

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services****42 CFR Part 416****[CMS-1885-FC]****RIN 0938-AM02****Medicare Program; Update of Ambulatory Surgical Center List of Covered Procedures Effective July 1, 2003****AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.**ACTION:** Final rule with comment period.

SUMMARY: This final rule with comment period will make additions to and deletions from the current list of Medicare approved ambulatory surgical center (ASCs) procedures. In addition, it responds to comments received on the June 12, 1998 proposed rule (63 FR 32290) that addressed proposed additions to and deletions from the list of ASC covered procedures. This rule also implements requirements of section 1833(i)(1) and (2) of the Social Security Act.

DATES: *Effective date:* These regulations are effective for services furnished on or after July 1, 2003.

Comment date: We will consider comments on new proposed additions to and deletions from the ASC list of covered procedures if we receive them at the appropriate address, as provided below, no later than May 27, 2003.

ADDRESSES: Mail written comments (1 original and 2 copies) to the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1885-FC, P.O. Box 8013, Baltimore, MD 21244-8013.

To insure that mailed comments are received in time for us to consider them, please allow for possible delays in delivering them.

Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code CMS-1885-FC.

If you prefer, you may deliver (by hand or courier) your written comments (1 original and 2 copies) to one of the following addresses: Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201 or Room C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244-8013.

(Because access to the interior of the HHH Building is not readily available to

persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for commenters wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and could be considered late.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Bob Cereghino, 410-786-4675.

SUPPLEMENTARY INFORMATION:**Inspection of Public Comments**

Comments received timely will be available for public inspection as they are received, generally beginning approximately 2 weeks after the close of the comment period, at the headquarters of the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 5 p.m. To schedule an appointment to view public comments, please call (410) 786-7197.

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I. Background**A. Legislative History**

Specific provisions of the proposed rule are discussed in detail in Section II below.

Section 1832(a)(2)(F)(i) of the Social Security Act (the Act) provides that benefits under the Medicare Supplementary Medical Insurance program (Part B) include payment for facility services furnished in connection with surgical procedures we specify and which are performed in an ambulatory surgical center (ASC). We are to review and update the list of ASC procedures biennially. To participate in the Medicare program as an ASC, a facility must meet the standards specified under section 1832(a)(2)(F)(i) of the Act and 42 CFR 416.25, which sets forth general conditions and requirements for ASCs.

Generally, there are two primary elements in the total cost of performing a surgical procedure—the cost of the physician's professional services for performing the procedure and the cost of services furnished by the facility where the procedure is performed (for example, surgical supplies and equipment and nursing services). Section 1833(i)(2)(A) of the Act addresses what the ASC facility fee is intended to represent and how the amount of the Medicare payment for ASC facility services is to be determined. It requires us to review and update ASC payment amounts annually.

The ASC payment rate is to be a standard overhead amount established on the basis of our estimate of a fair fee that takes into account the costs incurred by ASCs generally in providing facility services in connection with performing a specific procedure. The Report of the Conference Committee accompanying section 934 of the Omnibus Budget Reconciliation Act of 1980 (Pub. L. 96-499), which enacted the ASC benefit in December 1980, states that this overhead factor is expected to be calculated on a prospective basis using sample survey and similar techniques to establish reasonable estimated overhead allowances, which take account of volume (within reasonable limits), for each of the listed procedures. (See H.R. Rep. No. 1479, at 134 (1980).) To estimate the amount of those reasonable allowances, we are required by section 1833(i)(2)(A)(i) of the Act to survey the actual audited costs incurred by a representative sample of facilities in connection with a representative sample of procedures. Because payment for ASC facility services is subject to the usual Medicare Part B deductible and coinsurance requirements, Medicare pays participating ASCs 80 percent of the prospectively-determined rate, adjusted for regional wage variations. Section 1833(i)(2)(A)(ii) of the Act requires that the ASC payment rates result in substantially lower Medicare

expenditures than would have been paid if the same procedure had been performed on an inpatient basis in a hospital. Section 1833(i)(2)(A)(iii) of the Act requires that payment for insertion of an intraocular lens (IOL) include an allowance for the IOL that is reasonable and related to the cost of acquiring the class of lens involved.

Section 13531 of the Omnibus Budget Reconciliation Act of 1993 (OBRA 1993) (Pub. L. 103-66), prohibited us from providing for any inflation update in the payment amounts for ASCs determined under section 1833(i)(2)(A) of the Act for fiscal years (FYs) 1994 and 1995. Section 13533 of OBRA 1993 established \$150 as the amount of payment allowed for an IOL inserted during or subsequent to cataract surgery in an ASC on or after January 1, 1994, and before January 1, 1999. Section 141(a)(1) of the Social Security Act Amendments of 1994 (SSAA 1994) (Public Law 103-432) amended section 1833(i)(2)(A)(i) of the Act to require that a quinquennial survey of ASCs be taken beginning not later than January 1, 1995.

Section 141(a)(2) of SSAA 1994 added section 1833(i)(2)(C) to the Act to provide that, beginning with FY 1996, there be an adjustment for inflation during fiscal years when we do not update ASC rates based on actual audited costs determined by surveying a representative sample of facilities. Section 1833(i)(2)(C) of the Act provides that ASC payment rates are to be increased by the percentage increase in the consumer price index for urban consumers (CPI-U), that we estimate for the 12-month period ending with the midpoint of the year involved, beginning with FY 1996. Section 141(a)(3) of SSAA 1994 amended section 1833(i)(1) of the Act to require us to consult with appropriate medical organizations in specifying the procedures that constitute the ASC list.

Section 141(b) of SSAA 1994 requires us to establish a process for reviewing the appropriateness of the payment amount provided under section 1833(i)(2)(A)(iii) of the Act for IOLs with respect to a class of new-technology IOLs. That process was the subject of a separate notice of proposed rulemaking entitled *Adjustment in Payment Amounts for New Technology Intraocular Lenses* published in the **Federal Register** on September 9, 1997 (62 FR 46698).

Section 4555 of BBA 1997 amended section 1833(i)(2)(C) of the Act to limit the annual adjustment of ASC payment rates provided for in that paragraph to the CPI-U increase reduced by 2.0 percentage points (but not below zero) for fiscal years 1998 through 2002.

B. Extensions of Comment Periods for Proposed Rule

On June 12, 1998, we published in the **Federal Register** a proposed rule that would revise the ratesetting methodology and payment rates and update the list of surgical procedures payable by Medicare for ASCs. The closing date of the comment period for the June 12, 1998 proposed rule was extended several times. The first extension notice was published in the **Federal Register** August 14, 1998 (63 FR 43655). The reason for the extension was that, due to the complexity and scope of the proposed rule, numerous members of the industry and professional associations requested more time to analyze the potential consequences of the rule. The closing date was extended to September 10, 1998.

On September 8, 1998, a proposed rule outlining the provisions of a Medicare prospective payment system (PPS) for hospital outpatient services was published in the **Federal Register** (63 FR 47551). On October 1, 1998 a second extension notice extending the comment period for the June 12, 1998 proposed rule was published in the **Federal Register** (63 FR 52663) with a new closing date of November 9, 1998. This second extension notice was issued because members of trade and professional associations urged us to postpone implementing the changes contained in the June 12, 1998 ASC proposed rule from October 1, 1998 to January 1, 1999 to coincide with implementation of the OPPTS. They based their argument for delaying implementation of the ASC changes both on the need for more time for cross-analysis of the ASC proposed rule with the hospital outpatient prospective payment system (OPPS) proposed rule and the overlap and interrelationship between the two payment systems. This second extension notice also explained that there would be no inflationary update of the ASC rates on October 1, 1998 because reducing the fiscal year CPI-U factor of 2.1 percent by 2.0 percent would result in a change of less than \$1 for each payment group.

A third notice, which extended the comment period to January 8, 1999, was published in the **Federal Register** on November 15, 1998. This extension was necessary because the OPPTS proposed rule comment period was being extended and Medicare payments to ASCs were closely linked to the way Medicare proposed to pay hospitals under the OPPTS. A fourth extension notice was published in the **Federal Register** on January 12, 1999 (64 FR

1785). The reason given was the same as the prior extension notice, that is, because the comment period for the OPPTS rule was being extended for further examination and because the two proposed payment systems were closely related. The new closing date of March 9, 1999 would run concurrently with the OPPTS extension. On March 2, 1999, a fifth extension notice with the same rationale as the fourth notice was published in the **Federal Register** (64 FR 12278) and extended the comment period for an additional 60 days.

The sixth and final extension was published in the **Federal Register** July 6, 1999 (64 FR 36321). On June 30, 1999 we published a correction notice (64 FR 35258) in the **Federal Register** that corrected a number of technical and typographical errors contained in the September 8, 1998 OPPTS proposed rule. To provide commenters adequate time to analyze the potential impact of the corrections to the OPPTS proposed rule on ASC payments and because of the link between Medicare ASC payments and hospital outpatient payments, we found it appropriate to extend the comment period for the ASC proposed rule to July 30, 1999.

II. Provisions of the Proposed Regulations

In the June 12, 1998, proposed rule, we proposed the following:

- Clarification of the definition of ASC.
- Revision of the basic requirements in § 416.3 and § 416.4.
- Additions to and deletions from the ASC list.
- Revision of the criteria for determining surgical procedures payable in an ASC in § 416.65 and elimination of numeric thresholds.
- Establishment of an ASC Advisory Group.
- Replacement of eight ASC payment groups with ambulatory payment classification (APC) groups that are clinically homogeneous and consist of procedures with similar resource inputs, modeled on the APC groups proposed for the OPPTS.
- Redefinition of the ASC ratesetting methodology.
- Rebased payment rates to reflect a survey of ASC costs that was conducted in 1994.

A combination of circumstances has resulted in our delaying publication of a final rule to implement the changes proposed in the June 12, 1998 ASC proposed rule. First, as discussed above, we extended the public comment period to July 30, 1999 in response to requests from the industry to allow adequate opportunity for comparison of the

proposed ASC rates and ratesetting methodology with the proposed OPPS that was published in the **Federal Register** on September 8, 1998, followed by publication of an OPPS correction notice on June 30, 1999.

Notwithstanding the close of the comment period on July 30, 1999, the changes required to implement a new payment system for ASC facility services could not be implemented because our contractors had to prepare Medicare claims processing systems to be Year 2000 ("Y2K") compliant.

On November 29, 1999, the Balanced Budget Refinement Act of 1999 (BBRA)(Pub. L. 106-113) was enacted. Section 226 of BBRA required that full implementation of the proposed ASC rates be delayed over a 3 year period. Specifically, the BBRA stated that if a prospective payment system for ASCs, that is, one involving the June 1998 proposed rates, was implemented prior to incorporating data from a 1999 or subsequent Medicare cost survey, in the first year of implementation no more than 1/3 of the new ASC payment would consist of this new rate and the remainder would consist of the current payment rate. In the following year, no more than 2/3 of the new rate would consist of the June 1998 proposed rate and the remainder would consist of the current rate.

Significant changes in the OPPS were also required as a result of the enactment of the BBRA. Substantial pressures to implement the OPPS combined with the new OPPS requirements resulting from enactment of the BBRA compelled us to focus all available resources on the OPPS, which was implemented on August 1, 2000.

On December 21, 2000, the Medicare, Medicaid and SCHIP Benefit Improvement and Protection Act of 2000 (BIPA)(Pub. L. 106-554) was enacted. Section 424 of BIPA prohibited implementation of a revised prospective payment system for ASC facility services before January 1, 2002, extended the phase-in of the APC system for ASCs to four years and required that by January 1, 2003, ASC rates be rebased using data from a 1999 or later Medicare survey.

The changes mandated by the BBRA and the BIPA, combined with the diversion of resources necessitated by Y2K compliance activities and implementation and start-up issues related to the OPPS have resulted in the delay in issuing a final ASC rule to implement the changes in the June 12, 1998 proposed rule. As stated above, Section 424 of BIPA requires that payment rates effective January 1, 2003 be based on a survey of ASCs conducted

after 1999. We have developed an ASC survey instrument, but our experience in collecting ASC cost data in 1994 suggests that completion of the survey instrument, followed by an audit of the data reported by ASCs and the subsequent compilation of cost data upon which to base ASC payment rates, takes at least 2 years. Therefore, rather than delaying further the biennial update of the ASC list mandated by the statute, in this final rule with comment period we are making final only the additions to and deletions from the ASC list that we proposed in the June 12, 1998 proposed rule. We are not implementing at this time any of the other changes proposed in the June 1998 proposed rule. That is, we are not making final the regulatory changes in part 416 that we proposed or the proposed ratesetting methodology based on APC groups and survey data of ASC costs collected in 1994. We recognize that we are not in compliance with the requirements enacted by section 424 of BIPA, that we rebase rates by January 1, 2003 using data from a survey of ASC costs taken in 1999 or later. While we are committed to rebasing and restructuring the ASC payment rates, we are also committed to ensuring that the method we use to rebase ASC payment rates does not inadvertently result in rates that amplify payment differentials across ambulatory sites of service. We are studying approaches to ratesetting, some of which may require legislative change that will provide adequate payments to ASCs for surgical services and that are in line with what Medicare pays under the OPPS and the physician fee schedule for the same service.

In section III of this preamble, we respond to comments that we received timely on our proposed additions to and deletions from the ASC list. In addition, we are proposing to add to the list a limited number of new CPT codes that were added to CPT in 1999, 2000, 2001, 2002, and 2003 and that are similar to procedures on the updated ASC list. These new CPT codes are designated by an "A*" in column 2 of the Addendum. We solicit comments on the addition of these new CPT codes and the payment rates proposed for these new codes.

In the June 1998 proposed rule, we listed codes with corresponding new payment rates based on the 1994 survey of ASC costs. Because we do not have current survey data upon which to base new payment rates, we have assigned the codes being added to the ASC list in this final rule to one of the nine existing payment groups under which payments for ASC facility services are currently made. With the guidance of our medical advisors, we matched additions to the

ASC list with codes for procedures already on the ASC list that they most closely resemble in terms of clinical work and resource inputs such as equipment, supplies, and time required in the operating suite. We assigned the additions to the list to the same payment group to which the matching codes are currently assigned. For example, our medical advisors determined that CPT code 24341, Repair tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff), is in the same family of codes as CPT code 24340, Tenodesis of biceps tendon at elbow (separate procedure) and CPT code 24342, Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft. CPT codes 24340 and 24342 are both currently assigned to payment group 3. Because the resource inputs such as supplies, equipment, and time in the operating suite for CPT code 24341 are similar to the resources required to perform CPT codes 24340 and 24342, we assigned CPT code 24341 to group 3 to maintain consistency in payment for this family of closely related codes.

In the case of some codes, such as CPT 47511, Introduction of percutaneous transhepatic stent for biliary drainage, we identified procedures on the current list that they most closely resemble clinically and in terms of resource inputs, but we assigned the code to a higher payment group to take into account expensive equipment or supplies that are required to perform the procedure. Therefore, while CPT code 47511 is similar to CPT code 47510, which is currently on the ASC list and assigned to payment group 2, we assigned CPT code 47511 to payment group 9 to take into account the added cost of expensive supplies required for this procedure.

There are some procedures that we proposed to add to the ASC list in the June 1998 proposed rule that we are not adding to the list at this time. We are not adding to the ASC list procedures that are inconsistent with our current criteria in § 416.65 for determining surgical procedures payable in an ASC. Also, we are not adding to the list procedures that would otherwise have met the criteria for inclusion on the ASC list, except that they would be significantly overpaid in the lowest ASC payment group, which could create an incentive to shift these procedures to an ASC setting. The payment rates proposed for many of these procedures in the June 12, 1998 proposed rule were significantly less than the lowest current ASC payment group because we were proposing a different ratesetting method

using APC groups. We are also eliminating proposed additions to the ASC list that were deleted from CPT after 1998, and there are some codes that we proposed to add but are not adding on the basis of comments. The codes that we are not adding to the ASC list for these reasons are listed in the following table. We recognize that most of the additions and deletions to the ASC list that are being implemented through this final rule were proposed nearly 5 years ago. Our medical advisors have reviewed all of the changes reflected in this final rule and we believe that, taking patient safety into account, the final updated list reasonably reflects contemporary surgery performed in an ASC in the year 2003.

PROCEDURES PROPOSED FOR ADDITION TO THE ASC LIST THAT ARE NOT BEING ADDED

HCPSCS	Short descriptor
11752	Remove nail bed/finger tip.
11760	Repair of nail bed.
11762	Reconstruction of nail bed.
11920	Correct skin color defects.
11921	Correct skin color defects.
11922	Correct skin color defects.
11950	Therapy for contour defects.
11951	Therapy for contour defects.
11952	Therapy for contour defects.
11954	Therapy for contour defects.
12001	Repair superficial wound(s).
12002	Repair superficial wound(s).
12004	Repair superficial wound(s).
12011	Repair superficial wound(s).
12013	Repair superficial wound(s).
12014	Repair superficial wound(s).
12015	Repair superficial wound(s).
12031	Layer closure of wound(s).
12032	Layer closure of wound(s).
12041	Layer closure of wound(s).
12042	Layer closure of wound(s).
12051	Layer closure of wound(s).
12052	Layer closure of wound(s).
12053	Layer closure of wound(s).
15819	Plastic surgery, neck.
15836	Excise excessive skin tissue.
15837	Excise excessive skin tissue.
15838	Excise excessive skin tissue.
15839	Excise excessive skin tissue.
15860	Test for blood burn in graft.
16010	Treatment of burn(s).
16040	Deleted by CPT.
16041	Deleted by CPT.
16042	Deleted by CPT.
17106	Destruction of skin lesions.
17107	Destruction of skin lesions.
17108	Destruction of skin lesions.
17304	Chemosurgery of skin lesion.
17305	2nd stage chemosurgery.
17306	3rd stage chemosurgery.
17307	Followup skin lesion therapy.
17310	Extensive skin chemosurgery.
19396	Design custom breast implant.
21030	Removal of face bone lesion.
21031	Remove exostosis, mandible.
21032	Remove exostosis, maxilla.

PROCEDURES PROPOSED FOR ADDITION TO THE ASC LIST THAT ARE NOT BEING ADDED—Continued

HCPSCS	Short descriptor
21110	Interdental fixation.
21120	Reconstruction of chin.
21125	Augmentation, lower jaw bone.
21260	Revise eye sockets.
20500	Injection of sinus tract.
20950	Fluid pressure, muscle.
24640	Treat elbow dislocation.
24650	Treat radius fracture.
25500	Treat fracture of radius.
25530	Treat fracture of ulna.
25560	Treat fracture radius & ulna.
25600	Treat fracture radius/ulna.
25622	Treat wrist bone fracture.
25630	Treat wrist bone fracture.
25650	Treat wrist bone fracture.
26600	Treat metacarpal fracture.
26641	Treat thumb dislocation.
26670	Treat hand dislocation.
26700	Treat knuckle dislocation.
26720	Treat finger fracture, each.
26725	Treat finger fracture, each.
26740	Treat finger fracture, each.
26750	Treat finger fracture, each.
26755	Treat finger fracture, each.
26770	Treat finger dislocation.
26775	Treat finger dislocation.
27200	Treat tail bone fracture.
27220	Treat hip socket fracture.
27256	Treat hip dislocation.
27556	Treat knee dislocation.
28001	Drainage of bursa of foot.
28010	Incision of toe tendon.
28108	Removal of toe lesions.
28124	Partial removal of toe.
28220	Release of foot tendon.
28230	Incision of foot tendon(s).
28232	Incision of toe tendon.
28272	Release of toe joint, each.
28360	Reconstruct cleft foot.
28430	Treatment of ankle fracture.
28450	Treat midfoot fracture, each.
28455	Treat midfoot fracture, each.
28470	Treat metatarsal fracture.
28475	Treat metatarsal fracture.
28490	Treat big toe fracture.
28495	Treat big toe fracture.
28510	Treatment of toe fracture.
28515	Treatment of toe fracture.
28530	Treat sesamoid bone fracture.
28540	Treat foot dislocation.
28570	Treat foot dislocation.
28600	Treat foot dislocation.
28630	Treat toe dislocation.
28660	Treat toe dislocation.
30901	Control of nosebleed.
31040	Exploration behind upper jaw.
31502	Change of windpipe airway.
31520	Diagnostic laryngoscopy.
32960	Therapeutic pneumothorax.
36493	Repositioning of cvc.
37618	Ligation of extremity artery.
40702	Repair cleft lip/nasal.
40830	Repair mouth laceration.
41822	Excision of gum lesion.
41823	Excision of gum lesion.
42227	Lengthening of palate.
42326	Create salivary cyst drain.
42400	Biopsy of salivary gland.
42800	Biopsy of throat.
42842	Extensive surgery of throat.

PROCEDURES PROPOSED FOR ADDITION TO THE ASC LIST THAT ARE NOT BEING ADDED—Continued

HCPSCS	Short descriptor
42844	Extensive surgery of throat.
42970	Control nose/throat bleeding.
43020	Incision of esophagus.
43030	Throat muscle surgery.
43761	Reposition gastrostomy tube.
45300	Proctosigmoidoscopy dx.
45303	Proctosigmoidoscopy dilate.
45330	Diagnostic sigmoidoscopy.
46604	Anoscopy and dilation.
46614	Anoscopy/control bleeding.
46900	Destruction, anal lesion(s).
46910	Destruction, anal lesion(s).
46916	Cryosurgery, anal lesion(s).
49429	Removal of shunt.
50590	Lithotripsy.
51705	Change of bladder tube.
52265	Cystoscopy and treatment.
52301	Cystoscopy and treatment.
52339	Deleted by CPT.
53025	Incision of urethra.
53060	Drainage of urethra abscess.
53852	Prostatic rf thermotx.
54050	Destruction, penis lesion(s).
54055	Destruction, penis lesion(s).
54056	Cryosurgery, penis lesion(s).
54402	Deleted by CPT.
54407	Deleted by CPT.
54409	Deleted by CPT.
55450	Ligation of sperm duct.
56311	Deleted by CPT.
56312	Deleted by CPT.
56313	Deleted by CPT.
56314	Deleted by CPT.
56318	Deleted by CPT.
56320	Deleted by CPT.
56346	Deleted by CPT.
56353	Deleted by CPT.
56355	Deleted by CPT.
56501	Destroy, vulva lesions, simp.
57284	Repair paravaginal defect.
57288	Repair bladder defect.
57460	Cervix excision.
57555	Remove cervix/repair vagina.
58345	Reopen fallopian tube.
58970	Retrieval of oocyte.
59300	Episiotomy or vaginal repair.
60100	Biopsy of thyroid.
60210	Partial thyroid excision.
60240	Removal of thyroid.
61000	Remove cranial cavity fluid.
61001	Remove cranial cavity fluid.
62292	Injection into disk lesion.
62298	Deleted by CPT.
63615	Remove lesion of spinal cord.
64555	Implant neuroelectrodes.
64560	Implant neuroelectrodes.
64565	Implant neuroelectrodes.
64761	Incision of pelvis nerve.
65286	Repair of eye wound.
65450	Treatment of corneal lesion.
65820	Relieve inner eye pressure.
65855	Laser surgery of eye.
65860	Incise inner eye adhesions.
66761	Revision of iris.
66762	Revision of iris.
66770	Removal of inner eye lesion.
66820	Incision, secondary cataract.
67101	Repair detached retina.
67110	Repair detached retina.
67208	Treatment of retinal lesion.

PROCEDURES PROPOSED FOR ADDITION TO THE ASC LIST THAT ARE NOT BEING ADDED—Continued

HCPCS	Short descriptor
67343	Release eye tissue.
68100	Biopsy of eyelid lining.
68110	Remove eyelid lining lesion.
68135	Remove eyelid lining lesion.
69433	Create eardrum opening.

We are not adding to the ASC list CPT code 50590 Extracorporeal Shock Wave Lithotripsy (ESWL), for which we had proposed a payment of \$2107 in the June 1998 proposed rule. In *American Lithotripsy Society v. Sullivan*, 785, F. Supp. 1035 (D.D.C. 1992), the District Court ordered that we “publish the data and other information we are relying on in setting a (lithotripsy) rate and allow time for comment before issuing a final notice * * *”. The data and other information that we would rely on in setting a payment rate for ESWL are part of the ratesetting methodology that we proposed in the June 1998 proposed rule. Because we are not making that ratesetting methodology final at this time, we might not be in compliance with the District Court order if we were to add CPT code 50590 to the ASC list in this final rule under the current payment rate structure. In addition, comments submitted by the American Lithotripsy Society opposed the \$2,107 payment rate that we proposed in the June 1998 proposed rule. Therefore, we are not including CPT code 50590 among the additions to the ASC list that are implemented by this final rule.

III. Analysis of and Responses to Public Comments

In response to the publication of the June 12, 1998 proposed rule, we received approximately 13,000 comments, many of which were duplicate comments that were resubmitted each time we extended the comment period. We received comments from individual ASCs, physicians, health care workers, professional and trade associations, and medical societies and organizations. The majority of the comments addressed our proposal to adopt ambulatory payment classification (APC) groups as the basis for setting ASC payment rates. In addition, we received numerous comments regarding our proposal to package payment for corneal tissue into the payment rate for corneal transplant surgery. We also received numerous comments regarding proposed reductions in payment for gastroenterological procedures. Those comments will be addressed in a

subsequent rule when we implement changes in the ASC ratesetting methodology. In this final rule with comment, we only respond to comments that address additions to and deletions from the list of approved procedures.

Overall, the commenters who addressed our proposed additions to and deletions from the ASC list favored the proposed additions. Most commenters supported expansion of the ASC list to the maximum possible extent to permit Medicare payment to ASCs for procedures that are performed on an outpatient basis in hospitals. We respond below to commenters who recommended the addition or deletion of specific CPT codes. In reviewing the comments regarding our proposed additions to and deletions from the ASC list, we consulted our medical advisors, and we took into account Congressional intent when the ASC benefit was enacted as well as the current standards for the ASC list that are codified in § 416.65.

As we explain above, we do not include in the list of ASC approved procedures, procedures currently performed on an ambulatory basis in a physician's office that do not generally require the more elaborate facilities of an ASC. Also, the ASC list does not include procedures that are appropriately performed in an inpatient hospital setting but would not be safely performed in an ASC, consistent with the criteria in § 416.65(b)(3).

We also recognized that there are some procedures that might be appropriately performed in ASC for the younger patient who is generally healthy. But for the larger number of beneficiaries whose health is more likely to be compromised by age or disability, an ASC may be a questionable setting for those same procedures. Therefore, we are adding to the ASC list only those procedures that can be safely performed in an ASC on the general Medicare population in at least a significant number of cases.

We believe that the ASC list resulting from the additions and deletions that we are implementing in this final rule with comment is an improvement over the existing list. We have updated the ASC list by adding a significant number of the procedures that we proposed to add in the June 1998 proposed rule as well as new CPT codes established since 1998 that are consistent with our criteria for the ASC list. The resulting updated list allows ASCs to furnish to Medicare beneficiaries surgical services that reflect the practice of contemporary surgery without compromising patient safety. We will continue to update the list through notice and comment within

the biennial timeframe established under the statute. As part of the next biennial update, we will also consider proposing revised criteria to apply in determining which procedures are appropriate for the ASC list.

Comment: A number of commenters favored elimination of the ASC list. The commenters stated that the decision regarding where to perform a procedure should rest with the physician and the patient, not with CMS.

Response: Section 1833(i)(1) of the Act requires us to determine which surgical procedures are safely and appropriately performed in an ASC. Therefore, we cannot adopt this recommendation.

Comment: A national medical association commented that we should not add certain codes that we proposed to add because these procedures are hospital procedures and are not appropriate for same day surgery in an ASC. These procedures are CPT codes 57284 (paravaginal defect repair), 57288 (stress incontinence), 57555 (cervical stump excision), 58345 (fallopian tube catheter), and 57460 (colposcopy).

Response: After a review of our most recent claims data for site of service and an examination of the clinical nature of the surgical procedures in question, we agree with the commenter, and we are not adding these codes to the list.

Comment: The same commenter agreed with our proposal to add CPT codes 57291 (artificial vagina construction) and 57556 (cervical stump excision) to the ASC list and our proposal to delete CPT codes 56405 (vulva drainage) and 57800 (cervix dilation) from the ASC list.

Response: We agree with the commenter. We are adding CPT codes 57291 and 57556 to the ASC list and deleting CPT codes 56405 and 57800.

Comment: A medical specialty society commented that we should delete from the ASC list CPT codes 15842 (microsurgical muscle graft), 26035 (decompression fingers, injection injury), 26037 (decompressive fasciotomy, hand), 27440 (arthroplasty, knee, tibial plateau), 42225 (palatoplasty w. attached pharyngeal flap), 60220 (total thyroid lobectomy), and 60225 (total thyroid lobectomy). The commenter states that these procedures are hospital procedures and not appropriate for an ASC.

Response: We agree with the commenter and we are deleting these 7 procedures from the current list.

Comment: The same commenter disagreed with our proposal to add to the list the following procedures: CPT codes 42842 (extensive throat surgery), 42844 (extensive throat surgery), 57284

(paravaginal defect repair), 60210 (thyroid partial excision), and 60240 (thyroid removal). The commenter stated that these procedures are hospital procedures and not appropriate for same day surgery performance in an ASC. Another medical organization also recommended not adding CPT code 57284 to the list.

Response: Our medical staff have reviewed these codes and agree with the commenters. Therefore, we are not implementing these proposed additions to the list.

Comment: The same medical specialty society further stated that the following codes should be deleted from the ASC list: 15840 (face nerve palsy graft), 15841 (face nerve palsy graft), 15845 (skin and muscle repair, face), 19318 (large breast reduction), and 19340 (immediate breast prosthesis). The commenter stated these procedures are not appropriate for an ASC setting.

Response: Our medical staff have reviewed the clinical nature of these procedures and have determined that they may appropriately be performed in an ASC. Further, our 2001 claims data show that these procedures are being performed in a significant number of cases in an outpatient setting. Therefore, we are retaining these procedures on the ASC list.

Comment: The same commenter states that we should not add proposed CPT code 40700 (repair cleft lip, nasal), because this procedure is not appropriate for an ASC.

Response: Our 2001 claims data indicate that equal numbers of cases were reported as being performed in a hospital inpatient, hospital outpatient, and ASC setting. Our medical advisors reviewed the clinical nature of this procedure and determined that it is appropriately performed in an ASC setting. Therefore, we will add this code to the list.

Comment: Commenters suggested that we add to the ASC list the following CPT codes: 27096 (injection, sacroiliac joint), 62284 (myelography, injection), 62287 (Aspiration/decompression, nucleus pulposus), 62290 (discography injection, lumbar), 62291 (discography injection, cervical), 62292 (chemonucleolysis injection), 62298 (injection, other than anesthetic), 64640 (destruction by neurolytic agent, peripheral nerve), and 64714 (neuroplasty).

Response: Our medical staff reviewed the clinical nature of these codes and agreed that CPT codes 27096, 62292, and 62298 were appropriate additions to the ASC list. Note that in CY 2000, CPT code 62298 was replaced by code 62310, which we added to the ASC list in 2000

by program memorandum. CPT codes 27096 and 62292, while clinically appropriate for the list, would be significantly overpaid in the lowest ASC payment group, so we are not adding them to the ASC list. CPT code 64714 is already on the ASC list. CPT codes 62284, 62290 and 62291 are codes for injections used in connection with diagnostic imaging procedures that are not payable as ASC services. Therefore, we would not pay separately for these procedures in the ASC setting. According to our Medicare billing data, CPT 64640 is performed 68 percent of the time in a physician's office, so this procedure is not being added to the list. CPT 62287, which we proposed for addition to the list, will be added.

Comment: Some commenters believed that it was appropriate to add CPT codes 42415 (parotid surgery), 31254 (partial ethmoid endoscopy), 31255 (ethmoid endoscopy), 31256 (nasal endoscopy with antrostomy), 31267 (nasal endoscopy with maxillary endoscopy), and 31276 (nasal endoscopy with frontal endoscopy) to the list. The commenters asserted that all of these procedures are suitable and routinely performed in an ASC setting.

Response: After review by clinical staff, we agree with the commenter and we are adding CPT code 42415 to the list. CPT codes 31254, 31255, 31256, 31267 and 31276 are currently on the ASC list and will remain on the list.

Comment: We received comments stating that certain laproscopic procedures should be added to the ASC list. They are: CPT codes 56340, 56341 and 56342 (laparoscopic cholecystectomy with and without cholangiography and common duct exploration) and CPT code 56348 (laparoscopic assisted vaginal hysterectomy). Commenters stated these procedures are routinely performed in an outpatient setting and would be appropriate for an ASC.

Response: Our medical staff determined that these procedures may be appropriately performed in an ASC for many non-Medicare beneficiaries in the 65-and-under age group. However, these procedures often involve an overnight stay for Medicare beneficiaries and they do not conform to our standard for ASC procedures in § 416.65(b)(ii). Therefore, we are not adding them to the ASC list.

Comment: Some commenters wrote that we should retain the following procedures proposed for deletion: CPT codes 51726 (Complex cystometrogram), 51772 (Urethra pressure profile), 51785 (Anal/urinary pressure study), 50392 (Insert kidney drain), 50393 (Insert ureteral tube), 50395 (Create passage for

kidney), 50684 (Injection for ureter x-ray), 50690 (Injection for ureter x-ray), 51600 (Injection for bladder x-ray), 51605 (Preparation for bladder x-ray), and 51610 (Injection for bladder x-ray).

Response: Our medical staff reviewed these codes in light of the commenters' arguments against deleting them, and we agree that CPT codes 51726, 51772, 51785, 50392, 50393, and 50395 should be retained on the ASC list. CPT codes 50684, 50690, 51600, 51605, and 51610 are services that involve injections, which are packaged into imaging procedures that are not payable in an ASC, and we are making final their deletion from the ASC list.

Comment: Some of the same commenters also agreed with our proposal to delete CPT code 51725, Simple Cystometrogram and not add to the list CPT codes 51736 Simple Uroflowmetry and 51741 Complex Uroflowmetry.

Response: In the absence of disagreement from commenters, we are making our proposal regarding these codes final.

Comment: Another commenter recommended that we not remove the following CPT codes from the list: 50970, 50972, 50974, 50976, 50978, and 50980, all of which are ureteral endoscopy codes.

Response: We reviewed these procedures and we agree with the commenter that they are appropriate to the ASC setting and consistent with our criteria for the ASC list. Therefore, we are not removing these codes from the list.

Comment: A few commenters wanted us not to delete CPT codes 51005 (Aspiration of bladder) and 51010 (Aspiration of bladder). These commenters also wanted us to add the following codes to the ASC list: 54450 (Foreskin manipulation), 51000 (Aspiration bladder), 53600 (Dilate urethral stricture), 53601 (Dilate urethral stricture), 53621 (Dilate urethral stricture), 53660 (Dilation female urethra), 53661 (Subsequent dilation female urethra), 53675 (Catheterization, complicated), and 54200 (Injection procedure, Peyronie).

Response: We reviewed our utilization data and agree with the commenters that CPT code 51010 should remain on the ASC list. With the exception of CPT code 53675, all of the other procedures recommended by the commenters are performed more than 50 percent of the time in physicians' offices, some as frequently as 99 percent of the reported cases. Therefore, we are not adding these procedures to the list consistent with our current regulation at § 416.65(a)(2), which requires that the

ASC list not include procedures that are commonly performed or that may be safely performed in physicians' offices. CPT code 53675, Complex catheterization, would be significantly overpaid in the lowest ASC payment group. Therefore, we are not adding this procedure to the list.

Comment: A few commenters opposed our proposal to remove the following codes from the ASC list: CPT codes 50520 (Closure of nephrocutaneous fistula), 50570 (Renal endoscopy), 50572 (Renal endoscopy), 50574 (Renal endoscopy), 50576 (Renal endoscopy), 50578 (Renal endoscopy), and 50580 (Renal endoscopy).

Response: These codes describe procedures that are not consistent with our criteria in section § 416.65(b)(3) and therefore are not appropriate to be performed in an ASC. Therefore, we are making our proposal final and we are deleting these codes from the list.

Comment: In our proposed rule we proposed to delete the following nerve injection CPT codes: 64410, 64415, 64417, 64420, 64421, 64430, 64442, 64443, 64510, 64520, 64530, 64600, 64605, 64610, 64620, 64622, 64623, 64630, and 64680. These proposed deletions prompted numerous comments from ASCs specializing in pain management and from interventional pain physicians. Commenters argued that concerns about patient safety supported retaining these nerve block injection codes on the ASC list. They stated that the minimally acceptable requirements for safe completion of these procedures include continuous monitoring of heart function, lung function and breathing. The placement of injections in the spinal area requires the highest infection control standards. In addition, fluoroscopic guidance is necessary to assure precise needle placement. Injections can provoke severe hypertension, chest pain, cardiac arrhythmias, myocardial infarction, severe pain and vasovagal reactions. Risks include seizures, respiratory and cardiac arrest, hypotension, respiratory depression, pneumothorax, total spinal anesthesia, infection, local anesthetic toxicity, paralysis and death. Commenters argued that because of the risks associated with these procedures, they require the health and safety protections assured by the conditions for coverage of ASC services found in part 416 of the regulations.

A few commenters supported deletion of the nerve injection codes from the ASC list. These commenters stated that they are able to perform these nerve injections in their offices. However, these commenters also stated that they

operate in environments with resuscitation facilities and radiological guidance, more typically found in an ASC or a hospital outpatient setting than in a physician's office.

Response: The preponderance of comments opposing deletion of these codes from the ASC list stressed that assuring patient safety requires monitoring and special equipment not customarily found in the physician office setting. Even the minority supporting deletion noted the need for special safety measures in their comments. In light of these comments, we have retained these procedures on the ASC list (with the exception of CPT codes 64442 and 64443, which have been deleted by CPT) because as required by the conditions for coverage in §§ 416.41 and 416.44, ASCs are specifically equipped to provide the level of patient care and monitoring needed to ensure patient health and safety when these procedures are performed. In addition, ASCs are required to have in place appropriate procedures to address emergencies should they occur.

IV. Provisions of the Final Regulations

This final rule with comment period makes additions to and deletions from the current list of Medicare approved ASC procedures. In addition, this final rule with comment period responds to comments received from the June 12, 1998 proposed rule (63 FR 32290) that addressed proposed additions to and deletions from the list of ASC approved procedures. This final rule with comment period implements requirements of section 1833(i)(1) and (2) of the Act.

The addendum that follows this preamble contains the complete list of surgical procedures that are approved for an ASC facility fee payment effective for services furnished on or after July 1, 2003. The addendum also designates those CPT codes that are additions to or deletions from the current ASC list. The CPT code for each procedure is listed in column 1. In column 2, the letter "A" indicates a code that is being added to the ASC in this final rule. The letter "A*" (with an asterisk) indicates a code added to CPT since 1998 that we are adding to the list but that we did not propose to add in the June 1998 proposed rule. CPT codes designated with "A*" are those for which we are soliciting comments. The letter "D" in column 2 indicates a code that is being deleted from the ASC list. Column 3 provides the short descriptor for the CPT code in column 1. Column 4 indicates the current payment group to which an approved code is assigned.

Column 5 indicates the FY 2003 payment amount for the assigned payment group. We solicit comments on additions to the ASC list designated with "A*" in column 2 and the payment group to which these additions are assigned. The codes designated by "A*" in column 2 are new CPT codes that were added to CPT in 1999, 2000, 2001, 2002, and 2003 that are similar to procedures on the updated ASC list.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

VI. Waiver of Proposed Rulemaking

We ordinarily publish a proposed notice in the **Federal Register** and invite public comment when we add to the ASC list HCPCS codes that describe new surgical procedures. The proposed notice includes a reference to the legal authority under which the additions to the list are proposed and a description of the subjects and issues involved. We solicit comment both on the appropriateness of performing the new procedures in an ASC and the payment rate that we propose as the ASC facility fee for the new procedures. This process can be waived, however, if the agency finds good cause that a notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the rule that is issued.

For reasons that we explain elsewhere in this preamble, we have not previously issued a rule to make final the additions and deletions proposed in the June 12, 1998 proposed rule. For the same reasons, we have not issued proposed notices regarding the addition to the ASC list of new CPT codes that were created during the years since publication of the June 12 proposed rule. This final rule with comment adopts some provisions set forth in the June 12, 1998 proposed rule (63 FR 32290). In this final rule with comment, we are also making certain additions to the ASC list that were not proposed in the June 12 rule and that are subject to comment. Specifically, we are adding new CPT codes for surgical procedures that were added to CPT in 1999, 2000, 2001, 2002, and 2003, and we are assigning those codes to an existing ASC payment group.

We are making the addition of these new CPT codes to the ASC list effective for services furnished on or after July 1, 2003 because we believe that were we not to add them in this final rule, we would limit beneficiary access to surgical procedures that can be appropriately performed in the ASC setting. If these codes are not payable under the ASC benefit, beneficiaries are limited to receiving the services that they describe in a hospital setting. Also, ASCs cannot receive a facility fee for these services under the Medicare ASC benefit if we do not add them to the list. Therefore, delay in adding these new surgical procedures to the ASC list is contrary to the public interest.

Also, it is impracticable not to add the applicable new CPT codes created from 1999 through 2003 until after we have received public comments, analyzed those comments, and issued a final rule. To do so could mean that the new CPT codes would not be made final under the ASC benefit until 2004, at the earliest.

For these reasons, we find good cause to waive the notice of proposed rulemaking and to issue this final rule with comment. We are providing a 60-day public comment period regarding the addition of the new CPT codes, designated by an "A*" in the addendum and the payment group to which these codes are assigned. We will respond to timely comments in the next final notice or final rule that we issue regarding the ASC benefit.

VII. Regulatory Impact Statement

A. Overall Impact

We have examined the impact of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 16, 1980, Pub. L. 96-354), Section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104-4), and Executive Order 13132.

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year). Our Office of the Actuary has prepared a fiscal impact estimate. As shown in the table below, for fiscal years 2003 through 2007, the cost to the Medicare program is estimated to be \$5

million per year. Therefore, this is not considered a major rule.

Fiscal year	Cost ¹
2003	\$5
2004	5
2005	5
2006	5
2007	5

¹ Cost in millions, rounded to the nearest 5 million.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6 to \$29 million in any 1 year. According to the small business associations, approximately 73 percent of all ASCs are considered small entities by having revenues of \$11.5 million or less. Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds. This rule does not have a significant impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$110 million. This rule will not have an effect on the governments mentioned and the private sector costs will be less than the \$110 threshold.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a final rule that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. This rule will not have a substantial effect on State or local governments.

B. Anticipated Effects

The entities affected by this final rule with comment period are Medicare certified ASCs and beneficiaries. No

other providers are affected. This rule will not affect state or local governments or the private sector other than ASCs. There are more than 3,000 ASCs currently certified by Medicare, nearly three-quarters of which fit the definition of a "small entity."

The result of this rule is to increase the number of ASC procedures approved for Medicare payment by approximately 300, thereby making more surgical services payable by Medicare in an ASC available to beneficiaries. ASCs will benefit from our expanding the list of Medicare approved ASC procedures because the number of services for which Medicare will pay a facility fee will increase as a result. Currently, if ASCs perform these procedures, Medicare does not allow payment of a facility fee. Our adding these codes to the ASC list also enables ASCs to serve a greater number of beneficiaries by being able to offer access to an increased number of surgical services. The number of claims for ASC services would increase. No specific provisions of this final rule have yet been implemented. If this final rule is not issued, beneficiaries would be denied access to approximately 300 surgical procedures in the ASC setting and this would limit beneficiary choice.

Some individuals have advocated the elimination of the ASC list on the basis that the decision regarding where to perform a procedure rests ultimately with the physician. These same individuals support payment of an ASC facility fee for any surgical procedure covered by Medicare in a clinic or hospital outpatient setting. The requirements for an ASC list are imposed by the statute, so we cannot adopt this recommendation.

ASCs that specialize in dermatology, gastroenterology, and orthopedics may object to our not adding certain procedures that we proposed in our June 1998 proposed rule. In particular, we are not adding procedures performed more than 50 percent of the time in a physician's office, procedures that are not appropriately or safely performed in an ambulatory setting, or procedures that would otherwise have met the criteria for inclusion on the ASC list except that they would be significantly overpaid in the lowest ASC payment group. We have determined that the adverse economic impact on the Medicare program that could result from a shift of such services to an ASC setting outweighs the potential negative reaction of these medical specialties.

ASCs that furnish extracorporeal shockwave lithotripsy (ESWL) services may also object to our not adding this procedure to the ASC list. However, as

we explained above, because we are not updating the ASC payment rates and ratesetting methodology in this final rule, we would not be in compliance with the District Court order issued in *American Lithotripsy Society v. Sullivan*, 785, F. Supp. 1035 (D.D.C. 1992) if we were to add ESWL to the ASC list without further data and information. Overall, we believe the increased beneficiary access to surgical services and the expansion of the ASC list that will result from this final rule outweighs potential objections to our not including certain additions that were proposed in 1998 to the ASC list.

For the above reasons, we are not preparing analyses for either the RFA or section 1102(b) of the Act because we have determined, and we certify, that this rule would not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

C. Alternatives Considered

As stated above, we are issuing this final rule with comment to implement additions to and deletions from the ASC list proposed in the June 1998 proposed rule. However, we are not implementing the ratesetting method, rebased payment rates, and changes in the regulations that were also proposed in the June 1998 proposed rule. We considered not updating the ASC list until we completed a survey of ASC costs to use in rebasing the ASC payment rates. However, we decided against this approach because it could have resulted in delaying the update of the list for several years while we conducted the survey and audited and compiled the data upon which to rebase the rates.

We considered basing payment rates for procedures being added to the ASC list in this final rule on the ASC payment group that most closely approximated the payment amount for the same procedures under the hospital outpatient prospective payment system (OPPS). However, the statute requires

that payment rates be tied to ASC, not hospital outpatient costs, so we decided, as explained previously in this preamble, to match the additions to the list to procedures already on the list that are similar in terms of clinical work and resource inputs and to assign the new code to the same payment group as the current code. This approach better maintains internal consistency in ASC payment rates among codes on the list that are similar.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 16, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare and Medicaid Services.

Approved: February 14, 2003.

Tommy G. Thompson,

Secretary.

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
10121	A	Remove foreign body	2	446
10180		Complex drainage, wound	2	446
11010	A	Debride skin, fx	2	446
11011	A	Debride skin/muscle, fx	2	446
11012	A	Debride skin/muscle/bone, fx	2	446
11042		Debride skin/tissue	2	446
11043		Debride tissue/muscle	2	446
11044		Debride tissue/muscle/bone	2	446
11404		Removal of skin lesion	1	333
11406		Removal of skin lesion	2	446
11424		Removal of skin lesion	2	446
11426		Removal of skin lesion	2	446
11444		Removal of skin lesion	1	333
11446		Removal of skin lesion	2	446
11450		Removal, sweat gland lesion	2	446
11451		Removal, sweat gland lesion	2	446
11462		Removal, sweat gland lesion	2	446
11463		Removal, sweat gland lesion	2	446
11470		Removal, sweat gland lesion	2	446
11471		Removal, sweat gland lesion	2	446
11604		Removal of skin lesion	2	446
11606		Removal of skin lesion	2	446
11624		Removal of skin lesion	2	446
11626		Removal of skin lesion	2	446
11644		Removal of skin lesion	2	446
11646		Removal of skin lesion	2	446
11770		Removal of pilonidal lesion	3	510
11771		Removal of pilonidal lesion	3	510
11772		Removal of pilonidal lesion	3	510
11960		Insert tissue expander(s)	2	446
11970		Replace tissue expander	3	510
11971		Remove tissue expander(s)	1	333
12005		Repair superficial wound(s)	2	446
12006		Repair superficial wound(s)	2	446
12007		Repair superficial wound(s)	2	446
12016		Repair superficial wound(s)	2	446
12017		Repair superficial wound(s)	2	446
12018		Repair superficial wound(s)	2	446
12020		Closure of split wound	1	333
12021		Closure of split wound	1	333
12034		Layer closure of wound(s)	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
12035		Layer closure of wound(s)	2	446
12036		Layer closure of wound(s)	2	446
12037		Layer closure of wound(s)	2	446
12044		Layer closure of wound(s)	2	446
12045		Layer closure of wound(s)	2	446
12046		Layer closure of wound(s)	2	446
12047		Layer closure of wound(s)	2	446
12054		Layer closure of wound(s)	2	446
12055		Layer closure of wound(s)	2	446
12056		Layer closure of wound(s)	2	446
12057		Layer closure of wound(s)	2	446
13100		Repair of wound or lesion	2	446
13101		Repair of wound or lesion	3	510
13120		Repair of wound or lesion	2	446
13121		Repair of wound or lesion	3	510
13131		Repair of wound or lesion	2	446
13132		Repair of wound or lesion	3	510
13150		Repair of wound or lesion	3	510
13151		Repair of wound or lesion	3	510
13152		Repair of wound or lesion	3	510
13160		Late closure of wound	2	446
14000		Skin tissue rearrangement	2	446
14001		Skin tissue rearrangement	3	510
14020		Skin tissue rearrangement	3	510
14021		Skin tissue rearrangement	3	510
14040		Skin tissue rearrangement	2	446
14041		Skin tissue rearrangement	3	510
14060		Skin tissue rearrangement	3	510
14061		Skin tissue rearrangement	3	510
14300		Skin tissue rearrangement	4	630
14350		Skin tissue rearrangement	3	510
15000		Skin graft	2	446
15050		Skin pinch graft	2	446
15100		Skin split graft	2	446
15101		Skin split graft add-on	3	510
15120		Skin split graft	2	446
15121		Skin split graft add-on	3	510
15200		Skin full graft	3	510
15201		Skin full graft add-on	2	446
15220		Skin full graft	2	446
15221		Skin full graft add-on	2	446
15240		Skin full graft	3	510
15241		Skin full graft add-on	3	510
15260		Skin full graft	2	446
15261		Skin full graft add-on	2	446
15350		Skin homograft	2	446
15351	A*	Skin homograft add-on	2	446
15400		Skin heterograft	2	446
15401	A*	Skin heterograft add-on	2	446
15570		Form Skin pedicle flap	3	510
15572		Form Skin pedicle flap	3	510
15574		Form Skin pedicle flap	3	510
15576		Form Skin pedicle flap	3	510
15600		Skin graft	3	510
15610		Skin graft	3	510
15620		Skin graft	4	630
15630		Skin graft	3	510
15650		Transfer skin pedicle flap	5	717
15732		Muscle-skin graft, head/neck	3	510
15734		Muscle-skin graft, trunk	3	510
15736		Muscle-skin graft, arm	3	510
15738		Muscle-skin graft, leg	3	510
15740		Island pedicle flap graft	2	446
15750		Neurovascular pedicle graft	2	446
15756	D	Free muscle flap, microvasc	3	510
15757	D	Free skin flap, microvasc	3	510
15758	D	Free fascial flap, microvasc	3	510
15760		Composite skin graft	2	446
15770		Derma-fat-fascia graft	3	510
15775	A	Hair transplant punch grafts	3	510
15776	A	Hair transplant punch grafts	3	510
15820	A	Revision of lower eyelid	3	510

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
15821	A	Revision of lower eyelid	3	510
15822	A	Revision of upper eyelid	3	510
15823	A	Revision of upper eyelid	5	717
15824	A	Removal of forehead wrinkles	3	510
15825	A	Removal of neck wrinkles	3	510
15826	A	Removal of brow wrinkles	3	510
15828	A	Removal of face wrinkles	3	510
15829	A	Removal of skin wrinkles	5	717
15831	A	Excise excessive skin tissue	3	510
15832	A	Excise excessive skin tissue	3	510
15833	A	Excise excessive skin tissue	3	510
15834	A	Excise excessive skin tissue	3	510
15835	A	Excise excessive skin tissue	3	510
15840		Graft for face nerve palsy	4	630
15841		Graft for face nerve palsy	4	630
15842	D	Flap for face nerve palsy	4	630
15845		Skin and muscle repair, face	4	630
15876	A	Suction assisted lipectomy	3	510
15877	A	Suction assisted lipectomy	3	510
15878	A	Suction assisted lipectomy	3	510
15879	A	Suction assisted lipectomy	3	510
15920		Removal of tail bone ulcer	3	510
15922		Removal of tail bone ulcer	4	630
15931		Remove sacrum pressure sore	3	510
15933		Remove sacrum pressure sore	3	510
15934		Remove sacrum pressure sore	3	510
15935		Remove sacrum pressure sore	4	630
15936		Remove sacrum pressure sore	4	630
15937		Remove sacrum pressure sore	4	630
15940		Remove hip pressure sore	3	510
15941		Remove hip pressure sore	3	510
15944		Remove hip pressure sore	3	510
15945		Remove hip pressure sore	4	630
15946		Remove hip pressure sore	4	630
15950		Remove thigh pressure sore	3	510
15951		Remove thigh pressure sore	4	630
15952		Remove thigh pressure sore	3	510
15953		Remove thigh pressure sore	4	630
15956		Remove thigh pressure sore	3	510
15958		Remove thigh pressure sore	4	630
16015		Treatment of burn(s)	2	446
16030	D	Treatment of burn(s)	1	333
16035	D	Incision of burn scab, initi	2	446
19020		Incision of breast lesion	2	446
19100		Bx breast percut w/o image	1	333
19101		Biopsy of breast, open	2	446
19102		Bx breast percut w/image	2	446
19103		Bx breast percut w/device	2	446
19110		Nipple exploration	2	446
19112		Excise breast duct fistula	3	510
19120		Removal of breast lesion	3	510
19125		Excision, breast lesion	3	510
19126		Excision, addl breast lesion	3	510
19140		Removal of breast tissue	4	630
19160		Removal of breast tissue	3	510
19162		Remove breast tissue, nodes	7	995
19180		Removal of breast	4	630
19182		Removal of breast	4	630
19260	D	Removal of chest wall lesion	5	717
19290		Place needle wire, breast	1	333
19291		Place needle wire, breast	1	333
19316	A	Suspension of breast	4	630
19318		Reduction of large breast	4	630
19324	A	Enlarge breast	4	630
19325	A	Enlarge breast with implant	9	1339
19328		Removal of breast implant	1	333
19330		Removal of implant material	1	333
19340		Immediate breast prosthesis	2	446
19342		Delayed breast prosthesis	3	510
19350		Breast reconstruction	4	630
19355	A	Correct inverted nipple(s)	4	630
19357		Breast reconstruction	5	717

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
19364	D	Breast reconstruction	5	717
19366		Breast reconstruction	5	717
19370		Surgery of breast capsule	4	630
19371		Removal of breast capsule	4	630
19380		Revise breast reconstruction	5	717
20005		Incision of deep abscess	2	446
20200		Muscle biopsy	2	446
20205		Deep muscle biopsy	3	510
20206		Needle biopsy, muscle	1	333
20220		Bone biopsy, trocar/needle	1	333
20225		Bone biopsy, trocar/needle	2	446
20240		Bone biopsy, excisional	2	446
20245		Bone biopsy, excisional	3	510
20250		Open bone biopsy	3	510
20251		Open bone biopsy	3	510
20525		Removal of foreign body	3	510
20650		Insert and remove bone pin	3	510
20660	D	Apply, remove fixation device	2	446
20661	D	Application of head brace	3	510
20662	D	Application of pelvis brace	3	510
20663	D	Application of thigh brace	3	510
20665	D	Removal of fixation device	1	333
20670		Removal of support implant	1	333
20680		Removal of support implant	3	510
20690		Apply bone fixation device	2	446
20692	A	Apply bone fixation device	3	510
20693	A	Adjust bone fixation device	3	510
20694		Remove bone fixation device	1	333
20900		Removal of bone for graft	3	510
20902		Removal of bone for graft	4	630
20910		Remove cartilage for graft	3	510
20912		Remove cartilage for graft	3	510
20920		Removal of fascia for graft	4	630
20922		Removal of fascia for graft	3	510
20924		Removal of tendon for graft	4	630
20926		Removal of tissue for graft	4	630
20955	D	Fibula bone graft, microvasc	4	630
20962	D	Other bone graft, microvasc	4	630
20969	D	Bone/skin graft, microvasc	4	630
20970	D	Bone/skin graft, iliac crest	4	630
20972	D	Bone/skin graft, metatarsal	4	630
20973	D	Bone/skin graft, great toe	4	630
20975		Electrical bone stimulation	2	446
21010		Incision of jaw joint	2	446
21015	A	Resection of facial tumor	3	510
21025		Excision of bone, lower jaw	2	446
21026		Excision of facial bone(s)	2	446
21029	A	Contour of face bone lesion	2	446
21034		Removal of face bone lesion	3	510
21040		Removal of jaw bone lesion	2	446
21041	D	Removal of jaw bone lesion	2	446
21044		Removal of jaw bone lesion	2	446
21046	A	Excision, benign tumor, mandible	2	446
21047	A	Excision, benign tumor, mandible	2	446
21050		Removal of jaw joint	3	510
21060		Remove jaw joint cartilage	2	446
21070		Remove coronoid process	3	510
21100		Maxillofacial fixation	2	446
21121	A	Reconstruction of chin	7	995
21122	A	Reconstruction of chin	7	995
21123	A	Reconstruction of chin	7	995
21127	A	Augmentation, lower jaw bone	9	1339
21181	A	Contour cranial bone lesion	7	995
21206		Reconstruct upper jaw bone	5	717
21208		Augmentation of facial bones	7	995
21209		Reduction of facial bones	5	717
21210		Face bone graft	7	995
21215		Lower jaw bone graft	7	995
21230		Rib cartilage graft	7	995
21235		Ear cartilage graft	7	995
21240		Reconstruction of jaw joint	4	630
21242		Reconstruction of jaw joint	5	717

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
21243		Reconstruction of jaw joint	5	717
21244		Reconstruction of lower jaw	7	995
21245		Reconstruction of jaw	7	995
21246		Reconstruction of jaw	7	995
21248		Reconstruction of jaw	7	995
21249		Reconstruction of jaw	7	995
21267		Revise eye sockets	7	995
21270		Augmentation, cheek bone	5	717
21275		Revision, orbitofacial bones	7	995
21280		Revision of eyelid	5	717
21282		Revision of eyelid	5	717
21295	A	Reconst lwr jaw w/o fixation	1	333
21296	A	Reconst lwr jaw w/fixation	1	333
21300		Treatment of skull fracture	2	446
21310		Treatment of nose fracture	2	446
21315		Treatment of nose fracture	2	446
21320		Treatment of nose fracture	2	446
21325		Treatment of nose fracture	4	630
21330		Treatment of nose fracture	5	717
21335		Treatment of nose fracture	7	995
21336	A	Treat nasal septal fracture	4	630
21337		Treat nasal septal fracture	2	446
21338		Treat nasoethmoid fracture	4	630
21339		Treat nasoethmoid fracture	5	717
21340		Treatment of nose fracture	4	630
21343	D	Treatment of sinus fracture	5	717
21345	A	Treat nose/jaw fracture	7	995
21355		Treat cheek bone fracture	3	510
21360	D	Treat cheek bone fracture	4	630
21365		Treat cheek bone fracture	5	717
21385	D	Treat eye socket fracture	5	717
21386	D	Treat eye socket fracture	5	717
21387	D	Treat eye socket fracture	5	717
21390	D	Treat eye socket fracture	7	995
21395	D	Treat eye socket fracture	7	995
21400		Treat eye socket fracture	2	446
21401		Treat eye socket fracture	3	510
21406	D	Treat eye socket fracture	4	630
21407	D	Treat eye socket fracture	5	717
21421		Treat mouth roof fracture	4	630
21422	D	Treat mouth roof fracture	5	717
21440		Treat dental ridge fracture	3	510
21445		Treat dental ridge fracture	4	630
21450		Treat lower jaw fracture	3	510
21451		Treat lower jaw fracture	4	630
21452		Treat lower jaw fracture	2	446
21453		Treat lower jaw fracture	3	510
21454		Treat lower jaw fracture	5	717
21461		Treat lower jaw fracture	4	630
21462		Treat lower jaw fracture	5	717
21465		Treat lower jaw fracture	4	630
21470	D	Treat lower jaw fracture	5	717
21480		Reset dislocated jaw	1	333
21485		Reset dislocated jaw	2	446
21490		Repair dislocated jaw	3	510
21493		Treat hyoid bone fracture	3	510
21494		Treat hyoid bone fracture	4	630
21495	D	Treat hyoid bone fracture	4	630
21497		Interdental wiring	2	446
21501		Drain neck/chest lesion	2	446
21502		Drain chest lesion	2	446
21510	D	Drainage of bone lesion	3	510
21550	D	Biopsy of neck/chest	1	333
21555		Remove lesion, neck/chest	2	446
21556		Remove lesion, neck/chest	2	446
21600		Partial removal of rib	2	446
21610		Partial removal of rib	2	446
21620	D	Partial removal of sternum	2	446
21700		Revision of neck muscle	2	446
21720		Revision of neck muscle	3	510
21725		Revision of neck muscle	3	510
21800		Treatment of rib fracture	1	333

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
21805		Treatment of rib fracture	2	446
21810	D	Treatment of rib fracture(s)	2	446
21820		Treat sternum fracture	1	333
21920	D	Biopsy soft tissue of back	1	333
21925		Biopsy soft tissue of back	2	446
21930		Remove lesion, back or flank	2	446
21935		Remove tumor, back	3	510
22100	D	Remove part of neck vertebra	3	510
22101	D	Remove part, thorax vertebra	3	510
22102	D	Remove part, lumbar vertebra	3	510
22103	D	Remove extra spine segment	3	510
22305		Treat spine process fracture	1	333
22310		Treat spine fracture	1	333
22315		Treat spine fracture	2	446
22325	D	Treat spine fracture	3	510
22326	D	Treat neck spine fracture	3	510
22327	D	Treat thorax spine fracture	3	510
22328	D	Treat each add spine fx	3	510
22505		Manipulation of spine	2	446
22900		Remove abdominal wall lesion	4	630
23000		Removal of calcium deposits	2	446
23020		Release shoulder joint	2	446
23030		Drain shoulder lesion	1	333
23031	A	Drain shoulder bursa	3	510
23035		Drain shoulder bone lesion	3	510
23040		Exploratory shoulder surgery	3	510
23044		Exploratory shoulder surgery	4	630
23065	D	Biopsy shoulder tissues	1	333
23066		Biopsy shoulder tissues	2	446
23075		Removal of shoulder lesion	2	446
23076		Removal of shoulder lesion	2	446
23077		Remove tumor of shoulder	3	510
23100		Biopsy of shoulder joint	2	446
23101		Shoulder joint surgery	7	995
23105		Remove shoulder joint lining	4	630
23106		Incision of collarbone joint	4	630
23107		Explore treat shoulder joint	4	630
23120		Partial removal, collar bone	5	717
23125		Removal of collar bone	5	717
23130		Remove shoulder bone, part	5	717
23140		Removal of bone lesion	4	630
23145		Removal of bone lesion	5	717
23146		Removal of bone lesion	5	717
23150		Removal of humerus lesion	4	630
23155		Removal of humerus lesion	5	717
23156		Removal of humerus lesion	5	717
23170		Remove collar bone lesion	2	446
23172		Remove shoulder blade lesion	2	446
23174		Remove humerus lesion	2	446
23180		Remove collar bone lesion	4	630
23182		Remove shoulder blade lesion	4	630
23184		Remove humerus lesion	4	630
23190		Partial removal of scapula	4	630
23195		Removal of head of humerus	5	717
23330		Remove shoulder foreign body	1	333
23331		Remove shoulder foreign body	1	333
23395		Muscle transfer, shoulder/arm	5	717
23397		Muscle transfers	7	995
23400		Fixation of shoulder blade	7	995
23405		Incision of tendon & muscle	2	446
23406		Incise tendon(s) & muscle(s)	2	446
23410		Repair of tendon(s)	5	717
23412		Repair of tendon(s)	7	995
23415		Release of shoulder ligament	5	717
23420		Repair of shoulder	7	995
23430		Repair biceps tendon	4	630
23440		Remove/transplant tendon	4	630
23450		Repair shoulder capsule	5	717
23455		Repair shoulder capsule	7	995
23460		Repair shoulder capsule	5	717
23462		Repair shoulder capsule	7	995
23465		Repair shoulder capsule	5	717

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
23466		Repair shoulder capsule	7	995
23480		Revision of collar bone	4	630
23485		Revision of collar bone	7	995
23490		Reinforce clavicle	3	510
23491		Reinforce shoulder bones	3	510
23500		Treat clavicle fracture	1	333
23505		Treat clavicle fracture	1	333
23515		Treat clavicle fracture	3	510
23520		Treat clavicle dislocation	1	333
23525		Treat clavicle dislocation	1	333
23530		Treat clavicle dislocation	3	510
23532		Treat clavicle dislocation	4	630
23540		Treat clavicle dislocation	1	333
23545		Treat clavicle dislocation	1	333
23550		Treat clavicle dislocation	3	510
23552		Treat clavicle dislocation	4	630
23570		Treat shoulder blade fx	1	333
23575		Treat shoulder blade fx	1	333
23585		Treat scapula fracture	3	510
23600		Treat humerus fracture	1	333
23605		Treat humerus fracture	2	446
23615		Treat humerus fracture	4	630
23616		Treat humerus fracture	4	630
23620		Treat humerus fracture	1	333
23625		Treat humerus fracture	2	446
23630		Treat humerus fracture	5	717
23650		Treat shoulder dislocation	1	333
23655		Treat shoulder dislocation	1	333
23660		Treat shoulder dislocation	3	510
23665		Treat dislocation/fracture	2	446
23670		Treat dislocation/fracture	3	510
23675		Treat dislocation/fracture	2	446
23680		Treat dislocation/fracture	3	510
23700		Fixation of shoulder	1	333
23800		Fusion of shoulder joint	4	630
23802		Fusion of shoulder joint	7	995
23921		Amputation follow-up surgery	3	510
23930		Drainage of arm lesion	1	333
23931		Drainage of arm bursa	2	446
23935		Drain arm/elbow bone lesion	2	446
24000		Exploratory elbow surgery	4	630
24006	A	Release elbow joint	4	630
24065	D	Biopsy arm/elbow soft tissue	1	333
24066		Biopsy arm/elbow soft tissue	2	446
24075		Remove arm/elbow lesion	2	446
24076		Remove arm/elbow lesion	2	446
24077		Remove tumor of arm/elbow	3	510
24100		Biopsy elbow joint lining	1	333
24101		Explore/treat elbow joint	4	630
24102		Remove elbow joint lining	4	630
24105		Removal of elbow bursa	3	510
24110		Remove humerus lesion	2	446
24115		Remove/graft bone lesion	3	510
24116		Remove/graft bone lesion	3	510
24120		Remove elbow lesion	3	510
24125		Remove/graft bone lesion	3	510
24126		Remove/graft bone lesion	3	510
24130		Removal of head of radius	3	510
24134		Removal of arm bone lesion	2	446
24136		Remove radius bone lesion	2	446
24138		Remove elbow bone lesion	2	446
24140		Partial removal of arm bone	3	510
24145		Partial removal of radius	3	510
24147		Partial removal of elbow	2	446
24150	D	Extensive humerus surgery	3	510
24151	D	Extensive humerus surgery	4	630
24152	D	Extensive radius surgery	3	510
24153	D	Extensive radius surgery	4	630
24155		Removal of elbow joint	3	510
24160		Remove elbow joint implant	2	446
24164		Remove radius head implant	3	510
24201		Removal of arm foreign body	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
24301		Muscle/tendon transfer	4	630
24305	A	Arm tendon lengthening	4	630
24310		Revision of arm tendon	3	510
24320		Repair of arm tendon	3	510
24330		Revision of arm muscles	3	510
24331		Revision of arm muscles	3	510
24340		Repair of biceps tendon	3	510
24341	A	Repair arm tendon/muscle	3	510
24342		Repair of ruptured tendon	3	510
24345	A*	Repr elbw med ligmnt w/tissu	2	446
24350		Repair of tennis elbow	3	510
24351		Repair of tennis elbow	3	510
24352		Repair of tennis elbow	3	510
24354		Repair of tennis elbow	3	510
24356		Revision of tennis elbow	3	510
24360		Reconstruct elbow joint	5	717
24361		Reconstruct elbow joint	5	717
24362		Reconstruct elbow joint	5	717
24363		Replace elbow joint	7	995
24365		Reconstruct head of radius	5	717
24366		Reconstruct head of radius	5	717
24400		Revision of humerus	4	630
24410		Revision of humerus	4	630
24420		Revision of humerus	3	510
24430		Repair of humerus	3	510
24435		Repair humerus with graft	4	630
24470		Revision of elbow joint	3	510
24495		Decompression of forearm	2	446
24498		Reinforce humerus	3	510
24500		Treat humerus fracture	1	333
24505		Treat humerus fracture	1	333
24515		Treat humerus fracture	4	630
24516		Treat humerus fracture	4	630
24530		Treat humerus fracture	1	333
24535		Treat humerus fracture	1	333
24538		Treat humerus fracture	2	446
24545		Treat humerus fracture	4	630
24546		Treat humerus fracture	5	717
24560		Treat humerus fracture	1	333
24565		Treat humerus fracture	2	446
24566		Treat humerus fracture	2	446
24575		Treat humerus fracture	3	510
24576		Treat humerus fracture	1	333
24577		Treat humerus fracture	1	333
24579		Treat humerus fracture	3	510
24582		Treat humerus fracture	2	446
24586		Treat elbow fracture	4	630
24587		Treat elbow fracture	5	717
24600		Treat elbow dislocation	1	333
24605		Treat elbow dislocation	2	446
24615		Treat elbow dislocation	3	510
24620		Treat elbow fracture	2	446
24635		Treat elbow fracture	3	510
24655		Treat radius fracture	1	333
24665		Treat radius fracture	4	630
24666		Treat radius fracture	4	630
24670		Treat ulnar fracture	1	333
24675		Treat ulnar fracture	1	333
24685		Treat ulnar fracture	3	510
24800		Fusion of elbow joint	4	630
24802		Fusion/graft of elbow joint	5	717
24925		Amputation follow-up surgery	3	510
25000		Incision of tendon sheath	3	510
25020		Decompress forearm 1 space	3	510
25023		Decompress forearm 1 space	3	510
25024		Decompress forearm 2 spaces	3	510
25025		Decompress forearm 2 spaces	3	510
25028		Drainage of forearm lesion	1	333
25031		Drainage of forearm bursa	2	446
25035		Treat forearm bone lesion	2	446
25040		Explore/treat wrist joint	5	717
25065	D	Biopsy forearm soft tissues	1	333

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
25066		Biopsy forearm soft tissues	2	446
25075		Remove forearm lesion subcut	2	446
25076		Remove forearm lesion deep	3	510
25077		Remove tumor, forearm/wrist	3	510
25085		Incision of wrist capsule	3	510
25100		Biopsy of wrist joint	2	446
25101		Explore/treat wrist joint	3	510
25105		Remove wrist joint lining	4	630
25107		Remove wrist joint cartilage	3	510
25110		Remove wrist tendon lesion	3	510
25111		Remove wrist tendon lesion	3	510
25112		Reremove wrist tendon lesion	4	630
25115		Remove wrist/forearm lesion	4	630
25116		Remove wrist/forearm lesion	4	630
25118		Excise wrist tendon sheath	2	446
25119		Partial removal of ulna	3	510
25120		Removal of forearm lesion	3	510
25125		Remove/graft forearm lesion	3	510
25126		Remove/graft forearm lesion	3	510
25130		Removal of wrist lesion	3	510
25135		Remove & graft wrist lesion	3	510
25136		Remove & graft wrist lesion	3	510
25145		Remove forearm bone lesion	2	446
25150		Partial removal of ulna	2	446
25151		Partial removal of radius	2	446
25170	D	Extensive forearm surgery	3	510
25210		Removal of wrist bone	3	510
25215		Removal of wrist bones	4	630
25230		Partial removal of radius	4	630
25240		Partial removal of ulna	4	630
25248		Remove forearm foreign body	2	446
25250		Removal of wrist prosthesis	1	333
25251		Removal of wrist prosthesis	1	333
25260		Repair forearm tendon/muscle	4	630
25263		Repair forearm tendon/muscle	2	446
25265		Repair forearm tendon/muscle	3	510
25270		Repair forearm tendon/muscle	4	630
25272		Repair forearm tendon/muscle	3	510
25274		Repair forearm tendon/muscle	4	630
25275		Repair forearm tendon sheath	4	630
25280		Revise wrist/forearm tendon	4	630
25290		Incise wrist/forearm tendon	3	510
25295		Release wrist/forearm tendon	3	510
25300		Fusion of tendons at wrist	3	510
25301		Fusion of tendons at wrist	3	510
25310		Transplant forearm tendon	3	510
25312		Transplant forearm tendon	4	630
25315		Revise palsy hand tendon(s)	3	510
25316		Revise palsy hand tendon(s)	3	510
25320		Repair/revise wrist joint	3	510
25332		Revise wrist joint	5	717
25335		Realignment of hand	3	510
25337	A	Reconstruct ulna/radioulnar	5	717
25350		Revision of radius	3	510
25355		Revision of radius	3	510
25360		Revision of ulna	3	510
25365		Revise radius & ulna	3	510
25370		Revise radius or ulna	3	510
25375		Revise radius & ulna	4	630
25390		Shorten radius or ulna	3	510
25391		Lengthen radius or ulna	4	630
25392		Shorten radius & ulna	3	510
25393		Lengthen radius & ulna	4	630
25400		Repair radius or ulna	3	510
25405		Repair/graft radius or ulna	4	630
25415		Repair radius & ulna	3	510
25420		Repair/graft radius & ulna	4	630
25425		Repair/graft radius or ulna	3	510
25426		Repair/graft radius & ulna	4	630
25440		Repair/graft wrist bone	4	630
25441		Reconstruct wrist joint	5	717
25442		Reconstruct wrist joint	5	717

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
25443		Reconstruct wrist joint	5	717
25444		Reconstruct wrist joint	5	717
25445		Reconstruct wrist joint	5	717
25446		Wrist replacement	7	995
25447		Repair wrist joint(s)	5	717
25449		Remove wrist joint implant	5	717
25450		Revision of wrist joint	3	510
25455		Revision of wrist joint	3	510
25490		Reinforce radius	3	510
25491		Reinforce ulna	3	510
25492		Reinforce radius and ulna	3	510
25505		Treat fracture of radius	1	333
25515		Treat fracture of radius	3	510
25520		Treat fracture of radius	1	333
25525		Treat fracture of radius	4	630
25526		Treat fracture of radius	5	717
25535		Treat fracture of ulna	1	333
25545		Treat fracture of ulna	3	510
25565		Treat fracture radius & ulna	2	446
25574		Treat fracture radius & ulna	3	510
25575		Treat fracture radius/ulna	3	510
25605		Treat fracture radius/ulna	3	510
25611		Treat fracture radius/ulna	3	510
25620		Treat fracture radius/ulna	5	717
25624		Treat wrist bone fracture	2	446
25628		Treat wrist bone fracture	3	510
25635		Treat wrist bone fracture	1	333
25645		Treat wrist bone fracture	3	510
25660		Treat wrist dislocation	1	333
25670		Treat wrist dislocation	3	510
25671		Pin radioulnar dislocation	1	333
25675		Treat wrist dislocation	1	333
25676		Treat wrist dislocation	2	446
25680		Treat wrist fracture	2	446
25685		Treat wrist fracture	3	510
25690		Treat wrist dislocation	1	333
25695		Treat wrist dislocation	2	446
25800		Fusion of wrist joint	4	630
25805		Fusion/graft of wrist joint	5	717
25810		Fusion/graft of wrist joint	5	717
25820		Fusion of hand bones	4	630
25825		Fuse hand bones with graft	5	717
25830	A	Fusion, radioulnar jnt/ulna	5	717
25907		Amputation follow-up surgery	3	510
25922		Amputate hand at wrist	3	510
25929		Amputation follow-up surgery	3	510
26011		Drainage of finger abscess	1	333
26020		Drain hand tendon sheath	2	446
26025		Drainage of palm bursa	1	333
26030		Drainage of palm bursa(s)	2	446
26034		Treat hand bone lesion	2	446
26035	D	Decompress fingers/hand	4	630
26037	D	Decompress fingers/hand	4	630
26040		Release palm contracture	4	630
26045		Release palm contracture	3	510
26055		Incise finger tendon sheath	2	446
26060		Incision of finger tendon	2	446
26070		Explore/treat hand joint	2	446
26075		Explore/treat finger joint	4	630
26080		Explore/treat finger joint	4	630
26100		Biopsy hand joint lining	2	446
26105		Biopsy finger joint lining	1	333
26110		Biopsy finger joint lining	1	333
26115		Remove hand lesion subcut	2	446
26116		Remove hand lesion, deep	2	446
26117		Remove tumor, hand/finger	3	510
26121		Release palm contracture	4	630
26123		Release palm contracture	4	630
26125		Release palm contracture	4	630
26130		Remove wrist joint lining	3	510
26135		Revise finger joint, each	4	630
26140		Revise finger joint, each	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
26145		Tendon excision, palm/finger	3	510
26160		Remove tendon sheath lesion	3	510
26170		Removal of palm tendon, each	3	510
26180		Removal of finger tendon	3	510
26185	A	Remove finger bone	4	630
26200		Remove hand bone lesion	2	446
26205		Remove/graft bone lesion	3	510
26210		Removal of finger lesion	2	446
26215		Remove/graft finger lesion	3	510
26230		Partial removal of hand bone	7	995
26235		Partial removal, finger bone	3	510
26236		Partial removal, finger bone	3	510
26250		Extensive hand surgery	3	510
26255		Extensive hand surgery	3	510
26260		Extensive finger surgery	3	510
26261		Extensive finger surgery	3	510
26262		Partial removal of finger	2	446
26320		Removal of implant from hand	2	446
26350		Repair finger/hand tendon	1	333
26352		Repair/graft hand tendon	4	630
26356		Repair finger/hand tendon	4	630
26357		Repair finger/hand tendon	4	630
26358		Repair/graft hand tendon	4	630
26370		Repair finger/hand tendon	4	630
26372		Repair/graft hand tendon	4	630
26373		Repair finger/hand tendon	3	510
26390		Revise hand/finger tendon	4	630
26392		Repair/graft hand tendon	3	510
26410		Repair hand tendon	3	510
26412		Repair/graft hand tendon	3	510
26415		Excision, hand/finger tendon	4	630
26416		Graft hand or finger tendon	3	510
26418		Repair finger tendon	4	630
26420		Repair/graft finger tendon	4	630
26426		Repair finger/hand tendon	3	510
26428		Repair/graft finger tendon	3	510
26432		Repair finger tendon	3	510
26433		Repair finger tendon	3	510
26434		Repair/graft finger tendon	3	510
26437		Realignment of tendons	3	510
26440		Release palm/finger tendon	3	510
26442		Release palm & finger tendon	3	510
26445		Release hand/finger tendon	3	510
26449		Release forearm/hand tendon	3	510
26450		Incision of palm tendon	3	510
26455		Incision of finger tendon	3	510
26460		Incise hand/finger tendon	3	510
26471		Fusion of finger tendons	2	446
26474		Fusion of finger tendons	2	446
26476		Tendon lengthening	1	333
26477		Tendon shortening	1	333
26478		Lengthening of hand tendon	1	333
26479		Shortening of hand tendon	1	333
26480		Transplant hand tendon	3	510
26483		Transplant/graft hand tendon	3	510
26485		Transplant palm tendon	2	446
26489		Transplant/graft palm tendon	3	510
26490		Revise thumb tendon	3	510
26492		Tendon transfer with graft	3	510
26494		Hand tendon/muscle transfer	3	510
26496		Revise thumb tendon	3	510
26497		Finger tendon transfer	3	510
26498		Finger tendon transfer	4	630
26499		Revision of finger	3	510
26500		Hand tendon reconstruction	4	630
26502		Hand tendon reconstruction	4	630
26504		Hand tendon reconstruction	4	630
26508		Release thumb contracture	3	510
26510		Thumb tendon transfer	3	510
26516		Fusion of knuckle joint	1	333
26517		Fusion of knuckle joints	3	510
26518		Fusion of knuckle joints	3	510

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
26520		Release knuckle contracture	3	510
26525		Release finger contracture	3	510
26530		Revise knuckle joint	3	510
26531		Revise knuckle with implant	7	995
26535		Revise finger joint	5	717
26536		Revise/implant finger joint	5	717
26540		Repair hand joint	4	630
26541		Repair hand joint with graft	7	995
26542		Repair hand joint with graft	4	630
26545		Reconstruct finger joint	4	630
26546	A	Repair nonunion hand	4	630
26548		Reconstruct finger joint	4	630
26550		Construct thumb replacement	2	446
26551	D	Great toe-hand transfer	4	630
26553	D	Single transfer, toe-hand	2	446
26554	D	Double transfer, toe-hand	2	446
26555		Positional change of finger	3	510
26560		Repair of web finger	2	446
26561		Repair of web finger	3	510
26562		Repair of web finger	4	630
26565		Correct metacarpal flaw	5	717
26567		Correct finger deformity	5	717
26568		Lengthen metacarpal/finger	3	510
26580		Repair hand deformity	5	717
26587		Reconstruct extra finger	5	717
26590		Repair finger deformity	5	717
26591		Repair muscles of hand	3	510
26593		Release muscles of hand	3	510
26596		Excision constricting tissue	2	446
26605		Treat metacarpal fracture	2	446
26607		Treat metacarpal fracture	2	446
26608	A	Treat metacarpal fracture	4	630
26615		Treat metacarpal fracture	4	630
26645		Treat thumb fracture	1	333
26650		Treat thumb fracture	2	446
26665		Treat thumb fracture	4	630
26675		Treat hand dislocation	2	446
26676		Pin hand dislocation	2	446
26685		Treat hand dislocation	3	510
26686		Treat hand dislocation	3	510
26705		Treat knuckle dislocation	2	446
26706		Pin knuckle dislocation	2	446
26715		Treat knuckle dislocation	4	630
26727		Treat finger fracture, each	7	995
26735		Treat finger fracture, each	4	630
26742		Treat finger fracture, each	2	446
26746		Treat finger fracture, each	5	717
26756		Pin finger fracture, each	2	446
26765		Treat finger fracture, each	4	630
26776		Pin finger dislocation	2	446
26785		Treat finger dislocation	2	446
26820		Thumb fusion with graft	5	717
26841		Fusion of thumb	4	630
26842		Thumb fusion with graft	4	630
26843		Fusion of hand joint	3	510
26844		Fusion/graft of hand joint	3	510
26850		Fusion of knuckle	4	630
26852		Fusion of knuckle with graft	4	630
26860		Fusion of finger joint	3	510
26861		Fusion of finger jnt, add-on	2	446
26862		Fusion/graft of finger joint	4	630
26863		Fuse/graft added joint	3	510
26910		Amputate metacarpal bone	3	510
26951		Amputation of finger/thumb	2	446
26952		Amputation of finger/thumb	4	630
26990		Drainage of pelvis lesion	1	333
26991		Drainage of pelvis bursa	1	333
26992	D	Drainage of bone lesion	2	446
27000		Incision of hip tendon	2	446
27001		Incision of hip tendon	3	510
27003		Incision of hip tendon	3	510
27030	D	Drainage of hip joint	3	510

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
27033		Exploration of hip joint	3	510
27035		Denervation of hip joint	4	630
27040		Biopsy of soft tissues	1	333
27041		Biopsy of soft tissues	2	446
27047		Remove hip/pelvis lesion	2	446
27048		Remove hip/pelvis lesion	3	510
27049		Remove tumor, hip/pelvis	3	510
27050		Biopsy of sacroiliac joint	3	510
27052		Biopsy of hip joint	3	510
27060		Removal of ischial bursa	5	717
27062		Remove femur lesion/bursa	5	717
27065		Removal of hip bone lesion	5	717
27066		Removal of hip bone lesion	5	717
27067	A	Remove/graft hip bone lesion	5	717
27080		Removal of tail bone	2	446
27086		Remove hip foreign body	1	333
27087		Remove hip foreign body	3	510
27097		Revision of hip tendon	3	510
27098		Transfer tendon to pelvis	3	510
27100		Transfer of abdominal muscle	4	630
27105		Transfer of spinal muscle	4	630
27110		Transfer of iliopsoas muscle	4	630
27111		Transfer of iliopsoas muscle	4	630
27193		Treat pelvic ring fracture	1	333
27194		Treat pelvic ring fracture	2	446
27202		Treat tail bone fracture	2	446
27230		Treat thigh fracture	1	333
27238		Treat thigh fracture	1	333
27246		Treat thigh fracture	1	333
27250		Treat hip dislocation	1	333
27252		Treat hip dislocation	2	446
27257	A	Treat hip dislocation	3	510
27265		Treat hip dislocation	1	333
27266		Treat hip dislocation	2	446
27275		Manipulation of hip joint	2	446
27301		Drain thigh/knee lesion	3	510
27303	D	Drainage of bone lesion	2	446
27305		Incise thigh tendon & fascia	2	446
27306		Incision of thigh tendon	3	510
27307		Incision of thigh tendons	3	510
27310		Exploration of knee joint	4	630
27315		Partial removal, thigh nerve	2	446
27320		Partial removal, thigh nerve	2	446
27323		Biopsy, thigh soft tissues	1	333
27324		Biopsy, thigh soft tissues	1	333
27327		Removal of thigh lesion	2	446
27328		Removal of thigh lesion	3	510
27329	A	Remove tumor, thigh/knee	4	630
27330		Biopsy, knee joint lining	4	630
27331		Explore/treat knee joint	4	630
27332		Removal of knee cartilage	4	630
27333		Removal of knee cartilage	4	630
27334		Remove knee joint lining	4	630
27335		Remove knee joint lining	4	630
27340		Removal of kneecap bursa	3	510
27345		Removal of knee cyst	4	630
27347	A*	Remove knee cyst	4	630
27350		Removal of kneecap	4	630
27355		Remove femur lesion	3	510
27356		Remove femur lesion/graft	4	630
27357	A	Remove femur lesion/graft	5	717
27358	A	Remove femur lesion/fixation	5	717
27360		Partial removal, leg bone(s)	5	717
27372		Removal of foreign body	7	995
27380		Repair of kneecap tendon	1	333
27381		Repair/graft kneecap tendon	3	510
27385		Repair of thigh muscle	3	510
27386		Repair/graft of thigh muscle	3	510
27390		Incision of thigh tendon	1	333
27391		Incision of thigh tendons	2	446
27392		Incision of thigh tendons	3	510
27393		Lengthening of thigh tendon	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
27394		Lengthening of thigh tendons	3	510
27395		Lengthening of thigh tendons	3	510
27396		Transplant of thigh tendon	3	510
27397		Transplants of thigh tendons	3	510
27400		Revise thigh muscles/tendons	3	510
27403		Repair of knee cartilage	4	630
27405		Repair of knee ligament	4	630
27407		Repair of knee ligament	4	630
27409		Repair of knee ligaments	4	630
27418		Repair degenerated kneecap	3	510
27420		Revision of unstable kneecap	3	510
27422		Revision of unstable kneecap	7	995
27424		Revision/removal of kneecap	3	510
27425		Lateral retinacular release	7	995
27427		Reconstruction, knee	3	510
27428		Reconstruction, knee	4	630
27429		Reconstruction, knee	4	630
27430		Revision of thigh muscles	4	630
27435		Incision of knee joint	4	630
27437		Revise kneecap	4	630
27438		Revise kneecap with implant	5	717
27440	D	Revision of knee joint	5	717
27441		Revision of knee joint	5	717
27442		Revision of knee joint	5	717
27443		Revision of knee joint	5	717
27496	A	Decompression of thigh/knee	5	717
27497	A	Decompression of thigh/knee	3	510
27498	A	Decompression of thigh/knee	3	510
27499	A	Decompression of thigh/knee	3	510
27500		Treatment of thigh fracture	1	333
27501		Treatment of thigh fracture	2	446
27502		Treatment of thigh fracture	2	446
27503		Treatment of thigh fracture	3	510
27507	D	Treatment of thigh fracture	4	630
27508		Treatment of thigh fracture	1	333
27509		Treatment of thigh fracture	3	510
27510		Treatment of thigh fracture	1	333
27511	D	Treatment of thigh fracture	4	630
27513	D	Treatment of thigh fracture	5	717
27516		Treat thigh fx growth plate	1	333
27517		Treat thigh fx growth plate	1	333
27520		Treat kneecap fracture	1	333
27524	D	Treat kneecap fracture	3	510
27530		Treat knee fracture	1	333
27532		Treat knee fracture	1	333
27535	D	Treat knee fracture	3	510
27538		Treat knee fracture(s)	1	333
27550		Treat knee dislocation	1	333
27552		Treat knee dislocation	1	333
27560		Treat kneecap dislocation	1	333
27562		Treat kneecap dislocation	1	333
27566		Treat kneecap dislocation	2	446
27570		Fixation of knee joint	1	333
27594	A	Amputation follow-up surgery	3	510
27600	A	Decompression of lower leg	3	510
27601	A	Decompression of lower leg	3	510
27602	A	Decompression of lower leg	3	510
27603		Drain lower leg lesion	2	446
27604		Drain lower leg bursa	2	446
27605		Incision of achilles tendon	1	333
27606		Incision of achilles tendon	1	333
27607		Treat lower leg bone lesion	2	446
27610		Explore/treat ankle joint	2	446
27612		Exploration of ankle joint	3	510
27613	D	Biopsy lower leg soft tissue	1	333
27614		Biopsy lower leg soft tissue	2	446
27615		Remove tumor, lower leg	3	510
27618		Remove lower leg lesion	2	446
27619		Remove lower leg lesion	3	510
27620		Explore/treat ankle joint	4	630
27625		Remove ankle joint lining	4	630
27626		Remove ankle joint lining	4	630

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
27630		Removal of tendon lesion	3	510
27635		Remove lower leg bone lesion	3	510
27637		Remove/graft leg bone lesion	3	510
27638		Remove/graft leg bone lesion	3	510
27640		Partial removal of tibia	2	446
27641		Partial removal of fibula	2	446
27647	A	Extensive ankle/heel surgery	3	510
27650		Repair achilles tendon	3	510
27652		Repair/graft achilles tendon	3	510
27654		Repair of achilles tendon	3	510
27656		Repair leg fascia defect	2	446
27658		Repair of leg tendon, each	1	333
27659		Repair of leg tendon, each	2	446
27664		Repair of leg tendon, each	2	446
27665		Repair of leg tendon, each	2	446
27675		Repair lower leg tendons	2	446
27676		Repair lower leg tendons	3	510
27680		Release of lower leg tendon	3	510
27681		Release of lower leg tendons	2	446
27685		Revision of lower leg tendon	3	510
27686		Revise lower leg tendons	3	510
27687		Revision of calf tendon	3	510
27690		Revise lower leg tendon	4	630
27691		Revise lower leg tendon	4	630
27692		Revise additional leg tendon	3	510
27695		Repair of ankle ligament	2	446
27696		Repair of ankle ligaments	2	446
27698		Repair of ankle ligament	2	446
27700		Revision of ankle joint	5	717
27704		Removal of ankle implant	2	446
27705		Incision of tibia	2	446
27707		Incision of fibula	2	446
27709		Incision of tibia & fibula	2	446
27715	D	Revision of lower leg	4	630
27730		Repair of tibia epiphysis	2	446
27732		Repair of fibula epiphysis	2	446
27734		Repair lower leg epiphyses	2	446
27740		Repair of leg epiphyses	2	446
27742		Repair of leg epiphyses	2	446
27745		Reinforce tibia	3	510
27750		Treatment of tibia fracture	1	333
27752		Treatment of tibia fracture	1	333
27756		Treatment of tibia fracture	3	510
27758		Treatment of tibia fracture	4	630
27759		Treatment of tibia fracture	4	630
27760		Treatment of ankle fracture	1	333
27762		Treatment of ankle fracture	1	333
27766		Treatment of ankle fracture	3	510
27780		Treatment of fibula fracture	1	333
27781		Treatment of fibula fracture	1	333
27784		Treatment of fibula fracture	3	510
27786		Treatment of ankle fracture	1	333
27788		Treatment of ankle fracture	1	333
27792		Treatment of ankle fracture	3	510
27808		Treatment of ankle fracture	1	333
27810		Treatment of ankle fracture	1	333
27814		Treatment of ankle fracture	3	510
27816		Treatment of ankle fracture	1	333
27818		Treatment of ankle fracture	1	333
27822		Treatment of ankle fracture	3	510
27823		Treatment of ankle fracture	3	510
27824		Treat lower leg fracture	1	333
27825		Treat lower leg fracture	2	446
27826		Treat lower leg fracture	3	510
27827		Treat lower leg fracture	3	510
27828		Treat lower leg fracture	4	630
27829		Treat lower leg joint	2	446
27830		Treat lower leg dislocation	1	333
27831		Treat lower leg dislocation	1	333
27832		Treat lower leg dislocation	2	446
27840		Treat ankle dislocation	1	333
27842		Treat ankle dislocation	1	333

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
27846		Treat ankle dislocation	3	510
27848		Treat ankle dislocation	3	510
27860		Fixation of ankle joint	1	333
27870		Fusion of ankle joint	4	630
27871		Fusion of tibiofibular joint	4	630
27884		Amputation follow-up surgery	3	510
27889	A	Amputation of foot at ankle	3	510
27892	A	Decompression of leg	3	510
27893	A	Decompression of leg	3	510
27894	A	Decompression of leg	3	510
28002		Treatment of foot infection	3	510
28003		Treatment of foot infection	3	510
28005		Treat foot bone lesion	3	510
28008		Incision of foot fascia	3	510
28011	A	Incision of toe tendons	3	510
28020		Exploration of foot joint	2	446
28022	A	Exploration of foot joint	2	446
28024	A	Exploration of toe joint	2	446
28030		Removal of foot nerve	4	630
28035		Decompression of tibia nerve	4	630
28043		Excision of foot lesion	2	446
28045		Excision of foot lesion	3	510
28046		Resection of tumor, foot	3	510
28050		Biopsy of foot joint lining	2	446
28052	A	Biopsy of foot joint lining	2	446
28054		Biopsy of toe joint lining	2	446
28060		Partial removal, foot fascia	2	446
28062		Removal of foot fascia	3	510
28070		Removal of foot joint lining	3	510
28072		Removal of foot joint lining	3	510
28080		Removal of foot lesion	3	510
28086		Excise foot tendon sheath	2	446
28088		Excise foot tendon sheath	2	446
28090		Removal of foot lesion	3	510
28092		Removal of toe lesions	3	510
28100		Removal of ankle/heel lesion	2	446
28102		Remove/graft foot lesion	3	510
28103		Remove/graft foot lesion	3	510
28104		Removal of foot lesion	2	446
28106		Remove/graft foot lesion	3	510
28107		Remove/graft foot lesion	3	510
28110		Part removal of metatarsal	3	510
28111		Part removal of metatarsal	3	510
28112		Part removal of metatarsal	3	510
28113		Part removal of metatarsal	3	510
28114		Removal of metatarsal heads	3	510
28116		Revision of foot	3	510
28118		Removal of heel bone	4	630
28119		Removal of heel spur	4	630
28120		Part removal of ankle/heel	7	995
28122		Partial removal of foot bone	3	510
28126	A	Partial removal of toe	3	510
28130		Removal of ankle bone	3	510
28140		Removal of metatarsal	3	510
28150		Removal of toe	3	510
28153	A	Partial removal of toe	3	510
28160	A	Partial removal of toe	3	510
28171		Extensive foot surgery	3	510
28173		Extensive foot surgery	3	510
28175		Extensive foot surgery	3	510
28192		Removal of foot foreign body	2	446
28193		Removal of foot foreign body	4	630
28200		Repair of foot tendon	3	510
28202		Repair/graft of foot tendon	3	510
28208		Repair of foot tendon	3	510
28210		Repair/graft of foot tendon	3	510
28222		Release of foot tendons	1	333
28225		Release of foot tendon	1	333
28226		Release of foot tendons	1	333
28234	A	Incision of foot tendon	2	446
28238		Revision of foot tendon	3	510
28240		Release of big toe	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
28250		Revision of foot fascia	3	510
28260		Release of midfoot joint	3	510
28261		Revision of foot tendon	3	510
28262		Revision of foot and ankle	4	630
28264		Release of midfoot joint	1	333
28270	A	Release of foot contracture	3	510
28280		Fusion of toes	2	446
28285		Repair of hammertoe	3	510
28286		Repair of hammertoe	4	630
28288		Partial removal of foot bone	3	510
28289	A*	Repair hallux rigidus	3	510
28290		Correction of bunion	2	446
28292		Correction of bunion	2	446
28293		Correction of bunion	3	510
28294		Correction of bunion	3	510
28296		Correction of bunion	3	510
28297		Correction of bunion	3	510
28298		Correction of bunion	3	510
28299		Correction of bunion	5	717
28300		Incision of heel bone	2	446
28302		Incision of ankle bone	2	446
28304		Incision of midfoot bones	2	446
28305		Incise/graft midfoot bones	3	510
28306		Incision of metatarsal	4	630
28307		Incision of metatarsal	4	630
28308		Incision of metatarsal	2	446
28309		Incision of metatarsals	4	630
28310		Revision of big toe	3	510
28312		Revision of toe	3	510
28313		Repair deformity of toe	2	446
28315		Removal of sesamoid bone	4	630
28320		Repair of foot bones	4	630
28322		Repair of metatarsals	4	630
28340		Resect enlarged toe tissue	4	630
28341		Resect enlarged toe	4	630
28344		Repair extra toe(s)	4	630
28345		Repair webbed toe(s)	4	630
28400		Treatment of heel fracture	1	333
28405		Treatment of heel fracture	2	446
28406		Treatment of heel fracture	2	446
28415		Treat heel fracture	3	510
28420		Treat/graft heel fracture	4	630
28435		Treatment of ankle fracture	2	446
28436		Treatment of ankle fracture	2	446
28445		Treat ankle fracture	3	510
28456		Treat midfoot fracture	2	446
28465		Treat midfoot fracture, each	3	510
28476		Treat metatarsal fracture	2	446
28485		Treat metatarsal fracture	4	630
28496		Treat big toe fracture	2	446
28505		Treat big toe fracture	3	510
28525		Treat toe fracture	3	510
28531	A	Treat sesamoid bone fracture	3	510
28545		Treat foot dislocation	1	333
28546		Treat foot dislocation	2	446
28555		Repair foot dislocation	2	446
28575		Treat foot dislocation	1	333
28576		Treat foot dislocation	3	510
28585		Repair foot dislocation	3	510
28605		Treat foot dislocation	1	333
28606		Treat foot dislocation	2	446
28615		Repair foot dislocation	3	510
28635		Treat toe dislocation	1	333
28636		Treat toe dislocation	3	510
28645		Repair toe dislocation	3	510
28665		Treat toe dislocation	1	333
28666		Treat toe dislocation	3	510
28675		Repair of toe dislocation	3	510
28705		Fusion of foot bones	4	630
28715		Fusion of foot bones	4	630
28725		Fusion of foot bones	4	630
28730		Fusion of foot bones	4	630

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
28735		Fusion of foot bones	4	630
28737		Revision of foot bones	5	717
28740		Fusion of foot bones	4	630
28750		Fusion of big toe joint	4	630
28755		Fusion of big toe joint	4	630
28760		Fusion of big toe joint	4	630
28810		Amputation toe & metatarsal	2	446
28820		Amputation of toe	2	446
28825		Partial amputation of toe	2	446
29800	A	Jaw arthroscopy/surgery	3	510
29804		Jaw arthroscopy/surgery	3	510
29805		Shoulder arthroscopy, dx	3	510
29806		Shoulder arthroscopy/surgery	3	510
29807		Shoulder arthroscopy/surgery	3	510
29819		Shoulder arthroscopy/surgery	3	510
29820		Shoulder arthroscopy/surgery	3	510
29821		Shoulder arthroscopy/surgery	3	510
29822		Shoulder arthroscopy/surgery	3	510
29823		Shoulder arthroscopy/surgery	3	510
29824		Shoulder arthroscopy/surgery	5	717
29825		Shoulder arthroscopy/surgery	3	510
29826		Shoulder arthroscopy/surgery	3	510
29827	A*	Arthroscop rotator cuff repr	5	717
29830		Elbow arthroscopy	3	510
29834		Elbow arthroscopy/surgery	3	510
29835		Elbow arthroscopy/surgery	3	510
29836		Elbow arthroscopy/surgery	3	510
29837		Elbow arthroscopy/surgery	3	510
29838		Elbow arthroscopy/surgery	3	510
29840		Wrist arthroscopy	3	510
29843		Wrist arthroscopy/surgery	3	510
29844		Wrist arthroscopy/surgery	3	510
29845		Wrist arthroscopy/surgery	3	510
29846		Wrist arthroscopy/surgery	3	510
29847		Wrist arthroscopy/surgery	3	510
29848	A	Wrist endoscopy/surgery	9	1339
29850		Knee arthroscopy/surgery	4	630
29851		Knee arthroscopy/surgery	4	630
29855		Tibial arthroscopy/surgery	4	630
29856		Tibial arthroscopy/surgery	4	630
29860	A	Hip arthroscopy, dx	4	630
29861	A	Hip arthroscopy/surgery	4	630
29862	A	Hip arthroscopy/surgery	9	1339
29863	A	Hip arthroscopy/surgery	4	630
29870		Knee arthroscopy, dx	3	510
29871		Knee arthroscopy/drainage	3	510
29874		Knee arthroscopy/surgery	3	510
29875		Knee arthroscopy/surgery	4	630
29876		Knee arthroscopy/surgery	4	630
29877		Knee arthroscopy/surgery	4	630
29879		Knee arthroscopy/surgery	3	510
29880		Knee arthroscopy/surgery	4	630
29881		Knee arthroscopy/surgery	4	630
29882		Knee arthroscopy/surgery	3	510
29883		Knee arthroscopy/surgery	3	510
29884		Knee arthroscopy/surgery	3	510
29885		Knee arthroscopy/surgery	3	510
29886		Knee arthroscopy/surgery	3	510
29887		Knee arthroscopy/surgery	3	510
29888		Knee arthroscopy/surgery	3	510
29889		Knee arthroscopy/surgery	3	510
29891	A	Ankle arthroscopy/surgery	3	510
29892	A	Ankle arthroscopy/surgery	3	510
29893	A	Scope, plantar fasciotomy	9	1339
29894		Ankle arthroscopy/surgery	3	510
29895		Ankle arthroscopy/surgery	3	510
29897		Ankle arthroscopy/surgery	3	510
29898		Ankle arthroscopy/surgery	3	510
29899	A*	Ankle arthroscopy/surgery	3	510
29900		Mcp joint arthroscopy, dx	3	510
29901		Mcp joint arthroscopy, surg	3	510
29902		Mcp joint arthroscopy, surg	3	510

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
30115		Removal of nose polyp(s)	2	446
30117		Removal of intranasal lesion	3	510
30118		Removal of intranasal lesion	3	510
30120		Revision of nose	1	333
30124	D	Removal of nose lesion	1	333
30125		Removal of nose lesion	2	446
30130		Removal of turbinate bones	3	510
30140		Removal of turbinate bones	2	446
30150		Partial removal of nose	3	510
30160		Removal of nose	4	630
30310		Remove nasal foreign body	1	333
30320		Remove nasal foreign body	2	446
30400		Reconstruction of nose	4	630
30410		Reconstruction of nose	5	717
30420		Reconstruction of nose	5	717
30430		Revision of nose	3	510
30435		Revision of nose	5	717
30450		Revision of nose	7	995
30460	A	Revision of nose	7	995
30462	A	Revision of nose	9	1339
30465	A*	Repair nasal stenosis	9	1339
30520		Repair of nasal septum	4	630
30540		Repair nasal defect	5	717
30545	A	Repair nasal defect	5	717
30560		Release of nasal adhesions	2	446
30580		Repair upper jaw fistula	4	630
30600		Repair mouth/nose fistula	4	630
30620		Intranasal reconstruction	7	995
30630		Repair nasal septum defect	7	995
30801		Cauterization, inner nose	1	333
30802		Cauterization, inner nose	1	333
30903		Control of nosebleed	1	333
30905		Control of nosebleed	1	333
30906		Repeat control of nosebleed	1	333
30915		Ligation, nasal sinus artery	2	446
30920		Ligation, upper jaw artery	3	510
30930	A	Therapy, fracture of nose	4	630
31020		Exploration, maxillary sinus	2	446
31030		Exploration, maxillary sinus	3	510
31032		Explore sinus,remove polyps	4	630
31050		Exploration, sphenoid sinus	2	446
31051		Sphenoid sinus surgery	4	630
31070		Exploration of frontal sinus	2	446
31075		Exploration of frontal sinus	4	630
31080		Removal of frontal sinus	4	630
31081	A	Removal of frontal sinus	4	630
31084		Removal of frontal sinus	4	630
31085	A	Removal of frontal sinus	4	630
31086		Removal of frontal sinus	4	630
31087	A	Removal of frontal sinus	4	630
31090		Exploration of sinuses	5	717
31200		Removal of ethmoid sinus	2	446
31201		Removal of ethmoid sinus	5	717
31205		Removal of ethmoid sinus	3	510
31233		Nasal/sinus endoscopy, dx	2	446
31235		Nasal/sinus endoscopy, dx	1	333
31237		Nasal/sinus endoscopy, surg	2	446
31238		Nasal/sinus endoscopy, surg	1	333
31239		Nasal/sinus endoscopy, surg	4	630
31240		Nasal/sinus endoscopy, surg	2	446
31254		Revision of ethmoid sinus	3	510
31255		Removal of ethmoid sinus	5	717
31256		Exploration maxillary sinus	3	510
31267		Endoscopy, maxillary sinus	3	510
31276		Sinus endoscopy, surgical	3	510
31287		Nasal/sinus endoscopy, surg	3	510
31288		Nasal/sinus endoscopy, surg	3	510
31300		Removal of larynx lesion	5	717
31320		Diagnostic incision, larynx	2	446
31400	A	Revision of larynx	2	446
31420	A	Removal of epiglottis	2	446
31510		Laryngoscopy with biopsy	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
31511		Remove foreign body, larynx	2	446
31512		Removal of larynx lesion	2	446
31513		Injection into vocal cord	2	446
31515		Laryngoscopy for aspiration	1	333
31525		Diagnostic laryngoscopy	1	333
31526		Diagnostic laryngoscopy	2	446
31527		Laryngoscopy for treatment	1	333
31528		Laryngoscopy and dilation	2	446
31529		Laryngoscopy and dilation	2	446
31530		Operative laryngoscopy	2	446
31531		Operative laryngoscopy	3	510
31535		Operative laryngoscopy	2	446
31536		Operative laryngoscopy	3	510
31540		Operative laryngoscopy	3	510
31541		Operative laryngoscopy	4	630
31560		Operative laryngoscopy	5	717
31561		Operative laryngoscopy	5	717
31570		Laryngoscopy with injection	2	446
31571		Laryngoscopy with injection	2	446
31576		Laryngoscopy with biopsy	2	446
31577		Remove foreign body, larynx	2	446
31578		Removal of larynx lesion	2	446
31580		Revision of larynx	5	717
31582		Revision of larynx	5	717
31584	D	Treat larynx fracture	4	630
31585		Treat larynx fracture	1	333
31586		Treat larynx fracture	2	446
31588		Revision of larynx	5	717
31590		Reinnervate larynx	5	717
31595		Larynx nerve surgery	2	446
31600	D	Incision of windpipe	2	446
31611		Surgery/speech prosthesis	3	510
31612		Puncture/clear windpipe	1	333
31613		Repair windpipe opening	2	446
31614		Repair windpipe opening	2	446
31615		Visualization of windpipe	1	333
31622		Dx bronchoscope/wash	1	333
31623	A*	Dx bronchoscope/brush	2	446
31624	A*	Dx bronchoscope/lavage	2	446
31625		Bronchoscopy with biopsy	2	446
31628		Bronchoscopy with biopsy	2	446
31629		Bronchoscopy with biopsy	2	446
31630		Bronchoscopy with repair	2	446
31631		Bronchoscopy with dilation	2	446
31635		Remove foreign body, airway	2	446
31640		Bronchoscopy & remove lesion	2	446
31641		Bronchoscopy, treat blockage	2	446
31643	A*	Diag bronchoscope/catheter	2	446
31645		Bronchoscopy, clear airways	1	333
31646		Bronchoscopy, reclear airway	1	333
31656		Bronchoscopy, inj for xray	1	333
31700		Insertion of airway catheter	1	333
31710	D	Insertion of airway catheter	1	333
31715	D	Injection for bronchus x-ray	1	333
31717		Bronchial brush biopsy	1	333
31720		Clearance of airways	1	333
31730		Intro, windpipe wire/tube	1	333
31750		Repair of windpipe	5	717
31755		Repair of windpipe	2	446
31785	D	Remove windpipe lesion	4	630
31800	D	Repair of windpipe injury	2	446
31820		Closure of windpipe lesion	1	333
31825		Repair of windpipe defect	2	446
31830		Revise windpipe scar	2	446
32000		Drainage of chest	1	333
32002	D	Treatment of collapsed lung	2	446
32005	D	Treat lung lining chemically	2	446
32020	D	Insertion of chest tube	2	446
32400		Needle biopsy chest lining	1	333
32405		Biopsy, lung or mediastinum	1	333
32420		Puncture/clear lung	1	333
33010		Drainage of heart sac	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
33011		Repeat drainage of heart sac	2	446
33222	A	Revise pocket, pacemaker	2	446
33223	A	Revise pocket, pacing-defib	2	446
34101	D	Removal of artery clot	3	510
35188	A	Repair blood vessel lesion	4	630
35207	A	Repair blood vessel lesion	4	630
35875	A	Removal of clot in graft	9	1339
35876	A	Removal of clot in graft	9	1339
36260	A	Insertion of infusion pump	3	510
36261		Revision of infusion pump	2	446
36262		Removal of infusion pump	1	333
36488	A	Insertion of catheter, vein	1	333
36489		Insertion of catheter, vein	1	333
36490	A	Insertion of catheter, vein	1	333
36491		Insertion of catheter, vein	1	333
36530		Insertion of infusion pump	3	510
36531		Revision of infusion pump	2	446
36532		Removal of infusion pump	1	333
36533		Insertion of access device	3	510
36534		Revision of access device	2	446
36535		Removal of access device	1	333
36640		Insertion catheter, artery	1	333
36800		Insertion of cannula	3	510
36810		Insertion of cannula	3	510
36815		Insertion of cannula	3	510
36819		Av fusion/uppr arm vein	9	1339
36820		Av fusion/forearm vein	3	510
36821		Av fusion direct any site	3	510
36825		Artery-vein graft	4	630
36830		Artery-vein graft	4	630
36831	A*	Open thrombect av fistula	9	1339
36832		Av fistula revision, open	4	630
36833		Av fistula revision	4	630
36835		Artery to vein shunt	4	630
36860		External cannula declotting	2	446
36861		Cannula declotting	3	510
36870	A*	Percut thrombect av fistula	9	1339
37607	A	Ligation of a-v fistula	3	510
37609		Temporal artery procedure	2	446
37650	A	Revision of major vein	2	446
37700		Revise leg vein	2	446
37720		Removal of leg vein	3	510
37730		Removal of leg veins	3	510
37735		Removal of leg veins/lesion	3	510
37760		Revision of leg veins	3	510
37780		Revision of leg vein	3	510
37785		Revise secondary varicosity	3	510
37790	A	Penile venous occlusion	3	510
38300		Drainage, lymph node lesion	1	333
38305		Drainage, lymph node lesion	2	446
38308		Incision of lymph channels	2	446
38500		Biopsy/removal, lymph nodes	2	446
38505		Needle biopsy, lymph nodes	1	333
38510		Biopsy/removal, lymph nodes	2	446
38520		Biopsy/removal, lymph nodes	2	446
38525		Biopsy/removal, lymph nodes	2	446
38530		Biopsy/removal, lymph nodes	2	446
38542		Explore deep node(s), neck	2	446
38550		Removal, neck/armpit lesion	3	510
38555		Removal, neck/armpit lesion	4	630
38570	A*	Laparoscopy, lymph node biop	9	1339
38571	A*	Laparoscopy, lymphadenectomy	9	1339
38572	A*	Laparoscopy, lymphadenectomy	9	1339
38700	D	Removal of lymph nodes, neck	2	446
38740		Remove armpit lymph nodes	2	446
38745		Remove armpit lymph nodes	4	630
38760		Remove groin lymph nodes	2	446
38790	D	Inject for lymphatic x-ray	1	333
40500		Partial excision of lip	2	446
40510		Partial excision of lip	2	446
40520		Partial excision of lip	2	446
40525		Reconstruct lip with flap	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
40527		Reconstruct lip with flap	2	446
40530		Partial removal of lip	2	446
40650		Repair lip	3	510
40652		Repair lip	3	510
40654		Repair lip	3	510
40700	A	Repair cleft lip/nasal	7	995
40701	A	Repair cleft lip/nasal	7	995
40720	A	Repair cleft lip/nasal	7	995
40761	A	Repair cleft lip/nasal	3	510
40801		Drainage of mouth lesion	2	446
40805	D	Removal, foreign body, mouth	2	446
40806	D	Incision of lip fold	1	333
40814		Excise/repair mouth lesion	2	446
40816		Excision of mouth lesion	2	446
40818		Excise oral mucosa for graft	1	333
40819		Excise lip or cheek fold	1	333
40820	D	Treatment of mouth lesion	1	333
40831		Repair mouth laceration	1	333
40840		Reconstruction of mouth	2	446
40842		Reconstruction of mouth	3	510
40843		Reconstruction of mouth	3	510
40844		Reconstruction of mouth	5	717
40845		Reconstruction of mouth	5	717
41000	D	Drainage of mouth lesion	1	333
41005		Drainage of mouth lesion	1	333
41006		Drainage of mouth lesion	1	333
41007		Drainage of mouth lesion	1	333
41008		Drainage of mouth lesion	1	333
41009		Drainage of mouth lesion	1	333
41010		Incision of tongue fold	1	333
41015		Drainage of mouth lesion	1	333
41016		Drainage of mouth lesion	1	333
41017		Drainage of mouth lesion	1	333
41018		Drainage of mouth lesion	1	333
41105	D	Biopsy of tongue	2	446
41110	D	Excision of tongue lesion	1	333
41112		Excision of tongue lesion	2	446
41113		Excision of tongue lesion	2	446
41114		Excision of tongue lesion	2	446
41115	D	Excision of tongue fold	1	333
41116		Excision of mouth lesion	1	333
41120		Partial removal of tongue	5	717
41250		Repair tongue laceration	2	446
41251		Repair tongue laceration	2	446
41252		Repair tongue laceration	2	446
41500		Fixation of tongue	1	333
41510		Tongue to lip surgery	1	333
41520		Reconstruction, tongue fold	2	446
41800		Drainage of gum lesion	1	333
41805	D	Removal foreign body, gum	1	333
41806	D	Removal foreign body, jawbone	1	333
41827		Excision of gum lesion	2	446
42000		Drainage mouth roof lesion	2	446
42104	D	Excision lesion, mouth roof	2	446
42106	D	Excision lesion, mouth roof	2	446
42107		Excision lesion, mouth roof	2	446
42120		Remove palate/lesion	4	630
42140		Excision of uvula	2	446
42145		Repair palate, pharynx/uvula	5	717
42160	D	Treatment mouth roof lesion	1	333
42180		Repair palate	1	333
42182		Repair palate	2	446
42200		Reconstruct cleft palate	5	717
42205		Reconstruct cleft palate	5	717
42210		Reconstruct cleft palate	5	717
42215		Reconstruct cleft palate	7	995
42220		Reconstruct cleft palate	5	717
42225	D	Reconstruct cleft palate	5	717
42226	A	Lengthening of palate	5	717
42235		Repair palate	5	717
42260		Repair nose to lip fistula	4	630
42281	D	Insertion, palate prosthesis	3	510

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
42300		Drainage of salivary gland	1	333
42305		Drainage of salivary gland	2	446
42310		Drainage of salivary gland	1	333
42320		Drainage of salivary gland	1	333
42325		Create salivary cyst drain	2	446
42335	D	Removal of salivary stone	3	510
42340		Removal of salivary stone	2	446
42405		Biopsy of salivary gland	2	446
42408		Excision of salivary cyst	3	510
42409		Drainage of salivary cyst	3	510
42410		Excise parotid gland/lesion	3	510
42415	A	Excise parotid gland/lesion	3	510
42420		Excise parotid gland/lesion	7	995
42425		Excise parotid gland/lesion	7	995
42440		Excise submaxillary gland	3	510
42450		Excise sublingual gland	2	446
42500		Repair salivary duct	3	510
42505		Repair salivary duct	4	630
42507		Parotid duct diversion	3	510
42508		Parotid duct diversion	4	630
42509		Parotid duct diversion	4	630
42510		Parotid duct diversion	4	630
42600		Closure of salivary fistula	1	333
42700		Drainage of tonsil abscess	1	333
42720		Drainage of throat abscess	1	333
42725		Drainage of throat abscess	2	446
42802		Biopsy of throat	1	333
42804		Biopsy of upper nose/throat	1	333
42806		Biopsy of upper nose/throat	2	446
42808		Excise pharynx lesion	2	446
42810		Excision of neck cyst	3	510
42815		Excision of neck cyst	5	717
42820	A	Remove tonsils and adenoids	3	510
42821		Remove tonsils and adenoids	5	717
42825	A	Removal of tonsils	4	630
42826		Removal of tonsils	4	630
42830	A	Removal of adenoids	4	630
42831		Removal of adenoids	4	630
42835	A	Removal of adenoids	4	630
42836		Removal of adenoids	4	630
42860		Excision of tonsil tags	3	510
42870		Excision of lingual tonsil	3	510
42890	A	Partial removal of pharynx	7	995
42892	A	Revision of pharyngeal walls	7	995
42900		Repair throat wound	1	333
42950		Reconstruction of throat	2	446
42955		Surgical opening of throat	2	446
42960		Control throat bleeding	1	333
42962		Control throat bleeding	2	446
42972	A	Control nose/throat bleeding	3	510
43200		Esophagus endoscopy	1	333
43201	A*	Esoph scope w/submucous inj	1	333
43202		Esophagus endoscopy, biopsy	1	333
43204		Esophagus endoscopy & inject	1	333
43205	A	Esophagus endoscopy/ligation	1	333
43215		Esophagus endoscopy	1	333
43216		Esophagus endoscopy/lesion	1	333
43217		Esophagus endoscopy	1	333
43219		Esophagus endoscopy	1	333
43220		Esoph endoscopy, dilation	1	333
43226		Esoph endoscopy, dilation	1	333
43227		Esoph endoscopy, repair	2	446
43228		Esoph endoscopy, ablation	2	446
43231	A*	Esoph endoscopy w/us exam	2	446
43232	A*	Esoph endoscopy w/us fn bx	2	446
43234		Upper GI endoscopy, exam	1	333
43235		Uppr gi endoscopy, diagnosis	1	333
43236	A*	Uppr gi scope w/submuc inj	2	446
43239		Upper GI endoscopy, biopsy	2	446
43240	A*	Esoph endoscope w/drain cyst	2	446
43241		Upper GI endoscopy with tube	2	446
43242	A*	Uppr gi endoscopy w/us fn bx	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
43243		Upper gi endoscopy & inject	2	446
43244	A	Upper GI endoscopy/ligation	2	446
43245		Operative upper GI endoscopy	2	446
43246		Place gastrostomy tube	2	446
43247		Operative upper GI endoscopy	2	446
43248		Uppr gi endoscopy/guide wire	2	446
43249		Esoph endoscopy, dilation	2	446
43250		Upper GI endoscopy/tumor	2	446
43251		Operative upper GI endoscopy	2	446
43255		Operative upper GI endoscopy	2	446
43256	A*	Uppr gi endoscopy w stent	3	510
43258		Operative upper GI endoscopy	3	510
43259		Endoscopic ultrasound exam	3	510
43260		Endo cholangiopancreatograph	2	446
43261		Endo cholangiopancreatograph	2	446
43262		Endo cholangiopancreatograph	2	446
43263		Endo cholangiopancreatograph	2	446
43264		Endo cholangiopancreatograph	2	446
43265		Endo cholangiopancreatograph	2	446
43267		Endo cholangiopancreatograph	2	446
43268		Endo cholangiopancreatograph	2	446
43269		Endo cholangiopancreatograph	2	446
43271		Endo cholangiopancreatograph	2	446
43272		Endo cholangiopancreatograph	2	446
43450		Dilate esophagus	1	333
43453		Dilate esophagus	1	333
43456		Dilate esophagus	2	446
43458		Dilate esophagus	2	446
43600		Biopsy of stomach	1	333
43653	A*	Laparoscopy, gastrostomy	9	1339
43750		Place gastrostomy tube	2	446
43760		Change gastrostomy tube	1	333
43870		Repair stomach opening	1	333
44100		Biopsy of bowel	1	333
44312		Revision of ileostomy	1	333
44340		Revision of colostomy	3	510
44345	D	Revision of colostomy	4	630
44346	D	Revision of colostomy	4	630
44360		Small bowel endoscopy	2	446
44361		Small bowel endoscopy/biopsy	2	446
44363		Small bowel endoscopy	2	446
44364		Small bowel endoscopy	2	446
44365		Small bowel endoscopy	2	446
44366		Small bowel endoscopy	2	446
44369		Small bowel endoscopy	2	446
44370	A*	Small bowel endoscopy/stent	9	1339
44372		Small bowel endoscopy	2	446
44373		Small bowel endoscopy	2	446
44376	A	Small bowel endoscopy	2	446
44377	A	Small bowel endoscopy/biopsy	2	446
44378	A	Small bowel endoscopy	2	446
44379	A*	S bowel endoscope w/stent	9	1339
44380		Small bowel endoscopy	1	333
44382		Small bowel endoscopy	1	333
44383	A*	Ileoscopy w/stent	9	1339
44385		Endoscopy of bowel pouch	1	333
44386		Endoscopy, bowel pouch/biop	1	333
44388		Colon endoscopy	1	333
44389		Colonoscopy with biopsy	1	333
44390		Colonoscopy for foreign body	1	333
44391		Colonoscopy for bleeding	1	333
44392		Colonoscopy & polypectomy	1	333
44393		Colonoscopy, lesion removal	1	333
44394		Colonoscopy w/snare	1	333
45000		Drainage of pelvic abscess	1	333
45005		Drainage of rectal abscess	2	446
45020		Drainage of rectal abscess	2	446
45100		Biopsy of rectum	1	333
45108		Removal of anorectal lesion	2	446
45150		Excision of rectal stricture	2	446
45160	A	Excision of rectal lesion	2	446
45170		Excision of rectal lesion	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
45190	A	Destruction, rectal tumor	9	1339
45305		Proctosigmoidoscopy w/bx	1	333
45307		Proctosigmoidoscopy fb	1	333
45308		Proctosigmoidoscopy removal	1	333
45309		Proctosigmoidoscopy removal	1	333
45315		Proctosigmoidoscopy removal	1	333
45317		Proctosigmoidoscopy bleed	1	333
45320		Proctosigmoidoscopy ablate	1	333
45321		Proctosigmoidoscopy volvul	1	333
45331		Sigmoidoscopy and biopsy	1	333
45332		Sigmoidoscopy w/fb removal	1	333
45333		Sigmoidoscopy & polypectomy	1	333
45334		Sigmoidoscopy for bleeding	1	333
45335	A*	Sigmoidoscopy w/submuc inj	1	333
45337		Sigmoidoscopy & decompress	1	333
45338		Sigmoidoscopy w/tumr remove	1	333
45339		Sigmoidoscopy w/ablate tumr	1	333
45340	A*	Sig w/balloon dilation	1	333
45355		Surgical colonoscopy	1	333
45378		Diagnostic colonoscopy	2	446
45379		Colonoscopy w/fb removal	2	446
45380		Colonoscopy and biopsy	2	446
45381	A*	Colonoscopy, submucous inj	2	446
45382		Colonoscopy/control bleeding	2	446
45383		Lesion removal colonoscopy	2	446
45384		Lesion remove colonoscopy	2	446
45385		Lesion removal colonoscopy	2	446
45386	A*	Colonoscopy dilate stricture	2	446
45500		Repair of rectum	2	446
45505		Repair of rectum	2	446
45560		Repair of rectocele	2	446
45900		Reduction of rectal prolapse	1	333
45905		Dilation of anal sphincter	1	333
45910		Dilation of rectal narrowing	1	333
45915		Remove rectal obstruction	1	333
46020		Placement of seton	3	510
46030		Removal of rectal marker	1	333
46040		Incision of rectal abscess	3	510
46045		Incision of rectal abscess	2	446
46050		Incision of anal abscess	1	333
46060		Incision of rectal abscess	2	446
46080		Incision of anal sphincter	3	510
46200		Removal of anal fissure	2	446
46210		Removal of anal crypt	2	446
46211		Removal of anal crypts	2	446
46220		Removal of anal tab	1	333
46250		Hemorrhoidectomy	3	510
46255		Hemorrhoidectomy	3	510
46257		Remove hemorrhoids & fissure	3	510
46258		Remove hemorrhoids & fistula	3	510
46260		Hemorrhoidectomy	3	510
46261		Remove hemorrhoids & fissure	4	630
46262		Remove hemorrhoids & fistula	4	630
46270		Removal of anal fistula	3	510
46275		Removal of anal fistula	3	510
46280		Removal of anal fistula	4	630
46285		Removal of anal fistula	1	333
46288	A	Repair anal fistula	4	630
46608		Anoscopy/remove for body	1	333
46610		Anoscopy/remove lesion	1	333
46611		Anoscopy	1	333
46612		Anoscopy/remove lesions	1	333
46615	A	Anoscopy	2	446
46700		Repair of anal stricture	3	510
46750		Repair of anal sphincter	3	510
46753		Reconstruction of anus	3	510
46754		Removal of suture from anus	2	446
46760		Repair of anal sphincter	2	446
46761	A	Repair of anal sphincter	3	510
46762	A	Implant artificial sphincter	7	995
46917	A	Laser surgery, anal lesions	1	333
46922		Excision of anal lesion(s)	1	333

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
46924		Destruction, anal lesion(s)	1	333
46937		Cryotherapy of rectal lesion	2	446
46938		Cryotherapy of rectal lesion	2	446
47000		Needle biopsy of liver	1	333
47510		Insert catheter, bile duct	2	446
47511	A	Insert bile duct drain	9	1339
47525		Change bile duct catheter	1	333
47530		Revise/reinsert bile tube	1	333
47552		Biliary endoscopy thru skin	2	446
47553		Biliary endoscopy thru skin	3	510
47554		Biliary endoscopy thru skin	3	510
47555		Biliary endoscopy thru skin	3	510
47556	A	Biliary endoscopy thru skin	9	1339
47560		Laparoscopy w/cholangio	3	510
47561		Laparo w/cholangio/biopsy	3	510
47630		Remove bile duct stone	3	510
48102		Needle biopsy, pancreas	1	333
49000	D	Exploration of abdomen	4	630
49080		Puncture, peritoneal cavity	2	446
49081		Removal of abdominal fluid	2	446
49085		Remove abdomen foreign body	2	446
49180		Biopsy, abdominal mass	1	333
49250		Excision of umbilicus	4	630
49320		Diag laparo separate proc	3	510
49321		Laparoscopy, biopsy	4	630
49322		Laparoscopy, aspiration	4	630
49400	D	Air injection into abdomen	1	333
49420		Insert abdominal drain	1	333
49421		Insert abdominal drain	1	333
49422	A	Remove perm cannula/catheter	1	333
49425	D	Insert abdomen-venous drain	2	446
49426		Revise abdomen-venous shunt	2	446
49495	A	Rpr ing hernia baby, reduc	4	630
49496	A	Rpr ing hernia baby, blocked	4	630
49500	A	Rpr ing hernia, init, reduce	4	630
49501	A	Rpr ing hernia, init blocked	9	1339
49505		Rpr i/hern init reduc>5 yr	4	630
49507	A	Rpr i/hern init block>5 yr	9	1339
49520		Rerepair ing hernia, reduce	7	995
49521	A	Rerepair ing hernia, blocked	9	1339
49525		Repair ing hernia, sliding	4	630
49540		Repair lumbar hernia	2	446
49550		Rpr fem hernia, init, reduce	5	717
49553	A	Rpr fem hernia, init blocked	9	1339
49555		Rerepair fem hernia, reduce	5	717
49557	A	Rerepair fem hernia, blocked	9	1339
49560		Rpr ventral hern init, reduc	4	630
49561	A	Rpr ventral hern init, block	9	1339
49565		Rerepair ventrl hern, reduce	4	630
49566	A	Rerepair ventrl hern, block	9	1339
49568	A	Hernia repair w/mesh	7	995
49570		Rpr epigastric hern, reduce	4	630
49572	A	Rpr epigastric hern, blocked	9	1339
49580	A	Rpr umbil hern, reduc <5 yr	4	630
49582	A	Rpr umbil hern, block < 5 yr	9	1339
49585		Rpr umbil hern, reduc > 5 yr	4	630
49587	A	Rpr umbil hern, block > 5 yr	9	1339
49590		Repair spigelian hernia	3	510
49600	A	Repair umbilical lesion	4	630
49650		Laparo hernia repair initial	4	630
49651		Laparo hernia repair recur	7	995
50020	D	Renal abscess, open drain	2	446
50040	D	Drainage of kidney	3	510
50200		Biopsy of kidney	1	333
50390		Drainage of kidney lesion	1	333
50392		Insert kidney drain	1	333
50393		Insert ureteral tube	1	333
50395		Create passage to kidney	1	333
50396		Measure kidney pressure	1	333
50398		Change kidney tube	1	333
50520	D	Close kidney-skin fistula	1	333
50551		Kidney endoscopy	1	333

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
50553		Kidney endoscopy	1	333
50555		Kidney endoscopy & biopsy	1	333
50557		Kidney endoscopy & treatment	1	333
50559		Renal endoscopy/radiotracer	1	333
50561		Kidney endoscopy & treatment	1	333
50570	D	Kidney endoscopy	1	333
50572	D	Kidney endoscopy	1	333
50574	D	Kidney endoscopy & biopsy	1	333
50576	D	Kidney endoscopy & treatment	1	333
50578	D	Renal endoscopy/radiotracer	1	333
50580	D	Kidney endoscopy & treatment	1	333
50684	D	Injection for ureter x-ray	1	333
50688		Change of ureter tube	1	333
50690	D	Injection for ureter x-ray	1	333
50947	A*	Laparo new ureter/bladder	9	1339
50948	A*	Laparo new ureter/bladder	9	1339
50951		Endoscopy of ureter	1	333
50953		Endoscopy of ureter	1	333
50955		Ureter endoscopy & biopsy	1	333
50957		Ureter endoscopy & treatment	1	333
50959		Ureter endoscopy & tracer	1	333
50961		Ureter endoscopy & treatment	1	333
50970		Ureter endoscopy	1	333
50972		Ureter endoscopy & catheter	1	333
50974		Ureter endoscopy & biopsy	1	333
50976		Ureter endoscopy & treatment	1	333
50978		Ureter endoscopy & tracer	1	333
50980		Ureter endoscopy & treatment	1	333
51005	D	Drainage of bladder	1	333
51010		Drainage of bladder	1	333
51020		Incise & treat bladder	4	630
51030		Incise & treat bladder	4	630
51040		Incise & drain bladder	4	630
51045		Incise bladder/drain ureter	4	630
51050	A	Removal of bladder stone	4	630
51065	A	Remove ureter calculus	4	630
51080	A	Drainage of bladder abscess	1	333
51500		Removal of bladder cyst	4	630
51520	A	Removal of bladder lesion	4	630
51600	D	Injection for bladder x-ray	1	333
51605	D	Preparation for bladder xray	1	333
51610	D	Injection for bladder x-ray	1	333
51710		Change of bladder tube	1	333
51715	A	Endoscopic injection/implant	3	510
51725	D	Simple cystometrogram	1	333
51726		Complex cystometrogram	1	333
51772		Urethra pressure profile	1	333
51785		Anal/urinary muscle study	1	333
51865	D	Repair of bladder wound	4	630
51880		Repair of bladder opening	1	333
51900	D	Repair bladder/vagina lesion	4	630
51920	D	Close bladder-uterus fistula	3	510
52000		Cystoscopy	1	333
52001		Cystoscopy, removal of clots	2	446
52005		Cystoscopy & ureter catheter	2	446
52007		Cystoscopy and biopsy	2	446
52010		Cystoscopy & duct catheter	2	446
52204		Cystoscopy	2	446
52214		Cystoscopy and treatment	2	446
52224		Cystoscopy and treatment	2	446
52234		Cystoscopy and treatment	2	446
52235		Cystoscopy and treatment	3	510
52240		Cystoscopy and treatment	3	510
52250		Cystoscopy and radiotracer	4	630
52260		Cystoscopy and treatment	2	446
52270		Cystoscopy & revise urethra	2	446
52275		Cystoscopy & revise urethra	2	446
52276		Cystoscopy and treatment	3	510
52277		Cystoscopy and treatment	2	446
52281		Cystoscopy and treatment	2	446
52282	A	Cystoscopy, implant stent	9	1339
52283		Cystoscopy and treatment	2	446

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
52285		Cystoscopy and treatment	2	446
52290		Cystoscopy and treatment	2	446
52300		Cystoscopy and treatment	2	446
52305		Cystoscopy and treatment	2	446
52310		Cystoscopy and treatment	2	446
52315		Cystoscopy and treatment	2	446
52317		Remove bladder stone	1	333
52318		Remove bladder stone	2	446
52320		Cystoscopy and treatment	5	717
52325		Cystoscopy, stone removal	4	630
52327	A	Cystoscopy, inject material	2	446
52330		Cystoscopy and treatment	2	446
52332		Cystoscopy and treatment	2	446
52334		Create passage to kidney	3	510
52341	A*	Cysto w/ureter stricture tx	3	510
52342	A*	Cysto w/up stricture tx	3	510
52343	A*	Cysto w/renal stricture tx	3	510
52344	A*	Cysto/uretero, stone remove	3	510
52345	A*	Cysto/uretero w/up stricture	3	510
52346	A*	Cystouretero w/renal strict	3	510
52351		Cystouretero & or pyeloscope	3	510
52352		Cystouretero w/stone remove	4	630
52353		Cystouretero w/lithotripsy	4	630
52354		Cystouretero w/biopsy	4	630
52355	A	Cystouretero w/excise tumor	4	630
52400		Cystouretero w/congen repr	3	510
52450		Incision of prostate	3	510
52500		Revision of bladder neck	3	510
52510	A	Dilation prostatic urethra	3	510
52601		Prostatectomy (TURP)	4	630
52606		Control postop bleeding	1	333
52612		Prostatectomy, first stage	2	446
52614		Prostatectomy, second stage	1	333
52620		Remove residual prostate	1	333
52630		Remove prostate regrowth	2	446
52640		Relieve bladder contracture	2	446
52647	A	Laser surgery of prostate	9	1339
52648	A	Laser surgery of prostate	9	1339
52700		Drainage of prostate abscess	2	446
53000		Incision of urethra	1	333
53010		Incision of urethra	1	333
53020		Incision of urethra	1	333
53040		Drainage of urethra abscess	2	446
53080	A	Drainage of urinary leakage	3	510
53200		Biopsy of urethra	1	333
53210		Removal of urethra	5	717
53215		Removal of urethra	5	717
53220		Treatment of urethra lesion	2	446
53230		Removal of urethra lesion	2	446
53235		Removal of urethra lesion	3	510
53240		Surgery for urethra pouch	2	446
53250		Removal of urethra gland	2	446
53260		Treatment of urethra lesion	2	446
53265		Treatment of urethra lesion	2	446
53270	A	Removal of urethra gland	2	446
53275		Repair of urethra defect	2	446
53400		Revise urethra, stage 1	3	510
53405		Revise urethra, stage 2	2	446
53410		Reconstruction of urethra	2	446
53420		Reconstruct urethra, stage 1	3	510
53425		Reconstruct urethra, stage 2	2	446
53430		Reconstruction of urethra	2	446
53431		Reconstruct urethra/bladder	2	446
53440		Correct bladder function	2	446
53442		Remove perineal prosthesis	1	333
53444		Insert tandem cuff	2	446
53445		Insert uro/ves nck sphincter	1	333
53446		Remove uro sphincter	1	333
53447		Remove/replace ur sphincter	1	333
53449		Repair uro sphincter	1	333
53450		Revision of urethra	1	333
53460		Revision of urethra	1	333

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
53502		Repair of urethra injury	2	446
53505		Repair of urethra injury	2	446
53510		Repair of urethra injury	2	446
53515		Repair of urethra injury	2	446
53520		Repair of urethra defect	2	446
53605		Dilate urethra stricture	2	446
53665		Dilation of urethra	1	333
53850	A	Prostatic microwave thermotx	9	1339
54000	A	Slitting of prepuce	2	446
54001		Slitting of prepuce	2	446
54015		Drain penis lesion	4	630
54057		Laser surg, penis lesion(s)	1	333
54060		Excision of penis lesion(s)	1	333
54065		Destruction, penis lesion(s)	1	333
54100		Biopsy of penis	1	333
54105		Biopsy of penis	1	333
54110		Treatment of penis lesion	2	446
54111	A	Treat penis lesion, graft	2	446
54112	A	Treat penis lesion, graft	2	446
54115		Treatment of penis lesion	1	333
54120		Partial removal of penis	2	446
54125	D	Removal of penis	2	446
54150	A	Circumcision	1	333
54152		Circumcision	1	333
54160	A	Circumcision	2	446
54161		Circumcision	2	446
54162		Lysis penil circumcis lesion	2	446
54163		Repair of circumcision	2	446
54164		Frenulotomy of penis	2	446
54205		Treatment of penis lesion	4	630
54220		Treatment of penis lesion	1	333
54300		Revision of penis	3	510
54304	A	Revision of penis	3	510
54308	A	Reconstruction of urethra	3	510
54312	A	Reconstruction of urethra	3	510
54316	A	Reconstruction of urethra	3	510
54318	A	Reconstruction of urethra	3	510
54322	A	Reconstruction of urethra	3	510
54324	A	Reconstruction of urethra	3	510
54326	A	Reconstruction of urethra	3	510
54328	A	Revise penis/urethra	3	510
54340	A	Secondary urethral surgery	3	510
54344	A	Secondary urethral surgery	3	510
54348	A	Secondary urethral surgery	3	510
54352	A	Reconstruct urethra/penis	3	510
54360		Penis plastic surgery	3	510
54380	A	Repair penis	3	510
54385	A	Repair penis	3	510
54400	A	Insert semi-rigid prosthesis	3	510
54401	A	Insert self-contd prosthesis	3	510
54405	A	Insert multi-comp penis pros	3	510
54406	A	Remove multi-comp penis pros	3	510
54408	A	Repair multi-comp penis pros	3	510
54410	A	Remove/replace penis prosth	3	510
54415	A	Remove self-contd penis pros	3	510
54416	A	Remv/repl penis contain pros	3	510
54420		Revision of penis	4	630
54435		Revision of penis	4	630
54440		Repair of penis	4	630
54450		Preputial stretching	1	333
54500		Biopsy of testis	1	333
54505		Biopsy of testis	1	333
54512		Excise lesion testis	7	995
54520		Removal of testis	3	510
54522	A	Orchiectomy, partial	3	510
54530		Removal of testis	4	630
54550		Exploration for testis	4	630
54600		Reduce testis torsion	4	630
54620		Suspension of testis	3	510
54640		Suspension of testis	4	630
54660		Revision of testis	2	446
54670		Repair testis injury	3	510

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
54680		Relocation of testis(es)	3	510
54690	A*	Laparoscopy, orchiectomy	9	1339
54700		Drainage of scrotum	2	446
54800		Biopsy of epididymis	1	333
54820		Exploration of epididymis	1	333
54830		Remove epididymis lesion	3	510
54840		Remove epididymis lesion	4	630
54860		Removal of epididymis	3	510
54861		Removal of epididymis	4	630
54900		Fusion of spermatic ducts	4	630
54901		Fusion of spermatic ducts	4	630
55040		Removal of hydrocele	3	510
55041		Removal of hydroceles	5	717
55060		Repair of hydrocele	4	630
55100		Drainage of scrotum abscess	1	333
55110		Explore scrotum	2	446
55120		Removal of scrotum lesion	2	446
55150		Removal of scrotum	1	333
55175		Revision of scrotum	1	333
55180		Revision of scrotum	2	446
55200		Incision of sperm duct	2	446
55250	A	Removal of sperm duct(s)	2	446
55400		Repair of sperm duct	1	333
55500		Removal of hydrocele	3	510
55520		Removal of sperm cord lesion	4	630
55530		Revise spermatic cord veins	4	630
55535		Revise spermatic cord veins	4	630
55540		Revise hernia & sperm veins	5	717
55550	A	Laparo ligate spermatic vein	9	1339
55600	D	Incise sperm duct pouch	1	333
55605	D	Incise sperm duct pouch	1	333
55650	D	Remove sperm duct pouch	1	333
55680		Remove sperm pouch lesion	1	333
55700		Biopsy of prostate	2	446
55705		Biopsy of prostate	2	446
55720		Drainage of prostate abscess	1	333
55725	A	Drainage of prostate abscess	2	446
55859	A	Percut/needle insert, pros	9	1339
56405	D	I & D of vulva/perineum	2	446
56440		Surgery for vulva lesion	2	446
56441		Lysis of labial lesion(s)	1	333
56515		Destroy vulva lesion/s compl	3	510
56605	D	Biopsy of vulva/perineum	1	333
56620		Partial removal of vulva	5	717
56625		Complete removal of vulva	7	995
56700		Partial removal of hymen	1	333
56720		Incision of hymen	1	333
56740		Remove vagina gland lesion	3	510
56800		Repair of vagina	3	510
56810		Repair of perineum	5	717
57000		Exploration of vagina	1	333
57010		Drainage of pelvic abscess	2	446
57020		Drainage of pelvic fluid	2	446
57023	A*	I & d vag hematoma, non-ob	1	333
57065		Destroy vag lesions, complex	1	333
57105		Biopsy of vagina	2	446
57130		Remove vagina lesion	2	446
57135		Remove vagina lesion	2	446
57180		Treat vaginal bleeding	1	333
57200		Repair of vagina	1	333
57210		Repair vagina/perineum	2	446
57220		Revision of urethra	3	510
57230		Repair of urethral lesion	3	510
57240		Repair bladder & vagina	5	717
57250		Repair rectum & vagina	5	717
57260		Repair of vagina	5	717
57265		Extensive repair of vagina	7	995
57268		Repair of bowel bulge	3	510
57289	A	Repair bladder & vagina	5	717
57291	A	Construction of vagina	5	717
57300		Repair rectum-vagina fistula	3	510
57310	D	Repair urethrovaginal lesion	3	510

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
57311	D	Repair urethrovaginal lesion	4	630
57320	D	Repair bladder-vagina lesion	3	510
57400		Dilation of vagina	2	446
57410		Pelvic examination	2	446
57415	A	Remove vaginal foreign body	2	446
57513		Laser surgery of cervix	2	446
57520		Conization of cervix	2	446
57522		Conization of cervix	2	446
57530		Removal of cervix	3	510
57550		Removal of residual cervix	3	510
57556	A	Remove cervix, repair bowel	5	717
57700		Revision of cervix	1	333
57720		Revision of cervix	3	510
57800	D	Dilation of cervical canal	1	333
57820		D & c of residual cervix	3	510
58120		Dilation and curettage	2	446
58145		Removal of uterus lesion	5	717
58350	A	Reopen fallopian tube	3	510
58353		Endometr ablate, thermal	4	630
58545	A	Laparoscopic myomectomy	9	1339
58546	A*	Laparo-myomectomy, complex	9	1339
58550	A*	Laparo-asst vag hysterectomy	9	1339
58551	D	Laparoscopy, remove myoma	5	717
58555		Hysteroscopy, dx, sep proc	1	333
58558		Hysteroscopy, biopsy	3	510
58559		Hysteroscopy, lysis	2	446
58560	A*	Hysteroscopy, resect septum	3	510
58561		Hysteroscopy, remove myoma	3	510
58562	A*	Hysteroscopy, remove fb	3	510
58563		Hysteroscopy, ablation	4	630
58660		Laparoscopy, lysis	5	717
58661		Laparoscopy, remove adnexa	5	717
58662		Laparoscopy, excise lesions	5	717
58670		Laparoscopy, tubal cautery	3	510
58671		Laparoscopy, tubal block	3	510
58672		Laparoscopy, fimbrioplasty	5	717
58673		Laparoscopy, salpingostomy	5	717
58800		Drainage of ovarian cyst(s)	3	510
58820		Drain ovary abscess, open	3	510
58900		Biopsy of ovary(s)	3	510
59160	A	D & c after delivery	3	510
59320	A	Revision of cervix	1	333
59812	A	Treatment of miscarriage	5	717
59820	A	Care of miscarriage	5	717
59821	A	Treatment of miscarriage	5	717
59840	A	Abortion	5	717
59841	A	Abortion	5	717
59870	A	Evacuate mole of uterus	5	717
59871	A	Remove cerclage suture	5	717
60000		Drain thyroid/tongue cyst	1	333
60200		Remove thyroid lesion	2	446
60220	D	Partial removal of thyroid	2	446
60225	D	Partial removal of thyroid	3	510
60280		Remove thyroid duct lesion	4	630
60281		Remove thyroid duct lesion	4	630
61020		Remove brain cavity fluid	1	333
61026		Injection into brain canal	1	333
61050		Remove brain canal fluid	1	333
61055		Injection into brain canal	1	333
61070		Brain canal shunt procedure	1	333
61215		Insert brain-fluid device	3	510
61790		Treat trigeminal nerve	3	510
61791		Treat trigeminal tract	3	510
61885		Implant neurostim one array	2	446
61886	A*	Implant neurostim arrays	3	510
61888		Revise/remove neuroreceiver	1	333
62194		Replace/irrigate catheter	1	333
62225		Replace/irrigate catheter	1	333
62230		Replace/revise brain shunt	2	446
62256	D	Remove brain cavity shunt	2	446
62263		Lysis epidural adhesions	1	333
62268		Drain spinal cord cyst	1	333

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
62269		Needle biopsy, spinal cord	1	333
62270		Spinal fluid tap, diagnostic	1	333
62272		Drain cerebro spinal fluid	1	333
62273		Treat epidural spine lesion	1	333
62280		Treat spinal cord lesion	1	333
62281	A	Treat spinal cord lesion	1	333
62282		Treat spinal canal lesion	1	333
62287	A	Percutaneous discectomy	9	1339
62294		Injection into spinal artery	3	510
62310		Inject spine c/t	1	333
62311		Inject spine l/s (cd)	1	333
62318		Inject spine w/cath, c/t	1	333
62319		Inject spine w/cath l/s (cd)	1	333
62350		Implant spinal canal cath	2	446
62351	D	Implant spinal canal cath	2	446
62355	A	Remove spinal canal catheter	2	446
62360		Insert spine infusion device	2	446
62361		Implant spine infusion pump	2	446
62362		Implant spine infusion pump	2	446
62365		Remove spine infusion device	2	446
62367	D	Analyze spine infusion pump	2	446
62368	D	Analyze spine infusion pump	2	446
63600		Remove spinal cord lesion	2	446
63610		Stimulation of spinal cord	1	333
63650		Implant neuroelectrodes	2	446
63660		Revise/remove neuroelectrode	1	333
63685		Implant neuroreceiver	2	446
63688		Revise/remove neuroreceiver	1	333
63744		Revision of spinal shunt	3	510
63746		Removal of spinal shunt	2	446
64410		Injection for nerve block	1	333
64415		Injection for nerve block	1	333
64417		Injection for nerve block	1	333
64420		Injection for nerve block	1	333
64421		Injection for nerve block	1	333
64430		Injection for nerve block	1	333
64470		Inj paravertebral c/t	1	333
64472		Inj paravertebral c/t add-on	1	333
64475		Inj paravertebral l/s	1	333
64476		Inj paravertebral l/s add-on	1	333
64479		Inj foramen epidural c/t	1	333
64480		Inj foramen epidural add-on	1	333
64483		Inj foramen epidural l/s	1	333
64484		Inj foramen epidural add-on	1	333
64510		Injection for nerve block	1	333
64520		Injection for nerve block	1	333
64530		Injection for nerve block	1	333
64553	A	Implant neuroelectrodes	1	333
64573	A	Implant neuroelectrodes	1	333
64575		Implant neuroelectrodes	1	333
64577	A	Implant neuroelectrodes	1	333
64580	A	Implant neuroelectrodes	1	333
64585	A	Revise/remove neuroelectrode	1	333
64590		Implant neuroreceiver	2	446
64595		Revise/remove neuroreceiver	1	333
64600		Injection treatment of nerve	1	333
64605		Injection treatment of nerve	1	333
64610		Injection treatment of nerve	1	333
64620		Injection treatment of nerve	1	333
64622		Destr paravertebral nerve l/s	1	333
64623		Destr paravertebral n add-on	1	333
64626		Destr paravertebral nerve c/t	1	333
64627		Destr paravertebral n add-on	1	333
64630		Injection treatment of nerve	2	446
64680		Injection treatment of nerve	2	446
64702		Revise finger/toe nerve	1	333
64704		Revise hand/foot nerve	1	333
64708		Revise arm/leg nerve	2	446
64712		Revision of sciatic nerve	2	446
64713		Revision of arm nerve(s)	2	446
64714		Revise low back nerve(s)	2	446
64716		Revision of cranial nerve	3	510

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
64718		Revise ulnar nerve at elbow	2	446
64719		Revise ulnar nerve at wrist	2	446
64721		Carpal tunnel surgery	2	446
64722		Relieve pressure on nerve(s)	1	333
64726		Release foot/toe nerve	1	333
64727		Internal nerve revision	1	333
64732		Incision of brow nerve	2	446
64734		Incision of cheek nerve	2	446
64736		Incision of chin nerve	2	446
64738		Incision of jaw nerve	2	446
64740		Incision of tongue nerve	2	446
64742		Incision of facial nerve	2	446
64744		Incise nerve, back of head	2	446
64746		Incise diaphragm nerve	2	446
64771		Sever cranial nerve	2	446
64772		Incision of spinal nerve	2	446
64774		Remove skin nerve lesion	2	446
64776		Remove digit nerve lesion	3	510
64778		Digit nerve surgery add-on	2	446
64782		Remove limb nerve lesion	3	510
64783		Limb nerve surgery add-on	2	446
64784		Remove nerve lesion	3	510
64786		Remove sciatic nerve lesion	3	510
64787		Implant nerve end	2	446
64788		Remove skin nerve lesion	3	510
64790		Removal of nerve lesion	3	510
64792		Removal of nerve lesion	3	510
64795		Biopsy of nerve	2	446
64802		Remove sympathetic nerves	2	446
64821	A*	Remove sympathetic nerves	4	630
64831		Repair of digit nerve	4	630
64832		Repair nerve add-on	1	333
64834		Repair of hand or foot nerve	2	446
64835		Repair of hand or foot nerve	3	510
64836		Repair of hand or foot nerve	3	510
64837		Repair nerve add-on	1	333
64840		Repair of leg nerve	2	446
64856		Repair/transpose nerve	2	446
64857		Repair arm/leg nerve	2	446
64858		Repair sciatic nerve	2	446
64859		Nerve surgery	1	333
64861		Repair of arm nerves	3	510
64862		Repair of low back nerves	3	510
64864		Repair of facial nerve	3	510
64865		Repair of facial nerve	4	630
64870		Fusion of facial/other nerve	4	630
64872		Subsequent repair of nerve	2	446
64874		Repair & revise nerve add-on	3	510
64876		Repair nerve/shorten bone	3	510
64885	A	Nerve graft, head or neck	2	446
64886	A	Nerve graft, head or neck	2	446
64890		Nerve graft, hand or foot	2	446
64891		Nerve graft, hand or foot	2	446
64892		Nerve graft, arm or leg	2	446
64893		Nerve graft, arm or leg	2	446
64895		Nerve graft, hand or foot	3	510
64896		Nerve graft, hand or foot	3	510
64897		Nerve graft, arm or leg	3	510
64898		Nerve graft, arm or leg	3	510
64901		Nerve graft add-on	2	446
64902		Nerve graft add-on	2	446
64905		Nerve pedicle transfer	2	446
64907		Nerve pedicle transfer	1	333
65091		Revise eye	3	510
65093		Revise eye with implant	3	510
65101		Removal of eye	3	510
65103		Remove eye/insert implant	3	510
65105		Remove eye/attach implant	4	630
65110		Removal of eye	5	717
65112		Remove eye/revise socket	7	995
65114		Remove eye/revise socket	7	995
65130		Insert ocular implant	3	510

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
65135		Insert ocular implant	2	446
65140		Attach ocular implant	3	510
65150		Revise ocular implant	2	446
65155		Reinsert ocular implant	3	510
65175		Removal of ocular implant	1	333
65235		Remove foreign body from eye	2	446
65260		Remove foreign body from eye	3	510
65265		Remove foreign body from eye	4	630
65270		Repair of eye wound	2	446
65272		Repair of eye wound	2	446
65275		Repair of eye wound	4	630
65280		Repair of eye wound	4	630
65285		Repair of eye wound	4	630
65290		Repair of eye socket wound	3	510
65400		Removal of eye lesion	1	333
65410		Biopsy of cornea	2	446
65420		Removal of eye lesion	2	446
65426		Removal of eye lesion	5	717
65710		Corneal transplant	7	995
65730		Corneal transplant	7	995
65750		Corneal transplant	7	995
65755		Corneal transplant	7	995
65770		Revise cornea with implant	7	995
65772	A	Correction of astigmatism	4	630
65775	A	Correction of astigmatism	4	630
65800		Drainage of eye	1	333
65805		Drainage of eye	1	333
65810		Drainage of eye	3	510
65815		Drainage of eye	2	446
65850		Incision of eye	4	630
65865		Incise inner eye adhesions	1	333
65870		Incise inner eye adhesions	4	630
65875		Incise inner eye adhesions	4	630
65880		Incise inner eye adhesions	4	630
65900		Remove eye lesion	5	717
65920		Remove implant of eye	7	995
65930		Remove blood clot from eye	5	717
66020		Injection treatment of eye	1	333
66030		Injection treatment of eye	1	333
66130		Remove eye lesion	7	995
66150		Glaucoma surgery	4	630
66155		Glaucoma surgery	4	630
66160		Glaucoma surgery	2	446
66165		Glaucoma surgery	4	630
66170		Glaucoma surgery	4	630
66172		Incision of eye	4	630
66180		Implant eye shunt	5	717
66185		Revise eye shunt	2	446
66220		Repair eye lesion	3	510
66225		Repair/graft eye lesion	4	630
66250		Follow-up surgery of eye	2	446
66500		Incision of iris	1	333
66505		Incision of iris	1	333
66600		Remove iris and lesion	3	510
66605		Removal of iris	3	510
66625		Removal of iris	3	510
66630		Removal of iris	3	510
66635		Removal of iris	3	510
66680		Repair iris & ciliary body	3	510
66682		Repair iris & ciliary body	2	446
66700		Destruction, ciliary body	2	446
66710		Destruction, ciliary body	2	446
66720		Destruction, ciliary body	2	446
66740		Destruction, ciliary body	2	446
66821		After cataract laser surgery	2	446
66825	A	Reposition intraocular lens	4	630
66830		Removal of lens lesion	4	630
66840		Removal of lens material	4	630
66850		Removal of lens material	7	995
66852		Removal of lens material	4	630
66920		Extraction of lens	4	630
66930		Extraction of lens	5	717

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
66940		Extraction of lens	5	717
66982		Cataract surgery, complex	8	973
66983		Cataract surg w/iol, 1 stage	8	973
66984		Cataract surg w/iol, i stage	8	973
66985		Insert lens prosthesis	6	826
66986		Exchange lens prosthesis	6	826
67005		Partial removal of eye fluid	4	630
67010		Partial removal of eye fluid	4	630
67015		Release of eye fluid	1	333
67025		Replace eye fluid	1	333
67027	A	Implant eye drug system	4	630
67030		Incise inner eye strands	1	333
67031		Laser surgery, eye strands	2	446
67036		Removal of inner eye fluid	4	630
67038		Strip retinal membrane	5	717
67039		Laser treatment of retina	7	995
67040		Laser treatment of retina	7	995
67107		Repair detached retina	5	717
67108		Repair detached retina	7	995
67112		Rerepair detached retina	7	995
67115		Release encircling material	2	446
67120		Remove eye implant material	2	446
67121		Remove eye implant material	2	446
67141		Treatment of retina	2	446
67218		Treatment of retinal lesion	5	717
67227		Treatment of retinal lesion	1	333
67250		Reinforce eye wall	3	510
67255		Reinforce/graft eye wall	3	510
67311		Revise eye muscle	3	510
67312		Revise two eye muscles	4	630
67314		Revise eye muscle	4	630
67316		Revise two eye muscles	4	630
67318		Revise eye muscle(s)	4	630
67320		Revise eye muscle(s) add-on	4	630
67331		Eye surgery follow-up add-on	4	630
67332		Rerevise eye muscles add-on	4	630
67334	A	Revise eye muscle w/suture	4	630
67335	A	Eye suture during surgery	4	630
67340		Revise eye muscle add-on	4	630
67350		Biopsy eye muscle	1	333
67400		Explore/biopsy eye socket	3	510
67405		Explore/drain eye socket	4	630
67412		Explore/treat eye socket	5	717
67413		Explore/treat eye socket	5	717
67415		Aspiration, orbital contents	1	333
67420		Explore/treat eye socket	5	717
67430		Explore/treat eye socket	5	717
67440		Explore/drain eye socket	5	717
67450		Explore/biopsy eye socket	5	717
67550		Insert eye socket implant	4	630
67560		Revise eye socket implant	2	446
67715		Incision of eyelid fold	1	333
67808		Remove eyelid lesion(s)	2	446
67830		Revise eyelashes	2	446
67835		Revise eyelashes	2	446
67880		Revision of eyelid	3	510
67882		Revision of eyelid	3	510
67900	A	Repair brow defect	4	630
67901		Repair eyelid defect	5	717
67902		Repair eyelid defect	5	717
67903		Repair eyelid defect	4	630
67904		Repair eyelid defect	4	630
67906		Repair eyelid defect	5	717
67908		Repair eyelid defect	4	630
67909		Repair eyelid defect	4	630
67911		Revise eyelid defect	3	510
67914		Repair eyelid defect	3	510
67916		Repair eyelid defect	4	630
67917		Repair eyelid defect	4	630
67921		Repair eyelid defect	3	510
67923		Repair eyelid defect	4	630
67924		Repair eyelid defect	4	630

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
67935		Repair eyelid wound	2	446
67950		Revision of eyelid	2	446
67961		Revision of eyelid	3	510
67966		Revision of eyelid	3	510
67971		Reconstruction of eyelid	3	510
67973		Reconstruction of eyelid	3	510
67974		Reconstruction of eyelid	3	510
67975		Reconstruction of eyelid	3	510
68115	A	Remove eyelid lining lesion	2	446
68130		Remove eyelid lining lesion	2	446
68320		Revise/graft eyelid lining	4	630
68325		Revise/graft eyelid lining	4	630
68326		Revise/graft eyelid lining	4	630
68328		Revise/graft eyelid lining	4	630
68330		Revise eyelid lining	4	630
68335		Revise/graft eyelid lining	4	630
68340		Separate eyelid adhesions	4	630
68360		Revise eyelid lining	2	446
68362		Revise eyelid lining	2	446
68500		Removal of tear gland	3	510
68505		Partial removal, tear gland	3	510
68510		Biopsy of tear gland	1	333
68520		Removal of tear sac	3	510
68525		Biopsy of tear sac	1	333
68540		Remove tear gland lesion	3	510
68550		Remove tear gland lesion	3	510
68700		Repair tear ducts	2	446
68720		Create tear sac drain	4	630
68745		Create tear duct drain	4	630
68750		Create tear duct drain	4	630
68770	A	Close tear system fistula	4	630
68810		Probe nasolacrimal duct	1	333
68811		Probe nasolacrimal duct	2	446
68815		Probe nasolacrimal duct	2	446
69110		Remove external ear, partial	1	333
69120		Removal of external ear	2	446
69140		Remove ear canal lesion(s)	2	446
69145		Remove ear canal lesion(s)	2	446
69150		Extensive ear canal surgery	3	510
69205		Clear outer ear canal	1	333
69300	A	Revise external ear	3	510
69310		Rebuild outer ear canal	3	510
69320		Rebuild outer ear canal	7	995
69421		Incision of eardrum	3	510
69424	D	Remove ventilating tube	1	333
69436		Create eardrum opening	3	510
69440		Exploration of middle ear	3	510
69450		Eardrum revision	1	333
69501		Mastoidectomy	7	995
69502		Mastoidectomy	7	995
69505		Remove mastoid structures	7	995
69511		Extensive mastoid surgery	7	995
69530		Extensive mastoid surgery	7	995
69550		Remove ear lesion	5	717
69552		Remove ear lesion	7	995
69601		Mastoid surgery revision	7	995
69602		Mastoid surgery revision	7	995
69603		Mastoid surgery revision	7	995
69604		Mastoid surgery revision	7	995
69605		Mastoid surgery revision	7	995
69620		Repair of eardrum	2	446
69631		Repair eardrum structures	5	717
69632		Rebuild eardrum structures	5	717
69633		Rebuild eardrum structures	5	717
69635		Repair eardrum structures	7	995
69636		Rebuild eardrum structures	7	995
69637		Rebuild eardrum structures	7	995
69641		Revise middle ear & mastoid	7	995
69642		Revise middle ear & mastoid	7	995
69643		Revise middle ear & mastoid	7	995
69644		Revise middle ear & mastoid	7	995
69645		Revise middle ear & mastoid	7	995

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

HCPSC Code	Status	Short descriptor	Pymt. group	Pymt. amount
69646		Revise middle ear & mastoid	7	995
69650		Release middle ear bone	7	995
69660		Revise middle ear bone	5	717
69661		Revise middle ear bone	5	717
69662		Revise middle ear bone	5	717
69666		Repair middle ear structures	4	630
69667		Repair middle ear structures	4	630
69670		Remove mastoid air cells	3	510
69676		Remove middle ear nerve	3	510
69700		Close mastoid fistula	3	510
69710	D	Implant/replace hearing aid	3	510
69711		Remove/repair hearing aid	1	333
69714	A*	Implant temple bone w/stimul	9	1339
69715	A*	Temple bone implnt w/stimulat	9	1339
69717	A*	Temple bone implant revision	9	1339
69718	A*	Revise temple bone implant	9	1339
69720		Release facial nerve	5	717
69725		Release facial nerve	5	717
69740		Repair facial nerve	5	717
69745		Repair facial nerve	5	717
69801		Incise inner ear	5	717
69802		Incise inner ear	7	995
69805		Explore inner ear	7	995
69806		Explore inner ear	7	995
69820		Establish inner ear window	5	717
69840		Revise inner ear window	5	717
69905		Remove inner ear	7	995
69910		Remove inner ear & mastoid	7	995
69915		Incise inner ear nerve	7	995
69930		Implant cochlear device	7	995
G0105		Colorectal scrn; hi risk ind	2	446
G0121		Colon ca scrn; barium enema	2	446
G0260	A*	Inj for sacroiliac jt anesth	1	333

"A"=Addition. "A*"=For Comment. "D"=Deletion.

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