
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 290

Date: August 27, 2004

CHANGE REQUEST 3420

SUBJECT: October 2004 Update of the Hospital Outpatient Prospective Payment System (OPPS)

I. SUMMARY OF CHANGES: This Recurring Update Notification describes changes to the Hospital Outpatient Prospective Payment System (OPPS) implemented in the October 2004 update. The October 2004 Outpatient Code Editor (OCE) and OPPS PRICER will reflect the Healthcare Common Procedure Coding System (HCPCS) codes and ambulatory payment classification (APC) additions, changes, and deletions identified in this notification. Unless otherwise noted, all changes addressed in this notification are effective for services furnished on or after October 1, 2004.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: October 1, 2004

IMPLEMENTATION DATE: October 4, 2004

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 290	Date: August 27, 2004	Change Request 3420
-------------	------------------	-----------------------	---------------------

SUBJECT: October 2004 Update of the Hospital Outpatient Prospective Payment System (OPPS)

I. GENERAL INFORMATION

A. Background: This Recurring Update Notification describes changes to the OPSS to be implemented in the October 2004 update. The October 2004 OPSS Outpatient Code Editor (OCE) and OPSS PRICER will reflect the Healthcare Common Procedure Coding System (HCPCS) codes and Ambulatory Payment Classification (APC) additions, changes, and deletions identified in this notification. Unless otherwise noted, all changes addressed in this notification are effective for services furnished on or after October 1, 2004.

B. Policy:

1. New Service

The following new service is assigned for payment under the OPSS.

Table B1: Payment for New Service

HCPCS	Effective Date	SI	APC	Short Descriptor	Long Descriptor	Payment Rate	Minimum Unadjusted Copayment
C9717	10/01/04	T	0150	Stapled Hemorrhoidopexy	Hemorrhoidopexy, Complex or Extensive, by a Circular Stapler	\$1,210.81	\$242.16

2. Payment for Drugs and Biologicals Recently Approved by the FDA

Transmittal 188 (Change Request 3287) explains how hospitals may report new drugs and biologicals after Food and Drug Administration (FDA) approval but before assignment of product-specific HCPCS codes. The Medicare Prescription Drug, Improvement and Modernization Act (MMA) requires, beginning in 2004, that payment for new drugs and biologicals after FDA approval but before assignment of product-specific HCPCS codes be equal to 95 percent of AWP.

- For services furnished on or after the designated effective date in Table B2, through September 30, 2004, but prior to the effective date of pass-through status and assignment of a product-specific HCPCS code, payment for the drugs and biologicals in Table B2 will be made at 95 percent of AWP. Beneficiary copayment will equal 20 percent of the designated payment rate.

- Effective October 1, 2004, the drugs and biologicals in Table B2 are approved for payment as pass-through drugs and biologicals (see section 3, below).
- Hospitals that used a code other than C9399 to bill for drugs and biologicals listed in Table B2 that were furnished prior to installation of the July 2004 release may submit adjustment bills.
- The “Effective Date of Payment Rate” listed in Table B2 reflects the date the drug or biological received FDA approval. Claims that are submitted using these HCPCS codes, with dates of service prior to their respective “Effective Date of Payment Rate” found in Table B2, will receive OCE edit 67, “Service provided prior to FDA approval.” OCE edits are addressed in the October 2004 OCE Specifications Recurring Update Notification, Change Request 3395.

Table B2—Payment for Drugs and Biologicals Recently Approved by the FDA

HCPCS	S I	APC	Short Descriptor	Long Descriptor	Payment Rate	Minimum Unadjusted Copayment	Effective Date of Payment Rate
C9218	K	9218	Injection, Azacitidine	Injection, Azacitidine, per 1 mg	\$4.52	\$0.90	05/19/04
C9219	K	9219	Mycophenolic Acid, Oral	Mycophenolic Acid, Oral, per 180 mg	\$2.67	\$0.53	02/27/04

3. Drugs and Biologicals Newly-Approved for Pass-Through Payment

- The drugs and biologicals listed in Table B3 have been designated as eligible for pass-through payment under the OPSS effective October 1, 2004. The effective date of pass-through status for C9218 and C9219 coincides with the date of assignment of product-specific HCPCS codes for each of these drugs.
- Payment for the drugs and biologicals listed in Table B3 equals 95 percent of AWP. Effective October 1, 2004, beneficiary copayment for C9218 and C9219 is recalculated consistent with coinsurance rules that apply to drugs and biologicals with pass-through status.

Table B3. Drugs and Biologicals Newly-Approved for Pass-Through Payment

HCPCS	SI	APC	Short Descriptor	Long Descriptor	Payment Rate	Minimum Unadjusted Copayment	Effective Date of Pass-Through Status
C9218	G	9218	Injection, Azacitidine	Injection, Azacitidine, per 1 mg	\$4.52	\$0.68	10/01/04
C9219	G	9219	Mycophenolic Acid, Oral	Mycophenolic Acid, Oral, per 180 mg	\$2.67	\$0.40	10/01/04

- “Injection, Azacitidine, per 1 mg” and “Mycophenolic Acid, Oral, per 180 mg” were originally approved by the FDA effective 05/19/04 and 02/27/04, respectively (see Table B2). These drugs both received product-specific HCPCS codes and were assigned pass-through status effective 10/01/04. Therefore, for claims with dates of service from the effective date of FDA approval to September 30, 2004, these drugs may be appropriately billed using C9399. Effective October 1, 2004, these drugs are no longer billable using C9399 and must be billed using the appropriate HCPCS identified in this CR.

4. Misclassified Drugs and Biologicals: Billing and Payment for “Ganciclovir Long Act Implant,” “Bcg Live Intravesical Vac,” and “Gallium ga 67”

In the January 6, 2004 interim final rule, we inadvertently misclassified “Ganciclovir Long Act Implant,” “Bcg Live Intravesical Vac,” and “Gallium ga 67” as multiple-source products and, therefore, incorrectly established new HCPCS for brand name forms of these drugs. These three drugs should not have been listed as multiple-source drugs in CR 3144, “April 2004 Changes to the Hospital Outpatient Prospective Payment System (OPPS): Payment for Drugs, Biologicals, and Radiopharmaceuticals, Generic Versus Brand Name,” in which we address coding and payment for innovator multiple-source (brand name) drugs and non-innovator multiple-source (generic) drugs, and in which we implement HCPCS codes and payment amounts for brand name drugs that we were not able to previously implement in the January 1, 2004 update.

We are modifying the OCE and PRICER to reflect the reclassification of “Ganciclovir Long Act Implant,” “Bcg Live Intravesical Vac,” and “Gallium ga 67” as sole source products, effective January 1, 2004. As mandated by the MMA, the payment amounts for these products are between 88 and 95 percent of their May 1, 2003 AWP.

For claims that are submitted on or after implementation of the October 2004 update, for services furnished on or after January 1, 2004, hospitals should use the

sole source codes identified in Table B4, below, for reporting “Ganciclovir Long Act Implant,” “Bcg Live Intravesical Vac,” and “Gallium ga 67.”

HCPCS C9416 and C9434, representing “Bcg Live Intravesical, brand,” and “Gallium ga 67, brand,” are deleted from the OPSS OCE effective January 1, 2004. Because of release deadlines, we were unable to delete HCPCS C9412, representing “Ganciclovir Implant, brand,” in the October update of the OCE. Because PRICER was appropriately updated, however, hospitals should be encouraged to use the sole source code identified in Table B4, below, for reporting “Ganciclovir Long Act Implant.” C9412 will be appropriately deleted in the January 1, 2005 OPSS update.

Table B4. Reclassified Drugs and Biologicals

HCPCS	S I	APC	Short Descriptor	Long Descriptor	Payment Rate	Minimum Unadjusted Copayment	Effective Date
J7310	K	0913	Ganciclovir Long Act Implant	Ganciclovir, 4.5 mg, Long-Acting Implant	\$4,400.00	\$880.00	01/01/04
J9031	K	0809	Bcg live intravesical vac	BCG (Intravesical) per Instillation	\$148.33	\$29.67	01/01/04
Q3002	K	1619	Gallium ga 67	Supply of Radiopharmaceutical diagnostic Imaging Agent, Gallium GA 67, per mCi	\$28.73	\$5.75	01/01/04

5. Billing for “FDG, per Dose (4-40 mCi/ml),” C9408 and APC 9408

In the October 2004 update of the OPSS OCE (see Attachment A) we inadvertently deleted HCPCS code C9408 and its associated APC, 9408, effective January 1, 2004.

For claims with dates of service on or after January 1, 2004, that are submitted after implementation of the October 2004 update, hospitals should bill for “FDG, per Dose (4-40 mCi/ml)” using HCPCS code C1775.

For claims submitted prior to implementation of the October 2004 update, hospitals may still use C9408 to bill for the brand name form of “FDG, per Dose (4-40 mCi/ml).”

6. Attachment: Summary of October 2004 Modifications

Attachment A is the OPSS OCE Summary of Data Modifications, effective October 1, 2004. This document summarizes all of the modifications made to

APCs, HCPCS and CPT procedure codes, APC assignments, status indicators, modifiers, revenue codes, and edits to update the OPPS OCE for the October 1, 2004 quarterly release.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "Medlearn Matters" listserv. 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 must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3420.1	The SSM shall install the OPPS PRICER for October 2004.					X				

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: October 1, 2004</p> <p>Implementation Date: October 4, 2004</p> <p>Pre-Implementation Contact(s): Melissa Dehn mdehn@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Regional Office</p>	<p>These instructions shall be implemented within your current operating budget.</p>
--	---

Attachment

Attachment A
Summary of Data Modifications
OCE/APC v5.3
Effective October 1, 2004

Table of Contents

CPT codes, descriptions, and material only are Copyright 2003 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

DEFINITIONS	3
DIAGNOSIS CODE CHANGES	
ADDED DIAGNOSIS CODES.....	3
DELETED DIAGNOSIS CODES.....	8
DIAGNOSIS EDIT CHANGES.....	9
APC CHANGES	
ADDED APCS.....	13
DELETED APCS.....	13
CHANGES TO APCS.....	13
HCPCS/CPT PROCEDURE CODE CHANGES	
ADDED HCPCS/CPT PROCEDURE CODES.....	13
DELETED HCPCS/CPT PROCEDURE CODES.....	14
HCPCS- APC, STATUS INDICATOR OR EDIT CHANGES.....	14
HCPCS- DESCRIPTION CHANGES.....	15
REVENUE CODE CHANGES	
ADDED REVENUE CODES.....	16
DELETED REVENUE CODES.....	16

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 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."

DIAGNOSIS CODE CHANGES

ADDED DIAGNOSIS CODES

The following new diagnosis codes were added to OCE/APC, **effective 10/1/04**

Diagnosis	CodeDesc
06640	West Nile Fever NOS
06641	West Nile Fever w/enceph
06642	West Nile neuro man NEC
06649	West Nile w complic NEC
07070	Hpt C w/o hepat coma NOS
07071	Hpt C w hepatic coma NOS
25200	Hyperparathyroidism NOS
25201	Primary hyperparathyroid
25202	Sec hyperprthyrd nonrenal
25208	Hyperparathyroidism NEC
2734	Alpha-1-antitrypsin def

27785	Disorders acid oxidation
27786	Peroxisomal disorders
27787	Dis mitochondrial metab
34700	Narcolepsy w/o cataplexy
34701	Narcolepsy w cataplexy
34710	Narclpsy w/o cat oth dis
34711	Narcolepsy w cat oth dis
38003	Chondritis of pinna
45340	DVT/emblsm lower ext NOS
45341	DVT/emb prox lower ext
45342	DVT/emb distal lower ext
4772	Allerg rhinitis-cat/dog
49122	Obs chr bronc w ac bronc
52106	Dentl caries-pit/fissure
52107	Dentl caries-smooth surf
52108	Dental caries-root surf
52110	Excessive attrition NOS
52111	Excess attrition-enamel
52112	Excess attrition-dentine
52113	Excessive attrition-pulp
52114	Excess attrition-local
52115	Excess attrition-general
52120	Abrasion NOS
52121	Abrasion-enamel
52122	Abrasion-dentine
52123	Abrasion-pulp
52124	Abrasion-localized
52125	Abrasion-generalized
52130	Erosion NOS
52131	Erosion-enamel
52132	Erosion-dentine
52133	Erosion-pulp
52134	Erosion-localized
52135	Erosion-generalized
52140	Path resorption NOS
52141	Path resorption-internal
52142	Path resorption-external
52149	Path resorption NEC
52320	Gingival recession NOS
52321	Gingival recess-minimal

52322	Gingival recess-moderate
52323	Gingival recess-severe
52324	Gingival recession-local
52325	Gingival recess-general
52407	Excessive tuberosity-jaw
52420	Anomaly dental arch NOS
52421	Angle's class I
52422	Angle's class II
52423	Angle's class III
52424	Open anterior occlusion
52425	Open posterior occlusion
52426	Excess horizontl overlap
52427	Reverse articulation
52428	Anom interarch distance
52429	Anomaly dental arch NEC
52430	Tooth position anom NOS
52431	Crowding of teeth
52432	Excessive spacing-teeth
52433	Horizontl displace-teeth
52434	Vertical displace-teeth
52435	Rotation of teeth
52436	Insuf interocclusl-teeth
52437	Exces interocclusl-teeth
52439	Tooth position anom NEC
52450	Dentofac funct abnor NOS
52451	Abnormal jaw closure
52452	Limited mandibular ROM
52453	Dev open/close mandible
52454	Insuff anterior guidance
52455	Centric occl intrcsp dis
52456	Nonwork side interfrcnce
52457	Lack post occlsl support
52459	Dentofac funct abnor NEC
52464	TMJ sounds opn/close jaw
52475	Vertical displace teeth
52476	Occlusal plane deviation
52481	Anterior soft tiss impg
52482	Posterior soft tiss impg
52489	Dentofacial anomaly NEC
52520	Atrophy alvlar ridge NOS

52521	Atrophy mandible-minimal
52522	Atrophy mandible-modrate
52523	Atrophy mandible-severe
52524	Atrophy maxilla-minimal
52525	Atrophy maxilla-moderate
52526	Atrophy maxilla-severe
52871	Keratin ridge mucosa-min
52872	Keratin ridge muc-excess
52879	Dist oral epithelium NEC
53086	Esophagostomy infection
53087	Mech comp esophagostomy
58881	Sec hyperparathyrd-renal
58889	Impair ren funct dis NEC
61800	Vaginal wall prolapse NOS
61801	Cystocele, midline
61802	Cystocele, lateral
61803	Urethrocele
61804	Rectocele
61805	Perineocele
61809	Cystourethrocele
61881	Incomptnce pubocerv tiss
61882	Incomptnce rectovag tiss
61883	Pelvic muscle wasting
61889	Genital prolapse NEC
62130	Endometrial hyperpla NOS
62131	Simp endo hyper w/o atyp
62132	Comp endo hyper w/o atyp
62133	Endomet hyperpla w atyp
62210	Dysplasia of cervix NOS
62211	Mild dysplasia of cervix
62212	Mod dysplasia of cervix
62920	Genital mutilation NOS
62921	Genital mutilatn type I
62922	Genital mutilatn type II
62923	Genital muilatn type III
69284	Contact drmatitis-animal
70521	Primary focal hyprhidros
70522	Sec focal hyperhidrosis
70700	Decubitus ulcer site NOS
70701	Decubitus ulcer,elbow

70702	Decubitus ulcer,up back
70703	Decubitus ulcer,low back
70704	Decubitus ulcer,hip
70705	Decubitus ulcer,buttock
70706	Decubitus ulcer,ankle
70707	Decubitus ulcer,heel
70709	Decubitus ulcer,site NEC
75831	Cri-du-chat syndrome
75832	Velo-cardio-facial synd
75833	Microdeletions NEC
75839	Autosomal deletions NEC
78058	Sleep related movemt dis
78838	Overflow incontinence
79095	Elev C-reactive protein
79503	Pap smear cervix w LGSIL
79504	Pap smear cervix w HGSIL
79505	Cervical (HPV) DNA pos
79508	Pap smear unsatisfactory
7966	Abnorm neonate screening
V0171	Varicella contact/exp
V0179	Viral dis contact NEC
V0183	E. coli contact/exp
V0184	Meningococcus contact
V4611	Respirator depend status
V4612	Resp depend-powr failure
V4983	Await organ transplnt st
V5844	Aftercare organ transplt
V5866	Long-term use of aspirin
V5867	Long-term use of insulin
V694	Lack of adequate sleep
V7231	Routine gyn examination
V7232	Pap smear confirmation
V7240	Pregnancy test unconfirm
V7241	Pregnancy test negative
V8401	Genetc sus mal neo brest
V8402	Genetc sus mal neo ovary
V8403	Genetc sus mal neo prost
V8404	Genetc susc mal neo endo
V8409	Genetic susc mal neo NEC
V848	Genetic suscept dis NEC

DELETED DIAGNOSIS CODES

The following deleted diagnosis codes were removed from OCE/APC, **effective 10/01/04**

Diagnosi s	CodeDesc
0664	West Nile fever
2520	Hyperparathyroidism
347	Cataplexy and narcolepsy
5211	Excess attrition-teeth
5212	Abrasion of teeth
5213	Erosion of teeth
5214	Resorption of teeth
5232	Gingival recession
5242	Dental arch anomaly
5243	Tooth position anomaly
5245	Abn dentofacial function
5248	Dentofacial anomaly NEC
5252	Atrophy alveolar ridge
5287	Oral epithelium dis NEC
5888	Impaired renal funct NEC
6180	Prolapse of vaginal wall
6188	Genital prolapse NEC
6213	Endometrial hyperplasia
6221	Dysplasia of cervix
7070	Decubitus ulcer
7583	Autosomal deletion synd
V017	Viral dis contact NEC
V461	Dependence on respirator
V723	Gynecologic examination
V724	Preg exam-preg unconfirm

DIAGNOSIS EDIT CHANGES

The following new code was added to the list of maternity diagnoses, age 12 – 55 years old, effective 10/01/04

Diagnosis	CodeDesc
7966	Abnorm neonate screening

The following codes were removed from the lists of adult diagnoses, age 15 – 124 years old, effective 10-01-04

Diagnosis
2777
340
41000
41001
41002
41010
41011
41012
41020
41021
41022
41030
41031
41032
41040
41041
41042
41050
41051
41052
41060
41061

41062
41070
41071
41072
41080
41081
41082
41090
41091
41092
4110
4111
41181
41189
412
4130
4131
4139
4292
43300
43310
43320
43330
43380
43390
4358
4359
44100
44101
44102
44103
4411
4412
4413
4414
4415
4416
4417
4419
4420

4421
4422
4423
44281
44282
44283
44284
44289
4429
496
7220
72210
72211
7222
72230
72231
72232
72239
7224
72251
72252
7226
72270
72271
72272
72273
72280
72281
72282
72283
72290
72291
72292
72293
72400
72401
72402
72409

The following new code was added to the list of male diagnoses, **effective 10-01-04**

Diagnosi s	CodeDesc
V8403	Genetc sus mal neo prost

The following new codes were added to the list of female diagnoses, **effective 10-01-04**

Diagnosi s	CodeDesc
61800	Vaginal wall prolapse NOS
61801	Cystocele, midline
61802	Cystocele, lateral
61803	Urethrocele
61804	Rectocele
61805	Perineocele
61809	Cystourethrocele
61881	Incomptnce pubocerv tiss
61882	Incomptnce rectovag tiss
61883	Pelvic muscle wasting
61889	Genital prolapse NEC
62130	Endometrial hyperpla NOS
62131	Simp endo hyper w/o atyp
62132	Comp endo hyper w/o atyp
62133	Endomet hyperpla w atyp
62210	Dysplasia of cervix NOS
62211	Mild dysplasia of cervix
62212	Mod dysplasia of cervix
62920	Genital mutilation NOS
62921	Genital mutilatn type I
62922	Genital mutilatn type II
62923	Genital mutilatn type III
79503	Pap smear cervix w LGSIL
79504	Pap smear cervix w HGSIL
79505	Cervical (HPV) DNA pos
79508	Pap smear unsatisfactory
7966	Abnorm neonate screening
V7231	Routine gyn examination
V7232	Pap smear confirmation
V7240	Pregnancy test unconfirm
V7241	Pregnancy test negative
V8402	Genetc sus mal neo ovary

V8404	Genetc susc mal neo endo
-------	--------------------------

APC CHANGES

ADDED APCS

The following APC was added to OCE/APC, **effective 01/01/04**

APC	APCDesc	StatusIndicator
9219	Mycophenolic acid, oral	K

The following APC was added to OCE/APC, **effective 04/01/04**

APC	APCDesc	StatusIndicator
9218	Injection, azacitidine	K

DELETED APCS

The following APCs were deleted from OCE/APC, **effective 01/01/04**

APC	APCDesc	StatusIndicator
9408	FDG, per dose, brand	K
9416	Bcg live intravesical, brand	K
9434	Gallium ga 67, brand	K

APC SI CHANGES

The following APCs had SI changes, **effective 10/01/04**

APC	APCDesc	Old SI	New SI
9218	Injection, azacitidine	K	G
9219	Mycophenolic acid, oral	K	G

HCPCS/CPT PROCEDURE CODE CHANGES

ADDED HCPCS/CPT PROCEDURE CODES

The following new HCPCS code was added to the OCE/APC, **effective 01/01/04**

HCPCS	CodeDesc	StatusIndicator	APC	Edit	Activation Date
C9219	Mycophenolic acid, oral	K	9219	55, 67	02/27/04

The following new HCPCS code was added to the OCE/APC, **effective 04/01/04**

HCPCS	CodeDesc	StatusIndicator	APC	Edit	Activation Date
C9218	Injection, azacitidine	K	9218	55, 67	05/19/04

The following new HCPCS code was added to the OCE/APC, **effective 07/01/04**

HCPCS	CodeDesc	StatusIndicator	APC	Edit	Activation Date
G0336	PET imaging brain Alzheimer's	S	1516	67	09/15/04

The following new HCPCS codes were added to the OCE/APC, **effective 10/01/04**

HCPCS	CodeDesc	StatusIndicator	APC	Edit
G0341	Percutaneous islet cell trans	C	0	
G0342	Laparoscopy Islet cell Trans	C	0	
G0343	Laparotomy Islet cell transp	C	0	

DELETED HCPCS/CPT PROCEDURE CODES

The following HCPCS code were deleted from the OCE/APC, **effective 01/01/04**

HCPCS	CodeDesc	StatusIndicator	APC
C9408	FDG, per dose, brand	K	9408
C9416	Bcg live intravesical, brand	K	9416
C9434	Gallium ga 67, brand	K	9434

HCPCS - APC, STATUS INDICATOR OR EDIT CHANGES

The following codes had an APC and /or SI and/or edit change, **effective 04/01/02**

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
A4290	Sacral nerve stim test lead			E	B		
E0752	Neurostimulator electrode			E	B		
E0756	Implantable pulse generator			E	B		

The following codes had an APC and /or SI and/or edit change, **effective 01/01/03**

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
E0752	Neurostimulator electrode			N	B	N/a	28
E0756	Implantable pulse generator			N	B	N/a	28

The following codes had an APC and /or SI and/or edit change, **effective 01/01/04**

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
A4290	Sacral nerve stim test lead					28	62
E0752	Neurostimulator electrode					28	62
E0756	Implantable pulse generator					28	62

The following code had an APC and /or SI and/or edit change, **effective 10/01/04**

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
C9218	Injection, azacitidine			K	G		
C9219	Mycophenolic acid, oral			K	G		
C9717	Stapled Hemorrhoidopexy	1585	150				

HCPCS – DESCRIPTION CHANGES

The following HCPCS code had a description change, **effective 01/01/04**

HCPCS	Old Description	New Description
C9399	Unclassified drugs or biologicals	Unclass drugs/biologicals

The following HCPCS code had a description change, **effective 07/01/04**

HCPCS	Old Description	New Description
C9716	Radiofrequency energy to anus	RF energy to anus

The following HCPCS code had a description change, **effective 10/01/04**

HCPCS	Old Description	New Description
C9717	Predefined New Tech Proc/Svc	Stapled Hemorrhoidopexy

REVENUE CODE CHANGES

ADDED REVENUE CODES

The following revenue codes were added, **effective 10/01/04**

RevenueCode	SI
343	N
344	N

DELETED REVENUE CODES

The following revenue code was deleted, **effective 10/01/04**

RevenueCode	SI
910	B