE | 72 |
| 73314 | PATH FX NECK OF FEMUR | 72 |
| 73315 | PATH FX OTH SPCF PRT FMR | 72 |
| 73316 | PATH FX TIBIA FIBULA | 72 |
| 73319 | PATH FX OTH SPECIF SITE | 72 |
| 73320 | CYST OF BONE NOS | 24 |
| 73321 | SOLITARY BONE CYST | 24 |
| 73322 | ANEURYSMAL BONE CYST | 24 |
| 73329 | BONE CYST NEC | 24 |
| 7333 | HYPEROSTOSIS OF SKULL | 24 |
| 73340 | ASEPT NECROSIS BONE NOS | 24 |
| 73341 | ASEPTIC NECROSIS HUMERUS | 24 |
| 73342 | ASEPTIC NECROSIS FEMUR | 24 |
| 73343 | ASEPT NECRO FEMUR CONDYL | 24 |
| 73344 | ASEPTIC NECROSIS TALUS | 24 |
| 73349 | ASEPT NECROSIS BONE NEC | 24 |
| 7335 | OSTEITIS CONDENSANS | 24 |
| 7336 | TIETZE'S DISEASE | 33 |
| 7337 | ALGONEURODYSTROPHY | 24 |
| 73381 | MALUNION OF FRACTURE | 72 |
| 73382 | NONUNION OF FRACTURE | 72 |
| 74742 | PART ANOM PULM VEN CONN | 36 |
| 74749 | GREAT VEIN ANOMALY NEC | 36 |
| 7475 | UMBILICAL ARTERY ABSENCE | 36 |
| 74760 | UNSP PRPHERL VASC ANOMAL | 36 |
| 74761 | GSTRONTEST VESL ANOMALY | 36 |
| 74762 | RENAL VESSEL ANOMALY | 36 |
| 74763 | UPR LIMB VESSEL ANOMALY | 36 |
| 74764 | LWR LIMB VESSEL ANOMALY | 36 |
| 74769 | OTH SPCF PRPH VSCL ANOML | 36 |
| 74781 | CEREBROVASCULAR ANOMALY | 11 |
| 74782 | SPINAL VESSEL ANOMALY | 36 |
| 74789 | CIRCULATORY ANOMALY NEC | 36 |
| 7479 | CIRCULATORY ANOMALY NOS | 11 |
| 7480 | CHOANAL ATRESIA | 31 |
| 7481 | NOSE ANOMALY NEC | 31 |
| 7482 | LARYNGEAL WEB | 31 |
| 7483 | LARYNGOTRACH ANOMALY NEC | 31 |
| 7484 | CONGENITAL CYSTIC LUNG | 33 |
| 7485 | AGENESIS OF LUNG | 33 |
| 74860 | LUNG ANOMALY NOS | 33 |
| 74861 | CONGEN BRONCHIECTASIS | 33 |
| 74869 | LUNG ANOMALY NEC | 33 |
| 7488 | RESPIRATORY ANOMALY NEC | 11 |
| 7489 | RESPIRATORY ANOMALY NOS | 11 |
| 74900 | CLEFT PALATE NOS | 31 |
| 74901 | UNILAT CLEFT PALATE-COMP | 31 |
| 74902 | UNILAT CLEFT PALATE-INC | 31 |
| 74903 | BILAT CLEFT PALATE-COMPL | 31 |
| 74904 | BILAT CLEFT PALATE-INC | 31 |
| 74910 | CLEFT LIP NOS | 31 |
| 74911 | UNILAT CLEFT LIP-COMPL | 31 |
| 74912 | UNILAT CLEFT LIP-IMCOMPL | 31 |
| 74913 | BILAT CLEFT LIP-COMPLETE | 31 |
| 74914 | BILAT CLEFT LIP-INCOMPL | 31 |
| 74920 | CLEFT PALATE & LIP NOS | 31 |
| 74921 | UNIL CLEFT PALAT/LIP-COM | 31 |
| 74922 | UNIL CLEFT PALAT/LIP-INC | 31 |
| 74923 | BILAT CLFT PALAT/LIP-COM | 31 |
| 74924 | BILAT CLFT PALAT/LIP-INC | 31 |
| 74925 | CLEFT PALATE & LIP NEC | 31 |
| 7500 | TONGUE TIE | 31 |
| 75010 | TONGUE ANOMALY NOS | 31 |
| 75011 | AGLOSSIA | 31 |
| 75012 | CONG ADHESIONS OF TONGUE | 31 |
| 75013 | CONG FISSURE OF TONGUE | 31 |
| 75015 | CONG MACROGLOSSIA | 31 |
| 75016 | MICROGLOSSIA | 31 |
| 75019 | TONGUE ANOMALY NEC | 31 |
| 75021 | SALIVARY GLAND ABSENCE | 31 |
| 75022 | ACCESSORY SALIVARY GLAND | 31 |
| 75023 | CONG ATRESIA, SALIV DUCT | 31 |
| 75024 | CONG SALIVARY FISTULA | 31 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 75025 | CONGENITAL LIP FISTULA | 31 |
| 75026 | MOUTH ANOMALY NEC | 11 |
| 75027 | DIVERTICULUM OF PHARYNX | 31 |
| 75029 | PHARYNGEAL ANOMALY NEC | 11 |
| 7503 | CONG ESOPH FISTULA/ATRES | 41 |
| 7504 | ESOPHAGEAL ANOMALY NEC | 41 |
| 7505 | CONG PYLORIC STENOSIS | 41 |
| 7506 | CONGENITAL HIATUS HERNIA | 41 |
| 7507 | GASTRIC ANOMALY NEC | 41 |
| 7508 | UPPER GI ANOMALY NEC | 41 |
| 7509 | UPPER GI ANOMALY NOS | 41 |
| 7510 | MECKEL'S DIVERTICULUM | 41 |
| 7511 | ATRESIA SMALL INTESTINE | 41 |
| 7512 | ATRESIA LARGE INTESTINE | 41 |
| 7513 | HIRSCHSPRUNG'S DISEASE | 41 |
| 7514 | INTESTINAL FIXATION ANOM | 41 |
| 7515 | INTESTINAL ANOMALY NEC | 41 |
| 75160 | BILIARY & LIVER ANOM NOS | 41 |
| 75161 | BILIARY ATRESIA | 41 |
| 75162 | CONG CYSTIC LIVER DIS | 41 |
| 75169 | BILIARY & LIVER ANOM NEC | 41 |
| 7517 | PANCREAS ANOMALIES | 41 |
| 7518 | ANOM DIGESTIVE SYST NEC | 41 |
| 7519 | ANOM DIGESTIVE SYST NOS | 41 |
| 7520 | ANOMALIES OF OVARIES | 56 |
| 75210 | TUBAL/BROAD LIG ANOM NOS | 56 |
| 75211 | EMBRYONIC CYST OF ADNEXA | 56 |
| 75219 | TUBAL/BROAD LIG ANOM NEC | 56 |
| 7522 | DOUBLING OF UTERUS | 56 |
| 7523 | UTERINE ANOMALY NEC | 56 |
| 75240 | CERVIX/FEM GEN ANOM NOS | 56 |
| 75241 | EMBRYON CYST FEM GEN NEC | 56 |
| 75242 | IMPERFORATE HYMEN | 56 |
| 75249 | CERVIX/FEM GEN ANOM NEC | 56 |
| 7527 | INDETERMINATE SEX | 53 |
| 7528 | GENITAL ORGAN ANOM NEC | 53 |
| 7529 | GENITAL ORGAN ANOM NOS | 53 |
| 7530 | RENAL AGENESIS | 53 |
| 75310 | CYSTIC KIDNEY DISEAS NOS | 53 |
| 75311 | CONGENITAL RENAL CYST | 53 |
| 75312 | POLYCYSTIC KIDNEY NOS | 53 |
| 75313 | POLYCYST KID-AUTOSOM DOM | 53 |
| 75314 | POLYCYST KID-AUTOSOM REC | 53 |
| 75315 | RENAL DYSPLASIA | 53 |
| 75316 | MEDULLARY CYSTIC KIDNEY | 53 |
| 75317 | MEDULLARY SPONGE KIDNEY | 53 |
| 75319 | CYSTIC KIDNEY DISEAS NEC | 53 |
| 7533 | KIDNEY ANOMALY NEC | 53 |
| 7534 | URETERAL ANOMALY NEC | 53 |
| 7535 | BLADDER EXSTROPHY | 53 |
| 7536 | CONGEN URETHRAL STENOSIS | 53 |
| 7537 | ANOMALIES OF URACHUS | 53 |
| 7538 | CYSTOURETHRAL ANOM NEC | 53 |
| 7539 | URINARY ANOMALY NOS | 53 |
| 7540 | CONG SKULL/FACE/JAW DEF | 24 |
| 7541 | CONGENITAL TORTICOLLIS | 24 |
| 7542 | CONG POSTURAL DEFORMITY | 24 |
| 75430 | CONG HIP DISLOC, UNILAT | 24 |
| 75431 | CONGEN HIP DISLOC, BILAT | 24 |
| 75432 | CONG HIP SUBLUX, UNILAT | 24 |
| 75433 | CONG HIP SUBLUX, BILAT | 24 |
| 75435 | CONG HIP DISLOC W SUBLUX | 24 |
| 75440 | CONG GENU RECURVATUM | 24 |
| 75441 | CONG KNEE DISLOCATION | 24 |
| 75442 | CONGEN BOWING OF FEMUR | 24 |
| 75443 | CONG BOWING TIBIA/FIBULA | 24 |
| 75444 | CONG BOWING LEG NOS | 24 |
| 75450 | TALIPES VARUS | 24 |
| 75451 | TALIPES EQUINOVARUS | 24 |
| 75452 | METATARSUS PRIMUS VARUS | 24 |
| 75453 | METATARSUS VARUS | 24 |
| 75459 | CONG VARUS FOOT DEF NEC | 24 |
| 75460 | TALIPES VALGUS | 24 |
| 75461 | CONGENITAL PES PLANUS | 24 |
| 75462 | TALIPES CALCANEOVALGUS | 24 |
| 75469 | CONG VALGUS FOOT DEF NEC | 24 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 75470 | TALIPES NOS | 24 |
| 75471 | TALIPES CAVUS | 24 |
| 75479 | CONG FOOT DEFORM NEC | 24 |
| 75481 | PECTUS EXCAVATUM | 11 |
| 75482 | PECTUS CARINATUM | 11 |
| 75489 | NONTERATOGENIC ANOM NEC | 24 |
| 75500 | POLYDACTYLY NOS | 24 |
| 75501 | POLYDACTYLY, FINGERS | 24 |
| 75502 | POLYDACTYLY, TOES | 24 |
| 75510 | SYNDACTYLY, MULTIPLE/NOS | 24 |
| 75511 | SYNDACTYL FING-NO FUSION | 24 |
| 75512 | SYNDACTYL FING W FUSION | 24 |
| 75513 | SYNDACTYL TOE-NO FUSION | 24 |
| 75514 | SYNDACTYL TOE W FUSION | 24 |
| 75520 | REDUC DEFORM UP LIMB NOS | 24 |
| 75521 | TRANSVERSE DEFIC ARM | 24 |
| 75522 | LONGITUD DEFIC ARM NEC | 24 |
| 75523 | COMBIN LONGIT DEFIC ARM | 24 |
| 75524 | LONGITUDIN DEFIC HUMERUS | 24 |
| 75525 | LONGITUD DEFIC RADIOULNA | 24 |
| 75526 | LONGITUD DEFIC RADIUS | 24 |
| 75527 | LONGITUDINAL DEFIC ULNA | 24 |
| 75528 | LONGITUDINAL DEFIC HAND | 24 |
| 75529 | LONGITUD DEFIC PHALANGES | 24 |
| 75530 | REDUCTION DEFORM LEG NOS | 24 |
| 75531 | TRANSVERSE DEFIC LEG | 24 |
| 75532 | LONGITUDIN DEFIC LEG NEC | 24 |
| 75533 | COMB LONGITUDIN DEF LEG | 24 |
| 75534 | LONGITUDINAL DEFIC FEMUR | 24 |
| 75535 | TIBIOFIBULA LONGIT DEFIC | 24 |
| 75536 | LONGITUDINAL DEFIC TIBIA | 24 |
| 75537 | LONGITUDIN DEFIC FIBULA | 24 |
| 75538 | LONGITUDINAL DEFIC FOOT | 24 |
| 75539 | LONGITUD DEFIC PHALANGES | 24 |
| 7554 | REDUCT DEFORM LIMB NOS | 24 |
| 75550 | UPPER LIMB ANOMALY NOS | 24 |
| 75551 | CONG DEFORMITY-CLAVICLE | 24 |
| 75552 | CONG ELEVATION-SCAPULA | 24 |
| 75553 | RADIOULNAR SYNOSTOSIS | 24 |
| 75554 | MADELUNG'S DEFORMITY | 24 |
| 75555 | ACROCEPHALOSYNDACTYLY | 24 |
| 75556 | ACCESSORY CARPAL BONES | 24 |
| 75557 | MACRODACTYLIA (FINGERS) | 24 |
| 75558 | CONGENITAL CLEFT HAND | 24 |
| 75559 | UPPER LIMB ANOMALY NEC | 24 |
| 75560 | LOWER LIMB ANOMALY NOS | 24 |
| 75561 | CONGENITAL COXA VALGA | 24 |
| 75562 | CONGENITAL COXA VARA | 24 |
| 75563 | CONG HIP DEFORMITY NEC | 24 |
| 75564 | CONG KNEE DEFORMITY | 24 |
| 75565 | MACRODACTYLIA OF TOES | 24 |
| 75566 | ANOMALIES OF TOES NEC | 24 |
| 75567 | ANOMALIES OF FOOT NEC | 24 |
| 75569 | LOWER LIMB ANOMALY NEC | 24 |
| 7558 | CONGEN LIMB ANOMALY NEC | 24 |
| 7559 | CONGEN LIMB ANOMALY NOS | 24 |
| 7560 | ANOMAL SKULL/FACE BONES | 24 |
| 75610 | ANOMALY OF SPINE NOS | 24 |
| 75611 | LUMBOSACR SPONDYLOLYSIS | 24 |
| 75612 | SPONDYLOLISTHESIS | 24 |
| 75613 | CONG ABSENCE OF VERTEBRA | 24 |
| 75614 | HEMIVERTEBRA | 24 |
| 75615 | CONGEN FUSION OF SPINE | 24 |
| 75616 | KLIPPEL-FEIL SYNDROME | 24 |
| 75617 | SPINA BIFIDA OCCULTA | 63 |
| 75619 | ANOMALY OF SPINE NEC | 24 |
| 7562 | CERVICAL RIB | 24 |
| 7563 | RIB & STERNUM ANOMAL NEC | 11 |
| 7564 | CHONDRODYSTROPHY | 24 |
| 75650 | OSTEODYSTROPHY NOS | 24 |
| 75651 | OSTEOGENESIS IMPERFECTA | 24 |
| 75652 | OSTEOPETROSIS | 24 |
| 75653 | OSTEOPOIKILOSIS | 24 |
| 75654 | POLYOSTOTIC FIBROS DYSPL | 24 |
| 75655 | CHONDROECTODERM DYSPLAS | 24 |
| 75656 | MULT EPIPHYSEAL DYSPLAS | 24 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 75659 | OSTEODYSTROPHY NEC | 24 |
| 7566 | ANOMALIES OF DIAPHRAGM | 11 |
| 75681 | ABSENCE OF MUSCLE/TENDON | 24 |
| 75682 | ACCESSORY MUSCLE | 24 |
| 75683 | EHLERS-DANLOS SYNDROME | 24 |
| 75689 | SOFT TISSUE ANOMALY NEC | 24 |
| 7569 | MUSCULOSKEL ANOM NEC/NOS | 24 |
| 7570 | HEREDITARY EDEMA OF LEGS | 18 |
| 7571 | ICHTHYOSIS CONGENITA | 18 |
| 7572 | DERMATOGLYPHIC ANOMALIES | 18 |
| 75731 | CONG ECTODERMAL DYSPLAS | 18 |
| 75732 | VASCULAR HAMARTOMAS | 18 |
| 75733 | CONG SKIN PIGMENT ANOMAL | 18 |
| 75739 | SKIN ANOMALY NEC | 18 |
| 7574 | HAIR ANOMALIES NEC | 18 |
| 7575 | NAIL ANOMALIES NEC | 18 |
| 7576 | BREAST ANOMALIES NEC | 18 |
| 7578 | OTH INTEGUMENT ANOMALIES | 18 |
| 7579 | INTEGUMENT ANOMALY NOS | 18 |
| 7580 | DOWN'S SYNDROME | 91 |
| 7581 | PATAU'S SYNDROME | 91 |
| 7582 | EDWARDS' SYNDROME | 91 |
| 7583 | AUTOSOMAL DELETION SYND | 91 |
| 7584 | BALANCE AUTOSOM TRANSLOC | 11 |
| 7585 | AUTOSOMAL ANOMALIES NEC | 11 |
| 7586 | GONADAL DYSGENESIS | 53 |
| 7587 | KLINEFELTER'S SYNDROME | 53 |
| 7589 | CHROMOSOME ANOMALY NOS | 57 |
| 7590 | ANOMALIES OF SPLEEN | 86 |
| 7591 | ADRENAL GLAND ANOMALY | 82 |
| 7592 | ENDOCRINE ANOMALY NEC | 82 |
| 7593 | SITUS INVERSUS | 41 |
| 7594 | CONJOINED TWINS | 57 |
| 7595 | TUBEROUS SCLEROSIS | 63 |
| 7596 | HAMARTOSES NEC | 18 |
| 7597 | MULT CONGEN ANOMAL NEC | 57 |
| 75981 | PRADER-WILLI SYNDROME | 57 |
| 75982 | MARFAN SYNDROME | 57 |
| 75983 | FRAGILE X SYNDROME | 82 |
| 75989 | SPECFIED CONG ANOMAL NEC | 57 |
| 7599 | CONGENITAL ANOMALY NOS | 57 |
| 7600 | MATERN HYPERTEN AFF NB | 57 |
| 7601 | MATERN URINE DIS AFF NB | 57 |
| 7602 | MATERNAL INFEC AFF NB | 57 |
| 7603 | MATERN CARDIORESP AFF NB | 57 |
| 7604 | MATERN NUTRIT DIS AFF NB | 57 |
| 7605 | MATERNAL INJURY AFF NB | 57 |
| 7606 | SURG OP ON MOTHER AFF NB | 57 |
| 76070 | NOXIOUS SUBST NOS AFF NB | 57 |
| 76071 | MATERNAL ALCOHOL AFF NB | 57 |
| 76072 | MATERNAL NARCOTIC AFF NB | 57 |
| 76073 | MATERNAL HALLUCIN AFF NB | 57 |
| 76074 | MATERNAL ANTI-INF AFF NB | 57 |
| 76075 | COCAINE - NXS INFL FETUS | 57 |
| 76076 | FTS/NB AFCTD MTRNL DES | 56 |
| 76079 | NOXIOUS SUBST NEC AFF NB | 57 |
| 7608 | MATERNAL COND NEC AFF NB | 57 |
| 7609 | MATERNAL COND NOS AFF NB | 57 |
| 7610 | INCOMPETNT CERVIX AFF NB | 57 |
| 7611 | PREMAT RUPT·MEMB AFF NB | 57 |
| 7612 | OLIGOHYDRAMNIOS AFF NB | 57 |
| 7613 | POLYHYDRAMNIOS AFF NB | 57 |
| 7614 | ECTOPIC PREGNANCY AFF NB | 57 |
| 7615 | MULT PREGNANCY AFF NB | 57 |
| 7616 | MATERNAL DEATH AFF NB | 57 |
| 7617 | ANTEPART MALPRES AFF NB | 57 |
| 7618 | MATERN COMPL NEC AFF NB | 57 |
| 7619 | MATERN COMPL NOS AFF NB | 57 |
| 7620 | PLACENTA PREVIA AFF NB | 57 |
| 7621 | PLACENTA HEM NEC AFF NB | 57 |
| 7622 | ABN PLAC NEC/NOS AFF NB | 57 |
| 7623 | PLACENT TRANSFUSION SYN | 57 |
| 7624 | PROLAPSED CORD AFF NB | 57 |
| 7625 | OTH UMBIL CORD COMPRESS | 57 |
| 7626 | UMBIL COND NEC AFF NB | 57 |
| 7627 | CHORIOAMNIONITIS AFF NB | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 7628 | ABN AMNION NEC AFF NB | 57 |
| 7629 | ABN AMNION NOS AFF NB | 57 |
| 7630 | BREECH DEL/EXTRAC AFF NB | 57 |
| 7631 | MALPOS/DISPRO NEC AFF NB | 57 |
| 7632 | FORCEPS DELIVERY AFF NB | 57 |
| 7633 | VACUUM EXTRAC DEL AFF NB | 57 |
| 7634 | CESAREAN DELIVERY AFF NB | 57 |
| 7635 | MAT ANESTH/ANALG AFF NB | 57 |
| 7636 | PRECIPITATE DEL AFF NB | 57 |
| 7637 | ABN UTERINE CONTR AFF NB | 57 |
| 7638 | COMPL DELIV NEC AFF NB | 57 |
| 7639 | COMPL DELIV NOS AFF NB | 57 |
| 76400 | LIGHT-FOR-DATES WTNOS | 57 |
| 76401 | LIGHT-FOR-DATES <500G | 57 |
| 76402 | LT-FOR-DATES 500-749G | 57 |
| 76403 | LT-FOR-DATES 750-999G | 57 |
| 76404 | LT-FOR-DATES 1000-1249G | 57 |
| 76405 | LT-FOR-DATES 1250-1499G | 57 |
| 76406 | LT-FOR-DATES 1500-1749G | 57 |
| 76407 | LT-FOR-DATES 1750-1999G | 57 |
| 76408 | LT-FOR-DATES 2000-2499G | 57 |
| 76409 | LT-FOR-DATES 2500+G | 57 |
| 76410 | LT-FOR-DATE W/MAL WTNOS | 57 |
| 76411 | LT-FOR-DATE W/MAL <500G | 57 |
| 76412 | LT-DATE W/MAL 500-749G | 57 |
| 76413 | LT-DATE W/MAL 750-999G | 57 |
| 76414 | LT-DATE W/MAL 1000-1249G | 57 |
| 76415 | LT-DATE W/MAL 1250-1499G | 57 |
| 76416 | LT-DATE W/MAL 1500-1749G | 57 |
| 76417 | LT-DATE W/MAL 1750-1999G | 57 |
| 76418 | LT-DATE W/MAL 2000-2499G | 57 |
| 76419 | LT-FOR-DATE W/MAL 2500+G | 57 |
| 76420 | FETAL MALNUTRITION WTNOS | 57 |
| 76421 | FETAL MALNUTRITION <500G | 57 |
| 76422 | FETAL MALNUTR 500-749G | 57 |
| 76423 | FETAL MAL 750-999G | 57 |
| 76424 | FETAL MAL 1000-1249G | 57 |
| 76425 | FETAL MAL 1250-1499G | 57 |
| 76426 | FETAL MAL 1500-1749G | 57 |
| 76427 | FETAL MALNUTR 1750-1999G | 57 |
| 76428 | FETAL MALNUTR 2000-2499G | 57 |
| 76429 | FETAL MALNUTR 2500+G | 57 |
| 76490 | FET GROWTH RETARD WTNOS | 57 |
| 76491 | FET GROWTH RETARD <500G | 57 |
| 76492 | FET GROWTH RET 500-749G | 57 |
| 76493 | FET GROWTH RET 750-999G | 57 |
| 76494 | FET GRWTH RET 1000-1249G | 57 |
| 76495 | FET GRWTH RET 1250-1499G | 57 |
| 76496 | FET GRWTH RET 1500-1749G | 57 |
| 76497 | FET GRWTH RET 1750-1999G | 57 |
| 76498 | FET GRWTH RET 2000-2499G | 57 |
| 76499 | FET GROWTH RET 2500+G | 57 |
| 76500 | EXTREME IMMATUR WTNOS | 57 |
| 76501 | EXTREME IMMATUR <500G | 57 |
| 76502 | EXTREME IMMATUR 500-749G | 57 |
| 76503 | EXTREME IMMATUR 750-999G | 57 |
| 76504 | EXTREME IMMAT 1000-1249G | 57 |
| 76505 | EXTREME IMMAT 1250-1499G | 57 |
| 76506 | EXTREME IMMAT 1500-1749G | 57 |
| 76507 | EXTREME IMMAT 1750-1999G | 57 |
| 76508 | EXTREME IMMAT 2000-2499G | 57 |
| 76509 | EXTREME IMMAT 2500+G | 57 |
| 76510 | PRETERM INFANT NEC WTNOS | 57 |
| 76511 | PRETERM NEC <500G | 57 |
| 76512 | PRETERM NEC 500-749G | 57 |
| 76513 | PRETERM NEC 750-999G | 57 |
| 76514 | PRETERM NEC 1000-1249G | 57 |
| 76515 | PRETERM NEC 1250-1499G | 57 |
| 76516 | PRETERM NEC 1500-1749G | 57 |
| 76517 | PRETERM NEC 1750-1999G | 57 |
| 76518 | PRETERM NEC 2000-2499G | 57 |
| 76519 | PRETERM NEC 2500+G | 57 |
| 7660 | EXCEPTIONALLY LARGE BABY | 57 |
| 7661 | HEAVY-FOR-DATE INFAN NEC | 57 |
| 7662 | POST-TERM INFANT NOS | 57 |
| 7670 | CEREBRAL HEM AT BIRTH | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 7671 | SCALP INJURY AT BIRTH | 57 |
| 7672 | CLAVICLE FX AT BIRTH | 57 |
| 7673 | BONE INJURY NEC AT BIRTH | 57 |
| 7674 | SPINAL CORD INJ AT BIRTH | 57 |
| 7675 | FACIAL NERVE INJ-BIRTH | 57 |
| 7676 | BRACH PLEXUS INJ-BIRTH | 57 |
| 7677 | NERVE INJ NEC AT BIRTH | 57 |
| 7678 | BIRTH TRAUMA NEC | 57 |
| 7679 | BIRTH TRAUMA NOS | 57 |
| 7680 | FETAL DEATH-ANOXIA NOS | 57 |
| 7681 | FET DEATH-ANOXIA DUR LAB | 57 |
| 7682 | FET DISTRESS BEFOR LABOR | 57 |
| 7683 | FETAL DISTRESS DUR LABOR | 57 |
| 7684 | FETAL DISTRESS NOS | 57 |
| 7685 | SEVERE BIRTH ASPHYXIA | 57 |
| 7686 | MILD/MOD BIRTH ASPHYXIA | 57 |
| 7689 | BIRTH ASPHYXIA NOS | 57 |
| 769 | RESPIRATORY DISTRESS SYN | 57 |
| 7700 | CONGENITAL PNEUMONIA | 57 |
| 7701 | MECONIUM ASPIRATN SYNDRM | 57 |
| 7702 | NB INTERSTIT EMPHYSEMA | 57 |
| 7703 | NB PULMONARY HEMORRHAGE | 57 |
| 7704 | PRIMARY ATELECTASIS | 57 |
| 7705 | NB ATELECTASIS NEC/NOS | 57 |
| 7706 | NB TRANSITORY TACHYPNEA | 57 |
| 7707 | PERINATAL CHR RESP DIS | 57 |
| 7708 | POST-BIRTH RESP PROB NEC | 57 |
| 7709 | NB RESPIRATORY COND NOS | 57 |
| 7710 | CONGENITAL RUBELLA | 57 |
| 7711 | CONG CYTOMEGALOVIRUS INF | 57 |
| 7712 | CONGENITAL INFEC NEC | 57 |
| 7713 | TETANUS NEONATORUM | 57 |
| 7714 | OMPHALITIS OF NEWBORN | 57 |
| 7715 | NEONATAL INFEC MASTITIS | 57 |
| 7716 | NEONATAL CONJUNCTIVITIS | 57 |
| 7717 | NEONATAL CANDIDA INFECT | 57 |
| 7718 | PERINATAL INFECTION NEC | 57 |
| 7720 | FETAL BLOOD LOSS NEC | 57 |
| 7721 | NB INTRAVENTRICULAR HEM | 57 |
| 7722 | NB SUBARACHNOID HEMORR | 57 |
| 7723 | POST-BIRTH UMBIL HEMORR | 57 |
| 7724 | NB GI HEMORRHAGE | 57 |
| 7725 | NB ADRENAL HEMORRHAGE | 57 |
| 7726 | NB CUTANEOUS HEMORRHAGE | 57 |
| 7728 | NEONATAL HEMORRHAGE NEC | 57 |
| 7729 | NEONATAL HEMORRHAGE NOS | 57 |
| 7730 | NB HEMOLYT DIS:RH ISOIMM | 57 |
| 7731 | NB HEMOLYT DIS-ABO ISOIM | 57 |
| 7732 | NB HEMOLYT DIS-ISOIM NEC | 57 |
| 7733 | HYDROPS FETALIS:ISOIMM | 57 |
| 7734 | NB KERNICTERUS:ISOIMMUN | 57 |
| 7735 | NB LATE ANEMIA:ISOIMMUN | 57 |
| 7740 | PERINAT JAUND-HERED ANEM | 57 |
| 7741 | PERINAT JAUND:HEMOLYSIS | 57 |
| 7742 | NEONAT JAUND PRETERM DEL | 57 |
| 77430 | DELAY CONJUGAT JAUND NOS | 57 |
| 77431 | NEONAT JAUND IN OTH DIS | 57 |
| 77439 | DELAY CONJUGAT JAUND NEC | 57 |
| 7744 | FETAL/NEONATAL HEPATITIS | 57 |
| 7745 | PERINATAL JAUNDICE NEC | 57 |
| 7746 | FETAL/NEONATAL JAUND NOS | 57 |
| 7747 | NB KERNICTERUS | 57 |
| 7750 | INFANT DIABET MOTHER SYN | 57 |
| 7751 | NEONAT DIABETES MELLITUS | 57 |
| 7752 | NEONAT MYASTHENIA GRAVIS | 57 |
| 7753 | NEONATAL THYROTOXICOSIS | 57 |
| 7754 | HYPOCALCEM/HYPOMAGNES NB | 57 |
| 7755 | NEONATAL DEHYDRATION | 57 |
| 7756 | NEONATAL HYPOGLYCEMIA | 57 |
| 7757 | LATE METAB ACIDOSIS NB | 57 |
| 7758 | TRANSIENT MET DIS NB NEC | 57 |
| 7759 | TRANSIENT MET DIS NB NOS | 57 |
| 7760 | NB HEMORRHAGIC DISEASE | 57 |
| 7761 | NEONATAL THROMBOCYTOPEN | 57 |
| 7762 | DISSEM INTRAVASC COAG NB | 57 |
| 7763 | OTH NEONATAL COAG DIS | 57 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 7764 | POLYCYTHEMIA NEONATORUM | 57 |
| 7765 | CONGENITAL ANEMIA | 57 |
| 7766 | ANEMIA OF PREMATURITY | 57 |
| 7767 | NEONATAL NEUTROPENIA | 57 |
| 7768 | TRANSIENT HEMAT DIS NEC | 57 |
| 7769 | NB HEMATOLOGICAL DIS NOS | 57 |
| 7771 | MECONIUM OBSTRUCTION | 57 |
| 7772 | INTEST OBST-INSPISS MILK | 57 |
| 7773 | SWALLOWED BLOOD SYNDROME | 57 |
| 7774 | TRANSITORY ILEUS OF NB | 57 |
| 7775 | NECROT ENTEROCOLITIS NB | 57 |
| 7776 | PERINATAL INTEST PERFOR | 57 |
| 7778 | PERINAT GI SYS DIS NEC | 57 |
| 7779 | PERINAT GI SYS DIS NOS | 57 |
| 7780 | HYDROPS FETALIS NO ISOIM | 57 |
| 7781 | SCLEREMA NEONATORUM | 57 |
| 7782 | NB COLD INJURY SYNDROME | 57 |
| 7783 | NB HYPOTHERMIA NEC | 57 |
| 7784 | NB TEMP REGULAT DIS NEC | 57 |
| 7785 | EDEMA OF NEWBORN NEC/NOS | 57 |
| 7786 | CONGENITAL HYDROCELE | 57 |
| 7787 | NB BREAST ENGORGEMENT | 57 |
| 7788 | NB INTEGUMENT COND NEC | 57 |
| 7789 | NB INTEGUMENT COND NOS | 57 |
| 7790 | CONVULSIONS IN NEWBORN | 57 |
| 7791 | NB CEREB IRRIT NEC/NOS | 57 |
| 7792 | CNS DYSFUNCTION SYN NB | 57 |
| 7793 | NB FEEDING PROBLEMS | 57 |
| 7794 | NB DRUG REACTION/INTOXIC | 57 |
| 7795 | NB DRUG WITHDRAWAL SYNDR | 57 |
| *7796 | TERMINATION OF PREGNANCY | |
| 7798 | PERINATAL CONDITION NEC | 57 |
| 7799 | PERINATAL CONDITION NOS | 57 |
| 78001 | COMA | 78 |
| 78002 | TRANS ALTER AWARENESS | 63 |
| 78003 | PERSISTENT VEGTV STATE | 78 |
| 78009 | OTHER ALTER CONSCIOUSNES | 63 |
| 7801 | HALLUCINATIONS | 91 |
| 7802 | SYNCOPE AND COLLAPSE | 63 |
| 7804 | DIZZINESS AND GIDDINESS | 11 |
| 78050 | SLEEP DISTURBANCE NOS | 91 |
| 78051 | INSOMNIA W SLEEP APNEA | 63 |
| 78052 | INSOMNIA NEC | 91 |
| 78053 | HYPERSOMNI W SLEEP APNEA | 63 |
| 78054 | HYPERSOMNIA NEC | 91 |
| 78055 | IRREG SLEEP-WAKE RHY NOS | 91 |
| 78056 | SLEEP STAGE DYSFUNCTIONS | 91 |
| 78057 | OTH UNSPCF SLEEP APNEA | 91 |
| 78059 | SLEEP DISTURBANCES NEC | 91 |
| 7806 | FEVER | 97 |
| 7807 | MALAISE AND FATIGUE | 11 |
| 7808 | HYPERHIDROSIS | 99 |
| 7809 | GENERAL SYMPTOMS NEC | 11 |
| 7810 | ABN INVOLUN MOVEMENT NEC | 63 |
| 7811 | SMELL & TASTE DISTURB | 63 |
| 7812 | ABNORMALITY OF GAIT | 63 |
| 7813 | LACK OF COORDINATION | 11 |
| 7814 | TRANSIENT LIMB PARALYSIS | 63 |
| 7815 | CLUBBING OF FINGERS | 33 |
| 7816 | MENINGISMUS | 78 |
| 7817 | TETANY | 82 |
| 7818 | NEUROLOGIC NEGLECT SYNDR | 63 |
| 7819 | NERV/MUSCULSKEL SYM NEC | 11 |
| 7820 | SKIN SENSATION DISTURB | 11 |
| 7821 | NONSPECIF SKIN ERUPT NEC | 18 |
| 7822 | LOCAL SUPRFICIAL SWELLNG | 11 |
| 7823 | EDEMA | 11 |
| 7824 | JAUNDICE NOS | 41 |
| 7825 | CYANOSIS | 36 |
| 78261 | PALLOR | 11 |
| 78262 | FLUSHING | 11 |
| 7827 | SPONTANEOUS ECCHYMOSES | 86 |
| 7828 | CHANGES IN SKIN TEXTURE | 11 |
| 7829 | INTEGUMENT TISS SYMP NEC | 11 |
| 7830 | ANOREXIA | 41 |
| 7831 | ABNORMAL WEIGHT GAIN | 82 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 7832 | ABNORMAL LOSS OF WEIGHT | 82 |
| 7833 | FEEDING PROBLEM | 41 |
| 7834 | LACK NORM PHYSIOL DEVEL | 82 |
| 7835 | POLYDIPSIA | 82 |
| 7836 | POLYPHAGIA | 82 |
| 7839 | NUTR/METAB/DEVEL SYM NEC | 82 |
| 7840 | HEADACHE | 63 |
| 7841 | THROAT PAIN | 11 |
| 7842 | SWELLING IN HEAD & NECK | 11 |
| 7843 | APHASIA | 63 |
| 78440 | VOICE DISTURBANCE NOS | 11 |
| 78441 | APHONIA | 11 |
| 78449 | VOICE DISTURBANCE NEC | 11 |
| 7845 | SPEECH DISTURBANCE NEC | 11 |
| 78460 | SYMBOLIC DYSFUNCTION NOS | 91 |
| 78461 | ALEXIA AND DYSLEXIA | 91 |
| 78469 | SYMBOLIC DYSFUNCTION NEC | 91 |
| 7847 | EPISTAXIS | 31 |
| 7848 | HEMORRHAGE FROM THROAT | 41 |
| 7849 | SYMP INVOL HEAD/NECK NEC | 11 |
| 7850 | TACHYCARDIA NOS | 36 |
| 7851 | PALPITATIONS | 36 |
| 7852 | CARDIAC MURMURS NEC | 36 |
| 7853 | ABNORM HEART SOUNDS NEC | 36 |
| 7854 | GANGRENE | 36 |
| 78550 | SHOCK NOS | 78 |
| 78551 | CARDIOGENIC SHOCK | 78 |
| 78559 | SHOCK W/O TRAUMA NEC | 97 |
| 7856 | ENLARGEMENT LYMPH NODES | 86 |
| 7859 | CARDIOVAS SYS SYMP NEC | 36 |
| 78600 | RESPIRATORY ABNORM NOS | 33 |
| 78601 | HYPERVENTILATION | 11 |
| 78602 | ORTHOPNEA | 36 |
| 78609 | RESPIRATORY ABNORM NEC | 33 |
| 7861 | STRIDOR | 33 |
| 7862 | COUGH | 31 |
| 7863 | HEMOPTYSIS | 33 |
| 7864 | ABNORMAL SPUTUM | 11 |
| 78650 | CHEST PAIN NOS | 36 |
| 78651 | PRECORDIAL PAIN | 36 |
| 78652 | PAINFUL RESPIRATION | 36 |
| 78659 | CHEST PAIN NEC | 36 |
| 7866 | CHEST SWELLING/MASS/LUMP | 24 |
| 7867 | ABNORMAL CHEST SOUNDS | 11 |
| 7868 | HICCOUGH | 11 |
| 7869 | RESP SYS/CHEST SYMP NEC | 11 |
| 7870 | NAUSEA AND VOMITING* | 41 |
| 78701 | NAUSEA WITH VOMITING | 41 |
| 78702 | NAUSEA ALONE | 41 |
| 78703 | VOMITING ALONE | 41 |
| 7871 | HEARTBURN | 41 |
| 7872 | DYSPHAGIA | 41 |
| 7873 | FLATUL/ERUCTAT/GAS PAIN | 41 |
| 7874 | VISIBLE PERISTALSIS | 41 |
| 7875 | ABNORMAL BOWEL SOUNDS | 41 |
| 7876 | INCONTINENCE OF FECES | 41 |
| 7877 | ABNORMAL FECES | 41 |
| 78791 | DIARRHEA | 41 |
| 78799 | DIGESTVE SYST SYMPTM NEC | 41 |
| 7880 | RENAL COLIC | 53 |
| 7881 | DYSURIA | 53 |
| 78820 | RETENTION URINE NOS | 53 |
| 78821 | INCMPLET BLDDER EMPTYING | 53 |
| 78829 | OTH SPCF RETENTION URINE | 53 |
| 7883 | INCONTINENCE OF URINE* | 53 |
| 78830 | URINARY INCONTINENCE NOS | 53 |
| 78831 | URGE INCONTINENCE | 53 |
| 78832 | STRESS INCONTINENCE MALE | 53 |
| 78833 | MIXED INCONTINENCE | 53 |
| 78834 | INCONTNCE WO SENSR AWARE | 53 |
| 78835 | POST-VOID DRIBBLING | 53 |
| 78836 | NOCTURNAL ENURESIS | 53 |
| 78837 | CONTINUOUS LEAKAGE | 53 |
| 78839 | OTH URINRY INCONTINENCE | 53 |
| 78841 | URINARY FREQUENCY | 53 |
| 78842 | POLYURIA | 53 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 78843 | NOCTURIA | 53 |
| 7885 | OLIGURIA & ANURIA | 53 |
| 78861 | SPLITTING URINARY STREAM | 53 |
| 78862 | SLOWING URINARY STREAM | 53 |
| 78869 | OTH ABNORMALT URINATION | 53 |
| 7887 | URETHRAL DISCHARGE | 97 |
| 7888 | EXTRAVASATION OF URINE | 53 |
| 7889 | URINARY SYS SYMPTOM NEC | 53 |
| 78900 | ABDMNAL PAIN UNSPCF SITE | 41 |
| 78901 | ABDMNAL PAIN RT UPR QUAD | 41 |
| 78902 | ABDMNAL PAIN LFT UP QUAD | 41 |
| 78903 | ABDMNAL PAIN RT LWR QUAD | 41 |
| 78904 | ABDMNAL PAIN LT LWR QUAD | 41 |
| 78905 | ABDMNAL PAIN PERIUMBILIC | 41 |
| 78906 | ABDMNAL PAIN EPIGASTRIC | 41 |
| 78907 | ABDMNAL PAIN GENERALIZED | 41 |
| 78909 | ABDMNAL PAIN OTH SPCF ST | 41 |
| 7891 | HEPATOMEGALY | 41 |
| 7892 | SPLENOMEGALY | 86 |
| 78930 | ABDMNAL MASS UNSPCF SITE | 41 |
| 78931 | ABDMNAL MASS RT UPR QUAD | 41 |
| 78932 | ABDMNAL MASS LFT UP QUAD | 41 |
| 78933 | ABDMNAL MASS RT LWR QUAD | 41 |
| 78934 | ABDMNAL MASS LT LWR QUAD | 41 |
| 78935 | ABDMNAL MASS PERIUMBILIC | 41 |
| 78936 | ABDMNAL MASS EPIGASTRIC | 41 |
| 78937 | ABDMNAL MASS GENERALIZED | 41 |
| 78939 | ABDMNAL MASS OTH SPCF ST | 41 |
| 78940 | ABDMNAL RGDT UNSPCF SITE | 41 |
| 78941 | ABDMNAL RGDT RT UPR QUAD | 41 |
| 78942 | ABDMNAL RGDT LFT UP QUAD | 41 |
| 78943 | ABDMNAL RGDT RT LWR QUAD | 41 |
| 78944 | ABDMNAL RGDT LT LWR QUAD | 41 |
| 78945 | ABDMNAL RGDT PERIUMBILIC | 41 |
| 78946 | ABDMNAL RGDT EPIGASTRIC | 41 |
| 78947 | ABDMNAL RGDT GENERALIZED | 41 |
| 78949 | ABDMNAL RGDT OTH SPCF ST | 41 |
| 7895 | ASCITES | 41 |
| 78960 | ABDMNAL TNDR UNSPCF SITE | 41 |
| 78961 | ABDMNAL TNDR RT UPR QUAD | 41 |
| 78962 | ABDMNAL TNDR LFT UP QUAD | 41 |
| 78963 | ABDMNAL TNDR RT LWR QUAD | 41 |
| 78964 | ABDMNAL TNDR LT LWR QUAD | 41 |
| 78965 | ABDMNAL TNDR PERIUMBILIC | 41 |
| 78966 | ABDMNAL TNDR EPIGASTRIC | 41 |
| 78967 | ABDMNAL TNDR GENERALIZED | 41 |
| 78969 | ABDMNAL TNDR OTH SPCF ST | 41 |
| 7899 | ABDOMEN/PELVIS SYMP NEC | 11 |
| 7900 | ABNORM RED BLOOD CELL | 86 |
| 7901 | ELEVATED SEDIMENT RATE | 11 |
| 7902 | ABN GLUCOSE TOLERAN TEST | 11 |
| 7903 | EXCESS BLOOD-ALCOHOL LEV | 91 |
| 7904 | ELEV TRANSAMINASE/LDH | 11 |
| 7905 | ABN SERUM ENZY LEVEL NEC | 11 |
| 7906 | ABN BLOOD CHEMISTRY NEC | 11 |
| 7907 | BACTEREMIA | 97 |
| 7908 | VIREMIA NOS | 97 |
| 79091 | ABNRML ART BLOOD GASES | 11 |
| 79092 | ABNRML COAGULTION PRFILE | 11 |
| 79093 | ELVTD PRSTATE SPCF ANTGN | 11 |
| 79099 | OTH NSPCF FINDING BLOOD | 11 |
| 7910 | PROTEINURIA | 53 |
| 7911 | CHYLURIA | 78 |
| 7912 | HEMOGLOBINURIA | 53 |
| 7913 | MYOGLOBINURIA | 53 |
| 7914 | BILIURIA | 53 |
| 7915 | GLYCOSURIA | 53 |
| 7916 | ACETONURIA | 53 |
| 7917 | OTH CELLS/CASTS IN URINE | 53 |
| 7919 | ABN URINE FINDINGS NEC | 53 |
| 7920 | ABN FND-CEREBROSPINAL FL | 11 |
| 7921 | ABN FIND-STOOL CONTENTS | 11 |
| 7922 | ABN FINDINGS-SEMEN | 53 |
| 7923 | ABN FIND-AMNIOTIC FLUID | 57 |
| 7924 | ABN FINDINGS-SALIVA | 11 |
| 7929 | ABN FIND-BODY SUBST NEC | 11 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 7930 | ABN FINDING-SKULL & HEAD | 11 |
| 7931 | ABN FINDINGS-LUNG FIELD | 11 |
| 7932 | ABN FD-INTRATHOR ORG NEC | 11 |
| 7933 | ABN FIND-BILIARY TRACT | 41 |
| 7934 | ABN FINDINGS-GI TRACT | 11 |
| 7935 | ABN FINDINGS-GU ORGANS | 53 |
| 7936 | ABN FIND-ABDOMINAL AREA | 11 |
| 7937 | ABN FIND-MUSCULOSKEL SYS | 11 |
| 7938 | ABNORMAL FINDINGS-BREAST | 18 |
| 7939 | ABN FIND-BODY STRUCT NEC | 11 |
| 79400 | ABN CNS FUNCT STUDY NOS | 11 |
| 79401 | ABNORM ECHOENCEPHALOGRAM | 11 |
| 79402 | ABN ELECTROENCEPHALOGRAM | 11 |
| 79409 | ABN CNS FUNCT STUDY NEC | 11 |
| 79410 | ABN STIMUL RESPONSE NOS | 11 |
| 79411 | ABN RETINAL FUNCT STUDY | 68 |
| 79412 | ABNORM ELECTRO-OCULOGRAM | 68 |
| 79413 | ABNORMAL VEP | 68 |
| 79414 | ABN OCULOMOTOR STUDIES | 68 |
| 79415 | ABN AUDITORY FUNCT STUDY | 31 |
| 79416 | ABN VESTIBULAR FUNC STUD | 11 |
| 79417 | ABNORM ELECTROMYOGRAM | 24 |
| 79419 | ABN PERIPH NERV STUD NEC | 11 |
| 7942 | ABN PULMONARY FUNC STUDY | 11 |
| 79430 | ABN CARDIOVASC STUDY NOS | 11 |
| 79431 | ABNORM ELECTROCARDIOGRAM | 11 |
| 79439 | ABN CARDIOVASC STUDY NEC | 11 |
| 7944 | ABN KIDNEY FUNCT STUDY | 53 |
| 7945 | ABN THYROID FUNCT STUDY | 82 |
| 7946 | ABN ENDOCRINE STUDY NEC | 82 |
| 7947 | ABN BASAL METABOL STUDY | 82 |
| 7948 | ABN LIVER FUNCTION STUDY | 41 |
| 7949 | ABN FUNCTION STUDY NEC | 53 |
| 7950 | ABN PAP SMEAR-CERVIX | 56 |
| 7951 | ABN PAP SMEAR-OTH SITE | 56 |
| 7952 | ABN CHROMOSOMAL ANALYSIS | 57 |
| 7953 | POSITIVE CULTURE FINDING | 97 |
| 7954 | ABN HISTOLOGIC FIND NEC | 11 |
| 7955 | TUBERCULIN TEST REACTION | 11 |
| 7956 | FALSE POS SERO TEST-SYPH | 11 |
| 79571 | NONSPCF SERLGC EVDNC HIV | 86 |
| 79579 | OTH UNSPCF NSPF IMUN FND | 86 |
| 7960 | ABN TOXICOLOGIC FINDING | 11 |
| 7961 | ABNORMAL REFLEX | 11 |
| 7962 | ELEV BL PRES W/O HYPERTN | 36 |
| 7963 | LOW BLOOD PRESS READING | 36 |
| 7964 | ABN CLINICAL FINDING NEC | 11 |
| 7969 | ABNORMAL FINDINGS NEC | 11 |
| 797 | SENILITY W/O PSYCHOSIS | 91 |
| 7980 | SUDDEN INFANT DEATH SYND | 99 |
| 7981 | INSTANTANEOUS DEATH | 99 |
| 7982 | DEATH WITHIN 24 HR SYMPT | 99 |
| 7989 | UNATTENDED DEATH | 99 |
| 7990 | ASPHYXIA | 78 |
| 7991 | RESPIRATORY ARREST | 78 |
| 7992 | NERVOUSNESS | 91 |
| 7993 | DEBILITY NOS | 11 |
| 7994 | CACHEXIA | 41 |
| 7998 | ILL-DEFINE CONDITION NEC | 11 |
| 7999 | UNKN CAUSE MORB/MORT NEC | 11 |
| 80000 | CLOSED SKULL VAULT FX | 72 |
| 80001 | CL SKULL VLT FX W/O COMA | 72 |
| 80002 | CL SKULL VLT FX-BRF COMA | 72 |
| 80003 | CL SKULL VLT FX-MOD COMA | 72 |
| 80004 | CL SKL VLT FX-PROLN COMA | 72 |
| 80005 | CL SKUL VLT FX-DEEP COMA | 72 |
| 80006 | CL SKULL VLT FX-COMA NOS | 72 |
| 80009 | CL SKL VLT FX-CONCUS NOS | 72 |
| 80010 | CL SKL VLT FX/CEREBR LAC | 72 |
| 80011 | CL SKULL VLT FX W/O COMA | 72 |
| 80012 | CL SKULL VLT FX-BRF COMA | 72 |
| 80013 | CL SKULL VLT FX-MOD COMA | 72 |
| 80014 | CL SKL VLT FX-PROLN COMA | 72 |
| 80015 | CL SKUL VLT FX-DEEP COMA | 72 |
| 80016 | CL SKULL VLT FX-COMA NOS | 72 |
| 80019 | CL SKL VLT FX-CONCUS NOS | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 80020 | CL SKL VLT FX/MENING HEM | 72 |
| 80021 | CL SKULL VLT FX W/O COMA | 72 |
| 80022 | CL SKULL VLT FX-BRF COMA | 72 |
| 80023 | CL SKULL VLT FX-MOD COMA | 72 |
| 80024 | CL SKL VLT FX-PROLN COMA | 72 |
| 80025 | CL SKUL VLT FX-DEEP COMA | 72 |
| 80026 | CL SKULL VLT FX-COMA NOS | 72 |
| 80029 | CL SKL VLT FX-CONCUS NOS | 72 |
| 80030 | CL SKULL VLT FX/HEM NEC | 72 |
| 80031 | CL SKULL VLT FX W/O COMA | 72 |
| 80032 | CL SKULL VLT FX-BRF COMA | 72 |
| 80033 | CL SKULL VLT FX-MOD COMA | 72 |
| 80034 | CL SKL VLT FX-PROLN COMA | 72 |
| 80035 | CL SKUL VLT FX-DEEP COMA | 72 |
| 80036 | CL SKULL VLT FX-COMA NOS | 72 |
| 80039 | CL SKL VLT FX-CONCUS NOS | 72 |
| 80040 | CL SKL VLT FX/BR INJ NEC | 72 |
| 80041 | CL SKULL VLT FX W/O COMA | 72 |
| 80042 | CL SKULL VLT FX-BRF COMA | 72 |
| 80043 | CL SKULL VLT FX-MOD COMA | 72 |
| 80044 | CL SKL VLT FX-PROLN COMA | 72 |
| 80045 | CL SKUL VLT FX-DEEP COMA | 72 |
| 80046 | CL SKULL VLT FX-COMA NOS | 72 |
| 80049 | CL SKL VLT FX-CONCUS NOS | 72 |
| 80050 | OPN SKULL VAULT FRACTURE | 72 |
| 80051 | OPN SKUL VLT FX W/O COMA | 72 |
| 80052 | OPN SKUL VLT FX-BRF COMA | 72 |
| 80053 | OPN SKUL VLT FX-MOD COMA | 72 |
| 80054 | OPN SKL VLT FX-PROLN COM | 72 |
| 80055 | OPN SKL VLT FX-DEEP COMA | 72 |
| 80056 | OPN SKUL VLT FX-COMA NOS | 72 |
| 80059 | OP SKL VLT FX-CONCUS NOS | 72 |
| 80060 | OPN SKL VLT FX/CEREB LAC | 72 |
| 80061 | OPN SKUL VLT FX W/O COMA | 72 |
| 80062 | OPN SKUL VLT FX-BRF COMA | 72 |
| 80063 | OPN SKUL VLT FX-MOD COMA | 72 |
| 80064 | OPN SKL VLT FX-PROLN COM | 72 |
| 80065 | OPN SKL VLT FX-DEEP COMA | 72 |
| 80066 | OPN SKUL VLT FX-COMA NOS | 72 |
| 80069 | OP SKL VLT FX-CONCUS NOS | 72 |
| 80070 | OPN SKL VLT FX/MENIN HEM | 72 |
| 80071 | OPN SKUL VLT FX W/O COMA | 72 |
| 80072 | OPN SKUL VLT FX-BRF COMA | 72 |
| 80073 | OPN SKUL VLT FX-MOD COMA | 72 |
| 80074 | OPN SKL VLT FX-PROLN COM | 72 |
| 80075 | OPN SKL VLT FX-DEEP COMA | 72 |
| 80076 | OPN SKUL VLT FX-COMA NOS | 72 |
| 80079 | OP SKL VLT FX-CONCUS NOS | 72 |
| 80080 | OPN SKULL VLT FX/HEM NEC | 72 |
| 80081 | OPN SKUL VLT FX W/O COMA | 72 |
| 80082 | OPN SKUL VLT FX-BRF COMA | 72 |
| 80083 | OPN SKUL VLT FX-MOD COMA | 72 |
| 80084 | OPN SKL VLT FX-PROLN COM | 72 |
| 80085 | OPN SKL VLT FX-DEEP COMA | 72 |
| 80086 | OPN SKUL VLT FX-COMA NOS | 72 |
| 80089 | OP SKL VLT FX-CONCUS NOS | 72 |
| 80090 | OP SKL VLT FX/BR INJ NEC | 72 |
| 80091 | OPN SKUL VLT FX W/O COMA | 72 |
| 80092 | OPN SKUL VLT FX-BRF COMA | 72 |
| 80093 | OPN SKUL VLT FX-MOD COMA | 72 |
| 80094 | OPN SKL VLT FX-PROLN COM | 72 |
| 80095 | OP SKUL VLT FX-DEEP COMA | 72 |
| 80096 | OPN SKUL VLT FX-COMA NOS | 72 |
| 80099 | OP SKL VLT FX-CONCUS NOS | 72 |
| 80100 | CLOS SKULL BASE FRACTURE | 72 |
| 80101 | CL SKUL BASE FX W/O COMA | 72 |
| 80102 | CL SKUL BASE FX-BRF COMA | 72 |
| 80103 | CL SKUL BASE FX-MOD COMA | 72 |
| 80104 | CL SKL BASE FX-PROL COMA | 72 |
| 80105 | CL SKL BASE FX-DEEP COMA | 72 |
| 80106 | CL SKUL BASE FX-COMA NOS | 72 |
| 80109 | CL SKULL BASE FX-CONCUSS | 72 |
| 80110 | CL SKL BASE FX/CEREB LAC | 72 |
| 80111 | CL SKUL BASE FX W/O COMA | 72 |
| 80112 | CL SKUL BASE FX-BRF COMA | 72 |
| 80113 | CL SKUL BASE FX-MOD COMA | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 80114 | CL SKL BASE FX-PROL COMA | 72 |
| 80115 | CL SKL BASE FX-DEEP COMA | 72 |
| 80116 | CL SKUL BASE FX-COMA NOS | 72 |
| 80119 | CL SKULL BASE FX-CONCUSS | 72 |
| 80120 | CL SKL BASE FX/MENIN HEM | 72 |
| 80121 | CL SKUL BASE FX W/O COMA | 72 |
| 80122 | CL SKUL BASE FX/BRF COMA | 72 |
| 80123 | CL SKUL BASE FX-MOD COMA | 72 |
| 80124 | CL SKL BASE FX-PROL COMA | 72 |
| 80125 | CL SKL BASE FX-DEEP COMA | 72 |
| 80126 | CL SKUL BASE FX-COMA NOS | 72 |
| 80129 | CL SKULL BASE FX-CONCUSS | 72 |
| 80130 | CL SKULL BASE FX/HEM NEC | 72 |
| 80131 | CL SKUL BASE FX W/O COMA | 72 |
| 80132 | CL SKUL BASE FX-BRF COMA | 72 |
| 80133 | CL SKUL BASE FX-MOD COMA | 72 |
| 80134 | CL SKL BASE FX-PROL COMA | 72 |
| 80135 | CL SKL BASE FX-DEEP COMA | 72 |
| 80136 | CL SKUL BASE FX-COMA NOS | 72 |
| 80139 | CL SKULL BASE FX-CONCUSS | 72 |
| 80140 | CL SK BASE FX/BR INJ NEC | 72 |
| 80141 | CL SKUL BASE FX W/O COMA | 72 |
| 80142 | CL SKUL BASE FX-BRF COMA | 72 |
| 80143 | CL SKUL BASE FX-MOD COMA | 72 |
| 80144 | CL SKL BASE FX-PROL COMA | 72 |
| 80145 | CL SKL BASE FX-DEEP COMA | 72 |
| 80146 | CL SKUL BASE FX-COMA NOS | 72 |
| 80149 | CL SKULL BASE FX-CONCUSS | 72 |
| 80150 | OPEN SKULL BASE FRACTURE | 72 |
| 80151 | OPN SKL BASE FX W/O COMA | 72 |
| 80152 | OPN SKL BASE FX-BRF COMA | 72 |
| 80153 | OPN SKL BASE FX-MOD COMA | 72 |
| 80154 | OP SKL BASE FX-PROL COMA | 72 |
| 80155 | OP SKL BASE FX-DEEP COMA | 72 |
| 80156 | OPN SKL BASE FX-COMA NOS | 72 |
| 80159 | OPN SKUL BASE FX-CONCUSS | 72 |
| 80160 | OP SKL BASE FX/CEREB LAC | 72 |
| 80161 | OPN SKL BASE FX W/O COMA | 72 |
| 80162 | OPN SKL BASE FX-BRF COMA | 72 |
| 80163 | OPN SKL BASE FX-MOD COMA | 72 |
| 80164 | OP SKL BASE FX-PROL COMA | 72 |
| 80165 | OP SKL BASE FX-DEEP COMA | 72 |
| 80166 | OPN SKL BASE FX-COMA NOS | 72 |
| 80169 | OPN SKUL BASE FX-CONCUSS | 72 |
| 80170 | OP SKL BASE FX/MENIN HEM | 72 |
| 80171 | OPN SKL BASE FX W/O COMA | 72 |
| 80172 | OPN SKL BASE FX-BRF COMA | 72 |
| 80173 | OPN SKL BASE FX-MOD COMA | 72 |
| 80174 | OP SKL BASE FX-PROL COMA | 72 |
| 80175 | OP SKL BASE FX-DEEP COMA | 72 |
| 80176 | OPN SKL BASE FX-COMA NOS | 72 |
| 80179 | OPN SKUL BASE FX-CONCUSS | 72 |
| 80180 | OPN SKUL BASE FX/HEM NEC | 72 |
| 80181 | OPN SKL BASE FX W/O COMA | 72 |
| 80182 | OPN SKL BASE FX-BRF COMA | 72 |
| 80183 | OPN SKL BASE FX-MOD COMA | 72 |
| 80184 | OP SKL BASE FX-PROL COMA | 72 |
| 80185 | OP SKL BASE FX-DEEP COMA | 72 |
| 80186 | OPN SKL BASE FX-COMA NOS | 72 |
| 80189 | OPN SKUL BASE FX-CONCUSS | 72 |
| 80190 | OP SK BASE FX/BR INJ NEC | 72 |
| 80191 | OP SKUL BASE FX W/O COMA | 72 |
| 80192 | OPN SKL BASE FX-BRF COMA | 72 |
| 80193 | OPN SKL BASE FX-MOD COMA | 72 |
| 80194 | OP SKL BASE FX-PROL COMA | 72 |
| 80195 | OP SKL BASE FX-DEEP COMA | 72 |
| 80196 | OPN SKL BASE FX-COMA NOS | 72 |
| 80199 | OPN SKUL BASE FX-CONCUSS | 72 |
| 8020 | NASAL BONE FX-CLOSED | 72 |
| 8021 | NASAL BONE FX-OPEN | 72 |
| 80220 | MANDIBLE FX NOS-CLOSED | 72 |
| 80221 | FX CONDYL PROC MANDIB-CL | 72 |
| 80222 | SUBCONDYLAR FX MANDIB-CL | 72 |
| 80223 | FX CORON PROC MANDIB-CL | 72 |
| 80224 | FX RAMUS NOS-CLOSED | 72 |
| 80225 | FX ANGLE OF JAW-CLOSED | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 80226 | FX SYMPHY MANDIB BODY-CL | 72 |
| 80227 | FX ALVEOLAR BORD MAND-CL | 72 |
| 80228 | FX MANDIBLE BODY NEC-CL | 72 |
| 80229 | MULT FX MANDIBLE-CLOSED | 72 |
| 80230 | MANDIBLE FX NOS-OPEN | 72 |
| 80231 | FX CONDYL PROC MAND-OPEN | 72 |
| 80232 | SUBCONDYL FX MANDIB-OPEN | 72 |
| 80233 | FX CORON PROC MANDIB-OPN | 72 |
| 80234 | FX RAMUS NOS-OPEN | 72 |
| 80235 | FX ANGLE OF JAW-OPEN | 72 |
| 80236 | FX SYMPHY MANDIB BDY-OPN | 72 |
| 80237 | FX ALV BORD MAND BDY-OPN | 72 |
| 80238 | FX MANDIBLE BODY NEC-OPN | 72 |
| 80239 | MULT FX MANDIBLE-OPEN | 72 |
| 8024 | FX MALAR/MAXILLARY-CLOSE | 72 |
| 8025 | FX MALAR/MAXILLARY-OPEN | 72 |
| 8026 | FX ORBITAL FLOOR-CLOSED | 72 |
| 8027 | FX ORBITAL FLOOR-OPEN | 72 |
| 8028 | FX FACIAL BONE NEC-CLOSE | 72 |
| 8029 | FX FACIAL BONE NEC-OPEN | 72 |
| 80300 | CLOSE SKULL FRACTURE NEC | 72 |
| 80301 | CL SKULL FX NEC W/O COMA | 72 |
| 80302 | CL SKULL FX NEC-BRF COMA | 72 |
| 80303 | CL SKULL FX NEC-MOD COMA | 72 |
| 80304 | CL SKL FX NEC-PROLN COMA | 72 |
| 80305 | CL SKUL FX NEC-DEEP COMA | 72 |
| 80306 | CL SKULL FX NEC-COMA NOS | 72 |
| 80309 | CL SKULL FX NEC-CONCUSS | 72 |
| 80310 | CL SKL FX NEC/CEREBR LAC | 72 |
| 80311 | CL SKULL FX NEC W/O COMA | 72 |
| 80312 | CL SKULL FX NEC-BRF COMA | 72 |
| 80313 | CL SKULL FX NEC-MOD COMA | 72 |
| 80314 | CL SKL FX NEC-PROLN COMA | 72 |
| 80315 | CL SKUL FX NEC-DEEP COMA | 72 |
| 80316 | CL SKULL FX NEC-COMA NOS | 72 |
| 80319 | CL SKULL FX NEC-CONCUSS | 72 |
| 80320 | CL SKL FX NEC/MENING HEM | 72 |
| 80321 | CL SKULL FX NEC W/O COMA | 72 |
| 80322 | CL SKULL FX NEC-BRF COMA | 72 |
| 80323 | CL SKULL FX NEC-MOD COMA | 72 |
| 80324 | CL SKL FX NEC-PROLN COMA | 72 |
| 80325 | CL SKUL FX NEC-DEEP COMA | 72 |
| 80326 | CL SKULL FX NEC-COMA NOS | 72 |
| 80329 | CL SKULL FX NEC-CONCUSS | 72 |
| 80330 | CL SKULL FX NEC/HEM NEC | 72 |
| 80331 | CL SKULL FX NEC W/O COMA | 72 |
| 80332 | CL SKULL FX NEC-BRF COMA | 72 |
| 80333 | CL SKULL FX NEC-MOD COMA | 72 |
| 80334 | CL SKL FX NEC-PROLN COMA | 72 |
| 80335 | CL SKUL FX NEC-DEEP COMA | 72 |
| 80336 | CL SKULL FX NEC-COMA NOS | 72 |
| 80339 | CL SKULL FX NEC-CONCUSS | 72 |
| 80340 | CL SKL FX NEC/BR INJ NEC | 72 |
| 80341 | CL SKULL FX NEC W/O COMA | 72 |
| 80342 | CL SKULL FX NEC-BRF COMA | 72 |
| 80343 | CL SKULL FX NEC-MOD COMA | 72 |
| 80344 | CL SKL FX NEC-PROLN COMA | 72 |
| 80345 | CL SKUL FX NEC-DEEP COMA | 72 |
| 80346 | CL SKULL FX NEC-COMA NOS | 72 |
| 80349 | CL SKULL FX NEC-CONCUSS | 72 |
| 80350 | OPEN SKULL FRACTURE NEC | 72 |
| 80351 | OPN SKUL FX NEC W/O COMA | 72 |
| 80352 | OPN SKUL FX NEC-BRF COMA | 72 |
| 80353 | OPN SKUL FX NEC-MOD COMA | 72 |
| 80354 | OPN SKL FX NEC-PROL COMA | 72 |
| 80355 | OPN SKL FX NEC-DEEP COMA | 72 |
| 80356 | OPN SKUL FX NEC-COMA NOS | 72 |
| 80359 | OPN SKULL FX NEC-CONCUSS | 72 |
| 80360 | OPN SKL FX NEC/CEREB LAC | 72 |
| 80361 | OPN SKUL FX NEC W/O COMA | 72 |
| 80362 | OPN SKUL FX NEC-BRF COMA | 72 |
| 80363 | OPN SKUL FX NEC-MOD COMA | 72 |
| 80364 | OPN SKL FX NEC-PROLN COM | 72 |
| 80365 | OPN SKL FX NEC-DEEP COMA | 72 |
| 80366 | OPN SKUL FX NEC-COMA NOS | 72 |
| 80369 | OPN SKULL FX NEC-CONCUSS | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 80370 | OPN SKL FX NEC/MENIN HEM | 72 |
| 80371 | OPN SKUL FX NEC W/O COMA | 72 |
| 80372 | OPN SKUL FX NEC-BRF COMA | 72 |
| 80373 | OPN SKUL FX NEC-MOD COMA | 72 |
| 80374 | OPN SKL FX NEC-PROL COMA | 72 |
| 80375 | OPN SKL FX NEC-DEEP COMA | 72 |
| 80376 | OPN SKUL FX NEC-COMA NOS | 72 |
| 80379 | OPN SKULL FX NEC-CONCUSS | 72 |
| 80380 | OPN SKULL FX NEC/HEM NEC | 72 |
| 80381 | OPN SKUL FX NEC W/O COMA | 72 |
| 80382 | OPN SKUL FX NEC-BRF COMA | 72 |
| 80383 | OPN SKUL FX NEC-MOD COMA | 72 |
| 80384 | OPN SKL FX NEC-PROL COMA | 72 |
| 80385 | OPN SKL FX NEC-DEEP COMA | 72 |
| 80386 | OPN SKUL FX NEC-COMA NOS | 72 |
| 80389 | OPN SKULL FX NEC-CONCUSS | 72 |
| 80390 | OP SKL FX NEC/BR INJ NEC | 72 |
| 80391 | OPN SKUL FX NEC W/O COMA | 72 |
| 80392 | OPN SKUL FX NEC-BRF COMA | 72 |
| 80393 | OPN SKUL FX NEC-MOD COMA | 72 |
| 80394 | OPN SKL FX NEC-PROL COMA | 72 |
| 80395 | OPN SKL FX NEC-DEEP COMA | 72 |
| 80396 | OPN SKUL FX NEC-COMA NOS | 72 |
| 80399 | OPN SKULL FX NEC-CONCUSS | 72 |
| 80400 | CL SKUL FX W OTH BONE FX | 72 |
| 80401 | CL SKL W OTH FX W/O COMA | 72 |
| 80402 | CL SKL W OTH FX-BRF COMA | 72 |
| 80403 | CL SKL W OTH FX-MOD COMA | 72 |
| 80404 | CL SKL/OTH FX-PROLN COMA | 72 |
| 80405 | CL SKUL/OTH FX-DEEP COMA | 72 |
| 80406 | CL SKL W OTH FX-COMA NOS | 72 |
| 80409 | CL SKUL W OTH FX-CONCUSS | 72 |
| 80410 | CL SK W OTH FX/CEREB LAC | 72 |
| 80411 | CL SKL W OTH FX W/O COMA | 72 |
| 80412 | CL SKL W OTH FX-BRF COMA | 72 |
| 80413 | CL SKL W OTH FX-MOD COMA | 72 |
| 80414 | CL SKL/OTH FX-PROLN COMA | 72 |
| 80415 | CL SKUL/OTH FX-DEEP COMA | 72 |
| 80416 | CL SKL W OTH FX-COMA NOS | 72 |
| 80419 | CL SKUL W OTH FX-CONCUSS | 72 |
| 80420 | CL SKL/OTH FX/MENING HEM | 72 |
| 80421 | CL SKL W OTH FX W/O COMA | 72 |
| 80422 | CL SKL W OTH FX-BRF COMA | 72 |
| 80423 | CL SKL W OTH FX-MOD COMA | 72 |
| 80424 | CL SKL/OTH FX-PROLN COMA | 72 |
| 80425 | CL SKUL/OTH FX-DEEP COMA | 72 |
| 80426 | CL SKL W OTH FX-COMA NOS | 72 |
| 80429 | CL SKUL W OTH FX-CONCUSS | 72 |
| 80430 | CL SKUL W OTH FX/HEM NEC | 72 |
| 80431 | CL SKL W OTH FX W/O COMA | 72 |
| 80432 | CL SKL W OTH FX-BRF COMA | 72 |
| 80433 | CL SKL W OTH FX-MOD COMA | 72 |
| 80434 | CL SKL/OTH FX-PROLN COMA | 72 |
| 80435 | CL SKUL/OTH FX-DEEP COMA | 72 |
| 80436 | CL SKL W OTH FX-COMA NOS | 72 |
| 80439 | CL SKUL W OTH FX-CONCUSS | 72 |
| 80440 | CL SKL/OTH FX/BR INJ NEC | 72 |
| 80441 | CL SKL W OTH FX W/O COMA | 72 |
| 80442 | CL SKL W OTH FX-BRF COMA | 72 |
| 80443 | CL SKL W OTH FX-MOD COMA | 72 |
| 80444 | CL SKL/OTH FX-PROLN COMA | 72 |
| 80445 | CL SKUL/OTH FX-DEEP COMA | 72 |
| 80446 | CL SKL W OTH FX-COMA NOS | 72 |
| 80449 | CL SKUL W OTH FX-CONCUSS | 72 |
| 80450 | OPN SKULL FX/OTH BONE FX | 72 |
| 80451 | OPN SKUL/OTH FX W/O COMA | 72 |
| 80452 | OPN SKUL/OTH FX-BRF COMA | 72 |
| 80453 | OPN SKUL/OTH FX-MOD COMA | 72 |
| 80454 | OPN SKL/OTH FX-PROL COMA | 72 |
| 80455 | OPN SKL/OTH FX-DEEP COMA | 72 |
| 80456 | OPN SKUL/OTH FX-COMA NOS | 72 |
| 80459 | OPN SKULL/OTH FX-CONCUSS | 72 |
| 80460 | OPN SKL/OTH FX/CEREB LAC | 72 |
| 80461 | OPN SKUL/OTH FX W/O COMA | 72 |
| 80462 | OPN SKUL/OTH FX-BRF COMA | 72 |
| 80463 | OPN SKUL/OTH FX-MOD COMA | 72 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 80464 | OPN SKL/OTH FX-PROL COMA | 72 |
| 80465 | OPN SKL/OTH FX-DEEP COMA | 72 |
| 80466 | OPN SKUL/OTH FX-COMA NOS | 72 |
| 80469 | OPN SKULL/OTH FX-CONCUSS | 72 |
| 80470 | OPN SKL/OTH FX/MENIN HEM | 72 |
| 80471 | OPN SKUL/OTH FX W/O COMA | 72 |
| 80472 | OPN SKUL/OTH FX-BRF COMA | 72 |
| 80473 | OPN SKUL/OTH FX-MOD COMA | 72 |
| 80474 | OPN SKL/OTH FX-PROL COMA | 72 |
| 80475 | OPN SKL/OTH FX-DEEP COMA | 72 |
| 80476 | OPN SKUL/OTH FX-COMA NOS | 72 |
| 80479 | OPN SKULL/OTH FX-CONCUSS | 72 |
| 80480 | OPN SKL W OTH FX/HEM NEC | 72 |
| 80481 | OPN SKUL/OTH FX W/O COMA | 72 |
| 80482 | OPN SKUL/OTH FX-BRF COMA | 72 |
| 80483 | OPN SKUL/OTH FX-MOD COMA | 72 |
| 80484 | OPN SKL/OTH FX-PROL COMA | 72 |
| 80485 | OPN SKL/OTH FX-DEEP COMA | 72 |
| 80486 | OPN SKUL/OTH FX-COMA NOS | 72 |
| 80489 | OPN SKULL/OTH FX-CONCUSS | 72 |
| 80490 | OP SKL/OTH FX/BR INJ NEC | 72 |
| 80491 | OPN SKUL/OTH FX W/O COMA | 72 |
| 80492 | OPN SKUL/OTH FX-BRF COMA | 72 |
| 80493 | OPN SKUL/OTH FX-MOD COMA | 72 |
| 80494 | OPN SKL/OTH FX-PROL COMA | 72 |
| 80495 | OPN SKL/OTH FX-DEEP COMA | 72 |
| 80496 | OPN SKUL/OTH FX-COMA NOS | 72 |
| 80499 | OPN SKULL/OTH FX-CONCUSS | 72 |
| 80500 | FX CERVICAL VERT NOS-CL | 72 |
| 80501 | FX C1 VERTEBRA-CLOSED | 72 |
| 80502 | FX C2 VERTEBRA-CLOSED | 72 |
| 80503 | FX C3 VERTEBRA-CLOSED | 72 |
| 80504 | FX C4 VERTEBRA-CLOSED | 72 |
| 80505 | FX C5 VERTEBRA-CLOSED | 72 |
| 80506 | FX C6 VERTEBRA-CLOSED | 72 |
| 80507 | FX C7 VERTEBRA-CLOSED | 72 |
| 80508 | FX MULT CERVICAL VERT-CL | 72 |
| 80510 | FX CERVICAL VERT NOS-OPN | 72 |
| 80511 | FX C1 VERTEBRA-OPEN | 72 |
| 80512 | FX C2 VERTEBRA-OPEN | 72 |
| 80513 | FX C3 VERTEBRA-OPEN | 72 |
| 80514 | FX C4 VERTEBRA-OPEN | 72 |
| 80515 | FX C5 VERTEBRA-OPEN | 72 |
| 80516 | FX C6 VERTEBRA-OPEN | 72 |
| 80517 | FX C7 VERTEBRA-OPEN | 72 |
| 80518 | FX MLT CERVICAL VERT-OPN | 72 |
| 8052 | FX DORSAL VERTEBRA-CLOSE | 72 |
| 8053 | FX DORSAL VERTEBRA-OPEN | 72 |
| 8054 | FX LUMBAR VERTEBRA-CLOSE | 72 |
| 8055 | FX LUMBAR VERTEBRA-OPEN | 72 |
| 8056 | FX SACRUM/COCCYX-CLOSED | 24 |
| 8057 | FX SACRUM/COCCYX-OPEN | 24 |
| 8058 | VERTEBRAL FX NOS-CLOSED | 72 |
| 8059 | VERTEBRAL FX NOS-OPEN | 72 |
| 80600 | C1-C4 FX-CL/CORD INJ NOS | 72 |
| 80601 | C1-C4 FX-CL/COM CORD LES | 72 |
| 80602 | C1-C4 FX-CL/ANT CORD SYN | 72 |
| 80603 | C1-C4 FX-CL/CEN CORD SYN | 72 |
| 80604 | C1-C4 FX-CL/CORD INJ NEC | 72 |
| 80605 | C5-C7 FX-CL/CORD INJ NOS | 72 |
| 80606 | C5-C7 FX-CL/COM CORD LES | 72 |
| 80607 | C5-C7 FX-CL/ANT CORD SYN | 72 |
| 80608 | C5-C7 FX-CL/CEN CORD SYN | 72 |
| 80609 | C5-C7 FX-CL/CORD INJ NEC | 72 |
| 80610 | C1-C4 FX-OP/CORD INJ NOS | 72 |
| 80611 | C1-C4 FX-OP/COM CORD LES | 72 |
| 80612 | C1-C4 FX-OP/ANT CORD SYN | 72 |
| 80613 | C1-C4 FX-OP/CEN CORD SYN | 72 |
| 80614 | C1-C4 FX-OP/CORD INJ NEC | 72 |
| 0615 | C5-C7 FX-OP/CORD INJ NOS | 72 |
| 80616 | C5-C7 FX-OP/COM CORD LES | 72 |
| 80617 | C5-C7 FX-OP/ANT CORD SYN | 72 |
| 80618 | C5-C7 FX-OP/CEN CORD SYN | 72 |
| 80619 | C5-C7 FX-OP/CORD INJ NEC | 72 |
| 80620 | T1-T6 FX-CL/CORD INJ NOS | 72 |
| 80621 | T1-T6 FX-CL/COM CORD LES | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 80622 | T1-T6 FX-CL/ANT CORD SYN | 72 |
| 80623 | T1-T6 FX-CL/CEN CORD SYN | 72 |
| 80624 | T1-T6 FX-CL/CORD INJ NEC | 72 |
| 80625 | T7-T12 FX-CL/CRD INJ NOS | 72 |
| 80626 | T7-T12 FX-CL/COM CRD LES | 72 |
| 80627 | T7-T12 FX-CL/ANT CRD SYN | 72 |
| 80628 | T7-T12 FX-CL/CEN CRD SYN | 72 |
| 80629 | T7-T12 FX-CL/CRD INJ NEC | 72 |
| 80630 | T1-T6 FX-OP/CORD INJ NOS | 72 |
| 80631 | T1-T6 FX-OP/COM CORD LES | 72 |
| 80632 | T1-T6 FX-OP/ANT CORD SYN | 72 |
| 80633 | T1-T6 FX-OP/CEN CORD SYN | 72 |
| 80634 | T1-T6 FX-OP/CORD INJ NEC | 72 |
| 80635 | T7-T12 FX-OP/CRD INJ NOS | 72 |
| 80636 | T7-T12 FX-OP/COM CRD LES | 72 |
| 80637 | T7-T12 FX-OP/ANT CRD SYN | 72 |
| 80638 | T7-T12 FX-OP/CEN CRD SYN | 72 |
| 80639 | T7-T12 FX-OP/CRD INJ NEC | 72 |
| 8064 | CL LUMBAR FX W CORD INJ | 72 |
| 8065 | OPN LUMBAR FX W CORD INJ | 72 |
| 80660 | FX SACRUM-CL/CRD INJ NOS | 72 |
| 80661 | FX SACR-CL/CAUDA EQU LES | 72 |
| 80662 | FX SACR-CL/CAUDA INJ NEC | 72 |
| 80669 | FX SACRUM-CL/CRD INJ NEC | 72 |
| 80670 | FX SACRUM-OP/CRD INJ NOS | 72 |
| 80671 | FX SACR-OP/CAUDA EQU LES | 72 |
| 80672 | FX SACR-OP/CAUDA INJ NEC | 72 |
| 80679 | FX SACRUM-OP/CRD INJ NEC | 72 |
| 8068 | VERT FX NOS-CL W CRD INJ | 72 |
| 8069 | VERT FX NOS-OP W CRD INJ | 72 |
| 80700 | FRACTURE RIB NOS-CLOSED | 72 |
| 80701 | FRACTURE ONE RIB-CLOSED | 72 |
| 80702 | FRACTURE TWO RIBS-CLOSED | 72 |
| 80703 | FRACTURE THREE RIBS-CLOS | 72 |
| 80704 | FRACTURE FOUR RIBS-CLOSE | 72 |
| 80705 | FRACTURE FIVE RIBS-CLOSE | 72 |
| 80706 | FRACTURE SIX RIBS-CLOSED | 72 |
| 80707 | FRACTURE SEVEN RIBS-CLOS | 72 |
| 80708 | FX EIGHT/MORE RIB-CLOSED | 72 |
| 80709 | FX MULT RIBS NOS-CLOSED | 72 |
| 80710 | FRACTURE RIB NOS-OPEN | 72 |
| 80711 | FRACTURE ONE RIB-OPEN | 72 |
| 80712 | FRACTURE TWO RIBS-OPEN | 72 |
| 80713 | FRACTURE THREE RIBS-OPEN | 72 |
| 80714 | FRACTURE FOUR RIBS-OPEN | 72 |
| 80715 | FRACTURE FIVE RIBS-OPEN | 72 |
| 80716 | FRACTURE SIX RIBS-OPEN | 72 |
| 80717 | FRACTURE SEVEN RIBS-OPEN | 72 |
| 80718 | FX EIGHT/MORE RIBS-OPEN | 72 |
| 80719 | FX MULT RIBS NOS-OPEN | 72 |
| 8072 | FRACTURE OF STERNUM-CLOS | 72 |
| 8073 | FRACTURE OF STERNUM-OPEN | 72 |
| 8074 | FLAIL CHEST | 72 |
| 8075 | FX LARYNX/TRACHEA-CLOSED | 72 |
| 8076 | FX LARYNX/TRACHEA-OPEN | 72 |
| 8080 | FRACTURE ACETABULUM-CLOS | 72 |
| 8081 | FRACTURE ACETABULUM-OPEN | 72 |
| 8082 | FRACTURE OF PUBIS-CLOSED | 72 |
| 8083 | FRACTURE OF PUBIS-OPEN | 72 |
| 80841 | FRACTURE OF ILIUM-CLOSED | 72 |
| 80842 | FRACTURE ISCHIUM-CLOSED | 72 |
| 80843 | PELV FX-CLOS/PELV DISRUP | 72 |
| 80849 | PELVIC FRACTURE NEC-CLOS | 72 |
| 80851 | FRACTURE OF ILIUM-OPEN | 72 |
| 80852 | FRACTURE OF ISCHIUM-OPEN | 72 |
| 80853 | PELV FX-OPEN/PELV DISRUP | 72 |
| 80859 | PELVIC FRACTURE NEC-OPEN | 72 |
| 8088 | PELVIC FRACTURE NOS-CLOS | 72 |
| 8089 | PELVIC FRACTURE NOS-OPEN | 72 |
| 8090 | FRACTURE TRUNK BONE-CLOS | 72 |
| 8091 | FRACTURE TRUNK BONE-OPEN | 72 |
| 81000 | FX CLAVICLE NOS-CLOSED | 72 |
| 81001 | FX CLAVICL, STERN END-CL | 72 |
| 81002 | FX CLAVICLE SHAFT-CLOSED | 72 |
| 81003 | FX CLAVICL, ACROM END-CL | 72 |
| 81010 | FX CLAVICLE NOS-OPEN | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 81011 | FX CLAVIC, STERN END-OPN | 72 |
| 81012 | FX CLAVICLE SHAFT-OPEN | 72 |
| 81013 | FX CLAVIC, ACROM END-OPN | 72 |
| 81100 | FX SCAPULA NOS-CLOSED | 72 |
| 81101 | FX SCAPUL, ACROM PROC-CL | 72 |
| 81102 | FX SCAPUL, CORAC PROC-CL | 72 |
| 81103 | FX SCAP, GLEN CAV/NCK-CL | 72 |
| 81109 | FX SCAPULA NEC-CLOSED | 72 |
| 81110 | FX SCAPULA NOS-OPEN | 72 |
| 81111 | FX SCAPUL, ACROM PROC-OP | 72 |
| 81112 | FX SCAPUL, CORAC PROC-OP | 72 |
| 81113 | FX SCAP, GLEN CAV/NCK-OP | 72 |
| 81119 | FX SCAPULA NEC-OPEN | 72 |
| 81200 | FX UP END HUMERUS NOS-CL | 72 |
| 81201 | FX SURG NCK HUMERUS-CLOS | 72 |
| 81202 | FX ANATOM NCK HUMERUS-CL | 72 |
| 81203 | FX GR TUBEROS HUMERUS-CL | 72 |
| 81209 | FX UPPER HUMERUS NEC-CL | 72 |
| 81210 | FX UPPER HUMERUS NOS-OPN | 72 |
| 81211 | FX SURG NECK HUMERUS-OPN | 72 |
| 81212 | FX ANAT NECK HUMERUS-OPN | 72 |
| 81213 | FX GR TUBEROS HUMER-OPEN | 72 |
| 81219 | FX UPPER HUMERUS NEC-OPN | 72 |
| 81220 | FX HUMERUS NOS-CLOSED | 72 |
| 81221 | FX HUMERUS SHAFT-CLOSED | 72 |
| 81230 | FX HUMERUS NOS-OPEN | 72 |
| 81231 | FX HUMERUS SHAFT-OPEN | 72 |
| 81240 | FX LOWER HUMERUS NOS-CL | 72 |
| 81241 | SUPRCONDYL FX HUMERUS-CL | 72 |
| 81242 | FX HUMER, LAT CONDYL-CL | 72 |
| 81243 | FX HUMER, MED CONDYL-CL | 72 |
| 81244 | FX HUMER, CONDYL NOS-CL | 72 |
| 81249 | FX LOWER HUMERUS NEC-CL | 72 |
| 81250 | FX LOWER HUMER NOS-OPEN | 72 |
| 81251 | SUPRACONDYL FX HUMER-OPN | 72 |
| 81252 | FX HUMER, LAT CONDYL-OPN | 72 |
| 81253 | FX HUMER, MED CONDYL-OPN | 72 |
| 81254 | FX HUMER, CONDYL NOS-OPN | 72 |
| 81259 | FX LOWER HUMER NEC-OPEN | 72 |
| 81300 | FX UPPER FOREARM NOS-CL | 72 |
| 81301 | FX OLECRAN PROC ULNA-CL | 72 |
| 81302 | FX CORONOID PROC ULNA-CL | 72 |
| 81303 | MONTEGGIA'S FX-CLOSED | 72 |
| 81304 | FX UPPER ULNA NEC/NOS-CL | 72 |
| 81305 | FX RADIUS HEAD-CLOSED | 72 |
| 81306 | FX RADIUS NECK-CLOSED | 72 |
| 81307 | FX UP RADIUS NEC/NOS-CL | 72 |
| 81308 | FX UP RADIUS W ULNA-CLOS | 72 |
| 81310 | FX UPPER FOREARM NOS-OPN | 72 |
| 81311 | FX OLECRAN PROC ULNA-OPN | 72 |
| 81312 | FX CORONOID PRO ULNA-OPN | 72 |
| 81313 | MONTEGGIA'S FX-OPEN | 72 |
| 81314 | FX UP ULNA NEC/NOS-OPEN | 72 |
| 81315 | FX RADIUS HEAD-OPEN | 72 |
| 81316 | FX RADIUS NECK-OPEN | 72 |
| 81317 | FX UP RADIUS NEC/NOS-OPN | 72 |
| 81318 | FX UP RADIUS W ULNA-OPEN | 72 |
| 81320 | FX SHAFT FOREARM NOS-CL | 72 |
| 81321 | FX RADIUS SHAFT-CLOSED | 72 |
| 81322 | FX ULNA SHAFT-CLOSED | 72 |
| 81323 | FX SHAFT RAD W ULNA-CLOS | 72 |
| 81330 | FX SHAFT FOREARM NOS-OPN | 72 |
| 81331 | FX RADIUS SHAFT-OPEN | 72 |
| 81332 | FX ULNA SHAFT-OPEN | 72 |
| 81333 | FX SHAFT RAD W ULNA-OPEN | 72 |
| 81340 | FX LOWER FOREARM NOS-CL | 72 |
| 81341 | COLLES' FRACTURE-CLOSED | 72 |
| 81342 | FX DISTAL RADIUS NEC-CL | 72 |
| 81343 | FX DISTAL ULNA-CLOSED | 72 |
| 81344 | FX LOW RADIUS W ULNA-CL | 72 |
| 81350 | FX LOWER FOREARM NOS-OPN | 72 |
| 81351 | COLLES' FRACTURE-OPEN | 72 |
| 81352 | FX DISTAL RADIUS NEC-OPN | 72 |
| 81353 | FX DISTAL ULNA-OPEN | 72 |
| 81354 | FX LOW RADIUS W ULNA-OPN | 72 |
| 81380 | FX FOREARM NOS-CLOSED | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 81381 | FX RADIUS NOS-CLOSED | 72 |
| 81382 | FRACTURE ULNA NOS-CLOSED | 72 |
| 81383 | FX RADIUS W ULNA NOS-CL | 72 |
| 81390 | FX FOREARM NOS-OPEN | 72 |
| 81391 | FRACTURE RADIUS NOS-OPEN | 72 |
| 81392 | FRACTURE ULNA NOS-OPEN | 72 |
| 81393 | FX RADIUS W ULNA NOS-OPN | 72 |
| 81400 | FX CARPAL BONE NOS-CLOSE | 72 |
| 81401 | FX NAVICULAR, WRIST-CLOS | 72 |
| 81402 | FX LUNATE, WRIST-CLOSED | 72 |
| 81403 | FX TRIQUETRAL, WRIST-CL | 72 |
| 81404 | FX PISIFORM-CLOSED | 72 |
| 81405 | FX TRAPEZIUM BONE-CLOSED | 72 |
| 81406 | FX TRAPEZOID BONE-CLOSED | 72 |
| 81407 | FX CAPITATE BONE-CLOSED | 72 |
| 81408 | FX HAMATE BONE-CLOSED | 72 |
| 81409 | FX CARPAL BONE NEC-CLOSE | 72 |
| 81410 | FX CARPAL BONE NOS-OPEN | 72 |
| 81411 | FX NAVICULAR, WRIST-OPEN | 72 |
| 81412 | FX LUNATE, WRIST-OPEN | 72 |
| 81413 | FX TRIQUETRAL, WRIST-OPN | 72 |
| 81414 | FX PISIFORM-OPEN | 72 |
| 81415 | FX TRAPEZIUM BONE-OPEN | 72 |
| 81416 | FX TRAPEZOID BONE-OPEN | 72 |
| 81417 | FX CAPITATE BONE-OPEN | 72 |
| 81418 | FX HAMATE BONE-OPEN | 72 |
| 81419 | FX CARPAL BONE NEC-OPEN | 72 |
| 81500 | FX METACARPAL NOS-CLOSED | 72 |
| 81501 | FX 1ST METACARP BASE-CL | 72 |
| 81502 | FX METACARP BASE NEC-CL | 72 |
| 81503 | FX METACARPAL SHAFT-CLOS | 72 |
| 81504 | FX METACARPAL NECK-CLOSE | 72 |
| 81509 | MULT FX METACARPUS-CLOSE | 72 |
| 81510 | FX METACARPAL NOS-OPEN | 72 |
| 81511 | FX 1ST METACARP BASE-OPN | 72 |
| 81512 | FX METACARP BASE NEC-OPN | 72 |
| 81513 | FX METACARPAL SHAFT-OPEN | 72 |
| 81514 | FX METACARPAL NECK-OPEN | 72 |
| 81519 | MULT FX METACARPUS-OPEN | 72 |
| 81600 | FX PHALANX, HAND NOS-CL | 72 |
| 81601 | FX MID/PRX PHAL, HAND-CL | 72 |
| 81602 | FX DIST PHALANX, HAND-CL | 72 |
| 81603 | FX MULT PHALAN, HAND-CL | 72 |
| 81610 | FX PHALANX, HAND NOS-OPN | 72 |
| 81611 | FX MID/PRX PHAL, HAND-OP | 72 |
| 81612 | FX DISTAL PHAL, HAND-OPN | 72 |
| 81613 | FX MULT PHALAN, HAND-OPN | 72 |
| 8170 | MULTIPLE FX HAND-CLOSED | 72 |
| 8171 | MULTIPLE FX HAND-OPEN | 72 |
| 8180 | FX ARM MULT/NOS-CLOSED | 72 |
| 8181 | FX ARM MULT/NOS-OPEN | 72 |
| 8190 | FX ARMS W RIB/STERNUM-CL | 72 |
| 8191 | FX ARMS W RIB/STERN-OPEN | 72 |
| 82000 | FX FEMUR INTRCAPS NOS-CL | 72 |
| 82001 | FX UP FEMUR EPIPHY-CLOS | 72 |
| 82002 | FX FEMUR, MIDCERVIC-CLOS | 72 |
| 82003 | FX BASE FEMORAL NCK-CLOS | 72 |
| 82009 | FX FEMUR INTRCAPS NEC-CL | 72 |
| 82010 | FX FEMUR INTRCAP NOS-OPN | 72 |
| 82011 | FX UP FEMUR EPIPHY-OPEN | 72 |
| 82012 | FX FEMUR, MIDCERVIC-OPEN | 72 |
| 82013 | FX BASE FEMORAL NCK-OPEN | 72 |
| 82019 | FX FEMUR INTRCAP NEC-OPN | 72 |
| 82020 | TROCHANTERIC FX NOS-CLOS | 72 |
| 82021 | INTERTROCHANTERIC FX-CL | 72 |
| 82022 | SUBTROCHANTERIC FX-CLOSE | 72 |
| 82030 | TROCHANTERIC FX NOS-OPEN | 72 |
| 82031 | INTERTROCHANTERIC FX-OPN | 72 |
| 82032 | SUBTROCHANTERIC FX-OPEN | 72 |
| 8208 | FX NECK OF FEMUR NOS-CL | 72 |
| 8209 | FX NECK OF FEMUR NOS-OPN | 72 |
| 82100 | FX FEMUR NOS-CLOSED | 72 |
| 82101 | FX FEMUR SHAFT-CLOSED | 72 |
| 82110 | FX FEMUR NOS-OPEN | 72 |
| 82111 | FX FEMUR SHAFT-OPEN | 72 |
| 82120 | FX LOW END FEMUR NOS-CL | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 82121 | FX FEMORAL CONDYLE-CLOSE | 72 |
| 82122 | FX LOW FEMUR EPIPHY-CLOS | 72 |
| 82123 | SUPRACONDYL FX FEMUR-CL | 72 |
| 82129 | FX LOW END FEMUR NEC-CL | 72 |
| 82130 | FX LOW END FEMUR NOS-OPN | 72 |
| 82131 | FX FEMORAL CONDYLE-OPEN | 72 |
| 82132 | FX LOW FEMUR EPIPHY-OPEN | 72 |
| 82133 | SUPRACONDYL FX FEMUR-OPN | 72 |
| 82139 | FX LOW END FEMUR NEC-OPN | 72 |
| 8220 | FRACTURE PATELLA-CLOSED | 72 |
| 8221 | FRACTURE PATELLA-OPEN | 72 |
| 82300 | FX UPPER END TIBIA-CLOSE | 72 |
| 82301 | FX UPPER END FIBULA-CLOS | 72 |
| 82302 | FX UP TIBIA W FIBULA-CL | 72 |
| 82310 | FX UPPER END TIBIA-OPEN | 72 |
| 82311 | FX UPPER END FIBULA-OPEN | 72 |
| 82312 | FX UP TIBIA W FIBULA-OPN | 72 |
| 82320 | FX SHAFT TIBIA-CLOSED | 72 |
| 82321 | FX SHAFT FIBULA-CLOSED | 72 |
| 82322 | FX SHAFT FIB W TIB-CLOS | 72 |
| 82330 | FX TIBIA SHAFT-OPEN | 72 |
| 82331 | FX FIBULA SHAFT-OPEN | 72 |
| 82332 | FX SHAFT TIBIA W FIB-OPN | 72 |
| 82380 | FX TIBIA NOS-CLOSED | 72 |
| 82381 | FX FIBULA NOS-CLOSED | 72 |
| 82382 | FX TIBIA W FIBULA NOS-CL | 72 |
| 82390 | FX TIBIA NOS-OPEN | 72 |
| 82391 | FX FIBULA NOS-OPEN | 72 |
| 82392 | FX TIBIA W FIB NOS-OPEN | 72 |
| 8240 | FX MEDIAL MALLEOLUS-CLOS | 72 |
| 8241 | FX MEDIAL MALLEOLUS-OPEN | 72 |
| 8242 | FX LATERAL MALLEOLUS-CL | 72 |
| 8243 | FX LATERAL MALLEOLUS-OPN | 72 |
| 8244 | FX BIMALLEOLAR-CLOSED | 72 |
| 8245 | FX BIMALLEOLAR-OPEN | 72 |
| 8246 | FX TRIMALLEOLAR-CLOSED | 72 |
| 8247 | FX TRIMALLEOLAR-OPEN | 72 |
| 8248 | FX ANKLE NOS-CLOSED | 72 |
| 8249 | FX ANKLE NOS-OPEN | 72 |
| 8250 | FRACTURE CALCANEUS-CLOSE | 72 |
| 8251 | FRACTURE CALCANEUS-OPEN | 72 |
| 82520 | FX FOOT BONE NOS-CLOSED | 72 |
| 82521 | FX ASTRAGALUS-CLOSED | 72 |
| 82522 | FX NAVICULAR, FOOT-CLOS | 72 |
| 82523 | FX CUBOID-CLOSED | 72 |
| 82524 | FX CUNEIFORM, FOOT-CLOS | 72 |
| 82525 | FX METATARSAL-CLOSED | 72 |
| 82529 | FX FOOT BONE NEC-CLOSED | 72 |
| 82530 | FX FOOT BONE NOS-OPEN | 72 |
| 82531 | FX ASTRAGALUS-OPEN | 72 |
| 82532 | FX NAVICULAR, FOOT-OPEN | 72 |
| 82533 | FX CUBOID-OPEN | 72 |
| 82534 | FX CUNEIFORM, FOOT-OPEN | 72 |
| 82535 | FX METATARSAL-OPEN | 72 |
| 82539 | FX FOOT BONE NEC-OPEN | 72 |
| 8260 | FX PHALANX, FOOT-CLOSED | 72 |
| 8261 | FX PHALANX, FOOT-OPEN | 72 |
| 8270 | FX LOWER LIMB NEC-CLOSED | 72 |
| 8271 | FX LOWER LIMB NEC-OPEN | 72 |
| 8280 | FX LEGS W ARM/RIB-CLOSED | 72 |
| 8281 | FX LEGS W ARM/RIB-OPEN | 72 |
| 8290 | FRACTURE NOS-CLOSED | 72 |
| 8291 | FRACTURE NOS-OPEN | 72 |
| 8300 | DISLOCATION JAW-CLOSED | 72 |
| 8301 | DISLOCATION JAW-OPEN | 72 |
| 83100 | DISLOC SHOULDER NOS-CLOS | 72 |
| 83101 | ANT DISLOC HUMERUS-CLOSE | 72 |
| 83102 | POST DISLOC HUMERUS-CLOS | 72 |
| 83103 | INFER DISLOC HUMERUS-CL | 72 |
| 83104 | DISLOC ACROMIOCLAVIC-CL | 72 |
| 83109 | DISLOC SHOULDER NEC-CLOS | 72 |
| 83110 | DISLOC SHOULDER NOS-OPEN | 72 |
| 83111 | ANT DISLOC HUMERUS-OPEN | 72 |
| 83112 | POST DISLOC HUMERUS-OPEN | 72 |
| 83113 | INFER DISLOC HUMERUS-OPN | 72 |
| 83114 | DISLOC ACROMIOCLAVIC-OPN | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 83119 | DISLOC SHOULDER NEC-OPEN | 72 |
| 83200 | DISLOCAT ELBOW NOS-CLOSE | 72 |
| 83201 | ANT DISLOC ELBOW-CLOSED | 72 |
| 83202 | POST DISLOC ELBOW-CLOSED | 72 |
| 83203 | MED DISLOC ELBOW-CLOSED | 72 |
| 83204 | LAT DISLOC ELBOW-CLOSED | 72 |
| 83209 | DISLOCAT ELBOW NEC-CLOSE | 72 |
| 83210 | DISLOCAT ELBOW NOS-OPEN | 72 |
| 83211 | ANT DISLOC ELBOW-OPEN | 72 |
| 83212 | POST DISLOC ELBOW-OPEN | 72 |
| 83213 | MED DISLOC ELBOW-OPEN | 72 |
| 83214 | LAT DISLOCAT ELBOW-OPEN | 72 |
| 83219 | DISLOCAT ELBOW NEC-OPEN | 72 |
| 83300 | DISLOC WRIST NOS-CLOSED | 72 |
| 83301 | DISLOC DIST RADIOULN-CL | 72 |
| 83302 | DISLOC RADIOCARPAL-CLOS | 72 |
| 83303 | DISLOCA MIDCARPAL-CLOSED | 72 |
| 83304 | DISLOC CARPOMETACARP-CL | 72 |
| 83305 | DISLOC METACARPAL-CLOSED | 72 |
| 83309 | DISLOC WRIST NEC-CLOSED | 72 |
| 83310 | DISLOCAT WRIST NOS-OPEN | 72 |
| 83311 | DISLOC DIST RADIOULN-OPN | 72 |
| 83312 | DISLOC RADIOCARPAL-OPEN | 72 |
| 83313 | DISLOCAT MIDCARPAL-OPEN | 72 |
| 83314 | DISLOC CARPOMETACARP-OPN | 72 |
| 83315 | DISLOCAT METACARPAL-OPEN | 72 |
| 83319 | DISLOCAT WRIST NEC-OPEN | 72 |
| 83400 | DISL FINGER NOS-CLOSED | 72 |
| 83401 | DISLOC METACARPOPHALN-CL | 72 |
| 83402 | DISL INTERPHALN HAND-CL | 72 |
| 83410 | DISLOC FINGER NOS-OPEN | 72 |
| 83411 | DISL METACARPOPHALAN-OPN | 72 |
| 83412 | DISL INTERPHALN HAND-OPN | 72 |
| 83500 | DISLOCAT HIP NOS-CLOSED | 72 |
| 83501 | POSTERIOR DISLOC HIP-CL | 72 |
| 83502 | OBTURATOR DISLOC HIP-CL | 72 |
| 83503 | ANT DISLOC HIP NEC-CLOS | 72 |
| 83510 | DISLOCATION HIP NOS-OPEN | 72 |
| 83511 | POSTERIOR DISLOC HIP-OPN | 72 |
| 83512 | OBTURATOR DISLOC HIP-OPN | 72 |
| 83513 | ANT DISLOC HIP NEC-OPEN | 72 |
| 8360 | TEAR MED MENISC KNEE-CUR | 72 |
| 8361 | TEAR LAT MENISC KNEE-CUR | 72 |
| 8362 | TEAR MENISCUS NEC-CURREN | 72 |
| 8363 | DISLOCAT PATELLA-CLOSED | 72 |
| 8364 | DISLOCATION PATELLA-OPEN | 72 |
| 83650 | DISLOCAT KNEE NOS-CLOSED | 72 |
| 83651 | ANT DISLOC PROX TIBIA-CL | 72 |
| 83652 | POST DISL PROX TIBIA-CL | 72 |
| 83653 | MED DISLOC PROX TIBIA-CL | 72 |
| 83654 | LAT DISLOC PROX TIBIA-CL | 72 |
| 83659 | DISLOCAT KNEE NEC-CLOSED | 72 |
| 83660 | DISLOCAT KNEE NOS-OPEN | 72 |
| 83661 | ANT DISL PROX TIBIA-OPEN | 72 |
| 83662 | POST DISL PROX TIBIA-OPN | 72 |
| 83663 | MED DISL PROX TIBIA-OPEN | 72 |
| 83664 | LAT DISL PROX TIBIA-OPEN | 72 |
| 83669 | DISLOCAT KNEE NEC-OPEN | 72 |
| 8370 | DISLOCATION ANKLE-CLOSED | 72 |
| 8371 | DISLOCATION ANKLE-OPEN | 72 |
| 83800 | DISLOCAT FOOT NOS-CLOSED | 72 |
| 83801 | DISLOC TARSAL NOS-CLOSED | 72 |
| 83802 | DISLOC MIDTARSAL-CLOSED | 72 |
| 83803 | DISLOC TARSOMETATARS-CL | 72 |
| 83804 | DISLOC METATARSAL NOS-CL | 72 |
| 83805 | DISL METATARSOPHALANG-CL | 72 |
| 83806 | DISL INTERPHALAN FOOT-CL | 72 |
| 83809 | DISLOCAT FOOT NEC-CLOSED | 72 |
| 83810 | DISLOCAT FOOT NOS-OPEN | 72 |
| 83811 | DISLOC TARSAL NOS-OPEN | 72 |
| 83812 | DISLOC MIDTARSAL-OPEN | 72 |
| 83813 | DISL TARSOMETATARSAL-OPN | 72 |
| 83814 | DISL METATARSAL NOS-OPEN | 72 |
| 83815 | DISLOC METATARSOPHAL-OPN | 72 |
| 83816 | DIS INTERPHALAN FOOT-OPN | 72 |
| 83819 | DISLOCAT FOOT NEC-OPEN | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 83900 | DISLOC CERV VERT NOS-CL | 72 |
| 83901 | DISLOC 1ST CERV VERT-CL | 72 |
| 83902 | DISLOC 2ND CERV VERT-CL | 72 |
| 83903 | DISLOC 3RD CERV VERT-CL | 72 |
| 83904 | DISLOC 4TH CERV VERT-CL | 72 |
| 83905 | DISLOC 5TH CERV VERT-CL | 72 |
| 83906 | DISLOC 6TH CERV VERT-CL | 72 |
| 83907 | DISLOC 7TH CERV VERT-CL | 72 |
| 83908 | DISLOC MULT CERV VERT-CL | 72 |
| 83910 | DISLOC CERV VERT NOS-OPN | 72 |
| 83911 | DISLOC LST CERV VERT-OPN | 72 |
| 83912 | DISLOC 2ND CERV VERT-OPN | 72 |
| 83913 | DISLOC 3RD CERV VERT-OPN | 72 |
| 83914 | DISLOC 4TH CERV VERT-OPN | 72 |
| 83915 | DISLOC 5TH CERV VERT-OPN | 72 |
| 83916 | DISLOC 6TH CERV VERT-OPN | 72 |
| 83917 | DISLOC 7TH CERV VERT-OPN | 72 |
| 83918 | DISLOC MLT CERV VERT-OPN | 72 |
| 83920 | DISLOCAT LUMBAR VERT-CL | 72 |
| 83921 | DISLOC THORACIC VERT-CL | 72 |
| 83930 | DISLOCAT LUMBAR VERT-OPN | 72 |
| 83931 | DISLOC THORACIC VERT-OPN | 72 |
| 83940 | DISLOCAT VERTEBRA NOS-CL | 72 |
| 83941 | DISLOCAT COCCYX-CLOSED | 72 |
| 83942 | DISLOCAT SACRUM-CLOSED | 72 |
| 83949 | DISLOCAT VERTEBRA NEC-CL | 72 |
| 83950 | DISLOC VERTEBRA NOS-OPEN | 72 |
| 83951 | DISLOCAT COCCYX-OPEN | 72 |
| 83952 | DISLOCAT SACRUM-OPEN | 72 |
| 83959 | DISLOC VERTEBRA NEC-OPEN | 72 |
| 83961 | DISLOCAT STERNUM-CLOSED | 72 |
| 83969 | DISLOCAT SITE NEC-CLOSED | 72 |
| 83971 | DISLOCATION STERNUM-OPEN | 72 |
| 83979 | DISLOCAT SITE NEC-OPEN | 72 |
| 8398 | DISLOCATION NEC-CLOSED | 72 |
| 8399 | DISLOCATION NEC-OPEN | 72 |
| 8400 | SPRAIN ACROMIOCLAVICULAR | 72 |
| 8401 | SPRAIN CORACOCLAVICULAR | 72 |
| 8402 | SPRAIN CORACOHUMERAL | 72 |
| 8403 | SPRAIN INFRASPINATUS | 72 |
| 8404 | SPRAIN ROTATOR CUFF | 72 |
| 8405 | SPRAIN SUBSCAPULARIS | 72 |
| 8406 | SPRAIN SUPRASPINATUS | 72 |
| 8408 | SPRAIN SHOULDER/ARM NEC | 72 |
| 8409 | SPRAIN SHOULDER/ARM NOS | 72 |
| 8410 | SPRAIN RADIAL COLLAT LIG | 72 |
| 8411 | SPRAIN ULNAR COLLAT LIG | 72 |
| 8412 | SPRAIN RADIOHUMERAL | 72 |
| 8413 | SPRAIN ULNOHUMERAL | 72 |
| 8418 | SPRAIN ELBOW/FOREARM NEC | 72 |
| 8419 | SPRAIN ELBOW/FOREARM NOS | 72 |
| 84200 | SPRAIN OF WRIST NOS | 72 |
| 84201 | SPRAIN CARPAL | 72 |
| 84202 | SPRAIN RADIOCARPAL | 72 |
| 84209 | SPRAIN OF WRIST NEC | 72 |
| 84210 | SPRAIN OF HAND NOS | 72 |
| 84211 | SPRAIN CARPOMETACARPAL | 72 |
| 84212 | SPRAIN METACARPOPHALANG | 72 |
| 84213 | SPRAIN INTERPHALANGEAL | 72 |
| 84219 | SPRAIN OF HAND NEC | 72 |
| 8430 | SPRAIN ILIOFEMORAL | 72 |
| 8431 | SPRAIN ISCHIOCAPSULAR | 72 |
| 8438 | SPRAIN HIP & THIGH NEC | 72 |
| 8439 | SPRAIN HIP & THIGH NOS | 72 |
| 8440 | SPRAIN LATERAL COLL LIG | 72 |
| 8441 | SPRAIN MEDIAL COLLAT LIG | 72 |
| 8442 | SPRAIN CRUCIATE LIG KNEE | 72 |
| 8443 | SPRAIN SUPER TIBIOFIBULA | 72 |
| 8448 | SPRAIN OF KNEE & LEG NEC | 72 |
| 8449 | SPRAIN OF KNEE & LEG NOS | 72 |
| 84500 | SPRAIN OF ANKLE NOS | 72 |
| 84501 | SPRAIN OF ANKLE DELTOID | 72 |
| 84502 | SPRAIN CALCANEOFIBULAR | 72 |
| 84503 | SPRAIN DISTAL TIBIOFIBUL | 72 |
| 84509 | SPRAIN OF ANKLE NEC | 72 |
| 84510 | SPRAIN OF FOOT NOS | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 84511 | SPRAIN TARSOMETATARSAL | 72 |
| 84512 | SPRAIN METATARSOPHALANG | 72 |
| 84513 | SPRAIN INTERPHALANG TOE | 72 |
| 84519 | SPRAIN OF FOOT NEC | 72 |
| 8460 | SPRAIN LUMBOSACRAL | 72 |
| 8461 | SPRAIN SACROILIAC | 72 |
| 8462 | SPRAIN SACROSPINATUS | 72 |
| 8463 | SPRAIN SACROTUBEROUS | 72 |
| 8468 | SPRAIN SACROILIAC NEC | 72 |
| 8469 | SPRAIN SACROILIAC NOS | 72 |
| 8470 | SPRAIN OF NECK | 72 |
| 8471 | SPRAIN THORACIC REGION | 72 |
| 8472 | SPRAIN LUMBAR REGION | 72 |
| 8473 | SPRAIN OF SACRUM | 72 |
| 8474 | SPRAIN OF COCCYX | 72 |
| 8479 | SPRAIN OF BACK NOS | 72 |
| 8480 | SPRAIN OF NASAL SEPTUM | 72 |
| 8481 | SPRAIN OF JAW | 72 |
| 8482 | SPRAIN OF THYROID REGION | 72 |
| 8483 | SPRAIN OF RIBS | 72 |
| 84840 | SPRAIN OF STERNUM NOS | 72 |
| 84841 | SPRAIN STERNOCLAVICULAR | 72 |
| 84842 | SPRAIN CHONDROSTERNAL | 72 |
| 84849 | SPRAIN OF STERNUM NEC | 72 |
| 8485 | SPRAIN OF PELVIS | 72 |
| 8488 | SPRAIN NEC | 72 |
| 8489 | SPRAIN NOS | 72 |
| 8500 | CONCUSSION W/O COMA | 72 |
| 8501 | CONCUSSION-BRIEF COMA | 72 |
| 8502 | CONCUSSION-MODERATE COMA | 72 |
| 8503 | CONCUSSION-PROLONG COMA | 72 |
| 8504 | CONCUSSION-DEEP COMA | 72 |
| 8505 | CONCUSSION W COMA NOS | 72 |
| 8509 | CONCUSSION NOS | 72 |
| 85100 | CEREBRAL CORTX CONTUSION | 72 |
| 85101 | CORTEX CONTUSION-NO COMA | 72 |
| 85102 | CORTEX CONTUS-BRIEF COMA | 72 |
| 85103 | CORTEX CONTUS-MOD COMA | 72 |
| 85104 | CORTX CONTUS-PROLNG COMA | 72 |
| 85105 | CORTEX CONTUS-DEEP COMA | 72 |
| 85106 | CORTEX CONTUS-COMA NOS | 72 |
| 85109 | CORTEX CONTUS-CONCUS NOS | 72 |
| 85110 | CORTEX CONTUSION/OPN WND | 72 |
| 85111 | OPN CORTX CONTUS-NO COMA | 72 |
| 85112 | OPN CORT CONTUS-BRF COMA | 72 |
| 85113 | OPN CORT CONTUS-MOD COMA | 72 |
| 85114 | OPN CORT CONTU-PROL COMA | 72 |
| 85115 | OPN CORT CONTU-DEEP COMA | 72 |
| 85116 | OPN CORT CONTUS-COMA NOS | 72 |
| 85119 | OPN CORTX CONTUS-CONCUSS | 72 |
| 85120 | CEREBRAL CORTEX LACERAT | 72 |
| 85121 | CORTEX LACERAT W/O COMA | 72 |
| 85122 | CORTEX LACERA-BRIEF COMA | 72 |
| 85123 | CORTEX LACERAT-MOD COMA | 72 |
| 85124 | CORTEX LACERAT-PROL COMA | 72 |
| 85125 | CORTEX LACERAT-DEEP COMA | 72 |
| 85126 | CORTEX LACERAT-COMA NOS | 72 |
| 85129 | CORTEX LACERAT-CONCUSS | 72 |
| 85130 | CORTEX LACER W OPN WOUND | 72 |
| 85131 | OPN CORTEX LACER-NO COMA | 72 |
| 85132 | OPN CORTX LAC-BRIEF COMA | 72 |
| 85133 | OPN CORTX LACER-MOD COMA | 72 |
| 85134 | OPN CORTX LAC-PROLN COMA | 72 |
| 85135 | OPN CORTEX LAC-DEEP COMA | 72 |
| 85136 | OPN CORTX LACER-COMA NOS | 72 |
| 85139 | OPN CORTX LACER-CONCUSS | 72 |
| 85140 | CEREBEL/BRAIN STM CONTUS | 72 |
| 85141 | CEREBELL CONTUS W/O COMA | 72 |
| 85142 | CEREBELL CONTUS-BRF COMA | 72 |
| 85143 | CEREBELL CONTUS-MOD COMA | 72 |
| 85144 | CEREBEL CONTUS-PROL COMA | 72 |
| 85145 | CEREBEL CONTUS-DEEP COMA | 72 |
| 85146 | CEREBELL CONTUS-COMA NOS | 72 |
| 85149 | CEREBELL CONTUS-CONCUSS | 72 |
| 85150 | CEREBEL CONTUS W OPN WND | 72 |
| 85151 | OPN CEREBE CONT W/O COMA | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 85152 | OPN CEREBE CONT-BRF COMA | 72 |
| 85153 | OPN CEREBE CONT-MOD COMA | 72 |
| 85154 | OPN CEREBE CONT-PROL COM | 72 |
| 85155 | OPN CEREBE CONT-DEEP COM | 72 |
| 85156 | OPN CEREBE CONT-COMA NOS | 72 |
| 85159 | OPN CEREBEL CONT-CONCUSS | 72 |
| 85160 | CEREBEL/BRAIN STEM LACER | 72 |
| 85161 | CEREBEL LACERAT W/O COMA | 72 |
| 85162 | CEREBEL LACER-BRIEF COMA | 72 |
| 85163 | CEREBEL LACERAT-MOD COMA | 72 |
| 85164 | CEREBEL LACER-PROLN COMA | 72 |
| 85165 | CEREBELL LACER-DEEP COMA | 72 |
| 85166 | CEREBEL LACERAT-COMA NOS | 72 |
| 85169 | CEREBEL LACER-CONCUSSION | 72 |
| 85170 | CEREBEL LACER W OPEN WND | 72 |
| 85171 | OPN CEREBEL LAC W/O COMA | 72 |
| 85172 | OPN CEREBEL LAC-BRF COMA | 72 |
| 85173 | OPN CEREBEL LAC-MOD COMA | 72 |
| 85174 | OPN CEREBE LAC-PROL COMA | 72 |
| 85175 | OPN CEREBE LAC-DEEP COMA | 72 |
| 85176 | OPN CEREBEL LAC-COMA NOS | 72 |
| 85179 | OPN CEREBELL LAC-CONCUSS | 72 |
| 85180 | BRAIN LACERATION NEC | 72 |
| 85181 | BRAIN LACER NEC W/O COMA | 72 |
| 85182 | BRAIN LAC NEC-BRIEF COMA | 72 |
| 85183 | BRAIN LACER NEC-MOD COMA | 72 |
| 85184 | BRAIN LAC NEC-PROLN COMA | 72 |
| 85185 | BRAIN LAC NEC-DEEP COMA | 72 |
| 85186 | BRAIN LACER NEC-COMA NOS | 72 |
| 85189 | BRAIN LACER NEC-CONCUSS | 72 |
| 85190 | BRAIN LAC NEC W OPEN WND | 72 |
| 85191 | OPN BRAIN LACER W/O COMA | 72 |
| 85192 | OPN BRAIN LAC-BRIEF COMA | 72 |
| 85193 | OPN BRAIN LACER-MOD COMA | 72 |
| 85194 | OPN BRAIN LAC-PROLN COMA | 72 |
| 85195 | OPEN BRAIN LAC-DEEP COMA | 72 |
| 85196 | OPN BRAIN LACER-COMA NOS | 72 |
| 85199 | OPEN BRAIN LACER-CONCUSS | 72 |
| 85200 | TRAUM SUBARACHNOID HEM | 72 |
| 85201 | SUBARACHNOID HEM-NO COMA | 72 |
| 85202 | SUBARACH HEM-BRIEF COMA | 72 |
| 85203 | SUBARACH HEM-MOD COMA | 72 |
| 85204 | SUBARACH HEM-PROLNG COMA | 72 |
| 85205 | SUBARACH HEM-DEEP COMA | 72 |
| 85206 | SUBARACH HEM-COMA NOS | 72 |
| 85209 | SUBARACH HEM-CONCUSSION | 72 |
| 85210 | SUBARACH HEM W OPN WOUND | 72 |
| 85211 | OPN SUBARACH HEM-NO COMA | 72 |
| 85212 | OP SUBARACH HEM-BRF COMA | 72 |
| 85213 | OP SUBARACH HEM-MOD COMA | 72 |
| 85214 | OP SUBARACH HEM-PROL COM | 72 |
| 85215 | OP SUBARACH HEM-DEEP COM | 72 |
| 85216 | OP SUBARACH HEM-COMA NOS | 72 |
| 85219 | OPN SUBARACH HEM-CONCUSS | 72 |
| 85220 | TRAUMATIC SUBDURAL HEM | 72 |
| 85221 | SUBDURAL HEM W/O COMA | 72 |
| 85222 | SUBDURAL HEM-BRIEF COMA | 72 |
| 85223 | SUBDURAL HEMORR-MOD COMA | 72 |
| 85224 | SUBDURAL HEM-PROLNG COMA | 72 |
| 85225 | SUBDURAL HEM-DEEP COMA | 72 |
| 85226 | SUBDURAL HEMORR-COMA NOS | 72 |
| 85229 | SUBDURAL HEM-CONCUSSION | 72 |
| 85230 | SUBDURAL HEM W OPN WOUND | 72 |
| 85231 | OPEN SUBDUR HEM W/O COMA | 72 |
| 85232 | OPN SUBDUR HEM-BRF COMA | 72 |
| 85233 | OPN SUBDUR HEM-MOD COMA | 72 |
| 85234 | OPN SUBDUR HEM-PROL COMA | 72 |
| 85235 | OPN SUBDUR HEM-DEEP COMA | 72 |
| 85236 | OPN SUBDUR HEM-COMA NOS | 72 |
| 85239 | OPN SUBDUR HEM-CONCUSS | 72 |
| 85240 | TRAUMATIC EXTRADURAL HEM | 72 |
| 85241 | EXTRADURAL HEM W/O COMA | 72 |
| 85242 | EXTRADUR HEM-BRIEF COMA | 72 |
| 85243 | EXTRADURAL HEM-MOD COMA | 72 |
| 85244 | EXTRADUR HEM-PROLN COMA | 72 |
| 85245 | EXTRADURAL HEM-DEEP COMA | 72 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 85246 | EXTRADURAL HEM-COMA NOS | 72 |
| 85249 | EXTADURAL HEM-CONCUSS | 72 |
| 85250 | EXTRADURAL HEM W OPN WND | 72 |
| 85251 | EXTRADURAL HEMOR-NO COMA | 72 |
| 85252 | EXTRADUR HEM-BRIEF COMA | 72 |
| 85253 | EXTRADURAL HEM-MOD COMA | 72 |
| 85254 | EXTRADUR HEM-PROLN COMA | 72 |
| 85255 | EXTRADUR HEM-DEEP COMA | 72 |
| 85256 | EXTRADURAL HEM-COMA NOS | 72 |
| 85259 | EXTRADURAL HEM-CONCUSS | 72 |
| 85300 | TRAUMATIC BRAIN HEM NEC | 72 |
| 85301 | BRAIN HEM NEC W/O COMA | 72 |
| 85302 | BRAIN HEM NEC-BRIEF COMA | 72 |
| 85303 | BRAIN HEM NEC-MOD COMA | 72 |
| 85304 | BRAIN HEM NEC-PROLN COMA | 72 |
| 85305 | BRAIN HEM NEC-DEEP COMA | 72 |
| 85306 | BRAIN HEM NEC-COMA NOS | 72 |
| 85309 | BRAIN HEM NEC-CONCUSSION | 72 |
| 85310 | BRAIN HEM NEC W OPN WND | 72 |
| 85311 | BRAIN HEM OPN W/O COMA | 72 |
| 85312 | BRAIN HEM OPN-BRF COMA | 72 |
| 85313 | BRAIN HEM OPEN-MOD COMA | 72 |
| 85314 | BRAIN HEM OPN-PROLN COMA | 72 |
| 85315 | BRAIN HEM OPEN-DEEP COMA | 72 |
| 85316 | BRAIN HEM OPEN-COMA NOS | 72 |
| 85319 | BRAIN HEM OPN-CONCUSSION | 72 |
| 85400 | BRAIN INJURY NEC | 72 |
| 85401 | BRAIN INJURY NEC-NO COMA | 72 |
| 85402 | BRAIN INJ NEC-BRIEF COMA | 72 |
| 85403 | BRAIN INJ NEC-MOD COMA | 72 |
| 85404 | BRAIN INJ NEC-PROLN COMA | 72 |
| 85405 | BRAIN INJ NEC-DEEP COMA | 72 |
| 85406 | BRAIN INJ NEC-COMA NOS | 72 |
| 85409 | BRAIN INJ NEC-CONCUSSION | 72 |
| 85410 | BRAIN INJURY W OPN WND | 72 |
| 85411 | OPN BRAIN INJ W/O COMA | 72 |
| 85412 | OPN BRAIN INJ-BRIEF COMA | 72 |
| 85413 | OPN BRAIN INJ-MOD COMA | 72 |
| 85414 | OPN BRAIN INJ-PROLN COMA | 72 |
| 85415 | OPN BRAIN INJ-DEEP COMA | 72 |
| 85416 | OPEN BRAIN INJ-COMA NOS | 72 |
| 85419 | OPN BRAIN INJ-CONCUSSION | 72 |
| 8600 | TRAUM PNEUMOTHORAX-CLOSE | 72 |
| 8601 | TRAUM PNEUMOTHORAX-OPEN | 72 |
| 8602 | TRAUM HEMOTHORAX-CLOSED | 72 |
| 8603 | TRAUM HEMOTHORAX-OPEN | 72 |
| 8604 | TRAUM PNEUMOHEMOTHOR-CL | 72 |
| 8605 | TRAUM PNEUMOHEMOTHOR-OPN | 72 |
| 86100 | HEART INJURY NOS-CLOSED | 72 |
| 86101 | HEART CONTUSION-CLOSED | 72 |
| 86102 | HEART LACERATION-CLOSED | 72 |
| 86103 | HEART CHAMBER LACERAT-CL | 72 |
| 86110 | HEART INJURY NOS-OPEN | 72 |
| 86111 | HEART CONTUSION-OPEN | 72 |
| 86112 | HEART LACERATION-OPEN | 72 |
| 86113 | HEART CHAMBER LACER-OPN | 72 |
| 86120 | LUNG INJURY NOS-CLOSED | 72 |
| 86121 | LUNG CONTUSION-CLOSED | 72 |
| 86122 | LUNG LACERATION-CLOSED | 72 |
| 86130 | LUNG INJURY NOS-OPEN | 72 |
| 86131 | LUNG CONTUSION-OPEN | 72 |
| 86132 | LUNG LACERATION-OPEN | 72 |
| 8620 | DIAPHRAGM INJURY-CLOSED | 72 |
| 8621 | DIAPHRAGM INJURY-OPEN | 72 |
| 86221 | BRONCHUS INJURY-CLOSED | 72 |
| 86222 | ESOPHAGUS INJURY-CLOSED | 72 |
| 86229 | INTRATHORACIC INJ NEC-CL | 72 |
| 86231 | BRONCHUS INJURY-OPEN | 72 |
| 86232 | ESOPHAGUS INJURY-OPEN | 72 |
| 86239 | INTRATHORAC INJ NEC-OPEN | 72 |
| 8628 | INTRATHORACIC INJ NOS-CL | 72 |
| 8629 | INTRATHORAC INJ NOS-OPEN | 72 |
| 8630 | STOMACH INJURY-CLOSED | 72 |
| 8631 | STOMACH INJURY-OPEN | 72 |
| 86320 | SMALL INTEST INJ NOS-CL | 72 |
| 86321 | DUODENUM INJURY-CLOSED | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 86329 | SMALL INTEST INJ NEC-CL | 72 |
| 86330 | SMALL INTEST INJ NOS-OPN | 72 |
| 86331 | DUODENUM INJURY-OPEN | 72 |
| 86339 | SMALL INTEST INJ NEC-OPN | 72 |
| 86340 | COLON INJURY NOS-CLOSED | 72 |
| 86341 | ASCENDING COLON INJ-CLOS | 72 |
| 86342 | TRANSVERSE COLON INJ-CL | 72 |
| 86343 | DESCENDING COLON INJ-CL | 72 |
| 86344 | SIGMOID COLON INJ-CLOSED | 72 |
| 86345 | RECTUM INJURY-CLOSED | 72 |
| 86346 | COLON INJ MULT SITE-CLOS | 72 |
| 86349 | COLON INJURY NEC-CLOSED | 72 |
| 86350 | COLON INJURY NOS-OPEN | 72 |
| 86351 | ASCENDING COLON INJ-OPEN | 72 |
| 86352 | TRANSVERSE COLON INJ-OPN | 72 |
| 86353 | DESCENDING COLON INJ-OPN | 72 |
| 86354 | SIGMOID COLON INJ-OPEN | 72 |
| 86355 | RECTUM INJURY-OPEN | 72 |
| 86356 | COLON INJ MULT SITE-OPEN | 72 |
| 86359 | COLON INJURY NEC-OPEN | 72 |
| 86380 | GI INJURY NOS-CLOSED | 72 |
| 86381 | PANCREAS, HEAD INJ-CLOSE | 72 |
| 86382 | PANCREAS, BODY INJ-CLOSE | 72 |
| 86383 | PANCREAS, TAIL INJ-CLOSE | 72 |
| 86384 | PANCREAS INJURY NOS-CLOS | 72 |
| 86385 | APPENDIX INJURY-CLOSED | 72 |
| 86389 | GI INJURY NEC-CLOSED | 72 |
| 86390 | GI INJURY NOS-OPEN | 72 |
| 86391 | PANCREAS, HEAD INJ-OPEN | 72 |
| 86392 | PANCREAS, BODY INJ-OPEN | 72 |
| 86393 | PANCREAS, TAIL INJ-OPEN | 72 |
| 86394 | PANCREAS INJURY NOS-OPEN | 72 |
| 86395 | APPENDIX INJURY-OPEN | 72 |
| 86399 | GI INJURY NEC-OPEN | 72 |
| 86400 | LIVER INJURY NOS-CLOSED | 72 |
| 86401 | LIVER HEMATOMA/CONTUSION | 72 |
| 86402 | LIVER LACERATION, MINOR | 72 |
| 86403 | LIVER LACERATION, MOD | 72 |
| 86404 | LIVER LACERATION, MAJOR | 72 |
| 86405 | LIVER LACERAT UNSPCF CLS | 72 |
| 86409 | LIVER INJURY NEC-CLOSED | 72 |
| 86410 | LIVER INJURY NOS-OPEN | 72 |
| 86411 | LIVER HEMATOM/CONTUS-OPN | 72 |
| 86412 | LIVER LACERAT, MINOR-OPN | 72 |
| 86413 | LIVER LACERAT, MOD-OPEN | 72 |
| 86414 | LIVER LACERAT, MAJOR-OPN | 72 |
| 86415 | LIVER LACERAT UNSPCF OPN | 72 |
| 86419 | LIVER INJURY NEC-OPEN | 72 |
| 86500 | SPLEEN INJURY NOS-CLOSED | 72 |
| 86501 | SPLEEN HEMATOMA-CLOSED | 72 |
| 86502 | SPLEEN CAPSULAR TEAR | 72 |
| 86503 | SPLEEN PARENCHYMA LACER | 72 |
| 86504 | SPLEEN DISRUPTION-CLOS | 72 |
| 86509 | SPLEEN INJURY NEC-CLOSED | 72 |
| 86510 | SPLEEN INJURY NOS-OPEN | 72 |
| 86511 | SPLEEN HEMATOMA-OPEN | 72 |
| 86512 | SPLEEN CAPSULAR TEAR-OPN | 72 |
| 86513 | SPLEEN PARNCHYM LAC-OPN | 72 |
| 86514 | SPLEEN DISRUPTION-OPEN | 72 |
| 86519 | SPLEEN INJURY NEC-OPEN | 72 |
| 86600 | KIDNEY INJURY NOS-CLOSED | 72 |
| 86601 | KIDNEY HEMATOMA-CLOSED | 72 |
| 86602 | KIDNEY LACERATION-CLOSED | 72 |
| 86603 | KIDNEY DISRUPTION-CLOSED | 72 |
| 86610 | KIDNEY INJURY NOS-OPEN | 72 |
| 86611 | KIDNEY HEMATOMA-OPEN | 72 |
| 86612 | KIDNEY LACERATION-OPEN | 72 |
| 86613 | KIDNEY DISRUPTION-OPEN | 72 |
| 8670 | BLADDER/URETHRA INJ-CLOS | 72 |
| 8671 | BLADDER/URETHRA INJ-OPEN | 72 |
| 8672 | URETER INJURY-CLOSED | 72 |
| 8673 | URETER INJURY-OPEN | 72 |
| 8674 | UTERUS INJURY-CLOSED | 72 |
| 8675 | UTERUS INJURY-OPEN | 72 |
| 8676 | PELVIC ORGAN INJ NEC-CL | 72 |
| 8677 | PELVIC ORGAN INJ NEC-OPN | 72 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 8678 | PELVIC ORGAN INJ NOS-CL | 72 |
| 8679 | PELVIC ORGAN INJ NOS-OPN | 72 |
| 86800 | INTRA-ABDOM INJ NOS-CLOS | 72 |
| 86801 | ADRENAL GLAND INJURY-CL | 72 |
| 86802 | BILIARY TRACT INJURY-CL | 72 |
| 86803 | PERITONEUM INJURY-CLOSED | 72 |
| 86804 | RETROPERITONEUM INJ-CL | 72 |
| 86809 | INTRA-ABDOM INJ NEC-CLOS | 72 |
| 86810 | INTRA-ABDOM INJ NOS-OPEN | 72 |
| 86811 | ADRENAL GLAND INJURY-OPN | 72 |
| 86812 | BILIARY TRACT INJURY-OPN | 72 |
| 86813 | PERITONEUM INJURY-OPEN | 72 |
| 86814 | RETROPERITONEUM INJ-OPEN | 72 |
| 86819 | INTRA-ABDOM INJ NEC-OPEN | 72 |
| 8690 | INTERNAL INJ NOS-CLOSED | 72 |
| 8691 | INTERNAL INJURY NOS-OPEN | 72 |
| 8700 | LAC EYELID SKN/PERIOCULR | 72 |
| 8701 | FULL-THICKNES LAC EYELID | 72 |
| 8702 | LAC EYELID INV LACRM PAS | 72 |
| 8703 | PENETR WND ORBIT W/O FB | 72 |
| 8704 | PENETRAT WND ORBIT W FB | 72 |
| 8708 | OPN WND OCULAR ADNEX NEC | 72 |
| 8709 | OPN WND OCULAR ADNEX NOS | 72 |
| 8710 | OCULAR LAC W/O PROLAPSE | 72 |
| 8711 | OCULAR LACERA W PROLAPSE | 72 |
| 8712 | RUPTURE EYE W TISSU LOSS | 72 |
| 8713 | AVULSION OF EYE | 72 |
| 8714 | LACERATION OF EYE NOS | 72 |
| 8715 | PENETRAT MAGNET FB EYE | 72 |
| 8716 | PENETRAT FB NEC EYE | 72 |
| 8717 | OCULAR PENETRATION NOS | 72 |
| 8719 | OPN WOUND OF EYEBALL NOS | 72 |
| 87200 | OPN WOUND EXTERN EAR NOS | 72 |
| 87201 | OPEN WOUND OF AURICLE | 72 |
| 87202 | OPN WOUND AUDITORY CANAL | 72 |
| 87210 | OPN WND EX EAR NOS-COMPL | 72 |
| 87211 | OPEN WOUND AURICLE-COMPL | 72 |
| 87212 | OPEN WND AUD CANAL-COMPL | 72 |
| 87261 | OPEN WOUND OF EAR DRUM | 72 |
| 87262 | OPEN WOUND OF OSSICLES | 72 |
| 87263 | OPEN WND EUSTACHIAN TUBE | 72 |
| 87264 | OPEN WOUND OF COCHLEA | 72 |
| 87269 | OPEN WOUND OF EAR NEC | 72 |
| 87271 | OPEN WND EAR DRUM-COMPL | 72 |
| 87272 | OPEN WND OSSICLES-COMPL | 72 |
| 87273 | OPN WND EUSTACH TB-COMPL | 72 |
| 87274 | OPEN WOUND COCHLEA-COMPL | 72 |
| 87279 | OPEN WOUND EAR NEC-COMPL | 72 |
| 8728 | OPEN WOUND OF EAR NOS | 72 |
| 8729 | OPEN WOUND EAR NOS-COMPL | 72 |
| 8730 | OPEN WOUND OF SCALP | 72 |
| 8731 | OPEN WOUND SCALP-COMPL | 72 |
| 87320 | OPEN WOUND OF NOSE NOS | 72 |
| 87321 | OPEN WOUND NASAL SEPTUM | 72 |
| 87322 | OPEN WOUND NASAL CAVITY | 72 |
| 87323 | OPEN WOUND NASAL SINUS | 72 |
| 87329 | MULT OPEN WOUND NOSE | 72 |
| 87330 | OPEN WND NOSE NOS-COMPL | 72 |
| 87331 | OPN WND NAS SEPTUM-COMPL | 72 |
| 87332 | OPEN WND NASAL CAV-COMPL | 72 |
| 87333 | OPEN WND NAS SINUS-COMPL | 72 |
| 87339 | MULT OPEN WND NOSE-COMPL | 72 |
| 87340 | OPEN WOUND OF FACE NOS | 72 |
| 87341 | OPEN WOUND OF CHEEK | 72 |
| 87342 | OPEN WOUND OF FOREHEAD | 72 |
| 87343 | OPEN WOUND OF LIP | 72 |
| 87344 | OPEN WOUND OF JAW | 72 |
| 87349 | OPEN WOUND OF FACE NEC | 72 |
| 87350 | OPEN WND FACE NOS-COMPL | 72 |
| 87351 | OPEN WOUND CHEEK-COMPL | 72 |
| 87352 | OPEN WND FOREHEAD-COMPL | 72 |
| 87353 | OPEN WOUND LIP-COMPLICAT | 72 |
| 87354 | OPEN WOUND JAW-COMPLICAT | 72 |
| 87359 | OPEN WND FACE NEC-COMPL | 72 |
| 87360 | OPEN WOUND OF MOUTH NOS | 72 |
| 87361 | OPEN WOUND BUCCAL MUCOSA | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 87362 | OPEN WOUND OF GUM | 72 |
| 87363 | BROKEN TOOTH | 31 |
| 87364 | OPN WND TONGUE/MOUTH FLR | 72 |
| 87365 | OPEN WOUND OF PALATE | 72 |
| 87369 | OPEN WOUND MOUTH NEC | 72 |
| 87370 | OPEN WND MOUTH NOS-COMPL | 72 |
| 87371 | OPN WND BUC MUCOSA-COMPL | 72 |
| 87372 | OPEN WOUND GUM-COMPL | 72 |
| 87373 | BROKEN TOOTH-COMPLICATED | 31 |
| 87374 | OPEN WOUND TONGUE-COMPL | 72 |
| 87375 | OPEN WOUND PALATE-COMPL | 72 |
| 87379 | OPEN WND MOUTH NOS-COMPL | 72 |
| 8738 | OPEN WOUND OF HEAD NEC | 72 |
| 8739 | OPEN WND HEAD NEC-COMPL | 72 |
| 87400 | OPN WND LARYNX W TRACHEA | 72 |
| 87401 | OPEN WOUND OF LARYNX | 72 |
| 87402 | OPEN WOUND OF TRACHEA | 72 |
| 87410 | OPN WND LARY W TRAC-COMP | 72 |
| 87411 | OPEN WOUND LARYNX-COMPL | 72 |
| 87412 | OPEN WOUND TRACHEA-COMPL | 72 |
| 8742 | OPEN WOUND THYROID GLAND | 72 |
| 8743 | OPEN WOUND THYROID-COMPL | 72 |
| 8744 | OPEN WOUND OF PHARYNX | 72 |
| 8745 | OPEN WOUND PHARYNX-COMPL | 72 |
| 8748 | OPEN WOUND OF NECK NEC | 72 |
| 8749 | OPN WOUND NECK NEC-COMPL | 72 |
| 8750 | OPEN WOUND OF CHEST | 72 |
| 8751 | OPEN WOUND CHEST-COMPL | 72 |
| 8760 | OPEN WOUND OF BACK | 72 |
| 8761 | OPEN WOUND BACK-COMPL | 72 |
| 8770 | OPEN WOUND OF BUTTOCK | 72 |
| 8771 | OPEN WOUND BUTTOCK-COMPL | 72 |
| 8780 | OPEN WOUND OF PENIS | 72 |
| 8781 | OPEN WOUND PENIS-COMPL | 72 |
| 8782 | OPN WOUND SCROTUM/TESTES | 72 |
| 8783 | OPN WND SCROT/TEST-COMPL | 72 |
| 8784 | OPEN WOUND OF VULVA | 72 |
| 8785 | OPEN WOUND VULVA-COMPL | 72 |
| 8786 | OPEN WOUND OF VAGINA | 72 |
| 8787 | OPEN WOUND VAGINA-COMPL | 72 |
| 8788 | OPEN WOUND GENITAL NEC | 72 |
| 8789 | OPN WND GENITAL NEC-COMP | 72 |
| 8790 | OPEN WOUND OF BREAST | 72 |
| 8791 | OPEN WOUND BREAST-COMPL | 72 |
| 8792 | OPN WND ANTERIOR ABDOMEN | 72 |
| 8793 | OPN WND ANT ABDOMEN-COMP | 72 |
| 8794 | OPN WND LATERAL ABDOMEN | 72 |
| 8795 | OPN WND LAT ABDOMEN-COMP | 72 |
| 8796 | OPEN WOUND OF TRUNK NEC | 72 |
| 8797 | OPEN WND TRUNK NEC-COMPL | 72 |
| 8798 | OPEN WOUND SITE NOS | 72 |
| 8799 | OPN WOUND SITE NOS-COMPL | 72 |
| 88000 | OPEN WOUND OF SHOULDER | 72 |
| 88001 | OPEN WOUND OF SCAPULA | 72 |
| 88002 | OPEN WOUND OF AXILLA | 72 |
| 88003 | OPEN WOUND OF UPPER ARM | 72 |
| 88009 | MULT OPEN WOUND SHOULDER | 72 |
| 88010 | OPEN WND SHOULDER-COMPL | 72 |
| 88011 | OPEN WOUND SCAPULA-COMPL | 72 |
| 88012 | OPEN WOUND AXILLA-COMPL | 72 |
| 88013 | OPEN WND UPPER ARM-COMPL | 72 |
| 88019 | MULT OPN WND SHOULD-COMP | 72 |
| 88020 | OPN WND SHOULDR W TENDON | 72 |
| 88021 | OPN WND SCAPULA W TENDON | 72 |
| 88022 | OPEN WND AXILLA W TENDON | 72 |
| 88023 | OPEN WND UP ARM W TENDON | 72 |
| 88029 | MLT OPN WND SHLDR W TEND | 72 |
| 88100 | OPEN WOUND OF FOREARM | 72 |
| 88101 | OPEN WOUND OF ELBOW | 72 |
| 88102 | OPEN WOUND OF WRIST | 72 |
| 88110 | OPEN WOUND FOREARM-COMPL | 72 |
| 88111 | OPEN WOUND ELBOW-COMPLIC | 72 |
| 88112 | OPEN WOUND WRIST-COMPLIC | 72 |
| 88120 | OPEN WND FOREARM W TENDN | 72 |
| 88121 | OPN WOUND ELBOW W TENDON | 72 |
| 88122 | OPN WOUND WRIST W TENDON | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 8820 | OPEN WOUND OF HAND | 72 |
| 8821 | OPN WOUND HAND-COMPLICAT | 72 |
| 8822 | OPEN WOUND HAND W TENDON | 72 |
| 8830 | OPEN WOUND OF FINGER | 72 |
| 8831 | OPEN WOUND FINGER-COMPL | 72 |
| 8832 | OPEN WND FINGER W TENDON | 72 |
| 8840 | OPEN WOUND ARM MULT/NOS | 72 |
| 8841 | OPEN WOUND ARM NOS-COMPL | 72 |
| 8842 | OPN WND ARM NOS W TENDON | 72 |
| 8850 | AMPUTATION THUMB | 72 |
| 8851 | AMPUTATION THUMB-COMPL | 72 |
| 8860 | AMPUTATION FINGER | 72 |
| 8861 | AMPUTATION FINGER-COMPL | 72 |
| 8870 | AMPUT BELOW ELB, UNILAT | 72 |
| 8871 | AMP BELOW ELB, UNIL-COMP | 72 |
| 8872 | AMPUT ABV ELBOW, UNILAT | 72 |
| 8873 | AMPUT ABV ELB, UNIL-COMP | 72 |
| 8874 | AMPUTAT ARM, UNILAT NOS | 72 |
| 8875 | AMPUT ARM, UNIL NOS-COMP | 72 |
| 8876 | AMPUTATION ARM, BILAT | 72 |
| 8877 | AMPUTAT ARM, BILAT-COMPL | 72 |
| 8900 | OPEN WOUND OF HIP/THIGH | 72 |
| 8901 | OPEN WND HIP/THIGH-COMPL | 72 |
| 8902 | OPN WND HIP/THIGH W TEND | 72 |
| 8910 | OPEN WND KNEE/LEG/ANKLE | 72 |
| 8911 | OPEN WND KNEE/LEG-COMPL | 72 |
| 8912 | OPN WND KNEE/LEG W TENDN | 72 |
| 8920 | OPEN WOUND OF FOOT | 72 |
| 8921 | OPEN WOUND FOOT-COMPL | 72 |
| 8922 | OPEN WOUND FOOT W TENDON | 72 |
| 8930 | OPEN WOUND OF TOE | 72 |
| 8931 | OPEN WOUND TOE-COMPL | 72 |
| 8932 | OPEN WOUND TOE W TENDON | 72 |
| 8940 | OPEN WOUND OF LEG NEC | 72 |
| 8941 | OPEN WOUND LEG NEC-COMPL | 72 |
| 8942 | OPN WND LEG NEC W TENDON | 72 |
| 8950 | AMPUTATION TOE | 72 |
| 8951 | AMPUTATION TOE-COMPLICAT | 72 |
| 8960 | AMPUTATION FOOT, UNILAT | 72 |
| 8961 | AMPUT FOOT, UNILAT-COMPL | 72 |
| 8962 | AMPUTATION FOOT, BILAT | 72 |
| 8963 | AMPUTAT FOOT, BILAT-COMP | 72 |
| 8970 | AMPUT BELOW KNEE, UNILAT | 72 |
| 8971 | AMPUTAT BK, UNILAT-COMPL | 72 |
| 8972 | AMPUT ABOVE KNEE, UNILAT | 72 |
| 8973 | AMPUT ABV KN, UNIL-COMPL | 72 |
| 8974 | AMPUTAT LEG, UNILAT NOS | 72 |
| 8975 | AMPUT LEG, UNIL NOS-COMP | 72 |
| 8976 | AMPUTATION LEG, BILAT | 72 |
| 8977 | AMPUTAT LEG, BILAT-COMPL | 72 |
| 90000 | INJUR CAROTID ARTERY NOS | 72 |
| 90001 | INJ COMMON CAROTID ARTER | 72 |
| 90002 | INJ EXTERNAL CAROTID ART | 72 |
| 90003 | INJ INTERNAL CAROTID ART | 72 |
| 9001 | INJ INTERNL JUGULAR VEIN | 72 |
| 90081 | INJ EXTERN JUGULAR VEIN | 72 |
| 90082 | INJ MLT HEAD/NECK VESSEL | 72 |
| 90089 | INJ HEAD/NECK VESSEL NEC | 72 |
| 9009 | INJ HEAD/NECK VESSEL NOS | 72 |
| 9010 | INJURY THORACIC AORTA | 72 |
| 9011 | INJ INNOMIN/SUBCLAV ART | 72 |
| 9012 | INJ SUPERIOR VENA CAVA | 72 |
| 9013 | INJ INNOMIN/SUBCLAV VEIN | 72 |
| 90140 | INJ PULMONARY VESSEL NOS | 72 |
| 90141 | INJURY PULMONARY ARTERY | 72 |
| 90142 | INJURY PULMONARY VEIN | 72 |
| 90181 | INJ INTERCOSTAL ART/VEIN | 72 |
| 90182 | INJ INT MAMMARY ART/VEIN | 72 |
| 90183 | INJ MULT THORACIC VESSEL | 72 |
| 90189 | INJ THORACIC VESSEL NEC | 72 |
| 9019 | INJ THORACIC VESSEL NOS | 72 |
| 9020 | INJURY ABDOMINAL AORTA | 72 |
| 90210 | INJ INFER VENA CAVA NOS | 72 |
| 90211 | INJURY HEPATIC VEINS | 72 |
| 90219 | INJ INFER VENA CAVA NEC | 72 |
| 90220 | INJ CELIAC/MESEN ART NOS | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 90221 | INJURY GASTRIC ARTERY | 72 |
| 90222 | INJURY HEPATIC ARTERY | 72 |
| 90223 | INJURY SPLENIC ARTERY | 72 |
| 90224 | INJURY CELIAC AXIS NEC | 72 |
| 90225 | INJ SUPER MESENTERIC ART | 72 |
| 90226 | INJ BRNCH SUP MESENT ART | 72 |
| 90227 | INJ INFER MESENTERIC ART | 72 |
| 90229 | INJ MESENTERIC VESS NEC | 72 |
| 90231 | INJ SUPERIOR MESENT VEIN | 72 |
| 90232 | INJ INFERIOR MESENT VEIN | 72 |
| 90233 | INJURY PORTAL VEIN | 72 |
| 90234 | INJURY SPLENIC VEIN | 72 |
| 90239 | INJ PORT/SPLEN VESS NEC | 72 |
| 90240 | INJURY RENAL VESSEL NOS | 72 |
| 90241 | INJURY RENAL ARTERY | 72 |
| 90242 | INJURY RENAL VEIN | 72 |
| 90249 | INJURY RENAL VESSEL NEC | 72 |
| 90250 | INJURY ILIAC VESSEL NOS | 72 |
| 90251 | INJ HYPOGASTRIC ARTERY | 72 |
| 90252 | INJURY HYPOGASTRIC VEIN | 72 |
| 90253 | INJURY ILIAC ARTERY | 72 |
| 90254 | INJURY ILIAC VEIN | 72 |
| 90255 | INJURY UTERINE ARTERY | 72 |
| 90256 | INJURY UTERINE VEIN | 72 |
| 90259 | INJURY ILIAC VESSEL NEC | 72 |
| 90281 | INJURY OVARIAN ARTERY | 72 |
| 90282 | INJURY OVARIAN VEIN | 72 |
| 90287 | INJ MULT ABD/PELV VESSEL | 72 |
| 90289 | INJ ABDOMINAL VESSEL NEC | 72 |
| 9029 | INJ ABDOMINAL VESSEL NOS | 72 |
| 90300 | INJ AXILLARY VESSEL NOS | 72 |
| 90301 | INJURY AXILLARY ARTERY | 72 |
| 90302 | INJURY AXILLARY VEIN | 72 |
| 9031 | INJURY BRACHIAL VESSELS | 72 |
| 9032 | INJURY RADIAL VESSELS | 72 |
| 9033 | INJURY ULNAR VESSELS | 72 |
| 9034 | INJURY PALMAR ARTERY | 72 |
| 9035 | INJURY FINGER VESSELS | 72 |
| 9038 | INJURY ARM VESSELS NEC | 72 |
| 9039 | INJURY ARM VESSEL NOS | 72 |
| 9040 | INJ COMMON FEMORAL ARTER | 72 |
| 9041 | INJ SUPERFIC FEMORAL ART | 72 |
| 9042 | INJURY FEMORAL VEIN | 72 |
| 9043 | INJURY SAPHENOUS VEIN | 72 |
| 90440 | INJ POPLITEAL VESSEL NOS | 72 |
| 90441 | INJURY POPLITEAL ARTERY | 72 |
| 90442 | INJURY POPLITEAL VEIN | 72 |
| 90450 | INJURY TIBIAL VESSEL NOS | 72 |
| 90451 | INJ ANTER TIBIAL ARTERY | 72 |
| 90452 | INJ ANTERIOR TIBIAL VEIN | 72 |
| 90453 | INJ POST TIBIAL ARTERY | 72 |
| 90454 | INJ POST TIBIAL VEIN | 72 |
| 9046 | INJ DEEP PLANTAR VESSEL | 72 |
| 9047 | INJURY LEG VESSELS NEC | 72 |
| 9048 | INJURY LEG VESSEL NOS | 72 |
| 9049 | BLOOD VESSEL INJURY NOS | 72 |
| 9050 | LATE EFFEC SKULL/FACE FX | 72 |
| 9051 | LATE EFF SPINE/TRUNK FX | 72 |
| 9052 | LATE EFFECT ARM FX | 72 |
| 9053 | LATE EFF FEMORAL NECK FX | 72 |
| 9054 | LATE EFFECT LEG FX | 72 |
| 9055 | LATE EFFECT FRACTURE NEC | 72 |
| 9056 | LATE EFFECT DISLOCATION | 72 |
| 9057 | LATE EFFEC SPRAIN/STRAIN | 72 |
| 9058 | LATE EFFEC TENDON INJURY | 72 |
| 9059 | LATE EFF TRAUMAT AMPUTAT | 72 |
| 9060 | LT EFF OPN WND HEAD/TRNK | 72 |
| 9061 | LATE EFF OPEN WND EXTREM | 72 |
| 9062 | LATE EFF SUPERFICIAL INJ | 72 |
| 9063 | LATE EFFECT OF CONTUSION | 72 |
| 9064 | LATE EFFECT OF CRUSHING | 72 |
| 9065 | LATE EFF HEAD/NECK BURN | 72 |
| 9066 | LATE EFF WRIST/HAND BURN | 72 |
| 9067 | LATE EFF BURN EXTREM NEC | 72 |
| 9068 | LATE EFFECT OF BURNS NEC | 72 |
| 9069 | LATE EFFECT OF BURN NOS | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 9070 | LT EFF INTRACRANIAL INJ | 72 |
| 9071 | LATE EFF CRAN NERVE INJ | 72 |
| 9072 | LATE EFF SPINAL CORD INJ | 72 |
| 9073 | LT EFF NERV INJ TRNK NEC | 72 |
| 9074 | LT EFF NERV INJ SHLD/ARM | 72 |
| 9075 | LT EFF NERV INJ PELV/LEG | 72 |
| 9079 | LATE EFF NERVE INJ NEC | 72 |
| 9080 | LATE EFF INT INJUR CHEST | 72 |
| 9081 | LATE EFF INT INJ ABDOMEN | 72 |
| 9082 | LATE EFF INT INJURY NEC | 72 |
| 9083 | LATE EFF INJ PERIPH VESS | 72 |
| 9084 | LT EFF INJ THOR/ABD VESS | 72 |
| 9085 | LATE EFF FB IN ORIFICE | 72 |
| 9086 | LATE EFF COMPLIC TRAUMA | 72 |
| 9089 | LATE EFFECT INJURY NOS | 72 |
| 9090 | LATE EFF DRUG POISONING | 72 |
| 9091 | LATE EFF NONMED SUBSTANC | 72 |
| 9092 | LATE EFFECT OF RADIATION | 72 |
| 9093 | LATE EFF SURG/MED COMPL | 11 |
| 9094 | LATE EFF CERT EXT CAUSE | 72 |
| 9095 | LTE EFCT ADVRS EFCT DRUG | 11 |
| 9099 | LATE EFF EXTER CAUSE NEC | 72 |
| 9100 | ABRASION HEAD | 72 |
| 9101 | ABRASION HEAD-INFECTED | 72 |
| 9102 | BLISTER HEAD | 72 |
| 9103 | BLISTER HEAD-INFECTED | 72 |
| 9104 | INSECT BITE HEAD | 72 |
| 9105 | INSECT BITE HEAD-INFECT | 72 |
| 9106 | FOREIGN BODY HEAD | 72 |
| 9107 | FOREIGN BODY HEAD-INFECT | 72 |
| 9108 | SUPERFIC INJ HEAD NEC | 72 |
| 9109 | SUPERF INJ HEAD NEC-INF | 72 |
| 9110 | ABRASION TRUNK | 72 |
| 9111 | ABRASION TRUNK-INFECTED | 72 |
| 9112 | BLISTER TRUNK | 72 |
| 9113 | BLISTER TRUNK-INFECTED | 72 |
| 9114 | INSECT BITE TRUNK | 72 |
| 9115 | INSECT BITE TRUNK-INFEC | 72 |
| 9116 | FOREIGN BODY TRUNK | 72 |
| 9117 | FOREIGN BODY TRUNK-INFEC | 72 |
| 9118 | SUPERFIC INJ TRUNK NEC | 72 |
| 9119 | SUPERF INJ TRNK NEC-INF | 72 |
| 9120 | ABRASION SHOULDER/ARM | 72 |
| 9121 | ABRASION SHLDR/ARM-INFEC | 72 |
| 9122 | BLISTER SHOULDER & ARM | 72 |
| 9123 | BLISTER SHOULDER/ARM-INF | 72 |
| 9124 | INSECT BITE SHOULDER/ARM | 72 |
| 9125 | INSECT BITE SHLD/ARM-INF | 72 |
| 9126 | FOREIGN BODY SHOULDR/ARM | 72 |
| 9127 | FB SHOULDER/ARM-INFECT | 72 |
| 9128 | SUPERF INJ SHLDR/ARM NEC | 72 |
| 9129 | SUPERF INJ SHLDR NEC-INF | 72 |
| 9130 | ABRASION FOREARM | 72 |
| 9131 | ABRASION FOREARM-INFECT | 72 |
| 9132 | BLISTER FOREARM | 72 |
| 9133 | BLISTER FOREARM-INFECTED | 72 |
| 9134 | INSECT BITE FOREARM | 72 |
| 9135 | INSECT BITE FOREARM-INF | 72 |
| 9136 | FOREIGN BODY FOREARM | 72 |
| 9137 | FOREIGN BODY FOREARM-INF | 72 |
| 9138 | SUPERF INJ FOREARM NEC | 72 |
| 9139 | SUPRF INJ FORARM NEC-INF | 72 |
| 9140 | ABRASION HAND | 72 |
| 9141 | ABRASION HAND-INFECTED | 72 |
| 9142 | BLISTER HAND | 72 |
| 9143 | BLISTER HAND-INFECTED | 72 |
| 9144 | INSECT BITE HAND | 72 |
| 9145 | INSECT BITE HAND-INFECT | 72 |
| 9146 | FOREIGN BODY HAND | 72 |
| 9147 | FOREIGN BODY HAND-INFECT | 72 |
| 9148 | SUPERFICIAL INJ HAND NEC | 72 |
| 9149 | SUPERF INJ HAND NEC-INF | 72 |
| 9150 | ABRASION FINGER | 72 |
| 9151 | ABRASION FINGER-INFECTED | 72 |
| 9152 | BLISTER FINGER | 72 |
| 9153 | BLISTER FINGER-INFECTED | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 9154 | INSECT BITE FINGER | 72 |
| 9155 | INSECT BITE FINGER-INFEC | 72 |
| 9156 | FOREIGN BODY FINGER | 72 |
| 9157 | FOREIGN BODY FINGER-INF | 72 |
| 9158 | SUPERFIC INJ FINGER-NEC | 72 |
| 9159 | SUPRF INJ FINGER NEC-INF | 72 |
| 9160 | ABRASION HIP & LEG | 72 |
| 9161 | ABRASION HIP/LEG-INFECT | 72 |
| 9162 | BLISTER HIP & LEG | 72 |
| 9163 | BLISTER HIP & LEG-INFECT | 72 |
| 9164 | INSECT BITE HIP & LEG | 72 |
| 9165 | INSECT BITE HIP/LEG-INF | 72 |
| 9166 | FOREIGN BODY HIP/LEG | 72 |
| 9167 | FOREIGN BDY HIP/LEG-INF | 72 |
| 9168 | SUPERFIC INJ HIP/LEG NEC | 72 |
| 9169 | SUPERF INJ LEG NEC-INFEC | 72 |
| 9170 | ABRASION FOOT & TOE | 72 |
| 9171 | ABRASION FOOT/TOE-INFEC | 72 |
| 9172 | BLISTER FOOT & TOE | 72 |
| 9173 | BLISTER FOOT & TOE-INFEC | 72 |
| 9174 | INSECT BITE FOOT/TOE | 72 |
| 9175 | INSECT BITE FOOT/TOE-INF | 72 |
| 9176 | FOREIGN BODY FOOT & TOE | 72 |
| 9177 | FOREIGN BDY FOOT/TOE-INF | 72 |
| 9178 | SUPERF INJ FOOT/TOE NEC | 72 |
| 9179 | SUPERF INJ FOOT NEC-INF | 72 |
| 9180 | SUPERFIC INJ PERIOCULAR | 68 |
| 9181 | SUPERFICIAL INJ CORNEA | 68 |
| 9182 | SUPERFIC INJ CONJUNCTIVA | 68 |
| 9189 | SUPERFICIAL INJ EYE NEC | 68 |
| 9190 | ABRASION NEC | 72 |
| 9191 | ABRASION NEC-INFECTED | 72 |
| 9192 | BLISTER NEC | 72 |
| 9193 | BLISTER NEC-INFECTED | 72 |
| 9194 | INSECT BITE NEC | 72 |
| 9195 | INSECT BITE NEC-INFECTED | 72 |
| 9196 | SUPERFIC FOREIGN BDY NEC | 72 |
| 9197 | SUPERFICIAL FB NEC-INFEC | 72 |
| 9198 | SUPERFICIAL INJURY NEC | 72 |
| 9199 | SUPERFIC INJ NEC-INFECT | 72 |
| 920 | CONTUSION FACE/SCALP/NCK | 72 |
| 9210 | BLACK EYE NOS | 72 |
| 9211 | CONTUSION PERIOCULAR | 72 |
| 9212 | CONTUSION ORBITAL TISSUE | 72 |
| 9213 | CONTUSION OF EYEBALL | 72 |
| 9219 | CONTUSION OF EYE NOS | 68 |
| 9220 | CONTUSION OF BREAST | 72 |
| 9221 | CONTUSION OF CHEST WALL | 72 |
| 9222 | CONTUSION ABDOMINAL WALL | 72 |
| 9224 | CONTUSION GENITAL ORGANS | 72 |
| 9228 | MULTIPLE CONTUSION TRUNK | 72 |
| 9229 | CONTUSION TRUNK NOS | 72 |
| 92300 | CONTUSION SHOULDER REG | 72 |
| 92301 | CONTUSION SCAPUL REGION | 72 |
| 92302 | CONTUSION AXILLARY REG | 72 |
| 92303 | CONTUSION OF UPPER ARM | 72 |
| 92309 | CONTUSION SHOULDER & ARM | 72 |
| 92310 | CONTUSION OF FOREARM | 72 |
| 92311 | CONTUSION OF ELBOW | 72 |
| 92320 | CONTUSION OF HAND(S) | 72 |
| 92321 | CONTUSION OF WRIST | 72 |
| 9233 | CONTUSION OF FINGER | 72 |
| 9238 | MULTIPLE CONTUSION ARM | 72 |
| 9239 | CONTUSION UPPER LIMB NOS | 72 |
| 92400 | CONTUSION OF THIGH | 72 |
| 92401 | CONTUSION OF HIP | 72 |
| 92410 | CONTUSION OF LOWER LEG | 72 |
| 92411 | CONTUSION OF KNEE | 72 |
| 92420 | CONTUSION OF FOOT | 72 |
| 92421 | CONTUSION OF ANKLE | 72 |
| 9243 | CONTUSION OF TOE | 72 |
| 9244 | MULTIPLE CONTUSION LEG | 72 |
| 9245 | CONTUSION LEG NOS | 72 |
| 9248 | MULTIPLE CONTUSIONS NEC | 72 |
| 9249 | CONTUSION NOS | 72 |
| 9251 | CRUSH INJ FACE SCALP | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 9252 | CRUSH INJ NECK | 72 |
| 9260 | CRUSH INJ EXT GENITALIA | 72 |
| 92611 | CRUSHING INJURY BACK | 72 |
| 92612 | CRUSHING INJURY BUTTOCK | 72 |
| 92619 | CRUSHING INJ TRUNK NEC | 72 |
| 9268 | MULT CRUSHING INJ TRUNK | 72 |
| 9269 | CRUSHING INJ TRUNK NOS | 72 |
| 92700 | CRUSH INJ SHOULDER REG | 72 |
| 92701 | CRUSH INJ SCAPUL REGION | 72 |
| 92702 | CRUSH INJ AXILLARY REG | 72 |
| 92703 | CRUSHING INJ UPPER ARM | 72 |
| 92709 | CRUSH INJ SHOULDER & ARM | 72 |
| 92710 | CRUSHING INJURY FOREARM | 72 |
| 92711 | CRUSHING INJURY ELBOW | 72 |
| 92720 | CRUSHING INJURY OF HAND | 72 |
| 92721 | CRUSHING INJURY OF WRIST | 72 |
| 9273 | CRUSHING INJURY FINGER | 72 |
| 9278 | MULT CRUSHING INJURY ARM | 72 |
| 9279 | CRUSHING INJURY ARM NOS | 72 |
| 92800 | CRUSHING INJURY THIGH | 72 |
| 92801 | CRUSHING INJURY HIP | 72 |
| 92810 | CRUSHING INJ LOWER LEG | 72 |
| 92811 | CRUSHING INJURY KNEE | 72 |
| 92820 | CRUSHING INJURY FOOT | 72 |
| 92821 | CRUSHING INJURY ANKLE | 72 |
| 9283 | CRUSHING INJURY TOE | 72 |
| 9288 | MULT CRUSHING INJURY LEG | 72 |
| 9289 | CRUSHING INJURY LEG NOS | 72 |
| 9290 | CRUSH INJ MULT SITE NEC | 72 |
| 9299 | CRUSHING INJURY NOS | 72 |
| 9300 | CORNEAL FOREIGN BODY | 68 |
| 9301 | FB IN CONJUNCTIVAL SAC | 72 |
| 9302 | FB IN LACRIMAL PUNCTUM | 72 |
| 9308 | FOREIGN BDY EXT EYE NEC | 68 |
| 9309 | FOREIGN BDY EXT EYE NOS | 68 |
| 931 | FOREIGN BODY IN EAR | 72 |
| 932 | FOREIGN BODY IN NOSE | 72 |
| 9330 | FOREIGN BODY IN PHARYNX | 72 |
| 9331 | FOREIGN BODY IN LARYNX | 72 |
| 9340 | FOREIGN BODY IN TRACHEA | 72 |
| 9341 | FOREIGN BODY BRONCHUS | 72 |
| 9348 | FB TRACH/BRONCH/LUNG NEC | 72 |
| 9349 | FB RESPIRATORY TREE NOS | 72 |
| 9350 | FOREIGN BODY IN MOUTH | 72 |
| 9351 | FOREIGN BODY ESOPHAGUS | 72 |
| 9352 | FOREIGN BODY IN STOMACH | 72 |
| 936 | FB IN INTESTINE & COLON | 72 |
| 937 | FOREIGN BODY ANUS/RECTUM | 72 |
| 938 | FOREIGN BODY GI NOS | 72 |
| 9390 | FB BLADDER & URETHRA | 72 |
| 9391 | FOREIGN BODY UTERUS | 56 |
| 9392 | FOREIGN BDY VULVA/VAGINA | 72 |
| 9393 | FOREIGN BODY PENIS | 72 |
| 9399 | FOREIGN BDY GU TRACT NOS | 72 |
| 9400 | CHEMICAL BURN PERIOCULAR | 72 |
| 9401 | BURN PERIOCULAR AREA NEC | 72 |
| 9402 | ALKAL BURN CORNEA/CONJUN | 72 |
| 9403 | ACID BURN CORNEA/CONJUNC | 72 |
| 9404 | BURN CORNEA/CONJUNCT NEC | 72 |
| 9405 | BURN W EYEBALL DESTRUCT | 72 |
| 9409 | BURN EYE & ADNEXA NOS | 72 |
| 94100 | BURN NOS HEAD-UNSPEC | 72 |
| 94101 | BURN NOS EAR | 72 |
| 94102 | BURN NOS EYE | 72 |
| 94103 | BURN NOS LIP | 72 |
| 94104 | BURN NOS CHIN | 72 |
| 94105 | BURN NOS NOSE | 72 |
| 94106 | BURN NOS SCALP | 72 |
| 94107 | BURN NOS FACE NEC | 72 |
| 94108 | BURN NOS NECK | 72 |
| 94109 | BURN NOS HEAD-MULT | 72 |
| 94110 | 1ST DEG BURN HEAD NOS | 72 |
| 94111 | 1ST DEG BURN EAR | 72 |
| 94112 | 1ST DEG BURN EYE | 72 |
| 94113 | 1ST DEG BURN LIP | 72 |
| 94114 | 1ST DEG BURN CHIN | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 94115 | 1ST DEG BURN NOSE | 72 |
| 94116 | 1ST DEG BURN SCALP | 72 |
| 94117 | 1ST DEG BURN FACE NEC | 72 |
| 94118 | 1ST DEG BURN NECK | 72 |
| 94119 | 1ST DEG BURN HEAD-MULT | 72 |
| 94120 | 2ND DEG BURN HEAD NOS | 72 |
| 94121 | 2ND DEG BURN EAR | 72 |
| 94122 | 2ND DEG BURN EYE | 72 |
| 94123 | 2ND DEG BURN LIP | 72 |
| 94124 | 2ND DEG BURN CHIN | 72 |
| 94125 | 2ND DEG BURN NOSE | 72 |
| 94126 | 2ND DEG BURN SCALP | 72 |
| 94127 | 2ND DEG BURN FACE NEC | 72 |
| 94128 | 2ND DEG BURN NECK | 72 |
| 94129 | 2ND DEG BURN HEAD-MULT | 72 |
| 94130 | 3RD DEG BURN HEAD NOS | 72 |
| 94131 | 3RD DEG BURN EAR | 72 |
| 94132 | 3RD DEG BURN EYE | 72 |
| 94133 | 3RD DEG BURN LIP | 72 |
| 94134 | 3RD DEG BURN CHIN | 72 |
| 94135 | 3RD DEG BURN NOSE | 72 |
| 94136 | 3RD DEG BURN SCALP | 72 |
| 94137 | 3RD DEG BURN FACE NEC | 72 |
| 94138 | 3RD DEG BURN NECK | 72 |
| 94139 | 3RD DEG BURN HEAD-MULT | 72 |
| 94140 | DEEP 3 DEG BURN HEAD NOS | 72 |
| 94141 | DEEP 3RD DEG BURN EAR | 72 |
| 94142 | DEEP 3RD DEG BURN EYE | 72 |
| 94143 | DEEP 3RD DEG BURN LIP | 72 |
| 94144 | DEEP 3RD DEG BURN CHIN | 72 |
| 94145 | DEEP 3RD DEG BURN NOSE | 72 |
| 94146 | DEEP 3RD DEG BURN SCALP | 72 |
| 94147 | DEEP 3RD BURN FACE NEC | 72 |
| 94148 | DEEP 3RD DEG BURN NECK | 72 |
| 94149 | DEEP 3 DEG BRN HEAD-MULT | 72 |
| 94150 | 3RD BURN W LOSS-HEAD NOS | 72 |
| 94151 | 3RD DEG BURN W LOSS-EAR | 72 |
| 94152 | 3RD DEG BURN W LOSS-EYE | 72 |
| 94153 | 3RD DEG BURN W LOSS-LIP | 72 |
| 94154 | 3RD DEG BURN W LOSS-CHIN | 72 |
| 94155 | 3RD DEG BURN W LOSS-NOSE | 72 |
| 94156 | 3RD DEG BRN W LOSS-SCALP | 72 |
| 94157 | 3RD BURN W LOSS-FACE NEC | 72 |
| 94158 | 3RD DEG BURN W LOSS-NECK | 72 |
| 94159 | 3RD BRN W LOSS-HEAD MULT | 72 |
| 94200 | BURN NOS TRUNK-UNSPEC | 72 |
| 94201 | BURN NOS BREAST | 72 |
| 94202 | BURN NOS CHEST WALL | 72 |
| 94203 | BURN NOS ABDOMINAL WALL | 72 |
| 94204 | BURN NOS BACK | 72 |
| 94205 | BURN NOS GENITALIA | 72 |
| 94209 | BURN NOS TRUNK NEC | 72 |
| 94210 | 1ST DEG BURN TRUNK NOS | 72 |
| 94211 | 1ST DEG BURN BREAST | 72 |
| 94212 | 1ST DEG BURN CHEST WALL | 72 |
| 94213 | 1ST DEG BURN ABDOMN WALL | 72 |
| 94214 | 1ST DEG BURN BACK | 72 |
| 94215 | 1ST DEG BURN GENITALIA | 72 |
| 94219 | 1ST DEG BURN TRUNK NEC | 72 |
| 94220 | 2ND DEG BURN TRUNK NOS | 72 |
| 94221 | 2ND DEG BURN BREAST | 72 |
| 94222 | 2ND DEG BURN CHEST WALL | 72 |
| 94223 | 2ND DEG BURN ABDOMN WALL | 72 |
| 94224 | 2ND DEG BURN BACK | 72 |
| 94225 | 2ND DEG BURN GENITALIA | 72 |
| 94229 | 2ND DEG BURN TRUNK NEC | 72 |
| 94230 | 3RD DEG BURN TRUNK NOS | 72 |
| 94231 | 3RD DEG BURN BREAST | 72 |
| 94232 | 3RD DEG BURN CHEST WALL | 72 |
| 94233 | 3RD DEG BURN ABDOMN WALL | 72 |
| 94234 | 3RD DEG BURN BACK | 72 |
| 94235 | 3RD DEG BURN GENITALIA | 72 |
| 94239 | 3RD DEG BURN TRUNK NEC | 72 |
| 94240 | DEEP 3RD BURN TRUNK NOS | 72 |
| 94241 | DEEP 3RD DEG BURN BREAST | 72 |
| 94242 | DEEP 3RD BURN CHEST WALL | 72 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 94243 | DEEP 3RD BURN ABDOM WALL | 72 |
| 94244 | DEEP 3RD DEG BURN BACK | 72 |
| 94245 | DEEP 3RD BURN GENITALIA | 72 |
| 94249 | DEEP 3RD BURN TRUNK NEC | 72 |
| 94250 | 3RD BRN W LOSS-TRUNK NOS | 72 |
| 94251 | 3RD BURN W LOSS-BREAST | 72 |
| 94252 | 3RD BRN W LOSS-CHEST WLL | 72 |
| 94253 | 3RD BRN W LOSS-ABDOM WLL | 72 |
| 94254 | 3RD DEG BURN W LOSS-BACK | 72 |
| 94255 | 3RD BRN W LOSS-GENITALIA | 72 |
| 94259 | 3RD BRN W LOSS-TRUNK NEC | 72 |
| 94300 | BURN NOS ARM-UNSPEC | 72 |
| 94301 | BURN NOS FOREARM | 72 |
| 94302 | BURN NOS ELBOW | 72 |
| 94303 | BURN NOS UPPER ARM | 72 |
| 94304 | BURN NOS AXILLA | 72 |
| 94305 | BURN NOS SHOULDER | 72 |
| 94306 | BURN NOS SCAPULA | 72 |
| 94309 | BURN NOS ARM-MULTIPLE | 72 |
| 94310 | 1ST DEG BURN ARM NOS | 72 |
| 94311 | 1ST DEG BURN FOREARM | 72 |
| 94312 | 1ST DEG BURN ELBOW | 72 |
| 94313 | 1ST DEG BURN UPPER ARM | 72 |
| 94314 | 1ST DEG BURN AXILLA | 72 |
| 94315 | 1ST DEG BURN SHOULDER | 72 |
| 94316 | 1ST DEG BURN SCAPULA | 72 |
| 94319 | 1ST DEG BURN ARM-MULT | 72 |
| 94320 | 2ND DEG BURN ARM NOS | 72 |
| 94321 | 2ND DEG BURN FOREARM | 72 |
| 94322 | 2ND DEG BURN ELBOW | 72 |
| 94323 | 2ND DEG BURN UPPER ARM | 72 |
| 94324 | 2ND DEG BURN AXILLA | 72 |
| 94325 | 2ND DEG BURN SHOULDER | 72 |
| 94326 | 2ND DEG BURN SCAPULA | 72 |
| 94329 | 2ND DEG BURN ARM-MULT | 72 |
| 94330 | 3RD DEG BURN ARM NOS | 72 |
| 94331 | 3RD DEG BURN FOREARM | 72 |
| 94332 | 3RD DEG BURN ELBOW | 72 |
| 94333 | 3RD DEG BURN UPPER ARM | 72 |
| 94334 | 3RD DEG BURN AXILLA | 72 |
| 94335 | 3RD DEG BURN SHOULDER | 72 |
| 94336 | 3RD DEG BURN SCAPULA | 72 |
| 94339 | 3RD DEG BURN ARM-MULT | 72 |
| 94340 | DEEP 3 DEG BURN ARM NOS | 72 |
| 94341 | DEEP 3 DEG BURN FOREARM | 72 |
| 94342 | DEEP 3 DEG BURN ELBOW | 72 |
| 94343 | DEEP 3 DEG BRN UPPER ARM | 72 |
| 94344 | DEEP 3 DEG BURN AXILLA | 72 |
| 94345 | DEEP 3 DEG BURN SHOULDER | 72 |
| 94346 | DEEP 3 DEG BURN SCAPULA | 72 |
| 94349 | DEEP 3 DEG BURN ARM-MULT | 72 |
| 94350 | 3RD BURN W LOSS-ARM NOS | 72 |
| 94351 | 3RD BURN W LOSS-FOREARM | 72 |
| 94352 | 3RD BURN W LOSS-ELBOW | 72 |
| 94353 | 3RD BRN W LOSS-UPPER ARM | 72 |
| 94354 | 3RD BURN W LOSS-AXILLA | 72 |
| 94355 | 3RD BURN W LOSS-SHOULDER | 72 |
| 94356 | 3RD BURN W LOSS-SCAPULA | 72 |
| 94359 | 3RD BURN W LOSS ARM-MULT | 72 |
| 94400 | BURN NOS HAND-UNSPEC | 72 |
| 94401 | BURN NOS FINGER | 72 |
| 94402 | BURN NOS THUMB | 72 |
| 94403 | BURN NOS MULT FINGERS | 72 |
| 94404 | BURN NOS FINGER W THUMB | 72 |
| 94405 | BURN NOS PALM | 72 |
| 94406 | BURN NOS BACK OF HAND | 72 |
| 94407 | BURN NOS WRIST | 72 |
| 94408 | BURN NOS HAND-MULTIPLE | 72 |
| 94410 | 1ST DEG BURN HAND NOS | 72 |
| 94411 | 1ST DEG BURN FINGER | 72 |
| 94412 | 1ST DEG BURN THUMB | 72 |
| 94413 | 1ST DEG BURN MULT FINGER | 72 |
| 94414 | 1 DEG BURN FINGR W THUMB | 72 |
| 94415 | 1ST DEG BURN PALM | 72 |
| 94416 | 1 DEG BURN BACK OF HAND | 72 |
| 94417 | 1ST DEG BURN WRIST | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 94418 | 1ST DEG BURN HAND-MULT | 72 |
| 94420 | 2ND DEG BURN HAND NOS | 72 |
| 94421 | 2ND DEG BURN FINGER | 72 |
| 94422 | 2ND DEG BURN THUMB | 72 |
| 94423 | 2ND DEG BURN MULT FINGER | 72 |
| 94424 | 2 DEG BURN FINGR W THUMB | 72 |
| 94425 | 2ND DEG BURN PALM | 72 |
| 94426 | 2 DEG BURN BACK OF HAND | 72 |
| 94427 | 2ND DEG BURN WRIST | 72 |
| 94428 | 2ND DEG BURN HAND-MULT | 72 |
| 94430 | 3RD DEG BURN HAND NOS | 72 |
| 94431 | 3RD DEG BURN FINGER | 72 |
| 94432 | 3RD DEG BURN THUMB | 72 |
| 94433 | 3RD DEG BURN MULT FINGER | 72 |
| 94434 | 3 DEG BURN FINGR W THUMB | 72 |
| 94435 | 3RD DEG BURN PALM | 72 |
| 94436 | 3 DEG BURN BACK OF HAND | 72 |
| 94437 | 3RD DEG BURN WRIST | 72 |
| 94438 | 3RD DEG BURN HAND-MULT | 72 |
| 94440 | DEEP 3 DEG BRN HAND NOS | 72 |
| 94441 | DEEP 3 DEG BURN FINGER | 72 |
| 94442 | DEEP 3 DEG BURN THUMB | 72 |
| 94443 | DEEP 3RD BRN MULT FINGER | 72 |
| 94444 | DEEP 3RD BRN FNGR W THMB | 72 |
| 94445 | DEEP 3 DEG BURN PALM | 72 |
| 94446 | DEEP 3RD BRN BACK OF HND | 72 |
| 94447 | DEEP 3 DEG BURN WRIST | 72 |
| 94448 | DEEP 3 DEG BRN HAND-MULT | 72 |
| 94450 | 3RD BRN W LOSS-HAND NOS | 72 |
| 94451 | 3RD BURN W LOSS-FINGER | 72 |
| 94452 | 3RD BURN W LOSS-THUMB | 72 |
| 94453 | 3RD BRN W LOSS-MULT FNGR | 72 |
| 94454 | 3RD BRN W LOSS-FNGR/THMB | 72 |
| 94455 | 3RD BURN W LOSS-PALM | 72 |
| 94456 | 3RD BRN W LOSS-BK OF HND | 72 |
| 94457 | 3RD BURN W LOSS-WRIST | 72 |
| 94458 | 3RD BRN W LOSS HAND-MULT | 72 |
| 94500 | BURN NOS LEG-UNSPEC | 72 |
| 94501 | BURN NOS TOE | 72 |
| 94502 | BURN NOS FOOT | 72 |
| 94503 | BURN NOS ANKLE | 72 |
| 94504 | BURN NOS LOWER LEG | 72 |
| 94505 | BURN NOS KNEE | 72 |
| 94506 | BURN NOS THIGH | 72 |
| 94509 | BURN NOS LEG-MULTIPLE | 72 |
| 94510 | 1ST DEG BURN LEG NOS | 72 |
| 94511 | 1ST DEG BURN TOE | 72 |
| 94512 | 1ST DEG BURN FOOT | 72 |
| 94513 | 1ST DEG BURN ANKLE | 72 |
| 94514 | 1ST DEG BURN LOWER LEG | 72 |
| 94515 | 1ST DEG BURN KNEE | 72 |
| 94516 | 1ST DEG BURN THIGH | 72 |
| 94519 | 1ST DEG BURN LEG-MULT | 72 |
| 94520 | 2ND DEG BURN LEG NOS | 72 |
| 94521 | 2ND DEG BURN TOE | 72 |
| 94522 | 2ND DEG BURN FOOT | 72 |
| 94523 | 2ND DEG BURN ANKLE | 72 |
| 94524 | 2ND DEG BURN LOWER LEG | 72 |
| 94525 | 2ND DEG BURN KNEE | 72 |
| 94526 | 2ND DEG BURN THIGH | 72 |
| 94529 | 2ND DEG BURN LEG-MULT | 72 |
| 94530 | 3RD DEG BURN LEG NOS | 72 |
| 94531 | 3RD DEG BURN TOE | 72 |
| 94532 | 3RD DEG BURN FOOT | 72 |
| 94533 | 3RD DEG BURN ANKLE | 72 |
| 94534 | 3RD DEG BURN LOW LEG | 72 |
| 94535 | 3RD DEG BURN KNEE | 72 |
| 94536 | 3RD DEG BURN THIGH | 72 |
| 94539 | 3RD DEG BURN LEG-MULT | 72 |
| 94540 | DEEP 3RD DEG BRN LEG NOS | 72 |
| 94541 | DEEP 3RD DEG BURN TOE | 72 |
| 94542 | DEEP 3RD DEG BURN FOOT | 72 |
| 94543 | DEEP 3RD DEG BURN ANKLE | 72 |
| 94544 | DEEP 3RD DEG BRN LOW LEG | 72 |
| 94545 | DEEP 3RD DEG BURN KNEE | 72 |
| 94546 | DEEP 3RD DEG BURN THIGH | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 94549 | DEEP 3 DEG BURN LEG-MULT | 72 |
| 94550 | 3 DEG BRN W LOSS-LEG NOS | 72 |
| 94551 | 3 DEG BURN W LOSS-TOE | 72 |
| 94552 | 3 DEG BURN W LOSS-FOOT | 72 |
| 94553 | 3 DEG BURN W LOSS-ANKLE | 72 |
| 94554 | 3 DEG BRN W LOSS-LOW LEG | 72 |
| 94555 | 3 DEG BURN W LOSS-KNEE | 72 |
| 94556 | 3 DEG BURN W LOSS-THIGH | 72 |
| 94559 | 3 DEG BRN W LOSS LEG-MLT | 72 |
| 9460 | BURN NOS MULTIPLE SITE | 72 |
| 9461 | 1ST DEG BURN MULT SITE | 72 |
| 9462 | 2ND DEG BURN MULT SITE | 72 |
| 9463 | 3RD DEG BURN MULT SITE | 72 |
| 9464 | DEEP 3 DEG BRN MULT SITE | 72 |
| 9465 | 3RD BRN W LOSS-MULT SITE | 72 |
| 9470 | BURN OF MOUTH & PHARYNX | 72 |
| 9471 | BURN LARYNX/TRACHEA/LUNG | 72 |
| 9472 | BURN OF ESOPHAGUS | 72 |
| 9473 | BURN OF GI TRACT | 72 |
| 9474 | BURN OF VAGINA & UTERUS | 72 |
| 9478 | BURN INTERNAL ORGAN NEC | 72 |
| 9479 | BURN INTERNAL ORGAN NOS | 72 |
| 94800 | BDY BRN < 10%/3D DEG NOS | 72 |
| 94810 | 10-19% BDY BRN/3 DEG NOS | 72 |
| 94811 | 10-19% BDY BRN/10-19% 3D | 72 |
| 94820 | 20-29% BDY BRN/3 DEG NOS | 72 |
| 94821 | 20-29% BDY BRN/10-19% 3D | 72 |
| 94822 | 20-29% BDY BRN/20-29% 3D | 72 |
| 94830 | 30-39% BDY BRN/3 DEG NOS | 72 |
| 94831 | 30-39% BDY BRN/10-19% 3D | 72 |
| 94832 | 30-39% BDY BRN/20-29% 3D | 72 |
| 94833 | 30-39% BDY BRN/30-39% 3D | 72 |
| 94840 | 40-49% BDY BRN/3 DEG NOS | 72 |
| 94841 | 40-49% BDY BRN/10-19% 3D | 72 |
| 94842 | 40-49% BDY BRN/20-29% 3D | 72 |
| 94843 | 40-49% BDY BRN/30-39% 3D | 72 |
| 94844 | 40-49% BDY BRN/40-49% 3D | 72 |
| 94850 | 50-59% BDY BRN/3 DEG NOS | 72 |
| 94851 | 50-59% BDY BRN/10-19% 3D | 72 |
| 94852 | 50-59% BDY BRN/20-29% 3D | 72 |
| 94853 | 50-59% BDY BRN/30-39% 3D | 72 |
| 94854 | 50-59% BDY BRN/40-49% 3D | 72 |
| 94855 | 50-59% BDY BRN/50-59% 3D | 72 |
| 94860 | 60-69% BDY BRN/3 DEG NOS | 72 |
| 94861 | 60-69% BDY BRN/10-19% 3D | 72 |
| 94862 | 60-69% BDY BRN/20-29% 3D | 72 |
| 94863 | 60-69% BDY BRN/30-39% 3D | 72 |
| 94864 | 60-69% BDY BRN/40-49% 3D | 72 |
| 94865 | 60-69% BDY BRN/50-59% 3D | 72 |
| 94866 | 60-69% BDY BRN/60-69% 3D | 72 |
| 94870 | 70-79% BDY BRN/3 DEG NOS | 72 |
| 94871 | 70-79% BDY BRN/10-19% 3D | 72 |
| 94872 | 70-79% BDY BRN/20-29% 3D | 72 |
| 94873 | 70-79% BDY BRN/30-39% 3D | 72 |
| 94874 | 70-79% BDY BRN/40-49% 3D | 72 |
| 94875 | 70-79% BDY BRN/50-59% 3D | 72 |
| 94876 | 70-79% BDY BRN/60-69% 3D | 72 |
| 94877 | 70-79% BDY BRN/70-79% 3D | 72 |
| 94880 | 80-89% BDY BRN/3 DEG NOS | 72 |
| 94881 | 80-89% BDY BRN/10-19% 3D | 72 |
| 94882 | 80-89% BDY BRN/20-29% 3D | 72 |
| 94883 | 80-89% BDY BRN/30-39% 3D | 72 |
| 94884 | 80-89% BDY BRN/40-49% 3D | 72 |
| 94885 | 80-89% BDY BRN/50-59% 3D | 72 |
| 94886 | 80-89% BDY BRN/60-69% 3D | 72 |
| 94887 | 80-89% BDY BRN/70-79% 3D | 72 |
| 94888 | 80-89% BDY BRN/80-89% 3D | 72 |
| 94890 | 90% + BDY BRN/3D DEG NOS | 72 |
| 94891 | 90% + BDY BRN/10-19% 3RD | 72 |
| 94892 | 90% + BDY BRN/20-29% 3RD | 72 |
| 94893 | 90% + BDY BRN/30-39% 3RD | 72 |
| 94894 | 90% + BDY BRN/40-49% 3RD | 72 |
| 94895 | 90% + BDY BRN/50-59% 3RD | 72 |
| 94896 | 90% + BDY BRN/60-69% 3RD | 72 |
| 94897 | 90% + BDY BRN/70-79% 3RD | 72 |
| 94898 | 90% + BDY BRN/80-89% 3RD | 72 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 94899 | 90% + BDY BRN/90% + 3RD | 72 |
| 9490 | BURN NOS | 72 |
| 9491 | 1ST DEGREE BURN NOS | 72 |
| 9492 | 2ND DEGREE BURN NOS | 72 |
| 9493 | 3RD DEGREE BURN NOS | 72 |
| 9494 | DEEP 3RD DEG BURN NOS | 72 |
| 9495 | 3RD BURN W LOSS-SITE NOS | 72 |
| 9500 | OPTIC NERVE INJURY | 72 |
| 9501 | INJURY TO OPTIC CHIASM | 72 |
| 9502 | INJURY TO OPTIC PATHWAYS | 72 |
| 9503 | INJURY TO VISUAL CORTEX | 72 |
| 9509 | INJ OPTIC NERV/PATH NOS | 72 |
| 9510 | INJURY OCULOMOTOR NERVE | 72 |
| 9511 | INJURY TROCHLEAR NERVE | 72 |
| 9512 | INJURY TRIGEMINAL NERVE | 72 |
| 9513 | INJURY ABDUCENS NERVE | 72 |
| 9514 | INJURY TO FACIAL NERVE | 72 |
| 9515 | INJURY TO ACOUSTIC NERVE | 72 |
| 9516 | INJURY ACCESSORY NERVE | 72 |
| 9517 | INJURY HYPOGLOSSAL NERVE | 72 |
| 9518 | INJURY CRANIAL NERVE NEC | 72 |
| 9519 | INJURY CRANIAL NERVE NOS | 72 |
| 95200 | C1-C4 SPIN CORD INJ NOS | 72 |
| 95201 | COMPLETE LES CORD/C1-C4 | 72 |
| 95202 | ANTERIOR CORD SYND/C1-C4 | 72 |
| 95203 | CENTRAL CORD SYND/C1-C4 | 72 |
| 95204 | C1-C4 SPIN CORD INJ NEC | 72 |
| 95205 | C5-C7 SPIN CORD INJ NOS | 72 |
| 95206 | COMPLETE LES CORD/C5-C7 | 72 |
| 95207 | ANTERIOR CORD SYND/C5-C7 | 72 |
| 95208 | CENTRAL CORD SYND/C5-C7 | 72 |
| 95209 | C5-C7 SPIN CORD INJ NEC | 72 |
| 95210 | T1-T6 SPIN CORD INJ NOS | 72 |
| 95211 | COMPLETE LES CORD/T1-T6 | 72 |
| 95212 | ANTERIOR CORD SYND/T1-T6 | 72 |
| 95213 | CENTRAL CORD SYND/T1-T6 | 72 |
| 95214 | T1-T6 SPIN CORD INJ NEC | 72 |
| 95215 | T7-T12 SPIN CORD INJ NOS | 72 |
| 95216 | COMPLETE LES CORD/T7-T12 | 72 |
| 95217 | ANTERIOR CORD SYN/T7-T12 | 72 |
| 95218 | CENTRAL CORD SYN/T7-T12 | 72 |
| 95219 | T7-T12 SPIN CORD INJ NEC | 72 |
| 9522 | LUMBAR SPINAL CORD INJUR | 72 |
| 9523 | SACRAL SPINAL CORD INJUR | 72 |
| 9524 | CAUDA EQUINA INJURY | 72 |
| 9528 | SPIN CORD INJ-MULT SITE | 72 |
| 9529 | SPINAL CORD INJURY NOS | 72 |
| 9530 | CERVICAL ROOT INJURY | 72 |
| 9531 | DORSAL ROOT INJURY | 72 |
| 9532 | LUMBAR ROOT INJURY | 72 |
| 9533 | SACRAL ROOT INJURY | 72 |
| 9534 | BRACHIAL PLEXUS INJURY | 72 |
| 9535 | LUMBOSACRAL PLEX INJURY | 72 |
| 9538 | MULT NERVE ROOT/PLEX INJ | 72 |
| 9539 | INJ NERVE ROOT/PLEX NOS | 72 |
| 9540 | INJ CERV SYMPATH NERVE | 72 |
| 9541 | INJ SYMPATH NERVE NEC | 72 |
| 9548 | INJURY TRUNK NERVE NEC | 72 |
| 9549 | INJURY TRUNK NERVE NOS | 72 |
| 9550 | INJURY AXILLARY NERVE | 72 |
| 9551 | INJURY MEDIAN NERVE | 72 |
| 9552 | INJURY ULNAR NERVE | 72 |
| 9553 | INJURY RADIAL NERVE | 72 |
| 9554 | INJ MUSCULOCUTAN NERVE | 72 |
| 9555 | INJ CUTAN SENSO NERV/ARM | 72 |
| 9556 | INJURY DIGITAL NERVE | 72 |
| 9557 | INJ NERVE SHLDR/ARM NEC | 72 |
| 9558 | INJ MULT NERVE SHLDR/ARM | 72 |
| 9559 | INJ NERVE SHLDR/ARM NOS | 72 |
| 9560 | INJURY SCIATIC NERVE | 72 |
| 9561 | INJURY FEMORAL NERVE | 72 |
| 9562 | INJ POSTERIOR TIB NERVE | 72 |
| 9563 | INJURY PERONEAL NERVE | 72 |
| 9564 | INJ CUTAN SENSO NERV/LEG | 72 |
| 9565 | INJ NERVE PELV/LEG NEC | 72 |
| 9568 | INJ MULT NERVE PELV/LEG | 72 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 9569 | INJ NERVE PELV/LEG NOS | 72 |
| 9570 | INJ SUPERF NERV HEAD/NCK | 72 |
| 9571 | INJURY TO NERVE NEC | 72 |
| 9578 | INJURY TO MULT NERVES | 72 |
| 9579 | INJURY TO NERVE NOS | 72 |
| 9580 | AIR EMBOLISM | 72 |
| 9581 | FAT EMBOLISM | 72 |
| 9582 | SECONDARY/RECUR HEMORR | 72 |
| 9583 | POSTTRAUM WND INFEC NEC | 97 |
| 9584 | TRAUMATIC SHOCK | 72 |
| 9585 | TRAUMATIC ANURIA | 72 |
| 9586 | VOLKMANN'S ISCH CONTRACT | 72 |
| 9587 | TRAUM SUBCUTAN EMPHYSEMA | 11 |
| 9588 | EARLY COMPLIC TRAUMA NEC | 11 |
| 9591 | TRUNK INJURY NOS | 11 |
| 9592 | SHLDR/UPPER ARM INJ NOS | 11 |
| 9593 | ELB/FOREARM/WRST INJ NOS | 11 |
| 9594 | HAND INJURY NOS | 11 |
| 9595 | FINGER INJURY NOS | 11 |
| 9596 | HIP & THIGH INJURY NOS | 11 |
| 9597 | LOWER LEG INJURY NOS | 11 |
| 9598 | INJURY MLT SITE/SITE NEC | 11 |
| 9599 | INJURY-SITE NOS | 11 |
| 9600 | POISONING-PENICILLINS | 72 |
| 9601 | POIS-ANTIFUNGAL ANTIBIOT | 72 |
| 9602 | POISON-CHLORAMPHENICOL | 72 |
| 9603 | POIS-ERYTHROMYC/MACROLID | 72 |
| 9604 | POISONING-TETRACYCLINE | 72 |
| 9605 | POIS-CEPHALOSPORIN GROUP | 72 |
| 9606 | POIS-ANTIMYCOBAC ANTIBIO | 72 |
| 9607 | POIS-ANTINEOP ANTIBIOTIC | 72 |
| 9608 | POISONING-ANTIBIOTIC NEC | 72 |
| 9609 | POISONING-ANTIBIOTIC NOS | 72 |
| 9610 | POISONING-SULFONAMIDES | 72 |
| 9611 | POIS-ARSENIC ANTI-INFEC | 72 |
| 9612 | POIS-HEAV MET ANTI-INFEC | 72 |
| 9613 | POIS-QUINOLINE/HYDROXYQU | 72 |
| 9614 | POISONING-ANTIMALARIALS | 72 |
| 9615 | POIS-ANTIPROTOZ DRUG NEC | 72 |
| 9616 | POISONING-ANTHELMINTICS | 72 |
| 9617 | POISONING-ANTIVIRAL DRUG | 72 |
| 9618 | POIS-ANTIMYCOBAC DRG NEC | 72 |
| 9619 | POIS-ANTI-INFECT NEC/NOS | 72 |
| 9620 | POIS-CORTICOSTEROIDS | 72 |
| 9621 | POISONING-ANDROGENS | 72 |
| 9622 | POISONING-OVARIAN HORMON | 72 |
| 9623 | POISON-INSULIN/ANTIDIAB | 72 |
| 9624 | POIS-ANT PITUITARY HORM | 72 |
| 9625 | POIS-POST PITUITARY HORM | 72 |
| 9626 | POISONING-PARATHYROIDS | 72 |
| 9627 | POISONING-THYROID/DERIV | 72 |
| 9628 | POISON-ANTITHYROID AGENT | 72 |
| 9629 | POISONING HORMON NEC/NOS | 72 |
| 9630 | POIS-ANTIALLRG/ANTIEMET | 72 |
| 9631 | POIS-ANTINEOPL/IMMUNOSUP | 72 |
| 9632 | POISONING-ACIDIFYING AGT | 72 |
| 9633 | POISONING-ALKALIZING AGT | 72 |
| 9634 | POISONING-ENZYMES NEC | 72 |
| 9635 | POISONING-VITAMINS NEC | 72 |
| 9638 | POISONING-SYSTEM AGT NEC | 72 |
| 9639 | POISONING-SYSTEM AGT NOS | 72 |
| 9640 | POISONING-IRON/COMPOUNDS | 72 |
| 9641 | POISON-LIVER/ANTIANEMICS | 72 |
| 9642 | POISONING-ANTICOAGULANTS | 72 |
| 9643 | POISONING-VITAMIN K | 72 |
| 9644 | POISON-FIBRINOLYSIS AGNT | 72 |
| 9645 | POISONING-COAGULANTS | 72 |
| 9646 | POISONING-GAMMA GLOBULIN | 72 |
| 9647 | POISONING-BLOOD PRODUCT | 72 |
| 9648 | POISONING-BLOOD AGT NEC | 72 |
| 9649 | POISONING-BLOOD AGT NOS | 72 |
| 96500 | POISONING-OPIUM NOS | 72 |
| 96501 | POISONING-HEROIN | 72 |
| 96502 | POISONING-METHADONE | 72 |
| 96509 | POISONING-OPIATES NEC | 72 |
| 9651 | POISONING-SALICYLATES | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 9654 | POIS-AROM ANALGESICS NEC | 72 |
| 9655 | POISONING-PYRAZOLE DERIV | 72 |
| 9656 | POISONING-ANTIRHEUMATICS | 72 |
| 9657 | POIS-NO-NARC ANALGES NEC | 72 |
| 9658 | POIS-ANALGES/ANTIPYR NEC | 72 |
| 9659 | POIS-ANALGES/ANTIPYR NOS | 72 |
| 9660 | POISON-OXAZOLIDINE DERIV | 72 |
| 9661 | POISON-HYDANTOIN DERIVAT | 72 |
| 9662 | POISONING-SUCCINIMIDES | 72 |
| 9663 | POIS-ANTICONVUL NEC/NOS | 72 |
| 9664 | POIS-ANTI-PARKINSON DRUG | 72 |
| 9670 | POISONING-BARBITURATES | 72 |
| 9671 | POISONING-CHLORAL HYDRAT | 72 |
| 9672 | POISONING-PARALDEHYDE | 72 |
| 9673 | POISONING-BROMINE COMPND | 72 |
| 9674 | POISONING-METHAQUALONE | 72 |
| 9675 | POISONING-GLUTETHIMIDE | 72 |
| 9676 | POISON-MIX SEDATIVE NEC | 72 |
| 9678 | POIS-SEDATIVE/HYPNOT NEC | 72 |
| 9679 | POIS-SEDATIVE/HYPNOT NOS | 72 |
| 9680 | POIS-CNS MUSCLE DEPRESS | 72 |
| 9681 | POISONING-HALOTHANE | 72 |
| 9682 | POISON-GAS ANESTHET NEC | 72 |
| 9683 | POISON-INTRAVEN ANESTHET | 72 |
| 9684 | POIS-GEN ANESTH NEC/NOS | 72 |
| 9685 | POIS-TOPIC/INFILT ANESTH | 72 |
| 9686 | POIS-NERVE/PLEX-BLK ANES | 72 |
| 9687 | POISON-SPINAL ANESTHETIC | 72 |
| 9689 | POIS-LOCAL ANEST NEC/NOS | 72 |
| 9690 | POISONING-ANTIDEPRESSANT | 72 |
| 9691 | POIS-PHENOTHIAZINE TRANQ | 72 |
| 9692 | POIS-BUTYROPHENONE TRANQ | 72 |
| 9693 | POISON-ANTIPSYCHOTIC NEC | 72 |
| 9694 | POIS-BENZODIAZEPINE TRAN | 72 |
| 9695 | POISON-TRANQUILIZER NEC | 72 |
| 9696 | POISONING-HALLUCINOGENS | 72 |
| 9697 | POISON-PSYCHOSTIMULANTS | 72 |
| 9698 | POISON-PSYCHOTROPIC NEC | 72 |
| 9699 | POISON-PSYCHOTROPIC NOS | 72 |
| 9700 | POISONING-ANALEPTICS | 72 |
| 9701 | POISON-OPIATE ANTAGONIST | 72 |
| 9708 | POIS-CNS STIMULANTS NEC | 72 |
| 9709 | POIS-CNS STIMULANT NOS | 72 |
| 9710 | POIS-PARASYMPATHOMIMETIC | 72 |
| 9711 | POIS-PARASYMPATHOLYTICS | 72 |
| 9712 | POISON-SYMPATHOMIMETICS | 72 |
| 9713 | POISONING-SYMPATHOLYTICS | 72 |
| 9719 | POIS-AUTONOMIC AGENT NOS | 72 |
| 9720 | POIS-CARD RHYTHM REGULAT | 72 |
| 9721 | POISONING-CARDIOTONICS | 72 |
| 9722 | POISONING-ANTILIPEMICS | 72 |
| 9723 | POIS-GANGLION BLOCK AGT | 72 |
| 9724 | POIS-CORONARY VASODILAT | 72 |
| 9725 | POISON-VASODILATOR NEC | 72 |
| 9726 | POIS-ANTIHYPERTEN AGENT | 72 |
| 9727 | POISON-ANTIVARICOSE DRUG | 72 |
| 9728 | POISON-CAPILLARY ACT AGT | 72 |
| 9729 | POIS-CARDIOVASC AGT NEC | 72 |
| 9730 | POIS-ANTACID/ANTIGASTRIC | 72 |
| 9731 | POIS-IRRITANT CATHARTICS | 72 |
| 9732 | POIS-EMOLLIENT CATHARTIC | 72 |
| 9733 | POISONING-CATHARTIC NEC | 72 |
| 9734 | POISONING-DIGESTANTS | 72 |
| 9735 | POISONING-ANTIDIARRH AGT | 72 |
| 9736 | POISONING-EMETICS | 72 |
| 9738 | POISONING-GI AGENTS NEC | 72 |
| 9739 | POISONING-GI AGENT NOS | 72 |
| 9740 | POIS-MERCURIAL DIURETICS | 72 |
| 9741 | POIS-PURINE DIURETICS | 72 |
| 9742 | POIS-H2CO3 ANHYDRA INHIB | 72 |
| 9743 | POISONING-SALURETICS | 72 |
| 9744 | POISONING-DIURETICS NEC | 72 |
| 9745 | POIS-ELECTRO/CAL/WAT AGT | 72 |
| 9746 | POISON-MINERAL SALTS NEC | 72 |
| 9747 | POIS-URIC ACID METABOL | 72 |
| 9750 | POISONING-OXYTOCIC AGENT | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 9751 | POIS-SMOOTH MUSCLE RELAX | 72 |
| 9752 | POIS-SKELET MUSCLE RELAX | 72 |
| 9753 | POISON-MUSCLE AGENT NEC | 72 |
| 9754 | POISONING-ANTITUSSIVES | 72 |
| 9755 | POISONING-EXPECTORANTS | 72 |
| 9756 | POIS-ANTI-COLD DRUGS | 72 |
| 9757 | POISONING-ANTIASTHMATICS | 72 |
| 9758 | POIS-RESPIR DRUG NEC/NOS | 72 |
| 9760 | POIS-LOCAL ANTI-INFECT | 72 |
| 9761 | POISONING-ANTIPRURITICS | 72 |
| 9762 | POIS-LOC ASTRING/DETERG | 72 |
| 9763 | POIS-EMOL/DEMUL/PROTECT | 72 |
| 9764 | POISON-HAIR/SCALP PREP | 72 |
| 9765 | POIS-EYE ANTI-INFEC/DRUG | 72 |
| 9766 | POISON-ENT PREPARATION | 72 |
| 9767 | POIS-TOPICAL DENTAL DRUG | 72 |
| 9768 | POIS-SKIN/MEMBR AGNT NEC | 72 |
| 9769 | POIS-SKIN/MEMBR AGNT NOS | 72 |
| 9770 | POISONING-DIETETICS | 72 |
| 9771 | POISON-LIPOTROPIC DRUGS | 72 |
| 9772 | POISONING-ANTIDOTES NEC | 72 |
| 9773 | POISON-ALCOHOL DETERRENT | 72 |
| 9774 | POIS-PHARMACEUT EXCIPIEN | 72 |
| 9778 | POISON-MEDICINAL AGT NEC | 72 |
| 9779 | POISON-MEDICINAL AGT NOS | 72 |
| 9780 | POISONING-BCG VACCINE | 72 |
| 9781 | POIS-TYPH/PARATYPH VACC | 72 |
| 9782 | POISONING-CHOLERA VACCIN | 72 |
| 9783 | POISONING-PLAGUE VACCINE | 72 |
| 9784 | POISONING-TETANUS VACCIN | 72 |
| 9785 | POIS-DIPHTHERIA VACCINE | 72 |
| 9786 | POIS-PERTUSSIS VACCINE | 72 |
| 9788 | POIS-BACT VACCIN NEC/NOS | 72 |
| 9789 | POIS-MIX BACTER VACCINES | 72 |
| 9790 | POISON-SMALLPOX VACCINE | 72 |
| 9791 | POISON-RABIES VACCINE | 72 |
| 9792 | POISON-TYPHUS VACCINE | 72 |
| 9793 | POIS-YELLOW FEVER VACCIN | 72 |
| 9794 | POISONING-MEASLES VACCIN | 72 |
| 9795 | POIS-POLIOMYELIT VACCINE | 72 |
| 9796 | POIS-VIRAL/RICK VACC NEC | 72 |
| 9797 | POISONING-MIXED VACCINE | 72 |
| 9799 | POIS-VACCINE/BIOLOG NEC | 72 |
| 9800 | TOXIC EFF ETHYL ALCOHOL | 72 |
| 9801 | TOXIC EFF METHYL ALCOHOL | 72 |
| 9802 | TOXIC EFF ISOPROPYL ALC | 72 |
| 9803 | TOXIC EFFECT FUSEL OIL | 72 |
| 9808 | TOXIC EFFECT ALCOHOL NEC | 72 |
| 9809 | TOXIC EFFECT ALCOHOL NOS | 72 |
| 981 | TOXIC EFF PETROLEUM PROD | 72 |
| 9820 | TOXIC EFFECT BENZENE | 72 |
| 9821 | TOXIC EFF CARBON TETRACH | 72 |
| 9822 | TOXIC EFF CARBON DISULFI | 72 |
| 9823 | TX EF CL-HYDCARB SLV NEC | 72 |
| 9824 | TOXIC EFFECT NITROGLYCOL | 72 |
| 9828 | TOXIC EFF NONPETROL SOLV | 72 |
| 9830 | TOX EFF CORROSIVE AROMAT | 72 |
| 9831 | TOXIC EFFECT ACIDS | 72 |
| 9832 | TOXIC EFF CAUSTIC ALKALI | 72 |
| 9839 | TOXIC EFFECT CAUSTIC NOS | 72 |
| 9840 | TX EFF INORG LEAD COMPND | 72 |
| 9841 | TOX EFF ORG LEAD COMPND | 72 |
| 9848 | TOX EFF LEAD COMPND NEC | 72 |
| 9849 | TOX EFF LEAD COMPND NOS | 72 |
| 9850 | TOXIC EFFECT MERCURY | 72 |
| 9851 | TOXIC EFFECT ARSENIC | 72 |
| 9852 | TOXIC EFFECT MANGANESE | 72 |
| 9853 | TOXIC EFFECT BERYLLIUM | 72 |
| 9854 | TOXIC EFFECT ANTIMONY | 72 |
| 9855 | TOXIC EFFECT CADMIUM | 72 |
| 9856 | TOXIC EFFECT CHROMIUM | 72 |
| 9858 | TOXIC EFFECT METALS NEC | 72 |
| 9859 | TOXIC EFFECT METAL NOS | 72 |
| 986 | TOX EFF CARBON MONOXIDE | 72 |
| 9870 | TOXIC EFF LIQ PETROL GAS | 72 |
| 9871 | TOX EF HYDROCARB GAS NEC | 72 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 9872 | TOXIC EFF NITROGEN OXIDE | 72 |
| 9873 | TOXIC EFF SULFUR DIOXIDE | 72 |
| 9874 | TOXIC EFFECT FREON | 72 |
| 9875 | TOX EFF LACRIMOGENIC GAS | 72 |
| 9876 | TOXIC EFF CHLORINE GAS | 72 |
| 9877 | TOX EFF HYDROCYAN ACD GS | 72 |
| 9878 | TOXIC EFF GAS/VAPOR NEC | 72 |
| 9879 | TOXIC EFF GAS/VAPOR NOS | 72 |
| 9880 | TOXIC EFF FISH/SHELLFISH | 72 |
| 9881 | TOXIC EFFECT MUSHROOMS | 72 |
| 9882 | TOX EFF BERRY/PLANT NEC | 72 |
| 9888 | TOX EFF NOXIOUS FOOD NEC | 72 |
| 9889 | TOX EFF NOXIOUS FOOD NOS | 72 |
| 9890 | TOXIC EFFECT CYANIDES | 72 |
| 9891 | TOXIC EFFECT STRYCHNINE | 72 |
| 9892 | TOX EFF CHLOR HYDROCARB | 72 |
| 9893 | TOX EFF ORGANPHOS/CARBAM | 72 |
| 9894 | TOXIC EFF PESTICIDES NEC | 72 |
| 9895 | TOXIC EFFECT VENOM | 72 |
| 9896 | TOXIC EFF SOAP/DETERGENT | 72 |
| 9897 | TOX EFF AFLATOX/MYCOTOX | 72 |
| 98981 | TOXIC EFFECT OF ASBESTOS | 72 |
| 98982 | TOXIC EFFECT OF LATEX | 72 |
| 98983 | TOXIC EFFECT OF SILICONE | 72 |
| 98984 | TOXIC EFFECT OF TOBACCO | 72 |
| 98989 | TOX EFF NONMED SUBST NEC | 72 |
| 9899 | TOX EFF NONMED SUBST NOS | 72 |
| 990 | EFFECTS RADIATION NOS | 72 |
| 9910 | FROSTBITE OF FACE | 72 |
| 9911 | FROSTBITE OF HAND | 72 |
| 9912 | FROSTBITE OF FOOT | 72 |
| 9913 | FROSTBITE NEC/NOS | 72 |
| 9914 | IMMERSION FOOT | 72 |
| 9915 | CHILBLAINS | 72 |
| 9916 | HYPOTHERMIA | 72 |
| 9918 | EFFECT REDUCED TEMP NEC | 72 |
| 9919 | EFFECT REDUCED TEMP NOS | 72 |
| 9920 | HEAT STROKE & SUNSTROKE | 72 |
| 9921 | HEAT SYNCOPE | 72 |
| 9922 | HEAT CRAMPS | 72 |
| 9923 | HEAT EXHAUST-ANHYDROTIC | 72 |
| 9924 | HEAT EXHAUST-SALT DEPLE | 72 |
| 9925 | HEAT EXHAUSTION NOS | 72 |
| 9926 | HEAT FATIGUE, TRANSIENT | 72 |
| 9927 | HEAT EDEMA | 72 |
| 9928 | HEAT EFFECT NEC | 72 |
| 9929 | HEAT EFFECT NOS | 72 |
| 9930 | BAROTRAUMA, OTITIC | 31 |
| 9931 | BAROTRAUMA, SINUS | 31 |
| 9932 | EFF HIGH ALTITUD NEC/NOS | 72 |
| 9933 | CAISSON DISEASE | 72 |
| 9934 | EFF AIR PRESS BY EXPLOS | 72 |
| 9938 | EFFECT AIR PRESSURE NEC | 72 |
| 9939 | EFFECT AIR PRESSURE NOS | 72 |
| 9940 | EFFECTS OF LIGHTNING | 72 |
| 9941 | DROWNING/NONFATAL SUBMER | 72 |
| 9942 | EFFECTS OF HUNGER | 72 |
| 9943 | EFFECTS OF THIRST | 72 |
| 9944 | EXHAUSTION-EXPOSURE | 72 |
| 9945 | EXHAUSTION-EXCESS EXERT | 72 |
| 9946 | MOTION SICKNESS | 11 |
| 9947 | ASPHYXIATION/STRANGULAT | 72 |
| 9948 | EFFECTS ELECTRIC CURRENT | 72 |
| 9949 | EFFECT EXTERNAL CAUS NEC | 72 |
| 9950 | ANAPHYLACTIC SHOCK | 78 |
| 9951 | ANGIONEUROTIC EDEMA | 72 |
| 9952 | ADV EFF MED/BIOL SUB NOS | 72 |
| 9953 | ALLERGY, UNSPECIFIED | 18 |
| 9954 | SHOCK DUE TO ANESTHESIA | 72 |
| 99560 | ANPHYLCT SHK FOOD NOS | 78 |
| 99561 | ANPHYLCT SHK PEANUTS | 78 |
| 99562 | ANPHYLCT SHK CRSTACNS | 78 |
| 99563 | ANPHYLCT SHK FRTS VEG | 78 |
| 99564 | ANPHYLCT SHK TR NTS SEED | 78 |
| 99565 | ANPHYLCT SHK FISH | 78 |
| 99566 | ANPHYLCT SHK FOOD ADDTV | 78 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| 99567 | ANPHYLCT SHK MILK PROD | 78 |
| 99568 | ANPHYLCT SHK EGGS | 78 |
| 99569 | ANPHYLCT SHK OT SPF FOOD | 78 |
| 99581 | ADULT PHYSICAL ABUSE | 91 |
| 99589 | ADVERSE EFFECT NEC | 63 |
| 99600 | MALFUNC CARD DEV/GRF NOS | 36 |
| 99601 | MALFUNC CARDIAC PACEMAKE | 36 |
| 99602 | MALFUNC PROSTH HRT VALVE | 36 |
| 99603 | MALFUNC CORON BYPASS GRF | 36 |
| 99604 | MCH CMP AUTM MPLNT DFBRL | 36 |
| 99609 | MALFUNC CARD DEV/GRF NEC | 36 |
| 9961 | MALFUNC VASC DEVICE/GRAF | 36 |
| 9962 | MALFUN NEURO DEVICE/GRAF | 63 |
| 99630 | MALFUNC GU DEV/GRAFT NOS | 53 |
| 99631 | MALFUNC URETHRAL CATH | 53 |
| 99632 | MALFUNCTION IUD | 56 |
| 99639 | MALFUNC GU DEV/GRAFT NEC | 53 |
| 9964 | MALF INT ORTHPED DEV/GRF | 24 |
| 99651 | CORNEAL GRFT MALFUNCTION | 68 |
| 99652 | OTH TISSUE GRAFT MALFUNC | 72 |
| 99653 | LENS PROSTHESIS MALFUNC | 68 |
| 99654 | BREAST PROSTH MALFUNC | 18 |
| 99659 | MALFUNC OTH DEVICE/GRAFT | 72 |
| 99660 | REACTION-UNSP DEVIC/GRFT | 72 |
| 99661 | REACT-CARDIAC DEV/GRAFT | 36 |
| 99662 | REACT-OTH VASC DEV/GRAFT | 36 |
| 99663 | REACT-NERV SYS DEV/GRAFT | 63 |
| 99664 | REACT-INDWELL URIN CATH | 53 |
| 99665 | REACT-OTH GENITOURIN DEV | 53 |
| 99666 | REACT-INTER JOINT PROST | 24 |
| 99667 | REACT-OTH INT ORTHO DEV | 24 |
| 99669 | REACT-INT PROS DEVIC NEC | 72 |
| 99670 | COMP-UNSP DEVICE/GRAFT | 72 |
| 99671 | COMP-HEART VALVE PROSTH | 36 |
| 99672 | COMP-OTH CARDIAC DEVICE | 36 |
| 99673 | COMP-REN DIALYS DEV/GRFT | 36 |
| 99674 | COMP-OTH VASC DEV/GRAFT | 36 |
| 99675 | COMP-NERV SYS DEV/GRAFT | 63 |
| 99676 | COMP-GENITOURIN DEV/GRFT | 53 |
| 99677 | COMP-INTERNAL JOINT PROS | 24 |
| 99678 | COMP-OTH INT ORTHO DEVIC | 24 |
| 99679 | COMP-INT PROST DEVIC NEC | 72 |
| 99680 | COMP ORGAN TRANSPLNT NOS | 72 |
| 99681 | COMPL KIDNEY TRANSPLANT | 53 |
| 99682 | COMPL LIVER TRANSPLANT | 41 |
| 99683 | COMPL HEART TRANSPLANT | 36 |
| 99684 | COMPL LUNG TRANSPLANT | 33 |
| 99685 | COMPL MARROW TRANSPLANT | 86 |
| 99686 | COMPL PANCREAS TRANSPLNT | 41 |
| 99689 | COMP OTH ORGAN TRANSPLNT | 72 |
| 99690 | COMP REATTACH EXTREM NOS | 24 |
| 99691 | COMPL REATTACHED FOREARM | 24 |
| 99692 | COMPL REATTACHED HAND | 24 |
| 99693 | COMPL REATTACHED FINGER | 24 |
| 99694 | COMPL REATTACHED ARM NEC | 24 |
| 99695 | COMPL REATTACHED FOOT | 24 |
| 99696 | COMPL REATTACHED LEG NEC | 24 |
| 99699 | COMPL REATTACH PART NEC | 24 |
| 99700 | NERVOUS SYST COMPLC NOS | 63 |
| 99701 | SURG COMPLICATION - CNS | 63 |
| 99702 | IATROGEN CV INFARC/HMRHG | 63 |
| 99709 | SURG COMP NERV SYSTM NEC | 63 |
| 9971 | SURG COMPL-HEART | 36 |
| 9972 | SURG COMP-PERI VASC SYST | 36 |
| 9973 | SURG COMPLIC-RESPIR SYST | 33 |
| 9974 | SURG COMP-DIGESTV SYSTEM | 41 |
| 9975 | SURG COMPL-URINARY TRACT | 53 |
| 99760 | AMPUTAT STUMP COMPL NOS | 24 |
| 99761 | NEUROMA AMPUTATION STUMP | 24 |
| 99762 | INFECTION AMPUTAT STUMP | 24 |
| 99769 | AMPUTAT STUMP COMPL NEC | 24 |
| 99791 | SURG COMP - HYPERTENSION | 36 |
| 99799 | SURG COMPL-BODY SYST NEC | 11 |
| 9980 | POSTOPERATIVE SHOCK | 72 |
| 9982 | ACCIDENTAL OP LACERATION | 72 |
| 9983 | POSTOP WOUND DISRUPTION | 11 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| 9984 | FB LEFT DURING PROCEDURE | 72 |
| 9985 | POSTOPERATIVE INFECTION* | 97 |
| 9986 | PERSIST POSTOP FISTULA | 72 |
| 9987 | POSTOP FORGN SUBST REACT | 72 |
| 99881 | EMPHYSEMA RSULT FRM PROC | 33 |
| 99882 | CTRCT FRGMT FRM CTR SURG | 68 |
| 99889 | OTH SPCF CMPLC PROCD NEC | 11 |
| 9989 | SURGICAL COMPLICAT NOS | 11 |
| 9990 | GENERALIZED VACCINIA | 97 |
| 9991 | AIR EMBOL COMP MED CARE | 33 |
| 9992 | VASC COMP MED CARE NEC | 36 |
| 9993 | INFEC COMPL MED CARE NEC | 97 |
| 9994 | ANAPHYLACTIC SHOCK-SERUM | 78 |
| 9995 | SERUM REACTION NEC | 86 |
| 9996 | ABO INCOMPATIBILITY REAC | 86 |
| 9997 | RH INCOMPATIBILITY REACT | 86 |
| 9998 | TRANSFUSION REACTION NEC | 86 |
| 9999 | COMPLIC MED CARE NEC/NOS | 11 |
| *E8000 | RR COLLISION NOS-EMPLOY | |
| *E8001 | RR COLL NOS-PASSENGER | |
| *E8002 | RR COLL NOS-PEDESTRIAN | |
| *E8003 | RR COLL NOS-PED CYCLIST | |
| *E8008 | RR COLL NOS-PERSON NEC | |
| *E8009 | RR COLL NOS-PERSON NOS | |
| *E8010 | RR COLL W OTH OBJ-EMPLOY | |
| *E8011 | RR COLL W OTH OBJ-PASNGR | |
| *E8012 | RR COLL W OTH OBJ-PEDEST | |
| *E8013 | RR COLL W OTH OBJ-CYCL | |
| *E8018 | RR COL W OTH OBJ-PER NEC | |
| *E8019 | RR COL W OTH OBJ-PER NOS | |
| *E8020 | RR ACC W DERAIL-EMPLOYEE | |
| *E8021 | RR ACC W DERAIL-PASSENG | |
| *E8022 | RR ACC W DERAIL-PEDEST | |
| *E8023 | RR ACC W DERAIL-PED CYCL | |
| *E8028 | RR ACC W DERAIL-PERS NEC | |
| *E8029 | RR ACC W DERAIL-PERS NOS | |
| *E8030 | RR ACC W EXPLOSION-EMPL | |
| *E8031 | RR ACC W EXPLOS-PASNGR | |
| *E8032 | RR ACC W EXPLOS-PEDEST | |
| *E8033 | RR ACC W EXPLOS-PED CYCL | |
| *E8038 | RR ACC W EXPLOS-PERS NEC | |
| *E8039 | RR ACC W EXPLOS-PERS NOS | |
| *E8040 | FALL ON/FROM TRAIN-EMPL | |
| *E8041 | FALL FROM TRAIN-PASSENGR | |
| *E8042 | FALL FROM TRAIN-PEDEST | |
| *E8043 | FALL FROM TRAIN-PED CYCL | |
| *E8048 | FALL FROM TRAIN-PERS NEC | |
| *E8049 | FALL FROM TRAIN-PERS NOS | |
| *E8050 | HIT BY TRAIN-EMPLOYEE | |
| *E8051 | HIT BY TRAIN-PASSENGER | |
| *E8052 | HIT BY TRAIN-PEDESTRIAN | |
| *E8053 | HIT BY TRAIN-PED CYCLIST | |
| *E8058 | HIT BY TRAIN-PERSON NEC | |
| *E8059 | HIT BY TRAIN-PERSON NOS | |
| *E8060 | RR ACC NEC-EMPLOYEE | |
| *E8061 | RR ACC NEC-PASSENGER | |
| *E8062 | RR ACC NEC-PEDESTRIAN | |
| *E8063 | RR ACC NEC-PED CYCLIST | |
| *E8068 | RR ACC NEC-PERSON NEC | |
| *E8069 | RR ACC NEC-PERSON NOS | |
| *E8070 | RR ACCIDENT NOS-EMPLOYEE | |
| *E8071 | RR ACC NOS-PASSENGER | |
| *E8072 | RR ACC NOS-PEDESTRIAN | |
| *E8073 | RR ACC NOS-PED CYCLIST | |
| *E8078 | RR ACC NOS-PERSON NEC | |
| *E8079 | RR ACC NOS-PERSON NOS | |
| *E8100 | MV-TRAIN COLL-DRIVER | |
| *E8101 | MV-TRAIN COLL-PASNGR | |
| *E8102 | MV-TRAIN COLL-MOTORCYCL | |
| *E8103 | MV-TRAIN COLL-MCYCL PSGR | |
| *E8104 | MV-TRAIN COLL-ST CAR | |
| *E8105 | MV-TRAIN COLL-ANIM RID | |
| *E8106 | MV-TRAIN COLL-PED CYCL | |
| *E8107 | MV-TRAIN COLL-PEDEST | |
| *E8108 | MV-TRAIN COLL-PERS NEC | |
| *E8109 | MV-TRAIN COLL-PERS NOS | |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| *E8110 | REENTRANT MV COLL-DRIVER | |
| *E8111 | REENTRANT MV COLL-PASNGR | |
| *E8112 | REENTRANT COLL-MOTCYCL | |
| *E8113 | REENTRANT COLL-MCYC PSGR | |
| *E8114 | REENTRANT COLL-ST CAR | |
| *E8115 | REENTRANT COLL-ANIM RID | |
| *E8116 | REENTRANT COLL-PED CYCL | |
| *E8117 | REENTRANT COLL-PEDEST | |
| *E8118 | REENTRANT COLL-PERS NEC | |
| *E8119 | REENTRANT COLL-PERS NOS | |
| *E8120 | MV COLLISION NOS-DRIVER | |
| *E8121 | MV COLLISION NOS-PASNGR | |
| *E8122 | MV COLLIS NOS-MOTORCYCL | |
| *E8123 | MV COLL NOS-MCYCL PSNGR | |
| *E8124 | MV COLLISION NOS-ST CAR | |
| *E8125 | MV COLL NOS-ANIM RID | |
| *E8126 | MV COLL NOS-PED CYCL | |
| *E8127 | MV COLLISION NOS-PEDEST | |
| *E8128 | MV COLLIS NOS-PERS NEC | |
| *E8129 | MV COLLIS NOS-PERS NOS | |
| *E8130 | MV-OTH VEH COLL-DRIVER | |
| *E8131 | MV-OTH VEH COLL-PASNGR | |
| *E8132 | MV-OTH VEH COLL-MOTCYCL | |
| *E8133 | MV-OTH VEH COLL-MCYC PSG | |
| *E8134 | MV-OTH VEH COLL-ST CAR | |
| *E8135 | MV-OTH VEH COLL-ANIM RID | |
| *E8136 | MV-OTH VEH COLL-PED CYCL | |
| *E8137 | MV-OTH VEH COLL-PEDEST | |
| *E8138 | MV-OTH VEH COLL-PERS NEC | |
| *E8139 | MV-OTH VEH COLL-PERS NOS | |
| *E8140 | MV COLL W PEDEST-DRIVER | |
| *E8141 | MV COLL W PEDEST-PASNGR | |
| *E8142 | MV COLL W PEDEST-MOTCYCL | |
| *E8143 | MV COLL W PED-MCYCL PSGR | |
| *E8144 | MV COLL W PEDEST-ST CAR | |
| *E8145 | MV COLL W PED-ANIM RID | |
| *E8146 | MV COLL W PED-PED CYCL | |
| *E8147 | MV COLL W PEDEST-PEDEST | |
| *E8148 | MV COLL W PEDES-PERS NEC | |
| *E8149 | MV COLL W PEDES-PERS NOS | |
| *E8150 | MV COLL W OTH OBJ-DRIVER | |
| *E8151 | MV COLL W OTH OBJ-PASNGR | |
| *E8152 | MV COLL W OTH OBJ-MOCYCL | |
| *E8153 | MV COLL W OBJ-MCYCL PSGR | |
| *E8154 | MV COLL W OBJ-ST CAR | |
| *E8155 | MV COLL W OBJ-ANIM RIDER | |
| *E8156 | MV COLL W OBJ-PED CYCL | |
| *E8157 | MV COLL W OBJ-PEDEST | |
| *E8158 | MV COLL W OBJ-PERS NEC | |
| *E8159 | MV COLL W OBJ-PERS NOS | |
| *E8160 | LOSS CONTROL MV ACC-DRIV | |
| *E8161 | LOSS CONTROL MV ACC-PSGR | |
| *E8162 | LOSS CONTROL MV-MOCYCL | |
| *E8163 | LOSS CONTROL MV-MCYC PSG | |
| *E8164 | LOSS CONT MV ACC-ST CAR | |
| *E8165 | LOSS CONT MV-ANIM RIDER | |
| *E8166 | LOSS CONTROL MV-PED CYCL | |
| *E8167 | LOSS CONTROL MV-PEDEST | |
| *E8168 | LOSS CONTROL MV-PERS NEC | |
| *E8169 | LOSS CONTROL MV-PERS NOS | |
| *E8170 | MV ACC BOARD/ALIGHT-DRIV | |
| *E8171 | MV ACC BOARD/ALIGHT-PSGR | |
| *E8172 | MV BOARD/ALIGHT-MOTCYCL | |
| *E8173 | MV BRD/ALIGHT-MCYCL PSGR | |
| *E8174 | MV ACC BRD/ALIGHT-ST CAR | |
| *E8175 | MV BRD/ALIGHT-ANIM RIDER | |
| *E8176 | MV BRD/ALIGHT-PED CYCL | |
| *E8177 | MV BRD/ALIGHT-PEDESTRIAN | |
| *E8178 | MV BOARD/ALIGHT-PERS NEC | |
| *E8179 | MV BOARD/ALIGHT-PERS NOS | |
| *E8180 | MV TRAFF ACC NEC-DRIVER | |
| *E8181 | MV TRAFF ACC NEC-PASNGR | |
| *E8182 | MV TRAFF ACC NEC-MOCYCL | |
| *E8183 | MV TRAFF ACC-MCYCL PSGR | |
| *E8184 | MV TRAFF ACC NEC-ST CAR | |
| *E8185 | MV TRAFF ACC-ANIM RIDER | |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| *E8186 | MV TRAFF ACC-PED CYC | |
| *E8187 | MV TRAFF ACC NEC-PEDEST | |
| *E8188 | MV TRAFF ACC-PERS NEC | |
| *E8189 | MV TRAFF ACC-PERS NOS | |
| *E8190 | TRAFFIC ACC NOS-DRIVER | |
| *E8191 | TRAFFIC ACC NOS-PASNGR | |
| *E8192 | TRAFFIC ACC NOS-MOTCYCL | |
| *E8193 | TRAFF ACC NOS-MCYCL PSGR | |
| *E8194 | TRAFFIC ACC NOS-ST CAR | |
| *E8195 | TRAFF ACC NOS-ANIM RIDER | |
| *E8196 | TRAFFIC ACC NOS-PED CYCL | |
| *E8197 | TRAFFIC ACC NOS-PEDEST | |
| *E8198 | TRAFFIC ACC NOS-PERS NEC | |
| *E8199 | TRAFFIC ACC NOS-PERS NOS | |
| *E8200 | SNOW VEH ACC-DRIVER | |
| *E8201 | SNOW VEH ACC-PASNGR | |
| *E8202 | SNOW VEH ACC-MOTORCYCL | |
| *E8203 | SNOW VEH ACC-MCYCL PSGR | |
| *E8204 | SNOW VEH ACC-ST CAR | |
| *E8205 | SNOW VEH ACC-ANIM RIDER | |
| *E8206 | SNOW VEH ACC-PED CYCL | |
| *E8207 | SNOW VEH ACC-PEDEST | |
| *E8208 | SNOW VEH ACC-PERS NEC | |
| *E8209 | SNOW VEH ACC-PERS NOS | |
| *E8210 | OTH OFF-ROAD MV ACC-DRIV | |
| *E8211 | OTH OFF-ROAD MV ACC-PSGR | |
| *E8212 | OTH OFF-ROAD MV-MOCYCL | |
| *E8213 | OTH OFF-ROAD MV-MCYC PSG | |
| *E8214 | OTH OFF-ROAD MV-ST CAR | |
| *E8215 | OTH OFF-ROAD MV-ANIM RID | |
| *E8216 | OTH OFF-ROAD MV-PED CYCL | |
| *E8217 | OTH OFF-ROAD MV-PEDEST | |
| *E8218 | OTH OFF-ROAD MV-PERS NEC | |
| *E8219 | OTH OFF-ROAD MV-PERS NOS | |
| *E8220 | OTH COLL W MOV OBJ-DRIV | |
| *E8221 | OTH COLL W MOV OBJ-PSGR | |
| *E8222 | OTH COLL MOV OBJ-MOCYCL | |
| *E8223 | OTH COLL MOV OBJ-CYC PSG | |
| *E8224 | OTH COLL MOV OBJ-ST CAR | |
| *E8225 | OTH COLL MOV OBJ-RIDER | |
| *E8226 | OTH COLL MOV OBJ-PED CYC | |
| *E8227 | OTH COLL MOV OBJ-PEDEST | |
| *E8228 | OTH COLL MOV OBJ-PER NEC | |
| *E8229 | OTH COLL MOV OBJ-PER NOS | |
| *E8230 | OTH COLL STNDNG OBJ-DRIV | |
| *E8231 | OTH COLL STNDNG OBJ-PSGR | |
| *E8232 | OTH COLL STND OBJ-MOCYCL | |
| *E8233 | OTH COLL STN OBJ-CYC PSG | |
| *E8234 | OTH COLL STND OBJ-ST CAR | |
| *E8235 | OTH COLL STND OBJ-RIDER | |
| *E8236 | OTH COLL STN OBJ-PED CYC | |
| *E8237 | OTH COLL STND OBJ-PEDEST | |
| *E8238 | OTH COLL STN OBJ-PER NEC | |
| *E8239 | OTH COL-STND-OBJ-PER NOS | |
| *E8240 | N-TRAF BOARD/ALIGHT-DRIV | |
| *E8241 | N-TRAF BOARD/ALIGHT-PSGR | |
| *E8242 | N-TRAF BRD/ALIGHT-MOCYCL | |
| *E8243 | N-TRAF BRD/ALIT-MCYC PSG | |
| *E8244 | N-TRAF BRD/ALIT-ST CAR | |
| *E8245 | N-TRAF BRD/ALIT-ANIM RID | |
| *E8246 | N-TRAF BRD/ALIT-PED CYCL | |
| *E8247 | N-TRAF BRD/ALIT-PEDEST | |
| *E8248 | N-TRAF BRD/ALIT-PERS NEC | |
| *E8249 | N-TRAF BRD/ALIT-PERS NOS | |
| *E8250 | MV N-TRAFF ACC NEC-DRIV | |
| *E8251 | MV N-TRAFF NEC/NOS-PSGR | |
| *E8252 | MV N-TRAF ACC NEC-MOCYCL | |
| *E8253 | MV N-TRAFF NEC-MCYC PSGR | |
| *E8254 | MV N-TRAFF NEC-ST CAR | |
| *E8255 | MV N-TRAF NEC-ANIM RIDER | |
| *E8256 | MV N-TRAFF NEC-PED CYCL | |
| *E8257 | MV N-TRAFF NEC-PEDEST | |
| *E8258 | MV N-TRAFF NEC-PERS NEC | |
| *E8259 | MV N-TRAFF NEC-PERS NOS | |
| *E8260 | PEDAL CYCLE ACC-PEDEST | |
| *E8261 | PED CYCL ACC-PED CYCLIST | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *E8262 | PED CYCLE ACC-ANIM RIDER | |
| *E8263 | PED CYC ACC-OCC ANIM VEH | |
| *E8264 | PED CYCLE ACC-OCC ST CAR | |
| *E8268 | PED CYCLE ACC-PERS NEC | |
| *E8269 | PED CYCLE ACC-PERS NOS | |
| *E8270 | ANIMAL DRAWN VEH-PEDEST | |
| *E8272 | ANIM DRAWN VEH-ANIM RID | |
| *E8273 | ANIMAL DRAWN VEH-OCCUPAN | |
| *E8274 | ANIM DRAWN-OCC ST CAR | |
| *E8278 | ANIM DRAWN VEH-PERS NEC | |
| *E8279 | ANIM DRAWN VEH-PERS NOS | |
| *E8280 | RIDDEN ANIMAL ACC-PEDEST | |
| *E8282 | RIDDEN ANIMAL ACC-RIDER | |
| *E8284 | RIDDEN ANIMAL ACC-ST CAR | |
| *E8288 | RIDDEN ANIM ACC-PERS NEC | |
| *E8289 | RIDDEN ANIM ACC-PERS NOS | |
| *E8290 | OTH ROAD VEH ACC-PEDEST | |
| *E8294 | OTH RD VEH ACC-ST CAR | |
| *E8298 | OTH RD VEH ACC-PERS NEC | |
| *E8299 | OTH RD VEH ACC-PERS NOS | |
| *E8300 | BOAT ACC W SUBMERS-UNPOW | |
| *E8301 | BOAT ACC W SUBMERS-POWER | |
| *E8302 | BOAT ACC W SUBMERS-CREW | |
| *E8303 | BOAT ACC W SUBMERS-PSGR | |
| *E8304 | BOAT SUBMERS-WATER SKIER | |
| *E8305 | BOAT SUBMERS-SWIMMER | |
| *E8306 | BOAT SUBMERS-DOCKERS | |
| *E8308 | BOAT SUBMERS-PERS NEC | |
| *E8309 | BOAT SUBMERS-PERS NOS | |
| *E8310 | BOAT ACC INJ NEC-UNPOWER | |
| *E8311 | BOAT ACC INJ NEC-POWER | |
| *E8312 | BOAT ACC INJ NEC-CREW | |
| *E8313 | BOAT ACC INJ NEC-PASSENG | |
| *E8314 | BOAT ACC INJ NEC-SKIER | |
| *E8315 | BOAT ACC INJ NEC-SWIM | |
| *E8316 | BOAT ACC INJ NEC-DOCKER | |
| *E8318 | BOAT INJ NEC-PERSON NEC | |
| *E8319 | BOAT INJ NEC-PERSON NOS | |
| *E8320 | SUBMERS NEC-UNPOW BOAT | |
| *E8321 | SUBMERS NEC-POWER BOAT | |
| *E8322 | SUBMERS NEC-CREW | |
| *E8323 | SUBMERS NEC-PASSENGER | |
| *E8324 | SUBMERS NEC-WATER SKIER | |
| *E8325 | SUBMERS NEC-SWIMMER | |
| *E8326 | SUBMERS NEC-DOCKER | |
| *E8328 | SUBMERS NEC-PERSON NEC | |
| *E8329 | SUBMERS NEC-PERSON NOS | |
| *E8330 | W/CRAFT STAIR FALL-UNPOW | |
| *E8331 | W/CRAFT STAIR FALL-POWER | |
| *E8332 | WTRCRAFT STAIR FALL-CREW | |
| *E8333 | WTRCRAFT STAIR FALL-PSGR | |
| *E8334 | W/CRAFT STAIR FALL-SKIER | |
| *E8335 | W/CRAFT STAIR FALL-SWIM | |
| *E8336 | W/CRF STAIR FALL-DOCKER | |
| *E8338 | W/CRF STAIR FALL-PER NEC | |
| *E8339 | W/CRF STAIR FALL-PER NOS | |
| *E8340 | W/CRAFT FALL NEC-UNPOW | |
| *E8341 | W/CRAFT FALL NEC-POWER | |
| *E8342 | WATERCRAFT FALL NEC-CREW | |
| *E8343 | WTRCRAFT FALL NEC-PASNGR | |
| *E8344 | W/CRAFT FALL NEC-SKIER | |
| *E8345 | W/CRAFT FALL NEC-SWIM | |
| *E8346 | WTRCRAFT FALL NEC-DOCKER | |
| *E8348 | W/CRFT FALL NEC-PERS NEC | |
| *E8349 | W/CRFT FALL NEC-PERS NOS | |
| *E8350 | W/CRAFT FALL NOS-UNPOW | |
| *E8351 | W/CRAFT FALL NOS-POWER | |
| *E8352 | WTRCRAFT FALL NOS-CREW | |
| *E8353 | WTRCRAFT FALL NOS-PASNGR | |
| *E8354 | W/CRAFT FALL NOS-SKIER | |
| *E8355 | W/CRAFT FALL NOS-SWIM | |
| *E8356 | WTRCRAFT FALL NOS-DOCKER | |
| *E8358 | W/CRFT FALL NOS-PERS NEC | |
| *E8359 | W/CRFT FALL NOS-PERS NOS | |
| *E8360 | MACHINE ACC-UNPOW BOAT | |
| *E8361 | MACH ACC-OCC POWER BOAT | |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| *E8362 | MACHINERY ACCIDENT-CREW | |
| *E8363 | MACHINERY ACC-PASNGR | |
| *E8364 | MACHINE ACCIDENT-SKIER | |
| *E8365 | MACHINE ACCIDENT-SWIM | |
| *E8366 | MACHINERY ACC-DOCKER | |
| *E8368 | MACHINERY ACC-PERS NEC | |
| *E8369 | MACHINERY ACC-PERS NOS | |
| *E8370 | EXPLOSION-OCC UNPOW BOAT | |
| *E8371 | EXPLOSION-OCC POWER BOAT | |
| *E8372 | WATERCRAFT EXPLOS-CREW | |
| *E8373 | WATERCRAFT EXPLOS-PASNGR | |
| *E8374 | WATERCRAFT EXPLOS-SKIER | |
| *E8375 | WATERCRAFT EXPLOS-SWIM | |
| *E8376 | WATERCRAFT EXPLOS-DOCKER | |
| *E8378 | WATERCRAFT EXPL-PERS NEC | |
| *E8379 | WATERCRAFT EXPL-PERS NOS | |
| *E8380 | WATERCRAFT ACC NEC-UNPOW | |
| *E8381 | WATERCRAFT ACC NEC-POWER | |
| *E8382 | WATERCRAFT ACC NEC-CREW | |
| *E8383 | WATERCRFT ACC NEC-PASNGR | |
| *E8384 | WATERCRAFT ACC NEC-SKIER | |
| *E8385 | WATRCRFT ACC NEC-SWIMMER | |
| *E8386 | WATERCRFT ACC NEC-DOCKER | |
| *E8388 | WTRCRFT ACC NEC-PERS NEC | |
| *E8389 | WTRCRFT ACC NEC-PERS NOS | |
| *E8400 | TK OFF/LAND-SPCRFT | |
| *E8401 | TK OFF/LAND-MILIT CRAFT | |
| *E8402 | TK OFF/LAND-CREW AIRCRFT | |
| *E8403 | TK OFF/LAND-PSNG AIRCRFT | |
| *E8404 | TK OFF/LAND-COMM CRF NEC | |
| *E8405 | TK OFF/LAND-AIRCRAFT NEC | |
| *E8406 | TK OFF/LAND-UNP AIRCRFT | |
| *E8407 | TK OFF/LAND-PARACHUTIST | |
| *E8408 | TK OFF/LAND-GROUND CREW | |
| *E8409 | TK OFF/LAND-PERS NEC | |
| *E8410 | POW AIRCRAFT ACC-SPCRFT | |
| *E8411 | POWER AIRCRAFT ACC-MILIT | |
| *E8412 | POWER AIRCRAFT ACC-CREW | |
| *E8413 | POWER AIRCRAFT ACC-PSNGR | |
| *E8414 | AIRCRAF ACC-OCC COMM NEC | |
| *E8415 | OTH POWERED AIRCRAFT ACC | |
| *E8416 | POW AIRC ACC-UNP AIRCR | |
| *E8417 | AIRCRAFT ACC-PARACHUTIST | |
| *E8418 | AIRCRAFT ACC-GROUND CREW | |
| *E8419 | AIRCRFT ACC NOS-PERS NEC | |
| *E8426 | UNPOWER AIRCRAFT ACC-OCC | |
| *E8427 | UNPOW AIRCRF ACC-CHUTIST | |
| *E8428 | UNPOW AIRCRF ACC-GR CREW | |
| *E8429 | UNPOW AIRCRF ACC-PER NEC | |
| *E8430 | FALL-OCC SPACECRAFT | |
| *E8431 | FALL-MILIT AIRCRAFT OCCP | |
| *E8432 | FALL-CREW COMM AIRCRAFT | |
| *E8433 | FALL-PSNG COMM AIRCRAFT | |
| *E8434 | FALL-OCC COMM AIRCRF NEC | |
| *E8435 | FALL-OCCUP OTH AIRCRAFT | |
| *E8436 | FALL-OCC UNPOWER AIRCRAF | |
| *E8437 | FALL-PARACHUTIST | |
| *E8438 | AIRCRFT FALL-GROUND CREW | |
| *E8439 | AIRCRAFT FALL-PERSON NEC | |
| *E8440 | AIRCRFT ACC NEC-SPCRFT | |
| *E8441 | AIRCRFT ACC NEC-MILITARY | |
| *E8442 | AIRCRFT ACC NEC-CREW | |
| *E8443 | AIRCRFT ACC NEC-PASNGR | |
| *E8444 | AIRCRFT ACC NEC-COMM NEC | |
| *E8445 | AIRCRFT ACC NEC-OCCP NEC | |
| *E8446 | AIRCR ACC NEC-UNP AIRCR | |
| *E8447 | AIRCRFT ACC-PARACHUTIST | |
| *E8448 | AIRCRFT ACC NEC-GRD CREW | |
| *E8449 | AIRCRFT ACC NEC-PERS NEC | |
| *E8450 | SPACECRAFT ACC-OCCUPANT | |
| *E8458 | SPACECRAFT ACC-GRND CREW | |
| *E8459 | SPACECRAFT ACC-PERS NEC | |
| *E846 | INDUS VEH ACC ON PREMISE | |
| *E847 | CABL CAR ACC NOT ON RAIL | |
| *E848 | OTH VEHICLE ACC NEC | |
| *E8490 | ACCIDENT IN HOME | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *E8491 | ACCIDENT ON FARM | |
| *E8492 | ACCIDENT IN MINE/QUARRY | |
| *E8493 | ACC ON INDUSTR PREMISES | |
| *E8494 | ACCID IN RECREATION AREA | |
| *E8495 | ACCID ON STREET/HIGHWAY | |
| *E8496 | ACCIDENT IN PUBLIC BLDG | |
| *E8497 | ACCID IN RESIDENT INSTIT | |
| *E8498 | ACCIDENT IN PLACE NEC | |
| *E8499 | ACCIDENT IN PLACE NOS | |
| *E8500 | ACC POISON-HEROIN | |
| *E8501 | ACC POISON-METHADONE | |
| *E8502 | ACC POISON-OPIATES NEC | |
| *E8503 | ACC POISON-SALICYLATES | |
| *E8504 | ACC POISON-AROM ANALGESC | |
| *E8505 | ACC POISON-PYRAZOLE DERV | |
| *E8506 | ACC POISON-ANTIRHEUMATIC | |
| *E8507 | ACC POISON-NONNARC ANALG | |
| *E8508 | ACC POISON-ANALGESIC NEC | |
| *E8509 | ACC POISON-ANALGESIC NOS | |
| *E851 | ACC POISON-BARBITURATES | |
| *E8520 | ACC POISN-CHLORL HYDRATE | |
| *E8521 | ACC POISON-PARALDEHYDE | |
| *E8522 | ACC POISON-BROMINE CMPND | |
| *E8523 | ACC POISON-METHAQUALONE | |
| *E8524 | ACC POISON-GLUTETHIMIDE | |
| *E8525 | ACC POISON-MIX SEDTV NEC | |
| *E8528 | ACC POISON-SEDATIVES NEC | |
| *E8529 | ACC POISON-SEDATIVES NOS | |
| *E8530 | ACC POIS-PHENTHIAZ TRANQ | |
| *E8531 | ACC POIS-BUTYRPHEN TRANQ | |
| *E8532 | ACC POISN-BENZDIAZ TRANQ | |
| *E8538 | ACC POISN-TRANQUILZR NEC | |
| *E8539 | ACC POISN-TRANQUILZR NOS | |
| *E8540 | ACC POISON-ANTIDEPRESSNT | |
| *E8541 | ACC POISON-HALLUCINOGENS | |
| *E8542 | ACC POISN-PSYCHSTIMULANT | |
| *E8543 | ACC POISON-CNS STIMULANT | |
| *E8548 | ACC POISN PSYCHOTROP NEC | |
| *E8550 | ACC POISN-ANTICONVULSANT | |
| *E8551 | ACC POISN-CNS DEPRES NEC | |
| *E8552 | ACC POISN-LOCAL ANESTHET | |
| *E8553 | ACC POISON-CHOLINERGICS | |
| *E8554 | ACC POISN-ANTICHOLINERG | |
| *E8555 | ACC POISON-ADRENERGICS | |
| *E8556 | ACC POISN-SYMPATHOLYTICS | |
| *E8558 | ACC POISON-CNS DRUG NEC | |
| *E8559 | ACC POISON-CNS DRUG NOS | |
| *E856 | ACC POISON-ANTIBIOTICS | |
| *E857 | ACC POIS-OTH ANTI-INFECT | |
| *E8580 | ACC POISON-HORMONES | |
| *E8581 | ACC POISN-SYSTEMIC AGENT | |
| *E8582 | ACC POISON-BLOOD AGENT | |
| *E8583 | ACC POISN-CARDIOVASC AGT | |
| *E8584 | ACC POISON-GI AGENT | |
| *E8585 | ACC POISN-METABOL AGNT | |
| *E8586 | ACC POISN-MUSCL/RESP AGT | |
| *E8587 | ACC POISN-SKIN/EENT AGNT | |
| *E8588 | ACC POISONING-DRUG NEC | |
| *E8589 | ACC POISONING-DRUG NOS | |
| *E8600 | ACC POISN-ALCOHOL BEVRAG | |
| *E8601 | ACC POISON-ETHYL ALCOHOL | |
| *E8602 | ACC POISN-METHYL ALCOHOL | |
| *E8603 | ACC POISN-ISOPROPYL ALC | |
| *E8604 | ACC POISON-FUSEL OIL | |
| *E8608 | ACC POISON-ALCOHOL NEC | |
| *E8609 | ACC POISON-ALCOHOL NOS | |
| *E8610 | ACC POIS-SYNTH DETERGENT | |
| *E8611 | ACC POISON-SOAP PRODUCTS | |
| *E8612 | ACC POISON-POLISHES | |
| *E8613 | ACC POISON-CLEANSER NEC | |
| *E8614 | ACC POISON-DISINFECTANTS | |
| *E8615 | ACC POISON-LEAD PAINTS | |
| *E8616 | ACC POISON-PAINTS NEC | |
| *E8619 | ACC POISON-CLEANSER NOS | |
| *E8620 | ACC POISN-PETROL SOLVENT | |
| *E8621 | ACC POISN-PETROLEUM FUEL | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *E8622 | ACC POIS-LUBRICATING OIL | ............ |
| *E8623 | ACC POIS-PETROLEUM SOLID | ............ |
| *E8624 | ACC POISN-SOLVENTS NEC | ............ |
| *E8629 | ACC POISN-SOLVENT NOS | ............ |
| *E8630 | ACC POIS-CHLORINE PESTIC | ............ |
| *E8631 | ACC POIS-PHOSPH PESTICID | ............ |
| *E8632 | ACC POISON-CARBAMATES | ............ |
| *E8633 | ACC POISN-MIXED PESTICID | ............ |
| *E8634 | ACC POISON-PESTICIDE NEC | ............ |
| *E8635 | ACC POISON-HERBICIDES | ............ |
| *E8636 | ACC POISON-FUNGICIDES | ............ |
| *E8637 | ACC POISON-RODENTICIDES | ............ |
| *E8638 | ACC POISON-FUMIGANTS | ............ |
| *E8639 | ACC POIS-AGRCULT NEC/NOS | ............ |
| *E8640 | ACC POIS-CORROSIV AROMAT | ............ |
| *E8641 | ACC POISON-ACIDS | ............ |
| *E8642 | ACC POISN-CAUSTIC ALKALI | ............ |
| *E8643 | ACC POISON-CAUSTIC NEC | ............ |
| *E8644 | ACC POISON-CAUSTIC NOS | ............ |
| *E8650 | ACC POISON-MEAT | ............ |
| *E8651 | ACC POISON-SHELLFISH | ............ |
| *E8652 | ACC POISON-FISH NEC | ............ |
| *E8653 | ACC POISON-BERRIES/SEEDS | ............ |
| *E8654 | ACC POISON-PLANTS NEC | ............ |
| *E8655 | ACC POISON-MUSHROOMS | ............ |
| *E8658 | ACC POISON-FOOD NEC | ............ |
| *E8659 | ACC POISN-FOOD/PLANT NOS | ............ |
| *E8660 | ACC POISONING-LEAD | ............ |
| *E8661 | ACC POISONING-MERCURY | ............ |
| *E8662 | ACC POISONING-ANTIMONY | ............ |
| *E8663 | ACC POISONING-ARSENIC | ............ |
| *E8664 | ACC POISON-METALS NEC | ............ |
| *E8665 | ACC POISON-PLANT FOOD | ............ |
| *E8666 | ACC POISON-GLUES | ............ |
| *E8667 | ACC POISON-COSMETICS | ............ |
| *E8668 | ACC POIS-SOLID/LIQ NEC | ............ |
| *E8669 | ACC POIS-SOLID/LIQ NOS | ............ |
| *E867 | ACC POISON-PIPED GAS | ............ |
| *E8680 | ACC POIS-LIQ PETROL GAS | ............ |
| *E8681 | ACC POIS-UTL GAS NEC/NOS | ............ |
| *E8682 | ACC POISON-EXHAUST GAS | ............ |
| *E8683 | ACC POIS-CO/DOMESTC FUEL | ............ |
| *E8688 | ACC POIS-CARBN MONOX NEC | ............ |
| *E8689 | ACC POIS-CARBN MONOX NOS | ............ |
| *E8690 | ACC POISN-NITROGEN OXIDE | ............ |
| *E8691 | ACC POISN-SULFUR DIOXIDE | ............ |
| *E8692 | ACC POISON-FREON | ............ |
| *E8693 | ACC POISON-TEAR GAS | ............ |
| *E8694 | SCNDHND TBCCO SMOKE | ............ |
| *E8698 | ACC POISON-GAS/VAPOR NEC | ............ |
| *E8699 | ACC POISON-GAS/VAPOR NOS | ............ |
| *E8700 | ACC CUT/HEM IN SURGERY | ............ |
| *E8701 | ACC CUT/HEM IN INFUSION | ............ |
| *E8702 | ACC CUT/HEM-PERFUSN NEC | ............ |
| *E8703 | ACC CUT/HEM IN INJECTION | ............ |
| *E8704 | ACC CUT/HEM W SCOPE EXAM | ............ |
| *E8705 | ACC CUT/HEM W CATHETERIZ | ............ |
| *E8706 | ACC CUT/HEM W HEART CATH | ............ |
| *E8707 | ACC CUT/HEM W ENEMA | ............ |
| *E8708 | ACC CUT IN MED CARE NEC | ............ |
| *E8709 | ACC CUT IN MED CARE NOS | ............ |
| *E8710 | POST-SURGICAL FORGN BODY | ............ |
| *E8711 | POSTINFUSION FOREIGN BDY | ............ |
| *E8712 | POSTPERFUSION FORGN BODY | ............ |
| *E8713 | POSTINJECTION FORGN BODY | ............ |
| *E8714 | POSTENDOSCOPY FORGN BODY | ............ |
| *E8715 | POSTCATHETER FORGN BODY | ............ |
| *E8716 | FB POST HEART CATHETER | ............ |
| *E8717 | FB POST-CATHETER REMOVAL | ............ |
| *E8718 | POST-OP FOREIGN BODY NEC | ............ |
| *E8719 | POST-OP FOREIGN BODY NOS | ............ |
| *E8720 | FAILURE STERILE SURGERY | ............ |
| *E8721 | FAILURE STERILE INFUSION | ............ |
| *E8722 | FAIL STERILE PERFUSN NEC | ............ |
| *E8723 | FAIL STERILE INJECTION | ............ |
| *E8724 | FAIL STERILE ENDOSCOPY | ............ |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *E8725 | FAIL STERILE CATHETER | |
| *E8726 | FAIL STERILE HEART CATH | |
| *E8728 | FAIL STERILE PROCED NEC | |
| *E8729 | FAIL STERILE PROCED NOS | |
| *E8730 | EXCESS FLUID IN INFUSION | |
| *E8731 | INCOR DILUT INFUSN FLUID | |
| *E8732 | THERAP RADIATION OVERDOS | |
| *E8733 | INADV RADIAT EXP-MEDICAL | |
| *E8734 | DOSAG FAIL-SHOCK THERAPY | |
| *E8735 | WRNG TEMP IN APPLIC/PACK | |
| *E8736 | NONADMIN NECESS MEDICINE | |
| *E8738 | FAILURE IN DOSAGE NEC | |
| *E8739 | FAILURE IN DOSAGE NOS | |
| *E8740 | INSTRMNT FAIL IN SURGERY | |
| *E8741 | INSTRUMNT FAIL-INFUSION | |
| *E8742 | INSTRMNT FAIL-PERFUS NEC | |
| *E8743 | INSTRUMNT FAIL-ENDOSCOPY | |
| *E8744 | INSTRMNT FAIL-CATHETERIZ | |
| *E8745 | INSTRMNT FAIL-HEART CATH | |
| *E8748 | INSTRMNT FAIL-PROCED NEC | |
| *E8749 | INSTRMNT FAIL-PROCED NOS | |
| *E8750 | CONTAMINATED TRANSFUSION | |
| *E8751 | CONTAMINATED INJECTION | |
| *E8752 | CONTAMINATED DRUG NEC | |
| *E8758 | CONTAMINATION NEC | |
| *E8759 | CONTAMINATION NOS | |
| *E8760 | MISMATCH BLOOD-TRANSFUSN | |
| *E8761 | WRONG FLUID IN INFUSION | |
| *E8762 | FAILURE IN SUTURE | |
| *E8763 | MISPLACED ENDOTRACH TUBE | |
| *E8764 | FAIL INTROD/REMOVE TUBE | |
| *E8765 | PERFORMANCE-INAPPROP OP | |
| *E8768 | MEDICAL MISADVENTURE NEC | |
| *E8769 | MEDICAL MISADVENTURE NOS | |
| *E8780 | ABN REACT-ORG TRANSPLANT | |
| *E8781 | ABN REACT-ARTIF IMPLANT | |
| *E8782 | ABN REACT-ANASTOM/GRAFT | |
| *E8783 | ABN REACT-EXTERNAL STOMA | |
| *E8784 | ABN REACT-PLAST SURG NEC | |
| *E8785 | ABN REACT-LIMB AMPUTAT | |
| *E8786 | ABN REAC-ORGAN REM NEC | |
| *E8788 | ABN REACT-SURG PROC NEC | |
| *E8789 | ABN REACT-SURG PROC NOS | |
| *E8790 | ABN REACT-CARDIAC CATH | |
| *E8791 | ABN REACT-RENAL DIALYSIS | |
| *E8792 | ABN REACT-RADIOTHERAPY | |
| *E8793 | ABN REACT-SHOCK THERAPY | |
| *E8794 | ABN REACT-FLUID ASPIRAT | |
| *E8795 | ABN REACT-GASTRIC SOUND | |
| *E8796 | ABN REACT-URINARY CATH | |
| *E8797 | ABN REACT-BLOOD SAMPLING | |
| *E8798 | ABN REACT-PROCEDURE NEC | |
| *E8799 | ABN REACT-PROCEDURE NOS | |
| *E8800 | FALL ON ESCALATOR | |
| *E8801 | FALL ON SIDEWALK CURB | |
| *E8809 | FALL ON STAIR/STEP NEC | |
| *E8810 | FALL FROM LADDER | |
| *E8811 | FALL FROM SCAFFOLDING | |
| *E882 | FALL FROM BUILDING | |
| *E8830 | DIVING ACCIDENT | |
| *E8831 | FALL INTO WELL | |
| *E8832 | FALL INTO STORM DRAIN | |
| *E8839 | FALL INTO OTHER HOLE | |
| *E8840 | FALL FROM PLAYGRND EQUIP | |
| *E8841 | FALL FROM CLIFF | |
| *E8842 | FALL FROM CHAIR | |
| *E8843 | FALL FROM WHEELCHAIR | |
| *E8844 | FALL FROM BED | |
| *E8845 | FALL FROM FURNITURE NEC | |
| *E8846 | FALL FROM COMMODE | |
| *E8849 | FALL-1 LEVEL TO OTH NEC | |
| *E885 | FALL ON LEVEL-TRIPPING | |
| *E8860 | FALL IN SPORTS | |
| *E8869 | FALL ON LEVEL NEC/NOS | |
| *E887 | FRACTURE, CAUSE NOS | |
| *E888 | FALL NEC & NOS | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *E8900 | PRIVAT DWELL FIRE-EXPLOS | |
| *E8901 | PRIV DWEL FIRE-PVC FUMES | |
| *E8902 | PRIV DWEL FIRE-FUMES NOS | |
| *E8903 | PRIV DWEL FIRE-BURNING | |
| *E8908 | PRIV DWEL FIRE-ACCID NEC | |
| *E8909 | PRIV DWEL FIRE-ACCID NOS | |
| *E8910 | FIRE IN BLDG-EXPLOSION | |
| *E8911 | FIRE IN BLDG-PVC FUMES | |
| *E8912 | FIRE IN BLDG-FUMES NOS | |
| *E8913 | FIRE IN BLDG-BURNING | |
| *E8918 | FIRE IN BLDG-ACCID NEC | |
| *E8919 | FIRE IN BLDG-ACCID NOS | |
| *E892 | FIRE NOT IN BUILDING | |
| *E8930 | CLOTHING FIRE-PRIV DWELL | |
| *E8931 | CLOTHING FIRE-BLDG NEC | |
| *E8932 | CLOTHING FIRE NOT IN BLD | |
| *E8938 | CLOTHING FIRE NEC | |
| *E8939 | CLOTHING FIRE NOS | |
| *E894 | FIRE-HIGHLY INFLAM MATER | |
| *E895 | BURN ACC IN PRIVAT DWELL | |
| *E896 | BURN ACC IN BLDG NEC | |
| *E897 | BURN ACC NOT IN BLDG | |
| *E8980 | BURNING BEDCLOTHES | |
| *E8981 | FIRE ACCIDENT NEC | |
| *E899 | FIRE ACCIDENT NOS | |
| *E9000 | EXCESSIVE HEAT: WEATHER | |
| *E9001 | EXCESSIVE HEAT, MAN-MADE | |
| *E9009 | EXCESSIVE HEAT NOS | |
| *E9010 | EXCESSIVE COLD: WEATHER | |
| *E9011 | EXCESSIVE COLD, MAN-MADE | |
| *E9018 | EXCESSIVE COLD NEC | |
| *E9019 | EXCESSIVE COLD NOS | |
| *E9020 | HIGH ALTITUDE RESIDENCE | |
| *E9021 | AIR PRESS CHNGE: AIRCRFT | |
| *E9022 | AIR PRESS CHANGE: DIVING | |
| *E9028 | AIR PRESSURE CHANGE NEC | |
| *E9029 | AIR PRESCURE CHANGE NOS | |
| *E903 | TRAVEL AND MOTION | |
| *E9040 | ABANDONMENT/LACK OF CARE | |
| *E9041 | LACK OF FOOD | |
| *E9042 | LACK OF WATER | |
| *E9043 | EXPOSURE NEC | |
| *E9049 | PRIVATION NOS | |
| *E9050 | VENOMOUS SNAKE BITE | |
| *E9051 | VENOMOUS SPIDER BITE | |
| *E9052 | SCORPION STING | |
| *E9053 | HORNET/WASP/BEE STING | |
| *E9054 | CENTIPEDE BITE | |
| *E9055 | VENOMOUS ARTHROPODS NEC | |
| *E9056 | VENOM SEA ANIMALS/PLANTS | |
| *E9057 | POISONING BY OTHER PLANT | |
| *E9058 | VENOMOUS BITE/STING NEC | |
| *E9059 | VENOMOUS BITE/STING NOS | |
| *E9060 | DOG BITE | |
| *E9061 | RAT BITE | |
| *E9062 | NONVENOMOUS SNAKE BITE | |
| *E9063 | ANIMAL BITE NEC | |
| *E9064 | NONVENOM ARTHROPOD BITE | |
| *E9065 | ANIMAL BITE NOS | |
| *E9068 | INJ NEC CAUSED BY ANIMAL | |
| *E9069 | INJ NOS CAUSED BY ANIMAL | |
| *E907 | ACC DUE TO LIGHTNING | |
| *E908 | CATACLYSMIC STORM/FLOOD* | |
| *E9080 | ACCIDENT D/T HURRICANE | |
| *E9081 | ACCIDENT D/T TORNADO | |
| *E9082 | ACCIDENT D/T FLOODS | |
| *E9083 | ACC D/T SNOW BLIZZARD | |
| *E9084 | ACCIDENT D/T DUST STORM | |
| *E9088 | ACCIDENT D/T STORM NEC | |
| *E9089 | ACC D/T STORM/FLOOD NOS | |
| *E909 | ACC D/T AVALANCH/EARTHQU* | |
| *E9090 | ACC D/T EARTHQUAKES | |
| *E9091 | ACC D/T VOLCANIC ERUPT | |
| *E9092 | ACC D/T AVALANCHE | |
| *E9093 | ACC D/T DAM COLLAPSE | |
| *E9094 | ACC D/T TIDALWAVE NOS | |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| *E9098 | ACC D/T ERUPTIONS NEC | |
| *E9099 | ACC D/T ERUPTIONS NOS | |
| *E9100 | WATER-SKIING ACCIDENT | |
| *E9101 | SKIN/SCUBA DIVING ACC | |
| *E9102 | SWIMMING ACCIDENT NOS | |
| *E9103 | SWIMMING/DIVING ACC NEC | |
| *E9104 | DROWNING IN BATHTUB | |
| *E9108 | ACCIDENTAL DROWNING NEC | |
| *E9109 | ACCIDENTAL DROWNING NOS | |
| *E911 | RESP OBSTR-FOOD INHAL | |
| *E912 | RESP OBSTR-INHAL OBJ NEC | |
| *E9130 | SUFFOCAT IN BED/CRADLE | |
| *E9131 | SUFFOCATION-PLASTIC BAG | |
| *E9132 | SUFFOCATION-LACK OF AIR | |
| *E9133 | CAVE-IN NOS | |
| *E9138 | SUFFOCATION NEC | |
| *E9139 | SUFFOCATION NOS | |
| *E914 | FB ENTERING EYE | |
| *E915 | FB ENTERING OTH ORIFICE | |
| *E916 | STRUCK BY FALLING OBJECT | |
| *E9170 | STRUCK IN SPORTS | |
| *E9171 | CROWD ACCIDENT | |
| *E9172 | STRUCK IN RUNNING WATER | |
| *E9179 | STRUCK BY OBJ/PERSON NEC | |
| *E918 | CAUGHT BETWEEN OBJECTS | |
| *E9190 | MACHINE ACCID-AGRICULT | |
| *E9191 | MACHINE ACCID-MINING | |
| *E9192 | LIFTING MACHINE ACCIDENT | |
| *E9193 | METALWORKING MACHINE ACC | |
| *E9194 | WOODWORKING MACHINE ACC | |
| *E9195 | PRIME MOVER MACHINE ACC | |
| *E9196 | TRANSMISSION MACHINE ACC | |
| *E9197 | EARTH MOVING MACHINE ACC | |
| *E9198 | MACHINERY ACCIDENT NEC | |
| *E9199 | MACHINERY ACCIDENT NOS | |
| *E9200 | ACC-POWERED LAWN MOWER | |
| *E9201 | ACC-POWER HAND TOOL NEC | |
| *E9202 | ACC-POWER HOUSE APPLIANC | |
| *E9203 | KNIFE/SWORD/DAGGER ACC | |
| *E9204 | ACCID-OTHER HAND TOOLS | |
| *E9205 | ACC-HYPODERMIC NEEDLE | |
| *E9208 | ACC-CUTTING INSTRUM NEC | |
| *E9209 | ACC-CUTTING INSTRUM NOS | |
| *E9210 | BOILER EXPLOSION | |
| *E9211 | GAS CYLINDER EXPLOSION | |
| *E9218 | PRESS VESSEL EXPLOS NEC | |
| *E9219 | PRESS VESSEL EXPLOS NOS | |
| *E9220 | HANDGUN ACCIDENT | |
| *E9221 | SHOTGUN ACCIDENT | |
| *E9222 | HUNTING RIFLE ACCIDENT | |
| *E9223 | MILITARY FIREARM ACCID | |
| *E9228 | FIREARM ACCIDENT NEC | |
| *E9229 | FIREARM ACCIDENT NOS | |
| *E9230 | FIREWORKS ACCIDENT | |
| *E9231 | BLASTING MATERIALS ACCID | |
| *E9232 | EXPLOSIVE GASES ACCIDENT | |
| *E9238 | EXPLOSIVES ACCIDENT NEC | |
| *E9239 | EXPLOSIVES ACCIDENT NOS | |
| *E9240 | ACC-HOT LIQUID & STEAM | |
| *E9241 | ACCID-CAUSTIC SUBSTANCE | |
| *E9242 | ACC-HOT TAP WATER | |
| *E9248 | HOT SUBSTANCE ACCID NEC | |
| *E9249 | HOT SUBSTANCE ACCID NOS | |
| *E9250 | DOMESTIC WIRING ACCIDENT | |
| *E9251 | ELECTR POWER GENERAT ACC | |
| *E9252 | INDUST WIRING/MACHIN ACC | |
| *E9258 | ELECTRIC CURRENT ACC NEC | |
| *E9259 | ELECTRIC CURRENT ACC NOS | |
| *E9260 | RADIOFREQ RADIAT EXPOSUR | |
| *E9261 | INFRA-RED APPL RAD EXOS | |
| *E9262 | VIS/ULTRAVIOL LGHT EXPOS | |
| *E9263 | X-RAY/GAMMA RAY EXPOSURE | |
| *E9264 | LASER EXPOSURE | |
| *E9265 | RADIOACT ISOTOPE EXPOSUR | |
| *E9268 | RADIATION EXPOSURE NEC | |
| *E9269 | RADIATION EXPOSURE NOS | |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| *E927 | ACCID FROM OVEREXERTION | |
| *E9280 | ACC D/T WEIGHTLESS ENVIR | |
| *E9281 | EXPOSURE TO NOISE | |
| *E9282 | EXPOSURE TO VIBRATION | |
| *E9288 | ACCIDENT NEC | |
| *E9289 | ACCIDENT NOS | |
| *E9290 | LATE EFF MOTOR VEHIC ACC | |
| *E9291 | LATE EFF TRANSPORT ACC | |
| *E9292 | LATE EFF ACC POISONING | |
| *E9293 | LATE EFF ACCIDENTAL FALL | |
| *E9294 | LATE EFF FIRE ACC | |
| *E9295 | LATE EFF ENVIRONMENT ACC | |
| *E9298 | LATE EFF ACCIDENT NEC | |
| *E9299 | LATE EFF ACCIDENT NOS | |
| *E9300 | ADV EFF PENICILLINS | |
| *E9301 | ADV EFF ANTIFUNG ANTBIOT | |
| *E9302 | ADV EFF CHLORAMPHENICOL | |
| *E9303 | ADV EFF ERYTHROMYCIN | |
| *E9304 | ADV EFF TETRACYCLINE | |
| *E9305 | ADV EFF CEPHALOSPORIN | |
| *E9306 | ADV EFF ANTMYCOB ANTBIOT | |
| *E9307 | ADV EFF ANTINEOP ANTBIOT | |
| *E9308 | ADV EFF ANTIBIOTICS NEC | |
| *E9309 | ADV EFF ANTIBIOTIC NOS | |
| *E9310 | ADV EFF SULFONAMIDES | |
| *E9311 | ADV EFF ARSENIC ANTI-INF | |
| *E9312 | ADV EFF METAL ANTI-INF | |
| *E9313 | ADV EFF QUINOLINE | |
| *E9314 | ADV EFF ANTIMALARIALS | |
| *E9315 | ADV EFF ANTPROTAZOAL NEC | |
| *E9316 | ADV EFF ANTHELMINTICS | |
| *E9317 | ADV EFF ANTIVIRAL DRUGS | |
| *E9318 | ADV EFF ANTIMYCOBAC NEC | |
| *E9319 | ADV EFF ANTINFCT NEC/NOS | |
| *E9320 | ADV EFF CORTICOSTEROIDS | |
| *E9321 | ADV EFF ANDROGENS | |
| *E9322 | ADV EFF OVARIAN HORMONES | |
| *E9323 | ADV EFF INSULIN/ANTIDIAB | |
| *E9324 | ADV EFF ANT PITUITARY | |
| *E9325 | ADV EFF POST PITUITARY | |
| *E9326 | ADV EFF PARATHYROID | |
| *E9327 | ADV EFF THYROID & DERIV | |
| *E9328 | ADV EFF ANTITHYROID AGNT | |
| *E9329 | ADV EFF HORMONES NEC/NOS | |
| *E9330 | ADV EFF ANALLRG/ANTEMET | |
| *E9331 | ADV EFF ANTINEOPLASTIC | |
| *E9332 | ADV EFF ACIDIFYING AGENT | |
| *E9333 | ADV EFF ALKALIZING AGENT | |
| *E9334 | ADV EFF ENZYMES NEC | |
| *E9335 | ADV EFF VITAMINS NEC | |
| *E9338 | ADV EFF SYSTEMIC AGT NEC | |
| *E9339 | ADV EFF SYSTEMIC AGT NOS | |
| *E9340 | ADV EFF IRON & COMPOUNDS | |
| *E9341 | ADV EFF LIVER/ANTIANEMIC | |
| *E9342 | ADV EFF ANTICOAGULANTS | |
| *E9343 | ADV EFF VITAMIN K | |
| *E9344 | ADV EFF FIBRINOLYSIS AGT | |
| *E9345 | ADV EFF COAGULANTS | |
| *E9346 | ADV EFF GAMMA GLOBULIN | |
| *E9347 | ADV EFF BLOOD PRODUCTS | |
| *E9348 | ADV EFF BLOOD AGENT NEC | |
| *E9349 | ADV EFF BLOOD AGENT NOS | |
| *E9350 | ADV EFF HEROIN | |
| *E9351 | ADV EFF METHADONE | |
| *E9352 | ADV EFF OPIATES | |
| *E9353 | ADV EFF SALICYLATES | |
| *E9354 | ADV EFF AROM ANALGSC NEC | |
| *E9355 | ADV EFF PYRAZOLE DERIV | |
| *E9356 | ADV EFF ANTIRHEUMATICS | |
| *E9357 | ADV EFF NON-NARC ANALGSC | |
| *E9358 | ADV EFF ANALGESICS NEC | |
| *E9359 | ADV EFF ANALGESIC NOS | |
| *E9360 | ADV EFF OXAZOLIDIN DERIV | |
| *E9361 | ADV EFF HYDANTOIN DERIV | |
| *E9362 | ADV EFF SUCCINIMIDES | |
| *E9363 | ADV EFF ANTCONVL NEC/NOS | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *E9364 | ADV EFF ANTI-PARKINSON | |
| *E9370 | ADV EFF BARBITURATES | |
| *E9371 | ADV EFF CHLORAL HYDRATE | |
| *E9372 | ADV EFF PARALDEHYDE | |
| *E9373 | ADV EFF BROMINE COMPNDS | |
| *E9374 | ADV EFF METHAQUALONE | |
| *E9375 | ADV EFF GLUTETHIMIDE | |
| *E9376 | ADV EFF MIX SEDATIVE | |
| *E9378 | ADV EFF SEDAT/HYPNOT NEC | |
| *E9379 | ADV EFF SEDAT/HYPNOT NOS | |
| *E9380 | ADV EFF CNS MUSCL DEPRES | |
| *E9381 | ADV EFF HALOTHANE | |
| *E9382 | ADV EFF GAS ANESTHET NEC | |
| *E9383 | ADV EFF INTRAVEN ANESTH | |
| *E9384 | ADV EFF GEN ANES NEC/NOS | |
| *E9385 | ADV EFF TOPIC/INFIL ANES | |
| *E9386 | ADV EFF NERVE-BLOCK ANES | |
| *E9387 | ADV EFF SPINAL ANESTHET | |
| *E9389 | ADV EFF LOC ANES NEC/NOS | |
| *E9390 | ADV EFF ANTIDEPRESSANTS | |
| *E9391 | ADV EFF PHENOTHIAZ TRANQ | |
| *E9392 | ADV EFF BUTYROPHEN TRANQ | |
| *E9393 | ADV EFF ANTIPSYCHOTC NEC | |
| *E9394 | ADV EFF BENZODIAZ TRANQ | |
| *E9395 | ADV EFF TRANQUILIZER NEC | |
| *E9396 | ADV EFF HALLUCINOGENS | |
| *E9397 | ADV EFF PSYCHOSTIMULANTS | |
| *E9398 | ADV EFF PSYCHOTROPIC NEC | |
| *E9399 | ADV EFF PSYCHOTROPIC NOS | |
| *E9400 | ADV EFF ANALEPTICS | |
| *E9401 | ADV EFF OPIAT ANTAGONIST | |
| *E9408 | ADV EFF CNS STIMULNT NEC | |
| *E9409 | ADV EFF CNS STIMULNT NOS | |
| *E9410 | ADV EFF CHOLINERGICS | |
| *E9411 | ADV EFF PARASYMPATHOLYTC | |
| *E9412 | ADV EFF SYMPATHOMIMETICS | |
| *E9413 | ADV EFF SYMPATHOLYTICS | |
| *E9419 | ADV EFF AUTONOM AGNT NOS | |
| *E9420 | ADV EFF CARD RHYTH REGUL | |
| *E9421 | ADV EFF CARDIOTONICS | |
| *E9422 | ADV EFF ANTILIPEMICS | |
| *E9423 | ADV EFF GANGLION-BLOCK | |
| *E9424 | ADV EFF CORONARY VASODIL | |
| *E9425 | ADV EFF VASODILATORS NEC | |
| *E9426 | ADV EFF ANTIHYPERTEN AGT | |
| *E9427 | ADV EFF ANTIVARICOSE | |
| *E9428 | ADV EFF CAPILLARY-ACT | |
| *E9429 | ADV EFF CARDIOVASC NEC | |
| *E9430 | ADV EFF ANTACIDS | |
| *E9431 | ADV EFF IRRIT CATHARTIC | |
| *E9432 | ADV EFF EMOLL CATHARTICS | |
| *E9433 | ADV EFF CATHARTICS NEC | |
| *E9434 | ADV EFF DIGESTANTS | |
| *E9435 | ADV EFF ANTIDIARRHEA AGT | |
| *E9436 | ADV EFF EMETICS | |
| *E9438 | ADV EFF GI AGENT NEC | |
| *E9439 | ADV EFF GI AGENT NOS | |
| *E9440 | ADV EFF MERCURY DIURETIC | |
| *E9441 | ADV EFF PURINE DIURETICS | |
| *E9442 | ADV EFF ACETAZOLAMIDE | |
| *E9443 | ADV EFF SALURETICS | |
| *E9444 | ADV EFF DIURETICS NEC | |
| *E9445 | ADV EFF ELECTROLYTE AGNT | |
| *E9446 | ADV EFF MINERAL SALT NEC | |
| *E9447 | ADV EFF URIC ACID METAB | |
| *E9450 | ADV EFF OXYTOCIC AGENTS | |
| *E9451 | ADV EFF SMOOTH MUSC RELX | |
| *E9452 | ADV EFF SKELET MUSC RELX | |
| *E9453 | ADV EFF MUSC AGT NEC/NOS | |
| *E9454 | ADV EFF ANTITUSSIVES | |
| *E9455 | ADV EFF EXPECTORANTS | |
| *E9456 | ADV EFF ANTI-COMMON COLD | |
| *E9457 | ADV EFF ANTIASTHMATICS | |
| *E9458 | ADV EFF RESP DRG NEC/NOS | |
| *E9460 | ADV EFF LOC ANTI-INFECTV | |
| *E9461 | ADV EFF ANTIPRURITICS | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *E9462 | ADV EFF LOCAL ASTRINGENT | |
| *E9463 | ADV EFF EMOLLIENT/DEMULC | |
| *E9464 | ADV EFF HAIR/SCALP PREP | |
| *E9465 | ADV EFF EYE ANTI-INF/DRG | |
| *E9466 | ADV EFF ENT ANTI-INF/DRG | |
| *E9467 | ADV EFF TOPIC DENTAL DRG | |
| *E9468 | ADV EFF SKIN AGENT NEC | |
| *E9469 | ADV EFF SKIN AGENT NOS | |
| *E9470 | ADV EFF DIETETICS | |
| *E9471 | ADV EFF LIPOTROPIC DRUGS | |
| *E9472 | ADV EFF ANTIDOTES NEC | |
| *E9473 | ADV EFF ALCOHOL DETER | |
| *E9474 | ADV EFF PHARMACEUT EXCIP | |
| *E9478 | ADV EFF MEDICINAL NEC | |
| *E9479 | ADV EFF MEDICINAL NOS | |
| *E9480 | ADV EFF BCG VACCINE | |
| *E9481 | ADV EFF TYPHOID VACCINE | |
| *E9482 | ADV EFF CHOLERA VACCINE | |
| *E9483 | ADV EFF PLAGUE VACCINE | |
| *E9484 | ADV EFF TETANUS VACCINE | |
| *E9485 | ADV EFF DIPHTHER VACCINE | |
| *E9486 | ADV EFF PERTUSSIS VACCIN | |
| *E9488 | ADV EFF BACT VAC NEC/NOS | |
| *E9489 | ADV EFF MIX BACT VACCINE | |
| *E9490 | ADV EFF SMALLPOX VACCINE | |
| *E9491 | ADV EFF RABIES VACCINE | |
| *E9492 | ADV EFF TYPHUS VACCINE | |
| *E9493 | ADV EFF YELLOW FEVER VAC | |
| *E9494 | ADV EFF MEASLES VACCINE | |
| *E9495 | ADV EFF POLIO VACCINE | |
| *E9496 | ADV EFF VIRAL VACC NEC | |
| *E9497 | ADV EFF MIXED VIRAL-BACT | |
| *E9499 | ADV EFF BIOLOGIC NEC/NOS | |
| *E9500 | POISON-ANALGESICS | |
| *E9501 | POISON-BARBITURATES | |
| *E9502 | POISON-SEDAT/HYPNOTIC | |
| *E9503 | POISON-PSYCHOTROPIC AGT | |
| *E9504 | POISON-DRUG/MEDICIN NEC | |
| *E9505 | POISON-DRUG/MEDICIN NOS | |
| *E9506 | POISON-AGRICULT AGENT | |
| *E9507 | POISON-CORROSIV/CAUSTIC | |
| *E9508 | POISON-ARSENIC | |
| *E9509 | POISON-SOLID/LIQUID NEC | |
| *E9510 | POISON-PIPED GAS | |
| *E9511 | POISON-GAS IN CONTAINER | |
| *E9518 | POISON-UTILITY GAS NEC | |
| *E9520 | POISON-EXHAUST GAS | |
| *E9521 | POISON-CO NEC | |
| *E9528 | POISON-GAS/VAPOR NEC | |
| *E9529 | POISON-GAS/VAPOR NOS | |
| *E9530 | INJURY-HANGING | |
| *E9531 | INJURY-SUFF W PLAS BAG | |
| *E9538 | INJURY-STRANG/SUFF NEC | |
| *E9539 | INJURY-STRANG/SUFF NOS | |
| *E954 | INJURY-SUBMERSION | |
| *E9550 | INJURY-HANDGUN | |
| *E9551 | INJURY-SHOTGUN | |
| *E9552 | INJURY-HUNTING RIFLE | |
| *E9553 | INJURY-MILITARY FIREARM | |
| *E9554 | INJURY-FIREARM NEC | |
| *E9555 | INJURY-EXPLOSIVES | |
| *E9559 | INJURY-FIREARM/EXPL NOS | |
| *E956 | INJURY-CUT INSTRUMENT | |
| *E9570 | INJURY-JUMP FM RESIDENCE | |
| *E9571 | INJURY-JUMP FM STRUC NEC | |
| *E9572 | INJURY-JUMP FM NATUR SIT | |
| *E9579 | INJURY-JUMP NEC | |
| *E9580 | INJURY-MOVING OBJECT | |
| *E9581 | INJURY-BURN, FIRE | |
| *E9582 | INJURY-SCALD | |
| *E9583 | INJURY-EXTREME COLD | |
| *E9584 | INJURY-ELECTROCUTION | |
| *E9585 | INJURY-MOTOR VEH CRASH | |
| *E9586 | INJURY-AIRCRAFT CRASH | |
| *E9587 | INJURY-CAUSTIC SUBSTANCE | |
| *E9588 | INJURY-NEC | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| *E9589 | INJURY-NOS | |
| *E959 | LATE EFF OF SELF-INJURY | |
| *E9600 | UNARMED FIGHT OR BRAWL | |
| *E9601 | RAPE | |
| *E961 | ASSAULT-CORROSIV/CAUST | |
| *E9620 | ASSAULT-POIS W MEDIC AGT | |
| *E9621 | ASSAULT-POIS W SOLID/LIQ | |
| *E9622 | ASSAULT-POIS W GAS/VAPOR | |
| *E9629 | ASSAULT-POISONING NOS | |
| *E963 | ASSAULT-HANGING/STRANGUL | |
| *E964 | ASSAULT-SUBMERSION | |
| *E9650 | ASSAULT-HANDGUN | |
| *E9651 | ASSAULT-SHOTGUN | |
| *E9652 | ASSAULT-HUNTING RIFLE | |
| *E9653 | ASSAULT-MILITARY WEAPON | |
| *E9654 | ASSAULT-FIREARM NEC | |
| *E9655 | ASSAULT-ANTIPERSON BOMB | |
| *E9656 | ASSAULT-GASOLINE BOMB | |
| *E9657 | ASSAULT-LETTER BOMB | |
| *E9658 | ASSAULT-EXPLOSIVE NEC | |
| *E9659 | ASSAULT-EXPLOSIVE NOS | |
| *E966 | ASSAULT-CUTTING INSTR | |
| *E9670 | BATTER BY FATHER/STEPFTH | |
| *E9671 | CHILD ABUSE BY PERS NEC | |
| *E9679 | CHILD ABUSE NOS | |
| *E9680 | ASSAULT-FIRE | |
| *E9681 | ASSLT-PUSH FROM HI PLACE | |
| *E9682 | ASSAULT-STRIKING W OBJ | |
| *E9683 | ASSAULT-HOT LIQUID | |
| *E9684 | ASSAULT-CRIMINAL NEGLECT | |
| *E9685 | ASSLT-TRANSPORT VEHICLE | |
| *E9688 | ASSAULT NEC | |
| *E9689 | ASSAULT NOS | |
| *E969 | LATE EFFECT ASSAULT | |
| *E970 | LEGAL INTERVENT-FIREARM | |
| *E971 | LEGAL INTERVENT-EXPLOSIV | |
| *E972 | LEGAL INTERVENT-GAS | |
| *E973 | LEGAL INTERVEN-BLUNT OBJ | |
| *E974 | LEGAL INTERVEN-CUT INSTR | |
| *E975 | LEGAL INTERVENTION NEC | |
| *E976 | LEGAL INTERVENTION NOS | |
| *E977 | LATE EFF-LEGAL INTERVENT | |
| *E978 | LEGAL EXECUTION | |
| *E9800 | UNDETERM POIS-ANALGESICS | |
| *E9801 | UNDETERM POIS-BARBITURAT | |
| *E9802 | UNDET POIS-SED/HYPN NEC | |
| *E9803 | UNDETERM POIS-PSYCHOTROP | |
| *E9804 | UNDET POIS-MED AGNT NEC | |
| *E9805 | UNDET POIS-MED AGNT NOS | |
| *E9806 | UNDET POIS-CORROS/CAUST | |
| *E9807 | UNDET POIS-AGRICULT AGNT | |
| *E9808 | UNDETER POIS-ARSENIC | |
| *E9809 | UNDETER POIS-SOL/LIQ NEC | |
| *E9810 | UNDETER POIS-PIPED GAS | |
| *E9811 | UNDET POIS-CONTAINER GAS | |
| *E9818 | UNDET POIS-UTIL GAS NEC | |
| *E9820 | UNDETER POIS-EXHAUST GAS | |
| *E9821 | UNDETERMIN POISON-CO NEC | |
| *E9828 | UNDET POIS-GAS/VAPOR NEC | |
| *E9829 | UNDET POIS-GAS/VAPOR NOS | |
| *E9830 | UNDETERMIN CIRC-HANGING | |
| *E9831 | UNDET CIRC-SUF PLAST BAG | |
| *E9838 | UNDET CIRC-SUFFOCATE NEC | |
| *E9839 | UNDET CIRC-SUFFOCATE NOS | |
| *E984 | UNDETERM CIRC-SUBMERSION | |
| *E9850 | UNDETERMIN CIRC-HANDGUN | |
| *E9851 | UNDETERMIN CIRC-SHOTGUN | |
| *E9852 | UNDET CIRC-HUNTING RIFLE | |
| *E9853 | UNDET CIRC-MILITARY ARMS | |
| *E9854 | UNDETER CIRC-FIREARM NEC | |
| *E9855 | UNDETERM CIRC-EXPLOSIVE | |
| *E986 | UNDET CIRC-CUT INSTRUMNT | |
| *E9870 | UNDET CIRC-FALL RESIDENC | |
| *E9871 | UNDET FALL STRUCTURE NEC | |
| *E9872 | UNDET FALL NATURAL SITE | |
| *E9879 | UNDET CIRC-FALL SITE NOS | |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| *E9880 | UNDETERM CIRC-MOVING OBJ | |
| *E9881 | UNDETERM CIRC-BURN, FIRE | |
| *E9882 | UNDETERM CIRC-SCALD | |
| *E9883 | UNDETERM CIRC-EXTRM COLD | |
| *E9884 | UNDETERM CIRC-ELECTROCUT | |
| *E9885 | UNDET CIRC-MOT VEH CRASH | |
| *E9886 | UNDET CIRC-AIRCRFT CRASH | |
| *E9887 | UNDET CIRC-CAUSTIC SUBST | |
| *E9888 | UNDETERMIN CIRCUMST NEC | |
| *E9889 | UNDETERMIN CIRCUMST NOS | |
| *E989 | LATE EFF INJ-UNDET CIRC | |
| *E9900 | WAR INJ:GASOLINE BOMB | |
| *E9909 | WAR INJURY:FIRE NEC | |
| *E9910 | WAR INJ:RUBBER BULLET | |
| *E9911 | WAR INJURY:PELLETS | |
| *E9912 | WAR INJURY:BULLET NEC | |
| *E9913 | WAR INJ:ANTIPERSON BOMB | |
| *E9919 | WAR INJ:FRAGMENTS NEC | |
| *E992 | WAR INJ:MARINE EXPLOS | |
| *E993 | WAR INJURY:EXPLOS NEC | |
| *E994 | WAR INJ:AIRCRFT DESTRUC | |
| *E995 | WAR INJUR-CONVEN WAR NEC | |
| *E996 | WAR INJ:NUCLEAR WEAPONS | |
| *E9970 | WAR INJURY:LASERS | |
| *E9971 | WAR INJURY:BIOL WARFARE | |
| *E9972 | WAR INJURY:GAS/FUM/CHEM | |
| *E9978 | WAR INJ-UNCONVEN WAR NEC | |
| *E9979 | WAR INJ-UNCONVEN WAR NOS | |
| *E998 | WAR INJ:POST WAR OPERAT | |
| *E999 | LATE EFF OF WAR INJURY | |
| V010 | CHOLERA CONTACT | 11 |
| V011 | TUBERCULOSIS CONTACT | 11 |
| V012 | POLIOMYELITIS CONTACT | 11 |
| V013 | SMALLPOX CONTACT | 11 |
| V014 | RUBELLA CONTACT | 11 |
| V015 | RABIES CONTACT | 11 |
| V016 | VENEREAL DIS CONTACT | 11 |
| V017 | VIRAL DIS CONTACT NEC | 11 |
| V018 | COMMUNIC DIS CONTACT NEC | 11 |
| V019 | COMMUNIC DIS CONTACT NOS | 11 |
| V020 | CHOLERA CARRIER | 11 |
| V021 | TYPHOID CARRIER | 11 |
| V022 | AMEBIASIS CARRIER | 11 |
| V023 | GI PATHOGEN CARRIER NEC | 11 |
| V024 | DIPHTHERIA CARRIER | 11 |
| V025 | BACTERIA DIS CARRIER NEC | 11 |
| V026 | VIRAL HEPATITIS CARRIER* | 11 |
| V027 | GONORRHEA CARRIER | 11 |
| V028 | VENEREAL DIS CARRIER NEC | 11 |
| V029 | CARRIER NEC | 11 |
| V030 | VACCIN FOR CHOLERA | 11 |
| V031 | VACC-TYPHOID-PARATYPHOID | 11 |
| V032 | VACCIN FOR TUBERCULOSIS | 11 |
| V033 | VACCIN FOR PLAGUE | 11 |
| V034 | VACCIN FOR TULAREMIA | 11 |
| V035 | VACCIN FOR DIPHTHERIA | 11 |
| V036 | VACCIN FOR PERTUSSIS | 11 |
| V037 | TETANUS TOXOID INOCULAT | 11 |
| V0381 | ND VAC HMOPHLUS INFLNZ B | 11 |
| V0382 | ND VAC STRPTCS PNEUMNI B | 11 |
| V0389 | ND OTHER SPECF VACNATION | 11 |
| V039 | VACCIN FOR BACT DIS NOS | 11 |
| V040 | VACCIN FOR POLIOMYELITIS | 11 |
| V041 | VACCIN FOR SMALLPOX | 11 |
| V042 | VACCIN FOR MEASLES | 11 |
| V043 | VACCIN FOR RUBELLA | 11 |
| V044 | VACCIN FOR YELLOW FEVER | 11 |
| V045 | VACCIN FOR RABIES | 11 |
| V046 | VACCIN FOR MUMPS | 11 |
| V047 | VACCIN FOR COMMON COLD | 11 |
| V048 | VACCIN FOR INFLUENZA | 11 |
| V050 | ARBOVIRUS ENCEPH VACCIN | 11 |
| V051 | VACC ARBOVIRAL DIS NEC | 11 |
| V052 | VACCIN FOR LEISHMANIASIS | 11 |
| V053 | NEED PRPHYL VC VRL HEPAT | 11 |
| V054 | NEED PRPHYL VC VARICELLA | 11 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| V058 | VACCIN FOR DISEASE NEC | 11 |
| V059 | VACCIN FOR SINGL DIS NOS | 11 |
| V060 | VACCIN FOR CHOLERA + TAB | 11 |
| V061 | VACCIN FOR DTP | 11 |
| V062 | VACCIN FOR DTP + TAB | 11 |
| V063 | VACCIN FOR DTP + POLIO | 11 |
| V064 | VAC-MEASLE-MUMPS-RUBELLA | 11 |
| V065 | ND VAC TETANUS-DIPHTHRIA | 11 |
| V066 | ND VAC STRP PNUMN/INFLNZ | 11 |
| V068 | VAC-DIS COMBINATIONS NEC | 11 |
| V069 | VAC-DIS COMBINATIONS NOS | 11 |
| V070 | PROPHYLACTIC ISOLATION | 11 |
| V071 | DESENSITIZA TO ALLERGENS | 11 |
| V072 | PROPHYLACT IMMUNOTHERAPY | 11 |
| V0731 | PROPHYLAC FLUORIDE ADMIN | 11 |
| V0739 | OTHER PROPHYLAC CHEMOTHR | 11 |
| V074 | NEED PSTMNPASL HRMN RPLC | 11 |
| V078 | PROPHYLACTIC MEASURE NEC | 11 |
| V079 | PROPHYLACTIC MEASURE NOS | 11 |
| V08 | ASYMP HIV INFECTN STATUS | 86 |
| V090 | INF MCRG RSTN PNCLLINS | 97 |
| V091 | INF MCRG RSTN B-LACTAM | 97 |
| V092 | INF MCRG RSTN MACROLIDES | 97 |
| V093 | INF MCRG RSTN TTRCYCLN | 97 |
| V094 | INF MCRG RSTN AMNGLCSDS | 97 |
| V0950 | INF MCR RST QN FLR NT ML | 97 |
| V0951 | INF MCRG RSTN QN FLRQ ML | 97 |
| V096 | INF MCRG RSTN SULFNMIDES | 97 |
| V0970 | INF MCR RST OTH AG NT ML | 97 |
| V0971 | INF MCRG RSTN OTH AG MLT | 97 |
| V0980 | INF MCR RST OT DRG NT ML | 97 |
| V0981 | INF MCRG RSTN OTH DRG ML | 97 |
| V0990 | INFC MCRG DRGRST NT MULT | 97 |
| V0991 | INFC MCRG DRGRST MULT | 97 |
| V1000 | HX OF GI MALIGNANCY NOS | 11 |
| V1001 | HX OF TONGUE MALIGNANCY | 11 |
| V1002 | HX-ORAL/PHARYNX MALG NEC | 11 |
| V1003 | HX-ESOPHAGEAL MALIGNANCY | 11 |
| V1004 | HX OF GASTRIC MALIGNANCY | 11 |
| V1005 | HX OF COLONIC MALIGNANCY | 11 |
| V1006 | HX-RECTAL & ANAL MALIGN | 11 |
| V1007 | HX OF LIVER MALIGNANCY | 11 |
| V1009 | HX OF GI MALIGNANCY NEC | 11 |
| V1011 | HX-BRONCHOGENIC MALIGNAN | 11 |
| V1012 | HX-TRACHEAL MALIGNANCY | 11 |
| V1020 | HX-RESP ORG MALIGNAN NOS | 11 |
| V1021 | HX-LARYNGEAL MALIGNANCY | 11 |
| V1022 | HX-NOSE/EAR/SINUS MALIG | 11 |
| V1029 | HX-INTRATHORACIC MAL NEC | 11 |
| V103 | HX OF BREAST MALIGNANCY | 11 |
| V1040 | HX-FEMALE GENIT MALG NOS | 11 |
| V1041 | HX-CERVICAL MALIGNANCY | 11 |
| V1042 | HX-UTERUS MALIGNANCY NEC | 11 |
| V1043 | HX OF OVARIAN MALIGNANCY | 11 |
| V1044 | HX-FEMALE GENIT MALG NEC | 11 |
| V1045 | HX-MALE GENIT MALIG NOS | 11 |
| V1046 | HX-PROSTATIC MALIGNANCY | 11 |
| V1047 | HX-TESTICULAR MALIGNANCY | 11 |
| V1049 | HX-MALE GENIT MALIG NEC | 11 |
| V1050 | HX-URINARY MALIGNAN NOS | 11 |
| V1051 | HX OF BLADDER MALIGNANCY | 11 |
| V1052 | HX OF KIDNEY MALIGNANCY | 11 |
| V1059 | HX-URINARY MALIGNAN NEC | 11 |
| V1060 | HX OF LEUKEMIA NOS | 11 |
| V1061 | HX OF LYMPHOID LEUKEMIA | 11 |
| V1062 | HX OF MYELOID LEUKEMIA | 11 |
| V1063 | HX OF MONOCYTIC LEUKEMIA | 11 |
| V1069 | HX OF LEUKEMIA NEC | 11 |
| V1071 | HX-LYMPHOSARCOMA | 11 |
| V1072 | HX-HODGKIN'S DISEASE | 11 |
| V1079 | HX-LYMPHATIC MALIGN NEC | 11 |
| V1081 | HX OF BONE MALIGNANCY | 11 |
| V1082 | HX-MALIG SKIN MELANOMA | 11 |
| V1083 | HX-SKIN MALIGNANCY NEC | 11 |
| V1084 | HX OF EYE MALIGNANCY | 11 |
| V1085 | HX OF BRAIN MALIGNANCY | 11 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| V1086 | HX-MALIGN NERVE SYST NEC | 11 |
| V1087 | HX OF THYROID MALIGNANCY | 11 |
| V1088 | HX-ENDOCRINE MALIGN NEC | 11 |
| V1089 | HX OF MALIGNANCY NEC | 11 |
| V109 | HX OF MALIGNANCY NOS | 11 |
| V110 | HX OF SCHIZOPHRENIA | 11 |
| V111 | HX OF AFFECTIVE DISORDER | 11 |
| V112 | HX OF NEUROSIS | 11 |
| V113 | HX OF ALCOHOLISM | 11 |
| V118 | HX-MENTAL DISORDER NEC | 11 |
| V119 | HX-MENTAL DISORDER NOS | 11 |
| V1200 | PRSNL HST UNSP NFCT PRST | 11 |
| V1201 | PRSNL HST TUBERCULOSIS | 11 |
| V1202 | PRSNL HST POLIOMYELITIS | 11 |
| V1203 | PERSONAL HISTRY MALARIA | 11 |
| V1209 | PRSNL HST OTH NFCT PARST | 11 |
| V121 | HX-NUTRITION DEFICIENCY | 11 |
| V122 | HX-ENDOCR/META/IMMUN DIS | 11 |
| V123 | HX-BLOOD DISEASES | 11 |
| V1250 | HX-CIRCULATORY DIS NOS | 11 |
| V1251 | HX-VEN THROMBOSIS/EMBOLS | 11 |
| V1252 | HX-THROMBOPHLEBITIS | 11 |
| V1259 | HX-CIRCULATORY DIS NEC | 11 |
| V126 | HX-RESPIRATORY SYS DIS | 11 |
| V1270 | PRSNL HST UNSPC DGSTV DS | 11 |
| V1271 | PRSNL HST PEPTIC ULCR DS | 11 |
| V1272 | PRSNL HST COLONIC POLYPS | 11 |
| V1279 | PRSNL HST OT SPF DGST DS | 11 |
| V1300 | PRSNL HST URNR DSRD UNSP | 11 |
| V1301 | PRSNL HST URNR DSRD CALC | 11 |
| V1309 | PRSN HST OT SPF URN DSRD | 11 |
| V131 | HX-TROPHOBLASTIC DISEASE | 11 |
| V132 | HX-GENITAL/OBSTETRIC DIS | 11 |
| V133 | HX-SKIN/SUBCUTAN TIS DIS | 11 |
| V134 | HX OF ARTHRITIS | 11 |
| V135 | HX-MUSCULOSKELET DIS NEC | 11 |
| V136 | HX-CONGENITAL MALFORM | 11 |
| V137 | HX-PERINATAL PROBLEMS | 11 |
| V138 | HX OF DISEASES NEC | 11 |
| V139 | HX OF DISEASE NOS | 11 |
| V140 | HX-PENICILLIN ALLERGY | 11 |
| V141 | HX-ANTIBIOT ALLERGY NEC | 11 |
| V142 | HX-SULFONAMIDES ALLERGY | 11 |
| V143 | HX-ANTI-INFECT ALLERGY | 11 |
| V144 | HX-ANESTHETIC ALLERGY | 11 |
| V145 | HX-NARCOTIC ALLERGY | 11 |
| V146 | HX-ANALGESIC ALLERGY | 11 |
| V147 | HX-VACCINE ALLERGY | 11 |
| V148 | HX-DRUG ALLERGY NEC | 11 |
| V149 | HX-DRUG ALLERGY NOS | 11 |
| V150 | HX OF ALLERGY NEC | 11 |
| V151 | HX-MAJOR CARDIOVASC SURG | 11 |
| V152 | HX-MAJOR ORGAN SURG NEC | 11 |
| V153 | HX OF IRRADIATION | 11 |
| V155 | HX OF INJURY | 11 |
| V156 | HX OF POISONING | 11 |
| V157 | HX OF CONTRACEPTION | 11 |
| V1581 | HX OF PAST NONCOMPLIANCE | 11 |
| V1582 | HISTORY OF TOBACCO USE | 11 |
| V1584 | HX-EXPOSURE ASBESTOS | 11 |
| V1585 | HX-EXPS HAZRD BODY FLUID | 11 |
| V1586 | HX-EXPOSURE TO LEAD | 11 |
| V1589 | HX-HEALTH HAZARDS NEC | 11 |
| V159 | HX-HEALTH HAZARD NOS | 11 |
| V160 | FAMILY HX-GI MALIGNANCY | 11 |
| V161 | FM HX-TRACH/BRONCHOG MAL | 11 |
| V162 | FAM HX-INTRATHORACIC MAL | 11 |
| V163 | FAMILY HX-BREAST MALIG | 11 |
| V165 | FAMILY HX-URINARY MALIG | 11 |
| V166 | FAMILY HX-LEUKEMIA | 11 |
| V167 | FAM HX-LYMPH NEOPLAS NEC | 11 |
| V168 | FAMILY HX-MALIGNANCY NEC | 11 |
| V169 | FAMILY HX-MALIGNANCY NOS | 11 |
| V170 | FAM HX-PSYCHIATRIC COND | 11 |
| V171 | FAMILY HX-STROKE | 11 |
| V172 | FAM HX-NEUROLOG DIS NEC | 11 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| V173 | FAM HX-ISCHEM HEART DIS | 11 |
| V174 | FAM HX-CARDIOVAS DIS NEC | 11 |
| V175 | FAMILY HX-ASTHMA | 11 |
| V176 | FAM HX-CHR RESP COND NEC | 11 |
| V177 | FAMILY HX-ARTHRITIS | 11 |
| V178 | FAM HX-MUSCLOSKL DIS NEC | 11 |
| V180 | FAM HX-DIABETES MELLITUS | 11 |
| V181 | FM HX-ENDO/METAB DIS NEC | 11 |
| V182 | FAMILY HX-ANEMIA | 11 |
| V183 | FAM HX-BLOOD DISORD NEC | 11 |
| V184 | FAM HX-MENTAL RETARDAT | 11 |
| V185 | FAMILY HX-GI DISORDERS | 11 |
| V186 | FAMILY HX-KIDNEY DISEASE | 11 |
| V187 | FAMILY HX-GU DISEASE NEC | 11 |
| V188 | FM HX-INFECT/PARASIT DIS | 11 |
| V190 | FAMILY HX-BLINDNESS | 11 |
| V191 | FAMILY HX-EYE DISORD NEC | 11 |
| V192 | FAMILY HX-DEAFNESS | 11 |
| V193 | FAMILY HX-EAR DISORD NEC | 11 |
| V194 | FAMILY HX-SKIN CONDITION | 11 |
| V195 | FAM HX-CONGEN ANOMALIES | 11 |
| V196 | FAMILY HX-ALLERGIC DIS | 11 |
| V197 | CONSANGUINITY | 11 |
| V198 | FAMILY HX-CONDITION NEC | 11 |
| V200 | FOUNDLING HEALTH CARE | 11 |
| V201 | CARE OF HEALTHY CHLD NEC | 11 |
| V202 | ROUTIN CHILD HEALTH EXAM | 11 |
| V210 | RAPID CHILDHOOD GROWTH | 11 |
| V211 | PUBERTY | 11 |
| V212 | ADOLESCENCE GROWTH NEC | 11 |
| V218 | CONSTIT STATE IN DEV NEC | 11 |
| V219 | CONSTIT STATE IN DEV NOS | 11 |
| V220 | SUPERVIS NORMAL 1ST PREG | 57 |
| V221 | SUPERVIS OTH NORMAL PREG | 57 |
| *V222 | PREG STATE, INCIDENTAL | |
| V230 | PREG W HX OF INFERTILITY | 57 |
| V231 | PREG W HX-TROPHOBLAS DIS | 57 |
| V232 | PREG W HX OF ABORTION | 57 |
| V233 | GRAND MULTIPARITY | 57 |
| V234 | PREG W POOR OBSTETRIC HX | 57 |
| V235 | PREG W POOR REPRODUCT HX | 57 |
| V237 | INSUFFICNT PRENATAL CARE | 57 |
| V238 | SUPRV HIGH-RISK PREG NEC | 57 |
| V239 | SUPRV HIGH-RISK PREG NOS | 57 |
| V240 | POSTPART CARE AFTER DEL | 57 |
| V241 | POSTPART CARE-LACTATION | 57 |
| V242 | ROUT POSTPART FOLLOW-UP | 57 |
| V2501 | PRESCPIP-ORAL CONTRACEPT | 11 |
| V2502 | INITIATE CONTRACEPT NEC | 11 |
| V2509 | CONTRACEPTIVE MANGMT NEC | 11 |
| V251 | INSERTION OF IUD | 11 |
| V252 | STERILIZATION | 11 |
| V253 | MENSTRUAL EXTRACTION | 56 |
| V2540 | CONTRACEPT SURVEILL NOS | 11 |
| V2541 | CONTRACEPT PILL SURVEILL | 11 |
| V2542 | IUD SURVEILLANCE | 11 |
| V2543 | SRVL MPLNT SBDRM CNTRCEP | 11 |
| V2549 | CONTRACEPT SURVEILL NEC | 11 |
| V255 | NSRT MPLNT SBDRM CNTRCEP | 11 |
| V258 | CONTRACEPTIVE MANGMT NEC | 11 |
| V259 | CONTRACEPTIVE MANGMT NOS | 11 |
| V260 | TUBOPLASTY OR VASOPLASTY | 11 |
| V261 | ARTIFICIAL INSEMINATION | 11 |
| V262 | PROCREATIVE MGMT-INVEST | 11 |
| V263 | GENETIC COUNSELING | 11 |
| V264 | PROCREATIVE MGMT-COUNSEL | 11 |
| V268 | PROCREATIVE MANGMT NEC | 11 |
| V269 | PROCREATIVE MANGMT NOS | 11 |
| *V270 | DELIVER-SINGLE LIVEBORN | |
| *V271 | DELIVER-SINGLE STILLBORN | |
| *V272 | DELIVER-TWINS, BOTH LIVE | |
| *V273 | DEL-TWINS, 1 NB, 1 SB | |
| *V274 | DELIVER-TWINS, BOTH SB | |
| *V275 | DEL-MULT BIRTH, ALL LIVE | |
| *V276 | DEL-MULT BRTH, SOME LIVE | |
| *V277 | DEL-MULT BIRTH, ALL SB | |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| *V279 | OUTCOME OF DELIVERY NQS | |
| V280 | SCREENING-CHROMOSOM ANOM | 57 |
| V281 | SCREEN-ALPHAFETOPROTEIN | 57 |
| V282 | SCREEN BY AMNIOCENT NEC | 57 |
| V283 | SCREEN-FETAL MALFORM | 57 |
| V284 | SCREEN-FETAL RETARDATION | 57 |
| V285 | SCREEN-ISOIMMUNIZATION | 57 |
| V288 | ANTENATAL SCREENING NEC | 57 |
| V289 | ANTENATAL SCREENING NOS | 57 |
| V290 | NB OBSRV SUSPCT INFECT | 11 |
| V291 | NB OBSRV SUSPCT NEURLGCL | 11 |
| V292 | OBSRV NB SUSPC RESP COND | 11 |
| V298 | NB OBSRV OTH SUSPCT COND | 11 |
| V299 | NB OBSRV UNSP SUSPCT CND | 11 |
| V3000 | SINGLE LB IN-HOSP W/O CS | 57 |
| V3001 | SINGLE LB IN-HOSP W CS | 57 |
| V301 | SINGL LIVEBRN-BEFORE ADM | 57 |
| V302 | SINGLE LIVEBORN-NONHOSP | 57 |
| V3100 | TWIN-MATE LB-HOSP W/O CS | 57 |
| V3101 | TWIN-MATE LB-IN HOS W CS | 57 |
| V311 | TWIN, MATE LB-BEFORE ADM | 57 |
| V312 | TWIN, MATE LB-NONHOSP | 57 |
| V3200 | TWIN-MATE SB-HOSP W/O CS | 57 |
| V3201 | TWIN-MATE SB-HOSP W CS | 57 |
| V321 | TWIN, MATE SB-BEFORE ADM | 57 |
| V322 | TWIN, MATE SB-NONHOSP | 57 |
| V3300 | TWIN-NOS-IN HOSP W/O CS | 57 |
| V3301 | TWIN-NOS-IN HOSP W CS | 57 |
| V331 | TWIN NOS-BEFORE ADMISSN | 57 |
| V332 | TWIN NOS-NONHOSP | 57 |
| V3400 | OTH MULT LB-HOSP W/O CS | 57 |
| V3401 | OTH MULT LB-IN HOSP W CS | 57 |
| V341 | OTH MULT NB-BEFORE ADM | 57 |
| V342 | OTH MULTIPLE NB-NONHOSP | 57 |
| V3500 | OTH MULT SB-HOSP W/O CS | 57 |
| V3501 | OTH MULT SB-IN HOSP W CS | 57 |
| V351 | OTH MULT SB-BEFORE ADM | 57 |
| V352 | OTH MULTIPLE SB-NONHOSP | 57 |
| V3600 | MULT LB/SB-IN HOS W/O CS | 57 |
| V3601 | MULT LB/SB-IN HOSP W CS | 57 |
| V361 | MULT NB/SB-BEFORE ADM | 57 |
| V362 | MULTIPLE NB/SB-NONHOSP | 57 |
| V3700 | MULT BRTH NOS-HOS W/O CS | 57 |
| V3701 | MULT BIRTH NOS-HOSP W CS | 57 |
| V371 | MULT BRTH NOS-BEFORE ADM | 57 |
| V372 | MULT BIRTH NOS-NONHOSP | 57 |
| V3900 | LIVEBORN NOS-HOSP W/O CS | 57 |
| V3901 | LIVEBORN NOS-HOSP W CS | 57 |
| V391 | LIVEBORN NOS-BEFORE ADM | 57 |
| V392 | LIVEBORN NOS-NONHOSP | 57 |
| V400 | PROBLEMS WITH LEARNING | 91 |
| V401 | PROB WITH COMMUNICATION | 91 |
| V402 | MENTAL PROBLEMS NEC | 91 |
| V403 | BEHAVIORAL PROBLEMS NEC | 91 |
| V409 | MENTAL/BEHAVIOR PROB NOS | 91 |
| V410 | PROBLEMS WITH SIGHT | 11 |
| V411 | EYE PROBLEMS NEC | 11 |
| V412 | PROBLEMS WITH HEARING | 11 |
| V413 | EAR PROBLEMS NEC | 11 |
| V414 | VOICE PRODUCTION PROBLEM | 11 |
| V415 | SMELL AND TASTE PROBLEM | 11 |
| V416 | PROBLEM W SWALLOWING | 11 |
| V417 | SEXUAL FUNCTION PROBLEM | 91 |
| V418 | PROBL W SPECIAL FUNC NEC | 91 |
| V419 | PROBL W SPECIAL FUNC NOS | 91 |
| V420 | KIDNEY TRANSPLANT STATUS | 53 |
| V421 | HEART TRANSPLANT STATUS | 36 |
| V422 | HEART VALVE TRANSPLANT | 36 |
| V423 | SKIN TRANSPLANT STATUS | 18 |
| V424 | BONE TRANSPLANT STATUS | 24 |
| V425 | CORNEA TRANSPLANT STATUS | 68 |
| V426 | LUNG TRANSPLANT STATUS | 33 |
| V427 | LIVER TRANSPLANT STATUS | 41 |
| V429 | TRANSPLANT STATUS NOS | 11 |
| V430 | EYE REPLACEMENT NEC | 68 |
| V431 | LENS REPLACEMENT NEC | 11 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| V432 | HEART REPLACEMENT NEC | 36 |
| V433 | HEART VALVE REPLAC NEC | 36 |
| V434 | BLOOD VESSEL REPLAC NEC | 36 |
| V435 | BLADDER REPLACEMENT NEC | 53 |
| V4360 | JOINT REPLACED UNSPCF | 11 |
| V4361 | JOINT REPLACED SHOULDER | 11 |
| V4362 | JOINT REPLACED ELBOW | 11 |
| V4363 | JOINT REPLACED WRIST | 11 |
| V4364 | JOINT REPLACED HIP | 11 |
| V4365 | JOINT REPLACED KNEE | 11 |
| V4366 | JOINT REPLACED ANKLE | 11 |
| V4369 | OTH SPCF JOINT REPLACED | 11 |
| V437 | LIMB REPLACEMENT NEC | 24 |
| V4381 | LARYNX REPLACEMENT | 11 |
| V4382 | BREAST REPLACEMENT | 11 |
| V4389 | ORGAN/TISS REPLACMNT NEC | 11 |
| V440 | TRACHEOSTOMY STATUS | 11 |
| V441 | GASTROSTOMY STATUS | 11 |
| V442 | ILEOSTOMY STATUS | 11 |
| V443 | COLOSTOMY STATUS | 11 |
| V444 | ENTEROSTOMY STATUS NEC | 11 |
| V445 | CYSTOSTOMY STATUS | 11 |
| V446 | URINOSTOMY STATUS NEC | 11 |
| V447 | ARTIFICIAL VAGINA STATUS | 11 |
| V448 | ARTIF OPEN STATUS NEC | 11 |
| V449 | ARTIF OPEN STATUS NOS | 11 |
| V4500 | STATUS CARDC DVCE UNSPCF | 11 |
| V4501 | STATUS CARDIAC PACEMAKER | 11 |
| V4502 | STATUS AUTM CRD DFBRLTR | 11 |
| V4509 | STATUS OTH SPCF CRDC DVC | 11 |
| V451 | RENAL DIALYSIS STATUS | 11 |
| V452 | VENTRICULAR SHUNT STATUS | 11 |
| V453 | INTESTINAL BYPASS STATUS | 11 |
| V454 | ARTHRODESIS STATUS | 11 |
| V4551 | PRSC NTRUTR CNTRCPTV DVC | 11 |
| V4552 | PRSC SBDRML CNTRCP MPLNT | 11 |
| V4559 | PRSC OTHER CNTRCPTV DVC | 11 |
| V4581 | AORTOCORONARY BYPASS | 11 |
| V4582 | STATUS-POST PTCA | 11 |
| V4583 | BREAST IMPL REMOV STATUS | 11 |
| V4589 | POSTSURGICAL STATES NEC | 11 |
| V460 | DEPENDENCE ON ASPIRATOR | 33 |
| V461 | DEPENDENCE ON RESPIRATOR | 33 |
| V468 | MACHINE DEPENDENCE NEC | 11 |
| V469 | MACHINE DEPENDENCE NOS | 11 |
| V470 | INTERN ORGAN DEFICIENCY | 11 |
| V471 | MECH PROB W INTERNAL ORG | 11 |
| V472 | CARDIORESPIRAT PROBL NEC | 11 |
| V473 | DIGESTIVE PROBLEMS NEC | 11 |
| V474 | URINARY PROBLEMS NEC | 11 |
| V475 | GENITAL PROBLEMS NEC | 11 |
| V479 | PROBL W INTERNAL ORG NOS | 11 |
| V480 | DEFICIENCIES OF HEAD | 11 |
| V481 | DEFICIENCIES NECK/TRUNK | 11 |
| V482 | MECHANICAL PROB W HEAD | 11 |
| V483 | MECH PROB W NECK & TRUNK | 11 |
| V484 | SENSORY PROBLEM W HEAD | 11 |
| V485 | SENSOR PROB W NECK/TRUNK | 11 |
| V486 | DISFIGUREMENTS OF HEAD | 11 |
| V487 | DISFIGUREMENT NECK/TRUNK | 11 |
| V488 | PROB-HEAD/NECK/TRUNK NEC | 11 |
| V489 | PROB-HEAD/NECK/TRUNK NOS | 11 |
| V490 | DEFICIENCIES OF LIMBS | 11 |
| V491 | MECHANICAL PROB W LIMBS | 11 |
| V492 | MOTOR PROBLEMS W LIMBS | 11 |
| V493 | SENSORY PROBLEMS W LIMBS | 11 |
| V494 | DISFIGUREMENTS OF LIMBS | 11 |
| V495 | LIMB PROBLEMS NEC | 11 |
| V4960 | STATUS AMPUT UP LMB NOS | 11 |
| V4961 | STATUS AMPUT THUMB | 11 |
| V4962 | STATUS AMPUT OTH FINGERS | 11 |
| V4963 | STATUS AMPUT HAND | 11 |
| V4964 | STATUS AMPUT WRIST | 11 |
| V4965 | STATUS AMPUT BELOW ELBOW | 11 |
| V4966 | STATUS AMPUT ABOVE ELBOW | 11 |
| V4967 | STATUS AMPUT SHOULDER | 11 |

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

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

| ICD-9 | ICD-9 Description | MDC |
|---|---|---|
| V4970 | STATUS AMPUT LWR LMB NOS | 11 |
| V4971 | STATUS AMPUT GREAT TOE | 11 |
| V4972 | STATUS AMPUT OTHR TOE(S) | 11 |
| V4973 | STATUS AMPUT FOOT | 11 |
| V4974 | STATUS AMPUT ANKLE | 11 |
| V4975 | STATUS AMPUT BELOW KNEE | 11 |
| V4976 | STATUS AMPUT ABOVE KNEE | 11 |
| V4977 | STATUS AMPUT HIP | 11 |
| V498 | PROBL INFLU HEALTH NEC | 11 |
| V499 | PROBL INFLU HEALTH NOS | 11 |
| V500 | HAIR TRANSPLANT | 11 |
| V501 | PLASTIC SURGERY NEC | 11 |
| V502 | ROUTINE CIRCUMCISION | 11 |
| V503 | EAR PIERCING | 11 |
| V5041 | PRPHYLCT ORGN RMVL BRST | 11 |
| V5042 | PRPHYLCT ORGN RMVL OVARY | 11 |
| V5049 | PRPHYLCT ORGN RMVL OTHER | 11 |
| V508 | ELECTIVE SURGERY NEC | 11 |
| V509 | ELECTIVE SURGERY NOS | 11 |
| V51 | AFTERCARE W PLASTIC SURG | 18 |
| V520 | FITTING ARTIFICIAL ARM | 24 |
| V521 | FITTING ARTIFICIAL LEG | 24 |
| V522 | FITTING ARTIFICIAL EYE | 11 |
| V523 | FITTING DENTAL PROSTHES | 31 |
| V524 | FIT/ADJ BREAST PROS/IMPL | 18 |
| V528 | FITTING PROSTHESIS NEC | 24 |
| V529 | FITTING PROSTHESIS NOS | 24 |
| V531 | FIT CONTACT LENS/GLASSES | 68 |
| V532 | ADJUSTMENT HEARING AID | 31 |
| V533 | ADJUST CARDIAC PACEMAKER* | 36 |
| V5331 | FTNG CARDIAC PACEMAKER | 11 |
| V5332 | FTNG AUTMTC DFIBRILLATOR | 11 |
| V5339 | FTNG OTH CARDIAC DEVICE | 11 |
| V534 | FIT ORTHODONTIC DEVICE | 31 |
| V535 | FIT/ADJ INTES APPL NEC | 41 |
| V536 | FITTING URINARY DEVICES | 53 |
| V537 | FIT ORTHOPEDIC DEVICES | 24 |
| V538 | ADJUSTMENT OF WHEELCHAIR | 24 |
| V539 | ADJUSTMNT DEVICE NEC/NOS | 24 |
| V540 | REMOVAL INT FIXATION DEV | 11 |
| V548 | ORTHOPEDIC AFTERCARE NEC | 24 |
| V549 | ORTHOPEDIC AFTERCARE NOS | 24 |
| V550 | ATTEN TO TRACHEOSTOMY | 31 |
| V551 | ATTEN TO GASTROSTOMY | 41 |
| V552 | ATTEN TO ILEOSTOMY | 41 |
| V553 | ATTEN TO COLOSTOMY | 41 |
| V554 | ATTEN TO ENTEROSTOMY NEC | 41 |
| V555 | ATTEN TO CYSTOSTOMY | 53 |
| V556 | ATTEN TO URINOSTOMY NEC | 53 |
| V557 | ATTEN ARTIFICIAL VAGINA | 56 |
| V558 | ATTN TO ARTIF OPEN NEC | 11 |
| V559 | ATTN TO ARTIF OPEN NOS | 11 |
| V560 | RENAL DIALYSIS ENCOUNTER | 11 |
| V561 | FIT/ADJ DIALYSIS CATHETR | |
| V568 | DIALYSIS ENCOUNTER, NEC | 53 |
| V570 | BREATHING EXERCISES | 11 |
| V571 | PHYSICAL THERAPY NEC | 11 |
| V5721 | ENCNTR OCCUPATNAL THRPY | 11 |
| V5722 | ENCNTR VOCATIONAL THRPY | 11 |
| V573 | SPEECH THERAPY | 11 |
| V574 | ORTHOPTIC TRAINING | 11 |
| V5781 | ORTHOTIC TRAINING | 24 |
| V5789 | REHABILITATION PROC NEC | 11 |
| V579 | REHABILITATION PROC NOS | 11 |
| V580 | RADIOTHERAPY ENCOUNTER | 11 |
| V581 | CHEMOTHERAPY ENCOUNTER | 11 |
| V582 | BLOOD TRANSFUSION, NO DX | 11 |
| V583 | ATTEN-SURG DRESSNG/SUTUR | 11 |
| V584 | POSTSURG AFTERCARE NEC* | 11 |
| V5841 | ENCNTR PLND PO WND CLSR | 11 |
| V5849 | POSTOP OTH SPECFD AFTRCR | 11 |
| V585 | ORTHODONTICS AFTERCARE | 31 |
| V5861 | LONG-TERM USE ANTICOAGUL | 36 |
| V5869 | LONG-TERM USE MEDS NEC | 11 |
| V5881 | FIT/ADJ VASCULAR CATHETR | 11 |
| *V5882 | FIT/ADJ NON-VSC CATH NEC | |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| V5889 | OTHER SPECFIED AFTERCARE | 11 |
| V589 | AFTERCARE NOS | 11 |
| V5901 | BLOOD DONOR-WHOLE BLOOD | 11 |
| V5902 | BLOOD DONOR-STEM CELLS | 11 |
| V5909 | BLOOD DONOR NEC | 11 |
| V591 | SKIN DONOR | 11 |
| V592 | BONE DONOR | 11 |
| V593 | BONE MARROW DONOR | 11 |
| V594 | KIDNEY DONOR | 11 |
| V595 | CORNEA DONOR | 11 |
| V596 | LIVER DONOR | 11 |
| V598 | ORG OR TISSUE DONOR NEC | 11 |
| V599 | ORG OR TISSUE DONOR NOS | 11 |
| V600 | LACK OF HOUSING | 91 |
| V601 | INADEQUATE HOUSING | 91 |
| V602 | ECONOMIC PROBLEM | 91 |
| V603 | PERSON LIVING ALONE | 91 |
| V604 | NO FAMILY ABLE TO CARE | 91 |
| V605 | HOLIDAY RELIEF CARE | 91 |
| V606 | PERSON IN RESIDENT INST | 91 |
| V608 | HOUSING/ECONO CIRCUM NEC | 91 |
| V609 | HOUSING/ECONO CIRCUM NOS | 91 |
| V610 | FAMILY DISRUPTION | 91 |
| V6120 | CNSL PRNT-CHLD PROB NOS | 91 |
| V6121 | CNSL VICTIM CHILD ABUSE | 91 |
| V6129 | PARENT-CHILD PROBLEM NEC | 91 |
| V613 | PROBLEM W AGED PARENT | 91 |
| V6141 | ALCOHOLISM IN FAMILY | 91 |
| V6149 | FAMILY HEALTH PROBL NEC | 91 |
| V615 | MULTIPARITY | 56 |
| V616 | ILLEGITIMATE PREGNANCY | 91 |
| V617 | UNWANTED PREGNANCY NEC | 91 |
| V618 | FAMILY CIRCUMSTANCES NEC | 91 |
| V619 | FAMILY CIRCUMSTANCE NOS | 91 |
| V620 | UNEMPLOYMENT | 91 |
| V621 | ADVERSE EFF-WORK ENVIRON | 91 |
| V622 | OCCUP CIRCUMSTANCES NEC | 91 |
| V623 | EDUCATIONAL CIRCUMSTANCE | 91 |
| V624 | SOCIAL MALADJUSTMENT | 91 |
| V625 | LEGAL CIRCUMSTANCES | 91 |
| V626 | REFUSAL OF TREATMENT | 91 |
| V6281 | INTERPERSONAL PROBL NEC | 91 |
| V6282 | BEREAVEMENT, UNCOMPLICAT | 91 |
| V6289 | PSYCHOLOGICAL STRESS NEC | 91 |
| V629 | PSYCHOSOCIAL CIRCUM NOS | 91 |
| V630 | HOME REMOTE FROM HOSPITL | 91 |
| V631 | NO MEDICAL SERV IN HOME | 91 |
| V632 | WAIT ADM TO OTH FACILITY | 91 |
| V638 | NO MED FACILITIES NEC | 91 |
| V639 | NO MED FACILITIES NOS | 91 |
| V640 | NO VACCIN/CONTRAINDICAT | 11 |
| V641 | NO PROC/CONTRAINDICATION | 11 |
| V642 | NO PROC/PATIENT DECISION | 11 |
| V643 | NO PROC FOR REASONS NEC | 11 |
| V650 | HEALTHY PERSON W SICK | 11 |
| V651 | PERSON CONSULT FOR ANOTH | 91 |
| V652 | PERSON FEIGNING ILLNESS | 91 |
| V653 | DIETARY SURVEIL/COUNSEL | 82 |
| V6540 | COUNSELING NOS | 91 |
| V6541 | EXERCISE COUNSELING | 11 |
| V6542 | COUNSLNG SBSTN USE ABUSE | 91 |
| V6543 | COUNSELING INJRY PREVENT | 11 |
| V6544 | HIV COUNSELING | 86 |
| V6545 | CONSLN OT SEX TRNSMT DIS | 97 |
| V6549 | OTHER SPECFD COUNSELING | 11 |
| V655 | PERSN W FEARED COMPLAINT | 91 |
| V658 | REASON FOR CONSULT NEC | 91 |
| V659 | REASON FOR CONSULT NOS | 91 |
| V660 | SURGICAL CONVALESCENCE | 11 |
| V661 | RADIOTHERAPY CONVALESCEN | 11 |
| V662 | CHEMOTHERAPY CONVALESCEN | 11 |
| V663 | MENTAL DIS CONVALESCENCE | 11 |
| V664 | FRACTURE TREATMNT CONVAL | 11 |
| V665 | CONVALESCENCE NEC | 11 |
| V666 | COMB TREATMENT CONVALES | 11 |
| V669 | CONVALESCENCE NOS | 11 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| V670 | SURGERY FOLLOW-UP | 11 |
| V671 | RADIOTHERAPY FOLLOW-UP | 11 |
| V672 | CHEMOTHERAPY FOLLOW-UP | 11 |
| V673 | PSYCHIATRIC FOLLOW-UP | 91 |
| V674 | FU EXAM TREATD HEALED FX | 11 |
| V6751 | HIGH-RISK RX NEC EXAM | 11 |
| V6759 | FOLLOW-UP EXAM NEC | 11 |
| V676 | COMB TREATMENT FOLLOW-UP | 11 |
| V679 | FOLLOW-UP EXAM NOS | 11 |
| V680 | ISSUE MEDICAL CERTIFICAT | 91 |
| V681 | ISSUE REPEAT PRESCRIPT | 11 |
| V682 | REQUEST EXPERT EVIDENCE | 11 |
| V6881 | REFERRAL-NO EXAM/TREAT | 11 |
| V6869 | ADMINISTRTVE ENCOUNT NEC | 11 |
| V689 | ADMINISTRTVE ENCOUNT NOS | 11 |
| V690 | LACK OF PHYSICAL EXERCSE | 11 |
| V691 | INAPPRT DIET EAT HABITS | 11 |
| V692 | HIGH-RISK SEXUAL BEHAVR | 97 |
| V693 | GAMBLING AND BETTING | 91 |
| V698 | OTH PRBLMS RLTD LFSTYLE | 91 |
| V699 | PRBLM RLTD LFSTYLE NOS | 91 |
| V700 | ROUTINE MEDICAL EXAM | 11 |
| V701 | PSYCH EXAM-AUTHORITY REQ | 91 |
| V702 | GEN PSYCHIATRIC EXAM NEC | 91 |
| V703 | MED EXAM NEC-ADMIN PURP | 11 |
| V704 | EXAM-MEDICOLEGAL REASONS | 11 |
| V705 | HEALTH EXAM-GROUP SURVEY | 11 |
| V706 | HEALTH EXAM-POP SURVEY | 11 |
| V707 | EXAM-CLINICAL RESEARCH | 11 |
| V708 | GENERAL MEDICAL EXAM NEC | 11 |
| V709 | GENERAL MEDICAL EXAM NOS | 11 |
| V7101 | OBSV-ADULT ANTISOC BEHAV | 91 |
| V7102 | OBSV-ADOLESC ANTISOC BEH | 91 |
| V7109 | OBSERV-MENTAL COND NEC | 91 |
| V711 | OBSV-SUSPCT MAL NEOPLASM | 88 |
| V712 | OBSERV-SUSPECT TB | 11 |
| V713 | OBSERV-WORK ACCIDENT | 11 |
| V714 | OBSERV-ACCIDENT NEC | 11 |
| V715 | OBSERV FOLLOWING RAPE | 91 |
| V716 | OBSERV-INFLICTED INJ NEC | 11 |
| V717 | OBS-SUSP CARDIOVASC DIS | 11 |
| V718 | OBSERV-SUSPECT COND NEC | 11 |
| V719 | OBSERV-SUSPECT COND NOS | 11 |
| V720 | EYE & VISION EXAMINATION | 68 |
| V721 | EAR & HEARING EXAM | 31 |
| V722 | DENTAL EXAMINATION | 31 |
| V723 | GYNECOLOGIC EXAMINATION | 56 |
| V724 | PREG EXAM-PREG UNCONFIRM | 56 |
| V725 | RADIOLOGICAL EXAM NEC | 11 |
| V726 | LABORATORY EXAMINATION | 11 |
| V727 | SKIN/SENSITIZATION TESTS | 11 |
| V7281 | PREOP CARDIOVSCLR EXAM | 11 |
| V7282 | PREOP RESPIRATORY EXAM | 11 |
| V7283 | OTH SPCF PREOP EXAM | 11 |
| V7284 | PREOP EXAM UNSPCF | 11 |
| V7285 | OTH SPECIFIED EXAM | 11 |
| V729 | EXAMINATION NOS | 11 |
| V730 | SCREENING-POLIOMYELITIS | 11 |
| V731 | SCREENING FOR SMALLPOX | 11 |
| V732 | SCREENING FOR MEASLES | 11 |
| V733 | SCREENING FOR RUBELLA | 11 |
| V734 | SCREENING-YELLOW FEVER | 11 |
| V735 | SCREENING-ARBOVIRUS DIS | 11 |
| V736 | SCREENING FOR TRACHOMA | 11 |
| V7388 | SCRN OTH SPCF CHLMYD DIS | 11 |
| V7389 | SCRN OTH SPCF VIRAL DIS | 11 |
| V7398 | SCRN UNSPCF CHLMYD DIS | 11 |
| V7399 | SCRN UNSPCF VIRAL DIS | 11 |
| V740 | SCREENING FOR CHOLERA | 11 |
| V741 | SCREENING-PULMONARY TB | 11 |
| V742 | SCREENING FOR LEPROSY | 11 |
| V743 | SCREENING FOR DIPHTHERIA | 11 |
| V744 | SCREEN-BACT CONJUNCTIVIT | 11 |
| V745 | SCREEN FOR VENERAL DIS | 11 |
| V746 | SCREENING FOR YAWS | 11 |
| V748 | SCREEN-BACTERIAL DIS NEC | 11 |

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

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

| ICD–9 | ICD–9 Description | MDC |
|---|---|---|
| V749 | SCREEN-BACTERIAL DIS NOS | 11 |
| V750 | SCREEN-RICKETTSIAL DIS | 11 |
| V751 | SCREENING FOR MALARIA | 11 |
| V752 | SCREEN FOR LEISHMANIASIS | 11 |
| V753 | SCREEN-TRYPANOSOMIASIS | 11 |
| V754 | SCREEN-MYCOTIC INFECT | 11 |
| V755 | SCREEN-SCHISTOSOMIASIS | 11 |
| V756 | SCREEN FOR FILARIASIS | 11 |
| V757 | SCREEN FOR HELMINTHIASIS | 11 |
| V758 | SCREEN-PARASITIC DIS NEC | 11 |
| V759 | SCREEN FOR INFEC DIS NOS | 11 |
| V760 | SCREEN MAL NEOP-RESP ORG | 11 |
| V762 | SCREEN MAL NEOP-CERVIX | 11 |
| V763 | SCREEN MAL NEOP-BLADDER | 11 |
| V7641 | SCREEN MAL NEOP-RECTUM | 11 |
| V7642 | SCREEN MAL NEOP-ORAL CAV | 11 |
| V7643 | SCREEN MAL NEOP-SKIN | 11 |
| V7649 | SCREEN MAL NEOP-SITE NEC | 11 |
| V768 | SCREEN-NEOPLASM NEC | 11 |
| V769 | SCREEN-NEOPLASM NOS | 11 |
| V770 | SCREEN-THYROID DISORDER | 11 |
| V771 | SCREEN-DIABETES MELLITUS | 11 |
| V772 | SCREEN FOR MALNUTRITION | 11 |
| V773 | SCREEN-PHENYLKETONURIA | 11 |
| V774 | SCREEN FOR GALACTOSEMIA | 11 |
| V775 | SCREENING FOR GOUT | 11 |
| V776 | SCREEN-CYSTIC FIBROSIS | 11 |
| V777 | SCREEN-INBORN ERR METAB | 11 |
| V778 | SCREENING FOR OBESITY | 11 |
| V779 | SCREEN-ENDOC/NUT/MET NEC | 11 |
| V780 | SCREEN-IRON DEFIC ANEMIA | 11 |
| V781 | SCREEN-DEFIC ANEMIA NEC | 11 |
| V782 | SCREEN-SICKLE CELL DIS | 11 |
| V783 | SCRN-HEMOGLOBINOPATH NEC | 11 |
| V788 | SCREEN-BLOOD DIS NEC | 11 |
| V789 | SCREEN-BLOOD DIS NOS | 11 |
| V790 | SCREENING FOR DEPRESSION | 11 |
| V791 | SCREENING FOR ALCOHOLISM | 11 |
| V792 | SCREEN-MENTAL RETARDAT | 11 |
| V793 | SCREEN-DEVELOPMENT PROB | 11 |
| V798 | SCREEN-MENTAL DIS NEC | 11 |
| V799 | SCREEN-MENTAL DIS NOS | 11 |
| V800 | SCREEN-NEUROLOGICAL COND | 11 |
| V801 | SCREENING FOR GLAUCOMA | 11 |
| V802 | SCREENING-EYE COND NEC | 11 |
| V803 | SCREENING FOR EAR DIS | 11 |
| V810 | SCRN-ISCHEMIC HEART DIS | 11 |
| V811 | SCREEN FOR HYPERTENSION | 11 |
| V812 | SCREEN-CARDIOVASC NEC | 11 |
| V813 | SCREEN-BRONCH/EMPHYSEMA | 11 |
| V814 | SCREEN-RESPIR COND NEC | 11 |
| V815 | SCREEN FOR NEPHROPATHY | 11 |
| V816 | SCREEN FOR GU COND NEC | 11 |
| V820 | SCREEN FOR SKIN COND | 11 |
| V821 | SCREEN-RHEUMATOID ARTHR | 11 |
| V822 | SCREEN-RHEUMAT DIS NEC | 11 |
| V823 | SCREEN-CONG HIP DISLOCAT | 11 |
| V824 | POSTNAT SCREEN-CHROM ABN | 11 |
| V825 | SCREEN-CONTAMINATION NEC | 11 |
| V826 | MULTIPHASIC SCREENING | 11 |
| V828 | SCREEN FOR CONDITION NEC | 11 |
| V829 | SCREEN FOR CONDITION NOS | 11 |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description |
|---|---|---|
| 15756 | C | Free muscle flap, microvasc |
| 15757 | C | Free skin flap, microvasc |
| 15758 | C | Free fascial flap, microvasc |
| 19200 | C | Removal of breast |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description |
|---|---|---|
| 19220 | C | Removal of breast |
| 19240 | C | Removal of breast |
| 19260 | C | Removal of chest wall lesion |
| 19271 | C | Revision of chest wall |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description |
|---|---|---|
| 19272 | C | Extensive chest wall surgery |
| 19361 | C | Breast reconstruction |
| 19364 | C | Breast reconstruction |
| 19367 | C | Breast reconstruction |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description |
|---|---|---|
| 19368 | C | Breast reconstruction |
| 19369 | C | Breast reconstruction |
| 20100 | C | Explore wound, neck |
| 20101 | C | Explore wound, chest |
| 20102 | C | Explore wound, abdomen |
| 20103 | C | Explore wound, extremity |
| 20150 | C | Excise epiphyseal bar |
| 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 |
| 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 |
| 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 |
| 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 |
| 21045 | C | Extensive jaw surgery |
| 21137 | C | Reduction of forehead |
| 21138 | C | Reduction of forehead |
| 21139 | C | Reduction of forehead |
| 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 |
| 21182 | C | Reconstruct cranial bone |
| 21183 | C | Reconstruct cranial bone |
| 21184 | C | Reconstruct cranial bone |
| 21188 | C | Reconstruction of midface |
| 21193 | C | Reconstruct lower jaw bone |
| 21194 | C | Reconstruct lower jaw bone |
| 21195 | C | Reconstruct lower jaw bone |
| 21196 | C | Reconstruct lower jaw bone |
| 21198 | C | Reconstruct lower jaw bone |
| 21247 | C | Reconstruct lower jaw bone |
| 21255 | C | Reconstruct lower jaw bone |
| 21256 | C | Reconstruction of orbit |
| 21261 | C | Revise eye sockets |
| 21263 | C | Revise eye sockets |
| 21268 | C | Revise eye sockets |
| 21344 | C | Repair of sinus fracture |
| 21346 | C | Repair of nose/jaw fracture |
| 21347 | C | Repair of nose/jaw fracture |
| 21348 | C | Repair of nose/jaw fracture |
| 21356 | C | Repair cheek bone fracture |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description |
|---|---|---|
| 21360 | C | Repair cheek bone fracture |
| 21365 | C | Repair cheek bone fracture |
| 21366 | C | Repair cheek bone fracture |
| 21385 | C | Repair eye socket fracture |
| 21386 | C | Repair eye socket fracture |
| 21387 | C | Repair eye socket fracture |
| 21390 | C | Repair eye socket fracture |
| 21395 | C | Repair eye socket fracture |
| 21406 | C | Repair eye socket fracture |
| 21407 | C | Repair eye socket fracture |
| 21408 | C | Repair eye socket fracture |
| 21422 | C | Repair mouth roof fracture |
| 21423 | C | Repair mouth roof fracture |
| 21431 | C | Treat craniofacial fracture |
| 21432 | C | Repair craniofacial fracture |
| 21433 | C | Repair craniofacial fracture |
| 21435 | C | Repair craniofacial fracture |
| 21436 | C | Repair craniofacial fracture |
| 21470 | C | Repair lower jaw fracture |
| 21495 | C | Repair hyoid bone fracture |
| 21510 | C | Drainage of bone lesion |
| 21557 | C | Remove tumor, neck or chest |
| 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 |
| 21705 | C | Revision of neck muscle/rib |
| 21740 | C | Reconstruction of sternum |
| 21750 | C | Repair of sternum separation |
| 21810 | C | Treatment of rib fracture(s) |
| 21825 | C | Repair sternum fracture |
| 22100 | C | Remove part of neck vertebra |
| 22101 | C | Remove part, thorax vertebra |
| 22102 | C | Remove part, lumbar vertebra |
| 22103 | C | Remove extra spine segment |
| 22110 | C | Remove part of neck vertebra |
| 22112 | C | Remove part, thorax vertebra |
| 22114 | C | Remove part, lumbar vertebra |
| 22116 | C | Remove extra spine segment |
| 22210 | C | Revision of neck spine |
| 22212 | C | Revision of thorax spine |
| 22214 | C | Revision of lumbar spine |
| 22216 | C | Revise, extra spine segment |
| 22220 | C | Revision of neck spine |
| 22222 | C | Revision of thorax spine |
| 22224 | C | Revision of lumbar spine |
| 22226 | C | Revise, extra spine segment |
| 22325 | C | Repair of spine fracture |
| 22326 | C | Repair neck spine fracture |
| 22327 | C | Repair thorax spine fracture |
| 22328 | C | Repair each add spine fx |
| 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 |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description |
|---|---|---|
| 22819 | C | Kyphectomy, 3 & more segments |
| 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 pelvic 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 |
| 23035 | C | Drain shoulder bone lesion |
| 23125 | C | Removal of collarbone |
| 23195 | C | Removal of head of humerus |
| 23200 | C | Removal of collar bone |
| 23210 | C | Removal of shoulderblade |
| 23220 | C | Partial removal of humerus |
| 23221 | C | Partial removal of humerus |
| 23222 | C | Partial removal of humerus |
| 23332 | C | Remove shoulder foreign body |
| 23395 | C | Muscle transfer, shoulder/arm |
| 23397 | C | Muscle transfers |
| 23400 | C | Fixation of shoulder blade |
| 23440 | C | Removal/transplant tendon |
| 23470 | C | Reconstruct shoulder joint |
| 23472 | C | Reconstruct shoulder joint |
| 23900 | C | Amputation of arm & girdle |
| 23920 | C | Amputation at shoulder joint |
| 24149 | C | Radical resection of elbow |
| 24150 | C | Extensive humerus surgery |
| 24151 | C | Extensive humerus surgery |
| 24152 | C | Extensive radius surgery |
| 24153 | C | Extensive radius surgery |
| 24900 | C | Amputation of upper arm |
| 24920 | C | Amputation of upper arm |
| 24930 | C | Amputation follow-up surgery |
| 24931 | C | Amputate upper arm & implant |
| 24935 | C | Revision of amputation |
| 24940 | C | Revision of upper arm |
| 25170 | C | Extensive forearm surgery |
| 25390 | C | Shorten radius/ulna |
| 25391 | C | Lengthen radius/ulna |
| 25392 | C | Shorten radius & ulna |
| 25393 | C | Lengthen radius & ulna |
| 25405 | C | Repair/graft radius or ulna |
| 25420 | C | Repair/graft radius & ulna |
| 25900 | C | Amputation of forearm |
| 25905 | C | Amputation of forearm |
| 25909 | C | Amputation follow-up surgery |
| 25915 | C | Amputation of forearm |
| 25920 | C | Amputate hand at wrist |
| 25924 | C | Amputation follow-up surgery |
| 25927 | C | Amputation of hand |
| 25931 | C | Amputation follow-up surgery |
| 26551 | C | Great toe-hand transfer |
| 26553 | C | Single toe-hand transfer |
| 26554 | C | Double toe-hand transfer |
| 26556 | C | Toe joint transfer |
| 26992 | C | Drainage of bone lesion |
| 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 |
| 27035 | C | Denervation of hip joint |
| 27036 | C | Excision of hip joint/muscle |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description |
|---|---|---|
| 27054 | C | Removal of hip joint lining |
| 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 |
| 27090 | C | Removal of hip prosthesis |
| 27091 | C | Removal of hip prosthesis |
| 27120 | C | Reconstruction of hip socket |
| 27122 | C | Reconstruction of hip socket |
| 27125 | C | Partial hip replacement |
| 27130 | C | Total hip replacement |
| 27132 | C | Total hip replacement |
| 27134 | C | Revise hip joint replacement |
| 27137 | C | Revise hip joint replacement |
| 27138 | C | Revise hip joint replacement |
| 27140 | C | Transplant of femur ridge |
| 27146 | C | Incision of hip bone |
| 27147 | C | Revision of hip bone |
| 27151 | C | Incision of hip bones |
| 27156 | C | Revision of hip bones |
| 27158 | C | Revision of pelvis |
| 27161 | C | Incision of neck of femur |
| 27165 | C | Incision/fixation of femur |
| 27170 | C | Repair/graft femur head/neck |
| 27175 | C | Treat slipped epiphysis |
| 27176 | C | Treat slipped epiphysis |
| 27177 | C | Repair slipped epiphysis |
| 27178 | C | Repair slipped epiphysis |
| 27179 | C | Revise head/neck of femur |
| 27181 | C | Repair slipped epiphysis |
| 27185 | C | Revision of femur epiphysis |
| 27187 | C | Reinforce hip bones |
| 27215 | C | Pelvic fracture(s) treatment |
| 27216 | C | Treat pelvic ring fracture |
| 27217 | C | Treat pelvic ring fracture |
| 27218 | C | Treat pelvic ring fracture |
| 27222 | C | Treat hip socket fracture |
| 27226 | C | Treat hip wall fracture |
| 27227 | C | Treat hip fracture(s) |
| 27228 | C | Treat hip fracture(s) |
| 27232 | C | Treat fracture of thigh |
| 27235 | C | Repair of thigh fracture |
| 27236 | C | Repair of thigh fracture |
| 27240 | C | Treatment of thigh fracture |
| 27244 | C | Repair of thigh fracture |
| 27245 | C | Repair of thigh fracture |
| 27248 | C | Repair of thigh fracture |
| 27253 | C | Repair of hip dislocation |
| 27254 | C | Repair of hip dislocation |
| 27258 | C | Repair of hip dislocation |
| 27259 | C | Repair of hip dislocation |
| 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 |
| 27303 | C | Drainage of bone lesion |
| 27365 | C | Extensive leg surgery |
| 27445 | C | Revision of knee joint |
| 27446 | C | Revision of knee joint |
| 27447 | C | Total knee replacement |
| 27448 | C | Incision of thigh |
| 27450 | C | Incision of thigh |
| 27454 | C | Realignment of thigh bone |
| 27455 | C | Realignment of knee |
| 27457 | C | Realignment of knee |
| 27465 | C | Shortening of thigh bone |
| 27466 | C | Lengthening of thigh bone |
| 27468 | C | Shorten/lengthen thighs |
| 27470 | C | Repair of thigh |
| 27472 | C | Repair/graft of thigh |
| 27475 | 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 | Revise knee joint replace |
| 27487 | C | Revise knee joint replace |
| 27488 | C | Removal of knee prosthesis |
| 27495 | C | Reinforce thigh |
| 27506 | C | Repair of thigh fracture |
| 27507 | C | Treatment of thigh fracture |
| 27511 | C | Treatment of thigh fracture |
| 27513 | C | Treatment of thigh fracture |
| 27514 | C | Repair of thigh fracture |
| 27519 | C | Repair of thigh growth plate |
| 27524 | C | Repair of kneecap fracture |
| 27535 | C | Treatment of knee fracture |
| 27536 | C | Repair of knee fracture |
| 27540 | C | Repair of knee fracture |
| 27557 | C | Repair of knee dislocation |
| 27558 | C | Repair of knee dislocation |
| 27580 | C | Fusion of knee |
| 27590 | C | Amputate leg at thigh |
| 27591 | C | Amputate leg at thigh |
| 27592 | C | Amputate leg at thigh |
| 27596 | C | Amputation follow-up surgery |
| 27598 | C | Amputate lower leg at knee |
| 27645 | C | Extensive lower leg surgery |
| 27646 | C | Extensive lower leg surgery |
| 27702 | C | Reconstruct ankle joint |
| 27703 | C | Reconstruction, ankle joint |
| 27712 | C | Realignment of lower leg |
| 27715 | C | Revision of lower leg |
| 27720 | C | Repair of tibia |
| 27722 | C | Repair/graft of tibia |
| 27724 | C | Repair/graft of tibia |
| 27725 | C | Repair of lower leg |
| 27727 | C | Repair of lower leg |
| 27880 | C | Amputation of lower leg |
| 27881 | C | Amputation of lower leg |
| 27882 | C | Amputation of lower leg |
| 27886 | C | Amputation follow-up surgery |
| 27888 | C | Amputation of foot at ankle |
| 28800 | C | Amputation of midfoot |
| 28805 | C | Amputation thru metatarsal |
| 31225 | C | Removal of upper jaw |
| 31230 | C | Removal of upper jaw |
| 31290 | C | Nasal/sinus endoscopy, surg |
| 31291 | C | Nasal/sinus endoscopy, surg |
| 31292 | C | Nasal/sinus endoscopy, surg |
| 31293 | C | Nasal/sinus endoscopy, surg |
| 31294 | C | Nasal/sinus endoscopy, surg |
| 31360 | C | Removal of larynx |
| 31365 | C | Removal of larynx |
| 31367 | C | Partial removal of larynx |
| 31368 | C | Partial removal of larynx |
| 31370 | C | Partial removal of larynx |
| 31375 | C | Partial removal of larynx |
| 31380 | C | Partial removal of larynx |
| 31382 | C | Partial removal of larynx |
| 31390 | C | Removal of larynx & pharynx |
| 31395 | C | Reconstruct larynx & pharynx |
| 31580 | C | Revision of larynx |
| 31582 | C | Revision of larynx |
| 31584 | C | Repair of larynx fracture |
| 31587 | C | Revision of larynx |
| 31600 | C | Incision of windpipe |
| 31601 | C | Incision of windpipe |
| 31610 | C | Incision of windpipe |
| 31725 | C | Clearance of airways |
| 31760 | C | Repair of windpipe |
| 31766 | C | Reconstruction of windpipe |
| 31770 | C | Repair/graft of bronchus |
| 31775 | C | Reconstruct bronchus |
| 31780 | C | Reconstruct windpipe |
| 31781 | C | Reconstruct windpipe |
| 31785 | C | Remove windpipe lesion |
| 31786 | C | Remove windpipe lesion |
| 31800 | C | Repair of windpipe injury |
| 31805 | C | Repair of windpipe injury |
| 32005 | C | Treat lung lining chemically |
| 32035 | C | Exploration of chest |
| 32036 | C | Exploration of chest |
| 32095 | C | Biopsy through chest wall |
| 32100 | C | Exploration/biopsy of chest |
| 32110 | C | Explore/repair chest |
| 32120 | C | Re-exploration of chest |
| 32124 | C | Explore chest, free adhesions |
| 32140 | C | Removal of lung lesion(s) |
| 32141 | C | Remove/treat lung lesions |
| 32150 | C | Removal of lung lesion(s) |
| 32151 | C | Remove lung foreign body |
| 32160 | C | Open chest heart massage |
| 32200 | C | Open drainage, lung lesion |
| 32201 | C | Percut drainage, lung lesion |
| 32215 | C | Treat chest lining |
| 32220 | C | Release of lung |
| 32225 | C | Partial release of lung |
| 32310 | C | Removal of chest lining |
| 32320 | C | Free/remove chest lining |
| 32402 | C | Open biopsy chest lining |
| 32440 | C | Removal of lung |
| 32442 | C | Sleeve pneumonectomy |
| 32445 | C | Removal of lung |
| 32480 | C | Partial removal of lung |
| 32482 | C | Bilobectomy |
| 32484 | C | Segmentectomy |
| 32486 | C | Sleeve lobectomy |
| 32488 | C | Completion pneumonectomy |
| 32491 | C | Lung volume reduction |
| 32500 | C | Partial removal of lung |
| 32501 | C | Repair bronchus (add-on) |
| 32520 | C | Remove lung & revise chest |
| 32522 | C | Remove lung & revise chest |
| 32525 | C | Remove lung & revise chest |
| 32540 | C | Removal of lung lesion |
| 32601 | C | Thoracoscopy, diagnostic |
| 32602 | C | Thoracoscopy, diagnostic |
| 32603 | C | Thoracoscopy, diagnostic |
| 32604 | C | Thoracoscopy, diagnostic |
| 32605 | C | Thoracoscopy, diagnostic |
| 32606 | C | Thoracoscopy, diagnostic |
| 32650 | C | Thoracoscopy, surgical |
| 32651 | C | Thoracoscopy, surgical |
| 32652 | C | Thoracoscopy, surgical |
| 32653 | C | Thoracoscopy, surgical |
| 32654 | C | Thoracoscopy, surgical |
| 32655 | C | Thoracoscopy, surgical |
| 32656 | C | Thoracoscopy, surgical |
| 32657 | C | Thoracoscopy, surgical |
| 32658 | C | Thoracoscopy, surgical |
| 32659 | C | Thoracoscopy, surgical |
| 32660 | C | Thoracoscopy, surgical |
| 32661 | C | Thoracoscopy, surgical |
| 32662 | C | Thoracoscopy, surgical |
| 32663 | C | Thoracoscopy, surgical |
| 32664 | C | Thoracoscopy, surgical |
| 32665 | C | Thoracoscopy, surgical |
| 32800 | C | Repair lung hernia |
| 32810 | C | Close chest after drainage |
| 32815 | C | Close bronchial fistula |
| 32820 | C | Reconstruct injured chest |
| 32850 | C | Donor pneumonectomy |
| 32851 | C | Lung transplant, single |
| 32852 | C | Lung transplant w/bypass |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued
ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description |
|---|---|---|
| 32853 | C | Lung transplant, double |
| 32854 | C | Lung transplant w/bypass |
| 32900 | C | Removal of rib(s) |
| 32905 | C | Revise & repair chest wall |
| 32906 | C | Revise & repair chest wall |
| 32940 | C | Revision of lung |
| 33015 | C | Incision of heart sac |
| 33020 | C | Incision of heart sac |
| 33025 | C | Incision of heart sac |
| 33030 | C | Partial removal of heart sac |
| 33031 | C | Partial removal of heart sac |
| 33050 | C | Removal of heart sac lesion |
| 33120 | C | Removal of heart lesion |
| 33130 | C | Removal of heart lesion |
| 33200 | C | Insertion of heart pacemaker |
| 33201 | C | Insertion of heart pacemaker |
| 33206 | C | Insertion of heart pacemaker |
| 33207 | C | Insertion of heart pacemaker |
| 33208 | C | Insertion of heart pacemaker |
| 33210 | C | Insertion of heart electrode |
| 33211 | C | Insertion of heart electrode |
| 33212 | C | Insertion of pulse generator |
| 33213 | C | Insertion of pulse generator |
| 33214 | C | Upgrade of pacemaker system |
| 33216 | C | Revision implanted electrode |
| 33217 | C | Insert/revise electrode |
| 33218 | C | Repair pacemaker electrodes |
| 33220 | C | Repair pacemaker electrode |
| 33233 | C | Removal of pacemaker system |
| 33234 | C | Removal of pacemaker system |
| 33235 | C | Removal pacemaker electrode |
| 33236 | C | Remove electrode/ thoracotomy |
| 33237 | C | Remove electrode/ thoracotomy |
| 33238 | C | Remove electrode/ thoracotomy |
| 33240 | C | Insert/replace pulse gener |
| 33241 | C | Remove pulse generator only |
| 33242 | C | Repair pulse generator/leads |
| 33243 | C | Remove generator/ thoracotomy |
| 33244 | C | Remove generator |
| 33245 | C | Implant heart defibrillator |
| 33246 | C | Implant heart defibrillator |
| 33247 | C | Insert/replace leads |
| 33249 | C | Insert/replace leads/gener |
| 33250 | C | Ablate heart dysrhythm focus |
| 33251 | C | Ablate heart dysrhythm focus |
| 33253 | C | Reconstruct atria |
| 33261 | C | Ablate heart dysrhythm focus |
| 33300 | C | Repair of heart wound |
| 33305 | C | Repair of heart wound |
| 33310 | C | Exploratory heart surgery |
| 33315 | C | Exploratory heart surgery |
| 33320 | C | Repair major blood vessel(s) |
| 33321 | C | Repair major vessel |
| 33322 | C | Repair major blood vessel(s) |
| 33330 | C | Insert major vessel graft |
| 33332 | C | Insert major vessel graft |
| 33335 | C | Insert major vessel graft |
| 33400 | C | Repair of aortic valvo |
| 33401 | C | Valvuloplasty, open |
| 33403 | C | Valvuloplasty, w/cp bypass |
| 33404 | C | Prepare heart-aorta conduit |
| 33405 | C | Replacement of aortic valve |
| 33406 | C | Replacement, aortic valve |
| 33411 | C | Replacement of aortic valve |
| 33412 | C | Replacement of aortic valve |
| 33413 | C | Replacement, aortic valve |
| 33414 | C | Repair, aortic valve |
| 33415 | C | Revision, subvalvular tissue |
| 33416 | C | Revise ventricle muscle |
| 33417 | C | Repair of aortic valve |
| 33420 | C | Revision of mitral valve |
| 33422 | C | Revision of mitral valve |
| 33425 | C | Repair of mitral valve |
| 33426 | C | Repair of mitral valve |
| 33427 | C | Repair of mitral valve |
| 33430 | C | Replacement of mitral valve |
| 33460 | C | Revision of tricuspid valve |
| 33463 | C | Valvuloplasty, tricuspid |
| 33464 | C | Valvuloplasty, tricuspid |
| 33465 | C | Replace tricuspid valve |
| 33468 | C | Revision of tricuspid valve |
| 33470 | C | Revision of pulmonary valve |
| 33471 | C | Valvotomy, pulmonary valve |
| 33472 | C | Revision of pulmonary valve |
| 33474 | C | Revision of pulmonary valve |
| 33475 | C | Replacement, pulmonary valve |
| 33476 | C | Revision of heart chamber |
| 33478 | C | Revision of heart chamber |
| 33496 | C | Repair, prosth valve clot |
| 33500 | C | Repair heart vessel fistula |
| 33501 | C | Repair heart vessel fistula |
| 33502 | C | Coronary artery correction |
| 33503 | C | Coronary artery graft |
| 33504 | C | Coronary artery graft |
| 33505 | C | Repair artery w/tunnel |
| 33506 | C | Repair artery, translocation |
| 33510 | C | CABG, vein, single |
| 33511 | C | CABG, vein, two |
| 33512 | C | CABG, vein, three |
| 33513 | C | CABG, vein, four |
| 33514 | C | CABG, vein, five |
| 33516 | C | CABG, vein, six+ |
| 33517 | C | CABG, artery-vein, single |
| 33518 | C | CABG, artery-vein, two |
| 33519 | C | CABG, artery-vein, three |
| 33521 | C | CABG, artery-vein, four |
| 33522 | C | CABG, artery-vein, five |
| 33523 | C | CABG, artery-vein, six+ |
| 33530 | C | Coronary artery, bypass/reop |
| 33533 | C | CABG, arterial, single |
| 33534 | C | CABG, arterial, two |
| 33535 | C | CABG, arterial, three |
| 33536 | C | CABG, arterial, four+ |
| 33542 | C | Removal of heart lesion |
| 33545 | C | Repair of heart damage |
| 33572 | C | Open coronary endarterectomy |
| 33600 | C | Closure of valve |
| 33602 | C | Closure of valve |
| 33606 | C | Anastomosis/artery-aorta |
| 33608 | C | Repair anomaly w/conduit |
| 33610 | C | Repair by enlargement |
| 33611 | C | Repair double ventricle |
| 33612 | C | Repair double ventricle |
| 33615 | C | Repair (simple fontan) |
| 33617 | C | Repair by modified fontan |
| 33619 | C | Repair single ventricle |
| 33641 | C | Repair heart septum defect |
| 33645 | C | Revision of heart veins |
| 33647 | C | Repair heart septum defects |
| 33660 | C | Repair of heart defects |
| 33665 | C | Repair of heart defects |
| 33670 | C | Repair of heart chambers |
| 33681 | C | Repair heart septum defect |
| 33684 | C | Repair heart septum defect |
| 33688 | C | Repair heart septum defect |
| 33690 | C | Reinforce pulmonary artery |
| 33692 | C | Repair of heart defects |
| 33694 | C | Repair of heart defects |
| 33697 | C | Repair of heart defects |
| 33702 | C | Repair of heart defects |
| 33710 | C | Repair of heart defects |
| 33720 | C | Repair of heart defect |
| 33722 | C | Repair of heart defect |
| 33730 | C | Repair heart-vein defect(s) |
| 33732 | C | Repair heart-vein defect |
| 33735 | C | Revision of heart chamber |
| 33736 | C | Revision of heart chamber |
| 33737 | C | Revision of heart chamber |
| 33750 | C | Major vessel shunt |
| 33755 | C | Major vessel shunt |
| 33762 | C | Major vessel shunt |
| 33764 | C | Major vessel shunt & graft |
| 33766 | C | Major vessel shunt |
| 33767 | C | Atrial septectomy/septostomy |
| 33770 | C | Repair great vessels defect |
| 33771 | C | Repair great vessels defect |
| 33774 | C | Repair great vessels defect |
| 33775 | C | Repair great vessels defect |
| 33776 | C | Repair great vessels defect |
| 33777 | C | Repair great vessels defect |
| 33778 | C | Repair great vessels defect |
| 33779 | C | Repair great vessels defect |
| 33780 | C | Repair great vessels defect |
| 33781 | C | Repair great vessels defect |
| 33786 | C | Repair arterial trunk |
| 33788 | C | Revision of pulmonary artery |
| 33800 | C | Aortic suspension |
| 33802 | C | Repair vessel defect |
| 33803 | C | Repair vessel defect |
| 33813 | C | Repair septal defect |
| 33814 | C | Repair septal defect |
| 33820 | C | Revise major vessel |
| 33822 | C | Revise major vessel |
| 33824 | C | Revise major vessel |
| 33840 | C | Remove aorta constriction |
| 33845 | C | Remove aorta constriction |
| 33851 | C | Remove aorta constriction |
| 33852 | C | Repair septal defect |
| 33853 | C | Repair septal defect |
| 33860 | C | Ascending aorta graft |
| 33861 | C | Ascending aorta graft |
| 33863 | C | Ascending aorta graft |
| 33870 | C | Transverse aortic arch graft |
| 33875 | C | Thoracic aorta graft |
| 33877 | C | Thoracoabdominal graft |
| 33910 | C | Remove lung artery emboli |
| 33915 | C | Remove lung artery emboli |
| 33916 | C | Surgery of great vessel |
| 33917 | C | Repair pulmonary artery |
| 33918 | C | Repair pulmonary atresia |
| 33919 | C | Repair pulmonary atresia |
| 33920 | C | Repair pulmonary atresia |
| 33922 | C | Transect pulmonary artery |
| 33924 | C | Remove pulmonary shunt |
| 33930 | C | Removal of donor heart/lung |
| 33935 | C | Transplantation, heart/lung |
| 33940 | C | Removal of donor heart |
| 33945 | C | Transplantation of heart |
| 33960 | C | External circulation assist |
| 33961 | C | External circulation assist |
| 33970 | C | Aortic circulation assist |
| 33971 | C | Aortic circulation assist |
| 33973 | C | Insert balloon device |
| 33974 | C | Remove intra-aortic balloon |
| 33975 | C | Implant ventricular device |
| 33976 | C | Implant ventricular device |
| 33977 | C | Remove ventricular device |
| 33978 | C | Remove ventricular device |
| 34001 | C | Removal of artery clot |
| 34051 | C | Removal of artery clot |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description |
|---|---|---|
| 34101 | C | Removal of artery clot |
| 34111 | C | Removal of arm artery clot |
| 34151 | C | Removal of artery clot |
| 34201 | C | Removal of artery clot |
| 34203 | C | Removal of leg artery clot |
| 34401 | C | Removal of vein clot |
| 34421 | C | Removal of vein clot |
| 34451 | C | Removal of vein clot |
| 34471 | C | Removal of vein clot |
| 34490 | C | Removal of vein clot |
| 34501 | C | Repair valve, femoral vein |
| 34502 | C | Reconstruct, vena cava |
| 34510 | C | Transposition of vein valve |
| 34520 | C | Cross-over vein graft |
| 34530 | C | Leg vein fusion |
| 35001 | C | Repair defect of artery |
| 35002 | C | Repair artery rupture, neck |
| 35005 | C | Repair defect of artery |
| 35011 | C | Repair defect of artery |
| 35013 | C | Repair artery rupture, arm |
| 35021 | C | Repair defect of artery |
| 35022 | C | Repair artery rupture, chest |
| 35045 | C | Repair defect of arm artery |
| 35081 | C | Repair defect of artery |
| 35082 | C | Repair artery rupture, aorta |
| 35091 | C | Repair defect of artery |
| 35092 | C | Repair artery rupture, aorta |
| 35102 | C | Repair defect of artery |
| 35103 | C | Repair artery rupture, groin |
| 35111 | C | Repair defect of artery |
| 35112 | C | Repair artery rupture,spleen |
| 35121 | C | Repair defect of artery |
| 35122 | C | Repair artery rupture, belly |
| 35131 | C | Repair defect of artery |
| 35132 | C | Repair artery rupture, groin |
| 35141 | C | Repair defect of artery |
| 35142 | C | Repair artery rupture, thigh |
| 35151 | C | Repair defect of artery |
| 35152 | C | Repair artery rupture, knee |
| 35161 | C | Repair defect of artery |
| 35162 | C | Repair artery rupture |
| 35180 | C | Repair blood vessel lesion |
| 35182 | C | Repair blood vessel lesion |
| 35184 | C | Repair blood vessel lesion |
| 35189 | C | Repair blood vessel lesion |
| 35190 | C | Repair blood vessel lesion |
| 35201 | C | Repair blood vessel lesion |
| 35206 | C | Repair blood vessel lesion |
| 35211 | C | Repair blood vessel lesion |
| 35216 | C | Repair blood vessel lesion |
| 35221 | C | Repair blood vessel lesion |
| 35226 | C | Repair blood vessel lesion |
| 35231 | C | Repair blood vessel lesion |
| 35236 | C | Repair blood vessel lesion |
| 35241 | C | Repair blood vessel lesion |
| 35246 | C | Repair blood vessel lesion |
| 35251 | C | Repair blood vessel lesion |
| 35256 | C | Repair blood vessel lesion |
| 35261 | C | Repair blood vessel lesion |
| 35266 | C | Repair blood vessel lesion |
| 35271 | C | Repair blood vessel lesion |
| 35276 | C | Repair blood vessel lesion |
| 35281 | C | Repair blood vessel lesion |
| 35286 | C | Repair blood vessel lesion |
| 35301 | C | Rechanneling of artery |
| 35311 | C | Rechanneling of artery |
| 35321 | C | Rechanneling of artery |
| 35331 | C | Rechanneling of artery |
| 35341 | C | Rechanneling of artery |
| 35351 | C | Rechanneling of artery |
| 35355 | C | Rechanneling of artery |
| 35361 | C | Rechanneling of artery |
| 35363 | C | Rechanneling of artery |
| 35371 | C | Rechanneling of artery |
| 35372 | C | Rechanneling of artery |
| 35381 | C | Rechanneling ot artery |
| 35390 | C | Reoperation, carotid |
| 35400 | C | Angioscopy |
| 35450 | C | Repair arterial blockage |
| 35452 | C | Repair arterial blockage |
| 35454 | C | Repair arterial blockage |
| 35456 | C | Repair arterial blockage |
| 35458 | C | Repair arterial blockage |
| 35459 | C | Repair arterial blockage |
| 35460 | C | Repair venous blockage |
| 35470 | C | Repair arterial blockage |
| 35471 | C | Repair arterial blockage |
| 35472 | C | Repair arterial blockage |
| 35473 | C | Repair arterial blockage |
| 35474 | C | Repair arterial blockage |
| 35475 | C | Repair arterial blockage |
| 35476 | C | Repair venous blockage |
| 35480 | C | Atherectomy, open |
| 35481 | C | Atherectomy, open |
| 35482 | C | Atherectomy, open |
| 35483 | C | Atherectomy, open |
| 35484 | C | Atherectomy, open |
| 35485 | C | Atherectomy, open |
| 35490 | C | Atherectomy, percutaneous |
| 35491 | C | Atherectomy, percutaneous |
| 35492 | C | Atherectomy, percutaneous |
| 35493 | C | Atherectomy, percutaneous |
| 35494 | C | Atherectomy, percutaneous |
| 35495 | C | Atherectomy, percutaneous |
| 35501 | C | Artery bypass graft |
| 35506 | C | Artery bypass graft |
| 35507 | C | Artery bypass graft |
| 35508 | C | Artery bypass graft |
| 35509 | C | Artery bypass graft |
| 35511 | C | Artery bypass graft |
| 35515 | C | Artery bypass graft |
| 35516 | C | Artery bypass graft |
| 35518 | C | Artery bypass graft |
| 35521 | C | Artery bypass graft |
| 35526 | C | Artery bypass graft |
| 35531 | C | Artery bypass graft |
| 35533 | C | Artery bypass graft |
| 35536 | C | Artery bypass graft |
| 35541 | C | Artery bypass graft |
| 35546 | C | Artery bypass graft |
| 35548 | C | Artery bypass graft |
| 35549 | C | Artery bypass graft |
| 35551 | C | Artery bypass graft |
| 35556 | C | Artery bypass graft |
| 35558 | C | Artery bypass graft |
| 35560 | C | Artery bypass graft |
| 35563 | C | Artery bypass graft |
| 35565 | C | Artery bypass graft |
| 35566 | C | Artery bypass graft |
| 35571 | C | Artery bypass graft |
| 35582 | C | Vein bypass graft |
| 35583 | C | Vein bypass graft |
| 35585 | C | Vein bypass graft |
| 35587 | C | Vein bypass graft |
| 35601 | C | Artery bypass graft |
| 35606 | C | Artery bypass graft |
| 35612 | C | Artery bypass graft |
| 35616 | C | Artery bypass graft |
| 35621 | C | Artery bypass graft |
| 35623 | C | Bypass graft, not vein |
| 35626 | C | Artery bypass graft |
| 35631 | C | Artery bypass graft |
| 35636 | C | Artery bypass graft |
| 35641 | C | Artery bypass graft |
| 35642 | C | Artery bypass graft |
| 35645 | C | Artery bypass graft |
| 35646 | C | Artery bypass graft |
| 35650 | C | Artery bypass graft |
| 35651 | C | Artery bypass graft |
| 35654 | C | Artery bypass graft |
| 35656 | C | Artery bypass graft |
| 35661 | C | Artery bypass graft |
| 35663 | C | Artery bypass graft |
| 35665 | C | Artery bypass graft |
| 35666 | C | Artery bypass graft |
| 35671 | C | Artery bypass graft |
| 35681 | C | Artery bypass graft |
| 35691 | C | Arterial transposition |
| 35693 | C | Arterial transposition |
| 35694 | C | Arterial transposition |
| 35695 | C | Arterial transposition |
| 35700 | C | Reoperation, bypass graft |
| 35701 | C | Exploration, carotid artery |
| 35721 | C | Exploration, femoral artery |
| 35741 | C | Exploration popliteal artery |
| 35761 | C | Exploration of artery/vein |
| 35800 | C | Explore neck vessels |
| 35820 | C | Explore chest vessels |
| 35840 | C | Explore abdominal vessels |
| 35860 | C | Explore limb vessels |
| 35870 | C | Repair vessel graft defect |
| 35901 | C | Excision, graft, neck |
| 35903 | C | Excision, graft, extremity |
| 35905 | C | Excision, graft, thorax |
| 35907 | C | Excision, graft, abdomen |
| 36510 | C | Insertion of catheter, vein |
| 36660 | C | Insertion catheter, artery |
| 36822 | C | Insertion of cannula(s) |
| 36834 | C | Repair A-V aneurysm |
| 37140 | C | Revision of circulation |
| 37145 | C | Revision of circulation |
| 37160 | C | Revision of circulation |
| 37180 | C | Revision of circulation |
| 37181 | C | Splice spleen/kidney veins |
| 37195 | C | Thrombolytic therapy, stroke |
| 37200 | C | Transcatheter biopsy |
| 37201 | C | Transcatheter therapy infuse |
| 37202 | C | Transcatheter therapy infuse |
| 37204 | C | Transcatheter occlusion |
| 37205 | C | Transcatheter stent |
| 37206 | C | Transcatheter stent |
| 37207 | C | Transcatheter stent |
| 37208 | C | Transcatheter stent |
| 37209 | C | Exchange arterial catheter |
| 37250 | C | Intravascular us |
| 37251 | C | Intravascular us |
| 37565 | C | Ligation of neck vein |
| 37600 | C | Ligation of neck artery |
| 37605 | C | Ligation of neck artery |
| 37606 | C | Ligation of neck artery |
| 37615 | C | Ligation of neck artery |
| 37616 | C | Ligation of chest artery |
| 37617 | C | Ligation of abdomen artery |
| 37620 | C | Revision of major vein |
| 37660 | C | Revision of major vein |
| 37788 | C | Revascularization, penis |
| 38100 | C | Removal of spleen, total |
| 38101 | C | Removal of spleen, partial |
| 38102 | C | Removal of spleen, total |
| 38115 | C | Repair of ruptured spleen |
| 38240 | C | Bone marrow/stem transplant |
| 38241 | C | Bone marrow/stem transplant |
| 38380 | C | Thoracic duct procedure |
| 38381 | C | Thoracic duct procedure |
| 38382 | C | Thoracic duct procedure |
| 38562 | C | Removal, pelvic lymph nodes |
| 38564 | C | Removal, abdomen lymph nodes |
| 38700 | C | Removal of lymph nodes, neck |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description |
|---|---|---|
| 38720 | C | Removal of lymph nodes, neck |
| 38724 | C | Removal of lymph nodes, neck |
| 38746 | C | Remove thoracic lymph nodes |
| 38747 | C | Remove abdominal lymph nodes |
| 38765 | C | Remove groin lymph nodes |
| 38770 | C | Remove pelvis lymph nodes |
| 38780 | C | Remove abdomen lymph nodes |
| 39000 | C | Exploration of chest |
| 39010 | C | Exploration of chest |
| 39200 | C | Removal chest lesion |
| 39220 | C | Removal chest lesion |
| 39400 | C | Visualization of chest |
| 39499 | C | Chest procedure |
| 39501 | C | Repair diaphragm laceration |
| 39502 | C | Repair paraesophageal hernia |
| 39503 | C | Repair of diaphragm hernia |
| 39520 | C | Repair of diaphragm hernia |
| 39530 | C | Repair of diaphragm hernia |
| 39531 | C | Repair of diaphragm hernia |
| 39540 | C | Repair of diaphragm hernia |
| 39541 | C | Repair of diaphragm hernia |
| 39545 | C | Revision of diaphragm |
| 39599 | C | Diaphragm surgery procedure |
| 41130 | C | Partial removal of tongue |
| 41135 | C | Tongue and neck surgery |
| 41140 | C | Removal of tongue |
| 41145 | C | Tongue removal; neck surgery |
| 41150 | C | Tongue, mouth, jaw surgery |
| 41153 | C | Tongue, mouth, neck surgery |
| 41155 | C | Tongue, jaw, & neck surgery |
| 42145 | C | Repair, palate,pharynx/uvula |
| 42426 | C | Excise parotid gland/lesion |
| 42845 | C | Extensive surgery of throat |
| 42894 | C | Revision of pharyngeal walls |
| 42953 | C | Repair throat, esophagus |
| 42961 | C | Control throat bleeding |
| 42971 | C | Control nose/throat bleeding |
| 43045 | C | Incision of esophagus |
| 43100 | C | Excision of esophagus lesion |
| 43101 | C | Excision of esophagus lesion |
| 43107 | C | Removal of esophagus |
| 43108 | C | Removal of esophagus |
| 43112 | C | Removal of esophagus |
| 43113 | C | Removal of esophagus |
| 43116 | C | Partial removal of esophagus |
| 43117 | C | Partial removal of esophagus |
| 43118 | C | Partial removal of esophagus |
| 43121 | C | Partial removal of esophagus |
| 43122 | C | Partial removal of esophagus |
| 43123 | C | Partial removal of esophagus |
| 43124 | C | Removal of esophagus |
| 43130 | C | Removal of esophagus pouch |
| 43135 | C | Removal of esophagus pouch |
| 43300 | C | Repair of esophagus |
| 43305 | C | Repair esophagus and fistula |
| 43310 | C | Repair of esophagus |
| 43312 | C | Repair esophagus and fistula |
| 43320 | C | Fuse esophagus & stomach |
| 43324 | C | Revise esophagus & stomach |
| 43325 | C | Revise esophagus & stomach |
| 43326 | C | Revise esophagus & stomach |
| 43330 | C | Repair of esophagus |
| 43331 | C | Repair of esophagus |
| 43340 | C | Fuse esophagus & intestine |
| 43341 | C | Fuse esophagus & intestine |
| 43350 | C | Surgical opening, esophagus |
| 43351 | C | Surgical opening, esophagus |
| 43352 | C | Surgical opening, esophagus |
| 43360 | C | Gastrointestinal repair |
| 43361 | C | Gastrointestinal repair |
| 43400 | C | Ligate esophagus veins |
| 43401 | C | Esophagus surgery for veins |
| 43405 | C | Ligate/staple esophagus |
| 43410 | C | Repair esophagus wound |
| 43415 | C | Repair esophagus wound |
| 43420 | C | Repair esophagus opening |
| 43425 | C | Repair esophagus opening |
| 43460 | C | Pressure treatment esophagus |
| 43496 | C | Free jejunum flap, microvasc |
| 43500 | C | Surgical opening of stomach |
| 43501 | C | Surgical repair of stomach |
| 43502 | C | Surgical repair of stomach |
| 43510 | C | Surgical opening of stomach |
| 43520 | C | Incision of pyloric muscle |
| 43605 | C | Biopsy of stomach |
| 43610 | C | Excision of stomach lesion |
| 43611 | C | Excision of stomach lesion |
| 43620 | C | Removal of stomach |
| 43621 | C | Removal of stomach |
| 43622 | C | Removal of stomach |
| 43631 | C | Removal of stomach, partial |
| 43632 | C | Removal stomach, partial |
| 43633 | C | Removal stomach, partial |
| 43634 | C | Removal stomach, partial |
| 43635 | C | Partial removal of stomach |
| 43638 | C | Partial removal of stomach |
| 43639 | C | Removal stomach, partial |
| 43640 | C | Vagotomy & pylorus repair |
| 43641 | C | Vagotomy & pylorus repair |
| 43800 | C | Reconstruction of pylorus |
| 43810 | C | Fusion of stomach and bowel |
| 43820 | C | Fusion of stomach and bowel |
| 43825 | C | Fusion of stomach and bowel |
| 43830 | C | Place gastrostomy tube |
| 43831 | C | Place gastrostomy tube |
| 43832 | C | Place gastrostomy tube |
| 43840 | C | Repair of stomach lesion |
| 43842 | C | Gastroplasty for obesity |
| 43843 | C | Gastroplasty for obesity |
| 43846 | C | Gastric bypass for obesity |
| 43847 | C | Gastric bypass for obesity |
| 43848 | C | Revision gastroplasty |
| 43850 | C | Revise stomach-bowel fusion |
| 43855 | C | Revise stomach-bowel fusion |
| 43860 | C | Revise stomach-bowel fusion |
| 43865 | C | Revise stomach-bowel fusion |
| 43880 | C | Repair stomach-bowel fistula |
| 44005 | C | Freeing of bowel adhesion |
| 44010 | C | Incision of small bowel |
| 44015 | C | Insert needle catheter,bowel |
| 44020 | C | Exploration of small bowel |
| 44021 | C | Decompress small bowel |
| 44025 | C | Incision of large bowel |
| 44050 | C | Reduce bowel obstruction |
| 44055 | C | Correct malrotation of bowel |
| 44110 | C | Excision of bowel lesion(s) |
| 44111 | C | Excision of bowel lesion(s) |
| 44120 | C | Removal of small intestine |
| 44121 | C | Removal of small intestine |
| 44125 | C | Removal of small intestine |
| 44130 | C | Bowel to bowel fusion |
| 44139 | C | Mobilization of colon |
| 44140 | C | Partial removal of colon |
| 44141 | C | Partial removal of colon |
| 44143 | C | Partial removal of colon |
| 44144 | C | Partial removal of colon |
| 44145 | C | Partial removal of colon |
| 44146 | C | Partial removal of colon |
| 44147 | C | Partial removal of colon |
| 44150 | C | Removal of colon |
| 44151 | C | Removal of colon/ileostomy |
| 44152 | C | Removal of colon/ileostomy |
| 44153 | C | Removal of colon/ileostomy |
| 44155 | C | Removal of colon |
| 44156 | C | Removal of colon/ileostomy |
| 44160 | C | Removal of colon |
| 44300 | C | Open bowel to skin |
| 44310 | C | Ileostomy/jejunostomy |
| 44314 | C | Revision of ileostomy |
| 44316 | C | Devise bowel pouch |
| 44320 | C | Colostomy |
| 44322 | C | Colostomy with biopsies |
| 44345 | C | Revision of colostomy |
| 44346 | C | Revision of colostomy |
| 44500 | C | Intro, gastrointestinal tube |
| 44602 | C | Suture, small intestine |
| 44603 | C | Suture, small intestine |
| 44604 | C | Suture, large intestine |
| 44605 | C | Repair of bowel lesion |
| 44615 | C | Intestinal stricturoplasty |
| 44620 | C | Repair bowel opening |
| 44625 | C | Repair bowel opening |
| 44626 | C | Repair bowel opening |
| 44640 | C | Repair bowel-skin fistula |
| 44650 | C | Repair bowel fistula |
| 44660 | C | Repair bowel-bladder fistula |
| 44661 | C | Repair bowel-bladder fistula |
| 44680 | C | Surgical revision, intestine |
| 44700 | C | Suspend bowel w/prosthesis |
| 44800 | C | Excision of bowel pouch |
| 44820 | C | Excision of mesentery lesion |
| 44850 | C | Repair of mesentery |
| 44899 | C | Bowel surgery procedure |
| 44900 | C | Drain, app abscess, open |
| 44901 | C | Drain, app abscess, perc |
| 44950 | C | Appendectomy |
| 44955 | C | Appendectomy |
| 44960 | C | Appendectomy |
| 45110 | C | Removal of rectum |
| 45111 | C | Partial removal of rectum |
| 45112 | C | Removal of rectum |
| 45113 | C | Partial proctectomy |
| 45114 | C | Partial removal of rectum |
| 45116 | C | Partial removal of rectum |
| 45119 | C | Remove, rectum w/reservoir |
| 45120 | C | Removal of rectum |
| 45121 | C | Removal of rectum and colon |
| 45123 | C | Partial proctectomy |
| 45130 | C | Excision of rectal prolapse |
| 45135 | C | Excision of rectal prolapse |
| 45540 | C | Correct rectal prolapse |
| 45541 | C | Correct rectal prolapse |
| 45550 | C | Repair rectum; remove sigmoid |
| 45562 | C | Exploration/repair of rectum |
| 45563 | C | Exploration/repair of rectum |
| 45800 | C | Repair rectumbladder fistula |
| 45805 | C | Repair fistula; colostomy |
| 45820 | C | Repair rectourethral fistula |
| 45825 | C | Repair fistula; colostomy |
| 46705 | C | Repair of anal stricture |
| 46715 | C | Repair of anovaginal fistula |
| 46716 | C | Repair of anovaginal fistula |
| 46730 | C | Construction of absent anus |
| 46735 | C | Construction of absent anus |
| 46740 | C | Construction of absent anus |
| 46742 | C | Repair, imperforated anus |
| 46744 | C | Repair, cloacal anomaly |
| 46746 | C | Repair, cloacal anomaly |
| 46748 | C | Repair, cloacal anomaly |
| 46751 | C | Repair of anal sphincter |
| 47001 | C | Needle biopsy, liver |
| 47010 | C | Open drainage, liver lesion |
| 47011 | C | Percut drain, liver lesion |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description |
|---|---|---|
| 47015 | C | Inject/aspirate liver cyst |
| 47100 | C | Wedge biopsy of liver |
| 47120 | C | Partial removal of liver |
| 47122 | C | Extensive removal of liver |
| 47125 | C | Partial removal of liver |
| 47130 | C | Partial removal of liver |
| 47133 | C | Removal of donor liver |
| 47134 | C | Partial removal, donor liver |
| 47135 | C | Transplantation of liver |
| 47136 | C | Transplantation of liver |
| 47300 | C | Surgery for liver lesion |
| 47350 | C | Repair liver wound |
| 47360 | C | Repair liver wound |
| 47361 | C | Repair liver wound |
| 47362 | C | Repair liver wound |
| 47400 | C | Incision of liver duct |
| 47420 | C | Incision of bile duct |
| 47425 | C | Incision of bile duct |
| 47460 | C | Incise bile duct sphincter |
| 47480 | C | Inoision of gallbladder |
| 47490 | C | Incision of gallbladder |
| 47550 | C | Bile duct endoscopy |
| 47600 | C | Removal of gallbladder |
| 47605 | C | Removal of gallbladder |
| 47610 | C | Removal of gallbladder |
| 47612 | C | Removal of gallbladder |
| 47620 | C | Removal of gallbladder |
| 47700 | C | Exploration of bile ducts |
| 47701 | C | Bile duct revision |
| 47711 | C | Excision of bile duct tumor |
| 47712 | C | Excision of bile duct tumor |
| 47715 | C | Excision of bile duct cyst |
| 47716 | C | Fusion of bile duct cyst |
| 47720 | C | Fuse gallbladder & bowel |
| 47721 | C | Fuse upper gi structures |
| 47740 | C | Fuse gallbladder & bowel |
| 47741 | C | Fuse gallbladder & bowel |
| 47760 | C | Fuse bile ducts and bowel |
| 47765 | C | Fuse liver ducts & bowel |
| 47780 | C | Fuse bile ducts and bowel |
| 47785 | C | Fuse bile ducts and bowel |
| 47800 | C | Reconstruction of bile ducts |
| 47801 | C | Placement, bile duct support |
| 47802 | C | Fuse liver duct & intestine |
| 47900 | C | Suture bile duct injury |
| 48000 | C | Drainage of abdomen |
| 48001 | C | Placement of drain, pancreas |
| 48005 | C | Resect/debride pancreas |
| 48020 | C | Removal of pancreatic stone |
| 48100 | C | Biopsy of pancreas |
| 48120 | C | Removal of pancreas lesion |
| 48140 | C | Partial removal of pancreas |
| 48145 | C | Partial removal of pancreas |
| 48146 | C | Pancreatectomy |
| 48148 | C | Removal of pancreatic duct |
| 48150 | C | Partial removal of pancreas |
| 48152 | C | Pancreatectomy |
| 48153 | C | Pancreatectomy |
| 48154 | C | Pancreatectomy |
| 48155 | C | Removal of pancreas |
| 48180 | C | Fuse pancreas and bowel |
| 48400 | C | Injection, intraoperative |
| 48500 | C | Surgery of pancreas cyst |
| 48510 | C | Drain pancreatic pseudocyst |
| 48511 | C | Drain pancreatic pseudocyst |
| 48520 | C | Fuse pancreas cyst and bowel |
| 48540 | C | Fuse pancreas cyst and bowel |
| 48545 | C | Pancreatorrhaphy |
| 48547 | C | Duodenal exclusion |
| 48556 | C | Removal, allograft pancreas |
| 49000 | C | Exploration of abdomen |
| 49002 | C | Reopening of abdomen |
| 49010 | C | Exploration behind abdomen |
| 49020 | C | Drain abdominal abscess |
| 49021 | C | Drain abdominal abscess |
| 49040 | C | Open drainage abdom abscess |
| 49041 | C | Percut drain abdom abscess |
| 49060 | C | Open drain retroper abscess |
| 49061 | C | Percutdrain retroper abscess |
| 49062 | C | Drain to peritoneal cavity |
| 49200 | C | Removal of abdominal lesion |
| 49201 | C | Removal of abdominal lesion |
| 49215 | C | Excise sacral spine tumor |
| 49220 | C | Multiple surgery, abdomen |
| 49255 | C | Removal of omentum |
| 49425 | C | Insert abdomen-venous drain |
| 49428 | C | Ligation of shunt |
| 49605 | C | Repair umbilical lesion |
| 49606 | C | Repair umbilical lesion |
| 49610 | C | Repair umbilical lesion |
| 49611 | C | Repair umbilical lesion |
| 49900 | C | Repair of abdominal wall |
| 49905 | C | Omental flap |
| 49906 | C | Free omental flap, microvasc |
| 50010 | C | Exploration of kidney |
| 50020 | C | Open drain renal abscess |
| 50021 | C | Percut drain renal abscess |
| 50040 | C | Drainage of kidney |
| 50045 | C | Exploration of kidney |
| 50060 | C | Removal of kidney stone |
| 50065 | C | Incision of kidney |
| 50070 | C | Incision of kidney |
| 50075 | C | Removal of kidney stone |
| 50080 | C | Removal of kidney stone |
| 50081 | C | Removal of kidney stone |
| 50100 | C | Revise kidney blood vessels |
| 50120 | C | Exploration of kidney |
| 50125 | C | Explore and drain kidney |
| 50130 | C | Removal of kidney stone |
| 50135 | C | Exploration of kidney |
| 50205 | C | Biopsy of kidney |
| 50220 | C | Removal of kidney |
| 50225 | C | Removal of kidney |
| 50230 | C | Removal of kidney |
| 50234 | C | Removal of kidney & ureter |
| 50236 | C | Removal of kidney & ureter |
| 50240 | C | Partial removal of kidney |
| 50280 | C | Removal of kidney lesion |
| 50290 | C | Removal of kidney lesion |
| 50300 | C | Removal of donor kidney |
| 50320 | C | Removal of donor kidney |
| 50340 | C | Removal of kidney |
| 50360 | C | Transplantation of kidney |
| 50365 | C | Transplantation of kidney |
| 50370 | C | Remove transplanted kidney |
| 50380 | C | Reimplantation of kidney |
| 50400 | C | Revision of kidney/ureter |
| 50405 | C | Revision of kidney/ureter |
| 50500 | C | Repair of kidney wound |
| 50520 | C | Close kidney-skin fistula |
| 50525 | C | Repair renal-abdomen fistula |
| 50526 | C | Repair renal-abdomen fistula |
| 50540 | C | Revision of horseshoe kidney |
| 50570 | C | Kidney endoscopy |
| 50572 | C | Kidney endoscopy |
| 50574 | C | Kidney endoscopy & biopsy |
| 50575 | C | Kidney endoscopy |
| 50576 | C | Kidney endoscopy & treatment |
| 50578 | C | Renal endoscopy; radiotracer |
| 50580 | C | Kidney endoscopy & treatment |
| 50600 | C | Exploration of ureter |
| 50605 | C | Insert ureteral support |
| 50610 | C | Removal of ureter stone |
| 50620 | C | Removal of ureter stone |
| 50630 | C | Removal of ureter stone |
| 50650 | C | Removal of ureter |
| 50660 | C | Removal of ureter |
| 50700 | C | Revision of ureter |
| 50715 | C | Release of ureter |
| 50722 | C | Release of ureter |
| 50725 | C | Release/revise ureter |
| 50727 | C | Revise ureter |
| 50728 | C | Revise ureter |
| 50740 | C | Fusion of ureter & kidney |
| 50750 | C | Fusion of ureter & kidney |
| 50760 | C | Fusion of ureters |
| 50770 | C | Splicing of ureters |
| 50780 | C | Reimplant ureter in bladder |
| 50782 | C | Reimplant ureter in bladder |
| 50783 | C | Reimplant ureter in bladder |
| 50785 | C | Reimplant ureter in bladder |
| 50800 | C | Implant ureter in bowel |
| 50810 | C | Fusion of ureter & bowel |
| 50815 | C | Urine shunt to bowel |
| 50820 | C | Construct bowel bladder |
| 50825 | C | Construct bowel bladder |
| 50830 | C | Revise urine flow |
| 50840 | C | Replace ureter by bowel |
| 50845 | C | Appendico-vesicostomy |
| 50860 | C | Transplant ureter to skin |
| 50900 | C | Repair of ureter |
| 50920 | C | Closure ureter/skin fistula |
| 50930 | C | Closure ureter/bowel fistula |
| 50940 | C | Release of ureter |
| 50970 | C | Ureter endoscopy |
| 50972 | C | Ureter endoscopy & catheter |
| 50974 | C | Ureter endoscopy & biopsy |
| 50976 | C | Ureter endoscopy & treatment |
| 50978 | C | Ureter endoscopy & tracer |
| 50980 | C | Ureter endoscopy & treatment |
| 51060 | C | Removal of ureter stone |
| 51525 | C | Removal of bladder lesion |
| 51530 | C | Removal of bladder lesion |
| 51535 | C | Repair of ureter lesion |
| 51550 | C | Partial removal of bladder |
| 51555 | C | Partial removal of bladder |
| 51565 | C | Revise bladder & ureter(s) |
| 51570 | C | Removal of bladder |
| 51575 | C | Removal of bladder & nodes |
| 51580 | C | Remove bladder; revise tract |
| 51585 | C | Removal of bladder & nodes |
| 51590 | C | Remove bladder; revise tract |
| 51595 | C | Remove bladder; revise tract |
| 51596 | C | Remove bladder, create pouch |
| 51597 | C | Removal of pelvic structures |
| 51800 | C | Revision of bladder/urethra |
| 51820 | C | Revision of urinary tract |
| 51840 | C | Attach bladder/urethra |
| 51841 | C | Attach bladder/urethra |
| 51845 | C | Repair bladder neck |
| 51860 | C | Repair of bladder wound |
| 51865 | C | Repair of bladder wound |
| 51900 | C | Repair bladder/vagina lesion |
| 51920 | C | Close bladder-uterus fistula |
| 51925 | C | Hysterectomy/bladder repair |
| 51940 | C | Correction of bladder defect |
| 51960 | C | Revision of bladder & bowel |
| 51980 | C | Construct bladder opening |
| 53085 | C | Drainage of urinary leakage |
| 53415 | C | Reconstruction of urethra |
| 53443 | C | Reconstruction of urethra |
| 54125 | C | Removal of penis |
| 54130 | C | Remove penis & nodes |
| 54135 | C | Remove penis & nodes |
| 54332 | C | Revise penis, urethra |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description |
|---|---|---|
| 54336 | C | Revise penis, urethra |
| 54390 | C | Repair penis and bladder |
| 54430 | C | Revision of penis |
| 54535 | C | Extensive testis surgery |
| 54560 | C | Exploration for testis |
| 54650 | C | Orchiopexy (Fowler-Stephens) |
| 55600 | C | Incise sperm duct pouch |
| 55605 | C | Incise sperm duct pouch |
| 55650 | C | Remove sperm duct pouch |
| 55801 | C | Removal of prostate |
| 55810 | C | Extensive prostate surgery |
| 55812 | C | Extensive prostate surgery |
| 55815 | C | Extensive prostate surgery |
| 55821 | C | Removal of prostate |
| 55831 | C | Removal of prostate |
| 55840 | C | Extensive prostate surgery |
| 55842 | C | Extensive prostate surgery |
| 55845 | C | Extensive prostate surgery |
| 55860 | C | Surgical exposure, prostate |
| 55862 | C | Extensive prostate surgery |
| 55865 | C | Extensive prostate surgery |
| 56308 | C | Laparoscopy; hysterectomy |
| 56310 | C | Laparoscopic enterolysis |
| 56314 | C | Lapar; drain lymphocele |
| 56315 | C | Laparoscopic appendectomy |
| 56322 | C | Laparoscopy, vagus nerves |
| 56323 | C | Laparoscopy, vagus nerves |
| 56324 | C | Laparoscopy, cholecystoenter |
| 56340 | C | Laparoscopic cholecystectomy |
| 56341 | C | Laparoscopic cholecystectomy |
| 56342 | C | Laparoscopic cholecystectomy |
| 56345 | C | Laparoscopic splenectomy |
| 56347 | C | Laparoscopic jejunostomy |
| 56348 | C | Laparo; resect intestine |
| 56349 | C | Laparoscopy; fundoplasty |
| 56630 | C | Extensive vulva surgery |
| 56631 | C | Extensive vulva surgery |
| 56632 | C | Extensive vulva surgery |
| 56633 | C | Extensive vulva surgery |
| 56634 | C | Extensive vulva surgery |
| 56637 | C | Extensive vulva surgery |
| 56640 | C | Extensive vulva surgery |
| 56805 | C | Repair clitoris |
| 57108 | C | Partial removal of vagina |
| 57110 | C | Removal of vagina |
| 57120 | C | Closure of vagina |
| 57270 | C | Repair of bowel pouch |
| 57280 | C | Suspension of vagina |
| 57282 | C | Repair of vaginal prolapse |
| 57292 | C | Construct vagina with graft |
| 57305 | C | Repair rectum-vagina fistula |
| 57307 | C | Fistula repair & colostomy |
| 57308 | C | Fistula repair, transperine |
| 57310 | C | Repair urethrovaginal lesion |
| 57311 | C | Repair urethrovaginal lesion |
| 57320 | C | Repair bladder-vagina lesion |
| 57330 | C | Repair bladder-vagina lesion |
| 57335 | C | Repair vagina |
| 57531 | C | Removal of cervix, radical |
| 57540 | C | Removal of residual cervix |
| 57545 | C | Remove cervix, repair pelvis |
| 58140 | C | Removal of uterus lesion |
| 58150 | C | Total hysterectomy |
| 58152 | C | Total hysterectomy |
| 58180 | C | Partial hysterectomy |
| 58200 | C | Extensive hysterectomy |
| 58210 | C | Extensive hysterectomy |
| 58240 | C | Removal of pelvis contents |
| 58260 | C | Vaginal hysterectomy |
| 58262 | C | Vaginal hysterectomy |
| 58263 | C | Vaginal hysterectomy |
| 58267 | C | Hysterectomy & vagina repair |
| 58270 | C | Hysterectomy & vagina repair |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description |
|---|---|---|
| 58275 | C | Hysterectomy, revise vagina |
| 58280 | C | Hysterectomy, revise vagina |
| 58285 | C | Extensive hysterectomy |
| 58400 | C | Suspension of uterus |
| 58410 | C | Suspension of uterus |
| 58520 | C | Repair of ruptured uterus |
| 58540 | C | Revision of uterus |
| 58600 | C | Division of fallopian tube |
| 58605 | C | Division of fallopian tube |
| 58611 | C | Ligate oviduct(s) |
| 58615 | C | Occlude fallopian tube(s) |
| 58700 | C | Removal of fallopian tube |
| 58720 | C | Removal of ovary/tube(s) |
| 58740 | C | Revise fallopian tube(s) |
| 58750 | C | Repair oviduct |
| 58752 | C | Revise ovarian tube(s) |
| 58760 | C | Remove tubal obstruction |
| 58770 | C | Create new tubal opening |
| 58805 | C | Drainage of ovarian cyst(s) |
| 58822 | C | Percut drain ovary abscess |
| 58823 | C | Percut drain pelvic abscess |
| 58825 | C | Transposition, ovary(s) |
| 58900 | C | Biopsy of ovary(s) |
| 58920 | C | Partial removal of ovary(s) |
| 58925 | C | Removal of ovarian cyst(s) |
| 58940 | C | Removal of ovary(s) |
| 58943 | C | Removal of ovary(s) |
| 58950 | C | Resect ovarian malignancy |
| 58951 | C | Resect ovarian malignancy |
| 58952 | C | Resect ovarian malignancy |
| 58960 | C | Exploration of abdomen |
| 59100 | C | Remove uterus lesion |
| 59120 | C | Treat ectopic pregnancy |
| 59121 | C | Treat ectopic pregnancy |
| 59130 | C | Treat ectopic pregnancy |
| 59135 | C | Treat ectopic pregnancy |
| 59136 | C | Treat ectopic pregnancy |
| 59140 | C | Treat ectopic pregnancy |
| 59150 | C | Treat ectopic pregnancy |
| 59151 | C | Treat ectopic pregnancy |
| 59325 | C | Revision of cervix |
| 59350 | C | Repair of uterus |
| 59514 | C | Cesarean delivery only |
| 59525 | C | Remove uterus after cesarean |
| 59620 | C | Attempted vbac delivery only |
| 59830 | C | Treat uterus infection |
| 59850 | C | Abortion |
| 59851 | C | Abortion |
| 59852 | C | Abortion |
| 59855 | C | Abortion |
| 59856 | C | Abortion |
| 59857 | C | Abortion |
| 59866 | C | Abortion |
| 60212 | C | Parital thyroid excision |
| 60252 | C | Removal of thyroid |
| 60254 | C | Extensive thyroid surgery |
| 60260 | C | Repeat thyroid surgery |
| 60270 | C | Removal of thyroid |
| 60271 | C | Removal of thyroid |
| 60500 | C | Explore parathyroid glands |
| 60502 | C | Re-explore parathyroids |
| 60505 | C | Explore parathyroid glands |
| 60512 | C | Autotransplant, parathyroid |
| 60520 | C | Removal of thymus gland |
| 60521 | C | Removal thymus gland |
| 60522 | C | Removal of thymus gland |
| 60540 | C | Explore adrenal gland |
| 60545 | C | Explore adrenal gland |
| 60600 | C | Remove carotid body lesion |
| 60605 | C | Remove carotid body lesion |
| 61105 | C | Drill skull for examination |
| 61106 | C | Drill skull for exam/surgery |
| 61107 | C | Drill skull for implantation |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description |
|---|---|---|
| 61108 | C | Drill skull for drainage |
| 61120 | C | Pierce skull for examination |
| 61130 | C | Pierce skull, exam/surgery |
| 61140 | C | Pierce skull for biopsy |
| 61150 | C | Pierce skull for drainage |
| 61151 | C | Pierce skull for drainage |
| 61154 | C | Pierce skull, remove clot |
| 61156 | C | Pierce skull for drainage |
| 61210 | C | Pierce skull; implant device |
| 61250 | C | Pierce skull & explore |
| 61253 | C | Pierce skull & explore |
| 61304 | C | Open skull for exploration |
| 61305 | C | Open skull for exploration |
| 61312 | C | Open skull for drainage |
| 61313 | C | Open skull for drainage |
| 61314 | C | Open skull for drainage |
| 61315 | C | Open skull for drainage |
| 61320 | C | Open skull for drainage |
| 61321 | C | Open skull for drainage |
| 61330 | C | Decompress eye socket |
| 61332 | C | Explore/biopsy eye socket |
| 61333 | C | Explore orbit; remove lesion |
| 61334 | C | Explore orbit; remove object |
| 61340 | C | Relieve cranial pressure |
| 61343 | C | Incise skull, pressure relief |
| 61345 | C | Relieve cranial pressure |
| 61440 | C | Incise skull for surgery |
| 61450 | C | Incise skull for surgery |
| 61458 | C | Incise skull for brain wound |
| 61460 | C | Incise skull for surgery |
| 61470 | C | Incise skull for surgery |
| 61480 | C | Incise skull for surgery |
| 61490 | C | Incise skull for surgery |
| 61500 | C | Removal of skull lesion |
| 61501 | C | Remove infected skull bone |
| 61510 | C | Removal of brain lesion |
| 61512 | C | Remove brain lining lesion |
| 61514 | C | Removal of brain abscess |
| 61516 | C | Removal of brain lesion |
| 61518 | C | Removal of brain lesion |
| 61519 | C | Remove brain lining lesion |
| 61520 | C | Removal of brain lesion |
| 61521 | C | Removal of brain lesion |
| 61522 | C | Removal of brain abscess |
| 61524 | C | Removal of brain lesion |
| 61526 | C | Removal of brain lesion |
| 61530 | C | Removal of brain lesion |
| 61531 | C | Implant brain electrodes |
| 61533 | C | Implant brain electrodes |
| 61534 | C | Removal of brain lesion |
| 61535 | C | Remove brain electrodes |
| 61536 | C | Removal of brain lesion |
| 61538 | C | Removal of brain tissue |
| 61539 | C | Removal of brain tissue |
| 61541 | C | Incision of brain tissue |
| 61542 | C | Removal of brain tissue |
| 61543 | C | Removal of brain tissue |
| 61544 | C | Remove & treat brain lesion |
| 61545 | C | Excision of brain tumor |
| 61546 | C | Removal of pituitary gland |
| 61548 | C | Removal of pituitary gland |
| 61550 | C | Release of skull seams |
| 61552 | C | Release of skull seams |
| 61556 | C | Incise skull/sutures |
| 61557 | C | Incise skull/sutures |
| 61558 | C | Excision of skull/sutures |
| 61559 | C | Excision of skull/sutures |
| 61563 | C | Excision of skull tumor |
| 61564 | C | Excision of skull tumor |
| 61570 | C | Remove brain foreign body |
| 61571 | C | Incise skull for brain wound |
| 61575 | C | Skull base/brainstem surgery |
| 61576 | C | Skull base/brainstem surgery |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT[1]/ HCPCS[2] | HOPD status indicator | Description |
|---|---|---|
| 61580 | C | Craniofacial approach, skull |
| 61581 | C | Craniofacial approach, skull |
| 61582 | C | Craniofacial approach, skull |
| 61583 | C | Craniofacial approach, skull |
| 61584 | C | Orbitocranial approach/skull |
| 61585 | C | Orbitocranial approach/skull |
| 61586 | C | Resect nasopharynx, skull |
| 61590 | C | Infratemporal approach/skull |
| 61591 | C | Infratemporal approach/skull |
| 61592 | C | Orbitocranial approach/skull |
| 61595 | C | Transtemporal approach/skull |
| 61596 | C | Transcochlear approach/skull |
| 61597 | C | Transcondylar approach/skull |
| 61598 | C | Transpetrosal approach/skull |
| 61600 | C | Resect/excise cranial lesion |
| 61601 | C | Resect/excise cranial lesion |
| 61605 | C | Resect/excise cranial lesion |
| 61606 | C | Resect/excise cranial lesion |
| 61607 | C | Resect/excise cranial lesion |
| 61608 | C | Resect/excise cranial lesion |
| 61609 | C | Transect, artery, sinus |
| 61610 | C | Transect, artery, sinus |
| 61611 | C | Transect, artery, sinus |
| 61612 | C | Transect, artery, sinus |
| 61613 | C | Remove aneurysm, sinus |
| 61615 | C | Resect/excise lesion, skull |
| 61616 | C | Resect/excise lesion, skull |
| 61618 | C | Repair dura |
| 61619 | C | Repair dura |
| 61624 | C | Occlusion/embolization cath |
| 61626 | C | Occlusion/embolization cath |
| 61680 | C | Intracranial vessel surgery |
| 61682 | C | Intracranial vessel surgery |
| 61684 | C | Intracranial vessel surgery |
| 61686 | C | Intracranial vessel surgery |
| 61690 | C | Intracranial vessel surgery |
| 61692 | C | Intracranial vessel surgery |
| 61700 | C | Inner skull vessel surgery |
| 61702 | C | Inner skull vessel surgery |
| 61703 | C | Clamp neck artery |
| 61705 | C | Revise circulation to head |
| 61708 | C | Revise circulation to head |
| 61710 | C | Revise circulation to head |
| 61711 | C | Fusion of skull arteries |
| 61712 | C | Skull or spine microsurgery |
| 61720 | C | Incise skull/brain surgery |
| 61735 | C | Incise skull/brain surgery |
| 61750 | C | Incise skull; brain biopsy |
| 61751 | C | Brain biopsy with cat scan |
| 61760 | C | Implant brain electrodes |
| 61770 | C | Incise skull for treatment |
| 61791 | C | Treat trigeminal tract |
| 61795 | C | Brain surgery using computer |
| 61850 | C | Implant neuroelectrodes |
| 61855 | C | Implant neuroelectrodes |
| 61860 | C | Implant neuroelectrodes |
| 61865 | C | Implant neuroelectrodes |
| 61870 | C | Implant neuroelectrodes |
| 61875 | C | Implant neuroelectrodes |
| 61880 | C | Revise/remove neuroelectrode |
| 61888 | C | Revise/remove neuroreceiver |
| 62000 | C | Repair of skull fracture |
| 62005 | C | Repair of skull fracture |
| 62010 | C | Treatment of head injury |
| 62100 | C | Repair brain fluid leakage |
| 62115 | C | Reduction of skull defect |
| 62116 | C | Reduction of skull defect |
| 62117 | C | Reduction of skull defect |
| 62120 | C | Repair skull cavity lesion |
| 62121 | C | Incise skull repair |
| 62140 | C | Repair of skull defect |
| 62141 | C | Repair of skull defect |
| 62142 | C | Remove skull plate/flap |
| 62143 | C | Replace skull plate/flap |
| 62145 | C | Repair of skull & brain |
| 62146 | C | Repair of skull with graft |
| 62147 | C | Repair of skull with graft |
| 62180 | C | Establish brain cavity shunt |
| 62190 | C | Establish brain cavity shunt |
| 62192 | C | Establish brain cavity shunt |
| 62200 | C | Establish brain cavity shunt |
| 62201 | C | Establish brain cavity shunt |
| 62220 | C | Establish brain cavity shunt |
| 62223 | C | Establish brain cavity shunt |
| 62256 | C | Remove brain cavity shunt |
| 62258 | C | Replace brain cavity shunt |
| 62351 | C | Implant spinal catheter |
| 63001 | C | Removal of spinal lamina |
| 63003 | C | Removal of spinal lamina |
| 63005 | C | Removal of spinal lamina |
| 63011 | C | Removal of spinal lamina |
| 63012 | C | Removal of spinal lamina |
| 63015 | C | Removal of spinal lamina |
| 63016 | C | Removal of spinal lamina |
| 63017 | C | Removal of spinal lamina |
| 63020 | C | Neck spine disk surgery |
| 63030 | C | Low back disk surgery |
| 63035 | C | Added spinal disk surgery |
| 63040 | C | Neck spine disk surgery |
| 63042 | C | Low back disk surgery |
| 63045 | C | Removal of spinal lamina |
| 63046 | C | Removal of spinal lamina |
| 63047 | C | Removal of spinal lamina |
| 63048 | C | Removal of spinal lamina |
| 63055 | C | Decompress spinal cord |
| 63056 | C | Decompress spinal cord |
| 63057 | C | Decompress spinal cord |
| 63064 | C | Decompress spinal cord |
| 63066 | C | Decompress spinal cord |
| 63075 | C | Neck spine disk surgery |
| 63076 | C | Neck spine disk surgery |
| 63077 | C | Spine disk surgery, thorax |
| 63078 | C | Spine disk surgery, thorax |
| 63081 | C | Removal of vertebral body |
| 63082 | C | Removal of vertebral body |
| 63085 | C | Removal of vertebral body |
| 63086 | C | Removal of vertebral body |
| 63087 | C | Removal of vertebral body |
| 63088 | C | Removal of vertebral body |
| 63090 | C | Removal of vertebral body |
| 63091 | C | Removal of vertebral body |
| 63170 | C | Incise spinal cord tract(s) |
| 63172 | C | Drainage of spinal cyst |
| 63173 | C | Drainage of spinal cyst |
| 63180 | C | Revise spinal cord ligaments |
| 63182 | C | Revise spinal cord ligaments |
| 63185 | C | Incise spinal column/nerves |
| 63190 | C | Incise spinal column/nerves |
| 63191 | C | Incise spinal column/nerves |
| 63194 | C | Incise spinal column & cord |
| 63195 | C | Incise spinal column & cord |
| 63196 | C | Incise spinal column & cord |
| 63197 | C | Incise spinal column & cord |
| 63198 | C | Incise spinal column & cord |
| 63199 | C | Incise spinal column & cord |
| 63200 | C | Release of spinal cord |
| 63250 | C | Revise spinal cord vessels |
| 63251 | C | Revise spinal cord vessels |
| 63252 | C | Revise spinal cord vessels |
| 63265 | C | Excise intraspinal lesion |
| 63266 | C | Excise intraspinal lesion |
| 63267 | C | Excise intraspinal lesion |
| 63268 | C | Excise intraspinal lesion |
| 63270 | C | Excise intraspinal lesion |
| 63271 | C | Excise intraspinal lesion |
| 63272 | C | Excise intraspinal lesion |
| 63273 | C | Excise intraspinal lesion |
| 63275 | C | Biopsy/excise spinal tumor |
| 63276 | C | Biopsy/excise spinal tumor |
| 63277 | C | Biopsy/excise spinal tumor |
| 63278 | C | Biopsy/excise spinal tumor |
| 63280 | C | Biopsy/excise spinal tumor |
| 63281 | C | Biopsy/excise spinal tumor |
| 63282 | C | Biopsy/excise spinal tumor |
| 63283 | C | Biopsy/excise spinal tumor |
| 63285 | C | Biopsy/excise spinal tumor |
| 63286 | C | Biopsy/excise spinal tumor |
| 63287 | C | Biopsy/excise spinal tumor |
| 63290 | C | Biopsy/excise spinal tumor |
| 63300 | C | Removal of vertebral body |
| 63301 | C | Removal of vertebral body |
| 63302 | C | Removal of vertebral body |
| 63303 | C | Removal of vertebral body |
| 63304 | C | Removal of vertebral body |
| 63305 | C | Removal of vertebral body |
| 63306 | C | Removal of vertebral body |
| 63307 | C | Removal of vertebral body |
| 63308 | C | Removal of vertebral body |
| 63655 | C | Implant neuroelectrodes |
| 63700 | C | Repair of spinal herniation |
| 63702 | C | Repair of spinal herniation |
| 63704 | C | Repair of spinal herniation |
| 63706 | C | Repair of spinal herniation |
| 63707 | C | Repair spinal fluid leakage |
| 63709 | C | Repair spinal fluid leakage |
| 63710 | C | Graft repair of spine defect |
| 63740 | C | Install spinal shunt |
| 63741 | C | Install spinal shunt |
| 64752 | C | Incision of vagus nerve |
| 64755 | C | Incision of stomach nerves |
| 64760 | C | Incision of vagus nerve |
| 64763 | C | Incise hip/thigh nerve |
| 64766 | C | Incise hip/thigh nerve |
| 64802 | C | Remove sympathetic nerves |
| 64804 | C | Remove sympathetic nerves |
| 64809 | C | Remove sympathetic nerves |
| 64818 | C | Remove sympathetic nerves |
| 64820 | C | Remove sympathetic nerves |
| 64866 | C | Fusion of facial/other nerve |
| 64868 | C | Fusion of facial/other nerve |
| 65110 | C | Removal of eye |
| 65112 | C | Remove eye, revise socket |
| 65114 | C | Remove eye, revise socket |
| 65273 | C | Repair of eye wound |
| 67414 | C | Explore/decompress eye socke |
| 67445 | C | Explore/decompress eye socke |
| 67570 | C | Decompress optic nerve |
| 69155 | C | Extensive ear/neck surgery |
| 69535 | C | Remove part of temporal bone |
| 69554 | C | Remove ear lesion |
| 69950 | C | Incise inner ear nerve |
| 69955 | C | Release facial nerve |
| 69960 | C | Release inner ear canal |
| 69970 | C | Remove inner ear lesion |
| 69979 | C | Temporal bone surgery |
| 74300 | C | X-ray bile ducts, pancreas |
| 74301 | C | Additional x-rays at surgery |
| 75894 | C | Xrays, transcatheter therapy |
| 75896 | C | Xrays, transcatheter therapy |
| 75900 | C | Arterial catheter exchange |
| 75940 | C | X-ray placement, vein filter |
| 75945 | C | Intravascular us |
| 75946 | C | Intravascular us |
| 75960 | C | Transcatheter intro, stent |
| 75961 | C | Retrieval, broken catheter |
| 75962 | C | Repair arterial blockage |
| 75964 | C | Repair artery blockage, each |

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

| CPT [1]/ HCPCS [2] | HOPD status indicator | Description |
|---|---|---|
| 75966 | C | Repair arterial blockage |
| 75968 | C | Repair artery blockage, each |
| 75970 | C | Vascular biopsy |
| 75978 | C | Repair venous blockage |
| 75992 | C | Atherectomy, x-ray exam |
| 75993 | C | Atherectomy, x-ray exam |
| 75994 | C | Atherectomy, x-ray exam |
| 75995 | C | Atherectomy, x-ray exam |
| 75996 | C | Atherectomy, x-ray exam |
| 92970 | C | Cardioassist, internal |
| 92971 | C | Cardioassist, external |
| 92975 | C | Dissolve clot, heart vessel |
| 92977 | C | Dissolve clot, heart vessel |
| 92978 | C | Intravas us, heart (add-on) |
| 92979 | C | Intravas us, heart (add-on) |
| 92980 | C | Insert intracoronary stent |
| 92981 | C | Insert intracoronary stent |
| 92982 | C | Coronary artery dilation |
| 92984 | C | Coronary artery dilation |
| 92986 | C | Revision of aortic valve |
| 92987 | C | Revision of mitral valve |
| 92990 | C | Revision of pulmonary valve |
| 92992 | C | Revision of heart chamber |
| 92993 | C | Revision of heart chamber |
| 92995 | C | Coronary atherectomy |
| 92996 | C | Coronary atherectomy |
| 92997 | C | Pul art balloon repair, perc |
| 92998 | C | Pul art balloon repair, perc |
| 94652 | C | Pressure breathing (IPPB) |
| 94656 | C | Initial ventilator mgmt |
| 95920 | C | Intraoperative nerve testing |
| 95961 | C | Electrode stimulation, brain |
| 95962 | C | Electrode stimulation, brain |
| 99190 | C | Special pump services |
| 99191 | C | Special pump services |
| 99192 | C | Special pump services |
| 99234 | C | Observ/hosp same date |
| 99235 | C | Observ/hosp same date |
| 99236 | C | Observ/hosp same date |
| 99251 | C | Initial inpatient consult |
| 99252 | C | Initial inpatient consult |
| 99253 | C | Initial inpatient consult |
| 99254 | C | Initial inpatient consult |
| 99255 | C | Initial inpatient consult |
| 99261 | C | Follow-up inpatient consult |
| 99262 | C | Follow-up inpatient consult |
| 99263 | C | Follow-up inpatient consult |
| 99295 | C | Neonatal critical care |
| 99296 | C | Neonatal critical care |
| 99297 | C | Neonatal critical care |
| 99356 | C | Prolonged service, inpatient |
| 99357 | C | Prolonged service, inpatient |
| 99433 | C | Normal newborn care,hospital |

ADDENDUM H.—STATUS INDICATORS; HOW VARIOUS SERVICES ARE TREATED UNDER OUTPATIENT PPS

| Indicator | Service | Status |
|---|---|---|
| A | Pulmonary Rehabilitation Clinical Trial | Not paid under PPS |
| C | Inpatient Procedures | Admit Patient; Bill as Inpatient |
| A | Durable Medical Equipment, Prosthetics and Orthotics | DMEPOS Fee Schedule |
| E | Non-covered Items and Services | Non-paid |
| A | Physical, Occupational and Speech Therapy | Rehabilitation Fee Schedule |
| A | Ambulance | Ambulance Fee Schedule |
| A | EPO for ESRD patients | National Rate |
| A | Clinical Diagnostic Laboratory Services | Laboratory Fee Schedule |
| A | Physician Services for ESRD patients | Not paid under PPS |
| A | Screening Mammography | National Rate |
| N | Incidental Services, packaged into APC Rate | Packaged |
| P | Partial Hospitalization | Paid per diem APC |
| S | Significant Procedure, not discounted when multiple | Paid |
| T | Procedure, multiple discount applies | Paid |
| V | Visit to Clinic or Emergency Department | Paid |
| X | Ancillary Service | Paid |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL

| Hospital | SMI |
|---|---|
| 010001 | 2.17 |
| 010004 | 1.18 |
| 010005 | 1.37 |
| 010006 | 1.95 |
| 010007 | 1.07 |
| 010008 | 1.16 |
| 010009 | 1.18 |
| 010010 | 1.40 |
| 010011 | 1.64 |
| 010012 | 1.32 |
| 010015 | 1.40 |
| 010016 | 2.19 |
| 010018 | 4.13 |
| 010019 | 1.91 |
| 010021 | 1.24 |
| 010022 | 1.30 |
| 010023 | 2.49 |
| 010024 | 1.95 |
| 010025 | 1.38 |
| 010027 | 0.76 |
| 010029 | 1.97 |
| 010031 | 1.32 |
| 010032 | 0.83 |
| 010033 | 1.17 |
| 010034 | 1.48 |
| 010035 | 2.18 |
| 010036 | 1.16 |
| 010038 | 2.60 |
| 010039 | 1.40 |
| 010040 | 2.15 |
| 010043 | 1.31 |
| 010044 | 1.38 |
| 010045 | 1.25 |
| 010046 | 1.43 |
| 010047 | 0.97 |
| 010049 | 1.93 |
| 010050 | 1.14 |
| 010051 | 1.06 |
| 010052 | 0.89 |
| 010053 | 1.37 |
| 010054 | 1.30 |
| 010055 | 2.14 |
| 010056 | 1.66 |
| 010058 | 0.57 |
| 010059 | 1.22 |
| 010061 | 1.66 |
| 010062 | 1.14 |
| 010064 | 1.95 |
| 010065 | 1.52 |
| 010066 | 0.77 |
| 010068 | 0.97 |
| 010069 | 1.56 |
| 010072 | 1.49 |
| 010073 | 1.32 |
| 010078 | 1.65 |
| 010079 | 1.59 |
| 010080 | 0.75 |
| 010081 | 1.86 |
| 010083 | 1.37 |
| 010084 | 3.64 |
| 010087 | 1.89 |
| 010089 | 1.67 |
| 010090 | 1.80 |
| 010091 | 1.02 |
| 010092 | 1.67 |
| 010094 | 1.23 |
| 010095 | 0.91 |
| 010097 | 1.23 |
| 010098 | 1.05 |
| 010099 | 1.32 |
| 010100 | 1.67 |
| 010101 | 1.42 |
| 010102 | 0.85 |
| 010103 | 1.63 |
| 010104 | 1.75 |
| 010108 | 1.18 |
| 010109 | 1.33 |
| 010110 | 0.82 |
| 010112 | 1.15 |
| 010113 | 1.97 |
| 010114 | 1.52 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 010115 | 0.94 |
| 010117 | 0.80 |
| 010118 | 1.77 |
| 010119 | 1.56 |
| 010120 | 1.24 |
| 010123 | 1.62 |
| 010124 | 2.29 |
| 010125 | 0.91 |
| 010126 | 1.80 |
| 010127 | 1.88 |
| 010128 | 0.91 |
| 010129 | 1.10 |
| 010130 | 1.13 |
| 010131 | 1.88 |
| 010134 | 1.02 |
| 010137 | 0.97 |
| 010138 | 0.86 |
| 010139 | 2.05 |
| 010143 | 1.42 |
| 010144 | 2.30 |
| 010145 | 1.16 |
| 010146 | 1.76 |
| 010148 | 1.30 |
| 010149 | 1.70 |
| 010150 | 1.60 |
| 010152 | 1.49 |
| 010155 | 1.00 |
| 012005 | 1.01 |
| 013025 | 1.08 |
| 013027 | 0.80 |
| 013028 | 0.66 |
| 013029 | 1.07 |
| 013030 | 0.40 |
| 013300 | 0.87 |
| 014000 | 0.86 |
| 014002 | 0.85 |
| 014003 | 0.83 |
| 020001 | 2.09 |
| 020002 | 1.79 |
| 020004 | 1.27 |
| 020005 | 0.69 |
| 020006 | 1.37 |
| 020007 | 0.58 |
| 020008 | 1.36 |
| 020009 | 0.71 |
| 020010 | 0.38 |
| 020011 | 0.68 |
| 020012 | 2.31 |
| 020013 | 1.41 |
| 020014 | 1.05 |
| 020017 | 2.01 |
| 020024 | 1.21 |
| 020025 | 0.68 |
| 024001 | 0.97 |
| 030001 | 1.79 |
| 030002 | 1.72 |
| 030003 | 1.36 |
| 030004 | 0.58 |
| 030006 | 1.90 |
| 030007 | 1.72 |
| 030008 | 2.23 |
| 030009 | 0.94 |
| 030010 | 1.69 |
| 030011 | 2.18 |
| 030012 | 1.24 |
| 030013 | 1.74 |
| 030014 | 1.81 |
| 030016 | 1.26 |
| 030017 | 2.04 |
| 030018 | 2.22 |
| 030019 | 1.67 |
| 030022 | 1.17 |
| 030023 | 1.69 |
| 030024 | 2.35 |
| 030025 | 1.07 |
| 030027 | 0.94 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 030030 | 2.01 |
| 030033 | 1.38 |
| 030034 | 0.77 |
| 030035 | 2.11 |
| 030036 | 1.65 |
| 030037 | 2.92 |
| 030038 | 2.39 |
| 030040 | 1.22 |
| 030041 | 0.85 |
| 030043 | 1.66 |
| 030044 | 1.34 |
| 030047 | 1.01 |
| 030049 | 0.50 |
| 030054 | 0.57 |
| 030055 | 1.65 |
| 030059 | 1.77 |
| 030060 | 1.43 |
| 030061 | 1.44 |
| 030062 | 1.32 |
| 030064 | 1.67 |
| 030065 | 2.01 |
| 030067 | 1.01 |
| 030068 | 1.71 |
| 030069 | 2.11 |
| 030080 | 1.67 |
| 030083 | 1.52 |
| 030085 | 1.78 |
| 030086 | 1.52 |
| 030087 | 3.31 |
| 030088 | 1.58 |
| 030089 | 1.83 |
| 030092 | 1.84 |
| 030093 | 1.16 |
| 030094 | 1.42 |
| 030095 | 1.99 |
| 033025 | 1.10 |
| 033026 | 1.27 |
| 033028 | 1.06 |
| 034004 | 0.89 |
| 034008 | 0.92 |
| 034009 | 0.87 |
| 034010 | 0.87 |
| 034013 | 0.92 |
| 034015 | 0.87 |
| 034019 | 0.87 |
| 040001 | 1.28 |
| 040002 | 1.32 |
| 040003 | 1.12 |
| 040004 | 2.28 |
| 040005 | 1.32 |
| 040007 | 3.03 |
| 040008 | 0.82 |
| 040010 | 2.01 |
| 040011 | 0.98 |
| 040014 | 1.96 |
| 040015 | 1.00 |
| 040016 | 1.43 |
| 040017 | 1.71 |
| 040018 | 1.55 |
| 040019 | 1.59 |
| 040020 | 1.88 |
| 040021 | 2.05 |
| 040022 | 1.39 |
| 040024 | 1.10 |
| 040025 | 1.03 |
| 040026 | 1.75 |
| 040027 | 2.26 |
| 040028 | 1.09 |
| 040029 | 2.25 |
| 040030 | 0.89 |
| 040032 | 0.63 |
| 040035 | 0.75 |
| 040036 | 2.40 |
| 040037 | 1.04 |
| 040039 | 1.54 |
| 040040 | 0.87 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 040041 | 2.17 |
| 040042 | 1.31 |
| 040044 | 0.90 |
| 040045 | 1.17 |
| 040047 | 1.14 |
| 040048 | 1.69 |
| 040050 | 1.28 |
| 040051 | 1.14 |
| 040053 | 1.01 |
| 040054 | 1.68 |
| 040055 | 1.97 |
| 040058 | 1.26 |
| 040060 | 0.80 |
| 040062 | 1.75 |
| 040064 | 0.75 |
| 040066 | 2.43 |
| 040067 | 0.73 |
| 040069 | 1.84 |
| 040070 | 1.19 |
| 040071 | 1.30 |
| 040072 | 1.26 |
| 040074 | 1.65 |
| 040075 | 1.08 |
| 040076 | 1.13 |
| 040077 | 1.05 |
| 040078 | 2.58 |
| 040080 | 1.19 |
| 040081 | 0.62 |
| 040082 | 1.05 |
| 040084 | 1.68 |
| 040085 | 1.19 |
| 040088 | 1.98 |
| 040090 | 0.75 |
| 040091 | 1.19 |
| 040093 | 0.79 |
| 040100 | 1.19 |
| 040105 | 0.79 |
| 040106 | 1.28 |
| 040107 | 1.23 |
| 040109 | 1.10 |
| 040114 | 4.13 |
| 040116 | 2.11 |
| 040118 | 2.05 |
| 040119 | 1.78 |
| 040124 | 1.44 |
| 040126 | 1.58 |
| 040132 | 0.55 |
| 043026 | 1.00 |
| 043027 | 0.59 |
| 043028 | 0.84 |
| 043029 | 1.09 |
| 043031 | 0.57 |
| 043032 | 2.32 |
| 043300 | 1.25 |
| 044004 | 0.86 |
| 044005 | 0.88 |
| 044006 | 0.99 |
| 044010 | 1.02 |
| 044011 | 1.22 |
| 044012 | 0.87 |
| 050002 | 1.32 |
| 050006 | 1.90 |
| 050007 | 1.51 |
| 050008 | 1.66 |
| 050009 | 2.00 |
| 050013 | 1.37 |
| 050014 | 1.64 |
| 050015 | 1.65 |
| 050016 | 1.33 |
| 050017 | 3.14 |
| 050018 | 1.71 |
| 050021 | 1.89 |
| 050022 | 1.82 |
| 050024 | 1.27 |
| 050025 | 1.51 |
| 050026 | 1.47 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 050028 | 1.74 |
| 050029 | 1.52 |
| 050030 | 1.19 |
| 050032 | 1.83 |
| 050033 | 1.48 |
| 050036 | 1.87 |
| 050038 | 0.97 |
| 050039 | 1.59 |
| 050042 | 1.90 |
| 050043 | 1.96 |
| 050045 | 2.02 |
| 050046 | 1.29 |
| 050047 | 2.10 |
| 050051 | 1.00 |
| 050054 | 1.05 |
| 050055 | 1.00 |
| 050056 | 2.22 |
| 050057 | 1.79 |
| 050058 | 1.75 |
| 050060 | 1.35 |
| 050061 | 3.66 |
| 050063 | 1.75 |
| 050065 | 1.82 |
| 050066 | 1.58 |
| 050067 | 1.28 |
| 050068 | 1.58 |
| 050069 | 1.74 |
| 050077 | 1.69 |
| 050078 | 1.44 |
| 050079 | 1.44 |
| 050080 | 1.28 |
| 050081 | 0.76 |
| 050082 | 1.83 |
| 050084 | 1.62 |
| 050088 | 0.88 |
| 050089 | 1.28 |
| 050090 | 1.74 |
| 050091 | 2.15 |
| 050092 | 1.12 |
| 050093 | 2.09 |
| 050095 | 2.30 |
| 050096 | 1.07 |
| 050097 | 2.60 |
| 050099 | 1.51 |
| 050100 | 1.55 |
| 050101 | 1.84 |
| 050102 | 1.20 |
| 050103 | 1.80 |
| 050104 | 1.28 |
| 050107 | 1.81 |
| 050108 | 1.89 |
| 050109 | 1.63 |
| 050110 | 2.15 |
| 050111 | 4.65 |
| 050112 | 1.70 |
| 050113 | 0.86 |
| 050114 | 1.16 |
| 050115 | 1.17 |
| 050116 | 1.84 |
| 050117 | 1.85 |
| 050118 | 1.57 |
| 050121 | 2.17 |
| 050122 | 1.88 |
| 050124 | 1.35 |
| 050125 | 2.05 |
| 050126 | 1.96 |
| 050127 | 1.21 |
| 050128 | 1.51 |
| 050129 | 1.99 |
| 050131 | 1.59 |
| 050132 | 1.46 |
| 050133 | 1.50 |
| 050135 | 1.02 |
| 050136 | 1.65 |
| 050137 | 1.40 |
| 050138 | 6.45 |
| 050139 | 5.33 |
| 050140 | 2.13 |
| 050144 | 1.48 |
| 050145 | 1.65 |
| 050147 | 0.87 |
| 050148 | 1.44 |
| 050149 | 1.31 |
| 050150 | 1.63 |
| 050152 | 1.47 |
| 050153 | 1.61 |
| 050155 | 1.55 |
| 050158 | 2.29 |
| 050159 | 0.92 |
| 050167 | 0.91 |
| 050168 | 2.16 |
| 050169 | 1.74 |
| 050170 | 1.58 |
| 050172 | 1.15 |
| 050173 | 1.94 |
| 050174 | 2.40 |
| 050175 | 2.19 |
| 050177 | 1.24 |
| 050179 | 1.57 |
| 050180 | 1.38 |
| 050183 | 0.85 |
| 050186 | 1.01 |
| 050188 | 2.43 |
| 050189 | 1.39 |
| 050191 | 1.67 |
| 050192 | 1.03 |
| 050193 | 1.02 |
| 050194 | 1.62 |
| 050195 | 1.64 |
| 050196 | 1.47 |
| 050197 | 1.72 |
| 050204 | 2.12 |
| 050205 | 1.23 |
| 050207 | 2.14 |
| 050208 | 1.82 |
| 050211 | 1.70 |
| 050213 | 0.87 |
| 050214 | 1.49 |
| 050215 | 1.99 |
| 050217 | 1.50 |
| 050219 | 1.30 |
| 050222 | 1.71 |
| 050224 | 1.77 |
| 050225 | 1.36 |
| 050226 | 1.82 |
| 050228 | 0.83 |
| 050230 | 1.83 |
| 050231 | 3.90 |
| 050232 | 1.83 |
| 050233 | 1.56 |
| 050234 | 1.11 |
| 050235 | 1.81 |
| 050236 | 1.43 |
| 050238 | 1.29 |
| 050239 | 1.61 |
| 050240 | 1.79 |
| 050241 | 1.47 |
| 050242 | 1.55 |
| 050243 | 1.35 |
| 050245 | 0.80 |
| 050248 | 0.94 |
| 050251 | 1.29 |
| 050253 | 0.87 |
| 050254 | 2.05 |
| 050256 | 1.00 |
| 050257 | 0.99 |
| 050260 | 0.73 |
| 050261 | 1.33 |
| 050262 | 1.51 |
| 050264 | 1.57 |
| 050267 | 1.76 |
| 050270 | 1.79 |
| 050272 | 1.00 |
| 050274 | 0.97 |
| 050276 | 0.82 |
| 050277 | 0.95 |
| 050278 | 1.65 |
| 050279 | 1.47 |
| 050280 | 1.77 |
| 050281 | 2.70 |
| 050282 | 1.50 |
| 050283 | 0.80 |
| 050286 | 0.66 |
| 050289 | 1.71 |
| 050290 | 1.53 |
| 050291 | 1.11 |
| 050292 | 0.96 |
| 050293 | 1.01 |
| 050295 | 1.82 |
| 050296 | 1.42 |
| 050298 | 1.38 |
| 050299 | 2.41 |
| 050300 | 1.97 |
| 050301 | 1.85 |
| 050302 | 2.08 |
| 050305 | 1.24 |
| 050307 | 1.90 |
| 050308 | 1.59 |
| 050309 | 1.86 |
| 050310 | 2.15 |
| 050312 | 1.61 |
| 050313 | 1.91 |
| 050315 | 0.79 |
| 050317 | 1.14 |
| 050320 | 0.82 |
| 050324 | 2.00 |
| 050325 | 1.13 |
| 050327 | 1.41 |
| 050328 | 2.07 |
| 050329 | 0.95 |
| 050331 | 1.37 |
| 050333 | 0.66 |
| 050334 | 2.40 |
| 050335 | 0.87 |
| 050336 | 1.52 |
| 050337 | 1.14 |
| 050342 | 1.35 |
| 050343 | 2.06 |
| 050348 | 1.07 |
| 050349 | 0.79 |
| 050350 | 1.29 |
| 050351 | 2.19 |
| 050352 | 1.43 |
| 050353 | 1.85 |
| 050355 | 0.70 |
| 050357 | 1.43 |
| 050359 | 1.99 |
| 050360 | 1.91 |
| 050366 | 1.30 |
| 050367 | 1.24 |
| 050369 | 1.65 |
| 050377 | 0.63 |
| 050378 | 1.36 |
| 050379 | 1.01 |
| 050380 | 2.26 |
| 050382 | 1.93 |
| 050385 | 1.50 |
| 050388 | 0.70 |
| 050390 | 1.65 |
| 050391 | 1.74 |
| 050392 | 1.11 |
| 050393 | 2.05 |
| 050394 | 2.34 |
| 050396 | 2.78 |
| 050397 | 0.89 |
| 050401 | 1.47 |
| 050404 | 0.97 |
| 050406 | 0.85 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 050407 | 1.88 |
| 050410 | 0.67 |
| 050411 | 3.99 |
| 050414 | 1.85 |
| 050417 | 1.81 |
| 050418 | 0.88 |
| 050419 | 1.63 |
| 050420 | 1.18 |
| 050421 | 1.64 |
| 050423 | 1.31 |
| 050424 | 2.03 |
| 050426 | 2.03 |
| 050427 | 0.54 |
| 050430 | 0.92 |
| 050431 | 2.44 |
| 050432 | 1.91 |
| 050433 | 0.99 |
| 050434 | 0.67 |
| 050435 | 1.52 |
| 050436 | 1.04 |
| 050438 | 1.44 |
| 050440 | 0.94 |
| 050441 | 1.43 |
| 050443 | 0.92 |
| 050444 | 1.74 |
| 050446 | 0.93 |
| 050447 | 1.14 |
| 050448 | 2.02 |
| 050449 | 2.24 |
| 050454 | 1.18 |
| 050455 | 2.27 |
| 050456 | 3.32 |
| 050457 | 1.34 |
| 050459 | 1.62 |
| 050464 | 2.06 |
| 050468 | 1.25 |
| 050469 | 1.07 |
| 050470 | 1.37 |
| 050471 | 2.08 |
| 050476 | 1.66 |
| 050477 | 2.95 |
| 050478 | 1.03 |
| 050481 | 2.09 |
| 050482 | 0.68 |
| 050483 | 1.07 |
| 050485 | 2.20 |
| 050486 | 1.97 |
| 050488 | 1.39 |
| 050491 | 1.64 |
| 050492 | 1.50 |
| 050494 | 2.02 |
| 050496 | 1.71 |
| 050497 | 0.69 |
| 050498 | 1.60 |
| 050502 | 2.55 |
| 050503 | 2.26 |
| 050506 | 1.59 |
| 050515 | 9.08 |
| 050516 | 2.17 |
| 050517 | 1.62 |
| 050522 | 1.91 |
| 050523 | 1.38 |
| 050526 | 0.94 |
| 050528 | 1.34 |
| 050531 | 3.15 |
| 050534 | 1.59 |
| 050535 | 1.82 |
| 050537 | 1.75 |
| 050539 | 1.29 |
| 050542 | 1.40 |
| 050543 | 1.13 |
| 050545 | 0.69 |
| 050546 | 0.66 |
| 050547 | 0.76 |
| 050548 | 0.74 |
| 050549 | 1.90 |
| 050550 | 2.12 |
| 050551 | 1.73 |
| 050552 | 0.84 |
| 050557 | 1.41 |
| 050559 | 1.43 |
| 050560 | 2.06 |
| 050561 | 2.70 |
| 050564 | 1.37 |
| 050565 | 1.22 |
| 050566 | 1.01 |
| 050567 | 1.57 |
| 050568 | 1.73 |
| 050569 | 1.58 |
| 050570 | 1.70 |
| 050571 | 1.96 |
| 050573 | 1.69 |
| 050577 | 2.79 |
| 050578 | 0.73 |
| 050579 | 1.68 |
| 050580 | 1.49 |
| 050581 | 1.60 |
| 050583 | 2.12 |
| 050584 | 1.30 |
| 050585 | 1.59 |
| 050586 | 1.91 |
| 050588 | 1.69 |
| 050589 | 1.89 |
| 050590 | 2.07 |
| 050591 | 2.43 |
| 050592 | 1.91 |
| 050593 | 1.34 |
| 050594 | 1.76 |
| 050597 | 1.82 |
| 050598 | 2.19 |
| 050599 | 1.07 |
| 050601 | 2.01 |
| 050603 | 1.16 |
| 050607 | 0.80 |
| 050608 | 1.17 |
| 050609 | 1.29 |
| 050613 | 0.56 |
| 050615 | 2.57 |
| 050616 | 1.75 |
| 050618 | 0.63 |
| 050624 | 1.63 |
| 050625 | 1.96 |
| 050630 | 1.57 |
| 050633 | 1.63 |
| 050636 | 1.58 |
| 050638 | 0.95 |
| 050641 | 1.75 |
| 050644 | 1.85 |
| 050661 | 0.87 |
| 050662 | 0.77 |
| 050663 | 1.40 |
| 050666 | 0.75 |
| 050667 | 0.76 |
| 050668 | 0.73 |
| 050675 | 1.66 |
| 050676 | 0.62 |
| 050677 | 1.36 |
| 050678 | 1.54 |
| 050680 | 1.00 |
| 050682 | 0.77 |
| 050684 | 1.39 |
| 050685 | 1.72 |
| 050686 | 1.98 |
| 050688 | 1.10 |
| 050689 | 1.57 |
| 050693 | 1.61 |
| 050694 | 1.42 |
| 050695 | 1.12 |
| 050696 | 2.25 |
| 050697 | 2.81 |
| 050699 | 0.94 |
| 050700 | 1.65 |
| 050701 | 1.31 |
| 050702 | 0.67 |
| 050704 | 0.90 |
| 050707 | 14.19 |
| 050708 | 10.17 |
| 050709 | 2.00 |
| 052031 | 0.57 |
| 053026 | 1.10 |
| 053027 | 0.70 |
| 053028 | 0.78 |
| 053029 | 0.96 |
| 053030 | 0.71 |
| 053031 | 0.90 |
| 053032 | 0.60 |
| 053033 | 0.93 |
| 053034 | 1.10 |
| 053035 | 1.06 |
| 053036 | 0.83 |
| 053037 | 1.02 |
| 053300 | 0.98 |
| 053301 | 1.27 |
| 053302 | 1.00 |
| 053304 | 0.81 |
| 053305 | 0.65 |
| 054001 | 0.87 |
| 054003 | 0.87 |
| 054009 | 0.88 |
| 054012 | 0.73 |
| 054028 | 0.91 |
| 054032 | 0.64 |
| 054050 | 1.09 |
| 054052 | 0.81 |
| 054053 | 0.99 |
| 054055 | 0.83 |
| 054060 | 0.87 |
| 054064 | 0.83 |
| 054065 | 0.70 |
| 054069 | 0.67 |
| 054074 | 0.87 |
| 054075 | 0.87 |
| 054077 | 0.87 |
| 054078 | 0.89 |
| 054085 | 0.87 |
| 054087 | 0.78 |
| 054091 | 0.83 |
| 054093 | 0.88 |
| 054094 | 0.88 |
| 054095 | 0.87 |
| 054096 | 0.88 |
| 054097 | 0.77 |
| 054098 | 0.87 |
| 054099 | 0.87 |
| 054104 | 0.88 |
| 054105 | 0.87 |
| 054106 | 0.87 |
| 054108 | 0.88 |
| 054110 | 0.87 |
| 054111 | 0.76 |
| 054113 | 0.87 |
| 054115 | 0.87 |
| 054116 | 0.88 |
| 054117 | 0.87 |
| 054119 | 0.87 |
| 054122 | 0.84 |
| 054123 | 0.90 |
| 054125 | 0.99 |
| 054126 | 0.84 |
| 054130 | 0.71 |
| 054131 | 0.96 |
| 054133 | 0.85 |
| 054139 | 0.74 |
| 060001 | 1.99 |
| 060003 | 1.61 |
| 060004 | 1.07 |
| 060006 | 1.40 |
| 060007 | 1.23 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 060008 | 1.36 |
| 060009 | 1.52 |
| 060010 | 1.62 |
| 060011 | 0.87 |
| 060012 | 1.19 |
| 060013 | 1.25 |
| 060014 | 1.69 |
| 060015 | 1.18 |
| 060016 | 1.38 |
| 060018 | 1.61 |
| 060020 | 1.40 |
| 060022 | 1.18 |
| 060023 | 1.77 |
| 060024 | 1.08 |
| 060027 | 1.45 |
| 060028 | 1.69 |
| 060029 | 0.76 |
| 060030 | 1.94 |
| 060031 | 1.60 |
| 060032 | 1.84 |
| 060033 | 1.07 |
| 060034 | 1.44 |
| 060036 | 1.30 |
| 060037 | 0.93 |
| 060038 | 0.89 |
| 060041 | 0.71 |
| 060042 | 1.10 |
| 060043 | 0.85 |
| 060044 | 1.42 |
| 060046 | 1.98 |
| 060047 | 0.61 |
| 060049 | 1.82 |
| 060050 | 1.25 |
| 060052 | 1.09 |
| 060053 | 1.12 |
| 060054 | 1.94 |
| 060056 | 0.86 |
| 060057 | 1.36 |
| 060058 | 0.90 |
| 060060 | 1.12 |
| 060062 | 0.97 |
| 060063 | 0.59 |
| 060064 | 2.03 |
| 060065 | 1.79 |
| 060068 | 0.85 |
| 060070 | 1.04 |
| 060071 | 1.40 |
| 060073 | 1.14 |
| 060075 | 2.15 |
| 060076 | 1.29 |
| 060085 | 0.67 |
| 060087 | 1.53 |
| 060088 | 1.00 |
| 060090 | 0.98 |
| 060096 | 1.69 |
| 060100 | 1.39 |
| 060103 | 2.74 |
| 060104 | 1.65 |
| 062009 | 0.56 |
| 062011 | 1.54 |
| 063026 | 0.66 |
| 063027 | 1.04 |
| 063029 | 1.68 |
| 063030 | 1.60 |
| 063301 | 0.93 |
| 063302 | 0.84 |
| 064007 | 0.87 |
| 064009 | 0.84 |
| 064010 | 1.03 |
| 064012 | 0.87 |
| 064016 | 0.90 |
| 070001 | 1.94 |
| 070002 | 1.78 |
| 070003 | 1.57 |
| 070004 | 1.60 |
| 070005 | 1.17 |
| 070006 | 1.53 |
| 070007 | 1.85 |
| 070008 | 1.32 |
| 070009 | 1.98 |
| 070010 | 1.61 |
| 070011 | 1.43 |
| 070012 | 1.47 |
| 070015 | 1.40 |
| 070016 | 1.40 |
| 070017 | 1.81 |
| 070018 | 1.58 |
| 070019 | 2.00 |
| 070020 | 1.45 |
| 070021 | 1.68 |
| 070022 | 1.67 |
| 070024 | 1.59 |
| 070025 | 1.83 |
| 070026 | 1.49 |
| 070027 | 1.35 |
| 070028 | 1.48 |
| 070029 | 1.55 |
| 070030 | 1.74 |
| 070031 | 1.25 |
| 070033 | 1.27 |
| 070034 | 1.72 |
| 070035 | 1.57 |
| 070036 | 1.39 |
| 070039 | 0.71 |
| 072003 | 3.24 |
| 072004 | 0.59 |
| 074000 | 0.88 |
| 074007 | 0.87 |
| 074008 | 1.05 |
| 074012 | 0.85 |
| 080001 | 2.01 |
| 080002 | 1.54 |
| 080003 | 1.89 |
| 080004 | 1.72 |
| 080005 | 2.03 |
| 080006 | 2.09 |
| 080007 | 1.48 |
| 083300 | 3.49 |
| 084002 | 0.85 |
| 090001 | 2.44 |
| 090002 | 1.64 |
| 090003 | 1.28 |
| 090004 | 1.64 |
| 090005 | 3.11 |
| 090006 | 1.65 |
| 090007 | 0.98 |
| 090008 | 1.67 |
| 090010 | 3.66 |
| 090011 | 2.05 |
| 090015 | 0.45 |
| 093025 | 0.72 |
| 093300 | 1.30 |
| 094004 | 0.83 |
| 100001 | 1.06 |
| 100002 | 1.64 |
| 100004 | 1.02 |
| 100006 | 1.46 |
| 100007 | 2.13 |
| 100008 | 2.17 |
| 100009 | 1.70 |
| 100010 | 1.72 |
| 100012 | 1.78 |
| 100014 | 1.50 |
| 100015 | 1.87 |
| 100017 | 1.69 |
| 100018 | 1.33 |
| 100019 | 2.56 |
| 100020 | 2.02 |
| 100022 | 0.97 |
| 100023 | 1.98 |
| 100024 | 2.03 |
| 100025 | 1.48 |
| 100026 | 1.75 |
| 100027 | 1.01 |
| 100028 | 2.09 |
| 100029 | 1.41 |
| 100030 | 1.98 |
| 100032 | 1.36 |
| 100034 | 1.52 |
| 100035 | 1.72 |
| 100038 | 1.35 |
| 100039 | 2.01 |
| 100040 | 2.03 |
| 100043 | 1.52 |
| 100044 | 1.71 |
| 100045 | 1.54 |
| 100046 | 1.49 |
| 100047 | 1.26 |
| 100048 | 1.07 |
| 100049 | 1.78 |
| 100050 | 1.69 |
| 100051 | 1.51 |
| 100052 | 2.11 |
| 100053 | 1.82 |
| 100054 | 1.38 |
| 100055 | 1.74 |
| 100056 | 2.29 |
| 100057 | 2.09 |
| 100060 | 1.86 |
| 100061 | 1.71 |
| 100062 | 1.99 |
| 100063 | 1.72 |
| 100067 | 1.72 |
| 100068 | 1.44 |
| 100069 | 1.78 |
| 100070 | 1.59 |
| 100071 | 1.31 |
| 100072 | 1.32 |
| 100073 | 1.26 |
| 100075 | 1.48 |
| 100076 | 1.70 |
| 100077 | 2.49 |
| 100078 | 0.75 |
| 100080 | 1.72 |
| 100081 | 1.10 |
| 100082 | 1.63 |
| 100084 | 1.49 |
| 100085 | 1.16 |
| 100086 | 1.65 |
| 100087 | 2.28 |
| 100088 | 2.12 |
| 100090 | 1.93 |
| 100092 | 1.75 |
| 100093 | 1.85 |
| 100098 | 0.79 |
| 100099 | 1.92 |
| 100102 | 1.22 |
| 100103 | 0.73 |
| 100105 | 1.68 |
| 100106 | 1.55 |
| 100107 | 1.38 |
| 100108 | 1.16 |
| 100109 | 1.78 |
| 100110 | 1.45 |
| 100112 | 0.66 |
| 100113 | 1.90 |
| 100114 | 1.70 |
| 100117 | 2.13 |
| 100118 | 1.37 |
| 100121 | 1.75 |
| 100122 | 1.98 |
| 100124 | 1.45 |
| 100125 | 1.53 |
| 100126 | 1.53 |
| 100127 | 2.01 |
| 100128 | 1.83 |
| 100129 | 2.14 |
| 100130 | 1.43 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 100131 | 1.86 |
| 100132 | 1.62 |
| 100134 | 0.90 |
| 100135 | 2.75 |
| 100137 | 1.45 |
| 100138 | 0.74 |
| 100139 | 0.94 |
| 100140 | 1.56 |
| 100142 | 1.47 |
| 100144 | 2.03 |
| 100145 | 1.58 |
| 100146 | 0.98 |
| 100147 | 0.82 |
| 100150 | 1.46 |
| 100151 | 2.14 |
| 100154 | 2.20 |
| 100156 | 1.32 |
| 100157 | 2.28 |
| 100159 | 0.92 |
| 100160 | 1.32 |
| 100161 | 1.33 |
| 100162 | 1.50 |
| 100165 | 1.51 |
| 100166 | 1.31 |
| 100167 | 3.04 |
| 100168 | 1.86 |
| 100169 | 1.82 |
| 100170 | 1.83 |
| 100172 | 0.97 |
| 100173 | 2.15 |
| 100174 | 1.46 |
| 100175 | 1.00 |
| 100176 | 1.67 |
| 100177 | 2.17 |
| 100179 | 2.60 |
| 100180 | 1.43 |
| 100181 | 2.56 |
| 100183 | 1.79 |
| 100187 | 1.84 |
| 100189 | 1.64 |
| 100191 | 1.77 |
| 100199 | 1.74 |
| 100200 | 2.55 |
| 100203 | 1.35 |
| 100204 | 1.76 |
| 100206 | 2.07 |
| 100208 | 1.27 |
| 100209 | 1.49 |
| 100210 | 1.37 |
| 100211 | 1.37 |
| 100212 | 1.65 |
| 100213 | 1.07 |
| 100217 | 2.28 |
| 100220 | 1.93 |
| 100221 | 1.55 |
| 100222 | 0.88 |
| 100223 | 1.50 |
| 100224 | 1.67 |
| 100225 | 1.63 |
| 100226 | 1.36 |
| 100228 | 2.07 |
| 100229 | 1.31 |
| 100230 | 1.16 |
| 100231 | 1.51 |
| 100232 | 1.33 |
| 100234 | 1.48 |
| 100235 | 1.49 |
| 100236 | 1.45 |
| 100237 | 1.83 |
| 100238 | 1.91 |
| 100239 | 1.86 |
| 100240 | 3.25 |
| 100241 | 1.33 |
| 100242 | 1.47 |
| 100243 | 1.28 |
| 100244 | 1.72 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 100246 | 2.06 |
| 100248 | 1.63 |
| 100249 | 1.80 |
| 100252 | 1.73 |
| 100253 | 1.80 |
| 100254 | 1.34 |
| 100255 | 2.19 |
| 100256 | 1.73 |
| 100258 | 1.84 |
| 100259 | 1.87 |
| 100260 | 2.23 |
| 100262 | 2.19 |
| 100263 | 1.74 |
| 100264 | 1.44 |
| 100265 | 1.46 |
| 100266 | 1.68 |
| 100267 | 1.86 |
| 100268 | 1.68 |
| 100269 | 2.11 |
| 100270 | 0.71 |
| 100271 | 1.26 |
| 100275 | 1.48 |
| 100276 | 2.14 |
| 100277 | 0.65 |
| 100279 | 1.38 |
| 100280 | 1.22 |
| 100281 | 1.39 |
| 100282 | 1.05 |
| 102006 | 0.68 |
| 102007 | 0.68 |
| 102008 | 0.70 |
| 102009 | 0.69 |
| 102013 | 2.55 |
| 103026 | 1.00 |
| 103027 | 1.16 |
| 103028 | 1.00 |
| 103030 | 0.65 |
| 103031 | 0.83 |
| 103032 | 1.25 |
| 103033 | 0.98 |
| 103034 | 0.97 |
| 103036 | 2.58 |
| 103037 | 1.10 |
| 103039 | 1.00 |
| 103300 | 7.82 |
| 103301 | 1.80 |
| 104001 | 0.46 |
| 104002 | 0.39 |
| 104005 | 0.90 |
| 104007 | 0.48 |
| 104008 | 0.92 |
| 104015 | 0.79 |
| 104016 | 0.85 |
| 104017 | 0.87 |
| 104018 | 0.84 |
| 104024 | 0.94 |
| 104026 | 0.78 |
| 104029 | 0.87 |
| 104034 | 0.87 |
| 104036 | 0.83 |
| 104037 | 0.87 |
| 104038 | 0.87 |
| 104040 | 0.84 |
| 104041 | 0.84 |
| 104045 | 0.74 |
| 104046 | 0.88 |
| 104047 | 0.84 |
| 104052 | 0.86 |
| 104054 | [illegible] |
| 104056 | 0.87 |
| 104057 | 0.87 |
| 104060 | 0.88 |
| 110001 | 1.79 |
| 110002 | 1.20 |
| 110003 | 1.68 |
| 110004 | 1.67 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 110005 | 1.63 |
| 110006 | 2.18 |
| 110007 | 1.70 |
| 110008 | 1.51 |
| 110009 | 0.79 |
| 110010 | 2.18 |
| 110011 | 1.69 |
| 110013 | 1.06 |
| 110014 | 1.34 |
| 110015 | 1.16 |
| 110016 | 2.15 |
| 110017 | 0.87 |
| 110018 | 1.44 |
| 110020 | 2.09 |
| 110023 | 1.74 |
| 110024 | 2.23 |
| 110025 | 2.03 |
| 110026 | 1.20 |
| 110027 | 0.96 |
| 110028 | 1.98 |
| 110029 | 1.30 |
| 110030 | 1.69 |
| 110031 | 2.13 |
| 110032 | 1.80 |
| 110033 | 2.46 |
| 110034 | 0.96 |
| 110035 | 1.85 |
| 110037 | 1.10 |
| 110038 | 1.50 |
| 110039 | 1.99 |
| 110040 | 1.68 |
| 110041 | 1.64 |
| 110042 | 1.39 |
| 110043 | 2.40 |
| 110044 | 1.77 |
| 110045 | 1.93 |
| 110046 | 1.89 |
| 110048 | 0.97 |
| 110049 | 0.82 |
| 110050 | 1.04 |
| 110051 | 1.23 |
| 110052 | 0.70 |
| 110054 | 1.63 |
| 110056 | 0.86 |
| 110059 | 1.69 |
| 110061 | 0.77 |
| 110062 | 0.63 |
| 110063 | 1.28 |
| 110064 | 1.33 |
| 110065 | 0.73 |
| 110066 | 1.77 |
| 110069 | 2.30 |
| 110070 | 1.18 |
| 110071 | 0.78 |
| 110072 | 0.99 |
| 110073 | 1.47 |
| 110074 | 1.92 |
| 110075 | 1.43 |
| 110076 | 1.93 |
| 110078 | 1.94 |
| 110079 | 0.80 |
| 110080 | 1.62 |
| 110082 | 2.52 |
| 110083 | 2.25 |
| 110086 | 1.24 |
| 110087 | 1.83 |
| 110088 | 0.61 |
| 110089 | 1.66 |
| 110091 | 2.11 |
| 110092 | 1.14 |
| 110093 | 0.54 |
| 110094 | 0.65 |
| 110095 | 1.69 |
| 110096 | 1.12 |
| 110097 | 0.86 |
| 110098 | 0.90 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 110100 | 0.81 |
| 110101 | 0.94 |
| 110103 | 0.80 |
| 110104 | 1.47 |
| 110105 | 2.14 |
| 110107 | 1.34 |
| 110108 | 0.53 |
| 110109 | 0.97 |
| 110111 | 1.25 |
| 110112 | 0.89 |
| 110113 | 0.94 |
| 110114 | 1.18 |
| 110115 | 1.85 |
| 110118 | 0.49 |
| 110120 | 0.76 |
| 110121 | 2.61 |
| 110122 | 1.77 |
| 110124 | 1.47 |
| 110125 | 2.34 |
| 110127 | 0.94 |
| 110128 | 1.67 |
| 110129 | 1.88 |
| 110130 | 1.03 |
| 110132 | 1.22 |
| 110134 | 0.76 |
| 110135 | 2.17 |
| 110136 | 0.73 |
| 110140 | 1.50 |
| 110141 | 0.74 |
| 110142 | 0.98 |
| 110143 | 1.96 |
| 110144 | 1.16 |
| 110146 | 1.38 |
| 110149 | 1.01 |
| 110150 | 1.84 |
| 110152 | 1.07 |
| 110153 | 1.97 |
| 110155 | 0.97 |
| 110156 | 1.40 |
| 110161 | 2.31 |
| 110163 | 2.66 |
| 110164 | 2.06 |
| 110165 | 1.75 |
| 110166 | 1.76 |
| 110168 | 2.11 |
| 110169 | 4.16 |
| 110171 | 1.46 |
| 110172 | 2.42 |
| 110174 | 1.22 |
| 110176 | 1.81 |
| 110177 | 2.02 |
| 110178 | 5.17 |
| 110179 | 1.57 |
| 110181 | 0.88 |
| 110183 | 1.25 |
| 110184 | 1.38 |
| 110185 | 1.00 |
| 110186 | 2.20 |
| 110187 | 1.44 |
| 110188 | 1.69 |
| 110189 | 1.46 |
| 110190 | 1.07 |
| 110191 | 2.22 |
| 110192 | 1.58 |
| 110193 | 1.86 |
| 110194 | 0.88 |
| 110195 | 0.93 |
| 110198 | 2.26 |
| 110200 | 2.96 |
| 110201 | 1.64 |
| 110203 | 0.92 |
| 110205 | 1.12 |
| 110207 | 0.90 |
| 110208 | 1.02 |
| 110209 | 0.87 |
| 112000 | 0.74 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 112003 | 1.11 |
| 112004 | 0.55 |
| 113026 | 0.88 |
| 113027 | 1.00 |
| 113300 | 1.92 |
| 114000 | 0.87 |
| 114002 | 0.90 |
| 114003 | 0.87 |
| 114008 | 0.87 |
| 114010 | 0.95 |
| 114012 | 0.87 |
| 114015 | 0.73 |
| 114016 | 0.87 |
| 114017 | 0.87 |
| 114020 | 0.87 |
| 114022 | 0.87 |
| 114023 | 1.07 |
| 114024 | 0.89 |
| 114025 | 0.88 |
| 114030 | 0.99 |
| 114031 | 0.87 |
| 114032 | 0.93 |
| 114033 | 0.86 |
| 114034 | 0.87 |
| 120001 | 1.96 |
| 120002 | 1.75 |
| 120003 | 1.36 |
| 120004 | 1.42 |
| 120005 | 2.13 |
| 120006 | 1.51 |
| 120007 | 2.14 |
| 120009 | 0.77 |
| 120010 | 1.83 |
| 120012 | 0.86 |
| 120014 | 1.93 |
| 120018 | 0.50 |
| 120019 | 1.67 |
| 120022 | 0.91 |
| 120024 | 0.55 |
| 120025 | 0.54 |
| 120026 | 1.90 |
| 120027 | 1.30 |
| 122001 | 0.55 |
| 123025 | 0.98 |
| 123300 | 1.31 |
| 124001 | 0.87 |
| 130001 | 1.01 |
| 130002 | 1.74 |
| 130003 | 1.89 |
| 130005 | 3.16 |
| 130006 | 1.41 |
| 130007 | 2.35 |
| 130008 | 1.14 |
| 130009 | 1.62 |
| 130010 | 0.61 |
| 130011 | 2.22 |
| 130012 | 1.01 |
| 130013 | 1.74 |
| 130014 | 3.11 |
| 130015 | 0.83 |
| 130016 | 1.29 |
| 130017 | 1.35 |
| 130018 | 1.34 |
| 130019 | 1.49 |
| 130021 | 0.71 |
| 130022 | 2.96 |
| 130024 | 1.71 |
| 130025 | 1.44 |
| 130026 | 4.85 |
| 130027 | 1.11 |
| 130028 | 2.66 |
| 130029 | 1.22 |
| 130030 | 0.59 |
| 130031 | 1.59 |
| 130034 | 1.10 |
| 130035 | 1.22 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 130036 | 2.54 |
| 130037 | 1.41 |
| 130043 | 1.22 |
| 130044 | 0.97 |
| 130045 | 1.41 |
| 130048 | 0.73 |
| 130049 | 2.21 |
| 130054 | 0.41 |
| 130056 | 0.52 |
| 130060 | 2.39 |
| 130061 | 1.14 |
| 133025 | 0.98 |
| 134002 | 0.86 |
| 134003 | 0.87 |
| 134009 | 0.89 |
| 140001 | 1.59 |
| 140002 | 1.55 |
| 140003 | 0.97 |
| 140004 | 1.72 |
| 140005 | 0.91 |
| 140007 | 1.70 |
| 140008 | 1.74 |
| 140010 | 1.53 |
| 140011 | 1.20 |
| 140012 | 1.37 |
| 140013 | 1.73 |
| 140014 | 1.60 |
| 140015 | 1.51 |
| 140016 | 1.22 |
| 140018 | 1.27 |
| 140019 | 1.03 |
| 140024 | 1.12 |
| 140025 | 1.03 |
| 140026 | 1.38 |
| 140027 | 1.23 |
| 140029 | 1.37 |
| 140030 | 1.91 |
| 140031 | 1.01 |
| 140032 | 1.49 |
| 140033 | 1.74 |
| 140034 | 1.41 |
| 140035 | 1.12 |
| 140036 | 1.63 |
| 140037 | 1.11 |
| 140038 | 0.93 |
| 140040 | 1.53 |
| 140041 | 1.22 |
| 140042 | 1.03 |
| 140043 | 1.96 |
| 140045 | 0.98 |
| 140046 | 1.49 |
| 140047 | 0.81 |
| 140048 | 1.32 |
| 140049 | 1.34 |
| 140051 | 1.65 |
| 140052 | 1.64 |
| 140053 | 2.10 |
| 140054 | 1.49 |
| 140055 | 0.97 |
| 140058 | 1.43 |
| 140059 | 1.52 |
| 140061 | 1.13 |
| 140062 | 1.49 |
| 140063 | 1.34 |
| 140064 | 1.88 |
| 140065 | 1.59 |
| 140066 | 1.06 |
| 140067 | 1.69 |
| 140068 | 1.16 |
| 140069 | 1.02 |
| 140070 | 1.20 |
| 140074 | 0.80 |
| 140075 | 1.74 |
| 140077 | 1.09 |
| 140079 | 1.60 |
| 140080 | 1.47 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
| --- | --- |
| 140081 | 1.09 |
| 140082 | 1.27 |
| 140083 | 0.97 |
| 140084 | 2.00 |
| 140086 | 1.36 |
| 140087 | 1.46 |
| 140088 | 1.07 |
| 140089 | 1.85 |
| 140090 | 1.74 |
| 140091 | 3.74 |
| 140093 | 1.60 |
| 140094 | 1.49 |
| 140095 | 1.23 |
| 140097 | 0.94 |
| 140100 | 1.86 |
| 140101 | 1.27 |
| 140102 | 1.24 |
| 140103 | 1.02 |
| 140105 | 1.69 |
| 140107 | 0.93 |
| 140108 | 1.87 |
| 140109 | 1.07 |
| 140110 | 1.37 |
| 140112 | 1.18 |
| 140113 | 1.41 |
| 140114 | 1.63 |
| 140115 | 1.42 |
| 140116 | 1.76 |
| 140117 | 1.85 |
| 140118 | 1.95 |
| 140119 | 1.80 |
| 140120 | 1.33 |
| 140121 | 1.50 |
| 140122 | 1.64 |
| 140125 | 1.34 |
| 140127 | 2.76 |
| 140128 | 1.05 |
| 140129 | 1.30 |
| 140130 | 1.67 |
| 140132 | 1.97 |
| 140133 | 1.22 |
| 140135 | 1.66 |
| 140137 | 0.82 |
| 140138 | 1.23 |
| 140139 | 1.07 |
| 140140 | 1.33 |
| 140141 | 1.17 |
| 140143 | 1.51 |
| 140144 | 1.01 |
| 140145 | 1.27 |
| 140146 | 1.33 |
| 140147 | 1.34 |
| 140148 | 1.95 |
| 140150 | 1.06 |
| 140151 | 0.92 |
| 140152 | 1.13 |
| 140155 | 1.65 |
| 140158 | 1.12 |
| 140160 | 2.20 |
| 140161 | 1.64 |
| 140162 | 1.50 |
| 140164 | 1.96 |
| 140165 | 1.45 |
| 140166 | 1.23 |
| 140167 | 1.62 |
| 140168 | 1.32 |
| 140170 | 1.01 |
| 140171 | 0.94 |
| 140172 | 1.02 |
| 140173 | 0.82 |
| 140174 | 1.54 |
| 140176 | 1.84 |
| 140177 | 1.32 |
| 140179 | 1.69 |
| 140180 | 1.34 |
| 140181 | 1.31 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
| --- | --- |
| 140182 | 1.07 |
| 140184 | 1.18 |
| 140185 | 1.69 |
| 140186 | 1.38 |
| 140187 | 1.32 |
| 140188 | 0.88 |
| 140189 | 1.08 |
| 140190 | 1.09 |
| 140191 | 1.21 |
| 140193 | 1.54 |
| 140197 | 1.13 |
| 140199 | 1.24 |
| 140200 | 1.17 |
| 140202 | 1.75 |
| 140203 | 1.71 |
| 140205 | 2.25 |
| 140206 | 1.54 |
| 140207 | 1.64 |
| 140208 | 1.45 |
| 140209 | 1.75 |
| 140210 | 1.30 |
| 140211 | 1.62 |
| 140212 | 0.83 |
| 140213 | 1.41 |
| 140215 | 0.83 |
| 140217 | 1.36 |
| 140218 | 1.20 |
| 140220 | 1.26 |
| 140223 | 2.05 |
| 140224 | 1.55 |
| 140228 | 1.54 |
| 140230 | 0.69 |
| 140231 | 1.57 |
| 140233 | 1.68 |
| 140234 | 1.61 |
| 140236 | 0.85 |
| 140239 | 1.86 |
| 140240 | 1.33 |
| 140242 | 1.87 |
| 140245 | 1.16 |
| 140246 | 1.08 |
| 140250 | 1.10 |
| 140251 | 2.01 |
| 140252 | 1.48 |
| 140253 | 1.85 |
| 140258 | 1.56 |
| 140271 | 0.88 |
| 140275 | 1.61 |
| 140276 | 1.63 |
| 140280 | 1.52 |
| 140281 | 1.81 |
| 140285 | 1.32 |
| 140286 | 1.49 |
| 140288 | 1.39 |
| 140289 | 1.52 |
| 140290 | 2.00 |
| 140291 | 1.60 |
| 140292 | 1.54 |
| 140294 | 1.55 |
| 140297 | 1.05 |
| 140300 | 0.85 |
| 142006 | 0.45 |
| 142009 | 3.19 |
| 143025 | 0.86 |
| 143026 | 0.82 |
| 143027 | 0.97 |
| 143300 | 1.06 |
| 144005 | 0.95 |
| 144009 | 0.83 |
| 144019 | 0.63 |
| 144025 | 0.87 |
| 144026 | 0.87 |
| 144029 | 0.83 |
| 144030 | 0.88 |
| 144031 | 0.92 |
| 144033 | 0.67 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
| --- | --- |
| 144034 | 0.87 |
| 144035 | 0.70 |
| 144036 | 0.87 |
| 150001 | 1.61 |
| 150002 | 1.43 |
| 150003 | 1.66 |
| 150004 | 1.39 |
| 150005 | 1.71 |
| 150006 | 1.92 |
| 150007 | 1.45 |
| 150008 | 1.65 |
| 150009 | 1.94 |
| 150010 | 1.77 |
| 150011 | 1.22 |
| 150012 | 2.09 |
| 150013 | 1.33 |
| 150014 | 1.49 |
| 150015 | 1.86 |
| 150018 | 1.79 |
| 150019 | 1.31 |
| 150020 | 1.63 |
| 150022 | 1.83 |
| 150023 | 1.53 |
| 150024 | 0.87 |
| 150026 | 1.68 |
| 150027 | 1.05 |
| 150029 | 2.35 |
| 150030 | 1.66 |
| 150031 | 1.09 |
| 150033 | 1.60 |
| 150034 | 1.72 |
| 150036 | 1.17 |
| 150037 | 1.71 |
| 150038 | 1.11 |
| 150039 | 1.50 |
| 150042 | 1.94 |
| 150043 | 1.21 |
| 150044 | 1.60 |
| 150045 | 1.05 |
| 150046 | 1.76 |
| 150047 | 1.24 |
| 150049 | 1.19 |
| 150050 | 1.33 |
| 150051 | 1.48 |
| 150052 | 1.40 |
| 150053 | 1.45 |
| 150054 | 1.11 |
| 150056 | 1.94 |
| 150057 | 2.23 |
| 150058 | 1.77 |
| 150059 | 1.45 |
| 150060 | 0.96 |
| 150061 | 1.55 |
| 150062 | 1.22 |
| 150063 | 1.01 |
| 150064 | 1.23 |
| 150065 | 1.50 |
| 150066 | 1.04 |
| 150067 | 1.34 |
| 150069 | 1.92 |
| 150070 | 1.15 |
| 150071 | 1.01 |
| 150072 | 1.32 |
| 150073 | 1.14 |
| 150074 | 1.67 |
| 150075 | 1.54 |
| 150076 | 1.45 |
| 150078 | 1.20 |
| 150079 | 1.08 |
| 150084 | 2.25 |
| 150089 | 1.72 |
| 150090 | 1.23 |
| 150091 | 1.20 |
| 150092 | 1.20 |
| 150094 | 1.41 |
| 150095 | 1.42 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 150096 | 1.49 |
| 150097 | 1.54 |
| 150098 | 1.19 |
| 150099 | 1.55 |
| 150101 | 1.40 |
| 150102 | 1.08 |
| 150103 | 0.99 |
| 150104 | 1.30 |
| 150105 | 1.19 |
| 150106 | 1.13 |
| 150109 | 2.13 |
| 150110 | 1.04 |
| 150111 | 1.06 |
| 150112 | 2.02 |
| 150113 | 1.59 |
| 150114 | 1.11 |
| 150115 | 2.08 |
| 150122 | 1.50 |
| 150123 | 0.82 |
| 150124 | 1.12 |
| 150125 | 1.62 |
| 150126 | 1.68 |
| 150127 | 0.82 |
| 150128 | 1.69 |
| 150129 | 1.59 |
| 150130 | 0.69 |
| 150132 | 1.73 |
| 150133 | 1.56 |
| 150134 | 1.14 |
| 150136 | 1.54 |
| 152007 | 0.40 |
| 152009 | 0.65 |
| 153025 | 1.30 |
| 153027 | 1.28 |
| 153029 | 0.87 |
| 153030 | 1.06 |
| 154009 | 1.02 |
| 154011 | 1.10 |
| 154013 | 0.93 |
| 154014 | 0.89 |
| 154026 | 0.93 |
| 154027 | 1.01 |
| 154028 | 0.89 |
| 154031 | 0.92 |
| 154032 | 1.07 |
| 154035 | 0.99 |
| 154036 | 0.78 |
| 154037 | 0.93 |
| 154038 | 0.92 |
| 154042 | 0.99 |
| 160001 | 1.86 |
| 160002 | 2.59 |
| 160003 | 1.15 |
| 160005 | 1.83 |
| 160007 | 0.76 |
| 160008 | 1.41 |
| 160009 | 1.01 |
| 160012 | 0.99 |
| 160013 | 1.50 |
| 160014 | 1.94 |
| 160016 | 1.77 |
| 160018 | 1.11 |
| 160020 | 1.14 |
| 160021 | 1.75 |
| 160023 | 1.50 |
| 160024 | 2.22 |
| 160026 | 1.26 |
| 160027 | 1.30 |
| 160028 | 1.42 |
| 160029 | 2.17 |
| 160030 | 2.48 |
| 160031 | 1.04 |
| 160032 | 1.53 |
| 160033 | 2.49 |
| 160034 | 1.58 |
| 160035 | 0.68 |
| 160036 | 1.83 |
| 160037 | 1.48 |
| 160039 | 1.55 |
| 160040 | 1.93 |
| 160041 | 0.99 |
| 160043 | 1.21 |
| 160044 | 1.78 |
| 160045 | 1.77 |
| 160046 | 1.83 |
| 160047 | 1.49 |
| 160048 | 1.01 |
| 160049 | 0.74 |
| 160050 | 1.60 |
| 160051 | 2.00 |
| 160052 | 1.25 |
| 160054 | 1.08 |
| 160055 | 1.26 |
| 160056 | 1.13 |
| 160057 | 1.88 |
| 160058 | 1.21 |
| 160060 | 1.24 |
| 160061 | 1.23 |
| 160062 | 1.09 |
| 160063 | 1.20 |
| 160064 | 3.23 |
| 160065 | 1.09 |
| 160066 | 1.68 |
| 160067 | 1.71 |
| 160068 | 1.47 |
| 160069 | 1.99 |
| 160070 | 1.20 |
| 160072 | 1.42 |
| 160073 | 0.85 |
| 160074 | 0.98 |
| 160075 | 1.08 |
| 160076 | 1.45 |
| 160077 | 1.08 |
| 160079 | 4.24 |
| 160080 | 1.87 |
| 160081 | 1.81 |
| 160082 | 2.11 |
| 160083 | 2.02 |
| 160085 | 1.01 |
| 160086 | 0.88 |
| 160088 | 1.24 |
| 160089 | 1.76 |
| 160090 | 1.12 |
| 160091 | 1.11 |
| 160092 | 1.24 |
| 160093 | 0.88 |
| 160094 | 1.41 |
| 160095 | 1.21 |
| 160097 | 1.19 |
| 160098 | 1.01 |
| 160099 | 1.09 |
| 160101 | 0.81 |
| 160102 | 2.26 |
| 160103 | 0.84 |
| 160104 | 1.48 |
| 160106 | 1.80 |
| 160107 | 1.18 |
| 160108 | 1.50 |
| 160109 | 1.04 |
| 160110 | 1.40 |
| 160111 | 1.08 |
| 160112 | 1.94 |
| 160113 | 0.87 |
| 160114 | 1.70 |
| 160115 | 1.35 |
| 160116 | 1.29 |
| 160117 | 1.96 |
| 160118 | 1.15 |
| 160120 | 0.60 |
| 160122 | 1.26 |
| 160124 | 1.42 |
| 160126 | 1.34 |
| 160129 | 1.50 |
| 160130 | 1.11 |
| 160131 | 1.01 |
| 160134 | 0.78 |
| 160135 | 2.27 |
| 160138 | 1.07 |
| 160140 | 1.12 |
| 160142 | 0.86 |
| 160143 | 1.18 |
| 160145 | 1.07 |
| 160146 | 2.30 |
| 160147 | 1.32 |
| 160151 | 1.13 |
| 160152 | 1.09 |
| 160153 | 1.92 |
| 164002 | 1.50 |
| 164003 | 0.55 |
| 170001 | 3.46 |
| 170004 | 1.09 |
| 170006 | 1.76 |
| 170008 | 4.11 |
| 170009 | 1.24 |
| 170010 | 1.50 |
| 170012 | 2.13 |
| 170013 | 2.22 |
| 170014 | 1.45 |
| 170015 | 1.20 |
| 170016 | 1.74 |
| 170017 | 1.87 |
| 170018 | 0.91 |
| 170019 | 1.59 |
| 170020 | 2.78 |
| 170022 | 1.64 |
| 170023 | 4.37 |
| 170024 | 1.11 |
| 170025 | 1.09 |
| 170026 | 1.87 |
| 170027 | 1.94 |
| 170030 | 0.97 |
| 170031 | 1.18 |
| 170032 | 0.91 |
| 170033 | 2.77 |
| 170034 | 1.32 |
| 170035 | 0.94 |
| 170036 | 0.68 |
| 170037 | 2.66 |
| 170038 | 0.68 |
| 170039 | 0.88 |
| 170040 | 1.73 |
| 170041 | 1.10 |
| 170043 | 0.67 |
| 170044 | 1.02 |
| 170045 | 2.01 |
| 170049 | 2.05 |
| 170051 | 0.69 |
| 170052 | 0.96 |
| 170053 | 0.68 |
| 170054 | 0.95 |
| 170055 | 0.89 |
| 170056 | 0.66 |
| 170057 | 1.15 |
| 170058 | 2.03 |
| 170060 | 1.24 |
| 170061 | 1.30 |
| 170063 | 0.91 |
| 170064 | 1.04 |
| 170066 | 0.70 |
| 170067 | 1.30 |
| 170068 | 3.21 |
| 170070 | 1.46 |
| 170072 | 0.79 |
| 170073 | 0.79 |
| 170074 | 1.39 |
| 170075 | 0.68 |
| 170076 | 1.36 |
| 170077 | 1.25 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 170079 | 0.97 |
| 170080 | 1.00 |
| 170081 | 0.97 |
| 170082 | 1.22 |
| 170084 | 0.96 |
| 170085 | 1.09 |
| 170086 | 3.87 |
| 170088 | 0.80 |
| 170089 | 0.78 |
| 170090 | 0.75 |
| 170092 | 0.90 |
| 170093 | 0.96 |
| 170094 | 0.95 |
| 170095 | 1.45 |
| 170097 | 1.17 |
| 170098 | 2.04 |
| 170099 | 1.52 |
| 170100 | 0.48 |
| 170101 | 0.93 |
| 170102 | 1.64 |
| 170103 | 2.21 |
| 170104 | 2.49 |
| 170105 | 1.25 |
| 170106 | 0.69 |
| 170109 | 1.09 |
| 170110 | 1.13 |
| 170112 | 0.78 |
| 170113 | 1.24 |
| 170114 | 1.55 |
| 170115 | 1.16 |
| 170116 | 1.58 |
| 170117 | 0.61 |
| 170119 | 0.91 |
| 170120 | 1.91 |
| 170122 | 1.84 |
| 170123 | 2.08 |
| 170124 | 1.58 |
| 170126 | 0.71 |
| 170128 | 1.27 |
| 170131 | 1.23 |
| 170133 | 8.93 |
| 170134 | 0.95 |
| 170137 | 1.88 |
| 170139 | 0.54 |
| 170142 | 2.10 |
| 170143 | 1.98 |
| 170144 | 2.15 |
| 170145 | 3.14 |
| 170146 | 1.47 |
| 170147 | 0.99 |
| 170148 | 1.87 |
| 170150 | 1.96 |
| 170151 | 1.23 |
| 170152 | 0.84 |
| 170160 | 0.91 |
| 170164 | 1.11 |
| 170166 | 0.85 |
| 170168 | 0.81 |
| 170171 | 0.92 |
| 170175 | 2.07 |
| 170176 | 2.23 |
| 170182 | 2.39 |
| 171304 | 0.55 |
| 171305 | 0.25 |
| 172004 | 0.52 |
| 173025 | 0.92 |
| 173026 | 1.13 |
| 173027 | 1.39 |
| 173028 | 1.31 |
| 174003 | 1.04 |
| 174006 | 0.58 |
| 174012 | 0.87 |
| 174014 | 1.08 |
| 174015 | 0.86 |
| 174016 | 0.98 |
| 174018 | 0.88 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 180001 | 1.55 |
| 180004 | 1.47 |
| 180005 | 1.38 |
| 180006 | 0.81 |
| 180007 | 2.08 |
| 180009 | 1.91 |
| 180010 | 2.00 |
| 180011 | 1.61 |
| 180012 | 2.05 |
| 180013 | 1.84 |
| 180014 | 2.28 |
| 180015 | 1.36 |
| 180016 | 1.56 |
| 180017 | 1.73 |
| 180018 | 1.84 |
| 180019 | 2.09 |
| 180021 | 1.44 |
| 180023 | 1.17 |
| 180024 | 1.41 |
| 180025 | 1.90 |
| 180026 | 1.32 |
| 180027 | 1.97 |
| 180030 | 1.02 |
| 180031 | 0.96 |
| 180032 | 0.86 |
| 180033 | 1.17 |
| 180034 | 1.28 |
| 180035 | 1.57 |
| 180036 | 1.89 |
| 180037 | 1.79 |
| 180038 | 1.35 |
| 180040 | 2.44 |
| 180041 | 1.25 |
| 180042 | 1.35 |
| 180043 | 1.04 |
| 180044 | 1.58 |
| 180045 | 1.77 |
| 180046 | 1.53 |
| 180047 | 1.06 |
| 180048 | 1.79 |
| 180049 | 1.54 |
| 180051 | 1.93 |
| 180053 | 1.34 |
| 180054 | 1.58 |
| 180055 | 2.20 |
| 180056 | 1.65 |
| 180058 | 0.89 |
| 180059 | 1.06 |
| 180060 | 0.55 |
| 180063 | 0.89 |
| 180064 | 1.83 |
| 180065 | 0.81 |
| 180066 | 1.80 |
| 180067 | 1.70 |
| 180070 | 1.31 |
| 180072 | 1.54 |
| 180075 | 1.14 |
| 180078 | 1.33 |
| 180079 | 1.13 |
| 180080 | 2.64 |
| 180087 | 2.13 |
| 180088 | 2.47 |
| 180092 | 1.45 |
| 180093 | 1.89 |
| 180094 | 1.01 |
| 180095 | 1.17 |
| 180099 | 1.18 |
| 180101 | 1.10 |
| 180102 | 2.26 |
| 180103 | 1.89 |
| 180104 | 2.18 |
| 180105 | 1.08 |
| 180106 | 0.94 |
| 180108 | 0.85 |
| 180115 | 1.05 |
| 180116 | 1.57 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 180117 | 1.65 |
| 180118 | 1.01 |
| 180120 | 1.03 |
| 180121 | 1.56 |
| 180122 | 1.08 |
| 180123 | 1.82 |
| 180124 | 2.10 |
| 180126 | 1.02 |
| 180127 | 1.79 |
| 180128 | 1.58 |
| 180129 | 1.05 |
| 180130 | 2.45 |
| 180132 | 1.90 |
| 180133 | 1.57 |
| 180134 | 1.10 |
| 180136 | 3.09 |
| 180137 | 1.26 |
| 180138 | 1.56 |
| 180139 | 1.29 |
| 180140 | 0.76 |
| 183026 | 0.71 |
| 183027 | 0.94 |
| 183028 | 0.94 |
| 183029 | 0.37 |
| 184000 | 0.97 |
| 184002 | 0.54 |
| 184007 | 0.87 |
| 184008 | 1.77 |
| 184009 | 0.89 |
| 184011 | 0.90 |
| 184015 | 0.58 |
| 184016 | 0.87 |
| 190002 | 1.76 |
| 190003 | 1.31 |
| 190004 | 1.85 |
| 190007 | 1.13 |
| 190008 | 1.93 |
| 190013 | 1.52 |
| 190014 | 1.54 |
| 190015 | 1.47 |
| 190017 | 1.17 |
| 190018 | 1.33 |
| 190019 | 1.55 |
| 190020 | 1.59 |
| 190025 | 1.27 |
| 190026 | 1.50 |
| 190027 | 1.39 |
| 190029 | 1.12 |
| 190033 | 0.71 |
| 190034 | 1.07 |
| 190035 | 1.77 |
| 190036 | 2.07 |
| 190037 | 0.69 |
| 190039 | 1.30 |
| 190040 | 1.94 |
| 190041 | 1.62 |
| 190043 | 0.48 |
| 190044 | 1.38 |
| 190045 | 1.44 |
| 190046 | 1.19 |
| 190048 | 0.84 |
| 190049 | 1.65 |
| 190050 | 1.41 |
| 190053 | 1.19 |
| 190054 | 1.46 |
| 190059 | 1.10 |
| 190060 | 1.70 |
| 190064 | 2.05 |
| 190065 | 1.40 |
| 190071 | 0.99 |
| 190077 | 0.58 |
| 190078 | 1.81 |
| 190079 | 1.14 |
| 190081 | 0.70 |
| 190083 | 0.87 |
| 190086 | 1.98 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 190088 | 1.12 |
| 190089 | 0.98 |
| 190090 | 1.16 |
| 190092 | 1.37 |
| 190095 | 1.18 |
| 190098 | 1.05 |
| 190099 | 0.91 |
| 190102 | 2.37 |
| 190103 | 0.54 |
| 190106 | 1.16 |
| 190109 | 1.03 |
| 190110 | 1.03 |
| 190111 | 1.93 |
| 190112 | 2.34 |
| 190113 | 1.92 |
| 190114 | 0.99 |
| 190115 | 3.87 |
| 190116 | 1.61 |
| 190118 | 1.14 |
| 190120 | 0.90 |
| 190124 | 1.74 |
| 190125 | 1.51 |
| 190128 | 1.55 |
| 190130 | 0.96 |
| 190131 | 1.04 |
| 190133 | 0.92 |
| 190134 | 0.76 |
| 190135 | 1.81 |
| 190136 | 0.66 |
| 190138 | 5.44 |
| 190140 | 1.22 |
| 190142 | 0.67 |
| 190144 | 1.96 |
| 190145 | 0.95 |
| 190146 | 1.30 |
| 190147 | 1.09 |
| 190148 | 0.73 |
| 190149 | 1.02 |
| 190151 | 1.27 |
| 190152 | 1.81 |
| 190155 | 0.92 |
| 190156 | 0.64 |
| 190158 | 1.34 |
| 190160 | 1.79 |
| 190162 | 1.18 |
| 190164 | 2.12 |
| 190167 | 1.08 |
| 190170 | 0.74 |
| 190173 | 1.39 |
| 190175 | 1.34 |
| 190176 | 1.15 |
| 190177 | 2.05 |
| 190178 | 0.74 |
| 190182 | 2.60 |
| 190184 | 0.76 |
| 190185 | 1.59 |
| 190186 | 0.70 |
| 190189 | 0.62 |
| 190190 | 1.14 |
| 190191 | 1.41 |
| 190196 | 1.97 |
| 190197 | 1.71 |
| 190200 | 1.62 |
| 190201 | 1.49 |
| 190202 | 1.66 |
| 190203 | 1.94 |
| 190204 | 1.60 |
| 190205 | 1.77 |
| 190206 | 1.40 |
| 190207 | 2.12 |
| 190208 | 0.72 |
| 190218 | 1.79 |
| 190231 | 3.50 |
| 192004 | 0.83 |
| 192005 | 0.84 |
| 192006 | 1.19 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 192008 | 0.69 |
| 192016 | 3.00 |
| 193027 | 1.10 |
| 193028 | 1.15 |
| 193034 | 0.80 |
| 193038 | 1.02 |
| 193041 | 0.54 |
| 193044 | 1.63 |
| 193300 | 0.94 |
| 194000 | 1.52 |
| 194004 | 0.83 |
| 194014 | 0.88 |
| 194018 | 0.87 |
| 194019 | 0.73 |
| 194020 | 0.25 |
| 194021 | 0.77 |
| 194022 | 0.72 |
| 194023 | 0.77 |
| 194024 | 1.12 |
| 194027 | 0.82 |
| 194029 | 0.87 |
| 194031 | 0.91 |
| 194044 | 0.86 |
| 194058 | 0.87 |
| 200001 | 1.86 |
| 200002 | 1.40 |
| 200003 | 1.19 |
| 200006 | 0.83 |
| 200007 | 1.15 |
| 200008 | 1.81 |
| 200009 | 1.54 |
| 200012 | 1.32 |
| 200013 | 1.34 |
| 200015 | 1.44 |
| 200016 | 1.20 |
| 200017 | 2.09 |
| 200018 | 1.43 |
| 200019 | 1.47 |
| 200020 | 1.45 |
| 200021 | 1.86 |
| 200023 | 0.74 |
| 200024 | 1.69 |
| 200025 | 1.55 |
| 200026 | 1.22 |
| 200027 | 1.72 |
| 200028 | 1.17 |
| 200031 | 1.22 |
| 200032 | 1.35 |
| 200033 | 1.44 |
| 200034 | 1.84 |
| 200037 | 1.30 |
| 200038 | 1.53 |
| 200039 | 1.59 |
| 200040 | 1.69 |
| 200041 | 1.47 |
| 200043 | 0.84 |
| 200050 | 1.86 |
| 200051 | 1.71 |
| 200052 | 1.16 |
| 200055 | 0.96 |
| 200062 | 0.94 |
| 200063 | 2.11 |
| 200066 | 1.38 |
| 203025 | 0.94 |
| 204005 | 0.97 |
| 204006 | 0.87 |
| 204007 | 0.49 |
| 213027 | 1.00 |
| 213028 | 3.29 |
| 214000 | 0.87 |
| 214003 | 0.90 |
| 214013 | 0.87 |
| 214015 | 0.83 |
| 214017 | 0.92 |
| 220001 | 1.47 |
| 220003 | 1.33 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 220004 | 1.42 |
| 220006 | 1.58 |
| 220008 | 1.28 |
| 220010 | 2.11 |
| 220011 | 1.11 |
| 220015 | 1.44 |
| 220016 | 1.36 |
| 220017 | 1.49 |
| 220019 | 1.54 |
| 220020 | 1.20 |
| 220021 | 1.39 |
| 220023 | 1.35 |
| 220024 | 1.57 |
| 220025 | 1.72 |
| 220028 | 1.32 |
| 220029 | 1.37 |
| 220030 | 1.00 |
| 220031 | 1.23 |
| 220033 | 1.41 |
| 220035 | 1.51 |
| 220036 | 1.34 |
| 220038 | 1.34 |
| 220041 | 1.44 |
| 220042 | 1.41 |
| 220046 | 1.76 |
| 220049 | 1.91 |
| 220050 | 1.43 |
| 220051 | 1.80 |
| 220052 | 1.45 |
| 220053 | 1.41 |
| 220055 | 1.70 |
| 220057 | 1.47 |
| 220058 | 1.25 |
| 220060 | 1.45 |
| 220062 | 0.92 |
| 220063 | 1.65 |
| 220064 | 1.49 |
| 220065 | 1.24 |
| 220066 | 1.70 |
| 220067 | 1.44 |
| 220068 | 0.85 |
| 220070 | 1.21 |
| 220071 | 1.29 |
| 220073 | 1.37 |
| 220074 | 1.34 |
| 220075 | 1.85 |
| 220076 | 1.30 |
| 220077 | 1.46 |
| 220079 | 1.18 |
| 220080 | 1.35 |
| 220081 | 2.37 |
| 220082 | 1.52 |
| 220083 | 1.63 |
| 220084 | 1.85 |
| 220086 | 1.38 |
| 220088 | 1.44 |
| 220089 | 1.39 |
| 220090 | 1.30 |
| 220092 | 1.36 |
| 220094 | 1.34 |
| 220095 | 1.31 |
| 220098 | 1.49 |
| 220100 | 1.35 |
| 220101 | 1.46 |
| 220104 | 1.01 |
| 220105 | 1.39 |
| 220106 | 1.45 |
| 220107 | 1.50 |
| 220108 | 1.76 |
| 220111 | 1.69 |
| 220116 | 1.19 |
| 220119 | 1.29 |
| 220123 | 1.94 |
| 220126 | 1.54 |
| 220128 | 1.33 |
| 220135 | 1.30 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 220153 | 0.58 |
| 220154 | 1.12 |
| 220163 | 1.16 |
| 220171 | 1.19 |
| 222000 | 0.87 |
| 222002 | 0.71 |
| 222006 | 1.00 |
| 222008 | 0.64 |
| 222023 | 0.86 |
| 222024 | 1.89 |
| 222026 | 0.79 |
| 222027 | 0.64 |
| 222029 | 0.75 |
| 222035 | 0.82 |
| 222043 | 0.55 |
| 222044 | 1.06 |
| 222045 | 3.55 |
| 223026 | 0.79 |
| 223027 | 0.90 |
| 223028 | 1.40 |
| 223029 | 0.74 |
| 223030 | 0.98 |
| 223302 | 1.52 |
| 224007 | 0.92 |
| 224013 | 0.97 |
| 224018 | 0.89 |
| 224021 | 0.89 |
| 224022 | 0.96 |
| 224023 | 0.46 |
| 224029 | 0.86 |
| 224034 | 0.95 |
| 224035 | 1.00 |
| 230001 | 1.47 |
| 230002 | 2.51 |
| 230003 | 1.26 |
| 230004 | 1.78 |
| 230005 | 1.49 |
| 230006 | 1.28 |
| 230007 | 1.78 |
| 230012 | 0.78 |
| 230013 | 1.37 |
| 230015 | 1.42 |
| 230017 | 1.83 |
| 230019 | 1.92 |
| 230020 | 2.00 |
| 230021 | 1.92 |
| 230022 | 1.70 |
| 230024 | 1.81 |
| 230027 | 1.15 |
| 230029 | 1.78 |
| 230030 | 1.90 |
| 230031 | 1.49 |
| 230032 | 2.24 |
| 230034 | 1.35 |
| 230035 | 1.44 |
| 230036 | 1.67 |
| 230037 | 1.56 |
| 230038 | 2.19 |
| 230040 | 1.53 |
| 230041 | 1.71 |
| 230042 | 1.24 |
| 230046 | 1.34 |
| 230047 | 1.99 |
| 230053 | 0.96 |
| 230054 | 1.81 |
| 230055 | 1.38 |
| 230056 | 1.15 |
| 230058 | 1.64 |
| 230059 | 2.18 |
| 230060 | 1.51 |
| 230062 | 1.07 |
| 230063 | 1.54 |
| 230065 | 1.90 |
| 230066 | 1.70 |
| 230068 | 1.71 |
| 230069 | 1.27 |
| 230070 | 2.18 |
| 230071 | 7.65 |
| 230072 | 1.47 |
| 230075 | 1.75 |
| 230076 | 3.06 |
| 230077 | 2.07 |
| 230078 | 1.39 |
| 230080 | 1.87 |
| 230081 | 1.68 |
| 230082 | 1.20 |
| 230085 | 2.54 |
| 230086 | 1.11 |
| 230087 | 1.49 |
| 230089 | 1.65 |
| 230092 | 1.51 |
| 230093 | 1.78 |
| 230095 | 1.72 |
| 230096 | 1.52 |
| 230097 | 2.13 |
| 230099 | 1.46 |
| 230100 | 1.27 |
| 230101 | 1.47 |
| 230103 | 1.38 |
| 230104 | 1.52 |
| 230105 | 2.40 |
| 230106 | 1.26 |
| 230107 | 0.91 |
| 230108 | 1.60 |
| 230110 | 1.73 |
| 230111 | 1.17 |
| 230113 | 0.81 |
| 230114 | 5.22 |
| 230115 | 1.11 |
| 230116 | 1.29 |
| 230117 | 1.67 |
| 230118 | 1.55 |
| 230119 | 1.44 |
| 230120 | 1.61 |
| 230121 | 1.75 |
| 230122 | 2.20 |
| 230124 | 1.31 |
| 230125 | 1.19 |
| 230128 | 1.62 |
| 230129 | 1.63 |
| 230130 | 2.06 |
| 230132 | 1.49 |
| 230133 | 1.48 |
| 230134 | 1.63 |
| 230135 | 1.52 |
| 230137 | 1.52 |
| 230141 | 1.56 |
| 230142 | 1.31 |
| 230143 | 1.63 |
| 230144 | 1.68 |
| 230145 | 1.55 |
| 230146 | 1.30 |
| 230147 | 1.26 |
| 230149 | 1.06 |
| 230151 | 1.31 |
| 230153 | 1.37 |
| 230154 | 0.97 |
| 230155 | 1.08 |
| 230156 | 1.52 |
| 230157 | 1.89 |
| 230159 | 1.95 |
| 230162 | 0.76 |
| 230165 | 2.29 |
| 230167 | 1.77 |
| 230169 | 1.80 |
| 230171 | 1.00 |
| 230172 | 1.21 |
| 230174 | 1.44 |
| 230175 | 0.83 |
| 230176 | 1.98 |
| 230178 | 1.16 |
| 230180 | 1.27 |
| 230184 | 3.32 |
| 230186 | 1.14 |
| 230188 | 1.49 |
| 230189 | 0.87 |
| 230190 | 0.81 |
| 230191 | 1.28 |
| 230193 | 1.40 |
| 230194 | 0.77 |
| 230195 | 1.92 |
| 230197 | 2.26 |
| 230199 | 1.41 |
| 230201 | 1.62 |
| 230204 | 1.54 |
| 230205 | 1.56 |
| 230207 | 1.33 |
| 230208 | 1.41 |
| 230211 | 0.63 |
| 230212 | 1.34 |
| 230213 | 0.90 |
| 230216 | 1.34 |
| 230217 | 1.43 |
| 230219 | 1.22 |
| 230221 | 1.32 |
| 230222 | 1.85 |
| 230223 | 1.88 |
| 230227 | 1.86 |
| 230230 | 1.90 |
| 230232 | 0.74 |
| 230235 | 1.34 |
| 230236 | 1.93 |
| 230239 | 1.53 |
| 230241 | 1.51 |
| 230244 | 1.80 |
| 230253 | 1.49 |
| 230254 | 1.85 |
| 230257 | 3.48 |
| 230259 | 1.76 |
| 230264 | 2.51 |
| 230269 | 1.97 |
| 230270 | 2.14 |
| 230273 | 1.30 |
| 230275 | 1.19 |
| 230276 | 0.72 |
| 230277 | 1.59 |
| 230278 | 1.19 |
| 230279 | 0.90 |
| 230280 | 1.39 |
| 233025 | 0.89 |
| 233026 | 0.79 |
| 233027 | 0.92 |
| 233028 | 1.02 |
| 233300 | 2.34 |
| 234006 | 1.00 |
| 234011 | 0.92 |
| 234021 | 0.71 |
| 234023 | 0.96 |
| 234029 | 0.88 |
| 234030 | 1.86 |
| 240001 | 2.47 |
| 240002 | 1.93 |
| 240004 | 0.93 |
| 240005 | 0.74 |
| 240006 | 1.80 |
| 240007 | 1.63 |
| 240008 | 1.94 |
| 240009 | 0.99 |
| 240010 | 2.46 |
| 240011 | 2.02 |
| 240013 | 1.40 |
| 240014 | 1.40 |
| 240016 | 1.95 |
| 240017 | 2.36 |
| 240018 | 2.14 |
| 240019 | 1.84 |
| 240020 | 1.25 |
| 240021 | 1.27 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 240022 | 1.34 |
| 240023 | 1.35 |
| 240025 | 1.23 |
| 240027 | 1.94 |
| 240028 | 1.28 |
| 240029 | 1.86 |
| 240030 | 2.15 |
| 240031 | 1.28 |
| 240036 | 1.67 |
| 240037 | 1.16 |
| 240038 | 1.95 |
| 240040 | 1.51 |
| 240041 | 1.38 |
| 240043 | 2.18 |
| 240044 | 1.64 |
| 240045 | 1.77 |
| 240047 | 2.26 |
| 240048 | 2.67 |
| 240049 | 1.24 |
| 240050 | 1.79 |
| 240051 | 1.75 |
| 240052 | 1.46 |
| 240053 | 2.00 |
| 240056 | 2.27 |
| 240057 | 1.55 |
| 240058 | 1.01 |
| 240059 | 2.57 |
| 240061 | 4.46 |
| 240063 | 1.85 |
| 240064 | 2.03 |
| 240065 | 1.13 |
| 240066 | 2.49 |
| 240069 | 2.04 |
| 240071 | 1.73 |
| 240072 | 1.77 |
| 240073 | 1.05 |
| 240075 | 1.69 |
| 240076 | 1.69 |
| 240077 | 1.50 |
| 240078 | 2.33 |
| 240079 | 0.99 |
| 240080 | 1.36 |
| 240082 | 1.19 |
| 240083 | 1.40 |
| 240084 | 1.54 |
| 240085 | 0.88 |
| 240086 | 1.32 |
| 240087 | 1.24 |
| 240088 | 1.28 |
| 240089 | 0.91 |
| 240090 | 2.46 |
| 240093 | 1.69 |
| 240094 | 1.12 |
| 240096 | 0.90 |
| 240097 | 3.54 |
| 240098 | 1.21 |
| 240099 | 1.17 |
| 240100 | 1.99 |
| 240101 | 1.25 |
| 240102 | 0.96 |
| 240103 | 1.07 |
| 240104 | 1.64 |
| 240105 | 0.74 |
| 240106 | 0.98 |
| 240107 | 1.22 |
| 240108 | 1.58 |
| 240109 | 1.21 |
| 240110 | 1.50 |
| 240111 | 1.44 |
| 240112 | 1.29 |
| 240114 | 1.11 |
| 240115 | 1.86 |
| 240116 | 1.25 |
| 240117 | 0.88 |
| 240119 | 0.75 |
| 240121 | 1.42 |
| 240122 | 1.00 |
| 240123 | 1.29 |
| 240124 | 1.40 |
| 240125 | 1.17 |
| 240127 | 1.02 |
| 240128 | 2.03 |
| 240129 | 1.41 |
| 240130 | 1.68 |
| 240132 | 1.77 |
| 240133 | 2.16 |
| 240135 | 0.55 |
| 240137 | 2.27 |
| 240138 | 0.98 |
| 240139 | 1.39 |
| 240141 | 1.52 |
| 240142 | 1.16 |
| 240143 | 1.24 |
| 240144 | 1.74 |
| 240145 | 0.93 |
| 240146 | 1.44 |
| 240148 | 0.93 |
| 240150 | 0.76 |
| 240152 | 1.65 |
| 240153 | 1.16 |
| 240154 | 1.13 |
| 240155 | 1.48 |
| 240157 | 1.80 |
| 240160 | 1.39 |
| 240161 | 0.99 |
| 240162 | 1.47 |
| 240163 | 1.20 |
| 240166 | 2.19 |
| 240169 | 1.46 |
| 240170 | 1.11 |
| 240171 | 1.72 |
| 240172 | 1.14 |
| 240173 | 1.58 |
| 240179 | 0.98 |
| 240184 | 1.24 |
| 240187 | 2.12 |
| 240193 | 1.36 |
| 240196 | 9.90 |
| 240200 | 0.61 |
| 240207 | 1.76 |
| 240210 | 1.90 |
| 240211 | 0.68 |
| 242004 | 0.77 |
| 243300 | 0.93 |
| 243302 | 6.10 |
| 244009 | 2.18 |
| 250001 | 1.60 |
| 250002 | 1.01 |
| 250003 | 0.68 |
| 250004 | 1.91 |
| 250005 | 0.71 |
| 250006 | 1.39 |
| 250007 | 1.33 |
| 250008 | 0.68 |
| 250009 | 2.02 |
| 250010 | 0.91 |
| 250012 | 0.85 |
| 250015 | 1.43 |
| 250017 | 0.84 |
| 250018 | 0.44 |
| 250019 | 1.59 |
| 250020 | 0.87 |
| 250021 | 0.53 |
| 250023 | 0.47 |
| 250024 | 0.59 |
| 250025 | 1.29 |
| 250027 | 1.13 |
| 250029 | 0.99 |
| 250030 | 0.74 |
| 250031 | 2.64 |
| 250032 | 1.28 |
| 250033 | 1.04 |
| 250034 | 2.16 |
| 250035 | 1.09 |
| 250036 | 1.21 |
| 250037 | 0.98 |
| 250038 | 0.83 |
| 250039 | 0.68 |
| 250040 | 1.66 |
| 250042 | 1.50 |
| 250043 | 1.13 |
| 250044 | 1.23 |
| 250045 | 1.10 |
| 250047 | 0.61 |
| 250048 | 2.62 |
| 250049 | 0.80 |
| 250050 | 1.38 |
| 250051 | 0.75 |
| 250057 | 1.64 |
| 250058 | 1.91 |
| 250059 | 1.35 |
| 250060 | 0.68 |
| 250061 | 0.93 |
| 250063 | 0.88 |
| 250065 | 0.92 |
| 250066 | 0.75 |
| 250067 | 0.92 |
| 250068 | 1.01 |
| 250069 | 2.29 |
| 250071 | 0.78 |
| 250072 | 1.58 |
| 250076 | 0.46 |
| 250077 | 0.91 |
| 250078 | 1.77 |
| 250079 | 0.81 |
| 250081 | 2.72 |
| 250082 | 1.70 |
| 250083 | 0.86 |
| 250084 | 1.93 |
| 250085 | 0.96 |
| 250088 | 1.12 |
| 250089 | 1.05 |
| 250093 | 1.16 |
| 250094 | 2.41 |
| 250095 | 1.56 |
| 250096 | 1.33 |
| 250097 | 1.88 |
| 250098 | 0.73 |
| 250099 | 2.48 |
| 250100 | 1.57 |
| 250101 | 0.73 |
| 250102 | 1.84 |
| 250104 | 2.12 |
| 250105 | 0.86 |
| 250107 | 0.79 |
| 250109 | 0.75 |
| 250112 | 0.85 |
| 250117 | 0.86 |
| 250119 | 1.04 |
| 250120 | 1.42 |
| 250122 | 1.74 |
| 250123 | 1.90 |
| 250124 | 0.83 |
| 250125 | 1.53 |
| 250126 | 0.83 |
| 250128 | 1.14 |
| 250131 | 0.93 |
| 250134 | 0.63 |
| 250136 | 2.86 |
| 250138 | 2.95 |
| 250141 | 1.97 |
| 250144 | 0.55 |
| 250145 | 0.85 |
| 250146 | 0.81 |
| 250148 | 1.26 |
| 250149 | 0.80 |
| 252003 | 0.32 |
| 253025 | 1.39 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 254001 | 0.81 |
| 254002 | 0.80 |
| 254006 | 0.94 |
| 260001 | 1.38 |
| 260002 | 1.40 |
| 260003 | 1.05 |
| 260004 | 0.88 |
| 260005 | 1.66 |
| 260006 | 1.88 |
| 260007 | 1.83 |
| 260008 | 0.82 |
| 260009 | 1.81 |
| 260011 | 1.67 |
| 260012 | 1.14 |
| 260013 | 1.37 |
| 260014 | 1.86 |
| 260015 | 1.41 |
| 260017 | 1.84 |
| 260018 | 0.69 |
| 260019 | 1.11 |
| 260020 | 2.06 |
| 260021 | 1.44 |
| 260022 | 1.43 |
| 260023 | 1.77 |
| 260024 | 1.06 |
| 260025 | 2.36 |
| 260027 | 1.54 |
| 260029 | 1.33 |
| 260030 | 0.75 |
| 260031 | 1.66 |
| 260032 | 1.73 |
| 260034 | 1.13 |
| 260035 | 0.87 |
| 260036 | 1.26 |
| 260039 | 0.91 |
| 260040 | 1.50 |
| 260042 | 1.10 |
| 260044 | 1.10 |
| 260047 | 1.37 |
| 260048 | 1.43 |
| 260050 | 1.51 |
| 260052 | 1.62 |
| 260053 | 1.26 |
| 260054 | 1.57 |
| 260055 | 0.95 |
| 260057 | 1.30 |
| 260059 | 1.16 |
| 260061 | 1.57 |
| 260062 | 1.52 |
| 260063 | 1.31 |
| 260064 | 1.66 |
| 260065 | 1.34 |
| 260066 | 1.25 |
| 260067 | 0.80 |
| 260068 | 1.63 |
| 260070 | 0.94 |
| 260073 | 0.97 |
| 260074 | 1.16 |
| 260077 | 2.07 |
| 260078 | 1.49 |
| 260079 | 0.91 |
| 260080 | 1.18 |
| 260081 | 1.66 |
| 260082 | 1.00 |
| 260085 | 1.73 |
| 260086 | 1.17 |
| 260091 | 2.45 |
| 260094 | 1.63 |
| 260095 | 1.42 |
| 260096 | 1.53 |
| 260097 | 2.58 |
| 260100 | 1.09 |
| 260102 | 0.79 |
| 260103 | 1.20 |
| 260104 | 1.54 |
| 260105 | 1.75 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 260107 | 2.14 |
| 260108 | 1.39 |
| 260109 | 1.20 |
| 260110 | 1.85 |
| 260113 | 1.47 |
| 260115 | 1.07 |
| 260116 | 1.68 |
| 260119 | 1.64 |
| 260120 | 1.62 |
| 260122 | 1.18 |
| 260123 | 0.90 |
| 260127 | 0.99 |
| 260128 | 0.88 |
| 260129 | 1.28 |
| 260131 | 1.27 |
| 260134 | 1.52 |
| 260137 | 2.07 |
| 260138 | 1.71 |
| 260141 | 1.25 |
| 260142 | 1.96 |
| 260143 | 0.82 |
| 260147 | 0.96 |
| 260148 | 0.92 |
| 260158 | 1.11 |
| 260159 | 1.50 |
| 260160 | 0.95 |
| 260162 | 1.90 |
| 260163 | 1.08 |
| 260164 | 1.19 |
| 260166 | 1.39 |
| 260172 | 1.20 |
| 260173 | 0.79 |
| 260175 | 1.79 |
| 260176 | 1.68 |
| 260177 | 1.92 |
| 260178 | 2.47 |
| 260179 | 1.50 |
| 260180 | 1.46 |
| 260183 | 2.01 |
| 260186 | 1.55 |
| 260188 | 1.53 |
| 260189 | 0.57 |
| 260190 | 1.81 |
| 260191 | 1.68 |
| 260193 | 1.97 |
| 260195 | 1.26 |
| 260197 | 1.77 |
| 260198 | 1.52 |
| 260200 | 1.27 |
| 262001 | 0.66 |
| 262011 | 0.58 |
| 263025 | 1.28 |
| 263026 | 1.15 |
| 263300 | 2.18 |
| 263301 | 1.21 |
| 263302 | 1.23 |
| 264005 | 0.83 |
| 264007 | 0.82 |
| 264008 | 0.82 |
| 264010 | 0.65 |
| 264011 | 1.18 |
| 264013 | 0.87 |
| 264015 | 0.91 |
| 264016 | 2.03 |
| 264017 | 1.17 |
| 264021 | 0.69 |
| 264024 | 0.87 |
| 264025 | 0.78 |
| 264026 | 0.87 |
| 270002 | 1.64 |
| 270003 | 1.63 |
| 270004 | 1.74 |
| 270006 | 0.43 |
| 270007 | 0.70 |
| 270009 | 0.97 |
| 270011 | 1.46 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 270012 | 2.09 |
| 270013 | 1.84 |
| 270014 | 2.23 |
| 270016 | 0.77 |
| 270017 | 1.27 |
| 270019 | 0.73 |
| 270021 | 1.21 |
| 270023 | 2.07 |
| 270024 | 0.63 |
| 270026 | 1.43 |
| 270027 | 0.93 |
| 270028 | 1.70 |
| 270029 | 1.26 |
| 270032 | 2.60 |
| 270033 | 0.61 |
| 270035 | 1.00 |
| 270036 | 0.85 |
| 270039 | 1.20 |
| 270040 | 1.45 |
| 270041 | 0.89 |
| 270044 | 1.42 |
| 270046 | 0.77 |
| 270048 | 1.75 |
| 270049 | 1.27 |
| 270050 | 1.18 |
| 270051 | 1.78 |
| 270052 | 0.67 |
| 270053 | 0.60 |
| 270057 | 1.54 |
| 270058 | 0.85 |
| 270059 | 0.49 |
| 270060 | 0.61 |
| 270063 | 0.77 |
| 270068 | 1.19 |
| 270072 | 0.43 |
| 270073 | 0.72 |
| 270079 | 1.16 |
| 270080 | 1.30 |
| 270081 | 0.65 |
| 270082 | 0.70 |
| 270083 | 0.89 |
| 270084 | 1.09 |
| 271225 | 0.49 |
| 271226 | 0.69 |
| 271227 | 0.50 |
| 271228 | 0.57 |
| 271229 | 0.67 |
| 271230 | 0.56 |
| 271231 | 0.67 |
| 271232 | 0.60 |
| 271233 | 0.61 |
| 280001 | 1.33 |
| 280003 | 2.35 |
| 280005 | 1.63 |
| 280009 | 2.17 |
| 280010 | 0.77 |
| 280011 | 1.58 |
| 280012 | 1.24 |
| 280013 | 1.41 |
| 280014 | 1.15 |
| 280015 | 1.48 |
| 280017 | 1.18 |
| 280018 | 1.13 |
| 280020 | 1.31 |
| 280021 | 1.75 |
| 280022 | 0.95 |
| 280023 | 1.19 |
| 280024 | 0.92 |
| 280025 | 0.75 |
| 280026 | 0.97 |
| 280028 | 2.02 |
| 280029 | 0.84 |
| 280030 | 1.72 |
| 280031 | 1.45 |
| 280032 | 1.81 |
| 280033 | 0.98 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
| --- | --- |
| 280034 | 1.65 |
| 280035 | 1.17 |
| 280037 | 1.01 |
| 280038 | 1.28 |
| 280039 | 1.56 |
| 280040 | 2.07 |
| 280041 | 0.95 |
| 280042 | 0.79 |
| 280043 | 2.09 |
| 280045 | 1.15 |
| 280046 | 1.06 |
| 280047 | 1.68 |
| 280048 | 1.22 |
| 280049 | 0.89 |
| 280050 | 1.16 |
| 280051 | 1.45 |
| 280052 | 1.44 |
| 280054 | 1.15 |
| 280055 | 0.84 |
| 280056 | 0.96 |
| 280057 | 1.45 |
| 280058 | 2.18 |
| 280060 | 1.30 |
| 280061 | 2.55 |
| 280062 | 2.96 |
| 280064 | 1.28 |
| 280065 | 1.88 |
| 280066 | 1.26 |
| 280068 | 0.87 |
| 280070 | 1.30 |
| 280073 | 1.10 |
| 280074 | 1.85 |
| 280075 | 2.00 |
| 280076 | 1.60 |
| 280077 | 2.48 |
| 280079 | 0.82 |
| 280080 | 1.19 |
| 280081 | 1.58 |
| 280082 | 0.87 |
| 280083 | 1.34 |
| 280084 | 1.01 |
| 280085 | 1.66 |
| 280088 | 2.74 |
| 280089 | 1.45 |
| 280090 | 0.72 |
| 280091 | 3.55 |
| 280092 | 0.98 |
| 280094 | 1.36 |
| 280097 | 1.08 |
| 280098 | 0.71 |
| 280101 | 0.73 |
| 280102 | 1.00 |
| 280104 | 1.38 |
| 280105 | 1.67 |
| 280106 | 1.22 |
| 280107 | 1.16 |
| 280108 | 5.55 |
| 280109 | 0.77 |
| 280110 | 1.50 |
| 280111 | 1.21 |
| 280114 | 0.89 |
| 280115 | 2.12 |
| 280117 | 1.72 |
| 280118 | 1.01 |
| 283025 | 0.66 |
| 283301 | 1.10 |
| 284007 | 1.47 |
| 290001 | 1.46 |
| 290002 | 0.51 |
| 290003 | 1.81 |
| 290005 | 2.49 |
| 290006 | 1.10 |
| 290007 | 1.00 |
| 290008 | 1.34 |
| 290009 | 1.40 |
| 290010 | 1.10 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
| --- | --- |
| 290011 | 0.79 |
| 290012 | 1.49 |
| 290013 | 0.59 |
| 290014 | 1.16 |
| 290015 | 0.88 |
| 290016 | 1.11 |
| 290019 | 1.56 |
| 290020 | 0.59 |
| 290021 | 1.46 |
| 290022 | 1.97 |
| 290027 | 0.84 |
| 290032 | 1.28 |
| 290038 | 1.08 |
| 292002 | 0.76 |
| 293027 | 0.96 |
| 294003 | 0.73 |
| 294004 | 0.78 |
| 294005 | 0.89 |
| 300001 | 1.67 |
| 300003 | 1.26 |
| 300005 | 1.56 |
| 300006 | 1.26 |
| 300007 | 1.57 |
| 300008 | 1.76 |
| 300009 | 1.23 |
| 300010 | 1.01 |
| 300011 | 1.75 |
| 300012 | 1.39 |
| 300013 | 1.07 |
| 300014 | 1.51 |
| 300015 | 1.57 |
| 300016 | 1.29 |
| 300017 | 1.43 |
| 300018 | 1.63 |
| 300019 | 1.64 |
| 300021 | 1.18 |
| 300022 | 1.75 |
| 300023 | 1.29 |
| 300024 | 1.46 |
| 300028 | 1.23 |
| 300029 | 2.12 |
| 300033 | 0.98 |
| 300034 | 1.66 |
| 303026 | 1.26 |
| 303027 | 1.00 |
| 304000 | 0.55 |
| 304001 | 7.13 |
| 304003 | 0.87 |
| 310001 | 1.58 |
| 310002 | 1.44 |
| 310005 | 1.62 |
| 310006 | 1.84 |
| 310008 | 2.66 |
| 310009 | 1.69 |
| 310010 | 1.36 |
| 310011 | 2.11 |
| 310012 | 2.19 |
| 310013 | 1.53 |
| 310014 | 1.69 |
| 310015 | 1.58 |
| 310016 | 1.81 |
| 310017 | 2.03 |
| 310018 | 1.76 |
| 310019 | 1.84 |
| 310020 | 1.87 |
| 310021 | 1.60 |
| 310022 | 1.72 |
| 310024 | 2.26 |
| 310025 | 1.84 |
| 310026 | 1.64 |
| 310027 | 1.62 |
| 310028 | 1.67 |
| 310029 | 2.82 |
| 310031 | 1.35 |
| 310032 | 1.65 |
| 310034 | 2.02 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
| --- | --- |
| 310036 | 1.44 |
| 310037 | 1.64 |
| 310039 | 2.07 |
| 310041 | 1.66 |
| 310042 | 1.68 |
| 310043 | 1.86 |
| 310044 | 1.53 |
| 310045 | 1.87 |
| 310047 | 2.07 |
| 310048 | 1.87 |
| 310050 | 1.25 |
| 310051 | 1.99 |
| 310052 | 1.53 |
| 310054 | 1.63 |
| 310056 | 1.12 |
| 310057 | 1.66 |
| 310058 | 0.83 |
| 310060 | 2.12 |
| 310061 | 1.95 |
| 310062 | 1.24 |
| 310063 | 1.90 |
| 310064 | 1.78 |
| 310067 | 1.73 |
| 310069 | 1.69 |
| 310070 | 1.96 |
| 310072 | 2.01 |
| 310073 | 1.63 |
| 310074 | 0.97 |
| 310076 | 1.38 |
| 310077 | 1.79 |
| 310078 | 1.45 |
| 310081 | 1.90 |
| 310083 | 1.00 |
| 310084 | 1.44 |
| 310086 | 1.58 |
| 310087 | 1.49 |
| 310088 | 1.28 |
| 310090 | 2.02 |
| 310091 | 2.12 |
| 310092 | 1.63 |
| 310093 | 1.61 |
| 310096 | 1.97 |
| 310105 | 1.06 |
| 310108 | 1.74 |
| 310111 | 1.49 |
| 310112 | 1.91 |
| 310113 | 1.77 |
| 310115 | 1.30 |
| 310116 | 1.65 |
| 310118 | 1.48 |
| 310120 | 1.25 |
| 312014 | 0.70 |
| 313025 | 0.95 |
| 313026 | 0.91 |
| 313027 | 0.99 |
| 313029 | 1.05 |
| 313030 | 0.78 |
| 313300 | 0.90 |
| 314001 | 1.00 |
| 314010 | 0.88 |
| 314011 | 0.89 |
| 314012 | 1.07 |
| 314021 | 0.91 |
| 314022 | 0.87 |
| 320001 | 0.97 |
| 320002 | 1.15 |
| 320003 | 1.52 |
| 320004 | 1.64 |
| 320005 | 1.85 |
| 320006 | 1.73 |
| 320009 | 1.59 |
| 320011 | 1.16 |
| 320012 | 1.48 |
| 320013 | 1.35 |
| 320014 | 1.02 |
| 320018 | 1.91 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 320017 | 1.31 |
| 320018 | 2.01 |
| 320019 | 0.80 |
| 320021 | 1.21 |
| 320022 | 1.76 |
| 320023 | 0.81 |
| 320030 | 1.17 |
| 320031 | 0.74 |
| 320032 | 0.91 |
| 320033 | 1.53 |
| 320035 | 0.72 |
| 320037 | 1.40 |
| 320038 | 1.46 |
| 320046 | 1.20 |
| 320048 | 0.91 |
| 320063 | 1.46 |
| 320065 | 1.32 |
| 320067 | 0.77 |
| 320068 | 0.91 |
| 320069 | 1.25 |
| 320074 | 1.31 |
| 320079 | 1.47 |
| 322002 | 1.31 |
| 322003 | 0.52 |
| 323025 | 0.92 |
| 323026 | 0.74 |
| 323027 | 0.92 |
| 323028 | 1.09 |
| 323029 | 0.87 |
| 324003 | 0.88 |
| 324004 | 0.87 |
| 324007 | 0.97 |
| 324008 | 0.98 |
| 324010 | 1.10 |
| 330001 | 1.68 |
| 330002 | 1.49 |
| 330003 | 1.56 |
| 330004 | 1.59 |
| 330005 | 1.62 |
| 330006 | 1.50 |
| 330007 | 1.54 |
| 330008 | 1.46 |
| 330010 | 1.38 |
| 330011 | 1.13 |
| 330012 | 1.47 |
| 330013 | 1.91 |
| 330014 | 1.26 |
| 330016 | 1.28 |
| 330020 | 0.84 |
| 330023 | 1.68 |
| 330024 | 1.55 |
| 330025 | 1.25 |
| 330027 | 0.61 |
| 330028 | 1.15 |
| 330029 | 1.05 |
| 330030 | 1.58 |
| 330033 | 1.02 |
| 330034 | 0.71 |
| 330036 | 1.57 |
| 330037 | 1.58 |
| 330038 | 1.23 |
| 330039 | 0.72 |
| 330041 | 2.14 |
| 330043 | 1.30 |
| 330044 | 1.61 |
| 330045 | 2.04 |
| 330046 | 1.31 |
| 330047 | 1.51 |
| 330048 | 1.78 |
| 330049 | 1.62 |
| 330053 | 1.20 |
| 330055 | 1.71 |
| 330056 | 1.29 |
| 330057 | 1.64 |
| 330058 | 1.40 |
| 330059 | 1.44 |
| 330061 | 2.02 |
| 330062 | 0.92 |
| 330064 | 1.55 |
| 330065 | 1.65 |
| 330066 | 1.43 |
| 330067 | 1.75 |
| 330072 | 1.25 |
| 330073 | 1.30 |
| 330074 | 1.88 |
| 330075 | 1.32 |
| 330078 | 1.32 |
| 330079 | 1.38 |
| 330084 | 1.35 |
| 330085 | 1.19 |
| 330086 | 1.28 |
| 330088 | 1.15 |
| 330090 | 1.59 |
| 330091 | 1.53 |
| 330092 | 0.88 |
| 330094 | 1.27 |
| 330095 | 1.62 |
| 330096 | 1.49 |
| 330097 | 1.15 |
| 330100 | 3.05 |
| 330101 | 1.52 |
| 330102 | 1.90 |
| 330103 | 1.90 |
| 330104 | 1.44 |
| 330106 | 1.88 |
| 330107 | 1.75 |
| 330108 | 1.49 |
| 330111 | 1.34 |
| 330114 | 0.59 |
| 330115 | 1.59 |
| 330116 | 1.23 |
| 330118 | 1.68 |
| 330119 | 1.86 |
| 330121 | 0.87 |
| 330122 | 1.79 |
| 330125 | 1.31 |
| 330126 | 1.64 |
| 330132 | 0.98 |
| 330133 | 1.96 |
| 330135 | 1.56 |
| 330136 | 0.84 |
| 330140 | 1.72 |
| 330141 | 1.59 |
| 330144 | 1.48 |
| 330148 | 1.09 |
| 330151 | 1.30 |
| 330152 | 1.71 |
| 330153 | 1.51 |
| 330157 | 1.28 |
| 330158 | 1.69 |
| 330159 | 1.59 |
| 330160 | 1.40 |
| 330161 | 0.87 |
| 330162 | 2.57 |
| 330163 | 1.68 |
| 330164 | 1.28 |
| 330166 | 1.34 |
| 330167 | 2.53 |
| 330169 | 1.43 |
| 330171 | 1.48 |
| 330175 | 1.33 |
| 330177 | 1.24 |
| 330179 | 0.84 |
| 330180 | 1.26 |
| 330181 | 1.54 |
| 330182 | 2.51 |
| 330183 | 1.28 |
| 330184 | 1.53 |
| 330185 | 1.11 |
| 330188 | 1.66 |
| 330189 | 5.26 |
| 330191 | 1.48 |
| 330193 | 1.70 |
| 330194 | 1.31 |
| 330195 | 1.49 |
| 330197 | 1.45 |
| 330198 | 1.68 |
| 330203 | 2.34 |
| 330205 | 1.39 |
| 330208 | 1.62 |
| 330209 | 1.54 |
| 330211 | 1.34 |
| 330212 | 1.64 |
| 330213 | 1.09 |
| 330214 | 1.82 |
| 330215 | 1.69 |
| 330218 | 1.16 |
| 330219 | 1.23 |
| 330221 | 1.36 |
| 330222 | 1.76 |
| 330223 | 1.29 |
| 330224 | 1.68 |
| 330225 | 1.51 |
| 330226 | 1.50 |
| 330229 | 1.40 |
| 330230 | 1.59 |
| 330232 | 1.38 |
| 330233 | 1.27 |
| 330235 | 1.96 |
| 330236 | 1.37 |
| 330238 | 1.53 |
| 330239 | 1.45 |
| 330241 | 1.63 |
| 330242 | 1.70 |
| 330245 | 1.49 |
| 330246 | 1.67 |
| 330247 | 3.47 |
| 330249 | 1.30 |
| 330250 | 1.51 |
| 330252 | 0.76 |
| 330254 | 1.34 |
| 330258 | 0.96 |
| 330259 | 1.52 |
| 330261 | 1.46 |
| 330263 | 1.76 |
| 330264 | 1.62 |
| 330265 | 1.10 |
| 330267 | 1.43 |
| 330268 | 0.96 |
| 330270 | 1.34 |
| 330273 | 1.63 |
| 330275 | 1.29 |
| 330276 | 1.21 |
| 330277 | 1.72 |
| 330279 | 1.84 |
| 330285 | 1.38 |
| 330286 | 1.62 |
| 330288 | 0.67 |
| 330290 | 1.25 |
| 330293 | 1.10 |
| 330304 | 1.79 |
| 330306 | 1.18 |
| 330307 | 1.80 |
| 330308 | 1.98 |
| 330314 | 1.81 |
| 330316 | 2.02 |
| 330327 | 1.13 |
| 330331 | 1.65 |
| 330332 | 2.55 |
| 330333 | 1.80 |
| 330336 | 1.40 |
| 330338 | 1.79 |
| 330339 | 2.41 |
| 330340 | 1.65 |
| 330350 | 1.42 |
| 330353 | 1.89 |
| 330357 | 1.29 |
| 330359 | 0.65 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 330372 | 1.88 |
| 330381 | 1.26 |
| 330386 | 1.30 |
| 330389 | 1.37 |
| 330390 | 0.94 |
| 330393 | 1.81 |
| 330394 | 1.59 |
| 330395 | 1.55 |
| 330397 | 0.96 |
| 330398 | 2.02 |
| 330399 | 0.88 |
| 332012 | 0.83 |
| 332021 | 0.53 |
| 332022 | 0.77 |
| 333025 | 0.77 |
| 333027 | 0.80 |
| 333028 | 0.72 |
| 333300 | 1.34 |
| 334002 | 0.87 |
| 334022 | 0.89 |
| 334023 | 1.10 |
| 334027 | 0.75 |
| 334048 | 1.30 |
| 334049 | 0.86 |
| 334055 | 0.83 |
| 340001 | 1.24 |
| 340002 | 2.20 |
| 340003 | 1.37 |
| 340004 | 1.79 |
| 340005 | 1.28 |
| 340006 | 0.92 |
| 340007 | 1.18 |
| 340008 | 1.44 |
| 340009 | 11.22 |
| 340010 | 1.92 |
| 340011 | 1.10 |
| 340012 | 1.45 |
| 340013 | 1.29 |
| 340014 | 0.99 |
| 340015 | 1.80 |
| 340016 | 1.99 |
| 340017 | 1.77 |
| 340018 | 1.40 |
| 340019 | 1.06 |
| 340020 | 1.31 |
| 340021 | 1.63 |
| 340022 | 1.20 |
| 340023 | 1.19 |
| 340024 | 1.41 |
| 340025 | 1.78 |
| 340027 | 1.94 |
| 340028 | 1.49 |
| 340030 | 1.51 |
| 340031 | 1.22 |
| 340032 | 1.67 |
| 340035 | 1.51 |
| 340036 | 1.05 |
| 340037 | 1.16 |
| 340038 | 2.00 |
| 340039 | 1.70 |
| 340040 | 1.99 |
| 340041 | 1.27 |
| 340042 | 1.29 |
| 340044 | 1.03 |
| 340045 | 0.69 |
| 340047 | 1.56 |
| 340049 | 4.05 |
| 340050 | 2.52 |
| 340051 | 1.76 |
| 340052 | 1.21 |
| 340053 | 2.01 |
| 340054 | 1.46 |
| 340055 | 1.23 |
| 340060 | 1.43 |
| 340061 | 1.19 |
| 340063 | 0.85 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 340064 | 1.36 |
| 340065 | 1.21 |
| 340067 | 1.46 |
| 340068 | 1.62 |
| 340069 | 1.54 |
| 340070 | 1.62 |
| 340071 | 1.21 |
| 340072 | 1.47 |
| 340073 | 1.93 |
| 340075 | 1.27 |
| 340080 | 1.07 |
| 340084 | 0.91 |
| 340085 | 1.49 |
| 340087 | 1.16 |
| 340088 | 1.73 |
| 340089 | 0.95 |
| 340090 | 1.30 |
| 340091 | 1.97 |
| 340093 | 1.10 |
| 340094 | 2.16 |
| 340096 | 1.65 |
| 340097 | 1.61 |
| 340098 | 1.74 |
| 340099 | 1.19 |
| 340100 | 0.55 |
| 340101 | 1.49 |
| 340104 | 1.12 |
| 340105 | 2.59 |
| 340106 | 1.25 |
| 340107 | 1.87 |
| 340109 | 2.34 |
| 340111 | 1.41 |
| 340112 | 1.15 |
| 340113 | 1.55 |
| 340114 | 1.32 |
| 340115 | 1.50 |
| 340116 | 1.75 |
| 340119 | 1.39 |
| 340120 | 1.17 |
| 340121 | 1.35 |
| 340123 | 1.38 |
| 340124 | 1.22 |
| 340125 | 2.53 |
| 340126 | 1.71 |
| 340127 | 1.20 |
| 340129 | 1.60 |
| 340130 | 1.69 |
| 340131 | 1.74 |
| 340132 | 1.29 |
| 340133 | 0.94 |
| 340141 | 1.78 |
| 340142 | 1.33 |
| 340143 | 1.72 |
| 340144 | 1.88 |
| 340145 | 1.56 |
| 340146 | 0.80 |
| 340147 | 1.96 |
| 340148 | 2.81 |
| 340151 | 1.53 |
| 340153 | 2.63 |
| 340155 | 1.59 |
| 340158 | 1.75 |
| 340159 | 0.93 |
| 340160 | 1.50 |
| 340162 | 1.08 |
| 340164 | 1.23 |
| 340166 | 1.28 |
| 340171 | 1.65 |
| 342003 | 1.01 |
| 342012 | 0.55 |
| 343025 | 1.00 |
| 344005 | 0.87 |
| 344006 | 0.87 |
| 344010 | 0.68 |
| 344011 | 1.01 |
| 344014 | 1.08 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 344015 | 0.87 |
| 344016 | 0.72 |
| 344019 | 0.87 |
| 350001 | 0.71 |
| 350002 | 2.20 |
| 350003 | 1.45 |
| 350004 | 2.27 |
| 350005 | 1.22 |
| 350006 | 1.32 |
| 350007 | 1.37 |
| 350008 | 1.11 |
| 350009 | 1.85 |
| 350010 | 1.32 |
| 350011 | 1.84 |
| 350012 | 1.09 |
| 350013 | 1.12 |
| 350014 | 1.20 |
| 350015 | 2.07 |
| 350016 | 0.69 |
| 350017 | 1.48 |
| 350018 | 1.45 |
| 350019 | 2.12 |
| 350020 | 0.83 |
| 350021 | 1.08 |
| 350023 | 1.43 |
| 350024 | 1.19 |
| 350025 | 0.90 |
| 350027 | 0.68 |
| 350029 | 0.88 |
| 350030 | 1.44 |
| 350033 | 1.32 |
| 350034 | 1.21 |
| 350035 | 0.56 |
| 350038 | 1.80 |
| 350039 | 1.23 |
| 350041 | 0.93 |
| 350042 | 1.75 |
| 350043 | 1.74 |
| 350044 | 1.10 |
| 350047 | 1.11 |
| 350049 | 1.43 |
| 350050 | 0.91 |
| 350051 | 1.04 |
| 350053 | 0.86 |
| 350055 | 0.81 |
| 350056 | 1.24 |
| 350058 | 1.02 |
| 350060 | 0.54 |
| 350061 | 1.54 |
| 360001 | 1.79 |
| 360002 | 1.50 |
| 360003 | 1.29 |
| 360006 | 2.02 |
| 360007 | 1.28 |
| 360008 | 1.36 |
| 360009 | 1.56 |
| 360010 | 1.64 |
| 350011 | 1.33 |
| 360012 | 1.89 |
| 360013 | 1.36 |
| 360014 | 1.63 |
| 360016 | 1.27 |
| 360017 | 2.64 |
| 360018 | 1.57 |
| 360019 | 1.38 |
| 360020 | 1.41 |
| 360021 | 3.45 |
| 360024 | 1.47 |
| 360025 | 1.10 |
| 360026 | 1.38 |
| 360027 | 1.68 |
| 360028 | 2.30 |
| 360029 | 1.62 |
| 360030 | 1.48 |
| 360031 | 1.34 |
| 360032 | 1.62 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 360034 | 0.96 |
| 360035 | 1.31 |
| 360036 | 1.55 |
| 360037 | 1.35 |
| 360038 | 1.43 |
| 360039 | 1.36 |
| 360040 | 1.24 |
| 360041 | 1.46 |
| 360042 | 1.24 |
| 360044 | 1.56 |
| 360045 | 1.24 |
| 360046 | 1.51 |
| 360047 | 0.97 |
| 360048 | 1.57 |
| 360049 | 1.60 |
| 360050 | 1.00 |
| 360051 | 1.96 |
| 360052 | 1.45 |
| 360054 | 1.69 |
| 360055 | 1.66 |
| 360056 | 1.67 |
| 360057 | 1.10 |
| 360058 | 1.19 |
| 360059 | 1.11 |
| 360062 | 1.69 |
| 360063 | 1.09 |
| 360064 | 2.07 |
| 360065 | 1.42 |
| 360066 | 1.64 |
| 360067 | 1.06 |
| 360068 | 1.53 |
| 360069 | 1.18 |
| 360070 | 1.23 |
| 360071 | 1.40 |
| 360072 | 1.47 |
| 360074 | 1.46 |
| 360075 | 1.50 |
| 360076 | 1.68 |
| 360077 | 1.61 |
| 360078 | 1.46 |
| 360079 | 1.80 |
| 360080 | 1.36 |
| 360081 | 1.53 |
| 360082 | 1.83 |
| 360083 | 1.53 |
| 360084 | 1.70 |
| 360085 | 1.93 |
| 360086 | 1.45 |
| 360087 | 1.48 |
| 360088 | 1.21 |
| 360089 | 1.34 |
| 360090 | 2.29 |
| 360091 | 1.47 |
| 360092 | 1.15 |
| 360093 | 1.93 |
| 360094 | 1.29 |
| 360095 | 1.59 |
| 360096 | 1.41 |
| 360098 | 1.88 |
| 360099 | 1.23 |
| 360100 | 1.62 |
| 360101 | 1.92 |
| 360102 | 1.87 |
| 360103 | 1.39 |
| 360106 | 1.05 |
| 360107 | 1.21 |
| 360108 | 1.11 |
| 360109 | 1.32 |
| 360112 | 1.66 |
| 360113 | 1.58 |
| 360114 | 1.30 |
| 360115 | 1.47 |
| 360116 | 1.07 |
| 360118 | 1.40 |
| 360121 | 1.94 |
| 360123 | 1.42 |
| 360125 | 1.13 |
| 360126 | 1.25 |
| 360127 | 1.49 |
| 360128 | 1.04 |
| 360129 | 1.04 |
| 360130 | 1.36 |
| 360131 | 1.46 |
| 360132 | 1.67 |
| 360133 | 1.66 |
| 360134 | 1.63 |
| 360136 | 1.06 |
| 360137 | 1.52 |
| 360140 | 1.02 |
| 360141 | 1.82 |
| 360142 | 1.23 |
| 360143 | 1.50 |
| 360144 | 1.68 |
| 360145 | 1.63 |
| 360147 | 1.54 |
| 360148 | 1.36 |
| 360149 | 1.73 |
| 360150 | 1.77 |
| 360151 | 1.71 |
| 360152 | 1.71 |
| 360153 | 1.10 |
| 360154 | 1.00 |
| 360155 | 1.65 |
| 360156 | 1.42 |
| 360159 | 1.46 |
| 360161 | 1.53 |
| 360162 | 1.42 |
| 360163 | 1.85 |
| 360164 | 1.06 |
| 360165 | 1.00 |
| 360166 | 1.13 |
| 360170 | 1.30 |
| 360172 | 1.72 |
| 360174 | 1.67 |
| 360175 | 1.68 |
| 360176 | 1.14 |
| 360177 | 0.96 |
| 360178 | 1.37 |
| 360179 | 1.51 |
| 360180 | 1.80 |
| 360184 | 0.88 |
| 360185 | 1.41 |
| 360186 | 0.97 |
| 360187 | 1.64 |
| 360188 | 1.03 |
| 360189 | 1.44 |
| 360192 | 1.44 |
| 360193 | 1.52 |
| 360194 | 1.34 |
| 360195 | 1.77 |
| 360197 | 1.19 |
| 360200 | 1.00 |
| 360203 | 1.50 |
| 360204 | 1.26 |
| 360210 | 1.58 |
| 360211 | 1.46 |
| 360212 | 1.50 |
| 360213 | 1.32 |
| 360218 | 1.42 |
| 360230 | 1.87 |
| 360231 | 0.87 |
| 360234 | 1.31 |
| 360236 | 1.58 |
| 360239 | 1.64 |
| 360241 | 0.81 |
| 360243 | 0.87 |
| 360244 | 0.87 |
| 360245 | 0.89 |
| 362004 | 1.18 |
| 362007 | 0.33 |
| 362009 | 0.94 |
| 362014 | 3.41 |
| 362015 | 0.99 |
| 363300 | 1.21 |
| 363303 | 1.31 |
| 363305 | 1.22 |
| 363306 | 0.86 |
| 364003 | 0.92 |
| 364017 | 0.85 |
| 364026 | 0.88 |
| 364029 | 0.93 |
| 364032 | 1.09 |
| 364038 | 1.10 |
| 370001 | 1.82 |
| 370002 | 1.98 |
| 370004 | 1.78 |
| 370005 | 0.92 |
| 370006 | 1.53 |
| 370007 | 1.43 |
| 370008 | 1.77 |
| 370011 | 1.12 |
| 370012 | 0.86 |
| 370013 | 1.89 |
| 370014 | 1.59 |
| 370015 | 1.18 |
| 370016 | 1.85 |
| 370017 | 1.20 |
| 370018 | 2.00 |
| 370019 | 1.45 |
| 370020 | 1.40 |
| 370021 | 0.86 |
| 370022 | 2.88 |
| 370023 | 1.43 |
| 370025 | 1.63 |
| 370026 | 1.88 |
| 370028 | 2.09 |
| 370029 | 1.59 |
| 370030 | 1.20 |
| 370032 | 2.50 |
| 370033 | 1.71 |
| 370034 | 1.60 |
| 370035 | 1.26 |
| 370036 | 0.53 |
| 370037 | 2.76 |
| 370038 | 0.96 |
| 370039 | 1.29 |
| 370040 | 2.17 |
| 370041 | 1.09 |
| 370042 | 0.91 |
| 370043 | 0.81 |
| 370045 | 0.98 |
| 370046 | 1.48 |
| 370047 | 1.81 |
| 370048 | 1.13 |
| 370049 | 2.04 |
| 370051 | 0.77 |
| 370054 | 1.70 |
| 370056 | 1.81 |
| 370057 | 1.23 |
| 370059 | 0.65 |
| 370060 | 1.04 |
| 370063 | 0.91 |
| 370064 | 1.03 |
| 370065 | 1.63 |
| 370071 | 0.89 |
| 370072 | 0.88 |
| 370076 | 1.46 |
| 370077 | 1.37 |
| 370078 | 2.17 |
| 370079 | 1.24 |
| 370080 | 1.02 |
| 370082 | 0.89 |
| 370083 | 1.54 |
| 370084 | 1.13 |
| 370085 | 1.07 |
| 370086 | 1.54 |
| 370089 | 1.35 |
| 370091 | 2.03 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 370092 | 1.63 |
| 370093 | 2.42 |
| 370094 | 1.99 |
| 370095 | 0.91 |
| 370097 | 1.46 |
| 370099 | 1.35 |
| 370100 | 0.88 |
| 370103 | 1.08 |
| 370105 | 2.87 |
| 370106 | 2.52 |
| 370108 | 1.02 |
| 370112 | 0.99 |
| 370113 | 1.21 |
| 370114 | 1.91 |
| 370121 | 1.82 |
| 370122 | 0.63 |
| 370123 | 1.81 |
| 370125 | 1.27 |
| 370126 | 0.84 |
| 370131 | 0.85 |
| 370133 | 1.16 |
| 370138 | 1.50 |
| 370139 | 1.03 |
| 370140 | 1.13 |
| 370141 | 1.14 |
| 370146 | 0.87 |
| 370148 | 1.40 |
| 370149 | 1.84 |
| 370153 | 1.69 |
| 370154 | 1.56 |
| 370156 | 1.46 |
| 370158 | 1.38 |
| 370159 | 1.35 |
| 370163 | 0.80 |
| 370165 | 0.99 |
| 370166 | 1.31 |
| 370169 | 1.50 |
| 370176 | 1.65 |
| 370177 | 1.07 |
| 370178 | 1.33 |
| 370179 | 0.90 |
| 370183 | 1.38 |
| 370186 | 1.45 |
| 370190 | 1.66 |
| 370192 | 2.00 |
| 372004 | 0.51 |
| 373025 | 0.97 |
| 373026 | 0.84 |
| 374003 | 0.71 |
| 374006 | 0.79 |
| 374008 | 1.09 |
| 374010 | 0.98 |
| 374012 | 0.88 |
| 374013 | 0.85 |
| 374017 | 0.90 |
| 374018 | 0.68 |
| 374019 | 0.95 |
| 374020 | 0.85 |
| 380001 | 2.38 |
| 380002 | 2.39 |
| 380003 | 2.52 |
| 380004 | 3.35 |
| 380005 | 2.55 |
| 380006 | 1.64 |
| 380007 | 2.26 |
| 380008 | 1.37 |
| 380009 | 1.48 |
| 380010 | 1.45 |
| 380011 | 1.95 |
| 380013 | 1.08 |
| 380014 | 2.43 |
| 380017 | 3.10 |
| 380018 | 1.40 |
| 380019 | 1.26 |
| 380020 | 3.28 |
| 380021 | 2.64 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 380022 | 2.06 |
| 380023 | 1.47 |
| 380025 | 2.38 |
| 380026 | 1.62 |
| 380027 | 1.58 |
| 380029 | 1.88 |
| 380031 | 1.02 |
| 380033 | 1.81 |
| 380035 | 2.25 |
| 380036 | 1.39 |
| 380037 | 1.74 |
| 380038 | 2.14 |
| 380039 | 1.64 |
| 380040 | 1.76 |
| 380042 | 1.52 |
| 380047 | 2.34 |
| 380048 | 0.72 |
| 380050 | 1.43 |
| 380051 | 1.77 |
| 380052 | 2.78 |
| 380056 | 1.24 |
| 380060 | 1.75 |
| 380061 | 2.66 |
| 380062 | 0.62 |
| 380063 | 1.77 |
| 380064 | 1.51 |
| 380065 | 0.96 |
| 380066 | 2.44 |
| 380068 | 1.03 |
| 380069 | 0.88 |
| 380070 | 1.04 |
| 380071 | 2.13 |
| 380072 | 1.31 |
| 380075 | 1.51 |
| 380078 | 1.14 |
| 380081 | 0.77 |
| 380082 | 2.32 |
| 380083 | 1.63 |
| 380084 | 1.58 |
| 380087 | 0.95 |
| 380088 | 1.55 |
| 380089 | 2.58 |
| 380090 | 1.93 |
| 384006 | 0.90 |
| 390001 | 1.79 |
| 390002 | 1.62 |
| 390003 | 1.11 |
| 390004 | 1.68 |
| 390005 | 1.48 |
| 390006 | 1.17 |
| 390007 | 2.39 |
| 390008 | 1.36 |
| 390009 | 1.68 |
| 390010 | 1.63 |
| 390011 | 1.57 |
| 390012 | 1.81 |
| 390013 | 1.93 |
| 390015 | 1.15 |
| 390016 | 1.43 |
| 390017 | 1.44 |
| 390018 | 1.86 |
| 390019 | 1.37 |
| 390022 | 1.85 |
| 390023 | 1.12 |
| 390024 | 1.99 |
| 390025 | 0.72 |
| 390026 | 1.36 |
| 390028 | 1.98 |
| 390029 | 1.72 |
| 390030 | 1.45 |
| 390031 | 1.55 |
| 390032 | 1.45 |
| 390035 | 1.67 |
| 390036 | 1.75 |
| 390037 | 1.76 |
| 390039 | 1.53 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 390040 | 1.13 |
| 390041 | 1.81 |
| 390042 | 1.62 |
| 390043 | 1.89 |
| 390044 | 1.76 |
| 390045 | 1.51 |
| 390046 | 1.31 |
| 390047 | 1.65 |
| 390048 | 1.55 |
| 390049 | 1.82 |
| 390050 | 2.01 |
| 390051 | 1.78 |
| 390052 | 1.65 |
| 390054 | 1.35 |
| 390055 | 1.76 |
| 390056 | 1.41 |
| 390057 | 1.67 |
| 390058 | 2.05 |
| 390060 | 1.16 |
| 390061 | 1.56 |
| 390062 | 1.87 |
| 390063 | 2.32 |
| 390065 | 1.63 |
| 390066 | 1.44 |
| 390067 | 1.84 |
| 390068 | 1.27 |
| 390069 | 1.51 |
| 390070 | 2.11 |
| 390071 | 1.61 |
| 390072 | 1.42 |
| 390073 | 1.70 |
| 390074 | 1.74 |
| 390075 | 1.53 |
| 390076 | 1.51 |
| 390078 | 1.74 |
| 390079 | 2.09 |
| 390080 | 1.57 |
| 390081 | 2.02 |
| 390083 | 1.19 |
| 390084 | 1.26 |
| 390086 | 1.57 |
| 390088 | 1.27 |
| 390090 | 1.91 |
| 390091 | 1.44 |
| 390093 | 1.31 |
| 390095 | 1.52 |
| 390096 | 1.46 |
| 390097 | 1.57 |
| 390100 | 1.70 |
| 390101 | 1.24 |
| 390102 | 1.81 |
| 390103 | 1.39 |
| 390104 | 1.26 |
| 390106 | 1.31 |
| 390107 | 1.66 |
| 390108 | 1.54 |
| 390109 | 1.15 |
| 390110 | 1.43 |
| 390111 | 1.36 |
| 390112 | 1.54 |
| 390113 | 1.55 |
| 390114 | 1.64 |
| 390115 | 1.44 |
| 390116 | 1.39 |
| 390118 | 1.85 |
| 390119 | 1.71 |
| 390121 | 1.59 |
| 390122 | 1.47 |
| 390123 | 2.69 |
| 390125 | 1.55 |
| 390126 | 1.77 |
| 390127 | 1.63 |
| 390128 | 1.87 |
| 390130 | 1.35 |
| 390131 | 1.69 |
| 390132 | 1.30 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 390133 | 1.71 |
| 390135 | 1.45 |
| 390136 | 2.33 |
| 390137 | 1.75 |
| 390138 | 1.45 |
| 390139 | 1.64 |
| 390142 | 1.16 |
| 390145 | 1.59 |
| 390146 | 1.37 |
| 390147 | 1.48 |
| 390150 | 1.32 |
| 390151 | 1.58 |
| 390152 | 1.65 |
| 390153 | 1.26 |
| 390154 | 1.82 |
| 390155 | 0.92 |
| 390156 | 2.28 |
| 390157 | 1.60 |
| 390158 | 1.49 |
| 390160 | 1.74 |
| 390161 | 1.69 |
| 390162 | 1.71 |
| 390163 | 1.58 |
| 390164 | 1.52 |
| 390166 | 1.19 |
| 390167 | 1.49 |
| 390168 | 1.50 |
| 390169 | 2.09 |
| 390170 | 1.87 |
| 390173 | 1.63 |
| 390174 | 1.70 |
| 390176 | 1.38 |
| 390178 | 1.69 |
| 390179 | 1.61 |
| 390180 | 1.30 |
| 390181 | 1.56 |
| 390183 | 1.60 |
| 390184 | 1.13 |
| 390185 | 1.87 |
| 390189 | 1.38 |
| 390191 | 1.91 |
| 390192 | 1.44 |
| 390193 | 1.86 |
| 390194 | 1.45 |
| 390195 | 1.85 |
| 390197 | 2.04 |
| 390198 | 1.58 |
| 390199 | 1.12 |
| 390200 | 1.05 |
| 390201 | 1.53 |
| 390203 | 1.75 |
| 390204 | 1.64 |
| 390205 | 1.61 |
| 390206 | 1.43 |
| 390209 | 1.34 |
| 390211 | 1.73 |
| 390213 | 0.70 |
| 390215 | 1.74 |
| 390217 | 1.41 |
| 390219 | 1.21 |
| 390220 | 2.63 |
| 390222 | 1.86 |
| 390223 | 0.85 |
| 390224 | 1.13 |
| 390225 | 1.43 |
| 390226 | 1.54 |
| 390228 | 1.53 |
| 390231 | 1.35 |
| 390233 | 1.41 |
| 390235 | 1.09 |
| 390236 | 1.42 |
| 390237 | 1.45 |
| 390238 | 3.25 |
| 390242 | 1.66 |
| 390244 | 0.64 |
| 390245 | 1.34 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 390246 | 1.66 |
| 390247 | 0.66 |
| 390249 | 0.72 |
| 390256 | 1.26 |
| 390258 | 1.64 |
| 390260 | 2.34 |
| 390262 | 1.79 |
| 390263 | 1.87 |
| 390265 | 1.06 |
| 390266 | 1.65 |
| 390267 | 1.78 |
| 390268 | 1.70 |
| 390270 | 1.69 |
| 390277 | 0.67 |
| 390279 | 1.54 |
| 392024 | 1.04 |
| 392025 | 1.08 |
| 392026 | 0.75 |
| 393025 | 0.75 |
| 393026 | 1.05 |
| 393027 | 1.41 |
| 393031 | 1.11 |
| 393032 | 0.85 |
| 393035 | 0.67 |
| 393037 | 0.87 |
| 393038 | 1.12 |
| 393039 | 0.93 |
| 393040 | 2.28 |
| 393041 | 1.47 |
| 393042 | 0.92 |
| 393043 | 0.62 |
| 393046 | 0.83 |
| 393301 | 1.27 |
| 393302 | 1.02 |
| 394006 | 0.79 |
| 394007 | 0.48 |
| 394008 | 1.88 |
| 394020 | 0.83 |
| 394023 | 0.77 |
| 394027 | 0.81 |
| 394034 | 0.85 |
| 394040 | 0.78 |
| 394041 | 0.83 |
| 394045 | 0.90 |
| 400001 | 1.10 |
| 400002 | 3.18 |
| 400003 | 0.97 |
| 400004 | 1.33 |
| 400005 | 1.12 |
| 400006 | 1.58 |
| 400007 | 0.76 |
| 400009 | 1.26 |
| 400010 | 0.76 |
| 400011 | 1.43 |
| 400012 | 0.74 |
| 400013 | 0.89 |
| 400014 | 3.08 |
| 400016 | 1.70 |
| 400017 | 1.31 |
| 400018 | 0.90 |
| 400019 | 2.15 |
| 400021 | 1.36 |
| 400022 | 1.25 |
| 400026 | 0.61 |
| 400027 | 0.58 |
| 400028 | 1.08 |
| 400029 | 0.73 |
| 400032 | 0.75 |
| 400094 | 0.74 |
| 400098 | 0.89 |
| 400102 | 1.52 |
| 400106 | 0.99 |
| 400109 | 1.29 |
| 400111 | 0.92 |
| 400112 | 0.70 |
| 400113 | 1.34 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 400114 | 0.95 |
| 400115 | 0.77 |
| 400117 | 1.34 |
| 400118 | 1.14 |
| 400120 | 1.44 |
| 400121 | 0.50 |
| 400122 | 0.65 |
| 400123 | 2.61 |
| 400124 | 6.42 |
| 404002 | 1.66 |
| 410001 | 1.45 |
| 410004 | 1.61 |
| 410005 | 2.08 |
| 410006 | 1.53 |
| 410007 | 1.72 |
| 410008 | 2.13 |
| 410009 | 2.11 |
| 410010 | 1.54 |
| 410011 | 1.94 |
| 410012 | 1.59 |
| 410013 | 1.81 |
| 413025 | 0.74 |
| 414000 | 1.33 |
| 420002 | 3.24 |
| 420004 | 2.85 |
| 420005 | 2.33 |
| 420006 | 0.86 |
| 420007 | 1.69 |
| 420009 | 1.66 |
| 420010 | 1.55 |
| 420011 | 1.18 |
| 420014 | 0.97 |
| 420015 | 1.61 |
| 420016 | 1.37 |
| 420018 | 1.37 |
| 420019 | 1.88 |
| 420020 | 2.01 |
| 420023 | 2.55 |
| 420026 | 2.05 |
| 420027 | 1.82 |
| 420030 | 1.60 |
| 420031 | 0.91 |
| 420033 | 1.52 |
| 420036 | 2.26 |
| 420037 | 1.41 |
| 420038 | 1.37 |
| 420039 | 1.18 |
| 420042 | 1.17 |
| 420043 | 1.29 |
| 420048 | 1.97 |
| 420049 | 1.93 |
| 420051 | 1.67 |
| 420053 | 1.66 |
| 420054 | 1.21 |
| 420055 | 1.18 |
| 420056 | 1.52 |
| 420057 | 1.16 |
| 420059 | 1.07 |
| 420061 | 1.12 |
| 420062 | 1.73 |
| 420064 | 1.02 |
| 420065 | 1.82 |
| 420066 | 1.27 |
| 420067 | 3.32 |
| 420068 | 1.63 |
| 420069 | 1.19 |
| 420070 | 2.73 |
| 420071 | 1.64 |
| 420072 | 0.83 |
| 420073 | 1.92 |
| 420074 | 0.95 |
| 420075 | 1.39 |
| 420078 | 1.85 |
| 420079 | 1.17 |
| 420080 | 2.72 |
| 420081 | 0.61 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 420082 | 1.81 |
| 420083 | 3.22 |
| 420085 | 2.37 |
| 420086 | 2.02 |
| 420087 | 1.99 |
| 420088 | 1.80 |
| 420089 | 2.68 |
| 420091 | 2.25 |
| 423025 | 1.90 |
| 423026 | 1.11 |
| 424006 | 0.87 |
| 424007 | 0.72 |
| 424008 | 0.88 |
| 424009 | 0.71 |
| 424010 | 0.88 |
| 430004 | 1.41 |
| 430005 | 1.88 |
| 430007 | 2.02 |
| 430008 | 1.54 |
| 430010 | 1.68 |
| 430011 | 2.90 |
| 430012 | 2.09 |
| 430013 | 1.87 |
| 430014 | 1.96 |
| 430015 | 3.56 |
| 430016 | 1.73 |
| 430018 | 0.99 |
| 430022 | 0.75 |
| 430023 | 1.01 |
| 430024 | 0.87 |
| 430026 | 0.95 |
| 430027 | 2.50 |
| 430028 | 1.47 |
| 430029 | 1.47 |
| 430031 | 1.06 |
| 430033 | 1.06 |
| 430034 | 0.94 |
| 430036 | 1.17 |
| 430037 | 2.29 |
| 430038 | 1.49 |
| 430040 | 2.17 |
| 430041 | 0.95 |
| 430043 | 1.53 |
| 430044 | 1.02 |
| 430047 | 1.12 |
| 430048 | 1.57 |
| 430049 | 0.75 |
| 430051 | 0.68 |
| 430054 | 1.45 |
| 430056 | 1.29 |
| 430057 | 1.28 |
| 430060 | 0.62 |
| 430062 | 1.23 |
| 430064 | 0.96 |
| 430065 | 0.83 |
| 430066 | 0.93 |
| 430073 | 1.13 |
| 430076 | 0.74 |
| 430077 | 1.90 |
| 430079 | 0.68 |
| 430087 | 0.73 |
| 434004 | 0.95 |
| 440001 | 1.36 |
| 440002 | 2.61 |
| 440003 | 1.62 |
| 440006 | 1.93 |
| 440007 | 0.72 |
| 440008 | 1.35 |
| 440009 | 2.00 |
| 440010 | 1.16 |
| 440011 | 1.53 |
| 440012 | 1.26 |
| 440014 | 1.03 |
| 440015 | 2.17 |
| 440016 | 1.29 |
| 440017 | 1.59 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 440018 | 1.04 |
| 440019 | 1.54 |
| 440020 | 1.26 |
| 440022 | 1.03 |
| 440023 | 1.05 |
| 440024 | 1.75 |
| 440025 | 1.42 |
| 440026 | 0.88 |
| 440029 | 1.98 |
| 440030 | 1.74 |
| 440031 | 1.44 |
| 440032 | 0.99 |
| 440033 | 1.22 |
| 440034 | 1.61 |
| 440035 | 1.63 |
| 440039 | 1.45 |
| 440040 | 1.04 |
| 440041 | 0.76 |
| 440046 | 1.52 |
| 440047 | 1.09 |
| 440048 | 2.09 |
| 440049 | 1.66 |
| 440050 | 1.22 |
| 440051 | 1.04 |
| 440052 | 1.02 |
| 440053 | 1.89 |
| 440054 | 1.29 |
| 440056 | 1.12 |
| 440057 | 1.21 |
| 440058 | 1.97 |
| 440059 | 1.63 |
| 440060 | 1.01 |
| 440061 | 1.36 |
| 440063 | 1.59 |
| 440064 | 1.02 |
| 440065 | 1.53 |
| 440067 | 1.46 |
| 440068 | 1.45 |
| 440070 | 1.08 |
| 440071 | 1.63 |
| 440072 | 1.78 |
| 440073 | 1.68 |
| 440078 | 1.04 |
| 440081 | 1.32 |
| 440082 | 1.87 |
| 440083 | 0.79 |
| 440084 | 0.96 |
| 440090 | 0.99 |
| 440091 | 1.79 |
| 440100 | 1.07 |
| 440102 | 1.17 |
| 440103 | 1.50 |
| 440104 | 1.60 |
| 440105 | 3.75 |
| 440109 | 1.05 |
| 440110 | 1.24 |
| 440111 | 0.87 |
| 440114 | 1.25 |
| 440115 | 1.26 |
| 440120 | 2.21 |
| 440125 | 1.87 |
| 440130 | 1.95 |
| 440131 | 1.80 |
| 440132 | 1.41 |
| 440133 | 2.08 |
| 440135 | 1.28 |
| 440137 | 1.29 |
| 440141 | 0.73 |
| 440142 | 0.95 |
| 440143 | 1.07 |
| 440144 | 2.32 |
| 440145 | 0.84 |
| 440147 | 4.16 |
| 440148 | 1.30 |
| 440149 | 0.98 |
| 440150 | 2.08 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 440151 | 1.31 |
| 440152 | 1.04 |
| 440153 | 1.27 |
| 440156 | 2.55 |
| 440157 | 1.10 |
| 440159 | 1.24 |
| 440161 | 2.26 |
| 440162 | 0.74 |
| 440166 | 1.81 |
| 440168 | 1.27 |
| 440173 | 2.57 |
| 440174 | 1.25 |
| 440175 | 1.48 |
| 440176 | 1.74 |
| 440178 | 1.26 |
| 440180 | 1.16 |
| 440181 | 1.25 |
| 440182 | 1.24 |
| 440183 | 2.93 |
| 440184 | 2.01 |
| 440185 | 1.39 |
| 440186 | 1.27 |
| 440187 | 1.25 |
| 440189 | 2.18 |
| 440192 | 1.07 |
| 440193 | 1.93 |
| 440194 | 1.39 |
| 440197 | 1.71 |
| 440200 | 1.34 |
| 440203 | 1.26 |
| 440205 | 0.92 |
| 440206 | 1.19 |
| 442007 | 0.68 |
| 443025 | 1.05 |
| 443026 | 1.03 |
| 443028 | 1.05 |
| 443029 | 2.01 |
| 444003 | 0.74 |
| 444004 | 0.88 |
| 444006 | 0.89 |
| 444010 | 0.82 |
| 444011 | 0.98 |
| 444012 | 0.94 |
| 444017 | 0.79 |
| 444018 | 0.83 |
| 450002 | 1.37 |
| 450004 | 1.02 |
| 450005 | 1.31 |
| 450007 | 1.80 |
| 450008 | 1.18 |
| 450010 | 1.39 |
| 450011 | 1.44 |
| 450014 | 0.96 |
| 450015 | 0.84 |
| 450016 | 1.80 |
| 450018 | 0.99 |
| 450020 | 1.20 |
| 450021 | 1.24 |
| 450023 | 1.72 |
| 450024 | 1.04 |
| 450025 | 1.49 |
| 450028 | 1.69 |
| 450029 | 1.15 |
| 450031 | 1.27 |
| 450032 | 1.07 |
| 450033 | 1.14 |
| 450034 | 1.59 |
| 450035 | 1.90 |
| 450037 | 1.47 |
| 450039 | 0.74 |
| 450040 | 1.37 |
| 450042 | 1.49 |
| 450044 | 1.46 |
| 450046 | 1.63 |
| 450047 | 1.22 |
| 450050 | 0.80 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 450051 | 1.46 |
| 450052 | 0.80 |
| 450053 | 0.92 |
| 450054 | 1.36 |
| 450055 | 1.00 |
| 450056 | 2.46 |
| 450058 | 1.43 |
| 450059 | 1.65 |
| 450063 | 0.64 |
| 450064 | 1.51 |
| 450065 | 0.74 |
| 450068 | 1.32 |
| 450072 | 1.43 |
| 450073 | 0.88 |
| 450078 | 0.73 |
| 450079 | 1.57 |
| 450080 | 1.86 |
| 450081 | 0.94 |
| 450082 | 0.99 |
| 450083 | 1.67 |
| 450085 | 0.93 |
| 450087 | 1.32 |
| 450090 | 1.47 |
| 450092 | 1.03 |
| 450094 | 2.09 |
| 450096 | 1.59 |
| 450097 | 2.23 |
| 450098 | 0.77 |
| 450099 | 1.43 |
| 450101 | 1.39 |
| 450102 | 1.75 |
| 450104 | 1.30 |
| 450107 | 1.79 |
| 450108 | 0.78 |
| 450109 | 0.94 |
| 450110 | 1.07 |
| 450111 | 1.51 |
| 450112 | 1.74 |
| 450113 | 1.67 |
| 450118 | 2.42 |
| 450119 | 1.55 |
| 450121 | 1.59 |
| 450123 | 0.96 |
| 450124 | 1.26 |
| 450126 | 1.30 |
| 450128 | 1.33 |
| 450130 | 1.72 |
| 450131 | 1.14 |
| 450132 | 1.38 |
| 450133 | 1.41 |
| 450135 | 1.30 |
| 450137 | 1.19 |
| 450140 | 0.82 |
| 450142 | 1.40 |
| 450143 | 0.90 |
| 450144 | 0.80 |
| 450145 | 0.70 |
| 450146 | 0.70 |
| 450147 | 1.34 |
| 450148 | 1.22 |
| 450149 | 1.22 |
| 450150 | 0.74 |
| 450151 | 0.90 |
| 450152 | 1.36 |
| 450153 | 1.40 |
| 450154 | 1.10 |
| 450155 | 0.94 |
| 450157 | 0.75 |
| 450160 | 1.08 |
| 450162 | 1.32 |
| 450163 | 1.06 |
| 450164 | 0.75 |
| 450165 | 1.04 |
| 450166 | 0.60 |
| 450169 | 0.66 |
| 450170 | 0.77 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 450176 | 1.50 |
| 450177 | 1.22 |
| 450178 | 0.79 |
| 450181 | 0.82 |
| 450184 | 1.43 |
| 450185 | 0.86 |
| 450187 | 1.27 |
| 450188 | 0.97 |
| 450190 | 2.27 |
| 450191 | 1.41 |
| 450192 | 1.17 |
| 450193 | 2.81 |
| 450194 | 1.26 |
| 450196 | 1.57 |
| 450200 | 1.34 |
| 450201 | 1.38 |
| 450203 | 1.10 |
| 450209 | 1.12 |
| 450210 | 0.93 |
| 450211 | 1.61 |
| 450214 | 1.87 |
| 450217 | 0.67 |
| 450219 | 1.28 |
| 450221 | 0.75 |
| 450222 | 1.63 |
| 450224 | 1.28 |
| 450229 | 1.67 |
| 450231 | 1.43 |
| 450234 | 0.82 |
| 450235 | 1.09 |
| 450236 | 1.59 |
| 450237 | 1.07 |
| 450239 | 0.83 |
| 450241 | 0.81 |
| 450243 | 0.74 |
| 450246 | 0.87 |
| 450249 | 0.87 |
| 450250 | 0.83 |
| 450253 | 1.21 |
| 450258 | 0.70 |
| 450259 | 1.80 |
| 450264 | 0.59 |
| 450269 | 0.79 |
| 450270 | 0.77 |
| 450271 | 0.83 |
| 450272 | 1.57 |
| 450276 | 0.75 |
| 450278 | 0.84 |
| 450280 | 1.16 |
| 450283 | 0.87 |
| 450286 | 0.68 |
| 450288 | 0.91 |
| 450289 | 0.73 |
| 450292 | 0.98 |
| 450293 | 1.03 |
| 450296 | 1.38 |
| 450299 | 1.91 |
| 450303 | 0.67 |
| 450306 | 1.14 |
| 450307 | 0.68 |
| 450309 | 0.86 |
| 450315 | 1.51 |
| 450320 | 1.41 |
| 450321 | 0.73 |
| 450322 | 0.73 |
| 450324 | 1.27 |
| 450327 | 0.63 |
| 450330 | 1.08 |
| 450334 | 0.66 |
| 450337 | 0.82 |
| 450340 | 1.59 |
| 450341 | 1.25 |
| 450346 | 1.33 |
| 450347 | 1.24 |
| 450348 | 0.76 |
| 450351 | 1.70 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 450352 | 1.18 |
| 450353 | 1.02 |
| 450355 | 0.77 |
| 450358 | 1.60 |
| 450362 | 1.27 |
| 450369 | 0.89 |
| 450370 | 1.74 |
| 450371 | 0.93 |
| 450372 | 1.36 |
| 450373 | 0.83 |
| 450374 | 0.67 |
| 450376 | 1.64 |
| 450378 | 1.08 |
| 450379 | 1.35 |
| 450381 | 0.79 |
| 450388 | 2.25 |
| 450389 | 1.49 |
| 450393 | 1.11 |
| 450395 | 0.97 |
| 450399 | 0.66 |
| 450400 | 1.05 |
| 450403 | 1.52 |
| 450411 | 0.91 |
| 450417 | 1.01 |
| 450418 | 1.39 |
| 450419 | 1.01 |
| 450422 | 9.97 |
| 450423 | 1.94 |
| 450424 | 1.76 |
| 450429 | 0.65 |
| 450431 | 1.41 |
| 450438 | 1.10 |
| 450446 | 0.89 |
| 450447 | 1.93 |
| 450451 | 0.79 |
| 450457 | 1.67 |
| 450460 | 1.05 |
| 450462 | 1.17 |
| 450464 | 0.81 |
| 450465 | 1.61 |
| 450467 | 0.95 |
| 450469 | 1.31 |
| 450473 | 0.77 |
| 450475 | 1.24 |
| 450484 | 1.77 |
| 450488 | 1.04 |
| 450489 | 0.64 |
| 450497 | 0.90 |
| 450498 | 1.18 |
| 450508 | 1.26 |
| 450514 | 1.83 |
| 450517 | 0.83 |
| 450518 | 2.02 |
| 450523 | 2.60 |
| 450530 | 1.42 |
| 450534 | 0.71 |
| 450535 | 1.55 |
| 450537 | 1.30 |
| 450538 | 1.15 |
| 450539 | 1.38 |
| 450544 | 1.25 |
| 450545 | 2.33 |
| 450547 | 0.87 |
| 450550 | 1.42 |
| 450551 | 1.40 |
| 450558 | 1.52 |
| 450559 | 0.85 |
| 450561 | 1.38 |
| 450563 | 1.29 |
| 450565 | 1.09 |
| 450570 | 0.93 |
| 450571 | 1.65 |
| 450573 | 0.89 |
| 450574 | 0.57 |
| 450575 | 0.68 |
| 450578 | 0.65 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 450580 | 1.13 |
| 450583 | 0.69 |
| 450584 | 1.00 |
| 450586 | 0.89 |
| 450587 | 1.45 |
| 450591 | 1.31 |
| 450596 | 1.39 |
| 450597 | 0.97 |
| 450603 | 0.70 |
| 450604 | 1.32 |
| 450605 | 1.09 |
| 450609 | 0.74 |
| 450610 | 1.48 |
| 450614 | 0.83 |
| 450615 | 0.77 |
| 450617 | 1.33 |
| 450620 | 0.91 |
| 450623 | 1.31 |
| 450626 | 0.89 |
| 450628 | 0.70 |
| 450630 | 1.39 |
| 450631 | 1.59 |
| 450632 | 0.54 |
| 450633 | 1.56 |
| 450634 | 1.96 |
| 450638 | 2.14 |
| 450639 | 1.42 |
| 450641 | 0.95 |
| 450643 | 1.42 |
| 450644 | 1.81 |
| 450646 | 1.79 |
| 450647 | 1.60 |
| 450648 | 0.94 |
| 450649 | 0.82 |
| 450651 | 1.42 |
| 450652 | 0.68 |
| 450653 | 1.78 |
| 450654 | 0.79 |
| 450656 | 1.58 |
| 450658 | 1.00 |
| 450659 | 2.15 |
| 450661 | 2.36 |
| 450662 | 1.22 |
| 450665 | 0.86 |
| 450666 | 1.39 |
| 450668 | 1.93 |
| 450669 | 1.42 |
| 450670 | 1.64 |
| 450672 | 1.81 |
| 450673 | 0.73 |
| 450674 | 3.52 |
| 450675 | 1.48 |
| 450677 | 1.30 |
| 450678 | 1.51 |
| 450683 | 1.16 |
| 450684 | 1.38 |
| 450686 | 1.46 |
| 450688 | 1.41 |
| 450690 | 0.99 |
| 450691 | 1.19 |
| 450694 | 1.27 |
| 450696 | 6.04 |
| 450697 | 1.28 |
| 450698 | 0.67 |
| 450700 | 0.84 |
| 450702 | 1.53 |
| 450703 | 1.10 |
| 450704 | 1.33 |
| 450705 | 1.17 |
| 450706 | 1.42 |
| 450709 | 2.71 |
| 450711 | 1.87 |
| 450712 | 0.88 |
| 450713 | 1.67 |
| 450715 | 0.98 |
| 450716 | 1.76 |
| 450717 | 1.71 |
| 450718 | 1.60 |
| 450723 | 1.31 |
| 450724 | 1.95 |
| 450725 | 1.36 |
| 450727 | 1.06 |
| 450728 | 0.68 |
| 450730 | 1.45 |
| 450733 | 1.59 |
| 450735 | 0.44 |
| 450742 | 1.55 |
| 450743 | 1.60 |
| 450746 | 0.75 |
| 450747 | 1.74 |
| 450749 | 0.74 |
| 450750 | 0.91 |
| 450751 | 1.65 |
| 450754 | 1.07 |
| 450755 | 1.16 |
| 450757 | 0.67 |
| 450758 | 0.90 |
| 450760 | 1.75 |
| 450761 | 0.73 |
| 450763 | 1.30 |
| 450766 | 1.75 |
| 450769 | 0.74 |
| 450770 | 0.90 |
| 450771 | 1.37 |
| 450774 | 3.69 |
| 450775 | 1.81 |
| 450776 | 0.81 |
| 450777 | 0.85 |
| 450779 | 1.20 |
| 450780 | 3.40 |
| 450785 | 10.47 |
| 450788 | 1.26 |
| 450795 | 0.62 |
| 450796 | 10.29 |
| 450797 | 5.76 |
| 450798 | 0.35 |
| 450801 | 1.84 |
| 450802 | 1.60 |
| 450803 | 0.65 |
| 450804 | 3.50 |
| 450809 | 1.95 |
| 452013 | 0.64 |
| 452015 | 0.55 |
| 452016 | 0.55 |
| 452019 | 1.11 |
| 452022 | 1.00 |
| 452028 | 0.32 |
| 452033 | 0.65 |
| 452036 | 0.52 |
| 452037 | 1.39 |
| 452038 | 0.87 |
| 452039 | 0.69 |
| 452042 | 0.31 |
| 452043 | 0.71 |
| 452045 | 1.03 |
| 453025 | 0.88 |
| 453028 | 0.54 |
| 453029 | 1.25 |
| 453031 | 1.04 |
| 453032 | 0.52 |
| 453033 | 0.75 |
| 453034 | 0.67 |
| 453035 | 1.50 |
| 453036 | 1.40 |
| 453037 | 0.81 |
| 453038 | 0.83 |
| 453040 | 0.83 |
| 453041 | 0.59 |
| 453042 | 0.79 |
| 453044 | 0.90 |
| 453047 | 0.78 |
| 453048 | 0.82 |
| 453052 | 0.98 |
| 453053 | 0.98 |
| 453054 | 1.08 |
| 453055 | 0.70 |
| 453056 | 1.05 |
| 453057 | 0.90 |
| 453059 | 0.98 |
| 453065 | 2.22 |
| 453072 | 0.61 |
| 453300 | 0.77 |
| 453302 | 0.98 |
| 453304 | 0.93 |
| 453305 | 0.71 |
| 454000 | 0.67 |
| 454006 | 0.59 |
| 454008 | 0.47 |
| 454009 | 0.60 |
| 454011 | 0.54 |
| 454012 | 0.77 |
| 454014 | 0.81 |
| 454018 | 0.89 |
| 454026 | 0.94 |
| 454028 | 0.87 |
| 454029 | 1.31 |
| 454030 | 0.86 |
| 454031 | 0.91 |
| 454032 | 0.88 |
| 454037 | 0.87 |
| 454038 | 0.87 |
| 454040 | 0.83 |
| 454042 | 0.81 |
| 454043 | 0.86 |
| 454045 | 0.88 |
| 454046 | 0.87 |
| 454050 | 0.87 |
| 454051 | 0.87 |
| 454056 | 1.08 |
| 454057 | 0.89 |
| 454058 | 0.87 |
| 454060 | 0.88 |
| 454063 | 0.85 |
| 454064 | 0.87 |
| 454065 | 0.89 |
| 454066 | 0.87 |
| 454069 | 0.96 |
| 454072 | 0.87 |
| 454073 | 0.99 |
| 454078 | 0.79 |
| 454083 | 0.89 |
| 454084 | 0.59 |
| 454086 | 0.96 |
| 454089 | 0.88 |
| 460001 | 1.97 |
| 460003 | 2.18 |
| 460004 | 1.73 |
| 460005 | 1.82 |
| 460006 | 2.28 |
| 460007 | 1.93 |
| 460008 | 1.45 |
| 460009 | 1.82 |
| 460010 | 1.64 |
| 460011 | 1.42 |
| 460013 | 2.16 |
| 460014 | 1.00 |
| 460015 | 1.88 |
| 460016 | 0.97 |
| 460017 | 2.21 |
| 460018 | 1.11 |
| 460019 | 1.13 |
| 460020 | 1.22 |
| 460021 | 1.65 |
| 460022 | 0.82 |
| 460023 | 1.97 |
| 460024 | 0.70 |
| 460025 | 0.49 |
| 460026 | 1.21 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 460027 | 0.97 |
| 460029 | 1.22 |
| 460030 | 1.62 |
| 460032 | 0.90 |
| 460033 | 1.28 |
| 460035 | 0.85 |
| 460036 | 1.20 |
| 460037 | 1.41 |
| 460039 | 0.93 |
| 460041 | 1.69 |
| 460042 | 1.59 |
| 460044 | 1.37 |
| 460046 | 7.81 |
| 460047 | 1.46 |
| 460049 | 7.48 |
| 460050 | 2.50 |
| 463025 | 1.08 |
| 463301 | 1.56 |
| 464003 | 0.87 |
| 464007 | 7.13 |
| 464009 | 0.85 |
| 464010 | 0.87 |
| 470001 | 1.35 |
| 470003 | 1.86 |
| 470004 | 1.06 |
| 470005 | 1.47 |
| 470006 | 1.59 |
| 470006 | 1.34 |
| 470010 | 1.23 |
| 470011 | 1.51 |
| 470012 | 1.99 |
| 470015 | 1.18 |
| 470018 | 1.39 |
| 470020 | 0.78 |
| 470023 | 1.49 |
| 470024 | 1.33 |
| 474001 | 0.72 |
| 480001 | 1.19 |
| 480002 | 1.30 |
| 490001 | 1.29 |
| 490002 | 1.14 |
| 490003 | 10.75 |
| 490004 | 1.69 |
| 490005 | 1.77 |
| 490006 | 1.28 |
| 490007 | 1.74 |
| 490009 | 1.36 |
| 490011 | 1.92 |
| 490012 | 1.02 |
| 490013 | 1.87 |
| 490014 | 2.11 |
| 490015 | 1.98 |
| 490017 | 2.14 |
| 490018 | 1.81 |
| 490019 | 1.46 |
| 490020 | 2.42 |
| 490021 | 2.69 |
| 490022 | 1.61 |
| 490023 | 1.59 |
| 490024 | 1.61 |
| 490027 | 1.31 |
| 490030 | 1.73 |
| 490031 | 1.54 |
| 490032 | 1.29 |
| 490033 | 1.15 |
| 490035 | 1.53 |
| 490037 | 1.63 |
| 490038 | 1.58 |
| 490040 | 2.07 |
| 490041 | 2.03 |
| 490042 | 1.75 |
| 490043 | 1.34 |
| 490044 | 1.62 |
| 490045 | 1.58 |
| 490046 | 2.03 |
| 490047 | 0.96 |
| 490048 | 1.75 |
| 490050 | 1.86 |
| 490052 | 1.97 |
| 490053 | 2.23 |
| 490054 | 1.41 |
| 490057 | 1.82 |
| 490059 | 2.24 |
| 490060 | 1.62 |
| 490063 | 2.18 |
| 490066 | 1.89 |
| 490067 | 1.90 |
| 490069 | 1.11 |
| 490071 | 2.06 |
| 490073 | 2.81 |
| 490074 | 2.72 |
| 490075 | 1.83 |
| 490077 | 1.67 |
| 490079 | 1.49 |
| 490083 | 9.68 |
| 490084 | 1.84 |
| 490085 | 1.48 |
| 490088 | 1.64 |
| 490089 | 1.04 |
| 490090 | 1.74 |
| 490091 | 1.84 |
| 490092 | 1.45 |
| 490093 | 1.76 |
| 490094 | 1.43 |
| 490095 | 1.31 |
| 490097 | 1.24 |
| 490098 | 1.45 |
| 490099 | 0.74 |
| 490100 | 2.66 |
| 490101 | 2.21 |
| 490107 | 2.28 |
| 490110 | 2.29 |
| 490111 | 1.53 |
| 490112 | 1.76 |
| 490113 | 1.76 |
| 490114 | 1.12 |
| 490115 | 1.51 |
| 490116 | 1.57 |
| 490117 | 0.88 |
| 490118 | 2.01 |
| 490119 | 1.95 |
| 490120 | 1.62 |
| 490122 | 2.03 |
| 490123 | 1.41 |
| 490124 | 1.50 |
| 490126 | 1.64 |
| 490127 | 0.93 |
| 490130 | 1.61 |
| 490131 | 1.39 |
| 492001 | 0.21 |
| 493025 | 0.87 |
| 493026 | 0.71 |
| 493027 | 1.21 |
| 493028 | 0.71 |
| 493301 | 1.21 |
| 494001 | 0.87 |
| 494002 | 1.04 |
| 494011 | 0.82 |
| 494012 | 0.83 |
| 494016 | 0.73 |
| 494018 | 0.88 |
| 494020 | 0.87 |
| 494022 | 0.69 |
| 494023 | 0.78 |
| 494025 | 0.82 |
| 494026 | 0.78 |
| 494028 | 0.87 |
| 500001 | 1.86 |
| 500002 | 1.31 |
| 500003 | 1.61 |
| 500005 | 1.95 |
| 500007 | 2.03 |
| 500008 | 1.18 |
| 500011 | 1.59 |
| 500012 | 2.00 |
| 500014 | 1.85 |
| 500015 | 1.31 |
| 500016 | 1.41 |
| 500019 | 2.04 |
| 500021 | 1.42 |
| 500023 | 1.39 |
| 500024 | 2.58 |
| 500025 | 1.31 |
| 500026 | 1.53 |
| 500027 | 1.87 |
| 500028 | 0.85 |
| 500029 | 0.72 |
| 500030 | 1.75 |
| 500031 | 1.29 |
| 500033 | 1.59 |
| 500036 | 1.80 |
| 500037 | 1.07 |
| 500039 | 1.93 |
| 500041 | 1.53 |
| 500042 | 2.22 |
| 500043 | 1.06 |
| 500044 | 1.72 |
| 500045 | 1.73 |
| 500048 | 1.17 |
| 500049 | 2.08 |
| 500050 | 1.84 |
| 500051 | 1.97 |
| 500053 | 1.48 |
| 500054 | 1.86 |
| 500055 | 1.33 |
| 500057 | 1.81 |
| 500058 | 1.96 |
| 500059 | 1.66 |
| 500060 | 1.30 |
| 500061 | 0.75 |
| 500062 | 0.59 |
| 500064 | 0.87 |
| 500065 | 1.76 |
| 500068 | 0.76 |
| 500069 | 0.92 |
| 500071 | 1.47 |
| 500072 | 1.74 |
| 500073 | 0.98 |
| 500074 | 1.51 |
| 500077 | 1.51 |
| 500079 | 1.17 |
| 500080 | 0.82 |
| 500084 | 1.43 |
| 500085 | 1.12 |
| 500086 | 1.34 |
| 500088 | 1.94 |
| 500089 | 1.19 |
| 500090 | 0.49 |
| 500092 | 1.10 |
| 500094 | 0.59 |
| 500096 | 1.26 |
| 500097 | 0.83 |
| 500098 | 0.98 |
| 500101 | 0.85 |
| 500102 | 1.00 |
| 500104 | 1.34 |
| 500106 | 0.79 |
| 500107 | 1.21 |
| 500108 | 1.72 |
| 500110 | 1.77 |
| 500118 | 1.62 |
| 500119 | 1.22 |
| 500122 | 1.43 |
| 500123 | 0.61 |
| 500124 | 1.52 |
| 500125 | 0.99 |
| 500129 | 1.44 |
| 500132 | 1.05 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 500138 | 0.90 |
| 500139 | 1.62 |
| 500141 | 1.81 |
| 500146 | 1.69 |
| 502002 | 2.34 |
| 503025 | 0.99 |
| 503300 | 4.72 |
| 504002 | 0.75 |
| 504008 | 0.83 |
| 510001 | 1.62 |
| 510002 | 1.70 |
| 510004 | 0.77 |
| 510005 | 1.11 |
| 510006 | 1.86 |
| 510007 | 1.31 |
| 510008 | 1.52 |
| 510012 | 1.28 |
| 510013 | 1.17 |
| 510015 | 0.76 |
| 510016 | 0.73 |
| 510018 | 1.18 |
| 510020 | 0.88 |
| 510022 | 1.68 |
| 510023 | 1.56 |
| 510024 | 1.97 |
| 510026 | 1.12 |
| 510027 | 0.99 |
| 510028 | 1.04 |
| 510029 | 1.57 |
| 510030 | 1.50 |
| 510031 | 2.16 |
| 510033 | 1.48 |
| 510038 | 1.13 |
| 510039 | 1.54 |
| 510043 | 0.64 |
| 510046 | 1.05 |
| 510047 | 2.11 |
| 510048 | 0.95 |
| 510050 | 1.57 |
| 510053 | 1.03 |
| 510055 | 1.49 |
| 510058 | 1.66 |
| 510059 | 5.37 |
| 510060 | 1.13 |
| 510063 | 0.74 |
| 510065 | 0.80 |
| 510066 | 1.43 |
| 510067 | 1.52 |
| 510068 | 1.26 |
| 510070 | 2.03 |
| 510071 | 1.73 |
| 510072 | 1.04 |
| 510077 | 1.03 |
| 510081 | 0.71 |
| 510082 | 1.13 |
| 510084 | 1.27 |
| 510085 | 1.37 |
| 510086 | 0.91 |
| 511300 | 1.04 |
| 511301 | 0.58 |
| 513026 | 0.62 |
| 513027 | 0.98 |
| 513028 | 1.10 |
| 513030 | 1.04 |
| 514001 | 0.96 |
| 514007 | 1.22 |
| 514008 | 1.29 |
| 520002 | 2.63 |
| 520003 | 1.59 |
| 520004 | 2.63 |
| 520006 | 4.45 |
| 520007 | 1.27 |
| 520008 | 1.79 |
| 520009 | 1.27 |
| 520010 | 1.51 |
| 520011 | 2.38 |

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 520013 | 1.76 |
| 520014 | 1.82 |
| 520015 | 2.06 |
| 520016 | 3.42 |
| 520017 | 1.46 |
| 520018 | 1.52 |
| 520019 | 1.65 |
| 520021 | 2.27 |
| 520024 | 1.40 |
| 520025 | 1.38 |
| 520026 | 1.75 |
| 520028 | 2.46 |
| 520029 | 0.89 |
| 520030 | 3.47 |
| 520031 | 2.68 |
| 520032 | 1.67 |
| 520033 | 2.40 |
| 520034 | 1.80 |
| 520035 | 3.33 |
| 520037 | 2.04 |
| 520038 | 2.45 |
| 520039 | 2.16 |
| 520040 | 1.31 |
| 520041 | 2.16 |
| 520042 | 1.28 |
| 520044 | 2.12 |
| 520045 | 1.37 |
| 520047 | 1.63 |
| 520048 | 1.62 |
| 520049 | 2.96 |
| 520051 | 1.85 |
| 520053 | 1.23 |
| 520054 | 1.19 |
| 520057 | 5.86 |
| 520058 | 1.96 |
| 520059 | 1.92 |
| 520060 | 1.19 |
| 520062 | 2.43 |
| 520063 | 3.44 |
| 520064 | 1.32 |
| 520066 | 2.82 |
| 520068 | 1.13 |
| 520069 | 1.39 |
| 520070 | 1.81 |
| 520071 | 1.66 |
| 520074 | 1.21 |
| 520075 | 1.68 |
| 520076 | 2.23 |
| 520077 | 0.97 |
| 520078 | 2.01 |
| 520082 | 2.49 |
| 520083 | 1.40 |
| 520084 | 2.38 |
| 520087 | 1.74 |
| 520088 | 1.61 |
| 520089 | 4.31 |
| 520090 | 1.38 |
| 520091 | 3.18 |
| 520092 | 1.51 |
| 520094 | 1.25 |
| 520095 | 4.22 |
| 520096 | 1.92 |
| 520097 | 1.73 |
| 520098 | 1.16 |
| 520100 | 1.94 |
| 520101 | 1.13 |
| 520102 | 1.82 |
| 520103 | 1.73 |
| 520107 | 1.51 |
| 520109 | 1.73 |
| 520110 | 1.36 |
| 520111 | 2.22 |
| 520112 | 2.23 |
| 520113 | 2.82 |
| 520114 | 1.27 |
| 520115 | 1.25 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 520116 | 1.69 |
| 520117 | 1.51 |
| 520118 | 0.72 |
| 520120 | 0.77 |
| 520121 | 1.32 |
| 520122 | 0.97 |
| 520123 | 1.07 |
| 520124 | 1.31 |
| 520130 | 2.21 |
| 520131 | 1.43 |
| 520132 | 1.65 |
| 520134 | 1.16 |
| 520135 | 1.31 |
| 520136 | 1.37 |
| 520138 | 1.74 |
| 520139 | 3.15 |
| 520140 | 1.64 |
| 520141 | 1.42 |
| 520142 | 0.90 |
| 520144 | 3.38 |
| 520145 | 1.01 |
| 520146 | 1.97 |
| 520148 | 1.52 |
| 520149 | 0.80 |
| 520151 | 2.91 |
| 520152 | 1.99 |
| 520153 | 1.23 |
| 520154 | 1.95 |
| 520156 | 1.55 |
| 520157 | 1.12 |
| 520159 | 0.99 |
| 520160 | 1.73 |
| 520161 | 1.60 |
| 520170 | 2.11 |
| 520171 | 1.19 |
| 520173 | 2.77 |
| 520177 | 2.17 |
| 520178 | 1.73 |
| 523025 | 0.95 |
| 523300 | 2.03 |
| 524000 | 0.94 |
| 524001 | 0.79 |
| 524003 | 0.85 |
| 524017 | 0.35 |
| 524018 | 0.79 |
| 524034 | 0.87 |
| 524035 | 0.87 |
| 524038 | 0.98 |
| 524040 | 1.03 |
| 530002 | 1.40 |
| 530003 | 0.88 |
| 530004 | 1.06 |
| 530005 | 1.23 |
| 530006 | 1.40 |
| 530007 | 1.24 |
| 530008 | 1.34 |
| 530009 | 1.45 |
| 530010 | 1.95 |
| 530011 | 1.41 |
| 530012 | 1.58 |
| 530014 | 1.54 |
| 530015 | 1.59 |
| 530016 | 1.27 |
| 530017 | 1.64 |
| 530018 | 1.18 |
| 530019 | 1.15 |
| 530022 | 1.15 |
| 530023 | 1.07 |
| 530025 | 1.41 |
| 530026 | 1.00 |
| 530027 | 1.03 |
| 530029 | 0.75 |
| 530031 | 0.67 |
| 530032 | 1.52 |
| 532002 | 0.05 |
| 534003 | 0.87 |

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

| Hospital | SMI |
|---|---|
| 650001 | 1.28 |

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS

| Urban area (Constituent counties) | Wage index |
|---|---|
| 0040 Abilene, TX | 0.8081 |
| Taylor, TX | |
| 0060 Aguadilla, PR | 0.4772 |
| Aguada, PR | |
| Aguadilla, PR | |
| Moca, PR | |
| 0080 Akron, OH | 1.0011 |
| Portage, OH | |
| Summit, OH | |
| 0120 Albany, GA | 0.8098 |
| Dougherty, GA | |
| Lee, GA | |
| 0160 [2] Albany-Schenectady-Troy, NY | 0.8640 |
| Albany, NY | |
| Montgomery, NY | |
| Rensselaer, NY | |
| Saratoga, NY | |
| Schenectady, NY | |
| Schoharie, NY | |
| 0200 Albuquerque, NM | 0.8813 |
| Bernalillo, NM | |
| Sandoval, NM | |
| Valencia, NM | |
| 0220 Alexandria, LA | 0.8598 |
| Rapides, LA | |
| 0240 Allentown-Bethlehem-Easton, PA | 1.0219 |
| Carbon, PA | |
| Lehigh, PA | |
| Northampton, PA | |
| 0280 Altoona, PA | 0.9398 |
| Blair, PA | |
| 0320 Amarillo, TX | 0.8483 |
| Potter, TX | |
| Randall, TX | |
| 0380 Anchorage, AK | 1.3088 |
| Anchorage, AK | |
| 0440 Ann Arbor, MI | 1.11271 |
| Lenawee, MI | |
| Livingston, MI | |
| Washtenaw, MI | |
| 0450 Anniston, AL | 0.8731 |
| Calhoun, AL | |
| 0460 Appleton-Oshkosh-Neenah, WI | 0.8899 |
| Calumet, WI | |
| Outagamie, WI | |
| Winnebago, WI | |
| 0470 Arecibo, PR | 0.4915 |
| Arecibo, PR | |
| Camuy, PR | |
| Hatillo, PR | |
| 0480 Asheville, NC | 0.9016 |
| Buncombe, NC | |
| Madison, NC | |
| 0500 Athens, GA | 0.8746 |
| Clarke, GA | |
| Madison, GA | |
| Oconee, GA | |
| 0520 [1] Atlanta, GA | 1.0024 |
| Barrow, GA | |
| Bartow, GA | |
| Carroll, GA | |
| Cherokee, GA | |
| Clayton, GA | |
| Cobb, GA | |
| Coweta, GA | |
| DeKalb, GA | |
| Douglas, GA | |

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

| Urban area (Constituent counties) | Wage index |
|---|---|
| Fayette, GA | |
| Forsyth, GA | |
| Fulton, GA | |
| Gwinnett, GA | |
| Henry, GA | |
| Newton, GA | |

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS

| Urban area (Constituent counties) | Wage index |
|---|---|
| Paulding, GA | |
| Pickens, GA | |
| Rockdale, GA | |
| Spalding, GA | |
| Walton, GA | |
| 0560 Atlantic-Cape May, NJ | 1.0442 |
| Atlantic, NJ | |
| Cape May, NJ | |
| 0600 Augusta-Aiken, GA-SC | 0.9309 |
| Columbia, GA | |
| McDuffie, GA | |
| Richmond, GA | |
| Aiken, SC | |
| Edgefield, SC | |
| 0640 [1] Austin-San Marcos, TX | 0.8158 |
| Bastrop, TX | |
| Caldwell, TX | |
| Hays, TX | |
| Travis, TX | |
| Williamson, TX | |
| 0680 [2] Bakersfield, CA | 0.9976 |
| Kern, CA | |
| 0720 [1] Baltimore, MD | 0.9760 |
| Anne Arundel, MD | |
| Baltimore, MD | |
| Baltimore City, MD | |
| Carroll, MD | |
| Harford, MD | |
| Howard, MD | |
| Queen Anne's, MD | |
| 0733 [2] Bangor, ME | 0.8538 |
| Penobscot, ME | 0.8538 |
| 0743 Barnstable-Yarmouth, MA | 1.5644 |
| Barnstable, MA | |
| 0760 Baton Rouge, LA | 0.8940 |
| Ascension, LA | |
| East Baton Rouge, LA | |
| Livingston, LA | |
| West Baton Rouge, LA | |
| 0840 Beaumont-Port Arthur, TX | 0.8660 |
| Hardin, TX | |
| Jefferson, TX | |
| Orange, TX | |
| 0860 Bellingham, WA | 1.1475 |
| Whatcom, WA | |
| 0870 [2] Benton Harbor, MI | 0.8988 |
| Berrien, MI | |
| 0875 [1] Bergen-Passaic, NJ | 1.1845 |
| Bergen, NJ | |
| Passaic, NJ | |
| 0880 Billings, MT | 0.9220 |
| Yellowstone, MT | |
| 0920 Biloxi-Gulfport-Pascagoula, MS | 0.8291 |
| Hancock, MS | |
| Harrison, MS | |
| Jackson, MS | |
| 0960 Binghamton, NY | 0.9103 |
| Broome, NY | |
| Tioga, NY | |
| 1000 Birmingham, AL | 0.9150 |
| Blount, AL | |

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

| Urban area (Constituent counties) | Wage index |
|---|---|
| Jefferson, AL | |
| St. Clair, AL | |
| Shelby, AL | |
| 1010 Bismarck, ND | 0.8015 |
| Burleigh, ND | |
| Morton, ND | |
| 1020 Bloomington, IN | 0.9041 |
| Monroe, IN | |
| 1040 Bloomington-Normal, IL | 0.8926 |
| McLean, IL | |
| 1080 Boise City, ID | 0.9267 |
| Ada, ID | |
| Canyon, ID | |
| 1123 [1,2] Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH (Massachusetts Hospitals) | 1.0917 |
| Bristol, MA | |
| Essex, MA | |
| Middlesex, MA | |
| Norfolk, MA | |
| Plymouth, MA | |
| Suffolk, MA | |
| Worcester, MA | |
| Hillsborough, NH | |
| Merrimack, NH | |
| Rockingham, NH | |
| Strafford, NH | |
| 1123 [1] Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH (New Hampshire Hospitals) | 1.0885 |
| Bristol, MA | |
| Essex, MA | |
| Middlesex, MA | |
| Norfolk, MA | |
| Plymouth, MA | |
| Suffolk, MA | |
| Worcester, MA | |
| Hillsborough, NH | |
| Merrimack, NH | |
| Rockingham, NH | |
| Strafford, NH | |
| 1125 Boulder-Longmont, CO | 1.0122 |
| Boulder, CO | |
| 1145 Brazoria, TX | 0.8895 |
| Brazoria, TX | |
| 1150 Bremerton, WA | 1.1148 |
| Kitsap, WA | |
| 1240 Brownsville-Harlingen-San Benito, TX | 0.8291 |
| Cameron, TX | |
| 1260 Bryan-College Station, TX | 0.7962 |
| Brazos, TX | |
| 1280 [1] Buffalo-Niagara Falls, NY | 0.9592 |
| Erie, NY | |
| Niagara, NY | |
| 1303 Burlington, VT | 0.9612 |
| Chittenden, VT | |
| Franklin, VT | |
| Grand Isle, VT | |
| 1310 Caguas, PR | 0.4445 |
| Caguas, PR | |
| Cayey, PR | |
| Cidra, PR | |
| Gurabo, PR | |
| San Lorenzo, PR | |
| 1320 Canton-Massillon, OH | 0.8895 |
| Carroll, OH | |
| Stark, OH | |
| 1350 Casper, WY | 0.9227 |
| Natrona, WY | |
| 1360 Cedar Rapids, IA | 0.8888 |
| Linn, IA | |
| 1400 Champaign-Urbana, IL | 0.8844 |
| Champaign, IL | |
| 1440 Charleston-North Charleston, SC | 0.8931 |

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

| Urban area (Constituent counties) | Wage index |
| --- | --- |
| Berkeley, SC | |
| Charleston, SC | |
| Dorchester, SC | |
| 1480 Charleston, WV | 0.9042 |
| Kanawha, WV | |
| Putnam, WV | |
| 1520 [1]Charlotte-Gastonia-Rock Hill, NC-SC | 0.9568 |
| Cabarrus, NC | |
| Gaston, NC | |
| Lincoln, NC | |
| Mecklenburg, NC | |
| Rowan, NC | |
| Stanly, NC | |
| Union, NC | |
| York, SC | |
| 1540 Charlottesville, VA | 1.0359 |
| Albemarle, VA | |
| Charlottesville City, VA | |
| Fluvanna, VA | |
| Greene, VA | |
| 1560 Chattanooga, TN-GA | 0.9123 |
| Catoosa, GA | |
| Dade, GA | |
| Walker, GA | |
| Hamilton, TN | |
| Marion, TN | |
| 1580 Cheyenne, WY | 0.9354 |
| Laramie, WY | |
| 1600 [1]Chicago, IL | 1.0507 |
| Cook, IL | |
| DeKalb, IL | |
| DuPage, IL | |
| Grundy, IL | |
| Kane, IL | |
| Kendall, IL | |
| Lake, IL | |
| McHenry, IL | |
| Will, IL | |
| 1620 Chico-Paradise, CA | 1.0231 |
| Butte, CA | |
| 1640 [1]Cincinnati, OH-KY-IN | 0.9465 |
| Dearborn, IN | |
| Ohio, IN | |
| Boone, KY | |
| Campbell, KY | |
| Gallatin, KY | |
| Grant, KY | |
| Kenton, KY | |
| Pendleton, KY | |
| Brown, OH | |
| Clermont, OH | |
| Hamilton, OH | |
| Warren, OH | |
| 1660 Clarksville-Hopkinsville, TN-KY | 0.8204 |
| Christian, KY | |
| Montgomery, TN | |
| 1680 [1]Cleveland-Lorain-Elyria, OH | 0.9970 |
| Ashtabula, OH | |
| Cuyahoga, OH | |
| Geauga, OH | |
| Lake, OH | |
| Lorain, OH | |
| Medina, OH | |
| 1720 Colorado Springs, CO | 0.9469 |
| El Paso, CO | |
| 1740 Columbia, MO | 0.9678 |
| Boone, MO | |
| 1760 Columbia, SC | 0.9368 |
| Lexington, SC | |
| Richland, SC | |
| 1800 Columbus, GA-AL | 0.8573 |
| Russell, AL | |
| Chattahoochee, GA | |
| Harris, GA | |
| Muscogee, GA | |
| 1840 [1]Columbus, OH | 0.9929 |
| Delaware, OH | |
| Fairfield, OH | |
| Franklin, OH | |
| Licking, OH | |
| Madison, OH | |
| Pickaway, OH | |
| 1880 Corpus Christi, TX | 0.8112 |
| Nueces, TX | |
| San Patricio, TX | |
| 1900 [2]Cumberland, MD-WV (Maryland Hospitals) | 0.8627 |
| Allegany, MD | |
| Mineral, WV | |
| 1900 Cumberland, MD-WV (West Virginia Hospital) | 0.8407 |
| Allegany, MD | |
| Mineral, WV | |
| 1920 [1]Dallas, TX | 0.9149 |
| Collin, TX | |
| Dallas, TX | |
| Denton, TX | |
| Ellis, TX | |
| Henderson, TX | |
| Hunt, TX | |
| Kaufman, TX | |
| Rockwall, TX | |
| 1950 Danville, VA | 0.9121 |
| Danville City, VA | |
| Pittsylvania, VA | |
| 1960 Davenport-Moline-Rock Island, IA-IL | 0.8496 |
| Scott, IA | |
| Henry, IL | |
| Rock Island, IL | |
| 2000 Dayton-Springfield, OH | 0.9670 |
| Clark, OH | |
| Greene, OH | |
| Miami, OH | |
| Montgomery, OH | |
| 2020 Daytona Beach, FL | 0.9211 |
| Flagler, FL | |
| Volusia, FL | |
| 2030 Decatur, AL | 0.8302 |
| Lawrence, AL | |
| Morgan, AL | |
| 2040 Decatur, IL | 0.8140 |
| Macon, IL | |
| 2080 [1]Denver, CO | 1.0532 |
| Adams, CO | |
| Arapahoe, CO | |
| Denver, CO | |
| Douglas, CO | |
| Jefferson, CO | |
| 2120 Des Moines, IA | 0.8576 |
| Dallas, IA | |
| Polk, IA | |
| Warren, IA | |
| 2160 [1]Detroit, MI | 1.0601 |
| Lapeer, MI | |
| Macomb, MI | |
| Monroe, MI | |
| Oakland, MI | |
| St. Clair, MI | |
| Wayne, MI | |
| 2180 Dothan, AL | 0.7827 |
| Dale, AL | |
| Houston, AL | |
| 2190 Dover, DE | 0.9441 |
| Kent, DE | |
| 2200 Dubuque, IA | 0.8292 |
| Dubuque, IA | |
| 2240 Duluth-Superior, MN-WI | 1.0133 |
| St. Louis, MN | |
| Douglas, WI | |
| 2281 Dutchess County, NY | 0.9860 |
| Dutchess, NY | |
| 2290 Eau Claire, WI | 0.8755 |
| Chippewa, WI | |
| Eau Claire, WI | |
| 2320 El Paso, TX | 0.8978 |
| El Paso, TX | |
| 2330 Elkhart-Goshen, IN | 0.9168 |
| Elkhart, IN | |
| 2335 [2]Elmira, NY | 0.8640 |
| Chemung, NY | |
| 2340 Enid, OK | 0.8050 |
| Garfield, OK | |
| 2360 Erie, PA | 0.9343 |
| Erie, PA | |
| 2400 Eugene-Springfield, OR | 1.1288 |
| Lane, OR | |
| 2440 Evansville-Henderson, IN-KY | 0.8505 |
| Posey, IN | |
| Vanderburgh, IN | |
| Warrick, IN | |
| Henderson, KY | |
| 2520 Fargo-Moorhead, ND-MN (North Dakota Hospitals) | 0.7905 |
| Clay, MN | |
| Cass, ND | |
| 2520 [2]Fargo-Moorhead, ND-MN (Minnesota Hospitals) | 0.8665 |
| Clay, MN | |
| Cass, ND | |
| 2560 Fayetteville, NC | 0.8460 |
| Cumberland, NC | |
| 2580 Fayetteville-Springdale-Rogers, AR | 0.8686 |
| Benton, AR | |
| Washington, AR | |
| 2620 Flagstaff, AZ-UT | 0.9602 |
| Coconino, AZ | |
| Kane, UT | |
| 2640 Flint, MI | 1.1106 |
| Genesee, MI | |
| 2650 Florence, AL | 0.7740 |
| Colbert, AL | |
| Lauderdale, AL | |
| 2655 Florence, SC | 0.8368 |
| Florence, SC | |
| 2670 Fort Collins-Loveland, CO | 1.0383 |
| Larimer, CO | |
| 2680 [1]Ft. Lauderdale, FL | 1.0534 |
| Broward, FL | |
| 2700 Fort Myers-Cape Coral, FL | 0.9017 |
| Lee, FL | |
| 2710 Fort Pierce-Port St. Lucie, FL | 0.9847 |
| Martin, FL | |
| St. Lucie, FL | |
| 2720 Fort Smith, AR-OK | 0.7687 |
| Crawford, AR | |
| Sebastian, AR | |
| Sequoyah, OK | |
| 2750 [2]Fort Walton Beach, FL | 0.8947 |
| Okaloosa, FL | |
| 2760 Fort Wayne, IN | 0.8896 |
| Adams, IN | |
| Allen, IN | |
| De Kalb, IN | |
| Huntington, IN | |
| Wells, IN | |
| Whitley, IN | |
| 2800 [1]Forth Worth-Arlington, TX | 0.9192 |
| Hood, TX | |
| Johnson, TX | |
| Parker, TX | |
| Tarrant, TX | |
| 2840 Fresno, CA | 1.0491 |
| Fresno, CA | |
| Madera, CA | |

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

| Urban area (Constituent counties) | Wage index |
|---|---|
| 2880 Gadsden, AL | 0.8854 |
| Etowah, AL | |
| 2900 Gainesville, FL | 0.9542 |
| Alachua, FL | |
| 2920 Galveston-Texas City, TX | 0.9549 |
| Galveston, TX | |
| 2960 Gary, IN | 0.9542 |
| Lake, IN | |
| Porter, IN | |
| 2975 [2] Glens Falls, NY | 0.8640 |
| Warren, NY | |
| Washington, NY | |
| 2980 Goldsboro, NC | 0.8523 |
| Wayne, NC | |
| 2985 Grand Forks, ND-MN | 0.8996 |
| Polk, MN | |
| Grand Forks, ND | |
| 2995 Grand Junction, CO | 0.9110 |
| Mesa, CO | |
| 3000 [1] Grand Rapids-Muskegon-Holland, MI | 1.0018 |
| Allegan, MI | |
| Kent, MI | |
| Muskegon, MI | |
| Ottawa, MI | |
| 3040 Great Falls, MT | 0.9362 |
| Cascade, MT | |
| 3060 Greeley, CO | 0.9856 |
| Weld, CO | |
| 3080 Green Bay, WI | 0.9323 |
| Brown, WI | |
| 3120 [1] Greensboro-Winston-Salem-High Point, NC | 0.9418 |
| Alamance, NC | |
| Davidson, NC | |
| Davie, NC | |
| Forsyth, NC | |
| Guilford, NC | |
| Randolph, NC | |
| Stokes, NC | |
| Yadkin, NC | |
| 3150 Greenville, NC | 0.9034 |
| Pitt, NC | |
| 3160 Greenville-Spartanburg-Anderson, SC | 0.9318 |
| Anderson, SC | |
| Cherokee, SC | |
| Greenville, SC | |
| Pickens, SC | |
| Spartanburg, SC | |
| 3180 Hagerstown, MD | 1.0268 |
| Washington, MD | |
| 3200 Hamilton-Middletown, OH | 0.9292 |
| Butler, OH | |
| 3240 Harrisburg-Lebanon-Carlisle, PA | 0.9572 |
| Cumberland, PA | |
| Dauphin, PA | |
| Lebanon, PA | |
| Perry, PA | |
| 3283 [1,2] Hartford, CT | 1.2175 |
| Hartford, CT | |
| Litchfield, CT | |
| Middlesex, CT | |
| Tolland, CT | |
| 3285 [2] Hattiesburg, MS | 0.7359 |
| Forrest, MS | |
| Lamar, MS | |
| 3290 Hickory-Morganton-Lenoir, NC | 0.8687 |
| Alexander, NC | |
| Burke, NC | |
| Caldwell, NC | |
| Catawba, NC | |
| 3320 Honolulu, HI | 1.1628 |
| Honolulu, HI | |
| 3350 Houma, LA | 0.8266 |
| Lafourche, LA | |
| Terrebonne, LA | |
| 3360 [1] Houston, TX | 1.0017 |
| Chambers, TX | |
| Fort Bend, TX | |
| Harris, TX | |
| Liberty, TX | |
| Montgomery, TX | |
| Waller, TX | |
| 3400 Huntington-Ashland, WV-KY-OH | 0.9728 |
| Boyd, KY | |
| Carter, KY | |
| Greenup, KY | |
| Lawrence, OH | |
| Cabell, WV | |
| Wayne, WV | |
| 3440 Huntsville, AL | 0.8428 |
| Limestone, AL | |
| Madison, AL | |
| 3480 [1] Indianapolis, IN | 0.9901 |
| Boone, IN | |
| Hamilton, IN | |
| Hancock, IN | |
| Hendricks, IN | |
| Johnson, IN | |
| Madison, IN | |
| Marion, IN | |
| Morgan, IN | |
| Shelby, IN | |
| 3500 Iowa City, IA | 0.9561 |
| Johnson, IA | |
| 3520 Jackson, MI | 0.9302 |
| Jackson, MI | |
| 3560 Jackson, MS | 0.8279 |
| Hinds, MS | |
| Madison, MS | |
| Rankin, MS | |
| 3580 Jackson, TN | 0.8632 |
| Madison, TN | |
| Chester, TN | |
| 3600 [1,2] Jacksonville, FL | 0.8947 |
| Clay, FL | |
| Duval, FL | |
| Nassau, FL | |
| St. Johns, FL | |
| 3605 [2] Jacksonville, NC | 0.8162 |
| Onslow, NC | |
| 3610 [2] Jamestown, NY | 0.8640 |
| Chautauqua, NY | |
| 3620 Janesville-Beloit, WI | 0.9128 |
| Rock, WI | |
| 3640 Jersey City, NJ | 1.1372 |
| Hudson, NJ | |
| 3660 Johnson City-Kingsport-Bristol, TN-VA | 0.8847 |
| Carter, TN | |
| Hawkins, TN | |
| Sullivan, TN | |
| Unicoi, TN | |
| Washington, TN | |
| Bristol City, VA | |
| Scott, VA | |
| Washington, VA | |
| 3680 Johnstown, PA | 0.8671 |
| Cambria, PA | |
| Somerset, PA | |
| 3700 Jonesboro, AR | 0.7643 |
| Craighead, AR | |
| 3710 Joplin, MO | 0.7933 |
| Jasper, MO | |
| Newton, MO | |
| 3720 Kalamazoo-Battlecreek, MI | 1.2009 |
| Calhoun, MI | |
| Kalamazoo, MI | |
| Van Buren, MI | |
| 3740 Kankakee, IL | 0.9175 |
| Kankakee, IL | |
| 3760 [1] Kansas City, KS-MO | 0.9672 |
| Johnson, KS | |
| Leavenworth, KS | |
| Miami, KS | |
| Wyandotte, KS | |
| Cass, MO | |
| Clay, MO | |
| Clinton, MO | |
| Jackson, MO | |
| Lafayette, MO | |
| Platte, MO | |
| Ray, MO | |
| 3800 Kenosha, WI | 0.9206 |
| Kenosha, WI | |
| 3810 Killeen-Temple, TX | 1.0180 |
| Bell, TX | |
| Coryell, TX | |
| 3840 Knoxville, TN | 0.8569 |
| Anderson, TN | |
| Blount, TN | |
| Knox, TN | |
| Loudon, TN | |
| Sevier, TN | |
| Union, TN | |
| 3850 Kokomo, IN | 0.9350 |
| Howard, IN | |
| Tipton, IN | |
| 3870 La Crosse, WI-MN | 0.8989 |
| Houston, MN | |
| La Crosse, WI | |
| 3880 Lafayette, LA | 0.8363 |
| Acadia, LA | |
| Lafayette, LA | |
| St. Landry, LA | |
| St. Martin, LA | |
| 3920 Lafayette, IN | 0.8984 |
| Clinton, IN | |
| Tippecanoe, IN | |
| 3960 Lake Charles, LA | 0.7738 |
| Calcasieu, LA | |
| 3980 Lakeland-Winter Haven, FL | 0.8947 |
| Polk, FL | |
| 4000 Lancaster, PA | 0.9646 |
| Lancaster, PA | |
| 4040 Lansing-East Lansing, MI | 1.0130 |
| Clinton, MI | |
| Eaton, MI | |
| Ingham, MI | |
| 4080 [2] Laredo, TX | 0.7404 |
| Webb, TX | |
| 4100 Las Cruces, NM | 0.9045 |
| Dona Ana, NM | |
| 4120 [1] Las Vegas, NV-AZ | 1.1349 |
| Mohave, AZ | |
| Clark, NV | |
| Nye, NV | |
| 4150 Lawrence, KS | 0.8728 |
| Douglas, KS | |
| 4200 Lawton, OK | 0.8770 |
| Comanche, OK | |
| 4243 Lewiston-Auburn, ME | 0.9226 |
| Androscoggin, ME | |
| 4280 Lexington, KY | 0.8579 |
| Bourbon, KY | |
| Clark, KY | |
| Fayette, KY | |
| Jessamine, KY | |
| Madison, KY | |
| Scott, KY | |
| Woodford, KY | |
| 4320 Lima, OH | 0.8885 |
| Allen, OH | |
| Auglaize, OH | |

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

| Urban area (Constituent counties) | Wage index |
| --- | --- |
| 4360 Lincoln, NE | 0.9082 |
| Lancaster, NE | |
| 4400 Little Rock-North Little Rock, AR | 0.8598 |
| Faulkner, AR | |
| Lonoke, AR | |
| Pulaski, AR | |
| Saline, AR | |
| 4420 Longview-Marshall, TX | 0.8583 |
| Gregg, TX | |
| Harrison, TX | |
| Upshur, TX | |
| 4480 [1] Los Angeles-Long Beach, CA | 1.2124 |
| Los Angeles, CA | |
| 4520 Louisville, KY-IN | 0.9212 |
| Clark, IN | |
| Floyd, IN | |
| Harrison, IN | |
| Scott, IN | |
| Bullitt, KY | |
| Jefferson, KY | |
| Oldham, KY | |
| 4600 Lubbock, TX | 0.8460 |
| Lubbock, TX | |
| 4640 Lynchburg, VA | 0.8680 |
| Amherst, VA | |
| Bedford, VA | |
| Bedford City, VA | |
| Campbell, VA | |
| Lynchburg City, VA | |
| 4680 Macon, GA | 0.9109 |
| Bibb, GA | |
| Houston, GA | |
| Jones, GA | |
| Peach, GA | |
| Twiggs, GA | |
| 4720 Madison, WI | 1.0103 |
| Dane, WI | |
| 4800 Mansfield, OH | 0.8606 |
| Crawford, OH | |
| Richland, OH | |
| 4840 Mayaguez, PR | 0.4360 |
| Anasco, PR | |
| Cabo Rojo, PR | |
| Hormigueros, PR | |
| Mayaguez, PR | |
| Sabana Grande, PR | |
| San German, PR | |
| 4880 McAllen-Edinburg-Mission, TX | 0.8541 |
| Hidalgo, TX | |
| 4890 Medford-Ashland, OR | 1.0109 |
| Jackson, OR | |
| 4900 Melbourne-Titusville-Palm Bay, FL | 0.9289 |
| Brevard, Fl | |
| 4920 [1] Memphis, TN-AR-MS | 0.8423 |
| Crittenden, AR | |
| DeSoto, MS | |
| Fayette, TN | |
| Shelby, TN | |
| Tipton, TN | |
| 4940 Merced, CA | 1.0304 |
| Merced, CA | |
| 5000 [1] Miami, FL | 0.9427 |
| Dade, FL | |
| 5015 [1] Middlesex-Somerset-Hunterdon, NJ | 1.0871 |
| Hunterdon, NJ | |
| Middlesex, NJ | |
| Somerset, NJ | |
| 5080 [1] Milwaukee-Waukesha, WI | 0.9470 |
| Milwaukee, WI | |
| Ozaukee, WI | |
| Washington, WI | |
| Waukesha, WI | |
| 5120 [1] Minneapolis-St. Paul, MN-WI | 1.0956 |
| Anoka, MN | |
| Carver, MN | |
| Chisago, MN | |
| Dakota, MN | |
| Hennepin, MN | |
| Isanti, MN | |
| Ramsey, MN | |
| Scott, MN | |
| Sherburne, MN | |
| Washington, MN | |
| Wright, MN | |
| Pierce, WI | |
| St. Croix, WI | |
| 5160 Mobile, AL | 0.7942 |
| Baldwin, AL | |
| Mobile, AL | |
| 5170 Modesto, CA | 1.0406 |
| Stanislaus, CA | |
| 5190 [1] Monmouth-Ocean, NJ | 1.1285 |
| Monmouth, NJ | |
| Ocean, NJ | |
| 5200 Monroe, LA | 0.8288 |
| Ouachita, LA | |
| 5240 Montgomery, AL | 0.7919 |
| Autauga, AL | |
| Elmore, AL | |
| Montgomery, AL | |
| 5280 Muncie, IN | 0.9493 |
| Delaware, IN | |
| 5330 [2] Myrtle Beach, SC | 0.8110 |
| Horry, SC | |
| 5345 Naples, FL | 1.0205 |
| Collier, FL | |
| 5360 [1] Nashville, TN | 0.9336 |
| Cheatham, TN | |
| Davidson, TN | |
| Dickson, TN | |
| Robertson, TN | |
| Rutherford TN | |
| Sumner, TN | |
| Williamson, TN | |
| Wilson, TN | |
| 5380 [1] Nassau-Suffolk, NY | 1.3123 |
| Nassau, NY | |
| Suffolk, NY | |
| 5483 [1] [2] New Haven-Bridgeport-Stamford-Waterbury-Danbury, CT | 1.2175 |
| Fairfield, CT | |
| New Haven, CT | |
| 5523 [2] New London-Norwich, CT | 1.2175 |
| New London, CT | |
| 5560 [1] New Orleans, LA | 0.9397 |
| Jefferson, LA | |
| Orleans, LA | |
| Plaquemines, LA | |
| St. Bernard, LA | |
| St. Charles, LA | |
| St. James, LA | |
| St. John The Baptist, LA | |
| St. Tammany, LA | |
| 5600 [1] New York, NY | 1.4537 |
| Bronx, NY | |
| Kings, NY | |
| New York, NY | |
| Putnam, NY | |
| Queens, NY | |
| Richmond, NY | |
| Rockland, NY | |
| Westchester, NY | |
| 5640 [1] Newark, NJ | 1.0899 |
| Essex, NJ | |
| Morris, NJ | |
| Sussex, NJ | |
| Union, NJ | |
| Warren, NJ | |
| 5660 Newburgh, NY–PA | 1.1226 |
| Orange, NY | |
| Pike, PA | |
| 5720 [1] Norfolk-Virginia Beach-Newport News, VA–NC | 0.8235 |
| Currituck, NC | |
| Chesapeake City, VA | |
| Gloucester, VA | |
| Hampton City, VA | |
| Isle of Wight, VA | |
| James City, VA | |
| Mathews, VA | |
| Newport News City, VA | |
| Norfolk City, VA | |
| Poquoson City, VA | |
| Portsmouth City, VA | |
| Suffolk City, VA | |
| Virginia Beach City, VA | |
| Williamsburg City, VA | |
| York, VA | |
| 5775 [1] Oakland, CA | 1.5309 |
| Alameda, CA | |
| Contra Costa, CA | |
| 5790 Ocala, FL | 0.9229 |
| Marion, FL | |
| 5800 Odessa-Midland, TX | 0.7773 |
| Ector, TX | |
| Midland, TX | |
| 5880 [1] Oklahoma City, OK | 0.8764 |
| Canadian, OK | |
| Cleveland, OK | |
| Logan, OK | |
| McClain, OK | |
| Oklahoma, OK | |
| Pottawatomie, OK | |
| 5910 Olympia, WA | 1.1605 |
| Thurston, WA | |
| 5920 Omaha, NE–IA | 0.9938 |
| Pottawattamie, IA | |
| Cass, NE | |
| Douglas, NE | |
| Sarpy, NE | |
| Washington, NE | |
| 5945 [1] Orange County, CA | 1.1153 |
| Orange, CA | |
| 5960 [1] Orlando, FL | 0.9933 |
| Lake, FL | |
| Orange, FL | |
| Osceola, FL | |
| Seminole, FL | |
| 5990 [2] Owensboro, KY | 0.7902 |
| Daviess, KY | |
| 6015 [2] Panama City, FL | 0.8947 |
| Bay, FL | |
| 6020 Parkersburg-Marietta, WV–OH (West Virginia Hospitals) | 0.8118 |
| Washington, OH | |
| Wood, WV | |
| 6020 [2] Parkersburg-Marietta, WV–OH (Ohio Hospitals) | 0.8576 |
| Washington, OH | |
| Wood, WV | |
| 6080 [2] Pensacola, FL | 0.8947 |
| Escambia, FL | |
| Santa Rosa, FL | |
| 6120 Peoria-Pekin, IL | 0.8157 |
| Peoria, IL | |
| Tazewell, IL | |
| Woodford, IL | |
| 6160 [1] Philadelphia, PA–NJ | 1.1427 |
| Burlington, NJ | |
| Camden, NJ | |
| Gloucester, NJ | |
| Salem, NJ | |
| Bucks, PA | |
| Chester, PA | |

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

| Urban area (Constituent counties) | Wage index |
| --- | --- |
| Delaware, PA | |
| Montgomery, PA | |
| Philadelphia, PA | |
| 6200 [1] Phoenix-Mesa, AZ | 0.9759 |
| Maricopa, AZ | |
| Pinal, AZ | |
| 6240 Pine Bluff, AR | 0.8003 |
| Jefferson, AR | |
| 6280 [1] Pittsburgh, PA | 0.9896 |
| Allegheny, PA | |
| Beaver, PA | |
| Butler, PA | |
| Fayette, PA | |
| Washington, PA | |
| Westmoreland, PA | |
| 6323 [2] Pittsfield, MA | 1.0917 |
| Berkshire, MA | |
| 6340 Pocatello, ID | 0.8760 |
| Bannock, ID | |
| 6360 Ponce, PR | 0.4740 |
| Guayanilla, PR | |
| Juana Diaz, PR | |
| Penuelas, PR | |
| Ponce, PR | |
| Villalba, PR | |
| Yauco, PR | |
| 6403 Portland, ME | 0.9537 |
| Cumberland, ME | |
| Sagadahoc, ME | |
| York, ME | |
| 6440 [1] Portland-Vancouver, OR–WA | 1.1274 |
| Clackamas, OR | |
| Columbia, OR | |
| Multnomah, OR | |
| Washington, OR | |
| Yamhill, OR | |
| Clark, WA | |
| 6483 [1] Providence-Warwick-Pawtucket, RI | 1.0888 |
| Bristol, RI | |
| Kent, RI | |
| Newport, RI | |
| Providence, RI | |
| Washington, RI | |
| 6520 Provo-Orem, UT | 0.9910 |
| Utah, UT | |
| 6560 Pueblo, CO | 0.8785 |
| Pueblo, CO | |
| 6580 Punta Gorda, FL | 0.8994 |
| Charlotte, FL | |
| 6600 Racine, WI | 0.9207 |
| Racine, WI | |
| 6640 [1] Raleigh-Durham-Chapel Hill, NC | 0.9909 |
| Chatham, NC | |
| Durham, NC | |
| Franklin, NC | |
| Johnston, NC | |
| Orange, NC | |
| Wake, NC | |
| 6660 Rapid City, SD | 0.8277 |
| Pennington, SD | |
| 6680 Reading, PA | 0.9282 |
| Berks, PA | |
| 6690 Redding, CA | 1.2017 |
| Shasta, CA | |
| 6720 Reno, NV | 1.0169 |
| Washoe, NV | |
| 6740 [2] Richland-Kennewick-Pasco, WA | 1.0577 |
| Benton, WA | |
| Franklin, WA | |
| 6760 Richmond-Petersburg, VA | 0.9257 |
| Charles City County, VA | |
| Chesterfield, VA | |
| Colonial Heights City, VA | |
| Dinwiddie, VA | |
| Goochland, VA | |
| Hanover, VA | |
| Henrico, VA | |
| Hopewell City, VA | |
| New Kent, VA | |
| Petersburg City, VA | |
| Powhatan, VA | |
| Prince George, VA | |
| Richmond City, VA | |
| 6780 [1] Riverside-San Bernardino, CA | 1.0151 |
| Riverside, CA | |
| San Bernardino, CA | |
| 6800 Roanoke, VA | 0.8581 |
| Botetourt, VA | |
| Roanoke, VA | |
| Roanoke City, VA | |
| Salem City, VA | |
| 6820 Rochester, MN | 1.1797 |
| Olmsted, MN | |
| 6840 [1] Rochester, NY | 0.9678 |
| Genesee, NY | |
| Livingston, NY | |
| Monroe, NY | |
| Ontario, NY | |
| Orleans, NY | |
| Wayne, NY | |
| 6880 Rockford, IL | 0.8703 |
| Boone, IL | |
| Ogle, IL | |
| Winnebago, IL | |
| 6895 Rocky Mount, NC | 0.8214 |
| Edgecombe, NC | |
| Nash, NC | |
| 6920 [1] Sacramento, CA | 1.1952 |
| El Dorado, CA | |
| Placer, CA | |
| Sacramento, CA | |
| 6960 Saginaw-Bay City-Midland, MI | 0.9567 |
| Bay, MI | |
| Midland, MI | |
| Saginaw, MI | |
| 6980 St. Cloud, MN | 0.9667 |
| Benton, MN | |
| Stearns, MN | |
| 7000 St. Joseph, MO | 0.9972 |
| Andrew, MO | |
| Buchanan, MO | |
| 7040 [1] St. Louis, MO-IL | 0.9063 |
| Clinton, IL | |
| Jersey, IL | |
| Madison, IL | |
| Monroe, IL | |
| St. Clair, IL | |
| Franklin, MO | |
| Jefferson, MO | |
| Lincoln, MO | |
| St. Charles, MO | |
| St. Louis, MO | |
| St. Louis City, MO | |
| Warren, MO | |
| 7080 Salem, OR | 0.9987 |
| Marion, OR | |
| Polk, OR | |
| 7120 Salinas, CA | 1.5270 |
| Monterey, CA | |
| 7160 [1] Salt Lake City-Ogden, UT | 0.9458 |
| Davis, UT | |
| Salt Lake, UT | |
| Weber, UT | |
| 7200 San Angelo, TX | 0.7512 |
| Tom Green, TX | |
| 7240 [1] San Antonio, TX | 0.7744 |
| Bexar, TX | |
| Comal, TX | |
| Guadalupe, TX | |
| Wilson, TX | |
| 7320 [1] San Diego, CA | 1.2388 |
| San Diego, CA | |
| 7360 [1] San Francisco, CA | 1.362 |
| Marin, CA | |
| San Francisco, CA | |
| San Mateo, CA | |
| 7400 [1] San Jose, CA | 1.3783 |
| Santa Clara, CA | |
| 7440 [1] San Juan-Bayamon, PR | 0.4521 |
| Aguas Buenas, PR | |
| Barceloneta, PR | |
| Bayamon, PR | |
| Canovanas, PR | |
| Carolina, PR | |
| Catano, PR | |
| Ceiba, PR | |
| Comerio, PR | |
| Corozal, PR | |
| Dorado, PR | |
| Fajardo, PR | |
| Florida, PR | |
| Guaynabo, PR | |
| Humacao, PR | |
| Juncos, PR | |
| Los Piedras, PR | |
| Loiza, PR | |
| Luguillo, PR | |
| Manati, PR | |
| Morovis, PR | |
| Naguabo, PR | |
| Naranjito, PR | |
| Rio Grande, PR | |
| San Juan, PR | |
| Toa Alta, PR | |
| Toa Baja, PR | |
| Trujillo Alto, PR | |
| Vega Alta, PR | |
| Vega Baja, PR | |
| Yabucoa, PR | |
| 7460 San Luis Obispo-Atascadero-Paso Robles, CA | 1.0825 |
| San Luis Obispo, CA | |
| 7480 Santa Barbara-Santa Maria-Lompoc, CA | 1.1233 |
| Santa Barbara, CA | |
| 7485 Santa Cruz-Watsonville, CA | 1.4099 |
| Santa Cruz, CA | |
| 7490 Santa Fe, NM | 0.9525 |
| Los Alamos, NM | |
| Santa Fe, NM | |
| 7500 Santa Rosa, CA | 1.3167 |
| Sonoma, CA | |
| 7510 Sarasota-Bradenton, FL | 0.9567 |
| Manatee, FL | |
| Sarasota, FL | |
| 7520 Savannah, GA | 0.8776 |
| Bryan, GA | |
| Chatham, GA | |
| Effingham, GA | |
| 7560 [2] Scranton—Wilkes-Barre—Hazleton, PA | .8615 |
| Columbia, PA | |
| Lackawanna, PA | |
| Luzerne, PA | |
| Wyoming, PA | |
| 7600 [1] Seattle-Bellevue-Everett, WA | 1.1634 |
| Island, WA | |
| King, WA | |
| Snohomish, WA | |
| 7610 Sharon, PA | 0.8948 |
| Mercer, PA | |
| 7620 [2] Sheboygan, WI | 0.8557 |
| Sheboygan, WI | |
| 7640 Sherman-Denison, TX | 0.8229 |
| Grayson, TX | |

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

| Urban area (Constituent counties) | Wage index |
|---|---|
| 7680 Shreveport-Bossier City, LA | 0.9436 |
| Bossier, LA | |
| Caddo, LA | |
| Webster, LA | |
| 7720 Sioux City, IA-NE | 0.8530 |
| Woodbury, IA | |
| Dakota, NE | |
| 7760 Sioux Falls, SD | 0.8988 |
| Lincoln, SD | |
| Minnehaha, SD | |
| 7800 South Bend, IN | 0.9939 |
| St. Joseph, IN | |
| 7840 Spokane, WA | 1.1020 |
| Spokane, WA | |
| 7880 Springfield, IL | 0.8793 |
| Menard, IL | |
| Sangamon, IL | |
| 7920 Springfield, MO | 0.8151 |
| Christian, MO | |
| Greene, MO | |
| Webster, MO | |
| g1 Springfield, MA | 1.0917 |
| 8003 Hampden, MA. | |
| Hampshire, MA | |
| 8050 State College, PA | 0.9528 |
| Centre, PA | |
| 8080 [2] Steubenville-Weirton, OH-WV (Ohio Hospitals) | 0.8576 |
| Jefferson, OH | |
| Brooke, WV | |
| Hancock, WV | |
| 8080 Steubenville-Weirton, OH-WV (West Virginia Hospitals) | 0.8476 |
| Jefferson, OH | |
| Brooke, WV | |
| Hancock, WV | |
| 8120 Stockton-Lodi, CA | 1.1157 |
| San Joaquin, CA | |
| 8140 Sumter, SC | 0.8195 |
| Sumter, SC | |
| 8160 Syracuse, NY | 0.9410 |
| Cayuga, NY | |
| Madison, NY | |
| Onondaga, NY | |
| Oswego, NY | |
| 8200 [2] Tacoma, WA | 1.0577 |
| Pierce, WA | |
| 8240 [2] Tallahassee, FL | 0.8947 |
| Gadsden, FL | |
| Leon, FL | |
| 8280 [1] Tampa-St. Petersburg-Clearwater, FL | 0.9179 |
| Hernando, FL | |
| Hillsborough, FL | |
| Pasco, FL | |
| Pinellas, FL | |
| 8320 Terre Haute, IN | 0.9063 |
| Clay, IN | |
| Vermillion, IN | |
| Vigo, IN | |
| 8360 Texarkana, AR-Texarkana, TX | 0.7538 |
| Miller, AR | |
| Bowie, TX | |
| 8400 Toledo, OH | 1.0132 |
| Fulton, OH | |
| Lucas, OH | |
| Wood, OH | |
| 8440 Topeka, KS | 0.9894 |
| Shawnee, KS | |
| 8480 Trenton, NJ | 1.0399 |
| Mercer, NJ | |
| 8520 Tucson, AZ | 0.9104 |
| Pima, AZ | |
| 8560 Tulsa, OK | 0.8520 |
| Creek, OK | |
| Osage, OK | |
| Rogers, OK | |
| Tulsa, OK | |
| Wagoner, OK | |
| 8600 Tuscaloosa, AL | 0.7706 |
| Tuscaloosa, AL | |
| 8640 Tyler, TX | 0.8792 |
| Smith, TX | |
| 8680 [2] Utica-Rome, NY | 0.8640 |
| Herkimer, NY | |
| Oneida, NY | |
| 8720 Vallejo-Fairfield-Napa, CA | 1.3458 |
| Napa, CA | |
| Solano, CA | |
| 8735 Ventura, CA | 1.0764 |
| Ventura, CA | |
| 8750 Victoria, TX | 0.8451 |
| Victoria, TX | |
| 8760 Vineland-Millville-Bridgeton, NJ | 1.0460 |
| Cumberland, NJ | |
| 8780 Visalia-Tulare-Porterville, CA | 1.0168 |
| Tulare, CA | |
| 8800 Waco, TX | 0.8027 |
| McLennan, TX | |
| 8840 [1] Washington, DC-MD-VA-WV | 1.0863 |
| District of Columbia, DC | |
| Calvert, MD | |
| Charles, MD | |
| Frederick, MD | |
| Montgomery, MD | |
| Prince Georges, MD | |
| Alexandria City, VA | |
| Arlington, VA | |
| Clarke, VA | |
| Culpeper, VA | |
| Fairfax, VA | |
| Fairfax City, VA | |
| Falls Church City, VA | |
| Fauquier, VA | |
| Fredericksburg City, VA | |
| King George, VA | |
| Loudoun, VA | |
| Manassas City, VA | |
| Manassas Park City, VA | |
| Prince William, VA | |
| Spotsylvania, VA | |
| Stafford, VA | |
| Warren, VA | |
| Berkeley, WV | |
| Jefferson, WV | |
| 8920 Waterloo-Cedar Falls, IA | 0.8402 |
| Black Hawk, IA | |
| 8940 Wausau, WI | 0.9814 |
| Marathon, WI | |
| 8960 West Palm Beach-Boca Raton, FL | 1.0288 |
| Palm Beach, FL | |
| 9000 [2] Wheeling, WV-OH (West Virginia Hospitals) | 0.7938 |
| Belmont, OH | |
| Marshall, WV | |
| Ohio, WV | |
| 9000 [2] Wheeling, WV-OH (Ohio Hospitals) | 0.8576 |
| Belmont, OH | |
| Marshall, WV | |
| Ohio, WV | |
| 9040 Wichita, KS | 0.8990 |
| Butler, KS | |
| Harvey, KS | |
| Sedgwick, KS | |
| 9080 Wichita Falls, TX | 0.7864 |
| Archer, TX | |
| Wichita, TX | |
| 9140 [2] Williamsport, PA | 0.8615 |
| Lycoming, PA | |
| 9160 Wilmington-Newark, DE-MD | 1.1968 |
| New Castle, DE | |
| Cecil, MD | |
| 9200 Wilmington, NC | 0.9427 |
| New Hanover, NC | |
| Brunswick, NC | |
| 9260 [2] Yakima, WA | 1.0577 |
| Yakima, WA | |
| 9270 Yolo, CA | 1.0702 |
| Yolo, CA | |
| 9280 York, PA | 0.9509 |
| York, PA | |
| 9320 Youngstown-Warren, OH | 0.9897 |
| Columbiana, OH | |
| Mahoning, OH | |
| Trumbull, OH | |
| 9340 Yuba City, CA | 1.0957 |
| Sutter, CA | |
| Yuba, CA | |
| 9360 Yuma, AZ | 1.0143 |
| Yuma, AZ | |

[1] Large Urban Area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 1999.

ADDENDUM K.—WAGE INDEX FOR RURAL AREAS

| Nonurban area | Wage index |
|---|---|
| Alabama | 0.7385 |
| Alaska | 1.2534 |
| Arizona | 0.8082 |
| Arkansas | 0.7274 |
| California | 0.9976 |
| Colorado | 0.8454 |
| Connecticut | 1.2175 |
| Delaware | 0.8590 |
| Florida | 0.8947 |
| Georgia | 0.7933 |
| Hawaii | 1.1011 |
| Idaho | 0.8548 |
| Illinois | 0.7985 |
| Indiana | 0.8429 |
| Iowa | 0.7846 |
| Kansas | 0.7334 |
| Kentucky | 0.7902 |
| Louisiana | 0.7517 |
| Maine | 0.8538 |
| Maryland | 0.8627 |
| Massachusetts | 1.0917 |
| Michigan | 0.8988 |
| Minnesota | 0.8665 |
| Mississippi | 0.7359 |
| Missouri | 0.7510 |
| Montana | 0.8645 |
| Nebraska | 0.7683 |
| Nevada | 0.9267 |
| New Hampshire | 1.0324 |
| New Jersey | (1) |
| New Mexico | 0.7927 |
| New York | 0.8640 |
| North Carolina | 0.8162 |
| North Dakota | 0.7471 |
| Ohio | 0.8576 |
| Oklahoma | 0.7207 |
| Oregon | 0.9957 |
| Pennsylvania | 0.8615 |
| Puerto Rico | 0.4083 |
| Rhode Island | (1) |
| South Carolina | 0.8110 |
| South Dakota | 0.7564 |
| Tennessee | 0.7483 |
| Texas | 0.7404 |

ADDENDUM K.—WAGE INDEX FOR RURAL AREAS—Continued

| Nonurban area | Wage index |
|---|---|
| Utah | 0.8851 |
| Vermont | 0.9489 |
| Virginia | 0.7890 |
| Washington | 1.0577 |
| West Virginia | 0.7938 |
| Wisconsin | 0.8557 |
| Wyoming | 0.8763 |

[1] All counties within the State are classified as urban.

ADDENDUM L.—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED

| Area | Wage index |
|---|---|
| Abilene, TX | 0.8081 |
| Albany, GA | 0.7933 |
| Albuquerque, NM | 0.8813 |
| Alexandria, LA | 0.8598 |
| Allentown-Bethlehem-Easton, PA | 1.0219 |
| Amarillo, TX | 0.8483 |
| Anchorage, AK | 1.3088 |
| Asheville, NC | 0.9016 |
| Atlanta, GA | 1.0024 |
| Augusta-Aiken, GA–SC | 0.9309 |
| Baltimore, MD | 0.9760 |
| Barnstable-Yarmouth, MA | 1.4646 |
| Baton Rouge, LA | 0.8940 |
| Benton Harbor, MI | 0.8988 |
| Bergen-Passaic, NJ | 1.1845 |
| Billings, MT | 0.9220 |
| Binghamton, NY | 0.8989 |
| Birmingham, AL | 0.9150 |
| Bismarck, ND | 0.7838 |
| Boise City, ID | 0.9267 |
| Boston-Worcester-Lawrence-Lowell-Brockton, MA–NH | 1.0885 |
| Brazoria, TX | 0.8895 |
| Bryan-College Station, TX | 0.7962 |
| Buffalo-Niagara Falls, NY | 0.9592 |
| Burlington, VT | 0.9612 |
| Caguas, PR | 0.4445 |
| Canton-Massillon, OH | 0.8895 |
| Casper, WY | 0.9227 |
| Champaign-Urbana, IL | 0.8844 |
| Charleston-North Charleston, SC | 0.8931 |
| Charleston, WV | 0.8819 |
| Charlotte-Gastonia-Rock Hill, NC–SC | 0.9568 |
| Charlottesville, VA | 0.9803 |
| Chattanooga, TN–GA | 0.8885 |
| Chicago, IL | 1.0507 |
| Cincinnati, OH–KY–IN | 0.9465 |
| Clarksville-Hopkinsville, TN–KY | 0.8204 |
| Cleveland-Lorain-Elyria, OH | 0.9970 |
| Columbia, MO | 0.9331 |
| Columbus, GA–AL | 0.8573 |
| Columbus, OH | 0.9929 |
| Corpus Christi, TX | 0.8112 |
| Dallas, TX | 0.9149 |
| Danville, VA | 0.8779 |
| Davenport-Moline-Rock Island, IA–IL | 0.8496 |
| Dayton-Springfield, OH | 0.9670 |
| Denver, CO | 1.0532 |
| Des Moines, IA | 0.8576 |
| Duluth-Superior, MN–WI | 1.0133 |
| Dutchess County, NY | 0.9860 |
| Elkhart-Goshen, IN | 0.9168 |
| Eugene-Springfield, OR | 1.1141 |
| Evansville-Henderson, IN–KY | 0.8505 |
| Fargo-Moorhead, ND–MN (Minnesota Hospital) | 0.8665 |
| Fargo-Moorhead, ND–MN (South Dakota Hospital) | 0.7905 |
| Fayetteville, NC | 0.8460 |
| Flagstaff, AZ–UT | 0.9602 |
| Flint, MI | 1.1106 |
| Fort Collins-Loveland, CO | 1.0383 |
| Ft. Lauderdale, FL | 1.0534 |
| Fort Pierce-Port St. Lucie, FL | 0.9847 |
| Fort Smith, AR–OK | 0.7582 |
| Fort Walton Beach, FL | 0.8694 |
| Forth Worth-Arlington, TX | 0.9192 |
| Gadsden, AL | 0.8854 |
| Gainesville, FL | 0.9542 |
| Goldsboro, NC | 0.8366 |
| Grand Forks, ND–MN | 0.8996 |
| Grand Junction, CO | 0.9110 |
| Grand Rapids-Muskegon-Holland, MI | 0.9908 |
| Great Falls, MT | 0.9362 |
| Greeley, CO | 0.9663 |
| Green Bay, WI | 0.9323 |
| Greenville, NC | 0.8844 |
| Greenville-Spartanburg-Anderson, SC | 0.9318 |
| Harrisburg-Lebanon-Carlisle, PA | 0.9572 |
| Hartford, CT | 1.1152 |
| Hattiesburg, MS | 0.7359 |
| Hickory-Morganton-Lenoir, NC | 0.8687 |
| Honolulu, HI | 1.1628 |
| Houston, TX | 1.0017 |
| Huntington-Ashland, WV–KY–OH | 0.9353 |
| Huntsville, AL | 0.8269 |
| Indianapolis, IN | 0.9901 |
| Iowa City, IA | 0.9441 |
| Jackson, MS | 0.8279 |
| Jackson, TN | 0.8632 |
| Jacksonville, FL | 0.8915 |
| Johnson City-Kingsport-Bristol, TN–VA | 0.8847 |
| Jonesboro, AR | 0.7643 |
| Joplin, MO | 0.7710 |
| Kalamazoo-Battlecreek, MI | 1.1713 |
| Kansas City, KS–MO | 0.9672 |
| Knoxville, TN | 0.8569 |
| Lafayette, LA | 0.8363 |
| Lansing-East Lansing, MI | 1.0025 |
| Las Cruces, NM | 0.9045 |
| Las Vegas, NV–AZ | 1.1349 |
| Lexington, KY | 0.8579 |
| Lima, OH | 0.8715 |
| Lincoln, NE | 0.8900 |
| Little Rock-North Little Rock, AR | 0.8598 |
| Los Angeles-Long Beach, CA | 1.2124 |
| Louisville, KY–IN | 0.9212 |
| Macon, GA | 0.8886 |
| Madison, WI | 1.0103 |
| Mansfield, OH | 0.8606 |
| Memphis, TN–AR–MS | 0.8423 |
| Merced, CA | 1.0304 |
| Milwaukee-Waukesha, WI | 0.9289 |
| Minneapolis-St. Paul, MN–WI | 1.0956 |
| Modesto, CA | 1.0406 |
| Monroe, LA | 0.8148 |
| Montgomery, AL | 0.7919 |
| Myrtle Beach, SC | 0.8162 |
| Nashville, TN | 0.9336 |
| New Haven-Bridgeport-Stamford-Waterbury-Danbury, CT | 1.2175 |
| New London-Norwich, CT | 1.1738 |
| New Orleans, LA | 0.9397 |
| New York, NY | 1.4537 |
| Newark, NJ | 1.0899 |
| Newburgh, NY–PA | 1.1356 |
| Oakland, CA | 1.5309 |
| Odessa-Midland, TX | 0.7773 |
| Oklahoma City, OK | 0.8764 |
| Omaha, NE–IA | 0.9938 |
| Orange County, CA | 1.1153 |
| Orlando, FL | 0.9933 |
| Peoria-Pekin, IL | 0.8157 |
| Philadelphia, PA–NJ | 1.1427 |
| Pittsburgh, PA | 0.9740 |
| Pocatello, ID (Idaho Hospital) | 0.8760 |
| Pocatello, ID (Wyoming Hospitals) | 0.8763 |
| Portland, ME | 0.9537 |
| Portland-Vancouver, OR–WA | 1.1274 |
| Provo-Orem, UT | 0.9910 |
| Raleigh-Durham-Chapel Hill, NC | 0.9909 |
| Rapid City, SD | 0.8277 |
| Reno, NV | 1.0169 |
| Rochester, MN | 1.1797 |
| Rockford, IL | 0.8703 |
| Sacramento, CA | 1.1952 |
| Saginaw-Bay City-Midland, MI | 0.9567 |
| St. Cloud, MN | 0.9667 |
| St. Louis, MO–IL | 0.9063 |
| Salt Lake City-Ogden, UT | 0.9458 |
| San Diego, CA | 1.2388 |
| Santa Fe, NM | 0.9414 |
| Santa Rosa, CA | 1.3003 |
| Seattle-Bellevue-Everett, WA | 1.1634 |
| Sharon, PA | 0.8835 |
| Sherman-Denison, TX | 0.8061 |
| Sioux City, IA–NE | 0.8530 |
| Sioux Falls, SD | 0.8885 |
| South Bend, IN | 0.9939 |
| Spokane, WA | 1.0819 |
| Springfield, IL | 0.8793 |
| Springfield, MO | 0.8151 |
| State College, PA | 0.8845 |
| Syracuse, NY | 0.9410 |
| Tallahassee, FL | 0.8566 |
| Tampa-St. Petersburg-Clearwater, FL | 0.9179 |
| Texarkana, AR–Texarkana, TX | 0.7538 |
| Topeka, KS | 0.9667 |
| Tucson, AZ | 0.9104 |
| Tulsa, OK | 0.8418 |
| Tuscaloosa, AL | 0.7706 |
| Tyler, TX | 0.8792 |
| Vallejo-Fairfield-Napa, CA | 1.3458 |
| Victoria, TX | 0.8451 |
| Washington, DC–MD–VA–WV | 1.0863 |
| Waterloo-Cedar Falls, IA | 0.8402 |
| Wausau, WI | 0.9501 |
| Wichita, KS | 0.8853 |
| Wichita Falls, TX | 0.7695 |
| Rural Alabama | 0.7385 |
| Rural Illinois | 0.7985 |
| Rural Louisiana | 0.7517 |
| Rural Massachusetts | 1.0481 |
| Rural Michigan | 0.8988 |
| Rural Minnesota | 0.8665 |
| Rural Missouri | 0.7510 |
| Rural Nevada | 0.8855 |
| Rural New Mexico | 0.7927 |
| Rural Oregon | 0.9957 |
| Rural Washington | 1.0577 |
| Rural Wyoming | 0.8763 |

[FR Doc. 98–23383 Filed 9–4–98; 8:45 am]
BILLING CODE 4120–01–P

federal register

Tuesday
September 8, 1998

Part III

# Department of Energy

Office of Energy Efficiency and Renewable Energy

10 CFR Part 430

## Energy Conservation Program for Consumer Products: Energy Conservation Standards for Electric Cooking Products (Electric Cooktops, Electric Self-Cleaning-Ovens, and Microwave Ovens); Final Rule

**DEPARTMENT OF ENERGY**

**Office of Energy Efficiency and Renewable Energy**

**10 CFR Part 430**

**[Docket Number EE–RM–S–97–700]**

**RIN 1904–AA84**

# Energy Conservation Program for Consumer Products; Energy Conservation Standards for Electric Cooking Products (Electric Cooktops, Electric Self-Cleaning-Ovens, and Microwave Ovens)

**AGENCY:** Office of Energy Efficiency and Renewable Energy, Department of Energy (DOE).

**ACTION:** Final rule.

**SUMMARY:** The Energy Policy and Conservation Act, as amended, prescribes energy conservation standards for certain major household appliances and requires the Department of Energy (DOE or Department) to administer an energy conservation program for these products. The National Appliance Energy Conservation Act amendments require DOE to consider amending the energy conservation standards for cooking products. DOE today promulgates this final rule to address the energy conservation standard for electric cooking products (including microwave products) and substitute the term "cooking products" for the current, obsolete term "kitchen ranges and ovens." DOE is not addressing at this time gas cooking products because it has not completed its analysis of the relevant issues.

DOE has determined that there would be no significant conservation of energy for electric cooktops, electric self-cleaning ovens and microwave ovens, and standards would not be economically justified. Therefore, the Department will not add new standards for these products. The Department, however, is amending its regulations to substitute the name "kitchen ranges and ovens" with "cooking products'.

**EFFECTIVE DATE:** This rule is effective October 8, 1998.

**ADDRESSES:** A copy of the Technical Support Document (TSD) for these products may be read at the DOE Freedom of Information Reading Room, U.S. Department of Energy, Forrestal Building, room 1E–190, 1000 Independence Avenue, S.W., Washington, D.C. 20585, (202) 586–3142, between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday, except Federal holidays. Copies of the TSD may be obtained from: U.S. Department of Energy, Office of Energy Efficiency and Renewable Energy, Forrestal Building, Mail Station EE–43, 1000 Independence Avenue, S.W., Washington, D.C. 20585. (202) 586–9127.

**FOR FURTHER INFORMATION CONTACT:** Kathi Epping, U.S. Department of Energy, Office of Energy Efficiency and Renewable Energy, EE–43, 1000 Independence Avenue, S.W., Washington, D.C. 20585–0121, (202) 586–7425, or Eugene Margolis, Esq., U.S. Department of Energy, Office of General Counsel, GC–72, 1000 Independence Avenue, S.W., Washington, D.C. 20585, (202) 586–9507.

**SUPPLEMENTARY INFORMATION:**

I. Introduction
  a. Authority
  b. Background
II. Discussion of Electric Cooking Products Comments
  a. Classes
  b. Design Options
  c. Other Comments
  d. Other Comments Regarding the Draft Report and Supplemental Analysis
III. Analysis of Electric Cooking Products Standards
  a. Efficiency Levels Analyzed
  b. Significance of Energy Savings
  c. Economic Justification
  d. Payback Period
  e. Conclusion
IV. Procedural Issues and Regulatory Review
  a. Review under the National Environmental Policy Act
  b. Review under Executive Order 12866, "Regulatory Planning and Review"
  c. Review Under the Regulatory Flexibility Act
  d. Review Under the Paperwork Reduction Act
  e. Review Under Executive Order 12988, "Civil Justice Reform"
  f. "Takings" Assessment Review
  g. Federalism Review
  h. Review Under the Unfunded Mandates Reform Act
  i. Review Under Small Business Regulatory Enforcement Fairness Act of 1996
V. DOJ Views on the Proposed Rule

## I. Introduction

### *a. Authority*

Part B of Title III of the Energy Policy and Conservation Act (EPCA), P.L. 94–163, as amended by the National Energy Conservation Policy Act (NECPA), P.L. 95–619, by the National Appliance Energy Conservation Act (NAECA), P.L. 100–12, by the National Appliance Energy Conservation Amendments of 1988 (NAECA 1988), P.L. 100–357, and the Energy Policy Act of 1992 (EPAct), P.L. 102–486 [1] created the Energy Conservation Program for Consumer Products other than Automobiles. The consumer products subject to this program are called "covered products." The covered products specified by statute include kitchen ranges and ovens. EPCA, § 322, 42 U.S.C. 6292.

For kitchen ranges and ovens, EPCA prescribed an initial Federal energy conservation standard effective in 1990 and specified that the Department shall publish a final rule no later than January 1, 1992, to determine if the 1990 standards should be amended. EPCA, § 325(h), 42 U.S.C. 6295(h). Any new or amended standard is required to be designed so as to achieve the maximum improvement in energy efficiency that is technologically feasible and economically justified. EPCA, § 325(o)(2)(A), 42 U.S.C. 6295(o)(2)(A). The Secretary may not prescribe any amended standard which increases the maximum allowable energy use or decreases the minimum required energy efficiency of a covered product. EPCA, § 325(o)(1), 42 U.S.C. 6295(o)(1).

Section 325(o)(2)(B)(i) provides that DOE, in determining whether a standard is economically justified, must determine whether the benefits of the standard exceed its burdens, based, to the greatest extent practicable, on a weighing of the following seven factors:

(1) The economic impact of the standard on the manufacturers and on the consumers of the products subject to such standard;

(2) The savings in operating costs throughout the estimated average life of the covered product in the type (or class) compared to any increase in the price of, in the initial charges for, or maintenance expenses of, the covered products which are likely to result from the imposition of the standard;

(3) The total projected amount of energy savings likely to result directly from the imposition of the standard;

(4) Any lessening of the utility or the performance of the covered products likely to result from the imposition of the standard;

(5) The impact of any lessening of competition, as determined in writing by the Attorney General, that is likely to result from the imposition of the standard;

(6) The need for national energy conservation; and

(7) Other factors the Secretary considers relevant.

[1] The Energy Policy and Conservation Act, as amended by the National Energy Conservation Policy Act, the National Appliance Energy Conservation Act, the National Appliance Energy Conservation Amendments of 1988, and the Energy Policy Act of 1992, is referred to in this notice as the "EPCA." Part B of Title III is codified at 42 U.S.C. 6291 et seq.

In addition, section 325(o)(2)(B)(iii) establishes a rebuttable presumption of economic justification in instances where the Secretary determines that "the additional cost to the consumer of purchasing a product complying with an energy conservation standard level will be less than three times the value of the energy savings during the first year that the consumer will receive as a result of the standard, as calculated under the applicable test procedure."

The Department analyzes the merits of efficiency improvements for each class of product independently. The Department applies the same criteria to determine the technological feasibility and economic justification of each product class, regardless of fuel type.

*b. Background*

The current standard (effective January 1, 1990) states that kitchen ranges and ovens with an electrical supply cord shall not be equipped with a constant burning pilot light.

In 1990, DOE published an advance notice of proposed rulemaking with regard to standards for nine covered products, including electric kitchen ranges and ovens. 55 FR 39624 (September 28, 1990) (hereinafter referred to as the September 1990 advance notice). The September 1990 advance notice presented the product classes that DOE planned to analyze and provided a detailed discussion of the analytical methodology and analytical models that the Department expected to use.

On March 4, 1994, DOE published a notice of proposed rulemaking (NOPR) concerning eight products, including the kitchen ranges and ovens. 59 FR 10464 (March 4, 1994) (hereinafter referred to as the Proposed Rule.) The Department proposed that the annual energy use of kitchen ranges and ovens shall be the sum of the annual energy use of any of the following components incorporated into the kitchen range and oven and shall not exceed the allowable sum of energy usages for those components listed in Table 1–1. These proposed standards were estimated to save 5.9 quads.

TABLE 1–1.—PROPOSED STANDARDS LEVELS FOR KITCHEN RANGES AND OVENS

| Kitchen range and oven component | Annual energy use, effective as of September 10, 2001 |
|---|---|
| 1. Electric ovens, self-cleaning | 267 kWh. |
| 2. Electric ovens, non-self-cleaning. | 218 kWh. |
| 3. Gas ovens, self-cleaning | 1.64 MMBtu. |
| 4. Gas ovens, non-self-cleaning. | 1.14 MMBtu. |
| 5. Microwave ovens | 233 kWh. |
| 6. Electric cooktop, coil element. | 260 kWh. |
| 7. Electric cooktop, smooth element. | 294 kWh. |
| 8. Gas cooktop | 1.71 MMBtu. |

DOE received over 8,000 comments during the comment period on the 1994 Proposed Rule and from participants at the public hearings held in Washington, DC on April 5–7, 1994 and June 7–8, 1994. 59 comments dealt specifically with kitchen ovens, cooktops, and microwave ovens.

After reviewing the comments on the proposed standards for kitchen cooktops, conventional ovens, and microwave ovens, the Department concluded that a number of significant issues were raised which required additional analysis. In 1995, the Department revised the analyses regarding kitchen cooktops, ovens, and microwave ovens to account for the comments and data received during the public comment period. (This revised analysis became the basis for the 1996 Draft Report.)

A moratorium was placed on publication of proposed or final rules for appliance efficiency standards as part of the FY 1996 appropriations legislation. Pub. L. 104–134. That moratorium expired on September 30, 1996.

In 1995 and 1996, the Department conducted a review of its process for developing appliance energy efficiency standards. This review resulted in the publication of a final rule, entitled "Procedures for Consideration of New or Revised Energy Conservation Standards for Consumer Products" (hereinafter referred to as the Process Rule). 61 FR 36973 (July 15, 1996). Although the new procedures in the Process Rule do not apply to this rulemaking (61 FR at 36980) DOE has employed an approach consistent with the new procedures in completing work on this rule. In keeping with the new process, and based on comments received in response to the Proposed Rule, DOE distributed for comment a Draft Report on the Potential Impact of Alternative Energy Efficiency Levels for Residential Cooking Products (hereinafter referred to as Draft Report). The Draft Report contained DOE's revised analysis, begun in 1995, examining five alternative efficiency levels. The revised analysis drastically reduced the amount of energy which could be saved at each efficiency level. The Draft Report was distributed to a mailing list that included all of the commenters on the proposed rule on kitchen cooktops, ovens, and microwave ovens on May 5, 1996. (EE–RM–S–97–700 No. 1 and No. 2.) The letter invited comment on the Draft Report by no later than July 1, 1996. During June and July 1996, DOE received three comments on the Draft Report and related issues.

The analysis in the Draft Report indicates that establishing new or revised standards for microwave ovens is not economically justified because the payback period exceeds the life of the product and would produce increased life-cycle costs and a negative net present value. The analysis in the Draft Report and the comments received prompted further examination of gas cooktops, gas ovens, and electric non-self-cleaning ovens. DOE prepared an analysis to supplement the Draft Report that focuses exclusively on the possible elimination of standing pilot lights for gas products and improving non-self-cleaning conventional electric ovens by venting and insulating them like self-cleaning electric ovens. The supplemental analysis used the latest available data from AHAM regarding the trends over time of shares of sales of non-self-cleaning conventional ovens and gas products with pilot lights. It also used the latest utility price forecasts from the Annual Energy Outlook of the Energy Information Administration, AEO 97, and the Gas Research Institute, GRI 97.

In a **Federal Register** Notice of limited reopening of the record and opportunity for public comment (63 FR 9975) dated February 27, 1998, the Department reopened the comment period for cooking products for 30 days. This notice announced the availability of the supplemental analysis and gave indication of the prescriptive standard the Department was inclined to promulgate in the final rule. The notice also indicated the Department's intent to change the name of this rulemaking from "kitchen ranges and ovens" to "cooking products." This change was made because the term "kitchen ranges and ovens" does not accurately describe the products considered which include conventional ranges, cooktops and ovens and microwave ovens.

Due to a request by the American Gas Association (AGA) for additional time,

this notice was followed by another notice reopening the comment period through April 28, 1998. The Department received 31 comments in response to these notices. Based on the comments to the Reopening Notice that identified significant issues surrounding gas cooking products, DOE decided to sever the electric cooking products from the gas cooking products in this rulemaking.

## II. Discussion of Electric Cooking Products Comments

This section addresses comments to the 1994 Proposed Rule, the 1996 Draft Report, the Supplemental Analysis, and the 1998 reopening notice.[2] This section only addresses comments relating to electric cooking products and does not discuss gas cooking products.

### *a. Classes*

Microwave Ovens

D. Wilson (Frigidaire, Transcript, Apr. 7 at 268) commented that heating elements are a utility to Frigidaire's customers and therefore require an additional product class for microwave ovens. Les Harris (Sharp Electronics Corporation, Transcript, Apr. 7 at 285–288) commented that there should be separate product classes for the convection and browner type microwave ovens based on their specific utility, as well as additional product classes for different cavity sizes. Jack Weizeorick (AHAM, Transcript, Apr. 7 at 258–260) also argued for two product classes: conventional microwave ovens with and without browning elements. He based this argument on the test procedure which he says does not measure the energy that the browning element absorbs from the microwaves. Mr. Weizeorick also argued for a third product class to include combination microwave/convection ovens.

Amana Refrigeration, Inc. (No. 347 at 6) urged DOE to define a specific product class for convection/microwave ovens because of the browning utility which causes a loss of about four percentage points of efficiency. Frigidaire Company (No. 544 at 2) submitted that microwave ovens with browning elements need a separate product class because its data shows the browner versions are consistently lower in efficiency by 2.0 percent.

Jack Weizeorick and Charles Samuels (AHAM, No. 001 at 5–7) argued that DOE's approach of a single class microwave oven is too simplistic because there are certain design constraints in the various type products that have a significant effect on their design and efficiency. They commented that the following design differences in microwave ovens justify additional product classes: (a) (structurally) fixed ovens, (b) portable ovens, (c) heating elements in the oven which absorb microwave energy, (d) convection ovens where the heating elements are not located in the cooking cavity, and (e) volume efficiency relationships for portable ovens only. Consequently, AHAM recommended the adoption of five classes of microwave ovens, as follows:

1. Portable Microwave Only—Less than 0.8 $ft^3$ total cavity volume
2. Portable Microwave Only—0.8 to 1.19 $ft^3$ total cavity volume
3. Portable Microwave Only—1.2 $ft^3$ total cavity volume
4. Portable Microwave/Thermal
5. Built-in (Fixed)

Gregg Greulich (Whirlpool, No. 599 at 5) agreed with these classes, and Tim Brooks (Whirlpool, EE–RM–S–97–700 No. 6 at 2) reiterated in his 1996 comments the need for separate microwave oven classes in future rulemakings. O.P. Clay (Sharp, No. 521 at 2), relying on data supplied to DOE, supported at least three product classes: small cavity size, large cavity size, and convection/microwave ovens. C.M. Walsh (Thermador, No. 622 at 1) recommended that microwave ovens with a usable volume greater than 1.75 cubic feet be put into a separate category that is excluded from the standard.

Les Harris (Sharp Electronics Corporation, Transcript, Apr. 7 at 287–288) requested exclusion of the microwave standard for convection and browner type microwave ovens because of the small number that are sold and because they provide a specific utility different from the standard microwave oven.

The Department believes more efficiency/cost data is needed to separate the ovens into separate product classes. However, because DOE is not promulgating standards for microwave ovens in this rule (see section III. e.), the Department does not believe it is necessary to examine this issue at this time.

Commercial-type Products for Residential Use

L. Durden (Viking Range Corp, Transcript, Apr. 7 at 180, 189, 196, 197 and No. 866 at 1) requested a separate energy classification for commercial-type home cooking products. He argued that the replacement alternative for these products would be purely commercial products which consume large amounts of energy and are not safe for home use. A purely commercial range if placed next to cabinetry will not pass the heat requirements (will cause scorching and burning of the cabinetry). Mr. Durden stated that there is a precedent for separate product classes for through-the-door service refrigerators and larger-sized refrigerator freezers, and consequently, a similar consideration (separate energy class) should be considered for commercial-type home cooking products. G. Greulich (Whirlpool, Transcript, Apr. 7 at 219) suggested DOE have a more specific definition in regard to commercial-type versus standard products. AHAM (AHAM, No. 001 at 14–15) and R. Zipkin (Russell Range, Transcript, Jun. 7 at 323) recommended that DOE define a separate product class for high-capacity ranges.

C.B. Walsh (Thermador, No. 622 at 2–6) commented that the useful characteristics of the professional style range would have to be sacrificed in order for it to meet the best efficiency levels of a standard range. He commented that these appliances should be categorized as high capacity. He said the definition of a high capacity oven should be changed from a volume of 5 or more cubic feet to 4.5 or more cubic feet (to include a professional oven with the dimensions of 28 inches wide, 14 inches high, and 20 inches deep) and its bake burner energy minimum changed from 30,000 BTU/h to 22,500 BTU/h because efficiency improvements may make today's level of performance (at 30,000 BTU/h) possible with a burner rated at 25,000 BTU/h or less.

ACEEE (ACEEE, No. 557 at 23) commented that DOE should develop a separate product class for commercial products that are sold in limited quantities in the residential sector. Because the Department is not promulgating minimum energy efficiency standards for cooking products in today's rule, the Department believes this comment is not a concern at this time.

### *b. Design Options*

Oven Door Window

The Department received several comments which argued there would be reduced utility and a decrease in efficiency with this design option. G. Greulich (Whirlpool, Transcript, Apr. 7

[2] Comments with unspecified docket numbers belong to docket number EE–RM–90–201. This docket contains the September 1990 advance notice and the 1994 Proposed Rule. Docket No. EE–RM–S–97–700 contains the 1996 Draft Report, comments to the 1996 Draft Report, comments to the 1998 reopening notice and the supplemental analysis. Comments from this docket are specified with Docket number EE–RM–S–97–700.

at 211–212) commented that more than half of its consumers prefer to purchase products with the window feature and those consumers say it is an important part of customer satisfaction from a utility standpoint. G. Greulich (Whirlpool, No. 391 at 7) and D. Karl Landstrom (Battelle, Transcript, Apr. 7 at 239–240 and Transcript, Jun. 7 at 292–294) commented that the 1994 proposed standard would adversely affect cooking utility and quality because of the number of times the consumer would open the door to check the food. H. Brooke Stauffer (AHAM, Transcript, Apr. 7 at 170–172, 177) argued that the elimination of the oven door window would not only reduce utility but also is probably prohibited by the NAECA Safe Harbor Provisions. AHAM (AHAM No. 001 at 6) said the Proposed Rule "violates NAECA's 'safe harbor' prohibition against standards which result in significant adverse utility or feature impacts (Section 325 (o)(4))."

Lyn Cook (Independent Home Economist, No. 749 at 1) conducted limited tests using 17 door openings with no window. She found the cooking results to be borderline to unacceptable in terms of cooking performance.

Arthur D. Little, Inc. (ADL, No. 001 at 22–24) commented that this option has a "positive energy savings" (from 12.49 to 14.35 percent for a standard oven) and a "good payback." ADL also commented, however, this design option "does change the utility of the oven, that is, consumers currently perceive a major benefit in the window option, and are willing to pay a premium for this feature." ADL reported 70 percent of all units shipped include a window.

W.W. Olson (Assoc Professor & Extension Housing Technology Specialist, No. 736 at 1) requested that the removal of the oven door window option be deleted from the proposed standard. She based her comment on the added burden this design would place on persons with limited strength or a painful grasp. In addition, the elimination of the oven window would burden people who use a wide range of wheeled assistive devices, frail people (early Alzheimers), and people with impaired sense of smell because the window would serve as an early visual warning of burning or a fire within the oven.

Margery Tippie (Redbook Magazine, No. 488 at 1) commented that all baked goods recipes state a range of baking times, e.g. "bake 15 to 20 minutes, or until golden brown". She said the consumers should "begin checking for doneness at a minimum of 15 minutes baking time, and to proceed until the desired degree of doneness is achieved. An oven window helps in the process." She argued that without the window, there would be constant heat (energy) loss since the oven would be opened for frequent checking. Lydia Botham (Land O'Lakes, Inc., No. 623 at 1) commented that this design option (as well as reduced vent rate and improved door seals) may increase the energy efficiency of the oven, but more testing should be done to ensure consumers are not negatively impacted.

ACEEE (ACEEE, No. 557 at 23) commented that DOE should exclude this design option from the analysis, since it is just as likely to increase as decrease energy use.

P. Gordon (Marsco Manufacturing Co., No. 595 at 1) urged DOE to consider not eliminating the glass in oven doors as an option to gain energy efficiency. He commented that heat reflective glasses have been able to replace a very expensive borosilicate glass produced in Germany. Michael E. Hobbs (Marsco Manufacturing Co., No. 865 at 1) also urged DOE to reconsider this design option and to eliminate it. Senators Paul Simon, Carol Moseley-Braun and Barbara Boxer (U.S. Senate, No. 891 at 1, No. 892 at 1, and No. 907 at 1) also supported the argument to eliminate the oven door window design option.

DOE agrees with the various commenters that the removal of the oven door window may cause the users of the ovens to open the doors more frequently and therefore, has the potential to result in increased energy usage. The opportunity exists to improve the oven door window in the future. A newer, proven oven window material is needed that has higher thermal insulation properties, can withstand high oven temperatures, and has the mechanical strength compatible with the other oven parts. Until such a technology is proven, DOE will eliminate this design option.

Reduction of Thermal Mass

G. Greulich (Whirlpool, Transcript, Apr. 7 at 217) commented that Consumer Reports showed a customer preference for the larger oven cavity and not the 30 percent smaller oven cavity which was assumed in the TSD. Also, utility may potentially be lost because consumers may not be able to cook multiple dishes in a smaller oven. In addition, Whirlpool stated this design option affects product durability, manufacturing stability, product resistance, and susceptibility to being crushed during transit. Arthur D. Little, Inc. (AHAM, No. 001 at 21–22) commented that this design option will improve the oven efficiency, but reductions in material thickness are very limited. These limitations are based on: the average porcelain thickness needed for adequate wall coverage and sheet metal thickness reduction limitations (due to the use of already thin materials.) The ADL analysis showed that a ½ to 1 lb reduction in oven cavity thermal mass will reduce oven energy consumption by 0.35 to 0.70 percent. ACEEE (ACEEE, No. 557 at 23) commented that DOE should exclude this design option in the analysis because the quality and life of the ovens may be harmed.

The Department agrees with all arguments against inclusion of this design option. Due to the issues of consumer product safety and structural integrity, DOE has eliminated reduced thermal mass as a design option. However, the opportunity exists to improve this technology in the future. Newer, less expensive materials or coatings may be developed in the future which maintain structural strength, reduce or maintain cost, but reduce thermal mass.

Forced Convection

For electric ovens, G. Greulich (Whirlpool, Transcript, Apr. 7 at 215–216) commented that this design option would result in considerable changes in consumer utility because many recipes are not easily converted (from natural convection). The timing is different and "generational recipes" which are handed down from one generation to the next would not cook the same way. M. Thompson (Whirlpool, No. 391 at 13) also submitted that industry aggregate efficiency for electric self-clean ovens is 2 percent. They reported the industry aggregate incremental costs of this design option are approximately 6 to 7 times higher than the DOE TSD cost with payback periods dramatically increased (from 6 to 302 years for electric standard ovens and from 8 to 363 years for electric self-clean ovens). Lyn Cook (Independent Home Economist, No. 749 at 2) commented that this option would require a revolution in consumer cooking methods because it would dramatically change the way oven cooking is done.

Arthur D. Little, Inc (AHAM, No. 001 at 7–11) commented that based on its evaluation of available data, information provided by manufacturers, and oven thermal analysis, this option does not meet consumer payback requirements and changes the utility of the oven. ADL concluded that the overall energy savings is less than 8 kWh/y as compared to DOE's estimates of 41 kWh/y and 33 kWh/y for self-cleaning

and standard ovens, respectively. The reported incremental price increase for this option is $81.95 which would result in payback periods of 141 and 106 years, respectively, for these ovens.

ACEEE (ACEEE, No. 557 at 23) commented that this option looks promising. ACEEE argued against the comment concerning "old family recipes" and said such recipes may need modification, but this problem could be solved by allowing consumers to turn off this feature for a single use at a time.

The Department disagrees with arguments that consumer utility is decreased. The consumer is given the option to turn the forced convection feature on or off. The consumer is therefore given the choice to be more energy efficient. The Department realizes that certain recipes may have to be modified if the design option is used, but the consumer would learn how to use it if desired. Secondly, the technology is already in the marketplace. DOE recognizes that full credit for energy efficiency is not realized because the oven test procedure measures energy use over short periods of time. Certain foods would take less time (energy) to cook with convection, e.g. approximately 3 hours to cook an average turkey with convection, compared to 5–6 hours without it. The Department also believes this reduced cooking time increases utility to the consumer.

Improved Door Seals

M. Thompson (Whirlpool, Transcript, Apr. 7 at 223–224) argued that a little bit of leakage is absolutely critical especially when baking to allow enough moisture release. Gregg Greulich (Whirlpool, No. 391 at 9) commented that this design option needs to be considered in conjunction with the electric standard Reduced Vent Rate design option to minimize the overall impact on cooking performance. Lyn Cook (Independent Home Economist, No. 749 at 2) also recommended that DOE consider the Improved Door Seal and Reduced Vent Rate options together because both have an influence on the natural convective air flow through the oven cavity. Lydia Botham (Land O'Lakes, No. 623 at 1) commented that this design option may increase the energy efficiency of the oven, but more testing should be done.

For standard electric ovens, Arthur D. Little, Inc (AHAM, No. 001 at 17–18) analyzed this design option and concluded that it will have a very minor impact on oven efficiency (from 12.15 to 12.39 percent) and a price premium that creates a payback in excess of 10 years. Additionally, the cooking performance of the oven may be affected. Tim Brooks (Whirlpool, EE–RM–S–97–700 No. 6 at 2) commented that improved door seals are not justified because of insignificant energy savings (0.2%) with excessive payback—less than $1 saved per year.

DOE agrees with the comments that sufficient air flow through the oven cavity is required to allow for proper heating and moisture conditions while cooking. This design option does not call for elimination of the air flow by improved seals; it merely states they can be improved "without sealing the oven completely." Moreover, because this design option was not contained in any standard levels the Department found to be economically justified in today's rule, the Department does not consider it to be an issue in this rulemaking.

Bi-Radiant Oven

Tim Brooks (Whirlpool, EE–RM–S–97–700 No. 6 at 3) stated that the 50 percent improvement assumption is unsupported by facts. He also noted technical problems making this design option impractical. The Department finds in today's rule that this design option is not economically justified.

Reflective Surfaces

Gregg Greulich (Whirlpool, No. 391 at 10) said that this design option causes loss of consumer utility (oven cleaning) and is not financially justified. He also commented that industry aggregate incremental costs of this design option are approximately 12 to 13 times higher than the DOE TSD cost, resulting in a 152 year payback (Transcript, Jun. 7 at 339). Tim Brooks (Whirlpool, EE–RM–S–97–700 No. 6 at 3) stated that maintaining highly reflective oven walls is impractical.

C.B. Walsh (Thermador, No. 622 at 2) commented that he was not aware of a reflective material which will retain its reflectivity after repeated exposure to pyrolytic self-cleaning oven temperatures (850–950F). Lyn Cook (Independent Home Economist, No. 749 at 2) commented that such surfaces would quickly discolor, and their longevity would be restricted. She recommended DOE eliminate this design option. ACEEE (ACEEE, No. 557 at 23) commented that DOE should exclude this design option in the analysis because it would be impossible to keep the surfaces clean and shiny, particularly in self-cleaning ovens.

Arthur D. Little, Inc (AHAM, No. 001 at 11–17) analyzed this design option for electric ovens and concluded: (1) current oven utility is not maintainable using reflective surfaces (the characteristics of this reflected radiation are different than the normal radiation emitted by the current cavity); (2) only modest energy savings are possible (from 12.15 baseline efficiency to 12.73 efficiency); and (3) consumer payback is long (8.62 to 11.33 years).

Marcia Copeland (Betty Crocker, EE–RM–S–97–700 No. 5 at 1) disagreed with the statement in the Draft Report that reflective pans are assumed to have no maintenance cost and could easily be maintained by the consumer. Copeland stated that Betty Crocker's experience with consumer testing indicates this assumption is incorrect but did not provide supporting data. Tim Brooks (Whirlpool, EE–RM–S–97–700 No. 6 at 3) concurred and stated that the pans would become non-reflective in about one year.

DOE agrees with the lack of sophistication in the technology to maintain a clean, reflective oven surface or reflective cooktop pans, and therefore achieve an energy efficiency improvement, over the life of the products. Therefore, DOE has eliminated the improved reflective surfaces in ovens and reflective pans for cooktops as design options in this rule.

Oven Separator

Marcia Copeland (Betty Crocker, EE–RM–S–97–700 No. 5 at 1) stated that an oven separator would have low consumer acceptance and only adds to the cost of the appliance. She also stated that the existence of a German model has no relevance for American consumers but did not provide any reasoning for this statement. However, because the Oven Separator design option only was used for max tech and was not found to be economically justified, the Department does not believe this issue is a concern.

Added Insulation

DOE received comments which said there would be loss of consumer utility with this design option and that it is not cost effective. D. Horstman (Maytag, No. 490 at 3) commented that manufacturers would be forced to reduce the oven cavity size drastically to comply with the proposed standards. He said there would be less utility to the consumer and insufficient fuel cost savings to justify the cost premium. Likewise, Gregg Greulich (Whirlpool, No. 391 at 11) submitted that this design option will reduce consumer utility (oven size), and result in an excessive payback (increase from 5 to 8 years for standard electric ovens and increase from 11 to 35 years for self-cleaning electric ovens). Whirlpool said this design option would not be justified.

Arthur D. Little, Inc (AHAM, No. 001 at 19–21) commented that its analysis shows that although a 2-inch increase in insulation will have a large impact (1.4 percentage points on a 12.15 percent efficiency baseline) on the oven energy usage, it will have a negative impact on the utility of the oven and range appliances. Either the size of the overall cabinet must increase, or the oven cavity volume must be reduced. In addition AHAM's comments agreed that thicker insulation (up to 4 inches) can achieve a 1.4 percentage point increase in oven efficiency, but the implementation of this design may affect the utility of the appliance for the reasons stated above.

The arguments against this design option involve reduction of consumer utility due to decreased oven cavity volume, if the same oven footprint is maintained. The Department has eliminated this design option because it reduces consumer utility and results in an increase in the life-cycle cost with a negligible decrease in energy use.

Improved Insulation

Tom Hoff (Microtherm Inc., No. 605 at 2–4) commented that his company has a micro porous thermal insulation which has significantly higher thermal insulation capability than existing technology and can be used in oven and range applications.

Maytag (Maytag, EE–RM–S–97–700 No. 9 at 4) stated that insulating the non-self-cleaning oven in a manner similar to the self-cleaning oven does not improve efficiency in a cost justifiable manner. Maytag stated that the higher efficiency of the self-cleaning models is not due solely to the difference in insulation but is also due to the several panes of heat reflective glass in the door and the inner baffles.

AHAM (AHAM, EE–RM–S–97–700 No. 26 at 3) commented that there is nothing in DOE's analysis which contradicts the significant evidence from manufacturers that further insulation will result in negligible savings in energy. AHAM commented that in order to attain any possible real increase in efficiency, non-self cleaning products would have to undergo total door reconstruction (including door seal, heat insulating glass) at great, cost-prohibitive expense.

The Department did consider higher performing insulation (See Draft Report Table 1–9) but did not consider the Microtherm product specifically due to a lack of data, particularly material costs and possible installation or fabrication cost. The Department only considered the increased performance and cost of higher density fiberglass insulation in existing cavities and did not consider changes to any door glass or inner baffles, although improved door seals were considered separately.

Reduced Vent Size

Gregg Greulich (Whirlpool, No. 391 at 9) commented that this design option needs to be considered in conjunction with the design option for Improved Door Seal design to minimize the overall impact on cooking performance. Marcia K. Copeland (General Mills, Inc., No. 355 at 2) commented that reducing oven vent size will negatively impact high moisture foods such as pound cake, two-crust fruit pies, roasting, meat loaf, lasagna, and foods that need drying such as pastry, biscuits, and cookies. The reduced vent size may result in increased baking time, and consumers will be less satisfied with the results. Karen Johnson (Borden, No. 560 at 1) supported these comments. Lydia Botham (Land O'Lakes, No. 623 at 1) commented that this design option may increase the energy efficiency of the oven, but more testing should be done.

Maytag (Maytag, EE–RM–S–97–700 No. 9 at 4) stated that because vent size is designed to be at an optimum for cooking performance, any reduction in size will affect cooking performance. Gregg Greulich (Whirlpool, EE–RM–S–97–700 No. 33 at 2) stated that the venting Whirlpool uses in self-cleaning ovens is virtually identical to the venting in its non-self-cleaning models. Whirlpool's testing shows that reducing the venting will only serve to degrade cooking performance and will not save energy.

AHAM (AHAM, EE–RM–S–97–700 No. 26 at 3) commented that DOE erroneously assumed that a reduction in the vent opening of a non-self-cleaning oven to the same size as a self-clean oven would result in energy savings. AHAM commented that vent openings are not automatically larger in non-self-cleaning ovens. AHAM stated that the size of the vent opening is determined by several factors, only one of which is the cleaning type. AHAM commented that if a smaller vent opening were effectively required for all models, the product performance would be degraded on some models by reducing the moisture loss.

Oven venting is necessary for the cooking process, but reducing the vent rate inherently reduces the energy lost in the cooking process and therefore, increases the overall efficiency of the oven. The Department assumed that self-cleaning ovens have smaller vents than non-self-cleaning ovens due to safety concerns regarding air flow during the high temperature cleaning cycle. Since the venting systems on self-cleaning ovens provide satisfactory cooking performance, it was assumed that these reduced vents could satisfactorily be applied to non-self-cleaning ovens and yield an efficiency improvement. However, this assumption is refuted by the Whirlpool comment that there is no difference in venting in its products and the AHAM comment that vent openings are not automatically larger in non-self-cleaning ovens. Thus, the Department has probably overstated any energy savings from this design option. In making today's determination DOE is not considering any energy savings from this design option.

Improved Contact Conductance

Arthur D. Little, Inc (AHAM, No. 001 at 24–27) reported the results of its analysis and testing on this design option for electric cooktops. Its results showed that the major mechanism for heat transfer was physical contact between the pot and coil, not contact pressure. The DOE test procedure uses an aluminum block which may be flatter than an actual cooking pot. ADL stated it found minimal real world efficiency improvements possible. The Department agrees that the heat transfer method is a function of physical contact and that this contact is influenced by the flatness of the object on the cooktop.

Improved Efficiency of the Magnetron Power Supply/Transformer

Charles Samuels (AHAM, Transcript, Apr. 7 at 51) argued that the transformer improvements were based on faulty communications between DOE's contractors and industry; consequently DOE has over-estimated the cost and energy improvement potential and not taken into account the problems with product size and weight that would be caused by more efficient transformers, even if technologically feasible.

D. Susak (Advance Transformer Company, Transcript, Apr. 7 at 272) commented that efficiency increases to 96 percent are not attainable at any price, much less at $5 as stated in the TSD. Mr. Susak reported results from some testing that resulted in a transformer efficiency of 91.4 percent with an additional cost of $6.45 per unit and a payback period greater than six years. This improvement was from only one of its current designs and should not be expected for all designs. Gregg Greulich (Whirlpool, No. 599 at 3) agreed with the Advance Transformer study and said that Whirlpool's own study corroborates it. He said this design option should be dropped. Jack Weizeorick, AHAM (April 7, rebuttal at

341–344) commented that the TSD reference "(56)" to C. Huene (TSD, Vol 2, App E, p 1–49) was incorrect. Mr. Huene was contacted, and he stated he never said that a 95 percent efficient transformer was available at a cost of $5.

O.P. Clay (Sharp, No. 521 at 2) commented that DOE's provided cost estimates of $7.90 for the purpose of increasing the efficiency of microwave ovens from 54 to 62.5 percent cannot be achieved. Data was supplied that showed a 1 percent improvement would cost $4.05, and achieving an additional 2.5 percent would cost $9.00. Sharp estimated the three design options proposed by DOE would cost at least $13.05 and only increase the efficiency 3.5 percent. Sharp urged that DOE not include microwave ovens in the rulemaking based on these estimates.

Robert Lagoussie, International Microwave Power Institute (April 7, at 309–310) commented that a technical paper by Dr. C. R. Buffler on an improved power supply was misinterpreted in the TSD. Mr. Lagoussie commented that the improvement was technically but not economically feasible in 1978, and it would be even less economically feasible today. D. Wilson (Frigidaire, Transcript, Apr. 7 at 262–263) commented that Dr. Buffler reported an efficiency number based on theory that was not meant to be a practical solution. The commenter reported that it will be difficult to improve the present efficiency levels of 45 to 50 percent dramatically unless there are technological breakthroughs.

Clayton Bond (Toshiba Corporation, Transcript, Apr. 7 at 317–318) commented that his company had met with the other three magnetron manufacturers in Japan (there are none in the U.S.), and their response to the proposed standard is that the efficiency of the magnetron can be increased marginally (1 percent, or from 71 to 72 percent), but the cost of even this marginal improvement would be cost prohibitive. This one percent increase in efficiency would result in a cost increase of more than double the current price of the tube in this country. Other concerns were that it would take three years to develop; it would require new tooling, jigs, and expensive materials, and this improved design would be sold only in the U.S. market which is one-third of the world market. Likewise, Gregg Greulich (Whirlpool, No. 599 at 3) commented that magnetrons produced today are 71% efficient with a maximum realistic efficiency of 72%. He argued that this design option should be dropped since the magnetrons are as efficient as possible already.

Dennis Wilson, Frigidaire (April 7, rebuttal at 345) commented that an increased efficiency microwave oven would require an increase in a transformer size and additional costs. Frigidaire's written comments (No.544 at 3) further argued that the company would be at an economic disadvantage in the European marketplace because this increased size would make the higher efficiency microwave oven incompatible with the common chassis used for both the domestic and export markets.

Jack Weizeorick and Charles Samuels (AHAM, No. 001 at 10) commented that the high efficiency transformer would be larger and heavier than the transformer used today and would result in an increase in the overall size of microwave ovens which would result in increased shipping costs since fewer could be shipped in a standard sized truck or container.

E. Toomey (Goldstar, No. 503 at 1) commented that her company is currently using a 95% efficient magnetron which "leaves no room for improvement." At present, she said her company's ovens are already rated at close to 60% efficiency. ACEEE (ACEEE, No. 557 at 24) urged DOE to include the effects of the adoption of European power supply standards on U.S. microwave manufacturers.

DOE has analyzed the data which was submitted during the comment period and found the data to be contradictory in part. The comments summarized above indicate technological barriers to improving the efficiency of microwave ovens above the baseline value of 54 percent. However, AHAM data (AHAM, No. 001 at B–1) reports efficiency/cavity volume and efficiency/oven type which show many units above 54 percent efficiency and a significant number above 57 percent, thus indicating the technology exists to improve the efficiency of the ovens. Moreover, because this design option was not contained in any standard levels the Department found to be economically justified in today's rule, the Department does not consider it to be an issue in this rulemaking.

Modified Waveguide

Jack Weizeorick and Charles Samuels (AHAM, No. 001 at 11) commented that only a small efficiency improvement may be available on some microwave ovens by reducing the length or improving the finish on the waveguides. Many of the ovens produced in 1993 already have these new features. Gregg Greulich (Whirlpool, No. 599 at 3) agreed with this comment and said that this design option should be dropped. He also said that it is possible to increase the coupling between the magnetron and the cavity for a specific load in such a way that the efficiency would improve for that specific load. However, there were several significant disadvantages to this tight coupling which he supplied in his written comments. D. Wilson (Frigidaire, No. 544 at 4) commented that this design option would require the redesign and retooling of the waveguide since the waveguide itself is an integral part of the cavity design, and a separate part would be necessary in order to reduce the material costs. Cost estimates were provided in the written comments. The Department believes these comments are well founded. Therefore, this design option was eliminated.

Microwave Oven Fan Efficiency

Les Harris (Sharp Electronics Corporation, Transcript, Apr. 7 at 282–284) commented that the efficiency increase and associated cost increase with the fan in the TSD are in error. Various options are listed and agreement with the TSD is possible (at 0.8 percent increase), but the cost increase is $7 to $8.22, not $1.05 as stated in the TSD. This cost would significantly extend the payback period. Also, the improvement previously stated requires an electronically commuted DC motor, which has been theoretically proven, but not proven in practice.

Jack Weizeorick and Charles Samuels (AHAM, No. 001 at 11) commented that manufacturers' data indicates that most fans use between 15 and 32 watts of power, but some use a high of 75 watts. AHAM supplied data which shows an increased efficiency fan, which uses 15.2 watts over the "standard" fan which uses approximately 21 watts, at an additional cost of $2.20. If an electronically commuted DC motor were used, the power would be reduced to 7.7 watts at an additional cost of $8.25.

D. Wilson (Frigidaire, No. 544 at 4) commented that a more efficient fan motor could be manufactured without a capital investment but would require engineering and testing to qualify the component. The revised motor is assumed to be directly interchangeable with the current motor and not require a tooling investment. Cost estimates were provided in the written comments.

Gregg Greulich (Whirlpool, No. 599 at 3) commented that fans use about 25 watts and an efficiency improvement of 10% amounts to 2.5 watts. He stated this improvement could possibly double the cost of the fan which increases the payback period, while providing minimal energy savings. He

recommended deleting this design option.

The Department incorporated this data in the Draft Report analysis which showed a decreased efficiency improvement at increased cost.

*c. Other Comments*

Significance of Energy Savings

H. Brooke Stauffer (AHAM, Transcript, Apr. 7 at 169, 170) commented that AHAM does not believe a performance standard is justified because the amount of energy saved is insignificant. AHAM argued that the energy savings are exaggerated and the costs understated. AHAM said this position was based on tests conducted and data which suggests the costs reported in the TSD are one-third to one-fourth the actual manufacturer's cost to implement various design options. M. Thompson (Whirlpool, Transcript, Apr. 7 at 205, 206) gave annual cost savings for various design options and argued that their collective savings were small.

AHAM (AHAM, No. 001 at 6) further commented that because the energy used by ranges is minor, the proposed standards do not meet the threshold NAECA criterion that an amended standard must result in "significant conservation of energy" under Section 325 (o)(3)(B). AHAM argued that the total projected energy savings from proposed range performance standards are so low that the standard's benefits will not exceed its burdens as required under Section 325 (o)(2)(B)(i)(III).

While the term "significant" is not defined in EPCA, the U.S. Court of Appeals for the District of Columbia Circuit concluded that Congress intended the word "significant" to mean "non-trivial." *Natural Resources Defense Council* v. *Herrington.* 768 F.2d 1355, 1373 (D.C.Cir. 1985). Thus, for this rulemaking, DOE concludes that at each trial standard level the estimated energy savings is non-trivial and therefore significant.

Life Cycle Costs

D. Karl Landstrom (Battelle, Transcript, Apr. 7 at 233–234) commented that the life cycle cost data should be updated by DOE to use current DOE Energy Information Administration estimates of future cost projections rather than the 1991 estimated projections.

Gregg Greulich (Whirlpool, No. 391 at 5) commented that if all of DOE's first seven design options were to be incorporated into a new standard self-clean electric range, the total annual cost savings would be $6.47. He pointed out that in 1979 (when the FTC first considered labeling ranges), a total annual operating cost savings difference of $7.00 would have been considered significant by consumers. The $6.47 figure translates into $3.33 in 1979 dollars, less than half of what the FTC deemed to be a significant cost savings to consumers.

Whirlpool (No. 391 at 6) also commented that DOE standards could affect eight different Whirlpool product categories. The cost of compliance in each product category will likely be millions to many tens of millions of dollars. Whirlpool argued that the cumulative impact of adding ranges, ovens, and cooktops, when coupled with the "diminutive energy savings," makes energy standards for this product category unjustifiable.

The Department has recalculated life-cycle costs using the latest Annual Energy Outlook (AEO) energy prices available at the time of the analysis. The Draft Report used AEO 95 energy prices, and the supplemental analysis used AEO 97 energy prices. In addition, the Gas Research Institute (GRI) 97 prices were used for a basis of comparison in the Supplemental Analysis.

Test Procedures

There were many comments on the test procedures, including annual energy consumption. These comments, however, were discussed and resolved in the Test Procedure Final Rule for Kitchen Ranges, Cooktops, Ovens, and Microwave Ovens. 62 FR 51976 (October 3, 1997).

Economic hardship

Joann Prater (MCD Corporation, Transcript, Apr. 7 at 276–277) commented that MCD Corporation would probably go out of business if the new microwave ruling is enacted for the following reasons: MCD Corporation is a small, single-line product company which recently invested $5M in tooling for a new, more efficient oven which is scheduled to enter the market this year. This new oven, however, does not meet the new efficiency standard proposed in the NOPR. The company would not be able to capture its investment during the shorter period its new product would be on the market, and MCD could not retool for another new oven to be manufactured by the effective date of the new standards. She also commented that several assumptions in the TSD are incorrect. She maintained that the cost to retool is understated because the TSD did not include the additional costs to redesign features such as the power supply, the fan, the modified waveguide, an improved magnetron, and new reflective surfaces. The TSD accounts for only the wave guide. The oral testimony was also supported by written comments (MCD Corporation, No. 742 at 1–20).

Jack Weizeorick and Charles Samuels (AHAM, No. 001 at 1) commented that the proposed standards for microwave ovens would "eliminate the last remaining U.S. production and may concentrate U.S. sales in the hands of only one or two companies." J. Geary (Peerless-Premier Appliance Co., No. 352 at 1) commented about the adverse economic impact and the potential lessening of competition that the proposed standards would have on his company. He commented that DOE and the Attorney General had not adequately evaluated the impact of the standards on small manufacturers.

D. Horstman (Maytag, No. 490 at 3) commented that the proposed standards, if enacted, would force Maytag to spend millions of dollars at its plants with considerable competitive disadvantage compared to its primary competitors. He said Maytag may have to discontinue lower volume product lines and thus, further reduce competition in the marketplace.

D. Wilson (Frigidaire, No. 544 at 5) commented that the economic impact on the Dalton Microwave Operations would be significant if it needed to redesign its products to meet the proposed DOE requirements. He added that because only a few U.S. companies continue to manufacture this product, the addition of more economic burden will likely cause the remaining smaller manufacturers to close down, allowing the importers to completely take over the market.

Because the Department found in today's rule that standards for microwave ovens are not economically justified, today's rule will not result in any economic hardship.

Microwave Noise at Higher Efficiency

Robert Lagoussie, International Microwave Power Institute (April 7, at 310–313), R.D. Parlow (National Telecommunications and Information Administration, No. 689 at 1), Jack Weizeorick and Charles Samuels (AHAM, No. 001 at 9–10) commented that a microwave oven produces electronic noise outside the normal frequency spectrum of 2,400 to 2,500 MHZ. There can be considerable electronic noise in the 2 to 3 GHz range which affects other devices (broadcast/cellular phone), and more noise is generated as the efficiency of the microwave increases. The International Special Committee on Electromagnetic Interference is considering a new noise

standard this year which would reduce the magnetron noise level requirement from 85 to 99 decibels currently to a new standard of 30 to 40 decibels. Amana Refrigeration, Inc. (No. 347 at 6) commented that the FCC has indicated that future requirements for noise interference will be tightened substantially. Amana said that design changes employed to achieve reduced noise will reduce the unit's efficiency.

The National Telecommunications and Information Administration, submitted comments on behalf of U.S. microwave manufacturers, expressing concern that the Department's interest in increasing microwave oven efficiency may be counterproductive to efforts being made to control radio noise. Increased microwave magnetron efficiency could raise radio noise levels, thereby, increasing the potential for interference (National Telecommunications and Information Administration, No. 689 at 1). The Department finds in today's rule that this design option is not economically justified; therefore, this rule will not cause increased noise.

Manufacturer Impact

In the Proposed Rule, DOE conducted a manufacturer impact analysis using the LBL Manufacturer Impact Model (LBL–MIM) as described in the TSD accompanying the 1994 Proposed Rule. Many comments were received regarding this analysis. In the revised analysis which supported the Draft Report, the Department used a computer model that simulates a hypothetical company to assess the likely impacts of standards on manufacturers and to determine the effects of standards on the industry at large. This model, the Manufacturer Analysis Model (MAM), is described in the TSD. Appendix C provides a broad array of outputs, including shipments, price, revenue, net income, and short- and long-run returns on equity. The "Output Table" in Appendix C lists values for all these outputs for the base case and for each of the five standard levels analyzed. It also gives a range for each of these estimates. The base case represents the forecasts of outputs with a range of energy efficiencies which are expected if there are no new or amended standards. A "Sensitivity Chart" (TSD, Appendix C) shows how returns on equity would be affected by a change in any one of the nine control variables of the model. The Manufacturer Analysis Model consists of 13 modules. The module which estimates the impact of standards on total industry net present value is version 1.2 of the Government Regulatory Impact Model (GRIM). The GRIM was dated March 1, 1993 and was developed by the Arthur D. Little Consulting Company (ADL) under contract to AHAM, the Gas Appliance Manufacturers Association (GAMA), and the Air-Conditioning and Refrigeration Institute (ARI). (See TSD, Appendix C for more details.) The results of this analysis are reported in section III. c. of today's rule. However, these results were not utilized in coming to the conclusions reported in section III. e. All trial standard levels in today's rule were rejected based on consumer economics. Therefore, a revised manufacturer impact analysis was not necessary.

Rebound Effect

ACEEE (ACEEE, No. 557 at 3) commented that it did not understand DOE's estimate of 10% rebound effect for cooking, because this rebound effect implies that households purchasing efficient ranges and ovens would cook more.

A ten percent rebound effect was not used in the analysis. A rebound effect of less than one percent was used.

Microwave Ovens Not Covered Under NAECA

Jack Weizeorick and Charles Samuels (AHAM, No. 001 at 2) argued that nothing in the statutory language of NAECA required or indicated that microwave ovens should fall within the definition of "kitchen ranges and ovens" in Section 322(a)(10) as opposed to other covered products.

The Department has previously determined that microwave ovens fall within the definition of "kitchen ranges and ovens." 43 FR 20108 (May 10, 1978).

Baseline Values Incorrect in TSD

Jack Weizeorick and Charles Samuels (AHAM, No. 001 at 7–9) commented that the microwave oven baseline value for shipment weighted average efficiency of 54.5 percent used in the TSD for the Proposed Rule is based on AHAM data of microwave ovens shipped in 1989. More recent shipment data shows a new, higher value of 55.8 percent. ACEEE (ACEEE, No. 557 at 23) commented that DOE should redo its analysis after it reduces the average baseline consumption of ovens and cooktops to be in line with recent data by utilities and GRI. The Department agreed and incorporated the 55.8 percent number into the Draft Report analysis.

Consumer Education Programs

AHAM ( No. 001 at 16) stated that two reports indicated significant variations in energy use among consumers preparing identical meals (50 and 60 percent differences respectively). AHAM recommend that DOE establish consumer education programs as a national priority for saving energy, in lieu of mandatory product performance standards. G. Greulich (Whirlpool, Transcript, Apr. 7 at 220) also commented that more emphasis should be placed on consumer education rather than engineering redesign of the ranges. R. Markum (Emerson Electric Co., No. 366 at 5) commented that much more potential energy savings exist through consumer education on the proper methods to achieve maximum cooking efficiency rather than through mandatory efficiency standards. Lyn Cook (Independent Home Economist, No. 749 at 2) commented that informing the consumer on how to make optimal use of energy efficient cooking methods is key to reducing the total amount of energy used. She quoted 18 points from ACEEE's Consumer Guide to Home Energy Savings which demonstrate how significant energy variances can be eliminated. Mark Krebs (Laclede Gas, EE–RM–S–97–700 No. 18 at 2) commented that the goals of energy efficiency and conservation are more likely to be achieved through facilitating consumer education rather than to simply dictate or restrict choices of technology.

The Department is required by statute to promulgate energy efficiency standards for cooking products if economically justified and technically feasible. EPCA, § 325, 42 U.S.C. § 6295. The Department's ENERGY STAR® program helps to educate consumers on the purchase of more energy efficient appliances. The program is increasing continually the list of products the program covers. One of the criteria the program uses to determine which products it should add to the program is an evaluation of whether there is a wide range of energy efficiencies among the products in the marketplace. Because there are not a wide range of efficiencies for cooking products, they have not been added to the Energy Star program thus far.

*d. Other Comments Regarding the Draft Report and Supplemental Analysis*

Marcia Copeland (Betty Crocker, EE–RM–S–97–700 No. 5 at 1–3) stated that the Draft Report did not address the implication of the changes to the proposed rule on consumers. She also requested DOE provide a glossary of terms.

DOE does analyze the effects of its rulemakings on consumers. For example, the Department abolished the

design option that eliminated the oven door window because of the adverse impact it would have on consumer utility. Because today's rule does not impose additional efficiency requirements on cooking products, the Department concludes that today's rule will not impact consumers.

The first time the Department uses an acronym, the Department spells it out, for example, "Technical Support Document (TSD)"; then the Department uses the acronym (e.g. TSD) throughout the rest of the document. The Department, however, agrees a glossary is a good suggestion, and the Department will provide a glossary in the TSD.

Electric Non-Self-Cleaning Ovens

In the reopening notice of February 27, 1998, DOE indicated a likelihood of not establishing standards for electric non-self-cleaning ovens. Many commenters supported no standards for electric non-self-cleaning ovens. Whirlpool (Whirlpool, EE–RM–S–97–700 No. 33 at 2) stated that no improved venting or insulation for electric non-self-cleaning ovens would meet all of DOE's minimum economic and utility requirements or its energy savings requirements under NAECA. Whirlpool supported the Department's decision not to establish performance standards for any electric cooking products. Whirlpool (Whirlpool, EE–RM–S–97–700 No. 6 at 1) stated that the cost of compliance testing would be greater than the potential energy savings of the design options. Maytag (Maytag, EE–RM–S–97–700 No. 9 at 4) supported DOE's conclusions regarding venting and insulating improvements on electric non-self-cleaning electric ranges.

AHAM (AHAM, EE–RM–S–97–700 No. 26 at 2) supported DOE's conclusion that no standards are appropriate for microwave ovens or other electric cooking products. AHAM (AHAM, EE–RM–S–97–700 No. 26 at 3) also cited cumulative regulatory burden placed on the manufacturers (due to the refrigerator, room air conditioner, and clothes washer rules) as another reason why standards for cooking products are inappropriate.

Steve Nadel (ACEEE, EE–RM–S–97–700 No. 32 at 2) supported no new standard for electric non-self-cleaning ovens. However, ACEEE disagreed with the rationale that the Department cannot be certain that all products if vented and insulated like self-cleaning counterparts will meet a specific performance standard because DOE can never be sure that a specific design option will always achieve a specific performance level. DOE could perform additional testing, but given the modest savings of a standard, the burden of performance testing, and the fact that the rulemaking is already years behind, public interest is best served by finalizing a "no standard" standard for electric products.

Mark Krebs (Laclede Gas, EE–RM–S–97–700 No. 18 at 1) questioned how DOE could state that the record for electric cooking products is complete if performance data on electric ovens does not exist. In the reopening notice of February 27, 1998, however, the Department stated that DOE believed the record was complete for electric cooktops, electric self-cleaning ovens, and microwave ovens. The Department did not state the record was complete for electric non-self-cleaning ovens. The Department issued the February 1998 notice in order to complete the record.

The American Gas Association (AGA, EE–RM–S–97–700 No. 37 at 11–12) commented that the Department has not shown adequate justification for not issuing standards for electric cooking products. AGA commented that the analysis shows a performance standard for electric non-self-cleaning ovens is technologically feasible, economically justified, and will save significant energy. AGA stated that DOE's argument that no performance or usage data exists for these products (therefore it is unknown if they could meet a performance standard with improved insulation & venting) would imply that DOE would not pursue standards for any NAECA products where data did not already exist. The National Propane Gas Association (NPGA, EE–RM–S–97–700 No. 31 at 2) concurred with AGA's comments.

As discussed under "design options," the Department has received information from manufacturers indicating that their self-cleaning and non-self-cleaning ovens typically already use the same venting, and the Department has probably overstated the energy savings. The Department also believes that it has shown adequate justification (see Section "III. e. Conclusion") for rejecting standards for electric cooking products.

Separating the Rule

Many commenters requested the Department split off certain products from this rule and finalize the rule for those products immediately. AHAM (AHAM, EE–RM–S–97–700 No. 26 at 2) commented that the electric range and oven and microwave oven portion of this rulemaking should be finalized immediately. AHAM stated that failure to finalize this rule has created uncertainty among manufacturers, component suppliers, and other parties and adversely affects investment and redesign decisions. Amana (Amana, EE–RM–S–97–700 No. 38 at 1) emphasized the importance of finalizing the electric range and microwave oven portions of the rule as soon as possible and separately, if necessary, from the gas cooking products rule. Amana cited the adverse effects the delay has caused on planning and investment. Whirlpool (Whirlpool, EE–RM–S–97–700 No. 33 at 4) stated that it has been waiting eight years for a final rule, which has not allowed them to be completely free to dedicate resources to innovative consumer features, without setting them forth. Consequently, Whirlpool urged DOE to issue a separate rule for electric cooking products immediately.

Sharp (Sharp, EE–RM–S–97–700 No. 35 at 1) fully supported DOE's conclusion that establishing new or revised energy conservation standards for microwave ovens are not technologically feasible or economically justified. Sharp requested that DOE separate microwave ovens from the other consumer products identified in the notice and issue, without delay, a final determination that DOE will not establish any energy conservation standards for microwave ovens. Sharp commented that such a final pronouncement by DOE will remove the lingering uncertainty that has hindered the microwave oven industry.

Due to requests that the rule be split in order to issue a final rule for electric cooking products without further delay, the Department has severed the electric cooking products from the gas cooking products in this rule.

Energy Rates

Commenters recommended that the Department should use the latest energy price forecasts and the Consumer Marginal Energy Rates (CMER) as recommended by the Advisory Committee on Appliance Energy Efficiency Standards (ACAES). Sharp (Sharp, EE–RM–S–97–700 No. 35 at 2) commented that if consumer marginal energy rates were used in the calculations for microwave ovens, it would greatly increase the payback period, which already extends beyond the economically acceptable timeframe. AGA (AGA, EE–RM–S–97–700 No. 37 at 9) also commented that DOE should use the latest AEO price projections and the energy cost recommendations of the ACAES. The National Propane Gas Association (NPGA, EE–RM–S–97–700 No. 31 at 2) concurred with AGA's comments. Edison Electric Institute (EEI, EE–RM–S–97–700 No. 21 at 1) commented that the analysis should be changed to show the results of

calculations over a range of marginal energy prices, which would lead to more accurate ranges of life-cycle-costs, rather than using "average" prices. EEI stated that the avoided energy cost rates using AEO 98 are lower than the rates used in the DOE analysis. EEI also commented that discount factors for this type of consumer appliance are probably too low. In addition, EEI commented that if the peak demand savings are assuming 100% coincidence with utility peak demands, 100% diversity, and 100% load factors, then the values are too high and should be adjusted downward to reflect actual coincidence, diversity, and load factors. AHAM (AHAM, EE–RM–S–97–700 No. 26 at 2) also commented that AEO 98 and CMER should be used. AHAM stated that these lower electricity rates would result in even longer paybacks for any possible standard level.

The Department is committed to certain procedures under the Process Rule. 61 FR 36973 (July 15, 1996). These procedures, however, do not apply entirely to certain rules already underway, 61 FR at 36980, including the cooking products rulemaking. The Supplemental Analysis, conducted in 1997, did use the most current energy price forecasts available at that time. In addition, the Advisory Committee had not yet made its recommendations to the Department regarding CMER at the time the Supplemental Analysis was conducted. Furthermore, using these lower energy rates would not increase the likelihood that standards for electric cooking products would be economically justified because lower energy prices would only increase the payback period and decrease the life-cycle-cost savings. Consequently, the Department did not expend the resources to reanalyze the data using these new energy rates. Regarding peak demand savings, the Department agrees with EEI and did not assume 100 percent diversity, coincidence, or load factors. See Appendix E of the General Methodology in the TSD for a more complete explanation.

EEI questioned whether an energy efficiency standard should discuss emissions and environmental impacts. EEI commented that the Draft Report downplays the reductions in sulfur dioxide and nitrogen oxide emissions from power plants, on an overall and per kWh basis, and it does not appear that the report shows a decline in emissions for the years 2001–2030. EEI also stated that the impact of restructured electricity markets could have a significant impact on emissions, as customers choose their preference of generation sources. The Department agrees that forecast emission rates for $NO_X$, $SO_2$, and $CO_2$ do fall over time. Emission rates may be affected by restructuring, but given the absence of clear indications of this effect, it was not incorporated into the analysis.

## III. Analysis of Electric Cooking Products Standards

Revised standards for cooking products shall be designed to achieve the maximum improvement in energy efficiency that is technologically feasible and economically justified. These and related statutory criteria are addressed below.

### *a. Efficiency Levels Analyzed*

The Department examined a range of standard levels for cooking products. Table 4–1 presents the five efficiency levels that had been selected for analysis for the five classes of electric cooking products. Level 5 corresponds to the highest efficiency level, max tech, considered in the engineering analysis. The final TSD contains the information analyzed in the Draft Report and the supplemental analysis.

TABLE 4–1.—ANNUAL ENERGY USE FOR STANDARD LEVELS ANALYZED IN THE PROPOSED RULE FOR KITCHEN RANGES, OVENS AND MICROWAVE OVENS

| Product class | Standard level | | | | | |
|---|---|---|---|---|---|---|
| | Baseline | 1 | 2 | 3 | 4 | 5 |
| Electric ovens, self-cleaning (kWh) | 303.7 | 303.7 | 303.7 | 303.7 | 220.0 | 213.7 |
| Electric ovens, non-self-cleaning (kWh) | 274.9 | 263.2 | 251.8 | 248.0 | 169.6 | 162.4 |
| Microwave ovens (kWh) | 143.2 | 143.2 | 143.2 | 143.2 | 143.2 | 132.4 |
| Electric cooking top, coil element (kWh) | 234.7 | 234.7 | 225.2 | 225.2 | 222.9 | 222.9 |
| Electric cooking top, smooth element (kWh) | 233.4 | 233.4 | 233.4 | 233.4 | 233.4 | 206.4 |

For analytical purposes the Department segmented the above classes into three groups: conventional ovens, conventional cooking tops, and microwave ovens. Rather than presenting the results for all classes of cooking products in today's notice, the Department selected a class of cooking products as being representative, or typical, of each group of the product, and DOE is presenting the results only for those representative classes. The results for the other classes can be found in the TSD in the same sections as those referenced for the representative class. The results and conclusions for each group are presented separately below.

#### 1. Efficiency Levels Analyzed for Conventional Ovens

The Department selected non-self-cleaning electric ovens as being the representative class of conventional ovens. For non-self-cleaning electric ovens, trial standard level 1 accomplishes energy efficiency improvement from the baseline by reduced venting; level 2 includes improved insulation; level 3 includes improved seals; level 4 provides for a biradiant oven; level 5 includes reduced conduction losses, forced convection, and an oven separator.

For efficiency levels 1–3 of conventional ovens, the calculations are based on the supplemental analysis, using AEO 97 energy price forecasts. Efficiency levels 4–5 of conventional ovens are based on the Draft Report analysis, which used AEO 95 energy price forecasts. They were not reanalyzed in the Supplemental analysis.

#### 2. Efficiency Levels Analyzed for Conventional Cooking Tops

The Department selected electric-coil cooking tops as being representative of conventional cooking tops. For electric-coil cooking tops, trial standard level 1 remains at the baseline while levels 2 and 3 accomplish energy efficiency improvements from the baseline by incorporating improved heating element contact conductance; levels 4 and 5 add reflective surfaces.

Conventional electric cooktops were not addressed in the Supplemental Analysis. Values pertaining to cooktops referenced in today's rule are based on

the Draft Report, which used AEO 95 energy price forecasts.

3. Efficiency Levels Analyzed for Microwave Ovens

The Department considers all microwave ovens to comprise one class. For microwave ovens, trial standard levels 1 through 4 remain at the baseline, while level 5 incorporates an efficient power supply, an efficient fan, an efficient magnetron, and a reflective surface. All values referenced are from the Draft Report, which used AEO 95 energy price forecasts.

*b. Significance of Energy Savings*

Under section 325(o)(3)(B) of EPCA, the Department is prohibited from adopting a standard for a product if that standard would not result in "significant" energy savings. The Department forecasted energy consumption by the use of the Lawrence Berkeley Laboratory—Residential Energy Model (LBL–REM). See Appendix B of the TSD. To estimate the energy savings by the year 2030 due to revised standards, the energy consumption of new cooking products under the base case is compared to the energy consumption of those sold under the candidate standard levels. For the candidate energy conservation standards, the analysis projects that over the period 2001–2030, the following energy savings would result for all classes of the product. See Tables 3.3 and Supplemental Table 3.16b in the TSD.

1. Conventional Ovens

Level 1—0.05 Quad [3]
Level 2—0.10 Quad [3]
Level 3—0.03 Quad [3]
Level 4—1.68 Quad [4]
Level 5—1.68 Quad [4]

2. Conventional Cooking Tops

Level 1—0 Quad
Level 2—0.05 Quad
Level 3—0.05 Quad
Level 4—0.10 Quad
Level 5—0.45 Quad

3. Microwave Ovens.

Level 1—0 Quad
Level 2—0 Quad
Level 3—0 Quad
Level 4—0 Quad
Level 5—0.33 Quad

While the term "significant" is not defined in EPCA, the U.S. Court of Appeals for the District of Columbia Circuit concluded that Congress intended the word "significant" to mean "non-trivial." *Natural Resources Defense Council* v. *Herrington*. 768 F.2d 1355, 1373 (D.C.Cir. 1985). Thus, for this rulemaking, DOE concludes that each standard level results in significant energy savings.

*c. Economic Justification*

Section 325(o)(2)(A) of EPCA provides seven factors to be evaluated, to the greatest extent practicable, in determining whether a conservation standard is economically justified.

1. Economic Impact on Manufacturers and Consumers

The engineering analysis identified improvements in efficiency along with the associated costs to manufacturers for each efficiency level for each class of product. For each design option, these associated costs constitute the increased per-unit cost to manufacturers to achieve the indicated energy efficiency levels. Manufacturer, wholesaler, and retailer markups will result in a consumer purchase price higher than the manufacturer cost.

To assess the likely impacts of standards on manufacturers and to determine the effects of standards on different-sized firms, the Department used a computer model that simulates hypothetical firms in the industry under consideration. This model, the Manufacturer Analysis Model (MAM), is explained in the TSD. (See TSD, Appendix C.) The cost of a compliance testing and certification program is an additional impact on the manufacturer. The Department's analysis, however, did not assess the impact of this program on the manufacturers.

For consumers, measures of economic impact are the changes in purchase price, annual energy expense, and installation costs. The purchase price, installation cost, and cumulative annual energy expense, i.e., life-cycle cost, of each standard level are presented in Chapter 3 of the TSD. Under section 325 of the EPCA, the life-cycle cost analysis is a separate factor to be considered in determining economic justification.

*Conventional Ovens*. The per-unit increased cost to manufacturers to meet efficiency level 1 for electric non-self-cleaning ovens is $1.63; to meet level 2, the manufacturers' cost increase is $4.84; level 3 is $8.53; level 4 is $71.03, and level 5 is $125.94. *See* Technical Support Document, Table 1.11.

At those levels of efficiency, the consumer price increase, for electric non-self-cleaning ovens at level 1 is $3.5; to meet level 2, the cost increase is $11; level 3 is $29; level 4 is $179, and level 5 is $314. For electric non-self-cleaning ovens, the per-unit reduction in annual cost of operation, including energy expenses and any additional maintenance costs, at level 1 is $1[3]; standard level 2 is $2[3]; level 3 is $2[3]; level 4 is $8[4], and level 5 is $8[4]. *See* Technical Support Document, Table 4.4 and Supplemental Table 4.4.

The Lawrence Berkeley Laboratory-Manufacturer Impact Model analyzes the effects of the trial standard levels on both the long run and short run returns on equity. Short run return on equity refer to the effect during approximately the first three years, and long run return on equity refers to the effects beyond three years. The results (analyzed in the Draft Report) for all classes of conventional ovens [5] show that revised standards would have some effect on a prototypical manufacturer's short-run return on equity with some decrease at the higher standard levels from the 10.53 percent in the base case. Standard levels 1 through 5 are projected to produce short-run returns on equity of 10.64 percent, 10.63 percent, 10.21 percent, 8.85 percent, and 5.14 percent, respectively. These standard levels have slight impacts on long-run return on equity. Standard levels 1 through 5 are projected to produce long-run return on equities of 10.51 percent, 10.51 percent, 10.35 percent, 10.33 percent, and 9.75 percent, respectively. *See* Technical Support Document, Tables 5.2 and 5.8.

*Conventional Cooking Tops*. The per-unit increased cost to manufacturers to meet the level 1 efficiency for electric-coil cooking tops is zero, since this class is at the baseline; to meet levels 2 and 3 the manufacturers' cost increase is $2.28, and to meet levels 4 and 5 the cost is $5.31. *See* Technical Support Document, Table 1.6.

At those levels of efficiency, the consumer price increase, for electric-coil cooking tops at level 1 is unchanged, since it is at the baseline; to meet levels 2 and 3 the cost increase is $5, and at levels 4 and 5 it is $12. *See* Technical Support Document, Table 4.1.

The per-unit reduction in annual cost of operation, including energy expenses and any increase in maintenance cost, for electric-coil cooking tops at level 1 is unchanged since it is at the baseline; standard levels 2 and 3 would reduce operational expenses by $1, and levels 4 and 5 would reduce operational expenses by $1. *See* Technical Support Document, Table 4.1.

The Lawrence Berkeley Laboratory-Manufacturer Impact Model results for

[3] Calculations are based on the supplemental analysis, using AEO 97 energy prices.

[4] Calculations are based Draft Report analysis, which used AEO 95 energy prices. They were not reanalyzed in the Supplemental analysis.

[5] These values, calculated in the Draft Report, were based on all classes of conventional ovens, including gas ovens.

all classes of conventional cooking tops show that revised standards would have slight impacts on a prototypical manufacturer's short-run return on equity[6] with some decrease at the higher standard levels from the 10.84 percent in the base case. Standard levels 1 through 5 are projected to produce short-run return on equities of 11.07 percent, 11.04 percent, 11.08 percent, 11.02 percent, and 9.24 percent, respectively. These standard levels have slight impacts on long-run return on equity, with some decreases at the higher standard levels. Standard levels 1 through 5 are projected to produce long-run returns on equity of 10.77 percent, 10.78 percent, 10.78 percent, 10.42 percent and 9.71 percent, respectively. *See* Technical Support Document, Tables 5.1 and 5.7.

*Microwave Ovens.* The per-unit increased cost to manufacturers to meet efficiency levels 1 through 4 for microwave ovens is zero since these levels are at the baseline; to meet level 5, the manufacturers' cost increase is $51.11. *See* Technical Support Document, Table 1.17.

At those levels of efficiency, the consumer price increase for microwave ovens at levels 1 through 4 is unchanged since they are at the baseline; to meet level 5, the cost increase is $66. *See* Technical Support Document, Table 4.8.

The per-unit reduction in annual cost of operation at levels 1 through 4 would not reduce annual operational expense since it is at the baseline. Standard level 5 would reduce operational expenses by $1. *See* Technical Support Document, Table 4.8.

The Lawrence Berkeley Laboratory-Manufacturer Impact Model results for microwave ovens show that revised standards would not affect a prototypical manufacturer's long nor short-run return on equity of 3.65 percent in the base case, except for max tech. Standard levels 1 through 5 are projected to produce short-run return on equities of 3.65 percent, 3.65 percent, 3.65 percent, 3.65 percent and 2.30 percent, respectively. Standard levels 1 through 5 are projected to produce long-run return on equities of 3.65 percent, 3.65 percent, 3.65 percent, 3.65 percent and 4.81 percent, respectively. *See* Technical Support Document, Tables 5.3 and 5.9.

2. Life-Cycle Cost and Net Present Value

One measure of the effect of proposed standards on consumers is the change in life-cycle costs, including recurring operating expenses, purchase price, and installation costs resulting from the new standards. The change in life-cycle cost is quantified by the difference in the life-cycle costs between the base case and candidate standard case for each of the product classes analyzed. The life-cycle cost is the sum of the purchase price and the cumulative operating expense, including installation and maintenance expenditures, discounted over the lifetime of the appliance. The life-cycle cost was calculated for the range of efficiencies analyzed in the "Engineering Analysis" section of the TSD, for each class, in the year standards are imposed, using real consumer discount rate of six percent.

*Conventional Ovens.* A life-cycle cost is calculated for a unit meeting each of the candidate standard levels. For the representative class, life-cycle costs for non-self-cleaning ovens at standard levels 1 and 2 are at or less than the baseline unit. Of the five candidate standard levels, units meeting level 2 have the lowest consumer life-cycle cost for electric non-self-cleaning ovens. *See* Technical Support Document, Table 4.4 and Supplemental Table 4.4.

For the representative class of electric ovens, standard level 1 would cause reductions in life-cycle costs for the average consumer of $6.1;[3] standard level 2 would reduce average life-cycle costs by $8.0;[3] standard level 3 would result in an increase of $6.6;[3] level 4 would result in an increase of $88.2;[4] while standard level 5 would result in an increase of $217.1.[4] *See* Technical Support Document, Table 4.18 and Supplemental Table 4.39.

The Department examined the effect of different discount rates (2, 6, and 15 percent) on the life-cycle cost curves. See Figure 4.4, Table 4.4 and Supplemental Table 4.4 in the TSD. Life-cycle cost sensitivity to changes in energy price and equipment price were analyzed. See Figure 4.12, Table 4.12, and Supplemental Table 4.35 in the TSD. This analysis shows that the life-cycle cost minimum using the lowest State energy price occurs at standard level 1 for electric non-self-cleaning ovens but remains at standard level 2 for all other energy prices analyzed.

The Department also calculated paybacks using the energy prices calculated by the Gas Research Institute (GRI). The life-cycle cost minimums resulting from the GRI projections remain unchanged from the analysis using the AEO price forecasts. The payback periods increase slightly for electric non-self-cleaning ovens using the GRI forecasts, but these paybacks remain well within the expected life of the product. Therefore, the GRI prices have no substantial impact on the outcome of the standard levels analyzed.

The net present value analysis, a measure of the net savings to society, indicates that for all classes of conventional electric ovens, standard levels 1–3 would produce a net present value of $0.03 billion[3] to consumers. The corresponding values for levels 4 and 5 result in a negative $2.53 billion and negative $6.23 billion, respectively.[4] *See* Technical Support Document, Table 3.6e and Supplemental Table 3.28b.

*Conventional Cooking Tops.* A life-cycle cost is calculated for a unit meeting each of the candidate standard levels. For the representative class, life-cycle costs at all standard levels, except at max tech, are less than the baseline unit for electric coil cooktops. Of the five candidate standard levels, units meeting levels 2 and 3 have the lowest consumer life-cycle cost for electric coil cooktops. It should be noted that for another class, electric smooth element cooking tops, units meeting the baseline have the lowest consumer life-cycle costs. *See* Technical Support Document, Tables 4.1 and 4.2.

For the representative class of electric-coil cooking tops, standard level 1 would cause no change in life-cycle costs for the average consumer since it is the same as the baseline; standard levels 2 and 3 would reduce average life-cycle costs by $3.2, and standard levels 4 and 5 would result in an increase in life-cycle cost of $1.8. *See* Technical Support Document, Table 4.15.

The Department examined the effect of different discount rates (2, 6, and 15 percent) on the life-cycle cost curves. If the discount rate is increased to 15 percent, the life-cycle cost minimum occurs at the baseline. See TSD Table 4.1. Life-cycle cost sensitivity to changes in energy price and equipment price were analyzed. See Figure 4.10 and Table 4.10 in the TSD. This analysis shows that the life-cycle cost minimum using the lowest State energy price drops to standard level 1 for electric coil cooktops but remains unchanged for all other energy prices analyzed. The life cycle cost minimum remains unchanged for the highest State energy price, except for the case including both the highest State energy price and the highest equipment price, the LCC minimum occurs at max tech. Consequently, high state energy prices have no effect on the standard levels analyzed unless equipment prices are also high.

The net present value analysis, a measure of the net savings to society, indicates that for all classes of

[6] These values, calculated in the Draft Report, were based on all classes of conventional cooktops, including gas cooktops.

conventional electric cooking tops, standard level 1 would produce a zero net present value; standard levels 2 and 3 would produce a net present value of $0.03 billion, while standard levels 4 and 5 would produce negative net present values of $0.09 billion and $3.10 billion, respectively. See Technical Support Document, Table 3.6b.

*Microwave Ovens.* A life-cycle cost is calculated for a unit meeting each of the candidate standard levels. Of the five candidate standard levels, units meeting the baseline had the lowest consumer life-cycle cost for microwave ovens. See Technical Support Document, Table 4.8. Standard levels 1 through 4 would cause no reductions in life-cycle costs for the average affected consumer, since they are the same as the baseline for microwave ovens. Standard level 5 would increase average life-cycle costs by $56.7. See Technical Support Document, Table 4.22.

The Department examined the effect of different discount rates (2, 6, and 15 percent) on the life-cycle cost curves and generally found little impact. Life-cycle cost sensitivity to changes in energy price and equipment price were analyzed. See Figure 4.14 and Tables 4.14 in the TSD. This analysis shows little impact.

The net present value analysis, a measure of the net savings to society, indicates that for microwave ovens, standard levels 1 through 4 would produce a zero net present value to consumers. The net present value for level 5 is a negative $4.67 billion. *See* Technical Support Document, Table 3.6g.

3. Energy Savings

EPCA requires DOE to consider the total projected energy savings that result from revised standards. The Department forecasted energy consumption through the use of the LBL–REM. (See Appendix B of the TSD for a detailed discussion of the LBL–REM.) See section III. b. in today's rule for the energy savings of all efficiency levels.

4. Lessening of Utility or Performance of Products

In establishing classes of products and design options, the Department tried to eliminate from consideration any design option that would result in degradation of utility or performance. Thus, a separate class with a different efficiency standard was created for a product where the record indicated that the product included a utility or performance-related feature that affected energy efficiency. Five separate classes were analyzed; see Table 4–1 in today's rule. In this way, the Department attempted to minimize the impact of amended standards on the utility and performance of conventional ovens, conventional cooking tops, and microwave ovens.

5. Impact of Lessening of Competition

The Energy Policy and Conservation Act directs the Department to consider the impact of any lessening of competition that is likely to result from the standards, as determined by the Attorney General.

In a letter dated September 16, 1994, the Department of Justice (DOJ) expressed concern about the effects the standards proposed in the 1994 Proposed Rule might have on industry. DOJ concluded that it is likely that competition in the manufacture and sale of commercial/professional-style or high-end ranges and ovens will be eliminated if the proposed standards are adopted. The Department of Justice also concluded that there is a possibility that the proposed standard could force one or more firms out of the manufacture of standard ranges thus lessening competition. (DOJ, No. 840 at 5.) The September 16, 1994, letter is printed at the end of today's rule.

The Department of Justice comments were based on the standards proposed in the 1994 Proposed Rule. Because today's rule is not promulgating new standards, there will not be significant adverse effects on industry.

6. Need of the Nation To Save Energy

Enhanced energy efficiency improves the Nation's energy security, strengthens the economy, and reduces the environmental impacts of energy production.

7. Other Factors

Decreasing future energy demand as a result of standards will decrease air pollution.

*Conventional Ovens.*[7] Standards would result in a decrease in nitrogen oxide ($NO_X$) emissions. For standard level 1, over the years 2000 to 2030, the total estimated $NO_X$ reduction would be approximately 11,000 tons. For standard levels 2–5, the estimated reductions would be approximately 23,000 tons, 15,000 tons, 227,000 tons, and 227,000 tons, respectively.

The estimated decreased need to control $SO_X$ over the years 2000 to 2030 would be 12,000 tons, 25,000 tons, 17,000 tons, and 250,000 tons for levels 1–5, respectively.

Another consequence of the standards would be the reduction of carbon dioxide ($CO_2$) emissions. For standard level 1, over the years 2000 to 2030, the total estimated $CO_2$ reduction would be approximately 6 million tons. For standard levels 2–5, the estimated reductions would be 13 million tons, 8 million tons, 126 million tons, and 126 million tons, respectively.

*Conventional Cooking Tops.*[8] Standards would results in a decrease in nitrogen oxide ($NO_X$) emissions. For standard level 1, over the years 2000 to 2030, the total estimated $NO_X$ reduction would be zero. During this time period, there would be no reduction of $NO_X$ emissions emitted by power plants. For standard levels 2–5, the reductions would be approximately 9,000 tons, 9,000 tons, 18,000 tons, and 80,000 tons, respectively.

The estimated decreased need to control $SO_X$ over the years 2000 to 2030 would be 11,000 tons, 11,000 tons, 22,000 tons, and 99,000 tons for levels 2–5, respectively.

Another consequence of the standards would be the reduction of carbon dioxide ($CO_2$) emissions. For standard level 1, over the years 2000 to 2030, the total estimated $CO_2$ reduction would be zero because this standard level is at the baseline. During this time period, there would be no reduction of $CO_2$ emissions emitted by power plants in the United States. For standard levels 2–5, the reductions would be approximately 4 million tons, 4 million tons, 8 million tons, and 36 million tons, respectively.

*Microwave Ovens:* Standards would result in a decrease in nitrogen oxide ($NO_X$) emissions. For standard levels 1 through 4, over the years 2000 to 2030, the total estimated $NO_X$ reduction would be zero. During this time period, those levels of efficiency improvement would cause no reduction of $NO_X$ emissions from power plants in the

[7] The emissions calculated in the Draft Report Tables 7.6–7.10 were based on both gas and electric ovens. However, from the emissions reductions for standard levels 1 and 2 (for which gas ovens are at the baseline), the emissions reductions per quad can be approximated for electric ovens over the years 2000 to 2030. These approximations are 75 million tons $CO_2$ per quad, 135,000 tons $NO_X$ per quad, and 150,000 tons $SO_2$ per quad. Decreases in $SO_2$ emissions will not occur because the Clean Air Act places a ceiling on $SO_2$ emissions that will be met under any regulatory regime. Therefore, these reductions should be interpreted as reduced costs to electricity generators for controlling $SO_2$.

[8] The emissions calculated in the Draft Report Tables 7.1–7.5 were based on both gas and electric cooktops. However, from the emissions reductions for standard level 2 (for which gas cooktops are at the baseline), the emissions reductions per quad can be approximated for electric cooktops over the years 2000 to 2030. These approximations are 80 million tons $CO_2$ per quad, 180,000 tons $NO_X$ per quad, and 220,000 tons $SO_2$ per quad. Decreases in $SO_2$ emissions will not occur because the Clean Air Act places a ceiling on $SO_2$ emissions that will be met under any regulatory regime. Therefore, these reductions should be interpreted as reduced costs to electricity generators for controlling $SO_2$.

United States. For standard level 5, the reduction would be 48,000 tons. The highest peak annual reduction of these levels would be 0.08 percent. See Tables 7.11–7.15 in the TSD. Energy associated with these standards would also reduce the costs associated with $SO_X$ compliance [9].

Another consequence of the standards would be the reduction of carbon dioxide ($CO_2$) emissions. For standard levels 1 through 4, over the years 2000 to 2030, the total estimated $CO_2$ reduction would be zero. During this time period, there would be no reduction of $CO_2$ emissions emitted by power plants in the United States. For standard level 5, the reduction would be 25 million tons. The highest peak annual reduction of these levels would be 0.06 percent.

*d. Payback Period*

If the increase in initial price of an appliance due to a conservation standard would repay itself to the consumer in energy savings in less than three years, then it is presumed that such standard is economically justified.[10] EPCA, § 325(o)(2)(B)(iii), 42 U.S.C. § 6295(o)(2)(B)(iii). This presumption of economic justification can be rebutted upon a proper showing. Failure to qualify for this presumption shall not be taken into consideration in determining whether a standard is economically justified. *Id.*

*Conventional Ovens.* Table 4–2 presents the payback periods [11] for the efficiency levels analyzed for the representative class of conventional ovens. For electric ovens, none of the trial standard levels satisfies the rebuttable presumption test, i.e., the additional price of purchasing a product will be less than three times the value of the energy savings that the consumer will receive during the first year. See Table 4.18 and Supplemental Table 4.43 in the TSD.

TABLE 4–2.—PAYBACK PERIODS OF DESIGN OPTIONS (YEARS) FOR NON-SELF-CLEANING CONVENTIONAL OVENS

| Standard level | Payback period |
|---|---|
| 1 | [3] 4.0 |
| 2 | [3] 6.5 |
| 3 | [3] 14.5 |
| 4 | [4] 22 |
| 5 | [4] 36 |

*Conventional Cooking Tops.* Table 4–3 presents the payback periods for the efficiency levels analyzed for the representative class of conventional cooking tops. For electric cooktops, none of the trial standard levels satisfies the rebuttable presumption test, i.e., the additional price of purchasing a product will be less than three times the value of the energy savings that the consumer will receive during the first year. See Table 4.15 in the TSD.

TABLE 4–3.—PAYBACK PERIODS OF DESIGN OPTIONS (YEARS) FOR CONVENTIONAL COOKING TOPS

| Standard level | Payback period |
|---|---|
| 1 | N/A |
| 2 | 6.5 |
| 3 | 6.5 |
| 4 | 13 |
| 5 | 13 |

Microwave Ovens. Table 4–4 presents the payback period for the efficiency levels analyzed for microwave ovens. For microwave ovens, none of the trial standard levels satisfies the rebuttable presumption test, i.e., the additional price of purchasing a product will be less than three times the value of the energy savings that the consumer will receive during the first year. See Table 4.22 in the TSD.

TABLE 4–4.—PAYBACK PERIODS OF DESIGN OPTIONS (YEARS) FOR MICROWAVE OVENS

| Standard level | Payback period |
|---|---|
| 1 | N/A |
| 2 | N/A |
| 3 | N/A |
| 4 | N/A |
| 5 | 79 |

*e. Conclusion*

1. Product Name Change

The Department is changing the name of this product from "kitchen ranges and ovens" to "cooking products." This change is made because the term "kitchen ranges and ovens" does not accurately describe the products considered which include microwave ovens, conventional ranges, cooktops, and ovens. To be consistent with this change, the Department is adding a regulatory definition of "cooking products" that is the same as the existing definition of "kitchen ranges and ovens" to Title 10 CFR Part 430.2.

2. Standards

Section 325(o)(2)(A) of the Act specifies that the Department must establish standards that "achieve the maximum improvement in energy efficiency which the Secretary determines is technologically feasible and economically justified." EPCA, § 325(o)(2)(A). Technologically feasible design options are "technologies which can be incorporated in commercial products or in working prototypes." 10 CFR Part 430, Appendix A to Subpart C, 4(a)(4)(i). A standard level is economically justified if the benefits exceed the burdens. EPCA, § 325(o)(2)(B)(i).

A maximum technologically feasible (max tech) design option was identified for each class of cooking products. The max tech levels were derived by adding energy-conserving engineering design options to the baseline units for each of the respective classes in order of decreasing consumer payback. A complete discussion of each max tech level, and the design options included in each, is found in the *Engineering Analysis* in the TSD, Chapter 1. Table 5–1 presents the Department's max tech performance levels for all classes of the subject products:

TABLE 5–1.—COOKING PRODUCTS MAXIMUM TECHNOLOGICALLY FEASIBLE LEVELS

| Product class | Annual energy use |
|---|---|
| Electric oven, self-cleaning | 213.7 kWh. |
| Electric oven, non-self-cleaning | 162.4 kWh. |
| Microwave oven | 132.4 kWh. |
| Electric cooktop, coil element | 229.9 kWh. |
| Electric cooktop, smooth element | 206.4 kWh. |

[9] Decreases in $SO_2$ emissions will not occur because the Clean Air Act places a ceiling on $SO_2$ emissions that will be met under any regulatory regime. Therefore, these reductions should be interpreted as reduced costs to electricity generators for controlling $SO_2$. For microwave ovens at standard levels 1 through 4, over the years 2000 to 2030, the total estimated $SO_2$ reduction would be zero. For standard level 5, the need to control SO2 would be reduced by an estimated 53,000 tons.

[10] For this calculation, the Department calculated cost-of-operation based on the DOE test procedures. Therefore, the consumer is assumed to be an "average" consumer as defined by the DOE test procedures. Consumers who use the products less than the test procedure assumes will experience a longer payback while those who use them more than the test procedure assumes will have a shorter payback.

[11] These payback periods are weighted averages. They compare the portion of the projected distributions of designs in the base case that are less efficient than the standard level to the design at the standard level. Designs with energy consumption at or below the standard level are not affected by the standard and are excluded from the calculation of impacts.

Accordingly, DOE first considered the max tech level of efficiency, i.e., standard level 5.

*Conventional Ovens*[12]. Of the standard levels analyzed, level 5 will save the most energy (1.68 quads between 2000 and 2030). In order to meet this standard, the Department assumes that the representative class of conventional ovens will incorporate improved door seals, reduced venting, increased and improved insulation, forced convection, an oven separator, would be biradiant and have reduced conduction losses. However, the payback at this standard level of 36 years for the representative class exceeds the 19-year product life. At this standard level, all classes have increased life-cycle costs and negative net present value. The Department therefore concludes that the burdens of standard level 5 for conventional ovens outweigh the benefits, and DOE rejects the standard level.

The next most stringent standard level is standard level 4. This standard level is projected to save 1.68 quads of energy. In order to meet this standard, the Department assumes that the representative class of conventional ovens will incorporate improved door seals, reduced venting, increased and improved insulation, and would be biradiant. However, for the representative class the payback at this standard level is 22 years. This standard level increases the life-cycle costs for both classes of electric ovens. In addition, this standard level results in a negative net present value for all classes of conventional ovens. The Department therefore concludes that the burdens of standard level 4 for conventional ovens outweigh the benefits, and DOE rejects the standard level.

The next most stringent standard level is standard level 3. This standard level is projected to save 0.03 quad of energy. In order to meet this standard, the Department assumes that all conventional electric ovens incorporate improved door seals, reduced venting, and improved insulation. The payback at this standard level is 14 years. This standard level increases the life-cycle costs for the representative class of electric ovens. The Department therefore concludes that the burdens of standard level 3 for conventional ovens outweigh the benefits, and DOE rejects the standard level.

The next most stringent standard level is standard level 2. In the Supplemental Analysis prepared in Fall 1997, standard level 2 was projected to save 0.1 quad of energy. In order to meet this standard, the Department assumes that the representative class of conventional ovens will incorporate reduced venting and improved insulation. However, the savings estimates the Department used were based on the assumption that efficiency gains could be achieved by reducing the vent rate and improving the type of insulation used. As discussed in section "II. Discussion of Comments, reduced vent size" the Department has determined that there may not be energy savings from reduced venting. Thus, in order to evaluate the energy savings and consumer impacts of improved insulation only, the Department has considered the incremental differences between trial standard level 1 (which consisted of reduced venting) and trial standard level 2 (which adds improved insulation). Thus, standard level 1 essentially becomes the baseline for this evaluation. Excluding the effects of reduced venting on standard level 2 lowers the energy savings from the reported 0.1 quad to approximately 0.05 quad, reduces the life-cycle cost savings from the reported $6 to approximately to $2, and increases the payback to from the reported 6.5 years to approximately 9 years (compared to the expected life of 19 years). Additionally, because currently ovens are not labeled or tested for energy consumption and therefore performance data on specific ovens does not exist, it is unknown whether all non-self-cleaning electric ovens would meet a specific performance standard by the addition of insulation alone. Consequently, there is a risk that in order to bring some electric non-self-cleaning ovens into compliance with a performance standard, manufacturers would need to use additional design options. The analysis found no other design options to be cost effective. The additional cost would be passed on to consumers. DOE could perform additional testing on electric non-self-cleaning ovens, but given the modest savings (.05 quad), the burden of performance and a certification program, as well as the adverse manufacturer and consumer impacts for ovens that might not achieve a performance standard by using insulation alone, DOE concluded that the burdens of standard level 2 outweigh the benefits, and DOE rejects the standard level.

The next most stringent standard level is standard level 1. In the Supplemental Analysis prepared in Fall 1997, standard level 1 was projected to save 0.05 quad of energy. In order to meet this standard, the Department assumes that the representative class of conventional ovens will incorporate reduced venting. As discussed in the "comments" section, the Department has determined that there would likely not be any energy savings from standard level 1. Therefore, the Department rejects standard level 1.

*Conventional Cooking Tops*[13]. Of the standard levels analyzed, level 5 will save the most energy (0.45 quad between 2000 and 2030). In order to meet this standard, the Department assumes that the representative class of conventional cooking tops will have reflective surfaces and would have improved element contact conductance. At this standard level, all classes have increased life-cycle costs and negative net present value. The Department therefore concludes that the burdens of standard level 5 for conventional cooktops outweigh the benefits, and DOE rejects the standard level.

The next most stringent standard level is standard level 4. This standard level is projected to save 0.1 quad of energy. In order to meet this standard, electric-coil cooking tops would have improved element contact conductance and reflective surfaces. However, this standards level results in a negative net present value and increased life-cycle costs for the representative class of conventional cooktops. The Department therefore concludes that the burdens of standard level 4 for conventional cooktops outweigh the benefits, and DOE rejects the standard level.

The next most stringent standard level is standard level 3. In order to meet this standard, electric-coil cooking tops would have improved element contact conductance. This standard level is projected to save the average consumer approximately $3 over the life of the product, using AEO 95 energy price forecasts. This standard level is projected to save 0.05 quad of energy; however, the Department has concerns as to whether this energy saving will be realized. Cooktops are somewhat unique in that they are completely controlled by the consumer. They are not thermostatically controlled, as are refrigerators, nor do they operate in a cyclical mode like a dishwasher. They are operated for an amount of time determined by the consumer to complete a cooking task. Given the small relative efficiency improvement of this design level, 4.3 percent, the

[12] Standard levels 1–3 were reanalyzed in the Supplemental Analysis (which used AEO 97 energy forecasts), and standard levels 4–5 were not reanalyzed and are based solely on the Draft Report, using AEO 95.

[13] Cooktops and microwave ovens were not reanalyzed in the Supplemental Analysis, therefore they are based solely on the Draft Report, using AEO 95 energy forecasts.

savings would only be realized if consumers reduced their cooking times by 4.3 percent. While this is theoretically possible, especially for cooking tasks that have a possible definite end point such as boiling water or melting butter which would occur 4.3 percent faster, it seems highly questionable that consumer behavior would change for the majority of cooking tasks to perform them in 4.3 percent less time. The savings do not occur unless this consumer behavior change takes place. Given the questionable nature of the energy savings, the Department believes that the burdens of a testing and certification program and the possible manufacturer impacts for cooktops that might not achieve a performance standard outweigh the benefits of the standard. The Department concludes that the burdens of standard level 3 for conventional cooktops outweigh the benefits, and DOE rejects the standard level.

Standard level 2 is identical to standard level 3 for electric cooktops, and standard level 1 is at the baseline. Consequently, the Department is not issuing a standard for conventional cooktops because the burdens outweigh the benefits for all standard levels analyzed.

*Microwave Ovens* [13]. Of the standard levels analyzed, level 5 will save the most energy (0.33 quad between 2000 and 2030). In order to meet this standard, the Department assumes that all microwave ovens will incorporate reflective surfaces and more efficient power supplies, fans, and magnetrons. However, the payback at this standard level of 79 years exceeds the 10-year product life. In addition this level produces increased life-cycle costs and a negative net present value. The Department therefore concludes that the burdens of standard level 5 for microwave ovens outweigh the benefits, and DOE rejects the standard level.

Standard levels 1 through 4 are at the baseline. The Department is not issuing a standard for microwave ovens because the burdens outweigh the benefits for all standard levels analyzed.

After carefully considering the analysis, the Department is not issuing a standard for electric cooking products because the Department believes the burdens outweigh the benefits for all standard levels and all classes of these products.

## IV. Procedural Issues and Regulatory Review

### *a. Review Under the National Environmental Policy Act*

In issuing the proposed rule, the Department prepared an Environmental Assessment (EA) (DOE/EA–0819) that was published within the Technical Support Document for the Proposed Rule. (DOE/EE–0009, November 1993.) The environmental effects associated with various standard levels were found to be not significant, and a Finding of No Significant Impact (FONSI) was published. 59 FR 15869 (April 5, 1994). Because the Department is not issuing now a new standard for these products, there are no environmental impacts associated with today's rule.

### *b. Review Under Executive Order 12866, "Regulatory Planning and Review"*

Today's rule has been determined not to be a "significant regulatory action," as defined in section 3(f) of Executive Order 12866, "Regulatory Planning and Review" (58 FR 51735), and has not been reviewed by the Office of Management and Budget.

### *c. Review Under the Regulatory Flexibility Act*

The Regulatory Flexibility Act 081980 (Pub. L. 96–354), 5 U.S.C. 601 *et seq.*, requires an assessment of the impact of regulations on small businesses unless an agency certifies that the rule will not have a significant economic impact on a substantial number of small businesses and other small entities. Because the Department is not issuing a new standard, this final rule will not have significant economic impact on manufacturers of cooking products. DOE certifies that today's final rule will not have a significant economic impact on a substantial number of small entities.

### *d. Review Under the Paperwork Reduction Act*

No new information or record keeping requirements are imposed by this rulemaking. Accordingly, no Office of Management and Budget clearance is required under the Paperwork Reduction Act. 44 U.S.C. 3501 *et seq.*

### *e. Review Under Executive Order 12988, "Civil Justice Reform"*

With respect to the review of existing regulations and the promulgation of new regulations, section 3(a) of Executive Order 12988, "Civil Justice Reform," 61 FR 4729 (February 7, 1996), imposes on Executive agencies the general duty to adhere to the following requirements: (1) eliminate drafting errors and ambiguity; (2) write regulations to minimize litigation; and (3) provide a clear legal standard for affected conduct rather than a general standard and promote simplification and burden reduction. With regard to the review required by section 3(a), section 3(b) of Executive Order 12988 specifically requires that Executive agencies make every reasonable effort to ensure that the regulation: (1) clearly specifies the preemptive effect, if any; (2) clearly specifies any effect on existing Federal law or regulation; (3) provides a clear legal standard for affected conduct while promoting simplification and burden reduction; (4) specifies the retroactive effect, if any; (5) adequately defines key terms; and (6) addresses other important issues affecting clarity and general draftsmanship under any guidelines issued by the Attorney General. Section 3(c) of Executive Order 12988 requires Executive agencies to review regulations in light of applicable standards in section 3(a) and section 3(b) to determine whether they are met or it is unreasonable to meet one or more of them. DOE reviewed today's final rule under the standards of section 3 of the Executive Order and determined that, to the extent permitted by law, the final regulations meet the relevant standards of Executive Order 12988.

### *f. "Takings" Assessment Review*

It has been determined pursuant to Executive Order 12630, "Governmental Actions and Interference with Constitutionally Protected Property Rights," 53 FR 8859 (March 18, 1988) that this regulation would not result in any takings which might require compensation under the Fifth Amendment to the United States Constitution.

### *g. Federalism Review*

Executive Order 12612, "Federalism," 52 FR 41685 (October 30, 1987) requires that regulations, rules, legislation, and any other policy actions be reviewed for any substantial direct effect on States, on the relationship between the Federal Government and the States, or on the distribution of power and responsibilities among various levels of government. If there are sufficient, substantial direct effects, then Executive Order 12612 requires preparation of a federalism assessment to be used in all decisions involved in promulgating and implementing a regulation or a rule. The Department finds that this final rule will not have a substantial direct effect on State governments.

*h. Review Under the Unfunded Mandates Reform Act*

With respect to a proposed regulatory action that may result in the expenditure by state, local, and tribal governments, in the aggregate, or the private sector of $100 million or more in any one year, section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) requires a Federal agency to publish estimates of the resulting costs, benefits and other effects on the national economy. 2 U.S.C. 1532(a), (b). Under section 205 of UMRA, the Department is obligated to identify and consider a reasonable number of regulatory alternatives before promulgating a rule for which a written statement under section 202 is required. DOE is required to select from those alternatives the most cost-effective and least burdensome alternative that achieves the objectives of the rule unless DOE publishes an explanation for doing otherwise or the selection of such an alternative is inconsistent with law. This final rule does not impose a Federal mandate on State, local, or tribal governments or on the private sector.

*i. Review Under the Small Business Regulatory Enforcement Fairness Act of 1996*

Consistent with Subtitle E of the Small Business Regulatory Enforcement Fairness Act of 1996, 5 U.S.C. 801–808, DOE will submit to Congress a report regarding the issuance of today's final rule before the effective date set forth in the outset of this notice. The report will state that it has been determined that this rule is not a "major rule" as defined by 5 U.S.C. 804(a).

**V. Department of Justice Views on the Proposed Rule.**

September 16, 1994

Honorable Christine A. Ervin

*Assistant Secretary for Energy Efficiency, and Renewable Energy, United States Department of Energy, Forrestal Building, 1000 Independence Ave., S.W., Washington, D.C. 20585*

Dear Ms. Ervin:

By letter dated March 14, 1994, the Department of Energy ("DOE") transmitted to the Attorney General a Notice of Proposed Rulemaking (59 FR 10464) addressing energy standards for eight classes of household appliances. Those classes are: room air conditioners, water heaters, direct heating equipment, mobile home furnaces, kitchen ranges and ovens, pool heaters, fluorescent lamp ballasts and television sets. Section 325 of the Energy Policy and Conservation Act, as amended in 1992 (42 U.S. C. 6295), ("the Act:) requires the Attorney General to determine the impact, if any, of any lessening of competition likely to result from the proposed standards. This letter contains the competitive impact determination of the Department of Justice. ("Department")

**Summary**

The evidence available to the Department does not indicate that any significant lessening of competition is likely to result from the imposition of the proposed standards for mobile home furnaces and pool heaters contained in the Notice. For television sets, fluorescent lamp ballasts and professional-style or high-end kitchen ranges it is the Department's judgement based on the available evidence that significant anticompetitive effects are likely to occur. For electric water heaters the evidence indicates that a significant anticompetitive effect could take place if sufficient time is not permitted firms to develop, produce and market products complying with the new standard. For microwave ovens, oil-fired water heaters, room air conditioners, and direct heating equipment the evidence indicates that anticompetitive effects could result; the Department is unable on the basis of the available evidence to determine whether such effects are likely. Finally, the evidence indicates that the cumulative effects of these and other regulatory standards could be to lessen competition in certain markets for household appliances.

In preparing these comments the Department has considered the Notice, the Technical Support Document (TSD) prepared by Lawrence Berkeley Laboratory, written comments and oral comments collected by the department in the time allowed and without the benefit of compulsory process.

**Discussion**

Adoption of standards requiring greater energy efficiency in household appliances could affect competition in a number of ways. First, by raising the cost of appliances and reducing design and feature choices, standards may lower demand. If standards impose costs on manufacturers that can not be passed to consumers they can lower manufacturers' rates of return. Either one or both of these effects could cause manufacturers to exist the market with the effect of lessening competition and raising prices. Second, imposition of standards may lessen or discourage competition in the design and development of new product features or technologies; such competition benefits consumers and the economy.

The record in this proceeding raises many factual issues relating, among other things, to the technical feasibility of certain standards, their economic impact on manufacturers and consumers and consumer reaction to the changes in products that they might require. In numerous instances, industry representatives and technical consultants retained by them have challenged assumptions and conclusions in the Notice and TSD. The Department is not in a position to resolve many of these contested issues on the basis of the available record. Accordingly, in some instances, the Department is unable to reach a conclusion about the impact of the proposed standards on competition.

**Fluorescent Lamp Ballasts**

One technical issue that has been raised is whether the proposed standards for fluorescent lamp ballasts are attainable with currently available technology. Numerous ballast manufacturers assert that in many instances they are not. The Department concludes that the doubts raised about the technical feasibility of the standards are serious and affect a substantial number of ballast classes. Thus, if the proposed standards were adopted some or all manufacturers would likely have to cease the production of many products and competition in the sale of those products would cease or diminish.

**Television Sets and Related Technologies**

1. The weight of available evidence is that adoption of the proposed standard for television sets could force all or many manufacturers to revise their products to lessen the number and quality of their features. Many in the industry contend that the only way to produce products that will comply with the standard would be to reduce or eliminate features that consume electricity such as brighter pictures, remote control, picture-in-picture, improved sound and in-set program guides and other features presently being developed. Development and marketing of product improvements and new features has been an important factor driving competition in the market for television sets. Reducing or retarding the development of such features could substantially reduce demand for sets, retard development and refinement of technology, and reduce utility of the product.

Manufacturers might attempt to circumvent the proposed standard by letting features "migrate"—incorporating them in units to be sold separately or packaged with television sets. It is claimed that disaggregating features in this manner will decrease overall television energy efficiency. There is evidence that it could also lessen competition because the development and marketing of features in such attached units could be costly and cumbersome, among other things encountering receivers that receive cable signals.

There is evidence that the proposed standard for television sets could affect competition in other markets. Representatives of the television industry assert that as the "Information Highway" develops television manufacturers intend to expand the capabilities of their products to include new features to enable them to serve as in-home devices for data transmission and communication. They argue that the TV receiver, already located in virtually every American home, could be a uniquely efficient vehicle for the introduction of new data-processing and communication devices. The Department does not make final judgement on this contention but does conclude that, given the apparent difficulties in the marketing of new features as part of attached units, the standard is likely to retard the development of technology and inhibit the ability of television manufacturers to compete with computer manufacturers and other in the development of new technologies and features for the Information Highway.

**Professional-Style and Standard Ranges**

The Notice proposes a single set of standards for gas ovens and cooking tops in household ranges. There is substantial evidence that one category of home range cannot be manufactured to meet these proposed standards without losing so much of its distinct characteristics that it is no longer marketable. Professional-style or high-end ranges are products designed to provide some of the performance characteristics of professional or restaurant ranges for home kitchens. Some of these characteristics which differentiate them from standard kitchen ranges, such as high performance burners and ovens, involve considerably more energy consumption than do standard ranges; the special uses and appeal of these products, and their premium in price, depends in good measure on these features. Representatives of the range industry assert that high-end ranges cannot be modified to comply with the proposed standards without giving up so much of the special features of the product that they are no longer marketable. The Department concludes that it is likely that competition in the manufacture and sale of these products will be eliminated if the proposed standards are adopted.

While not as strong as the evidence relating to professional style ranges there is evidence challenging the conclusions in the TSD that the proposed standards for standard gas and electric range ovens and cooking tops will not require significant retooling or redesign and will have not more than minimal impact on manufacturers' long run rates of return on equity. The Association of Home Appliance Manufacturers contends that the standard could have a destructive impact on the range industry. It and various range manufacturers claim that design options suggested in the TSD are not effective and that compliance would require substantial investment in redesign and retooling. The Association also insists that suppliers of equipment and technology necessary to comply may not be able to respond simultaneously and evenly to range manufacturers, a problem that could impose a competitive handicap on some range manufacturers.

A range manufacturer has commented that compliance with the standard cold seriously weaken it and its ability to compete. There is also evidence that the cumulative costs of compliance with this standard and with other and future appliance standards could induce or force "full line" appliance manufacturers to exit one or more of the markets that they serve. The range market is concentrated and, while there is conflicting evidence, the Department concludes that there is a possibility that this proposed standard could force one or more firms out of the manufacture of standard ranges thus lessening competition.

**Microwave Ovens**

The Notice and the TSD conclude that the proposed standard for microwave ovens will not involve any substantial redesign or retooling by manufacturers and will have little impact on their long run returns on equity. Representatives of the industry strongly challenge these conclusions. For example, a representative of MCD Corporation has testified that compliance with the standard would require that her company, a manufacturer of microwaves, make large investments in retooling, and would threaten its viability. The Association of Home Appliance Manufacturers contends that the standard will in all likelihood eliminate all U.S. Production of microwaves and concentrate U.S. sales in the hands of one or two companies. The Department is not in a position to resolve all of the contested technical and financial issues but concludes that this proposed standard could force some significant producers from this concentrated market and substantially lessen competition in it.

**Room Air Conditioners**

The Notice and TSD conclude that this proposed standard will not involve substantial redesign or retooling and, while it may produce some reductions in the short run, will have little or no effect on manufacturers' long run returns on equity. This conclusion has been challenged by firms in the industry. There is evidence that some of the design options suggested in the Notice are less effective and more costly than the TSD assumes and that manufacturers may, among other things, need to redesign the chassis of some classes to comply with the standard. Such redesigns could add to unit installation costs, make units larger and more cumbersome to install, and otherwise depress demand. There is evidence that at least one product, the five thousand BTU unit, may cease to be manufactured if the standard is adopted. There are also unresolved issues about such matters as the availability and efficacy of some design options suggested in the TSD. The Department is not able to resolve these issues but concludes that the standard could have a substantial negative impact on demand and rates of return, and cause one or more firms to cease the manufacture and sale of some of these products, thus lessening competition.

**Direct Heating Equipment**

Manufacturers of direct heating equipment contend that this standard will seriously depress demand for their product and likely force some, perhaps all, manufacturers out of this business. Among other things, they contend that the TSD substantially underestimates the added costs of manufacture, and also the added installation costs for venting and wiring, that will be required. They insist that consumer cost increases will seriously depress demand for their product and that their profit margins will suffer because it will be impossible to pass on much of the increased manufacturing costs to consumers. The Department cannot resolve many of these issues but concludes that there is a possibility that several of the five companies that account for most of the production of these products might exit the market if the standard is adopted thus substantially lessening competition.

**Water Heaters**

Manufacturers of oil-fired heaters content that the proposed standard for their product class would threaten the survival of the product, likely forcing all or most producers out of this business. Some claim that it may not be possible with presently available technology to design and manufacture a product that would comply. Manufacturers assert that the added costs of producing a product in compliance with the standard would, in any event, be considerably higher than the TSD indicates and that increases in price would very seriously depress consumer demand for this product. Five firms, two of them Canadian producers, account for most of the sales of this product in the U.S. The Department is not able to resolve all the questions raised regarding this standard; it concludes that there is at least a possibility that the standard might force one or more of these competitors to exist the U.S. market. Another firm has been taking steps to enter the oil-fired water heater market; adoption of the standard may deter it from doing so. The loss of one such firm could result in a substantial lessening of competition.

DOE's proposed standard for electric water heaters would, in effect, require that such products have an integral heat pump. DOE concedes that this would involve major changes and might cause one or more existing firms to cease the marketing of electric water heaters but believes that other firms such as air conditioner manufacturers may begin producing electric water heaters as a result of the standard. There are complex and unresolved issues as to what would happen to demand for electric water heaters if consumers were required to purchase heat pumps with them. It seems clear that the price of such units will be considerably higher than that of the electric resistance heaters that the standard would remove from the market, but the range of future prices, costs of installation and maintenance and degree of consumer acceptance of a product that has not been widely accepted until now are very difficult to predict. Heat pump water heaters may be useful and economically attractive to many consumers but serious issues have been raised in this proceeding as to whether certain kinds of consumers, such as households with relatively little demand for hot water, will derive a benefit from the product.

Even if the heat pump water heater is eventually widely accepted in the market the Department has concluded that it is likely that competition will be adversely affected for some period of time if adequate time is not permitted for the phasing in of the standard. Three millions units or more of electric resistance units are now sold annually in the U.S. Only a few thousand heat pump units are now produced annually in this country, by two firms. It could take a considerable time for other firms to design new product lines and being substantial ne production capacity on line. there is also evidence from those with experience with the product that heat pump water heaters require special maintenance and servicing. Considerable time may be required for firms to develop and train adequate distribution and service networks if they are to compete effectively. If adequate time for phasing in the standard is not allowed, for a considerable period of time there could be fewer companies competing effectively in the electric water heater business than there are now, and competition in this concentrated market could be substantially lessened.

**Cumulative Effects of Regulation**

Many of the manufacturers of appliances subject to the proposed standards manufacture several different types of appliance, each subject to those standards or to others authorized by the Act. As indicated above, there is evidence that compliance with some of these standards may require manufacturers to make considerable investments. It is anticipated that future standards for other appliances could require manufacturers to make similar investments. Full-line manufacturers such as General Electric, Whirlpool, Frigidaire, Amana and Maytag could thus be required to make changes in several product lines.

As the TSD recognizes, it is difficult for manufacturers to pass redesign and retooling costs on to consumers. And the impact of a single product redesign may fall more heavily on firms with small shares of the market since they must write off their costs against less sales volume. There is some evidence that firms, particularly the smaller ones, facing the prospect of repeated redesigns involving several different products, may be induced to cease manufacturing one or more of such product lines. Thus to a degree that we can not fully assess there is a possibility that the cumulative effect of these and future energy efficiency standards could be to lessen competition in one or more home appliance markets.

Sincerely yours,

Anne K. Bingaman,

*Assistant Attorney General.*

**List of Subjects in 10 CFR Part 430**

Administrative practice and procedure, Energy Conservation, Household appliances.

Issued in Washington, D.C., on July 22, 1998.

**Dan W. Reicher,**

*Assistant Secretary, Energy Efficiency and Renewable Energy*

For the reasons set forth in the preamble Part 430 of Chapter II of Title 10, Code of Federal Regulations, is amended as set forth below.

## PART 430—ENERGY CONSERVATION PROGRAM FOR CONSUMER PRODUCTS

1. The authority citation for Part 430 continues to read as follows:

**Authority:** 42 U.S.C. 6291–6309; 28 U.S.C. 2461 note.

2. Section 430.2 of Subpart A is amended by removing the definitions for "kitchen ranges and ovens" and "other kitchen ranges and ovens" and adding, in alphabetical order, the definitions for "cooking products" and "other cooking products" to read as follows:

### Subpart A—General Provisions

**§ 430.2 Definitions.**

* * * * *

*Cooking products* means consumer products that are used as the major household cooking appliances. They are designed to cook or heat different types of food by one or more of the following sources of heat: gas, electricity, or microwave energy. Each product may consist of a horizontal cooking top containing one or more surface units and/or one or more heating compartments. They must be one of the following classes: conventional ranges, conventional cooking tops, conventional ovens, microwave ovens, microwave/conventional ranges and other cooking products.

* * * * *

Other cooking products means any class of cooking products other than the conventional range, conventional cooking top, conventional oven, microwave oven, and microwave/conventional range classes.

* * * * *

3. Section 430.32 of Subpart C is amended by revising paragraph (j) to read as follows:

**§ 430.32 Energy conservation standards and effective dates.**

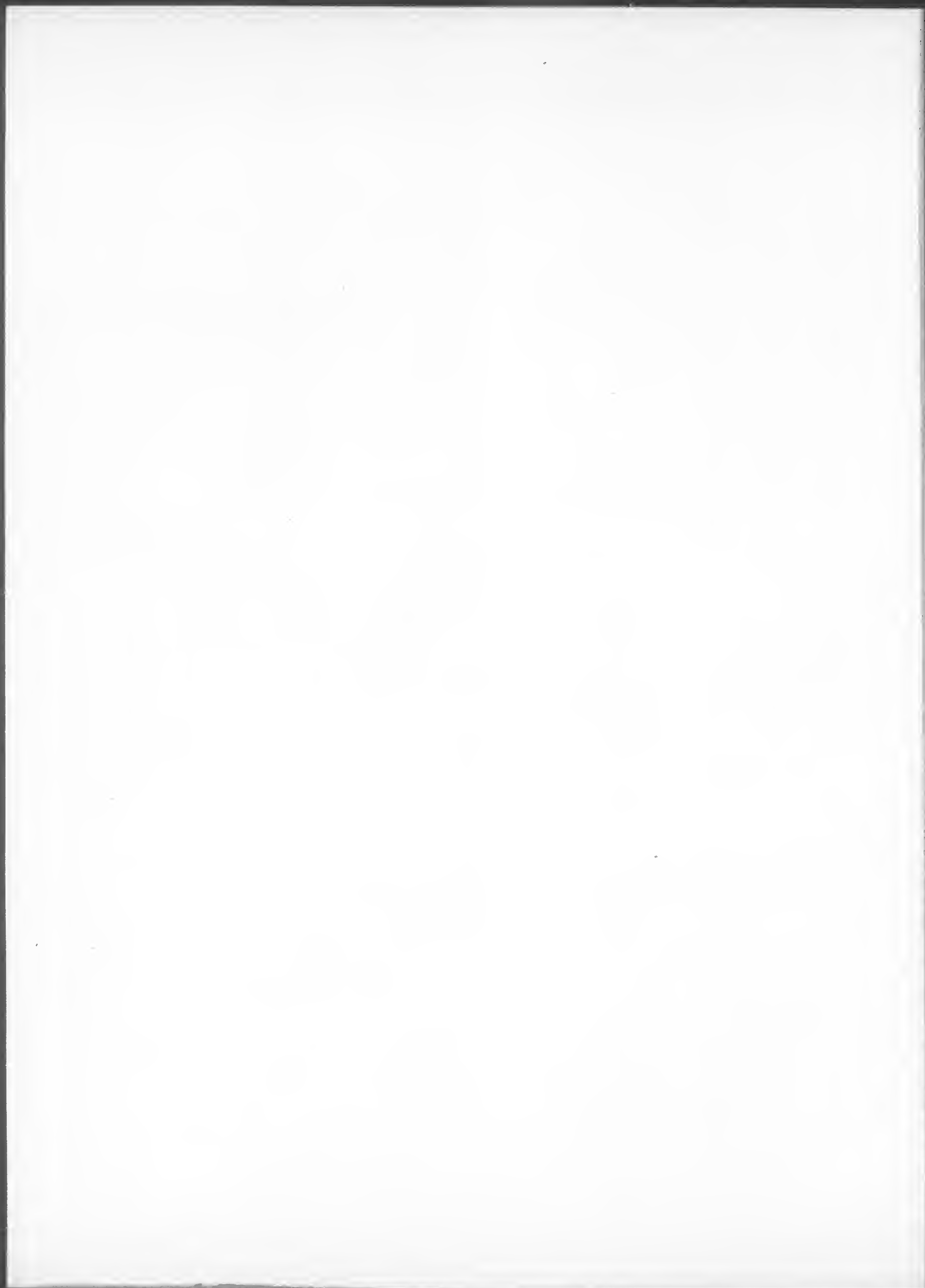
* * * * *

(j) Cooking Products. Gas cooking products with an electrical supply cord shall not be equipped with a constant burning pilot light. This standard is effective on January 1, 1990.

* * * * *

[FR Doc. 98–23886 Filed 9–4–98; 8:45 am]

BILLING CODE 6450–01–P



federal register

Tuesday
September 8, 1998

Part IV

# Department of Energy

10 CFR Part 711
Personnel Assurance Program; Final Rule

**DEPARTMENT OF ENERGY**

**Personnel Assurance Program**

**10 CFR Part 711**

**RIN 1992–AA14**

**[Docket No. DP–RM–97–100]**

*Personnel Assurance Program; Final Rule*

**AGENCY:** Department of Energy.

**ACTION:** Final rule.

**SUMMARY:** The Department of Energy (DOE or Department) today is publishing a final rule on Personnel Assurance Program (PAP) procedures and standards for DOE and DOE contractor employees who are assigned nuclear explosive duties at DOE facilities. The PAP is a systematic program, previously established by internal DOE directive, to prevent accidental or unauthorized detonation of nuclear explosives as a result of assignment of nuclear explosives duties to employees who have become emotionally, mentally, or physically incapacitated. The rule includes medical standards for evaluating DOE and contractor employees in the PAP.

**EFFECTIVE DATE:** This rule is effective October 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** For further information concerning this final rule: Mr. Randall Weidman, U.S. Department of Energy, Office of Defense Programs (DP–21), 1000 Independence Ave., SW., Washington, D.C. 20585, (301) 903–3154.

**SUPPLEMENTARY INFORMATION:**

I. Background
II. Discussion of Public Comments and Regulatory Text
  A. Subpart A: PAP Certification/Recertification, Temporary Removal/Reinstatement, and Revocation of PAP Certification
  B. Subpart B: Medical Assessments for PAP Certification/Recertification
III. Procedural Issues and Regulatory Review
  A. Review Under Executive Order 12866
  B. Review Under Executive Order 12612
  C. Review Under the Regulatory Flexibility Act
  D. Review Under the National Environmental Policy Act
  E. Review Under the Paperwork Reduction Act
  F. Review Under Executive Order 12988
  G. Review Under the Unfunded Mandates Reform Act of 1995
  H. Congressional Notification

## I. Background

Pursuant to the Atomic Energy Act of 1954 (Act), DOE owns defense nuclear facilities in various locations in the United States which are operated by management and operating contractors under DOE supervision. These facilities are involved in researching, testing, producing, disassembling, and transporting of nuclear explosives which, when mated with Department of Defense-provided delivery systems, become nuclear weapon systems.

Pursuant to section 161 of the Act, 42 U.S.C. 2201(b), (i)(3), and (p), DOE and its predecessor agencies have used some version of the PAP to certify, actively monitor, and periodically recertify personnel as suitable to perform nuclear explosive duties in a safe and reliable manner. PAP provides for disqualification of persons from performance of nuclear explosive duties who fail to meet PAP requirements for emotional, mental, and physical capability. In DOE's internal administrative directives, DOE Order 452.2, formerly DOE Order 5610.11, "SAFETY OF NUCLEAR EXPLOSIVE OPERATIONS," the term "Nuclear Explosive Duties" has been defined to include duties performed by DOE or contractor employees who have custody of or access to a nuclear explosive.

All PAP-certified employees are subject to continuous review and evaluation. The certification of such employees is subject to immediate review in light of facts and circumstances when an employee's behavior indicates a reliability risk that warrants protective action to neutralize a nuclear explosive hazard by having an individual immediately removed from nuclear explosive duties. Immediate removal does not constitute a determination that the individual is unsuitable for nuclear explosive duties, but rather indicates that the individual's suitability is in question.

In 1992, the Independent Guard Association of Nevada, Local No. 1, representing PAP-certifiable civilian security guards employed by Wackenhut Security, Inc., at DOE's Nevada Test Site, brought suit challenging DOE Order 5610.11, "NUCLEAR EXPLOSIVE SAFETY," which established the Department's nuclear explosive and weapons safety program, including the PAP. The DOE Order was challenged for failure to promulgate it through public notice and comment in compliance with the Administrative Procedure Act, 5 U.S.C. 553. In *Independent Guard Association of Nevada* v. *O'Leary,* No. CV–S–92–204–LDG–LRL (D. Nev. June 14, 1996), the District Court enjoined DOE from enforcing the requirements section (section 2) of DOE Order 5610.11, Chapter I, against contractor employees pending notice and comment rulemaking under 5 U.S.C. 553.

DOE published a notice of interim procedures and standards for the PAP on October 9, 1996 (61 FR 53018). The interim PAP procedures and standards were made effective immediately upon publication to mitigate the occupational and public safety risk during the period of time required to complete a public rulemaking proceeding.

On June 4, 1997, DOE published a notice of proposed rulemaking (NOPR) to codify the PAP employee certification procedures and standards and other PAP-related policies, including the responsibilities of the Site Occupational Medical Director (SOMD) and other medical personnel. The proposed rule contained provisions that are similar to those in the notice of interim procedures and standards. The NOPR also contained administrative procedures and standards for the conduct of medical assessments for PAP certification that were not included in the interim rule, but which generally conform to existing practice.

(**Note:** Unless otherwise indicated, references in this Supplementary Information section to "PAP certification," "certification," or "certification process," include annual recertification because generally the procedures and standards are the same.)

DOE received seven written comments on the proposed rule. Comments were received from two organizations that represent security guards (Independent Guard Association of Nevada, Local No. 1, and the National Council of Security Inspectors); an organization concerned about nuclear safety issues (Serious Texans Against Nuclear Dumping or STAND); the U.S. Equal Employment Opportunity Commission (two comments); the PAP Coordinator at one DOE facility; and an individual employed at another DOE facility. In addition, three individuals and a representative of the Independent Guard Association of Nevada presented oral comments on the proposed rule at public hearings that were held in Amarillo, Texas, and Las Vegas, Nevada, in July of 1997. DOE has carefully considered all of these comments in preparing this final rule.

## II. Discussion of Public Comments

This part of the Supplementary Information section contains the Department's responses to issues raised in public comments on the proposed rule and an explanation of changes that DOE has made in this final rule in response to the public comments and as a result of additional internal review.

*A. Subpart A: PAP Certification/ Recertification, Temporary Removal/ Reinstatement, and Revocation of PAP Certification*

1. Definitions

In this final rule, DOE makes several changes to the definitions that apply to this part.

DOE has moved the definitions from proposed section 711.22, in subpart B, to section 711.3 to have all definitions in one location.

A definition of "PAP official" has been added to section 711.3 to clarify that the term includes any DOE manager or supervisor involved in the PAP certification process.

As proposed, the definition of "illegal drug" provided that the term would not apply to the use of a controlled substance in accordance with the terms of a valid prescription "or other uses authorized by law." In the final rule, DOE has revised the quoted phrase to read: "or other uses authorized by Federal law." This change is made to clarify that the definition of "illegal drug" used in this part would take precedence over any inconsistent state or local law.

2. General Provisions and Requirements

Two commenters objected to proposed section 711.4(b) which would have provided: "Nothing in this part shall be construed as prohibiting contractors from establishing stricter suitability standards for selecting candidates for nomination to DOE for certification or recertification in the PAP." DOE proposed this paragraph to make clear that by establishing procedures and standards for PAP certification, DOE did not intend to prevent contractors from establishing more stringent employment standards for their own business purposes. Commenters argued that this approach would result in contractors negotiating with labor organizations over PAP certification standards that would apply to their employees, and that this would produce non-uniform PAP standards. DOE does not agree with these arguments because decisions to certify or deny certification in the PAP will be made by DOE employees only in accordance with the procedures and standards in part 711. DOE employees will not use a more stringent contractor employment requirement, should any exist, in making a decision regarding a PAP individual's certification. Accordingly, DOE has not changed the substance of section 711.4(b).

These commenters also asked for clarification of proposed section 711.4(d), which provides that personnel management actions involving an employee will be considered in making PAP certification decisions only if they are based on behavior that also affects an individual's suitability for the PAP. Stated another way, an individual's PAP certification will not be affected by any personnel management action involving the individual that is not based on behavior that raises a concern about the individual's suitability for the PAP. DOE believes the proposed language is clear and, therefore, section 711.4(d) is unchanged.

DOE has deleted proposed section 711.4(e), regarding evaluation for hallucinogen use because the substance of that provision is included in section 711.5(b)(5). This deletion from the section eliminates this redundancy.

One commenter, a PAP coordinator at a DOE facility, expressed concern that proposed section 711.5(b)(2), which would require that PAP individuals sign an acknowledgment and agreement to participate in the PAP, did not mention one form currently in use, the "Authorization and Consent to Release Personal Records in Connection with the Personnel Assurance Program" form. That form is not specifically referenced in the rule because DOE intends to consolidate the current agreement to participate and consent forms into a single form. DOE did not intend to suggest, by omitting reference to the consent to release personal records form, that DOE would not continue to require that PAP individuals consent to release of records.

Section 711.5(b)(5), and section 711.43 in subpart B, set forth a special policy for disqualification from the PAP for hallucinogen use. "Hallucinogen" is defined in section 711.3 so as to limit PAP-disqualifying hallucinogens to those hallucinogenic drugs or substances that cause flashbacks. The rule provides that use of a hallucinogen in the preceding 5 years is disqualifying. Hallucinogen use more than 5 years preceding the application for certification/recertification is not, in itself, an adequate basis for denying certification or recertification or for revocation of certification. The 5-year rule reflects a period of time that should elapse, as a protective practice, to minimize the likelihood of flashbacks. "Flashback" is the term used to describe a transient, spontaneous recurrence of certain aspects of a person's hallucinogen experience. Because flashbacks are sudden, often unpredictable, largely involuntary, dramatic alterations of emotional state, perception, sensation, and behavior, an accident could result if a flashback were to occur during the performance of a hazardous task. Flashbacks may occur within a few days after hallucinogen use, or they may occur a few weeks, months, or even years later. In developing the 5-year rule, DOE consulted with experts at the Alcohol, Drug Abuse and Mental Health Administration of the Department of Health and Human Services. DOE placed the views, and a review of relevant studies, submitted by the National Institute on Drug Abuse, in the docket established for this rulemaking. Although an individual who used a hallucinogen more than 5 years earlier would be considered for nuclear explosive duties, section 711.43 provides that an individual who has used a hallucinogen must undergo a medical evaluation to determine reliability. In addition, the individual must have an acceptable job record and observed behavior.

DOE received comments on the hallucinogen policy, as provided in proposed section 711.5. As proposed, section 711.5(b)(5) stated that to be certified in the PAP, an individual "shall: (5) Not have used any hallucinogen in the preceding 5 years, and shall not be susceptible to flashbacks resulting from use of any hallucinogen more than 5 years before applying for certification or recertification." One commenter objected to the use of the word "susceptible," arguing that it would establish too subjective a standard for determining the risk of flashbacks occurring from hallucinogen use more than 5 years prior to filing of an application for certification or recertification. DOE has revised section 511.5(b)(5) to replace the word "susceptible" with the standard: "shall not have experienced a flashback". DOE believes this is a more measurable, yet sufficiently protective, standard.

A commenter questioned the adequacy of the requirement in proposed section 711.5(b)(6) that each individual in the PAP be tested for illegal drugs, on a random basis, "at least once each calendar year". The commenter expressed concern that the interval between drug tests could be much greater than once in each 12-month period. DOE did not intend the proposed rule to change existing practice regarding the frequency of drug testing. To clarify this in the final rule, DOE has included in sections 711.5(b)(6) and 711.5(b)(7) cross-references to the applicable requirements. For DOE employees, the applicable requirements for drug testing are in DOE Order 3792.3, "Drug-Free Federal Workplace Testing Implementation Program," and for

contractor employees, the applicable requirements are in 10 CFR Part 707, "Workplace Substance Abuse Programs at DOE Sites."

Section 711.5(d) provides that an individual will be denied certification, or will have his or her certification revoked, if drug testing confirms that the individual has used an illegal drug. A person who uses illegal drugs is not suitable for nuclear explosive duties. Proposed section 711.5(e) would have provided that an individual whose certification is revoked because of illegal drug use "may be reinstated in the PAP if the individual successfully completes a SOMD approved drug rehabilitation program as provided in § 711.42 of subpart B." One commenter argued that DOE should automatically reinstate an individual in the PAP following successful completion of an approved drug rehabilitation program. DOE has not adopted this comment because DOE cannot, for reasons of sound administration, hold open a position in the PAP for an individual who undertakes to complete a drug rehabilitation program. In addition, the PAP certifying official must base reinstatement decisions on a comprehensive evaluation of each individual case.

Section 711.6 sets forth requirements for the PAP certification process. Under section 711.6(b) each operations office manager who has jurisdiction over PAP certification shall issue implementing instructions that accomplish specified objectives. Because of the varied nature of the workforce at DOE sites, the rule does not dictate the implementation details, but rather sets forth performance standards to be achieved.

DOE received comments concerning the possible abuse of the certification process or misuse of information obtained in that process to retaliate against particular employees for actions unrelated to PAP suitability. One commenter alleged that the PAP or equivalent DOE programs have been used to stifle employee concerns and as a tool for reprisals against whistle-blowers. The commenter urged DOE to include safeguards in the rule to protect employees from misuse of information or the certification process.

While the rule gives individuals certain rights in the process for resolving PAP concerns, it does not include whistle-blower protection provisions because whistle-blower protection is provided in separate regulations. In 1992 DOE established a DOE Contractor Employee Protection Program which prescribes procedures for processing complaints by contractor employees that allege discriminatory action by an employer in retaliation for the employee's disclosure of information related to health and safety, mismanagement, and other matters; for participation in proceedings before Congress or the Department; or for refusal to engage in illegal or dangerous activities. 57 FR 7533 (Mar. 3, 1992). The regulations are codified at 10 CFR part 708. DOE established the Contractor Employee Protection Program for employee complaints that are not covered by the whistle-blower protection program administered by the Department of Labor under 29 CFR part 24, "Procedures for the Handling of Discrimination Under Federal Employee Protection Statutes." On October 25, 1996, DOE published a Notice of Inquiry that invited public comment on experience under, and recommendations for improving, the DOE Contractor Employee Protection Program. 61 FR 55230. After considering the comments it received, DOE published a notice of proposed rulemaking on January 5, 1998, to amend part 708 (63 FR 374). DOE believes these existing laws and programs are adequate for hearing and resolving employee complaints of reprisals for actions involving health or safety violations and other violations of law.

One commenter objected to proposed section 711.6(b)(9), which would require that the operations office manager develop a mechanism for co-workers, supervisors, and managers to communicate concerns about PAP individuals' suitability for nuclear explosive duties. The commenter thinks a rule that obligates workers to share adverse information about co-workers with management will create distrust in the workplace.

The balance struck in the final rule between protection of individual rights and reporting of safety concerns is dictated by the nature of the work carried out at facilities or areas subject to the PAP. Employees in the PAP work with, or have access to, nuclear explosives, and an accident could result in severe injuries to personnel, loss of life, or damage to the environment. Therefore, it is necessary to require individuals in the PAP, as a condition of their employment, to report behavior or information about other employees that may raise a concern about an individual's ability to perform nuclear explosive duties in a safe and reliable manner. Moreover, PAP individuals must expect that other employees will report such information about them, and they are required to report such information about themselves. Section 711.5(b)(2) provides that individuals who choose to work in the PAP must sign an agreement to participate and comply with PAP requirements.

While DOE has not made the change requested to section 711.6(b)(9), DOE has revised section 711.6(b)(5) to limit the persons who have access to information in a PAP individual's Personnel Security File.

DOE also received public comment on proposed section 711.9(b), which is a non-exclusive list of conditions and behavior that may raise PAP concerns and lead to removal of an individual from nuclear explosive duties. One commenter stated that some of the conditions or behavior listed in proposed section 711.9(b) are highly subjective and may be used by vindictive employees or managers to have employees removed from the PAP. The safety-sensitive nature of nuclear explosive duties requires that DOE grant supervisors latitude to decide if an individual's behavior or condition warrants temporary removal from the PAP pending a determination of suitability. The behavior and conditions listed in section 711.9(b) are illustrative of behavior or conditions that could cause a supervisor to question a PAP individual's ability to perform nuclear explosive duties in a safe and reliable manner. It is not possible to foreclose the possibility that a person would vindictively, or even falsely, provide derogatory information to a supervisor. It is important to recognize that temporary removal is a routine, but vital, protective measure to ensure the safety of personnel at these facilities. Moreover, under this final rule, temporary removal is followed by an elaborate process for fairly resolving concerns about an individual's suitability for the PAP.

Another commenter objected to proposed section 711.9(b)(2), concerning conduct "that is illegal or results in arrest or conviction," on the ground that DOE supervisors generally are not trained to determine what conduct is illegal. The commenter asked that the provision be limited to convictions. DOE has not accepted the suggestion to limit this provision to evidence of a conviction because an arrest for certain criminal activity could raise a concern about an individual's suitability for the PAP. However, DOE has revised section 711.9(b)(2) in the final rule by replacing the word "illegal" with the words "warrants referral for a criminal investigation." This change eliminates the requirement for a conclusion of law by the supervisor.

3. Procedures for Temporary Removal, Reinstatement in the PAP, and Denial or Revocation of PAP Certification

Two commenters objected to the omission in proposed section 711.12(b) of any deadline for completion of the PAP certifying official's evaluation and decision regarding the suitability of an individual who has been removed from nuclear explosive duties. DOE does not think it is desirable to place a time limit on the PAP certifying official's evaluation and suitability determination. The amount of time required to gather pertinent data and reach a decision regarding suitability for nuclear explosive duties will vary depending on the information or allegations that led to removal. DOE does not think the absence of a time limit will cause an individual to be in "limbo" for an extended time, as one commenter suggested. The need for the individual's services and the fact that removal does not affect the employee's pay or benefits are incentives for both the individual's employer and PAP officials to resolve the issues as quickly as possible.

Two commenters argued that an individual removed from nuclear explosive duties should be given a copy of the evaluation prepared by the PAP certifying official. The proposed section 711.12(d) already would require that the operations office manager prepare a written decision that includes the reasons and factual basis for the decision. DOE has revised the rule to clarify that the individual shall be given a copy of the operations office manager's reasons and factual support. Further, DOE has revised the rule to provide that an individual removed from nuclear explosive duties is entitled to a copy of the PAP certifying official's evaluation, unless the operations office manager determines that the release of that document or portions thereof, may be withheld under an exemption of the Privacy Act or the Freedom of Information Act.

Two commenters objected to proposed sections 711.12(g) and (h) because those provisions would require an individual who receives an initial decision from the operations office manager to choose either reconsideration by the operations office manager or a certification review hearing. In the commenters' view, an employee who chooses reconsideration is unfairly penalized by loss of the right to have a certification review hearing. DOE has not changed the rule in response to these comments because allowing individuals to request both reconsideration by the operations office manager and a certification review hearing could unduly prolong the resolution of PAP certification issues.

The request for reconsideration provided in section 711.12(g)(2) and the certification review hearing under section 711.14 are dissimilar processes. The request for reconsideration procedure gives the individual an opportunity to provide to the operations office manager relevant information and statements on the matters in question. An individual may feel this opportunity is all that is needed, or may choose this informal process in order to obtain a quick administrative decision that, if unfavorable, could be challenged in a court proceeding. The certification hearing process, on the other hand, allows the individual to submit evidence on the relevant matters through presentation of witness testimony and cross-examination. Some individuals may decide that this option, although more costly, will be most effective in protecting their interests. An adverse decision resulting from either procedure may be appealed to the Assistant Secretary for Defense Programs and, ultimately, to a court. DOE believes the procedures established in the final rule adequately protect individual rights and, therefore, the final rule does not allow an individual to request both reconsideration and a certification review hearing.

A commenter objected to proposed section 711.14(c)(3), which permits the certification review hearing officer to receive and consider certain classified information that may be adverse to an individual without permitting the individual to cross-examine the source of the statement or information. These procedures, which are narrowly limited, originate in Executive Order No. 10865, "Safeguarding Classified Information Within Industry," reprinted as a note to 50 U.S.C. 435. They were included in the Personnel Assurance Program chapter of DOE Order No. 5610.11, "Nuclear Explosive Safety," and similar provisions are included in 10 CFR part 710, "Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material." DOE has retained section 711.14(c)(3) in the final rule because these exceptions to cross-examination are longstanding and necessary to protect the national security.

The same commenter objected to proposed section 711.15, which deals with the hearing officer's report and recommendation, because it does not make the hearing officer's submission binding on the operations office manager. The commenter argues that this process violates due process and fundamental fairness. DOE has not changed the final rule to make the hearing officer's report and recommendation binding on the operations office manager under section 711.12(h). It is DOE's view that an evidentiary hearing presided over by an independent hearing officer, followed by an opportunity to appeal the operations office manager's decision to the Assistant Secretary for Defense Programs, constitutes a fair administrative process for resolving issues related to PAP certification.

*B. Subpart B: Medical Assessments for PAP Certification/Recertification*

DOE received no public comments on proposed sections 711.20—711.34, which cover the general applicability, purpose and scope of subpart B, definitions, and responsibilities and authorities of PAP officials. DOE has, after further consideration, made a number of minor changes to these sections. These changes include moving the definitions from section 711.22 to section 711.3; adding "physical" to the list in section 711.21; and deleting the requirement to participate as a member of the hostage negotiation team from section 711.31(c)(6).

DOE proposed in section 711.40 general medical standards that must be met by individuals certified in the PAP. Proposed section 711.40 (a)—(f) lists conditions or behavior that may, depending on the results of a medical assessment, disqualify an individual from performing nuclear explosive duties. One commenter pointed out that inclusion of the word "past" in proposed section 711.40(c), referring to use of illegal drugs, conflicts with the 5-year rule established by section 711.5. DOE agrees with this comment and has revised section 711.40(c) accordingly.

DOE received one comment on proposed section 711.41, which would establish requirements applicable to the PAP medical assessment process. The commenter stated that proposed section 711.41(d), which would require use of a generally accepted, self-reporting psychological inventory tool every third year in recertification medical assessments, would be inconsistent with the 2-year cycle for medical assessments for protective force personnel under 10 CFR part 1046. DOE plans to propose amendments to part 1046 in the near future, and expects that any inconsistency created by adoption of a 3-year cycle in this final rule will be eliminated by that rulemaking. All personnel who currently meet the 2-year psychological testing requirements of part 1046, as it currently exists, will

meet the psychological testing requirements of this rule.

DOE proposed in section 711.42 requirements for detecting and acting with regard to positive indications of drug abuse. DOE received a comment on proposed section 711.42(d), which would provide that an individual whose certification has been revoked may be reinstated in the PAP if the person successfully completes a SOMD-approved drug rehabilitation program and is subject to SOMD-directed unannounced tests for illegal drugs and counseling for 3 years. The commenter stated that such random drug testing may not be allowed by local collective bargaining agreements. DOE has not changed section 711.42 because the restrictions on random drug testing at DOE sites in 10 CFR part 707 do not apply to the situation covered in this section of the rule. Under today's rule, an individual whose PAP certification is revoked may be reinstated in the PAP if he or she accepts the conditions of the SOMD-approved drug rehabilitation program. Section 711.42(d) establishes unannounced drug testing as a component of such a program and, in order to take advantage of the rehabilitation opportunity, the individual must agree to the testing.

DOE received comments on proposed section 711.44 concerning medical assessment for alcohol use disorder. DOE proposed provisions that would prohibit alcohol consumption by PAP individuals within the 8-hour period immediately preceding nuclear explosive duties, and bar an individual from performing nuclear explosive duties for a minimum of 24 hours if a confirmatory breath alcohol test (BAT) result is at or above 0.02 percent alcohol concentration. These provisions are consistent with regulations promulgated by certain operating agencies of the Department of Transportation (DOT) to implement the Omnibus Transportation Employee Testing Act of 1991, Pub. L. No. 102–143, Title V. See, e.g., the Federal Highway Administration's requirements in 49 CFR 382.505(b).

Commenters representing security guards stated that they have no objection to the prohibition on alcohol consumption during the 8-hour period preceding scheduled work. However, they strongly oppose enforcing the rule against employees who are required by their employer to report to work without advance notice. According to these commenters, the 8-hour "no drinking" rule, coupled with the prohibition on working for 24 hours if the BAT exceeds 0.02 percent, would impair the ability of employers to meet staffing requirements. The President of the Independent Guard Association of Nevada testified in a public hearing on the rule that, according to the medical department of a DOE prime contractor, a 225-pound person who stops drinking at 7:00 p.m. after having consumed three beers earlier on the same day could have an alcohol concentration of 0.02 percent at 6:00 a.m. the following day. Thus, if that person were forced to report for work early the second day, he or she would be taken off the work schedule for 24 hours even though the individual was not impaired. Transcript of Las Vegas Hearing, page 8 (testimony of Michael Cleghorn). Written comments suggested that employees could easily avoid unscheduled overtime work by drinking intentionally. This, they stated, would cause severe problems for employers because downsizing of protective forces limits their ability to find replacements.

DOE agrees with the commenters that it would be inappropriate to enforce an 8-hour "no drinking" rule against employees who are called up for unscheduled work. Therefore, the final rule is revised to limit its application to scheduled work. DOE will rely on breath alcohol testing under revised section 711.44(c) to ensure that employees required to report for unscheduled work do not exceed permissible alcohol concentration levels.

DOE does not agree with commenters that the 0.02 percent alcohol concentration standard is too rigid and not indicative of possible impairment. On February 15, 1994, DOT operating agencies promulgated alcohol testing regulations for the aviation, motor carrier, rail, transit, and pipeline transportation industries. The common preamble that DOT published for those rules discusses research and recommendations regarding the effects of blood alcohol that have been produced by expert bodies, including the National Highway Transportation Safety Administration, the National Transportation Safety Board, the National Academy of Sciences, and the Transportation Research Board. Common Rule, Final Rules on Limitation of Alcohol Use by Transportation Workers, 59 FR 7302, 7318–19 (Feb. 15, 1994). DOT concluded from this body of knowledge that while impairment of performance of safety-sensitive functions was clearly increased above 0.04 percent alcohol concentration, there was evidence of some impairment at levels as low as 0.02, the lowest level that can be reliably measured. Alcohol affects individuals differently and some individuals are impaired by any blood alcohol. DOT, based on this evidence, adopted a standard that requires removal of an employee from a safety-sensitive position at any alcohol concentration of 0.02 percent or greater. The job tasks performed by individuals assigned nuclear explosive duties, including protective force personnel, are just as safety-sensitive as jobs performed by workers in the transportation industries. Therefore, DOE retains the 0.02 standard in the final rule.

In the final rule, DOE responds to the commenters' staffing concerns by providing more flexibility for dealing with employees who report for unscheduled work and test above 0.02 percent alcohol concentration. As proposed, section 711.44(e) would provide that an individual whose confirmatory BAT result is at or above 0.02 percent shall not be allowed to perform nuclear explosive duties for a minimum of 24 hours. In the final rule, DOE has renumbered proposed section 711.44(e) as section 711.44(f) and revised it to provide that in the case of unscheduled work, an employee whose test result is at or above 0.02 percent will be given the opportunity—but will not be required—to take another test when it is expected that the BAT would produce a result below the 0.02 percent alcohol concentration level. The employee then will be permitted to perform nuclear explosive duties if a result below 0.02 percent is obtained. DOE believes this approach will alleviate the problem envisioned by the commenters.

One commenter sought guidance on the identity and qualifications of persons who conduct breath alcohol testing of PAP individuals. The final rule specifies that alcohol tests are to be administered by a certified technician using an evidential-grade breath analysis device that conforms to National Highway Traffic Safety Administration model specifications for devices approved for use at the 0.02/0.04 percent concentration levels. DOE received comments recommending greater restrictions on the persons who conduct alcohol testing, but the commenter did not provide any evidence or factual support that would warrant additional restrictions.

In the final rule, DOE has added a new section 711.44(g) to clarify that PAP individuals whose jobs require commercial drivers licenses continue to be subject to DOT regulations on misuse of alcohol. They are subject to sanctions in regulations promulgated by the Federal Highway Administration, but DOE will take disciplinary action against such employees under its own authority.

Proposed section 711.45 sets forth requirements that apply to maintenance of medical records. DOE received comments from the U.S. Equal Employment Opportunity Commission (EEOC) on this section. At the request of the EEOC, DOE has revised proposed section 711.45(a) to clarify the long standing DOE practice that medical records must be kept separate from other personnel records. DOE also has added language to section 711.45(b), which was recommended by EEOC, to refer to the possible application to DOE contractors of the Americans with Disabilities Act and section 503 of the Rehabilitation Act, including the confidentiality provisions in the Department of Labor's implementing regulations. In addition, section 711.45(c)(3) provides that psychological records must be kept separate from other medical records.

**III. Procedural Issues and Regulatory Review**

*A. Review Under Executive Order 12866*

Today's regulatory action has been determined not to be a "significant regulatory action" under Executive Order 12866, "Regulatory Planning and Review," 58 FR 51735 (October 4, 1993). Accordingly, this rulemaking has not been reviewed by the Office of Information and Regulatory Affairs of the Office of Management and Budget (OMB).

*B. Review Under Executive Order 12612*

Executive Order 12612, "Federalism," 52 FR 41685 (October 30, 1987) requires that regulations, rules, legislation, and other policy actions be reviewed for any substantial direct effect on States, on the relationship between the National Government and the States, or in the distribution of power and responsibilities among various levels of government. If there are substantial effects, then the Executive Order requires the preparation of a federalism assessment to be used in all decisions involved in promulgating and implementing policy action. The Department has analyzed this rulemaking in accordance with the principles and criteria contained in Executive Order 12612, and has determined there are no federalism implications that would warrant the preparation of a federalism assessment. The rule published today will apply to DOE and DOE contractor personnel employed at defense nuclear facilities. It will not have a substantial direct effect on States, the relationship between the States and Federal Government, or the distribution of power and responsibilities among various levels of government.

*C. Review Under the Regulatory Flexibility Act*

The Regulatory Flexibility Act, 5 U.S.C. 601–612, requires preparation of an initial regulatory flexibility analysis for every rule which by law must be proposed for public comment, unless the agency certifies that the rule, if promulgated, will not have a significant economic impact on a substantial number of small entities. Today's rule will affect a total of approximately 3,300 DOE and DOE contractor employees working at Government-owned or leased facilities. Only a small number of the employees work for a small entity. In addition, the DOE is formalizing a program that has been in place at DOE nuclear explosive facilities for over 30 years, so the economic impact of this proposed rule would be negligible. DOE certified in the notice of proposed rulemaking that the rule would not, if promulgated, have a significant economic impact on a substantial number of small entities. Public comment on this issue was invited, but none was received. DOE affirms its certification that the rule will not have a significant economic impact on a substantial number of small entities.

*D. Review Under the National Environmental Policy Act*

The final rule codifies and amends the PAP program, which has been in existence pursuant to DOE directives for approximately 30 years, and it relates to personnel qualifications that will have no impact on the environment. Categorical exclusions in the Department's regulations implementing the National Environmental Policy Act of 1969, 42 U.S.C. 4321 et seq., apply to this rulemaking. The applicable categorical exclusions are A1 and A5 in Appendix A to Subpart D, 10 CFR part 1021. The Department has therefore determined that neither an environmental assessment nor an environmental impact statement is required for this rulemaking.

*E. Review Under the Paperwork Reduction Act*

This rule does not contain a collection of information that requires the approval of the OMB under the Paperwork Reduction Act, 44 U.S.C. 3501, *et seq.* OMB has defined the term "information" to exclude certifications, consents, and acknowledgments that entail only minimal burden. 5 CFR 1320.3(h)(1).

*F. Review Under Executive Order 12988*

With respect to the review of existing regulations and the promulgation of new regulations, section 3(a) of Executive Order 12988, Civil Justice Reform, 61 FR 4729 (February 7, 1996), imposes on Executive agencies the general duty to adhere to the following requirements: (1) eliminate drafting errors and ambiguity; (2) write regulations to minimize litigation; and (3) provide a clear legal standard for affected conduct rather than a general standard and promote simplification and burden reduction. Section 3(b) of Executive Order 12988 specifically requires that Executive agencies make every reasonable effort to ensure that the regulation: (1) clearly specifies the preemptive effect, if any; (2) clearly specifies any effect on existing Federal law or regulation; (3) provides a clear legal standard for affected conduct while promoting simplification and burden reduction; (4) specifies the retroactive effect, if any; (5) adequately defines key terms; and (6) addresses other important issues affecting clarity and general draftsmanship under any guidelines issued by the Attorney General. Section 3(c) of Executive Order 12988 requires Executive agencies to review regulations in light of applicable standards in section 3(a) and section 3(b) to determine whether they are met or it is unreasonable to meet one or more of them. DOE has completed the required review and determined that, to the extent permitted by law, this rule meets the relevant standards of Executive Order 12988.

*G. Review Under the Unfunded Mandates Reform Act of 1995*

The Unfunded Mandates Reform Act of 1995, 2 U.S.C. 1531 et seq., requires a federal agency to perform a detailed assessment of the costs and benefits of any rule imposing a federal mandate with costs to state, local or tribal governments, or to the private sector, of $100 million or more. This final rule codifies existing procedures and standards that relate to certification of DOE personnel and DOE contractor personnel for nuclear explosive duties at DOE facilities. The rule does not impose a federal mandate requiring preparation of an assessment under the Unfunded Mandate Reform Act of 1995.

*H. Congressional Notification*

As required by 5 U.S.C. 801, DOE will report to Congress promulgation of this final rule prior to its effective date. The report will state that it has been determined that the rule is not a "major rule" as defined by 5 U.S.C. 804(2).

**List of Subjects in 10 CFR Part 711**

Administrative practice and procedure, Alcohol abuse, Drug abuse, Government contracts, Government employees, Health, Nuclear safety, and Occupational safety and health.

Issued in Washington, DC on August 31, 1998.

**Victor H. Reis,**

*Assistant Secretary for Defense Programs.*

For the reasons set forth in the preamble, Chapter III of title 10 of the Code of Federal Regulations is amended by adding new Part 711 to read as set forth below:

## PART 711—PERSONNEL ASSURANCE PROGRAM (PAP)

### Subpart A—PAP Certification/ Recertification, Temporary Removal/ Reinstatement, and Revocation of PAP Certification

SEC.
711.1 Purpose.
711.2 Applicability.
711.3 Definitions.
711.4 General.
711.5 General requirements.
711.6 PAP certification process.
711.7 Maintenance of PAP personnel list.
711.8 PAP training requirements.
711.9 Supervisor reporting.
711.10 Individual reporting.
711.11 Immediate removal from nuclear explosive duties.
711.12 Action following removal from duties.
711.13 Appointment of a certification review hearing officer and legal counsel.
711.14 Certification review hearing.
711.15 Hearing officer's report and recommendation.
711.16 Appeal of the operations office manager's final decision.

Subpart B—Medical Assessments for PAP Certification/Recertification General Provisions

711.20 Applicability.
711.21 Purpose and scope.

Responsibilities and Authorities

711.30 Designated physician.
711.31 Designated psychologist.
711.32 Site Occupational Medical Director (SOMD).
711.33 Director, Office of Occupational Medicine and Medical Surveillance.
711.34 Operations office managers; Director, Transportation Safeguards Division.

Medical Assessment Process and Standards

711.40 Medical standards for certification.
711.41 Medical assessment process.
711.42 Medical assessment for drug abuse.
711.43 Evaluation of hallucinogen use.
711.44 Medical assessment for alcohol use disorder.
711.45 Maintenance of medical records.

**Authority:** 42 U.S.C. 2201(p), 7191.

### Subpart A—PAP Certification/ Recertification, Temporary Removal/ Reinstatement, and Revocation of PAP Certification

#### § 711.1 Purpose.

The purpose of this part is to establish a Personnel Assurance Program (PAP) in DOE. The PAP is a human reliability program designed to ensure that individuals assigned to nuclear explosive duties do not have emotional, mental, or physical incapacities that could result in a threat to nuclear explosive safety. The PAP establishes the requirements and responsibilities for screening, selecting, and continuously evaluating employees assigned to or being considered for assignment to nuclear explosive duties.

#### § 711.2 Applicability.

(a) This part applies to DOE Headquarters and field elements and DOE contractors that manage, oversee, or conduct nuclear explosive operations and associated activities, and to DOE and DOE contractor employees assigned to nuclear explosive duties.

(b) This part does not apply to responses to unplanned events (e.g., Accident Response Group activities), which are addressed in DOE 5530-Series Orders and DOE Order 151.1, "Comprehensive Emergency Management System."

#### § 711.3 Definitions.

The following definitions are used in this part:

*Access* means proximity to a nuclear explosive that affords a person the opportunity to tamper with it or to cause it to detonate.

*Alcohol use disorder* means a maladaptive pattern in which a person's intake of alcohol is great enough to damage or adversely affect physical or mental health or personal, social, or occupational function; or when alcohol has become a prerequisite to normal function.

*Certification* means the formal action the PAP certifying official takes which permits an individual to be placed in the PAP and perform PAP duties. This action is taken once it has been determined an individual meets the requirements for certification under this part.

*Contractor* means the contractor and subcontractors at all tiers.

*Designated physician* means a licensed doctor of medicine or osteopathy who has been nominated by the SOMD and, with the concurrence of the Director, Office of Occupational Medicine and Medical Surveillance, approved by the operations office manager, to provide professional expertise in the area of occupational medicine as it relates to the PAP.

*Designated psychologist* means a licensed Ph.D. or Psy.D. clinical psychologist who has been nominated by the SOMD and, with the concurrence of the Director, Office of Occupational Medicine and Medical Surveillance, approved by the operations office manager, to provide professional expertise in the area of psychological assessment as it relates to the PAP.

*Diagnostic and Statistical Manual for Mental Disorders* means the current version of the American Psychiatric Association's manual containing definitions of psychiatric terms and diagnostic criteria of mental disorders.

*Director, Office of Occupational Medicine and Medical Surveillance,* means the chief occupational medical officer of the DOE with responsibility for policy and quality assurance for DOE occupational medical programs.

*Drug abuse* means use of an illegal drug or misuse of legal drugs.

*Flashback* means a transient, spontaneous, and often unpredictable recurrence of aspects of a person's use of a hallucinogen that involves dramatic alteration of emotional state, perception, sensation, and behavior.

*Hallucinogen* means any hallucinogenic drug or substance that has the potential to cause flashbacks.

*Illegal drug* means a controlled substance, as specified in Schedules I through V of the Controlled Substances Act, 21 U.S.C. 811, 812. The term "illegal drug" does not apply to the use of a controlled substance in accordance with the terms of a valid prescription, or other uses authorized by Federal law.

*Impaired or impairment* means a decrease in functional capacity of a worker caused by a physical, mental, emotional, substance abuse, or behavioral disorder.

*Job task analysis* means a statement outlining the essential functions of a job and the potential exposures and hazards of an individual's specific job.

*Medical assessment* means an evaluation of a PAP individual's present health status and health risk factors by means of: (1) a medical history review; (2) the job task analysis; (3) a physical examination; (4) appropriate laboratory tests and measurements; and (5) appropriate psychological and psychiatric evaluations.

*Medical Review Officer (MRO)* means a licensed doctor of medicine or osteopathy who has knowledge of illegal drug use and other substance abuse disorders and has appropriate medical training to interpret drug test results.

The MRO may also be the designated physician and/or SOMD.

*Nuclear explosive* means an assembly containing fissionable and/or fusionable materials and main charge high explosive parts or propellants capable of producing a nuclear detonation (e.g., a nuclear weapon or test device).

*Nuclear explosive area* means any area that contains a nuclear explosive or collocated pit and main charge high explosive parts.

*Nuclear explosive duties* means work assignments that allow custody of a nuclear explosive or access to a nuclear explosive device or area.

*Occupational medical program* means a DOE program that: (1) assists in the maintenance, monitoring, protection, and promotion of employee health through the skills of occupational medicine, psychology, and nursing; and (2) maintains a close interface with allied health disciplines, including industrial hygiene, health physics, and safety.

*Operations office manager* means the manager of a DOE operations office.

*PAP certifying official or certifying official* means the operations office manager or the manager's designee who certifies, recertifies, or reviews the circumstances of an individual's removal from nuclear explosive duties.

*PAP individual* means an individual being considered for assignment or assigned to perform nuclear explosive duties.

*PAP official* means any DOE employee who is involved in the PAP as a manager or supervisor or involved in the certification/recertification process.

*Recertification* means the formal action the PAP certifying official takes annually, not to exceed 12 months, which permits an individual to remain in the PAP and perform PAP duties. This action is taken once it has been determined an individual still meets the requirements of this part.

*Reinstatement* means the action the PAP certifying official takes once it has been determined an individual who has been temporarily removed from the PAP meets the certification requirements of this part and can be returned to the PAP and PAP duties.

*Semi-structured interview* means an interview by a designated psychologist who has the latitude to vary the focus and content of the questions depending upon the interviewee's responses.

*Site Occupational Medical Director/ SOMD* means the physician responsible for the overall direction and operation of the site occupational medical program.

**§ 711.4 General.**

(a) PAP certification is required of each individual assigned to nuclear explosive duties in addition to any other job qualification requirements that may apply.

(b) Nothing in this part shall be construed as prohibiting contractors from establishing stricter employment standards for employees who are nominated to DOE for certification or recertification in the PAP.

(c) The failure of an individual to be certified or recertified in the PAP shall not, in itself, reflect on the individual's suitability for assignment to other duties or, in itself. be a cause for loss of pay or other benefits or other changes in employment status.

(d) Personnel management actions based on consideration of technical competence and other job qualification requirements shall be considered only if they are based on behavior that also affects an individual's suitability for the PAP.

(e) Except for the functions in § 711.12 (d), (e) and (h), an operations office manager may delegate PAP functions to a deputy manager, assistant manager, division director, and/or area office manager.

**§ 711.5 General requirements.**

(a) Each PAP individual shall be certified in the PAP before being assigned to nuclear explosive duties and shall be recertified annually, not to exceed 12 months between recertifications.

(b) To be certified or recertified in the PAP, an individual shall:

(1) Have an active DOE Q access authorization based upon a background investigation;

(2) Sign an acknowledgment and agreement to participate in the PAP on a form provided by DOE;

(3) Be interviewed and briefed on the importance of the nuclear explosive duty assignment and PAP objectives and requirements.

(4) Successfully complete an annual medical assessment for certification and recertification in accordance with Subpart B of this part;

(5) Not have used any hallucinogen in the preceding 5 years and shall not have experienced a flashback resulting from the use of any hallucinogen more than 5 years before applying for certification or recertification;

(6) If a DOE employee, be tested for illegal drugs at least once each calendar year in an unannounced and unpredictable manner under DOE Order 3792.3, "Drug-Free Federal Workplace Testing Implementation Program,"and be subject to testing for cause or reasonable suspicion or after an accident or an unsafe practice involving the individual and;

(7) If a DOE contractor employee, be tested for illegal drugs at least once each calendar year in an unannounced and unpredictable manner under 10 CFR part 707, "Workplace Substance Abuse Programs at DOE Sites," and be subject to testing for cause or reasonable suspicion or after an accident or an unsafe practice involving the individual.

(c) If an individual in the PAP refuses to submit a urine sample for illegal drug testing or attempts deception by substitution, adulteration, or other means, DOE immediately shall remove the individual from nuclear explosive duties.

(d) An individual will be denied PAP certification, or shall have his or her certification revoked, immediately, if use of an illegal drug is confirmed through drug testing, as provided in § 711.42 of Subpart B.

(e) An individual whose PAP certification is revoked for the use of illegal drugs will be considered for reinstatement in the PAP if the individual successfully completes an SOMD approved drug rehabilitation program, as provided in § 711.42 of Subpart B and a PAP position is available for which the individual is qualified.

(f) If an individual chooses not to participate in the PAP, he or she shall sign a refusal of consent form provided by DOE.

**§ 711.6 PAP certification process.**

(a) The PAP certifying official shall determine each PAP individual's suitability for certification or recertification in the PAP and review the circumstances concerning an individual's removal from nuclear explosive duties and possible reinstatement.

(b) Operations office managers who exercise jurisdiction over PAP certification shall issue instructions for inplementing the PAP. At a minimum, the instructions shall provide for:

(1) Conducting a supervisory interview of each PAP individual, during which the supervisor shall determine the individual's willingness to accept the requirements and conditions of the PAP;

(2) Ensuring that each PAP individual undergoes a medical assessment under subpart B of this part;

(3) Ensuring that the personnel security file (PSF) of each PAP individual is reviewed by a DOE employee trained to identify PAP

concerns before the individual is certified or recertified;

(4) Ensuring that other available personnel data or information about each PAP individual is reviewed by an employee trained to identify PAP concerns before the individual is certified or recertified;

(5) Allowing the exchange of information about a PAP individual among responsible DOE officials during the certification, recertification, or certification review process. Any mental or behavioral issues which could impact an individual's ability to perform PAP duties may be provided to the SOMD, designated physician, and/or designated psychologist who have been previously identified for receipt of this information by the operations office manager or designee. In rare instances when information from an employee's PSF may be relevant, such information may be shared only with prior written approval of the manager or his/her designee. The Director, Office of Security Affairs, must be notified of the manager's decision to share PSF information, as well as the specific information provided and a brief summary of the circumstances. This notice should be provided as soon as practicable. Contractor medical personnel will not be allowed to view the PSF. Contractor medical personnel must not share any information obtained from the PSF with anyone who is not a DOE PAP official;

(6) Requesting certification or recertification of a contractor employee when the contractor has determined, on the basis of all available information, that the individual is suitable for the PAP. The contractor requesting certification or recertification shall, in writing, assure the PAP certifying official that all PAP certification requirements have been met;

(7) Addressing any requirement not met during the certification/recertification process, and requiring a contractor to provide any additional personal data or information in its possession that may have a bearing on the certification/recertification of an individual;

(8) Documenting certification and recertification of each PAP individual on a form provided by DOE;

(9) Developing a mechanism for co-workers, supervisors, and managers to communicate concerns about a PAP individual's suitability for nuclear explosive duties;

(10) Ensuring that PAP concerns are reported to an appropriate official, as specified in §§ 711.9 and 711.10, for timely resolution;

(11) Providing that the processing of a request for certification or recertification of an individual is terminated if the individual is no longer being considered for assignment to nuclear explosive duties or is no longer assigned to such duties. If, subsequently, the individual is considered for assignment to nuclear explosive duties, the certification or recertification process must be completely redone; and

(12) Using recertification to return an individual whose certification has exceeded 12 months, and thus expired, to the PAP, once it has been determined an individual still meets the requirements of this part.

**§ 711.7 Maintenance of PAP personnel list.**

Operations office managers who exercise jurisdiction over PAP certification and recertification shall establish procedures for developing and maintaining a current list of DOE and contractor personnel certified in the PAP. The list is to be used for program administration and is not an authorization for personnel to perform nuclear explosive duties. The list shall be promptly updated and verified on a quarterly basis under the supervision of the operations office manager.

**§ 711.8 PAP training requirements.**

(a) Operations office managers shall ensure that each individual who is assigned to nuclear explosive duties receives special training in PAP objectives, policies, and requirements.

(b) Operations office managers shall ensure that DOE and contractor supervisory personnel and PAP certifying officials receive training that includes:

(1) A detailed explanation of nuclear explosive duties and nuclear explosive safety;

(2) Instruction on PAP objectives, policies, and requirements;

(3) Instruction on the early identification of behavior that may indicate a degradation in reliability or judgment; and

(4) Special emphasis on the importance of timely reporting of any PAP concern to appropriate personnel.

(c) Operations office managers shall ensure that medical personnel who perform medical assessments receive, before performing PAP responsibilities, training that includes:

(1) A detailed explanation of nuclear explosive duties and nuclear explosive safety;

(2) Instruction on PAP objectives, policies, and requirements;

(3) An orientation on nuclear explosive duties and the work environment applicable to that of the PAP employee;

(4) Annual professional training on current issues and concerns relative to psychological assessment; and

(5) Special emphasis on the importance of timely reporting of any PAP concern to appropriate personnel.

(d) Operations office managers shall establish and maintain a system for documenting the training received by PAP-certified individuals, supervisors of PAP personnel, and medical personnel with PAP-related duties.

**§ 711.9 Supervisor reporting.**

(a) Supervisors shall document and report to a PAP official and the SOMD, if appropriate, any observed or reported behavior or condition of an individual that causes the supervisor to have a reasonable belief that the individual's ability to perform assigned tasks in a safe and reliable manner may be impaired.

(b) Behavior and conditions that could indicate unsuitability for the PAP include, but are not limited to, the following:

(1) Psychological or physical disorders that impair performance of assigned duties;

(2) Conduct that warrants referral for a criminal investigation or results in arrest or conviction;

(3) Indications of deceitful or delinquent behavior;

(4) Attempted or threatened destruction of property or life;

(5) Suicidal tendencies or attempted suicide;

(6) Use of illegal drugs or the abuse of legal drugs or other substances;

(7) Alcohol use disorder;

(8) Recurring financial irresponsibility;

(9) Irresponsibility in performing assigned duties;

(10) Inability to deal with stress, or the appearance of being under unusual stress;

(11) Failure to understand work directives, hostility or aggression toward fellow workers or authority, uncontrolled anger, violation of safety or security procedures, or repeated absenteeism; and

(12) Significant behavioral changes, moodiness, depression, or other evidence of loss of emotional control.

**§ 711.10 Individual reporting.**

(a) An individual in the PAP shall report any observed or reported behavior or condition of another PAP individual that could indicate the individual's unsuitability for nuclear explosive duties, including the behaviors and conditions listed in

§ 711.9, to a supervisor, the SOMD, or other PAP official.

(b) An individual in the PAP shall report any behavior or condition, including any behavior or condition listed in § 711.9, that may affect his or her own suitability for nuclear explosive duties to a supervisor, the SOMD, or other PAP official.

**§ 711.11 Immediate removal from nuclear explosive duties.**

(a) A supervisor who has a reasonable belief that an individual in the PAP is not suitable for nuclear explosive duties shall immediately remove that individual from those duties pending a determination of the individual's suitability. The supervisor shall, at a minimum:

(1) Require the individual to stop performing nuclear explosive duties;

(2) Take action to ensure the individual is denied access to nuclear explosive areas; and

(3) Notify the individual, in writing, the reason for these actions.

(b) A supervisor who removes an individual from nuclear explosive duties shall notify the PAP certifying official of the action and the reasons that led to the removal of the individual from nuclear explosive duties as soon as possible, and shall forward this information, in writing, to the PAP certifying official within 24 hours from the time the individual is removed from duties.

(c) Immediate removal of an individual from nuclear explosive duties is an interim, precautionary action and does not constitute a determination that the individual is not fit for nuclear explosive duties. Removal from nuclear explosive duties shall not, in itself, be cause for loss of pay or other benefits or other changes in employment status.

**§ 711.12 Action following removal from duties.**

(a) *Temporary removal.* If a PAP certifying official receives a supervisor's written notice of the immediate removal of an individual from nuclear explosive duties, the certifying official shall direct the removal of the individual from PAP duties pending an evaluation and determination regarding the individual's suitability for nuclear explosive duties. The applicable DOE personnel security office shall be notified if removal is based on a security concern.

(b) *Evaluation.* The PAP certifying official shall conduct an evaluation of the circumstances or information that led the supervisor to remove the individual from nuclear explosive duties. The PAP certifying official shall prepare a written report of the evaluation that includes the certifying official's determination regarding the individual's suitability for continuing PAP certification.

(c) *PAP certifying official's action.* (1) If the PAP certifying official determines that an individual who has been removed temporarily from nuclear explosive duties continues to meet the requirements for certification in the PAP, the certifying official shall:

(i) Notify the operations office manager of the determination; and

(ii) Notify the individual's supervisor of the determination and direct that the individual be allowed to return to nuclear explosive duties.

(2) If the PAP certifying official determines that an individual who has been temporarily removed from PAP duties does not meet the requirements for certification, the certifying official shall refer the matter to the operations office manager for action. The certifying official shall submit the evaluation report to the operations office manager and a recommendation that the individual's PAP certification be revoked.

(d) *Operations office manager's initial decision.* After receipt of a PAP certifying official's evaluation report and recommendation for revoking an individual's PAP certification, the operations office manager shall take one of the following actions:

(1) Direct that the individual be reinstated in the PAP and, in writing, explain the reasons and factual basis for the action;

(2) Direct the revocation of the individual's PAP certification and, in writing, explain the reasons and factual basis for the decision; or

(3) Direct continuation of the temporary removal pending completion of specified actions (e.g., medical assessment, security evaluation, treatment) to resolve the concerns about the individual's suitability for the PAP.

(e) In the event of a revocation, pursuant to § 711.12(d)(2), or suspension pursuant to § 711.12(d)(3), the operations office manager shall provide the individual a copy of the PAP certifying official's evaluation report. The manager may withhold such report, or portions thereof, to the extent that he/she determines that the report, or portions thereof, may be exempt from access by the individual under the Privacy Act or the Freedom of Information Act.

(f) *Reinstatement after completion of specified actions.* An individual directed by the operations office manager to take specified actions to resolve PAP concerns shall be reevaluated by the certifying official after those actions have been completed. After considering the PAP certifying official's evaluation report and recommendation, the operations office manager shall direct either:

(1) Reinstatement of the individual in the PAP; or

(2) Revocation of the individual's PAP certification.

(g) *Notification of operations office manager's initial decision.* The operations office manager shall send by certified mail, return receipt requested, a written decision, including rationale, to an individual who is denied certification or recertification. The operations office manager's decision shall be accompanied by notification to the individual, in writing, of the procedures in paragraph (g) of this section and §§ 711.14—711.16 pertaining to reconsideration or a hearing on the operation office manager's decision.

(h) *Request for reconsideration or certification review hearing.* An individual who receives notification of an operation office manager's decision to deny or revoke his or her PAP certification may choose one of the following options:

(1) Take no action;

(2) Submit a written request to the operations office manager for reconsideration of the decision to deny or revoke certification. The request shall include the individual's response to any information that gave rise to a concern about the individual's suitability for nuclear explosive duties. The statement shall be signed under oath or affirmation before a notary public, and must be sent by certified mail to the operations office manager within 20 working days after the individual received notice of the operations office manager's decision; or

(3) Submit a written request to the operations office manager for a certification review hearing. The request for a hearing must be sent by certified mail to the operations office manager within 20 working days after the individual receives notice of the operations office manager's decision.

(i) *Operations office manager's decision after reconsideration or hearing.* (1) If an individual requests reconsideration by the operations office manager but not a certification review hearing, the operations office manager shall, within 20 working days after receipt of the individual's request, send by certified mail, return receipt requested, to the individual a final decision as to suitability based upon the individual's response and other relevant

information available to the operations office manager.

(2) If an individual requests a certification review hearing, the operations office manager shall decide the matter after receipt of the certification review hearing officer's report and recommendation, as provided in § 711.15. The operations office manager shall, within 20 working days after receiving the hearing officer's report and recommendation, send by certified mail, return receipt requested, the operations office manager's final decision to the individual, accompanied by a copy of the hearing officer's report and recommendation, and the transcript of the certification review proceedings.

**§ 711.13 Appointment of a certification review hearing officer and legal counsel.**

(a) After receiving an individual's request for a certification review hearing, the operations office manager shall promptly appoint a certification review hearing officer. The hearing officer shall:

(1) Be a DOE attorney or a hearing official from the DOE Office of Hearings and Appeals and have a DOE Q access authorization; and

(2) Have no prior involvement in the matter or be directly supervised by any person who is involved in the matter.

(b) The operations office manager shall also appoint a DOE attorney as counsel for DOE, who shall assist the hearing officer by:

(1) Obtaining evidence;

(2) Arranging for the appearance of witnesses;

(3) Examining and cross-examining witnesses; and

(4) Notifying the individual in writing, at least 7 working days in advance of the hearing, of the scheduled place, date, and hour where the hearing will take place.

**§ 711.14 Certification review hearing.**

(a) The certification review hearing officer shall conduct the proceedings in an orderly and impartial manner to protect the interests of both the Government and the individual.

(b) An individual who requests a certification review hearing shall have the right to appear personally before the hearing officer; to present evidence in his or her own behalf, through witnesses or by documents, or by both; and be accompanied and represented at the hearing by counsel of the individual's choosing or any other person and at the individual's own expense.

(c) In conducting the proceedings, the certification review hearing officer shall:

(1) Receive all information relating to the individual's fitness for PAP certification through witnesses or documentation;

(2) Ensure that the individual is permitted to offer information in his or her behalf; to call, examine, and except as provided in paragraph (c)(3) of this section, cross-examine witnesses and other persons who have made written or oral statements, and to present and examine documentary evidence;

(3) Have the option to receive and consider oral or written statements adverse to the individual without affording the individual the opportunity to cross-examine the person making the statement in either of the following circumstances:

(i) The substance of the statement was contained in the individual's personnel security file and the head of the Federal agency supplying the statement certifies that the person who furnished the information is a confidential informant who has been engaged in obtaining intelligence information for the Government, and that the disclosure of that person's identity would substantially harm the national security; or

(ii) The substance of the statement was contained in the individual's personnel security file and the Assistant Secretary for Defense Programs or designee for that particular purpose has determined, after considering information furnished by the investigative agency concerning the reliability of the person and the accuracy of the statement, that —

(A) The statement appears to be reliable and material;

(B) Failure of the hearing officer to receive and consider such statement would substantially harm the national security; and

(C) The person who furnished the information cannot appear to testify due to death or severe illness, or due to some other good cause as determined only by the Assistant Secretary for Defense Programs;

(4) Ensure that if the procedures in paragraph (c)(3) of this section are used, the individual is given a description of the information, which shall be as comprehensive and detailed as the national security permits. In addition, if a statement is received under paragraph (c)(3)(ii) of this section, the identity of the person making the statement and the information to be considered shall be made available to the individual. The hearing officer shall give appropriate consideration to the fact that the individual did not have an opportunity to cross-examine such person;

(5) Require the testimony of the individual and all witnesses be given under oath or affirmation;

(6) Request that the Assistant Secretary for Defense Programs issue subpoenas for witnesses to attend the hearing or for the production of specific documents or other physical evidence; and

(7) Ensure that a transcript of the certification review proceedings is made.

**§ 711.15 Hearing officer's report and recommendation.**

Not later than 30 working days after the conclusion of the hearing, the certification review hearing officer shall forward written findings, a supporting statement of reasons, and recommendation regarding the individual's suitability for certification or recertification in the PAP to the operations office manager. The hearing officer's report and recommendation shall be accompanied by a copy of the record of the proceedings.

**§ 711.16 Appeal of the operations office manager's final decision.**

(a) An individual who has been denied PAP certification or recertification, or whose certification has been revoked, may appeal the operations office manager's decision to the Assistant Secretary for Defense Programs. The appeal must be sent to the Assistant Secretary for Defense Programs, by certified mail, no later than 20 working days after the individual receives the operations office manager's decision.

(b) An individual who appeals an operations office manager's decision to the Assistant Secretary for Defense Programs must submit the appeal and a written supporting statement to the Assistant Secretary for Defense Programs through the operations office manager and the Deputy Assistant Secretary for Military Application and Stockpile Management. The individual must also submit:

(1) A copy of the operations office manager's final decision and any related documentation; and

(2) If a certification review hearing was conducted, a copy of the hearing officer's report and recommendation and the record of the proceedings.

(c) Within 20 working days of the receipt of an individual's appeal and supporting documents, the Assistant Secretary for Defense Programs shall review all of the information and issue a written decision in the matter. The decision of the Assistant Secretary for Defense Programs shall be final for DOE.

(d) If an individual does not appeal to the Assistant Secretary for Defense Programs within the time specified in paragraph (a) of this section, the

operations office manager's decision shall be the final decision.

## Subpart B—Medical Assessments for PAP Certification and Recertification

### General Provisions

#### § 711.20 Applicability.

The purpose of this subpart is to establish standards and procedures for conducting medical assessments of DOE and DOE contractor employees in the PAP.

#### § 711.21 Purpose and scope.

The standards and procedures set forth in this part are necessary for DOE to:

(a) Identify the presence of any mental, emotional, physical, or behavioral characteristics or conditions that present or are likely to present an unacceptable impairment in judgment, reliability, or fitness of an individual to perform nuclear explosive duties safely and reliably;

(b) Facilitate the early diagnosis and treatment of disease or impairment and to foster accommodation and rehabilitation of a disabled individual with the intent of returning the individual to assigned nuclear explosive duties;

(c) Determine what functions an employee may be able to perform and to facilitate the proper placement of employees; and (d) Provide for continuing monitoring of the health status of employees in order to facilitate early detection and correction of adverse health effects, trends, or patterns.

### Responsibilities and Authorities

#### § 711.30 Designated physician.

(a) The designated physician shall be qualified to provide professional expertise in the area of occupational medicine as it relates to the PAP. The designated physician may serve in other capacities, including Medical Review Officer.

(b) The designated physician shall:

(1) Be a physician who is a graduate of an accredited school of medicine or osteopathy;

(2) Have a valid, unrestricted state license to practice medicine in the state where PAP medical assessments occur;

(3) Have met the applicable PAP training requirements; and (4) Be eligible for DOE access authorization.

(c) The designated physician shall be responsible for the medical assessments of PAP individuals, including determining which components of the medical assessments may be performed by other qualified personnel. Although a portion of the assessment may be performed by another physician, physician's assistant, or nurse practitioner, the designated physician remains responsible for:

(1) Supervising the evaluation process;

(2) Interpreting the results of evaluations;

(3) Documenting medical conditions that may disqualify an individual from the PAP;

(4) Providing medical assessment information to the designated psychologist to assist in determining psychological fitness;

(5) Determining, in conjunction with DOE, if appropriate, the location and date of the next required medical assessment, thereby establishing the period of certification; and (6) Signing a recommendation as to the medical fitness of an individual for certification or recertification.

(d) The designated physician shall immediately report to the SOMD any of the following about himself or herself:

(1) Initiation of an adverse action by any state medical licensing board or any other professional licensing board;

(2) Initiation of an adverse action by any federal regulatory board since the last designation;

(3) The withdrawal of the privilege to practice by any institution;

(4) Being named a defendant in any criminal proceedings (felony or misdemeanor) since the last designation;

(5) Being evaluated or treated for alcohol use disorder or drug dependency or abuse since the last designation; or

(6) Occurrence of a physical or mental health condition since the last designation that might affect his or her ability to perform professional duties.

#### § 711.31 Designated psychologist.

(a) The designated psychologist shall report to the SOMD and shall determine the psychological fitness of an individual to participate in the PAP. The results of this evaluation shall be provided only to the designated physician or the SOMD.

(b) The designated psychologist shall:

(1) Hold a doctoral degree from a clinical psychology program that includes a 1-year clinical internship approved by the American Psychological Association or an equivalent program;

(2) Have accumulated a minimum of 3 years postdoctoral clinical experience with a major emphasis in psychological assessment;

(3) Have a valid, unrestricted state license to practice clinical psychology in the state where PAP medical assessments occur;

(4) Have met the applicable PAP training requirements; and

(5) Be eligible for DOE access authorization .

(c) The designated psychologist shall be responsible for the performance of all psychological evaluations of PAP individuals, and otherwise as directed by the SOMD. In addition, the designated psychologist shall:

(1) Designate which components of the psychological evaluation may be performed by other qualified personnel;

(2) Upon request of management, assess the psychological fitness of personnel for PAP duties in specific work settings and recommend referrals as indicated;

(3) Conduct and coordinate educational and training seminars, workshops, and meetings to enhance PAP individual and supervisor awareness of mental health issues;

(4) Establish personal workplace contact with supervisors and workers to help them identify psychologically distressed PAP individuals; and

(5) Make referrals for psychiatric, psychological, substance abuse, personal or family problems, and monitor the progress of individuals so referred.

(d) The designated psychologist shall immediately report to the SOMD any of the following about himself or herself:

(1) Initiation of an adverse action by any state medical licensing board or any other professional licensing board;

(2) Initiation of an adverse action by any federal regulatory board since the last designation;

(3) The withdrawal of the privilege to practice by any institution;

(4) Being named a defendant in any criminal proceeding (felony or misdemeanor) since the last designation;

(5) Being evaluated or treated for alcohol use disorder or drug dependency or abuse since the last designation; or

(6) Occurrence of a physical or mental health condition that might affect his or her ability to perform professional duties since the last designation.

#### § 711.32 Site Occupational Medical Director (SOMD).

(a) The SOMD shall nominate a physician to serve as the designated physician and a clinical psychologist to serve as the designated psychologist. The nominations shall be sent through the operations office to the Director, Office of Occupational Medicine and Medical Surveillance. Each nomination shall describe the nominee's relevant

training, experience, and licensure, and shall include a curriculum vitae and a copy of the nominee's current state or district license.

(b) The SOMD shall submit a renomination report biennially through the operations office manager to the Director, Office of Occupational Medicine and Medical Surveillance. This report shall be submitted at least 60 days before the second anniversary of the initial designation or of the last redesignation, whichever applies. The report shall include:

(1) A statement evaluating the performance of the designated physician and designated psychologist during the previous designation period;

(2) A summary of all PAP-relevant training, including postgraduate education, that the designated physician and designated psychologist has completed since the last designation; and

(3) A copy of the valid, unrestricted state or district license of the designated physician and designated psychologist.

(c) The SOMD shall submit, annually, to the Director, Office of Occupational Medicine and Medical Surveillance, through the operations office manager, a written report summarizing PAP medical activity during the previous year. The SOMD shall comply with any DOE directives specifying the form or contents of the annual report.

(d) The SOMD shall investigate any reports of problems regarding a designated physician or designated psychologist, and the SOMD may suspend either official from PAP-related duties. If the SOMD suspends either official, the SOMD shall notify the Director, Office of Occupational Medicine and Medical Surveillance and the operations office manager, and provide supporting documentation and reasons for the action.

**§ 711.33 Director, Office of Occupational Medicine and Medical Surveillance.**

The Director, Office of Occupational Medicine and Medical Surveillance, shall:

(a) Develop policies, standards, and guidance related to the medical aspects of the PAP, including the psychological testing inventory to be used;

(b) Review the qualifications of designated physicians and designated psychologists, and concur or nonconcur in their designations by sending a statement to the responsible program office and the operations office, with an informational copy to the SOMD;

(c) Provide technical assistance on medical aspects of the PAP to all DOE elements and DOE contractors; and

(d) Concur or nonconcur with the medical bases of decisions rendered on appeals of PAP certification decisions.

**§ 711.34 Operations office managers; Director, Transportation Safeguards Division.**

Operations office managers and the Director, Transportation Safeguards Division, shall approve, upon the nomination of the SOMD and concurrence of the Director, Office of Occupational Medicine and Medical Surveillance, physicians and psychologists to serve as designated physicians and designated psychologists.

**Medical Assessment Process and Standards**

**§ 711.40 Medical standards for certification.**

To be certified in the PAP, an individual shall be free of any mental, emotional, or physical condition or behavioral characteristics or conditions that present or are likely to present an unacceptable impairment in judgement, reliability, or fitness of an individual to perform nuclear explosive duties safely and reliably. The designated physician, with the assistance of the designated psychologist, shall determine the existence or nature of any of the following:

(a) Physical or medical disabilities such as visual acuity, defective color vision, impaired hearing, musculoskeletal deformities, and neuromuscular impairment;

(b) Mental disorders or behavioral problems, including substance use disorders, as defined in the Diagnostic and Statistical Manual of Mental Disorders;

(c) Use of illegal drugs or the abuse of legal drugs or other substances, as identified by self-reporting, or by medical or psychological evaluation or testing;

(d) Alcohol use disorder;

(e) Threat of suicide, homicide, or physical harm; or

(f) Cardiovascular disease, endocrine disease, cerebrovascular or other neurologic disease, or the use of drugs for the treatment of such conditions that may adversely affect the judgment or ability of an individual to perform assigned duties in a safe and reliable manner.

**§ 711.41 Medical assessment process.**

(a) The designated physician, under the supervision of the SOMD, shall be responsible for the medical assessment of PAP individuals. In carrying out this responsibility, the designated physician or the SOMD shall integrate the medical evaluations, available drug testing results, psychological evaluations, any psychiatric evaluations, and any other relevant information to determine an individual's overall medical qualification for assigned duties.

(b) Employers shall provide a job task analysis or detailed statement of duties for each PAP individual to both the designated physician and the designated psychologist before each medical assessment and psychological evaluation. PAP medical assessments and psychological evaluations shall not be performed if a job task analysis or detailed statement of duties has not been provided.

(c) The designated physician shall consider a PAP individual's fitness for nuclear explosive duties at the time of each medical contact, including:

(1) Medical assessments for initial certification, annual recertification, and evaluations for reinstatement following temporary removal from the PAP;

(2) Intermediate evaluations, including job transfer evaluations, evaluations upon self-referral, and referral by management;

(3) Routine medical contacts, including routine return-to-work evaluations and occupational and nonoccupational health counseling sessions; and

(4) A review of current, legal drug use.

(d) Psychological evaluations shall be conducted:

(1) For initial certification. This psychological evaluation consists of a generally accepted, self-reporting psychological inventory tool approved by the Director, Office of Occupational Medicine and Medical Surveillance, and a semi-structured interview.

(2) For recertification. This psychological evaluation consists of a semi-structured interview.

(3) Every third year. The medical assessment for recertification shall include a generally accepted self-reporting psychological inventory tool approved by the Director, Office of Occupational Medicine and Medical Surveillance.

(4) Additional psychological or psychiatric evaluations may be required by the SOMD when needed to resolve PAP concerns.

(e) Following absences requiring return-to-work evaluations under applicable DOE directives, the designated physician, with assistance from the designated psychologist, shall determine whether a psychological evaluation is necessary.

(f)(1) Except as provided in paragraph (f)(2) of this section, the designated physician shall forward the completed medical assessment of a PAP individual

to the SOMD, who shall send a recommendation based on the assessment simultaneously to the individual's PAP administrative organization and to the PAP certifying official.

(2) If the designated physician determines that a currently certified individual no longer meets the PAP standards, the designated physician shall immediately, orally, inform the PAP certifying official and the PAP individual's administrative organization, following up in writing as appropriate.

(g) Only the designated physician, subject to informing the SOMD, shall make a medical recommendation for return to work and work accommodations for PAP individuals.

(h) The following documentation is required for routine use in the PAP after treatment of an individual for any disqualifying condition:

(1) A summary of the diagnosis, treatment, current status, and prognosis to be furnished to the designated physician;

(2) The medical opinion of the designated physician advising the individual's supervisor on whether the individual is able to return to work in either a PAP or non-PAP capacity; and

(3) Any periodic monitoring plan approved by the designated physician, the designated psychologist, and the SOMD, that is used to evaluate the reliability of the employee.

**§ 711.42 Medical assessment for drug abuse.**

(a) Except as otherwise provided by this section, a medical assessment for illegal drug use by DOE employees shall be conducted under DOE Order 3792.3, "Drug-Free Federal Workplace Testing Implementation Program," or any successor order issued by DOE.

(b) Except as otherwise provided by this section, a medical assessment for illegal drug use by DOE contractor employees shall be conducted under 10 CFR part 707, "Workplace Substance Abuse Programs at DOE Sites."

(c) In each case of drug abuse, the SOMD, in consultation with the designated psychologist, shall evaluate the individual for evidence of psychological impairment and make a recommendation to the PAP certifying official as to the individual's reliability.

(d) If an individual successfully completes an SOMD-approved drug rehabilitation program, DOE may reinstate the individual in the PAP based on the SOMD's follow-up evaluation and recommendation. The individual reinstated will be subject to SOMD-directed unannounced tests for illegal drugs and relevant counseling for 3 years.

**§ 711.43 Evaluation for hallucinogen use.**

If DOE determines that a PAP individual has used any hallucinogen, the individual shall not be eligible for certification or recertification unless:

(a) Five years have passed since the last use of the hallucinogen;

(b) A medical evaluation, including a psychological test, is performed to determine that the individual is reliable; and

(c) The individual has a record of acceptable job performance and observed behavior.

**§ 711.44 Medical assessment for alcohol use disorder.**

(a) If alcohol abuse is suspected, an individual shall be examined for evidence of alcohol use disorder. If the examination produces evidence of alcohol use disorder, additional evaluation shall be conducted, which may include psychological evaluation.

(b) Alcohol consumption is prohibited within an 8-hour period preceding scheduled work and during the performance of nuclear explosive duties.

(c) Individuals in the PAP, including individuals who report for unscheduled work, may be tested for cause or reasonable suspicion of alcohol use or after an accident or an unsafe practice involving the individual.

(d) DOE shall implement or require the contractor to implement procedures that will ensure that persons called in to perform unscheduled work are fit to perform the tasks assigned.

(e) Tests for alcohol must be administered by a certified Breath Alcohol Technician using an evidential-grade breath analysis device approved for use at the 0.02/0.04 cut-off levels that conforms to the Department of Transportation's (DOT) National Highway Traffic Safety Administration (NHTSA) model specifications (58 FR 48705, September 17, 1993), and the most recent "Conforming Products List" issued by NHTSA which are available from the Office of Traffic Safety Programs, Washington, DC.

(f) An individual whose confirmatory breath alcohol test result is at or above an alcohol concentration of 0.02 percent shall not be allowed to perform nuclear explosive duties until the individual's alcohol concentration is below 0.02 percent using an evidential-grade breath analysis device described in section 711.44(e).

(g) Individuals subject to alcohol testing under DOT regulations shall be subject to the sanctions promulgated by the Federal Highway Administration rule. Appropriate disciplinary action will be taken under DOE's authority.

(h) Individuals refusing to submit to a breath alcohol test shall be immediately removed from nuclear explosive duties.

(i) The SOMD, in conjunction with the designated psychologist, shall evaluate each case of alcohol use disorder for evidence of psychological impairment and provide the PAP certifying official a recommendation as to the individual's reliability.

(j) After successfully completing an SOMD-approved alcohol treatment program, DOE may reinstate an individual in the PAP based on the SOMD's follow-up evaluation and recommendation.

**§ 711.45 Maintenance of medical records.**

(a) Medical records produced or used in the PAP certification process shall be collected and maintained on separate forms and in separate medical files, and be treated as a confidential medical record.

(b) The medical records of PAP individuals shall be maintained in accordance with the Privacy Act, 5 U.S.C. 552a and DOE implementing regulations in 10 CFR Part 1008; the Department of Labor's regulations on access to employee exposure and medical records, 29 CFR 1910.1020; and applicable DOE directives. DOE contractors also may be subject to § 503 of the Rehabilitation Act, 29 U.S.C. 793, and its implementing rules, including confidentiality provisions at 29 CFR 60–741.23(d).

(c) The psychological record of a PAP individual shall be considered a component of the medical record. The psychological record shall:

(1) Contain any clinical reports, test protocols and data, notes of employee contacts and correspondence, and other information pertaining to an individual's contact with a psychologist;

(2) Be stored in a secure location in the custody of the designated psychologist;

(3) Be kept separate from other medical record documents, with access limited to the SOMD, the designated physician, the designated psychologist, or other persons who are authorized by law or regulation to have access; and

(4) Be retained indefinitely.

(d) The records of alcohol and drug testing shall be maintained in accordance with 42 CFR part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," and 10 CFR

part 707, "Workplace Substance Abuse Programs at DOE Sites."

[FR Doc. 98–23885 Filed 9–4–98; 8:45 am]
BILLING CODE 6450–01–P

federal register

Tuesday
September 8, 1998

## Part V

# Environmental Protection Agency

40 CFR Parts 142 and 135

Public Water System Program; Removal of Obsolete Rule and Safe Drinking Water Public Water System Program; Citizen Collection Action; Notice of Complaint Seeking Review of Penalty Order; Rule and Proposed Rule

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 142

[FRL–6121–7]

## Public Water System Program; Removal of Obsolete Rule

**AGENCY:** Environmental Protection Agency.

**ACTION:** Final rule.

**SUMMARY:** The Environmental Protection Agency (EPA) is today amending its regulations to remove from the Code of Federal Regulations (CFR) rules pertaining to the issuance of proposed administrative compliance orders pursuant to Section 1414(g)(2) of the Safe Drinking Water Act, as amended in 1986 (1986 Act). Enactment of the Safe Drinking Water Act Amendments of 1996 (1996 Act) eliminated the statutory requirement in the 1986 Act that administrative compliance orders against violators of the Public Water Systems program be issued only after proposal and subsequent opportunity for public hearing.

**EFFECTIVE DATE:** This final rule takes effect on September 8, 1998. In accordance with 40 CFR 23.7, this regulation will be considered final Agency action for purposes of judicial review at 1:00 p.m. eastern time on September 8, 1998.

**FOR FURTHER INFORMATION CONTACT:** David Drelich (2243A), Water Enforcement Division, Office of Enforcement and Compliance Assurance, 401 M Street SW., Washington, DC 20460, (202) 564–2949.

**SUPPLEMENTARY INFORMATION:**

### I. Background

The 1986 Act amended Section 1414 of the Safe Drinking Water Act (SDWA) to provide for the issuance of administrative compliance orders against violators of the regulations implementing the public water supply system (PWSS) program:

(g) Administrative order requiring compliance; notice and hearing * * *

> (2) An order issued under this subsection shall not take effect *until after notice and opportunity for public hearing and,* in the case of a State having primary enforcement responsibility for public water systems in that State, until after the Administrator has provided the State with an opportunity to confer with the Administrator regarding the *proposed* order. A copy of any order *proposed to be* issued under this subsection shall be sent to the appropriate State agency of the State involved if the State has primary enforcement responsibility for public water systems in that State. Any order issued under this subsection shall state with reasonable specificity the nature of the violation. In any case in which an order under this subsection is issued to a corporation, a copy of such order shall be issued to appropriate corporate officers. [Emphasis supplied.]

Section 1414(g)(2) of 1986 Act; 42 U.S.C. 300g–3(g)(2) (1995). The emphasized language in the citation above was repealed by the 1996 Act. Safe Drinking Water Act, as amended 1996; Sec. 113(a)(3)(B), Pub. L. 104–182; 110 Stat. 1613 (42 U.S.C. 300g–3(g)(2)) (1996). The repeal has the effect of eliminating the requirement for the issuance of a proposed PWSS compliance order, as well as the notice and opportunity for a public hearing on the proposal.

The hearings described in the regulations being deleted today were promulgated as 40 CFR Part 142 Subpart J on January 30, 1991. See 56 FR 3755. The procedures being deleted today are information-gathering rather than adjudicatory in nature. This was noted in the proposed rulemaking for the regulations: "The procedures proposed for section 1414(g)(2) compliance orders provide an opportunity for informal, information-gathering, nonadjudicatory hearings prior to the issuance of the orders." 54 FR 29517 (July 12, 1989). Because PWS compliance orders do not result in the deprivation of any constitutionally protected interest, see generally *Mathews* v. *Eldridge,* 424 U.S. 319 (1976) and Preamble to 40 CFR Part 142, Subpart J (1991), the opportunity for hearings on the proposed orders was not constitutionally mandated.

EPA has issued numerous proposed administrative compliance orders in this program, and has received relatively few requests for public hearings. It is unaware of any such hearings now pending. If the deletion of Subpart J occurs during the pendency of such an information-gathering hearing, EPA has the discretion to go forward with the hearing, although it would no longer be mandated by law.

One provision of Subpart J being deleted today, 40 CFR 142.208, provides that any penalty sought by the Administrator pursuant to Section 1414(g)(3)(B) of the SDWA (relating to penalty complaints for violations of PWS administrative compliance orders) shall be assessed pursuant to the procedures set forth at 40 CFR part 22. This provision is consistent with the statutory instructions in an unamended sentence of Section 1414(g)(3)(B), which provided that such an administrative penalty was to be assessed "after notice and opportunity for a hearing on the record in accordance with section 554 of Title 5." 42 U.S.C. 300g–3(g)(3)(B). Part 22 establishes procedures consistent with the requirements set forth by the Administrative Procedure Act, 5 U.S.C. 551 *et seq.* (APA). Section 1414(g)(3)(B) of the SDWA, as amended by the 1996 Act, however, now states

> In a case in which a civil penalty sought by the Administrator under this paragraph [§ 1414(g)] does not exceed $5,000, the penalty shall be assessed by the Administrator after notice and opportunity for a public hearing (unless the person against whom the penalty is assessed requests a hearing on the record in accordance with section 554 of title 5, United States Code). In a case in which a civil penalty sought by the Administrator under this paragraph exceeds $5,000, but does not exceed $25,000, the penalty shall be assessed by the Administrator after notice and opportunity for a hearing on the record in accordance with section 554 of title 5, United States Code.

The Agency has proposed to amend 40 CFR part 22 to implement this new provision of law in permanent form. See 63 FR 9464 (February 25, 1998). Consequently, Section 142.208 is being deleted. In the interim period between the deletion of this section and a final promulgation of conforming amendments to 40 CFR part 22, EPA will continue to use the part 22 procedures as guidance when on the record hearings are required by the terms of Section 1414(g)(3)(B), and will provide interim guidance on what procedures EPA shall follow in instances of non-APA adjudicatory hearings.

### II. Good Cause Exemption from Notice-and-Comment Rulemaking Procedures

The Administrative Procedure Act general requires agencies to provide prior notice and opportunity for public comment before issuing a final rule. 5 U.S.C. 553(b). Rules are exempt from this requirement if the issuing agency finds for good cause that notice and comment are unnecessary. 5 U.S.C. 553(b)(3)(B).

EPA has determined that providing prior notice and opportunity for comment on the deletion of these rules from the CFR is unnecessary. The statutory requirement underlying the promulgation of these regulations has been repealed. As discussed above, EPA is unaware of any hearing pending under these rules, but during this interim period may nonetheless continue to provide the opportunity for such an information-gathering hearing even in the absence of this regulatory subpart.

For the same reasons, EPA believes there is good cause for deleting these rules from the CFR effective immediately. See 5 U.S.C. 553(d).

**III. Administrative Requirements**

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a "significant" regulatory action. It also does not impose any federal mandate on State, local or tribal governments or the private sector within the meaning of the Unfunded Mandates Act of 1995. Further, this action would not impose any requirements under the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.*, require prior consultation with State officials as specified by Executive Order 12875 (58 FR 58093, October 28, 1993), or involve special consideration of environmental justice related issues as required by Executive Order 12898 (59 FR 7629, February 16, 1994).

The Agency has determined that this rule is not subject to the Regulatory Flexibility Act ("RFA"), which generally requires any agency to conduct a regulatory flexibility analysis of any significant impact the rule will have on a substantial number of small entities. By its terms, the RFA applies only to rules subject to notice-and-comment rulemaking requirements under the Administrative Procedure Act ("APA") or any other statute. As explained above, this rule is not subject to notice and comment requirements under the APA or any other statute.

The Agency has nonetheless assessed the potential of this rule to adversely impact small entities. Because this rule change does not effect any change in the law applicable to small entities, but only concerns Agency practice and procedure, it has no adverse impact on small entities.

Pursuant to 5 U.S.C. 801(a)(1)(A), as added by the Small Business Regulatory Enforcement Fairness Act of 1996, EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives and the Comptroller General of the General Accounting Office; however, in accordance with 5 U.S.C. 808(2), this rule is effective on September 8, 1998. This rule is not a "major rule" as defined in 5 U.S.C. 804(2).

**List of Subjects in 40 CFR Part 142**

Environmental protection, Administrative practice and procedure.

Dated: August 24, 1998.

**Carol M. Browner,**

*Administrator.*

For the reasons set out in the preamble, title 40, chapter I of the Code of Federal Regulations is amended as follows:

## PART 142—[AMENDED]

1. The authority citation for part 142 continues to read as follows:

**Authority:** 42 U.S.C. 300g, 300g–1, 300g–2, 300g–3, 300g–4, 300g–5, 300g–6, 300j–4, and 300j–9.

2. Part 142 is amended by removing and reserving Subpart J (§§ 142.201 through 142.208).

[FR Doc. 98–23204 Filed 9–4–98; 8:45 am]

BILLING CODE 6560–50–P

**ENVIRONMENTAL PROTECTION AGENCY**

**40 CFR Part 135**

**[FRL–6121–6]**

**RIN 2020–AA35**

## Safe Drinking Water Public Water System Program; Citizen Collection Action; Notice of Complaint Seeking Review of Penalty Order

**AGENCY:** Environmental Protection Agency.

**ACTION:** Proposed rule.

**SUMMARY:** The Safe Drinking Water Act Amendments of 1996 ("1996 Amendments") amended Section 1449 of the Safe Drinking Water Act (SDWA) to authorize any person to bring suit to collect for the United States an outstanding penalty assessed by the Administrator that a federal agency has failed to pay for at least eighteen months. The Amendments also require as a precondition to the collection action that the citizen plaintiff shall give sixty days' notice of its complaint to the Attorney General and the federal agency, and that the Administrator shall prescribe the manner of such notice by regulation.

EPA is today proposing regulations governing the manner in which parties in citizen suits must provide such sixty day notice under this new provision.

The 1996 Amendments also amended Section 1447 of the SDWA to authorize any interested person to obtain review of an administrative penalty order issued under that section of the law by filing a complaint with either the United States District Court for the District of Columbia or the United States District Court for the district in which the violation is alleged to have occurred within the thirty day period beginning on the date the penalty order becomes final, and by requiring such a person to simultaneously send a copy of the complaint by certified mail to the Administrator and to the Attorney General.

EPA is also today proposing regulations governing the manner in which such a petitioner must provide copies of such a complaint.

**DATES:** Comments on the proposed rule must be received by October 23, 1998.

**ADDRESSES:** Send comments to: David Drelich (2243A), Water Enforcement Division, Office of Enforcement and Compliance Assurance, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, D.C. 20460. Persons may, upon reasonable notice, inspect all comments and the record of this rulemaking at Room 3124A, Ariel Rios Building, 12th and Pennsylvania Avenue, N.W. during normal Agency working hours.

**FOR FURTHER INFORMATION CONTACT:** David Drelich at (202) 564–2949, or at the address provided above.

**SUPPLEMENTARY INFORMATION:** Section 1449 of the Safe Drinking Water Act (SDWA or the Act) (42 U.S.C. 300j–8) authorizes any person on his own behalf to commence a civil action against any federal agency that fails to pay an administrative penalty by eighteen months after the effective date of such an administrative penalty order issued under the Act by the Administrator. No such action may be commenced under this citizen suit provision prior to 60 days after the citizen plaintiff has given notice to the Attorney General and the federal agency of the intent to file the collection action.

Specifically, Congress amended SDWA Section 1449(a), 42 U.S.C. 300j–8(a), by adding to it a paragraph (a)(3) that reads:

> "(3) for the collection of a penalty by the United States Government (and associated costs and interest) against any Federal agency that fails, by the date that is 18 months after the effective date of a final order to pay a penalty assessed by the Administrator under section 300j–8 of this title [sic],[1] to pay the penalty."

Congress also amended Section 1449(b) of the Act, 42 U.S.C. 300j–8(b), by striking the period at the end of paragraph (2) and inserting "; or" and by adding the following new paragraph (3):

> "under subsection (a)(3) prior to 60 days after the plaintiff has given notice of such action to the Attorney General and to the Federal agency."

Section 1449(b) provides that notice must be given in the manner prescribed by the Administrator. As a result, EPA is today proposing to amend 40 CFR part 135 to spell out how notice is to be given for such citizen collection actions, as well as for other citizen suits authorized under the SDWA. See amended Section 1449(b). Pursuant to this statutory duty, even though the citizen suit notice requirement of Section 1449(b)(3) is self implementing, the Environmental Protection Agency (EPA or the Agency) is proposing to amend 40 CFR part 135 in order to clarify the statutory requirement and to ensure that the amendment will be implemented consistently. Procedures for those other types of citizen suits are set forth at 40 CFR part 135, subpart B, and were first published at 54 FR 20771 (May 12, 1989). One purpose of this proposed rulemaking is to propose notice procedures that will be consistent with 40 CFR part 135, subpart B.

Today's proposed rule is straightforward. Citizen plaintiffs are required to send copies of sixty day notices to the Attorney General of the United States and to the officer of the federal agency who is already in receipt of the unpaid administrative penalty order.

Penalties and interest paid as a result of a citizen suit collection action accrue to the United States Treasury pursuant to the Miscellaneous Receipts Act, 31 U.S.C. 3302. Payment of a penalty elsewhere would violate the Anti-Deficiency Act, 31 U.S.C. 1512. This limitation does not affect payment of associated costs (such as court costs and attorneys' fees).

Section 1447 of the Act authorizes any interested person to obtain review of an administrative penalty order issued under that section of the law by filing a complaint with either the United States District Court for the District of Columbia or the United States District Court for the district in which the violation is alleged to have occurred within the thirty day period beginning on the date the penalty order becomes final, and by requiring such a person to simultaneously send a copy of the complaint by certified mail to the Administrator and to the Attorney General.

The Conference Report, Section 129(a), amended SDWA Section 1447 in relevant part as follows:

Section 1447 (42 U.S.C. 300j–6) is amended by striking subsection * * * (b) and inserting the following:

* * * * *

> "(4) PUBLIC REVIEW. —
>
> "(A) IN GENERAL. —Any interested person may obtain review of an administrative penalty order issued under this subsection. The review may be obtained in the United States District Court for the District of Columbia or in the United States District Court for the district in which the violation is alleged to have occurred by the filing of a complaint with the court within

---

[1] Since "section 300j–8 of this titla" is self-referential and has no collateral ralevance to administrative enforcement against Fadaral agencias, EPA understands this refaranca to be a typographical arror, intendad instead to refer to section 300j–6 of title 42 (Section 1447 of tha Act), which includes tha pertinent provision relating to the Agency's imposition of an administrative civil penalty against a Federal agency. 3 C. Sands, Sutherlands Statutes and Statutory Construction § 60.01–.05 (4th ed. 1973)(all words of a law are to be read to hava an effect). A predecassor cross-reference in tha earlier Committee Print of tha Conferenca Report of tha 1996 SDWA Amandments was unhelpful; it referred to a differant, unrelated provision that EPA also understands to have been a typographical error. That refarence was to Section 1429(b) of tha Act, which relates to the Stata Groundwater Protection Grants program.

the 30-day period beginning on the date the penalty order becomes final. The person filing the complaint shall simultaneously send a copy of the complaint by certified mail to the Administrator and the Attorney General."

Consequently, and even though this provision of law is self implementing, the Agency is also proposing to amend 40 CFR Part 135 in order to clarify the statutory requirement and to ensure that the amendment will be implemented consistently. One purpose of this rulemaking is to propose complaint service procedures that are consistent both with Section 1447 of the SDWA and the procedures set forth in subpart A of part 135 (concerning complaint service under the Clean Water Act). Today's proposal is simply stated: Petitioners for judicial review of a Section 1447 administrative penalty order are to send copies of the complaint to the appropriate federal officials by certified mail on the same day that they are sent to, or filed with, the appropriate district court.

**Paperwork Reduction Act**

EPA has not prepared an information collection request under the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*) for the reporting requirements contained in this rule. EPA has received very few notices of citizens suits under the SDWA annually. The public reporting burden for individuals complying with this rule is estimated to average one hour or less. If the number of notices under SDWA section 1449(b)(3) or complaints under SDWA section 1447(b) received by the United States substantially increases in succeeding years, EPA will prepare and solicit comment on an information collection request for today's rule, in accordance with 5 CFR 1320.14. In the meantime, any comments on the estimate of burden or any other aspect of the information collection requirements contained in this rule, including suggestions to reduce the burden, should be sent to: Chief, Information Policy Branch (PM–223), U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C. 20460 or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

**Regulatory Impact Analysis**

The Administrator has determined that this is a minor regulation under the terms of E.O. 12291 and does not require a regulatory impact analysis.

**Other Administrative Requirements**

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this proposed action is not a "significant regulatory action" and is therefore not subject to review by the Office of Management and Budget. In addition, the proposal would not impose any enforceable duty or contain any unfunded mandate as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), or require prior consultation with State officials as specified by Executive Order 12875 (58 FR 58093, October 28, 1993), or involve special consideration of environmental justice related issues as required by Executive Order 12898 (59 FR 7629, February 16, 1994). Further, today's proposal would not raise any environmental safety or health issue for children as described in Executive Order 13045 (Children's Health Protection).

Under the Regulatory Flexibility Act (RFA), 5 U.S.C. 601 *et seq.*, as amended by SBREFA, whenever EPA is required by section 553 of the Administrative Procedure Act or any other law to public a general notice of rulemaking for any proposed rule, EPA generally must prepare an initial regulatory flexibility analysis describing the impact of the rule on small entities. Under section 605(b) of the RFA, however, if EPA certifies that the proposed rule will not have a significant economic impact on a substantial number of small entities, EPA is not required to prepare the analysis.

The changes to citizen suit procedures proposed today affect only federal facilities, and therefore will have no impact on small entities if EPA adopts them. Consequently, pursuant to section 605(b) of the RFA, the Administrator certifies that this proposed rule, if promulgated, will not have a significant impact on a substantial number of small entities.

This proposed regulation has been reviewed by the Office of Management and Budget.

**List of Subjects in 40 CFR Part 135**

Environmental protection, Administrative practice and procedure, water pollution control.

Dated: August 24, 1998.

**Carol M. Browner,**

*Administrator.*

It is proposed that part 135 of title 40, chapter I of the Code of Federal Regulations be amended as follows:

## PART 135—[AMENDED]

1. The authority citation for part 135 is revised to read as follows:

**Authority:** Subpart A issued under sec. 504, Pub. L. 100–4; 101 Stat. 7 (33 U.S.C. 1365). Subpart B issued under sec. 129, Pub. L. 104–182; 110 Stat. 1613 (42 U.S.C. 300j-8).

2. Section 135.10 is amended, by designating the existing text as paragraph (a); by adding paragraphs (b) and (c); and, by revising in newly designated paragraph (a) the phrase "The purpose of this subpart" to read "One purpose of this subpart", to read as follows:

**§ 135.10 Purpose.**

* * * * *

(b) Section 1449 of the Act authorizes any person, upon no less than sixty days notice, to commence a civil action for the collection of a penalty by the United States Government (and associated costs and interest) against any federal agency that fails, by a date that is 18 months after the effective date of a final order to pay a penalty assessed by the Administrator under the Act, to pay the penalty. No citizen suit may be commenced under this provision prior to both 18 months after the effective date of a final order to a federal agency to pay a penalty assessed by the Administrator under the Act and sixty days' written notice of such action to both the Attorney General and the federal agency owing the assessed penalty. One purpose of this subpart is to prescribe procedures for giving such notice.

(c) Section 1447 of the Act authorizes any interested person to obtain judicial review of an administrative penalty order issued under that section in the United States District Court for the District of Columbia or in the United States District Court for the district in which the violation is alleged to have occurred by filing a complaint with the court within the thirty day period beginning on the date the penalty order becomes final, and requires such person to simultaneously send a copy of the complaint by certified mail to the Administrator and the Attorney General. One purpose of this subpart is to prescribe procedures for the service of copies of such a complaint upon the Administrator and the Attorney General.

3. Section 135.11 is amended by redesignating paragraph (c) as paragraph (d) and adding a new paragraph (c) to read as follows:

**§ 135.11 Service of notice.**

* * * * *

(c) Service of notice of intent to file suit pursuant to section 1449(a)(3) of the Act shall be accomplished by certified mail, return receipt requested, addressed to, or by personal service upon, all federal agency officials named by the Administrator as responsible in their official capacity for the payment of

the uncollected penalty order, if any, and the chief executive officer of such agency, and by sending a copy of the notice by certified mail to the Attorney General of the United States.

* * * * *

4. Section 135.12 is amended by redesignating paragraph (c) as paragraph (d) and adding a new paragraph (c) to read as follows:

**§ 135.12 Contents of notice.**

* * * * *

(c) *Collection action*. Notice regarding an alleged failure of a federal agency to have paid an administrative penalty, by a date that is 18 months after the effective date of a final order by the Administrator assessing such a penalty under the Act, shall include a copy of the final EPA order assessing the penalty, shall state the date that is 18 months following the effective date of such order, and shall state the full name, address and telephone number of the person giving notice.

* * * * *

5. Section 135.13 is amended by revising the phrase "section 1449(a)(1) or (a)(2)" to read "section 1449(a) of the Act" and by adding the following sentence after the first sentence:

Notice may be given under section 1449(b) at any time after the effective date of a final order by EPA assessing a penalty against a federal agency, if the penalty has not been paid. * * *

**§ 135.13 Timing of notice.**

* * * * *

6. A new § 135.14 is added to read as follows:

**§ 135.14 Service of Complaint Seeking Review of Penalty Order**

(a) An interested person filing a complaint seeking review of an administrative penalty order issued pursuant to section 1447(b)(4) of the Act shall by certified mail send a copy of such complaint to the Administrator of the Environmental Protection Agency, the Regional Administrator of the EPA Region in which the violations are alleged to have occurred, and the Attorney General of the United States.

(b) Such petitioner shall by certified mail send a copy of the complaint on the same date on which the plaintiff files the complaint with the court.

(c) In addition to complying with the service requirements of this subsection, such petitioner shall serve the complaint on the appropriate officials of the United States in accordance with relevant Federal law and court rules affecting service on defendants.

[FR Doc. 98–23205 Filed 9–4–98; 8:45 am]
BILLING CODE 6560–50–P

# Reader Aids

Federal Register

Vol. 63, No. 173

Tuesday, September 8, 1998

## CUSTOMER SERVICE AND INFORMATION

**Federal Register/Code of Federal Regulations**

General Information, indexes and other finding aids ... 202–523–5227

**Laws** ... 523–5227

**Presidential Documents**

Executive orders and proclamations ... 523–5227

**The United States Government Manual** ... 523–5227

**Other Services**

Electronic and on-line services (voice) ... 523–4534

Privacy Act Compilation ... 523–3187

Public Laws Update Service (numbers, dates, etc.) ... 523–6641

TTY for the deaf-and-hard-of-hearing ... 523–5229

## ELECTRONIC RESEARCH

**World Wide Web**

Full text of the daily Federal Register, CFR and other publications:

**http://www.access.gpo.gov/nara**

Federal Register information and research tools, including Public Inspection List, indexes, and links to GPO Access:

**http://www.nara.gov/fedreg**

**E-mail**

**PENS** (Public Law Electronic Notification Service) is an E-mail service that delivers information about recently enacted Public Laws. To subscribe, send E-mail to

**listproc@lucky.fed.gov**

with the text message:

subscribe publaws-l <firstname> <lastname>

Use listproc@lucky.fed.gov only to subscribe or unsubscribe to PENS. We cannot respond to specific inquiries at that address.

**Reference questions.** Send questions and comments about the Federal Register system to:

**info@fedreg.nara.gov**

The Federal Register staff cannot interpret specific documents or regulations.

## FEDERAL REGISTER PAGES AND DATES, SEPTEMBER

46385–46628 ... 1
46629–46860 ... 2
46861–47126 ... 3
47127–47418 ... 4
47419–48080 ... 8

## CFR PARTS AFFECTED DURING SEPTEMBER

At the end of each month, the Office of the Federal Register publishes separately a List of CFR Sections Affected (LSA), which lists parts and sections affected by documents published since the revision date of each title.

**7 CFR**

301 ... 47127
905 ... 46629
920 ... 46861
924 ... 46631
927 ... 46633
953 ... 46635
1106 ... 46866
1160 ... 46637
1306 ... 46385

**Proposed Rules:**

319 ... 46403
400 ... 46703
457 ... 46706
905 ... 46708
1220 ... 47200

**8 CFR**

**Proposed Rules:**

3 ... 47205
104 ... 46511
236 ... 47205
240 ... 47205
241 ... 47205

**9 CFR**

1 ... 47128
3 ... 47128
51 ... 47419

**10 CFR**

430 ... 48038
711 ... 48060

**Proposed Rules:**

60 ... 47440

**12 CFR**

3 ... 46518
208 ... 46518
225 ... 46518
325 ... 46518
567 ... 46518

**13 CFR**

121 ... 46640
123 ... 46643, 46644
125 ... 46640

**14 CFR**

39 ... 46645, 46647, 46868, 46870, 46872, 46873, 46875, 46876, 46878, 47091, 47423
71 ... 46511, 46880, 47091, 47151, 47152, 47153, 47155
73 ... 46648
95 ... 46650

**Proposed Rules:**

21 ... 46834
27 ... 46834
29 ... 46834
39 ... 46711, 46712, 46714, 46924, 46925, 46927, 46932, 46934, 47440, 47443, 47445, 47447
71 ... 46936
91 ... 46834

**15 CFR**

14 ... 47155

**17 CFR**

240 ... 46881

**Proposed Rules:**

201 ... 46716
240 ... 47209

**18 CFR**

**Proposed Rules:**

1301 ... 47448

**21 CFR**

179 ... 46388
358 ... 46389
520 ... 46652
522 ... 46652
558 ... 46389

**Proposed Rules:**

3 ... 46718
5 ... 46718
10 ... 46718
20 ... 46718
207 ... 46718
310 ... 46718
312 ... 46718
316 ... 46718
600 ... 46718
601 ... 46718
607 ... 46718
610 ... 46718
640 ... 46718
660 ... 46718

**23 CFR**

1225 ... 46881
1340 ... 46389

**24 CFR**

5 ... 46566, 46582
200 ... 46582
207 ... 46566
236 ... 46582
266 ... 46566, 46582
880 ... 46566, 46582
881 ... 46566
882 ... 46566
883 ... 46566
884 ... 46566
886 ... 46566, 46582
891 ... 46566
901 ... 46596
902 ... 46596
965 ... 46566
982 ... 46582
983 ... 46566

**26 CFR**

1....................47172

**Proposed Rules**

1 ....................46937, 47214, 47455

**29 CFR**

406....................46887
408....................46887

**30 CFR**

21....................47118
24....................47118
75....................47118
917....................47091

**Proposed Rules:**

26....................47120
29....................47120
57....................47120
70....................47123
71....................47123
75....................47120
90....................47123
707....................46951
874....................46951

**33 CFR**

100....................47425
117 ....................47174, 47426, 47427
165 ....................46652, 46888, 46889, 46890, 46891, 47428

**Proposed Rules:**

165....................47455

**36 CFR**

242....................46394

**37 CFR**

1....................47891

**Proposed Rules:**

201....................47215

**39 CFR**

241....................46654

**Proposed Rules:**

111....................46719
501....................4628
502....................46719, 46728
3001....................46732, 47456

**40 CFR**

52 ....................46658, 46659, 46662, 46664, 46892, 46894, 47174, 47179, 47429, 47431, 47434
62....................47436
63....................46526
141....................47098
142....................48076
143....................47098
745....................46668

**Proposed Rules:**

51....................46952
52 ....................46732, 46733, 46942, 47217, 47217, 47458, 47459
62....................47459
135....................48078
141....................47115
143....................47115
745....................46734

**41 CFR**

301....................47438

**42 CFR**

1000....................46676
1001....................46676
1002....................46676
1005....................46676

**Proposed Rules:**

5....................46538
51c....................46538
409....................47552
410....................47552
411....................47552
412....................47552
413....................47552
419....................47552
489....................47552
498....................47552
1003....................47552
1001....................46736
1002....................46736
1003....................46736

**45 CFR**

**Proposed Rules:**

1207....................46954
1208....................46963
1209....................46972
2551....................46954
2552....................46963
2553....................46972

**46 CFR**

**Proposed Rules:**

249....................47217

**47 CFR**

Ch. I....................47460
1....................47438

**Proposed Rules:**

73....................46978, 46979

**48 CFR**

246....................47439
1504....................46898
1542....................46898
1552....................46898

**Proposed Rules:**

232....................47460
252....................47460

**49 CFR**

195....................46692
571....................46899
1002....................46394
1182....................46394
1187....................36394
1188....................46394

**Proposed Rules:**

171....................46844
172....................46844
173....................46844
178....................46844
572....................46979, 49981

**50 CFR**

17....................46900
20....................36399
32....................46910
100....................46394
226....................46693
660....................46701
679....................47461

**Proposed Rules:**

622....................47461
648....................47218
679....................46993, 47218

## REMINDERS

The items in this list were editorially compiled as an aid to Federal Register users. Inclusion or exclusion from this list has no legal significance.

## RULES GOING INTO EFFECT SEPTEMBER 8, 1998

**AGRICULTURE DEPARTMENT**
**Animal and Plant Health Inspection Service**
Livestock and poultry disease control:
Brucellosis; increased indemnity for cattle and bison; published 9-8-98

**ENVIRONMENTAL PROTECTION AGENCY**
Air programs; approval and promulgation; State plans for designated facilities and pollutants:
Montana; published 7-8-98
Air quality implementation plans; approval and promulgation; various States:
Distric of Columbia et al.; published 7-8-98
District of Columbia; published 7-7-98
Missouri; published 7-8-98
Ohio; published 7-10-98
Drinking water:
Safe Drinking Water Act—
Public water system program; administrative compliance orders procedures removed; published 9-8-98

**FEDERAL COMMUNICATIONS COMMISSION**
Common carrier services:
Telecommunications Act of 1996; implementation—
Guam-Telephone Authority and other similarly situated local exchange carriers; treatment as incumbent LECs; published 8-7-98
Communications equipment:
Radio frequency devices—
Radio frequencies above 40 GHz for new radio applications; published 8-7-98
Practice and procedure:
Regulatory fees (1998 FY); assessment and collection
Correction; published 9-8-98

**GENERAL SERVICES ADMINISTRATION**
Federal travel:
Privately owned vehicle mileage reimbursement; published 9-8-98

**HEALTH AND HUMAN SERVICES DEPARTMENT**
**Food and Drug Administration**
Food for human consumption:
Food labeling—
Fruit and vegetable juice products; warning and notice statements; published 7-8-98

**INTERIOR DEPARTMENT**
**National Indian Gaming Commission**
Indian Gaming Regulatory Act:
Class II gaming operations; tribal self-regulation; certification process; published 8-6-98

**POSTAL SERVICE**
Domestic Mail Manual:
Mixed BMC/ADC pallets of packages and flats; elimination of mailer options; published 7-10-98

**TRANSPORTATION DEPARTMENT**
**Coast Guard**
Drawbridge operations:
Texas; published 9-8-98

**TRANSPORTATION DEPARTMENT**
**Federal Aviation Administration**
Airworthiness directives:
Airbus; published 8-4-98

## COMMENTS DUE NEXT WEEK

**AGRICULTURE DEPARTMENT**
**Agricultural Marketing Service**
Pears (Bartlett) grown in—
Oregon and Washington; comments due by 9-14-98; published 7-16-98
Perishable Agricultural Commodities Act; implementation:
Retailers, grocery wholesalers, and other licensees; license renewal periods; comments due by 9-14-98; published 7-31-98
Potatoes (Irish) grown in—
Colorado; comments due by 9-14-98; published 7-16-98

**AGRICULTURE DEPARTMENT**
**Animal and Plant Health Inspection Service**
Plant-related quarantine, domestic:
Gypsy moth; comments due by 9-14-98; published 7-16-98

**AGRICULTURE DEPARTMENT**
**Rural Telephone Bank**
Loan policies:
Telecommunications loan program; loan contract and mortgage documentation reform initiative; comments due by 9-17-98; published 8-18-98

**AGRICULTURE DEPARTMENT**
**Rural Utilities Service**
Telecommunications system construction policies and procedures:
Telecommunications borrowers preloan and postloan requirements; reduction of RUS oversight with respect to preparation of plans and specifications, etc.; comments due by 9-15-98; published 7-17-98
Telephone loans:
Post-loan policies and procedures; loan contract and mortgage documentation reform initiative; comments due by 9-17-98; published 8-18-98

**COMMERCE DEPARTMENT**
**National Oceanic and Atmospheric Administration**
Fishery conservation and management:
Caribbean, Gulf, and South Atlantic fisheries—
South Atlantic snapper-grouper; comments due by 9-14-98; published 8-14-98
Magnuson-Stevens Act provisions—
Domestic fisheries; exempted fishing permits to conduct experimental fishing; applications; comments due by 9-15-98; published 8-28-98
Northeastern United States fisheries—
Mid-Atlantic Fishery Management Council; hearings; comments due by 9-15-98; published 8-13-98
West Coast States and Western Pacific fisheries—
Northern anchovy; comments due by 9-14-98; published 8-19-98
Pacific Coast groundfish; comments due by 9-14-98; published 8-28-98

**COMMODITY FUTURES TRADING COMMISSION**
Commodity pool operators and commodity trading advisors:
Performance data and disclosure; comments due by 9-16-98; published 6-18-98
Contract markets:
Contract market designation applications—
Economic and public interest requirements; guideline reorganization; comments due by 9-15-98; published 7-17-98
Rulemaking petitions:
Federal speculative position limits; increase; comments due by 9-15-98; published 7-17-98

**ENVIRONMENTAL PROTECTION AGENCY**
Air quality implementation plans; approval and promulgation; various States:
Alaska; comments due by 9-17-98; published 8-18-98
California; comments due by 9-16-98; published 8-17-98
Utah; comments due by 9-14-98; published 8-14-98
Air quality planning purposes; designation of areas:
Kentucky; comments due by 9-17-98; published 8-18-98
Clean Air Act:
Acid rain program—
Permits and sulfur dioxide allowance system; revisions; comments due by 9-17-98; published 8-24-98
Drinking water:
National primary drinking water regulations—
Lead and copper; comments due by 9-17-98; published 8-18-98
Hazardous waste program authorizations:
Delaware; comments due by 9-17-98; published 8-18-98
Superfund program:
National oil and hazardous substances contingency plan—
National priorities list update; comments due by 9-16-98; published 8-17-98
National priorities list update; comments due by 9-16-98; published 8-17-98

National priorities list update; comments due by 9-17-98; published 8-18-98

**FEDERAL COMMUNICATIONS COMMISSION**

Common carrier services:

International settlements policy and associated filing requirements; biennial regulatory review; comments due by 9-16-98; published 8-18-98

Radio services, special:

Private land mobile services—

Dedicated short range communications of intelligent transportation services; 75 MHz band allocation; comments due by 9-14-98; published 6-30-98

Radio stations; table of assignments:

Texas; comments due by 9-14-98; published 7-31-98

Wyoming et al.; comments due by 9-14-98; published 7-31-98

Television broadcasting:

Digital broadcast television signals; carriage of transmissions by cable operators; comments due by 9-17-98; published 8-7-98

**HEALTH AND HUMAN SERVICES DEPARTMENT**

**Food and Drug Administration**

Human drugs:

Laxative products (OTC); tentative final monograph; comments due by 9-17-98; published 6-19-98

**INTERIOR DEPARTMENT**

**Fish and Wildlife Service**

Endangered and threatened species:

Cactus ferruginous pygmy-owl; comments due by 9-14-98; published 8-13-98

Importation, exportation, and transportation of wildlife:

Domesticated species, captive-bred and captive-born species, and user fee structure; intent to review; comments due by 9-14-98; published 7-15-98

Migratory bird permits:

Falconry standards—

Vermont and West Virginia; comments due by 9-17-98; published 8-18-98

**INTERIOR DEPARTMENT**

**Surface Mining Reclamation and Enforcement Office**

Abandoned mine land reclamation:

Projects financing; comments due by 9-18-98; published 9-3-98

**JUSTICE DEPARTMENT**

Criminal intelligence sharing systems; policy clarification; comments due by 9-18-98; published 7-20-98

National Instant Criminal Background Check System:

User fee regulation; comments due by 9-16-98; published 8-17-98

**LABOR DEPARTMENT**

**Mine Safety and Health Administration**

Coal mine safety and health:

Underground coal mines—

Ventilation; safety standards; comments due by 9-14-98; published 7-14-98

**NORTHEAST DAIRY COMPACT COMMISSION**

Over-order price regulations:

Compact over-order price regulations—

Diverted or transferred milk and reserve fund for reimbursement to school food authorities; comments due by 9-16-98; published 8-17-98

Rulemaking procedures and producer referendum; comments due by 9-14-98; published 7-14-98

**POSTAL SERVICE**

Domestic Mail Manual:

Automated flats; new specifications; comments due by 9-16-98; published 8-26-98

**SMALL BUSINESS ADMINISTRATION**

Business loans:

504 program financing and clarification of existing regulations; comments due by 9-14-98; published 8-13-98

**TRANSPORTATION DEPARTMENT**

**Coast Guard**

Ports and waterways safety:

Atlantic Intracoastal Waterway, Marine Corps Base Camp Lejeune, NC; comments due by 9-14-98; published 6-16-98

**TRANSPORTATION DEPARTMENT**

Economic regulations:

Aviation data requirements review and modernization program; comments due by 9-14-98; published 7-15-98

**TRANSPORTATION DEPARTMENT**

**Federal Aviation Administration**

Airworthiness directives:

Aerospatiale; comments due by 9-14-98; published 8-13-98

Air Tractor, Inc.; comments due by 9-18-98; published 7-21-98

Airbus; comments due by 9-14-98; published 8-13-98

Boeing; comments due by 9-18-98; published 8-4-98

British Aerospace; comments due by 9-14-98; published 8-13-98

Dornier; comments due by 9-14-98; published 8-13-98

Fokker; comments due by 9-14-98; published 8-13-98

General Electric Co.; comments due by 9-14-98; published 7-14-98

McDonnell Douglas; comments due by 9-14-98; published 7-30-98

Pratt & Whitney; comments due by 9-14-98; published 7-14-98

Raytheon; comments due by 9-18-98; published 7-8-98

Rolladen Schneider Flugzeugbau GmbH; comments due by 9-17-98; published 8-14-98

Rolls-Royce Ltd.; comments due by 9-14-98; published 7-14-98

Short Brothers; comments due by 9-14-98; published 8-13-98

Class C and Class D airspace; comments due by 9-17-98; published 7-30-98

Class E airspace; comments due by 9-15-98; published 7-23-98

Jet routes; comments due by 9-18-98; published 8-4-98

**TRANSPORTATION DEPARTMENT**

**Federal Highway Administration**

Motor carrier safety standards:

Commercial motor vehicles—

Out-of-service criteria; comments due by 9-18-98; published 7-20-98

Parts and accessories necessary for sale operation—

Lighting devices, reflectors, and electrical equipment; comments due by 9-18-98; published 6-19-98

Safety fitness procedures—

Rating methodology; comments due by 9-18-98; published 7-20-98

**TREASURY DEPARTMENT**

**Internal Revenue Service**

Employment taxes and collection of income taxes at source:

Federal employment tax deposits; de minimis rule; cross reference; comments due by 9-14-98; published 6-16-98

Income taxes:

Foreign liquidations and reorganizations; comments due by 9-17-98; published 6-19-98

**TREASURY DEPARTMENT**

Currency and foreign transactions; financial reporting and recordkeeping requirements:

Bank Secrecy Act; implementation—

Casinos and card clubs; suspicious transactions reporting requirements; comments due by 9-15-98; published 5-18-98

**TREASURY DEPARTMENT**

**Thrift Supervision Office**

Savings associations:

Electronic operations; Federal regulatory review; comments due by 9-14-98; published 8-13-98

**VETERANS AFFAIRS DEPARTMENT**

Medical benefits:

Non VA physicians; allowance for drug prescriptions to be filled by non-VA pharmacies in state homes under VA contracts; comments due by 9-14-98; published 7-14-98

## CFR CHECKLIST

This checklist, prepared by the Office of the Federal Register, is published weekly. It is arranged in the order of CFR titles, stock numbers, prices, and revision dates.

An asterisk (*) precedes each entry that has been issued since last week and which is now available for sale at the Government Printing Office.

A checklist of current CFR volumes comprising a complete CFR set, also appears in the latest issue of the LSA (List of CFR Sections Affected), which is revised monthly.

The CFR is available free on-line through the Government Printing Office's GPO Access Service at http://www.access.gpo.gov/nara/cfr/index.html. For information about GPO Access call the GPO User Support Team at 1-888-293-6498 (toll free) or 202-512-1530.

The annual rate for subscription to all revised paper volumes is $951.00 domestic, $237.75 additional for foreign mailing.

Mail orders to the Superintendent of Documents, Attn: New Orders, P.O. Box 371954, Pittsburgh, PA 15250–7954. All orders must be accompanied by remittance (check, money order, GPO Deposit Account, VISA, Master Card, or Discover). Charge orders may be telephoned to the GPO Order Desk, Monday through Friday, at **(202) 512–1800** from 8:00 a.m. to 4:00 p.m. eastern time, or FAX your charge orders to **(202) 512-2250.**

| Title | Stock Number | Price | Revision Date |
|---|---|---|---|
| 1, 2 (2 Reserved) | (869–034–00001–1) | 5.00 | [5] Jan. 1, 1998 |
| 3 (1997 Compilation and Parts 100 and 101) | (869–034–00002–9) | 19.00 | [1] Jan. 1, 1998 |
| 4 | (869–034–00003–7) | 7.00 | [5] Jan. 1, 1998 |
| **5 Parts:** | | | |
| 1–699 | (869–034–00004–5) | 35.00 | Jan. 1, 1998 |
| 700–1199 | (869–034–00005–3) | 26.00 | Jan. 1, 1998 |
| 1200–End, 6 (6 Reserved) | (869–034–00006–1) | 39.00 | Jan. 1, 1998 |
| **7 Parts:** | | | |
| 1–26 | (869–034–00007–0) | 24.00 | Jan. 1, 1998 |
| 27–52 | (869–034–00008–8) | 30.00 | Jan. 1, 1998 |
| 53–209 | (869–034–00009–6) | 20.00 | Jan. 1, 1998 |
| 210–299 | (869–034–00010–0) | 44.00 | Jan. 1, 1998 |
| 300–399 | (869–034–00011–8) | 24.00 | Jan. 1, 1998 |
| 400–699 | (869–034–00012–6) | 33.00 | Jan. 1, 1998 |
| 700–899 | (869–034–00013–4) | 30.00 | Jan. 1, 1998 |
| 900–999 | (869–034–00014–2) | 39.00 | Jan. 1, 1998 |
| 1000–1199 | (869–034–00015–1) | 44.00 | Jan. 1, 1998 |
| 1200–1599 | (869–034–00016–9) | 34.00 | Jan. 1, 1998 |
| 1600–1899 | (869–034–00017–7) | 58.00 | Jan. 1, 1998 |
| 1900–1939 | (869–034–00018–5) | 18.00 | Jan. 1, 1998 |
| 1940–1949 | (869–034–00019–3) | 33.00 | Jan. 1, 1998 |
| 1950–1999 | (869–034–00020–7) | 40.00 | Jan. 1, 1998 |
| 2000–End | (869–034–00021–5) | 24.00 | Jan. 1, 1998 |
| 8 | (869–034–00022–3) | 33.00 | Jan. 1, 1998 |
| **9 Parts:** | | | |
| 1–199 | (869–034–00023–1) | 40.00 | Jan. 1, 1998 |
| 200–End | (869–034–00024–0) | 33.00 | Jan. 1, 1998 |
| **10 Parts:** | | | |
| 0–50 | (869–034–00025–8) | 39.00 | Jan. 1, 1998 |
| 51–199 | (869–034–00026–6) | 32.00 | Jan. 1, 1998 |
| 200–499 | (869–034–00027–4) | 31.00 | Jan. 1, 1998 |
| 500–End | (869–034–00028–2) | 43.00 | Jan. 1, 1998 |
| 11 | (869–034–00029–1) | 19.00 | Jan. 1, 1998 |
| **12 Parts:** | | | |
| 1–199 | (869–034–00030–4) | 17.00 | Jan. 1, 1998 |
| 200–219 | (869–034–00031–2) | 21.00 | Jan. 1, 1998 |
| 220–299 | (869–034–00032–1) | 39.00 | Jan. 1, 1998 |
| 300–499 | (869–034–00033–9) | 23.00 | Jan. 1, 1998 |
| 500–599 | (869–034–00034–7) | 24.00 | Jan. 1, 1998 |
| 600–End | (869–034–00035–5) | 44.00 | Jan. 1, 1998 |
| 13 | (869–034–00036–3) | 23.00 | Jan. 1, 1998 |
| **14 Parts:** | | | |
| 1–59 | (869–034–00037–1) | 47.00 | Jan. 1, 1998 |
| 60–139 | (869–034–00038–0) | 40.00 | Jan. 1, 1998 |
| 140–199 | (869–034–00039–8) | 16.00 | Jan. 1, 1998 |
| 200–1199 | (869–034–00040–1) | 29.00 | Jan. 1, 1998 |
| 1200–End | (869–034–00041–0) | 23.00 | Jan. 1, 1998 |
| **15 Parts:** | | | |
| 0–299 | (869–034–00042–8) | 22.00 | Jan. 1, 1998 |
| 300–799 | (869–034–00043–6) | 33.00 | Jan. 1, 1998 |
| 800–End | (869–034–00044–4) | 23.00 | Jan. 1, 1998 |
| **16 Parts:** | | | |
| 0–999 | (869–034–00045–2) | 30.00 | Jan. 1, 1998 |
| 1000–End | (869–034–00046–1) | 33.00 | Jan. 1, 1998 |
| **17 Parts:** | | | |
| 1–199 | (869–034–00048–7) | 27.00 | Apr. 1, 1998 |
| 200–239 | (869–034–00049–5) | 32.00 | Apr. 1, 1998 |
| 240–End | (869–034–00050–9) | 40.00 | Apr. 1, 1998 |
| **18 Parts:** | | | |
| 1–399 | (869–034–00051–7) | 45.00 | Apr. 1, 1998 |
| 400–End | (869–034–00052–5) | 13.00 | Apr. 1, 1998 |
| **19 Parts:** | | | |
| 1–140 | (869–034–00053–3) | 34.00 | Apr. 1, 1998 |
| 141–199 | (869–034–00054–1) | 33.00 | Apr. 1, 1998 |
| 200–End | (869–034–00055–0) | 15.00 | Apr. 1, 1998 |
| **20 Parts:** | | | |
| *1–399 | (869–034–00056–8) | 29.00 | Apr. 1, 1998 |
| 400–499 | (869–034–00057–6) | 28.00 | Apr. 1, 1998 |
| 500–End | (869–034–00058–4) | 44.00 | Apr. 1, 1998 |
| **21 Parts:** | | | |
| 1–99 | (869–034–00059–2) | 21.00 | Apr. 1, 1998 |
| 100–169 | (869–034–00060–6) | 27.00 | Apr. 1, 1998 |
| 170–199 | (869–034–00061–4) | 28.00 | Apr. 1, 1998 |
| 200–299 | (869–034–00062–2) | 9.00 | Apr. 1, 1998 |
| 300–499 | (869–034–00063–1) | 50.00 | Apr. 1, 1998 |
| 500–599 | (869–034–00064–9) | 28.00 | Apr. 1, 1998 |
| 600–799 | (869–034–00065–7) | 9.00 | Apr. 1, 1998 |
| 800–1299 | (869–034–00066–5) | 32.00 | Apr. 1, 1998 |
| 1300–End | (869–034–00067–3) | 12.00 | Apr. 1, 1998 |
| **22 Parts:** | | | |
| 1–299 | (869–034–00068–1) | 41.00 | Apr. 1, 1998 |
| 300–End | (869–034–00069–0) | 31.00 | Apr. 1, 1998 |
| 23 | (869–034–00070–3) | 25.00 | Apr. 1, 1998 |
| **24 Parts:** | | | |
| 0–199 | (869–034–00071–1) | 32.00 | Apr. 1, 1998 |
| 200–499 | (869–034–00072–0) | 28.00 | Apr. 1, 1998 |
| 500–699 | (869–034–00073–8) | 17.00 | Apr. 1, 1998 |
| 700–1699 | (869–034–00074–6) | 45.00 | Apr. 1, 1998 |
| 1700–End | (869–034–00075–4) | 17.00 | Apr. 1, 1998 |
| 25 | (869–034–00076–2) | 42.00 | Apr. 1, 1998 |
| **26 Parts:** | | | |
| §§ 1.0-1–1.60 | (869–034–00077–1) | 26.00 | Apr. 1, 1998 |
| §§ 1.61–1.169 | (869–034–00078–9) | 48.00 | Apr. 1, 1998 |
| §§ 1.170–1.300 | (869–034–00079–7) | 31.00 | Apr. 1, 1998 |
| §§ 1.301–1.400 | (869–034–00080–1) | 23.00 | Apr. 1, 1998 |
| §§ 1.401–1.440 | (869–034–00081–9) | 39.00 | Apr. 1, 1998 |
| §§ 1.441-1.500 | (869-034-00082-7) | 29.00 | Apr. 1, 1998 |
| §§ 1.501–1.640 | (869–034–00083–5) | 27.00 | Apr. 1, 1998 |
| §§ 1.641–1.850 | (869–034–00084–3) | 32.00 | Apr. 1, 1998 |
| §§ 1.851–1.907 | (869–034–00085–1) | 36.00 | Apr. 1, 1998 |
| §§ 1.908–1.1000 | (869–034–00086–0) | 35.00 | Apr. 1, 1998 |
| §§ 1.1001–1.1400 | (869–034–00087–8) | 38.00 | Apr. 1, 1998 |
| *§§ 1.1401–End | (869–034–00088–6) | 51.00 | Apr. 1, 1998 |
| 2–29 | (869–034–00089–4) | 36.00 | Apr. 1, 1998 |
| 30–39 | (869–034–00090–8) | 25.00 | Apr. 1, 1998 |
| 40–49 | (869–034–00091–6) | 16.00 | Apr. 1, 1998 |
| 50–299 | (869–034–00092–4) | 19.00 | Apr. 1, 1998 |
| 300–499 | (869–034–00093–2) | 34.00 | Apr. 1, 1998 |
| 500–599 | (869–034–00094–1) | 10.00 | Apr. 1, 1998 |
| 600–End | (869–034–00095–9) | 9.00 | Apr. 1, 1998 |
| **27 Parts:** | | | |
| *1–199 | (869–034–00096–7) | 49.00 | Apr. 1, 1998 |

| Title | Stock Number | Price | Revision Date |
|---|---|---|---|
| 200-End | (869-034-00097-5) | 17.00 | [6] Apr. 1, 1997 |
| **28 Parts:** | | | |
| 0-42 | (869-034-00098-3) | 36.00 | July 1, 1998 |
| 43-end | (869-032-00099-9) | 30.00 | July 1, 1997 |
| **29 Parts:** | | | |
| 0-99 | (869-034-00100-9) | 26.00 | July 1, 1998 |
| 100-499 | (869-034-00101-7) | 12.00 | July 1, 1998 |
| 500-899 | (869-034-00102-5) | 40.00 | July 1, 1998 |
| 900-1899 | (869-034-00103-3) | 20.00 | July 1, 1998 |
| 1900-1910 (§§ 1900 to 1910.999) | (869-032-00104-9) | 43.00 | July 1, 1997 |
| 1910 (§§ 1910.1000 to end) | (869-032-00105-7) | 29.00 | July 1, 1997 |
| 1911-1925 | (869-032-00106-5) | 19.00 | July 1, 1997 |
| 1926 | (869-032-00107-3) | 31.00 | July 1, 1997 |
| 1927-End | (869-032-00108-1) | 40.00 | July 1, 1997 |
| **30 Parts:** | | | |
| 1-199 | (869-034-00109-2) | 33.00 | July 1, 1998 |
| 200-699 | (869-032-00110-3) | 28.00 | July 1, 1997 |
| 700-End | (869-032-00111-1) | 32.00 | July 1, 1997 |
| **31 Parts:** | | | |
| 0-199 | (869-034-00112-2) | 20.00 | July 1, 1998 |
| 200-End | (869-032-00113-8) | 42.00 | July 1, 1997 |
| **32 Parts:** | | | |
| 1-39, Vol. I | | 15.00 | [2] July 1, 1984 |
| 1-39, Vol. II | | 19.00 | [2] July 1, 1984 |
| 1-39, Vol. III | | 18.00 | [2] July 1, 1984 |
| 1-190 | (869-032-00114-6) | 42.00 | July 1, 1997 |
| 191-399 | (869-032-00115-4) | 51.00 | July 1, 1997 |
| 400-629 | (869-032-00116-2) | 33.00 | July 1, 1997 |
| 630-699 | (869-032-00117-1) | 22.00 | July 1, 1997 |
| 700-799 | (869-032-00118-9) | 28.00 | July 1, 1997 |
| 800-End | (869-032-00119-7) | 27.00 | July 1, 1997 |
| **33 Parts:** | | | |
| 1-124 | (869-032-00120-1) | 27.00 | July 1, 1997 |
| 125-199 | (869-032-00121-9) | 36.00 | July 1, 1997 |
| 200-End | (869-034-00122-0) | 30.00 | July 1, 1998 |
| **34 Parts:** | | | |
| 1-299 | (869-032-00123-5) | 28.00 | July 1, 1997 |
| 300-399 | (869-032-00124-3) | 27.00 | July 1, 1997 |
| 400-End | (869-032-00125-1) | 44.00 | July 1, 1997 |
| **35** | (869-032-00126-0) | 15.00 | July 1, 1997 |
| **36 Parts** | | | |
| 1-199 | (869-034-00127-1) | 20.00 | July 1, 1998 |
| 200-299 | (869-032-00128-6) | 21.00 | July 1, 1997 |
| 300-End | (869-032-00129-4) | 34.00 | July 1, 1997 |
| **37** | (869-032-00130-8) | 27.00 | July 1, 1997 |
| **38 Parts:** | | | |
| 0-17 | (869-034-00131-9) | 34.00 | July 1, 1998 |
| 18-End | (869-032-00132-4) | 38.00 | July 1, 1997 |
| **39** | (869-034-00133-5) | 23.00 | July 1, 1998 |
| **40 Parts:** | | | |
| 1-49 | (869-032-00134-1) | 31.00 | July 1, 1997 |
| 50-51 | (869-032-00135-9) | 23.00 | July 1, 1997 |
| 52 (52.01-52.1018) | (869-032-00136-7) | 27.00 | July 1, 1997 |
| 52 (52.1019-End) | (869-032-00137-5) | 32.00 | July 1, 1997 |
| 53-59 | (869-032-00138-3) | 14.00 | July 1, 1997 |
| 60 | (869-032-00139-1) | 52.00 | July 1, 1997 |
| 61-62 | (869-032-00140-5) | 19.00 | July 1, 1997 |
| 63-71 | (869-032-00141-3) | 57.00 | July 1, 1997 |
| 64-71 | (869-034-00142-4) | 11.00 | July 1, 1998 |
| 72-80 | (869-032-00142-1) | 35.00 | July 1, 1997 |
| 81-85 | (869-032-00143-0) | 32.00 | July 1, 1997 |
| 86 | (869-032-00144-8) | 50.00 | July 1, 1997 |
| 87-135 | (869-032-00145-6) | 40.00 | July 1, 1997 |
| 136-149 | (869-032-00146-4) | 35.00 | July 1, 1997 |
| 150-189 | (869-032-00147-2) | 32.00 | July 1, 1997 |
| 190-259 | (869-032-00148-1) | 22.00 | July 1, 1997 |
| 260-265 | (869-032-00149-9) | 29.00 | July 1, 1997 |
| 266-299 | (869-032-00150-2) | 24.00 | July 1, 1997 |
| 300-399 | (869-032-00151-1) | 27.00 | July 1, 1997 |
| 400-424 | (869-032-00152-9) | 33.00 | [5] July 1, 1996 |
| 425-699 | (869-032-00153-7) | 40.00 | July 1, 1997 |
| 700-789 | (869-032-00154-5) | 38.00 | July 1, 1997 |
| 790-End | (869-032-00155-3) | 19.00 | July 1, 1997 |
| **41 Chapters:** | | | |
| 1, 1-1 to 1-10 | | 13.00 | [3] July 1, 1984 |
| 1, 1-11 to Appendix, 2 (2 Reserved) | | 13.00 | [3] July 1, 1984 |
| 3-6 | | 14.00 | [3] July 1, 1984 |
| 7 | | 6.00 | [3] July 1, 1984 |
| 8 | | 4.50 | [3] July 1, 1984 |
| 9 | | 13.00 | [3] July 1, 1984 |
| 10-17 | | 9.50 | [3] July 1, 1984 |
| 18, Vol. I, Parts 1-5 | | 13.00 | [3] July 1, 1984 |
| 18, Vol. II, Parts 6-19 | | 13.00 | [3] July 1, 1984 |
| 18, Vol. III, Parts 20-52 | | 13.00 | [3] July 1, 1984 |
| 19-100 | | 13.00 | [3] July 1, 1984 |
| 1-100 | (869-034-00157-2) | 13.00 | July 1, 1998 |
| 101 | (869-032-00157-0) | 36.00 | July 1, 1997 |
| 102-200 | (869-032-00158-8) | 17.00 | July 1, 1997 |
| 201-End | (869-032-00159-6) | 15.00 | July 1, 1997 |
| **42 Parts:** | | | |
| 1-399 | (869-032-00160-0) | 32.00 | Oct. 1, 1997 |
| 400-429 | (869-032-00161-8) | 35.00 | Oct. 1, 1997 |
| 430-End | (869-032-00162-6) | 50.00 | Oct. 1, 1997 |
| **43 Parts:** | | | |
| 1-999 | (869-032-00163-4) | 31.00 | Oct. 1, 1997 |
| 1000-end | (869-032-00164-2) | 50.00 | Oct. 1, 1997 |
| **44** | (869-032-00165-1) | 31.00 | Oct. 1, 1997 |
| **45 Parts:** | | | |
| 1-199 | (869-032-00166-9) | 30.00 | Oct. 1, 1997 |
| 200-499 | (869-032-00167-7) | 18.00 | Oct. 1, 1997 |
| 500-1199 | (869-032-00168-5) | 29.00 | Oct. 1, 1997 |
| 1200-End | (869-032-00169-3) | 39.00 | Oct. 1, 1997 |
| **46 Parts:** | | | |
| 1-40 | (869-032-00170-7) | 26.00 | Oct. 1, 1997 |
| 41-69 | (869-032-00171-5) | 22.00 | Oct. 1, 1997 |
| 70-89 | (869-032-00172-3) | 11.00 | Oct. 1, 1997 |
| 90-139 | (869-032-00173-1) | 27.00 | Oct. 1, 1997 |
| 140-155 | (869-032-00174-0) | 15.00 | Oct. 1, 1997 |
| 156-165 | (869-032-00175-8) | 20.00 | Oct. 1, 1997 |
| 166-199 | (869-032-00176-6) | 26.00 | Oct. 1, 1997 |
| 200-499 | (869-032-00177-4) | 21.00 | Oct. 1, 1997 |
| 500-End | (869-032-00178-2) | 17.00 | Oct. 1, 1997 |
| **47 Parts:** | | | |
| 0-19 | (869-032-00179-1) | 34.00 | Oct. 1, 1997 |
| 20-39 | (869-032-00180-4) | 27.00 | Oct. 1, 1997 |
| 40-69 | (869-032-00181-2) | 23.00 | Oct. 1, 1997 |
| 70-79 | (869-032-00182-1) | 33.00 | Oct. 1, 1997 |
| 80-End | (869-032-00183-9) | 43.00 | Oct. 1, 1997 |
| **48 Chapters:** | | | |
| 1 (Parts 1-51) | (869-032-00184-7) | 53.00 | Oct. 1, 1997 |
| 1 (Parts 52-99) | (869-032-00185-5) | 29.00 | Oct. 1, 1997 |
| 2 (Parts 201-299) | (869-032-00186-3) | 35.00 | Oct. 1, 1997 |
| 3-6 | (869-032-00187-1) | 29.00 | Oct. 1, 1997 |
| 7-14 | (869-032-00188-0) | 32.00 | Oct. 1, 1997 |
| 15-28 | (869-032-00189-8) | 33.00 | Oct. 1, 1997 |
| 29-End | (869-032-00190-1) | 25.00 | Oct. 1, 1997 |
| **49 Parts:** | | | |
| 1-99 | (869-032-00191-0) | 31.00 | Oct. 1, 1997 |
| 100-185 | (869-032-00192-8) | 50.00 | Oct. 1, 1997 |
| 186-199 | (869-032-00193-6) | 11.00 | Oct. 1, 1997 |
| 200-399 | (869-032-00194-4) | 43.00 | Oct. 1, 1997 |
| 400-999 | (869-032-00195-2) | 49.00 | Oct. 1, 1997 |
| 1000-1199 | (869-032-00196-1) | 19.00 | Oct. 1, 1997 |
| 1200-End | (869-032-00197-9) | 14.00 | Oct. 1, 1997 |
| **50 Parts:** | | | |
| 1-199 | (869-032-00198-7) | 41.00 | Oct. 1, 1997 |
| 200-599 | (869-032-00199-5) | 22.00 | Oct. 1, 1997 |
| 600-End | (869-032-00200-2) | 29.00 | Oct. 1, 1997 |

| Title | Stock Number | Price | Revision Date |
|---|---|---|---|
| CFR Index and Findings Aids | (869-034-00049-6) | 46.00 | Jan. 1, 1998 |
| Complete 1998 CFR set | | 951.00 | 1998 |
| Microfiche CFR Edition: | | | |
| Subscription (mailed as issued) | | 247.00 | 1998 |
| Individual copies | | 1.00 | 1998 |
| Complete set (one-time mailing) | | 247.00 | 1997 |
| Complete set (one-time mailing) | | 264.00 | 1996 |

[1] Because Title 3 is on annual compilation, this volume and all previous volumes should be retained as a permanent reference source.

[2] The July 1, 1985 edition of 32 CFR Parts 1-189 contains a note only for Parts 1-39 inclusive. For the full text of the Defense Acquisition Regulations in Parts 1-39, consult the three CFR volumes issued as of July 1, 1984, containing those parts.

[3] The July 1, 1985 edition of 41 CFR Chapters 1-100 contains a note only for Chapters 1 to 49 inclusive. For the full text of procurement regulations in Chapters 1 to 49, consult the eleven CFR volumes issued as of July 1, 1984 containing those chapters.

[4] No amendments to this volume were promulgated during the period July 1, 1996 to June 30, 1997. The volume issued July 1, 1996, should be retained.

[5] No amendments to this volume were promulgated during the period January 1, 1997 through December 31, 1997. The CFR volume issued as of January 1, 1997 should be retained.

[6] No amendments to this volume were promulgated during the period April 1, 1997, through April 1, 1998. The CFR volume issued as of April 1, 1997, should be retained.

## INFORMATION ABOUT THE SUPERINTENDENT OF DOCUMENTS' SUBSCRIPTION SERVICE

**Know when to expect your renewal notice and keep a good thing coming.** To keep our subscription prices down, the Government Printing Office mails each subscriber *only one renewal notice*. You can learn when you will get your renewal notice by checking the number that follows month/year code on the top line of your label *as shown in this example*:

A renewal notice will be sent approximately 90 days **before the shown date.**

```
AFR  SMITH212J           DEC97 R 1
JOHN SMITH
212 MAIN STREET
FORESTVILLE MD 20747
```

A renewal notice will be sent approximately 90 days **before the shown date.**

```
AFRDO  SMITH212J         DEC97 R 1
JOHN SMITH
212 MAIN STREET
FORESTVILLE MD 20747
```

To be sure that your service continues without interruption, please return your renewal notice promptly. If your subscription service is discontinued, simply send your mailing label from any issue to the Superintendent of Documents, Washington, DC 20402–9372 with the proper remittance. Your service will be reinstated.

**To change your address:** Please SEND YOUR MAILING LABEL, along with your new address to the Superintendent of Documents, Attn: Chief, Mail List Branch, Mail Stop: SSOM, Washington, DC 20402–9373.

**To inquire about your subscription service:** Please SEND YOUR MAILING LABEL, along with your correspondence, to the Superintendent of Documents, Attn: Chief, Mail List Branch, Mail Stop: SSOM, Washington, DC 20402–9375.

**To order a new subscription:** Please use the order form provided below.

---

Order Processing Code:
*** 5468**

**Superintendent of Documents Subscription Order Form**

*Charge your order. It's Easy!*

**Fax your orders (202) 512–2250**
**Phone your orders (202) 512–1800**

☐ **YES,** please enter my subscriptions as follows:

____ subscriptions to **Federal Register** (FR); *including* the daily Federal Register, monthly Index and List of CFR Sections Affected (LSA), at $607 each per year.

____ subscriptions to **Federal Register**, *daily only* (FRDO), at $555 each per year.

The total cost of my order is $________. (Price includes regular domestic postage and handling, and is subject to change.) International customers please add 25%.

Company or personal name (Please type or print)

Additional address/attention line

Street address

City, State, Zip code

Daytime phone including area code

Purchase order number (optional)

**For privacy, check box below:**
☐ Do not make my name available to other mailers

**Check method of payment:**
☐ Check payable to Superintendent of Documents
☐ GPO Deposit Account ☐☐☐☐☐☐☐ – ☐
☐ VISA ☐ MasterCard ☐☐☐☐ (expiration date)

***Thank you for your order!***

Authorizing signature 1/97

**Mail To:** Superintendent of Documents
P.O. Box 371954, Pittsburgh, PA 15250–7954

# Public Laws

**105th Congress, 2nd Session, 1998**

Pamphlet prints of public laws, often referred to as slip laws, are the initial publication of Federal laws upon enactment and are printed as soon as possible after approval by the President. Legislative history references appear on each law. Subscription service includes all public laws, issued irregularly upon enactment, for the 105th Congress, 2nd Session, 1998.

Individual laws also may be purchased from the Superintendent of Documents, U.S. Government Printing Office. Prices vary. See Reader Aids Section of the Federal Register for announcements of newly enacted laws or access the online database at http://www.access.gpo.gov/nara/index.html

---

Superintendent of Documents **Subscriptions** Order Form

Order Processing Code:

*** 6216**

S3

***Charge your order. It's Easy!***

☐ **YES**, enter my subscription(s) as follows:

**Fax your orders (202) 512–2250**
**Phone your orders (202) 512–1800**

_____ subscriptions to **PUBLIC LAWS** for the 105th Congress, 2nd Session, 1998 for $190 per subscription.

The total cost of my order is $_________. International customers please add 25%. Prices include regular domestic postage and handling and are subject to change.

_______________________________
(Company or Personal Name) (Please type or print)

_______________________________
(Additional address/attention line)

_______________________________
(Street address)

_______________________________
(City, State, ZIP Code)

_______________________________
(Daytime phone including area code)

_______________________________
(Purchase Order No.)

**May we make your name/address available to other mailers?** YES ☐ NO ☐

**Please Choose Method of Payment:**

☐ Check Payable to the Superintendent of Documents

☐ GPO Deposit Account ☐☐☐☐☐☐☐ – ☐

☐ VISA or MasterCard Account

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐ (Credit card expiration date)

***Thank you for your order!***

_______________________________
(Authorizing Signature) 12/97

Mail To: Superintendent of Documents
P.O. Box 371954, Pittsburgh, PA 15250–7954

# Now Available Online

through

## *GPO Access*

*A Service of the U.S. Government Printing Office*

# *Federal Register*

Updated Daily by 6 a.m. ET

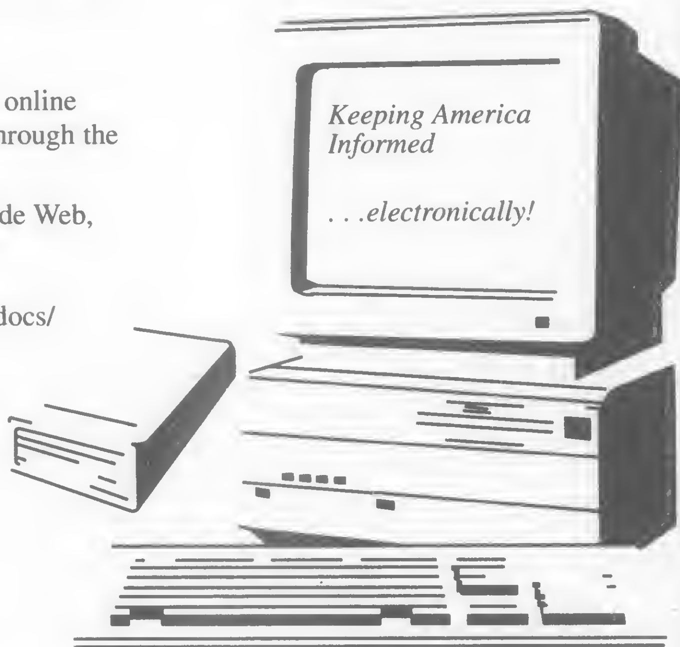
## Easy, Convenient, FREE

Free public connections to the online Federal Register are available through the GPO Access service.

To connect over the World Wide Web, go to the Superintendent of Documents' homepage at http://www.access.gpo.gov/su_docs/

To connect using telnet, open swais.access.gpo.gov and login as guest (no password required).

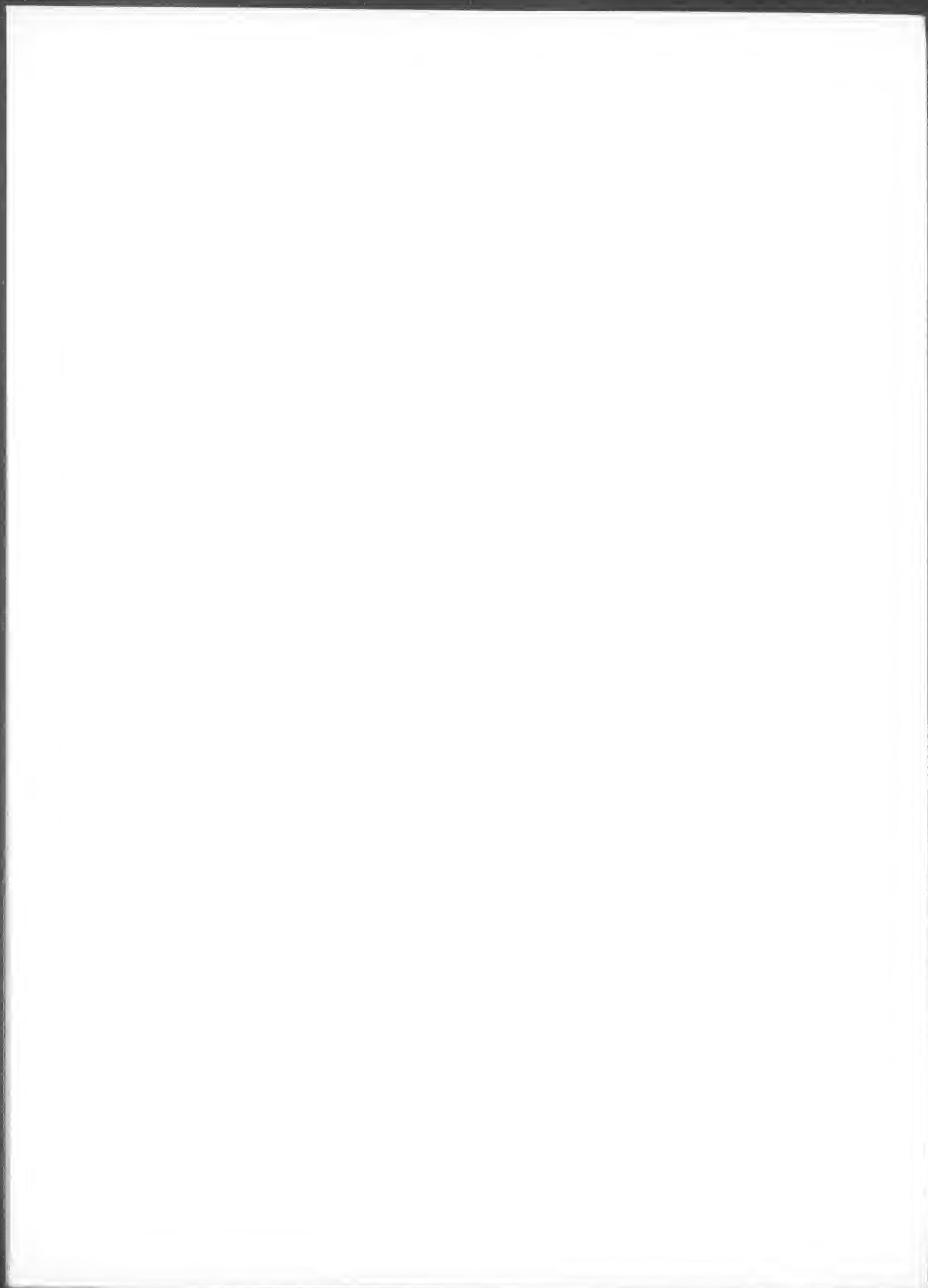
To dial directly, use communications software and modem to call (202) 512–1661; type swais, then login as guest (no password required).




You may also connect using local WAIS client software. For further information, contact the GPO Access User Support Team:

Voice: (202) 512–1530 (7 a.m. to 5 p.m. Eastern time).
Fax: (202) 512–1262 (24 hours a day, 7 days a week).
Internet E-Mail: gpoaccess@gpo.gov

(Rev. 4/23)



Printed on recycled paper