



Federal Register

**Tuesday,
August 3, 2010**

**Book 2 of 3 Books
Pages 45699–46168**

Part II

Department of Health and Human Services

Centers for Medicare and Medicaid

**42 CFR Parts 410, 416 and 419
Medicare Program: Changes to the
Hospital Outpatient Prospective Payment
System and CY 2010 Payment Rates;
Changes to the Ambulatory Surgical
Center Payment System and CY 2010
Payment Rates; Corrections; Final Rule,
Notice, and Proposed Rule**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 410, 416, and 419

[CMS-1414-CN2]

RIN 0938-AP41

Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates; Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates; Corrections

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Correction of final rule with comment period.

SUMMARY: This document corrects technical errors that appeared in the final rule with comment period found in the **Federal Register** (FR) on November 20, 2009, entitled “Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates; Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates” and in the correction document found in the **Federal Register** on December 31, 2009, entitled “Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates; Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates.”

DATES: *Effective Date:* This document is effective on August 3, 2010.

Applicability Date: The corrections in this document are applicable on and after January 1, 2010.

FOR FURTHER INFORMATION CONTACT: Alberta Dwivedi, (410) 786-0378.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. E0-26499 of November 20, 2009 (74 FR 60316) (hereinafter referred to as the CY 2010 OPPS/ASC final rule), there were several technical and typographic errors. Some of these errors were corrected in the correction document of December 31, 2009 (74 FR 69502) (hereinafter referred to as the December 31, 2009 CY 2010 OPPS/ASC correction document). We identified additional errors to the practice expense (PE) relative value units (RVUs) and the conversion factor (CF) for the Medicare Physician Fee Schedule (MPFS) in the November 25, 2009 Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010 final rule with

comment period (74 FR 61738) (hereinafter referred to as the CY 2010 MPFS final rule), which were corrected in the May 11, 2010 CY 2010 MPFS correction document (75 FR 26350). The revised ASC payment system uses the PE RVUs and the CF for the MPFS as part of the office-based and ancillary radiology payment methodology. This notice updates the CY 2010 OPPS/ASC final rule to include these additional corrections.

The provisions in this correction document are effective as if they had been included in the CY 2010 OPPS/ASC final rule appearing in the November 20, 2009 **Federal Register** (74 FR 60316). Accordingly, the corrections are effective January 1, 2010.

II. Summary of Errors

A. Errors in the December 31, 2009 Correction

In the December 31, 2009 CY 2010 OPPS/ASC correction document, we republished Addendum AA on pages 69505 through 69629 and Addendum BB on pages 69630 through 69675 to take into account updated CY 2010 MPFS information. As required under § 416.171(d), the revised ASC payment system limits payment for office-based procedures and covered ancillary radiology services to the lesser of the ASC rate or the amount calculated by multiplying the nonfacility PE RVUs for the service by the CF under the MPFS. However, the MPFS CF and PE RVUs listed for some CPT codes in Addendum B to the CY 2010 MPFS final rule (74 FR 62017) were incorrect due to certain technical errors and, consequently, were corrected in a December 10, 2009 correction document to the CY 2010 MPFS final rule (74 FR 65450). Since the ASC payment amounts for office-based procedures and covered ancillary radiology services are determined using the amounts in the MPFS final rule, we corrected the CY 2010 payment amounts for ASC procedures and services using the corrected MPFS amounts in the December 31, 2009 CY 2010 OPPS/ASC correction document.

Additional technical and typographical errors were discovered in the CY 2010 MPFS final rule, as well as the December 10, 2009 CY 2010 MPFS correction document. These changes were corrected in the May 11, 2010 CY 2010 MPFS correction document (75 FR 26350). That correction document:

- Made corrections to the PE and malpractice (MP) RVUs to align their values to the final CY 2010 MPFS policies for PE and MP RVUs; and
- Made corrections to the CF resulting from corrections to the PE and

MP RVUs to align their values with the final CY 2010 MPFS policies for PE and MP RVUs, taking into consideration comments received from the public and further review following display of the CY 2010 MPFS final rule.

We refer readers to the May 11, 2010 CY 2010 MPFS correction document (75 FR 26350) for more information on the changes made to the MPFS.

In summary, addenda AA and BB in the December 31, 2009 CY 2010 OPPS/ASC correction document contained errors in the rates for surgical procedures designated as office-based and for covered ancillary radiology procedures which are corrected in this notice.

B. Correction of Errors in the December 31, 2010 Correction

The changes to the MPFS impacted multiple codes within Addenda AA and BB. Therefore, we are republishing Addenda AA and BB, which were republished on pages 69505 through 69629 and 69630 through 69675 of the December 31, 2009 CY 2010 OPPS/ASC correction document to take into account the updated CY 2010 MPFS information. The ASC payment amounts for office-based procedures and covered ancillary radiology services are determined using the MPFS final calendar year CF and PE RVUs. We must correct the CY 2010 payment amounts for covered office-based procedures and covered ancillary radiology services using the final CY 2010 corrected MPFS values. The revised rates continue to reflect the negative update to the MPFS for CY 2010 based on current law at the time of publication of the CY 2010 MPFS final rule and the corrections to the RVUs and CFs. The corrected payment amounts are reflected in Addenda AA and BB to this correction document and also are posted on the CMS Web site at: <http://www.cms.gov/ASCPayment>.

We note that the Department of Defense Appropriations Act, 2010 (Pub. L. 111-118), the Temporary Extension Act of 2010 (Pub. L. 111-144), and the Continuing Extension Act of 2010 (Pub. L. 111-157) extended a zero percent update for the MPFS from January 1, 2010 through May 31, 2010. We are publishing a notice around the same time as this correction document announcing certain provision of the Patient Protection and Affordable Care Act (Affordable Care Act), as amended by the Health Care and Education Reconciliation Act of 2010 (HCERA), for CY 2010. Because the changes required by the Affordable Care Act and HCERA are effective January 1, 2010, and because the public laws listed above

authorize a zero percent update for the MPFS for CY 2010 through May 31, 2010, the notice incorporates a zero percent update for MPFS payment. If Congress chooses not to extend the zero percent MPFS update beyond May 31, 2010 or chooses to revise the MPFS update to be something other than zero, we will recalculate the payment rates presented in that notice based on the CY 2010 MPFS payment rates calculated using the revised update factor.

The payment rates presented in this correction document technical corrections made to the CY 2010 OPPS/ASC final rule and will not be used for payment. The payment rates presented in the notice being published around the same time as this correction document are the final ASC payment rates from January 1, 2010, through May 31, 2010. We recalculated the ASC payment rates, including budget neutrality calculations, in that notice to reflect changes created by the Affordable Care Act and HCERA, and the technical corrections addressed in this correction document.

IV. Waiver of Proposed Rulemaking and Delay in Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal**

Register to provide a period for public comment before the provisions of a notice such as this take effect, in accordance with the Administrative Procedure Act (APA) (5 U.S.C. 553(b)). We also ordinarily provide a 30-day delay in the effective date of the provisions of a notice in accordance with the APA (5 U.S.C. 553(d)). However, we can waive both the notice and comment procedures and the 30-day delay in the effective date if the Secretary finds, for good cause, that it is impracticable, unnecessary or contrary to the public interest to follow the notice and comment procedures or to comply with the 30-day delay in the effective date, and incorporates a statement of the finding and the reasons therefor in the notice. This correction document merely provides technical corrections to the CY 2010 OPPS/ASC final rule, as corrected by the December 31, 2009 CY 2010 OPPS/ASC correction document, that was effective on January 1, 2010. The provisions of the CY 2010 OPPS/ASC final rule were promulgated through notice and comment rulemaking, and the corrections contained in this document do not make substantive changes to the policies or payment methodologies that were

finalized in the CY 2010 OPPS/ASC final rule. In addition, we believe it is in the public interest to have the correct information and to have it as soon as possible and not delay its dissemination. For the reasons stated above, we find that both notice and comment procedures and the 30-day delay in effective date for this correction document are unnecessary and contrary to the public interest. Therefore, we find there is good cause to waive notice and comment procedures and the 30-day delay in effective date for this correction document.

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

Dated: June 24, 2010.

Dawn L. Smalls,

Executive Secretary to the Department.

Therefore, CMS is republishing Addenda AA and BB, which were republished on pages 69505 through 69629 and 69630 through 69675 of the December 31, 2009, CY 2010 OPPS/ASC correction document to take into account the updated CY 2010 MPFS information.

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
11011	Debride skin/muscle, fx	Y		A2	4.5669	\$191.23
11012	Debride skin/muscle/bone, fx	Y		A2	4.5669	\$191.23
11040	Debride skin, partial	Y		P3		\$18.45
11041	Debride skin, full	Y		P3		\$20.44
11042	Debride skin/tissue	Y		A2	2.947	\$123.40
11043	Debride tissue/muscle	Y		A2	2.947	\$123.40
11044	Debride tissue/muscle/bone	Y		A2	8.3025	\$347.65
11055	Trim skin lesion	Y		P3		\$21.86
11056	Trim skin lesions, 2 to 4	Y		P3		\$23.84
11057	Trim skin lesions, over 4	Y	CH	P3		\$26.68
11100	Biopsy, skin lesion	Y	CH	P3		\$49.39
11101	Biopsy, skin add-on	Y		P3		\$11.64
11200	Removal of skin tags	Y	CH	P3		\$35.20
11201	Remove skin tags add-on	Y		P3		\$4.83
11300	Shave skin lesion	Y	CH	P3		\$33.21
11301	Shave skin lesion	Y		P2	0.8408	\$35.21
11302	Shave skin lesion	Y		P2	0.8408	\$35.21
11303	Shave skin lesion	Y	CH	P3		\$55.64
11305	Shave skin lesion	Y	CH	P3		\$29.52
11306	Shave skin lesion	Y		P2	0.8408	\$35.21
11307	Shave skin lesion	Y		P2	0.8408	\$35.21
11308	Shave skin lesion	Y		P2	0.8408	\$35.21
11310	Shave skin lesion	Y		P2	0.8408	\$35.21
11311	Shave skin lesion	Y		P2	0.8408	\$35.21
11312	Shave skin lesion	Y		P2	0.8408	\$35.21
11313	Shave skin lesion	Y		P2	0.8408	\$35.21
11400	Exc tr-ext b9+marg 0.5 < cm	Y		P3		\$56.21
11401	Exc tr-ext b9+marg 0.6-1 cm	Y		P3		\$63.30
11402	Exc tr-ext b9+marg 1.1-2 cm	Y		P3		\$69.55
11403	Exc tr-ext b9+marg 2.1-3 cm	Y		P3		\$74.94
11404	Exc tr-ext b9+marg 3.1-4 cm	Y		A2	14.457	\$605.36
11406	Exc tr-ext b9+marg > 4.0 cm	Y		A2	15.1023	\$632.38
11420	Exc h-f-nk-sp b9+marg 0.5 <	Y		P3		\$53.08
11421	Exc h-f-nk-sp b9+marg 0.6-1	Y		P3		\$64.15
11422	Exc h-f-nk-sp b9+marg 1.1-2	Y		P3		\$70.12
11423	Exc h-f-nk-sp b9+marg 2.1-3	Y		P3		\$78.06
11424	Exc h-f-nk-sp b9+marg 3.1-4	Y		A2	15.1023	\$632.38
11426	Exc h-f-nk-sp b9+marg > 4 cm	Y		A2	19.3292	\$809.37
11440	Exc face-nm b9+marg 0.5 < cm	Y		P3		\$60.18
11441	Exc face-nm b9+marg 0.6-1 cm	Y		P3		\$69.83
11442	Exc face-nm b9+marg 1.1-2 cm	Y		P3		\$76.93

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
0016T	Thermox choroid vasc lesion	Y		R2	5.5965	\$234.34
0017T	Photocoagulat macular drusen	Y		R2	5.5965	\$234.34
0084T	Temp prostate urethral stent	N	CH	D5		
0086T	L ventricle fill pressure	N	CH	D5		
0095T*	Implant corneal ring	Y		R2	15.5449	\$850.91
0100T	Prosth retina receive&gen	Y		G2	38.2338	\$1,600.96
0101T	Extracorp shockw tx hi enrg	Y		G2	30.396	\$1,272.77
0102T	Extracorp shockw tx anesth	Y		G2	30.396	\$1,272.77
0123T	Scleral fistulization	Y		G2	23.3455	\$977.55
0124T*	Conjunctival drug placement	Y		R2	4.3122	\$180.56
0170T	Anorectal fistula plug pr	N	CH	D5		
0176T	Aqu canal dilat w/o retent	Y		A2	37.7011	\$1,578.66
0177T	Aqu canal dilat w retent	Y		A2	37.7011	\$1,578.66
0186T	Suprachoroidal drug delivery	Y		G2	19.8176	\$829.82
0190T	Place intraoc radiation src	Y		G2	19.8176	\$829.82
0191T	Insert ant segment drain int	Y		G2	23.3455	\$977.55
0192T	Insert ant segment drain ext	Y		G2	40.0704	\$1,677.87
0193T	Rf bladder neck microremodel	Y	CH	G2	19.1572	\$802.17
0200T	Perq sacral augmt unilat inj	Y		G2	21.0617	\$881.92
0201T	Perq sacral augmt bilat inj	Y		G2	30.396	\$1,272.77
0213T	Us facet jt inj cervlt 1 lev	Y	NI	G2	6.8884	\$288.44
0214T	Us facet jt inj cervlt 2 lev	Y	NI	G2	2.4451	\$102.38
0215T	Us facet jt inj cervlt 3 lev	Y	NI	G2	2.4451	\$102.38
0216T	Us facet jt inj ls 1 level	Y	NI	G2	6.8884	\$288.44
0217T	Us facet jt inj ls 2 level	Y	NI	G2	2.4451	\$102.38
0218T	Us facet jt inj ls 3 level	Y	NI	G2	2.4451	\$102.38
10021	Fna w/o image	Y		P2	1.4457	\$60.54
10022	Fna w/image	Y		G2	4.4	\$184.24
10040	Acne surgery	Y		P2	0.8408	\$35.21
10060	Drainage of skin abscess	Y		P3		\$42.58
10061	Drainage of skin abscess	Y		P2	1.3927	\$58.32
10080	Drainage of pilonidal cyst	Y		P2	1.3927	\$58.32
10081	Drainage of pilonidal cyst	Y		P3		\$108.15
10120	Remove foreign body	Y		P3		\$59.04
10121	Remove foreign body	Y		A2	15.1023	\$632.38
10140	Drainage of hematoma/fluid	Y		P3		\$63.02
10160	Puncture drainage of lesion	Y	CH	P3		\$52.52
10180	Complex drainage, wound	Y		A2	16.472	\$689.73
11000	Debride infected skin	Y		P3		\$20.15
11001	Debride infected skin add-on	Y		P3		\$6.81
11010	Debride skin, fx	Y		A2	4.5669	\$191.23

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
11772	Removal of pilonidal lesion	Y		A2	19.6948	\$824.68
11900	Injection into skin lesions	Y		P3		\$24.70
11901	Added skin lesions injection	Y	CH	P3		\$27.25
11920	Correct skin color defects	Y		P3		\$76.93
11921	Correct skin color defects	Y		P3		\$85.44
11922	Correct skin color defects	Y		P3		\$28.10
11950	Therapy for contour defects	Y		P3		\$28.67
11951	Therapy for contour defects	Y		P3		\$36.90
11952	Therapy for contour defects	Y	CH	P3		\$47.12
11954	Therapy for contour defects	Y		P2	1.2956	\$54.25
11960	Insert tissue expander(s)	Y		A2	19.7192	\$825.70
11970	Replace tissue expander	Y		A2	36.3344	\$1,521.43
11971	Remove tissue expander(s)	Y		A2	18.6836	\$782.34
11976	Removal of contraceptive cap	Y		P3		\$51.66
11980	Implant hormone pellet(s)	N		P2	0.6403	\$26.81
11981	Insert drug implant device	N		P2	0.6403	\$26.81
11982	Remove drug implant device	N		P2	0.6403	\$26.81
11983	Remove/insert drug implant	N		P2	0.6403	\$26.81
12001	Repair superficial wound(s)	Y	CH	P3		\$53.65
12002	Repair superficial wound(s)	Y		P2	1.2956	\$54.25
12004	Repair superficial wound(s)	Y		P2	1.2956	\$54.25
12005	Repair superficial wound(s)	Y		A2	1.4926	\$62.50
12006	Repair superficial wound(s)	Y		A2	1.4926	\$62.50
12007	Repair superficial wound(s)	Y		A2	1.4926	\$62.50
12011	Repair superficial wound(s)	Y		P2	1.2956	\$54.25
12013	Repair superficial wound(s)	Y		P2	1.2956	\$54.25
12014	Repair superficial wound(s)	Y		P2	1.2956	\$54.25
12015	Repair superficial wound(s)	Y		G2	1.2956	\$54.25
12016	Repair superficial wound(s)	Y		A2	1.4926	\$62.50
12017	Repair superficial wound(s)	Y		A2	1.4926	\$62.50
12018	Repair superficial wound(s)	Y		A2	1.4926	\$62.50
12020	Closure of split wound	Y		A2	3.706	\$155.18
12021	Intmd wnd repair s/t/xt	Y		A2	2.782	\$116.49
12031	Intmd wnd repair s/t/xt	Y		P2	1.2956	\$54.25
12032	Intmd wnd repair s/t/xt	Y		P2	3.0144	\$126.22
12034	Intmd wnd repair s/t/xt	Y		A2	1.4926	\$62.50
12035	Intmd wnd repair s/t/xt	Y		A2	1.4926	\$62.50
12036	Intmd wnd repair s/t/xt	Y		A2	2.782	\$116.49
12037	Intmd wnd repair s/t/xt	Y		A2	4.1074	\$171.99
12041	Intmd wnd repair n-hg/genit	Y		P2	1.2956	\$54.25
12042	Intmd wnd repair n-hg/genit	Y		P2	1.2956	\$54.25

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
11443	Exc face-mm b9+marg 2.1-3 cm	Y		P3		\$85.44
11444	Exc face-mm b9+marg 3.1-4 cm	Y		A2	7.7878	\$326.10
11446	Exc face-mm b9+marg > 4 cm	Y		A2	19.3292	\$809.37
11450	Removal, sweat gland lesion	Y		A2	19.3292	\$809.37
11451	Removal, sweat gland lesion	Y		A2	19.3292	\$809.37
11462	Removal, sweat gland lesion	Y		A2	19.3292	\$809.37
11463	Removal, sweat gland lesion	Y		A2	19.3292	\$809.37
11470	Removal, sweat gland lesion	Y		A2	19.3292	\$809.37
11471	Removal, sweat gland lesion	Y		A2	19.3292	\$809.37
11600	Exc tr-ext mlg+marg 0.5 < cm	Y		P3		\$80.05
11601	Exc tr-ext mlg+marg 0.6-1 cm	Y		P3		\$95.95
11602	Exc tr-ext mlg+marg 1.1-2 cm	Y		P3		\$105.32
11603	Exc tr-ext mlg+marg 2.1-3 cm	Y		P3		\$112.41
11604	Exc tr-ext mlg+marg 3.1-4 cm	Y		A2	8.2762	\$346.55
11606	Exc tr-ext mlg+marg > 4 cm	Y		A2	15.1023	\$632.38
11620	Exc h-f-nk-sp mlg+marg 0.5 <	Y		P3		\$92.32
11621	Exc h-f-nk-sp mlg+marg 0.6-1	Y		P3		\$97.08
11622	Exc h-f-nk-sp mlg+marg 1.1-2	Y		P3		\$107.59
11623	Exc h-f-nk-sp mlg+marg 2.1-3	Y		P3		\$116.67
11624	Exc h-f-nk-sp mlg+marg 3.1-4	Y		A2	15.1023	\$632.38
11626	Exc h-f-nk-sp mlg+marg > 4 cm	Y		A2	19.3292	\$809.37
11640	Exc face-mm malig+marg 0.5 <	Y		P3		\$86.86
11641	Exc face-mm malig+marg 0.6-1	Y		P3		\$101.62
11642	Exc face-mm malig+marg 1.1-2	Y		P3		\$113.26
11643	Exc face-mm malig+marg 2.1-3	Y		P3		\$122.91
11644	Exc face-mm malig+marg 3.1-4	Y		A2	15.1023	\$632.38
11646	Exc face-mm malig+marg > 4 cm	Y		A2	19.3292	\$809.37
11719	Trim nail(s)	Y		P3		\$10.22
11720	Debride nail, 1-5	Y		P3		\$12.49
11721	Debride nail, 6 or more	Y		P3		\$15.05
11730	Removal of nail plate	Y		P2	0.8408	\$35.21
11732	Remove nail plate, add-on	Y		P3		\$15.05
11740	Drain blood from under nail	Y		P2	0.4244	\$17.77
11750	Removal of nail bed	Y		P3		\$80.90
11752	Remove nail bed/finger tip	Y		P3		\$112.98
11755	Biopsy, nail unit	Y		P3		\$55.64
11760	Repair of nail bed	Y		G2	1.2956	\$54.25
11762	Reconstruction of nail bed	Y		P3		\$104.18
11765	Excision of nail fold, toe	Y		P2	0.8408	\$35.21
11770	Removal of pilonidal lesion	Y		A2	19.6948	\$824.68
11771	Removal of pilonidal lesion	Y		A2	19.6948	\$824.68

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)						
HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
15040	Harvest cultured skin graft	Y		A2	2.782	\$116.49
15050	Skin pinch graft	Y		A2	5.0314	\$210.68
15100	Skin split grft, trnk/arm/leg	Y		A2	19.7192	\$825.70
15101	Skin split grft t/ail, add-on	Y		A2	20.0845	\$841.00
15110	Epiderm autograft trnk/arm/leg	Y		A2	5.7323	\$240.03
15111	Epiderm autograft t/ail add-on	Y		A2	5.0868	\$213.00
15115	Epiderm a-grft face/nck/hf	Y		A2	5.7323	\$240.03
15116	Epiderm a-grft fin/hf add	Y		A2	5.0868	\$213.00
15120	Skin split a-grft face/nck/hf	Y		A2	19.7192	\$825.70
15121	Skin split a-grft fin/hf add	Y		A2	20.0845	\$841.00
15130	Derm autograft, trnk/arm/leg	Y		A2	14.0668	\$589.02
15131	Derm autograft t/ail add-on	Y		A2	13.4213	\$561.99
15135	Derm autograft face/nck/hf	Y		A2	14.0668	\$589.02
15136	Derm autograft, fin/hf add	Y		A2	13.4213	\$561.99
15150	Cult epiderm grft t/arm/leg	Y		A2	5.7323	\$240.03
15151	Cult epiderm grft t/ail add	Y		A2	5.0868	\$213.00
15152	Cult epiderm grft t/ail +%	Y		A2	5.0868	\$213.00
15155	Cult epiderm grft, fin/hf	Y		A2	5.7323	\$240.03
15156	Cult epiderm grft fin/hf add	Y		A2	5.0868	\$213.00
15157	Cult epiderm grft fin/hf +%	Y		A2	5.0868	\$213.00
15170	Accl graft trunk/arms/legs	Y		G2	4.2464	\$177.81
15171	Accl graft t/arm/leg add-on	Y		G2	3.0144	\$126.22
15175	Accl graft, fin/hf	Y		G2	4.2464	\$177.81
15176	Accl graft, fin/hf add-on	Y		G2	4.2464	\$177.81
15200	Skin full graft, trunk	Y		A2	14.4325	\$604.33
15201	Skin full graft trunk add-on	Y		A2	13.3659	\$559.67
15220	Skin full graft scpl/arm/leg	Y		A2	14.0668	\$589.02
15221	Skin full graft add-on	Y		A2	5.0314	\$210.68
15240	Skin full graft face/genit/hf	Y		A2	14.4325	\$604.33
15241	Skin full graft add-on	Y		A2	5.0314	\$210.68
15260	Skin full graft een & lips	Y		A2	14.0668	\$589.02
15261	Skin full graft add-on	Y		A2	13.3659	\$559.67
15300	Apply sknalogrft, t/arm/leg	Y		A2	5.0314	\$210.68
15301	Apply sknalogrft t/ail add	Y		A2	5.0314	\$210.68
15320	Apply sknalogrft fin/hf	Y		A2	5.0314	\$210.68
15321	Apply sknalogrft fin/hf add	Y		A2	5.0314	\$210.68
15330	Apply acell alogrft t/arm/leg	Y		A2	5.0314	\$210.68
15331	Apply acell grft t/ail add-on	Y		A2	5.0314	\$210.68
15335	Apply acell graft, fin/hf	Y		A2	5.0314	\$210.68
15336	Apply acell grft fin/hf add	Y		A2	5.0314	\$210.68
15340	Apply cult skin substitute	Y		G2	3.0144	\$126.22

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)						
HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
12044	Intmd wnd repair n-hg/genit	Y		A2	1.4926	\$62.50
12045	Intmd wnd repair n-hg/genit	Y		A2	2.782	\$116.49
12046	Intmd wnd repair n-hg/genit	Y		A2	2.782	\$116.49
12047	Intmd wnd repair n-hg/genit	Y		A2	4.1074	\$171.99
12051	Intmd wnd repair face/mm	Y		P2	1.2956	\$54.25
12052	Intmd wnd repair face/mm	Y		P2	1.2956	\$54.25
12053	Intmd wnd repair face/mm	Y		P2	1.2956	\$54.25
12054	Intmd wnd repair face/mm	Y		P2	1.4926	\$62.50
12055	Intmd wnd repair face/mm	Y		A2	2.782	\$116.49
12056	Intmd wnd repair face/mm	Y		A2	2.782	\$116.49
12057	Intmd wnd repair face/mm	Y		A2	4.1074	\$171.99
13100	Repair of wound or lesion	Y		A2	5.0314	\$210.68
13101	Repair of wound or lesion	Y		A2	5.0314	\$210.68
13102	Repair wound/lesion add-on	Y		A2	3.706	\$155.18
13120	Repair of wound or lesion	Y		A2	2.782	\$116.49
13121	Repair of wound or lesion	Y		A2	2.782	\$116.49
13122	Repair wound/lesion add-on	Y		A2	1.4926	\$62.50
13131	Repair of wound or lesion	Y		A2	2.782	\$116.49
13132	Repair of wound or lesion	Y		A2	3.706	\$155.18
13133	Repair wound/lesion add-on	Y		A2	2.782	\$116.49
13150	Repair of wound or lesion	Y		A2	5.0314	\$210.68
13151	Repair of wound or lesion	Y		A2	5.0314	\$210.68
13152	Repair of wound or lesion	Y		A2	5.0314	\$210.68
13153	Repair wound/lesion add-on	Y		A2	2.782	\$116.49
13160	Late closure of wound	Y		A2	19.7192	\$825.70
14000	Skin tissue rearrangement	Y		A2	14.0668	\$589.02
14001	Skin tissue rearrangement	Y		A2	14.4325	\$604.33
14020	Skin tissue rearrangement	Y		A2	14.4325	\$604.33
14021	Skin tissue rearrangement	Y		A2	14.4325	\$604.33
14040	Skin tissue rearrangement	Y		A2	14.0668	\$589.02
14041	Skin tissue rearrangement	Y		A2	14.4325	\$604.33
14060	Skin tissue rearrangement	Y		A2	14.4325	\$604.33
14061	Skin tissue rearrangement	Y		A2	14.4325	\$604.33
14300	Skin tissue rearrangement	N	CH	D5		
14301	Skin tissue rearrangement	Y	NI	G2	22.8955	\$958.70
14302	Skin tissue rearrange add-on	Y	NI	G2	22.8955	\$958.70
14350	Skin tissue rearrangement	Y		A2	20.0845	\$841.00
15002	Wound prep, trk/arm/leg	Y		A2	5.0314	\$210.68
15003	Wound prep, addl 100 cm	Y		A2	5.0314	\$210.68
15004	Wound prep, fin/hf	Y		A2	5.0314	\$210.68
15005	Wound prep, fin/hf, addl cm	Y		A2	5.0314	\$210.68

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
15819	Plastic surgery, neck	Y		G2	3.0144	\$126.22
15820	Revision of lower eyelid	Y		A2	20.0845	\$841.00
15821	Revision of lower eyelid	Y		A2	20.0845	\$841.00
15822	Revision of upper eyelid	Y		A2	20.0845	\$841.00
15823	Revision of upper eyelid	Y		A2	21.2669	\$890.51
15824	Removal of forehead wrinkles	Y		A2	20.0845	\$841.00
15825	Removal of neck wrinkles	Y		A2	20.0845	\$841.00
15826	Removal of brow wrinkles	Y		A2	20.0845	\$841.00
15828	Removal of face wrinkles	Y		A2	20.0845	\$841.00
15829	Removal of skin wrinkles	Y		A2	21.2669	\$890.51
15830	Exc skin abd	Y		A2	19.6948	\$824.68
15832	Excise excessive skin tissue	Y		A2	19.6948	\$824.68
15833	Excise excessive skin tissue	Y		A2	19.6948	\$824.68
15834	Excise excessive skin tissue	Y		A2	19.6948	\$824.68
15835	Excise excessive skin tissue	Y		A2	18.6282	\$780.02
15836	Excise excessive skin tissue	Y		A2	15.468	\$647.69
15837	Excise excessive skin tissue	Y		G2	16.7399	\$700.95
15838	Excise excessive skin tissue	Y		G2	16.7399	\$700.95
15839	Excise excessive skin tissue	Y		A2	15.468	\$647.69
15840	Graft for face nerve palsy	Y		A2	20.7702	\$869.71
15841	Graft for face nerve palsy	Y		A2	20.7702	\$869.71
15842	Flap for face nerve palsy	Y		G2	22.8955	\$958.70
15845	Skin and muscle repair, face	Y		A2	20.7702	\$869.71
15847	Exc skin abd add-on	Y		A2	19.6948	\$824.68
15850	Removal of sutures	Y		G2	2.677	\$112.09
15851	Removal of sutures	Y		P3		\$41.16
15852	Dressing change not for burn	N	CH	R2	0.6403	\$26.81
15860	Test for blood flow in graft	N		G2	0.6403	\$26.81
15876	Suction assisted lipectomy	Y		A2	20.0845	\$841.00
15877	Suction assisted lipectomy	Y		A2	20.0845	\$841.00
15878	Suction assisted lipectomy	Y		A2	20.0845	\$841.00
15879	Suction assisted lipectomy	Y		A2	20.0845	\$841.00
15920	Removal of tail bone ulcer	Y		A2	4.5669	\$191.23
15922	Removal of tail bone ulcer	Y		A2	20.7702	\$869.71
15931	Remove sacrum pressure sore	Y		A2	19.6948	\$824.68
15933	Remove sacrum pressure sore	Y		A2	19.6948	\$824.68
15934	Remove sacrum pressure sore	Y		A2	20.0845	\$841.00
15935	Remove sacrum pressure sore	Y		A2	20.7702	\$869.71
15936	Remove sacrum pressure sore	Y		A2	15.1179	\$633.03
15937	Remove sacrum pressure sore	Y		A2	20.7702	\$869.71
15940	Remove hip pressure sore	Y		A2	19.6948	\$824.68

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
15341	Apply cult skin sub add-on	Y		G2	3.0144	\$126.22
15360	Apply cult derm sub, t/ail	Y		G2	3.0144	\$126.22
15361	Apply cult derm sub t/ail add	Y		G2	3.0144	\$126.22
15365	Apply cult derm sub t/ail	Y		G2	3.0144	\$126.22
15366	Apply cult derm t/ail add	Y		G2	3.0144	\$126.22
15400	Apply skin xenograft, t/ail	Y		A2	5.0314	\$210.68
15401	Apply skin xenograft t/ail add	Y		A2	5.0314	\$210.68
15420	Apply skin xgrft t/ail	Y		A2	5.0314	\$210.68
15421	Apply skin xgrft t/ail add	Y		A2	5.0314	\$210.68
15430	Apply acellular xenograft	Y		A2	5.0314	\$210.68
15431	Apply acellular xgrft add	Y		A2	5.0314	\$210.68
15570	Form skin pedicle flap	Y		A2	20.0845	\$841.00
15572	Form skin pedicle flap	Y		A2	20.0845	\$841.00
15574	Form skin pedicle flap	Y		A2	20.0845	\$841.00
15576	Form skin pedicle flap	Y		A2	20.0845	\$841.00
15600	Skin graft	Y		A2	20.0845	\$841.00
15610	Skin graft	Y		A2	20.0845	\$841.00
15620	Skin graft	Y		A2	20.7702	\$869.71
15630	Skin graft	Y		A2	20.0845	\$841.00
15650	Transfer skin pedicle flap	Y		A2	21.2669	\$890.51
15731	Forehead flap w/wasc pedicle	Y		A2	20.0845	\$841.00
15732	Muscle-skin graft, head/neck	Y		A2	20.0845	\$841.00
15734	Muscle-skin graft, trunk	Y		A2	20.0845	\$841.00
15736	Muscle-skin graft, arm	Y		A2	20.0845	\$841.00
15738	Muscle-skin graft, leg	Y		A2	20.0845	\$841.00
15740	Island pedicle flap graft	Y		A2	14.0668	\$589.02
15750	Neurovascular pedicle graft	Y		A2	19.7192	\$825.70
15760	Composite skin graft	Y		A2	19.7192	\$825.70
15770	Derma-fat-fascia graft	Y		A2	20.0845	\$841.00
15775	Hair transplant punch grafts	Y		A2	2.818	\$118.00
15776	Hair transplant punch grafts	Y		A2	2.818	\$118.00
15780	Abrasion treatment of skin	Y		P3		\$330.42
15781	Abrasion treatment of skin	Y		P2	4.1736	\$174.76
15782	Abrasion treatment of skin	Y		P2	4.1736	\$174.76
15783	Abrasion treatment of skin	Y		P2	2.677	\$112.09
15766	Abrasion, lesion, single	Y		P2	0.8408	\$35.21
15787	Abrasion, lesions, add-on	Y		P3		\$24.70
15788	Chemical peel, face, epiderm	Y		P2	0.8408	\$35.21
15789	Chemical peel, face, dermal	Y		P2	1.4745	\$61.74
15792	Chemical peel, nonfacial	Y		P2	1.4745	\$61.74
15793	Chemical peel, nonfacial	Y		P2	0.8408	\$35.21

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
17286	Destruction of skin lesions	Y		P2	2.677	\$112.09
17311	Mohs, 1 stage, h/n/h/g	Y		P2	4.7201	\$197.64
17312	Mohs addl stage	Y	CH	P3		\$192.46
17313	Mohs, 1 stage, t/a/l	Y		P2	4.7201	\$197.64
17314	Mohs, addl stage, t/a/l	Y	CH	P3		\$178.27
17315	Mohs surg, addl block	Y		P3		\$32.64
17340	Cryotherapy of skin	Y		P3		\$12.77
17360	Skin peel therapy	Y		P2	0.8408	\$35.21
17380	Hair removal by electrolysis	Y		R2	0.8408	\$35.21
19000	Drainage of breast lesion	Y		P3		\$54.79
19001	Drain breast lesion add-on	Y		P3		\$7.38
19020	Incision of breast lesion	Y		A2	16.472	\$689.73
19030	Injection for breast x-ray	N		N1		
19100	Bx breast percut w/o image	Y		A2	4.6708	\$195.58
19101	Biopsy of breast, open	Y		A2	20.3074	\$850.33
19102	Bx breast percut w/image	Y		A2	6.978	\$292.19
19103	Bx breast percut w/device	Y		A2	13.3824	\$560.36
19105	Cryosurg ablate fa, each	Y	CH	P2	32.686	\$1,368.66
19110	Nipple exploration	Y		A2	20.3074	\$850.33
19112	Excise breast duct fistula	Y		A2	20.6727	\$865.63
19120	Removal of breast lesion	Y		A2	20.6727	\$865.63
19125	Excision, breast lesion	Y		A2	20.6727	\$865.63
19126	Excision, addl breast lesion	Y		A2	20.6727	\$865.63
19290	Place needle wire, breast	N		N1		
19291	Place needle wire, breast	N		N1		
19295	Place breast clip, percut	N		N1		
19296	Place po breast cath for rad	Y		A2	49.4283	\$2,069.71
19297	Place breast cath for rad	Y		A2	49.4283	\$2,069.71
19298	Place breast rad tub/caths	Y		A2	49.4283	\$2,069.71
19300	Removal of breast tissue	Y		A2	21.3584	\$894.34
19301	Partial mastectomy	Y		A2	20.6727	\$865.63
19302	P-mastectomy w/in removal	Y		A2	35.819	\$1,499.85
19303	Mast, simple, complete	Y		A2	28.1131	\$1,177.18
19304	Mast, subq	Y		A2	28.1131	\$1,177.18
19316	Suspension of breast	Y		A2	28.1131	\$1,177.18
19318	Reduction of large breast	Y		A2	33.7344	\$1,412.56
19324	Enlarge breast	Y		A2	33.7344	\$1,412.56
19325	Enlarge breast with implant	Y		A2	49.4283	\$2,069.71
19328	Removal of breast implant	Y		A2	26.4165	\$1,106.14
19330	Removal of implant material	Y		A2	26.4165	\$1,106.14
19340	Immediate breast prosthesis	Y		A2	32.6834	\$1,368.55

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
15941	Remove hip pressure sore	Y		A2	19.6948	\$824.68
15944	Remove hip pressure sore	Y		A2	20.0845	\$841.00
15945	Remove hip pressure sore	Y		A2	20.7702	\$869.71
15946	Remove hip pressure sore	Y		A2	20.7702	\$869.71
15950	Remove thigh pressure sore	Y		A2	19.6948	\$824.68
15951	Remove thigh pressure sore	Y		A2	20.3802	\$853.38
15952	Remove thigh pressure sore	Y		A2	14.4325	\$604.33
15953	Remove thigh pressure sore	Y		A2	15.1179	\$633.03
15956	Remove thigh pressure sore	Y		A2	14.4325	\$604.33
15958	Remove thigh pressure sore	Y		A2	15.1179	\$633.03
16000	Initial treatment of burn(s)	Y		P3	\$22.71	
16020	Dress/debrid p-thick burn, s	Y		P3	\$34.06	
16025	Dress/debrid p-thick burn, m	Y		A2	1.4893	\$62.36
16030	Dress/debrid p-thick burn, l	Y		A2	1.676	\$70.18
16035	Incision of burn scab, initi	Y		G2	1.4745	\$61.74
17000	Destruct premalign lesion	Y		P2	0.8408	\$35.21
17003	Destruct premalign les, 2-14	Y		P3	\$3.12	
17004	Destruct premalign lesions 15+	Y		P3	\$69.55	
17106	Destruction of skin lesions	Y		P2	2.677	\$112.09
17107	Destruction of skin lesions	Y		P2	2.677	\$112.09
17108	Destruction of skin lesions	Y		P2	2.677	\$112.09
17110	Destruct b9 lesion, 1-14	Y		P2	0.8408	\$35.21
17111	Destruct lesion, 15 or more	Y		P2	1.4745	\$61.74
17250	Chemical cautery, tissue	Y		P3	\$37.75	
17260	Destruction of skin lesions	Y		P3	\$39.46	
17261	Destruction of skin lesions	Y		P2	1.4745	\$61.74
17262	Destruction of skin lesions	Y		P2	1.4745	\$61.74
17263	Destruction of skin lesions	Y		P2	1.4745	\$61.74
17264	Destruction of skin lesions	Y		P2	1.4745	\$61.74
17266	Destruction of skin lesions	Y	CH	P3	\$94.81	
17270	Destruction of skin lesions	Y		P2	1.4745	\$61.74
17271	Destruction of skin lesions	Y		P2	1.4745	\$61.74
17272	Destruction of skin lesions	Y		P2	1.4745	\$61.74
17273	Destruction of skin lesions	Y	CH	P3	\$86.01	
17274	Destruction of skin lesions	Y	CH	P3	\$97.37	
17276	Destruction of skin lesions	Y	CH	P3	\$106.73	
17280	Destruction of skin lesions	Y		P2	1.4745	\$61.74
17281	Destruction of skin lesions	Y		P3	\$73.52	
17282	Destruction of skin lesions	Y		P3	\$84.02	
17283	Destruction of skin lesions	Y	CH	P3	\$96.52	
17284	Destruction of skin lesions	Y	CH	P3	\$108.44	

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
20670	Removal of support implant	Y		A2	14.457	\$605.36
20680	Removal of support implant	Y		A2	19.6948	\$824.68
20690	Apply bone fixation device	Y		A2	25.3445	\$1,061.25
20692	Apply bone fixation device	Y		A2	25.7101	\$1,076.56
20693	Adjust bone fixation device	Y		A2	18.7092	\$763.41
20694	Remove bone fixation device	Y		A2	17.6983	\$741.08
20696	Comp multiplane ext fixation	Y		G2	30.396	\$1,272.77
20697	Comp ext fixate strut change	Y		G2	17.5996	\$736.95
20822	Replantation digit, complete	Y		G2	27.0149	\$1,131.19
20900	Removal of bone for graft	Y		A2	25.7101	\$1,076.56
20902	Removal of bone for graft	Y		A2	26.3955	\$1,105.26
20910	Remove cartilage for graft	Y		A2	20.0845	\$841.00
20912	Remove cartilage for graft	Y		A2	20.0845	\$841.00
20920	Removal of fascia for graft	Y		A2	15.1179	\$633.03
20922	Removal of fascia for graft	Y		A2	14.4325	\$604.33
20924	Removal of tendon for graft	Y		A2	26.3955	\$1,105.26
20926	Removal of tissue for graft	Y		A2	6.7834	\$284.04
20950	Fluid pressure, muscle	Y		G2	1.3927	\$58.32
20972	Bone/skin graft, metatarsal	Y		R2	50.2514	\$2,104.18
20973	Bone/skin graft, great toe	Y		R2	50.2514	\$2,104.18
20975	Electrical bone stimulation	N		N1		
20979	Us bone stimulation	N		P3		\$19.02
20982	Ablate, bone tumor(s) perq	Y		G2	44.5617	\$1,865.93
20985	Cptr-asst dir ms px	N		N1		
21010	Incision of jaw joint	Y		A2	20.4597	\$856.71
21011	Exc face les sc < 2 cm	Y	NI	P3		\$146.48
21012	Exc face les sc = 2 cm	Y	NI	R2	7.8476	\$328.60
21013	Exc face tum deep < 2 cm	Y	NI	P3		\$203.53
21014	Exc face tum deep = 2 cm	Y	NI	R2	7.8476	\$328.60
21015*	Resect face tum < 2 cm	Y	NI	R2	16.7399	\$700.95
21016	Resect face tum = 2 cm	Y	NI	G2	22.3753	\$936.92
21025	Excision of bone, lower jaw	Y		A2	33.3886	\$1,398.08
21026	Excision of facial bone(s)	Y		A2	33.3886	\$1,398.08
21029	Contour of face bone lesion	Y		A2	33.3886	\$1,398.08
21030	Excise max/zygoma b9 tumor	Y		P3		\$208.08
21031	Remove exostosis, mandible	Y		P3		\$171.17
21032	Remove exostosis, maxilla	Y		P3		\$174.29
21034	Excise max/zygoma mlg tumor	Y		A2	33.7542	\$1,413.39
21040	Excise mandible lesion	Y		A2	20.4597	\$856.71
21044	Removal of jaw bone lesion	Y		A2	33.3886	\$1,398.08
21046	Remove mandible cyst complex	Y		A2	33.3886	\$1,398.08

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
19342	Delayed breast prosthesis	Y		A2	44.693	\$1,871.43
19350	Breast reconstruction	Y		A2	21.3584	\$894.34
19355	Correct inverted nipple(s)	Y		A2	28.1131	\$1,177.18
19357	Breast reconstruction	Y		A2	45.8754	\$1,920.94
19366	Breast reconstruction	Y		A2	28.6098	\$1,197.98
19370	Surgery of breast capsule	Y		A2	28.1131	\$1,177.18
19371	Removal of breast capsule	Y		A2	28.1131	\$1,177.18
19380	Revise breast reconstruction	Y		A2	34.2311	\$1,433.36
19396	Design custom breast implant	Y		G2	32.686	\$1,368.66
20000	Incision of abscess	Y		P2	1.3927	\$58.32
20005	Incision of deep abscess	Y		A2	18.3436	\$768.10
20103	Explore wound, extremity	Y		G2	12.0752	\$505.62
20150	Excise epiphyseal bar	Y		G2	44.5617	\$1,865.93
20200	Muscle biopsy	Y		A2	15.1023	\$632.38
20205	Deep muscle biopsy	Y		A2	15.468	\$647.69
20206	Needle biopsy, muscle	Y		A2	6.978	\$292.19
20220	Bone biopsy, trocar/needle	Y		A2	7.3224	\$306.61
20225	Bone biopsy, trocar/needle	Y		A2	14.9452	\$625.80
20240	Bone biopsy, excisional	Y		A2	19.3292	\$809.37
20245	Bone biopsy, excisional	Y		A2	19.6948	\$824.68
20250	Open bone biopsy	Y		A2	18.7092	\$783.41
20251	Open bone biopsy	Y		A2	18.7092	\$783.41
20500	Injection of sinus tract	Y		P3		\$43.72
20501	Inject sinus tract for x-ray	N		N1		
20520	Removal of foreign body	Y		P3		\$79.48
20525	Removal of foreign body	Y		A2	19.6948	\$824.68
20526	Ther injection, carp tunnel	Y		P3		\$25.26
20550	Inj tendon sheath/ligament	Y		P3		\$19.02
20551	Inj tendon origin/insertion	Y		P3		\$19.30
20552	Inj trigger point, 1/2 muscl	Y		P3		\$18.45
20553	Inject trigger points, >= 3	Y		P3		\$21.01
20555	Place ndl muscl/s for rt	Y	CH	R2	30.396	\$1,272.77
20600	Drain/inject, joint/bursa	Y		P3		\$19.30
20605	Drain/inject, joint/bursa	Y		P3		\$21.86
20610	Drain/inject, joint/bursa	Y		P3		\$31.23
20612	Aspirate/inj ganglion cyst	Y		P3		\$21.01
20615	Treatment of bone cyst	Y		P3		\$85.16
20650	Insert and remove bone pin	Y		A2	18.7092	\$783.41
20662	Application of pelvis brace	Y		R2	21.0617	\$881.92
20663	Application of thigh brace	Y		R2	21.0617	\$881.92
20665	Removal of fixation device	N		G2	0.6403	\$26.81

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
21240	Reconstruction of jaw joint	Y		A2	34.4396	\$1,442.09
21242	Reconstruction of jaw joint	Y		A2	34.9366	\$1,462.90
21243	Reconstruction of jaw joint	Y		A2	34.9366	\$1,462.90
21244	Reconstruction of lower jaw	Y		A2	36.5245	\$1,529.39
21245	Reconstruction of jaw	Y		A2	36.5245	\$1,529.39
21246	Reconstruction of jaw	Y		A2	36.5245	\$1,529.39
21248	Reconstruction of jaw	Y		A2	36.5245	\$1,529.39
21249	Reconstruction of jaw	Y		A2	36.5245	\$1,529.39
21260	Revise eye sockets	Y		G2	41.1215	\$1,721.88
21267	Revise eye sockets	Y		A2	36.5245	\$1,529.39
21270	Augmentation, cheek bone	Y		A2	34.9366	\$1,462.90
21275	Revision, orbitofacial bones	Y		A2	36.5245	\$1,529.39
21280	Revision of eyelid	Y		A2	34.9366	\$1,462.90
21282	Revision of eyelid	Y		A2	16.4282	\$687.90
21295	Revision of jaw muscle/bone	Y		A2	7.3694	\$308.58
21296	Revision of jaw muscle/bone	Y		A2	19.8142	\$829.68
21310	Treatment of nose fracture	Y		A2	1.6877	\$70.67
21315	Treatment of nose fracture	Y		A2	13.1937	\$552.46
21320	Treatment of nose fracture	Y		A2	14.8802	\$623.08
21325	Treatment of nose fracture	Y		A2	21.5108	\$900.72
21330	Treatment of nose fracture	Y		A2	22.0077	\$921.53
21335	Treatment of nose fracture	Y		A2	23.5956	\$988.02
21336	Treat nasal septal fracture	Y		A2	22.1427	\$927.18
21337	Treat nasal septal fracture	Y		A2	14.8802	\$623.08
21338	Treat nasoeithmoid fracture	Y		A2	21.5108	\$900.72
21339	Treat nasoeithmoid fracture	Y		A2	22.0077	\$921.53
21340	Treatment of nose fracture	Y		A2	34.4396	\$1,442.09
21345	Treat nose/jaw fracture	Y		A2	23.5956	\$988.02
21355	Treat cheek bone fracture	Y		A2	33.7542	\$1,413.39
21356	Treat cheek bone fracture	Y		A2	20.8254	\$872.02
21360	Treat cheek bone fracture	Y		G2	23.8828	\$1,000.04
21390	Treat eye socket fracture	Y		G2	41.1215	\$1,721.88
21400	Treat eye socket fracture	Y		A2	8.0147	\$335.60
21401	Treat eye socket fracture	Y		A2	15.2459	\$638.39
21406	Treat eye socket fracture	Y		G2	41.1215	\$1,721.88
21407	Treat eye socket fracture	Y		A2	15.2459	\$638.39
21421	Treat mouth roof fracture	Y		A2	21.5108	\$900.72
21440	Treat dental ridge fracture	Y		P3		\$280.46
21445	Treat dental ridge fracture	Y		A2	21.5108	\$900.72
21450	Treat lower jaw fracture	Y		A2	3.3186	\$138.96
21451	Treat lower jaw fracture	Y		A2	8.1184	\$339.94

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
21047	Excise lwr jaw cyst w/repair	Y		A2	33.3886	\$1,398.08
21048	Remove maxilla cyst complex	Y		R2	41.1215	\$1,721.88
21050	Removal of jaw joint	Y		A2	33.7542	\$1,413.39
21060	Remove jaw joint cartilage	Y		A2	33.3886	\$1,398.08
21070	Remove coronoid process	Y		A2	33.7542	\$1,413.39
21073	Mnpl of tmj w/anesth	Y		P3		\$159.82
21076	Prepare facel/oral prosthesis	Y		P3		\$286.71
21077	Prepare facel/oral prosthesis	Y		P3		\$689.80
21079	Prepare facel/oral prosthesis	Y		P3		\$494.50
21080	Prepare facel/oral prosthesis	Y		P3		\$665.47
21081	Prepare facel/oral prosthesis	Y		P3		\$521.18
21082	Prepare facel/oral prosthesis	Y		P3		\$499.89
21083	Prepare facel/oral prosthesis	Y		P3		\$490.81
21084	Prepare facel/oral prosthesis	Y		P3		\$561.77
21085	Prepare facel/oral prosthesis	Y		P3		\$224.54
21086	Prepare facel/oral prosthesis	Y		P3		\$489.67
21087	Prepare facel/oral prosthesis	Y		P3		\$488.54
21088	Prepare facel/oral prosthesis	Y		R2	41.1215	\$1,721.88
21100	Maxillofacial fixation	Y		A2	33.3886	\$1,398.08
21110	Interdental fixation	Y		P2	7.2897	\$305.24
21116	Injection, jaw joint x-ray	N		N1		
21120	Reconstruction of chin	Y		A2	23.5956	\$988.02
21121	Reconstruction of chin	Y		A2	23.5956	\$988.02
21122	Reconstruction of chin	Y		A2	23.5956	\$988.02
21123	Reconstruction of chin	Y		A2	23.5956	\$988.02
21125	Augmentation, lower jaw bone	Y		A2	23.5956	\$988.02
21127	Augmentation, lower jaw bone	Y		A2	38.4895	\$1,611.67
21137	Reduction of forehead	Y		G2	23.9828	\$1,000.04
21138	Reduction of forehead	Y		G2	41.1215	\$1,721.88
21139	Reduction of forehead	Y		G2	41.1215	\$1,721.88
21150	Reconstruct midface, left	Y		G2	41.1215	\$1,721.88
21181	Contour cranial bone lesion	Y		A2	23.5956	\$988.02
21198	Reconstr lwr jaw segment	Y		G2	41.1215	\$1,721.88
21199	Reconstr lwr jaw w/advance	Y		G2	41.1215	\$1,721.88
21206	Reconstr upper jaw bone	Y		A2	34.9366	\$1,462.90
21208	Augmentation of facial bones	Y		A2	36.5245	\$1,529.39
21209	Reduction of facial bones	Y		A2	34.9366	\$1,462.90
21210	Face bone graft	Y		A2	36.5245	\$1,529.39
21215	Lower jaw bone graft	Y		A2	36.5245	\$1,529.39
21230	Rib cartilage graft	Y		A2	36.5245	\$1,529.39
21235	Ear cartilage graft	Y		A2	23.5956	\$988.02

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
22315	Treat spine fracture	Y		A2	13.7917	\$577.50
22505	Manipulation of spine	Y		A2	13.5199	\$566.12
22520	Percut vertebroplasty/thor	Y		A2	30.4452	\$1,274.83
22521	Percut vertebroplasty/lumb	Y		A2	30.4452	\$1,274.83
22522	Percut vertebroplasty/addl	Y		A2	30.4452	\$1,274.83
22523	Percut kyphoplasty, thor	Y		A2	84.8135	\$3,551.40
22524	Percut kyphoplasty, lumb	Y		G2	84.8135	\$3,551.40
22525	Percut kyphoplasty, add-on	Y		G2	84.8135	\$3,551.40
22900	Exc back tum deep < 5 cm	Y	NI	G2	22.3753	\$936.92
22901	Exc back tum deep = 5 cm	Y	NI	G2	22.3753	\$936.92
22902	Exc abd les sc < 3 cm	Y	NI	G2	16.7399	\$700.95
22903	Exc abd les sc > 3 cm	Y	NI	G2	22.3753	\$936.92
22904	Resect abd tum < 5 cm	Y	NI	G2	16.7399	\$700.95
22905	Resect abd tum > 5 cm	Y	NI	G2	22.3753	\$936.92
23000	Removal of calcium deposits	Y		A2	15.1023	\$632.38
23020	Release shoulder joint	Y		A2	35.969	\$1,506.13
23030	Drain shoulder lesion	Y		A2	15.8264	\$662.70
23031	Drain shoulder bursa	Y		A2	16.8376	\$705.04
23035	Drain shoulder bone lesion	Y		A2	18.7092	\$783.41
23040	Exploratory shoulder surgery	Y		A2	25.7101	\$1,076.56
23044	Exploratory shoulder surgery	Y		A2	26.3955	\$1,105.26
23065	Biopsy shoulder tissues	Y		P3		\$83.17
23066	Biopsy shoulder tissues	Y		A2	19.3292	\$809.37
23071	Exc shoulder les sc > 3 cm	Y	NI	G2	22.3753	\$936.92
23073	Exc shoulder tum deep > 5 cm	Y	NI	G2	22.3753	\$936.92
23075*	Exc shoulder les sc < 3 cm	Y	NI	P3		\$130.01
23076	Exc shoulder tum deep < 5 cm	Y	NI	G2	16.7399	\$700.95
23077	Resect shoulder tum < 5 cm	Y	NI	G2	16.7399	\$700.95
23078	Resect shoulder tum > 5 cm	Y	NI	G2	22.3753	\$936.92
23100	Biopsy of shoulder joint	Y		A2	18.3436	\$768.10
23101	Shoulder joint surgery	Y		A2	28.4804	\$1,192.56
23105	Remove shoulder joint lining	Y		A2	26.3955	\$1,105.26
23106	Incision of collarbone joint	Y		A2	26.3955	\$1,105.26
23107	Explore treat shoulder joint	Y		A2	26.3955	\$1,105.26
23120	Partial removal, collar bone	Y		A2	26.8925	\$1,126.07
23125	Removal of collar bone	Y		A2	26.8925	\$1,126.07
23130	Remove shoulder bone, part	Y		A2	37.5168	\$1,570.94
23140	Removal of bone lesion	Y		A2	19.3946	\$812.11
23145	Removal of bone lesion	Y		A2	26.8925	\$1,126.07
23146	Removal of bone lesion	Y		A2	26.8925	\$1,126.07
23150	Removal of humerus lesion	Y		A2	26.3955	\$1,105.26

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
21452	Treat lower jaw fracture	Y		A2	14.8802	\$623.08
21453	Treat lower jaw fracture	Y		A2	33.7542	\$1,413.39
21454	Treat lower jaw fracture	Y		A2	22.0077	\$921.53
21461	Treat lower jaw fracture	Y		A2	34.4396	\$1,442.09
21462	Treat lower jaw fracture	Y		A2	34.9386	\$1,462.90
21465	Treat lower jaw fracture	Y		A2	34.4396	\$1,442.09
21480	Reset dislocated jaw	Y		A2	1.6877	\$70.67
21485	Reset dislocated jaw	Y		A2	14.8802	\$623.08
21490	Repair dislocated jaw	Y		A2	33.7542	\$1,413.39
21495	Treat hyoid bone fracture	Y		G2	18.4437	\$688.55
21497	Interdental wiring	Y		A2	14.8802	\$623.08
21501	Drain neck/chest lesion	Y		A2	16.472	\$689.73
21502	Drain chest lesion	Y		A2	18.3436	\$768.10
21550	Biopsy of neck/chest	Y		G2	16.7399	\$700.95
21552	Exc neck les sc = 3 cm	Y	NI	G2	22.3753	\$936.92
21554	Exc neck tum deep = 5 cm	Y	NI	G2	22.3753	\$936.92
21555*	Exc neck les sc < 3 cm	Y	NI	P3		\$169.19
21556	Exc neck tum deep < 5 cm	Y	NI	G2	22.3753	\$936.92
21557	Resect neck tum < 5 cm	Y	NI	G2	16.7399	\$700.95
21558	Resect neck tum = 5 cm	Y	NI	G2	22.3753	\$936.92
21600	Partial removal of rib	Y		A2	25.3445	\$1,061.25
21610	Partial removal of rib	Y		A2	25.3445	\$1,061.25
21685	Hyoid myotomy & suspension	Y		G2	7.2897	\$305.24
21700	Revision of neck muscle	Y		A2	18.3436	\$768.10
21720	Revision of neck muscle	Y		A2	18.7092	\$783.41
21725	Revision of neck muscle	Y		A2	1.5497	\$64.89
21800	Treatment of rib fracture	Y		A2	1.7811	\$74.58
21805	Treatment of rib fracture	Y		A2	21.0916	\$883.17
21820	Treat sternum fracture	Y		A2	1.7811	\$74.58
21920	Biopsy soft tissue of back	Y		P3		\$119.22
21925	Biopsy soft tissue of back	Y		A2	19.3292	\$809.37
21930*	Exc back les sc < 3 cm	Y	NI	P3		\$176.28
21931	Exc back les sc = 3 cm	Y	NI	G2	22.3753	\$936.92
21932	Exc back tum deep < 5 cm	Y	NI	G2	16.7399	\$700.95
21933	Exc back tum deep = 5 cm	Y	NI	G2	22.3753	\$936.92
21935	Resect back tum < 5 cm	Y	NI	G2	16.7399	\$700.95
21936	Resect back tum = 5 cm	Y	NI	G2	22.3753	\$936.92
22102	Remove part, lumbar vertebra	Y		G2	47.0941	\$1,971.97
22103	Remove extra spine segment	Y		G2	47.0941	\$1,971.97
22305	Treat spine process fracture	Y		A2	1.7811	\$74.58
22310	Treat spine fracture	Y		A2	4.0322	\$168.84

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
23540	Treat clavicle dislocation	Y		A2	1.7811	\$74.58
23545	Treat clavicle dislocation	Y		A2	4.0322	\$168.84
23550	Treat clavicle dislocation	Y		A2	35.5372	\$1,488.05
23552	Treat clavicle dislocation	Y		A2	36.2226	\$1,516.75
23570	Treat shoulder blade fx	Y		A2	1.7811	\$74.58
23575	Treat shoulder blade fx	Y		A2	4.0322	\$168.84
23585	Treat scapula fracture	Y		A2	49.8932	\$2,089.18
23600	Treat humerus fracture	Y		P2	1.5858	\$66.40
23605	Treat humerus fracture	Y		A2	13.7917	\$577.50
23615	Treat humerus fracture	Y		A2	50.5787	\$2,117.88
23616	Treat humerus fracture	Y		A2	50.5787	\$2,117.88
23620	Treat humerus fracture	Y		P2	1.5858	\$66.40
23625	Treat humerus fracture	Y		A2	13.7917	\$577.50
23630	Treat humerus fracture	Y		A2	51.0756	\$2,138.69
23650	Treat shoulder dislocation	Y		A2	1.7811	\$74.58
23655	Treat shoulder dislocation	Y		A2	12.8746	\$539.10
23660	Treat shoulder dislocation	Y		A2	35.5372	\$1,488.05
23665	Treat dislocation/fracture	Y		A2	4.0322	\$168.84
23670	Treat dislocation/fracture	Y		A2	49.8932	\$2,089.18
23675	Treat dislocation/fracture	Y		A2	1.7811	\$74.58
23680	Treat dislocation/fracture	Y		A2	35.5372	\$1,488.05
23700	Fixation of shoulder	Y		A2	12.8746	\$539.10
23800	Fusion of shoulder joint	Y		A2	67.2085	\$2,814.22
23802	Fusion of shoulder joint	Y		A2	39.1047	\$1,637.43
23921	Amputation follow-up surgery	Y		A2	13.3659	\$559.67
23930	Drainage of arm lesion	Y		A2	15.8264	\$662.70
23931	Drainage of arm bursa	Y		A2	16.472	\$689.73
23935	Drain am/elbow bone lesion	Y		A2	18.3436	\$768.10
24000	Exploratory elbow surgery	Y		A2	26.3955	\$1,105.26
24006	Release elbow joint	Y		A2	26.3955	\$1,105.26
24065	Biopsy am/elbow soft tissue	Y		P3		\$114.68
24066	Biopsy am/elbow soft tissue	Y		A2	15.1023	\$632.38
24071	Exc am/elbow les sc = 3 cm	Y	NI	G2	22.3753	\$936.92
24073	Exc am/elbow tum deep > 5 cm	Y	NI	G2	22.3753	\$936.92
24075*	Exc am/elbow les sc < 3 cm	Y	NI	P3		\$209.49
24076	Exc am/elbow tum deep < 5 cm	Y	NI	G2	16.7399	\$700.95
24077	Resect am/elbow tum < 5 cm	Y	NI	G2	16.7399	\$700.95
24079	Resect am/elbow tum > 5 cm	Y	NI	G2	22.3753	\$936.92
24100	Biopsy elbow joint lining	Y		A2	17.6983	\$741.08
24101	Explore/treat elbow joint	Y		A2	26.3955	\$1,105.26
24102	Remove elbow joint lining	Y		A2	26.3955	\$1,105.26

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
23155	Removal of humerus lesion	Y		A2	26.8925	\$1,126.07
23156	Removal of humerus lesion	Y		A2	26.8925	\$1,126.07
23170	Remove collar bone lesion	Y		A2	25.3445	\$1,061.25
23172	Remove shoulder blade lesion	Y		A2	25.3445	\$1,061.25
23174	Remove humerus lesion	Y		A2	25.3445	\$1,061.25
23180	Remove collar bone lesion	Y		A2	26.3955	\$1,105.26
23182	Remove shoulder blade lesion	Y		A2	26.3955	\$1,105.26
23184	Remove humerus lesion	Y		A2	26.3955	\$1,105.26
23190	Partial removal of scapula	Y		A2	26.3955	\$1,105.26
23195	Removal of head of humerus	Y		A2	26.8925	\$1,126.07
23330	Remove shoulder foreign body	Y		A2	7.7878	\$326.10
23331	Remove shoulder foreign body	Y		A2	18.6836	\$782.34
23350	Injection for shoulder x-ray	N		N1		
23395	Muscle transfer, shoulder/arm	Y		A2	37.5168	\$1,570.94
23397	Muscle transfers	Y		A2	69.2933	\$2,901.52
23400	Fixation of shoulder blade	Y		A2	28.4804	\$1,192.56
23405	Incision of tendon & muscle	Y		A2	25.3445	\$1,061.25
23406	Incise tendon(s) & muscle(s)	Y		A2	25.3445	\$1,061.25
23410	Repair rotator cuff, acute	Y		A2	37.5168	\$1,570.94
23412	Repair rotator cuff, chronic	Y		A2	39.1047	\$1,637.43
23415	Release of shoulder ligament	Y		A2	37.5168	\$1,570.94
23420	Repair of shoulder	Y		A2	39.1047	\$1,637.43
23430	Repair biceps tendon	Y		A2	37.02	\$1,550.14
23440	Remove/transplant tendon	Y		A2	37.02	\$1,550.14
23450	Repair shoulder capsule	Y		A2	67.7054	\$2,835.03
23455	Repair shoulder capsule	Y		A2	69.2933	\$2,901.52
23460	Repair shoulder capsule	Y		A2	67.7054	\$2,835.03
23462	Repair shoulder capsule	Y		A2	39.1047	\$1,637.43
23465	Repair shoulder capsule	Y		A2	67.7054	\$2,835.03
23466	Repair shoulder capsule	Y		A2	39.1047	\$1,637.43
23480	Revision of collar bone	Y		A2	37.02	\$1,550.14
23485	Revision of collar bone	Y		A2	69.2933	\$2,901.52
23490	Reinforce clavicle	Y		A2	36.3344	\$1,521.43
23491	Reinforce shoulder bones	Y		A2	66.5231	\$2,785.52
23500	Treat clavicle fracture	Y		A2	1.7811	\$74.58
23505	Treat clavicle fracture	Y		A2	13.7917	\$577.50
23515	Treat clavicle fracture	Y		A2	49.8932	\$2,089.18
23520	Treat clavicle dislocation	Y		A2	4.0322	\$168.84
23525	Treat clavicle dislocation	Y		A2	4.0322	\$168.84
23530	Treat clavicle dislocation	Y		A2	35.5372	\$1,488.05
23532	Treat clavicle dislocation	Y		A2	22.1427	\$927.18

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
24360	Reconstruct elbow joint	Y		A2	32.7158	\$1,369.91
24361	Reconstruct elbow joint	Y		H8	150.2992	\$6,293.48
24362	Reconstruct elbow joint	Y		A2	45.772	\$1,916.61
24363	Replace elbow joint	Y		H8	151.8871	\$6,359.97
24365	Reconstruct head of radius	Y		A2	32.7158	\$1,369.91
24366	Reconstruct head of radius	Y		H8	150.2992	\$6,293.48
24400	Revision of humerus	Y		A2	37.02	\$1,550.14
24410	Revision of humerus	Y		A2	37.02	\$1,550.14
24420	Revision of humerus	Y		A2	36.3344	\$1,521.43
24430	Repair of humerus	Y		A2	66.5231	\$2,785.52
24435	Repair humerus with graft	Y		A2	67.2085	\$2,814.22
24470	Revision of elbow joint	Y		A2	36.3344	\$1,521.43
24495	Decompression of forearm	Y		A2	25.3445	\$1,061.25
24498	Reinforce humerus	Y		A2	66.5231	\$2,785.52
24500	Treat humerus fracture	Y		A2	1.7811	\$74.58
24505	Treat humerus fracture	Y		A2	1.7811	\$74.58
24515	Treat humerus fracture	Y		A2	50.5787	\$2,117.88
24516	Treat humerus fracture	Y		A2	50.5787	\$2,117.88
24530	Treat humerus fracture	Y		A2	1.7811	\$74.58
24535	Treat humerus fracture	Y		A2	4.0322	\$168.84
24538	Treat humerus fracture	Y		A2	21.0916	\$863.17
24545	Treat humerus fracture	Y		A2	50.5787	\$2,117.88
24546	Treat humerus fracture	Y		A2	51.0756	\$2,138.69
24560	Treat humerus fracture	Y		A2	1.7811	\$74.58
24565	Treat humerus fracture	Y		A2	1.7811	\$74.58
24566	Treat humerus fracture	Y		A2	21.0916	\$863.17
24575	Treat humerus fracture	Y		A2	49.8932	\$2,089.18
24576	Treat humerus fracture	Y		A2	1.7811	\$74.58
24577	Treat humerus fracture	Y		A2	4.0322	\$168.84
24579	Treat humerus fracture	Y		A2	49.8932	\$2,089.18
24582	Treat humerus fracture	Y		A2	21.0916	\$863.17
24586	Treat humerus fracture	Y		A2	50.5787	\$2,117.88
24587	Treat elbow fracture	Y		A2	51.0756	\$2,138.69
24600	Treat elbow dislocation	Y		A2	1.7811	\$74.58
24605	Treat elbow dislocation	Y		A2	13.5199	\$566.12
24615	Treat elbow dislocation	Y		A2	49.8932	\$2,089.18
24620	Treat elbow fracture	Y		A2	13.7917	\$577.50
24635	Treat elbow fracture	Y		A2	49.8932	\$2,089.18
24640	Treat elbow dislocation	Y		P3		\$47.69
24650	Treat radius fracture	Y		P2	1.5858	\$66.40
24655	Treat radius fracture	Y		A2	4.0322	\$168.84

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
24105	Removal of elbow bursa	Y		A2	18.7092	\$783.41
24110	Remove humerus lesion	Y		A2	18.3436	\$768.10
24115	Remove/graft bone lesion	Y		A2	25.7101	\$1,076.56
24116	Remove/graft bone lesion	Y		A2	25.7101	\$1,076.56
24120	Remove elbow lesion	Y		A2	18.7092	\$783.41
24125	Remove/graft bone lesion	Y		A2	25.7101	\$1,076.56
24126	Remove/graft bone lesion	Y		A2	25.7101	\$1,076.56
24130	Removal of head of radius	Y		A2	25.7101	\$1,076.56
24134	Removal of arm bone lesion	Y		A2	25.3445	\$1,061.25
24136	Remove radius bone lesion	Y		A2	25.3445	\$1,061.25
24138	Remove elbow bone lesion	Y		A2	25.3445	\$1,061.25
24140	Partial removal of arm bone	Y		A2	25.7101	\$1,076.56
24145	Partial removal of radius	Y		A2	25.7101	\$1,076.56
24147	Partial removal of elbow	Y		A2	25.3445	\$1,061.25
24149	Radical resection of elbow	Y		G2	30.396	\$1,272.77
24152	Resect radius tumor	Y		G2	44.5617	\$1,865.93
24153	Extensive radius surgery	N	CH	D5		
24155	Removal of elbow joint	Y		A2	36.3344	\$1,521.43
24160	Remove elbow joint implant	Y		A2	25.3445	\$1,061.25
24164	Remove radius head implant	Y		A2	25.7101	\$1,076.56
24200	Removal of arm foreign body	Y		P3		\$84.88
24201	Removal of arm foreign body	Y		A2	15.1023	\$632.38
24220	Injection for elbow x-ray	N		N1		
24300	Manipulate elbow w/aneath	Y		G2	14.63	\$612.60
24301	Muscle/tendon transfer	Y		A2	26.3955	\$1,105.26
24305	Arm tendon lengthening	Y		A2	26.3955	\$1,105.26
24310	Revision of arm tendon	Y		A2	18.7092	\$783.41
24320	Repair of arm tendon	Y		A2	36.3344	\$1,521.43
24330	Revision of arm muscles	Y		A2	66.5231	\$2,785.52
24331	Revision of arm muscles	Y		A2	36.3344	\$1,521.43
24332	Tenolysis, triceps	Y		G2	21.0617	\$881.92
24340	Repair of biceps tendon	Y		A2	36.3344	\$1,521.43
24341	Repair arm tendon/muscle	Y		A2	36.3344	\$1,521.43
24342	Repair of ruptured tendon	Y		A2	36.3344	\$1,521.43
24343	Repr elbow lat ligmnt w/iss	Y		G2	30.396	\$1,272.77
24344	Reconstruct elbow lat ligmnt	Y		G2	84.8135	\$3,551.40
24345	Repr elbow med ligmnt w/issu	Y		A2	25.3445	\$1,061.25
24346	Reconstruct elbow med ligmnt	Y		G2	44.5617	\$1,865.93
24357	Repair elbow, perc	Y		G2	30.396	\$1,272.77
24358	Repair elbow w/deb, open	Y		G2	30.396	\$1,272.77
24359	Repair elbow deb/atch open	Y		G2	30.396	\$1,272.77

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPSC Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
25126	Remove/graft forearm lesion	Y		A2	25.7101	\$1,076.56
25130	Removal of wrist lesion	Y		A2	25.7101	\$1,076.56
25135	Remove & graft wrist lesion	Y		A2	25.7101	\$1,076.56
25136	Remove & graft wrist lesion	Y		A2	25.7101	\$1,076.56
25145	Remove forearm bone lesion	Y		A2	25.3445	\$1,061.25
25150	Partial removal of ulna	Y		A2	25.3445	\$1,061.25
25151	Partial removal of radius	Y		A2	25.3445	\$1,061.25
25210	Removal of wrist bone	Y		A2	25.7101	\$1,076.56
25215	Removal of wrist bones	Y		A2	26.3955	\$1,105.26
25230	Partial removal of radius	Y		A2	26.3955	\$1,105.26
25240	Partial removal of ulna	Y		A2	26.3955	\$1,105.26
25246	Injection for wrist x-ray	N		N1		
25248	Remove forearm foreign body	Y		A2	18.3436	\$768.10
25250	Removal of wrist prosthesis	Y		A2	24.699	\$1,034.22
25251	Removal of wrist prosthesis	Y		A2	24.699	\$1,034.22
25259	Manipulate wrist w/anesthetes	Y		G2	17.5996	\$736.95
25260	Repair forearm tendon/muscle	Y		A2	26.3955	\$1,105.26
25263	Repair forearm tendon/muscle	Y		A2	25.3445	\$1,061.25
25265	Repair forearm tendon/muscle	Y		A2	25.7101	\$1,076.56
25270	Repair forearm tendon/muscle	Y		A2	26.3955	\$1,105.26
25272	Repair forearm tendon/muscle	Y		A2	25.7101	\$1,076.56
25274	Repair forearm tendon/muscle	Y		A2	26.3955	\$1,105.26
25275	Repair forearm tendon sheath	Y		A2	26.3955	\$1,105.26
25280	Revise wrist/forearm tendon	Y		A2	25.7101	\$1,076.56
25290	Incise wrist/forearm tendon	Y		A2	18.7092	\$763.41
25295	Release wrist/forearm tendon	Y		A2	25.7101	\$1,076.56
25300	Fusion of tendons at wrist	Y		A2	25.7101	\$1,076.56
25301	Fusion of tendons at wrist	Y		A2	25.7101	\$1,076.56
25310	Transplant forearm tendon	Y		A2	36.3344	\$1,521.43
25312	Transplant forearm tendon	Y		A2	37.02	\$1,550.14
25315	Revise palsy hand tendon(s)	Y		A2	36.3344	\$1,521.43
25316	Revise palsy hand tendon(s)	Y		A2	66.5231	\$2,785.52
25320	Repair/revise wrist joint	Y		A2	36.3344	\$1,521.43
25332	Revise wrist joint	Y		A2	32.7158	\$1,369.91
25335	Realignment of hand	Y		A2	36.3344	\$1,521.43
25337	Reconstruct ulna/radial/ulnar	Y		A2	37.5168	\$1,570.94
25350	Revision of radius	Y		A2	36.3344	\$1,521.43
25355	Revision of radius	Y		A2	36.3344	\$1,521.43
25360	Revision of ulna	Y		A2	36.3344	\$1,521.43
25365	Revise radius & ulna	Y		A2	36.3344	\$1,521.43
25370	Revise radius or ulna	Y		A2	36.3344	\$1,521.43

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPSC Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
24665	Treat radius fracture	Y		A2	36.2226	\$1,516.75
24666	Treat radius fracture	Y		A2	50.5787	\$2,117.88
24670	Treat ulnar fracture	Y		A2	1.7811	\$74.58
24675	Treat ulnar fracture	Y		A2	1.7811	\$74.58
24685	Treat ulnar fracture	Y		A2	35.5372	\$1,488.05
24800	Fusion of elbow joint	Y		A2	37.02	\$1,550.14
24802	Fusion/graft of elbow joint	Y		A2	37.1688	\$1,570.94
24925	Amputation follow-up surgery	Y		A2	18.7092	\$763.41
25000	Incision of tendon sheath	Y		A2	18.7092	\$763.41
25001	Incise flexor carpi radialis	Y		G2	21.0617	\$881.92
25020	Decompress forearm 1 space	Y		A2	25.7101	\$1,076.56
25023	Decompress forearm 1 space	Y		A2	25.7101	\$1,076.56
25024	Decompress forearm 2 spaces	Y		A2	25.7101	\$1,076.56
25025	Decompress forearm 2 spaces	Y		A2	25.7101	\$1,076.56
25028	Drainage of forearm lesion	Y		A2	17.9893	\$741.08
25031	Drainage of forearm bursa	Y		A2	18.3436	\$768.10
25035	Treat forearm bone lesion	Y		A2	18.3436	\$768.10
25040	Explore/treat wrist joint	Y		A2	26.8925	\$1,126.07
25065	Biopsy forearm soft tissues	Y		P3	116.39	
25066	Biopsy forearm soft tissues	Y		A2	19.3292	\$609.37
25071	Exc forearm les sc > 3 cm	Y	NI	G2	22.3753	\$936.92
25073	Exc forearm tum deep = 3 cm	Y	NI	G2	22.3753	\$936.92
25075*	Exc forearm les sc < 3 cm	Y	NI	P3	140.23	
25076	Exc forearm tum deep < 3 cm	Y	NI	G2	16.7399	\$700.95
25077	Resect forearm/wrist tum<3cm	Y	NI	G2	16.7399	\$700.95
25078	Resect forearm/wrist tum=3cm	Y	NI	G2	22.3753	\$936.92
25085	Incision of wrist capsule	Y		A2	18.7092	\$763.41
25100	Biopsy of wrist joint	Y		A2	18.3436	\$768.10
25101	Explore/treat wrist joint	Y		A2	25.7101	\$1,076.56
25105	Remove wrist joint lining	Y		A2	26.3955	\$1,105.26
25107	Remove wrist joint cartilage	Y		A2	25.7101	\$1,076.56
25109	Excise tendon forearm/wrist	Y		G2	21.0617	\$881.92
25110	Remove wrist tendon lesion	Y		A2	18.7092	\$763.41
25111	Remove wrist tendon lesion	Y		A2	18.7092	\$763.41
25112	Remove wrist tendon lesion	Y		A2	19.3946	\$812.11
25115	Remove wrist/forearm lesion	Y		A2	19.3946	\$812.11
25116	Remove wrist/forearm lesion	Y		A2	19.3946	\$812.11
25118	Excise wrist tendon sheath	Y		A2	25.3445	\$1,061.25
25119	Partial removal of ulna	Y		A2	25.7101	\$1,076.56
25120	Removal of forearm lesion	Y		A2	25.7101	\$1,076.56
25125	Remove/graft forearm lesion	Y		A2	25.7101	\$1,076.56

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
25600	Treat fracture radius/ulna	Y		P2	1.5858	\$66.40
25605	Treat fracture radius/ulna	Y		A2	4.0322	\$168.84
25606	Treat fx distal radial	Y		A2	21.4573	\$898.48
25607	Treat fx rad extra-articul	Y		A2	51.0756	\$2,138.69
25608	Treat fx rad intra-articul	Y		A2	51.0756	\$2,138.69
25609	Treat fx radial 3+ frag	Y		A2	51.0756	\$2,138.69
25622	Treat wrist bone fracture	Y		P2	1.5858	\$66.40
25624	Treat wrist bone fracture	Y		A2	4.0322	\$168.84
25628	Treat wrist bone fracture	Y		A2	35.5372	\$1,488.05
25630	Treat wrist bone fracture	Y		P2	1.5858	\$66.40
25635	Treat wrist bone fracture	Y		A2	4.0322	\$168.84
25645	Treat wrist bone fracture	Y		A2	35.5372	\$1,488.05
25650	Treat wrist bone fracture	Y		P2	1.5858	\$66.40
25651	Pin ulnar styloid fracture	Y		G2	24.7255	\$1,035.33
25652	Treat fracture ulnar styloid	Y		G2	43.499	\$1,821.43
25660	Treat wrist dislocation	Y		A2	1.7811	\$74.58
25670	Treat wrist dislocation	Y		A2	21.4573	\$898.48
25671	Pin radioulnar dislocation	Y		A2	20.4461	\$856.14
25675	Treat wrist dislocation	Y		A2	1.7811	\$74.58
25676	Treat wrist dislocation	Y		A2	21.0916	\$883.17
25680	Treat wrist fracture	Y		A2	1.7811	\$74.58
25685	Treat wrist fracture	Y		A2	21.4573	\$898.48
25690	Treat wrist dislocation	Y		A2	13.7917	\$577.50
25695	Treat wrist dislocation	Y		A2	21.0916	\$883.17
25800	Fusion of wrist joint	Y		A2	67.2085	\$2,814.22
25805	Fusion/graft of wrist joint	Y		A2	37.5168	\$1,570.94
25810	Fusion/graft of wrist joint	Y		A2	67.7054	\$2,835.03
25820	Fusion of hand bones	Y		A2	37.02	\$1,550.14
25825	Fuse hand bones with graft	Y		A2	67.7054	\$2,835.03
25830	Fusion, radioulnar jnt/ulna	Y		A2	67.7054	\$2,835.03
25907	Amputation follow-up surgery	Y		A2	18.7092	\$783.41
25922	Amputate hand at wrist	Y		A2	18.7092	\$783.41
25929	Amputation follow-up surgery	Y		A2	14.4325	\$604.33
25931	Amputation follow-up surgery	Y		G2	21.0617	\$881.92
26010	Drainage of finger abscess	Y		P2	1.3927	\$58.32
26011	Drainage of finger abscess	Y		A2	10.9586	\$458.87
26020	Drain hand tendon sheath	Y		A2	14.7756	\$618.70
26025	Drainage of palm bursa	Y		A2	14.1301	\$591.67
26030	Drainage of palm bursa(s)	Y		A2	14.7756	\$618.70
26034	Treat hand bone lesion	Y		A2	14.7756	\$618.70
26035	Decompress fingers/hand	Y		G2	16.3041	\$682.70

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
25375	Revise radius & ulna	Y		A2	37.02	\$1,550.14
25380	Shorten radius or ulna	Y		A2	36.3344	\$1,521.43
25391	Lengthen radius or ulna	Y		A2	37.02	\$1,550.14
25392	Shorten radius & ulna	Y		A2	25.7101	\$1,076.56
25393	Lengthen radius & ulna	Y		A2	37.02	\$1,550.14
25394	Repair carpal bone, shorten	Y		G2	44.5617	\$1,865.93
25400	Repair radius or ulna	Y		A2	36.3344	\$1,521.43
25405	Repair/graft radius or ulna	Y		A2	67.2085	\$2,814.22
25415	Repair radius & ulna	Y		A2	66.5231	\$2,785.52
25420	Repair/graft radius & ulna	Y		A2	67.2085	\$2,814.22
25425	Repair/graft radius or ulna	Y		A2	36.3344	\$1,521.43
25426	Repair/graft radius & ulna	Y		A2	37.02	\$1,550.14
25430	Vasc graft into carpal bone	Y		G2	44.5617	\$1,865.93
25431	Repair nonunion carpal bone	Y		G2	44.5617	\$1,865.93
25440	Repair/graft wrist bone	Y		A2	67.2085	\$2,814.22
25441	Reconstruct wrist joint	Y		H8	150.2992	\$6,293.48
25442	Reconstruct wrist joint	Y		H8	150.2992	\$6,293.48
25443	Reconstruct wrist joint	Y		A2	45.772	\$1,916.61
25444	Reconstruct wrist joint	Y		A2	45.772	\$1,916.61
25445	Reconstruct wrist joint	Y		A2	45.772	\$1,916.61
25446	Wrist replacement	Y		H8	151.8871	\$6,359.97
25447	Repair wrist joint(s)	Y		A2	32.7158	\$1,369.91
25449	Remove wrist joint implant	Y		A2	32.7158	\$1,369.91
25450	Revision of wrist joint	Y		A2	36.3344	\$1,521.43
25455	Revision of wrist joint	Y		A2	36.3344	\$1,521.43
25490	Reinforce radius	Y		A2	36.3344	\$1,521.43
25491	Reinforce ulna	Y		A2	36.3344	\$1,521.43
25492	Reinforce radius and ulna	Y		A2	36.3344	\$1,521.43
25500	Treat fracture of radius	Y		P2	1.5858	\$66.40
25505	Treat fracture of radius	Y		A2	4.0322	\$168.84
25515	Treat fracture of radius	Y		A2	35.5372	\$1,488.05
25520	Treat fracture of radius	Y		A2	4.0322	\$168.84
25525	Treat fracture of radius	Y		A2	36.2226	\$1,516.75
25526	Treat fracture of radius	Y		A2	36.7196	\$1,537.56
25530	Treat fracture of ulna	Y		P2	1.5858	\$66.40
25535	Treat fracture of ulna	Y		A2	1.7811	\$74.58
25545	Treat fracture of ulna	Y		A2	35.5372	\$1,488.05
25560	Treat fracture radius & ulna	Y		P2	1.5858	\$66.40
25565	Treat fracture radius & ulna	Y		A2	4.0322	\$168.84
25574	Treat fracture radius & ulna	Y		A2	49.8932	\$2,089.18
25575	Treat fracture radius/ulna	Y		A2	49.8932	\$2,089.18

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
26340	Manipulate finger w/aneath	Y		G2	4.587	\$192.07
26350	Repair finger/hand tendon	Y		A2	22.1632	\$928.04
26352	Repair/graft hand tendon	Y		A2	23.8595	\$999.07
26356	Repair finger/hand tendon	Y		A2	23.8595	\$999.07
26357	Repair finger/hand tendon	Y		A2	23.8595	\$999.07
26358	Repair/graft hand tendon	Y		A2	23.8595	\$999.07
26370	Repair finger/hand tendon	Y		A2	23.8595	\$999.07
26372	Repair/graft hand tendon	Y		A2	23.8595	\$999.07
26373	Repair finger/hand tendon	Y		A2	23.1741	\$970.37
26390	Revise hand/finger tendon	Y		A2	23.8595	\$999.07
26392	Repair/graft hand tendon	Y		A2	23.1741	\$970.37
26410	Repair hand tendon	Y		A2	15.141	\$634.00
26412	Repair/graft hand tendon	Y		A2	23.1741	\$970.37
26415	Excision, hand/finger tendon	Y		A2	23.8595	\$999.07
26416	Graft hand or finger tendon	Y		A2	23.1741	\$970.37
26418	Repair finger tendon	Y		A2	15.8267	\$662.71
26420	Repair/graft finger tendon	Y		A2	23.8595	\$999.07
26426	Repair finger/hand tendon	Y		A2	23.1741	\$970.37
26428	Repair/graft finger tendon	Y		A2	23.1741	\$970.37
26432	Repair finger tendon	Y		A2	15.141	\$634.00
26433	Repair finger tendon	Y		A2	15.141	\$634.00
26434	Repair/graft finger tendon	Y		A2	23.1741	\$970.37
26437	Realignment of tendons	Y		A2	15.141	\$634.00
26440	Release palm/finger tendon	Y		A2	15.141	\$634.00
26442	Release palm & finger tendon	Y		A2	23.1741	\$970.37
26445	Release hand/finger tendon	Y		A2	15.141	\$634.00
26449	Release forearm/hand tendon	Y		A2	23.1741	\$970.37
26450	Incision of palm tendon	Y		A2	15.141	\$634.00
26455	Incision of finger tendon	Y		A2	15.141	\$634.00
26460	Incise hand/finger tendon	Y		A2	15.141	\$634.00
26471	Fusion of finger tendons	Y		A2	14.7756	\$618.70
26474	Fusion of finger tendons	Y		A2	14.7756	\$618.70
26476	Tendon lengthening	Y		A2	14.1301	\$591.67
26477	Tendon shortening	Y		A2	14.1301	\$591.67
26478	Lengthening of hand tendon	Y		A2	14.1301	\$591.67
26479	Shortening of hand tendon	Y		A2	14.1301	\$591.67
26480	Transplant hand tendon	Y		A2	23.1741	\$970.37
26483	Transplant/graft hand tendon	Y		A2	23.1741	\$970.37
26485	Transplant palm tendon	Y		A2	22.8085	\$955.06
26489	Transplant/graft palm tendon	Y		A2	23.1741	\$970.37
26490	Revise thumb tendon	Y		A2	23.1741	\$970.37

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
26037	Decompress fingers/hand	Y	CH	G2	16.3041	\$682.70
26040	Release palm contracture	Y		A2	23.8595	\$999.07
26045	Release palm contracture	Y		A2	23.1741	\$970.37
26055	Incise finger tendon sheath	Y		A2	14.7756	\$618.70
26060	Incision of finger tendon	Y		A2	14.7756	\$618.70
26070	Explore/treat hand joint	Y		A2	14.7756	\$618.70
26075	Explore/treat finger joint	Y		A2	15.8267	\$662.71
26080	Explore/treat finger joint	Y		A2	15.8267	\$662.71
26100	Biopsy hand joint lining	Y		A2	14.7756	\$618.70
26105	Biopsy finger joint lining	Y		A2	14.1301	\$591.67
26110	Biopsy finger joint lining	Y		A2	14.1301	\$591.67
26111	Exc hand tes > 1.5 cm	Y	NI	G2	22.3753	\$936.92
26113	Exc hand tes < 1.5 cm	Y	NI	G2	22.3753	\$936.92
26115*	Exc hand tes < 1.5 cm	Y	NI	P3		\$286.42
26116	Exc hand tes < 1.5 cm	Y	NI	G2	16.7399	\$700.95
26117	Exc hand tes < 1.5 cm	Y	NI	G2	16.7399	\$700.95
26118	Exc hand tes < 1.5 cm	Y	NI	G2	22.3753	\$936.92
26121	Release palm contracture	Y		A2	23.8595	\$999.07
26123	Release palm contracture	Y		A2	23.8595	\$999.07
26125	Release palm contracture	Y		A2	15.8267	\$662.71
26130	Remove wrist joint lining	Y		A2	15.141	\$634.00
26135	Revise finger joint, each	Y		A2	23.8595	\$999.07
26140	Revise finger joint, each	Y		A2	14.7756	\$618.70
26145	Tendon excision, palm/finger	Y		A2	15.141	\$634.00
26160	Remove tendon sheath lesion	Y		A2	15.141	\$634.00
26170	Removal of palm tendon, each	Y		A2	15.141	\$634.00
26180	Removal of finger tendon	Y		A2	15.141	\$634.00
26185	Remove finger bone	Y		A2	15.8267	\$662.71
26200	Remove hand bone lesion	Y		A2	14.7756	\$618.70
26205	Remove/graft bone lesion	Y		A2	23.1741	\$970.37
26210	Removal of finger lesion	Y		A2	14.7756	\$618.70
26215	Remove/graft finger lesion	Y		A2	15.141	\$634.00
26230	Partial removal of hand bone	Y		A2	17.8996	\$749.51
26235	Partial removal, finger bone	Y		A2	15.141	\$634.00
26236	Partial removal, finger bone	Y		A2	15.141	\$634.00
26250	Extensive hand surgery	Y		A2	15.141	\$634.00
26255	Extensive hand surgery	N	CH	D5		
26260	Resect prox finger tumor	Y		A2	15.141	\$634.00
26261	Extensive finger surgery	N	CH	D5		
26262	Resect distal finger tumor	Y		A2	14.7756	\$618.70
26320	Removal of implant from hand	Y		A2	15.1023	\$632.38

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
26607	Treat metacarpal fracture	Y		A2	13.7917	\$577.50
26608	Treat metacarpal fracture	Y		A2	22.1427	\$927.18
26615	Treat metacarpal fracture	Y		A2	36.2226	\$1,516.75
26641	Treat thumb dislocation	Y		P2	1.5858	\$66.40
26645	Treat thumb fracture	Y		A2	4.0322	\$168.84
26650	Treat thumb fracture	Y		A2	21.0916	\$883.17
26665	Treat thumb fracture	Y		A2	36.2226	\$1,516.75
26670	Treat hand dislocation	Y		P2	1.5858	\$66.40
26675	Treat hand dislocation	Y		A2	4.0322	\$168.84
26676	Pin hand dislocation	Y		A2	21.0916	\$883.17
26685	Treat hand dislocation	Y		A2	21.4573	\$898.48
26686	Treat hand dislocation	Y		A2	49.8932	\$2,089.18
26700	Treat knuckle dislocation	Y		P2	1.5858	\$66.40
26705	Treat knuckle dislocation	Y		A2	1.7811	\$74.58
26706	Pin knuckle dislocation	Y		A2	13.7917	\$577.50
26715	Treat knuckle dislocation	Y		A2	22.1427	\$927.18
26720	Treat finger fracture, each	Y		P2	1.5858	\$66.40
26725	Treat finger fracture, each	Y		P2	1.5858	\$66.40
26727	Treat finger fracture, each	Y		A2	24.2275	\$1,014.48
26735	Treat finger fracture, each	Y		A2	22.1427	\$927.18
26740	Treat finger fracture, each	Y		P2	1.5858	\$66.40
26742	Treat finger fracture, each	Y		A2	1.7811	\$74.58
26746	Treat finger fracture, each	Y		A2	22.6396	\$947.99
26750	Treat finger fracture, each	Y		P2	1.5858	\$66.40
26755	Treat finger fracture, each	Y		G2	1.5858	\$66.40
26756	Pin finger fracture, each	Y		A2	21.0916	\$883.17
26765	Treat finger fracture, each	Y		A2	22.1427	\$927.18
26770	Treat finger dislocation	Y		G2	1.5858	\$66.40
26775	Treat finger dislocation	Y		P3		\$142.79
26776	Pin finger dislocation	Y		A2	21.0916	\$883.17
26785	Treat finger dislocation	Y		A2	21.0916	\$883.17
26820	Thumb fusion with graft	Y		A2	24.3565	\$1,019.88
26841	Fusion of thumb	Y		A2	23.8595	\$999.07
26842	Thumb fusion with graft	Y		A2	23.8595	\$999.07
26843	Fusion of hand joint	Y		A2	23.1741	\$970.37
26844	Fusion/graft of hand joint	Y		A2	23.1741	\$970.37
26850	Fusion of knuckle	Y		A2	23.8595	\$999.07
26852	Fusion of knuckle with graft	Y		A2	23.8595	\$999.07
26860	Fusion of finger joint	Y		A2	23.1741	\$970.37
26861	Fusion of finger jnt. add-on	Y		A2	22.8085	\$955.06
26862	Fusion/graft of finger joint	Y		A2	23.8595	\$999.07

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
26492	Tendon transfer with graft	Y		A2	23.1741	\$970.37
26494	Hand tendon/muscle transfer	Y		A2	23.1741	\$970.37
26496	Revise thumb tendon	Y		A2	23.1741	\$970.37
26497	Finger tendon transfer	Y		A2	23.1741	\$970.37
26498	Finger tendon transfer	Y		A2	23.8595	\$999.07
26499	Revision of finger	Y		A2	23.1741	\$970.37
26500	Hand tendon reconstruction	Y		A2	15.8267	\$662.71
26502	Hand tendon reconstruction	Y		A2	23.8595	\$999.07
26508	Release thumb contracture	Y		A2	15.141	\$634.00
26510	Thumb tendon transfer	Y		A2	23.1741	\$970.37
26516	Fusion of knuckle joint	Y		A2	22.1632	\$928.04
26517	Fusion of knuckle joints	Y		A2	23.1741	\$970.37
26518	Fusion of knuckle joints	Y		A2	23.1741	\$970.37
26520	Release knuckle contracture	Y		A2	15.141	\$634.00
26525	Release finger contracture	Y		A2	15.141	\$634.00
26530	Revise knuckle joint	Y		A2	31.5334	\$1,320.40
26531	Revise knuckle with implant	Y		A2	47.3599	\$1,983.10
26535	Revise finger joint	Y		A2	32.7158	\$1,369.91
26536	Revise/implant finger joint	Y		A2	45.772	\$1,916.61
26540	Repair hand joint	Y		A2	15.8267	\$662.71
26541	Repair hand joint with graft	Y		A2	25.9444	\$1,066.37
26542	Repair hand joint with graft	Y		A2	15.8267	\$662.71
26545	Reconstruct finger joint	Y		A2	23.8595	\$999.07
26546	Repair nonunion hand	Y		A2	23.8595	\$999.07
26548	Reconstruct finger joint	Y		A2	23.8595	\$999.07
26550	Construct thumb replacement	Y		A2	22.8085	\$955.06
26555	Positional change of finger	Y		A2	23.1741	\$970.37
26560	Repair of web finger	Y		A2	14.7756	\$618.70
26561	Repair of web finger	Y		A2	23.1741	\$970.37
26562	Repair of web finger	Y		A2	23.8595	\$999.07
26565	Correct metacarpal flaw	Y		A2	24.3565	\$1,019.88
26567	Correct finger deformity	Y		A2	24.3565	\$1,019.88
26568	Lengthen metacarpal/finger	Y		A2	23.1741	\$970.37
26580	Repair hand deformity	Y		A2	16.3234	\$683.51
26587	Reconstruct extra finger	Y		A2	16.3234	\$683.51
26590	Repair finger deformity	Y		A2	16.3234	\$683.51
26591	Repair muscles of hand	Y		A2	23.1741	\$970.37
26593	Release muscles of hand	Y		A2	15.141	\$634.00
26596	Excision constricting tissue	Y		A2	14.7756	\$618.70
26600	Treat metacarpal fracture	Y		P2	1.5858	\$66.40
26605	Treat metacarpal fracture	Y		A2	1.7811	\$74.58

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
27220	Treat hip socket fracture	Y		G2	1.5858	\$66.40
27230	Treat high fracture	Y		A2	1.7811	\$74.58
27238	Treat high fracture	Y		A2	4.0322	\$168.84
27246	Treat high fracture	Y		A2	4.0322	\$168.84
27250	Treat hip dislocation	Y		A2	1.7811	\$74.58
27252	Treat hip dislocation	Y		A2	13.5199	\$566.12
27256	Treat hip dislocation	Y		G2	1.5858	\$66.40
27257	Treat hip dislocation	Y		A2	13.8856	\$581.43
27265	Treat hip dislocation	Y		A2	1.7811	\$74.58
27266	Treat hip dislocation	Y		A2	13.5199	\$566.12
27267	Clx thigh fx	Y		G2	1.5858	\$66.40
27275	Manipulation of hip joint	Y		A2	13.5199	\$566.12
27301	Drain thigh/knee lesion	Y		A2	16.8376	\$705.04
27305	Incise thigh tendon & fascia	Y		A2	18.3436	\$768.10
27306	Incision of thigh tendon	Y		A2	18.7092	\$783.41
27307	Incision of thigh tendons	Y		A2	18.7092	\$783.41
27310	Exploration of knee joint	Y		A2	26.3955	\$1,105.26
27323	Biopsy, thigh soft tissues	Y		A2	7.7878	\$326.10
27324	Biopsy, thigh soft tissues	Y		A2	18.6836	\$782.34
27325	Neurectomy, hamstring	Y		A2	15.9795	\$669.11
27326	Neurectomy, popliteal	Y		A2	15.9795	\$669.11
27327*	Exc thigh/knee les sc < 3 cm	Y	NI	P3		\$181.68
27328	Exc thigh/knee tum deep <5cm	Y	NI	G2	16.7399	\$700.95
27329	Resect thigh/knee tum < 5 cm	Y	NI	G2	16.7399	\$700.95
27330	Biopsy, knee joint lining	Y		A2	26.3955	\$1,105.26
27331	Explore/treat knee joint	Y		A2	26.3955	\$1,105.26
27332	Removal of knee cartilage	Y		A2	26.3955	\$1,105.26
27333	Removal of knee cartilage	Y		A2	26.3955	\$1,105.26
27334	Remove knee joint lining	Y		A2	26.3955	\$1,105.26
27335	Remove knee joint lining	Y		A2	26.3955	\$1,105.26
27337	Exc thigh/knee les sc > 3 cm	Y	NI	G2	22.3753	\$936.92
27339	Exc thigh/knee tum deep >5cm	Y	NI	G2	22.3753	\$936.92
27340	Removal of kneecap bursa	Y		A2	18.7092	\$783.41
27345	Removal of knee cyst	Y		A2	19.3946	\$812.11
27347	Remove knee cyst	Y		A2	19.3946	\$812.11
27350	Removal of kneecap	Y		A2	26.3955	\$1,105.26
27355	Remove femur lesion	Y		A2	25.7101	\$1,076.56
27356	Remove femur lesion/graft	Y		A2	26.3955	\$1,105.26
27357	Remove femur lesion/graft	Y		A2	26.8925	\$1,126.07
27358	Remove femur lesion/fixation	Y		A2	26.8925	\$1,126.07
27360	Partial removal, leg bone(s)	Y		A2	26.8925	\$1,126.07

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
26863	Fuse/graft added joint	Y		A2	23.1741	\$970.37
26910	Amputate metacarpal bone	Y		A2	23.1741	\$970.37
26951	Amputation of finger/thumb	Y		A2	14.7756	\$618.70
26952	Amputation of finger/thumb	Y		A2	15.8267	\$662.71
26990	Drainage of pelvis lesion	Y		A2	17.6983	\$741.08
26991	Drainage of pelvis bursa	Y		A2	17.6983	\$741.08
27000	Incision of hip tendon	Y		A2	18.3436	\$768.10
27001	Incision of hip tendon	Y		A2	25.7101	\$1,076.56
27003	Incision of hip tendon	Y		A2	25.7101	\$1,076.56
27033	Exploration of hip joint	Y		A2	36.3344	\$1,521.43
27035	Denervation of hip joint	Y		A2	37.02	\$1,550.14
27040	Biopsy of soft tissues	Y		A2	7.7878	\$326.10
27041	Biopsy of soft tissues	Y		A2	8.2762	\$346.55
27043	Exc hip/pelvis les sc > 3 cm	Y	NI	G2	22.3753	\$936.92
27045	Exc hip/pelvis tum deep > 5 cm	Y	NI	G2	22.3753	\$936.92
27047*	Exc hip/pelvis les sc < 3 cm	Y	NI	P3		\$199.56
27048	Exc hip/pelvis tum deep < 5 cm	Y	NI	G2	16.7399	\$700.95
27049	Resect hip/pelv tum < 5 cm	Y	NI	G2	16.7399	\$700.95
27050	Biopsy of sacroiliac joint	Y		A2	18.7092	\$783.41
27052	Biopsy of hip joint	Y		A2	18.7092	\$783.41
27059	Resect hip/pelv tum > 5 cm	Y	NI	G2	22.3753	\$936.92
27060	Removal of ischial bursa	Y		A2	19.8916	\$832.92
27062	Remove femur lesion/bursa	Y		A2	19.8916	\$832.92
27065	Removal of hip bone lesion	Y		A2	19.8916	\$832.92
27066	Removal of hip bone lesion	Y		A2	26.8925	\$1,126.07
27067	Remove/graft hip bone lesion	Y		A2	26.8925	\$1,126.07
27080	Removal of tail bone	Y		A2	25.3445	\$1,061.25
27086	Remove hip foreign body	Y		A2	7.7878	\$326.10
27087	Remove hip foreign body	Y		A2	18.7092	\$783.41
27093	Injection for hip x-ray	N		N1		
27095	Injection for hip x-ray	N		N1		
27097	Revision of hip tendon	Y		A2	25.7101	\$1,076.56
27098	Transfer tendon to pelvis	Y		A2	25.7101	\$1,076.56
27100	Transfer of abdominal muscle	Y		A2	37.02	\$1,550.14
27105	Transfer of spinal muscle	Y		A2	37.02	\$1,550.14
27110	Transfer of iliopectas muscle	Y		A2	37.02	\$1,550.14
27111	Transfer of iliopectas muscle	Y		A2	37.02	\$1,550.14
27193	Treat pelvic ring fracture	Y		A2	1.7811	\$74.58
27194	Treat pelvic ring fracture	Y		A2	13.5199	\$566.12
27200	Treat tail bone fracture	Y	CH	P3		\$63.30
27202	Treat tail bone fracture	Y		A2	35.1716	\$1,472.74

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
27497	Decompression of thigh/knee	Y		A2	18.7092	\$783.41
27498	Decompression of thigh/knee	Y		A2	25.7101	\$1,076.56
27499	Decompression of thigh/knee	Y		A2	25.7101	\$1,076.56
27500	Treatment of thigh fracture	Y		A2	4.0322	\$168.84
27501	Treatment of thigh fracture	Y		A2	1.7811	\$74.58
27502	Treatment of thigh fracture	Y		A2	13.7917	\$577.50
27503	Treatment of thigh fracture	Y		A2	1.7811	\$74.58
27508	Treatment of thigh fracture	Y		A2	1.7811	\$74.58
27509	Treatment of thigh fracture	Y		A2	21.4573	\$898.48
27510	Treatment of thigh fracture	Y		A2	4.0322	\$168.84
27516	Treat thigh fx growth plate	Y		A2	1.7811	\$74.58
27517	Treat thigh fx growth plate	Y		A2	1.7811	\$74.58
27520	Treat kneecap fracture	Y		A2	1.7811	\$74.58
27530	Treat knee fracture	Y		A2	1.7811	\$74.58
27532	Treat knee fracture	Y		A2	13.7917	\$577.50
27538	Treat knee fracture(s)	Y		A2	1.7811	\$74.58
27550	Treat knee dislocation	Y		A2	1.7811	\$74.58
27552	Treat knee dislocation	Y		A2	12.8746	\$539.10
27560	Treat kneecap dislocation	Y		A2	1.7811	\$74.58
27562	Treat kneecap dislocation	Y		A2	12.8746	\$539.10
27566	Treat kneecap dislocation	Y		A2	35.1716	\$1,472.74
27570	Fixation of knee joint	Y		A2	12.8746	\$539.10
27594	Amputation follow-up surgery	Y		A2	18.7092	\$783.41
27600	Decompression of lower leg	Y		A2	18.7092	\$783.41
27601	Decompression of lower leg	Y		A2	18.7092	\$783.41
27602	Decompression of lower leg	Y		A2	18.7092	\$783.41
27603	Drain lower leg lesion	Y		A2	16.472	\$689.73
27604	Drain lower leg bursa	Y		A2	18.3436	\$768.10
27605	Incision of achilles tendon	Y		A2	17.5755	\$735.94
27606	Incision of achilles tendon	Y		A2	17.6983	\$741.08
27607	Treat lower leg bone lesion	Y		A2	18.3436	\$768.10
27610	Explore/treat ankle joint	Y		A2	25.3445	\$1,061.25
27612	Exploration of ankle joint	Y		A2	25.7101	\$1,076.56
27613	Biopsy lower leg soft tissue	Y		P3		\$110.42
27614	Biopsy lower leg soft tissue	Y		A2	19.3292	\$809.37
27615	Resect leg/ankle tum < 5 cm	Y	NI	G2	16.7399	\$700.95
27616	Resect leg/ankle tum > 5 cm	Y	NI	G2	22.3753	\$936.92
27618*	Exc leg/ankle tum < 3 cm	Y	NI	P3		\$187.35
27619	Exc leg/ankle tum deep < 5 cm	Y	NI	G2	16.7399	\$700.95
27620	Explore/treat ankle joint	Y		A2	26.3955	\$1,105.26
27625	Remove ankle joint lining	Y		A2	26.3955	\$1,105.26

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
27364	Resect thigh/knee tum > 5 cm	Y	NI	G2	22.3753	\$936.92
27370	Injection for knee x-ray	N		N1		
27372	Removal of foreign body	Y		A2	22.4651	\$940.68
27380	Repair of kneecap tendon	Y		A2	17.6983	\$741.08
27381	Repair/graft kneecap tendon	Y		A2	18.7092	\$783.41
27385	Repair of thigh muscle	Y		A2	18.7092	\$783.41
27386	Repair/graft of thigh muscle	Y		A2	18.7092	\$783.41
27390	Incision of thigh tendon	Y		A2	17.6983	\$741.08
27391	Incision of thigh tendons	Y		A2	18.3436	\$768.10
27392	Incision of thigh tendons	Y		A2	18.7092	\$783.41
27393	Lengthening of thigh tendon	Y		A2	25.3445	\$1,061.25
27394	Lengthening of thigh tendons	Y		A2	25.7101	\$1,076.56
27395	Lengthening of thigh tendons	Y		A2	36.3344	\$1,521.43
27396	Transplant of thigh tendon	Y		A2	25.7101	\$1,076.56
27397	Transplants of thigh tendons	Y		A2	36.3344	\$1,521.43
27400	Revise thigh muscles/tendons	Y		A2	36.3344	\$1,521.43
27403	Repair of knee cartilage	Y		A2	26.3955	\$1,105.26
27405	Repair of knee ligament	Y		A2	37.02	\$1,550.14
27407	Repair of knee ligament	Y		A2	67.2085	\$2,814.22
27409	Repair of knee ligaments	Y		A2	37.02	\$1,550.14
27416	Osteochondral knee autograft	Y		G2	44.5617	\$1,865.93
27418	Repair degenerated kneecap	Y		A2	36.3344	\$1,521.43
27420	Revision of unstable kneecap	Y		A2	36.3344	\$1,521.43
27422	Revision of unstable kneecap	Y		A2	39.1047	\$1,637.43
27424	Revision/removal of kneecap	Y		A2	36.3344	\$1,521.43
27425	Lat retinacular release open	Y		A2	28.4804	\$1,192.56
27427	Reconstruction, knee	Y		A2	36.3344	\$1,521.43
27428	Reconstruction, knee	Y		A2	67.2085	\$2,814.22
27429	Reconstruction, knee	Y		A2	67.2085	\$2,814.22
27430	Revision of thigh muscles	Y		A2	37.02	\$1,550.14
27435	Incision of knee joint	Y		A2	37.02	\$1,550.14
27437	Revise kneecap	Y		A2	32.2191	\$1,349.11
27438	Revise kneecap with implant	Y		A2	45.772	\$1,916.61
27440	Revision of knee joint	Y		G2	38.1606	\$1,597.90
27441	Revision of knee joint	Y		A2	32.2158	\$1,369.91
27442	Revision of knee joint	Y		A2	32.2158	\$1,369.91
27443	Revision of knee joint	Y		A2	32.2158	\$1,369.91
27446	Revision of knee joint	Y		J8	158.2621	\$6,626.91
27475	Surgery to stop leg growth	Y	CH	G2	30.396	\$1,272.77
27479	Surgery to stop leg growth	Y	CH	G2	30.396	\$1,272.77
27496	Decompression of thigh/knee	Y		A2	26.8925	\$1,126.07

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
27734	Repair lower leg epiphyses	Y		A2	25.3445	\$1,061.25
27740	Repair of leg epiphyses	Y		A2	25.3445	\$1,061.25
27742	Repair of leg epiphyses	Y		A2	35.969	\$1,506.13
27745	Reinforce tibia	Y		A2	66.5231	\$2,765.52
27750	Treatment of tibia fracture	Y		A2	1.7811	\$74.58
27752	Treatment of tibia fracture	Y		A2	13.7917	\$577.50
27756	Treatment of tibia fracture	Y		A2	21.4573	\$898.48
27758	Treatment of tibia fracture	Y		A2	36.2226	\$1,516.75
27759	Treatment of tibia fracture	Y		A2	50.5787	\$2,117.88
27760	Cltx medial ankle fx	Y		A2	1.7811	\$74.58
27762	Cltx med ankle fx w/mpl	Y		A2	13.7917	\$577.50
27766	Cltx medial ankle fx	Y		A2	35.5372	\$1,488.05
27767	Cltx post ankle fx	Y		G2	1.5858	\$66.40
27768	Cltx post ankle fx w/mpl	Y		G2	1.5858	\$66.40
27769	Cltx post ankle fx	Y		G2	43.499	\$1,821.43
27780	Treatment of fibula fracture	Y		A2	1.7811	\$74.58
27781	Treatment of fibula fracture	Y		A2	13.7917	\$577.50
27784	Treatment of fibula fracture	Y		A2	35.5372	\$1,488.05
27786	Treatment of ankle fracture	Y		A2	1.7811	\$74.58
27788	Treatment of ankle fracture	Y		A2	1.7811	\$74.58
27792	Treatment of ankle fracture	Y		A2	35.5372	\$1,488.05
27808	Treatment of ankle fracture	Y		A2	1.7811	\$74.58
27810	Treatment of ankle fracture	Y		A2	4.0322	\$168.84
27814	Treatment of ankle fracture	Y		A2	35.5372	\$1,488.05
27816	Treatment of ankle fracture	Y		A2	1.7811	\$74.58
27818	Treatment of ankle fracture	Y		A2	4.0322	\$168.84
27822	Treatment of ankle fracture	Y		A2	35.5372	\$1,488.05
27823	Treatment of ankle fracture	Y		A2	49.8932	\$2,089.18
27824	Treat lower leg fracture	Y		A2	1.7811	\$74.58
27825	Treat lower leg fracture	Y		A2	13.7917	\$577.50
27826	Treat lower leg fracture	Y		A2	35.5372	\$1,488.05
27827	Treat lower leg fracture	Y		A2	49.8932	\$2,089.18
27828	Treat lower leg fracture	Y		A2	50.5787	\$2,117.88
27829	Treat lower leg joint	Y		A2	35.1716	\$1,472.74
27830	Treat lower leg dislocation	Y		A2	1.7811	\$74.58
27831	Treat lower leg dislocation	Y		A2	13.7917	\$577.50
27832	Treat lower leg dislocation	Y		A2	35.1716	\$1,472.74
27840	Treat ankle dislocation	Y		A2	4.0322	\$168.84
27842	Treat ankle dislocation	Y		A2	12.8746	\$539.10
27846	Treat ankle dislocation	Y		A2	35.5372	\$1,488.05
27848	Treat ankle dislocation	Y		A2	35.5372	\$1,488.05

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
27626	Remove ankle joint lining	Y		A2	26.3955	\$1,105.26
27630	Removal of tendon lesion	Y		A2	18.7092	\$783.41
27632	Exc leg/ankle les sc > 3 cm	Y	NI	G2	22.3753	\$936.92
27634	Exc leg/ankle tum deep >5 cm	Y	NI	G2	22.3753	\$936.92
27635	Remove lower leg bone lesion	Y		A2	25.7101	\$1,076.56
27637	Remove/graft leg bone lesion	Y		A2	25.7101	\$1,076.56
27638	Remove/graft leg bone lesion	Y		A2	25.7101	\$1,076.56
27640	Partial removal of tibia	Y		A2	35.969	\$1,506.13
27641	Partial removal of fibula	Y		A2	25.3445	\$1,061.25
27647	Resect talus/calcaneus tum	Y		A2	36.3344	\$1,521.43
27648	Injection for ankle x-ray	N		N1		
27650	Repair achilles tendon	Y		A2	36.3344	\$1,521.43
27652	Repair/graft achilles tendon	Y		A2	66.5231	\$2,765.52
27654	Repair of achilles tendon	Y		A2	36.3344	\$1,521.43
27656	Repair leg fascia defect	Y		A2	18.3436	\$768.10
27658	Repair of leg tendon, each	Y		A2	17.6983	\$741.08
27659	Repair of leg tendon, each	Y		A2	18.3436	\$768.10
27664	Repair of leg tendon, each	Y		A2	25.3445	\$1,061.25
27665	Repair of leg tendon, each	Y		A2	25.3445	\$1,061.25
27675	Repair lower leg tendons	Y		A2	18.3436	\$768.10
27676	Repair lower leg tendons	Y		A2	25.7101	\$1,076.56
27680	Release of lower leg tendon	Y		A2	25.7101	\$1,076.56
27681	Release of lower leg tendons	Y		A2	25.3445	\$1,061.25
27685	Revision of lower leg tendon	Y		A2	25.7101	\$1,076.56
27686	Revision of lower leg tendons	Y		A2	25.7101	\$1,076.56
27687	Revision of calf tendon	Y		A2	25.7101	\$1,076.56
27690	Revise lower leg tendon	Y		A2	37.02	\$1,550.14
27691	Revise lower leg tendon	Y		A2	37.02	\$1,550.14
27692	Revise additional leg tendon	Y		A2	36.3344	\$1,521.43
27695	Repair of ankle ligament	Y		A2	25.3445	\$1,061.25
27696	Repair of ankle ligaments	Y		A2	25.3445	\$1,061.25
27698	Repair of ankle ligament	Y		A2	25.3445	\$1,061.25
27700	Revision of ankle joint	Y		A2	32.1158	\$1,369.91
27704	Removal of ankle implant	Y		A2	18.3436	\$768.10
27705	Incision of tibia	Y		A2	35.969	\$1,506.13
27707	Incision of fibula	Y		A2	18.3436	\$768.10
27709	Incision of tibia & fibula	Y		A2	25.3445	\$1,061.25
27720	Repair of tibia	Y	CH	G2	43.499	\$1,821.43
27726	Repair fibula nonunion	Y		G2	43.499	\$1,821.43
27730	Repair of tibia epiphysis	Y		A2	25.3445	\$1,061.25
27732	Repair of fibula epiphysis	Y		A2	25.3445	\$1,061.25

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
28104	Removal of foot lesion	Y		A2	18.221	\$762.97
28106	Removal/graft foot lesion	Y		A2	40.6016	\$1,700.11
28107	Removal/graft foot lesion	Y		A2	40.6016	\$1,700.11
28108	Removal of toe lesions	Y		A2	18.221	\$762.97
28110	Part removal of metatarsal	Y		A2	18.5864	\$778.27
28111	Part removal of metatarsal	Y		A2	18.5864	\$778.27
28112	Part removal of metatarsal	Y		A2	18.5864	\$778.27
28113	Part removal of metatarsal	Y		A2	18.5864	\$778.27
28114	Removal of metatarsal heads	Y		A2	18.5864	\$778.27
28116	Revision of foot	Y		A2	18.5864	\$778.27
28118	Removal of heel bone	Y		A2	19.2721	\$806.98
28119	Removal of heel spur	Y		A2	19.2721	\$806.98
28120	Part removal of ankle/heel	Y		A2	21.3567	\$894.27
28122	Partial removal of foot bone	Y		A2	18.5864	\$778.27
28124	Partial removal of toe	Y		P3		\$185.08
28126	Partial removal of toe	Y		A2	18.5864	\$778.27
28130	Removal of ankle bone	Y		A2	18.5864	\$778.27
28140	Removal of metatarsal	Y		A2	18.5864	\$778.27
28150	Removal of toe	Y		A2	18.5864	\$778.27
28153	Partial removal of toe	Y		A2	18.5864	\$778.27
28160	Partial removal of toe	Y		A2	18.5864	\$778.27
28171	Resect tarsal tumor	Y		A2	18.5864	\$778.27
28173	Resect metatarsal tumor	Y		A2	18.5864	\$778.27
28175	Resect phalanx of toe tumor	Y		A2	18.5864	\$778.27
28190	Removal of foot foreign body	Y		P3		\$113.26
28192	Removal of foot foreign body	Y		A2	15.1023	\$632.38
28193	Removal of foot foreign body	Y		A2	8.2762	\$346.55
28200	Repair of foot tendon	Y		A2	18.5864	\$778.27
28202	Repair/graft of foot tendon	Y		A2	18.5864	\$778.27
28208	Repair of foot tendon	Y		A2	18.5864	\$778.27
28210	Repair/graft of foot tendon	Y		A2	40.6016	\$1,700.11
28220	Release of foot tendon	Y		P3		\$174.86
28222	Release of foot tendons	Y		A2	17.5755	\$735.94
28225	Release of foot tendon	Y		A2	17.5755	\$735.94
28226	Release of foot tendons	Y		A2	17.5755	\$735.94
28230	Incision of foot tendon(s)	Y		P3		\$171.17
28232	Incision of toe tendon	Y		P3		\$163.79
28234	Incision of foot tendon	Y		A2	18.221	\$762.97
28238	Revision of foot tendon	Y		A2	40.6016	\$1,700.11
28240	Release of big toe	Y		A2	18.221	\$762.97
28250	Revision of foot fascia	Y		A2	18.5864	\$778.27

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
27860	Fixation of ankle joint	Y		A2	12.6746	\$539.10
27870	Fusion of ankle joint, open	Y		A2	67.2085	\$2,814.22
27871	Fusion of tibiofibular joint	Y		A2	67.2085	\$2,814.22
27884	Amputation follow-up surgery	Y		A2	18.7092	\$783.41
27889	Amputation of foot at ankle	Y		A2	25.7101	\$1,076.56
27892	Decompression of leg	Y		A2	25.7101	\$1,076.56
27893	Decompression of leg	Y		A2	25.7101	\$1,076.56
27894	Decompression of leg	Y		A2	25.7101	\$1,076.56
28001	Drainage of bursa of foot	Y		P3		\$109.29
28002	Treatment of foot infection	Y		A2	18.7092	\$783.41
28003	Treatment of foot infection	Y		A2	18.7092	\$783.41
28005	Treat foot bone lesion	Y		A2	18.5864	\$778.27
28008	Incision of foot fascia	Y		A2	18.5864	\$778.27
28010	Incision of toe tendon	Y		P3		\$79.77
28011	Incision of toe tendons	Y		A2	18.5864	\$778.27
28020	Exploration of foot joint	Y		A2	18.221	\$762.97
28022	Exploration of foot joint	Y		A2	18.221	\$762.97
28024	Exploration of toe joint	Y		A2	18.221	\$762.97
28035	Decompression of tibia nerve	Y		A2	17.0305	\$713.12
28039*	Exc foot/toe tum sc > 1.5 cm	Y	NI	P3		\$198.99
28041*	Exc foot/toe tum deep > 1.5 cm	Y	NI	R2	22.3753	\$936.92
28043*	Exc foot/toe tum sc < 1.5 cm	Y	NI	P3		\$141.65
28045*	Exc foot/toe tum deep < 1.5 cm	Y	NI	P3		\$194.17
28046*	Resect foot/toe tumor < 3 cm	Y	NI	R2	16.7399	\$700.95
28047	Resect foot/toe tumor > 3 cm	Y	NI	G2	22.3753	\$936.92
28050	Biopsy of foot joint lining	Y		A2	18.221	\$762.97
28052	Biopsy of toe joint lining	Y		A2	18.221	\$762.97
28054	Biopsy of toe joint lining	Y		A2	18.221	\$762.97
28055	Neurectomy, foot	Y		A2	17.0305	\$713.12
28060	Partial removal, foot fascia	Y		A2	18.221	\$762.97
28062	Removal of foot fascia	Y		A2	18.5864	\$778.27
28070	Removal of foot joint lining	Y		A2	18.5864	\$778.27
28072	Removal of foot joint lining	Y		A2	18.5864	\$778.27
28080	Removal of foot lesion	Y		A2	18.5864	\$778.27
28086	Excise foot tendon sheath	Y		A2	18.221	\$762.97
28088	Excise foot tendon sheath	Y		A2	18.221	\$762.97
28090	Removal of foot lesion	Y		A2	18.5864	\$778.27
28092	Removal of toe lesions	Y		A2	18.5864	\$778.27
28100	Removal of ankle/heel lesion	Y		A2	18.221	\$762.97
28102	Remove/graft foot lesion	Y		A2	40.6016	\$1,700.11
28103	Remove/graft foot lesion	Y		A2	40.6016	\$1,700.11

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
28420	Treat/graft heel fracture	Y		A2	36.2226	\$1,516.75
28430	Treatment of ankle fracture	Y		P2	1.5858	\$66.40
28435	Treatment of ankle fracture	Y		A2	1.7811	\$74.58
28436	Treatment of ankle fracture	Y		A2	21.0916	\$883.17
28445	Treat ankle fracture	Y		A2	35.5372	\$1,488.05
28446	Osteochondral talus autograft	Y		G2	50.2514	\$2,104.18
28450	Treat midfoot fracture, each	Y		P2	1.5858	\$66.40
28455	Treat midfoot fracture, each	Y		P2	1.5858	\$66.40
28456	Treat midfoot fracture	Y		A2	21.0916	\$883.17
28465	Treat midfoot fracture, each	Y		A2	35.5372	\$1,488.05
28470	Treat metatarsal fracture	Y		P2	1.5858	\$66.40
28475	Treat metatarsal fracture	Y		P2	1.5858	\$66.40
28476	Treat metatarsal fracture	Y		A2	21.0916	\$883.17
28485	Treat metatarsal fracture	Y		A2	36.2226	\$1,516.75
28490	Treat big toe fracture	Y	CH	P3		\$61.60
28495	Treat big toe fracture	Y		P2	1.5858	\$66.40
28496	Treat big toe fracture	Y		A2	21.0916	\$883.17
28505	Treat big toe fracture	Y		A2	21.4573	\$898.48
28510	Treatment of toe fracture	Y		P3		\$48.54
28515	Treatment of toe fracture	Y	CH	P3		\$63.02
28525	Treat toe fracture	Y		A2	21.4573	\$898.48
28530	Treat sesamoid bone fracture	Y		P3		\$46.55
28531	Treat sesamoid bone fracture	Y		A2	21.4573	\$898.48
28540	Treat foot dislocation	Y		P2	1.5858	\$66.40
28545	Treat foot dislocation	Y		A2	20.4461	\$856.14
28546	Treat foot dislocation	Y		A2	21.0916	\$883.17
28555	Repair foot dislocation	Y		A2	35.1716	\$1,472.74
28570	Treat foot dislocation	Y		P3		\$67.28
28575	Treat foot dislocation	Y		A2	13.7917	\$577.50
28576	Treat foot dislocation	Y		A2	21.4573	\$898.48
28585	Repair foot dislocation	Y		A2	21.4573	\$898.48
28600	Treat foot dislocation	Y		P2	1.5858	\$66.40
28605	Treat foot dislocation	Y		A2	1.7811	\$74.58
28606	Treat foot dislocation	Y		A2	21.0916	\$883.17
28615	Repair foot dislocation	Y		A2	35.5372	\$1,488.05
28630	Treat toe dislocation	Y	CH	P3		\$52.80
28635	Treat toe dislocation	Y		A2	12.8746	\$539.10
28636	Treat toe dislocation	Y		A2	21.4573	\$898.48
28645	Repair toe dislocation	Y		A2	21.4573	\$898.48
28660	Treat toe dislocation	Y		P3		\$38.89
28665	Treat toe dislocation	Y		A2	12.8746	\$539.10

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
28260	Release of midfoot joint	Y		A2	18.5864	\$778.27
28261	Revision of foot tendon	Y		A2	18.5864	\$778.27
28262	Revision of foot and ankle	Y		A2	19.2721	\$806.98
28264	Release of midfoot joint	Y		A2	39.5907	\$1,657.78
28270	Release of foot contracture	Y		A2	18.5864	\$778.27
28272	Release of toe joint, each	Y		P3		\$158.11
28280	Fusion of toes	Y		A2	18.221	\$762.97
28285	Repair of hammertoe	Y		A2	18.5864	\$778.27
28286	Repair of hammertoe	Y		A2	19.2721	\$806.98
28288	Partial removal of foot bone	Y		A2	18.5864	\$778.27
28289	Repair hallux rigidus	Y		A2	18.5864	\$778.27
28290	Correction of bunion	Y		A2	25.1878	\$1,054.69
28292	Correction of bunion	Y		A2	25.1878	\$1,054.69
28293	Correction of bunion	Y		A2	25.5535	\$1,070.00
28294	Correction of bunion	Y		A2	25.5535	\$1,070.00
28296	Correction of bunion	Y		A2	25.5535	\$1,070.00
28297	Correction of bunion	Y		A2	25.5535	\$1,070.00
28298	Correction of bunion	Y		A2	25.5535	\$1,070.00
28299	Correction of bunion	Y		A2	26.7358	\$1,119.51
28300	Incision of heel bone	Y		A2	40.2362	\$1,684.81
28302	Incision of ankle bone	Y		A2	18.221	\$762.97
28304	Incision of midfoot bones	Y		A2	40.2362	\$1,684.81
28305	Incision/graft midfoot bones	Y		A2	40.6016	\$1,700.11
28306	Incision of metatarsal	Y		A2	19.2721	\$806.98
28307	Incision of metatarsal	Y		A2	19.2721	\$806.98
28308	Incision of metatarsal	Y		A2	18.221	\$762.97
28309	Incision of metatarsals	Y		A2	41.2872	\$1,728.82
28310	Revision of big toe	Y		A2	18.5864	\$778.27
28312	Revision of toe	Y		A2	18.5864	\$778.27
28313	Repair deformity of toe	Y		A2	18.221	\$762.97
28315	Removal of sesamoid bone	Y		A2	19.2721	\$806.98
28320	Repair of foot bones	Y		A2	41.2872	\$1,728.82
28322	Repair of metatarsals	Y		A2	41.2872	\$1,728.82
28340	Resect enlarged toe tissue	Y		A2	19.2721	\$806.98
28341	Resect enlarged toe	Y		A2	19.2721	\$806.98
28344	Repair extra toe(s)	Y		A2	19.2721	\$806.98
28345	Repair webbed toe(s)	Y		A2	19.2721	\$806.98
28400	Treatment of heel fracture	Y		A2	1.7811	\$74.58
28405	Treatment of heel fracture	Y		A2	13.7917	\$577.50
28406	Treatment of heel fracture	Y		A2	21.0916	\$883.17
28415	Treat heel fracture	Y		A2	49.8932	\$2,089.18

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
29280	Strapping of hand or finger	N		P3		\$20.15
29305	Application of hip cast	N		P2	2.2441	\$93.97
29325	Application of hip casts	N		P2	2.2441	\$93.97
29345	Application of long leg cast	N		P3		\$50.53
29355	Application of long leg cast	N		P3		\$49.68
29358	Apply long leg cast brace	N		P3		\$62.17
29365	Application of long leg cast	N		P3		\$47.69
29405	Apply short leg cast	N		P3		\$35.48
29425	Apply short leg cast	N		P3		\$36.05
29435	Apply short leg cast	N		P3		\$45.70
29440	Addition of walker to cast	N		P3		\$19.59
29445	Apply rigid leg cast	N		P3		\$47.69
29450	Application of leg cast	N		P2	1.0081	\$42.21
29505	Application, long leg splint	N		P3		\$32.64
29515	Application lower leg splint	N		P3		\$27.82
29520	Strapping of hip	N		P3		\$19.30
29530	Strapping of knee	N		P3		\$19.87
29540	Strapping of ankle and/or ft	N		P3		\$14.76
29550	Strapping of toes	N		P3		\$15.33
29560	Application of paste boot	N		P3		\$20.44
29581	Apply multilay compr lwr leg	N	NI	P2	1.0081	\$42.21
29590	Application of foot splint	N		P3		\$16.75
29700	Removal/revision of cast	N		P3		\$27.54
29705	Removal/revision of cast	N		P3		\$23.56
29710	Removal/revision of cast	N		P3		\$42.30
29715	Removal/revision of cast	N	CH	P3		\$33.21
29720	Repair of body cast	N		P3		\$34.63
29730	Windowing of cast	N		P3		\$22.71
29740	Wedging of cast	N		P3		\$30.66
29750	Wedging of clubfoot cast	N		P3		\$33.50
29800	Jaw arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29804	Jaw arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29805	Shoulder arthroscopy, dx	Y		A2	24.3811	\$1,020.91
29806	Shoulder arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29807	Shoulder arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29819	Shoulder arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29820	Shoulder arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29821	Shoulder arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29822	Shoulder arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29823	Shoulder arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29824	Shoulder arthroscopy/surgery	Y		A2	25.5635	\$1,070.42

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
28666	Treat toe dislocation	Y		A2	21.4573	\$898.48
28675	Repair of toe dislocation	Y		A2	21.4573	\$898.48
28705	Fusion of foot bones	Y		A2	41.2872	\$1,728.82
28715	Fusion of foot bones	Y		A2	67.2065	\$2,814.22
28725	Fusion of foot bones	Y		A2	41.2872	\$1,728.82
28730	Fusion of foot bones	Y		A2	41.2872	\$1,728.82
28735	Fusion of foot bones	Y		A2	41.2872	\$1,728.82
28737	Revision of foot bones	Y		A2	41.784	\$1,749.62
28740	Fusion of foot bones	Y		A2	41.2872	\$1,728.82
28750	Fusion of big toe joint	Y		A2	41.2872	\$1,728.82
28755	Fusion of big toe joint	Y		A2	19.2721	\$806.98
28760	Fusion of big toe joint	Y		A2	41.2872	\$1,728.82
28810	Amputation toe & metatarsal	Y		A2	18.221	\$762.97
28820	Amputation of toe	Y		A2	18.221	\$762.97
28825	Partial amputation of toe	Y		A2	18.221	\$762.97
28890	High energy eswt, plantar f	Y		P3		\$140.80
29000	Application of body cast	N		G2	1.0081	\$42.21
29010	Application of body cast	N	CH	P3		\$93.68
29015	Application of body cast	N		P2	2.2441	\$93.97
29020	Application of body cast	N		G2	1.0081	\$42.21
29025	Application of body cast	N		P2	1.0081	\$42.21
29035	Application of body cast	N		P2	2.2441	\$93.97
29040	Application of body cast	N		G2	1.0081	\$42.21
29044	Application of body cast	N		P2	2.2441	\$93.97
29046	Application of body cast	N		G2	2.2441	\$93.97
29049	Application of figure eight	N		P3		\$34.63
29055	Application of shoulder cast	N	CH	P3		\$90.55
29058	Application of shoulder cast	N	CH	P3		\$37.75
29065	Application of long arm cast	N		P3		\$38.61
29075	Application of forearm cast	N		P3		\$37.19
29085	Apply hand/wrist cast	N	CH	P3		\$38.04
29086	Apply finger cast	N		P3		\$31.79
29105	Apply long arm splint	N		P3		\$33.50
29125	Apply forearm splint	N		P3		\$29.24
29126	Apply forearm splint	N		P3		\$30.94
29130	Application of finger splint	N		P3		\$13.34
29131	Application of finger splint	N		P3		\$19.02
29200	Strapping of chest	N		P3		\$18.74
29220	Strapping of low back	N	CH	D5		
29240	Strapping of shoulder	N		P3		\$20.44
29260	Strapping of elbow or wrist	N		P3		\$19.87

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)						
HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
29887	Knee arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29888	Knee arthroscopy/surgery	Y		A2	66.5231	\$2,785.52
29889	Knee arthroscopy/surgery	Y		A2	66.5231	\$2,785.52
29891	Ankle arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29892	Ankle arthroscopy/surgery	Y		A2	66.5231	\$2,785.52
29893	Scope, plantar fasciotomy	Y		A2	22.845	\$956.59
29894	Ankle arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29895	Ankle arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29897	Ankle arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29898	Ankle arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29899	Ankle arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29900	Mcp joint arthroscopy, dx	Y		A2	24.3811	\$1,020.91
29901	Mcp joint arthroscopy, surg	Y		A2	24.3811	\$1,020.91
29902	Mcp joint arthroscopy, surg	Y		A2	24.3811	\$1,020.91
29904	Subtalar arthro w/ib mvl	Y		G2	28.6243	\$1,198.59
29905	Subtalar arthro w/ib	Y		G2	28.6243	\$1,198.59
29906	Subtalar arthro w/ib	Y		G2	28.6243	\$1,198.59
29907	Subtalar arthro w/ib	Y		G2	46.7038	\$1,955.63
30000	Drainage of nose lesion	Y	CH	P3		\$118.66
30020	Intranasal biopsy	Y	CH	P3		\$114.97
30100	Intranasal biopsy	Y		P3		\$70.97
30110	Removal of nose polyp(s)	Y		P3		\$110.14
30115	Removal of nose polyp(s)	Y		A2	14.8802	\$623.08
30117	Removal of intranasal lesion	Y		A2	15.2459	\$638.39
30118	Removal of intranasal lesion	Y		A2	20.8254	\$872.02
30120	Revision of nose	Y		A2	19.8142	\$829.68
30124	Removal of nose lesion	Y		R2	7.2897	\$305.24
30125	Removal of nose lesion	Y		A2	33.3886	\$1,398.08
30130	Excise inferior turbinate	Y		A2	15.2459	\$638.39
30140	Resect inferior turbinate	Y		A2	20.4597	\$856.71
30150	Partial removal of nose	Y		A2	33.7542	\$1,413.39
30160	Removal of nose	Y		A2	34.4396	\$1,442.09
30200	Injection treatment of nose	Y		P3		\$56.21
30210	Nasal sinus therapy	Y		P3		\$71.25
30220	Insert nasal septal button	Y		A2	8.1184	\$339.94
30300	Remove nasal foreign body	N		P2	0.6403	\$26.81
30310	Remove nasal foreign body	Y		A2	14.2349	\$596.06
30320	Remove nasal foreign body	Y		A2	14.8802	\$623.08
30400	Reconstruction of nose	Y		A2	34.4396	\$1,442.09
30410	Reconstruction of nose	Y		A2	34.9366	\$1,462.90
30420	Reconstruction of nose	Y		A2	34.9366	\$1,462.90

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)						
HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
29825	Shoulder arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29826	Shoulder arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29827	Arthroscop rotator cuff repr	Y		A2	39.1233	\$1,638.21
29828	Arthroscopy biceps tenodesis	Y		G2	46.7038	\$1,955.63
29830	Elbow arthroscopy	Y		A2	24.3811	\$1,020.91
29834	Elbow arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29835	Elbow arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29836	Elbow arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29837	Elbow arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29838	Elbow arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29840	Wrist arthroscopy	Y		A2	24.3811	\$1,020.91
29843	Wrist arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29844	Wrist arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29845	Wrist arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29846	Wrist arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29847	Wrist arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29848	Wrist endoscopy/surgery	Y		A2	29.1164	\$1,219.19
29850	Knee arthroscopy/surgery	Y		A2	25.0667	\$1,049.62
29851	Knee arthroscopy/surgery	Y		A2	38.6263	\$1,617.40
29855	Tibial arthroscopy/surgery	Y		A2	38.6263	\$1,617.40
29856	Tibial arthroscopy/surgery	Y		A2	38.6263	\$1,617.40
29860	Hip arthroscopy, dx	Y		A2	38.6263	\$1,617.40
29861	Hip arthroscopy/surgery	Y		A2	38.6263	\$1,617.40
29862	Hip arthroscopy/surgery	Y		A2	42.6762	\$1,786.98
29863	Hip arthroscopy/surgery	Y		A2	38.6263	\$1,617.40
29866	Augift implit, knee w/scope	Y		G2	46.7038	\$1,955.63
29870	Knee arthroscopy, dx	Y		A2	24.3811	\$1,020.91
29871	Knee arthroscopy/drainage	Y		A2	24.3811	\$1,020.91
29873	Knee arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29874	Knee arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29875	Knee arthroscopy/surgery	Y		A2	25.0667	\$1,049.62
29876	Knee arthroscopy/surgery	Y		A2	25.0667	\$1,049.62
29877	Knee arthroscopy/surgery	Y		A2	25.0667	\$1,049.62
29879	Knee arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29880	Knee arthroscopy/surgery	Y		A2	25.0667	\$1,049.62
29881	Knee arthroscopy/surgery	Y		A2	25.0667	\$1,049.62
29882	Knee arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29883	Knee arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29884	Knee arthroscopy/surgery	Y		A2	24.3811	\$1,020.91
29885	Knee arthroscopy/surgery	Y		A2	37.9409	\$1,588.70
29886	Knee arthroscopy/surgery	Y		A2	24.3811	\$1,020.91

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
31201	Removal of ethmoid sinus	Y		A2	34.9366	\$1,482.90
31205	Removal of ethmoid sinus	Y		A2	33.7542	\$1,413.39
31231	Nasal endoscopy, dx	Y		P2	1.7627	\$73.81
31233	Nasal/sinus endoscopy, dx	Y		A2	1.8155	\$76.02
31235	Nasal/sinus endoscopy, dx	Y		A2	17.4415	\$730.33
31237	Nasal/sinus endoscopy, surg	Y		A2	18.0871	\$757.36
31238	Nasal/sinus endoscopy, surg	Y		A2	17.4415	\$730.33
31239	Nasal/sinus endoscopy, surg	Y		A2	24.6018	\$1,030.15
31240	Nasal/sinus endoscopy, surg	Y		A2	18.0871	\$757.36
31254	Revision of ethmoid sinus	Y		A2	23.9164	\$1,001.45
31255	Removal of ethmoid sinus	Y		A2	25.0988	\$1,050.96
31256	Exploration maxillary sinus	Y		A2	23.9164	\$1,001.45
31267	Endoscopy, maxillary sinus	Y		A2	23.9164	\$1,001.45
31276	Sinus endoscopy, surgical	Y		A2	23.9164	\$1,001.45
31287	Nasal/sinus endoscopy, surg	Y		A2	23.9164	\$1,001.45
31288	Nasal/sinus endoscopy, surg	Y		A2	23.9164	\$1,001.45
31300	Removal of larynx lesion	Y		A2	22.0077	\$921.53
31320	Diagnostic incision, larynx	Y		A2	33.3886	\$1,398.08
31400	Revision of larynx	Y		A2	33.3886	\$1,398.08
31420	Removal of epiglottis	Y		A2	2.349	\$98.36
31500	Insert emergency airway	N		G2	1.353	\$56.65
31502	Change of windpipe airway	N		G2	0.766	\$32.07
31505	Diagnostic laryngoscopy	Y		P2	18.0871	\$757.36
31510	Laryngoscopy with biopsy	Y		A2	18.0871	\$757.36
31511	Remove foreign body, larynx	Y		A2	1.8155	\$76.02
31512	Removal of larynx lesion	Y		A2	18.0871	\$757.36
31513	Injection into vocal cord	Y		A2	1.8155	\$76.02
31515	Laryngoscopy for aspiration	Y		A2	17.4415	\$730.33
31520	Dx laryngoscopy, newborn	Y		G2	1.7627	\$73.81
31525	Dx laryngoscopy excl nb	Y		A2	17.4415	\$730.33
31526	Dx laryngoscopy w/oper scope	Y		A2	18.0871	\$757.36
31527	Laryngoscopy for treatment	Y		A2	22.9055	\$959.12
31528	Laryngoscopy and dilation	Y		A2	18.0871	\$757.36
31529	Laryngoscopy and dilation	Y		A2	18.0871	\$757.36
31530	Laryngoscopy w/ib removal	Y		A2	18.0871	\$757.36
31531	Laryngoscopy w/ib & op scope	Y		A2	18.4525	\$772.66
31535	Laryngoscopy w/ib & op scope	Y		A2	18.0871	\$757.36
31536	Laryngoscopy w/ib & op scope	Y		A2	18.4525	\$772.66
31540	Laryngoscopy w/exc of tumor	Y		A2	18.4525	\$772.66
31541	Laryngoscopy w/exc of tumor	Y		A2	19.1381	\$801.37
31545	Remove vc lesion w/scope	Y		A2	24.6018	\$1,030.15

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
30430	Revision of nose	Y		A2	20.8254	\$872.02
30435	Revision of nose	Y		A2	34.9366	\$1,482.90
30450	Revision of nose	Y		A2	36.5245	\$1,529.39
30460	Revision of nose	Y		A2	36.5245	\$1,529.39
30462	Revision of nose	Y		A2	38.4895	\$1,611.67
30465	Repair nasal stenosis	Y		A2	38.4895	\$1,611.67
30520	Repair nasal septum	Y		A2	21.5108	\$900.72
30540	Repair nasal defect	Y		A2	34.9366	\$1,482.90
30545	Repair nasal defect	Y		A2	34.9366	\$1,482.90
30560	Release of nasal adhesions	Y		A2	3.3186	\$138.96
30580	Repair upper jaw fistula	Y		A2	34.4396	\$1,442.09
30600	Repair mouth/nose fistula	Y		A2	34.4396	\$1,442.09
30620	Intranasal reconstruction	Y		A2	36.5245	\$1,529.39
30630	Repair nasal septum defect	Y		A2	23.5956	\$988.02
30801	Ablate inf turbinate, superi	Y		A2	7.3694	\$303.58
30802	Ablate inf turbinate submuc	Y		A2	14.2349	\$596.06
30901	Control of nosebleed	Y	CH	P3	338.32	\$38.32
30903	Control of nosebleed	Y		A2	1.2409	\$51.96
30905	Control of nosebleed	Y		A2	1.2409	\$51.96
30906	Repeat control of nosebleed	Y		A2	1.2409	\$51.96
30915	Ligation, nasal sinus artery	Y		A2	21.613	\$905.00
30920	Ligation, upper jaw artery	Y		A2	21.9786	\$920.31
30930	Ther fx, nasal inf turbinate	Y		A2	15.9313	\$667.09
31000	Irrigation, maxillary sinus	Y		P3	\$90.84	\$90.84
31002	Irrigation, sphenoid sinus	Y		R2	7.2897	\$305.24
31020	Exploration, maxillary sinus	Y		A2	20.4597	\$856.71
31030	Exploration, maxillary sinus	Y		A2	33.7542	\$1,413.39
31032	Explore sinus, remove polyps	Y		A2	34.4396	\$1,442.09
31040	Exploration behind upper jaw	Y		R2	23.8828	\$1,000.04
31050	Exploration, sphenoid sinus	Y		A2	33.3886	\$1,398.08
31051	Sphenoid sinus surgery	Y		A2	34.4396	\$1,442.09
31070	Exploration of frontal sinus	Y		A2	20.4597	\$856.71
31075	Exploration of frontal sinus	Y		A2	34.4396	\$1,442.09
31080	Removal of frontal sinus	Y		A2	34.4396	\$1,442.09
31081	Removal of frontal sinus	Y		A2	34.4396	\$1,442.09
31084	Removal of frontal sinus	Y		A2	34.4396	\$1,442.09
31085	Removal of frontal sinus	Y		A2	34.4396	\$1,442.09
31086	Removal of frontal sinus	Y		A2	34.4396	\$1,442.09
31087	Removal of frontal sinus	Y		A2	34.4396	\$1,442.09
31090	Exploration of sinuses	Y		A2	34.9366	\$1,482.90
31200	Removal of ethmoid sinus	Y		A2	33.3886	\$1,398.08

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCRCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
31643	Diag bronchoscope/catheter	Y		A2	9.9888	\$418.26
31645	Bronchoscopy, clear airways	Y		A2	9.3433	\$391.23
31646	Bronchoscopy, reclear airway	Y		A2	9.3433	\$391.23
31656	Bronchoscopy, inj for x-ray	Y		A2	9.3433	\$391.23
31715	Injection for bronchus x-ray	N		N1		
31717	Bronchial brush biopsy	Y		A2	4.516	\$199.10
31720	Clearance of airways	N		A2	0.5615	\$23.51
31730	Intro, windpipe wire/tube	Y		A2	4.516	\$189.10
31750	Repair of windpipe	Y		A2	34.9366	\$1,462.90
31755	Repair of windpipe	Y		A2	33.3886	\$1,398.08
31820	Closure of windpipe lesion	Y		A2	19.8142	\$829.68
31825	Repair of windpipe defect	Y		A2	20.4597	\$856.71
31830	Revised windpipe scar	Y		A2	20.4597	\$856.71
32400	Needle biopsy chest lining	Y		A2	8.8382	\$370.08
32405	Biopsy, lung or mediastinum	Y		A2	8.8382	\$370.08
32420	Puncture/clear lung	Y		A2	5.2561	\$220.09
32421	Thoracentesis for aspiration	Y		A2	5.2561	\$220.09
32422	Thoracentesis w/tube insert	Y		G2	5.3117	\$222.42
32550	Insert pleural cath	Y		G2	29.1413	\$1,220.23
32552	Remove lung catheter	N	NI	G2	1.353	\$56.65
32553	Ins mark thor for rt perq	N	NI	G2	13.1619	\$551.13
32960	Therapeutic pneumothorax	Y		G2	5.3117	\$222.42
32998	Perq if ablate tx, pul tumor	Y		G2	49.1378	\$2,057.55
33010	Drainage of heart sac	Y		A2	5.2561	\$220.09
33011	Repeat drainage of heart sac	Y		A2	5.2561	\$220.09
33206	Insertion of heart pacemaker	Y		J8	169.4488	\$7,095.33
33207	Insertion of heart pacemaker	Y		J8	169.4488	\$7,095.33
33208	Insertion of heart pacemaker	Y		J8	205.4713	\$8,603.70
33210	Insertion of heart electrode	Y		G2	46.8172	\$1,960.38
33211	Insertion of heart electrode	Y		G2	46.8172	\$1,960.38
33212	Insertion of pulse generator	Y		H8	138.5387	\$5,801.03
33213	Upgrade of pacemaker system	Y		H8	152.6905	\$6,393.61
33214	Upgrade of pacemaker system	Y		J8	205.4713	\$8,603.70
33215	Reposition pacing-defib lead	Y		G2	21.9478	\$919.02
33216	Insert 1 electrode pm-defib	Y		G2	46.8172	\$1,960.38
33217	Insert 2 electrode pm-defib	Y		G2	46.8172	\$1,960.38
33218	Repair lead pace-defib, one	Y		G2	21.9478	\$919.02
33220	Repair lead pace-defib, dual	Y		G2	21.9478	\$919.02
33222	Revised pocket, pacemaker	Y		A2	14.0668	\$589.02
33223	Revised pocket for defib	Y		A2	14.0668	\$589.02
33224	Insert pacing lead & connect	Y		J8	303.507	\$12,708.75

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCRCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
31546	Remove vc lesion scope/graft	Y		A2	24.6018	\$1,030.15
31560	Laryngoscopy w/arytenoidectomy	Y		A2	25.0988	\$1,050.96
31561	Laryngoscopy, remove cart + scop	Y		A2	25.0988	\$1,050.96
31570	Laryngoscopy w/vc inj	Y		A2	18.0871	\$757.36
31571	Laryngoscopy w/vc inj + scope	Y		A2	23.5507	\$986.14
31575	Diagnostic laryngoscopy	Y		P3	\$50.81	
31576	Laryngoscopy with biopsy	Y		A2	18.0871	\$757.36
31577	Remove foreign body, larynx	Y		A2	4.516	\$189.10
31578	Removal of larynx lesion	Y		A2	23.5507	\$986.14
31579	Diagnostic laryngoscopy	Y		P3	\$89.99	
31580	Revision of larynx	Y		A2	34.9366	\$1,462.90
31582	Revision of larynx	Y		A2	34.9366	\$1,462.90
31588	Revision of larynx	Y		A2	34.9366	\$1,462.90
31590	Reinnervate larynx	Y		A2	34.9366	\$1,462.90
31595	Larynx nerve surgery	Y		A2	33.3886	\$1,398.08
31603	Incision of windpipe	Y		A2	7.3694	\$308.58
31605	Incision of windpipe	Y		G2	7.2897	\$305.24
31611	Surgery/speech prosthesis	Y		A2	20.8254	\$872.02
31612	Puncture/clear windpipe	Y		A2	19.8142	\$829.68
31613	Repair windpipe opening	Y		A2	20.4597	\$856.71
31614	Repair windpipe opening	Y		A2	33.3886	\$1,398.08
31615	Visualization of windpipe	Y		A2	7.3694	\$308.58
31620	Endobronchial us add-on	N		N1		
31622	Dx bronchoscope/wash	Y		A2	9.3433	\$391.23
31623	Dx bronchoscope/brush	Y		A2	9.9888	\$418.26
31624	Dx bronchoscope/lavage	Y		A2	9.9888	\$418.26
31625	Bronchoscopy w/biopsy(s)	Y		A2	9.9888	\$418.26
31626	Bronchoscopy w/markers	Y	NI	G2	9.9216	\$415.45
31627	Navigation bronchoscopy	N	NI	N1		
31628	Bronchoscopy/lung bx, each	Y		A2	9.9888	\$418.26
31629	Bronchoscopy/needle bx, each	Y		A2	9.9888	\$418.26
31630	Bronchoscopy dilate/tx repr	Y		A2	21.1332	\$884.91
31631	Bronchoscopy, dilate w/stent	Y		A2	21.1332	\$884.91
31632	Bronchoscopy/lung bx, addl	Y		G2	9.9216	\$415.45
31633	Bronchoscopy/needle bx addl	Y		G2	9.9216	\$415.45
31635	Bronchoscopy w/bt removal	Y		A2	9.9888	\$418.26
31636	Bronchoscopy, bronch stents	Y		A2	21.1332	\$884.91
31637	Bronchoscopy, stent add-on	Y		A2	9.3433	\$391.23
31638	Bronchoscopy, revise stent	Y		A2	21.1332	\$884.91
31640	Bronchoscopy w/tumor excise	Y		A2	21.1332	\$884.91
31641	Bronchoscopy, treat blockage	Y		A2	21.1332	\$884.91

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
36216	Place catheter in artery	N		N1		
36217	Place catheter in artery	N		N1		
36218	Place catheter in artery	N		N1		
36245	Place catheter in artery	N		N1		
36246	Place catheter in artery	N		N1		
36247	Place catheter in artery	N		N1		
36248	Place catheter in artery	N		N1		
36260	Insertion of infusion pump	Y		A2	24.7544	\$1,036.54
36261	Revision of infusion pump	Y		A2	19.0084	\$795.94
36262	Removal of infusion pump	Y		A2	18.3631	\$768.92
36400	BI draw < 3 yrs fem/jugular	N		N1		
36405	BI draw < 3 yrs scalp vein	N		N1		
36406	BI draw < 3 yrs other vein	N		N1		
36410	Non-routine BI draw > 3 yrs	N		N1		
36416	Capillary blood draw	N		N1		
36420	Vein access cutdown < 1 yr	N	CH	R2	0.222	\$9.30
36425	Vein access cutdown > 1 yr	N		R2	0.222	\$9.30
36430	Blood transfusion service	N		P3		\$25.83
36440	BI push transfuse, 2 yr or <	N		R2	3.2345	\$135.44
36450	BI exchange/transfuse, nb	N		R2	3.2345	\$135.44
36455	BI exchange/transfuse non-nb	N		G2	3.2345	\$135.44
36468	Injection(s), spider veins	Y		R2	0.8408	\$35.21
36469	Injection(s), spider veins	Y		R2	0.8408	\$35.21
36470	Injection therapy of vein	Y		P2	0.8408	\$35.21
36471	Injection therapy of veins	Y		P2	0.8408	\$35.21
36475	Endovenous rf, 1st vein	Y		A2	39.958	\$1,673.16
36476	Endovenous rf, vein add-on	Y		A2	26.7139	\$1,118.59
36478	Endovenous laser, 1st vein	Y		A2	26.7139	\$1,118.59
36479	Endovenous laser vein add-on	Y		A2	26.7139	\$1,118.59
36481	Insertion of catheter, vein	N		N1		
36500	Insertion of catheter, vein	N		N1		
36510	Insertion of catheter, vein	N		N1		
36511	Apheresis wbc	N		G2	11.4253	\$478.41
36512	Apheresis rbc	N		G2	11.4253	\$478.41
36513	Apheresis platelets	N		G2	11.4253	\$478.41
36514	Apheresis plasma	N		G2	11.4253	\$478.41
36515	Apheresis, apheresis/reinfuse	N		P2	31.8778	\$1,334.82
36516	Apheresis, selective	N		P2	31.8778	\$1,334.82
36522	Photopheresis	N		G2	31.8778	\$1,334.82
36555	Insert non-tunnel cv cath	Y		A2	9.914	\$415.13
36556	Insert non-tunnel cv cath	Y		A2	9.914	\$415.13

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
33225	L ventric pacing lead add-on	Y		J8	303.507	\$12,708.75
33226	Reposition I ventric lead	Y		G2	21.9478	\$919.02
33233	Removal of pacemaker system	Y		A2	19.0084	\$795.94
33234	Removal of pacemaker system	Y		G2	21.9478	\$919.02
33235	Removal pacemaker electrode	Y		G2	21.9478	\$919.02
33240	Insert pulse generator	Y		J8	500.9758	\$20,977.36
33241	Remove pulse generator	Y		G2	21.9478	\$919.02
33249	Eltd/insert pace-defib	Y		J8	632.2356	\$26,473.60
33282	Implant pat-active ht record	N		J8	111.8317	\$4,682.73
33284	Remove pat-active ht record	Y		G2	7.8476	\$328.60
33508	Endoscopic vein harvest	N		N1		
34490	Removal of vein clot	Y		G2	39.1233	\$1,638.46
35188	Repair blood vessel lesion	Y		A2	32.9456	\$1,379.53
35207	Repair blood vessel lesion	Y		A2	32.9456	\$1,379.53
35460	Repair venous blockage	Y	CH	G2	48.4864	\$2,030.27
35473	Repair arterial blockage	Y		G2	48.4864	\$2,030.27
35475	Repair arterial blockage	Y	CH	G2	48.4864	\$2,030.27
35476	Repair venous blockage	Y		G2	48.4864	\$2,030.27
35492	Atherectomy, percutaneous	Y		G2	89.2835	\$3,738.57
35572	Harvest femoropopliteal vein	N		N1		
35761	Exploration of artery/vein	Y		G2	34.0556	\$1,428.01
35875	Removal of clot in graft	Y		A2	36.9952	\$1,549.10
35876	Removal of clot in graft	Y		A2	36.9952	\$1,549.10
36000	Place needle in vein	N		N1		
36002	Pseudoaneurysm injection trt	N		G2	2.2009	\$92.16
36005	Injection ext venography	N		N1		
36010	Place catheter in vein	N		N1		
36011	Place catheter in vein	N		N1		
36012	Place catheter in vein	N		N1		
36013	Place catheter in artery	N		N1		
36014	Place catheter in artery	N		N1		
36015	Place catheter in artery	N		N1		
36100	Establish access to artery	N		N1		
36120	Establish access to artery	N		N1		
36140	Establish access to artery	N		N1		
36145	Artery to vein shunt	N	CH	D5		
36147	Access av dial grft for eval	Y	NI	P2	2.2917	\$95.96
36148	Access av dial grft for proc	N	NI	N1		
36160	Establish access to aorta	N		N1		
36200	Place catheter in aorta	N		N1		
36215	Place catheter in artery	N		N1		

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
36825	Artery-vein autograft	Y		A2	32.9456	\$1,379.53
36830	Artery-vein nonautograft	Y		A2	32.9456	\$1,379.53
36831	Open thrombect av fistula	Y		A2	36.9562	\$1,549.10
36832	Av fistula revision, open	Y		A2	32.9456	\$1,379.53
36833	Av fistula revision	Y		A2	32.9456	\$1,379.53
36834	Repair A-V aneurysm	N	CH	D5		
36835	Artery to vein shunt	Y		A2	25.8262	\$1,081.42
36860	External cannula de clotting	Y		A2	2.4464	\$102.44
36861	Cannula de clotting	Y		A2	25.1408	\$1,052.72
36870	Percl thrombect av fistula	Y		A2	41.1482	\$1,723.00
37184	Prim art mech thrombectomy	Y		G2	39.1293	\$1,638.46
37185	Prim art m-thrombect add-on	Y		G2	39.1293	\$1,638.46
37186	Sec art m-thrombect add-on	Y		G2	39.1293	\$1,638.46
37187	Venous mech thrombectomy	Y		G2	39.1293	\$1,638.46
37188	Venous m-thrombectomy add-on	Y		G2	39.1293	\$1,638.46
37200	Transcatheter biopsy	Y		G2	29.1216	\$1,219.41
37203	Transcatheter retrieval	Y		G2	29.1216	\$1,219.41
37250	lv us first vessel add-on	N		N1		
37251	lv us each add vessel add-on	N		N1		
37500	Endoscopy ligate perf veins	Y		A2	35.2227	\$1,474.88
37607	Ligation of a-v fistula	Y		A2	21.9786	\$920.31
37609	Temporal artery procedure	Y		A2	15.1023	\$632.38
37650	Revision of major vein	Y		A2	21.613	\$905.00
37700	Revise leg vein	Y		A2	21.613	\$905.00
37718	Ligate/strip short leg vein	Y		A2	21.9786	\$920.31
37722	Ligate/strip long leg vein	Y		A2	35.2227	\$1,474.88
37735	Removal of leg veins/lesion	Y		A2	35.2227	\$1,474.88
37760	Ligate leg veins radical	Y		A2	21.9786	\$920.31
37761*	Ligate leg veins open	Y	NI	R2	25.4208	\$1,064.45
37765	Phleb veins - extrem - to 20	Y		R2	25.4208	\$1,064.45
37766	Phleb veins - extrem 20+	Y		R2	25.4208	\$1,064.45
37785	Ligate/divide/excise vein	Y		A2	21.9786	\$920.31
37790	Penile venous occlusion	Y		A2	27.9431	\$1,170.06
38200	Injection for spleen x-ray	N		N1		
38204	BI donor search management	N		N1		
38206	Harvest auto stem cells	N		G2	11.4253	\$478.41
38220	Bone marrow aspiration	Y		P3		\$81.19
38221	Bone marrow biopsy	Y		P3		\$84.59
38230	Bone marrow collection	N		G2	31.8778	\$1,334.82
38241	Bone marrow/stem transplant	N		G2	31.8778	\$1,334.82

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
36557	Insert tunneled cv cath	Y		A2	20.7258	\$867.85
36558	Insert tunneled cv cath	Y		A2	20.7258	\$867.85
36560	Insert tunneled cv cath	Y		A2	24.7544	\$1,036.54
36561	Insert tunneled cv cath	Y		A2	24.7544	\$1,036.54
36563	Insert tunneled cv cath	Y		A2	24.7544	\$1,036.54
36565	Insert tunneled cv cath	Y		A2	24.7544	\$1,036.54
36566	Insert tunneled cv cath	Y		A2	24.7544	\$1,036.54
36568	Insert plov cath	Y		A2	9.914	\$415.13
36569	Insert plov cath	Y		A2	9.914	\$415.13
36570	Insert plov cath	Y		A2	21.0912	\$883.15
36571	Insert plov cath	Y		A2	21.0912	\$883.15
36575	Repair tunneled cv cath	Y		A2	7.1211	\$298.18
36576	Repair tunneled cv cath	Y		A2	10.5593	\$442.15
36578	Replace tunneled cv cath	Y		A2	20.7258	\$867.85
36580	Replace cvad cath	Y		A2	9.914	\$415.13
36581	Replace tunneled cv cath	Y		A2	20.7258	\$867.85
36582	Replace tunneled cv cath	Y		A2	24.7544	\$1,036.54
36583	Replace tunneled cv cath	Y		A2	24.7544	\$1,036.54
36584	Replace plov cath	Y		A2	9.914	\$415.13
36585	Replace plov cath	Y		A2	21.0912	\$883.15
36589	Removal tunneled cv cath	Y		A2	6.4758	\$271.16
36590	Removal tunneled cv cath	Y		A2	9.914	\$415.13
36591	Draw blood off venous device	N		N1		
36592	Collect blood from plov	N		N1		
36593	Declot vascular device	Y		P3		\$20.15
36595	Mech remov tunneled cv cath	Y		G2	24.2374	\$1,014.89
36596	Mech remov tunneled cv cath	Y		G2	10.6825	\$447.31
36597	Reposition venous catheter	Y		G2	10.6825	\$447.31
36598	lnj w/fluor, eval cv device	Y		P3		\$63.59
36600	Withdrawal of arterial blood	N		N1		
36620	Insertion catheter, artery	N		N1		
36625	Insertion catheter, artery	N		N1		
36640	Insertion catheter, artery	Y		A2	23.7432	\$994.20
36680	Insert needle, bone cavity	Y		G2	1.4457	\$60.54
36800	Insertion of cannula	Y		A2	25.1408	\$1,052.72
36810	Insertion of cannula	Y		A2	25.1408	\$1,052.72
36815	Insertion of cannula	Y		A2	25.1408	\$1,052.72
36818	Av fuse, uppr arm, cephalic	Y		A2	32.2599	\$1,350.82
36819	Av fuse, uppr arm, basilic	Y		A2	32.2599	\$1,350.82
36820	Av fusion/forearm vein	Y		A2	32.2599	\$1,350.82
36821	Av fusion direct any site	Y		A2	32.2599	\$1,350.82

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
40805	Removal, foreign body, mouth	Y		P3		\$144.20
40806	Incision of lip fold	Y		P3		\$64.44
40808	Biopsy of mouth lesion	Y		P3		\$98.79
40810	Excision of mouth lesion	Y		P3		\$102.48
40812	Excise/repair mouth lesion	Y		P3		\$129.44
40814	Excise/repair mouth lesion	Y		A2	14.8802	\$623.08
40816	Excision of mouth lesion	Y		A2	20.4597	\$856.71
40818	Excise oral mucosa for graft	Y		A2	3.3186	\$138.96
40819	Excise lip or cheek fold	Y		A2	7.3694	\$308.58
40820	Treatment of mouth lesion	Y		P3		\$145.91
40830	Repair mouth laceration	Y		G2	3.2767	\$137.21
40831	Repair mouth laceration	Y		A2	7.3694	\$308.58
40840	Reconstruction of mouth	Y		A2	20.4597	\$856.71
40842	Reconstruction of mouth	Y		A2	20.8254	\$872.02
40843	Reconstruction of mouth	Y		A2	20.8254	\$872.02
40844	Reconstruction of mouth	Y		A2	34.9366	\$1,462.90
40845	Reconstruction of mouth	Y		A2	34.9366	\$1,462.90
41000	Drainage of mouth lesion	Y		P3		\$73.52
41005	Drainage of mouth lesion	Y		A2	3.3186	\$138.96
41006	Drainage of mouth lesion	Y		A2	19.8142	\$829.68
41007	Drainage of mouth lesion	Y		A2	14.2349	\$596.06
41008	Drainage of mouth lesion	Y		A2	14.2349	\$596.06
41009	Drainage of mouth lesion	Y		A2	3.3186	\$138.96
41010	Incision of tongue fold	Y		A2	7.3694	\$308.58
41015	Drainage of mouth lesion	Y		A2	3.3186	\$138.96
41016	Drainage of mouth lesion	Y		A2	7.3694	\$308.58
41017	Drainage of mouth lesion	Y		A2	7.3694	\$308.58
41018	Drainage of mouth lesion	Y		A2	7.3694	\$308.58
41019	Place needles h&n for rt	Y		G2	23.8828	\$1,000.04
41100	Biopsy of tongue	Y		P3		\$77.21
41105	Biopsy of tongue	Y		P3		\$76.64
41108	Biopsy of floor of mouth	Y		P3		\$70.97
41110	Excision of tongue lesion	Y		P3		\$102.76
41112	Excision of tongue lesion	Y		A2	14.8802	\$623.08
41113	Excision of tongue lesion	Y		A2	14.8802	\$623.08
41114	Excision of tongue lesion	Y		A2	20.4597	\$856.71
41115	Excision of tongue fold	Y		P3		\$118.94
41116	Excision of mouth lesion	Y		A2	14.2349	\$596.06
41120	Partial removal of tongue	Y		A2	22.0077	\$921.53
41250	Repair tongue laceration	Y		A2	1.6877	\$70.67
41251	Repair tongue laceration	Y		A2	3.3186	\$138.96

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
38242	Lymphocyte infuse transplant	N		R2	11.4253	\$478.41
38300	Drainage, lymph node lesion	Y		A2	10.9586	\$458.87
38305	Drainage, lymph node lesion	Y		A2	16.472	\$689.73
38308	Incision of lymph channels	Y		A2	20.2092	\$846.22
38500	Biopsy/removal, lymph nodes	Y		A2	20.2092	\$846.22
38505	Needle biopsy, lymph nodes	Y		A2	6.978	\$292.19
38510	Biopsy/removal, lymph nodes	Y		A2	20.2092	\$846.22
38520	Biopsy/removal, lymph nodes	Y		A2	20.2092	\$846.22
38525	Biopsy/removal, lymph nodes	Y		A2	20.2092	\$846.22
38530	Biopsy/removal, lymph nodes	Y		A2	20.2092	\$846.22
38542	Explore deep node(s), neck	Y		A2	37.5311	\$1,571.54
38550	Removal, neck/ampit lesion	Y		A2	20.746	\$861.52
38555	Removal, neck/ampit lesion	Y		A2	21.2602	\$890.23
38570	Laparoscopy, lymph node biop	Y		A2	41.2571	\$1,727.56
38571	Laparoscopy, lymphadenectomy	Y		A2	59.9976	\$2,512.28
38572	Laparoscopy, lymphadenectomy	Y		A2	41.2571	\$1,727.56
38700	Removal of lymph nodes, neck	Y		G2	23.5488	\$986.06
38740	Remove ampit lymph nodes	Y		A2	37.5311	\$1,571.54
38745	Remove ampit lymph nodes	Y		A2	38.5821	\$1,615.55
38760	Remove groin lymph nodes	Y		A2	20.2092	\$846.22
38790	Inject for lymphatic x-ray	N		N1		
38792	Identify sentinel node	N		N1		
38794	Access thoracic lymph duct	N		N1		
40490	Biopsy of lip	Y		P3		\$56.77
40500	Partial excision of lip	Y		A2	14.8802	\$623.08
40510	Partial excision of lip	Y		A2	20.4597	\$856.71
40520	Partial excision of lip	Y		A2	14.8802	\$623.08
40525	Reconstruct lip with flap	Y		A2	20.4597	\$856.71
40527	Reconstruct lip with flap	Y		A2	20.4597	\$856.71
40530	Partial removal of lip	Y		A2	20.4597	\$856.71
40650	Repair lip	Y		A2	8.1184	\$339.94
40652	Repair lip	Y		A2	8.1184	\$339.94
40654	Repair lip	Y		A2	8.1184	\$339.94
40700	Repair cleft lip/nasal	Y		A2	36.5245	\$1,529.39
40701	Repair cleft lip/nasal	Y		A2	36.5245	\$1,529.39
40702	Repair cleft lip/nasal	Y		R2	41.1215	\$1,721.88
40720	Repair cleft lip/nasal	Y		A2	36.5245	\$1,529.39
40761	Repair cleft lip/nasal	Y		A2	33.7542	\$1,413.39
40800	Drainage of mouth lesion	Y		P2	1.3927	\$58.32
40801	Drainage of mouth lesion	Y		A2	8.0147	\$335.60
40804	Removal, foreign body, mouth	N		P2	0.6403	\$26.81

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
42235	Repair palate	Y		A2	16.4282	\$687.90
42260	Repair nose to lip fistula	Y		A2	21.5108	\$900.72
42280	Preparation, palate mold	Y		P3		\$65.29
42281	Insertion, palate prosthesis	Y		G2	16.4437	\$688.55
42300	Drainage of salivary gland	Y		A2	14.2349	\$596.06
42305	Drainage of salivary gland	Y		A2	14.8802	\$623.08
42310	Drainage of salivary gland	Y		A2	3.3186	\$138.96
42320	Drainage of salivary gland	Y		A2	3.3186	\$138.96
42330	Removal of salivary stone	Y		P3		\$99.35
42335	Removal of salivary stone	Y		P3		\$164.93
42340	Removal of salivary stone	Y		A2	14.8802	\$623.08
42400	Biopsy of salivary gland	Y		P3		\$55.07
42405	Biopsy of salivary gland	Y		A2	20.4597	\$856.71
42408	Excision of salivary cyst	Y		A2	15.2459	\$638.39
42409	Drainage of salivary cyst	Y		A2	15.2459	\$638.39
42410	Excise parotid gland/flesion	Y		A2	33.7542	\$1,413.39
42415	Excise parotid gland/flesion	Y		A2	36.5245	\$1,529.39
42420	Excise parotid gland/flesion	Y		A2	36.5245	\$1,529.39
42425	Excise parotid gland/flesion	Y		A2	36.5245	\$1,529.39
42440	Excise submaxillary gland	Y		A2	33.7542	\$1,413.39
42450	Excise sublingual gland	Y		A2	20.4597	\$856.71
42500	Repair salivary duct	Y		A2	20.8254	\$872.02
42505	Repair salivary duct	Y		A2	34.4396	\$1,442.09
42507	Parotid duct diversion	Y		A2	33.7542	\$1,413.39
42508	Parotid duct diversion	Y		A2	34.4396	\$1,442.09
42509	Parotid duct diversion	Y		A2	34.4396	\$1,442.09
42510	Parotid duct diversion	Y		A2	34.4396	\$1,442.09
42550	Injection for salivary x-ray	N		N1		
42600	Closure of salivary fistula	Y		A2	14.2349	\$596.06
42650	Dilation of salivary duct	Y		P3		\$36.62
42660	Dilation of salivary duct	Y		P3		\$43.15
42665	Ligation of salivary duct	Y		A2	23.5956	\$988.02
42700	Drainage of tonsil abscess	Y		A2	3.3186	\$138.96
42720	Drainage of throat abscess	Y		A2	14.2349	\$596.06
42725	Drainage of throat abscess	Y		A2	33.3886	\$1,398.08
42800	Biopsy of throat	Y		P3		\$70.88
42802	Biopsy of throat	Y		A2	14.2349	\$596.06
42804	Biopsy of upper nose/throat	Y		A2	14.2349	\$596.06
42806	Biopsy of upper nose/throat	Y		A2	20.4597	\$856.71
42808	Excise pharynx lesion	Y		A2	20.4597	\$856.71
42809	Remove pharynx foreign body	N		G2	0.6403	\$26.81

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
41252	Repair tongue laceration	Y		A2	8.0147	\$335.60
41500	Fixation of tongue	Y		A2	19.8142	\$829.68
41510	Tongue to lip surgery	Y		A2	14.2349	\$596.06
41512	Tongue suspension	Y	CH	G2	7.2897	\$305.24
41520	Reconstruction, tongue fold	Y		A2	8.0147	\$335.60
41530	Tongue base vol reduction	Y		G2	23.8828	\$1,000.04
41800	Drainage of gum lesion	Y		A2	1.5497	\$64.89
41805	Removal foreign body, gum	Y		P3		\$132.00
41806	Removal foreign body, jawbone	Y		P3		\$158.68
41820	Excision, gum, each quadrant	Y		R2	7.2897	\$305.24
41821	Excision of gum flap	Y		G2	7.2897	\$305.24
41822	Excision of gum lesion	Y		P3		\$130.58
41823	Excision of gum lesion	Y		P3		\$189.34
41825	Excision of gum lesion	Y		P3		\$104.18
41826	Excision of gum lesion	Y		P3		\$135.41
41827	Excision of gum lesion	Y		A2	20.4597	\$856.71
41828	Excision of gum lesion	Y		P3		\$120.36
41830	Removal of gum tissue	Y		P3		\$169.75
41850	Treatment of gum lesion	Y		R2	16.4437	\$688.55
41870	Gum graft	Y		G2	23.8828	\$1,000.04
41872	Repair gum	Y		P3		\$167.48
41874	Repair tooth socket	Y		P3		\$163.51
42000	Drainage mouth roof lesion	Y		A2	3.3186	\$138.96
42100	Biopsy roof of mouth	Y		P3		\$65.86
42104	Excision lesion, mouth roof	Y		P3		\$98.79
42106	Excision lesion, mouth roof	Y		P3		\$123.77
42107	Excision lesion, mouth roof	Y		A2	20.4597	\$856.71
42120	Remove palate/lesion	Y		A2	34.4396	\$1,442.09
42140	Excision of uvula	Y		A2	8.0147	\$335.60
42145	Repair palate, pharynx/uvula	Y		A2	22.0077	\$921.53
42160	Treatment mouth roof lesion	Y		P3		\$114.40
42180	Repair palate	Y		A2	3.3186	\$138.96
42182	Repair palate	Y		A2	33.3886	\$1,398.08
42200	Reconstruct cleft palate	Y		A2	34.9366	\$1,462.90
42205	Reconstruct cleft palate	Y		A2	34.9366	\$1,462.90
42210	Reconstruct cleft palate	Y		A2	34.9366	\$1,462.90
42215	Reconstruct cleft palate	Y		A2	36.5245	\$1,529.39
42220	Reconstruct cleft palate	Y		A2	34.9366	\$1,462.90
42225	Reconstruct cleft palate	Y	CH	G2	41.1215	\$1,721.88
42226	Lengthening of palate	Y		A2	34.9366	\$1,462.90
42227	Lengthening of palate	Y	CH	G2	41.1215	\$1,721.88

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
43237	Endoscopic us exam, esoph	Y		A2	8.8231	\$369.45
43238	Upr gi endoscopy w/us fn bx	Y		A2	8.8231	\$369.45
43239	Upper GI endoscopy, biopsy	Y		A2	8.8231	\$369.45
43240	Esoph endoscopy w/drain cyst	Y		A2	8.8231	\$369.45
43241	Upper GI endoscopy with tube	Y		A2	8.8231	\$369.45
43242	Upr gi endoscopy w/us fn bx	Y		A2	8.8231	\$369.45
43243	Upper GI endoscopy & inject	Y		A2	8.8231	\$369.45
43244	Upper GI endoscopy/ligation	Y		A2	8.8231	\$369.45
43245	Upr gi scope dilate strict	Y		A2	8.8231	\$369.45
43246	Place gastrostomy tube	Y		A2	8.8231	\$369.45
43247	Operative upper GI endoscopy	Y		A2	8.8231	\$369.45
43248	Upr gi endoscopy/guide wire	Y		A2	8.8231	\$369.45
43249	Esoph endoscopy, dilation	Y		A2	8.8231	\$369.45
43250	Upper GI endoscopy/tumor	Y		A2	8.8231	\$369.45
43251	Operative upper GI endoscopy	Y		A2	8.8231	\$369.45
43255	Operative upper GI endoscopy	Y		A2	8.8231	\$369.45
43256	Upr gi endoscopy w/stent	Y		A2	21.9213	\$917.91
43257	Upr gi scope w/triml bxmt	Y		A2	20.3277	\$851.18
43258	Operative upper GI endoscopy	Y		A2	9.1887	\$384.76
43259	Endoscopic ultrasound exam	Y		A2	18.7713	\$786.01
43260	Endo cholangiopancreatograph	Y		A2	18.7713	\$786.01
43261	Endo cholangiopancreatograph	Y		A2	18.7713	\$786.01
43262	Endo cholangiopancreatograph	Y		A2	18.7713	\$786.01
43263	Endo cholangiopancreatograph	Y		A2	18.7713	\$786.01
43264	Endo cholangiopancreatograph	Y		A2	18.7713	\$786.01
43265	Endo cholangiopancreatograph	Y		A2	18.7713	\$786.01
43267	Endo cholangiopancreatograph	Y		A2	18.7713	\$786.01
43268	Endo cholangiopancreatograph	Y		A2	21.5557	\$902.60
43269	Endo cholangiopancreatograph	Y		A2	21.5557	\$902.60
43271	Endo cholangiopancreatograph	Y		A2	18.7713	\$786.01
43272	Endo cholangiopancreatograph	Y		A2	18.7713	\$786.01
43273	Endoscopic pancreatocopy	Y		G2	21.632	\$905.80
43450	Dilate esophagus	Y		A2	6.1801	\$258.78
43453	Dilate esophagus	Y		A2	6.1801	\$258.78
43456	Dilate esophagus	Y		A2	6.194	\$259.36
43458	Dilate esophagus	Y		A2	8.1914	\$343.00
43600	Biopsy of stomach	Y		A2	8.1776	\$342.42
43653	Laparoscopy, gastrostomy	Y		A2	41.2571	\$1,727.56
43752	Nasal/orogastric w/stent	N	CH	G2	1.2143	\$50.85
43760	Change gastrostomy tube	Y		A2	2.547	\$106.65
43761	Reposition gastrostomy tube	Y		A2	8.1776	\$342.42

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
42810	Excision of neck cyst	Y		A2	20.8254	\$872.02
42815	Excision of neck cyst	Y		A2	34.9366	\$1,462.90
42820	Remove tonsils and adenoids	Y		A2	20.8254	\$872.02
42821	Remove tonsils and adenoids	Y		A2	22.0077	\$921.53
42825	Removal of tonsils	Y		A2	21.5108	\$900.72
42826	Removal of tonsils	Y		A2	21.5108	\$900.72
42830	Removal of adenoids	Y		A2	21.5108	\$900.72
42831	Removal of adenoids	Y		A2	21.5108	\$900.72
42835	Removal of adenoids	Y		A2	21.5108	\$900.72
42836	Removal of adenoids	Y		A2	21.5108	\$900.72
42860	Excision of tonsil tags	Y		A2	20.8254	\$872.02
42870	Excision of lingual tonsil	Y		A2	20.8254	\$872.02
42890	Partial removal of pharynx	Y		A2	36.5245	\$1,529.39
42892	Revision of pharyngeal walls	Y		A2	36.5245	\$1,529.39
42900	Repair throat wound	Y		A2	7.3694	\$308.58
42950	Reconstruction of throat	Y		A2	20.4597	\$856.71
42955	Surgical opening of throat	Y		A2	20.4597	\$856.71
42960	Control throat bleeding	Y		A2	1.2409	\$51.96
42962	Control throat bleeding	Y		A2	33.3886	\$1,398.08
42970	Control nose/throat bleeding	Y		R2	1.1023	\$46.16
42972	Control nose/throat bleeding	Y		A2	15.2459	\$638.39
43030	Throat muscle surgery	Y		G2	16.4437	\$688.55
43130	Removal of esophagus pouch	Y	CH	G2	41.1215	\$1,721.88
43200	Esophagus endoscopy	Y		A2	8.1776	\$342.42
43201	Esoph scope w/submucous inj	Y		A2	8.1776	\$342.42
43202	Esophagus endoscopy, biopsy	Y		A2	8.1776	\$342.42
43204	Esoph scope w/sclerosis inj	Y		A2	8.1776	\$342.42
43205	Esophagus endoscopy/ligation	Y		A2	8.1776	\$342.42
43215	Esophagus endoscopy	Y		A2	8.1776	\$342.42
43216	Esophagus endoscopy/lesion	Y		A2	8.1776	\$342.42
43217	Esophagus endoscopy	Y		A2	8.1776	\$342.42
43219	Esophagus endoscopy	Y		A2	20.9104	\$875.58
43220	Esoph endoscopy, dilation	Y		A2	8.1776	\$342.42
43226	Esoph endoscopy, dilation	Y		A2	8.1776	\$342.42
43227	Esoph endoscopy, repair	Y		A2	8.8231	\$369.45
43228	Esoph endoscopy, ablation	Y		A2	19.962	\$835.87
43231	Esoph endoscopy w/us exam	Y		A2	8.8231	\$369.45
43232	Esoph endoscopy w/us fn bx	Y		A2	8.8231	\$369.45
43234	Upper GI endoscopy, exam	Y		A2	8.1776	\$342.42
43235	Upr gi endoscopy, diagnosis	Y		A2	8.1776	\$342.42
43236	Upr gi scope w/submuc inj	Y		A2	8.8231	\$369.45

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
45150	Excision of rectal stricture	Y		A2	19.7469	\$826.86
45160	Excision of rectal lesion	Y		A2	19.7469	\$826.86
45170	Excision of rectal lesion	N	CH	D5		
45171	Exc rectum transanal part	Y	NI	G2	13.5029	\$565.41
45172	Exc rectum transanal full	Y	NI	G2	22.9324	\$960.25
45190	Destruction, rectal tumor	Y		A2	24.8475	\$1,040.44
45300	Proctosigmoidoscopy dx	Y		P3		\$55.64
45303	Proctosigmoidoscopy dilate	Y		P2	8.8447	\$370.35
45305	Proctosigmoidoscopy w/bx	Y		A2	8.5358	\$357.42
45307	Proctosigmoidoscopy fb	Y		A2	18.2767	\$765.30
45308	Proctosigmoidoscopy removal	Y		A2	8.5358	\$357.42
45309	Proctosigmoidoscopy removal	Y		A2	8.5358	\$357.42
45315	Proctosigmoidoscopy removal	Y		A2	8.5358	\$357.42
45317	Proctosigmoidoscopy bleed	Y		A2	8.5358	\$357.42
45320	Proctosigmoidoscopy ablate	Y		A2	18.2767	\$765.30
45321	Proctosigmoidoscopy w/out	Y		A2	18.2767	\$765.30
45327	Proctosigmoidoscopy w/out	Y		A2	20.9104	\$875.58
45330	Diagnostic sigmoidoscopy	Y		P3		\$70.12
45331	Sigmoidoscopy and biopsy	Y		A2	5.8527	\$245.07
45332	Sigmoidoscopy w/bt removal	Y		A2	5.8527	\$245.07
45333	Sigmoidoscopy & polypectomy	Y		A2	8.5358	\$357.42
45334	Sigmoidoscopy for bleeding	Y		A2	8.5358	\$357.42
45335	Sigmoidoscopy w/submuc inj	Y		A2	5.8527	\$245.07
45337	Sigmoidoscopy & decompress	Y		A2	5.8527	\$245.07
45338	Sigmoidoscopy w/ltmr remove	Y		A2	8.5358	\$357.42
45339	Sigmoidoscopy w/ablate ltmr	Y		A2	8.5358	\$357.42
45340	Sig w/balloon dilation	Y		A2	8.5358	\$357.42
45341	Sigmoidoscopy w/ultrasound	Y		A2	8.5358	\$357.42
45342	Sigmoidoscopy w/ul guide bx	Y		A2	8.5358	\$357.42
45345	Sigmoidoscopy w/istmt	Y		A2	20.9104	\$875.58
45355	Surgical colonoscopy	Y		A2	8.4353	\$353.21
45378	Diagnostic colonoscopy	Y		A2	9.0806	\$380.23
45379	Colonoscopy w/bt removal	Y		A2	9.0806	\$380.23
45380	Colonoscopy and biopsy	Y		A2	9.0806	\$380.23
45381	Colonoscopy, submucous inj	Y		A2	9.0806	\$380.23
45382	Colonoscopy/control bleeding	Y		A2	9.0806	\$380.23
45383	Lesion removal colonoscopy	Y		A2	9.0806	\$380.23
45384	Lesion remove colonoscopy	Y		A2	9.0806	\$380.23
45385	Lesion removal colonoscopy	Y		A2	9.0806	\$380.23
45386	Colonoscopy dilate stricture	Y		A2	9.0806	\$380.23
45387	Colonoscopy w/istmt	Y		A2	20.9104	\$875.58

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
43870	Repair stomach opening	Y		A2	8.1776	\$342.42
43886	Revis gastric port, open	Y		G2	22.8955	\$958.70
43887	Remove gastric port, open	Y		G2	4.2464	\$177.81
43888	Change gastric port, open	Y		G2	22.8955	\$958.70
44100	Biopsy of bowel	Y		A2	8.1776	\$342.42
44312	Revision of ileostomy	Y		A2	19.0736	\$798.67
44340	Revision of colostomy	Y		A2	20.0845	\$841.00
44360	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44361	Small bowel endoscopy/biopsy	Y		A2	9.6153	\$402.62
44363	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44364	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44365	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44366	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44369	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44370	Small bowel endoscopy/stent	Y		A2	26.6566	\$1,116.19
44372	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44373	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44376	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44377	Small bowel endoscopy/biopsy	Y		A2	9.6153	\$402.62
44378	Small bowel endoscopy	Y		A2	9.6153	\$402.62
44379	S bowel endoscopy w/istmt	Y		A2	26.6566	\$1,116.19
44380	Small bowel endoscopy	Y		A2	8.97	\$375.60
44382	Small bowel endoscopy	Y		A2	8.97	\$375.60
44383	Ileoscopy w/istmt	Y		A2	26.6566	\$1,116.19
44385	Endoscopy of bowel pouch	Y		A2	8.4353	\$353.21
44386	Endoscopy, bowel pouch/biops	Y		A2	8.4353	\$353.21
44388	Colonoscopy	Y		A2	8.4353	\$353.21
44389	Colonoscopy with biopsy	Y		A2	8.4353	\$353.21
44390	Colonoscopy for foreign body	Y		A2	8.4353	\$353.21
44391	Colonoscopy for bleeding	Y		A2	8.4353	\$353.21
44392	Colonoscopy & polypectomy	Y		A2	8.4353	\$353.21
44393	Colonoscopy, lesion removal	Y		A2	8.4353	\$353.21
44394	Colonoscopy w/snare	Y		A2	8.4353	\$353.21
44397	Colonoscopy w/istmt	Y		A2	20.9104	\$875.58
44500	Intraop colon lavage add-on	Y		G2	6.0982	\$255.35
44701	Intraop colon lavage add-on	N		N1		
45000	Drainage of pelvic abscess	Y		A2	11.9088	\$498.70
45005	Drainage of rectal abscess	Y		A2	12.6748	\$530.73
45020	Drainage of rectal abscess	Y		A2	12.6748	\$530.73
45100	Biopsy of rectum	Y		A2	19.1013	\$799.83
45108	Removal of anorectal lesion	Y		A2	19.7469	\$826.86

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
46505	Chemodenervation anal musc	Y		G2	22.9324	\$960.25
46600	Diagnostic anoscopy	N		P2	0.6403	\$26.81
46604	Anoscopy and dilation	Y	CH	P3		\$342.34
46606	Anoscopy and biopsy	Y		P3		\$113.26
46608	Anoscopy, remove for body	Y		A2	8.5358	\$357.42
46610	Anoscopy, remove lesion	Y		A2	18.2767	\$765.30
46611	Anoscopy	Y		A2	8.5358	\$357.42
46612	Anoscopy, remove lesions	Y		A2	18.2767	\$765.30
46614	Anoscopy, control bleeding	Y		P3		\$59.04
46615	Anoscopy	Y		A2	18.922	\$792.32
46700	Repair of anal stricture	Y		A2	20.1125	\$842.17
46706	Repr of anal fistula w/glue	Y		A2	24.9927	\$1,046.52
46707	Repair anorectal fist w/plug	Y	NI	G2	30.7878	\$1,289.18
46750	Repair of anal sphincter	Y		A2	26.0039	\$1,088.86
46753	Reconstruction of anus	Y		A2	20.1125	\$842.17
46754	Removal of suture from anus	Y		A2	19.7469	\$826.86
46760	Repair of anal sphincter	Y		A2	25.6382	\$1,073.55
46761	Repair of anal sphincter	Y		A2	26.0039	\$1,088.86
46762	Implant artificial sphincter	Y		A2	28.7742	\$1,204.86
46900	Destruction, anal lesion(s)	Y	CH	P3		\$102.48
46910	Destruction, anal lesion(s)	Y		P3		\$109.86
46916	Cryosurgery, anal lesion(s)	Y		P2	1.4745	\$61.74
46917	Laser surgery, anal lesions	Y		A2	17.1605	\$718.56
46922	Excision of anal lesion(s)	Y		A2	17.1605	\$718.56
46924	Destruction, anal lesion(s)	Y		A2	17.1605	\$718.56
46930*	Destroy internal hemorrhoids	Y		P3		\$100.21
46937	Cryotherapy of rectal lesion	N	CH	D5		
46938	Cryotherapy of rectal lesion	N	CH	D5		
46940	Treatment of anal fissure	Y		P3		\$80.62
46942	Treatment of anal fissure	Y		P3		\$78.92
46945	Remove by ligat int hem grp	Y		P3		\$131.43
46946	Remove by ligat int hem grps	Y		A2	12.0292	\$503.70
46947	Hemorrhoidectomy by stapling	Y		A2	28.7742	\$1,204.86
47000	Needle biopsy of liver	Y		A2	8.8382	\$370.08
47001	Needle biopsy, liver add-on	N		N1		
47382	Percut ablate liver rf	Y		G2	49.1378	\$2,057.55
47500	Injection for liver x-rays	N		N1		
47505	Injection for liver x-rays	N		N1		
47510	Insert catheter, bile duct	Y		A2	24.6063	\$1,030.34
47511	Insert bile duct drain	Y		A2	29.1751	\$1,221.65
47525	Change bile duct catheter	Y		A2	12.8875	\$539.64

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
45391	Colonoscopy w/endscope us	Y		A2	9.0806	\$380.23
45392	Colonoscopy w/endscopic fib	Y		A2	9.0806	\$380.23
45500	Repair of rectum	Y		A2	19.7469	\$826.86
45505	Repair of rectum	Y		A2	25.6382	\$1,073.55
45520	Treatment of rectal prolapse	Y		P2	0.8408	\$35.21
45541	Correct rectal prolapse	Y	CH	G2	30.7878	\$1,289.18
45560	Repair of rectocele	Y		A2	25.6382	\$1,073.55
45900	Reduction of rectal prolapse	Y		A2	5.632	\$235.83
45905	Dilation of anal sphincter	Y		A2	19.1013	\$799.83
45910	Dilation of rectal narrowing	Y		A2	19.1013	\$799.83
45915	Remove rectal obstruction	Y		A2	11.9098	\$498.70
45990	Surg dx exam, anorectal	Y		A2	18.9819	\$794.83
46020	Placement of seton	Y		A2	20.1125	\$842.17
46030	Removal of rectal marker	Y		A2	5.632	\$235.83
46040	Incision of rectal abscess	Y		A2	20.1125	\$842.17
46045	Incision of rectal abscess	Y		A2	19.7469	\$826.86
46050	Incision of anal abscess	Y		A2	11.9098	\$498.70
46060	Incision of rectal abscess	Y		A2	19.7469	\$826.86
46070	Incision of anal septum	Y		G2	13.5029	\$565.41
46080	Incision of anal sphincter	Y		A2	20.1125	\$842.17
46083	Incise external hemorrhoid	Y	CH	P3		\$78.63
46200	Removal of anal fissure	Y	CH	A2	19.7469	\$826.86
46210	Removal of anal crypt	N	CH	D5		
46211	Removal of anal crypts	N	CH	D5		
46220	Excise anal ext tag/papilla	Y		A2	12.0292	\$503.70
46221	Ligation of hemorrhoid(s)	Y		P3		\$105.03
46230	Removal of anal tags	Y		A2	19.1013	\$799.83
46250	Remove ext hem groups = 2	Y		A2	20.1125	\$842.17
46255	Remove int/ext hem 1 group	Y		A2	20.1125	\$842.17
46257	Remove int/ext hem grp & fiss	Y		A2	20.1125	\$842.17
46258	Remove int/ext hem grp w/fistu	Y		A2	20.1125	\$842.17
46260	Remove int/ext hem groups = 2	Y		A2	20.1125	\$842.17
46261	Remove int/ext hem grps & fiss	Y		A2	20.7979	\$870.87
46262	Remove int/ext hem grps w/fist	Y		A2	20.7979	\$870.87
46270	Remove anal fist subq	Y		A2	20.1125	\$842.17
46275	Remove anal fist inter	Y		A2	20.1125	\$842.17
46280	Remove anal fist complex	Y		A2	20.7979	\$870.87
46285	Remove anal fist 2 stage	Y		A2	19.1013	\$799.83
46288	Repair anal fistula	Y		A2	20.7979	\$870.87
46320	Removal of hemorrhoid clot	Y		P3		\$70.97
46500	Injection into hemorrhoid(s)	Y		P3		\$99.07

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
49450	Replace g/c tube perc	Y		G2	6.0982	\$255.35
49451	Replace duod/jej tube perc	Y		G2	6.0982	\$255.35
49452	Replace g-j tube perc	Y		G2	6.0982	\$255.35
49460	Fix g/colon tube widevise	Y		G2	6.0982	\$255.35
49465	Fluoro exam of g/colon tube	N		N1	26.5364	\$1,111.16
49495	Rpr ing hernia baby, reduc	Y		A2	26.5364	\$1,111.16
49496	Rpr ing hernia, init, reduc	Y		A2	26.5364	\$1,111.16
49500	Rpr ing hernia, init, reduc	Y		A2	30.5863	\$1,280.74
49501	Rpr ing hernia, init, blocked	Y		A2	26.5364	\$1,111.16
49505	Rpr i/hern init reduc >5 yr	Y		A2	26.5364	\$1,111.16
49507	Rpr i/hern init block >5 yr	Y		A2	\$1,280.74	
49520	Rerepair ing hernia, reduc	Y		A2	28.6213	\$1,198.46
49521	Rerepair ing hernia, blocked	Y		A2	30.5863	\$1,280.74
49525	Rerepair ing hernia, sliding	Y		A2	26.5364	\$1,111.16
49540	Repair lumbar hernia	Y		A2	25.4854	\$1,067.15
49550	Rpr rem hernia, init, reduc	Y		A2	27.0334	\$1,131.97
49553	Rpr fem hernia, init, blocked	Y		A2	30.5863	\$1,280.74
49555	Rerepair fem hernia, reduc	Y		A2	27.0334	\$1,131.97
49557	Rerepair fem hernia, blocked	Y		A2	30.5863	\$1,280.74
49560	Rpr ventral hern init, reduc	Y		A2	26.5364	\$1,111.16
49561	Rpr ventral hern init, block	Y		A2	30.5863	\$1,280.74
49565	Rerepair ventrl hern, reduc	Y		A2	26.5364	\$1,111.16
49566	Rerepair ventrl hern, block	Y		A2	30.5863	\$1,280.74
49568	Hernia repair w/mesh	Y		A2	28.6213	\$1,198.46
49570	Rpr epigastric hern, reduc	Y		A2	26.5364	\$1,111.16
49572	Rpr epigastric hern, blocked	Y		A2	30.5863	\$1,280.74
49580	Rpr umbil hern, reduc < 5 yr	Y		A2	26.5364	\$1,111.16
49582	Rpr umbil hern, block < 5 yr	Y		A2	30.5863	\$1,280.74
49585	Rpr umbil hern, reduc > 5 yr	Y		A2	26.5364	\$1,111.16
49587	Rpr umbil hern, block > 5 yr	Y		A2	30.5863	\$1,280.74
49590	Repair spigelian hernia	Y		A2	25.851	\$1,082.46
49600	Repair umbilical lesion	Y		A2	26.5364	\$1,111.16
49650	Lap ing hernia repair init	Y		A2	37.2073	\$1,557.98
49651	Lap ing hernia repair recur	Y		A2	39.2921	\$1,645.28
49652	Lap vent/abd hernia repair	Y		G2	69.7991	\$2,922.70
49653	Lap vent/abd hern proc comp	Y		G2	69.7991	\$2,922.70
49654	Lap inc hernia repair	Y		G2	69.7991	\$2,922.70
49655	Lap inc hern repair comp	Y		G2	69.7991	\$2,922.70
49656	Lap inc hernia repair recur	Y		G2	69.7991	\$2,922.70
49657	Lap inc hern recur comp	Y		G2	69.7991	\$2,922.70
50080	Removal of kidney stone	Y	CH	G2	44.6588	\$1,870.00

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
47530	Revise/reinsert bile tube	Y		A2	12.8875	\$539.64
47552	Biliary endoscopy thru skin	Y		A2	24.0083	\$1,030.34
47553	Biliary endoscopy thru skin	Y		A2	24.9719	\$1,045.65
47554	Biliary endoscopy thru skin	Y		A2	24.9719	\$1,045.65
47555	Biliary endoscopy thru skin	Y		A2	24.9719	\$1,045.65
47556	Biliary endoscopy thru skin	Y		A2	29.1751	\$1,221.65
47560	Laparoscopic wcholangi	Y		A2	30.2178	\$1,265.31
47561	Laparo wcholangiobiopsy	Y		A2	30.2178	\$1,265.31
47562	Laparoscopic cholecystectomy	Y		G2	44.8118	\$1,876.40
47563	Laparo cholecystectomy/graph	Y		G2	44.8118	\$1,876.40
47564	Laparo cholecystectomy/explr	Y		G2	44.8118	\$1,876.40
47630	Remove bile duct stone	Y		A2	24.9719	\$1,045.65
48102	Needle biopsy, pancreas	Y		A2	8.8382	\$370.08
49080	Puncture, peritoneal cavity	Y		A2	5.2561	\$220.09
49081	Removal of abdominal fluid	Y		A2	5.2561	\$220.09
49180	Biopsy, abdominal mass	Y		A2	8.8382	\$370.08
49250	Excision of umbilicus	Y		A2	23.1049	\$967.47
49320	Diag laparo separate proc	Y		A2	30.2178	\$1,265.31
49321	Laparoscopy, biopsy	Y		A2	30.9032	\$1,294.01
49322	Laparoscopy, aspiration	Y		A2	30.9032	\$1,294.01
49324	Lap insertion perm ip cath	Y		G2	36.4063	\$1,524.44
49325	Lap revision perm ip cath	Y		G2	36.4063	\$1,524.44
49326	Lap w/omentopexy add-on	Y		G2	36.4063	\$1,524.44
49400	Air injection into abdomen	N		N1		
49402	Remove foreign body, abdomen	Y		A2	22.0538	\$923.46
49411	Ins mark abdipcl for rt perq	N	NI	P3		\$280.18
49419	Insrt abdom cath for chemotx	Y		A2	24.1299	\$1,010.39
49420	Insert abdom drain, temp	Y		A2	23.758	\$994.82
49421	Insert abdom drain, perm	Y		A2	23.758	\$994.82
49422	Remove perm cannula/catheter	Y		A2	18.3631	\$768.92
49423	Exchange drainage catheter	Y		G2	14.6474	\$613.33
49424	Assess cyst, contrast inject	N		N1		
49426	Revise abdomen-venous shunt	Y		A2	22.0538	\$923.46
49427	Injection, abdominal shunt	N		N1		
49429	Removal of shunt	Y		G2	21.9478	\$919.02
49435	Insert subq exten to ip cath	Y	CH	G2	14.6474	\$613.33
49436	Embedded ip cath ext-site	Y	CH	G2	14.6474	\$613.33
49440	Place gastrostomy tube perc	Y		G2	8.3675	\$350.37
49441	Place duod/jej tube perc	Y		G2	8.3675	\$350.37
49442	Place cecostomy tube perc	Y	CH	G2	13.5029	\$565.41
49446	Change g-tube to g-j perc	Y		G2	8.3675	\$350.37

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
50961	Ureter endoscopy & treatment	Y		A2	20.2152	\$846.47
50970	Ureter endoscopy	Y		A2	7.021	\$293.99
50972	Ureter endoscopy & catheter	Y		A2	7.021	\$293.99
50974	Ureter endoscopy & biopsy	Y		A2	14.1246	\$591.44
50976	Ureter endoscopy & treatment	Y		A2	14.1246	\$591.44
50980	Ureter endoscopy & treatment	Y		A2	20.2152	\$846.47
51020	Incise & treat bladder	Y		A2	21.9115	\$917.50
51030	Incise & treat bladder	Y		A2	21.9115	\$917.50
51040	Incise & drain bladder	Y		A2	21.9115	\$917.50
51045	Incise bladder/drain ureter	Y		A2	7.3993	\$309.83
51050	Removal of bladder stone	Y		A2	21.9115	\$917.50
51065	Remove ureter calculus	Y		A2	15.8264	\$662.70
51080	Drainage of bladder abscess	Y		A2	15.8264	\$662.70
51100	Drain bladder by needle	Y		P3		\$24.98
51101	Drain bladder by trocar/cath	Y		P2	1.0484	\$43.90
51102	Drain bladder by needle	Y		A2	16.2699	\$681.27
51500	Removal of bladder cyst	Y		A2	26.5364	\$1,111.16
51520	Removal of bladder lesion	Y		A2	21.9115	\$917.50
51535	Repair of ureter lesion	Y	CH	G2	24.4172	\$1,022.42
51600	Injection for bladder x-ray	N		N1		
51605	Preparation for bladder x-ray	N		N1		
51610	Injection for bladder x-ray	N		N1		
51700	Irrigation of bladder	Y		P3		\$41.44
51701	Insert bladder catheter	N		P2	0.6403	\$26.81
51702	Insert temp bladder cath	N		P2	0.6403	\$26.81
51703	Insert bladder cath, complex	Y		P2	1.0484	\$43.90
51705	Change of bladder tube	Y	CH	P3		\$56.49
51710	Change of bladder tube	Y		A2	6.4758	\$271.16
51715	Endoscopic injection/implant	Y		A2	25.4269	\$1,064.70
51720	Treatment of bladder lesion	Y		P3		\$45.42
51725	Simple cystometrogram	Y	CH	P3		\$106.17
51726	Complex cystometrogram	Y		A2	3.3645	\$140.88
51727	Cystometrogram w/up	Y	NI	P2	2.8906	\$121.04
51728	Cystometrogram w/p	Y	NI	P2	2.8906	\$121.04
51729	Cystometrogram w/v&up	Y	NI	P2	2.8906	\$121.04
51736	Urine flow measurement	Y		P3		\$17.03
51741	Electro-uroflowmetry, first	Y		P3		\$19.59
51772	Urethra pressure profile	N	CH	D5		
51784	Anallurinary muscle study	Y		P2	1.0484	\$43.90
51785	Anallurinary muscle study	Y		A2	1.8313	\$76.68
51792	Urinary reflex study	Y		P2	1.0484	\$43.90

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
50081	Removal of kidney stone	Y	CH	G2	44.6588	\$1,870.00
50200	Renal biopsy perq	Y		A2	8.8382	\$370.08
50382	Change ureter stent, percut	Y		G2	24.4172	\$1,022.42
50384	Remove ureter stent, percut	Y		G2	16.2968	\$682.40
50385	Change stent via transureth	Y		G2	24.4172	\$1,022.42
50386	Remove stent via transureth	Y	CH	P2	6.8253	\$285.80
50387	Change exdnt ureter stent	Y		G2	14.6474	\$613.33
50389	Remove renal tube w/fluoro	Y		G2	6.8253	\$285.80
50390	Drainage of kidney lesion	Y		A2	8.8382	\$370.08
50391	Instill rx agnt into mail tub	Y	CH	P3		\$42.30
50392	Insert kidney drain	Y		A2	14.1246	\$591.44
50393	Insert ureteral tube	Y		A2	20.2152	\$846.47
50394	Injection for kidney x-ray	N		N1		
50395	Create passage to kidney	Y		A2	20.2152	\$846.47
50396	Measure kidney pressure	Y		A2	2.2002	\$92.13
50398	Change kidney tube	Y		A2	12.8875	\$539.64
50551	Kidney endoscopy	Y		A2	7.021	\$293.99
50553	Kidney endoscopy	Y		A2	20.2152	\$846.47
50555	Kidney endoscopy & biopsy	Y		A2	7.021	\$293.99
50557	Kidney endoscopy & treatment	Y		A2	20.2152	\$846.47
50561	Kidney endoscopy & treatment	Y		A2	20.2152	\$846.47
50562	Renal scope w/tumor resect	Y		G2	6.8253	\$285.80
50570	Kidney endoscopy	Y		G2	6.8253	\$285.80
50572	Kidney endoscopy	Y		G2	6.8253	\$285.80
50574	Kidney endoscopy & biopsy	Y		G2	6.8253	\$285.80
50575	Kidney endoscopy	Y		G2	34.6334	\$1,450.20
50576	Kidney endoscopy & treatment	Y		G2	16.2968	\$682.40
50580	Kidney endoscopy & treatment	Y		G2	16.2968	\$682.40
50590	Fragmenting of kidney stone	Y		G2	39.5716	\$1,656.98
50592	Perc r/ ablate renal tumor	Y		G2	49.1378	\$2,057.55
50684	Injection for ureter x-ray	N		N1		
50686	Measure ureter pressure	Y	CH	P3		\$37.47
50688	Change of ureter tube/sient	Y		A2	12.8875	\$539.64
50690	Injection for ureter x-ray	N		N1		
50727	Revise ureter	Y	CH	G2	19.1572	\$802.17
50947	Laparo new ureter/bladder	Y		A2	41.2571	\$1,727.56
50948	Laparo new ureter/bladder	Y		A2	41.2571	\$1,727.56
50951	Endoscopy of ureter	Y		A2	7.021	\$293.99
50953	Endoscopy of ureter	Y		A2	7.021	\$293.99
50955	Ureter endoscopy & biopsy	Y		A2	20.2152	\$846.47
50957	Ureter endoscopy & treatment	Y		A2	20.2152	\$846.47

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
52341	Cysto w/ureter stricture tx	Y		A2	21.2261	\$888.80
52342	Cysto w/ur stricture tx	Y		A2	21.2261	\$888.80
52343	Cysto w/renal stricture tx	Y		A2	21.2261	\$888.80
52344	Cystouretero. stricture tx	Y		A2	21.2261	\$888.80
52345	Cystouretero w/ur stricture	Y		A2	21.2261	\$888.80
52346	Cystouretero w/renal strict	Y		A2	21.2261	\$888.80
52351	Cystouretero & or pyeloscope	Y		A2	21.2261	\$888.80
52352	Cystouretero w/stone remove	Y		A2	21.9115	\$917.50
52353	Cystouretero w/iliolithiopy	Y		A2	29.5735	\$1,238.33
52354	Cystouretero w/biopsy	Y		A2	21.9115	\$917.50
52355	Cystouretero w/lexise tumor	Y		A2	21.9115	\$917.50
52400	Cystouretero w/congen repr	Y		A2	21.2261	\$888.80
52402	Cystourethro cut ejac duct	Y		A2	21.2261	\$888.80
52450	Incision of prostate	Y		A2	21.2261	\$888.80
52500	Revision of bladder neck	Y		A2	21.2261	\$888.80
52601	Prostatectomy (TURP)	Y		A2	29.5735	\$1,238.33
52630	Remove prostate regrowth	Y		A2	28.5224	\$1,194.32
52640	Relieve bladder contracture	Y		A2	20.8605	\$873.49
52647	Laser surgery of prostate	Y		A2	41.1423	\$1,722.75
52648	Laser surgery of prostate	Y		A2	41.1423	\$1,722.75
52700	Drainage of prostate abscess	Y		A2	20.8605	\$873.49
53000	Incision of urethra	Y		A2	16.4949	\$690.69
53010	Incision of urethra	Y		A2	16.4949	\$690.69
53020	Incision of urethra	Y		A2	16.4949	\$690.69
53025	Incision of urethra	Y		A2	19.4568	\$814.71
53040	Drainage of urethra abscess	Y		A2	17.1402	\$717.71
53060	Drainage of urethra abscess	Y		P3		\$58.48
53080	Drainage of urinary leakage	Y		A2	17.5058	\$733.02
53085	Drainage of urinary leakage	Y		G2	19.4568	\$814.71
53200	Biopsy of urethra	Y		A2	16.4949	\$690.69
53210	Removal of urethra	Y		A2	26.6093	\$1,114.21
53215	Removal of urethra	Y		A2	18.6882	\$782.53
53220	Treatment of urethra lesion	Y		A2	25.0613	\$1,049.39
53230	Removal of urethra lesion	Y		A2	25.0613	\$1,049.39
53235	Removal of urethra lesion	Y		A2	17.5058	\$733.02
53240	Surgery for urethra pouch	Y		A2	25.0613	\$1,049.39
53250	Removal of urethra gland	Y		A2	17.1402	\$717.71
53260	Treatment of urethra lesion	Y		A2	17.1402	\$717.71
53265	Treatment of urethra lesion	Y		A2	17.1402	\$717.71
53270	Removal of urethra gland	Y		A2	17.1402	\$717.71
53275	Repair of urethra defect	Y		A2	17.1402	\$717.71

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
51795	Urine voiding pressure study	N	CH	D5		
51797	Intraabdominal pressure test	Y	CH	P3		\$74.37
51798	Us urine capacity measure	N		P3		\$14.48
51880	Repair of bladder opening	Y		A2	20.2152	\$846.47
51992	Laparo sling operation	Y		A2	37.7042	\$1,578.79
52000	Cystoscopy	Y		A2	7.021	\$293.99
52001	Cystoscopy, removal of clots	Y		A2	14.5029	\$607.28
52005	Cystoscopy & ureter catheter	Y		A2	20.8605	\$873.49
52007	Cystoscopy and biopsy	Y		A2	20.8605	\$873.49
52010	Cystoscopy & duct catheter	Y		A2	7.3993	\$309.83
52204	Cystoscopy w/biopsy(s)	Y		A2	20.8605	\$873.49
52214	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52224	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52234	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52235	Cystoscopy and treatment	Y		A2	21.2261	\$888.80
52240	Cystoscopy and treatment	Y		A2	21.2261	\$888.80
52250	Cystoscopy and radiotracer	Y		A2	21.9115	\$917.50
52260	Cystoscopy and treatment	Y		A2	14.7699	\$618.46
52265	Cystoscopy and treatment	Y	CH	P3		\$235.04
52270	Cystoscopy & revise urethra	Y		A2	14.7699	\$618.46
52275	Cystoscopy & revise urethra	Y		A2	20.8605	\$873.49
52276	Cystoscopy and treatment	Y		A2	21.2261	\$888.80
52277	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52281	Cystoscopy and treatment	Y		A2	14.7699	\$618.46
52282	Cystoscopy, implant stent	Y		A2	33.6233	\$1,407.91
52283	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52285	Cystoscopy and treatment	Y		A2	14.7699	\$618.46
52290	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52300	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52301	Cystoscopy and treatment	Y		A2	21.2261	\$888.80
52305	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52310	Cystoscopy and treatment	Y		A2	14.5029	\$607.28
52315	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52317	Remove bladder stone	Y		A2	20.2152	\$846.47
52318	Remove bladder stone	Y		A2	20.8605	\$873.49
52320	Cystoscopy and treatment	Y		A2	22.4085	\$938.31
52325	Cystoscopy, stone removal	Y		A2	21.9115	\$917.50
52327	Cystoscopy, inject material	Y		A2	28.5224	\$1,194.32
52330	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52332	Cystoscopy and treatment	Y		A2	20.8605	\$873.49
52334	Create passage to kidney	Y		A2	21.2261	\$888.80

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
54100	Blopsy of penis	Y		A2	14.457	\$605.36
54105	Blopsy of penis	Y		A2	18.6336	\$782.34
54110	Treatment of penis lesion	Y		A2	27.5774	\$1,154.75
54111	Treat penis lesion, graft	Y		A2	27.5774	\$1,154.75
54112	Treat penis lesion, graft	Y		A2	27.5774	\$1,154.75
54115	Treatment of penis lesion	Y		A2	15.8264	\$662.70
54120	Partial removal of penis	Y		A2	27.5774	\$1,154.75
54150	Circumcision w/regional block	Y		A2	18.6086	\$779.20
54160	Circumcision, neonate	Y		A2	19.2542	\$806.23
54161	Circum 28 days or older	Y		A2	19.2542	\$806.23
54162	Lysis penile circumc lesion	Y		A2	19.2542	\$806.23
54163	Repair of circumcision	Y		A2	19.2542	\$806.23
54164	Frenulotomy of penis	Y		A2	19.2542	\$806.23
54200	Treatment of penis lesion	Y		P3		\$53.93
54205	Treatment of penis lesion	Y		A2	28.6285	\$1,198.76
54220	Treatment of penis lesion	Y		A2	2.2002	\$92.13
54230	Prepare penis study	N		N1		
54231	Dynamic cavernosometry	Y		P3		\$50.81
54235	Penile injection	Y		P3		\$36.34
54240	Penis study	Y		P3		\$25.83
54250	Penis study	Y		P3		\$9.08
54300	Revision of penis	Y		A2	27.9431	\$1,170.06
54304	Revision of penis	Y		A2	27.9431	\$1,170.06
54308	Reconstruction of urethra	Y		A2	27.9431	\$1,170.06
54312	Reconstruction of urethra	Y		A2	27.9431	\$1,170.06
54316	Reconstruction of urethra	Y		A2	27.9431	\$1,170.06
54318	Reconstruction of urethra	Y		A2	27.9431	\$1,170.06
54322	Reconstruction of urethra	Y		A2	27.9431	\$1,170.06
54324	Reconstruction of urethra	Y		A2	27.9431	\$1,170.06
54326	Reconstruction of urethra	Y		A2	27.9431	\$1,170.06
54328	Reconstruct urethra/penis	Y		A2	27.9431	\$1,170.06
54340	Secondary urethral surgery	Y		A2	27.9431	\$1,170.06
54344	Secondary urethral surgery	Y		A2	27.9431	\$1,170.06
54348	Secondary urethral surgery	Y		A2	27.9431	\$1,170.06
54352	Reconstruct urethral/penis	Y		A2	27.9431	\$1,170.06
54360	Penis plastic surgery	Y		A2	27.9431	\$1,170.06
54380	Repair penis	Y		A2	27.9431	\$1,170.06
54385	Repair penis	Y		A2	27.9431	\$1,170.06
54400	Insert semi-rigid prosthesis	N		H8	125.1205	\$5,239.17
54401	Insert self-contd prosthesis	N		H8	224.2235	\$9,388.91
54405	Insert multi-comp penis pros	N		H8	224.2235	\$9,388.91

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
53400	Revise urethra, stage 1	Y		A2	25.4269	\$1,064.70
53405	Revise urethra, stage 2	Y		A2	25.0613	\$1,049.39
53410	Reconstruction of urethra	Y		A2	25.0613	\$1,049.39
53420	Reconstruct urethra, stage 1	Y		A2	25.4269	\$1,064.70
53425	Reconstruct urethra, stage 2	Y		A2	25.0613	\$1,049.39
53430	Reconstruction of urethra	Y		A2	25.0613	\$1,049.39
53431	Reconstruct urethra/bladder	Y		A2	25.0613	\$1,049.39
53440	Male sling procedure	N		H8	124.7551	\$5,223.87
53442	Remove/revise male sling	Y		A2	24.416	\$1,022.37
53444	Insert tandem cuff	N		H8	124.7551	\$5,223.87
53445	Insert uro/ves nck sphincter	N		H8	223.2126	\$9,346.58
53446	Remove uro sphincter	Y		A2	24.416	\$1,022.37
53447	Remove/replace ur sphincter	N		H8	223.2126	\$9,346.58
53449	Repair uro sphincter	Y		A2	24.416	\$1,022.37
53450	Revision of urethra	Y		A2	24.416	\$1,022.37
53460	Revision of urethra	Y		A2	16.4949	\$690.69
53502	Repair of urethra injury	Y		A2	17.1402	\$717.71
53505	Repair of urethra injury	Y		A2	25.0613	\$1,049.39
53510	Repair of urethra injury	Y		A2	17.1402	\$717.71
53515	Repair of urethra injury	Y		A2	25.0613	\$1,049.39
53520	Repair of urethra defect	Y		A2	25.0613	\$1,049.39
53600	Dilate urethra stricture	Y		P3		\$31.79
53601	Dilate urethra stricture	Y	CH	P3		\$36.62
53605	Dilate urethra stricture	Y		A2	14.7699	\$618.46
53620	Dilate urethra stricture	Y		P3		\$48.54
53621	Dilate urethra stricture	Y		P3		\$50.81
53660	Dilation of urethra	Y	CH	P3		\$36.05
53661	Dilation of urethra	Y	CH	P3		\$35.20
53665	Dilation of urethra	Y		A2	16.4949	\$690.69
53850	Prostatic microwave thermox	Y	CH	P3		\$1,563.83
53852	Prostatic of thermox	Y	CH	P3		\$1,475.55
53855	Insert prost urethral stent	Y	NI	P2	1.932	\$80.90
54000	Sitting of prepuce	Y		A2	17.1402	\$717.71
54001	Sitting of prepuce	Y		A2	17.1402	\$717.71
54015	Drain penis lesion	Y		A2	17.523	\$733.74
54050	Destruction, penis lesion(s)	Y		P2	0.8408	\$35.21
54055	Destruction, penis lesion(s)	Y		P3		\$53.08
54056	Cryosurgery, penis lesion(s)	Y		P2	0.8408	\$35.21
54057	Laser surg, penis lesion(s)	Y		A2	17.1605	\$718.56
54060	Excision of penis lesion(s)	Y		A2	17.1605	\$718.56
54065	Destruction, penis lesion(s)	Y		A2	17.1605	\$718.56

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
55150	Removal of scrotum	Y		A2	18.6086	\$779.20
55175	Revision of scrotum	Y		A2	18.6086	\$779.20
55180	Revision of scrotum	Y		A2	19.2542	\$806.23
55200	Incision of sperm duct	Y		A2	19.2542	\$806.23
55250	Removal of sperm duct(s)	Y		A2	19.2542	\$806.23
55300	Prepare, sperm duct x-ray	N		N1		
55400	Repair of sperm duct	Y		A2	18.6086	\$779.20
55450	Ligation of sperm duct	Y		P3		
55500	Removal of hydrocele	Y		A2	19.6196	\$821.53
55520	Removal of sperm cord lesion	Y		A2	20.3052	\$850.24
55530	Revise spermatic cord veins	Y		A2	20.3052	\$850.24
55535	Revise spermatic cord veins	Y		A2	26.5364	\$1,111.16
55540	Revise hernia & sperm veins	Y		A2	27.0334	\$1,131.97
55550	Laparo ligate spermatic vein	Y		A2	41.2571	\$1,727.56
55600	Incise sperm duct pouch	Y		R2	22.2756	\$932.75
55680	Remove sperm pouch lesion	Y		A2	18.6086	\$779.20
55700	Biopsy of prostate	Y		A2	10.8951	\$456.21
55705	Biopsy of prostate	Y		A2	10.8951	\$456.21
55720	Prostate saturation sampling	Y		G2	11.883	\$498.00
55725	Drainage of prostate abscess	Y		A2	20.2152	\$846.47
55750	Drainage of prostate abscess	Y		A2	20.8605	\$873.49
55860	Surgical exposure, prostate	Y		G2	19.1572	\$802.17
55870	Electroejaculation	Y		P3		\$63.02
55873	Cryoblate prostate	Y		H8	146.626	\$6,139.67
55875	Transperineal needle place, pros	N		A2	33.6233	\$1,407.91
55876	Place rt device/marker, pros	N		P3		\$57.34
55920	Place needles pelvic for rt	Y		G2	26.0084	\$1,089.05
56405	I & D of vulva/perineum	Y		P3		\$35.48
56420	Drainage of gland abscess	Y	CH	P3		\$48.54
56440	Surgery for vulva lesion	Y		A2	16.9305	\$708.93
56441	Lysis of labial lesion(s)	Y		A2	16.285	\$681.90
56442	Hymenotomy	Y		A2	16.285	\$681.90
56501	Destroy, vulva lesions, sim	Y		P3		\$48.26
56515	Destroy vulva lesion/s compl	Y		A2	18.1714	\$760.89
56605	Biopsy of vulva/perineum	Y		P3		\$27.82
56606	Biopsy of vulva/perineum	Y		P3		\$11.35
56620	Partial removal of vulva	Y		A2	18.4785	\$773.75
56625	Complete removal of vulva	Y		A2	20.0664	\$840.24
56700	Partial removal of hymen	Y		A2	16.285	\$681.90
56740	Remove vagina gland lesion	Y		A2	17.2961	\$724.24
56800	Repair of vagina	Y		A2	17.2961	\$724.24

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
54406	Remove multi-comp penis pros	Y		A2	27.9431	\$1,170.06
54408	Repair multi-comp penis pros	Y		A2	27.9431	\$1,170.06
54410	Remove/replace penis prosth	N		H8	224.2235	\$9,388.91
54415	Remove self-contid penis pros	Y		A2	27.9431	\$1,170.06
54416	Remv/repl penis contain pros	N		H8	224.2235	\$9,388.91
54420	Revision of penis	Y		A2	28.6285	\$1,198.76
54435	Revision of penis	Y		A2	28.6285	\$1,198.76
54440	Repair of penis	Y		A2	28.6285	\$1,198.76
54450	Preputial stretching	Y		A2	3.3645	\$140.88
54500	Biopsy of testis	Y		A2	13.0239	\$545.35
54505	Biopsy of testis	Y		A2	18.6086	\$779.20
54512	Excise lesion testis	Y		A2	19.2542	\$806.23
54520	Removal of testis	Y		A2	19.6196	\$821.53
54522	Orchiectomy, partial	Y		A2	19.6196	\$821.53
54530	Removal of testis	Y		A2	26.5364	\$1,111.16
54550	Exploration for testis	Y		A2	26.5364	\$1,111.16
54560	Exploration for testis	Y		G2	22.2756	\$932.75
54600	Reduce testis torsion	Y		A2	20.3052	\$850.24
54620	Suspension of testis	Y		A2	19.6196	\$821.53
54640	Suspension of testis	Y		A2	26.5364	\$1,111.16
54660	Revision of testis	Y		A2	19.2542	\$806.23
54670	Repair testis injury	Y		A2	19.6196	\$821.53
54680	Relocation of testis(es)	Y		A2	19.6196	\$821.53
54690	Laparoscopy, orchiectomy	Y		A2	41.2571	\$1,727.56
54692	Laparoscopy, orchiopexy	Y		G2	69.7891	\$2,922.70
54700	Drainage of scrotum	Y		A2	19.2542	\$806.23
54800	Biopsy of epididymis	Y		A2	4.0262	\$168.59
54830	Remove epididymis lesion	Y		A2	19.6196	\$821.53
54840	Remove epididymis lesion	Y		A2	20.3052	\$850.24
54860	Removal of epididymis	Y		A2	19.6196	\$821.53
54861	Removal of epididymis	Y		A2	20.3052	\$850.24
54865	Explore epididymis	Y		A2	18.6086	\$779.20
54900	Fusion of spermatic ducts	Y		A2	20.3052	\$850.24
54901	Fusion of spermatic ducts	Y		A2	20.3052	\$850.24
55000	Drainage of hydrocele	Y		P3		\$52.52
55040	Removal of hydrocele	Y		A2	25.851	\$1,082.46
55041	Removal of hydroceles	Y		A2	27.0334	\$1,131.97
55060	Repair of hydrocele	Y		A2	20.3052	\$850.24
55100	Drainage of scrotum abscess	Y		A2	10.9586	\$458.87
55110	Explore scrotum	Y		A2	19.2542	\$806.23
55120	Removal of scrotum lesion	Y		A2	19.2542	\$806.23

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
57421	Exam/biopsy of vag w/scope	Y		P3		\$48.54
57426	Revise prosth vag graft lap	Y	NI	G2	19.1772	\$803.01
57452	Exam of cervix w/scope	Y		P3		\$34.92
57454	Bx/curett of cervix w/scope	Y		P3		\$43.15
57455	Biopsy of cervix w/scope	Y		P3		\$45.42
57456	Endocerv curettage w/scope	Y		P3		\$44.00
57460	Bx of cervix w/scope,leep	Y		P3		\$130.58
57461	Contz of cervix w/scope,leep	Y		P3		\$139.38
57500	Biopsy of cervix	Y		P3		\$60.18
57505	Endocervical curettage	Y		P3		\$38.89
57510	Cauterization of cervix	Y		P3		\$40.03
57511	Cryocautery of cervix	Y	CH	P3		\$48.26
57513	Laser surgery of cervix	Y		A2	16.9305	\$708.93
57520	Conization of cervix	Y		A2	16.9305	\$708.93
57522	Conization of cervix	Y		A2	16.9305	\$708.93
57530	Removal of cervix	Y		A2	28.2177	\$1,181.56
57550	Removal of residual cervix	Y		A2	28.2177	\$1,181.56
57556	Remove cervix, repair bowel	Y		A2	36.3764	\$1,523.19
57558	D&c of cervical stump	Y		A2	17.2961	\$724.24
57700	Revision of cervix	Y		A2	16.285	\$681.90
57720	Revision of cervix	Y		A2	17.2961	\$724.24
57800	Dilation of cervical canal	Y		P3		\$21.01
58100	Biopsy of uterus lining	Y		P3		\$34.63
58110	Bx done w/colposcopy add-on	N		N1		
58120	Dilation and curettage	Y		A2	16.9305	\$708.93
58145	Myomectomy vag method	Y		A2	29.4001	\$1,231.07
58301	Remove intrauterine device	Y		P3		\$32.36
58321	Artificial insemination	Y		P3		\$30.37
58322	Artificial insemination	Y		P3		\$30.94
58323	Sperm washing	Y		P3		\$6.53
58340	Catheter for hysteroscopy	N		N1		
58345	Reopen fallopian tube	Y		R2	19.1772	\$803.01
58346	Insert heyman uteri capsule	Y		A2	16.9305	\$708.93
58350	Reopen fallopian tube	Y		A2	28.2177	\$1,181.56
58353	Endometrial ablation, thermal	Y		A2	30.988	\$1,297.56
58356	Endometrial cryoablation	Y	CH	P3		\$1,298.13
58545	Laparoscopic myomectomy	Y		A2	34.9531	\$1,463.59
58546	Laparo-myomectomy, complex	Y		A2	41.2571	\$1,727.56
58550	Laparo-assst vag hysterectomy	Y		A2	59.9976	\$2,512.28
58552	Laparo-vag hyst incl ilo	Y		G2	44.8118	\$1,876.40
58555	Hysteroscopy, dx, sep proc	Y		A2	18.1129	\$758.44

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
56805	Repair clitoris	Y		G2	19.1772	\$803.01
56810	Repair of perineum	Y		A2	18.4785	\$773.75
56820	Exam of vulva w/scope	Y		P3		\$36.05
56821	Exam/biopsy of vulva w/scope	Y	CH	P3		\$46.55
57000	Exploration of vagina	Y		A2	16.285	\$681.90
57010	Drainage of pelvic abscess	Y		A2	16.9305	\$708.93
57020	Drainage of pelvic fluid	Y		A2	7.2135	\$302.05
57022	I & d vaginal hematoma, pp	Y	CH	R2	12.0752	\$505.62
57023	I & d vag hematoma, non-ob	Y		A2	15.8264	\$662.70
57061	Destroy vag lesions, simple	Y		P3		\$44.57
57065	Destroy vag lesions, complex	Y		A2	16.285	\$681.90
57100	Biopsy of vagina	Y		P3		\$28.67
57105	Biopsy of vagina	Y		A2	16.9305	\$708.93
57130	Remove vagina lesion	Y		A2	16.9305	\$708.93
57135	Remove vagina lesion	Y		A2	16.9305	\$708.93
57150	Treat vagina infection	Y		P3		\$19.87
57155	Insert uteri landems/ovoids	Y		A2	7.2135	\$302.05
57160	Insert pessary/other device	Y		P3		\$29.81
57170	Fitting of diaphragm/cap	Y		P2	0.1263	\$5.29
57180	Treat vaginal bleeding	Y		A2	2.1133	\$88.49
57200	Repair of vagina	Y		A2	16.285	\$681.90
57210	Repair vagina/perineum	Y		A2	16.9305	\$708.93
57220	Revision of urethra	Y		A2	35.194	\$1,473.68
57230	Repair of urethral lesion	Y		A2	28.2177	\$1,181.56
57240	Repair bladder & vagina	Y		A2	29.4001	\$1,231.07
57250	Repair rectum & vagina	Y		A2	29.4001	\$1,231.07
57260	Repair of vagina	Y		A2	29.4001	\$1,231.07
57265	Extensive repair of vagina	Y		A2	37.9643	\$1,589.68
57267	Insert mesh/pelvic fir addon	Y		A2	30.988	\$1,297.56
57268	Repair of bowel bulge	Y		A2	28.2177	\$1,181.56
57287	Reviser/remove sling repair	Y		G2	33.7396	\$1,412.78
57289	Repair bladder & vagina	Y		A2	36.3764	\$1,523.19
57295	Reviser vag graft via vagina	Y		A2	29.4001	\$1,231.07
57300	Repair rectum-vagina fistula	Y	CH	G2	19.1772	\$803.01
57320	Repair bladder-vagina lesion	Y		A2	28.2177	\$1,181.56
57400	Dilation of vagina	Y		G2	33.7396	\$1,412.78
57410	Pelvic examination	Y		A2	16.9305	\$708.93
57415	Remove vaginal foreign body	Y		A2	16.9305	\$708.93
57420	Exam of vagina w/scope	Y		P3		\$37.19

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
59812	Treatment of miscarriage	Y		A2	18.4785	\$773.75
59820	Care of miscarriage	Y		A2	18.4785	\$773.75
59821	Treatment of miscarriage	Y		A2	18.4785	\$773.75
59840	Abortion	Y		A2	18.4785	\$773.75
59841	Abortion	Y		A2	18.4785	\$773.75
59866	Abortion (mpt)	Y		G2	3.2609	\$136.54
59870	Evacuate mole of uterus	Y		A2	18.4785	\$773.75
59871	Remove cerclage suture	Y		A2	18.4785	\$773.75
60000	Drain thyroid/tongue cyst	Y		A2	7.3694	\$308.58
60100	Biopsy of thyroid	Y		P3		\$38.32
60200	Remove thyroid lesion	Y		A2	37.5311	\$1,571.54
60210	Partial thyroid excision	Y	CH	G2	46.645	\$1,953.17
60212	Partial thyroid excision	Y	CH	G2	46.645	\$1,953.17
60220	Partial removal of thyroid	Y	CH	G2	46.645	\$1,953.17
60225	Partial removal of thyroid	Y	CH	G2	46.645	\$1,953.17
60280	Remove thyroid duct lesion	Y		A2	38.5821	\$1,615.55
60281	Remove thyroid duct lesion	Y		A2	38.5821	\$1,615.55
60300	Aspirating thyroid cyst	Y		P3		\$51.95
61000	Remove cranial cavity fluid	Y		R2	6.8884	\$288.44
61001	Remove cranial cavity fluid	Y		R2	6.8884	\$288.44
61020	Remove brain cavity fluid	Y		A2	6.2164	\$260.30
61026	Injection into brain canal	Y		A2	6.2164	\$260.30
61050	Remove brain canal fluid	Y		A2	6.2164	\$260.30
61055	Injection into brain canal	Y		A2	6.2164	\$260.30
61070	Brain canal shunt procedure	Y		A2	5.6237	\$235.48
61215	Insert brain-fluid device	Y		A2	32.3524	\$1,354.69
61330	Decompress eye socket	Y		G2	41.1215	\$1,721.88
61334	Explore orbit/remove object	Y		G2	41.1215	\$1,721.88
61770	Incise skull for treatment	Y	CH	G2	35.6664	\$1,493.46
61790	Treat trigeminal nerve	Y		A2	16.3451	\$684.42
61791	Treat trigeminal tract	Y		A2	11.5129	\$482.08
61795	Brain surgery using computer	N		N1		\$766.70
61880	Revise/remove neuroelectrode	Y		G2	18.7878	\$766.70
61885	Instituted neurostim 1 array	N		H8	307.5302	\$12,877.21
61886	Implant neurostim arrays	N		H8	416.231	\$17,428.84
61888	Revise/remove neuroreceiver	Y		A2	22.4689	\$940.84
62160	Neuroendoscopy add-on	N		N1		\$295.98
62194	Replace/irrigate catheter	Y		A2	7.0685	\$295.98
62225	Replace/irrigate catheter	Y		A2	12.8875	\$539.64
62230	Replace/revise brain shunt	Y		A2	31.9867	\$1,339.38
62252	Csf shunt reprogram	N		P3		\$39.17

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
58558	Hysteroscopy, biopsy	Y		A2	19.1238	\$800.77
58559	Hysteroscopy, lysis	Y		A2	18.7584	\$785.47
58560	Hysteroscopy, resect septum	Y		A2	29.6193	\$1,240.25
58561	Hysteroscopy, remove myoma	Y		A2	29.6193	\$1,240.25
58562	Hysteroscopy, remove fb	Y		A2	19.1238	\$800.77
58563	Hysteroscopy, ablation	Y		A2	34.3546	\$1,438.53
58565	Hysteroscopy, sterilization	Y		A2	39.9293	\$1,671.96
58600	Division of fallopian tube	Y		G2	33.7396	\$1,412.78
58615	Occlude fallopian tube(s)	Y		G2	19.1772	\$803.01
58660	Laparoscopy, lysis	Y		A2	37.7042	\$1,578.79
58661	Laparoscopy, remove adnexa	Y		A2	37.7042	\$1,578.79
58662	Laparoscopy, excise lesions	Y		A2	37.7042	\$1,578.79
58670	Laparoscopy, tubal cautery	Y		A2	36.5219	\$1,529.28
58671	Laparoscopy, tubal block	Y		A2	36.5219	\$1,529.28
58672	Laparoscopy, fimbrioplasty	Y		A2	37.7042	\$1,578.79
58673	Laparoscopy, salpingostomy	Y		A2	37.7042	\$1,578.79
58680	Drainage of ovarian cyst(s)	Y		A2	17.2961	\$724.24
58805	Drainage of ovarian cyst(s)	Y		G2	33.7396	\$1,412.78
58820	Drain ovary abscess, open	Y		A2	28.2177	\$1,181.56
58900	Biopsy of ovary(s)	Y		A2	17.2961	\$724.24
58970	Retrieval of oocyte	Y		A2	3.8502	\$161.22
58974	Transfer of embryo	Y		A2	3.8502	\$161.22
58976	Transfer of embryo	Y		A2	3.8502	\$161.22
59000	Amniocentesis, diagnostic	Y		P3		\$51.66
59001	Amniocentesis, therapeutic	Y		R2	6.5007	\$272.20
59012	Fetal cord puncture, prenatal	Y		G2	3.2609	\$136.54
59015	Chorion biopsy	Y		P3		\$43.15
59020	Fetal contract stress test	Y		P3		\$22.43
59025	Fetal non-stress test	Y		P3		\$11.92
59070	Transabdom amniocentesis w/us	Y		G2	1.4616	\$61.20
59072	Umbilical cord occlud w/us	Y		G2	3.2609	\$136.54
59076	Fetal shunt placement, w/us	Y		G2	3.2609	\$136.54
59100	Remove uterus lesion	Y		R2	33.7396	\$1,412.78
59150	Treat ectopic pregnancy	Y		G2	44.8118	\$1,876.40
59151	Treat ectopic pregnancy	Y		G2	44.8118	\$1,876.40
59160	D & c after delivery	Y		A2	17.2961	\$724.24
59200	Insert cervical dilator	Y		P3		\$28.39
59300	Episiotomy or vaginal repair	Y		P3		\$62.73
59320	Revision of cervix	Y		A2	16.285	\$681.90
59412	Antepartum manipulation	Y		G2	19.1772	\$803.01
59414	Deliver placenta	Y		G2	19.1772	\$803.01

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
63744	Revision of spinal shunt	Y		A2	32.3524	\$1,354.69
63746	Removal of spinal shunt	Y		A2	12.0602	\$504.58
64400	N block inj, trigeminal	Y		P3		\$46.27
64402	N block inj, facial	Y		P3		\$44.00
64405	N block inj, occipital	Y		P3		\$38.04
64408	N block inj, vagus	Y		P3		\$45.70
64410	N block inj, phrenic	Y		A2	7.0685	\$295.98
64412	N block inj, spinal accessor	Y		P3		\$68.98
64413	N block inj, cervical plexus	Y		P3		\$42.58
64415	N block inj, brachial plexus	Y		A2	3.4648	\$145.08
64416	N block cont infuse, b plex	Y		G2	6.8884	\$288.44
64417	N block inj, axillary	Y		A2	3.4648	\$145.08
64418	N block inj, suprascapular	Y		P3		\$59.61
64420	N block inj, intercost, sing	Y		A2	3.4648	\$145.08
64421	N block inj, intercost, mlt	Y		A2	7.0685	\$295.98
64425	N block inj, ilio-ing/hypogl	Y		P3		\$42.58
64430	N block inj, pudendal	Y		A2	5.9604	\$249.58
64435	N block inj, paracervical	Y		P3		\$59.33
64445	N blk inj, sciatic, cont inf	Y		P3		\$54.22
64446	N blk inj, sciatic, cont inf	Y		G2	6.8884	\$288.44
64447	N block inj fem, single	Y		R2	3.5609	\$149.11
64448	N block inj fem, cont inf	Y		G2	6.8884	\$288.44
64449	N block inj, lumbar plexus	Y		G2	6.8884	\$288.44
64450	N block, other peripheral	Y		P3		\$37.19
64455*	N block inj, plantar digit	Y		P3		\$15.61
64470	Inj paravertebral c/t	N	CH	D5		
64472	Inj paravertebral c/t add-on	N	CH	D5		
64475	Inj paravertebral l/s	N	CH	D5		
64476	Inj paravertebral l/s add-on	N	CH	D5		
64479	Inj foramen epidural c/t	Y		A2	7.0685	\$295.98
64480	Inj foramen epidural add-on	Y		A2	4.5729	\$191.48
64483	Inj foramen epidural l/s	Y		A2	7.0685	\$295.98
64484	Inj foramen epidural add-on	Y		A2	4.5729	\$191.48
64490	Inj paravert f jnt c/t 1 lev	Y	NI	G2	6.8884	\$288.44
64491	Inj paravert f jnt c/t 2 lev	Y	NI	G2	2.4451	\$102.38
64492	Inj paravert f jnt c/t 3 lev	Y	NI	G2	2.4451	\$102.38
64493	Inj paravert f jnt l/s 1 lev	Y	NI	G2	6.8884	\$288.44
64494	Inj paravert f jnt l/s 2 lev	Y	NI	G2	2.4451	\$102.38
64495	Inj paravert f jnt l/s 3 lev	Y	NI	G2	2.4451	\$102.38
64505	N block, sphenopalatine gangl	Y		P3		\$32.93
64508	N block, carotid sinus s/p	Y		P3		\$74.66

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
62263	Epidural lysis mult sessions	Y		A2	7.0685	\$295.98
62264	Epidural lysis on single day	Y		A2	11.405	\$477.56
62267	Interdiscal perq aspir, dx	Y		G2	4.4	\$184.24
62268	Drain spinal cord cyst	Y		A2	6.2164	\$260.30
62269	Needle biopsy, spinal cord	Y		A2	8.8382	\$370.08
62270	Spinal fluid tap, diagnostic	Y		A2	3.4648	\$145.08
62272	Drain cerebro spinal fluid	Y		A2	3.4648	\$145.08
62273	Inject epidural patch	Y		A2	4.5729	\$191.48
62280	Treat spinal cord lesion	Y		A2	7.0685	\$295.98
62281	Treat spinal canal lesion	Y		A2	7.0685	\$295.98
62284	Injection for myelogram	N		N1		
62287	Percutaneous disectomy	Y		A2	34.3981	\$1,440.35
62290	Inject for spine disk x-ray	N		N1		
62291	Inject for spine disk x-ray	N		N1		
62292	Injection into disk lesion	Y		R2	6.8884	\$288.44
62294	Injection into spinal artery	Y		A2	6.2164	\$260.30
62310	Inject spine c/t	Y		A2	7.0685	\$295.98
62311	Inject spine l/s (cd)	Y		A2	7.0685	\$295.98
62318	Inject spine w/cath, c/t	Y		A2	7.0685	\$295.98
62319	Inject spine w/cath l/s (cd)	Y		A2	7.0685	\$295.98
62350	Implant spinal canal cath	Y		A2	31.9867	\$1,339.38
62355	Remove spinal canal catheter	Y		A2	12.0502	\$504.58
62360	Insert spine infusion device	Y		A2	31.9867	\$1,339.38
62361	Implant spine infusion pump	Y		H8	291.6404	\$12,211.86
62362	Implant spine infusion pump	Y		H8	291.6404	\$12,211.86
62365	Remove spine infusion device	Y		A2	29.2374	\$1,226.77
62367	Analyze spine infusion pump	N		P3		\$14.76
62368	Analyze spine infusion pump	N		P3		\$19.30
63600	Remove spinal cord lesion	Y		A2	15.9795	\$669.11
63610	Stimulation of spinal cord	Y		A2	15.3342	\$642.09
63615	Remove lesion of spinal cord	Y		R2	17.9094	\$749.92
63650	Implant neuroelectrodes	N		H8	83.4896	\$3,495.96
63655	Implant neuroelectrodes	N		J8	118.6891	\$4,969.87
63660	Revise/remove neuroelectrode	N	CH	D5		
63661	Remove spine eltrd perq aray	Y	NI	G2	18.7878	\$786.70
63662	Remove spine eltrd plate	Y	NI	G2	18.7878	\$786.70
63663	Revise spine eltrd perq aray	Y	NI	G2	18.7878	\$786.70
63664	Revise spine eltrd plate	Y	NI	G2	18.7878	\$786.70
63685	Inst/redro spine n generator	N		H8	307.5302	\$12,877.21
63688	Revise/remove neuroreceiver	Y		A2	22.4689	\$940.84

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
64716	Revision of cranial nerve	Y		A2	16.3451	\$684.42
64718	Revis uhar nerve at elbow	Y		A2	15.9795	\$669.11
64719	Revis uhar nerve at wrist	Y		A2	15.9795	\$669.11
64721	Carpal tunnel surgery	Y		A2	15.9795	\$669.11
64722	Relieve pressure on nerve(s)	Y		A2	15.3342	\$642.09
64726	Release foot/oe nerve	Y		A2	15.3342	\$642.09
64727	Internal nerve revision	Y		A2	15.3342	\$642.09
64732	Incision of brow nerve	Y		A2	15.9795	\$669.11
64734	Incision of cheek nerve	Y		A2	15.9795	\$669.11
64736	Incision of chin nerve	Y		A2	15.9795	\$669.11
64738	Incision of jaw nerve	Y		A2	15.9795	\$669.11
64740	Incision of tongue nerve	Y		A2	15.9795	\$669.11
64742	Incision of facial nerve	Y		A2	15.9795	\$669.11
64744	Incision nerve, back of head	Y		A2	15.9795	\$669.11
64746	Incision diaphragm nerve	Y		A2	15.9795	\$669.11
64761	Incision of pelvis nerve	Y		G2	17.9094	\$749.92
64763	Incision hip/thigh nerve	Y		G2	17.9094	\$749.92
64766	Incision hip/thigh nerve	Y		G2	35.6664	\$1,493.46
64771	Sever cranial nerve	Y		A2	15.9795	\$669.11
64772	Incision of spinal nerve	Y		A2	15.9795	\$669.11
64774	Remove skin nerve lesion	Y		A2	15.9795	\$669.11
64776	Remove digit nerve lesion	Y		A2	16.3451	\$684.42
64778	Digit nerve surgery add-on	Y		A2	15.9795	\$669.11
64782	Remove limb nerve lesion	Y		A2	16.3451	\$684.42
64783	Limb nerve surgery add-on	Y		A2	15.9795	\$669.11
64784	Remove nerve lesion	Y		A2	16.3451	\$684.42
64786	Remove sciatic nerve lesion	Y		A2	29.6628	\$1,242.07
64787	Implant nerve end	Y		A2	15.9795	\$669.11
64788	Remove skin nerve lesion	Y		A2	16.3451	\$684.42
64790	Removal of nerve lesion	Y		A2	16.3451	\$684.42
64792	Removal of nerve lesion	Y		A2	29.6628	\$1,242.07
64795	Biopsy of nerve	Y		A2	15.9795	\$669.11
64802	Remove sympathetic nerves	Y		A2	15.9795	\$669.11
64820	Remove sympathetic nerves	Y		G2	17.9094	\$749.92
64821	Remove sympathetic nerves	Y		A2	23.8595	\$999.07
64822	Remove sympathetic nerves	Y		G2	27.0149	\$1,131.19
64823	Remove sympathetic nerves	Y		G2	27.0149	\$1,131.19
64831	Repair of digit nerve	Y		A2	30.3484	\$1,270.78
64832	Repair nerve add-on	Y		A2	28.6519	\$1,199.74
64834	Repair of hand or foot nerve	Y		A2	29.2974	\$1,226.77
64835	Repair of hand or foot nerve	Y		A2	29.6628	\$1,242.07

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
64510	N block, stellate ganglion	Y		A2	7.0685	\$295.98
64517	N block inj, hypogas plex	Y		A2	5.9604	\$249.58
64520	N block, lumbar/thoracic	Y		A2	7.0685	\$295.98
64530	N block inj, cellac pelus	Y		A2	7.0685	\$295.98
64553	Implant neuroelectrodes	N		H8	82.8441	\$3,468.93
64555	Implant neuroelectrodes	N		J8	87.5994	\$3,668.05
64560	Implant neuroelectrodes	N		J8	87.5994	\$3,668.05
64561	Implant neuroelectrodes	N		H8	83.8552	\$3,511.27
64565	Implant neuroelectrodes	N		J8	87.5994	\$3,668.05
64573	Implant neuroelectrodes	N		H8	218.1981	\$9,136.61
64575	Implant neuroelectrodes	N		H8	113.0528	\$4,733.86
64577	Implant neuroelectrodes	N		H8	113.0528	\$4,733.86
64580	Implant neuroelectrodes	N		H8	113.0528	\$4,733.86
64581	Implant neuroelectrodes	N		H8	114.064	\$4,776.20
64585	Revis/remove neuroelectrode	Y		A2	15.9929	\$669.67
64590	Instr/dred pr/gastr stimu	N		H8	307.5302	\$12,877.21
64595	Revis/rmv pr/gastr stimu	Y		A2	22.4639	\$940.84
64600	Injection treatment of nerve	Y		A2	11.405	\$477.56
64605	Injection treatment of nerve	Y		A2	15.3342	\$642.09
64610	Injection treatment of nerve	Y		A2	15.3342	\$642.09
64612	Destroy nerve, face muscle	Y		P3		\$54.79
64613	Destroy nerve, neck muscle	Y		P3		\$51.95
64614	Destroy nerve, extrem musc	Y		P3		\$59.04
64620	Injection treatment of nerve	Y		A2	7.0685	\$295.98
64622	Destr paravertebr nerve /s	Y		A2	11.405	\$477.56
64623	Destr paravertebral n add-on	Y		A2	7.0685	\$295.98
64626	Destr paravertebr nerve cft	Y		A2	7.0685	\$295.98
64627	Destr paravertebral n add-on	Y		A2	3.7361	\$156.44
64630	Injection treatment of nerve	Y		A2	7.1765	\$300.50
64632*	N block inj, common digit	Y		P3		\$28.39
64640	Injection treatment of nerve	Y		P3		\$80.62
64650	Chemodenerv eccrine glands	Y		P3		\$28.67
64653	Chemodenerv eccrine glands	Y		P3		\$31.51
64680	Injection treatment of nerve	Y		A2	7.3995	\$303.84
64681	Injection treatment of nerve	Y		A2	12.0502	\$504.58
64702	Revis finger/toe nerve	Y		A2	15.3342	\$642.09
64704	Revis hand/foot nerve	Y		A2	15.3342	\$642.09
64708	Revis arm/leg nerve	Y		A2	15.9795	\$669.11
64712	Revision of sciatic nerve	Y		A2	15.9795	\$669.11
64713	Revision of arm nerve(s)	Y		A2	15.9795	\$669.11
64714	Revis low back nerve(s)	Y		A2	15.9795	\$669.11

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
65140	Attach ocular implant	Y		A2	30.9049	\$1,294.08
65150	Revise ocular implant	Y		A2	21.8055	\$913.06
65155	Reinsert ocular implant	Y		A2	30.9049	\$1,294.08
65175	Removal of ocular implant	Y		A2	14.9309	\$625.20
65205	Remove foreign body from eye	N		P3		\$17.88
65210	Remove foreign body from eye	N		P3		\$22.71
65220	Remove foreign body from eye	N		G2	0.9139	\$38.27
65222	Remove foreign body from eye	N		P3		\$24.98
65235	Remove foreign body from eye	Y		A2	14.2061	\$594.85
65260	Remove foreign body from eye	Y		A2	7.1103	\$297.73
65265	Remove foreign body from eye	Y		A2	18.4618	\$773.05
65270	Repair of eye wound	Y		A2	15.5764	\$652.23
65272	Repair of eye wound	Y		A2	20.0566	\$839.83
65275	Repair of eye wound	Y		A2	21.1076	\$883.84
65280	Repair of eye wound	Y		A2	18.4618	\$773.05
65285	Repair of eye wound	Y		A2	32.274	\$1,351.41
65286	Repair of eye wound	Y		P2	4.3122	\$180.56
65290	Repair of eye socket wound	Y		A2	19.7528	\$827.11
65400	Removal of eye lesion	Y		A2	13.5608	\$567.83
65410	Biopsy of cornea	Y		A2	14.2061	\$594.85
65420	Removal of eye lesion	Y		A2	14.2061	\$594.85
65426	Removal of eye lesion	Y		A2	21.6046	\$904.65
65430	Corneal smear	N	CH	P3		\$35.77
65435	Curette/treat cornea	Y		P3		\$27.54
65436	Curette/treat cornea	Y		P3		\$122.06
65450	Treatment of corneal lesion	N		G2	1.8727	\$78.42
65600	Revision of cornea	Y		P3		\$141.93
65710	Corneal transplant	Y		A2	32.6184	\$1,365.83
65730	Corneal transplant	Y		A2	32.6184	\$1,365.83
65750	Corneal transplant	Y		A2	32.6184	\$1,365.83
65755	Corneal transplant	Y		A2	32.6184	\$1,365.83
65756	Corneal transpl. endothelial	Y		G2	35.9134	\$1,503.80
65757	Prep corneal endo allograft	N		N1		
65770	Revise cornea with implant	Y		H8	134.3348	\$5,625.00
65772	Correction of astigmatism	Y		A2	15.2571	\$638.86
65775	Correction of astigmatism	Y		A2	15.2571	\$638.86
65780	Ocular reconstr. transplant	Y		A2	31.0305	\$1,299.34
65781	Ocular reconstr. transplant	Y		A2	31.0305	\$1,299.34
65782	Ocular reconstr. transplant	Y		A2	31.0305	\$1,299.34
65800	Drainage of eye	Y		A2	13.5608	\$567.83
65805	Drainage of eye	Y		A2	13.5608	\$567.83

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
64836	Repair of hand or foot nerve	Y		A2	29.6628	\$1,242.07
64837	Repair nerve add-on	Y		A2	28.6519	\$1,199.74
64840	Repair of leg nerve	Y		A2	29.2974	\$1,226.77
64856	Repair/transpose nerve	Y		A2	29.2974	\$1,226.77
64857	Repair arm/leg nerve	Y		A2	29.2974	\$1,226.77
64858	Repair sciatic nerve	Y		A2	29.2974	\$1,226.77
64859	Nerve surgery	Y		A2	28.6519	\$1,199.74
64861	Repair of arm nerves	Y		A2	29.6628	\$1,242.07
64862	Repair of low back nerves	Y		A2	29.6628	\$1,242.07
64864	Repair of facial nerve	Y		A2	29.6628	\$1,242.07
64865	Repair of facial nerve	Y		A2	30.3484	\$1,270.78
64870	Fusion of facial/other nerve	Y		A2	30.3484	\$1,270.78
64872	Subsequent repair of nerve	Y		A2	29.2974	\$1,226.77
64874	Repair & revise nerve add-on	Y		A2	29.6628	\$1,242.07
64876	Repair nerve/shorten bone	Y		A2	29.6628	\$1,242.07
64885	Nerve graft, head or neck	Y		A2	29.2974	\$1,226.77
64886	Nerve graft, head or neck	Y		A2	29.2974	\$1,226.77
64890	Nerve graft, hand or foot	Y		A2	29.2974	\$1,226.77
64891	Nerve graft, hand or foot	Y		A2	29.2974	\$1,226.77
64892	Nerve graft, arm or leg	Y		A2	29.2974	\$1,226.77
64893	Nerve graft, arm or leg	Y		A2	29.2974	\$1,226.77
64895	Nerve graft, hand or foot	Y		A2	29.6628	\$1,242.07
64896	Nerve graft, hand or foot	Y		A2	29.6628	\$1,242.07
64897	Nerve graft, arm or leg	Y		A2	29.6628	\$1,242.07
64898	Nerve graft, arm or leg	Y		A2	29.6628	\$1,242.07
64901	Nerve graft add-on	Y		A2	29.2974	\$1,226.77
64902	Nerve graft add-on	Y		A2	29.2974	\$1,226.77
64905	Nerve pedicle transfer	Y		A2	29.2974	\$1,226.77
64907	Nerve pedicle transfer	Y		A2	28.6519	\$1,199.74
64910	Nerve repair w/allograft	Y		G2	35.6664	\$1,493.46
65091	Revise eye	Y		A2	30.9049	\$1,294.08
65093	Revise eye with implant	Y		A2	30.9049	\$1,294.08
65101	Removal of eye	Y		A2	30.9049	\$1,294.08
65103	Remove eye/insert implant	Y		A2	30.9049	\$1,294.08
65105	Remove eye/attach implant	Y		A2	31.5903	\$1,322.78
65110	Removal of eye	Y		A2	32.0873	\$1,343.59
65112	Remove eye/revise socket	Y		A2	33.6752	\$1,410.08
65114	Remove eye/revise socket	Y		A2	33.6752	\$1,410.08
65125	Revise ocular implant	Y		G2	25.6774	\$1,075.19
65130	Insert ocular implant	Y		A2	22.1711	\$928.37
65135	Insert ocular implant	Y		A2	21.8055	\$913.06

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
66761	Revision of iris	Y		P3		\$160.67
66762	Revision of iris	Y		P3		\$163.79
66770	Removal of inner eye lesion	Y	CH	P3		\$177.70
66820	Incision, secondary cataract	Y		G2	4.3122	\$180.56
66821	After cataract laser surgery	Y		A2	5.589	\$234.03
66825	Reposition intraocular lens	Y		A2	21.1076	\$883.84
66830	Removal of lens lesion	Y		A2	5.3646	\$224.63
66840	Removal of lens material	Y		A2	14.9416	\$625.65
66850	Removal of lens material	Y		A2	27.4454	\$1,149.22
66852	Removal of lens material	Y		A2	25.3605	\$1,081.92
66920	Extraction of lens	Y		A2	25.3605	\$1,081.92
66930	Extraction of lens	Y		A2	25.8575	\$1,082.73
66940	Extraction of lens	Y		A2	15.4386	\$646.46
66982	Cataract surgery, complex	Y		A2	22.9847	\$962.44
66983	Cataract surg w/ol, 1 stage	Y		A2	22.9847	\$962.44
66984	Cataract surg w/ol, 1 stage	Y		A2	22.1453	\$927.29
66985	Insert lens prosthesis	Y		A2	22.1453	\$927.29
66986	Exchange lens prosthesis	Y		A2	22.1453	\$927.29
66990	Ophthalmic endoscope add-on	N		N1		
67005	Partial removal of eye fluid	Y		A2	18.4618	\$773.05
67010	Partial removal of eye fluid	Y		A2	32.274	\$1,351.41
67015	Release of eye fluid	Y		A2	30.5775	\$1,280.37
67025	Replace eye fluid	Y		A2	16.7652	\$702.01
67027	Implant eye drug system	Y		A2	32.274	\$1,351.41
67028	Injection eye drug	Y		P3		\$71.25
67030	Incise inner eye strands	Y		A2	16.7652	\$702.01
67031	Laser surgery, eye strands	Y		A2	5.589	\$234.03
67036	Removal of inner eye fluid	Y		A2	32.274	\$1,351.41
67039	Laser treatment of retina	Y		A2	34.3589	\$1,438.71
67040	Laser treatment of retina	Y		A2	34.3589	\$1,438.71
67041	Vit for macular pucker	Y		G2	38.2338	\$1,600.96
67042	Vit for macular hole	Y		G2	38.2338	\$1,600.96
67043	Vit for membrane dissect	Y		G2	38.2338	\$1,600.96
67101	Repair detached retina	Y	CH	P3		\$270.53
67105	Repair detached retina	Y		P2	5.0718	\$212.37
67107	Repair detached retina	Y		A2	32.771	\$1,372.22
67108	Repair detached retina	Y		A2	34.3589	\$1,438.71
67110	Repair detached retina	Y		P3		\$290.11
67112	Repair detached retina	Y		A2	34.3589	\$1,438.71
67113	Repair retinal detach, oplx	Y		G2	38.2338	\$1,600.96
67115	Release encircling material	Y		A2	17.4107	\$729.04

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
65810	Drainage of eye	Y		A2	20.4222	\$855.14
65815	Drainage of eye	Y		A2	20.0566	\$839.83
65820	Relieve inner eye pressure	Y		A2	5.1362	\$215.07
65850	Incision of eye	Y		A2	21.1076	\$883.84
65855	Laser surgery of eye	Y		P3		\$114.97
65860	Incise inner eye adhesions	Y		P3		\$107.02
65865	Incise inner eye adhesions	Y		A2	13.5608	\$567.83
65870	Incise inner eye adhesions	Y		A2	21.1076	\$883.84
65875	Incise inner eye adhesions	Y		A2	15.2571	\$638.86
65880	Incise inner eye adhesions	Y		A2	15.7541	\$659.67
65900	Remove eye lesion	Y		A2	23.1925	\$971.14
65920	Remove implant of eye	Y		A2	21.6046	\$904.85
65930	Remove blood clot from eye	Y		A2	13.5608	\$567.83
66020	Injection treatment of eye	Y		A2	5.1362	\$215.07
66030	Injection treatment of eye	Y		A2	23.1925	\$971.14
66130	Remove eye lesion	Y		A2	21.1076	\$883.84
66150	Glaucoma surgery	Y		A2	21.1076	\$883.84
66155	Glaucoma surgery	Y		A2	20.0566	\$839.83
66160	Glaucoma surgery	Y		A2	21.1076	\$883.84
66165	Glaucoma surgery	Y		A2	21.1076	\$883.84
66170	Glaucoma surgery	Y		A2	21.1076	\$883.84
66172	Incision of eye	Y		A2	34.1483	\$1,429.89
66180	Implant eye shunt	Y		A2	20.0566	\$839.83
66185	Revise eye shunt	Y		A2	31.5886	\$1,322.71
66220	Repair eye lesion	Y		A2	33.6513	\$1,409.08
66225	Repair/graft eye lesion	Y		A2	14.2061	\$594.85
66250	Follow-up surgery of eye	Y		A2	5.1362	\$215.07
66500	Incision of iris	Y		A2	5.1362	\$215.07
66505	Incision of iris	Y		A2	20.4222	\$855.14
66600	Remove iris and lesion	Y		A2	20.4222	\$855.14
66605	Removal of iris	Y		A2	13.7888	\$577.38
66625	Removal of iris	Y		A2	20.4222	\$855.14
66630	Removal of iris	Y		A2	20.4222	\$855.14
66635	Removal of iris	Y		A2	20.4222	\$855.14
66680	Repair iris & ciliary body	Y		A2	20.0566	\$839.83
66682	Repair iris & ciliary body	Y		A2	14.2061	\$594.85
66700	Destruction, ciliary body	Y		A2	14.2061	\$594.85
66710	Ciliary transscleral therapy	Y		A2	14.2061	\$594.85
66711	Ciliary endoscopic ablation	Y		A2	14.2061	\$594.85
66720	Destruction, ciliary body	Y		A2	20.0566	\$839.83
66740	Destruction, ciliary body	Y		A2		

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
67505	Inject/treat eye socket	Y		P3		\$23.84
67515	Inject/treat eye socket	Y		P3		\$24.41
67550	Insert eye socket implant	Y		A2	31.5903	\$1,322.78
67560	Revise eye socket implant	Y		A2	21.8055	\$913.06
67570	Decompress optic nerve	Y		A2	31.5903	\$1,322.78
67700	Drainage of eyelid abscess	Y		P2	3.087	\$129.26
67710	Incision of eyelid	Y		P3		\$119.51
67715	Incision of eyelid fold	Y		A2	14.9309	\$625.20
67800	Remove eyelid lesion	Y		P3		\$44.85
67801	Remove eyelid lesions	Y		P3		\$54.50
67805	Remove eyelid lesions	Y		P3		\$70.88
67808	Remove eyelid lesion(s)	Y		A2	15.5764	\$652.23
67810	Biopsy of eyelid	Y	CH	P3		\$108.44
67820	Revise eyelashes	N		P3		\$14.76
67825	Revise eyelashes	Y		P3		\$45.70
67830	Revise eyelashes	Y		A2	8.031	\$336.28
67835	Revise eyelashes	Y		A2	15.5764	\$652.23
67840	Remove eyelid lesion	Y		P3		\$126.61
67850	Treat eyelid lesion	Y		P3		\$99.64
67875	Closure of eyelid by suture	Y		G2	7.3112	\$306.14
67880	Revision of eyelid	Y		A2	14.5717	\$610.16
67882	Revision of eyelid	Y		A2	15.942	\$667.54
67900	Repair brow defect	Y		A2	22.8565	\$957.07
67901	Repair eyelid defect	Y		A2	17.1244	\$717.05
67902	Repair eyelid defect	Y		A2	23.3535	\$977.88
67903	Repair eyelid defect	Y		A2	16.6274	\$696.24
67904	Repair eyelid defect	Y		A2	16.6274	\$696.24
67906	Repair eyelid defect	Y		A2	17.1244	\$717.05
67908	Repair eyelid defect	Y		A2	16.6274	\$696.24
67909	Revise eyelid defect	Y		A2	16.6274	\$696.24
67911	Revise eyelid defect	Y		A2	15.942	\$667.54
67912	Correction eyelid w/inplant	Y		A2	15.942	\$667.54
67914	Repair eyelid defect	Y		A2	15.942	\$667.54
67915	Repair eyelid defect	Y		P3		\$141.65
67916	Repair eyelid defect	Y		A2	16.6274	\$696.24
67917	Repair eyelid defect	Y		A2	16.6274	\$696.24
67921	Repair eyelid defect	Y		A2	15.942	\$667.54
67922	Repair eyelid defect	Y		P3		\$137.68
67923	Repair eyelid defect	Y		A2	16.6274	\$696.24
67924	Repair eyelid defect	Y		A2	16.6274	\$696.24
67930	Repair eyelid wound	Y		P3		\$142.50

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
67120	Remove eye implant material	Y		A2	17.4107	\$729.04
67121	Remove eye implant material	Y		A2	17.4107	\$729.04
67141	Treatment of retina	Y		A2	5.5783	\$233.58
67145	Treatment of retina	Y		P3		\$171.74
67208	Treatment of retinal lesion	Y		P3		\$184.23
67210	Treatment of retinal lesion	Y	CH	P3		\$196.72
67218	Treatment of retinal lesion	Y		A2	18.5685	\$793.85
67220	Treatment of choroid lesion	Y		P2	5.5965	\$234.34
67221	Ocular photodynamic ther	Y		P3		\$100.21
67225	Eye photodynamic ther add-on	Y		P3		\$7.10
67227	Treatment of retinal lesion	Y		A2	16.7652	\$702.01
67228	Treatment of retinal lesion	Y		P2	5.0718	\$212.37
67229*	Tr retinal les preterm inf	Y		R2	5.0718	\$212.37
67250	Reinforce eye wall	Y		A2	15.942	\$667.54
67255	Reinforce/graft eye wall	Y		A2	17.7761	\$744.34
67311	Revise eye muscle	Y		A2	19.7528	\$827.11
67312	Revise two eye muscles	Y		A2	20.4385	\$855.82
67314	Revise eye muscle	Y		A2	20.4385	\$855.82
67316	Revise two eye muscles	Y		A2	20.4385	\$855.82
67318	Revise eye muscle(s)	Y		A2	20.4385	\$855.82
67320	Revise eye muscle(s) add-on	Y		A2	20.4385	\$855.82
67331	Eye surgery follow-up add-on	Y		A2	20.4385	\$855.82
67332	Revise eye muscles add-on	Y		A2	20.4385	\$855.82
67334	Revise eye muscle w/suture	Y		A2	20.4385	\$855.82
67335	Eye suture during surgery	Y		A2	20.4385	\$855.82
67340	Revise eye muscle add-on	Y		A2	20.4385	\$855.82
67343	Release eye tissue	Y		A2	22.5231	\$943.11
67345	Destroy nerve of eye muscle	Y		P3		\$71.53
67346	Biopsy, eye muscle	Y		A2	13.053	\$546.57
67400	Explore/biopsy eye socket	Y		A2	15.942	\$667.54
67405	Explore/drain eye socket	Y		A2	22.8565	\$957.07
67412	Explore/treat eye socket	Y		A2	17.1244	\$717.05
67413	Explore/treat eye socket	Y		A2	23.3535	\$977.88
67414	Expil/decompress eye socket	Y		G2	37.3223	\$1,562.80
67415	Aspiration, orbital contents	Y		A2	14.9309	\$625.20
67420	Explore/treat eye socket	Y		A2	32.0873	\$1,343.59
67430	Explore/treat eye socket	Y		A2	32.0873	\$1,343.59
67440	Explore/drain eye socket	Y		A2	32.0873	\$1,343.59
67445	Expil/decompress eye socket	Y		A2	32.0873	\$1,343.59
67450	Explore/biopsy eye socket	Y		A2	32.0873	\$1,343.59
67500	Inject/treat eye socket	N		G2	1.8727	\$78.42

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
68745	Create tear duct drain	Y		A2	22.8565	\$957.07
68750	Create tear duct drain	Y		A2	22.8565	\$957.07
68760	Close tear duct opening	Y		P3		\$84.59
68761	Close tear duct opening	Y		P3		\$58.76
68770	Close tear system fistula	Y		A2	22.8565	\$957.07
68801	Dilate tear duct opening	N		P2	0.9139	\$38.27
68810	Probe nasolacrimal duct	Y		A2	3.0683	\$128.48
68811	Probe nasolacrimal duct	Y		A2	15.5764	\$652.23
68815	Probe nasolacrimal duct	Y		A2	15.5764	\$652.23
68816	Probe nl duct w/balloon	Y		G2	17.3718	\$727.41
68840	Explore/irrigate tear ducts	N		P3		\$47.12
68850	Injection for tear sac x-ray	N		N1		
69000	Drain external ear lesion	Y		P2	1.3927	\$58.32
69005	Drain external ear lesion	Y		P3		\$88.85
69020	Drain outer ear canal lesion	Y		P2	1.3927	\$58.32
69100	Biopsy of external ear	Y		P3		\$51.10
69105	Biopsy of external ear canal	Y		P3		\$74.66
69110	Remove external ear, partial	Y		A2	14.457	\$605.36
69120	Removal of external ear	Y		A2	20.4597	\$856.71
69140	Remove ear canal lesion(s)	Y		A2	20.4597	\$856.71
69145	Remove ear canal lesion(s)	Y		A2	15.1023	\$632.38
69150	Extensive ear canal surgery	Y		A2	8.1184	\$339.94
69200	Clear outer ear canal	N		P2	0.6403	\$26.81
69205	Clear outer ear canal	Y		A2	18.6836	\$782.34
69210	Remove impacted ear wax	N		P3		\$17.88
69220	Clean out mastoid cavity	Y		P2	0.8408	\$35.21
69222	Clean out mastoid cavity	Y		P3		\$114.40
69300	Revise external ear	Y		A2	20.8254	\$872.02
69310	Rebuild outer ear canal	Y		A2	33.7542	\$1,413.39
69320	Rebuild outer ear canal	Y		A2	36.5245	\$1,529.39
69400	Inflate middle ear canal	Y		P3		\$77.78
69401	Inflate middle ear canal	Y		P3		\$41.16
69405	Catheterize middle ear canal	Y		P3		\$107.87
69420	Incision of eardrum	Y		P3		\$95.66
69421	Incision of eardrum	Y		A2	15.2459	\$638.39
69424	Remove ventilating tube	Y		P3		\$66.71
69433	Create eardrum opening	Y		P3		\$95.66
69436	Create eardrum opening	Y		A2	15.2459	\$638.39
69440	Exploration of middle ear	Y		A2	20.8254	\$872.02
69450	Eardrum revision	Y		A2	32.7433	\$1,371.06
69501	Mastoidectomy	Y		A2	36.5245	\$1,529.39

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
67935	Repair eyelid wound	Y		A2	15.5764	\$652.23
67938	Remove eyelid foreign body	N		P2	1.8727	\$78.42
67950	Revision of eyelid	Y		A2	15.5764	\$652.23
67961	Revision of eyelid	Y		A2	15.942	\$667.54
67966	Revision of eyelid	Y		A2	15.942	\$667.54
67971	Reconstruction of eyelid	Y		A2	15.942	\$667.54
67973	Reconstruction of eyelid	Y		A2	22.1711	\$928.37
67974	Reconstruction of eyelid	Y		A2	15.942	\$667.54
67975	Reconstruction of eyelid	Y		A2	15.942	\$667.54
68020	Incise/drain eyelid lining	Y		P3		\$40.03
68040	Treatment of eyelid lesions	N		P3		\$19.87
68100	Biopsy of eyelid lining	Y		P3		\$76.36
68110	Remove eyelid lining lesion	Y		P3		\$99.07
68115	Remove eyelid lining lesion	Y		A2	15.5764	\$652.23
68130	Remove eyelid lining lesion	Y		A2	14.2061	\$594.85
68135	Remove eyelid lining lesion	Y		P3		\$51.38
68200	Treat eyelid by injection	N		P3		\$14.48
68320	Revise/graft eyelid lining	Y		A2	22.8565	\$957.07
68325	Revise/graft eyelid lining	Y		A2	22.8565	\$957.07
68326	Revise/graft eyelid lining	Y		A2	16.8274	\$696.24
68328	Revise/graft eyelid lining	Y		A2	22.8565	\$957.07
68330	Revise eyelid lining	Y		A2	21.1076	\$883.84
68335	Revise/graft eyelid lining	Y		A2	22.8565	\$957.07
68340	Separate eyelid adhesions	Y		A2	16.8274	\$696.24
68360	Revise eyelid lining	Y		A2	20.0566	\$839.83
68362	Revise eyelid lining	Y		A2	20.0566	\$839.83
68371	Harvest eye tissue, allograft	Y		A2	14.2061	\$594.85
68400	Incise/drain tear gland	Y		P2	3.087	\$129.26
68420	Incise/drain tear sac	Y		P3		\$147.61
68440	Incise tear duct opening	Y		P3		\$43.15
68500	Removal of tear gland	Y		A2	22.1711	\$928.37
68505	Partial removal, tear gland	Y		A2	22.1711	\$928.37
68510	Biopsy of tear gland	Y		A2	14.9309	\$625.20
68520	Removal of tear sac	Y		A2	22.1711	\$928.37
68525	Biopsy of tear sac	Y		A2	14.9309	\$625.20
68530	Clearance of tear duct	Y		P2	3.087	\$129.26
68540	Remove tear gland lesion	Y		A2	15.942	\$667.54
68550	Remove tear gland lesion	Y		A2	22.1711	\$928.37
68700	Repair tear ducts	Y		A2	15.5764	\$652.23
68705	Revise tear duct opening	Y		P3		\$99.35
68720	Create tear sac drain	Y		A2	22.8565	\$957.07

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
69740	Repair facial nerve	Y		A2	34.9366	\$1,462.90
69745	Repair facial nerve	Y		A2	34.9366	\$1,462.90
69801	Incise inner ear	Y		A2	22.0077	\$921.53
69802	Incise inner ear	Y		A2	23.5956	\$988.02
69805	Explore inner ear	Y		A2	36.5245	\$1,529.39
69806	Explore inner ear	Y		A2	36.5245	\$1,529.39
69820	Establish inner ear window	Y		A2	34.9366	\$1,462.90
69840	Revise inner ear window	Y		A2	34.9366	\$1,462.90
69905	Remove inner ear	Y		A2	36.5245	\$1,529.39
69910	Remove inner ear & mastoid	Y		A2	36.5245	\$1,529.39
69915	Incise inner ear nerve	Y		A2	36.5245	\$1,529.39
69930	Implant cochlear device	Y		H8	636.8197	\$26,665.55
69990	Microsurgery add-on	N		N1		
C9716	Radiofrequency energy to anu	Y		G2	30.7878	\$1,289.18
C9724	EPS gast cardia plic	Y		G2	23.2194	\$972.27
C9725	Place orectal app	Y		G2	5.1327	\$214.92
C9726	Rx breast appl place/remov	Y		G2	23.6799	\$991.55
C9727	Insert palate implants	Y		G2	7.2897	\$305.24
C9728	Place device/marker, non pro	N		R2	13.1619	\$551.13
G0104	CA screen/flexi sigmoidoscope	N		P3		\$70.12
G0105	Colorectal scrn; hi risk ind	Y		A2	8.3531	\$349.77
G0121	Colon ca scrn not hi risk ind	Y		A2	8.3531	\$349.77
G0127	Trim nail(s)	Y		P3		\$10.22
G0186	Dstry eye lesn, fdr vssl tech	Y		R2	5.5965	\$234.34
G0247	Routine footcare pt w lops	Y		P3		\$18.45
G0259	Inject for sacroiliac joint	N		N1		
G0260	Infj for sacroiliac jt anesth	Y		A2	7.0685	\$295.98
G0268	Removal of impacted wax md	N		N1		
G0269	Occlusive device in vein art	N		N1		
G0289	Arthro, loose body + chondro	N		N1		
G0364	Bone marrow aspirate biopsy	N		P3		\$4.54
G0392	AV fistula or graft arterial	N	CH	D5		
G0393	AV fistula or graft venous	N	CH	D5		
NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.						

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
69502	Mastoidectomy	Y		A2	23.5956	\$988.02
69505	Remove mastoid structures	Y		A2	36.5245	\$1,529.39
69511	Extensive mastoid surgery	Y		A2	36.5245	\$1,529.39
69530	Extensive mastoid surgery	Y		A2	36.5245	\$1,529.39
69540	Remove ear lesion	Y		P3		\$111.84
69550	Remove ear lesion	Y		A2	34.9366	\$1,462.90
69552	Remove ear lesion	Y		A2	36.5245	\$1,529.39
69601	Mastoid surgery revision	Y		A2	36.5245	\$1,529.39
69602	Mastoid surgery revision	Y		A2	36.5245	\$1,529.39
69603	Mastoid surgery revision	Y		A2	36.5245	\$1,529.39
69604	Mastoid surgery revision	Y		A2	36.5245	\$1,529.39
69605	Mastoid surgery revision	Y		A2	36.5245	\$1,529.39
69610	Repair of eardrum	Y		P3		\$150.45
69620	Repair of eardrum	Y		A2	20.4597	\$856.71
69631	Repair eardrum structures	Y		A2	34.9366	\$1,462.90
69632	Rebuild eardrum structures	Y		A2	34.9366	\$1,462.90
69633	Rebuild eardrum structures	Y		A2	34.9366	\$1,462.90
69635	Repair eardrum structures	Y		A2	36.5245	\$1,529.39
69636	Rebuild eardrum structures	Y		A2	36.5245	\$1,529.39
69637	Rebuild eardrum structures	Y		A2	36.5245	\$1,529.39
69641	Revise middle ear & mastoid	Y		A2	36.5245	\$1,529.39
69642	Revise middle ear & mastoid	Y		A2	36.5245	\$1,529.39
69643	Revise middle ear & mastoid	Y		A2	36.5245	\$1,529.39
69644	Revise middle ear & mastoid	Y		A2	36.5245	\$1,529.39
69645	Revise middle ear & mastoid	Y		A2	36.5245	\$1,529.39
69646	Revise middle ear & mastoid	Y		A2	36.5245	\$1,529.39
69650	Release middle ear bone	Y		A2	23.5956	\$988.02
69660	Revise middle ear bone	Y		A2	34.9366	\$1,462.90
69661	Revise middle ear bone	Y		A2	34.9366	\$1,462.90
69662	Revise middle ear bone	Y		A2	34.9366	\$1,462.90
69666	Repair middle ear structures	Y		A2	34.4396	\$1,442.09
69667	Repair middle ear structures	Y		A2	34.4396	\$1,442.09
69670	Remove mastoid air cells	Y		A2	33.7542	\$1,413.39
69676	Remove middle ear nerve	Y		A2	33.7542	\$1,413.39
69700	Close mastoid fistula	Y		A2	33.7542	\$1,413.39
69711	Remove/repair hearing aid	Y		A2	32.7433	\$1,371.06
69714	Implant temple bone w/stimul	Y		H8	153.8521	\$6,442.25
69715	Temple bone implant w/stimulat	Y		H8	153.8521	\$6,442.25
69717	Temple bone implant revision	Y		H8	153.8521	\$6,442.25
69718	Revise temple bone implant	Y		H8	153.8521	\$6,442.25
69720	Release facial nerve	Y		A2	34.9366	\$1,462.90

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2010 (Including Surgical Procedures for Which Payment is Packaged)					
HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight
NOTE 2: Payment indicators for "office-based" procedures (P2, P3) are based on a comparison of the final rates according to the ASC standard ratesetting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule, as corrected.					
. Asterisked codes() indicate that the procedure's "office-based" designation is temporary because we have insufficient claims data. We will reconsider this designation when new claims data become available.					

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (Including Ancillary Services for Which Payment is Packaged)					
HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
0042T	Ct perfusion w/contrast, cbl		N1		
0067T	Ct colonographydx	CH	D5		
0073T	Delivery, comp imrt		Z2	5.9784	\$250.33
0126T	Chd risk imt study		N1		
0144T	CT heart w/o dye, qual calc	CH	D5		
0145T	CT heart w/o dye funct	CH	D5		
0146T	CCTA w/o dye	CH	D5		
0147T	CCTA w/o quan calcium	CH	D5		
0148T	CCTA w/o strx	CH	D5		
0149T	CCTA w/o, strx quan calc	CH	D5		
0150T	CCTA w/o, disease strx	CH	D5		
0151T	CT heart fund add-on	CH	D5		
0159T	Cad breast mri		N1		
0174T	Cad cor with interp		N1		
0175T	Cad cor remove		N1		
0182T	Hdr elect brachytherapy		Z2	11.0358	\$462.10
0185T	Comptr probability analysis		N1		
70010	Contrast x-ray of brain		N1		
70015	Contrast x-ray of brain		N1		
70030	X-ray eye for foreign body		Z3		
70100	X-ray exam of jaw		Z3		\$14.48
70110	X-ray exam of jaw		Z3		\$16.18
70120	X-ray exam of mastoids		Z3		\$19.59
70130	X-ray exam of mastoids		Z2	0.6373	\$18.17
70134	X-ray exam of middle ear		Z3		\$21.29
70140	X-ray exam of facial bones		Z3		\$14.48
70150	X-ray exam of facial bones	CH	Z3		\$21.29
70160	X-ray exam of nasal bones		Z3		\$17.32
70170	X-ray exam of tear duct		N1		
70190	X-ray exam of eye sockets		Z3		\$18.17
70200	X-ray exam of eye sockets	CH	Z3		\$21.57
70210	X-ray exam of sinuses		Z3		\$15.61
70220	X-ray exam of sinuses		Z3		\$19.30
70240	X-ray exam, pituitary saddle		Z3		\$14.48
70250	X-ray exam of skull		Z3		\$17.60
70260	X-ray exam of skull		Z3		\$22.14
70300	X-ray exam of teeth		Z3		\$6.25
70310	X-ray exam of teeth		Z2	0.4275	\$17.90
70320	Full mouth x-ray of teeth		Z2	0.4275	\$17.90

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
70554	Fmri brain by tech		22	\$207.73
70555	Fmri brain by phys/psych		22	\$207.73
70557	Mri brain w/o dye		22	\$207.73
70558	Mri brain w/dye		22	\$251.98
70559	Mri brain w/o & w/dye		22	\$318.21
71010	Chest x-ray		23	\$10.79
71015	Chest x-ray		23	\$14.19
71020	Chest x-ray		23	\$14.76
71021	Chest x-ray		23	\$17.88
71022	Chest x-ray	CH	23	\$22.43
71023	Chest x-ray and fluoroscopy		23	\$35.48
71030	Chest x-ray	CH	23	\$22.43
71034	Chest x-ray and fluoroscopy	CH	23	\$48.26
71035	Chest x-ray		23	\$18.74
71040	Contrast x-ray of bronchi		22	\$19.93
71060	Contrast x-ray of bronchi		22	\$19.93
71090	X-ray & pacemaker insertion		22	\$19.93
71100	X-ray exam of ribs		23	\$15.61
71101	X-ray exam of ribs/chest		23	\$18.74
71110	X-ray exam of ribs		23	\$19.59
71111	X-ray exam of ribs/chest		23	\$26.40
71120	X-ray exam of breastbone		23	\$16.18
71130	X-ray exam of breastbone		23	\$19.02
71250	Ct thorax w/o dye		22	\$15.93
71260	Ct thorax w/dye		22	\$176.53
71270	Ct thorax w/o & w/dye		22	\$198.21
71275	Ct angiography, chest		22	\$202.35
71550	Mri chest w/o dye		22	\$207.73
71551	Mri chest w/dye		22	\$251.98
71552	Mri chest w/o & w/dye		22	\$318.21
72010	X-ray exam of spine	CH	23	\$35.77
72020	X-ray exam of spine		23	\$11.64
72040	X-ray exam of neck spine		23	\$19.02
72050	X-ray exam of neck spine		23	\$26.68
72062	X-ray exam of neck spine	CH	23	\$34.63
72069	X-ray exam of trunk spine		23	\$17.88
72070	X-ray exam of thoracic spine		23	\$16.18
72072	X-ray exam of thoracic spine		23	\$19.59

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
70328	X-ray exam of jaw joint		23	\$15.33
70330	X-ray exam of jaw joints	CH	23	\$25.55
70332	X-ray exam of jaw joints		23	\$25.55
70336	Magnetic image, jaw joint		22	\$207.73
70350	X-ray head for orthodontia		23	\$8.52
70355	Panoramic x-ray of jaws		23	\$8.23
70360	X-ray exam of neck		23	\$13.63
70370	Throat x-ray & fluoroscopy		23	\$44.57
70371	Speech evaluation, complex	CH	23	\$39.17
70373	Contrast x-ray of larynx		23	\$21.01
70380	X-ray exam of salivary gland		23	\$21.01
70390	X-ray exam of salivary duct		23	\$21.01
70450	Ct head/brain w/o dye		22	\$115.93
70460	Ct head/brain w/dye	CH	22	\$151.59
70470	Ct head/brain w/o & w/dye	CH	22	\$186.79
70480	Ct orbit/ear/fossa w/o dye		22	\$115.93
70481	Ct orbit/ear/fossa w/dye		22	\$176.53
70482	Ct orbit/ear/fossa w/o & w/dye		22	\$198.21
70486	Ct maxillofacial w/o dye		22	\$115.93
70487	Ct maxillofacial w/dye		22	\$176.53
70488	Ct maxillofacial w/o & w/dye		22	\$198.21
70490	Ct soft tissue neck w/o dye		22	\$115.93
70491	Ct soft tissue neck w/dye		22	\$176.53
70492	Ct soft tissue neck w/o & w/dye		22	\$198.21
70496	Ct angiography, head		22	\$202.35
70498	Ct angiography, neck		22	\$202.35
70540	Mri orbit/face/neck w/o dye		22	\$207.73
70542	Mri orbit/face/neck w/dye		22	\$251.98
70543	Mri orbit/face/neck w/o & w/dye		22	\$318.21
70544	Mri angiography head w/o dye		22	\$207.73
70545	Mri angiography head w/dye		22	\$251.98
70546	Mri angiography head w/o & w/dye		22	\$318.21
70547	Mri angiography neck w/o dye		22	\$207.73
70548	Mri angiography neck w/dye		22	\$251.98
70549	Mri angiography neck w/o & w/dye		22	\$318.21
70551	Mri brain w/o dye		22	\$207.73
70552	Mri brain w/dye		22	\$251.98
70553	Mri brain w/o & w/dye		22	\$318.21

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
72074	X-ray exam of thoracic spine	CH	Z3		\$24.41
72080	X-ray exam of trunk spine		Z3		\$17.60
72090	X-ray exam of trunk spine		Z3		\$24.13
72100	X-ray exam of lower spine		Z3		\$20.44
72110	X-ray exam of lower spine		Z3		\$28.10
72114	X-ray exam of lower spine	CH	Z3		\$39.17
72120	X-ray exam of lower spine		Z3		\$27.82
72125	Ct neck spine w/o dye		Z2	2.7687	\$115.93
72126	Ct neck spine w/dye		Z2	4.2158	\$176.53
72127	Ct neck spine w/o & w/dye		Z2	4.7337	\$198.21
72128	Ct chest spine w/o & w/dye		Z2	2.7687	\$115.93
72129	Ct chest spine w/dye		Z2	4.2158	\$176.53
72130	Ct chest spine w/o & w/dye		Z2	4.7337	\$198.21
72131	Ct lumbar spine w/o dye		Z2	2.7687	\$115.93
72132	Ct lumbar spine w/dye		Z2	4.2158	\$176.53
72133	Ct lumbar spine w/o & w/dye		Z2	4.7337	\$198.21
72141	Mt neck spine w/o dye		Z2	4.961	\$207.73
72142	Mt neck spine w/dye		Z2	6.0177	\$251.98
72146	Mt chest spine w/o dye		Z2	4.961	\$207.73
72147	Mt chest spine w/dye		Z2	6.0177	\$251.98
72148	Mt lumbar spine w/o dye		Z2	4.961	\$207.73
72149	Mt lumbar spine w/dye		Z2	6.0177	\$251.98
72156	Mt neck spine w/o & w/dye		Z2	7.5993	\$318.21
72157	Mt chest spine w/o & w/dye		Z2	7.5993	\$318.21
72158	Mt lumbar spine w/o & w/dye		Z2	7.5993	\$318.21
72170	X-ray exam of pelvis		Z3		\$12.77
72190	X-ray exam of pelvis	CH	Z3		\$21.29
72191	Ct angiograph pelv w/o&w/dye		Z2	4.8324	\$202.35
72192	Ct pelvis w/o dye		Z2	2.7687	\$115.93
72193	Ct pelvis w/dye		Z2	4.2158	\$176.53
72194	Ct pelvis w/o & w/dye		Z2	4.7337	\$198.21
72195	Mt pelvis w/o dye		Z2	4.961	\$207.73
72196	Mt pelvis w/dye		Z2	6.0177	\$251.98
72197	Mt pelvis w/o & w/dye		Z2	7.5993	\$318.21
72200	X-ray exam sacroiliac joints		Z3		\$15.05
72202	X-ray exam sacroiliac joints		Z3		\$18.17
72220	X-ray exam of tailbone		Z3		\$14.76
72240	Contrast x-ray of neck spine		N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
72255	Contrast x-ray, thorax spine		N1		
72265	Contrast x-ray, lower spine		N1		
72270	Contrast x-ray, spine		N1		
72275	Epidurography		N1		
72285	X-ray ct spine disk		N1		
72291	Perq vertel/sacroplsty, fluor		N1		
72292	Perq vertel/sacroplsty, ct		N1		
72295	X-ray of lower spine disk		N1		
73000	X-ray exam of collar bone		Z3		\$14.19
73010	X-ray exam of shoulder blade		Z3		\$14.76
73020	X-ray exam of shoulder		Z3		\$11.64
73030	X-ray exam of shoulder		Z3		\$14.76
73040	Contrast x-ray of shoulder		N1		
73050	X-ray exam of shoulders		Z3		\$19.02
73060	X-ray exam of humerus		Z3		\$14.76
73070	X-ray exam of elbow		Z3		\$14.48
73080	X-ray exam of elbow		Z3		\$19.02
73085	Contrast x-ray of elbow		N1		
73090	X-ray exam of forearm		Z3		\$14.19
73092	X-ray exam of arm, infant		Z3		\$15.05
73100	X-ray exam of wrist		Z3		\$15.33
73110	X-ray exam of wrist		Z3		\$19.30
73115	Contrast x-ray of wrist		N1		
73120	X-ray exam of hand		Z3		\$13.91
73130	X-ray exam of hand		Z3		\$16.46
73140	X-ray exam of finger(s)		Z3		\$16.75
73200	Ct upper extremity w/o dye		Z2	2.7687	\$115.93
73201	Ct upper extremity w/dye		Z2	4.2158	\$176.53
73202	Ct upper extremity w/o&w/dye		Z2	4.7337	\$198.21
73206	Ct angio upr extrm w/o&w/dye		Z2	4.8324	\$202.35
73218	Mt upper extremity w/o dye		Z2	4.961	\$207.73
73219	Mt upper extremity w/dye		Z2	6.0177	\$251.98
73220	Mt joint upr extrm w/o&w/dye		Z2	7.5993	\$318.21
73221	Mt joint upr extrm w/o dye		Z2	4.961	\$207.73
73222	Mt joint upr extrm w/dye		Z2	6.0177	\$251.98
73223	Mt joint upr extr w/o&w/dye		Z2	7.5993	\$318.21
73500	X-ray exam of hip		Z3		\$12.21
73510	X-ray exam of hip		Z3		\$19.02

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Transition Weight	CY 2010 Third Year Payment	CY 2010 Third Year Transition Payment
74181	Mri abdomen w/o dye		22	4.961	\$207.73
74182	Mri abdomen w/dye		22	6.0177	\$251.98
74183	Mri abdomen w/o & w/dye		22	7.5993	\$318.21
74190	X-ray exam of peritoneum		N1		
74210	Contrast x-ray exam of throat	CH	23		\$43.15
74220	Contrast x-ray, esophagus	CH	23		\$47.97
74230	Cine/lvd x-ray, throat/esoph	CH	23		\$46.27
74235	Remove esophagus obstruction		N1		
74240	X-ray exam, upper gi tract		22	1.2423	\$52.02
74241	X-ray exam, upper gi tract		22	1.2423	\$52.02
74245	X-ray exam, upper gi tract		22	2.0092	\$84.13
74246	Contrast x-ray upper gi tract		22	1.2423	\$52.02
74247	Contrast x-ray upper gi tract		22	1.2423	\$52.02
74249	Contrast x-ray upper gi tract		22	2.0092	\$84.13
74250	X-ray exam of small bowel		22	1.2423	\$52.02
74251	X-ray exam of small bowel		22	2.0092	\$84.13
74260	X-ray exam of small bowel		22	1.2423	\$52.02
74261	Ct colonography, w/o dye	NI	22	2.7687	\$115.93
74262	Ct colonography, w/dye	NI	22	4.2158	\$176.53
74270	Contrast x-ray exam of colon		22	2.0092	\$84.13
74280	Contrast x-ray exam of colon		22	2.0092	\$52.02
74283	Contrast x-ray exam of colon		22	1.2423	\$52.02
74290	Contrast x-ray, gallbladder		23		\$36.90
74291	Contrast x-rays, gallbladder		23		\$36.34
74300	X-ray bile ducts/pancreas		N1		
74301	X-rays at surgery add-on		N1		
74305	X-ray bile ducts/pancreas		N1		
74320	Contrast x-ray of bile ducts		N1		
74327	X-ray bile stone removal		N1		
74328	X-ray bile duct endoscopy		N1		
74329	X-ray for pancreas endoscopy		N1		
74330	X-ray bile/panc endoscopy		N1		
74340	X-ray guide for GI tube		N1		
74355	X-ray guide, intestinal tube		N1		
74360	X-ray guide, GI dilation		N1		
74363	X-ray, bile duct dilation		N1		
74400	Contrast x-ray, urinary tract		23		\$62.73
74410	Contrast x-ray, urinary tract		23		\$65.86

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Transition Weight	CY 2010 Third Year Payment	CY 2010 Third Year Transition Payment
73520	X-ray exam of hips		Z3		\$19.30
73525	Contrast x-ray of hip		N1		
73530	X-ray exam of hip		N1		
73540	X-ray exam of pelvis & hips		Z3		\$20.44
73542	X-ray exam, sacroiliac joint		N1		
73550	X-ray exam of thigh		Z3		\$13.91
73560	X-ray exam of knee, 1 or 2		Z3		\$14.76
73562	X-ray exam of knee, 3		Z3		\$18.45
73564	X-ray exam, knee, 4 or more		Z3		\$21.29
73565	X-ray exam of knees		Z3		\$16.46
73580	Contrast x-ray of knee joint		N1		
73590	X-ray exam of lower leg		Z3		\$13.63
73592	X-ray exam of leg, infant		Z3		\$15.33
73600	X-ray exam of ankle		Z3		\$14.19
73610	X-ray exam of ankle		Z3		\$16.75
73615	Contrast x-ray of ankle		N1		
73620	X-ray exam of foot		Z3		\$13.63
73630	X-ray exam of foot		Z3		\$16.46
73650	X-ray exam of heel		Z3		\$13.91
73660	X-ray exam of toes		Z3		\$15.61
73700	Ct lower extremity w/o dye		Z2	2.7687	\$115.93
73701	Ct lower extremity w/dye		Z2	4.2158	\$176.53
73702	Ct lwr extremity w/o/w/dye		Z2	4.7337	\$198.21
73706	Ct angio lwr extr w/o/w/dye		Z2	4.8324	\$202.35
73718	Mri lower extremity w/o dye		Z2	4.961	\$207.73
73719	Mri lower extremity w/dye		Z2	6.0177	\$251.98
73720	Mri lwr extremity w/o/w/dye		Z2	7.5993	\$318.21
73721	Mri jnt of lwr extre w/o dye		Z2	4.961	\$207.73
73722	Mri joint of lwr extr w/dye		Z2	6.0177	\$251.98
73723	Mri joint lwr extr w/o/w/dye		Z2	7.5993	\$318.21
74000	X-ray exam of abdomen		Z3		\$11.92
74010	X-ray exam of abdomen		Z3		\$19.02
74020	X-ray exam of abdomen		Z3		\$19.30
74022	X-ray exam series, abdomen		Z3		\$23.28
74150	Ct abdomen w/o dye		Z2	2.7687	\$115.93
74160	Ct abdomen w/dye		Z2	4.2158	\$176.53
74170	Ct abdomen w/o & w/dye		Z2	4.7337	\$198.21
74175	Ct angio abdom w/o & w/dye		Z2	4.8324	\$202.35

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
74415	Contrast x-ray, urinary tract	Z3	2.4358	\$80.05
74420	Contrast x-ray, urinary tract	Z2		\$101.99
74425	Contrast x-ray, urinary tract	N1		
74430	Contrast x-ray, bladder	N1		
74440	X-ray, male genital tract	N1		
74445	X-ray exam of penis	N1		
74450	X-ray, urethra/bladder	N1		
74455	X-ray, urethra/bladder	N1		
74470	X-ray exam of kidney lesion	N1		
74475	X-ray control, cath insert	N1		
74480	X-ray control, cath insert	N1		
74485	X-ray guide, GU dilation	N1		
74710	X-ray measurement of pelvis	Z3		\$17.60
74740	X-ray, female genital tract	N1		
74742	X-ray, fallopian tube	N1		
74775	X-ray exam of perineum	Z2	2.4358	\$101.99
75557	Cardiac mri for morph	Z2	4.961	\$207.73
75559	Cardiac mri w/stress img	Z2	4.961	\$207.73
75561	Cardiac mri for morph w/dye	Z2	7.5993	\$318.21
75563	Card mri w/flow map add-on	N1		
75565	Card mri w/flow map add-on	N1		
75571	Ct hrt w/o dye w/cta test	Z2	0.6403	\$26.81
75572	Ct hrt w/3d image	N1	3.82	\$159.95
75573	Ct hrt w/3d image, congen	N1	3.82	\$159.95
75574	Ct angio hrt w/3d image	N1	3.82	\$159.95
75600	Contrast x-ray exam of aorta	N1		
75605	Contrast x-ray exam of aorta	N1		
75625	Contrast x-ray exam of aorta	N1		
75630	X-ray aorta, leg arteries	N1		
75635	Ct angio abdominal arteries	N1		
75650	Artery x-rays, head & neck	N1		
75658	Artery x-rays, arm	N1		
75660	Artery x-rays, head & neck	N1		
75662	Artery x-rays, head & neck	N1		
75665	Artery x-rays, head & neck	N1		
75671	Artery x-rays, head & neck	N1		
75676	Artery x-rays, neck	N1		
75680	Artery x-rays, neck	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
75685	Artery x-rays, spine	N1		
75705	Artery x-rays, spine	N1		
75710	Artery x-rays, arm/leg	N1		
75716	Artery x-rays, arms/legs	N1		
75722	Artery x-rays, kidney	N1		
75724	Artery x-rays, kidneys	N1		
75726	Artery x-rays, abdomen	N1		
75731	Artery x-rays, adrenal gland	N1		
75733	Artery x-rays, adrenals	N1		
75736	Artery x-rays, pelvis	N1		
75741	Artery x-rays, lung	N1		
75743	Artery x-rays, lungs	N1		
75746	Artery x-rays, lung	N1		
75756	Artery x-rays, chest	N1		
75774	Artery x-ray, each vessel	N1		
75790	Visualize A-V shunt	CH	D5	
75791	Av dialysis shunt imaging	NI	N1	
75801	Lymph vessel x-ray, arm/leg	N1		
75803	Lymph vessel x-ray, arms/legs	N1		
75805	Lymph vessel x-ray, trunk	N1		
75807	Lymph vessel x-ray, trunk	N1		
75809	Nonvascular shunt, x-ray	N1		
75810	Vein x-ray, spleen/liver	N1		
75820	Vein x-ray, arm/leg	N1		
75822	Vein x-ray, arms/legs	N1		
75825	Vein x-ray, trunk	N1		
75827	Vein x-ray, chest	N1		
75831	Vein x-ray, kidney	N1		
75833	Vein x-ray, kidneys	N1		
75840	Vein x-ray, adrenal gland	N1		
75842	Vein x-ray, adrenal glands	N1		
75860	Vein x-ray, neck	N1		
75870	Vein x-ray, skull	N1		
75872	Vein x-ray, skull	N1		
75880	Vein x-ray, eye socket	N1		
75885	Vein x-ray, liver	N1		
75887	Vein x-ray, liver	N1		
75889	Vein x-ray, liver	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
75891	Vein x-ray, liver	N1		
75893	Venous sampling by catheter	N1		
75894	X-rays, transcath therapy	N1		
75896	X-rays, transcath therapy	N1		
75898	Follow-up angiography	N1		
75901	Remove cva device obstruct	N1		
75902	Remove cva lumen obstruct	N1		
75940	X-ray placement, vein filter	N1		
75945	Intravascular us	N1		
75946	Intravascular us add-on	N1		
75960	Transcath iv stent rsk	N1		
75961	Retrieval, broken catheter	N1		
75962	Repair arterial blockage	N1		
75964	Repair artery blockage, each	N1		
75966	Repair arterial blockage	N1		
75968	Repair artery blockage, each	N1		
75970	Vascular biopsy	N1		
75978	Repair venous blockage	N1		
75980	Contrast xray exam bile duct	N1		
75982	Contrast xray exam bile duct	N1		
75984	Xray control catheter change	N1		
75989	Abscess drainage under x-ray	N1		
75992	Atherectomy, x-ray exam	N1		
75993	Atherectomy, x-ray exam	N1		
75994	Atherectomy, x-ray exam	N1		
75995	Atherectomy, x-ray exam	N1		
75996	Atherectomy, x-ray exam	N1		
76000	Fluoroscope examination	N1		
76001	Fluoroscope exam, extensive	N1		
76010	X-ray, nose to rectum	Z3		\$13.63
76080	X-ray exam of fistula	N1		
76098	X-ray exam, breast specimen	CH		
76100	X-ray exam of body section	Z2	1.0678	\$44.71
76101	Complex body section x-ray	CH		\$110.71
76102	Complex body section x-rays	Z2	2.9841	\$124.95
76120	Cine/video x-rays	Z3		\$42.01
76125	Cine/video x-rays add-on	N1		
76150	X-ray exam, dry process	Z3		\$14.48

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
76350	Special x-ray contrast study	N1		
76376	3d rendering w/o postprocess	N1		
76377	3d rendering w/postprocess	N1		
76390	CAT scan follow-up study	Z2	1.5668	\$65.26
76496	Fluoroscopic procedure	Z2	1.2143	\$50.85
76497	Ct procedure	Z2	1.5686	\$65.26
76498	Mri procedure	Z2	4.961	\$207.73
76499	Radiographic procedure	Z2	0.6373	\$26.69
76506	Echo exam of head	Z2	0.8866	\$37.12
76510	Ophtn us, b & quant a	Z3		\$52.23
76511	Ophtn us, quant a only	Z3		\$35.20
76512	Ophtn us, b whon-quant a	Z3		\$29.52
76513	Echo exam of eye, water bath	Z3		\$37.75
76514	Echo exam of eye, thickness	Z3		\$2.84
76516	Echo exam of eye	Z3		\$29.81
76519	Echo exam of eye	Z3		\$33.21
76529	Echo exam of eye	Z3		\$28.95
76536	Us exam of head and neck	Z2	1.3809	\$57.82
76604	Us exam, chest	Z2	0.8866	\$37.12
76645	Us exam, breast(s)	Z2	0.8866	\$37.12
76700	Us exam, abdom, complete	Z2	1.3809	\$57.82
76705	Echo exam of abdomen	CH		\$55.35
76770	Us exam abdo back wall, comp	Z2	1.3809	\$57.82
76775	Us exam abdo back wall, lin	Z2	1.3809	\$57.82
76776	Us exam k transpl widoppler	Z2	1.3809	\$57.82
76800	Us exam, spinal canal	CH		\$53.08
76801	Ob us < 14 wks, single fetus	Z2	1.3809	\$57.82
76802	Ob us < 14 wks, add fetus	Z3		\$21.57
76805	Ob us >= 14 wks, singl fetus	Z2	1.3809	\$57.82
76810	Ob us >= 14 wks, add fetus	Z3		\$35.48
76811	Ob us, detailed, singl fetus	CH		\$74.37
76812	Ob us, detailed, add fetus	Z2	0.8866	\$37.12
76813	Ob us nuchal meas, 1 gest	Z2	0.8866	\$37.12
76814	Ob us nuchal meas, add-on	Z3		\$23.56
76815	Ob us, limited, fetus(s)	Z2	0.8866	\$37.12
76816	Ob us, follow-up, per fetus	Z2	0.8866	\$37.12
76817	Transvaginal us, obstetric	Z2	0.8866	\$37.12
76818	Fetal biophys profile w/nt	CH		\$50.81

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
76819	Fetal biophys profil w/o nst	Z3		\$39.46
76820	Umbilical artery echo	Z3		\$17.88
76821	Middle cerebral artery echo	Z2	0.8866	\$37.12
76825	Echo exam of fetal heart	Z3		\$95.95
76826	Echo exam of fetal heart	Z3		\$58.46
76827	Echo exam of fetal heart	CH		\$29.24
76828	Echo exam of fetal heart	Z3		\$16.46
76830	Transvaginal us, non-ob	Z2	1.3809	\$57.82
76831	Echo exam, uterus	Z3		\$63.87
76856	Us exam, pelvic, complete	Z2	1.3809	\$57.82
76857	Us exam, pelvic, limited	Z2	0.8866	\$37.12
76870	Us exam, scrotum	Z2	1.3809	\$57.82
76872	Us, transrectal	Z2	1.3809	\$57.82
76873	Echograp trans r, pros study	Z2	1.3809	\$57.82
76880	Us exam, extremity	Z2	1.3809	\$57.82
76885	Us exam infant hips, dynamic	Z2	0.8866	\$37.12
76886	Us exam infant hips, static	Z2	0.8866	\$37.12
76930	Echo guide, cardiotocentesis	N1		
76932	Echo guide for heart biopsy	N1		
76936	Echo guide for artery repair	Z2	1.5379	\$64.40
76937	Us guide, vascular access	N1		
76940	Us guide, tissue ablation	N1		
76941	Echo guide for transtusion	N1		
76942	Echo guide for biopsy	N1		
76945	Echo guide, villus sampling	N1		
76946	Echo guide for amniocentesis	N1		
76948	Echo guide, ova aspiration	N1		
76950	Echo guidance radiotherapy	N1		
76955	Echo guidance radiotherapy	N1		
76970	Ultrasound exam follow-up	Z2	0.8866	\$37.12
76975	GI endoscopic ultrasound	N1		
76977	Us bone density measure	Z3		\$6.53
76998	Us guide, intraop	N1		
76999	Echo examination procedure	Z2	0.8866	\$37.12
77001	Fluoroguide for vein device	N1		
77002	Needle localization by xray	N1		
77003	Fluoroguide for spine inject	N1		
77011	Ct scan for localization	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
77012	Ct scan for needle biopsy	N1		
77013	Ct guide for tissue ablation	N1		
77014	Ct scan for therapy guide	N1		
77021	Mr guidance for needle place	N1		
77022	Mr for tissue ablation	N1		
77031	Stereotact guide for brst bx	N1		
77032	Guidance for needle, breast	N1		
77063	X-ray of mammary duct	N1		
77064	X-ray of mammary ducts	N1		
77071	X-ray stress view	Z3		\$19.59
77072	X-rays for bone age	Z3		\$9.94
77073	X-rays, bone length studies	Z3		\$17.32
77074	X-rays, bone survey, limited	Z3		\$33.78
77075	X-rays, bone survey, complete	Z2	1.0678	\$44.71
77076	X-rays, bone survey, infant	Z2	1.0678	\$44.71
77077	Joint survey, single view	Z3		\$18.74
77078	Ct bone density, axial	Z2	1.0269	\$43.08
77079	Ct bone density, peripheral	Z3		\$32.08
77080	Dxa bone density, axial	CH		\$40.03
77081	Dxa bone density/peripheral	Z3		\$13.34
77082	Dxa bone density, vert fx	Z3		\$14.76
77083	Radiographic absorptiometry	Z3		\$11.35
77084	Magnetic image, bone marrow	Z2	4.961	\$207.73
77280	Set radiation therapy field	Z2	1.461	\$61.18
77285	Set radiation therapy field	Z2	3.7799	\$156.28
77290	Set radiation therapy field	Z2	3.7799	\$156.28
77295	Set radiation therapy field	Z3		\$284.15
77299	Radiation therapy planning	Z2		\$61.18
77300	Radiation therapy dose plan	Z3	1.461	\$28.95
77301	Radiotherapy dose plan, imrt	Z2	13.1619	\$551.13
77305	Teleit isodose plan simple	Z3		\$24.88
77310	Teleit isodose plan intermed	Z3		\$32.93
77315	Teleit isodose plan complex	Z3		\$49.68
77321	Special teleit port plan	Z3		\$48.54
77326	Brachyit isodose calc simp	Z2	1.461	\$61.18
77327	Brachyit isodose calc interm	Z3		\$99.92
77328	Brachyit isodose plan compl	CH		\$128.31
77331	Special radiation dosimetry	Z3		\$14.19

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
77332	Radiation treatment aid(s)	Z3		\$37.75
77333	Radiation treatment aid(s)	Z3		\$15.61
77334	Radiation treatment aid(s)	Z3		\$69.26
77336	Radiation physics consult	Z3		\$41.73
77338	Design mlt device for imrt	N1	2.7065	\$113.29
77370	Radiation physics consult	Z2	1.461	\$61.18
77371	Srs, multisoource	Z2	104.238	\$4,384.76
77399	External radiation dosimetry	Z2	1.461	\$61.18
77401	Radiation treatment delivery	Z3		\$20.15
77402	Radiation treatment delivery	Z2	1.3168	\$55.14
77403	Radiation treatment delivery	Z2	1.3168	\$55.14
77404	Radiation treatment delivery	Z2	1.3168	\$55.14
77406	Radiation treatment delivery	Z2	2.2033	\$92.26
77407	Radiation treatment delivery	Z2	1.3168	\$55.14
77408	Radiation treatment delivery	Z2	1.3168	\$55.14
77409	Radiation treatment delivery	Z2	1.3168	\$55.14
77411	Radiation treatment delivery	Z2	2.2033	\$92.26
77412	Radiation treatment delivery	Z2	2.2033	\$92.26
77413	Radiation treatment delivery	Z2	2.2033	\$92.26
77414	Radiation treatment delivery	Z2	2.2033	\$92.26
77416	Radiation treatment delivery	Z2	2.2033	\$92.26
77417	Radiology port film(s)	N1		
77418	Radiation tx delivery, imrt	Z2	5.9784	\$250.33
77421	Stereoscopic x-ray guidance	N1		
77422	Neutron beam tx, simple	Z2	2.2033	\$92.26
77423	Neutron beam tx, complex	Z2	2.2033	\$92.26
77435	Sort management	N1		
77470	Special radiation treatment	Z3		\$88.00
77520	Proton imrt, simple w/o comp	Z2	13.3743	\$560.02
77522	Proton imrt, simple w/comp	Z2	13.3743	\$560.02
77523	Proton imrt, intermediate	Z2	17.4955	\$732.59
77525	Proton treatment, complex	Z2	17.4955	\$732.59
77600	Hyperthermia treatment	Z2	5.4016	\$226.18
77605	Hyperthermia treatment	Z2	5.4016	\$226.18
77610	Hyperthermia treatment	Z2	5.4016	\$226.18
77615	Hyperthermia treatment	Z2	5.4016	\$226.18
77620	Hyperthermia treatment	Z2	5.4016	\$226.18
77750	Intense radioactive materials	Z3		\$72.10

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
77761	Apply intracav radiat simple	Z3		\$126.61
77762	Apply intracav radiat interm	Z3		\$148.46
77763	Apply intracav radiat compl	CH	4.2904	\$179.65
77776	Apply interstit radiat simpl	Z3		\$135.97
77777	Apply interstit radiat inter	Z3		\$147.04
77778	Apply interstit radiat compl	Z3		\$197.57
77785	Hdr brachytx, 1 channel	Z3		\$97.93
77786	Hdr brachytx, 2-12 channel	Z3		\$302.89
77787	Hdr brachytx over 12 chan	Z2	11.0358	\$462.10
77789	Apply surface radiation	Z3		\$38.04
77790	Radiation handling	N1		
77799	Radium/radioscope therapy	Z2	4.2904	\$179.65
78000	Thyroid, single uptake	Z3		\$44.28
78001	Thyroid, multiple uptakes	Z3		\$55.92
78003	Thyroid suppress/stimul	CH		\$45.14
78006	Thyroid imaging with uptake	Z2	3.147	\$131.77
78007	Thyroid image, mult uptakes	Z3		\$99.35
78010	Thyroid imaging	Z2	2.066	\$86.51
78011	Thyroid imaging with flow	Z2	2.066	\$86.51
78015	Thyroid met imaging	Z3		\$128.02
78016	Thyroid met imaging/studies	Z2	4.1171	\$172.40
78018	Thyroid met imaging, body	Z2	4.1171	\$172.40
78020	Thyroid met uptake	N1		
78070	Parathyroid nuclear imaging	Z3		\$93.39
78075	Adrenal nuclear imaging	Z3		\$277.34
78099	Endocrine nuclear procedure	Z2	2.066	\$96.51
78102	Bone marrow imaging, ltd	Z3		\$99.07
78103	Bone marrow imaging, mult	CH		\$131.71
78104	Bone marrow imaging, body	CH		
78110	Plasma volume, single	Z3		\$51.10
78111	Plasma volume, multiple	Z3		\$59.04
78120	Red cell mass, single	Z3		\$53.93
78121	Red cell mass, multiple	Z3		\$59.90
78122	Blood volume	Z3		\$70.97
78130	Red cell survival study	Z3		\$89.13
78135	Red cell survival kinetics	CH		\$217.73
78140	Red cell sequestration	Z3		\$91.19
78185	Spleen imaging	CH		\$126.04

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB – Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Transition Weight	CY 2010 Third Year Payment	CY 2010 Third Year Transition Payment
78453	HT muscle image, planar, sing	NI	23		\$173.44
78454	HT musc image, planar, mult	NI	23		\$249.80
78456	Acute venous thrombus image		2.8394		\$118.89
78457	Venous thrombosis imaging	CH	23		\$111.84
78458	Ven thrombosis images, blat	CH	23		\$114.97
78459	Heart muscle imaging (PET)	CH	22	20.3369	\$851.57
78460	Heart muscle blood, single	CH	D5		
78461	Heart muscle blood, multiple	CH	D5		
78464	Heart image (3d), single	CH	D5		
78465	Heart image (3d), multiple	CH	D5		\$105.03
78466	Heart infarct image	CH	23		\$132.00
78468	Heart infarct image (ef)	CH	23		\$151.02
78469	Heart infarct image (3D)	CH	23		\$149.88
78472	Gated heart, planar, single	CH	23		\$181.74
78473	Gated heart, multiple	CH	22	4.3402	
78478	Heart wall motion add-on	CH	D5		
78480	Heart function add-on	CH	D5		
78481	Heart first pass, single	CH	23		\$122.06
78483	Heart first pass, multiple	CH	23	20.3369	\$166.35
78491	Heart image (pet), single	CH	22		\$851.57
78492	Heart image (pet), multiple	CH	22	20.3369	\$166.35
78494	Heart image, spect	CH	23		\$156.41
78496	Heart first pass add-on				
78499	Cardiovascular nuclear exam		22	4.3402	\$181.74
78580	Lung perfusion imaging		22	2.9299	\$122.68
78594	Lung V/Q image single breath		23		\$75.79
78585	Lung V/Q imaging		22	4.5952	\$192.41
78586	Aerosol lung image, single	CH	23		\$103.33
78587	Aerosol lung image, multiple		22	2.9299	\$122.68
78588	Perfusion lung image		22	4.5952	\$192.41
78591	Vent image, 1 breath, 1 proj	CH	23		\$104.46
78593	Vent image, 1 proj, gas	CH	23		\$121.78
78594	Vent image, mult proj, gas		22	2.9299	\$122.68
78596	Lung differential function		22	4.5952	\$192.41
78599	Respiratory nuclear exam		22	2.9299	\$122.68
78600	Brain image < 4 views	CH	23		\$112.13
78601	Brain image w/flow < 4 views	CH	23		\$133.42
78605	Brain image 4+ views		22	2.7917	\$116.90

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB – Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Transition Weight	CY 2010 Third Year Payment	CY 2010 Third Year Transition Payment
78190	Platelet survival, kinetics		2.5656		\$107.43
78191	Platelet survival	Z2	2.5656		\$107.43
78195	Lymph system imaging	Z2	3.6682		\$153.60
78199	Bloodlymph nuclear exam	Z2	3.6682		\$153.60
78201	Liver imaging	Z3			\$114.88
78202	Liver imaging with flow	CH	Z3		\$128.59
78205	Liver imaging (3D)	CH	Z3		\$142.79
78206	Liver image (3d) with flow		4.1271		\$172.81
78215	Liver and spleen imaging	Z3			\$118.84
78216	Liver & spleen imageflow	Z3			\$76.93
78220	Liver function study	Z3			\$84.02
78223	Hepatobiliary imaging	Z2	4.1271		\$172.81
78230	Salivary gland imaging	Z3			\$100.77
78231	Serial salivary imaging	Z3			\$75.79
78232	Salivary gland function exam	Z3			\$174.94
78258	Esophageal motility study	CH	Z3		\$137.39
78261	Gastric mucosa imaging	Z2	3.5113		\$147.03
78262	Gastroesophageal reflux exam	Z2	3.5113		\$147.03
78264	Gastric emptying study	Z2	3.5113		\$147.03
78270	Vit B-12 absorption exam	Z3			\$53.37
78271	Vit B-12 absorp exam, int fac	Z3			\$53.37
78272	Vit B-12 absorp, combined	Z3			\$55.92
78278	Acute GI blood loss imaging	Z2	3.5113		\$147.03
78282	GI protein loss exam	Z2	3.5113		\$147.03
78290	Meckels divert exam	Z2	3.5113		\$147.03
78291	Leveishunt patency exam	Z2	3.5113		\$147.03
78299	GI nuclear procedure	Z2	3.5113		\$147.03
78300	Bone imaging, limited area	Z3			\$102.48
78305	Bone imaging, multiple areas	CH	Z3		\$135.41
78306	Bone imaging, whole body	Z2			\$147.05
78315	Bone imaging, 3 phase	Z2	3.5118		\$147.05
78320	Bone imaging (3D)	CH	Z3		\$142.50
78399	Musculoskeletal nuclear exam	Z2	3.5118		\$147.05
78414	Non-imaging heart function	Z2	4.3402		\$181.74
78428	Cardiac shunt imaging	Z3			\$114.11
78445	Vascular flow imaging	CH	Z3		\$104.75
78451	HT muscle image spect, sing	NI	Z3		\$193.60
78452	HT muscle image spect, mult	NI	Z3		\$283.30

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment	CY 2010 Third Year Transition Payment
79005	Nuclear rx, oral admin				
79101	Nuclear rx, iv admin	Z3			\$42.30
79101	Nuclear rx, iv admin	Z3			\$45.99
79200	Nuclear rx, intracav admin	Z3			\$51.10
79300	Nuclir rx, interst colloid	Z2	3.0955		\$129.62
79403	Hematopoietic nuclear rx	Z3			\$71.53
79440	Nuclear rx, intra-articular	Z3			\$40.31
79445	Nuclear rx, intra-arterial	Z2	3.0955		\$129.62
79699	Nuclear medicine therapy	Z2	3.0955		\$129.62
90371	Hep b ig, im	K2			\$111.20
90375	Rabies ig, im/sc	K2			\$142.79
90376	Rabies ig, heat treated	K2			\$130.16
90378	Rsv, mab, im, 50mg	K2			\$937.29
90385	Rh ig, mndose, im	N1			
90396	Vaccella-zoster ig, im	K2			\$130.49
90476	Adenovirus vaccine, type 4	K2		CH	\$72.17
90585	Bcg vaccine, percut	K2			\$111.66
90632	Hep a vaccine, adult im	N1			
90633	Hep a vacc, ped/adol, 2 dose	N1			
90634	Hep a vacc, ped/adol, 3 dose	N1			
90636	Hep a/hcp b vacc, adult im	N1			
90645	Hib vaccine, hboc, im	N1			
90646	Hib vaccine, prp-d, im	N1			
90647	Hib vaccine, prp-omp, im	N1			
90648	Hib vaccine, prp-l, im	N1			
90655	Flu vaccine no preserv 6-35m	L1			
90656	Flu vaccine no preserv 3 & >	L1			
90657	Flu vaccine, 3 yrs, im	L1			
90658	Flu vaccine, 3 yrs & > im	L1			
90660	Flu vaccine, nasal	L1			
90665	Lyme disease vaccine, im	K2			\$0.93
90689	Pneumococcal vacc, 7 val im	L1			
90675	Rabies vaccine, im	K2			\$151.97
90676	Rabies vaccine, id	K2			\$96.27
90680	Rotavirus vacc 3 dose, oral	CH			\$72.37
90681	Rotavirus vacc 2 dose oral	K2			\$106.60
90690	Typhoid vaccine, oral	N1			
90691	Typhoid vaccine, im	N1			
90692	Typhoid vaccine, h-p, scld	N1			

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment	CY 2010 Third Year Transition Payment
78606	Brain image w/flow 4 + views	Z3			\$206.09
78607	Brain imaging (3D)	Z3			\$181.01
78608	Brain imaging (PET)	Z3	14.7231		\$616.50
78610	Brain flow imaging only	Z2	2.7917		\$116.90
78630	Cerebrospinal fluid scan	Z3			\$214.04
78635	CSF ventriculography	Z3			\$201.26
78645	CSF shunt evaluation	Z2	2.7917		\$116.90
78647	Cerebrospinal fluid scan	Z3			\$206.09
78650	CSF leakage imaging	Z3			\$210.63
78660	Nuclear exam of tear flow	Z3			\$102.76
78699	Nervous system nuclear exam	Z2	2.7917		\$116.90
78700	Kidney imaging, morphol	Z3			\$109.01
78701	Kidney imaging with flow	Z3			\$134.27
78707	K flow/func image w/o drug	Z3			\$137.96
78708	K flow/func image w/drug	Z3			\$91.12
78709	K flow/func image, multiple	Z2	4.6133		\$193.17
78710	Kidney imaging (3D)	Z3			\$141.37
78725	Kidney function study	Z3			\$59.61
78730	Urinary bladder retention	Z3			\$48.54
78740	Ureteral reflux study	Z3			\$133.70
78761	Testicular imaging w/flow	Z3			\$124.90
78799	Genitourinary nuclear exam	Z2	4.6133		\$193.17
78800	Tumor imaging, limited area	Z3			\$110.71
78801	Tumor imaging, mult areas	Z3			\$151.02
78802	Tumor imaging, whole body	Z3			\$203.82
78803	Tumor imaging (3D)	Z3			\$216.59
78804	Tumor imaging, whole body	Z3			\$380.95
78805	Abscess imaging, ltd area	Z3			\$106.45
78806	Abscess imaging, whole body	Z3			\$213.47
78807	Nuclear localization/abscess	CH			\$172.40
78808	Iv inj ra drug dx study	N1	4.1171		
78811	Pet image, ltd area	Z2	14.7231		\$616.50
78812	Pet image, skull-thigh	Z2	14.7231		\$616.50
78813	Pet image, full body	Z2	14.7231		\$616.50
78814	Pet image w/ct, ltd	Z2	14.7231		\$616.50
78815	Pet image w/ct, skull-thigh	Z2	14.7231		\$616.50
78816	Pet image w/ct, full body	Z2	14.7231		\$616.50
78999	Nuclear diagnostic exam	Z2	1.5972		\$66.86

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)					
HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Transition Weight	CY 2010 Third Year Transition Payment	CY 2010 Third Year Transition Payment
A4300	Cath impl vasc access portal				
A4301	Implantable access syst perc	N1			
A4305	Drug delivery system >=50 ML	N1			
A4306	Drug delivery system <=50 ml	N1			
A4641	Radiofarm dx agent noc	N1			
A4642	In111 salinomab	N1			
A4648	Implantable tissue marker	N1			
A4650	Implant radiation dosimeter	N1			
A8500	Tc99m sestamibi	N1			
A9501	Technetium Tc-99m leboroxime	N1			
A9502	Tc99m tetrofosmin	N1			
A9503	Tc99m medronate	N1			
A9504	Tc99m apolide	N1			
A9505	Tl201 thallium	N1			
A9507	In111 capromab	N1			
A9508	I131 iodobenguat, dx	N1			
A9509	Iodine I-123 sod iodide mil	N1			
A9510	Tc99m disclenn	N1			
A9512	Tc99m pertechnelate	N1			
A9516	Iodine I-123 sod iodide mic	N1			
A9521	Tc99m exametazime	N1			
A9524	I131 serum albumin, dx	N1			
A9526	Nitrogen N-13 ammonia	N1			
A9527	Iodine I-125 sodium iodide	CH			\$37.92
A9528	Iodine I-131 iodide cap, dx	N1			
A9529	I131 iodide sol, dx	N1			
A9531	I131 max 100uCi	N1			
A9532	I125 serum albumin, dx	N1			
A9535	Injection, methylene blue	CH			
A9536	Tc99m depreotide	N1			
A9537	Tc99m mebrofenin	N1			
A9538	Tc99m pyrophosphate	N1			
A9539	Tc99m pentetate	N1			
A9540	Tc99m MAA	N1			
A9541	Tc99m sulfur colloid	N1			
A9542	In111 ibritumomab, dx	N1			
A9544	I131 lositumomab, dx	N1			
A9546	Co57/58	N1			

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)					
HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Transition Weight	CY 2010 Third Year Transition Payment	CY 2010 Third Year Transition Payment
90696	Diap-ipv vacc 4-6 yr im	CH			
90698	Diap-hib-tp vaccine, im	N1			
90700	Diap vaccine, < 7 yrs, im	N1			
90701	Dip vaccine, im	N1			
90702	Dt vaccine < 7, im	N1			
90703	Tetanus vaccine, im	N1			
90704	Mumps vaccine, sc	N1			
90705	Measles vaccine, sc	N1			
90706	Rubella vaccine, sc	N1			
90707	Mmr vaccine, sc	N1			
90708	Measles-rubella vaccine, sc	N1			
90710	Mmr vaccine, sc	N1			
90712	Oral poliovirus vaccine	N1			
90713	Poliovirus, ipv, sc/im	N1			
90714	Td vaccine no prsrv >= 7 im	N1			
90715	Tdap vaccine > 7 im	N1			
90717	Yellow fever vaccine, sc	N1			
90718	Td vaccine > 7, im	N1			
90719	Diphtheria vaccine, im	N1			
90720	Diphthib vaccine, im	N1			
90721	Diaphib vaccine, im	N1			
90725	Cholera vaccine, injectable	CH			\$0.16
90732	Pneumococcal vaccine	L1			
90733	Meningococcal vaccine, sc	K2			\$86.66
90734	Meningococcal vaccine, im	K2			\$102.46
90735	Enecephallitis vaccine, sc	K2			\$100.15
90740	Hepb vacc, ill pat 3 dose im	F4			
90743	Hep b vacc, adol, 2 dose, im	F4			
90744	Hepb vacc, ped/adol 3 dose im	F4			
90746	Hep b vaccine, adult, im	F4			
90747	Hepb vacc, ill pat 4 dose im	F4			
90749	Vaccine toxoid	N1			
A4218	Sterile saline or water	N1			
A4220	Infusion pump refill kit	N1			
A4248	Chlorhexidine antisept	N1			
A4262	Temporary tear duct plug	N1			
A4263	Permanent tear duct plug	N1			
A4270	Disposable endoscope sheath	N1			

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
A9547	In111 oxyquinoline	N1		
A9548	In111 pentetate	N1		
A9550	Tc99m glucoseplate	N1		
A9551	Tc99m succimer	N1		
A9552	F18 fdg	N1		
A9553	Cr51 chromate	N1		
A9554	I125 iohalamate, dx	N1		
A9555	Rb82 rubidium	N1		
A9556	Ga67 gallium	N1		
A9557	Tc99m bismate	N1		
A9558	Xe133 xenon 10mci	N1		
A9559	Co57 cyano	N1		
A9560	Tc99m labeled dbc	N1		
A9561	Tc99m oxidronate	N1		
A9562	Tc99m merlitide	N1		
A9566	Tc99m lanolesomab	N1		
A9567	Technetium Tc-99m aerosol	N1		
A9568	Technetium t99m arclunomab	N1		
A9569	Technetium Tc-99m auto WBC	N1		
A9570	Indium In-111 auto WBC	N1		
A9571	Indium In-111 auto platelet	N1		
A9572	Indium In-111 pentetate	N1		
A9576	Inj prothance multipack	N1		
A9577	Inj multihance	N1		
A9578	Inj multihance multipack	N1		
A9579	Gad-base MR contrast NOS, 1ml	N1		
A9580	Sodium fluoride F-18	N1		
A9581	Gadoxetate disodium inj	K2		\$13.50
A9582	Iodine I-123 iobenguane	N1		\$2,328.83
A9583	Gadofosveset trisodium inj	K2		\$1.29
A9588	Non-rad contrast materialNOC	N1		
C1713	Anchor/screw brnbn lis/bn	N1		
C1714	Cath, trans adhesion, dir	N1		
C1715	Brachytherapy needle	N1		
C1716	Brachytx, non-str, Gold-198	H2		\$42.85
C1717	Brachytx, non-str, HDR Ir-192	H2		\$231.38
C1719	Brachytx, NS, Non-HDRIr-192	H2		\$64.02
C1721	AlCD, dual chamber	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
C1722	AlCD, single chamber	N1		
C1724	Cath, trans adhesion, rotation	N1		
C1725	Cath, transamin non-laser	N1		
C1726	Cath, bal dli, non-vascular	N1		
C1727	Cath, bal tis dis, non-vas	N1		
C1728	Cath, brachytx seed adm	N1		
C1729	Cath, drainage	N1		
C1730	Cath, EP, 19 or few elect	N1		
C1731	Cath, EP, 20 or more elec	N1		
C1732	Cath, EP, diag/abl, 3D/vect	N1		
C1733	Cath, EP, cthr than cool-tip	N1		
C1750	Cath, hemodialysis, long-term	N1		
C1751	Cath, int, per/centridline	N1		
C1752	Cath, hemodialysis, short-term	N1		
C1753	Cath, intravas ultrasound	N1		
C1754	Catheter, intradiscal	N1		
C1755	Catheter, intraspinal	N1		
C1756	Cath, pacing, transesoph	N1		
C1757	Cath, thrombectomy/embolect	N1		
C1758	Catheter, ureteral	N1		
C1759	Cath, intra echocardiography	N1		
C1760	Closure dev, vasc	N1		
C1762	Conn tis, human(inc fascia)	N1		
C1763	Conn tis, non-human	N1		
C1764	Event recorder, cardiac	N1		
C1765	Adhesion barrier	N1		
C1766	Introlsheath, srtble, non-peel	N1		
C1767	Generator, neuro non-recharg	N1		
C1768	Graft, vascular	N1		
C1769	Guide wire	N1		
C1770	Imaging coil, MR, insertable	N1		
C1771	Rep dev, urinary, w/sling	N1		
C1772	Infusion pump, programmable	N1		
C1773	Ret dev, insertable	N1		
C1776	Joint device (implantable)	N1		
C1777	Lead, AlCD, endo single coil	N1		
C1778	Lead, neurostimulator	N1		
C1779	Lead, pmkr, transvenous VDD	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
C1896	Lead, AICD, non sing/dual			
C1897	Lead, neurostim test kit	N1		
C1898	Lead, pmkr, other than trans	N1		
C1899	Lead, pmkr/AICD combination	N1		
C1900	Lead, coronary venous	N1		
C2614	Probe, perc lumb disc	N1		
C2615	Sealant, pulmonary, liquid	N1		
C2616	Brachytx, non-str Yttrium-90	CH		\$15,775.35
C2617	Stent, non-cor, tem wio del	N1		
C2618	Probe, cryoablation	N1		
C2619	Pmkr, dual, non rate-resp	N1		
C2620	Pmkr, single, non rate-resp	N1		
C2621	Pmkr, other than sing/dual	N1		
C2622	Prosthesis, penile, non-inf	N1		
C2625	Stent, non-cor, tem wdel sy	N1		
C2626	Infusion pump, non-prog, temp	N1		
C2627	Cath, suprapubic/cystoscopic	N1		
C2628	Catheter, occlusion	N1		
C2629	Intro/sheath, laser	N1		
C2630	Cath, EP, cool-tip	N1		
C2631	Rep dev, urinary, wio sling	N1		
C2634	Brachytx, non-str, HA, I-125	CH		\$59.80
C2635	Brachytx, non-str, HA, P-103	CH		\$28.59
C2636	Brachytx linear, non-str, P-103	H2		\$19.37
C2638	Brachytx, stranded, I-125	CH		\$42.48
C2639	Brachytx, non-stranded, I-125	CH		\$36.18
C2640	Brachytx, stranded, P-103	CH		\$60.36
C2641	Brachytx, non-stranded P-103	CH		\$57.12
C2642	Brachytx, stranded, C-131	CH		\$109.84
C2643	Brachytx, non-stranded C-131	CH		\$66.09
C2688	Brachytx, stranded, NOS	CH		\$42.48
C2699	Brachytx, non-stranded, NOS	CH		\$28.59
C8900	MRA wio cont, abd	Z2	6.0177	\$251.98
C8901	MRA wio cont, abd	Z2	4.961	\$207.73
C8902	MRA wio fol wio cont, abd	Z2	7.5993	\$318.21
C8903	MRI wio cont, breast, uni	Z2	6.0177	\$251.98
C8904	MRI wio cont, breast, uni	Z2	4.961	\$207.73
C8905	MRI wio fol wio cont, brst, un	Z2	7.5993	\$318.21

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
C1780	Lens, intraocular (new tech)			
C1781	Mesh (implantable)	N1		
C1782	Morcellator	N1		
C1783	Ocular imp, aqueous drain de	N1		
C1784	Ocular dev, intraop, del ret	N1		
C1785	Pmkr, dual, rate-resp	N1		
C1786	Pmkr, single, rate-resp	N1		
C1787	Patient progr, neurostim	N1		
C1788	Port, indwelling, imp	N1		
C1789	Prosthesis, breast, imp	N1		
C1813	Prosthesis, penile, inflatable	N1		
C1814	Retinal lamp, silicone oil	N1		
C1815	Pros, urinary sph, imp	N1		
C1816	Receiv/transmitter, neuro	N1		
C1817	Scapal defect imp sys	N1		
C1818	Integrated keratoprosthesis	N1		
C1819	Tissue localization-excision	N1		
C1820	Generator neuro rectg bal sy	N1		
C1821	Intersphous implant	N1		
C1874	Stent, coated/cov wio del sy	N1		
C1875	Stent, coated/cov wio del sy	N1		
C1876	Stent, non-coat/cov wio del	N1		
C1877	Stent, non-coat/cov wio del	N1		
C1878	Malt for vocal cord	N1		
C1879	Tissue marker, implantable	N1		
C1880	Vena cava filter	N1		
C1881	Dialysis access system	N1		
C1882	AICD, other than sing/dual	N1		
C1883	Adapt/exit, pacing/neuro lead	N1		
C1884	Embolization Protect syst	N1		
C1885	Cath, transluminal angio laser	N1		
C1887	Catheter, guiding	N1		
C1888	Endovasc non-cardiac abl cath	N1		
C1891	Infusion pump, non-prog, perm	N1		
C1892	Intro/sheath, fixed, peel-away	N1		
C1893	Intro/sheath, fixed, non-peel	N1		
C1894	Intro/sheath, non-laser	N1		
C1895	Lead, AICD, endo dual coil	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (Including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
C9364	Porcine implant, Permacol	K2		\$17.21
C9399	Unclassified drugs or biolog	K7		
E0616	Cardiac event recorder	N1		
E0749	Elec osteogen stim implanted	N1		
E0782	Non-programmable infusion pump	N1		
E0783	Programmable infusion pump	N1		
E0785	Replacement impl pump cathet	N1		
E0786	Implantable pump replacement	N1		
G0130	Single energy x-ray study	Z3		\$15.90
G0173	Linear acc stereo radsur com	Z2	50.6947	\$2,122.74
G0251	Linear acc based stereo radio	Z2	13.6624	\$572.09
G0288	Recon, CTA for surg plan	N1		
G0339	Robot lin-radurg com, first	Z2	50.6947	\$2,122.74
G0340	Robot lin-radurg fract 2-5	Z2	35.3136	\$1,478.69
J0120	Tetracyclin injection	N1		
J0129	Abatacept injection	K2		\$18.98
J0130	Abatacept injection	K2		\$459.36
J0132	Acetylcysteine injection	K2		\$2.29
J0133	Acyclovir injection	N1		
J0135	Adalimumab injection	K2		\$357.53
J0150	Injection adenosine 6 MG	K2		\$9.50
J0152	Adenosine injection	K2		\$76.42
J0170	Adrenalin epinephrin inject	N1		
J0180	Agalsidase beta injection	K2		\$133.69
J0190	Inj biperiden lactate/5 mg	N1		
J0200	Alatroloxacin mesylate	N1		
J0205	Aglycerase injection	K2		\$41.19
J0207	Amifostine	K2		\$350.07
J0210	Methyldopa hcl injection	K2		\$27.64
J0215	Alafacept	K2		\$30.02
J0220	Aglycosidase alfa injection	K2		\$124.69
J0256	Alpha 1 proteinase inhibitor	K2		\$3.63
J0278	Amikacin sulfate injection	N1		
J0280	Aminophyllin 250 MG inj	N1		
J0282	Amiodarone HCl	N1		
J0285	Amphotericin B	N1		
J0287	Amphotericin b lipid complex	K2		\$9.66
J0288	Ampho b cholesteryl sulfate	K2		\$13.74

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (Including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
C8906	MRI w/out, breast, bi	Z2	6.0177	\$251.98
C8907	MRI w/out, breast, bi	Z2	4.961	\$207.73
C8908	MRI w/out, breast, bi	Z2	7.5993	\$318.21
C8909	MRA w/out, chest	Z2	6.0177	\$251.98
C8910	MRA w/out, chest	Z2	4.961	\$207.73
C8911	MRA w/out, chest	Z2	7.5993	\$318.21
C8912	MRA w/out, chest	Z2	6.0177	\$251.98
C8913	MRA w/out, chest	Z2	4.961	\$207.73
C8914	MRA w/out, chest	Z2	7.5993	\$318.21
C8918	MRA w/out, pelvis	Z2	6.0177	\$251.98
C8919	MRA w/out, pelvis	Z2	4.961	\$207.73
C8920	MRA w/out, pelvis	Z2	7.5993	\$318.21
C9113	Inj pantoprazole sodium, via	N1		
C9121	Injection, argatroban	K2		\$18.10
C9245	Injection, ropivacaine	D5		
C9246	Inj, gadoxetate disodium	CH		
C9247	Inj, ibuprofen, 1-123, dx	CH		
C9248	Inj, dequinate butyrate	K2		\$3.39
C9249	Inj, certolizumab pegol	CH		
C9250	Artiss fibrin sealant	K2		\$138.20
C9251	Inj, C1 esterase inhibitor	CH		
C9252	Injection, plexafor	CH		
C9253	Injection, temozolomide	CH		
C9254	Injection, lacosamide	N1		\$0.18
C9255	Paliperidone palmitate inj	K2		\$6.71
C9256	Dexamethasone intravitreal	N1		\$196.10
C9257	Bevacizumab injection	N1		\$1.41
C9352	Neuragen nerve guide, per cm	N1		
C9353	Neurawrap nerve protector,cm	N1		
C9354	Veritas collagen matrix, cm2	CH		
C9355	Neuromatrix nerve cuff, cm	CH		
C9356	TenoGlide tendon prot, cm2	K2		\$24.86
C9358	SurgiMend, fetal	K2		\$10.76
C9359	Implint,bon void filler-putty	K2		\$63.54
C9360	SurgiMend, neonatal	K2		\$10.67
C9361	NeuroMend nerve wrap	K2		\$247.29
C9362	Implint,bon void filler-strip	K2		\$63.60
C9363	Integra Mashed Blt Wound Mat	K2		\$25.62

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
J0610	Calcium gluconate injection	N1		
J0620	Calcium glycer & lact/10 ML	N1		
J0630	Calcitonin salmon injection	K2		\$48.37
J0636	Inj calcitriol per 0.1 mcg	N1		
J0637	Caspofungin acetate	K2		
J0640	Leucovorin calcium injection	N1		\$11.52
J0641	Levoleucovorin injection	K2		\$0.99
J0670	Inj meperidine HCL/10 ml	N1		
J0680	Cefazolin sodium injection	N1		
J0692	Cefepime HCl for injection	N1		
J0694	Cefoxitin sodium injection	N1		
J0696	Ceftriaxone sodium injection	N1		
J0697	Sterile cefuroxime injection	N1		
J0698	Ceftriaxone sodium injection	N1		
J0702	Belamethasone acet&sod phosph	N1		
J0704	Belamethasone sod phosph/4 MG	N1		
J0706	Caffeine citrate injection	N1		
J0710	Cefepime sodium injection	N1		
J0713	Inj cefazidime per 500 mg	N1		
J0715	Ceftiozone sodium / 500 MG	N1		
J0718	Certolizumab pegol inj	NI		\$3.80
J0720	Chloramphenicol sodium injec	N1		
J0725	Chlormine gonadotropin/000u	N1		
J0735	Clofeline hydrochloride	K2		\$109.75
J0740	Cloflovir injection	K2		\$746.46
J0743	Cilastatin sodium injection	N1		
J0744	Ciprofloxacin IV	N1		
J0745	Inj codeine phosphate /30 MG	N1		
J0760	Colchicine injection	N1		
J0770	Colistimethate sodium inj	N1		
J0780	Prochlorperazine injection	N1		
J0795	Corticoresin ovine intrital	K2		\$4.24
J0800	Corticotropin injection	K2		\$2,394.93
J0833	Coxytropin injection NOS	NI		\$91.84
J0834	Coxytropin cortosyn inj	NI		\$91.84
J0835	Inj coxytropin per 0.25 MG	CH		
J0850	Cytomegalovirus imm IV /vial	K2		\$862.24
J0878	Daptomycin injection	K2		\$0.40

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
J0289	Amphotericin b liposome inj	K2		\$14.96
J0290	Ampicillin 500 MG inj	N1		
J0295	Ampicillin sodium per 1.5 gm	N1		
J0300	Amobarbital 125 MG inj	N1		
J0330	Succinylcholine chloride inj	N1		
J0348	Anidulafungin injection	K2		\$1.21
J0360	Hydralazine hcl injection	N1		
J0364	Aqomorphine hydrochloride	N1		
J0365	Apixolin, 10,000 ku	K2		\$2.60
J0390	Inj melaraminol bitartrate	N1		
J0390	Chloroquine injection	N1		
J0400	Atiprazole injection	N1		
J0456	Azithromycin	N1		
J0460	Atropine sulfate injection	CH		
J0461	Atropine sulfate injection	NI		
J0470	Dimetacapol injection	K2		\$26.81
J0475	Baclofen 10 MG injection	K2		\$195.31
J0476	Baclofen intrathecal inal	K2		\$71.24
J0480	Basiliximab	K2		\$1,624.44
J0500	Dicyclomine injection	N1		
J0515	Inj benzotropine mesylate	N1		
J0520	Bethanechol chloride inject	N1		
J0530	Penicillin g benzathine inj	D5		
J0540	Penicillin g benzathine inj	CH		
J0550	Penicillin g benzathine inj	D5		
J0559	PenG benzathine/procaraine inj	NI		
J0560	Penicillin g benzathine inj	N1		
J0570	Penicillin g benzathine inj	N1		
J0580	Penicillin g benzathine inj	N1		
J0583	Bivalirudin	K2		\$2.40
J0585	Injection onabotulinumtoxinA	K2		\$5.40
J0596	Abobotulinumtoxin typeA	NI		\$8.23
J0597	Inj, rimabotulinumtoxinB	K2		\$10.38
J0592	Buprenorphine hydrochloride	N1		
J0594	Busulfan injection	K2		\$14.18
J0595	Butorphanol tartrate 1 mg	N1		
J0598	C1 esterase inhibitor inj	N1		\$41.34
J0600	Ecdatate calcium disodium inj	K2		\$78.86

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
J0881	Darbepepin alfa, non-esrd			\$2.78
J0885	Epoetin alfa, non-esrd	K2		\$9.40
J0894	Dacarbazine injection	K2		\$28.42
J0895	Dafetaxamine mesylate inj	N1		
J0900	Testosterone enanthate inj	N1		
J0945	Brompheniramine maleate inj	K2		\$0.75
J0970	Estradiol valerate injection	N1		
J1000	Depo-estradiol cypionate inj	N1		
J1020	Methylprednisolone 20 MG inj	N1		
J1030	Methylprednisolone 40 MG inj	N1		
J1040	Methylprednisolone 80 MG inj	N1		
J1051	Medroxyprogesterone inj	N1		
J1060	Testosterone cypionate 1 ML	N1		
J1070	Testosterone cypionat 100 MG	N1		
J1080	Testosterone cypionat 200 MG	N1		
J1094	Inj dexamethasone acetate	N1		
J1100	Dexamethasone sodium phos	N1		
J1110	Inj dihydroergotamine mesylt	N1		
J1120	Acetazolamid sodium injectio	N1		
J1160	Digoxin injection	K2		\$474.73
J1162	Digoxin immune fab (ovine)	N1		
J1165	Phenytoin sodium injection	N1		
J1170	Hydromorphone injection	N1		
J1180	Dyphylline injection	N1		
J1190	Dextrazoxane HCl injection	K2		\$340.03
J1200	Dihydrochloride sodium inj	N1		
J1205	Chlorothiazide sodium inj	K2		\$292.02
J1212	Dimethyl sulfoxide 50% 50 ML	K2		\$67.46
J1230	Methadone injection	N1		
J1240	Dimerhydrinate injection	N1		
J1245	Dipyridamole injection	N1		
J1250	Inj dobutamine HCL/250 mg	N1		
J1260	Dolasetron mesylate	CH		
J1265	Dopamine injection	N1		
J1267	Doripenem injection	K2		\$0.57
J1270	Injection, doxercalciferol	N1		
J1300	Eculizumab injection	K2		\$177.57
J1320	Amritypyline injection	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
J1324	Enfuvirtide injection	CH		\$0.47
J1325	Epoosteronol injection	N1		
J1327	Epifibatide injection	K2		\$18.57
J1330	Ergonovine maleate injection	N1		
J1335	Erepremin injection	N1		
J1384	Erythro lactobionate /500 MG	N1		
J1380	Estradiol valerate 10 MG inj	N1		
J1390	Estradiol valerate 20 MG inj	N1		
J1410	Inj estrogen conjugate 25 MG	K2		\$83.21
J1430	Ethinolamine oleate 100 mg	K2		\$147.14
J1435	Injection estrone per 1 MG	N1		
J1436	Eldonate disodium inj	K2		\$70.06
J1438	Etanercept injection	K2		\$183.61
J1440	Fligrastrin 300 mcg injection	K2		\$208.54
J1441	Fligrastrin 480 mcg injection	K2		\$324.44
J1450	Fluconazole	N1		
J1451	Fomepizole 15 mg	K2		\$7.99
J1453	Fosaprepitant injection	K2		\$1.58
J1455	Foscarnet sodium injection	CH		
J1457	Gallium nitrate injection	K2		\$1.71
J1458	Galsulfase injection	K2		\$339.04
J1459	Inj IVIG priven 500 mg	K2		\$35.05
J1460	Gamma globulin 1 CC inj	K2		\$15.05
J1470	Gamma globulin 2 CC inj	K2		\$30.10
J1480	Gamma globulin 3 CC inj	K2		\$45.14
J1490	Gamma globulin 4 CC inj	K2		\$60.20
J1500	Gamma globulin 5 CC inj	K2		\$75.26
J1510	Gamma globulin 6 CC inj	K2		\$90.35
J1520	Gamma globulin 7 CC inj	K2		\$105.27
J1530	Gamma globulin 8 CC inj	K2		\$120.40
J1540	Gamma globulin 9 CC inj	K2		\$150.50
J1550	Gamma globulin 10 CC inj	K2		\$150.50
J1560	Gamma globulin > 10 CC inj	K2		\$150.50
J1561	Gamunex injection	K2		\$36.71
J1562	Vivaglobin, inj	K2		\$7.05
J1565	RSV-Igig	D5		
J1566	Immune globulin, powder	K2		\$29.83
J1568	Octagam injection	K2		\$37.03

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
J1569	Gammagard liquid injection	K2		\$37.85
J1570	Ganciclovir sodium injection	K2		
J1571	Hepagam b im injection	N1		\$50.04
J1572	Flibogamma injection	K2		\$36.51
J1573	Hepagam b intravenous, inj	K2		\$50.04
J1580	Garamycin gentamicin inj	N1		
J1590	Gatifloxacin injection	K2		
J1595	Injection glatiramer acetate	N1		\$81.23
J1600	Gold sodium thiomalate inj	N1		
J1610	Glucagon hydrochloride/1 MG	K2		\$79.20
J1620	Gonadorelin hydroch/ 100 mcg	K2		\$176.89
J1626	Granisetron hcl injection	CH		
J1630	Haloperidol injection	N1		
J1631	Haloperidol decanoate inj	N1		
J1640	Hemin, 1 mg	K2		\$7.73
J1642	Inj heparin sodium per 10 u	N1		
J1644	Inj heparin sodium per 1000u	N1		
J1645	Dalteparin sodium	N1		
J1650	Inj enoxaparin sodium	N1		
J1652	Fontaparinux sodium	K2		\$5.98
J1655	Tinzaparin sodium injection	N1		
J1670	Tetanus immune globulin inj	K2		\$199.91
J1680	Human fibrinogen conc inj	K2		\$96.46
J1700	Hydrocortisone acetate inj	N1		
J1710	Hydrocortisone sodium ph inj	N1		
J1720	Hydrocortisone sodium succ i	N1		
J1730	Diazoxide injection	K2		\$112.16
J1740	Ibandronate sodium injection	K2		\$139.22
J1742	Ibuprofen fumarate injection	K2		\$404.01
J1743	Idarubicin injection	K2		\$446.44
J1745	Infliximab injection	K2		\$57.60
J1750	Inj iron dextran	K2		\$14.11
J1756	Iron sucrose injection	K2		\$0.37
J1785	Injection imiglucerase /unit	K2		\$4.12
J1790	Droperidol injection	N1		
J1800	Propranolol injection	N1		
J1815	Insulin injection	N1		
J1817	Insulin for insulin pump use	CH		\$3.34

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
J1830	Interferon beta-1b / 25 MG			
J1835	Itraconazole injection	CH		\$168.90
J1840	Kanamycin sulfate 500 MG inj	N1		
J1850	Kanamycin sulfate 75 MG inj	N1		
J1885	Ketorolac tromethamine inj	N1		
J1890	Cephalexin sodium injection	N1		
J1930	Lamotrigine injection	K2		\$28.65
J1931	Larotidine injection	K2		\$25.08
J1940	Furosemide injection	N1		
J1945	Lepridin	K2		\$174.51
J1950	Leuprolide acetate /3.75 MG	K2		\$480.20
J1963	Levetiracetam injection	K2		\$0.75
J1966	Levorphanol injection	N1		
J1960	Levorphanol tartrate inj	N1		
J1980	Hyoscyamine sulfate inj	N1		
J1990	Chlorzoxiprone injection	N1		
J2001	Lidocaine injection	N1		
J2010	Lincomycin injection	N1		
J2020	Linezolid injection	K2		\$29.37
J2060	Lorazepam injection	N1		
J2150	Marmitol injection	N1		
J2170	Mecasermin injection	N1		
J2175	Meperidine hydroch/100 MG	N1		
J2180	Meperidine/promethazine inj	N1		
J2185	Meropenem	N1		
J2210	Methylglucuronol maleate inj	N1		
J2248	Micafungin sodium injection	K2		\$1.08
J2250	Inj midazolam hydrochloride	N1		
J2260	Inj mifmone lactate / 5 MG	N1		
J2270	Morphine sulfate injection	N1		
J2271	Morphine sulfate injection 100mg	N1		
J2275	Morphine sulfate injection	N1		
J2278	Ziconotide injection	K2		\$6.65
J2280	Inj, moxifloxacin 100 mg	N1		
J2300	Inj nalbuphine hydrochloride	N1		
J2310	Inj naloxone hydrochloride	N1		
J2315	Naltrexone, depot form	K2		\$2.14
J2320	Nandrolone decanoate 50 MG	CH		\$7.00

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
J2720	Inj protamine sulfate/10 MG			
J2724	Protein c concentrate	N1		\$11.96
J2725	Inj protelin per 250 mcg	N1		
J2730	Pralidoxime chloride inj	K2		\$65.93
J2760	Phentidine mesylate inj	N1		
J2765	Metoprolol hcl injection	N1		
J2770	Quinupristin/dalfopristin	K2		\$144.08
J2778	Ranibizumab injection	K2		\$398.11
J2780	Ranitidine hydrochloride inj	N1		
J2783	Rasburicase	K2		\$164.00
J2785	Regadenoson injection	K2		\$50.78
J2788	Rho d immune globulin 50 mcg	K2		\$25.76
J2790	Rho d immune globulin inj	K2		\$84.39
J2791	Rhophylac injection	K2		\$5.13
J2792	Rho(D) immune globulin h, ad	K2		\$18.39
J2793	Rilonacept injection	N1		\$23.64
J2794	Risperidone, long acting	K2		\$4.93
J2795	Ropivacaine HCl injection	N1		
J2796	Romiplostim injection	N1		
J2800	Methocarbamol injection	N1		
J2805	Sincalide injection	CH		
J2810	Inj theophylline per 40 MG	N1		
J2820	Sargramostim injection	K2		\$23.31
J2850	Inj secretin synthetic human	K2		\$19.93
J2910	Aurothiogluconate injection	N1		
J2916	Na ferric gluconate complex	N1		
J2920	Methylprednisolone injection	N1		
J2930	Methylprednisolone injection	N1		
J2940	Somatropin injection	K2		\$43.99
J2941	Somatropin injection	K2		\$53.47
J2950	Promazine hcl injection	N1		
J2953	Relephase injection	K2		\$1,230.80
J2955	Inj streptokinase /250000 IU	K2		\$78.00
J2957	Allephase recombinant	K2		\$35.03
J3000	Streptomycin injection	N1		
J3010	Fentanyl citrate injection	N1		
J3030	Sumatriptan succinate / 6 MG	K2		\$55.49
J3070	Pentazocine injection	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
J2321	Nandrolone decanoate 100 MG	CH		\$7.00
J2322	Nandrolone decanoate 200 MG	CH		\$14.74
J2323	Natalizumab injection	K2		\$8.32
J2325	Nesiritide injection	K2		\$36.07
J2353	Ocreotide injection, depot	N1		\$105.27
J2354	Ocreotide inj, non-depot	K2		\$242.16
J2355	Oprelvekin injection	K2		\$18.86
J2357	Ornithine injection	N1		
J2360	Orphenadrine injection	N1		
J2370	Phenylephrine hcl injection	N1		
J2400	Chlorprocaine hcl injection	N1		
J2405	Ornithine hcl injection	CH		
J2410	Oxymorphone hcl injection	N1		
J2425	Palladin injection	K2		\$11.06
J2430	Pamidronate disodium /30 MG	K2		\$18.42
J2440	Papaverin hcl injection	N1		
J2469	Palonosetron hcl	K2		\$17.19
J2501	Paricalcitol	N1		
J2503	Pegaptanib sodium injection	K2		\$1,014.11
J2504	Pegademase bovine, 25 IU	K2		\$242.67
J2505	Injection, pegfilgrastim 6mg	K2		\$2,222.07
J2510	Penicillin g procaine inj	N1		
J2513	Pentastarch 10% solution	K2		\$1,270.88
J2515	Pentobarbital sodium inj	CH		
J2540	Penicillin g potassium inj	N1		
J2543	Piperacillin/tazobactam	N1		
J2550	Promethazine hcl injection	N1		
J2560	Phenobarbital sodium inj	N1		
J2562	Plerixator injection	N1		\$268.51
J2590	Oxytocin injection	N1		
J2597	Inj desmopressin acetate	N1		
J2650	Prednisolone acetate inj	N1		
J2670	Tolazoline hcl injection	N1		
J2675	Inj progesterone per 50 MG	N1		
J2680	Fluphenazine decanoate 25 MG	N1		
J2690	Procainamide hcl injection	N1		
J2700	Oxacillin sodium injection	N1		
J2710	Neostigmine methylsulfate inj	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
J3101	Tenecteplase injection	K2		
J3105	Terbutaline sulfate inj	N1		\$40.10
J3120	Testosterone enanthate inj	N1		
J3130	Testosterone enanthate inj	N1		
J3140	Testosterone suspension inj	N1		
J3150	Testosterone propionate inj	N1		
J3230	Chlorpromazine hcl injection	K2		
J3240	Thyrotropin injection	K2		\$948.38
J3243	Tigecycline injection	K2		\$1.15
J3246	Tirofiban HCl	K2		\$7.83
J3250	Trimethoprim-sulfamethoxazole hcl inj	N1		
J3260	Tobramycin sulfate injection	N1		
J3265	Injection toseamide 10 mg/ml	N1		
J3280	Triethylperazine maleate inj	N1		
J3285	Treprostinil injection	K2		\$54.83
J3300	Triamcinolone A inj PRS-free	K2		\$3.20
J3301	Triamcinolone acal inj NOS	N1		
J3302	Triamcinolone diacetate inj	N1		
J3303	Triamcinolone hexacetonol inj	N1		
J3305	Inj trimetrexate glucuronate	K2		\$124.80
J3310	Perphenazine injection	N1		
J3315	Triptorelin pamoate	K2		\$160.83
J3320	Spectinomycin di-hcl inj	N1		
J3350	Urea injection	CH		
J3355	Urofollitropin, 75 iu	K2		\$59.26
J3360	Diazepam injection	N1		
J3364	Urokinase 5000 IU injection	N1		
J3365	Urokinase 250,000 IU inj	K2		\$449.09
J3370	Vancocin hcl injection	N1		
J3396	Verteporfin injection	K2		\$9.31
J3400	Trifluromazine hcl inj	CH		
J3410	Hydroxyzine hcl injection	N1		
J3411	Thiamine hcl 100 mg	N1		
J3415	Pyridoxine hcl 100 mg	N1		
J3420	Vitamin b12 injection	N1		
J3430	Vitamin k phytanadione inj	N1		
J3465	Injection, voriconazole	K2		\$5.26
J3470	Hyaluronidase injection	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
J3471	Ovine, up to 999 USP units	N1		
J3472	Ovine, 1000 USP units	CH		
J3473	Hyaluronidase recombinant	CH		
J3475	Inj magnesium sulfate	N1		
J3480	Inj potassium chloride	N1		
J3485	Zidovudine	N1		
J3486	Ziprasidone mesylate	N1		
J3487	Zoledronic acid	K2		\$214.94
J3488	Reclast injection	K2		\$218.59
J3490	Drugs unclassified injection	N1		
J3530	Nasal vaccine inhalation	N1		
J3590	Unclassified biologics	N1		
J7030	Normal saline solution infus	N1		
J7040	Normal saline solution infus	N1		
J7042	5% dextrose/normal saline	N1		
J7050	Normal saline solution infus	N1		
J7060	5% dextrose/water	N1		
J7070	D5w infusion	N1		
J7100	Dextran 40 infusion	N1		
J7110	Dextran 75 infusion	N1		
J7120	Ringers lactate infusion	N1		
J7130	Hypertonic saline solution	N1		
J7185	Xyithia inj	NI		\$1.06
J7186	Antihemophilic viiiwvf comp	K2		\$0.84
J7187	Humate-P, inj	K2		\$0.87
J7189	Factor vlla	K2		\$1.29
J7190	Factor viii	K2		\$0.84
J7191	Factor viii (porcine)	K2		\$2.00
J7192	Factor viii recombinant NOS	K2		\$1.08
J7193	Factor ix non-recombinant	K2		\$0.88
J7194	Factor ix complex	K2		\$0.85
J7195	Factor ix recombinant	K2		\$1.06
J7197	Antithrombin iii injection	CH		\$2.28
J7198	Anti-inhibitor	K2		\$1.53
J7308	Aminocaproic acid hcl top	K2		\$127.60
J7310	Ganciclovir long act implant	K2		\$16,640.00
J7311	Fluocinolone acetonide implt	K2		\$18,960.00
J7321	Hyalgan/supartz inj per dose	K2		\$91.87

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
J7322	Synvisc inj per dose	CH		
J7323	Euflexa inj per dose	K2		\$113.96
J7324	Orthovisc inj per dose	K2		\$177.68
J7325	Synvisc or Synvisc-One	K2		\$11.47
J7500	Azathioprine oral 50mg	N1		
J7501	Azathioprine parenteral	K2		\$90.64
J7502	Cyclosporine oral 100 mg	K2		\$3.22
J7504	Lymphocyte immune globulin	K2		\$453.67
J7505	Monoclonal antibodies	K2		\$1,109.45
J7506	Prednisone oral	N1		
J7507	Tacrolimus oral per 1 MG	K2		\$3.96
J7509	Methylprednisolone oral	N1		
J7510	Prednisolone oral per 5 mg	N1		
J7511	Antithymocyte globulin rabbit	K2		\$414.44
J7513	Dactizumab, parenteral	K2		\$378.20
J7515	Cyclosporine oral 25 mg	CH		\$0.82
J7516	Cyclosporin parenteral 250mg	K2		\$21.24
J7517	Mycophenolate mofetil oral	K2		\$2.45
J7518	Mycophenolic acid	N1		
J7520	Sirolimus, oral	K2		\$9.44
J7525	Tacrolimus injection	K2		\$136.82
J7599	Immunosuppressive drug noc	N1		
J7674	Methacholine chloride, nebul	N1		
J7799	Non-inhalation drug for DME	N1		
J8501	Oral aprepitant	K2		\$5.42
J8510	Oral busulfan	N1		
J8520	Capecitabine, oral, 150 mg	K2		\$5.68
J8521	Capecitabine, oral, 500 mg	K2		\$18.73
J8530	Cyclophosphamide oral 25 MG	N1		
J8540	Oral dexamethasone	N1		
J8560	Etoposide oral 50 MG	K2		\$0.45
J8597	Antiemetic drug oral NOS	N1		
J8600	Melphalan oral 2 MG	N1		
J8610	Methotrexate oral 2.5 MG	N1		
J8650	Nabixone oral	CH		
J8700	Temozolomide	K2		\$8.59
J8705	Topotecan oral	K2		\$71.35
J9000	Doxorubicin hcl injection	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
J9001	Doxorubicin hcl liposome inj	K2		\$450.51
J9010	Alemtuzumab injection	K2		\$559.46
J9015	Adesleukin injection	K2		\$631.49
J9017	Arsenic trioxide injection	K2		\$56.73
J9020	Asparaginase injection	K2		\$56.92
J9025	Azacitidine injection	K2		\$4.78
J9027	Cicfarabine injection	K2		\$114.21
J9031	Bcg live intravesical vac	K2		\$111.08
J9033	Bendamustine injection	K2		\$18.53
J9035	Bevacizumab injection	K2		\$56.39
J9040	Bleomycin sulfate injection	N1		
J9041	Bortezomib injection	K2		\$36.54
J9045	Carboplatin injection	N1		
J9050	Carmustine injection	K2		\$173.73
J9055	Cetuximab injection	K2		\$48.79
J9060	Cisplatin 10 MG injection	N1		
J9062	Cisplatin 50 MG injection	N1		
J9065	Inj cladribine per 1 MG	K2		\$25.15
J9070	Cyclophosphamide 100 MG inj	N1		
J9080	Cyclophosphamide 200 MG inj	N1		
J9090	Cyclophosphamide 500 MG inj	N1		
J9091	Cyclophosphamide 1.0 gm inj	N1		
J9092	Cyclophosphamide 2.0 gm inj	N1		
J9093	Cyclophosphamide lyophilized	N1		
J9094	Cyclophosphamide lyophilized	N1		
J9095	Cyclophosphamide lyophilized	N1		
J9096	Cyclophosphamide lyophilized	N1		
J9097	Cyclophosphamide lyophilized	N1		
J9098	Cyclophosphamide lyophilized	N1		
J9100	Cytarabine hcl 100 MG inj	N1		\$480.19
J9110	Cytarabine hcl 500 MG inj	N1		
J9120	Dactinomycin injection	K2		\$533.21
J9130	Dacarbazine 100 mg inj	N1		
J9140	Dacarbazine 200 MG inj	N1		
J9150	Danorubicin injection	K2		\$14.95
J9151	Danorubicin citrate inj	K2		\$55.27
J9155	Degarelix injection	NI		\$2.23
J9160	Denileukin diftitox inj	K2		\$1,448.32

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
J9165	Diethylstilbestrol injection	K2		\$1,257.38
J9170	Docetaxel injection	D5		
J9171	Docetaxel injection	NI		\$16.95
J9175	Eliquis 5 solution per ml	N1		
J9178	Inj, epirubicin hcl, 2 mg	K2		\$2.55
J9181	Etoposide injection	N1		
J9185	Fludarabine phosphate inj	K2		\$151.36
J9190	Fluorouracil injection	N1		
J9200	Fluoxindine injection	K2		\$46.60
J9201	Gemcitabine hcl injection	K2		\$139.10
J9202	Goserelin acetate implant	K2		\$193.02
J9206	Irinotecan injection	K2		\$13.18
J9207	Ixabepilone injection	K2		\$63.74
J9208	Isoflomide injection	K2		\$29.39
J9209	Mesna injection	K2		\$4.34
J9211	Idarubicin hcl injection	K2		\$96.70
J9212	Interferon alfacon-1 inj	CH		\$6.75
J9213	Interferon alfa-2a inj	K2		\$10.60
J9214	Interferon alfa-2b inj	K2		\$15.54
J9215	Interferon alfa-r3 inj	K2		\$17.89
J9216	Interferon gamma 1-3 inj	K2		\$294.03
J9217	Leuprolide acetate suspension	K2		\$210.52
J9218	Leuprolide acetate injection	K2		\$5.29
J9219	Leuprolide acetate implant	K2		\$4,728.88
J9225	Vantas Implant	K2		\$1,473.60
J9226	Supprelin LA implant	K2		\$14,875.43
J9230	Mechlorethamine hcl inj	K2		\$144.56
J9245	Inj melphalan hydrochl 50 MG	K2		\$1,622.81
J9250	Methotrexate sodium inj	N1		
J9260	Methotrexate sodium inj	N1		
J9261	Nelarabine injection	K2		\$101.28
J9263	Oxaliplatin	K2		\$9.95
J9264	Paclitaxel protein bound	K2		\$9.09
J9265	Paclitaxel injection	CH		
J9266	Pegaspargase injection	K2		\$2,695.67
J9268	Pentostatin injection	K2		\$1,399.56
J9270	Plicamycin (mithramycin) inj	CH		
J9280	Mitomycin 5 MG inj	K2		\$17.74

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Payment
J9290	Mitomycin 20 MG inj	K2		\$70.98
J9291	Mitomycin 40 MG inj	K2		\$141.95
J9293	Miloxantrone hydrochl / 5 MG	K2		\$65.51
J9300	Gemtuzumab ozogamicin inj	K2		\$2,572.82
J9303	Paritumumab injection	K2		\$85.21
J9305	Penitrexed injection	K2		\$48.50
J9310	Rituximab injection	K2		\$552.70
J9320	Streptozocin injection	K2		\$278.35
J9328	Temozolomide injection	NI		\$4.90
J9330	Tenisolimus injection	K2		\$47.93
J9340	Thiotepa injection	K2		\$97.89
J9350	Topotecan injection	K2		\$888.88
J9355	Trastuzumab injection	K2		\$63.51
J9357	Valrubicin injection	K2		\$953.16
J9360	Vinorelbine sulfate inj	N1		
J9370	Vincristine sulfate 1 MG inj	N1		
J9375	Vincristine sulfate 2 MG inj	N1		
J9380	Vincristine sulfate 5 MG inj	N1		
J9390	Vinorelbine tartrate inj	CH		\$80.83
J9395	Injection, Fulvestrant	K2		\$2,745.46
J9600	Porfimer sodium injection	K2		
J9699	Chemotherapy drug	N1		
L8600	Implant breast silicone/eq	N1		
L8603	Collagen imp urinary 2.5 ml	N1		
L8604	Dextranomer/hyaluronic acid	N1		
L8606	Synthetic implant urinary 1ml	N1		
L8609	Artificial cornea	N1		
L8610	Ocular implant	N1		
L8612	Aqueous shunt prosthesis	N1		
L8613	Ossicular implant	N1		
L8614	Cochlear device	N1		
L8630	Melacarpophalangeal implant	N1		
L8631	MCP joint repl 2 pc or more	N1		
L8641	Metatarsal joint implant	N1		
L8642	Hallux implant	N1		
L8656	Interphalangeal joint spacer	N1		
L8659	Interphalangeal joint repl	N1		
L8670	Vascular graft, synthetic	N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
L8682	Implt neurostim radiofreq rec		N1		
L8690	Aud osseo dev, inflex comp		N1		
L8699	Prosthetic implant NOS		N1		
P8041	Albumin (human), 5%, 50ml		K2		\$16.89
P8045	Albumin (human), 5%, 250 ml		K2		\$60.58
P8046	Albumin (human), 25%, 20 ml		K2		\$25.67
P8047	Albumin (human), 25%, 50ml		K2		\$62.05
Q0138	Ferumoxyl, non-ssd	NI	K2		\$0.82
Q0163	Diphenhydramine HCl 50mg		N1		
Q0164	Prochlorperazine maleate 5mg		N1		
Q0166	Granisetron hcl 1 mg oral	CH	N1		
Q0167	Dronabinol 2.5mg oral		N1		
Q0169	Promethazine HCl 12.5mg oral		N1		
Q0171	Chlorpromazine HCl 10mg oral		N1		
Q0173	Trimethoprim HCl 250mg		N1		
Q0174	Triethylperazine maleate 10mg		N1		
Q0175	Perphenazine 4mg oral		N1		
Q0177	Hydroxyzine pamoate 25mg		N1		
Q0179	Ondansetron hcl 8 mg oral	CH	N1		
Q0180	Dolasetron mesylate oral	CH	N1		
Q0515	Sermorelin acetate injection		K2		\$1.77
Q1003	Niol category 3		L6		\$50.00
Q2004	Bladder calculi irig sol		K2		\$29.28
Q2009	Fosphenytoin inj PE		N1		
Q2017	Teniposide, 50 mg		K2		\$319.43
Q2023	Xanthia, inj	CH	D5		
Q2024	Bevacizumab injection	CH	D5		
Q3025	IM inj interferon beta 1-a		K2		\$187.24
Q4100	Skin substitute, NOS		N1		
Q4101	Apligraf skin sub		K2		\$32.16
Q4102	Oasis wound matrix skin sub		K2		\$4.12
Q4103	Oasis burn matrix skin sub		K2		\$4.12
Q4104	Integra BMWD skin sub		K2		\$11.77
Q4105	Integra DRT skin sub		K2		\$11.77
Q4106	Dermagraft skin sub		K2		\$39.25
Q4107	Graftjacker skin sub		K2		\$89.23
Q4108	Integra matrix skin sub		K2		\$17.98
Q4109	Tissueend skin sub		N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (including Ancillary Services for Which Payment is Packaged)

HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Weight	CY 2010 Third Year Transition Payment
Q4110	Primatrix skin sub		K2		\$33.99
Q4111	Gammagraft skin sub		K2		\$7.13
Q4112	Cymetra allograft		K2		\$327.47
Q4113	Graftjacker express allograft		K2		\$327.47
Q4114	Integra flowable wound matrix		K2		\$307.36
Q4115	Alloskin skin sub		K2		\$9.36
Q4116	Alloderm skin sub		K2		\$31.72
Q9951	LOCM >= 400 mg/ml iodine, 1ml		N1		
Q9953	Inj Fe-based MR contrast, 1ml		N1		
Q9954	Oral MR contrast, 100 ml		N1		
Q9955	Inj perflubron lip micros,ml		N1		
Q9956	Inj octafluoropropane mic,ml		N1		
Q9957	Inj perflubron lip micros,ml		N1		
Q9958	HOCH <= 149 mg/ml iodine, 1ml		N1		
Q9959	HOCH 150-199mg/ml iodine, 1ml		N1		
Q9960	HOCH 200-249mg/ml iodine, 1ml		N1		
Q9961	HOCH 250-299mg/ml iodine, 1ml		N1		
Q9962	HOCH 300-349mg/ml iodine, 1ml		N1		
Q9963	HOCH 350-399mg/ml iodine, 1ml		N1		
Q9964	HOCH >= 400mg/ml iodine, 1ml		N1		
Q9965	LOCM 100-199mg/ml iodine, 1ml		N1		
Q9966	LOCM 200-299mg/ml iodine, 1ml		N1		
Q9967	LOCM 300-399mg/ml iodine, 1ml		N1		
Q9968	Visualization adjunct	NI	K2		\$4.11
V2630	Anter chamber intraocul lens		N1		
V2631	Iris support intraoculr lens		N1		
V2632	Post chmbir intraocular lens		N1		
V2785	Corneal tissue processing		F4		
V2790	Amniotic membrane		N1		

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.

Addendum BB -- Final ASC Covered Ancillary Services Integral to Covered Surgical Procedures for CY 2010 (Including Ancillary Services for Which Payment is Packaged)					
HCPCS Code	Short Descriptor	CY 2010 Comment Indicator	CY 2010 Payment Indicator	CY 2010 Third Year Transition Payment Weight	CY 2010 Third Year Transition Payment
NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard ratesetting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule, as corrected.					

NOTE 1: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

NOTE 2: Payment indicators for radiology services (Z2, Z3) are based on a comparison of the final rates according to the ASC standard rate setting methodology and the MPFS. Under current law, the MPFS payment rates will have a negative update for CY 2010. For a discussion of those rates, we refer readers to the CY 2010 MPFS final rule.