

CPT/HCPCS Procedure Code Changes for January 2016

Surgery, Medicine, Radiology, and Evaluation and Management Services

STATUS CODE:
 1 -- Initial maximum payment amount
 2 -- Change in maximum payment amount as of the Effective Date
 3 -- Discontinued coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PROF/TECH SPLIT	PC/TC INDICATOR	POST-OPERATIVE PERIOD, IN DAYS
10035	Perq dev soft tiss 1st imag	01/01/2016	1			\$403.78			\$70.14		0	0
10036	Perq dev soft tiss add imag	01/01/2016	1			\$349.25			\$35.34		0	0
31652	Bronch ebus sampling 1/2 node	01/01/2016	1			\$688.21			\$189.50		0	0
31653	Bronch ebus sampling 3/4 node	01/01/2016	1			\$731.86			\$209.30		0	0
31654	Bronch ebus ivnlj perph les	01/01/2016	1			\$84.87			\$54.88		0	0
33477	Implant tcst pulm vlv perq	01/01/2016	1	\$1,056.04							0	0
37252	Intrvasc us noncoronary 1st	01/01/2016	1		\$1,049.68	\$76.13					0	0
37253	Intrvasc us noncoronary addl	01/01/2016	1		\$166.44	\$60.93					0	0
39401	Mediastinoscopy w/medstnl bx	01/01/2016	1	\$255.04							0	0
39402	Mediastinoscopy w/lmph nod bx	01/01/2016	1	\$333.10							0	0
43210	Egd esophagogastrc fndoplsty	01/01/2016	1	\$347.44							0	0
47531	Injection for cholangiogram	01/01/2016	1		\$282.45	\$77.74					0	0
47532	Injection for cholangiogram	01/01/2016	1		\$622.16	\$175.65					0	0
47533	Plmt biliary drainage cath	01/01/2016	1		\$1,013.40	\$249.30					0	0
47534	Plmt biliary drainage cath	01/01/2016	1		\$1,250.50	\$330.63					0	0
47535	Conversion ext bil drg cath	01/01/2016	1		\$836.44	\$189.69					0	0
47536	Exchange biliary drg cath	01/01/2016	1		\$615.66	\$119.94					0	0
47537	Removal biliary drg cath	01/01/2016	1		\$305.83	\$80.86					0	0
47538	Perq plmt bile duct stent	01/01/2016	1		\$3,373.12	\$267.51					0	0
47539	Perq plmt bile duct stent	01/01/2016	1		\$3,691.56	\$362.03					0	0
47540	Perq plmt bile duct stent	01/01/2016	1		\$3,842.31	\$432.53					0	0
47541	Plmt access bil tree sm bwl	01/01/2016	1		\$895.36	\$230.19					0	0
47542	Dilate biliary duct/ampulla	01/01/2016	1		\$392.62	\$108.97					0	0
47543	Endoluminal bx biliary tree	01/01/2016	1		\$1,000.51	\$137.47					0	0
47544	Removal duct gblldr calculi	01/01/2016	1		\$616.71	\$172.04					0	0
49185	Sclerotr fluid collection	01/01/2016	1		\$748.83	\$99.97					0	0
50430	Njx px nfrosgrm &urtrgrm	01/01/2016	1		\$396.90	\$135.09					0	0
50431	Njx px nfrosgrm &urtrgrm	01/01/2016	1		\$123.57	\$53.32					0	0
50432	Plmt nephrostomy catheter	01/01/2016	1		\$640.96	\$178.65					0	0
50433	Plmt nephroureteral catheter	01/01/2016	1		\$861.77	\$220.81					0	0
50434	Convert nephrostomy catheter	01/01/2016	1		\$681.66	\$169.10					0	0
50435	Exchange nephrostomy cath	01/01/2016	1		\$356.94	\$81.72					0	0
50606	Endoluminal bx urtr rnl plvs	01/01/2016	1		\$402.60	\$128.16					0	0
50693	Plmt ureteral stent prq	01/01/2016	1		\$800.31	\$176.98					0	0
50694	Plmt ureteral stent prq	01/01/2016	1		\$883.59	\$228.95					0	0
50695	Plmt ureteral stent prq	01/01/2016	1		\$1,078.28	\$290.23					0	0
50705	Ureteral embolization/occl	01/01/2016	1		\$1,282.93	\$164.14					0	0
50706	Balloon dilate urtri strix	01/01/2016	1		\$580.41	\$152.32					0	0
54437	Repair corporeal tear	01/01/2016	1	\$545.60							0	90
54438	Replantation of penis	01/01/2016	1	\$1,104.72							0	90
61645	Perq art m-thrombect &nfs	01/01/2016	1	\$636.26							0	0
61650	Evasc prfng admn rx agnt 1st	01/01/2016	1	\$435.34							0	0
61651	Evasc prfng admn rx agnt add	01/01/2016	1	\$185.45							0	0
64461	Pvb thoracic single inj site	01/01/2016	1		\$116.28	\$70.24					0	0
64462	Pvb thoracic 2nd+ inj site	01/01/2016	1		\$65.95	\$44.11					0	0
64463	Pvb thoracic cont infusion	01/01/2016	1		\$127.96	\$69.02					0	0
65785	Impljt ntrstrml crnl rng seg	01/01/2016	1		\$1,591.42	\$305.03					0	90
69209	Remove impacted ear wax uni	01/01/2016	1	9.49						J	5	0
72081	X-ray exam entire spi 1 vw	01/01/2016	1	29.36						I	1	1
72082	X-ray exam entire spi 2/3 vw	01/01/2016	1	46.84						I	1	1
72083	X-ray exam entire spi 4/5 vw	01/01/2016	1	50.88						I	1	1
72084	X-ray exam entire spi 6/7 vw	01/01/2016	1	60.49						I	1	1
73501	X-ray exam hip uni 1 view	01/01/2016	1	22.57						I	1	1
73502	X-ray exam hip uni 2-3 views	01/01/2016	1	31.08						I	1	1
73503	X-ray exam hip uni 4/5 views	01/01/2016	1	38.85						I	1	1
73521	X-ray exam hips bi 2 views	01/01/2016	1	30.03						I	1	1
73522	X-ray exam hips bi 3-4 views	01/01/2016	1	36.79						I	1	1
73523	X-ray exam hips bi 5/5 views	01/01/2016	1	42.63						I	1	1
73551	X-ray exam of femur 1	01/01/2016	1	20.94						I	1	1
73552	X-ray exam of femur 2/3	01/01/2016	1	24.41						I	1	1
74712	Mri fetal sngl/1st gestaton	01/01/2016	1	363.46						I	1	1
74713	Mri fetal ea addl gestaton	01/01/2016	1	175.45						C	1	1
77767	Hdr rdnci skn surf brachytx	01/01/2016	1	169.46						H	1	1
77768	Hdr rdnci skn surf brachytx	01/01/2016	1	264.81						G	1	1
77770	Hdr rdnci ntrstl/cav brchtx	01/01/2016	1	242.96						I	1	1

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PROF/TECH SPLIT	PC/TC INDICATOR	POST-OPERATIVE PERIOD, IN DAYS
77771	Hdr rdncd ntrstlfcav brcht	01/01/2016	1	453.05						J	1	
77772	Hdr rdncd ntrstlfcav brcht	01/01/2016	1	690.19						J	1	
78265	Gastric emptying imag study	01/01/2016	1	307.74						F	1	
78266	Gastric emptying imag study	01/01/2016	1	364.83						F	1	
93050	Art pressure waveform analys	01/01/2016	1	13.60						K	1	
96931	Rcm celulr subcelulr img skn	01/01/2016	1	BR							4	
96932	Rcm celulr subcelulr img skn	01/01/2016	1	BR							3	
96933	Rcm celulr subcelulr img skn	01/01/2016	1	BR							2	
96934	Rcm celulr subcelulr img skn	01/01/2016	1	BR							4	
96935	Rcm celulr subcelulr img skn	01/01/2016	1	BR							3	
96936	Rcm celulr subcelulr img skn	01/01/2016	1	BR							2	
96127	Brief emotional/behavioral assess.	01/01/2016	2	3.97			NC				3	
99420	Admin & interp of health risk assessment	01/01/2016	2	8.18			NC				9	
21805	Treatment of rib fracture	01/01/2016	3	D			135.26				0	
31620	Endobronchial us add-on	01/01/2016	3	D			133.54				0	
47525	Change bile duct catheter	01/01/2016	3	D			215.71				0	
47530	Revise, reinsert bile tube	01/01/2016	3	D			604.93				0	
50394	Injection for kidney x-ray	01/01/2016	3	D			40.06				0	
50398	Change kidney tube	01/01/2016	3	D			216.80				0	
64412	Injection for nerve block	01/01/2016	3	D			78.94				0	
72010	X-RAY EXAM SPINE AP&LAT	01/01/2016	3	D			45.79			C	1	
73510	X-RAY EXAM OF HIP	01/01/2016	3	D			24.16			J	1	
73550	X-RAY EXAM OF THIGH	01/01/2016	3	D			22.59			J	1	
92543	CALORIC VESTIBULAR TEST	01/01/2016	3	D			12.86			G	1	
95973	ANALYZE NEUROSTIM COMPLEX	01/01/2016	3	D			25.18				0	

KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT

B	BUNDLED PROCEDURE WITH NO SEPARATE PAYMENT
BR	BY REPORT
D	DISCONTINUED PROCEDURE CODE
FP	FORMULA PRICING
IC	INFORMATIONAL CODE
NC	NON-COVERED SERVICE
PA	PRIOR AUTHORIZATION – DETERMINED DURING PRIOR AUTHORIZATION
PC	PROVIDER CHARGE – DETERMINED INDIVIDUALLY BY PROVIDER
PF	PROVIDER FEE PAID IN ACCORDANCE WITH OAC RULE 5160-1-60.3
SA	SISTER AGENCY CODE ONLY
WP	WAIVER PRICING
0.01	FEE REQUIRING CALCULATION (e.g., BR, FP, PC)

KEY FOR PROF/TECH SPLIT

C	40% / 60%
D	80% / 20%
F	10% / 90%
G	20% / 80%
H	25% / 75%
I	30% / 70%
J	35% / 65%
K	50% / 50%
L	60% / 40%
M	70% / 30%
O	100% / 0%
P	75% / 25%
Q	90% / 10%

KEY FOR PC/TC INDICATOR and place-of-service (POS) restriction

0	Physician service with no PC or TC; no POS restriction unless otherwise noted			
1	Diagnostic or therapeutic procedure with both a PC and a TC; no POS restriction on PC; no coverage for global procedure or TC performed in a hospital setting (I/P, O/P, ED)			
2	PC of a procedure for which a separate code represents the TC; no POS restriction unless otherwise noted			
3	Global procedure for which separate codes represent the PC and the TC; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted			
4	Service incident to a physician's service provided by auxiliary personnel under the physician's supervision; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted			
5	TC of a procedure for which a separate code represents the PC; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted			
6	Physician interpretation of select clinical diagnostic laboratory procedures			
7	Physical therapy service not payable if provided in a hospital setting by an independent therapist; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted			
8	Physician interpretation of an abnormal smear for a hospital inpatient			
9	Procedure for which the concept of PC/TC does not apply; no POS restriction if the physician RVU work component > 0; no coverage in a hospital setting (I/P, O/P, ED) if the physician RVU work component = 0			
	a	Valid only in an inpatient hospital	e	Valid only in a person's home
	b	Not valid in a hospital	f	Not valid in an inpatient hospital
	c	Not valid in a hospital or LTCF	g	Valid only in a freestanding birth center
	d	Valid only in a practitioner's office, a clinic, or an urgent care facility		

Clinical Diagnostic Procedures, Molecular Pathology Procedures, and Physician Pathology Procedures

STATUS CODE:
 1 -- Initial maximum payment amount
 2 -- Change in maximum payment amount or coverage as of the Effective Date
 3 -- Discontinuation of procedure code

HPCPS CODE	COMPONENT -- Total proc. 26 -- Prof. comp. TC -- Tech. comp.	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PC/TC INDICATOR
80081		Obstetric panel	01/01/2016	1	\$81.58						9b
80303		Drug Screen	01/01/2016	2	\$52.75			11.29			9b
81162		Bra1&2 seq & full dup/de	01/01/2016	1	\$1,471.63						9b
81170		Abl1 gene	01/01/2016	1	\$195.07						9b
81218		Cebpa gene full sequence	01/01/2016	1	\$195.07						9b
81219		Calr gene corn variants	01/01/2016	1	\$98.08						9b
81272		Kit gene targeted seq analyt	01/01/2016	1	\$195.07						9b
81273		Kit gene analys d816 varian	01/01/2016	1	\$73.92						9b
81276		Kras gene addl variants	01/01/2016	1	\$116.74						9b
81311		Nras gene variants exon 2&3	01/01/2016	1	\$175.10						9b
81314		Pdgfra gene	01/01/2016	1	\$195.07						9b
81412		Ashkenazi jewish assoc dis	01/01/2016	1	\$520.00						9b
81432		Hrdtry brst ca-latd dsordr	01/01/2016	1	\$1,755.00						9b
81433		Hrdtry brst ca-latd dsordr	01/01/2016	1	\$1,471.63						9b
81434		Hereditary retinal disorder	01/01/2016	1	\$1,755.00						9b
81437		Heredtry nurondcrn tum dsrd	01/01/2016	1	\$360.00						9b
81438		Heredtry nurondcrn tum dsrd	01/01/2016	1	\$360.00						9b
81442		Noonan spectrum disorders	01/01/2016	1	\$520.00						9b
81490		Autoimmune rheumatoid arth	01/01/2016	1	NC						9b
81493		Car artery disease mme	01/01/2016	1	NC						9b
81525		Oncology colon mme	01/01/2016	1	NC						9b
81528		Oncology colorectal scr	04/01/2016	1	\$509.87			\$295.00			9b
81535		Oncology gynecologic	01/01/2016	1	NC						9b
81536		Oncology gynecologic	01/01/2016	1	NC						9b
81538		Oncology lung	01/01/2016	1	NC						9b
81540		Oncology tum unknown origir	01/01/2016	1	NC						9b
81545		Oncology thyroid	01/01/2016	1	NC						9b
81595		Cardiology ht trnspI mme	01/01/2016	1	NC						9b
88350		Immunofluor antb addl stair	01/01/2016	1	\$54.49						1
88350	26	Immunofluor antb addl stair	01/01/2016	1	\$21.80						1
88350	TC	Immunofluor antb addl stair	01/01/2016	1	\$32.69						1
G0477		Drug test presump optica	01/01/2016	1	\$8.83						9b
G0478		Drug test presump opt ins	01/01/2016	1	NC						9b
G0479		Drug test presump not opt	01/01/2016	1	NC						9b
G0480		Drug test def 1-7 classes	01/01/2016	1	NC						9b
G0481		Drug test def 8-14 classes	01/01/2016	1	NC						9b
G0482		Drug test def 15-21 classes	01/01/2016	1	NC						9b
G0483		Drug test def 22+ classes	01/01/2016	1	NC						9b
82486		Chromatography,Qual,Column Analytic Ne:	01/01/2016	3	D			24.21			9b
82487		Chromatography Qual,Paper 1 Analytic Ne:	01/01/2016	3	D			20.85			9b
82488		Chromatography Qual,Paper 2 Analytic Ne:	01/01/2016	3	D			27.90			9b
82489		Chromatography Thin Layer,Analytic Ne:	01/01/2016	3	D			24.16			9b
82491		Chromatography,Quant,Column Analyte Ne:	01/01/2016	3	D			24.21			9b
82492		Chromatography, quant., column, mult. analyte:	01/01/2016	3	D			24.21			9b
82541		Column chromatography/mass spectrometr	01/01/2016	3	D			24.21			9b
82543		Column chromatography/mass spectrometr	01/01/2016	3	D			24.21			9b
82544		Column chromatography/mass spectrometr	01/01/2016	3	D			23.58			9b
83788		Mass spectrometry, qualitative	01/01/2016	3	D			23.58			9b
88347		Immunofluorescent Study,Each Ab,Indirec	01/01/2016	3	D			40.00			1
88347	26	Immunofluorescent Study,Each Ab,Indirec	01/01/2016	3	D			20.00			1
88347	TC	Immunofluorescent Study,Each Ab,Indirec	01/01/2016	3	D			20.00			1
G0431		Drug screen; high-complex test, per encounte	01/01/2016	3	D			52.75			9b
G0434		Drug screen; waived/mod-complex test, per encounte	01/01/2016	3	D			11.29			9b

HCPCS CODE	COMPONENT -- Total proc. 26 -- Prof. comp. TC -- Tech. comp.	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PC/TC INDICATOR
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KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT

BR	BY REPORT
D	DISCONTINUED PROCEDURE CODE
NC	NON-COVERED SERVICE

KEY FOR PC/TC INDICATOR and place-of-service (POS) restrictor

0	Physician service with no PC or TC; no POS restriction unless otherwise noted		
1	Diagnostic or therapeutic procedure with both a PC and a TC; no POS restriction on PC; no coverage for global procedure or TC performed in a hospital setting (I/P, O/P, ED)		
2	PC of a procedure for which a separate code represents the TC; no POS restriction unless otherwise noted		
3	Global procedure for which separate codes represent the PC and the TC; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted		
4	Service incident to a physician's service provided by auxiliary personnel under the physician's supervision; no coverage in a hospital setting (O/P, ED) unless otherwise noted		
5	TC of a procedure for which a separate code represents the PC; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted		
6	Physician interpretation of select clinical diagnostic laboratory procedures		
7	Physical therapy service not payable if provided in a hospital setting by an independent therapist; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted		
8	Physician interpretation of an abnormal smear for a hospital inpatient		
9	Procedure for which the concept of PC/TC does not apply; no POS restriction if the physician RVU work component > 0; no coverage in a hospital setting (I/P, O/P, ED) if the physician RVU work component = 0		
a	Valid only in an inpatient hospital	e	Valid only in a person's home
b	Not valid in a hospital	f	Not valid in an inpatient hospital
c	Not valid in a hospital or LTCF	g	Valid only in a freestanding birth center
d	Valid only in a practitioner's office, a clinic, or an urgent care facility		

Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS)

STATUS CODE:
 1 -- Initial maximum payment amount
 2 -- Change in maximum payment amount as of the Effective Date
 3 -- Discontinued coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PC/TC INDICATOR
A4337	Incontinent rectal inser	01/01/2016	1	NC		
E0465	Home vent invasive interface	01/01/2016	1	900.00		
E0466	Home vent non-invasive inte	01/01/2016	1	900.00		
E1012	Ctr mount pwr elev leg res	01/01/2016	1	BR		
L8607	Inj vocal cord bulking agen	01/01/2016	1	NC		
A7011	Corrugated tubing, non-disposable, used with lq vol nebuliz	01/01/2016	3	D	NC	
E0450	Volume Control Vent, w/o Pressure Support, invasive interfac	01/01/2016	3	D	750.00	
E0460	Pressure Ventilator, Portable/Stationar	01/01/2016	3	D	305.00	
E0461	Vol vent, w/ backup rate feature, used w/non-invas interfac	01/01/2016	3	D	NC	
E0463	Pressure Support Vent w/Volume Cont, Invasiv	01/01/2016	3	D	900.00	
E0464	Pressure Support Vent w/Volume Cont, Non-Invasiv	01/01/2016	3	D	900.00	

KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT

B	BUNDLED PROCEDURE WITH NO SEPARATE PAYMENT
BR	BY REPORT
D	DISCONTINUED PROCEDURE CODE
NC	NON-COVERED SERVICE
PA	PRIOR AUTHORIZATION -- DETERMINED DURING PRIOR AUTHORIZATION

KEY FOR PC/TC INDICATOR

0	Physician service with no PC or TC; no POS restriction unless otherwise noted
9	Procedure for which the concept of PC/TC does not apply; no POS restriction if the physician RVU work component > 0; no coverage in a hospital setting (I/P, O/P, ED) if the physician RVU work component = 0

Dental Services

NC = No coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	CURRENT MAXIMUM PAYMENT	PREVIOUS MAXIMUM PAYMENT
NON-COVERED PROCEDURES				
D0171	RE-EVAL POST-OP VISIT	01/01/2016	NC	
D0351	3D PHOTOGRAPHIC IMAGE	01/01/2016	NC	
D1353	SEALANT REPAIR PER TOOTH	01/01/2016	NC	
D6110	IMPLNT/ABUT REMOV DENT MAX	01/01/2016	NC	
D6111	IMPLNT/ABUT REMOV DENT MAND	01/01/2016	NC	
D6112	IMP/ABUT REM DENT PART MAX	01/01/2016	NC	
D6113	IMP/ABUT REM DENT PART MAND	01/01/2016	NC	
D6114	IMPLNT/ABUT FIXED DENT MAX	01/01/2016	NC	
D6115	IMPLNT/ABUT FIXED DENT MAND	01/01/2016	NC	
D6116	IMP/ABUT FIXED DENT PART MAX	01/01/2016	NC	
D6117	IMP/ABUT FIXED DENT PART MAN	01/01/2016	NC	
D6549	RESIN RETAINER	01/01/2016	NC	
D9219	EVAL FOR DEEP SED/GEN ANESTH	01/01/2016	NC	
D9931	CLEAN/INSPECT REM APPLIANCE	01/01/2016	NC	
D9986	MISSED APPOINTMENT	01/01/2016	NC	
D9987	CANCELLED APPOINTMENT	01/01/2016	NC	
DISCONTINUED PROCEDURE CODES				
D6053	IMPLNT/ABTMNT SPPRT REMV DNT	01/01/2016	D	
D6054	IMPLNT/ABTMNT SPPRT REMVPRTL	01/01/2016	D	
D6078	IMPLNT/ABUT SUPRTD FIXD DENT	01/01/2016	D	
D6079	IMPLNT/ABUT SUPRTD FIXD DENT	01/01/2016	D	
D6975	COPING	01/01/2016	D	

Facility Services Provided by an Ambulatory Surgery Center

KEY FOR CURRENT SURGICAL GROUP

MAXIMUM PAYMENT		MAXIMUM PAYMENT		PAYMENT AMOUNTS EFFECTIVE 01/01/2010	
GROUP	AMOUNT	GROUP	AMOUNT	GROUP	AMOUNT
1	\$246.78	4	\$468.58	7	\$742.33
2	\$331.70	5	\$534.52	8	\$813.27
3	\$380.66	6	\$704.37	9	\$1,032.07

HCPCS CODE	DESCRIPTION	CURRENT SURGICAL GROUP	CURRENT EFFECTIVE DATE	CURRENT END DATE	PREVIOUS SURGICAL GROUP	PREVIOUS EFFECTIVE DATE	PREVIOUS END DATE
10035	Perq dev soft tiss 1st imac	1	01/01/2016	OPEN			
10036	Perq dev soft tiss add imaq	1	01/01/2016	OPEN			
31652	Bronch ebus sampling 1/2 node	4	01/01/2016	OPEN			
31653	Bronch ebus sampling 3/> node	4	01/01/2016	OPEN			
31654	Bronch ebus ivntj perph le	1	01/01/2016	OPEN			
37252	Intrvasc us noncoronary 1s	1	01/01/2016	OPEN			
37253	Intrvasc us noncoronary adc	1	01/01/2016	OPEN			
43210	Egd esophago gastric fndoplsty	7	01/01/2016	OPEN			
47531	Injection for cholangiogram	1	01/01/2016	OPEN			
47532	Injection for cholangiogram	1	01/01/2016	OPEN			
47533	Plmt biliary drainage catf	5	01/01/2016	OPEN			
47534	Plmt biliary drainage catf	5	01/01/2016	OPEN			
47535	Conversion ext bil drg catf	5	01/01/2016	OPEN			
47536	Exchange biliary drg catf	5	01/01/2016	OPEN			
47537	Removal biliary drg catf	1	01/01/2016	OPEN			
47538	Perq plmt bile duct stent	9	01/01/2016	OPEN			
47539	Perq plmt bile duct stent	9	01/01/2016	OPEN			
47540	Perq plmt bile duct stent	9	01/01/2016	OPEN			
47541	Plmt access bil tree sm bw	5	01/01/2016	OPEN			
47542	Dilate biliary duct/ampulle	1	01/01/2016	OPEN			
47543	Endoluminal bx biliary tret	1	01/01/2016	OPEN			
47544	Removal duct qtbldr calcul	1	01/01/2016	OPEN			
50430	Nix px nfrosqm &/utrrgm	1	01/01/2016	OPEN			
50431	Nix px nfrosqm &/utrrgm	1	01/01/2016	OPEN			
50432	Plmt nephrostomy cathete	3	01/01/2016	OPEN			
50433	Plmt nephroureteral cathete	3	01/01/2016	OPEN			
50434	Convert nephrostomy cathete	1	01/01/2016	OPEN			
50435	Exchange nephrostomy catf	1	01/01/2016	OPEN			
50693	Plmt ureteral stent prc	5	01/01/2016	OPEN			
50694	Plmt ureteral stent prc	5	01/01/2016	OPEN			
50695	Plmt ureteral stent prc	5	01/01/2016	OPEN			
54437	Repair corporeal lea	3	01/01/2016	OPEN			
64461	Pvb thoracic single inj site	1	01/01/2016	OPEN			
64462	Pvb thoracic 2nd+ inj site	1	01/01/2016	OPEN			
64463	Pvb thoracic cont infusior	1	01/01/2016	OPEN			
65785	Impltj ntrstrml cml rng sec	8	01/01/2016	OPEN			
69209	Remove impacted ear wax uni	1	01/01/2016	OPEN			
21805	Treatment of rib fracture	2	02/17/1991	12/31/2015			
31620	Endobronchial us add-or	1	01/01/2007	12/31/2015			
47510	Insert catheter, bile duc	2	02/17/1991	12/31/2015			
47511	Insert bile duct drair	9	01/01/2004	12/31/2015			
47525	Change bile duct cathete	1	02/17/1991	12/31/2015			
47530	Revise, reinsert bile tubc	1	02/17/1991	12/31/2015			
47560	Peritoneoscopy w/cholangic	3	01/01/2001	12/31/2015			
47561	Peritoneoscopy w/biopsy	3	01/01/2001	12/31/2015			
47630	Remove bile duct stone	3	02/17/1991	12/31/2015			
50392	Insert kidney drair	1	02/17/1991	12/31/2015			
50393	Insert ureteral tube	1	02/17/1991	12/31/2015			
50398	Change kidney tube	1	02/17/1991	12/31/2015			
67112	Re-repair detached retina	7	02/17/1991	12/31/2015			