

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1419	Date: JANUARY 18, 2008
	Change Request 5865

NOTE: This transmittal, rescinds and replace Transmittal 1403 date December 28, 2007. Due to late legislation, changes were made to the Brachytherapy and Radiopharmaceutical codes that resulted in an SI change from K to H for dates of service 1/1/08 to 6/30/08. All other information remains the same.

Subject: January 2008 Integrated Outpatient Code Editor (I/OCE) Specifications Version 9.0

I. SUMMARY OF CHANGES: The Integrated Outpatient Code Editor (I/OCE) was updated for January 1, 2008. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE eliminating the need to update, install, and maintain two separate OCE software packages on a quarterly basis. Claims with dates of service prior to July 1, 2007 should be routed through the non-integrated versions of the OCE software (OPPS and non-OPPS OCEs) that coincide with the versions in effect for the date of service on the claim.

New / Revised Material

Effective Date: January 1, 2008

Implementation Date: January 7, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question

and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

(Business Requirements Template for use with Standard Change Requests)

Pub. 100-04	Transmittal: 1419	Date: January 18, 2008	Change Request: 5865
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NOTE: This transmittal, rescinds and replace Transmittal 1403 date December 28, 2007. Due to late legislation, changes were made to the Brachytherapy and Radiopharmaceutical codes that resulted in an SI change from K to H for dates of service 1/1/08 to 6/30/08. All other information remains the same.

SUBJECT: January 2008 Integrated Outpatient Code Editor (I/OCE) Specifications Version 9.0 r1

Effective Date: January 1, 2008

Implementation Date: January 7, 2008

I. GENERAL INFORMATION

A. Background: This instruction informs the Fiscal Intermediaries (FIs) and the Fiscal Intermediary Standard System (FISS) that the I/OCE was updated for January 1, 2008. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE eliminating the need to update, install, and maintain two separate OCE software packages on a quarterly basis. Claims with dates of service prior to July 1, 2007 should be routed through the non-integrated versions of the OCE software (OPPS and non-OPPS OCEs) that coincide with the versions in effect for the date of service on the claim. **The integration did not change the logic that is applied to outpatient bill types that previously passed through the OPPS OCE software. It merely expanded the software usage to include non-OPPS hospitals.**

B. Policy: This notification provides the Integrated OCE instructions and specifications that will be utilized under the OPPS and Non-OPPS for hospital outpatient departments, community mental health centers (CMHCs), and for all non-OPPS providers, and for limited services when provided in a home health agency (HHA) not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R	Shared-System Maintainers				OTHER
		B	E	I	A	H	F	M	V	C	
		M	M		R	I	I	C	M	W	
		A	A		R	E	S	S	S	F	
		C	C		I	R	S	S	S	F	
5865.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.	X		X			X				
5865.2	Intermediaries and RHHI's shall inform providers of the OPPS OCE changes for the Integrated OCE detailed in this recurring notification.	X		X		X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R	Shared-System Maintainers				OTHER
		B	E	I	A	H	F	M	V	C	
		M	M		R	I	I	C	M	W	
		A	A		R	E	S	S	S	F	
		C	C		I	R	S	S	S	F	
5865.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.	X		X		X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
5344	Notification of an Integrated Outpatient Code Editor (OCE) for the July 2007 Release

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s):

Maria Durham at maria.durham@cms.hhs.gov or Stuart Barranco at stuart.barranco@cms.hhs.gov

For Policy related questions contact Marjorie Baldo at marjorie.baldo@cms.hhs.gov

Post-Implementation Contact(s):

Regional Office(s) or the CMS Outpatient Code Editor Email at OCE_Integration@cms.hhs.gov

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

2 ATTACHMENTS –

Attachment A-I/OCE Specifications Version 9.0 r1

Attachment B-Final Summary of Data Changes

Attachment A

Integrated Outpatient Code Editor (I/OCE) CMS Specifications V9.0 R1 - Effective 01/01/08

This attachment contains specifications issued for the January I/OCE Version 9.0 r1. All shaded material reflects changes incorporated into the October 2007 I/OCE.

This 'integrated' OCE program processes claims for all outpatient institutional providers including hospitals that are subject to the Outpatient Prospective Payment System (OPPS) as well as hospitals that are NOT (Non-OPPS). The Fiscal Intermediary/Medicare Administrative Contractor (FI/MAC) will identify the claim as 'OPPS' or 'Non-OPPS' by passing a flag to the OCE in the claim record, 1=OPPS, 2=Non-OPPS; a blank, zero, or any other value is defaulted to 1.

This version of the OCE processes claims consisting of multiple days of service. The OCE will perform three major functions:

Edit the data to identify errors and return a series of edit flags.

Assign an Ambulatory Payment Classification (APC) number for each service covered under OPPS, and return information to be used as input to an OPPS PRICER program.

Assign an Ambulatory Surgical Center (ASC) payment group for qualifying services on claims from certain Non-OPPS hospitals (bill type 83x) – in the PC program/interface only [v8.2 – v8.3 only].

Each claim will be represented by a collection of data, which will consist of all necessary demographic (header) data, plus all services provided (line items). It will be the user's responsibility to organize all applicable services into a single claim record, and pass them as a unit to the OCE. The OCE only functions on a single claim and does not have any cross claim capabilities. The OCE will accept up to 450 line items per claim. The OCE software is responsible for ordering line items by date of service.

The OCE not only identifies individual errors but also indicates what actions should be taken and the reasons why these actions are necessary. In order to accommodate this functionality, the OCE is structured to return lists of edit numbers. This structure facilitates the linkage between the actions being taken, the reasons for the actions and the information on the claim (e.g., a specific diagnosis) that caused the action.

In general, the OCE performs all functions that require specific reference to HCPCS codes, HCPCS modifiers and ICD-9-CM diagnosis codes. Since these coding systems are complex and annually updated, the centralization of the direct reference to these codes and modifiers in a single program will reduce effort and reduce the chance of inconsistent processing.

The span of time that a claim represents will be controlled by the *From* and *Through* dates that will be part of the input header information. If the claim spans more than one calendar day, the OCE will subdivide the claim into separate days for the purpose of determining discounting and multiple visits on the same calendar day.

Some edits are date driven. For example, Bilateral Procedure is considered an error if a pair of procedures is coded with the same service date, but not if the service dates are different.

Information is passed to the OCE by means of a control block of pointers. Table 1 contains the structure of the OCE control block. The shaded area separates input from return information. Multiple items are assumed to be in contiguous locations.

Pointer Name		UB-04 Form Locator	Number	Size (bytes)	Comment
Dxptr	ICD-9-CM diagnosis codes	70 a-c (Pt's rvdx) 67 (pdx) 67A-Q (sdx)	Up to 16	6	Diagnosis codes apply to whole claim and are not specific to a line item (left justified, blank filled). First listed diagnosis is considered 'patient's reason for visit dx', second diagnosis is considered 'principal dx'
Ndxptr	Count of the number of diagnoses pointed to by Dxptr		1	4	Binary fullword count
Sgptr	Line item entries	42, 44-47	Up to 450	Table 2	
Nsgptr	Count of the number of Line item entries pointed to by Sgptr		1	4	Binary fullword count
Flagptr	Line item action flag Flag set by FI/MAC and passed by OCE to Pricer		Up to 450	1	(See Table 7)
Ageptr	Numeric age in years		1	3	0-124
Sexptr	Numeric sex code	11	1	1	0, 1, 2 (unknown, male, female)
Dateptr	From and Through dates (yyyymmdd)	6	2	8	Used to determine multi-day claim
CCptr	Condition codes	18-28	Up to 7	2	Used to identify partial hospitalization and hospice claims
NCCptr	Count of the number of condition codes entered		1	4	Binary fullword count
Billptr	Type of bill	4 (Pos 2-4)	1	3	Used to identify CMHC and claims pending under OPPTS. It is presumed that bill type has been edited for validity by the Standard System before the claim is sent to OCE
NPIProvptr	National provider identifier (NPI)	56	1	13	Pass on to Pricer
OSCARProvptr	OSCAR Medicare provider number	57	1	6	Pass on to Pricer
PstatPtr	Patient status	17	1	2	UB-92 values
OppsPtr	Opps/Non-OPPTS flag		1	1	1=OPPTS, 2=Non-OPPTS (A blank, zero or any other value is defaulted to 1)
OccPtr	Occurrence codes	31-34	Up to 10	2	For FI/MAC use
NOccptr	Count of number of occurrence codes		1	4	Binary fullword count
Dxeditptr	Diagnosis edit return buffer		Up to 16	Table 3	Count specified in Ndxptr
Proceditptr	Procedure edit return buffer		Up to 450	Table 3	Count specified in Nsgptr
Meditptr	Modifier edit return buffer		Up to 450	Table 3	Count specified in Nsgptr
Deditptr	Date edit return buffer		Up to 450	Table 3	Count specified in Nsgptr
Rceditptr	Revenue code edit return buffer		Up to 450	Table 3	Count specified in Nsgptr
APCptr	APC/ASC return buffer		Up to 450	Table 7	Count specified in Nsgptr
Claimptr	Claim return buffer		1	Table 5	
Wkptr	Work area pointer		1	512K	Working storage allocated in user interface
Wklenptr	Actual length of the work area pointed to by Wkptr		1	4	Binary fullword

Table 1: OCE Control block

The input for each line item contains the information described in Table 2.

Field	UB-04 Form Locator	Number	Size (bytes)	Comments
HCPCS procedure code	44	1	5	May be blank
HCPCS modifier	44	5 x 2	10	
Service date	45	1	8	Required for all lines
Revenue code	42	1	4	
Service units	46	1	7	A blank or zero value is defaulted to 1
Charge	47	1	10	Used by PRICER to determine outlier payments

Table 2: Line item input information

There are currently 78 different edits in the OCE. The occurrence of an edit can result in one of six different dispositions.

- Claim Rejection** There are one or more edits present that cause the whole claim to be rejected. A claim rejection means that the provider can correct and resubmit the claim but cannot appeal the claim rejection.
- Claim Denial** There are one or more edits present that cause the whole claim to be denied. A claim denial means that the provider can not resubmit the claim but can appeal the claim denial.
- Claim Return to Provider (RTP)** There are one or more edits present that cause the whole claim to be returned to the provider. A claim returned to the provider means that the provider can resubmit the claim once the problems are corrected.
- Claim Suspension** There are one or more edits present that cause the whole claim to be suspended. A claim suspension means that the claim is not returned to the provider, but is not processed for payment until the FI/MAC makes a determination or obtains further information.
- Line Item Rejection** There are one or more edits present that cause one or more individual line items to be rejected. A line item rejection means that the claim can be processed for payment with some line items rejected for payment. The line item can be corrected and resubmitted but cannot be appealed.
- Line Item Denials** There are one or more edits present that cause one or more individual line items to be denied. A line item denial means that the claim can be processed for payment with some line items denied for payment. The line item cannot be resubmitted but can be appealed.

In the initial release of the OCE, many of the edits had a disposition of RTP in order to give providers time to adapt to OPSS. In subsequent releases of the OCE, the disposition of some edits may be changed to other more automatic dispositions such as a line item denial. A single claim can have one or more edits in all six dispositions. Six 0/1 dispositions are contained in the claim return buffer that indicate the presence or absence of edits in each of the six dispositions. In addition, there are six lists of reasons in the claim return buffer that contain the edit numbers that are associated with each disposition. For example, if there were three edits that caused the claim to have a disposition of return to provider, the edit numbers of the three edits would be contained in the claim return to provider reason list. There is more space allocated in the reason lists than is necessary for the current edits in order to allow for future expansion of the number of edits.

In addition to the six individual dispositions, there is also an overall claim disposition, which summarizes the status of the claim.

The following special processing conditions currently apply only to OPSS claims:

1) Partial hospitalizations are paid on a per diem basis. There is no HCPCS code that specifies a partial hospitalization related service. Partial hospitalizations are identified by means of condition codes, bill types and HCPCS codes specifying the individual services that constitute a partial hospitalization (See Appendix C-a). Thus, there are no input line items that directly correspond to the partial hospitalization service. In order to assign the partial hospitalization APC to one of the line items, the payment APC for one of the line items that represent one of the services that comprise partial hospitalization is assigned the partial hospitalization APC. All other partial hospital services on the same day are packaged – SI changed from Q to N, and a special packaging flag is assigned.

2) Reimbursement for a day of outpatient mental health services in a non-PH program is capped at the amount of the partial hospital per diem. On a non-PHP claim, the OCE totals the payments for all the designated MH services with the same date of service; if the sum of the payments for the individual MH services exceeds the partial hospital per-diem, the OCE assigns a special “Daily Mental Health Service” composite payment APC to one of the line items that represent MH services. The packaging flag is turned on for a All other MH services for that day are packaged – SI changed from Q to N, and a special packaging flag is assigned (See appendix C-b). The payment rate for the Daily Mental Health Services composite APC is the same as that for the partial hospitalization APC.

3) For outpatients who undergo inpatient-only procedures on an emergency basis and who expire before they can be admitted to the hospital, a specified APC payment is made to the provider as reimbursement for all services on that day. The presence of modifier CA on the inpatient-only procedure line assigns the specified payment APC and associated status and payment indicators to the line. The packaging flag is turned on for all other lines on that day. Payment is only allowed for one procedure with modifier CA. If multiple inpatient-only procedures are submitted with the modifier –CA, the claim is returned to the provider. If modifier CA is submitted with an inpatient-only procedure for a patient who did not expire (patient status code is not 20), the claim is returned to the provider.

4) Inpatient-only procedures that are on the separate-procedure list are bypassed when performed incidental to a surgical procedure with Status Indicator T. The line(s) with the inpatient-separate procedure is rejected and the claim is processed according to usual OPSS rules.

5) When multiple occurrences of any APC that represents drug administration are assigned in a single day, modifier-59 is required on the code(s) in order to permit payment for multiple units of that APC, up to a specified maximum; additional units above the maximum are packaged. If modifier –59 is not used, only one occurrence of any drug administration APC is allowed and any additional units are packaged (see Appendix I). (v6.0 – v7.3 only)

6) The use of a device, or multiple devices, is necessary to the performance of certain outpatient procedures. If any of these procedures is submitted without a code for the required device(s), the claim is returned to the

provider. Discontinued procedures (indicated by the presence of modifier 52, 73 or 74 on the line) are not returned for a missing device code.

Conversely, some devices are allowed only with certain procedures, whether or not the specific device is required. If any of these devices is submitted without a code for an allowed procedure, the claim is returned to the provider.

7) Observations may be paid separately if specific criteria are met; otherwise, the observation is packaged into other payable services on the same day. (See Appendix H-a) [v3.1- v8.3].

Observation is a packaged service; may be used to assign Extended Assessment and Management composite APCs, effective v9.0 (See appendix K).

8) Direct admission from a physician's office to observation ~~will~~ may be used in the assignment of an extended assessment and management composite, packaged ~~into a payable observation, or into other S or T, V or critical care service procedure if present;~~ otherwise, the direct admission is processed as a medical visit (see Appendix H-b).

9) In some circumstances, in order for Medicare to correctly allocate payment for blood processing and storage, providers are required to submit two lines with different revenue codes for the same service when blood products are billed. One line is required with revenue code 39X and an identical line (same HCPCS, modifier and units) with revenue code 38X (see Appendix J).

10) Certain wound care services may be paid an APC rate or from the Physician Fee Schedule, depending on the circumstances under which the service was provided. The OCE will change the status indicator and remove the APC assignment when these codes are submitted with therapy revenue codes or therapy modifiers.

11) Providers must append modifier 'FB' to procedures that represent implantation of replacement devices that are obtained at no/reduced cost to the provider. Modifier 'FC' is appended if the replacement device is obtained at reduced cost. If there is an offset payment amount for the procedure, the OCE will reduce the APC rate by the full offset amount (for FB), or by 50% of the offset amount (for FC) before determining the highest rate for multiple or terminated procedure discounting. If the modifier is used inappropriately (appended to procedure with SI other than S, T, X or V), the claim is returned to the provider. If both the FB and FC modifiers are appended to the same line, the FB modifier will take precedence and the full offset reduction will be applied.

12) Certain special HCPCS codes are always packaged when they appear with other specified services on the same day; however, they may be assigned to an APC and paid separately if there is none of the other specified service on the same day. Some codes are packaged in the presence of any code with status indicator of S, T, V or X (STVX-packaged); other codes are packaged only in the presence of codes with status indicator T (T-packaged). The OCE will change the SI from Q to N for packaging, or to the payable SI and APC specified for the code. If there are multiple STVX and/or T packaged HCPCS codes on a specific date and no other service with which the codes would be packaged on the same date, the code assigned to the APC with the highest payment rate will be paid. All other codes are packaged.

13) Submission of the trauma response critical care code requires that the trauma revenue code (068x) and the critical care E&M code (99291) also be present on the claim for the same date of service. Otherwise, the trauma response critical care code will be rejected.

14) Certain codes may be grouped together for reimbursement as a "composite" APC when they occur together on the same claim with the same date of service. When the composite criteria for a group are met, the primary code is assigned the composite APC and status indicator for payment; non-primary codes, and additional primary codes from the same composite group, are assigned status indicator N and packaged into the composite APC. Special payment adjustment flags identify each composite and all the packaged codes on the claim that are related to that composite. Multiple composites, from different composite groups, may be assigned to a claim for the same date. Terminated codes (modifier 52 or 73) are not included in the composite criteria. If the composite criteria are not met, each code is assigned an individual SI/APC for standard OPPTS processing (see appendix K). Some composites may also have additional assignment criteria.

15) Certain nuclear medicine procedures are performed with specific diagnostic radiopharmaceuticals. If any specified nuclear medicine procedure is submitted without a code for one of the specified diagnostic radiopharmaceuticals on the same claim, the claim is returned to the provider. Nuclear medicine procedures that are terminated (indicated by modifier 52, 73 or 74) are not returned for a missing diagnostic radiopharmaceutical.

The following special processing conditions apply Only to Non-OPPS HOPD claims:

1) Bill type of 83x is consistent with the presence of an ASC procedure on the bill and a calculated ASC payment. The Integrated OCE will assign bill type flags to Non-OPPS HOPD claims (opps flag =2) indicating that the bill type should be 83x when there is an ASC procedure code present; and, should not be 83x when there is no ASC procedure present.

All institutional outpatient claims, regardless of facility type, will go through the Integrated Outpatient Code Editor (IOCE)*; however, not all edits are performed for all sites of service or types of claim. Appendix F (a) contains OCE edits that apply for each bill type under OPSS processing; appendix F (b) contains OCE edits that apply to claims from hospitals not subject to OPSS.

*Note: Effective for dates of service on or after 1/1/08 (v9.0), claims for 83x bill type will not go through the Integrated OCE.

The OPSS PRICER would compute the standard APC payment for a line item as the product of the payment amount corresponding to the assigned payment APC, the discounting factor and the number of units for all line items for which the following is true:

Criteria for applying standard APC payment calculations

APC value is not 00000

Payment indicator has a value of 1 or 5

Packaging flag has a value of zero or 3

Line item denial or rejection flag is zero or the line item action flag is 1

Line item action flag is not 2, 3 or 4

Payment adjustment flag is zero or 1

Payment method flag is zero

If payment adjustments are applicable to a line item (payment adjustment flag is not 0 or 1) then nonstandard calculations are necessary to compute payment for a line item (See Appendix G). The line item action flag is passed as input to the OCE as a means of allowing the FI/MAC to override a line item denial or rejection (used by FI/MAC to override OCE and have PRICER compute payment ignoring the line item rejection or denial) or allowing the FI/MAC to indicate that the line item should be denied or rejected even if there are no OCE edits present. The action flag is also used for handling external line item adjustments. For some sites of service (e.g., hospice) only some services are paid under OPSS.

The line item action flag also impacts the computation of the discounting factor in Appendix D. The Payment Method flag specifies for a particular site of service which of these services are paid under OPSS (See Appendix E). OPSS payment for the claim is computed as the sum of the payments for each line item with the appropriate conversion factor, wage rate adjustment, outlier adjustment, etc. applied. Appendix L summarizes the process of filling in the APC return buffer.

If a claim spans more than one day, the OCE subdivides the claim into separate days for the purpose of determining discounting and multiple visits on the same day. Multiple day claims are determined based on calendar day. The OCE deals with all multiple day claims issues by means of the return information. The Pricer does not need to be aware of the issues associated with multiple day claims. The Pricer simply applies the payment computation as described above and the result is the total OPSS payment for the claim

regardless of whether the claim was for a single day or multiple days. If a multiple day claim has a subset of the days with a claim denial, RTP or suspend, the whole claim is denied, RTP or suspended.

For the purpose of determining the version of the OCE to be used, the *From* date on the header information is used.

The edit return buffers consist of a list of the edit numbers that occurred for each diagnosis, procedure, modifier, date or revenue code. For example, if a 75-year-old male had a diagnosis related to pregnancy it would create a conflict between the diagnosis and age and sex. Therefore, the diagnosis edit return buffer for the pregnancy diagnosis would contain the edit numbers 2 and 3. There is more space allocated in the edit return buffers than is necessary for the current edits in order to allow future expansion of the number of edits. The edit return buffers are described in Table 3.

Name	Bytes	Number	Values	Description	Comments
Diagnosis edit return buffer	3	8	0,1-5	Three-digit code specifying the edits that applied to the diagnosis.	There is one 8x3 buffer for each of up to 16 diagnoses.
Procedure edit return buffer	3	30	0,6,8-9,11-21, 28,37-40, 42-45,47, 49-50,52-64, 66 -74, 76, 77, 78	Three-digit code specifying the edits that applied to the procedure.	There is one 30x3 buffer for each of up to 450 line items.
Modifier edit return buffer	3	4	0,22,75	Three-digit code specifying the edits that applied to the modifier.	There is one 4x3 buffer for each of the five modifiers for each of up to 450 line items.
Date edit return buffer	3	4	0,23	Three-digit code specifying the edits that applied to <u>line item</u> dates.	There is one 4x3 buffer for each of up to 450 line items.
Revenue center edit return buffer	3	5	0, 9 ^a 41,48, 65	Three-digit code specifying the edits that applied to revenue centers.	There is one 5x3 buffer for each of up to 450 line items

Table 3: Edit Return Buffers

^aRevenue codes 099x with SI of E when submitted without a HCPCS code (OPPS only)

Each of the return buffers is positionally representative of the source that it contains information for, in the order in which that source was passed to the OCE. For example, the seventh diagnosis return buffer contains information about the seventh diagnosis; the fourth modifier edit buffer contains information about the modifiers in the fourth line item.

There are currently 78 different edits in the OCE, ten of which are inactive for the current version of the program. Each edit is assigned a number. A description of the edits is contained in Table 4.

Edit #	Description	Non-OPPS Hospitals	Disposition
1	Invalid diagnosis code	Y	RTP
2	Diagnosis and age conflict	Y	RTP
3	Diagnosis and sex conflict	Y	RTP
4 ⁴	Medicare secondary payor alert (v1.0-v1.1)		Suspend
5 ⁴	E-diagnosis code cannot be used as principal diagnosis	Y	RTP
6	Invalid procedure code	Y	RTP
7	Procedure and age conflict (Not activated)		RTP
8	Procedure and sex conflict	Y	RTP
9	Non-covered for reasons other than statute	Y	Line item denial
10	Service submitted for denial (condition code 21)	Y	Claim denial
11	Service submitted for FI/MAC review (condition code 20)	Y	Suspend
12	Questionable covered service	Y	Suspend
13	Separate payment for services is not provided by Medicare (v1.0 – v6.3)		Line item rejection
14	Code indicates a site of service not included in OPPS (v1.0 – v6.3)		Claim RTP
15	Service unit out of range for procedure ¹	Y	RTP
16	Multiple bilateral procedures without modifier 50 (see Appendix A) (v1.0 – v6.2)		RTP
17	Inappropriate specification of bilateral procedure (see Appendix A)	Y	RTP
18	Inpatient procedure ²		Line item denial
19	Mutually exclusive procedure that is not allowed by NCCI even if appropriate modifier is present		Line item rejection
20	Code2 of a code pair that is not allowed by NCCI even if appropriate modifier is present		Line item rejection
21	Medical visit on same day as a type “T” or “S” procedure without modifier 25 (see Appendix B)		Line item rejection
22	Invalid modifier	Y	RTP
23	Invalid date	Y	RTP
24	Date out of OCE range	Y	Suspend
25	Invalid age	Y	RTP
26	Invalid sex	Y	RTP
27	Only incidental services reported ³		Claim rejection
28	Code not recognized by Medicare; alternate code for same service may be available (See Appendix C for logic for edits 29-36, and 63-64)	Y	Line item rejection
29	Partial hospitalization service for non-mental health diagnosis		RTP
30	Insufficient services on day of partial hospitalization		Suspend
31	Partial hospitalization on same day as ECT or type T procedure (v1.0 – v6.3)		Suspend
32	Partial hospitalization claim spans 3 or less days with insufficient services on a least one of the days		Suspend
33	Partial hospitalization claim spans more than 3 days with insufficient number of days having mental health partial hospitalization services		Suspend
34	Partial hospitalization claim spans more than 3 days with insufficient number of days meeting partial hospitalization criteria		Suspend
35	Only Mental Health education and training services provided		RTP
36	Extensive mental health services provided on day of ECT or type T procedure (v1.0 – v6.3)		Suspend
37	Terminated bilateral procedure or terminated procedure with units greater than one		RTP
38	Inconsistency between implanted device or administered substance and implantation or associated procedure		RTP
39	Mutually exclusive procedure that would be allowed by NCCI if appropriate modifier were present		Line item rejection
40	Code2 of a code pair that would be allowed by NCCI if appropriate modifier were present		Line item rejection

Table 4: Description of edits/claim reasons (Part 1 of 2)

¹ For edit 15, units for all line items with the same HCPCS on the same day are added together for the purpose of applying the edit. If the total units exceeds the code's limits, the procedure edit return buffer is set for all line items that have the HCPCS code. If modifier 91 is present on a line item and the HCPCS is on a list of codes that are exempt, the unit edits are not applied.

² Edit 18 causes all other line items on the same day to be line item denied with Edit 49 (see APC/ASC return buffer “Line item denial or reject flag”). No other edits are performed on any lines with Edit 18 or 49.

³ If Edit 27 is triggered, no other edits are performed on the claim.

⁴ Not applicable for patient’s reason for visit diagnosis

Edit	Description	Non-OPPS Hospitals	Disposition
41	Invalid revenue code	Y	RTP
42	Multiple medical visits on same day with same revenue code without condition code G0 (see Appendix B)		RTP
43	Transfusion or blood product exchange without specification of blood product		RTP
44	Observation revenue code on line item with non-observation HCPCS code		RTP
45	Inpatient separate procedures not paid		Line item rejection
46	Partial hospitalization condition code 41 not approved for type of bill	Y*	RTP
47	Service is not separately payable		Line item rejection
48	Revenue center requires HCPCS		RTP
49	Service on same day as inpatient procedure		Line item denial
50	Non-covered based on statutory exclusion	Y	Line item rejection
51	Multiple observations overlap in time (Not activated)		RTP
52	Observation does not meet minimum hours, qualifying diagnoses, and/or 'T' procedure conditions (V3.0-V6.3)		RTP
53	Codes G0378 and G0379 only allowed with bill type 13x or 85x	Y*	Line item rejection
54	Multiple codes for the same service	Y	RTP
55	Non-reportable for site of service		RTP
56	E/M-condition not met and line item date for obs code G0244 is not 12/31 or 1/1 (Active V4.0 – V6.3)		RTP
57	Composite E/M condition not met for separately payable observation and line item date for code G0378 is 1/1		Suspend
58	G0379 only allowed with G0378		RTP
59	Clinical trial requires diagnosis code V707 as other than primary diagnosis		RTP
60	Use of modifier CA with more than one procedure not allowed		RTP
61	Service can only be billed to the DMERC	Y	RTP
62	Code not recognized by OPPS ; alternate code for same service may be available		RTP
63	This OT code only billed on partial hospitalization claims (See appendix C)		RTP
64	AT service not payable outside the partial hospitalization program (See appendix C)		Line item rejection
65	Revenue code not recognized by Medicare	Y	Line item rejection
66	Code requires manual pricing		Suspend
67	Service provided prior to FDA approval	Y	Line item rejection
68	Service provided prior to date of National Coverage Determination (NCD) approval	Y	Line item rejection
69	Service provided outside approval period	Y	Line item rejection
70	CA modifier requires patient status code 20		RTP
71	Claim lacks required device code		RTP
72	Service not billable to the Fiscal Intermediary/ Medicare Administrative Contractor	Y	RTP
73	Incorrect billing of blood and blood products		RTP
74	Units greater than one for bilateral procedure billed with modifier 50		RTP
75	Incorrect billing of modifier FB or FC		RTP
76	Trauma response critical care code without revenue code 068x and CPT 99291		Line item rejection
77	Claim lacks allowed procedure code		RTP
78	Claim lacks required radiopharmaceutical		RTP

Table 4: Description of edits/claim reasons (Part 2 of 2)

* Non-OPPS hospital bill types allowed for edit condition
Y = edits apply to Non-OPPS hospital claims

The claim return buffer described in Table 5 summarizes the edits that occurred on the claim.

	Bytes	Number	Values	Description
Claim processed flag	1	1	0-3, 9	0 - Claim processed. 1 - Claim could not be processed (edits 23, 24, 46 ^a , TOB 83x or other invalid bill type). 2 - Claim could not be processed (claim has no line items). 3 - Claim could not be processed (edit 10 - condition code 21 is present). 9 - Fatal error; OCE can not run - the environment can not be set up as needed; exit immediately.
Num of line items	3	1	nnn	Input value from Nsgptr, or 450, whichever is less.
National provider identifier (NPI)	13	1	aaaaaaaaaaaa	Transferred from input, for Pricer.
OSCAR Medicare provider number	6	1	aaaaaa	Transferred from input, for Pricer.
Overall claim disposition	1	1	0-5	0 - No edits present on claim. 1 - Only edits present are for line item denial or rejection. 2 - Multiple-day claim with one or more days denied or rejected. 3 - Claim denied, rejected, suspended or returned to provider, or single day claim w all line items denied or rejected, w only post payment edits. 4 - Claim denied, rejected, suspended or returned to provider, or single day claim w all line items denied or rejected, w only pre-payment edits. 5 - Claim denied, rejected, suspended or returned to provider, or single day claim w all line items denied or rejected, w both post-payment and pre-payment edits.
Claim rejection disposition	1	1	0-2	0 - Claim not rejected. 1 - There are one or more edits present that cause the claim to be rejected. 2 - There are one or more edits present that cause one or more days of a multiple-day claim to be rejected.
Claim denial disposition	1	1	0-2	0 - Claim not denied. 1 - There are one or more edits present that cause the claim to be denied. 2 - There are one or more edits present that cause one or more days of a multiple-day claim to be denied, or single day claim with all lines denied (edit 18 only).
Claim returned to provider disposition	1	1	0-1	0 - Claim not returned to provider. 1 - There are one or more edits present that cause the claim to be returned to provider.
Claim suspension disposition	1	1	0-1	0 - Claim not suspended. 1 - There are one or more edits present that cause the claim to be suspended.
Line item rejection disposition	1	1	0-1	0 - There are no line item rejections. 1 - There are one or more edits present that cause one or more line items to be rejected.
Line item denial disposition	1	1	0-1	0 - There are no line item denials. 1 - There are one or more edits present that cause one or more line items to be denied.
Claim rejection reasons	3	4	27	Three-digit code specifying edits (See Table 6) that caused the claim to be rejected. There is currently one edit that causes a claim to be rejected.
Claim denial reasons	3	8	10,	Three-digit code specifying edits (see Table 6) that caused the claim to be denied. There is currently one active edit that causes a claim to be denied.
Claim returned to provider reasons	3	30	1-3, 5-6, 8, 14-17, 22-23, 25-26, 29, 35, 37-38, 41-44, 46, 48, 52, 54, 55,56, 58-63, 70-75, 77, 78	Three-digit code specifying edits (see Table 6) that caused the claim to be returned to provider. There are 42 edits that could cause a claim to be returned to provider.
Claim suspension reasons	3	16	4, 11, 12, 24, 30-34, 36, 57, 66	Three-digit code specifying the edits that caused the claim to be suspended (see Table 6). There are 12 edits that could cause a claim to be suspended.
Line item rejection reasons	3	12	13, 19, 20, 21, 28, 39, 40, 45, 47, 50, 53, 64, 65, 67-69, 76	Three-digit code specifying the edits that caused the line item to be rejected (See Table 6). There are 17 edits that could cause a line item to be rejected.
Line item denied reasons	3	6	9, 18, 49	Three-digit code specifying the edits that caused the line item to be denied (see Table 6). There are currently 3 active edits that cause a line item denial.
APC/ASC return buffer flag	1	1	0-1	0 - No services paid under OPPTS. APC/ASC return buffer filled in with default values and ASC group number (See App F). 1 - One or more services paid under OPPTS. APC/ASC return buffer filled in with APC.
VersionUsed	8	1	yy.vv.rr	Version ID of the version used for processing the claim (e.g., 2.1.0).
Patient Status	2	1		Patient status code - transferred from input.
Opps Flag	1	1	1-2 ^a	OPPTS/Non-OPPTS flag - transferred from input. *A blank, zero or any other value is defaulted to 1
Non-OPPTS bill type flag	1	1	1-2	Assigned by OCE based on presence/absence of ASC code 1 = Bill type should be 83x 2 = Bill type should not be 83x

Table 5: Claim Return Buffer

^aEdit 46 terminates processing only for those bill types where no other edits are applied (See App. F).

Table 6 summarizes the edit return buffers, claim disposition and claim reasons. Table 6 also summarizes the pre and post payment status of each edit.

Table 6: Relationship between Edits, Disposition and Reasons (part 1 of 2)

Day denial or rejection means that all line items occurring on the day of the day denial or rejection will have the line item denial or rejection indicator (Table 7) set to 1.

Edit Buffers (see Table 3)						Claim Disposition (see Table 5)						Claim Reason (see Table 4)						Edit Occurs on Multi-day Claim						
				Line Item Date	Rev Code	Deny	Reject	RTP	Susp	Line Item Denial	Line Item Reject	Deny	Reject	RTP	Susp	Line Item Denial	Line Item Reject	RTP Whole Claim	Susp Whole Claim	Reject or Deny Claim	Reject Day	Deny or Reject Day *	Pre/ Post Status	
1	1							1						1				Yes						Pre
2	2							1						2				Yes						Pre
3	3							1						3				Yes						Pre
4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Post
5	4	5						1						5	4			Yes						Pre
6		6						1						6				Yes						Pre
7		7						1						7				Yes						Pre
8		8						1						8				Yes						Pre
9		9								1						9								Pre
10		-				1						10								Yes				Pre
11		11							1						11				Yes					Pre
12		12							1						12				Yes					Pre
13		13									1						13							Pre
14		14						1						14				Yes						Pre
15		15						1						15				Yes						Pre
16		16						1						16				Yes						Pre
17		17						1						17				Yes						Pre
18		18				1						18								Yes		Yes		Pre
19		19									1						19							Pre
20		20									1						20							Pre
21		21									1						21							Pre
22			22					1						22				Yes						Pre
23				23				1						23				Yes						Pre
24				-					1						24				Yes					Pre
25								1						25				Yes						Pre
26								1						26				Yes						Pre
27							1						27							Yes				Pre
28		28									1						28							Pre
29								1						29				Yes						Pre
30									1						30				Yes					Pre
31									1						31				Yes					Pre
32									1						32				Yes					Pre
33									1						33				Yes					Pre
34									1						34				Yes					Pre
35								1						35				Yes						Pre
36									1						36				Yes					Pre
37		37						1						37				Yes						Pre
38		38						1						38				Yes						Pre

Table 6: Relationship between Edits, Disposition and Reasons (part 2 of 2)

* Day denial or rejection means that all line items occurring on the day of the day denial or rejection will have the line item denial or rejection indicator (Table 7) set to 1.

	Edit Buffers (see Table 3)					Claim Disposition (see Table 5)						Claim Reason (see Table 4)						Edit Occurs on Multi-day Claim					
				Line Item Date	Rev Code	Deny	Reject	RTP	Susp	Line Item Denial	Line Item Reject	Deny	Reject	RTP	Susp	Line Item Denial	Line Item Reject	RTP Whole Claim	Susp Whole Claim	Reject or Deny Claim	Reject Day	Deny or Reject Day *	Pre/ Post Status
39		39									1						39						Pre
40		40									1						40						Pre
41					41			1						41				Yes					Pre
42		42						1						42				Yes					Pre
43		43						1						43				Yes					Pre
44		44						1						44				Yes					Pre
45		45									1						45						Pre
46								1						46				Yes					Pre
47		47									1						47						Pre
48					48			1						48				Yes					Pre
49		49								1					49							Yes	Pre
50		50									1						50						Pre
51		51						1						51				Yes					Pre
52		52						1						52				Yes					Pre
53		53									1						53						Pre
54		54						1						54				Yes					Pre
55		55						1						55				Yes					Pre
56		56						1						56				Yes					Pre
57		57							1					57					Yes				Pre
58		58						1						58				Yes					Pre
59		59						1						59				Yes					Pre
60		60						1						60				Yes					Pre
61		61						1						61				Yes					Pre
62		62						1						62				Yes					Pre
63		63						1						63				Yes					Pre
64		64									1						64						Pre
65					65						1						65						Pre
66		66							1					66					Yes				Pre
67		67									1						67						Pre
68		68									1						68						Pre
69		69									1						69						Pre
70								1						70				Yes					Pre
71		71						1						71				Yes					Pre
72		72						1						72				Yes					Pre
73		73						1						73				Yes					Pre
74		74						1						74				Yes					Pre
75			75					1						75				Yes					Pre
76		76									1						76						Pre
77		77						1						77				Yes					Pre
	Dx	Proc	Mod	Line Item	Rev Code	Deny	Reject	RTP	Susp	Line Item	Line Item	Deny	Reject	RTP	Susp	Line Item	Line Item	RTP Whole	Susp Whole	Reject or	Reject Day	Deny or	Pre/ Post

				Date						Denial	Reject					Denial	Reject	Claim	Claim	Deny Claim		Reject Day *	Status	
78		78							1					78				Yes						Pre

Table 7 describes the APC/ASC return buffer. The APC/ASC return buffer contains the APC for each line item along with the relevant information for computing OPSS payment for OPSS hospital claims. Two APC numbers are returned in the APC/ASC fields: HCPCS APC and payment APC. Except when specified otherwise (e.g., partial hospitalization, mental health, observation logic, codes with SI of Q, etc.), the HCPCS APC and the payment APC are always the same. The APC/ASC return buffer contains the information that will be passed to the OPSS PRICER. The APC is only returned for claims from HOPDs that are subject to OPSS, and for the special conditions specified in Appendix F-a.

The APC/ASC return buffer for the PC program interface also contains the ASC payment groups for procedures on certain Non-OPSS hospital claims. The ASC group number is returned in the payment APC/ASC field, the HCPCS ASC field is zero-filled [v8.2 – v8.3 only].

Table 7: APC/ASC Return Buffer (Part 1 of 2)

	Size (bytes)	Values	Description
HCPCS procedure code	5	Alpha	For potential future use by Pricer. Transfer from input
Payment APC/ASC*	5	00001-nnnnn	APC used to determine payment. If no APC assigned to line item, the value 00000 is assigned. For partial hospitalization and some inpatient-only procedure claims the payment APC may be different than the APC assigned to the HCPCS code. ASC group for the HCPCS code.
HCPCS APC	5	00001-nnnnn	APC assigned to HCPCS code
Status indicator**	2	Alpha	A - Services not paid under OPSS; paid under fee schedule or other payment system. B - Non-allowed item or service for OPSS C - Inpatient procedure E - Non-allowed item or service F - Corneal tissue acquisition; certain CRNA services and hepatitis B vaccines G - Drug/Biological Pass-through H - Pass-through device categories, brachytherapy sources, and radiopharmaceutical agents J - New drug or new biological pass-through ¹ K - Non pass-through drugs and biologicals, blood and blood products L - Flu/PPV vaccines M - Service not billable to the FI/MAC N - Packaged incidental service Items and Services packaged into APC rates P - Partial hospitalization service Q - Packaged services subject to separate payment based on payment criteria S - Significant procedure not subject to multiple procedure discounting T - Significant procedure subject to multiple procedure discounting V - Medical visit to Clinic or emergency department visit W - Invalid HCPCS or Invalid revenue code with blank HCPCS X - Ancillary service Y - Non-implantable DME Therapeutic Shoes Z - Valid revenue with blank HCPCS and no other SI assigned
Payment indicator**	2	Numeric (1- nn)	1 - Paid standard hospital OPSS amount (status indicators K, S, T, V, X) 2 - Services not paid under OPSS; paid under fee schedule or other payment system (SI A) 3 - Not paid (Q, M, W,Y, E), or not paid under OPSS (B, C, Z) 4 - Paid at reasonable cost (status indicator F, L) 5 - Paid standard amount for pass-through drug or biological (status indicator G) 6 - Payment based on charge adjusted to cost (status indicator H) 7 - Additional payment for new drug or new biological (status indicator J) 8 - Paid partial hospitalization per diem (status indicator P) 9 - No additional payment, payment included in line items with APCs (status indicator N, or no HCPCS code and certain revenue codes, or HCPCS codes G0176 (activity therapy), G0129 (occupational therapy), or G0177 (patient education and training service))
Discounting formula number**	1	1-9	See Appendix D for values
Line item denial or rejection flag**	1	0-2	0 - Line item not denied or rejected 1 - Line item denied or rejected (edit return buffer for line item contains a 9, 13, 18, 19, 20, 21, 28, 39, 40, 45, 47, 49, 50, 53, 64, 65, 67, 68, 69, 76) 2 - The line is not denied or rejected, but occurs on a day that has been denied or rejected (not used as of 4/1/02 - v3.0).
Packaging flag**	1	0-4	0 - Not packaged 1 - Packaged service (status indicator N, or no HCPCS code and certain revenue codes) 2 - Packaged as part of partial hospital per diem or daily mental health service per diem 3 - Artificial charges for surgical procedure (submitted charges for surgical HCPCS < \$1.01) 4 - Packaged as part of drug administration APC payment (v6.0 – v7.3 only)

Name	Size (bytes)	Values	Description
Payment adjustment flag**	2	0-8, 91-99 [Right justified, blank filled]	0 - No payment adjustment 1 - Paid standard amount for pass-through drug or biological (status indicator G) 2 - Payment based on charge adjusted to cost (status indicator H) 3 - Additional payment for new drug or new biological applies to APC (status indicator J) ¹ 4 - Deductible not applicable (specific list of HCPCS codes) 5 - Blood/blood product used in blood deductible calculation 6 - Blood processing/storage not subject to blood deductible 7 - Item provided without cost to provider 8 - Item provided with partial credit to provider 91 - 99 Each composite APC present, same value for prime and non-prime codes.
Payment Method Flag**	1	0-4	0 - OPPS pricer determines payment for service 1 - Based on OPPS coverage or billing rules, the service is not paid 2 - Service is not subject to OPPS 3 - Service is not subject to OPPS, and has an OCE line item denial or rejection 4 - Line item is denied or rejected by FI/MAC; OCE not applied to line item
Service units	7	1-x	Transferred from input, for Pricer. For the line items assigned APCs 33 or 34, the service units are always assigned a value of one by the OCE even if the input service units were greater than one [Input service units also may be reduced for some Drug administration APCs, based on Appendix I (v6.0 - v7.3 only)]
Charge	10	nnnnnnnnnn	Transferred from input, for Pricer; COBOL pic 9(8)v99
Line item action flag**	1	0-4	Transferred from input to Pricer, and can impact selection of discounting formula (AppxD). 0 - OCE line item denial or rejection is not ignored 1 - OCE line item denial or rejection is ignored 2 - External line item denial. Line item is denied even if no OCE edits 3 - External line item rejection. Line item is rejected even if no OCE edits 4 - External line item adjustment. Technical charge rules apply.

Table 7: APC/ASC Return Buffer (Part 2 of 2)

¹ Status indicator J was replaced by status indicator G starting in April, 2002 (V3.0)

* ASC # returned **only** for TOB 83x, on the PC version output report, for v8.2 & v8.3

** Not activated for claims with Opps flag = 2 (blanks are returned in the APC/ASC Return Buffer)

HCPCS Codes for Reporting Antigen, Vaccine Administration, Splints, and Casts

List of HCPCS codes in the following chart specify vaccine administration, antigen, splints, and casts, which were paid under OPPS for hospitals. In addition in certain situations these services when provided by HHA's not under the Home Health PPS, and to hospice patients for the treatment of a non-terminal illness are paid under OPPS.

Category	Code
Antigen	95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, 95180, 95199
Vaccine Administration	90471, 90472, G0008, G0009
Splints	29105, 29125, 29126, 29130, 29131, 29505, 29515
Casts	29000, 29010, 29015, 29020, 29025, 29035, 29040, 29044, 29046, 29049, 29055, 29058, 29065, 29075, 29085, 29086, 29305, 29325, 29345, 29355, 29358, 29365, 29405, 29425, 29435, 29440, 29445, 29450, 29700, 29705, 29710, 29715, 29720, 29730, 29740, 29750, 29799

Correct Coding Initiative (CCI) Edits

The OPPS OCE will generate CCI edits for OPPS hospitals. All CCI edits are incorporated in the I/OCE with the exception of anesthesiology, E&M, mental health, and certain drug administration code pairs. Modifiers and coding pairs in the OCE may differ from those in the NCCI because of differences between facility and professional services.

Effective January 1, 2006 these CCI edits will also apply to ALL services billed, under bill types 22X, 23X, 34X, 74X, and 75X, by the following providers: Skilled Nursing Facilities (SNF's), Outpatient Physical Therapy and Speech-Language Pathology Providers (OPT's), CORF's, and Home Health Agencies (HHA's).

The CCI edits are applicable to claims submitted on behalf of the same beneficiary, provided by the same provider, and on the same date of service. The edits address two major types of coding situations. One type, referred to as the comprehensive/component edits, are those edits to code combinations where one of the codes is a component of the more comprehensive code. In this instance only the comprehensive code is paid. The other type, referred to as the mutually exclusive edits, are those edits applied to code combinations where one of the codes is considered to be either impossible or improbable to be performed with the other code. Other unacceptable code combinations are also included. One such code combination consists of one code that represents a service 'with' something and the other is 'without' the something. The edit is set to pay the lesser-priced service.

Version 13.3 of CCI edits is included in the January OCE.

NOTE: The CCI edits in the OCE are always one quarter behind the Carrier CCI edits.

See Appendix Fa and Fb "OCE Edits Applied by Bill Type" for bill types that the I/OCE will subject to these and other OCE edits.

Appendix A (OPPS & Non-OPPS) Bilateral Procedure Logic

There is a list of codes that are exclusively bilateral if a modifier of 50 is present*. The following edits apply to these bilateral procedures*.

Condition	Action	Edit
The same code which can be performed bilaterally occurs two or more times on the same date of service, all codes <i>without</i> a 50 modifier	Return claim to provider	16
The same code which can be performed bilaterally occurs two or more times (based on units and/or lines) on the same date of service, all or some codes <i>with</i> a 50 modifier	Return claim to provider	17

There is a list of codes that are considered inherently bilateral even if a modifier of 50 is not present. The following edit applies to these bilateral procedures**.

Condition	Action	Edit
The same bilateral code occurs two or more times (based on units and/or lines) on the same date of service	Return claim to provider	17***

There are two lists of codes, one is considered conditionally bilateral and the other independently bilateral if a modifier 50 is present. The following edit applies to these bilateral procedures (effective 10/1/06). [OPPS claims only]

Condition	Action	Edit
The bilateral code occurs with modifier 50 and more than one unit of service on the same line	Return claim to provider	74

Note: For ER and observation claims, all services on the claim are treated like any normal claim, including multiple day processing.

*Note: The “exclusively bilateral” list was eliminated, effective 10/1/05 (v6.3); edits 16 and 17 will not be triggered by the presence/absence of modifier 50 on certain bilateral codes for dates of service on or after 10/1/05.

** Exception: For codes with SI of V that are also on the Inherent Bilateral list, condition code ‘G0’ will take precedence over the bilateral edit; these claims will not receive edit 17 nor be returned to provider.

*** Exception: Edit 17 is not applied to Non-OPPS TOB 85x

Appendix B (OPPS Only)

Rules for Medical and Procedure Visits on the Same Day and for Multiple Medical Visits on Same Day

Under some circumstances, medical visits on the same date as a procedure will result in additional payments. A modifier of **25** with an Evaluation and Management (E&M) code, status indicator V, is used to report a medical visit that takes place on the same date that a procedure with status indicator S or T is performed, but that is significant and separately identifiable from the procedure. However, if any E&M code that occurs on a day with a type “T” or “S” procedure does not have a modifier of 25, then edit 21 will apply and there will be a line item rejection.

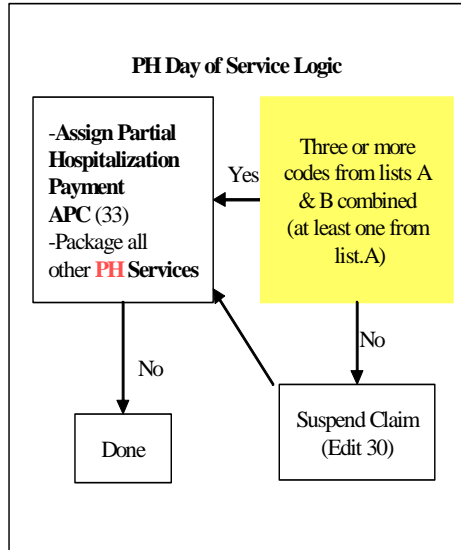
If there are multiple E&M codes on the same day, on the same claim the rules associated with multiple medical visits are shown in the following table.

E&M Code	Revenue Center	Condition Code	Action	Edit
2 or more	Revenue center is different for each E&M code, and all E&M codes have units equal to 1.	Not G0	Assign medical APC to each line item with E&M code	-
2 or more	Two or more E&M codes have the same revenue center OR One or more E&M codes with units greater than one had same revenue center	Not G0	Assign medical APC to each line item with E&M code and Return Claim to Provider	42
2 or more	Two or more E&M codes have the same revenue center OR one or more E&M codes with units greater than one had same revenue center	G0*	Assign medical APC to each line item with E&M code	-

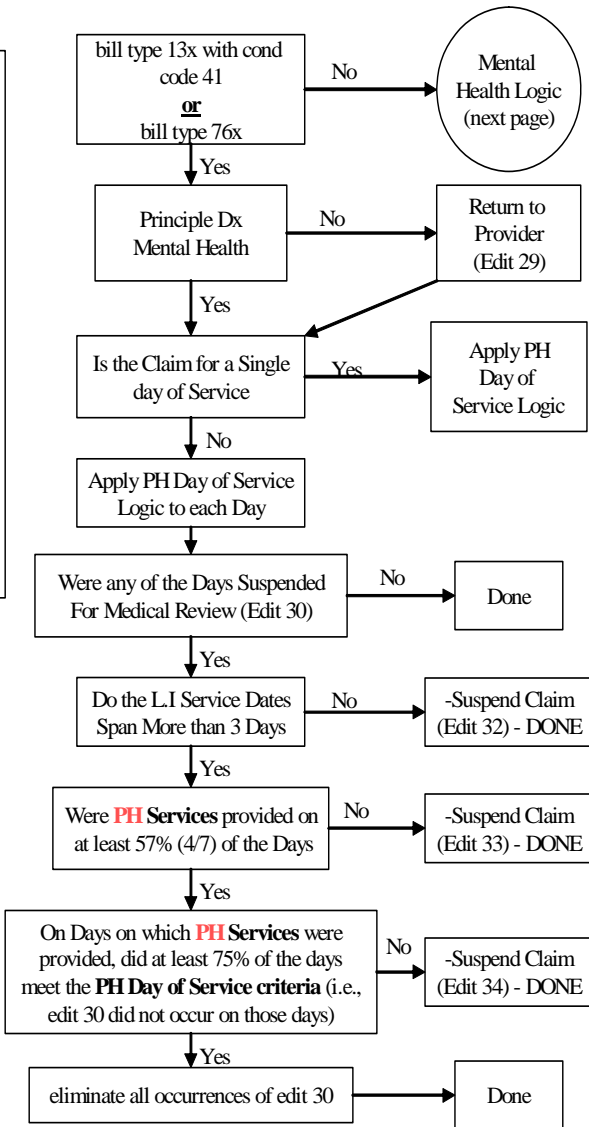
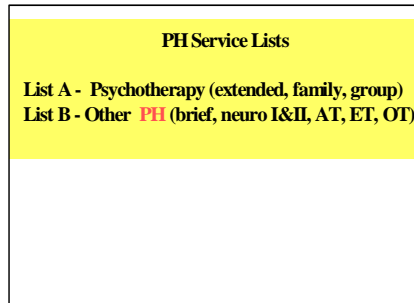
The condition code G0 specifies that multiple medical visits occurred on the same day with the same revenue center, and that these visits were distinct and constituted independent visits (e.g., two visits to the ER for chest pain).

* For codes with SI of V that are also on the Inherent Bilateral list, condition code ‘G0’ will take precedence over the bilateral edit to allow multiple medical visits on the same day.

Appendix C-a (OPPS Only) Partial Hospitalization Logic



PH = Partial Hospitalization



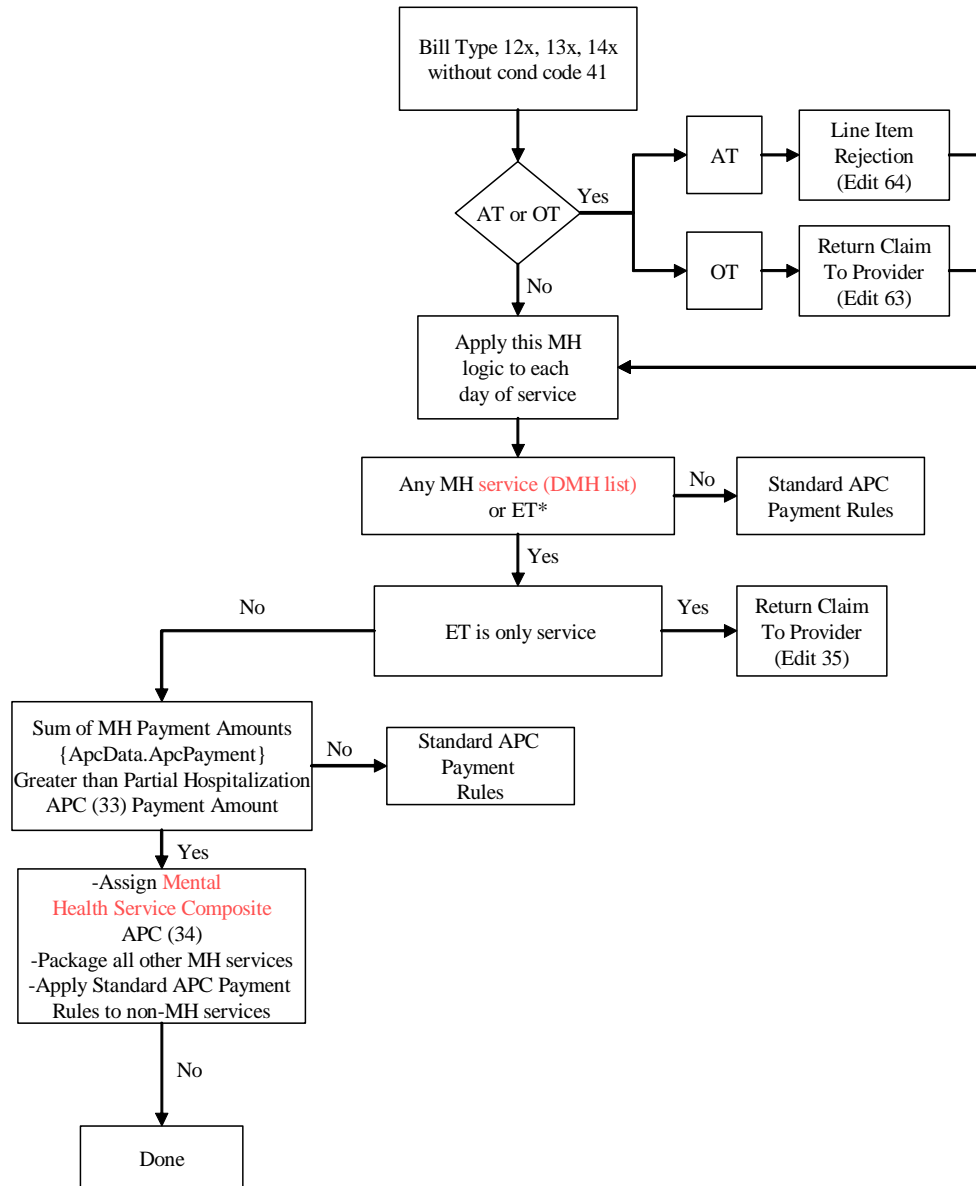
+ Multiple occurrences of services from list A or B are treated as separate units in determining whether 3 or more PH services are present.

Assign Partial Hospitalization Payment APC

For any day that has a PH service, the first listed line item from the following hierarchical list (List A, List B) is assigned a payment APC of 33, a status indicator of P, a payment indicator of 8, a discounting factor of 1, a line item denial or rejection indicator of 0, a packaging flag of 0, a payment adjustment flag of 0, and a service unit of 1

For all other line items with a partial hospital service (List A or B), the SI is changed to N and packaging flag is set to 2

Appendix C-b (cont'd) Mental Health Logic



Assign Mental Health Service Composite APC

The first listed line item with HCPCS code from the list of Daily MH services (DMH list) is assigned a payment APC of 34, a status indicator of P, a payment indicator of 8, a discounting factor of 1, a line item denial or rejection indicator of 0, a packaging flag of 0, a payment adjustment flag of 0 and a service unit of 1.

For all other line items with a daily mental health service (DMH list), the SI is changed to N and the packaging flag is set to 2.

*NOTE: The use of code G0177 (ET) is allowed on MH claims that are not billed as Partial Hospitalization

Appendix D

Computation of Discounting Fraction (OPPS Only)

Type “T” Multiple and Terminated Procedure Discounting:

Line items with a status indicator of “T” are subject to multiple-procedure discounting *unless modifiers 76, 77, 78 and/or 79 are present*. The “T” line item with the highest payment amount will *not* be multiple procedure discounted, and all other “T” line items will be multiple procedure discounted. All line items that do not have a status indicator of “T” will be ignored in determining the multiple procedure discount. A modifier of 52 or 73 indicates that a procedure was terminated prior to anesthesia. A terminated type “T” procedure will also be discounted although not necessarily at the same level as the discount for multiple type “T” procedures.

Terminated bilateral procedures or terminated procedures with units greater than one should not occur, and have the discounting factor set so as to result in the equivalent of a single procedure. Claims submitted with terminated bilateral procedures or terminated procedure with units greater than one are returned to the provider (edit 37).

Bilateral procedures are identified from the “bilateral” field in the physician fee schedule. Bilateral procedures have the following values in the “bilateral” field:

1. Conditional bilateral (i.e. procedure is considered bilateral if the modifier 50 is present)
2. Inherent bilateral (i.e. procedure in and of itself is bilateral)
3. Independent bilateral (i.e., procedure is considered bilateral if the modifier 50 is present, but full payment should be made for each procedure (e.g., certain radiological procedures))

Inherent bilateral procedures will be treated as non-bilateral procedures since the bilateralism of the procedure is encompassed in the code. For bilateral procedures the type “T” procedure discounting rules will take precedence over the discounting specified in the physician fee schedule.

All line items for which the line item denial or reject indicator is 1 and the line item action flag is zero, or the line item action flag is 2, 3 or 4, will be ignored in determining the discount; packaged line items, (the packaging flag is not zero or 3), will also be ignored in determining the discount. The discounting process will utilize an APC payment amount file. The discounting factor for bilateral procedures is the same as the discounting factor for multiple type “T” procedures.

Non-Type T Procedure Discounting:

Line items with SI other than “T” are subject to bilateral procedure discounting with modifier 50, if identified in the physician fee schedule as Conditional bilateral; and to terminated procedure discounting when modifier 52 or 73 is present.

There are **nine** different discount formulas that can be applied to a line item.

1. 1.0
2. $(1.0 + D(U-1))/U$
3. T/U
4. $(1 + D)/U$
5. D
6. $*TD/U$
7. $*D(1 + D)/U$
8. 2.0
9. $2D/U$

Where

D = discounting fraction (currently 0.5)

U = number of units

T = terminated procedure discount (currently 0.5)

***Note:** Effective 1/1/08 (v9.0), formula #6 and #7 discontinued; new formula #9 created.

The discount formula that applies is summarized in the following table.

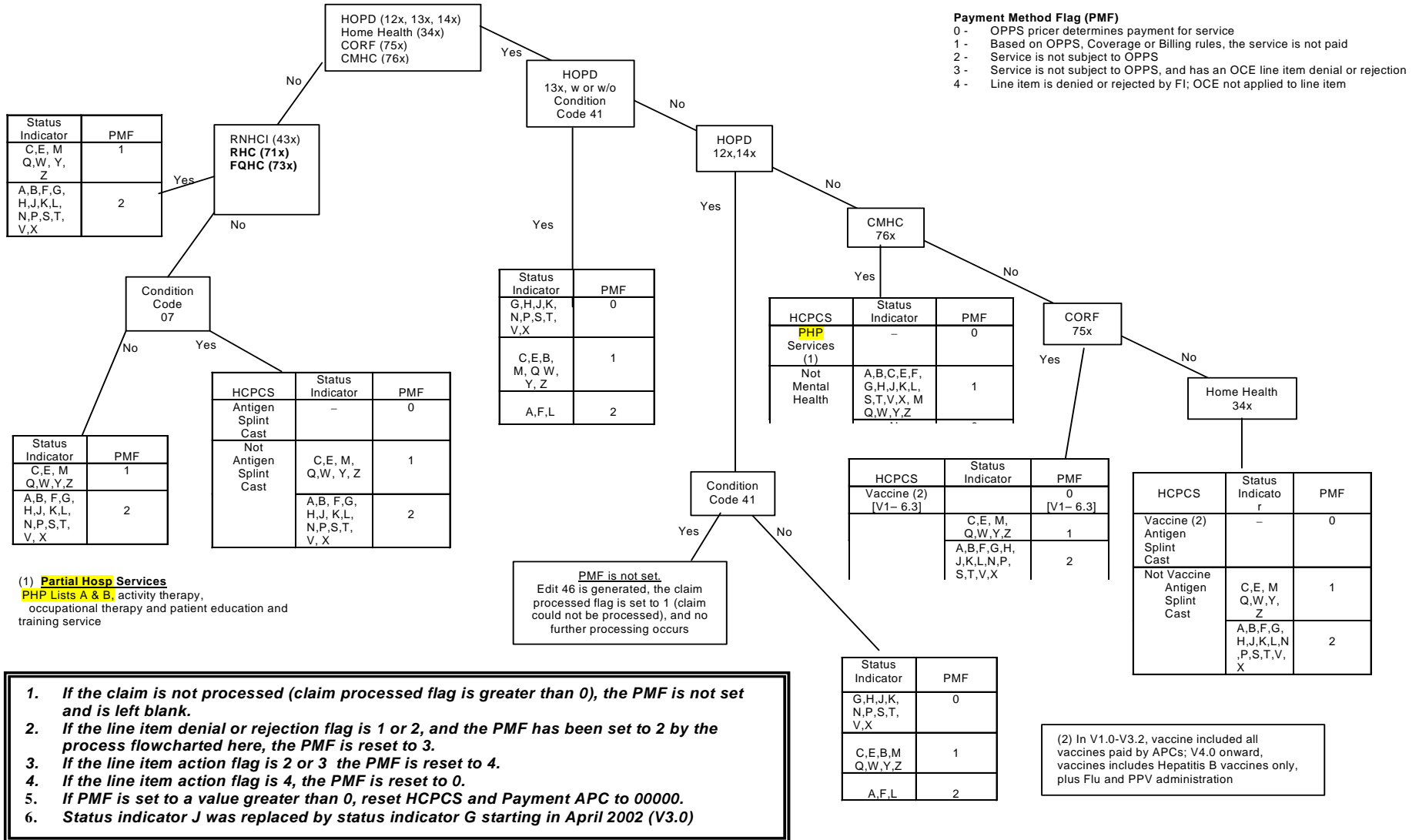
			Discounting Formula Number			
			Type "T" Procedure		Non Type "T" Procedure	
Payment Amount	Modifier 52 or 73	Modifier 50	Conditional or Independent Bilateral	Inherent or Non Bilateral	Conditional or Independent Bilateral	Inherent or Non Bilateral
Highest	No	No	2	2	1	1
Highest	Yes	No	3	3	3	3
Highest	No	Yes	4	2	4/8*	1
Highest	Yes	Yes	3	3	3	3
Not Highest	No	No	5	5	1	1
Not Highest	Yes	No	3	3	3	3
Not Highest	No	Yes	9	5	4/8*	1
Not Highest	Yes	Yes	3	3	3	3

For the purpose of determining which APC has the highest payment amount, the terminated procedure discount (T) and any applicable offset, will be applied prior to selecting the type T procedure with the highest payment amount. If both offset and terminated procedure discount apply, the offset will be applied first, before the terminated procedure discount.

*If not terminated, non-type T Conditional bilateral procedures with modifier 50 will be assigned discount formula #4; non-type T Independent bilateral procedures with modifier 50 will be assigned to formula #8.

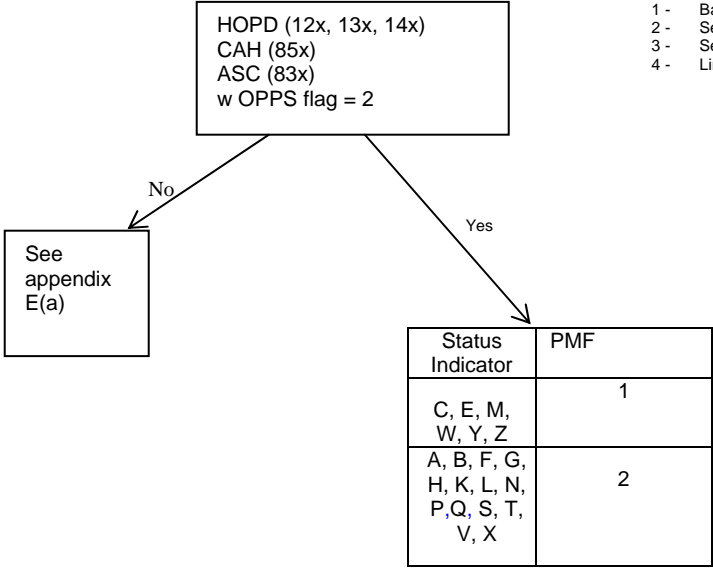
Effective 1/1/08 (v9.0), Use of formula #6 and formula #7 discontinued; replaced by formula #3 and new formula #9

Appendix E(a) [OPPS flag =1] Logic for Assigning Payment Method Flag Values



Appendix E(b) [OPPS flag = 2] **[Not activated]**.
 Logic for Assigning Non-OPPS Hospital Payment Method Flag Values

[PMF values not returned on claims with OPPS flag = 2]



Payment Method Flag (PMF)
 0 - OPPS pricer determines payment for service
 1 - Based on OPPS, Coverage or Billing rules, the service is not paid
 2 - Service is not subject to OPPS
 3 - Service is not subject to OPPS, and has an OCE line item denial or rejection
 4 - Line item is denied or rejected by FI; OCE not applied to line item

1. *If the claim is not processed (claim processed flag is greater than 0), the PMF is not set and is left blank.*
2. *If the line item denial or rejection flag is 1 or 2, and the PMF has been set to 2 by the process flowcharted here, the PMF is reset to 3.*
3. *If the line item action flag is 2 or 3 the PMF is reset to 4.*
4. *If the line item action flag is 4, the PMF is reset to 0.*

Appendix F(a) - OCE Edits Applied by Bill Type [OPPS flag =1]

FLOW CHART CELL (*)	Provider/Bill Types	Proc [7, 89]	112, 50, 53 ^e , 54, 59, 69]	Proc & Modifier [18,38,43,45,47,49,71,73,75,77,78]	Non Meare [28]	Non OPP S [62]	Modifier [16,17,22,37,74]	HCPCS Req'd [18g ^d]	CCI [19,20,39,40]	Line Item Date [23]	Rev Code [41,65]	Age, Sex [25,26]	Partial Hosp [29-34]	APC [2,1,27,42]	MH [35,36, 63, 64]	APCbu ffer co mpleted	Bill type [46]	Obs Logic [52,56,57],Di rAdm [58],Spe ct rpt [60], Manual Pr ice [66,70], FDA/NCD [67,68],Tr auma [76]	DME (60), Not FI/MAC (72)	Opps Proc (55)				
		Dx [1-5]	HCPC [6,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]	OPPS [16,13]		
1	12X or 14X w cond code 41	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No		
2	12X or 14X w.o cond code 41	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes		
3	13X w condition code 41	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	
4	13X w.o condition code 41	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	
5	76X (CMHC)	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	
6	34X ^h (HHA) w Vaccine ^c , Antigen, Splint or Cast	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	No	
7	34X ^h (HHA) w.o Vaccine ^c , Antigen, Splint or Cast	Yes	Yes	Yes	No	No	No	No	No	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	No	Yes	No	
8	75X(CORF) w Vac(PPS)[v1-6.3]	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	Yes	
9	42X RNHCI	No	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	No	
10	71X RHC), 3X FQHC)	Yes	No	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	Yes	
11	Any bill type except 12x,13x, 14x, 34x, 43x, 71x, 73x, 76x, w CC 07, w Antigen, Splint or Cast	Yes ^f	Yes ^f	Yes	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	No	
12	75X ^h (CORFs)	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes
13	22X ^h , 23X ^h (SNF), 24X ^g	Yes	Yes	Yes	No	Yes ^j	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes
14	32X, 33X (HHA)	Yes ^f	Yes ^f	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	No
15	72X (ESRD)	Yes	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes
16	74X ^h (OPTs)	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes
17	81x (Hospice), 82x	Yes	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes

(*) FLOW CHART CELLS ARE IN HIERARCHICAL ORDER

Yes = edits apply, No = edits do not apply

Edit 10, and Edits 23 and 24 for From/Through dates, are not dependent on AppxF

^a if edit 23 is not applied, the lowest service (or From) date is substituted for invalid dates, and processing continues.

^b Bypass edit 22 if Revenue code is 100x, 210x, 310x,0905, 0906, 0907; 0500, 0509, 0583, 0660-0663, 0669, 0931, 0932; 0521, 0522, 0524, 0525, 0527, 0528;0948, 099x

^k Edits 74 and 77 not applicable to bill type 12x

^d Bypass edit 48 if Revenue code is 100x, 210x, 310x,0905, 0906, 0907; 0500, 0509, 0583, 0660-0663, 0669, 0931, 0932; 0521, 0522, 0524, 0525, 0527, 0528;0948, 099x

^e In V1.0 to V3.2, "vaccines" included all vaccines paid by APCs; from V4.0 onward, "vaccines" includes Hepatitis B vaccines only, plus Flu and PPV administration

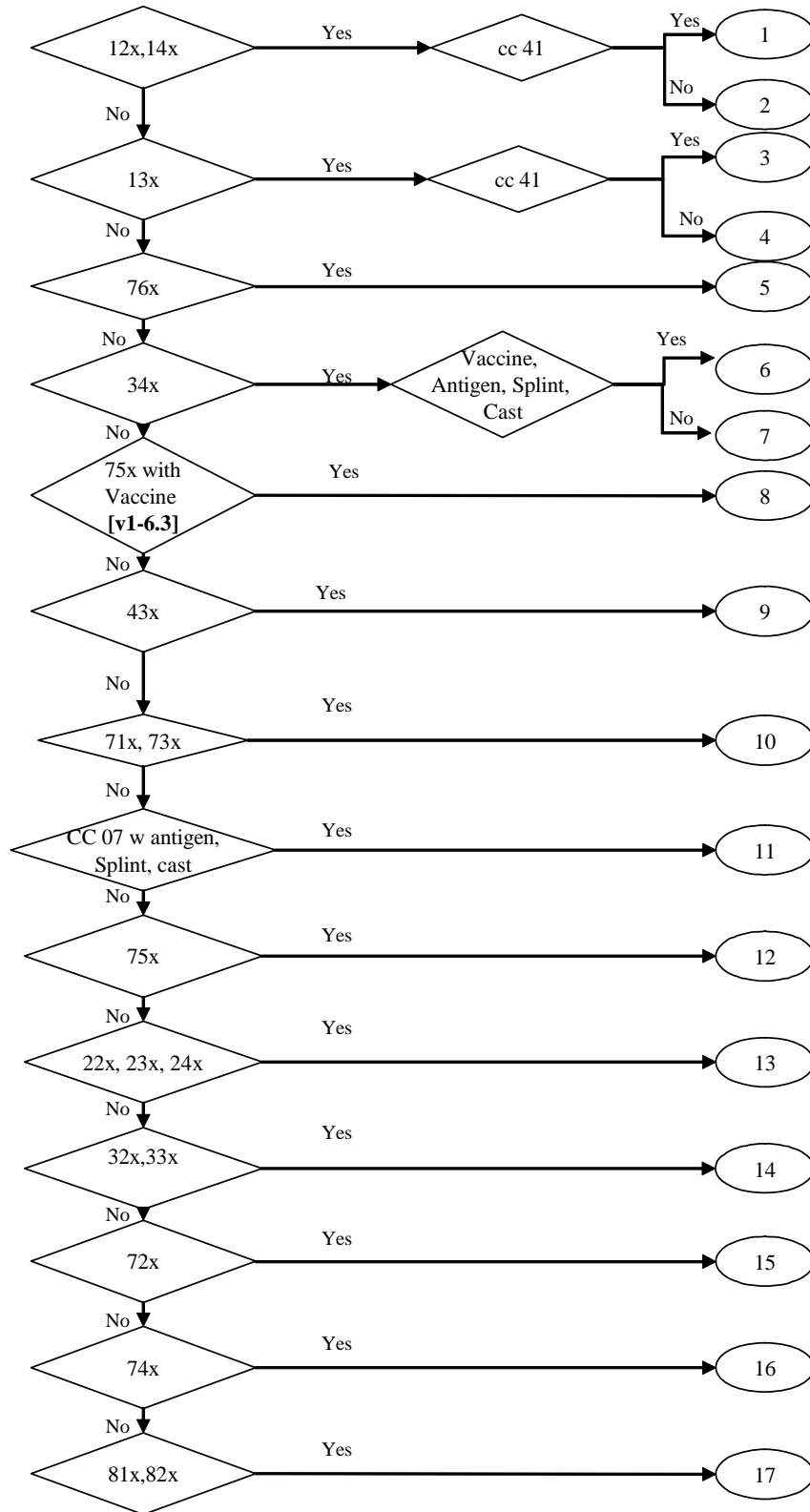
^f Bypass diagnosis edits (1-5) for bill types 32X and 33X (HHA) if from date is <10/1/xx and Through date is >= 10/1/xx

^g Delete TOB 24X effective 10/1/05

^h Apply CCI edits to TOB 22x, 23x, 34x, 74x and 75x, effective 1/1/06

ⁱ Apply edit 28, effective 10/1/05

Appendix F(a) Flow Chart [OPPS flag = 1]



Appendix F(b) - OCE Edits Applied by Non-OPPS Hospital Bill Type [OPPS flag = 2]

Provider/Bill Types	Dx [1-3, 5]	Proc [8, 9, 11, 12, 30, 53, 54, 6, 9]	HCPC [6]	NonM care [28]	Proc & Modifier [18, 45, 49]	HCPReq [18, 45, 49]	Modifier [17, 22b]	CCI [19, 20, 39, 40]	^a Line Item Date [23]	Units [15]	Rev Code [4, 65]	Age, Sex [25, 26]	Partial Hosp [29, 34]	APC [21, 27, 42]	MH [3, 5, 63, 64]	Bill type [4, 6]	APC/ASC buffer completed	FDA/NCD [67, 68]	DME (6) / N of F / MAC (72)	Opps Proc (5, 5)		
12x&14x w cond code 41/OPPS flag =2	No	No	No		No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	
12x&14x w.o cond code 41/OPPS flag =2	Yes	Yes	Yes		Yes	No	No	Yes	No	Yes	Yes	Yes		Yes	No	No	No	No	No	Yes	No	Yes
13x w condition code 41/OPPS flag = 2	Yes	Yes	Yes		Yes	No	No	Yes	No	Yes	Yes	Yes		Yes	No	No	No	No	No	Yes	No	Yes
13x w.o cond code 41/OPPS flag = 2	Yes	Yes	Yes		Yes	No	No	Yes	No	Yes	Yes	Yes		Yes	No	No	No	No	No	Yes	No	Yes
85x/OPPs flag = 2	Yes	Yes	Yes		Yes	No	No	Yes	No	Yes	Yes	Yes		Yes	No	No	No	No	No	Yes	No	Yes ^d
83x/OPPs flag = 2**	Yes	Yes	Yes		Yes	No	No	Yes	No	Yes	Yes	Yes		Yes	No	No	No	No	Yes	Yes	No	Yes

(*) FLOW CHART CELLS ARE IN HIERARCHICAL ORDER

Yes = edits apply, No = edits do not apply

Edit 10, and Edits 23 and 24 for From/Through dates, are not dependent on AppxF

^a if edit 23 is not applied, the lowest service (or From) date is substituted for invalid dates, and processing continues.

^b Bypass edit 22 if Revenue code is 540 ^c Edit 53 is not applicable to bill type 13x or 85x

^d Bypass edit 72 if TOB is 85x and revenue code is 096x, 097x or 098x

^e Bypass edit 17 if TOB is 85x

** Bill type invalid for IOCE effective for dates of service on or after 1/1/08 - v9.0

Appendix G [OPPS Only]

The payment adjustment flag for a line item is set based on the criteria in the following chart:

Criteria	Payment Adjustment Flag Value
Status indicator G	1
Status indicator H	2
Status indicator J ¹	3
Code is flagged as ‘deductible not applicable’	4
Blood product with modifier BL on RC 38X line ²	5
Blood product with modifier BL on RC 39X line ²	6
Item provided without cost to provider	7
Item provided with partial credit to provider	8
First composite APC present - prime & non-prime codes	91
Second composite APC present – prime & non-prime codes	92
Third composite APC present – prime & non-prime codes	93
Fourth composite APC present – prime & non-prime codes	94
Fifth thru ninth composite APC present – prime & non-prime	95 - 99
All others	0

¹ Status indicator J was replaced by status indicator G starting in April 2002 (V3.0)

² See Appendix J for assignment logic (v6.2)

Appendix H [OPPS Only]

OCE Observation Criteria (v3.0 – v8.3)

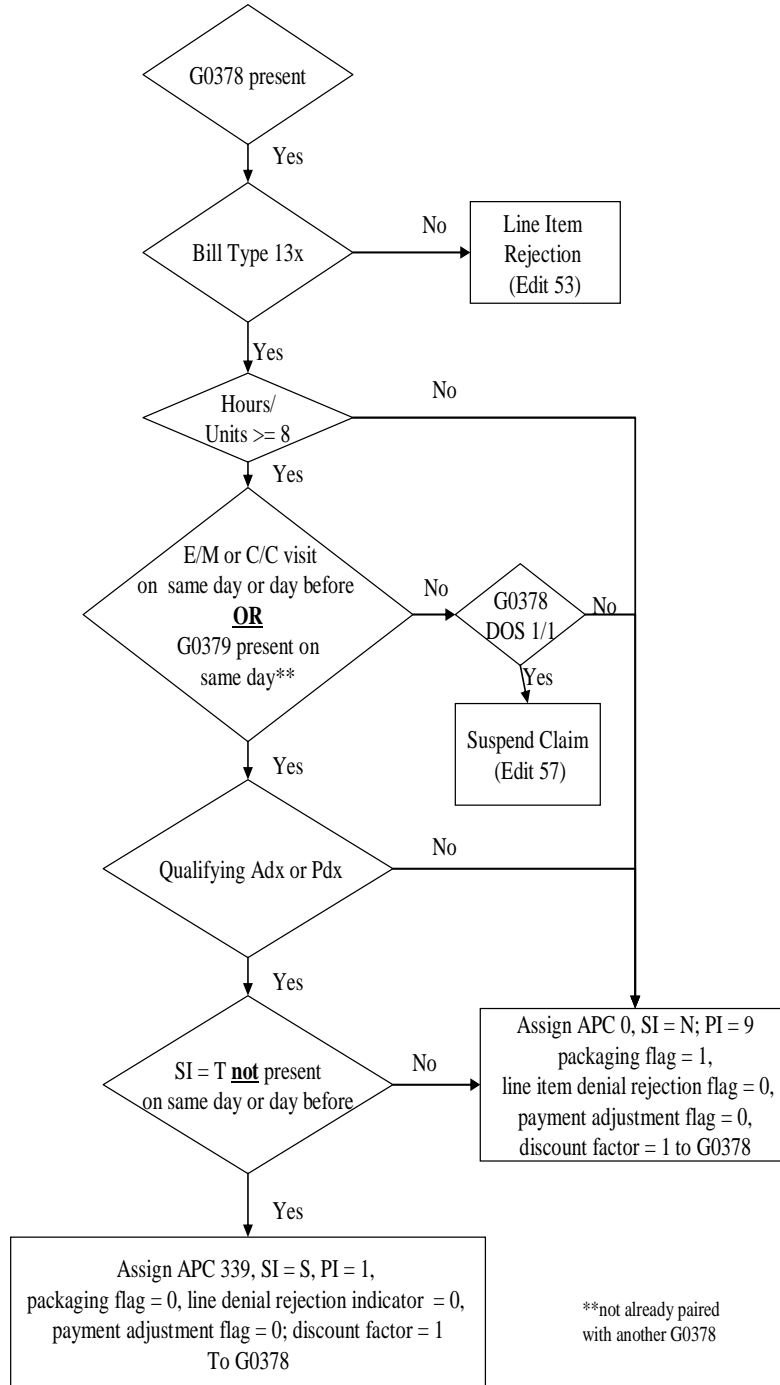
Rules:

1. Code G0378 is used to identify all outpatient observations, regardless of the reason for observation (diagnosis) or the duration of the service.
2. Code G0379 is used to identify direct admission from a physician’s office to observation care, regardless of the reason for observation.
3. Code G0378 has default Status Indicator “Q” and default APC 0
 - a. If the criteria are met for payable observation, the SI is changed to “S” and APC 339 is assigned.
 - b. If the criteria for payable observation are not met, the SI is changed to “N”.
4. Code G0379 has default Status Indicator “Q” and default APC 0
 - a. If associated with a payable observation (payable G0378 present on the same day), the SI for G0379 is changed to “N”.
 - b. If the observation on the same day is not payable, the SI is changed to “V” and APC 604 is assigned.
 - c. If there is no G0378 on the same day, the claim is returned to the provider.
5. Observation logic is performed only for claims with bill type 13x, with or without condition code 41.
6. Lines with G0378 and G0379 are rejected if the bill type is not 13x (or 85x).
7. If any of the criteria for separately payable observation is not met, the observation is packaged, or the claim or line is suspended or rejected according to the disposition of the observation edits.
8. In order to qualify for separate payment, each observation must be paired with a unique E/M or critical care
 - a. (C/C) visit, or with code G0379 (Direct admission from physician’s office).
E/M or C/C visit is required the day before or day of observation; Direct admission is required on the day of observation.
9. If an observation cannot be paired with an E/M or C/C visit or Direct admission, the observation is packaged.
10. E/M or C/C visit or Direct admission on the same day as observation takes precedence over E/M or C/C visit on the day before observation.
11. E/M, C/C visit or Direct admission that have been denied or rejected, either externally or by OCE edits, are ignored.
12. Both the associated E/M or C/C visit (APCs 604-616, 617) and observation are paid separately if the criteria are met for separately payable observation.
13. If a “T” procedure occurs on the day of or the day before observation, the observation is packaged.
14. Multiple observations on a claim are paid separately if the required criteria are met for each one.
15. If there are multiple observations within the same time period and only one meets the criteria for separate APC payment, the observation with the most hours is considered to have met the criteria, and the other observations will be packaged.
16. Observation date is assumed to be the date admitted for observation
17. The diagnoses (patient’s reason for visit or principal) required for the separately payable observation criteria are:

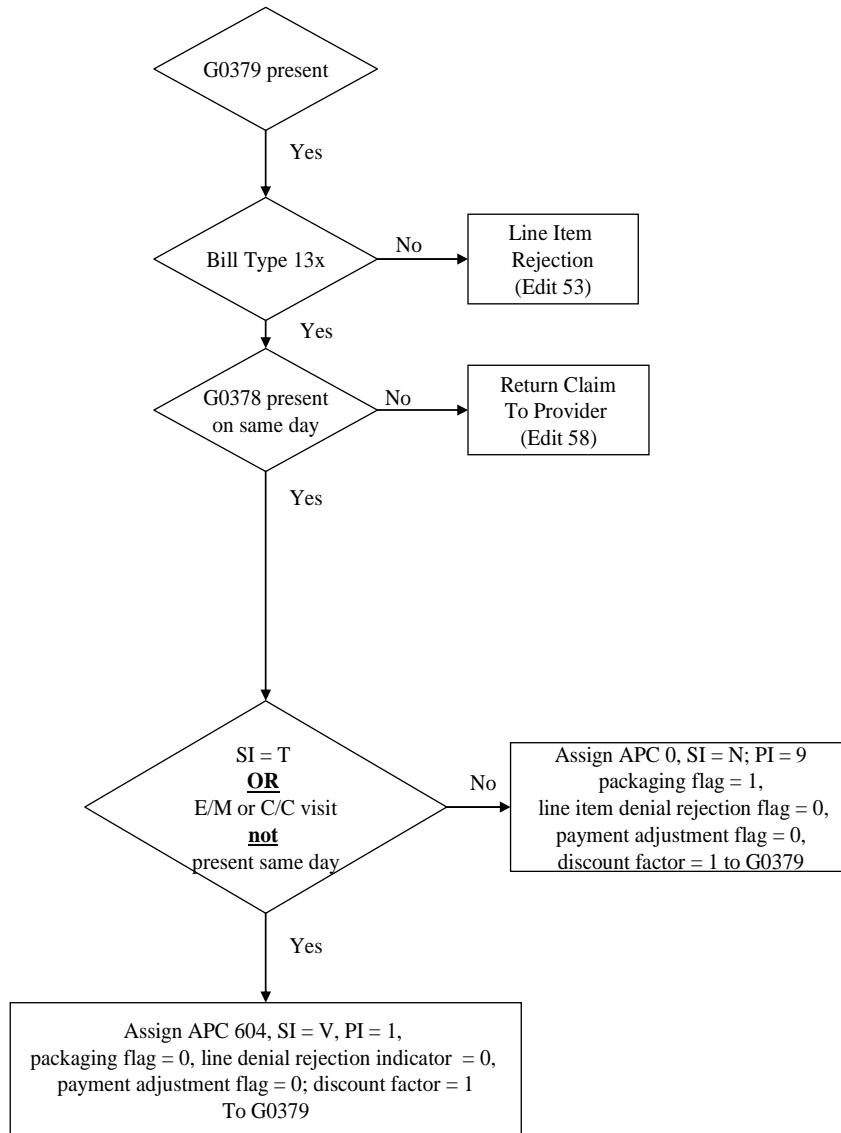
Chest Pain	Asthma	CHF
4110, 1, 81, 89	49301, 02, 11, 12, 21, 22, 91, 92	3918
4130, 1, 9		39891
78605, 50, 51, 52, 59		40201, 11, 91
		40401, 03, 11, 13, 91, 93
		4280, 1, 9, 20-23, 30-33, 40-43

18. The APCs required for the observation criteria to identify E/M or C/C visits are 604- 616, 617.

Appendix H-a (cont'd)
OCE Observation Criteria (v3.0 – v8.3)

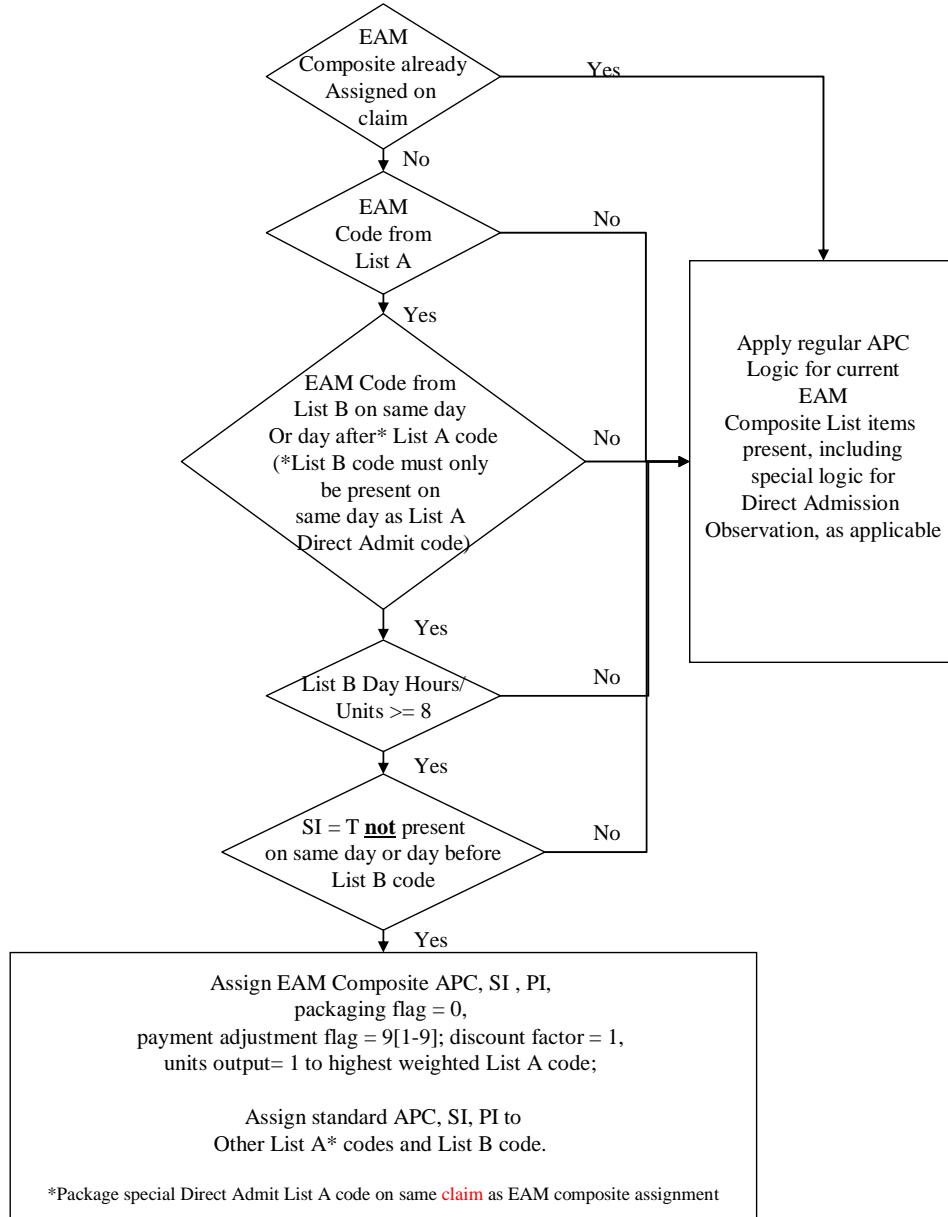


Appendix H-b (cont'd) Direct Admission Logic



Appendix H-c (cont'd)
Extended Assessment & Management
Composite Criteria* [Effective v9.0]

For each Extended Assessment and Management (EAM) Composite APC, (Level II first, then Level I) do the following:

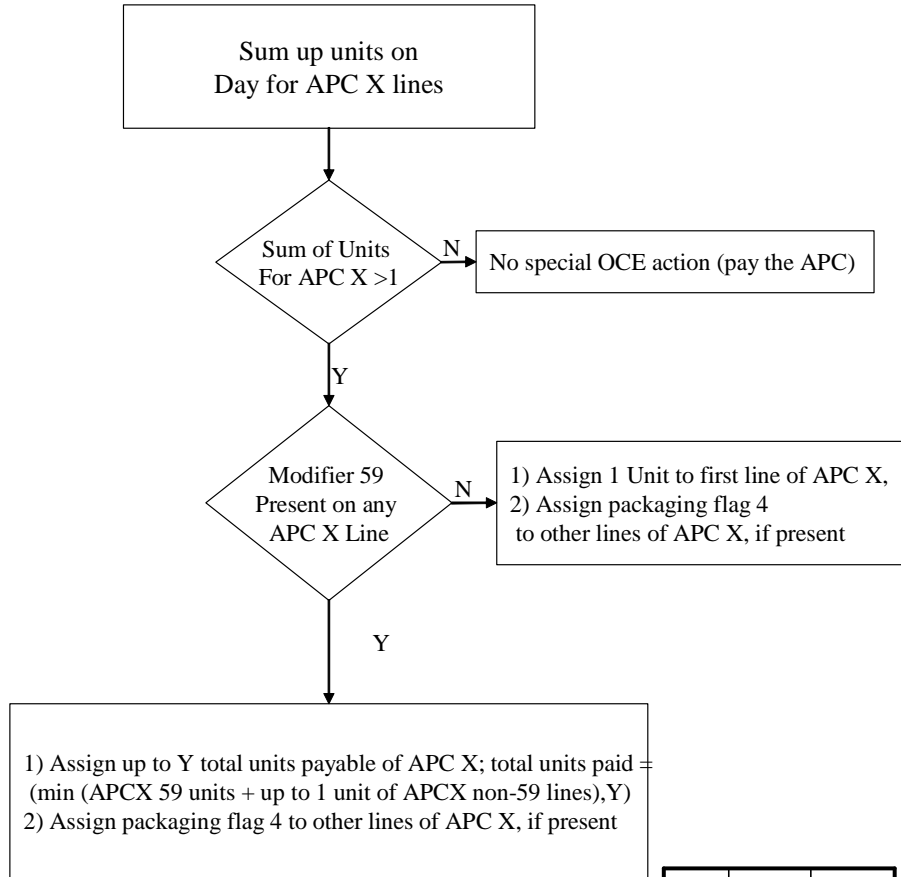


*See appendix K for general rules and code lists.

Appendix I [OPPS Only]

Drug Administration (v6.0 – v7.3 only)

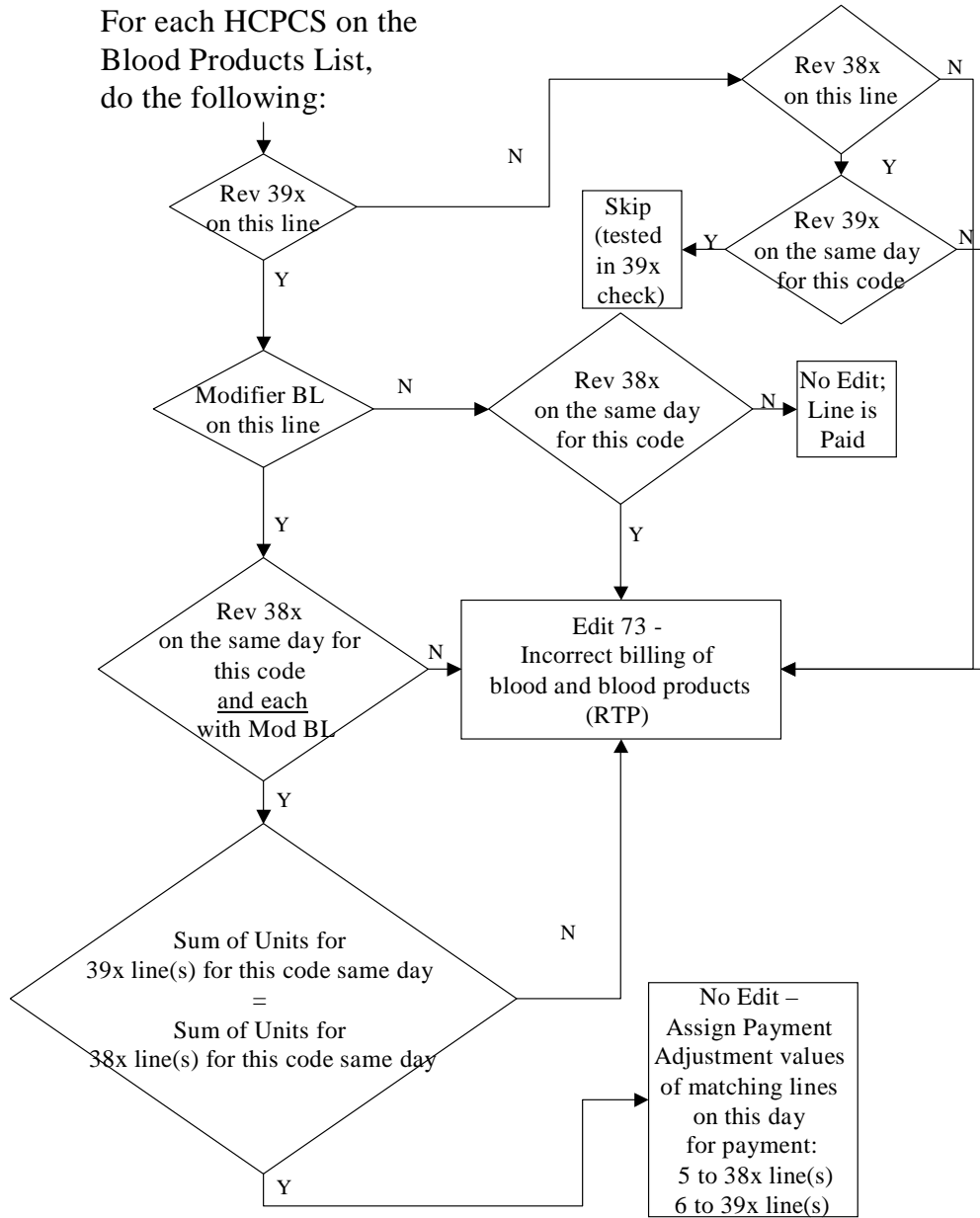
For each APC X subjected to Y maximum allowed units do the following (each day);



DA APC	Max APC units without modifier 59	Max APC units with modifier 59
116	1	2
117	1	2
120	1	4

Appendix J [OPPS Only]

Billing for blood/blood products



Appendix K

Composite APC Assignment Logic

LDR prostate brachytherapy and Electrophysiology/ablation composite APC assignment criteria:

- a) If a 'prime' code is present with at least one non-prime code from the same composite on the same date of service, assign the composite APC and related status indicator to the prime code; assign status indicator N to the non-primary code(s) present.
 - Assign units of service = 1 to the line with the composite APC
 - If there is more than one prime code present, assign the composite APC to the prime code with the lowest numerical value and assign status indicator N to the additional prime code(s) on the same day.
 - Assign the indicated composite payment adjustment flag to the composite and all component codes present.
- b) If the composite APC assignment criterion is not met, assign the standard APC and related SI to any/all component codes present.
- c) Terminated codes (modifier 52 or 73 present) are ignored in composite APC assignment.

The component codes for the composite APC assignments are:

1. LDR Prostate brachytherapy composite

Prime/Group A code	Non-prime/Group B codes	Composite APC
55875	77778	8001

2. Electrophysiology/ablation composite

Prime/Group A codes	Non-prime/Group B codes	Composite APC
93619	93650	8000
93620	93651	
	93652	

Appendix K (cont'd)

Composite APC Assignment Logic

Extended Assessment and Management Composite APC rules:

(See appendix H-c for flowchart):

- a) If the criteria for the composite APC are met, the composite APC and its associated SI are assigned to the prime code (visit or critical care).
- b) Only one extended assessment and management APC is assigned per claim.
- c) If the criteria are met for a level I and a level II extended assessment and management APC, assignment of the level II composite takes precedence.
- d) If multiple qualifying prime codes (visit or CC) appear on the day of or day before G0378, assign the composite APC to the prime code with the highest separately paid payment rate; assign the standard APC to any/all other visit codes present.
- e) Visits not paid under an extended assessment and management composite are paid separately.
Exception: Code G0379 is always packaged if there is an extended assessment and management APC on the claim.
- f) The SI for G0378 is always N.
- g) Level I and II extended assessment and management composite APCs have SI = V if paid.
- h) The logic for extended assessment and management is performed only for bill type 13x, with or without condition code 41.
- i) Hours/units of service for observation (G0378) must be at least 8 or the composite APC is not assigned.
- j) If a “T” procedure occurs on the day of or day before observation, the composite APC is not assigned.
- k) Assign units of service = 1 to the line with the composite APC.
- l) Assign the composite payment adjustment flag to the visit line with the composite APC and to the G0378.
- m) If the composite APC assignment criteria are not met, apply regular APC logic for separately paid items, special logic for G0379 and the SI for G0378 = N.

Level II Extended Assessment and Management criteria:

- a) If there is at least one of a specified list of critical care or emergency room visit codes on the day of or day before observation (G0378), assign the composite APC and related SI to the critical care or emergency visit code.
- b) Additional emergency or critical care visit codes (whether or not on the prime list) are assigned to their standard APCs for separately paid items.

Prime/List A codes	Non-prime/List B code	Composite APC
99284, 99285, 99291	G0378	8003

Appendix K (cont'd)

Level I Extended Assessment and Management criteria:

- a) If there is at least one of a specified list of prime clinic visit codes on the day of or day before observation (G0378), or code G0379 is present on the same day as G0378, assign the composite APC and related status indicator to the clinic visit or direct admission code.
- b) Additional clinic visit codes (whether or not on the prime list) are assigned to their standard APCs for separately paid items.
- c) Additional G0379, **on the same claim**, are assigned SI = N.

Prime /List A codes	Non-prime/List B code	Composite APC
99205,99215,G0379	G0378	8002

Separate Direct Admit (G0379) Processing Logic

(See appendix H-b for flowchart):

- a) Code G0378 must be present on the same day
- b) No SI = T, E/M, or C/C visit on the same day
- c) Code G0379 may be paid under the composite 8002, paid under APC 604, or packaged with SI = N.

Appendix L OCE overview

1. If claim from/through dates span more than one day, subdivide the line items on the claim into separate days based on the calendar day of the line item service date.

For claims with OPPS flag = "1":

2. Assign the default values to each line item in the APC/ASC return buffer.
The default values for the APC return buffer for variables not transferred from input, or not pre-assigned, are as follows:

Payment APC/ASC	00000
HCPCS APC	00000
Status indicator	W
Payment indicator	3
Discounting formula number	1
Line item denial or rejection flag	0
Packaging flag	0
Payment adjustment flag	0
Payment method flag	Assigned in steps 8, 20 and 21

3. If no HCPCS code is on a line item and the revenue code is from one of four specific lists, then assign the following values to the line item in the APC return buffer.

	N-list	E-list	B-list	F-list
HCPCS APC	00000	00000	00000	00000
Payment APC:	00000	00000	00000	00000
Status Indicator:	N	E	B	F
Payment Indicator	9	3	3	4
Packaging flag:	1	0	0	0

If there is no HCPCS code on a line, and the revenue center is not on any of the specified lists, assign default values as follows:

HCPCS APC	00000
Payment APC:	00000
Status Indicator:	Z
Payment Indicator	3
Packaging flag:	0

If the HCPCS code is invalid, or the revenue code is invalid and the HCPCS is blank, assign default values as follows:

HCPCS APC	00000
Payment APC:	00000
Status Indicator:	W
Payment Indicator	3
Packaging flag:	0

4. If applicable based on Appendix F, assign HCPCS APC in the APC/ASC return buffer for each line item that contains an applicable HCPCS code.
5. If procedure with status indicator "C" and modifier CA is present on a claim and patient status = 20, assign payment APC 375 to "C" procedure line and set the discounting factor to 1. Change SI to "N" and set the packaging flag to 1 for all other line items occurring on the same day as the line item with status indicator "C" and modifier CA. If multiple lines, or one line with multiple units, have SI = C and modifier CA, generate edit 60 for all lines with SI = C and modifier CA.

Appendix L OCE Overview (cont'd)

6. If edit 18 is present on a claim, generate edit 49 for all other line items occurring on the same day as the line item with edit 18, and set the line item denial or rejection flag to 1 for each of them. Go to step 17.
7. If all of the lines on the claim are incidental, and all of the line item action flags are zero, generate edit 27. Go to step 17.
8. If the line item action flag for a line item has a value of 2 or 3 then reset the values of the Payment APC and HCPCS APC to 00000, and set the payment method flag to 4. If the line item action flag for a line item has a value of 4, set the payment method flag to 0. Ignore line items with a line item action flag of 2, 3 or 4 in all subsequent steps.
9. If bill type is 13x and condition code = 41, or type of bill = 76x, apply partial hospitalization logic from Appendix C. Go to step 11.
10. If bill type is 12x, 13x or 14x without condition code 41 apply mental health logic from Appendix
11. Apply general composite logic from appendix K (APCs 8000, 8001)
12. If bill type is 13x, apply ~~observation logic from Appendix H-~~ Extended Assessment and Management composite logic from appendix H-c and Direct Admission for Observation logic from Appendix H-b.
13. If code is on the “sometimes therapy” list, reassign the status indicator to A, APC 0 when there is a therapy revenue code or a therapy modifier on the line.
14. Apply special packaging logic (T-packaged followed by STVX-packaged).
15. If the payment APC for a line item has not been assigned a value in step 9 thru 14, set payment APC in the APC return buffer for the line item equal to the HCPCS APC for the line item.
16. If edits 9, 13, 19, 20, 21, 28, 39, 40, 45, 47, 49, 50, 53, 64, 65, 67, 68, 69, 76 are present in the edit return buffer for a line item, the line item denial or rejection flag for the line item is set to 1.
17. Compute the discounting formula number based on Appendix D for each line item that has a status indicator of “T”, a modifier of 52, 73 or 50, or is a non type “T” bilateral procedure, or is a non-type “T” procedure with modifier 52 or 73. Note: If the SI or APC of a code is changed during claims processing, the newly assigned SI or APC is used in computing the discount formula. Line items that meet any of the following conditions are not included in the discounting logic.
 - Line item action flag is 2, 3, or 4
 - Line item rejection disposition or line item denial disposition in the APC/ASC return buffer is 1 and the line item action flag is not 1
 - Packaging flag is not 0 or 3
18. If the packaging flag has not been assigned a value of 1 or 2 in previous steps and the status indicator is “N”, then set the packaging flag for the line item to 1.
19. If the submitted charges for HCPCS surgical procedures (SI = T, or SI = S in code range 10000-69999) is less than \$1.01 for any line with a packaging flag of 0, then reset the packaging flag for that line to 3 when there are other surgical procedures on the claim with charges greater than \$1.00.

Appendix L

OCE Overview (cont'd)

20. For all bill types where APCs are assigned, apply drug administration APC consolidation logic from appendix I. (v6.0 – v7.3 only)
21. Set the payment adjustment flag for a line item based on the criteria in Appendix G and Appendix J.
22. Set the payment method flag for a line item based on the criteria in Appendix E(a). If any payment method flag is set to a value that is greater than zero, reset the HCPCS and Payment APC values for that line to '00000'.
23. If the line item denial or rejection flag is 1 or 2 and the payment method flag has been set to 2 in the previous step, reset the payment method flag to 3.

For claims with OPPS flag = “2”:

3. If applicable based on Appendix F (b), assign ASC payment group (in the Payment APC/ASC field) in the APC/ASC return buffer for each line item that contains an applicable HCPCS code.
4. Set Non-OPPS bill type flag as applicable, based on the presence or absence of ASC procedures.
5. If the line item action flag for a line item has a value of 2 or 3 then reset the values of the Payment ASC to 00000, and set the payment method flag to 4. Ignore line items with a line item action flag of 2, 3 or 4 in all subsequent steps.
6. If edits 9, 28, 50, 65, 67, 68, 69 are present in the edit return buffer for a line item, the line item denial or rejection flag for the line item is set to 1.
7. Set the payment method flag for a line item based on the criteria in Appendix E (b).
8. If the line item denial or rejection flag is 1 or 2 and the payment method flag has been set to 2 in the previous step, reset the payment method flag to 3.

Appendix M

Summary of Modifications

The modifications of the OCE for the January 2008 release (V9.0) are summarized in the attached table. Readers should also read through the specifications and note the highlighted sections, which also indicate change from the prior release of the software.

Some OCE modifications in the release may also be retroactively added to prior releases. If so, the retroactive date will appear in the 'Effective Date' column.

	Mod. Type	Effective Date	Edit	
1.	Logic	1/1/08		Modify appendix D to prevent double discounting: 1) Replace discount formula #6 with formula #3 in applicable rows, to prevent application of both multiple procedure & terminated procedure discounting to the same procedure. 2) Create new discount formula #9 to replace discount formula #7 (to pay 100% of the APC rate, 50% x2, for a bilateral T procedure that is not the highest).
2.	Logic	1/1/08		Discontinue use of discount formulae #6 and #7
3.	Logic	1/1/08		Create new payment adjustment flag (PAF) 8: Item provided with partial credit to provider. – Assign to procedures subject to 50% of off-set, when modifier FC is present. – Reduce APC payment rate by 50% of offset amount before application of discounting logic.
4.	Logic	1/1/08	75	Expand edit 75 to apply to modifier FC in addition to FB – to trigger if modifier FB or FC is appended to a code with status indicator other than S, T, X or V.
5.	Logic	1/1/08		Expand use of SI of “Q” – to include other codes, not only packaged services that are subject to SI change based on criteria.
6.	Logic	1/1/08		Implement new ‘composite’ APC assignment logic as specified in appendix K & appendix H-c
7.	Logic	1/1/08		Implement 2-character payment adjustment flags, 91-99; use for composite APCs – (appendix G).
8.	Logic	1/1/08		Deactivate observation logic that is based on payable G0378 (appendix H-a)
9.	Logic	1/1/08		Remove criterion for ‘payable G0378’ from G0379 processing (appendix H-b)
10.	Logic	1/1/08	57	Modify edit 57 to apply to the new logic for assignment of new composite APCs which include observation (appendix K)
11.	Logic	1/1/08	48	Bypass edit 48 for rev code 0948.
12.	Logic	1/1/08		Apply wound care logic to all revenue codes in the therapy series: 042x, 043x and 044x (not 04x0 only)
13.	Logic	1/1/08		Modify PHP and MH per-diem logic (appendix C)- – Replace APC numbers with specified lists of codes – PH services = list of codes that count toward Partial Hospitalization APC. MH services = list of codes that are included in the Daily Mental Health services cap – Assign SI of ‘N’ to all codes that are packaged into APC 33 & 34 – Count multiple occurrences of OT (G0129) as separate units in determining “3 or more” for PHP
14.	Logic	1/1/08		Modify the current special packaged codes logic to package only in the presence of codes with SI of S,T,V or X on the same date of service = “STVX-packaged” codes.
15.	Logic	1/1/08		Expand special packaged codes logic to add codes that will be packaged in the presence of a code with SI of T on the same date of service = “T-packaged” codes
16.	Logic	8/1/00		Bypass edit 48 for rev codes 099x. Assign edit 9 (SI-E) if submitted without a HCPCS.
17.	Logic	10/1/07		Rescind previous program modification - re-apply edit 71 to bill type 12x
18.	Logic	1/1/07		Modify the program to exclude bill type 12x from edit 77 (change effective date from 10/1 to 1/1/07).
19.	Logic	1/1/08	78	New edit 78 – Claim lacks required radiopharmaceutical (RTP) – Assign to specified nuclear medicine procedure if no specified radiopharmaceutical on the claim.
20.	Logic	1/1/08		Make Non-OPPS bill type 83x invalid for the IOCE – assign claim processed flag of “1” (claim could not be processed, invalid bill type).
21.	Logic	7/1/07		Modify the program to bypass edit edit 17 for bill type 85x.
22.	Logic	7/1/07		Modify the processing flow such that no values are returned for the following OPPS-related flags on Non-OPPS claims (OPPS flag = 2). Return blank fields in the APC/ASC Return buffer. status indicator, payment indicator, discounting formula number, line item denial or rejection, packaging, payment adjustment, payment method line item action. Return “0” in the payment APC/ASC field.

1	Content			Make HCPCS/APC/SI changes as specified by CMS
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2	Content		19, 20, 39, 40	Implement version 13.3 of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), or MH (90804-90911).
3	Content		22	Add new modifiers (FC, EA, EB, EC, KG, KK, KU, KL, KT, KV, KW, KY, Q0, Q1) & Delete modifiers (QA, QR, QV) as specified by CMS
4	Content		75	Modify description for edit 75: Incorrect billing of modifier FB or FC.
5	Content	10/1/07	41	Add new revenue code 0948 to the valid rev code list, no pre-assigned SI
6	Doc			Modify description for SI 'M' (Service not billable to the FI/MAC)... also modify descriptions for SI A, and K, and N, and Q, and V and Y.
7	Documentation			Rename OCE Overview as appendix L; Rename Summary of Modifications as appendix M.

Final
Summary of Data Changes
Integrated OCE v 9.0 R1
Effective January 1, 2008

Table of Contents

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DEFINITIONS

- A blank in a field indicates ‘no change’
- The “old” column describes the attribute prior to the change being made in the current update, which is indicated in the “new” column. If the effective date of the change is the same as the effective date of the new update, ‘old’ describes the attribute up to the last day of the previous quarter. If the effective date is retroactive, then ‘old’ describes the attribute for the same date in the previous release of the software.
- “Unassigned”, “Pre-defined” or “Placeholder” in APC or HCPCS descriptions indicates that the APC or HCPCS code is inactive. When the APC or HCPCS code is activated, it becomes valid for use in the OCE, and a new description appears in the “new description” column, with the appropriate effective date.
- Activation Date (ActivDate) indicates the mid-quarter date of FDA approval for a drug, or the mid-quarter date of a new or changed code resulting from a National Coverage Determination (NCD). The Activation Date is the date the code becomes valid for use in the OCE. If the Activation Date is blank, then the effective date takes precedence.
- Termination Date (TermDate) indicates the mid-quarter date when a code or change becomes inactive. A code is not valid for use in the OCE after its termination date.
- For codes with SI of “Q”, the APC assignment is the standard APC to which the code would be assigned if is paid separately.

APC CHANGES

Added APCs

The following APC(s) were added to the IOCE, effective 01-01-08

APC	APC Desc	Status Indicator
00128	Echocardiogram with Contrast	S
00133	Level I Skin Repair	T
00134	Level II Skin Repair	T
00135	Level III Skin Repair	T
00136	Level IV Skin Repair	T
00137	Level V Skin Repair	T
00317	Level II Miscellaneous Radiology Procedures	X
00383	Cardiac Computed Tomographic Imaging	S
00414	Level II Tumor/Infection Imaging	S
00430	Drug Preadministration-Related Services	S
00878	Gallium nitrate injection	K
00880	Pentastarch 10% solution	K
00882	Melphalan oral	K
00883	Fondaparinux sodium	K
00898	Gamma globulin 2 CC inj	K
00899	Gamma globulin 3 CC inj	K
00904	Gamma globulin 4 CC inj	K
00919	Gamma globulin 5 CC inj	K
00920	Gamma globulin 6 CC inj	K
00921	Gamma globulin 7 CC inj	K
00922	Gamma globulin 8 CC inj	K
00923	Gamma globulin 9 CC inj	K
00924	Gamma globulin 10 CC inj	K
00933	Gamma globulin > 10 CC inj	K
00934	Capecitabine, oral	K
00941	Mitomycin 20 MG inj	K
00942	Mitomycin 40 MG inj	K
00998	Inj biperiden lactate/5 mg	K
00999	Edetate calcium disodium inj	K
01015	Injection glatiramer acetate	K
01023	Pralidoxime chloride inj	K
01041	Plicamycin (mithramycin) inj	K
01138	Hepagam B intravenous, inj	K
01139	Protein C concentrate	K
01140	Integra matrix tissue	K
01141	Primatrix tissue	G
01142	Supprelin LA implant	K
01165	Aripiprazole injection	K
01168	Inj, temsirolimus	G
01169	Neurawrap nerve protector,cm	G
08000	Cardiac Electrophysiologic Evaluation and Ablation Composite	T
08001	LDR Prostate Brachytherapy Composite	T

APC	APCDesc	StatusIndicator
08002	Level I Extended Assessment & Management Composite	V
08003	Level II Extended Assessment & Management Composite	V
09237	Inj, lanreotide acetate	K
09238	Inj, levetiracetam	K
09240	Injection, ixabepilone	K
09354	Veritas collagen matrix, cm2	G
09355	Neuromatrix nerve cuff, cm	G

Deleted APCs

The following APC(s) were deleted from the IOCE, effective 01-01-08

APC	APCDesc
00009	Nail Procedures
00010	Level I Destruction of Lesion
00011	Level II Destruction of Lesion
00018	Biopsy of Skin/Puncture of Lesion
00024	Level I Skin Repair
00025	Level II Skin Repair
00027	Level IV Skin Repair
00036	Level II Fine Needle Biopsy/Aspiration
00038	Spontaneous MEG
00068	CPAP Initiation
00081	Non-Coronary Angioplasty or Atherectomy
00087	Cardiac Electrophysiologic Recording/Mapping
00098	Injection of Sclerosing Solution
00122	Level II Tube changes and Repositioning
00123	Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant
00171	Level V Anal/Rectal Procedures
00180	Circumcision
00194	Level VIII Female Reproductive Proc
00196	Dilation and Curettage
00197	Infertility Procedures
00198	Pregnancy and Neonatal Care Procedures
00200	Level VII Female Reproductive Proc
00201	Level VI Female Reproductive Proc
00214	Electroencephalogram
00223	Implantation or Revision of Pain Management Catheter
00226	Implantation of Drug Infusion Reservoir
00228	Creation of Lumbar Subarachnoid Shunt
00248	Laser Retinal Procedures
00257	Level I Therapeutic Radiologic Procedures
00264	Level II Miscellaneous Radiology Procedures
00268	Level I Ultrasound Guidance Procedures
00296	Level II Therapeutic Radiologic Procedures
00297	Level III Therapeutic Radiologic Procedures
00298	Level IV Therapeutic Radiologic Procedures
00302	Computer Assisted Navigational Procedures
00309	Level II Ultrasound Guidance Procedures
00314	Hyperthermic Therapies

APC	APCDesc
00321	Biofeedback and Other Training
00339	Observation
00348	Fertility Laboratory Procedures
00362	Contact Lens and Spectacle Services
00372	Therapeutic Phlebotomy
00374	Monitoring Psychiatric Drugs
00376	Level II Cardiac Imaging
00399	Nuclear Medicine Add-on Imaging
00405	Renal and Genitourinary Studies Level II
00411	Respiratory Procedures
00416	Level I Intravascular and Intracardiac Ultrasound and Flow Reserve
00417	Computerized Reconstruction
00421	Prolonged Physiologic Monitoring
00443	Overnight Pulse Oximetry
00657	Placement of Tissue Clips
00658	Percutaneous Breast Biopsies
00670	Level II Intravascular and Intracardiac Ultrasound and Flow Reserve
00675	Prostatic Thermotherapy
00686	Level III Skin Repair
00693	Breast Reconstruction
00695	Level VII Debridement & Destruction
00700	Antepartum Manipulation
00704	In111 satumomab
00705	Tc99m tetrofosmin
00722	Tc99m pentetate
00723	Co57/58
00724	Co57 cyano
00737	Nitrogen N-13 ammonia
00739	Tc99m depreotide
00740	Tc99m gluceptate
00741	Cr51 chromate
00742	Tc99m labeled rbc
00743	Tc99m mertiatide
00744	Plague vaccine, im
00746	Dacarbazine 100 mg inj
00753	Spectinomycin di-hcl inj
00766	Apomorphine hydrochloride
00829	Technetium TC-99m aerosol
00837	Non-human, non-metab tissue
00860	Plicamycin (mithramycin) inj
00876	Caffeine citrate injection
00892	Edetate calcium disodium inj
00895	Deferoxamine mesylate inj
00926	Factor VIII (porcine)
01045	I131 iodobenguane, dx
01088	Iodine I-131 iodide cap, dx
01096	Tc99m exametazime
01330	Ergonovine maleate injection
01600	Tc99m sestamibi
01603	TL201 thallium
01604	In111 capromab

APC	APCDesc
01642	In111 ibritumomab, dx
01644	I131 tositumomab, dx
01646	In111 oxyquinoline
01647	In111 pentetate
01648	Technetium tc99m arcitumomab
01650	Tc99m succimer
01651	F18 fdg
01654	Rb82 rubidium
01655	Tinzaparin sodium injection
01671	Ga67 gallium
01672	Tc99m bicisate
01677	In111 pentetreotide
01678	Tc99m fanolesomab
01680	Acetylcysteine injection
01707	Non-human, metabolic tissue
01713	Inj Fe-based MR contrast,1ml
01820	Generator neuro rechg bat sys
02637	Brachy,non-str,Ytterbium-169
03032	Dtp/hib vaccine, im
03038	Inj biperiden lactate/5 mg
03039	Inj metaraminol bitartrate
03042	Foscarnet sodium injection
03045	Meropenem
03048	Doxorubic hcl 10 MG v1 chemo
03049	Cyclophosphamide lyophilized
09031	Arbutamine HCl injection
09040	Intraocular Fomivirsen na
09100	I131 serum albumin, dx
09112	Inj perflutren lip micros,ml
09148	I123 iodide cap, dx
09157	LOCM <=149 mg/ml iodine, 1ml
09158	LOCM 150-199mg/ml iodine,1ml
09159	LOCM 200-249mg/ml iodine,1ml
09160	LOCM 250-299mg/ml iodine,1ml
09161	LOCM 300-349mg/ml iodine,1ml
09162	LOCM 350-399mg/ml iodine,1ml
09163	LOCM >= 400 mg/ml iodine,1ml
09164	Inj Gad-base MR contrast,1ml
09165	Oral MR contrast, 100 ml
09202	Inj octafluoropropane mic,ml
09203	Inj perflexane lip micros,ml

APC Description Changes

The following APC(s) had description changes, **effective 01-01-08**

APC	Old Description	New Description
00034	Daily Mental Health Services	Mental Health Services Composite
00061	Laminectomy or Incision for Implantation of Neurostimulator Electrodes, Excluding Cranial	Laminectomy, Laparoscopy, or Incision for Implantation of Neurostimulator Electrodes,

APC	Old Description	New Description
	Nerve	Excluding Cranial Nerve
00065	Level I Stereotactic Radiosurgery	Level I Stereotactic Radiosurgery, MRgFUS, and MEG
00066	Level II Stereotactic Radiosurgery	Level II Stereotactic Radiosurgery, MRgFUS, and MEG
00067	Level III Stereotactic Radiosurgery	Level III Stereotactic Radiosurgery, MRgFUS, and MEG
00082	Coronary Atherectomy	Coronary or Non-Coronary Atherectomy
00083	Coronary Angioplasty and Percutaneous Valvuloplasty	Coronary or Non-Coronary Angioplasty and Percutaneous Valvuloplasty
00084	Level I Electrophysiologic Evaluation	Level I Electrophysiologic Procedures
00085	Level II Electrophysiologic Evaluation	Level II Electrophysiologic Procedures
00086	Ablate Heart Dysrhythm Focus	Level III Electrophysiologic Procedures
00109	Removal of Implanted Devices	Removal/Repair of Implanted Devices
00112	Apheresis, Photopheresis, and Plasmapheresis	Apheresis and Stem Cell Procedures
00127	Level IV Stereotactic Radiosurgery	Level IV Stereotactic Radiosurgery, MRgFUS, and MEG
00181	Penile Procedures	Level II Male Genital Procedures
00183	Testes/Epididymis Procedures	Level I Male Genital Procedures
00195	Level IX Female Reproductive Proc	Level VI Female Reproductive Procedures
00202	Level X Female Reproductive Proc	Level VII Female Reproductive Procedures
00209	Level II MEG, Extended EEG Studies and Sleep Studies	Level II Extended EEG and Sleep Studies
00213	Level I MEG, Extended EEG Studies and Sleep Studies	Level I Extended EEG and Sleep Studies
00222	Implantation of Neurological Device	Level II Implantation of Neurostimulator
00224	Implantation of Reservoir/Pump/Shunt	Implantation of Catheter/Reservoir/Shunt
00244	Corneal Transplant	Corneal and Amniotic Membrane Transplant
00247	Laser Eye Procedures Except Retinal	Laser Eye Procedures
00269	Level II Echocardiogram Except Transesophageal	Level II Echocardiogram Without Contrast Except Transesophageal
00270	Transesophageal Echocardiogram	Transesophageal Echocardiogram Without Contrast
00282	Miscellaneous Computerized Axial Tomography	Miscellaneous Computed Axial Tomography
00299	Miscellaneous Radiation Treatment	Hyperthermia and Radiation Treatment Procedures
00315	Level II Implantation of Neurostimulator	Level III Implantation of Neurostimulator
00377	Level III Cardiac Imaging	Level II Cardiac Imaging
00393	Red Cell/Plasma Studies	Hematologic Processing & Studies
00402	Brain Imaging	Level II Nervous System Imaging
00403	CSF Imaging	Level I Nervous System Imaging
00404	Renal and Genitourinary Studies Level I	Renal and Genitourinary Studies
00408	Level II Tumor/Infection Imaging	Level III Tumor/Infection Imaging
00427	Level III Tube Changes and Repositioning	Level II Tube Changes and Repositioning
00624	Minor Vascular Access Device Procedures	Phlebotomy and Minor Vascular Access Device Procedures
00663	Level I Electronic Analysis of Neurostimulator Pulse Generators	Level I Electronic Analysis of Devices
00691	Electronic Analysis of Programmable Shunts/Pumps	Level III Electronic Analysis of Devices
00692	Level II Electronic Analysis of Neurostimulator Pulse Generators	Level II Electronic Analysis of Devices
00697	Level I Echocardiogram Except Transesophageal	Level I Echocardiogram Without Contrast Except Transesophageal
00730	Pamidronate disodium /30 MG	Pamidronate disodium

APC	Old Description	New Description
00800	Leuprolide acetate /3.75 MG	Leuprolide acetate
00802	Etoposide oral 50 MG	Etoposide oral
00804	Immune globulin subcutaneous	Vivaglobin, inj
00835	Inj cosyntropin per 0.25 MG	Inj cosyntropin
00840	Inj melphalan hydrochl 50 MG	Inj melphalan hydrochl
00855	Vinorelbine tartrate/10 mg	Vinorelbine tartrate
00858	Inj cladribine per 1 MG	Inj cladribine
00864	Mitoxantrone hydrochl / 5 MG	Mitoxantrone hydrochl
00888	Cyclosporine oral 100 mg	Cyclosporine oral
00891	Tacrolimus oral per 1 MG	Tacrolimus oral
00943	Octagam Injection	Octagam injection
00944	Gammagard Liquid injection	Gammagard liquid injection
00946	HepaGam B IM Injection	HepaGam B IM injection
01084	Denileukin diftitox, 300 mcg	Denileukin diftitox
01167	Inj, epirubicin hcl, 2 mg	Inj, epirubicin hcl
01514	New Technology-Level XIV (\$1200- \$1300)	New Technology - Level XIV (\$1200- \$1300)
01551	New Technology-Level XIV (\$1200- \$1300)	New Technology - Level XIV (\$1200- \$1300)
01688	Ethanolamine oleate 100 mg	Ethanolamine oleate
01689	Fomepizole, 15 mg	Fomepizole
01690	Hemin, 1 mg	Hemin
01704	Inj Vonwillebrand factor IU	Humate-P, inj
01711	Histrelin implant	Vantas implant
03030	Sumatriptan succinate / 6 MG	Sumatriptan succinate
07005	Gonadorelin hydroch/ 100 mcg	Gonadorelin hydroch
07028	Fosphenytoin, 50 mg	Fosphenytoin
07035	Teniposide, 50 mg	Teniposide
07042	Capecitabine, oral, 150 mg	Capecitabine, oral
09003	Palivizumab, per 50 mg	Palivizumab
09023	Rho d immune globulin 50 mcg	Rho d immune globulin
09038	Inj estrogen conjugate 25 MG	Inj estrogen conjugate
09042	Glucagon hydrochloride/1 MG	Glucagon hydrochloride
09232	Injection, idursulfase	Idursulfase injection
09233	Injection, ranibizumab	Ranibizumab injection
09234	Inj, alglucosidase alfa	Aglucosidase alfa injection
09235	Injection, panitumumab	Panitumumab injection
09236	Injection, eculizumab	Eculizumab injection
09350	Porous collagen tube per cm	Neuragen nerve guide, per cm
09351	Acellular derm tissue percm2	Tissuemend tissue

APC Status Indicator Changes

The following APC(s) had Status Indicator changes, **effective 01-01-08**

APC	Old SI	New SI
00222	T	S
00315	T	S
00868	G	K
00951	K	G
01694	G	K
01697	G	K

APC	Old SI	New SI
01710	G	K
01712	G	K
09225	G	K
09236	K	G

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 01-01-07**

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
D2970	Temp crown (fractured tooth)	E	00000	28			

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-07**

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
G8322	Pt not doc pre axial leng	M	00000	72			

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-07 and then deleted effective 01-01-08**

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
0024T	Transcath cardiac reduction	C	00000				
0133T	Esophageal implant injexn	T	00422				

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 10-01-07**

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
1116F	Auric/peri pain assessed	M	00000	72			
2035F	Tymp memb motion exam'd	M	00000	72			
3215F	Pt immunity to hep A doc'd	M	00000	72			
3216F	Pt immunity to hep B doc'd	M	00000	72			
3218F	RNA tstng hep C doc'd-done	M	00000	72			
3220F	Hep C quant rna tstng doc'd	M	00000	72			
3230F	Note hring tst w/in 6 mon	M	00000	72			
3260F	Pt cat/pn cat/hist grd doc'd	M	00000	72			
4130F	Topical prep rx, AOE	M	00000	72			
4131F	Syst antimicrobial thx rx	M	00000	72			
4132F	No syst antimicrobial thx rx	M	00000	72			
4133F	Antihist/decong rx/recom	M	00000	72			
4134F	No antihist/decong rx/recom	M	00000	72			
4135F	Systemic corticosteroids rx	M	00000	72			
4136F	Syst corticosteroids not rx	M	00000	72			
4150F	Pt recvng antivir txmnt hepc	M	00000	72			
4151F	Pt not recvng antiv hep c	M	00000	72			
4152F	Doc'd pegintf/rib thxy consd	M	00000	72			
4153F	Combo pegintf/rib rx	M	00000	72			
4154F	Hep A vac series recommended	M	00000	72			
4155F	Hep A vac series prev recvd	M	00000	72			

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
4156F	Hep B vac series recommended	M	00000	72			
4157F	Hep B vac series prev recvd	M	00000	72			
4158F	Pt edu re: alcoh drnkng done	M	00000	72			
4159F	Contrep talk b/4 antiv txmnt	M	00000	72			
G9140	Frontier extended stay demo	A	00000				

The following new HCPCS/CPT code(s) were added to the IOCE, effective 01-01-08

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
0014F	Comp preop assess cat surg	M	00000	72			
0015F	Melan follow-up complete	M	00000	72			
0183T	Wound ultrasound	T	00015				
0184T	Exc rectal tumor endoscopic	C	00000				
0185T	Comprr probability analysis	N	00000		Y		
0186T	Suprachoroidal drug delivery	T	00236		Y		
0187T	Ophthalmic dx image anterior	S	00230				
01935	Anesth, perc img dx sp proc	N	00000				
01936	Anesth, perc img tx sp proc	N	00000				
0513F	Elev BP plan of care doc'd	M	00000	72			
0514F	Care plan Hgb doc'd ESA pt	M	00000	72			
0516F	Anemia plan of care doc'd	M	00000	72			
0517F	Glaucoma plan of care doc'd	M	00000	72			
0518F	Fall plan of care doc'd	M	00000	72			
0519F	Plan'd chemo doc'd b/4 txmnt	M	00000	72			
0520F	Tissue dose done w/in 5 days	M	00000	72			
0521F	Plan of care 4 pain doc'd	M	00000	72			
1118F	GERD symps assessed 12 month	M	00000	72			
1119F	Init. Eval for condition	M	00000	72			
1121F	Subs. Eval for condition	M	00000	72			
1123F	ACP discuss/dscn mkr doc'd	M	00000	72			
1124F	ACP discuss-no dscnmkr doc'd	M	00000	72			
1125F	Amnt Pain noted; pain prsnt	M	00000	72			
1126F	Amnt Pain noted; none prsnt	M	00000	72			
1127F	New episode for condition	M	00000	72			
1128F	Subs. episode for condition	M	00000	72			
20555	Place ndl musc/tis for rt	T	00050		Y		
20985	Cptr-asst dir ms px	N	00000		Y		
20986	Cptr-asst dir ms px io img	N	00000		Y		
20987	Cptr-asst dir ms px pre img	N	00000		Y		
21073	Mnpj of tmj w/anesth	T	00252		Y		
22206	Cut spine 3 col, thor	C	00000				
22207	Cut spine 3 col, lumb	C	00000				
22208	Cut spine 3 col, addl seg	C	00000				
24357	Repair elbow, perc	T	00050		Y		
24358	Repair elbow w/deb, open	T	00050		Y		
24359	Repair elbow deb/attch open	T	00050		Y		
27267	Cltx thigh fx	T	00043		Y		
27268	Cltx thigh fx w/mnpj	C	00000				
27269	Optx thigh fx	C	00000				
27416	Osteochondral knee autograft	T	00051		Y		
27726	Repair fibula nonunion	T	00062		Y		
27767	Cltx post ankle fx	T	00043		Y		

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
27768	Cltx post ankle fx w/mnpj	T	00043		Y		
27769	Optx post ankle fx	T	00063		Y		
28446	Osteochondral talus autogrft	T	00056		Y		
29828	Arthroscopy biceps tenodesis	T	00042		Y		
29904	Subtalar arthro w/fb rmvl	T	00041		Y		
29905	Subtalar arthro w/exc	T	00041		Y		
29906	Subtalar arthro w/deb	T	00041		Y		
29907	Subtalar arthro w/fusion	T	00042		Y		
32421	Thoracentesis for aspiration	T	00070		Y		
32422	Thoracentesis w/tube insert	T	00070		Y		
32550	Insert pleural cath	T	00652		Y		
32551	Insertion of chest tube	T	00070				
32560	Treat lung lining chemically	T	00070				
3265F	RNA tstng HepC vir ord/doc'd	M	00000	72			
3266F	HepC gn tstng doc'd b/4txmnt	M	00000	72			
3268F	PSA/T/G1Sc doc'd b/4 txmnt	M	00000	72			
3269F	Bone scn b/4 txmnt/aftr Dx	M	00000	72			
3270F	No bone scn b/4 txmnt/aftrDx	M	00000	72			
3271F	Low risk, prostate cancer	M	00000	72			
3272F	Med. risk, prostate cancer	M	00000	72			
3273F	High risk, prostate cancer	M	00000	72			
3274F	Prost Cncr rsk not lw/md/hgh	M	00000	72			
3278F	Serum lvls CA/iPTH/lpd ord	M	00000	72			
3279F	Hgb lvl >=13 g/dL	M	00000	72			
3280F	Hgb lvl 11-12.9 g/dL	M	00000	72			
3281F	Hgb lvl <11 g/dL	M	00000	72			
3284F	IOP down >15% of pre-svc lvl	M	00000	72			
3285F	IOP down <15% of pre-svc lvl	M	00000	72			
3288F	Fall risk assessment doc'd	M	00000	72			
3290F	Pt=D(Rh)- and unsensitized	M	00000	72			
3291F	Pt=D(Rh)+or sensitized	M	00000	72			
3292F	HIV tstng asked/doc'd/revw'd	M	00000	72			
3300F	AJCC stage doc'd b/4 thxpy	M	00000	72			
3301F	Cancer stage doc'd, metast	M	00000	72			
3302F	AJCC stage 0 doc'd	M	00000	72			
3303F	AJCC stage IA doc'd	M	00000	72			
3304F	AJCC stage IB doc'd	M	00000	72			
3305F	AJCC stage IC doc'd	M	00000	72			
3306F	AJCC stage IIA doc'd	M	00000	72			
3307F	AJCC stage IIB doc'd	M	00000	72			
3308F	AJCC stage IIC doc'd	M	00000	72			
3309F	AJCC stage IIIA doc'd	M	00000	72			
3310F	AJCC stage IIIB doc'd	M	00000	72			
3311F	AJCC stage IIIC doc'd	M	00000	72			
3312F	AJCC stage IVA doc'd	M	00000	72			
3313F	AJCC stage IVB doc'd	M	00000	72			
3314F	AJCC stage IVC doc'd	M	00000	72			
3315F	ER +or PR +breast cancer	M	00000	72			
3316F	ER- or PR- breast cancer	M	00000	72			
3317F	Path rpt malig cancer doc'd	M	00000	72			
3318F	Path rpt malig cancer doc'd	M	00000	72			

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
3319F	X-ray/CT/Ultrsnd et al ord'd	M	00000	72			
3320F	No Xray/CT/ et al ord'd	M	00000	72			
33257	Ablate atria, lmt'd, add-on	C	00000				
33258	Ablate atria, x10sv, add-on	C	00000				
33259	Ablate atria w/bypass add-on	C	00000				
3325F	Preop asses 4 cataract surg	M	00000	72			
33864	Ascending aortic graft	C	00000				
34806	Aneurysm press sensor add-on	C	00000				
35523	Artery bypass graft	C	00000				
36591	Draw blood off venous device	Q	00624		Y		
36592	Collect blood from picc	N	00000		Y		
36593	Declot vascular device	T	00676		Y		
41019	Place needles h&n for rt	T	00254		Y		
4163F	Pt couns. 4 txmnt opt, prost	M	00000	72			
4164F	Adjv hrml thxpy Rx'd	M	00000	72			
4165F	3D-CRT/IMRT received	M	00000	72			
4167F	Hd Bed tilted, 1st day vent	M	00000	72			
4168F	Pt care, ICU&vent w/in 24hrs	M	00000	72			
4169F	No pt care ICU/vent in 24hrs	M	00000	72			
4171F	Pt. rcvng ESA thxpy	M	00000	72			
4172F	Pt. not rcvng ESA thxpy	M	00000	72			
4174F	Couns., potent. Glauc impct	M	00000	72			
4175F	Vis of >=20/40 w/in 90 days	M	00000	72			
4176F	Talk re UV light, pt/crgvr	M	00000	72			
4177F	Talk pt/crgvr re: AREDS,prev	M	00000	72			
4178F	AntiD gbln rcv'd w/in 26wks	M	00000	72			
4179F	Tamoxifen/AI prescribed	M	00000	72			
4180F	Adjv thxpyRx'd/rcv'd Stg3A-C	M	00000	72			
4181F	Conformal rad'n thxpy rcv'd	M	00000	72			
4182F	No conformal rad'n thxpy	M	00000	72			
4185F	Continuous PPI or H2RA rcv'd	M	00000	72			
4186F	No Cont. PPI or H2RA rcv'd	M	00000	72			
4187F	Anti rheum DrugthxpyRx'd/gvn	M	00000	72			
4188F	Approp ACE/ARB tstng done	M	00000	72			
4189F	Approp dogoxin tstng done	M	00000	72			
4190F	Approp diuretic tstng done	M	00000	72			
4191F	Approp anticonvuls tstng	M	00000	72			
4200F	External beam to prost only	M	00000	72			
4201F	Extrnl beam other than prost	M	00000	72			
4210F	ACE/ARB thxpy for >= 6 mons	M	00000	72			
4220F	Digoxin thxpy for >= 6 mons	M	00000	72			
4221F	Diuretic thxpy for >= 6 mons	M	00000	72			
4230F	Anticonv thxpy for >= 6 mons	M	00000	72			
49203	Exc abd tum 5 cm or less	C	00000				
49204	Exc abd tum over 5 cm	C	00000				
49205	Exc abd tum over 10 cm	C	00000				
49440	Place gastrostomy tube perc	T	00141		Y		
49441	Place duod/jej tube perc	T	00141		Y		
49442	Place cecostomy tube perc	T	00155				
49446	Change g-tube to g-j perc	T	00141		Y		
49450	Replace g/c tube perc	T	00121		Y		

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
49451	Replace duod/jej tube perc	T	00121		Y		
49452	Replace g-j tube perc	T	00121		Y		
49460	Fix g/colon tube w/device	T	00121		Y		
49465	Fluoro exam of g/colon tube	Q	00276		Y		
5020F	Txmnts 2 main Dr by 1 mon	M	00000	72			
50385	Change stent via transureth	T	00161		Y		
50386	Remove stent via transureth	T	00160		Y		
5050F	Plan 2 main Dr. by 1 month	M	00000	72			
50593	Perc cryo ablate renal tum	T	00423				
51100	Drain bladder by needle	T	00164		Y		
51101	Drain bladder by trocar/cath	T	00126		Y		
51102	Drain bl w/cath insertion	T	00165		Y		
52649	2Prostate laser enucleation	T	00429				
55920	Place needles pelvic for rt	T	00153		Y		
57285	Repair paravag defect, vag	T	00195				
57423	Repair paravag defect, lap	T	00202				
58570	Tlh, uterus 250 g or less	T	00131				
58571	Tlh w/t/o 250 g or less	T	00131				
58572	Tlh, uterus over 250 g	T	00131				
58573	Tlh w/t/o uterus over 250 g	T	00131				
60300	Aspir/inj thyroid cyst	T	00004		Y		
6030F	Max sterile barriers follw'd	M	00000	72			
67041	Vit for macular pucker	T	00672		Y		
67042	Vit for macular hole	T	00672		Y		
67043	Vit for membrane dissect	T	00672		Y		
67113	Repair retinal detach, cplx	T	00672		Y		
67229	Tr retinal les preterm inf	T	00247		Y		
68816	Probe nl duct w/balloon	T	00240		Y		
7010F	Pt info into recall system	M	00000	72			
75557	Cardiac mri for morph	S	00336		Y		
75558	Cardiac mri flow/velocity	E	00000	9			
75559	Cardiac mri w/stress img	S	00336		Y		
75560	Cardiac mri flow/vel/stress	E	00000	9			
75561	Cardiac mri for morph w/dye	S	00337		Y		
75562	Card mri flow/vel w/dye	E	00000	9			
75563	Card mri w/stress img & dye	S	00337		Y		
75564	Ht mri w/flo/vel/strs & dye	E	00000	9			
80047	Metabolic panel ionized ca	A	00000				
82610	Cystatin c	A	00000				
83993	Assay for calprotectin fecal	A	00000				
84704	Hcg, free betachain test	A	00000				
86356	Mononuclear cell antigen	A	00000				
86486	Skin test, nos antigen	A	00000				
87500	Vanomycin, dna, amp probe	A	00000				
87809	Adenovirus assay w/optic	A	00000				
88381	Microdissection, manual	N	00000				
89322	Semen anal, strict criteria	A	00000				
89331	Retrograde ejaculation anal	A	00000				
90284	Human ig, sc	E	00000	9			
90650	Hpv typ bival 3 dose im	E	00000	9			
90661	Flu vacc cell cult prsv free	E	00000	9			

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
90662	Flu vacc prsv free inc antig	E	00000	9			
90663	Flu vacc pandemic	E	00000	9			
90681	Rotovirus vacc 2 dose oral	E	00000	9			
90696	Dtap-ipv vacc 4-6 yr im	E	00000	9			
90769	Sc ther infusion, up to 1 hr	S	00440				
90770	Sc ther infusion, addl hr	S	00437				
90771	Sc ther infusion, reset pump	S	00438				
90776	Tx/pro/dx inj same drug adon	N	00000				
93982	Aneurysm pressure sens study	X	00097				
95980	Io anal gast n-stim init	N	00000				
95981	Io anal gast n-stim subsq	S	00218				
95982	Io ga n-stim subsq w/reprog	S	00692				
96125	Cognitive test by hc pro	A	00000				
98966	Hc pro phone call 5-10 min	E	00000	50			
98967	Hc pro phone call 11-20 min	E	00000	50			
98968	Hc pro phone call 21-30 min	E	00000	50			
98969	Online service by hc pro	E	00000	50			
99174	Ocular photoscreening	E	00000	50			
99366	Team conf w/pat by hc pro	N	00000				
99367	Team conf w/o pat by phys	N	00000				
99368	Team conf w/o pat by hc pro	N	00000				
99406	Behav chng smoking 3-10 min	X	00031				
99407	Behav chng smoking < 10 min	X	00031				
99408	Audit/dast, 15-30 min	E	00000	50			
99409	Audit/dast, over 30 min	E	00000	50			
99441	Phone e/m by phys 5-10 min	E	00000	9			
99442	Phone e/m by phys 11-20 min	E	00000	9			
99443	Phone e/m by phys 21-30 min	E	00000	9			
99444	Online e/m by phys	E	00000	9			
99477	Init day hosp neonate care	C	00000				
99605	Mtms by pharm, np, 15 min	E	00000	50			
99606	Mtms by pharm, est, 15 min	E	00000	50			
99607	Mtms by pharm, addl 15 min	E	00000	50			
A4252	Blood ketone test or strip	E	00000	50			
A4648	Implantable tissue marker	N	00000		Y		
A4650	Implant radiation dosimeter	N	00000		Y		
A5083	Stoma absorptive cover	A	00000				
A6413	Adhesive bandage, first-aid	A	00000				
A7027	Combination oral/nasal mask	Y	00000	61			
A7028	Repl oral cushion combo mask	Y	00000	61			
A7029	Repl nasal pillow comb mask	Y	00000	61			
A9155	Artificial saliva	B	00000	62			
A9274	Ext amb insulin delivery sys	E	00000	28			
A9276	Disposable sensor, CGM sys	E	00000	50			
A9277	External transmitter, CGM	E	00000	50			
A9278	External receiver, CGM sys	E	00000	50			
A9283	Foot press off load supp dev	E	00000	50			
A9501	Technetium TC-99m teboroxime	N	00000				
A9509	Iodine I-123 sod iodide mil	N	00000				
A9569	Technetium TC-99m auto WBC	N	00000				
A9570	Indium In-111 auto WBC	N	00000				

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
A9571	Indium IN-111 auto platelet	N	00000				
A9572	Indium In-111 pentetreotide	N	00000				
A9576	Inj prohance multipack	N	00000		Y		
A9577	Inj multihance	N	00000		Y		
A9578	Inj multihance multipack	N	00000		Y		
A9579	Gad-base MR contrast NOS,1ml	N	00000		Y		
B4087	Gastro/jejuno tube, std	A	00000				
B4088	Gastro/jejuno tube, low-pro	A	00000				
C8921	Comp transtho echo w/contr	S	00128	55			
C8922	Limit transtho echo w/contr	S	00128	55			
C8923	2D com transtho echo w/contr	S	00128	55			
C8924	2D lim transtho echo w/contr	S	00128	55			
C8925	2D TEE w/contrast, int/rept	S	00128	55			
C8926	Cong TEE w/contr, int/rept	S	00128	55			
C8927	TEE w/contrast; monitor	S	00128	55			
C8928	2D transtho w/contr; stress	S	00128	55			
C9237	Inj, lanreotide acetate	K	09237	55			
C9238	Inj, levetiracetam	K	09238	55	Y		
C9239	Inj, temsirolimus	G	01168	55	Y		
C9240	Injection, ixabepilone	K	09240	55			
C9352	Neuragen nerve guide, per cm	G	09350	55	Y		
C9353	Neurawrap nerve protector,cm	G	01169	55	Y		
C9354	Veritas collagen matrix, cm2	G	09354	55			
C9355	Neuromatrix nerve cuff, cm	G	09355	55			
E0328	Ped hospital bed, manual	Y	00000	61			
E0329	Ped hospital bed semi/elect	Y	00000	61			
E0856	Cervic collar w air bladder	Y	00000	61			
E2227	Gear reduction drive wheel	Y	00000	61			
E2228	Mwc acc, wheelchair brake	Y	00000	61			
E2312	Mini-prop remote joystick	Y	00000	61			
E2313	PWC harness, expand control	Y	00000	61			
E2397	Pwc acc, lith-based battery	Y	00000	61			
G0396	Alcohol/subs interv 15-30mn	S	00432				
G0397	Alcohol/subs interv >30 min	S	00432				
G8395	LVEF>=40% doc normal or mild	M	00000	72			
G8396	LVEF not performed	M	00000	72			
G8397	Dil macula/fundus exam/w doc	M	00000	72			
G8398	Dil macular/fundus not perfo	M	00000	72			
G8399	Pt w/DXA document or order	M	00000	72			
G8400	Pt w/DXA no document or orde	M	00000	72			
G8401	Pt inelig osteo screen measu	M	00000	72			
G8402	Smoke preven interven counse	M	00000	72			
G8403	Smoke preven nocounsel	M	00000	72			
G8404	Low extemity neur exam docum	M	00000	72			
G8405	Low extemity neur not perfor	M	00000	72			
G8406	Pt inelig lower extrem neuro	M	00000	72			
G8407	ABI documented	M	00000	72			
G8408	ABI not documented	M	00000	72			
G8409	Pt inelig for ABI measure	M	00000	72			
G8410	Eval on foot documented	M	00000	72			
G8415	Eval on foot not performed	M	00000	72			

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
G8416	Pt inelig footwear evaluatio	M	00000	72			
G8417	BMI >=30 calcuate w/followup	M	00000	72			
G8418	BMI < 22 calcuate w/followup	M	00000	72			
G8419	BMI>=30or<22 cal no followup	M	00000	72			
G8420	BMI<30 and >=22 calc & docu	M	00000	72			
G8421	BMI not calculated	M	00000	72			
G8422	Pt inelig BMI calculation	M	00000	72			
G8423	Pt screen flu vac & counsel	M	00000	72			
G8424	Flu vaccine not screen	M	00000	72			
G8425	Flu vaccine screen not curre	M	00000	72			
G8426	Pt not approp screen & coun	M	00000	72			
G8427	Doc meds verified w/pt or re	M	00000	72			
G8428	Meds document w/o verifica	M	00000	72			
G8429	Incomplete doc pt on meds	M	00000	72			
G8430	Pt inelig med check	M	00000	72			
G8431	Clin depression screen doc	M	00000	72			
G8432	Clin depression screen not d	M	00000	72			
G8433	Pt inelig for depression scr	M	00000	72			
G8434	Cognitive impairment screen	M	00000	72			
G8435	Cognitive screen not documen	M	00000	72			
G8436	Pt inelig for cognitive impa	M	00000	72			
G8437	Tx plan develop & document	M	00000	72			
G8438	Tx plan develop & not docum	M	00000	72			
G8439	Pt inelig for co-develp tx p	M	00000	72			
G8440	Pain assessment document	M	00000	72			
G8441	No document of pain assess	M	00000	72			
G8442	Pt inelig pain assessment	M	00000	72			
G8443	Prescription by E-Prescrib s	M	00000	72			
G8445	Prescrip not gen at encounte	M	00000	72			
G8446	Some prescrib handwritten or	M	00000	72			
G8447	Pt visit doc using CCHIT cer	M	00000	72			
G8448	Pt visit docum w/non-CCHIT c	M	00000	72			
G8449	Pt not doc w/EMR due to syst	M	00000	72			
G8450	Beta-bloc rx pt w/abn lvef	M	00000	72			
G8451	Pt w/abn lvef inelig b-bloc	M	00000	72			
G8452	Pt w/abn lvef b-bloc no rx	M	00000	72			
G8453	Tob use cess int counsel	M	00000	72			
G8454	Tob use cess int no counsel	M	00000	72			
G8455	Current tobacco smoker	M	00000	72			
G8456	Smokeless tobacco user	M	00000	72			
G8457	Tobacco non-user	M	00000	72			
G8458	Pt inelig geno no antivir tx	M	00000	72			
G8459	Doc pt rec antivir treat	M	00000	72			
G8460	Pt inelig RNA no antivir tx	M	00000	72			
G8461	Pt rec antivir treat hep c	M	00000	72			
G8462	Pt inelig couns no antivir tx	M	00000	72			
G8463	Pt rec antiviral treat doc	M	00000	72			
G8464	Pt inelig; lo to no dter rsk	M	00000	72			
G8465	High risk recurrence pro ca	M	00000	72			
G8466	Pt inelig suic; MDD remis	M	00000	72			
G8467	New dx init/rec episode MDD	M	00000	72			

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
G8468	ACE/ARB rx pt w/abn lvef	M	00000	72			
G8469	Pt w/abn lvef inelig ACE/ARB	M	00000	72			
G8470	Pt w/ normal lvef	M	00000	72			
G8471	LVEF not performed/doc	M	00000	72			
G8472	ACE/ARB no rx pt w/abn lvef	M	00000	72			
G8473	ACE/ARB thxpy rx'd	M	00000	72			
G8474	ACE/ARB not rx'd; doc reas	M	00000	72			
G8475	ACE/ARB thxpy not rx'd	M	00000	72			
G8476	BP sys <130 and dias <80	M	00000	72			
G8477	BP sys>=130 and/or dias >=80	M	00000	72			
G8478	BP not performed/doc	M	00000	72			
G8479	MD rx'd ACE/ARB thxpy	M	00000	72			
G8480	Pt inelig ACE/ARB thxpy	M	00000	72			
G8481	MD not rx'd ACE/ARB thxpy	M	00000	72			
G8482	Flu immunize order/admin	M	00000	72			
G8483	Flu imm no ord/admin doc rea	M	00000	72			
G8484	Flu immunize no order/admin	M	00000	72			
J0220	Aglucosidase alfa injection	K	09234		Y		
J0400	Aripiprazole injection	K	01165		Y		
J1300	Eculizumab injection	G	09236		Y		
J1561	Gamunex injection	K	00948		Y		
J1568	Octagam injection	K	00943		Y		
J1569	Gammagard liquid injection	K	00944		Y		
J1571	HepaGam B IM injection	K	00946		Y		
J1572	Flebogamma injection	K	00947		Y		
J1573	Hepagam B intravenous, inj	K	01138		Y		
J1743	Idursulfase injection	G	09232		Y		
J2323	Natalizumab injection	G	09126		Y		
J2724	Protein C concentrate	K	01139		Y		
J2778	Ranibizumab injection	G	09233		Y		
J2791	Rhopylac injection	K	00945		Y		
J3488	Reclast injection	G	00951		Y		
J7307	Etonogestrel implant system	M	00000	72			
J7321	Hyalgan/supartz inj per dose	K	00873		Y		
J7322	Synvisc inj per dose	K	00874		Y		
J7323	Euflexxa inj per dose	K	00875		Y		
J7324	Orthovisc inj per dose	K	00877		Y		
J7347	Integra matrix tissue	K	01140		Y		
J7348	Tissuemend tissue	G	09351		Y		
J7349	Primatrix tissue	G	01141		Y		
J7602	Albuterol inh non-comp con	M	00000	72			
J7603	Albuterol inh non-comp u d	M	00000	72			
J7604	Acetylcysteine comp unit	M	00000	72			
J7605	Arformoterol non-comp unit	M	00000	72			
J7632	Cromolyn sodium comp unit	M	00000	72			
J7676	Pentamidine comp unit dose	M	00000	72			
J9226	Supprelin LA implant	K	01142		Y		
J9303	Panitumumab injection	G	09235		Y		
L3925	FO pip/dip with joint/spring	A	00000				
L3927	FO pip/dip w/o joint/spring	A	00000				
L3929	HFO nontorsion joint, prefab	A	00000				

HCPCS	CodeDesc	SI	APC	Edit	ASC	ActivDate	TermDate
L3931	WHFO nontorsion joint prefab	A	00000				
L7611	Ped term dev, hook, vol open	A	00000				
L7612	Ped term dev, hook, vol clos	A	00000				
L7613	Ped term dev, hand, vol open	A	00000				
L7614	Ped term dev, hand, vol clos	A	00000				
L7621	Hook/hand, hvy dty, vol open	A	00000				
L7622	Hook/hand, hvy dty, vol clos	A	00000				
Q9965	LOCM 100-199mg/ml iodine,1ml	N	00000		Y		
Q9966	LOCM 200-299mg/ml iodine,1ml	N	00000		Y		
Q9967	LOCM 300-399mg/ml iodine,1ml	N	00000		Y		
V2787	Astigmatism-correct function	E	00000	9			

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 07-01-07**

HCPCS	CodeDesc
G8321	Pt doc to pre axial leng

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 01-01-08**

HCPCS	CodeDesc
0054T	Bone surgery using computer
0055T	Bone surgery using computer
0056T	Bone surgery using computer
0065T	Ocular photoscreen bilat
0074T	Online physician e/m
0115T	Med tx mngmt 15 min
0116T	Med tx mngmt subsqt
0117T	Med tx mngmt addl 15 min
0135T	Perq cryoablate renal tumor
0153T	Tcath sensor aneurysm sac
0154T	Study sensor aneurysm sac
01905	Anes, spine inject, x-ray/re
1080F	Decis mkr/advncd plan doc'd
24350	Repair of tennis elbow
24351	Repair of tennis elbow
24352	Repair of tennis elbow
24354	Repair of tennis elbow
24356	Revision of tennis elbow
32000	Drainage of chest
32002	Treatment of collapsed lung
32005	Treat lung lining chemically
32019	Insert pleural catheter
32020	Insertion of chest tube
36540	Collect blood venous device
36550	Declot vascular device
4007F	Areds/anitox vit/min rx'd
43750	Place gastrostomy tube
47719	Fusion of bile duct cyst
49200	Removal of abdominal lesion

HCPCS	CodeDesc
49201	Remove abdom lesion, complex
51000	Drainage of bladder
51005	Drainage of bladder
51010	Drainage of bladder
52510	Dilation prostatic urethra
60001	Aspirate/inject thyriod cyst
67038	Strip retinal membrane
74350	X-ray guide, stomach tube
75552	Heart mri for morph w/o dye
75553	Heart mri for morph w/dye
75554	Cardiac MRI/function
75555	Cardiac MRI/limited study
75556	Cardiac MRI/flow mapping
78615	Cerebral vascular flow image
86586	Skin test, unlisted
99361	Physician/team conference
99362	Physician/team conference
99371	Physician phone consultation
99372	Physician phone consultation
99373	Physician phone consultation
A9565	In111 pentetreotide
B4086	Gastrostomy/jejunostomy tube
C9232	Injection, idursulfase
C9233	Injection, ranibizumab
C9234	Inj, alglucosidase alfa
C9235	Injection, panitumumab
C9236	Injection, eculizumab
C9350	Porous collagen tube per cm
C9351	Acellular derm tissue percm2
E2618	Wc acc solid seat supp base
G0265	Cryopresevation Freeze+stora
G0266	Thawing + expansion froz cel
G0267	Bone marrow or psc harvest
G0297	Insert single chamber/cd
G0298	Insert dual chamber/cd
G0299	Inser/repos single icd+leads
G0300	Insert reposit lead dual+gen
G0375	Smoke/tobacco counselng 3-10
G0376	Smoke/tobacco counseling >10
J1567	Immune globulin, liquid
J7345	Non-human, non-metab tissue
J7611	Albuterol non-comp con
J7612	Levalbuterol non-comp con
J7613	Albuterol non-comp unit
J7614	Levalbuterol non-comp unit
K0553	Combination oral/nasal mask
K0554	Repl oral cushion combo mask
K0555	Repl nasal pillow comb mask
L0960	Post surgical support pads
L1855	Ko plas doub upright jnt mol
L1858	Ko polycentric pneumatic pad

HCPCS	CodeDesc
L1870	Ko doub upright lacers molde
L1880	Ko doub upright cuffs/lacers
L3800	Whfo short opponen no attach
L3805	Whfo long opponens no attach
L3810	Whfo thumb abduction bar
L3815	Whfo second m.p. abduction a
L3820	Whfo ip ext asst w/ mp ext s
L3825	Whfo m.p. extension stop
L3830	Whfo m.p. extension assist
L3835	Whfo m.p. spring extension a
L3840	Whfo spring swivel thumb
L3845	Whfo thumb ip ext ass w/ mp
L3850	Action wrist w/ dorsiflex as
L3855	Whfo adj m.p. flexion contro
L3860	Whfo adj m.p. flex ctrl & i.
L3907	Whfo wrst gauntlt thmb spica
L3910	Whfo swanson design
L3916	Whfo wrist extens w/ outrigg
L3918	HFO knuckle bender
L3920	Knuckle bender with outrigge
L3922	Knuckle bend 2 seg to flex j
L3924	Oppenheimer
L3926	Thomas suspension
L3928	Finger extension w/ clock sp
L3930	Finger extension with wrist
L3932	Safety pin spring wire
L3934	Safety pin modified
L3936	Palmer
L3938	Dorsal wrist
L3940	Dorsal wrist w/ outrigger at
L3942	Reverse knuckle bender
L3944	Reverse knuckle bend w/ outr
L3946	HFO composite elastic
L3948	Finger knuckle bender
L3950	Oppenheimer w/ knuckle bend
L3952	Oppenheimer w/ rev knuckle 2
L3954	Spreading hand
L3985	Forearm hand fx orth w/ wr h
L3986	Humeral rad/ulna wrist fx or
Q4079	Natalizumab injection
Q4083	Hyalgan/supartz inj per dose
Q4084	Synvisc inj per dose
Q4085	Euflexxa inj per dose
Q4086	Orthovisc inj per dose
Q4087	Octagam Injection
Q4088	Gammagard Liquid injection
Q4089	Rhophylac injection
Q4090	HepaGam B IM Injection
Q4091	Flebogamma injection
Q4092	Gamunex injection
Q4093	Albuterol inh non-comp con

HCPCS	CodeDesc
Q4094	Albuterol inh non-comp u d
Q4095	Reclast injection
Q9945	LOCM <=149 mg/ml iodine, 1ml
Q9946	LOCM 150-199mg/ml iodine, 1ml
Q9947	LOCM 200-249mg/ml iodine, 1ml
Q9948	LOCM 250-299mg/ml iodine, 1ml
Q9949	LOCM 300-349mg/ml iodine, 1ml
Q9950	LOCM 350-399mg/ml iodine, 1ml
Q9952	Inj Gad-base MR contrast, 1ml
S0147	Alglucosidase alfa 20 mg
S0180	Etonogestrel implant system
S2114	Arthrosc sh tenodesis biceps
S3618	Free beta HCG

HCPCS Description Changes

The following code descriptions were changed, **effective 04-01-06**

HCPCS	Old Description	New Description
S0345	HOME ECG MONITRNG GLOBAL 24H	Home ecg monitrng global 24h
S0347	HOME ECG MONITRNG PROF 24HR	Home ecg monitrng prof 24hr

The following code descriptions were changed, **effective 04-01-07**

HCPCS	Old Description	New Description
T1503	Med admin other than oral	Med admin, not oral/inject

The following code descriptions were changed, **effective 07-01-07**

HCPCS	Old Description	New Description
G8372	Chemother rec stg 3 colon ca	Chemother rec stg3 colon ca
G8373	Chemo plan docum prior chemo	Chemo plan documen prior che
G8378	MD doc pt inelig rad therapy	MD doc pt inelig radiation
G8379	Radiat tx recom doc 12mo ov	Doc radiat tx recom 12mo ov
G8380	Pt w stgIC-3Brst ca w/o tam	Pt w stgIC-3Brst ca not rec
G8383	Radiation rec not doc 12mo o	No doc radiation rec 12mo ov
G8384	MDS pt w/o base cytogen test	Base cytogen test MDS notper
G8385	Diab pt w nodoc Hgb A1c 12m	Diabet pt no do Hgb A1c 12m
G8386	Diab pt w nodoc LDL 12m	Diabet pt nodoc LDLiprotei
G8388	ESRD pt w URR/Ktv not doc el	ESRD pt w URR/Ktv notdoc eli
G8389	MDS pt no doc Fe prior EPO	MDS pt no doc FE st prio EPO

The following code descriptions were changed, **effective 01-01-08**

HCPCS	Old Description	New Description
0172T	Lumbar spine proces addl	Lumbar spine process addl
0178T	64 Lead ECG w I&R	64 lead ecg w i&r
0179T	64 Lead ECG w tracing	64 lead ecg w tracing
0180T	64 Lead ECG w I&R only	64 lead ecg w i&r only
0182T	Hdr elec brachytherapy	Hdr elect brachytherapy
1040F	Dsm-IV info mdd doc'd	DSM-IV info MDD doc'd
1060F	Doc perm/cont/parox atr. fib	Doc perm/cont/parox atr fib
2001F	Weight record	Weight recorded

HCPCS	Old Description	New Description
2021F	Dilat macul+exam done	Dilat macul+ exam done
20930	Spinal bone allograft	Sp bone algrft morsel add-on
20931	Spinal bone allograft	Sp bone algrft struct add-on
20936	Spinal bone autograft	Sp bone agrft local add-on
20937	Spinal bone autograft	Sp bone agrft morsel add-on
20938	Spinal bone autograft	Sp bone agrft struct add-on
27760	Treatment of ankle fracture	Cltx medial ankle fx
27762	Treatment of ankle fracture	Cltx med ankle fx w/mnpj
27766	Treatment of ankle fracture	Optx medial ankle fx
3022F	Lvef =40% systolic	Lvef >=40% systolic
3027F	Spirom fev/fvc=70%/ w/o copd	Spirom fev/fvc>=70%/w/o copd
3035F	O2 saturation =88% /pa0 =55	O2 saturation<=88% /pao<=55
3037F	O2 saturation> 88% /pao>55	O2 saturation >88% /pao>55
3042F	Fev=40% predicted value	Fev>= 40% predicted value
3044F	HG a1c level lt 7.0%	Hg a1c level lt 7.0%
3048F	LDL-C <100 mg/dL	Ldl-c <100 mg/dl
3049F	LDL-C 100-129 mg/dL	Ldl-c 100-129 mg/dl
3050F	LDL-C = 130 mg/dL	Ldl-c >= 130 mg/dl
3075F	Syst bp ge 130-139 mm hg	Syst bp ge 130 - 139mm hg
3077F	Syst bp = 140 mm hg	Syst bp >= 140 mm hg6 it
3080F	Diast bp = 90 mm hg	Diast bp >= 90 mm hg
3082F	Kt/v <1.2	Kt/v lt 1.2
3083F	Kt/v >= 1.2 and <1.7	Kt/v ge 1.2 and <1.7
3084F	Kt/v >= 1.7	Kt/v ge 1.7
3088F	Mdd, mild	MDD, mild
3089F	Mdd, moderate	MDD, moderate
3090F	Mdd, severe; w/o psych	MDD, severe; w/o psych
3091F	MDD, severe; w/psych	Mdd, severe; w/ psych
3092F	Mdd, in remission	MDD, in remission
3093F	Doc new diag 1st/addl. mdd	Doc new diag 1st/addl mdd
3111F	CT/MRI brain done w/in 24hrs	Ct/mri brain done w/in 24hrs
3112F	CT/MRI brain done GT24 hrs	Ct/mri brain done gt 24 hrs
3120F	12-Lead ECG performed	12-lead ecg performed
3130F	Upper GI endoscopy performed	Upper gi endoscopy performed
3132F	Doc ref. upper GI endoscopy	Doc ref upper gi endoscopy
3140F	Upper GI endo shows barrtt's	Upper gi endo shows barrtt's
3141F	Upper GI endo not barrtt's	Upper gi endo not barrtt's
33265	Ablate atria w/bypass, endo	Ablate atria, lmted, endo
33266	Ablate atria w/o bypass endo	Ablate atria, x10sv, endo
35600	Harvest artery for cabg	Harvest art for cabg add-on
37765	Phleb veins - extrem - to 20	Phleb veins extrem 10-20
37766	Phleb veins - extrem 20+	Phleb veins extrem 20+
4040F	pneumoc imm order/admin	Pneumoc imm order/admin
4041F	Doc order cefazolin/cefurox.	Doc order cefazolin/cefurox
4051F	Referred for an av fistula	Referred for an AV fistula
4052F	Hemodialysis via av fistula	Hemodialysis via AV fistula
4053F	Hemodialysis via av graft	Hemodialysis via AV graft
4055F	Pt. rcvng periton dialysis	Pt rcvng periton dialysis
4056F	Approp. oral rehyd. recomm'd	Approp oral rehyd recomm'd
4066F	Ect provided	ECT provided
4067F	Pt referral for ect doc'd	Pt referral for ECT doc'd

HCPCS	Old Description	New Description
4110F	Int. mam art used for cabg	Int mam art used for cabg
43770	Lap, place gastr adjust band	Lap place gastr adj device
43771	Lap, revise adjust gast band	Lap revise gastr adj device
43772	Lap, remove adjust gast band	Lap rmvl gastr adj device
43773	Lap, change adjust gast band	Lap replace gastr adj device
43774	Lap remov adj gast band/port	Lap rmvl gastr adj all parts
5010F	Macul+findngs to dr mng dm	Macul+ findngs to dr mng dm
57284	Repair paravaginal defect	Repair paravag defect, open
6015F	Pt recvng/OK for eating/swal	Dysphag test done b/4 eating
6020F	NPO (nothing-mouth) ordered	Npo (nothing-mouth) ordered
78600	Brain imaging, ltd static	Brain image < 4 views
78601	Brain imaging, ltd w/flow	Brain image w/flow < 4 views
78605	Brain imaging, complete	Brain image 4+ views
78606	Brain imaging, compl w/flow	Brain image w/flow 4 + views
78811	Tumor imaging (pet), limited	Pet image, ltd area
78812	Tumor image (pet)/skul-thigh	Pet image, skull-thigh
78813	Tumor image (pet) full body	Pet image, full body
78814	Tumor image pet/ct, limited	Pet image w/ct, lmtd
78815	Tumorimage pet/ct skul-thigh	Pet image w/ct, skull-thigh
78816	Tumor image pet/ct full body	Pet image w/ct, full body
80048	Basic metabolic panel	Metabolic panel total ca
82272	Occult blood, feces, single	Occult bld feces, 1-3 tests
82805	Blood gases W/02 saturation	Blood gases w/o2 saturation
87271	Cryptosporidium/gardia ag, if	Cytomegalovirus dfa
88380	Microdissection	Microdissection, laser
89320	Semen analysis, complete	Semen anal vol/count/mot
89321	Semen analysis & motility	Semen anal, sperm detection
90775	Ther/proph/diag inj add-on	Tx/pro/dx inj new drug addon
92135	Ophthalmic dx imaging	Ophth dx imaging post seg
93526	Rt & IT heart catheters	Rt & Lt heart catheters
93527	Rt & IT heart catheters	Rt & Lt heart catheters
93528	Rt & IT heart catheters	Rt & Lt heart catheters
A9516	I123 iodide cap, dx	Iodine I-123 sod iodide mic
C1717	Brachytx,non-str, HDR Ir-192	Brachytx, non-str,HDR Ir-192
C9728	Place device/marker,non pros	Place device/marker, non pro
E0705	Transfer board or device	Transfer device
G9083	Onc dx prostate unknown NOS	Onc dx prostate unknwn nos
J1562	Immune globulin subcutaneous	Vivaglobin, inj
J2545	Pentamidine isethionte/300mg	Pentamidine non-comp unit
J7187	Inj Vonwillebrand factor IU	Humate-P, inj
J7608	Acetylcysteine inh sol u d	Acetylcysteine non-comp unit
J7631	Cromolyn sodium inh sol u d	Cromolyn sodium noncomp unit
J7639	Dornase alpha inhal sol u d	Dornase alpha non-comp unit
J9225	Histrelin implant	Vantas implant
K0884	PWc gp4 std mult pow opt s/b	PWC gp4 std mult pow opt s/b
Q1003	NTIOL category 3	Ntiol category 3
Q4080	Iloprost inhalation solution	Iloprost non-comp unit dose

HCPCS Changes- APC, Status Indicator and/or Edit Assignments

The following code(s) had an APC and/or SI and/or edit change, **effective 08-01-00** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
95120	Immunotherapy, one injection			B	E		
95125	Immunotherapy, many antigens			B	E		
95130	Immunotherapy, insect venom			B	E		
95131	Immunotherapy, insect venoms			B	E		
95132	Immunotherapy, insect venoms			B	E		
95133	Immunotherapy, insect venoms			B	E		
95134	Immunotherapy, insect venoms			B	E		
L3216	Orthoped ladies shoes dpth i			B	E	14	50
L3217	Ladies shoes hightop depth i			B	E	14	50
L3221	Orthopedic mens shoes dpth i			B	E	14	50
L3222	Mens shoes hightop depth inl			B	E	14	50

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-01** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
95120	Immunotherapy, one injection			B	E	13	28
95125	Immunotherapy, many antigens			B	E	13	28
95130	Immunotherapy, insect venom			B	E	13	28
95131	Immunotherapy, insect venoms			B	E	13	28
95132	Immunotherapy, insect venoms			B	E	13	28
95133	Immunotherapy, insect venoms			B	E	13	28
95134	Immunotherapy, insect venoms			B	E	13	28

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-01** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
E0970	Wheelchair no. 2 footplates			B	E	14	28
E1085	Hemi-wheelchair fixed arms			B	E	14	28
E1086	Hemi-wheelchair detachable a			B	E	14	28
E1089	Wheelchair lightwt fixed arm			B	E	14	28
E1090	Wheelchair lightweight det a			B	E	14	28
E1130	Whlchr stand fxd arm ft rest			B	E	14	28
E1140	Wheelchair standard detach a			B	E	14	28

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
E1250	Wheelchair lightwt fixed arm			B	E	14	28
E1260	Wheelchair lightwt foot rest			B	E	14	28
E1285	Wheelchair heavy duty fixed			B	E	14	28
E1290	Wheelchair hvy duty detach a			B	E	14	28

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-03** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
E0203	Therapeutic lightbox tabletp			A	E	N/A	28

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-03** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
A0225	Neonatal emergency transport			A	E	N/A	28

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-04** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
A0380	Basic life support mileage			A	E	N/A	28
A0390	Advanced life support mileag			A	E	N/A	28
E1085	Hemi-wheelchair fixed arms			A	E	N/A	28
E1086	Hemi-wheelchair detachable a			A	E	N/A	28
E1089	Wheelchair lightwt fixed arm			A	E	N/A	28
E1090	Wheelchair lightweight det a			A	E	N/A	28
E1130	Whlchr stand fxd arm ft rest			A	E	N/A	28
E1140	Wheelchair standard detach a			A	E	N/A	28
E1250	Wheelchair lightwt fixed arm			A	E	N/A	28
E1260	Wheelchair lightwt foot rest			A	E	N/A	28
E1285	Wheelchair heavy duty fixed			A	E	N/A	28
E1290	Wheelchair hvy duty detach a			A	E	N/A	28

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-05** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
78609	Brain imaging (PET)					28	9
E0203	Therapeutic lightbox tabletp					9	28

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-05** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
L3216	Orthoped ladies shoes dpth i			A	E	N/A	50
L3217	Ladies shoes hightop depth i			A	E	N/A	50
L3221	Orthopedic mens shoes dpth i			A	E	N/A	50
L3222	Mens shoes hightop depth inl			A	E	N/A	50

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-06** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
95120	Immunotherapy, one injection			B	E	62	28
95125	Immunotherapy, many antigens			B	E	62	28
95130	Immunotherapy, insect venom			B	E	62	28
95131	Immunotherapy, insect venoms			B	E	62	28
95132	Immunotherapy, insect venoms			B	E	62	28
95133	Immunotherapy, insect venoms			B	E	62	28
95134	Immunotherapy, insect venoms			B	E	62	28
E0970	Wheelchair no. 2 footplates			B	E	62	28

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-07** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
S0180	Etonogestrel implant system					28	9
S9351	HIT cont antiemetic diem					28	9

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-08** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
0058T	Cryopreservation, ovary tiss	00348	00344				
0059T	Cryopreservation, oocyte	00348	00344				
0067T	Ct colonography;dx	00333	00332				
0071T	U/s leiomyomata ablate <200	00195	00067	T	S		
0072T	U/s leiomyomata ablate >200	00202	00067	T	S		
0087T	Sperm eval hyaluronan	00348	00344				
0126T	Chd risk imt study	00000	00340	N	Q		
0144T	CT heart wo dye; qual calc	00398	00282				
0145T	CT heart w/wo dye funct	00376	00383				
0146T	CCTA w/wo dye	00376	00383				
0147T	CCTA w/wo, quan calcium	00376	00383				
0148T	CCTA w/wo, strxr	00377	00383				
0149T	CCTA w/wo, strxr quan calc	00377	00383				
0150T	CCTA w/wo, disease strxr	00398	00383				
10022	Fna w/image	00036	00004				
10040	Acne surgery	00010	00013				
10160	Puncture drainage of lesion	00018	00006				
11001	Debride infected skin add-on	00012	00013				
11055	Trim skin lesion	00012	00013				
11056	Trim skin lesions, 2 to 4	00012	00013				
11057	Trim skin lesions, over 4	00013	00015				
11100	Biopsy, skin lesion	00018	00013				
11101	Biopsy, skin add-on	00018	00013				
11300	Shave skin lesion	00012	00013				
11301	Shave skin lesion	00012	00013				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
11313	Shave skin lesion	00016	00013				
11623	Exc h-f-nk-sp mlg+marg 2.1-3	00021	00020				
11640	Exc face-mm malig+marg 0.5 <	00020	00019				
11641	Exc face-mm malig+marg 0.6-1	00020	00019				
11719	Trim nail(s)	00009	00013				
11720	Debride nail, 1-5	00009	00013				
11721	Debride nail, 6 or more	00009	00013				
11732	Remove nail plate, add-on	00012	00013				
11740	Drain blood from under nail	00009	00012				
11760	Repair of nail bed	00024	00134				
11762	Reconstruction of nail bed	00024	00136				
11900	Injection into skin lesions	00012	00013				
11901	Added skin lesions injection	00012	00013				
11920	Correct skin color defects	00024	00134				
11921	Correct skin color defects	00024	00134				
11922	Correct skin color defects	00024	00134				
11950	Therapy for contour defects	00024	00133				
11951	Therapy for contour defects	00024	00133				
11952	Therapy for contour defects	00024	00133				
11954	Therapy for contour defects	00024	00133				
11960	Insert tissue expander(s)	00027	00137				
12001	Repair superficial wound(s)	00024	00133				
12002	Repair superficial wound(s)	00024	00133				
12004	Repair superficial wound(s)	00024	00133				
12005	Repair superficial wound(s)	00024	00133				
12006	Repair superficial wound(s)	00024	00133				
12007	Repair superficial wound(s)	00024	00133				
12011	Repair superficial wound(s)	00024	00133				
12013	Repair superficial wound(s)	00024	00133				
12014	Repair superficial wound(s)	00024	00133				
12015	Repair superficial wound(s)	00024	00133				
12016	Repair superficial wound(s)	00024	00133				
12017	Repair superficial wound(s)	00024	00133				
12018	Repair superficial wound(s)	00024	00133				
12020	Closure of split wound	00024	00135				
12021	Closure of split wound	00024	00135				
12031	Layer closure of wound(s)	00024	00134				
12032	Layer closure of wound(s)	00024	00134				
12034	Layer closure of wound(s)	00024	00134				
12035	Layer closure of wound(s)	00024	00134				
12036	Layer closure of wound(s)	00024	00134				
12037	Layer closure of wound(s)	00025	00134				
12041	Layer closure of wound(s)	00024	00134				
12042	Layer closure of wound(s)	00024	00134				
12044	Layer closure of wound(s)	00024	00134				
12045	Layer closure of wound(s)	00024	00134				
12046	Layer closure of wound(s)	00024	00134				
12047	Layer closure of wound(s)	00025	00134				
12051	Layer closure of wound(s)	00024	00134				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
12052	Layer closure of wound(s)	00024	00134				
12053	Layer closure of wound(s)	00024	00134				
12054	Layer closure of wound(s)	00024	00134				
12055	Layer closure of wound(s)	00024	00134				
12056	Layer closure of wound(s)	00024	00134				
12057	Layer closure of wound(s)	00025	00134				
13100	Repair of wound or lesion	00025	00135				
13101	Repair of wound or lesion	00025	00135				
13102	Repair wound/lesion add-on	00024	00135				
13120	Repair of wound or lesion	00024	00134				
13121	Repair of wound or lesion	00024	00135				
13122	Repair wound/lesion add-on	00024	00134				
13131	Repair of wound or lesion	00024	00135				
13132	Repair of wound or lesion	00024	00135				
13133	Repair wound/lesion add-on	00024	00135				
13150	Repair of wound or lesion	00025	00135				
13151	Repair of wound or lesion	00025	00135				
13152	Repair of wound or lesion	00025	00135				
13153	Repair wound/lesion add-on	00024	00134				
13160	Late closure of wound	00027	00137				
14000	Skin tissue rearrangement	00686	00136				
14001	Skin tissue rearrangement	00027	00136				
14020	Skin tissue rearrangement	00686	00136				
14021	Skin tissue rearrangement	00686	00136				
14040	Skin tissue rearrangement	00686	00136				
14041	Skin tissue rearrangement	00686	00136				
14060	Skin tissue rearrangement	00686	00136				
14061	Skin tissue rearrangement	00686	00136				
14300	Skin tissue rearrangement	00027	00137				
14350	Skin tissue rearrangement	00027	00137				
15002	Wnd prep, ch/inf, trk/arm/lg	00025	00135				
15003	Wnd prep, ch/inf addl 100 cm	00025	00135				
15004	Wnd prep ch/inf, f/n/hf/g	00025	00135				
15005	Wnd prep, f/n/hf/g, addl cm	00025	00135				
15040	Harvest cultured skin graft	00024	00134				
15050	Skin pinch graft	00025	00135				
15100	Skin splt grft, trnk/arm/leg	00027	00137				
15101	Skin splt grft t/a/l, add-on	00027	00137				
15110	Epidrm autogrft trnk/arm/leg	00027	00135				
15111	Epidrm autogrft t/a/l add-on	00027	00135				
15115	Epidrm a-grft face/nck/hf/g	00027	00135				
15116	Epidrm a-grft f/n/hf/g addl	00027	00135				
15120	Skn splt a-grft fac/nck/hf/g	00027	00137				
15121	Skn splt a-grft f/n/hf/g add	00027	00137				
15130	Derm autograft, trnk/arm/leg	00027	00136				
15131	Derm autograft t/a/l add-on	00027	00136				
15135	Derm autograft face/nck/hf/g	00027	00136				
15136	Derm autograft, f/n/hf/g add	00027	00136				
15150	Cult epiderm grft t/arm/leg	00027	00135				
15151	Cult epiderm grft t/a/l addl	00027	00135				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
15152	Cult epiderm graft t/a/l +%	00027	00135				
15155	Cult epiderm graft, f/n/hf/g	00027	00135				
15156	Cult epidrm grft f/n/hfg add	00027	00135				
15157	Cult epiderm grft f/n/hfg +%	00027	00135				
15170	Acell graft trunk/arms/legs	00025	00134				
15171	Acell graft t/arm/leg add-on	00025	00134				
15175	Acellular graft, f/n/hf/g	00025	00135				
15176	Acell graft, f/n/hf/g add-on	00025	00135				
15200	Skin full graft, trunk	00686	00136				
15201	Skin full graft trunk add-on	00025	00136				
15220	Skin full graft sclp/arm/leg	00686	00136				
15221	Skin full graft add-on	00025	00135				
15240	Skin full grft face/genit/hf	00686	00136				
15241	Skin full graft add-on	00025	00135				
15260	Skin full graft een & lips	00686	00136				
15261	Skin full graft add-on	00025	00136				
15300	Apply skinallogrft, t/arm/lg	00025	00135				
15301	Apply sknallogrft t/a/l addl	00025	00135				
15320	Apply skin allogrft f/n/hf/g	00025	00135				
15321	Aply sknallogrft f/n/hfg add	00025	00135				
15330	Aply acell alogrft t/arm/leg	00025	00135				
15331	Aply acell grft t/a/l add-on	00025	00135				
15335	Apply acell graft, f/n/hf/g	00025	00135				
15336	Aply acell grft f/n/hf/g add	00025	00135				
15340	Apply cult skin substitute	00025	00134				
15341	Apply cult skin sub add-on	00025	00134				
15360	Apply cult derm sub, t/a/l	00025	00134				
15361	Aply cult derm sub t/a/l add	00025	00134				
15365	Apply cult derm sub f/n/hf/g	00025	00134				
15366	Apply cult derm f/hf/g add	00025	00134				
15400	Apply skin xenograft, t/a/l	00025	00135				
15401	Apply skn xenogrft t/a/l add	00025	00135				
15420	Apply skin xgraft, f/n/hf/g	00025	00135				
15421	Apply skn xgrft f/n/hf/g add	00025	00135				
15430	Apply acellular xenograft	00025	00135				
15431	Apply acellular xgraft add	00025	00135				
15570	Form skin pedicle flap	00027	00137				
15572	Form skin pedicle flap	00027	00137				
15574	Form skin pedicle flap	00027	00137				
15576	Form skin pedicle flap	00686	00137				
15600	Skin graft	00027	00137				
15610	Skin graft	00027	00137				
15620	Skin graft	00027	00137				
15630	Skin graft	00027	00137				
15650	Transfer skin pedicle flap	00027	00137				
15731	Forehead flap w/vasc pedicle	00686	00137				
15732	Muscle-skin graft, head/neck	00027	00137				
15734	Muscle-skin graft, trunk	00027	00137				
15736	Muscle-skin graft, arm	00027	00137				
15738	Muscle-skin graft, leg	00027	00137				
15740	Island pedicle flap graft	00686	00136				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
15750	Neurovascular pedicle graft	00027	00137				
15760	Composite skin graft	00027	00137				
15770	Derma-fat-fascia graft	00027	00137				
15775	Hair transplant punch grafts	00025	00133				
15776	Hair transplant punch grafts	00025	00133				
15788	Chemical peel, face, epiderm	00012	00013				
15792	Chemical peel, nonfacial	00013	00015				
15793	Chemical peel, nonfacial	00012	00013				
15819	Plastic surgery, neck	00025	00134				
15820	Revision of lower eyelid	00027	00137				
15821	Revision of lower eyelid	00027	00137				
15822	Revision of upper eyelid	00027	00137				
15823	Revision of upper eyelid	00686	00137				
15824	Removal of forehead wrinkles	00027	00137				
15825	Removal of neck wrinkles	00027	00137				
15826	Removal of brow wrinkles	00027	00137				
15828	Removal of face wrinkles	00027	00137				
15829	Removal of skin wrinkles	00027	00137				
15835	Excise excessive skin tissue	00025	00022				
15840	Graft for face nerve palsy	00027	00137				
15841	Graft for face nerve palsy	00027	00137				
15842	Flap for face nerve palsy	00686	00137				
15845	Skin and muscle repair, face	00027	00137				
15876	Suction assisted lipectomy	00027	00137				
15877	Suction assisted lipectomy	00027	00137				
15878	Suction assisted lipectomy	00686	00137				
15879	Suction assisted lipectomy	00027	00137				
15922	Removal of tail bone ulcer	00027	00137				
15934	Remove sacrum pressure sore	00027	00137				
15935	Remove sacrum pressure sore	00027	00137				
15936	Remove sacrum pressure sore	00027	00136				
15937	Remove sacrum pressure sore	00027	00137				
15944	Remove hip pressure sore	00027	00137				
15945	Remove hip pressure sore	00027	00137				
15946	Remove hip pressure sore	00027	00137				
15952	Remove thigh pressure sore	00027	00136				
15953	Remove thigh pressure sore	00027	00136				
15956	Remove thigh pressure sore	00027	00136				
15958	Remove thigh pressure sore	00027	00136				
16000	Initial treatment of burn(s)	00012	00013				
16020	Dress/debrid p-thick burn, s	00013	00015				
16025	Dress/debrid p-thick burn, m	00013	00016				
16030	Dress/debrid p-thick burn, l	00015	00016				
17000	Destruct premalg lesion	00010	00013				
17003	Destruct premalg les, 2-14	00010	00012				
17004	Destroy premlg lesions 15+	00011	00016				
17106	Destruction of skin lesions	00011	00016				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
17107	Destruction of skin lesions	00011	00016				
17108	Destruction of skin lesions	00011	00016				
17110	Destruct b9 lesion, 1-14	00012	00013				
17111	Destruct lesion, 15 or more	00013	00015				
17250	Chemical cautery, tissue	00013	00015				
17271	Destruction of skin lesions	00013	00015				
17273	Destruction of skin lesions	00015	00016				
17281	Destruction of skin lesions	00015	00016				
17282	Destruction of skin lesions	00015	00016				
17283	Destruction of skin lesions	00015	00016				
17286	Destruction of skin lesions	00015	00016				
17340	Cryotherapy of skin	00016	00013				
19100	Bx breast percut w/o image	00005	00004				
19103	Bx breast percut w/device	00658	00037				
19295	Place breast clip, percut	00657	00000	S	N		
19298	Place breast rad tube/caths	01524	00648	S	T		
19302	P-mastectomy w/ln removal	00693	00030				
19318	Reduction of large breast	00693	00030				
19324	Enlarge breast	00693	00030				
20101	Explore wound, chest	00027	00137				
20102	Explore wound, abdomen	00027	00137				
20220	Bone biopsy, trocar/needle	00019	00020				
20910	Remove cartilage for graft	00027	00137				
20912	Remove cartilage for graft	00027	00137				
20920	Removal of fascia for graft	00686	00136				
20922	Removal of fascia for graft	00027	00136				
20926	Removal of tissue for graft	00686	00135				
20975	Electrical bone stimulation	00340	00000	X	N		
21320	Treatment of nose fracture	00252	00253				
21336	Treat nasal septal fracture	00063	00062				
21360	Treat cheek bone fracture	00000	00254	C	T		
21365	Treat cheek bone fracture	00000	00256	C	T		
21385	Treat eye socket fracture	00000	00256	C	T		
23120	Partial removal, collar bone	00051	00050				
23125	Removal of collar bone	00051	00050				
23921	Amputation follow-up surgery	00025	00136				
25400	Repair radius or ulna	00050	00052				
25405	Repair/graft radius or ulna	00050	00052				
25415	Repair radius & ulna	00050	00052				
25825	Fuse hand bones with graft	00054	00052				
25929	Amputation follow-up surgery	00686	00136				
25931	Amputation follow-up surgery	00000	00049	C	T		
26685	Treat hand dislocation	00063	00062				
26715	Treat knuckle dislocation	00063	00062				
26735	Treat finger fracture, each	00063	00062				
26746	Treat finger fracture, each	00063	00062				
26765	Treat finger fracture, each	00063	00062				
27006	Incision of hip tendons	00000	00050	C	T		
27720	Repair of tibia	00000	00063	C	T		

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
27722	Repair/graft of tibia	00000	00064	C	T		
28415	Treat heel fracture	00063	00064				
28505	Treat big toe fracture	00063	00062				
28525	Treat toe fracture	00063	00062				
28531	Treat sesamoid bone fracture	00063	00062				
28585	Repair foot dislocation	00063	00062				
28645	Repair toe dislocation	00063	00062				
28675	Repair of toe dislocation	00063	00062				
28715	Fusion of foot bones	00056	00052				
29819	Shoulder arthroscopy/surgery	00041	00042				
29820	Shoulder arthroscopy/surgery	00041	00042				
29821	Shoulder arthroscopy/surgery	00041	00042				
29823	Shoulder arthroscopy/surgery	00041	00042				
29825	Shoulder arthroscopy/surgery	00041	00042				
29847	Wrist arthroscopy/surgery	00041	00042				
29856	Tibial arthroscopy/surgery	00041	00042				
29860	Hip arthroscopy, dx	00041	00042				
29861	Hip arthroscopy/surgery	00041	00042				
29891	Ankle arthroscopy/surgery	00041	00042				
29892	Ankle arthroscopy/surgery	00041	00042				
29900	Mcp joint arthroscopy, dx	00053	00041				
29901	Mcp joint arthroscopy, surg	00053	00041				
29902	Mcp joint arthroscopy, surg	00053	00041				
31502	Change of windpipe airway	00121	00078	T	S		
31620	Endobronchial us add-on	00670	00000	S	N		
31720	Clearance of airways	00071	00077	T	S		
33222	Revise pocket, pacemaker	00027	00136				
33223	Revise pocket, pacing-defib	00027	00136				
33240	Insert pulse generator	00000	00107	B	T	62	N/A
33249	Eltrd/insert pace-defib	00000	00108	B	T	62	N/A
33284	Remove pat-active ht record	00109	00020				
35458	Repair arterial blockage	00081	00083				
35459	Repair arterial blockage	00081	00083				
35460	Repair venous blockage	00081	00083				
35470	Repair arterial blockage	00081	00083				
35471	Repair arterial blockage	00081	00083				
35472	Repair arterial blockage	00081	00083				
35473	Repair arterial blockage	00081	00083				
35474	Repair arterial blockage	00081	00083				
35475	Repair arterial blockage	00081	00083				
35476	Repair venous blockage	00081	00083				
35484	Atherectomy, open	00081	00082				
35485	Atherectomy, open	00081	00082				
35490	Atherectomy, percutaneous	00081	00082				
35491	Atherectomy, percutaneous	00081	00082				
35492	Atherectomy, percutaneous	00081	00082				
35493	Atherectomy, percutaneous	00081	00082				
35494	Atherectomy, percutaneous	00081	00082				
35495	Atherectomy, percutaneous	00081	00082				
35500	Harvest vein for bypass	00081	00103				
36261	Revision of infusion pump	00623	00105				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
36262	Removal of infusion pump	00622	00105				
36468	Injection(s), spider veins	00098	00013				
36469	Injection(s), spider veins	00098	00013				
36470	Injection therapy of vein	00098	00013				
36471	Injection therapy of veins	00098	00013				
36476	Endovenous rf, vein add-on	00091	00092				
36575	Repair tunneled cv cath	00621	00109				
36589	Removal tunneled cv cath	00621	00109				
36598	Inj w/fluor, eval cv device	00340	00676	X	T		
36600	Withdrawal of arterial blood	00000	00035				
37200	Transcatheter biopsy	00685	00623				
37201	Transcatheter therapy infuse	00676	00103				
37202	Transcatheter therapy infuse	00676	00103				
37203	Transcatheter retrieval	00103	00623				
37204	Transcatheter occlusion	00115	00082				
37209	Change iv cath at thromb tx	00103	00623				
37210	Embolization uterine fibroid	00202	00229				
37250	Iv us first vessel add-on	00416	00000	S	N		
37251	Iv us each add vessel add-on	00416	00000	S	N		
37700	Revise leg vein	00091	00092				
37718	Ligate/strip short leg vein	00091	00092				
38207	Cryopreserve stem cells	00000	00110	E	S	28	N/A
38208	Thaw preserved stem cells	00000	00110	E	S	28	N/A
38209	Wash harvest stem cells	00000	00110	E	S	28	N/A
38210	T-cell depletion of harvest	00000	00393	E	S	28	N/A
38211	Tumor cell deplete of harvst	00000	00393	E	S	28	N/A
38212	Rbc depletion of harvest	00000	00393	E	S	28	N/A
38213	Platelet deplete of harvest	00000	00393	E	S	28	N/A
38214	Volume deplete of harvest	00000	00393	E	S	28	N/A
38215	Harvest stem cell concentrte	00000	00393	E	S	28	N/A
38230	Bone marrow collection	00123	00112				
38240	Bone marrow/stem transplant	00123	00112				
38241	Bone marrow/stem transplant	00123	00112				
38792	Identify sentinel node	00000	00392				
43458	Dilate esophagus	00140	00141				
43647	Lap impl electrode, antrum	00130	00061	T	S		
43761	Reposition gastrostomy tube	00122	00141				
43886	Revise gastric port, open	00025	00137				
43887	Remove gastric port, open	00025	00135				
43888	Change gastric port, open	00686	00137				
44312	Revision of ileostomy	00027	00137				
44340	Revision of colostomy	00027	00137				
45000	Drainage of pelvic abscess	00148	00155				
45520	Treatment of rectal prolapse	00098	00013				
45915	Remove rectal obstruction	00148	00155				
45990	Surg dx exam, anorectal	00148	00149				
46050	Incision of anal abscess	00148	00155				
46320	Removal of hemorrhoid clot	00155	00149				
46750	Repair of anal sphincter	00171	00150				
46760	Repair of anal sphincter	00171	00150				
46761	Repair of anal sphincter	00171	00150				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
46762	Implant artificial sphincter	00171	00150				
46916	Cryosurgery, anal lesion(s)	00013	00015				
46917	Laser surgery, anal lesions	00695	00017				
46922	Excision of anal lesion(s)	00695	00017				
46924	Destruction, anal lesion(s)	00695	00017				
50382	Change ureter stent, percut	00161	00162				
50387	Change ext/int ureter stent	00122	00427				
50389	Remove renal tube w/fluoro	00156	00160				
50393	Insert ureteral tube	00161	00162				
50398	Change kidney tube	00122	00427				
50553	Kidney endoscopy	00161	00162				
50561	Kidney endoscopy & treatment	00161	00162				
50580	Kidney endoscopy & treatment	00000	00161	C	T		
50688	Change of ureter tube/stent	00122	00427				
50955	Ureter endoscopy & biopsy	00161	00162				
50957	Ureter endoscopy & treatment	00161	00162				
50961	Ureter endoscopy & treatment	00161	00162				
50980	Ureter endoscopy & treatment	00161	00162				
51535	Repair of ureter lesion	00000	00162	C	T		
51705	Change of bladder tube	00121	00164				
51710	Change of bladder tube	00122	00427				
51725	Simple cystometrogram	00164	00156				
51785	Anal/urinary muscle study	00126	00164				
52001	Cystoscopy, removal of clots	00160	00161				
52007	Cystoscopy and biopsy	00161	00162				
52275	Cystoscopy & revise urethra	00161	00162				
52276	Cystoscopy and treatment	00161	00162				
52283	Cystoscopy and treatment	00161	00162				
52300	Cystoscopy and treatment	00161	00162				
52301	Cystoscopy and treatment	00161	00162				
52305	Cystoscopy and treatment	00161	00162				
52310	Cystoscopy and treatment	00160	00161				
52315	Cystoscopy and treatment	00161	00162				
52351	Cystouretero & or pyeloscope	00161	00162				
53850	Prostatic microwave thermotx	00675	00429				
53852	Prostatic rf thermotx	00675	00429				
54050	Destruction, penis lesion(s)	00013	00015				
54056	Cryosurgery, penis lesion(s)	00012	00013				
54065	Destruction, penis lesion(s)	00695	00017				
54150	Circumcision w/regionl block	00180	00183				
54160	Circumcision, neonate	00180	00183				
54161	Circum 28 days or older	00180	00183				
54162	Lysis penil circumic lesion	00180	00183				
54163	Repair of circumcision	00180	00183				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
54164	Frenulotomy of penis	00180	00183				
55870	Electroejaculation	00197	00189				
55875	Transperi needle place, pros			T	Q		
56440	Surgery for vulva lesion	00194	00193				
56515	Destroy vulva lesion/s compl	00695	00017				
56605	Biopsy of vulva/perineum	00019	00189				
56606	Biopsy of vulva/perineum	00019	00188				
56620	Partial removal of vulva	00195	00193				
56625	Complete removal of vulva	00195	00193				
56700	Partial removal of hymen	00194	00193				
56740	Remove vagina gland lesion	00194	00193				
56800	Repair of vagina	00194	00193				
56810	Repair of perineum	00194	00193				
56821	Exam/biopsy of vulva w/scope	00189	00188				
57061	Destroy vag lesions, simple	00194	00193				
57065	Destroy vag lesions, complex	00194	00193				
57105	Biopsy of vagina	00194	00193				
57106	Remove vagina wall, partial	00194	00193				
57130	Remove vagina lesion	00194	00193				
57135	Remove vagina lesion	00194	00193				
57150	Treat vagina infection	00191	00188				
57180	Treat vaginal bleeding	00189	00188				
57200	Repair of vagina	00194	00193				
57210	Repair vagina/perineum	00194	00193				
57295	Revise vag graft via vagina	00194	00193				
57400	Dilation of vagina	00194	00193				
57415	Remove vaginal foreign body	00194	00193				
57452	Exam of cervix w/scope	00188	00189				
57461	Conz of cervix w/scope, leep	00194	00193				
57500	Biopsy of cervix	00189	00192				
57505	Endocervical curettage	00189	00192				
57520	Conization of cervix	00194	00193				
57522	Conization of cervix	00195	00193				
57558	D&c of cervical stump	00196	00193				
57700	Revision of cervix	00194	00193				
57720	Revision of cervix	00194	00193				
58110	Bx done w/colposcopy add-on	00188	00000	T	N		
58120	Dilation and curettage	00196	00193				
58321	Artificial insemination	00197	00189				
58322	Artificial insemination	00197	00189				
58323	Sperm washing	00197	00189				
58615	Occlude fallopian tube(s)	00194	00193				
58805	Drainage of ovarian cyst(s)	00000	00195	C	T		
58970	Retrieval of oocyte	00197	00189				
58974	Transfer of embryo	00197	00189				
58976	Transfer of embryo	00197	00189				
59000	Amniocentesis, diagnostic	00198	00189				
59012	Fetal cord puncture, prenatal	00198	00189				
59015	Chorion biopsy	00198	00189				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
59020	Fetal contract stress test	00189	00188				
59025	Fetal non-stress test	00198	00188				
59030	Fetal scalp blood sample	00198	00189				
59070	Transabdom amnioinfus w/us	00198	00189				
59072	Umbilical cord occlud w/us	00198	00189				
59074	Fetal fluid drainage w/us	00198	00189				
59076	Fetal shunt placement, w/us	00198	00189				
59160	D & c after delivery	00196	00193				
59320	Revision of cervix	00194	00193				
59409	Obstetrical care	00194	00193				
59412	Antepartum manipulation	00700	00193				
59612	Vbac delivery only	00194	00193				
59812	Treatment of miscarriage	00201	00193				
59820	Care of miscarriage	00201	00193				
59821	Treatment of miscarriage	00201	00193				
59840	Abortion	00200	00193				
59841	Abortion	00200	00193				
59866	Abortion (mpr)	00198	00189				
59870	Evacuate mole of uterus	00201	00193				
59871	Remove cerclage suture	00194	00193				
59897	Fetal invas px w/us	00198	00189				
59899	Maternity care procedure	00198	00191				
60271	Removal of thyroid	00000	00256	C	T		
61070	Brain canal shunt procedure	00212	00121				
61623	Endovasc tempory vessel occl	00081	00082				
61626	Transcath occlusion, non-cns	00081	00082				
61770	Incise skull for treatment	00000	00221	C	T		
61791	Treat trigeminal tract	00206	00203				
61795	Brain surgery using computer	00302	00000	S	N		
61886	Implant neurostim arrays			T	S		
62160	Neuroendoscopy add-on	00122	00000	T	N		
62194	Replace/irrigate catheter	00427	00212				
62270	Spinal fluid tap, diagnostic	00204	00206				
62272	Drain cerebro spinal fluid	00204	00206				
62350	Implant spinal canal cath	00223	00224				
62360	Insert spine infusion device	00226	00224				
63685	Insrt/redo spine n generator			T	S		
63741	Install spinal shunt	00228	00224				
63744	Revision of spinal shunt	00228	00224				
64405	N block inj, occipital	00204	00206				
64408	N block inj, vagus	00204	00206				
64410	N block inj, phrenic	00206	00207				
64412	N block inj, spinal accessor	00206	00207				
64413	N block inj, cervical plexus	00204	00206				
64415	N block inj, brachial plexus	00204	00206				
64416	N block cont infuse, b plex	00204	00207				
64417	N block inj, axillary	00204	00206				
64418	N block inj, suprascapular	00204	00206				
64420	N block inj, intercost, sng	00204	00206				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
64425	N block inj, ilio-ing/hypogi	00204	00206				
64430	N block inj, pudendal	00204	00207				
64435	N block inj, paracervical	00204	00206				
64445	N block inj, sciatic, sng	00204	00206				
64446	N blk inj, sciatic, cont inf	00206	00203				
64447	N block inj fem, single	00204	00206				
64448	N block inj fem, cont inf	00204	00206				
64449	N block inj, lumbar plexus	00204	00207				
64450	N block, other peripheral	00204	00206				
64476	Inj paravertebral l/s add-on	00206	00204				
64480	Inj foramen epidural add-on	00207	00206				
64484	Inj foramen epidural add-on	00207	00206				
64517	N block inj, hypogas plxs	00204	00207				
64590	Insrt/redo pn/gastr stimul	00222	00039	T	S		
64620	Injection treatment of nerve	00203	00207				
64627	Destr paravertebral n add-on	00207	00204				
64630	Injection treatment of nerve	00206	00207				
64640	Injection treatment of nerve	00206	00207				
64680	Injection treatment of nerve	00207	00203				
67028	Injection eye drug	00235	00231	T	S		
67105	Repair detached retina	00248	00247				
67145	Treatment of retina	00248	00247				
67210	Treatment of retinal lesion	00248	00247				
67228	Treatment of retinal lesion	00248	00247				
67938	Remove eyelid foreign body	00698	00231				
68200	Treat eyelid by injection	00230	00698				
68840	Explore/irrigate tear ducts	00698	00231				
69100	Biopsy of external ear	00019	00251				
69220	Clean out mastoid cavity	00012	00013				
69222	Clean out mastoid cavity	00252	00253				
69424	Remove ventilating tube	00252	00253				
69970	Remove inner ear lesion	00000	00256	C	T		
70010	Contrast x-ray of brain			S	Q		
70015	Contrast x-ray of brain			S	Q		
70170	X-ray exam of tear duct	00264	00317	X	Q		
70332	X-ray exam of jaw joint			S	Q		
70373	Contrast x-ray of larynx			X	Q		
70390	X-ray exam of salivary duct			X	Q		
71040	Contrast x-ray of bronchi			X	Q		
71060	Contrast x-ray of bronchi	00263	00317	X	Q		
71090	X-ray & pacemaker insertion	00272	00000	X	N		
72240	Contrast x-ray of neck spine			S	Q		
72255	Contrast x-ray, thorax spine			S	Q		
72265	Contrast x-ray, lower spine			S	Q		
72270	Contrast x-ray, spine			S	Q		
72275	Epidurography	00274	00000	S	N		
72285	X-ray c/t spine disk			S	Q		
72291	Perq vertebroplasty, fluor	00274	00000	S	N		
72292	Perq vertebroplasty, ct	00274	00000	S	N		
72295	X-ray of lower spine disk			S	Q		
73040	Contrast x-ray of shoulder			S	Q		

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
73085	Contrast x-ray of elbow			S	Q		
73115	Contrast x-ray of wrist			S	Q		
73525	Contrast x-ray of hip			S	Q		
73530	X-ray exam of hip	00261	00000	X	N		
73542	X-ray exam, sacroiliac joint			S	Q		
73580	Contrast x-ray of knee joint			S	Q		
73615	Contrast x-ray of ankle			S	Q		
74190	X-ray exam of peritoneum	00264	00317	X	Q		
74235	Remove esophagus obstruction	00257	00000	S	N		
74300	X-ray bile ducts/pancreas	00263	00000	X	N		
74301	X-rays at surgery add-on	00263	00000	X	N		
74305	X-ray bile ducts/pancreas	00263	00000	X	N		
74320	Contrast x-ray of bile ducts	00264	00317	X	Q		
74327	X-ray bile stone removal	00296	00000	S	N		
74340	X-ray guide for GI tube	00272	00000	X	N		
74355	X-ray guide, intestinal tube	00263	00000	X	N		
74360	X-ray guide, GI dilation	00257	00000	S	N		
74363	X-ray, bile duct dilation	00297	00000	S	N		
74425	Contrst x-ray, urinary tract			S	Q		
74430	Contrast x-ray, bladder			S	Q		
74440	X-ray, male genital tract			S	Q		
74445	X-ray exam of penis			S	Q		
74450	X-ray, urethra/bladder			S	Q		
74455	X-ray, urethra/bladder			S	Q		
74470	X-ray exam of kidney lesion			X	Q		
74475	X-ray control, cath insert	00297	00317	S	Q		
74480	X-ray control, cath insert	00296	00317	S	Q		
74485	X-ray guide, GU dilation	00296	00317	S	Q		
74740	X-ray, female genital tract	00264	00263	X	Q		
74742	X-ray, fallopian tube	00264	00000	X	N		
75600	Contrast x-ray exam of aorta	00280	00279	S	Q		
75605	Contrast x-ray exam of aorta	00280	00279	S	Q		
75625	Contrast x-ray exam of aorta	00280	00279	S	Q		
75630	X-ray aorta, leg arteries	00280	00279	S	Q		
75635	Ct angio abdominal arteries			S	Q		
75650	Artery x-rays, head & neck			S	Q		
75658	Artery x-rays, arm			S	Q		
75660	Artery x-rays, head & neck	00668	00280	S	Q		
75662	Artery x-rays, head & neck			S	Q		
75665	Artery x-rays, head & neck	00280	00279	S	Q		
75671	Artery x-rays, head & neck			S	Q		
75676	Artery x-rays, neck	00280	00279	S	Q		
75680	Artery x-rays, neck	00280	00279	S	Q		
75685	Artery x-rays, spine	00280	00279	S	Q		
75705	Artery x-rays, spine	00668	00279	S	Q		
75710	Artery x-rays, arm/leg	00280	00279	S	Q		
75716	Artery x-rays, arms/legs	00280	00279	S	Q		
75722	Artery x-rays, kidney	00280	00279	S	Q		
75724	Artery x-rays, kidneys	00280	00279	S	Q		
75726	Artery x-rays, abdomen	00280	00279	S	Q		

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
75731	Artery x-rays, adrenal gland	00280	00279	S	Q		
75733	Artery x-rays, adrenals	00668	00279	S	Q		
75736	Artery x-rays, pelvis	00280	00279	S	Q		
75741	Artery x-rays, lung			S	Q		
75743	Artery x-rays, lungs	00280	00279	S	Q		
75746	Artery x-rays, lung	00279	00668	S	Q		
75756	Artery x-rays, chest	00279	00668	S	Q		
75774	Artery x-ray, each vessel	00279	00000	S	N		
75790	Visualize A-V shunt	00279	00668	S	Q		
75801	Lymph vessel x-ray, arm/leg	00264	00317	X	Q		
75803	Lymph vessel x-ray, arms/legs	00264	00317	X	Q		
75805	Lymph vessel x-ray, trunk	00264	00317	X	Q		
75807	Lymph vessel x-ray, trunk	00264	00317	X	Q		
75809	Nonvascular shunt, x-ray			X	Q		
75810	Vein x-ray, spleen/liver			S	Q		
75820	Vein x-ray, arm/leg			S	Q		
75822	Vein x-ray, arms/legs			S	Q		
75825	Vein x-ray, trunk			S	Q		
75827	Vein x-ray, chest	00279	00668	S	Q		
75831	Vein x-ray, kidney			S	Q		
75833	Vein x-ray, kidneys			S	Q		
75840	Vein x-ray, adrenal gland	00280	00279	S	Q		
75842	Vein x-ray, adrenal glands	00280	00279	S	Q		
75860	Vein x-ray, neck			S	Q		
75870	Vein x-ray, skull			S	Q		
75872	Vein x-ray, skull	00279	00668	S	Q		
75880	Vein x-ray, eye socket			S	Q		
75885	Vein x-ray, liver	00280	00279	S	Q		
75887	Vein x-ray, liver	00279	00668	S	Q		
75889	Vein x-ray, liver	00280	00279	S	Q		
75891	Vein x-ray, liver			S	Q		
75893	Venous sampling by catheter	00000	00279				
75894	X-rays, transcath therapy	00298	00000	S	N		
75896	X-rays, transcath therapy	00298	00000	S	N		
75898	Follow-up angiography			X	Q		
75901	Remove cva device obstruct	00263	00000	X	N		
75902	Remove cva lumen obstruct	00263	00000	X	N		
75940	X-ray placement, vein filter	00298	00000	S	N		
75945	Intravascular us			S	Q		
75946	Intravascular us add-on	00266	00000	S	N		
75960	Transcath iv stent rs&i	00668	00000	S	N		
75961	Retrieval, broken catheter	00668	00000	S	N		
75962	Repair arterial blockage	00668	00083	S	Q		
75964	Repair artery blockage, each	00668	00000	S	N		
75966	Repair arterial blockage	00668	00083	S	Q		
75968	Repair artery blockage, each	00668	00000	S	N		
75970	Vascular biopsy	00668	00000	S	N		
75978	Repair venous blockage	00668	00083	S	Q		
75980	Contrast xray exam bile duct	00297	00000	S	N		
75982	Contrast xray exam bile duct	00297	00000	S	N		

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
75984	Xray control catheter change	00263	00000	X	N		
75992	Atherectomy, x-ray exam	00668	00000	S	N		
75993	Atherectomy, x-ray exam	00668	00000	S	N		
75994	Atherectomy, x-ray exam	00668	00000	S	N		
75995	Atherectomy, x-ray exam	00668	00000	S	N		
75996	Atherectomy, x-ray exam	00668	00000	S	N		
76000	Fluoroscope examination			X	Q		
76080	X-ray exam of fistula			X	Q		
76102	Complex body section x-rays	00264	00263				
76125	Cine/video x-rays add-on	00260	00000	X	N		
76376	3d render w/o postprocess	00340	00000	X	N		
76377	3d rendering w/postprocess	00282	00000	S	N		
76510	Ophth us, b & quant a	00266	00232	S	T		
76514	Echo exam of eye, thickness	00340	00230	X	S		
76825	Echo exam of fetal heart	00697	00266				
76826	Echo exam of fetal heart	00697	00265				
76827	Echo exam of fetal heart	00697	00265				
76828	Echo exam of fetal heart	00697	00265				
76930	Echo guide, cardiocentesis	00268	00000	S	N		
76932	Echo guide for heart biopsy	00309	00000	S	N		
76936	Echo guide for artery repair	00309	00000	S	N		
76940	Us guide, tissue ablation	00268	00000	S	N		
76941	Echo guide for transfusion	00268	00000	S	N		
76942	Echo guide for biopsy	00268	00000	S	N		
76945	Echo guide, villus sampling	00268	00000	S	N		
76946	Echo guide for amniocentesis	00268	00000	S	N		
76948	Echo guide, ova aspiration	00309	00000	S	N		
76950	Echo guidance radiotherapy	00268	00000	S	N		
76965	Echo guidance radiotherapy	00309	00000	S	N		
76975	GI endoscopic ultrasound	00266	00267	S	Q		
76998	Us guide, intraop	00266	00000	S	N		
77011	Ct scan for localization	00283	00000	S	N		
77012	Ct scan for needle biopsy	00283	00000	S	N		
77013	Ct guide for tissue ablation	00333	00000	S	N		
77014	Ct scan for therapy guide	00282	00000	S	N		
77021	Mr guidance for needle place	00335	00000	S	N		
77022	Mri for tissue ablation	00335	00000	S	N		
77031	Stereotact guide for brst bx	00264	00000	X	N		
77032	Guidance for needle, breast	00263	00000	X	N		
77053	X-ray of mammary duct			X	Q		
77054	X-ray of mammary ducts			X	Q		
77417	Radiology port film(s)	00260	00000	X	N		
77421	Stereoscopic x-ray guidance	00257	00000	S	N		
77600	Hyperthermia treatment	00314	00299				
77605	Hyperthermia treatment	00314	00299				
77610	Hyperthermia treatment	00314	00299				
77615	Hyperthermia treatment	00314	00299				
77620	Hyperthermia treatment	00314	00299				
77778	Apply interstit radiat compl			S	Q		
78006	Thyroid imaging with uptake	00390	00391				
78020	Thyroid met uptake	00399	00000	S	N		

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
78075	Adrenal nuclear imaging	00391	00408				
78460	Heart muscle blood, single	00398	00377				
78464	Heart image (3d), single	00398	00377				
78473	Gated heart, multiple	00376	00398				
78478	Heart wall motion add-on	00399	00000	S	N		
78480	Heart function add-on	00399	00000	S	N		
78483	Heart first pass, multiple	00376	00398				
78496	Heart first pass add-on	00399	00000	S	N		
78600	Brain image < 4 views	00402	00403				
78601	Brain image w/flow < 4 views	00402	00403				
78605	Brain image 4+ views	00402	00403				
78630	Cerebrospinal fluid scan	00403	00402				
78635	CSF ventriculography	00403	00402				
78647	Cerebrospinal fluid scan	00403	00402				
78650	CSF leakage imaging	00403	00402				
78699	Nervous system nuclear exam	00402	00403				
78708	K flow/funct image w/drug	00405	00404				
78709	K flow/funct image, multiple	00405	00404				
78725	Kidney function study	00389	00392				
78730	Urinary bladder retention	00340	00389	X	S		
78802	Tumor imaging, whole body	00406	00414				
78803	Tumor imaging (3D)	00406	00408				
78805	Abscess imaging, ltd area	00406	00414				
78806	Abscess imaging, whole body	00406	00414				
78807	Nuclear localization/abscess	00406	00414				
78814	Pet image w/ct, lmtd	01511	00308				
78815	Pet image w/ct, skull-thigh	01511	00308				
78816	Pet image w/ct, full body	01511	00308				
88107	Cytopath fl nongyn, sm/fltr	00433	00343				
88108	Cytopath, concentrate tech	00433	00343				
88162	Cytopath smear, other source	00433	00343				
88314	Histochemical stain	00342	00433				
88319	Enzyme histochemistry	00343	00433				
88368	Insitu hybridization, manual	00344	00343				
89230	Collect sweat for test	00433	00343				
89250	Cultr oocyte/embryo <4 days	00348	00344				
89251	Cultr oocyte/embryo <4 days	00348	00344				
89253	Embryo hatching	00348	00344				
89254	Oocyte identification	00348	00344				
89255	Prepare embryo for transfer	00348	00344				
89257	Sperm identification	00348	00344				
89258	Cryopreservation; embryo(s)	00348	00344				
89259	Cryopreservation, sperm	00348	00344				
89260	Sperm isolation, simple	00348	00344				
89261	Sperm isolation, complex	00348	00344				
89264	Identify sperm tissue	00348	00344				
89268	Insemination of oocytes	00348	00344				
89272	Extended culture of oocytes	00348	00344				
89280	Assist oocyte fertilization	00348	00344				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
89281	Assist oocyte fertilization	00348	00344				
89290	Biopsy, oocyte polar body	00348	00344				
89291	Biopsy, oocyte polar body	00348	00344				
89335	Cryopreserve testicular tiss	00348	00344				
89342	Storage/year; embryo(s)	00348	00344				
89343	Storage/year; sperm/semen	00348	00344				
89344	Storage/year; reprod tissue	00348	00344				
89346	Storage/year; oocyte(s)	00348	00344				
89352	Thawing cryopresrved; embryo	00348	00344				
89353	Thawing cryopresrved; sperm	00348	00344				
89354	Thaw cryoprsvrd; reprod tiss	00348	00344				
89356	Thawing cryopresrved; oocyte	00348	00344				
90669	Pneumococcal vacc, ped <5			E	L	9	N/A
90720	Dtp/hib vaccine, im	03032	00000	K	N		
90727	Plague vaccine, im	00744	00000	K	N		
90801	Psy dx interview			S	Q		
90802	Intac psy dx interview			S	Q		
90804	Psytx, office, 20-30 min			S	Q		
90805	Psytx, off, 20-30 min w/e&m			S	Q		
90806	Psytx, off, 45-50 min			S	Q		
90807	Psytx, off, 45-50 min w/e&m			S	Q		
90808	Psytx, office, 75-80 min			S	Q		
90809	Psytx, off, 75-80, w/e&m			S	Q		
90810	Intac psytx, off, 20-30 min			S	Q		
90811	Intac psytx, 20-30, w/e&m			S	Q		
90812	Intac psytx, off, 45-50 min			S	Q		
90813	Intac psytx, 45-50 min w/e&m			S	Q		
90814	Intac psytx, off, 75-80 min			S	Q		
90815	Intac psytx, 75-80 w/e&m			S	Q		
90816	Psytx, hosp, 20-30 min			S	Q		
90817	Psytx, hosp, 20-30 min w/e&m			S	Q		
90818	Psytx, hosp, 45-50 min			S	Q		
90819	Psytx, hosp, 45-50 min w/e&m			S	Q		
90821	Psytx, hosp, 75-80 min			S	Q		
90822	Psytx, hosp, 75-80 min w/e&m			S	Q		
90823	Intac psytx, hosp, 20-30 min			S	Q		
90824	Intac psytx, hsp 20-30 w/e&m			S	Q		
90826	Intac psytx, hosp, 45-50 min			S	Q		
90827	Intac psytx, hsp 45-50 w/e&m			S	Q		
90828	Intac psytx, hosp, 75-80 min			S	Q		
90829	Intac psytx, hsp 75-80 w/e&m			S	Q		
90845	Psychoanalysis			S	Q		

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
90846	Family psytx w/o patient			S	Q		
90847	Family psytx w/patient			S	Q		
90849	Multiple family group psytx			S	Q		
90853	Group psychotherapy			S	Q		
90857	Intac group psytx			S	Q		
90862	Medication management	00374	00606	X	Q		
90865	Narcosynthesis			S	Q		
90880	Hypnotherapy			S	Q		
90899	Psychiatric service/therapy			S	Q		
90911	Biofeedback peri/uro/rectal	00321	00126	S	T		
92060	Special eye evaluation	00230	00698				
92065	Orthoptic/pleoptic training	00230	00698				
92082	Visual field examination(s)	00230	00698				
92083	Visual field examination(s)	00230	00698				
92120	Tonography & eye evaluation	00230	00698				
92226	Special eye exam, subsequent	00230	00698				
92250	Eye exam with photos	00230	00698				
92265	Eye muscle evaluation	00230	00698				
92285	Eye photography	00230	00698				
92286	Internal eye photography	00698	00231				
92287	Internal eye photography	00698	00231				
92311	Contact lens fitting	00362	00698	X	S		
92312	Contact lens fitting	00362	00698	X	S		
92313	Contact lens fitting	00362	00230	X	S		
92315	Prescription of contact lens	00362	00230	X	S		
92316	Prescription of contact lens	00362	00698	X	S		
92317	Prescription of contact lens	00362	00230	X	S		
92325	Modification of contact lens	00362	00230	X	S		
92326	Replacement of contact lens	00362	00698	X	S		
92352	Special spectacles fitting	00362	00698	X	S		
92353	Special spectacles fitting	00362	00230	X	S		
92354	Special spectacles fitting	00362	00230	X	S		
92355	Special spectacles fitting	00362	00230	X	S		
92358	Eye prosthesis service	00362	00230	X	S		
92371	Repair & adjust spectacles	00362	00230	X	S		
92547	Supplemental electrical test	00363	00000	X	N		
92584	Electrocochleography	00660	00216	X	S		
92978	Intravasc us, heart add-on	00670	00000	S	N		
92979	Intravasc us, heart add-on	00416	00000	S	N		
92997	Pul art balloon repr, percut	00081	00083				
92998	Pul art balloon repr, percut	00081	00083				
93271	Ecg/monitoring and analysis	00097	00663	X	S		
93278	ECG/signal-averaged	00099	00340	S	X		
93320	Doppler echo exam, heart	00697	00000	S	N		
93321	Doppler echo exam, heart	00697	00000	S	N		
93325	Doppler color flow add-on	00697	00000	S	N		
93571	Heart flow reserve measure	00670	00000	S	N		
93572	Heart flow reserve measure	00416	00000	S	N		
93600	Bundle of His recording	00087	00084	T	S		

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
93602	Intra-atrial recording	00087	00084	T	S		
93603	Right ventricular recording	00087	00084	T	S		
93609	Map tachycardia, add-on	00087	00000	T	N		
93610	Intra-atrial pacing	00087	00084	T	S		
93612	Intraventricular pacing	00087	00084	T	S		
93613	Electrophys map 3d, add-on	00087	00000	T	N		
93615	Esophageal recording	00087	00084	T	S		
93616	Esophageal recording	00087	00084	T	S		
93618	Heart rhythm pacing	00087	00084	T	S		
93619	Electrophysiology evaluation			T	Q		
93620	Electrophysiology evaluation			T	Q		
93621	Electrophysiology evaluation	00085	00000	T	N		
93622	Electrophysiology evaluation	00085	00000	T	N		
93623	Stimulation, pacing heart	00087	00000	T	N		
93631	Heart pacing, mapping	00087	00000	T	N		
93650	Ablate heart dysrhythm focus	00086	00085	T	Q		
93651	Ablate heart dysrhythm focus			T	Q		
93652	Ablate heart dysrhythm focus			T	Q		
93662	Intracardiac eeg (ice)	00670	00000	S	N		
93978	Vascular study	00266	00267				
93981	Penile vascular study	00266	00267				
94375	Respiratory flow volume loop	00367	00368				
94660	Pos airway pressure, CPAP	00068	00078				
94680	Exhaled air analysis, o2	00367	00368				
94750	Pulmonary compliance study	00367	00368				
94762	Measure blood oxygen level	00000	00097				
95250	Glucose monitoring, cont	00421	00607	X	V		
95824	Eeg, cerebral death only	00214	00216				
95829	Surgery electrocorticogram	00214	00000	S	N		
95869	Muscle test, thor paraspinal	00215	00218				
95873	Guide nerv destr, elec stim	00215	00000	S	N		
95874	Guide nerv destr, needle emg	00215	00000	S	N		
95920	Intraop nerve test add-on	00216	00000	S	N		
95921	Autonomic nerv function test	00215	00218				
95922	Autonomic nerv function test	00215	00218				
95923	Autonomic nerv function test	00215	00218				
95937	Neuromuscular junction test	00215	00218				
95954	EEG monitoring/giving drugs	00214	00218				
95955	EEG during surgery	00213	00000	S	N		
95957	EEG digital analysis	00214	00000	S	N		
95965	Meg, spontaneous	00038	00067				
95966	Meg, evoked, single	00209	00065				
95967	Meg, evoked, each add'l	00209	00065				
95972	Analyze neurostim, complex	00692	00663				
95974	Cranial neurostim, complex	00692	00663				
96020	Functional brain mapping	00373	00000	X	N		
96101	Psycho testing by psych/phys	00373	00382	X	Q		
96102	Psycho testing by technician			X	Q		
96103	Psycho testing admin by comp			X	Q		

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
96110	Developmental test, lim			X	Q		
96111	Developmental test, extend	00373	00382	X	Q		
96116	Neurobehavioral status exam	00373	00382	X	Q		
96118	Neuropsych tst by psych/phys	00373	00382	X	Q		
96119	Neuropsych testing by tec			X	Q		
96120	Neuropsych tst admin w/comp			X	Q		
96150	Assess hlth/behave, init			S	Q		
96151	Assess hlth/behave, subseq			S	Q		
96152	Intervene hlth/behave, indiv			S	Q		
96153	Intervene hlth/behave, group			S	Q		
96154	Interv hlth/behav, fam w/pt			S	Q		
96523	Irrig drug delivery device	00000	00624				
96567	Photodynamic tx, skin	00016	00013				
96920	Laser tx, skin < 250 sq cm	00013	00015				
96921	Laser tx, skin 250-500 sq cm	00013	00015				
96922	Laser tx, skin > 500 sq cm	00013	00015				
96999	Dermatological procedure	00010	00012				
97597	Active wound care/20 cm or <	00012	00015				
97598	Active wound care > 20 cm	00013	00015				
97602	Wound(s) care non-selective	00340	00015	X	T		
97605	Neg press wound tx, < 50 cm	00012	00013				
97606	Neg press wound tx, > 50 cm	00013	00015				
99195	Phlebotomy	00372	00624				
99205	Office/outpatient visit, new			V	Q		
99215	Office/outpatient visit, est			V	Q		
99241	Office consultation	00604	00000	V	B	N/A	62
99242	Office consultation	00605	00000	V	B	N/A	62
99243	Office consultation	00605	00000	V	B	N/A	62
99244	Office consultation	00606	00000	V	B	N/A	62
99245	Office consultation	00607	00000	V	B	N/A	62
99284	Emergency dept visit			V	Q		
99285	Emergency dept visit			V	Q		
99291	Critical care, first hour			S	Q		
A4642	In111 satumomab	00704	00000	H	N		
A9500	Tc99m sestamibi	01600	00000	H	N		
A9502	Tc99m tetrofosmin	00705	00000	H	N		
A9505	TL201 thallium	01603	00000	H	N		
A9507	In111 capromab	01604	00000	H	N		
A9508	I131 iodobenguante, dx	01045	00000	H	N		
A9516	Iodine I-123 sod iodide mic	09148	00000	H	N		
A9521	Tc99m exametazime	01096	00000	H	N		
A9524	I131 serum albumin, dx	09100	00000	H	N		
A9526	Nitrogen N-13 ammonia	00737	00000	H	N		
A9528	Iodine I-131 iodide cap, dx	01088	00000	H	N		
A9536	Tc99m depreotide	00739	00000	H	N		
A9539	Tc99m pentetate	00722	00000	H	N		
A9542	In111 ibritumomab, dx	01642	00000	H	N		
A9544	I131 tositumomab, dx	01644	00000	H	N		
A9546	Co57/58	00723	00000	H	N		

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
A9547	In111 oxyquinoline	01646	00000	H	N		
A9548	In111 pentetate	01647	00000	H	N		
A9550	Tc99m gluceptate	00740	00000	H	N		
A9551	Tc99m succimer	01650	00000	H	N		
A9552	F18 fdg	01651	00000	H	N		
A9553	Cr51 chromate	00741	00000	H	N		
A9555	Rb82 rubidium	01654	00000	H	N		
A9556	Ga67 gallium	01671	00000	H	N		
A9557	Tc99m biccisate	01672	00000	H	N		
A9559	Co57 cyano	00724	00000	H	N		
A9560	Tc99m labeled rbc	00742	00000	H	N		
A9562	Tc99m mertiatide	00743	00000	H	N		
A9566	Tc99m fanolesomab	01678	00000	H	N		
A9567	Technetium TC-99m aerosol	00829	00000	H	N		
A9568	Technetium tc99m arcitumomab	01648	00000	H	N		
C1820	Generator neuro rechg bat sy	01820	00000	H	N		
C2637	Brachy,non-str,Ytterbium-169	02637	00000	H	B	N/A	62
G0117	Glaucoma scrn hgh risk direc	00230	00698				
G0127	Trim nail(s)	00009	00013				
G0177	OPPS/PHP; train & educ serv			P	N		
G0237	Therapeutic procd strg endur	00411	00077				
G0238	Oth resp proc, indiv	00411	00077				
G0239	Oth resp proc, group	00411	00077				
G0247	Routine footcare pt w lops	00009	00013				
G0248	Demonstrate use home inr mon	00421	00607	X	V		
G0249	Provide test material,equipm	00421	00607	X	V		
G0260	Inj for sacroiliac jt anesth	00206	00207				
G0268	Removal of impacted wax md	00340	00000	X	N		
G0288	Recon, CTA for surg plan	00417	00000	S	N		
G0302	Pre-op service LVRS complete	01509	00209				
G0303	Pre-op service LVRS 10-15dos	01507	00209				
G0304	Pre-op service LVRS 1-9 dos	01504	00213				
G0305	Post op service LVRS min 6	01504	00213				
G0332	Preadmin IV immunoglobulin	01502	00430				
G0378	Hospital observation per hr			Q	N		
G0379	Direct admit hospital observ	00000	00604				
G0392	AV fistula or graft arterial	00081	00083				
G0393	AV fistula or graft venous	00081	00083				
J0132	Acetylcysteine injection	01680	00000	K	N		
J0190	Inj biperiden lactate/5 mg	03038	00998				
J0364	Apomorphine hydrochloride	00766	00000	K	N		
J0380	Inj metaraminol bitartrate	03039	00000	K	N		
J0395	Arbutamine HCl injection	09031	00000	K	N		
J0600	Edetate calcium disodium inj	00892	00999				

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J0706	Caffeine citrate injection	00876	00000	K	N		
J0895	Deferoxamine mesylate inj	00895	00000	K	N		
J1330	Ergonovine maleate injection	01330	00000	K	N		
J1452	Intraocular Fomivirsen na	09040	00000	K	N		
J1455	Foscarnet sodium injection	03042	00000	K	N		
J1457	Gallium nitrate injection	00000	00878	N	K		
J1470	Gamma globulin 2 CC inj	00000	00898	B	K	62	N/A
J1480	Gamma globulin 3 CC inj	00000	00899	B	K	62	N/A
J1490	Gamma globulin 4 CC inj	00000	00904	B	K	62	N/A
J1500	Gamma globulin 5 CC inj	00000	00919	B	K	62	N/A
J1510	Gamma globulin 6 CC inj	00000	00920	B	K	62	N/A
J1520	Gamma globulin 7 CC inj	00000	00921	B	K	62	N/A
J1530	Gamma globulin 8 CC inj	00000	00922	B	K	62	N/A
J1540	Gamma globulin 9 CC inj	00000	00923	B	K	62	N/A
J1550	Gamma globulin 10 CC inj	00000	00924	B	K	62	N/A
J1560	Gamma globulin > 10 CC inj	00000	00933	B	K	62	N/A
J1595	Injection glatiramer acetate	00000	01015	N	K		
J1652	Fondaparinux sodium	00000	00883	N	K		
J1655	Tinzaparin sodium injection	01655	00000	K	N		
J2185	Meropenem	03045	00000	K	N		
J2278	Ziconotide injection			G	K		
J2503	Pegaptanib sodium injection			G	K		
J2513	Pentastarch 10% solution	00000	00880	N	K		
J2730	Pralidoxime chloride inj	00000	01023	N	K		
J3320	Spectinomycin di-hcl inj	00753	00000	K	N		
J7191	Factor VIII (porcine)	00926	00000	K	N		
J7311	Fluocinolone acetonide implt			G	K		
J7341	Non-human, metabolic tissue	01707	00000	K	N		
J7607	Levalbuterol comp con			B	M	62	72
J7608	Acetylcysteine non-comp unit			B	M	62	72
J7609	Albuterol comp unit			B	M	62	72
J7610	Albuterol comp con			B	M	62	72
J7615	Levalbuterol comp unit			B	M	62	72
J7620	Albuterol ipratrop non-comp			B	M	62	72
J7622	Beclomethasone comp unit			B	M	62	72
J7624	Betamethasone comp unit			B	M	62	72
J7626	Budesonide non-comp unit			B	M	62	72
J7627	Budesonide comp unit			B	M	62	72
J7628	Bitolterol mesylate comp con			B	M	62	72
J7629	Bitolterol mesylate comp unt			B	M	62	72
J7631	Cromolyn sodium noncomp unit			B	M	62	72
J7633	Budesonide non-comp con			B	M	62	72
J7634	Budesonide comp con			B	M	62	72
J7635	Atropine comp con			B	M	62	72
J7636	Atropine comp unit			B	M	62	72
J7637	Dexamethasone comp con			B	M	62	72
J7638	Dexamethasone comp unit			B	M	62	72
J7639	Dornase alpha non-comp unit			B	M	62	72
J7641	Flunisolide comp unit			B	M	62	72

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J7642	Glycopyrrolate comp con			B	M	62	72
J7643	Glycopyrrolate comp unit			B	M	62	72
J7644	Ipratropium bromide non-comp			B	M	62	72
J7645	Ipratropium bromide comp			B	M	62	72
J7647	Isoetharine comp con			B	M	62	72
J7648	Isoetharine non-comp con			B	M	62	72
J7649	Isoetharine non-comp unit			B	M	62	72
J7650	Isoetharine comp unit			B	M	62	72
J7657	Isoproterenol comp con			B	M	62	72
J7658	Isoproterenol non-comp con			B	M	62	72
J7659	Isoproterenol non-comp unit			B	M	62	72
J7660	Isoproterenol comp unit			B	M	62	72
J7667	Metaproterenol comp con			B	M	62	72
J7668	Metaproterenol non-comp con			B	M	62	72
J7669	Metaproterenol non-comp unit			B	M	62	72
J7670	Metaproterenol comp unit			B	M	62	72
J7680	Terbutaline sulf comp con			B	M	62	72
J7681	Terbutaline sulf comp unit			B	M	62	72
J7682	Tobramycin non-comp unit			B	M	62	72
J7683	Triamcinolone comp con			B	M	62	72
J7684	Triamcinolone comp unit			B	M	62	72
J7685	Tobramycin comp unit			B	M	62	72
J7699	Inhalation solution for DME			Y	M	61	72
J8501	Oral aprepitant			G	K		
J8521	Capecitabine, oral, 500 mg	00000	00934	B	K	62	N/A
J8600	Melphalan oral 2 MG	00000	00882	N	K		
J9000	Doxorubic hcl 10 MG v1 chemo	03048	00000	K	N		
J9027	Clofarabine injection			G	K		
J9062	Cisplatin 50 MG injection			B	N	62	N/A
J9080	Cyclophosphamide 200 MG inj			B	N	62	N/A
J9090	Cyclophosphamide 500 MG inj			B	N	62	N/A
J9091	Cyclophosphamide 1.0 grm inj			B	N	62	N/A
J9092	Cyclophosphamide 2.0 grm inj			B	N	62	N/A
J9093	Cyclophosphamide lyophilized	03049	00000	K	N		
J9094	Cyclophosphamide lyophilized			B	N	62	N/A
J9095	Cyclophosphamide lyophilized			B	N	62	N/A
J9096	Cyclophosphamide lyophilized			B	N	62	N/A
J9097	Cyclophosphamide lyophilized			B	N	62	N/A
J9110	Cytarabine hcl 500 MG inj			B	N	62	N/A

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J9130	Dacarbazine 100 mg inj	00746	00000	K	N		
J9140	Dacarbazine 200 MG inj			B	N	62	N/A
J9182	Etoposide 100 MG inj			B	N	62	N/A
J9260	Methotrexate sodium inj			B	N	62	N/A
J9264	Paclitaxel protein bound			G	K		
J9270	Plicamycin (mithramycin) inj	00860	01041				
J9290	Mitomycin 20 MG inj	00000	00941	B	K	62	N/A
J9291	Mitomycin 40 MG inj	00000	00942	B	K	62	N/A
J9375	Vincristine sulfate 2 MG inj			B	N	62	N/A
J9380	Vincristine sulfate 5 MG inj			B	N	62	N/A
M0064	Visit for drug monitoring	00374	00606	X	Q		
Q1004	Ntiol category 4			N	E	N/A	9
Q1005	Ntiol category 5			N	E	N/A	9
Q9951	LOCM >= 400 mg/ml iodine,1ml	09163	00000	K	N		
Q9953	Inj Fe-based MR contrast,1ml	01713	00000	K	N		
Q9954	Oral MR contrast, 100 ml	09165	00000	K	N		
Q9955	Inj perflexane lip micros,ml	09203	00000	K	N		
Q9956	Inj octafluoropropane mic,ml	09202	00000	K	N		
Q9957	Inj perflutren lip micros,ml	09112	00000	K	N		

Hcpcs Edit Changes

The following code(s) were added to the list of male procedures, **effective 01-01-08**

Hcpcs
00865
0087T
52649
53442
53850
53852
53853
54162
54163
54164
54231
54406
54408
54410
54411
54415
54416
54417
55970
84152
89300
89321
89322

Hcpes
89330
89331
A4267
A4326
E0325
G0027
G0102
G0103
J3315
S4026
S4028
S4030
S4031

The following code(s) were added to the list of female procedures, **effective 01-01-08**

Hcpes
0032T
00851
01960
01961
01962
01963
01967
01968
01969
36460
46744
46746
46748
55980
56405
56605
56606
56633
56634
56637
56810
57155
57285
57287
57415
57423
58323
58346
58353
58545
58546
58570
58571
58572

Hcpes
58573
58953
58954
59001
76819
82120
85460
85461
88141
88142
88174
88175
99500
99501
A4261
A4266
A4268
A4269
A4281
A4282
A4283
A4284
A4285
A4286
A4327
A4328
E0326
E0602
E0603
E0604
G0101
G0123
G0124
G0141
G0143
G0144
G0145
G0147
G0148
G0202
J1051
P3000
P3001
Q0091
S0610
S0612
S4005
S4011
S4013
S4014
S4015

Hcpes
S4016
S4017
S4018
S4020
S4021
S4022
S4023
S4025
S4027
S4035
S4037
S4040
S4989
S4993
S9001
S9436
S9437
S9438
S9439

Edit Assignments

The following code(s) were added to the conditional bilateral list, **effective 01-01-07**

HCPCS
38740
38745
64412
64418
64613

The following code(s) were added to the conditional bilateral list, **effective 01-01-08**

HCPCS
21073
24357
24358
24359
27267
27268
27269
27416
27726
27767
27768
27769
28446
29828
29904
29905
29906

HCPCS
29907
32421
32422
32551
35523
50385
50386
67041
67042
67043
67113
67229
68816

The following code(s) were removed from the conditional bilateral list, **effective 01-01-07**

HCPCS
20690

The following code(s) were removed from the conditional bilateral list, **effective 01-01-08**

HCPCS
27193

Procedure/ Device Pair Changes

The following procedure/device code pair requirements were added, **effective 01-01-08**

Proc	Device1
24366	C1776
32550	C1729
33240	C1721
33240	C1722
33240	C1882
33249	C1721
33249	C1722
33249	C1882
36578	C1750
36578	C1751
36578	C1752
37209	C1750
37209	C1751
37209	C1752
43647	C1778
49423	C1729
75962	C1725
75962	C1885
75966	C1725
75966	C1885
75978	C1725
75978	C1885

The following procedure/device code pair requirements were removed, **effective 01-01-08**

Proc	Device1
G0297	C1722
G0297	C1882
G0298	C1721
G0298	C1882
G0299	C1722
G0299	C1882
G0300	C1721
G0300	C1882

Device/Procedure Pair Changes

The following device/procedure code pair requirements were added, **effective 01-01-08**

Device	Proc
C1721	33240
C1721	33249
C1722	33240
C1722	33249
C1777	33249
C1778	43647
C1779	33249
C1882	33240
C1882	33249
C1895	33249
C1896	33249
C1898	33249
C1899	33249

The following device/procedure code pair requirements were removed, **effective 01-01-08**

Device	Proc
C1721	G0298
C1721	G0300
C1722	G0297
C1722	G0299
C1777	G0299
C1777	G0300
C1779	G0300
C1882	G0297
C1882	G0298
C1882	G0299
C1882	G0300
C1895	G0299
C1895	G0300
C1896	G0299
C1896	G0300
C1898	G0300

Device	Proc
C1899	G0299
C1899	G0300

MODIFIERS

Added Modifiers

The following modifier(s) were added to the list of valid modifiers, **effective 01-01-08**

modif	ACTIVATIONDATE
EA	0
EB	0
EC	0
ED	0
EE	0
FC	0
GD	0
KV	0
KW	0
KY	0
Q0	0
Q1	0

Deleted Modifiers

The following modifier(s) were deleted from the list of valid modifiers, **effective 01-01-08**

modif	ACTIVATIONDATE
QA	0
QR	0
QV	0

REVENUE CODES

Added Revenue Codes

The following revenue code(s) were added to the list of valid revenue codes, **effective 04-01-07 and then deleted effective 10-01-07**

RevenueCode	SI
0599	E
0709	N

RevenueCode	SI
0749	B
0759	B
0779	B
0789	B
0799	E

The following revenue code(s) were added to the list of valid revenue codes, **effective 10-01-07**

RevenueCode	SI
0948	Z

Revenue Code Status Indicator Changes

The following revenue code(s) had Status Indicator changes, **effective 01-01-08**

RevenueCode	Old SI	New SI
0637	N	E
0822	N	E
0823	N	E