
Program Memorandum Intermediaries

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal A-01-73

Date: JUNE 1, 2001

CHANGE REQUEST 1707

SUBJECT: July 2001 Update to the Hospital Outpatient Prospective Payment System (OPPS)

This Program Memorandum (PM) provides certain changes to the hospital OPPS for the July 2001 update. Included in this PM are a list of Current Procedural Terminology (CPT) codes removed from the “inpatient only list” and moved to the OPPS list as reportable procedures, status indicator changes, ambulatory payment classification (APC) changes, short descriptor changes, and an updated list of payment rates for transitional pass-through drugs and biologicals that are reportable under the hospital OPPS. Also included is a list of the new pass-through device category C-codes as well as a listing of new HCFA Common Procedure Coding System (HCPCS) codes reportable under the hospital OPPS. **Unless otherwise indicated, the effective date for items listed in this PM is July 1, 2001.**

Section I contains a list of the “new technology procedure/service” reportable under OPPS. Section II contains a list of new drugs eligible for transitional pass-through payments. Section III lists the new pass-through device category C-code reportable under OPPS effective July 1, 2001. Section IV contains a list of new Positron Emission Tomography (PET) codes that are reportable under OPPS effective July 1, 2001. Section V contains a list of HCPCS C-codes that are no longer reportable under the hospital OPPS. These C-codes have been replaced with designated national HCPCS codes. For reporting purposes under the hospital OPPS, the national HCPCS codes should be reported rather than the C-codes. Section VI contains a list of APC changes. Section VII contains a list of short descriptor changes effective July 1, 2001. With the exception of HCPCS codes G0151-G0156, §VIII contains a list of CPT codes previously listed on the “inpatient only” list that are now reportable under the hospital OPPS. Section IX contains a list of the updated payment rates for transitional pass-through drugs and biologicals reportable under the hospital OPPS. Section X contains a list of drugs no longer eligible for pass-through payments. Section XI addresses the changes to the OPPS PRICER v20012.

Also included in this PM are two attachments related to categories for pass-through devices. Attachment I provide definitions on specific categories. Attachment II is a comprehensive listing of category C-codes reportable under the hospital OPPS as of July 1, 2001. Attachment III is a summary of the changes related to the HCPCS codes and APCs mentioned in §VI of this PM

For payment amounts not listed in this PM, the latest payment rates associated with each APC may be found in the PRICER file available on our website at <http://www.hcfa.gov/medlearn/refopps.htm>. For the complete long descriptor for each HCPCS code listed in this PM, please refer to the 2001 HCPCS file available on our website at <http://www.hcfa.gov/stats/pufiles.htm#alphanu> or from any 2001 HCPCS book.

The OCE and PRICER currently contain the codes included in this document. However, fiscal intermediaries must add the following C-codes to the HCPCS file in their internal claims processing systems: C9018 - C9020, C9708, and C8900-C8914.

The listing of HCPCS codes contained in this instruction does not assure coverage of the specific item or service in a given case. To receive transitional pass-through payments or new technology payments, qualified items and services must be considered reasonable and necessary in a given case.

HCFA-Pub. 60A

In Transmittal A-01-50, issued April 12, 2001, under the section titled “Appropriate Revenue Codes to Report Medical Devices That Have Been Granted Pass-Through Status” (page 2), we discussed eligibility requirements for pass-through devices. On page 3, paragraph 1 of that Transmittal, we stated the following: “To qualify for pass-through payments, a device must meet the definition of a device **and all of the requirements compiled in 42 CFR 419.43** and other requirements set forth in Transmittal A-01-41.” We wish to clarify that transitional pass-through eligibility for devices is based on the requirements set forth in Transmittal A-01-41, issued March 22, 2001, rather than those compiled in 42 CFR 419.43. The transitional pass-through eligibility requirements for devices discussed in Transmittal A-01-41 incorporate statutory changes mandated by §402 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000. We will be publishing a *Federal Register* document to revise the transitional pass-through device requirements set forth in 42 CFR 419.43.

I. New Technology Procedure/Service

HCPCS Code	SI	APC	Short Descriptor	Long Descriptor
C9702*	S	981	Chkmate/Novost/ Galileo Brach	Checkmate Intravascular Brachytherapy System, Novoste Beta-Cath Intravascular Brachytherapy System, Galileo Intravascular Radiotherapy System
C9708	T	975	Preview Tx Planning Software	Preview Treatment Planning Software

*The short descriptor for C9702 has been updated. The long descriptor above for C9702 supercedes any previously published long descriptor for this HCPCS code. The Checkmate Intravascular Brachytherapy System was effective January 01, 2001. The Novoste and Galileo Intravascular Brachytherapy Systems are effective July 1, 2001.

II. New Drugs Eligible for Pass-Through Payments

For specific payment rates associated with each drug listed below, refer to §IX of this PM.

HCPCS Code	SI	APC	Short Descriptor	Long Descriptor
A9700	G	9016	Echocardiography	Supply of injectable contrast material for use in echocardiography, per study
C9018	J	9018	Botulinum tox B, per 100 u	Botulinum toxin type B, per 100 units
C9019	J	9019	Caspofungin acetate, 50 mg	Caspofungin acetate, 50 mg
C9020	J	9020	Sirolimus tablet, 1 mg	Sirolimus tablet, 1 mg
J7506	G	7050	Prednisone oral	Prednisone, oral, per 5 mg
J7517	G	9015	Mycophenolate mofetil oral	Mycophenolate mofetil, oral, 250 mg

III. New Pass-Through Device Category C-Codes and Revision of a Category C-code Descriptor

III. A. New Pass-Through Device Categories

The following categories were created based on applications received by December 1, 2000, and prior to the implementation of the categories that became effective April 1, 2001. Category C1765 was created as a result of procedures that were moved from the inpatient only list to the OPPS list effective July 1, 2001. Category C1766 was created based on additional information submitted to HCFA which further clarified the need for this category.

HCPCS Code	SI	APC	Short Descriptor	Long Descriptor
C1765*	H	1765	Adhesion barrier	Adhesion barrier
C1766**	H	1766	Intro/sheath, strble, non-peel	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away

*Refer to Attachment I of this PM for explanation on this specific category code.

The short descriptor for this category C-code may not be appropriately defined in the OCE. We will modify the short and long descriptors in the OCE for the October 2001 update. **Category C1766 was effective April 1, 2001.

III. B. Revised Category C-code Descriptors

The short and long descriptors for these category C-codes supercede what was published in Transmittal A-01-41.

HCPCS Code	SI	APC	Short Descriptor	Long Descriptor
C1729*	H	1729	Cath, drainage	Catheter, drainage (NOTE: This was previously listed as “Catheter, drainage, biliary”.)
C1733	H	1733	Cath, EP, othr than cool-tip	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip (NOTE: This was previously listed as “Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than temperature-controlled”.)
C2630	H	2630	Cath, EP, cool-tip	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip (NOTE: This was previously listed as “Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, temperature-controlled”.)

*Refer to Attachment I for further guidance on the appropriate use of this category.

IV. New HCPCS Codes Reportable Under OPSS

The following HCPCS codes were created early this year and are not found in the 2001 HCPCS book. For the long descriptor associated with each code and for further information on expanded coverage of PET scans, consult Transmittal AB-01-54, which was published on April 10, 2001.

HCPCS Code	SI	APC	Short Descriptor
G0210	S	981	PET img wholebody dxlung ca
G0211	S	981	PET img wholebody init lung
G0212	S	981	PET img wholebod restag lung
G0213	S	981	PET img wholebody dx colorec
G0214	S	981	PET img wholebod init colore
G0215	S	981	PETimg wholebod restag colre
G0216	S	981	PET img wholebod dx melanoma
G0217	S	981	PET img wholebod init melano

G0218	S	981	PET img wholebod restag mela
G0219	S	981	PET img wholbod melano nonco
G0220	S	981	PET img wholebod dx lymphoma
G0221	S	981	PET imag wholbod init lympho
G0222	S	981	PET imag wholbod resta lymph
G0223	S	981	PET imag wholbod reg dx head
G0224	S	981	PET imag wholbod reg ini hea
G0225	S	981	PET whol restag headneck onl
G0226	S	981	PET img wholbody dx esophagl
G0227	S	981	PET img wholbod ini esophage
G0228	S	981	PET img wholbod restg esopha
G0229	S	981	PET img metabolic brain pres
G0230	S	981	PET myocard viability post s

V. C-Codes Replaced With Designated National HCPCS Codes

The national HCPCS codes (referred as replacement HCPCS codes below) should be reported on hospital OPPS claims rather than the temporary C-codes. Since the national HCPCS codes were reportable effective January 1, 2001, the C-codes listed below will be retired effective July 1, 2001, and no longer reportable under the hospital OPPS. All the C-codes listed below have been granted their 90-day grace period, therefore, we will not extend this grace period.

The latest payment rates associated with each APC number listed below may be found in the PRICER file available on our website. For the latest payment rates for drugs and biologicals reportable under the hospital OPPS, refer to §IX of this PM.

C-Code	SI	APC	Short Descriptor	Replacement HCPCS Code	SI	APC	Short Descriptor
C1009	K	1009	Plasma, cryoprecipitate-reduced, unit	P9044	K	1009	Cryoprecip reduced plasma
C1024	J	1024	Quinopristin 10ml/dalfopristin	J2770	J	1024	Quinupristin/dalfopristin
C1059	G	1059	Carticel,auto cult-chndr cyt	J7330	G	1059	Cultured chondrocytes implnt
C1084	G	1084	Denileukin diftitox, 300 MCG	J9160	G	1084	Denileukin diftitox, 300 MCG
C1086	G	1086	Temozolomide, 5 mg	J8700	G	1086	Temozolomide,oral 5 mg
C1203	G	1203	Verteporfin for inj	Q3013	G	1203	Verteporfin for injection
C1205	G	1205	TC 99M disofenin, per vial	A9510	G	1205	Technetium tc99m disofenin
C9005	G	9005	Reteplase inj, half-kit 18.1	J2993	G	9005	Reteplase injection
C9106	J	9106	Sirolimus 1mg/ml	J7520	J	9106	Sirolimus, oral
C9500	K	9500	Platelets, irradi, ea unit	P9032	K	9500	Platelets, irradiated
C9501	K	9501	Platelets, pheresis, ea unit	P9034	K	9501	Platelets, pheresis
C9502	K	9502	Platelets, pher/irrad, ea un	P9036	K	9502	Platelet pheresis irradiated
C9504	K	9504	Rbc, deglycerolized, ea unit	P9039	K	9504	RBC deglycerolized
C9505	K	9505	Rbc, irradiated, each unit	P9038	K	9505	RBC irradiated

VI. APC Changes for Imaging Procedures

Section 430 of BIPA required that we create additional APCs to distinguish between radiological procedures that are performed with and without contrast media, effective July 1, 2001. To implement this provision, we reconfigured three of the APCs to which some of these procedures were assigned in the November 13, 2001 interim final rule with comment period (*65 FR 67798*). In

that rule, they were assigned to APC 0282, Level I, Computerized Axial Tomography, APC 0283, Level II, Computerized Axial Tomography, and APC 0284, Magnetic Resonance Imaging. From these APCs, we removed a total of 71 radiological procedures that do not use contrast or in a single session are performed initially without contrast and repeated with the use of contrast, or combined use and nonuse of contrast in the same code. For these latter procedures, we created new “C” codes exclusively for hospitals to use in billing such procedures when performed with or without contrast. See §VI.B. below for a list of these codes. Consequently, APCs 0283 and 0284 now encompass only those imaging procedures that are performed with contrast media. We note that APC 0282 in its revised form does not include the type of radiological procedures that would involve the use of contrast media.

The removed codes and most of the “C” replacement codes were each assigned to one of six newly created APCs, that is, APCs 0332-0333 and 0335-0338. Some of the “C” codes were also assigned to APC 0284. The APC payment rates for these new APCs are the same as those associated with the APCs from which the procedures were removed. We have included below the names of the new APCs, their payment rates, national unadjusted coinsurance, and minimum unadjusted coinsurance. We will update the payment rates for these new APCs as part of our APC annual updating process effective January 1, 2002.

These APC changes will occur during both the July and October 2001 quarterly updating cycles. For the HCPCS codes listed in §VI.A, the APC changes are effective for dates of service furnished on or after July 1, 2001. The APC changes for the HCPCS codes listed in §VI.B are effective for services furnished on or after October 1, 2001.

Further, we are advising that the APC titles for APCs 0283 and 0284 listed below will be modified, and will read as follows effective July 1, 2001.

APC	APC Title
0283	Computerized Axial Tomography With Contrast (NOTE: Formerly listed as “Level II Computerized Axial Tomography”)
0284	Magnetic Resonance Imaging and Angiography with Contrast (NOTE: Formerly listed as “Magnetic Resonance Imaging”)

For convenience, we have listed below the HCPCS codes that require the use of contrast media that are still assigned to the revised APCs 0283 and 0284.

APC 0283: Computerized Axial Tomography With Contrast	APC 0284: Magnetic Resonance Imaging and Angiography with Contrast
70460	70542
70481	70545
70487	70548
70491	70552
71260	71551
72126	72142
72129	72147
72132	72149
72193	72196
73201	73219
73701	73222
74160	73719
	73722
	74182
	75553

Following are the titles for the six new APCs and the associated payment rates and co-insurance amounts. These APC titles may not be appropriately defined in the July version of the OCE, however, the titles will be corrected in the October version of the OCE.

APC	SI	APC Title	Payment Rate	Nat. Unadj. Coins.	Min. Unadj. Coins.
0332	S	Computerized Angiography and Computerized Axial Tomography Without Contrast	\$ 245.67	\$ 140.03	\$ 49.13
0333	S	Computerized Tomography Angiography and Computerized Axial Tomography Without Contrast Followed by With Contrast	\$ 245.67	\$ 140.03	\$ 49.13
0335	S	Magnetic Resonance Imaging, Other (Non-Contrast)	\$ 402.93	\$ 229.67	\$ 80.59
0336	S	Magnetic Resonance Angiography and Imaging Without Contrast	\$ 402.93	\$ 229.67	\$ 80.59
0337	S	Magnetic Resonance Angiography and Imaging Without Contrast Followed by With Contrast	\$ 402.93	\$ 229.67	\$ 80.59
0338	S	Magnetic Resonance Angiography and Imaging With Contrast	\$ 402.93	\$ 229.67	\$ 80.59

VI. A. APC Changes Effective

The HCPCS codes listed in this section will be reassigned to the new APCs as designated below beginning with dates of service furnished on or after July 1, 2001.

HCPCS Code	SI	Short Descriptor	Old APC	New APC	Payment Rate	Nat. Unadj. Coins.	Min. Unadj. Coins.
70336	S	Magnetic image, jaw joint	0284	0335	\$ 402.93	\$ 229.67	\$ 80.59
70450	S	Ct head/brain w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
70470	S	Ct head/brain w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
70480	S	Ct orbit/ear/fossa w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
70482	S	Ct orbit/ear/fossa w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
70488	S	Ct maxillofacial w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
70490	S	Ct soft tissue neck w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
70492	S	Ct sft tsue nck w/o & w/dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
70496	S	Ct angiography, head	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
70498	S	Ct angiography, neck	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
70540	S	MRI orbit/face/neck w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
70543	S	MRI orbt/fac/nck w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
70544	S	Mr angiography head w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
70546	S	Mr angiograph head w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
70547	S	Mr angiography neck w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
70549	S	Mr angiograph neck w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
70551	S	MRI brain w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
70553	S	MRI brain w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
71250	S	Ct thorax w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
71270	S	Ct thorax w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
71275	S	Ct angiography, chest	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
71550	S	MRI chest w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
71552	S	MRI chest w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
71555*	S	MRI angio chest w or w/o dye	0284	0338	\$ 402.93	\$ 229.67	\$ 80.59
72125	S	Ct neck spine w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
72127	S	Ct neck spine w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
72128	S	Ct chest spine w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
72130	S	Ct chest spine w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13

72131	S	Ct lumbar spine w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
72133	S	Ct lumbar spine w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
72141	S	MRI neck spine w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
72146	S	MRI chest spine w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
72148	S	MRI lumbar spine w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
72156	S	MRI neck spine w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
72157	S	MRI chest spine w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
72158	S	MRI lumbar spine w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
72191	S	Ct angiograph pelv w/o&w dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
72192	S	Ct pelvis w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
72194	S	Ct pelvis w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
72195	S	MRI pelvis w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
72197	S	MRI pelvis w/o & w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
73200	S	Ct upper extremity w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
73202	S	Ct uppr extremity w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
73206	S	Ct angio upr extrm w/o&w dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
73218	S	MRI upper extremity w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
73220	S	MRI uppr extremity w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
73221	S	MRI joint upr extrem w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
73223	S	MRI joint upr extr w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
73700	S	Ct lower extremity w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
73702	S	Ct lwr extremity w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
73706	S	Ct angio lwr extr w/o&w dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
73718	S	MRI lower extremity w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
73720	S	MRI lwr extremity w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
73721	S	MRI joint of lwr extre w/o d	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
73723	S	MRI joint lwr extr w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
73725*	S	Mr ang lwr ext w or w/o dye	0284	0338	\$ 402.93	\$ 229.67	\$ 80.59
74150	S	Ct abdomen w/o dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
74170	S	Ct abdomen w/o&w dye	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
74175	S	Ct angio abdom w/o&w dye	0283	0332	\$ 245.67	\$ 140.03	\$ 49.13
74181	S	MRI abdomen w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
74183	S	MRI abdomen w/o&w dye	0284	0337	\$ 402.93	\$ 229.67	\$ 80.59
74185*	S	MRI angio, abdom w or w/o dy	0284	0338	\$ 402.93	\$ 229.67	\$ 80.59
75552	S	Heart MRI for morph w/o dye	0284	0336	\$ 402.93	\$ 229.67	\$ 80.59
76093	S	Magnetic image, breast	0284	0338	\$ 402.93	\$ 229.67	\$ 80.59
76094	S	Magnetic image, both breasts	0284	0338	\$ 402.93	\$ 229.67	\$ 80.59

*Refer to §VI.B of this PM for further information on this HCPCS code for dates of service furnished on or after October 1, 2001.

VI. B. APC Changes Effective October 1, 2001

The HCPCS codes listed in this section will be reassigned to the new APCs as designated below beginning with dates of service furnished on or after October 1, 2001.

HCPCS Code	SI	Short Descriptor	Old APC	New APC	Payment Rate	Nat. Unadj Coins.	Min. Unadj. Coins.
70486	S	CT maxillofacial w/o dye	0282	0332	\$ 245.67	\$ 140.03	\$ 49.13
75554	S	Cardiac mri/function	0284	0335	\$ 402.93	\$ 229.67	\$ 80.59
75555	S	Cardiac mri/limited study	0284	0335	\$ 402.93	\$ 229.67	\$ 80.59
75635	S	CT angio abdominal arteries	0283	0333	\$ 245.67	\$ 140.03	\$ 49.13
76390	S	Mr spectroscopy	0284	0335	\$ 402.93	\$ 229.67	\$ 80.59
76400	S	Magnetic image, bone marrow	0284	0335	\$ 402.93	\$ 229.67	\$ 80.59

Below is a listing of the newly created C-codes and the CPT codes that they will replace effective for dates of service furnished on or after October 1, 2001. As stated above, these C-codes were established solely for use by hospitals to differentiate OPPS payment for certain magnetic resonance angiography and magnetic resonance imaging procedures performed with, without, or with and without contrast. Physicians will continue to bill the appropriate CPT code for these procedures. Since these C-codes will not take effect until October 1, 2001, the period from July 1, 2001, through September 30, 2001, constitutes the 90-day grace period normally associated with such code changes. Therefore, effective October 1, 2001, the five CPT codes in bolded text below will be considered invalid codes for billing OPPS services.

Effective for dates of service furnished on or after October 1, 2001, APC 0338 will be eliminated. Five of the seven HCPCS codes assigned to this APC will also be eliminated and replaced by C-codes, that is, 71555, 73725, 74185, 76093, and 76094. Refer to the discussion immediately below concerning C-codes to determine the APC assignment for these replacement codes. HCPCS codes 75554 and 75555 will be reassigned to APC 0335 effective October 1, 2001.

74185 Magnetic resonance angiography, abdomen, with or without contrast

HCPCS	APC	Short Descriptor	Long Descriptor
C8900	0284	MRA w/cont, abd	Magnetic resonance angiography with contrast, abdomen
C8901	0336	MRA w/o cont, abd	Magnetic resonance angiography without contrast, abdomen
C8902	0337	MRA w/o fol w/cont, abd	Magnetic resonance angiography without contrast followed by with contrast, abdomen

76093 Magnetic resonance imaging, breast, without and/or with contrast; unilateral

HCPCS	APC	Short Descriptor	Long Descriptor
C8903	0284	MRI w/cont, breast, uni	Magnetic resonance imaging with contrast, breast; unilateral
C8904	0336	MRI w/o cont, breast, uni	Magnetic resonance imaging without contrast, breast; unilateral
C8905	0337	MRI w/o fol w/cont, brst, uni	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral

76094 Magnetic resonance imaging, breast, without and/or with contrast; bilateral

HCPCS	APC	Short Descriptor	Long Descriptor
C8906	0284	MRI w/cont, breast, bi	Magnetic resonance imaging with contrast, breast; bilateral
C8907	0336	MRI w/o cont, breast, bi	Magnetic resonance imaging without contrast, breast; bilateral
C8908	0337	MRI w/o fol w/cont, breast, bi	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral

71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast

HCPCS	APC	Short Descriptor	Long Descriptor
C8909	0284	MRA w/cont, chest	Magnetic resonance angiography with contrast, chest (excluding myocardium)
C8910	0336	MRA w/o cont, chest	Magnetic resonance angiography without contrast, chest (excluding myocardium)
C8911	0337	MRA w/o fol w/cont, chest	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)

73725 Magnetic resonance angiography, lower extremity, with or without contrast

HCPCS Code	APC	Short Descriptor	Long Descriptor
C8912	0284	MRA w/cont, lwr ext	Magnetic resonance angiography with contrast, lower extremity
C8913	0336	MRA w/o cont, lwr ext	Magnetic resonance angiography without contrast, lower extremity
C8914	0337	MRA w/o fol w/cont, lwr ext	Magnetic resonance angiography without contrast followed by with contrast, lower extremity

The following codes will be moved from APC 0332 to APC 0333 effective for dates of service furnished on or after October 1, 2001: HCPCS Codes **70496, 70498, 71275, 72191, 73206, 73706, 74175**. These are computed angiography procedures that are listed in §VI. A. that involve performing the initial procedure without contrast materials and repeating it with the use of contrast agents. After carefully reviewing these codes, we have determined that they are more clinically similar to those assigned to APC 0333 rather to those in APC 0332. However, we could not correct these APC assignments before the July systems changes were released. These changes do not impact payment because the APC payment rate (\$245.67) is the same for both APC 0332 and APC 0333.

VII. Short Descriptor Changes

The short descriptors for the HCPCS codes listed below have changed. However, the status indicators and APCs assigned to these HCPCS codes have not changed.

HCPCS Code	Updated Short Descriptor	Previous Short Descriptor
C1011	Platelets, HLA-m, L/R, unit	Platelets, L/R, CMV-neg, unit
C1087	I-123 per uci, dx use	I-123, per uci, capsule
C1188	I-131 per uci, dx use	I-131, per uci
C1348	I-131 per mci sol, rx use	I-131 per mci solution
C9702	Chkmate/Novost/Galileo Brach	Chkmate intra brachytx sys
J9130	Dacarbazine 100 mg inj	Dacarbazine 10 mg inj
P9041	Albumin(human), 5%, [50 ml]	Albumin(human), 5%, 500 ML
P9042	Albumin (human), 25% [10 ml]	Albumin (human), 25%, 50 ML

VIII. HCPCS Codes Removed from the “Inpatient Only” List and HCPCS Codes Reassigned to New Status Indicators

Several of the HCPCS codes listed below were previously listed in the “inpatient only” list but are now reportable under the hospital OPSS. These codes have been reassigned to new status indicators, and in some instances have been assigned to new APCs. Refer below for the latest status indicator and APC assignment for each specific HCPCS code.

HCPCS Code	Old SI	New SI	APC	Short Descriptor
27446	C	T	47	Revision of knee joint
63001	C	T	52	Removal of spinal lamina
63003	C	T	52	Removal of spinal lamina
63005	C	T	52	Removal of spinal lamina
63011	C	T	52	Removal of spinal lamina
63012	C	T	52	Removal of spinal lamina
63015	C	T	52	Removal of spinal lamina
63016	C	T	52	Removal of spinal lamina
63017	C	T	52	Removal of spinal lamina
63020	C	T	52	Neck spine disk surgery
63030	C	T	52	Low back disk surgery
63035	C	T	52	Spinal disk surgery add-on
63040	C	T	52	Laminotomy, single cervical
63042	C	T	52	Laminotomy, single lumbar

63045	C	T	52	Removal of spinal lamina
63046	C	T	52	Removal of spinal lamina
63047	C	T	52	Removal of spinal lamina
63048	C	T	52	Remove spinal lamina add-on
63055	C	T	52	Decompress spinal cord
63056	C	T	52	Decompress spinal cord
63057	C	T	52	Decompress spine cord add-on
63064	C	T	52	Decompress spinal cord
63066	C	T	52	Decompress spine cord add-on
80201	A	X	349	Assay of topiramate
84512	A	X	349	Assay of troponin, qual
86148	A	X	349	Phospholipid antibody
86361	A	X	349	T cell, absolute count
87472	A	X	349	Bartonella, dna, quant
87477	A	X	349	Lyme dis, dna, quant
87482	A	X	349	Candida, dna, quant
87487	A	X	349	Chylmd pneum, dna, quant
87492	A	X	349	Chylmd trach, dna, quant
87497	A	X	349	Cytomeg, dna, quant
87512	A	X	349	Gardner vag, dna, quant
87517	A	X	349	Hepatitis B , dna, quant
87522	A	X	349	Hepatitis C, rna, quant
87527	A	X	349	Hepatitis g, dna, quant
87530	A	X	349	Hsv, dna, quant
87533	A	X	349	Hhv-6, dna, quant
87536	A	X	349	Hiv-1, dna, quant
87539	A	X	349	Hiv-2, dna, quant
87542	A	X	349	Legion pneumo, dna, quant
87552	A	X	349	Mycobacteria, dna, quant
87557	A	X	349	M.tuberculo, dna, quant
87562	A	X	349	M.avium-intra, dna, quant
87582	A	X	349	M.pneumon, dna, quant
87592	A	X	349	N.gonorrhoeae, dna, quant
87622	A	X	349	Hpv, dna, quant
87652	A	X	349	Strep a, dna, quant
87799	A	X	349	Detect agent NOS, dna, quant
88142	A	X	349	Cytopath, c/v, thin layer
G0151	E	B*	0	HHCP-serv of pt,ea 15 min
G0152	E	B	0	HHCP-serv of ot,ea 15 min
G0153	E	B	0	HHCP-svs of s/l path,ea 15mn
G0154	E	B	0	HHCP-svs of rn,ea 15 min
G0155	E	B	0	HHCP-svs of csw,ea 15 min
G0156	E	B	0	HHCP-svs of aide,ea 15 min

*HCPCS codes assigned to status indicator "B" indicate a procedure/service not paid under OPPS, but may be paid under other Medicare payment systems.

IX. Payment Rates for Transitional Pass-Through Drugs and Biologicals

Below is a comprehensive list of payment amounts for transitional pass-through drugs and biologicals approved to date and reportable under the hospital OPPS. These payment rates are effective July 1, 2001.

HCPCS Code	SI	Short Descriptor	APC	Payment Rate	Minimum Unadjusted Co-Insurance
A4642	G	Satumomab pendetide per dose	704	\$ 831.25	\$ 119.00
A9500	G	Technetium TC 99M sestamibi	1600	\$ 115.90	\$ 16.59
A9502	G	Technetium tc99m tetrofosmin	705	\$ 129.96	\$ 18.60

A9503	G	Technetium TC 99M medronate	1601	\$	36.46	\$	3.30
A9504	G	TC 99M apcitide, per vial	1602	\$	45.13	\$	6.46
A9505	G	Thallous chloride TL 201/mCi	1603	\$	29.45	\$	3.78
A9507	G	Indium/111 capromab pendetid	1604	\$	1,128.13	\$	161.50
A9508	G	Iobenguane sulfate I-131	1045	\$	495.65	\$	44.87
A9510	G	Technetium TC 99M disofenin	1205	\$	85.50	\$	7.74
A9600	G	Strontium-89 chloride	701	\$	963.42	\$	137.92
A9605	G	Samarium sm153 lexicronamm	702	\$	1,020.00	\$	146.02
A9700	G	Echocardiography contrast	9016	\$	39.58	\$	5.67
C1079	G	Co 57/58 0.5 mCi	1079	\$	253.84	\$	36.34
C1087	G	I-123 per uci, dx use	1087	\$	0.65	\$	0.09
C1090	G	IN 111 chloride, per mCi	1090	\$	152.00	\$	21.76
C1091	G	IN 111 oxyquinoline,per 5mCi	1091	\$	482.84	\$	69.12
C1092	G	IN 111 penetate, per 1.5 mCi	1092	\$	769.50	\$	110.16
C1094	J	TC 99M albumin aggr, per via	1094	\$	33.09	\$	4.74
C1095	G	TC 99M depreotide, per vial	1095	\$	760.00	\$	108.80
C1096	G	TC 99M exametazime, per dose	1096	\$	423.04	\$	60.56
C1097	G	TC 99M mebrotfenin, per vial	1097	\$	51.43	\$	7.36
C1098	G	TC 99M pentetate, per vial	1098	\$	22.64	\$	2.76
C1099	J	TC 99M pyrophosphate,per via	1099	\$	42.75	\$	6.12
C1122	G	TC 99M arcitumomab per vial	1122	\$	1,235.00	\$	176.80
C1166	G	Cytarabine liposomal, 10 mg	1166	\$	371.45	\$	53.18
C1167	J	Epirubicin hcl, 2 mg	1167	\$	24.94	\$	3.57
C1178	G	Busulfan iv, 6 mg	1178	\$	26.49	\$	3.79
C1188	G	I-131 per uci, dx use	1188	\$	0.78	\$	0.10
C1200	G	TC 99M sodium glucoheptonat	1200	\$	107.40	\$	15.37
C1201	G	TC 99M succimer, per vial	1201	\$	135.66	\$	19.42
C1202	G	TC 99M sulfur colloid, dose	1202	\$	36.10	\$	3.27
C1207	G	Octreotide acetate depot 1mg	1207	\$	140.37	\$	20.10
C1305	G	Apligraf	1305	\$	1,157.81	\$	165.75
C1348	G	I-131 per mci sol, rx use	1348	\$	146.57	\$	20.98
C9000	G	Na chromatecr51, per 0.25mCi	9000	\$	0.32	\$	0.05
C9001	J	Linezolid inj, 200mg	9001	\$	34.14	\$	4.89
C9002	J	Tenecteplase, 50mg/vial	9002	\$	2,612.50	\$	374.00
C9003	J	Palivizumab, per 50 mg	9003	\$	664.49	\$	95.13
C9004	J	Gemtuzumab ozogamicin inj,5m	9004	\$	1,929.69	\$	276.25
C9006	J	Tacrolimus inj, per 5 mg	9006	\$	113.15	\$	16.20
C9007	G	Baclofen intrathecal kit-1am	9007	\$	79.80	\$	11.42
C9008	G	Baclofen refill kit-500MCG	9008	\$	233.70	\$	33.46
C9009	G	Baclofen refill kit-2000MCG	9009	\$	491.15	\$	70.31
C9010	G	Baclofen refill kit—4000MCG	9010	\$	861.65	\$	123.35
C9011	G	Caffeine citrate, inj, 1ml	9011	\$	12.22	\$	1.75
C9012	G	Arsenic Trioxide, 1mg/kg	9012	\$	237.50	\$	34.00
C9013	G	Co 57 Cobaltous Cl, 1 ml	9013	\$	10.02	\$	1.43

C9018	J	Botulinum tox B, per 100 u	9018	\$	8.79	\$	1.26
C9019	J	Caspofungin acetate, 50 mg	9019	\$	34.20	\$	4.90
C9020	J	Sirolimus tablet, 1 mg	9020	\$	6.51	\$	0.89
C9100	G	Iodinated i-131 albumin	9100	\$	9.84	\$	1.41
C9102	G	51 na chromate, 50mCi	9102	\$	0.65	\$	0.09
C9103	G	Na iothalamate i-125, 10 uci	9103	\$	11.66	\$	1.67
C9104	G	Anti-thymocyte globulin,25mg	9104	\$	251.75	\$	36.04
C9105	G	Hep b imm glob, per 1 ml	9105	\$	135.43	\$	12.26
C9108	G	Thyrotropin alfa, 1.1 mg	9108	\$	531.05	\$	76.02
C9109	G	Tirofliban hcl, 6.25 mg	9109	\$	217.64	\$	31.16
J0130	G	Abciximab injection	1605	\$	513.02	\$	73.44
J0205	G	Alglucerase injection	900	\$	37.53	\$	5.37
J0207	G	Amifostine	7000	\$	392.06	\$	56.13
J0256	G	Alpha 1 proteinase inhibitor	901	\$	2.09	\$	0.30
J0286	G	Amphotericin b lipid complex	7001	\$	109.25	\$	15.64
J0350	G	Injection anistreplase 30 u	1606	\$	2,559.11	\$	366.36
J0585	G	Botulinum toxin a per unit	902	\$	4.39	\$	0.56
J0640	G	Leucovorin calcium injection	725	\$	4.98	\$	0.45
J0850	G	Cytomegalovirus imm iv /vial	903	\$	656.27	\$	84.28
J1190	G	Dexrazoxane HCL injection	726	\$	194.53	\$	27.85
J1260	G	Dolasetron mesylate	750	\$	16.45	\$	2.11
J1325	G	Epoprostenol injection	7003	\$	17.37	\$	2.49
J1327	G	Eptifibatide injection	1607	\$	13.58	\$	1.94
J1436	G	Etidronate disodium inj	727	\$	63.65	\$	9.11
J1438	G	Etanercept injection	1608	\$	140.98	\$	20.18
J1440	G	Filgrastim 300 mcg injection	728	\$	179.08	\$	25.64
J1441	G	Filgrastim 480 mcg injection	7049	\$	285.38	\$	40.85
J1561	G	Immune globulin 500 mg	905	\$	25.92	\$	3.33
J1565	G	RSV-ivig	906	\$	406.34	\$	58.17
J1620	G	Gonadorelin hydroch/ 100 MCG	7005	\$	38.47	\$	5.51
J1626	G	Granisetron HCL injection	764	\$	18.54	\$	2.38
J1670	G	Tetanus immune globulin inj	908	\$	102.60	\$	14.69
J1745	G	Infliximab injection	7043	\$	63.23	\$	9.05
J1785	G	Injection imiglucerase /unit	916	\$	3.75	\$	0.54
J1810	G	Droperidol/fentanyl inj	7047	\$	6.67	\$	0.95
J1825	G	Interferon beta-1a	909	\$	225.23	\$	32.24
J1830	G	Interferon beta-1b / .25 mg	910	\$	54.15	\$	7.75
J1950	G	Leuprolide acetate /3.75 mg	800	\$	81.60	\$	7.39
J2275	G	Morphine sulfate injection	7010	\$	7.41	\$	0.95
J2352	G	Octreotide acetate injection	7031	\$	125.65	\$	17.99
J2355	G	Oprelvekin injection	7011	\$	236.31	\$	33.83
J2405	G	Ondansetron HCL injection	768	\$	3.92	\$	0.50
J2430	G	Pamidronate disodium /30 mg	730	\$	253.68	\$	32.58
J2765	G	Metoclopramide HCL injection	754	\$	1.55	\$	0.20

J2770	J	Quinupristin/dalfopristin	1024	\$	102.05	\$	14.61
J2790	G	Rho d immune globulin inj	884	\$	34.11	\$	4.38
J2792	G	Rho(d) immune globulin h, sd	1609	\$	20.64	\$	2.65
J2820	G	Sargramostim injection	731	\$	29.06	\$	4.16
J2993	G	Retepase injection	9005	\$	1,306.25	\$	187.00
J3010	G	Fentanyl citrate injection	7014	\$	1.40	\$	0.18
J3245	G	Tirofiban hydrochloride	7041	\$	435.27	\$	62.31
J3280	G	Thiethylperazine maleate inj	755	\$	5.43	\$	0.70
J3305	G	Inj trimetrexate glucoronate	7045	\$	86.09	\$	12.32
J7190	G	Factor viii	925	\$	0.87	\$	0.11
J7191	G	Factor viii (porcine)	926	\$	2.09	\$	0.30
J7192	G	Factor viii recombinant	927	\$	1.19	\$	0.15
J7194	G	Factor IX complex	928	\$	0.68	\$	0.09
J7197	G	Antithrombin iii injection	930	\$	1.05	\$	0.15
J7198	G	Anti-inhibitor	929	\$	1.43	\$	0.18
J7310	G	Ganciclovir long act implant	913	\$	4,750.00	\$	680.00
J7315	G	Sodium hyaluronate injection	7315	\$	136.80	\$	19.58
J7320	G	Hylan g-f 20 injection	1611	\$	213.86	\$	30.62
J7330	G	Cultured chondrocytes implnt	1059	\$	14,250.00	\$	2,040.00
J7500	G	Azathioprine oral 50mg	886	\$	1.24	\$	0.16
J7501	G	Azathioprine parenteral	887	\$	0.75	\$	0.10
J7502	G	Cyclosporine oral 100 mg	888	\$	5.23	\$	0.47
J7504	G	Lymphocyte immune globulin	890	\$	249.47	\$	32.04
J7505	G	Monoclonal antibodies	7038	\$	777.31	\$	111.28
J7506	G	Prednisone oral	7050	\$	0.07	\$	0.01
J7507	G	Tacrolimus oral per 1 mg	891	\$	2.91	\$	0.42
J7513	G	Daclizumab, parenteral	1612	\$	397.29	\$	56.88
J7516	G	Cyclosporin parenteral 250mg	889	\$	25.08	\$	2.27
J7517	G	Mycophenolate mofetil oral	9015	\$	2.40	\$	0.34
J7520	J	Sirolimus, oral	9106	\$	6.51	\$	0.93
J8510	G	Oral busulfan	7015	\$	1.81	\$	0.23
J8520	G	Capecitabine, oral, 150 mg	7042	\$	2.43	\$	0.35
J8530	G	Cyclophosphamide oral 25 mg	801	\$	2.23	\$	0.32
J8560	G	Etoposide oral 50 mg	802	\$	50.89	\$	7.29
J8600	G	Melphalan oral 2 mg	803	\$	2.18	\$	0.31
J8610	G	Methotrexate oral 2.5 mg	826	\$	2.73	\$	0.25
J8700	G	Temozolomide, oral 5 mg	1086	\$	5.93	\$	0.85
J9000	G	Doxorubic HCL 10 mg vl chemo	847	\$	9.00	\$	1.29
J9001	G	Doxorubicin HCL liposome inj	7046	\$	358.95	\$	51.39
J9015	G	Aldesleukin/single use vial	807	\$	641.25	\$	91.80
J9020	G	Asparaginase injection	814	\$	59.70	\$	8.55
J9031	G	Bcg live intravesical vac	809	\$	166.44	\$	21.37
J9040	G	Bleomycin sulfate injection	857	\$	289.37	\$	41.43
J9045	G	Carboplatin injection	811	\$	111.11	\$	15.91

J9050	G	Carmus bischl nitro inj	812	\$	114.41	\$	16.38
J9060	G	Cisplatin 10 mg injection	813	\$	47.12	\$	6.75
J9065	G	Inj cladribine per 1 mg	858	\$	56.08	\$	8.03
J9070	G	Cyclophosphamide 100 mg inj	815	\$	5.98	\$	0.77
J9093	G	Cyclophosphamide lyophilized	816	\$	6.13	\$	0.79
J9100	G	Cytarabine HCL 100 mg inj	817	\$	4.75	\$	0.43
J9120	G	Dactinomycin actinomycin d	818	\$	13.23	\$	1.89
J9130	G	Dacarbazine 100 mg inj	819	\$	11.28	\$	1.02
J9150	G	Daunorubicin	820	\$	76.72	\$	6.94
J9151	G	Daunorubicin citrate liposom	821	\$	64.60	\$	9.25
J9160	G	Denileukin diftitox, 300 MCG	1084	\$	999.88	\$	143.14
J9165	G	Diethylstilbestrol injection	822	\$	3.99	\$	0.57
J9170	G	Docetaxel	823	\$	297.83	\$	42.64
J9181	G	Etoposide 10 mg inj	824	\$	3.86	\$	0.35
J9185	G	Fludarabine phosphate inj	842	\$	258.88	\$	37.06
J9190	G	Fluorouracil injection	859	\$	1.48	\$	0.13
J9200	G	Floxuridine injection	827	\$	129.56	\$	11.73
J9201	G	Gemcitabine hcl	828	\$	102.13	\$	14.62
J9202	G	Goserelin acetate implant	810	\$	446.49	\$	63.92
J9206	G	Irinotecan injection	830	\$	125.47	\$	17.96
J9208	G	Ifosfomide injection	831	\$	156.65	\$	22.43
J9209	G	Mesna injection	732	\$	40.44	\$	5.79
J9211	G	Idarubicin HCL injection	832	\$	412.21	\$	59.01
J9212	G	Interferon alfacon-1	833	\$	4.10	\$	0.59
J9213	G	Interferon alfa-2a inj	834	\$	34.87	\$	4.99
J9214	G	Interferon alfa-2b inj	836	\$	12.98	\$	1.67
J9215	G	Interferon alfa-n3 inj	865	\$	7.86	\$	1.12
J9216	G	Interferon gamma 1-b inj	838	\$	285.64	\$	40.89
J9217	G	Leuprolide acetate suspnsion	9217	\$	564.92	\$	51.14
J9218	G	Leuprolide acetate injection	861	\$	26.15	\$	2.37
J9230	G	Mechlorethamine HCL inj	839	\$	11.88	\$	1.70
J9245	G	Inj melphalan hydrochl 50 mg	840	\$	381.65	\$	54.64
J9250	G	Methotrexate sodium inj	841	\$	0.41	\$	0.04
J9265	G	Paclitaxel injection	863	\$	164.08	\$	21.07
J9266	G	Pegaspargase/singl dose vial	843	\$	1,255.57	\$	179.74
J9268	G	Pentostatin injection	844	\$	1,654.14	\$	236.80
J9270	G	Plicamycin (mithramycin) inj	860	\$	93.80	\$	13.43
J9280	G	Mitomycin 5 mg inj	862	\$	121.65	\$	11.01
J9293	G	Mitoxantrone hydrochl / 5 mg	864	\$	244.20	\$	34.96
J9310	G	Rituximab cancer treatment	849	\$	454.55	\$	65.07
J9320	G	Streptozocin injection	850	\$	117.64	\$	16.84
J9340	G	Thiotepa injection	851	\$	116.97	\$	16.75
J9350	G	Topotecan	852	\$	632.56	\$	90.56
J9355	G	Trastuzumab	1613	\$	52.83	\$	7.56

J9357	G	Valrubicin, 200 mg	1614	\$	423.23	\$	60.59
J9360	G	Vinblastine sulfate inj	853	\$	4.11	\$	0.37
J9370	G	Vincristine sulfate 1 mg inj	854	\$	30.16	\$	2.73
J9390	G	Vinorelbine tartrate/10 mg	855	\$	79.28	\$	11.35
J9600	G	Porfimer sodium	856	\$	2,603.67	\$	372.74
Q0136	G	Non esrd epoetin alpha inj	733	\$	11.85	\$	1.52
Q0160	G	Factor IX non-recombinant	931	\$	0.76	\$	0.10
Q0161	G	Factor IX recombinant	932	\$	1.12	\$	0.16
Q0163	G	Diphenhydramine HCL 50mg	1400	\$	0.12	\$	0.01
Q0164	G	Prochlorperazine maleate 5mg	1401	\$	0.57	\$	0.05
Q0166	G	Granisetron HCL 1 mg oral	765	\$	44.70	\$	5.74
Q0167	G	Dronabinol 2.5mg oral	762	\$	3.28	\$	0.42
Q0169	G	Promethazine HCL 12.5mg oral	1402	\$	0.03	\$	0.00
Q0171	G	Chlorpromazine HCL 10mg oral	1403	\$	0.07	\$	0.01
Q0173	G	Trimethobenzamide HCL 250mg	1404	\$	0.36	\$	0.03
Q0174	G	Thiethylperazine maleate10mg	1405	\$	0.56	\$	0.08
Q0175	G	Perphenazine 4mg oral	1406	\$	0.62	\$	0.06
Q0177	G	Hydroxyzine pamoate 25mg	1407	\$	0.20	\$	0.02
Q0179	G	Ondansetron HCL 8mg oral	769	\$	25.15	\$	3.23
Q0180	G	Dolasetron mesylate oral	763	\$	69.64	\$	8.94
Q0187	G	Factor viia recombinant	1409	\$	1,596.00	\$	228.48
Q2002	G	Elliotts b solution per ml	7022	\$	14.25	\$	2.04
Q2003	G	Aprotinin, 10,000 kiu	7019	\$	2.06	\$	0.30
Q2004	G	Bladder calculi irrig sol	7023	\$	24.70	\$	3.54
Q2005	G	Corticoreslin ovine triflutat	7024	\$	368.03	\$	52.69
Q2006	G	Digoxin immune FAB (ovine)	7025	\$	551.66	\$	78.97
Q2007	G	Ethanolamine oleate 100 mg	7026	\$	39.73	\$	5.69
Q2008	G	Fomepizole, 1.5 mg	7027	\$	1.09	\$	0.16
Q2009	G	Fosphenytoin, 50 mg	7028	\$	9.55	\$	1.37
Q2010	G	Glatiramer acetate, per dose	7029	\$	30.07	\$	4.30
Q2011	G	Hemin, per 1 mg	7030	\$	0.99	\$	0.14
Q2012	G	Pegademase bovine, 25 iu	7039	\$	139.33	\$	19.95
Q2013	G	Pentastarch 10% solution	7040	\$	15.11	\$	2.16
Q2014	G	Sermorelin acetate, 0.5 mg	7032	\$	15.78	\$	2.26
Q2015	G	Somatrem, 5 mg	7033	\$	209.48	\$	29.99
Q2016	G	Somatropin, 1 mg	7034	\$	39.90	\$	5.12
Q2017	G	Teniposide, 50 mg	7035	\$	216.32	\$	30.97
Q2018	G	Urofollitropin, 75 iu	7037	\$	73.29	\$	9.41
Q2019	G	Basiliximab	1615	\$	1,348.76	\$	193.09
Q2020	G	Histrelin acetate	1616	\$	14.16	\$	2.03
Q2021	G	Lepirudin	1617	\$	131.96	\$	18.89
Q2022	G	Vonwillebrandfactrcmplxperiu	1618	\$	0.95	\$	0.14
Q3002	G	Gallium ga 67	1619	\$	24.38	\$	3.13
Q3003	G	Technetium tc99m bicisate	1620	\$	384.75	\$	55.08

Q3004	G	Xenon xe 133, per 10 mCi	1621	\$	29.93	\$	3.84
Q3005	G	Technetium tc99m mertiatide	1622	\$	176.53	\$	25.27
Q3006	G	Technetium tc99m gluceptate	1623	\$	22.61	\$	3.24
Q3007	G	Sodium phosphate p32	1624	\$	81.10	\$	11.61
Q3008	G	Indium 111-in pentetate	1625	\$	935.75	\$	133.96
Q3009	G	Technetium tc99m oxidronate	1626	\$	36.74	\$	5.26
Q3010	G	Technetium tc99mlabeled rbc	1627	\$	40.90	\$	5.85
Q3011	G	Chromic phosphate p32	1628	\$	150.86	\$	21.60
Q3012	G	Cyanocobalamin cobalt co57	1089	\$	97.85	\$	14.01
Q3013	G	Verteprorfin for injection	1203	\$	1,458.25	\$	208.76

X. Pass-Through Items No Longer Eligible for Pass-Through Payments

C-Code Long Descriptor

C9107* Injection, tinzaparin sodium, per 2ml vial
 Q0181** Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

*Drug is a low molecular weight heparin and like other low molecular weight heparin, is not eligible for pass-through status under the hospital OPPS effective July 1, 2001.

**Specific oral anti-emetic drugs are covered under OPPS, therefore, this unspecified oral anti-emetic HCPCS code is no longer reportable under OPPS effective July 1, 2001.

XI. Changes to OPPS PRICER v20012

In the November 13, 2000, *Federal Register* on pages 67818 and 67819, we discussed limitation on coinsurance for a procedure. In keeping with our response to one of the comments, effective July 1, 2001, we will aggregate the total coinsurance applicable to a drug or biological and to the service that resulted in the administration of the drug or biological and the aggregated amount will not exceed the inpatient hospital deductible for the calendar year. In order to accomplish this, PRICER has been revised to find the service with the largest dollar amount of coinsurance per single APC on any given day and reduce (by proration) the coinsurance for all drugs or biologicals on that day so that the sum of coinsurance for all the drugs and/or biologicals on that day plus the coinsurance for the service with the largest dollar amount of coinsurance per single APC does not exceed \$792 for this year. In order for the software to process this change correctly, standard system maintainers must now pass the line item date of service from the claim to the OCE-IN-DATE section of the OPPS PRICER.

Reduction amounts for device APCs 1767, 1778, 1785, 1786, 1816, 2619, and 2620 were not in the original 4/1 PRICER release, but have been published through Transmittal A-01-71 (Change Request 1690) dated May 25, 2001. These revisions have been incorporated in the 7/1 PRICER release.

The effective dates for this PM vary. The effective date for §§I. – X. is July 1, 2001, however, the effective date for §VI. B. is October 1, 2001.

The implementation date for this PM is July 1, 2001.

This PM may be discarded after July 1, 2002.

These instructions should be implemented within your current operating budget.

For questions related to §§I. – III. of this PM, contact Marjorie Baldo (mbaldo@hcfa.gov) at (410) 786-4617. For other questions, contact your fiscal intermediary.

ATTACHMENT I

Release 2001-02: OPPS PASS-THROUGH DEVICES CATEGORY GUIDELINES**EXPLANATIONS OF TERMS--REVISED**

Anchor for opposing bone-to-bone or soft tissue-to-bone --Implantable pins and/or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissues via drilling as follows: soft tissue-to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. Anchors do not include screws, **washers**, and **nuts** used for anchoring plates to bone. (**Note**: This definition first appeared in Transmittal A-01-41. It has been revised to include the terms “washers” and “nuts.” This definition supercedes the definition listed in Transmittal A-01-41.)

Adhesion barrier - A bioresorbable substance placed on and around the neural structures, which inhibits cell migration (fibroblasts) and minimizes scar tissue formation. It is principally used in spine surgeries, such as laminectomies and discectomies.

Drainage catheter – Intended to be used for percutaneous drainage of fluids. (**Note**: This category does NOT include Foley catheters or suprapubic catheters. Refer to category C2627 to report suprapubic catheters.)

Electrophysiology (EP) catheter- Assists in providing anatomic and physiologic information about the cardiac electrical conduction system. Electrophysiology catheters are categorized into two main groups: (1) diagnostic catheters that are used for mapping, pacing, and/or recording only, and (2) ablation (therapeutic) catheters that also have diagnostic capability. The electrophysiology ablation catheters are distinct from non-cardiac ablation catheters.

Electrophysiology catheters designated as "cool-tip" refer to catheters with tips cooled by infused and/or circulating saline. Catheters designated as "other than cool-tip" refer to the termister tip catheter with temperature probe that measures temperature at the tissue catheter interface.

Infusion pump, non-programmable, temporary (implantable) - Short-term pain management system that is a component of a permanent implantable system used for chronic pain management.

ATTACHMENT II

OPPS Pass-Through Device Categories As of July 1, 2001

HCPCS Codes	Category	Long Descriptor
1	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
2	C1765	Adhesion barrier
3	C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
4	C1715	Brachytherapy needle
5	C1716	Brachytherapy seed, Gold 198
6	C1717	Brachytherapy seed, High Dose Rate Iridium 192
7	C1718	Brachytherapy seed, Iodine 125
8	C1719	Brachytherapy seed, Non-High Dose Rate Iridium 192
9	C1720	Brachytherapy seed, Palladium 103
10	C2616	Brachytherapy seed, Yttrium-90
11	C1721	Cardioverter-defibrillator, dual chamber (implantable)
12	C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)
13	C1722	Cardioverter-defibrillator, single chamber (implantable)
14	C1723	Catheter, ablation, non-cardiac
15	C1726	Catheter, balloon dilatation, non-vascular
16	C1727	Catheter, balloon tissue dissector, non-vascular (insertable)
17	C1728	Catheter, brachytherapy seed administration
18	C1729	Catheter, drainage
19	C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)
20	C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)
21	C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping
22	C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip
23	C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip
24	C1887	Catheter, guiding (may include infusion/perfusion capability)
25	C1750	Catheter, hemodialysis, long-term
26	C1752	Catheter, hemodialysis, short-term
27	C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)
28	C1759	Catheter, intracardiac echocardiography
29	C1754	Catheter, intradiscal
30	C1755	Catheter, intraspinal
31	C1753	Catheter, intravascular ultrasound
32	C2628	Catheter, occlusion
33	C1756	Catheter, pacing, transesophageal
34	C2627	Catheter, suprapubic/cystoscopic
35	C1757	Catheter, thrombectomy/embolectomy
36	C1885	Catheter, transluminal angioplasty, laser
37	C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
38	C1714	Catheter, transluminal atherectomy, directional
39	C1724	Catheter, transluminal atherectomy, rotational
40	C1758	Catheter, ureteral
41	C1760	Closure device, vascular (implantable/insertable)
42	L8614	Cochlear implant system
43	C1762	Connective tissue, human (includes fascia lata)
44	C1763	Connective tissue, non-human (includes synthetic)
45	C1881	Dialysis access system (implantable)
46	C1764	Event recorder, cardiac (implantable)
47	C1767	Generator, neurostimulator (implantable)
48	C1768	Graft, vascular

49	C1769	Guide wire
50	C1770	Imaging coil, magnetic resonance (insertable)
51	C1891	Infusion pump, non-programmable, permanent (implantable)
52	C2626	Infusion pump, non-programmable, temporary (implantable)
53	C1772	Infusion pump, programmable (implantable)
54	C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away
55	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
56	C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away
57	C1894	Introducer/sheath, other than guiding, intracardiac electrophysiological, non-laser
58	C2629	Introducer/sheath, other than guiding, intracardiac electrophysiological, laser
59	C1776	Joint device (implantable)
60	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
61	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
62	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
63	C1778	Lead, neurostimulator (implantable)
64	C1897	Lead, neurostimulator test kit (implantable)
65	C1898	Lead, pacemaker, other than transvenous VDD single pass
66	C1779	Lead, pacemaker, transvenous VDD single pass
67	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)
68	C1780	Lens, intraocular (new technology)
69	C1878	Material for vocal cord medialization, synthetic (implantable)
70	C1781	Mesh (implantable)
71	C1782	Morcellator
72	C1784	Ocular device, intraoperative, detached retina
73	C2619	Pacemaker, dual chamber, non rate-responsive (implantable)
74	C1785	Pacemaker, dual chamber, rate-responsive (implantable)
75	C2621	Pacemaker, other than single or dual chamber (implantable)
76	C2620	Pacemaker, single chamber, non rate-responsive (implantable)
77	C1786	Pacemaker, single chamber, rate-responsive (implantable)
78	C1787	Patient programmer, neurostimulator
79	C1788	Port, indwelling (implantable)
80	C2618	Probe, cryoablation
81	C1789	Prosthesis, breast (implantable)
82	C1813	Prosthesis, penile, inflatable
83	C2622	Prosthesis, penile, non-inflatable
84	C1815	Prosthesis, urinary sphincter (implantable)
85	C1816	Receiver and/or transmitter, neurostimulator (implantable)
86	C1771	Repair device, urinary, incontinence, with sling graft
87	C2631	Repair device, urinary, incontinence, without sling graft
88	C1773	Retrieval device, insertable (used to retrieve fractured medical devices)
89	C2615	Sealant, pulmonary, liquid (Implantable)
90	C1817	Septal defect implant system, intracardiac
91	C1874	Stent, coated/covered, with delivery system
92	C1875	Stent, coated/covered, without delivery system
93	C2625	Stent, non-coronary, temporary, with delivery system
94	C2617	Stent, non-coronary, temporary, without delivery system
95	C1876	Stent, non-coated/non-covered, with delivery system
96	C1877	Stent, non-coated/non-covered, without delivery system
97	C1879	Tissue marker (implantable)
98	C1880	Vena cava filter

ATTACHMENT III

Below is a listing of CPT codes that are assigned to APCs 0282, 0283, 0284, 0332, 0333, 0335, 0336, 0337, and 0338 for dates of service furnished on or after July 1, 2001, and October 1, 2001. Many of the short descriptors listed below have been updated since the publication of Addendum B of the *Federal Register* dated November 13, 2000. These short descriptors are the latest short descriptors for each HCPCS code, and are appropriately reflected in the July version of the OCE.

HCPCS	SI	Short Descriptor	Old APC	New APC (as of 7/1/01)	New APC (as of 10/1/01)	Notes
70336	S	Magnetic image, jaw joint	0284	0335		
70450	S	CAT scan of head or brain	0283	0332		
70460	S	Ct head/brain w/dye	0283			No change in APC assignment
70470	S	Ct head/brain w/o&w dye	0283	0333		
70480	S	Ct orbit/ear/fossa w/o dye	0283	0332		
70481	S	Ct orbit/ear/fossa w/dye	0283			No change in APC assignment
70482	S	Ct orbit/ear/fossa w/o&w dye	0283	0333		
70486	S	Ct maxillofacial w/o dye	0282	0332		
70487	S	Ct maxillofacial w/dye	0283			No change in APC assignment
70488	S	Ct maxillofacial w/o&w dye	0283	0333		
70490	S	Ct soft tissue neck w/o dye	0283	0332		
70491	S	Ct soft tissue neck w/dye	0283			No change in APC assignment
70492	S	Ct sft tsue nck w/o & w/dye	0283	0333		
70496	S	Ct angiography, head	0283	0332	0333	APC assignment moved from 0332 to 0333 for dates of service furnished on or after October 1, 2001.
70498	S	Ct angiography, neck	0283	0332	0333	APC assignment moved from 0332 to 0333 for dates of service furnished on or after October 1, 2001.
70540	S	MRI orbit/face/neck w/o dye	0284	0336		
70542	S	MRI orbit/face/neck w/dye	0284			No change in APC assignment
70543	S	MRI orbt/fac/nck w/o&w dye	0284	0337		
70544	S	Mr angiography head w/o dye	0284	0336		
70545	S	Mr angiography head w/dye	0284			No change in APC assignment
70546	S	Mr angiograph head w/o&w dye	0284	0337		
70547	S	Mr angiography neck w/o dye	0284	0336		
70548	S	Mr angiography neck w/dye	0284			No change in APC assignment
70549	S	Mr angiograph neck w/o&w dye	0284	0337		
70551	S	MRI brain w/o dye	0284	0336		
70552	S	MRI brain w/dye	0284			No change in APC assignment
70553	S	MRI brain w/o&w dye	0284	0337		
71250	S	Ct thorax w/o dye	0283	0332		
71260	S	Ct thorax w/dye	0283			No change in APC assignment

71270	S	Ct thorax w/o&w dye	0283	0333		
						APC assignment moved from 0332 to 0333 for dates of service furnished on or after October 1, 2001.
71275	S	Ct angiography, chest	0283	0332	0333	
71550	S	MRI chest w/o dye	0284	0336		
						No change in APC assignment
71551	S	MRI chest w/ dye	0284			
71552	S	MRI chest w/o&w dye	0284	0337		
						HCPCS 71555 and APC 0338 are no longer reportable under the hospital OPPS effective 10/1/01. For OPPS purposes, report this specific procedure with its replacement C-code: C8909 (APC 00284), C8910 (APC 00336), or C8911 (APC 00337).
71555	S	MRI angio chest w or w/o dye	0284	0338	0284, 0336, 0337	
72125	S	Ct neck spine w/o dye	0283	0332		
						No change in APC assignment
72126	S	Ct neck spine w/dye	0283			
72127	S	Ct neck spine w/o&w dye	0283	0333		
72128	S	Ct chest spine w/o dye	0283	0332		
						No change in APC assignment
72129	S	Ct chest spine w/dye	0283			
72130	S	Ct chest spine w/o&w dye	0283	0333		
72131	S	Ct lumbar spine w/o dye	0283	0332		
						No change in APC assignment
72132	S	Ct lumbar spine w/dye	0283			
72133	S	Ct lumbar spine w/o&w dye	0283	0333		
72141	S	MRI neck spine w/o dye	0284	0336		
						No change in APC assignment
72142	S	MRI neck spine w/dye	0284			
72146	S	MRI chest spine w/o dye	0284	0336		
						No change in APC assignment
72147	S	MRI chest spine w/dye	0284			
72148	S	MRI lumbar spine w/o dye	0284	0336		
						No change in APC assignment
72149	S	MRI lumbar spine w/dye	0284			
72156	S	MRI neck spine w/o&w dye	0284	0337		
72157	S	MRI chest spine w/o&w dye	0284	0337		
72158	S	MRI lumbar spine w/o&w dye	0284	0337		
						APC assignment moved from 0332 to 0333 for dates of service furnished on or after October 1, 2001.
72191	S	Ct angiograph pelv w/o&w dye	0283	0332	0333	
72192	S	Ct pelvis w/o dye	0283	0332		
						No change in APC assignment
72193	S	Ct pelvis w/dye	0283			
72194	S	Ct pelvis w/o&w dye	0283	0333		
72195	S	MRI pelvis w/o dye	0284	0336		
						No change in APC assignment
72196	S	MRI pelvis w/dye	0284			
72197	S	MRI pelvis w/o & w dye	0284	0337		
73200	S	Ct upper extremity w/o dye	0283	0332		

73201	S	Ct upper extremity w/dye	0283			No change in APC assignment
73202	S	Ct uppr extremity w/o&w dye	0283	0333		
73206	S	Ct angio upr extrm w/o&w dye	0283	0332		APC assignment moved from 0332 to 0333 for dates of service furnished on or after October 1, 2001.
73218	S	MRI upper extremity w/o dye	0284	0336		
73219	S	MRI upper extremity w/dye	0284			No change in APC assignment
73220	S	MRI uppr extremity w/o&w dye	0284	0337		
73221	S	MRI joint upr extrem w/o dye	0284	0336		
73222	S	MRI joint upr extrem w/ dye	0284			No change in APC assignment
73223	S	MRI joint upr extr w/o&w dye	0284	0337		
73700	S	Ct lower extremity w/o dye	0283	0332	0333	
73701	S	Ct lower extremity w/dye	0283			No change in APC assignment
73702	S	Ct lwr extremity w/o&w dye	0283	0333		
73706	S	Ct angio lwr extr w/o&w dye	0283	0332	0333	APC assignment moved from 0332 to 0333 for dates of service furnished on or after October 1, 2001.
73718	S	MRI lower extremity w/o dye	0284	0336		
73719	S	MRI lower extremity w/dye	0284			No change in APC assignment
73720	S	MRI lwr extremity w/o&w dye	0284	0337		
73721	S	MRI joint of lwr extre w/o d	0284	0336		
73722	S	MRI joint of lwr extr w/dye	0284			No change in APC assignment
73723	S	MRI joint lwr extr w/o&w dye	0284	0337		
73725	S	Mr ang lwr ext w or w/o dye	0284	0338	0284, 0336, 0337	HCPCS 73725 and APC 338 are no longer reportable under the hospital OPPS effective 10/1/01. For OPPS purposes, report this specific procedure with its replacement C-code: C8912 (APC 0284), C8913 (APC 0336), or C8914 (APC 0337).
74150	S	Ct abdomen w/o dye	0283	0332		
74160	S	Ct abdomen w/dye	0283			No change in APC assignment
74170	S	Ct abdomen w/o&w dye	0283	0333		
74175	S	Ct angio abdom w/o&w dye	0283	0332	0333	APC assignment moved from 0332 to 0333 for dates of service furnished on or after October 1, 2001.
74181	S	MRI abdomen w/o dye	0284	0336		
74182	S	MRI abdomen w/dye	0284			No change in APC assignment
74183	S	MRI abdomen w/o&w dye	0284	0337		

						HCPCS 74185 and APC 338 are no longer reportable under the hospital OPPS effective 10/1/01. For OPPS purposes, report this specific procedure with its replacement C-code: 0284, 0336, 0337
74185	S	MRI angio, abdom w or w/o dy	0284	0338		C8900 (APC 0284), C8901 (APC 0336), or C8902 (APC 0337).
75552	S	Heart MRI for morph w/o dye	0284	0336		
75553	S	Heart MRI for morph w/dye	0284			No change in APC assignment
75554	S	Cardiac mri/function	0284	0335		
75555	S	Cardiac mri/limited study	0284	0335		
75635	S	Ct angio abdominal arteries	0283	0333		
						HCPCS 76093 and APC 338 are no longer reportable under the hospital OPPS effective 10/1/01. For OPPS purposes, report this specific procedure with its replacement C-code: 0284, 0336, 0337
76093	S	Magnetic image, breast	0284	0338		C8903 (APC 0284), C8904 (APC 0336), or C8905 (APC 0337).
						HCPCS 76094 and APC 338 are no longer reportable under the hospital OPPS effective 10/1/01. For OPPS purposes, report this specific procedure with its replacement C-code: 0284, 0336, 0337
76094	S	Magnetic image, both breasts	0284	0338		C8906 (APC 0284), C8907 (APC 0336), or C8908 (APC 0337).
76355	S	CAT scan for localization	0283			No change in APC assignment
76360	S	CAT scan for needle biopsy	0283			No change in APC assignment
76370	S	CAT scan for therapy guide	0282			No change in APC assignment
76375	S	3d/holograph reconstr add-on	0282			No change in APC assignment
76380	S	CAT scan follow-up study	0282			No change in APC assignment
76390	S	Mr spectroscopy	0284	0335		
76400	S	Magnetic image, bone marrow	0284	0335		
G0131	S	Ct scan, bone density study	0282			No change in APC assignment
G0132	S	Ct scan, bone density study	0282			No change in APC assignment