

F. Estimated Impacts of This Proposed Rule on Beneficiaries

For services for which the beneficiary pays a coinsurance of 20 percent of the payment rate, the beneficiary share of payment would increase for services for which OPPS payments would rise and would decrease for services for which OPPS payments would fall. For example, for a mid level office visit (APC 0601), the minimum unadjusted copayment in 2003 was \$10.11; under this proposed rule, the minimum unadjusted copayment for APC 601 would be \$10.89 because the OPPS payment for the service would increase under this proposed rule. For some

services (those services for which a national unadjusted copayment amount is shown in Addendum B), however, the beneficiary copayment is frozen based on historic data and would not change, therefore not presenting any potential impact on beneficiaries.

However, in all cases, the statute limits beneficiary liability for copayment for a service to the inpatient hospital deductible for the applicable year. This amount was \$840 for 2003, but is not yet determined for 2004. In general, the impact of this proposed rule on beneficiaries would vary based on the service the beneficiary receives and whether the copayment for the service is one that is frozen under the OPPS.

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

Dated: July 16, 2003.
(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Thomas A. Scully,
Administrator, Centers for Medicare & Medicaid Services.

Approved: July 22, 2003.

Tommy G. Thompson,
Secretary.

ADDENDUM A.—LIST OF AMBULATORY PAYMENT CLASSIFICATIONS (APCs) WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COPAYMENT AMOUNTS CALENDAR YEAR 2004

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0001	Level I Photochemotherapy	S	0.3940	\$21.39	\$7.09	\$4.28
0002	Fine needle Biopsy/Aspiration	T	1.0937	\$59.38	.....	\$11.88
0003	Bone Marrow Biopsy/Aspiration	T	2.2627	\$122.84	.....	\$24.57
0004	Level I Needle Biopsy/Aspiration Except Bone Marrow	T	1.5774	\$85.64	\$22.10	\$17.13
0005	Level II Needle Biopsy /Aspiration Except Bone Marrow	T	3.3675	\$182.82	\$71.59	\$36.56
0006	Level I Incision & Drainage	T	1.7487	\$94.94	\$24.12	\$18.99
0007	Level II Incision & Drainage	T	11.4943	\$624.01	.....	\$124.80
0008	Level III Incision and Drainage	T	16.8303	\$913.70	.....	\$182.74
0009	Nail Procedures	T	0.6597	\$35.81	\$8.34	\$7.16
0010	Level I Destruction of Lesion	T	0.6806	\$36.95	\$10.08	\$7.39
0011	Level II Destruction of Lesion	T	2.1800	\$118.35	\$27.88	\$23.67
0012	Level I Debridement & Destruction	T	0.8203	\$44.53	\$11.18	\$8.91
0013	Level II Debridement & Destruction	T	1.1420	\$62.00	\$14.20	\$12.40
0015	Level III Debridement & Destruction	T	1.5832	\$85.95	\$20.35	\$17.19
0016	Level IV Debridement & Destruction	T	2.7343	\$148.44	\$57.31	\$29.69
0017	Level VI Debridement & Destruction	T	16.7332	\$908.43	\$227.84	\$181.69
0018	Biopsy of Skin/Puncture of Lesion	T	0.9567	\$51.94	\$16.04	\$10.39
0019	Level I Excision/ Biopsy	T	3.9807	\$216.11	\$71.87	\$43.22
0020	Level II Excision/ Biopsy	T	7.3105	\$396.88	\$113.25	\$79.38
0021	Level III Excision/ Biopsy	T	14.5749	\$791.26	\$219.48	\$158.25
0022	Level IV Excision/ Biopsy	T	18.6725	\$1,013.71	\$354.45	\$202.74
0023	Exploration Penetrating Wound	T	3.1587	\$171.48	\$40.37	\$34.30
0024	Level I Skin Repair	T	1.7847	\$96.89	\$34.75	\$19.38
0025	Level II Skin Repair	T	6.2703	\$340.41	\$115.49	\$68.08
0027	Level IV Skin Repair	T	15.8319	\$859.50	\$329.72	\$171.90
0028	Level I Breast Surgery	T	17.7459	\$963.41	\$303.74	\$192.68
0029	Level II Breast Surgery	T	29.2783	\$1,589.49	\$632.64	\$317.90
0030	Level III Breast Surgery	T	37.2809	\$2,023.94	\$763.55	\$404.79
0032	Insertion of Central Venous/Arterial Catheter	T	11.5584	\$627.49	.....	\$125.50
0033	Partial Hospitalization	P	3.8397	\$208.45	\$41.83	\$41.69
0035	Placement of Arterial or Central Venous Catheter	T	0.2236	\$12.14	\$3.51	\$2.43
0041	Level I Arthroscopy	T	27.2538	\$1,479.58	.....	\$295.92
0042	Level II Arthroscopy	T	42.8551	\$2,326.56	\$804.74	\$465.31
0043	Closed Treatment Fracture Finger/Toe/Trunk	T	1.9233	\$104.41	.....	\$20.88
0045	Bone/Joint Manipulation Under Anesthesia	T	13.5546	\$735.87	\$268.47	\$147.17
0046	Open/Percutaneous Treatment Fracture or Dislocation	T	31.9719	\$1,735.72	\$535.76	\$347.14
0047	Arthroplasty without Prosthesis	T	30.3786	\$1,649.22	\$537.03	\$329.84
0048	Arthroplasty with Prosthesis	T	47.4707	\$2,577.14	\$695.60	\$515.43
0049	Level I Musculoskeletal Procedures Except Hand and Foot	T	19.9376	\$1,082.39	.....	\$216.48
0050	Level II Musculoskeletal Procedures Except Hand and Foot ...	T	25.1166	\$1,363.56	.....	\$272.71
0051	Level III Musculoskeletal Procedures Except Hand and Foot ..	T	34.9381	\$1,896.75	.....	\$379.35
0052	Level IV Musculoskeletal Procedures Except Hand and Foot	T	42.6430	\$2,315.05	.....	\$463.01
0053	Level I Hand Musculoskeletal Procedures	T	14.8188	\$804.50	\$253.49	\$160.90
0054	Level II Hand Musculoskeletal Procedures	T	24.2685	\$1,317.51	.....	\$263.50
0055	Level I Foot Musculoskeletal Procedures	T	18.8851	\$1,025.25	\$355.34	\$205.05
0056	Level II Foot Musculoskeletal Procedures	T	25.1591	\$1,365.86	\$405.81	\$273.17
0057	Bunion Procedures	T	25.4248	\$1,380.29	\$475.91	\$276.06
0058	Level I Strapping and Cast Application	S	1.0785	\$58.55	.....	\$11.71