

**Submitter :** Mr. Joseph Casey  
**Organization :** Sturdy Memorial Hospital  
**Category :** Hospital

**Date:** 11/06/2006

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1506-P2-1064-Attach-1.DOC

November 6, 2006

Mark McClellan, M.D., Ph.D.  
Administrator  
Centers for Medicare & Medicaid Services  
Attention: CMS-1506-P  
Room 445-G, Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, DC 20201

**RE: CMS-1506-P, Medicare Program; Ambulatory Surgical Center Payment System  
Proposed Changes for 2008**

Dear Dr. McClellan:

I appreciate this opportunity to comment on the proposed changes for the Ambulatory Surgery Payment System, effective January 1, 2008.

**ASC Payable Procedures**

The proposal to create an "exclusionary" list of procedures rather than the current allowed ASC procedure list will result in a dramatic increase in the number of procedures that can be performed in a free-standing ambulatory surgical center. The Hospital strongly objects to the proposed changes. Such a large increase in the number of allowed procedures will significantly alter the scope of services provided by ASCs without adequately monitoring the affect on quality of services and patient safety. Further, the Hospital objects to the process used by CMS. As stated in the proposal, ***CMS consulted with industry representatives of ASCs and physicians both of whom have a vested interest in the expansion of the ASC approved procedure list, yet CMS did not consult with the hospital industry.*** Physicians who invest in ASCs can increase their practice revenue by receiving ASC facility payments. The OIG has published safe harbor regulations that protect physicians who invest in ASCs from prosecution under the anti-kickback statute, if certain conditions are met. ***In order to have a valid discussion of all the issues involved in providing surgical services in the outpatient setting the perspectives of all interested parties must be considered.***

One factor that the Hospital believes is not adequately considered is the degree of oversight that is required of Hospital's that is not required of freestanding ambulatory centers. In Massachusetts, freestanding ambulatory surgery centers do not have to follow the same quality review, incident reporting to state agencies, quality reporting to both state and federal agencies, and are not subject to annual licensure review as are hospital outpatient departments. Ambulatory Surgical Practices that are performed in a physician's office are completely exempt from a determination of need or a review of other quality and safety standards (including

licensure review of who administers anesthesiology within the office setting). Furthermore, hospitals are required to meet provide EMTALA level services, while many ASCs with the similar specialized services are not subject to taking surgical level patients in order to stabilize the acute medical condition. In addition, Medicare's conditions of participation for hospitals require them to safeguard patient's rights by establishing a patient complaint process and to have quality improvement programs. Medicare's conditions for coverage for ASCs, which have not been updated since 1982, does not require important quality safeguards that hospitals have to meet. Thus, ***any decisions regarding what is safe to perform in ambulatory surgery centers that are based on what procedures are performed in a hospital outpatient setting is flawed due to the fact that the safety standards in a hospital-based outpatient surgical setting are higher and subject to greater oversight than a freestanding surgical setting.*** Further, if an adverse condition were to occur in a hospital outpatient surgical setting, the full resources of the hospital would be available to treat the patient immediately.

Another shortcoming of the proposed criteria is the ***ambiguity surrounding the definition of inpatient.*** CMS states when describing what would constitute an overnight stay that they are "proposing to exclude from payment of an ASC facility fee any procedure for which prevailing medical practice dictates that the beneficiary will typically be expected to require active medical monitoring and care at midnight following the procedure." This ***definition could describe a patient who is in observation status, as well as patients admitted as an inpatient following surgery.*** When determining whether a procedure is performed at least 80% of the time in an inpatient setting, the ***cases where the patient is placed in observation status rather than admitted would be categorized as outpatient even though the case may meet the definition of an "overnight" stay*** as described above.

Finally, hospitals are subject to numerous quality initiatives ranging from JCAHO review to Medicare's quality reporting requirements. In addition, most third party payors have built quality measurement and pay-for-performance features into their contracts with hospitals. Ambulatory surgical centers are not subject to these requirements, to the detriment of the Medicare beneficiary. The ***Hospital strongly urges that until such time that sufficient quality measurements are established and data gathered and studied regarding quality outcomes of the procedures that are currently performed by ASCs, that there be no additional procedures added to the ASC list.***

***Further, we recommend that in order to ensure comparable patient protections and government oversight for comparable services, ASCs must be licensed by their State in order to participate in Medicare.*** In Massachusetts, one of the conditions of participation in the State's Medicaid program is the facility must be licensed by the State. Medicare should require State Licensure to provide the same protections to the beneficiary that is provided to the Medicaid recipient. Additionally, an unintended consequence of the Medicaid licensure requirement as a condition of participation is that rather than providing an incentive to seek State licensure, it merely provides an opportunity for ASCs to shift the care of Medicaid patients to the hospital setting due to the relatively low payment rates paid by Medicaid.

## **Payment Rates**

We agree that it is appropriate that CMS has proposed a conversion factor for ASC services that is less than that in the hospital outpatient department setting. The rates for services provided in hospital-based settings **should** be set at a higher level in order to reflect their higher costs due to additional regulatory requirements, 24/7 availability, EMTALA-related costs, a more acutely ill population with more co morbidities and higher uncompensated care rates. However, ***in order to allow for future validation of the relative appropriateness of ASC payment weights and rates, CMS should seek congressional authority to require ASCs to report cost data.*** In addition, CMS should monitor how the significant revisions in its payment policies will impact the volume and types of services that migrate from one ambulatory setting to another, as well as trends in the acuity of patients undergoing similar procedures in hospital outpatient departments versus ASCs. Also, CMS should evaluate the effect on procedure median costs in hospitals and how the conversion factor is calculated in an ASC.

If I can provide you with any additional information regarding our comments, please do not hesitate to contact me at (508) 236-8150.

Sincerely,

Joseph Casey

Chief Financial Officer  
Sturdy Memorial Hospital  
211 Park Street  
Attleboro, MA 02703

**Submitter :** Ms. Gayle Wojcik  
**Organization :** Pain Management Institute  
**Category :** Nurse

**Date:** 11/06/2006

**Issue Areas/Comments**

**ASC Office-Based Procedures**

ASC Office-Based Procedures

Pain Management Institute  
10181 Lincoln Highway  
Frankfort, IL 60423

October 31, 2006

Leslie V. Norwalk, Esq., Acting Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1506-P  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Re: CMS-1506-P - Medicare Program; the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates

Dear Ms. Norwalk:

As a concerned citizen, I am writing to express my alarm at CMS's proposed rule for ambulatory surgery centers payment system. This rule will create significant inequities between hospitals, ASCs, and ultimately will harm beneficiary access. While this may be good for some specialties, it is clear that interventional pain management will suffer substantially - approximately 20% in 2008 and approximately 30% in 2009 and thereafter. At these reduced reimbursement rates, physicians will not be adequately reimbursed for the services they provide to their Medicare patients and consequently, because all payers follow Medicare, this reduction in ASC reimbursements will affect not only patient access for Medicare patients but all interventional pain management patients.

Given the impact this proposed rule would have on interventional pain physicians practicing in ASCs and their ability to provide services to Medicare patients, I ask that CMS reverse the proposal and that a means be established where surgery centers are reimbursed at least at the present rate and will not go below that rate. If no realistic proposal can be achieved at this time, Congress should repeal the previous mandate and leave the system alone as it is now, with inflation adjustments immediately reinstated.

On behalf of all the patients in the United States and especially the elderly, I thank you for your consideration.

Sincerely,

Gayle J. Wojcik, RN, BSN  
Clinical Coordinator  
Pain Management Institute

**Submitter :** Mrs. Ann-Marie Lynch

**Date:** 11/06/2006

**Organization :** AdvaMed

**Category :** Device Association

**Issue Areas/Comments**

**GENERAL**

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See Attachments

CMS-1506-P2-1066-Attach-1.PDF

CMS-1506-P2-1066-Attach-2.PDF

# 1066

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November 6, 2006

**Via Electronic Mail and Hand Delivery**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1506-P  
P.O. Box 8011  
Baltimore, Maryland 21244-1850

**Re: Ambulatory Surgical Center Payment System and CY 2008 Payment Rates (CMS-1506-P)**

Dear Ms. Norwalk:

The Advanced Medical Technology Association (AdvaMed) welcomes the opportunity to comment on the Centers for Medicare and Medicaid Service's (CMS) Proposed 2008 Revised Ambulatory Surgical Center Payment System rule (CMS-1506-P, *Federal Register*, Vol. 71, No. 163, Tuesday, August 23, 2006, p. 49505). AdvaMed is the world's largest association representing manufacturers that produce the medical devices, diagnostic products, and health information systems that are transforming health care through earlier disease detection, less invasive procedures, and more effective treatments. Our members produce nearly 90 percent of the health care technology purchased annually in the United States and more than 50 percent purchased annually around the world. AdvaMed members range from the largest to the smallest medical technology innovators and companies.

AdvaMed appreciates the considerable effort you and your staff have devoted to the development of the revised Ambulatory Surgical Center (ASC) payment system and the development of the 2008 ASC payment rates. While we are pleased with some of the proposed changes we remain concerned with other proposals. Our comments will address our concerns and support for provisions within the rule.

AdvaMed's comments will address several issues raised in the 2008 revised system rule including:

- ASC Safety Concerns
  - Reducing the Inpatient Threshold from 80% to 50%
  - Safety Criteria
  - Codes with Specific Safety Concerns
- ASC Packaging
- Multiple Procedure Discounting
- Significant Reduction in Payment for Preventive Benefit
- Office Based-Procedures which were not approved for ASCs in 2008 but are allowed in the Hospital Outpatient Department
- ASC Inflation
- ASC Payment Phase-in
- ASC Conversion Factor
- New Technology
- ASC Updates

### **ASC Safety Concerns**

The Centers for Medicare and Medicaid Services (CMS) has proposed to expand the list of ASC covered procedures to include all procedures in the surgical range of the CPT codes which do not pose a safety risk to Medicare beneficiaries or require an overnight stay. While AdvaMed commends CMS's efforts to expand the list of procedures that can be performed in an ASC, we have concerns that some of the procedures that have been proposed for addition to the list do not meet the clinical safety guidelines outlined by CMS and that the criteria used to expand the list, as it relates to inpatient procedures moving to the ASC may not be stringent enough. It is especially important that safety concerns be addressed for the seniors and disabled Americans who receive care through the Medicare program.

**Reducing the Inpatient Threshold from 80 Percent to 50 Percent --** The proposed rule relies on CY 2005 Part B Extract Summary System (BESS) data to determine the location in which a procedure is typically performed. CMS used the BESS data to determine the percentage of time procedures were performed in various settings and used this information to assess the appropriateness of performing a procedure in the ASC setting. In the case of inpatient procedures CMS determined that procedures performed 80 percent or more of the time in an inpatient setting should not be performed in an ASC. In support of this, CMS states that procedures which are completed more than 80 percent of the time in the inpatient setting are intensive and tend to require more post-operative care.

While AdvaMed supports CMS's application of a percentage of inpatient utilization as a threshold for ASC payment exclusion we recommend that the threshold be reduced from

80 percent to 50 percent. We further recommend that this standard be applied to codes approved for performance in the ASC on or after January 1, 2008. Procedures performed in the inpatient department more than 50 percent of the time are typically clinically complex and have a higher risk of complications and extensive post-operative care. Use of this percentage would ensure that procedures done the majority of time (>50%) in the inpatient setting would be excluded from ASC payment.

**Safety Criteria--** The Centers for Medicare and Medicaid Services (CMS) is proposing an expansion of the list of surgical services that will be covered and paid for when performed in an Ambulatory Surgical Center (ASC). CMS proposes to modify the criteria for determining whether a procedure is appropriate in an ASC setting by eliminating the current requirement that ASC-eligible procedures require no more than ninety minutes operating time, four hours recovery time, or ninety minutes of anesthesia. CMS proposes to maintain the requirements that ASC procedures not require an overnight stay, involve major blood vessels, result in extensive blood loss, involve prolonged or extensive invasion of body cavities, be emergent or life-threatening, or pose a significant safety risk.

CMS does not define many of the terms used in determining whether it is appropriate to perform a procedure in the ASC setting and relies on its medical advisors to make those determinations. AdvaMed recommends that CMS adopt guidelines for use in clarifying the safety criteria used to assess whether a procedure should be performed in an ASC particularly as it relates to the definition of major blood vessel(s) and extensive blood loss.

According to CMS, procedures in the surgical range of CPT (10000-69999) meeting the following criteria are excluded from the ASC list under the current program and will continue to be excluded from payment under the system proposed for 2008 and beyond:

- Directly involve major blood vessels
- Result in extensive blood loss
- Require prolonged or extensive invasion of body cavities
- Generally are emergency or life-threatening in nature

The terms “major blood vessel,” “extensive blood loss,” and “prolonged or extensive” are not defined within the ASC regulation. CMS’s medical advisors evaluate procedures to determine if they meet the criteria for addition to the list of ASC covered procedures. In an effort to more readily identify procedures which satisfy ASC safety criteria, AdvaMed recommends that CMS create standardized definitions that may help in determining which procedures should be recommended for addition to the list of ASC covered procedures. We recommend the following definitions and exclusion criteria:

**Recommended Definition for “Major Blood Vessels”**

AdvaMed urges CMS to utilize a definition of “major blood vessel” that provides more granularity. AdvaMed recommends that CMS consider adopting the definition of “major blood vessel” used by Seeley, Stephens, and Tate in their medical text Essentials of Anatomy and Physiology, 6<sup>th</sup> Edition.<sup>1</sup> This list includes not only the heart and aorta, but also includes vessels providing primary blood supply to major limbs and organs including the legs and the kidneys.<sup>2</sup>

Procedures involving some of the vessels defined as “major” by Seeley, *et al* that are already performed safely in ASCs (e.g., thrombectomy, percutaneous, arteriovenous fistula) have been omitted from the list. As a result the following vessels would be included in the definition of “Major Blood Vessels and procedures involving these vessels would be excluded from the ASC:

- Heart
- Divisions and Branches of the Aorta
  - Ascending aorta
  - Aortic arch
  - Descending aorta (thoracic and abdominal aorta)
- Arteries of the Shoulder and Upper Limb
  - Right and left subclavian arteries and veins
  - Axillary arteries
- Arteries of the Head and Neck
  - Common, external and internal carotid arteries
  - Vertebral arteries
- Major Branches of the Abdominal Aorta
  - Celiac trunk
  - Superior and inferior mesenteric arteries
  - Renal arteries (supplier of blood to kidneys)
  - Gonadal arteries
  - Common iliac arteries (at L<sub>5</sub> level; sole supply of blood to legs)
- Arteries of the Pelvis and Lower Limb
  - Right or left common iliac artery
  - Femoral artery
  - Posterior tibial artery
  - Anterior tibial artery

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<sup>1</sup> Seeley RR, Stephens TD, and Tate P. *Essentials of Anatomy and Physiology, 6<sup>th</sup> Edition.* McGraw-Hill. 2007: Chapter 13, Blood Vessels and Circulation.

<sup>2</sup> Id.

- Veins Entering the Right Atrium
  - Coronary sinus veins
  - Superior and inferior vena cava
- Veins of the Head and Neck
  - Internal jugular vein
  - Vertebral vein
- Veins of Abdomen and Pelvis
  - Hepatic veins
  - Renal veins
  - Gonadal veins
  - Right and left common iliac veins
- Veins of Lower Limb
  - Anterior and posterior tibial veins
- Hepatic Portal System
  - Hepatic portal vein
  - Mesenteric veins
  - Gastric veins
  - Cystic vein<sup>3</sup>

**Recommended Definition for “Extensive Blood Loss”**

AdvaMed proposes that CMS further define the term “extensive blood loss” to refer to procedures that result in the loss of  $\geq 15$  percent of total blood volume during the routine performance of the procedure (excluding any peri-procedural complications). According to the American College of Surgeons, the loss of  $< 15$  percent of total blood volume typically results in no change in vital signs, and fluid resuscitation is not usually necessary. Therefore, a patient losing  $< 15$  percent of total blood volume could presumably be reasonably managed in an ASC.<sup>4</sup>

**Recommended Definition for “Prolonged or Extensive Invasion of Body Cavities”**

AdvaMed also suggests that CMS define “major or prolonged” invasion as referring to any procedure in which the patient is anesthetized for more than 90 minutes.

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<sup>3</sup> Id.

<sup>4</sup> American College of Surgeons' Advanced Trauma Life Support (ATLS). <sup>III</sup> as defined at <http://en.wikipedia.org/wiki/Hemorrhage> .

**Recommended Procedure Exclusion Criteria**

In an effort to further ensure that procedures performed in ASC's are of high quality and are appropriate for seniors and the disabled Americans who participate in the Medicare Program, AdvaMed would like to recommend some additional safety criteria. These criteria address other factors that should be considered in determining whether to exclude a procedure from being performed in the ASC:

**A. Comorbid Condition Exclusion--** Patients with comorbidities that place them at higher risk for adverse outcomes should not be treated in an ASC even if the procedure itself is generally allowable in the ASC for other patients. Comorbidities that should exclude a procedure from being performed in the ASC include:

- Poorly controlled diabetes
- Uncontrolled hypertension
- Significant renal insufficiency
- Cardio-pulmonary failure
- Coagulopathy<sup>5</sup>

**B. Access Methodology Exclusion--** Interventional procedures requiring puncture of the femoral artery to gain access should be excluded from payment in an ASC. Complications arising during these and other similar studies require transport to a hospital for further management while maintaining open femoral access. Transporting a patient with an open femoral puncture can result in dissection or infection. Interventional procedures are associated with a significant rate of peri-procedural complications. In a recent study of 97 patients (112 interventions), 3 percent had to be admitted to hospitals due to complications related to femoral puncture. These complications included a major puncture site hematoma requiring blood transfusion.<sup>6</sup> In another study of 197 interventional procedures, 177 of which were balloon dilatations, there were 68 complications (35 percent), including five patients (2.5 percent) who had significant problems requiring admission and active therapy.<sup>7</sup> Waugh and Sacharias described a significant complication rate of 3.6 percent among patients undergoing peripheral interventional procedures (63 percent of which were balloon angioplasty procedures).<sup>8</sup>

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<sup>5</sup> Young N, et al. Complications with outpatient angiography and interventional procedures. *Cardiovasc Intervent Radiol.* 2002; 25:123-126.

<sup>6</sup> Akopian G and Katz SG. Peripheral angioplasty with same-day discharge in patients with intermittent claudication. *J Vasc Surg.* 2006;44:115-8.

<sup>7</sup> Young N, et al. Complications with outpatient angiography and interventional procedures. *Cardiovasc Intervent Radiol.* 2002; 25:123-126.

<sup>8</sup> Waugh JR, Sacharias N. Arteriographic complications in the DSA era. *Radiology.* 1992; 182:243-246.

**C. Lytic Therapy Exclusion--** Procedures involving blood vessels that, if occluded, would require inpatient lytic therapy should not be included on the list of ASC covered procedures. Occlusion is commonly found in, or may be a complication of, peripheral vascular interventions, and is often managed with inpatient lytic therapy. Because lytic therapy is administered on an inpatient basis typically via intra-arterial catheters, it would necessitate transfer with an open catheter site from an ASC or physician office to a hospital. Movement associated with such transfers could result in dissection/perforation. Moreover, transfers involve movement of patients in non-sterile environments, increasing the risk of infection.

**Codes with Specific Safety Concerns--** AdvaMed is concerned that a number of the procedures that CMS has identified as being appropriate to perform in an ASC starting in 2008 do not meet CMS's clinical safety criteria. Many of these procedures involve major blood vessels, could lead to extensive blood loss, and pose significant risk to the patient's safety. Adherence to the safety criteria is important in protecting the health of Medicare beneficiaries many of whom are elderly and disabled. The procedures in question are outlined below along with the rationale for why they should be removed from the list of ASC covered procedures:

**Single chamber pacemaker system implant (CPT code 33206) --** The lead placement inherent in the implantation of a single chamber pacemaker requires the direct involvement of major blood vessels. When a pacemaker is implanted, the subclavian, cephalic or axillary veins are cannulated and the lead is advanced transvenously through the superior vena cava to the right atrium of the heart. Pursuant to 42 C.F.R. section 416.65(b)(3)(iii) of the regulations governing the performance of procedures in the ASC setting, procedures that directly involve major blood vessels may not be performed in an ASC. Additionally, it is important to note that another CPT code specifically designated for single chamber pacemaker implantation (33207) is not on the list because it is performed as an inpatient procedure 84 percent of the time. These procedures are very similar clinically and given their involvement of a major blood vessel, it is inappropriate for either procedure to be performed in the ASC. To ensure that these services are performed in the appropriate setting, CMS should treat both CPT codes 33206 and 33207 equally for purposes of determining the site in which they can be safely performed. AdvaMed requests that CMS not allow CPT code 33206 to be performed in an ASC.

**Upgrade to a dual chamber pacemaker system (CPT code 33214) --** CPT code 33214 represents the upgrade of a single chamber pacemaker system to a dual chamber pacemaker system. The lead placement inherent in the upgrade to a dual chamber pacemaker requires the direct involvement of major blood vessels. When the pacemaker is implanted, the subclavian, cephalic or axillary veins are

cannulated and the lead is are advanced transvenously through the superior vena cava to the right atrium or right ventricle of the heart. Pursuant to 42 C.F.R. section 416.65(b)(3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Additionally, the dual chamber pacemaker system code (33208) is not on the list because it is performed as an inpatient procedure 86 percent of the time. It is unreasonable to include the upgrade to a dual chamber pacemaker system on the list, while excluding the dual chamber pacer system implant. Both of these procedures are very similar clinically and given the involvement of a major blood vessel, it is inappropriate for either procedure to be performed in the ASC. CMS should treat both CPT codes 33214 and 33208 equally for purposes of determining the site in which they can be safely performed. AdvaMed requests that CMS not allow CPT code 33214 to be performed in an ASC.

**Insert, Repair, Repositioning of pacing/defib lead(s) (CPT codes 33215, 33216, 33217, 33218, 33220)**-- Any procedures including the insertion, repair, repositioning of cardiac leads for pacemakers and ICDs involve major blood vessels given that the leads are positioned in the subclavian, cephalic or axillary veins and the superior vena cava (major blood vessels). Pursuant to 42 C.F.R. section 416.65(b)(3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Therefore, these procedures do not meet the criteria for inclusion on the list of ASC approved procedures. AdvaMed requests that CMS not allow CPT codes 33215, 33216, 33217, 33218, and 33220 to be performed in an ASC.

**LV lead insertion (CPT code 33224)** -- The left ventricular lead placement requires the direct involvement of major blood vessels. When the left ventricular lead is implanted, the subclavian, cephalic or axillary veins are cannulated and the lead is are advanced transvenously through the superior vena cava to the left ventricle of the heart. Pursuant to 42 C.F.R. section 416.65(b)(3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Additionally, the device that utilizes this lead is indicated for heart failure patients who are generally considered a sicker population. This factor also makes the procedure inappropriate for an ASC because of the of the significant safety risk it poses for Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(ii). Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 33224 to be performed in an ASC.

**LV lead insertion (CPT code 33225)** -- The left ventricular lead placement requires the direct involvement of major blood vessels. When the left ventricular lead is implanted, the subclavian, cephalic or axillary veins are cannulated and the lead is are advanced transvenously through the superior vena cava to the left ventricle of the heart. Pursuant to 42 C.F.R. section 416.65(b) (3)(iii) of the ASC standards, procedures that directly involve major blood vessels may not be

performed in an ASC. Additionally, this code is always performed as an add on code to 33208 and 33249 (or the G codes), which are codes that are not currently included in the list of ASC covered procedures. Therefore, AdvaMed requests that CMS not allow CPT code 33225 to be performed in an ASC.

**Repositioning of the LV lead (CPT code 33226)** -- Any procedures including the insertion, repair, repositioning of cardiac leads involve major blood vessels given that the leads are positioned in the subclavian, cephalic or axillary veins and the superior vena cava (major blood vessels). Pursuant to 42 C.F.R. section 416.65(b)(3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Additionally, the device that utilizes this lead is indicated for heart failure patients who are generally considered a sicker population. This factor also makes the procedure inappropriate for an ASC because of the of the significant safety risk it poses to Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(iv). Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 33226 to be performed in an ASC.

**Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular (CPT 33234)** — Any procedures including the removal of cardiac leads involve major blood vessels given that the leads are positioned in the subclavian, cephalic or axillary veins and the superior vena cava (major blood vessels). Pursuant to 42 C.F.R. section 416.65(b) (3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 33234 to be performed in an ASC.

**Repair arterial blockage (peripheral PTA) (CPT code 35473)** -- This procedure involves the insertion of a stent which requires the puncturing of the main femoral artery and intervening on the iliac artery, a major blood vessel that is the main source of blood supply to the legs. Pursuant to 42 C.F.R. section 416.65(b) (3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Patients who have any complications related to the puncture of this artery require immediate inpatient medical intervention and face the risk of adverse outcomes if such care is not readily available. This makes the procedure inappropriate for an ASC because of the significant safety risk it poses for Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(iv). Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 35473 to be performed in an ASC.

**Repair arterial blockage (peripheral PTA) (CPT code 35474)** -- This procedure includes that insertion of a stent which requires the puncturing of the main femoral artery and intervening on the femoral-popliteal artery, a major blood vessel that supplies blood to the lower leg. Pursuant to 42 C.F.R. section

416.65(b)(3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Patients who have any complications related to the puncture of this artery require immediate inpatient medical intervention and face the risk of adverse outcomes if such care is not readily available. This makes the procedure inappropriate for an ASC because of the significant safety risk it poses for Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(iv). Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 35474 to be performed in an ASC.

**Repair venous blockage (CPT code 35476)** -- This procedure, when performed for purposes other than dialysis, involves a major blood vessel, namely the veins involved in blood circulation to the extremities. It also requires puncture of the main femoral artery. Pursuant to 42 C.F.R. section 416.65(b)(3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Patients who have any complications related to the puncture of this artery require immediate inpatient medical intervention and face the risk of adverse outcomes if such care is not readily available. This factor also makes the procedure inappropriate for an ASC because of the significant safety risk it poses for Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(iv). Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 35476 to be performed in an ASC.

**Atherectomy, percutaneous (CPT code 35492)** -- This procedure involves a major blood vessel-- the iliac artery. It also requires puncture of the main femoral artery. Pursuant to 42 C.F.R. section 416.65(b)(3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Patients who have any complications related to the puncture of this artery require immediate inpatient medical intervention and face the risk of adverse outcomes if such care is not readily available. Additionally, the device that utilizes this lead is indicated for heart failure patients who are generally considered a sicker population. This factor also makes the procedure inappropriate for an ASC because of the significant safety risk it poses for Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(iv). Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 35492 to be performed in an ASC.

**Exploration of artery/vein (CPT code 35761)** -- This procedure involves a number of major blood vessels and veins. Pursuant to 42 C.F.R. section 416.65(b) (3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 35761 to be performed in an ASC.

**IVUS first vessel add-on (CPT code 37250)** -- This procedure involves a number of major blood vessels and veins. It also involves puncture of the main femoral artery. Pursuant to 42 C.F.R. section 416.65(b) (3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Patients who have any complications related to the puncture of this artery require immediate inpatient medical intervention and face the risk of adverse outcomes if such care is not readily available. This factor also makes the procedure inappropriate for an ASC because of the significant safety risk it poses for Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(iv). Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 37250 to be performed in an ASC.

**IVUS each additional vessel add-on (CPT code 37251)** -- This procedure involves a number of major blood vessels and veins. It also involves puncture of the main femoral artery. Pursuant to 42 C.F.R. section 416.65(b) (3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. Patients who have any complications related to the puncture of this artery require immediate inpatient medical intervention and face the risk of adverse outcomes if such care is not readily available. This factor also makes the procedure inappropriate for an ASC because of the significant safety risk it poses for Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(iv). Because this procedure does not satisfy CMS safety criteria, AdvaMed requests that CMS not allow CPT code 37251 to be performed in an ASC.

**Implantation of Peripheral Stents (CPT codes 37205 and 37206)** -- These procedures involve the placement of stents in major blood vessels— specifically femoral arteries of the pelvic and lower limbs. They also require puncture of the main femoral artery. Pursuant to 42 C.F.R. section 416.65(b) (3)(iii) of the ASC standards, procedures that directly involve major blood vessels may not be performed in an ASC. Patients who have any complications related to the puncture of this artery require immediate inpatient medical intervention and face the risk of adverse outcomes if such care is not readily available. This factor also makes the procedure inappropriate for an ASC because of the of the significant safety risk it poses for Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(iv). Because this procedure does not satisfy CMS safety criteria, AdvaMed requests maintain its decision for 2007, in 2008 and beyond, and not allow CPT codes 37205 and 37206 to be performed in an ASC.

**Ligation of femoral vein (CPT 37650)** -- This procedure involves a major blood vessel— the femoral vein. Pursuant to 42 C.F.R. section 416.65(b) (3)(iii) of the ASC regulations, procedures that directly involve major blood vessels may not be performed in an ASC. The surgical procedure used in conjunction with CPT code 37650 directly involves a major blood vessel and therefore does not meet the criteria for inclusion on the list of ASC approved procedures. Therefore, to

ensure that these services are performed in the appropriate setting, AdvaMed requests that CMS not allow CPT code 37650 to be performed in an ASC.

AdvaMed is also concerned by the proposal to allow the following procedures to be performed in an ASC beginning in 2008:

**20982 Percutaneous Bone tumor RFA, including CT Guidance**  
**47382 Percutaneous Liver tumor RFA**  
**50592 Percutaneous Renal tumor RFA**

Performing radiofrequency ablation procedures outside the hospital environment poses a safety risk to senior and disabled Medicare beneficiaries. RFA procedures are reserved for patients who are poor surgical candidates due to the advanced stage of their disease, patients who have exhausted traditional treatment options, and patients with significant comorbidities. Medicare patients of this sort are better cared for in the hospital environment due to a higher risk of procedural complications. This factor also makes these procedures inappropriate for an ASC because of the of the significant safety risk posed to Medicare beneficiaries. See 42 C.F.R. section 416.65(b)(3)(iv).

### **ASC Packaging**

AdvaMed is concerned with the CMS proposal to package the direct and indirect estimated costs incurred by a facility to perform a surgical procedure into the ASC facility fee payment. Furthermore, we are concerned by the decision to discontinue making separate payments to ASCs for implantable prosthetic devices and implantable DME inserted surgically in an ASC.

CMS proposes to allow several procedures which are currently performed in the outpatient setting to be covered in the ASC beginning in 2008. Some of these procedures include diagnostic and imaging services which are paid separately in the outpatient setting. The CMS proposal would package the cost of diagnostic and imaging services associated with these procedures into the ASC facility fee. Packaging the cost(s) of these otherwise separately payable items into the ASC facility fee will lead to a significantly reduced payment for these procedures when performed in the ASC and may compromise the ability to provide these procedures in that setting. This may cause many of the procedures to shift back to the outpatient department—creating delayed access by patients to necessary procedures.

Establishing different bundling policies in each setting may lead to different relative payment amounts in the different settings, even if the base payment rates have the same relative values. CMS plans to package the overhead costs into the ASC facility fee and to pay for these procedures at the OPPS APC rate—even though these procedures receive separate payment to cover overhead costs when performed in the outpatient setting. Additionally, any costs which the ASC may have previously received for implantable devices and prosthetics associated with these procedures will now be packaged. The

CMS proposal compromises the ability of ASCs to cover the costs of implantable devices and overhead costs. Therefore, AdvaMed recommends that CMS take steps to ensure that payment bundles in the ASC and OPSS settings are comparable.

An example of this problem is illustrated in the following chart which shows payments for Percutaneous Liver tumor RFA (CPT code 47382) and Percutaneous Renal tumor RFA (CPT code 50592):

CPT Code	2007 OPSS pymt *	2008 ASC payment
47382	\$2401.94	\$1548.77
50592	\$2401.94	\$1548.77

**\*Both codes receive a separate payment for the imaging services under the OPSS system.**

The proposed payment rates may interfere with the ability to perform these procedures in the ASC since the cost of the RF electrodes will often exceed the proposed ASC payment and because the facility will not receive an additional payment for the required imaging guidance (CT, Ultrasound, MRI) needed for proper electrode placement. Regardless of the severity of patients receiving an RFA in an ASC, all percutaneous RFA procedures require the use of imaging guidance. Percutaneous RFA procedures require the physician to use imaging guidance to help guide the needle-styled electrode through the skin, to the diseased tissue, and into the core of the tumor. If CMS allows radiofrequency ablation procedures to be performed in the ASC, AdvaMed recommends that the agency make appropriate adjustments to the ASC payments to ensure that the imaging costs are reimbursed in a manner which makes it feasible to perform the procedures in that setting.

## Multiple Procedure Discounting

Under the revised ASC payment system, CMS is proposing to adopt the OPSS discounting policy applied to surgical procedures to account for the costs of performing multiple procedures that require implantation of costly devices.

Table 46 lists procedures that are exempt from multiple procedure discounting. The table includes HCPCS code 19298, but not codes 19296 and 19297. AdvaMed contends that the modality for performing all these procedure, as suggested by their CPT descriptors, is similar and that all three should be exempted from multiple procedure discounting.<sup>9</sup> We therefore recommend that CMS add 19296 and 19267 to the exemption list.

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<sup>9</sup> **CPT 19296:** Placement of radiotherapy afterloading **balloon catheter** into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy

**CPT 19297:** Placement of radiotherapy afterloading **balloon catheter** into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy

## **Significant Reduction in Payment for Preventive Benefit**

More than 20 percent of ASCs perform gastrointestinal (GI) endoscopy procedures, including important Medicare Preventive Benefit procedures such as colonoscopy (used for the screening and detection of colorectal cancer) and gastroscopy (used to identify gastroesophageal reflux disease (GERD) and esophageal cancer). ASCs facilitate access to these procedures in safe, cost-effective settings. The current proposal to reduce the 2008 ASC payments 20 percent to 30 percent below the current rates may threaten patient access to these often life-saving procedures.

## **Office Based-Procedures which were not approved for ASCs in 2008 but are allowed in the Hospital Outpatient Department**

AdvaMed is concerned that CMS may have failed to approve some procedures which can be appropriately provided in the ASC for performance in that setting beginning in 2008. CMS has indicated that any codes within the surgical section of the CPT (10000-69999) would be moved to the list unless they did not meet the clinical criteria identified in the rule. Unfortunately, CMS did not move several codes which do not violate the ASC safety criteria. AdvaMed has identified CPT codes (see attached spreadsheet) which are included in the surgical section of CPT and have been assigned to Ambulatory Payment Classification (APC) groups under the Outpatient Prospective Payment System (OPPS), but are not among the procedures which can be performed in an ASC beginning in 2008. AdvaMed recommends that CMS add both the procedures identified as "unlisted codes" and those procedures for which no basis for exclusion was offered to the list of procedures approved for performance in an ASC effective January 2008. The procedures in those categories are currently performed and paid under OPPS and do not violate the ASC safety criteria.

Lastly, AdvaMed recommends that CMS identify the criteria used in determining whether a physician office-based procedure should be performed in an ASC. This guidance will be helpful in making future determinations regarding what physician office procedures, if any, should be approved/disapproved for use in the ASC.

## **ASC Inflation (CPI-U vs. Market Basket)**

The revised ASC payment system rule proposes to adjust the ASC payment rates for inflation using the Consumer Price Index for urban areas (CPI-U) beginning in 2010. However, CMS updates the OPPS conversion factor using the hospital market basket.

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**CPT 19298:** Placement of radiotherapy afterloading brachytherapy catheters (**multiple tube and button type**) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance

While the existing ASC payment system is required by statute to update rates using the CPI-U, the Medicare Modernization Act (MMA), which authorized the revision of the existing ASC payment system, does not require that CPI-U be used as the inflationary factor under the revised system. Therefore, in order to establish greater parity between the OPPS and ASC systems AdvaMed recommends that the ASC rates be updated using the hospital market basket. Using the market basket instead of CPI-U will ensure that procedures which are performed in the outpatient and ASC settings receive similar inflationary updates while failure to align the methodology for updating the rate of inflation would undermine efforts to create parity between the two systems. AdvaMed recommends that CMS update both the OPPS and ASC rates using the hospital market basket.

### **ASC Payment Phase-In**

The revised payment system rule proposes to transition in the new ASC rates. In the rule CMS, recommends that the 2008 rates be developed using a 50/50 blend of the payment rates for procedures on the CY 2007 list of ASC approved procedures and the payment rate for the procedures calculated under the revised payment methodology (proposed as 62 percent of the OPPS payment rate). For 2009 the rule plans to fully phase in the proposed rate of 62 percent of the OPPS rate even though there will be no inflationary updates until 2010. In order to hold harmless procedures which were on the list of ASC covered procedures prior to 2008 and to prevent significant fluctuations in reimbursement for these procedures between 2008 and 2009, AdvaMed recommends that CMS maintain the blended rate for 2009.

### **ASC Conversion Factor**

Many of the procedures that CMS is proposing to add to the list of ASC covered procedures effective 2008 are currently performed in physician offices. CMS proposes to use the BESS data to move physician office procedures (defined as procedures performed 50 percent or more of the time in a physician's office) to the ASC. CMS proposes to cap reimbursement for physician office procedures at the lesser of the Medicare physician fee schedule non-facility practice expense payment or the ASC rate under the revised payment system. CMS is also planning to pay ASC procedures at a rate of 62 percent of the OPPS rate. AdvaMed is concerned that the plan to pay ASC procedures at 62 percent of the OPPS conversion factor rate may discourage the performance of procedures in this setting.

The proposal to expand the list of ASC eligible procedures was precipitated by a desire to provide more patient choice regarding treatment setting. CMS has indicated that in order to maintain budget neutrality ASC payments must be limited to 62 percent of the OPPS rate. AdvaMed is concerned that this low percentage may reduce the viability of performing many of the newly added procedures in the ASC setting. Additionally, AdvaMed has concerns regarding the methods used by CMS to arrive at the 62 percent budget neutrality factor. Our analysis of the alternative methodology outlined by CMS in

the rule suggests that the factor should be at least 64.6 percent. A model of the alternative methodology suggests that CMS failed to include the costs of all procedures that are being shifted to the ASC using the site of service percentages outlined in the rule (25 percent from OPPS and 15 percent from physician offices). Therefore, AdvaMed recommends that CMS use the alternative budget neutrality methodology to implant an ASC conversion factor of at least 64.6 percent of the OPPS conversion factor.

### **New Technology**

The hospital outpatient department payment system includes two important mechanisms to account for the lack of timely Medicare claims and cost report information when assigning appropriate payment rates to procedures that include new technologies—"pass through" payments and new technology APCs. In developing the new ASC payment system, CMS should similarly provide mechanisms to better reflect new technology. We look forward to working with CMS to better recognize new technology device costs. AdvaMed also recommends that CMS clarify that New Technology APCs and New Technology add-on procedures which are currently paid under OPPS will be carried over to the ASC setting.

### **ASC Updates**

AdvaMed supports the CMS recommendation to update the list of ASC covered procedures on an annual basis beginning in 2008. We are also supportive of the decision to align revisions to the ASC system with the OPPS system by publishing both rules together. AdvaMed urges CMS to clarify the criteria that will be used by the agency regarding the acceptance of recommendations to add, delete, and move procedures on the ASC list to different APC groups

AdvaMed recommends that CMS continue to consider the input of interested parties submitting comments regarding the placement of codes within the appropriate APC, additions to, and deletions from the list of ASC covered procedures, and create mechanisms to account for new technology.

### **Additional Comment Period**

The revised ASC payment system rule includes a number of proposed changes which may significantly impact the ability to provide procedures in the ASC setting. Among the most significant of these proposals is the plan to pay all ASC procedures that may be performed in a hospital outpatient department at 62 percent of the OPPS rate, including procedures which involve medical devices that may, in some cases, account for a significant share of the resources consumed under the respective payment group. Given the complexity of the changes, AdvaMed recommends that CMS publish its response to the 2008 ASC revised Payment System rule as an Interim Final Rule with comments in order to allow AdvaMed and other stakeholders the opportunity to work with the agency

to develop options that would better protect access to, and ensure appropriate reimbursement for, ASC procedures that utilize devices.

## Conclusion

AdvaMed greatly appreciates the opportunity to comment on the 2008 ASC Revised Payment System Rule and urges CMS to consider and incorporate our recommendations into the final rules for this payment system. We also urge CMS to give consideration to comments from our members and others who will be providing detailed recommendations on both of these rules.

We would be pleased to answer any questions regarding these comments. Please contact DeChane L. Dorsey, Esq., Associate Vice President, Payment and Health Care Delivery Policy, at 202/434-7218, if we can be of further assistance.

Sincerely,



Ann-Marie Lynch  
Executive Vice President,  
Payment and Health Care Delivery

cc: Herb Kuhn  
Tom Gustafson  
Carol Bazell, M.D.

Enclosure

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
11004	A	Debride genitalia & perineum	OPPS inpatient only list		C	
11005	A	Debride abdom wall	OPPS inpatient only list		C	
11006	A	Debride geni/per/abdom wall	OPPS inpatient only list		C	
11008	A	Remove mesh from abd wall	OPPS inpatient only list		C	
11975	N	Insert contraceptive cap	Not paid under OPPS or any other Medicare		E	
11977	N	Removal/reinsert contra cap	Not paid under OPPS or any other Medicare		E	
15170	A	Acell graft trunk/arms/legs	Requires Overnight Stay	0025	T	\$313.49
15171	A	Acell graft /arm/leg add-on	Requires Overnight Stay	0025	T	\$313.49
15175	A	Acellular graft, t/n/h/g	Requires Overnight Stay	0025	T	\$313.49
15176	A	Acell graft, t/n/h/g add-on	Requires Overnight Stay	0025	T	\$313.49
15756	A	Free myo/skin flap microvasc	OPPS inpatient only list		C	
15757	A	Free skin flap, microvasc	OPPS inpatient only list		C	
15758	A	Free fascial flap, microvasc	OPPS inpatient only list		C	
15842	A	Flap for face nerve palsy	Requires Overnight Stay	0686	T	\$821.29
15999	C	Removal of pressure sore	Unlisted procedure	0019	T	\$246.96
16036	A	Incision of burn scab, initi	No Explanation for Exclusion in Rule	0016	T	\$161.59
16036	A	Escharotomy, add'l incision	OPPS inpatient only list		C	
17999	C	Skin tissue procedure	Unlisted procedure	0012	T	\$49.71
19030	A	Injection for breast x-ray	Packaged under OPPS		N	
19200	A	Removal of breast	OPPS inpatient only list		C	
19220	A	Removal of breast	OPPS inpatient only list		C	
19240	A	Removal of breast	Requires Overnight Stay	0030	T	\$2,508.17
19260	A	Removal of chest wall lesion	Requires Overnight Stay	0021	T	\$920.58
19271	A	Revision of chest wall	OPPS inpatient only list		C	
19272	A	Extensive chest wall surgery	OPPS inpatient only list		C	
19290	A	Place needle wire, breast	Packaged under OPPS		N	
19291	A	Place needle wire, breast	Packaged under OPPS		N	
19361	A	Breast reconstruction	OPPS inpatient only list		C	
19364	A	Breast reconstruction	OPPS inpatient only list		C	
19367	A	Breast reconstruction	OPPS inpatient only list		C	
19368	A	Breast reconstruction	OPPS inpatient only list		C	
19369	A	Breast reconstruction	OPPS inpatient only list		C	
19499	C	Breast surgery procedure	Unlisted procedure	0028	T	\$1,183.32
20100	A	Explore wound, neck	80% of cases are inpatient	0023	T	\$253.18
20101	A	Explore wound, chest	Requires Overnight Stay	0027	T	\$1,308.85
20102	A	Explore wound, abdomen	Requires Overnight Stay	0027	T	\$1,308.85
20501	A	Inject sinus tract for x-ray	Packaged under OPPS		N	
20660	A	Apply, rem fixation device	OPPS inpatient only list		C	
20661	A	Application of head brace	OPPS inpatient only list		C	
20664	A	Halo brace application	OPPS inpatient only list		C	
20802	A	Replantation, arm, complete	OPPS inpatient only list		C	
20805	A	Replant forearm, complete	OPPS inpatient only list		C	
20808	A	Replantation hand, complete	OPPS inpatient only list		C	
20816	A	Replantation digit, complete	OPPS inpatient only list		C	
20824	A	Replantation thumb, complete	OPPS inpatient only list		C	
20827	A	Replantation thumb, complete	OPPS inpatient only list		C	
20838	A	Replantation foot, complete	OPPS inpatient only list		C	
20931	A	Spinal bone allograft	OPPS inpatient only list		C	
20937	A	Spinal bone autograft	OPPS inpatient only list		C	
20938	A	Spinal bone autograft	OPPS inpatient only list		C	
20950	A	Fluid pressure, muscle	Requires Overnight Stay	0006	T	\$91.22
20955	A	Fibula bone graft, microvasc	OPPS inpatient only list		C	
20956	A	Iliac bone graft, microvasc	OPPS inpatient only list		C	
20957	A	Mt bone graft, microvasc	OPPS inpatient only list		C	
20962	A	Other bone graft, microvasc	OPPS inpatient only list		C	
20969	A	Bone/skin graft, microvasc	OPPS inpatient only list		C	
20970	A	Bone/skin graft, iliac crest	OPPS inpatient only list		C	
20974	A	Electrical bone stimulation	Not paid under OPPS. Paid by fiscal interne		A	
20979	A	Us bone stimulation	Not paid under OPPS. SI=B		B	
20999	C	Musculoskeletal surgery	Unlisted procedure	0049	T	\$1,281.58
21045	A	Extensive jaw surgery	OPPS inpatient only list		C	
21049	A	Excis uppr jaw cyst w/repair	Requires Overnight Stay	0256	T	\$2,324.90
21069	C	Prepare face/oral prosthesis	Unlisted procedure	0251	T	\$146.29
21116	A	Injection, jaw joint x-ray	Packaged under OPPS		N	
21141	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21142	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21143	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21145	A	Reconstruct midface, lefort	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
21146	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21147	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21151	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21154	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21155	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21159	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21160	A	Reconstruct midface, lefort	OPPS inpatient only list		C	
21172	A	Reconstruct orbit/forehead	OPPS inpatient only list		C	
21175	A	Reconstruct orbit/forehead	Requires Overnight Stay	0256	T	\$2,324.90
21179	A	Reconstruct entire forehead	OPPS inpatient only list		C	
21180	A	Reconstruct entire forehead	OPPS inpatient only list		C	
21182	A	Reconstruct cranial bone	OPPS inpatient only list		C	
21183	A	Reconstruct cranial bone	OPPS inpatient only list		C	
21184	A	Reconstruct cranial bone	OPPS inpatient only list		C	
21188	A	Reconstruction of midface	OPPS inpatient only list		C	
21193	A	Reconst lwr jaw w/o graft	OPPS inpatient only list		C	
21194	A	Reconst lwr jaw w/graft	OPPS inpatient only list		C	
21195	A	Reconst lwr jaw w/o fixation	80% of cases are inpatient	0256	T	\$2,324.90
21196	A	Reconst lwr jaw w/fixation	OPPS inpatient only list		C	
21247	A	Reconstruct lower jaw bone	OPPS inpatient only list		C	
21255	A	Reconstruct lower jaw bone	OPPS inpatient only list		C	
21256	A	Reconstruction of orbit	OPPS inpatient only list		C	
21261	A	Revise eye sockets	Requires Overnight Stay	0256	T	\$2,324.90
21263	A	Revise eye sockets	Requires Overnight Stay	0256	T	\$2,324.90
21268	A	Revise eye sockets	OPPS inpatient only list		C	
21299	C	Cranio/maxillofacial surgery	Unlisted procedure	0251	T	\$146.29
21343	A	Treatment of sinus fracture	OPPS inpatient only list		C	
21344	A	Treatment of sinus fracture	OPPS inpatient only list		C	
21346	A	Treat nose/jaw fracture	OPPS inpatient only list		C	
21347	A	Treat nose/jaw fracture	OPPS inpatient only list		C	
21348	A	Treat nose/jaw fracture	OPPS inpatient only list		C	
21360	A	Treat cheek bone fracture	OPPS inpatient only list		C	
21365	A	Treat cheek bone fracture	OPPS inpatient only list		C	
21366	A	Treat cheek bone fracture	OPPS inpatient only list		C	
21385	A	Treat eye socket fracture	OPPS inpatient only list		C	
21386	A	Treat eye socket fracture	OPPS inpatient only list		C	
21387	A	Treat eye socket fracture	OPPS inpatient only list		C	
21395	A	Treat eye socket fracture	OPPS inpatient only list		C	
21408	A	Treat eye socket fracture	80% of cases are inpatient	0256	T	\$2,324.90
21422	A	Treat mouth roof fracture	OPPS inpatient only list		C	
21423	A	Treat mouth roof fracture	OPPS inpatient only list		C	
21431	A	Treat craniofacial fracture	OPPS inpatient only list		C	
21432	A	Treat craniofacial fracture	OPPS inpatient only list		C	
21433	A	Treat craniofacial fracture	OPPS inpatient only list		C	
21435	A	Treat craniofacial fracture	OPPS inpatient only list		C	
21436	A	Treat craniofacial fracture	OPPS inpatient only list		C	
21470	A	Treat lower jaw fracture	Requires Overnight Stay	0256	T	\$2,324.90
21499	C	Head surgery procedure	Unlisted procedure	0251	T	\$146.29
21510	A	Drainage of bone lesion	OPPS inpatient only list		C	
21615	A	Removal of rib	OPPS inpatient only list		C	
21616	A	Removal of rib and nerves	OPPS inpatient only list		C	
21620	A	Partial removal of sternum	OPPS inpatient only list		C	
21627	A	Sternal debridement	OPPS inpatient only list		C	
21630	A	Extensive sternum surgery	OPPS inpatient only list		C	
21632	A	Extensive sternum surgery	OPPS inpatient only list		C	
21705	A	Revision of neck muscle/rib	OPPS inpatient only list		C	
21740	A	Reconstruction of sternum	OPPS inpatient only list		C	
21742	C	Repair stern/nuss w/o scope	Requires Overnight Stay	0051	T	\$2,539.24
21743	C	Repair sternum/nuss w/scope	Requires Overnight Stay	0051	T	\$2,539.24
21750	A	Repair of sternum separation	OPPS inpatient only list		C	
21810	A	Treatment of rib fracture(s)	OPPS inpatient only list		C	
21825	A	Treat sternum fracture	OPPS inpatient only list		C	
21899	C	Neck/chest surgery procedure	Unlisted procedure	0251	T	\$146.29
22010	A	I&d, p-spine, c/cerv-thor	OPPS inpatient only list		C	
22015	A	I&d, p-spine, l/s/l	OPPS inpatient only list		C	
22100	A	Remove part of neck vertebra	Requires Overnight Stay	0208	T	\$2,702.27
22101	A	Remove part, thorax vertebra	Requires Overnight Stay	0208	T	\$2,702.27
22110	A	Remove part of neck vertebra	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
22112	A	Remove part, thorax vertebra	OPPS inpatient only list		C	
22114	A	Remove part, lumbar vertebra	OPPS inpatient only list		C	
22116	A	Remove extra spine segment	OPPS inpatient only list		C	
22210	A	Revision of neck spine	OPPS inpatient only list		C	
22212	A	Revision of thorax spine	OPPS inpatient only list		C	
22214	A	Revision of lumbar spine	OPPS inpatient only list		C	
22216	A	Revise, extra spine segment	OPPS inpatient only list		C	
22220	A	Revision of neck spine	OPPS inpatient only list		C	
22222	A	Revision of thorax spine	Requires Overnight Stay	0208	T	\$2,702.27
22224	A	Revision of lumbar spine	OPPS inpatient only list		C	
22226	A	Revise, extra spine segment	OPPS inpatient only list		C	
22318	A	Treat odontoid fx w/o graft	OPPS inpatient only list		C	
22319	A	Treat odontoid fx w/graft	OPPS inpatient only list		C	
22325	A	Treat spine fracture	OPPS inpatient only list		C	
22326	A	Treat neck spine fracture	OPPS inpatient only list		C	
22327	A	Treat thorax spine fracture	OPPS inpatient only list		C	
22328	A	Treat each add spine fx	OPPS inpatient only list		C	
22532	A	Lat thorax spine fusion	OPPS inpatient only list		C	
22533	A	Lat lumbar spine fusion	OPPS inpatient only list		C	
22534	A	Lat thor/lumb, addtl seg	OPPS inpatient only list		C	
22548	A	Neck spine fusion	OPPS inpatient only list		C	
22554	A	Neck spine fusion	OPPS inpatient only list		C	
22556	A	Thorax spine fusion	OPPS inpatient only list		C	
22558	A	Lumbar spine fusion	OPPS inpatient only list		C	
22585	A	Additional spinal fusion	OPPS inpatient only list		C	
22590	A	Spine & skull spinal fusion	OPPS inpatient only list		C	
22595	A	Neck spinal fusion	OPPS inpatient only list		C	
22600	A	Neck spine fusion	OPPS inpatient only list		C	
22610	A	Thorax spine fusion	OPPS inpatient only list		C	
22612	A	Lumbar spine fusion	80% of cases are inpatient	0208	T	\$2,702.27
22614	A	Spine fusion, extra segment	80% of cases are inpatient	0208	T	\$2,702.27
22630	A	Lumbar spine fusion	OPPS inpatient only list		C	
22632	A	Spine fusion, extra segment	OPPS inpatient only list		C	
22800	A	Fusion of spine	OPPS inpatient only list		C	
22802	A	Fusion of spine	OPPS inpatient only list		C	
22804	A	Fusion of spine	OPPS inpatient only list		C	
22808	A	Fusion of spine	OPPS inpatient only list		C	
22810	A	Fusion of spine	OPPS inpatient only list		C	
22812	A	Fusion of spine	OPPS inpatient only list		C	
22818	A	Kyphectomy, 1-2 segments	OPPS inpatient only list		C	
22819	A	Kyphectomy, 3 or more	OPPS inpatient only list		C	
22830	A	Exploration of spinal fusion	OPPS inpatient only list		C	
22840	A	Insert spine fixation device	OPPS inpatient only list		C	
22842	A	Insert spine fixation device	OPPS inpatient only list		C	
22843	A	Insert spine fixation device	OPPS inpatient only list		C	
22844	A	Insert spine fixation device	OPPS inpatient only list		C	
22845	A	Insert spine fixation device	OPPS inpatient only list		C	
22846	A	Insert spine fixation device	OPPS inpatient only list		C	
22847	A	Insert spine fixation device	OPPS inpatient only list		C	
22848	A	Insert pelv fixation device	OPPS inpatient only list		C	
22849	A	Reinsert spinal fixation	OPPS inpatient only list		C	
22850	A	Remove spine fixation device	OPPS inpatient only list		C	
22851	A	Apply spine prosth device	No Explanation for Exclusion in Rule	0049	T	\$1,281.58
22852	A	Remove spine fixation device	OPPS inpatient only list		C	
22855	A	Remove spine fixation device	OPPS inpatient only list		C	
22899	C	Spine surgery procedure	80% of cases are inpatient	0049	T	\$1,281.58
22999	C	Abdomen surgery procedure	Unlisted procedure	0049	T	\$1,281.58
23200	A	Removal of collar bone	OPPS inpatient only list		C	
23210	A	Removal of shoulder blade	OPPS inpatient only list		C	
23220	A	Partial removal of humerus	OPPS inpatient only list		C	
23221	A	Partial removal of humerus	OPPS inpatient only list		C	
23222	A	Partial removal of humerus	OPPS inpatient only list		C	
23332	A	Remove shoulder foreign body	OPPS inpatient only list		C	
23350	A	Injection for shoulder x-ray	Packaged under OPPS		N	
23470	A	Reconstruct shoulder joint	80% of cases are inpatient	0425	T	\$6,473.11
23472	A	Reconstruct shoulder joint	OPPS inpatient only list		C	
23900	A	Amputation of arm & girdle	OPPS inpatient only list		C	
23920	A	Amputation at shoulder joint	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
23929	C	Shoulder surgery procedure	Unlisted procedure	0043	T	\$104.11
24150	A	Extensive humerus surgery	80% of cases are inpatient	0051	T	\$2,539.24
24151	A	Extensive humerus surgery	80% of cases are inpatient	0052	T	\$4,055.26
24220	A	Injection for elbow x-ray	Packaged under OPPS		N	
24900	A	Amputation of upper arm	OPPS inpatient only list		C	
24920	A	Amputation of upper arm	OPPS inpatient only list		C	
24930	A	Amputation follow-up surgery	OPPS inpatient only list		C	
24931	A	Amputate upper arm & implant	OPPS inpatient only list		C	
24935	A	Revision of amputation	Requires Overnight Stay	0052	T	\$4,055.26
24940	C	Revision of upper arm	OPPS inpatient only list		C	
24999	C	Upper arm/elbow surgery	Unlisted procedure	0043	T	\$104.11
25170	A	Extensive forearm surgery	Requires Overnight Stay	0051	T	\$2,539.24
25246	A	Injection for wrist x-ray	Packaged under OPPS		N	
25900	A	Amputation of forearm	OPPS inpatient only list		C	
25905	A	Amputation of forearm	OPPS inpatient only list		C	
25909	A	Amputation follow-up surgery	OPPS inpatient only list		C	
25915	A	Amputation of forearm	OPPS inpatient only list		C	
25920	A	Amputate hand at wrist	OPPS inpatient only list		C	
25924	A	Amputation follow-up surgery	OPPS inpatient only list		C	
25927	A	Amputation of hand	OPPS inpatient only list		C	
25931	A	Amputation follow-up surgery	OPPS inpatient only list		C	
25999	C	Forearm or wrist surgery	Unlisted procedure	0043	T	\$104.11
26037	A	Decompress fingers/hand	Requires Overnight Stay	0053	T	\$986.93
26551	A	Great toe-hand transfer	OPPS inpatient only list		C	
26553	A	Single transfer, toe-hand	OPPS inpatient only list		C	
26554	A	Double transfer, toe-hand	OPPS inpatient only list		C	
26556	A	Toe joint transfer	OPPS inpatient only list		C	
26989	C	Hand/finger surgery	Unlisted procedure	0043	T	\$104.11
26992	A	Drainage of bone lesion	OPPS inpatient only list		C	
27005	A	Incision of hip tendon	OPPS inpatient only list		C	
27006	A	Incision of hip tendons	OPPS inpatient only list		C	
27025	A	Incision of hip/thigh fascia	OPPS inpatient only list		C	
27030	A	Drainage of hip joint	OPPS inpatient only list		C	
27036	A	Excision of hip joint/muscle	OPPS inpatient only list		C	
27054	A	Removal of hip joint lining	OPPS inpatient only list		C	
27070	A	Partial removal of hip bone	OPPS inpatient only list		C	
27071	A	Partial removal of hip bone	OPPS inpatient only list		C	
27075	A	Extensive hip surgery	OPPS inpatient only list		C	
27076	A	Extensive hip surgery	OPPS inpatient only list		C	
27077	A	Extensive hip surgery	OPPS inpatient only list		C	
27078	A	Extensive hip surgery	OPPS inpatient only list		C	
27079	A	Extensive hip surgery	OPPS inpatient only list		C	
27090	A	Removal of hip prosthesis	OPPS inpatient only list		C	
27091	A	Removal of hip prosthesis	OPPS inpatient only list		C	
27093	A	Injection for hip x-ray	Packaged under OPPS		N	
27095	A	Injection for hip x-ray	Packaged under OPPS		N	
27096	A	Inject sacroiliac joint	Not paid under OPPS. SI=B		B	
27120	A	Reconstruction of hip socket	OPPS inpatient only list		C	
27122	A	Reconstruction of hip socket	OPPS inpatient only list		C	
27125	A	Partial hip replacement	OPPS inpatient only list		C	
27130	A	Total hip arthroplasty	OPPS inpatient only list		C	
27132	A	Total hip arthroplasty	OPPS inpatient only list		C	
27134	A	Revise hip joint replacement	OPPS inpatient only list		C	
27137	A	Revise hip joint replacement	OPPS inpatient only list		C	
27138	A	Revise hip joint replacement	OPPS inpatient only list		C	
27140	A	Transplant femur ridge	OPPS inpatient only list		C	
27146	A	Incision of hip bone	OPPS inpatient only list		C	
27147	A	Revision of hip bone	OPPS inpatient only list		C	
27151	A	Incision of hip bones	OPPS inpatient only list		C	
27156	A	Revision of hip bones	OPPS inpatient only list		C	
27158	A	Revision of pelvis	OPPS inpatient only list		C	
27161	A	Incision of neck of femur	OPPS inpatient only list		C	
27165	A	Incision/fixation of femur	OPPS inpatient only list		C	
27170	A	Repair/graft femur head/neck	OPPS inpatient only list		C	
27175	A	Treat slipped epiphysis	OPPS inpatient only list		C	
27176	A	Treat slipped epiphysis	OPPS inpatient only list		C	
27177	A	Treat slipped epiphysis	OPPS inpatient only list		C	
27178	A	Treat slipped epiphysis	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
27179	A	Revise head/neck of femur	OPPS inpatient only list		C	
27181	A	Treat slipped epiphysis	OPPS inpatient only list		C	
27185	A	Revision of femur epiphysis	OPPS inpatient only list		C	
27187	A	Reinforce hip bones	OPPS inpatient only list		C	
27215	A	Treat pelvic fracture(s)	OPPS inpatient only list		C	
27216	A	Treat pelvic ring fracture	80% of cases are inpatient	0050	T	\$1,542.47
27217	A	Treat pelvic ring fracture	OPPS inpatient only list		C	
27218	A	Treat pelvic ring fracture	OPPS inpatient only list		C	
27220	A	Treat hip socket fracture	Requires Overnight Stay	0043	T	\$104.11
27222	A	Treat hip socket fracture	OPPS inpatient only list		C	
27226	A	Treat hip wall fracture	OPPS inpatient only list		C	
27227	A	Treat hip fracture(s)	OPPS inpatient only list		C	
27228	A	Treat hip fracture(s)	OPPS inpatient only list		C	
27232	A	Treat thigh fracture	OPPS inpatient only list		C	
27235	A	Treat thigh fracture	80% of cases are inpatient	0050	T	\$1,542.47
27236	A	Treat thigh fracture	OPPS inpatient only list		C	
27240	A	Treat thigh fracture	OPPS inpatient only list		C	
27244	A	Treat thigh fracture	OPPS inpatient only list		C	
27245	A	Treat thigh fracture	OPPS inpatient only list		C	
27248	A	Treat thigh fracture	OPPS inpatient only list		C	
27253	A	Treat hip dislocation	OPPS inpatient only list		C	
27254	A	Treat hip dislocation	OPPS inpatient only list		C	
27258	A	Treat hip dislocation	OPPS inpatient only list		C	
27259	A	Treat hip dislocation	OPPS inpatient only list		C	
27280	A	Fusion of sacroiliac joint	OPPS inpatient only list		C	
27282	A	Fusion of pubic bones	OPPS inpatient only list		C	
27284	A	Fusion of hip joint	OPPS inpatient only list		C	
27286	A	Fusion of hip joint	OPPS inpatient only list		C	
27290	A	Amputation of leg at hip	OPPS inpatient only list		C	
27295	A	Amputation of leg at hip	OPPS inpatient only list		C	
27298	C	Pelvis/hip joint surgery	Unlisted procedure	0043	T	\$104.11
27303	A	Drainage of bone lesion	OPPS inpatient only list		C	
27365	A	Extensive leg surgery	OPPS inpatient only list		C	
27370	A	Injection for knee x-ray	Packaged under OPPS		N	
27412	A	Autochondrocyte implant knee	Requires Overnight Stay	0042	T	\$2,773.72
27415	A	Osteochondral knee allograft	Requires Overnight Stay	0042	T	\$2,773.72
27440	A	Revision of knee joint	Requires Overnight Stay	0047	T	\$2,016.08
27445	A	Revision of knee joint	OPPS inpatient only list		C	
27446	A	Revision of knee joint	80% of cases are inpatient	0681	T	\$10,652.67
27447	A	Total knee arthroplasty	OPPS inpatient only list		C	
27448	A	Incision of thigh	OPPS inpatient only list		C	
27450	A	Incision of thigh	OPPS inpatient only list		C	
27454	A	Realignment of thigh bone	OPPS inpatient only list		C	
27455	A	Realignment of knee	OPPS inpatient only list		C	
27457	A	Realignment of knee	OPPS inpatient only list		C	
27485	A	Shortening of thigh bone	OPPS inpatient only list		C	
27486	A	Lengthening of thigh bone	OPPS inpatient only list		C	
27488	A	Shorten/lengthen thighs	OPPS inpatient only list		C	
27470	A	Repair of thigh	OPPS inpatient only list		C	
27472	A	Repair/graft of thigh	OPPS inpatient only list		C	
27475	A	Surgery to stop leg growth	Requires Overnight Stay	0050	T	\$1,542.47
27477	A	Surgery to stop leg growth	OPPS inpatient only list		C	
27479	A	Surgery to stop leg growth	OPPS inpatient only list		C	
27485	A	Surgery to stop leg growth	OPPS inpatient only list		C	
27486	A	Revise/replace knee joint	OPPS inpatient only list		C	
27487	A	Revise/replace knee joint	OPPS inpatient only list		C	
27488	A	Removal of knee prosthesis	OPPS inpatient only list		C	
27495	A	Reinforce thigh	OPPS inpatient only list		C	
27506	A	Treatment of thigh fracture	OPPS inpatient only list		C	
27507	A	Treatment of thigh fracture	OPPS inpatient only list		C	
27511	A	Treatment of thigh fracture	OPPS inpatient only list		C	
27513	A	Treatment of thigh fracture	OPPS inpatient only list		C	
27514	A	Treatment of thigh fracture	OPPS inpatient only list		C	
27519	A	Treat thigh fx growth plate	OPPS inpatient only list		C	
27524	A	Treat kneecap fracture	Requires Overnight Stay	0063	T	\$2,312.35
27536	A	Treat knee fracture	OPPS inpatient only list		C	
27536	A	Treat knee fracture	OPPS inpatient only list		C	
27540	A	Treat knee fracture	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
27556	A	Treat knee dislocation	OPPS inpatient only list		C	
27557	A	Treat knee dislocation	OPPS inpatient only list		C	
27558	A	Treat knee dislocation	OPPS inpatient only list		C	
27580	A	Fusion of knee	OPPS inpatient only list		C	
27590	A	Amputate leg at thigh	OPPS inpatient only list		C	
27591	A	Amputate leg at thigh	OPPS inpatient only list		C	
27592	A	Amputate leg at thigh	OPPS inpatient only list		C	
27596	A	Amputation follow-up surgery	OPPS inpatient only list		C	
27598	A	Amputate lower leg at knee	OPPS inpatient only list		C	
27599	C	Leg surgery procedure	Unlisted procedure	0043	T	\$104.11
27645	A	Extensive lower leg surgery	OPPS inpatient only list		C	
27646	A	Extensive lower leg surgery	OPPS inpatient only list		C	
27648	A	Injection for ankle x-ray	Packaged under OPPS		N	
27702	A	Reconstruct ankle joint	OPPS inpatient only list		C	
27703	A	Reconstruction, ankle joint	OPPS inpatient only list		C	
27712	A	Realignment of lower leg	OPPS inpatient only list		C	
27715	A	Revision of lower leg	OPPS inpatient only list		C	
27720	A	Repair of tibia	OPPS inpatient only list		C	
27722	A	Repair/graft of tibia	OPPS inpatient only list		C	
27724	A	Repair/graft of tibia	OPPS inpatient only list		C	
27725	A	Repair of lower leg	OPPS inpatient only list		C	
27727	A	Repair of lower leg	OPPS inpatient only list		C	
27880	A	Amputation of lower leg	OPPS inpatient only list		C	
27881	A	Amputation of lower leg	OPPS inpatient only list		C	
27882	A	Amputation of lower leg	OPPS inpatient only list		C	
27886	A	Amputation follow-up surgery	OPPS inpatient only list		C	
27888	A	Amputation of foot at ankle	OPPS inpatient only list		C	
27899	C	Leg/ankle surgery procedure	Unlisted procedure	0043	T	\$104.11
28360	A	Reconstruct cleft foot	Requires Overnight Stay	0058	T	\$2,537.37
28800	A	Amputation of midfoot	OPPS inpatient only list		C	
28805	A	Amputation thru metatarsal	OPPS inpatient only list		C	
28899	C	Foot/toes surgery procedure	Unlisted procedure	0043	T	\$104.11
29000	A	Application of body cast	Requires Overnight Stay	0058	S	\$64.65
29046	A	Application of body cast	Requires Overnight Stay	0426	S	\$139.89
29799	C	Casting/strapping procedure	Unlisted procedure	0058	S	\$64.65
29887	A	Allgrft implnt, knee w/scope	Requires Overnight Stay	0042	T	\$2,773.72
29868	A	Meniscal trnspl, knee w/scope	Requires Overnight Stay	0042	T	\$2,773.72
29999	C	Arthroscopy of joint	Unlisted procedure	0041	T	\$1,762.08
30999	C	Nasal surgery procedure	Unlisted procedure	0251	T	\$146.29
31225	A	Removal of upper jaw	OPPS inpatient only list		C	
31230	A	Removal of upper jaw	OPPS inpatient only list		C	
31290	A	Nasal/sinus endoscopy, surg	OPPS inpatient only list		C	
31291	A	Nasal/sinus endoscopy, surg	OPPS inpatient only list		C	
31292	A	Nasal/sinus endoscopy, surg	No Explanation for Exclusion in Rule	0075	T	\$1,341.87
31293	A	Nasal/sinus endoscopy, surg	Requires Overnight Stay	0075	T	\$1,341.87
31294	A	Nasal/sinus endoscopy, surg	Requires Overnight Stay	0075	T	\$1,341.87
31299	C	Sinus surgery procedure	Unlisted procedure	0251	T	\$146.29
31360	A	Removal of larynx	OPPS inpatient only list		C	
31365	A	Removal of larynx	OPPS inpatient only list		C	
31367	A	Partial removal of larynx	OPPS inpatient only list		C	
31368	A	Partial removal of larynx	OPPS inpatient only list		C	
31370	A	Partial removal of larynx	OPPS inpatient only list		C	
31375	A	Partial removal of larynx	OPPS inpatient only list		C	
31380	A	Partial removal of larynx	OPPS inpatient only list		C	
31382	A	Partial removal of larynx	OPPS inpatient only list		C	
31390	A	Removal of larynx & pharynx	OPPS inpatient only list		C	
31395	A	Reconstruct larynx & pharynx	OPPS inpatient only list		C	
31500	A	Insert emergency airway	Requires Overnight Stay	0094	S	\$151.60
31584	A	Treat larynx fracture	OPPS inpatient only list		C	
31587	A	Revision of larynx	OPPS inpatient only list		C	
31599	C	Larynx surgery procedure	Unlisted procedure	0251	T	\$146.29
31600	A	Incision of windpipe	80% of cases are inpatient	0254	T	\$1,425.30
31601	A	Incision of windpipe	Requires Overnight Stay	0254	T	\$1,425.30
31610	A	Incision of windpipe	80% of cases are inpatient	0254	T	\$1,425.30
31708	A	Instill airway contrast dye	Packaged under OPPS		N	
31710	A	Insertion of airway catheter	Packaged under OPPS		N	
31715	A	Injection for bronchus x-ray	Packaged under OPPS		N	
31725	A	Clearance of airways	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
31760	A	Repair of windpipe	OPPS inpatient only list		C	
31766	A	Reconstruction of windpipe	OPPS inpatient only list		C	
31770	A	Repair/graft of bronchus	OPPS inpatient only list		C	
31775	A	Reconstruct bronchus	OPPS inpatient only list		C	
31780	A	Reconstruct windpipe	OPPS inpatient only list		C	
31781	A	Reconstruct windpipe	OPPS inpatient only list		C	
31785	A	Remove windpipe lesion	Requires Overnight Stay	0254	T	\$1,425.30
31786	A	Remove windpipe lesion	OPPS inpatient only list		C	
31800	A	Repair of windpipe injury	OPPS inpatient only list		C	
31805	A	Repair of windpipe injury	OPPS inpatient only list		C	
31899	C	Airways surgical procedure	Unlisted procedure	0076	T	\$577.99
32005	A	Treat lung lining chemically	80% of cases are inpatient	0070	T	\$224.20
32035	A	Exploration of chest	OPPS inpatient only list		C	
32036	A	Exploration of chest	OPPS inpatient only list		C	
32095	A	Biopsy through chest wall	OPPS inpatient only list		C	
32100	A	Exploration/biopsy of chest	OPPS inpatient only list		C	
32110	A	Explore/repair chest	OPPS inpatient only list		C	
32120	A	Re-exploration of chest	OPPS inpatient only list		C	
32124	A	Explore chest free adhesions	OPPS inpatient only list		C	
32140	A	Removal of lung lesion(s)	OPPS inpatient only list		C	
32141	A	Remove/treat lung lesions	OPPS inpatient only list		C	
32150	A	Removal of lung lesion(s)	OPPS inpatient only list		C	
32151	A	Remove lung foreign body	OPPS inpatient only list		C	
32160	A	Open chest heart massage	OPPS inpatient only list		C	
32200	A	Drain, open, lung lesion	OPPS inpatient only list		C	
32201	A	Drain, percut, lung lesion	80% of cases are inpatient	0070	T	\$224.20
32215	A	Treat chest lining	OPPS inpatient only list		C	
32220	A	Release of lung	OPPS inpatient only list		C	
32225	A	Partial release of lung	OPPS inpatient only list		C	
32310	A	Removal of chest lining	OPPS inpatient only list		C	
32320	A	Free/remove chest lining	OPPS inpatient only list		C	
32402	A	Open biopsy chest lining	OPPS inpatient only list		C	
32440	A	Removal of lung	OPPS inpatient only list		C	
32442	A	Sleeve pneumonectomy	OPPS inpatient only list		C	
32445	A	Removal of lung	OPPS inpatient only list		C	
32480	A	Partial removal of lung	OPPS inpatient only list		C	
32482	A	Bilobectomy	OPPS inpatient only list		C	
32484	A	Segmentectomy	OPPS inpatient only list		C	
32486	A	Sleeve lobectomy	OPPS inpatient only list		C	
32488	A	Completion pneumonectomy	OPPS inpatient only list		C	
32491	R	Lung volume reduction	OPPS inpatient only list		C	
32500	A	Partial removal of lung	OPPS inpatient only list		C	
32501	A	Repair bronchus add-on	OPPS inpatient only list		C	
32503	A	Resect apical lung tumor	OPPS inpatient only list		C	
32504	A	Resect apical lung tumor/chest	OPPS inpatient only list		C	
32540	A	Removal of lung lesion	OPPS inpatient only list		C	
32601	A	Thoracoscopy, diagnostic	80% of cases are inpatient	0069	T	\$1,941.71
32602	A	Thoracoscopy, diagnostic	80% of cases are inpatient	0069	T	\$1,941.71
32603	A	Thoracoscopy, diagnostic	80% of cases are inpatient	0069	T	\$1,941.71
32604	A	Thoracoscopy, diagnostic	80% of cases are inpatient	0069	T	\$1,941.71
32605	A	Thoracoscopy, diagnostic	80% of cases are inpatient	0069	T	\$1,941.71
32606	A	Thoracoscopy, diagnostic	80% of cases are inpatient	0069	T	\$1,941.71
32650	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32651	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32652	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32653	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32654	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32655	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32656	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32657	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32658	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32659	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32660	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32661	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32662	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32663	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32664	A	Thoracoscopy, surgical	OPPS inpatient only list		C	
32665	A	Thoracoscopy, surgical	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
32800	A	Repair lung hernia	OPPS inpatient only list		C	
32810	A	Close chest after drainage	OPPS inpatient only list		C	
32815	A	Close bronchial fistula	OPPS inpatient only list		C	
32820	A	Reconstruct injured chest	OPPS inpatient only list		C	
32851	A	Lung transplant, single	OPPS inpatient only list		C	
32852	A	Lung transplant with bypass	OPPS inpatient only list		C	
32853	A	Lung transplant, double	OPPS inpatient only list		C	
32854	A	Lung transplant with bypass	OPPS inpatient only list		C	
32855	C	Prepare donor lung, single	OPPS inpatient only list		C	
32856	C	Prepare donor lung, double	OPPS inpatient only list		C	
32900	A	Removal of rib(s)	OPPS inpatient only list		C	
32905	A	Revise & repair chest wall	OPPS inpatient only list		C	
32906	A	Revise & repair chest wall	OPPS inpatient only list		C	
32940	A	Revision of lung	OPPS inpatient only list		C	
32997	A	Total lung lavage	OPPS inpatient only list		C	
32999	C	Chest surgery procedure	Unlisted procedure	0070	T	\$224.20
33015	A	Incision of heart sac	OPPS inpatient only list		C	
33020	A	Incision of heart sac	OPPS inpatient only list		C	
33025	A	Incision of heart sac	OPPS inpatient only list		C	
33030	A	Partial removal of heart sac	OPPS inpatient only list		C	
33031	A	Partial removal of heart sac	OPPS inpatient only list		C	
33050	A	Removal of heart sac lesion	OPPS inpatient only list		C	
33120	A	Removal of heart lesion	OPPS inpatient only list		C	
33130	A	Removal of heart lesion	OPPS inpatient only list		C	
33140	A	Heart revascularize (tmr)	OPPS inpatient only list		C	
33141	A	Heart tmr w/other procedure	OPPS inpatient only list		C	
33200	A	Insertion of heart pacemaker	OPPS inpatient only list		C	
33201	A	Insertion of heart pacemaker	OPPS inpatient only list		C	
33207	A	Insertion of heart pacemaker	80% of cases are inpatient	0069	T	\$7,505.54
33208	A	Insertion of heart pacemaker	80% of cases are inpatient	0655	T	\$9,426.68
33210	A	Insertion of heart electrode	80% of cases are inpatient	0106	T	\$2,754.86
33211	A	Insertion of heart electrode	80% of cases are inpatient	0106	T	\$2,754.86
33235	A	Removal pacemaker electrode	80% of cases are inpatient	0105	T	\$1,444.39
33236	A	Remove electrode/thoracotomy	OPPS inpatient only list		C	
33237	A	Remove electrode/thoracotomy	OPPS inpatient only list		C	
33238	A	Remove electrode/thoracotomy	OPPS inpatient only list		C	
33240	A	Insert pulse generator	Not paid under OPPS. SI=B		B	
33243	A	Remove eltrd/thoracotomy	OPPS inpatient only list		C	
33244	A	Remove eltrd, transven	80% of cases are inpatient	0105	T	\$1,444.39
33245	A	Insert epic eltrd pace-defib	OPPS inpatient only list		C	
33246	A	Insert epic eltrd/generator	OPPS inpatient only list		C	
33249	A	Eltrd/insert pace-defib	Not paid under OPPS. SI=B		B	
33250	A	Ablate heart dysrhythm focus	OPPS inpatient only list		C	
33251	A	Ablate heart dysrhythm focus	OPPS inpatient only list		C	
33253	A	Reconstruct atria	OPPS inpatient only list		C	
33261	A	Ablate heart dysrhythm focus	OPPS inpatient only list		C	
33300	A	Repair of heart wound	OPPS inpatient only list		C	
33305	A	Repair of heart wound	OPPS inpatient only list		C	
33310	A	Exploratory heart surgery	OPPS inpatient only list		C	
33315	A	Exploratory heart surgery	OPPS inpatient only list		C	
33320	A	Repair major blood vessel(s)	OPPS inpatient only list		C	
33321	A	Repair major vessel	OPPS inpatient only list		C	
33322	A	Repair major blood vessel(s)	OPPS inpatient only list		C	
33330	A	Insert major vessel graft	OPPS inpatient only list		C	
33332	A	Insert major vessel graft	OPPS inpatient only list		C	
33335	A	Insert major vessel graft	OPPS inpatient only list		C	
33400	A	Repair of aortic valve	OPPS inpatient only list		C	
33401	A	Valvuloplasty, open	OPPS inpatient only list		C	
33403	A	Valvuloplasty, w/cp bypass	OPPS inpatient only list		C	
33404	A	Prepare heart-aorta conduit	OPPS inpatient only list		C	
33405	A	Replacement of aortic valve	OPPS inpatient only list		C	
33406	A	Replacement of aortic valve	OPPS inpatient only list		C	
33410	A	Replacement of aortic valve	OPPS inpatient only list		C	
33411	A	Replacement of aortic valve	OPPS inpatient only list		C	
33412	A	Replacement of aortic valve	OPPS inpatient only list		C	
33413	A	Replacement of aortic valve	OPPS inpatient only list		C	
33414	A	Repair of aortic valve	OPPS inpatient only list		C	
33415	A	Revision, subvalvular tissue	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
33416	A	Revise ventricle muscle	OPPS inpatient only list		C	
33417	A	Repair of aortic valve	OPPS inpatient only list		C	
33420	A	Revision of mitral valve	OPPS inpatient only list		C	
33422	A	Revision of mitral valve	OPPS inpatient only list		C	
33425	A	Repair of mitral valve	OPPS inpatient only list		C	
33426	A	Repair of mitral valve	OPPS inpatient only list		C	
33427	A	Repair of mitral valve	OPPS inpatient only list		C	
33430	A	Replacement of mitral valve	OPPS inpatient only list		C	
33460	A	Revision of tricuspid valve	OPPS inpatient only list		C	
33463	A	Valvuloplasty, tricuspid	OPPS inpatient only list		C	
33464	A	Valvuloplasty, tricuspid	OPPS inpatient only list		C	
33465	A	Replace tricuspid valve	OPPS inpatient only list		C	
33468	A	Revision of tricuspid valve	OPPS inpatient only list		C	
33470	A	Revision of pulmonary valve	OPPS inpatient only list		C	
33471	A	Valvotomy, pulmonary valve	OPPS inpatient only list		C	
33472	A	Revision of pulmonary valve	OPPS inpatient only list		C	
33474	A	Revision of pulmonary valve	OPPS inpatient only list		C	
33475	A	Replacement, pulmonary valve	OPPS inpatient only list		C	
33476	A	Revision of heart chamber	OPPS inpatient only list		C	
33478	A	Revision of heart chamber	OPPS inpatient only list		C	
33496	A	Repair, prosth valve clot	OPPS inpatient only list		C	
33500	A	Repair heart vessel fistula	OPPS inpatient only list		C	
33501	A	Repair heart vessel fistula	OPPS inpatient only list		C	
33502	A	Coronary artery correction	OPPS inpatient only list		C	
33503	A	Coronary artery graft	OPPS inpatient only list		C	
33504	A	Coronary artery graft	OPPS inpatient only list		C	
33505	A	Repair artery w/tunnel	OPPS inpatient only list		C	
33506	A	Repair artery, translocation	OPPS inpatient only list		C	
33507	A	Repair art, intramural	OPPS inpatient only list		C	
33508	A	Endoscopic vein harvest	Packaged under OPPS		N	
33510	A	CABG, vein, single	OPPS inpatient only list		C	
33511	A	CABG, vein, two	OPPS inpatient only list		C	
33512	A	CABG, vein, three	OPPS inpatient only list		C	
33513	A	CABG, vein, four	OPPS inpatient only list		C	
33514	A	CABG, vein, five	OPPS inpatient only list		C	
33516	A	Cabg, vein, six or more	OPPS inpatient only list		C	
33517	A	CABG, artery-vein, single	OPPS inpatient only list		C	
33518	A	CABG, artery-vein, two	OPPS inpatient only list		C	
33519	A	CABG, artery-vein, three	OPPS inpatient only list		C	
33521	A	CABG, artery-vein, four	OPPS inpatient only list		C	
33522	A	CABG, artery-vein, five	OPPS inpatient only list		C	
33523	A	Cabg, art-vein, six or more	OPPS inpatient only list		C	
33530	A	Coronary artery, bypass/reop	OPPS inpatient only list		C	
33533	A	CABG, arterial, single	OPPS inpatient only list		C	
33534	A	CABG, arterial, two	OPPS inpatient only list		C	
33535	A	CABG, arterial, three	OPPS inpatient only list		C	
33536	A	Cabg, arterial, four or more	OPPS inpatient only list		C	
33542	A	Removal of heart lesion	OPPS inpatient only list		C	
33545	A	Repair of heart damage	OPPS inpatient only list		C	
33548	A	Restore/remodel, ventricle	OPPS inpatient only list		C	
33572	A	Open coronary endarterectomy	OPPS inpatient only list		C	
33600	A	Closure of valve	OPPS inpatient only list		C	
33602	A	Closure of valve	OPPS inpatient only list		C	
33606	A	Anastomosis/artery-aorta	OPPS inpatient only list		C	
33608	A	Repair anomaly w/conduit	OPPS inpatient only list		C	
33610	A	Repair by enlargement	OPPS inpatient only list		C	
33611	A	Repair double ventricle	OPPS inpatient only list		C	
33612	A	Repair double ventricle	OPPS inpatient only list		C	
33615	A	Repair, modified fontan	OPPS inpatient only list		C	
33617	A	Repair single ventricle	OPPS inpatient only list		C	
33619	A	Repair single ventricle	OPPS inpatient only list		C	
33641	A	Repair heart septum defect	OPPS inpatient only list		C	
33645	A	Revision of heart veins	OPPS inpatient only list		C	
33647	A	Repair heart septum defects	OPPS inpatient only list		C	
33660	A	Repair of heart defects	OPPS inpatient only list		C	
33665	A	Repair of heart defects	OPPS inpatient only list		C	
33670	A	Repair of heart chambers	OPPS inpatient only list		C	
33681	A	Repair heart septum defect	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
33684	A	Repair heart septum defect	OPPS inpatient only list		C	
33688	A	Repair heart septum defect	OPPS inpatient only list		C	
33690	A	Reinforce pulmonary artery	OPPS inpatient only list		C	
33692	A	Repair of heart defects	OPPS inpatient only list		C	
33694	A	Repair of heart defects	OPPS inpatient only list		C	
33697	A	Repair of heart defects	OPPS inpatient only list		C	
33702	A	Repair of heart defects	OPPS inpatient only list		C	
33710	A	Repair of heart defects	OPPS inpatient only list		C	
33720	A	Repair of heart defect	OPPS inpatient only list		C	
33722	A	Repair of heart defect	OPPS inpatient only list		C	
33730	A	Repair heart-vein defect(s)	OPPS inpatient only list		C	
33732	A	Repair heart-vein defect	OPPS inpatient only list		C	
33735	A	Revision of heart chamber	OPPS inpatient only list		C	
33736	A	Revision of heart chamber	OPPS inpatient only list		C	
33737	A	Revision of heart chamber	OPPS inpatient only list		C	
33750	A	Major vessel shunt	OPPS inpatient only list		C	
33755	A	Major vessel shunt	OPPS inpatient only list		C	
33762	A	Major vessel shunt	OPPS inpatient only list		C	
33764	A	Major vessel shunt & graft	OPPS inpatient only list		C	
33766	A	Major vessel shunt	OPPS inpatient only list		C	
33767	A	Major vessel shunt	OPPS inpatient only list		C	
33768	A	Cavopulmonary shunting	OPPS inpatient only list		C	
33770	A	Repair great vessels defect	OPPS inpatient only list		C	
33771	A	Repair great vessels defect	OPPS inpatient only list		C	
33774	A	Repair great vessels defect	OPPS inpatient only list		C	
33775	A	Repair great vessels defect	OPPS inpatient only list		C	
33776	A	Repair great vessels defect	OPPS inpatient only list		C	
33777	A	Repair great vessels defect	OPPS inpatient only list		C	
33778	A	Repair great vessels defect	OPPS inpatient only list		C	
33779	A	Repair great vessels defect	OPPS inpatient only list		C	
33780	A	Repair great vessels defect	OPPS inpatient only list		C	
33781	A	Repair great vessels defect	OPPS inpatient only list		C	
33786	A	Repair arterial trunk	OPPS inpatient only list		C	
33788	A	Revision of pulmonary artery	OPPS inpatient only list		C	
33800	A	Aortic suspension	OPPS inpatient only list		C	
33802	A	Repair vessel defect	OPPS inpatient only list		C	
33803	A	Repair vessel defect	OPPS inpatient only list		C	
33813	A	Repair septal defect	OPPS inpatient only list		C	
33814	A	Repair septal defect	OPPS inpatient only list		C	
33820	A	Revise major vessel	OPPS inpatient only list		C	
33822	A	Revise major vessel	OPPS inpatient only list		C	
33824	A	Revise major vessel	OPPS inpatient only list		C	
33840	A	Remove aorta constriction	OPPS inpatient only list		C	
33845	A	Remove aorta constriction	OPPS inpatient only list		C	
33851	A	Remove aorta constriction	OPPS inpatient only list		C	
33852	A	Repair septal defect	OPPS inpatient only list		C	
33853	A	Repair septal defect	OPPS inpatient only list		C	
33860	A	Ascending aortic graft	OPPS inpatient only list		C	
33861	A	Ascending aortic graft	OPPS inpatient only list		C	
33863	A	Ascending aortic graft	OPPS inpatient only list		C	
33870	A	Transverse aortic arch graft	OPPS inpatient only list		C	
33875	A	Thoracic aortic graft	OPPS inpatient only list		C	
33877	A	Thoracoabdominal graft	OPPS inpatient only list		C	
33880	A	Endovasc taa repr incl subcl	OPPS inpatient only list		C	
33881	A	Endovasc taa repr w/o subcl	OPPS inpatient only list		C	
33883	A	Insert endovasc prosth, taa	OPPS inpatient only list		C	
33884	A	Endovasc prosth, taa, add-on	OPPS inpatient only list		C	
33886	A	Endovasc prosth, delayed	OPPS inpatient only list		C	
33889	A	Artery transposse/endovas taa	OPPS inpatient only list		C	
33891	A	Car-car bp grf/endovas taa	OPPS inpatient only list		C	
33910	A	Remove lung artery emboli	OPPS inpatient only list		C	
33915	A	Remove lung artery emboli	OPPS inpatient only list		C	
33916	A	Surgery of great vessel	OPPS inpatient only list		C	
33917	A	Repair pulmonary artery	OPPS inpatient only list		C	
33920	A	Repair pulmonary atresia	OPPS inpatient only list		C	
33922	A	Transect pulmonary artery	OPPS inpatient only list		C	
33924	A	Remove pulmonary shunt	OPPS inpatient only list		C	
33925	A	Repair pul art unifocal w/o cpb	OPPS inpatient only list		C	

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33926	A	Repr pul art, unifocal w/cpb	OPPS inpatient only list		C	
33933	C	Prepare donor heart/lung	OPPS inpatient only list		C	
33935	R	Transplantation, heart/lung	OPPS inpatient only list		C	
33944	C	Prepare donor heart	OPPS inpatient only list		C	
33945	R	Transplantation of heart	OPPS inpatient only list		C	
33960	A	External circulation assist	OPPS inpatient only list		C	
33961	A	External circulation assist	OPPS inpatient only list		C	
33967	A	Insert ia percut device	OPPS inpatient only list		C	
33968	A	Remove aortic assist device	OPPS inpatient only list		C	
33970	A	Aortic circulation assist	OPPS inpatient only list		C	
33971	A	Aortic circulation assist	OPPS inpatient only list		C	
33973	A	Insert balloon device	OPPS inpatient only list		C	
33974	A	Remove intra-aortic balloon	OPPS inpatient only list		C	
33975	A	Implant ventricular device	OPPS inpatient only list		C	
33976	A	Implant ventricular device	OPPS inpatient only list		C	
33977	A	Remove ventricular device	OPPS inpatient only list		C	
33978	A	Remove ventricular device	OPPS inpatient only list		C	
33979	A	Insert intracorporeal device	OPPS inpatient only list		C	
33980	A	Remove intracorporeal device	OPPS inpatient only list		C	
33999	C	Cardiac surgery procedure	Unlisted procedure	0070	T	\$224.20
34001	A	Removal of artery clot	OPPS inpatient only list		C	
34051	A	Removal of artery clot	OPPS inpatient only list		C	
34101	A	Removal of artery clot	80% of cases are inpatient	0088	T	\$2,336.80
34111	A	Removal of arm artery clot	80% of cases are inpatient	0088	T	\$2,336.80
34151	A	Removal of artery clot	OPPS inpatient only list		C	
34201	A	Removal of artery clot	80% of cases are inpatient	0088	T	\$2,336.80
34203	A	Removal of leg artery clot	80% of cases are inpatient	0088	T	\$2,336.80
34401	A	Removal of vein clot	OPPS inpatient only list		C	
34421	A	Removal of vein clot	80% of cases are inpatient	0088	T	\$2,336.80
34451	A	Removal of vein clot	OPPS inpatient only list		C	
34471	A	Removal of vein clot	80% of cases are inpatient	0088	T	\$2,336.80
34490	A	Removal of vein clot	Requires Overnight Stay	0088	T	\$2,336.80
34501	A	Repair valve, femoral vein	Requires Overnight Stay	0088	T	\$2,336.80
34502	A	Reconstruct vena cava	OPPS inpatient only list		C	
34510	A	Transposition of vein valve	Requires Overnight Stay	0088	T	\$2,336.80
34520	A	Cross-over vein graft	Requires Overnight Stay	0088	T	\$2,336.80
34530	A	Leg vein fusion	Requires Overnight Stay	0088	T	\$2,336.80
34800	A	Endovas aaa repr w/sm tube	OPPS inpatient only list		C	
34802	A	Endovas aaa repr w/2-p part	OPPS inpatient only list		C	
34803	A	Endovas aaa repr w/3-p part	OPPS inpatient only list		C	
34804	A	Endovas aaa repr w/1-p part	OPPS inpatient only list		C	
34805	A	Endovas aaa repr w/long tube	OPPS inpatient only list		C	
34808	A	Endovas iliac a device addon	OPPS inpatient only list		C	
34812	A	Xpose for endoprosth, femorl	OPPS inpatient only list		C	
34813	A	Femoral endovas graft add-on	OPPS inpatient only list		C	
34820	A	Xpose for endoprosth, iliac	OPPS inpatient only list		C	
34825	A	Endovasc extend prosth, init	OPPS inpatient only list		C	
34826	A	Endovasc exten prosth, addl	OPPS inpatient only list		C	
34830	A	Open aortic tube prosth repr	OPPS inpatient only list		C	
34831	A	Open aortolliac prosth repr	OPPS inpatient only list		C	
34832	A	Open aortofemor prosth repr	OPPS inpatient only list		C	
34833	A	Xpose for endoprosth, iliac	OPPS inpatient only list		C	
34834	A	Xpose, endoprosth, brachial	OPPS inpatient only list		C	
34900	A	Endovasc iliac repr w/graft	OPPS inpatient only list		C	
35001	A	Repair defect of artery	OPPS inpatient only list		C	
35002	A	Repair artery rupture, neck	OPPS inpatient only list		C	
35005	A	Repair defect of artery	OPPS inpatient only list		C	
35011	A	Repair defect of artery	Requires Overnight Stay	0653	T	\$1,908.11
35013	A	Repair artery rupture, arm	OPPS inpatient only list		C	
35021	A	Repair defect of artery	OPPS inpatient only list		C	
35022	A	Repair artery rupture, chest	OPPS inpatient only list		C	
35045	A	Repair defect of arm artery	OPPS inpatient only list		C	
35081	A	Repair defect of artery	OPPS inpatient only list		C	
35082	A	Repair artery rupture, aorta	OPPS inpatient only list		C	
35091	A	Repair defect of artery	OPPS inpatient only list		C	
35092	A	Repair artery rupture, aorta	OPPS inpatient only list		C	
35102	A	Repair defect of artery	OPPS inpatient only list		C	
35103	A	Repair artery rupture, groin	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
35111	A	Repair defect of artery	OPPS inpatient only list		C	
35112	A	Repair artery rupture, spleen	OPPS inpatient only list		C	
35121	A	Repair defect of artery	OPPS inpatient only list		C	
35122	A	Repair artery rupture, belly	OPPS inpatient only list		C	
35131	A	Repair defect of artery	OPPS inpatient only list		C	
35132	A	Repair artery rupture, groin	OPPS inpatient only list		C	
35141	A	Repair defect of artery	OPPS inpatient only list		C	
35142	A	Repair artery rupture, thigh	OPPS inpatient only list		C	
35151	A	Repair defect of artery	OPPS inpatient only list		C	
35152	A	Repair artery rupture, knee	OPPS inpatient only list		C	
35180	A	Repair blood vessel lesion	Requires Overnight Stay	0093	T	\$1,352.29
35182	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35184	A	Repair blood vessel lesion	Requires Overnight Stay	0093	T	\$1,352.29
35189	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35190	A	Repair blood vessel lesion	Requires Overnight Stay	0093	T	\$1,352.29
35201	A	Repair blood vessel lesion	80% of cases are inpatient	0093	T	\$1,352.29
35206	A	Repair blood vessel lesion	Requires Overnight Stay	0093	T	\$1,352.29
35211	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35216	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35221	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35226	A	Repair blood vessel lesion	80% of cases are inpatient	0093	T	\$1,352.29
35231	A	Repair blood vessel lesion	80% of cases are inpatient	0093	T	\$1,352.29
35236	A	Repair blood vessel lesion	Requires Overnight Stay	0093	T	\$1,352.29
35241	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35246	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35251	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35256	A	Repair blood vessel lesion	80% of cases are inpatient	0093	T	\$1,352.29
35261	A	Repair blood vessel lesion	80% of cases are inpatient	0653	T	\$1,908.11
35266	A	Repair blood vessel lesion	Requires Overnight Stay	0653	T	\$1,908.11
35271	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35276	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35281	A	Repair blood vessel lesion	OPPS inpatient only list		C	
35286	A	Repair blood vessel lesion	80% of cases are inpatient	0653	T	\$1,908.11
35301	A	Rechanneling of artery	OPPS inpatient only list		C	
35311	A	Rechanneling of artery	OPPS inpatient only list		C	
35321	A	Rechanneling of artery	Requires Overnight Stay	0093	T	\$1,352.29
35331	A	Rechanneling of artery	OPPS inpatient only list		C	
35341	A	Rechanneling of artery	OPPS inpatient only list		C	
35351	A	Rechanneling of artery	OPPS inpatient only list		C	
35355	A	Rechanneling of artery	OPPS inpatient only list		C	
35361	A	Rechanneling of artery	OPPS inpatient only list		C	
35363	A	Rechanneling of artery	OPPS inpatient only list		C	
35371	A	Rechanneling of artery	OPPS inpatient only list		C	
35372	A	Rechanneling of artery	OPPS inpatient only list		C	
35381	A	Rechanneling of artery	OPPS inpatient only list		C	
35390	A	Reoperation, carotid add-on	OPPS inpatient only list		C	
35400	A	Angioscopy	OPPS inpatient only list		C	
35450	A	Repair arterial blockage	OPPS inpatient only list		C	
35452	A	Repair arterial blockage	OPPS inpatient only list		C	
35454	A	Repair arterial blockage	OPPS inpatient only list		C	
35456	A	Repair arterial blockage	OPPS inpatient only list		C	
35458	A	Repair arterial blockage	Requires Overnight Stay	0081	T	\$2,639.89
35459	A	Repair arterial blockage	80% of cases are inpatient	0081	T	\$2,639.89
35460	A	Repair venous blockage	Requires Overnight Stay	0081	T	\$2,639.89
35470	A	Repair arterial blockage	Requires Overnight Stay	0081	T	\$2,639.89
35471	A	Repair arterial blockage	Requires Overnight Stay	0081	T	\$2,639.89
35472	A	Repair arterial blockage	Requires Overnight Stay	0081	T	\$2,639.89
35475	R	Repair arterial blockage	Requires Overnight Stay	0081	T	\$2,639.89
35480	A	Atherectomy, open	OPPS inpatient only list		C	
35481	A	Atherectomy, open	OPPS inpatient only list		C	
35482	A	Atherectomy, open	OPPS inpatient only list		C	
35483	A	Atherectomy, open	OPPS inpatient only list		C	
35484	A	Atherectomy, open	Requires Overnight Stay	0081	T	\$2,639.89
35485	A	Atherectomy, open	80% of cases are inpatient	0081	T	\$2,639.89
35490	A	Atherectomy, percutaneous	Requires Overnight Stay	0081	T	\$2,639.89
35491	A	Atherectomy, percutaneous	80% of cases are inpatient	0081	T	\$2,639.89
35493	A	Atherectomy, percutaneous	Requires Overnight Stay	0081	T	\$2,639.89
35494	A	Atherectomy, percutaneous	Requires Overnight Stay	0081	T	\$2,639.89

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35495	A	Atherectomy, percutaneous	Requires Overnight Stay	0081	T	\$2,639.89
35500	A	Harvest vein for bypass	80% of cases are inpatient	0081	T	\$2,639.89
35501	A	Artery bypass graft	OPPS inpatient only list		C	
35506	A	Artery bypass graft	OPPS inpatient only list		C	
35507	A	Artery bypass graft	OPPS inpatient only list		C	
35508	A	Artery bypass graft	OPPS inpatient only list		C	
35509	A	Artery bypass graft	OPPS inpatient only list		C	
35510	A	Artery bypass graft	OPPS inpatient only list		C	
35511	A	Artery bypass graft	OPPS inpatient only list		C	
35512	A	Artery bypass graft	OPPS inpatient only list		C	
35515	A	Artery bypass graft	OPPS inpatient only list		C	
35516	A	Artery bypass graft	OPPS inpatient only list		C	
35518	A	Artery bypass graft	OPPS inpatient only list		C	
35521	A	Artery bypass graft	OPPS inpatient only list		C	
35522	A	Artery bypass graft	OPPS inpatient only list		C	
35525	A	Artery bypass graft	OPPS inpatient only list		C	
35526	A	Artery bypass graft	OPPS inpatient only list		C	
35531	A	Artery bypass graft	OPPS inpatient only list		C	
35533	A	Artery bypass graft	OPPS inpatient only list		C	
35536	A	Artery bypass graft	OPPS inpatient only list		C	
35541	A	Artery bypass graft	OPPS inpatient only list		C	
35546	A	Artery bypass graft	OPPS inpatient only list		C	
35548	A	Artery bypass graft	OPPS inpatient only list		C	
35549	A	Artery bypass graft	OPPS inpatient only list		C	
35551	A	Artery bypass graft	OPPS inpatient only list		C	
35556	A	Artery bypass graft	OPPS inpatient only list		C	
35558	A	Artery bypass graft	OPPS inpatient only list		C	
35560	A	Artery bypass graft	OPPS inpatient only list		C	
35563	A	Artery bypass graft	OPPS inpatient only list		C	
35565	A	Artery bypass graft	OPPS inpatient only list		C	
35566	A	Artery bypass graft	OPPS inpatient only list		C	
35571	A	Artery bypass graft	OPPS inpatient only list		C	
35572	A	Harvest femoropopliteal vein	Packaged under OPPS		N	
35583	A	Vein bypass graft	OPPS inpatient only list		C	
35585	A	Vein bypass graft	OPPS inpatient only list		C	
35587	A	Vein bypass graft	OPPS inpatient only list		C	
35600	A	Harvest artery for cabg	OPPS inpatient only list		C	
35601	A	Artery bypass graft	OPPS inpatient only list		C	
35606	A	Artery bypass graft	OPPS inpatient only list		C	
35612	A	Artery bypass graft	OPPS inpatient only list		C	
35616	A	Artery bypass graft	OPPS inpatient only list		C	
35621	A	Artery bypass graft	OPPS inpatient only list		C	
35623	A	Bypass graft, not vein	OPPS inpatient only list		C	
35626	A	Artery bypass graft	OPPS inpatient only list		C	
35631	A	Artery bypass graft	OPPS inpatient only list		C	
35636	A	Artery bypass graft	OPPS inpatient only list		C	
35641	A	Artery bypass graft	OPPS inpatient only list		C	
35642	A	Artery bypass graft	OPPS inpatient only list		C	
35645	A	Artery bypass graft	OPPS inpatient only list		C	
35646	A	Artery bypass graft	OPPS inpatient only list		C	
35647	A	Artery bypass graft	OPPS inpatient only list		C	
35650	A	Artery bypass graft	OPPS inpatient only list		C	
35651	A	Artery bypass graft	OPPS inpatient only list		C	
35654	A	Artery bypass graft	OPPS inpatient only list		C	
35656	A	Artery bypass graft	OPPS inpatient only list		C	
35661	A	Artery bypass graft	OPPS inpatient only list		C	
35663	A	Artery bypass graft	OPPS inpatient only list		C	
35665	A	Artery bypass graft	OPPS inpatient only list		C	
35666	A	Artery bypass graft	OPPS inpatient only list		C	
35671	A	Artery bypass graft	OPPS inpatient only list		C	
35681	A	Composite bypass graft	OPPS inpatient only list		C	
35682	A	Composite bypass graft	OPPS inpatient only list		C	
35683	A	Composite bypass graft	OPPS inpatient only list		C	
35685	A	Bypass graft patency/patch	80% of cases are inpatient	0093	T	\$1,352.29
35686	A	Bypass graft/av fist patency	80% of cases are inpatient	0093	T	\$1,352.29
35691	A	Arterial transposition	OPPS inpatient only list		C	
35693	A	Arterial transposition	OPPS inpatient only list		C	
35694	A	Arterial transposition	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
35695	A	Arterial transposition	OPPS inpatient only list		C	
35697	A	Reimplant artery each	OPPS inpatient only list		C	
35700	A	Reoperation, bypass graft	OPPS inpatient only list		C	
35701	A	Exploration, carotid artery	OPPS inpatient only list		C	
35721	A	Exploration, femoral artery	OPPS inpatient only list		C	
35741	A	Exploration popliteal artery	OPPS inpatient only list		C	
35800	A	Explore neck vessels	OPPS inpatient only list		C	
35820	A	Explore chest vessels	OPPS inpatient only list		C	
35840	A	Explore abdominal vessels	OPPS inpatient only list		C	
35860	A	Explore limb vessels	80% of cases are inpatient	0093	T	\$1,352.29
35870	A	Repair vessel graft defect	OPPS inpatient only list		C	
35879	A	Revise graft w/vein	80% of cases are inpatient	0088	T	\$2,336.80
35881	A	Revise graft w/vein	80% of cases are inpatient	0088	T	\$2,336.80
35901	A	Excision, graft, neck	OPPS inpatient only list		C	
35903	A	Excision, graft, extremity	Requires Overnight Stay	0115	T	\$1,814.26
35905	A	Excision, graft, thorax	OPPS inpatient only list		C	
35907	A	Excision, graft, abdomen	OPPS inpatient only list		C	
36000	A	Place needle in vein	Packaged under OPPS		N	
36005	A	Injection ext venography	Packaged under OPPS		N	
36010	A	Place catheter in vein	Packaged under OPPS		N	
36011	A	Place catheter in vein	Packaged under OPPS		N	
36012	A	Place catheter in vein	Packaged under OPPS		N	
36013	A	Place catheter in artery	Packaged under OPPS		N	
36014	A	Place catheter in artery	Packaged under OPPS		N	
36015	A	Place catheter in artery	Packaged under OPPS		N	
36100	A	Establish access to artery	Packaged under OPPS		N	
36120	A	Establish access to artery	Packaged under OPPS		N	
36140	A	Establish access to artery	Packaged under OPPS		N	
36145	A	Artery to vein shunt	Packaged under OPPS		N	
36160	A	Establish access to aorta	Packaged under OPPS		N	
36200	A	Place catheter in aorta	Packaged under OPPS		N	
36215	A	Place catheter in artery	Packaged under OPPS		N	
36216	A	Place catheter in artery	Packaged under OPPS		N	
36217	A	Place catheter in artery	Packaged under OPPS		N	
36218	A	Place catheter in artery	Packaged under OPPS		N	
36245	A	Place catheter in artery	Packaged under OPPS		N	
36246	A	Place catheter in artery	Packaged under OPPS		N	
36247	A	Place catheter in artery	Packaged under OPPS		N	
36248	A	Place catheter in artery	Packaged under OPPS		N	
36299	C	Vessel injection procedure	Packaged under OPPS		N	
36400	A	BI draw < 3 yrs fem/jugular	Packaged under OPPS		N	
36405	A	BI draw < 3 yrs scalp vein	Packaged under OPPS		N	
36406	A	BI draw < 3 yrs other vein	Packaged under OPPS		N	
36410	A	Non-routine bi draw > 3 yrs	Packaged under OPPS		N	
36455	A	BI exchange/transfuse non-nb	Requires Overnight Stay	0110	S	\$212.78
36460	A	Transfusion service, fetal	Requires Overnight Stay	0110	S	\$212.78
36481	A	Insertion of catheter, vein	Packaged under OPPS		N	
36500	A	Insertion of catheter, vein	Packaged under OPPS		N	
36510	A	Insertion of catheter, vein	Packaged under OPPS		N	
36597	A	Reposition venous catheter	80% of cases are inpatient	0621	T	\$540.67
36600	A	Withdrawal of arterial blood	Packaged Services Subject to Separate Pay	0035	Q	\$12.41
36820	A	Insertion catheter, artery	Packaged under OPPS		N	
36625	A	Insertion catheter, artery	Packaged under OPPS		N	
36660	A	Insertion catheter, artery	OPPS inpatient only list		C	
36822	A	Insertion of cannula(s)	OPPS inpatient only list		C	
36823	A	Insertion of cannula(s)	OPPS inpatient only list		C	
36838	A	Dist revas ligation, hemo	Requires Overnight Stay	0088	T	\$2,336.80
37140	A	Revision of circulation	OPPS inpatient only list		C	
37145	A	Revision of circulation	OPPS inpatient only list		C	
37160	A	Revision of circulation	OPPS inpatient only list		C	
37180	A	Revision of circulation	OPPS inpatient only list		C	
37181	A	Splice spleen/kidney veins	OPPS inpatient only list		C	
37182	A	Insert hepatic shunt (tips)	OPPS inpatient only list		C	
37183	A	Remove hepatic shunt (tips)	Requires Overnight Stay	0229	T	\$4,067.31
37195	C	Thrombolytic therapy, stroke	Requires Overnight Stay	0676	T	\$126.87
37201	A	Transcatheter therapy infuse	Requires Overnight Stay	0676	T	\$126.87
37202	A	Transcatheter therapy infuse	Requires Overnight Stay	0676	T	\$126.87
37204	A	Transcatheter occlusion	Requires Overnight Stay	0115	T	\$1,814.26

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37206	A	Transcath iv stent/perc addl	Requires Overnight Stay	0229	T	\$4,067.31
37207	A	Transcath iv stent, open	80% of cases are inpatient	0229	T	\$4,067.31
37208	A	Transcath iv stent/open addl	80% of cases are inpatient	0229	T	\$4,067.31
37209	A	Change iv cath at thromb tx	80% of cases are inpatient	0103	T	\$1,049.05
37215	R	Transcath stent, cca w/eps	OPPS inpatient only list		C	
37216	N	Transcath stent, cca w/o eps	OPPS inpatient only list		C	
37501	C	Vascular endoscopy procedure	80% of cases are inpatient	0092	T	\$1,513.03
37565	A	Ligation of neck vein	80% of cases are inpatient	0093	T	\$1,352.29
37600	A	Ligation of neck artery	80% of cases are inpatient	0093	T	\$1,352.29
37605	A	Ligation of neck artery	80% of cases are inpatient	0091	T	\$2,131.38
37606	A	Ligation of neck artery	Requires Overnight Stay	0092	T	\$1,513.03
37615	A	Ligation of neck artery	Requires Overnight Stay	0092	T	\$1,513.03
37616	A	Ligation of chest artery	OPPS inpatient only list		C	
37617	A	Ligation of abdomen artery	OPPS inpatient only list		C	
37618	A	Ligation of extremity artery	OPPS inpatient only list		C	
37620	A	Revision of major vein	80% of cases are inpatient	0091	T	\$2,131.38
37660	A	Revision of major vein	OPPS inpatient only list		C	
37788	A	Revascularization, penis	OPPS inpatient only list		C	
37799	C	Vascular surgery procedure	Unlisted procedure	0103	T	\$1,049.05
38100	A	Removal of spleen, total	OPPS inpatient only list		C	
38101	A	Removal of spleen, partial	OPPS inpatient only list		C	
38102	A	Removal of spleen, total	OPPS inpatient only list		C	
38115	A	Repair of ruptured spleen	OPPS inpatient only list		C	
38120	A	Laparoscopy, splenectomy	80% of cases are inpatient	0131	T	\$2,678.23
38129	C	Laparoscope proc, spleen	Unlisted procedure	0130	T	\$1,965.65
38200	A	Injection for spleen x-ray	Packaged under OPPS		N	
38240	R	Bone marrow/stem transplant	80% of cases are inpatient	0123	S	\$1,431.00
38380	A	Thoracic duct procedure	OPPS inpatient only list		C	
38381	A	Thoracic duct procedure	OPPS inpatient only list		C	
38382	A	Thoracic duct procedure	OPPS inpatient only list		C	
38562	A	Removal, pelvic lymph nodes	OPPS inpatient only list		C	
38564	A	Removal, abdomen lymph nodes	OPPS inpatient only list		C	
38589	C	Laparoscope proc, lymphatic	Unlisted procedure	0130	T	\$1,965.65
38720	A	Removal of lymph nodes, neck	Requires Overnight Stay	0113	T	\$1,315.18
38724	A	Removal of lymph nodes, neck	OPPS inpatient only list		C	
38746	A	Remove thoracic lymph nodes	OPPS inpatient only list		C	
38747	A	Remove abdominal lymph nodes	OPPS inpatient only list		C	
38765	A	Remove groin lymph nodes	OPPS inpatient only list		C	
38770	A	Remove pelvis lymph nodes	OPPS inpatient only list		C	
38780	A	Remove abdomen lymph nodes	OPPS inpatient only list		C	
38790	A	Inject for lymphatic x-ray	Packaged under OPPS		N	
38792	A	Identify sentinel node	Packaged Services Subject to Separate Pay	0389	Q	\$86.61
38794	A	Access thoracic lymph duct	Packaged under OPPS		N	
38999	C	Blood/lymph system procedure	Unlisted procedure	0110	S	\$212.78
39000	A	Exploration of chest	OPPS inpatient only list		C	
39010	A	Exploration of chest	OPPS inpatient only list		C	
39200	A	Removal chest lesion	OPPS inpatient only list		C	
39220	A	Removal chest lesion	OPPS inpatient only list		C	
39400	A	Visualization of chest	Requires Overnight Stay	0069	T	\$1,941.71
39499	C	Chest procedure	OPPS inpatient only list		C	
39501	A	Repair diaphragm laceration	OPPS inpatient only list		C	
39502	A	Repair paraesophageal hernia	OPPS inpatient only list		C	
39503	A	Repair of diaphragm hernia	OPPS inpatient only list		C	
39520	A	Repair of diaphragm hernia	OPPS inpatient only list		C	
39530	A	Repair of diaphragm hernia	OPPS inpatient only list		C	
39531	A	Repair of diaphragm hernia	OPPS inpatient only list		C	
39540	A	Repair of diaphragm hernia	OPPS inpatient only list		C	
39541	A	Repair of diaphragm hernia	OPPS inpatient only list		C	
39545	A	Revision of diaphragm	OPPS inpatient only list		C	
39560	A	Resect diaphragm, simple	OPPS inpatient only list		C	
39561	A	Resect diaphragm, complex	OPPS inpatient only list		C	
39599	C	Diaphragm surgery procedure	OPPS inpatient only list		C	
40799	C	Lip surgery procedure	Unlisted procedure	0251	T	\$146.29
40899	C	Mouth surgery procedure	Unlisted procedure	0251	T	\$146.29
41130	A	Partial removal of tongue	OPPS inpatient only list		C	
41135	A	Tongue and neck surgery	OPPS inpatient only list		C	
41140	A	Removal of tongue	OPPS inpatient only list		C	
41145	A	Tongue removal, neck surgery	OPPS inpatient only list		C	

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41150	A	Tongue, mouth, jaw surgery	OPPS inpatient only list		C	
41153	A	Tongue, mouth, neck surgery	OPPS inpatient only list		C	
41155	A	Tongue, jaw, & neck surgery	OPPS inpatient only list		C	
41599	C	Tongue and mouth surgery	Unlisted procedure	0251	T	\$146.29
41899	C	Dental surgery procedure	Unlisted procedure	0251	T	\$146.29
42225	A	Reconstruct cleft palate	Requires Overnight Stay	0258	T	\$2,324.90
42227	A	Lengthening of palate	80% of cases are inpatient	0256	T	\$2,324.90
42299	C	Palate/uvula surgery	Unlisted procedure	0251	T	\$146.29
42426	A	Excise parotid gland/lesion	OPPS inpatient only list		C	
42550	A	Injection for salivary x-ray	Packaged under OPPS		N	
42699	C	Salivary surgery procedure	Unlisted procedure	0251	T	\$146.29
42842	A	Extensive surgery of throat	Requires Overnight Stay	0254	T	\$1,425.30
42844	A	Extensive surgery of throat	Requires Overnight Stay	0256	T	\$2,324.90
42845	A	Extensive surgery of throat	OPPS inpatient only list		C	
42894	A	Revision of pharyngeal walls	OPPS inpatient only list		C	
42953	A	Repair throat, esophagus	OPPS inpatient only list		C	
42961	A	Control throat bleeding	OPPS inpatient only list		C	
42971	A	Control nose/throat bleeding	OPPS inpatient only list		C	
42999	C	Throat surgery procedure	Unlisted procedure	0251	T	\$146.29
43020	A	Incision of esophagus	Requires Overnight Stay	0252	T	\$475.55
43045	A	Incision of esophagus	OPPS inpatient only list		C	
43100	A	Excision of esophagus lesion	OPPS inpatient only list		C	
43101	A	Excision of esophagus lesion	OPPS inpatient only list		C	
43107	A	Removal of esophagus	OPPS inpatient only list		C	
43108	A	Removal of esophagus	OPPS inpatient only list		C	
43112	A	Removal of esophagus	OPPS inpatient only list		C	
43113	A	Removal of esophagus	OPPS inpatient only list		C	
43116	A	Partial removal of esophagus	OPPS inpatient only list		C	
43117	A	Partial removal of esophagus	OPPS inpatient only list		C	
43118	A	Partial removal of esophagus	OPPS inpatient only list		C	
43121	A	Partial removal of esophagus	OPPS inpatient only list		C	
43122	A	Partial removal of esophagus	OPPS inpatient only list		C	
43123	A	Partial removal of esophagus	OPPS inpatient only list		C	
43124	A	Removal of esophagus	OPPS inpatient only list		C	
43130	A	Removal of esophagus pouch	Requires Overnight Stay	0256	T	\$2,324.90
43135	A	Removal of esophagus pouch	OPPS inpatient only list		C	
43280	A	Laparoscopy, fundoplasty	Requires Overnight Stay	0132	T	\$4,363.07
43289	C	Laparoscope proc, esoph	80% of cases are inpatient	0130	T	\$1,965.65
43300	A	Repair of esophagus	OPPS inpatient only list		C	
43305	A	Repair esophagus and fistula	OPPS inpatient only list		C	
43310	A	Repair of esophagus	OPPS inpatient only list		C	
43312	A	Repair esophagus and fistula	OPPS inpatient only list		C	
43313	A	Esophagoplasty congenital	OPPS inpatient only list		C	
43314	A	Tracheo-esophagoplasty cong	OPPS inpatient only list		C	
43320	A	Fuse esophagus & stomach	OPPS inpatient only list		C	
43324	A	Revise esophagus & stomach	OPPS inpatient only list		C	
43325	A	Revise esophagus & stomach	OPPS inpatient only list		C	
43326	A	Revise esophagus & stomach	OPPS inpatient only list		C	
43330	A	Repair of esophagus	OPPS inpatient only list		C	
43331	A	Repair of esophagus	OPPS inpatient only list		C	
43340	A	Fuse esophagus & intestine	OPPS inpatient only list		C	
43341	A	Fuse esophagus & intestine	OPPS inpatient only list		C	
43350	A	Surgical opening, esophagus	OPPS inpatient only list		C	
43351	A	Surgical opening, esophagus	OPPS inpatient only list		C	
43352	A	Surgical opening, esophagus	OPPS inpatient only list		C	
43360	A	Gastrointestinal repair	OPPS inpatient only list		C	
43361	A	Gastrointestinal repair	OPPS inpatient only list		C	
43400	A	Ligate esophagus veins	OPPS inpatient only list		C	
43401	A	Esophagus surgery for veins	OPPS inpatient only list		C	
43405	A	Ligate/staple esophagus	OPPS inpatient only list		C	
43410	A	Repair esophagus wound	OPPS inpatient only list		C	
43415	A	Repair esophagus wound	OPPS inpatient only list		C	
43420	A	Repair esophagus opening	OPPS inpatient only list		C	
43425	A	Repair esophagus opening	OPPS inpatient only list		C	
43460	A	Pressure treatment esophagus	OPPS inpatient only list		C	
43496	C	Free jejunum flap, microvasc	OPPS inpatient only list		C	
43499	C	Esophagus surgery procedure	Unlisted procedure	0141	T	\$511.30
43500	A	Surgical opening of stomach	OPPS inpatient only list		C	

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43501	A	Surgical repair of stomach	OPPS inpatient only list		C	
43502	A	Surgical repair of stomach	OPPS inpatient only list		C	
43510	A	Surgical opening of stomach	Requires Overnight Stay	0141	T	\$511.30
43520	A	Incision of pyloric muscle	OPPS inpatient only list		C	
43605	A	Biopsy of stomach	OPPS inpatient only list		C	
43610	A	Excision of stomach lesion	OPPS inpatient only list		C	
43611	A	Excision of stomach lesion	OPPS inpatient only list		C	
43620	A	Removal of stomach	OPPS inpatient only list		C	
43621	A	Removal of stomach	OPPS inpatient only list		C	
43622	A	Removal of stomach	OPPS inpatient only list		C	
43631	A	Removal of stomach, partial	OPPS inpatient only list		C	
43632	A	Removal of stomach, partial	OPPS inpatient only list		C	
43633	A	Removal of stomach, partial	OPPS inpatient only list		C	
43634	A	Removal of stomach, partial	OPPS inpatient only list		C	
43635	A	Removal of stomach, partial	OPPS inpatient only list		C	
43640	A	Vagotomy & pylorus repair	OPPS inpatient only list		C	
43641	A	Vagotomy & pylorus repair	OPPS inpatient only list		C	
43644	A	Lap gastric bypass/roux-en-y	OPPS inpatient only list		C	
43645	A	Lap gastr bypass incl small i	OPPS inpatient only list		C	
43651	A	Laparoscopy, vagus nerve	80% of cases are inpatient	0132	T	\$4,363.07
43652	A	Laparoscopy, vagus nerve	Requires Overnight Stay	0132	T	\$4,363.07
43659	C	Laparoscope proc, stom	Unlisted procedure	0130	T	\$1,965.65
43752	A	Nasa/orogastric w/stent	80% of cases are inpatient	0272	X	\$79.92
43770	A	Lap, place gastr adjust band	OPPS inpatient only list		C	
43771	A	Lap, revise adjust gast band	OPPS inpatient only list		C	
43772	A	Lap, remove adjust gast band	OPPS inpatient only list		C	
43773	A	Lap, change adjust gast band	OPPS inpatient only list		C	
43774	A	Lap remov adj gast band/port	OPPS inpatient only list		C	
43800	A	Reconstruction of pylorus	OPPS inpatient only list		C	
43810	A	Fusion of stomach and bowel	OPPS inpatient only list		C	
43820	A	Fusion of stomach and bowel	OPPS inpatient only list		C	
43825	A	Fusion of stomach and bowel	OPPS inpatient only list		C	
43830	A	Place gastrostomy tube	80% of cases are inpatient	0422	T	\$1,695.69
43831	A	Place gastrostomy tube	80% of cases are inpatient	0141	T	\$511.30
43832	A	Place gastrostomy tube	OPPS inpatient only list		C	
43840	A	Repair of stomach lesion	OPPS inpatient only list		C	
43842	N	V-band gastroplasty	OPPS inpatient only list		C	
43843	A	Gastroplasty w/o v-band	OPPS inpatient only list		C	
43845	A	Gastroplasty duodenal switch	OPPS inpatient only list		C	
43846	A	Gastric bypass for obesity	OPPS inpatient only list		C	
43847	A	Gastric bypass incl small i	OPPS inpatient only list		C	
43848	A	Revision gastroplasty	OPPS inpatient only list		C	
43850	A	Revise stomach-bowel fusion	OPPS inpatient only list		C	
43855	A	Revise stomach-bowel fusion	OPPS inpatient only list		C	
43860	A	Revise stomach-bowel fusion	OPPS inpatient only list		C	
43865	A	Revise stomach-bowel fusion	OPPS inpatient only list		C	
43880	A	Repair stomach-bowel fistula	OPPS inpatient only list		C	
43999	C	Stomach surgery procedure	Unlisted procedure	0141	T	\$511.30
44005	A	Freeling of bowel adhesion	OPPS inpatient only list		C	
44010	A	Incision of small bowel	OPPS inpatient only list		C	
44015	A	Insert needle cath bowel	OPPS inpatient only list		C	
44020	A	Explore small intestine	OPPS inpatient only list		C	
44021	A	Decompress small bowel	OPPS inpatient only list		C	
44025	A	Incision of large bowel	OPPS inpatient only list		C	
44050	A	Reduce bowel obstruction	OPPS inpatient only list		C	
44055	A	Correct malrotation of bowel	OPPS inpatient only list		C	
44110	A	Excise intestine lesion(s)	OPPS inpatient only list		C	
44111	A	Excision of bowel lesion(s)	OPPS inpatient only list		C	
44120	A	Removal of small intestine	OPPS inpatient only list		C	
44121	A	Removal of small intestine	OPPS inpatient only list		C	
44125	A	Removal of small intestine	OPPS inpatient only list		C	
44126	A	Enterectomy w/o taper, cong	OPPS inpatient only list		C	
44127	A	Enterectomy w/taper, cong	OPPS inpatient only list		C	
44128	A	Enterectomy cong, add-on	OPPS inpatient only list		C	
44130	A	Bowel to bowel fusion	OPPS inpatient only list		C	
44137	C	Remove intestinal allograft	OPPS inpatient only list		C	
44139	A	Mobilization of colon	OPPS inpatient only list		C	
44140	A	Partial removal of colon	OPPS inpatient only list		C	

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44141	A	Partial removal of colon	OPPS inpatient only list		C	
44143	A	Partial removal of colon	OPPS inpatient only list		C	
44144	A	Partial removal of colon	OPPS inpatient only list		C	
44145	A	Partial removal of colon	OPPS inpatient only list		C	
44146	A	Partial removal of colon	OPPS inpatient only list		C	
44147	A	Partial removal of colon	OPPS inpatient only list		C	
44150	A	Removal of colon	OPPS inpatient only list		C	
44151	A	Removal of colon/ileostomy	OPPS inpatient only list		C	
44152	A	Removal of colon/ileostomy	OPPS inpatient only list		C	
44153	A	Removal of colon/ileostomy	OPPS inpatient only list		C	
44155	A	Removal of colon/ileostomy	OPPS inpatient only list		C	
44156	A	Removal of colon/ileostomy	OPPS inpatient only list		C	
44160	A	Removal of colon	OPPS inpatient only list		C	
44180	A	Lap, enterolysis	Requires Overnight Stay	0131	T	\$2,678.23
44186	A	Lap, jejunostomy	Requires Overnight Stay	0131	T	\$2,678.23
44187	A	Lap, ileo/jeuno-stomy	OPPS inpatient only list		C	
44188	A	Lap, colostomy	OPPS inpatient only list		C	
44202	A	Lap, enterectomy	OPPS inpatient only list		C	
44203	A	Lap resect s/intestine, addl	OPPS inpatient only list		C	
44204	A	Laparo partial colectomy	OPPS inpatient only list		C	
44205	A	Lap colectomy part w/ileum	OPPS inpatient only list		C	
44206	A	Lap part colectomy w/stoma	80% of cases are inpatient	0132	T	\$4,363.07
44207	A	L colectomy/coloproctostomy	80% of cases are inpatient	0132	T	\$4,363.07
44208	A	L colectomy/coloproctostomy	80% of cases are inpatient	0132	T	\$4,363.07
44210	A	Laparo total proctocolectomy	OPPS inpatient only list		C	
44211	A	Laparo total proctocolectomy	OPPS inpatient only list		C	
44212	A	Laparo total proctocolectomy	OPPS inpatient only list		C	
44213	A	Lap, mobil splenic fl add-on	Requires Overnight Stay	0130	T	\$1,965.65
44227	A	Lap, close enterostomy	OPPS inpatient only list		C	
44238	C	Laparoscope proc, intestine	80% of cases are inpatient	0130	T	\$1,965.65
44300	A	Open bowel to skin	OPPS inpatient only list		C	
44310	A	Ileostomy/jejunostomy	OPPS inpatient only list		C	
44314	A	Revision of ileostomy	OPPS inpatient only list		C	
44316	A	Devise bowel pouch	OPPS inpatient only list		C	
44320	A	Colostomy	OPPS inpatient only list		C	
44322	A	Colostomy with biopsies	OPPS inpatient only list		C	
44345	A	Revision of colostomy	OPPS inpatient only list		C	
44348	A	Revision of colostomy	OPPS inpatient only list		C	
44500	A	Intro, gastrointestinal tube	80% of cases are inpatient	0121	T	\$144.22
44802	A	Suture, small intestine	OPPS inpatient only list		C	
44803	A	Suture, small intestine	OPPS inpatient only list		C	
44804	A	Suture, large intestine	OPPS inpatient only list		C	
44805	A	Repair of bowel lesion	OPPS inpatient only list		C	
44815	A	Intestinal stricturoplasty	OPPS inpatient only list		C	
44820	A	Repair bowel opening	OPPS inpatient only list		C	
44825	A	Repair bowel opening	OPPS inpatient only list		C	
44826	A	Repair bowel opening	OPPS inpatient only list		C	
44840	A	Repair bowel-skin fistula	OPPS inpatient only list		C	
44850	A	Repair bowel fistula	OPPS inpatient only list		C	
44860	A	Repair bowel-bladder fistula	OPPS inpatient only list		C	
44861	A	Repair bowel-bladder fistula	OPPS inpatient only list		C	
44880	A	Surgical revision, intestine	OPPS inpatient only list		C	
44700	A	Suspend bowel w/prosthesis	OPPS inpatient only list		C	
44701	A	Intraop colon lavage add-on	Packaged under OPPS		N	
44715	C	Prepare donor intestine	OPPS inpatient only list		C	
44720	A	Prep donor intestine/venous	OPPS inpatient only list		C	
44721	A	Prep donor intestine/artery	OPPS inpatient only list		C	
44799	C	Unlisted procedure intestine	Unlisted procedure	0153	T	\$1,364.94
44800	A	Excision of bowel pouch	OPPS inpatient only list		C	
44820	A	Excision of mesentery lesion	OPPS inpatient only list		C	
44850	A	Repair of mesentery	OPPS inpatient only list		C	
44899	C	Bowel surgery procedure	OPPS inpatient only list		C	
44900	A	Drain abscess, open	OPPS inpatient only list		C	
44901	A	Drain abscess, percut	80% of cases are inpatient	0037	T	\$631.61
44950	A	Appendectomy	OPPS inpatient only list		C	
44955	A	Appendectomy add-on	OPPS inpatient only list		C	
44980	A	Appendectomy	OPPS inpatient only list		C	
44970	A	Laparoscopy, appendectomy	Requires Overnight Stay	0131	T	\$2,678.23

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
44979	C	Laparoscope proc, app	80% of cases are inpatient	0130	T	\$1,965.65
45110	A	Removal of rectum	OPPS inpatient only list		C	
45111	A	Partial removal of rectum	OPPS inpatient only list		C	
45112	A	Removal of rectum	OPPS inpatient only list		C	
45113	A	Partial proctectomy	OPPS inpatient only list		C	
45114	A	Partial removal of rectum	OPPS inpatient only list		C	
45116	A	Partial removal of rectum	OPPS inpatient only list		C	
45119	A	Remove rectum w/reservoir	OPPS inpatient only list		C	
45120	A	Removal of rectum	OPPS inpatient only list		C	
45121	A	Removal of rectum and colon	OPPS inpatient only list		C	
45123	A	Partial proctectomy	OPPS inpatient only list		C	
45126	A	Pelvic exenteration	OPPS inpatient only list		C	
45130	A	Excision of rectal prolapse	OPPS inpatient only list		C	
45135	A	Excision of rectal prolapse	OPPS inpatient only list		C	
45136	A	Excise ileoanal reservoir	OPPS inpatient only list		C	
45395	A	Lap, removal of rectum	OPPS inpatient only list		C	
45397	A	Lap, remove rectum w/pouch	OPPS inpatient only list		C	
45400	A	Laparoscopic proctopexy	OPPS inpatient only list		C	
45402	A	Lap proctopexy w/sig resect	OPPS inpatient only list		C	
45499	C	Laparoscope proc, rectum	Unlisted procedure	0130	T	\$1,965.65
45540	A	Correct rectal prolapse	OPPS inpatient only list		C	
45541	A	Correct rectal prolapse	Requires Overnight Stay	0150	T	\$1,811.98
45550	A	Repair rectum/remove sigmoid	OPPS inpatient only list		C	
45562	A	Exploration/repair of rectum	OPPS inpatient only list		C	
45563	A	Exploration/repair of rectum	OPPS inpatient only list		C	
45800	A	Repair rect/bladder fistula	OPPS inpatient only list		C	
45805	A	Repair fistula w/colostomy	OPPS inpatient only list		C	
45820	A	Repair rectourethral fistula	OPPS inpatient only list		C	
45825	A	Repair fistula w/colostomy	OPPS inpatient only list		C	
45999	C	Rectum surgery procedure	Unlisted procedure	0148	T	\$301.42
46705	A	Repair of anal stricture	OPPS inpatient only list		C	
46710	A	Repr per/vag pouch enpl proc	OPPS inpatient only list		C	
46712	A	Repr per/vag pouch dbl proc	OPPS inpatient only list		C	
46715	A	Rep perf anoper fistu	OPPS inpatient only list		C	
46716	A	Rep perf anoper/vestib fistu	OPPS inpatient only list		C	
46730	A	Construction of absent anus	OPPS inpatient only list		C	
46735	A	Construction of absent anus	OPPS inpatient only list		C	
46740	A	Construction of absent anus	OPPS inpatient only list		C	
46742	A	Repair of imperforated anus	OPPS inpatient only list		C	
46744	A	Repair of cloacal anomaly	OPPS inpatient only list		C	
46746	A	Repair of cloacal anomaly	OPPS inpatient only list		C	
46748	A	Repair of cloacal anomaly	OPPS inpatient only list		C	
46751	A	Repair of anal sphincter	OPPS inpatient only list		C	
46999	C	Anus surgery procedure	Unlisted procedure	0148	T	\$301.42
47001	A	Needle biopsy, liver add-on	Packaged under OPPS		N	
47010	A	Open drainage, liver lesion	OPPS inpatient only list		C	
47011	A	Percut drain, liver lesion	Requires Overnight Stay	0037	T	\$631.61
47015	A	Inject/aspirate liver cyst	OPPS inpatient only list		C	
47100	A	Wedge biopsy of liver	OPPS inpatient only list		C	
47120	A	Partial removal of liver	OPPS inpatient only list		C	
47122	A	Extensive removal of liver	OPPS inpatient only list		C	
47125	A	Partial removal of liver	OPPS inpatient only list		C	
47130	A	Partial removal of liver	OPPS inpatient only list		C	
47135	R	Transplantation of liver	OPPS inpatient only list		C	
47136	R	Transplantation of liver	OPPS inpatient only list		C	
47140	A	Partial removal, donor liver	OPPS inpatient only list		C	
47141	A	Partial removal, donor liver	OPPS inpatient only list		C	
47142	A	Partial removal, donor liver	OPPS inpatient only list		C	
47143	C	Prep donor liver, whole	OPPS inpatient only list		C	
47144	C	Prep donor liver, 3-segment	OPPS inpatient only list		C	
47145	C	Prep donor liver, lobe split	OPPS inpatient only list		C	
47146	A	Prep donor liver/venous	OPPS inpatient only list		C	
47147	A	Prep donor liver/arterial	OPPS inpatient only list		C	
47300	A	Surgery for liver lesion	OPPS inpatient only list		C	
47350	A	Repair liver wound	OPPS inpatient only list		C	
47360	A	Repair liver wound	OPPS inpatient only list		C	
47361	A	Repair liver wound	OPPS inpatient only list		C	
47362	A	Repair liver wound	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
47370	A	Laparo ablate liver tumor rf	80% of cases are inpatient	0132	T	\$4,363.07
47371	A	Laparo ablate liver cryosurg	80% of cases are inpatient	0131	T	\$2,678.23
47379	C	Laparoscope procedure, liver	Unlisted procedure	0130	T	\$1,965.65
47380	A	Open ablate liver tumor rf	OPPS inpatient only list		C	
47381	A	Open ablate liver tumor cryo	OPPS inpatient only list		C	
47399	C	Liver surgery procedure	Unlisted procedure	0004	T	\$128.41
47400	A	Incision of liver duct	OPPS inpatient only list		C	
47420	A	Incision of bile duct	OPPS inpatient only list		C	
47425	A	Incision of bile duct	OPPS inpatient only list		C	
47480	A	Incise bile duct sphincter	OPPS inpatient only list		C	
47480	A	Incision of gallbladder	OPPS inpatient only list		C	
47490	A	Incision of gallbladder	80% of cases are inpatient	0152	T	\$1,197.26
47500	A	Injection for liver x-rays	Packaged under OPPS		N	
47505	A	Injection for liver x-rays	Packaged under OPPS		N	
47550	A	Bile duct endoscopy add-on	OPPS inpatient only list		C	
47564	A	Laparo cholecystectomy/explr	Requires Overnight Stay	0131	T	\$2,678.23
47570	A	Laparo cholecystoenterostomy	OPPS inpatient only list		C	
47579	C	Laparoscope proc, biliary	Unlisted procedure	0130	T	\$1,965.65
47600	A	Removal of gallbladder	OPPS inpatient only list		C	
47605	A	Removal of gallbladder	OPPS inpatient only list		C	
47610	A	Removal of gallbladder	OPPS inpatient only list		C	
47612	A	Removal of gallbladder	OPPS inpatient only list		C	
47620	A	Removal of gallbladder	OPPS inpatient only list		C	
47700	A	Exploration of bile ducts	OPPS inpatient only list		C	
47701	A	Bile duct revision	OPPS inpatient only list		C	
47711	A	Excision of bile duct tumor	OPPS inpatient only list		C	
47712	A	Excision of bile duct tumor	OPPS inpatient only list		C	
47715	A	Excision of bile duct cyst	OPPS inpatient only list		C	
47716	A	Fusion of bile duct cyst	OPPS inpatient only list		C	
47720	A	Fuse gallbladder & bowel	OPPS inpatient only list		C	
47721	A	Fuse upper gi structures	OPPS inpatient only list		C	
47740	A	Fuse gallbladder & bowel	OPPS inpatient only list		C	
47741	A	Fuse gallbladder & bowel	OPPS inpatient only list		C	
47760	A	Fuse bile ducts and bowel	OPPS inpatient only list		C	
47765	A	Fuse liver ducts & bowel	OPPS inpatient only list		C	
47780	A	Fuse bile ducts and bowel	OPPS inpatient only list		C	
47785	A	Fuse bile ducts and bowel	OPPS inpatient only list		C	
47800	A	Reconstruction of bile ducts	OPPS inpatient only list		C	
47801	A	Placement, bile duct support	OPPS inpatient only list		C	
47802	A	Fuse liver duct & intestine	OPPS inpatient only list		C	
47900	A	Suture bile duct injury	OPPS inpatient only list		C	
47999	C	Bile tract surgery procedure	Unlisted procedure	0152	T	\$1,197.26
48000	A	Drainage of abdomen	OPPS inpatient only list		C	
48001	A	Placement of drain, pancreas	OPPS inpatient only list		C	
48005	A	Resect/debride pancreas	OPPS inpatient only list		C	
48020	A	Removal of pancreatic stone	OPPS inpatient only list		C	
48100	A	Biopsy of pancreas, open	OPPS inpatient only list		C	
48120	A	Removal of pancreas lesion	OPPS inpatient only list		C	
48140	A	Partial removal of pancreas	OPPS inpatient only list		C	
48145	A	Partial removal of pancreas	OPPS inpatient only list		C	
48146	A	Pancreatectomy	OPPS inpatient only list		C	
48148	A	Removal of pancreatic duct	OPPS inpatient only list		C	
48150	A	Partial removal of pancreas	OPPS inpatient only list		C	
48152	A	Pancreatectomy	OPPS inpatient only list		C	
48153	A	Pancreatectomy	OPPS inpatient only list		C	
48154	A	Pancreatectomy	OPPS inpatient only list		C	
48155	A	Removal of pancreas	OPPS inpatient only list		C	
48180	A	Fuse pancreas and bowel	OPPS inpatient only list		C	
48400	A	Injection, intraop add-on	OPPS inpatient only list		C	
48500	A	Surgery of pancreatic cyst	OPPS inpatient only list		C	
48510	A	Drain pancreatic pseudocyst	OPPS inpatient only list		C	
48511	A	Drain pancreatic pseudocyst	Requires Overnight Stay	0037	T	\$631.61
48520	A	Fuse pancreas cyst and bowel	OPPS inpatient only list		C	
48540	A	Fuse pancreas cyst and bowel	OPPS inpatient only list		C	
48545	A	Pancreatorrhaphy	OPPS inpatient only list		C	
48547	A	Duodenal exclusion	OPPS inpatient only list		C	
48551	C	Prep donor pancreas	OPPS inpatient only list		C	
48552	A	Prep donor pancreas/venous	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
48554	R	Transpl allograft pancreas	OPPS inpatient only list		C	
48556	A	Removal, allograft pancreas	OPPS inpatient only list		C	
48999	C	Pancreas surgery procedure	Unlisted procedure	0004	T	\$128.41
49000	A	Exploration of abdomen	OPPS inpatient only list		C	
49002	A	Reopening of abdomen	OPPS inpatient only list		C	
49010	A	Exploration behind abdomen	OPPS inpatient only list		C	
49020	A	Drain abdominal abscess	OPPS inpatient only list		C	
49021	A	Drain abdominal abscess	80% of cases are inpatient	0037	T	\$631.61
49040	A	Drain, open, abdom abscess	OPPS inpatient only list		C	
49041	A	Drain, percut, abdom abscess	80% of cases are inpatient	0037	T	\$631.61
49060	A	Drain, open, retroper abscess	OPPS inpatient only list		C	
49061	A	Drain, percut, retroper abscess	80% of cases are inpatient	0037	T	\$631.61
49062	A	Drain to peritoneal cavity	OPPS inpatient only list		C	
49200	A	Removal of abdominal lesion	80% of cases are inpatient	0130	T	\$1,965.65
49201	A	Remove abdom lesion, complex	OPPS inpatient only list		C	
49215	A	Excise sacral spine tumor	OPPS inpatient only list		C	
49220	A	Multiple surgery, abdomen	OPPS inpatient only list		C	
49255	A	Removal of omentum	OPPS inpatient only list		C	
49323	A	Laparo drain lymphocele	80% of cases are inpatient	0130	T	\$1,965.65
49329	C	Laparo proc, abdom/per/oment	Unlisted procedure	0130	T	\$1,965.65
49400	A	Air injection into abdomen	Packaged under OPPS		N	
49424	A	Assess cyst, contrast inject	Packaged under OPPS		N	
49425	A	Insert abdomen-venous drain	OPPS inpatient only list		C	
49427	A	Injection, abdominal shunt	Packaged under OPPS		N	
49428	A	Ligation of shunt	OPPS inpatient only list		C	
49491	A	Rpr hern preemie reduc	Requires Overnight Stay	0154	T	\$1,794.16
49492	A	Rpr ing hern preemie, blocked	80% of cases are inpatient	0154	T	\$1,794.16
49605	A	Repair umbilical lesion	OPPS inpatient only list		C	
49606	A	Repair umbilical lesion	OPPS inpatient only list		C	
49610	A	Repair umbilical lesion	OPPS inpatient only list		C	
49611	A	Repair umbilical lesion	OPPS inpatient only list		C	
49659	C	Laparo proc, hernia repair	Unlisted procedure	0130	T	\$1,965.65
49900	A	Repair of abdominal wall	OPPS inpatient only list		C	
49904	A	Omental flap, extra-abdom	OPPS inpatient only list		C	
49905	A	Omental flap, intra-abdom	OPPS inpatient only list		C	
49906	C	Free omental flap, microvasc	OPPS inpatient only list		C	
49999	C	Abdomen surgery procedure	Unlisted procedure	0153	T	\$1,364.94
50010	A	Exploration of kidney	OPPS inpatient only list		C	
50020	A	Renal abscess, open drain	Requires Overnight Stay	0162	T	\$1,488.37
50021	A	Renal abscess, percut drain	Requires Overnight Stay	0037	T	\$631.61
50040	A	Drainage of kidney	OPPS inpatient only list		C	
50045	A	Exploration of kidney	OPPS inpatient only list		C	
50060	A	Removal of kidney stone	OPPS inpatient only list		C	
50065	A	Incision of kidney	OPPS inpatient only list		C	
50070	A	Incision of kidney	OPPS inpatient only list		C	
50075	A	Removal of kidney stone	OPPS inpatient only list		C	
50080	A	Removal of kidney stone	Requires Overnight Stay	0429	T	\$2,642.55
50081	A	Removal of kidney stone	Requires Overnight Stay	0429	T	\$2,642.55
50100	A	Revise kidney blood vessels	OPPS inpatient only list		C	
50120	A	Exploration of kidney	OPPS inpatient only list		C	
50125	A	Explore and drain kidney	OPPS inpatient only list		C	
50130	A	Removal of kidney stone	OPPS inpatient only list		C	
50135	A	Exploration of kidney	OPPS inpatient only list		C	
50205	A	Biopsy of kidney	OPPS inpatient only list		C	
50220	A	Remove kidney, open	OPPS inpatient only list		C	
50225	A	Removal kidney open, complex	OPPS inpatient only list		C	
50230	A	Removal kidney open, radical	OPPS inpatient only list		C	
50234	A	Removal of kidney & ureter	OPPS inpatient only list		C	
50236	A	Removal of kidney & ureter	OPPS inpatient only list		C	
50240	A	Partial removal of kidney	OPPS inpatient only list		C	
50250	A	Cryoablate renal mass open	OPPS inpatient only list		C	
50280	A	Removal of kidney lesion	OPPS inpatient only list		C	
50290	A	Removal of kidney lesion	OPPS inpatient only list		C	
50320	A	Remove kidney, living donor	OPPS inpatient only list		C	
50323	C	Prep cadaver renal allograft	OPPS inpatient only list		C	
50325	C	Prep donor renal graft	OPPS inpatient only list		C	
50327	A	Prep renal graft/venous	OPPS inpatient only list		C	
50328	A	Prep renal graft/arterial	OPPS inpatient only list		C	

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50329	A	Prep renal graft/ureteral	OPPS inpatient only list		C	
50340	A	Removal of kidney	OPPS inpatient only list		C	
50360	A	Transplantation of kidney	OPPS inpatient only list		C	
50365	A	Transplantation of kidney	OPPS inpatient only list		C	
50370	A	Remove transplanted kidney	OPPS inpatient only list		C	
50380	A	Reimplantation of kidney	OPPS inpatient only list		C	
50394	A	Injection for kidney x-ray	Packaged under OPPS		N	
50400	A	Revision of kidney/ureter	OPPS inpatient only list		C	
50405	A	Revision of kidney/ureter	OPPS inpatient only list		C	
50500	A	Repair of kidney wound	OPPS inpatient only list		C	
50520	A	Close kidney-skin fistula	OPPS inpatient only list		C	
50525	A	Repair renal-abdomen fistula	OPPS inpatient only list		C	
50526	A	Repair renal-abdomen fistula	OPPS inpatient only list		C	
50540	A	Revision of horseshoe kidney	OPPS inpatient only list		C	
50541	A	Laparo ablate renal cyst	Requires Overnight Stay	0130	T	\$1,965.65
50542	A	Laparo ablate renal mass	80% of cases are inpatient	0132	T	\$4,363.07
50543	A	Laparo partial nephrectomy	80% of cases are inpatient	0131	T	\$2,678.23
50544	A	Laparoscopy, pyeloplasty	80% of cases are inpatient	0130	T	\$1,965.65
50545	A	Laparo radical nephrectomy	OPPS inpatient only list		C	
50546	A	Laparoscopic nephrectomy	OPPS inpatient only list		C	
50547	A	Laparo removal donor kidney	OPPS inpatient only list		C	
50548	A	Laparo remove w/ureter	OPPS inpatient only list		C	
50549	C	Laparoscope proc, renal	80% of cases are inpatient	0130	T	\$1,965.65
50580	A	Kidney endoscopy & treatment	OPPS inpatient only list		C	
50600	A	Exploration of ureter	OPPS inpatient only list		C	
50605	A	Insert ureteral support	OPPS inpatient only list		C	
50610	A	Removal of ureter stone	OPPS inpatient only list		C	
50620	A	Removal of ureter stone	OPPS inpatient only list		C	
50630	A	Removal of ureter stone	OPPS inpatient only list		C	
50650	A	Removal of ureter	OPPS inpatient only list		C	
50660	A	Removal of ureter	OPPS inpatient only list		C	
50684	A	Injection for ureter x-ray	Packaged under OPPS		N	
50690	A	Injection for ureter x-ray	Packaged under OPPS		N	
50700	A	Revision of ureter	OPPS inpatient only list		C	
50715	A	Release of ureter	OPPS inpatient only list		C	
50722	A	Release of ureter	OPPS inpatient only list		C	
50725	A	Release/revise ureter	OPPS inpatient only list		C	
50727	A	Revise ureter	OPPS inpatient only list		C	
50728	A	Revise ureter	OPPS inpatient only list		C	
50740	A	Fusion of ureter & kidney	OPPS inpatient only list		C	
50750	A	Fusion of ureter & kidney	OPPS inpatient only list		C	
50760	A	Fusion of ureters	OPPS inpatient only list		C	
50770	A	Splicing of ureters	OPPS inpatient only list		C	
50780	A	Reimplant ureter in bladder	OPPS inpatient only list		C	
50782	A	Reimplant ureter in bladder	OPPS inpatient only list		C	
50783	A	Reimplant ureter in bladder	OPPS inpatient only list		C	
50785	A	Reimplant ureter in bladder	OPPS inpatient only list		C	
50800	A	Implant ureter in bowel	OPPS inpatient only list		C	
50810	A	Fusion of ureter & bowel	OPPS inpatient only list		C	
50815	A	Urine shunt to intestine	OPPS inpatient only list		C	
50820	A	Construct bowel bladder	OPPS inpatient only list		C	
50825	A	Construct bowel bladder	OPPS inpatient only list		C	
50830	A	Revise urine flow	OPPS inpatient only list		C	
50840	A	Replace ureter by bowel	OPPS inpatient only list		C	
50845	A	Appendico-vesicostomy	OPPS inpatient only list		C	
50860	A	Transplant ureter to skin	OPPS inpatient only list		C	
50900	A	Repair of ureter	OPPS inpatient only list		C	
50920	A	Closure ureter/skin fistula	OPPS inpatient only list		C	
50930	A	Closure ureter/bowel fistula	OPPS inpatient only list		C	
50940	A	Release of ureter	OPPS inpatient only list		C	
50945	A	Laparoscopy ureterolithotomy	Requires Overnight Stay	0131	T	\$2,678.23
50949	C	Laparoscope proc, ureter	Unlisted procedure	0130	T	\$1,965.65
51060	A	Removal of ureter stone	OPPS inpatient only list		C	
51525	A	Removal of bladder lesion	OPPS inpatient only list		C	
51530	A	Removal of bladder lesion	OPPS inpatient only list		C	
51535	A	Repair of ureter lesion	OPPS inpatient only list		C	
51550	A	Partial removal of bladder	OPPS inpatient only list		C	
51555	A	Partial removal of bladder	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
51565	A	Revise bladder & ureter(s)	OPPS inpatient only list		C	
51570	A	Removal of bladder	OPPS inpatient only list		C	
51575	A	Removal of bladder & nodes	OPPS inpatient only list		C	
51580	A	Remove bladder/revise tract	OPPS inpatient only list		C	
51585	A	Removal of bladder & nodes	OPPS inpatient only list		C	
51590	A	Remove bladder/revise tract	OPPS inpatient only list		C	
51595	A	Remove bladder/revise tract	OPPS inpatient only list		C	
51598	A	Remove bladder/create pouch	OPPS inpatient only list		C	
51597	A	Removal of pelvic structures	OPPS inpatient only list		C	
51600	A	Injection for bladder x-ray	Packaged under OPPS		N	
51605	A	Preparation for bladder xray	Packaged under OPPS		N	
51610	A	Injection for bladder x-ray	Packaged under OPPS		N	
51800	A	Revision of bladder/urethra	OPPS inpatient only list		C	
51820	A	Revision of urinary tract	OPPS inpatient only list		C	
51840	A	Attach bladder/urethra	OPPS inpatient only list		C	
51841	A	Attach bladder/urethra	OPPS inpatient only list		C	
51845	A	Repair bladder neck	OPPS inpatient only list		C	
51860	A	Repair of bladder wound	OPPS inpatient only list		C	
51865	A	Repair of bladder wound	OPPS inpatient only list		C	
51900	A	Repair bladder/vagina lesion	OPPS inpatient only list		C	
51920	A	Cloose bladder-uterus fistula	OPPS inpatient only list		C	
51925	A	Hysterectomy/bladder repair	OPPS inpatient only list		C	
51940	A	Correction of bladder defect	OPPS inpatient only list		C	
51960	A	Revision of bladder & bowel	OPPS inpatient only list		C	
51980	A	Construct bladder opening	OPPS inpatient only list		C	
51990	A	Laparo urethral suspension	Requires Overnight Stay	0131	T	\$2,678.23
51999	C	Laparoscope proc, bladder	Unlisted procedure	0130	T	\$1,965.65
53415	A	Reconstruction of urethra	OPPS inpatient only list		C	
53448	A	Remov/repic ur sphinctr comp	OPPS inpatient only list		C	
53500	A	Urethryls, transvag w/ scope	Requires Overnight Stay	0168	T	\$1,760.18
53899	C	Urology surgery procedure	Unlisted procedure	0126	T	\$66.75
54125	A	Removal of penis	OPPS inpatient only list		C	
54130	A	Remove penis & nodes	OPPS inpatient only list		C	
54135	A	Remove penis & nodes	OPPS inpatient only list		C	
54230	A	Prepare penis study	Packaged under OPPS		N	
54332	A	Revise penis/urethra	OPPS inpatient only list		C	
54336	A	Revise penis/urethra	OPPS inpatient only list		C	
54390	A	Repair penis and bladder	OPPS inpatient only list		C	
54411	A	Remov/repic penis pros, comp	OPPS inpatient only list		C	
54417	A	Remv/repic penis pros, compl	OPPS inpatient only list		C	
54430	A	Revision of penis	OPPS inpatient only list		C	
54535	A	Extensive testis surgery	OPPS inpatient only list		C	
54650	A	Orchiopexy (Fowler-Stephens)	OPPS inpatient only list		C	
54692	A	Laparoscopy, orchiopexy	80% of cases are inpatient	0132	T	\$4,363.07
54699	C	Laparoscope proc, testis	Unlisted procedure	0130	T	\$1,965.65
55300	A	Prepare, sperm duct x-ray	Packaged under OPPS		N	
55605	A	Incise sperm duct pouch	OPPS inpatient only list		C	
55650	A	Remove sperm duct pouch	OPPS inpatient only list		C	
55801	A	Removal of prostate	OPPS inpatient only list		C	
55810	A	Extensive prostate surgery	OPPS inpatient only list		C	
55812	A	Extensive prostate surgery	OPPS inpatient only list		C	
55815	A	Extensive prostate surgery	OPPS inpatient only list		C	
55821	A	Removal of prostate	OPPS inpatient only list		C	
55831	A	Removal of prostate	OPPS inpatient only list		C	
55840	A	Extensive prostate surgery	OPPS inpatient only list		C	
55842	A	Extensive prostate surgery	OPPS inpatient only list		C	
55845	A	Extensive prostate surgery	OPPS inpatient only list		C	
55862	A	Extensive prostate surgery	OPPS inpatient only list		C	
55865	A	Extensive prostate surgery	OPPS inpatient only list		C	
55866	A	Laparo radical prostatectomy	OPPS inpatient only list		C	
55899	C	Genital surgery procedure	Unlisted procedure	0126	T	\$66.75
56501	A	Destroy, vulva lesions, sim	No Explanation for Exclusion in Rule	0017	T	\$1,091.87
56630	A	Extensive vulva surgery	OPPS inpatient only list		C	
56631	A	Extensive vulva surgery	OPPS inpatient only list		C	
56632	A	Extensive vulva surgery	OPPS inpatient only list		C	
56633	A	Extensive vulva surgery	OPPS inpatient only list		C	
56634	A	Extensive vulva surgery	OPPS inpatient only list		C	
56637	A	Extensive vulva surgery	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
56840	A	Extensive vulva surgery	OPPS inpatient only list		C	
56805	A	Repair clitoris	80% of cases are inpatient	0193	T	\$910.70
57106	A	Remove vagina wall, partial	Requires Overnight Stay	0194	T	\$1,262.49
57107	A	Remove vagina tissue, part	Requires Overnight Stay	0195	T	\$1,769.04
57109	A	Vaginectomy partial w/nodes	80% of cases are inpatient	0195	T	\$1,769.04
57110	A	Remove vagina wall, complete	OPPS inpatient only list		C	
57111	A	Remove vagina tissue, compl	OPPS inpatient only list		C	
57112	A	Vaginectomy w/nodes, compl	OPPS inpatient only list		C	
57120	A	Closure of vagina	Requires Overnight Stay	0195	T	\$1,769.04
57267	A	Insert mesh/pelvic flr addon	Requires Overnight Stay	0195	T	\$1,769.04
57270	A	Repair of bowel pouch	OPPS inpatient only list		C	
57280	A	Suspension of vagina	OPPS inpatient only list		C	
57282	A	Colpopexy, extraperitoneal	OPPS inpatient only list		C	
57283	A	Colpopexy, intraperitoneal	OPPS inpatient only list		C	
57284	A	Repair paravaginal defect	80% of cases are inpatient	0202	T	\$2,639.04
57292	A	Construct vagina with graft	No Explanation for Exclusion in Rule	0195	T	\$1,769.04
57296	A	Change vaginal graft	Requires Overnight Stay	0194	T	\$1,262.49
57305	A	Repair rectum-vagina fistula	OPPS inpatient only list		C	
57307	A	Fistula repair & colostomy	OPPS inpatient only list		C	
57308	A	Fistula repair, transperine	OPPS inpatient only list		C	
57310	A	Repair urethrovaginal lesion	Requires Overnight Stay	0202	T	\$2,639.04
57311	A	Repair urethrovaginal lesion	OPPS inpatient only list		C	
57330	A	Repair bladder-vagina lesion	Requires Overnight Stay	0195	T	\$1,769.04
57335	A	Repair vagina	No Explanation for Exclusion in Rule	0195	T	\$1,769.04
57425	A	Laparoscopy, surg, colpopexy	Requires Overnight Stay	0130	T	\$1,965.65
57531	A	Removal of cervix, radical	OPPS inpatient only list		C	
57540	A	Removal of residual cervix	OPPS inpatient only list		C	
57545	A	Remove cervix/repair pelvis	OPPS inpatient only list		C	
57555	A	Remove cervix/repair vagina	80% of cases are inpatient	0195	T	\$1,769.04
58140	A	Myomectomy abdom method	OPPS inpatient only list		C	
58146	A	Myomectomy abdom complex	OPPS inpatient only list		C	
58150	A	Total hysterectomy	OPPS inpatient only list		C	
58152	A	Total hysterectomy	OPPS inpatient only list		C	
58180	A	Partial hysterectomy	OPPS inpatient only list		C	
58200	A	Extensive hysterectomy	OPPS inpatient only list		C	
58210	A	Extensive hysterectomy	OPPS inpatient only list		C	
58240	A	Removal of pelvis contents	OPPS inpatient only list		C	
58260	A	Vaginal hysterectomy	OPPS inpatient only list		C	
58262	A	Vag hyst including v/o	OPPS inpatient only list		C	
58263	A	Vag hyst w/v/o & vag repair	OPPS inpatient only list		C	
58267	A	Vag hyst w/urinary repair	OPPS inpatient only list		C	
58270	A	Vag hyst w/enterocele repair	OPPS inpatient only list		C	
58275	A	Hysterectomy/revise vagina	OPPS inpatient only list		C	
58280	A	Hysterectomy/revise vagina	OPPS inpatient only list		C	
58285	A	Extensive hysterectomy	OPPS inpatient only list		C	
58290	A	Vag hyst complex	OPPS inpatient only list		C	
58291	A	Vag hyst incl v/o, complex	OPPS inpatient only list		C	
58292	A	Vag hyst v/o & repair, compl	OPPS inpatient only list		C	
58293	A	Vag hyst w/uro repair, compl	OPPS inpatient only list		C	
58294	A	Vag hyst w/enterocele, compl	OPPS inpatient only list		C	
58300	N	Insert intrauterine device	Not paid under OPPS or any other Medicare		E	
58340	A	Catheter for hystero-graphy	Packaged under OPPS		N	
58400	A	Suspension of uterus	OPPS inpatient only list		C	
58410	A	Suspension of uterus	OPPS inpatient only list		C	
58520	A	Repair of ruptured uterus	OPPS inpatient only list		C	
58540	A	Revision of uterus	OPPS inpatient only list		C	
58553	A	Laparo-vag hyst, complex	Requires Overnight Stay	0131	T	\$2,678.23
58554	A	Laparo-vag hyst w/v/o, compl	Requires Overnight Stay	0131	T	\$2,678.23
58578	C	Laparo proc, uterus	Unlisted procedure	0130	T	\$1,965.65
58579	C	Hysteroscope procedure	Unlisted procedure	0190	T	\$1,318.42
58605	A	Division of fallopian tube	OPPS inpatient only list		C	
58611	A	Ligate oviduct(s) add-on	OPPS inpatient only list		C	
58679	C	Laparo proc, oviduct-ovary	Unlisted procedure	0130	T	\$1,965.65
58700	A	Removal of fallopian tube	OPPS inpatient only list		C	
58720	A	Removal of ovary/tube(s)	OPPS inpatient only list		C	
58740	A	Revise fallopian tube(s)	OPPS inpatient only list		C	
58750	A	Repair oviduct	OPPS inpatient only list		C	
58752	A	Revise ovarian tube(s)	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
58760	A	Remove tubal obstruction	OPPS inpatient only list		C	
58770	A	Create new tubal opening	80% of cases are inpatient	0195	T	\$1,769.04
58805	A	Drainage of ovarian cyst(s)	OPPS inpatient only list		C	
58822	A	Drain ovary abscess, percut	OPPS inpatient only list		C	
58823	A	Drain pelvic abscess, percut	80% of cases are inpatient	0193	T	\$910.70
58825	A	Transposition, ovary(s)	OPPS inpatient only list		C	
58920	A	Partial removal of ovary(s)	Requires Overnight Stay	0195	T	\$1,769.04
58925	A	Removal of ovarian cyst(s)	80% of cases are inpatient	0195	T	\$1,769.04
58940	A	Removal of ovary(s)	OPPS inpatient only list		C	
58943	A	Removal of ovary(s)	OPPS inpatient only list		C	
58950	A	Resect ovarian malignancy	OPPS inpatient only list		C	
58951	A	Resect ovarian malignancy	OPPS inpatient only list		C	
58952	A	Resect ovarian malignancy	OPPS inpatient only list		C	
58953	A	Tah, rad dissect for debulk	OPPS inpatient only list		C	
58954	A	Tah rad debulk/lymph remove	OPPS inpatient only list		C	
58956	A	Bso, omentectomy w/tah	OPPS inpatient only list		C	
58960	A	Exploration of abdomen	OPPS inpatient only list		C	
58999	C	Genital surgery procedure	Unlisted procedure	0191	T	\$9.24
59030	A	Fetal scalp blood sample	80% of cases are inpatient	0198	T	\$86.33
59050	A	Fetal monitor w/report	Not paid under OPPS. SI = M		M	
59051	A	Fetal monitor/interpret only	Not paid under OPPS. SI=B		B	
59074	A	Fetal fluid drainage w/us	80% of cases are inpatient	0198	T	\$86.33
59120	A	Treat ectopic pregnancy	OPPS inpatient only list		C	
59121	A	Treat ectopic pregnancy	OPPS inpatient only list		C	
59130	A	Treat ectopic pregnancy	OPPS inpatient only list		C	
59135	A	Treat ectopic pregnancy	OPPS inpatient only list		C	
59136	A	Treat ectopic pregnancy	OPPS inpatient only list		C	
59140	A	Treat ectopic pregnancy	OPPS inpatient only list		C	
59325	A	Revision of cervix	OPPS inpatient only list		C	
59350	A	Repair of uterus	OPPS inpatient only list		C	
59400	A	Obstetrical care	Not paid under OPPS. SI=B		B	
59409	A	Obstetrical care	80% of cases are inpatient	0194	T	\$1,262.49
59410	A	Obstetrical care	Not paid under OPPS. SI=B		B	
59414	A	Deliver placenta	80% of cases are inpatient	0193	T	\$910.70
59425	A	Antepartum care only	Not paid under OPPS. SI=B		B	
59426	A	Antepartum care only	Not paid under OPPS. SI=B		B	
59430	A	Care after delivery	Not paid under OPPS. SI=B		B	
59510	A	Cesarean delivery	Not paid under OPPS. SI=B		B	
59514	A	Cesarean delivery only	OPPS inpatient only list		C	
59515	A	Cesarean delivery	Not paid under OPPS. SI=B		B	
59525	A	Remove uterus after cesarean	OPPS inpatient only list		C	
59610	A	Vbac delivery	Not paid under OPPS. SI=B		B	
59612	A	Vbac delivery only	80% of cases are inpatient	0194	T	\$1,262.49
59614	A	Vbac care after delivery	Not paid under OPPS. SI=B		B	
59618	A	Attempted vbac delivery	Not paid under OPPS. SI=B		B	
59620	A	Attempted vbac delivery only	OPPS inpatient only list		C	
59622	A	Attempted vbac after care	Not paid under OPPS. SI=B		B	
59830	A	Treat uterus infection	OPPS inpatient only list		C	
59850	R	Abortion	OPPS inpatient only list		C	
59851	R	Abortion	OPPS inpatient only list		C	
59852	R	Abortion	OPPS inpatient only list		C	
59855	R	Abortion	OPPS inpatient only list		C	
59856	R	Abortion	OPPS inpatient only list		C	
59857	R	Abortion	OPPS inpatient only list		C	
59897	C	Fetal invas px w/us	Unlisted procedure	0198	T	\$86.33
59898	C	Laparo proc, ob care/deliver	Unlisted procedure	0130	T	\$1,965.65
59899	C	Maternity care procedure	Unlisted procedure	0198	T	\$86.33
60210	A	Partial thyroid excision	Requires Overnight Stay	0114	T	\$2,285.28
60212	A	Partial thyroid excision	Requires Overnight Stay	0114	T	\$2,285.28
60220	A	Partial removal of thyroid	Requires Overnight Stay	0114	T	\$2,285.28
60225	A	Partial removal of thyroid	Requires Overnight Stay	0114	T	\$2,285.28
60240	A	Removal of thyroid	Requires Overnight Stay	0114	T	\$2,285.28
60252	A	Removal of thyroid	Requires Overnight Stay	0256	T	\$2,324.90
60254	A	Extensive thyroid surgery	OPPS inpatient only list		C	
60260	A	Repeat thyroid surgery	Requires Overnight Stay	0256	T	\$2,324.90
60270	A	Removal of thyroid	OPPS inpatient only list		C	
60271	A	Removal of thyroid	OPPS inpatient only list		C	
60500	A	Explore parathyroid glands	Requires Overnight Stay	0256	T	\$2,324.90

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
60502	A	Re-explore parathyroids	OPPS inpatient only list		C	
60505	A	Explore parathyroid glands	OPPS inpatient only list		C	
60512	A	Autotransplant parathyroid	Requires Overnight Stay	0022	T	\$1,229.54
60520	A	Removal of thymus gland	OPPS inpatient only list		C	
60521	A	Removal of thymus gland	OPPS inpatient only list		C	
60522	A	Removal of thymus gland	OPPS inpatient only list		C	
60540	A	Explore adrenal gland	OPPS inpatient only list		C	
60545	A	Explore adrenal gland	OPPS inpatient only list		C	
60600	A	Remove carotid body lesion	OPPS inpatient only list		C	
60605	A	Remove carotid body lesion	OPPS inpatient only list		C	
60650	A	Laparoscopy adrenalectomy	OPPS inpatient only list		C	
60659	C	Laparo proc, endocrine	80% of cases are inpatient	0130	T	\$1,965.85
60699	C	Endocrine surgery procedure	Unlisted procedure	0114	T	\$2,285.28
61105	A	Twist drill hole	OPPS inpatient only list		C	
61107	A	Drill skull for implantation	OPPS inpatient only list		C	
61108	A	Drill skull for drainage	OPPS inpatient only list		C	
61120	A	Burr hole for puncture	OPPS inpatient only list		C	
61140	A	Pierce skull for biopsy	OPPS inpatient only list		C	
61150	A	Pierce skull for drainage	OPPS inpatient only list		C	
61151	A	Pierce skull for drainage	OPPS inpatient only list		C	
61154	A	Pierce skull & remove clot	OPPS inpatient only list		C	
61156	A	Pierce skull for drainage	OPPS inpatient only list		C	
61210	A	Pierce skull, implant device	OPPS inpatient only list		C	
61250	A	Pierce skull & explore	OPPS inpatient only list		C	
61253	A	Pierce skull & explore	OPPS inpatient only list		C	
61304	A	Open skull for exploration	OPPS inpatient only list		C	
61305	A	Open skull for exploration	OPPS inpatient only list		C	
61312	A	Open skull for drainage	OPPS inpatient only list		C	
61313	A	Open skull for drainage	OPPS inpatient only list		C	
61314	A	Open skull for drainage	OPPS inpatient only list		C	
61315	A	Open skull for drainage	OPPS inpatient only list		C	
61316	A	Implt cran bone flap to abdo	OPPS inpatient only list		C	
61320	A	Open skull for drainage	OPPS inpatient only list		C	
61321	A	Open skull for drainage	OPPS inpatient only list		C	
61322	A	Decompressive craniotomy	OPPS inpatient only list		C	
61323	A	Decompressive lobectomy	OPPS inpatient only list		C	
61332	A	Explore/biopsy eye socket	OPPS inpatient only list		C	
61333	A	Explore orbit/remove lesion	OPPS inpatient only list		C	
61340	A	Subtemporal decompression	OPPS inpatient only list		C	
61343	A	Incise skull (press relief)	OPPS inpatient only list		C	
61345	A	Relieve cranial pressure	OPPS inpatient only list		C	
61440	A	Incise skull for surgery	OPPS inpatient only list		C	
61450	A	Incise skull for surgery	OPPS inpatient only list		C	
61458	A	Incise skull for brain wound	OPPS inpatient only list		C	
61460	A	Incise skull for surgery	OPPS inpatient only list		C	
61470	A	Incise skull for surgery	OPPS inpatient only list		C	
61480	A	Incise skull for surgery	OPPS inpatient only list		C	
61490	A	Incise skull for surgery	OPPS inpatient only list		C	
61500	A	Removal of skull lesion	OPPS inpatient only list		C	
61501	A	Remove infected skull bone	OPPS inpatient only list		C	
61510	A	Removal of brain lesion	OPPS inpatient only list		C	
61512	A	Remove brain lining lesion	OPPS inpatient only list		C	
61514	A	Removal of brain abscess	OPPS inpatient only list		C	
61516	A	Removal of brain lesion	OPPS inpatient only list		C	
61517	A	Implt brain chemotx add-on	OPPS inpatient only list		C	
61518	A	Removal of brain lesion	OPPS inpatient only list		C	
61519	A	Remove brain lining lesion	OPPS inpatient only list		C	
61520	A	Removal of brain lesion	OPPS inpatient only list		C	
61521	A	Removal of brain lesion	OPPS inpatient only list		C	
61522	A	Removal of brain abscess	OPPS inpatient only list		C	
61524	A	Removal of brain lesion	OPPS inpatient only list		C	
61526	A	Removal of brain lesion	OPPS inpatient only list		C	
61530	A	Removal of brain lesion	OPPS inpatient only list		C	
61531	A	Implant brain electrodes	OPPS inpatient only list		C	
61533	A	Implant brain electrodes	OPPS inpatient only list		C	
61534	A	Removal of brain lesion	OPPS inpatient only list		C	
61535	A	Remove brain electrodes	OPPS inpatient only list		C	
61536	A	Removal of brain lesion	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
61537	A	Removal of brain tissue	OPPS inpatient only list		C	
61538	A	Removal of brain tissue	OPPS inpatient only list		C	
61539	A	Removal of brain tissue	OPPS inpatient only list		C	
61540	A	Removal of brain tissue	OPPS inpatient only list		C	
61541	A	Incision of brain tissue	OPPS inpatient only list		C	
61542	A	Removal of brain tissue	OPPS inpatient only list		C	
61543	A	Removal of brain tissue	OPPS inpatient only list		C	
61544	A	Remove & treat brain lesion	OPPS inpatient only list		C	
61545	A	Excision of brain tumor	OPPS inpatient only list		C	
61546	A	Removal of pituitary gland	OPPS inpatient only list		C	
61548	A	Removal of pituitary gland	OPPS inpatient only list		C	
61550	A	Release of skull seams	OPPS inpatient only list		C	
61552	A	Release of skull seams	OPPS inpatient only list		C	
61556	A	Incise skull/sutures	OPPS inpatient only list		C	
61557	A	Incise skull/sutures	OPPS inpatient only list		C	
61558	A	Excision of skull/sutures	OPPS inpatient only list		C	
61559	A	Excision of skull/sutures	OPPS inpatient only list		C	
61563	A	Excision of skull tumor	OPPS inpatient only list		C	
61564	A	Excision of skull tumor	OPPS inpatient only list		C	
61566	A	Removal of brain tissue	OPPS inpatient only list		C	
61567	A	Incision of brain tissue	OPPS inpatient only list		C	
61570	A	Remove foreign body, brain	OPPS inpatient only list		C	
61571	A	Incise skull for brain wound	OPPS inpatient only list		C	
61575	A	Skull base/brainstem surgery	OPPS inpatient only list		C	
61576	A	Skull base/brainstem surgery	OPPS inpatient only list		C	
61580	A	Craniofacial approach, skull	OPPS inpatient only list		C	
61581	A	Craniofacial approach, skull	OPPS inpatient only list		C	
61582	A	Craniofacial approach, skull	OPPS inpatient only list		C	
61583	A	Craniofacial approach, skull	OPPS inpatient only list		C	
61584	A	Orbitocranial approach/skull	OPPS inpatient only list		C	
61585	A	Orbitocranial approach/skull	OPPS inpatient only list		C	
61586	A	Resect nasopharynx, skull	OPPS inpatient only list		C	
61590	A	Infratemporal approach/skull	OPPS inpatient only list		C	
61591	A	Infratemporal approach/skull	OPPS inpatient only list		C	
61592	A	Orbitocranial approach/skull	OPPS inpatient only list		C	
61595	A	Transmastoid approach/skull	OPPS inpatient only list		C	
61596	A	Transcochlear approach/skull	OPPS inpatient only list		C	
61597	A	Transcondylar approach/skull	OPPS inpatient only list		C	
61598	A	Transpetrosal approach/skull	OPPS inpatient only list		C	
61600	A	Resect/excise cranial lesion	OPPS inpatient only list		C	
61601	A	Resect/excise cranial lesion	OPPS inpatient only list		C	
61605	A	Resect/excise cranial lesion	OPPS inpatient only list		C	
61606	A	Resect/excise cranial lesion	OPPS inpatient only list		C	
61607	A	Resect/excise cranial lesion	OPPS inpatient only list		C	
61608	A	Resect/excise cranial lesion	OPPS inpatient only list		C	
61609	A	Transect artery, sinus	OPPS inpatient only list		C	
61610	A	Transect artery, sinus	OPPS inpatient only list		C	
61611	A	Transect artery, sinus	OPPS inpatient only list		C	
61612	A	Transect artery, sinus	OPPS inpatient only list		C	
61613	A	Remove aneurysm, sinus	OPPS inpatient only list		C	
61615	A	Resect/excise lesion, skull	OPPS inpatient only list		C	
61616	A	Resect/excise lesion, skull	OPPS inpatient only list		C	
61618	A	Repair dura	OPPS inpatient only list		C	
61619	A	Repair dura	OPPS inpatient only list		C	
61623	A	Endovasc temporary vessel occl	Requires Overnight Stay	0081	T	\$2,639.89
61624	A	Transcath occlusion, cns	OPPS inpatient only list		C	
61626	A	Transcath occlusion, non-cns	Requires Overnight Stay	0081	T	\$2,639.89
61630	N	Intracranial angioplasty	Not paid under OPPS. SI=B		B	
61635	N	Intracran angioplasty w/stent	Not paid under OPPS. SI=B		B	
61680	A	Intracranial vessel surgery	OPPS inpatient only list		C	
61682	A	Intracranial vessel surgery	OPPS inpatient only list		C	
61684	A	Intracranial vessel surgery	OPPS inpatient only list		C	
61686	A	Intracranial vessel surgery	OPPS inpatient only list		C	
61690	A	Intracranial vessel surgery	OPPS inpatient only list		C	
61692	A	Intracranial vessel surgery	OPPS inpatient only list		C	
61697	A	Brain aneurysm repr, complx	OPPS inpatient only list		C	
61698	A	Brain aneurysm repr, complx	OPPS inpatient only list		C	
61700	A	Brain aneurysm repr, simple	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPPRM APC	SI	2007 NPPRM Payment Rate
61702	A	Inner skull vessel surgery	OPPS inpatient only list		C	
61703	A	Clamp neck artery	OPPS inpatient only list		C	
61705	A	Revise circulation to head	OPPS inpatient only list		C	
61708	A	Revise circulation to head	OPPS inpatient only list		C	
61710	A	Revise circulation to head	OPPS inpatient only list		C	
61711	A	Fusion of skull arteries	OPPS inpatient only list		C	
61720	A	Incise skull/brain surgery	No Explanation for Exclusion in Rule	0221	T	\$2,049.86
61735	A	Incise skull/brain surgery	OPPS inpatient only list		C	
61750	A	Incise skull/brain biopsy	OPPS inpatient only list		C	
61751	A	Brain biopsy w/ct/mr guide	OPPS inpatient only list		C	
61760	A	Implant brain electrodes	OPPS inpatient only list		C	
61770	A	Incise skull for treatment	OPPS inpatient only list		C	
61793	A	Focus radiation beam	Not paid under OPPS or any other Medicare		E	
61850	A	Implant neuroelectrodes	OPPS inpatient only list		C	
61860	A	Implant neuroelectrodes	OPPS inpatient only list		C	
61863	A	Implant neuroelectrode	OPPS inpatient only list		C	
61864	A	Implant neuroelectrode, addl	OPPS inpatient only list		C	
61867	A	Implant neuroelectrode	OPPS inpatient only list		C	
61868	A	Implant neuroelectrode, addl	OPPS inpatient only list		C	
61870	A	Implant neuroelectrodes	OPPS inpatient only list		C	
61875	A	Implant neuroelectrodes	OPPS inpatient only list		C	
62000	A	Treat skull fracture	No Explanation for Exclusion in Rule	0254	T	\$1,425.30
62005	A	Treat skull fracture	OPPS inpatient only list		C	
62010	A	Treatment of head injury	OPPS inpatient only list		C	
62100	A	Repair brain fluid leakage	OPPS inpatient only list		C	
62115	A	Reduction of skull defect	OPPS inpatient only list		C	
62116	A	Reduction of skull defect	OPPS inpatient only list		C	
62117	A	Reduction of skull defect	OPPS inpatient only list		C	
62120	A	Repair skull cavity lesion	OPPS inpatient only list		C	
62121	A	Incise skull repair	OPPS inpatient only list		C	
62140	A	Repair of skull defect	OPPS inpatient only list		C	
62141	A	Repair of skull defect	OPPS inpatient only list		C	
62142	A	Remove skull plate/flap	OPPS inpatient only list		C	
62143	A	Replace skull plate/flap	OPPS inpatient only list		C	
62145	A	Repair of skull & brain	OPPS inpatient only list		C	
62146	A	Repair of skull with graft	OPPS inpatient only list		C	
62147	A	Repair of skull with graft	OPPS inpatient only list		C	
62148	A	Retr bone flap to fix skull	OPPS inpatient only list		C	
62160	A	Neuroendoscopy add-on	80% of cases are inpatient	0122	T	\$448.45
62161	A	Dissect brain w/scope	OPPS inpatient only list		C	
62162	A	Remove colloid cyst w/scope	OPPS inpatient only list		C	
62163	A	Neuroendoscopy w/tb removal	OPPS inpatient only list		C	
62164	A	Remove brain tumor w/scope	OPPS inpatient only list		C	
62165	A	Remove pituit tumor w/scope	OPPS inpatient only list		C	
62180	A	Establish brain cavity shunt	OPPS inpatient only list		C	
62190	A	Establish brain cavity shunt	OPPS inpatient only list		C	
62192	A	Establish brain cavity shunt	OPPS inpatient only list		C	
62200	A	Establish brain cavity shunt	OPPS inpatient only list		C	
62201	A	Brain cavity shunt w/scope	OPPS inpatient only list		C	
62220	A	Establish brain cavity shunt	OPPS inpatient only list		C	
62223	A	Establish brain cavity shunt	OPPS inpatient only list		C	
62256	A	Remove brain cavity shunt	OPPS inpatient only list		C	
62258	A	Replace brain cavity shunt	OPPS inpatient only list		C	
62284	A	Injection for myelogram	Packaged under OPPS		N	
62290	A	Inject for spine disk x-ray	Packaged under OPPS		N	
62291	A	Inject for spine disk x-ray	Packaged under OPPS		N	
62351	A	Implant spinal canal cath	80% of cases are inpatient	0208	T	\$2,702.27
63001	A	Removal of spinal lamina	80% of cases are inpatient	0208	T	\$2,702.27
63003	A	Removal of spinal lamina	80% of cases are inpatient	0208	T	\$2,702.27
63005	A	Removal of spinal lamina	80% of cases are inpatient	0208	T	\$2,702.27
63011	A	Removal of spinal lamina	80% of cases are inpatient	0208	T	\$2,702.27
63012	A	Removal of spinal lamina	80% of cases are inpatient	0208	T	\$2,702.27
63015	A	Removal of spinal lamina	80% of cases are inpatient	0208	T	\$2,702.27
63016	A	Removal of spinal lamina	80% of cases are inpatient	0208	T	\$2,702.27
63017	A	Removal of spinal lamina	80% of cases are inpatient	0208	T	\$2,702.27
63020	A	Neck spine disk surgery	80% of cases are inpatient	0208	T	\$2,702.27
63030	A	Low back disk surgery	80% of cases are inpatient	0208	T	\$2,702.27
63035	A	Spinal disk surgery add-on	80% of cases are inpatient	0208	T	\$2,702.27

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
63040	A	Laminotomy, single cervical	80% of cases are inpatient	0206	T	\$2,702.27
63042	A	Laminotomy, single lumbar	80% of cases are inpatient	0206	T	\$2,702.27
63043	C	Laminotomy, add'l cervical	OPPS inpatient only list		C	
63044	C	Laminotomy, add'l lumbar	OPPS inpatient only list		C	
63045	A	Removal of spinal lamina	80% of cases are inpatient	0206	T	\$2,702.27
63046	A	Removal of spinal lamina	80% of cases are inpatient	0206	T	\$2,702.27
63047	A	Removal of spinal lamina	80% of cases are inpatient	0206	T	\$2,702.27
63048	A	Remove spinal lamina add-on	80% of cases are inpatient	0206	T	\$2,702.27
63050	A	Cervical laminoplasty	OPPS inpatient only list		C	
63051	A	C-laminoplasty w/graft/plate	OPPS inpatient only list		C	
63055	A	Decompress spinal cord	80% of cases are inpatient	0206	T	\$2,702.27
63056	A	Decompress spinal cord	80% of cases are inpatient	0206	T	\$2,702.27
63057	A	Decompress spine cord add-on	80% of cases are inpatient	0206	T	\$2,702.27
63064	A	Decompress spinal cord	80% of cases are inpatient	0206	T	\$2,702.27
63066	A	Decompress spine cord add-on	80% of cases are inpatient	0206	T	\$2,702.27
63075	A	Neck spine disk surgery	80% of cases are inpatient	0206	T	\$2,702.27
63076	A	Neck spine disk surgery	OPPS inpatient only list		C	
63077	A	Spine disk surgery, thorax	OPPS inpatient only list		C	
63078	A	Spine disk surgery, thorax	OPPS inpatient only list		C	
63081	A	Removal of vertebral body	OPPS inpatient only list		C	
63082	A	Remove vertebral body add-on	OPPS inpatient only list		C	
63085	A	Removal of vertebral body	OPPS inpatient only list		C	
63086	A	Remove vertebral body add-on	OPPS inpatient only list		C	
63087	A	Removal of vertebral body	OPPS inpatient only list		C	
63088	A	Remove vertebral body add-on	OPPS inpatient only list		C	
63090	A	Removal of vertebral body	OPPS inpatient only list		C	
63091	A	Remove vertebral body add-on	OPPS inpatient only list		C	
63101	A	Removal of vertebral body	OPPS inpatient only list		C	
63102	A	Removal of vertebral body	OPPS inpatient only list		C	
63103	A	Remove vertebral body add-on	OPPS inpatient only list		C	
63170	A	Incise spinal cord tract(s)	OPPS inpatient only list		C	
63172	A	Drainage of spinal cyst	OPPS inpatient only list		C	
63173	A	Drainage of spinal cyst	OPPS inpatient only list		C	
63180	A	Revise spinal cord ligaments	OPPS inpatient only list		C	
63182	A	Revise spinal cord ligaments	OPPS inpatient only list		C	
63185	A	Incise spinal column/nerves	OPPS inpatient only list		C	
63190	A	Incise spinal column/nerves	OPPS inpatient only list		C	
63191	A	Incise spinal column/nerves	OPPS inpatient only list		C	
63194	A	Incise spinal column & cord	OPPS inpatient only list		C	
63195	A	Incise spinal column & cord	OPPS inpatient only list		C	
63196	A	Incise spinal column & cord	OPPS inpatient only list		C	
63197	A	Incise spinal column & cord	OPPS inpatient only list		C	
63198	A	Incise spinal column & cord	OPPS inpatient only list		C	
63199	A	Incise spinal column & cord	OPPS inpatient only list		C	
63200	A	Release of spinal cord	OPPS inpatient only list		C	
63250	A	Revise spinal cord vessels	OPPS inpatient only list		C	
63251	A	Revise spinal cord vessels	OPPS inpatient only list		C	
63252	A	Revise spinal cord vessels	OPPS inpatient only list		C	
63265	A	Excise intraspinal lesion	OPPS inpatient only list		C	
63266	A	Excise intraspinal lesion	OPPS inpatient only list		C	
63267	A	Excise intraspinal lesion	OPPS inpatient only list		C	
63268	A	Excise intraspinal lesion	OPPS inpatient only list		C	
63270	A	Excise intraspinal lesion	OPPS inpatient only list		C	
63271	A	Excise intraspinal lesion	OPPS inpatient only list		C	
63272	A	Excise intraspinal lesion	OPPS inpatient only list		C	
63273	A	Excise intraspinal lesion	OPPS inpatient only list		C	
63275	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63276	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63277	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63278	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63280	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63281	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63282	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63283	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63285	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63286	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63287	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	
63290	A	Biopsy/excise spinal tumor	OPPS inpatient only list		C	

Code	PFS Status	Description	Reason for Exclusion	2007 NPRM APC	SI	2007 NPRM Payment Rate
63295	A	Repair of laminectomy defect	OPPS inpatient only list		C	
63300	A	Removal of vertebral body	OPPS inpatient only list		C	
63301	A	Removal of vertebral body	OPPS inpatient only list		C	
63302	A	Removal of vertebral body	OPPS inpatient only list		C	
63303	A	Removal of vertebral body	OPPS inpatient only list		C	
63304	A	Removal of vertebral body	OPPS inpatient only list		C	
63305	A	Removal of vertebral body	OPPS inpatient only list		C	
63306	A	Removal of vertebral body	OPPS inpatient only list		C	
63307	A	Removal of vertebral body	OPPS inpatient only list		C	
63308	A	Remove vertebral body add-on	OPPS inpatient only list		C	
63700	A	Repair of spinal herniation	OPPS inpatient only list		C	
63702	A	Repair of spinal herniation	OPPS inpatient only list		C	
63704	A	Repair of spinal herniation	OPPS inpatient only list		C	
63706	A	Repair of spinal herniation	OPPS inpatient only list		C	
63707	A	Repair spinal fluid leakage	OPPS inpatient only list		C	
63709	A	Repair spinal fluid leakage	OPPS inpatient only list		C	
63710	A	Graft repair of spine defect	OPPS inpatient only list		C	
63740	A	Install spinal shunt	OPPS inpatient only list		C	
63741	A	Install spinal shunt	80% of cases are inpatient	0228	T	\$2,225.70
64446	A	N blk inj, sciatic, cont inf	80% of cases are inpatient	0206	T	\$341.23
64447	A	N block inj fem, single	80% of cases are inpatient	0204	T	\$138.43
64448	A	N block inj fem, cont inf	80% of cases are inpatient	0204	T	\$138.43
64449	A	N block inj, lumbar plexus	80% of cases are inpatient	0204	T	\$138.43
64550	A	Apply neurostimulator	Not paid under OPPS. Paid by fiscal interne		A	
64752	A	Incision of vagus nerve	OPPS inpatient only list		C	
64755	A	Incision of stomach nerves	OPPS inpatient only list		C	
64760	A	Incision of vagus nerve	OPPS inpatient only list		C	
64804	A	Remove sympathetic nerves	No Explanation for Exclusion in Rule	0220	T	\$1,093.20
64809	A	Remove sympathetic nerves	OPPS inpatient only list		C	
64818	A	Remove sympathetic nerves	OPPS inpatient only list		C	
64866	A	Fusion of facial/other nerve	OPPS inpatient only list		C	
64868	A	Fusion of facial/other nerve	OPPS inpatient only list		C	
64999	C	Nervous system surgery	Unlisted procedure	0204	T	\$138.43
65273	A	Repair of eye wound	OPPS inpatient only list		C	
66990	A	Ophthalmic endoscope add-on	Packaged under OPPS		N	
66999	C	Eye surgery procedure	Unlisted procedure	0232	T	\$368.07
67299	C	Eye surgery procedure	Unlisted procedure	0235	T	\$250.82
67399	C	Eye muscle surgery procedure	Unlisted procedure	0243	T	\$1,310.33
67599	C	Orbit surgery procedure	Unlisted procedure	0238	T	\$172.95
67999	C	Revision of eyelid	Unlisted procedure	0238	T	\$172.95
68399	C	Eyelid lining surgery	Unlisted procedure	0238	T	\$172.95
68850	A	Injection for tear sac x-ray	Packaged under OPPS		N	
68899	C	Tear duct system surgery	Unlisted procedure	0238	T	\$172.95
69155	A	Extensive ear/neck surgery	OPPS inpatient only list		C	
69399	C	Outer ear surgery procedure	Unlisted procedure	0251	T	\$146.29
69535	A	Remove part of temporal bone	OPPS inpatient only list		C	
69554	A	Remove ear lesion	OPPS inpatient only list		C	
69725	A	Release facial nerve	80% of cases are inpatient	0256	T	\$2,324.90
69799	C	Middle ear surgery procedure	Unlisted procedure	0251	T	\$146.29
69949	C	Inner ear surgery procedure	Unlisted procedure	0251	T	\$146.29
69950	A	Incise inner ear nerve	OPPS inpatient only list		C	
69955	A	Release facial nerve	80% of cases are inpatient	0256	T	\$2,324.90
69960	A	Release inner ear canal	80% of cases are inpatient	0256	T	\$2,324.90
69970	A	Remove inner ear lesion	OPPS inpatient only list		C	
69979	C	Temporal bone surgery	Unlisted procedure	0251	T	\$146.29
69990	R	Microsurgery add-on	Packaged under OPPS		N	