
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 132

Date: March 30, 2004

CHANGE REQUEST 3154

I. SUMMARY OF CHANGES: This transmittal describes the process by which annual and mid-year updates to the Hospital Outpatient Prospective Payment System (OPPS) will be communicated. These updates include changes to APC groups, relative payment rates, wage adjustments, outlier payments and other adjustments required under the OPSS. This transmittal also issues a Recurring Update Notification that outlines changes in the OPSS for the April 1, 2004 quarterly update. Unless otherwise noted, all changes in the Recurring Update Notification are effective for services furnished on or after April 1, 2004. The changes in the Recurring Update Notification will be implemented through revisions to the Outpatient Code Editor (OCE) and the OPSS PRICER. Changes in payment for certain drugs, biologicals, and radiopharmaceuticals that are mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) that are being implemented in the April 1, 2004 quarterly OPSS update are addressed in CR 3144 and CR 3145, which are being issued separately.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004

***IMPLEMENTATION DATE: April 5, 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:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	04/10.9/Updates

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction

	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

***Medicare contractors only**

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 132	Date: March 30, 2004	Change Request 3154
-------------	------------------	----------------------	---------------------

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

I. GENERAL INFORMATION

A. Background: This Recurring Update Notification describes changes to the OPPS for the April 2004 update. The April 2004 Outpatient Code Editor (OCE) and OPPS PRICER will reflect the Healthcare Common Procedure Coding System (HCPCS) codes and ambulatory payment classification (APC) additions and changes, and other revisions, identified in this notification. Unless otherwise noted, all changes addressed in this notification are effective for services furnished on or after April 1, 2004. Changes in payment for certain drugs, biologicals, and radiopharmaceuticals that are mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) that are being implemented in the April 1, 2004 quarterly OPPS update are addressed in CR 3144 and CR 3145, which are being issued separately.

B. Policy:

- **Note:** The fact that a drug, device, procedure, or service has a HCPCS code and a payment rate under the OPPS does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the program. Intermediaries must determine whether a drug, device, procedure, or service meets all program requirements for coverage, for example, that it is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment.

1. Quarterly Update of Addendum A and Addendum B

Beginning April 1, 2004, CMS will post a revised Addendum A and Addendum B on the hospital outpatient prospective payment system (OPPS) website to reflect quarterly changes in the OPPS. The revised Addenda will represent a "snapshot" of the codes and payment rates in effect at the beginning of each quarter. Mid-quarter changes or changes that are retroactive to an earlier quarter will not necessarily be captured in the quarterly revised Addenda, nor will we update Addenda that are posted for prior quarters. For example, a HCPCS code listed in the January update of the OPPS, which is deleted effective April 1, will appear in the January Addendum B, as deleted with grace period ("DG"). However, the code will not reappear in the April quarterly update of Addendum B, because, effective April 1, the code is deleted from the OPPS. The deleted code will be listed as a deleted code in the Summary of Data Changes that is attached to the April quarterly update, but will not otherwise be flagged in the updated Addendum B. Condition codes will not be included in the quarterly updates of Addenda A and B.

We will post updates to Addenda A and B for the April 1, July 1, and October 1 quarterly releases, in addition to the Addenda that we issue each year as part of the January 1 annual update of the OPPS following publication of the final rule.

Below is the link to the HOPPS Web site.

<http://www.cms.hhs.gov/providers/hopps/>

2. Billing for Intensity Modulated Radiation Therapy

The following language replaces section I.B.5, that was included in Transmittal 32, issued December 19, 2003, notifying contractors of changes in the OPSS resulting from the annual update of the OPSS effective January 1, 2004. Changes are in bold type.

Intensity modulated radiation therapy (IMRT), also known as conformal radiation, delivers radiation with adjusted intensity to preserve adjoining normal tissue. IMRT has the ability to deliver a higher dose of radiation within the tumor and a lower dose of radiation to surrounding healthy tissue. Two types of IMRT are multi-leaf collimator-based IMRT and compensator-based IMRT. IMRT is provided in two treatment phases, planning and delivery. Effective January 1, 2004, when IMRT is furnished to beneficiaries in a hospital outpatient department that is paid under the OPSS, hospitals are to bill according to the following guidelines:

- A. If using CPT code 77301 to report IMRT planning services, do not report CPT 77301 with the same line item date of service reported for CPT codes 77280 - 77295, 77305 - 77321, or 77336 if these codes are also billed during a patient course of therapy.**
- B. Hospitals are not prohibited from using existing IMRT CPT codes 77301 and 77418 to bill for compensator-based IMRT technology in the hospital outpatient setting.
- C. Payment for IMRT planning does not include payment for CPT codes 77332 - 77334 when furnished on the same day. When provided, these services are to be billed in addition to the IMRT planning code 77301.
- D. Providers billing for both CPT codes 77301 (IMRT treatment planning) and 77334 (design and construction of complex treatment devices) on the same day should append a modifier -59.

3. Billing and Payment for Brachytherapy Sources

- A. Report charges related to supervision, handling, and loading of radiation sources, including brachytherapy sources, in one of two ways:
 - 1. Report separately using CPT code 77790, in addition to reporting the associated HCPCS procedure code(s) for application of the radiation source, OR
 - 2. Include the charge as part of the charge reported with the HCPCS procedure code(s) for application of the radiation source.
 - 3. Do not bill a separate charge for brachytherapy source storage costs. These costs are treated as part of the department's overhead costs.

- B. Section 621(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) establishes separate payment for devices of brachytherapy consisting of a seed or seeds (or radioactive source), based on the hospital's charges for the source(s), adjusted to cost, effective January 1, 2004 through December 31, 2006. The following codes are only to be reported for payment of brachytherapy sources under the OPSS.

Codes for Brachytherapy Sources

HCPCS	Descriptor	APC	APC title	NEW Status Indicator
C1716	Brachytx source, Gold 198	1716	Brachytx source, Gold 198	H
C1717	Brachytx source, HDR Ir-192	1717	Brachytx source, HDR Ir-192	H
C1718	Brachytx source, Iodine 125	1718	Brachytx source, Iodine 125	H
C1719	Brachytx sour, Non-HDR Ir-192	1719	Brachytx source, Non-HDR Ir-192	H
C1720	Brachytx source, Paladium 103	1720	Brachytx source, Paladium 103	H
C2616	Brachytx source, Yttrium-90	2616	Brachytx source, Yttrium-90	H
C2633	Brachytx source, Cesium-131	2633	Brachytx source, Cesium-131	H
C2632*	Brachytx sol, I-125, per mCi*	2632*	Brachytx sol, I-125, per mCi	H

***APC 2632 has pass-through status.**

4. Payment for Ammonia N-13

HCPCS A9526 and Q4078 were incorrectly assigned status indicator 'N' in the December 31, 2003 Correction Notice (68FR75442). Effective January 1, 2004, the correct status indicator for these HCPCS codes is 'K'.

As soon as the April 2004 OPSS OCE release is installed, hospitals may submit an adjustment bill to receive appropriate payment for HCPCS codes A9526 or Q4078 furnished on or after January 1, 2004 through March 31, 2004 that was processed for payment prior to installation of the April 1 release.

HCPCS	SI	Cond	APC	Description	Payment Rate	Minimum Unadjusted Copayment
A9526	K	NI	0737	Ammonia N-13, per dose	\$162.63	\$32.53
Q4078	K	DG	0737	Ammonia N-13, per dose	\$162.63	\$32.53

5. Payment for HCPCS Code C9207, Injection, Bortezomib, per 3.5 mg (“Velcade”)
 CMS inadvertently installed an incorrect effective date in PRICER for APC 9207. CMS has corrected the effective date to October 1, 2003. Hospitals that billed HCPCS C9207 for services furnished on or after October 1, 2003 through December 31, 2003 and did not receive payment may resubmit claims following installation of the April 2004 PRICER.

6. PRICER logic changes resulting from Section 621 of the MMA effective January 1, 2004

A. Copayment amounts are calculated for the following APCs: 1716, 1717, 1718, 1719, 1720, 2616, 2633

B. Copayment amounts are not calculated for the following APC: 2632

C. Outlier payments are not calculated for APCs with Status Indicator “K,” **except** for the following APCs:

0701	1089	1619	9118
0702	1091	1620	9400
0704	1092	1622	9402
0705	1095	1624	9403
0737	1096	1625	9404
1045	1122	1628	9405
1064	1200	1775	9408
1065	1201	9013	9434
1079	1600	9025	
1080	1603	9100	
1081	1604	9117	

7. Reminder Regarding Reporting of Implantable Devices

Hospitals are strongly encouraged to separately bill devices using a device category C code or other appropriate HCPCS code for implantable devices along with the charge for the device. Complete and accurate reporting of the codes and the charges for the devices is critical to ensuring that the relative weights for the services are accurate and thus for ensuring proper payment to hospitals for the procedures that use implanted devices. All device category C codes for both current pass-through devices as well as packaged devices can be found in Addendum B on the CMS OPSS Web site:

<http://www.cms.hhs.gov/regulations/hopps/2004f/>.

Devices, whether packaged or paid as pass-through devices, are reported using revenue codes: 272, 275, 276, 278, 279, 280, 289 or 624.

8. Newly-Approved Drugs and Biologicals Eligible for Pass-Through Payment

The following drugs have been designated as eligible for pass-through payment under the OPSS effective April 1, 2004.

HCPCS	Effective Date for Pass-Through Status	SI	APC	Short Descriptor	Long Descriptor	Payment Rate	Minimum Unadjusted Copayment	Effective Date for Payment Rate
C9124	4/1/2004	G	9124	Injection, daptomycin	Injection, daptomycin, per 1 mg	\$0.31	\$0.05	1/1/2004
C9125	4/1/2004	G	9125	Injection, risperidone	Injection, risperidone, per 12.5 mg	\$131.86	\$19.71	1/1/2004
J2783	4/1/2004	G	0738	Rasburicase	Injection, rasburicase, 0.5 mg	\$105.54	\$17.63	4/1/2004

The effective date for pass-through status for C9124 and C9125 coincides with the date of assignment of HCPCS codes for each of these drugs. Pass-through payment for C9124 and C9125 equals 95 percent of average wholesale price (AWP). Beginning in 2004, the MMA requires payment at 95 percent of AWP for a drug before it receives a HCPCS code. Therefore, C9124 and C9125 will be paid at 95 percent of AWP for the period prior to assignment of a HCPCS code and for the duration of their pass-through status. The code for rasburicase (J2783) was assigned effective January 1, 2004. Therefore, the MMA provision governing payment for drugs without HCPCS does not apply to J2783, and payment will be at 85 percent of AWP for the duration of its pass-through status.

9. Services Added to New Technology APCs

The following services are assigned for payment in new technology service APCs under the OPSS OCE, version 5.1, effective April 1, 2004.

HCPCS	Effective Date	SI	APC	Short Descriptor	Long Descriptor	Payment Rate	Minimum Unadjusted Copayment
C9712*	04/01/04	S	1506	Insert pH capsule, GERD	Insertion of a pH capsule for measurement and monitoring of gastroesophageal reflux disease, includes data collection and interpretation	\$450.00	\$90.00
C9713	04/01/04	S	1525	Non-contact laser vap prosta	Non-contact laser vaporization of prostate, including coagulation control of intraoperative and post-operative bleeding	\$3,750.00	\$750.00
C9714	04/01/04	S	1523	Breast inters rad tx, immed	Placement of balloon catheter into the breast for interstitial radiation therapy following a partial mastectomy; concurrent/immediate (add-on)	\$2,750.00	\$550.00
C9715	04/01/04	S	1524	Breast inters rad tx, delay	Placement of balloon catheter into the breast for interstitial radiation therapy following a	\$3,250.00	\$650.00

					partial mastectomy; delayed		
--	--	--	--	--	-----------------------------	--	--

*C9712 may involve a single endoscopy. If an endoscopy is used with this procedure, report the endoscopic procedure separately. Only one endoscopy procedure/encounter may be associated with insertion of this device.

10. Summary of April 2004 Modifications

Attachment A is the **OPPS OCE Final Summary of Data Changes Effective April 1, 2004**. This document summarizes all of the modifications made to APCs, HCPCS/CPT procedure codes, APC assignments, status indicators, modifiers, revenue codes, and edits, to update the OPPS for the April 1, 2004 quarterly release.

C. Provider Education: A 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 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.”

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement #	Requirements	Responsibility
3154.1	Standard systems maintainers shall install the OPPS PRICER for April 2004.	SSMs
3154.2	FIs shall educate providers regarding the proper billing by posting language on their website as soon as possible but no later than one week from the issuance of this instruction.	FI
3154.3	FIs shall publish the information contained in this notification in their next regularly scheduled bulletin or listserv.	FI

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: April 1, 2004</p> <p>Implementation Date: April 5, 2004</p> <p>Pre-Implementation Contact(s): Melissa Dehn (410) 786-5721</p> <p>Post-Implementation Contact(s): Melissa Dehn</p>	<p>These instructions shall be implemented within your current operating budget.</p>
--	---

Attachment:

10.9 - Updates

(Rev.132, 03-30-04)

Section 1833(t) of the Social Security Act (the Act) as amended by §4533 of the Balanced Budget Act (BBA) of 1997, authorizes CMS to implement a Medicare prospective payment system for hospital outpatient services, including partial hospitalization services; Certain Part B services furnished to hospital inpatients who have no Part A coverage; Partial hospitalization services furnished by CMHCs; Hepatitis B vaccines and their administration, splints, cast, and antigens provided by HHAs that provide medical and other health services; Hepatitis B vaccines and their administration provided by CORFs; and Splints, casts, and antigens provided to hospice patients for treatment of non-terminal illness.

By statute, CMS is required to review and revise the APC groups, relative payment rates, wage adjustments, outlier payments and other adjustments required under the OPPS on an annual basis. These annual updates are made final through the publication of proposed and final rules in the Federal Register. The annual update Federal Register rules can be accessed on the OPPS Web site at:

<http://www.cms.hhs.gov/providers/hopps/>

In addition to the annual update at the beginning of each calendar year, we also update the OPPS on a quarterly basis to account for mid-year changes such as adding new pass-through drugs and/or devices, adding new treatments and procedures to the new technology APCs, removing procedures from the inpatient list, and recognizing new HCPCS codes that may be added during the year. The quarterly updates are issued as Recurring Update Notifications. The quarterly Recurring Update Notifications can be found in Pub. 100-21, Recurring Update Notification, which can be accessed at the following Web site:

<http://www.cms.hhs.gov/manuals/cmsindex.asp>

FINAL

Summary of Data Changes

OCE/APC v5.1

Effective April 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.

APC CHANGES.....	3
ADDED APCs	3
DELETED APCs	4
APC - DESCRIPTION CHANGES.....	5
HCPCS/CPT PROCEDURE CODE CHANGES.....	5
ADDED HCPCS/CPT PROCEDURE CODES.....	5
DELETED HCPCS/CPT PROCEDURE CODES.....	8
HCPCS - APC AND STATUS INDICATOR CHANGES *	18
HCPCS – UNITS OF SERVICE	20
HCPCS – EDIT ASSIGNMENTS.....	21
HCPCS – DESCRIPTION CHANGES	25
REVENUE CODE CHANGES.....	26
ADDED REVENUE CODES.....	26
DELETED REVENUE CODES.....	31
MODIFIERS.....	31
ADDED MODIFIERS.....	31

APC CHANGES

ADDED APCs

The following APCs were added to OCE/APC, effective 01/01/04

APC	APCDesc	StatusIndicator
735	Ampho b cholesteryl sulfate	K
736	Amphotericin b liposome inj	K
737	Ammonia N-13, per dose	K
738	Rasburicase	G
9400	Thallous chloride, brand	K
9402	Th I131 so iodide cap, brand	K
9403	Dx I131 so iodide cap, brand	K
9404	Dx I131 so iodide sol, brand	K
9405	Th I131 so iodide sol, brand	K
9408	FDG, per dose, brand	K
9410	Dexrazoxane HCl inj, brand	K
9411	Pamidronate disodium, brand	K
9412	Ganciclovir implant, brand	K
9413	Sodium hyaluronate inj, brand	K
9414	Etoposide oral, brand	K
9415	Doxorubic hcl chemo, brand	K
9416	Bcg live intravesical, brand	K
9417	Bleomycin sulfate inj, brand	K
9418	Cisplatin inj, brand	K
9419	Inj cladribine, brand	K

9420	Cyclophosphamide inj, brand	K
9421	Cyclophosphamide lyo, brand	K
9422	Cytarabine hcl inj, brand	K
9423	Dacarbazine inj, brand	K
9424	Daunorubicin, brand	K
9425	Etoposide inj, brand	K
9426	Floxuridine inj, brand	K
9427	Ifosfomide inj, brand	K
9428	Mesna injection, brand	K
9429	Idarubicin hcl inj, brand	K
9430	Leuprolide acetate inj, brand	K
9431	Paclitaxel inj, brand	K
9432	Mitomycin inj, brand	K
9433	Thiotepa inj, brand	K
9434	Gallium ga 67, brand	K
9438	Cyclosporine oral, brand	K

DELETED APCs

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

APC	APCDesc	StatusIndicator
909	Interferon beta-1a, 33 mcg	K

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

APC	APCDesc	StatusIndicator
9010	Baclofen refill kit - per 4000 mcg	K

APC - DESCRIPTION CHANGES

The following APCs had description changes, **effective 01/01/04**

APC	Old Description	New Description
9024	Amphotericin B, lipid formulation	Amphotericin b lipid complex
9025	Radiopharms Used to Image Perfusion of Heart	Rubidium-Rb-82
9119	Pegfilgrastim, per 1 mg	Pegfilgrastim, per 6 mg
9124	Unassigned #347	Injection, daptomycin
9125	Unassigned #348	Injection, risperidone

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

APC	Old Description	New Description
1506	New Technology - Level VI (\$400 - \$500)	New Technology - Level VI (\$400 - \$500)

HCPCS/CPT PROCEDURE CODE CHANGES

ADDED HCPCS/CPT PROCEDURE CODES

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

HCPCS	CodeDesc	StatusIndicator	APC
C9400	Thallous chloride, brand	K	9400
C9402	Th I131 so iodide cap, brand	K	9402
C9403	Dx I131 so iodide cap, brand	K	9403
C9404	Dx I131 so iodide sol, brand	K	9404
C9405	Th I131 so iodide sol, brand	K	9405
C9408	FDG, per dose, brand	K	9408

C9410	Dexrazoxane HCl inj, brand	K	9410
C9411	Pamidronate disodium, brand	K	9411
C9412	Ganciclovir implant, brand	K	9412
C9413	Sodium hyaluronate inj, brand	K	9413
C9414	Etoposide oral, brand	K	9414
C9415	Doxorubic hcl chemo, brand	K	9415
C9416	Bcg live intravesical, brand	K	9416
C9417	Bleomycin sulfate inj, brand	K	9417
C9418	Cisplatin inj, brand	K	9418
C9419	Inj cladribine, brand	K	9419
C9420	Cyclophosphamide inj, brand	K	9420
C9421	Cyclophosphamide lyo, brand	K	9421
C9422	Cytarabine hcl inj, brand	K	9422
C9423	Dacarbazine inj, brand	K	9423
C9424	Daunorubicin, brand	K	9424
C9425	Etoposide inj, brand	K	9425
C9426	Floxuridine inj, brand	K	9426
C9427	Ifosfomide inj, brand	K	9427
C9428	Mesna injection, brand	K	9428
C9429	Idarubicin hcl inj, brand	K	9429
C9430	Leuprolide acetate inj, brand	K	9430
C9431	Paclitaxel inj, brand	K	9431
C9432	Mitomycin inj, brand	K	9432
C9433	Thiotepa inj, brand	K	9433
C9434	Gallium ga 67, brand	K	9434
C9438	Cyclosporine oral, brand	K	9438

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

HCPCS	CodeDesc	StatusIndicator	APC
K0627	Cervical pneum trac equip	Y	0
K0628	Mult dens insert direct form	Y	0
K0629	Mult dens insert custom mold	Y	0
K0630	SIO flex pelvisacral prefab	A	0
K0631	SIO flex pelvisacral custom	A	0
K0632	SIO panel prefab	A	0
K0633	SIO panel custom	A	0
K0634	LO flexibl L1 - below L5 pre	A	0
K0635	LO sag stays/panels prefab	A	0
K0636	LO sagitt rigid panel prefab	A	0
K0637	LO flex w/o rigid stays pre	A	0
K0638	LSO flex w/rigid stays cust	A	0
K0639	LSO post rigid panel pre	A	0
K0640	LSO sag-coro rigid frame pre	A	0
K0641	LSO sag-cor rigid frame cust	A	0
K0642	LSO flexion control prefab	A	0
K0643	LSO flexion control custom	A	0
K0644	LSO sagit rigid panel prefab	A	0
K0645	LSO sagittal rigid panel cus	A	0
K0646	LSO sag-coronal panel prefab	A	0
K0647	LSO sag-coronal panel custom	A	0

K0648	LSO s/c shell/panel prefab	A	0
K0649	LSO s/c shell/panel custom	A	0

DELETED HCPCS/CPT PROCEDURE CODES

The following HCPCS codes were deleted from the OCE/APC, **effective 01/01/03**

HCPCS	CodeDesc	StatusIndicator	APC
L0474	TLSO rigid frame pre pelvic	A	0
Q3021	Ped hepatitis b vaccine inj	E	0
Q3022	Hepatitis b vaccine adult ds	E	0
Q3023	Injection hepatitis Bvaccine	E	0

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

HCPCS	CodeDesc	StatusIndicator	APC
C1088	LASER OPTIC TR Sys	T	1557
E2350	W/c hd pt wt > 250 lbs	Y	0

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

HCPCS	CodeDesc	StatusIndicator	APC
0002T	Endo repair abd aa aorto uni	C	0
0025T	Ultrasonic pachymetry	S	230
00544	Anesth, chest lining removal	C	0
36488	Insertion of catheter, vein	T	32
36489	Insertion of catheter, vein	T	32

36490	Insertion of catheter, vein	T	32
36491	Insertion of catheter, vein	T	32
36493	Repositioning of cvc	X	187
36530	Insertion of infusion pump	T	119
36531	Revision of infusion pump	T	124
36532	Removal of infusion pump	T	109
36533	Insertion of access device	T	115
36534	Revision of access device	T	109
36535	Removal of access device	T	109
36536	Remove cva device obstruct	T	1541
36537	Remove cva lumen obstruct	T	1541
47134	Partial removal, donor liver	C	0
61862	Implant neurostimul, subcort	C	0
76490	Us for tissue ablation	S	268
89252	Assist oocyte fertilization	X	348
89256	Prepare cryopreserved embryo	X	348
89350	Sputum specimen collection	X	343
89355	Exam feces for starch	A	0
89360	Collect sweat for test	X	343
89365	Water load test	A	0
89399	Pathology lab procedure	A	0
90659	Flu vaccine, whole, im	L	0
99025	Initial surgical evaluation	B	0
99551	Home infus, pain mgmt, iv/sc	E	0
99552	Hm infus pain mgmt, epid/ith	E	0
99553	Home infuse, tocolytic tx	E	0

99554	Home infus, hormone/platelet	E	0
99555	Home infuse, chemotherapy	E	0
99556	Home infus, antibio/fung/vir	E	0
99557	Home infuse, anticoagulant	E	0
99558	Home infuse, immunotherapy	E	0
99559	Home infus, periton dialysis	E	0
99560	Home infus, entero nutrition	E	0
99561	Home infuse, hydration tx	E	0
99562	Home infus, parent nutrition	E	0
99563	Home admin, pentamidine	E	0
99564	Hme infus, antihemophil agnt	E	0
99565	Home infus, proteinase inhib	E	0
99566	Home infuse, iv therapy	E	0
99567	Home infuse, sympath agent	E	0
99568	Home infus, misc drug, daily	E	0
99569	Home infuse, each addl tx	E	0
A4214	30 CC sterile water/saline	A	0
A4319	Sterile H2O irrigation solut	A	0
A4323	Saline irrigation solution	A	0
A4621	Tracheotomy mask or collar	Y	0
A4622	Tracheostomy or larngectomy	A	0
A4631	Wheelchair battery	Y	0
A4712	Sterile water inj per 10 ml	A	0
A6421	Pad bandage >=3 <5in w /roll	A	0
A6422	Conf bandage ns >=3<5"w/roll	A	0
A6424	Conf bandage ns >=5"w /roll	A	0

A6426	Conf bandage s >=3<5" w/roll	A	0
A6428	Conf bandage s >=5" w /roll	A	0
A6430	Lt compres bdg >=3<5"w /roll	A	0
A6432	Lt compres bdg >=5"w /roll	A	0
A6434	Mo compres bdg >=3<5"w /roll	A	0
A6436	Hi compres bdg >=3<5"w /roll	A	0
A6438	Self-adher bdg >=3<5"w /roll	A	0
A6440	Zinc paste bdg >=3<5"w /roll	A	0
A7019	Saline solution dispenser	Y	0
A7020	Sterile H2O or NSS w lgv neb	Y	0
C1010	Blood, L/R, CMV-NEG	K	1010
C1011	Platelets, HLA-m, L/R, unit	K	1011
C1015	Plt, pher,L/R,CMV, irradi	K	1020
C1016	BLOOD,L/R,FROZ/DEGLY/Washed	K	1016
C1017	Plt, APH/PHER,L/R,CMV-NEG	K	1017
C1018	Blood, L/R, IRRADIATED	K	1018
C1020	RBC, frz/deg/wsh, L/R, irradi	K	1021
C1021	RBC, L/R, CMV neg, irradi	K	1022
C1022	Plasma, frz within 24 hour	K	955
C1166	CYTARABINE LIPOSOMAL, 10 mg	K	1166
C1167	EPIRUBICIN HCL, 2 mg	K	1167
C1774	Darbpoetin alfa, non-esrd	K	734
C9010	Baclofen Refill Kit--4000mcg	K	9010
C9503	Fresh frozen plasma, ea unit	K	9503
C9711	H.E.L.P. Apheresis System	T	1552
E0142	Walker rigid wheeled with se	Y	0

E0145	Walker whled seat/crutch att	Y	0
E0146	Folding walker wheels w seat	Y	0
E0165	Commode chair stationry det	Y	0
E0943	Cervical pillow	Y	0
E0975	Wheelchair reinforced seat u	B	0
E0976	Wheelchair reinforced back u	B	0
E0979	Wheelchair belt with velcro	B	0
E0991	Wheelchair upholstery seat	B	0
E0993	Wheelchair back upholstery	B	0
E1066	Wheelchair battery charger	B	0
E1069	Wheelchair deep cycle batter	B	0
G0167	Hyperbaric oz tx;no md reqrd	B	0
G0262	Sm intestinal image capsule	S	1508
G0272	Naso/oro gastric tube pl MD	X	272
J1910	Kutapressin injection	N	0
J2000	Lidocaine injection	N	0
J7508	Tacrolimus oral per 5 MG	B	0
J9180	Epirubicin HCl injection	B	0
K0016	Detach adjust armrst cplete	Y	0
K0022	Reinforced back upholstery	Y	0
K0025	Hook-on headrest extension	Y	0
K0026	Back upholst lgtwt whlchr	Y	0
K0027	Back upholst other whlchr	Y	0
K0028	Manual fully reclining back	Y	0
K0029	Reinforced seat upholstery	Y	0
K0030	Solid plnr seat sngl dnsfoam	Y	0

K0031	Safety belt/pelvic strap	Y	0
K0032	Seat uphols lgtwt whlchr	Y	0
K0033	Seat upholstery other whlchr	Y	0
K0035	Heel loop with ankle strap	Y	0
K0036	Toe loop each	Y	0
K0048	Elevate legrest complete	Y	0
K0049	Calf pad each	Y	0
K0054	Seat wdth 10-12/15/17/20 wc	Y	0
K0055	Seat dpth 15/17/18 ltwc wc	Y	0
K0057	Seat wdth 19/20 hvy dty wc	Y	0
K0058	Seat dpth 17/18 power wc	Y	0
K0062	Handrim 8-10 vert/obliq proj	Y	0
K0063	Hndrm 12-16 vert/obliq proj	Y	0
K0079	Wheel lock extension pair	Y	0
K0080	Anti-rollback device pair	Y	0
K0082	22 nf nonsealed leadacid	Y	0
K0083	22nf sealed leadacid battery	Y	0
K0084	Gr24 nonsealed leadacid	Y	0
K0085	Gr24 sealed leadacid battery	Y	0
K0086	U1nonsealed leadacid battery	Y	0
K0087	U1 sealed leadacid battery	Y	0
K0088	Battery charger, single mode	Y	0
K0089	Battery charger, dual mode	Y	0
K0100	Amputee adapter pair	Y	0
K0103	Transfer board < 25"	Y	0
K0107	Wheelchair tray	Y	0

K0112	Trunk vest supprt innr frame	A	0
K0113	Trunk vest suprt w/o inr frm	A	0
K0268	Humidifier nonheated w PAP	Y	0
K0460	WC power add-on joystick	Y	0
K0461	WC power add-on tiller cntrl	Y	0
K0531	Heated humidifier used w pap	Y	0
K0532	Noninvasive assist wo backup	Y	0
K0533	Noninvasive assist w backup	Y	0
K0534	Invasive assist w backup	Y	0
K0538	Neg pressure wnd thrpy pump	Y	0
K0539	Neg pres wnd thrpy dsg set	Y	0
K0540	Neg pres wnd thrp canister	Y	0
K0541	SGD prerecorded msg <= 8 min	Y	0
K0542	SGD prerecorded msg > 8 min	Y	0
K0543	SGD msg formed by spelling	Y	0
K0544	SGD w multi methods msg/accs	Y	0
K0545	SGD sftwre prgrm for PC/PDA	Y	0
K0546	SGD accessory,mounting systm	Y	0
K0547	SGD accessory NOC	Y	0
K0549	Hosp bed hvy dty xtra wide	Y	0
K0550	Hosp bed xtra hvy dty x wide	Y	0
K0556	Socket insert w lock mech	A	0
K0557	Socket insert w/o lock mech	A	0
K0558	Intl custm cong/atyp insert	A	0
K0559	Initial custom socket insert	A	0
K0560	MCP joint 2-piece for implnt	N	0

K0581	Ost pch clsd w barrier/filtr	A	0
K0582	Ost pch w bar/bltinconv/fltr	A	0
K0583	Ost pch clsd w/o bar w filtr	A	0
K0584	Ost pch for bar w flange/flt	A	0
K0585	Ost pch clsd for bar w lk fl	A	0
K0586	Ost pch for bar w lk fl/fltr	A	0
K0587	Ost pch drain w bar & filter	A	0
K0588	Ost pch drain for barrier fl	A	0
K0589	Ost pch drain 2 piece system	A	0
K0590	Ost pch drain/barr lk flng/f	A	0
K0591	Urine ost pouch w faucet/tap	A	0
K0592	Urine ost pouch w bltinconv	A	0
K0593	Ost urine pch w b/bltin conv	A	0
K0594	Ost pch urine w barrier/tapv	A	0
K0595	Os pch urine w bar/fange/tap	A	0
K0596	Urine ost pch bar w lock fln	A	0
K0597	Ost pch urine w lock flng/ft	A	0
K0610	Peritoneal dialysis clamp	Y	0
K0611	Disposable cyclor set	Y	0
K0612	Drainage ext line, dialysis	Y	0
K0613	Ext line w easy lock connect	Y	0
K0614	Chem/antisept solution, 8oz	Y	0
K0615	SGD prerec mes >8min <=20min	Y	0
K0616	SGD prerec mes>20min <=40min	Y	0
K0617	SGD prerec mes > 40min	Y	0
K0621	Gauze, non-impreg pack strip	A	0

K0622	Confrm band non str <3in/rol	A	0
K0623	Confrm band sterl>3in/roll	A	0
K0624	Lite compress wdth<3in/roll	A	0
K0625	Self adher wdth <3 in, roll	A	0
K0626	Self adher wdth >=5 in, roll	A	0
L1885	Knee upright w/resistance	A	0
L2102	Afo tibial fx cast plstr mol	E	0
L2104	Afo tib fx cast synthetic mo	E	0
L2122	Kafo fem fx cast plaster mol	E	0
L2124	Kafo fem fx cast synthet mol	E	0
Q0086	Physical therapy evaluation/	A	0
Q2010	Glatiramer acetate, per dose	N	0
Q4052	Octreotide injection, depot	K	1207
Q4078	Ammonia N-13, per dose	K	9025
Q9920	Epoetin with hct <= 20	A	0
Q9921	Epoetin with hct = 21	A	0
Q9922	Epoetin with hct = 22	A	0
Q9923	Epoetin with hct = 23	A	0
Q9924	Epoetin with hct = 24	A	0
Q9925	Epoetin with hct = 25	A	0
Q9926	Epoetin with hct = 26	A	0
Q9927	Epoetin with hct = 27	A	0
Q9928	Epoetin with hct = 28	A	0
Q9929	Epoetin with hct = 29	A	0
Q9930	Epoetin with hct = 30	A	0
Q9931	Epoetin with hct = 31	A	0

Q9932	Epoetin with hct = 32	A	0
Q9933	Epoetin with hct = 33	A	0
Q9934	Epoetin with hct = 34	A	0
Q9935	Epoetin with hct = 35	A	0
Q9936	Epoetin with hct = 36	A	0
Q9937	Epoetin with hct = 37	A	0
Q9938	Epoetin with hct = 38	A	0
Q9939	Epoetin with hct = 39	A	0
Q9940	Epoetin with hct >= 40	A	0
S0009	Injection, butorphanol tartr	E	0
S0079	Octreotide 100 mcg	E	0
S0124	Inj urofollitropin 75 iu	E	0
S0130	Inj c gonadotropin 5000 iu	E	0
S8180	Trach shower protector	E	0
S8181	Trach tube holder	E	0
V2116	Nonaspheric lens bifocal	A	0
V2117	Aspheric lens bifocal	A	0
V2216	Lens lenticular nonaspheric	A	0
V2217	Lens lenticular aspheric bif	A	0
V2316	Lens lenticular nonaspheric	A	0
V2317	Lens lenticular aspheric tri	A	0
V2740	Rose tint plastic	A	0
V2741	Non-rose tint plastic	A	0
V2742	Rose tint glass	A	0
V2743	Non-rose tint glass	A	0

HCPCS - APC AND STATUS INDICATOR CHANGES *

- A blank in a field indicates – no change

The following codes had a SI change, **effective 01/01/03**

HCPCS	Old APC	New APC	Old SI	New SI
92510			A	E
94010	367	368		

The following codes had a SI change, **effective 01/01/04**

HCPCS	Old APC	New APC	Old SI	New SI
72198			E	B
80055			A	E
93788	0	97	E	X
A0800			A	E
A4206			A	E
A4207			A	E
A4208			A	E
A4421			A	E
A9526	9025	737		
E1150			A	Y
G0282			A	E
J0288	9024	735		

J0289	9024	736		
J1825	909	0	K	E
J2783	0	738	N	G
L3902			A	E
Q3026			N	E

The following codes had a SI change, **effective 04/01/04**

HCPCS	Old APC	New APC	Old SI	New SI
A5500			A	Y
A5501			A	Y
A5503			A	Y
A5504			A	Y
A5505			A	Y
A5506			A	Y
A5507			A	Y
A5508			A	Y
A5509			A	E
A5510			A	E
A5511			A	E
A9525			N	E
C9712	1580	1506	T	S
C9713	1581	1525	T	S
C9714	1582	1523	T	S
C9715	1583	1524	T	S
L0476			A	E
L0478			A	E
L0500			A	E

L0510			A	E
L0520			A	E
L0530			A	E
L0540			A	E
L0550			A	E
L0560			A	E
L0561			A	E
L0565			A	E
L0600			A	E
L0610			A	E
L0620			A	E
L0960			A	E

HCPCS – UNITS OF SERVICE

The following codes were assigned to the following “Units of Service”, **effective 04/01/03**

HCPCS	Max Units
G0242	1
G0243	1

The following code had a change to “Units of Service”, **effective 01/01/04**

HCPCS	Old Max Units	New Max Units
G0340	5	1

HCPCS – EDIT ASSIGNMENTS

The following codes were **assigned to** Edit 9 “Non Covered for Reasons other than Statute”, **effective 01/01/04**

HCPCS
A4207
A4208
A4421
G0282
L3902

The following code was **assigned to** Edit 9 “Non Covered for Reasons other than Statute”, **effective 04/01/04**

HCPCS
A5510

The following code was **removed from** Edit 9 “Non Covered for Reasons other than Statute”, **effective 01/01/04**

HCPCS
72198

The following code was **assigned to** Edit 28 “Not Recognized by Medicare”, **effective 01/01/03**

HCPCS
92510

The following codes were **assigned to** Edit 28 “Not Recognized by Medicare”, **effective 01/01/04**

HCPCS
A4206
J1825
Q3026

The following codes were **assigned to** Edit 28 “Not Recognized by Medicare”, **effective 04/01/04**

HCPCS
A9525
L0476
L0478
L0500
L0510
L0520
L0530
L0540
L0550
L0560
L0561
L0565
L0600
L0610
L0620
L0960

The following code was **removed from** Edit 28 “Not Recognized by Medicare”, **effective 01/01/04**

HCPCS
Q0085

The following "C" codes were **assigned to** Edit 55 "Non-reportable for site of service", **effective 01/01/04**

HCPCS
C9400
C9402
C9403
C9404
C9405
C9408
C9410
C9411
C9412
C9413
C9414
C9415
C9416
C9417
C9418
C9419
C9420
C9421

C9422
C9423
C9424
C9425
C9426
C9427
C9428
C9429
C9430
C9431
C9432
C9433
C9434
C9438

The following code was **assigned to** Edit 61 “Billed to DMERC”, **effective 01/01/04**

HCPCS
E1150

The following codes were **assigned to** Edit 61 “Billed to DMERC”, **effective 04/01/04**

HCPCS
A5500
A5501
A5503
A5504
A5505

A5506
A5507
K0627
K0628
K0629

The following code were **assigned to** Edit 62 “Not Recognized by OPPS”, **effective 01/01/04**

HCPCS
72198
A0800
Q0085

The following codes were **assigned to** Edit 62 “Not Recognized by OPPS”, **effective 04/01/04**

HCPCS
A5509
A5511

HCPCS – DESCRIPTION CHANGES

The following HCPCS codes had description changes, **effective 01/01/04**

HCPCS	Old Description	New Description
C9124	Unassigned #347	Injection, daptomycin
C9125	Unassigned #348	Injection, risperidone

The following HCPCS codes had description changes, **effective 04/01/04**

HCPCS	Old Description	New Description
-------	-----------------	-----------------

C9712	Predefined New Tech Proc/Svc	Insert pH capsule, GERD
C9713	Predefined New Tech Proc/Svc	Non-contact laser vap prosta
C9714	Predefined New Tech Proc/Svc	Breast inters rad tx, immed
C9715	Predefined New Tech Proc/Svc	Breast inters rad tx, delay

REVENUE CODE CHANGES

ADDED REVENUE CODES

The following revenue code was added, **effective 04/01/03**

RevenueCode	SI
3109	E

The following revenue codes were added, **effective 10/01/03**

RevenueCode	SI
905	B
906	B
907	B

DELETED REVENUE CODES

The following revenue code was deleted, **effective 04/01/03**

RevenueCode	SI
3106	E

MODIFIER CHANGES

ADDED MODIFIERS

The following modifier was added, **effective 04/01/01**

modifier
CB

The following modifier was added, **effective 01/01/04**

modifier
KD

The following modifiers were added, **effective 04/01/04**

modifier
CG
KF