

**MOA MEMBERS
FROM SUE A. WEINGARTNER, EXECUTIVE DIRECTOR
JANUARY 7, 2008-01-07**

UPDATED 2008 MEDICARE FEE SCHEDULE CHANGE IN MEDICARE PARTICIPATION DATE

Forwarded for your information from the American Optometric Association

Attached is an Excel file with updated payment rates for the 2008 physician fee schedule. The payment calculations take into account the 2008 adjustment of the work Relative Value Units (RVUs) for budget neutrality and the new conversion factor (CF), \$38.0870, due to the Medicare, Medicaid, and SCHIP Extension Act of 2007 (a six month, 0.5% increase over 2007).

The file includes some hidden columns. The definition for all of the columns is included in the separate "Readme" spreadsheet.

Remember this is a six-month delay in the scheduled 10.1% Medicare fee cut for physicians. The 0.5% increase is in effect until June 30, 2008.

Revised fee schedules for the first half of the year should be posted on your local Medicare Carrier's web site shortly. We recommend that you check this site frequently.

Because of the late change in the Medicare fee schedule, CMS has announced that it will allow physicians an additional 45 days to decide whether to participate in the Medicare program for 2008. You now have until February 15 to determine whether to participate or not.

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According to the American Optometric Association's 2007 American Eye-Q® survey, 67 percent of Americans believe that glaucoma is preventable. In reality, the disease cannot be prevented, although it is treatable especially if caught in the early stages. For more information, please visit www.aoa.org.

RVUs and Pay

HPCSMOD	HCPCS	MOD	Description	2008 Work RVUs	2008 Work RVUs after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Facility PE RVUs	2008 MP RVUs	2008 Non-Facility Pay	2008 Non-Facility Pay if Imaging Code Affected by DRA	2008 Facility Pay
92002	92002		Eye exam, new patient	0.88	0.77	0.95	0.30	0.02	\$66.27		\$41.51
92004	92004		Eye exam, new patient	1.82	1.60	1.63	0.62	0.04	\$124.54		\$86.08
92012	92012		Eye exam established pat	0.92	0.81	1.01	0.30	0.02	\$70.08		\$43.04
92014	92014		Eye exam & treatment	1.42	1.25	1.39	0.46	0.03	\$101.69		\$66.27
92015	92015		Refraction	0.38	0.33	0.79	0.09	0.01	\$43.04		\$16.38
92018	92018		New eye exam & treatment	2.50	2.20	0.96	0.96	0.07	\$123.02		\$123.02
92019	92019		Eye exam & treatment	1.31	1.15	0.46	0.46	0.03	\$62.46		\$62.46
92020	92020		Special eye evaluation	0.37	0.33	0.29	0.12	0.01	\$23.99		\$17.52
9202526	92025	26	Corneal topography	0.35	0.31	0.12	0.12	0.01	\$16.76		\$16.76
92025	92025		Corneal topography	0.35	0.31	0.49	0.49	0.02	\$31.23		\$31.23
92025TC	92025	TC	Corneal topography	0.00	0.00	0.37	0.37	0.01	\$14.47		\$14.47
9206026	92060	26	Special eye evaluation	0.69	0.61	0.26	0.26	0.02	\$33.90		\$33.90
92060	92060		Special eye evaluation	0.69	0.61	0.75	0.75	0.03	\$52.94		\$52.94
92060TC	92060	TC	Special eye evaluation	0.00	0.00	0.49	0.49	0.01	\$19.04		\$19.04
9206526	92065	26	Orthoptic/pleoptic training	0.37	0.33	0.12	0.12	0.01	\$17.52		\$17.52
92065	92065		Orthoptic/pleoptic training	0.37	0.33	0.69	0.69	0.02	\$39.61		\$39.61
92065TC	92065	TC	Orthoptic/pleoptic training	0.00	0.00	0.57	0.57	0.01	\$22.09		\$22.09
92070	92070		Fitting of contact lens	0.70	0.62	0.99	0.27	0.02	\$62.08		\$34.66
9208126	92081	26	Visual field examination(s)	0.36	0.32	0.13	0.13	0.01	\$17.52		\$17.52
92081	92081		Visual field examination(s)	0.36	0.32	0.95	0.95	0.02	\$49.13		\$49.13
92081TC	92081	TC	Visual field examination(s)	0.00	0.00	0.82	0.82	0.01	\$31.61		\$31.61
9208226	92082	26	Visual field examination(s)	0.44	0.39	0.16	0.16	0.01	\$21.33		\$21.33
92082	92082		Visual field examination(s)	0.44	0.39	1.27	1.27	0.02	\$63.99		\$63.99
92082TC	92082	TC	Visual field examination(s)	0.00	0.00	1.11	1.11	0.01	\$42.66		\$42.66
9208326	92083	26	Visual field examination(s)	0.50	0.44	0.19	0.19	0.01	\$24.38		\$24.38
92083	92083		Visual field examination(s)	0.50	0.44	1.47	1.47	0.02	\$73.51		\$73.51
92083TC	92083	TC	Visual field examination(s)	0.00	0.00	1.28	1.28	0.01	\$49.13		\$49.13
92100	92100		Serial tonometry exam(s)	0.92	0.81	1.29	0.32	0.02	\$80.74		\$43.80
92120	92120		Tonography & eye evaluation	0.81	0.71	1.02	0.28	0.02	\$66.65		\$38.47
92130	92130		Water provocation tonography	0.81	0.71	1.23	0.32	0.02	\$74.65		\$39.99
9213526	92135	26	Ophth dx imaging post seg	0.35	0.31	0.13	0.13	0.01	\$17.14		\$17.14
92135	92135		Ophth dx imaging post seg	0.35	0.31	0.79	0.79	0.02	\$42.66		\$42.66
92135TC	92135	TC	Ophth dx imaging post seg	0.00	0.00	0.66	0.66	0.01	\$25.52		\$25.52
9213626	92136	26	Ophthalmic biometry	0.54	0.48	0.22	0.22	0.01	\$27.04		\$27.04

RVUs and Pay

HCPCSMOD	HCPCS	MOD	Description	2008 Work RVUs	2008 Work RVUs after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Facility PE RVUs	2008 MP RVUs	2008 Non-Facility Pay	2008 Non-Facility Pay if Imaging Code Affected by DRA	2008 Facility Pay
92136	92136		Ophthalmic biometry	0.54	0.48	1.54	1.54	0.08	\$79.98		\$79.98
92136TC	92136	TC	Ophthalmic biometry	0.00	0.00	1.32	1.32	0.07	\$52.94		\$52.94
92140	92140		Glaucoma provocative tests	0.50	0.44	0.94	0.18	0.01	\$52.94		\$23.99
92225	92225		Special eye exam, initial	0.38	0.33	0.23	0.12	0.01	\$21.71		\$17.52
92226	92226		Special eye exam, subsequent	0.33	0.29	0.22	0.10	0.01	\$19.81		\$15.23
92230	92230		Eye exam with photos	0.60	0.53	1.10	0.19	0.02	\$62.84		\$28.18
9223526	92235	26	Eye exam with photos	0.81	0.71	0.33	0.33	0.02	\$40.37		\$40.37
92235	92235		Eye exam with photos	0.81	0.71	2.44	2.44	0.08	\$123.02		\$123.02
92235TC	92235	TC	Eye exam with photos	0.00	0.00	2.11	2.11	0.06	\$82.65		\$82.65
9224026	92240	26	Icg angiography	1.10	0.97	0.45	0.45	0.03	\$55.23		\$55.23
92240	92240		Icg angiography	1.10	0.97	5.25	5.25	0.09	\$240.33	\$194.02	\$240.33
92240TC	92240	TC	Icg angiography	0.00	0.00	4.80	4.80	0.06	\$185.10	\$138.79	\$185.10
9225026	92250	26	Eye exam with photos	0.44	0.39	0.16	0.16	0.01	\$21.33		\$21.33
92250	92250		Eye exam with photos	0.44	0.39	1.41	1.41	0.02	\$69.32		\$69.32
92250TC	92250	TC	Eye exam with photos	0.00	0.00	1.25	1.25	0.01	\$47.99		\$47.99
92260	92260		Ophthalmoscopy/dynamometry	0.20	0.18	0.24	0.08	0.01	\$16.38		\$10.28
9226526	92265	26	Eye muscle evaluation	0.81	0.71	0.26	0.26	0.04	\$38.47		\$38.47
92265	92265		Eye muscle evaluation	0.81	0.71	1.24	1.24	0.06	\$76.55		\$76.55
92265TC	92265	TC	Eye muscle evaluation	0.00	0.00	0.98	0.98	0.02	\$38.09		\$38.09
9227026	92270	26	Electro-oculography	0.81	0.71	0.28	0.28	0.03	\$38.85		\$38.85
92270	92270		Electro-oculography	0.81	0.71	1.42	1.42	0.05	\$83.03		\$83.03
92270TC	92270	TC	Electro-oculography	0.00	0.00	1.14	1.14	0.02	\$44.18		\$44.18
9227526	92275	26	Electroretinography	1.01	0.89	0.39	0.39	0.03	\$49.89		\$49.89
92275	92275		Electroretinography	1.01	0.89	2.18	2.18	0.05	\$118.83		\$118.83
92275TC	92275	TC	Electroretinography	0.00	0.00	1.79	1.79	0.02	\$68.94		\$68.94
9228326	92283	26	Color vision examination	0.17	0.15	0.06	0.06	0.01	\$8.38		\$8.38
92283	92283		Color vision examination	0.17	0.15	0.91	0.91	0.02	\$41.13		\$41.13
92283TC	92283	TC	Color vision examination	0.00	0.00	0.85	0.85	0.01	\$32.75		\$32.75
9228426	92284	26	Dark adaptation eye exam	0.24	0.21	0.07	0.07	0.01	\$11.05		\$11.05
92284	92284		Dark adaptation eye exam	0.24	0.21	1.50	1.50	0.02	\$65.89		\$65.89
92284TC	92284	TC	Dark adaptation eye exam	0.00	0.00	1.43	1.43	0.01	\$54.85		\$54.85
9228526	92285	26	Eye photography	0.20	0.18	0.08	0.08	0.01	\$10.28		\$10.28
92285	92285		Eye photography	0.20	0.18	0.89	0.89	0.02	\$41.51		\$41.51
92285TC	92285	TC	Eye photography	0.00	0.00	0.81	0.81	0.01	\$31.23		\$31.23

RVUs and Pay

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9228626	92286	26	Internal eye photography	0.66	0.58	0.25	0.25	0.02	\$32.37		\$32.37
92286	92286		Internal eye photography	0.66	0.58	2.56	2.56	0.04	\$121.12		\$121.12
92286TC	92286	TC	Internal eye photography	0.00	0.00	2.31	2.31	0.02	\$88.74		\$88.74
92287	92287		Internal eye photography	0.81	0.71	2.14	0.29	0.02	\$109.31		\$38.85
92310	92310		Contact lens fitting	1.17	1.03	1.09	0.36	0.04	\$82.27		\$54.46
92311	92311		Contact lens fitting	1.08	0.95	1.18	0.33	0.03	\$82.27		\$49.89
92312	92312		Contact lens fitting	1.26	1.11	1.27	0.42	0.03	\$91.79		\$59.42
92313	92313		Contact lens fitting	0.92	0.81	1.24	0.30	0.02	\$78.84		\$43.04
92314	92314		Prescription of contact lens	0.69	0.61	1.04	0.21	0.01	\$63.22		\$31.61
92315	92315		Prescription of contact lens	0.45	0.40	1.08	0.12	0.01	\$56.75		\$20.19
92316	92316		Prescription of contact lens	0.68	0.60	1.27	0.26	0.02	\$71.98		\$33.52
92317	92317		Prescription of contact lens	0.45	0.40	1.12	0.11	0.01	\$58.27		\$19.81
92325	92325		Modification of contact lens	0.00	0.00	0.62	0.62	0.01	\$23.99		\$23.99
92326	92326		Replacement of contact lens	0.00	0.00	1.18	1.18	0.06	\$47.23		\$47.23
92340	92340		Fitting of spectacles	0.37	0.33	0.57	0.11	0.01	\$34.66		\$17.14
92341	92341		Fitting of spectacles	0.47	0.41	0.60	0.12	0.01	\$38.85		\$20.57
92342	92342		Fitting of spectacles	0.53	0.47	0.62	0.17	0.01	\$41.90		\$24.76
92352	92352		Special spectacles fitting	0.37	0.33	0.62	0.11	0.01	\$36.56		\$17.14
92353	92353		Special spectacles fitting	0.50	0.44	0.66	0.15	0.02	\$42.66		\$23.23
92354	92354		Special spectacles fitting	0.00	0.00	4.58	4.58	0.10	\$178.25		\$178.25
92355	92355		Special spectacles fitting	0.00	0.00	2.39	2.39	0.01	\$91.41		\$91.41
92358	92358		Eye prosthesis service	0.00	0.00	0.60	0.60	0.05	\$24.76		\$24.76
92370	92370		Repair & adjust spectacles	0.32	0.28	0.47	0.10	0.02	\$29.33		\$15.23
92371	92371		Repair & adjust spectacles	0.00	0.00	0.43	0.43	0.02	\$17.14		\$17.14
9249926	92499	26	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00
92499	92499		Eye service or procedure	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00
92499TC	92499	TC	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00
99201	99201		Office/outpatient visit, new	0.45	0.40	0.52	0.15	0.03	\$36.18		\$22.09
99202	99202		Office/outpatient visit, new	0.88	0.77	0.81	0.30	0.05	\$62.08		\$42.66
99203	99203		Office/outpatient visit, new	1.34	1.18	1.12	0.45	0.09	\$91.03		\$65.51
99204	99204		Office/outpatient visit, new	2.30	2.03	1.49	0.71	0.12	\$138.64		\$108.93
99205	99205		Office/outpatient visit, new	3.00	2.64	1.78	0.93	0.15	\$174.06		\$141.68
99211	99211		Office/outpatient visit, est	0.17	0.15	0.36	0.06	0.01	\$19.81		\$8.38
99212	99212		Office/outpatient visit, est	0.45	0.40	0.55	0.15	0.03	\$37.33		\$22.09

RVUs and Pay

HPCSMOD	HCPCS	MOD	Description	2008 Work RVUs	2008 Work RVUs after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Facility PE RVUs	2008 MP RVUs	2008 Non-Facility Pay	2008 Non-Facility Pay if Imaging Code Affected by DRA	2008 Facility Pay
99213	99213		Office/outpatient visit, est	0.92	0.81	0.73	0.26	0.03	\$59.80		\$41.90
99214	99214		Office/outpatient visit, est	1.42	1.25	1.06	0.42	0.05	\$89.89		\$65.51
99215	99215		Office/outpatient visit, est	2.00	1.76	1.35	0.63	0.08	\$121.50		\$94.07
99307	99307		Nursing fac care, subseq	0.76	0.67	0.29	0.29	0.03	\$37.71		\$37.71
99308	99308		Nursing fac care, subseq	1.16	1.02	0.46	0.46	0.04	\$57.89		\$57.89
99309	99309		Nursing fac care, subseq	1.55	1.36	0.61	0.61	0.06	\$77.32		\$77.32
99310	99310		Nursing fac care, subseq	2.35	2.07	0.82	0.82	0.08	\$113.12		\$113.12
65900	65900		Remove eye lesion	12.26	10.80	9.58	9.58	0.54	\$796.78		\$796.78
65920	65920		Remove implant of eye	9.74	8.58	7.82	7.82	0.41	\$640.24		\$640.24
65930	65930		Remove blood clot from eye	8.24	7.26	6.30	6.30	0.37	\$530.55		\$530.55
66020	66020		Injection treatment of eye	1.61	1.42	2.77	1.36	0.08	\$162.63		\$108.93
66030	66030		Injection treatment of eye	1.27	1.12	2.63	1.21	0.06	\$145.11		\$91.03
66130	66130		Remove eye lesion	7.74	6.82	8.57	5.24	0.38	\$600.63		\$473.80
66150	66150		Glaucoma surgery	10.18	8.96	9.11	9.11	0.46	\$705.75		\$705.75
66155	66155		Glaucoma surgery	10.17	8.96	9.08	9.08	0.41	\$702.71		\$702.71
66160	66160		Glaucoma surgery	12.04	10.60	9.83	9.83	0.50	\$797.16		\$797.16
66165	66165		Glaucoma surgery	9.89	8.71	9.01	9.01	0.40	\$690.14		\$690.14
66170	66170		Glaucoma surgery	14.57	12.83	11.89	11.89	0.60	\$964.36		\$964.36
66172	66172		Incision of eye	18.26	16.08	14.92	14.92	0.74	\$1,208.88		\$1,208.88
66180	66180		Implant eye shunt	16.02	14.11	10.23	10.23	0.71	\$954.08		\$954.08
66185	66185		Revise eye shunt	9.35	8.23	7.21	7.21	0.40	\$603.30		\$603.30
66220	66220		Repair eye lesion	8.98	7.91	7.13	7.13	0.40	\$588.06		\$588.06
66225	66225		Repair/graft eye lesion	12.38	10.90	8.43	8.43	0.55	\$757.17		\$757.17
66250	66250		Follow-up surgery of eye	6.92	6.09	10.47	5.37	0.30	\$642.15		\$447.90
66500	66500		Incision of iris	3.75	3.30	4.29	4.29	0.18	\$295.94		\$295.94
66505	66505		Incision of iris	4.13	3.64	4.65	4.65	0.20	\$323.36		\$323.36
66600	66600		Remove iris and lesion	9.89	8.71	8.24	8.24	0.43	\$661.95		\$661.95
66605	66605		Removal of iris	13.99	12.32	9.74	9.74	0.77	\$869.53		\$869.53
66625	66625		Removal of iris	5.19	4.57	4.47	4.47	0.26	\$354.21		\$354.21
66630	66630		Removal of iris	7.10	6.25	5.53	5.53	0.31	\$460.47		\$460.47
66635	66635		Removal of iris	7.19	6.33	5.56	5.56	0.31	\$464.66		\$464.66
66680	66680		Repair iris & ciliary body	6.24	5.49	5.17	5.17	0.27	\$416.29		\$416.29
66682	66682		Repair iris & ciliary body	7.15	6.30	6.66	6.66	0.31	\$505.41		\$505.41
66700	66700		Destruction, ciliary body	5.06	4.46	5.01	3.76	0.24	\$369.82		\$322.22

RVUs and Pay

HPCSMOD	HCPCS	MOD	Description	2008 Work RVUs	2008 Work RVUs after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Facility PE RVUs	2008 MP RVUs	2008 Non-Facility Pay	2008 Non-Facility Pay if Imaging Code Affected by DRA	2008 Facility Pay
66710	66710		Ciliary transsleral therapy	5.06	4.46	4.88	3.72	0.23	\$364.49		\$320.31
66711	66711		Ciliary endoscopic ablation	7.70	6.78	6.38	6.38	0.30	\$512.65		\$512.65
66720	66720		Destruction, ciliary body	4.86	4.28	5.58	4.52	0.26	\$385.44		\$345.07
66740	66740		Destruction, ciliary body	5.06	4.46	4.81	3.79	0.23	\$361.83		\$322.98
66761	66761		Revision of iris	4.87	4.29	5.31	4.25	0.20	\$373.25		\$332.88
66762	66762		Revision of iris	5.25	4.62	5.38	4.18	0.23	\$389.63		\$343.93
66770	66770		Removal of inner eye lesion	5.98	5.27	5.81	4.69	0.26	\$431.91		\$389.25
66820	66820		Incision, secondary cataract	3.93	3.46	5.22	5.22	0.19	\$337.83		\$337.83
66821	66821		After cataract laser surgery	3.32	2.92	3.96	3.52	0.11	\$266.23		\$249.47
66825	66825		Reposition intraocular lens	8.82	7.77	8.42	8.42	0.40	\$631.86		\$631.86
66830	66830		Removal of lens lesion	9.27	8.16	6.66	6.66	0.36	\$578.16		\$578.16
66840	66840		Removal of lens material	8.98	7.91	6.58	6.58	0.39	\$566.73		\$566.73
66850	66850		Removal of lens material	10.32	9.09	7.35	7.35	0.45	\$643.29		\$643.29
66852	66852		Removal of lens material	11.18	9.85	7.74	7.74	0.49	\$688.61		\$688.61
66920	66920		Extraction of lens	9.93	8.74	6.97	6.97	0.44	\$615.11		\$615.11
66930	66930		Extraction of lens	11.38	10.02	7.80	7.80	0.49	\$697.37		\$697.37
66940	66940		Extraction of lens	10.14	8.93	7.30	7.30	0.43	\$634.53		\$634.53
66982	66982		Cataract surgery, complex	14.83	13.06	9.41	9.41	0.63	\$879.81		\$879.81
66983	66983		Cataract surg w/iol, 1 stage	10.20	8.98	6.31	6.31	0.14	\$587.68		\$587.68
66984	66984		Cataract surg w/iol, 1 stage	10.36	9.12	6.93	6.93	0.39	\$626.15		\$626.15
66985	66985		Insert lens prosthesis	9.73	8.57	7.29	7.29	0.36	\$617.77		\$617.77
66986	66986		Exchange lens prosthesis	12.26	10.80	8.62	8.62	0.60	\$762.50		\$762.50
66990	66990		Ophthalmic endoscope add-on	1.51	1.33	0.61	0.61	0.07	\$76.55		\$76.55
66999	66999		Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00
67005	67005		Partial removal of eye fluid	5.77	5.08	4.72	4.72	0.28	\$383.92		\$383.92
67010	67010		Partial removal of eye fluid	6.94	6.11	5.21	5.21	0.34	\$444.09		\$444.09
67015	67015		Release of eye fluid	7.00	6.16	6.08	6.08	0.34	\$479.13		\$479.13
67025	67025		Replace eye fluid	7.91	6.97	8.54	6.07	0.34	\$603.68		\$509.60
67027	67027		Implant eye drug system	11.43	10.07	7.68	7.68	0.54	\$696.61		\$696.61
67028	67028		Injection eye drug	2.52	2.22	2.43	1.35	0.12	\$181.67		\$140.54
67030	67030		Incise inner eye strands	5.91	5.20	5.73	5.73	0.24	\$425.43		\$425.43
67031	67031		Laser surgery, eye strands	4.34	3.82	4.35	3.53	0.18	\$318.03		\$286.80
67036	67036		Removal of inner eye fluid	13.09	11.53	8.59	8.59	0.58	\$788.40		\$788.40
67039	67039		Laser treatment of retina	16.39	14.43	11.44	11.44	0.71	\$1,012.35		\$1,012.35

RVUs and Pay

HCPCSMOD	HCPCS	MOD	Description	2008 Work RVUs	2008 Work RVUs after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Facility PE RVUs	2008 MP RVUs	2008 Non-Facility Pay	2008 Non-Facility Pay if Imaging Code Affected by DRA	2008 Facility Pay
67040	67040		Laser treatment of retina	19.23	16.93	12.84	12.84	0.85	\$1,166.22		\$1,166.22
67041	67041		Vit for macular pucker	19.00	16.73	10.37	10.37	0.86	\$1,064.91		\$1,064.91
67042	67042		Vit for macular hole	22.13	19.49	11.49	11.49	1.00	\$1,218.02		\$1,218.02
67043	67043		Vit for membrane dissect	22.94	20.20	12.35	12.35	1.04	\$1,279.34		\$1,279.34
67101	67101		Repair detached retina	8.60	7.57	8.81	6.35	0.37	\$637.96		\$544.26
67105	67105		Repair detached retina	8.35	7.35	7.75	5.97	0.37	\$589.21		\$521.41
67107	67107		Repair detached retina	16.35	14.40	10.83	10.83	0.73	\$988.74		\$988.74
67108	67108		Repair detached retina	22.49	19.80	13.68	13.68	1.02	\$1,314.00		\$1,314.00
67110	67110		Repair detached retina	10.02	8.82	9.58	7.18	0.44	\$717.56		\$626.15
67112	67112		Rerepair detached retina	18.45	16.25	11.33	11.33	0.83	\$1,082.05		\$1,082.05
67113	67113		Repair retinal detach, cplx	22.49	19.80	12.77	12.77	1.13	\$1,283.53		\$1,283.53
67115	67115		Release encircling material	5.93	5.22	5.00	5.00	0.25	\$398.77		\$398.77
67120	67120		Remove eye implant material	6.92	6.09	7.97	5.41	0.29	\$546.55		\$449.05
67121	67121		Remove eye implant material	12.00	10.57	8.24	8.24	0.53	\$736.60		\$736.60
67141	67141		Treatment of retina	6.00	5.28	5.63	4.76	0.26	\$425.43		\$392.30
67145	67145		Treatment of retina	6.17	5.43	5.53	4.82	0.27	\$427.72		\$400.68
67208	67208		Treatment of retinal lesion	7.50	6.60	5.89	5.36	0.33	\$488.28		\$468.09
67210	67210		Treatment of retinal lesion	9.35	8.23	6.24	5.66	0.44	\$567.88		\$545.79
67218	67218		Treatment of retinal lesion	20.22	17.81	11.39	11.39	0.92	\$1,147.18		\$1,147.18
67220	67220		Treatment of choroid lesion	14.19	12.50	9.82	8.59	0.65	\$874.86		\$828.01
67221	67221		Ocular photodynamic ther	3.45	3.04	3.62	1.59	0.20	\$261.28		\$183.96
67225	67225		Eye photodynamic ther add-on	0.47	0.41	0.24	0.19	0.02	\$25.52		\$23.61
67227	67227		Treatment of retinal lesion	7.38	6.50	6.29	5.34	0.33	\$499.70		\$463.52
67228	67228		Treatment of retinal lesion	13.67	12.04	12.54	9.37	0.63	\$960.17		\$839.44
67229	67229		Tr retinal les preterm inf	16.00	14.09	9.52	9.52	0.71	\$926.28		\$926.28
67250	67250		Reinforce eye wall	9.46	8.33	8.42	8.42	0.47	\$655.86		\$655.86
67255	67255		Reinforce/graft eye wall	9.97	8.78	9.16	9.16	0.44	\$700.04		\$700.04
67299	67299		Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00
67311	67311		Revise eye muscle	7.59	6.68	5.76	5.76	0.37	\$487.89		\$487.89
67312	67312		Revise two eye muscles	9.48	8.35	6.47	6.47	0.43	\$580.83		\$580.83
67314	67314		Revise eye muscle	8.59	7.56	6.35	6.35	0.39	\$544.64		\$544.64
67316	67316		Revise two eye muscles	10.73	9.45	7.21	7.21	0.49	\$653.19		\$653.19
67318	67318		Revise eye muscle(s)	8.92	7.85	6.72	6.72	0.41	\$570.54		\$570.54
67320	67320		Revise eye muscle(s) add-on	5.40	4.76	1.94	1.94	0.22	\$263.56		\$263.56

RVUs and Pay

HPCSMOD	HCPCS	MOD	Description	2008 Work RVUs	2008 Work RVUs after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Facility PE RVUs	2008 MP RVUs	2008 Non-Facility Pay	2008 Non-Facility Pay if Imaging Code Affected by DRA	2008 Facility Pay
67331	67331		Eye surgery follow-up add-on	5.13	4.52	1.82	1.82	0.21	\$249.47		\$249.47
67332	67332		Rerevise eye muscles add-on	5.56	4.90	2.00	2.00	0.23	\$271.56		\$271.56
67334	67334		Revise eye muscle w/suture	5.05	4.45	1.80	1.80	0.20	\$245.66		\$245.66
67335	67335		Eye suture during surgery	2.49	2.19	1.00	1.00	0.13	\$126.45		\$126.45
67340	67340		Revise eye muscle add-on	6.00	5.28	2.17	2.17	0.25	\$293.27		\$293.27
67343	67343		Release eye tissue	8.29	7.30	6.29	6.29	0.37	\$531.69		\$531.69
67345	67345		Destroy nerve of eye muscle	2.98	2.62	2.38	1.85	0.17	\$196.91		\$176.72
67346	67346		Biopsy, eye muscle	2.87	2.53	1.75	1.75	0.15	\$168.73		\$168.73
67399	67399		Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00
67400	67400		Explore/biopsy eye socket	10.97	9.66	10.34	10.34	0.56	\$783.07		\$783.07
67405	67405		Explore/drain eye socket	9.00	7.93	9.06	9.06	0.44	\$663.86		\$663.86
67412	67412		Explore/treat eye socket	10.17	8.96	9.73	9.73	0.48	\$730.13		\$730.13
67413	67413		Explore/treat eye socket	10.09	8.89	9.74	9.74	0.50	\$728.60		\$728.60
67414	67414		Explr/decompress eye socket	17.78	15.66	11.84	11.84	0.65	\$1,072.15		\$1,072.15
67415	67415		Aspiration, orbital contents	1.76	1.55	0.69	0.69	0.09	\$88.74		\$88.74
67420	67420		Explore/treat eye socket	21.62	19.04	15.82	15.82	1.15	\$1,371.51		\$1,371.51
67430	67430		Explore/treat eye socket	14.99	13.20	13.38	13.38	0.86	\$1,045.11		\$1,045.11
67440	67440		Explore/drain eye socket	14.56	12.82	13.07	13.07	0.70	\$1,012.73		\$1,012.73
67445	67445		Explr/decompress eye socket	18.96	16.70	13.03	13.03	0.90	\$1,166.60		\$1,166.60
67450	67450		Explore/biopsy eye socket	15.11	13.31	13.50	13.50	0.68	\$1,047.01		\$1,047.01
67500	67500		Inject/treat eye socket	1.44	1.27	0.62	0.37	0.05	\$73.89		\$64.37
67505	67505		Inject/treat eye socket	1.27	1.12	0.67	0.41	0.05	\$70.08		\$60.18
67515	67515		Inject/treat eye socket	1.40	1.23	0.68	0.50	0.03	\$73.89		\$67.03
67550	67550		Insert eye socket implant	11.52	10.14	10.57	10.57	0.72	\$816.20		\$816.20
67560	67560		Revise eye socket implant	11.93	10.51	10.58	10.58	0.60	\$826.11		\$826.11
67570	67570		Decompress optic nerve	14.21	12.51	12.30	12.30	0.68	\$970.84		\$970.84
67599	67599		Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00
67700	67700		Drainage of eyelid abscess	1.37	1.21	5.17	1.22	0.07	\$245.66		\$95.22
67710	67710		Incision of eyelid	1.04	0.92	4.54	1.14	0.05	\$209.86		\$80.36
67715	67715		Incision of eyelid fold	1.24	1.09	4.61	1.22	0.06	\$219.38		\$90.27
67800	67800		Remove eyelid lesion	1.39	1.22	1.50	0.97	0.07	\$106.26		\$86.08
67801	67801		Remove eyelid lesions	1.89	1.66	1.82	1.17	0.09	\$135.97		\$111.21
67805	67805		Remove eyelid lesions	2.24	1.97	2.35	1.53	0.11	\$168.73		\$137.49
67808	67808		Remove eyelid lesion(s)	4.47	3.94	3.69	3.69	0.19	\$297.84		\$297.84

RVUs and Pay

HPCSMOD	HCPCS	MOD	Description	2008 Work RVUs	2008 Work RVUs after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Facility PE RVUs	2008 MP RVUs	2008 Non-Facility Pay	2008 Non-Facility Pay if Imaging Code Affected by DRA	2008 Facility Pay
67810	67810		Biopsy of eyelid	1.48	1.30	3.64	0.68	0.06	\$190.44		\$77.70
67820	67820		Revise eyelashes	0.71	0.63	0.52	0.53	0.04	\$45.32		\$45.70
67825	67825		Revise eyelashes	1.40	1.23	1.57	1.33	0.07	\$109.31		\$100.17
67830	67830		Revise eyelashes	1.72	1.51	4.76	1.41	0.08	\$241.85		\$114.26
67835	67835		Revise eyelashes	5.61	4.94	4.37	4.37	0.28	\$365.25		\$365.25
67840	67840		Remove eyelid lesion	2.06	1.81	4.69	1.55	0.10	\$251.37		\$131.78
67850	67850		Treat eyelid lesion	1.71	1.51	3.33	1.46	0.07	\$187.01		\$115.78
67875	67875		Closure of eyelid by suture	1.35	1.19	2.84	0.89	0.07	\$156.16		\$81.89
67880	67880		Revision of eyelid	4.47	3.94	6.03	3.69	0.19	\$386.96		\$297.84
67882	67882		Revision of eyelid	5.87	5.17	6.99	4.63	0.25	\$472.66		\$382.77
67900	67900		Repair brow defect	6.69	5.89	8.22	4.93	0.38	\$551.88		\$426.57
67901	67901		Repair eyelid defect	7.47	6.58	7.20	5.35	0.54	\$545.41		\$474.94
67902	67902		Repair eyelid defect	9.68	8.52	5.90	5.90	0.60	\$572.07		\$572.07
67903	67903		Repair eyelid defect	6.42	5.65	8.10	4.93	0.47	\$541.60		\$420.86
67904	67904		Repair eyelid defect	7.83	6.90	8.90	5.30	0.41	\$617.39		\$480.28
67906	67906		Repair eyelid defect	6.84	6.02	4.75	4.75	0.46	\$427.72		\$427.72
67908	67908		Repair eyelid defect	5.19	4.57	6.09	4.74	0.28	\$416.67		\$365.25
67909	67909		Revise eyelid defect	5.46	4.81	7.11	4.56	0.31	\$465.80		\$368.68
67911	67911		Revise eyelid defect	7.38	6.50	4.91	4.91	0.31	\$446.38		\$446.38
67912	67912		Correction eyelid w/implant	6.23	5.49	16.04	5.14	0.28	\$830.68		\$415.53
67914	67914		Repair eyelid defect	3.70	3.26	5.55	2.86	0.19	\$342.78		\$240.33
67915	67915		Repair eyelid defect	3.21	2.83	5.15	2.62	0.16	\$310.03		\$213.67
67916	67916		Repair eyelid defect	5.37	4.73	7.21	4.45	0.28	\$465.42		\$360.30
67917	67917		Repair eyelid defect	6.08	5.35	7.59	4.74	0.36	\$506.56		\$398.01
67921	67921		Repair eyelid defect	3.42	3.01	5.41	2.73	0.17	\$327.17		\$225.09
67922	67922		Repair eyelid defect	3.09	2.72	5.04	2.54	0.15	\$301.27		\$206.05
67923	67923		Repair eyelid defect	5.94	5.23	7.28	4.65	0.30	\$487.89		\$387.73
67924	67924		Repair eyelid defect	5.84	5.14	7.92	4.37	0.30	\$508.84		\$373.63
67930	67930		Repair eyelid wound	3.62	3.19	5.04	1.98	0.19	\$320.69		\$204.15
67935	67935		Repair eyelid wound	6.27	5.52	7.64	4.00	0.39	\$516.08		\$377.44
67938	67938		Remove eyelid foreign body	1.35	1.19	4.61	1.24	0.06	\$223.19		\$94.84
67950	67950		Revision of eyelid	5.88	5.18	7.65	4.80	0.36	\$502.37		\$393.82
67961	67961		Revision of eyelid	5.75	5.06	7.75	4.67	0.33	\$500.46		\$383.16
67966	67966		Revision of eyelid	8.83	7.78	8.59	5.66	0.37	\$637.58		\$525.98

RVUs and Pay

HCPCSMOD	HCPCS	MOD	Description	2008 Work RVUs	2008 Work RVUs after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Facility PE RVUs	2008 MP RVUs	2008 Non-Facility Pay	2008 Non-Facility Pay if Imaging Code Affected by DRA	2008 Facility Pay
67971	67971		Reconstruction of eyelid	9.87	8.69	6.73	6.73	0.53	\$607.49		\$607.49
67973	67973		Reconstruction of eyelid	12.96	11.41	8.52	8.52	0.75	\$787.64		\$787.64
67974	67974		Reconstruction of eyelid	12.93	11.39	8.46	8.46	0.75	\$784.59		\$784.59
67975	67975		Reconstruction of eyelid	9.21	8.11	6.45	6.45	0.50	\$573.59		\$573.59
67999	67999		Revision of eyelid	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00
68020	68020		Incise/drain eyelid lining	1.39	1.22	1.32	1.13	0.06	\$99.03		\$91.79
68040	68040		Treatment of eyelid lesions	0.85	0.75	0.66	0.39	0.04	\$55.23		\$44.94
68100	68100		Biopsy of eyelid lining	1.35	1.19	2.81	0.90	0.07	\$155.01		\$82.27
68110	68110		Remove eyelid lining lesion	1.79	1.58	3.59	1.56	0.09	\$200.34		\$123.02
68115	68115		Remove eyelid lining lesion	2.38	2.10	5.15	1.80	0.12	\$280.70		\$153.11
68130	68130		Remove eyelid lining lesion	4.99	4.39	7.68	4.31	0.24	\$468.85		\$340.50
68135	68135		Remove eyelid lining lesion	1.86	1.64	1.70	1.56	0.09	\$130.64		\$125.31
68200	68200		Treat eyelid by injection	0.49	0.43	0.49	0.31	0.02	\$35.80		\$28.95
68320	68320		Revise/graft eyelid lining	6.44	5.67	10.22	5.42	0.27	\$615.49		\$432.67
68325	68325		Revise/graft eyelid lining	8.43	7.42	6.32	6.32	0.44	\$540.07		\$540.07
68326	68326		Revise/graft eyelid lining	8.22	7.24	6.17	6.17	0.35	\$524.08		\$524.08
68328	68328		Revise/graft eyelid lining	9.25	8.15	6.84	6.84	0.54	\$591.49		\$591.49
68330	68330		Revise eyelid lining	5.63	4.96	8.42	4.58	0.24	\$518.74		\$372.49
68335	68335		Revise/graft eyelid lining	8.26	7.27	6.15	6.15	0.36	\$524.84		\$524.84
68340	68340		Separate eyelid adhesions	4.84	4.26	7.88	3.98	0.21	\$470.37		\$321.84
68360	68360		Revise eyelid lining	5.04	4.44	7.24	4.07	0.22	\$453.24		\$332.50
68362	68362		Revise eyelid lining	8.41	7.41	6.19	6.19	0.36	\$531.69		\$531.69
68371	68371		Harvest eye tissue, alograft	4.97	4.38	4.39	4.39	0.44	\$350.78		\$350.78
68399	68399		Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00
68400	68400		Incise/drain tear gland	1.71	1.51	5.16	1.52	0.08	\$257.09		\$118.45
68420	68420		Incise/drain tear sac	2.32	2.04	5.39	1.76	0.11	\$287.18		\$148.92
68440	68440		Incise tear duct opening	0.96	0.85	1.67	1.23	0.05	\$97.88		\$81.13
68500	68500		Removal of tear gland	12.49	11.00	9.63	9.63	0.55	\$806.68		\$806.68
68505	68505		Partial removal, tear gland	12.41	10.93	9.79	9.79	0.55	\$810.11		\$810.11
68510	68510		Biopsy of tear gland	4.60	4.05	6.27	2.06	0.23	\$401.82		\$241.47
68520	68520		Removal of tear sac	8.58	7.56	6.96	6.96	0.37	\$567.12		\$567.12
68525	68525		Biopsy of tear sac	4.42	3.89	1.80	1.80	0.22	\$225.09		\$225.09
68530	68530		Clearance of tear duct	3.67	3.23	6.89	2.36	0.18	\$392.30		\$219.76
68540	68540		Remove tear gland lesion	11.93	10.51	8.94	8.94	0.52	\$760.60		\$760.60

RVUs and Pay

HCPCSMOD	HCPCS	MOD	Description	2008 Work RVUs	2008 Work RVUs after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Facility PE RVUs	2008 MP RVUs	2008 Non-Facility Pay	2008 Non-Facility Pay if Imaging Code Affected by DRA	2008 Facility Pay
68550	68550		Remove tear gland lesion	14.86	13.09	10.52	10.52	0.80	\$929.70		\$929.70
68700	68700		Repair tear ducts	7.67	6.75	5.77	5.77	0.32	\$489.04		\$489.04
68705	68705		Revise tear duct opening	2.08	1.83	3.60	1.69	0.10	\$210.62		\$137.87
68720	68720		Create tear sac drain	9.78	8.61	7.37	7.37	0.44	\$625.39		\$625.39
68745	68745		Create tear duct drain	9.70	8.54	7.42	7.42	0.52	\$627.67		\$627.67
68750	68750		Create tear duct drain	9.87	8.69	7.85	7.85	0.43	\$646.34		\$646.34
68760	68760		Close tear duct opening	1.75	1.54	3.06	1.54	0.09	\$178.63		\$120.74
68761	68761		Close tear duct opening	1.38	1.22	2.05	1.28	0.06	\$126.83		\$97.50
68770	68770		Close tear system fistula	8.09	7.12	4.47	4.47	0.35	\$454.76		\$454.76
68801	68801		Dilate tear duct opening	0.96	0.85	1.86	1.45	0.05	\$105.12		\$89.50
68810	68810		Probe nasolacrimal duct	2.63	2.32	3.53	2.68	0.10	\$226.62		\$194.24
68811	68811		Probe nasolacrimal duct	2.39	2.10	2.27	2.27	0.13	\$171.39		\$171.39
68815	68815		Probe nasolacrimal duct	3.24	2.85	7.33	2.62	0.17	\$394.20		\$214.81
68816	68816		Probe nl duct w/balloon	3.00	2.64	12.75	2.51	0.16	\$592.25		\$202.24
68840	68840		Explore/irrigate tear ducts	1.27	1.12	1.55	1.20	0.06	\$103.98		\$90.65
68850	68850		Injection for tear sac x-ray	0.80	0.70	0.80	0.64	0.04	\$58.65		\$52.56
68899	68899		Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	\$0.00		\$0.00

Read Me File

Column Heading	Definition/Comments
HCPCSMOD	Combination of CPT or HCPCS code and modifier
HCPCS	CPT or HCPCS
MOD	Modifiers: 26 = professional component only; TC = technical component only
PFS Status Indicator	See separate worksheet for definitions
Description	Short description of the code
2008 Work RVUs	As published in Addendum B 2008 revised 12-4-08. Downloaded from http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=4&sortOrder=ascending&itemID=CMS1204957&intNumPerPage=10
2008 Work RVUs after BN adjuster of 0.8806	This is the work RVU used in the calculation of payments. The adjuster is from the 2008 Final Rule
2008 Non-Facility PE RVUs	Addendum B shows "NA" in some fields. This file shows the PE RVUs from another file on the CMS website (PPRRVU08) that lists "NA" in a separate column.
2008 Non-Facility NA Indicator	As defined by CMS, an "NA" in this field indicates that this procedure is rarely or never performed in the non-facility setting
2008 Facility PE RVUs	Addendum B shows "NA" in some fields. This file shows the PE RVUs from another file on the CMS website (PPRRVU08) that lists "NA" in a separate column.
2008 Facility NA Indicator	As defined by CMS, an "NA" in this field indicates that this procedure is rarely or never performed in the facility setting.
2008 MP RVUs	Malpractice (professional liability insurance) RVUs
2008 Global	The global period assigned to the code: typically 0,10, or 90 days or xxx if global concept does not apply.
Not Used for Medicare Payment	A "+" indicates that Medicare payment is not made, even if RVUs are listed. The codes are typically non-covered or bundled.
2008 Conv Factor	Revised Conversion Factor (CF) due to Medicare, Medicaid and SCHIP Extension Act of 2007 (a six-month, 0.5 percent increase over 2007)
2008 Non-Facility Pay	[Work RVU * Budget Neutrality Adjustor (0.8806)) (round product to two decimal places) + Non-Facility PE RVU + MP RVU]* CF
2008 Non-Facility Pay if Imaging Code Affected by DRA	For selected imaging services, the Deficit Reduction Act requires payment at the lesser of the OPPS payment rate or the technical component (TC) under the fee schedule. A payment amount in this column indicates the payment to the physician will be reduced as a result of the DRA cap. For TC codes, the listed payment equals the OPPS payment. For the corresponding global service, the listed payment equals the sum of the OPPS payment and the payment for the professional component (modifier -26).
2008 Facility Pay	[Work RVU * Budget Neutrality Adjustor (0.8806)) (round product to two decimal places) + Facility PE RVU + MP RVU]* CF
Imaging Code Subject to DRA?	A "Y" in this column indicates the code is subject to the DRA cap. The 659 codes listed are from Addendum F of the 2008 final rule. Note that if the code is not subject to the cap (i.e., the PFS TC payment is higher than the OPPS payment) then no payment is listed in the column titled "2008 Non-Facility Pay if Imaging Code Affected by DRA"
2008 APC	The APC number
2008 APC Title	The APC title
OPPS Status Indicator	See separate worksheet for definitions
2008 OPPS Payment	As published in Addendum B of the 2008 OPPS final rule

PFS Status Indicators

Status Code	Short Description	Definition
A	Active Code	These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.
B	Bundled Code	Payment for covered services are always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient).
C	Carriers price the code	Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report.
D	Deleted Codes	These codes are deleted effective with the beginning of the applicable year. These codes will not appear on the 2006 file as the grace period for deleted codes is no longer applicable.
E	Excluded from Physician Fee Schedule by regulation	These codes are for items and/or services that CMS chose to exclude from the fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the fee schedule for these codes. Payment for them, when covered, generally continues under reasonable charge procedures.
F	Deleted/Discontinued Codes(Code not subject to a 90 day grace period)	These codes will not appear on the 2006 file as the grace period for deleted codes is no longer applicable.
G	Not valid for Medicare purposes	Medicare uses another code for reporting of, and payment for, these services. (Code subject to a 90 day grace period.) These codes will not appear on the 2006 file as the grace period for deleted codes is no longer applicable.
H	Deleted Modifier	This code had an associated TC and/or 26 modifier in the previous year. For the current year, the TC or 26 component shown for the code has been deleted, and the deleted component is shown with a status code of "H". These codes will not appear on the 2006 file as the grace period for deleted codes is no longer applicable.
I	Not valid for Medicare purposes	Medicare uses another code for reporting of, and payment for, these services. (Code NOT subject to a 90 day grace period.)
J	Anesthesia Services	There are no RVUs and no payment amounts for these codes. The intent of this value is to facilitate the identification of anesthesia services.
M	Measurement codes	Used for reporting purposes only.
N	Non-covered Services	These services are not covered by Medicare.
P	Bundled/Excluded Codes	There are no RVUs and no payment amounts for these services. No separate payment should be made for them under the fee schedule.--If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident. (An example is an elastic bandage furnished by a physician incident to physician service.)--If the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (i.e., colostomy supplies) and should be paid under the other payment provision of the Act.
R	Restricted Coverage	Special coverage instructions apply. If covered, the service is carrier priced. (NOTE: The majority of codes to which this indicator will be assigned are the alpha-numeric dental codes, which begin with "D". We are assigning the indicator to a limited number of CPT codes which represent services that are covered only in unusual circumstances.)
T	Injections	There are RVUS and payment amounts for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made. (NOTE: This is a change from the previous definition, which states that injection services are bundled into any other services billed on the same date.)
X	Statutory Exclusion	These codes represent an item or service that is not in the statutory definition of "physician services" for fee schedule payment purposes. No RVUS or payment amounts are shown for these codes, and no payment may be made under the physician fee schedule. (Examples are ambulance services and clinical diagnostic laboratory services.)

OPPS Status Indicators

Indicator	Item/Code/Service	OPPS Payment Status
A	Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPPS, for example:	Not paid under OPPS. Paid by fiscal intermediaries/MACs under a fee schedule or payment system other than OPPS.
	•Ambulance Services	
	•Clinical Diagnostic Laboratory Services	Not subject to deductible or coinsurance.
	•Non-Implantable Prosthetic and Orthotic Devices	
	•EPO for ESRD Patients	
	•Physical, Occupational, and Speech Therapy	
	•Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital	
	•Diagnostic Mammography	
B	Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x).	Not subject to deductible.
		Not paid under OPPS.
C	Inpatient Procedures	•May be paid by fiscal intermediaries/MACs when submitted on a different bill type, for example, 75x (CORF), but not paid under OPPS.
		•An alternate code that is recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x) may be available.
D	Discontinued Codes	Not paid under OPPS. Admit patient. Bill as inpatient.
E	Items, Codes, and Services:	Not paid under OPPS or any other Medicare payment system.
	• That are not covered by Medicare based on statutory exclusion.	
	• That are not covered by Medicare for reasons other than statutory exclusion.	
	• That are not recognized by Medicare but for which an alternate code for the same item or service may be available.	
F	Corneal Tissue Acquisition; Certain CRNA Services and Hepatitis B Vaccines	• For which separate payment is not provided by Medicare.
G	Pass-Through Drugs and Biologicals	Not paid under OPPS. Paid at reasonable cost.
H	Pass-Through Device Categories	Paid under OPPS; separate APC payment includes pass-through amount.
K	(1) Nonpass-Through Drugs and Biologicals	Separate cost-based pass-through payment; not subject to copayment.
	(2) Therapeutic Radiopharmaceuticals	(1) Paid under OPPS; separate APC payment.
	(3) Brachytherapy Sources	(2) Paid under OPPS; separate APC payment.
	(4) Blood and Blood Products	(3) Paid under OPPS; separate APC payment.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	(4) Paid under OPPS; separate APC payment.
		Not paid under OPPS. Paid at reasonable cost; not subject to deductible or coinsurance.
M	Items and Services Not Billable to the Fiscal Intermediary/MAC	Not paid under OPPS.
N	Items and Services Packaged into APC Rates	Paid under OPPS; payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.

OPPS Status Indicators

Indicator	Item/Code/Service	OPPS Payment Status
P	Partial Hospitalization	Paid under OPPS; per diem APC payment.
Q	Packaged Services Subject to Separate Payment under OPPS Payment Criteria.	Paid under OPPS; Addendum B displays APC assignments when services are separately payable. (1) Separate APC payment based on OPPS payment criteria. (2) If criteria are not met, payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.
S	Significant Procedure, Not Discounted when Multiple	Paid under OPPS; separate APC payment.
T	Significant Procedure, Multiple Reduction Applies	Paid under OPPS; separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPPS; separate APC payment.
X	Ancillary Services	Paid under OPPS; separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. All institutional providers other than home health agencies bill to DMERC.