Montana Medicaid Outpatient Procedure Fee Schedule
Outpatient Hospital Services
Effective 04/01/2009
Montana Medicaid Conversion Factor = **$ 50.61**

Definitions:

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Method – Source of fee determination

APC: Based on APC assigned weight x Montana's conversion factor. Pricing is affected by modifiers as listed in the provider manual.
Procedures paid by APC method that have a zero fee are either bundled or not covered services. (See the Status Indicator)
APC/By Report: Based on APC designation as pass-through. Paid at the provider specific Medicaid cost to charge ratio for outpatient services.
Fee Sched: Medicaid fee for listed code. Codes noted as "not allowed" will cause the claim line to deny.
Medicare: Medicare-prevailing fee for listed code. Laboratory services are paid at 62% of listed fee for sole community hospitals and at 60% for others.
By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply. For outpatient hospital services, providers are paid their current Medicaid cost to charge ratio for outpatient services.
Inpatient Only: These services are not payable in an outpatient Setting
Not Allowed: These services are not payable
Bundled/subject to separate payment criteria: Services may be packaged in ceratin instances These services will have a fee listed but may only be payable if specific criteria are met.

PA – Prior Authorization

Y: Prior authorization is required
Space or N: Prior authorization is not required

Status Indicators:

C	Inpatient services that are not payable under OPPS
E	Not allowed under Oupatient
G	Pass through drugs and biologicals
H	Pass through devices that are paid by report
K	Drugs and biologicals paid by APC
M	Montana Medicaid specific fee
N	Services for which payment is packaged into another service or APC
Q	Montana Medicaid Laboratory service
S	Significant procedures that are paid under OPPS but to which the multiple surgery reduction does not apply
T	Significant services that are paid under the OPPS and to which the multiple procedure payment discount under OPPS applies
V	Medical visits (including clinic or emergency department visits) that are paid under OPPS
X	Ancillary services that are paid under OPPS
Y	Montana Medicaid fee for Physical Therapy, Occupational Therapy or Speech and Language Therapy services Some procedures may have a variable status that dependant on if they are provided with another billable services. These codes are listed on the fee schedule as status N (bundled) but will have an APC and price shown.

Note: This fee schedule is used by OPPS and non-OPPS facilities. Not all codes listed are appropriate for use by all facilities

Proc Code	2009 Status Ind.	Description	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
00100	N	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS INCLUDING E			$0.00	Bundled				N
00102	N	ANESTHESIA FOR PROCEDURES ON PLASTIC REPAIR OF CLEFT LIP			$0.00	Bundled				N
00103	N	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID			$0.00	Bundled				N
00104	N	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY			$0.00	Bundled				N
00120	N	ANESTHESIA FOR PROCEDURES ON EXTERNAL MIDDLE AND INNER I			$0.00	Bundled				N
00124	N	ANESTHESIA FOR OTOSCOPY			$0.00	Bundled				N
00126	N	ANESTHESIA FOR TYMPANOTOMY			$0.00	Bundled				N
00140	N	ANESTHESIA FOR PROCEDURES ON EYE; NOS			$0.00	Bundled				N
00142	N	ANESTHESIA FOR LENS SURGERY			$0.00	Bundled				N
00144	N	ANESTHESIA FOR CORNEAL TRANSPLANT			$0.00	Bundled				
00145	N	ANESTHESIA FOR VITREORETINAL SURGERY			$0.00	Bundled				N
00147	N	ANESTHESIA FOR IRIDECTOMY			$0.00	Bundled				N
00148	N	ANESTHESIA FOR OPTHALMOSCOPY			$0.00	Bundled				N
00160	N	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES;			$0.00	Bundled				N
00162	N	ANESTH FOR PROC ON NOSE/ACCESSORY SINUSES; RADICAL SURGER			$0.00	Bundled				N
00164	N	ANESTH FOR PROC ON NOSE/ACCESSORY SINSUES; BIOPSY SOFT TISS			$0.00	Bundled				N
00170	N	ANESTHESIA FOR INTRAORAL PROCEDURES INCLUDING BIOPSY;			$0.00	Bundled				N
00172	N	ANESTHESIA FOR REPAIR OF CLEFT PALATE			$0.00	Bundled				N

00174	N	ANESTHESIA FOR EXCISION OF RETROPHARYNGEAL TUMOR	$0.00	Bundled	N
00176	C	ANESTH FOR INTRAORAL PROC INCLUDING BIOPSY; RADICAL SURGE	$0.00	Inpatient Only	N
00190	N	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOS	$0.00	Bundled	N
00192	C	ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL SURGER	$0.00	Inpatient Only	N
00210	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWI	$0.00	Bundled	N
00211	C	ANESTH, CRAN SURG, HEMOTOMA	$0.00	Inpatient Only	
00212	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	$0.00	Bundled	N
00214	C	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES W/VEN	$0.00	Inpatient Only	N
00215	C	ANES FOR CRANIOPLASTY OR ELEV OF DEP SKULL FX EXTRADURAL	$0.00	Inpatient Only	N
00216	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROC.	$0.00	Bundled	N
00218	N	ANESTH FOR INTRACRANIAL PROCEDURES; PROC IN SITTING POSITIO	$0.00	Bundled	N
00220	N	ANESTH INTRCRN NERVE	$0.00	Bundled	N
00222	N	ANESTHESIA FOR ELECTROCOAGULATION OF INTRACRANIAL NERVE	$0.00	Bundled	N
00300	N	ANES FOR PX ON INTEG SYS MUSCLES NERVES OF HEAD NECK PTRU	$0.00	Bundled	N
00320	N	ANESTH NECK ORGAN 1 & OVER	$0.00	Bundled	N
00322	N	ANESTHESIA FOR NEEDLE BIOPSY OF THYROID	$0.00	Bundled	N
00326	N	ANESTH LARYNX/TRACH < 1 YR	$0.00	Bundled	
00350	N	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOS	$0.00	Bundled	N
00352	N	ANESTHESIA FOR PROC ON MAJOR VESSELS OF NECK; SIMPLE LIGATI	$0.00	Bundled	N
00400	N	ANES FOR PX ON INTEG SYS ON EXTREM ANT TRUNK PERINEUM; NO	$0.00	Bundled	N
00402	N	ANESTHESIA FOR RECONSTRUCTIVE PROC ON BREAST	$0.00	Bundled	N
00404	N	ANESTH FOR RADICAL OR MODIFIED RADICAL PROC ON BREAST	$0.00	Bundled	N
00406	N	ANESTH RAD OR MOD RAD PROC/BREAST W/INT MAMMARY NODE DI	$0.00	Bundled	N
00410	N	ANESTHESIA FOELECTRICAL CONVERSION OF ARRYTHMIAS	$0.00	Bundled	N
00450	N	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA;	$0.00	Bundled	N
00452	C	ANESTH FOR PROC ON CLAVICLE & SCAPULA RADICAL SURGERY	$0.00	Inpatient Only	N
00454	N	ANESTH FOR BIOPSY OF CLAVICLE	$0.00	Bundled	N
00470	N	ANESTHESIA FOR PARTIAL RIB RESECTION; NOS	$0.00	Bundled	N
00472	N	ANESTHESIA FOR THORACOPLASTY	$0.00	Bundled	N
00474	C	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES	$0.00	Inpatient Only	N
00500	N	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	$0.00	Bundled	N
00520	N	ANES FOR CLOSED CHEST PX; (INCL BRONCHOSC) NOS	$0.00	Bundled	N
00522	N	ANES FOR CLOSED CHEST PX (INC BRONC);NEEDLE BIOPSY OF PLEUR	$0.00	Bundled	N
00524	C	ANES FOR CLOSED CHEST PX (INC BRONCH); PNEUMOCENTESIS	$0.00	Inpatient Only	N
00528	N	ANESTH CHEST PARTITION VIEW	$0.00	Bundled	N
00529	N	ANESTH CHEST PARTITION VIEW	$0.00	Bundled	
00530	N	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTI	$0.00	Bundled	N
00532	N	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	$0.00	Bundled	N
00534	N	ANESTHESIA FOR TRANSVEN INSERT OR REPLACE OF PACING CARDI	$0.00	Bundled	N
00537	N	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES	$0.00	Bundled	N
00539	N	ANESTH TRACH-BRONCH RECONST	$0.00	Bundled	
00540	C	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS	$0.00	Inpatient Only	N
00541	N	ANESTH ONE LUNG VENTILATION	$0.00	Bundled	
00542	C	ANESTHESIA FOR DECORTICATION	$0.00	Inpatient Only	N
00546	C	ANESTHESIA FOR PULMONARY RESE TION W/THORACOPLASTY	$0.00	Not Allowed	N
00548	N	ANESTH FOR INTRATHORACIC REPAIR ON TRACHEA AND BRONCHI	$0.00	Bundled	N
00550	N	ANESTHESIA FOR STERNAL DEBRIDEMENT	$0.00	Bundled	N
00560	C	ANESTH, OPEN HEART SURGERY	$0.00	Not Allowed	N
00561	C	ANESTH HEART SURG < AGE 1	$0.00	Inpatient Only	
00562	C	ANESTHESIA FOR PROCEDURES ON HEART PERICARDIUM AND GREA	$0.00	Not Allowed	N
00563	N	ANES FOR HEART PERICARD GREAT VESSELS W/PUMP OXYGENATO	$0.00	Bundled	N
00566	N	ANES FOR DIRECT CORONARY ARTERY BYPASS GRAFT W/O PUMP OX	$0.00	Bundled	N
00567	C	ANESTH, CABG W/PUMP	$0.00	Inpatient Only	
00580	C	ANESTH HEART/LUNG TRANSPLNT	$0.00	Inpatient Only	Y
00600	N	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD;	$0.00	Bundled	N
00604	C	ANESTHESIA FOR CERVICAL SPINE & CORD; PATIENT IN SIT POSITIO	$0.00	Inpatient Only	N
00620	N	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD;	$0.00	Bundled	N
00622	C	ANESTHESIA FOR THORACOLUMBAR SYMPATHECTOMY	$0.00	Inpatient Only	N
00625	N	ANES SPINE TRANTHOR W/O VENT	$0.00	Bundled	
00626	N	ANES, SPINE TRANSTHOR W/VENT	$0.00	Bundled	
00630	N	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOS	$0.00	Bundled	N
00632	C	ANESTHESIA FOR LUMBAR SYMPATHECTOMY	$0.00	Inpatient Only	N
00634	N	ANESTHESIA FOR CHEMONUCLEOLYSIS	$0.00	Bundled	N
00635	N	ANES FOR LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC PUNCTU	$0.00	Bundled	N
00640	N	ANESTH SPINE MANIPULATION	$0.00	Bundled	
00670	C	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES	$0.00	Inpatient Only	N
00700	N	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL W	$0.00	Bundled	N
00702	N	ANESTHESIA FOR PERCUTANEOUS LIVER BIOPSY	$0.00	Bundled	N
00730	N	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL W	$0.00	Bundled	N
00740	N	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDU	$0.00	Bundled	N
00750	N	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOS	$0.00	Bundled	N

00752	N	ANESTHESIA FOR LUMBAR/VENTRAL HERNIAS & FOR WOUND DEHISI	$0.00	Bundled	N
00754	N	ANESTHESIA FOR OMPHALOCELE	$0.00	Bundled	N
00756	N	ANESTHESIA FOR TRANSABDOMINAL REPAIR OF DIAPHRAGMATIC HI	$0.00	Bundled	N
00770	N	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD \	$0.00	Bundled	N
00790	N	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOM	$0.00	Bundled	N
00792	C	ANESTHESIA FOR PARTIAL HEPATECTOMY (EXCLUDE LIVER BIOPSY)	$0.00	Inpatient Only	N
00794	C	ANESTHESIA FOR PANCREATECTOMY PARTIAL OR TOTAL	$0.00	Inpatient Only	N
00796	C	ANESTHESIA FOR LIVER TRANSPLANT (RECIPIENT)	$0.00	Inpatient Only	Y
00797	N	ANESTH, SURGERY FOR OBESITY	$0.00	Bundled	
00800	N	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL W	$0.00	Bundled	N
00802	C	ANESTHESIA FOR PANNICULECTOMY	$0.00	Inpatient Only	N
00810	N	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES	$0.00	Bundled	N
00820	N	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL \	$0.00	Bundled	N
00830	N	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN;NOS	$0.00	Bundled	N
00832	N	ANESTHESIA FOR VENTRAL & INCISIONAL HERNIAS	$0.00	Bundled	N
00834	N	ANESTH HERNIA REPAIR< 1 YR	$0.00	Bundled	
00836	N	ANESTH HERNIA REPAIR PREEMIE	$0.00	Bundled	
00840	N	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOM	$0.00	Bundled	N
00842	N	ANESTHESIA FOR AMNIOCENTESIS	$0.00	Bundled	N
00844	C	ANESTHESIA FOR ABDOMINOPERINEAL RESECTION	$0.00	Inpatient Only	N
00846	C	ANESTHESIA FOR RADICAL HYSTERECTOMY	$0.00	Inpatient Only	N
00848	C	ANESTHESIA FOR PELVIC EXENTERATION	$0.00	Inpatient Only	N
00851	N	ANES FOR INTRAPERITONEAL PROC IN LOW ABD INCL LAP; TUBAL LI	$0.00	Bundled	N
00860	N	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOI	$0.00	Bundled	N
00862	N	ANESTHESIA FOR RENAL PROC INCL UPPER 1/3 URETER OR DONOR	$0.00	Bundled	N
00864	C	ANESTHESIA FOR TOTAL CYCTECTOMY	$0.00	Inpatient Only	N
00865	C	RADICAL PROSTATECTOMY (SUPRAPUBIC RETROPUBIC)	$0.00	Inpatient Only	N
00866	C	ANESTHESIA FOR ADRENALECTOMY	$0.00	Inpatient Only	N
00868	C	ANESTHESIA FOR RENAL TRANSPLANT (RECIPIENT)	$0.00	Inpatient Only	Y
00870	N	ANESTHESIA FOR CYSTOLITHOTOMY	$0.00	Bundled	N
00872	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE;	$0.00	Bundled	N
00873	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE;	$0.00	Bundled	N
00880	N	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESS	$0.00	Bundled	N
00882	C	ANESTHESIA FOR INFERIOR VENA CAVA LIGATION	$0.00	Inpatient Only	N
00902	N	ANESTH FOR ANORECTAL PROCEDURE	$0.00	Bundled	N
00904	C	ANESTHESIA FOR RADICAL PERINEAL PROCEDURE	$0.00	Inpatient Only	N
00906	N	ANESTHESIA FOR VULVECTOMY	$0.00	Bundled	N
00908	C	ANESTHESIA FOR PERINEAL PROSTATECTOMY	$0.00	Inpatient Only	N
00910	N	ANES FOR TRANSURETHRAL PX; NOT OTHERWISE SPECIFIED	$0.00	Bundled	N
00912	N	ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT BLADDER	$0.00	Bundled	N
00914	N	ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT PROSTATI	$0.00	Bundled	N
00916	N	ANES FOR TRANSURETHRAL PX; POST-TRANSURETH RESECT BLEEDIN	$0.00	Bundled	N
00918	N	ANES FOR TRANSURETHRAL PX;W/FRAGMNT MANIPUL &/OR CALC RI	$0.00	Bundled	N
00920	N	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA; NOS	$0.00	Bundled	N
00921	N	ANESTH VASECTOMY	$0.00	Bundled	
00922	N	ANESTHESIA FOR PROCEDURES ON SEMINAL VESICLES	$0.00	Bundled	N
00924	N	ANESTHESIA FOR PROCEDURES ON UNDESCENDED TESTIS UNI OR BI	$0.00	Bundled	N
00926	N	ANESTHESIA FOR RADICAL ORCHIECTOMY INGUINAL	$0.00	Bundled	N
00928	N	ANESTHESIA FOR RADICAL ORCHIECTOMY ABDOMINAL	$0.00	Bundled	N
00930	N	ANESTHESIA FOR ORCHIOPEXY UNILATERAL OR BILATERAL	$0.00	Bundled	N
00932	C	ANESTHESIA FOR COMPLETE AMPUTATION OF PENIS	$0.00	Inpatient Only	N
00934	C	ANESTHESIA FOR RAD AMPUTATION OF PENIS W/BILAT INGUINAL LY	$0.00	Inpatient Only	N
00936	C	ANESTH FOR RAD AMP OF PENIS W/BILAT INGUINAL & ILIAC LYMPH	$0.00	Inpatient Only	N
00938	N	ANESTH FOR INSERTION OF PENILE PROSTHESIS (PERINEAL APPROAC	$0.00	Bundled	N
00940	N	ANES FOR VAGINAL PX; NOT OTHERWISE SPECIFIED	$0.00	Bundled	N
00942	N	ANESTH SURG ON VAG/URETHRAL	$0.00	Bundled	N
00944	C	ANES FOR VAGINAL PX; VAGINAL HYSTERECTOMY	$0.00	Inpatient Only	N
00948	N	ANES FOR VAGINAL PX; CERVICAL CERCLAGE	$0.00	Bundled	N
00950	N	ANES FOR VAGINAL PX; CULDOSCOPY	$0.00	Bundled	N
00952	N	ANES FOR VAGINAL PX; HYSTEROSCOPY &/OR HYSTEROSALPINGOGR	$0.00	Bundled	N
01112	N	ANESTHESIA FOR BONE MARROW ASP &/OR BIOPSY ILIAC CREST	$0.00	Bundled	N
01120	N	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	$0.00	Bundled	N
01130	N	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	$0.00	Bundled	N
01140	C	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTA	$0.00	Inpatient Only	N
01150	C	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS EXC	$0.00	Inpatient Only	N
01160	N	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUB	$0.00	Bundled	N
01170	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS (	$0.00	Bundled	N
01173	N	ANESTH FX REPAIR PELVIS	$0.00	Bundled	
01180	N	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	$0.00	Bundled	N
01190	N	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	$0.00	Bundled	N
01200	N	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	$0.00	Bundled	N

01202	N	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	$0.00	Bundled	N
01210	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOS	$0.00	Bundled	N
01212	C	ANESTHESIA FOR HIP DISARTICULATION	$0.00	Inpatient Only	N
01214	C	ANESTH HIP ARTHROPLASTY	$0.00	Inpatient Only	N
01215	N	ANES FOR OPEN PROCEDURE INVOLVING HIP; REVISION TOTAL HIP	$0.00	Bundled	N
01220	N	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 O	$0.00	Bundled	N
01230	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMU	$0.00	Bundled	N
01232	C	ANESTHESIA FOR AMPUTATION INVOLVING UPPER 2/3 OF FEMUR	$0.00	Inpatient Only	N
01234	C	ANESTHESIA FOR RADICAL RESECTION INCL UPPER 2/3 OF FEMUR	$0.00	Inpatient Only	N
01250	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS	$0.00	Bundled	N
01260	N	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG	$0.00	Bundled	N
01270	N	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG	$0.00	Bundled	N
01272	C	ANESTHESIA FOR FEMORAL ARTERY LIGATION	$0.00	Inpatient Only	N
01274	C	ANESTHESIA FOR FEMORAL ARTERY EMBOLECTOMY	$0.00	Inpatient Only	N
01320	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS	$0.00	Bundled	N
01340	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	$0.00	Bundled	N
01360	N	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	$0.00	Bundled	N
01380	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	$0.00	Bundled	N
01382	N	ANESTH DX KNEE ARTHROSCOPY	$0.00	Bundled	N
01390	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBI	$0.00	Bundled	N
01392	N	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA	$0.00	Bundled	N
01400	N	ANESTH KNEE JOINT SURGERY	$0.00	Bundled	N
01402	C	ANESTH KNEE ARTHROPLASTY	$0.00	Inpatient Only	N
01404	C	ANESTHESIA FOR DISARTICULATION AT KNEE	$0.00	Inpatient Only	N
01420	N	ANESTHESIA FOR ALL CAST APPLICATIONS REMOVAL OR REPAIR IN	$0.00	Bundled	N
01430	N	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL A	$0.00	Bundled	N
01432	N	ANESTHESIA FOR ARTERIOVENOUS FISTULA OF KNEE & POPLITEAL A	$0.00	Bundled	N
01440	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITE	$0.00	Bundled	N
01442	C	ANEST FOR POPLITEAL THROMBOENDARTECTOMY W/OR W/O PATCH	$0.00	Inpatient Only	N
01444	C	ANES FOR POPLITEAL EXC & GRAFT /REPAIR FOR OCCLU/ANEURYSM	$0.00	Inpatient Only	N
01462	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG ANKLE	$0.00	Bundled	N
01464	N	ANESTH ANKLE/FT ARTHROSCOPY	$0.00	Bundled	N
01470	N	ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TENDONS AN	$0.00	Bundled	N
01472	N	ANES FOR REPAIR RUPTURED ACHILLES TENDON W/OR W/O GRAFT	$0.00	Bundled	N
01474	N	ANEST FOR GASTROCNEMIUS RECESSION (STRAYER PROCEDURE)	$0.00	Bundled	N
01480	N	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG ANK	$0.00	Bundled	N
01482	N	ANESTHESIA FOR RADICAL RESECTION ON BONES OF LOWER LEG AN	$0.00	Bundled	N
01484	N	ANESTHESIA FOR OSEOTOMY OR OSTEOPLASTY OF TIBIA & OR FIBUL	$0.00	Bundled	N
01486	C	ANESTHESIA FOR TOTAL ANKLE REPLACEMENT	$0.00	Inpatient Only	N
01490	N	ANESTHESIA FOR LOWER LEG CAST APPLICATION REMOVAL OR REP	$0.00	Bundled	N
01500	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG INCLU	$0.00	Bundled	N
01502	C	ANESTHESIA FOR EMBOLECTOMY DIRECT OR CATHETER LOWER LE	$0.00	Inpatient Only	N
01520	N	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOS	$0.00	Bundled	N
01522	N	ANES FOR VENOUS THROMBECTOMY DIRECT OR CATHETER OF LOWE	$0.00	Bundled	N
01610	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS	$0.00	Bundled	N
01620	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AN	$0.00	Bundled	N
01622	N	ANES DX SHOULDER ARTHROSCOPY	$0.00	Bundled	N
01630	N	ANESTH SURGERY OF SHOULDER	$0.00	Bundled	N
01632	C	ANESTHESIA FOR RADICAL RESECTION ON HUMERAL HEAD & NECK	$0.00	Inpatient Only	N
01634	C	ANESTHESIA FOR SHOULDER DISARTICULATION	$0.00	Inpatient Only	N
01636	C	ANESTHESIA FOR INTERTHORACOSCAPULAR (FOREQUARTER) AMPU	$0.00	Inpatient Only	N
01638	C	ANESTHESIA FOR TOTAL SHOULDER REPLACEMENT	$0.00	Inpatient Only	N
01650	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AX	$0.00	Bundled	N
01652	C	ANESTHESIA FOR AXILLARY-BRACHIAL ANEURYSM	$0.00	Inpatient Only	N
01654	C	ANESTHESIA FOR BYPASS GRAFT ON ARTERIES OF SHOULDER & AXI	$0.00	Inpatient Only	N
01656	C	ANESTHESIA FOR AXILLARY-FEMORAL BYPASS GRAFT	$0.00	Inpatient Only	N
01670	N	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AX	$0.00	Bundled	N
01680	N	ANESTHESIA FOR SHOULDER CAST APPLICATION REMOVAL OR REP	$0.00	Bundled	N
01682	N	ANESTHESIA FOR SHOULDER SPICA APPLICATION REMOVAL OR REP	$0.00	Bundled	N
01710	N	ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TENDONS FA	$0.00	Bundled	N
01712	N	ANESTHESIA FOR TENOTOMY ELBOW TO SHOULDER OPEN	$0.00	Bundled	N
01714	N	ANESTHESIA FOR TENOPLASTY ELBOW TO SHOULDER	$0.00	Bundled	N
01716	N	ANESTHESIA FOR TENODESIS RUPTURE OF LONG TENDON OF BICEPS	$0.00	Bundled	N
01730	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBO	$0.00	Bundled	N
01732	N	ANESTH DX ELBOW ARTHROSCOPY	$0.00	Bundled	N
01740	N	ANESTH UPPER ARM SURGERY	$0.00	Bundled	N
01742	N	ANESTHESIA FOR OSTEOTOMY OF HUMERUS	$0.00	Bundled	N
01744	N	ANESTHESIA FOR REPAIR OF NONUNION OR MALUNION OF HUMERUS	$0.00	Bundled	N
01756	C	ANESTHESIA FOR RADICAL PROCEDURES ON HUMERUS AND ELBOW	$0.00	Inpatient Only	N
01758	N	ANESTHESIA FOR EXCISION OF CYST OR TUMOR OF HUMERUS	$0.00	Bundled	N
01760	N	ANESTHESIA FOR TOTAL ELBOW REPLACEMENT	$0.00	Bundled	N

01770	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND EL			$0.00	Bundled	N
01772	N	ANESTHESIA FOR EMBOLECTOMY OF UPPER ARM AND ELBOW			$0.00	Bundled	N
01780	N	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOV			$0.00	Bundled	N
01782	N	ANESTHESIA FOR PHLEBORRHAPHY OF UPPER ARM & ELBOW			$0.00	Bundled	N
01810	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS			$0.00	Bundled	N
01820	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS ULNA WRIS			$0.00	Bundled	N
01829	N	ANESTH DX WRIST ARTHROSCOPY			$0.00	Bundled	
01830	N	ANESTH LOWER ARM SURGERY			$0.00	Bundled	N
01832	N	ANESTHESIA FOR TOTAL WRIST REPLACEMENT			$0.00	Bundled	N
01840	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM WRIST A			$0.00	Bundled	N
01842	N	ANESTHESIA FOR EMBOLECTOMY OF FOREARM WRIST AND			$0.00	Bundled	N
01844	N	ANESTHESIA FOR VASCULAR SHUNT OR SHUNT REVISION ANY TYPE			$0.00	Bundled	N
01850	N	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM WRIST AND			$0.00	Bundled	N
01852	N	ANESTHESIA FOR PHLEBORRHAPHY OF FOREARM WRIST AND HAND			$0.00	Bundled	N
01860	N	ANESTHESIA FOR FOREARM WRIST OR HAND CAST APPLICATION RE			$0.00	Bundled	N
01916	N	ANESTH DX ARTERIOGRAPHY			$0.00	Bundled	N
01920	N	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONAI			$0.00	Bundled	N
01922	N	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY			$0.00	Bundled	N
01924	N	ANES THER INTERVEN RAD ART			$0.00	Bundled	
01925	N	ANESTH FOR RADIOL PROC INVOLV ARTL SYS CAROTIDOR CORONAI			$0.00	Bundled	N
01926	N	ANES TX INTERV RAD HRT/CRAN			$0.00	Bundled	
01930	N	ANESTH FOR RADIOL PROC INVOLV VENOUS/LYMPH SYS NOS			$0.00	Bundled	N
01931	N	ANES THER INTERVEN RAD TIP			$0.00	Bundled	
01932	N	ANES FOR RADIOL PROC INVOLV VEN/LYMPH SYS INTRATHOR JUGU			$0.00	Bundled	N
01933	N	ANES TX INTERV RAD INTRACRANIAL			$0.00	Bundled	
01935	N	ANESTH, PERC IMG DX SP PROC			$0.00	Bundled	
01936	N	ANESTH, PERC IMG TX SP PROC			$0.00	Bundled	
01951	N	ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; < 1% TBSA			$0.00	Bundled	N
01952	N	ANESTH, BURN, 4-9 PERCENT			$0.00	Bundled	N
01953	N	ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; EACH +9%TE			$0.00	Bundled	N
01958	N	ANESTH ANTEPARTUM MANIPUL			$0.00	Bundled	
01960	N	ANESTH VAGINAL DELIVERY			$0.00	Bundled	
01961	N	ANESTH CS DELIVERY			$0.00	Bundled	N
01962	N	ANESTH EMER HYSTERECTOMY			$0.00	Bundled	
01963	N	ANESTH CS HYSTERECTOMY			$0.00	Bundled	N
01965	N	ANESTH INC/MISSED AB PROC			$0.00	Bundled	
01966	N	ANESTH INDUCED AB PROCEDURE			$0.00	Bundled	
01967	N	NEURAXIAL LABOR ANESTH FOR PLANNED VAGINAL DELIVERY			$0.00	Bundled	N
01968	N	ANES/ANALG CS DELIVER ADD-ON			$0.00	Bundled	
01969	N	ANESTH/ANALG CS HYST ADD-ON			$0.00	Bundled	N
01990	C	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRA			$0.00	Inpatient Only	Y
01991	N	ANESTH NERVE BLOCK/INJ			$0.00	Bundled	
01992	N	ANESTH N BLOCK/INJ PRONE			$0.00	Bundled	
01996	N	HOSP MANAGE CONT DRUG ADMIN			$0.00	Bundled	N
01999	N	UNLISTED ANESTHESIA PROCEDURE(S)			$0.00	Bundled	N
10021	T	FNA W/O IMAGE	00002	1.4324	$72.49	APC	
10022	T	FNA W/IMAGE	00004	4.4727	$226.36	APC	N
10040	T	ACNE SURGERY	00013	0.8281	$41.91	APC	N
10060	T	DRAINAGE OF SKIN ABSCESS	00006	1.4128	$71.50	APC	N
10061	T	DRAINAGE OF SKIN ABSCESS	00006	1.4128	$71.50	APC	N
10080	T	DRAINAGE OF PILONIDAL CYST	00006	1.4128	$71.50	APC	N
10081	T	DRAINAGE OF PILONIDAL CYST	00007	12.5953	$637.45	APC	N
10120	T	REMOVE FOREIGN BODY	00016	2.7288	$138.10	APC	N
10121	T	REMOVE FOREIGN BODY	00021	15.8974	$804.57	APC	N
10140	T	DRAINAGE OF HEMATOMA/FLUID	00007	12.5953	$637.45	APC	N
10160	T	PUNCTURE DRAINAGE OF LESION	00006	1.4128	$71.50	APC	N
10180	T	COMPLEX DRAINAGE, WOUND	00008	19.3873	$981.19	APC	
11000	T	DEBRIDE INFECTED SKIN	00015	1.5170	$76.78	APC	N
11001	T	DEBRIDE INFECTED SKIN ADD-ON	00013	0.8281	$41.91	APC	N
11004	C	DEBRIDE GENITALIA & PERINEUM			$0.00	Inpatient Only	
11005	C	DEBRIDE ABDOM WALL			$0.00	Inpatient Only	
11006	C	DEBRIDE GENIT/PER/ABDOM WALL			$0.00	Inpatient Only	
11008	C	REMOVE MESH FROM ABD WALL			$0.00	Inpatient Only	
11010	T	DEBRIDE SKIN FX	00019	4.4761	$226.54	APC	N
11011	T	DEBRIDE SKIN/MUSCLE FX	00019	4.4761	$226.54	APC	N
11012	T	DEBRIDE SKIN/MUSCLE/BONE FX	00019	4.4761	$226.54	APC	N
11040	T	DEBRIDE SKIN, PARTIAL	00015	1.5170	$76.78	APC	N
11041	T	DEBRIDE SKIN, FULL	00015	1.5170	$76.78	APC	N
11042	T	DEBRIDE SKIN/TISSUE	00016	2.7288	$138.10	APC	
11043	T	DEBRIDE TISSUE/MUSCLE	00016	2.7288	$138.10	APC	
11044	T	DEBRIDE TISSUE/MUSCLE/BONE	00682	7.2265	$365.73	APC	

11055	T	TRIM SKIN LESION	00013	0.8281	$41.91	APC	N
11056	T	TRIM SKIN LESIONS, 2 TO 4	00013	0.8281	$41.91	APC	N
11057	T	TRIM SKIN LESIONS, OVER 4	00013	0.8281	$41.91	APC	N
11100	T	BIOPSY SKIN LESION	00015	1.5170	$76.78	APC	N
11101	T	BIOPSY, SKIN ADD-ON	00013	0.8281	$41.91	APC	N
11200	T	REMOVAL OF SKIN TAGS	00013	0.8281	$41.91	APC	N
11201	T	REMOVE SKIN TAGS ADD-ON	00013	0.8281	$41.91	APC	N
11300	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11301	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11302	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11303	T	SHAVE SKIN LESION	00015	1.5170	$76.78	APC	N
11305	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11306	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11307	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11308	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11310	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11311	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11312	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11313	T	SHAVE SKIN LESION	00013	0.8281	$41.91	APC	N
11400	T	EXC TR-EXT B9+MARG 0.5 < CM	00019	4.4761	$226.54	APC	N
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM	00019	4.4761	$226.54	APC	N
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM	00019	4.4761	$226.54	APC	N
11403	T	EXC TR-EXT B9+MARG 2.1-3 CM	00020	8.2566	$417.87	APC	N
11404	T	EXC TR-EXT B9+MARG 3.1-4 CM	00021	15.8974	$804.57	APC	N
11406	T	EXC TR-EXT B9+MARG > 4.0 CM	00021	15.8974	$804.57	APC	N
11420	T	EXC H-F-NK-SP B9+MARG 0.5 <	00020	8.2566	$417.87	APC	N
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1	00020	8.2566	$417.87	APC	N
11422	T	EXC H-F-NK-SP B9+MARG 1.1-2	00020	8.2566	$417.87	APC	N
11423	T	EXC H-F-NK-SP B9+MARG 2.1-3	00021	15.8974	$804.57	APC	N
11424	T	EXC H-F-NK-SP B9+MARG 3.1-4	00021	15.8974	$804.57	APC	N
11426	T	EXC H-F-NK-SP B9+MARG > 4 CM	00022	21.8429	$1,105.47	APC	N
11440	T	EXC FACE-MM B9+MARG 0.5 < CM	00019	4.4761	$226.54	APC	N
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM	00019	4.4761	$226.54	APC	N
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM	00020	8.2566	$417.87	APC	N
11443	T	EXC FACE-MM B9+MARG 2.1-3 CM	00020	8.2566	$417.87	APC	N
11444	T	EXC FACE-MM B9+MARG 3.1-4 CM	00020	8.2566	$417.87	APC	N
11446	T	EXC FACE-MM B9+MARG > 4 CM	00022	21.8429	$1,105.47	APC	N
11450	T	REMOVAL, SWEAT GLAND LESION	00022	21.8429	$1,105.47	APC	
11451	T	REMOVAL, SWEAT GLAND LESION	00022	21.8429	$1,105.47	APC	
11462	T	REMOVAL, SWEAT GLAND LESION	00022	21.8429	$1,105.47	APC	
11463	T	REMOVAL, SWEAT GLAND LESION	00022	21.8429	$1,105.47	APC	
11470	T	REMOVAL, SWEAT GLAND LESION	00022	21.8429	$1,105.47	APC	
11471	T	REMOVAL, SWEAT GLAND LESION	00022	21.8429	$1,105.47	APC	
11600	T	EXC TR-EXT MLG+MARG 0.5 < CM	00019	4.4761	$226.54	APC	N
11601	T	EXC TR-EXT MLG+MARG 0.6-1 CM	00019	4.4761	$226.54	APC	N
11602	T	EXC TR-EXT MLG+MARG 1.1-2 CM	00019	4.4761	$226.54	APC	N
11603	T	EXC TR-EXT MLG+MARG 2.1-3 CM	00020	8.2566	$417.87	APC	N
11604	T	EXC TR-EXT MLG+MARG 3.1-4 CM	00020	8.2566	$417.87	APC	N
11606	T	EXC TR-EXT MLG+MARG > 4 CM	00021	15.8974	$804.57	APC	N
11620	T	EXC H-F-NK-SP MLG+MARG 0.5 <	00020	8.2566	$417.87	APC	N
11621	T	EXC H-F-NK-SP MLG+MARG 0.6-1	00019	4.4761	$226.54	APC	N
11622	T	EXC H-F-NK-SP MLG+MARG 1.1-2	00020	8.2566	$417.87	APC	N
11623	T	EXC H-F-NK-SP MLG+MARG 2.1-3	00021	15.8974	$804.57	APC	N
11624	T	EXC H-F-NK-SP MLG+MARG 3.1-4	00021	15.8974	$804.57	APC	N
11626	T	EXC H-F-NK-SP MLG+MAR > 4 CM	00022	21.8429	$1,105.47	APC	N
11640	T	EXC FACE-MM MALIG+MARG 0.5 <	00020	8.2566	$417.87	APC	N
11641	T	EXC FACE-MM MALIG+MARG 0.6-1	00020	8.2566	$417.87	APC	N
11642	T	EXC FACE-MM MALIG+MARG 1.1-2	00020	8.2566	$417.87	APC	N
11643	T	EXC FACE-MM MALIG+MARG 2.1-3	00020	8.2566	$417.87	APC	N
11644	T	EXC FACE-MM MALIG+MARG 3.1-4	00021	15.8974	$804.57	APC	N
11646	T	EXC FACE-MM MLG+MARG > 4 CM	00022	21.8429	$1,105.47	APC	N
11719	T	TRIM NAIL(S)	00013	0.8281	$41.91	APC	N
11720	T	DEBRIDE NAIL, 1-5	00013	0.8281	$41.91	APC	N
11721	T	DEBRIDE NAIL, 6 OR MORE	00013	0.8281	$41.91	APC	N
11730	T	REMOVAL OF NAIL PLATE	00013	0.8281	$41.91	APC	N
11732	T	REMOVE NAIL PLATE, ADD-ON	00013	0.8281	$41.91	APC	N
11740	T	DRAIN BLOOD FROM UNDER NAIL	00012	0.4183	$21.17	APC	N
11750	T	REMOVAL OF NAIL BED	00019	4.4761	$226.54	APC	N
11752	T	REMOVE NAIL BED/FINGER TIP	00022	21.8429	$1,105.47	APC	
11755	T	BIOPSY, NAIL UNIT	00019	4.4761	$226.54	APC	N
11760	T	REPAIR OF NAIL BED	00134	3.4414	$174.17	APC	N

11762	T	RECONSTRUCTION OF NAIL BED	00136	15.9750	$808.49	APC	N
11765	T	EXCISION OF NAIL FOLD, TOE	00013	0.8281	$41.91	APC	N
11770	T	REMOVAL OF PILONIDAL LESION	00022	21.8429	$1,105.47	APC	N
11771	T	REMOVAL OF PILONIDAL LESION	00022	21.8429	$1,105.47	APC	N
11772	T	REMOVAL OF PILONIDAL LESION	00022	21.8429	$1,105.47	APC	N
11900	T	INJECTION INTO SKIN LESIONS	00013	0.8281	$41.91	APC	N
11901	T	ADDED SKIN LESIONS INJECTION	00013	0.8281	$41.91	APC	N
11920	T	CORRECT SKIN COLOR DEFECTS	00134	3.4414	$174.17	APC	N
11921	T	CORRECT SKIN COLOR DEFECTS	00134	3.4414	$174.17	APC	N
11922	T	CORRECT SKIN COLOR DEFECTS	00134	3.4414	$174.17	APC	N
11950	T	THERAPY FOR CONTOUR DEFECTS	00133	1.3124	$66.42	APC	N
11951	T	THERAPY FOR CONTOUR DEFECTS	00133	1.3124	$66.42	APC	N
11952	T	THERAPY FOR CONTOUR DEFECTS	00133	1.3124	$66.42	APC	N
11954	T	THERAPY FOR CONTOUR DEFECTS	00133	1.3124	$66.42	APC	N
11960	T	INSERT TISSUE EXPANDER(S)	00137	21.0656	$1,066.13	APC	
11970	T	REPLACE TISSUE EXPANDER	00051	45.3534	$2,295.34	APC	
11971	T	REMOVE TISSUE EXPANDER(S)	00022	21.8429	$1,105.47	APC	N
11975	M	INSERT CONTRACEPTIVE CAP			$72.72	Fee Schedule	N
11976	T	REMOVAL OF CONTRACEPTIVE CAP	00019	4.4761	$226.54	APC	N
11977	M	REMOVAL/REINSERT CONTRA CAP			$147.72	Fee Schedule	N
11980	X	IMPLANT HORMONE PELLET(S)	00340	0.6462	$32.70	APC	N
11981	X	INSERT DRUG IMPLANT DEVICE	00340	0.6462	$32.70	APC	
11982	X	REMOVE DRUG IMPLANT DEVICE	00340	0.6462	$32.70	APC	N
11983	X	REMOVE/INSERT DRUG IMPLANT	00340	0.6462	$32.70	APC	
12001	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12002	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12004	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12005	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12006	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12007	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12011	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12013	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12014	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12015	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12016	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12017	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12018	T	REPAIR SUPERFICIAL WOUND(S)	00133	1.3124	$66.42	APC	N
12020	T	CLOSURE OF SPLIT WOUND	00135	4.4306	$224.23	APC	
12021	T	CLOSURE OF SPLIT WOUND	00134	3.4414	$174.17	APC	
12031	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12032	T	LAYER CLOSURE OF WOUND(S)	00134	3.4414	$174.17	APC	N
12034	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12035	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12036	T	LAYER CLOSURE OF WOUND(S)	00134	3.4414	$174.17	APC	N
12037	T	LAYER CLOSURE OF WOUND(S)	00134	3.4414	$174.17	APC	N
12041	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12042	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12044	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12045	T	LAYER CLOSURE OF WOUND(S)	00134	3.4414	$174.17	APC	N
12046	T	LAYER CLOSURE OF WOUND(S)	00134	3.4414	$174.17	APC	N
12047	T	LAYER CLOSURE OF WOUND(S)	00134	3.4414	$174.17	APC	N
12051	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12052	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12053	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12054	T	LAYER CLOSURE OF WOUND(S)	00133	1.3124	$66.42	APC	N
12055	T	LAYER CLOSURE OF WOUND(S)	00134	3.4414	$174.17	APC	N
12056	T	LAYER CLOSURE OF WOUND(S)	00134	3.4414	$174.17	APC	N
12057	T	LAYER CLOSURE OF WOUND(S)	00134	3.4414	$174.17	APC	N
13100	T	REPAIR OF WOUND OR LESION	00135	4.4306	$224.23	APC	N
13101	T	REPAIR OF WOUND OR LESION	00135	4.4306	$224.23	APC	N
13102	T	REPAIR WOUND/LESION ADD-ON	00135	4.4306	$224.23	APC	N
13120	T	REPAIR OF WOUND OR LESION	00134	3.4414	$174.17	APC	N
13121	T	REPAIR OF WOUND OR LESION	00134	3.4414	$174.17	APC	N
13122	T	REPAIR WOUND/LESION ADD-ON	00134	3.4414	$174.17	APC	N
13131	T	REPAIR OF WOUND OR LESION	00134	3.4414	$174.17	APC	N
13132	T	REPAIR OF WOUND OR LESION	00134	3.4414	$174.17	APC	N
13133	T	REPAIR WOUND/LESION ADD-ON	00134	3.4414	$174.17	APC	N
13150	T	REPAIR OF WOUND OR LESION	00135	4.4306	$224.23	APC	N
13151	T	REPAIR OF WOUND OR LESION	00135	4.4306	$224.23	APC	N
13152	T	REPAIR OF WOUND OR LESION	00135	4.4306	$224.23	APC	N
13153	T	REPAIR WOUND/LESION ADD-ON	00134	3.4414	$174.17	APC	N

13160	T	LATE CLOSURE OF WOUND	00137	21.0656	$1,066.13	APC	
14000	T	SKIN TISSUE REARRANGEMENT	00136	15.9750	$808.49	APC	N
14001	T	SKIN TISSUE REARRANGEMENT	00136	15.9750	$808.49	APC	N
14020	T	SKIN TISSUE REARRANGEMENT	00136	15.9750	$808.49	APC	N
14021	T	SKIN TISSUE REARRANGEMENT	00136	15.9750	$808.49	APC	N
14040	T	SKIN TISSUE REARRANGEMENT	00136	15.9750	$808.49	APC	N
14041	T	SKIN TISSUE REARRANGEMENT	00136	15.9750	$808.49	APC	N
14060	T	SKIN TISSUE REARRANGEMENT	00136	15.9750	$808.49	APC	N
14061	T	SKIN TISSUE REARRANGEMENT	00136	15.9750	$808.49	APC	N
14300	T	SKIN TISSUE REARRANGEMENT	00137	21.0656	$1,066.13	APC	N
14350	T	SKIN TISSUE REARRANGEMENT	00137	21.0656	$1,066.13	APC	N
15002	T	WND PREP, CH/INF, TRK/ARM/LG	00135	4.4306	$224.23	APC	
15003	T	WND PREP, CH/INF ADDL 100 CM	00135	4.4306	$224.23	APC	
15004	T	WND PREP CH/INF, F/N/HF/G	00135	4.4306	$224.23	APC	
15005	T	WND PREP, F/N/HF/G, ADDL CM	00135	4.4306	$224.23	APC	
15040	T	HARVEST CULTURED SKIN GRAFT	00134	3.4414	$174.17	APC	
15050	T	SKIN PINCH GRAFT	00135	4.4306	$224.23	APC	N
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG	00137	21.0656	$1,066.13	APC	N
15101	T	SKIN SPLT GRFT T/A/L ADD-ON	00137	21.0656	$1,066.13	APC	N
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG	00135	4.4306	$224.23	APC	
15111	T	EPIDRM AUTOGRFT T/A/L ADD-ON	00135	4.4306	$224.23	APC	
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G	00135	4.4306	$224.23	APC	
15116	T	EPIDRM A-GRFT F/N/HF/G ADDL	00135	4.4306	$224.23	APC	
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G	00137	21.0656	$1,066.13	APC	N
15121	T	SKN SPLT A-GRFT F/N/HF/G ADD	00137	21.0656	$1,066.13	APC	N
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG	00136	15.9750	$808.49	APC	
15131	T	DERM AUTOGRAFT T/A/L ADD-ON	00136	15.9750	$808.49	APC	
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G	00136	15.9750	$808.49	APC	
15136	T	DERM AUTOGRAFT F/N/HF/G ADD	00136	15.9750	$808.49	APC	
15150	T	CULT EPIDERM GRFT T/ARM/LEG	00135	4.4306	$224.23	APC	
15151	T	CULT EPIDERM GRFT T/A/L ADDL	00135	4.4306	$224.23	APC	
15152	T	CULT EPIDERM GRAFT T/A/L +%	00135	4.4306	$224.23	APC	
15155	T	CULT EPIDERM GRAFT F/N/HF/G	00135	4.4306	$224.23	APC	
15156	T	CULT EPIDRM GRFT F/N/HFG ADD	00135	4.4306	$224.23	APC	
15157	T	CULT EPIDERM GRFT F/N/HFG +%	00135	4.4306	$224.23	APC	
15170	T	ACELL GRAFT TRUNK/ARMS/LEGS	00134	3.4414	$174.17	APC	
15171	T	ACELL GRAFT T/ARM/LEG ADD-ON	00134	3.4414	$174.17	APC	
15175	T	ACELLULAR GRAFT F/N/HF/G	00135	4.4306	$224.23	APC	
15176	T	ACELL GRAFT F/N/HF/G ADD-ON	00135	4.4306	$224.23	APC	
15200	T	SKIN FULL GRAFT TRUNK	00136	15.9750	$808.49	APC	N
15201	T	SKIN FULL GRAFT TRUNK ADD-ON	00136	15.9750	$808.49	APC	N
15220	T	SKIN FULL GRAFT SCLP/ARM/LEG	00136	15.9750	$808.49	APC	N
15221	T	SKIN FULL GRAFT ADD-ON	00135	4.4306	$224.23	APC	N
15240	T	SKIN FULL GRFT FACE/GENIT/HF	00136	15.9750	$808.49	APC	N
15241	T	SKIN FULL GRAFT ADD-ON	00135	4.4306	$224.23	APC	N
15260	T	SKIN FULL GRAFT EEN & LIPS	00136	15.9750	$808.49	APC	N
15261	T	SKIN FULL GRAFT ADD-ON	00136	15.9750	$808.49	APC	N
15300	T	APPLY SKINALLOGRFT T/ARM/LG	00135	4.4306	$224.23	APC	
15301	T	APPLY SKNALLOGRFT T/A/L ADDL	00135	4.4306	$224.23	APC	
15320	T	APPLY SKIN ALLOGRFT F/N/HF/G	00135	4.4306	$224.23	APC	
15321	T	APLY SKNALLOGRFT F/N/HFG ADD	00135	4.4306	$224.23	APC	
15330	T	APLY ACELL ALOGRFT T/ARM/LEG	00135	4.4306	$224.23	APC	
15331	T	APLY ACELL GRFT T/A/L ADD-ON	00135	4.4306	$224.23	APC	
15335	T	APPLY ACELL GRAFT F/N/HF/G	00135	4.4306	$224.23	APC	
15336	T	APLY ACELL GRFT F/N/HF/G ADD	00135	4.4306	$224.23	APC	
15340	T	APPLY CULT SKIN SUBSTITUTE	00134	3.4414	$174.17	APC	
15341	T	APPLY CULT SKIN SUB ADD-ON	00134	3.4414	$174.17	APC	
15360	T	APPLY CULT DERM SUB T/A/L	00134	3.4414	$174.17	APC	
15361	T	APLY CULT DERM SUB T/A/L ADD	00134	3.4414	$174.17	APC	
15365	T	APPLY CULT DERM SUB F/N/HF/G	00134	3.4414	$174.17	APC	
15366	T	APPLY CULT DERM F/HF/G ADD	00134	3.4414	$174.17	APC	
15400	T	APPLY SKIN XENOGRAFT T/A/L	00135	4.4306	$224.23	APC	N
15401	T	APPLY SKN XENOGRFT T/A/L ADD	00135	4.4306	$224.23	APC	N
15420	T	APPLY SKIN XGRAFT F/N/HF/G	00135	4.4306	$224.23	APC	
15421	T	APPLY SKN XGRFT F/N/HF/G ADD	00135	4.4306	$224.23	APC	
15430	T	APPLY ACELLULAR XENOGRAFT	00135	4.4306	$224.23	APC	
15431	T	APPLY ACELLULAR XGRAFT ADD	00135	4.4306	$224.23	APC	
15570	T	FORM SKIN PEDICLE FLAP	00137	21.0656	$1,066.13	APC	N
15572	T	FORM SKIN PEDICLE FLAP	00137	21.0656	$1,066.13	APC	N
15574	T	FORM SKIN PEDICLE FLAP	00137	21.0656	$1,066.13	APC	N
15576	T	FORM SKIN PEDICLE FLAP	00137	21.0656	$1,066.13	APC	N

15600	T	SKIN GRAFT	00137	21.0656	$1,066.13	APC	N
15610	T	SKIN GRAFT	00137	21.0656	$1,066.13	APC	N
15620	T	SKIN GRAFT	00137	21.0656	$1,066.13	APC	N
15630	T	SKIN GRAFT	00137	21.0656	$1,066.13	APC	N
15650	T	TRANSFER SKIN PEDICLE FLAP	00137	21.0656	$1,066.13	APC	N
15731	T	FOREHEAD FLAP W/VASC PEDICLE	00137	21.0656	$1,066.13	APC	
15732	T	MUSCLE-SKIN GRAFT, HEAD/NECK	00137	21.0656	$1,066.13	APC	N
15734	T	MUSCLE-SKIN GRAFT, TRUNK	00137	21.0656	$1,066.13	APC	N
15736	T	MUSCLE-SKIN GRAFT, ARM	00137	21.0656	$1,066.13	APC	N
15738	T	MUSCLE-SKIN GRAFT, LEG	00137	21.0656	$1,066.13	APC	N
15740	T	ISLAND PEDICLE FLAP GRAFT	00136	15.9750	$808.49	APC	N
15750	T	NEUROVASCULAR PEDICLE GRAFT	00137	21.0656	$1,066.13	APC	N
15756	C	FREE MYO/SKIN FLAP MICROVASC			$0.00	Inpatient Only	N
15757	C	FREE SKIN FLAP MICROVASC			$0.00	Inpatient Only	N
15758	C	FREE FASCIAL FLAP MICROVASC			$0.00	Inpatient Only	N
15760	T	COMPOSITE SKIN GRAFT	00137	21.0656	$1,066.13	APC	N
15770	T	DERMA-FAT-FASCIA GRAFT	00137	21.0656	$1,066.13	APC	N
15775	T	HAIR TRANSPLANT PUNCH GRAFTS			$0.00	Not Allowed	N
15776	T	HAIR TRANSPLANT PUNCH GRAFTS			$0.00	Not Allowed	N
15780	T	ABRASION TREATMENT OF SKIN			$0.00	Not Allowed	N
15781	T	ABRASION TREATMENT OF SKIN			$0.00	Not Allowed	
15782	T	ABRASION TREATMENT OF SKIN			$0.00	Not Allowed	
15783	T	ABRASION TREATMENT OF SKIN			$0.00	Not Allowed	N
15786	T	ABRASION, LESION, SINGLE			$0.00	Not Allowed	N
15787	T	ABRASION, LESIONS, ADD-ON			$0.00	Not Allowed	N
15788	T	CHEMICAL PEEL, FACE, EPIDERM			$0.00	Not Allowed	N
15789	T	CHEMICAL PEEL, FACE, DERMAL			$0.00	Not Allowed	N
15792	T	CHEMICAL PEEL, NONFACIAL			$0.00	Not Allowed	N
15793	T	CHEMICAL PEEL, NONFACIAL			$0.00	Not Allowed	N
15819	T	PLASTIC SURGERY, NECK			$0.00	Not Allowed	
15820	T	REVISION OF LOWER EYELID	00137	21.0656	$1,066.13	APC	Y
15821	T	REVISION OF LOWER EYELID	00137	21.0656	$1,066.13	APC	Y
15822	T	REVISION OF UPPER EYELID	00137	21.0656	$1,066.13	APC	Y
15823	T	REVISION OF UPPER EYELID	00137	21.0656	$1,066.13	APC	Y
15824	T	REMOVAL OF FOREHEAD WRINKLES			$0.00	Not Allowed	Y
15825	T	REMOVAL OF NECK WRINKLES			$0.00	Not Allowed	Y
15826	T	REMOVAL OF BROW WRINKLES			$0.00	Not Allowed	Y
15828	T	REMOVAL OF FACE WRINKLES			$0.00	Not Allowed	Y
15829	T	REMOVAL OF SKIN WRINKLES			$0.00	Not Allowed	Y
15830	T	EXC SKIN ABD	00022	21.8429	$1,105.47	APC	
15832	T	EXCISE EXCESSIVE SKIN TISSUE	00022	21.8429	$1,105.47	APC	Y
15833	T	EXCISE EXCESSIVE SKIN TISSUE	00022	21.8429	$1,105.47	APC	Y
15834	T	EXCISE EXCESSIVE SKIN TISSUE	00022	21.8429	$1,105.47	APC	Y
15835	T	EXCISE EXCESSIVE SKIN TISSUE	00022	21.8429	$1,105.47	APC	Y
15836	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.8974	$804.57	APC	Y
15837	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.8974	$804.57	APC	Y
15838	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.8974	$804.57	APC	Y
15839	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.8974	$804.57	APC	Y
15840	T	GRAFT FOR FACE NERVE PALSY	00137	21.0656	$1,066.13	APC	N
15841	T	GRAFT FOR FACE NERVE PALSY	00137	21.0656	$1,066.13	APC	N
15842	T	FLAP FOR FACE NERVE PALSY	00137	21.0656	$1,066.13	APC	N
15845	T	SKIN AND MUSCLE REPAIR, FACE	00137	21.0656	$1,066.13	APC	N
15847	T	EXC SKIN ABD ADD-ON	00022	21.8429	$1,105.47	APC	
15850	T	REMOVAL OF SUTURES	00016	2.7288	$138.10	APC	N
15851	T	REMOVAL OF SUTURES	00016	2.7288	$138.10	APC	N
15852	X	DRESSING CHANGE NOT FOR BURN	00340	0.6462	$32.70	APC	N
15860	X	TEST FOR BLOOD FLOW IN GRAFT	00340	0.6462	$32.70	APC	
15876	T	SUCTION ASSISTED LIPECTOMY			$0.00	Not Allowed	N
15877	T	SUCTION ASSISTED LIPECTOMY			$0.00	Not Allowed	N
15878	T	SUCTION ASSISTED LIPECTOMY			$0.00	Not Allowed	N
15879	T	SUCTION ASSISTED LIPECTOMY			$0.00	Not Allowed	Y
15920	T	REMOVAL OF TAIL BONE ULCER	00019	4.4761	$226.54	APC	N
15922	T	REMOVAL OF TAIL BONE ULCER	00137	21.0656	$1,066.13	APC	N
15931	T	REMOVE SACRUM PRESSURE SORE	00022	21.8429	$1,105.47	APC	N
15933	T	REMOVE SACRUM PRESSURE SORE	00022	21.8429	$1,105.47	APC	N
15934	T	REMOVE SACRUM PRESSURE SORE	00137	21.0656	$1,066.13	APC	N
15935	T	REMOVE SACRUM PRESSURE SORE	00137	21.0656	$1,066.13	APC	
15936	T	REMOVE SACRUM PRESSURE SORE	00136	15.9750	$808.49	APC	
15937	T	REMOVE SACRUM PRESSURE SORE	00137	21.0656	$1,066.13	APC	
15940	T	REMOVE HIP PRESSURE SORE	00022	21.8429	$1,105.47	APC	N
15941	T	REMOVE HIP PRESSURE SORE	00022	21.8429	$1,105.47	APC	N

15944	T	REMOVE HIP PRESSURE SORE	00137	21.0656	$1,066.13	APC	
15945	T	REMOVE HIP PRESSURE SORE	00137	21.0656	$1,066.13	APC	
15946	T	REMOVE HIP PRESSURE SORE	00137	21.0656	$1,066.13	APC	
15950	T	REMOVE THIGH PRESSURE SORE	00022	21.8429	$1,105.47	APC	N
15951	T	REMOVE THIGH PRESSURE SORE	00022	21.8429	$1,105.47	APC	N
15952	T	REMOVE THIGH PRESSURE SORE	00136	15.9750	$808.49	APC	N
15953	T	REMOVE THIGH PRESSURE SORE	00136	15.9750	$808.49	APC	N
15956	T	REMOVE THIGH PRESSURE SORE	00136	15.9750	$808.49	APC	
15958	T	REMOVE THIGH PRESSURE SORE	00136	15.9750	$808.49	APC	
15999	T	REMOVAL OF PRESSURE SORE	00019	4.4761	$226.54	APC	
16000	T	INITIAL TREATMENT OF BURN(S)	00013	0.8281	$41.91	APC	N
16020	T	DRESS/DEBRID P-THICK BURN S	00015	1.5170	$76.78	APC	N
16025	T	DRESS/DEBRID P-THICK BURN M	00015	1.5170	$76.78	APC	N
16030	T	DRESS/DEBRID P-THICK BURN L	00015	1.5170	$76.78	APC	N
16035	T	INCISION OF BURN SCAB INITI	00015	1.5170	$76.78	APC	N
16036	C	ESCHAROTOMY; ADD□L INCISION			$0.00	Inpatient Only	N
17000	T	DESTROY BENIGN/PREMLG LESION	00013	0.8281	$41.91	APC	N
17003	T	DESTROY LESIONS, 2-14	00012	0.4183	$21.17	APC	N
17004	T	DESTROY LESIONS, 15 OR MORE	00016	2.7288	$138.10	APC	N
17106	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17107	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17108	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17110	T	DESTRUCT LESION, 1-14	00013	0.8281	$41.91	APC	N
17111	T	DESTRUCT LESION, 15 OR MORE	00015	1.5170	$76.78	APC	N
17250	T	CHEMICAL CAUTERY, TISSUE	00015	1.5170	$76.78	APC	N
17260	T	DESTRUCTION OF SKIN LESIONS	00015	1.5170	$76.78	APC	N
17261	T	DESTRUCTION OF SKIN LESIONS	00015	1.5170	$76.78	APC	N
17262	T	DESTRUCTION OF SKIN LESIONS	00015	1.5170	$76.78	APC	N
17263	T	DESTRUCTION OF SKIN LESIONS	00015	1.5170	$76.78	APC	N
17264	T	DESTRUCTION OF SKIN LESIONS	00015	1.5170	$76.78	APC	N
17266	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17270	T	DESTRUCTION OF SKIN LESIONS	00015	1.5170	$76.78	APC	N
17271	T	DESTRUCTION OF SKIN LESIONS	00015	1.5170	$76.78	APC	N
17272	T	DESTRUCTION OF SKIN LESIONS	00015	1.5170	$76.78	APC	N
17273	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17274	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17276	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17280	T	DESTRUCTION OF SKIN LESIONS	00015	1.5170	$76.78	APC	N
17281	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17282	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17283	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17284	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17286	T	DESTRUCTION OF SKIN LESIONS	00016	2.7288	$138.10	APC	N
17311	T	MOHS, 1 STAGE, H/N/HF/G	00694	4.5047	$227.98	APC	
17312	T	MOHS ADDL STAGE	00694	4.5047	$227.98	APC	
17313	T	MOHS, 1 STAGE, T/A/L	00694	4.5047	$227.98	APC	
17314	T	MOHS, ADDL STAGE, T/A/L	00694	4.5047	$227.98	APC	
17315	T	MOHS SURG, ADDL BLOCK	00694	4.5047	$227.98	APC	
17340	T	CRYOTHERAPY OF SKIN	00013	0.8281	$41.91	APC	N
17360	T	SKIN PEEL THERAPY	00013	0.8281	$41.91	APC	N
17380	T	HAIR REMOVAL BY ELECTROLYSIS	00013	0.8281	$41.91	APC	N
17999	T	SKIN TISSUE PROCEDURE	00012	0.4183	$21.17	APC	N
19000	T	DRAINAGE OF BREAST LESION	00004	4.4727	$226.36	APC	N
19001	T	DRAIN BREAST LESION ADD-ON	00002	1.4324	$72.49	APC	N
19020	T	INCISION OF BREAST LESION	00008	19.3873	$981.19	APC	N
19030	N	INJECTION FOR BREAST X-RAY			$0.00	Bundled	N
19100	T	BX BREAST PERCUT W/O IMAGE	00004	4.4727	$226.36	APC	N
19101	T	BIOPSY OF BREAST, OPEN	00028	21.4851	$1,087.36	APC	N
19102	T	BX BREAST PERCUT W/IMAGE	00005	7.3879	$373.90	APC	N
19103	T	BX BREAST PERCUT W/DEVICE	00037	13.5176	$684.13	APC	N
19105	T	CRYOSURG ABLATE FA, EACH	00029	33.5744	$1,699.20	APC	
19110	T	NIPPLE EXPLORATION	00028	21.4851	$1,087.36	APC	N
19112	T	EXCISE BREAST DUCT FISTULA	00028	21.4851	$1,087.36	APC	N
19120	T	REMOVAL OF BREAST LESION	00028	21.4851	$1,087.36	APC	N
19125	T	EXCISION, BREAST LESION	00028	21.4851	$1,087.36	APC	N
19126	T	EXCISION, ADDL BREAST LESION	00028	21.4851	$1,087.36	APC	N
19260	T	REMOVAL OF CHEST WALL LESION	00021	15.8974	$804.57	APC	N
19271	C	REVISION OF CHEST WALL			$0.00	Inpatient Only	N
19272	C	EXTENSIVE CHEST WALL SURGERY			$0.00	Inpatient Only	N
19290	N	PLACE NEEDLE WIRE, BREAST			$0.00	Bundled	N
19291	N	PLACE NEEDLE WIRE, BREAST			$0.00	Bundled	N

19295	N	PLACE BREAST CLIP, PERCUT			$0.00	Bundled	N
19296	T	PLACE PO BREAST CATH FOR RAD	00648	60.1165	$3,042.50	APC	
19297	T	PLACE BREAST CATH FOR RAD	00648	60.1165	$3,042.50	APC	
19298	T	PLACE BREAST RAD TUBE/CATHS	00648	60.1165	$3,042.50	APC	
19300	T	REMOVAL OF BREAST TISSUE	00028	21.4851	$1,087.36	APC	
19301	T	PARTICAL MASTECTOMY	00028	21.4851	$1,087.36	APC	
19302	T	P-MASTECTOMY W/LN REMOVAL	00030	40.5281	$2,051.13	APC	
19303	T	MAST, SIMPLE, COMPLETE	00029	33.5744	$1,699.20	APC	
19304	T	MAST, SUBQ	00029	33.5744	$1,699.20	APC	
19305	C	MAST, RADICAL			$0.00	Inpatient Only	
19306	C	MAST, RAD, URBAN TYPE			$0.00	Inpatient Only	
19307	T	MAST, MOD RAD	00030	40.5281	$2,051.13	APC	
19316	T	SUSPENSION OF BREAST	00029	33.5744	$1,699.20	APC	
19318	T	REDUCTION OF LARGE BREAST	00030	40.5281	$2,051.13	APC	Y
19324	T	ENLARGE BREAST	00030	40.5281	$2,051.13	APC	
19325	T	ENLARGE BREAST WITH IMPLANT	00648	60.1165	$3,042.50	APC	Y
19328	T	REMOVAL OF BREAST IMPLANT	00029	33.5744	$1,699.20	APC	
19330	T	REMOVAL OF IMPLANT MATERIAL	00029	33.5744	$1,699.20	APC	N
19340	T	IMMEDIATE BREAST PROSTHESIS	00030	40.5281	$2,051.13	APC	
19342	T	DELAYED BREAST PROSTHESIS	00648	60.1165	$3,042.50	APC	
19350	T	BREAST RECONSTRUCTION	00028	21.4851	$1,087.36	APC	N
19355	T	CORRECT INVERTED NIPPLE(S)			$0.00	Not Allowed	Y
19357	T	BREAST RECONSTRUCTION	00648	60.1165	$3,042.50	APC	N
19361	C	BREAST RECONSTRUCTION			$0.00	Inpatient Only	N
19364	C	BREAST RECONSTRUCTION			$0.00	Inpatient Only	
19366	T	BREAST RECONSTRUCTION	00029	33.5744	$1,699.20	APC	
19367	C	BREAST RECONSTRUCTION			$0.00	Inpatient Only	N
19368	C	BREAST RECONSTRUCTION			$0.00	Inpatient Only	N
19369	C	BREAST RECONSTRUCTION			$0.00	Inpatient Only	N
19370	T	SURGERY OF BREAST CAPSULE	00029	33.5744	$1,699.20	APC	
19371	T	REMOVAL OF BREAST CAPSULE	00029	33.5744	$1,699.20	APC	
19380	T	REVISE BREAST RECONSTRUCTION	00030	40.5281	$2,051.13	APC	
19396	T	DESIGN CUSTOM BREAST IMPLANT	00029	33.5744	$1,699.20	APC	
19499	T	BREAST SURGERY PROCEDURE	00028	21.4851	$1,087.36	APC	N
20000	T	INCISION OF ABSCESS	00006	1.4128	$71.50	APC	N
20005	T	INCISION OF DEEP ABSCESS	00049	21.7810	$1,102.34	APC	N
20100	T	EXPLORE WOUND, NECK	00252	7.5330	$381.25	APC	N
20101	T	EXPLORE WOUND, CHEST	00137	21.0656	$1,066.13	APC	N
20102	T	EXPLORE WOUND, ABDOMEN	00137	21.0656	$1,066.13	APC	N
20103	T	EXPLORE WOUND, EXTREMITY	00136	15.9750	$808.49	APC	N
20150	T	EXCISE EPIPHYSEAL BAR	00051	45.3534	$2,295.34	APC	N
20200	T	MUSCLE BIOPSY	00021	15.8974	$804.57	APC	N
20205	T	DEEP MUSCLE BIOPSY	00021	15.8974	$804.57	APC	N
20206	T	NEEDLE BIOPSY, MUSCLE	00005	7.3879	$373.90	APC	
20220	T	BONE BIOPSY, TROCAR/NEEDLE	00020	8.2566	$417.87	APC	N
20225	T	BONE BIOPSY, TROCAR/NEEDLE	00021	15.8974	$804.57	APC	N
20240	T	BONE BIOPSY EXCISIONAL	00022	21.8429	$1,105.47	APC	N
20245	T	BONE BIOPSY, EXCISIONAL	00022	21.8429	$1,105.47	APC	N
20250	T	OPEN BONE BIOPSY	00049	21.7810	$1,102.34	APC	N
20251	T	OPEN BONE BIOPSY	00049	21.7810	$1,102.34	APC	N
20500	T	INJECTION OF SINUS TRACT	00252	7.5330	$381.25	APC	N
20501	N	INJECT SINUS TRACT FOR X-RAY			$0.00	Bundled	N
20520	T	REMOVAL OF FOREIGN BODY	00019	4.4761	$226.54	APC	N
20525	T	REMOVAL OF FOREIGN BODY	00022	21.8429	$1,105.47	APC	N
20526	T	THER INJECTION CARP TUNNEL	00204	2.4871	$125.87	APC	
20550	T	INJ TENDON SHEATH/LIGAMENT	00204	2.4871	$125.87	APC	N
20551	T	INJ TENDON ORIGIN/INSERTION	00204	2.4871	$125.87	APC	
20552	T	INJ TRIGGER POINT 1/2 MUSCL	00204	2.4871	$125.87	APC	N
20553	T	INJECT TRIGGER POINTS =/> 3	00204	2.4871	$125.87	APC	
20555	T	PLACE NDL MUSC/TIS FOR RT	00050	29.8816	$1,512.31	APC	
20600	T	DRAIN/INJECT JOINT/BURSA	00204	2.4871	$125.87	APC	N
20605	T	DRAIN/INJECT JOINT/BURSA	00204	2.4871	$125.87	APC	N
20610	T	DRAIN/INJECT, JOINT/BURSA	00204	2.4871	$125.87	APC	N
20612	T	ASPIRATE/INJ GANGLION CYST	00204	2.4871	$125.87	APC	
20615	T	TREATMENT OF BONE CYST	00004	4.4727	$226.36	APC	N
20650	T	INSERT AND REMOVE BONE PIN	00049	21.7810	$1,102.34	APC	N
20660	T	APPLY REM FIXATION DEVICE	00138	6.1479	$311.15	APC	N
20661	C	APPLICATION OF HEAD BRACE			$0.00	Inpatient Only	N
20662	T	APPLICATION OF PELVIS BRACE	00049	21.7810	$1,102.34	APC	N
20663	T	APPLICATION OF THIGH BRACE	00049	21.7810	$1,102.34	APC	N
20664	C	HALO BRACE APPLICATION			$0.00	Inpatient Only	N

20665	X	REMOVAL OF FIXATION DEVICE	00340	0.6462	$32.70	APC	N
20670	T	REMOVAL OF SUPPORT IMPLANT	00021	15.8974	$804.57	APC	N
20680	T	REMOVAL OF SUPPORT IMPLANT	00022	21.8429	$1,105.47	APC	N
20690	T	APPLY BONE FIXATION DEVICE	00050	29.8816	$1,512.31	APC	N
20692	T	APPLY BONE FIXATION DEVICE	00050	29.8816	$1,512.31	APC	N
20693	T	ADJUST BONE FIXATION DEVICE	00049	21.7810	$1,102.34	APC	N
20694	T	REMOVE BONE FIXATION DEVICE	00049	21.7810	$1,102.34	APC	N
20696	T	COMP MULTIPLANE EXT FIXATION	00050	29.8816	$1,512.31	APC	
20697	T	COMP EXT FIXATE STRUT CHANGE	00139	19.8724	$1,005.74	APC	
20802	C	REPLANTATION, ARM, COMPLETE			$0.00	Inpatient Only	N
20805	C	REPLANT FOREARM COMPLETE			$0.00	Inpatient Only	N
20808	C	REPLANTATION HAND, COMPLETE			$0.00	Inpatient Only	N
20816	C	REPLANTATION DIGIT, COMPLETE			$0.00	Inpatient Only	N
20822	T	REPLANTATION DIGIT, COMPLETE	00054	27.9994	$1,417.05	APC	N
20824	C	REPLANTATION THUMB, COMPLETE			$0.00	Inpatient Only	N
20827	C	REPLANTATION THUMB, COMPLETE			$0.00	Inpatient Only	N
20838	C	REPLANTATION FOOT, COMPLETE			$0.00	Inpatient Only	
20900	T	REMOVAL OF BONE FOR GRAFT	00050	29.8816	$1,512.31	APC	N
20902	T	REMOVAL OF BONE FOR GRAFT	00050	29.8816	$1,512.31	APC	N
20910	T	REMOVE CARTILAGE FOR GRAFT	00137	21.0656	$1,066.13	APC	N
20912	T	REMOVE CARTILAGE FOR GRAFT	00137	21.0656	$1,066.13	APC	
20920	T	REMOVAL OF FASCIA FOR GRAFT	00136	15.9750	$808.49	APC	N
20922	T	REMOVAL OF FASCIA FOR GRAFT	00136	15.9750	$808.49	APC	N
20924	T	REMOVAL OF TENDON FOR GRAFT	00050	29.8816	$1,512.31	APC	N
20926	T	REMOVAL OF TISSUE FOR GRAFT	00135	4.4306	$224.23	APC	N
20930	C	SPINAL BONE ALLOGRAFT			$0.00	Inpatient Only	N
20931	C	SPINAL BONE ALLOGRAFT			$0.00	Inpatient Only	N
20936	C	SPINAL BONE AUTOGRAFT			$0.00	Inpatient Only	N
20937	C	SPINAL BONE AUTOGRAFT			$0.00	Inpatient Only	N
20938	C	SPINAL BONE AUTOGRAFT			$0.00	Inpatient Only	N
20950	T	FLUID PRESSURE, MUSCLE	00006	1.4128	$71.50	APC	N
20955	C	FIBULA BONE GRAFT MICROVASC			$0.00	Inpatient Only	N
20956	C	ILIAC BONE GRAFT, MICROVASC			$0.00	Inpatient Only	N
20957	C	MT BONE GRAFT, MICROVASC			$0.00	Inpatient Only	N
20962	C	OTHER BONE GRAFT MICROVASC			$0.00	Inpatient Only	
20969	C	BONE/SKIN GRAFT MICROVASC			$0.00	Inpatient Only	
20970	C	BONE/SKIN GRAFT ILIAC CREST			$0.00	Inpatient Only	N
20972	T	BONE/SKIN GRAFT METATARSAL	00056	47.2916	$2,393.43	APC	
20973	T	BONE/SKIN GRAFT GREAT TOE	00056	47.2916	$2,393.43	APC	
20974	M	ELECTRICAL BONE STIMULATION			$39.29	Fee Schedule	N
20975	N	ELECTRICAL BONE STIMULATION			$0.00	Bundled	N
20979	X	US BONE STIMULATION	00340	0.6462	$32.70	APC	N
20982	T	ABLATE BONE TUMOR(S) PERQ	00051	45.3534	$2,295.34	APC	
20985	N	CPTR-ASST DIR MS PX			$0.00	Bundled	
20999	T	MUSCULOSKELETAL SURGERY	00049	21.7810	$1,102.34	APC	N
21010	T	INCISION OF JAW JOINT	00254	24.7557	$1,252.89	APC	N
21015	T	RESECTION OF FACIAL TUMOR	00253	17.2402	$872.53	APC	N
21025	T	EXCISION OF BONE, LOWER JAW	00256	41.8741	$2,119.25	APC	N
21026	T	EXCISION OF FACIAL BONE(S)	00256	41.8741	$2,119.25	APC	N
21029	T	CONTOUR OF FACE BONE LESION	00256	41.8741	$2,119.25	APC	N
21030	T	EXCISE MAX/ZYGOMA B9 TUMOR	00254	24.7557	$1,252.89	APC	N
21031	T	REMOVE EXOSTOSIS, MANDIBLE	00254	24.7557	$1,252.89	APC	N
21032	T	REMOVE EXOSTOSIS, MAXILLA	00254	24.7557	$1,252.89	APC	N
21034	T	EXCISE MAX/ZYGOMA MLG TUMOR	00256	41.8741	$2,119.25	APC	N
21040	T	EXCISE MANDIBLE LESION	00254	24.7557	$1,252.89	APC	N
21044	T	REMOVAL OF JAW BONE LESION	00256	41.8741	$2,119.25	APC	N
21045	C	EXTENSIVE JAW SURGERY			$0.00	Inpatient Only	N
21046	T	REMOVE MANDIBLE CYST COMPLEX	00256	41.8741	$2,119.25	APC	
21047	T	EXCISE LWR JAW CYST W/REPAIR	00256	41.8741	$2,119.25	APC	
21048	T	REMOVE MAXILLA CYST COMPLEX	00256	41.8741	$2,119.25	APC	
21049	T	EXCIS UPPR JAW CYST W/REPAIR	00256	41.8741	$2,119.25	APC	
21050	T	REMOVAL OF JAW JOINT	00256	41.8741	$2,119.25	APC	N
21060	T	REMOVE JAW JOINT CARTILAGE	00256	41.8741	$2,119.25	APC	N
21070	T	REMOVE CORONOID PROCESS	00256	41.8741	$2,119.25	APC	N
21073	T	MNPJ OF TMJ W/ANESTH	00252	7.5330	$381.25	APC	
21076	T	PREPARE FACE/ORAL PROSTHESIS	00254	24.7557	$1,252.89	APC	N
21077	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N
21079	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N
21080	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N
21081	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N
21082	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N

21083	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N
21084	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N
21085	T	PREPARE FACE/ORAL PROSTHESIS	00253	17.2402	$872.53	APC	N
21086	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N
21087	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N
21088	T	PREPARE FACE/ORAL PROSTHESIS	00256	41.8741	$2,119.25	APC	N
21089	T	PREPARE FACE/ORAL PROSTHESIS	00250	1.1110	$56.23	APC	N
21100	T	MAXILLOFACIAL FIXATION	00256	41.8741	$2,119.25	APC	N
21110	T	INTERDENTAL FIXATION	00252	7.5330	$381.25	APC	N
21116	N	INJECTION, JAW JOINT X-RAY			$0.00	Bundled	N
21120	T	RECONSTRUCTION OF CHIN	00254	24.7557	$1,252.89	APC	Y
21121	T	RECONSTRUCTION OF CHIN	00254	24.7557	$1,252.89	APC	Y
21122	T	RECONSTRUCTION OF CHIN	00254	24.7557	$1,252.89	APC	Y
21123	T	RECONSTRUCTION OF CHIN	00254	24.7557	$1,252.89	APC	Y
21125	T	AUGMENTATION, LOWER JAW BONE	00254	24.7557	$1,252.89	APC	Y
21127	T	AUGMENTATION LOWER JAW BONE	00256	41.8741	$2,119.25	APC	Y
21137	T	REDUCTION OF FOREHEAD	00254	24.7557	$1,252.89	APC	Y
21138	T	REDUCTION OF FOREHEAD	00256	41.8741	$2,119.25	APC	Y
21139	T	REDUCTION OF FOREHEAD	00256	41.8741	$2,119.25	APC	Y
21141	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21142	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21143	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21145	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21146	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21147	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21150	T	RECONSTRUCT MIDFACE, LEFORT	00256	41.8741	$2,119.25	APC	Y
21151	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21154	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21155	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21159	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21160	C	RECONSTRUCT MIDFACE, LEFORT			$0.00	Inpatient Only	Y
21172	T	RECONSTRUCT ORBIT/FOREHEAD	00256	41.8741	$2,119.25	APC	Y
21175	T	RECONSTRUCT ORBIT/FOREHEAD	00256	41.8741	$2,119.25	APC	Y
21179	C	RECONSTRUCT ENTIRE FOREHEAD			$0.00	Inpatient Only	Y
21180	C	RECONSTRUCT ENTIRE FOREHEAD			$0.00	Inpatient Only	Y
21181	T	CONTOUR CRANIAL BONE LESION	00254	24.7557	$1,252.89	APC	Y
21182	C	RECONSTRUCT CRANIAL BONE			$0.00	Inpatient Only	Y
21183	C	RECONSTRUCT CRANIAL BONE			$0.00	Inpatient Only	Y
21184	C	RECONSTRUCT CRANIAL BONE			$0.00	Inpatient Only	Y
21188	C	RECONSTRUCTION OF MIDFACE			$0.00	Inpatient Only	Y
21193	C	RECONST LWR JAW W/O GRAFT			$0.00	Inpatient Only	Y
21194	C	RECONST LWR JAW W/GRAFT			$0.00	Inpatient Only	Y
21195	T	RECONST LWR JAW W/O FIXATION	00256	41.8741	$2,119.25	APC	Y
21196	C	RECONST LWR JAW W/FIXATION			$0.00	Inpatient Only	Y
21198	T	RECONSTR LWR JAW SEGMENT	00256	41.8741	$2,119.25	APC	Y
21199	T	RECONSTR LWR JAW W/ADVANCE	00256	41.8741	$2,119.25	APC	Y
21206	T	RECONSTRUCT UPPER JAW BONE	00256	41.8741	$2,119.25	APC	Y
21208	T	AUGMENTATION OF FACIAL BONES	00256	41.8741	$2,119.25	APC	Y
21209	T	REDUCTION OF FACIAL BONES	00256	41.8741	$2,119.25	APC	Y
21210	T	FACE BONE GRAFT	00256	41.8741	$2,119.25	APC	Y
21215	T	LOWER JAW BONE GRAFT	00256	41.8741	$2,119.25	APC	Y
21230	T	RIB CARTILAGE GRAFT	00256	41.8741	$2,119.25	APC	Y
21235	T	EAR CARTILAGE GRAFT	00254	24.7557	$1,252.89	APC	Y
21240	T	RECONSTRUCTION OF JAW JOINT	00256	41.8741	$2,119.25	APC	Y
21242	T	RECONSTRUCTION OF JAW JOINT	00256	41.8741	$2,119.25	APC	Y
21243	T	RECONSTRUCTION OF JAW JOINT	00256	41.8741	$2,119.25	APC	Y
21244	T	RECONSTRUCTION OF LOWER JAW	00256	41.8741	$2,119.25	APC	Y
21245	T	RECONSTRUCTION OF JAW	00256	41.8741	$2,119.25	APC	Y
21246	T	RECONSTRUCTION OF JAW	00256	41.8741	$2,119.25	APC	Y
21247	C	RECONSTRUCT LOWER JAW BONE			$0.00	Inpatient Only	Y
21248	T	RECONSTRUCTION OF JAW	00256	41.8741	$2,119.25	APC	Y
21249	T	RECONSTRUCTION OF JAW	00256	41.8741	$2,119.25	APC	Y
21255	C	RECONSTRUCT LOWER JAW BONE			$0.00	Inpatient Only	Y
21256	C	RECONSTRUCTION OF ORBIT			$0.00	Inpatient Only	Y
21260	T	REVISE EYE SOCKETS	00256	41.8741	$2,119.25	APC	N
21261	T	REVISE EYE SOCKETS	00256	41.8741	$2,119.25	APC	N
21263	T	REVISE EYE SOCKETS	00256	41.8741	$2,119.25	APC	N
21267	T	REVISE EYE SOCKETS	00256	41.8741	$2,119.25	APC	N
21268	C	REVISE EYE SOCKETS			$0.00	Inpatient Only	N
21270	T	AUGMENTATION, CHEEK BONE	00256	41.8741	$2,119.25	APC	N
21275	T	REVISION, ORBITOFACIAL BONES	00256	41.8741	$2,119.25	APC	N

21280	T	REVISION OF EYELID	00256	41.8741	$2,119.25	APC	
21282	T	REVISION OF EYELID	00253	17.2402	$872.53	APC	
21295	T	REVISION OF JAW MUSCLE/BONE	00252	7.5330	$381.25	APC	
21296	T	REVISION OF JAW MUSCLE/BONE	00254	24.7557	$1,252.89	APC	
21299	T	CRANIO/MAXILLOFACIAL SURGERY	00250	1.1110	$56.23	APC	N
21310	T	TREATMENT OF NOSE FRACTURE	00250	1.1110	$56.23	APC	N
21315	T	TREATMENT OF NOSE FRACTURE	00253	17.2402	$872.53	APC	N
21320	T	TREATMENT OF NOSE FRACTURE	00253	17.2402	$872.53	APC	N
21325	T	TREATMENT OF NOSE FRACTURE	00254	24.7557	$1,252.89	APC	N
21330	T	TREATMENT OF NOSE FRACTURE	00254	24.7557	$1,252.89	APC	N
21335	T	TREATMENT OF NOSE FRACTURE	00254	24.7557	$1,252.89	APC	N
21336	T	TREAT NASAL SEPTAL FRACTURE	00062	25.4442	$1,287.73	APC	N
21337	T	TREAT NASAL SEPTAL FRACTURE	00253	17.2402	$872.53	APC	N
21338	T	TREAT NASOETHMOID FRACTURE	00254	24.7557	$1,252.89	APC	N
21339	T	TREAT NASOETHMOID FRACTURE	00254	24.7557	$1,252.89	APC	N
21340	T	TREATMENT OF NOSE FRACTURE	00256	41.8741	$2,119.25	APC	N
21343	C	TREATMENT OF SINUS FRACTURE			$0.00	Inpatient Only	N
21344	C	TREATMENT OF SINUS FRACTURE			$0.00	Inpatient Only	N
21345	T	TREAT NOSE/JAW FRACTURE	00254	24.7557	$1,252.89	APC	N
21346	C	TREAT NOSE/JAW FRACTURE			$0.00	Inpatient Only	N
21347	C	TREAT NOSE/JAW FRACTURE			$0.00	Inpatient Only	N
21348	C	TREAT NOSE/JAW FRACTURE			$0.00	Inpatient Only	N
21355	T	TREAT CHEEK BONE FRACTURE	00256	41.8741	$2,119.25	APC	N
21356	T	TREAT CHEEK BONE FRACTURE	00254	24.7557	$1,252.89	APC	N
21360	T	TREAT CHEEK BONE FRACTURE	00254	24.7557	$1,252.89	APC	N
21365	T	TREAT CHEEK BONE FRACTURE	00256	41.8741	$2,119.25	APC	N
21366	C	TREAT CHEEK BONE FRACTURE			$0.00	Inpatient Only	N
21385	T	TREAT EYE SOCKET FRACTURE	00256	41.8741	$2,119.25	APC	N
21386	T	TREAT EYE SOCKET FRACTURE	00256	41.8741	$2,119.25	APC	N
21387	T	TREAT EYE SOCKET FRACTURE	00256	41.8741	$2,119.25	APC	N
21390	T	TREAT EYE SOCKET FRACTURE	00256	41.8741	$2,119.25	APC	N
21395	C	TREAT EYE SOCKET FRACTURE			$0.00	Inpatient Only	N
21400	T	TREAT EYE SOCKET FRACTURE	00252	7.5330	$381.25	APC	N
21401	T	TREAT EYE SOCKET FRACTURE	00253	17.2402	$872.53	APC	N
21406	T	TREAT EYE SOCKET FRACTURE	00256	41.8741	$2,119.25	APC	N
21407	T	TREAT EYE SOCKET FRACTURE	00256	41.8741	$2,119.25	APC	N
21408	T	TREAT EYE SOCKET FRACTURE	00256	41.8741	$2,119.25	APC	N
21421	T	TREAT MOUTH ROOF FRACTURE	00254	24.7557	$1,252.89	APC	N
21422	C	TREAT MOUTH ROOF FRACTURE			$0.00	Inpatient Only	N
21423	C	TREAT MOUTH ROOF FRACTURE			$0.00	Inpatient Only	N
21431	C	TREAT CRANIOFACIAL FRACTURE			$0.00	Inpatient Only	N
21432	C	TREAT CRANIOFACIAL FRACTURE			$0.00	Inpatient Only	N
21433	C	TREAT CRANIOFACIAL FRACTURE			$0.00	Inpatient Only	N
21435	C	TREAT CRANIOFACIAL FRACTURE			$0.00	Inpatient Only	N
21436	C	TREAT CRANIOFACIAL FRACTURE			$0.00	Inpatient Only	N
21440	T	TREAT DENTAL RIDGE FRACTURE	00254	24.7557	$1,252.89	APC	N
21445	T	TREAT DENTAL RIDGE FRACTURE	00254	24.7557	$1,252.89	APC	N
21450	T	TREAT LOWER JAW FRACTURE	00251	3.3069	$167.36	APC	N
21451	T	TREAT LOWER JAW FRACTURE	00252	7.5330	$381.25	APC	N
21452	T	TREAT LOWER JAW FRACTURE	00253	17.2402	$872.53	APC	N
21453	T	TREAT LOWER JAW FRACTURE	00256	41.8741	$2,119.25	APC	N
21454	T	TREAT LOWER JAW FRACTURE	00254	24.7557	$1,252.89	APC	
21461	T	TREAT LOWER JAW FRACTURE	00256	41.8741	$2,119.25	APC	N
21462	T	TREAT LOWER JAW FRACTURE	00256	41.8741	$2,119.25	APC	N
21465	T	TREAT LOWER JAW FRACTURE	00256	41.8741	$2,119.25	APC	
21470	T	TREAT LOWER JAW FRACTURE	00256	41.8741	$2,119.25	APC	N
21480	T	RESET DISLOCATED JAW	00250	1.1110	$56.23	APC	N
21485	T	RESET DISLOCATED JAW	00253	17.2402	$872.53	APC	N
21490	T	REPAIR DISLOCATED JAW	00256	41.8741	$2,119.25	APC	N
21495	T	TREAT HYOID BONE FRACTURE	00253	17.2402	$872.53	APC	N
21497	T	INTERDENTAL WIRING	00253	17.2402	$872.53	APC	N
21499	T	HEAD SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
21501	T	DRAIN NECK/CHEST LESION	00008	19.3873	$981.19	APC	N
21502	T	DRAIN CHEST LESION	00049	21.7810	$1,102.34	APC	N
21510	C	DRAINAGE OF BONE LESION			$0.00	Inpatient Only	N
21550	T	BIOPSY OF NECK/CHEST	00021	15.8974	$804.57	APC	N
21555	T	REMOVE LESION, NECK/CHEST	00022	21.8429	$1,105.47	APC	N
21556	T	REMOVE LESION, NECK/CHEST	00022	21.8429	$1,105.47	APC	N
21557	T	REMOVE TUMOR, NECK/CHEST	00022	21.8429	$1,105.47	APC	N
21600	T	PARTIAL REMOVAL OF RIB	00050	29.8816	$1,512.31	APC	N
21610	T	PARTIAL REMOVAL OF RIB	00050	29.8816	$1,512.31	APC	N

21615	C	REMOVAL OF RIB			$0.00	Inpatient Only	N
21616	C	REMOVAL OF RIB AND NERVES			$0.00	Inpatient Only	N
21620	C	PARTIAL REMOVAL OF STERNUM			$0.00	Inpatient Only	N
21627	C	STERNAL DEBRIDEMENT			$0.00	Inpatient Only	N
21630	C	EXTENSIVE STERNUM SURGERY			$0.00	Inpatient Only	N
21632	C	EXTENSIVE STERNUM SURGERY			$0.00	Inpatient Only	N
21685	T	HYOID MYOTOMY & SUSPENSION	00252	7.5330	$381.25	APC	
21700	T	REVISION OF NECK MUSCLE	00049	21.7810	$1,102.34	APC	N
21705	C	REVISION OF NECK MUSCLE/RIB			$0.00	Inpatient Only	N
21720	T	REVISION OF NECK MUSCLE	00049	21.7810	$1,102.34	APC	N
21725	T	REVISION OF NECK MUSCLE	00006	1.4128	$71.50	APC	N
21740	C	RECONSTRUCTION OF STERNUM			$0.00	Inpatient Only	N
21742	T	REPAIR STERN/NUSS W/O SCOPE	00051	45.3534	$2,295.34	APC	
21743	T	REPAIR STERNUM/NUSS W/SCOPE	00051	45.3534	$2,295.34	APC	
21750	C	REPAIR OF STERNUM SEPARATION			$0.00	Inpatient Only	N
21800	T	TREATMENT OF RIB FRACTURE	00129	1.5977	$80.86	APC	N
21805	T	TREATMENT OF RIB FRACTURE	00062	25.4442	$1,287.73	APC	N
21810	C	TREATMENT OF RIB FRACTURE(S)			$0.00	Inpatient Only	N
21820	T	TREAT STERNUM FRACTURE	00129	1.5977	$80.86	APC	N
21825	C	TREAT STERNUM FRACTURE			$0.00	Inpatient Only	N
21899	T	NECK/CHEST SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
21920	T	BIOPSY SOFT TISSUE OF BACK	00020	8.2566	$417.87	APC	N
21925	T	BIOPSY SOFT TISSUE OF BACK	00022	21.8429	$1,105.47	APC	N
21930	T	REMOVE LESION, BACK OR FLANK	00022	21.8429	$1,105.47	APC	N
21935	T	REMOVE TUMOR, BACK	00022	21.8429	$1,105.47	APC	N
22010	C	BIOPSY SPINAL SOFT TISSUES;			$0.00	Not Allowed	
22015	C	I&D P-SPINE L/S/LS			$0.00	Not Allowed	
22100	T	REMOVE PART OF NECK VERTEBRA	00208	48.6069	$2,460.00	APC	N
22101	T	REMOVE PART THORAX VERTEBRA	00208	48.6069	$2,460.00	APC	N
22102	T	REMOVE PART LUMBAR VERTEBRA	00208	48.6069	$2,460.00	APC	N
22103	T	REMOVE EXTRA SPINE SEGMENT	00208	48.6069	$2,460.00	APC	N
22110	C	REMOVE PART OF NECK VERTEBRA			$0.00	Inpatient Only	N
22112	C	REMOVE PART, THORAX VERTEBRA			$0.00	Inpatient Only	N
22114	C	REMOVE PART, LUMBAR VERTEBRA			$0.00	Inpatient Only	N
22116	C	REMOVE EXTRA SPINE SEGMENT			$0.00	Inpatient Only	N
22206	C	CUT SPINE 3 COL, THOR			$0.00	Inpatient Only	
22207	C	CUT SPINE 3 COL, LUMB			$0.00	Inpatient Only	
22208	C	CUT SPINE 3 COL, ADDL SEG			$0.00	Inpatient Only	
22210	C	REVISION OF NECK SPINE			$0.00	Inpatient Only	N
22212	C	REVISION OF THORAX SPINE			$0.00	Inpatient Only	N
22214	C	REVISION OF LUMBAR SPINE			$0.00	Inpatient Only	N
22216	C	REVISE, EXTRA SPINE SEGMENT			$0.00	Inpatient Only	N
22220	C	REVISION OF NECK SPINE			$0.00	Inpatient Only	N
22222	T	REVISION OF THORAX SPINE	00208	48.6069	$2,460.00	APC	N
22224	C	REVISION OF LUMBAR SPINE			$0.00	Inpatient Only	N
22226	C	REVISE, EXTRA SPINE SEGMENT			$0.00	Inpatient Only	N
22305	T	TREAT SPINE PROCESS FRACTURE	00129	1.5977	$80.86	APC	N
22310	T	TREAT SPINE FRACTURE	00138	6.1479	$311.15	APC	N
22315	T	TREAT SPINE FRACTURE	00139	19.8724	$1,005.74	APC	N
22318	C	TREAT ODONTOID FX W/O GRAFT			$0.00	Inpatient Only	N
22319	C	TREAT ODONTOID FX W/GRAFT			$0.00	Inpatient Only	N
22325	C	TREAT SPINE FRACTURE			$0.00	Inpatient Only	N
22326	C	TREAT NECK SPINE FRACTURE			$0.00	Inpatient Only	N
22327	C	TREAT THORAX SPINE FRACTURE			$0.00	Inpatient Only	N
22328	C	TREAT EACH ADD SPINE FX			$0.00	Inpatient Only	N
22505	T	MANIPULATION OF SPINE	00045	15.5673	$787.86	APC	N
22520	T	PERCUT VERTEBROPLASTY THOR	00050	29.8816	$1,512.31	APC	N
22521	T	PERCUT VERTEBROPLASTY LUMB	00050	29.8816	$1,512.31	APC	N
22522	T	PERCUT VERTEBROPLASTY ADD□L	00050	29.8816	$1,512.31	APC	N
22523	T	PERCUT KYPHOPLASTY THOR	00052	86.5958	$4,382.61	APC	
22524	T	PERCUT KYPHOPLASTY LUMBAR	00052	86.5958	$4,382.61	APC	
22525	T	PERCUT KYPHOPLASTY ADD-ON	00052	86.5958	$4,382.61	APC	
22526	E	IDET, SINGLE LEVEL			$0.00	Not Allowed	
22527	E	IDET, 1 OR MORE LEVELS			$0.00	Not Allowed	
22532	C	LAT THORAX SPINE FUSION			$0.00	Inpatient Only	
22533	C	LAT LUMBAR SPINE FUSION			$0.00	Inpatient Only	
22534	C	LAT THOR/LUMB ADD□L SEG			$0.00	Inpatient Only	
22548	C	NECK SPINE FUSION			$0.00	Inpatient Only	N
22554	C	NECK SPINE FUSION			$0.00	Inpatient Only	N
22556	C	THORAX SPINE FUSION			$0.00	Inpatient Only	N
22558	C	LUMBAR SPINE FUSION			$0.00	Inpatient Only	N

22585	C	ADDITIONAL SPINAL FUSION			$0.00	Inpatient Only	N
22590	C	SPINE & SKULL SPINAL FUSION			$0.00	Inpatient Only	N
22595	C	NECK SPINAL FUSION			$0.00	Inpatient Only	N
22600	C	NECK SPINE FUSION			$0.00	Inpatient Only	N
22610	C	THORAX SPINE FUSION			$0.00	Inpatient Only	N
22612	T	LUMBAR SPINE FUSION	00208	48.6069	$2,460.00	APC	N
22614	T	SPINE FUSION, EXTRA SEGMENT	00208	48.6069	$2,460.00	APC	N
22630	C	LUMBAR SPINE FUSION			$0.00	Inpatient Only	N
22632	C	SPINE FUSION, EXTRA SEGMENT			$0.00	Inpatient Only	N
22800	C	FUSION OF SPINE			$0.00	Inpatient Only	N
22802	C	FUSION OF SPINE			$0.00	Inpatient Only	N
22804	C	FUSION OF SPINE			$0.00	Inpatient Only	N
22808	C	FUSION OF SPINE			$0.00	Inpatient Only	N
22810	C	FUSION OF SPINE			$0.00	Inpatient Only	N
22812	C	FUSION OF SPINE			$0.00	Inpatient Only	N
22818	C	KYPHECTOMY, 1-2 SEGMENTS			$0.00	Inpatient Only	N
22819	C	KYPHECTOMY, 3 OR MORE			$0.00	Inpatient Only	N
22830	C	EXPLORATION OF SPINAL FUSION			$0.00	Inpatient Only	N
22840	C	INSERT SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22841	C	INSERT SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22842	C	INSERT SPINE FIXATION DEVICE			$0.00	Inpatient Only	
22843	C	INSERT SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22844	C	INSERT SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22845	C	INSERT SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22846	C	INSERT SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22847	C	INSERT SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22848	C	INSERT PELV FIXATION DEVICE			$0.00	Inpatient Only	N
22849	C	REINSERT SPINAL FIXATION			$0.00	Inpatient Only	N
22850	C	REMOVE SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22851	T	APPLY SPINE PROSTH DEVICE	00049	21.7810	$1,102.34	APC	N
22852	C	REMOVE SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22855	C	REMOVE SPINE FIXATION DEVICE			$0.00	Inpatient Only	N
22856	C	CERV ARTIFIC DISKECTOMY			$0.00	By Report	
22857	C	LUMBAR ARTIF DISKECTOMY			$0.00	Inpatient Only	
22861	C	REVISE CERV ARTIFIC DISC			$0.00	Inpatient Only	
22862	C	REVISE LUMBAR ARTIF DISC			$0.00	Inpatient Only	
22864	C	REMOVE CERV ARTIF DISC			$0.00	Inpatient Only	
22865	C	REMOVE LUMB ARTIF DISC			$0.00	Inpatient Only	
22899	T	SPINE SURGERY PROCEDURE	00049	21.7810	$1,102.34	APC	N
22900	T	REMOVE ABDOMINAL WALL LESION	00022	21.8429	$1,105.47	APC	N
22999	T	ABDOMEN SURGERY PROCEDURE	00049	21.7810	$1,102.34	APC	N
23000	T	REMOVAL OF CALCIUM DEPOSITS	00021	15.8974	$804.57	APC	N
23020	T	RELEASE SHOULDER JOINT	00051	45.3534	$2,295.34	APC	N
23030	T	DRAIN SHOULDER LESION	00008	19.3873	$981.19	APC	N
23031	T	DRAIN SHOULDER BURSA	00008	19.3873	$981.19	APC	N
23035	T	DRAIN SHOULDER BONE LESION	00049	21.7810	$1,102.34	APC	N
23040	T	EXPLORATORY SHOULDER SURGERY	00050	29.8816	$1,512.31	APC	N
23044	T	EXPLORATORY SHOULDER SURGERY	00050	29.8816	$1,512.31	APC	N
23065	T	BIOPSY SHOULDER TISSUES	00020	8.2566	$417.87	APC	N
23066	T	BIOPSY SHOULDER TISSUES	00022	21.8429	$1,105.47	APC	N
23075	T	REMOVAL OF SHOULDER LESION	00021	15.8974	$804.57	APC	N
23076	T	REMOVAL OF SHOULDER LESION	00022	21.8429	$1,105.47	APC	N
23077	T	REMOVE TUMOR OF SHOULDER	00022	21.8429	$1,105.47	APC	N
23100	T	BIOPSY OF SHOULDER JOINT	00049	21.7810	$1,102.34	APC	N
23101	T	SHOULDER JOINT SURGERY	00050	29.8816	$1,512.31	APC	N
23105	T	REMOVE SHOULDER JOINT LINING	00050	29.8816	$1,512.31	APC	N
23106	T	INCISION OF COLLARBONE JOINT	00050	29.8816	$1,512.31	APC	N
23107	T	EXPLORE TREAT SHOULDER JOINT	00050	29.8816	$1,512.31	APC	N
23120	T	PARTIAL REMOVAL, COLLAR BONE	00050	29.8816	$1,512.31	APC	N
23125	T	REMOVAL OF COLLAR BONE	00050	29.8816	$1,512.31	APC	N
23130	T	REMOVE SHOULDER BONE, PART	00051	45.3534	$2,295.34	APC	N
23140	T	REMOVAL OF BONE LESION	00049	21.7810	$1,102.34	APC	N
23145	T	REMOVAL OF BONE LESION	00050	29.8816	$1,512.31	APC	N
23146	T	REMOVAL OF BONE LESION	00050	29.8816	$1,512.31	APC	N
23150	T	REMOVAL OF HUMERUS LESION	00050	29.8816	$1,512.31	APC	N
23155	T	REMOVAL OF HUMERUS LESION	00050	29.8816	$1,512.31	APC	N
23156	T	REMOVAL OF HUMERUS LESION	00050	29.8816	$1,512.31	APC	N
23170	T	REMOVE COLLAR BONE LESION	00050	29.8816	$1,512.31	APC	N
23172	T	REMOVE SHOULDER BLADE LESION	00050	29.8816	$1,512.31	APC	N
23174	T	REMOVE HUMERUS LESION	00050	29.8816	$1,512.31	APC	N
23180	T	REMOVE COLLAR BONE LESION	00050	29.8816	$1,512.31	APC	N

23182	T	REMOVE SHOULDER BLADE LESION	00050	29.8816	$1,512.31	APC	N
23184	T	REMOVE HUMERUS LESION	00050	29.8816	$1,512.31	APC	N
23190	T	PARTIAL REMOVAL OF SCAPULA	00050	29.8816	$1,512.31	APC	N
23195	T	REMOVAL OF HEAD OF HUMERUS	00050	29.8816	$1,512.31	APC	N
23200	C	REMOVAL OF COLLAR BONE			$0.00	Inpatient Only	N
23210	C	REMOVAL OF SHOULDER BLADE			$0.00	Inpatient Only	N
23220	C	PARTIAL REMOVAL OF HUMERUS			$0.00	Inpatient Only	N
23221	C	PARTIAL REMOVAL OF HUMERUS			$0.00	Inpatient Only	N
23222	C	PARTIAL REMOVAL OF HUMERUS			$0.00	Inpatient Only	N
23330	T	REMOVE SHOULDER FOREIGN BODY	00020	8.2566	$417.87	APC	N
23331	T	REMOVE SHOULDER FOREIGN BODY	00022	21.8429	$1,105.47	APC	N
23332	C	REMOVE SHOULDER FOREIGN BODY			$0.00	Inpatient Only	N
23350	N	INJECTION FOR SHOULDER X-RAY			$0.00	Bundled	N
23395	T	MUSCLE TRANSFER,SHOULDER/ARM	00051	45.3534	$2,295.34	APC	N
23397	T	MUSCLE TRANSFERS	00052	86.5958	$4,382.61	APC	N
23400	T	FIXATION OF SHOULDER BLADE	00050	29.8816	$1,512.31	APC	N
23405	T	INCISION OF TENDON & MUSCLE	00050	29.8816	$1,512.31	APC	N
23406	T	INCISE TENDON(S) & MUSCLE(S)	00050	29.8816	$1,512.31	APC	N
23410	T	REPAIR ROTATOR CUFF ACUTE	00051	45.3534	$2,295.34	APC	N
23412	T	REPAIR ROTATOR CUFF CHRONIC	00051	45.3534	$2,295.34	APC	N
23415	T	RELEASE OF SHOULDER LIGAMENT	00051	45.3534	$2,295.34	APC	N
23420	T	REPAIR OF SHOULDER	00051	45.3534	$2,295.34	APC	N
23430	T	REPAIR BICEPS TENDON	00051	45.3534	$2,295.34	APC	N
23440	T	REMOVE/TRANSPLANT TENDON	00051	45.3534	$2,295.34	APC	N
23450	T	REPAIR SHOULDER CAPSULE	00052	86.5958	$4,382.61	APC	N
23455	T	REPAIR SHOULDER CAPSULE	00052	86.5958	$4,382.61	APC	N
23460	T	REPAIR SHOULDER CAPSULE	00052	86.5958	$4,382.61	APC	N
23462	T	REPAIR SHOULDER CAPSULE	00051	45.3534	$2,295.34	APC	N
23465	T	REPAIR SHOULDER CAPSULE	00052	86.5958	$4,382.61	APC	N
23466	T	REPAIR SHOULDER CAPSULE	00051	45.3534	$2,295.34	APC	N
23470	T	RECONSTRUCT SHOULDER JOINT	00425	121.7668	$6,162.62	APC	N
23472	C	RECONSTRUCT SHOULDER JOINT			$0.00	Inpatient Only	N
23480	T	REVISION OF COLLAR BONE	00051	45.3534	$2,295.34	APC	N
23485	T	REVISION OF COLLAR BONE	00052	86.5958	$4,382.61	APC	N
23490	T	REINFORCE CLAVICLE	00051	45.3534	$2,295.34	APC	
23491	T	REINFORCE SHOULDER BONES	00052	86.5958	$4,382.61	APC	
23500	T	TREAT CLAVICLE FRACTURE	00129	1.5977	$80.86	APC	N
23505	T	TREAT CLAVICLE FRACTURE	00139	19.8724	$1,005.74	APC	N
23515	T	TREAT CLAVICLE FRACTURE	00064	62.5691	$3,166.62	APC	N
23520	T	TREAT CLAVICLE DISLOCATION	00138	6.1479	$311.15	APC	N
23525	T	TREAT CLAVICLE DISLOCATION	00138	6.1479	$311.15	APC	N
23530	T	TREAT CLAVICLE DISLOCATION	00063	42.8656	$2,169.43	APC	N
23532	T	TREAT CLAVICLE DISLOCATION	00062	25.4442	$1,287.73	APC	N
23540	T	TREAT CLAVICLE DISLOCATION	00129	1.5977	$80.86	APC	N
23545	T	TREAT CLAVICLE DISLOCATION	00138	6.1479	$311.15	APC	N
23550	T	TREAT CLAVICLE DISLOCATION	00063	42.8656	$2,169.43	APC	N
23552	T	TREAT CLAVICLE DISLOCATION	00063	42.8656	$2,169.43	APC	N
23570	T	TREAT SHOULDER BLADE FX	00129	1.5977	$80.86	APC	N
23575	T	TREAT SHOULDER BLADE FX	00138	6.1479	$311.15	APC	N
23585	T	TREAT SCAPULA FRACTURE	00064	62.5691	$3,166.62	APC	N
23600	T	TREAT HUMERUS FRACTURE	00129	1.5977	$80.86	APC	N
23605	T	TREAT HUMERUS FRACTURE	00139	19.8724	$1,005.74	APC	N
23615	T	TREAT HUMERUS FRACTURE	00064	62.5691	$3,166.62	APC	N
23616	T	TREAT HUMERUS FRACTURE	00064	62.5691	$3,166.62	APC	N
23620	T	TREAT HUMERUS FRACTURE	00129	1.5977	$80.86	APC	N
23625	T	TREAT HUMERUS FRACTURE	00139	19.8724	$1,005.74	APC	N
23630	T	TREAT HUMERUS FRACTURE	00064	62.5691	$3,166.62	APC	N
23650	T	TREAT SHOULDER DISLOCATION	00129	1.5977	$80.86	APC	N
23655	T	TREAT SHOULDER DISLOCATION	00045	15.5673	$787.86	APC	N
23660	T	TREAT SHOULDER DISLOCATION	00063	42.8656	$2,169.43	APC	N
23665	T	TREAT DISLOCATION/FRACTURE	00138	6.1479	$311.15	APC	N
23670	T	TREAT DISLOCATION/FRACTURE	00064	62.5691	$3,166.62	APC	N
23675	T	TREAT DISLOCATION/FRACTURE	00129	1.5977	$80.86	APC	N
23680	T	TREAT DISLOCATION/FRACTURE	00063	42.8656	$2,169.43	APC	N
23700	T	FIXATION OF SHOULDER	00045	15.5673	$787.86	APC	N
23800	T	FUSION OF SHOULDER JOINT	00052	86.5958	$4,382.61	APC	N
23802	T	FUSION OF SHOULDER JOINT	00051	45.3534	$2,295.34	APC	N
23900	C	AMPUTATION OF ARM & GIRDLE			$0.00	Inpatient Only	N
23920	C	AMPUTATION AT SHOULDER JOINT			$0.00	Inpatient Only	N
23921	T	AMPUTATION FOLLOW-UP SURGERY	00136	15.9750	$808.49	APC	N
23929	T	SHOULDER SURGERY PROCEDURE	00129	1.5977	$80.86	APC	N

23930	T	DRAINAGE OF ARM LESION	00008	19.3873	$981.19	APC	N
23931	T	DRAINAGE OF ARM BURSA	00008	19.3873	$981.19	APC	N
23935	T	DRAIN ARM/ELBOW BONE LESION	00049	21.7810	$1,102.34	APC	N
24000	T	EXPLORATORY ELBOW SURGERY	00050	29.8816	$1,512.31	APC	N
24006	T	RELEASE ELBOW JOINT	00050	29.8816	$1,512.31	APC	N
24065	T	BIOPSY ARM/ELBOW SOFT TISSUE	00021	15.8974	$804.57	APC	N
24066	T	BIOPSY ARM/ELBOW SOFT TISSUE	00021	15.8974	$804.57	APC	N
24075	T	REMOVE ARM/ELBOW LESION	00021	15.8974	$804.57	APC	N
24076	T	REMOVE ARM/ELBOW LESION	00022	21.8429	$1,105.47	APC	N
24077	T	REMOVE TUMOR OF ARM/ELBOW	00022	21.8429	$1,105.47	APC	N
24100	T	BIOPSY ELBOW JOINT LINING	00049	21.7810	$1,102.34	APC	N
24101	T	EXPLORE/TREAT ELBOW JOINT	00050	29.8816	$1,512.31	APC	N
24102	T	REMOVE ELBOW JOINT LINING	00050	29.8816	$1,512.31	APC	N
24105	T	REMOVAL OF ELBOW BURSA	00049	21.7810	$1,102.34	APC	N
24110	T	REMOVE HUMERUS LESION	00049	21.7810	$1,102.34	APC	N
24115	T	REMOVE/GRAFT BONE LESION	00050	29.8816	$1,512.31	APC	N
24116	T	REMOVE/GRAFT BONE LESION	00050	29.8816	$1,512.31	APC	N
24120	T	REMOVE ELBOW LESION	00049	21.7810	$1,102.34	APC	N
24125	T	REMOVE/GRAFT BONE LESION	00050	29.8816	$1,512.31	APC	N
24126	T	REMOVE/GRAFT BONE LESION	00050	29.8816	$1,512.31	APC	N
24130	T	REMOVAL OF HEAD OF RADIUS	00050	29.8816	$1,512.31	APC	N
24134	T	REMOVAL OF ARM BONE LESION	00050	29.8816	$1,512.31	APC	N
24136	T	REMOVE RADIUS BONE LESION	00050	29.8816	$1,512.31	APC	N
24138	T	REMOVE ELBOW BONE LESION	00050	29.8816	$1,512.31	APC	N
24140	T	PARTIAL REMOVAL OF ARM BONE	00050	29.8816	$1,512.31	APC	N
24145	T	PARTIAL REMOVAL OF RADIUS	00050	29.8816	$1,512.31	APC	N
24147	T	PARTIAL REMOVAL OF ELBOW	00050	29.8816	$1,512.31	APC	N
24149	T	RADICAL RESECTION OF ELBOW	00050	29.8816	$1,512.31	APC	N
24150	T	EXTENSIVE HUMERUS SURGERY	00051	45.3534	$2,295.34	APC	N
24151	T	EXTENSIVE HUMERUS SURGERY	00052	86.5958	$4,382.61	APC	N
24152	T	EXTENSIVE RADIUS SURGERY	00051	45.3534	$2,295.34	APC	N
24153	T	EXTENSIVE RADIUS SURGERY	00052	86.5958	$4,382.61	APC	N
24155	T	REMOVAL OF ELBOW JOINT	00051	45.3534	$2,295.34	APC	N
24160	T	REMOVE ELBOW JOINT IMPLANT	00050	29.8816	$1,512.31	APC	N
24164	T	REMOVE RADIUS HEAD IMPLANT	00050	29.8816	$1,512.31	APC	N
24200	T	REMOVAL OF ARM FOREIGN BODY	00019	4.4761	$226.54	APC	N
24201	T	REMOVAL OF ARM FOREIGN BODY	00021	15.8974	$804.57	APC	N
24220	N	INJECTION FOR ELBOW X-RAY			$0.00	Bundled	N
24300	T	MANIPULATE ELBOW W/ANESTH	00045	15.5673	$787.86	APC	
24301	T	MUSCLE/TENDON TRANSFER	00050	29.8816	$1,512.31	APC	N
24305	T	ARM TENDON LENGTHENING	00050	29.8816	$1,512.31	APC	N
24310	T	REVISION OF ARM TENDON	00049	21.7810	$1,102.34	APC	N
24320	T	REPAIR OF ARM TENDON	00051	45.3534	$2,295.34	APC	N
24330	T	REVISION OF ARM MUSCLES	00052	86.5958	$4,382.61	APC	N
24331	T	REVISION OF ARM MUSCLES	00051	45.3534	$2,295.34	APC	N
24332	T	TENOLYSIS, TRICEPS	00049	21.7810	$1,102.34	APC	
24340	T	REPAIR OF BICEPS TENDON	00051	45.3534	$2,295.34	APC	N
24341	T	REPAIR ARM TENDON/MUSCLE	00051	45.3534	$2,295.34	APC	N
24342	T	REPAIR OF RUPTURED TENDON	00051	45.3534	$2,295.34	APC	N
24343	T	REPR ELBOW LAT LIGMNT W/TISS	00050	29.8816	$1,512.31	APC	
24344	T	RECONSTRUCT ELBOW LAT LIGMNT	00052	86.5958	$4,382.61	APC	N
24345	T	REPR ELBW MED LIGMNT W/TISSU	00050	29.8816	$1,512.31	APC	
24346	T	RECONSTRUCT ELBOW MED LIGMNT	00051	45.3534	$2,295.34	APC	N
24357	T	REPAIR ELBOW, PERC	00050	29.8816	$1,512.31	APC	
24358	T	REPAIR ELBOW W/DEB, OPEN	00050	29.8816	$1,512.31	APC	
24359	T	REPAIR ELBOW DEB/ATTCH OPEN	00050	29.8816	$1,512.31	APC	
24360	T	RECONSTRUCT ELBOW JOINT	00047	37.8310	$1,914.63	APC	N
24361	T	RECONSTRUCT ELBOW JOINT	00425	121.7668	$6,162.62	APC	N
24362	T	RECONSTRUCT ELBOW JOINT	00048	53.1633	$2,690.59	APC	N
24363	T	REPLACE ELBOW JOINT	00425	121.7668	$6,162.62	APC	N
24365	T	RECONSTRUCT HEAD OF RADIUS	00047	37.8310	$1,914.63	APC	N
24366	T	RECONSTRUCT HEAD OF RADIUS	00425	121.7668	$6,162.62	APC	N
24400	T	REVISION OF HUMERUS	00050	29.8816	$1,512.31	APC	N
24410	T	REVISION OF HUMERUS	00050	29.8816	$1,512.31	APC	N
24420	T	REVISION OF HUMERUS	00051	45.3534	$2,295.34	APC	N
24430	T	REPAIR OF HUMERUS	00052	86.5958	$4,382.61	APC	N
24435	T	REPAIR HUMERUS WITH GRAFT	00052	86.5958	$4,382.61	APC	N
24470	T	REVISION OF ELBOW JOINT	00051	45.3534	$2,295.34	APC	N
24495	T	DECOMPRESSION OF FOREARM	00050	29.8816	$1,512.31	APC	N
24498	T	REINFORCE HUMERUS	00052	86.5958	$4,382.61	APC	
24500	T	TREAT HUMERUS FRACTURE	00129	1.5977	$80.86	APC	N

24505	T	TREAT HUMERUS FRACTURE	00129	1.5977	$80.86	APC	N
24515	T	TREAT HUMERUS FRACTURE	00064	62.5691	$3,166.62	APC	N
24516	T	TREAT HUMERUS FRACTURE	00064	62.5691	$3,166.62	APC	N
24530	T	TREAT HUMERUS FRACTURE	00129	1.5977	$80.86	APC	N
24535	T	TREAT HUMERUS FRACTURE	00138	6.1479	$311.15	APC	N
24538	T	TREAT HUMERUS FRACTURE	00062	25.4442	$1,287.73	APC	N
24545	T	TREAT HUMERUS FRACTURE	00064	62.5691	$3,166.62	APC	N
24546	T	TREAT HUMERUS FRACTURE	00064	62.5691	$3,166.62	APC	N
24560	T	TREAT HUMERUS FRACTURE	00129	1.5977	$80.86	APC	N
24565	T	TREAT HUMERUS FRACTURE	00129	1.5977	$80.86	APC	N
24566	T	TREAT HUMERUS FRACTURE	00062	25.4442	$1,287.73	APC	N
24575	T	TREAT HUMERUS FRACTURE	00064	62.5691	$3,166.62	APC	N
24576	T	TREAT HUMERUS FRACTURE	00129	1.5977	$80.86	APC	N
24577	T	TREAT HUMERUS FRACTURE	00138	6.1479	$311.15	APC	N
24579	T	TREAT HUMERUS FRACTURE	00064	62.5691	$3,166.62	APC	N
24582	T	TREAT HUMERUS FRACTURE	00062	25.4442	$1,287.73	APC	N
24586	T	TREAT ELBOW FRACTURE	00064	62.5691	$3,166.62	APC	N
24587	T	TREAT ELBOW FRACTURE	00064	62.5691	$3,166.62	APC	N
24600	T	TREAT ELBOW DISLOCATION	00129	1.5977	$80.86	APC	N
24605	T	TREAT ELBOW DISLOCATION	00045	15.5673	$787.86	APC	N
24615	T	TREAT ELBOW DISLOCATION	00064	62.5691	$3,166.62	APC	N
24620	T	TREAT ELBOW FRACTURE	00139	19.8724	$1,005.74	APC	N
24635	T	TREAT ELBOW FRACTURE	00064	62.5691	$3,166.62	APC	N
24640	T	TREAT ELBOW DISLOCATION	00129	1.5977	$80.86	APC	N
24650	T	TREAT RADIUS FRACTURE	00129	1.5977	$80.86	APC	N
24655	T	TREAT RADIUS FRACTURE	00138	6.1479	$311.15	APC	N
24665	T	TREAT RADIUS FRACTURE	00063	42.8656	$2,169.43	APC	N
24666	T	TREAT RADIUS FRACTURE	00064	62.5691	$3,166.62	APC	N
24670	T	TREAT ULNAR FRACTURE	00129	1.5977	$80.86	APC	N
24675	T	TREAT ULNAR FRACTURE	00129	1.5977	$80.86	APC	N
24685	T	TREAT ULNAR FRACTURE	00063	42.8656	$2,169.43	APC	N
24800	T	FUSION OF ELBOW JOINT	00051	45.3534	$2,295.34	APC	N
24802	T	FUSION/GRAFT OF ELBOW JOINT	00051	45.3534	$2,295.34	APC	N
24900	C	AMPUTATION OF UPPER ARM			$0.00	Inpatient Only	N
24920	C	AMPUTATION OF UPPER ARM			$0.00	Inpatient Only	N
24925	T	AMPUTATION FOLLOW-UP SURGERY	00049	21.7810	$1,102.34	APC	N
24930	C	AMPUTATION FOLLOW-UP SURGERY			$0.00	Inpatient Only	N
24931	C	AMPUTATE UPPER ARM & IMPLANT			$0.00	Inpatient Only	N
24935	T	REVISION OF AMPUTATION	00052	86.5958	$4,382.61	APC	N
24940	C	REVISION OF UPPER ARM			$0.00	Inpatient Only	N
24999	T	UPPER ARM/ELBOW SURGERY	00129	1.5977	$80.86	APC	N
25000	T	INCISION OF TENDON SHEATH	00049	21.7810	$1,102.34	APC	N
25001	T	INCISE FLEXOR CARPI RADIALIS	00049	21.7810	$1,102.34	APC	
25020	T	DECOMPRESS FOREARM 1 SPACE	00049	21.7810	$1,102.34	APC	N
25023	T	DECOMPRESS FOREARM 1 SPACE	00050	29.8816	$1,512.31	APC	N
25024	T	DECOMPRESS FOREARM 2 SPACES	00050	29.8816	$1,512.31	APC	N
25025	T	DECOMPRESS FOREARM 2 SPACES	00050	29.8816	$1,512.31	APC	
25028	T	DRAINAGE OF FOREARM LESION	00049	21.7810	$1,102.34	APC	N
25031	T	DRAINAGE OF FOREARM BURSA	00049	21.7810	$1,102.34	APC	N
25035	T	TREAT FOREARM BONE LESION	00049	21.7810	$1,102.34	APC	N
25040	T	EXPLORE/TREAT WRIST JOINT	00050	29.8816	$1,512.31	APC	N
25065	T	BIOPSY FOREARM SOFT TISSUES	00020	8.2566	$417.87	APC	N
25066	T	BIOPSY FOREARM SOFT TISSUES	00022	21.8429	$1,105.47	APC	N
25075	T	REMOVAL FOREARM LESION SUBCU	00021	15.8974	$804.57	APC	N
25076	T	REMOVAL FOREARM LESION DEEP	00022	21.8429	$1,105.47	APC	N
25077	T	REMOVE TUMOR, FOREARM/WRIST	00022	21.8429	$1,105.47	APC	N
25085	T	INCISION OF WRIST CAPSULE	00049	21.7810	$1,102.34	APC	N
25100	T	BIOPSY OF WRIST JOINT	00049	21.7810	$1,102.34	APC	N
25101	T	EXPLORE/TREAT WRIST JOINT	00050	29.8816	$1,512.31	APC	N
25105	T	REMOVE WRIST JOINT LINING	00050	29.8816	$1,512.31	APC	N
25107	T	REMOVE WRIST JOINT CARTILAGE	00050	29.8816	$1,512.31	APC	N
25109	T	EXCISE TENDON FOREARM/WRIST	00049	21.7810	$1,102.34	APC	
25110	T	REMOVE WRIST TENDON LESION	00049	21.7810	$1,102.34	APC	N
25111	T	REMOVE WRIST TENDON LESION	00049	21.7810	$1,102.34	APC	N
25112	T	REREMOVE WRIST TENDON LESION	00049	21.7810	$1,102.34	APC	N
25115	T	REMOVE WRIST/FOREARM LESION	00049	21.7810	$1,102.34	APC	N
25116	T	REMOVE WRIST/FOREARM LESION	00049	21.7810	$1,102.34	APC	N
25118	T	EXCISE WRIST TENDON SHEATH	00050	29.8816	$1,512.31	APC	N
25119	T	PARTIAL REMOVAL OF ULNA	00050	29.8816	$1,512.31	APC	N
25120	T	REMOVAL OF FOREARM LESION	00050	29.8816	$1,512.31	APC	N
25125	T	REMOVE/GRAFT FOREARM LESION	00050	29.8816	$1,512.31	APC	N

25126	T	REMOVE/GRAFT FOREARM LESION	00050	29.8816	$1,512.31	APC	N
25130	T	REMOVAL OF WRIST LESION	00050	29.8816	$1,512.31	APC	N
25135	T	REMOVE & GRAFT WRIST LESION	00050	29.8816	$1,512.31	APC	N
25136	T	REMOVE & GRAFT WRIST LESION	00050	29.8816	$1,512.31	APC	N
25145	T	REMOVE FOREARM BONE LESION	00050	29.8816	$1,512.31	APC	N
25150	T	PARTIAL REMOVAL OF ULNA	00050	29.8816	$1,512.31	APC	N
25151	T	PARTIAL REMOVAL OF RADIUS	00050	29.8816	$1,512.31	APC	N
25170	T	EXTENSIVE FOREARM SURGERY	00051	45.3534	$2,295.34	APC	N
25210	T	REMOVAL OF WRIST BONE	00050	29.8816	$1,512.31	APC	N
25215	T	REMOVAL OF WRIST BONES	00050	29.8816	$1,512.31	APC	N
25230	T	PARTIAL REMOVAL OF RADIUS	00050	29.8816	$1,512.31	APC	N
25240	T	PARTIAL REMOVAL OF ULNA	00050	29.8816	$1,512.31	APC	N
25246	N	INJECTION FOR WRIST X-RAY			$0.00	Bundled	N
25248	T	REMOVE FOREARM FOREIGN BODY	00049	21.7810	$1,102.34	APC	N
25250	T	REMOVAL OF WRIST PROSTHESIS	00050	29.8816	$1,512.31	APC	N
25251	T	REMOVAL OF WRIST PROSTHESIS	00050	29.8816	$1,512.31	APC	N
25259	T	MANIPULATE WRIST W/ANESTHES	00139	19.8724	$1,005.74	APC	
25260	T	REPAIR FOREARM TENDON/MUSCLE	00050	29.8816	$1,512.31	APC	N
25263	T	REPAIR FOREARM TENDON/MUSCLE	00050	29.8816	$1,512.31	APC	N
25265	T	REPAIR FOREARM TENDON/MUSCLE	00050	29.8816	$1,512.31	APC	N
25270	T	REPAIR FOREARM TENDON/MUSCLE	00050	29.8816	$1,512.31	APC	N
25272	T	REPAIR FOREARM TENDON/MUSCLE	00050	29.8816	$1,512.31	APC	N
25274	T	REPAIR FOREARM TENDON/MUSCLE	00050	29.8816	$1,512.31	APC	N
25275	T	REPAIR FOREARM TENDON SHEATH	00050	29.8816	$1,512.31	APC	N
25280	T	REVISE WRIST/FOREARM TENDON	00050	29.8816	$1,512.31	APC	N
25290	T	INCISE WRIST/FOREARM TENDON	00050	29.8816	$1,512.31	APC	N
25295	T	RELEASE WRIST/FOREARM TENDON	00049	21.7810	$1,102.34	APC	N
25300	T	FUSION OF TENDONS AT WRIST	00050	29.8816	$1,512.31	APC	N
25301	T	FUSION OF TENDONS AT WRIST	00050	29.8816	$1,512.31	APC	N
25310	T	TRANSPLANT FOREARM TENDON	00051	45.3534	$2,295.34	APC	N
25312	T	TRANSPLANT FOREARM TENDON	00051	45.3534	$2,295.34	APC	N
25315	T	REVISE PALSY HAND TENDON(S)	00051	45.3534	$2,295.34	APC	N
25316	T	REVISE PALSY HAND TENDON(S)	00052	86.5958	$4,382.61	APC	N
25320	T	REPAIR/REVISE WRIST JOINT	00051	45.3534	$2,295.34	APC	N
25332	T	REVISE WRIST JOINT	00047	37.8310	$1,914.63	APC	N
25335	T	REALIGNMENT OF HAND	00051	45.3534	$2,295.34	APC	N
25337	T	RECONSTRUCT ULNA/RADIOULNAR	00051	45.3534	$2,295.34	APC	N
25350	T	REVISION OF RADIUS	00052	86.5958	$4,382.61	APC	N
25355	T	REVISION OF RADIUS	00051	45.3534	$2,295.34	APC	N
25360	T	REVISION OF ULNA	00050	29.8816	$1,512.31	APC	N
25365	T	REVISE RADIUS & ULNA	00050	29.8816	$1,512.31	APC	N
25370	T	REVISE RADIUS OR ULNA	00051	45.3534	$2,295.34	APC	N
25375	T	REVISE RADIUS & ULNA	00051	45.3534	$2,295.34	APC	N
25390	T	SHORTEN RADIUS OR ULNA	00050	29.8816	$1,512.31	APC	N
25391	T	LENGTHEN RADIUS OR ULNA	00051	45.3534	$2,295.34	APC	N
25392	T	SHORTEN RADIUS & ULNA	00050	29.8816	$1,512.31	APC	N
25393	T	LENGTHEN RADIUS & ULNA	00051	45.3534	$2,295.34	APC	N
25394	T	REPAIR CARPAL BONE, SHORTEN	00051	45.3534	$2,295.34	APC	
25400	T	REPAIR RADIUS OR ULNA	00051	45.3534	$2,295.34	APC	N
25405	T	REPAIR/GRAFT RADIUS OR ULNA	00052	86.5958	$4,382.61	APC	N
25415	T	REPAIR RADIUS & ULNA	00052	86.5958	$4,382.61	APC	N
25420	T	REPAIR/GRAFT RADIUS & ULNA	00052	86.5958	$4,382.61	APC	N
25425	T	REPAIR/GRAFT RADIUS OR ULNA	00051	45.3534	$2,295.34	APC	N
25426	T	REPAIR/GRAFT RADIUS & ULNA	00051	45.3534	$2,295.34	APC	N
25430	T	VASC GRAFT INTO CARPAL BONE	00051	45.3534	$2,295.34	APC	
25431	T	REPAIR NONUNION CARPAL BONE	00051	45.3534	$2,295.34	APC	N
25440	T	REPAIR/GRAFT WRIST BONE	00052	86.5958	$4,382.61	APC	N
25441	T	RECONSTRUCT WRIST JOINT	00425	121.7668	$6,162.62	APC	N
25442	T	RECONSTRUCT WRIST JOINT	00425	121.7668	$6,162.62	APC	N
25443	T	RECONSTRUCT WRIST JOINT	00048	53.1633	$2,690.59	APC	N
25444	T	RECONSTRUCT WRIST JOINT	00048	53.1633	$2,690.59	APC	N
25445	T	RECONSTRUCT WRIST JOINT	00048	53.1633	$2,690.59	APC	N
25446	T	WRIST REPLACEMENT	00425	121.7668	$6,162.62	APC	N
25447	T	REPAIR WRIST JOINT(S)	00047	37.8310	$1,914.63	APC	N
25449	T	REMOVE WRIST JOINT IMPLANT	00047	37.8310	$1,914.63	APC	N
25450	T	REVISION OF WRIST JOINT	00051	45.3534	$2,295.34	APC	N
25455	T	REVISION OF WRIST JOINT	00051	45.3534	$2,295.34	APC	N
25490	T	REINFORCE RADIUS	00051	45.3534	$2,295.34	APC	
25491	T	REINFORCE ULNA	00051	45.3534	$2,295.34	APC	
25492	T	REINFORCE RADIUS AND ULNA	00051	45.3534	$2,295.34	APC	
25500	T	TREAT FRACTURE OF RADIUS	00129	1.5977	$80.86	APC	N

25505	T	TREAT FRACTURE OF RADIUS	00138	6.1479	$311.15	APC	N
25515	T	TREAT FRACTURE OF RADIUS	00063	42.8656	$2,169.43	APC	N
25520	T	TREAT FRACTURE OF RADIUS	00138	6.1479	$311.15	APC	N
25525	T	TREAT FRACTURE OF RADIUS	00063	42.8656	$2,169.43	APC	N
25526	T	TREAT FRACTURE OF RADIUS	00063	42.8656	$2,169.43	APC	N
25530	T	TREAT FRACTURE OF ULNA	00129	1.5977	$80.86	APC	N
25535	T	TREAT FRACTURE OF ULNA	00129	1.5977	$80.86	APC	N
25545	T	TREAT FRACTURE OF ULNA	00063	42.8656	$2,169.43	APC	N
25560	T	TREAT FRACTURE RADIUS & ULNA	00129	1.5977	$80.86	APC	N
25565	T	TREAT FRACTURE RADIUS & ULNA	00138	6.1479	$311.15	APC	N
25574	T	TREAT FRACTURE RADIUS & ULNA	00064	62.5691	$3,166.62	APC	N
25575	T	TREAT FRACTURE RADIUS/ULNA	00064	62.5691	$3,166.62	APC	N
25600	T	TREAT FRACTURE RADIUS/ULNA	00129	1.5977	$80.86	APC	N
25605	T	TREAT FRACTURE RADIUS/ULNA	00138	6.1479	$311.15	APC	N
25606	T	TREAT FX DISTAL RADIAL	00062	25.4442	$1,287.73	APC	
25607	T	TREAT FX RAD EXTRA-ARTICUL	00064	62.5691	$3,166.62	APC	
25608	T	TREAT FX RAD INTRA-ARTICUL	00064	62.5691	$3,166.62	APC	
25609	T	TREAT FX RADIAL 3+ FRAG	00064	62.5691	$3,166.62	APC	
25622	T	TREAT WRIST BONE FRACTURE	00129	1.5977	$80.86	APC	N
25624	T	TREAT WRIST BONE FRACTURE	00138	6.1479	$311.15	APC	N
25628	T	TREAT WRIST BONE FRACTURE	00063	42.8656	$2,169.43	APC	N
25630	T	TREAT WRIST BONE FRACTURE	00129	1.5977	$80.86	APC	N
25635	T	TREAT WRIST BONE FRACTURE	00138	6.1479	$311.15	APC	N
25645	T	TREAT WRIST BONE FRACTURE	00063	42.8656	$2,169.43	APC	N
25650	T	TREAT WRIST BONE FRACTURE	00129	1.5977	$80.86	APC	N
25651	T	PIN ULNAR STYLOID FRACTURE	00062	25.4442	$1,287.73	APC	
25652	T	TREAT FRACTURE ULNAR STYLOID	00063	42.8656	$2,169.43	APC	N
25660	T	TREAT WRIST DISLOCATION	00129	1.5977	$80.86	APC	N
25670	T	TREAT WRIST DISLOCATION	00062	25.4442	$1,287.73	APC	N
25671	T	PIN RADIOULNAR DISLOCATION	00062	25.4442	$1,287.73	APC	
25675	T	TREAT WRIST DISLOCATION	00129	1.5977	$80.86	APC	N
25676	T	TREAT WRIST DISLOCATION	00062	25.4442	$1,287.73	APC	N
25680	T	TREAT WRIST FRACTURE	00129	1.5977	$80.86	APC	N
25685	T	TREAT WRIST FRACTURE	00062	25.4442	$1,287.73	APC	N
25690	T	TREAT WRIST DISLOCATION	00139	19.8724	$1,005.74	APC	N
25695	T	TREAT WRIST DISLOCATION	00062	25.4442	$1,287.73	APC	N
25800	T	FUSION OF WRIST JOINT	00052	86.5958	$4,382.61	APC	N
25805	T	FUSION/GRAFT OF WRIST JOINT	00051	45.3534	$2,295.34	APC	N
25810	T	FUSION/GRAFT OF WRIST JOINT	00052	86.5958	$4,382.61	APC	N
25820	T	FUSION OF HAND BONES	00051	45.3534	$2,295.34	APC	N
25825	T	FUSE HAND BONES WITH GRAFT	00052	86.5958	$4,382.61	APC	N
25830	T	FUSION RADIOULNAR JNT/ULNA	00052	86.5958	$4,382.61	APC	N
25900	C	AMPUTATION OF FOREARM			$0.00	Inpatient Only	N
25905	C	AMPUTATION OF FOREARM			$0.00	Inpatient Only	N
25907	T	AMPUTATION FOLLOW-UP SURGERY	00049	21.7810	$1,102.34	APC	N
25909	C	AMPUTATION FOLLOW-UP SURGERY			$0.00	Inpatient Only	N
25915	C	AMPUTATION OF FOREARM			$0.00	Inpatient Only	N
25920	C	AMPUTATE HAND AT WRIST			$0.00	Inpatient Only	N
25922	T	AMPUTATE HAND AT WRIST	00049	21.7810	$1,102.34	APC	N
25924	C	AMPUTATION FOLLOW-UP SURGERY			$0.00	Inpatient Only	N
25927	C	AMPUTATION OF HAND			$0.00	Inpatient Only	N
25929	T	AMPUTATION FOLLOW-UP SURGERY	00136	15.9750	$808.49	APC	N
25931	T	AMPUTATION FOLLOW-UP SURGERY	00049	21.7810	$1,102.34	APC	N
25999	T	FOREARM OR WRIST SURGERY	00129	1.5977	$80.86	APC	N
26010	T	DRAINAGE OF FINGER ABSCESS	00006	1.4128	$71.50	APC	N
26011	T	DRAINAGE OF FINGER ABSCESS	00007	12.5953	$637.45	APC	N
26020	T	DRAIN HAND TENDON SHEATH	00053	16.6121	$840.74	APC	N
26025	T	DRAINAGE OF PALM BURSA	00053	16.6121	$840.74	APC	N
26030	T	DRAINAGE OF PALM BURSA(S)	00053	16.6121	$840.74	APC	N
26034	T	TREAT HAND BONE LESION	00053	16.6121	$840.74	APC	N
26035	T	DECOMPRESS FINGERS/HAND	00053	16.6121	$840.74	APC	N
26037	T	DECOMPRESS FINGERS/HAND	00053	16.6121	$840.74	APC	N
26040	T	RELEASE PALM CONTRACTURE	00054	27.9994	$1,417.05	APC	N
26045	T	RELEASE PALM CONTRACTURE	00054	27.9994	$1,417.05	APC	N
26055	T	INCISE FINGER TENDON SHEATH	00053	16.6121	$840.74	APC	N
26060	T	INCISION OF FINGER TENDON	00053	16.6121	$840.74	APC	N
26070	T	EXPLORE/TREAT HAND JOINT	00053	16.6121	$840.74	APC	N
26075	T	EXPLORE/TREAT FINGER JOINT	00053	16.6121	$840.74	APC	N
26080	T	EXPLORE/TREAT FINGER JOINT	00053	16.6121	$840.74	APC	N
26100	T	BIOPSY HAND JOINT LINING	00053	16.6121	$840.74	APC	N
26105	T	BIOPSY FINGER JOINT LINING	00053	16.6121	$840.74	APC	N

26110	T	BIOPSY FINGER JOINT LINING	00053	16.6121	$840.74	APC	N
26115	T	REMOVAL HAND LESION SUBCUT	00022	21.8429	$1,105.47	APC	N
26116	T	REMOVAL HAND LESION, DEEP	00022	21.8429	$1,105.47	APC	N
26117	T	REMOVE TUMOR, HAND/FINGER	00022	21.8429	$1,105.47	APC	N
26121	T	RELEASE PALM CONTRACTURE	00054	27.9994	$1,417.05	APC	N
26123	T	RELEASE PALM CONTRACTURE	00054	27.9994	$1,417.05	APC	N
26125	T	RELEASE PALM CONTRACTURE	00053	16.6121	$840.74	APC	N
26130	T	REMOVE WRIST JOINT LINING	00053	16.6121	$840.74	APC	N
26135	T	REVISE FINGER JOINT, EACH	00054	27.9994	$1,417.05	APC	N
26140	T	REVISE FINGER JOINT, EACH	00053	16.6121	$840.74	APC	N
26145	T	TENDON EXCISION, PALM/FINGER	00053	16.6121	$840.74	APC	N
26160	T	REMOVE TENDON SHEATH LESION	00053	16.6121	$840.74	APC	N
26170	T	REMOVAL OF PALM TENDON, EACH	00053	16.6121	$840.74	APC	N
26180	T	REMOVAL OF FINGER TENDON	00053	16.6121	$840.74	APC	N
26185	T	REMOVE FINGER BONE	00053	16.6121	$840.74	APC	N
26200	T	REMOVE HAND BONE LESION	00053	16.6121	$840.74	APC	N
26205	T	REMOVE/GRAFT BONE LESION	00054	27.9994	$1,417.05	APC	N
26210	T	REMOVAL OF FINGER LESION	00053	16.6121	$840.74	APC	N
26215	T	REMOVE/GRAFT FINGER LESION	00053	16.6121	$840.74	APC	N
26230	T	PARTIAL REMOVAL OF HAND BONE	00053	16.6121	$840.74	APC	N
26235	T	PARTIAL REMOVAL, FINGER BONE	00053	16.6121	$840.74	APC	N
26236	T	PARTIAL REMOVAL, FINGER BONE	00053	16.6121	$840.74	APC	N
26250	T	EXTENSIVE HAND SURGERY	00053	16.6121	$840.74	APC	N
26255	T	EXTENSIVE HAND SURGERY	00054	27.9994	$1,417.05	APC	N
26260	T	EXTENSIVE FINGER SURGERY	00053	16.6121	$840.74	APC	N
26261	T	EXTENSIVE FINGER SURGERY	00053	16.6121	$840.74	APC	N
26262	T	PARTIAL REMOVAL OF FINGER	00053	16.6121	$840.74	APC	N
26320	T	REMOVAL OF IMPLANT FROM HAND	00021	15.8974	$804.57	APC	N
26340	T	MANIPULATE FINGER W/ANESTH	00138	6.1479	$311.15	APC	
26350	T	REPAIR FINGER/HAND TENDON	00054	27.9994	$1,417.05	APC	N
26352	T	REPAIR/GRAFT HAND TENDON	00054	27.9994	$1,417.05	APC	N
26356	T	REPAIR FINGER/HAND TENDON	00054	27.9994	$1,417.05	APC	N
26357	T	REPAIR FINGER/HAND TENDON	00054	27.9994	$1,417.05	APC	N
26358	T	REPAIR/GRAFT HAND TENDON	00054	27.9994	$1,417.05	APC	N
26370	T	REPAIR FINGER/HAND TENDON	00054	27.9994	$1,417.05	APC	N
26372	T	REPAIR/GRAFT HAND TENDON	00054	27.9994	$1,417.05	APC	N
26373	T	REPAIR FINGER/HAND TENDON	00054	27.9994	$1,417.05	APC	N
26390	T	REVISE HAND/FINGER TENDON	00054	27.9994	$1,417.05	APC	N
26392	T	REPAIR/GRAFT HAND TENDON	00054	27.9994	$1,417.05	APC	N
26410	T	REPAIR HAND TENDON	00053	16.6121	$840.74	APC	N
26412	T	REPAIR/GRAFT HAND TENDON	00054	27.9994	$1,417.05	APC	N
26415	T	EXCISION, HAND/FINGER TENDON	00054	27.9994	$1,417.05	APC	N
26416	T	GRAFT HAND OR FINGER TENDON	00054	27.9994	$1,417.05	APC	N
26418	T	REPAIR FINGER TENDON	00053	16.6121	$840.74	APC	N
26420	T	REPAIR/GRAFT FINGER TENDON	00054	27.9994	$1,417.05	APC	N
26426	T	REPAIR FINGER/HAND TENDON	00054	27.9994	$1,417.05	APC	N
26428	T	REPAIR/GRAFT FINGER TENDON	00054	27.9994	$1,417.05	APC	N
26432	T	REPAIR FINGER TENDON	00053	16.6121	$840.74	APC	N
26433	T	REPAIR FINGER TENDON	00053	16.6121	$840.74	APC	N
26434	T	REPAIR/GRAFT FINGER TENDON	00054	27.9994	$1,417.05	APC	N
26437	T	REALIGNMENT OF TENDONS	00053	16.6121	$840.74	APC	
26440	T	RELEASE PALM/FINGER TENDON	00053	16.6121	$840.74	APC	N
26442	T	RELEASE PALM & FINGER TENDON	00054	27.9994	$1,417.05	APC	N
26445	T	RELEASE HAND/FINGER TENDON	00053	16.6121	$840.74	APC	N
26449	T	RELEASE FOREARM/HAND TENDON	00054	27.9994	$1,417.05	APC	N
26450	T	INCISION OF PALM TENDON	00053	16.6121	$840.74	APC	N
26455	T	INCISION OF FINGER TENDON	00053	16.6121	$840.74	APC	N
26460	T	INCISE HAND/FINGER TENDON	00053	16.6121	$840.74	APC	N
26471	T	FUSION OF FINGER TENDONS	00053	16.6121	$840.74	APC	N
26474	T	FUSION OF FINGER TENDONS	00053	16.6121	$840.74	APC	N
26476	T	TENDON LENGTHENING	00053	16.6121	$840.74	APC	N
26477	T	TENDON SHORTENING	00053	16.6121	$840.74	APC	N
26478	T	LENGTHENING OF HAND TENDON	00053	16.6121	$840.74	APC	N
26479	T	SHORTENING OF HAND TENDON	00053	16.6121	$840.74	APC	N
26480	T	TRANSPLANT HAND TENDON	00054	27.9994	$1,417.05	APC	N
26483	T	TRANSPLANT/GRAFT HAND TENDON	00054	27.9994	$1,417.05	APC	N
26485	T	TRANSPLANT PALM TENDON	00054	27.9994	$1,417.05	APC	N
26489	T	TRANSPLANT/GRAFT PALM TENDON	00054	27.9994	$1,417.05	APC	N
26490	T	REVISE THUMB TENDON	00054	27.9994	$1,417.05	APC	N
26492	T	TENDON TRANSFER WITH GRAFT	00054	27.9994	$1,417.05	APC	N
26494	T	HAND TENDON/MUSCLE TRANSFER	00054	27.9994	$1,417.05	APC	N

26496	T	REVISE THUMB TENDON	00054	27.9994	$1,417.05	APC	N
26497	T	FINGER TENDON TRANSFER	00054	27.9994	$1,417.05	APC	N
26498	T	FINGER TENDON TRANSFER	00054	27.9994	$1,417.05	APC	N
26499	T	REVISION OF FINGER	00054	27.9994	$1,417.05	APC	N
26500	T	HAND TENDON RECONSTRUCTION	00053	16.6121	$840.74	APC	N
26502	T	HAND TENDON RECONSTRUCTION	00054	27.9994	$1,417.05	APC	N
26508	T	RELEASE THUMB CONTRACTURE	00053	16.6121	$840.74	APC	N
26510	T	THUMB TENDON TRANSFER	00054	27.9994	$1,417.05	APC	N
26516	T	FUSION OF KNUCKLE JOINT	00054	27.9994	$1,417.05	APC	N
26517	T	FUSION OF KNUCKLE JOINTS	00054	27.9994	$1,417.05	APC	N
26518	T	FUSION OF KNUCKLE JOINTS	00054	27.9994	$1,417.05	APC	N
26520	T	RELEASE KNUCKLE CONTRACTURE	00053	16.6121	$840.74	APC	N
26525	T	RELEASE FINGER CONTRACTURE	00053	16.6121	$840.74	APC	N
26530	T	REVISE KNUCKLE JOINT	00047	37.8310	$1,914.63	APC	N
26531	T	REVISE KNUCKLE WITH IMPLANT	00048	53.1633	$2,690.59	APC	N
26535	T	REVISE FINGER JOINT	00047	37.8310	$1,914.63	APC	N
26536	T	REVISE/IMPLANT FINGER JOINT	00048	53.1633	$2,690.59	APC	N
26540	T	REPAIR HAND JOINT	00053	16.6121	$840.74	APC	N
26541	T	REPAIR HAND JOINT WITH GRAFT	00054	27.9994	$1,417.05	APC	N
26542	T	REPAIR HAND JOINT WITH GRAFT	00053	16.6121	$840.74	APC	N
26545	T	RECONSTRUCT FINGER JOINT	00054	27.9994	$1,417.05	APC	N
26546	T	REPAIR NONUNION HAND	00054	27.9994	$1,417.05	APC	N
26548	T	RECONSTRUCT FINGER JOINT	00054	27.9994	$1,417.05	APC	N
26550	T	CONSTRUCT THUMB REPLACEMENT	00054	27.9994	$1,417.05	APC	N
26551	C	GREAT TOE-HAND TRANSFER			$0.00	Inpatient Only	N
26553	C	SINGLE TRANSFER TOE-HAND			$0.00	Inpatient Only	N
26554	C	DOUBLE TRANSFER TOE-HAND			$0.00	Inpatient Only	N
26555	T	POSITIONAL CHANGE OF FINGER	00054	27.9994	$1,417.05	APC	N
26556	C	TOE JOINT TRANSFER			$0.00	Inpatient Only	N
26560	T	REPAIR OF WEB FINGER	00053	16.6121	$840.74	APC	N
26561	T	REPAIR OF WEB FINGER	00054	27.9994	$1,417.05	APC	N
26562	T	REPAIR OF WEB FINGER	00054	27.9994	$1,417.05	APC	N
26565	T	CORRECT METACARPAL FLAW	00054	27.9994	$1,417.05	APC	N
26567	T	CORRECT FINGER DEFORMITY	00054	27.9994	$1,417.05	APC	N
26568	T	LENGTHEN METACARPAL/FINGER	00054	27.9994	$1,417.05	APC	N
26580	T	REPAIR HAND DEFORMITY	00053	16.6121	$840.74	APC	N
26587	T	RECONSTRUCT EXTRA FINGER	00053	16.6121	$840.74	APC	N
26590	T	REPAIR FINGER DEFORMITY	00053	16.6121	$840.74	APC	N
26591	T	REPAIR MUSCLES OF HAND	00054	27.9994	$1,417.05	APC	
26593	T	RELEASE MUSCLES OF HAND	00053	16.6121	$840.74	APC	
26596	T	EXCISION CONSTRICTING TISSUE	00053	16.6121	$840.74	APC	N
26600	T	TREAT METACARPAL FRACTURE	00129	1.5977	$80.86	APC	N
26605	T	TREAT METACARPAL FRACTURE	00129	1.5977	$80.86	APC	N
26607	T	TREAT METACARPAL FRACTURE	00139	19.8724	$1,005.74	APC	N
26608	T	TREAT METACARPAL FRACTURE	00062	25.4442	$1,287.73	APC	N
26615	T	TREAT METACARPAL FRACTURE	00063	42.8656	$2,169.43	APC	N
26641	T	TREAT THUMB DISLOCATION	00129	1.5977	$80.86	APC	N
26645	T	TREAT THUMB FRACTURE	00138	6.1479	$311.15	APC	N
26650	T	TREAT THUMB FRACTURE	00062	25.4442	$1,287.73	APC	N
26665	T	TREAT THUMB FRACTURE	00063	42.8656	$2,169.43	APC	N
26670	T	TREAT HAND DISLOCATION	00129	1.5977	$80.86	APC	N
26675	T	TREAT HAND DISLOCATION	00138	6.1479	$311.15	APC	N
26676	T	PIN HAND DISLOCATION	00062	25.4442	$1,287.73	APC	N
26685	T	TREAT HAND DISLOCATION	00062	25.4442	$1,287.73	APC	N
26686	T	TREAT HAND DISLOCATION	00064	62.5691	$3,166.62	APC	N
26700	T	TREAT KNUCKLE DISLOCATION	00129	1.5977	$80.86	APC	N
26705	T	TREAT KNUCKLE DISLOCATION	00129	1.5977	$80.86	APC	N
26706	T	PIN KNUCKLE DISLOCATION	00139	19.8724	$1,005.74	APC	N
26715	T	TREAT KNUCKLE DISLOCATION	00062	25.4442	$1,287.73	APC	N
26720	T	TREAT FINGER FRACTURE, EACH	00129	1.5977	$80.86	APC	N
26725	T	TREAT FINGER FRACTURE, EACH	00129	1.5977	$80.86	APC	N
26727	T	TREAT FINGER FRACTURE, EACH	00062	25.4442	$1,287.73	APC	N
26735	T	TREAT FINGER FRACTURE, EACH	00062	25.4442	$1,287.73	APC	N
26740	T	TREAT FINGER FRACTURE, EACH	00129	1.5977	$80.86	APC	N
26742	T	TREAT FINGER FRACTURE, EACH	00129	1.5977	$80.86	APC	N
26746	T	TREAT FINGER FRACTURE, EACH	00062	25.4442	$1,287.73	APC	N
26750	T	TREAT FINGER FRACTURE, EACH	00129	1.5977	$80.86	APC	N
26755	T	TREAT FINGER FRACTURE, EACH	00129	1.5977	$80.86	APC	N
26756	T	PIN FINGER FRACTURE, EACH	00062	25.4442	$1,287.73	APC	N
26765	T	TREAT FINGER FRACTURE, EACH	00062	25.4442	$1,287.73	APC	N
26770	T	TREAT FINGER DISLOCATION	00129	1.5977	$80.86	APC	N

26775	T	TREAT FINGER DISLOCATION	00045	15.5673	$787.86	APC	N
26776	T	PIN FINGER DISLOCATION	00062	25.4442	$1,287.73	APC	N
26785	T	TREAT FINGER DISLOCATION	00062	25.4442	$1,287.73	APC	N
26820	T	THUMB FUSION WITH GRAFT	00054	27.9994	$1,417.05	APC	N
26841	T	FUSION OF THUMB	00054	27.9994	$1,417.05	APC	N
26842	T	THUMB FUSION WITH GRAFT	00054	27.9994	$1,417.05	APC	N
26843	T	FUSION OF HAND JOINT	00054	27.9994	$1,417.05	APC	N
26844	T	FUSION/GRAFT OF HAND JOINT	00054	27.9994	$1,417.05	APC	N
26850	T	FUSION OF KNUCKLE	00054	27.9994	$1,417.05	APC	N
26852	T	FUSION OF KNUCKLE WITH GRAFT	00054	27.9994	$1,417.05	APC	N
26860	T	FUSION OF FINGER JOINT	00054	27.9994	$1,417.05	APC	N
26861	T	FUSION OF FINGER JNT, ADD-ON	00054	27.9994	$1,417.05	APC	N
26862	T	FUSION/GRAFT OF FINGER JOINT	00054	27.9994	$1,417.05	APC	N
26863	T	FUSE/GRAFT ADDED JOINT	00054	27.9994	$1,417.05	APC	N
26910	T	AMPUTATE METACARPAL BONE	00054	27.9994	$1,417.05	APC	N
26951	T	AMPUTATION OF FINGER/THUMB	00053	16.6121	$840.74	APC	N
26952	T	AMPUTATION OF FINGER/THUMB	00053	16.6121	$840.74	APC	N
26989	T	HAND/FINGER SURGERY	00129	1.5977	$80.86	APC	N
26990	T	DRAINAGE OF PELVIS LESION	00049	21.7810	$1,102.34	APC	N
26991	T	DRAINAGE OF PELVIS BURSA	00049	21.7810	$1,102.34	APC	N
26992	C	DRAINAGE OF BONE LESION			$0.00	Inpatient Only	N
27000	T	INCISION OF HIP TENDON	00049	21.7810	$1,102.34	APC	N
27001	T	INCISION OF HIP TENDON	00050	29.8816	$1,512.31	APC	N
27003	T	INCISION OF HIP TENDON	00050	29.8816	$1,512.31	APC	N
27005	C	INCISION OF HIP TENDON			$0.00	Inpatient Only	N
27006	T	INCISION OF HIP TENDONS	00050	29.8816	$1,512.31	APC	N
27025	C	INCISION OF HIP/THIGH FASCIA			$0.00	Inpatient Only	N
27027	T	BUTTOCK FASCIOTOMY	00049	21.7810	$1,102.34	APC	
27030	C	DRAINAGE OF HIP JOINT			$0.00	Inpatient Only	N
27033	T	EXPLORATION OF HIP JOINT	00051	45.3534	$2,295.34	APC	N
27035	T	DENERVATION OF HIP JOINT	00051	45.3534	$2,295.34	APC	N
27036	C	EXCISION OF HIP JOINT/MUSCLE			$0.00	Inpatient Only	N
27040	T	BIOPSY OF SOFT TISSUES	00020	8.2566	$417.87	APC	N
27041	T	BIOPSY OF SOFT TISSUES	00020	8.2566	$417.87	APC	N
27047	T	REMOVE HIP/PELVIS LESION	00022	21.8429	$1,105.47	APC	N
27048	T	REMOVE HIP/PELVIS LESION	00022	21.8429	$1,105.47	APC	N
27049	T	REMOVE TUMOR, HIP/PELVIS	00022	21.8429	$1,105.47	APC	N
27050	T	BIOPSY OF SACROILIAC JOINT	00049	21.7810	$1,102.34	APC	N
27052	T	BIOPSY OF HIP JOINT	00049	21.7810	$1,102.34	APC	N
27054	C	REMOVAL OF HIP JOINT LINING			$0.00	Inpatient Only	N
27057	T	BUTTOCK FASCIOTOMY W/DBRDMT	00049	21.7810	$1,102.34	APC	
27060	T	REMOVAL OF ISCHIAL BURSA	00049	21.7810	$1,102.34	APC	N
27062	T	REMOVE FEMUR LESION/BURSA	00049	21.7810	$1,102.34	APC	N
27065	T	REMOVAL OF HIP BONE LESION	00049	21.7810	$1,102.34	APC	N
27066	T	REMOVAL OF HIP BONE LESION	00050	29.8816	$1,512.31	APC	N
27067	T	REMOVE/GRAFT HIP BONE LESION	00050	29.8816	$1,512.31	APC	N
27070	C	PARTIAL REMOVAL OF HIP BONE			$0.00	Inpatient Only	N
27071	C	PARTIAL REMOVAL OF HIP BONE			$0.00	Inpatient Only	N
27075	C	EXTENSIVE HIP SURGERY			$0.00	Inpatient Only	N
27076	C	EXTENSIVE HIP SURGERY			$0.00	Inpatient Only	N
27077	C	EXTENSIVE HIP SURGERY			$0.00	Inpatient Only	N
27078	C	EXTENSIVE HIP SURGERY			$0.00	Inpatient Only	N
27079	C	EXTENSIVE HIP SURGERY			$0.00	Inpatient Only	N
27080	T	REMOVAL OF TAIL BONE	00050	29.8816	$1,512.31	APC	N
27086	T	REMOVE HIP FOREIGN BODY	00020	8.2566	$417.87	APC	N
27087	T	REMOVE HIP FOREIGN BODY	00049	21.7810	$1,102.34	APC	N
27090	C	REMOVAL OF HIP PROSTHESIS			$0.00	Inpatient Only	N
27091	C	REMOVAL OF HIP PROSTHESIS			$0.00	Inpatient Only	N
27093	N	INJECTION FOR HIP X-RAY			$0.00	Bundled	N
27095	N	INJECTION FOR HIP X-RAY			$0.00	Bundled	N
27096	N	INJECT SACROILIAC JOINT			$0.00	Bundled	N
27097	T	REVISION OF HIP TENDON	00050	29.8816	$1,512.31	APC	N
27098	T	TRANSFER TENDON TO PELVIS	00050	29.8816	$1,512.31	APC	N
27100	T	TRANSFER OF ABDOMINAL MUSCLE	00051	45.3534	$2,295.34	APC	N
27105	T	TRANSFER OF SPINAL MUSCLE	00051	45.3534	$2,295.34	APC	N
27110	T	TRANSFER OF ILIOPSOAS MUSCLE	00051	45.3534	$2,295.34	APC	N
27111	T	TRANSFER OF ILIOPSOAS MUSCLE	00051	45.3534	$2,295.34	APC	N
27120	C	RECONSTRUCTION OF HIP SOCKET			$0.00	Inpatient Only	N
27122	C	RECONSTRUCTION OF HIP SOCKET			$0.00	Inpatient Only	N
27125	C	PARTIAL HIP REPLACEMENT			$0.00	Inpatient Only	N
27130	C	TOTAL HIP ARTHROPLASTY			$0.00	Inpatient Only	N

27132	C	TOTAL HIP ARTHROPLASTY			$0.00	Inpatient Only	N
27134	C	REVISE HIP JOINT REPLACEMENT			$0.00	Inpatient Only	N
27137	C	REVISE HIP JOINT REPLACEMENT			$0.00	Inpatient Only	N
27138	C	REVISE HIP JOINT REPLACEMENT			$0.00	Inpatient Only	N
27140	C	TRANSPLANT FEMUR RIDGE			$0.00	Inpatient Only	N
27146	C	INCISION OF HIP BONE			$0.00	Inpatient Only	N
27147	C	REVISION OF HIP BONE			$0.00	Inpatient Only	N
27151	C	INCISION OF HIP BONES			$0.00	Inpatient Only	N
27156	C	REVISION OF HIP BONES			$0.00	Inpatient Only	N
27158	C	REVISION OF PELVIS			$0.00	Inpatient Only	N
27161	C	INCISION OF NECK OF FEMUR			$0.00	Inpatient Only	N
27165	C	INCISION/FIXATION OF FEMUR			$0.00	Inpatient Only	N
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK			$0.00	Inpatient Only	N
27175	C	TREAT SLIPPED EPIPHYSIS			$0.00	Inpatient Only	N
27176	C	TREAT SLIPPED EPIPHYSIS			$0.00	Inpatient Only	N
27177	C	TREAT SLIPPED EPIPHYSIS			$0.00	Inpatient Only	N
27178	C	TREAT SLIPPED EPIPHYSIS			$0.00	Inpatient Only	N
27179	C	REVISE HEAD/NECK OF FEMUR			$0.00	Inpatient Only	N
27181	C	TREAT SLIPPED EPIPHYSIS			$0.00	Inpatient Only	N
27185	C	REVISION OF FEMUR EPIPHYSIS			$0.00	Inpatient Only	N
27187	C	REINFORCE HIP BONES			$0.00	Inpatient Only	
27193	T	TREAT PELVIC RING FRACTURE	00129	1.5977	$80.86	APC	N
27194	T	TREAT PELVIC RING FRACTURE	00045	15.5673	$787.86	APC	N
27200	T	TREAT TAIL BONE FRACTURE	00129	1.5977	$80.86	APC	N
27202	T	TREAT TAIL BONE FRACTURE	00063	42.8656	$2,169.43	APC	N
27215	E	TREAT PELVIC FRACTURE(S)			$0.00	Not Allowed	N
27216	E	TREAT PELVIC RING FRACTURE			$0.00	Not Allowed	N
27217	E	TREAT PELVIC RING FRACTURE			$0.00	Not Allowed	N
27218	E	TREAT PELVIC RING FRACTURE			$0.00	Not Allowed	N
27220	T	TREAT HIP SOCKET FRACTURE	00129	1.5977	$80.86	APC	N
27222	C	TREAT HIP SOCKET FRACTURE			$0.00	Inpatient Only	N
27226	C	TREAT HIP WALL FRACTURE			$0.00	Inpatient Only	N
27227	C	TREAT HIP FRACTURE(S)			$0.00	Inpatient Only	N
27228	C	TREAT HIP FRACTURE(S)			$0.00	Inpatient Only	N
27230	T	TREAT THIGH FRACTURE	00129	1.5977	$80.86	APC	N
27232	C	TREAT THIGH FRACTURE			$0.00	Inpatient Only	N
27235	T	TREAT THIGH FRACTURE	00050	29.8816	$1,512.31	APC	N
27236	C	TREAT THIGH FRACTURE			$0.00	Inpatient Only	N
27238	T	TREAT THIGH FRACTURE	00138	6.1479	$311.15	APC	N
27240	C	TREAT THIGH FRACTURE			$0.00	Inpatient Only	N
27244	C	TREAT THIGH FRACTURE			$0.00	Inpatient Only	N
27245	C	TREAT THIGH FRACTURE			$0.00	Inpatient Only	N
27246	T	TREAT THIGH FRACTURE	00138	6.1479	$311.15	APC	N
27248	C	TREAT THIGH FRACTURE			$0.00	Inpatient Only	N
27250	T	TREAT HIP DISLOCATION	00129	1.5977	$80.86	APC	N
27252	T	TREAT HIP DISLOCATION	00045	15.5673	$787.86	APC	N
27253	C	TREAT HIP DISLOCATION			$0.00	Inpatient Only	N
27254	C	TREAT HIP DISLOCATION			$0.00	Inpatient Only	N
27256	T	TREAT HIP DISLOCATION	00129	1.5977	$80.86	APC	N
27257	T	TREAT HIP DISLOCATION	00045	15.5673	$787.86	APC	N
27258	C	TREAT HIP DISLOCATION			$0.00	Inpatient Only	N
27259	C	TREAT HIP DISLOCATION			$0.00	Inpatient Only	N
27265	T	TREAT HIP DISLOCATION	00129	1.5977	$80.86	APC	N
27266	T	TREAT HIP DISLOCATION	00045	15.5673	$787.86	APC	N
27267	T	CLTX THIGH FX	00129	1.5977	$80.86	APC	
27268	C	CLTX THIGH FX W/MNPJ			$0.00	Inpatient Only	
27269	C	OPTX THIGH FX			$0.00	Inpatient Only	
27275	T	MANIPULATION OF HIP JOINT	00045	15.5673	$787.86	APC	N
27280	C	FUSION OF SACROILIAC JOINT			$0.00	Inpatient Only	N
27282	C	FUSION OF PUBIC BONES			$0.00	Inpatient Only	N
27284	C	FUSION OF HIP JOINT			$0.00	Inpatient Only	N
27286	C	FUSION OF HIP JOINT			$0.00	Inpatient Only	N
27290	C	AMPUTATION OF LEG AT HIP			$0.00	Inpatient Only	N
27295	C	AMPUTATION OF LEG AT HIP			$0.00	Inpatient Only	N
27299	T	PELVIS/HIP JOINT SURGERY	00129	1.5977	$80.86	APC	N
27301	T	DRAIN THIGH/KNEE LESION	00008	19.3873	$981.19	APC	N
27303	C	DRAINAGE OF BONE LESION			$0.00	Inpatient Only	N
27305	T	INCISE THIGH TENDON & FASCIA	00049	21.7810	$1,102.34	APC	N
27306	T	INCISION OF THIGH TENDON	00049	21.7810	$1,102.34	APC	N
27307	T	INCISION OF THIGH TENDONS	00049	21.7810	$1,102.34	APC	N
27310	T	EXPLORATION OF KNEE JOINT	00050	29.8816	$1,512.31	APC	N

27323	T	BIOPSY, THIGH SOFT TISSUES	00020	8.2566	$417.87	APC	N
27324	T	BIOPSY, THIGH SOFT TISSUES	00022	21.8429	$1,105.47	APC	N
27325	T	NEURECTOMY, HAMSTRING	00220	18.5109	$936.84	APC	
27326	T	NEURECTOMY, POPLITEAL	00220	18.5109	$936.84	APC	
27327	T	REMOVAL OF THIGH LESION	00022	21.8429	$1,105.47	APC	N
27328	T	REMOVAL OF THIGH LESION	00022	21.8429	$1,105.47	APC	N
27329	T	REMOVE TUMOR THIGH/KNEE	00022	21.8429	$1,105.47	APC	N
27330	T	BIOPSY, KNEE JOINT LINING	00050	29.8816	$1,512.31	APC	N
27331	T	EXPLORE/TREAT KNEE JOINT	00050	29.8816	$1,512.31	APC	N
27332	T	REMOVAL OF KNEE CARTILAGE	00050	29.8816	$1,512.31	APC	N
27333	T	REMOVAL OF KNEE CARTILAGE	00050	29.8816	$1,512.31	APC	N
27334	T	REMOVE KNEE JOINT LINING	00050	29.8816	$1,512.31	APC	N
27335	T	REMOVE KNEE JOINT LINING	00050	29.8816	$1,512.31	APC	N
27340	T	REMOVAL OF KNEECAP BURSA	00049	21.7810	$1,102.34	APC	N
27345	T	REMOVAL OF KNEE CYST	00049	21.7810	$1,102.34	APC	N
27347	T	REMOVE KNEE CYST	00049	21.7810	$1,102.34	APC	N
27350	T	REMOVAL OF KNEECAP	00050	29.8816	$1,512.31	APC	N
27355	T	REMOVE FEMUR LESION	00050	29.8816	$1,512.31	APC	N
27356	T	REMOVE FEMUR LESION/GRAFT	00050	29.8816	$1,512.31	APC	N
27357	T	REMOVE FEMUR LESION/GRAFT	00050	29.8816	$1,512.31	APC	N
27358	T	REMOVE FEMUR LESION/FIXATION	00050	29.8816	$1,512.31	APC	N
27360	T	PARTIAL REMOVAL, LEG BONE(S)	00050	29.8816	$1,512.31	APC	N
27365	C	EXTENSIVE LEG SURGERY			$0.00	Inpatient Only	N
27370	N	INJECTION FOR KNEE X-RAY			$0.00	Bundled	N
27372	T	REMOVAL OF FOREIGN BODY	00022	21.8429	$1,105.47	APC	N
27380	T	REPAIR OF KNEECAP TENDON	00049	21.7810	$1,102.34	APC	N
27381	T	REPAIR/GRAFT KNEECAP TENDON	00049	21.7810	$1,102.34	APC	N
27385	T	REPAIR OF THIGH MUSCLE	00049	21.7810	$1,102.34	APC	N
27386	T	REPAIR/GRAFT OF THIGH MUSCLE	00049	21.7810	$1,102.34	APC	N
27390	T	INCISION OF THIGH TENDON	00049	21.7810	$1,102.34	APC	N
27391	T	INCISION OF THIGH TENDONS	00049	21.7810	$1,102.34	APC	N
27392	T	INCISION OF THIGH TENDONS	00049	21.7810	$1,102.34	APC	N
27393	T	LENGTHENING OF THIGH TENDON	00050	29.8816	$1,512.31	APC	N
27394	T	LENGTHENING OF THIGH TENDONS	00050	29.8816	$1,512.31	APC	N
27395	T	LENGTHENING OF THIGH TENDONS	00051	45.3534	$2,295.34	APC	N
27396	T	TRANSPLANT OF THIGH TENDON	00050	29.8816	$1,512.31	APC	N
27397	T	TRANSPLANTS OF THIGH TENDONS	00051	45.3534	$2,295.34	APC	N
27400	T	REVISE THIGH MUSCLES/TENDONS	00051	45.3534	$2,295.34	APC	N
27403	T	REPAIR OF KNEE CARTILAGE	00050	29.8816	$1,512.31	APC	
27405	T	REPAIR OF KNEE LIGAMENT	00051	45.3534	$2,295.34	APC	N
27407	T	REPAIR OF KNEE LIGAMENT	00052	86.5958	$4,382.61	APC	N
27409	T	REPAIR OF KNEE LIGAMENTS	00051	45.3534	$2,295.34	APC	N
27412	T	AUTOCHONDROCYTE IMPLANT KNEE	00052	86.5958	$4,382.61	APC	
27415	T	OSTEOCHONDRAL KNEE ALLOGRAFT	00052	86.5958	$4,382.61	APC	
27416	T	OSTEOCHONDRAL KNEE AUTOGRAFT	00051	45.3534	$2,295.34	APC	
27418	T	REPAIR DEGENERATED KNEECAP	00051	45.3534	$2,295.34	APC	N
27420	T	REVISION OF UNSTABLE KNEECAP	00051	45.3534	$2,295.34	APC	N
27422	T	REVISION OF UNSTABLE KNEECAP	00051	45.3534	$2,295.34	APC	N
27424	T	REVISION/REMOVAL OF KNEECAP	00051	45.3534	$2,295.34	APC	N
27425	T	LAT RETINACULAR RELEASE OPEN	00050	29.8816	$1,512.31	APC	N
27427	T	RECONSTRUCTION, KNEE	00051	45.3534	$2,295.34	APC	
27428	T	RECONSTRUCTION, KNEE	00052	86.5958	$4,382.61	APC	
27429	T	RECONSTRUCTION, KNEE	00052	86.5958	$4,382.61	APC	
27430	T	REVISION OF THIGH MUSCLES	00051	45.3534	$2,295.34	APC	N
27435	T	INCISION OF KNEE JOINT	00051	45.3534	$2,295.34	APC	N
27437	T	REVISE KNEECAP	00047	37.8310	$1,914.63	APC	N
27438	T	REVISE KNEECAP WITH IMPLANT	00048	53.1633	$2,690.59	APC	N
27440	T	REVISION OF KNEE JOINT	00047	37.8310	$1,914.63	APC	N
27441	T	REVISION OF KNEE JOINT	00047	37.8310	$1,914.63	APC	N
27442	T	REVISION OF KNEE JOINT	00047	37.8310	$1,914.63	APC	N
27443	T	REVISION OF KNEE JOINT	00047	37.8310	$1,914.63	APC	N
27445	C	REVISION OF KNEE JOINT			$0.00	Inpatient Only	N
27446	T	REVISION OF KNEE JOINT	00681	186.5341	$9,440.49	APC	N
27447	C	TOTAL KNEE ARTHROPLASTY			$0.00	Inpatient Only	N
27448	C	INCISION OF THIGH			$0.00	Inpatient Only	N
27450	C	INCISION OF THIGH			$0.00	Inpatient Only	N
27454	C	REALIGNMENT OF THIGH BONE			$0.00	Inpatient Only	N
27455	C	REALIGNMENT OF KNEE			$0.00	Inpatient Only	N
27457	C	REALIGNMENT OF KNEE			$0.00	Inpatient Only	N
27465	C	SHORTENING OF THIGH BONE			$0.00	Inpatient Only	N
27466	C	LENGTHENING OF THIGH BONE			$0.00	Inpatient Only	N

27468	C	SHORTEN/LENGTHEN THIGHS			$0.00	Inpatient Only	N
27470	C	REPAIR OF THIGH			$0.00	Inpatient Only	N
27472	C	REPAIR/GRAFT OF THIGH			$0.00	Inpatient Only	N
27475	T	SURGERY TO STOP LEG GROWTH	00050	29.8816	$1,512.31	APC	N
27477	C	SURGERY TO STOP LEG GROWTH			$0.00	Inpatient Only	N
27479	T	SURGERY TO STOP LEG GROWTH	00050	29.8816	$1,512.31	APC	N
27485	C	SURGERY TO STOP LEG GROWTH			$0.00	Inpatient Only	N
27486	C	REVISE/REPLACE KNEE JOINT			$0.00	Inpatient Only	N
27487	C	REVISE/REPLACE KNEE JOINT			$0.00	Inpatient Only	N
27488	C	REMOVAL OF KNEE PROSTHESIS			$0.00	Inpatient Only	N
27495	C	REINFORCE THIGH			$0.00	Inpatient Only	
27496	T	DECOMPRESSION OF THIGH/KNEE	00049	21.7810	$1,102.34	APC	N
27497	T	DECOMPRESSION OF THIGH/KNEE	00049	21.7810	$1,102.34	APC	N
27498	T	DECOMPRESSION OF THIGH/KNEE	00049	21.7810	$1,102.34	APC	N
27499	T	DECOMPRESSION OF THIGH/KNEE	00049	21.7810	$1,102.34	APC	N
27500	T	TREATMENT OF THIGH FRACTURE	00138	6.1479	$311.15	APC	N
27501	T	TREATMENT OF THIGH FRACTURE	00129	1.5977	$80.86	APC	N
27502	T	TREATMENT OF THIGH FRACTURE	00139	19.8724	$1,005.74	APC	N
27503	T	TREATMENT OF THIGH FRACTURE	00129	1.5977	$80.86	APC	N
27506	C	TREATMENT OF THIGH FRACTURE			$0.00	Inpatient Only	N
27507	C	TREATMENT OF THIGH FRACTURE			$0.00	Inpatient Only	N
27508	T	TREATMENT OF THIGH FRACTURE	00129	1.5977	$80.86	APC	N
27509	T	TREATMENT OF THIGH FRACTURE	00062	25.4442	$1,287.73	APC	N
27510	T	TREATMENT OF THIGH FRACTURE	00138	6.1479	$311.15	APC	N
27511	C	TREATMENT OF THIGH FRACTURE			$0.00	Inpatient Only	N
27513	C	TREATMENT OF THIGH FRACTURE			$0.00	Inpatient Only	N
27514	C	TREATMENT OF THIGH FRACTURE			$0.00	Inpatient Only	N
27516	T	TREAT THIGH FX GROWTH PLATE	00129	1.5977	$80.86	APC	N
27517	T	TREAT THIGH FX GROWTH PLATE	00129	1.5977	$80.86	APC	N
27519	C	TREAT THIGH FX GROWTH PLATE			$0.00	Inpatient Only	N
27520	T	TREAT KNEECAP FRACTURE	00129	1.5977	$80.86	APC	N
27524	T	TREAT KNEECAP FRACTURE	00063	42.8656	$2,169.43	APC	N
27530	T	TREAT KNEE FRACTURE	00129	1.5977	$80.86	APC	N
27532	T	TREAT KNEE FRACTURE	00139	19.8724	$1,005.74	APC	N
27535	C	TREAT KNEE FRACTURE			$0.00	Inpatient Only	N
27536	C	TREAT KNEE FRACTURE			$0.00	Inpatient Only	N
27538	T	TREAT KNEE FRACTURE(S)	00129	1.5977	$80.86	APC	N
27540	C	TREAT KNEE FRACTURE			$0.00	Inpatient Only	N
27550	T	TREAT KNEE DISLOCATION	00129	1.5977	$80.86	APC	N
27552	T	TREAT KNEE DISLOCATION	00045	15.5673	$787.86	APC	N
27556	C	TREAT KNEE DISLOCATION			$0.00	Inpatient Only	N
27557	C	TREAT KNEE DISLOCATION			$0.00	Inpatient Only	N
27558	C	TREAT KNEE DISLOCATION			$0.00	Inpatient Only	N
27560	T	TREAT KNEECAP DISLOCATION	00129	1.5977	$80.86	APC	N
27562	T	TREAT KNEECAP DISLOCATION	00045	15.5673	$787.86	APC	N
27566	T	TREAT KNEECAP DISLOCATION	00063	42.8656	$2,169.43	APC	N
27570	T	FIXATION OF KNEE JOINT	00045	15.5673	$787.86	APC	N
27580	C	FUSION OF KNEE			$0.00	Inpatient Only	N
27590	C	AMPUTATE LEG AT THIGH			$0.00	Inpatient Only	N
27591	C	AMPUTATE LEG AT THIGH			$0.00	Inpatient Only	N
27592	C	AMPUTATE LEG AT THIGH			$0.00	Inpatient Only	N
27594	T	AMPUTATION FOLLOW-UP SURGERY	00049	21.7810	$1,102.34	APC	N
27596	C	AMPUTATION FOLLOW-UP SURGERY			$0.00	Inpatient Only	N
27598	C	AMPUTATE LOWER LEG AT KNEE			$0.00	Inpatient Only	N
27599	T	LEG SURGERY PROCEDURE	00129	1.5977	$80.86	APC	N
27600	T	DECOMPRESSION OF LOWER LEG	00049	21.7810	$1,102.34	APC	N
27601	T	DECOMPRESSION OF LOWER LEG	00049	21.7810	$1,102.34	APC	N
27602	T	DECOMPRESSION OF LOWER LEG	00049	21.7810	$1,102.34	APC	N
27603	T	DRAIN LOWER LEG LESION	00008	19.3873	$981.19	APC	N
27604	T	DRAIN LOWER LEG BURSA	00049	21.7810	$1,102.34	APC	N
27605	T	INCISION OF ACHILLES TENDON	00055	21.6207	$1,094.22	APC	N
27606	T	INCISION OF ACHILLES TENDON	00049	21.7810	$1,102.34	APC	N
27607	T	TREAT LOWER LEG BONE LESION	00049	21.7810	$1,102.34	APC	N
27610	T	EXPLORE/TREAT ANKLE JOINT	00050	29.8816	$1,512.31	APC	N
27612	T	EXPLORATION OF ANKLE JOINT	00050	29.8816	$1,512.31	APC	N
27613	T	BIOPSY LOWER LEG SOFT TISSUE	00020	8.2566	$417.87	APC	N
27614	T	BIOPSY LOWER LEG SOFT TISSUE	00022	21.8429	$1,105.47	APC	N
27615	T	REMOVE TUMOR, LOWER LEG	00050	29.8816	$1,512.31	APC	N
27618	T	REMOVE LOWER LEG LESION	00021	15.8974	$804.57	APC	N
27619	T	REMOVE LOWER LEG LESION	00022	21.8429	$1,105.47	APC	N
27620	T	EXPLORE/TREAT ANKLE JOINT	00050	29.8816	$1,512.31	APC	N

27625	T	REMOVE ANKLE JOINT LINING	00050	29.8816	$1,512.31	APC	N
27626	T	REMOVE ANKLE JOINT LINING	00050	29.8816	$1,512.31	APC	N
27630	T	REMOVAL OF TENDON LESION	00049	21.7810	$1,102.34	APC	N
27635	T	REMOVE LOWER LEG BONE LESION	00050	29.8816	$1,512.31	APC	N
27637	T	REMOVE/GRAFT LEG BONE LESION	00050	29.8816	$1,512.31	APC	N
27638	T	REMOVE/GRAFT LEG BONE LESION	00050	29.8816	$1,512.31	APC	N
27640	T	PARTIAL REMOVAL OF TIBIA	00051	45.3534	$2,295.34	APC	N
27641	T	PARTIAL REMOVAL OF FIBULA	00050	29.8816	$1,512.31	APC	N
27645	C	EXTENSIVE LOWER LEG SURGERY			$0.00	Inpatient Only	N
27646	C	EXTENSIVE LOWER LEG SURGERY			$0.00	Inpatient Only	N
27647	T	EXTENSIVE ANKLE/HEEL SURGERY	00051	45.3534	$2,295.34	APC	N
27648	N	INJECTION FOR ANKLE X-RAY			$0.00	Bundled	N
27650	T	REPAIR ACHILLES TENDON	00051	45.3534	$2,295.34	APC	N
27652	T	REPAIR/GRAFT ACHILLES TENDON	00052	86.5958	$4,382.61	APC	N
27654	T	REPAIR OF ACHILLES TENDON	00051	45.3534	$2,295.34	APC	N
27656	T	REPAIR LEG FASCIA DEFECT	00049	21.7810	$1,102.34	APC	N
27658	T	REPAIR OF LEG TENDON, EACH	00049	21.7810	$1,102.34	APC	N
27659	T	REPAIR OF LEG TENDON, EACH	00049	21.7810	$1,102.34	APC	N
27664	T	REPAIR OF LEG TENDON, EACH	00049	21.7810	$1,102.34	APC	N
27665	T	REPAIR OF LEG TENDON, EACH	00050	29.8816	$1,512.31	APC	N
27675	T	REPAIR LOWER LEG TENDONS	00049	21.7810	$1,102.34	APC	N
27676	T	REPAIR LOWER LEG TENDONS	00050	29.8816	$1,512.31	APC	N
27680	T	RELEASE OF LOWER LEG TENDON	00050	29.8816	$1,512.31	APC	N
27681	T	RELEASE OF LOWER LEG TENDONS	00050	29.8816	$1,512.31	APC	N
27685	T	REVISION OF LOWER LEG TENDON	00050	29.8816	$1,512.31	APC	N
27686	T	REVISE LOWER LEG TENDONS	00050	29.8816	$1,512.31	APC	N
27687	T	REVISION OF CALF TENDON	00050	29.8816	$1,512.31	APC	N
27690	T	REVISE LOWER LEG TENDON	00051	45.3534	$2,295.34	APC	N
27691	T	REVISE LOWER LEG TENDON	00051	45.3534	$2,295.34	APC	N
27692	T	REVISE ADDITIONAL LEG TENDON	00051	45.3534	$2,295.34	APC	N
27695	T	REPAIR OF ANKLE LIGAMENT	00050	29.8816	$1,512.31	APC	N
27696	T	REPAIR OF ANKLE LIGAMENTS	00050	29.8816	$1,512.31	APC	N
27698	T	REPAIR OF ANKLE LIGAMENT	00050	29.8816	$1,512.31	APC	N
27700	T	REVISION OF ANKLE JOINT	00047	37.8310	$1,914.63	APC	N
27702	C	RECONSTRUCT ANKLE JOINT			$0.00	Inpatient Only	N
27703	C	RECONSTRUCTION, ANKLE JOINT			$0.00	Inpatient Only	N
27704	T	REMOVAL OF ANKLE IMPLANT	00049	21.7810	$1,102.34	APC	N
27705	T	INCISION OF TIBIA	00051	45.3534	$2,295.34	APC	N
27707	T	INCISION OF FIBULA	00049	21.7810	$1,102.34	APC	N
27709	T	INCISION OF TIBIA & FIBULA	00050	29.8816	$1,512.31	APC	N
27712	C	REALIGNMENT OF LOWER LEG			$0.00	Inpatient Only	N
27715	C	REVISION OF LOWER LEG			$0.00	Inpatient Only	N
27720	T	REPAIR OF TIBIA	00063	42.8656	$2,169.43	APC	N
27722	T	REPAIR/GRAFT OF TIBIA	00064	62.5691	$3,166.62	APC	N
27724	C	REPAIR/GRAFT OF TIBIA			$0.00	Inpatient Only	N
27725	C	REPAIR OF LOWER LEG			$0.00	Inpatient Only	N
27726	T	REPAIR FIBULA NONUNION	00062	25.4442	$1,287.73	APC	
27727	C	REPAIR OF LOWER LEG			$0.00	Inpatient Only	N
27730	T	REPAIR OF TIBIA EPIPHYSIS	00050	29.8816	$1,512.31	APC	N
27732	T	REPAIR OF FIBULA EPIPHYSIS	00050	29.8816	$1,512.31	APC	N
27734	T	REPAIR LOWER LEG EPIPHYSES	00050	29.8816	$1,512.31	APC	N
27740	T	REPAIR OF LEG EPIPHYSES	00050	29.8816	$1,512.31	APC	N
27742	T	REPAIR OF LEG EPIPHYSES	00051	45.3534	$2,295.34	APC	N
27745	T	REINFORCE TIBIA	00052	86.5958	$4,382.61	APC	
27750	T	TREATMENT OF TIBIA FRACTURE	00129	1.5977	$80.86	APC	N
27752	T	TREATMENT OF TIBIA FRACTURE	00139	19.8724	$1,005.74	APC	N
27756	T	TREATMENT OF TIBIA FRACTURE	00062	25.4442	$1,287.73	APC	N
27758	T	TREATMENT OF TIBIA FRACTURE	00063	42.8656	$2,169.43	APC	N
27759	T	TREATMENT OF TIBIA FRACTURE	00064	62.5691	$3,166.62	APC	N
27760	T	CLTX MEDIAL ANKLE FX	00129	1.5977	$80.86	APC	N
27762	T	CLTX MED ANKLE FX W/MNPJ	00139	19.8724	$1,005.74	APC	N
27766	T	TREATMENT OF ANKLE FRACTURE	00063	42.8656	$2,169.43	APC	N
27767	T	CLTX POST ANKLE FX	00129	1.5977	$80.86	APC	
27768	T	CLTX POST ANKLE FX W/MNPJ	00129	1.5977	$80.86	APC	
27769	T	OPTX POST ANKLE FX	00063	42.8656	$2,169.43	APC	
27780	T	TREATMENT OF FIBULA FRACTURE	00129	1.5977	$80.86	APC	N
27781	T	TREATMENT OF FIBULA FRACTURE	00139	19.8724	$1,005.74	APC	N
27784	T	TREATMENT OF FIBULA FRACTURE	00063	42.8656	$2,169.43	APC	N
27786	T	TREATMENT OF ANKLE FRACTURE	00129	1.5977	$80.86	APC	N
27788	T	TREATMENT OF ANKLE FRACTURE	00129	1.5977	$80.86	APC	N
27792	T	TREATMENT OF ANKLE FRACTURE	00063	42.8656	$2,169.43	APC	N

27808	T	TREATMENT OF ANKLE FRACTURE	00129	1.5977	$80.86	APC	N
27810	T	TREATMENT OF ANKLE FRACTURE	00138	6.1479	$311.15	APC	N
27814	T	TREATMENT OF ANKLE FRACTURE	00063	42.8656	$2,169.43	APC	N
27816	T	TREATMENT OF ANKLE FRACTURE	00129	1.5977	$80.86	APC	N
27818	T	TREATMENT OF ANKLE FRACTURE	00138	6.1479	$311.15	APC	N
27822	T	TREATMENT OF ANKLE FRACTURE	00063	42.8656	$2,169.43	APC	N
27823	T	TREATMENT OF ANKLE FRACTURE	00064	62.5691	$3,166.62	APC	N
27824	T	TREAT LOWER LEG FRACTURE	00129	1.5977	$80.86	APC	N
27825	T	TREAT LOWER LEG FRACTURE	00139	19.8724	$1,005.74	APC	N
27826	T	TREAT LOWER LEG FRACTURE	00063	42.8656	$2,169.43	APC	N
27827	T	TREAT LOWER LEG FRACTURE	00064	62.5691	$3,166.62	APC	N
27828	T	TREAT LOWER LEG FRACTURE	00064	62.5691	$3,166.62	APC	N
27829	T	TREAT LOWER LEG JOINT	00063	42.8656	$2,169.43	APC	N
27830	T	TREAT LOWER LEG DISLOCATION	00129	1.5977	$80.86	APC	N
27831	T	TREAT LOWER LEG DISLOCATION	00139	19.8724	$1,005.74	APC	N
27832	T	TREAT LOWER LEG DISLOCATION	00063	42.8656	$2,169.43	APC	N
27840	T	TREAT ANKLE DISLOCATION	00138	6.1479	$311.15	APC	N
27842	T	TREAT ANKLE DISLOCATION	00045	15.5673	$787.86	APC	N
27846	T	TREAT ANKLE DISLOCATION	00063	42.8656	$2,169.43	APC	N
27848	T	TREAT ANKLE DISLOCATION	00063	42.8656	$2,169.43	APC	N
27860	T	FIXATION OF ANKLE JOINT	00045	15.5673	$787.86	APC	N
27870	T	FUSION OF ANKLE JOINT OPEN	00052	86.5958	$4,382.61	APC	N
27871	T	FUSION OF TIBIOFIBULAR JOINT	00052	86.5958	$4,382.61	APC	N
27880	C	AMPUTATION OF LOWER LEG			$0.00	Inpatient Only	N
27881	C	AMPUTATION OF LOWER LEG			$0.00	Inpatient Only	N
27882	C	AMPUTATION OF LOWER LEG			$0.00	Inpatient Only	N
27884	T	AMPUTATION FOLLOW-UP SURGERY	00049	21.7810	$1,102.34	APC	N
27886	C	AMPUTATION FOLLOW-UP SURGERY			$0.00	Inpatient Only	N
27888	C	AMPUTATION OF FOOT AT ANKLE			$0.00	Inpatient Only	N
27889	T	AMPUTATION OF FOOT AT ANKLE	00050	29.8816	$1,512.31	APC	N
27892	T	DECOMPRESSION OF LEG	00049	21.7810	$1,102.34	APC	N
27893	T	DECOMPRESSION OF LEG	00049	21.7810	$1,102.34	APC	N
27894	T	DECOMPRESSION OF LEG	00049	21.7810	$1,102.34	APC	N
27899	T	LEG/ANKLE SURGERY PROCEDURE	00129	1.5977	$80.86	APC	N
28001	T	DRAINAGE OF BURSA OF FOOT	00007	12.5953	$637.45	APC	N
28002	T	TREATMENT OF FOOT INFECTION	00049	21.7810	$1,102.34	APC	N
28003	T	TREATMENT OF FOOT INFECTION	00049	21.7810	$1,102.34	APC	N
28005	T	TREAT FOOT BONE LESION	00055	21.6207	$1,094.22	APC	N
28008	T	INCISION OF FOOT FASCIA	00055	21.6207	$1,094.22	APC	N
28010	T	INCISION OF TOE TENDON	00055	21.6207	$1,094.22	APC	N
28011	T	INCISION OF TOE TENDONS	00055	21.6207	$1,094.22	APC	N
28020	T	EXPLORATION OF FOOT JOINT	00055	21.6207	$1,094.22	APC	N
28022	T	EXPLORATION OF FOOT JOINT	00055	21.6207	$1,094.22	APC	N
28024	T	EXPLORATION OF TOE JOINT	00055	21.6207	$1,094.22	APC	N
28035	T	DECOMPRESSION OF TIBIA NERVE	00220	18.5109	$936.84	APC	N
28043	T	EXCISION OF FOOT LESION	00022	21.8429	$1,105.47	APC	N
28045	T	EXCISION OF FOOT LESION	00055	21.6207	$1,094.22	APC	N
28046	T	RESECTION OF TUMOR, FOOT	00055	21.6207	$1,094.22	APC	N
28050	T	BIOPSY OF FOOT JOINT LINING	00055	21.6207	$1,094.22	APC	N
28052	T	BIOPSY OF FOOT JOINT LINING	00055	21.6207	$1,094.22	APC	N
28054	T	BIOPSY OF TOE JOINT LINING	00055	21.6207	$1,094.22	APC	N
28055	T	NEURECTOMY, FOOT	00220	18.5109	$936.84	APC	
28060	T	PARTIAL REMOVAL, FOOT FASCIA	00055	21.6207	$1,094.22	APC	N
28062	T	REMOVAL OF FOOT FASCIA	00055	21.6207	$1,094.22	APC	N
28070	T	REMOVAL OF FOOT JOINT LINING	00055	21.6207	$1,094.22	APC	N
28072	T	REMOVAL OF FOOT JOINT LINING	00055	21.6207	$1,094.22	APC	N
28080	T	REMOVAL OF FOOT LESION	00055	21.6207	$1,094.22	APC	N
28086	T	EXCISE FOOT TENDON SHEATH	00055	21.6207	$1,094.22	APC	N
28088	T	EXCISE FOOT TENDON SHEATH	00055	21.6207	$1,094.22	APC	N
28090	T	REMOVAL OF FOOT LESION	00055	21.6207	$1,094.22	APC	N
28092	T	REMOVAL OF TOE LESIONS	00055	21.6207	$1,094.22	APC	N
28100	T	REMOVAL OF ANKLE/HEEL LESION	00055	21.6207	$1,094.22	APC	N
28102	T	REMOVE/GRAFT FOOT LESION	00056	47.2916	$2,393.43	APC	N
28103	T	REMOVE/GRAFT FOOT LESION	00056	47.2916	$2,393.43	APC	N
28104	T	REMOVAL OF FOOT LESION	00055	21.6207	$1,094.22	APC	N
28106	T	REMOVE/GRAFT FOOT LESION	00056	47.2916	$2,393.43	APC	N
28107	T	REMOVE/GRAFT FOOT LESION	00056	47.2916	$2,393.43	APC	N
28108	T	REMOVAL OF TOE LESIONS	00055	21.6207	$1,094.22	APC	N
28110	T	PART REMOVAL OF METATARSAL	00055	21.6207	$1,094.22	APC	N
28111	T	PART REMOVAL OF METATARSAL	00055	21.6207	$1,094.22	APC	N
28112	T	PART REMOVAL OF METATARSAL	00055	21.6207	$1,094.22	APC	N

28113	T	PART REMOVAL OF METATARSAL	00055	21.6207	$1,094.22	APC	N
28114	T	REMOVAL OF METATARSAL HEADS	00055	21.6207	$1,094.22	APC	N
28116	T	REVISION OF FOOT	00055	21.6207	$1,094.22	APC	N
28118	T	REMOVAL OF HEEL BONE	00055	21.6207	$1,094.22	APC	N
28119	T	REMOVAL OF HEEL SPUR	00055	21.6207	$1,094.22	APC	N
28120	T	PART REMOVAL OF ANKLE/HEEL	00055	21.6207	$1,094.22	APC	N
28122	T	PARTIAL REMOVAL OF FOOT BONE	00055	21.6207	$1,094.22	APC	N
28124	T	PARTIAL REMOVAL OF TOE	00055	21.6207	$1,094.22	APC	N
28126	T	PARTIAL REMOVAL OF TOE	00055	21.6207	$1,094.22	APC	N
28130	T	REMOVAL OF ANKLE BONE	00055	21.6207	$1,094.22	APC	N
28140	T	REMOVAL OF METATARSAL	00055	21.6207	$1,094.22	APC	N
28150	T	REMOVAL OF TOE	00055	21.6207	$1,094.22	APC	N
28153	T	PARTIAL REMOVAL OF TOE	00055	21.6207	$1,094.22	APC	N
28160	T	PARTIAL REMOVAL OF TOE	00055	21.6207	$1,094.22	APC	N
28171	T	EXTENSIVE FOOT SURGERY	00055	21.6207	$1,094.22	APC	N
28173	T	EXTENSIVE FOOT SURGERY	00055	21.6207	$1,094.22	APC	N
28175	T	EXTENSIVE FOOT SURGERY	00055	21.6207	$1,094.22	APC	N
28190	T	REMOVAL OF FOOT FOREIGN BODY	00020	8.2566	$417.87	APC	N
28192	T	REMOVAL OF FOOT FOREIGN BODY	00021	15.8974	$804.57	APC	N
28193	T	REMOVAL OF FOOT FOREIGN BODY	00020	8.2566	$417.87	APC	N
28200	T	REPAIR OF FOOT TENDON	00055	21.6207	$1,094.22	APC	N
28202	T	REPAIR/GRAFT OF FOOT TENDON	00055	21.6207	$1,094.22	APC	N
28208	T	REPAIR OF FOOT TENDON	00055	21.6207	$1,094.22	APC	N
28210	T	REPAIR/GRAFT OF FOOT TENDON	00056	47.2916	$2,393.43	APC	N
28220	T	RELEASE OF FOOT TENDON	00055	21.6207	$1,094.22	APC	N
28222	T	RELEASE OF FOOT TENDONS	00055	21.6207	$1,094.22	APC	N
28225	T	RELEASE OF FOOT TENDON	00055	21.6207	$1,094.22	APC	N
28226	T	RELEASE OF FOOT TENDONS	00055	21.6207	$1,094.22	APC	N
28230	T	INCISION OF FOOT TENDON(S)	00055	21.6207	$1,094.22	APC	N
28232	T	INCISION OF TOE TENDON	00055	21.6207	$1,094.22	APC	N
28234	T	INCISION OF FOOT TENDON	00055	21.6207	$1,094.22	APC	N
28238	T	REVISION OF FOOT TENDON	00056	47.2916	$2,393.43	APC	N
28240	T	RELEASE OF BIG TOE	00055	21.6207	$1,094.22	APC	N
28250	T	REVISION OF FOOT FASCIA	00055	21.6207	$1,094.22	APC	N
28260	T	RELEASE OF MIDFOOT JOINT	00055	21.6207	$1,094.22	APC	N
28261	T	REVISION OF FOOT TENDON	00055	21.6207	$1,094.22	APC	N
28262	T	REVISION OF FOOT AND ANKLE	00055	21.6207	$1,094.22	APC	N
28264	T	RELEASE OF MIDFOOT JOINT	00056	47.2916	$2,393.43	APC	N
28270	T	RELEASE OF FOOT CONTRACTURE	00055	21.6207	$1,094.22	APC	N
28272	T	RELEASE OF TOE JOINT, EACH	00055	21.6207	$1,094.22	APC	N
28280	T	FUSION OF TOES	00055	21.6207	$1,094.22	APC	N
28285	T	REPAIR OF HAMMERTOE	00055	21.6207	$1,094.22	APC	N
28286	T	REPAIR OF HAMMERTOE	00055	21.6207	$1,094.22	APC	N
28288	T	PARTIAL REMOVAL OF FOOT BONE	00055	21.6207	$1,094.22	APC	N
28289	T	REPAIR HALLUX RIGIDUS	00055	21.6207	$1,094.22	APC	N
28290	T	CORRECTION OF BUNION	00057	31.0633	$1,572.11	APC	N
28292	T	CORRECTION OF BUNION	00057	31.0633	$1,572.11	APC	N
28293	T	CORRECTION OF BUNION	00057	31.0633	$1,572.11	APC	N
28294	T	CORRECTION OF BUNION	00057	31.0633	$1,572.11	APC	N
28296	T	CORRECTION OF BUNION	00057	31.0633	$1,572.11	APC	N
28297	T	CORRECTION OF BUNION	00057	31.0633	$1,572.11	APC	N
28298	T	CORRECTION OF BUNION	00057	31.0633	$1,572.11	APC	N
28299	T	CORRECTION OF BUNION	00057	31.0633	$1,572.11	APC	N
28300	T	INCISION OF HEEL BONE	00056	47.2916	$2,393.43	APC	N
28302	T	INCISION OF ANKLE BONE	00055	21.6207	$1,094.22	APC	N
28304	T	INCISION OF MIDFOOT BONES	00056	47.2916	$2,393.43	APC	N
28305	T	INCISE/GRAFT MIDFOOT BONES	00056	47.2916	$2,393.43	APC	N
28306	T	INCISION OF METATARSAL	00055	21.6207	$1,094.22	APC	N
28307	T	INCISION OF METATARSAL	00055	21.6207	$1,094.22	APC	N
28308	T	INCISION OF METATARSAL	00055	21.6207	$1,094.22	APC	N
28309	T	INCISION OF METATARSALS	00056	47.2916	$2,393.43	APC	N
28310	T	REVISION OF BIG TOE	00055	21.6207	$1,094.22	APC	N
28312	T	REVISION OF TOE	00055	21.6207	$1,094.22	APC	N
28313	T	REPAIR DEFORMITY OF TOE	00055	21.6207	$1,094.22	APC	N
28315	T	REMOVAL OF SESAMOID BONE	00055	21.6207	$1,094.22	APC	
28320	T	REPAIR OF FOOT BONES	00056	47.2916	$2,393.43	APC	N
28322	T	REPAIR OF METATARSALS	00056	47.2916	$2,393.43	APC	N
28340	T	RESECT ENLARGED TOE TISSUE	00055	21.6207	$1,094.22	APC	N
28341	T	RESECT ENLARGED TOE	00055	21.6207	$1,094.22	APC	N
28344	T	REPAIR EXTRA TOE(S)	00055	21.6207	$1,094.22	APC	N
28345	T	REPAIR WEBBED TOE(S)	00055	21.6207	$1,094.22	APC	N

28360	T	RECONSTRUCT CLEFT FOOT	00056	47.2916	$2,393.43	APC	N
28400	T	TREATMENT OF HEEL FRACTURE	00129	1.5977	$80.86	APC	N
28405	T	TREATMENT OF HEEL FRACTURE	00139	19.8724	$1,005.74	APC	N
28406	T	TREATMENT OF HEEL FRACTURE	00062	25.4442	$1,287.73	APC	N
28415	T	TREAT HEEL FRACTURE	00064	62.5691	$3,166.62	APC	N
28420	T	TREAT/GRAFT HEEL FRACTURE	00063	42.8656	$2,169.43	APC	N
28430	T	TREATMENT OF ANKLE FRACTURE	00129	1.5977	$80.86	APC	N
28435	T	TREATMENT OF ANKLE FRACTURE	00129	1.5977	$80.86	APC	N
28436	T	TREATMENT OF ANKLE FRACTURE	00062	25.4442	$1,287.73	APC	N
28445	T	TREAT ANKLE FRACTURE	00063	42.8656	$2,169.43	APC	N
28446	T	OSTEOCHONDRAL TALUS AUTOGRFT	00056	47.2916	$2,393.43	APC	
28450	T	TREAT MIDFOOT FRACTURE, EACH	00129	1.5977	$80.86	APC	N
28455	T	TREAT MIDFOOT FRACTURE, EACH	00129	1.5977	$80.86	APC	N
28456	T	TREAT MIDFOOT FRACTURE	00062	25.4442	$1,287.73	APC	N
28465	T	TREAT MIDFOOT FRACTURE, EACH	00063	42.8656	$2,169.43	APC	N
28470	T	TREAT METATARSAL FRACTURE	00129	1.5977	$80.86	APC	N
28475	T	TREAT METATARSAL FRACTURE	00129	1.5977	$80.86	APC	N
28476	T	TREAT METATARSAL FRACTURE	00062	25.4442	$1,287.73	APC	N
28485	T	TREAT METATARSAL FRACTURE	00063	42.8656	$2,169.43	APC	N
28490	T	TREAT BIG TOE FRACTURE	00129	1.5977	$80.86	APC	N
28495	T	TREAT BIG TOE FRACTURE	00129	1.5977	$80.86	APC	N
28496	T	TREAT BIG TOE FRACTURE	00062	25.4442	$1,287.73	APC	N
28505	T	TREAT BIG TOE FRACTURE	00062	25.4442	$1,287.73	APC	N
28510	T	TREATMENT OF TOE FRACTURE	00129	1.5977	$80.86	APC	N
28515	T	TREATMENT OF TOE FRACTURE	00129	1.5977	$80.86	APC	N
28525	T	TREAT TOE FRACTURE	00062	25.4442	$1,287.73	APC	N
28530	T	TREAT SESAMOID BONE FRACTURE	00129	1.5977	$80.86	APC	N
28531	T	TREAT SESAMOID BONE FRACTURE	00062	25.4442	$1,287.73	APC	N
28540	T	TREAT FOOT DISLOCATION	00129	1.5977	$80.86	APC	N
28545	T	TREAT FOOT DISLOCATION	00062	25.4442	$1,287.73	APC	N
28546	T	TREAT FOOT DISLOCATION	00062	25.4442	$1,287.73	APC	N
28555	T	REPAIR FOOT DISLOCATION	00063	42.8656	$2,169.43	APC	N
28570	T	TREAT FOOT DISLOCATION	00138	6.1479	$311.15	APC	N
28575	T	TREAT FOOT DISLOCATION	00139	19.8724	$1,005.74	APC	N
28576	T	TREAT FOOT DISLOCATION	00062	25.4442	$1,287.73	APC	N
28585	T	REPAIR FOOT DISLOCATION	00062	25.4442	$1,287.73	APC	N
28600	T	TREAT FOOT DISLOCATION	00129	1.5977	$80.86	APC	N
28605	T	TREAT FOOT DISLOCATION	00129	1.5977	$80.86	APC	N
28606	T	TREAT FOOT DISLOCATION	00062	25.4442	$1,287.73	APC	N
28615	T	REPAIR FOOT DISLOCATION	00063	42.8656	$2,169.43	APC	N
28630	T	TREAT TOE DISLOCATION	00129	1.5977	$80.86	APC	N
28635	T	TREAT TOE DISLOCATION	00045	15.5673	$787.86	APC	N
28636	T	TREAT TOE DISLOCATION	00062	25.4442	$1,287.73	APC	N
28645	T	REPAIR TOE DISLOCATION	00062	25.4442	$1,287.73	APC	N
28660	T	TREAT TOE DISLOCATION	00129	1.5977	$80.86	APC	N
28665	T	TREAT TOE DISLOCATION	00045	15.5673	$787.86	APC	N
28666	T	TREAT TOE DISLOCATION	00062	25.4442	$1,287.73	APC	N
28675	T	REPAIR OF TOE DISLOCATION	00062	25.4442	$1,287.73	APC	N
28705	T	FUSION OF FOOT BONES	00056	47.2916	$2,393.43	APC	N
28715	T	FUSION OF FOOT BONES	00052	86.5958	$4,382.61	APC	N
28725	T	FUSION OF FOOT BONES	00056	47.2916	$2,393.43	APC	N
28730	T	FUSION OF FOOT BONES	00056	47.2916	$2,393.43	APC	N
28735	T	FUSION OF FOOT BONES	00056	47.2916	$2,393.43	APC	N
28737	T	REVISION OF FOOT BONES	00056	47.2916	$2,393.43	APC	N
28740	T	FUSION OF FOOT BONES	00056	47.2916	$2,393.43	APC	N
28750	T	FUSION OF BIG TOE JOINT	00056	47.2916	$2,393.43	APC	N
28755	T	FUSION OF BIG TOE JOINT	00055	21.6207	$1,094.22	APC	N
28760	T	FUSION OF BIG TOE JOINT	00056	47.2916	$2,393.43	APC	N
28800	C	AMPUTATION OF MIDFOOT			$0.00	Inpatient Only	N
28805	C	AMPUTATION THRU METATARSAL			$0.00	Inpatient Only	N
28810	T	AMPUTATION TOE & METATARSAL	00055	21.6207	$1,094.22	APC	N
28820	T	AMPUTATION OF TOE	00055	21.6207	$1,094.22	APC	N
28825	T	PARTIAL AMPUTATION OF TOE	00055	21.6207	$1,094.22	APC	N
28890	T	HIGH ENERGY ESWT PLANTAR F	00050	29.8816	$1,512.31	APC	
28899	T	FOOT/TOES SURGERY PROCEDURE	00129	1.5977	$80.86	APC	N
29000	S	APPLICATION OF BODY CAST	00058	1.0845	$54.89	APC	N
29010	S	APPLICATION OF BODY CAST	00426	2.4305	$123.01	APC	N
29015	S	APPLICATION OF BODY CAST	00426	2.4305	$123.01	APC	N
29020	S	APPLICATION OF BODY CAST	00058	1.0845	$54.89	APC	N
29025	S	APPLICATION OF BODY CAST	00058	1.0845	$54.89	APC	N
29035	S	APPLICATION OF BODY CAST	00426	2.4305	$123.01	APC	N

29040	S	APPLICATION OF BODY CAST	00058	1.0845	$54.89	APC	N
29044	S	APPLICATION OF BODY CAST	00426	2.4305	$123.01	APC	N
29046	S	APPLICATION OF BODY CAST	00426	2.4305	$123.01	APC	N
29049	S	APPLICATION OF FIGURE EIGHT	00058	1.0845	$54.89	APC	N
29055	S	APPLICATION OF SHOULDER CAST	00426	2.4305	$123.01	APC	N
29058	S	APPLICATION OF SHOULDER CAST	00058	1.0845	$54.89	APC	N
29065	S	APPLICATION OF LONG ARM CAST	00426	2.4305	$123.01	APC	N
29075	S	APPLICATION OF FOREARM CAST	00426	2.4305	$123.01	APC	N
29085	S	APPLY HAND/WRIST CAST	00058	1.0845	$54.89	APC	N
29086	S	APPLY FINGER CAST	00058	1.0845	$54.89	APC	
29105	S	APPLY LONG ARM SPLINT	00058	1.0845	$54.89	APC	N
29125	S	APPLY FOREARM SPLINT	00058	1.0845	$54.89	APC	N
29126	S	APPLY FOREARM SPLINT	00058	1.0845	$54.89	APC	N
29130	S	APPLICATION OF FINGER SPLINT	00058	1.0845	$54.89	APC	N
29131	S	APPLICATION OF FINGER SPLINT	00058	1.0845	$54.89	APC	N
29200	S	STRAPPING OF CHEST	00058	1.0845	$54.89	APC	N
29220	S	STRAPPING OF LOW BACK	00058	1.0845	$54.89	APC	N
29240	S	STRAPPING OF SHOULDER	00058	1.0845	$54.89	APC	N
29260	S	STRAPPING OF ELBOW OR WRIST	00058	1.0845	$54.89	APC	N
29280	S	STRAPPING OF HAND OR FINGER	00058	1.0845	$54.89	APC	N
29305	S	APPLICATION OF HIP CAST	00426	2.4305	$123.01	APC	N
29325	S	APPLICATION OF HIP CASTS	00426	2.4305	$123.01	APC	N
29345	S	APPLICATION OF LONG LEG CAST	00426	2.4305	$123.01	APC	N
29355	S	APPLICATION OF LONG LEG CAST	00426	2.4305	$123.01	APC	N
29358	S	APPLY LONG LEG CAST BRACE	00426	2.4305	$123.01	APC	N
29365	S	APPLICATION OF LONG LEG CAST	00426	2.4305	$123.01	APC	N
29405	S	APPLY SHORT LEG CAST	00426	2.4305	$123.01	APC	N
29425	S	APPLY SHORT LEG CAST	00426	2.4305	$123.01	APC	N
29435	S	APPLY SHORT LEG CAST	00426	2.4305	$123.01	APC	N
29440	S	ADDITION OF WALKER TO CAST	00058	1.0845	$54.89	APC	N
29445	S	APPLY RIGID LEG CAST	00426	2.4305	$123.01	APC	N
29450	S	APPLICATION OF LEG CAST	00058	1.0845	$54.89	APC	N
29505	S	APPLICATION, LONG LEG SPLINT	00058	1.0845	$54.89	APC	N
29515	S	APPLICATION LOWER LEG SPLINT	00058	1.0845	$54.89	APC	N
29520	S	STRAPPING OF HIP	00058	1.0845	$54.89	APC	N
29530	S	STRAPPING OF KNEE	00058	1.0845	$54.89	APC	N
29540	S	STRAPPING OF ANKLE AND/OR FT	00058	1.0845	$54.89	APC	N
29550	S	STRAPPING OF TOES	00058	1.0845	$54.89	APC	N
29580	S	APPLICATION OF PASTE BOOT	00058	1.0845	$54.89	APC	N
29590	S	APPLICATION OF FOOT SPLINT	00058	1.0845	$54.89	APC	N
29700	S	REMOVAL/REVISION OF CAST	00058	1.0845	$54.89	APC	N
29705	S	REMOVAL/REVISION OF CAST	00058	1.0845	$54.89	APC	N
29710	S	REMOVAL/REVISION OF CAST	00426	2.4305	$123.01	APC	N
29715	S	REMOVAL/REVISION OF CAST	00058	1.0845	$54.89	APC	N
29720	S	REPAIR OF BODY CAST	00058	1.0845	$54.89	APC	N
29730	S	WINDOWING OF CAST	00058	1.0845	$54.89	APC	N
29740	S	WEDGING OF CAST	00058	1.0845	$54.89	APC	N
29750	S	WEDGING OF CLUBFOOT CAST	00058	1.0845	$54.89	APC	N
29799	S	CASTING/STRAPPING PROCEDURE	00058	1.0845	$54.89	APC	N
29800	T	JAW ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	Y
29804	T	JAW ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	Y
29805	T	SHOULDER ARTHROSCOPY, DX	00041	29.4149	$1,488.69	APC	
29806	T	SHOULDER ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29807	T	SHOULDER ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	
29819	T	SHOULDER ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	
29820	T	SHOULDER ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	
29821	T	SHOULDER ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	
29822	T	SHOULDER ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29823	T	SHOULDER ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	
29824	T	SHOULDER ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29825	T	SHOULDER ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	
29826	T	SHOULDER ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29827	T	ARTHROSCOP ROTATOR CUFF REPR	00042	49.2153	$2,490.79	APC	
29828	T	ARTHROSCOPY BICEPS TENODESIS	00042	49.2153	$2,490.79	APC	
29830	T	ELBOW ARTHROSCOPY	00041	29.4149	$1,488.69	APC	
29834	T	ELBOW ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29835	T	ELBOW ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29836	T	ELBOW ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29837	T	ELBOW ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29838	T	ELBOW ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29840	T	WRIST ARTHROSCOPY	00041	29.4149	$1,488.69	APC	N

29843	T	WRIST ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	N
29844	T	WRIST ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	N
29845	T	WRIST ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	N
29846	T	WRIST ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	N
29847	T	WRIST ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29848	T	WRIST ENDOSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	N
29850	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	N
29851	T	KNEE ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29855	T	TIBIAL ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29856	T	TIBIAL ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29860	T	HIP ARTHROSCOPY DX	00042	49.2153	$2,490.79	APC	N
29861	T	HIP ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29862	T	HIP ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29863	T	HIP ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29866	T	AUTGRFT IMPLNT KNEE W/SCOPE	00042	49.2153	$2,490.79	APC	
29867	T	ALLGRFT IMPLNT KNEE W/SCOPE	00042	49.2153	$2,490.79	APC	
29868	T	MENISCAL TRNSPL KNEE W/SCPE	00042	49.2153	$2,490.79	APC	
29870	T	KNEE ARTHROSCOPY, DX	00041	29.4149	$1,488.69	APC	
29871	T	KNEE ARTHROSCOPY/DRAINAGE	00041	29.4149	$1,488.69	APC	
29873	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29874	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29875	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29876	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29877	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29879	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29880	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	N
29881	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29882	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29883	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	N
29884	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29885	T	KNEE ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29886	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29887	T	KNEE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29888	T	KNEE ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29889	T	KNEE ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29891	T	ANKLE ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29892	T	ANKLE ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	N
29893	T	SCOPE PLANTAR FASCIOTOMY	00055	21.6207	$1,094.22	APC	N
29894	T	ANKLE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29895	T	ANKLE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29897	T	ANKLE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29898	T	ANKLE ARTHROSCOPY/SURGERY	00041	29.4149	$1,488.69	APC	
29899	T	ANKLE ARTHROSCOPY/SURGERY	00042	49.2153	$2,490.79	APC	
29900	T	MCP JOINT ARTHROSCOPY, DX	00041	29.4149	$1,488.69	APC	
29901	T	MCP JOINT ARTHROSCOPY, SURG	00041	29.4149	$1,488.69	APC	N
29902	T	MCP JOINT ARTHROSCOPY, SURG	00041	29.4149	$1,488.69	APC	
29904	T	SUBTALAR ARTHRO W/FB RMVL	00041	29.4149	$1,488.69	APC	
29905	T	SUBTALAR ARTHRO W/EXC	00041	29.4149	$1,488.69	APC	
29906	T	SUBTALAR ARTHRO W/DEB	00041	29.4149	$1,488.69	APC	
29907	T	SUBTALAR ARTHRO W/FUSION	00042	49.2153	$2,490.79	APC	
29999	T	ARTHROSCOPY OF JOINT	00041	29.4149	$1,488.69	APC	
30000	T	DRAINAGE OF NOSE LESION	00251	3.3069	$167.36	APC	N
30020	T	DRAINAGE OF NOSE LESION	00251	3.3069	$167.36	APC	N
30100	T	INTRANASAL BIOPSY	00252	7.5330	$381.25	APC	N
30110	T	REMOVAL OF NOSE POLYP(S)	00253	17.2402	$872.53	APC	N
30115	T	REMOVAL OF NOSE POLYP(S)	00253	17.2402	$872.53	APC	N
30117	T	REMOVAL OF INTRANASAL LESION	00253	17.2402	$872.53	APC	N
30118	T	REMOVAL OF INTRANASAL LESION	00254	24.7557	$1,252.89	APC	N
30120	T	REVISION OF NOSE	00253	17.2402	$872.53	APC	N
30124	T	REMOVAL OF NOSE LESION	00252	7.5330	$381.25	APC	N
30125	T	REMOVAL OF NOSE LESION	00256	41.8741	$2,119.25	APC	N
30130	T	EXCISE INFERIOR TURBINATE	00253	17.2402	$872.53	APC	N
30140	T	RESECT INFERIOR TURBINATE	00254	24.7557	$1,252.89	APC	N
30150	T	PARTIAL REMOVAL OF NOSE	00256	41.8741	$2,119.25	APC	N
30160	T	REMOVAL OF NOSE	00256	41.8741	$2,119.25	APC	N
30200	T	INJECTION TREATMENT OF NOSE	00252	7.5330	$381.25	APC	N
30210	T	NASAL SINUS THERAPY	00252	7.5330	$381.25	APC	N
30220	T	INSERT NASAL SEPTAL BUTTON	00252	7.5330	$381.25	APC	N
30300	X	REMOVE NASAL FOREIGN BODY	00340	0.6462	$32.70	APC	N
30310	T	REMOVE NASAL FOREIGN BODY	00253	17.2402	$872.53	APC	N
30320	T	REMOVE NASAL FOREIGN BODY	00253	17.2402	$872.53	APC	N

30400	T	RECONSTRUCTION OF NOSE	00256	41.8741	$2,119.25	APC	Y
30410	T	RECONSTRUCTION OF NOSE	00256	41.8741	$2,119.25	APC	Y
30420	T	RECONSTRUCTION OF NOSE	00256	41.8741	$2,119.25	APC	Y
30430	T	REVISION OF NOSE	00254	24.7557	$1,252.89	APC	Y
30435	T	REVISION OF NOSE	00256	41.8741	$2,119.25	APC	Y
30450	T	REVISION OF NOSE	00256	41.8741	$2,119.25	APC	Y
30460	T	REVISION OF NOSE	00256	41.8741	$2,119.25	APC	Y
30462	T	REVISION OF NOSE	00256	41.8741	$2,119.25	APC	Y
30465	T	REPAIR NASAL STENOSIS	00256	41.8741	$2,119.25	APC	Y
30520	T	REPAIR OF NASAL SEPTUM	00254	24.7557	$1,252.89	APC	N
30540	T	REPAIR NASAL DEFECT	00256	41.8741	$2,119.25	APC	N
30545	T	REPAIR NASAL DEFECT	00256	41.8741	$2,119.25	APC	N
30560	T	RELEASE OF NASAL ADHESIONS	00251	3.3069	$167.36	APC	N
30580	T	REPAIR UPPER JAW FISTULA	00256	41.8741	$2,119.25	APC	N
30600	T	REPAIR MOUTH/NOSE FISTULA	00256	41.8741	$2,119.25	APC	N
30620	T	INTRANASAL RECONSTRUCTION	00256	41.8741	$2,119.25	APC	N
30630	T	REPAIR NASAL SEPTUM DEFECT	00254	24.7557	$1,252.89	APC	N
30801	T	ABLATE INF TURBINATE SUPERF	00252	7.5330	$381.25	APC	N
30802	T	CAUTERIZATION, INNER NOSE	00252	7.5330	$381.25	APC	N
30901	T	CONTROL OF NOSEBLEED	00250	1.1110	$56.23	APC	N
30903	T	CONTROL OF NOSEBLEED	00250	1.1110	$56.23	APC	N
30905	T	CONTROL OF NOSEBLEED	00250	1.1110	$56.23	APC	N
30906	T	REPEAT CONTROL OF NOSEBLEED	00250	1.1110	$56.23	APC	N
30915	T	LIGATION, NASAL SINUS ARTERY	00092	27.3614	$1,384.76	APC	N
30920	T	LIGATION, UPPER JAW ARTERY	00092	27.3614	$1,384.76	APC	N
30930	T	THER FX NASAL INF TURBINATE	00253	17.2402	$872.53	APC	N
30999	T	NASAL SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
31000	T	IRRIGATION, MAXILLARY SINUS	00251	3.3069	$167.36	APC	N
31002	T	IRRIGATION, SPHENOID SINUS	00252	7.5330	$381.25	APC	N
31020	T	EXPLORATION, MAXILLARY SINUS	00254	24.7557	$1,252.89	APC	N
31030	T	EXPLORATION, MAXILLARY SINUS	00256	41.8741	$2,119.25	APC	N
31032	T	EXPLORE SINUS REMOVE POLYPS	00256	41.8741	$2,119.25	APC	N
31040	T	EXPLORATION BEHIND UPPER JAW	00254	24.7557	$1,252.89	APC	N
31050	T	EXPLORATION, SPHENOID SINUS	00256	41.8741	$2,119.25	APC	N
31051	T	SPHENOID SINUS SURGERY	00256	41.8741	$2,119.25	APC	N
31070	T	EXPLORATION OF FRONTAL SINUS	00254	24.7557	$1,252.89	APC	N
31075	T	EXPLORATION OF FRONTAL SINUS	00256	41.8741	$2,119.25	APC	N
31080	T	REMOVAL OF FRONTAL SINUS	00256	41.8741	$2,119.25	APC	N
31081	T	REMOVAL OF FRONTAL SINUS	00256	41.8741	$2,119.25	APC	N
31084	T	REMOVAL OF FRONTAL SINUS	00256	41.8741	$2,119.25	APC	N
31085	T	REMOVAL OF FRONTAL SINUS	00256	41.8741	$2,119.25	APC	N
31086	T	REMOVAL OF FRONTAL SINUS	00256	41.8741	$2,119.25	APC	
31087	T	REMOVAL OF FRONTAL SINUS	00256	41.8741	$2,119.25	APC	
31090	T	EXPLORATION OF SINUSES	00256	41.8741	$2,119.25	APC	N
31200	T	REMOVAL OF ETHMOID SINUS	00256	41.8741	$2,119.25	APC	N
31201	T	REMOVAL OF ETHMOID SINUS	00256	41.8741	$2,119.25	APC	N
31205	T	REMOVAL OF ETHMOID SINUS	00256	41.8741	$2,119.25	APC	N
31225	C	REMOVAL OF UPPER JAW			$0.00	Inpatient Only	N
31230	C	REMOVAL OF UPPER JAW			$0.00	Inpatient Only	N
31231	T	NASAL ENDOSCOPY, DX	00072	1.8079	$91.50	APC	N
31233	T	NASAL/SINUS ENDOSCOPY, DX	00072	1.8079	$91.50	APC	N
31235	T	NASAL/SINUS ENDOSCOPY, DX	00074	18.4160	$932.03	APC	N
31237	T	NASAL/SINUS ENDOSCOPY, SURG	00074	18.4160	$932.03	APC	N
31238	T	NASAL/SINUS ENDOSCOPY, SURG	00074	18.4160	$932.03	APC	N
31239	T	NASAL/SINUS ENDOSCOPY, SURG	00075	23.4045	$1,184.50	APC	N
31240	T	NASAL/SINUS ENDOSCOPY, SURG	00074	18.4160	$932.03	APC	N
31254	T	REVISION OF ETHMOID SINUS	00075	23.4045	$1,184.50	APC	N
31255	T	REMOVAL OF ETHMOID SINUS	00075	23.4045	$1,184.50	APC	N
31256	T	EXPLORATION MAXILLARY SINUS	00075	23.4045	$1,184.50	APC	N
31267	T	ENDOSCOPY, MAXILLARY SINUS	00075	23.4045	$1,184.50	APC	N
31276	T	SINUS ENDOSCOPY, SURGICAL	00075	23.4045	$1,184.50	APC	N
31287	T	NASAL/SINUS ENDOSCOPY, SURG	00075	23.4045	$1,184.50	APC	N
31288	T	NASAL/SINUS ENDOSCOPY, SURG	00075	23.4045	$1,184.50	APC	N
31290	C	NASAL/SINUS ENDOSCOPY, SURG			$0.00	Inpatient Only	N
31291	C	NASAL/SINUS ENDOSCOPY, SURG			$0.00	Inpatient Only	N
31292	T	NASAL/SINUS ENDOSCOPY, SURG	00075	23.4045	$1,184.50	APC	N
31293	T	NASAL/SINUS ENDOSCOPY, SURG	00075	23.4045	$1,184.50	APC	N
31294	T	NASAL/SINUS ENDOSCOPY, SURG	00075	23.4045	$1,184.50	APC	N
31299	T	SINUS SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
31300	T	REMOVAL OF LARYNX LESION	00254	24.7557	$1,252.89	APC	N
31320	T	DIAGNOSTIC INCISION, LARYNX	00256	41.8741	$2,119.25	APC	N

31360	C	REMOVAL OF LARYNX			$0.00	Inpatient Only	N
31365	C	REMOVAL OF LARYNX			$0.00	Inpatient Only	N
31367	C	PARTIAL REMOVAL OF LARYNX			$0.00	Inpatient Only	N
31368	C	PARTIAL REMOVAL OF LARYNX			$0.00	Inpatient Only	N
31370	C	PARTIAL REMOVAL OF LARYNX			$0.00	Inpatient Only	N
31375	C	PARTIAL REMOVAL OF LARYNX			$0.00	Inpatient Only	N
31380	C	PARTIAL REMOVAL OF LARYNX			$0.00	Inpatient Only	N
31382	C	PARTIAL REMOVAL OF LARYNX			$0.00	Inpatient Only	N
31390	C	REMOVAL OF LARYNX & PHARYNX			$0.00	Inpatient Only	N
31395	C	RECONSTRUCT LARYNX & PHARYNX			$0.00	Inpatient Only	N
31400	T	REVISION OF LARYNX	00256	41.8741	$2,119.25	APC	N
31420	T	REMOVAL OF EPIGLOTTIS	00256	41.8741	$2,119.25	APC	N
31500	S	INSERT EMERGENCY AIRWAY	00094	2.4181	$122.38	APC	N
31502	S	CHANGE OF WINDPIPE AIRWAY	00078	1.3903	$70.36	APC	N
31505	T	DIAGNOSTIC LARYNGOSCOPY	00071	0.8215	$41.58	APC	N
31510	T	LARYNGOSCOPY WITH BIOPSY	00074	18.4160	$932.03	APC	N
31511	T	REMOVE FOREIGN BODY, LARYNX	00072	1.8079	$91.50	APC	N
31512	T	REMOVAL OF LARYNX LESION	00074	18.4160	$932.03	APC	N
31513	T	INJECTION INTO VOCAL CORD	00072	1.8079	$91.50	APC	N
31515	T	LARYNGOSCOPY FOR ASPIRATION	00074	18.4160	$932.03	APC	N
31520	T	DX LARYNGOSCOPY NEWBORN	00072	1.8079	$91.50	APC	N
31525	T	DX LARYNGOSCOPY EXCL NB	00074	18.4160	$932.03	APC	N
31526	T	DX LARYNGOSCOPY W/OPER SCOPE	00075	23.4045	$1,184.50	APC	N
31527	T	LARYNGOSCOPY FOR TREATMENT	00075	23.4045	$1,184.50	APC	N
31528	T	LARYNGOSCOPY AND DILATION	00074	18.4160	$932.03	APC	N
31529	T	LARYNGOSCOPY AND DILATION	00074	18.4160	$932.03	APC	N
31530	T	LARYNGOSCOPY W/FB REMOVAL	00075	23.4045	$1,184.50	APC	N
31531	T	LARYNGOSCOPY W/FB & OP SCOPE	00075	23.4045	$1,184.50	APC	N
31535	T	LARYNGOSCOPY W/BIOPSY	00075	23.4045	$1,184.50	APC	N
31536	T	LARYNGOSCOPY W/BX & OP SCOPE	00075	23.4045	$1,184.50	APC	N
31540	T	LARYNGOSCOPY W/EXC OF TUMOR	00075	23.4045	$1,184.50	APC	N
31541	T	LARYNSCOP W/TUMR EXC + SCOPE	00075	23.4045	$1,184.50	APC	N
31545	T	REMOVE VC LESION W/SCOPE	00075	23.4045	$1,184.50	APC	
31546	T	REMOVE VC LESION SCOPE/GRAFT	00075	23.4045	$1,184.50	APC	
31560	T	LARYNGOSCOP W/ARYTENOIDECTOM	00075	23.4045	$1,184.50	APC	N
31561	T	LARYNSCOP REMVE CART + SCOP	00075	23.4045	$1,184.50	APC	N
31570	T	LARYNGOSCOPE W/VC INJ	00074	18.4160	$932.03	APC	N
31571	T	LARYNGOSCOP W/VC INJ + SCOPE	00075	23.4045	$1,184.50	APC	N
31575	T	DIAGNOSTIC LARYNGOSCOPY	00072	1.8079	$91.50	APC	N
31576	T	LARYNGOSCOPY WITH BIOPSY	00075	23.4045	$1,184.50	APC	N
31577	T	REMOVE FOREIGN BODY, LARYNX	00073	4.3850	$221.92	APC	N
31578	T	REMOVAL OF LARYNX LESION	00075	23.4045	$1,184.50	APC	N
31579	T	DIAGNOSTIC LARYNGOSCOPY	00073	4.3850	$221.92	APC	N
31580	T	REVISION OF LARYNX	00256	41.8741	$2,119.25	APC	N
31582	T	REVISION OF LARYNX	00256	41.8741	$2,119.25	APC	N
31584	C	TREAT LARYNX FRACTURE			$0.00	Inpatient Only	N
31587	C	REVISION OF LARYNX			$0.00	Inpatient Only	N
31588	T	REVISION OF LARYNX	00256	41.8741	$2,119.25	APC	
31590	T	REINNERVATE LARYNX	00256	41.8741	$2,119.25	APC	N
31595	T	LARYNX NERVE SURGERY	00256	41.8741	$2,119.25	APC	N
31599	T	LARYNX SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
31600	T	INCISION OF WINDPIPE	00254	24.7557	$1,252.89	APC	N
31601	T	INCISION OF WINDPIPE	00254	24.7557	$1,252.89	APC	N
31603	T	INCISION OF WINDPIPE	00252	7.5330	$381.25	APC	N
31605	T	INCISION OF WINDPIPE	00252	7.5330	$381.25	APC	N
31610	T	INCISION OF WINDPIPE	00254	24.7557	$1,252.89	APC	N
31611	T	SURGERY/SPEECH PROSTHESIS	00254	24.7557	$1,252.89	APC	N
31612	T	PUNCTURE/CLEAR WINDPIPE	00254	24.7557	$1,252.89	APC	N
31613	T	REPAIR WINDPIPE OPENING	00254	24.7557	$1,252.89	APC	N
31614	T	REPAIR WINDPIPE OPENING	00256	41.8741	$2,119.25	APC	N
31615	T	VISUALIZATION OF WINDPIPE	00252	7.5330	$381.25	APC	N
31620	N	ENDOBRONCHIAL US ADD-ON			$0.00	Bundled	
31622	T	DX BRONCHOSCOPE/WASH	00076	10.1993	$516.19	APC	N
31623	T	DX BRONCHOSCOPE/BRUSH	00076	10.1993	$516.19	APC	N
31624	T	DX BRONCHOSCOPE/LAVAGE	00076	10.1993	$516.19	APC	N
31625	T	BRONCHOSCOPY W/BIOPSY(S)	00076	10.1993	$516.19	APC	N
31628	T	BRONCHOSCOPY/LUNG BX EACH	00076	10.1993	$516.19	APC	N
31629	T	BRONCHOSCOPY/NEEDLE BX EACH	00076	10.1993	$516.19	APC	N
31630	T	BRONCHOSCOPY DILATE/FX REPR	00415	25.1663	$1,273.67	APC	N
31631	T	BRONCHOSCOPY DILATE W/STENT	00415	25.1663	$1,273.67	APC	N
31632	T	BRONCHOSCOPY/LUNG BX ADD□L	00076	10.1993	$516.19	APC	

31633	T	BRONCHOSCOPY/NEEDLE BX ADD□L	00076	10.1993	$516.19	APC	
31635	T	BRONCHOSCOPY W/FB REMOVAL	00076	10.1993	$516.19	APC	N
31636	T	BRONCHOSCOPY BRONCH STENTS	00415	25.1663	$1,273.67	APC	
31637	T	BRONCHOSCOPY STENT ADD-ON	00076	10.1993	$516.19	APC	
31638	T	BRONCHOSCOPY REVISE STENT	00415	25.1663	$1,273.67	APC	
31640	T	BRONCHOSCOPY W/TUMOR EXCISE	00415	25.1663	$1,273.67	APC	N
31641	T	BRONCHOSCOPY, TREAT BLOCKAGE	00415	25.1663	$1,273.67	APC	N
31643	T	DIAG BRONCHOSCOPE/CATHETER	00076	10.1993	$516.19	APC	N
31645	T	BRONCHOSCOPY, CLEAR AIRWAYS	00076	10.1993	$516.19	APC	N
31646	T	BRONCHOSCOPY, RECLEAR AIRWAY	00076	10.1993	$516.19	APC	N
31656	T	BRONCHOSCOPY INJ FOR X-RAY	00076	10.1993	$516.19	APC	N
31715	N	INJECTION FOR BRONCHUS X-RAY			$0.00	Bundled	N
31717	T	BRONCHIAL BRUSH BIOPSY	00073	4.3850	$221.92	APC	N
31720	S	CLEARANCE OF AIRWAYS	00077	0.4024	$20.37	APC	N
31725	C	CLEARANCE OF AIRWAYS			$0.00	Inpatient Only	N
31730	T	INTRO, WINDPIPE WIRE/TUBE	00073	4.3850	$221.92	APC	N
31750	T	REPAIR OF WINDPIPE	00256	41.8741	$2,119.25	APC	N
31755	T	REPAIR OF WINDPIPE	00256	41.8741	$2,119.25	APC	N
31760	C	REPAIR OF WINDPIPE			$0.00	Inpatient Only	N
31766	C	RECONSTRUCTION OF WINDPIPE			$0.00	Inpatient Only	N
31770	C	REPAIR/GRAFT OF BRONCHUS			$0.00	Inpatient Only	N
31775	C	RECONSTRUCT BRONCHUS			$0.00	Inpatient Only	N
31780	C	RECONSTRUCT WINDPIPE			$0.00	Inpatient Only	N
31781	C	RECONSTRUCT WINDPIPE			$0.00	Inpatient Only	N
31785	T	REMOVE WINDPIPE LESION	00254	24.7557	$1,252.89	APC	N
31786	C	REMOVE WINDPIPE LESION			$0.00	Inpatient Only	N
31800	C	REPAIR OF WINDPIPE INJURY			$0.00	Inpatient Only	N
31805	C	REPAIR OF WINDPIPE INJURY			$0.00	Inpatient Only	N
31820	T	CLOSURE OF WINDPIPE LESION	00253	17.2402	$872.53	APC	N
31825	T	REPAIR OF WINDPIPE DEFECT	00254	24.7557	$1,252.89	APC	N
31830	T	REVISE WINDPIPE SCAR	00254	24.7557	$1,252.89	APC	N
31899	T	AIRWAYS SURGICAL PROCEDURE	00076	10.1993	$516.19	APC	N
32035	C	EXPLORATION OF CHEST			$0.00	Inpatient Only	N
32036	C	EXPLORATION OF CHEST			$0.00	Inpatient Only	N
32095	C	BIOPSY THROUGH CHEST WALL			$0.00	Inpatient Only	N
32100	C	EXPLORATION/BIOPSY OF CHEST			$0.00	Inpatient Only	N
32110	C	EXPLORE/REPAIR CHEST			$0.00	Inpatient Only	N
32120	C	RE-EXPLORATION OF CHEST			$0.00	Inpatient Only	N
32124	C	EXPLORE CHEST FREE ADHESIONS			$0.00	Inpatient Only	N
32140	C	REMOVAL OF LUNG LESION(S)			$0.00	Inpatient Only	N
32141	C	REMOVE/TREAT LUNG LESIONS			$0.00	Inpatient Only	N
32150	C	REMOVAL OF LUNG LESION(S)			$0.00	Inpatient Only	N
32151	C	REMOVE LUNG FOREIGN BODY			$0.00	Inpatient Only	N
32160	C	OPEN CHEST HEART MASSAGE			$0.00	Inpatient Only	N
32200	C	DRAIN, OPEN, LUNG LESION			$0.00	Inpatient Only	N
32201	T	DRAIN, PERCUT, LUNG LESION	00070	5.3343	$269.97	APC	N
32215	C	TREAT CHEST LINING			$0.00	Inpatient Only	N
32220	C	RELEASE OF LUNG			$0.00	Inpatient Only	N
32225	C	PARTIAL RELEASE OF LUNG			$0.00	Inpatient Only	N
32310	C	REMOVAL OF CHEST LINING			$0.00	Inpatient Only	N
32320	C	FREE/REMOVE CHEST LINING			$0.00	Inpatient Only	N
32400	T	NEEDLE BIOPSY CHEST LINING	00685	9.5785	$484.77	APC	N
32402	C	OPEN BIOPSY CHEST LINING			$0.00	Inpatient Only	N
32405	T	BIOPSY, LUNG OR MEDIASTINUM	00685	9.5785	$484.77	APC	N
32420	T	PUNCTURE/CLEAR LUNG	00070	5.3343	$269.97	APC	N
32421	T	THORACENTESIS FOR ASPIRATION	00070	5.3343	$269.97	APC	
32422	T	THORACENTESIS W/TUBE INSERT	00070	5.3343	$269.97	APC	
32440	C	REMOVAL OF LUNG			$0.00	Inpatient Only	N
32442	C	SLEEVE PNEUMONECTOMY			$0.00	Inpatient Only	N
32445	C	REMOVAL OF LUNG			$0.00	Inpatient Only	N
32480	C	PARTIAL REMOVAL OF LUNG			$0.00	Inpatient Only	N
32482	C	BILOBECTOMY			$0.00	Inpatient Only	N
32484	C	SEGMENTECTOMY			$0.00	Inpatient Only	N
32486	C	SLEEVE LOBECTOMY			$0.00	Inpatient Only	N
32488	C	COMPLETION PNEUMONECTOMY			$0.00	Inpatient Only	N
32491	C	LUNG VOLUME REDUCTION			$0.00	Inpatient Only	N
32500	C	PARTIAL REMOVAL OF LUNG			$0.00	Inpatient Only	N
32501	C	REPAIR BRONCHUS ADD-ON			$0.00	Inpatient Only	N
32503	C	RESECT APICAL LUNG TUMOR			$0.00	Not Allowed	
32504	C	RESECT APICAL LUNG TUM/CHEST			$0.00	Not Allowed	
32540	C	REMOVAL OF LUNG LESION			$0.00	Inpatient Only	N

32550	T	INSERT PLEURAL CATH	00652	29.8670	$1,511.57	APC	
32551	T	INSERTION OF CHEST TUBE	00070	5.3343	$269.97	APC	
32560	T	TREAT LUNG LINING CHEMICALLY	00070	5.3343	$269.97	APC	
32601	T	THORACOSCOPY, DIAGNOSTIC	00069	33.5041	$1,695.64	APC	N
32602	T	THORACOSCOPY, DIAGNOSTIC	00069	33.5041	$1,695.64	APC	N
32603	T	THORACOSCOPY, DIAGNOSTIC	00069	33.5041	$1,695.64	APC	N
32604	T	THORACOSCOPY, DIAGNOSTIC	00069	33.5041	$1,695.64	APC	N
32605	T	THORACOSCOPY, DIAGNOSTIC	00069	33.5041	$1,695.64	APC	N
32606	T	THORACOSCOPY, DIAGNOSTIC	00069	33.5041	$1,695.64	APC	N
32650	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32651	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32652	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32653	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32654	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32655	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32656	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32657	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32658	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32659	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32660	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32661	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32662	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32663	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32664	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32665	C	THORACOSCOPY, SURGICAL			$0.00	Inpatient Only	N
32800	C	REPAIR LUNG HERNIA			$0.00	Inpatient Only	N
32810	C	CLOSE CHEST AFTER DRAINAGE			$0.00	Inpatient Only	N
32815	C	CLOSE BRONCHIAL FISTULA			$0.00	Inpatient Only	N
32820	C	RECONSTRUCT INJURED CHEST			$0.00	Inpatient Only	N
32850	C	DONOR PNEUMONECTOMY			$0.00	Inpatient Only	Y
32851	C	LUNG TRANSPLANT, SINGLE			$0.00	Inpatient Only	Y
32852	C	LUNG TRANSPLANT WITH BYPASS			$0.00	Inpatient Only	Y
32853	C	LUNG TRANSPLANT, DOUBLE			$0.00	Inpatient Only	Y
32854	C	LUNG TRANSPLANT WITH BYPASS			$0.00	Inpatient Only	Y
32855	C	PREPARE DONOR LUNG SINGLE			$0.00	Inpatient Only	Y
32856	C	PREPARE DONOR LUNG DOUBLE			$0.00	Inpatient Only	Y
32900	C	REMOVAL OF RIB(S)			$0.00	Inpatient Only	N
32905	C	REVISE & REPAIR CHEST WALL			$0.00	Inpatient Only	N
32906	C	REVISE & REPAIR CHEST WALL			$0.00	Inpatient Only	N
32940	C	REVISION OF LUNG			$0.00	Inpatient Only	N
32960	T	THERAPEUTIC PNEUMOTHORAX	00070	5.3343	$269.97	APC	N
32997	C	TOTAL LUNG LAVAGE			$0.00	Inpatient Only	N
32998	T	PERQ RF ABLATE TX, PUL TUMOR	00423	46.5013	$2,353.43	APC	
32999	T	CHEST SURGERY PROCEDURE	00070	5.3343	$269.97	APC	N
33010	T	DRAINAGE OF HEART SAC	00070	5.3343	$269.97	APC	N
33011	T	REPEAT DRAINAGE OF HEART SAC	00070	5.3343	$269.97	APC	N
33015	C	INCISION OF HEART SAC			$0.00	Inpatient Only	N
33020	C	INCISION OF HEART SAC			$0.00	Inpatient Only	N
33025	C	INCISION OF HEART SAC			$0.00	Inpatient Only	N
33030	C	PARTIAL REMOVAL OF HEART SAC			$0.00	Inpatient Only	N
33031	C	PARTIAL REMOVAL OF HEART SAC			$0.00	Inpatient Only	N
33050	C	REMOVAL OF HEART SAC LESION			$0.00	Inpatient Only	N
33120	C	REMOVAL OF HEART LESION			$0.00	Inpatient Only	N
33130	C	REMOVAL OF HEART LESION			$0.00	Inpatient Only	N
33140	C	HEART REVASCULARIZE (TMR)			$0.00	Inpatient Only	N
33141	C	HEART TMR W/OTHER PROCEDURE			$0.00	Inpatient Only	N
33202	C	INSERT EPICARD ELTRD, OPEN			$0.00	Inpatient Only	
33203	C	INSERT EPICARD ELTRD, ENDO			$0.00	Inpatient Only	
33206	T	INSERTION OF HEART PACEMAKER	00089	117.7443	$5,959.04	APC	N
33207	T	INSERTION OF HEART PACEMAKER	00089	117.7443	$5,959.04	APC	N
33208	T	INSERTION OF HEART PACEMAKER	00655	143.9957	$7,287.62	APC	N
33210	T	INSERTION OF HEART ELECTRODE	00106	50.4825	$2,554.92	APC	N
33211	T	INSERTION OF HEART ELECTRODE	00106	50.4825	$2,554.92	APC	N
33212	T	INSERTION OF PULSE GENERATOR	00090	96.2978	$4,873.63	APC	N
33213	T	INSERTION OF PULSE GENERATOR	00654	108.9884	$5,515.90	APC	N
33214	T	UPGRADE OF PACEMAKER SYSTEM	00655	143.9957	$7,287.62	APC	N
33215	T	REPOSITION PACING-DEFIB LEAD	00105	22.1272	$1,119.86	APC	
33216	T	INSERT LEAD PACE-DEFIB ONE	00106	50.4825	$2,554.92	APC	N
33217	T	INSERT LEAD PACE-DEFIB DUAL	00106	50.4825	$2,554.92	APC	N
33218	T	REPAIR LEAD PACE-DEFIB ONE	00105	22.1272	$1,119.86	APC	N
33220	T	REPAIR LEAD PACE-DEFIB DUAL	00105	22.1272	$1,119.86	APC	N

33222	T	REVISE POCKET PACEMAKER	00136	15.9750	$808.49	APC	N
33223	T	REVISE POCKET PACING-DEFIB	00136	15.9750	$808.49	APC	N
33224	T	INSERT PACING LEAD & CONNECT	00418	138.4242	$7,005.65	APC	
33225	T	L VENTRIC PACING LEAD ADD-ON	00418	138.4242	$7,005.65	APC	
33226	T	REPOSITION L VENTRIC LEAD	00105	22.1272	$1,119.86	APC	
33233	T	REMOVAL OF PACEMAKER SYSTEM	00105	22.1272	$1,119.86	APC	N
33234	T	REMOVAL OF PACEMAKER SYSTEM	00105	22.1272	$1,119.86	APC	N
33235	T	REMOVAL PACEMAKER ELECTRODE	00105	22.1272	$1,119.86	APC	N
33236	C	REMOVE ELECTRODE/THORACOTOMY			$0.00	Inpatient Only	N
33237	C	REMOVE ELECTRODE/THORACOTOMY			$0.00	Inpatient Only	N
33238	C	REMOVE ELECTRODE/THORACOTOMY			$0.00	Inpatient Only	N
33240	T	INSERT PULSE GENERATOR	00107	320.0151	$16,195.96	APC	N
33241	T	REMOVE PULSE GENERATOR	00105	22.1272	$1,119.86	APC	N
33243	C	REMOVE ELTRD/THORACOTOMY			$0.00	Inpatient Only	N
33244	T	REMOVE ELTRD, TRANSVEN	00105	22.1272	$1,119.86	APC	N
33249	T	ELTRD/INSERT PACE-DEFIB	00108	427.6576	$21,643.75	APC	N
33250	C	ABLATE HEART DYSRHYTHM FOCUS			$0.00	Inpatient Only	N
33251	C	ABLATE HEART DYSRHYTHM FOCUS			$0.00	Inpatient Only	N
33254	C	ABLATE ATRIA, LMTD			$0.00	Inpatient Only	
33255	C	ABLATE ATRIA W/O BYPASS, EXT			$0.00	Inpatient Only	
33256	C	ABLATE ATRIA W/BYPASS, EXTEN			$0.00	Inpatient Only	
33257	C	ABLATE ATRIA, LMTD, ADD-ON			$0.00	Inpatient Only	
33258	C	ABLATE ATRIA, X10SV, ADD-ON			$0.00	Inpatient Only	
33259	C	ABLATE ATRIA W/BYPASS ADD-ON			$0.00	Inpatient Only	
33261	C	ABLATE HEART DYSRHYTHM FOCUS			$0.00	Inpatient Only	N
33265	C	ABLATE ATRIA, LMTD, ENDO			$0.00	Inpatient Only	
33266	C	ABLATE ATRIA, X10SV, ENDO			$0.00	Inpatient Only	
33282	S	IMPLANT PAT-ACTIVE HT RECORD	00680	72.8054	$3,684.68	APC	N
33284	T	REMOVE PAT-ACTIVE HT RECORD	00020	8.2566	$417.87	APC	N
33300	C	REPAIR OF HEART WOUND			$0.00	Inpatient Only	N
33305	C	REPAIR OF HEART WOUND			$0.00	Inpatient Only	N
33310	C	EXPLORATORY HEART SURGERY			$0.00	Inpatient Only	N
33315	C	EXPLORATORY HEART SURGERY			$0.00	Inpatient Only	N
33320	C	REPAIR MAJOR BLOOD VESSEL(S)			$0.00	Inpatient Only	N
33321	C	REPAIR MAJOR VESSEL			$0.00	Inpatient Only	N
33322	C	REPAIR MAJOR BLOOD VESSEL(S)			$0.00	Inpatient Only	N
33330	C	INSERT MAJOR VESSEL GRAFT			$0.00	Inpatient Only	N
33332	C	INSERT MAJOR VESSEL GRAFT			$0.00	Inpatient Only	N
33335	C	INSERT MAJOR VESSEL GRAFT			$0.00	Inpatient Only	N
33400	C	REPAIR OF AORTIC VALVE			$0.00	Inpatient Only	N
33401	C	VALVULOPLASTY, OPEN			$0.00	Inpatient Only	N
33403	C	VALVULOPLASTY, W/CP BYPASS			$0.00	Inpatient Only	N
33404	C	PREPARE HEART-AORTA CONDUIT			$0.00	Inpatient Only	N
33405	C	REPLACEMENT OF AORTIC VALVE			$0.00	Inpatient Only	N
33406	C	REPLACEMENT OF AORTIC VALVE			$0.00	Inpatient Only	N
33410	C	REPLACEMENT OF AORTIC VALVE			$0.00	Inpatient Only	N
33411	C	REPLACEMENT OF AORTIC VALVE			$0.00	Inpatient Only	N
33412	C	REPLACEMENT OF AORTIC VALVE			$0.00	Inpatient Only	N
33413	C	REPLACEMENT OF AORTIC VALVE			$0.00	Inpatient Only	N
33414	C	REPAIR OF AORTIC VALVE			$0.00	Inpatient Only	N
33415	C	REVISION, SUBVALVULAR TISSUE			$0.00	Inpatient Only	N
33416	C	REVISE VENTRICLE MUSCLE			$0.00	Inpatient Only	N
33417	C	REPAIR OF AORTIC VALVE			$0.00	Inpatient Only	N
33420	C	REVISION OF MITRAL VALVE			$0.00	Inpatient Only	N
33422	C	REVISION OF MITRAL VALVE			$0.00	Inpatient Only	N
33425	C	REPAIR OF MITRAL VALVE			$0.00	Inpatient Only	N
33426	C	REPAIR OF MITRAL VALVE			$0.00	Inpatient Only	N
33427	C	REPAIR OF MITRAL VALVE			$0.00	Inpatient Only	N
33430	C	REPLACEMENT OF MITRAL VALVE			$0.00	Inpatient Only	N
33460	C	REVISION OF TRICUSPID VALVE			$0.00	Inpatient Only	N
33463	C	VALVULOPLASTY, TRICUSPID			$0.00	Inpatient Only	N
33464	C	VALVULOPLASTY, TRICUSPID			$0.00	Inpatient Only	N
33465	C	REPLACE TRICUSPID VALVE			$0.00	Inpatient Only	N
33468	C	REVISION OF TRICUSPID VALVE			$0.00	Inpatient Only	N
33470	C	REVISION OF PULMONARY VALVE			$0.00	Inpatient Only	N
33471	C	VALVOTOMY, PULMONARY VALVE			$0.00	Inpatient Only	N
33472	C	REVISION OF PULMONARY VALVE			$0.00	Inpatient Only	N
33474	C	REVISION OF PULMONARY VALVE			$0.00	Inpatient Only	N
33475	C	REPLACEMENT, PULMONARY VALVE			$0.00	Inpatient Only	N
33476	C	REVISION OF HEART CHAMBER			$0.00	Inpatient Only	N
33478	C	REVISION OF HEART CHAMBER			$0.00	Inpatient Only	N

33496	C	REPAIR, PROSTH VALVE CLOT	$0.00	Inpatient Only	N
33500	C	REPAIR HEART VESSEL FISTULA	$0.00	Inpatient Only	N
33501	C	REPAIR HEART VESSEL FISTULA	$0.00	Inpatient Only	N
33502	C	CORONARY ARTERY CORRECTION	$0.00	Inpatient Only	N
33503	C	CORONARY ARTERY GRAFT	$0.00	Inpatient Only	N
33504	C	CORONARY ARTERY GRAFT	$0.00	Inpatient Only	N
33505	C	REPAIR ARTERY W/TUNNEL	$0.00	Inpatient Only	N
33506	C	REPAIR ARTERY, TRANSLOCATION	$0.00	Inpatient Only	N
33507	C	REPAIR ART INTRAMURAL	$0.00	Not Allowed	
33508	N	ENDOSCOPIC VEIN HARVEST	$0.00	Bundled	
33510	C	CABG, VEIN, SINGLE	$0.00	Inpatient Only	N
33511	C	CABG, VEIN, TWO	$0.00	Inpatient Only	N
33512	C	CABG, VEIN, THREE	$0.00	Inpatient Only	N
33513	C	CABG, VEIN, FOUR	$0.00	Inpatient Only	N
33514	C	CABG, VEIN, FIVE	$0.00	Inpatient Only	N
33516	C	CABG, VEIN, SIX OR MORE	$0.00	Inpatient Only	N
33517	C	CABG, ARTERY-VEIN, SINGLE	$0.00	Inpatient Only	N
33518	C	CABG, ARTERY-VEIN, TWO	$0.00	Inpatient Only	N
33519	C	CABG, ARTERY-VEIN, THREE	$0.00	Inpatient Only	N
33521	C	CABG, ARTERY-VEIN, FOUR	$0.00	Inpatient Only	N
33522	C	CABG, ARTERY-VEIN, FIVE	$0.00	Inpatient Only	N
33523	C	CABG, ART-VEIN, SIX OR MORE	$0.00	Inpatient Only	N
33530	C	CORONARY ARTERY, BYPASS/REOP	$0.00	Inpatient Only	N
33533	C	CABG, ARTERIAL, SINGLE	$0.00	Inpatient Only	N
33534	C	CABG, ARTERIAL, TWO	$0.00	Inpatient Only	N
33535	C	CABG, ARTERIAL, THREE	$0.00	Inpatient Only	N
33536	C	CABG, ARTERIAL, FOUR OR MORE	$0.00	Inpatient Only	N
33542	C	REMOVAL OF HEART LESION	$0.00	Inpatient Only	N
33545	C	REPAIR OF HEART DAMAGE	$0.00	Inpatient Only	N
33548	C	RESTORE/REMODEL VENTRICLE	$0.00	Not Allowed	
33572	C	OPEN CORONARY ENDARTERECTOMY	$0.00	Inpatient Only	N
33600	C	CLOSURE OF VALVE	$0.00	Inpatient Only	N
33602	C	CLOSURE OF VALVE	$0.00	Inpatient Only	N
33606	C	ANASTOMOSIS/ARTERY-AORTA	$0.00	Inpatient Only	N
33608	C	REPAIR ANOMALY W/CONDUIT	$0.00	Inpatient Only	N
33610	C	REPAIR BY ENLARGEMENT	$0.00	Inpatient Only	N
33611	C	REPAIR DOUBLE VENTRICLE	$0.00	Inpatient Only	N
33612	C	REPAIR DOUBLE VENTRICLE	$0.00	Inpatient Only	N
33615	C	REPAIR, MODIFIED FONTAN	$0.00	Inpatient Only	N
33617	C	REPAIR SINGLE VENTRICLE	$0.00	Inpatient Only	N
33619	C	REPAIR SINGLE VENTRICLE	$0.00	Inpatient Only	N
33641	C	REPAIR HEART SEPTUM DEFECT	$0.00	Inpatient Only	N
33645	C	REVISION OF HEART VEINS	$0.00	Inpatient Only	N
33647	C	REPAIR HEART SEPTUM DEFECTS	$0.00	Inpatient Only	N
33660	C	REPAIR OF HEART DEFECTS	$0.00	Inpatient Only	N
33665	C	REPAIR OF HEART DEFECTS	$0.00	Inpatient Only	N
33670	C	REPAIR OF HEART CHAMBERS	$0.00	Inpatient Only	N
33675	C	CLOSE MULT VSD	$0.00	Inpatient Only	
33676	C	CLOSE MULT VSD W/RESECTION	$0.00	Inpatient Only	
33677	C	CL MULT VSD W/REM PUL BAND	$0.00	Inpatient Only	
33681	C	REPAIR HEART SEPTUM DEFECT	$0.00	Inpatient Only	N
33684	C	REPAIR HEART SEPTUM DEFECT	$0.00	Inpatient Only	N
33688	C	REPAIR HEART SEPTUM DEFECT	$0.00	Inpatient Only	N
33690	C	REINFORCE PULMONARY ARTERY	$0.00	Inpatient Only	N
33692	C	REPAIR OF HEART DEFECTS	$0.00	Inpatient Only	N
33694	C	REPAIR OF HEART DEFECTS	$0.00	Inpatient Only	N
33697	C	REPAIR OF HEART DEFECTS	$0.00	Inpatient Only	N
33702	C	REPAIR OF HEART DEFECTS	$0.00	Inpatient Only	N
33710	C	REPAIR OF HEART DEFECTS	$0.00	Inpatient Only	N
33720	C	REPAIR OF HEART DEFECT	$0.00	Inpatient Only	N
33722	C	REPAIR OF HEART DEFECT	$0.00	Inpatient Only	N
33724	C	REPAIR VENOUS ANOMALY	$0.00	Inpatient Only	
33726	C	REPAIR PUL VENOUS STENOSIS	$0.00	Inpatient Only	
33730	C	REPAIR HEART-VEIN DEFECT(S)	$0.00	Inpatient Only	N
33732	C	REPAIR HEART-VEIN DEFECT	$0.00	Inpatient Only	N
33735	C	REVISION OF HEART CHAMBER	$0.00	Inpatient Only	N
33736	C	REVISION OF HEART CHAMBER	$0.00	Inpatient Only	N
33737	C	REVISION OF HEART CHAMBER	$0.00	Inpatient Only	N
33750	C	MAJOR VESSEL SHUNT	$0.00	Inpatient Only	N
33755	C	MAJOR VESSEL SHUNT	$0.00	Inpatient Only	N
33762	C	MAJOR VESSEL SHUNT	$0.00	Inpatient Only	N

33764	C	MAJOR VESSEL SHUNT & GRAFT	$0.00	Inpatient Only	N
33766	C	MAJOR VESSEL SHUNT	$0.00	Inpatient Only	N
33767	C	MAJOR VESSEL SHUNT	$0.00	Inpatient Only	N
33768	C	CAVOPULMONARY SHUNTING	$0.00	Not Allowed	
33770	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33771	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33774	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33775	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33776	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33777	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33778	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33779	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33780	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33781	C	REPAIR GREAT VESSELS DEFECT	$0.00	Inpatient Only	N
33786	C	REPAIR ARTERIAL TRUNK	$0.00	Inpatient Only	N
33788	C	REVISION OF PULMONARY ARTERY	$0.00	Inpatient Only	N
33800	C	AORTIC SUSPENSION	$0.00	Inpatient Only	N
33802	C	REPAIR VESSEL DEFECT	$0.00	Inpatient Only	N
33803	C	REPAIR VESSEL DEFECT	$0.00	Inpatient Only	N
33813	C	REPAIR SEPTAL DEFECT	$0.00	Inpatient Only	N
33814	C	REPAIR SEPTAL DEFECT	$0.00	Inpatient Only	N
33820	C	REVISE MAJOR VESSEL	$0.00	Inpatient Only	N
33822	C	REVISE MAJOR VESSEL	$0.00	Inpatient Only	N
33824	C	REVISE MAJOR VESSEL	$0.00	Inpatient Only	N
33840	C	REMOVE AORTA CONSTRICTION	$0.00	Inpatient Only	N
33845	C	REMOVE AORTA CONSTRICTION	$0.00	Inpatient Only	N
33851	C	REMOVE AORTA CONSTRICTION	$0.00	Inpatient Only	N
33852	C	REPAIR SEPTAL DEFECT	$0.00	Inpatient Only	N
33853	C	REPAIR SEPTAL DEFECT	$0.00	Inpatient Only	N
33860	C	ASCENDING AORTIC GRAFT	$0.00	Inpatient Only	N
33861	C	ASCENDING AORTIC GRAFT	$0.00	Inpatient Only	N
33863	C	ASCENDING AORTIC GRAFT	$0.00	Inpatient Only	N
33864	C	ASCENDING AORTIC GRAFT	$0.00	Inpatient Only	
33870	C	TRANSVERSE AORTIC ARCH GRAFT	$0.00	Inpatient Only	N
33875	C	THORACIC AORTIC GRAFT	$0.00	Inpatient Only	N
33877	C	THORACOABDOMINAL GRAFT	$0.00	Inpatient Only	N
33880	C	ENDOVASC TAA REPR INCL SUBCL	$0.00	Not Allowed	
33881	C	ENDOVASC TAA REPR W/O SUBCL	$0.00	Not Allowed	
33883	C	INSERT ENDOVASC PROSTH TAA	$0.00	Not Allowed	
33884	C	ENDOVASC PROSTH TAA ADD-ON	$0.00	Not Allowed	
33886	C	ENDOVASC PROSTH DELAYED	$0.00	Not Allowed	
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA	$0.00	Not Allowed	
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA	$0.00	Not Allowed	
33910	C	REMOVE LUNG ARTERY EMBOLI	$0.00	Inpatient Only	N
33915	C	REMOVE LUNG ARTERY EMBOLI	$0.00	Inpatient Only	N
33916	C	SURGERY OF GREAT VESSEL	$0.00	Inpatient Only	N
33917	C	REPAIR PULMONARY ARTERY	$0.00	Inpatient Only	N
33920	C	REPAIR PULMONARY ATRESIA	$0.00	Inpatient Only	N
33922	C	TRANSECT PULMONARY ARTERY	$0.00	Inpatient Only	N
33924	C	REMOVE PULMONARY SHUNT	$0.00	Inpatient Only	N
33925	C	RPR PUL ART UNIFOCAL W/O CPB	$0.00	Not Allowed	
33926	C	REPR PUL ART UNIFOCAL W/CPB	$0.00	Not Allowed	
33930	C	REMOVAL OF DONOR HEART/LUNG	$0.00	Inpatient Only	Y
33933	C	PREPARE DONOR HEART/LUNG	$0.00	Inpatient Only	Y
33935	C	TRANSPLANTATION, HEART/LUNG	$0.00	Inpatient Only	Y
33940	C	REMOVAL OF DONOR HEART	$0.00	Inpatient Only	Y
33944	C	PREPARE DONOR HEART	$0.00	Inpatient Only	Y
33945	C	TRANSPLANTATION OF HEART	$0.00	Inpatient Only	Y
33960	C	EXTERNAL CIRCULATION ASSIST	$0.00	Inpatient Only	N
33961	C	EXTERNAL CIRCULATION ASSIST	$0.00	Inpatient Only	N
33967	C	INSERT IA PERCUT DEVICE	$0.00	Inpatient Only	
33968	C	REMOVE AORTIC ASSIST DEVICE	$0.00	Inpatient Only	N
33970	C	AORTIC CIRCULATION ASSIST	$0.00	Inpatient Only	N
33971	C	AORTIC CIRCULATION ASSIST	$0.00	Inpatient Only	N
33973	C	INSERT BALLOON DEVICE	$0.00	Inpatient Only	N
33974	C	REMOVE INTRA-AORTIC BALLOON	$0.00	Inpatient Only	N
33975	C	IMPLANT VENTRICULAR DEVICE	$0.00	Inpatient Only	N
33976	C	IMPLANT VENTRICULAR DEVICE	$0.00	Inpatient Only	N
33977	C	REMOVE VENTRICULAR DEVICE	$0.00	Inpatient Only	N
33978	C	REMOVE VENTRICULAR DEVICE	$0.00	Inpatient Only	N
33979	C	INSERT INTRACORPOREAL DEVICE	$0.00	Inpatient Only	

33980	C	REMOVE INTRACORPOREAL DEVICE			$0.00	Inpatient Only	N
33999	T	CARDIAC SURGERY PROCEDURE	00070	5.3343	$269.97	APC	N
34001	C	REMOVAL OF ARTERY CLOT			$0.00	Inpatient Only	N
34051	C	REMOVAL OF ARTERY CLOT			$0.00	Inpatient Only	N
34101	T	REMOVAL OF ARTERY CLOT	00088	40.3117	$2,040.18	APC	N
34111	T	REMOVAL OF ARM ARTERY CLOT	00088	40.3117	$2,040.18	APC	N
34151	C	REMOVAL OF ARTERY CLOT			$0.00	Inpatient Only	N
34201	T	REMOVAL OF ARTERY CLOT	00088	40.3117	$2,040.18	APC	N
34203	T	REMOVAL OF LEG ARTERY CLOT	00088	40.3117	$2,040.18	APC	N
34401	C	REMOVAL OF VEIN CLOT			$0.00	Inpatient Only	N
34421	T	REMOVAL OF VEIN CLOT	00088	40.3117	$2,040.18	APC	N
34451	C	REMOVAL OF VEIN CLOT			$0.00	Inpatient Only	N
34471	T	REMOVAL OF VEIN CLOT	00088	40.3117	$2,040.18	APC	N
34490	T	REMOVAL OF VEIN CLOT	00088	40.3117	$2,040.18	APC	N
34501	T	REPAIR VALVE, FEMORAL VEIN	00088	40.3117	$2,040.18	APC	
34502	C	RECONSTRUCT VENA CAVA			$0.00	Inpatient Only	N
34510	T	TRANSPOSITION OF VEIN VALVE	00088	40.3117	$2,040.18	APC	
34520	T	CROSS-OVER VEIN GRAFT	00088	40.3117	$2,040.18	APC	
34530	T	LEG VEIN FUSION	00088	40.3117	$2,040.18	APC	
34800	C	ENDOVASC ABDO REPAIR W/TUBE			$0.00	Inpatient Only	N
34802	C	ENDOVASC ABDO REPR W/DEVICE			$0.00	Inpatient Only	N
34803	C	ENDOVAS AAA REPR W/3-P PART			$0.00	Inpatient Only	
34804	C	ENDOVASC ABDO REPR W/DEVICE			$0.00	Inpatient Only	N
34805	C	ENDOVASC ABDO REPAIR W/PROS			$0.00	Inpatient Only	
34806	C	ANEURYSM PRESS SENSOR ADD-ON			$0.00	Inpatient Only	
34808	C	ENDOVASC ABDO OCCLUD DEVICE			$0.00	Inpatient Only	N
34812	C	XPOSE FOR ENDOPROSTH FEMORL			$0.00	Inpatient Only	N
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON			$0.00	Inpatient Only	N
34820	C	XPOSE FOR ENDOPROSTH, ILIAC			$0.00	Inpatient Only	N
34825	C	ENDOVASC EXTEND PROSTH INIT			$0.00	Inpatient Only	N
34826	C	ENDOVASC EXTEN PROSTH ADD□L			$0.00	Inpatient Only	N
34830	C	OPEN AORTIC TUBE PROSTH REPR			$0.00	Inpatient Only	N
34831	C	OPEN AORTOILIAC PROSTH REPR			$0.00	Inpatient Only	N
34832	C	OPEN AORTOFEMOR PROSTH REPR			$0.00	Inpatient Only	N
34833	C	XPOSE FOR ENDOPROSTH ILIAC			$0.00	Inpatient Only	
34834	C	XPOSE ENDOPROSTH BRACHIAL			$0.00	Inpatient Only	
34900	C	ENDOVASC ILIAC REPR W/GRAFT			$0.00	Inpatient Only	
35001	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35002	C	REPAIR ARTERY RUPTURE, NECK			$0.00	Inpatient Only	
35005	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35011	T	REPAIR DEFECT OF ARTERY	00653	46.8513	$2,371.14	APC	N
35013	C	REPAIR ARTERY RUPTURE, ARM			$0.00	Inpatient Only	
35021	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35022	C	REPAIR ARTERY RUPTURE, CHEST			$0.00	Inpatient Only	
35045	C	REPAIR DEFECT OF ARM ARTERY			$0.00	Inpatient Only	N
35081	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35082	C	REPAIR ARTERY RUPTURE, AORTA			$0.00	Inpatient Only	
35091	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35092	C	REPAIR ARTERY RUPTURE, AORTA			$0.00	Inpatient Only	
35102	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35103	C	REPAIR ARTERY RUPTURE, GROIN			$0.00	Inpatient Only	
35111	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35112	C	REPAIR ARTERY RUPTURE,SPLEEN			$0.00	Inpatient Only	
35121	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35122	C	REPAIR ARTERY RUPTURE, BELLY			$0.00	Inpatient Only	
35131	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35132	C	REPAIR ARTERY RUPTURE, GROIN			$0.00	Inpatient Only	
35141	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35142	C	REPAIR ARTERY RUPTURE, THIGH			$0.00	Inpatient Only	
35151	C	REPAIR DEFECT OF ARTERY			$0.00	Inpatient Only	N
35152	C	REPAIR ARTERY RUPTURE, KNEE			$0.00	Inpatient Only	
35180	T	REPAIR BLOOD VESSEL LESION	00093	29.0343	$1,469.43	APC	N
35182	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35184	T	REPAIR BLOOD VESSEL LESION	00093	29.0343	$1,469.43	APC	N
35188	T	REPAIR BLOOD VESSEL LESION	00088	40.3117	$2,040.18	APC	N
35189	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35190	T	REPAIR BLOOD VESSEL LESION	00093	29.0343	$1,469.43	APC	N
35201	T	REPAIR BLOOD VESSEL LESION	00093	29.0343	$1,469.43	APC	N
35206	T	REPAIR BLOOD VESSEL LESION	00093	29.0343	$1,469.43	APC	N
35207	T	REPAIR BLOOD VESSEL LESION	00088	40.3117	$2,040.18	APC	
35211	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N

35216	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35221	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35226	T	REPAIR BLOOD VESSEL LESION	00093	29.0343	$1,469.43	APC	N
35231	T	REPAIR BLOOD VESSEL LESION	00093	29.0343	$1,469.43	APC	N
35236	T	REPAIR BLOOD VESSEL LESION	00093	29.0343	$1,469.43	APC	N
35241	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35246	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35251	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35256	T	REPAIR BLOOD VESSEL LESION	00093	29.0343	$1,469.43	APC	N
35261	T	REPAIR BLOOD VESSEL LESION	00653	46.8513	$2,371.14	APC	N
35266	T	REPAIR BLOOD VESSEL LESION	00653	46.8513	$2,371.14	APC	N
35271	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35276	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35281	C	REPAIR BLOOD VESSEL LESION			$0.00	Inpatient Only	N
35286	T	REPAIR BLOOD VESSEL LESION	00653	46.8513	$2,371.14	APC	N
35301	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35302	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	
35303	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	
35304	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	
35305	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	
35306	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	
35311	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35321	T	RECHANNELING OF ARTERY	00093	29.0343	$1,469.43	APC	N
35331	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35341	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35351	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35355	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35361	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35363	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35371	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35372	C	RECHANNELING OF ARTERY			$0.00	Inpatient Only	N
35390	C	REOPERATION, CAROTID ADD-ON			$0.00	Inpatient Only	N
35400	C	ANGIOSCOPY			$0.00	Inpatient Only	N
35450	C	REPAIR ARTERIAL BLOCKAGE			$0.00	Inpatient Only	N
35452	C	REPAIR ARTERIAL BLOCKAGE			$0.00	Inpatient Only	N
35454	C	REPAIR ARTERIAL BLOCKAGE			$0.00	Inpatient Only	N
35456	C	REPAIR ARTERIAL BLOCKAGE			$0.00	Inpatient Only	N
35458	T	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35459	T	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35460	T	REPAIR VENOUS BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35470	T	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35471	T	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35472	T	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35473	T	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35474	T	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35475	T	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35476	T	REPAIR VENOUS BLOCKAGE	00083	48.3584	$2,447.42	APC	N
35480	C	ATHERECTOMY, OPEN			$0.00	Inpatient Only	N
35481	C	ATHERECTOMY, OPEN			$0.00	Inpatient Only	N
35482	C	ATHERECTOMY, OPEN			$0.00	Inpatient Only	N
35483	C	ATHERECTOMY, OPEN			$0.00	Inpatient Only	N
35484	T	ATHERECTOMY, OPEN	00082	90.2562	$4,567.87	APC	N
35485	T	ATHERECTOMY, OPEN	00082	90.2562	$4,567.87	APC	N
35490	T	ATHERECTOMY, PERCUTANEOUS	00082	90.2562	$4,567.87	APC	N
35491	T	ATHERECTOMY, PERCUTANEOUS	00082	90.2562	$4,567.87	APC	N
35492	T	ATHERECTOMY, PERCUTANEOUS	00082	90.2562	$4,567.87	APC	N
35493	T	ATHERECTOMY, PERCUTANEOUS	00082	90.2562	$4,567.87	APC	N
35494	T	ATHERECTOMY, PERCUTANEOUS	00082	90.2562	$4,567.87	APC	N
35495	T	ATHERECTOMY, PERCUTANEOUS	00082	90.2562	$4,567.87	APC	N
35500	T	HARVEST VEIN FOR BYPASS	00103	15.7264	$795.91	APC	N
35501	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35506	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35508	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35509	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35510	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35511	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35512	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35515	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35516	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35518	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35521	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N

35522	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35523	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35525	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35526	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35531	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35533	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35535	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35536	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35537	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35538	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35539	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35540	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35548	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35549	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35551	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35556	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35558	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35560	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35563	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35565	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35566	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35570	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35571	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35572	N	HARVEST FEMOROPOPLITEAL VEIN			$0.00	Bundled	
35583	C	VEIN BYPASS GRAFT			$0.00	Inpatient Only	
35585	C	VEIN BYPASS GRAFT			$0.00	Inpatient Only	
35587	C	VEIN BYPASS GRAFT			$0.00	Inpatient Only	
35600	C	HARVEST ARTERY FOR CABG			$0.00	Inpatient Only	N
35601	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35606	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35612	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35616	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35621	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35623	C	BYPASS GRAFT, NOT VEIN			$0.00	Inpatient Only	N
35626	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35631	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35632	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35633	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35634	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35636	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35637	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35638	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	
35642	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35645	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35646	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35647	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35650	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35651	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35654	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35656	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35661	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35663	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35665	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35666	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35671	C	ARTERY BYPASS GRAFT			$0.00	Inpatient Only	N
35681	C	COMPOSITE BYPASS GRAFT			$0.00	Inpatient Only	N
35682	C	COMPOSITE BYPASS GRAFT			$0.00	Inpatient Only	N
35683	C	COMPOSITE BYPASS GRAFT			$0.00	Inpatient Only	N
35685	T	BYPASS GRAFT PATENCY/PATCH	00093	29.0343	$1,469.43	APC	
35686	T	BYPASS GRAFT/AV FIST PATENCY	00093	29.0343	$1,469.43	APC	N
35691	C	ARTERIAL TRANSPOSITION			$0.00	Inpatient Only	N
35693	C	ARTERIAL TRANSPOSITION			$0.00	Inpatient Only	N
35694	C	ARTERIAL TRANSPOSITION			$0.00	Inpatient Only	N
35695	C	ARTERIAL TRANSPOSITION			$0.00	Inpatient Only	N
35697	C	REIMPLANT ARTERY EACH			$0.00	Inpatient Only	
35700	C	REOPERATION, BYPASS GRAFT			$0.00	Inpatient Only	N
35701	C	EXPLORATION, CAROTID ARTERY			$0.00	Inpatient Only	N
35721	C	EXPLORATION, FEMORAL ARTERY			$0.00	Inpatient Only	N
35741	C	EXPLORATION POPLITEAL ARTERY			$0.00	Inpatient Only	N
35761	T	EXPLORATION OF ARTERY/VEIN	00093	29.0343	$1,469.43	APC	N
35800	C	EXPLORE NECK VESSELS			$0.00	Inpatient Only	N

35820	C	EXPLORE CHEST VESSELS			$0.00	Inpatient Only	N
35840	C	EXPLORE ABDOMINAL VESSELS			$0.00	Inpatient Only	N
35860	T	EXPLORE LIMB VESSELS	00093	29.0343	$1,469.43	APC	N
35870	C	REPAIR VESSEL GRAFT DEFECT			$0.00	Inpatient Only	N
35875	T	REMOVAL OF CLOT IN GRAFT	00088	40.3117	$2,040.18	APC	N
35876	T	REMOVAL OF CLOT IN GRAFT	00088	40.3117	$2,040.18	APC	N
35879	T	REVISE GRAFT W/VEIN	00088	40.3117	$2,040.18	APC	N
35881	T	REVISE GRAFT W/VEIN	00088	40.3117	$2,040.18	APC	N
35883	T	REVISE GRAFT W/NONAUTO GRAFT	00088	40.3117	$2,040.18	APC	
35884	T	REVISE GRAFT W/VEIN	00088	40.3117	$2,040.18	APC	
35901	C	EXCISION, GRAFT, NECK			$0.00	Inpatient Only	N
35903	T	EXCISION, GRAFT, EXTREMITY	00093	29.0343	$1,469.43	APC	N
35905	C	EXCISION, GRAFT, THORAX			$0.00	Inpatient Only	N
35907	C	EXCISION, GRAFT, ABDOMEN			$0.00	Inpatient Only	N
36000	N	PLACE NEEDLE IN VEIN			$0.00	Bundled	N
36002	S	PSEUDOANEURYSM INJECTION TRT	00267	2.3186	$117.34	APC	
36005	N	INJECTION EXT VENOGRAPHY			$0.00	Bundled	N
36010	N	PLACE CATHETER IN VEIN			$0.00	Bundled	N
36011	N	PLACE CATHETER IN VEIN			$0.00	Bundled	N
36012	N	PLACE CATHETER IN VEIN			$0.00	Bundled	N
36013	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36014	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36015	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36100	N	ESTABLISH ACCESS TO ARTERY			$0.00	Bundled	N
36120	N	ESTABLISH ACCESS TO ARTERY			$0.00	Bundled	N
36140	N	ESTABLISH ACCESS TO ARTERY			$0.00	Bundled	N
36145	N	ARTERY TO VEIN SHUNT			$0.00	Bundled	N
36160	N	ESTABLISH ACCESS TO AORTA			$0.00	Bundled	N
36200	N	PLACE CATHETER IN AORTA			$0.00	Bundled	N
36215	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36216	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36217	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36218	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36245	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36246	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36247	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36248	N	PLACE CATHETER IN ARTERY			$0.00	Bundled	N
36260	T	INSERTION OF INFUSION PUMP	00623	29.7476	$1,505.53	APC	
36261	T	REVISION OF INFUSION PUMP	00105	22.1272	$1,119.86	APC	
36262	T	REMOVAL OF INFUSION PUMP	00105	22.1272	$1,119.86	APC	
36299	N	VESSEL INJECTION PROCEDURE			$0.00	Bundled	N
36400	N	BL DRAW < 3 YRS FEM/JUGULAR			$0.00	Bundled	N
36405	N	BL DRAW < 3 YRS SCALP VEIN			$0.00	Bundled	N
36406	N	BL DRAW < 3 YRS OTHER VEIN			$0.00	Bundled	N
36410	N	NON-ROUTINE BL DRAW > 3 YRS			$0.00	Bundled	N
36415	M	ROUTINE VENIPUNCTURE			$3.00	Fee Schedule	N
36416	N	CAPILLARY BLOOD DRAW			$0.00	Bundled	
36420	X	VEIN ACCESS CUTDOWN < 1 YR	00035	0.2186	$11.06	APC	N
36425	X	VEIN ACCESS CUTDOWN > 1 YR	00035	0.2186	$11.06	APC	N
36430	S	BLOOD TRANSFUSION SERVICE	00110	3.3544	$169.77	APC	N
36440	S	BL PUSH TRANSFUSE 2 YR OR <	00110	3.3544	$169.77	APC	N
36450	S	BL EXCHANGE/TRANSFUSE NB	00110	3.3544	$169.77	APC	N
36455	S	BL EXCHANGE/TRANSFUSE NON-NB	00110	3.3544	$169.77	APC	N
36460	S	TRANSFUSION SERVICE, FETAL	00110	3.3544	$169.77	APC	N
36468	T	INJECTION(S), SPIDER VEINS	00013	0.8281	$41.91	APC	N
36469	T	INJECTION(S), SPIDER VEINS	00013	0.8281	$41.91	APC	N
36470	T	INJECTION THERAPY OF VEIN	00013	0.8281	$41.91	APC	N
36471	T	INJECTION THERAPY OF VEINS	00013	0.8281	$41.91	APC	N
36475	T	ENDOVENOUS RF 1ST VEIN	00091	43.7923	$2,216.33	APC	
36476	T	ENDOVENOUS RF VEIN ADD-ON	00092	27.3614	$1,384.76	APC	
36478	T	ENDOVENOUS LASER 1ST VEIN	00092	27.3614	$1,384.76	APC	
36479	T	ENDOVENOUS LASER VEIN ADDON	00092	27.3614	$1,384.76	APC	
36481	N	INSERTION OF CATHETER, VEIN			$0.00	Bundled	N
36500	N	INSERTION OF CATHETER, VEIN			$0.00	Bundled	N
36510	N	INSERTION OF CATHETER, VEIN			$0.00	Bundled	N
36511	S	APHERESIS WBC	00111	11.5004	$582.04	APC	N
36512	S	APHERESIS RBC	00111	11.5004	$582.04	APC	
36513	S	APHERESIS PLATELETS	00111	11.5004	$582.04	APC	
36514	S	APHERESIS PLASMA	00111	11.5004	$582.04	APC	
36515	S	APHERESIS ADSORP/REINFUSE	00112	30.7865	$1,558.10	APC	
36516	S	APHERESIS SELECTIVE	00112	30.7865	$1,558.10	APC	

36522	S	PHOTOPHERESIS	00112	30.7865	$1,558.10	APC	N
36555	T	INSERT NON-TUNNEL CV CATH	00621	11.0653	$560.01	APC	
36556	T	INSERT NON-TUNNEL CV CATH	00621	11.0653	$560.01	APC	
36557	T	INSERT TUNNELED CV CATH	00622	24.9153	$1,260.96	APC	
36558	T	INSERT TUNNELED CV CATH	00622	24.9153	$1,260.96	APC	
36560	T	INSERT TUNNELED CV CATH	00623	29.7476	$1,505.53	APC	
36561	T	INSERT TUNNELED CV CATH	00623	29.7476	$1,505.53	APC	
36563	T	INSERT TUNNELED CV CATH	00623	29.7476	$1,505.53	APC	
36565	T	INSERT TUNNELED CV CATH	00623	29.7476	$1,505.53	APC	
36566	T	INSERT TUNNELED CV CATH	00623	29.7476	$1,505.53	APC	
36568	T	INSERT TUNNELED CV CATH	00621	11.0653	$560.01	APC	
36569	T	INSERT TUNNELED CV CATH	00621	11.0653	$560.01	APC	
36570	T	INSERT TUNNELED CV CATH	00622	24.9153	$1,260.96	APC	
36571	T	INSERT TUNNELED CV CATH	00622	24.9153	$1,260.96	APC	
36575	T	REPAIR TUNNELED CV CATH	00121	4.5958	$232.59	APC	
36576	T	REPAIR TUNNELED CV CATH	00621	11.0653	$560.01	APC	
36578	T	REPLACE TUNNELED CV CATH	00622	24.9153	$1,260.96	APC	
36580	T	REPLACE TUNNELED CV CATH	00621	11.0653	$560.01	APC	
36581	T	REPLACE TUNNELED CV CATH	00622	24.9153	$1,260.96	APC	
36582	T	REPLACE TUNNELED CV CATH	00623	29.7476	$1,505.53	APC	
36583	T	REPLACE TUNNELED CV CATH	00623	29.7476	$1,505.53	APC	
36584	T	REPLACE TUNNELED CV CATH	00621	11.0653	$560.01	APC	
36585	T	REPLACE TUNNELED CV CATH	00622	24.9153	$1,260.96	APC	
36589	T	REMOVAL TUNNELED CV CATH	00121	4.5958	$232.59	APC	
36590	T	REMOVAL TUNNELED CV CATH	00621	11.0653	$560.01	APC	
36591	N	DRAW BLOOD OFF VENOUS DEVICE	00624	0.6043	$30.58	Bundled, may be payable in some circumstances	
36592	N	COLLECT BLOOD FROM PICC	00624	0.6043	$30.58	Bundled, may be payable in some circumstances	
36593	T	DECLOT VASCULAR DEVICE	00676	2.4525	$124.12	APC	
36595	T	MECH REMOV TUNNELED CV CATH	00622	24.9153	$1,260.96	APC	
36596	T	MECH REMOV TUNNELED CV CATH	00621	11.0653	$560.01	APC	
36597	T	REPOSITION VENOUS CATHETER	00621	11.0653	$560.01	APC	
36598	T	INJ W/FLUOR EVAL CV DEVICE	00676	2.4525	$124.12	APC	
36600	X	ARTERIAL PUNCTURE WITHDRAWAL OF B	00035	0.2186	$11.06	APC	N
36620	N	INSERTION CATHETER, ARTERY			$0.00	Bundled	N
36625	N	INSERTION CATHETER, ARTERY			$0.00	Bundled	N
36640	T	INSERTION CATHETER, ARTERY	00623	29.7476	$1,505.53	APC	N
36660	C	INSERTION CATHETER, ARTERY			$0.00	Inpatient Only	N
36680	T	INSERT NEEDLE, BONE CAVITY	00002	1.4324	$72.49	APC	N
36800	T	INSERTION OF CANNULA	00115	32.9660	$1,668.41	APC	N
36810	T	INSERTION OF CANNULA	00115	32.9660	$1,668.41	APC	N
36815	T	INSERTION OF CANNULA	00115	32.9660	$1,668.41	APC	N
36818	T	AV FUSE UPPR ARM CEPHALIC	00088	40.3117	$2,040.18	APC	
36819	T	AV FUSION/UPPR ARM VEIN	00088	40.3117	$2,040.18	APC	N
36820	T	AV FUSION/FOREARM VEIN	00088	40.3117	$2,040.18	APC	N
36821	T	AV FUSION DIRECT ANY SITE	00088	40.3117	$2,040.18	APC	N
36822	C	INSERTION OF CANNULA(S)			$0.00	Inpatient Only	N
36823	C	INSERTION OF CANNULA(S)			$0.00	Inpatient Only	N
36825	T	ARTERY-VEIN AUTOGRAFT	00088	40.3117	$2,040.18	APC	N
36830	T	ARTERY-VEIN NONAUTOGRAFT	00088	40.3117	$2,040.18	APC	N
36831	T	OPEN THROMBECT AV FISTULA	00088	40.3117	$2,040.18	APC	N
36832	T	AV FISTULA REVISION, OPEN	00088	40.3117	$2,040.18	APC	N
36833	T	AV FISTULA REVISION	00088	40.3117	$2,040.18	APC	N
36834	T	REPAIR A-V ANEURYSM	00088	40.3117	$2,040.18	APC	N
36835	T	ARTERY TO VEIN SHUNT	00115	32.9660	$1,668.41	APC	N
36838	T	DIST REVAS LIGATION HEMO	00088	40.3117	$2,040.18	APC	
36860	T	EXTERNAL CANNULA DECLOTTING	00676	2.4525	$124.12	APC	N
36861	T	CANNULA DECLOTTING	00115	32.9660	$1,668.41	APC	N
36870	T	PERCUT THROMBECT AV FISTULA	00653	46.8513	$2,371.14	APC	N
37140	C	REVISION OF CIRCULATION			$0.00	Inpatient Only	N
37145	C	REVISION OF CIRCULATION			$0.00	Inpatient Only	N
37160	C	REVISION OF CIRCULATION			$0.00	Inpatient Only	N
37180	C	REVISION OF CIRCULATION			$0.00	Inpatient Only	N
37181	C	SPLICE SPLEEN/KIDNEY VEINS			$0.00	Inpatient Only	
37182	C	INSERT HEPATIC SHUNT (TIPS)			$0.00	Inpatient Only	
37183	T	REMOVE HEPATIC SHUNT (TIPS)	00229	92.2507	$4,668.81	APC	
37184	T	PRIM ART MECH THROMBECTOMY	00088	40.3117	$2,040.18	APC	
37185	T	PRIM ART M-THROMBECT ADD-ON	00088	40.3117	$2,040.18	APC	
37186	T	SEC ART M-THROMBECT ADD-ON	00088	40.3117	$2,040.18	APC	
37187	T	VENOUS MECH THROMBECTOMY	00088	40.3117	$2,040.18	APC	
37188	T	VENOUS M-THROMBECTOMY ADD-ON	00088	40.3117	$2,040.18	APC	
37195	T	THROMBOLYTIC THERAPY, STROKE	00676	2.4525	$124.12	APC	N

37200	T	TRANSCATHETER BIOPSY	00623	29.7476	$1,505.53	APC	N
37201	T	TRANSCATHETER THERAPY INFUSE	00103	15.7264	$795.91	APC	N
37202	T	TRANSCATHETER THERAPY INFUSE	00103	15.7264	$795.91	APC	N
37203	T	TRANSCATHETER RETRIEVAL	00623	29.7476	$1,505.53	APC	N
37204	T	TRANSCATHETER OCCLUSION	00082	90.2562	$4,567.87	APC	N
37205	T	TRANSCATHETER STENT	00229	92.2507	$4,668.81	APC	N
37206	T	TRANSCATHETER STENT ADD-ON	00229	92.2507	$4,668.81	APC	N
37207	T	TRANSCATHETER STENT	00229	92.2507	$4,668.81	APC	N
37208	T	TRANSCATHETER STENT ADD-ON	00229	92.2507	$4,668.81	APC	N
37209	T	CHANGE IV CATH AT THROMB TX	00623	29.7476	$1,505.53	APC	N
37210	T	EMBOLIZATION UTERINE FIBROID	00229	92.2507	$4,668.81	APC	
37215	C	TRANSCATH STENT CCA W/EPS			$0.00	Inpatient Only	
37216	E	TRANSCATH STENT CCA W/O EPS			$0.00	Not Allowed	
37250	N	IV US FIRST VESSEL ADD-ON			$0.00	Bundled	N
37251	N	IV US EACH ADD VESSEL ADD-ON			$0.00	Bundled	N
37500	T	ENDOSCOPY LIGATE PERF VEINS	00091	43.7923	$2,216.33	APC	N
37501	T	VASCULAR ENDOSCOPY PROCEDURE	00092	27.3614	$1,384.76	APC	
37565	T	LIGATION OF NECK VEIN	00093	29.0343	$1,469.43	APC	N
37600	T	LIGATION OF NECK ARTERY	00093	29.0343	$1,469.43	APC	N
37605	T	LIGATION OF NECK ARTERY	00091	43.7923	$2,216.33	APC	N
37606	T	LIGATION OF NECK ARTERY	00092	27.3614	$1,384.76	APC	N
37607	T	LIGATION OF A-V FISTULA	00092	27.3614	$1,384.76	APC	N
37609	T	TEMPORAL ARTERY PROCEDURE	00021	15.8974	$804.57	APC	N
37615	T	LIGATION OF NECK ARTERY	00092	27.3614	$1,384.76	APC	N
37616	C	LIGATION OF CHEST ARTERY			$0.00	Inpatient Only	N
37617	C	LIGATION OF ABDOMEN ARTERY			$0.00	Inpatient Only	N
37618	C	LIGATION OF EXTREMITY ARTERY			$0.00	Inpatient Only	N
37620	T	REVISION OF MAJOR VEIN	00091	43.7923	$2,216.33	APC	N
37650	T	REVISION OF MAJOR VEIN	00092	27.3614	$1,384.76	APC	N
37660	C	REVISION OF MAJOR VEIN			$0.00	Inpatient Only	N
37700	T	REVISE LEG VEIN	00092	27.3614	$1,384.76	APC	N
37718	T	LIGATE/STRIP SHORT LEG VEIN	00092	27.3614	$1,384.76	APC	
37722	T	LIGATE/STRIP LONG LEG VEIN	00091	43.7923	$2,216.33	APC	
37735	T	REMOVAL OF LEG VEINS/LESION	00091	43.7923	$2,216.33	APC	N
37760	T	LIGATION LEG VEINS OPEN	00092	27.3614	$1,384.76	APC	N
37765	T	PHLEB VEINS EXTREM 10-20	00092	27.3614	$1,384.76	APC	
37766	T	PHLEB VEINS EXTREM 20+	00092	27.3614	$1,384.76	APC	
37780	T	REVISION OF LEG VEIN	00092	27.3614	$1,384.76	APC	N
37785	T	LIGATE/DIVIDE/EXCISE VEIN	00092	27.3614	$1,384.76	APC	N
37788	C	REVASCULARIZATION, PENIS			$0.00	Inpatient Only	N
37790	T	PENILE VENOUS OCCLUSION	00181	35.5639	$1,799.89	APC	N
37799	T	VASCULAR SURGERY PROCEDURE	00103	15.7264	$795.91	APC	N
38100	C	REMOVAL OF SPLEEN, TOTAL			$0.00	Inpatient Only	N
38101	C	REMOVAL OF SPLEEN, PARTIAL			$0.00	Inpatient Only	N
38102	C	REMOVAL OF SPLEEN, TOTAL			$0.00	Inpatient Only	N
38115	C	REPAIR OF RUPTURED SPLEEN			$0.00	Inpatient Only	N
38120	T	LAPAROSCOPY, SPLENECTOMY	00131	46.3238	$2,344.45	APC	N
38129	T	LAPAROSCOPE PROC, SPLEEN	00130	37.8887	$1,917.55	APC	N
38200	N	INJECTION FOR SPLEEN X-RAY			$0.00	Bundled	N
38204	N	BL DONOR SEARCH MANAGEMENT			$0.00	Bundled	Y
38205	S	HARVEST ALLOGENIC STEM CELLS	00111	11.5004	$582.04	APC	Y
38206	S	HARVEST AUTO STEM CELLS	00111	11.5004	$582.04	APC	Y
38207	S	CRYOPRESERVE STEM CELLS	00110	3.3544	$169.77	APC	Y
38208	S	THAW PRESERVED STEM CELLS	00110	3.3544	$169.77	APC	Y
38209	S	WASH HARVEST STEM CELLS	00110	3.3544	$169.77	APC	Y
38210	S	T-CELL DEPLETION OF HARVEST	00393	6.0581	$306.60	APC	Y
38211	S	TUMOR CELL DEPLETE OF HARVST	00393	6.0581	$306.60	APC	Y
38212	S	RBC DEPLETION OF HARVEST	00393	6.0581	$306.60	APC	Y
38213	S	PLATELET DEPLETE OF HARVEST	00393	6.0581	$306.60	APC	Y
38214	S	VOLUME DEPLETE OF HARVEST	00393	6.0581	$306.60	APC	Y
38215	S	HARVEST STEM CELL CONCENTRTE	00393	6.0581	$306.60	APC	Y
38220	T	BONE MARROW ASPIRATION	00003	3.1527	$159.56	APC	
38221	T	BONE MARROW BIOPSY	00003	3.1527	$159.56	APC	N
38230	S	BONE MARROW COLLECTION	00112	30.7865	$1,558.10	APC	Y
38240	S	BONE MARROW/STEM TRANSPLANT	00112	30.7865	$1,558.10	APC	Y
38241	S	BONE MARROW/STEM TRANSPLANT	00112	30.7865	$1,558.10	APC	Y
38242	S	LYMPHOCYTE INFUSE TRANSPLANT	00111	11.5004	$582.04	APC	Y
38300	T	DRAINAGE, LYMPH NODE LESION	00007	12.5953	$637.45	APC	N
38305	T	DRAINAGE, LYMPH NODE LESION	00008	19.3873	$981.19	APC	N
38308	T	INCISION OF LYMPH CHANNELS	00113	23.6897	$1,198.94	APC	N
38380	C	THORACIC DUCT PROCEDURE			$0.00	Inpatient Only	N

38381	C	THORACIC DUCT PROCEDURE			$0.00	Inpatient Only	N
38382	C	THORACIC DUCT PROCEDURE			$0.00	Inpatient Only	
38500	T	BIOPSY/REMOVAL, LYMPH NODES	00113	23.6897	$1,198.94	APC	N
38505	T	NEEDLE BIOPSY, LYMPH NODES	00005	7.3879	$373.90	APC	
38510	T	BIOPSY/REMOVAL, LYMPH NODES	00113	23.6897	$1,198.94	APC	N
38520	T	BIOPSY/REMOVAL, LYMPH NODES	00113	23.6897	$1,198.94	APC	N
38525	T	BIOPSY/REMOVAL, LYMPH NODES	00113	23.6897	$1,198.94	APC	
38530	T	BIOPSY/REMOVAL, LYMPH NODES	00113	23.6897	$1,198.94	APC	N
38542	T	EXPLORE DEEP NODE(S), NECK	00114	47.2067	$2,389.13	APC	N
38550	T	REMOVAL, NECK/ARMPIT LESION	00113	23.6897	$1,198.94	APC	N
38555	T	REMOVAL, NECK/ARMPIT LESION	00113	23.6897	$1,198.94	APC	N
38562	C	REMOVAL, PELVIC LYMPH NODES			$0.00	Inpatient Only	N
38564	C	REMOVAL, ABDOMEN LYMPH NODES			$0.00	Inpatient Only	N
38570	T	LAPAROSCOPY, LYMPH NODE BIOP	00131	46.3238	$2,344.45	APC	N
38571	T	LAPAROSCOPY, LYMPHADENECTOMY	00132	69.9234	$3,538.82	APC	N
38572	T	LAPAROSCOPY, LYMPHADENECTOMY	00131	46.3238	$2,344.45	APC	N
38589	T	LAPAROSCOPE PROC, LYMPHATIC	00130	37.8887	$1,917.55	APC	N
38700	T	REMOVAL OF LYMPH NODES NECK	00113	23.6897	$1,198.94	APC	N
38720	T	REMOVAL OF LYMPH NODES, NECK	00113	23.6897	$1,198.94	APC	N
38724	C	REMOVAL OF LYMPH NODES, NECK			$0.00	Inpatient Only	
38740	T	REMOVE ARMPIT LYMPH NODES	00114	47.2067	$2,389.13	APC	N
38745	T	REMOVE ARMPIT LYMPH NODES	00114	47.2067	$2,389.13	APC	N
38746	C	REMOVE THORACIC LYMPH NODES			$0.00	Inpatient Only	N
38747	C	REMOVE ABDOMINAL LYMPH NODES			$0.00	Inpatient Only	N
38760	T	REMOVE GROIN LYMPH NODES	00113	23.6897	$1,198.94	APC	N
38765	C	REMOVE GROIN LYMPH NODES			$0.00	Inpatient Only	N
38770	C	REMOVE PELVIS LYMPH NODES			$0.00	Inpatient Only	N
38780	C	REMOVE ABDOMEN LYMPH NODES			$0.00	Inpatient Only	N
38790	N	INJECT FOR LYMPHATIC X-RAY			$0.00	Bundled	N
38792	N	IDENTIFY SENTINEL NODE	00392	2.4943	$126.24	Bundled, may be payable in some circumstances	N
38794	N	ACCESS THORACIC LYMPH DUCT			$0.00	Bundled	N
38999	S	BLOOD/LYMPH SYSTEM PROCEDURE	00110	3.3544	$169.77	APC	N
39000	C	EXPLORATION OF CHEST			$0.00	Inpatient Only	N
39010	C	EXPLORATION OF CHEST			$0.00	Inpatient Only	N
39200	C	REMOVAL CHEST LESION			$0.00	Inpatient Only	N
39220	C	REMOVAL CHEST LESION			$0.00	Inpatient Only	N
39400	T	VISUALIZATION OF CHEST	00069	33.5041	$1,695.64	APC	N
39499	C	CHEST PROCEDURE			$0.00	Inpatient Only	N
39501	C	REPAIR DIAPHRAGM LACERATION			$0.00	Inpatient Only	
39502	C	REPAIR PARAESOPHAGEAL HERNIA			$0.00	Inpatient Only	
39503	C	REPAIR OF DIAPHRAGM HERNIA			$0.00	Inpatient Only	
39520	C	REPAIR OF DIAPHRAGM HERNIA			$0.00	Inpatient Only	N
39530	C	REPAIR OF DIAPHRAGM HERNIA			$0.00	Inpatient Only	N
39531	C	REPAIR OF DIAPHRAGM HERNIA			$0.00	Inpatient Only	N
39540	C	REPAIR OF DIAPHRAGM HERNIA			$0.00	Inpatient Only	N
39541	C	REPAIR OF DIAPHRAGM HERNIA			$0.00	Inpatient Only	N
39545	C	REVISION OF DIAPHRAGM			$0.00	Inpatient Only	N
39560	C	RESECT DIAPHRAGM, SIMPLE			$0.00	Inpatient Only	N
39561	C	RESECT DIAPHRAGM, COMPLEX			$0.00	Inpatient Only	N
39599	C	DIAPHRAGM SURGERY PROCEDURE			$0.00	Inpatient Only	N
40490	T	BIOPSY OF LIP	00251	3.3069	$167.36	APC	N
40500	T	PARTIAL EXCISION OF LIP	00253	17.2402	$872.53	APC	N
40510	T	PARTIAL EXCISION OF LIP	00254	24.7557	$1,252.89	APC	N
40520	T	PARTIAL EXCISION OF LIP	00253	17.2402	$872.53	APC	N
40525	T	RECONSTRUCT LIP WITH FLAP	00254	24.7557	$1,252.89	APC	
40527	T	RECONSTRUCT LIP WITH FLAP	00254	24.7557	$1,252.89	APC	
40530	T	PARTIAL REMOVAL OF LIP	00254	24.7557	$1,252.89	APC	N
40650	T	REPAIR LIP	00252	7.5330	$381.25	APC	N
40652	T	REPAIR LIP	00252	7.5330	$381.25	APC	N
40654	T	REPAIR LIP	00252	7.5330	$381.25	APC	N
40700	T	REPAIR CLEFT LIP/NASAL	00256	41.8741	$2,119.25	APC	N
40701	T	REPAIR CLEFT LIP/NASAL	00256	41.8741	$2,119.25	APC	N
40702	T	REPAIR CLEFT LIP/NASAL	00256	41.8741	$2,119.25	APC	N
40720	T	REPAIR CLEFT LIP/NASAL	00256	41.8741	$2,119.25	APC	N
40761	T	REPAIR CLEFT LIP/NASAL	00256	41.8741	$2,119.25	APC	N
40799	T	LIP SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
40800	T	DRAINAGE OF MOUTH LESION	00006	1.4128	$71.50	APC	N
40801	T	DRAINAGE OF MOUTH LESION	00252	7.5330	$381.25	APC	N
40804	X	REMOVAL, FOREIGN BODY, MOUTH	00340	0.6462	$32.70	APC	N
40805	T	REMOVAL FOREIGN BODY MOUTH	00252	7.5330	$381.25	APC	N
40806	T	INCISION OF LIP FOLD	00251	3.3069	$167.36	APC	N

40808	T	BIOPSY OF MOUTH LESION	00251	3.3069	$167.36	APC	N
40810	T	EXCISION OF MOUTH LESION	00253	17.2402	$872.53	APC	N
40812	T	EXCISE/REPAIR MOUTH LESION	00253	17.2402	$872.53	APC	N
40814	T	EXCISE/REPAIR MOUTH LESION	00253	17.2402	$872.53	APC	N
40816	T	EXCISION OF MOUTH LESION	00254	24.7557	$1,252.89	APC	N
40818	T	EXCISE ORAL MUCOSA FOR GRAFT	00251	3.3069	$167.36	APC	N
40819	T	EXCISE LIP OR CHEEK FOLD	00252	7.5330	$381.25	APC	N
40820	T	TREATMENT OF MOUTH LESION	00253	17.2402	$872.53	APC	N
40830	T	REPAIR MOUTH LACERATION	00251	3.3069	$167.36	APC	N
40831	T	REPAIR MOUTH LACERATION	00252	7.5330	$381.25	APC	N
40840	T	RECONSTRUCTION OF MOUTH	00254	24.7557	$1,252.89	APC	N
40842	T	RECONSTRUCTION OF MOUTH	00254	24.7557	$1,252.89	APC	N
40843	T	RECONSTRUCTION OF MOUTH	00254	24.7557	$1,252.89	APC	N
40844	T	RECONSTRUCTION OF MOUTH	00256	41.8741	$2,119.25	APC	N
40845	T	RECONSTRUCTION OF MOUTH	00256	41.8741	$2,119.25	APC	N
40899	T	MOUTH SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
41000	T	DRAINAGE OF MOUTH LESION	00253	17.2402	$872.53	APC	N
41005	T	DRAINAGE OF MOUTH LESION	00251	3.3069	$167.36	APC	N
41006	T	DRAINAGE OF MOUTH LESION	00254	24.7557	$1,252.89	APC	N
41007	T	DRAINAGE OF MOUTH LESION	00253	17.2402	$872.53	APC	N
41008	T	DRAINAGE OF MOUTH LESION	00253	17.2402	$872.53	APC	N
41009	T	DRAINAGE OF MOUTH LESION	00251	3.3069	$167.36	APC	N
41010	T	INCISION OF TONGUE FOLD	00252	7.5330	$381.25	APC	N
41015	T	DRAINAGE OF MOUTH LESION	00251	3.3069	$167.36	APC	N
41016	T	DRAINAGE OF MOUTH LESION	00252	7.5330	$381.25	APC	N
41017	T	DRAINAGE OF MOUTH LESION	00252	7.5330	$381.25	APC	N
41018	T	DRAINAGE OF MOUTH LESION	00252	7.5330	$381.25	APC	N
41019	T	PLACE NEEDLES H&N FOR RT	00254	24.7557	$1,252.89	APC	
41100	T	BIOPSY OF TONGUE	00252	7.5330	$381.25	APC	N
41105	T	BIOPSY OF TONGUE	00253	17.2402	$872.53	APC	N
41108	T	BIOPSY OF FLOOR OF MOUTH	00252	7.5330	$381.25	APC	N
41110	T	EXCISION OF TONGUE LESION	00253	17.2402	$872.53	APC	N
41112	T	EXCISION OF TONGUE LESION	00253	17.2402	$872.53	APC	N
41113	T	EXCISION OF TONGUE LESION	00253	17.2402	$872.53	APC	N
41114	T	EXCISION OF TONGUE LESION	00254	24.7557	$1,252.89	APC	
41115	T	EXCISION OF TONGUE FOLD	00252	7.5330	$381.25	APC	N
41116	T	EXCISION OF MOUTH LESION	00253	17.2402	$872.53	APC	N
41120	T	PARTIAL REMOVAL OF TONGUE	00254	24.7557	$1,252.89	APC	N
41130	C	PARTIAL REMOVAL OF TONGUE			$0.00	Inpatient Only	N
41135	C	TONGUE AND NECK SURGERY			$0.00	Inpatient Only	N
41140	C	REMOVAL OF TONGUE			$0.00	Inpatient Only	N
41145	C	TONGUE REMOVAL, NECK SURGERY			$0.00	Inpatient Only	N
41150	C	TONGUE, MOUTH, JAW SURGERY			$0.00	Inpatient Only	N
41153	C	TONGUE, MOUTH, NECK SURGERY			$0.00	Inpatient Only	N
41155	C	TONGUE, JAW, & NECK SURGERY			$0.00	Inpatient Only	N
41250	T	REPAIR TONGUE LACERATION	00250	1.1110	$56.23	APC	N
41251	T	REPAIR TONGUE LACERATION	00251	3.3069	$167.36	APC	N
41252	T	REPAIR TONGUE LACERATION	00252	7.5330	$381.25	APC	N
41500	T	FIXATION OF TONGUE	00254	24.7557	$1,252.89	APC	N
41510	T	TONGUE TO LIP SURGERY	00253	17.2402	$872.53	APC	N
41512	T	TONGUE SUSPENSION	00252	7.5330	$381.25	APC	
41520	T	RECONSTRUCTION, TONGUE FOLD	00252	7.5330	$381.25	APC	N
41530	T	TONGUE BASE VOL REDUCTION	00253	17.2402	$872.53	APC	
41599	T	TONGUE AND MOUTH SURGERY	00250	1.1110	$56.23	APC	N
41800	T	DRAINAGE OF GUM LESION	00006	1.4128	$71.50	APC	N
41805	T	REMOVAL FOREIGN BODY GUM	00254	24.7557	$1,252.89	APC	N
41806	T	REMOVAL FOREIGN BODY JAWBONE	00253	17.2402	$872.53	APC	N
41820	T	EXCISION, GUM, EACH QUADRANT	00252	7.5330	$381.25	APC	N
41821	T	EXCISION OF GUM FLAP	00252	7.5330	$381.25	APC	N
41822	T	EXCISION OF GUM LESION	00253	17.2402	$872.53	APC	N
41823	T	EXCISION OF GUM LESION	00254	24.7557	$1,252.89	APC	N
41825	T	EXCISION OF GUM LESION	00253	17.2402	$872.53	APC	N
41826	T	EXCISION OF GUM LESION	00253	17.2402	$872.53	APC	N
41827	T	EXCISION OF GUM LESION	00254	24.7557	$1,252.89	APC	N
41828	T	EXCISION OF GUM LESION	00253	17.2402	$872.53	APC	N
41830	T	REMOVAL OF GUM TISSUE	00253	17.2402	$872.53	APC	N
41850	T	TREATMENT OF GUM LESION	00253	17.2402	$872.53	APC	N
41870	T	GUM GRAFT	00254	24.7557	$1,252.89	APC	N
41872	T	REPAIR GUM	00253	17.2402	$872.53	APC	N
41874	T	REPAIR TOOTH SOCKET	00254	24.7557	$1,252.89	APC	N
41899	T	DENTAL SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N

42000	T	DRAINAGE MOUTH ROOF LESION	00251	3.3069	$167.36	APC	N
42100	T	BIOPSY ROOF OF MOUTH	00252	7.5330	$381.25	APC	N
42104	T	EXCISION LESION MOUTH ROOF	00253	17.2402	$872.53	APC	N
42106	T	EXCISION LESION MOUTH ROOF	00253	17.2402	$872.53	APC	N
42107	T	EXCISION LESION, MOUTH ROOF	00254	24.7557	$1,252.89	APC	
42120	T	REMOVE PALATE/LESION	00256	41.8741	$2,119.25	APC	N
42140	T	EXCISION OF UVULA	00252	7.5330	$381.25	APC	N
42145	T	REPAIR PALATE, PHARYNX/UVULA	00254	24.7557	$1,252.89	APC	N
42160	T	TREATMENT MOUTH ROOF LESION	00253	17.2402	$872.53	APC	N
42180	T	REPAIR PALATE	00251	3.3069	$167.36	APC	N
42182	T	REPAIR PALATE	00256	41.8741	$2,119.25	APC	N
42200	T	RECONSTRUCT CLEFT PALATE	00256	41.8741	$2,119.25	APC	N
42205	T	RECONSTRUCT CLEFT PALATE	00256	41.8741	$2,119.25	APC	N
42210	T	RECONSTRUCT CLEFT PALATE	00256	41.8741	$2,119.25	APC	N
42215	T	RECONSTRUCT CLEFT PALATE	00256	41.8741	$2,119.25	APC	N
42220	T	RECONSTRUCT CLEFT PALATE	00256	41.8741	$2,119.25	APC	N
42225	T	RECONSTRUCT CLEFT PALATE	00256	41.8741	$2,119.25	APC	N
42226	T	LENGTHENING OF PALATE	00256	41.8741	$2,119.25	APC	
42227	T	LENGTHENING OF PALATE	00256	41.8741	$2,119.25	APC	
42235	T	REPAIR PALATE	00253	17.2402	$872.53	APC	N
42260	T	REPAIR NOSE TO LIP FISTULA	00254	24.7557	$1,252.89	APC	N
42280	T	PREPARATION, PALATE MOLD	00251	3.3069	$167.36	APC	
42281	T	INSERTION PALATE PROSTHESIS	00253	17.2402	$872.53	APC	
42299	T	PALATE/UVULA SURGERY	00250	1.1110	$56.23	APC	N
42300	T	DRAINAGE OF SALIVARY GLAND	00253	17.2402	$872.53	APC	N
42305	T	DRAINAGE OF SALIVARY GLAND	00253	17.2402	$872.53	APC	N
42310	T	DRAINAGE OF SALIVARY GLAND	00251	3.3069	$167.36	APC	N
42320	T	DRAINAGE OF SALIVARY GLAND	00251	3.3069	$167.36	APC	N
42330	T	REMOVAL OF SALIVARY STONE	00253	17.2402	$872.53	APC	N
42335	T	REMOVAL OF SALIVARY STONE	00253	17.2402	$872.53	APC	N
42340	T	REMOVAL OF SALIVARY STONE	00253	17.2402	$872.53	APC	N
42400	T	BIOPSY OF SALIVARY GLAND	00005	7.3879	$373.90	APC	N
42405	T	BIOPSY OF SALIVARY GLAND	00253	17.2402	$872.53	APC	N
42408	T	EXCISION OF SALIVARY CYST	00253	17.2402	$872.53	APC	N
42409	T	DRAINAGE OF SALIVARY CYST	00253	17.2402	$872.53	APC	N
42410	T	EXCISE PAROTID GLAND/LESION	00256	41.8741	$2,119.25	APC	N
42415	T	EXCISE PAROTID GLAND/LESION	00256	41.8741	$2,119.25	APC	N
42420	T	EXCISE PAROTID GLAND/LESION	00256	41.8741	$2,119.25	APC	N
42425	T	EXCISE PAROTID GLAND/LESION	00256	41.8741	$2,119.25	APC	N
42426	C	EXCISE PAROTID GLAND/LESION			$0.00	Inpatient Only	N
42440	T	EXCISE SUBMAXILLARY GLAND	00256	41.8741	$2,119.25	APC	N
42450	T	EXCISE SUBLINGUAL GLAND	00254	24.7557	$1,252.89	APC	N
42500	T	REPAIR SALIVARY DUCT	00254	24.7557	$1,252.89	APC	N
42505	T	REPAIR SALIVARY DUCT	00256	41.8741	$2,119.25	APC	N
42507	T	PAROTID DUCT DIVERSION	00256	41.8741	$2,119.25	APC	N
42508	T	PAROTID DUCT DIVERSION	00256	41.8741	$2,119.25	APC	N
42509	T	PAROTID DUCT DIVERSION	00256	41.8741	$2,119.25	APC	N
42510	T	PAROTID DUCT DIVERSION	00256	41.8741	$2,119.25	APC	
42550	N	INJECTION FOR SALIVARY X-RAY			$0.00	Bundled	N
42600	T	CLOSURE OF SALIVARY FISTULA	00253	17.2402	$872.53	APC	N
42650	T	DILATION OF SALIVARY DUCT	00252	7.5330	$381.25	APC	N
42660	T	DILATION OF SALIVARY DUCT	00251	3.3069	$167.36	APC	N
42665	T	LIGATION OF SALIVARY DUCT	00254	24.7557	$1,252.89	APC	N
42699	T	SALIVARY SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
42700	T	DRAINAGE OF TONSIL ABSCESS	00251	3.3069	$167.36	APC	N
42720	T	DRAINAGE OF THROAT ABSCESS	00253	17.2402	$872.53	APC	N
42725	T	DRAINAGE OF THROAT ABSCESS	00256	41.8741	$2,119.25	APC	N
42800	T	BIOPSY OF THROAT	00253	17.2402	$872.53	APC	N
42802	T	BIOPSY OF THROAT	00253	17.2402	$872.53	APC	N
42804	T	BIOPSY OF UPPER NOSE/THROAT	00253	17.2402	$872.53	APC	N
42806	T	BIOPSY OF UPPER NOSE/THROAT	00254	24.7557	$1,252.89	APC	N
42808	T	EXCISE PHARYNX LESION	00253	17.2402	$872.53	APC	N
42809	X	REMOVE PHARYNX FOREIGN BODY	00340	0.6462	$32.70	APC	N
42810	T	EXCISION OF NECK CYST	00254	24.7557	$1,252.89	APC	N
42815	T	EXCISION OF NECK CYST	00256	41.8741	$2,119.25	APC	N
42820	T	REMOVE TONSILS AND ADENOIDS	00254	24.7557	$1,252.89	APC	N
42821	T	REMOVE TONSILS AND ADENOIDS	00254	24.7557	$1,252.89	APC	N
42825	T	REMOVAL OF TONSILS	00254	24.7557	$1,252.89	APC	N
42826	T	REMOVAL OF TONSILS	00254	24.7557	$1,252.89	APC	N
42830	T	REMOVAL OF ADENOIDS	00254	24.7557	$1,252.89	APC	N
42831	T	REMOVAL OF ADENOIDS	00254	24.7557	$1,252.89	APC	N

42835	T	REMOVAL OF ADENOIDS	00254	24.7557	$1,252.89	APC	N
42836	T	REMOVAL OF ADENOIDS	00254	24.7557	$1,252.89	APC	N
42842	T	EXTENSIVE SURGERY OF THROAT	00254	24.7557	$1,252.89	APC	
42844	T	EXTENSIVE SURGERY OF THROAT	00256	41.8741	$2,119.25	APC	
42845	C	EXTENSIVE SURGERY OF THROAT			$0.00	Inpatient Only	
42860	T	EXCISION OF TONSIL TAGS	00254	24.7557	$1,252.89	APC	N
42870	T	EXCISION OF LINGUAL TONSIL	00254	24.7557	$1,252.89	APC	N
42890	T	PARTIAL REMOVAL OF PHARYNX	00256	41.8741	$2,119.25	APC	N
42892	T	REVISION OF PHARYNGEAL WALLS	00256	41.8741	$2,119.25	APC	
42894	C	REVISION OF PHARYNGEAL WALLS			$0.00	Inpatient Only	
42900	T	REPAIR THROAT WOUND	00252	7.5330	$381.25	APC	N
42950	T	RECONSTRUCTION OF THROAT	00254	24.7557	$1,252.89	APC	N
42953	C	REPAIR THROAT, ESOPHAGUS			$0.00	Inpatient Only	
42955	T	SURGICAL OPENING OF THROAT	00254	24.7557	$1,252.89	APC	N
42960	T	CONTROL THROAT BLEEDING	00250	1.1110	$56.23	APC	N
42961	C	CONTROL THROAT BLEEDING			$0.00	Inpatient Only	N
42962	T	CONTROL THROAT BLEEDING	00256	41.8741	$2,119.25	APC	N
42970	T	CONTROL NOSE/THROAT BLEEDING	00250	1.1110	$56.23	APC	N
42971	C	CONTROL NOSE/THROAT BLEEDING			$0.00	Inpatient Only	N
42972	T	CONTROL NOSE/THROAT BLEEDING	00253	17.2402	$872.53	APC	N
42999	T	THROAT SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
43020	T	INCISION OF ESOPHAGUS	00252	7.5330	$381.25	APC	N
43030	T	THROAT MUSCLE SURGERY	00253	17.2402	$872.53	APC	N
43045	C	INCISION OF ESOPHAGUS			$0.00	Inpatient Only	N
43100	C	EXCISION OF ESOPHAGUS LESION			$0.00	Inpatient Only	N
43101	C	EXCISION OF ESOPHAGUS LESION			$0.00	Inpatient Only	N
43107	C	REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43108	C	REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43112	C	REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43113	C	REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43116	C	PARTIAL REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43117	C	PARTIAL REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43118	C	PARTIAL REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43121	C	PARTIAL REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43122	C	PARTIAL REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43123	C	PARTIAL REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43124	C	REMOVAL OF ESOPHAGUS			$0.00	Inpatient Only	N
43130	T	REMOVAL OF ESOPHAGUS POUCH	00256	41.8741	$2,119.25	APC	N
43135	C	REMOVAL OF ESOPHAGUS POUCH			$0.00	Inpatient Only	N
43200	T	ESOPHAGUS ENDOSCOPY	00141	8.6526	$437.91	APC	N
43201	T	ESOPH SCOPE W/SUBMUCOUS INJ	00141	8.6526	$437.91	APC	
43202	T	ESOPHAGUS ENDOSCOPY, BIOPSY	00141	8.6526	$437.91	APC	N
43204	T	ESOPH SCOPE W/SCLEROSIS INJ	00141	8.6526	$437.91	APC	N
43205	T	ESOPHAGUS ENDOSCOPY/LIGATION	00141	8.6526	$437.91	APC	N
43215	T	ESOPHAGUS ENDOSCOPY	00141	8.6526	$437.91	APC	N
43216	T	ESOPHAGUS ENDOSCOPY/LESION	00141	8.6526	$437.91	APC	N
43217	T	ESOPHAGUS ENDOSCOPY	00141	8.6526	$437.91	APC	N
43219	T	ESOPHAGUS ENDOSCOPY	00384	25.7008	$1,300.72	APC	N
43220	T	ESOPH ENDOSCOPY, DILATION	00141	8.6526	$437.91	APC	N
43226	T	ESOPH ENDOSCOPY, DILATION	00141	8.6526	$437.91	APC	N
43227	T	ESOPH ENDOSCOPY, REPAIR	00141	8.6526	$437.91	APC	N
43228	T	ESOPH ENDOSCOPY, ABLATION	00422	25.3785	$1,284.41	APC	N
43231	T	ESOPH ENDOSCOPY W/US EXAM	00141	8.6526	$437.91	APC	N
43232	T	ESOPH ENDOSCOPY W/US FN BX	00141	8.6526	$437.91	APC	N
43234	T	UPPER GI ENDOSCOPY, EXAM	00141	8.6526	$437.91	APC	
43235	T	UPPR GI ENDOSCOPY, DIAGNOSIS	00141	8.6526	$437.91	APC	N
43236	T	UPPR GI SCOPE W/SUBMUC INJ	00141	8.6526	$437.91	APC	
43237	T	ENDOSCOPIC US EXAM ESOPH	00141	8.6526	$437.91	APC	
43238	T	UPPR GI ENDOSCOPY W/US FN BX	00141	8.6526	$437.91	APC	
43239	T	UPPER GI ENDOSCOPY, BIOPSY	00141	8.6526	$437.91	APC	N
43240	T	ESOPH ENDOSCOPE W/DRAIN CYST	00141	8.6526	$437.91	APC	N
43241	T	UPPER GI ENDOSCOPY WITH TUBE	00141	8.6526	$437.91	APC	N
43242	T	UPPR GI ENDOSCOPY W/US FN BX	00141	8.6526	$437.91	APC	N
43243	T	UPPER GI ENDOSCOPY & INJECT	00141	8.6526	$437.91	APC	N
43244	T	UPPER GI ENDOSCOPY/LIGATION	00141	8.6526	$437.91	APC	N
43245	T	UPPR GI SCOPE DILATE STRICTR	00141	8.6526	$437.91	APC	
43246	T	PLACE GASTROSTOMY TUBE	00141	8.6526	$437.91	APC	
43247	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.6526	$437.91	APC	N
43248	T	UPPR GI ENDOSCOPY/GUIDE WIRE	00141	8.6526	$437.91	APC	N
43249	T	ESOPH ENDOSCOPY, DILATION	00141	8.6526	$437.91	APC	N
43250	T	UPPER GI ENDOSCOPY/TUMOR	00141	8.6526	$437.91	APC	N

43251	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.6526	$437.91	APC	N
43255	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.6526	$437.91	APC	N
43256	T	UPPR GI ENDOSCOPY W STENT	00384	25.7008	$1,300.72	APC	N
43257	T	UPPR GI SCOPE W/THRML TXMNT	00422	25.3785	$1,284.41	APC	
43258	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.6526	$437.91	APC	N
43259	T	ENDOSCOPIC ULTRASOUND EXAM	00141	8.6526	$437.91	APC	N
43260	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	21.9315	$1,109.95	APC	N
43261	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	21.9315	$1,109.95	APC	N
43262	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	21.9315	$1,109.95	APC	N
43263	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	21.9315	$1,109.95	APC	N
43264	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	21.9315	$1,109.95	APC	N
43265	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	21.9315	$1,109.95	APC	N
43267	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	21.9315	$1,109.95	APC	
43268	T	ENDO CHOLANGIOPANCREATOGRAPH	00384	25.7008	$1,300.72	APC	
43269	T	ENDO CHOLANGIOPANCREATOGRAPH	00384	25.7008	$1,300.72	APC	N
43271	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	21.9315	$1,109.95	APC	
43272	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	21.9315	$1,109.95	APC	
43273	T	ENDOSCOPIC PANCREATOSCOPY	00151	21.9315	$1,109.95	APC	
43279	C	LAP MYOTOMY, HELLER			$0.00	Inpatient Only	
43280	T	LAPAROSCOPY, FUNDOPLASTY	00132	69.9234	$3,538.82	APC	N
43289	T	LAPAROSCOPE PROC, ESOPH	00130	37.8887	$1,917.55	APC	N
43300	C	REPAIR OF ESOPHAGUS			$0.00	Inpatient Only	N
43305	C	REPAIR ESOPHAGUS AND FISTULA			$0.00	Inpatient Only	N
43310	C	REPAIR OF ESOPHAGUS			$0.00	Inpatient Only	N
43312	C	REPAIR ESOPHAGUS AND FISTULA			$0.00	Inpatient Only	N
43313	C	ESOPHAGOPLASTY CONGENITAL			$0.00	Inpatient Only	
43314	C	TRACHEO-ESOPHAGOPLASTY CONG			$0.00	Inpatient Only	N
43320	C	FUSE ESOPHAGUS & STOMACH			$0.00	Inpatient Only	N
43324	C	REVISE ESOPHAGUS & STOMACH			$0.00	Inpatient Only	N
43325	C	REVISE ESOPHAGUS & STOMACH			$0.00	Inpatient Only	N
43326	C	REVISE ESOPHAGUS & STOMACH			$0.00	Inpatient Only	N
43330	C	REPAIR OF ESOPHAGUS			$0.00	Inpatient Only	N
43331	C	REPAIR OF ESOPHAGUS			$0.00	Inpatient Only	N
43340	C	FUSE ESOPHAGUS & INTESTINE			$0.00	Inpatient Only	N
43341	C	FUSE ESOPHAGUS & INTESTINE			$0.00	Inpatient Only	N
43350	C	SURGICAL OPENING, ESOPHAGUS			$0.00	Inpatient Only	N
43351	C	SURGICAL OPENING, ESOPHAGUS			$0.00	Inpatient Only	N
43352	C	SURGICAL OPENING, ESOPHAGUS			$0.00	Inpatient Only	N
43360	C	GASTROINTESTINAL REPAIR			$0.00	Inpatient Only	N
43361	C	GASTROINTESTINAL REPAIR			$0.00	Inpatient Only	N
43400	C	LIGATE ESOPHAGUS VEINS			$0.00	Inpatient Only	N
43401	C	ESOPHAGUS SURGERY FOR VEINS			$0.00	Inpatient Only	N
43405	C	LIGATE/STAPLE ESOPHAGUS			$0.00	Inpatient Only	N
43410	C	REPAIR ESOPHAGUS WOUND			$0.00	Inpatient Only	N
43415	C	REPAIR ESOPHAGUS WOUND			$0.00	Inpatient Only	N
43420	T	REPAIR ESOPHAGUS OPENING	00254	24.7557	$1,252.89	APC	N
43425	C	REPAIR ESOPHAGUS OPENING			$0.00	Inpatient Only	N
43450	T	DILATE ESOPHAGUS	00140	6.5579	$331.90	APC	N
43453	T	DILATE ESOPHAGUS	00140	6.5579	$331.90	APC	N
43456	T	DILATE ESOPHAGUS	00140	6.5579	$331.90	APC	N
43458	T	DILATE ESOPHAGUS	00141	8.6526	$437.91	APC	N
43460	C	PRESSURE TREATMENT ESOPHAGUS			$0.00	Inpatient Only	N
43496	C	FREE JEJUNUM FLAP, MICROVASC			$0.00	Inpatient Only	N
43499	T	ESOPHAGUS SURGERY PROCEDURE	00141	8.6526	$437.91	APC	N
43500	C	SURGICAL OPENING OF STOMACH			$0.00	Inpatient Only	N
43501	C	SURGICAL REPAIR OF STOMACH			$0.00	Inpatient Only	N
43502	C	SURGICAL REPAIR OF STOMACH			$0.00	Inpatient Only	N
43510	T	SURGICAL OPENING OF STOMACH	00141	8.6526	$437.91	APC	N
43520	C	INCISION OF PYLORIC MUSCLE			$0.00	Inpatient Only	N
43600	T	BIOPSY OF STOMACH	00141	8.6526	$437.91	APC	N
43605	C	BIOPSY OF STOMACH			$0.00	Inpatient Only	N
43610	C	EXCISION OF STOMACH LESION			$0.00	Inpatient Only	N
43611	C	EXCISION OF STOMACH LESION			$0.00	Inpatient Only	N
43620	C	REMOVAL OF STOMACH			$0.00	Inpatient Only	N
43621	C	REMOVAL OF STOMACH			$0.00	Inpatient Only	N
43622	C	REMOVAL OF STOMACH			$0.00	Inpatient Only	N
43631	C	REMOVAL OF STOMACH, PARTIAL			$0.00	Inpatient Only	N
43632	C	REMOVAL OF STOMACH, PARTIAL			$0.00	Inpatient Only	N
43633	C	REMOVAL OF STOMACH, PARTIAL			$0.00	Inpatient Only	N
43634	C	REMOVAL OF STOMACH, PARTIAL			$0.00	Inpatient Only	N
43635	C	REMOVAL OF STOMACH, PARTIAL			$0.00	Inpatient Only	N

43640	C	VAGOTOMY & PYLORUS REPAIR			$0.00	Inpatient Only	N
43641	C	VAGOTOMY & PYLORUS REPAIR			$0.00	Inpatient Only	N
43644	C	LAP GASTRIC BYPASS/ROUX-EN-Y			$0.00	Not Allowed	
43645	C	LAP GASTR BYPASS INCL SMLL I			$0.00	Not Allowed	
43647	S	LAP IMPL ELECTRODE, ANTRUM	00061	82.9048	$4,195.81	APC	
43648	T	LAP REVISE/REMV ELTRD ANTRUM	00130	37.8887	$1,917.55	APC	
43651	T	LAPAROSCOPY, VAGUS NERVE	00132	69.9234	$3,538.82	APC	N
43652	T	LAPAROSCOPY, VAGUS NERVE	00132	69.9234	$3,538.82	APC	N
43653	T	LAPAROSCOPY, GASTROSTOMY	00131	46.3238	$2,344.45	APC	N
43659	T	LAPAROSCOPE PROC, STOM	00130	37.8887	$1,917.55	APC	N
43752	X	NASAL/OROGASTRIC W/STENT	00272	1.2597	$63.75	APC	N
43760	T	CHANGE GASTROSTOMY TUBE	00121	4.5958	$232.59	APC	N
43761	T	REPOSITION GASTROSTOMY TUBE	00141	8.6526	$437.91	APC	N
43770	C	LAP PLACE GASTR ADJUST BAND			$0.00	Not Allowed	
43771	C	LAP REVISE ADJUST GAST BAND			$0.00	Not Allowed	
43772	C	LAP REMOVE ADJUST GAST BAND			$0.00	Not Allowed	
43773	C	LAP CHANGE ADJUST GAST BAND			$0.00	Not Allowed	
43774	C	LAP REMOV ADJ GAST BAND/PORT			$0.00	Not Allowed	
43800	C	RECONSTRUCTION OF PYLORUS			$0.00	Inpatient Only	N
43810	C	FUSION OF STOMACH AND BOWEL			$0.00	Inpatient Only	N
43820	C	FUSION OF STOMACH AND BOWEL			$0.00	Inpatient Only	N
43825	C	FUSION OF STOMACH AND BOWEL			$0.00	Inpatient Only	N
43830	T	PLACE GASTROSTOMY TUBE	00422	25.3785	$1,284.41	APC	N
43831	T	PLACE GASTROSTOMY TUBE	00141	8.6526	$437.91	APC	N
43832	C	PLACE GASTROSTOMY TUBE			$0.00	Inpatient Only	N
43840	C	REPAIR OF STOMACH LESION			$0.00	Inpatient Only	N
43842	E	GASTROPLASTY FOR OBESITY			$0.00	Not Allowed	Y
43843	C	GASTROPLASTY FOR OBESITY			$0.00	Inpatient Only	Y
43845	C	GASTROPLASTY DUODENAL SWITCH			$0.00	Not Allowed	
43846	C	GASTRIC BYPASS FOR OBESITY			$0.00	Inpatient Only	Y
43847	C	GASTRIC BYPASS FOR OBESITY			$0.00	Inpatient Only	Y
43848	C	REVISION GASTROPLASTY			$0.00	Inpatient Only	N
43850	C	REVISE STOMACH-BOWEL FUSION			$0.00	Inpatient Only	N
43855	C	REVISE STOMACH-BOWEL FUSION			$0.00	Inpatient Only	N
43860	C	REVISE STOMACH-BOWEL FUSION			$0.00	Inpatient Only	N
43865	C	REVISE STOMACH-BOWEL FUSION			$0.00	Inpatient Only	N
43870	T	REPAIR STOMACH OPENING	00141	8.6526	$437.91	APC	N
43880	C	REPAIR STOMACH-BOWEL FISTULA			$0.00	Inpatient Only	N
43881	C	IMPL/REDO ELECTRD, ANTRUM			$0.00	Inpatient Only	
43882	C	REVISE/REMOVE ELECTRD ANTRUM			$0.00	Inpatient Only	
43886	E	REVISE GASTRIC PORT OPEN			$0.00	Not Allowed	
43887	E	REMOVE GASTRIC PORT OPEN			$0.00	Not Allowed	
43888	E	CHANGE GASTRIC PORT OPEN			$0.00	Not Allowed	
43999	T	STOMACH SURGERY PROCEDURE	00141	8.6526	$437.91	APC	N
44005	C	FREEING OF BOWEL ADHESION			$0.00	Inpatient Only	N
44010	C	INCISION OF SMALL BOWEL			$0.00	Inpatient Only	N
44015	C	INSERT NEEDLE CATH BOWEL			$0.00	Inpatient Only	
44020	C	EXPLORE SMALL INTESTINE			$0.00	Inpatient Only	N
44021	C	DECOMPRESS SMALL BOWEL			$0.00	Inpatient Only	N
44025	C	INCISION OF LARGE BOWEL			$0.00	Inpatient Only	N
44050	C	REDUCE BOWEL OBSTRUCTION			$0.00	Inpatient Only	N
44055	C	CORRECT MALROTATION OF BOWEL			$0.00	Inpatient Only	N
44100	T	BIOPSY OF BOWEL	00141	8.6526	$437.91	APC	N
44110	C	EXCISE INTESTINE LESION(S)			$0.00	Inpatient Only	N
44111	C	EXCISION OF BOWEL LESION(S)			$0.00	Inpatient Only	N
44120	C	REMOVAL OF SMALL INTESTINE			$0.00	Inpatient Only	N
44121	C	REMOVAL OF SMALL INTESTINE			$0.00	Inpatient Only	N
44125	C	REMOVAL OF SMALL INTESTINE			$0.00	Inpatient Only	N
44126	C	ENTERECTOMY W/O TAPER CONG			$0.00	Inpatient Only	
44127	C	ENTERECTOMY W/TAPER CONG			$0.00	Inpatient Only	N
44128	C	ENTERECTOMY CONG, ADD-ON			$0.00	Inpatient Only	
44130	C	BOWEL TO BOWEL FUSION			$0.00	Inpatient Only	N
44132	C	ENTERECTOMY, CADAVER DONOR			$0.00	Inpatient Only	Y
44133	C	ENTERECTOMY, LIVE DONOR			$0.00	Inpatient Only	Y
44135	C	INTESTINE TRANSPLNT, CADAVER			$0.00	Inpatient Only	Y
44136	C	INTESTINE TRANSPLANT, LIVE			$0.00	Inpatient Only	Y
44137	C	REMOVE INTESTINAL ALLOGRAFT			$0.00	Inpatient Only	Y
44139	C	MOBILIZATION OF COLON			$0.00	Inpatient Only	N
44140	C	PARTIAL REMOVAL OF COLON			$0.00	Inpatient Only	N
44141	C	PARTIAL REMOVAL OF COLON			$0.00	Inpatient Only	N
44143	C	PARTIAL REMOVAL OF COLON			$0.00	Inpatient Only	N

44144	C	PARTIAL REMOVAL OF COLON			$0.00	Inpatient Only	N
44145	C	PARTIAL REMOVAL OF COLON			$0.00	Inpatient Only	N
44146	C	PARTIAL REMOVAL OF COLON			$0.00	Inpatient Only	N
44147	C	PARTIAL REMOVAL OF COLON			$0.00	Inpatient Only	N
44150	C	REMOVAL OF COLON			$0.00	Inpatient Only	N
44151	C	REMOVAL OF COLON/ILEOSTOMY			$0.00	Inpatient Only	N
44155	C	REMOVAL OF COLON/ILEOSTOMY			$0.00	Inpatient Only	N
44156	C	REMOVAL OF COLON/ILEOSTOMY			$0.00	Inpatient Only	N
44157	C	COLECTOMY W/ILEOANAL ANAST			$0.00	Inpatient Only	
44158	C	COLECTOMY W/NEO-RECTUM POUCH			$0.00	Inpatient Only	
44160	C	REMOVAL OF COLON			$0.00	Inpatient Only	N
44180	T	LAP ENTEROLYSIS	00131	46.3238	$2,344.45	APC	
44186	T	LAP JEJUNOSTOMY	00131	46.3238	$2,344.45	APC	
44187	C	LAP ILEO/JEJUNO-STOMY			$0.00	Not Allowed	
44188	C	LAP COLOSTOMY			$0.00	Not Allowed	
44202	C	LAP ENTERECTOMY			$0.00	Inpatient Only	N
44203	C	LAP RESECT S/INTESTINE, ADDL			$0.00	Inpatient Only	N
44204	C	LAPARO PARTIAL COLECTOMY			$0.00	Inpatient Only	
44205	C	LAP COLECTOMY PART W/ILEUM			$0.00	Inpatient Only	N
44206	T	LAP PART COLECTOMY W/STOMA	00132	69.9234	$3,538.82	APC	
44207	T	L COLECTOMY/COLOPROCTOSTOMY	00132	69.9234	$3,538.82	APC	
44208	T	L COLECTOMY/COLOPROCTOSTOMY	00132	69.9234	$3,538.82	APC	
44210	C	LAPARO TOTAL PROCTOCOLECTOMY			$0.00	Inpatient Only	
44211	C	LAPARO TOTAL PROCTOCOLECTOMY			$0.00	Inpatient Only	
44212	C	LAPARO TOTAL PROCTOCOLECTOMY			$0.00	Inpatient Only	
44213	T	LAP MOBIL SPLENIC FL ADD-ON	00130	37.8887	$1,917.55	APC	
44227	C	LAP CLOSE ENTEROSTOMY			$0.00	Not Allowed	
44238	T	LAPAROSCOPE PROC INTESTINE	00130	37.8887	$1,917.55	APC	
44300	C	OPEN BOWEL TO SKIN			$0.00	Inpatient Only	N
44310	C	ILEOSTOMY/JEJUNOSTOMY			$0.00	Inpatient Only	N
44312	T	REVISION OF ILEOSTOMY	00137	21.0656	$1,066.13	APC	N
44314	C	REVISION OF ILEOSTOMY			$0.00	Inpatient Only	N
44316	C	DEVISE BOWEL POUCH			$0.00	Inpatient Only	N
44320	C	COLOSTOMY			$0.00	Inpatient Only	N
44322	C	COLOSTOMY WITH BIOPSIES			$0.00	Inpatient Only	N
44340	T	REVISION OF COLOSTOMY	00137	21.0656	$1,066.13	APC	N
44345	C	REVISION OF COLOSTOMY			$0.00	Inpatient Only	N
44346	C	REVISION OF COLOSTOMY			$0.00	Inpatient Only	N
44360	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY	00142	9.5724	$484.46	APC	N
44363	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44364	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44365	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44366	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44369	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44370	T	SMALL BOWEL ENDOSCOPY/STENT	00384	25.7008	$1,300.72	APC	N
44372	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44373	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44376	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44377	T	SMALL BOWEL ENDOSCOPY/BIOPSY	00142	9.5724	$484.46	APC	N
44378	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44379	T	S BOWEL ENDOSCOPE W/STENT	00384	25.7008	$1,300.72	APC	N
44380	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44382	T	SMALL BOWEL ENDOSCOPY	00142	9.5724	$484.46	APC	N
44383	T	ILEOSCOPY W/STENT	00384	25.7008	$1,300.72	APC	N
44385	T	ENDOSCOPY OF BOWEL POUCH	00143	8.9884	$454.90	APC	N
44386	T	ENDOSCOPY, BOWEL POUCH/BIOP	00143	8.9884	$454.90	APC	
44388	T	COLONOSCOPY	00143	8.9884	$454.90	APC	N
44389	T	COLONOSCOPY WITH BIOPSY	00143	8.9884	$454.90	APC	N
44390	T	COLONOSCOPY FOR FOREIGN BODY	00143	8.9884	$454.90	APC	N
44391	T	COLONOSCOPY FOR BLEEDING	00143	8.9884	$454.90	APC	N
44392	T	COLONOSCOPY & POLYPECTOMY	00143	8.9884	$454.90	APC	N
44393	T	COLONOSCOPY, LESION REMOVAL	00143	8.9884	$454.90	APC	
44394	T	COLONOSCOPY W/SNARE	00143	8.9884	$454.90	APC	N
44397	T	COLONOSCOPY W/STENT	00384	25.7008	$1,300.72	APC	N
44500	T	INTRO, GASTROINTESTINAL TUBE	00121	4.5958	$232.59	APC	N
44602	C	SUTURE, SMALL INTESTINE			$0.00	Inpatient Only	N
44603	C	SUTURE, SMALL INTESTINE			$0.00	Inpatient Only	N
44604	C	SUTURE, LARGE INTESTINE			$0.00	Inpatient Only	N
44605	C	REPAIR OF BOWEL LESION			$0.00	Inpatient Only	N
44615	C	INTESTINAL STRICTUROPLASTY			$0.00	Inpatient Only	N

44620	C	REPAIR BOWEL OPENING			$0.00	Inpatient Only	N
44625	C	REPAIR BOWEL OPENING			$0.00	Inpatient Only	N
44626	C	REPAIR BOWEL OPENING			$0.00	Inpatient Only	N
44640	C	REPAIR BOWEL-SKIN FISTULA			$0.00	Inpatient Only	N
44650	C	REPAIR BOWEL FISTULA			$0.00	Inpatient Only	N
44660	C	REPAIR BOWEL-BLADDER FISTULA			$0.00	Inpatient Only	N
44661	C	REPAIR BOWEL-BLADDER FISTULA			$0.00	Inpatient Only	N
44680	C	SURGICAL REVISION, INTESTINE			$0.00	Inpatient Only	N
44700	C	SUSPEND BOWEL W/PROSTHESIS			$0.00	Inpatient Only	N
44701	N	INTRAOP COLON LAVAGE ADD-ON			$0.00	Bundled	
44715	C	PREPARE DONOR INTESTINE			$0.00	Inpatient Only	Y
44720	C	PREP DONOR INTESTINE/VENOUS			$0.00	Inpatient Only	Y
44721	C	PREP DONOR INTESTINE/ARTERY			$0.00	Inpatient Only	Y
44799	T	UNLISTED PROCEDURE INTESTINE	00153	23.4113	$1,184.85	APC	N
44800	C	EXCISION OF BOWEL POUCH			$0.00	Inpatient Only	N
44820	C	EXCISION OF MESENTERY LESION			$0.00	Inpatient Only	N
44850	C	REPAIR OF MESENTERY			$0.00	Inpatient Only	N
44899	C	BOWEL SURGERY PROCEDURE			$0.00	Inpatient Only	N
44900	C	DRAIN APP ABSCESS, OPEN			$0.00	Inpatient Only	N
44901	T	DRAIN APP ABSCESS, PERCUT	00037	13.5176	$684.13	APC	N
44950	C	APPENDECTOMY			$0.00	Inpatient Only	N
44955	C	APPENDECTOMY ADD-ON			$0.00	Inpatient Only	N
44960	C	APPENDECTOMY			$0.00	Inpatient Only	N
44970	T	LAPAROSCOPY, APPENDECTOMY	00131	46.3238	$2,344.45	APC	N
44979	T	LAPAROSCOPE PROC, APP	00130	37.8887	$1,917.55	APC	N
45000	T	DRAINAGE OF PELVIC ABSCESS	00155	12.2139	$618.15	APC	N
45005	T	DRAINAGE OF RECTAL ABSCESS	00155	12.2139	$618.15	APC	N
45020	T	DRAINAGE OF RECTAL ABSCESS	00155	12.2139	$618.15	APC	N
45100	T	BIOPSY OF RECTUM	00149	23.1877	$1,173.53	APC	N
45108	T	REMOVAL OF ANORECTAL LESION	00149	23.1877	$1,173.53	APC	N
45110	C	REMOVAL OF RECTUM			$0.00	Inpatient Only	N
45111	C	PARTIAL REMOVAL OF RECTUM			$0.00	Inpatient Only	N
45112	C	REMOVAL OF RECTUM			$0.00	Inpatient Only	N
45113	C	PARTIAL PROCTECTOMY			$0.00	Inpatient Only	N
45114	C	PARTIAL REMOVAL OF RECTUM			$0.00	Inpatient Only	N
45116	C	PARTIAL REMOVAL OF RECTUM			$0.00	Inpatient Only	N
45119	C	REMOVE RECTUM W/RESERVOIR			$0.00	Inpatient Only	N
45120	C	REMOVAL OF RECTUM			$0.00	Inpatient Only	N
45121	C	REMOVAL OF RECTUM AND COLON			$0.00	Inpatient Only	N
45123	C	PARTIAL PROCTECTOMY			$0.00	Inpatient Only	N
45126	C	PELVIC EXENTERATION			$0.00	Inpatient Only	N
45130	C	EXCISION OF RECTAL PROLAPSE			$0.00	Inpatient Only	N
45135	C	EXCISION OF RECTAL PROLAPSE			$0.00	Inpatient Only	N
45136	C	EXCISE ILEOANAL RESERVIOR			$0.00	Inpatient Only	
45150	T	EXCISION OF RECTAL STRICTURE	00149	23.1877	$1,173.53	APC	N
45160	T	EXCISION OF RECTAL LESION	00149	23.1877	$1,173.53	APC	N
45170	T	EXCISION OF RECTAL LESION	00149	23.1877	$1,173.53	APC	N
45190	T	DESTRUCTION RECTAL TUMOR	00149	23.1877	$1,173.53	APC	N
45300	T	PROCTOSIGMOIDOSCOPY DX	00146	5.6133	$284.09	APC	N
45303	T	PROCTOSIGMOIDOSCOPY DILATE	00147	9.1325	$462.20	APC	N
45305	T	PROCTOSIGMOIDOSCOPY W/BX	00147	9.1325	$462.20	APC	N
45307	T	PROCTOSIGMOIDOSCOPY FB	00428	23.6827	$1,198.58	APC	N
45308	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	9.1325	$462.20	APC	N
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	9.1325	$462.20	APC	N
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	9.1325	$462.20	APC	N
45317	T	PROCTOSIGMOIDOSCOPY BLEED	00147	9.1325	$462.20	APC	N
45320	T	PROCTOSIGMOIDOSCOPY ABLATE	00428	23.6827	$1,198.58	APC	N
45321	T	PROCTOSIGMOIDOSCOPY VOLVUL	00428	23.6827	$1,198.58	APC	
45327	T	PROCTOSIGMOIDOSCOPY W/STENT	00384	25.7008	$1,300.72	APC	N
45330	T	DIAGNOSTIC SIGMOIDOSCOPY	00146	5.6133	$284.09	APC	N
45331	T	SIGMOIDOSCOPY AND BIOPSY	00146	5.6133	$284.09	APC	N
45332	T	SIGMOIDOSCOPY W/FB REMOVAL	00146	5.6133	$284.09	APC	N
45333	T	SIGMOIDOSCOPY & POLYPECTOMY	00147	9.1325	$462.20	APC	N
45334	T	SIGMOIDOSCOPY FOR BLEEDING	00147	9.1325	$462.20	APC	N
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ	00146	5.6133	$284.09	APC	
45337	T	SIGMOIDOSCOPY & DECOMPRESS	00146	5.6133	$284.09	APC	N
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE	00147	9.1325	$462.20	APC	N
45339	T	SIGMOIDOSCOPY W/ABLATE TUMR	00147	9.1325	$462.20	APC	N
45340	T	SIG W/BALLOON DILATION	00147	9.1325	$462.20	APC	
45341	T	SIGMOIDOSCOPY W/ULTRASOUND	00147	9.1325	$462.20	APC	N
45342	T	SIGMOIDOSCOPY W/US GUIDE BX	00147	9.1325	$462.20	APC	N

45345	T	SIGMOIDOSCOPY W/STENT	00384	25.7008	$1,300.72	APC	N
45355	T	SURGICAL COLONOSCOPY	00143	8.9884	$454.90	APC	N
45378	T	DIAGNOSTIC COLONOSCOPY	00143	8.9884	$454.90	APC	N
45379	T	COLONOSCOPY W/FB REMOVAL	00143	8.9884	$454.90	APC	N
45380	T	COLONOSCOPY AND BIOPSY	00143	8.9884	$454.90	APC	N
45381	T	COLONOSCOPY SUBMUCOUS INJ	00143	8.9884	$454.90	APC	
45382	T	COLONOSCOPY/CONTROL BLEEDING	00143	8.9884	$454.90	APC	N
45383	T	LESION REMOVAL COLONOSCOPY	00143	8.9884	$454.90	APC	
45384	T	LESION REMOVE COLONOSCOPY	00143	8.9884	$454.90	APC	N
45385	T	LESION REMOVAL COLONOSCOPY	00143	8.9884	$454.90	APC	N
45386	T	COLONOSCOPY DILATE STRICTURE	00143	8.9884	$454.90	APC	N
45387	T	COLONOSCOPY W/STENT	00384	25.7008	$1,300.72	APC	N
45391	T	COLONOSCOPY W/ENDOSCOPE US	00143	8.9884	$454.90	APC	
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB	00143	8.9884	$454.90	APC	
45395	C	LAP REMOVAL OF RECTUM			$0.00	Not Allowed	
45397	C	LAP REMOVE RECTUM W/POUCH			$0.00	Not Allowed	
45400	C	LAPAROSCOPIC PROCTOPEXY			$0.00	Not Allowed	
45402	C	LAP PROCTOPEXY W/SIG RESECT			$0.00	Not Allowed	
45499	T	LAPAROSCOPE PROC RECTUM	00130	37.8887	$1,917.55	APC	
45500	T	REPAIR OF RECTUM	00149	23.1877	$1,173.53	APC	N
45505	T	REPAIR OF RECTUM	00150	31.0398	$1,570.92	APC	N
45520	T	TREATMENT OF RECTAL PROLAPSE	00013	0.8281	$41.91	APC	N
45540	C	CORRECT RECTAL PROLAPSE			$0.00	Inpatient Only	N
45541	T	CORRECT RECTAL PROLAPSE	00150	31.0398	$1,570.92	APC	N
45550	C	REPAIR RECTUM/REMOVE SIGMOID			$0.00	Inpatient Only	N
45560	T	REPAIR OF RECTOCELE	00150	31.0398	$1,570.92	APC	N
45562	C	EXPLORATION/REPAIR OF RECTUM			$0.00	Inpatient Only	N
45563	C	EXPLORATION/REPAIR OF RECTUM			$0.00	Inpatient Only	N
45800	C	REPAIR RECT/BLADDER FISTULA			$0.00	Inpatient Only	N
45805	C	REPAIR FISTULA W/COLOSTOMY			$0.00	Inpatient Only	N
45820	C	REPAIR RECTOURETHRAL FISTULA			$0.00	Inpatient Only	N
45825	C	REPAIR FISTULA W/COLOSTOMY			$0.00	Inpatient Only	N
45900	T	REDUCTION OF RECTAL PROLAPSE	00148	5.8523	$296.18	APC	N
45905	T	DILATION OF ANAL SPHINCTER	00149	23.1877	$1,173.53	APC	N
45910	T	DILATION OF RECTAL NARROWING	00149	23.1877	$1,173.53	APC	N
45915	T	REMOVE RECTAL OBSTRUCTION	00155	12.2139	$618.15	APC	N
45990	T	SURG DX EXAM ANORECTAL	00149	23.1877	$1,173.53	APC	
45999	T	RECTUM SURGERY PROCEDURE	00148	5.8523	$296.18	APC	N
46020	T	PLACEMENT OF SETON	00149	23.1877	$1,173.53	APC	
46030	T	REMOVAL OF RECTAL MARKER	00148	5.8523	$296.18	APC	N
46040	T	INCISION OF RECTAL ABSCESS	00149	23.1877	$1,173.53	APC	N
46045	T	INCISION OF RECTAL ABSCESS	00149	23.1877	$1,173.53	APC	N
46050	T	INCISION OF ANAL ABSCESS	00155	12.2139	$618.15	APC	N
46060	T	INCISION OF RECTAL ABSCESS	00149	23.1877	$1,173.53	APC	N
46070	T	INCISION OF ANAL SEPTUM	00155	12.2139	$618.15	APC	N
46080	T	INCISION OF ANAL SPHINCTER	00149	23.1877	$1,173.53	APC	N
46083	T	INCISE EXTERNAL HEMORRHOID	00164	1.8697	$94.63	APC	
46200	T	REMOVAL OF ANAL FISSURE	00149	23.1877	$1,173.53	APC	N
46210	T	REMOVAL OF ANAL CRYPT	00149	23.1877	$1,173.53	APC	N
46211	T	REMOVAL OF ANAL CRYPTS	00149	23.1877	$1,173.53	APC	N
46220	T	REMOVAL OF ANAL TAG	00149	23.1877	$1,173.53	APC	N
46221	T	LIGATION OF HEMORRHOID(S)	00148	5.8523	$296.18	APC	N
46230	T	REMOVAL OF ANAL TAGS	00149	23.1877	$1,173.53	APC	N
46250	T	HEMORRHOIDECTOMY	00149	23.1877	$1,173.53	APC	N
46255	T	HEMORRHOIDECTOMY	00149	23.1877	$1,173.53	APC	N
46257	T	REMOVE HEMORRHOIDS & FISSURE	00149	23.1877	$1,173.53	APC	N
46258	T	REMOVE HEMORRHOIDS & FISTULA	00149	23.1877	$1,173.53	APC	N
46260	T	HEMORRHOIDECTOMY	00149	23.1877	$1,173.53	APC	N
46261	T	REMOVE HEMORRHOIDS & FISSURE	00149	23.1877	$1,173.53	APC	N
46262	T	REMOVE HEMORRHOIDS & FISTULA	00149	23.1877	$1,173.53	APC	N
46270	T	REMOVAL OF ANAL FISTULA	00149	23.1877	$1,173.53	APC	N
46275	T	REMOVAL OF ANAL FISTULA	00149	23.1877	$1,173.53	APC	N
46280	T	REMOVAL OF ANAL FISTULA	00149	23.1877	$1,173.53	APC	N
46285	T	REMOVAL OF ANAL FISTULA	00149	23.1877	$1,173.53	APC	N
46288	T	REPAIR ANAL FISTULA	00149	23.1877	$1,173.53	APC	N
46320	T	REMOVAL OF HEMORRHOID CLOT	00149	23.1877	$1,173.53	APC	N
46500	T	INJECTION INTO HEMORRHOID(S)	00155	12.2139	$618.15	APC	N
46505	T	CHEMODENERVATION ANAL MUSC	00155	12.2139	$618.15	APC	
46600	X	DIAGNOSTIC ANOSCOPY	00340	0.6462	$32.70	APC	N
46604	T	ANOSCOPY AND DILATION	00147	9.1325	$462.20	APC	N
46606	T	ANOSCOPY AND BIOPSY	00146	5.6133	$284.09	APC	N

46608	T	ANOSCOPY REMOVE FOR BODY	00147	9.1325	$462.20	APC	N
46610	T	ANOSCOPY REMOVE LESION	00428	23.6827	$1,198.58	APC	N
46611	T	ANOSCOPY	00147	9.1325	$462.20	APC	N
46612	T	ANOSCOPY REMOVE LESIONS	00428	23.6827	$1,198.58	APC	N
46614	T	ANOSCOPY CONTROL BLEEDING	00146	5.6133	$284.09	APC	N
46615	T	ANOSCOPY	00428	23.6827	$1,198.58	APC	N
46700	T	REPAIR OF ANAL STRICTURE	00149	23.1877	$1,173.53	APC	N
46705	C	REPAIR OF ANAL STRICTURE			$0.00	Inpatient Only	N
46706	T	REPR OF ANAL FISTULA W/GLUE	00150	31.0398	$1,570.92	APC	
46710	C	REPR PER/VAG POUCH SNGL PROC			$0.00	Not Allowed	
46712	C	REPR PER/VAG POUCH DBL PROC			$0.00	Not Allowed	
46715	C	REPAIR OF ANOVAGINAL FISTULA			$0.00	Inpatient Only	N
46716	C	REPAIR OF ANOVAGINAL FISTULA			$0.00	Inpatient Only	N
46730	C	CONSTRUCTION OF ABSENT ANUS			$0.00	Inpatient Only	N
46735	C	CONSTRUCTION OF ABSENT ANUS			$0.00	Inpatient Only	N
46740	C	CONSTRUCTION OF ABSENT ANUS			$0.00	Inpatient Only	N
46742	C	REPAIR OF IMPERFORATED ANUS			$0.00	Inpatient Only	N
46744	C	REPAIR OF CLOACAL ANOMALY			$0.00	Inpatient Only	N
46746	C	REPAIR OF CLOACAL ANOMALY			$0.00	Inpatient Only	N
46748	C	REPAIR OF CLOACAL ANOMALY			$0.00	Inpatient Only	N
46750	T	REPAIR OF ANAL SPHINCTER	00150	31.0398	$1,570.92	APC	N
46751	C	REPAIR OF ANAL SPHINCTER			$0.00	Inpatient Only	N
46753	T	RECONSTRUCTION OF ANUS	00149	23.1877	$1,173.53	APC	N
46754	T	REMOVAL OF SUTURE FROM ANUS	00149	23.1877	$1,173.53	APC	N
46760	T	REPAIR OF ANAL SPHINCTER	00150	31.0398	$1,570.92	APC	N
46761	T	REPAIR OF ANAL SPHINCTER	00150	31.0398	$1,570.92	APC	N
46762	T	IMPLANT ARTIFICIAL SPHINCTER	00150	31.0398	$1,570.92	APC	N
46900	T	DESTRUCTION, ANAL LESION(S)	00016	2.7288	$138.10	APC	N
46910	T	DESTRUCTION, ANAL LESION(S)	00017	20.2578	$1,025.25	APC	N
46916	T	CRYOSURGERY, ANAL LESION(S)	00015	1.5170	$76.78	APC	
46917	T	LASER SURGERY ANAL LESIONS	00017	20.2578	$1,025.25	APC	
46922	T	EXCISION OF ANAL LESION(S)	00017	20.2578	$1,025.25	APC	
46924	T	DESTRUCTION, ANAL LESION(S)	00017	20.2578	$1,025.25	APC	
46930	T	DESTROY INTERNAL HEMORRHOIDS	00148	5.8523	$296.18	APC	
46937	T	CRYOTHERAPY OF RECTAL LESION	00149	23.1877	$1,173.53	APC	N
46938	T	CRYOTHERAPY OF RECTAL LESION	00150	31.0398	$1,570.92	APC	N
46940	T	TREATMENT OF ANAL FISSURE	00149	23.1877	$1,173.53	APC	N
46942	T	TREATMENT OF ANAL FISSURE	00148	5.8523	$296.18	APC	N
46945	T	LIGATION OF HEMORRHOIDS	00155	12.2139	$618.15	APC	N
46946	T	LIGATION OF HEMORRHOIDS	00155	12.2139	$618.15	APC	N
46947	T	HEMORRHOIDOPEXY BY STAPLING	00150	31.0398	$1,570.92	APC	
46999	T	ANUS SURGERY PROCEDURE	00148	5.8523	$296.18	APC	N
47000	T	NEEDLE BIOPSY OF LIVER	00685	9.5785	$484.77	APC	N
47001	N	NEEDLE BIOPSY, LIVER ADD-ON			$0.00	Bundled	N
47010	C	OPEN DRAINAGE, LIVER LESION			$0.00	Inpatient Only	N
47011	T	PERCUT DRAIN, LIVER LESION	00037	13.5176	$684.13	APC	N
47015	C	INJECT/ASPIRATE LIVER CYST			$0.00	Inpatient Only	N
47100	C	WEDGE BIOPSY OF LIVER			$0.00	Inpatient Only	N
47120	C	PARTIAL REMOVAL OF LIVER			$0.00	Inpatient Only	N
47122	C	EXTENSIVE REMOVAL OF LIVER			$0.00	Inpatient Only	N
47125	C	PARTIAL REMOVAL OF LIVER			$0.00	Inpatient Only	N
47130	C	PARTIAL REMOVAL OF LIVER			$0.00	Inpatient Only	N
47133	C	REMOVAL OF DONOR LIVER			$0.00	Inpatient Only	Y
47135	C	TRANSPLANTATION OF LIVER			$0.00	Not Allowed	Y
47136	C	TRANSPLANTATION OF LIVER			$0.00	Not Allowed	Y
47140	C	PARTIAL REMOVAL DONOR LIVER			$0.00	Inpatient Only	Y
47141	C	PARTIAL REMOVAL DONOR LIVER			$0.00	Inpatient Only	Y
47142	C	PARTIAL REMOVAL DONOR LIVER			$0.00	Inpatient Only	Y
47143	C	PREP DONOR LIVER WHOLE			$0.00	Inpatient Only	Y
47144	C	PREP DONOR LIVER 3-SEGMENT			$0.00	Inpatient Only	Y
47145	C	PREP DONOR LIVER LOBE SPLIT			$0.00	Inpatient Only	Y
47146	C	PREP DONOR LIVER/VENOUS			$0.00	Inpatient Only	Y
47147	C	PREP DONOR LIVER/ARTERIAL			$0.00	Inpatient Only	Y
47300	C	SURGERY FOR LIVER LESION			$0.00	Not Allowed	N
47350	C	REPAIR LIVER WOUND			$0.00	Not Allowed	N
47360	C	REPAIR LIVER WOUND			$0.00	Inpatient Only	N
47361	C	REPAIR LIVER WOUND			$0.00	Inpatient Only	N
47362	C	REPAIR LIVER WOUND			$0.00	Inpatient Only	N
47370	T	LAPARO ABLATE LIVER TUMOR RF	00174	119.7237	$6,059.22	APC	
47371	T	LAPARO ABLATE LIVER CRYOSURG	00131	46.3238	$2,344.45	APC	N
47379	T	LAPAROSCOPE PROCEDURE, LIVER	00130	37.8887	$1,917.55	APC	N

47380	C	OPEN ABLATE LIVER TUMOR RF			$0.00	Inpatient Only	
47381	C	OPEN ABLATE LIVER TUMOR CRYO			$0.00	Inpatient Only	N
47382	T	PERCUT ABLATE LIVER RF	00423	46.5013	$2,353.43	APC	
47399	T	LIVER SURGERY PROCEDURE	00004	4.4727	$226.36	APC	N
47400	C	INCISION OF LIVER DUCT			$0.00	Inpatient Only	N
47420	C	INCISION OF BILE DUCT			$0.00	Inpatient Only	N
47425	C	INCISION OF BILE DUCT			$0.00	Inpatient Only	N
47460	C	INCISE BILE DUCT SPHINCTER			$0.00	Inpatient Only	N
47480	C	INCISION OF GALLBLADDER			$0.00	Inpatient Only	N
47490	T	INCISION OF GALLBLADDER	00152	30.4122	$1,539.16	APC	N
47500	N	INJECTION FOR LIVER X-RAYS			$0.00	Bundled	N
47505	N	INJECTION FOR LIVER X-RAYS			$0.00	Bundled	N
47510	T	INSERT CATHETER, BILE DUCT	00152	30.4122	$1,539.16	APC	
47511	T	INSERT BILE DUCT DRAIN	00152	30.4122	$1,539.16	APC	N
47525	T	CHANGE BILE DUCT CATHETER	00427	15.5994	$789.49	APC	N
47530	T	REVISE/REINSERT BILE TUBE	00427	15.5994	$789.49	APC	N
47550	C	BILE DUCT ENDOSCOPY ADD-ON			$0.00	Inpatient Only	
47552	T	BILIARY ENDOSCOPY THRU SKIN	00152	30.4122	$1,539.16	APC	
47553	T	BILIARY ENDOSCOPY THRU SKIN	00152	30.4122	$1,539.16	APC	
47554	T	BILIARY ENDOSCOPY THRU SKIN	00152	30.4122	$1,539.16	APC	
47555	T	BILIARY ENDOSCOPY THRU SKIN	00152	30.4122	$1,539.16	APC	
47556	T	BILIARY ENDOSCOPY THRU SKIN	00152	30.4122	$1,539.16	APC	N
47560	T	LAPAROSCOPY W/CHOLANGIO	00130	37.8887	$1,917.55	APC	N
47561	T	LAPARO W/CHOLANGIO/BIOPSY	00130	37.8887	$1,917.55	APC	N
47562	T	LAPAROSCOPIC CHOLECYSTECTOMY	00131	46.3238	$2,344.45	APC	N
47563	T	LAPARO CHOLECYSTECTOMY/GRAPH	00131	46.3238	$2,344.45	APC	N
47564	T	LAPARO CHOLECYSTECTOMY/EXPLR	00131	46.3238	$2,344.45	APC	N
47570	C	LAPARO CHOLECYSTOENTEROSTOMY			$0.00	Inpatient Only	N
47579	T	LAPAROSCOPE PROC, BILIARY	00130	37.8887	$1,917.55	APC	N
47600	C	REMOVAL OF GALLBLADDER			$0.00	Inpatient Only	N
47605	C	REMOVAL OF GALLBLADDER			$0.00	Inpatient Only	N
47610	C	REMOVAL OF GALLBLADDER			$0.00	Inpatient Only	N
47612	C	REMOVAL OF GALLBLADDER			$0.00	Inpatient Only	N
47620	C	REMOVAL OF GALLBLADDER			$0.00	Inpatient Only	N
47630	T	REMOVE BILE DUCT STONE	00152	30.4122	$1,539.16	APC	N
47700	C	EXPLORATION OF BILE DUCTS			$0.00	Inpatient Only	N
47701	C	BILE DUCT REVISION			$0.00	Inpatient Only	N
47711	C	EXCISION OF BILE DUCT TUMOR			$0.00	Inpatient Only	N
47712	C	EXCISION OF BILE DUCT TUMOR			$0.00	Inpatient Only	N
47715	C	EXCISION OF BILE DUCT CYST			$0.00	Inpatient Only	N
47720	C	FUSE GALLBLADDER & BOWEL			$0.00	Inpatient Only	N
47721	C	FUSE UPPER GI STRUCTURES			$0.00	Inpatient Only	N
47740	C	FUSE GALLBLADDER & BOWEL			$0.00	Inpatient Only	N
47741	C	FUSE GALLBLADDER & BOWEL			$0.00	Inpatient Only	N
47760	C	FUSE BILE DUCTS AND BOWEL			$0.00	Inpatient Only	N
47765	C	FUSE LIVER DUCTS & BOWEL			$0.00	Inpatient Only	N
47780	C	FUSE BILE DUCTS AND BOWEL			$0.00	Inpatient Only	N
47785	C	FUSE BILE DUCTS AND BOWEL			$0.00	Inpatient Only	N
47800	C	RECONSTRUCTION OF BILE DUCTS			$0.00	Inpatient Only	N
47801	C	PLACEMENT, BILE DUCT SUPPORT			$0.00	Inpatient Only	N
47802	C	FUSE LIVER DUCT & INTESTINE			$0.00	Inpatient Only	N
47900	C	SUTURE BILE DUCT INJURY			$0.00	Inpatient Only	N
47999	T	BILE TRACT SURGERY PROCEDURE	00152	30.4122	$1,539.16	APC	N
48000	C	DRAINAGE OF ABDOMEN			$0.00	Inpatient Only	N
48001	C	PLACEMENT OF DRAIN, PANCREAS			$0.00	Inpatient Only	N
48020	C	REMOVAL OF PANCREATIC STONE			$0.00	Inpatient Only	N
48100	C	BIOPSY OF PANCREAS, OPEN			$0.00	Inpatient Only	N
48102	T	NEEDLE BIOPSY, PANCREAS	00685	9.5785	$484.77	APC	N
48105	C	RESECT/DEBRIDE PANCREAS			$0.00	Inpatient Only	
48120	C	REMOVAL OF PANCREAS LESION			$0.00	Inpatient Only	N
48140	C	PARTIAL REMOVAL OF PANCREAS			$0.00	Inpatient Only	N
48145	C	PARTIAL REMOVAL OF PANCREAS			$0.00	Inpatient Only	N
48146	C	PANCREATECTOMY			$0.00	Inpatient Only	N
48148	C	REMOVAL OF PANCREATIC DUCT			$0.00	Inpatient Only	N
48150	C	PARTIAL REMOVAL OF PANCREAS			$0.00	Inpatient Only	N
48152	C	PANCREATECTOMY			$0.00	Inpatient Only	N
48153	C	PANCREATECTOMY			$0.00	Inpatient Only	N
48154	C	PANCREATECTOMY			$0.00	Inpatient Only	N
48155	C	REMOVAL OF PANCREAS			$0.00	Inpatient Only	N
48160	E	PANCREAS REMOVAL/TRANSPLANT			$0.00	Not Allowed	Y
48400	C	INJECTION, INTRAOP ADD-ON			$0.00	Inpatient Only	N

48500	C	SURGERY OF PANCREATIC CYST			$0.00	Inpatient Only	N
48510	C	DRAIN PANCREATIC PSEUDOCYST			$0.00	Inpatient Only	N
48511	T	DRAIN PANCREATIC PSEUDOCYST	00037	13.5176	$684.13	APC	N
48520	C	FUSE PANCREAS CYST AND BOWEL			$0.00	Inpatient Only	N
48540	C	FUSE PANCREAS CYST AND BOWEL			$0.00	Inpatient Only	N
48545	C	PANCREATORRHAPHY			$0.00	Inpatient Only	N
48547	C	DUODENAL EXCLUSION			$0.00	Inpatient Only	N
48548	C	FUSE PANCREAS AND BOWEL			$0.00	Inpatient Only	
48550	E	DONOR PANCREATECTOMY			$0.00	Not Allowed	Y
48551	C	PREP DONOR PANCREAS			$0.00	Inpatient Only	Y
48552	C	PREP DONOR PANCREAS/VENOUS			$0.00	Inpatient Only	Y
48554	C	TRANSPL ALLOGRAFT PANCREAS			$0.00	Not Allowed	Y
48556	C	REMOVAL, ALLOGRAFT PANCREAS			$0.00	Inpatient Only	Y
48999	T	PANCREAS SURGERY PROCEDURE	00004	4.4727	$226.36	APC	N
49000	C	EXPLORATION OF ABDOMEN			$0.00	Inpatient Only	N
49002	C	REOPENING OF ABDOMEN			$0.00	Inpatient Only	N
49010	C	EXPLORATION BEHIND ABDOMEN			$0.00	Inpatient Only	N
49020	C	DRAIN ABDOMINAL ABSCESS			$0.00	Inpatient Only	N
49021	T	DRAIN ABDOMINAL ABSCESS	00037	13.5176	$684.13	APC	N
49040	C	DRAIN, OPEN, ABDOM ABSCESS			$0.00	Inpatient Only	N
49041	T	DRAIN, PERCUT, ABDOM ABSCESS	00037	13.5176	$684.13	APC	N
49060	C	DRAIN, OPEN, RETROP ABSCESS			$0.00	Inpatient Only	N
49061	T	DRAIN, PERCUT, RETROPER ABSC	00037	13.5176	$684.13	APC	N
49062	C	DRAIN TO PERITONEAL CAVITY			$0.00	Inpatient Only	N
49080	T	PUNCTURE, PERITONEAL CAVITY	00070	5.3343	$269.97	APC	N
49081	T	REMOVAL OF ABDOMINAL FLUID	00070	5.3343	$269.97	APC	N
49180	T	BIOPSY, ABDOMINAL MASS	00685	9.5785	$484.77	APC	N
49203	C	EXC ABD TUM 5 CM OR LESS			$0.00	Inpatient Only	
49204	C	EXC ABD TUM OVER 5 CM			$0.00	Inpatient Only	
49205	C	EXC ABD TUM OVER 10 CM			$0.00	Inpatient Only	
49215	C	EXCISE SACRAL SPINE TUMOR			$0.00	Inpatient Only	N
49220	C	MULTIPLE SURGERY, ABDOMEN			$0.00	Inpatient Only	N
49250	T	EXCISION OF UMBILICUS	00153	23.4113	$1,184.85	APC	N
49255	C	REMOVAL OF OMENTUM			$0.00	Inpatient Only	N
49320	T	DIAG LAPARO SEPARATE PROC	00130	37.8887	$1,917.55	APC	N
49321	T	LAPAROSCOPY, BIOPSY	00130	37.8887	$1,917.55	APC	N
49322	T	LAPAROSCOPY, ASPIRATION	00130	37.8887	$1,917.55	APC	N
49323	T	LAPARO DRAIN LYMPHOCELE	00130	37.8887	$1,917.55	APC	N
49324	T	LAP INSERTION PERM IP CATH	00130	37.8887	$1,917.55	APC	
49325	T	LAP REVISION PERM IP CATH	00130	37.8887	$1,917.55	APC	
49326	T	LAP W/OMENTOPEXY ADD-ON	00130	37.8887	$1,917.55	APC	
49329	T	LAPARO PROC, ABDM/PER/OMENT	00130	37.8887	$1,917.55	APC	N
49400	N	AIR INJECTION INTO ABDOMEN			$0.00	Bundled	N
49402	T	REMOVE FOREIGN BODY, ADBOMEN	00153	23.4113	$1,184.85	APC	
49419	T	INSRT ABDOM CATH FOR CHEMOTX	00115	32.9660	$1,668.41	APC	
49420	T	INSERT ABDOM DRAIN TEMP	00652	29.8670	$1,511.57	APC	N
49421	T	INSERT ABDOM DRAIN PERM	00652	29.8670	$1,511.57	APC	N
49422	T	REMOVE PERM CANNULA/CATHETER	00105	22.1272	$1,119.86	APC	N
49423	T	EXCHANGE DRAINAGE CATHETER	00427	15.5994	$789.49	APC	N
49424	N	ASSESS CYST, CONTRAST INJECT			$0.00	Bundled	N
49425	C	INSERT ABDOMEN-VENOUS DRAIN			$0.00	Inpatient Only	N
49426	T	REVISE ABDOMEN-VENOUS SHUNT	00153	23.4113	$1,184.85	APC	N
49427	N	INJECTION, ABDOMINAL SHUNT			$0.00	Bundled	N
49428	C	LIGATION OF SHUNT			$0.00	Inpatient Only	N
49429	T	REMOVAL OF SHUNT	00105	22.1272	$1,119.86	APC	N
49435	T	INSERT SUBQ EXTEN TO IP CATH	00427	15.5994	$789.49	APC	
49436	T	EMBEDDED IP CATH EXIT-SITE	00427	15.5994	$789.49	APC	
49440	T	PLACE GASTROSTOMY TUBE PERC	00141	8.6526	$437.91	APC	
49441	T	PLACE DUOD/JEJ TUBE PERC	00141	8.6526	$437.91	APC	
49442	T	PLACE CECOSTOMY TUBE PERC	00155	12.2139	$618.15	APC	
49446	T	CHANGE G-TUBE TO G-J PERC	00141	8.6526	$437.91	APC	
49450	T	REPLACE G/C TUBE PERC	00121	4.5958	$232.59	APC	
49451	T	REPLACE DUOD/JEJ TUBE PERC	00121	4.5958	$232.59	APC	
49452	T	REPLACE G-J TUBE PERC	00121	4.5958	$232.59	APC	
49460	T	FIX G/COLON TUBE W/DEVICE	00121	4.5958	$232.59	APC	
49465	N	FLUORO EXAM OF G/COLON TUBE	00276	1.3298	$67.30	Bundled, may be payable in some circumstances	
49491	T	RPR HERN PREEMIE REDUC	00154	31.6628	$1,602.45	APC	
49492	T	RPR ING HERN PREMIE, BLOCKED	00154	31.6628	$1,602.45	APC	N
49495	T	RPR ING HERNIA BABY REDUC	00154	31.6628	$1,602.45	APC	N
49496	T	RPR ING HERNIA BABY BLOCKED	00154	31.6628	$1,602.45	APC	N
49500	T	2PR ING HERNIA INIT REDUCE	00154	31.6628	$1,602.45	APC	N

49501	T	RPR ING HERNIA INIT BLOCKED	00154	31.6628	$1,602.45	APC	N
49505	T	PRP I/HERN INIT REDUC>5 YR	00154	31.6628	$1,602.45	APC	N
49507	T	PRP I/HERN INIT BLOCK>5 YR	00154	31.6628	$1,602.45	APC	N
49520	T	REREPAIR ING HERNIA, REDUCE	00154	31.6628	$1,602.45	APC	N
49521	T	REREPAIR ING HERNIA BLOCKED	00154	31.6628	$1,602.45	APC	N
49525	T	REPAIR ING HERNIA, SLIDING	00154	31.6628	$1,602.45	APC	N
49540	T	REPAIR LUMBAR HERNIA	00154	31.6628	$1,602.45	APC	N
49550	T	RPR REM HERNIA INIT REDUCE	00154	31.6628	$1,602.45	APC	N
49553	T	RPR FEM HERNIA INIT BLOCKED	00154	31.6628	$1,602.45	APC	N
49555	T	REREPAIR FEM HERNIA, REDUCE	00154	31.6628	$1,602.45	APC	N
49557	T	REREPAIR FEM HERNIA BLOCKED	00154	31.6628	$1,602.45	APC	N
49560	T	RPR VENTRAL HERN INIT, REDUC	00154	31.6628	$1,602.45	APC	N
49561	T	RPR VENTRAL HERN INIT BLOCK	00154	31.6628	$1,602.45	APC	N
49565	T	REREPAIR VENTRL HERN, REDUCE	00154	31.6628	$1,602.45	APC	N
49566	T	REREPAIR VENTRL HERN BLOCK	00154	31.6628	$1,602.45	APC	N
49568	T	HERNIA REPAIR W/MESH	00154	31.6628	$1,602.45	APC	N
49570	T	RPR EPIGASTRIC HERN, REDUCE	00154	31.6628	$1,602.45	APC	N
49572	T	RPR EPIGASTRIC HERN BLOCKED	00154	31.6628	$1,602.45	APC	N
49580	T	RPR UMBIL HERN REDUC < 5 YR	00154	31.6628	$1,602.45	APC	N
49582	T	RPR UMBIL HERN BLOCK < 5 YR	00154	31.6628	$1,602.45	APC	N
49585	T	RPR UMBIL HERN, REDUC > 5 YR	00154	31.6628	$1,602.45	APC	N
49587	T	RPR UMBIL HERN BLOCK > 5 YR	00154	31.6628	$1,602.45	APC	N
49590	T	REPAIR SPIGELIAN HERNIA	00154	31.6628	$1,602.45	APC	N
49600	T	REPAIR UMBILICAL LESION	00154	31.6628	$1,602.45	APC	N
49605	C	REPAIR UMBILICAL LESION			$0.00	Inpatient Only	N
49606	C	REPAIR UMBILICAL LESION			$0.00	Inpatient Only	N
49610	C	REPAIR UMBILICAL LESION			$0.00	Inpatient Only	N
49611	C	REPAIR UMBILICAL LESION			$0.00	Inpatient Only	N
49650	T	LAPARO HERNIA REPAIR INITIAL	00131	46.3238	$2,344.45	APC	N
49651	T	LAPARO HERNIA REPAIR RECUR	00131	46.3238	$2,344.45	APC	N
49652	T	LAP VENT/ABD HERNIA REPAIR	00130	37.8887	$1,917.55	APC	
49653	T	LAP VENT/ABD HERN PROC COMP	00130	37.8887	$1,917.55	APC	
49654	T	LAP INC HERNIA REPAIR	00130	37.8887	$1,917.55	APC	
49655	T	LAP INC HERN REPAIR COMP	00130	37.8887	$1,917.55	APC	
49656	T	LAP INC HERNIA REPAIR RECUR	00130	37.8887	$1,917.55	APC	
49657	T	LAP INC HERN RECUR COMP	00130	37.8887	$1,917.55	APC	
49659	T	LAPARO PROC, HERNIA REPAIR	00130	37.8887	$1,917.55	APC	N
49900	C	REPAIR OF ABDOMINAL WALL			$0.00	Inpatient Only	N
49904	C	OMENTAL FLAP EXTRA-ABDOM			$0.00	Inpatient Only	
49905	C	OMENTAL FLAP INTRA-ABDOM			$0.00	Inpatient Only	N
49906	C	FREE OMENTAL FLAP, MICROVASC			$0.00	Inpatient Only	N
49999	T	ABDOMEN SURGERY PROCEDURE	00153	23.4113	$1,184.85	APC	N
50010	C	EXPLORATION OF KIDNEY			$0.00	Inpatient Only	N
50020	T	RENAL ABSCESS OPEN DRAIN	00162	25.5871	$1,294.96	APC	N
50021	T	RENAL ABSCESS, PERCUT DRAIN	00037	13.5176	$684.13	APC	N
50040	C	DRAINAGE OF KIDNEY			$0.00	Inpatient Only	N
50045	C	EXPLORATION OF KIDNEY			$0.00	Inpatient Only	N
50060	C	REMOVAL OF KIDNEY STONE			$0.00	Inpatient Only	N
50065	C	INCISION OF KIDNEY			$0.00	Inpatient Only	N
50070	C	INCISION OF KIDNEY			$0.00	Inpatient Only	N
50075	C	REMOVAL OF KIDNEY STONE			$0.00	Inpatient Only	N
50080	T	REMOVAL OF KIDNEY STONE	00429	45.8088	$2,318.38	APC	
50081	T	REMOVAL OF KIDNEY STONE	00429	45.8088	$2,318.38	APC	
50100	C	REVISE KIDNEY BLOOD VESSELS			$0.00	Inpatient Only	N
50120	C	EXPLORATION OF KIDNEY			$0.00	Inpatient Only	N
50125	C	EXPLORE AND DRAIN KIDNEY			$0.00	Inpatient Only	N
50130	C	REMOVAL OF KIDNEY STONE			$0.00	Inpatient Only	N
50135	C	EXPLORATION OF KIDNEY			$0.00	Inpatient Only	N
50200	T	BIOPSY OF KIDNEY	00685	9.5785	$484.77	APC	N
50205	C	BIOPSY OF KIDNEY			$0.00	Inpatient Only	N
50220	C	REMOVE KIDNEY, OPEN			$0.00	Inpatient Only	N
50225	C	REMOVAL KIDNEY OPEN, COMPLEX			$0.00	Inpatient Only	N
50230	C	REMOVAL KIDNEY OPEN, RADICAL			$0.00	Inpatient Only	N
50234	C	REMOVAL OF KIDNEY & URETER			$0.00	Inpatient Only	N
50236	C	REMOVAL OF KIDNEY & URETER			$0.00	Inpatient Only	N
50240	C	PARTIAL REMOVAL OF KIDNEY			$0.00	Inpatient Only	N
50250	C	CRYOABLATE RENAL MASS OPEN			$0.00	Not Allowed	
50280	C	REMOVAL OF KIDNEY LESION			$0.00	Inpatient Only	N
50290	C	REMOVAL OF KIDNEY LESION			$0.00	Inpatient Only	N
50300	C	REMOVAL OF DONOR KIDNEY			$0.00	Inpatient Only	Y
50320	C	REMOVAL OF DONOR KIDNEY			$0.00	Inpatient Only	Y

50323	C	PREP CADAVER RENAL ALLOGRAFT			$0.00	Inpatient Only	Y
50325	C	PREP DONOR RENAL GRAFT			$0.00	Inpatient Only	Y
50327	C	PREP RENAL GRAFT/VENOUS			$0.00	Inpatient Only	Y
50328	C	PREP RENAL GRAFT/ARTERIAL			$0.00	Inpatient Only	Y
50329	C	PREP RENAL GRAFT/URETERAL			$0.00	Inpatient Only	Y
50340	C	REMOVAL OF KIDNEY			$0.00	Inpatient Only	Y
50360	C	TRANSPLANTATION OF KIDNEY			$0.00	Inpatient Only	Y
50365	C	TRANSPLANTATION OF KIDNEY			$0.00	Inpatient Only	Y
50370	C	REMOVE TRANSPLANTED KIDNEY			$0.00	Inpatient Only	Y
50380	C	REIMPLANTATION OF KIDNEY			$0.00	Inpatient Only	Y
50382	T	CHANGE URETER STENT PERCUT	00162	25.5871	$1,294.96	APC	
50384	T	REMOVE URETER STENT PERCUT	00161	18.7931	$951.12	APC	
50385	T	CHANGE STENT VIA TRANSURETH	00161	18.7931	$951.12	APC	
50386	T	REMOVE STENT VIA TRANSURETH	00160	7.2104	$364.92	APC	
50387	T	CHANGE EXT/INT URETER STENT	00427	15.5994	$789.49	APC	
50389	T	REMOVE RENAL TUBE W/FLUORO	00160	7.2104	$364.92	APC	
50390	T	DRAINAGE OF KIDNEY LESION	00685	9.5785	$484.77	APC	N
50391	T	INSTLL RX AGNT INTO RNAL TUB	00126	1.0435	$52.81	APC	
50392	T	INSERT KIDNEY DRAIN	00161	18.7931	$951.12	APC	N
50393	T	INSERT URETERAL TUBE	00162	25.5871	$1,294.96	APC	N
50394	N	INJECTION FOR KIDNEY X-RAY			$0.00	Bundled	N
50395	T	CREATE PASSAGE TO KIDNEY	00161	18.7931	$951.12	APC	
50396	T	MEASURE KIDNEY PRESSURE	00164	1.8697	$94.63	APC	N
50398	T	CHANGE KIDNEY TUBE	00427	15.5994	$789.49	APC	N
50400	C	REVISION OF KIDNEY/URETER			$0.00	Inpatient Only	N
50405	C	REVISION OF KIDNEY/URETER			$0.00	Inpatient Only	N
50500	C	REPAIR OF KIDNEY WOUND			$0.00	Inpatient Only	N
50520	C	CLOSE KIDNEY-SKIN FISTULA			$0.00	Inpatient Only	N
50525	C	REPAIR RENAL-ABDOMEN FISTULA			$0.00	Inpatient Only	N
50526	C	REPAIR RENAL-ABDOMEN FISTULA			$0.00	Inpatient Only	N
50540	C	REVISION OF HORSESHOE KIDNEY			$0.00	Inpatient Only	N
50541	T	LAPARO ABLATE RENAL CYST	00130	37.8887	$1,917.55	APC	N
50542	T	LAPARO ABLATE RENAL MASS	00174	119.7237	$6,059.22	APC	
50543	T	LAPARO PARTIAL NEPHRECTOMY	00131	46.3238	$2,344.45	APC	
50544	T	LAPAROSCOPY, PYELOPLASTY	00130	37.8887	$1,917.55	APC	N
50545	C	LAPARO RADICAL NEPHRECTOMY			$0.00	Inpatient Only	N
50546	C	LAPAROSCOPIC NEPHRECTOMY			$0.00	Inpatient Only	N
50547	C	LAPARO REMOVAL DONOR KIDNEY			$0.00	Inpatient Only	Y
50548	C	LAPARO REMOVE W/ URETER			$0.00	Inpatient Only	N
50549	T	LAPAROSCOPE PROC, RENAL	00130	37.8887	$1,917.55	APC	N
50551	T	KIDNEY ENDOSCOPY	00160	7.2104	$364.92	APC	N
50553	T	KIDNEY ENDOSCOPY	00162	25.5871	$1,294.96	APC	N
50555	T	KIDNEY ENDOSCOPY & BIOPSY	00160	7.2104	$364.92	APC	N
50557	T	KIDNEY ENDOSCOPY & TREATMENT	00162	25.5871	$1,294.96	APC	N
50561	T	KIDNEY ENDOSCOPY & TREATMENT	00162	25.5871	$1,294.96	APC	N
50562	T	RENAL SCOPE W/TUMOR RESECT	00160	7.2104	$364.92	APC	
50570	T	KIDNEY ENDOSCOPY	00160	7.2104	$364.92	APC	N
50572	T	KIDNEY ENDOSCOPY	00160	7.2104	$364.92	APC	N
50574	T	KIDNEY ENDOSCOPY & BIOPSY	00160	7.2104	$364.92	APC	N
50575	T	KIDNEY ENDOSCOPY	00163	35.8662	$1,815.19	APC	N
50576	T	KIDNEY ENDOSCOPY & TREATMENT	00161	18.7931	$951.12	APC	N
50580	T	KIDNEY ENDOSCOPY & TREATMENT	00161	18.7931	$951.12	APC	N
50590	T	FRAGMENTING OF KIDNEY STONE	00169	41.8999	$2,120.55	APC	N
50592	T	PERC RF ABLATE RENAL TUMOR	00423	46.5013	$2,353.43	APC	
50593	T	PERC CRYO ABLATE RENAL TUM	00423	46.5013	$2,353.43	APC	
50600	C	EXPLORATION OF URETER			$0.00	Inpatient Only	N
50605	C	INSERT URETERAL SUPPORT			$0.00	Inpatient Only	
50610	C	REMOVAL OF URETER STONE			$0.00	Inpatient Only	N
50620	C	REMOVAL OF URETER STONE			$0.00	Inpatient Only	N
50630	C	REMOVAL OF URETER STONE			$0.00	Inpatient Only	N
50650	C	REMOVAL OF URETER			$0.00	Inpatient Only	N
50660	C	REMOVAL OF URETER			$0.00	Inpatient Only	N
50684	N	INJECTION FOR URETER X-RAY			$0.00	Bundled	N
50686	T	MEASURE URETER PRESSURE	00126	1.0435	$52.81	APC	N
50688	T	CHANGE OF URETER TUBE/STENT	00427	15.5994	$789.49	APC	N
50690	N	INJECTION FOR URETER X-RAY			$0.00	Bundled	N
50700	C	REVISION OF URETER			$0.00	Inpatient Only	N
50715	C	RELEASE OF URETER			$0.00	Inpatient Only	N
50722	C	RELEASE OF URETER			$0.00	Inpatient Only	N
50725	C	RELEASE/REVISE URETER			$0.00	Inpatient Only	N
50727	T	REVISE URETER	00165	20.0346	$1,013.95	APC	N

50728	C	REVISE URETER			$0.00	Inpatient Only	N
50740	C	FUSION OF URETER & KIDNEY			$0.00	Inpatient Only	N
50750	C	FUSION OF URETER & KIDNEY			$0.00	Inpatient Only	N
50760	C	FUSION OF URETERS			$0.00	Inpatient Only	N
50770	C	SPLICING OF URETERS			$0.00	Inpatient Only	N
50780	C	REIMPLANT URETER IN BLADDER			$0.00	Inpatient Only	N
50782	C	REIMPLANT URETER IN BLADDER			$0.00	Inpatient Only	N
50783	C	REIMPLANT URETER IN BLADDER			$0.00	Inpatient Only	N
50785	C	REIMPLANT URETER IN BLADDER			$0.00	Inpatient Only	N
50800	C	IMPLANT URETER IN BOWEL			$0.00	Inpatient Only	N
50810	C	FUSION OF URETER & BOWEL			$0.00	Inpatient Only	N
50815	C	URINE SHUNT TO INTESTINE			$0.00	Inpatient Only	
50820	C	CONSTRUCT BOWEL BLADDER			$0.00	Inpatient Only	N
50825	C	CONSTRUCT BOWEL BLADDER			$0.00	Inpatient Only	N
50830	C	REVISE URINE FLOW			$0.00	Inpatient Only	N
50840	C	REPLACE URETER BY BOWEL			$0.00	Inpatient Only	N
50845	C	APPENDICO-VESICOSTOMY			$0.00	Inpatient Only	N
50860	C	TRANSPLANT URETER TO SKIN			$0.00	Inpatient Only	N
50900	C	REPAIR OF URETER			$0.00	Inpatient Only	N
50920	C	CLOSURE URETER/SKIN FISTULA			$0.00	Inpatient Only	N
50930	C	CLOSURE URETER/BOWEL FISTULA			$0.00	Inpatient Only	N
50940	C	RELEASE OF URETER			$0.00	Inpatient Only	N
50945	T	LAPAROSCOPY URETEROLITHOTOMY	00131	46.3238	$2,344.45	APC	N
50947	T	LAPARO NEW URETER/BLADDER	00131	46.3238	$2,344.45	APC	N
50948	T	LAPARO NEW URETER/BLADDER	00131	46.3238	$2,344.45	APC	N
50949	T	LAPAROSCOPE PROC, URETER	00130	37.8887	$1,917.55	APC	N
50951	T	ENDOSCOPY OF URETER	00160	7.2104	$364.92	APC	N
50953	T	ENDOSCOPY OF URETER	00160	7.2104	$364.92	APC	N
50955	T	URETER ENDOSCOPY & BIOPSY	00162	25.5871	$1,294.96	APC	N
50957	T	URETER ENDOSCOPY & TREATMENT	00162	25.5871	$1,294.96	APC	N
50961	T	URETER ENDOSCOPY & TREATMENT	00162	25.5871	$1,294.96	APC	N
50970	T	URETER ENDOSCOPY	00160	7.2104	$364.92	APC	N
50972	T	URETER ENDOSCOPY & CATHETER	00160	7.2104	$364.92	APC	N
50974	T	URETER ENDOSCOPY & BIOPSY	00161	18.7931	$951.12	APC	N
50976	T	URETER ENDOSCOPY & TREATMENT	00161	18.7931	$951.12	APC	N
50980	T	URETER ENDOSCOPY & TREATMENT	00162	25.5871	$1,294.96	APC	N
51020	T	INCISE & TREAT BLADDER	00162	25.5871	$1,294.96	APC	N
51030	T	INCISE & TREAT BLADDER	00162	25.5871	$1,294.96	APC	N
51040	T	INCISE & DRAIN BLADDER	00162	25.5871	$1,294.96	APC	N
51045	T	INCISE BLADDER/DRAIN URETER	00160	7.2104	$364.92	APC	N
51050	T	REMOVAL OF BLADDER STONE	00162	25.5871	$1,294.96	APC	N
51060	C	REMOVAL OF URETER STONE			$0.00	Inpatient Only	N
51065	T	REMOVE URETER CALCULUS	00162	25.5871	$1,294.96	APC	N
51080	T	DRAINAGE OF BLADDER ABSCESS	00008	19.3873	$981.19	APC	N
51100	T	DRAIN BLADDER BY NEEDLE	00164	1.8697	$94.63	APC	
51101	T	DRAIN BLADDER BY TROCAR/CATH	00126	1.0435	$52.81	APC	
51102	T	DRAIN BL W/CATH INSERTION	00165	20.0346	$1,013.95	APC	
51500	T	REMOVAL OF BLADDER CYST	00154	31.6628	$1,602.45	APC	N
51520	T	REMOVAL OF BLADDER LESION	00162	25.5871	$1,294.96	APC	N
51525	C	REMOVAL OF BLADDER LESION			$0.00	Inpatient Only	N
51530	C	REMOVAL OF BLADDER LESION			$0.00	Inpatient Only	N
51535	T	REPAIR OF URETER LESION	00162	25.5871	$1,294.96	APC	N
51550	C	PARTIAL REMOVAL OF BLADDER			$0.00	Inpatient Only	N
51555	C	PARTIAL REMOVAL OF BLADDER			$0.00	Inpatient Only	N
51565	C	REVISE BLADDER & URETER(S)			$0.00	Inpatient Only	N
51570	C	REMOVAL OF BLADDER			$0.00	Inpatient Only	N
51575	C	REMOVAL OF BLADDER & NODES			$0.00	Inpatient Only	N
51580	C	REMOVE BLADDER/REVISE TRACT			$0.00	Inpatient Only	N
51585	C	REMOVAL OF BLADDER & NODES			$0.00	Inpatient Only	N
51590	C	REMOVE BLADDER/REVISE TRACT			$0.00	Inpatient Only	N
51595	C	REMOVE BLADDER/REVISE TRACT			$0.00	Inpatient Only	N
51596	C	REMOVE BLADDER/CREATE POUCH			$0.00	Inpatient Only	N
51597	C	REMOVAL OF PELVIC STRUCTURES			$0.00	Inpatient Only	N
51600	N	INJECTION FOR BLADDER X-RAY			$0.00	Bundled	N
51605	N	PREPARATION FOR BLADDER XRAY			$0.00	Bundled	N
51610	N	INJECTION FOR BLADDER X-RAY			$0.00	Bundled	N
51700	T	IRRIGATION OF BLADDER	00164	1.8697	$94.63	APC	N
51701	X	INSERT BLADDER CATHETER	00340	0.6462	$32.70	APC	
51702	X	INSERT TEMP BLADDER CATH	00340	0.6462	$32.70	APC	
51703	T	INSERT BLADDER CATH COMPLEX	00126	1.0435	$52.81	APC	
51705	T	CHANGE OF BLADDER TUBE	00164	1.8697	$94.63	APC	N

51710	T	CHANGE OF BLADDER TUBE	00427	15.5994	$789.49	APC	N
51715	T	ENDOSCOPIC INJECTION/IMPLANT	00168	30.6101	$1,549.18	APC	N
51720	T	TREATMENT OF BLADDER LESION	00156	2.8838	$145.95	APC	N
51725	T	SIMPLE CYSTOMETROGRAM	00156	2.8838	$145.95	APC	N
51726	T	COMPLEX CYSTOMETROGRAM	00156	2.8838	$145.95	APC	N
51736	T	URINE FLOW MEASUREMENT	00126	1.0435	$52.81	APC	N
51741	T	ELECTRO-UROFLOWMETRY FIRST	00126	1.0435	$52.81	APC	N
51772	T	URETHRA PRESSURE PROFILE	00164	1.8697	$94.63	APC	N
51784	T	ANAL/URINARY MUSCLE STUDY	00126	1.0435	$52.81	APC	N
51785	T	ANAL/URINARY MUSCLE STUDY	00164	1.8697	$94.63	APC	N
51792	T	URINARY REFLEX STUDY	00126	1.0435	$52.81	APC	N
51795	T	URINE VOIDING PRESSURE STUDY	00164	1.8697	$94.63	APC	N
51797	T	INTRAABDOMINAL PRESSURE TEST	00164	1.8697	$94.63	APC	N
51798	X	US URINE CAPACITY MEASURE	00340	0.6462	$32.70	APC	
51800	C	REVISION OF BLADDER/URETHRA			$0.00	Inpatient Only	N
51820	C	REVISION OF URINARY TRACT			$0.00	Inpatient Only	N
51840	C	ATTACH BLADDER/URETHRA			$0.00	Inpatient Only	N
51841	C	ATTACH BLADDER/URETHRA			$0.00	Inpatient Only	N
51845	T	REPAIR BLADDER NECK	00202	43.7195	$2,212.64	APC	
51860	T	REPAIR OF BLADDER WOUND	00162	25.5871	$1,294.96	APC	N
51865	C	REPAIR OF BLADDER WOUND			$0.00	Inpatient Only	N
51880	T	REPAIR OF BLADDER OPENING	00162	25.5871	$1,294.96	APC	N
51900	C	REPAIR BLADDER/VAGINA LESION			$0.00	Inpatient Only	N
51920	C	CLOSE BLADDER-UTERUS FISTULA			$0.00	Inpatient Only	N
51925	C	HYSTERECTOMY/BLADDER REPAIR			$0.00	Inpatient Only	N
51940	C	CORRECTION OF BLADDER DEFECT			$0.00	Inpatient Only	N
51960	C	REVISION OF BLADDER & BOWEL			$0.00	Inpatient Only	N
51980	C	CONSTRUCT BLADDER OPENING			$0.00	Inpatient Only	N
51990	T	LAPARO URETHRAL SUSPENSION	00131	46.3238	$2,344.45	APC	N
51992	T	LAPARO SLING OPERATION	00131	46.3238	$2,344.45	APC	N
51999	T	LAPAROSCOPE PROC BLADDER	00130	37.8887	$1,917.55	APC	
52000	T	CYSTOSCOPY	00160	7.2104	$364.92	APC	N
52001	T	CYSTOSCOPY REMOVAL OF CLOTS	00161	18.7931	$951.12	APC	
52005	T	CYSTOSCOPY & URETER CATHETER	00161	18.7931	$951.12	APC	N
52007	T	CYSTOSCOPY AND BIOPSY	00162	25.5871	$1,294.96	APC	N
52010	T	CYSTOSCOPY & DUCT CATHETER	00160	7.2104	$364.92	APC	N
52204	T	CYSTOSCOPY	00161	18.7931	$951.12	APC	N
52214	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52224	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52234	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52235	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52240	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52250	T	CYSTOSCOPY AND RADIOTRACER	00162	25.5871	$1,294.96	APC	N
52260	T	CYSTOSCOPY AND TREATMENT	00161	18.7931	$951.12	APC	N
52265	T	CYSTOSCOPY AND TREATMENT	00160	7.2104	$364.92	APC	N
52270	T	CYSTOSCOPY & REVISE URETHRA	00161	18.7931	$951.12	APC	N
52275	T	CYSTOSCOPY & REVISE URETHRA	00162	25.5871	$1,294.96	APC	N
52276	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52277	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52281	T	CYSTOSCOPY AND TREATMENT	00161	18.7931	$951.12	APC	N
52282	T	CYSTOSCOPY IMPLANT STENT	00163	35.8662	$1,815.19	APC	N
52283	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52285	T	CYSTOSCOPY AND TREATMENT	00161	18.7931	$951.12	APC	N
52290	T	CYSTOSCOPY AND TREATMENT	00161	18.7931	$951.12	APC	N
52300	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52301	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52305	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52310	T	CYSTOSCOPY AND TREATMENT	00161	18.7931	$951.12	APC	N
52315	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52317	T	REMOVE BLADDER STONE	00162	25.5871	$1,294.96	APC	
52318	T	REMOVE BLADDER STONE	00162	25.5871	$1,294.96	APC	
52320	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52325	T	CYSTOSCOPY, STONE REMOVAL	00162	25.5871	$1,294.96	APC	
52327	T	CYSTOSCOPY INJECT MATERIAL	00163	35.8662	$1,815.19	APC	N
52330	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52332	T	CYSTOSCOPY AND TREATMENT	00162	25.5871	$1,294.96	APC	N
52334	T	CREATE PASSAGE TO KIDNEY	00162	25.5871	$1,294.96	APC	
52341	T	CYSTO W/URETER STRICTURE TX	00162	25.5871	$1,294.96	APC	N
52342	T	CYSTO W/UP STRICTURE TX	00162	25.5871	$1,294.96	APC	N
52343	T	CYSTO W/RENAL STRICTURE TX	00162	25.5871	$1,294.96	APC	N
52344	T	CYSTO/URETERO, STRICTURE TX	00162	25.5871	$1,294.96	APC	N

52345	T	CYSTO/URETERO W/UP STRICTURE	00162	25.5871	$1,294.96	APC	N
52346	T	CYSTOURETERO W/RENAL STRICT	00162	25.5871	$1,294.96	APC	N
52351	T	CYSTOURETERO & OR PYELOSCOPE	00162	25.5871	$1,294.96	APC	N
52352	T	CYSTOURETERO W/STONE REMOVE	00162	25.5871	$1,294.96	APC	N
52353	T	CYSTOURETERO W/LITHOTRIPSY	00163	35.8662	$1,815.19	APC	N
52354	T	CYSTOURETERO W/BIOPSY	00162	25.5871	$1,294.96	APC	N
52355	T	CYSTOURETERO W/EXCISE TUMOR	00162	25.5871	$1,294.96	APC	N
52400	T	CYSTOURETERO W/CONGEN REPR	00162	25.5871	$1,294.96	APC	N
52402	T	CYSTOURETHRO CUT EJACUL DUCT	00162	25.5871	$1,294.96	APC	
52450	T	INCISION OF PROSTATE	00162	25.5871	$1,294.96	APC	N
52500	T	REVISION OF BLADDER NECK	00162	25.5871	$1,294.96	APC	N
52601	T	PROSTATECTOMY (TURP)	00163	35.8662	$1,815.19	APC	N
52630	T	REMOVE PROSTATE REGROWTH	00163	35.8662	$1,815.19	APC	N
52640	T	RELIEVE BLADDER CONTRACTURE	00162	25.5871	$1,294.96	APC	N
52647	T	LASER SURGERY OF PROSTATE	00429	45.8088	$2,318.38	APC	N
52648	T	LASER SURGERY OF PROSTATE	00429	45.8088	$2,318.38	APC	N
52649	T	2 PROSTATE LASER ENUCLEATION	00429	45.8088	$2,318.38	APC	
52700	T	DRAINAGE OF PROSTATE ABSCESS	00162	25.5871	$1,294.96	APC	N
53000	T	INCISION OF URETHRA	00166	19.8629	$1,005.26	APC	N
53010	T	INCISION OF URETHRA	00166	19.8629	$1,005.26	APC	N
53020	T	INCISION OF URETHRA	00166	19.8629	$1,005.26	APC	N
53025	T	INCISION OF URETHRA	00166	19.8629	$1,005.26	APC	N
53040	T	DRAINAGE OF URETHRA ABSCESS	00166	19.8629	$1,005.26	APC	N
53060	T	DRAINAGE OF URETHRA ABSCESS	00166	19.8629	$1,005.26	APC	N
53080	T	DRAINAGE OF URINARY LEAKAGE	00166	19.8629	$1,005.26	APC	N
53085	T	DRAINAGE OF URINARY LEAKAGE	00166	19.8629	$1,005.26	APC	N
53200	T	BIOPSY OF URETHRA	00166	19.8629	$1,005.26	APC	N
53210	T	REMOVAL OF URETHRA	00168	30.6101	$1,549.18	APC	N
53215	T	REMOVAL OF URETHRA	00166	19.8629	$1,005.26	APC	N
53220	T	TREATMENT OF URETHRA LESION	00168	30.6101	$1,549.18	APC	N
53230	T	REMOVAL OF URETHRA LESION	00168	30.6101	$1,549.18	APC	N
53235	T	REMOVAL OF URETHRA LESION	00166	19.8629	$1,005.26	APC	N
53240	T	SURGERY FOR URETHRA POUCH	00168	30.6101	$1,549.18	APC	N
53250	T	REMOVAL OF URETHRA GLAND	00166	19.8629	$1,005.26	APC	N
53260	T	TREATMENT OF URETHRA LESION	00166	19.8629	$1,005.26	APC	N
53265	T	TREATMENT OF URETHRA LESION	00166	19.8629	$1,005.26	APC	N
53270	T	REMOVAL OF URETHRA GLAND	00166	19.8629	$1,005.26	APC	N
53275	T	REPAIR OF URETHRA DEFECT	00166	19.8629	$1,005.26	APC	N
53400	T	REVISE URETHRA, STAGE 1	00168	30.6101	$1,549.18	APC	N
53405	T	REVISE URETHRA, STAGE 2	00168	30.6101	$1,549.18	APC	N
53410	T	RECONSTRUCTION OF URETHRA	00168	30.6101	$1,549.18	APC	N
53415	C	RECONSTRUCTION OF URETHRA			$0.00	Inpatient Only	
53420	T	RECONSTRUCT URETHRA, STAGE 1	00168	30.6101	$1,549.18	APC	N
53425	T	RECONSTRUCT URETHRA, STAGE 2	00168	30.6101	$1,549.18	APC	N
53430	T	RECONSTRUCTION OF URETHRA	00168	30.6101	$1,549.18	APC	N
53431	T	RECONSTRUCT URETHRA/BLADDER	00168	30.6101	$1,549.18	APC	
53440	S	MALE SLING PROCEDURE	00385	97.5997	$4,939.52	APC	N
53442	T	REMOVE/REVISE MALE SLING	00168	30.6101	$1,549.18	APC	N
53444	S	INSERT TANDEM CUFF	00385	97.5997	$4,939.52	APC	N
53445	S	INSERT URO/VES NCK SPHINCTER	00386	152.9428	$7,740.44	APC	N
53446	T	REMOVE URO SPHINCTER	00168	30.6101	$1,549.18	APC	N
53447	S	REMOVE/REPLACE UR SPHINCTER	00386	152.9428	$7,740.44	APC	N
53448	C	REMOV/REPLC UR SPHINCTR COMP			$0.00	Inpatient Only	N
53449	T	REPAIR URO SPHINCTER	00168	30.6101	$1,549.18	APC	N
53450	T	REVISION OF URETHRA	00168	30.6101	$1,549.18	APC	N
53460	T	REVISION OF URETHRA	00166	19.8629	$1,005.26	APC	N
53500	T	URETHRLYS TRANSVAG W/ SCOPE	00168	30.6101	$1,549.18	APC	
53502	T	REPAIR OF URETHRA INJURY	00166	19.8629	$1,005.26	APC	N
53505	T	REPAIR OF URETHRA INJURY	00168	30.6101	$1,549.18	APC	N
53510	T	REPAIR OF URETHRA INJURY	00166	19.8629	$1,005.26	APC	N
53515	T	REPAIR OF URETHRA INJURY	00168	30.6101	$1,549.18	APC	N
53520	T	REPAIR OF URETHRA DEFECT	00168	30.6101	$1,549.18	APC	N
53600	T	DILATE URETHRA STRICTURE	00156	2.8838	$145.95	APC	N
53601	T	DILATE URETHRA STRICTURE	00126	1.0435	$52.81	APC	N
53605	T	DILATE URETHRA STRICTURE	00161	18.7931	$951.12	APC	N
53620	T	DILATE URETHRA STRICTURE	00165	20.0346	$1,013.95	APC	N
53621	T	DILATE URETHRA STRICTURE	00164	1.8697	$94.63	APC	N
53660	T	DILATION OF URETHRA	00126	1.0435	$52.81	APC	N
53661	T	DILATION OF URETHRA	00126	1.0435	$52.81	APC	N
53665	T	DILATION OF URETHRA	00166	19.8629	$1,005.26	APC	N
53850	T	PROSTATIC MICROWAVE THERMOTX	00429	45.8088	$2,318.38	APC	N

53852	T	PROSTATIC RF THERMOTX	00429	45.8088	$2,318.38	APC	N
53899	T	UROLOGY SURGERY PROCEDURE	00126	1.0435	$52.81	APC	N
54000	T	SLITTING OF PREPUCE	00166	19.8629	$1,005.26	APC	N
54001	T	SLITTING OF PREPUCE	00166	19.8629	$1,005.26	APC	N
54015	T	DRAIN PENIS LESION	00008	19.3873	$981.19	APC	N
54050	T	DESTRUCTION, PENIS LESION(S)	00013	0.8281	$41.91	APC	N
54055	T	DESTRUCTION, PENIS LESION(S)	00017	20.2578	$1,025.25	APC	N
54056	T	CRYOSURGERY, PENIS LESION(S)	00013	0.8281	$41.91	APC	
54057	T	LASER SURG, PENIS LESION(S)	00017	20.2578	$1,025.25	APC	
54060	T	EXCISION OF PENIS LESION(S)	00017	20.2578	$1,025.25	APC	N
54065	T	DESTRUCTION, PENIS LESION(S)	00017	20.2578	$1,025.25	APC	N
54100	T	BIOPSY OF PENIS	00021	15.8974	$804.57	APC	N
54105	T	BIOPSY OF PENIS	00022	21.8429	$1,105.47	APC	N
54110	T	TREATMENT OF PENIS LESION	00181	35.5639	$1,799.89	APC	N
54111	T	TREAT PENIS LESION GRAFT	00181	35.5639	$1,799.89	APC	
54112	T	TREAT PENIS LESION GRAFT	00181	35.5639	$1,799.89	APC	
54115	T	TREATMENT OF PENIS LESION	00008	19.3873	$981.19	APC	N
54120	T	PARTIAL REMOVAL OF PENIS	00181	35.5639	$1,799.89	APC	N
54125	C	REMOVAL OF PENIS			$0.00	Inpatient Only	N
54130	C	REMOVE PENIS & NODES			$0.00	Inpatient Only	N
54135	C	REMOVE PENIS & NODES			$0.00	Inpatient Only	N
54150	T	CIRCUMCISION W/REGIONL BLOCK	00183	22.8376	$1,155.81	APC	Y
54160	T	CIRCUMCISION, NEONATE	00183	22.8376	$1,155.81	APC	Y
54161	T	CIRCUM 28 DAYS OR OLDER	00183	22.8376	$1,155.81	APC	Y
54162	T	LYSIS PENIL CIRCUMIC LESION	00183	22.8376	$1,155.81	APC	
54163	T	REPAIR OF CIRCUMCISION	00183	22.8376	$1,155.81	APC	N
54164	T	FRENULOTOMY OF PENIS	00183	22.8376	$1,155.81	APC	
54200	T	TREATMENT OF PENIS LESION	00164	1.8697	$94.63	APC	N
54205	T	TREATMENT OF PENIS LESION	00181	35.5639	$1,799.89	APC	N
54220	T	TREATMENT OF PENIS LESION	00164	1.8697	$94.63	APC	N
54230	N	PREPARE PENIS STUDY			$0.00	Bundled	N
54231	T	DYNAMIC CAVERNOSOMETRY	00165	20.0346	$1,013.95	APC	N
54235	T	PENILE INJECTION			$0.00	Not Allowed	N
54240	T	PENIS STUDY	00126	1.0435	$52.81	APC	N
54250	T	PENIS STUDY			$0.00	Not Allowed	N
54300	T	REVISION OF PENIS	00181	35.5639	$1,799.89	APC	N
54304	T	REVISION OF PENIS	00181	35.5639	$1,799.89	APC	
54308	T	RECONSTRUCTION OF URETHRA	00181	35.5639	$1,799.89	APC	
54312	T	RECONSTRUCTION OF URETHRA	00181	35.5639	$1,799.89	APC	
54316	T	RECONSTRUCTION OF URETHRA	00181	35.5639	$1,799.89	APC	
54318	T	RECONSTRUCTION OF URETHRA	00181	35.5639	$1,799.89	APC	
54322	T	RECONSTRUCTION OF URETHRA	00181	35.5639	$1,799.89	APC	
54324	T	RECONSTRUCTION OF URETHRA	00181	35.5639	$1,799.89	APC	
54326	T	RECONSTRUCTION OF URETHRA	00181	35.5639	$1,799.89	APC	
54328	T	REVISE PENIS/URETHRA	00181	35.5639	$1,799.89	APC	
54332	T	REVISE PENIS/URETHRA	00181	35.5639	$1,799.89	APC	
54336	T	REVISE PENIS/URETHRA	00181	35.5639	$1,799.89	APC	
54340	T	SECONDARY URETHRAL SURGERY	00181	35.5639	$1,799.89	APC	
54344	T	SECONDARY URETHRAL SURGERY	00181	35.5639	$1,799.89	APC	
54348	T	SECONDARY URETHRAL SURGERY	00181	35.5639	$1,799.89	APC	
54352	T	RECONSTRUCT URETHRA/PENIS	00181	35.5639	$1,799.89	APC	
54360	T	PENIS PLASTIC SURGERY			$0.00	Not Allowed	Y
54380	T	REPAIR PENIS	00181	35.5639	$1,799.89	APC	N
54385	T	REPAIR PENIS	00181	35.5639	$1,799.89	APC	N
54390	C	REPAIR PENIS AND BLADDER			$0.00	Inpatient Only	N
54400	S	INSERT SEMI-RIGID PROSTHESIS	00385	97.5997	$4,939.52	APC	N
54401	S	INSERT SELF-CONTD PROSTHESIS	00386	152.9428	$7,740.44	APC	N
54405	S	INSERT MULTI-COMP PENIS PROS	00386	152.9428	$7,740.44	APC	N
54406	T	REMOVE MUTI-COMP PENIS PROS	00181	35.5639	$1,799.89	APC	
54408	T	REPAIR MULTI-COMP PENIS PROS	00181	35.5639	$1,799.89	APC	
54410	S	REMOVE/REPLACE PENIS PROSTH	00386	152.9428	$7,740.44	APC	
54411	C	REMOV/REPLC PENIS PROS COMP			$0.00	Inpatient Only	N
54415	T	REMOVE SELF-CONTD PENIS PROS	00181	35.5639	$1,799.89	APC	
54416	S	REMV/REPL PENIS CONTAIN PROS	00386	152.9428	$7,740.44	APC	N
54417	C	REMV/REPLC PENIS PROS, COMPL			$0.00	Inpatient Only	
54420	T	REVISION OF PENIS	00181	35.5639	$1,799.89	APC	N
54430	C	REVISION OF PENIS			$0.00	Inpatient Only	N
54435	T	REVISION OF PENIS	00181	35.5639	$1,799.89	APC	
54440	T	REPAIR OF PENIS	00181	35.5639	$1,799.89	APC	N
54450	T	PREPUTIAL STRETCHING	00156	2.8838	$145.95	APC	N
54500	T	BIOPSY OF TESTIS	00037	13.5176	$684.13	APC	N

54505	T	BIOPSY OF TESTIS	00183	22.8376	$1,155.81	APC	N
54512	T	EXCISE LESION TESTIS	00183	22.8376	$1,155.81	APC	N
54520	T	REMOVAL OF TESTIS	00183	22.8376	$1,155.81	APC	N
54522	T	ORCHIECTOMY PARTIAL	00183	22.8376	$1,155.81	APC	N
54530	T	REMOVAL OF TESTIS	00154	31.6628	$1,602.45	APC	N
54535	T	EXTENSIVE TESTIS SURGERY	00181	35.5639	$1,799.89	APC	N
54550	T	EXPLORATION FOR TESTIS	00154	31.6628	$1,602.45	APC	N
54560	T	EXPLORATION FOR TESTIS	00183	22.8376	$1,155.81	APC	N
54600	T	REDUCE TESTIS TORSION	00183	22.8376	$1,155.81	APC	N
54620	T	SUSPENSION OF TESTIS	00183	22.8376	$1,155.81	APC	N
54640	T	SUSPENSION OF TESTIS	00154	31.6628	$1,602.45	APC	N
54650	C	ORCHIOPEXY (FOWLER-STEPHENS)			$0.00	Inpatient Only	N
54660	T	REVISION OF TESTIS	00183	22.8376	$1,155.81	APC	N
54670	T	REPAIR TESTIS INJURY	00183	22.8376	$1,155.81	APC	N
54680	T	RELOCATION OF TESTIS(ES)	00183	22.8376	$1,155.81	APC	N
54690	T	LAPAROSCOPY, ORCHIECTOMY	00131	46.3238	$2,344.45	APC	N
54692	T	LAPAROSCOPY, ORCHIOPEXY	00132	69.9234	$3,538.82	APC	N
54699	T	LAPAROSCOPE PROC, TESTIS	00130	37.8887	$1,917.55	APC	N
54700	T	DRAINAGE OF SCROTUM	00183	22.8376	$1,155.81	APC	N
54800	T	BIOPSY OF EPIDIDYMIS	00004	4.4727	$226.36	APC	N
54830	T	REMOVE EPIDIDYMIS LESION	00183	22.8376	$1,155.81	APC	N
54840	T	REMOVE EPIDIDYMIS LESION	00183	22.8376	$1,155.81	APC	N
54860	T	REMOVAL OF EPIDIDYMIS	00183	22.8376	$1,155.81	APC	N
54861	T	REMOVAL OF EPIDIDYMIS	00183	22.8376	$1,155.81	APC	N
54865	T	EXPLORE EPIDIDYMIS	00183	22.8376	$1,155.81	APC	
54900	T	FUSION OF SPERMATIC DUCTS	00183	22.8376	$1,155.81	APC	N
54901	T	FUSION OF SPERMATIC DUCTS	00183	22.8376	$1,155.81	APC	N
55000	T	DRAINAGE OF HYDROCELE	00004	4.4727	$226.36	APC	N
55040	T	REMOVAL OF HYDROCELE	00154	31.6628	$1,602.45	APC	N
55041	T	REMOVAL OF HYDROCELES	00154	31.6628	$1,602.45	APC	N
55060	T	REPAIR OF HYDROCELE	00183	22.8376	$1,155.81	APC	N
55100	T	DRAINAGE OF SCROTUM ABSCESS	00007	12.5953	$637.45	APC	N
55110	T	EXPLORE SCROTUM	00183	22.8376	$1,155.81	APC	
55120	T	REMOVAL OF SCROTUM LESION	00183	22.8376	$1,155.81	APC	N
55150	T	REMOVAL OF SCROTUM	00183	22.8376	$1,155.81	APC	N
55175	T	REVISION OF SCROTUM	00183	22.8376	$1,155.81	APC	
55180	T	REVISION OF SCROTUM	00183	22.8376	$1,155.81	APC	
55200	T	INCISION OF SPERM DUCT	00183	22.8376	$1,155.81	APC	N
55250	T	REMOVAL OF SPERM DUCT(S)	00183	22.8376	$1,155.81	APC	N
55300	N	PREPARE, SPERM DUCT X-RAY			$0.00	Bundled	N
55400	T	REPAIR OF SPERM DUCT	00183	22.8376	$1,155.81	APC	N
55450	T	LIGATION OF SPERM DUCT	00183	22.8376	$1,155.81	APC	N
55500	T	REMOVAL OF HYDROCELE	00183	22.8376	$1,155.81	APC	N
55520	T	REMOVAL OF SPERM CORD LESION	00183	22.8376	$1,155.81	APC	N
55530	T	REVISE SPERMATIC CORD VEINS	00183	22.8376	$1,155.81	APC	N
55535	T	REVISE SPERMATIC CORD VEINS	00154	31.6628	$1,602.45	APC	N
55540	T	REVISE HERNIA & SPERM VEINS	00154	31.6628	$1,602.45	APC	N
55550	T	LAPARO LIGATE SPERMATIC VEIN	00131	46.3238	$2,344.45	APC	N
55559	T	LAPARO PROC, SPERMATIC CORD	00130	37.8887	$1,917.55	APC	N
55600	T	INCISE SPERM DUCT POUCH	00183	22.8376	$1,155.81	APC	N
55605	C	INCISE SPERM DUCT POUCH			$0.00	Inpatient Only	N
55650	C	REMOVE SPERM DUCT POUCH			$0.00	Inpatient Only	N
55680	T	REMOVE SPERM POUCH LESION	00183	22.8376	$1,155.81	APC	N
55700	T	BIOPSY OF PROSTATE	00184	11.5477	$584.43	APC	N
55705	T	BIOPSY OF PROSTATE	00184	11.5477	$584.43	APC	N
55706	T	PROSTATE SATURATION SAMPLING	00184	11.5477	$584.43	APC	
55720	T	DRAINAGE OF PROSTATE ABSCESS	00162	25.5871	$1,294.96	APC	N
55725	T	DRAINAGE OF PROSTATE ABSCESS	00162	25.5871	$1,294.96	APC	N
55801	C	REMOVAL OF PROSTATE			$0.00	Inpatient Only	N
55810	C	EXTENSIVE PROSTATE SURGERY			$0.00	Inpatient Only	N
55812	C	EXTENSIVE PROSTATE SURGERY			$0.00	Inpatient Only	
55815	C	EXTENSIVE PROSTATE SURGERY			$0.00	Inpatient Only	
55821	C	REMOVAL OF PROSTATE			$0.00	Inpatient Only	N
55831	C	REMOVAL OF PROSTATE			$0.00	Inpatient Only	N
55840	C	EXTENSIVE PROSTATE SURGERY			$0.00	Inpatient Only	N
55842	C	EXTENSIVE PROSTATE SURGERY			$0.00	Inpatient Only	
55845	C	EXTENSIVE PROSTATE SURGERY			$0.00	Inpatient Only	N
55860	T	SURGICAL EXPOSURE, PROSTATE	00165	20.0346	$1,013.95	APC	
55862	C	EXTENSIVE PROSTATE SURGERY			$0.00	Inpatient Only	
55865	C	EXTENSIVE PROSTATE SURGERY			$0.00	Inpatient Only	
55866	C	LAPARO RADICAL PROSTATECTOMY			$0.00	Inpatient Only	

55870	E	ELECTROEJACULATION			$0.00	Not Allowed	N
55873	T	CRYOABLATE PROSTATE	00674	122.0254	$6,175.71	APC	N
55875	N	TRANSPERI NEEDLE PLACE, PROS	00163	35.8662	$1,815.19	Bundled, may be payable in some circumstances	
55876	X	PLACE RT DEVICE/MARKER, PROS	00310	13.5167	$684.08	APC	
55899	T	GENITAL SURGERY PROCEDURE	00126	1.0435	$52.81	APC	N
55920	T	PLACE NEEDLES PELVIC FOR RT	00153	23.4113	$1,184.85	APC	
55970	E	SEX TRANSFORMATION, M TO F			$0.00	Not Allowed	N
55980	E	SEX TRANSFORMATION, F TO M			$0.00	Not Allowed	N
56405	T	I & D OF VULVA/PERINEUM	00189	3.0012	$151.89	APC	N
56420	T	DRAINAGE OF GLAND ABSCESS	00188	1.4229	$72.01	APC	N
56440	T	SURGERY FOR VULVA LESION	00193	19.7838	$1,001.26	APC	N
56441	T	LYSIS OF LABIAL LESION(S)	00193	19.7838	$1,001.26	APC	N
56442	T	HYMENOTOMY	00193	19.7838	$1,001.26	APC	
56501	T	DESTROY VULVA LESIONS SIM	00017	20.2578	$1,025.25	APC	N
56515	T	DESTROY VULVA LESION/S COMPL	00017	20.2578	$1,025.25	APC	N
56605	T	BIOPSY OF VULVA/PERINEUM	00189	3.0012	$151.89	APC	N
56606	T	BIOPSY OF VULVA/PERINEUM	00188	1.4229	$72.01	APC	N
56620	T	PARTIAL REMOVAL OF VULVA	00193	19.7838	$1,001.26	APC	N
56625	T	COMPLETE REMOVAL OF VULVA	00193	19.7838	$1,001.26	APC	N
56630	C	EXTENSIVE VULVA SURGERY			$0.00	Inpatient Only	N
56631	C	EXTENSIVE VULVA SURGERY			$0.00	Inpatient Only	N
56632	C	EXTENSIVE VULVA SURGERY			$0.00	Inpatient Only	N
56633	C	EXTENSIVE VULVA SURGERY			$0.00	Inpatient Only	N
56634	C	EXTENSIVE VULVA SURGERY			$0.00	Inpatient Only	N
56637	C	EXTENSIVE VULVA SURGERY			$0.00	Inpatient Only	N
56640	C	EXTENSIVE VULVA SURGERY			$0.00	Inpatient Only	N
56700	T	PARTIAL REMOVAL OF HYMEN	00193	19.7838	$1,001.26	APC	N
56740	T	REMOVE VAGINA GLAND LESION	00193	19.7838	$1,001.26	APC	N
56800	T	REPAIR OF VAGINA	00193	19.7838	$1,001.26	APC	N
56805	T	REPAIR CLITORIS	00193	19.7838	$1,001.26	APC	N
56810	T	REPAIR OF PERINEUM	00193	19.7838	$1,001.26	APC	N
56820	T	EXAM OF VULVA W/SCOPE	00188	1.4229	$72.01	APC	
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE	00188	1.4229	$72.01	APC	
57000	T	EXPLORATION OF VAGINA	00193	19.7838	$1,001.26	APC	N
57010	T	DRAINAGE OF PELVIC ABSCESS	00193	19.7838	$1,001.26	APC	N
57020	T	DRAINAGE OF PELVIC FLUID	00192	6.1378	$310.63	APC	N
57022	T	I & D VAGINAL HEMATOMA, PP	00007	12.5953	$637.45	APC	N
57023	T	I & D VAG HEMATOMA, NON-OB	00008	19.3873	$981.19	APC	N
57061	T	DESTROY VAG LESIONS, SIMPLE	00193	19.7838	$1,001.26	APC	N
57065	T	DESTROY VAG LESIONS, COMPLEX	00193	19.7838	$1,001.26	APC	N
57100	T	BIOPSY OF VAGINA	00192	6.1378	$310.63	APC	N
57105	T	BIOPSY OF VAGINA	00193	19.7838	$1,001.26	APC	N
57106	T	REMOVE VAGINA WALL, PARTIAL	00193	19.7838	$1,001.26	APC	N
57107	T	REMOVE VAGINA TISSUE, PART	00195	33.6934	$1,705.22	APC	N
57109	T	VAGINECTOMY PARTIAL W/NODES	00195	33.6934	$1,705.22	APC	N
57110	C	REMOVE VAGINA WALL, COMPLETE			$0.00	Inpatient Only	N
57111	C	REMOVE VAGINA TISSUE, COMPL			$0.00	Inpatient Only	N
57112	C	VAGINECTOMY W/NODES, COMPL			$0.00	Inpatient Only	N
57120	T	CLOSURE OF VAGINA	00195	33.6934	$1,705.22	APC	N
57130	T	REMOVE VAGINA LESION	00193	19.7838	$1,001.26	APC	N
57135	T	REMOVE VAGINA LESION	00193	19.7838	$1,001.26	APC	N
57150	T	TREAT VAGINA INFECTION	00188	1.4229	$72.01	APC	N
57155	T	INSERT UTERI TANDEMS/OVOIDS	00192	6.1378	$310.63	APC	
57160	T	INSERT PESSARY/OTHER DEVICE	00188	1.4229	$72.01	APC	N
57170	T	FITTING OF DIAPHRAGM/CAP	00191	0.1524	$7.71	APC	N
57180	T	TREAT VAGINAL BLEEDING	00188	1.4229	$72.01	APC	N
57200	T	REPAIR OF VAGINA	00193	19.7838	$1,001.26	APC	N
57210	T	REPAIR VAGINA/PERINEUM	00193	19.7838	$1,001.26	APC	N
57220	T	REVISION OF URETHRA	00202	43.7195	$2,212.64	APC	N
57230	T	REPAIR OF URETHRAL LESION	00195	33.6934	$1,705.22	APC	N
57240	T	REPAIR BLADDER & VAGINA	00195	33.6934	$1,705.22	APC	N
57250	T	REPAIR RECTUM & VAGINA	00195	33.6934	$1,705.22	APC	N
57260	T	REPAIR OF VAGINA	00195	33.6934	$1,705.22	APC	N
57265	T	EXTENSIVE REPAIR OF VAGINA	00202	43.7195	$2,212.64	APC	N
57267	T	INSERT MESH/PELVIC FLR ADDON	00195	33.6934	$1,705.22	APC	
57268	T	REPAIR OF BOWEL BULGE	00195	33.6934	$1,705.22	APC	
57270	C	REPAIR OF BOWEL POUCH			$0.00	Inpatient Only	N
57280	C	SUSPENSION OF VAGINA			$0.00	Inpatient Only	N
57282	T	COLPOPEXY, EXTRAPERITONEAL	00202	43.7195	$2,212.64	APC	
57283	T	COLPOPEXY INTRAPERITONEAL	00202	43.7195	$2,212.64	APC	
57284	T	REPAIR PARAVAGINAL DEFECT	00202	43.7195	$2,212.64	APC	N

57285	T	REPAIR PARAVAG DEFECT, VAG	00195	33.6934	$1,705.22	APC	
57287	T	REVISE/REMOVE SLING REPAIR	00195	33.6934	$1,705.22	APC	N
57288	T	REPAIR BLADDER DEFECT	00202	43.7195	$2,212.64	APC	N
57289	T	REPAIR BLADDER & VAGINA	00195	33.6934	$1,705.22	APC	N
57291	T	CONSTRUCTION OF VAGINA			$0.00	Not Allowed	N
57292	T	CONSTRUCT VAGINA WITH GRAFT	00195	33.6934	$1,705.22	APC	N
57295	T	CHANGE VAGINAL GRAFT	00193	19.7838	$1,001.26	APC	
57296	C	REVISE VAG GRAFT, OPEN ABD			$0.00	Inpatient Only	
57300	T	REPAIR RECTUM-VAGINA FISTULA	00195	33.6934	$1,705.22	APC	N
57305	C	REPAIR RECTUM-VAGINA FISTULA			$0.00	Inpatient Only	N
57307	C	FISTULA REPAIR & COLOSTOMY			$0.00	Inpatient Only	N
57308	C	FISTULA REPAIR, TRANSPERINE			$0.00	Inpatient Only	N
57310	T	REPAIR URETHROVAGINAL LESION	00202	43.7195	$2,212.64	APC	N
57311	C	REPAIR URETHROVAGINAL LESION			$0.00	Inpatient Only	N
57320	T	REPAIR BLADDER-VAGINA LESION	00195	33.6934	$1,705.22	APC	N
57330	T	REPAIR BLADDER-VAGINA LESION	00195	33.6934	$1,705.22	APC	N
57335	T	REPAIR VAGINA	00195	33.6934	$1,705.22	APC	N
57400	T	DILATION OF VAGINA	00193	19.7838	$1,001.26	APC	N
57410	T	PELVIC EXAMINATION	00193	19.7838	$1,001.26	APC	N
57415	T	REMOVE VAGINAL FOREIGN BODY	00193	19.7838	$1,001.26	APC	N
57420	T	EXAM OF VAGINA W/SCOPE	00189	3.0012	$151.89	APC	
57421	T	EXAM/BIOPSY OF VAG W/SCOPE	00189	3.0012	$151.89	APC	
57423	T	REPAIR PARAVAG DEFECT, LAP	00202	43.7195	$2,212.64	APC	
57425	T	LAPAROSCOPY SURG COLPOPEXY	00130	37.8887	$1,917.55	APC	
57452	T	EXAM OF CERVIX W/SCOPE	00189	3.0012	$151.89	APC	N
57454	T	BX/CURETT OF CERVIX W/SCOPE	00189	3.0012	$151.89	APC	N
57455	T	BIOPSY OF CERVIX W/SCOPE	00189	3.0012	$151.89	APC	
57456	T	ENDOCERV CURETTAGE W/SCOPE	00189	3.0012	$151.89	APC	
57460	T	BX OF CERVIX W/SCOPE LEEP	00193	19.7838	$1,001.26	APC	N
57461	T	CONZ OF CERVIX W/SCOPE LEEP	00193	19.7838	$1,001.26	APC	
57500	T	BIOPSY OF CERVIX	00192	6.1378	$310.63	APC	N
57505	T	ENDOCERVICAL CURETTAGE	00192	6.1378	$310.63	APC	
57510	T	CAUTERIZATION OF CERVIX	00193	19.7838	$1,001.26	APC	N
57511	T	CRYOCAUTERY OF CERVIX	00188	1.4229	$72.01	APC	N
57513	T	LASER SURGERY OF CERVIX	00193	19.7838	$1,001.26	APC	N
57520	T	CONIZATION OF CERVIX	00193	19.7838	$1,001.26	APC	N
57522	T	CONIZATION OF CERVIX	00193	19.7838	$1,001.26	APC	N
57530	T	REMOVAL OF CERVIX	00195	33.6934	$1,705.22	APC	N
57531	C	REMOVAL OF CERVIX, RADICAL			$0.00	Inpatient Only	N
57540	C	REMOVAL OF RESIDUAL CERVIX			$0.00	Inpatient Only	N
57545	C	REMOVE CERVIX/REPAIR PELVIS			$0.00	Inpatient Only	N
57550	T	REMOVAL OF RESIDUAL CERVIX	00195	33.6934	$1,705.22	APC	N
57555	T	REMOVE CERVIX/REPAIR VAGINA	00195	33.6934	$1,705.22	APC	N
57556	T	REMOVE CERVIX REPAIR BOWEL	00202	43.7195	$2,212.64	APC	N
57558	T	D&C OF CERVICAL STUMP	00193	19.7838	$1,001.26	APC	
57700	T	REVISION OF CERVIX	00193	19.7838	$1,001.26	APC	N
57720	T	REVISION OF CERVIX	00193	19.7838	$1,001.26	APC	N
57800	T	DILATION OF CERVICAL CANAL	00193	19.7838	$1,001.26	APC	N
58100	T	BIOPSY OF UTERUS LINING	00188	1.4229	$72.01	APC	N
58110	N	BX DONE W/COLPOSCOPY ADD-ON			$0.00	Bundled	
58120	T	DILATION AND CURETTAGE	00193	19.7838	$1,001.26	APC	N
58140	C	MYOMECTOMY ABDOM METHOD			$0.00	Inpatient Only	N
58145	T	MYOMECTOMY VAG METHOD	00195	33.6934	$1,705.22	APC	N
58146	C	MYOMECTOMY ABDOM COMPLEX			$0.00	Inpatient Only	
58150	C	TOTAL HYSTERECTOMY			$0.00	Inpatient Only	N
58152	C	TOTAL HYSTERECTOMY			$0.00	Inpatient Only	N
58180	C	PARTIAL HYSTERECTOMY			$0.00	Inpatient Only	N
58200	C	EXTENSIVE HYSTERECTOMY			$0.00	Inpatient Only	N
58210	C	EXTENSIVE HYSTERECTOMY			$0.00	Inpatient Only	N
58240	C	REMOVAL OF PELVIS CONTENTS			$0.00	Inpatient Only	N
58260	T	VAGINAL HYSTERECTOMY	00195	33.6934	$1,705.22	APC	N
58262	T	VAG HYST INCLUDING T/O	00195	33.6934	$1,705.22	APC	N
58263	T	VAG HYST W/T/O & VAG REPAIR	00195	33.6934	$1,705.22	APC	N
58267	C	VAG HYST W/URINARY REPAIR			$0.00	Inpatient Only	N
58270	T	VAG HYST W/ENTEROCELE REPAIR	00195	33.6934	$1,705.22	APC	N
58275	C	HYSTERECTOMY/REVISE VAGINA			$0.00	Inpatient Only	N
58280	C	HYSTERECTOMY/REVISE VAGINA			$0.00	Inpatient Only	N
58285	C	EXTENSIVE HYSTERECTOMY			$0.00	Inpatient Only	N
58290	T	VAG HYST COMPLEX	00202	43.7195	$2,212.64	APC	
58291	T	VAG HYST INCL T/O COMPLEX	00202	43.7195	$2,212.64	APC	
58292	T	VAG HYST T/O & REPAIR COMPL	00202	43.7195	$2,212.64	APC	

58293	C	VAG HYST W/URO REPAIR COMPL			$0.00	Inpatient Only	
58294	T	VAG HYST W/ENTEROCELE COMPL	00202	43.7195	$2,212.64	APC	
58300	M	INSERT INTRAUTERINE DEVICE			$49.96	Fee Schedule	N
58301	T	REMOVE INTRAUTERINE DEVICE	00188	1.4229	$72.01	APC	N
58321	E	ARTIFICIAL INSEMINATION			$0.00	Not Allowed	N
58322	E	ARTIFICIAL INSEMINATION			$0.00	Not Allowed	N
58323	E	SPERM WASHING			$0.00	Not Allowed	N
58340	N	CATHETER FOR HYSTEROGRAPHY			$0.00	Bundled	N
58345	T	REOPEN FALLOPIAN TUBE			$0.00	Not Allowed	Y
58346	T	INSERT HEYMAN UTERI CAPSULE	00193	19.7838	$1,001.26	APC	N
58350	T	REOPEN FALLOPIAN TUBE	00195	33.6934	$1,705.22	APC	N
58353	T	ENDOMETR ABLATE, THERMAL	00195	33.6934	$1,705.22	APC	N
58356	T	ENDOMETRIAL CRYOABLATION	00202	43.7195	$2,212.64	APC	
58400	C	SUSPENSION OF UTERUS			$0.00	Inpatient Only	N
58410	C	SUSPENSION OF UTERUS			$0.00	Inpatient Only	N
58520	C	REPAIR OF RUPTURED UTERUS			$0.00	Inpatient Only	N
58540	C	REVISION OF UTERUS			$0.00	Inpatient Only	N
58541	T	LSH, UTERUS 250 G OR LESS	00132	69.9234	$3,538.82	APC	
58542	T	LSH W/T/O UT 250 G OR LESS	00132	69.9234	$3,538.82	APC	
58543	T	LSH UTERUS ABOVE 250 G	00132	69.9234	$3,538.82	APC	
58544	T	LSH W/T/O UTERUS ABOVE 250 G	00132	69.9234	$3,538.82	APC	
58545	T	LAPAROSCOPIC MYOMECTOMY	00130	37.8887	$1,917.55	APC	
58546	T	LAPARO-MYOMECTOMY COMPLEX	00131	46.3238	$2,344.45	APC	
58548	C	LAP RADICAL HYST			$0.00	Inpatient Only	
58550	T	LAPARO-ASST VAG HYSTERECTOMY	00132	69.9234	$3,538.82	APC	N
58552	T	LAPARO-VAG HYST INCL T/O	00131	46.3238	$2,344.45	APC	
58553	T	LAPARO-VAG HYST COMPLEX	00131	46.3238	$2,344.45	APC	
58554	T	LAPARO-VAG HYST W/T/O COMPL	00131	46.3238	$2,344.45	APC	
58555	T	HYSTEROSCOPY, DX, SEP PROC	00190	22.0226	$1,114.56	APC	N
58558	T	HYSTEROSCOPY, BIOPSY	00190	22.0226	$1,114.56	APC	N
58559	T	HYSTEROSCOPY, LYSIS	00190	22.0226	$1,114.56	APC	N
58560	T	HYSTEROSCOPY, RESECT SEPTUM	00387	36.6478	$1,854.75	APC	N
58561	T	HYSTEROSCOPY, REMOVE MYOMA	00387	36.6478	$1,854.75	APC	N
58562	T	HYSTEROSCOPY, REMOVE FB	00190	22.0226	$1,114.56	APC	N
58563	T	HYSTEROSCOPY, ABLATION	00387	36.6478	$1,854.75	APC	N
58565	T	HYSTEROSCOPY STERILIZATION	00202	43.7195	$2,212.64	APC	
58570	T	TLH, UTERUS 250 G OR LESS	00131	46.3238	$2,344.45	APC	
58571	T	TLH W/T/O 250 G OR LESS	00131	46.3238	$2,344.45	APC	
58572	T	TLH, UTERUS OVER 250 G	00131	46.3238	$2,344.45	APC	
58573	T	TLH W/T/O UTERUS OVER 250 G	00131	46.3238	$2,344.45	APC	
58578	T	LAPARO PROC, UTERUS	00130	37.8887	$1,917.55	APC	N
58579	T	HYSTEROSCOPE PROCEDURE	00190	22.0226	$1,114.56	APC	N
58600	T	DIVISION OF FALLOPIAN TUBE	00195	33.6934	$1,705.22	APC	N
58605	C	DIVISION OF FALLOPIAN TUBE			$0.00	Inpatient Only	N
58611	C	LIGATE OVIDUCT(S) ADD-ON			$0.00	Inpatient Only	N
58615	T	OCCLUDE FALLOPIAN TUBE(S)	00193	19.7838	$1,001.26	APC	N
58660	T	LAPAROSCOPY, LYSIS	00131	46.3238	$2,344.45	APC	N
58661	T	LAPAROSCOPY, REMOVE ADNEXA	00131	46.3238	$2,344.45	APC	N
58662	T	LAPAROSCOPY, EXCISE LESIONS	00131	46.3238	$2,344.45	APC	N
58670	T	LAPAROSCOPY, TUBAL CAUTERY	00131	46.3238	$2,344.45	APC	N
58671	T	LAPAROSCOPY, TUBAL BLOCK	00131	46.3238	$2,344.45	APC	N
58672	T	LAPAROSCOPY, FIMBRIOPLASTY	00131	46.3238	$2,344.45	APC	N
58673	T	LAPAROSCOPY, SALPINGOSTOMY	00131	46.3238	$2,344.45	APC	N
58679	T	LAPARO PROC, OVIDUCT-OVARY	00130	37.8887	$1,917.55	APC	N
58700	C	REMOVAL OF FALLOPIAN TUBE			$0.00	Inpatient Only	N
58720	C	REMOVAL OF OVARY/TUBE(S)			$0.00	Inpatient Only	N
58740	C	REVISE FALLOPIAN TUBE(S)			$0.00	Inpatient Only	N
58750	C	REPAIR OVIDUCT			$0.00	Inpatient Only	Y
58752	C	REVISE OVARIAN TUBE(S)			$0.00	Inpatient Only	Y
58760	C	REMOVE TUBAL OBSTRUCTION			$0.00	Inpatient Only	Y
58770	T	CREATE NEW TUBAL OPENING	00195	33.6934	$1,705.22	APC	Y
58800	T	DRAINAGE OF OVARIAN CYST(S)	00193	19.7838	$1,001.26	APC	N
58805	T	DRAINAGE OF OVARIAN CYST(S)	00195	33.6934	$1,705.22	APC	N
58820	T	DRAIN OVARY ABSCESS, OPEN	00195	33.6934	$1,705.22	APC	N
58822	C	DRAIN OVARY ABSCESS, PERCUT			$0.00	Inpatient Only	N
58823	T	DRAIN PELVIC ABSCESS, PERCUT	00193	19.7838	$1,001.26	APC	N
58825	C	TRANSPOSITION, OVARY(S)			$0.00	Inpatient Only	N
58900	T	BIOPSY OF OVARY(S)	00193	19.7838	$1,001.26	APC	N
58920	T	PARTIAL REMOVAL OF OVARY(S)	00195	33.6934	$1,705.22	APC	N
58925	T	REMOVAL OF OVARIAN CYST(S)	00195	33.6934	$1,705.22	APC	N
58940	C	REMOVAL OF OVARY(S)			$0.00	Inpatient Only	N

58943	C	REMOVAL OF OVARY(S)			$0.00	Inpatient Only	N
58950	C	RESECT OVARIAN MALIGNANCY			$0.00	Inpatient Only	N
58951	C	RESECT OVARIAN MALIGNANCY			$0.00	Inpatient Only	N
58952	C	RESECT OVARIAN MALIGNANCY			$0.00	Inpatient Only	N
58953	C	TAH, RAD DISSECT FOR DEBULK			$0.00	Inpatient Only	N
58954	C	TAH RAD DEBULK/LYMPH REMOVE			$0.00	Inpatient Only	N
58956	C	BSO OMENTECTOMY W/TAH			$0.00	Inpatient Only	
58957	C	RESECT RECURRENT GYN MAL			$0.00	Inpatient Only	
58958	C	RESECT RECUR GYN MAL W/LYM			$0.00	Inpatient Only	
58960	C	EXPLORATION OF ABDOMEN			$0.00	Inpatient Only	N
58970	E	RETRIEVAL OF OOCYTE			$0.00	Not Allowed	N
58974	E	TRANSFER OF EMBRYO			$0.00	Not Allowed	N
58976	E	TRANSFER OF EMBRYO			$0.00	Not Allowed	N
58999	T	GENITAL SURGERY PROCEDURE	00191	0.1524	$7.71	APC	N
59000	T	AMNIOCENTESIS, DIAGNOSTIC	00189	3.0012	$151.89	APC	N
59001	T	AMNIOCENTESIS, THERAPEUTIC	00192	6.1378	$310.63	APC	N
59012	T	FETAL CORD PUNCTURE,PRENATAL	00189	3.0012	$151.89	APC	N
59015	T	CHORION BIOPSY	00189	3.0012	$151.89	APC	N
59020	T	FETAL CONTRACT STRESS TEST	00188	1.4229	$72.01	APC	N
59025	T	FETAL NON-STRESS TEST	00188	1.4229	$72.01	APC	N
59030	T	FETAL SCALP BLOOD SAMPLE	00189	3.0012	$151.89	APC	N
59050	M	FETAL MONITOR W/REPORT			$0.00	By Report	N
59051	E	FETAL MONITOR/INTERPRET ONLY			$0.00	Not Allowed	N
59070	T	TRANSABDOM AMNIOINFUS W/ US	00189	3.0012	$151.89	APC	
59072	T	UMBILICAL CORD OCCLUD W/ US	00189	3.0012	$151.89	APC	
59074	T	FETAL FLUID DRAINAGE W/ US	00189	3.0012	$151.89	APC	
59076	T	FETAL SHUNT PLACEMENT W/ US	00189	3.0012	$151.89	APC	
59100	T	REMOVE UTERUS LESION	00195	33.6934	$1,705.22	APC	N
59120	C	TREAT ECTOPIC PREGNANCY			$0.00	Inpatient Only	N
59121	C	TREAT ECTOPIC PREGNANCY			$0.00	Inpatient Only	N
59130	C	TREAT ECTOPIC PREGNANCY			$0.00	Inpatient Only	N
59135	C	TREAT ECTOPIC PREGNANCY			$0.00	Inpatient Only	N
59136	C	TREAT ECTOPIC PREGNANCY			$0.00	Inpatient Only	N
59140	C	TREAT ECTOPIC PREGNANCY			$0.00	Inpatient Only	N
59150	T	TREAT ECTOPIC PREGNANCY	00131	46.3238	$2,344.45	APC	N
59151	T	TREAT ECTOPIC PREGNANCY	00131	46.3238	$2,344.45	APC	N
59160	T	D & C AFTER DELIVERY	00193	19.7838	$1,001.26	APC	N
59200	T	INSERT CERVICAL DILATOR	00189	3.0012	$151.89	APC	N
59300	T	EPISIOTOMY OR VAGINAL REPAIR	00193	19.7838	$1,001.26	APC	N
59320	T	REVISION OF CERVIX	00193	19.7838	$1,001.26	APC	N
59325	C	REVISION OF CERVIX			$0.00	Not Allowed	N
59350	C	REPAIR OF UTERUS			$0.00	Not Allowed	N
59400	E	OBSTETRICAL CARE			$0.00	Not Allowed	N
59409	T	OBSTETRICAL CARE	00193	19.7838	$1,001.26	APC	N
59410	E	OBSTETRICAL CARE			$0.00	Not Allowed	N
59412	T	ANTEPARTUM MANIPULATION	00193	19.7838	$1,001.26	APC	N
59414	T	DELIVER PLACENTA	00193	19.7838	$1,001.26	APC	N
59425	M	ANTEPARTUM CARE ONLY			$0.00	Fee Schedule	N
59426	M	ANTEPARTUM CARE ONLY			$0.00	Fee Schedule	N
59430	M	CARE AFTER DELIVERY			$0.00	Fee Schedule	N
59510	E	CESAREAN DELIVERY			$0.00	Not Allowed	N
59514	C	CESAREAN DELIVERY ONLY			$0.00	Not Allowed	N
59515	E	CESAREAN DELIVERY			$0.00	Not Allowed	N
59525	C	REMOVE UTERUS AFTER CESAREAN			$0.00	Not Allowed	N
59610	E	VBAC DELIVERY			$0.00	Not Allowed	N
59612	T	VBAC DELIVERY ONLY	00193	19.7838	$1,001.26	APC	N
59614	E	VBAC CARE AFTER DELIVERY			$0.00	Not Allowed	N
59618	E	ATTEMPTED VBAC DELIVERY			$0.00	Not Allowed	N
59620	C	ATTEMPTED VBAC DELIVERY ONLY			$0.00	Not Allowed	N
59622	E	ATTEMPTED VBAC AFTER CARE			$0.00	Not Allowed	N
59812	T	TREATMENT OF MISCARRIAGE	00193	19.7838	$1,001.26	APC	N
59820	T	CARE OF MISCARRIAGE	00193	19.7838	$1,001.26	APC	N
59821	T	TREATMENT OF MISCARRIAGE	00193	19.7838	$1,001.26	APC	N
59830	C	TREAT UTERUS INFECTION			$0.00	Inpatient Only	N
59840	T	ABORTION	00193	19.7838	$1,001.26	APC	N
59841	T	ABORTION	00193	19.7838	$1,001.26	APC	N
59850	C	ABORTION			$0.00	Inpatient Only	N
59851	C	ABORTION			$0.00	Inpatient Only	N
59852	C	ABORTION			$0.00	Inpatient Only	N
59855	C	ABORTION			$0.00	Inpatient Only	N
59856	C	ABORTION			$0.00	Inpatient Only	N

59857	C	ABORTION			$0.00	Inpatient Only	N
59866	T	ABORTION (MPR)	00189	3.0012	$151.89	APC	N
59870	T	EVACUATE MOLE OF UTERUS	00193	19.7838	$1,001.26	APC	N
59871	T	REMOVE CERCLAGE SUTURE	00193	19.7838	$1,001.26	APC	N
59897	T	FETAL INVAS PX W/ US	00191	0.1524	$7.71	APC	
59898	T	LAPARO PROC, OB CARE/DELIVER	00130	37.8887	$1,917.55	APC	N
59899	T	MATERNITY CARE PROCEDURE	00191	0.1524	$7.71	APC	N
60000	T	DRAIN THYROID/TONGUE CYST	00252	7.5330	$381.25	APC	N
60100	T	BIOPSY OF THYROID	00004	4.4727	$226.36	APC	N
60200	T	REMOVE THYROID LESION	00114	47.2067	$2,389.13	APC	N
60210	T	PARTIAL THYROID EXCISION	00114	47.2067	$2,389.13	APC	N
60212	T	PARTIAL THYROID EXCISION	00114	47.2067	$2,389.13	APC	N
60220	T	PARTIAL REMOVAL OF THYROID	00114	47.2067	$2,389.13	APC	N
60225	T	PARTIAL REMOVAL OF THYROID	00114	47.2067	$2,389.13	APC	N
60240	T	REMOVAL OF THYROID	00114	47.2067	$2,389.13	APC	N
60252	T	REMOVAL OF THYROID	00256	41.8741	$2,119.25	APC	N
60254	C	EXTENSIVE THYROID SURGERY			$0.00	Inpatient Only	N
60260	T	REPEAT THYROID SURGERY	00256	41.8741	$2,119.25	APC	N
60270	C	REMOVAL OF THYROID			$0.00	Inpatient Only	N
60271	T	REMOVAL OF THYROID	00256	41.8741	$2,119.25	APC	N
60280	T	REMOVE THYROID DUCT LESION	00114	47.2067	$2,389.13	APC	N
60281	T	REMOVE THYROID DUCT LESION	00114	47.2067	$2,389.13	APC	
60300	T	ASPIR/INJ THYROID CYST	00004	4.4727	$226.36	APC	
60500	T	EXPLORE PARATHYROID GLANDS	00256	41.8741	$2,119.25	APC	N
60502	T	RE-EXPLORE PARATHYROIDS	00256	41.8741	$2,119.25	APC	
60505	C	EXPLORE PARATHYROID GLANDS			$0.00	Inpatient Only	N
60512	T	AUTOTRANSPLANT PARATHYROID	00022	21.8429	$1,105.47	APC	N
60520	T	REMOVAL OF THYMUS GLAND	00256	41.8741	$2,119.25	APC	N
60521	C	REMOVAL OF THYMUS GLAND			$0.00	Inpatient Only	N
60522	C	REMOVAL OF THYMUS GLAND			$0.00	Inpatient Only	N
60540	C	EXPLORE ADRENAL GLAND			$0.00	Inpatient Only	N
60545	C	EXPLORE ADRENAL GLAND			$0.00	Inpatient Only	N
60600	C	REMOVE CAROTID BODY LESION			$0.00	Inpatient Only	N
60605	C	REMOVE CAROTID BODY LESION			$0.00	Inpatient Only	N
60650	C	LAPAROSCOPY ADRENALECTOMY			$0.00	Inpatient Only	N
60659	T	LAPARO PROC, ENDOCRINE	00130	37.8887	$1,917.55	APC	N
60699	T	ENDOCRINE SURGERY PROCEDURE	00114	47.2067	$2,389.13	APC	N
61000	T	REMOVE CRANIAL CAVITY FLUID	00207	7.1721	$362.98	APC	N
61001	T	REMOVE CRANIAL CAVITY FLUID	00207	7.1721	$362.98	APC	N
61020	T	REMOVE BRAIN CAVITY FLUID	00207	7.1721	$362.98	APC	N
61026	T	INJECTION INTO BRAIN CANAL	00207	7.1721	$362.98	APC	
61050	T	REMOVE BRAIN CANAL FLUID	00207	7.1721	$362.98	APC	N
61055	T	INJECTION INTO BRAIN CANAL	00207	7.1721	$362.98	APC	
61070	T	BRAIN CANAL SHUNT PROCEDURE	00121	4.5958	$232.59	APC	N
61105	C	TWIST DRILL HOLE			$0.00	Inpatient Only	N
61107	C	DRILL SKULL FOR IMPLANTATION			$0.00	Inpatient Only	
61108	C	DRILL SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61120	C	BURR HOLE FOR PUNCTURE			$0.00	Inpatient Only	N
61140	C	PIERCE SKULL FOR BIOPSY			$0.00	Inpatient Only	N
61150	C	PIERCE SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61151	C	PIERCE SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61154	C	PIERCE SKULL & REMOVE CLOT			$0.00	Inpatient Only	N
61156	C	PIERCE SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61210	C	PIERCE SKULL, IMPLANT DEVICE			$0.00	Inpatient Only	N
61215	T	INSERT BRAIN-FLUID DEVICE	00224	42.0410	$2,127.70	APC	
61250	C	PIERCE SKULL & EXPLORE			$0.00	Inpatient Only	N
61253	C	PIERCE SKULL & EXPLORE			$0.00	Inpatient Only	N
61304	C	OPEN SKULL FOR EXPLORATION			$0.00	Inpatient Only	N
61305	C	OPEN SKULL FOR EXPLORATION			$0.00	Inpatient Only	N
61312	C	OPEN SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61313	C	OPEN SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61314	C	OPEN SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61315	C	OPEN SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61316	C	IMPLT CRAN BONE FLAP TO ABDO			$0.00	Inpatient Only	
61320	C	OPEN SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61321	C	OPEN SKULL FOR DRAINAGE			$0.00	Inpatient Only	N
61322	C	DECOMPRESSIVE CRANIOTOMY			$0.00	Inpatient Only	
61323	C	DECOMPRESSIVE LOBECTOMY			$0.00	Inpatient Only	
61330	T	DECOMPRESS EYE SOCKET	00256	41.8741	$2,119.25	APC	N
61332	C	EXPLORE/BIOPSY EYE SOCKET			$0.00	Inpatient Only	N
61333	C	EXPLORE ORBIT/REMOVE LESION			$0.00	Inpatient Only	N

61334	T	EXPLORE ORBIT/REMOVE OBJECT	00256	41.8741	$2,119.25	APC	N
61340	C	SUBTEMPORAL DECOMPRESSION			$0.00	Inpatient Only	N
61343	C	INCISE SKULL (PRESS RELIEF)			$0.00	Inpatient Only	N
61345	C	RELIEVE CRANIAL PRESSURE			$0.00	Inpatient Only	N
61440	C	INCISE SKULL FOR SURGERY			$0.00	Inpatient Only	N
61450	C	INCISE SKULL FOR SURGERY			$0.00	Inpatient Only	N
61458	C	INCISE SKULL FOR BRAIN WOUND			$0.00	Inpatient Only	N
61460	C	INCISE SKULL FOR SURGERY			$0.00	Inpatient Only	N
61470	C	INCISE SKULL FOR SURGERY			$0.00	Inpatient Only	N
61480	C	INCISE SKULL FOR SURGERY			$0.00	Inpatient Only	N
61490	C	INCISE SKULL FOR SURGERY			$0.00	Inpatient Only	N
61500	C	REMOVAL OF SKULL LESION			$0.00	Inpatient Only	N
61501	C	REMOVE INFECTED SKULL BONE			$0.00	Inpatient Only	
61510	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	N
61512	C	REMOVE BRAIN LINING LESION			$0.00	Inpatient Only	N
61514	C	REMOVAL OF BRAIN ABSCESS			$0.00	Inpatient Only	N
61516	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	N
61517	C	IMPLT BRAIN CHEMOTX ADD-ON			$0.00	Inpatient Only	
61518	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	N
61519	C	REMOVE BRAIN LINING LESION			$0.00	Inpatient Only	N
61520	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	N
61521	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	
61522	C	REMOVAL OF BRAIN ABSCESS			$0.00	Inpatient Only	N
61524	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	N
61526	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	N
61530	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	N
61531	C	IMPLANT BRAIN ELECTRODES			$0.00	Inpatient Only	N
61533	C	IMPLANT BRAIN ELECTRODES			$0.00	Inpatient Only	
61534	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	N
61535	C	REMOVE BRAIN ELECTRODES			$0.00	Inpatient Only	
61536	C	REMOVAL OF BRAIN LESION			$0.00	Inpatient Only	N
61537	C	REMOVAL OF BRAIN TISSUE			$0.00	Inpatient Only	
61538	C	REMOVAL OF BRAIN TISSUE			$0.00	Inpatient Only	N
61539	C	REMOVAL OF BRAIN TISSUE			$0.00	Inpatient Only	N
61540	C	REMOVAL OF BRAIN TISSUE			$0.00	Inpatient Only	
61541	C	INCISION OF BRAIN TISSUE			$0.00	Inpatient Only	
61542	C	REMOVAL OF BRAIN TISSUE			$0.00	Inpatient Only	N
61543	C	REMOVAL OF BRAIN TISSUE			$0.00	Inpatient Only	
61544	C	REMOVE & TREAT BRAIN LESION			$0.00	Inpatient Only	N
61545	C	EXCISION OF BRAIN TUMOR			$0.00	Inpatient Only	N
61546	C	REMOVAL OF PITUITARY GLAND			$0.00	Inpatient Only	N
61548	C	REMOVAL OF PITUITARY GLAND			$0.00	Inpatient Only	N
61550	C	RELEASE OF SKULL SEAMS			$0.00	Inpatient Only	N
61552	C	RELEASE OF SKULL SEAMS			$0.00	Inpatient Only	N
61556	C	INCISE SKULL/SUTURES			$0.00	Inpatient Only	N
61557	C	INCISE SKULL/SUTURES			$0.00	Inpatient Only	N
61558	C	EXCISION OF SKULL/SUTURES			$0.00	Inpatient Only	N
61559	C	EXCISION OF SKULL/SUTURES			$0.00	Inpatient Only	N
61563	C	EXCISION OF SKULL TUMOR			$0.00	Inpatient Only	N
61564	C	EXCISION OF SKULL TUMOR			$0.00	Inpatient Only	N
61566	C	REMOVAL OF BRAIN TISSUE			$0.00	Inpatient Only	
61567	C	INCISION OF BRAIN TISSUE			$0.00	Inpatient Only	
61570	C	REMOVE FOREIGN BODY, BRAIN			$0.00	Inpatient Only	N
61571	C	INCISE SKULL FOR BRAIN WOUND			$0.00	Inpatient Only	N
61575	C	SKULL BASE/BRAINSTEM SURGERY			$0.00	Inpatient Only	N
61576	C	SKULL BASE/BRAINSTEM SURGERY			$0.00	Inpatient Only	N
61580	C	CRANIOFACIAL APPROACH, SKULL			$0.00	Inpatient Only	N
61581	C	CRANIOFACIAL APPROACH, SKULL			$0.00	Inpatient Only	N
61582	C	CRANIOFACIAL APPROACH, SKULL			$0.00	Inpatient Only	N
61583	C	CRANIOFACIAL APPROACH, SKULL			$0.00	Inpatient Only	N
61584	C	ORBITOCRANIAL APPROACH/SKULL			$0.00	Inpatient Only	N
61585	C	ORBITOCRANIAL APPROACH/SKULL			$0.00	Inpatient Only	N
61586	C	RESECT NASOPHARYNX, SKULL			$0.00	Inpatient Only	N
61590	C	INFRATEMPORAL APPROACH/SKULL			$0.00	Inpatient Only	N
61591	C	INFRATEMPORAL APPROACH/SKULL			$0.00	Inpatient Only	N
61592	C	ORBITOCRANIAL APPROACH/SKULL			$0.00	Inpatient Only	N
61595	C	TRANSTEMPORAL APPROACH/SKULL			$0.00	Inpatient Only	N
61596	C	TRANSCOCHLEAR APPROACH/SKULL			$0.00	Inpatient Only	N
61597	C	TRANSCONDYLAR APPROACH/SKULL			$0.00	Inpatient Only	N
61598	C	TRANSPETROSAL APPROACH/SKULL			$0.00	Inpatient Only	N
61600	C	RESECT/EXCISE CRANIAL LESION			$0.00	Inpatient Only	N

61601	C	RESECT/EXCISE CRANIAL LESION			$0.00	Inpatient Only	N
61605	C	RESECT/EXCISE CRANIAL LESION			$0.00	Inpatient Only	N
61606	C	RESECT/EXCISE CRANIAL LESION			$0.00	Inpatient Only	N
61607	C	RESECT/EXCISE CRANIAL LESION			$0.00	Inpatient Only	N
61608	C	RESECT/EXCISE CRANIAL LESION			$0.00	Inpatient Only	N
61609	C	TRANSECT ARTERY, SINUS			$0.00	Inpatient Only	N
61610	C	TRANSECT ARTERY, SINUS			$0.00	Inpatient Only	N
61611	C	TRANSECT ARTERY, SINUS			$0.00	Inpatient Only	N
61612	C	TRANSECT ARTERY, SINUS			$0.00	Inpatient Only	N
61613	C	REMOVE ANEURYSM, SINUS			$0.00	Inpatient Only	N
61615	C	RESECT/EXCISE LESION, SKULL			$0.00	Inpatient Only	N
61616	C	RESECT/EXCISE LESION, SKULL			$0.00	Inpatient Only	N
61618	C	REPAIR DURA			$0.00	Inpatient Only	N
61619	C	REPAIR DURA			$0.00	Inpatient Only	N
61623	T	ENDOVASC TEMPORY VESSEL OCCL	00082	90.2562	$4,567.87	APC	
61624	C	TRANSCATH OCCLUSION CNS			$0.00	Inpatient Only	N
61626	T	TRANSCATH OCCLUSION NON-CNS	00082	90.2562	$4,567.87	APC	N
61630	E	INTRACRANIAL ANGIOPLASTY			$0.00	Not Allowed	
61635	E	INTRACRAN ANGIOPLSTY W/STENT			$0.00	Not Allowed	
61640	E	DILATE IC VASOSPASM INIT			$0.00	Not Allowed	
61641	E	DILATE IC VASOSPASM ADD-ON			$0.00	Not Allowed	
61642	E	DILATE IC VASOSPASM ADD-ON			$0.00	Not Allowed	
61680	C	INTRACRANIAL VESSEL SURGERY			$0.00	Inpatient Only	N
61682	C	INTRACRANIAL VESSEL SURGERY			$0.00	Inpatient Only	N
61684	C	INTRACRANIAL VESSEL SURGERY			$0.00	Inpatient Only	N
61686	C	INTRACRANIAL VESSEL SURGERY			$0.00	Inpatient Only	N
61690	C	INTRACRANIAL VESSEL SURGERY			$0.00	Inpatient Only	N
61692	C	INTRACRANIAL VESSEL SURGERY			$0.00	Inpatient Only	N
61697	C	BRAIN ANEURYSM REPR, COMPLX			$0.00	Inpatient Only	N
61698	C	BRAIN ANEURYSM REPR, COMPLX			$0.00	Inpatient Only	N
61700	C	BRAIN ANEURYSM REPR SIMPLE			$0.00	Inpatient Only	N
61702	C	INNER SKULL VESSEL SURGERY			$0.00	Inpatient Only	N
61703	C	CLAMP NECK ARTERY			$0.00	Inpatient Only	N
61705	C	REVISE CIRCULATION TO HEAD			$0.00	Inpatient Only	N
61708	C	REVISE CIRCULATION TO HEAD			$0.00	Inpatient Only	N
61710	C	REVISE CIRCULATION TO HEAD			$0.00	Inpatient Only	N
61711	C	FUSION OF SKULL ARTERIES			$0.00	Inpatient Only	N
61720	T	INCISE SKULL/BRAIN SURGERY	00221	35.9602	$1,819.95	APC	N
61735	C	INCISE SKULL/BRAIN SURGERY			$0.00	Inpatient Only	N
61750	C	INCISE SKULL/BRAIN BIOPSY			$0.00	Inpatient Only	N
61751	C	BRAIN BIOPSY W/CT/MR GUIDE			$0.00	Inpatient Only	N
61760	C	IMPLANT BRAIN ELECTRODES			$0.00	Inpatient Only	N
61770	T	INCISE SKULL FOR TREATMENT	00221	35.9602	$1,819.95	APC	N
61790	T	TREAT TRIGEMINAL NERVE	00220	18.5109	$936.84	APC	N
61791	T	TREAT TRIGEMINAL TRACT	00203	14.3718	$727.36	APC	
61795	N	BRAIN SURGERY USING COMPUTER			$0.00	Bundled	N
61796	E	SRS, CRANIAL LESION SIMPLE			$0.00	Not Allowed	
61797	E	SRS, CRAN LES SIMPLE, ADDL			$0.00	Not Allowed	
61798	E	SRS, CRANIAL LESION COMPLEX			$0.00	Not Allowed	
61799	E	SRS, CRAN LES COMPLEX, ADDL			$0.00	Not Allowed	
61800	E	APPLY SRS HEADFRAME ADD-ON			$0.00	Not Allowed	
61850	C	IMPLANT NEUROELECTRODES			$0.00	Inpatient Only	N
61860	C	IMPLANT NEUROELECTRODES			$0.00	Inpatient Only	N
61863	C	IMPLANT NEUROELECTRODE			$0.00	Inpatient Only	
61864	C	IMPLANT NEUROELECTRDE ADDL			$0.00	Inpatient Only	
61867	C	IMPLANT NEUROELECTRODE			$0.00	Inpatient Only	
61868	C	IMPLANT NEUROELECTRDE ADD□L			$0.00	Inpatient Only	
61870	C	IMPLANT NEUROELECTRODES			$0.00	Inpatient Only	N
61875	C	IMPLANT NEUROELECTRODES			$0.00	Inpatient Only	N
61880	T	REVISE/REMOVE NEUROELECTRODE	00687	19.6378	$993.87	APC	N
61885	S	IMPLANT NEUROSTIM ONE ARRAY	00039	189.9087	$9,611.28	APC	N
61886	S	IMPLANT NEUROSTIM ARRAYS	00315	277.2288	$14,030.55	APC	N
61888	T	REVISE/REMOVE NEURORECEIVER	00688	29.5464	$1,495.34	APC	N
62000	T	TREAT SKULL FRACTURE	00254	24.7557	$1,252.89	APC	N
62005	C	TREAT SKULL FRACTURE			$0.00	Inpatient Only	N
62010	C	TREATMENT OF HEAD INJURY			$0.00	Inpatient Only	N
62100	C	REPAIR BRAIN FLUID LEAKAGE			$0.00	Inpatient Only	N
62115	C	REDUCTION OF SKULL DEFECT			$0.00	Inpatient Only	N
62116	C	REDUCTION OF SKULL DEFECT			$0.00	Inpatient Only	N
62117	C	REDUCTION OF SKULL DEFECT			$0.00	Inpatient Only	N
62120	C	REPAIR SKULL CAVITY LESION			$0.00	Inpatient Only	N

62121	C	INCISE SKULL REPAIR			$0.00	Inpatient Only	N
62140	C	REPAIR OF SKULL DEFECT			$0.00	Inpatient Only	N
62141	C	REPAIR OF SKULL DEFECT			$0.00	Inpatient Only	N
62142	C	REMOVE SKULL PLATE/FLAP			$0.00	Inpatient Only	
62143	C	REPLACE SKULL PLATE/FLAP			$0.00	Inpatient Only	
62145	C	REPAIR OF SKULL & BRAIN			$0.00	Inpatient Only	N
62146	C	REPAIR OF SKULL WITH GRAFT			$0.00	Inpatient Only	N
62147	C	REPAIR OF SKULL WITH GRAFT			$0.00	Inpatient Only	N
62148	C	RETR BONE FLAP TO FIX SKULL			$0.00	Inpatient Only	
62160	N	NEUROENDOSCOPY ADD-ON			$0.00	Bundled	
62161	C	DISSECT BRAIN W/SCOPE			$0.00	Inpatient Only	
62162	C	REMOVE COLLOID CYST W/SCOPE			$0.00	Inpatient Only	
62163	C	NEUROENDOSCOPY W/FB REMOVAL			$0.00	Inpatient Only	
62164	C	REMOVE BRAIN TUMOR W/SCOPE			$0.00	Inpatient Only	
62165	C	REMOVE PITUIT TUMOR W/SCOPE			$0.00	Inpatient Only	
62180	C	ESTABLISH BRAIN CAVITY SHUNT			$0.00	Inpatient Only	N
62190	C	ESTABLISH BRAIN CAVITY SHUNT			$0.00	Inpatient Only	N
62192	C	ESTABLISH BRAIN CAVITY SHUNT			$0.00	Inpatient Only	N
62194	T	REPLACE/IRRIGATE CATHETER	00207	7.1721	$362.98	APC	N
62200	C	ESTABLISH BRAIN CAVITY SHUNT			$0.00	Inpatient Only	N
62201	C	BRAIN CAVITY SHUNT W/SCOPE			$0.00	Inpatient Only	N
62220	C	ESTABLISH BRAIN CAVITY SHUNT			$0.00	Inpatient Only	N
62223	C	ESTABLISH BRAIN CAVITY SHUNT			$0.00	Inpatient Only	N
62225	T	REPLACE/IRRIGATE CATHETER	00427	15.5994	$789.49	APC	N
62230	T	REPLACE/REVISE BRAIN SHUNT	00224	42.0410	$2,127.70	APC	N
62252	S	CSF SHUNT REPROGRAM	00691	2.4647	$124.74	APC	N
62256	C	REMOVE BRAIN CAVITY SHUNT			$0.00	Inpatient Only	N
62258	C	REPLACE BRAIN CAVITY SHUNT			$0.00	Inpatient Only	N
62263	T	EPIDURAL LYSIS MULT SESSIONS	00207	7.1721	$362.98	APC	N
62264	T	EPIDURAL LYSIS ON SINGLE DAY	00203	14.3718	$727.36	APC	
62267	T	INTERDISCAL PERQ ASPIR, DX	00004	4.4727	$226.36	APC	
62268	T	DRAIN SPINAL CORD CYST	00207	7.1721	$362.98	APC	
62269	T	NEEDLE BIOPSY, SPINAL CORD	00685	9.5785	$484.77	APC	
62270	T	SPINAL FLUID TAP, DIAGNOSTIC	00206	3.6499	$184.72	APC	N
62272	T	DRAIN CEREBRO SPINAL FLUID	00206	3.6499	$184.72	APC	N
62273	T	INJECT EPIDURAL PATCH	00206	3.6499	$184.72	APC	N
62280	T	TREAT SPINAL CORD LESION	00207	7.1721	$362.98	APC	N
62281	T	TREAT SPINAL CORD LESION	00207	7.1721	$362.98	APC	N
62282	T	TREAT SPINAL CANAL LESION	00207	7.1721	$362.98	APC	N
62284	N	INJECTION FOR MYELOGRAM			$0.00	Bundled	N
62287	T	PERCUTANEOUS DISKECTOMY	00221	35.9602	$1,819.95	APC	N
62290	N	INJECT FOR SPINE DISK X-RAY			$0.00	Bundled	N
62291	N	INJECT FOR SPINE DISK X-RAY			$0.00	Bundled	N
62292	T	INJECTION INTO DISK LESION	00207	7.1721	$362.98	APC	N
62294	T	INJECTION INTO SPINAL ARTERY	00207	7.1721	$362.98	APC	N
62310	T	INJECT SPINE C/T	00207	7.1721	$362.98	APC	N
62311	T	INJECT SPINE L/S (CD)	00207	7.1721	$362.98	APC	N
62318	T	INJECT SPINE W/CATH, C/T	00207	7.1721	$362.98	APC	N
62319	T	INJECT SPINE W/CATH L/S (CD)	00207	7.1721	$362.98	APC	N
62350	T	IMPLANT SPINAL CANAL CATH	00224	42.0410	$2,127.70	APC	N
62351	T	IMPLANT SPINAL CANAL CATH	00208	48.6069	$2,460.00	APC	N
62355	T	REMOVE SPINAL CANAL CATHETER	00203	14.3718	$727.36	APC	N
62360	T	INSERT SPINE INFUSION DEVICE	00224	42.0410	$2,127.70	APC	N
62361	T	IMPLANT SPINE INFUSION PUMP	00227	185.9307	$9,409.95	APC	N
62362	T	IMPLANT SPINE INFUSION PUMP	00227	185.9307	$9,409.95	APC	N
62365	T	REMOVE SPINE INFUSION DEVICE	00221	35.9602	$1,819.95	APC	N
62367	S	ANALYZE SPINE INFUSION PUMP	00692	1.6537	$83.69	APC	N
62368	S	ANALYZE SPINE INFUSION PUMP	00691	2.4647	$124.74	APC	N
63001	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63003	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63005	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63011	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63012	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63015	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63016	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63017	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63020	T	NECK SPINE DISK SURGERY	00208	48.6069	$2,460.00	APC	N
63030	T	LOW BACK DISK SURGERY	00208	48.6069	$2,460.00	APC	N
63035	T	SPINAL DISK SURGERY ADD-ON	00208	48.6069	$2,460.00	APC	N
63040	T	LAMINOTOMY, SINGLE CERVICAL	00208	48.6069	$2,460.00	APC	N
63042	T	LAMINOTOMY, SINGLE LUMBAR	00208	48.6069	$2,460.00	APC	N

63043	C	LAMINOTOMY ADD□L CERVICAL			$0.00	Inpatient Only	N
63044	C	LAMINOTOMY ADD□L LUMBAR			$0.00	Inpatient Only	N
63045	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63046	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63047	T	REMOVAL OF SPINAL LAMINA	00208	48.6069	$2,460.00	APC	N
63048	T	REMOVE SPINAL LAMINA ADD-ON	00208	48.6069	$2,460.00	APC	N
63050	C	CERVICAL LAMINOPLASTY			$0.00	Inpatient Only	
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE			$0.00	Inpatient Only	
63055	T	DECOMPRESS SPINAL CORD	00208	48.6069	$2,460.00	APC	N
63056	T	DECOMPRESS SPINAL CORD	00208	48.6069	$2,460.00	APC	N
63057	T	DECOMPRESS SPINE CORD ADD-ON	00208	48.6069	$2,460.00	APC	N
63064	T	DECOMPRESS SPINAL CORD	00208	48.6069	$2,460.00	APC	N
63066	T	DECOMPRESS SPINE CORD ADD-ON	00208	48.6069	$2,460.00	APC	N
63075	T	NECK SPINE DISK SURGERY	00208	48.6069	$2,460.00	APC	N
63076	C	NECK SPINE DISK SURGERY			$0.00	Inpatient Only	N
63077	C	SPINE DISK SURGERY, THORAX			$0.00	Inpatient Only	N
63078	C	SPINE DISK SURGERY, THORAX			$0.00	Inpatient Only	N
63081	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63082	C	REMOVE VERTEBRAL BODY ADD-ON			$0.00	Inpatient Only	N
63085	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63086	C	REMOVE VERTEBRAL BODY ADD-ON			$0.00	Inpatient Only	N
63087	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63088	C	REMOVE VERTEBRAL BODY ADD-ON			$0.00	Inpatient Only	N
63090	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63091	C	REMOVE VERTEBRAL BODY ADD-ON			$0.00	Inpatient Only	N
63101	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	
63102	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	
63103	C	REMOVE VERTEBRAL BODY ADD-ON			$0.00	Inpatient Only	
63170	C	INCISE SPINAL CORD TRACT(S)			$0.00	Inpatient Only	N
63172	C	DRAINAGE OF SPINAL CYST			$0.00	Inpatient Only	N
63173	C	DRAINAGE OF SPINAL CYST			$0.00	Inpatient Only	N
63180	C	REVISE SPINAL CORD LIGAMENTS			$0.00	Inpatient Only	N
63182	C	REVISE SPINAL CORD LIGAMENTS			$0.00	Inpatient Only	N
63185	C	INCISE SPINAL COLUMN/NERVES			$0.00	Inpatient Only	N
63190	C	INCISE SPINAL COLUMN/NERVES			$0.00	Inpatient Only	N
63191	C	INCISE SPINAL COLUMN/NERVES			$0.00	Inpatient Only	
63194	C	INCISE SPINAL COLUMN & CORD			$0.00	Inpatient Only	N
63195	C	INCISE SPINAL COLUMN & CORD			$0.00	Inpatient Only	N
63196	C	INCISE SPINAL COLUMN & CORD			$0.00	Inpatient Only	N
63197	C	INCISE SPINAL COLUMN & CORD			$0.00	Inpatient Only	N
63198	C	INCISE SPINAL COLUMN & CORD			$0.00	Inpatient Only	N
63199	C	INCISE SPINAL COLUMN & CORD			$0.00	Inpatient Only	N
63200	C	RELEASE OF SPINAL CORD			$0.00	Inpatient Only	N
63250	C	REVISE SPINAL CORD VESSELS			$0.00	Inpatient Only	N
63251	C	REVISE SPINAL CORD VESSELS			$0.00	Inpatient Only	N
63252	C	REVISE SPINAL CORD VESSELS			$0.00	Inpatient Only	N
63265	C	EXCISE INTRASPINAL LESION			$0.00	Inpatient Only	N
63266	C	EXCISE INTRASPINAL LESION			$0.00	Inpatient Only	N
63267	C	EXCISE INTRASPINAL LESION			$0.00	Inpatient Only	N
63268	C	EXCISE INTRASPINAL LESION			$0.00	Inpatient Only	N
63270	C	EXCISE INTRASPINAL LESION			$0.00	Inpatient Only	N
63271	C	EXCISE INTRASPINAL LESION			$0.00	Inpatient Only	N
63272	C	EXCISE INTRASPINAL LESION			$0.00	Inpatient Only	N
63273	C	EXCISE INTRASPINAL LESION			$0.00	Inpatient Only	N
63275	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63276	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63277	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63278	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63280	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63281	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63282	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63283	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63285	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63286	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63287	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63290	C	BIOPSY/EXCISE SPINAL TUMOR			$0.00	Inpatient Only	N
63295	C	REPAIR OF LAMINECTOMY DEFECT			$0.00	Inpatient Only	
63300	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63301	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63302	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63303	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N

63304	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63305	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63306	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63307	C	REMOVAL OF VERTEBRAL BODY			$0.00	Inpatient Only	N
63308	C	REMOVE VERTEBRAL BODY ADD-ON			$0.00	Inpatient Only	N
63600	T	REMOVE SPINAL CORD LESION	00220	18.5109	$936.84	APC	N
63610	T	STIMULATION OF SPINAL CORD	00220	18.5109	$936.84	APC	N
63615	T	REMOVE LESION OF SPINAL CORD	00220	18.5109	$936.84	APC	
63620	E	SRS, SPINAL LESION			$0.00	Not Allowed	
63621	E	SRS, SPINAL LESION, ADDL			$0.00	Not Allowed	
63650	S	IMPLANT NEUROELECTRODES	00040	63.6772	$3,222.70	APC	N
63655	S	IMPLANT NEUROELECTRODES	00061	82.9048	$4,195.81	APC	N
63660	T	REVISE/REMOVE NEUROELECTRODE	00687	19.6378	$993.87	APC	N
63685	S	IMPLANT NEURORECEIVER	00222	235.6477	$11,926.13	APC	N
63688	T	REVISE/REMOVE NEURORECEIVER	00688	29.5464	$1,495.34	APC	N
63700	C	REPAIR OF SPINAL HERNIATION			$0.00	Inpatient Only	N
63702	C	REPAIR OF SPINAL HERNIATION			$0.00	Inpatient Only	N
63704	C	REPAIR OF SPINAL HERNIATION			$0.00	Inpatient Only	N
63706	C	REPAIR OF SPINAL HERNIATION			$0.00	Inpatient Only	N
63707	C	REPAIR SPINAL FLUID LEAKAGE			$0.00	Inpatient Only	N
63709	C	REPAIR SPINAL FLUID LEAKAGE			$0.00	Inpatient Only	N
63710	C	GRAFT REPAIR OF SPINE DEFECT			$0.00	Inpatient Only	N
63740	C	INSTALL SPINAL SHUNT			$0.00	Inpatient Only	N
63741	T	INSTALL SPINAL SHUNT	00224	42.0410	$2,127.70	APC	N
63744	T	REVISION OF SPINAL SHUNT	00224	42.0410	$2,127.70	APC	N
63746	T	REMOVAL OF SPINAL SHUNT	00203	14.3718	$727.36	APC	N
64400	T	N BLOCK INJ TRIGEMINAL	00204	2.4871	$125.87	APC	N
64402	T	N BLOCK INJ FACIAL	00204	2.4871	$125.87	APC	N
64405	T	N BLOCK INJ OCCIPITAL	00206	3.6499	$184.72	APC	N
64408	T	N BLOCK INJ VAGUS	00206	3.6499	$184.72	APC	N
64410	T	N BLOCK INJ PHRENIC	00207	7.1721	$362.98	APC	N
64412	T	N BLOCK INJ SPINAL ACCESSOR	00207	7.1721	$362.98	APC	N
64413	T	N BLOCK INJ CERVICAL PLEXUS	00206	3.6499	$184.72	APC	N
64415	T	N BLOCK INJ BRACHIAL PLEXUS	00206	3.6499	$184.72	APC	N
64416	T	N BLOCK CONT INFUSE B PLEX	00207	7.1721	$362.98	APC	
64417	T	N BLOCK INJ AXILLARY	00206	3.6499	$184.72	APC	N
64418	T	N BLOCK INJ SUPRASCAPULAR	00206	3.6499	$184.72	APC	N
64420	T	N BLOCK INJ INTERCOST SNG	00206	3.6499	$184.72	APC	N
64421	T	N BLOCK INJ INTERCOST MLT	00207	7.1721	$362.98	APC	N
64425	T	N BLOCK INJ ILIO-ING/HYPOGI	00206	3.6499	$184.72	APC	N
64430	T	N BLOCK INJ PUDENDAL	00207	7.1721	$362.98	APC	N
64435	T	N BLOCK INJ PARACERVICAL	00206	3.6499	$184.72	APC	N
64445	T	N BLOCK INJ SCIATIC SNG	00206	3.6499	$184.72	APC	N
64446	T	N BLK INJ SCIATIC CONT INF	00203	14.3718	$727.36	APC	
64447	T	N BLOCK INJ FEM SINGLE	00206	3.6499	$184.72	APC	
64448	T	N BLOCK INJ FEM CONT INF	00206	3.6499	$184.72	APC	
64449	T	N BLOCK INJ LUMBAR PLEXUS	00207	7.1721	$362.98	APC	
64450	T	N BLOCK OTHER PERIPHERAL	00206	3.6499	$184.72	APC	N
64455	T	N BLOCK INJ, PLANTAR DIGIT	00204	2.4871	$125.87	APC	
64470	T	INJ PARAVERTEBRAL C/T	00207	7.1721	$362.98	APC	N
64472	T	INJ PARAVERTEBRAL C/T ADD-ON	00206	3.6499	$184.72	APC	N
64475	T	INJ PARAVERTEBRAL L/S	00207	7.1721	$362.98	APC	N
64476	T	INJ PARAVERTEBRAL L/S ADD-ON	00204	2.4871	$125.87	APC	N
64479	T	INJ FORAMEN EPIDURAL C/T	00207	7.1721	$362.98	APC	N
64480	T	INJ FORAMEN EPIDURAL ADD-ON	00206	3.6499	$184.72	APC	N
64483	T	INJ FORAMEN EPIDURAL L/S	00207	7.1721	$362.98	APC	N
64484	T	INJ FORAMEN EPIDURAL ADD-ON	00206	3.6499	$184.72	APC	N
64505	T	N BLOCK SPENOPALATINE GANGL	00204	2.4871	$125.87	APC	N
64508	T	N BLOCK CAROTID SINUS S/P	00204	2.4871	$125.87	APC	N
64510	T	N BLOCK STELLATE GANGLION	00207	7.1721	$362.98	APC	N
64517	T	N BLOCK INJ HYPOGAS PLXS	00207	7.1721	$362.98	APC	
64520	T	N BLOCK LUMBAR/THORACIC	00207	7.1721	$362.98	APC	N
64530	T	N BLOCK INJ CELIAC PELUS	00207	7.1721	$362.98	APC	N
64550	M	APPLY NEUROSTIMULATOR			$7.64	Fee Schedule	N
64553	S	IMPLANT NEUROELECTRODES	00040	63.6772	$3,222.70	APC	N
64555	S	IMPLANT NEUROELECTRODES	00040	63.6772	$3,222.70	APC	N
64560	S	IMPLANT NEUROELECTRODES	00040	63.6772	$3,222.70	APC	N
64561	S	IMPLANT NEUROELECTRODES	00040	63.6772	$3,222.70	APC	
64565	S	IMPLANT NEUROELECTRODES	00040	63.6772	$3,222.70	APC	N
64573	S	IMPLANT NEUROELECTRODES	00225	109.5182	$5,542.72	APC	N
64575	S	IMPLANT NEUROELECTRODES	00061	82.9048	$4,195.81	APC	N

64577	S	IMPLANT NEUROELECTRODES	00061	82.9048	$4,195.81	APC	N
64580	S	IMPLANT NEUROELECTRODES	00061	82.9048	$4,195.81	APC	N
64581	S	IMPLANT NEUROELECTRODES	00061	82.9048	$4,195.81	APC	
64585	T	REVISE/REMOVE NEUROELECTRODE	00687	19.6378	$993.87	APC	N
64590	S	IMPLANT NEURORECEIVER	00039	189.9087	$9,611.28	APC	N
64595	T	REVISE/REMOVE NEURORECEIVER	00688	29.5464	$1,495.34	APC	N
64600	T	INJECTION TREATMENT OF NERVE	00203	14.3718	$727.36	APC	N
64605	T	INJECTION TREATMENT OF NERVE	00203	14.3718	$727.36	APC	N
64610	T	INJECTION TREATMENT OF NERVE	00203	14.3718	$727.36	APC	N
64612	T	DESTROY NERVE, FACE MUSCLE	00204	2.4871	$125.87	APC	N
64613	T	DESTROY NERVE NECK MUSCLE	00206	3.6499	$184.72	APC	N
64614	T	DESTROY NERVE, EXTREM MUSC	00206	3.6499	$184.72	APC	N
64620	T	INJECTION TREATMENT OF NERVE	00207	7.1721	$362.98	APC	N
64622	T	DESTR PARAVERTEBRL NERVE L/S	00203	14.3718	$727.36	APC	N
64623	T	DESTR PARAVERTEBRAL N ADD-ON	00207	7.1721	$362.98	APC	N
64626	T	DESTR PARAVERTEBRL NERVE C/T	00203	14.3718	$727.36	APC	N
64627	T	DESTR PARAVERTEBRAL N ADD-ON	00204	2.4871	$125.87	APC	N
64630	T	INJECTION TREATMENT OF NERVE	00207	7.1721	$362.98	APC	N
64632	T	N BLOCK INJ, COMMON DIGIT	00204	2.4871	$125.87	APC	
64640	T	INJECTION TREATMENT OF NERVE	00207	7.1721	$362.98	APC	N
64650	T	CHEMODENERV ECCRINE GLANDS	00204	2.4871	$125.87	APC	
64653	T	CHEMODENERV ECCRINE GLANDS	00204	2.4871	$125.87	APC	
64680	T	INJECTION TREATMENT OF NERVE	00203	14.3718	$727.36	APC	N
64681	T	INJECTION TREATMENT OF NERVE	00203	14.3718	$727.36	APC	
64702	T	REVISE FINGER/TOE NERVE	00220	18.5109	$936.84	APC	N
64704	T	REVISE HAND/FOOT NERVE	00220	18.5109	$936.84	APC	N
64708	T	REVISE ARM/LEG NERVE	00220	18.5109	$936.84	APC	N
64712	T	REVISION OF SCIATIC NERVE	00220	18.5109	$936.84	APC	N
64713	T	REVISION OF ARM NERVE(S)	00220	18.5109	$936.84	APC	N
64714	T	REVISE LOW BACK NERVE(S)	00220	18.5109	$936.84	APC	N
64716	T	REVISION OF CRANIAL NERVE	00220	18.5109	$936.84	APC	N
64718	T	REVISE ULNAR NERVE AT ELBOW	00220	18.5109	$936.84	APC	N
64719	T	REVISE ULNAR NERVE AT WRIST	00220	18.5109	$936.84	APC	N
64721	T	CARPAL TUNNEL SURGERY	00220	18.5109	$936.84	APC	N
64722	T	RELIEVE PRESSURE ON NERVE(S)	00220	18.5109	$936.84	APC	N
64726	T	RELEASE FOOT/TOE NERVE	00220	18.5109	$936.84	APC	N
64727	T	INTERNAL NERVE REVISION	00220	18.5109	$936.84	APC	N
64732	T	INCISION OF BROW NERVE	00220	18.5109	$936.84	APC	N
64734	T	INCISION OF CHEEK NERVE	00220	18.5109	$936.84	APC	N
64736	T	INCISION OF CHIN NERVE	00220	18.5109	$936.84	APC	N
64738	T	INCISION OF JAW NERVE	00220	18.5109	$936.84	APC	N
64740	T	INCISION OF TONGUE NERVE	00220	18.5109	$936.84	APC	N
64742	T	INCISION OF FACIAL NERVE	00220	18.5109	$936.84	APC	N
64744	T	INCISE NERVE, BACK OF HEAD	00220	18.5109	$936.84	APC	N
64746	T	INCISE DIAPHRAGM NERVE	00220	18.5109	$936.84	APC	N
64752	C	INCISION OF VAGUS NERVE			$0.00	Inpatient Only	N
64755	C	INCISION OF STOMACH NERVES			$0.00	Inpatient Only	N
64760	C	INCISION OF VAGUS NERVE			$0.00	Inpatient Only	N
64761	T	INCISION OF PELVIS NERVE	00220	18.5109	$936.84	APC	N
64763	T	INCISE HIP/THIGH NERVE	00220	18.5109	$936.84	APC	N
64766	T	INCISE HIP/THIGH NERVE	00221	35.9602	$1,819.95	APC	N
64771	T	SEVER CRANIAL NERVE	00220	18.5109	$936.84	APC	N
64772	T	INCISION OF SPINAL NERVE	00220	18.5109	$936.84	APC	N
64774	T	REMOVE SKIN NERVE LESION	00220	18.5109	$936.84	APC	N
64776	T	REMOVE DIGIT NERVE LESION	00220	18.5109	$936.84	APC	N
64778	T	DIGIT NERVE SURGERY ADD-ON	00220	18.5109	$936.84	APC	N
64782	T	REMOVE LIMB NERVE LESION	00220	18.5109	$936.84	APC	N
64783	T	LIMB NERVE SURGERY ADD-ON	00220	18.5109	$936.84	APC	N
64784	T	REMOVE NERVE LESION	00220	18.5109	$936.84	APC	N
64786	T	REMOVE SCIATIC NERVE LESION	00221	35.9602	$1,819.95	APC	N
64787	T	IMPLANT NERVE END	00220	18.5109	$936.84	APC	N
64788	T	REMOVE SKIN NERVE LESION	00220	18.5109	$936.84	APC	N
64790	T	REMOVAL OF NERVE LESION	00220	18.5109	$936.84	APC	N
64792	T	REMOVAL OF NERVE LESION	00221	35.9602	$1,819.95	APC	N
64795	T	BIOPSY OF NERVE	00220	18.5109	$936.84	APC	N
64802	T	REMOVE SYMPATHETIC NERVES	00220	18.5109	$936.84	APC	N
64804	T	REMOVE SYMPATHETIC NERVES	00220	18.5109	$936.84	APC	N
64809	C	REMOVE SYMPATHETIC NERVES			$0.00	Inpatient Only	N
64818	C	REMOVE SYMPATHETIC NERVES			$0.00	Inpatient Only	N
64820	T	REMOVE SYMPATHETIC NERVES	00220	18.5109	$936.84	APC	N
64821	T	REMOVE SYMPATHETIC NERVES	00054	27.9994	$1,417.05	APC	N

64822	T	REMOVE SYMPATHETIC NERVES	00054	27.9994	$1,417.05	APC	
64823	T	REMOVE SYMPATHETIC NERVES	00054	27.9994	$1,417.05	APC	N
64831	T	REPAIR OF DIGIT NERVE	00221	35.9602	$1,819.95	APC	N
64832	T	REPAIR NERVE ADD-ON	00221	35.9602	$1,819.95	APC	N
64834	T	REPAIR OF HAND OR FOOT NERVE	00221	35.9602	$1,819.95	APC	N
64835	T	REPAIR OF HAND OR FOOT NERVE	00221	35.9602	$1,819.95	APC	N
64836	T	REPAIR OF HAND OR FOOT NERVE	00221	35.9602	$1,819.95	APC	N
64837	T	REPAIR NERVE ADD-ON	00221	35.9602	$1,819.95	APC	N
64840	T	REPAIR OF LEG NERVE	00221	35.9602	$1,819.95	APC	N
64856	T	REPAIR/TRANSPOSE NERVE	00221	35.9602	$1,819.95	APC	N
64857	T	REPAIR ARM/LEG NERVE	00221	35.9602	$1,819.95	APC	N
64858	T	REPAIR SCIATIC NERVE	00221	35.9602	$1,819.95	APC	N
64859	T	NERVE SURGERY	00221	35.9602	$1,819.95	APC	N
64861	T	REPAIR OF ARM NERVES	00221	35.9602	$1,819.95	APC	N
64862	T	REPAIR OF LOW BACK NERVES	00221	35.9602	$1,819.95	APC	N
64864	T	REPAIR OF FACIAL NERVE	00221	35.9602	$1,819.95	APC	N
64865	T	REPAIR OF FACIAL NERVE	00221	35.9602	$1,819.95	APC	N
64866	C	FUSION OF FACIAL/OTHER NERVE			$0.00	Inpatient Only	N
64868	C	FUSION OF FACIAL/OTHER NERVE			$0.00	Inpatient Only	N
64870	T	FUSION OF FACIAL/OTHER NERVE	00221	35.9602	$1,819.95	APC	N
64872	T	SUBSEQUENT REPAIR OF NERVE	00221	35.9602	$1,819.95	APC	N
64874	T	REPAIR & REVISE NERVE ADD-ON	00221	35.9602	$1,819.95	APC	N
64876	T	REPAIR NERVE/SHORTEN BONE	00221	35.9602	$1,819.95	APC	N
64885	T	NERVE GRAFT HEAD OR NECK	00221	35.9602	$1,819.95	APC	N
64886	T	NERVE GRAFT HEAD OR NECK	00221	35.9602	$1,819.95	APC	N
64890	T	NERVE GRAFT, HAND OR FOOT	00221	35.9602	$1,819.95	APC	N
64891	T	NERVE GRAFT, HAND OR FOOT	00221	35.9602	$1,819.95	APC	N
64892	T	NERVE GRAFT, ARM OR LEG	00221	35.9602	$1,819.95	APC	N
64893	T	NERVE GRAFT, ARM OR LEG	00221	35.9602	$1,819.95	APC	N
64895	T	NERVE GRAFT, HAND OR FOOT	00221	35.9602	$1,819.95	APC	N
64896	T	NERVE GRAFT, HAND OR FOOT	00221	35.9602	$1,819.95	APC	N
64897	T	NERVE GRAFT, ARM OR LEG	00221	35.9602	$1,819.95	APC	N
64898	T	NERVE GRAFT, ARM OR LEG	00221	35.9602	$1,819.95	APC	N
64901	T	NERVE GRAFT ADD-ON	00221	35.9602	$1,819.95	APC	N
64902	T	NERVE GRAFT ADD-ON	00221	35.9602	$1,819.95	APC	N
64905	T	NERVE PEDICLE TRANSFER	00221	35.9602	$1,819.95	APC	N
64907	T	NERVE PEDICLE TRANSFER	00221	35.9602	$1,819.95	APC	N
64910	T	NERVE REPAIR W/ALLOGRAFT	00221	35.9602	$1,819.95	APC	
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT	00221	35.9602	$1,819.95	APC	
64999	T	NERVOUS SYSTEM SURGERY	00204	2.4871	$125.87	APC	N
65091	T	REVISE EYE	00242	38.5166	$1,949.33	APC	N
65093	T	REVISE EYE WITH IMPLANT	00242	38.5166	$1,949.33	APC	N
65101	T	REMOVAL OF EYE	00242	38.5166	$1,949.33	APC	N
65103	T	REMOVE EYE/INSERT IMPLANT	00242	38.5166	$1,949.33	APC	N
65105	T	REMOVE EYE/ATTACH IMPLANT	00242	38.5166	$1,949.33	APC	N
65110	T	REMOVAL OF EYE	00242	38.5166	$1,949.33	APC	N
65112	T	REMOVE EYE/REVISE SOCKET	00242	38.5166	$1,949.33	APC	N
65114	T	REMOVE EYE/REVISE SOCKET	00242	38.5166	$1,949.33	APC	N
65125	T	REVISE OCULAR IMPLANT	00241	26.0302	$1,317.39	APC	N
65130	T	INSERT OCULAR IMPLANT	00241	26.0302	$1,317.39	APC	N
65135	T	INSERT OCULAR IMPLANT	00241	26.0302	$1,317.39	APC	N
65140	T	ATTACH OCULAR IMPLANT	00242	38.5166	$1,949.33	APC	N
65150	T	REVISE OCULAR IMPLANT	00241	26.0302	$1,317.39	APC	N
65155	T	REINSERT OCULAR IMPLANT	00242	38.5166	$1,949.33	APC	N
65175	T	REMOVAL OF OCULAR IMPLANT	00240	19.3139	$977.48	APC	N
65205	S	REMOVE FOREIGN BODY FROM EYE	00698	0.9338	$47.26	APC	N
65210	S	REMOVE FOREIGN BODY FROM EYE	00698	0.9338	$47.26	APC	N
65220	S	REMOVE FOREIGN BODY FROM EYE	00698	0.9338	$47.26	APC	N
65222	S	REMOVE FOREIGN BODY FROM EYE	00698	0.9338	$47.26	APC	N
65235	T	REMOVE FOREIGN BODY FROM EYE	00233	16.7409	$847.26	APC	N
65260	T	REMOVE FOREIGN BODY FROM EYE	00235	5.8277	$294.94	APC	N
65265	T	REMOVE FOREIGN BODY FROM EYE	00237	22.3269	$1,129.96	APC	N
65270	T	REPAIR OF EYE WOUND	00240	19.3139	$977.48	APC	N
65272	T	REPAIR OF EYE WOUND	00234	23.8963	$1,209.39	APC	N
65273	C	REPAIR OF EYE WOUND			$0.00	Inpatient Only	N
65275	T	REPAIR OF EYE WOUND	00234	23.8963	$1,209.39	APC	N
65280	T	REPAIR OF EYE WOUND	00237	22.3269	$1,129.96	APC	N
65285	T	REPAIR OF EYE WOUND	00672	38.1751	$1,932.04	APC	N
65286	T	REPAIR OF EYE WOUND	00232	4.6708	$236.39	APC	N
65290	T	REPAIR OF EYE SOCKET WOUND	00243	24.6556	$1,247.82	APC	N
65400	T	REMOVAL OF EYE LESION	00233	16.7409	$847.26	APC	N

65410	T	BIOPSY OF CORNEA	00233	16.7409	$847.26	APC	N
65420	T	REMOVAL OF EYE LESION	00233	16.7409	$847.26	APC	N
65426	T	REMOVAL OF EYE LESION	00234	23.8963	$1,209.39	APC	N
65430	S	CORNEAL SMEAR	00698	0.9338	$47.26	APC	N
65435	T	CURETTE/TREAT CORNEA	00239	7.6973	$389.56	APC	N
65436	T	CURETTE/TREAT CORNEA	00233	16.7409	$847.26	APC	N
65450	S	TREATMENT OF CORNEAL LESION	00231	2.1549	$109.06	APC	
65600	T	REVISION OF CORNEA	00240	19.3139	$977.48	APC	N
65710	T	CORNEAL TRANSPLANT	00244	37.9664	$1,921.48	APC	Y
65730	T	CORNEAL TRANSPLANT	00244	37.9664	$1,921.48	APC	N
65750	T	CORNEAL TRANSPLANT	00244	37.9664	$1,921.48	APC	Y
65755	T	CORNEAL TRANSPLANT	00244	37.9664	$1,921.48	APC	Y
65756	T	CORNEAL TRNSPL, ENDOTHELIAL	00244	37.9664	$1,921.48	APC	
65757	N	PREP CORNEAL ENDO ALLOGRAFT			$0.00	Bundled	
65760	E	REVISION OF CORNEA			$0.00	Not Allowed	N
65765	E	REVISION OF CORNEA			$0.00	Not Allowed	N
65767	E	CORNEAL TISSUE TRANSPLANT			$0.00	Not Allowed	N
65770	T	REVISE CORNEA WITH IMPLANT	00293	104.7499	$5,301.39	APC	N
65771	E	RADIAL KERATOTOMY			$0.00	Not Allowed	Y
65772	T	CORRECTION OF ASTIGMATISM	00233	16.7409	$847.26	APC	N
65775	T	CORRECTION OF ASTIGMATISM	00233	16.7409	$847.26	APC	N
65780	T	OCULAR RECONST TRANSPLANT	00244	37.9664	$1,921.48	APC	Y
65781	T	OCULAR RECONST TRANSPLANT	00244	37.9664	$1,921.48	APC	Y
65782	T	OCULAR RECONST TRANSPLANT	00244	37.9664	$1,921.48	APC	Y
65800	T	DRAINAGE OF EYE	00233	16.7409	$847.26	APC	N
65805	T	DRAINAGE OF EYE	00233	16.7409	$847.26	APC	N
65810	T	DRAINAGE OF EYE	00234	23.8963	$1,209.39	APC	N
65815	T	DRAINAGE OF EYE	00234	23.8963	$1,209.39	APC	N
65820	T	RELIEVE INNER EYE PRESSURE	00232	4.6708	$236.39	APC	N
65850	T	INCISION OF EYE	00234	23.8963	$1,209.39	APC	N
65855	T	LASER SURGERY OF EYE	00247	5.2647	$266.45	APC	N
65860	T	INCISE INNER EYE ADHESIONS	00247	5.2647	$266.45	APC	N
65865	T	INCISE INNER EYE ADHESIONS	00233	16.7409	$847.26	APC	N
65870	T	INCISE INNER EYE ADHESIONS	00234	23.8963	$1,209.39	APC	N
65875	T	INCISE INNER EYE ADHESIONS	00234	23.8963	$1,209.39	APC	N
65880	T	INCISE INNER EYE ADHESIONS	00233	16.7409	$847.26	APC	N
65900	T	REMOVE EYE LESION	00233	16.7409	$847.26	APC	N
65920	T	REMOVE IMPLANT OF EYE	00234	23.8963	$1,209.39	APC	N
65930	T	REMOVE BLOOD CLOT FROM EYE	00234	23.8963	$1,209.39	APC	N
66020	T	INJECTION TREATMENT OF EYE	00233	16.7409	$847.26	APC	N
66030	T	INJECTION TREATMENT OF EYE	00232	4.6708	$236.39	APC	N
66130	T	REMOVE EYE LESION	00234	23.8963	$1,209.39	APC	N
66150	T	GLAUCOMA SURGERY	00234	23.8963	$1,209.39	APC	N
66155	T	GLAUCOMA SURGERY	00234	23.8963	$1,209.39	APC	N
66160	T	GLAUCOMA SURGERY	00234	23.8963	$1,209.39	APC	N
66165	T	GLAUCOMA SURGERY	00234	23.8963	$1,209.39	APC	N
66170	T	GLAUCOMA SURGERY	00234	23.8963	$1,209.39	APC	N
66172	T	INCISION OF EYE	00234	23.8963	$1,209.39	APC	N
66180	T	IMPLANT EYE SHUNT	00673	40.9535	$2,072.66	APC	N
66185	T	REVISE EYE SHUNT	00673	40.9535	$2,072.66	APC	N
66220	T	REPAIR EYE LESION	00672	38.1751	$1,932.04	APC	N
66225	T	REPAIR/GRAFT EYE LESION	00673	40.9535	$2,072.66	APC	N
66250	T	FOLLOW-UP SURGERY OF EYE	00233	16.7409	$847.26	APC	N
66500	T	INCISION OF IRIS	00232	4.6708	$236.39	APC	N
66505	T	INCISION OF IRIS	00232	4.6708	$236.39	APC	N
66600	T	REMOVE IRIS AND LESION	00234	23.8963	$1,209.39	APC	N
66605	T	REMOVAL OF IRIS	00234	23.8963	$1,209.39	APC	N
66625	T	REMOVAL OF IRIS	00233	16.7409	$847.26	APC	N
66630	T	REMOVAL OF IRIS	00234	23.8963	$1,209.39	APC	N
66635	T	REMOVAL OF IRIS	00234	23.8963	$1,209.39	APC	N
66680	T	REPAIR IRIS & CILIARY BODY	00234	23.8963	$1,209.39	APC	N
66682	T	REPAIR IRIS & CILIARY BODY	00234	23.8963	$1,209.39	APC	N
66700	T	DESTRUCTION, CILIARY BODY	00233	16.7409	$847.26	APC	N
66710	T	DESTRUCTION, CILIARY BODY	00233	16.7409	$847.26	APC	N
66711	T	CILIARY ENDOSCOPIC ABLATION	00233	16.7409	$847.26	APC	
66720	T	DESTRUCTION, CILIARY BODY	00233	16.7409	$847.26	APC	N
66740	T	DESTRUCTION, CILIARY BODY	00234	23.8963	$1,209.39	APC	N
66761	T	REVISION OF IRIS	00247	5.2647	$266.45	APC	N
66762	T	REVISION OF IRIS	00247	5.2647	$266.45	APC	N
66770	T	REMOVAL OF INNER EYE LESION	00247	5.2647	$266.45	APC	N
66820	T	INCISION, SECONDARY CATARACT	00232	4.6708	$236.39	APC	N

66821	T	AFTER CATARACT LASER SURGERY	00247	5.2647	$266.45	APC	
66825	T	REPOSITION INTRAOCULAR LENS	00234	23.8963	$1,209.39	APC	N
66830	T	REMOVAL OF LENS LESION	00232	4.6708	$236.39	APC	N
66840	T	REMOVAL OF LENS MATERIAL	00245	14.1882	$718.06	APC	N
66850	T	REMOVAL OF LENS MATERIAL	00249	31.3304	$1,585.63	APC	N
66852	T	REMOVAL OF LENS MATERIAL	00249	31.3304	$1,585.63	APC	N
66920	T	EXTRACTION OF LENS	00249	31.3304	$1,585.63	APC	N
66930	T	EXTRACTION OF LENS	00249	31.3304	$1,585.63	APC	N
66940	T	EXTRACTION OF LENS	00245	14.1882	$718.06	APC	N
66982	T	CATARACT SURGERY, COMPLEX	00246	24.2955	$1,229.60	APC	N
66983	T	CATARACT SURG W/IOL, 1 STAGE	00246	24.2955	$1,229.60	APC	
66984	T	CATARACT SURG W/IOL 1 STAGE	00246	24.2955	$1,229.60	APC	
66985	T	INSERT LENS PROSTHESIS	00246	24.2955	$1,229.60	APC	N
66986	T	EXCHANGE LENS PROSTHESIS	00246	24.2955	$1,229.60	APC	N
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON			$0.00	Bundled	
66999	T	EYE SURGERY PROCEDURE	00232	4.6708	$236.39	APC	N
67005	T	PARTIAL REMOVAL OF EYE FLUID	00237	22.3269	$1,129.96	APC	N
67010	T	PARTIAL REMOVAL OF EYE FLUID	00237	22.3269	$1,129.96	APC	N
67015	T	RELEASE OF EYE FLUID	00672	38.1751	$1,932.04	APC	N
67025	T	REPLACE EYE FLUID	00237	22.3269	$1,129.96	APC	N
67027	T	IMPLANT EYE DRUG SYSTEM	00672	38.1751	$1,932.04	APC	N
67028	T	INJECTION EYE DRUG	00238	3.1524	$159.54	APC	N
67030	T	INCISE INNER EYE STRANDS	00237	22.3269	$1,129.96	APC	N
67031	T	LASER SURGERY, EYE STRANDS	00247	5.2647	$266.45	APC	
67036	T	REMOVAL OF INNER EYE FLUID	00672	38.1751	$1,932.04	APC	
67039	T	LASER TREATMENT OF RETINA	00672	38.1751	$1,932.04	APC	N
67040	T	LASER TREATMENT OF RETINA	00672	38.1751	$1,932.04	APC	N
67041	T	VIT FOR MACULAR PUCKER	00672	38.1751	$1,932.04	APC	
67042	T	VIT FOR MACULAR HOLE	00672	38.1751	$1,932.04	APC	
67043	T	VIT FOR MEMBRANE DISSECT	00672	38.1751	$1,932.04	APC	
67101	T	REPAIR DETACHED RETINA	00235	5.8277	$294.94	APC	
67105	T	REPAIR DETACHED RETINA	00247	5.2647	$266.45	APC	
67107	T	REPAIR DETACHED RETINA	00672	38.1751	$1,932.04	APC	N
67108	T	REPAIR DETACHED RETINA	00672	38.1751	$1,932.04	APC	N
67110	T	REPAIR DETACHED RETINA	00237	22.3269	$1,129.96	APC	N
67112	T	REREPAIR DETACHED RETINA	00672	38.1751	$1,932.04	APC	N
67113	T	REPAIR RETINAL DETACH, CPLX	00672	38.1751	$1,932.04	APC	
67115	T	RELEASE ENCIRCLING MATERIAL	00237	22.3269	$1,129.96	APC	
67120	T	REMOVE EYE IMPLANT MATERIAL	00237	22.3269	$1,129.96	APC	N
67121	T	REMOVE EYE IMPLANT MATERIAL	00237	22.3269	$1,129.96	APC	
67141	T	TREATMENT OF RETINA	00235	5.8277	$294.94	APC	
67145	T	TREATMENT OF RETINA	00247	5.2647	$266.45	APC	
67208	T	TREATMENT OF RETINAL LESION	00235	5.8277	$294.94	APC	
67210	T	TREATMENT OF RETINAL LESION	00247	5.2647	$266.45	APC	
67218	T	TREATMENT OF RETINAL LESION	00237	22.3269	$1,129.96	APC	N
67220	T	TREATMENT OF CHOROID LESION	00235	5.8277	$294.94	APC	N
67221	T	OCULAR PHOTODYNAMIC THER	00235	5.8277	$294.94	APC	N
67225	T	EYE PHOTODYNAMIC THER ADD-ON	00235	5.8277	$294.94	APC	
67227	T	TREATMENT OF RETINAL LESION	00237	22.3269	$1,129.96	APC	
67228	T	TREATMENT OF RETINAL LESION	00247	5.2647	$266.45	APC	
67229	T	TR RETINAL LES PRETERM INF	00247	5.2647	$266.45	APC	
67250	T	REINFORCE EYE WALL	00240	19.3139	$977.48	APC	N
67255	T	REINFORCE/GRAFT EYE WALL	00237	22.3269	$1,129.96	APC	N
67299	T	EYE SURGERY PROCEDURE	00235	5.8277	$294.94	APC	N
67311	T	REVISE EYE MUSCLE	00243	24.6556	$1,247.82	APC	N
67312	T	REVISE TWO EYE MUSCLES	00243	24.6556	$1,247.82	APC	N
67314	T	REVISE EYE MUSCLE	00243	24.6556	$1,247.82	APC	N
67316	T	REVISE TWO EYE MUSCLES	00243	24.6556	$1,247.82	APC	N
67318	T	REVISE EYE MUSCLE(S)	00243	24.6556	$1,247.82	APC	N
67320	T	REVISE EYE MUSCLE(S) ADD-ON	00243	24.6556	$1,247.82	APC	N
67331	T	EYE SURGERY FOLLOW-UP ADD-ON	00243	24.6556	$1,247.82	APC	N
67332	T	REREVISE EYE MUSCLES ADD-ON	00243	24.6556	$1,247.82	APC	N
67334	T	REVISE EYE MUSCLE W/SUTURE	00243	24.6556	$1,247.82	APC	N
67335	T	EYE SUTURE DURING SURGERY	00243	24.6556	$1,247.82	APC	N
67340	T	REVISE EYE MUSCLE ADD-ON	00243	24.6556	$1,247.82	APC	N
67343	T	RELEASE EYE TISSUE	00243	24.6556	$1,247.82	APC	N
67345	T	DESTROY NERVE OF EYE MUSCLE	00238	3.1524	$159.54	APC	N
67346	T	BIOPSY, EYE MUSCLE	00699	14.4782	$732.74	APC	
67399	T	EYE MUSCLE SURGERY PROCEDURE	00243	24.6556	$1,247.82	APC	N
67400	T	EXPLORE/BIOPSY EYE SOCKET	00240	19.3139	$977.48	APC	N
67405	T	EXPLORE/DRAIN EYE SOCKET	00241	26.0302	$1,317.39	APC	N

67412	T	EXPLORE/TREAT EYE SOCKET	00240	19.3139	$977.48	APC	N
67413	T	EXPLORE/TREAT EYE SOCKET	00241	26.0302	$1,317.39	APC	N
67414	T	EXPLR/DECOMPRESS EYE SOCKET	00242	38.5166	$1,949.33	APC	N
67415	T	ASPIRATION, ORBITAL CONTENTS	00240	19.3139	$977.48	APC	N
67420	T	EXPLORE/TREAT EYE SOCKET	00242	38.5166	$1,949.33	APC	N
67430	T	EXPLORE/TREAT EYE SOCKET	00242	38.5166	$1,949.33	APC	N
67440	T	EXPLORE/DRAIN EYE SOCKET	00242	38.5166	$1,949.33	APC	N
67445	T	EXPLR/DECOMPRESS EYE SOCKET	00242	38.5166	$1,949.33	APC	N
67450	T	EXPLORE/BIOPSY EYE SOCKET	00242	38.5166	$1,949.33	APC	N
67500	S	INJECT/TREAT EYE SOCKET	00231	2.1549	$109.06	APC	N
67505	T	INJECT/TREAT EYE SOCKET	00238	3.1524	$159.54	APC	N
67515	T	INJECT/TREAT EYE SOCKET	00238	3.1524	$159.54	APC	N
67550	T	INSERT EYE SOCKET IMPLANT	00242	38.5166	$1,949.33	APC	N
67560	T	REVISE EYE SOCKET IMPLANT	00241	26.0302	$1,317.39	APC	N
67570	T	DECOMPRESS OPTIC NERVE	00242	38.5166	$1,949.33	APC	N
67599	T	ORBIT SURGERY PROCEDURE	00238	3.1524	$159.54	APC	N
67700	T	DRAINAGE OF EYELID ABSCESS	00238	3.1524	$159.54	APC	N
67710	T	INCISION OF EYELID	00239	7.6973	$389.56	APC	N
67715	T	INCISION OF EYELID FOLD	00240	19.3139	$977.48	APC	N
67800	T	REMOVE EYELID LESION	00238	3.1524	$159.54	APC	N
67801	T	REMOVE EYELID LESIONS	00239	7.6973	$389.56	APC	N
67805	T	REMOVE EYELID LESIONS	00238	3.1524	$159.54	APC	N
67808	T	REMOVE EYELID LESION(S)	00240	19.3139	$977.48	APC	N
67810	T	BIOPSY OF EYELID	00238	3.1524	$159.54	APC	N
67820	S	REVISE EYELASHES	00698	0.9338	$47.26	APC	N
67825	T	REVISE EYELASHES	00238	3.1524	$159.54	APC	N
67830	T	REVISE EYELASHES	00239	7.6973	$389.56	APC	N
67835	T	REVISE EYELASHES	00240	19.3139	$977.48	APC	N
67840	T	REMOVE EYELID LESION	00239	7.6973	$389.56	APC	N
67850	T	TREAT EYELID LESION	00239	7.6973	$389.56	APC	N
67875	T	CLOSURE OF EYELID BY SUTURE	00239	7.6973	$389.56	APC	N
67880	T	REVISION OF EYELID	00233	16.7409	$847.26	APC	N
67882	T	REVISION OF EYELID	00240	19.3139	$977.48	APC	N
67900	T	REPAIR BROW DEFECT	00241	26.0302	$1,317.39	APC	Y
67901	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67902	T	REPAIR EYELID DEFECT	00241	26.0302	$1,317.39	APC	Y
67903	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67904	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67906	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67908	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67909	T	REVISE EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67911	T	REVISE EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67912	T	CORRECTION EYELID W/ IMPLANT	00240	19.3139	$977.48	APC	
67914	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67915	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67916	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67917	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67921	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67922	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67923	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67924	T	REPAIR EYELID DEFECT	00240	19.3139	$977.48	APC	Y
67930	T	REPAIR EYELID WOUND	00240	19.3139	$977.48	APC	N
67935	T	REPAIR EYELID WOUND	00240	19.3139	$977.48	APC	N
67938	S	REMOVE EYELID FOREIGN BODY	00231	2.1549	$109.06	APC	N
67950	T	REVISION OF EYELID	00240	19.3139	$977.48	APC	N
67961	T	REVISION OF EYELID	00240	19.3139	$977.48	APC	N
67966	T	REVISION OF EYELID	00240	19.3139	$977.48	APC	N
67971	T	RECONSTRUCTION OF EYELID	00240	19.3139	$977.48	APC	N
67973	T	RECONSTRUCTION OF EYELID	00241	26.0302	$1,317.39	APC	N
67974	T	RECONSTRUCTION OF EYELID	00240	19.3139	$977.48	APC	N
67975	T	RECONSTRUCTION OF EYELID	00240	19.3139	$977.48	APC	N
67999	T	REVISION OF EYELID	00238	3.1524	$159.54	APC	N
68020	T	INCISE/DRAIN EYELID LINING	00238	3.1524	$159.54	APC	N
68040	S	TREATMENT OF EYELID LESIONS	00698	0.9338	$47.26	APC	N
68100	T	BIOPSY OF EYELID LINING	00232	4.6708	$236.39	APC	N
68110	T	REMOVE EYELID LINING LESION	00699	14.4782	$732.74	APC	N
68115	T	REMOVE EYELID LINING LESION	00240	19.3139	$977.48	APC	N
68130	T	REMOVE EYELID LINING LESION	00233	16.7409	$847.26	APC	N
68135	T	REMOVE EYELID LINING LESION	00239	7.6973	$389.56	APC	N
68200	S	TREAT EYELID BY INJECTION	00698	0.9338	$47.26	APC	N
68320	T	REVISE/GRAFT EYELID LINING	00241	26.0302	$1,317.39	APC	N

68325	T	REVISE/GRAFT EYELID LINING	00241	26.0302	$1,317.39	APC	N
68326	T	REVISE/GRAFT EYELID LINING	00240	19.3139	$977.48	APC	N
68328	T	REVISE/GRAFT EYELID LINING	00241	26.0302	$1,317.39	APC	N
68330	T	REVISE EYELID LINING	00234	23.8963	$1,209.39	APC	N
68335	T	REVISE/GRAFT EYELID LINING	00241	26.0302	$1,317.39	APC	N
68340	T	SEPARATE EYELID ADHESIONS	00240	19.3139	$977.48	APC	N
68360	T	REVISE EYELID LINING	00234	23.8963	$1,209.39	APC	N
68362	T	REVISE EYELID LINING	00234	23.8963	$1,209.39	APC	N
68371	T	HARVEST EYE TISSUE ALOGRAFT	00233	16.7409	$847.26	APC	Y
68399	T	EYELID LINING SURGERY	00238	3.1524	$159.54	APC	N
68400	T	INCISE/DRAIN TEAR GLAND	00238	3.1524	$159.54	APC	N
68420	T	INCISE/DRAIN TEAR SAC	00240	19.3139	$977.48	APC	N
68440	T	INCISE TEAR DUCT OPENING	00238	3.1524	$159.54	APC	N
68500	T	REMOVAL OF TEAR GLAND	00241	26.0302	$1,317.39	APC	N
68505	T	PARTIAL REMOVAL, TEAR GLAND	00241	26.0302	$1,317.39	APC	N
68510	T	BIOPSY OF TEAR GLAND	00240	19.3139	$977.48	APC	N
68520	T	REMOVAL OF TEAR SAC	00241	26.0302	$1,317.39	APC	N
68525	T	BIOPSY OF TEAR SAC	00240	19.3139	$977.48	APC	N
68530	T	CLEARANCE OF TEAR DUCT	00238	3.1524	$159.54	APC	N
68540	T	REMOVE TEAR GLAND LESION	00240	19.3139	$977.48	APC	N
68550	T	REMOVE TEAR GLAND LESION	00241	26.0302	$1,317.39	APC	N
68700	T	REPAIR TEAR DUCTS	00240	19.3139	$977.48	APC	N
68705	T	REVISE TEAR DUCT OPENING	00238	3.1524	$159.54	APC	N
68720	T	CREATE TEAR SAC DRAIN	00241	26.0302	$1,317.39	APC	N
68745	T	CREATE TEAR DUCT DRAIN	00241	26.0302	$1,317.39	APC	N
68750	T	CREATE TEAR DUCT DRAIN	00241	26.0302	$1,317.39	APC	N
68760	T	CLOSE TEAR DUCT OPENING	00238	3.1524	$159.54	APC	N
68761	T	CLOSE TEAR DUCT OPENING	00238	3.1524	$159.54	APC	N
68770	T	CLOSE TEAR SYSTEM FISTULA	00241	26.0302	$1,317.39	APC	N
68801	S	DILATE TEAR DUCT OPENING	00698	0.9338	$47.26	APC	N
68810	S	PROBE NASOLACRIMAL DUCT	00231	2.1549	$109.06	APC	N
68811	T	PROBE NASOLACRIMAL DUCT	00240	19.3139	$977.48	APC	N
68815	T	PROBE NASOLACRIMAL DUCT	00240	19.3139	$977.48	APC	N
68816	T	PROBE NL DUCT W/BALLOON	00240	19.3139	$977.48	APC	
68840	S	EXPLORE/IRRIGATE TEAR DUCTS	00231	2.1549	$109.06	APC	N
68850	N	INJECTION FOR TEAR SAC X-RAY			$0.00	Bundled	N
68899	T	TEAR DUCT SYSTEM SURGERY	00238	3.1524	$159.54	APC	N
69000	T	DRAIN EXTERNAL EAR LESION	00006	1.4128	$71.50	APC	N
69005	T	DRAIN EXTERNAL EAR LESION	00008	19.3873	$981.19	APC	N
69020	T	DRAIN OUTER EAR CANAL LESION	00006	1.4128	$71.50	APC	N
69090	E	PIERCE EARLOBES			$0.00	Not Allowed	N
69100	T	BIOPSY OF EXTERNAL EAR	00251	3.3069	$167.36	APC	N
69105	T	BIOPSY OF EXTERNAL EAR CANAL	00253	17.2402	$872.53	APC	N
69110	T	REMOVE EXTERNAL EAR, PARTIAL	00021	15.8974	$804.57	APC	N
69120	T	REMOVAL OF EXTERNAL EAR	00254	24.7557	$1,252.89	APC	N
69140	T	REMOVE EAR CANAL LESION(S)	00254	24.7557	$1,252.89	APC	N
69145	T	REMOVE EAR CANAL LESION(S)	00021	15.8974	$804.57	APC	N
69150	T	EXTENSIVE EAR CANAL SURGERY	00252	7.5330	$381.25	APC	N
69155	C	EXTENSIVE EAR/NECK SURGERY			$0.00	Inpatient Only	N
69200	X	CLEAR OUTER EAR CANAL	00340	0.6462	$32.70	APC	N
69205	T	CLEAR OUTER EAR CANAL	00022	21.8429	$1,105.47	APC	N
69210	X	REMOVE IMPACTED EAR WAX	00340	0.6462	$32.70	APC	N
69220	T	CLEAN OUT MASTOID CAVITY	00013	0.8281	$41.91	APC	N
69222	T	CLEAN OUT MASTOID CAVITY	00253	17.2402	$872.53	APC	N
69300	T	REVISE EXTERNAL EAR			$0.00	Not Allowed	N
69310	T	REBUILD OUTER EAR CANAL	00256	41.8741	$2,119.25	APC	
69320	T	REBUILD OUTER EAR CANAL	00256	41.8741	$2,119.25	APC	N
69399	T	OUTER EAR SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
69400	T	INFLATE MIDDLE EAR CANAL	00251	3.3069	$167.36	APC	N
69401	T	INFLATE MIDDLE EAR CANAL	00251	3.3069	$167.36	APC	N
69405	T	CATHETERIZE MIDDLE EAR CANAL	00252	7.5330	$381.25	APC	N
69420	T	INCISION OF EARDRUM	00251	3.3069	$167.36	APC	N
69421	T	INCISION OF EARDRUM	00253	17.2402	$872.53	APC	N
69424	T	REMOVE VENTILATING TUBE	00253	17.2402	$872.53	APC	N
69433	T	CREATE EARDRUM OPENING	00252	7.5330	$381.25	APC	N
69436	T	CREATE EARDRUM OPENING	00253	17.2402	$872.53	APC	N
69440	T	EXPLORATION OF MIDDLE EAR	00254	24.7557	$1,252.89	APC	N
69450	T	EARDRUM REVISION	00256	41.8741	$2,119.25	APC	N
69501	T	MASTOIDECTOMY	00256	41.8741	$2,119.25	APC	N
69502	T	MASTOIDECTOMY	00254	24.7557	$1,252.89	APC	N
69505	T	REMOVE MASTOID STRUCTURES	00256	41.8741	$2,119.25	APC	N

69511	T	EXTENSIVE MASTOID SURGERY	00256	41.8741	$2,119.25	APC	N
69530	T	EXTENSIVE MASTOID SURGERY	00256	41.8741	$2,119.25	APC	N
69535	C	REMOVE PART OF TEMPORAL BONE			$0.00	Inpatient Only	N
69540	T	REMOVE EAR LESION	00253	17.2402	$872.53	APC	N
69550	T	REMOVE EAR LESION	00256	41.8741	$2,119.25	APC	N
69552	T	REMOVE EAR LESION	00256	41.8741	$2,119.25	APC	N
69554	C	REMOVE EAR LESION			$0.00	Inpatient Only	N
69601	T	MASTOID SURGERY REVISION	00256	41.8741	$2,119.25	APC	N
69602	T	MASTOID SURGERY REVISION	00256	41.8741	$2,119.25	APC	N
69603	T	MASTOID SURGERY REVISION	00256	41.8741	$2,119.25	APC	N
69604	T	MASTOID SURGERY REVISION	00256	41.8741	$2,119.25	APC	N
69605	T	MASTOID SURGERY REVISION	00256	41.8741	$2,119.25	APC	N
69610	T	REPAIR OF EARDRUM	00254	24.7557	$1,252.89	APC	N
69620	T	REPAIR OF EARDRUM	00254	24.7557	$1,252.89	APC	N
69631	T	REPAIR EARDRUM STRUCTURES	00256	41.8741	$2,119.25	APC	N
69632	T	REBUILD EARDRUM STRUCTURES	00256	41.8741	$2,119.25	APC	N
69633	T	REBUILD EARDRUM STRUCTURES	00256	41.8741	$2,119.25	APC	N
69635	T	REPAIR EARDRUM STRUCTURES	00256	41.8741	$2,119.25	APC	N
69636	T	REBUILD EARDRUM STRUCTURES	00256	41.8741	$2,119.25	APC	N
69637	T	REBUILD EARDRUM STRUCTURES	00256	41.8741	$2,119.25	APC	N
69641	T	REVISE MIDDLE EAR & MASTOID	00256	41.8741	$2,119.25	APC	N
69642	T	REVISE MIDDLE EAR & MASTOID	00256	41.8741	$2,119.25	APC	N
69643	T	REVISE MIDDLE EAR & MASTOID	00256	41.8741	$2,119.25	APC	N
69644	T	REVISE MIDDLE EAR & MASTOID	00256	41.8741	$2,119.25	APC	N
69645	T	REVISE MIDDLE EAR & MASTOID	00256	41.8741	$2,119.25	APC	N
69646	T	REVISE MIDDLE EAR & MASTOID	00256	41.8741	$2,119.25	APC	N
69650	T	RELEASE MIDDLE EAR BONE	00254	24.7557	$1,252.89	APC	N
69660	T	REVISE MIDDLE EAR BONE	00256	41.8741	$2,119.25	APC	N
69661	T	REVISE MIDDLE EAR BONE	00256	41.8741	$2,119.25	APC	N
69662	T	REVISE MIDDLE EAR BONE	00256	41.8741	$2,119.25	APC	N
69666	T	REPAIR MIDDLE EAR STRUCTURES	00256	41.8741	$2,119.25	APC	N
69667	T	REPAIR MIDDLE EAR STRUCTURES	00256	41.8741	$2,119.25	APC	N
69670	T	REMOVE MASTOID AIR CELLS	00256	41.8741	$2,119.25	APC	N
69676	T	REMOVE MIDDLE EAR NERVE	00256	41.8741	$2,119.25	APC	N
69700	T	CLOSE MASTOID FISTULA	00256	41.8741	$2,119.25	APC	N
69710	E	IMPLANT/REPLACE HEARING AID			$0.00	Not Allowed	N
69711	T	REMOVE/REPAIR HEARING AID	00256	41.8741	$2,119.25	APC	N
69714	T	IMPLANT TEMPLE BONE W/STIMUL	00425	121.7668	$6,162.62	APC	N
69715	T	TEMPLE BNE IMPLNT W/STIMULAT	00425	121.7668	$6,162.62	APC	N
69717	T	TEMPLE BONE IMPLANT REVISION	00425	121.7668	$6,162.62	APC	N
69718	T	REVISE TEMPLE BONE IMPLANT	00425	121.7668	$6,162.62	APC	N
69720	T	RELEASE FACIAL NERVE	00256	41.8741	$2,119.25	APC	N
69725	T	RELEASE FACIAL NERVE	00256	41.8741	$2,119.25	APC	N
69740	T	REPAIR FACIAL NERVE	00256	41.8741	$2,119.25	APC	N
69745	T	REPAIR FACIAL NERVE	00256	41.8741	$2,119.25	APC	N
69799	T	MIDDLE EAR SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
69801	T	INCISE INNER EAR	00256	41.8741	$2,119.25	APC	N
69802	T	INCISE INNER EAR	00256	41.8741	$2,119.25	APC	N
69805	T	EXPLORE INNER EAR	00256	41.8741	$2,119.25	APC	N
69806	T	EXPLORE INNER EAR	00256	41.8741	$2,119.25	APC	N
69820	T	ESTABLISH INNER EAR WINDOW	00256	41.8741	$2,119.25	APC	N
69840	T	REVISE INNER EAR WINDOW	00256	41.8741	$2,119.25	APC	N
69905	T	REMOVE INNER EAR	00256	41.8741	$2,119.25	APC	N
69910	T	REMOVE INNER EAR & MASTOID	00256	41.8741	$2,119.25	APC	N
69915	T	INCISE INNER EAR NERVE	00256	41.8741	$2,119.25	APC	N
69930	T	IMPLANT COCHLEAR DEVICE	00259	401.1259	$20,300.98	APC	
69949	T	INNER EAR SURGERY PROCEDURE	00250	1.1110	$56.23	APC	N
69950	C	INCISE INNER EAR NERVE			$0.00	Inpatient Only	N
69955	T	RELEASE FACIAL NERVE	00256	41.8741	$2,119.25	APC	N
69960	T	RELEASE INNER EAR CANAL	00256	41.8741	$2,119.25	APC	N
69970	T	REMOVE INNER EAR LESION	00256	41.8741	$2,119.25	APC	N
69979	T	TEMPORAL BONE SURGERY	00250	1.1110	$56.23	APC	N
69990	N	MICROSURGERY ADD-ON			$0.00	Bundled	N
70010	N	CONTRAST X-RAY OF BRAIN	00274	7.1945	$364.11	Bundled, may be payable in some circumstances	N
70015	N	CONTRAST X-RAY OF BRAIN	00274	7.1945	$364.11	Bundled, may be payable in some circumstances	N
70030	X	X-RAY EYE FOR FOREIGN BODY	00260	0.6767	$34.25	APC	N
70100	X	X-RAY EXAM OF JAW	00260	0.6767	$34.25	APC	N
70110	X	X-RAY EXAM OF JAW	00260	0.6767	$34.25	APC	N
70120	X	X-RAY EXAM OF MASTOIDS	00260	0.6767	$34.25	APC	N
70130	X	X-RAY EXAM OF MASTOIDS	00260	0.6767	$34.25	APC	N
70134	X	X-RAY EXAM OF MIDDLE EAR	00261	1.1269	$57.03	APC	N

70140	X	X-RAY EXAM OF FACIAL BONES	00260	0.6767	$34.25	APC	N
70150	X	X-RAY EXAM OF FACIAL BONES	00260	0.6767	$34.25	APC	N
70160	X	X-RAY EXAM OF NASAL BONES	00260	0.6767	$34.25	APC	N
70170	N	X-RAY EXAM OF TEAR DUCT	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
70190	X	X-RAY EXAM OF EYE SOCKETS	00260	0.6767	$34.25	APC	N
70200	X	X-RAY EXAM OF EYE SOCKETS	00260	0.6767	$34.25	APC	N
70210	X	X-RAY EXAM OF SINUSES	00260	0.6767	$34.25	APC	N
70220	X	X-RAY EXAM OF SINUSES	00260	0.6767	$34.25	APC	N
70240	X	X-RAY EXAM PITUITARY SADDLE	00260	0.6767	$34.25	APC	N
70250	X	X-RAY EXAM OF SKULL	00260	0.6767	$34.25	APC	N
70260	X	X-RAY EXAM OF SKULL	00261	1.1269	$57.03	APC	N
70300	X	X-RAY EXAM OF TEETH	00262	0.4855	$24.57	APC	N
70310	X	X-RAY EXAM OF TEETH	00262	0.4855	$24.57	APC	N
70320	X	FULL MOUTH X-RAY OF TEETH	00262	0.4855	$24.57	APC	N
70328	X	X-RAY EXAM OF JAW JOINT	00260	0.6767	$34.25	APC	N
70330	X	X-RAY EXAM OF JAW JOINTS	00260	0.6767	$34.25	APC	N
70332	N	X-RAY EXAM OF JAW JOINT	00275	4.0175	$203.33	Bundled, may be payable in some circumstances	N
70336	N	MAGNETIC IMAGE JAW JOINT	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
70350	X	X-RAY HEAD FOR ORTHODONTIA	00260	0.6767	$34.25	APC	N
70355	X	PANORAMIC X-RAY OF JAWS	00260	0.6767	$34.25	APC	N
70360	X	X-RAY EXAM OF NECK	00260	0.6767	$34.25	APC	N
70370	X	THROAT X-RAY & FLUOROSCOPY	00272	1.2597	$63.75	APC	N
70371	X	SPEECH EVALUATION COMPLEX	00272	1.2597	$63.75	APC	N
70373	N	CONTRAST X-RAY OF LARYNX	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
70380	X	X-RAY EXAM OF SALIVARY GLAND	00260	0.6767	$34.25	APC	N
70390	N	X-RAY EXAM OF SALIVARY DUCT	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
70450	N	CT HEAD/BRAIN W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
70460	N	CONTRAST CAT SCAN OF HEAD	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
70470	N	CT HEAD/BRAIN W/O & W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
70480	N	CT ORBIT/EAR/FOSSA W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
70481	N	CONTRAST CAT SCAN OF SKULL	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
70486	N	CT MAXILLOFACIAL W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
70487	N	CT MAXILLOFACIAL W/DYE	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
70488	N	CT MAXILLOFACIAL W/O & W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
70490	N	CT SOFT TISSUE NECK W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
70491	N	CT SOFT TISSUE NECK W/DYE	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
70492	N	CT SFT TSUE NCK W/O & W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
70496	N	CT ANGIOGRAPHY HEAD	00662	5.3264	$269.57	Bundled, may be payable in some circumstances	N
70498	N	CT ANGIOGRAPHY NECK	00662	5.3264	$269.57	Bundled, may be payable in some circumstances	N
70540	N	MRI ORBIT/FACE/NECK W/O DYE	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
70542	N	MRI ORBIT FACE AND NECK; WITH CONTR	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
70543	N	MRI ORBT/FAC/NCK W/O & W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
70544	N	MAGNETIC RESONANCE ANGIOGRAPHY HI	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
70545	N	MAGNETIC RESONANCE ANGIOGRAPHY HI	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
70547	N	MAGNETIC RESONANCE ANGIOGRAPHY NE	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
70548	N	MAGNETIC RESONANCE ANGIOGRAPHY NE	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
70551	N	MAGNETIC IMAGE BRAIN (MRI)	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
70552	N	MRI BRAIN W/DYE	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
70553	N	MRI BRAIN W/O & W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
70554	N	FMRI BRAIN BY TECH	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	
70555	S	FMRI BRAIN BY PHYS/PSYCH	00336	5.2689	$266.66	APC	
70557	S	MRI BRAIN W/O DYE	00336	5.2689	$266.66	APC	
70558	S	MRI BRAIN W/DYE	00284	6.4701	$327.45	APC	
70559	S	MRI BRAIN W/O & W/DYE	00337	8.1548	$412.71	APC	
71010	X	CHEST X-RAY	00260	0.6767	$34.25	APC	N
71015	X	X-RAY EXAM OF CHEST	00260	0.6767	$34.25	APC	N
71020	X	CHEST X-RAY	00260	0.6767	$34.25	APC	N
71021	X	CHEST X-RAY	00260	0.6767	$34.25	APC	N
71022	X	CHEST X-RAY	00260	0.6767	$34.25	APC	N
71023	X	CHEST X-RAY AND FLUOROSCOPY	00272	1.2597	$63.75	APC	N
71030	X	CHEST X-RAY	00260	0.6767	$34.25	APC	N
71034	X	CHEST X-RAY & FLUOROSCOPY	00272	1.2597	$63.75	APC	N
71035	X	CHEST X-RAY	00260	0.6767	$34.25	APC	N
71040	N	CONTRAST X-RAY OF BRONCHI	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
71060	N	CONTRAST X-RAY OF BRONCHI	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
71090	N	X-RAY & PACEMAKER INSERTION			$0.00	Bundled	N
71100	X	X-RAY EXAM OF RIBS	00260	0.6767	$34.25	APC	N
71101	X	X-RAY EXAM OF RIBS CHEST	00260	0.6767	$34.25	APC	N

71110	X	X-RAY EXAM OF RIBS	00260	0.6767	$34.25	APC	N
71111	X	X-RAY EXAM OF RIBS/CHEST	00261	1.1269	$57.03	APC	N
71120	X	X-RAY EXAM OF BREASTBONE	00260	0.6767	$34.25	APC	N
71130	X	X-RAY EXAM OF BREASTBONE	00260	0.6767	$34.25	APC	N
71250	N	CT THORAX W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
71260	N	CONTRAST CAT SCAN OF CHEST	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
71270	N	CT THORAX W/O & W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
71275	N	CT ANGIOGRAPHY CHEST W/O CONTRAST	00662	5.3264	$269.57	Bundled, may be payable in some circumstances	N
71550	N	MAGNETIC IMAGE CHEST	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
71551	N	MRI CHEST; WITH CONTRAST MATERIAL(S	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
71552	N	MRI CHEST W/O & W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
71555	M	MAGNETIC IMAGING/CHEST (MRA)			$510.65	Fee Schedule	N
72010	X	X-RAY EXAM OF SPINE	00261	1.1269	$57.03	APC	N
72020	X	X-RAY EXAM OF SPINE	00260	0.6767	$34.25	APC	N
72040	X	X-RAY EXAM OF NECK SPINE	00260	0.6767	$34.25	APC	N
72050	X	X-RAY EXAM OF NECK SPINE	00261	1.1269	$57.03	APC	N
72052	X	X-RAY EXAM OF NECK SPINE	00261	1.1269	$57.03	APC	N
72069	X	X-RAY EXAM OF TRUNK SPINE	00260	0.6767	$34.25	APC	N
72070	X	X-RAY EXAM OF THORAX SPINE	00260	0.6767	$34.25	APC	N
72072	X	X-RAY EXAM OF THORACIC SPINE	00260	0.6767	$34.25	APC	N
72074	X	X-RAY EXAM OF THORACIC SPINE	00260	0.6767	$34.25	APC	N
72080	X	X-RAY EXAM OF TRUNK SPINE	00260	0.6767	$34.25	APC	N
72090	X	X-RAY EXAM OF TRUNK SPINE	00261	1.1269	$57.03	APC	N
72100	X	X-RAY EXAM OF LOWER SPINE	00260	0.6767	$34.25	APC	N
72110	X	X-RAY EXAM OF LOWER SPINE	00261	1.1269	$57.03	APC	N
72114	X	X-RAY EXAM OF LOWER SPINE	00261	1.1269	$57.03	APC	N
72120	X	X-RAY EXAM OF LOWER SPINE	00261	1.1269	$57.03	APC	N
72125	N	CT NECK SPINE W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
72126	N	CONTRAST CAT SCAN OF NECK	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
72127	N	CT NECK SPINE W/O & W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
72128	N	CT CHEST SPINE W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
72129	N	CONTRAST CAT SCAN OF THORAX	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
72130	N	CT CHEST SPINE W/O & W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
72131	N	CT LUMBAR SPINE W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
72132	N	CONTRAST CAT OF LOWER SPINE	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
72133	N	CT LUMBAR SPINE W/O & W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
72141	N	MAGNETIC IMAGE NECK SPINE	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
72142	N	MAGNETIC IMAGE NECK SPINE	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
72146	N	MAGNETIC IMAGE CHEST SPINE	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
72147	N	MAGNETIC IMAGE CHEST SPINE	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
72148	N	MAGNETIC IMAGE LUMBAR SPINE	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
72149	N	MAGNETIC IMAGE LUMBAR SPINE	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
72156	N	MRI NECK SPINE W/O & W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
72157	N	MRI CHEST SPINE W/O & W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
72158	N	MRI LUMBAR SPINE W/O & W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
72159	E	MR ANGIO SPINE W/O&W/DYE			$0.00	Not Allowed	N
72170	X	X-RAY EXAM OF PELVIS	00260	0.6767	$34.25	APC	N
72190	X	X-RAY EXAM OF PELVIS	00260	0.6767	$34.25	APC	N
72191	N	CT ANGIOGRAPH PELV W/O&W/DYE	00662	5.3264	$269.57	Bundled, may be payable in some circumstances	N
72192	N	CT PELVIS W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
72193	N	CONTRAST CAT SCAN OF PELVIS	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
72194	N	CT PELVIS W/O & W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
72195	N	MRI PELVIS W/O DYE	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
72196	N	MAGNETIC IMAGE PELVIS	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
72197	N	MRI PELVIS W/O & W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
72198	E	MR ANGIO PELVIS W/O & W/DYE			$0.00	Not Allowed	N
72200	X	X-RAY EXAM SACROILIAC JOINTS	00260	0.6767	$34.25	APC	N
72202	X	X-RAY EXAM SACROILIAC JOINTS	00260	0.6767	$34.25	APC	N
72220	X	X-RAY EXAM OF TAILBONE	00260	0.6767	$34.25	APC	N
72240	N	CONTRAST X-RAY OF NECK SPINE	00274	7.1945	$364.11	Bundled, may be payable in some circumstances	N
72255	N	CONTRAST X-RAY THORAX SPINE	00274	7.1945	$364.11	Bundled, may be payable in some circumstances	N
72265	N	CONTRAST X-RAY LOWER SPINE	00274	7.1945	$364.11	Bundled, may be payable in some circumstances	N
72270	N	CONTRAST X-RAY SPINE	00274	7.1945	$364.11	Bundled, may be payable in some circumstances	N
72275	N	EPIDUROGRAPHY			$0.00	Bundled	N
72285	N	DISKOGRAPHY CERVICAL OR THORACIC F	00388	22.7705	$1,152.42	Bundled, may be payable in some circumstances	N
72291	N	PERQ VERTEBROPLASTY, FLUOR			$0.00	Bundled	
72292	N	PERQ VERTEBROPLASTY, CT			$0.00	Bundled	
72295	N	X-RAY OF LOWER SPINE DISK	00388	22.7705	$1,152.42	Bundled, may be payable in some circumstances	N
73000	X	X-RAY EXAM OF COLLARBONE	00260	0.6767	$34.25	APC	N
73010	X	X-RAY EXAM OF SHOULDER BLADE	00260	0.6767	$34.25	APC	N
73020	X	X-RAY EXAM OF SHOULDER	00260	0.6767	$34.25	APC	N

73030	X	X-RAY EXAM OF SHOULDER	00260	0.6767	$34.25	APC	N
73040	N	CONTRAST X-RAY OF SHOULDER	00275	4.0175	$203.33	Bundled, may be payable in some circumstances	N
73050	X	X-RAY EXAM OF SHOULDERS	00260	0.6767	$34.25	APC	N
73060	X	X-RAY EXAM OF HUMERUS	00260	0.6767	$34.25	APC	N
73070	X	X-RAY EXAM OF ELBOW	00260	0.6767	$34.25	APC	N
73080	X	X-RAY EXAM OF ELBOW	00260	0.6767	$34.25	APC	N
73085	N	CONTRAST X-RAY OF ELBOW	00275	4.0175	$203.33	Bundled, may be payable in some circumstances	N
73090	X	X-RAY EXAM OF FOREARM	00260	0.6767	$34.25	APC	N
73092	X	X-RAY EXAM OF ARM INFANT	00260	0.6767	$34.25	APC	N
73100	X	X-RAY EXAM OF WRIST	00260	0.6767	$34.25	APC	N
73110	X	X-RAY EXAM OF WRIST	00260	0.6767	$34.25	APC	N
73115	N	CONTRAST X-RAY OF WRIST	00275	4.0175	$203.33	Bundled, may be payable in some circumstances	N
73120	X	X-RAY EXAM OF HAND	00260	0.6767	$34.25	APC	N
73130	X	X-RAY EXAM OF HAND	00260	0.6767	$34.25	APC	N
73140	X	X-RAY EXAM OF FINGER(S)	00260	0.6767	$34.25	APC	N
73200	N	CT UPPER EXTREMITY W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
73201	N	CONTRAST CAT SCAN OF ARM	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
73202	N	CT UPPR EXTREMITY W/O&W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE	00662	5.3264	$269.57	Bundled, may be payable in some circumstances	N
73218	N	MRI UPPER EXTREMITY OTHER THAN JOIN	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
73219	N	MRI UPPER EXTREMITY OTHER THAN JOIN	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
73220	N	MRI UPPR EXTREMITY W/O&W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
73221	N	MAGNETIC IMAGE JOINT OF ARM	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
73222	N	MRI JOINT UPR EXTREM W/DYE	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
73223	N	MRI JOINT UPR EXTR W/O&W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
73225	E	MR ANGIO UPR EXTR W/O&W/DYE			$0.00	Not Allowed	N
73500	X	X-RAY EXAM OF HIP	00260	0.6767	$34.25	APC	N
73510	X	X-RAY EXAM OF HIP	00260	0.6767	$34.25	APC	N
73520	X	X-RAY EXAM OF HIPS	00261	1.1269	$57.03	APC	N
73525	N	CONTRAST X-RAY OF HIP	00275	4.0175	$203.33	Bundled, may be payable in some circumstances	N
73530	N	X-RAY EXAM OF HIP			$0.00	Bundled	N
73540	X	X-RAY EXAM OF PELVIS & HIPS	00260	0.6767	$34.25	APC	N
73542	N	X-RAY EXAM SACROILIAC JOINT	00275	4.0175	$203.33	Bundled, may be payable in some circumstances	N
73550	X	X-RAY EXAM OF THIGH	00260	0.6767	$34.25	APC	N
73560	X	RADIOLOGIC EXAMINATION KNEE; ONE OI	00260	0.6767	$34.25	APC	N
73562	X	RADIOLOGIC EXAMINATION KNEE; THREE	00260	0.6767	$34.25	APC	N
73564	X	RADIOLOGIC EXAMINATION KNEE; COMPL	00260	0.6767	$34.25	APC	N
73565	X	RADIOLOGIC EXAMINATION KNEE; BOTH I	00260	0.6767	$34.25	APC	N
73580	N	CONTRAST X-RAY OF KNEE JOINT	00275	4.0175	$203.33	Bundled, may be payable in some circumstances	N
73590	X	X-RAY EXAM OF LOWER LEG	00260	0.6767	$34.25	APC	N
73592	X	X-RAY EXAM OF LEG INFANT	00260	0.6767	$34.25	APC	N
73600	X	X-RAY EXAM OF ANKLE	00260	0.6767	$34.25	APC	N
73610	X	X-RAY EXAM OF ANKLE	00260	0.6767	$34.25	APC	N
73615	N	CONTRAST X-RAY OF ANKLE	00275	4.0175	$203.33	Bundled, may be payable in some circumstances	N
73620	X	X-RAY EXAM OF FOOT	00260	0.6767	$34.25	APC	N
73630	X	X-RAY EXAM OF FOOT	00260	0.6767	$34.25	APC	N
73650	X	X-RAY EXAM OF HEEL	00260	0.6767	$34.25	APC	N
73660	X	X-RAY EXAM OF TOE(S)	00260	0.6767	$34.25	APC	N
73700	N	CT LOWER EXTREMITY W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
73701	N	CONTRAST CAT SCAN OF LEG	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
73702	N	CT LWR EXTREMITY W/O&W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
73706	N	CT ANGIO LWR EXTR W/O&W/DYE	00662	5.3264	$269.57	Bundled, may be payable in some circumstances	N
73718	N	MRI LOWER EXTREMITY OTHER THAN JOI	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
73719	N	MRI LOWER EXTREMITY OTHER THAN JOIN	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
73720	N	MRI LWR EXTREMITY W/O&W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
73721	N	MRI JNT OF LWR EXTRE W/O DYE	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
73722	N	MRI ANY LOWER EXTREMITY JOINT; WITH	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
73723	N	MRI JOINT LWR EXTR W/O&W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
73725	M	MAGNETIC IMAGING/LOWER (MRA)			$508.15	Fee Schedule	N
74000	X	X-RAY EXAM OF ABDOMEN	00260	0.6767	$34.25	APC	N
74010	X	X-RAY EXAM OF ABDOMEN	00260	0.6767	$34.25	APC	N
74020	X	X-RAY EXAM OF ABDOMEN	00260	0.6767	$34.25	APC	N
74022	X	X-RAY EXAM SERIES ABDOMEN	00261	1.1269	$57.03	APC	N
74150	N	CT ABDOMEN W/O DYE	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	N
74160	N	CONTRAST CAT SCAN OF ABDOMEN	00283	4.6595	$235.82	Bundled, may be payable in some circumstances	N
74170	N	CT ABDOMEN W/O & W/DYE	00333	5.1615	$261.22	Bundled, may be payable in some circumstances	N
74175	N	CT ANGIO ABDOM W/O & W/DYE	00662	5.3264	$269.57	Bundled, may be payable in some circumstances	N
74181	N	MAGNETIC IMAGE ABDOMEN (MRI)	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	N
74182	N	MRI ABDOMEN; WITH CONTRAST MATERIA	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	N
74183	N	MRI ABDOMEN W/O & W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	N
74185	M	MRI ANGIO ABDOM W ORW/O DYE			$506.83	Fee Schedule	N

74190	N	X-RAY EXAM OF PERITONEUM	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
74210	S	CONTRAST XRAY EXAM OF THROAT	00276	1.3298	$67.30	APC	N
74220	S	CONTRAST XRAY EXAM ESOPHAGUS	00276	1.3298	$67.30	APC	N
74230	S	CINE/VID X-RAY THROAT/ESOPH	00276	1.3298	$67.30	APC	N
74235	N	REMOVE ESOPHAGUS OBSTRUCTION			$0.00	Bundled	N
74240	S	X-RAY EXAM UPPER GI TRACT	00276	1.3298	$67.30	APC	N
74241	S	X-RAY EXAM UPPER GI TRACT	00276	1.3298	$67.30	APC	N
74245	S	X-RAY EXAM, UPPER GI TRACT	00277	2.1621	$109.42	APC	N
74246	S	CONTRAST XRAY UPPER GI TRACT	00276	1.3298	$67.30	APC	N
74247	S	CONTRAST XRAY UPPER GI TRACT	00276	1.3298	$67.30	APC	N
74249	S	CONTRST X-RAY UPPR GI TRACT	00277	2.1621	$109.42	APC	N
74250	S	X-RAY EXAM OF SMALL BOWEL	00276	1.3298	$67.30	APC	N
74251	S	X-RAY EXAM OF SMALL BOWEL	00277	2.1621	$109.42	APC	N
74260	S	X-RAY EXAM OF SMALL BOWEL	00276	1.3298	$67.30	APC	N
74270	S	CONTRAST X-RAY EXAM OF COLON	00276	1.3298	$67.30	APC	N
74280	S	CONTRAST X-RAY EXAM OF COLON	00277	2.1621	$109.42	APC	N
74283	S	CONTRAST X-RAY EXAM OF COLON	00276	1.3298	$67.30	APC	N
74290	S	CONTRAST X-RAY GALLBLADDER	00276	1.3298	$67.30	APC	N
74291	S	CONTRAST X-RAYS GALLBLADDER	00276	1.3298	$67.30	APC	N
74300	N	X-RAY BILE DUCTS/PANCREAS			$0.00	Bundled	N
74301	N	X-RAYS AT SURGERY ADD-ON			$0.00	Bundled	N
74305	N	X-RAY BILE DUCTS/PANCREAS	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
74320	N	CONTRAST X-RAY OF BILE DUCTS	00317	5.1044	$258.33	Bundled, may be payable in some circumstances	N
74327	N	X-RAY BILE STONE REMOVAL			$0.00	Bundled	N
74328	N	X-RAY BILE DUCT ENDOSCOPY			$0.00	Bundled	N
74329	N	X-RAY FOR PANCREAS ENDOSCOPY			$0.00	Bundled	N
74330	N	X-RAY BILE/PANC ENDOSCOPY			$0.00	Bundled	N
74340	N	X-RAY GUIDE FOR GI TUBE			$0.00	Bundled	N
74355	N	X-RAY GUIDE INTESTINAL TUBE			$0.00	Bundled	N
74360	N	X-RAY GUIDE GI DILATION			$0.00	Bundled	N
74363	N	X-RAY BILE DUCT DILATION			$0.00	Bundled	N
74400	S	CONTRAST X-RAY URINARY TRACT	00278	2.6340	$133.31	APC	N
74410	S	CONTRAST X-RAY URINARY TRACT	00278	2.6340	$133.31	APC	N
74415	S	CONTRAST X-RAY URINARY TRACT	00278	2.6340	$133.31	APC	N
74420	S	CONTRAST X-RAY URINARY TRACT	00278	2.6340	$133.31	APC	N
74425	N	CONTRAST X-RAY URINARY TRACT	00278	2.6340	$133.31	Bundled, may be payable in some circumstances	N
74430	N	CONTRAST X-RAY OF BLADDER	00278	2.6340	$133.31	Bundled, may be payable in some circumstances	N
74440	N	XRAY EXAM MALE GENITAL TRACT	00278	2.6340	$133.31	Bundled, may be payable in some circumstances	N
74445	N	X-RAY EXAM OF PENIS	00278	2.6340	$133.31	Bundled, may be payable in some circumstances	N
74450	N	X-RAY EXAM URETHRA/BLADDER	00278	2.6340	$133.31	Bundled, may be payable in some circumstances	N
74455	N	X-RAY EXAM URETHRA/BLADDER	00278	2.6340	$133.31	Bundled, may be payable in some circumstances	N
74470	N	X-RAY EXAM OF KIDNEY LESION	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
74475	N	X-RAY CONTROL CATH INSERT	00317	5.1044	$258.33	Bundled, may be payable in some circumstances	N
74480	N	X-RAY CONTROL CATH INSERT	00317	5.1044	$258.33	Bundled, may be payable in some circumstances	N
74485	N	X-RAY GUIDE GU DILATION	00317	5.1044	$258.33	Bundled, may be payable in some circumstances	N
74710	X	X-RAY MEASUREMENT OF PELVIS	00261	1.1269	$57.03	APC	N
74740	N	X-RAY FEMALE GENITAL TRACT	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
74742	N	X-RAY FALLOPIAN TUBE			$0.00	Bundled	N
74775	S	X-RAY EXAM OF PERINEUM	00278	2.6340	$133.31	APC	N
75557	N	CARDIAC MRI FOR MORPH	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	
75558	E	CARDIAC MRI FLOW/VELOCITY			$0.00	Not Allowed	
75559	N	CARDIAC MRI W/STRESS IMG	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	
75560	E	CARDIAC MRI FLOW/VEL/STRESS			$0.00	Not Allowed	
75561	N	CARDIAC MRI FOR MORPH W/DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	
75562	E	CARD MRI FLOW/VEL W/DYE			$0.00	Not Allowed	
75563	N	CARD MRI W/STRESS IMG & DYE	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	
75564	E	HT MRI W/FLO/VEL/STRS & DYE			$0.00	Not Allowed	
75600	N	CONTRAST X-RAY EXAM OF AORTA	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75605	N	CONTRAST X-RAY EXAM OF AORTA	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75625	N	CONTRAST X-RAY EXAM OF AORTA	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75630	N	X-RAY AORTA LEG ARTERIES	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75635	N	CT ANGIO ABDOMINAL ARTERIES	00662	5.3264	$269.57	Bundled, may be payable in some circumstances	N
75650	N	ARTERY X-RAYS HEAD & NECK	00280	44.7368	$2,264.13	Bundled, may be payable in some circumstances	N
75658	N	X-RAY EXAM OF ARM ARTERIES	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75660	N	ARTERY X-RAYS HEAD & NECK	00280	44.7368	$2,264.13	Bundled, may be payable in some circumstances	N
75662	N	ARTERY X-RAYS HEAD & NECK	00280	44.7368	$2,264.13	Bundled, may be payable in some circumstances	N
75665	N	ARTERY X-RAYS HEAD & NECK	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75671	N	ARTERY X-RAYS HEAD & NECK	00280	44.7368	$2,264.13	Bundled, may be payable in some circumstances	N
75676	N	ARTERY X-RAYS NECK	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75680	N	ARTERY X-RAYS NECK	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75685	N	ARTERY X-RAYS SPINE	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N

75705	N	ARTERY X-RAYS SPINE	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75710	N	ARTERY X-RAYS ARM/LEG	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75716	N	ARTERY X-RAYS ARMS/LEGS	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75722	N	ARTERY X-RAYS KIDNEY	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75724	N	ARTERY X-RAYS KIDNEYS	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75726	N	ARTERY X-RAYS ABDOMEN	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75731	N	ARTERY X-RAYS ADRENAL GLAND	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75733	N	ARTERY X-RAYS ADRENAL GLANDS	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75736	N	ARTERY X-RAYS PELVIS	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75741	N	ARTERY X-RAYS LUNG	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75743	N	ARTERY X-RAYS LUNGS	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75746	N	ARTERY X-RAYS LUNG	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75756	N	ARTERY X-RAYS CHEST	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75774	N	ANGIOGRAPHY SELECTIVE EA ADD'L VESSEL STUDIED AFTER BASIC			$0.00	Bundled	N
75790	N	VISUALIZE A-V SHUNT	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75801	N	LYMPH VESSEL X-RAY ARM/LEG	00317	5.1044	$258.33	Bundled, may be payable in some circumstances	N
75803	N	LYMPH VESSEL X-RAY ARMS/LEGS	00317	5.1044	$258.33	Bundled, may be payable in some circumstances	N
75805	N	LYMPH VESSEL X-RAY TRUNK	00317	5.1044	$258.33	Bundled, may be payable in some circumstances	N
75807	N	LYMPH VESSEL X-RAY TRUNK	00317	5.1044	$258.33	Bundled, may be payable in some circumstances	N
75809	N	NONVASCULAR SHUNT X-RAY	00261	1.1269	$57.03	Bundled, may be payable in some circumstances	N
75810	N	VEIN X-RAY SPLEEN/LIVER	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75820	N	VEIN X-RAY ARM/LEG	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75822	N	VEIN X-RAY ARMS/LEGS	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75825	N	VEIN X-RAY TRUNK	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75827	N	VEIN X-RAY CHEST	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75831	N	VEIN X-RAY KIDNEY	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75833	N	VEIN X-RAY KIDNEYS	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75840	N	VEIN X-RAY ADRENAL GLAND	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75842	N	VEIN X-RAY ADRENAL GLANDS	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75860	N	VEIN X-RAY NECK	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75870	N	VEIN X-RAY SKULL	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75872	N	VEIN X-RAY SKULL	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75880	N	VEIN X-RAY EYE SOCKET	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75885	N	.EIN X-RAY LIVER	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75887	N	VEIN X-RAY LIVER	00668	10.3351	$523.06	Bundled, may be payable in some circumstances	N
75889	N	VEIN X-RAY LIVER	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75891	N	VEIN X-RAY LIVER	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75893	N	VENOUS SAMPLING BY CATHETER	00279	29.5853	$1,497.31	Bundled, may be payable in some circumstances	N
75894	N	X-RAYS TRANSCATH THERAPY			$0.00	Bundled	N
75896	N	X-RAYS TRANSCATH THERAPY			$0.00	Bundled	N
75898	N	FOLLOW-UP ANGIOGRAPHY	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
75900	C	INTRAVASCULAR CATH EXCHANGE			$0.00	Not Allowed	N
75901	N	REMOVE CVA DEVICE OBSTRUCT			$0.00	Bundled	
75902	N	REMOVE CVA LUMEN OBSTRUCT			$0.00	Bundled	
75940	N	X-RAY PLACEMENT VEIN FILTER			$0.00	Bundled	N
75945	N	INTRAVASCULAR ULTRASOUND RADIOLOC	00267	2.3186	$117.34	Bundled, may be payable in some circumstances	N
75946	N	INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; EA ADD'L VESSI			$0.00	Bundled	N
75952	C	ENDOVASC REPAIR ABDOM AORTA			$0.00	Not Allowed	N
75953	C	ABDOM ANEURYSM ENDOVAS RPR			$0.00	Inpatient Only	N
75954	C	ILIAC ANEURYSM ENDOVAS RPR			$0.00	Inpatient Only	
75956	C	XRAY, ENDOVASC THOR AO REPR			$0.00	Not Allowed	N
75957	C	XRAY ENDOVASC THOR AO REPR			$0.00	Not Allowed	
75958	C	XRAY PLACE PROX EXT THOR AO			$0.00	Not Allowed	
75959	C	XRAY PLACE DIST EXT THOR AO			$0.00	Not Allowed	
75960	N	TRANSCATH IV STENT RS&I			$0.00	Bundled	N
75961	N	RETRIEVAL BROKEN CATHETER			$0.00	Bundled	N
75962	N	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	Bundled, may be payable in some circumstances	N
75964	N	REPAIR ARTERY BLOCKAGE EACH			$0.00	Bundled	N
75966	N	REPAIR ARTERIAL BLOCKAGE	00083	48.3584	$2,447.42	Bundled, may be payable in some circumstances	N
75968	N	REPAIR ARTERY BLOCKAGE EACH			$0.00	Bundled	N
75970	N	VASCULAR BIOPSY			$0.00	Bundled	N
75978	N	REPAIR VENOUS BLOCKAGE	00083	48.3584	$2,447.42	Bundled, may be payable in some circumstances	N
75980	N	CONTRAST XRAY EXAM BILE DUCT			$0.00	Bundled	N
75982	N	CONTRAST XRAY EXAM BILE DUCT			$0.00	Bundled	N
75984	N	XRAY CONTROL CATHETER CHANGE			$0.00	Bundled	N
75989	N	ABSCESS DRAINAGE UNDER X-RAY			$0.00	Bundled	N
75992	N	ATHERECTOMY X-RAY EXAM			$0.00	Bundled	N
75993	N	ATHERECTOMY X-RAY EXAM			$0.00	Bundled	N
75994	N	ATHERECTOMY X-RAY EXAM			$0.00	Bundled	N
75995	N	ATHERECTOMY X-RAY EXAM			$0.00	Bundled	N
75996	N	ATHERECTOMY X-RAY EXAM			$0.00	Bundled	N

76000	N	FLUOROSCOPE EXAMINATION	00272	1.2597	$63.75	Bundled, may be payable in some circumstances	N
76001	N	FLUOROSCOPE EXAM EXTENSIVE			$0.00	Bundled	N
76010	X	X-RAY NOSE TO RECTUM	00260	0.6767	$34.25	APC	N
76080	N	RADIOLOGIC EXAM ABSCESS FISTULA OR	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	N
76098	X	X-RAY EXAM BREAST SPECIMEN	00317	5.1044	$258.33	APC	N
76100	X	X-RAY EXAM OF BODY SECTION	00261	1.1269	$57.03	APC	N
76101	X	COMPLEX BODY SECTION X-RAY	00263	3.0202	$152.85	APC	N
76102	X	COMPLEX BODY SECTION X-RAYS	00263	3.0202	$152.85	APC	N
76120	X	CINE/VIDEO X-RAYS	00272	1.2597	$63.75	APC	N
76125	N	CINE/VIDEO X-RAYS ADD-ON			$0.00	Bundled	N
76140	E	X-RAY CONSULTATION			$0.00	Not Allowed	N
76150	X	X-RAY EXAM DRY PROCESS	00260	0.6767	$34.25	APC	N
76350	N	SPECIAL X-RAY CONTRAST STUDY			$0.00	Bundled	N
76376	N	3D RENDER W/O POSTPROCESS			$0.00	Bundled	
76377	N	3D RENDERING W/POSTPROCESS			$0.00	Bundled	
76380	S	CAT SCAN FOLLOW-UP STUDY	00282	1.5897	$80.45	APC	N
76390	E	MR SPECTROSCOPY			$0.00	Not Allowed	N
76496	X	FLUOROSCOPIC PROCEDURE	00272	1.2597	$63.75	APC	
76497	S	CT PROCEDURE	00282	1.5897	$80.45	APC	
76498	S	MRI PROCEDURE	00336	5.2689	$266.66	APC	
76499	X	RADIOGRAPHIC PROCEDURE	00260	0.6767	$34.25	APC	N
76506	S	ECHO EXAM OF HEAD	00265	0.9461	$47.88	APC	N
76510	T	OPHTH US B & QUANT A	00232	4.6708	$236.39	APC	
76511	S	OPHTH US QUANT A ONLY	00266	1.4801	$74.91	APC	N
76512	S	OPHTH US B W/NON-QUANT A	00266	1.4801	$74.91	APC	N
76513	S	OPHTHALMIC U/S ECHOGRAPHY DX; ANTI	00266	1.4801	$74.91	APC	N
76514	X	ECHO EXAM OF EYE THICKNESS	00035	0.2186	$11.06	APC	
76516	S	ECHO EXAM OF EYE	00265	0.9461	$47.88	APC	N
76519	S	ECHO EXAM OF EYE	00266	1.4801	$74.91	APC	N
76529	S	ECHO EXAM OF EYE	00265	0.9461	$47.88	APC	N
76536	S	US EXAM OF HEAD AND NECK	00266	1.4801	$74.91	APC	N
76604	N	ECHO EXAM OF CHEST	00265	0.9461	$47.88	Bundled, may be payable in some circumstances	N
76645	S	US EXAM, BREAST(S)	00265	0.9461	$47.88	APC	N
76700	N	ECHO EXAM OF ABDOMEN	00266	1.4801	$74.91	Bundled, may be payable in some circumstances	N
76705	N	ECHO EXAM OF ABDOMEN	00266	1.4801	$74.91	Bundled, may be payable in some circumstances	N
76770	N	ECHO EXAM ABDOMEN BACK WALL	00266	1.4801	$74.91	Bundled, may be payable in some circumstances	N
76775	N	US EXAM ABDO BACK WALL LIM	00266	1.4801	$74.91	Bundled, may be payable in some circumstances	N
76776	N	US EXAM K TRANSPL W/DOPPLER	00266	1.4801	$74.91	Bundled, may be payable in some circumstances	
76800	S	US EXAM, SPINAL CANAL	00266	1.4801	$74.91	APC	N
76801	S	OB US < 14 WKS SINGLE FETUS	00266	1.4801	$74.91	APC	
76802	S	OB US < 14 WKS ADD□L FETUS	00265	0.9461	$47.88	APC	
76805	S	OB US >/= 14 WKS SNGL FETUS	00266	1.4801	$74.91	APC	N
76810	S	OB US >/= 14 WKS ADDL FETUS	00266	1.4801	$74.91	APC	N
76811	S	OB US DETAILED SNGL FETUS	00267	2.3186	$117.34	APC	
76812	S	OB US DETAILED ADDL FETUS	00265	0.9461	$47.88	APC	
76813	S	OB US NUCHAL MEAS, 1 GEST	00265	0.9461	$47.88	APC	
76814	S	OB US NUCHAL MEAS, ADD-ON	00265	0.9461	$47.88	APC	
76815	S	OB US LIMITED FETUS(S)	00265	0.9461	$47.88	APC	N
76816	S	OB US FOLLOW-UP PER FETUS	00265	0.9461	$47.88	APC	N
76817	S	TRANSVAGINAL US OBSTETRIC	00265	0.9461	$47.88	APC	
76818	S	FETAL BIOPHYS PROFILE W/NST	00266	1.4801	$74.91	APC	N
76819	S	FETAL BIOPHYS PROFIL W/O NST	00266	1.4801	$74.91	APC	N
76820	S	UMBILICAL ARTERY ECHO	00096	1.4327	$72.51	APC	
76821	S	MIDDLE CEREBRAL ARTERY ECHO	00096	1.4327	$72.51	APC	
76825	S	ECHO EXAM OF FETAL HEART	00269	6.5300	$330.48	APC	N
76826	S	ECHO EXAM OF FETAL HEART	00697	3.8610	$195.41	APC	N
76827	S	ECHO EXAM OF FETAL HEART	00265	0.9461	$47.88	APC	N
76828	S	ECHO EXAM OF FETAL HEART	00265	0.9461	$47.88	APC	N
76830	S	TRANSVAGINAL US NON-OB	00266	1.4801	$74.91	APC	N
76831	N	ECHO EXAM UTERUS	00267	2.3186	$117.34	Bundled, may be payable in some circumstances	N
76856	N	US EXAM, PELVIC, COMPLETE	00266	1.4801	$74.91	Bundled, may be payable in some circumstances	N
76857	N	ECHO EXAM OF PELVIS	00265	0.9461	$47.88	Bundled, may be payable in some circumstances	N
76870	N	US EXAM, SCROTUM	00266	1.4801	$74.91	Bundled, may be payable in some circumstances	N
76872	S	US TRANSRECTAL	00266	1.4801	$74.91	APC	N
76873	S	ECHOGRAP TRANS R PROS STUDY	00266	1.4801	$74.91	APC	N
76880	S	US EXAM, EXTREMITY	00266	1.4801	$74.91	APC	N
76885	S	US EXAM INFANT HIPS DYNAMIC	00265	0.9461	$47.88	APC	N
76886	S	US EXAM INFANT HIPS STATIC	00265	0.9461	$47.88	APC	N
76930	N	ECHO GUIDE CARDIOCENTESIS			$0.00	Bundled	N
76932	N	ECHO GUIDE FOR HEART BIOPSY			$0.00	Bundled	N
76936	S	ECHO GUIDE FOR ARTERY REPAIR	00096	1.4327	$72.51	APC	N

76937	N	US GUIDE VASCULAR ACCESS			$0.00	Bundled	
76940	N	US GUIDE TISSUE ABLATION			$0.00	Bundled	
76941	N	ECHO GUIDE FOR TRANSFUSION			$0.00	Bundled	N
76942	N	ECHO GUIDE FOR BIOPSY			$0.00	Bundled	N
76945	N	ECHO GUIDE VILLUS SAMPLING			$0.00	Bundled	N
76946	N	ECHO GUIDE FOR AMNIOCENTESIS			$0.00	Bundled	N
76948	N	ECHO GUIDE OVA ASPIRATION			$0.00	Bundled	N
76950	N	ECHO GUIDANCE RADIOTHERAPY			$0.00	Bundled	N
76965	N	ECHO GUIDANCE RADIOTHERAPY			$0.00	Bundled	N
76970	S	ULTRASOUND EXAM FOLLOW-UP	00265	0.9461	$47.88	APC	N
76975	N	GI ENDOSCOPIC ULTRASOUND	00267	2.3186	$117.34	Bundled, may be payable in some circumstances	N
76977	X	U/S BONE DENSITY MEASUREMENT AND IN	00340	0.6462	$32.70	APC	N
76998	N	US GUIDE, INTRAOP			$0.00	Bundled	
76999	S	ECHO EXAMINATION PROCEDURE	00265	0.9461	$47.88	APC	N
77001	N	FLUOROGUIDE FOR VEIN DEVICE			$0.00	Bundled	
77002	N	NEEDLE LOCALIZATION BY XRAY			$0.00	Bundled	
77003	N	FLUOROGUIDE FOR SPINE INJECT			$0.00	Bundled	
77011	N	CT SCAN FOR LOCALIZATION			$0.00	Bundled	
77012	N	CT SCAN FOR NEEDLE BIOPSY			$0.00	Bundled	
77013	N	CT GUIDE FOR TISSUE ABLATION			$0.00	Bundled	
77014	N	CT SCAN FOR THERAPY GUIDE			$0.00	Bundled	
77021	N	MR GUIDANCE FOR NEEDLE PLACE			$0.00	Bundled	
77022	N	MRI FOR TISSUE ABLATION			$0.00	Bundled	
77031	N	STEREOTACT GUIDE FOR BRST BX			$0.00	Bundled	
77032	N	GUIDANCE FOR NEEDLE, BREAST			$0.00	Bundled	
77051	M	COMPUTER DX MAMMOGRAM ADD-ON			$12.63	Fee Schedule	
77052	M	COMP SCREEN MAMMOGRAM ADD-ON			$12.63	Fee Schedule	
77053	N	X-RAY OF MAMMARY DUCT	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	
77054	N	X-RAY OF MAMMARY DUCTS	00263	3.0202	$152.85	Bundled, may be payable in some circumstances	
77055	M	MAMMOGRAM, ONE BREAST			$71.63	Fee Schedule	
77056	M	MAMMOGRAM, BOTH BREASTS			$90.39	Fee Schedule	
77057	M	MAMMOGRAM, SCREENING			$71.93	Fee Schedule	
77058	M	MRI, ONE BREAST			$0.00	Fee Schedule	
77059	M	MRI, BOTH BREASTS			$0.00	Fee Schedule	
77071	X	X-RAY STRESS VIEW	00260	0.6767	$34.25	APC	
77072	X	X-RAYS FOR BONE AGE	00260	0.6767	$34.25	APC	
77073	X	X-RAYS, BONE LENGTH STUDIES	00260	0.6767	$34.25	APC	
77074	X	X-RAYS, BONE SURVEY, LIMITED	00261	1.1269	$57.03	APC	
77075	X	X-RAYS, BONE SURVEY COMPLETE	00261	1.1269	$57.03	APC	
77076	X	X-RAYS, BONE SURVEY, INFANT	00261	1.1269	$57.03	APC	
77077	X	JOINT SURVEY, SINGLE VIEW	00260	0.6767	$34.25	APC	
77078	S	CT BONE DENSITY, AXIAL	00288	1.0887	$55.10	APC	
77079	S	CT BONE DENSITY, PERIPHERAL	00282	1.5897	$80.45	APC	
77080	S	DXA BONE DENSITY, AXIAL	00288	1.0887	$55.10	APC	
77081	S	DXA BONE DENSITY/PERIPHERAL	00665	0.4798	$24.28	APC	
77082	X	DXA BONE DENSITY, VERT FX	00260	0.6767	$34.25	APC	
77083	X	RADIOGRAPHIC ABSORPTIOMETRY	00261	1.1269	$57.03	APC	
77084	S	MAGNETIC IMAGE, BONE MARROW	00336	5.2689	$266.66	APC	
77261	E	RADIATION THERAPY PLANNING			$0.00	Not Allowed	N
77262	E	RADIATION THERAPY PLANNING			$0.00	Not Allowed	N
77263	E	RADIATION THERAPY PLANNING			$0.00	Not Allowed	N
77280	X	SET RADIATION THERAPY FIELD; SIMPLE	00304	1.7364	$87.88	APC	N
77285	X	SET RADIATION THERAPY FIELD; INTERME	00305	3.8706	$195.89	APC	N
77290	X	SET RADIATION THERAPY FIELD; COMPLEX	00305	3.8706	$195.89	APC	N
77295	X	THERAPEUTIC RADIOLOGY SIMULATION-A	00310	13.5167	$684.08	APC	N
77299	X	RADIATION THERAPY PLANNING UNLISTE	00304	1.7364	$87.88	APC	N
77300	X	RADIATION THERAPY DOSE PLAN	00304	1.7364	$87.88	APC	N
77301	X	RADIOTHERAPY DOSE PLAN IMRT	00310	13.5167	$684.08	APC	N
77305	X	TELETX ISODOSE PLAN SIMPLE	00304	1.7364	$87.88	APC	N
77310	X	TELETX ISODOSE PLAN INTERMED	00304	1.7364	$87.88	APC	N
77315	X	TELETX ISODOSE PLAN COMPLEX	00305	3.8706	$195.89	APC	N
77321	X	SPECIAL TELETX PORT PLAN	00305	3.8706	$195.89	APC	N
77326	X	BRACHYTX ISODOSE CALC SIMP	00304	1.7364	$87.88	APC	N
77327	X	BRACHYTX ISODOSE CALC INTERM	00305	3.8706	$195.89	APC	N
77328	X	BRACHYTX ISODOSE PLAN COMPL	00305	3.8706	$195.89	APC	N
77331	X	SPECIAL RADIATION DOSIMETRY	00304	1.7364	$87.88	APC	N
77332	X	RADIATION TREATMENT AID(S)	00303	2.8484	$144.16	APC	N
77333	X	RADIATION TREATMENT AID(S)	00303	2.8484	$144.16	APC	N
77334	X	RADIATION TREATMENT AID(S)	00303	2.8484	$144.16	APC	N
77336	X	CONTINUING MEDICAL RADIATION PHYSIC	00304	1.7364	$87.88	APC	N
77370	X	RADIATION PHYSICS CONSULT	00304	1.7364	$87.88	APC	N

77371	S	SRS, MULTISOURCE	00127	115.6797	$5,854.55	APC	
77372	M	SRS, LINEAR BASED			$0.00	Fee Schedule	
77373	M	SBRT DELIVERY			$0.00	Fee Schedule	
77399	X	UNLISTED PROC RADIATION PHYSICS DOS	00304	1.7364	$87.88	APC	N
77401	S	RADIATION TREATMENT DELIVERY	00300	1.4211	$71.92	APC	N
77402	S	RADIATION TREATMENT DELIVERY	00300	1.4211	$71.92	APC	N
77403	S	RADIATION TREATMENT DELIVERY	00300	1.4211	$71.92	APC	N
77404	S	RADIATION TREATMENT DELIVERY	00300	1.4211	$71.92	APC	N
77406	S	RADIATION TREATMENT DELIVERY	00301	2.3018	$116.49	APC	N
77407	S	RADIATION TREATMENT DELIVERY	00300	1.4211	$71.92	APC	N
77408	S	RADIATION TREATMENT DELIVERY	00300	1.4211	$71.92	APC	N
77409	S	RADIATION TREATMENT DELIVERY	00300	1.4211	$71.92	APC	N
77411	S	RADIATION TREATMENT DELIVERY	00301	2.3018	$116.49	APC	N
77412	S	RADIATION TREATMENT DELIVERY	00301	2.3018	$116.49	APC	N
77413	S	RADIATION TREATMENT DELIVERY	00301	2.3018	$116.49	APC	N
77414	S	RADIATION TREATMENT DELIVERY	00301	2.3018	$116.49	APC	N
77416	S	RADIATION TREATMENT DELIVERY	00301	2.3018	$116.49	APC	N
77417	N	RADIOLOGY PORT FILM(S)			$0.00	Bundled	N
77418	S	RADIATION TX DELIVERY IMRT	00412	6.2192	$314.75	APC	
77421	N	STEREOSCOPIC X-RAY GUIDANCE			$0.00	Bundled	
77422	S	NEUTRON BEAM TX SIMPLE	00301	2.3018	$116.49	APC	
77423	S	NEUTRON BEAM TX COMPLEX	00301	2.3018	$116.49	APC	
77427	M	RADIATION TREATMENT MANAGEMENT FIVE TREATMENTS			$161.15	Fee Schedule	N
77431	M	RADIATION THERAPY MANAGEMENT			$83.13	Fee Schedule	N
77432	M	STEREOTACTIC RADIATION TRMT			$350.44	Fee Schedule	N
77435	N	SBRT MANAGEMENT			$0.00	Bundled	
77470	S	SPECIAL RADIATION TREATMENT	00299	5.6497	$285.93	APC	N
77499	M	RADIATION THERAPY MANAGEMENT			$0.00	By Report	N
77520	S	PROTON BEAM DELIVERY TO SNGL TX ARE	00664	10.6477	$538.88	APC	N
77522	S	PROTON TREATMENT DELIVERY; SIMPLE W	00664	10.6477	$538.88	APC	N
77523	S	PROTON BEAM DELIVERY TO 1-2 TX AREAS	00667	12.7244	$643.98	APC	N
77525	S	PROTON TREATMENT DELIVERY; COMPLEX	00667	12.7244	$643.98	APC	N
77600	S	HYPERTHERMIA TREATMENT	00299	5.6497	$285.93	APC	N
77605	S	HYPERTHERMIA TREATMENT	00299	5.6497	$285.93	APC	N
77610	S	HYPERTHERMIA TREATMENT	00299	5.6497	$285.93	APC	N
77615	S	HYPERTHERMIA TREATMENT	00299	5.6497	$285.93	APC	N
77620	S	HYPERTHERMIA TREATMENT	00299	5.6497	$285.93	APC	N
77750	S	INFUSE RADIOACTIVE MATERIALS	00301	2.3018	$116.49	APC	N
77761	S	RADIOELEMENT APPLICATION	00312	6.5193	$329.94	APC	N
77762	S	RADIOELEMENT APPLICATION	00312	6.5193	$329.94	APC	N
77763	S	RADIOELEMENT APPLICATION	00312	6.5193	$329.94	APC	N
77776	S	RADIOELEMENT APPLICATION	00312	6.5193	$329.94	APC	N
77777	S	APPLY INTERSTIT RADIAT INTER	00312	6.5193	$329.94	APC	N
77778	N	APPLY INTERSTIT RADIAT COMPL	00651	13.1120	$663.60	Bundled, may be payable in some circumstances	N
77785	S	HDR BRACHYTX, 1 CHANNEL	00313	11.1000	$561.77	APC	
77786	S	HDR BRACHYTX, 2-12 CHANNEL	00313	11.1000	$561.77	APC	
77787	S	HDR BRACHYTX OVER 12 CHAN	00313	11.1000	$561.77	APC	
77789	S	RADIOELEMENT APPLICATION	00300	1.4211	$71.92	APC	N
77790	N	RADIOELEMENT HANDLING			$0.00	Bundled	N
77799	S	RADIUM/RADIOISOTOPE THERAPY	00312	6.5193	$329.94	APC	N
78000	S	THYROID SINGLE UPTAKE	00389	1.7779	$89.98	APC	N
78001	S	THYROID MULTIPLE UPTAKES	00389	1.7779	$89.98	APC	N
78003	S	THYROID SUPPRESS/STIMUL	00392	2.4943	$126.24	APC	N
78006	S	THYROID IMAGING WITH UPTAKE	00391	3.3593	$170.01	APC	N
78007	S	THYROID IMAGE MULT UPTAKES	00391	3.3593	$170.01	APC	N
78010	S	THYROID IMAGING	00390	2.0640	$104.46	APC	N
78011	S	THYROID IMAGING WITH FLOW	00390	2.0640	$104.46	APC	N
78015	S	THYROID MET IMAGING	00406	4.5288	$229.20	APC	N
78016	S	THYROID MET IMAGING/STUDIES	00406	4.5288	$229.20	APC	N
78018	S	THYROID MET IMAGING BODY	00406	4.5288	$229.20	APC	N
78020	N	THYROID CARCINOMA METASTASES UPTAKE			$0.00	Bundled	N
78070	S	PARATHYROID NUCLEAR IMAGING	00391	3.3593	$170.01	APC	N
78075	S	ADRENAL NUCLEAR IMAGING	00408	15.1962	$769.08	APC	N
78099	S	ENDOCRINE NUCLEAR PROCEDURE	00390	2.0640	$104.46	APC	N
78102	S	BONE MARROW IMAGING LTD	00400	3.9752	$201.18	APC	N
78103	S	BONE MARROW IMAGING MULT	00400	3.9752	$201.18	APC	N
78104	S	BONE MARROW IMAGING BODY	00400	3.9752	$201.18	APC	N
78110	S	PLASMA VOLUME SINGLE	00393	6.0581	$306.60	APC	N
78111	S	PLASMA VOLUME MULTIPLE	00393	6.0581	$306.60	APC	N
78120	S	RED CELL MASS SINGLE	00393	6.0581	$306.60	APC	N
78121	S	RED CELL MASS MULTIPLE	00393	6.0581	$306.60	APC	N

78122	S	BLOOD VOLUME	00393	6.0581	$306.60	APC				N
78130	S	RED CELL SURVIVAL STUDY	00393	6.0581	$306.60	APC				N
78135	S	RED CELL SURVIVAL KINETICS	00393	6.0581	$306.60	APC				N
78140	S	RED CELL SEQUESTRATION	00393	6.0581	$306.60	APC				N
78185	S	SPLEEN IMAGING	00400	3.9752	$201.18	APC				N
78190	S	PLATELET SURVIVAL KINETICS	00392	2.4943	$126.24	APC				N
78191	S	PLATELET SURVIVAL	00392	2.4943	$126.24	APC				N
78195	S	LYMPH SYSTEM IMAGING	00400	3.9752	$201.18	APC				N
78199	S	BLOOD/LYMPH NUCLEAR EXAM	00400	3.9752	$201.18	APC				N
78201	S	LIVER IMAGING	00394	4.1626	$210.67	APC				N
78202	S	LIVER IMAGING WITH FLOW	00394	4.1626	$210.67	APC				N
78205	S	LIVER IMAGING (3D)	00394	4.1626	$210.67	APC				N
78206	S	LIVER IMAGE (3D) WITH FLOW	00394	4.1626	$210.67	APC				N
78215	S	LIVER AND SPLEEN IMAGING	00394	4.1626	$210.67	APC				N
78216	S	LIVER & SPLEEN IMAGE FLOW	00394	4.1626	$210.67	APC				N
78220	S	LIVER FUNCTION STUDY	00394	4.1626	$210.67	APC				N
78223	S	HEPATOBILIARY IMAGING	00394	4.1626	$210.67	APC				N
78230	S	SALIVARY GLAND IMAGING	00395	3.6804	$186.27	APC				N
78231	S	SERIAL SALIVARY IMAGING	00395	3.6804	$186.27	APC				N
78232	S	SALIVARY GLAND FUNCTION EXAM	00395	3.6804	$186.27	APC				N
78258	S	ESOPHAGEAL MOTILITY STUDY	00395	3.6804	$186.27	APC				N
78261	S	GASTRIC MUCOSA IMAGING	00395	3.6804	$186.27	APC				N
78262	S	GASTROESOPHAGEAL REFLUX EXAM	00395	3.6804	$186.27	APC				N
78264	S	GASTRIC EMPTYING STUDY	00395	3.6804	$186.27	APC				N
78267	Q	BREATH TST ATTAIN/ANAL C-14			$19.13	Medicare	$19.13	$11.86	$11.48	N
78268	Q	BREATH TEST ANALYSIS C-14			$163.92	Medicare	$163.92	$101.63	$98.35	N
78270	S	VIT B-12 ABSORPTION EXAM	00392	2.4943	$126.24	APC				N
78271	S	VIT B-12 ABSRP EXAM INT FAC	00392	2.4943	$126.24	APC				N
78272	S	VIT B-12 ABSORP COMBINED	00392	2.4943	$126.24	APC				N
78278	S	ACUTE GI BLOOD LOSS IMAGING	00395	3.6804	$186.27	APC				N
78282	S	GI PROTEIN LOSS EXAM	00395	3.6804	$186.27	APC				N
78290	S	MECKEL□S DIVERT EXAM	00395	3.6804	$186.27	APC				N
78291	S	LEVEEN/SHUNT PATENCY EXAM	00395	3.6804	$186.27	APC				N
78299	S	GI NUCLEAR PROCEDURE	00395	3.6804	$186.27	APC				N
78300	S	BONE IMAGING LIMITED AREA	00396	3.7205	$188.29	APC				N
78305	S	BONE IMAGING MULTIPLE AREAS	00396	3.7205	$188.29	APC				N
78306	S	BONE IMAGING WHOLE BODY	00396	3.7205	$188.29	APC				N
78315	S	BONE IMAGING 3 PHASE	00396	3.7205	$188.29	APC				N
78320	S	BONE IMAGING (3D)	00396	3.7205	$188.29	APC				N
78350	E	BONE DENSITY STUDY ONE OR MORE SITES; SINGLE PHOTON ABSORI			$0.00	Not Allowed				N
78351	E	BONE DENSITY STUDY ONE OR MORE SITES; DUAL PHOTON ABSORPT			$0.00	Not Allowed				N
78399	S	MUSCULOSKELETAL NUCLEAR EXAM	00396	3.7205	$188.29	APC				N
78414	S	NON-IMAGING HEART FUNCTION	00398	4.7291	$239.34	APC				N
78428	S	CARDIAC SHUNT IMAGING	00398	4.7291	$239.34	APC				N
78445	S	VASCULAR FLOW IMAGING	00397	2.8298	$143.22	APC				N
78456	S	ACUTE VENOUS THROMBUS IMAGE	00397	2.8298	$143.22	APC				N
78457	S	VENOUS THROMBOSIS IMAGING VENOGRA	00397	2.8298	$143.22	APC				N
78458	S	VENOUS THROMBOSIS IMAGING VENOGRA	00397	2.8298	$143.22	APC				N
78459	S	HEART MUSCLE IMAGING (PET)	00307	17.5127	$886.32	APC				N
78460	S	HEART MUSCLE BLOOD SINGLE	00377	11.7188	$593.09	APC				N
78461	S	HEART MUSCLE BLOOD MULTIPLE	00377	11.7188	$593.09	APC				N
78464	S	HEART IMAGE (3D) SINGLE	00377	11.7188	$593.09	APC				N
78465	S	HEART IMAGE (3D) MULTIPLE	00377	11.7188	$593.09	APC				
78466	S	HEART INFARCT IMAGE	00398	4.7291	$239.34	APC				N
78468	S	HEART INFARCT IMAGE EF	00398	4.7291	$239.34	APC				N
78469	S	HEART INFARCT IMAGE (3D)	00398	4.7291	$239.34	APC				N
78472	S	CARDIAC BLOOD POOL IMAGING GATED E	00398	4.7291	$239.34	APC				N
78473	S	CARDIAC BLOOD POOL IMAGING GATED E	00398	4.7291	$239.34	APC				N
78478	N	MYOCARDIAL PERF STUDY W/ WALL MOTION QUALIT OR QUANTIT S			$0.00	Bundled				N
78480	N	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION			$0.00	Bundled				N
78481	S	HEART FIRST PASS SINGLE	00398	4.7291	$239.34	APC				N
78483	S	HEART FIRST PASS MULTIPLE	00398	4.7291	$239.34	APC				N
78491	S	HEART IMAGE (PET) SINGLE	00307	17.5127	$886.32	APC				N
78492	S	HEART IMAGE (PET) MULTIPLE	00307	17.5127	$886.32	APC				N
78494	S	CARDIAC BLOOD POOL IMAGING GATED E	00398	4.7291	$239.34	APC				N
78496	N	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SNGL 1ST PA			$0.00	Bundled				N
78499	S	CARDIOVASCULAR NUCLEAR EXAM	00398	4.7291	$239.34	APC				N
78580	S	LUNG PERFUSION IMAGING	00401	3.2040	$162.15	APC				N
78584	S	LUNG V/Q IMAGE SINGLE BREATH	00378	4.9163	$248.81	APC				N
78585	S	LUNG V/Q IMAGING	00378	4.9163	$248.81	APC				N
78586	S	AEROSOL LUNG IMAGE SINGLE	00401	3.2040	$162.15	APC				N

78587	S	AEROSOL LUNG IMAGE MULTIPLE	00401	3.2040	$162.15	APC				N
78588	S	PULMONARY PERFUSION IMAG PARTICUL/	00378	4.9163	$248.81	APC				N
78591	S	VENT IMAGE 1 BREATH 1 PROJ	00401	3.2040	$162.15	APC				N
78593	S	VENT IMAGE 1 PROJ GAS	00401	3.2040	$162.15	APC				N
78594	S	VENT IMAGE MULT PROJ GAS	00401	3.2040	$162.15	APC				N
78596	S	LUNG DIFFERENTIAL FUNCTION	00378	4.9163	$248.81	APC				N
78599	S	RESPIRATORY NUCLEAR EXAM	00401	3.2040	$162.15	APC				N
78600	S	BRAIN IMAGING LTD STATIC	00403	2.8236	$142.90	APC				N
78601	S	BRAIN IMAGING LTD W/FLOW	00403	2.8236	$142.90	APC				N
78605	S	BRAIN IMAGING COMPLETE	00403	2.8236	$142.90	APC				N
78606	S	BRAIN IMAGING COMP & FLOW	00402	8.3063	$420.38	APC				N
78607	S	BRAIN IMAGING (3D)	00402	8.3063	$420.38	APC				N
78608	S	BRAIN IMAGING (PET)	00308	15.6969	$794.42	APC				N
78609	E	BRAIN IMAGING (PET)			$0.00	Not Allowed				N
78610	S	BRAIN FLOW IMAGING ONLY	00402	8.3063	$420.38	APC				N
78630	S	CEREBROSPINAL FLUID SCAN	00402	8.3063	$420.38	APC				N
78635	S	CSF VENTRICULOGRAPHY	00402	8.3063	$420.38	APC				N
78645	S	CSF SHUNT EVALUATION	00403	2.8236	$142.90	APC				N
78647	S	CEREBROSPINAL FLUID SCAN	00402	8.3063	$420.38	APC				N
78650	S	CSF LEAKAGE IMAGING	00402	8.3063	$420.38	APC				N
78660	S	NUCLEAR EXAM OF TEAR FLOW	00403	2.8236	$142.90	APC				N
78699	S	NERVOUS SYSTEM NUCLEAR EXAM	00403	2.8236	$142.90	APC				N
78700	S	KIDNEY IMAGING STATIC	00404	4.9803	$252.05	APC				N
78701	S	KIDNEY IMAGING WITH FLOW	00404	4.9803	$252.05	APC				N
78707	S	KIDNEY IMAGING; SINGLE STUDY W/OUT P	00404	4.9803	$252.05	APC				N
78708	S	KIDNEY FLOW/FUNCTION IMAGE	00404	4.9803	$252.05	APC				N
78709	S	KIDNEY FLOW/FUNCTION IMAGE	00404	4.9803	$252.05	APC				N
78710	S	KIDNEY IMAGING TOMOGRAPHIC (SPECT)	00404	4.9803	$252.05	APC				N
78725	S	KIDNEY FUNCTION STUDY NON-IMAGING	00392	2.4943	$126.24	APC				N
78730	S	URINARY BLADDER RETENTION	00389	1.7779	$89.98	APC				N
78740	S	URETERAL REFLUX STUDY	00404	4.9803	$252.05	APC				N
78761	S	TESTICULAR IMAGING & FLOW	00404	4.9803	$252.05	APC				N
78799	S	GENITOURINARY NUCLEAR EXAM	00404	4.9803	$252.05	APC				N
78800	S	TUMOR IMAGING LIMITED AREA	00406	4.5288	$229.20	APC				N
78801	S	TUMOR IMAGING MULT AREAS	00414	8.5379	$432.10	APC				N
78802	S	TUMOR IMAGING WHOLE BODY	00414	8.5379	$432.10	APC				N
78803	S	TUMOR IMAGING (3D)	00408	15.1962	$769.08	APC				N
78804	S	TUMOR IMAGING WHOLE BODY	00408	15.1962	$769.08	APC				
78805	S	ABSCESS IMAGING LTD AREA	00414	8.5379	$432.10	APC				N
78806	S	ABSCESS IMAGING WHOLE BODY	00414	8.5379	$432.10	APC				N
78807	S	NUCLEAR LOCALIZATION/ABSCESS	00414	8.5379	$432.10	APC				N
78808	N	IV INJ RA DRUG DX STUDY	00392	2.4943	$126.24	Bundled, may be payable in some circumstances				
78811	S	TUMOR IMAGING (PET) LIMITED	00308	15.6969	$794.42	APC				
78812	S	TUMOR IMAGE (PET)/SKUL-THIGH	00308	15.6969	$794.42	APC				
78813	S	TUMOR IMAGE (PET) FULL BODY	00308	15.6969	$794.42	APC				
78814	S	TUMOR IMAGE PET/CT LIMITED	00308	15.6969	$794.42	APC				
78815	S	TUMORIMAGE PET/CT SKUL-THIGH	00308	15.6969	$794.42	APC				
78816	S	TUMOR IMAGE PET/CT FULL BODY	00308	15.6969	$794.42	APC				
78999	S	NUCLEAR DIAGNOSTIC EXAM	00389	1.7779	$89.98	APC				N
79005	S	NUCLEAR RX ORAL ADMIN	00407	3.2584	$164.91	APC				
79101	S	NUCLEAR RX IV ADMIN	00407	3.2584	$164.91	APC				
79200	S	NUCLEAR RX INTRACAV ADMIN	00413	5.4802	$277.35	APC				N
79300	S	NUCLR RX INTERSTIT COLLOID	00407	3.2584	$164.91	APC				N
79403	S	HEMATOPOIETIC NUCLEAR TX	00413	5.4802	$277.35	APC				
79440	S	NUCLEAR RX INTRA-ARTICULAR	00413	5.4802	$277.35	APC				N
79445	S	NUCLEAR RX INTRA-ARTERIAL	00407	3.2584	$164.91	APC				
79999	S	NUCLEAR MEDICINE THERAPY	00407	3.2584	$164.91	APC				N
80047	Q	METABOLIC PANEL IONIZED CA			$20.60	Medicare	$20.60	$12.77	$12.36	
80048	Q	BASIC METABOLIC PANEL			$20.60	Medicare	$20.60	$12.77	$12.36	N
80050	Q	GENERAL HEALTH PANEL			$56.77	Fee Schedule	$56.77			N
80051	Q	ELECTROLYTE PANEL			$17.07	Medicare	$17.07	$10.58	$10.24	N
80053	Q	COMPREHENSIVE METABOLIC PANEL			$25.73	Medicare	$25.73	$15.95	$15.44	N
80055	Q	OBSTETRIC PANEL			$44.69	Fee Schedule	$44.69			N
80061	Q	LIPID PANEL			$32.62	Medicare	$32.62	$20.22	$19.57	N
80069	Q	RENAL FUNCTION PANEL			$21.13	Medicare	$21.13	$13.10	$12.68	N
80074	Q	ACUTE HEPATITIS PANEL			$114.32	Medicare	$114.32	$70.88	$68.59	N
80076	Q	HEPATIC FUNCTION PANEL			$19.88	Medicare	$19.88	$12.33	$11.93	N
80100	Q	DRUG SCREEN; MULTIPLE DRUG CLASSES EACH PROCEDURE			$35.38	Medicare	$35.38	$21.94	$21.23	N
80101	Q	DRUG SCREEN; SINGLE DRUG CLASS EACH DRUG CLASS			$33.52	Medicare	$33.52	$20.78	$20.11	N
80102	Q	DRUG CONFIRMATION EACH PROCEDURE			$32.23	Medicare	$32.23	$19.98	$19.34	N
80103	N	TISSUE PREPARATION FOR DRUG ANALYSIS			$0.00	Bundled				N

80150	Q	AMIKACIN			$36.68	Medicare	$36.68	$22.74	$22.01	N
80152	Q	AMITRIPTYLINE			$43.57	Medicare	$43.57	$27.01	$26.14	N
80154	Q	BENZODIAZEPINES			$45.00	Medicare	$45.00	$27.90	$27.00	N
80156	Q	CARBAMAZEPINE			$35.43	Medicare	$35.43	$21.97	$21.26	N
80157	Q	ASSAY, CARBAMAZEPINE, FREE			$32.27	Medicare	$32.27	$20.01	$19.36	N
80158	Q	CYCLOSPORINE			$43.93	Medicare	$43.93	$27.24	$26.36	N
80160	Q	DESIPRAMINE			$41.88	Medicare	$41.88	$25.97	$25.13	N
80162	Q	DIGOXIN			$32.32	Medicare	$32.32	$20.04	$19.39	N
80164	Q	DIPROPYLACETIC ACID (VALPROIC ACID)			$32.97	Medicare	$32.97	$20.44	$19.78	N
80166	Q	DOXEPIN			$37.73	Medicare	$37.73	$23.39	$22.64	N
80168	Q	ETHOSUXIMIDE			$27.83	Medicare	$27.83	$17.25	$16.70	N
80170	Q	GENTAMICIN			$39.88	Medicare	$39.88	$24.73	$23.93	N
80172	Q	GOLD			$39.63	Medicare	$39.63	$24.57	$23.78	N
80173	Q	ASSAY OF HALOPERIDOL			$35.43	Medicare	$35.43	$21.97	$21.26	N
80174	Q	IMIPRAMINE			$41.88	Medicare	$41.88	$25.97	$25.13	N
80176	Q	LIDOCAINE			$35.75	Medicare	$35.75	$22.17	$21.45	N
80178	Q	LITHIUM			$16.08	Medicare	$16.08	$9.97	$9.65	N
80182	Q	NORTRIPTYLINE			$32.97	Medicare	$32.97	$20.44	$19.78	N
80184	Q	PHENOBARBITAL			$27.87	Medicare	$27.87	$17.28	$16.72	N
80185	Q	PHENYTOIN; TOTAL			$32.27	Medicare	$32.27	$20.01	$19.36	N
80186	Q	PHENYTOIN; FREE			$33.50	Medicare	$33.50	$20.77	$20.10	N
80188	Q	PRIMIDONE			$38.53	Medicare	$38.53	$23.89	$23.12	N
80190	Q	PROCAINAMIDE;			$40.77	Medicare	$40.77	$25.28	$24.46	N
80192	Q	PROCAINAMIDE;W/METABOLITES (EG N-ACETYL PROCAINAMIDE)			$40.77	Medicare	$40.77	$25.28	$24.46	N
80194	Q	QUINIDINE			$35.52	Medicare	$35.52	$22.02	$21.31	N
80195	Q	ASSAY OF SIROLIMUS			$33.40	Medicare	$33.40	$20.71	$20.04	
80196	Q	SALICYLATE			$17.27	Medicare	$17.27	$10.71	$10.36	N
80197	Q	TACROLIMUS			$33.40	Medicare	$33.40	$20.71	$20.04	N
80198	Q	THEOPHYLLINE			$34.43	Medicare	$34.43	$21.35	$20.66	N
80200	Q	TOBRAMYCIN			$39.22	Medicare	$39.22	$24.32	$23.53	N
80201	Q	ASSAY OF TOPIRAMATE			$29.00	Medicare	$29.00	$17.98	$17.40	N
80202	Q	VANCOMYCIN			$32.97	Medicare	$32.97	$20.44	$19.78	N
80299	Q	QUANTITATION OF DRUG NOT ELSEWHERE SPECIFIED			$33.32	Medicare	$33.32	$20.66	$19.99	N
80400	Q	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY			$79.37	Medicare	$79.37	$49.21	$47.62	N
80402	Q	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY			$211.57	Medicare	$211.57	$131.17	$126.94	N
80406	Q	ACTH STIMULATION PANEL;FOR 3 BETA-HYDROXYDEHYDROGENASE			$154.27	Medicare	$154.27	$95.65	$92.56	N
80408	Q	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG SALINE INFUS			$305.40	Medicare	$305.40	$189.35	$183.24	N
80410	Q	CALCIUM-PENTAGASTRIN STIMULATION PANEL			$195.50	Medicare	$195.50	$121.21	$117.30	N
80412	Q	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL			$802.10	Medicare	$802.10	$497.30	$481.26	N
80414	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;TESTOSTERONE			$125.67	Medicare	$125.67	$77.92	$75.40	N
80415	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;ESTRADIOL RESI			$136.00	Medicare	$136.00	$84.32	$81.60	N
80416	Q	RENAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL)			$321.20	Medicare	$321.20	$199.14	$192.72	N
80417	Q	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL)			$107.07	Medicare	$107.07	$66.38	$64.24	N
80418	Q	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL			$1,410.40	Medicare	$1,410.40	$874.45	$846.24	N
80420	Q	DEXAMETHASONE SUPPRESSION PANEL 48 HOUR			$175.30	Medicare	$175.30	$108.69	$105.18	N
80422	Q	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA			$112.10	Medicare	$112.10	$69.50	$67.26	N
80424	Q	GLUCAGON TOLERANCE PANEL			$122.90	Medicare	$122.90	$76.20	$73.74	N
80426	Q	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL			$361.20	Medicare	$361.20	$223.94	$216.72	N
80428	Q	GROWTH HORMONE STIMULATION PANEL (EG ARGININE INFUSION I			$162.27	Medicare	$162.27	$100.61	$97.36	N
80430	Q	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATIC			$190.92	Medicare	$190.92	$118.37	$114.55	N
80432	Q	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL			$273.73	Medicare	$273.73	$169.71	$164.24	N
80434	Q	INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY			$246.17	Medicare	$246.17	$152.63	$147.70	N
80435	Q	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY			$250.58	Medicare	$250.58	$155.36	$150.35	N
80436	Q	METYRAPONE PANEL			$221.83	Medicare	$221.83	$137.53	$133.10	N
80438	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;1 H			$122.65	Medicare	$122.65	$76.04	$73.59	N
80439	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;2 H			$163.53	Medicare	$163.53	$101.39	$98.12	N
80440	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;FO			$141.50	Medicare	$141.50	$87.73	$84.90	N
80500	X	CLINICAL PATHOLOGY CONSULTATION;LIN	00433	0.2498	$12.64	APC				N
80502	X	CLINICAL PATHOLOGY CONSULTATION;CO	00342	0.1523	$7.71	APC				N
81000	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL			$7.72	Medicare	$7.72	$4.79	$4.63	N
81001	Q	URINALYSIS BY DIP STICK OR TABLE REAGENT;AUTOMATED W/MICR			$7.72	Medicare	$7.72	$4.79	$4.63	N
81002	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL			$6.23	Medicare	$6.23	$3.86	$3.74	N
81003	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL			$5.47	Medicare	$5.47	$3.39	$3.28	N
81005	Q	URINALYSIS;QUALITATIVE OR SEMIQUANTITIVE EXCEPT IMMUNOAS			$5.27	Medicare	$5.27	$3.27	$3.16	N
81007	Q	URINALYSIS;BACTERIURIA SCREEN BY NON-CULTURE TECHNIQUE			$6.25	Medicare	$6.25	$3.88	$3.75	N
81015	Q	URINALYSIS; MICROSCOPIC ONLY			$7.38	Medicare	$7.38	$4.58	$4.43	N
81020	Q	URINALYSIS TWO OR THREE GLASS TEST			$8.97	Medicare	$8.97	$5.56	$5.38	N
81025	Q	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS			$9.65	Medicare	$9.65	$5.98	$5.79	N
81050	Q	VOLUME MEASUREMENT FOR TIMED COLLECTION EACH			$7.28	Medicare	$7.28	$4.51	$4.37	N
81099	M	UNLISTED URINALYSIS PROCEDURE			$0.00	By Report				N
82000	Q	ACETALDEHYDE BLOOD			$30.15	Medicare	$30.15	$18.69	$18.09	N

82003	Q	ACETAMINOPHEN	$49.25	Medicare	$49.25	$30.54	$29.55	N
82009	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUALITATIVE	$10.98	Medicare	$10.98	$6.81	$6.59	N
82010	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUANTITATIVE	$19.88	Medicare	$19.88	$12.33	$11.93	N
82013	Q	ACETYLCHOLINESTERASE	$27.18	Medicare	$27.18	$16.85	$16.31	N
82016	Q	ACYLCARNITINES; QUALITATIVE EACH SPECIMEN	$33.73	Medicare	$33.73	$20.91	$20.24	N
82017	Q	ACYLCARNITINES; QUANTITATIVE EACH SPEC (82379 FOR CARNITINE	$41.05	Medicare	$41.05	$25.45	$24.63	N
82024	Q	ADRENOCORTICOTROPIC HORMONE (ACTH)	$94.00	Medicare	$94.00	$58.28	$56.40	N
82030	Q	ASSAY OF ADP & AMP	$62.78	Medicare	$62.78	$38.92	$37.67	N
82040	Q	ALBUMIN; SERUM	$10.17	Medicare	$10.17	$6.31	$6.10	N
82042	Q	ALBUMIN; URINE QUANTITATIVE	$7.23	Medicare	$7.23	$4.48	$4.34	N
82043	Q	ALBUMIN; URINE MICROALBUMIN QUANTITATIVE	$14.08	Medicare	$14.08	$8.73	$8.45	N
82044	Q	ALBUMIN;URINE MICROALBUMIN SEMIQUANTITATIVE(EG REAGENT	$11.13	Medicare	$11.13	$6.90	$6.68	N
82045	Q	ALBUMIN ISCHEMIA MODIFIED	$82.60	Medicare	$82.60	$51.21	$49.56	
82055	Q	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH	$26.30	Medicare	$26.30	$16.31	$15.78	N
82075	Q	ALCOHOL (ETHANOL); BREATH	$29.33	Medicare	$29.33	$18.18	$17.60	N
82085	Q	ALDOLASE	$23.62	Medicare	$23.62	$14.64	$14.17	N
82088	Q	ALDOSTERONE	$99.17	Medicare	$99.17	$61.49	$59.50	N
82101	Q	ALKALOIDS URINE QUANTITATIVE	$73.05	Medicare	$73.05	$45.29	$43.83	N
82103	Q	ALPHA-1-ANTITRYPSIN; TOTAL	$32.68	Medicare	$32.68	$20.26	$19.61	N
82104	Q	ALPHA-1-ANTITRYPSIN; PHENOTYPE	$35.18	Medicare	$35.18	$21.81	$21.11	N
82105	Q	ALPHA-FETOPROTEIN; SERUM	$40.82	Medicare	$40.82	$25.31	$24.49	N
82106	Q	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	$40.82	Medicare	$40.82	$25.31	$24.49	N
82107	Q	ALPHA-FETOPROTEIN L3	$156.73	Medicare	$156.73	$97.17	$94.04	
82108	Q	ALUMINUM	$62.00	Medicare	$62.00	$38.44	$37.20	N
82120	Q	AMINES VAGINAL FLUID QUALITATIVE	$9.15	Medicare	$9.15	$5.67	$5.49	N
82127	Q	AMINO ACIDS; SINGLE QUALITATIVE EACH SPECIMEN	$33.73	Medicare	$33.73	$20.91	$20.24	N
82128	Q	AMINO ACIDS; MULTIPLE QUALITATIVE EACH SPECIMEN	$33.73	Medicare	$33.73	$20.91	$20.24	N
82131	Q	AMINO ACIDS; SINGLE QUANTITATIVE EACH SPECIMEN	$41.05	Medicare	$41.05	$25.45	$24.63	N
82135	Q	AMINOLEVULINIC ACID DELTA (ALA)	$40.07	Medicare	$40.07	$24.84	$24.04	N
82136	Q	AMINO ACIDS 2 TO 5 AMINO ACIDS QUANTITATIVE EACH SPECIMEN	$41.05	Medicare	$41.05	$25.45	$24.63	N
82139	Q	AMINO ACIDS 6 OR MORE AMINO ACIDS QUANTITATIVE EACH SPEC	$41.05	Medicare	$41.05	$25.45	$24.63	N
82140	Q	AMMONIA	$31.97	Medicare	$31.97	$19.82	$19.18	N
82143	Q	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	$16.72	Medicare	$16.72	$10.37	$10.03	N
82145	Q	AMPHETAMINE OR METHAMPHETAMINE	$37.83	Medicare	$37.83	$23.45	$22.70	N
82150	Q	AMYLASE	$15.77	Medicare	$15.77	$9.78	$9.46	N
82154	Q	ANDROSTANEDIOL GLUCURONIDE	$70.17	Medicare	$70.17	$43.51	$42.10	N
82157	Q	ANDROSTENEDIONE	$71.23	Medicare	$71.23	$44.16	$42.74	N
82160	Q	ANDROSTERONE	$60.85	Medicare	$60.85	$37.73	$36.51	N
82163	Q	ANGIOTENSIN II	$49.95	Medicare	$49.95	$30.97	$29.97	N
82164	Q	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	$35.52	Medicare	$35.52	$22.02	$21.31	
82172	Q	APOLIPOPROTEIN EACH	$37.70	Medicare	$37.70	$23.37	$22.62	N
82175	Q	ARSENIC	$46.17	Medicare	$46.17	$28.63	$27.70	N
82180	Q	ASCORBIC ACID (VITAMIN C) BLOOD	$24.05	Medicare	$24.05	$14.91	$14.43	N
82190	Q	ATOMIC ABSORPTION SPECTROSCOPY EACH ANALYTE	$36.28	Medicare	$36.28	$22.49	$21.77	N
82205	Q	BARBITURATES NOT ELSEWHERE SPECIFIED	$27.87	Medicare	$27.87	$17.28	$16.72	N
82232	Q	BETA-2 MICROGLOBULIN	$39.37	Medicare	$39.37	$24.41	$23.62	N
82239	Q	BILE ACIDS; TOTAL	$41.68	Medicare	$41.68	$25.84	$25.01	N
82240	Q	BILE ACIDS; CHOLYLGLYCINE	$64.68	Medicare	$64.68	$40.10	$38.81	N
82247	Q	BILIRUBIN; TOTAL	$12.22	Medicare	$12.22	$7.58	$7.33	N
82248	Q	BILIRUBIN; DIRECT	$12.22	Medicare	$12.22	$7.58	$7.33	N
82252	Q	BILIRUBIN; FECES QUALITATIVE	$11.07	Medicare	$11.07	$6.86	$6.64	N
82261	Q	BIOTINIDASE EACH SPECIMEN	$41.05	Medicare	$41.05	$25.45	$24.63	N
82270	Q	OCCULT BLOOD OTHER SOURCES	$7.92	Medicare	$7.92	$4.91	$4.75	N
82271	Q	OCCULT BLOOD FECES SINGLE	$7.92	Medicare	$7.92	$4.91	$4.75	
82272	Q	BLOOD OCCULT PEROXIDASE	$7.92	Medicare	$7.92	$4.91	$4.75	
82274	Q	ASSAY TEST FOR BLOOD FECAL	$38.70	Medicare	$38.70	$23.99	$23.22	
82286	Q	BRADYKININ	$16.77	Medicare	$16.77	$10.40	$10.06	N
82300	Q	CADMIUM	$56.32	Medicare	$56.32	$34.92	$33.79	N
82306	Q	CALCIFEDIOL (25-OH VITAMIN D-3)	$72.03	Medicare	$72.03	$44.66	$43.22	N
82307	Q	CALCIFEROL (VITAMIN D)	$78.42	Medicare	$78.42	$48.62	$47.05	N
82308	Q	CALCITONIN	$65.17	Medicare	$65.17	$40.41	$39.10	N
82310	Q	CALCIUM; TOTAL	$12.55	Medicare	$12.55	$7.78	$7.53	N
82330	Q	CALCIUM; IONIZED	$33.25	Medicare	$33.25	$20.62	$19.95	N
82331	Q	CALCIUM; AFTER CALCIUM INFUSION TEST	$12.60	Medicare	$12.60	$7.81	$7.56	N
82340	Q	CALCIUM; URINE QUANTITATIVE TIMED SPECIMEN	$14.68	Medicare	$14.68	$9.10	$8.81	N
82355	Q	CALCULUS ANALYSIS, QUAL	$28.15	Medicare	$28.15	$17.45	$16.89	N
82360	Q	CALCULUS (STONE); QUANTITATIVE ANALYSIS CHEMICAL	$31.33	Medicare	$31.33	$19.42	$18.80	N
82365	Q	CALCULUS SPECTROSCOPY	$31.38	Medicare	$31.38	$19.46	$18.83	N
82370	Q	CALCULUS (STONE); X-RAY DIFFRACTION	$30.48	Medicare	$30.48	$18.90	$18.29	N
82373	Q	ASSAY, C-D TRANSFER MEASURE	$43.95	Medicare	$43.95	$27.25	$26.37	N
82374	Q	CARBON DIOXIDE (BICARBONATE)	$11.90	Medicare	$11.90	$7.38	$7.14	N

82375	Q	CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUANTITATIVE	$21.28	Medicare	$21.28	$13.19	$12.77	N
82376	Q	CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUALITATIVE	$14.58	Medicare	$14.58	$9.04	$8.75	N
82378	Q	CARCINOEMBRYONIC ANTIGEN (CEA)	$46.17	Medicare	$46.17	$28.63	$27.70	N
82379	Q	CARNITINE (TOTAL AND FREE) QUANTITATIVE EACH SPECIMEN	$41.05	Medicare	$41.05	$25.45	$24.63	N
82380	Q	CAROTENE	$22.45	Medicare	$22.45	$13.92	$13.47	N
82382	Q	CATECHOLAMINES; TOTAL URINE	$41.83	Medicare	$41.83	$25.93	$25.10	N
82383	Q	CATECHOLAMINES; BLOOD	$60.98	Medicare	$60.98	$37.81	$36.59	N
82384	Q	CATECHOLAMINES; FRACTIONATED	$61.45	Medicare	$61.45	$38.10	$36.87	N
82387	Q	CATHEPSIN-D	$9.57	Medicare	$9.57	$5.93	$5.74	N
82390	Q	CERULOPLASMIN	$26.13	Medicare	$26.13	$16.20	$15.68	N
82397	Q	CHEMILUMINESCENT ASSAY	$31.88	Medicare	$31.88	$19.77	$19.13	N
82415	Q	CHLORAMPHENICOL	$30.83	Medicare	$30.83	$19.11	$18.50	N
82435	Q	CHLORIDE; BLOOD	$11.17	Medicare	$11.17	$6.93	$6.70	N
82436	Q	CHLORIDE; URINE	$12.23	Medicare	$12.23	$7.58	$7.34	N
82438	Q	CHLORIDE; OTHER SOURCE	$11.90	Medicare	$11.90	$7.38	$7.14	N
82441	Q	CHLORINATED HYDROCARBONS SCREEN	$14.60	Medicare	$14.60	$9.05	$8.76	N
82465	Q	CHOLESTEROL SERUM TOTAL	$10.60	Medicare	$10.60	$6.57	$6.36	N
82480	Q	CHOLINESTERASE; SERUM	$19.18	Medicare	$19.18	$11.89	$11.51	N
82482	Q	CHOLINESTERASE; RBC	$18.70	Medicare	$18.70	$11.59	$11.22	N
82485	Q	CHONDROITIN B SULFATE QUANTITATIVE	$50.25	Medicare	$50.25	$31.16	$30.15	N
82486	Q	CHROMATOGRAPHY QUALITATIVE; COLUMN ANALYTE NES	$43.95	Medicare	$43.95	$27.25	$26.37	N
82487	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 1-DIMENSIONAL ANALYT	$38.85	Medicare	$38.85	$24.09	$23.31	N
82488	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 2-DIMENSIONAL ANALYT	$52.00	Medicare	$52.00	$32.24	$31.20	N
82489	Q	CHROMATOGRAPHY QUALITATIVE; THIN LAYER. ANALYTE NES	$45.00	Medicare	$45.00	$27.90	$27.00	N
82491	Q	CHROMATOGRAPHY QUANTITATIVE COLUMN; SINGLE ANALYTE NE	$43.95	Medicare	$43.95	$27.25	$26.37	N
82492	Q	CHROMATOGRAPHY QUANTITATIVE COLUMN; MULT ANALYTES SN	$43.95	Medicare	$43.95	$27.25	$26.37	N
82495	Q	CHROMIUM	$49.35	Medicare	$49.35	$30.60	$29.61	N
82507	Q	CITRATE	$67.67	Medicare	$67.67	$41.96	$40.60	N
82520	Q	COCAINE OR METABOLITE	$36.88	Medicare	$36.88	$22.87	$22.13	N
82523	Q	COLLAGEN CROSSLINKS	$37.25	Medicare	$37.25	$23.10	$22.35	N
82525	Q	COPPER	$30.20	Medicare	$30.20	$18.72	$18.12	N
82528	Q	CORTICOSTERONE	$54.77	Medicare	$54.77	$33.96	$32.86	N
82530	Q	CORTISOL; FREE	$40.68	Medicare	$40.68	$25.22	$24.41	N
82533	Q	CORTISOL; TOTAL	$39.68	Medicare	$39.68	$24.60	$23.81	N
82540	Q	CREATINE	$11.27	Medicare	$11.27	$6.99	$6.76	N
82541	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QUALITA	$43.95	Medicare	$43.95	$27.25	$26.37	N
82542	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QUANTIT	$43.95	Medicare	$43.95	$27.25	$26.37	N
82543	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; ISOTOPE/	$43.95	Medicare	$43.95	$27.25	$26.37	N
82544	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; ISOTOPE/	$43.95	Medicare	$43.95	$27.25	$26.37	N
82550	Q	CREATINE KINASE (CK) (CPK); TOTAL	$15.85	Medicare	$15.85	$9.83	$9.51	N
82552	Q	CREATINE KINASE (CK) (CPK); ISOENZYMES	$32.60	Medicare	$32.60	$20.21	$19.56	N
82553	Q	CREATINE KINASE (CK) (CPK); MB FRACTION ONLY	$28.10	Medicare	$28.10	$17.42	$16.86	N
82554	Q	CREATINE KINASE (CK) (CPK); ISOFORMS	$22.32	Medicare	$22.32	$13.84	$13.39	N
82565	Q	CREATININE; BLOOD	$12.47	Medicare	$12.47	$7.73	$7.48	N
82570	Q	CREATININE; OTHER SOURCE	$12.60	Medicare	$12.60	$7.81	$7.56	N
82575	Q	CREATININE; CLEARANCE	$22.98	Medicare	$22.98	$14.25	$13.79	N
82585	Q	CRYOFIBRINOGEN	$20.87	Medicare	$20.87	$12.94	$12.52	N
82595	Q	CRYOGLOBULIN	$15.75	Medicare	$15.75	$9.77	$9.45	N
82600	Q	CYANIDE	$47.22	Medicare	$47.22	$29.28	$28.33	N
82607	Q	CYANOCOBALAMIN (VITAMIN B-12);	$36.68	Medicare	$36.68	$22.74	$22.01	N
82608	Q	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPAC	$34.85	Medicare	$34.85	$21.61	$20.91	N
82610	Q	CYSTATIN C	$33.08	Medicare	$33.08	$20.51	$19.85	
82615	Q	CYSTINE AND HOMOCYSTINE URINE QUALITATIVE	$19.87	Medicare	$19.87	$12.32	$11.92	N
82626	Q	DEHYDROEPIANDROSTERONE (DHEA)	$61.50	Medicare	$61.50	$38.13	$36.90	N
82627	Q	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	$54.10	Medicare	$54.10	$33.54	$32.46	N
82633	Q	DESOXYCORTICOSTERONE 11-	$75.38	Medicare	$75.38	$46.74	$45.23	N
82634	Q	DEOXYCORTISOL 11-	$71.23	Medicare	$71.23	$44.16	$42.74	N
82638	Q	DIBUCAINE NUMBER	$29.80	Medicare	$29.80	$18.48	$17.88	N
82646	Q	DIHYDROCODEINONE	$50.25	Medicare	$50.25	$31.16	$30.15	N
82649	Q	DIHYDROMORPHINONE	$62.55	Medicare	$62.55	$38.78	$37.53	N
82651	Q	DIHYDROTESTOSTERONE (DHT)	$62.82	Medicare	$62.82	$38.95	$37.69	N
82652	Q	DIHYDROXYVITAMIN D 1 25-	$93.67	Medicare	$93.67	$58.08	$56.20	N
82654	Q	DIMETHADIONE	$33.70	Medicare	$33.70	$20.89	$20.22	N
82656	Q	DOXEPIN	$28.08	Medicare	$28.08	$17.41	$16.85	
82657	Q	ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; NON-RA	$43.95	Medicare	$43.95	$27.25	$26.37	N
82658	Q	ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; R.A.	$43.95	Medicare	$43.95	$27.25	$26.37	N
82664	Q	ELECTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	$83.60	Medicare	$83.60	$51.83	$50.16	N
82666	Q	EPIANDROSTERONE	$52.28	Medicare	$52.28	$32.41	$31.37	N
82668	Q	ERYTHROPOIETIN	$45.75	Medicare	$45.75	$28.37	$27.45	N
82670	Q	ESTRADIOL	$68.00	Medicare	$68.00	$42.16	$40.80	N
82671	Q	ESTROGENS; FRACTIONATED	$78.58	Medicare	$78.58	$48.72	$47.15	N

82672	Q	ESTROGENS; TOTAL	$52.77	Medicare	$52.77	$32.72	$31.66	N
82677	Q	ESTRIOL	$58.85	Medicare	$58.85	$36.49	$35.31	N
82679	Q	ESTRONE	$60.75	Medicare	$60.75	$37.67	$36.45	N
82690	Q	ETHCHLORVYNOL	$42.07	Medicare	$42.07	$26.08	$25.24	N
82693	Q	ETHYLENE GLYCOL	$36.25	Medicare	$36.25	$22.48	$21.75	N
82696	Q	ETIOCHOLANOLONE	$57.38	Medicare	$57.38	$35.58	$34.43	N
82705	Q	FAT OR LIPIDS FECES; QUALITATIVE	$12.38	Medicare	$12.38	$7.68	$7.43	N
82710	Q	FAT OR LIPIDS FECES; QUANITITATIVE	$40.88	Medicare	$40.88	$25.35	$24.53	N
82715	Q	FAT DIFFERENTIAL FECES QUANTITATIVE	$41.88	Medicare	$41.88	$25.97	$25.13	N
82725	Q	FATTY ACIDS NONESTERIFIED	$32.40	Medicare	$32.40	$20.09	$19.44	N
82726	Q	VERY LONG CHAIN FATTY ACIDS	$43.95	Medicare	$43.95	$27.25	$26.37	N
82728	Q	FERRITIN	$33.15	Medicare	$33.15	$20.55	$19.89	N
82731	Q	FETAL FIBRONECTIN CERVICOVAGINAL SECRETIONS SEMI-QUANTIT	$156.73	Medicare	$156.73	$97.17	$94.04	N
82735	Q	FLUORIDE	$45.13	Medicare	$45.13	$27.98	$27.08	N
82742	Q	FLURAZEPAM	$48.17	Medicare	$48.17	$29.87	$28.90	N
82746	Q	FOLIC ACID; SERUM	$35.78	Medicare	$35.78	$22.18	$21.47	N
82747	Q	FOLIC ACID; RBC	$42.15	Medicare	$42.15	$26.13	$25.29	N
82757	Q	FRUCTOSE SEMEN	$42.20	Medicare	$42.20	$26.16	$25.32	N
82759	Q	GALACTOKINASE RBC	$52.28	Medicare	$52.28	$32.41	$31.37	N
82760	Q	GALACTOSE	$27.25	Medicare	$27.25	$16.90	$16.35	N
82775	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	$51.25	Medicare	$51.25	$31.78	$30.75	N
82776	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	$20.40	Medicare	$20.40	$12.65	$12.24	N
82784	Q	GAMMAGLOBULIN; IGA IGD IGG IGM EACH	$22.15	Medicare	$22.15	$13.73	$13.29	N
82785	Q	GAMMAGLOBULIN; IGE	$40.08	Medicare	$40.08	$24.85	$24.05	N
82787	Q	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES (IGG1 2 3 & 4)	$19.52	Medicare	$19.52	$12.10	$11.71	N
82800	Q	GASES BLOOD PH ONLY	$20.62	Medicare	$20.62	$12.78	$12.37	N
82803	Q	GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 HCO2 (I	$47.08	Medicare	$47.08	$29.19	$28.25	N
82805	Q	BLOOD GASES W/O2 SATURATION	$69.05	Medicare	$69.05	$42.81	$41.43	N
82810	Q	GASES BLOOD O2 SATURATION ONLY BY DIRECT MEASUREMENT E	$21.23	Medicare	$21.23	$13.16	$12.74	N
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATUR	$24.32	Medicare	$24.32	$15.08	$14.59	N
82926	Q	GASTRIC ACID FREE AND TOTAL EACH SPECIMEN	$13.27	Medicare	$13.27	$8.23	$7.96	N
82928	Q	GASTRIC ACID FREE OR TOTAL EACH SPECIMEN	$15.93	Medicare	$15.93	$9.88	$9.56	N
82938	Q	GASTRIN AFTER SECRETIN STIMULATION	$43.05	Medicare	$43.05	$26.69	$25.83	
82941	Q	GASTRIN	$42.92	Medicare	$42.92	$26.61	$25.75	N
82943	Q	ASSAY OF GLUCAGON	$34.77	Medicare	$34.77	$21.56	$20.86	N
82945	Q	GLUCOSE OTHER FLUID	$9.55	Medicare	$9.55	$5.92	$5.73	N
82946	Q	GLUCAGON TOLERANCE TEST	$33.28	Medicare	$33.28	$20.63	$19.97	N
82947	Q	GLUCOSE; QUANTITATIVE	$9.55	Medicare	$9.55	$5.92	$5.73	N
82948	Q	GLUCOSE; BLOOD REAGENT STRIP	$7.72	Medicare	$7.72	$4.79	$4.63	N
82950	Q	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	$11.55	Medicare	$11.55	$7.16	$6.93	N
82951	Q	GLUCOSE; TOLERANCE TEST (GTT) 3 SPECIMENS (INCLUDES GLUCOSI	$31.33	Medicare	$31.33	$19.42	$18.80	N
82952	Q	GLUCOSE;TOLERANCE TEST EACH ADDITONAL BEYOND 3 SPECIMEN	$9.53	Medicare	$9.53	$5.91	$5.72	N
82953	Q	GLUCOSE; TOLBUTAMIDE TOLERANCE TEST	$36.87	Medicare	$36.87	$22.86	$22.12	N
82955	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	$23.60	Medicare	$23.60	$14.63	$14.16	N
82960	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	$14.73	Medicare	$14.73	$9.13	$8.84	N
82962	Q	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY	$5.70	Medicare	$5.70	$3.53	$3.42	N
82963	Q	GLUCOSIDASE BETA	$52.28	Medicare	$52.28	$32.41	$31.37	
82965	Q	GLUTAMATE DEHYDROGENASE	$18.82	Medicare	$18.82	$11.67	$11.29	N
82975	Q	GLUTAMINE (GLUTAMIC ACID AMIDE)	$38.55	Medicare	$38.55	$23.90	$23.13	N
82977	Q	GLUTAMYLTRANSFERASE GAMMA (GGT)	$17.52	Medicare	$17.52	$10.86	$10.51	N
82978	Q	GLUTATHIONE	$34.68	Medicare	$34.68	$21.50	$20.81	N
82979	Q	GLUTATHIONE REDUCTASE RBC	$16.77	Medicare	$16.77	$10.40	$10.06	N
82980	Q	GLUTETHIMIDE	$44.58	Medicare	$44.58	$27.64	$26.75	N
82985	Q	GLYCATED PROTEIN	$28.32	Medicare	$28.32	$17.56	$16.99	N
83001	Q	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	$45.23	Medicare	$45.23	$28.04	$27.14	N
83002	Q	GONADOTROPIN; LUTEINIZING HORMONE (LH)	$45.07	Medicare	$45.07	$27.94	$27.04	N
83003	Q	GROWTH HORMONE HUMAN (HGH) (SOMATOTROPIN)	$40.57	Medicare	$40.57	$25.15	$24.34	N
83008	Q	GUANOSINE MONOPHOSPHATE (GMP) CYCLIC	$40.85	Medicare	$40.85	$25.33	$24.51	N
83009	Q	H PYLORI (C-13) BLOOD	$163.92	Medicare	$163.92	$101.63	$98.35	
83010	Q	HAPTOGLOBIN; QUANTITATIVE	$30.62	Medicare	$30.62	$18.98	$18.37	N
83012	Q	HAPTOGLOBIN; PHENOTYPES	$41.83	Medicare	$41.83	$25.93	$25.10	N
83013	Q	H PYLORI (C-13) BREATH	$163.92	Medicare	$163.92	$101.63	$98.35	N
83014	Q	H PYLORI DRUG ADMIN	$19.13	Medicare	$19.13	$11.86	$11.48	N
83015	Q	HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTIMON	$45.83	Medicare	$45.83	$28.41	$27.50	N
83018	Q	HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTIMON	$53.43	Medicare	$53.43	$33.13	$32.06	N
83020	Q	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHOR	$31.33	Medicare	$31.33	$19.42	$18.80	N
83021	Q	HEMOGLOBIN FRACTIONATION/QUANTITATION; CHROMOTOGRAPHY	$43.95	Medicare	$43.95	$27.25	$26.37	N
83026	Q	HEMOGLOBIN; BY COPPER SULFATE METHOD NONAUTOMATED	$5.75	Medicare	$5.75	$3.57	$3.45	N
83030	Q	HEMOGLOBIN; F (FETAL) CHEMICAL	$20.13	Medicare	$20.13	$12.48	$12.08	N
83033	Q	HEMOGLOBIN; F (FETAL) QUALITATIVE (APT) TEST FECAL	$14.50	Medicare	$14.50	$8.99	$8.70	N
83036	Q	GLYCOSYLATED HEMOGLOBIN TEST	$23.62	Medicare	$23.62	$14.64	$14.17	N

83037	E	GLYCOSYLATED HB HOME DEVICE	$0.00	Not allowed				
83045	Q	HEMOGLOBIN; METHEMOGLOBIN QUALITATIVE	$12.07	Medicare	$12.07	$7.48	$7.24	N
83050	Q	HEMOGLOBIN; METHEMOGLOBIN QUANTITATIVE	$17.82	Medicare	$17.82	$11.05	$10.69	N
83051	Q	HEMOGLOBIN; PLASMA	$17.78	Medicare	$17.78	$11.02	$10.67	N
83055	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUALITATIVE	$11.98	Medicare	$11.98	$7.43	$7.19	N
83060	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUANTITATIVE	$20.13	Medicare	$20.13	$12.48	$12.08	N
83065	Q	HEMOGLOBIN; THERMOLABILE	$16.77	Medicare	$16.77	$10.40	$10.06	N
83068	Q	HEMOGLOBIN; UNSTABLE SCREEN	$20.62	Medicare	$20.62	$12.78	$12.37	N
83069	Q	HEMOGLOBIN; URINE	$9.60	Medicare	$9.60	$5.95	$5.76	N
83070	Q	HEMOSIDERIN; QUALITATIVE	$11.55	Medicare	$11.55	$7.16	$6.93	N
83071	Q	HEMOSIDERIN; QUANTITATIVE	$16.72	Medicare	$16.72	$10.37	$10.03	N
83080	Q	B-HEXOSAMINIDASE EACH ASSAY	$41.05	Medicare	$41.05	$25.45	$24.63	N
83088	Q	HISTAMINE	$71.87	Medicare	$71.87	$44.56	$43.12	N
83090	Q	ASSAY OF HOMOCYSTINE	$41.05	Medicare	$41.05	$25.45	$24.63	N
83150	Q	HOMOVANILLIC ACID (HVA)	$47.08	Medicare	$47.08	$29.19	$28.25	N
83491	Q	HYDROXYCORTICOSTEROIDS 17- (17-OHCS)	$42.62	Medicare	$42.62	$26.42	$25.57	N
83497	Q	HYDROXYINDOLACETIC ACID 5-(HIAA)	$31.38	Medicare	$31.38	$19.46	$18.83	N
83498	Q	HYDROXYPROGESTERONE 17-D	$66.10	Medicare	$66.10	$40.98	$39.66	N
83499	Q	HYDROXYPROGESTERONE 20-	$61.33	Medicare	$61.33	$38.02	$36.80	N
83500	Q	ASSAY, FREE HYDROXYPROLINE	$55.12	Medicare	$55.12	$34.17	$33.07	N
83505	Q	HYDROXYPROLINE; TOTAL	$59.15	Medicare	$59.15	$36.67	$35.49	N
83516	Q	IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; MULT STE	$28.08	Medicare	$28.08	$17.41	$16.85	N
83518	Q	IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; SINGLE ST	$20.63	Medicare	$20.63	$12.79	$12.38	N
83519	Q	IMMUNOASSAY ANALYTE; QUANTITATIVE; BY RADIOPHARM TECHN	$32.88	Medicare	$32.88	$20.39	$19.73	N
83520	Q	IMMUNOASSAY ANALYTE QUANTITATIVE; NOT OTHERWISE SPECIFI	$31.52	Medicare	$31.52	$19.54	$18.91	N
83525	Q	INSULIN; TOTAL	$27.82	Medicare	$27.82	$17.25	$16.69	N
83527	Q	INSULIN; FREE	$31.52	Medicare	$31.52	$19.54	$18.91	N
83528	Q	INTRINSIC FACTOR	$38.70	Medicare	$38.70	$23.99	$23.22	N
83540	Q	IRON	$10.55	Medicare	$10.55	$6.54	$6.33	N
83550	Q	IRON BINDING CAPACITY	$13.20	Medicare	$13.20	$8.18	$7.92	N
83570	Q	ISOCITRIC DEHYDROGENASE (IDH)	$21.52	Medicare	$21.52	$13.34	$12.91	N
83582	Q	KETOGENIC STEROIDS FRACTIONATION	$34.48	Medicare	$34.48	$21.38	$20.69	N
83586	Q	KETOSTEROIDS 17- (17-KS); TOTAL	$31.15	Medicare	$31.15	$19.31	$18.69	N
83593	Q	KETOSTEROIDS 17- (17-KS); FRACTIONATION	$64.00	Medicare	$64.00	$39.68	$38.40	N
83605	Q	LACTATE (LACTIC ACID)	$25.98	Medicare	$25.98	$16.11	$15.59	N
83615	Q	LACTATE DEHYDROGENASE (LD) (LDH);	$14.68	Medicare	$14.68	$9.10	$8.81	N
83625	Q	LACTATE DEHYDROGENASE (LD) (LDH);ISOENZYMES SEPARATION &	$31.15	Medicare	$31.15	$19.31	$18.69	N
83630	Q	LACTOFERRIN FECAL (QUAL)	$47.77	Medicare	$47.77	$29.62	$28.66	
83631	Q	LACTOFERRIN, FECAL (QUANT)	$47.77	Medicare	$47.77	$29.62	$28.66	N
83632	Q	LACTOGEN HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATO	$49.18	Medicare	$49.18	$30.49	$29.51	N
83633	Q	LACTOSE URINE; QUALITATIVE	$13.40	Medicare	$13.40	$8.31	$8.04	N
83634	Q	LACTOSE URINE; QUANTITATIVE	$28.05	Medicare	$28.05	$17.39	$16.83	N
83655	Q	LEAD	$29.45	Medicare	$29.45	$18.26	$17.67	N
83661	Q	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); QUANTITATIVE	$53.48	Medicare	$53.48	$33.16	$32.09	N
83662	Q	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO);FROM STABILITY TEST	$16.47	Medicare	$16.47	$10.21	$9.88	N
83663	Q	FLUORO POLARIZE, FETAL LUNG	$16.47	Medicare	$16.47	$10.21	$9.88	N
83664	Q	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	$16.47	Medicare	$16.47	$10.21	$9.88	N
83670	Q	LEUCINE AMINOPEPTIDASE (LAP)	$22.30	Medicare	$22.30	$13.83	$13.38	N
83690	Q	LIPASE	$16.30	Medicare	$16.30	$10.11	$9.78	N
83695	Q	ASSAY OF LIPOPROTEIN(A)	$31.52	Medicare	$31.52	$19.54	$18.91	
83698	Q	ASSAY LIPOPROTEIN PLA2	$82.60	Medicare	$82.60	$51.21	$49.56	
83700	Q	LIPIDS BLOOD;	$27.40	Medicare	$27.40	$16.99	$16.44	N
83701	Q	LIPOPROTEIN BLD HR FRACTION	$60.40	Medicare	$60.40	$37.45	$36.24	
83704	Q	LIPOPROTEIN BLD BY NMR	$76.78	Medicare	$76.78	$47.60	$46.07	
83718	Q	LIPOPROTEIN DIRECT MEASUREMENT;HIGH DENSITY CHOLESTEROL	$19.93	Medicare	$19.93	$12.36	$11.96	N
83719	Q	LIPOPROTEIN DIRECT MEASUREMENT; VLDL CHOLESTEROL	$28.32	Medicare	$28.32	$17.56	$16.99	
83721	Q	LIPOPROTEIN DIRECT MEASUREMENT; LDL CHOLESTEROL	$23.22	Medicare	$23.22	$14.40	$13.93	N
83727	Q	LUTEINIZING RELEASING FACTOR (LRH)	$41.83	Medicare	$41.83	$25.93	$25.10	N
83735	Q	MAGNESIUM	$16.30	Medicare	$16.30	$10.11	$9.78	N
83775	Q	MALATE DEHYDROGENASE	$17.95	Medicare	$17.95	$11.13	$10.77	N
83785	Q	MANGANESE	$59.83	Medicare	$59.83	$37.09	$35.90	N
83788	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY; QUALIT	$43.95	Medicare	$43.95	$27.25	$26.37	N
83789	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY; QUANTI	$43.95	Medicare	$43.95	$27.25	$26.37	N
83805	Q	MEPROBAMATE	$42.90	Medicare	$42.90	$26.60	$25.74	N
83825	Q	MERCURY QUANTITATIVE	$39.57	Medicare	$39.57	$24.53	$23.74	N
83835	Q	METANEPHRINES	$41.23	Medicare	$41.23	$25.56	$24.74	N
83840	Q	METHADONE	$39.73	Medicare	$39.73	$24.63	$23.84	N
83857	Q	METHEMALBUMIN	$26.13	Medicare	$26.13	$16.20	$15.68	N
83858	Q	METHSUXIMIDE	$36.07	Medicare	$36.07	$22.36	$21.64	N
83864	Q	MUCOPOLYSACCHARIDES ACID; QUANTITATIVE	$48.45	Medicare	$48.45	$30.04	$29.07	N
83866	Q	MUCOPOLYSACCHARIDES ACID; SCREEN	$23.98	Medicare	$23.98	$14.87	$14.39	N

83872	Q	MUCIN SYNOVIAL FLUID (ROPES TEST)	$14.27	Medicare	$14.27	$8.85	$8.56	N
83873	Q	ASSAY OF CSF PROTEIN	$41.87	Medicare	$41.87	$25.96	$25.12	
83874	Q	MYOGLOBIN	$31.43	Medicare	$31.43	$19.49	$18.86	N
83876	Q	ASSAY, MYELOPEROXIDASE	$31.52	Medicare	$31.52	$19.54	$18.91	
83880	Q	NATRIURETIC PEPTIDE	$82.60	Medicare	$82.60	$51.21	$49.56	N
83883	Q	NEPHELOMETRY EACH ANALYTE NOT ELSEWHERE SPECIFIED	$33.08	Medicare	$33.08	$20.51	$19.85	N
83885	Q	NICKEL	$59.62	Medicare	$59.62	$36.96	$35.77	N
83887	Q	NICOTINE	$57.63	Medicare	$57.63	$35.73	$34.58	N
83890	Q	MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTIO	$9.75	Medicare	$9.75	$6.05	$5.85	N
83891	Q	MOLECULAR DIAGNOSTICS; ISOLATION/EXTRACTION NUCLEIC ACID	$9.75	Medicare	$9.75	$6.05	$5.85	N
83892	Q	MOLECULAR DIAGNOSTICS	$9.75	Medicare	$9.75	$6.05	$5.85	N
83893	Q	MOLECULE DOT/SLOT/BLOT	$9.75	Medicare	$9.75	$6.05	$5.85	N
83894	Q	MOLECULE GEL ELECTROPHOR	$9.75	Medicare	$9.75	$6.05	$5.85	N
83896	Q	MOLECULAR DIAGNOSTICS	$9.75	Medicare	$9.75	$6.05	$5.85	N
83897	Q	MOLECULE NUCLEIC TRANSFER	$9.75	Medicare	$9.75	$6.05	$5.85	N
83898	Q	MOLECULE NUCLEIC AMPLI EACH	$40.78	Medicare	$40.78	$25.28	$24.47	N
83900	Q	MOLECULE NUCLEIC AMPLI 2 SEQ	$81.58	Medicare	$81.58	$50.58	$48.95	N
83901	Q	MOLECULE NUCLEIC AMPLI ADDON	$40.78	Medicare	$40.78	$25.28	$24.47	N
83902	Q	MOLECULAR DIAGNOSTICS	$34.53	Medicare	$34.53	$21.41	$20.72	N
83903	Q	MOLECULAR DIAGNOSTICS; MUTATION SCANNING SINGLE SEGMENT	$40.78	Medicare	$40.78	$25.28	$24.47	N
83904	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF SEQUENCING EA SG	$40.78	Medicare	$40.78	$25.28	$24.47	N
83905	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF ALLELE TRANSCRIP	$40.78	Medicare	$40.78	$25.28	$24.47	N
83906	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF. ALLELE TRANSLAT	$40.78	Medicare	$40.78	$25.28	$24.47	N
83907	Q	LYSE CELLS FOR NUCLEIC EXT	$32.50	Medicare	$32.50	$20.15	$19.50	
83908	Q	NUCLEIC ACID SIGNAL AMPLI	$40.78	Medicare	$40.78	$25.28	$24.47	
83909	Q	NUCLEIC ACID HIGH RESOLUTE	$40.78	Medicare	$40.78	$25.28	$24.47	
83912	Q	GENETIC EXAMINATION	$9.75	Medicare	$9.75	$6.05	$5.85	N
83913	Q	MOLECULAR, RNA STABILIZATION	$32.50	Medicare	$32.50	$20.15	$19.50	
83914	Q	MUTATION IDENT OLA/SBCE/ASPE	$40.78	Medicare	$40.78	$25.28	$24.47	
83915	Q	NUCLEOTIDASE 5'-	$27.15	Medicare	$27.15	$16.83	$16.29	N
83916	Q	OLIGOCLONAL BANDS	$48.93	Medicare	$48.93	$30.34	$29.36	
83918	Q	ORGANIC ACIDS QUANTITATIVE EACH SPECIMEN	$40.07	Medicare	$40.07	$24.84	$24.04	N
83919	Q	ORGANIC ACIDS; QUALITATIVE EACH SPECIMEN	$40.07	Medicare	$40.07	$24.84	$24.04	N
83921	Q	ORGANIC ACID SINGLE QUANT	$40.07	Medicare	$40.07	$24.84	$24.04	N
83925	Q	OPIATES (EG MORPHINE MEPERIDINE)	$47.35	Medicare	$47.35	$29.36	$28.41	N
83930	Q	OSMOLALITY; BLOOD	$16.08	Medicare	$16.08	$9.97	$9.65	N
83935	Q	OSMOLALITY; URINE	$16.58	Medicare	$16.58	$10.28	$9.95	N
83937	Q	OSTEOCALCIN (BONE G1A PROTEIN)	$72.65	Medicare	$72.65	$45.04	$43.59	N
83945	Q	OXALATE	$31.33	Medicare	$31.33	$19.42	$18.80	N
83950	Q	ONCOPROTEIN HER-2/NEU	$156.73	Medicare	$156.73	$97.17	$94.04	
83951	Q	ONCOPROTEIN, DCP	$156.73	Medicare	$156.73	$97.17	$94.04	
83970	Q	PARATHORMONE (PARATHYROID HORMONE)	$100.45	Medicare	$100.45	$62.28	$60.27	N
83986	Q	PH BODY FLUID EXCEPT BLOOD	$8.70	Medicare	$8.70	$5.39	$5.22	N
83992	Q	PHENCYCLIDINE (PCP)	$35.77	Medicare	$35.77	$22.18	$21.46	N
83993	Q	ASSAY FOR CALPROTECTIN FECAL	$47.77	Medicare	$47.77	$29.62	$28.66	
84022	Q	PHENOTHIAZINE	$37.90	Medicare	$37.90	$23.50	$22.74	N
84030	Q	PHENYLALANINE (PKU) BLOOD	$13.40	Medicare	$13.40	$8.31	$8.04	N
84035	Q	PHENYLKETONES QUALITATIVE	$8.90	Medicare	$8.90	$5.52	$5.34	N
84060	Q	PHOSPHATASE ACID; TOTAL	$17.97	Medicare	$17.97	$11.14	$10.78	N
84061	Q	PHOSPHATASE ACID; FORENSIC EXAMINATION	$19.25	Medicare	$19.25	$11.94	$11.55	N
84066	Q	PHOSPHATASE ACID; PROSTATIC	$23.50	Medicare	$23.50	$14.57	$14.10	N
84075	Q	PHOSPHATASE ALKALINE;	$12.60	Medicare	$12.60	$7.81	$7.56	N
84078	Q	PHOSPHATASE ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	$17.77	Medicare	$17.77	$11.02	$10.66	N
84080	Q	PHOSPHATASE ALKALINE; ISOENZYMES	$35.98	Medicare	$35.98	$22.31	$21.59	N
84081	Q	PHOSPHATIDYLGLYCEROL	$40.20	Medicare	$40.20	$24.92	$24.12	
84085	Q	PHOSPHOGLUCONATE 6- DEHYDROGENASE RBC	$16.40	Medicare	$16.40	$10.17	$9.84	N
84087	Q	PHOSPHOHEXOSE ISOMERASE	$25.12	Medicare	$25.12	$15.57	$15.07	N
84100	Q	PHOSPHORUS INORGANIC (PHOSPHATE);	$11.55	Medicare	$11.55	$7.16	$6.93	N
84105	Q	PHOSPHORUS INORGANIC (PHOSPHATE); URINE	$12.60	Medicare	$12.60	$7.81	$7.56	N
84106	Q	PORPHOBILINOGEN URINE; QUALITATIVE	$10.42	Medicare	$10.42	$6.46	$6.25	N
84110	Q	PORPHOBILINOGEN URINE; QUANTITATIVE	$20.57	Medicare	$20.57	$12.75	$12.34	N
84119	Q	PORPHYRINS URINE; QUALITATIVE	$20.95	Medicare	$20.95	$12.99	$12.57	N
84120	Q	PORPHYRINS URINE; QUANTITATION & FRACTIONATION	$35.78	Medicare	$35.78	$22.18	$21.47	N
84126	Q	PORPHYRINS FECES; QUANTITATIVE	$61.98	Medicare	$61.98	$38.43	$37.19	N
84127	Q	PORPHYRINS FECES; QUALITATIVE	$28.35	Medicare	$28.35	$17.58	$17.01	N
84132	Q	POTASSIUM; SERUM	$11.17	Medicare	$11.17	$6.93	$6.70	N
84133	Q	POTASSIUM; URINE	$10.47	Medicare	$10.47	$6.49	$6.28	N
84134	Q	PREALBUMIN	$35.50	Medicare	$35.50	$22.01	$21.30	N
84135	Q	PREGNANEDIOL	$46.57	Medicare	$46.57	$28.87	$27.94	N
84138	Q	PREGNANETRIOL	$46.08	Medicare	$46.08	$28.57	$27.65	N
84140	Q	PREGNENOLONE	$50.32	Medicare	$50.32	$31.20	$30.19	N

84143	Q	17-HYDROXYPREGNENOLONE	$37.45	Medicare	$37.45	$23.22	$22.47	N
84144	Q	PROGESTERONE	$50.77	Medicare	$50.77	$31.48	$30.46	N
84146	Q	PROLACTIN	$47.17	Medicare	$47.17	$29.25	$28.30	N
84150	Q	PROSTAGLANDIN EACH	$60.75	Medicare	$60.75	$37.67	$36.45	N
84152	Q	ASSAY OF PSA, COMPLEXED	$44.75	Medicare	$44.75	$27.75	$26.85	N
84153	Q	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	$44.75	Medicare	$44.75	$27.75	$26.85	N
84154	Q	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	$44.75	Medicare	$44.75	$27.75	$26.85	N
84155	Q	ASSAY OF PROTEIN SERUM	$8.92	Medicare	$8.92	$5.53	$5.35	N
84156	Q	ASSAY OF PROTEIN URINE	$8.92	Medicare	$8.92	$5.53	$5.35	
84157	Q	ASSAY OF PROTEIN OTHER	$8.92	Medicare	$8.92	$5.53	$5.35	
84160	Q	ASSAY OF PROTEIN ANY SOURCE	$12.60	Medicare	$12.60	$7.81	$7.56	N
84163	Q	PAPPA SERUM	$36.63	Medicare	$36.63	$22.71	$21.98	
84165	Q	PROTEIN E-PHORESIS SERUM	$26.13	Medicare	$26.13	$16.20	$15.68	N
84166	Q	PROTEIN E-PHORESIS/URINE/CSF	$43.40	Medicare	$43.40	$26.91	$26.04	
84181	Q	PROTEIN;WESTERN BLOT W/INTERP & REPORT BLOOD OR OTHER BO	$41.45	Medicare	$41.45	$25.70	$24.87	N
84182	Q	WESTERN BLOT W/INTERP & REPORT BLOOD OR OTHER BODY FLUID	$43.80	Medicare	$43.80	$27.16	$26.28	N
84202	Q	PROTOPORPHYRIN RBC; QUANTITATIVE	$34.92	Medicare	$34.92	$21.65	$20.95	N
84203	Q	PROTOPORPHYRIN RBC; SERUM	$20.95	Medicare	$20.95	$12.99	$12.57	N
84206	Q	PROINSULIN	$43.35	Medicare	$43.35	$26.88	$26.01	N
84207	Q	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	$68.37	Medicare	$68.37	$42.39	$41.02	N
84210	Q	PYRUVATE	$26.42	Medicare	$26.42	$16.38	$15.85	N
84220	Q	PYRUVATE KINASE	$22.95	Medicare	$22.95	$14.23	$13.77	N
84228	Q	QUININE	$28.32	Medicare	$28.32	$17.56	$16.99	N
84233	Q	RECEPTOR ASSAY; ESTROGEN	$156.73	Medicare	$156.73	$97.17	$94.04	N
84234	Q	RECEPTOR ASSAY; PROGESTERONE	$157.87	Medicare	$157.87	$97.88	$94.72	N
84235	Q	RECEPTOR ASSAY;ENDOCRINE OTHER THAN ESTROGEN OR PROGEST	$127.35	Medicare	$127.35	$78.96	$76.41	N
84238	Q	ASSAY NONENDOCRINE RECEPTOR	$88.98	Medicare	$88.98	$55.17	$53.39	
84244	Q	RENIN	$53.53	Medicare	$53.53	$33.19	$32.12	N
84252	Q	RIBOFLAVIN (VITAMIN B-2)	$49.25	Medicare	$49.25	$30.54	$29.55	N
84255	Q	SELENIUM	$62.12	Medicare	$62.12	$38.51	$37.27	N
84260	Q	ASSAY OF SEROTONIN	$75.38	Medicare	$75.38	$46.74	$45.23	N
84270	Q	SEX HORMONE BINDING GLOBULIN (SHBG)	$52.88	Medicare	$52.88	$32.79	$31.73	N
84275	Q	SIALIC ACID	$32.68	Medicare	$32.68	$20.26	$19.61	N
84285	Q	SILICA	$57.30	Medicare	$57.30	$35.53	$34.38	N
84295	Q	SODIUM; SCREEN	$11.70	Medicare	$11.70	$7.25	$7.02	N
84300	Q	SODIUM; URINE	$11.83	Medicare	$11.83	$7.33	$7.10	N
84302	Q	ASSAY OF SWEAT SODIUM	$11.83	Medicare	$11.83	$7.33	$7.10	
84305	Q	SOMATOMEDIN	$51.73	Medicare	$51.73	$32.07	$31.04	N
84307	Q	SOMATOSTATIN	$44.50	Medicare	$44.50	$27.59	$26.70	N
84311	Q	SPECTROPHOTOMETRY ANALYTE NOT ELSEWHERE SPECIFIED	$17.00	Medicare	$17.00	$10.54	$10.20	N
84315	Q	SPECIFIC GRAVITY (EXCEPT URINE)	$6.10	Medicare	$6.10	$3.78	$3.66	N
84375	Q	SUGARS CHROMATOGRAPHIC TLC OR PAPER CHROMATOGRAPHY	$47.70	Medicare	$47.70	$29.57	$28.62	N
84376	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); SINGLE QUALITATIVE	$13.40	Medicare	$13.40	$8.31	$8.04	N
84377	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUALITATIV	$13.40	Medicare	$13.40	$8.31	$8.04	N
84378	Q	SUGARS SINGLE QUANT	$28.05	Medicare	$28.05	$17.39	$16.83	N
84379	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUANTITAT	$28.05	Medicare	$28.05	$17.39	$16.83	N
84392	Q	SULFATE URINE	$11.55	Medicare	$11.55	$7.16	$6.93	N
84402	Q	TESTOSTERONE; FREE	$61.97	Medicare	$61.97	$38.42	$37.18	N
84403	Q	TESTOSTERONE; TOTAL	$62.83	Medicare	$62.83	$38.95	$37.70	N
84425	Q	THIAMINE (VITAMIN B-1)	$51.68	Medicare	$51.68	$32.04	$31.01	N
84430	Q	THIOCYANATE	$28.32	Medicare	$28.32	$17.56	$16.99	N
84432	Q	THYROGLOBULIN	$39.08	Medicare	$39.08	$24.23	$23.45	N
84436	Q	THYROXINE; TOTAL	$16.72	Medicare	$16.72	$10.37	$10.03	N
84437	Q	THYROXINE; REQUIRING ELUTION (EG NEONATAL)	$15.75	Medicare	$15.75	$9.77	$9.45	N
84439	Q	THYROXINE; FREE	$21.95	Medicare	$21.95	$13.61	$13.17	N
84442	Q	THYROXINE BINDING GLOBULIN (TBG)	$35.98	Medicare	$35.98	$22.31	$21.59	N
84443	Q	THYROID STIMULATING HORMONE (TSH)	$40.88	Medicare	$40.88	$25.35	$24.53	N
84445	Q	ASSAY OF TSI	$123.73	Medicare	$123.73	$76.71	$74.24	N
84446	Q	TOCOPHEROL ALPHA (VITAMIN E)	$34.50	Medicare	$34.50	$21.39	$20.70	N
84449	Q	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	$43.80	Medicare	$43.80	$27.16	$26.28	N
84450	Q	TRANSFERASE; ASPARTATE AMINO (AST)(SGOT)	$12.58	Medicare	$12.58	$7.80	$7.55	N
84460	Q	TRANSFERASE; ALANINE AMINO (ALT)(SGPT)	$12.88	Medicare	$12.88	$7.99	$7.73	N
84466	Q	TRANSFERRIN	$31.07	Medicare	$31.07	$19.26	$18.64	N
84478	Q	TRIGLYCERIDES	$14.00	Medicare	$14.00	$8.68	$8.40	N
84479	Q	TRIIODOTHYRONINE (T-3); RESIN UPTAKE	$15.75	Medicare	$15.75	$9.77	$9.45	N
84480	Q	TRIIODOTHYRONINE (T-3); TOTAL (TT-3)	$34.50	Medicare	$34.50	$21.39	$20.70	N
84481	Q	TRIIODOTHYRONINE (T-3); FREE	$41.23	Medicare	$41.23	$25.56	$24.74	N
84482	Q	T3 REVERSE	$38.35	Medicare	$38.35	$23.78	$23.01	N
84484	Q	TROPONIN QUALITATIVE	$23.95	Medicare	$23.95	$14.85	$14.37	N
84485	Q	TRYPSIN; DUODENAL FLUID	$18.27	Medicare	$18.27	$11.33	$10.96	N
84488	Q	TRYPSIN; FECES QUALITATIVE	$17.77	Medicare	$17.77	$11.02	$10.66	N

84490	Q	TRYPSIN; FECES QUANTITATIVE 24-HOUR COLLECTION			$18.52	Medicare	$18.52	$11.48	$11.11	N
84510	Q	TYROSINE			$25.30	Medicare	$25.30	$15.69	$15.18	N
84512	Q	TROPONIN QUALITATIVE			$18.73	Medicare	$18.73	$11.61	$11.24	N
84520	Q	UREA NITROGEN; QUANTITATIVE			$9.60	Medicare	$9.60	$5.95	$5.76	N
84525	Q	UREA NITROGEN; SEMIQUANTITATIVE (EG REAGENT STRIP TEST)			$9.15	Medicare	$9.15	$5.67	$5.49	N
84540	Q	UREA NITROGEN URINE			$11.55	Medicare	$11.55	$7.16	$6.93	N
84545	Q	UREA NITROGEN CLEARANCE			$16.07	Medicare	$16.07	$9.96	$9.64	N
84550	Q	URIC ACID; BLOOD			$10.98	Medicare	$10.98	$6.81	$6.59	N
84560	Q	URIC ACID; OTHER SOURCE			$11.55	Medicare	$11.55	$7.16	$6.93	N
84577	Q	UROBILINOGEN FECES QUANTITATIVE			$30.37	Medicare	$30.37	$18.83	$18.22	N
84578	Q	UROBILINOGEN URINE; QUALITATIVE			$7.90	Medicare	$7.90	$4.90	$4.74	N
84580	Q	UROBILINOGEN URINE; QUANTITATIVE TIMED SPECIMEN			$17.27	Medicare	$17.27	$10.71	$10.36	N
84583	Q	UROBILINOGEN URINE; SEMIQUANTITATIVE			$12.23	Medicare	$12.23	$7.58	$7.34	N
84585	Q	VANILLYLMANDELIC ACID (VMA) URINE			$37.73	Medicare	$37.73	$23.39	$22.64	N
84586	Q	VASOACTIVE INTESTINAL PEPTIDE (VIP)			$85.98	Medicare	$85.98	$53.31	$51.59	N
84588	Q	VASOPRESSIN (ANTIDIURETIC HORMONE ADH)			$82.60	Medicare	$82.60	$51.21	$49.56	N
84590	Q	VITAMIN A			$28.22	Medicare	$28.22	$17.50	$16.93	N
84591	Q	ASSAY OF NOS VITAMIN			$28.22	Medicare	$28.22	$17.50	$16.93	N
84597	Q	VITAMIN K			$33.35	Medicare	$33.35	$20.68	$20.01	N
84600	Q	VOLATILES (EG ACETIC ANHYDRIDE CARBON TETRACHLORIDE DIC			$39.12	Medicare	$39.12	$24.25	$23.47	N
84620	Q	XYLOSE ABSORPTION TEST BLOOD AND/OR URINE			$28.82	Medicare	$28.82	$17.87	$17.29	N
84630	Q	ZINC			$27.72	Medicare	$27.72	$17.19	$16.63	N
84681	Q	C-PEPTIDE			$39.63	Medicare	$39.63	$24.57	$23.78	N
84702	Q	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE			$36.63	Medicare	$36.63	$22.71	$21.98	N
84703	Q	GONADOTROPIN CHORIONIC (HCG); QUALITATIVE			$18.28	Medicare	$18.28	$11.33	$10.97	N
84704	Q	HCG, FREE BETACHAIN TEST			$36.63	Medicare	$36.63	$22.71	$21.98	
84830	Q	OVULATION TESTS BY VISUAL COLOR COMPARISON METHODS FOR I			$9.65	Medicare	$9.65	$5.98	$5.79	N
84999	M	UNLISTED CHEMISTRY PROCEDURE			$0.00	By Report				N
85002	Q	BLEEDING TIME			$10.95	Medicare	$10.95	$6.79	$6.57	N
85004	Q	AUTOMATED DIFF WBC COUNT			$15.75	Medicare	$15.75	$9.77	$9.45	
85007	Q	BL SMEAR W/DIFF WBC COUNT			$8.37	Medicare	$8.37	$5.19	$5.02	N
85008	Q	BL SMEAR W/O DIFF WBC COUNT			$8.37	Medicare	$8.37	$5.19	$5.02	N
85009	Q	MANUAL DIFF WBC COUNT B-COAT			$7.00	Medicare	$7.00	$4.34	$4.20	N
85013	Q	SPUN MICROHEMATOCRIT			$5.77	Medicare	$5.77	$3.58	$3.46	N
85014	Q	HEMATOCRIT			$5.77	Medicare	$5.77	$3.58	$3.46	N
85018	Q	HEMOGLOBIN			$5.77	Medicare	$5.77	$3.58	$3.46	N
85025	Q	COMPLETE CBC W/AUTO DIFF WBC			$18.92	Medicare	$18.92	$11.73	$11.35	N
85027	Q	COMPLETE CBC AUTOMATED			$15.75	Medicare	$15.75	$9.77	$9.45	N
85032	Q	MANUAL CELL COUNT EACH			$10.47	Medicare	$10.47	$6.49	$6.28	
85041	Q	AUTOMATED RBC COUNT			$7.33	Medicare	$7.33	$4.54	$4.40	N
85044	Q	MANUAL RETICULOCYTE COUNT			$10.47	Medicare	$10.47	$6.49	$6.28	N
85045	Q	AUTOMATED RETICULOCYTE COUNT			$9.75	Medicare	$9.75	$6.05	$5.85	N
85046	Q	RETICYTE/HGB CONCENTRATE			$13.58	Medicare	$13.58	$8.42	$8.15	N
85048	Q	AUTOMATED LEUKOCYTE COUNT			$6.18	Medicare	$6.18	$3.83	$3.71	N
85049	Q	AUTOMATED PLATELET COUNT			$10.88	Medicare	$10.88	$6.75	$6.53	
85055	Q	RETICULATED PLATELET ASSAY			$65.15	Medicare	$65.15	$40.39	$39.09	
85060	M	BLOOD SMEAR INTERPRETATION			$0.00	Fee schedule				N
85097	X	BONE MARROW INTERPRETATION	00343	0.5230	$26.47	APC				N
85130	Q	CHROMOGENIC SUBSTRATE ASSAY			$28.95	Medicare	$28.95	$17.95	$17.37	N
85170	Q	CLOT RETRACTION			$8.80	Medicare	$8.80	$5.46	$5.28	N
85175	Q	CLOT LYSIS TIME WHOLE BLOOD DILUTION			$11.07	Medicare	$11.07	$6.86	$6.64	N
85210	Q	CLOTTING; FACTOR II PROTHROMBIN SPECIFIC			$31.60	Medicare	$31.60	$19.59	$18.96	N
85220	Q	CLOTTING; FACTOR V (ACG OR PROACCELERIN) LABILE FACTOR			$42.95	Medicare	$42.95	$26.63	$25.77	N
85230	Q	CLOTTING; FACTOR VII (PROCONVERTIN STABLE FACTOR)			$43.57	Medicare	$43.57	$27.01	$26.14	N
85240	Q	CLOTTING; FACTOR VIII (AHG) ONE STAGE			$43.57	Medicare	$43.57	$27.01	$26.14	N
85244	Q	CLOTTING; FACTOR VIII RELATED ANTIGEN			$49.68	Medicare	$49.68	$30.80	$29.81	
85245	Q	CLOTTING; FACTOR VIII VW FACTOR RISTOCETIN COFACTOR			$55.85	Medicare	$55.85	$34.63	$33.51	N
85246	Q	CLOTTING; FACTOR VIII VW FACTOR ANTIGEN			$55.85	Medicare	$55.85	$34.63	$33.51	N
85247	Q	CLOTTING; FACTOR VIII VON WILLEBRAND'S FACTOR MULTIMETRIC			$55.85	Medicare	$55.85	$34.63	$33.51	N
85250	Q	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)			$46.32	Medicare	$46.32	$28.72	$27.79	N
85260	Q	CLOTTING; FACTOR X (STUART-POWER)			$43.57	Medicare	$43.57	$27.01	$26.14	N
85270	Q	CLOTTING; FACTOR XI (PTA)			$43.57	Medicare	$43.57	$27.01	$26.14	N
85280	Q	CLOTTING; FACTOR XII (HAGEMAN)			$47.08	Medicare	$47.08	$29.19	$28.25	N
85290	Q	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)			$39.77	Medicare	$39.77	$24.66	$23.86	N
85291	Q	CLOTTING;FACTOR XIII (FIBRIN STABILIZING) SCREEN SOLUBILITY			$21.63	Medicare	$21.63	$13.41	$12.98	N
85292	Q	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)			$46.08	Medicare	$46.08	$28.57	$27.65	
85293	Q	CLOTTING;HIGH MOLECULAR WEIGHT KININOGEN ASSAY(FITZGERAI			$46.08	Medicare	$46.08	$28.57	$27.65	
85300	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN III AC			$28.83	Medicare	$28.83	$17.87	$17.30	N
85301	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN III AN			$26.32	Medicare	$26.32	$16.32	$15.79	
85302	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;PROTEIN C ANTIGEN			$29.25	Medicare	$29.25	$18.14	$17.55	
85303	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ACTIVITY			$33.65	Medicare	$33.65	$20.86	$20.19	N

85305	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S TOTAL			$28.22	Medicare	$28.22	$17.50	$16.93	N
85306	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S FREE			$37.28	Medicare	$37.28	$23.11	$22.37	N
85307	Q	ASSAY ACTIVATED PROTEIN C			$37.28	Medicare	$37.28	$23.11	$22.37	N
85335	Q	FACTOR INHIBITOR TEST			$31.33	Medicare	$31.33	$19.42	$18.80	N
85337	Q	THROMBOMODULIN			$25.37	Medicare	$25.37	$15.73	$15.22	N
85345	Q	COAGULATION TIME; LEE & WHITE			$10.47	Medicare	$10.47	$6.49	$6.28	N
85347	Q	COAGULATION TIME; ACTIVATED			$10.37	Medicare	$10.37	$6.43	$6.22	N
85348	Q	COAGULATION TIME; OTHER METHODS			$9.07	Medicare	$9.07	$5.62	$5.44	N
85360	Q	EUGLOBULIN LYSIS			$20.43	Medicare	$20.43	$12.67	$12.26	N
85362	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);			$16.77	Medicare	$16.77	$10.40	$10.06	N
85366	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);			$20.95	Medicare	$20.95	$12.99	$12.57	N
85370	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);			$27.63	Medicare	$27.63	$17.13	$16.58	N
85378	Q	FIBRIN DEGRADE SEMIQUANT			$17.35	Medicare	$17.35	$10.76	$10.41	N
85379	Q	FIBRIN DEGRADATION QUANT			$24.75	Medicare	$24.75	$15.35	$14.85	N
85380	Q	FIBRIN DEGRADATION VTE			$24.75	Medicare	$24.75	$15.35	$14.85	
85384	Q	FIBRINOGEN; ACTIVITY			$20.67	Medicare	$20.67	$12.82	$12.40	N
85385	Q	FIBRINOGEN; ANTIGEN			$20.67	Medicare	$20.67	$12.82	$12.40	N
85390	Q	FIBRINOLYSINS OR COAGULOPATHY SCREEN INTERPRETATION AND			$12.57	Medicare	$12.57	$7.79	$7.54	N
85396	N	FIBRINOLYSINS CLOT LYSI			$0.00	Bundled				
85397	Q	CLOTTING FUNCT ACTIVITY			$55.85	Medicare	$55.85	$34.63	$33.51	
85400	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN			$21.52	Medicare	$21.52	$13.34	$12.91	N
85410	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ACTIVATOR			$18.77	Medicare	$18.77	$11.64	$11.26	N
85415	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATO			$41.83	Medicare	$41.83	$25.93	$25.10	N
85420	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN EXCEPT AN			$15.92	Medicare	$15.92	$9.87	$9.55	N
85421	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN ANTIGENIC			$24.78	Medicare	$24.78	$15.36	$14.87	
85441	Q	HEINZ BODIES; DIRECT			$10.23	Medicare	$10.23	$6.34	$6.14	N
85445	Q	HEINZ BODIES; INDUCED ACETYL PHENYLHYDRAZINE			$16.58	Medicare	$16.58	$10.28	$9.95	N
85460	Q	HGC OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; DIFF LYS			$18.83	Medicare	$18.83	$11.67	$11.30	N
85461	Q	HGB OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; ROSETTE			$16.15	Medicare	$16.15	$10.01	$9.69	N
85475	Q	HEMOLYSIN ACID			$21.58	Medicare	$21.58	$13.38	$12.95	N
85520	Q	HEPARIN ASSAY			$31.85	Medicare	$31.85	$19.75	$19.11	N
85525	Q	HEPARIN NEUTRALIZATION			$28.83	Medicare	$28.83	$17.87	$17.30	N
85530	Q	HEPARIN-PROTAMINE TOLERANCE TEST			$34.50	Medicare	$34.50	$21.39	$20.70	N
85536	Q	IRON STAIN PERIPHERAL BLOOD			$15.75	Medicare	$15.75	$9.77	$9.45	N
85540	Q	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT			$20.93	Medicare	$20.93	$12.98	$12.56	N
85547	Q	MECHANICAL FRAGILITY RBC			$20.93	Medicare	$20.93	$12.98	$12.56	N
85549	Q	MURAMIDASE			$45.65	Medicare	$45.65	$28.30	$27.39	N
85555	Q	OSMOTIC FRAGILITY RBC; UNINCUBATED			$16.27	Medicare	$16.27	$10.09	$9.76	N
85557	Q	OSMOTIC FRAGILITY RBC; INCUBATED			$32.50	Medicare	$32.50	$20.15	$19.50	N
85576	Q	PLATELET; AGGREGATION (IN VITRO) EACH AGENT			$52.28	Medicare	$52.28	$32.41	$31.37	
85597	Q	PLATELET NEUTRALIZATION			$13.02	Medicare	$13.02	$8.07	$7.81	N
85610	Q	PROTHROMBIN TIME;			$9.57	Medicare	$9.57	$5.93	$5.74	N
85611	Q	PROTHROMBIN TIME; SUBSTITUTIONS PLASMA FRACTIONS EACH			$9.58	Medicare	$9.58	$5.94	$5.75	N
85612	Q	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED			$23.28	Medicare	$23.28	$14.43	$13.97	N
85613	Q	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED			$23.28	Medicare	$23.28	$14.43	$13.97	N
85635	Q	REPTILASE TEST			$23.97	Medicare	$23.97	$14.86	$14.38	N
85651	Q	SEDIMENTATION RATE ERYTHROCYTE NON-AUTOMATED			$8.63	Medicare	$8.63	$5.35	$5.18	N
85652	Q	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED			$6.57	Medicare	$6.57	$4.07	$3.94	N
85660	Q	SICKLING OF RBC REDUCTION			$13.43	Medicare	$13.43	$8.33	$8.06	N
85670	Q	THROMBIN TIME; PLASMA			$14.07	Medicare	$14.07	$8.72	$8.44	N
85675	Q	THROMBIN TIME; TITER			$16.67	Medicare	$16.67	$10.34	$10.00	N
85705	Q	THROMBOPLASTIN INHIBITION; TISSUE			$22.95	Medicare	$22.95	$14.23	$13.77	N
85730	Q	THROMBOPLASTIN TIME PARTIAL (PTT); PLASMA OR WHOLE BLOOD			$14.60	Medicare	$14.60	$9.05	$8.76	N
85732	Q	THROMBOPLASTIN TIME PARTIAL (PTT);SUBSTITUTION PLASMA FRA			$15.75	Medicare	$15.75	$9.77	$9.45	N
85810	Q	VISCOSITY			$28.42	Medicare	$28.42	$17.62	$17.05	N
85999	E	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE			$0.00	Not Allowed				N
86000	Q	AGGLUTININS FEBRILE (EG BRUCELLA FRANCISELLA MURINE TYPI			$16.98	Medicare	$16.98	$10.53	$10.19	N
86001	Q	ALLERGEN SPECIFIC IGG			$7.03	Medicare	$7.03	$4.36	$4.22	N
86003	Q	ALLERGEN SPECIFIC IGE;QUANTITATIVE/SEMI-QUANT EACH ALLERG			$7.03	Medicare	$7.03	$4.36	$4.22	N
86005	Q	ALLERGEN SPECIFIC IGE;QUALITATIVE MULTIALLERGEN SCREEN (DI			$19.40	Medicare	$19.40	$12.03	$11.64	N
86021	Q	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES			$36.63	Medicare	$36.63	$22.71	$21.98	N
86022	Q	PLATELET ANTIBODIES			$44.70	Medicare	$44.70	$27.71	$26.82	N
86023	Q	IMMUNOGLOBULIN ASSAY			$30.32	Medicare	$30.32	$18.80	$18.19	
86038	Q	ANTINUCLEAR ANTIBODIES (ANA);			$29.42	Medicare	$29.42	$18.24	$17.65	N
86039	Q	ANTINUCLEAR ANTIBODIES (ANA); TITER			$27.17	Medicare	$27.17	$16.85	$16.30	N
86060	Q	ANTISTREPTOLYSIN 0; TITER			$17.77	Medicare	$17.77	$11.02	$10.66	N
86063	Q	ANTISTREPTOLYSIN 0; SCREEN			$14.07	Medicare	$14.07	$8.72	$8.44	N
86077	X	PHYSICIAN BLOOD BANK SERVICE	00433	0.2498	$12.64	APC				N
86078	X	PHYSICIAN BLOOD BANK SERVICE	00343	0.5230	$26.47	APC				N
86079	X	PHYSICIAN BLOOD BANK SERVICE	00433	0.2498	$12.64	APC				N
86140	Q	C-REACTIVE PROTEIN			$12.60	Medicare	$12.60	$7.81	$7.56	N

86141	Q	C-REACTIVE PROTEIN HS			$31.52	Medicare	$31.52	$19.54	$18.91	
86146	Q	GLYCOPROTEIN ANTIBODY			$61.90	Medicare	$61.90	$38.38	$37.14	N
86147	Q	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY			$61.90	Medicare	$61.90	$38.38	$37.14	N
86148	Q	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID)			$39.08	Medicare	$39.08	$24.23	$23.45	N
86155	Q	CHEMOTAXIS ASSAY SPECIFY METHOD			$38.88	Medicare	$38.88	$24.11	$23.33	N
86156	Q	COLD AGGLUTININ; SCREEN			$16.30	Medicare	$16.30	$10.11	$9.78	N
86157	Q	COLD AGGLUTININ; TITER			$19.62	Medicare	$19.62	$12.16	$11.77	N
86160	Q	COMPLEMENT; ANTIGEN EACH COMPONENT			$29.22	Medicare	$29.22	$18.12	$17.53	N
86161	Q	COMPLEMENT; FUNCTIONAL ACTIVITY EACH COMPONENT			$29.22	Medicare	$29.22	$18.12	$17.53	N
86162	Q	COMPLEMENT; TOTAL HEMOLYTIC (CH50)			$46.87	Medicare	$46.87	$29.06	$28.12	N
86171	Q	COMPLEMENT FIXATION TESTS EACH ANTIGEN			$24.38	Medicare	$24.38	$15.12	$14.63	N
86185	Q	COUNTERIMMUNOELECTROPHORESIS EACH ANTIGEN			$21.77	Medicare	$21.77	$13.50	$13.06	N
86200	Q	CCP ANTIBODY			$31.52	Medicare	$31.52	$19.54	$18.91	
86215	Q	DEOXYRIBONUCLEASE ANTIBODY			$32.25	Medicare	$32.25	$20.00	$19.35	N
86225	Q	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY;NATIVE OR DOUBLE STI			$33.43	Medicare	$33.43	$20.73	$20.06	N
86226	Q	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED			$26.92	Medicare	$26.92	$16.69	$16.15	N
86235	Q	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY TO ANY METHOD (EG			$43.63	Medicare	$43.63	$27.05	$26.18	N
86243	Q	FC RECEPTOR			$49.93	Medicare	$49.93	$30.96	$29.96	N
86255	Q	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN EA ANTII			$29.33	Medicare	$29.33	$18.18	$17.60	N
86256	Q	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER EA ANTIB(			$29.33	Medicare	$29.33	$18.18	$17.60	N
86277	Q	GROWTH HORMONE HUMAN (HGH) ANTIBODY			$38.30	Medicare	$38.30	$23.75	$22.98	N
86280	Q	HEMAGGLUTINATION INHIBITION TEST (HAI)			$19.93	Medicare	$19.93	$12.36	$11.96	N
86294	Q	IMMUNOASSAY TUMOR QUAL			$47.73	Medicare	$47.73	$29.59	$28.64	N
86300	Q	IMMUNOASSAY TUMOR CA 15-3			$50.63	Medicare	$50.63	$31.39	$30.38	N
86301	Q	IMMUNOASSAY TUMOR CA 19-9			$50.63	Medicare	$50.63	$31.39	$30.38	N
86304	Q	IMUNOASSAY FOR TUMOR ANTIGEN QUANTITATIVE; CA 125			$50.63	Medicare	$50.63	$31.39	$30.38	N
86308	Q	HETEROPHILE ANTIBODIES; SCREENING			$9.98	Medicare	$9.98	$6.19	$5.99	N
86309	Q	HETEROPHILE ANTIBODIES; TITER			$15.75	Medicare	$15.75	$9.77	$9.45	N
86310	Q	HETEROPHILE ANTIBODIES;TITERS AFTER ABSORPTION W/BEEF CELL			$17.95	Medicare	$17.95	$11.13	$10.77	N
86316	Q	IMMUNOASSAY, TUMOR OTHER			$50.63	Medicare	$50.63	$31.39	$30.38	N
86317	Q	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUANTITATIVE			$26.95	Medicare	$26.95	$16.71	$16.17	N
86318	Q	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUALITATIVE O			$31.52	Medicare	$31.52	$19.54	$18.91	N
86320	Q	IMMUNOELECTROPHORESIS; SERUM			$54.53	Medicare	$54.53	$33.81	$32.72	N
86325	Q	OTHER IMMUNOELECTROPHORESIS			$54.42	Medicare	$54.42	$33.74	$32.65	N
86327	Q	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)			$55.22	Medicare	$55.22	$34.24	$33.13	
86329	Q	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED			$34.18	Medicare	$34.18	$21.19	$20.51	N
86331	Q	IMMUNODIFFUSION; GEL DIFFUSION QUALITATIVE EACH ANTIGEN /			$29.17	Medicare	$29.17	$18.09	$17.50	N
86332	Q	IMMUNE COMPLEX ASSAY			$59.32	Medicare	$59.32	$36.78	$35.59	N
86334	Q	IMMUNOFIX E-PHORESIS SERUM			$54.37	Medicare	$54.37	$33.71	$32.62	N
86335	Q	IMMUNOGLOBULIN TYPING (GC GM INV) EACH			$71.42	Medicare	$71.42	$44.28	$42.85	
86336	Q	INHIBIN A			$37.92	Medicare	$37.92	$23.51	$22.75	
86337	Q	INSULIN ANTIBODIES			$52.12	Medicare	$52.12	$32.31	$31.27	N
86340	Q	INTRINSIC FACTOR ANTIBODIES			$36.68	Medicare	$36.68	$22.74	$22.01	N
86341	Q	ISLET CELL ANTIBODY			$48.15	Medicare	$48.15	$29.85	$28.89	N
86343	Q	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)			$30.33	Medicare	$30.33	$18.80	$18.20	N
86344	Q	LEUKOCYTE PHAGOCYTOSIS			$19.43	Medicare	$19.43	$12.05	$11.66	N
86353	Q	LYMPHOCYTE TRANSFORMATION MITOGEN (PHYTOMITOGEN) OR AN			$119.30	Medicare	$119.30	$73.97	$71.58	N
86355	Q	B CELLS TOTAL COUNT			$91.80	Medicare	$91.80	$56.92	$55.08	
86356	Q	MONONUCLEAR CELL ANTIGEN			$65.15	Medicare	$65.15	$40.39	$39.09	
86357	Q	NK CELLS, TOTAL COUNT			$91.80	Medicare	$91.80	$56.92	$55.08	N
86359	Q	T CELLS; (TOTAL COUNT)			$91.80	Medicare	$91.80	$56.92	$55.08	N
86360	Q	T CELLS; ABSOLUTE CD4 AND CD8 COUNT INCLUDING RATIO			$114.33	Medicare	$114.33	$70.88	$68.60	N
86361	Q	T CELLS; ABSOLUTE CD4 COUNT			$65.15	Medicare	$65.15	$40.39	$39.09	N
86367	Q	STEM CELLS TOTAL COUNT			$91.80	Medicare	$91.80	$56.92	$55.08	
86376	Q	MICROSOMAL ANTIBODIES (EG THYROID OR LIVER-KIDNEY) EACH			$35.42	Medicare	$35.42	$21.96	$21.25	N
86378	Q	MIGRATION INHIBITORY FACTOR TEST (MIF)			$47.92	Medicare	$47.92	$29.71	$28.75	N
86382	Q	NEUTRALIZATION TEST VIRAL			$41.15	Medicare	$41.15	$25.51	$24.69	N
86384	Q	NITROBLUE TETRAZOLIUM DYE TEST (NTD)			$27.72	Medicare	$27.72	$17.19	$16.63	N
86403	Q	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY			$24.80	Medicare	$24.80	$15.38	$14.88	
86406	Q	PARTICLE AGGULINATION; TITER EACH ANTIBODY			$25.88	Medicare	$25.88	$16.05	$15.53	N
86430	Q	RHEUMATOID FACTOR; QUALITATIVE			$13.82	Medicare	$13.82	$8.57	$8.29	N
86431	Q	RHEUMATOID FACTOR; QUANTITATIVE			$13.82	Medicare	$13.82	$8.57	$8.29	N
86480	Q	TB TEST, CELL IMMUN MEASURE			$150.82	Medicare	$150.82	$93.51	$90.49	N
86485	X	SKIN TEST; CANDIDA	00341	0.0834	$4.22	APC				N
86486	E	SKIN TEST, NOS ANTIGEN			$0.00	Not Allowed				
86490	X	SKIN TEST; COCCIDIOIDOMYCOSIS	00341	0.0834	$4.22	APC				N
86510	X	SKIN TEST; HISTOPLASMOSIS	00341	0.0834	$4.22	APC				N
86580	X	SKIN TEST; TUBERCULOSIS INTRADERMAL	00341	0.0834	$4.22	APC				N
86590	Q	STREPTOKINASE ANTIBODY			$26.85	Medicare	$26.85	$16.65	$16.11	N
86592	Q	SYPHILIS TEST; QUALITATIVE (EG VDRL RPR ART)			$10.38	Medicare	$10.38	$6.44	$6.23	N
86593	Q	SYPHILIS TEST; QUANTITATIVE			$10.72	Medicare	$10.72	$6.65	$6.43	N

86602	Q	ANTIBODY; ACTINOMYCES	$24.75	Medicare	$24.75	$15.35	$14.85	N
86603	Q	ANTIBODY; ADENOVIRUS	$31.32	Medicare	$31.32	$19.42	$18.79	N
86606	Q	ANTIBODY; ASPERGILLUS	$36.63	Medicare	$36.63	$22.71	$21.98	N
86609	Q	ANTIBODY; BACTERIUM NOT ELSEWHERE SPECIFIED	$31.35	Medicare	$31.35	$19.44	$18.81	N
86611	Q	BARTONELLA ANTIBODY	$24.75	Medicare	$24.75	$15.35	$14.85	N
86612	Q	ANTIBODY; BLASTOMYCES	$31.40	Medicare	$31.40	$19.47	$18.84	N
86615	Q	ANTIBODY; BORDETELLA	$32.08	Medicare	$32.08	$19.89	$19.25	N
86617	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATOI	$37.68	Medicare	$37.68	$23.36	$22.61	N
86618	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	$41.45	Medicare	$41.45	$25.70	$24.87	N
86619	Q	ANTIBODY; BORRELIA (RELAPSING FEVER)	$32.57	Medicare	$32.57	$20.19	$19.54	N
86622	Q	ANTIBODY; BRUCELLA	$21.75	Medicare	$21.75	$13.49	$13.05	N
86625	Q	ANTIBODY; CAMPYLOBACTER	$31.93	Medicare	$31.93	$19.80	$19.16	N
86628	Q	ANTIBODY; CANDIDA	$29.22	Medicare	$29.22	$18.12	$17.53	N
86631	Q	ANTIBODY; CHLAMYDIA	$28.78	Medicare	$28.78	$17.84	$17.27	N
86632	Q	ANTIBODY; CHLAMYDIA IGG	$30.88	Medicare	$30.88	$19.15	$18.53	N
86635	Q	ANTIBODY; CACCIDIOIDES	$27.92	Medicare	$27.92	$17.31	$16.75	N
86638	Q	ANTIBODY; COXIELLA BRUNETTI (Q FEVER)	$29.50	Medicare	$29.50	$18.29	$17.70	N
86641	Q	ANTIBODY; CRYPTOCOCCUS	$35.08	Medicare	$35.08	$21.75	$21.05	N
86644	Q	ANTIBODY; CYTOMEGALOVIRUS (CMV)	$27.48	Medicare	$27.48	$17.04	$16.49	N
86645	Q	ANTIBODY; CYTOMEGALOVIRUS (CMV) IGM	$41.00	Medicare	$41.00	$25.42	$24.60	N
86648	Q	ANTIBODY; DIPHTHERIA	$37.02	Medicare	$37.02	$22.95	$22.21	N
86651	Q	ANTIBODY; ENCEPHALITIS CALIFORNIA (LA CROSSE)	$32.08	Medicare	$32.08	$19.89	$19.25	N
86652	Q	ANTIBODY; ENCEPHALITIS EASTERN EQUINE	$32.08	Medicare	$32.08	$19.89	$19.25	N
86653	Q	ANTIBODY; ENCEPHALITIS ST. LOUIS	$32.08	Medicare	$32.08	$19.89	$19.25	N
86654	Q	ANTIBODY; ENCEPHALITIS WESTERN EQUINE	$32.08	Medicare	$32.08	$19.89	$19.25	N
86658	Q	ANTIBODY; ENTEROVIRUS (EG COXSACKIE ECHO POLIO)	$31.72	Medicare	$31.72	$19.67	$19.03	N
86663	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS EARLY ANTIGEN (EA)	$31.93	Medicare	$31.93	$19.80	$19.16	N
86664	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS NUCLEAR ANTIGEN	$37.23	Medicare	$37.23	$23.08	$22.34	N
86665	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS VIRAL CAPOID (VCA)	$44.13	Medicare	$44.13	$27.36	$26.48	N
86666	Q	EHRLICHIA ANTIBODY	$24.75	Medicare	$24.75	$15.35	$14.85	N
86668	Q	ANTIBODY; FRANCISELLA TULARENSIS	$25.30	Medicare	$25.30	$15.69	$15.18	N
86671	Q	ANTIBODY; FUNGUS NES	$29.83	Medicare	$29.83	$18.49	$17.90	N
86674	Q	ANTIBODY; GIARDIA LAMBLIA	$35.83	Medicare	$35.83	$22.21	$21.50	N
86677	Q	ANTIBODY; HELICOBACTER PYLORI	$35.32	Medicare	$35.32	$21.90	$21.19	N
86682	Q	ANTIBODY; HELMINTH NES	$31.65	Medicare	$31.65	$19.62	$18.99	N
86684	Q	ANTIBODY; HEMOPHILUS INFLUENZA	$38.55	Medicare	$38.55	$23.90	$23.13	N
86687	Q	ANTIBODY; HTLV-I	$20.42	Medicare	$20.42	$12.66	$12.25	N
86688	Q	ANTIBODY; HTLV-II	$34.08	Medicare	$34.08	$21.13	$20.45	N
86689	Q	ANTIBODY;HTLV OR HIV ANTIBODY CONFIRMATORY TEST(EG WESTI	$47.10	Medicare	$47.10	$29.20	$28.26	N
86692	Q	ANTIBODY; HEPATITIS DELTA AGENT	$41.77	Medicare	$41.77	$25.90	$25.06	N
86694	Q	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST	$27.48	Medicare	$27.48	$17.04	$16.49	N
86695	Q	ANTIBODY; HERPES SIMPLEX TYPE 1	$32.08	Medicare	$32.08	$19.89	$19.25	N
86696	Q	HERPES SIMPLEX TYPE 2	$47.10	Medicare	$47.10	$29.20	$28.26	N
86698	Q	ANTIBODY; HISTOPLASMA	$30.42	Medicare	$30.42	$18.86	$18.25	N
86701	Q	ANTIBODY; HIV-1	$17.90	Medicare	$17.90	$11.10	$10.74	N
86702	Q	ANTIBODY; HIV-2	$32.90	Medicare	$32.90	$20.40	$19.74	N
86703	Q	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY	$33.37	Medicare	$33.37	$20.69	$20.02	N
86704	Q	HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM	$29.33	Medicare	$29.33	$18.18	$17.60	N
86705	Q	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	$28.63	Medicare	$28.63	$17.75	$17.18	N
86706	Q	HEPATITIS B SURFACE ANTIBODY (HBSAB)	$22.15	Medicare	$22.15	$13.73	$13.29	N
86707	Q	HEPATITIS BE ANTIBODY (HBEAB)	$28.15	Medicare	$28.15	$17.45	$16.89	N
86708	Q	HEPATITIS A ANTIBODY (HAAB); IGG AND IGM	$30.15	Medicare	$30.15	$18.69	$18.09	N
86709	Q	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	$27.40	Medicare	$27.40	$16.99	$16.44	N
86710	Q	ANTIBODY; INFLUENZA VIRUS	$33.00	Medicare	$33.00	$20.46	$19.80	N
86713	Q	ANTIBODY; LEGIONELLA	$37.25	Medicare	$37.25	$23.10	$22.35	N
86717	Q	ANTIBODY; LEISHMANIA	$29.82	Medicare	$29.82	$18.49	$17.89	N
86720	Q	ANTIBODY; LEPTOSPIRA	$32.08	Medicare	$32.08	$19.89	$19.25	N
86723	Q	ANTIBODY; LISTERIA MONOCYTOGENES	$32.08	Medicare	$32.08	$19.89	$19.25	N
86727	Q	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	$31.32	Medicare	$31.32	$19.42	$18.79	N
86729	Q	ANTIBODY; LYMPHOGRANULOMA VENEREUM	$29.07	Medicare	$29.07	$18.02	$17.44	N
86732	Q	ANTIBODY; MUCORMYCOSIS	$32.08	Medicare	$32.08	$19.89	$19.25	N
86735	Q	ANTIBODY; MUMPS	$31.77	Medicare	$31.77	$19.70	$19.06	N
86738	Q	ANTIBODY; MYCOPLASMA	$32.23	Medicare	$32.23	$19.98	$19.34	N
86741	Q	ANTIBODY; NEISSERIA MENINGITIS	$32.08	Medicare	$32.08	$19.89	$19.25	N
86744	Q	ANTIBODY; NOCARDIA	$32.08	Medicare	$32.08	$19.89	$19.25	N
86747	Q	ANTIBODY; PARVOVIRUS	$36.58	Medicare	$36.58	$22.68	$21.95	N
86750	Q	ANTIBODY; PLASMODIUM (MALARIA)	$32.08	Medicare	$32.08	$19.89	$19.25	N
86753	Q	ANTIBODY; PROTOZOA NES	$30.15	Medicare	$30.15	$18.69	$18.09	N
86756	Q	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	$31.37	Medicare	$31.37	$19.45	$18.82	N
86757	Q	RICKETTSIA ANTIBODY	$47.10	Medicare	$47.10	$29.20	$28.26	N
86759	Q	ANTIBODY; ROTAVIRUS	$32.08	Medicare	$32.08	$19.89	$19.25	N

86762	Q	ANTIBODY; RUBELLA			$27.48	Medicare	$27.48	$17.04	$16.49	N
86765	Q	ANTIBODY; RUBEOLA			$31.35	Medicare	$31.35	$19.44	$18.81	N
86768	Q	ANTIBODY; SALMONELLA			$32.08	Medicare	$32.08	$19.89	$19.25	N
86771	Q	ANTIBODY; SHIGELLA			$32.08	Medicare	$32.08	$19.89	$19.25	N
86774	Q	ANTIBODY; TETANUS			$36.02	Medicare	$36.02	$22.33	$21.61	N
86777	Q	ANTIBODY; TOXOPLASMA			$27.48	Medicare	$27.48	$17.04	$16.49	N
86778	Q	ANTIBODY; TOXOPLASMA IGM			$35.05	Medicare	$35.05	$21.73	$21.03	N
86781	Q	ANTIBODY;TREPONEMA PALLIDUM CONFIRMATORY TEST (EG FTA-A			$32.23	Medicare	$32.23	$19.98	$19.34	N
86784	Q	ANTIBODY; TRICHINELLA			$30.57	Medicare	$30.57	$18.95	$18.34	N
86787	Q	ANTIBODY; VARICELLA-ZOSTER			$31.35	Medicare	$31.35	$19.44	$18.81	N
86788	Q	WEST NILE VIRUS AB, IGM			$41.00	Medicare	$41.00	$25.42	$24.60	
86789	Q	WEST NILE VIRUS ANTIBODY			$27.48	Medicare	$27.48	$17.04	$16.49	
86790	Q	ANTIBODY; VIRUS NES			$31.35	Medicare	$31.35	$19.44	$18.81	N
86793	Q	ANTIBODY; YERSINIA			$32.08	Medicare	$32.08	$19.89	$19.25	N
86800	Q	THYROGLOBULIN ANTIBODY			$38.70	Medicare	$38.70	$23.99	$23.22	N
86803	Q	HEPATITIS C ANTIBODY			$34.73	Medicare	$34.73	$21.53	$20.84	N
86804	Q	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG IMMUNOBLOT)			$37.55	Medicare	$37.55	$23.28	$22.53	N
86805	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH;W/TITRATION			$127.23	Medicare	$127.23	$78.88	$76.34	N
86806	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH; W/O TITRATI(			$115.80	Medicare	$115.80	$71.80	$69.48	N
86807	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY			$96.28	Medicare	$96.28	$59.69	$57.77	N
86808	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY			$72.22	Medicare	$72.22	$44.78	$43.33	N
86812	Q	HLA TYPING; A B OR C (EG A10 B7 B27) SINGLE ANTIGEN			$62.80	Medicare	$62.80	$38.94	$37.68	
86813	Q	HLA TYPING; A B OR C MULTIPLE ANTIGENS			$141.10	Medicare	$141.10	$87.48	$84.66	
86816	Q	HLA TYPING; DR/DQ MULTIPLE ANTIGENS			$67.78	Medicare	$67.78	$42.02	$40.67	
86817	Q	HLA TYPING; DR/DQ MULTIPLE ANTIGENS			$156.67	Medicare	$156.67	$97.14	$94.00	
86821	Q	HLA TYPING; LYMPHOCYTE CULTURE MIXED (MLC)			$137.40	Medicare	$137.40	$85.19	$82.44	
86822	Q	HLA TYPING; LYMPHOCYTE CULTURE PRIMED (PLC)			$88.97	Medicare	$88.97	$55.16	$53.38	
86849	M	UNLISTED IMMUNOLOGY PROCEDURE			$0.00	By Report				N
86850	X	ANTIBODY SCREEN RBC EACH SERUM TE(	00345	0.2194	$11.10	APC				N
86860	X	ANTIBODY ELUTION (RBC) EACH ELUTION	00346	0.3807	$19.27	APC				N
86870	X	ANTIBODY IDENTIFICATION RBC ANTIBOD	00346	0.3807	$19.27	APC				N
86880	X	COOMBS TEST DIRECT	00409	0.1168	$5.91	APC				N
86885	X	COOMBS TEST INDIRECT QUAL	00409	0.1168	$5.91	APC				N
86886	X	COOMBS TEST INDIRECT TITER	00409	0.1168	$5.91	APC				N
86890	X	AUTOLOGOUS BLOOD OR COMPONENT CO	00347	0.7337	$37.13	APC				N
86891	X	AUTOLOGOUS BLOOD OR COMPONENT CO	00345	0.2194	$11.10	APC				N
86900	X	BLOOD TYPING; ABO	00409	0.1168	$5.91	APC				N
86901	X	BLOOD TYPING; RH (D)	00409	0.1168	$5.91	APC				N
86903	X	BLOOD TYPING;ANTIGEN SCREENING FOR (	00345	0.2194	$11.10	APC				N
86904	X	BLOOD TYPING;ANTIGEN SCREENING FOR (	00345	0.2194	$11.10	APC				N
86905	X	BLOOD TYPING;RBC ANTIGENS OTHER TH/	00345	0.2194	$11.10	APC				N
86906	X	BLOOD TYPING; RH PHENOTYPING COMPL	00345	0.2194	$11.10	APC				N
86910	E	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL ABO RH			$0.00	Not Allowed				N
86911	E	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL ABO RH			$0.00	Not Allowed				N
86920	X	COMPATIBILITY TEST SPIN	00345	0.2194	$11.10	APC				N
86921	X	COMPATIBILITY TEST INCUBATE	00345	0.2194	$11.10	APC				N
86922	X	COMPATIBILITY TEST ANTIGLOB	00346	0.3807	$19.27	APC				N
86923	X	COMPATIBILITY TEST ELECTRIC	00345	0.2194	$11.10	APC				
86927	X	FRESH FROZEN PLASMA THAWING EACH (	00345	0.2194	$11.10	APC				N
86930	X	FROZEN BLOOD PREP	00347	0.7337	$37.13	APC				N
86931	X	FROZEN BLOOD THAW	00347	0.7337	$37.13	APC				N
86932	X	FROZEN BLOOD FREEZE/THAW	00347	0.7337	$37.13	APC				N
86940	Q	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH;			$19.95	Medicare	$19.95	$12.37	$11.97	N
86941	Q	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH; INCUBATED			$29.47	Medicare	$29.47	$18.27	$17.68	N
86945	X	IRRADIATION OF BLOOD PRODUCT EACH (	00345	0.2194	$11.10	APC				N
86950	X	LEUKOCYTE TRANSFUSION	00345	0.2194	$11.10	APC				N
86960	X	VOL REDUCTION OF BLOOD/PROD	00345	0.2194	$11.10	APC				
86965	X	POOLING OF PLATELETS OR OTHER BLOOD	00346	0.3807	$19.27	APC				N
86970	X	PRETREATMENT OF RBC'S FOR USE IN RBC	00345	0.2194	$11.10	APC				N
86971	X	PRETREATMENT OF RBC'S FOR USE IN RBC	00345	0.2194	$11.10	APC				N
86972	X	PRETREATMENT OF RBC'S FOR USE IN RBC	00345	0.2194	$11.10	APC				N
86975	X	PRETREATMENT OF SERUM FOR USE IN RB(	00346	0.3807	$19.27	APC				N
86976	X	PRETREATMENT OF SERUM FOR USE IN RB(	00345	0.2194	$11.10	APC				N
86977	X	PRETREATMENT OF SERUM FOR USE IN RB(	00347	0.7337	$37.13	APC				N
86978	X	PRETREATMENT OF SERUM FOR USE IN RB(	00346	0.3807	$19.27	APC				N
86985	X	SPLITTING OF BLOOD OR BLOOD PRODUCT	00345	0.2194	$11.10	APC				N
86999	X	UNLISTED TRANSFUSION MEDICINE PROCE	00345	0.2194	$11.10	APC				N
87001	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSERVATION			$32.17	Medicare	$32.17	$19.95	$19.30	N
87003	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSEVATION & DISSECTI(			$40.97	Medicare	$40.97	$25.40	$24.58	N
87015	Q	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE B			$16.25	Medicare	$16.25	$10.08	$9.75	N
87040	Q	BLOOD CULTURE FOR BACTERIA			$25.12	Medicare	$25.12	$15.57	$15.07	N

87045	Q	FECES CULTURE BACTERIA	$22.95	Medicare	$22.95	$14.23	$13.77	N
87046	Q	STOOL CULTR BACTERIA EACH	$22.95	Medicare	$22.95	$14.23	$13.77	N
87070	Q	CULTURE BACTERIA OTHER	$20.95	Medicare	$20.95	$12.99	$12.57	N
87071	Q	CULTURE BACTERI AEROBIC OTHR	$22.95	Medicare	$22.95	$14.23	$13.77	N
87073	Q	CULTURE BACTERIA ANAEROBIC	$22.95	Medicare	$22.95	$14.23	$13.77	N
87075	Q	CULTR BACTERIA EXCEPT BLOOD	$23.02	Medicare	$23.02	$14.27	$13.81	N
87076	Q	CULTURE BACTERIAL ANY SOURCE;DIFINITIVE IDENTIFICATION EA	$19.67	Medicare	$19.67	$12.20	$11.80	N
87077	Q	CULTURE AEROBIC IDENTIFY	$19.67	Medicare	$19.67	$12.20	$11.80	N
87081	Q	CULTURE BACTERIAL SCREENING ONLY FOR SINGLE ORGANISMS	$13.83	Medicare	$13.83	$8.57	$8.30	N
87084	Q	CULTURE PRESUMPTIVE PATHOGENIC ORGANISMS SCREENING ONL	$20.95	Medicare	$20.95	$12.99	$12.57	N
87086	Q	CULTURE BACTERIAL URINE; QUANTITATIVE COLONY COUNT	$19.65	Medicare	$19.65	$12.18	$11.79	N
87088	Q	URINE BACTERIA CULTURE	$13.83	Medicare	$13.83	$8.57	$8.30	N
87101	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDEN	$18.77	Medicare	$18.77	$11.64	$11.26	N
87102	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDEN	$17.02	Medicare	$17.02	$10.55	$10.21	N
87103	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDEN	$21.95	Medicare	$21.95	$13.61	$13.17	N
87106	Q	CULTURE FUNGI DEFINITIVE IDENTIFICATION OF EACH FUNGUS (US	$13.37	Medicare	$13.37	$8.29	$8.02	N
87107	Q	FUNGI IDENTIFICATION, MOLD	$13.37	Medicare	$13.37	$8.29	$8.02	N
87109	Q	CULTURE MYCOPLASMA ANY SOURCE	$37.45	Medicare	$37.45	$23.22	$22.47	N
87110	Q	CULTURE CHLAMYDIA	$47.67	Medicare	$47.67	$29.56	$28.60	N
87116	Q	CULTURE TUBERCLE OR OTHER ACID-FAST BACILLI (EG TB AFB M	$26.30	Medicare	$26.30	$16.31	$15.78	N
87118	Q	CULTURE MYCOBACTERIA DEFINITIVE IDENTIFICATION OF EACH OI	$26.63	Medicare	$26.63	$16.51	$15.98	N
87140	Q	CULTURE TYPE IMMUNOFLUORESC	$13.57	Medicare	$13.57	$8.41	$8.14	N
87143	Q	CULTURE TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) METHOD	$30.48	Medicare	$30.48	$18.90	$18.29	N
87147	Q	CULTURE TYPING;IMMUNOLOGIC METHOD OTHER THAN IMMUNOFI	$12.60	Medicare	$12.60	$7.81	$7.56	N
87149	Q	CULTURE TYPE, NUCLEIC ACID	$48.78	Medicare	$48.78	$30.24	$29.27	N
87152	Q	CULTURE TYPE PULSE FIELD GEL	$12.73	Medicare	$12.73	$7.89	$7.64	N
87158	Q	CULTURE TYPING; OTHER METHODS	$12.73	Medicare	$12.73	$7.89	$7.64	N
87164	Q	DARK FIELD EXAMINATION	$26.13	Medicare	$26.13	$16.20	$15.68	N
87166	Q	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL OR/	$27.48	Medicare	$27.48	$17.04	$16.49	N
87168	Q	MACROSCOPIC EXAM ARTHROPOD	$10.38	Medicare	$10.38	$6.44	$6.23	N
87169	Q	MACROSCOPIC EXAM PARASITE	$10.38	Medicare	$10.38	$6.44	$6.23	N
87172	Q	PINWORM EXAM	$10.38	Medicare	$10.38	$6.44	$6.23	N
87176	Q	ENDOTOXIN BACTERIAL (PYROGENS); HOMOGENIZATION TISSUE F(	$14.32	Medicare	$14.32	$8.88	$8.59	N
87177	Q	OVA AND PARASITES DIRECT SMEARS CONCENTRATION AND IDENT	$21.65	Medicare	$21.65	$13.42	$12.99	N
87181	Q	MICROBE SUSCEPTIBLE, DIFFUSE	$9.98	Medicare	$9.98	$6.19	$5.99	N
87184	Q	SENSITIVITY STUDIES ANTIBIOTIC;DISK METHOD PER PLATE(12 OR	$16.78	Medicare	$16.78	$10.40	$10.07	N
87185	Q	MICROBE SUSCEPTIBLE, ENZYME	$9.98	Medicare	$9.98	$6.19	$5.99	N
87186	Q	SENSITIVITY STUDIES ANTIBIOTIC;MICROTITER MINIMUM INHIBITO	$21.03	Medicare	$21.03	$13.04	$12.62	N
87187	Q	MICROBE SUSCEPTIBLE, MLC	$25.22	Medicare	$25.22	$15.64	$15.13	N
87188	Q	SENSITIVITY STUDIES ANTIBIOTIC;MACROTUBE DILUTION METHOD	$16.15	Medicare	$16.15	$10.01	$9.69	N
87190	Q	SENSITIVITY STUDIES ANTIBIOTIC;TUBERCLE BACILLUS(TB AFB)	$13.75	Medicare	$13.75	$8.53	$8.25	N
87197	Q	SERUM BACTERICIDAL TITER (SCHLICTER TEST)	$36.55	Medicare	$36.55	$22.66	$21.93	N
87205	Q	SMEAR PRIMARY SOURCE WITH INTERP;ROUTINE STAIN FOR BACTE	$10.38	Medicare	$10.38	$6.44	$6.23	N
87206	Q	SMEAR, FLUORESCENT/ACID STAI	$13.07	Medicare	$13.07	$8.10	$7.84	N
87207	Q	SMEAR SPECIAL STAIN	$14.58	Medicare	$14.58	$9.04	$8.75	N
87209	Q	SMEAR COMPLEX STAIN	$43.73	Medicare	$43.73	$27.11	$26.24	
87210	Q	SMEAR PRIMARY SOURCE WITH INTERP;WET MOUNT W/SIMPLE STA	$10.38	Medicare	$10.38	$6.44	$6.23	N
87220	Q	TISSUE EXAM FOR FUNGI	$10.38	Medicare	$10.38	$6.44	$6.23	N
87230	Q	TOXIN OR ANTITOXIN ASSAY TISSUE CULTURE (EG CLOSTRIDIUM DI	$48.05	Medicare	$48.05	$29.79	$28.83	N
87250	Q	VIRUS IDENTIFICATION;INCOCULATION OF EMBRYONATED EGGS OR	$47.58	Medicare	$47.58	$29.50	$28.55	N
87252	Q	VIRUS IDENTIFICATION;TISSUE CULTURE INOCULATION & OBSERVAT	$60.73	Medicare	$60.73	$37.65	$36.44	N
87253	Q	VIRUS IDENTIFICATION;TISSUE CULTURE ADDITIONAL STUDIES EAC	$49.15	Medicare	$49.15	$30.47	$29.49	N
87254	Q	VIRUS INOCULATION SHELL VIA	$47.58	Medicare	$47.58	$29.50	$28.55	N
87255	Q	GENET VIRUS ISOLATE HSV	$82.40	Medicare	$82.40	$51.09	$49.44	
87260	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; ADENOVIRUS	$29.20	Medicare	$29.20	$18.10	$17.52	N
87265	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; PERTUSSIS	$29.20	Medicare	$29.20	$18.10	$17.52	N
87267	Q	ENTEROVIRUS ANTIBODY DFA	$29.20	Medicare	$29.20	$18.10	$17.52	
87269	Q	GIARDIA AG IF	$29.20	Medicare	$29.20	$18.10	$17.52	
87270	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; CHYLMD TRA	$29.20	Medicare	$29.20	$18.10	$17.52	N
87271	Q	CYTOMEGALOVIRUS DFA	$29.20	Medicare	$29.20	$18.10	$17.52	
87272	Q	CRYPTOSPORIDIUM AG IF	$29.20	Medicare	$29.20	$18.10	$17.52	N
87273	Q	HERPES SIMPLEX 2, AG, IF	$29.20	Medicare	$29.20	$18.10	$17.52	N
87274	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; HERPES SIMPI	$29.20	Medicare	$29.20	$18.10	$17.52	N
87275	Q	INFLUENZA B, AG, IF	$29.20	Medicare	$29.20	$18.10	$17.52	N
87276	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; INFLUENZA A	$29.20	Medicare	$29.20	$18.10	$17.52	N
87277	Q	LEGIONELLA MICDADEI, AG, IF	$29.20	Medicare	$29.20	$18.10	$17.52	N
87278	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; LEGION PNEU	$29.20	Medicare	$29.20	$18.10	$17.52	N
87279	Q	PARAINFLUENZA, AG, IF	$29.20	Medicare	$29.20	$18.10	$17.52	N
87280	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; RSV	$29.20	Medicare	$29.20	$18.10	$17.52	N
87281	Q	PNEUMOCYSTIS CARINII, AG, IF	$29.20	Medicare	$29.20	$18.10	$17.52	N
87283	Q	INFECTIOUS AGENT ANTIGEN DETECT BY IMMUNOFL; RUBEOLA	$29.20	Medicare	$29.20	$18.10	$17.52	N

87285	Q	TREPONEMA PALLIDUM, AG, IF	$29.20	Medicare	$29.20	$18.10	$17.52	N
87290	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; VARICELLA Z	$29.20	Medicare	$29.20	$18.10	$17.52	N
87299	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; NOS	$29.20	Medicare	$29.20	$18.10	$17.52	N
87300	Q	AG DETECTION, POLYVAL, IF	$29.20	Medicare	$29.20	$18.10	$17.52	N
87301	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;ADENOVIRUS	$29.20	Medicare	$29.20	$18.10	$17.52	N
87305	Q	ASPERGILLUS AG, EIA	$29.20	Medicare	$29.20	$18.10	$17.52	
87320	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;CHYLDM TRAC	$29.20	Medicare	$29.20	$18.10	$17.52	N
87324	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CLOSTRIDIU	$29.20	Medicare	$29.20	$18.10	$17.52	N
87327	Q	CRYPTOCOCCUS NEOFORM AG, EIA	$29.20	Medicare	$29.20	$18.10	$17.52	N
87328	Q	CRYPTOSPORIDIUM AG EIA	$29.20	Medicare	$29.20	$18.10	$17.52	N
87329	Q	GIARDIA AG EIA	$29.20	Medicare	$29.20	$18.10	$17.52	
87332	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CMV	$29.20	Medicare	$29.20	$18.10	$17.52	N
87335	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; E COLI 0157	$29.20	Medicare	$29.20	$18.10	$17.52	N
87336	Q	ENTAMOEB HIST DISPR, AG, EIA	$29.20	Medicare	$29.20	$18.10	$17.52	N
87337	Q	INFECT AGENT ANTIGEN DETECT BY ENZYME IMMUNO;ENTAMOEBA	$29.20	Medicare	$29.20	$18.10	$17.52	N
87338	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;HELICOBACTE	$29.18	Medicare	$29.18	$18.09	$17.51	N
87339	Q	H PYLORI AG, EIA	$29.20	Medicare	$29.20	$18.10	$17.52	N
87340	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP B SA	$23.55	Medicare	$23.55	$14.60	$14.13	N
87341	Q	HEPATITIS B SURFACE, AG, EIA	$23.55	Medicare	$23.55	$14.60	$14.13	N
87350	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP BE ANTIG	$23.78	Medicare	$23.78	$14.74	$14.27	N
87380	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP DELTA A(	$39.97	Medicare	$39.97	$24.78	$23.98	N
87385	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HISTOPLASMA	$29.20	Medicare	$29.20	$18.10	$17.52	N
87390	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-1	$42.93	Medicare	$42.93	$26.62	$25.76	N
87391	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-2	$42.93	Medicare	$42.93	$26.62	$25.76	N
87400	Q	INFLUENZA A/B, AG, EIA	$29.20	Medicare	$29.20	$18.10	$17.52	N
87420	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; RSV	$29.20	Medicare	$29.20	$18.10	$17.52	N
87425	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; ROTAVIRUS	$29.20	Medicare	$29.20	$18.10	$17.52	N
87427	Q	SHIGA-LIKE TOXIN AG, EIA	$29.20	Medicare	$29.20	$18.10	$17.52	N
87430	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; STREP A	$29.20	Medicare	$29.20	$18.10	$17.52	N
87449	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; NOS	$29.20	Medicare	$29.20	$18.10	$17.52	N
87450	Q	INFEC. AGENT ANTIGEN DETEC/EIA SING STEP MTHD; NOS	$23.32	Medicare	$23.32	$14.46	$13.99	N
87451	Q	AG DETECT POLYVAL, EIA, MULT	$23.32	Medicare	$23.32	$14.46	$13.99	N
87470	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA DIRECT P	$48.78	Medicare	$48.78	$30.24	$29.27	N
87471	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA AMP PRO	$85.42	Medicare	$85.42	$52.96	$51.25	N
87472	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA QUANTII	$104.23	Medicare	$104.23	$64.62	$62.54	N
87475	Q	LYME DIS, DNA, DIR PROBE	$48.78	Medicare	$48.78	$30.24	$29.27	N
87476	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BORRELIA AMP PROBE	$85.42	Medicare	$85.42	$52.96	$51.25	N
87477	Q	LYME DIS, DNA, QUANT	$104.23	Medicare	$104.23	$64.62	$62.54	N
87480	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA DIRECT PROI	$48.78	Medicare	$48.78	$30.24	$29.27	N
87481	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA AMPLIF PROI	$85.42	Medicare	$85.42	$52.96	$51.25	N
87482	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA QUANTIFICA	$101.58	Medicare	$101.58	$62.98	$60.95	N
87485	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM DIR PI	$48.78	Medicare	$48.78	$30.24	$29.27	N
87486	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM AMP P	$85.42	Medicare	$85.42	$52.96	$51.25	N
87487	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM QUAN	$104.23	Medicare	$104.23	$64.62	$62.54	N
87490	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH DIR PR	$48.78	Medicare	$48.78	$30.24	$29.27	N
87491	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH AMP P	$85.42	Medicare	$85.42	$52.96	$51.25	N
87492	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH QUAN	$85.07	Medicare	$85.07	$52.74	$51.04	N
87495	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV DIRECT PROBE TE	$48.78	Medicare	$48.78	$30.24	$29.27	N
87496	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV AMP PROBE TECH	$85.42	Medicare	$85.42	$52.96	$51.25	N
87497	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV QUANTIFICATION	$104.23	Medicare	$104.23	$64.62	$62.54	N
87498	Q	ENTEROVIRUS, DNA, AMP PROBE	$85.42	Medicare	$85.42	$52.96	$51.25	
87500	Q	VANOMYCIN, DNA, AMP PROBE	$85.42	Medicare	$85.42	$52.96	$51.25	
87510	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG DIR PR(	$48.78	Medicare	$48.78	$30.24	$29.27	N
87511	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG AMP PR	$85.42	Medicare	$85.42	$52.96	$51.25	N
87512	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG QUANT	$101.58	Medicare	$101.58	$62.98	$60.95	N
87515	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS DIR PROB	$48.78	Medicare	$48.78	$30.24	$29.27	N
87516	Q	HEPATITIS B, DNA, AMP PROBE	$85.42	Medicare	$85.42	$52.96	$51.25	N
87517	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS QUANTIFI	$104.23	Medicare	$104.23	$64.62	$62.54	N
87520	Q	HEPATITIS C, RNA, DIR PROBE	$48.78	Medicare	$48.78	$30.24	$29.27	N
87521	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C AMP PROI	$85.42	Medicare	$85.42	$52.96	$51.25	N
87522	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C QUANTIFI	$104.23	Medicare	$104.23	$64.62	$62.54	N
87525	Q	HEPATITIS G, DNA, DIR PROBE	$48.78	Medicare	$48.78	$30.24	$29.27	N
87526	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G AMP PROI	$85.42	Medicare	$85.42	$52.96	$51.25	N
87527	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G QUANTIFI	$101.58	Medicare	$101.58	$62.98	$60.95	N
87528	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP DIR PROB	$48.78	Medicare	$48.78	$30.24	$29.27	N
87529	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP AMP PRO	$85.42	Medicare	$85.42	$52.96	$51.25	N
87530	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP QUANTIF	$104.23	Medicare	$104.23	$64.62	$62.54	N
87531	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 DIR PR(	$48.78	Medicare	$48.78	$30.24	$29.27	N
87532	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 AMP PR	$85.42	Medicare	$85.42	$52.96	$51.25	N
87533	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 QUANT	$101.58	Medicare	$101.58	$62.98	$60.95	N
87534	Q	HIV-1 DNA DIR PROBE	$48.78	Medicare	$48.78	$30.24	$29.27	N

87535	Q	HIV-1 DNA AMP PROBE	$85.42	Medicare	$85.42	$52.96	$51.25	N
87536	Q	HIV-1 DNA QUANT	$207.07	Medicare	$207.07	$128.38	$124.24	N
87537	Q	HIV-2 DNA DIR PROBE	$48.78	Medicare	$48.78	$30.24	$29.27	N
87538	Q	HIV-2 DNA AMP PROBE	$85.42	Medicare	$85.42	$52.96	$51.25	N
87539	Q	HIV-2 DNA QUANT	$104.23	Medicare	$104.23	$64.62	$62.54	N
87540	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;DIR PR	$48.78	Medicare	$48.78	$30.24	$29.27	N
87541	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;AMP P	$85.42	Medicare	$85.42	$52.96	$51.25	N
87542	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;QUAN	$101.58	Medicare	$101.58	$62.98	$60.95	N
87550	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA DIR PR	$48.78	Medicare	$48.78	$30.24	$29.27	N
87551	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA AMP P	$85.42	Medicare	$85.42	$52.96	$51.25	N
87552	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA QUAN	$104.23	Medicare	$104.23	$64.62	$62.54	N
87555	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB DIR PROI	$48.78	Medicare	$48.78	$30.24	$29.27	N
87556	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB AMP PRC	$85.42	Medicare	$85.42	$52.96	$51.25	N
87557	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB QUANTIF	$104.23	Medicare	$104.23	$64.62	$62.54	N
87560	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA DIR PR	$48.78	Medicare	$48.78	$30.24	$29.27	N
87561	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA AMP P	$85.42	Medicare	$85.42	$52.96	$51.25	N
87562	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA QUAN	$104.23	Medicare	$104.23	$64.62	$62.54	N
87580	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON DIR P	$48.78	Medicare	$48.78	$30.24	$29.27	N
87581	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON AMP	$85.42	Medicare	$85.42	$52.96	$51.25	N
87582	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON QUAN	$101.58	Medicare	$101.58	$62.98	$60.95	N
87590	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE DIR P	$48.78	Medicare	$48.78	$30.24	$29.27	N
87591	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE AMP	$85.42	Medicare	$85.42	$52.96	$51.25	N
87592	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE QUA	$104.23	Medicare	$104.23	$64.62	$62.54	N
87620	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV DIRECT PROBE TE	$48.78	Medicare	$48.78	$30.24	$29.27	N
87621	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV AMP PROBE TECH	$85.42	Medicare	$85.42	$52.96	$51.25	N
87622	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV QUANTIFICATION	$101.58	Medicare	$101.58	$62.98	$60.95	N
87640	Q	STAPH A, DNA, AMP PROBE	$85.42	Medicare	$85.42	$52.96	$51.25	
87641	Q	MR-STAPH, DNA, AMP PROBE	$85.42	Medicare	$85.42	$52.96	$51.25	
87650	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A DIRECT PROBI	$48.78	Medicare	$48.78	$30.24	$29.27	N
87651	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A AMP PROBE TI	$85.42	Medicare	$85.42	$52.96	$51.25	N
87652	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A QUANTIFICAT	$101.58	Medicare	$101.58	$62.98	$60.95	N
87653	Q	STREP B, DNA, AMP PROBE	$85.42	Medicare	$85.42	$52.96	$51.25	
87660	Q	TRICHOMONAS VAGIN DIR PROBE	$48.78	Medicare	$48.78	$30.24	$29.27	
87797	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS DIRECT PROBE TE	$48.78	Medicare	$48.78	$30.24	$29.27	N
87798	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS AMP PROBE TECH	$85.42	Medicare	$85.42	$52.96	$51.25	N
87799	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS QUANTIFICATION	$104.23	Medicare	$104.23	$64.62	$62.54	N
87800	Q	DETECT AGNT MULT, DNA, DIREC	$97.60	Medicare	$97.60	$60.51	$58.56	N
87801	Q	INFECTIOUS AGENT DETECT BY NUCLEIC ACID;AMPLIFIED PROBE TE	$170.82	Medicare	$170.82	$105.91	$102.49	N
87802	Q	STREP B ASSAY W/OPTIC	$29.20	Medicare	$29.20	$18.10	$17.52	
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC	$29.20	Medicare	$29.20	$18.10	$17.52	N
87804	Q	INFLUENZA ASSAY W/OPTIC	$29.20	Medicare	$29.20	$18.10	$17.52	
87807	Q	RSV ASSAY W/OPTIC	$29.20	Medicare	$29.20	$18.10	$17.52	
87808	Q	TRICHOMONAS ASSAY W/OPTIC	$29.20	Medicare	$29.20	$18.10	$17.52	
87809	Q	ADENOVIRUS ASSAY W/OPTIC	$29.20	Medicare	$29.20	$18.10	$17.52	
87810	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; CHYLMD TR	$29.20	Medicare	$29.20	$18.10	$17.52	N
87850	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; N.GONORRI	$29.20	Medicare	$29.20	$18.10	$17.52	N
87880	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; STREP A	$29.20	Medicare	$29.20	$18.10	$17.52	N
87899	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; NOS	$29.20	Medicare	$29.20	$18.10	$17.52	N
87900	Q	PHENOTYPE INFECT AGENT DRUG	$303.67	Medicare	$303.67	$188.28	$182.20	
87901	Q	GENOTYPE DNA HIV REVERSE T	$626.47	Medicare	$626.47	$388.41	$375.88	N
87902	Q	GENOTYPE DNA HEPATITIS C	$626.47	Medicare	$626.47	$388.41	$375.88	N
87903	Q	PHENOTYPE DNA HIV W/CULTURE	$1,189.05	Medicare	$1,189.05	$737.21	$713.43	N
87904	Q	PHENOTYPE DNA HIV W/CLT ADD	$60.73	Medicare	$60.73	$37.65	$36.44	N
87905	Q	SIALIDASE ENZYME ASSAY	$29.73	Medicare	$29.73	$18.43	$17.84	
87999	M	MICROBIOLOGY PROCEDURE	$0.00	By Report				N
88000	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	$0.00	Not Allowed				Y
88005	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	$0.00	Not Allowed				N
88007	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	$0.00	Not Allowed				N
88012	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	$0.00	Not Allowed				N
88014	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	$0.00	Not Allowed				N
88016	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	$0.00	Not Allowed				N
88020	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	$0.00	Not Allowed				N
88025	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	$0.00	Not Allowed				N
88027	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	$0.00	Not Allowed				N
88028	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	$0.00	Not Allowed				N
88029	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	$0.00	Not Allowed				N
88036	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOPIC;	$0.00	Not Allowed				N
88037	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOPIC;	$0.00	Not Allowed				N
88040	E	NECROPSY (AUTOPSY);	$0.00	Not Allowed				N
88045	E	CORONER□S AUTOPSY (NECROPSY)	$0.00	Not Allowed				N
88099	E	NECROPSY (AUTOPSY) PROCEDURE	$0.00	Not Allowed				N

88104	X	CYTOPATHOLOGY FLUIDS	00433	0.2498	$12.64	APC				N
88106	X	CYTOPATHOLOGY FLUIDS	00433	0.2498	$12.64	APC				N
88107	X	CYTOPATHOLOGY FLUIDS	00343	0.5230	$26.47	APC				N
88108	X	CYTOPATH CONCENTRATE TECH	00433	0.2498	$12.64	APC				N
88112	X	CYTOPATH CELL ENHANCE TECH	00343	0.5230	$26.47	APC				
88125	X	FORENSIC CYTOPATHOLOGY	00433	0.2498	$12.64	APC				N
88130	Q	SEX CHROMATIN IDENTIFICATION			$36.62	Medicare	$36.62	$22.70	$21.97	N
88140	Q	SEX CHROMATIN IDENTIFICATION			$19.45	Medicare	$19.45	$12.06	$11.67	N
88141	N	CYTOPATH C/V INTERPRET			$0.00	Bundled				N
88142	Q	DX CYTOPATHOLOGY/CERV OR VAG; MANUAL SCREEN PHYS SPRVS!			$49.30	Medicare	$49.30	$30.57	$29.58	N
88143	Q	CYTOPATH C/V THIN LAYER REDO			$49.30	Medicare	$49.30	$30.57	$29.58	N
88147	Q	CYTOPATHOLOGY SMEARS CERV/VAG; AUTOMATED SCRN PHYS SPR			$27.70	Medicare	$27.70	$17.17	$16.62	N
88148	Q	CYTOPATHOLOGY SMEARS CERV/VAG; AUTO SCRN MAN RESCRN PH			$36.98	Medicare	$36.98	$22.93	$22.19	N
88150	Q	CYTOPATH C/V MANUAL			$25.70	Medicare	$25.70	$15.93	$15.42	N
88152	Q	CYTOPATHOLOGY SLIDES CERV/VAG; MAN & COMP SCRN PHYS SPR'			$25.70	Medicare	$25.70	$15.93	$15.42	N
88153	Q	CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN PHYS SPRV			$25.70	Medicare	$25.70	$15.93	$15.42	N
88154	Q	CYTOPATH SLIDES CERV/VAG;MAN&COMP SCRN CELL SELEC PHYS S			$25.70	Medicare	$25.70	$15.93	$15.42	N
88155	Q	CYTOPATH C/V INDEX ADD-ON			$14.58	Medicare	$14.58	$9.04	$8.75	N
88160	X	CYTOPATH SMEAR OTHER SOURCE	00433	0.2498	$12.64	APC				N
88161	X	CYTOPATH SMEAR OTHER SOURCE	00433	0.2498	$12.64	APC				
88162	X	CYTOPATH SMEAR OTHER SOURCE	00433	0.2498	$12.64	APC				
88164	Q	DX CYTOPATH SLIDES CERV OR VAG; MAN SCREEN UNDER PHYS SPR			$25.70	Medicare	$25.70	$15.93	$15.42	N
88165	Q	DX CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN PHYS SP!			$25.70	Medicare	$25.70	$15.93	$15.42	N
88166	Q	DX CYTOPATH SLIDE CERV/VAG; MAN & COMP SCRN UNDER PHYS SP			$25.70	Medicare	$25.70	$15.93	$15.42	N
88167	Q	DX CYTOPATH SLIDE CERV/VAG;MAN&COMP SCRN CELL SELEC PHYS			$25.70	Medicare	$25.70	$15.93	$15.42	N
88172	X	CYTOPATHOLOGY EVAL OF FNA	00343	0.5230	$26.47	APC				N
88173	X	CYTOPATH EVAL FNA REPORT	00343	0.5230	$26.47	APC				N
88174	Q	CYTOPATH C/V AUTO IN FLUID			$51.98	Medicare	$51.98	$32.23	$31.19	
88175	Q	CYTOPATH C/V AUTO FLUID REDO			$64.47	Medicare	$64.47	$39.97	$38.68	
88182	X	FLOW CYTOMETRY; CELL CYCLE OR DNA A	00343	0.5230	$26.47	APC				
88184	X	FLOWCYTOMETRY/ TC 1 MARKER	00433	0.2498	$12.64	APC				
88185	X	FLOWCYTOMETRY/TC ADD-ON	00433	0.2498	$12.64	APC				
88187	X	FLOWCYTOMETRY/READ 2-8	00342	0.1523	$7.71	APC				
88188	X	FLOWCYTOMETRY/READ 9-15	00343	0.5230	$26.47	APC				
88189	X	FLOWCYTOMETRY/READ 16 & >	00343	0.5230	$26.47	APC				
88199	X	UNLISTED CYTOPATHOLOGY PROCEDURE	00342	0.1523	$7.71	APC				N
88230	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; LYMPHOCYTE			$283.50	Medicare	$283.50	$175.77	$170.10	N
88233	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; SKIN/SOLID TISS BX			$342.47	Medicare	$342.47	$212.33	$205.48	N
88235	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; AMNIOTIC /CV CELI			$358.33	Medicare	$358.33	$222.16	$215.00	N
88237	Q	TISSUE CULTURE FOR NEOPLASTIC DISORD; BONE MARROW BLOOD			$307.35	Medicare	$307.35	$190.56	$184.41	N
88239	Q	TISSUE CULTURE FOR NEOPLASTIC DISORD; SOLID TUMOR			$358.98	Medicare	$358.98	$222.57	$215.39	N
88240	Q	CRYOPRESERVATION FREEZING & STORAGE OF CELLS EA CELL LINE			$24.58	Medicare	$24.58	$15.24	$14.75	N
88241	Q	THAWING AND EXPANSION OF FROZEN CELLS EACH ALIQUOT			$24.58	Medicare	$24.58	$15.24	$14.75	N
88245	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELINE SEC			$362.25	Medicare	$362.25	$224.60	$217.35	N
88248	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELINE BRK			$421.40	Medicare	$421.40	$261.27	$252.84	N
88249	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; SCORE 100 CELI			$421.40	Medicare	$421.40	$261.27	$252.84	N
88261	Q	CHROMOSOME ANALYSIS; COUNT 5 CELLS 1 KARYOTYPE W/ BANDIN			$430.08	Medicare	$430.08	$266.65	$258.05	N
88262	Q	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS 2 KARYOTYPES W/BA			$303.30	Medicare	$303.30	$188.05	$181.98	N
88263	Q	CHROMOSOME ANALYSIS; CNT 45 CELLS MOSAICISM 2 KARYOTP W/B			$365.70	Medicare	$365.70	$226.73	$219.42	N
88264	Q	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS			$303.30	Medicare	$303.30	$188.05	$181.98	N
88267	Q	CHROMOSOME ANALYSIS AMNIOTIC FLUID OR CHORIONIC VILLUS			$437.45	Medicare	$437.45	$271.22	$262.47	N
88269	Q	CHROMOSOME ANALYSIS IN SITU FOR AMNIOTIC FLUID CELLS COU			$404.73	Medicare	$404.73	$250.93	$242.84	N
88271	Q	MOLECULAR CYTOGENETICS; DNA PROBE EACH (EG FISH)			$35.22	Medicare	$35.22	$21.84	$21.13	N
88272	Q	MOLECULAR CYTOGENETICS; ANALYZE 3-5 CELLS CHROMOSOMAL			$44.03	Medicare	$44.03	$27.30	$26.42	N
88273	Q	MOLECULAR CYTOGENETICS; ANALYZE 10-30 CELLS CHROMOSOMAI			$61.63	Medicare	$61.63	$38.21	$36.98	N
88274	Q	MOLECULAR CYTOGENETICS; ANALYZE 25-99 CELLS INTERPHASE			$70.43	Medicare	$70.43	$43.67	$42.26	N
88275	Q	MOLECULAR CYTOGENETICS; ANALYZE 100-300 CELLS INTERPHASE			$79.25	Medicare	$79.25	$49.14	$47.55	N
88280	Q	CHROMOSOME ANALYSIS; ADDITIONAL KAROTYPES EACH STUDY			$61.07	Medicare	$61.07	$37.86	$36.64	N
88283	Q	CHROMOSOME ANALYSIS;ADDITIONAL SPECIALIZED BANDING TECH			$45.13	Medicare	$45.13	$27.98	$27.08	N
88285	Q	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED EACH STUI			$46.23	Medicare	$46.23	$28.66	$27.74	N
88289	Q	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY			$7.75	Medicare	$7.75	$4.81	$4.65	N
88291	E	CYTO/MOLECULAR REPORT			$0.00	Not Allowed				N
88299	X	UNLISTED CYTOGENETIC STUDY	00342	0.1523	$7.71	APC				N
88300	X	SURGICAL PATH GROSS	00433	0.2498	$12.64	APC				N
88302	X	TISSUE EXAM BY PATHOLOGIST	00433	0.2498	$12.64	APC				N
88304	X	TISSUE EXAM BY PATHOLOGIST	00343	0.5230	$26.47	APC				N
88305	X	TISSUE EXAM BY PATHOLOGIST	00343	0.5230	$26.47	APC				N
88307	X	TISSUE EXAM BY PATHOLOGIST	00344	0.8223	$41.62	APC				N
88309	X	TISSUE EXAM BY PATHOLOGIST	00344	0.8223	$41.62	APC				N
88311	X	DECALCIFICATION PROCEDURE (LIST SEPA	00342	0.1523	$7.71	APC				N
88312	X	SPECIAL STAINS	00433	0.2498	$12.64	APC				N

88313	X	SPECIAL STAINS	00433	0.2498	$12.64	APC				N
88314	X	SPECIAL STAINS (LIST SEPARATELY IN ADI	00433	0.2498	$12.64	APC				N
88318	X	DETERMINATIVE HISTOCHEMISTRY TO IDE	00433	0.2498	$12.64	APC				
88319	X	DETERMINATIVE HISTOCHEMISTRY OR CY	00344	0.8223	$41.62	APC				
88321	X	MICROSLIDE CONSULTATION	00433	0.2498	$12.64	APC				N
88323	X	MICROSLIDE CONSULTATION	00343	0.5230	$26.47	APC				N
88325	X	COMPREHENSIVE REVIEW OF DATA	00344	0.8223	$41.62	APC				N
88329	X	PATH CONSULT INTROP	00433	0.2498	$12.64	APC				N
88331	X	PATH CONSULT INTRAOP 1 BLOC	00343	0.5230	$26.47	APC				N
88332	X	PATH CONSULT INTRAOP ADD□L	00433	0.2498	$12.64	APC				N
88333	X	INTRAOP CYTO PATH CONSULT 1	00433	0.2498	$12.64	APC				
88334	X	INTRAOP CYTO PATH CONSULT 2	00433	0.2498	$12.64	APC				
88342	X	IMMUNOHISTOCHEMISTRY	00343	0.5230	$26.47	APC				N
88346	X	IMMUNOFLUORESCENT STUDY EACH ANT	00343	0.5230	$26.47	APC				N
88347	X	IMMUNOFLUORESCENT STUDY EACH ANT	00343	0.5230	$26.47	APC				N
88348	X	ELECTRON MICROSCOPY	00661	2.4143	$122.19	APC				N
88349	X	SCANNING ELECTRON MICROSCOPY	00661	2.4143	$122.19	APC				N
88355	X	MORPHOMETRIC ANALYSIS; SKELETAL MU	00343	0.5230	$26.47	APC				N
88356	X	MORPHOMETRIC ANALYSIS; NERVE	00344	0.8223	$41.62	APC				N
88358	X	ANALYSIS TUMOR	00343	0.5230	$26.47	APC				N
88360	X	SPECIAL WHOLE ORGAN SECT	00343	0.5230	$26.47	APC				
88361	X	TUMOR IMMUNOHISTOCHEM/COMPUT	00343	0.5230	$26.47	APC				
88362	X	NERVE TEASING PREPARATIONS	00344	0.8223	$41.62	APC				N
88365	X	INSITU HYBRIDIZATION (FISH)	00344	0.8223	$41.62	APC				N
88367	X	INSITU HYBRIDIZATION AUTO	00344	0.8223	$41.62	APC				
88368	X	INSITU HYBRIDIZATION MANUAL	00343	0.5230	$26.47	APC				
88371	Q	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRET			$30.12	Medicare	$30.12	$18.67	$18.07	N
88372	Q	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRET			$45.17	Medicare	$45.17	$28.01	$27.10	N
88380	N	MICRODISSECTION			$0.00	Not Allowed				
88381	N	MICRODISSECTION, MANUAL			$0.00	Bundled				
88384	X	EVAL MOLECULAR PROBES 11-50	00433	0.2498	$12.64	APC				
88385	X	EVAL MOLECUL PROBES 51-250	00343	0.5230	$26.47	APC				
88386	X	EVAL MOLECUL PROBES 251-500	00344	0.8223	$41.62	APC				
88399	X	UNLISTED SURGICAL PATHOLOGY PROCED	00342	0.1523	$7.71	APC				N
88720	Q	BILIRUBIN TOTAL TRANSCUT			$12.22	Medicare	$12.22	$7.58	$7.33	
88740	Q	TRANSCUTANEOUS CARBOXYHB			$12.22	Medicare	$12.22	$7.58	$7.33	
88741	Q	TRANSCUTANEOUS METHB			$12.22	Medicare	$12.22	$7.58	$7.33	
89049	X	CHCT FOR MAL HYPERTHERMIA	00342	0.1523	$7.71	APC				
89050	Q	BODY FLUID CELL COUNT			$11.50	Medicare	$11.50	$7.13	$6.90	N
89051	Q	CELL COUNT MISCELLANEOUS BODY FLUIDS (EG CSF JOINT FLUID)			$13.40	Medicare	$13.40	$8.31	$8.04	N
89055	Q	LEUKOCYTE ASSESSMENT FECAL			$10.38	Medicare	$10.38	$6.44	$6.23	
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS			$17.40	Medicare	$17.40	$10.79	$10.44	
89100	X	SAMPLE INTESTINAL CONTENTS	00360	1.5113	$76.49	APC				N
89105	X	SAMPLE INTESTINAL CONTENTS	00360	1.5113	$76.49	APC				N
89125	Q	FAT STAIN FECES URINE OR SPUTUM			$10.50	Medicare	$10.50	$6.51	$6.30	N
89130	X	SAMPLE STOMACH CONTENTS	00360	1.5113	$76.49	APC				N
89132	X	SAMPLE STOMACH CONTENTS	00360	1.5113	$76.49	APC				N
89135	X	SAMPLE STOMACH CONTENTS	00360	1.5113	$76.49	APC				N
89136	X	SAMPLE STOMACH CONTENTS	00360	1.5113	$76.49	APC				N
89140	X	SAMPLE STOMACH CONTENTS	00360	1.5113	$76.49	APC				N
89141	X	SAMPLE STOMACH CONTENTS	00360	1.5113	$76.49	APC				N
89160	Q	MEAT FIBERS FECES			$8.97	Medicare	$8.97	$5.56	$5.38	N
89190	Q	NASAL SMEAR FOR EOSINOPHILS			$11.55	Medicare	$11.55	$7.16	$6.93	N
89220	X	SPUTUM SPECIMEN COLLECTION	00433	0.2498	$12.64	APC				
89225	Q	STARCH GRANULES FECES			$8.13	Medicare	$8.13	$5.04	$4.88	
89230	X	COLLECT SWEAT FOR TEST	00343	0.5230	$26.47	APC				
89235	Q	WATER LOAD TEST			$13.40	Medicare	$13.40	$8.31	$8.04	
89240	X	PATHOLOGY LAB PROCEDURE	00342	0.1523	$7.71	APC				
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS			$0.00	Not Allowed				N
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS			$0.00	Not Allowed				N
89253	E	ASSISTED EMBRYO HATCHING MICROTECHNIQUES (ANY METHOD)			$0.00	Not Allowed				N
89254	E	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID			$0.00	Not Allowed				N
89255	E	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)			$0.00	Not Allowed				N
89257	E	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL F			$0.00	Not Allowed				N
89258	E	CRYOPRESERVATION; EMBRYO(S)			$0.00	Not Allowed				N
89259	E	CRYOPRESERVATION; SPERM			$0.00	Not Allowed				N
89260	E	SPERM ISOLATION; SIMPLE PREP FOR INSEMINATION OR DIAGNOSIS			$0.00	Not Allowed				N
89261	E	SPERM ISOLATION; COMPLEX PREP FOR INSEMINATION OR DIAGNOSI			$0.00	Not Allowed				N
89264	E	SPERM IDENTIFICATION FROM TESTIS TISSUE FRESH OR CRYOPRSRV			$0.00	Not Allowed				N
89268	E	INSEMINATION OF OOCYTES			$0.00	Not Allowed				
89272	E	EXTENDED CULTURE OF OOCYTES			$0.00	Not Allowed				

89280	E	ASSIST OOCYTE FERTILIZATION		$0.00	Not Allowed				
89281	E	ASSIST OOCYTE FERTILIZATION		$0.00	Not Allowed				
89290	E	BIOPSY OOCYTE POLAR BODY		$0.00	Not Allowed				
89291	E	BIOPSY OOCYTE POLAR BODY		$0.00	Not Allowed				
89300	E	SEMEN ANALYSIS W/HUHNER		$0.00	Not Allowed				N
89310	E	SEMEN ANALYSIS W/COUNT		$0.00	Not Allowed				N
89320	E	SEMEN ANALYSIS COMPLETE		$0.00	Not Allowed				N
89321	E	SEMEN ANALYSIS & MOTILITY		$0.00	Not Allowed				N
89322	E	SEMEN ANAL, STRICT CRITERIA		$0.00	Not Allowed				
89325	E	SPERM ANTIBODIES		$0.00	Not Allowed				N
89329	E	SPERM EVALUATION; HAMSTER PENETRATION TEST		$0.00	Not Allowed				N
89330	E	SPERM EVALUATION;CERVICAL MUCUS PENETRATION TEST W/OR W		$0.00	Not Allowed				
89331	Q	RETROGRADE EJACULATION ANAL		$47.67	Medicare	$47.67	$29.56	$28.60	
89335	E	CRYOPRESERVE TESTICULAR TISS		$0.00	Not Allowed				
89342	E	STORAGE/YEAR; EMBRYO(S)		$0.00	Not Allowed				
89343	E	STORAGE/YEAR; SPERM/SEMEN		$0.00	Not Allowed				
89344	E	STORAGE/YEAR; REPROD TISSUE		$0.00	Not Allowed				
89346	E	STORAGE/YEAR; OOCYTE(S)		$0.00	Not Allowed				
89352	E	THAWING CRYOPRESRVED; EMBRYO		$0.00	Not Allowed				
89353	E	THAWING CRYOPRESRVED; SPERM		$0.00	Not Allowed				
89354	E	THAW CRYOPRSVRD; REPROD TISS		$0.00	Not Allowed				
89356	E	THAWING CRYOPRESRVED; OOCYTE		$0.00	Not Allowed				
90281	E	HUMAN IG, IM		$0.00	Not Allowed				N
90283	E	HUMAN IG, IV		$0.00	Not Allowed				N
90284	E	HUMAN IG, SC		$0.00	Not Allowed				
90287	N	BOTULINUM ANTITOXIN		$0.00	Bundled				N
90288	N	BOTULISM IG, IV		$0.00	Bundled				N
90291	E	CMV IG, IV		$0.00	Not Allowed				N
90296	K	DIPHTHERIA ANTITOXIN	01212	$182.05	APC				N
90371	K	HEP B IG, IM	01630	$120.28	APC				N
90375	K	RABIES IG, IM/SC	09133	$144.49	APC				N
90376	K	RABIES IG, HEAT TREATED	09134	$109.94	APC				N
90378	K	RSV IG, IM, 50MG	09003	$833.15	APC				N
90379	E	RSV IG, IV		$0.00	Not Allowed				N
90384	E	RH IG, FULL-DOSE, IM		$0.00	Not Allowed				N
90385	N	RH IG, MINIDOSE, IM		$0.00	Bundled				N
90386	E	RH IG, IV		$0.00	Not Allowed				N
90389	E	TETANUS IG, IM		$0.00	Not Allowed				N
90393	N	VACCINA IG, IM		$0.00	Bundled				N
90396	K	VARICELLA-ZOSTER IG, IM	09135	$151.03	APC				N
90399	E	IMMUNE GLOBULIN		$0.00	Not Allowed				N
90465	N	IMMUNE ADMIN 1 INJ < 8 YRS		$0.00	Bundled				
90466	N	IMMUNE ADMIN ADDL INJ < 8 Y		$0.00	Bundled				
90467	N	IMMUNE ADMIN O OR N < 8 YRS		$0.00	Bundled				
90468	N	IMMUNE ADMIN O/N ADDL < 8 Y		$0.00	Bundled				
90471	E	IMMUNIZATION ADMIN		$0.00	Not Allowed				N
90472	E	IMMUNIZATION ADMIN, EACH ADD		$0.00	Not Allowed				N
90473	E	IMMUNE ADMIN ORAL/NASAL		$0.00	Not Allowed				
90474	E	IMMUNE ADMIN ORAL/NASAL ADDL		$0.00	Not Allowed				N
90476	N	ADENOVIRUS VACCINE, TYPE 4		$0.00	Bundled				N
90477	N	ADENOVIRUS VACCINE, TYPE 7		$0.00	Bundled				N
90581	N	ANTHRAX VACCINE, SC		$0.00	Bundled				N
90585	K	BCG VACCINE, PERCUT	09137	$120.43	APC				N
90586	M	BCG VACCINE, INTRAVESICAL		$118.42	Fee Schedule				N
90632	N	HEP A VACCINE, ADULT IM		$0.00	Bundled				N
90633	N	HEP A VACC, PED/ADOL, 2 DOSE		$0.00	Bundled				N
90634	N	HEP A VACC, PED/ADOL, 3 DOSE		$0.00	Bundled				N
90636	N	HEP A/HEP B VACC, ADULT IM		$0.00	Bundled				N
90645	N	HIB VACCINE, HBOC, IM		$0.00	Bundled				N
90646	N	HIB VACCINE, PRP-D, IM		$0.00	Bundled				N
90647	N	HIB VACCINE, PRP-OMP, IM		$0.00	Bundled				N
90648	N	HIB VACCINE, PRP-T, IM		$0.00	Bundled				N
90649	M	H PAPILLOMA VACC 3 DOSE IM		$130.27	Fee Schedule				
90650	E	HPV VACCINE 2 VALENT, IM		$0.00	Not Allowed				
90655	M	FLU VACCINE 6-35 MO IM		$0.00	Fee Schedule				
90656	M	FLU VACCINE NO PRESERV 3 & >		$0.00	Fee Schedule				
90657	M	FLU VACCINE 6-35 MO IM		$0.00	Fee Schedule				N
90658	M	FLU VACCINE AGE 3 & OVER IM		$0.00	Fee Schedule				N
90660	M	FLU VACCINE, NASAL		$19.97	Fee Schedule				N
90661	E	FLU VACC CELL CULT PRSV FREE		$0.00	Not Allowed				
90662	E	FLU VACC PRSV FREE INC ANTIG		$0.00	Not Allowed				

90663	E	FLU VACC PANDEMIC			$0.00	Not Allowed	
90665	K	LYME DISEASE VACCINE, IM	01216		$72.67	APC	N
90669	M	PNEUMOCOCCAL VACC PED <5			$85.43	Fee Schedule	N
90675	K	RABIES VACCINE, IM	09139		$165.72	APC	N
90676	K	RABIES VACCINE, ID	09140		$112.29	APC	N
90680	N	ROTOVIRUS VACC 3 DOSE ORAL			$0.00	Bundled	N
90681	K	ROTAVIRUS VACC 2 DOSE ORAL	01239		$106.60	APC	
90690	N	TYPHOID VACCINE, ORAL			$0.00	Bundled	N
90691	N	TYPHOID VACCINE, IM			$0.00	Bundled	N
90692	N	TYPHOID VACCINE, H-P, SC/ID			$0.00	Bundled	N
90693	N	TYPHOID VACCINE AKD SC			$0.00	Bundled	N
90696	K	DTAP-IPV VACC 4-6 YR IM	01219		$41.78	APC	
90698	N	DTAP-HIB-IP VACCINE IM			$0.00	Bundled	
90700	N	DTAP VACCINE, < 7 YRS, IM			$0.00	Bundled	N
90701	N	DTP VACCINE, IM			$0.00	Bundled	N
90702	N	DT VACCINE < 7, IM			$0.00	Bundled	N
90703	N	TETANUS VACCINE IM			$0.00	Bundled	N
90704	N	MUMPS VACCINE SC			$0.00	Bundled	N
90705	N	MEASLES VACCINE SC			$0.00	Bundled	N
90706	N	RUBELLA VACCINE SC			$0.00	Bundled	N
90707	N	MMR VACCINE SC			$0.00	Bundled	N
90708	N	MEASLES-RUBELLA VACCINE SC			$0.00	Bundled	N
90710	N	MMRV VACCINE, SC			$0.00	Bundled	N
90712	N	ORAL POLIOVIRUS VACCINE			$0.00	Bundled	N
90713	N	POLIOVIRUS IPV SC/IM			$0.00	Bundled	N
90714	N	TD VACCINE NO PRSRV >/= 7 IM			$0.00	Bundled	N
90715	N	TDAP VACCINE >7 IM			$0.00	Bundled	
90716	M	CHICKEN POX VACCINE, SC			$77.65	Fee Schedule	N
90717	N	YELLOW FEVER VACCINE, SC			$0.00	Bundled	N
90718	N	TD VACCINE > 7 IM			$0.00	Bundled	N
90719	N	DIPHTHERIA VACCINE, IM			$0.00	Bundled	N
90720	N	DTP/HIB VACCINE, IM			$0.00	Bundled	N
90721	N	DTAP/HIB VACCINE, IM			$0.00	Bundled	N
90723	M	DTAP-HEP B-IPV VACCINE IM			$0.00	Fee Schedule	N
90725	N	CHOLERA VACCINE, INJECTABLE			$0.00	Bundled	N
90727	N	PLAGUE VACCINE IM			$0.00	Bundled	N
90732	M	PNEUMOCOCCAL VACCINE			$0.00	Fee Schedule	N
90733	K	MENINGOCOCCAL VACCINE SC	09143		$96.66	APC	N
90734	K	MENINGOCOCCAL VACCINE IM	09145		$96.67	APC	
90735	E	ENCEPHALITIS VACCINE, SC			$0.00	Not Allowed	N
90736	M	ZOSTER VACC SC			$0.00	Fee Schedule	
90738	E	INACTIVATED JE VACC IM			$0.00	Not Allowed	
90740	M	HEPB VACC ILL PAT 3 DOSE IM			$106.85	Fee Schedule	N
90743	M	HEP B VACC ADOL 2 DOSE IM			$0.00	Fee Schedule	N
90744	M	HEPB VACC PED/ADOL 3 DOSE IM			$0.00	Fee Schedule	N
90746	M	HEP B VACCINE ADULT IM			$53.42	Fee Schedule	N
90747	M	HEPB VACC ILL PAT 4 DOSE IM			$106.85	Fee Schedule	N
90748	M	HEP B/HIB VACCINE, IM			$0.00	Fee Schedule	N
90749	N	VACCINE TOXOID			$0.00	Bundled	N
90801	N	PSY DX INTERVIEW	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90802	N	INTAC PSY DX INTERVIEW	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90804	N	PSYTX, OFFICE, 20-30 MIN	00322	1.3097	$66.28	Bundled, may be payable in some circumstances	N
90805	N	PSYTX, OFF, 20-30 MIN W/E&M	00322	1.3097	$66.28	Bundled, may be payable in some circumstances	N
90806	N	PSYTX, OFF, 45-50 MIN	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90807	N	PSYTX, OFF, 45-50 MIN W/E&M	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90808	N	PSYTX, OFFICE, 75-80 MIN	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90809	N	PSYTX, OFF, 75-80, W/E&M	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90810	N	INTAC PSYTX, OFF, 20-30 MIN	00322	1.3097	$66.28	Bundled, may be payable in some circumstances	N
90811	N	INTAC PSYTX, 20-30, W/E&M	00322	1.3097	$66.28	Bundled, may be payable in some circumstances	N
90812	N	INTAC PSYTX, OFF, 45-50 MIN	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90813	N	INTAC PSYTX, 45-50 MIN W/E&M	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90814	N	INTAC PSYTX, OFF, 75-80 MIN	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90815	N	INTAC PSYTX, 75-80 W/E&M	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90816	N	PSYTX, HOSP, 20-30 MIN			$0.00	Bundled	N
90817	N	PSYTX, HOSP, 20-30 MIN W/E&M			$0.00	Bundled	N
90818	N	PSYTX, HOSP, 45-50 MIN			$0.00	Bundled	N
90819	N	PSYTX, HOSP, 45-50 MIN W/E&M			$0.00	Bundled	N
90821	N	PSYTX, HOSP, 75-80 MIN			$0.00	Bundled	N
90822	N	PSYTX, HOSP, 75-80 MIN W/E&M			$0.00	Bundled	N
90823	N	INTAC PSYTX, HOSP, 20-30 MIN			$0.00	Bundled	N
90824	N	INTAC PSYTX, HSP 20-30 W/E&M			$0.00	Bundled	N

90826	N	INTAC PSYTX, HOSP, 45-50 MIN			$0.00	Bundled	N
90827	N	INTAC PSYTX, HSP 45-50 W/E&M			$0.00	Bundled	N
90828	N	INTAC PSYTX, HOSP, 75-80 MIN			$0.00	Bundled	N
90829	N	INTAC PSYTX, HSP 75-80 W/E&M			$0.00	Bundled	N
90845	N	PSYCHOANALYSIS	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90846	N	FAMILY PSYTX W/O PATIENT	00324	2.4859	$125.81	Bundled, may be payable in some circumstances	N
90847	N	FAMILY PSYTX W/PATIENT	00324	2.4859	$125.81	Bundled, may be payable in some circumstances	N
90849	N	MULTIPLE FAMILY GROUP PSYTX	00325	0.9800	$49.60	Bundled, may be payable in some circumstances	N
90853	N	GROUP PSYCHOTHERAPY	00325	0.9800	$49.60	Bundled, may be payable in some circumstances	N
90857	N	INTAC GROUP PSYTX	00325	0.9800	$49.60	Bundled, may be payable in some circumstances	N
90862	N	MEDICATION MANAGEMENT	00606	1.3585	$68.75	Bundled, may be payable in some circumstances	N
90865	N	NARCOSYNTHESIS	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90870	S	ELECTROCONVULSIVE THERAPY	00320	5.7528	$291.15	APC	N
90875	E	PSYCHOPHYSIOLOGICAL THERAPY			$0.00	Not Allowed	N
90876	E	PSYCHOPHYSIOLOGICAL THERAPY			$0.00	Not Allowed	N
90880	N	HYPNOTHERAPY	00323	1.6317	$82.58	Bundled, may be payable in some circumstances	N
90882	E	ENVIRONMENTAL MANIPULATION			$0.00	Not Allowed	N
90885	N	PSY EVALUATION OF RECORDS			$0.00	Bundled	N
90887	N	CONSULTATION WITH FAMILY			$0.00	Bundled	N
90889	N	PREPARATION OF REPORT			$0.00	Bundled	N
90899	N	PSYCHIATRIC SERVICE/THERAPY	00322	1.3097	$66.28	Bundled, may be payable in some circumstances	N
90901	M	BIOFEEDBACK TRAIN, ANY METH			$17.36	Fee Schedule	N
90911	T	BIOFEEDBACK PERI/URO/RECTAL	00126	1.0435	$52.81	APC	N
90935	S	HEMODIALYSIS, ONE EVALUATION	00170	6.5599	$332.00	APC	N
90937	M	HEMODIALYSIS, REPEATED EVAL			$0.00	Fee Schedule	N
90940	N	HEMODIALYSIS ACCESS STUDY			$0.00	Bundled	N
90945	V	DIALYSIS, ONE EVALUATION	00607	1.7192	$87.01	APC	N
90947	M	DIALYSIS, REPEATED EVAL			$0.00	Fee Schedule	N
90951	E	ESRD SERV, 4 VISITS P MO, <2			$0.00	Not Allowed	
90952	E	ESRD SERV, 2-3 VSTS P MO, <2			$0.00	Not Allowed	
90953	E	ESRD SERV, 1 VISIT P MO, <2			$0.00	Not Allowed	
90954	E	ESRD SERV, 4 VSTS P MO, 2-11			$0.00	Not Allowed	
90955	E	ESRD SRV 2-3 VSTS P MO, 2-11			$0.00	Not Allowed	
90956	E	ESRD SRV, 1 VISIT P MO, 2-11			$0.00	Not Allowed	
90957	E	ESRD SRV, 4 VSTS P MO, 12-19			$0.00	Not Allowed	
90958	E	ESRD SRV 2-3 VSTS P MO 12-19			$0.00	Not Allowed	
90959	E	ESRD SERV, 1 VST P MO, 12-19			$0.00	Not Allowed	
90960	E	ESRD SRV, 4 VISITS P MO, 20+			$0.00	Not Allowed	
90961	E	ESRD SRV, 2-3 VSTS P MO, 20+			$0.00	Not Allowed	
90962	E	ESRD SERV, 1 VISIT P MO, 20+			$0.00	Not Allowed	
90963	E	ESRD HOME PT, SERV P MO, <2			$0.00	Not Allowed	
90964	E	ESRD HOME PT SERV P MO, 2-11			$0.00	Not Allowed	
90965	E	ESRD HOME PT SERV P MO 12-19			$0.00	Not Allowed	
90966	E	ESRD HOME PT, SERV P MO, 20+			$0.00	Not Allowed	
90967	E	ESRD HOME PT SERV P DAY, <2			$0.00	Not Allowed	
90968	E	ESRD HOME PT SRV P DAY, 2-11			$0.00	Not Allowed	
90969	E	ESRD HOME PT SRV P DAY 12-19			$0.00	Not Allowed	
90970	E	ESRD HOME PT SERV P DAY, 20+			$0.00	Not Allowed	
90989	M	DIALYSIS TRAINING, COMPLETE			$0.00	Fee Schedule	N
90993	M	DIALYSIS TRAINING, INCOMPL			$0.00	Fee Schedule	N
90997	M	HEMOPERFUSION			$0.00	Fee Schedule	N
90999	M	DIALYSIS PROCEDURE			$0.00	Fee Schedule	N
91000	X	ESOPHAGEAL INTUBATION	00361	3.9733	$201.09	APC	N
91010	X	ESOPHAGEAL MOTILITY STUDY;	00361	3.9733	$201.09	APC	N
91011	X	ESOPHAGUS MOTILITY STUDY	00361	3.9733	$201.09	APC	N
91012	X	ESOPHAGUS MOTILITY STUDY	00361	3.9733	$201.09	APC	N
91020	X	GASTRIC MOTILITY STUDIES	00361	3.9733	$201.09	APC	N
91022	X	DUODENAL MOTILITY STUDY	00361	3.9733	$201.09	APC	
91030	X	ACID PERFUSION OF ESOPHAGUS	00361	3.9733	$201.09	APC	N
91034	X	GASTROESOPHAGEAL REFLUX TEST	00361	3.9733	$201.09	APC	
91035	X	G-ESOPH REFLX TST W/ELECTROD	00361	3.9733	$201.09	APC	
91037	X	ESOPH IMPED FUNCTION TEST	00361	3.9733	$201.09	APC	
91038	X	ESOPH IMPED FUNCT TEST > 1H	00361	3.9733	$201.09	APC	
91040	X	ESOPH BALLOON DISTENSION TST	00360	1.5113	$76.49	APC	
91052	X	GASTRIC ANALYSIS TEST	00361	3.9733	$201.09	APC	N
91055	X	GASTRIC INTUBATION FOR SMEAR	00360	1.5113	$76.49	APC	N
91065	X	BREATH HYDROGEN TEST	00360	1.5113	$76.49	APC	N
91105	X	GASTRIC INTUBATION TREATMENT	00360	1.5113	$76.49	APC	N
91110	T	GI TRACT CAPSULE ENDOSCOPY	00142	9.5724	$484.46	APC	
91111	T	ESOPHAGEAL CAPSULE ENDOSCOPY	00141	8.6526	$437.91	APC	
91120	T	RECTAL SENSATION TEST	00126	1.0435	$52.81	APC	

91122	T	ANAL PRESSURE RECORD	00156	2.8838	$145.95	APC	N
91123	N	IRRIGATE FECAL IMPACTION			$0.00	Bundled	
91132	X	ELECTROGASTROGRAPHY	00360	1.5113	$76.49	APC	N
91133	X	ELECTROGASTROGRAPHY W/TEST	00360	1.5113	$76.49	APC	N
91299	X	GASTROENTEROLOGY PROCEDURE	00360	1.5113	$76.49	APC	N
92002	V	EYE EXAM, NEW PATIENT	00605	1.0439	$52.83	APC	N
92004	V	EYE EXAM, NEW PATIENT	00606	1.3585	$68.75	APC	N
92012	V	EYE EXAM ESTABLISHED PAT	00604	0.8277	$41.89	APC	N
92014	V	EYE EXAM & TREATMENT	00605	1.0439	$52.83	APC	N
92015	E	REFRACTION			$0.00	Not Allowed	N
92018	T	NEW EYE EXAM & TREATMENT	00699	14.4782	$732.74	APC	N
92019	T	EYE EXAM & TREATMENT	00699	14.4782	$732.74	APC	N
92020	S	SPECIAL EYE EVALUATION	00230	0.6461	$32.70	APC	N
92025	S	CORNEAL TOPOGRAPHY	00698	0.9338	$47.26	APC	
92060	S	SPECIAL EYE EVALUATION	00698	0.9338	$47.26	APC	N
92065	S	ORTHOPTIC/PLEOPTIC TRAINING	00698	0.9338	$47.26	APC	N
92070	N	FITTING OF CONTACT LENS			$0.00	Bundled	Y
92081	S	VISUAL FIELD EXAMINATION(S)	00230	0.6461	$32.70	APC	N
92082	S	VISUAL FIELD EXAMINATION(S)	00698	0.9338	$47.26	APC	N
92083	S	VISUAL FIELD EXAMINATION(S)	00698	0.9338	$47.26	APC	N
92100	N	SERIAL TONOMETRY EXAM(S)			$0.00	Bundled	N
92120	S	TONOGRAPHY & EYE EVALUATION	00698	0.9338	$47.26	APC	N
92130	S	WATER PROVOCATION TONOGRAPHY	00230	0.6461	$32.70	APC	N
92135	S	SCANNING COMPUT.OPHTHALMIC DX IMA(	00230	0.6461	$32.70	APC	N
92136	S	OPHTHALMIC BIOMETRY	00698	0.9338	$47.26	APC	
92140	S	GLAUCOMA PROVOCATIVE TESTS	00230	0.6461	$32.70	APC	N
92225	S	SPECIAL EYE EXAM, INITIAL	00230	0.6461	$32.70	APC	N
92226	S	SPECIAL EYE EXAM, SUBSEQUENT	00698	0.9338	$47.26	APC	N
92230	S	EYE EXAM WITH PHOTOS	00231	2.1549	$109.06	APC	N
92235	S	EYE EXAM WITH PHOTOS	00231	2.1549	$109.06	APC	N
92240	S	ICG ANGIOGRAPHY	00231	2.1549	$109.06	APC	N
92250	S	EYE EXAM WITH PHOTOS	00698	0.9338	$47.26	APC	N
92260	S	OPHTHALMOSCOPY/DYNAMOMETRY	00230	0.6461	$32.70	APC	N
92265	S	EYE MUSCLE EVALUATION	00698	0.9338	$47.26	APC	N
92270	S	ELECTRO-OCULOGRAPHY	00230	0.6461	$32.70	APC	N
92275	S	ELECTRORETINOGRAPHY	00231	2.1549	$109.06	APC	N
92283	S	COLOR VISION EXAMINATION	00230	0.6461	$32.70	APC	N
92284	S	DARK ADAPTATION EYE EXAM	00698	0.9338	$47.26	APC	N
92285	S	EYE PHOTOGRAPHY	00698	0.9338	$47.26	APC	N
92286	S	INTERNAL EYE PHOTOGRAPHY	00231	2.1549	$109.06	APC	N
92287	S	INTERNAL EYE PHOTOGRAPHY	00231	2.1549	$109.06	APC	
92310	E	CONTACT LENS FITTING			$0.00	Not Allowed	Y
92311	E	CONTACT LENS FITTING			$0.00	Not Allowed	Y
92312	E	CONTACT LENS FITTING			$0.00	Not Allowed	Y
92313	E	CONTACT LENS FITTING			$0.00	Not Allowed	Y
92314	E	PRESCRIPTION OF CONTACT LENS			$0.00	Not Allowed	Y
92315	E	PRESCRIPTION OF CONTACT LENS			$0.00	Not Allowed	Y
92316	E	PRESCRIPTION OF CONTACT LENS			$0.00	Not Allowed	Y
92317	E	PRESCRIPTION OF CONTACT LENS			$0.00	Not Allowed	Y
92325	E	MODIFICATION OF CONTACT LENS			$0.00	Not Allowed	Y
92326	E	REPLACEMENT OF CONTACT LENS			$0.00	Not Allowed	Y
92340	E	FITTING OF SPECTACLES			$0.00	Not Allowed	N
92341	E	FITTING OF SPECTACLES			$0.00	Not Allowed	N
92342	E	FITTING OF SPECTACLES			$0.00	Not Allowed	N
92352	E	SPECIAL SPECTACLES FITTING			$0.00	Not Allowed	N
92353	E	SPECIAL SPECTACLES FITTING			$0.00	Not Allowed	N
92354	E	SPECIAL SPECTACLES FITTING			$0.00	Not Allowed	N
92355	E	SPECIAL SPECTACLES FITTING			$0.00	Not Allowed	N
92358	S	EYE PROSTHESIS SERVICE	00230	0.6461	$32.70	APC	N
92370	E	REPAIR & ADJUST SPECTACLES			$0.00	Not Allowed	N
92371	E	REPAIR & ADJUST SPECTACLES			$0.00	Not Allowed	N
92499	S	EYE SERVICE OR PROCEDURE	00230	0.6461	$32.70	APC	N
92502	T	EAR AND THROAT EXAMINATION	00251	3.3069	$167.36	APC	N
92504	N	EAR MICROSCOPY EXAMINATION			$0.00	Bundled	N
92506	Y	SPEECH/HEARING EVALUATION			$31.00	Fee Schedule	N
92507	Y	SPEECH/HEARING THERAPY			$18.40	Fee Schedule	N
92508	Y	SPEECH/HEARING THERAPY			$9.57	Fee Schedule	N
92511	T	NASOPHARYNGOSCOPY	00071	0.8215	$41.58	APC	N
92512	X	NASAL FUNCTION STUDIES	00363	0.9042	$45.76	APC	N
92516	X	FACIAL NERVE FUNCTION TEST	00660	1.5831	$80.12	APC	N
92520	X	LARYNGEAL FUNCTION STUDIES	00660	1.5831	$80.12	APC	N

92526	Y	ORAL FUNCTION THERAPY			$18.73	Fee Schedule	N
92531	N	SPONTANEOUS NYSTAGMUS STUDY			$0.00	Bundled	N
92532	N	POSITIONAL NYSTAGMUS TEST			$0.00	Bundled	N
92533	N	CALORIC VESTIBULAR TEST			$0.00	Bundled	N
92534	N	OPTOKINETIC NYSTAGMUS TEST			$0.00	Bundled	N
92541	X	SPONTANEOUS NYSTAGMUS TEST	00363	0.9042	$45.76	APC	N
92542	X	POSITIONAL NYSTAGMUS TEST	00363	0.9042	$45.76	APC	N
92543	X	CALORIC VESTIBULAR TEST	00660	1.5831	$80.12	APC	N
92544	X	OPTOKINETIC NYSTAGMUS TEST	00363	0.9042	$45.76	APC	N
92545	X	OSCILLATING TRACKING TEST	00363	0.9042	$45.76	APC	N
92546	X	TORSION SWING RECORDING	00660	1.5831	$80.12	APC	N
92547	N	SUPPLEMENTAL ELECTRICAL TEST			$0.00	Bundled	N
92548	X	POSTUROGRAPHY	00660	1.5831	$80.12	APC	N
92551	M	PURE TONE HEARING TEST, AIR			$11.84	Fee Schedule	N
92552	X	PURE TONE AUDIOMETRY AIR	00364	0.4730	$23.94	APC	N
92553	X	AUDIOMETRY AIR & BONE	00365	1.2779	$64.67	APC	N
92555	X	SPEECH THRESHOLD AUDIOMETRY	00364	0.4730	$23.94	APC	N
92556	X	SPEECH AUDIOMETRY COMPLETE	00364	0.4730	$23.94	APC	N
92557	X	COMPREHENSIVE HEARING TEST	00365	1.2779	$64.67	APC	N
92559	E	GROUP AUDIOMETRIC TESTING			$0.00	Not Allowed	N
92560	E	BEKESY AUDIOMETRY, SCREEN			$0.00	Not Allowed	N
92561	X	BEKESY AUDIOMETRY DIAGNOSIS	00364	0.4730	$23.94	APC	N
92562	X	LOUDNESS BALANCE TEST	00364	0.4730	$23.94	APC	N
92563	X	TONE DECAY HEARING TEST	00364	0.4730	$23.94	APC	N
92564	X	SISI HEARING TEST	00364	0.4730	$23.94	APC	N
92565	X	STENGER TEST PURE TONE	00364	0.4730	$23.94	APC	N
92567	X	TYMPANOMETRY	00364	0.4730	$23.94	APC	N
92568	X	ACOUSTIC REFL THRESHOLD TST	00364	0.4730	$23.94	APC	N
92569	X	ACOUSTIC REFLEX DECAY TEST	00364	0.4730	$23.94	APC	N
92571	X	FILTERED SPEECH HEARING TEST	00364	0.4730	$23.94	APC	N
92572	X	STAGGERED SPONDAIC WORD TEST	00366	1.7097	$86.53	APC	N
92575	X	SENSORINEURAL ACUITY TEST	00364	0.4730	$23.94	APC	N
92576	X	SYNTHETIC SENTENCE TEST	00364	0.4730	$23.94	APC	N
92577	X	STENGER TEST SPEECH	00366	1.7097	$86.53	APC	N
92579	X	VISUAL AUDIOMETRY (VRA)	00365	1.2779	$64.67	APC	N
92582	X	CONDITIONING PLAY AUDIOMETRY	00365	1.2779	$64.67	APC	N
92583	X	SELECT PICTURE AUDIOMETRY	00364	0.4730	$23.94	APC	N
92584	S	ELECTROCOCHLEOGRAPHY	00216	2.6652	$134.89	APC	N
92585	S	BRAINSTEM EVOKED AUDIOMETRY	00216	2.6652	$134.89	APC	N
92586	S	AUDITOR EVOKE POTENT, LIMIT	00218	1.1853	$59.99	APC	N
92587	X	EVOKED AUDITORY TEST	00363	0.9042	$45.76	APC	N
92588	X	EVOKED AUDITORY TEST	00660	1.5831	$80.12	APC	N
92590	E	HEARING AID EXAM, ONE EAR			$0.00	Not Allowed	N
92591	E	HEARING AID EXAM, BOTH EARS			$0.00	Not Allowed	N
92592	E	HEARING AID CHECK, ONE EAR			$0.00	Not Allowed	N
92593	E	HEARING AID CHECK, BOTH EARS			$0.00	Not Allowed	N
92594	E	ELECTRO HEARNG AID TEST, ONE			$0.00	Not Allowed	N
92595	E	ELECTRO HEARNG AID TST, BOTH			$0.00	Not Allowed	N
92596	X	EAR PROTECTOR EVALUATION	00364	0.4730	$23.94	APC	N
92597	Y	ORAL SPEECH DEVICE EVAL			$31.75	Fee Schedule	N
92601	X	COCHLEAR IMPLT F/UP EXAM < 7	00366	1.7097	$86.53	APC	N
92602	X	REPROGRAM COCHLEAR IMPLT < 7	00366	1.7097	$86.53	APC	N
92603	X	COCHLEAR IMPLT F/UP EXAM 7 >	00366	1.7097	$86.53	APC	N
92604	X	REPROGRAM COCHLEAR IMPLT 7 >	00366	1.7097	$86.53	APC	N
92605	M	EVAL FOR NONSPEECH DEVICE RX			$0.00	Fee Schedule	N
92606	N	NON-SPEECH DEVICE SERVICE			$0.00	Bundled	N
92607	Y	EX FOR SPEECH DEVICE RX 1HR			$99.15	Fee Schedule	N
92608	Y	EX FOR SPEECH DEVICE RX ADDL			$19.45	Fee Schedule	N
92609	Y	USE OF SPEECH DEVICE SERVICE			$52.22	Fee Schedule	N
92610	Y	EVALUATE SWALLOWING FUNCTION			$67.10	Fee Schedule	N
92611	Y	MOTION FLUOROSCOPY/SWALLOW			$70.16	Fee Schedule	N
92612	M	ENDOSCOPY SWALLOW TST (FEES)			$58.70	Fee Schedule	N
92613	M	ENDOSCOPY SWALLOW TST (FEES)			$34.04	Fee Schedule	N
92614	M	LARYNGOSCOPIC SENSORY TEST			$58.70	Fee Schedule	N
92615	M	EVAL LARYNGOSCOPY SENSE TST			$30.18	Fee Schedule	N
92616	M	FEES W/LARYNGEAL SENSE TEST			$86.99	Fee Schedule	N
92617	M	INTERPRT FEES/LARYNGEAL TEST			$0.00	Fee Schedule	N
92620	X	AUDITORY FUNCTION 60 MIN	00365	1.2779	$64.67	APC	
92621	N	AUDITORY FUNCTION + 15 MIN			$0.00	Bundled	
92625	X	TINNITUS ASSESSMENT	00365	1.2779	$64.67	APC	
92626	X	EVAL AUD REHAB STATUS	00366	1.7097	$86.53	APC	

92627	N	EVAL AUD STATUS REHAB ADD-ON			$0.00	Bundled	
92630	E	AUD REHAB PRE-LING HEAR LOSS			$0.00	Not Allowed	
92633	E	AUD REHAB POSTLING HEAR LOSS			$0.00	Not Allowed	
92640	X	AUD BRAINSTEM IMPLT PROGRAMG	00365	1.2779	$64.67	APC	
92700	X	ENT PROCEDURE/SERVICE	00364	0.4730	$23.94	APC	
92950	S	HEART/LUNG RESUSCITATION CPR	00094	2.4181	$122.38	APC	N
92953	S	TEMPORARY EXTERNAL PACING	00094	2.4181	$122.38	APC	N
92960	S	CARDIOVERSION ELECTRIC, EXT	00679	5.4782	$277.25	APC	N
92961	S	CARDIOVERSION, ELECTRIC, INT	00679	5.4782	$277.25	APC	N
92970	C	CARDIOASSIST, INTERNAL			$0.00	Inpatient Only	N
92971	C	CARDIOASSIST, EXTERNAL			$0.00	Inpatient Only	N
92973	T	PERCUT CORONARY THROMBECTOMY	00088	40.3117	$2,040.18	APC	
92974	T	CATH PLACE, CARDIO BRACHYTX	00103	15.7264	$795.91	APC	N
92975	C	DISSOLVE CLOT, HEART VESSEL			$0.00	Inpatient Only	N
92977	T	DISSOLVE CLOT, HEART VESSEL	00676	2.4525	$124.12	APC	N
92978	N	INTRAVASC US, HEART ADD-ON			$0.00	Bundled	N
92979	N	INTRAVASC US, HEART ADD-ON			$0.00	Bundled	N
92980	T	INSERT INTRACORONARY STENT	00104	85.3503	$4,319.58	APC	N
92981	T	INSERT INTRACORONARY STENT	00104	85.3503	$4,319.58	APC	N
92982	T	CORONARY ARTERY DILATION	00083	48.3584	$2,447.42	APC	N
92984	T	CORONARY ARTERY DILATION	00083	48.3584	$2,447.42	APC	N
92986	T	REVISION OF AORTIC VALVE	00083	48.3584	$2,447.42	APC	N
92987	T	REVISION OF MITRAL VALVE	00083	48.3584	$2,447.42	APC	N
92990	T	REVISION OF PULMONARY VALVE	00083	48.3584	$2,447.42	APC	N
92992	C	REVISION OF HEART CHAMBER			$0.00	Inpatient Only	N
92993	C	REVISION OF HEART CHAMBER			$0.00	Inpatient Only	N
92995	T	CORONARY ATHERECTOMY	00082	90.2562	$4,567.87	APC	N
92996	T	CORONARY ATHERECTOMY ADD-ON	00082	90.2562	$4,567.87	APC	N
92997	T	PUL ART BALLOON REPR, PERCUT	00083	48.3584	$2,447.42	APC	N
92998	T	PUL ART BALLOON REPR, PERCUT	00083	48.3584	$2,447.42	APC	N
93000	M	ELECTROCARDIOGRAM, COMPLETE			$0.00	Fee Schedule	N
93005	S	ELECTROCARDIOGRAM TRACING	00099	0.3949	$19.99	APC	N
93010	M	ELECTROCARDIOGRAM REPORT			$0.00	Fee Schedule	N
93012	N	TRANSMISSION OF ECG			$0.00	Bundled	N
93014	M	REPORT ON TRANSMITTED ECG			$0.00	Fee Schedule	
93015	M	CARDIOVASCULAR STRESS TEST			$0.00	Fee Schedule	N
93016	M	CARDIOVASCULAR STRESS TEST			$0.00	Fee Schedule	N
93017	X	CARDIOVASCULAR STRESS TEST	00100	2.5884	$131.00	APC	N
93018	M	CARDIOVASCULAR STRESS TEST			$0.00	Fee Schedule	N
93024	X	CARDIAC DRUG STRESS TEST	00100	2.5884	$131.00	APC	N
93025	X	MICROVOLT T-WAVE ASSESS	00100	2.5884	$131.00	APC	
93040	M	RHYTHM ECG WITH REPORT			$0.00	Fee Schedule	N
93041	X	RHYTHM ECG TRACING	00035	0.2186	$11.06	APC	N
93042	M	RHYTHM ECG, REPORT			$0.00	Fee Schedule	N
93224	M	ECG MONITOR/REPORT, 24 HRS			$0.00	Fee Schedule	N
93225	X	ECG MONITOR/RECORD 24 HRS	00097	0.9946	$50.34	APC	N
93226	X	ECG MONITOR/REPORT 24 HRS	00097	0.9946	$50.34	APC	N
93227	M	ECG MONITOR/REVIEW, 24 HRS			$0.00	Fee Schedule	N
93228	E	REMOTE 30 DAY ECG REV/REPORT			$0.00	Not Allowed	
93229	S	REMOTE 30 DAY ECG TECH SUPP	00209	11.4202	$577.98	APC	
93230	M	ECG MONITOR/REPORT, 24 HRS			$0.00	Fee Schedule	N
93231	X	ECG MONITOR/RECORD, 24 HRS	00097	0.9946	$50.34	APC	N
93232	X	ECG MONITOR/REPORT 24 HRS	00097	0.9946	$50.34	APC	N
93233	M	ECG MONITOR/REVIEW, 24 HRS			$0.00	Fee Schedule	N
93235	M	ECG MONITOR/REPORT, 24 HRS			$0.00	Fee Schedule	N
93236	X	ECG MONITOR/REPORT 24 HRS	00097	0.9946	$50.34	APC	N
93237	M	ECG MONITOR/REVIEW, 24 HRS			$0.00	Fee Schedule	N
93268	M	ECG RECORD/REVIEW			$0.00	Fee Schedule	N
93270	X	ECG RECORDING	00097	0.9946	$50.34	APC	N
93271	S	ECG/MONITORING AND ANALYSIS	00692	1.6537	$83.69	APC	N
93272	M	ECG/REVIEW, INTERPRET ONLY			$0.00	Fee Schedule	N
93278	X	ECG/SIGNAL-AVERAGED	00340	0.6462	$32.70	APC	N
93279	S	PM DEVICE PROGR EVAL, SNGL	00690	0.3508	$17.75	APC	
93280	S	PM DEVICE PROGR EVAL, DUAL	00690	0.3508	$17.75	APC	
93281	S	PM DEVICE PROGR EVAL, MULTI	00690	0.3508	$17.75	APC	
93282	S	ICD DEVICE PROG EVAL, 1 SNGL	00689	0.5941	$30.07	APC	
93283	S	ICD DEVICE PROGR EVAL, DUAL	00689	0.5941	$30.07	APC	
93284	S	ICD DEVICE PROGR EVAL, MULT	00689	0.5941	$30.07	APC	
93285	S	ILR DEVICE EVAL PROGR	00690	0.3508	$17.75	APC	
93286	N	PRE-OP PM DEVICE EVAL			$0.00	Bundled	
93287	N	PRE-OP ICD DEVICE EVAL			$0.00	Bundled	

93288	S	PM DEVICE EVAL IN PERSON	00690	0.3508	$17.75	APC	
93289	S	ICD DEVICE INTERROGATE	00689	0.5941	$30.07	APC	
93290	S	ICM DEVICE EVAL	00690	0.3508	$17.75	APC	
93291	S	ILR DEVICE INTERROGATE	00690	0.3508	$17.75	APC	
93292	S	WCD DEVICE INTERROGATE	00689	0.5941	$30.07	APC	
93293	S	PM PHONE R-STRIP DEVICE EVAL	00689	0.5941	$30.07	APC	
93294	E	PM DEVICE INTERROGATE REMOTE			$0.00	Not Allowed	
93295	E	ICD DEVICE INTERROGAT REMOTE			$0.00	Not Allowed	
93296	S	PM/ICD REMOTE TECH SERV	00689	0.5941	$30.07	APC	
93297	E	ICM DEVICE INTERROGAT REMOTE			$0.00	Not Allowed	
93298	E	ILR DEVICE INTERROGAT REMOTE			$0.00	Not Allowed	
93299	S	ICM/ILR REMOTE TECH SERV	00209	11.4202	$577.98	APC	
93303	S	ECHO TRANSTHORACIC	00269	6.5300	$330.48	APC	N
93304	S	ECHO TRANSTHORACIC	00697	3.8610	$195.41	APC	N
93306	S	TTE W/DOPPLER, COMPLETE	00269	6.5300	$330.48	APC	
93307	S	ECHO EXAM OF HEART	00697	3.8610	$195.41	APC	N
93308	S	ECHO EXAM OF HEART	00697	3.8610	$195.41	APC	N
93312	S	ECHO EXAM OF HEART	00270	8.3489	$422.54	APC	N
93313	S	ECHO TRANSESOPHAGEAL	00270	8.3489	$422.54	APC	N
93314	N	ECHO EXAM OF HEART			$0.00	Bundled	N
93315	S	ECHO TRANSESOPHAGEAL	00270	8.3489	$422.54	APC	N
93316	S	ECHO TRANSESOPHAGEAL	00270	8.3489	$422.54	APC	N
93317	N	ECHO TRANSESOPHAGEAL			$0.00	Bundled	N
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	00270	8.3489	$422.54	APC	N
93320	N	DOPPLER ECHOCARDIOGRAPHY; COMPLETE			$0.00	Bundled	N
93321	N	DOPPLER ECHO EXAM HEART			$0.00	Bundled	N
93325	N	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN AI			$0.00	Bundled	N
93350	S	ECHO TRANSTHORACIC	00269	6.5300	$330.48	APC	N
93351	S	STRESS TTE COMPLETE	00269	6.5300	$330.48	APC	
93352	E	ADMIN ECG CONTRAST AGENT			$0.00	Not Allowed	
93501	T	RIGHT HEART CATHETERIZATION	00080	39.2661	$1,987.26	APC	N
93503	T	INSERT/PLACE HEART CATHETER	00103	15.7264	$795.91	APC	N
93505	T	BIOPSY OF HEART LINING	00103	15.7264	$795.91	APC	N
93508	T	CATHETER PLACEMENT FOR ANGIOPLASTY	00080	39.2661	$1,987.26	APC	N
93510	T	LEFT HEART CATHETERIZATION	00080	39.2661	$1,987.26	APC	N
93511	T	LEFT HEART CATHETERIZATION	00080	39.2661	$1,987.26	APC	N
93514	T	LEFT HEART CATHETERIZATION	00080	39.2661	$1,987.26	APC	N
93524	T	LEFT HEART CATHETERIZATION	00080	39.2661	$1,987.26	APC	N
93526	T	RT & LT HEART CATHETERS	00080	39.2661	$1,987.26	APC	N
93527	T	RT & LT HEART CATHETERS	00080	39.2661	$1,987.26	APC	N
93528	T	RT & LT HEART CATHETERS	00080	39.2661	$1,987.26	APC	N
93529	T	RT LT HEART CATHETERIZATION	00080	39.2661	$1,987.26	APC	N
93530	T	RIGHT HEART CATHETERIZATION FOR CO	00080	39.2661	$1,987.26	APC	N
93531	T	COMBINED RT HEART CATH & RETRO LT H	00080	39.2661	$1,987.26	APC	N
93532	T	COMBINED RT & TRANSSEPTAL LT HEART	00080	39.2661	$1,987.26	APC	N
93533	T	COMBINED RT & TRANSSEPTAL LT HEART	00080	39.2661	$1,987.26	APC	N
93539	N	INJECTION CARDIAC CATH			$0.00	Bundled	N
93540	N	INJECTION CARDIAC CATH			$0.00	Bundled	N
93541	N	INJECTION FOR LUNG ANGIOGRAM			$0.00	Bundled	N
93542	N	INJECTION FOR HEART X-RAYS			$0.00	Bundled	N
93543	N	INJECTION FOR HEART X-RAYS			$0.00	Bundled	N
93544	N	INJECTION FOR AORTOGRAPHY			$0.00	Bundled	N
93545	N	INJECTION FOR CORONARY X-RAYS			$0.00	Bundled	N
93555	N	IMAGING CARDIAC CATH			$0.00	Bundled	N
93556	N	IMAGING CARDIAC CATH			$0.00	Bundled	N
93561	N	CARDIAC OUTPUT MEASUREMENT			$0.00	Bundled	N
93562	N	CARDIAC OUTPUT MEASUREMENT			$0.00	Bundled	N
93571	N	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; INITIAL			$0.00	Bundled	N
93572	N	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; EA ADD'I			$0.00	Bundled	N
93580	T	TRANSCATH CLOSURE OF ASD	00434	153.6340	$7,775.42	APC	
93581	T	TRANSCATH CLOSURE OF VSD	00434	153.6340	$7,775.42	APC	
93600	S	BUNDLE OF HIS RECORDING	00084	10.2559	$519.05	APC	N
93602	S	INTRA-ATRIAL RECORDING	00084	10.2559	$519.05	APC	N
93603	S	RIGHT VENTRICULAR RECORDING	00084	10.2559	$519.05	APC	N
93609	N	MAPPING OF TACHYCARDIA			$0.00	Bundled	N
93610	S	INTRA-ATRIAL PACING	00084	10.2559	$519.05	APC	N
93612	S	INTRAVENTRICULAR PACING	00084	10.2559	$519.05	APC	N
93613	N	ELECTROPHYS MAP 3D ADD-ON			$0.00	Bundled	
93615	S	ESOPHAGEAL RECORDING	00084	10.2559	$519.05	APC	N
93616	S	ESOPHAGEAL RECORDING	00084	10.2559	$519.05	APC	N
93618	S	HEART RHYTHM PACING	00084	10.2559	$519.05	APC	N

93619	N	ELECTROPHYSIOLOGY EVALUATION	00085	49.3497	$2,497.59	Bundled, may be payable in some circumstances	N
93620	N	ELECTROPHYSIOLOGY EVALUATION	00085	49.3497	$2,497.59	Bundled, may be payable in some circumstances	N
93621	N	ELECTROPHYSIOLOGY EVALUATION			$0.00	Bundled	N
93622	N	ELECTROPHYSIOLOGY EVALUATION			$0.00	Bundled	N
93623	N	STIMULATION, PACING HEART			$0.00	Bundled	N
93624	T	ELECTROPHYSIOLOGIC STUDY	00085	49.3497	$2,497.59	APC	N
93631	N	HEART PACING MAPPING			$0.00	Bundled	N
93640	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEADS;			$0.00	Bundled	N
93641	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEADS; W/TE			$0.00	Bundled	N
93642	S	ELECTROPHYSIOLOGIC EVAL OF CARDIOV	00084	10.2559	$519.05	APC	N
93650	N	ABLATE HEART DYSRHYTHM FOCUS	00085	49.3497	$2,497.59	Bundled, may be payable in some circumstances	N
93651	N	ABLATE HEART DYSRHYTHM FOCUS	00086	100.1431	$5,068.24	Bundled, may be payable in some circumstances	N
93652	N	ABLATE HEART DYSRHYTHM FOCUS	00086	100.1431	$5,068.24	Bundled, may be payable in some circumstances	N
93660	S	TILT TABLE EVALUATION	00101	4.2301	$214.09	APC	N
93662	N	INTRACARDIAC ECG (ICE)			$0.00	Bundled	N
93668	E	PERIPHERAL VASCULAR REHAB			$0.00	Not Allowed	N
93701	S	BIOIMPEDANCE, THORACIC	00099	0.3949	$19.99	APC	
93720	M	TOTAL BODY PLETHYSMOGRAPHY			$0.00	Fee Schedule	N
93721	X	PLETHYSMOGRAPHY TRACING	00368	0.8326	$42.14	APC	N
93722	M	PLETHYSMOGRAPHY REPORT			$0.00	Fee Schedule	N
93724	S	ANALYZE PACEMAKER SYSTEM	00690	0.3508	$17.75	APC	N
93740	X	TEMPERATURE GRADIENT STUDIES	00368	0.8326	$42.14	APC	N
93745	S	SET-UP CARDIOVERT-DEFIBRILL	00689	0.5941	$30.07	APC	
93770	N	MEASURE VENOUS PRESSURE			$0.00	Bundled	N
93784	M	AMBULATORY BP MONITORING			$0.00	Fee Schedule	N
93786	X	AMBULATORY BP RECORDING	00097	0.9946	$50.34	APC	N
93788	X	AMBULATORY BP ANALYSIS	00097	0.9946	$50.34	APC	N
93790	M	REVIEW/REPORT BP RECORDING			$0.00	Fee Schedule	N
93797	S	CARDIAC REHAB	00095	0.5712	$28.91	APC	N
93798	S	CARDIAC REHAB/MONITOR	00095	0.5712	$28.91	APC	N
93799	X	CARDIOVASCULAR PROCEDURE	00097	0.9946	$50.34	APC	N
93875	S	EXTRACRANIAL STUDY	00096	1.4327	$72.51	APC	N
93880	S	EXTRACRANIAL STUDY	00267	2.3186	$117.34	APC	N
93882	S	EXTRACRANIAL STUDY	00267	2.3186	$117.34	APC	N
93886	S	INTRACRANIAL STUDY	00267	2.3186	$117.34	APC	N
93888	S	INTRACRANIAL STUDY	00265	0.9461	$47.88	APC	N
93890	S	TCD VASOREACTIVITY STUDY	00266	1.4801	$74.91	APC	
93892	S	TCD EMBOLI DETECT W/O INJ	00266	1.4801	$74.91	APC	
93893	S	TCD EMBOLI DETECT W/INJ	00266	1.4801	$74.91	APC	
93922	S	EXTREMITY STUDY	00096	1.4327	$72.51	APC	N
93923	S	EXTREMITY STUDY	00096	1.4327	$72.51	APC	N
93924	S	EXTREMITY STUDY	00096	1.4327	$72.51	APC	N
93925	S	LOWER EXTREMITY STUDY	00267	2.3186	$117.34	APC	N
93926	S	LOWER EXTREMITY STUDY	00266	1.4801	$74.91	APC	N
93930	S	UPPER EXTREMITY STUDY	00267	2.3186	$117.34	APC	N
93931	S	UPPER EXTREMITY STUDY	00266	1.4801	$74.91	APC	N
93965	S	EXTREMITY STUDY	00096	1.4327	$72.51	APC	N
93970	S	EXTREMITY STUDY	00267	2.3186	$117.34	APC	N
93971	S	EXTREMITY STUDY	00266	1.4801	$74.91	APC	N
93975	S	VASCULAR STUDY	00267	2.3186	$117.34	APC	N
93976	S	VASCULAR STUDY	00267	2.3186	$117.34	APC	N
93978	S	VASCULAR STUDY	00267	2.3186	$117.34	APC	N
93979	S	VASCULAR STUDY	00266	1.4801	$74.91	APC	N
93980	S	PENILE VASCULAR STUDY	00267	2.3186	$117.34	APC	N
93981	S	PENILE VASCULAR STUDY	00267	2.3186	$117.34	APC	N
93982	X	ANEURYSM PRESSURE SENS STUDY	00097	0.9946	$50.34	APC	
93990	S	DOPPLER FLOW TESTING	00266	1.4801	$74.91	APC	N
94002	S	VENT MGMT INPAT, INIT DAY	00079	2.9177	$147.66	APC	
94003	S	VENT MGMT INPAT, SUBQ DAY	00079	2.9177	$147.66	APC	
94004	E	VENT MGMT NF PER DAY			$0.00	Not Allowed	
94005	E	HOME VENT MGMT SUPERVISION			$0.00	Not Allowed	
94010	X	SPIROMETRY INCL GRAPHIC RECORD TOT	00368	0.8326	$42.14	APC	N
94014	X	PATIENT RECORDED SPIROMETRY/30 DAY;	00367	0.5627	$28.48	APC	N
94015	X	PATIENT RECORDED SPIROMETRY/30 DAY;	00367	0.5627	$28.48	APC	N
94016	N	REVIEW PATIENT SPIROMETRY			$0.00	Bundled	N
94060	S	EVALUATION OF WHEEZING	00078	1.3903	$70.36	APC	N
94070	X	PROLONGED POSTEXPOSURE EVALUATION	00369	2.7955	$141.48	APC	N
94150	X	VITAL CAPACITY TEST	00367	0.5627	$28.48	APC	N
94200	X	LUNG FUNCTION TEST (MBC/MVV)	00367	0.5627	$28.48	APC	N
94240	X	RESIDUAL LUNG CAPACITY	00368	0.8326	$42.14	APC	N
94250	X	EXPIRED GAS COLLECTION	00368	0.8326	$42.14	APC	N

94260	X	THORACIC GAS VOLUME	00368	0.8326	$42.14	APC	N
94350	X	LUNG NITROGEN WASHOUT CURVE	00368	0.8326	$42.14	APC	N
94360	X	MEASURE AIRFLOW RESISTANCE	00367	0.5627	$28.48	APC	N
94370	X	BREATH AIRWAY CLOSING VOLUME	00367	0.5627	$28.48	APC	N
94375	X	RESPIRATORY FLOW VOLUME LOOP	00368	0.8326	$42.14	APC	N
94400	X	CO2 BREATHING RESPONSE CURVE	00367	0.5627	$28.48	APC	N
94450	X	HYPOXIA RESPONSE CURVE	00368	0.8326	$42.14	APC	N
94452	X	HAST W/REPORT	00368	0.8326	$42.14	APC	
94453	X	HAST W/OXYGEN TITRATE	00368	0.8326	$42.14	APC	
94610	S	SURFACTANT ADMIN THRU TUBE	00077	0.4024	$20.37	APC	
94620	X	PULMONARY STRESS TESTING	00368	0.8326	$42.14	APC	N
94621	X	PULMONARY STRESS TESTING; COMPLEX	00369	2.7955	$141.48	APC	N
94640	S	AIRWAY INHALATION TREATMENT	00077	0.4024	$20.37	APC	N
94642	S	AEROSOL INHALATION TREATMENT	00078	1.3903	$70.36	APC	N
94644	X	CBT, 1ST HOUR	00340	0.6462	$32.70	APC	
94645	X	CBT, EACH ADDL HOUR	00340	0.6462	$32.70	APC	
94660	S	POS AIRWAY PRESSURE, CPAP	00078	1.3903	$70.36	APC	N
94662	S	NEG PRESS VENTILATION, CNP	00079	2.9177	$147.66	APC	N
94664	S	EVALUATE PT USE OF INHALER	00077	0.4024	$20.37	APC	N
94667	S	CHEST WALL MANIPULATION	00077	0.4024	$20.37	APC	N
94668	S	CHEST WALL MANIPULATION	00077	0.4024	$20.37	APC	N
94680	X	EXHALED AIR ANALYSIS: O2	00368	0.8326	$42.14	APC	N
94681	X	EXHALED AIR ANALYSIS: O2 CO2	00368	0.8326	$42.14	APC	N
94690	X	EXHALED AIR ANALYSIS	00367	0.5627	$28.48	APC	N
94720	X	MONOXIDE DIFFUSING CAPACITY	00368	0.8326	$42.14	APC	N
94725	X	MEMBRANE DIFFUSION CAPACITY	00368	0.8326	$42.14	APC	N
94750	X	PULMONARY COMPLIANCE STUDY	00367	0.5627	$28.48	APC	N
94760	N	MEASURE BLOOD OXYGEN LEVEL			$0.00	Bundled	N
94761	N	MEASURE BLOOD OXYGEN LEVEL			$0.00	Bundled	N
94762	N	MEASURE BLOOD OXYGEN LEVEL	00097	0.9946	$50.34	Bundled, may be payable in some circumstances	N
94770	X	EXHALED CARBON DIOXIDE TEST	00367	0.5627	$28.48	APC	N
94772	X	BREATH RECORDING, INFANT	00369	2.7955	$141.48	APC	N
94774	E	PED HOME APNEA REC, COMPL			$0.00	Not Allowed	
94775	X	PED HOME APNEA REC, HK-UP	00097	0.9946	$50.34	APC	
94776	X	PED HOME APNEA REC, DOWNLD	00097	0.9946	$50.34	APC	
94777	E	PED HOME APNEA REC, REPORT			$0.00	Not Allowed	
94799	X	PULMONARY SERVICE/PROCEDURE	00367	0.5627	$28.48	APC	N
95004	X	ALLERGY SKIN TESTS	00381	0.3517	$17.80	APC	N
95010	X	PERCUT ALLERGY TITRATE TEST	00381	0.3517	$17.80	APC	N
95012	X	EXHALED NITRIC OXIDE MEAS	00367	0.5627	$28.48	APC	
95015	X	ID ALLERGY TITRATE-DRUG/BUG	00381	0.3517	$17.80	APC	N
95024	X	ALLERGY SKIN TESTS	00381	0.3517	$17.80	APC	N
95027	X	SKIN END POINT TITRATION	00381	0.3517	$17.80	APC	N
95028	X	ALLERGY SKIN TESTS	00381	0.3517	$17.80	APC	N
95044	X	ALLERGY PATCH TESTS	00381	0.3517	$17.80	APC	N
95052	X	PHOTO PATCH TEST	00381	0.3517	$17.80	APC	N
95056	X	PHOTOSENSITIVITY TESTS	00370	1.4677	$74.28	APC	N
95060	X	EYE ALLERGY TEST	00370	1.4677	$74.28	APC	N
95065	X	NOSE ALLERGY TEST	00381	0.3517	$17.80	APC	N
95070	X	BRONCHIAL ALLERGY TESTS	00369	2.7955	$141.48	APC	N
95071	X	BRONCHIAL ALLERGY TESTS	00369	2.7955	$141.48	APC	N
95075	X	INGESTION CHALLENGE TEST	00361	3.9733	$201.09	APC	N
95115	S	IMMUNOTHERAPY, ONE INJECTION	00436	0.3768	$19.07	APC	N
95117	S	IMMUNOTHERAPY INJECTIONS	00436	0.3768	$19.07	APC	N
95120	E	IMMUNOTHERAPY, ONE INJECTION			$0.00	Not Allowed	N
95125	E	IMMUNOTHERAPY, MANY ANTIGENS			$0.00	Not Allowed	N
95130	E	IMMUNOTHERAPY, INSECT VENOM			$0.00	Not Allowed	N
95131	E	IMMUNOTHERAPY, INSECT VENOMS			$0.00	Not Allowed	
95132	E	IMMUNOTHERAPY, INSECT VENOMS			$0.00	Not Allowed	
95133	E	IMMUNOTHERAPY, INSECT VENOMS			$0.00	Not Allowed	
95134	E	IMMUNOTHERAPY, INSECT VENOMS			$0.00	Not Allowed	
95144	S	ANTIGEN THERAPY SERVICES	00437	0.5469	$27.68	APC	N
95145	S	ANTIGEN THERAPY SERVICES	00436	0.3768	$19.07	APC	N
95146	S	ANTIGEN THERAPY SERVICES	00438	1.1152	$56.44	APC	
95147	S	ANTIGEN THERAPY SERVICES	00438	1.1152	$56.44	APC	
95148	S	ANTIGEN THERAPY SERVICES	00437	0.5469	$27.68	APC	
95149	S	ANTIGEN THERAPY SERVICES	00439	1.9470	$98.54	APC	
95165	S	ANTIGEN THERAPY SERVICES	00436	0.3768	$19.07	APC	N
95170	S	ANTIGEN THERAPY SERVICES	00436	0.3768	$19.07	APC	N
95180	X	RAPID DESENSITIZATION	00370	1.4677	$74.28	APC	N
95199	X	ALLERGY IMMUNOLOGY SERVICES	00381	0.3517	$17.80	APC	N

95250	V	GLUCOSE MONITORING CONT	00607	1.7192	$87.01	APC	
95251	E	GLUC MONITOR CONT PHYS I&R			$0.00	Not Allowed	
95803	S	ACTIGRAPHY TESTING	00218	1.1853	$59.99	APC	
95805	S	MULTIPLE SLEEP LATENCY OR MAINTENA	00209	11.4202	$577.98	APC	N
95806	S	SLEEP STUDY, UNATTENDED	00213	2.3168	$117.25	APC	N
95807	S	SLEEP STUDY SIMULTANEOUS RECORDING	00209	11.4202	$577.98	APC	N
95808	S	POLYSOMNOGRAPHY 1-3	00209	11.4202	$577.98	APC	N
95810	S	POLYSOMNOGRAPHY 4 OR MORE	00209	11.4202	$577.98	APC	N
95811	S	POLYSOMNOGRAPHY W/CPAP	00209	11.4202	$577.98	APC	N
95812	S	EEG EXTENDED MONITORING; UP TO ONE H	00213	2.3168	$117.25	APC	N
95813	S	EEG EXTENDED MONITORING; GREATER TH	00213	2.3168	$117.25	APC	N
95816	S	ELECTROENCEPHALOGRAM (EEG) INCL RE	00213	2.3168	$117.25	APC	N
95819	S	ELECTROENCEPHALOGRAM (EEG) INCL RE	00213	2.3168	$117.25	APC	N
95822	S	ELECTROENCEPHALOGRAM (EEG); SLEEP C	00213	2.3168	$117.25	APC	N
95824	S	ELECTROENCEPHALOGRAM (EEG); CEREBR	00216	2.6652	$134.89	APC	N
95827	S	ELECTROENCEPHALOGRAM (EEG); ALL NIC	00213	2.3168	$117.25	APC	N
95829	N	SURGERY ELECTROCORTICOGRAM			$0.00	Bundled	N
95830	M	INSERT ELECTRODES FOR EEG			$0.00	Fee Schedule	
95831	N	LIMB MUSCLE TESTING, MANUAL			$0.00	Bundled	N
95832	N	HAND MUSCLE TESTING, MANUAL			$0.00	Bundled	N
95833	N	BODY MUSCLE TESTING, MANUAL			$0.00	Bundled	N
95834	N	BODY MUSCLE TESTING, MANUAL			$0.00	Bundled	N
95851	N	RANGE OF MOTION MEASUREMENTS			$0.00	Bundled	N
95852	N	RANGE OF MOTION MEASUREMENTS			$0.00	Bundled	N
95857	S	TENSILON TEST	00218	1.1853	$59.99	APC	N
95860	S	NEEDLE ELECTROMYOGRAPHY ONE EXTR	00218	1.1853	$59.99	APC	N
95861	S	NEEDLE ELECTROMYOGRAPHY TWO EXTR	00218	1.1853	$59.99	APC	N
95863	S	NEEDLE ELECTROMYOGRAPHY THREE EX	00218	1.1853	$59.99	APC	N
95864	S	NEEDLE ELECTROMYOGRAPHY FOUR EXT	00218	1.1853	$59.99	APC	N
95865	S	MUSCLE TEST LARYNX	00218	1.1853	$59.99	APC	
95866	S	MUSCLE TEST HEMIDIAPHRAGM	00218	1.1853	$59.99	APC	
95867	S	MUSCLE TEST HEAD OR NECK	00218	1.1853	$59.99	APC	N
95868	S	MUSCLE TEST HEAD OR NECK	00218	1.1853	$59.99	APC	N
95869	S	NEEDLE ELECTROMYOGRAPHY; THORACIC	00215	0.5994	$30.34	APC	N
95870	S	NEEDLE ELECTROMYOGRAPHY; LIMITED S	00215	0.5994	$30.34	APC	N
95872	S	MUSCLE TEST ONE FIBER	00218	1.1853	$59.99	APC	N
95873	N	GUIDE NERV DESTR ELEC STIM			$0.00	Bundled	
95874	N	GUIDE NERV DESTR NEEDLE EMG			$0.00	Bundled	
95875	S	LIMB EXERCISE TEST	00215	0.5994	$30.34	APC	N
95900	S	NERVE CONDUCTION STUDY EA NERVE; M	00215	0.5994	$30.34	APC	N
95903	S	NERVE CONDUCTION STUDY EA NERVE; M	00215	0.5994	$30.34	APC	N
95904	S	NERVE CONDUCTION STUDY EA NERVE; SI	00215	0.5994	$30.34	APC	N
95920	N	INTRAOPERATIVE NERVE TESTING			$0.00	Bundled	N
95921	S	AUTONOMIC NERVE FUNCTION TEST	00215	0.5994	$30.34	APC	N
95922	S	AUTONOMIC NERVE FUNCTION TEST	00215	0.5994	$30.34	APC	N
95923	S	AUTONOMIC NERVE FUNCTION TEST	00218	1.1853	$59.99	APC	N
95925	S	SOMATOSENSORY TESTING	00216	2.6652	$134.89	APC	N
95926	S	SOMATOSENSORY TESTING	00216	2.6652	$134.89	APC	N
95927	S	SOMATOSENSORY TESTING	00216	2.6652	$134.89	APC	N
95928	S	C MOTOR EVOKED UPPR LIMBS	00218	1.1853	$59.99	APC	
95929	S	C MOTOR EVOKED LWR LIMBS	00218	1.1853	$59.99	APC	
95930	S	VISUAL EVOKED POTENTIAL TEST	00216	2.6652	$134.89	APC	N
95933	S	BLINK REFLEX TEST	00215	0.5994	$30.34	APC	N
95934	S	H'REFEX TEST	00215	0.5994	$30.34	APC	N
95936	S	H'REFLEX TEST	00215	0.5994	$30.34	APC	N
95937	S	NEUROMUSCULAR JUNCTION TEST	00218	1.1853	$59.99	APC	N
95950	S	AMBULATORY EEG MONITORING	00209	11.4202	$577.98	APC	N
95951	S	EEG MONITORING/VIDEORECORD	00209	11.4202	$577.98	APC	N
95953	S	EEG MONITORING/COMPUTER	00209	11.4202	$577.98	APC	N
95954	S	EEG MONITORING/GIVING DRUGS	00218	1.1853	$59.99	APC	N
95955	N	EEG DURING SURGERY			$0.00	Bundled	N
95956	S	EEG MONITORING/CABLE/RADIO	00209	11.4202	$577.98	APC	N
95957	N	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EG FOR SPIKE AN			$0.00	Bundled	N
95958	S	EEG MONITORING/FUNCTION TEST	00213	2.3168	$117.25	APC	N
95961	S	STIMULATION OF ELECTRODES ON BRAIN S	00216	2.6652	$134.89	APC	N
95962	S	STIMULATION OF ELECTRODES ON BRAIN S	00216	2.6652	$134.89	APC	N
95965	S	MEG, SPONTANEOUS	00067	57.5732	$2,913.78	APC	
95966	S	MEG, EVOKED, SINGLE	00065	14.4171	$729.65	APC	N
95967	S	MEG EVOKED EACH ADD L	00065	14.4171	$729.65	APC	
95970	S	ANALYZE NEUROSTIM, NO PROG	00218	1.1853	$59.99	APC	N
95971	S	ANALYZE NEUROSTIM, SIMPLE	00692	1.6537	$83.69	APC	N

95972	S	ANALYZE NEUROSTIM, COMPLEX	00692	1.6537	$83.69	APC	N
95973	S	ANALYZE NEUROSTIM, COMPLEX	00692	1.6537	$83.69	APC	N
95974	S	CRANIAL NEUROSTIM, COMPLEX	00692	1.6537	$83.69	APC	N
95975	S	CRANIAL NEUROSTIM, COMPLEX	00692	1.6537	$83.69	APC	N
95978	S	ANALYZE NEUROSTIM BRAIN/1H	00692	1.6537	$83.69	APC	
95979	S	ANALYZ NEUROSTIM BRAIN ADDON	00692	1.6537	$83.69	APC	
95980	N	IO ANAL GAST N-STIM INIT			$0.00	Bundled	
95981	S	IO ANAL GAST N-STIM SUBSQ	00218	1.1853	$59.99	APC	
95982	S	IO GA N-STIM SUBSQ W/REPROG	00692	1.6537	$83.69	APC	
95990	S	SPIN/BRAIN PUMP REFIL & MAIN	00440	2.8454	$144.01	APC	
95991	S	SPIN/BRAIN PUMP REFIL & MAIN	00440	2.8454	$144.01	APC	
95992	M	CANALITH REPOSITIONING PROC			$0.00	By Report	
95999	S	NEUROLOGICAL PROCEDURE	00215	0.5994	$30.34	APC	N
96000	S	MOTION ANALYSIS, VIDEO/3D	00216	2.6652	$134.89	APC	
96001	S	MOTION TEST W/FT PRESS MEAS	00216	2.6652	$134.89	APC	N
96002	S	DYNAMIC SURFACE EMG	00218	1.1853	$59.99	APC	
96003	S	DYNAMIC FINE WIRE EMG	00215	0.5994	$30.34	APC	N
96004	M	PHYS REVIEW OF MOTION TESTS			$0.00	Fee Schedule	
96020	N	FUNCTIONAL BRAIN MAPPING			$0.00	Bundled	
96040	E	GENETIC COUNSELING, 30 MIN			$0.00	Not Allowed	
96101	N	PSYCHO TESTING BY PSYCH/PHYS	00382	2.4430	$123.64	Bundled, may be payable in some circumstances	
96102	N	PSYCHO TESTING BY TECHNICIAN	00382	2.4430	$123.64	Bundled, may be payable in some circumstances	
96103	N	PSYCHO TESTING ADMIN BY COMP	00373	1.3408	$67.86	Bundled, may be payable in some circumstances	
96105	Y	ASSESSMENT OF APHASIA			$47.60	Fee Schedule	N
96110	N	DEVELOPMENTAL TEST, LIM	00373	1.3408	$67.86	Bundled, may be payable in some circumstances	N
96111	N	DEVELOPMENTAL TEST, EXTEND	00382	2.4430	$123.64	Bundled, may be payable in some circumstances	N
96116	N	NEUROBEHAVIORAL STATUS EXAM	00382	2.4430	$123.64	Bundled, may be payable in some circumstances	
96118	N	NEUROPSYCH TST BY PSYCH/PHYS	00382	2.4430	$123.64	Bundled, may be payable in some circumstances	
96119	N	NEUROPSYCH TESTING BY TECH	00382	2.4430	$123.64	Bundled, may be payable in some circumstances	
96120	N	NEUROPSYCH TST ADMIN W/COMP	00373	1.3408	$67.86	Bundled, may be payable in some circumstances	
96125	E	COGNITIVE TEST BY HC PRO			$0.00	Not Allowed	
96150	N	ASSESS HLTH/BEHAVE INIT	00432	0.4065	$20.57	Bundled, may be payable in some circumstances	
96151	N	ASSESS HLTH/BEHAVE, SUBSEQ	00432	0.4065	$20.57	Bundled, may be payable in some circumstances	N
96152	N	INTERVENE HLTH/BEHAVE, INDIV	00432	0.4065	$20.57	Bundled, may be payable in some circumstances	
96153	N	INTERVENE HLTH/BEHAVE, GROUP	00432	0.4065	$20.57	Bundled, may be payable in some circumstances	N
96154	N	INTERV HLTH/BEHAV, FAM W/PT	00432	0.4065	$20.57	Bundled, may be payable in some circumstances	
96155	M	INTERV HLTH/BEHAV FAM NO PT			$19.06	Fee Schedule	N
96360	S	HYDRATION IV INFUSION, INIT	00438	1.1152	$56.44	APC	
96361	S	HYDRATE IV INFUSION, ADD-ON	00436	0.3768	$19.07	APC	
96365	S	THER/PROPH/DIAG IV INF, INIT	00439	1.9470	$98.54	APC	
96366	S	THER/PROPH/DIAG IV INF ADDON	00436	0.3768	$19.07	APC	
96367	S	TX/PROPH/DG ADDL SEQ IV INF	00437	0.5469	$27.68	APC	
96368	N	THER/DIAG CONCURRENT INF			$0.00	Bundled	
96369	S	SC THER INFUSION, UP TO 1 HR	00438	1.1152	$56.44	APC	
96370	S	SC THER INFUSION, ADDL HR	00437	0.5469	$27.68	APC	
96371	S	SC THER INFUSION, RESET PUMP	00436	0.3768	$19.07	APC	
96372	S	THER/PROPH/DIAG INJ, SC/IM	00436	0.3768	$19.07	APC	
96373	S	THER/PROPH/DIAG INJ, IA	00437	0.5469	$27.68	APC	
96374	S	THER/PROPH/DIAG INJ, IV PUSH	00437	0.5469	$27.68	APC	
96375	S	TX/PRO/DX INJ NEW DRUG ADDON	00437	0.5469	$27.68	APC	
96376	N	TX/PRO/DX INJ NEW DRUG ADON			$0.00	Bundled	
96379	S	THER/PROP/DIAG INJ/INF PROC	00436	0.3768	$19.07	APC	
96401	S	CHEMO ANTI-NEOPL SQ/IM	00437	0.5469	$27.68	APC	
96402	S	CHEMO HORMON ANTINEOPL SQ/IM	00437	0.5469	$27.68	APC	
96405	S	CHEMO INTRALESIONAL UP TO 7	00437	0.5469	$27.68	APC	N
96406	S	CHEMO INTRALESIONAL OVER 7	00438	1.1152	$56.44	APC	N
96409	S	CHEMO IV PUSH SNGL DRUG	00439	1.9470	$98.54	APC	
96411	S	CHEMO IV PUSH ADDL DRUG	00438	1.1152	$56.44	APC	
96413	S	CHEMO IV INFUSION 1 HR	00440	2.8454	$144.01	APC	
96415	S	CHEMO IV INFUSION ADDL HR	00437	0.5469	$27.68	APC	
96416	S	CHEMO PROLONG INFUSE W/PUMP	00440	2.8454	$144.01	APC	
96417	S	CHEMO IV INFUS EACH ADDL SEQ	00438	1.1152	$56.44	APC	
96420	S	CHEMO IA PUSH TECNIQUE	00439	1.9470	$98.54	APC	N
96422	S	CHEMO IA INFUSION UP TO 1 HR	00440	2.8454	$144.01	APC	N
96423	S	CHEMO IA INFUSE EACH ADDL HR	00438	1.1152	$56.44	APC	N
96425	S	CHEMOTHERAPY INFUSION METHOD	00440	2.8454	$144.01	APC	N
96440	S	CHEMOTHERAPY, INTRACAVITARY	00440	2.8454	$144.01	APC	N
96445	S	CHEMOTHERAPY, INTRACAVITARY	00440	2.8454	$144.01	APC	N
96450	S	CHEMOTHERAPY, INTO CNS	00440	2.8454	$144.01	APC	N
96521	S	REFILL/MAINT PORTABLE PUMP	00440	2.8454	$144.01	APC	
96522	S	REFILL/MAINT PUMP/RESVR SYST	00439	1.9470	$98.54	APC	

96523	N	IRRIG DRUG DELIVERY DEVICE	00624	0.6043	$30.58	Bundled, may be payable in some circumstances	
96542	S	CHEMOTHERAPY INJECTION	00439	1.9470	$98.54	APC	N
96549	S	CHEMOTHERAPY, UNSPECIFIED	00436	0.3768	$19.07	APC	N
96567	T	PHOTODYNAMIC TX, SKIN	00013	0.8281	$41.91	APC	
96570	T	PHOTODYNAMIC TX, 30 MIN	00015	1.5170	$76.78	APC	N
96571	T	PHOTODYNAMIC TX, ADDL 15 MIN	00015	1.5170	$76.78	APC	N
96900	S	ULTRAVIOLET LIGHT THERAPY	00001	0.5101	$25.82	APC	N
96902	N	TRICHOGRAM			$0.00	Bundled	N
96904	N	WHOLE BODY PHOTOGRAPHY			$0.00	Bundled	
96910	S	PHOTOCHEMOTHERAPY WITH UV-B	00001	0.5101	$25.82	APC	N
96912	S	PHOTOCHEMOTHERAPY WITH UV-A	00001	0.5101	$25.82	APC	N
96913	S	PHOTOCHEMOTHERAPY, UV-A OR B	00683	2.7022	$136.76	APC	N
96920	T	LASER TX SKIN < 250 SQ CM	00015	1.5170	$76.78	APC	
96921	T	LASER TX SKIN 250-500 SQ CM	00015	1.5170	$76.78	APC	
96922	T	LASER TX SKIN > 500 SQ CM	00015	1.5170	$76.78	APC	
96999	T	DERMATOLOGICAL PROCEDURE	00012	0.4183	$21.17	APC	N
97001	Y	PT EVALUATION			$49.16	Fee Schedule	N
97002	Y	PT RE-EVALUATION			$26.23	Fee Schedule	N
97003	Y	OT EVALUATION			$52.43	Fee Schedule	N
97004	Y	OT RE-EVALUATION			$31.06	Fee Schedule	N
97005	E	ATHLETIC TRAIN EVAL			$0.00	Not Allowed	
97006	E	ATHLETIC TRAIN REEVAL			$0.00	Not Allowed	N
97010	E	HOT OR COLD PACKS THERAPY			$0.00	Not Allowed	
97012	Y	MECHANICAL TRACTION THERAPY			$10.05	Fee Schedule	
97014	E	ELECTRIC STIMULATION THERAPY			$0.00	Not Allowed	
97016	Y	VASOPNEUMATIC DEVICE THERAPY			$10.11	Fee Schedule	
97018	Y	PARAFFIN BATH THERAPY			$4.95	Fee Schedule	
97022	Y	WHIRLPOOL THERAPY			$11.37	Fee Schedule	
97024	Y	DIATHERMY EG MICROWAVE			$3.42	Fee Schedule	
97026	Y	INFRARED THERAPY			$3.18	Fee Schedule	
97028	Y	ULTRAVIOLET THERAPY			$4.26	Fee Schedule	
97032	Y	ELECTRICAL STIMULATION			$11.07	Fee Schedule	N
97033	Y	ELECTRIC CURRENT THERAPY			$15.94	Fee Schedule	N
97034	Y	CONTRAST BATH THERAPY			$9.69	Fee Schedule	N
97035	Y	ULTRASOUND THERAPY			$7.89	Fee Schedule	N
97036	Y	HYDROTHERAPY			$17.02	Fee Schedule	N
97039	Y	PHYSICAL THERAPY TREATMENT			$0.00	By Report	
97110	Y	THERAPEUTIC EXERCISES			$19.24	Fee Schedule	
97112	Y	NEUROMUSCULAR REEDUCATION			$20.02	Fee Schedule	
97113	Y	AQUATIC THERAPY/EXERCISES			$23.02	Fee Schedule	N
97116	Y	GAIT TRAINING THERAPY			$16.81	Fee Schedule	
97124	Y	MASSAGE THERAPY			$15.43	Fee Schedule	
97139	Y	PHYSICAL MEDICINE PROCEDURE			$0.00	By Report	
97140	Y	MANUAL THERAPY			$17.92	Fee Schedule	N
97150	Y	GROUP THERAPEUTIC PROCEDURES			$12.15	Fee Schedule	N
97530	Y	THERAPEUTIC ACTIVITIES			$20.23	Fee Schedule	
97532	Y	COGNITIVE SKILLS DEVELOPMENT			$16.69	Fee Schedule	N
97533	Y	SENSORY INTEGRATION			$17.71	Fee Schedule	N
97535	Y	SELF CARE MNGMENT TRAINING			$20.53	Fee Schedule	N
97537	Y	COMMUNITY/WORK REINTEGRATION			$18.49	Fee Schedule	N
97542	Y	WHEELCHAIR MNGMENT TRAINING			$18.76	Fee Schedule	N
97545	Y	WORK HARDENING			$0.00	By Report	N
97546	Y	WORK HARDENING ADD-ON			$0.00	By Report	N
97597	T	ACTIVE WOUND CARE/20 CM OR <	00015	1.5170	$76.78	APC	
97598	T	ACTIVE WOUND CARE > 20 CM	00015	1.5170	$76.78	APC	
97602	T	WOUND(S) CARE NON-SELECTIVE	00013	0.8281	$41.91	APC	N
97605	T	NEG PRESS WOUND TX < 50 CM	00013	0.8281	$41.91	APC	
97606	T	NEG PRESS WOUND TX > 50 CM	00013	0.8281	$41.91	APC	
97750	Y	PHYSICAL PERFORMANCE TEST			$19.99	Fee Schedule	N
97755	E	ASSISTIVE TECHNOLOGY ASSESS			$0.00	Not Allowed	
97760	Y	ORTHOTIC MGMT AND TRAINING			$21.76	Fee Schedule	
97761	M	PROSTHETIC TRAINING			$24.55	Fee Schedule	
97762	M	C/O FOR ORTHOTIC/PROSTH USE			$27.04	Fee Schedule	
97799	Y	PHYSICAL MEDICINE PROCEDURE			$0.00	By Report	N
97802	M	MEDICAL NUTRITION, INDIV, IN			$23.94	Fee Schedule	N
97803	M	MED NUTRITION, INDIV, SUBSEQ			$21.10	Fee Schedule	N
97804	M	MEDICAL NUTRITION, GROUP			$12.03	Fee Schedule	N
97810	E	ACUPUNCT W/O STIMUL 15 MIN			$0.00	Not Allowed	
97811	E	ACUPUNCT W/O STIMUL ADDL 15M			$0.00	Not Allowed	
97813	E	ACUPUNCT W/STIMUL 15 MIN			$0.00	Not Allowed	
97814	E	ACUPUNCT W/STIMUL ADDL 15M			$0.00	Not Allowed	

98925	S	OSTEOPATHIC MANIPULATION	00060	0.4302	$21.77	APC	N
98926	S	OSTEOPATHIC MANIPULATION	00060	0.4302	$21.77	APC	N
98927	S	OSTEOPATHIC MANIPULATION	00060	0.4302	$21.77	APC	N
98928	S	OSTEOPATHIC MANIPULATION	00060	0.4302	$21.77	APC	N
98929	S	OSTEOPATHIC MANIPULATION	00060	0.4302	$21.77	APC	N
98940	S	CHIROPRACTIC MANIPULATION	00060	0.4302	$21.77	APC	N
98941	S	CHIROPRACTIC MANIPULATION	00060	0.4302	$21.77	APC	N
98942	S	CHIROPRACTIC MANIPULATION	00060	0.4302	$21.77	APC	N
98943	E	CHIROPRACTIC MANIPULATION			$0.00	Not Allowed	N
98960	E	SELF-MGMT EDUC & TRAIN 1 PT			$0.00	Not Allowed	
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT			$0.00	Not Allowed	
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT			$0.00	Not Allowed	
98966	E	HC PRO PHONE CALL 5-10 MIN			$0.00	Not Allowed	
98967	E	HC PRO PHONE CALL 11-20 MIN			$0.00	Not Allowed	
98968	E	HC PRO PHONE CALL 21-30 MIN			$0.00	Not Allowed	
98969	E	ONLINE SERVICE BY HC PRO			$0.00	Not Allowed	
99000	E	SPECIMEN HANDLING			$0.00	Not Allowed	N
99001	E	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANFER FROM			$0.00	Not Allowed	N
99002	N	DEVICE HANDLING			$0.00	Bundled	N
99024	M	POSTOP FOLLOW-UP VISIT			$0.00	Fee Schedule	N
99026	E	IN-HOSPITAL ON CALL SERVICE			$0.00	Not Allowed	
99027	E	OUT-OF-HOSP ON CALL SERVICE			$0.00	Not Allowed	
99050	E	MEDICAL SERVICES AFTER HRS			$0.00	Not Allowed	N
99051	M	MED SERV EVE/WKEND/HOLIDAY			$0.00	Fee Schedule	
99053	M	MED SERV 10PM-8AM 24 HR FAC			$0.00	Fee Schedule	
99056	E	MED SERVICE OUT OF OFFICE			$0.00	Not Allowed	N
99058	E	OFFICE EMERGENCY CARE			$0.00	Not Allowed	N
99060	M	OUT OF OFFICE EMERG MED SERV			$0.00	Fee Schedule	
99070	N	SPECIAL SUPPLIES			$0.00	Bundled	N
99071	N	PATIENT EDUCATION MATERIALS			$0.00	Bundled	N
99075	E	MEDICAL TESTIMONY			$0.00	Not Allowed	N
99078	N	GROUP HEALTH EDUCATION			$0.00	Bundled	N
99080	E	SPECIAL REPORTS OR FORMS			$0.00	Not Allowed	N
99082	E	UNUSUAL PHYSICIAN TRAVEL			$0.00	Not Allowed	N
99090	E	COMPUTER DATA ANALYSIS			$0.00	Not Allowed	N
99091	N	COLLECT/REVIEW DATA FROM PT			$0.00	Not Allowed	N
99100	N	SPECIAL ANESTHESIA SERVICE			$0.00	Bundled	N
99116	N	ANESTHESIA WITH HYPOTHERMIA			$0.00	Bundled	
99135	N	SPECIAL ANESTHESIA PROCEDURE			$0.00	Bundled	N
99140	N	EMERGENCY ANESTHESIA			$0.00	Bundled	
99143	N	MOD CS BY SAME PHYS < 5 YRS			$0.00	Bundled	
99144	N	MOD CS BY SAME PHYS 5 YRS +			$0.00	Bundled	
99145	N	MOD CS BY SAME PHYS ADD-ON			$0.00	Bundled	
99148	N	MOD CS DIFF PHYS < 5 YRS			$0.00	Bundled	
99149	N	MOD CS DIFF PHYS 5 YRS +			$0.00	Bundled	
99150	N	MOD CS DIFF PHYS ADD-ON			$0.00	Bundled	
99170	T	ANOGENITAL EXAM, CHILD	00191	0.1524	$7.71	APC	N
99172	E	OCULAR FUNCTION SCREEN			$0.00	Not Allowed	N
99173	E	VISUAL ACUITY SCREEN			$0.00	Not Allowed	N
99174	E	OCULAR PHOTOSCREENING			$0.00	Not Allowed	Y
99175	N	INDUCTION OF VOMITING			$0.00	Bundled	N
99183	M	HYPERBARIC OXYGEN THERAPY			$99.50	Fee Schedule	N
99185	N	REGIONAL HYPOTHERMIA			$0.00	Bundled	N
99186	N	TOTAL BODY HYPOTHERMIA			$0.00	Bundled	N
99190	C	SPECIAL PUMP SERVICES			$0.00	Inpatient Only	N
99191	C	SPECIAL PUMP SERVICES			$0.00	Inpatient Only	N
99192	C	SPECIAL PUMP SERVICES			$0.00	Inpatient Only	N
99195	X	PHLEBOTOMY	00624	0.6043	$30.58	APC	N
99199	E	SPECIAL SERVICE/PROC/REPORT			$0.00	Not Allowed	N
99201	V	OFFICE/OUTPATIENT VISIT, NEW	00604	0.8277	$41.89	APC	N
99202	V	OFFICE/OUTPATIENT VISIT, NEW	00605	1.0439	$52.83	APC	N
99203	V	OFFICE/OUTPATIENT VISIT, NEW	00606	1.3585	$68.75	APC	N
99204	V	OFFICE/OUTPATIENT VISIT, NEW	00607	1.7192	$87.01	APC	N
99205	N	OFFICE/OUTPATIENT VISIT, NEW	00608	2.4477	$123.88	Bundled, may be payable in some circumstances	N
99211	V	OFFICE/OUTPATIENT VISIT, EST	00604	0.8277	$41.89	APC	N
99212	V	OFFICE/OUTPATIENT VISIT, EST	00605	1.0439	$52.83	APC	N
99213	V	OFFICE/OUTPATIENT VISIT, EST	00605	1.0439	$52.83	APC	N
99214	V	OFFICE/OUTPATIENT VISIT, EST	00606	1.3585	$68.75	APC	N
99215	N	OFFICE/OUTPATIENT VISIT, EST	00607	1.7192	$87.01	Bundled, may be payable in some circumstances	N
99217	M	OBSERVATION CARE DISCHARGE			$0.00	Fee Schedule	N
99218	M	OBSERVATION CARE			$0.00	Fee Schedule	N

99219	M	OBSERVATION CARE			$0.00	Fee Schedule	N
99220	M	OBSERVATION CARE			$0.00	Fee Schedule	N
99221	M	INITIAL HOSPITAL CARE			$0.00	Fee Schedule	N
99222	M	INITIAL HOSPITAL CARE			$0.00	Fee Schedule	N
99223	M	INITIAL HOSPITAL CARE			$0.00	Fee Schedule	N
99231	M	SUBSEQUENT HOSPITAL CARE			$0.00	Fee Schedule	N
99232	M	SUBSEQUENT HOSPITAL CARE			$0.00	Fee Schedule	N
99233	M	SUBSEQUENT HOSPITAL CARE			$0.00	Fee Schedule	N
99234	N	OBSERV/HOSP SAME DATE			$0.00	Bundled	N
99235	N	OBSERV/HOSP SAME DATE			$0.00	Bundled	N
99236	N	OBSERV/HOSP SAME DATE			$0.00	Bundled	N
99238	M	HOSPITAL DISCHARGE DAY			$0.00	Fee Schedule	N
99239	M	HOSPITAL DISCHARGE DAY			$0.00	Fee Schedule	N
99241	M	OFFICE CONSULTATION			$0.00	Fee Schedule	N
99242	M	OFFICE CONSULTATION			$0.00	Fee Schedule	N
99243	M	OFFICE CONSULTATION			$0.00	Fee Schedule	N
99244	M	OFFICE CONSULTATION			$0.00	Fee Schedule	N
99245	M	OFFICE CONSULTATION			$0.00	Fee Schedule	N
99251	C	INPATIENT CONSULT			$0.00	Inpatient Only	N
99252	C	INPATIENT CONSULT			$0.00	Inpatient Only	N
99253	C	INPATIENT CONSULT			$0.00	Inpatient Only	N
99254	C	INPATIENT CONSULT			$0.00	Inpatient Only	N
99255	C	INPATIENT CONSULT			$0.00	Inpatient Only	N
99281	V	EMERGENCY DEPT VISIT	00609	0.8277	$41.89	APC	N
99282	V	EMERGENCY DEPT VISIT	00613	0.8277	$41.89	APC	N
99283	V	EMERGENCY DEPT VISIT	00614	2.0694	$104.73	APC	N
99284	N	EMERGENCY DEPT VISIT	00615	3.2987	$166.95	Bundled, may be payable in some circumstances	N
99285	N	EMERGENCY DEPT VISIT	00616	4.9032	$248.15	Bundled, may be payable in some circumstances	N
99288	E	DIRECT ADVANCED LIFE SUPPORT			$0.00	Not Allowed	N
99291	N	CRITICAL CARE, FIRST HOUR	00617	7.3479	$371.88	Bundled, may be payable in some circumstances	N
99292	N	CRITICAL CARE ADD□L 30 MIN			$0.00	Bundled	N
99304	M	NURSING FACILITY CARE INIT			$0.00	Fee Schedule	
99305	M	NURSING FACILITY CARE INIT			$0.00	Fee Schedule	
99306	M	NURSING FACILITY CARE INIT			$0.00	Fee Schedule	
99307	M	NURSING FAC CARE SUBSEQ			$0.00	Fee Schedule	
99308	M	NURSING FAC CARE SUBSEQ			$0.00	Fee Schedule	
99309	M	NURSING FAC CARE SUBSEQ			$0.00	Fee Schedule	
99310	M	NURSING FAC CARE SUBSEQ			$0.00	Fee Schedule	
99315	M	NURSING FAC DISCHARGE DAY			$0.00	Fee Schedule	N
99316	M	NURSING FAC DISCHARGE DAY			$0.00	Fee Schedule	N
99318	M	ANNUAL NURSING FAC ASSESSMNT			$0.00	Fee Schedule	
99324	M	DOMICIL/R-HOME VISIT NEW PAT			$0.00	Fee Schedule	
99325	M	DOMICIL/R-HOME VISIT NEW PAT			$0.00	Fee Schedule	
99326	M	DOMICIL/R-HOME VISIT NEW PAT			$0.00	Fee Schedule	
99327	M	DOMICIL/R-HOME VISIT NEW PAT			$0.00	Fee Schedule	
99328	M	DOMICIL/R-HOME VISIT NEW PAT			$0.00	Fee Schedule	
99334	M	DOMICIL/R-HOME VISIT EST PAT			$0.00	Fee Schedule	
99335	M	DOMICIL/R-HOME VISIT EST PAT			$0.00	Fee Schedule	
99336	M	DOMICIL/R-HOME VISIT EST PAT			$0.00	Fee Schedule	
99337	M	DOMICIL/R-HOME VISIT EST PAT			$0.00	Fee Schedule	
99339	M	DOMICIL/R-HOME CARE SUPERVIS			$0.00	Fee Schedule	
99340	M	DOMICIL/R-HOME CARE SUPERVIS			$0.00	Fee Schedule	
99341	M	HOME VISIT, NEW PATIENT			$0.00	Fee Schedule	N
99342	M	HOME VISIT, NEW PATIENT			$0.00	Fee Schedule	N
99343	M	HOME VISIT, NEW PATIENT			$0.00	Fee Schedule	N
99344	M	HOME VISIT, NEW PATIENT			$0.00	Fee Schedule	N
99345	M	HOME VISIT, NEW PATIENT			$0.00	Fee Schedule	N
99347	M	HOME VISIT, EST PATIENT			$0.00	Fee Schedule	N
99348	M	HOME VISIT, EST PATIENT			$0.00	Fee Schedule	N
99349	M	HOME VISIT, EST PATIENT			$0.00	Fee Schedule	N
99350	M	HOME VISIT, EST PATIENT			$0.00	Fee Schedule	N
99354	N	PROLONGED SERVICE, OFFICE			$0.00	Bundled	N
99355	N	PROLONGED SERVICE, OFFICE			$0.00	Bundled	N
99356	C	PROLONGED SERVICE, INPATIENT			$0.00	Inpatient Only	N
99357	C	PROLONGED SERVICE, INPATIENT			$0.00	Inpatient Only	N
99358	N	PROLONGED SERV, W/O CONTACT			$0.00	Bundled	N
99359	N	PROLONGED SERV, W/O CONTACT			$0.00	Bundled	N
99360	E	PHYSICIAN STANDBY SERVICES			$0.00	Not Allowed	N
99363	E	ANTICOAG MGMT, INIT			$0.00	Not Allowed	
99364	E	ANTICOAG MGMT, SUBSEQ			$0.00	Not Allowed	
99366	N	TEAM CONF W/PAT BY HC PRO			$0.00	Not Allowed	

99367	N	TEAM CONF W/O PAT BY PHYS			$0.00	Bundled	
99368	N	TEAM CONF W/O PAT BY HC PRO			$0.00	Not Allowed	
99374	E	HOME HEALTH CARE SUPERVISION			$0.00	Not Allowed	N
99375	E	HOME HEALTH CARE SUPERVISION			$0.00	Not Allowed	N
99377	E	HOSPICE CARE SUPERVISION			$0.00	Not Allowed	N
99378	E	HOSPICE CARE SUPERVISION			$0.00	Not Allowed	N
99379	E	NURSING FAC CARE SUPERVISION			$0.00	Not Allowed	N
99380	E	NURSING FAC CARE SUPERVISION			$0.00	Not Allowed	N
99381	M	PREV VISIT, NEW, INFANT			$72.58	Fee Schedule	N
99382	M	PREV VISIT, NEW, AGE 1-4			$80.14	Fee Schedule	N
99383	M	PREV VISIT, NEW, AGE 5-11			$80.14	Fee Schedule	N
99384	M	PREV VISIT, NEW, AGE 12-17			$88.46	Fee Schedule	N
99385	M	PREV VISIT, NEW, AGE 18-39			$65.32	Fee Schedule	N
99386	M	PREV VISIT, NEW, AGE 40-64			$80.25	Fee Schedule	N
99387	M	PREV VISIT, NEW, 65 & OVER			$87.25	Fee Schedule	N
99391	M	PREV VISIT, EST, INFANT			$64.63	Fee Schedule	N
99392	M	PREV VISIT, EST, AGE 1-4			$72.58	Fee Schedule	N
99393	M	PREV VISIT, EST, AGE 5-11			$72.58	Fee Schedule	N
99394	M	PREV VISIT, EST, AGE 12-17			$80.14	Fee Schedule	N
99395	M	PREV VISIT, EST, AGE 18-39			$58.02	Fee Schedule	N
99396	M	PREV VISIT, EST, AGE 40-64			$65.32	Fee Schedule	N
99397	M	PREV VISIT, EST, 65 & OVER			$72.95	Fee Schedule	N
99401	M	PREVENTIVE COUNSELING, INDIV			$0.00	Fee Schedule	N
99402	M	PREVENTIVE COUNSELING, INDIV			$0.00	Fee Schedule	N
99403	M	PREVENTIVE COUNSELING, INDIV			$0.00	Fee Schedule	N
99404	M	PREVENTIVE COUNSELING, INDIV			$0.00	Fee Schedule	N
99406	X	BEHAV CHNG SMOKING 3-10 MIN	00031	0.1729	$8.75	APC	
99407	X	BEHAV CHNG SMOKING < 10 MIN	00031	0.1729	$8.75	APC	
99408	M	AUDIT/DAST, 15-30 MIN			$0.00	Fee Schedule	N
99409	M	AUDIT/DAST, OVER 30 MIN			$0.00	Fee Schedule	N
99411	M	PREVENTIVE COUNSELING, GROUP			$0.00	Fee Schedule	N
99412	M	PREVENTIVE COUNSELING, GROUP			$0.00	Fee Schedule	N
99420	M	HEALTH RISK ASSESSMENT TEST			$0.00	Fee Schedule	N
99429	M	UNLISTED PREVENTIVE SERVICE			$0.00	Fee Schedule	N
99441	E	PHONE E/M BY PHYS 5-10 MIN			$0.00	Not Allowed	
99442	E	PHONE E/M BY PHYS 11-20 MIN			$0.00	Not Allowed	
99443	E	PHONE E/M BY PHYS 21-30 MIN			$0.00	Not Allowed	
99444	E	ONLINE E/M BY PHYS			$0.00	Not Allowed	
99450	M	LIFE/DISABILITY EVALUATION			$0.00	Fee Schedule	N
99455	M	DISABILITY EXAMINATION			$0.00	Fee Schedule	N
99456	M	DISABILITY EXAMINATION			$0.00	Fee Schedule	N
99460	V	INIT NB EM PER DAY, HOSP	00605	1.0439	$52.83	APC	
99461	E	INIT NB EM PER DAY, NON-FAC			$0.00	Not Allowed	
99462	C	SBSQ NB EM PER DAY, HOSP			$0.00	Inpatient Only	
99463	V	SAME DAY NB DISCHARGE	00605	1.0439	$52.83	APC	
99464	N	ATTENDANCE AT DELIVERY			$0.00	Bundled	
99465	S	NB RESUSCITATION	00094	2.4181	$122.38	APC	
99466	N	PED CRIT CARE TRANSPORT			$0.00	Bundled	
99467	N	PED CRIT CARE TRANSPORT ADDL			$0.00	Bundled	
99468	C	NEONATE CRIT CARE, INITIAL			$0.00	Inpatient Only	
99469	C	NEONATE CRIT CARE, SUBSQ			$0.00	Inpatient Only	
99471	C	PED CRITICAL CARE, INITIAL			$0.00	Inpatient Only	
99472	C	PED CRITICAL CARE, SUBSQ			$0.00	Inpatient Only	
99475	C	PED CRIT CARE AGE 2-5, INIT			$0.00	Inpatient Only	
99476	C	PED CRIT CARE AGE 2-5, SUBSQ			$0.00	Inpatient Only	
99477	C	INIT DAY HOSP NEONATE CARE			$0.00	Inpatient Only	
99478	C	IC, LBW INF < 1500 GM SUBSQ			$0.00	Inpatient Only	
99479	C	IC LBW INF 1500-2500 G SUBSQ			$0.00	Inpatient Only	
99480	C	IC INF PBW 2501-5000 G SUBSQ			$0.00	Inpatient Only	
99499	M	UNLISTED E&M SERVICE			$0.00	Fee Schedule	N
99500	M	HOME VISIT, PRENATAL			$0.00	Fee Schedule	
99501	M	HOME VISIT, POSTNATAL			$0.00	Fee Schedule	N
99502	M	HOME VISIT, NB CARE			$0.00	Fee Schedule	
99503	E	HOME VISIT, RESP THERAPY			$0.00	Not Allowed	N
99504	E	HOME VISIT MECH VENTILATOR			$0.00	Not Allowed	
99505	E	HOME VISIT, STOMA CARE			$0.00	Not Allowed	N
99506	E	HOME VISIT, IM INJECTION			$0.00	Not Allowed	
99507	E	HOME VISIT, CATH MAINTAIN			$0.00	Not Allowed	N
99509	E	HOME VISIT DAY LIFE ACTIVITY			$0.00	Not Allowed	N
99510	E	HOME VISIT, SING/M/FAM COUNS			$0.00	Not Allowed	
99511	E	HOME VISIT, FECAL/ENEMA MGMT			$0.00	Not Allowed	N

99512	E	HOME VISIT FOR HEMODIALYSIS			$0.00	Not Allowed	
99600	E	HOME VISIT NOS			$0.00	Not Allowed	
99601	E	HOME INFUSION/VISIT 2 HRS			$0.00	Not Allowed	
99602	E	HOME INFUSION EACH ADDTL HR			$0.00	Not Allowed	
99605	E	MTMS BY PHARM, NP, 15 MIN			$0.00	Not Allowed	
99606	E	MTMS BY PHARM, EST, 15 MIN			$0.00	Not Allowed	
99607	E	MTMS BY PHARM, ADDL 15 MIN			$0.00	Not Allowed	
0001F	E	HEART FAILURE COMPOSITE			$0.00	Not Allowed	
0005F	E	OSTEOARTHRITIS COMPOSITE			$0.00	Not Allowed	
0012F	E	CAP BACTERIAL ASSESS			$0.00	Not Allowed	
0014F	E	COMP PREOP ASSESS CAT SURG			$0.00	Not Allowed	
0015F	E	MELAN FOLLOW-UP COMPLETE			$0.00	Not Allowed	
0016T	T	THERMOTX CHOROID VASC LESION	00235	5.8277	$294.94	APC	Y
0017T	T	PHOTOCOAGULAT MACULAR DRUSEN	00235	5.8277	$294.94	APC	Y
0019T	M	EXTRACORP SHOCK WAVE TX MS			$0.00	By Report	Y
0030T	M	ANTIPROTHROMBIN ANTIBODY			$0.00	By Report	Y
0042T	N	CT PERFUSION W/CONTRAST CBF			$0.00	Bundled	Y
0048T	C	IMPLANT VENTRICULAR DEVICE			$0.00	Inpatient Only	
0050T	C	REMOVAL CIRCULATION ASSIST			$0.00	Inpatient Only	
0051T	C	IMPLANT TOTAL HEART SYSTEM			$0.00	Inpatient Only	
0052T	C	REPLACE COMPONENT HEART SYST			$0.00	Inpatient Only	
0053T	C	REPLACE COMPONENT HEART SYST			$0.00	Inpatient Only	
0054T	N	BONE SURGERY USING COMPUTER			$0.00	Bundled	
0055T	N	BONE SURGERY USING COMPUTER			$0.00	Bundled	
0062T	E	REP INTRADISC ANNULUS;1 LEV			$0.00	Not Allowed	
0063T	E	REP INTRADISC ANNULUS;>1LEV			$0.00	Not Allowed	
0064T	X	SPECTROSCOP EVAL EXPIRED GAS	00367	0.5627	$28.48	APC	
0066T	E	CT COLONOGRAPHY;SCREEN			$0.00	Not Allowed	
0067T	S	CT COLONOGRAPHY;DX	00332	2.9426	$148.92	Bundled, may be payable in some circumstances	
0068T	E	INTERP/REPT HEART SOUND			$0.00	Not Allowed	
0069T	N	ANALYSIS ONLY HEART SOUND			$0.00	Bundled	
0070T	N	INTERP ONLY HEART SOUND			$0.00	Bundled	
0071T	S	U/S LEIOMYOMATA ABLATE <200	00067	57.5732	$2,913.78	APC	
0072T	S	U/S LEIOMYOMATA ABLATE >200	00067	57.5732	$2,913.78	APC	
0073T	S	DELIVERY COMP IMRT	00412	6.2192	$314.75	APC	
0075T	C	PERQ STENT/CHEST VERT ART			$0.00	Inpatient Only	
0076T	C	S&I STENT/CHEST VERT ART			$0.00	Inpatient Only	
0077T	C	CEREB THERM PERFUSION PROBE			$0.00	Inpatient Only	
0078T	C	ENDOVASC AORT REPR W/DEVICE			$0.00	Inpatient Only	
0079T	C	ENDOVASC VISC EXTNSN REPR			$0.00	Inpatient Only	
0080T	C	ENDOVASC AORT REPR RAD S&I			$0.00	Inpatient Only	
0081T	C	ENDOVASC VISC EXTNSN S&I			$0.00	Inpatient Only	
0084T	T	TEMP PROSTATE URETHRAL STENT	00164	1.8697	$94.63	APC	
0085T	E	BREATH TEST HEART REJECT			$0.00	Not Allowed	
0086T	N	L VENTRICLE FILL PRESSURE			$0.00	Bundled	
0087T	E	SPERM EVAL HYALURONAN			$0.00	Not Allowed	
0092T	C	ARTIFIC DISC ADDL			$0.00	Not Allowed	N
0095T	C	ARTIFIC DISKECTOMY ADDL			$0.00	Not Allowed	N
0098T	C	REV ARTIFIC DISC ADDL			$0.00	Not Allowed	N
0099T	T	IMPLANT CORNEAL RING	00233	16.7409	$847.26	APC	Y
0100T	T	PROSTH RETINA RECEIVE & GEN	00672	38.1751	$1,932.04	APC	Y
0101T	T	EXTRACORP SHOCKWV TX, HI ENRG	00050	29.8816	$1,512.31	APC	Y
0102T	T	EXTRACORP SHOCKWV TX, ANESTH	00050	29.8816	$1,512.31	APC	Y
0103T	E	HOLOTRANSCOBALAMIN			$0.00	Not Allowed	N
0104T	E	AT REST CARDIO GAS REBREATHE			$0.00	Not Allowed	N
0105T	E	EXERC CARDIO GAS REBREATHE			$0.00	Not Allowed	N
0106T	X	TOUCH QUANT SENSORY TEST	00341	0.0834	$4.22	APC	Y
0107T	X	VIBRATE QUANT SENSORY TEST	00341	0.0834	$4.22	APC	Y
0108T	X	COOL QUANT SENSORY TEST	00341	0.0834	$4.22	APC	Y
0109T	X	HEAT QUANT SENSORY TEST	00341	0.0834	$4.22	APC	Y
0110T	X	NOS QUANT SENSORY TEST	00341	0.0834	$4.22	APC	Y
0111T	E	RBC MEMBRANES FATTY ACIDS			$0.00	Not Allowed	N
0123T	T	SCLERAL FISTULIZATION	00234	23.8963	$1,209.39	APC	Y
0124T	T	CONJUNCTIVAL DRUG PLACEMENT	00232	4.6708	$236.39	APC	Y
0126T	N	CHD RISK IMT STUDY	00340	0.6462	$32.70	Bundled, may be payable in some circumstances	Y
0130T	E	CHRON CARE DRUG INVESTIGATN			$0.00	Not Allowed	Y
0140T	E	EXHALED BREATH CONDENSATE PH			$0.00	Not Allowed	Y
0141T	E	PERQ ISLET TRANSPLANT			$0.00	Not Allowed	Y
0142T	E	OPEN ISLET TRANSPLANT			$0.00	Not Allowed	Y
0143T	E	LAPAROSCOPIC ISLET TRANSPLNT			$0.00	Not Allowed	Y
0144T	S	CT HEART WO DYE; QUAL CALC	00282	1.5897	$80.45	APC	Y

0145T	S	CT HEART W/WO DYE FUNCT	00383	4.2793	$216.58	APC	Y
0146T	S	CCTA W/WO DYE	00383	4.2793	$216.58	APC	Y
0147T	S	CCTA W/WO QUAN CALCIUM	00383	4.2793	$216.58	APC	Y
0148T	S	CCTA W/WO STRXR	00383	4.2793	$216.58	APC	Y
0149T	S	CCTA W/WO STRXR QUAN CALC	00383	4.2793	$216.58	APC	Y
0150T	S	CCTA W/WO DISEASE STRXR	00383	4.2793	$216.58	APC	Y
0151T	S	CT HEART FUNCT ADD-ON	00282	1.5897	$80.45	APC	Y
0155T	E	LAP INS GASTR ELRD FOR MO			$0.00	Not Allowed	N
0156T	E	LAP REDO GASTR ELRD FOR MO			$0.00	Not Allowed	N
0157T	C	OPN INS GAST ELRD FOR MO			$0.00	Not Allowed	N
0158T	C	OPN REDO GAST ELRD FOR MO			$0.00	Not Allowed	N
0159T	N	COMPUTER BREAST MRI ADD-ON			$0.00	Bundled	N
0160T	S	TRANSCRAN MAG STIM PLANNING	00216	2.6652	$134.89	APC	N
0161T	S	TRANSCAN MAG STIM DELIVERY	00216	2.6652	$134.89	APC	N
0163T	C	LUMB ARTIF DISKECTOMY ADDL			$0.00	Inpatient Only	
0164T	C	REMOVE LUMB ARTIF DISC ADDL			$0.00	Inpatient Only	
0165T	C	REVISE LUMB ARTIF DISC ADDL			$0.00	Inpatient Only	
0166T	C	TCATH VSD CLOSE W/O BYPASS			$0.00	Inpatient Only	
0167T	C	TCATH VSD CLOSE W BYPASS			$0.00	Inpatient Only	
0168T	T	RHINOPHOTOTX LIGHT APP BILAT	00251	3.3069	$167.36	APC	
0169T	C	PLACE STEREO CATH BRAIN			$0.00	Inpatient Only	
0170T	T	ANORECTAL FISTULA PLUG RPR	00150	31.0398	$1,570.92	APC	
0171T	T	LUMBAR SPINE PROCES DISTRACT	00052	86.5958	$4,382.61	APC	
0172T	T	LUMBAR SPINE PROCES ADDL	00052	86.5958	$4,382.61	APC	
0173T	N	IOP MONIT IO PRESSURE			$0.00	Bundled	
0174T	N	CAD CXR WITH INTERP			$0.00	Bundled	
0175T	N	CAD CXR REMOTE			$0.00	Bundled	
0176T	T	AQU CANAL DILAT W/O RETENT	00673	40.9535	$2,072.66	APC	
0177T	T	AQU CANAL DILAT W RETENT	00673	40.9535	$2,072.66	APC	
0178T	E	64 LEAD ECG W I&R			$0.00	Not Allowed	N
0179T	X	64 LEAD ECG W TRACING	00100	2.5884	$131.00	APC	N
0180T	E	64 LEAD ECG W I&R ONLY			$0.00	Not Allowed	N
0181T	S	CORNEAL HYSTERESIS	00230	0.6461	$32.70	APC	N
0182T	S	HDR ELEC BRACHYTHERAPY	01519	0.0000	$0.00	APC	N
0183T	T	WOUND ULTRASOUND	00015	1.5170	$76.78	APC	
0184T	C	EXC RECTAL TUMOR ENDOSCOPIC			$0.00	Inpatient Only	
0185T	N	COMPTR PROBABILITY ANALYSIS			$0.00	Bundled	
0186T	T	SUPRACHOROIDAL DRUG DELIVERY	00237	22.3269	$1,129.96	APC	
0187T	S	OPHTHALMIC DX IMAGE ANTERIOR	00230	0.6461	$32.70	APC	
0188T	E	VIDEOCONF CRIT CARE 74 MIN			$0.00	Not Allowed	N
0189T	E	VIDEOCONF CRIT CARE ADDL 30			$0.00	Not Allowed	N
0190T	T	PLACE INTRAOC RADIATION SRC	00237	22.3269	$1,129.96	APC	Y
0191T	T	INSERT ANT SEGMENT DRAIN INT	00234	23.8963	$1,209.39	APC	Y
0192T	T	INSERT ANT SEGMENT DRAIN EXT	00673	40.9535	$2,072.66	APC	Y
0193T	T	RF BLADDER NECK MICROREMODEL	00165	20.0346	$1,013.95	APC	
0194T	M	PROCALCITONIN (PCT)			$0.00	By Report	
0195T	C	ARTHROD PRESAC INTERBODY			$0.00	Inpatient Only	
0196T	C	ARTHROD PRESAC INTERBODY EAC			$0.00	Inpatient Only	
0197T	N	INTRAFRACTION TRACK MOTION			$0.00	Bundled	
0198T	S	OCULAR BLOOD FLOW MEASURE	00230	0.6461	$32.70	APC	
0500F	E	INITIAL PRENATAL CARE VISIT			$0.00	Not Allowed	
0501F	E	PRENATAL FLOW SHEET			$0.00	Not Allowed	
0502F	E	SUBSEQUENT PRENATAL CARE			$0.00	Not Allowed	
0503F	E	POSTPARTUM CARE VISIT			$0.00	Not Allowed	
0505F	E	HEMODIALYSIS PLAN DOCD			$0.00	Not Allowed	
0507F	E	PERITON DIALYSIS PLAN DOCD			$0.00	Not Allowed	
0509F	E	URINE INCON PLAN DOCD			$0.00	Not Allowed	
0513F	E	ELEV BP PLAN OF CARE DOCD			$0.00	Not Allowed	
0514F	E	CARE PLAN HGB DOCD ESA PT			$0.00	Not Allowed	
0516F	E	ANEMIA PLAN OF CARE DOCD			$0.00	Not Allowed	
0517F	E	GLAUCOMA PLAN OF CARE DOCD			$0.00	Not Allowed	
0518F	E	FALL PLAN OF CARE DOCD			$0.00	Not Allowed	
0519F	E	PLAND CHEMO DOCD B/4 TXMNT			$0.00	Not Allowed	
0520F	E	TISSUE DOSE DONE W/IN 5 DAYS			$0.00	Not Allowed	
0521F	E	PLAN OF CARE 4 PAIN DOCD			$0.00	Not Allowed	
0525F	E	INITIAL VISIT FOR EPISODE			$0.00	Not Allowed	N
0526F	E	SUBS VISIT FOR EPISODE			$0.00	Not Allowed	N
0528F	E	RCMND FLW-UP 10 YRS DOCD			$0.00	Not Allowed	
0529F	E	INTRVL 3+YRS PTS CLNSCP DOCD			$0.00	Not Allowed	
0535F	E	DYSPNEA MNGMNT PLAN DOCD			$0.00	Not Allowed	
0540F	E	GLUCO MNGMNT PLAN DOCD			$0.00	Not Allowed	

0575F	E	HIV RNA PLAN CARE DOCD	$0.00	Not Allowed	
1000F	E	TOBACCO USE ASSESSED	$0.00	Not Allowed	
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL	$0.00	Not Allowed	
1003F	E	LEVEL OF ACTIVITY ASSESS	$0.00	Not Allowed	
1004F	E	CLIN SYMP VOL OVRLD ASSESS	$0.00	Not Allowed	
1005F	E	ASTHMA SYMPTOMS EVALUATE	$0.00	Not Allowed	
1006F	E	OSTEOARTHRITIS ASSESS	$0.00	Not Allowed	
1007F	E	ANTI-INFLM/ANLGSC OTC ASSESS	$0.00	Not Allowed	
1008F	E	GI/RENAL RISK ASSESS	$0.00	Not Allowed	
1015F	E	COPD SYMPTOMS ASSESS	$0.00	Not Allowed	
1018F	E	ASSESS DYSPNEA NOT PRESENT	$0.00	Not Allowed	
1019F	E	ASSESS DYSPNEA PRESENT	$0.00	Not Allowed	
1022F	E	PNEUMO IMM STATUS ASSESS	$0.00	Not Allowed	
1026F	E	CO-MORBID CONDITION ASSESS	$0.00	Not Allowed	
1030F	E	INFLUENZA IMM STATUS ASSESS	$0.00	Not Allowed	
1034F	E	CURRENT TOBACCO SMOKER	$0.00	Not Allowed	
1035F	E	SMOKELESS TOBACCO USER	$0.00	Not Allowed	
1036F	E	TOBACCO NON-USER	$0.00	Not Allowed	
1038F	E	PERSISTENT ASTHMA	$0.00	Not Allowed	
1039F	E	INTERMITTENT ASTHMA	$0.00	Not Allowed	
1040F	E	DSM-IV INFO MDD DOCD	$0.00	Not Allowed	
1050F	E	HISTORY OF MOLE CHANGES	$0.00	Not Allowed	N
1055F	E	VISUAL FUNCT STATUS ASSESS	$0.00	Not Allowed	N
1060F	E	DOC PERM/CONT/PAROX ATR FIB	$0.00	Not Allowed	
1061F	E	DOC LACK PERM+CONT+PAROX FIB	$0.00	Not Allowed	
1065F	E	ISCHM STROKE SYMP LT3 HRSB/4	$0.00	Not Allowed	
1066F	E	ISCHM STROKE SYMP GE3 HRSB/4	$0.00	Not Allowed	
1070F	E	ALARM SYMP ASSESSED-ABSENT	$0.00	Not Allowed	
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT	$0.00	Not Allowed	
1090F	E	PRES/ABSN URINE INCON ASSESS	$0.00	Not Allowed	
1091F	E	URINE INCON CHARACTERIZED	$0.00	Not Allowed	
1100F	E	PTFALLS ASSESS-DOCD GE2+/YR	$0.00	Not Allowed	
1101F	E	PT FALLS ASSESS-DOCD LE1/YR	$0.00	Not Allowed	
1110F	E	PT LFT INPT FAC W/IN 60 DAYS	$0.00	Not Allowed	
1111F	E	DSCHRG MED/CURRENT MED MERGE	$0.00	Not Allowed	
1116F	E	AURIC/PERI PAIN ASSESSED	$0.00	Not Allowed	
1118F	E	GERD SYMPS ASSESSED 12 MONTH	$0.00	Not Allowed	
1119F	E	INIT EVAL FOR CONDITION	$0.00	Not Allowed	
1121F	E	SUBS EVAL FOR CONDITION	$0.00	Not Allowed	
1123F	E	ACP DISCUSS/DSCN MKR DOCD	$0.00	Not Allowed	
1124F	E	ACP DISCUSS-NO DSCNMKR DOCD	$0.00	Not Allowed	
1125F	E	AMNT PAIN NOTED PAIN PRSNT	$0.00	Not Allowed	
1126F	E	AMNT PAIN NOTED NONE PRSNT	$0.00	Not Allowed	
1127F	E	NEW EPISODE FOR CONDITION	$0.00	Not Allowed	
1128F	E	SUBS EPISODE FOR CONDITION	$0.00	Not Allowed	
1130F	E	BK PAIN & FXN ASSESSED	$0.00	Not Allowed	N
1134F	E	EPSD BK PAIN FOR =< 6 WKS	$0.00	Not Allowed	N
1135F	E	EPSD BK PAIN FOR > 6 WKS	$0.00	Not Allowed	N
1136F	E	EPSD BK PAIN FOR <= 12 WKS	$0.00	Not Allowed	N
1137F	E	EPSD BK PAIN FOR > 12 WKS	$0.00	Not Allowed	N
1150F	E	DOC PT RSK DEATH W/IN 1YR	$0.00	Not Allowed	
1151F	E	DOC NO PT RSK DEATH W/IN 1YR	$0.00	Not Allowed	
1152F	E	DOC ADVNCD DIS COMFORT 1ST	$0.00	Not Allowed	
1153F	E	DOC ADVNCD DIS CMFRT NOT 1ST	$0.00	Not Allowed	
1157F	E	ADVNC CARE PLAN IN RCRD	$0.00	Not Allowed	
1158F	E	ADVNC CARE PLAN TLK DOCD	$0.00	Not Allowed	
1159F	E	MED LIST DOCD IN RCRD	$0.00	Not Allowed	
1160F	E	RVW MEDS BY RX/DR IN RCRD	$0.00	Not Allowed	
1170F	E	FXNL STATUS ASSESSED	$0.00	Not Allowed	
1180F	E	THROMBOEMB RISK ASSESSED	$0.00	Not Allowed	
1220F	E	PT SCREENED FOR DEPRESSION	$0.00	Not Allowed	
2000F	E	BLOOD PRESSURE MEASURE	$0.00	Not Allowed	
2001F	E	WEIGHT RECORDED	$0.00	Not Allowed	
2002F	E	CLIN SIGN VOL OVRLD ASSESS	$0.00	Not Allowed	
2004F	E	INITIAL EXAM INVOLVED JOINTS	$0.00	Not Allowed	
2010F	E	VITAL SIGNS RECORDED	$0.00	Not Allowed	
2014F	E	MENTAL STATUS ASSESS	$0.00	Not Allowed	
2018F	E	HYDRATION STATUS ASSESS	$0.00	Not Allowed	
2019F	E	DILATED MACUL EXAM DONE	$0.00	Not Allowed	N
2020F	E	DILATED FUNDUS EVAL DONE	$0.00	Not Allowed	N
2021F	E	DILAT MACUL+EXAM DONE	$0.00	Not Allowed	N

2022F	E	DIL RETINA EXAM INTERP REV	$0.00	Not Allowed	
2024F	E	7 FIELD PHOTO INTERP DOC REV	$0.00	Not Allowed	
2026F	E	EYE IMAGE VALID TO DX REV	$0.00	Not Allowed	
2027F	E	OPTIC NERVE HEAD EVAL DONE	$0.00	Not Allowed	N
2028F	E	FOOT EXAM PERFORMED	$0.00	Not Allowed	
2029F	E	COMPLETE PHYS SKIN EXAM DONE	$0.00	Not Allowed	N
2030F	E	H2O STAT DOCD NORMAL	$0.00	Not Allowed	
2031F	E	H2O STAT DOCD DEHYDRATED	$0.00	Not Allowed	
2035F	E	TYMP MEMB MOTION EXAMD	$0.00	Not Allowed	
2040F	E	BK PN XM ON INIT VISIT DATE	$0.00	Not Allowed	N
2044F	E	DOC MNTL TST B/4 BK TRXMNT	$0.00	Not Allowed	N
2050F	E	WOUND CHAR SIZE ETC DOCD	$0.00	Not Allowed	
3006F	E	CXR DOC REV	$0.00	Not Allowed	
3011F	E	LIPID PANEL DOC REV	$0.00	Not Allowed	
3014F	E	SCREEN MAMMO DOC REV	$0.00	Not Allowed	
3016F	E	PT SCRND UNHLTHY OH USE	$0.00	Not Allowed	
3017F	E	COLORECTAL CA SCREEN DOC REV	$0.00	Not Allowed	
3018F	E	PRE-PRXD RSK ET AL DOCD	$0.00	Not Allowed	
3020F	E	LVF ASSESS	$0.00	Not Allowed	
3021F	E	LVEF MOD/SEVER DEPRS SYST	$0.00	Not Allowed	
3022F	E	LVEF >=40% SYSTOLIC	$0.00	Not Allowed	
3023F	E	SPIROM DOC REV	$0.00	Not Allowed	
3025F	E	SPIROM FEV/FVC<70% W COPD	$0.00	Not Allowed	
3027F	E	SPIROM FEV/FVC>=70%/W/O COPD	$0.00	Not Allowed	
3028F	E	O2 SATURATION DOC REV	$0.00	Not Allowed	
3035F	E	O2 SATURATION<=88% /PAO<=55	$0.00	Not Allowed	
3037F	E	O2 SATURATION >88% /PAO>55	$0.00	Not Allowed	
3040F	E	FEV<40% PREDICTED VALUE	$0.00	Not Allowed	
3042F	E	FEV>= 40% PREDICTED VALUE	$0.00	Not Allowed	
3044F	E	HG A1C LEVEL LT 7.0%	$0.00	Not Allowed	N
3045F	E	HG A1C LEVEL 7.0-9.0%	$0.00	Not Allowed	N
3046F	E	HEMOGLOBIN A1C LEVEL > 9.0%	$0.00	Not Allowed	
3048F	E	LDL-C <100 MG/DL	$0.00	Not Allowed	
3049F	E	LDL-C 100-129 MG/DL	$0.00	Not Allowed	
3050F	E	LDL-C >= 130 MG/DL	$0.00	Not Allowed	
3060F	E	POS MICROALBUMINURIA REV	$0.00	Not Allowed	
3061F	E	NEG MICROALBUMINURIA REV	$0.00	Not Allowed	
3062F	E	POS MACROALBUMINURIA REV	$0.00	Not Allowed	
3066F	E	NEPHROPATHY DOC TX	$0.00	Not Allowed	
3072F	E	LOW RISK FOR RETINOPATHY	$0.00	Not Allowed	
3073F	E	PRE-SURG EYE MEASURES DOCD	$0.00	Not Allowed	N
3074F	E	SYST BP LT 130MM HG	$0.00	Not Allowed	N
3075F	E	SYST BP GE 130-139MM HG	$0.00	Not Allowed	N
3077F	E	SYST BP = 140 MM HG6 IT	$0.00	Not Allowed	
3078F	E	DIAST BP < 80 MM HG	$0.00	Not Allowed	
3079F	E	DIAST BP 80-89 MM HG	$0.00	Not Allowed	
3080F	E	DIAST BP >= 90 MM HG	$0.00	Not Allowed	
3082F	E	KT/V <1.2	$0.00	Not Allowed	
3083F	E	KT/V >= 1.2 AND <1.7	$0.00	Not Allowed	
3084F	E	KT/V >= 1.7	$0.00	Not Allowed	
3085F	E	SUICIDE RISK ASSESSED	$0.00	Not Allowed	
3088F	E	MDD, MILD	$0.00	Not Allowed	
3089F	E	MDD, MODERATE	$0.00	Not Allowed	
3090F	E	MDD, SEVERE; W/O PSYCH	$0.00	Not Allowed	
3091F	E	MDD, SEVERE; W/PSYCH	$0.00	Not Allowed	
3092F	E	MDD, IN REMISSION	$0.00	Not Allowed	
3093F	E	DOC NEW DIAG 1ST/ADDL. MDD	$0.00	Not Allowed	
3095F	E	CENTRAL DEXA RESULTS DOCD	$0.00	Not Allowed	N
3096F	E	CENTRAL DEXA ORDERED	$0.00	Not Allowed	N
3100F	E	IMAGE TEST REF CAROT DIAM	$0.00	Not Allowed	
3110F	E	PRES/ABSN HMRHG/LESION DOCD	$0.00	Not Allowed	
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS	$0.00	Not Allowed	
3112F	E	CT/MRI BRAIN DONE GT 24 HRS	$0.00	Not Allowed	
3120F	E	12-LEAD ECG PERFORMED	$0.00	Not Allowed	
3130F	E	UPPER GI ENDOSCOPY PERFORMED	$0.00	Not Allowed	
3132F	E	DOC REF UPPER GI ENDOSCOPY	$0.00	Not Allowed	
3140F	E	UPPER GI ENDO SHOWS BARRTTFS	$0.00	Not Allowed	
3141F	E	UPPER GI ENDO NOT BARRTTFS	$0.00	Not Allowed	
3142F	E	BARIUM SWALLOW TEST ORDERED	$0.00	Not Allowed	
3150F	E	FORCEPS ESOPH BIOPSY DONE	$0.00	Not Allowed	
3155F	E	CYTOGEN TEST MARROW B/4 TX	$0.00	Not Allowed	

3160F	E	DOC FE+ STORES B/4 EPO THX	$0.00	Not Allowed	
3170F	E	FLOW CYTO DONE B/4 TX	$0.00	Not Allowed	
3200F	E	BARIUM SWALLOW TEST NOT REQ	$0.00	Not Allowed	
3210F	E	GRP A STREP TEST PERFORMED	$0.00	Not Allowed	
3215F	E	PT IMMUNITY TO HEP A DOCD	$0.00	Not Allowed	
3216F	E	PT IMMUNITY TO HEP B DOCD	$0.00	Not Allowed	
3218F	E	RNA TSTNG HEP C DOCD-DONE	$0.00	Not Allowed	
3220F	E	HEP C QUANT RNA TSTNG DOCD	$0.00	Not Allowed	
3230F	E	NOTE HRING TST W/IN 6 MON	$0.00	Not Allowed	
3250F	E	NONPRIM LOC ANAT BX SITE TUM	$0.00	Not Allowed	
3260F	E	PT CAT/PN CAT/HIST GRD DOCD	$0.00	Not Allowed	
3265F	E	RNA TSTNG HEPC VIR ORD/DOCD	$0.00	Not Allowed	
3266F	E	HEPC GN TSTNG DOCD B/4TXMNT	$0.00	Not Allowed	
3268F	E	PSA/T/GLSC DOCD B/4 TXMNT	$0.00	Not Allowed	
3269F	E	BONE SCN B/4 TXMNT/AFTR DX	$0.00	Not Allowed	
3270F	E	NO BONE SCN B/4 TXMNT/AFTRDX	$0.00	Not Allowed	
3271F	E	LOW RISK PROSTATE CANCER	$0.00	Not Allowed	
3272F	E	MED RISK PROSTATE CANCER	$0.00	Not Allowed	
3273F	E	HIGH RISK PROSTATE CANCER	$0.00	Not Allowed	
3274F	E	PROST CNCR RSK NOT LW/MD/HGH	$0.00	Not Allowed	
3278F	E	SERUM LVLS CA/IPTH/LPD ORD	$0.00	Not Allowed	
3279F	E	HGB LVL >/=13 G/DL	$0.00	Not Allowed	
3280F	E	HGB LVL 11-12.9 G/DL	$0.00	Not Allowed	
3281F	E	HGB LVL <11 G/DL	$0.00	Not Allowed	
3284F	E	IOP DOWN >15% OF PRE-SVC LVL	$0.00	Not Allowed	
3285F	E	IOP DOWN <15% OF PRE-SVC LVL	$0.00	Not Allowed	
3288F	E	FALL RISK ASSESSMENT DOCD	$0.00	Not Allowed	
3290F	E	PT=D(RH)- AND UNSENSITIZED	$0.00	Not Allowed	
3291F	E	PT=D(RH)+OR SENSITIZED	$0.00	Not Allowed	
3292F	E	HIV TSTNG ASKED/DOCD/REVWD	$0.00	Not Allowed	
3300F	E	AJCC STAGE DOCD B/4 THXPY	$0.00	Not Allowed	
3301F	E	CANCER STAGE DOCD METAST	$0.00	Not Allowed	
3315F	E	ER +OR PR +BREAST CANCER	$0.00	Not Allowed	
3316F	E	ER- OR PR- BREAST CANCER	$0.00	Not Allowed	
3317F	E	PATH RPT MALIG CANCER DOCD	$0.00	Not Allowed	
3318F	E	PATH RPT MALIG CANCER DOCD	$0.00	Not Allowed	
3319F	E	X-RAY/CT/ULTRSND ET AL ORDD	$0.00	Not Allowed	
3320F	E	NO XRAY/CT/ ET AL ORDD	$0.00	Not Allowed	
3321F	E	AJCC CNCR 0/IA MELAN DOCD	$0.00	Not Allowed	
3322F	E	MELAN >AJCC STAGE 0 OR IA	$0.00	Not Allowed	
3325F	E	PREOP ASSES 4 CATARACT SURG	$0.00	Not Allowed	
3330F	E	IMAGING STUDY ORDERED (BKP)	$0.00	Not Allowed	N
3331F	E	BK IMAGING TST NOT ORDERED	$0.00	Not Allowed	N
3340F	E	MAMMO ASSESS INC XRAY DOCD	$0.00	Not Allowed	N
3341F	E	MAMMO ASSESS NEGATIVE DOCD	$0.00	Not Allowed	N
3342F	E	MAMMO ASSESS BENGN DOCD	$0.00	Not Allowed	N
3343F	E	MAMMO PROBABLY BENGN DOCD	$0.00	Not Allowed	N
3344F	E	MAMMO ASSESS SUSP DOCD	$0.00	Not Allowed	N
3345F	E	MAMMO ASSESS HGHLYMALIG DOC	$0.00	Not Allowed	N
3350F	E	MAMMO BX PROVEN MALIG DOCD	$0.00	Not Allowed	N
3351F	E	NEG SCRN DEP SYMP BY DEPTOOL	$0.00	Not Allowed	N
3352F	E	NO SIG DEP SYMP BY DEP TOOL	$0.00	Not Allowed	N
3353F	E	MILD-MOD DEP SYMP BY DEPTOOL	$0.00	Not Allowed	N
3354F	E	CLIN SIG DEP SYM BY DEP TOOL	$0.00	Not Allowed	N
3370F	E	AJCC BRST CNCR STAGE 0 DOCD	$0.00	Not Allowed	
3372F	E	AJCC BRST CNCR STAGE 1 +DOCD	$0.00	Not Allowed	
3374F	E	AJCC BRST CNCR STAGE 1 +DOCD	$0.00	Not Allowed	
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD	$0.00	Not Allowed	
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD	$0.00	Not Allowed	
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD	$0.00	Not Allowed	
3382F	E	AJCC CLN CNCR STAGE 0 DOCD	$0.00	Not Allowed	
3384F	E	AJCC CLN CNCR STAGE 1 DOCD	$0.00	Not Allowed	
3386F	E	AJCC CLN CNCR STAGE 2 DOCD	$0.00	Not Allowed	
3388F	E	AJCC CLN CNCR STAGE 3 DOCD	$0.00	Not Allowed	
3390F	E	AJCC CLN CNCR STAGE 4 DOCD	$0.00	Not Allowed	
3450F	E	DYSPNEA SCRND, NO-MILD DYSP	$0.00	Not Allowed	
3451F	E	DYSPNEA SCRND MOD-HIGH DYSP	$0.00	Not Allowed	
3452F	E	DYSPNEA NOT SCREENED	$0.00	Not Allowed	
3455F	E	TB SCRNG DONE-INTERPD 6MON	$0.00	Not Allowed	
3470F	E	RA DISEASE ACTIVITY, LOW	$0.00	Not Allowed	
3471F	E	RA DISEASE ACTIVITY, MOD	$0.00	Not Allowed	

3472F	E	RA DISEASE ACTIVITY, HIGH	$0.00	Not Allowed	
3475F	E	DISEASE PROGN RA POOR DOCD	$0.00	Not Allowed	
3476F	E	DISEASE PROGN RA GOOD DOCD	$0.00	Not Allowed	
3490F	E	HISTORY - AIDS-DEFINING COND	$0.00	Not Allowed	
3491F	E	HIV UNSURE BABY OF HIV+MOMS	$0.00	Not Allowed	
3492F	E	HISTORY CD4+CELL COUNT <350	$0.00	Not Allowed	
3493F	E	NO HIST CD4+CELL CNT <350	$0.00	Not Allowed	
3494F	E	CD4+CELL COUNT <200CELLS/MM3	$0.00	Not Allowed	
3495F	E	CD4+CELL CNT 200-499 CELLS	$0.00	Not Allowed	
3496F	E	CD4+ CELL COUNT >=500 CELLS	$0.00	Not Allowed	
3497F	E	CD4+ CELL PERCENTAGE <15%	$0.00	Not Allowed	
3498F	E	CD4+ CELL PERCENTAGE >=15%	$0.00	Not Allowed	
3500F	E	CD4 +CELL CNT/% DOCD AS DONE	$0.00	Not Allowed	
3502F	E	HIV RNA VRL LD <LMTS QUANTIF	$0.00	Not Allowed	
3503F	E	HIV RNA VRL LDNOT<LMTS QUNTF	$0.00	Not Allowed	
3510F	E	DOC TB SCRNG-RSLTS INTERPD	$0.00	Not Allowed	
3511F	E	CHLMYD/GONRH TSTS DOCD DONE	$0.00	Not Allowed	
3512F	E	SYPH SCRNG DOCD AS DONE	$0.00	Not Allowed	
3513F	E	HEP B SCRNG DOCD AS DONE	$0.00	Not Allowed	
3514F	E	HEP C SCRNG DOCD AS DONE	$0.00	Not Allowed	
3515F	E	PT HAS DOCD IMMUN TO HEP C	$0.00	Not Allowed	
3550F	E	LOW RSK THROMBOEMBOLISM	$0.00	Not Allowed	
3551F	E	INTRMED RSK THROMBOEMBOLISM	$0.00	Not Allowed	
3552F	E	HGH RISK FOR THROMBOEMBOLISM	$0.00	Not Allowed	
3555F	E	PT INR MEASUREMENT PERFORMED	$0.00	Not Allowed	
3570F	E	RPRT BONE SCINT X-REFW/X-RAY	$0.00	Not Allowed	
3572F	E	PT CONSID POSS RISK FX	$0.00	Not Allowed	
3573F	E	PT NOT CONSID POSS RISK FX	$0.00	Not Allowed	
4000F	E	TOBACCO USE TXMNT COUNSELING	$0.00	Not Allowed	
4001F	E	TOBACCO USE TXMNT PHARMACOL	$0.00	Not Allowed	
4002F	E	STATIN THERAPY RX	$0.00	Not Allowed	
4003F	E	PT ED WRITE/ORAL PTS W/ HF	$0.00	Not Allowed	
4005F	E	PHARM THX FOR OP RXD	$0.00	Not Allowed	N
4006F	E	BETA-BLOCKER THERAPY RX	$0.00	Not Allowed	
4009F	E	ACE/ARB INHIBITOR THERAPY RX	$0.00	Not Allowed	
4011F	E	ORAL ANTIPLATELET THERAPY RX	$0.00	Not Allowed	
4012F	E	WARFARIN THERAPY RX	$0.00	Not Allowed	
4014F	E	WRITTEN DISCHARGE INSTR PRVD	$0.00	Not Allowed	
4015F	E	PERSIST ASTHMA MEDICINE CTRL	$0.00	Not Allowed	
4016F	E	ANTI-INFLM/ANLGSC AGENT RX	$0.00	Not Allowed	
4017F	E	GI PROPHYLAXIS FOR NSAID RX	$0.00	Not Allowed	
4018F	E	THERAPY EXERCISE JOINT RX	$0.00	Not Allowed	
4019F	E	DOC RECPT COUNSL VIT D/CALC+	$0.00	Not Allowed	N
4025F	E	INHALED BRONCHOLIDATOR RX	$0.00	Not Allowed	
4030F	E	OXYGEN THERAPY RX	$0.00	Not Allowed	
4033F	E	PULMONARY REHAB REC	$0.00	Not Allowed	
4035F	E	INFLUENZA IMM REC	$0.00	Not Allowed	
4037F	E	INFLUENZA IMM ORDER/ADMIN	$0.00	Not Allowed	
4040F	E	PNEUMOC VAC/ADMIN/RCVD	$0.00	Not Allowed	
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX	$0.00	Not Allowed	
4042F	E	DOC ANTIBIO NOT GIVEN	$0.00	Not Allowed	
4043F	E	DOC ORDER GIVEN STOP ANTIBIO	$0.00	Not Allowed	
4044F	E	DOC ORDER GIVEN VTE PROPHYLX	$0.00	Not Allowed	
4045F	E	EMPIRIC ANTIBIOTIC RX	$0.00	Not Allowed	
4046F	E	DOC ANTIBIO GIVEN B/4 SURG	$0.00	Not Allowed	
4047F	E	DOC ANTIBIO GIVEN B/4 SURG	$0.00	Not Allowed	
4048F	E	DOC ANTIBIO GIVEN B/4 SURG	$0.00	Not Allowed	
4049F	E	DOC ORDER GIVEN STOP ANTIBIO	$0.00	Not Allowed	
4050F	E	HT CARE PLAN DOC	$0.00	Not Allowed	
4051F	E	REFERRED FOR AN AV FISTULA	$0.00	Not Allowed	
4052F	E	HEMODIALYSIS VIA AV FISTULA	$0.00	Not Allowed	
4053F	E	HEMODIALYSIS VIA AV GRAFT	$0.00	Not Allowed	
4054F	E	HEMODIALYSIS VIA CATHETER	$0.00	Not Allowed	
4055F	E	PT. RCVNG PERITON DIALYSIS	$0.00	Not Allowed	
4056F	E	APPROP ORAL REHYD RECOMMD	$0.00	Not Allowed	
4058F	E	PED GASTRO ED GIVEN, CAREGVR	$0.00	Not Allowed	
4060F	E	PSYCH SVCS PROVIDED	$0.00	Not Allowed	
4062F	E	PT REFERRAL PSYCH DOCD	$0.00	Not Allowed	
4064F	E	ANTIDEPRESSANT RX	$0.00	Not Allowed	
4065F	E	ANTIPSYCHOTIC RX	$0.00	Not Allowed	
4066F	E	ECT PROVIDED	$0.00	Not Allowed	

4067F	E	PT REFERRAL FOR ECT DOCD	$0.00	Not Allowed	
4070F	E	DVT PROPHYLX RECVD DAY 2	$0.00	Not Allowed	
4073F	E	ORAL ANTIPLAT THX RX DISCHRG	$0.00	Not Allowed	
4075F	E	ANTICOAG THX RX AT DISCHRG	$0.00	Not Allowed	
4077F	E	DOC T-PA ADMIN CONSIDERED	$0.00	Not Allowed	
4079F	E	DOC REHAB SVCS CONSIDERED	$0.00	Not Allowed	
4084F	E	ASPIRIN RECVD W/IN 24 HRS	$0.00	Not Allowed	
4090F	E	PT RCVNG EPO THXPY	$0.00	Not Allowed	
4095F	E	PT NOT RCVNG EPO THXPY	$0.00	Not Allowed	
4100F	E	BIPHOS THXPY VEIN ORD/RECVD	$0.00	Not Allowed	
4110F	E	INT MAM ART USED FOR CABG	$0.00	Not Allowed	
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS	$0.00	Not Allowed	
4120F	E	ANTIBIOT RXD/GIVEN	$0.00	Not Allowed	
4124F	E	ANTIBIOT NOT RXD/GIVEN	$0.00	Not Allowed	
4130F	E	TOPICAL PREP RX AOE	$0.00	Not Allowed	
4131F	E	SYST ANTIMICROBIAL THX RX	$0.00	Not Allowed	
4132F	E	NO SYST ANTIMICROBIAL THX RX	$0.00	Not Allowed	
4133F	E	ANTIHIST/DECONG RX/RECOM	$0.00	Not Allowed	
4134F	E	NO ANTIHIST/DECONG RX/RECOM	$0.00	Not Allowed	
4135F	E	SYSTEMIC CORTICOSTEROIDS RX	$0.00	Not Allowed	
4136F	E	SYST CORTICOSTEROIDS NOT RX	$0.00	Not Allowed	
4148F	E	HEP A VAC INJXN ADMIN/RECVD	$0.00	Not Allowed	
4149F	E	HEP B VAC INJXN ADMIN/RECVD	$0.00	Not Allowed	
4150F	E	PT RECVNG ANTIVIR TXMNT HEPC	$0.00	Not Allowed	
4151F	E	PT NOT RECVNG ANTIV HEP C	$0.00	Not Allowed	
4153F	E	COMBO PEGINTF/RIB RX	$0.00	Not Allowed	
4155F	E	HEP A VAC SERIES PREV RECVD	$0.00	Not Allowed	
4157F	E	HEP B VAC SERIES PREV RECVD	$0.00	Not Allowed	
4158F	E	PT EDU RE: ALCOH DRNKNG DONE	$0.00	Not Allowed	
4159F	E	CONTRCP TALK B/4 ANTIV TXMNT	$0.00	Not Allowed	
4163F	E	PT COUNS. 4 TXMNT OPT, PROST	$0.00	Not Allowed	
4164F	E	ADJV HRMNL THXPY RXD	$0.00	Not Allowed	
4165F	E	3D-CRT/IMRT RECEIVED	$0.00	Not Allowed	
4167F	E	HD BED TILTED 1ST DAY VENT	$0.00	Not Allowed	
4168F	E	PT CARE ICU&VENT W/IN 24HRS	$0.00	Not Allowed	
4169F	E	NO PT CARE ICU/VENT IN 24HRS	$0.00	Not Allowed	
4171F	E	PT RCVNG ESA THXPY	$0.00	Not Allowed	
4172F	E	PT NOT RCVNG ESA THXPY	$0.00	Not Allowed	
4174F	E	COUNS POTENT GLAUC IMPCT	$0.00	Not Allowed	
4175F	E	VIS OF >=20/40 W/IN 90 DAYS	$0.00	Not Allowed	
4176F	E	TALK RE UV LIGHT PT/CRGVR	$0.00	Not Allowed	
4177F	E	TALK PT/CRGVR RE AREDS PREV	$0.00	Not Allowed	
4178F	E	ANTID GLBLN RCVD W/IN 26WKS	$0.00	Not Allowed	
4179F	E	TAMOXIFEN/AI PRESCRIBED	$0.00	Not Allowed	
4180F	E	ADJV THXPYRXD/RCVD STG3A-C	$0.00	Not Allowed	
4181F	E	CONFORMAL RADN THXPY RCVD	$0.00	Not Allowed	
4182F	E	NO CONFORMAL RADN THXPY	$0.00	Not Allowed	
4185F	E	CONTINUOUS PPI OR H2RA RCVD	$0.00	Not Allowed	
4186F	E	NO CONT PPI OR H2RA RCVD	$0.00	Not Allowed	
4187F	E	ANTI RHEUM DRUGTHXPYRXD/GVN	$0.00	Not Allowed	
4188F	E	APPROP ACE/ARB TSTNG DONE	$0.00	Not Allowed	
4189F	E	APPROP DIGOXIN TSTNG DONE	$0.00	Not Allowed	
4190F	E	APPROP DIURETIC TSTNG DONE	$0.00	Not Allowed	
4191F	E	APPROP ANTICONVULS TSTNG	$0.00	Not Allowed	
4192F	E	PT NOT RCVNG GLUCOCO THXPY	$0.00	Not Allowed	
4193F	E	PT RCVNG<10MG DAILY PREDNISO	$0.00	Not Allowed	
4194F	E	PT RCVNG>10MG DAILY PREDNISO	$0.00	Not Allowed	
4195F	E	PT RCVNG ANTI-RHEUM THXPY RA	$0.00	Not Allowed	
4196F	E	PTNOT RCVNG ANTI-RHM THXPYRA	$0.00	Not Allowed	
4200F	E	EXTERNAL BEAM TO PROST ONLY	$0.00	Not Allowed	
4201F	E	EXTRNL BEAM OTHER THAN PROST	$0.00	Not Allowed	
4210F	E	ACE/ARB THXPY FOR >= 6 MONS	$0.00	Not Allowed	
4220F	E	DIGOXIN THXPY FOR >= 6 MONS	$0.00	Not Allowed	
4221F	E	DIURETIC THXPY FOR >= 6 MONS	$0.00	Not Allowed	
4230F	E	ANTICONV THXPY FOR >= 6 MONS	$0.00	Not Allowed	
4240F	E	INSTR XRCZ 4BK PN >12 WEEKS	$0.00	Not Allowed	N
4242F	E	SPRVSD XRCZ BK PN >12 WEEKS	$0.00	Not Allowed	N
4245F	E	PT INSTR RESUME NRML LIFEST	$0.00	Not Allowed	N
4248F	E	PT INSTR-NO BD REST>= 4 DAYS	$0.00	Not Allowed	N
4250F	E	WRMNG 4 SURG - NORMOTHERMIA	$0.00	Not Allowed	N
4260F	E	WOUND SRFC CULTURETECH USED	$0.00	Not Allowed	

4261F	E	TECH OTHER THAN SURFC CULTR	$0.00	Not Allowed	
4265F	E	WET-DRY DRESSINGS RX-RECMD	$0.00	Not Allowed	
4266F	E	NO WET-DRY DRSSINGS RX-RECMD	$0.00	Not Allowed	
4267F	E	COMPRSSION THXPY PRESCRIBED	$0.00	Not Allowed	
4268F	E	PT ED RE COMP THXPY RCVD	$0.00	Not Allowed	
4269F	E	APPROPOS MTHD OFFLOADING RXD	$0.00	Not Allowed	
4270F	E	PT RCVNG ANTI R-VIRAL THXPY	$0.00	Not Allowed	
4271F	E	PT RCVNG ANTI R-VIRAL THXPY	$0.00	Not Allowed	
4274F	E	FLU IMMUNO ADMINFD RCVD	$0.00	Not Allowed	
4275F	E	HEP B VAC INJ ADMIN/RCVD	$0.00	Not Allowed	
4276F	E	POTENT ANTIVIR THXPY RXD	$0.00	Not Allowed	
4279F	E	PCP PROPHYLAXIS RXD	$0.00	Not Allowed	
4280F	E	PCP PROPHYLAX RXD 3MON LOW %	$0.00	Not Allowed	
4290F	E	PT SCRNED FOR INJ DRUG USE	$0.00	Not Allowed	
4293F	E	PT SCRND - HGH-RSK SEX BEHAV	$0.00	Not Allowed	
4300F	E	PT RCVNG WARF THXPY	$0.00	Not Allowed	
4301F	E	PT NOT RCVNG WARF THXPY	$0.00	Not Allowed	
4305F	E	PT ED RE FT CARE INSPCT RCVD	$0.00	Not Allowed	
4306F	E	PT TLK PSYCH & RX OPD ADDIC	$0.00	Not Allowed	
4320F	E	PT TALK PSYCHSOC+RX OH DPND	$0.00	Not Allowed	
5005F	E	PT COUNSLD ON EXAM FOR MOLES	$0.00	Not Allowed	N
5010F	E	MACUL + FINDINGS TO DR MNG DM	$0.00	Not Allowed	N
5015F	E	DOC FX & TEST/TXMNT FOR OP	$0.00	Not Allowed	N
5020F	E	TXMNTS 2 MAIN DR BY 1 MON	$0.00	Not Allowed	
5050F	E	PLAN 2 MAIN DR. BY 1 MONTH	$0.00	Not Allowed	
5060F	E	FNDNGS MAMMO 2PT W/IN 3 DAYS	$0.00	Not Allowed	N
5062F	E	DOC F2FMAMMO FNDNG IN 3 DAYS	$0.00	Not Allowed	N
5100F	E	RSK FX REF W/N 24 HRS X-RAY	$0.00	Not Allowed	
6005F	E	CARE LEVEL RATIONALE DOC	$0.00	Not Allowed	
6010F	E	DYSPHAG TEST DONE B/4 EATING	$0.00	Not Allowed	
6015F	E	DYSPHAG TEST DONE B/4 EATING	$0.00	Not Allowed	
6020F	E	NPO (NOTHING-MOUTH) ORDERED	$0.00	Not Allowed	
6030F	E	MAX STERILE BARRIERS FOLLWD	$0.00	Not Allowed	
6040F	E	APPRO RAD DS DVCS TECHS DOCD	$0.00	Not Allowed	N
6045F	E	RADXPS IN END RPRT4FLURO PXD	$0.00	Not Allowed	N
7010F	E	PT INFO INTO RECALL SYSTEM	$0.00	Not Allowed	
7020F	E	MAMMO ASSESS CAT IN DBASE	$0.00	Not Allowed	N
7025F	E	PT INFOSYS ALARM 4 NXT MAMMO	$0.00	Not Allowed	N
A0021	E	OUTSIDE STATE AMBULANCE SERV	$0.00	Not Allowed	Y
A0080	E	NONINTEREST ESCORT IN NON ER	$0.00	Not Allowed	N
A0090	E	INTEREST ESCORT IN NON ER	$0.00	Not Allowed	Y
A0100	E	NONEMERGENCY TRANSPORT TAXI	$0.00	Not Allowed	N
A0110	E	NONEMERGENCY TRANSPORT BUS	$0.00	Not Allowed	Y
A0120	E	NONER TRANSPORT MINI-BUS	$0.00	Not Allowed	N
A0130	E	NONER TRANSPORT WHEELCH VAN	$0.00	Not Allowed	Y
A0140	E	NONEMERGENCY TRANSPORT AIR	$0.00	Not Allowed	Y
A0160	E	NONER TRANSPORT CASE WORKER	$0.00	Not Allowed	Y
A0170	E	TRANSPORT PARKING FEES/TOLLS	$0.00	Not Allowed	N
A0180	E	NONER TRANSPORT LODGNG RECIP	$0.00	Not Allowed	Y
A0190	E	NONER TRANSPORT MEALS RECIP	$0.00	Not Allowed	Y
A0200	E	NONER TRANSPORT LODGNG ESCRT	$0.00	Not Allowed	N
A0210	E	NONER TRANSPORT MEALS ESCORT	$0.00	Not Allowed	N
A0225	E	NEONATAL EMERGENCY TRANSPORT	$0.00	Not Allowed	
A0380	E	BASIC LIFE SUPPORT MILEAGE	$0.00	Not Allowed	N
A0382	E	BASIC SUPPORT ROUTINE SUPPLS	$0.00	Not Allowed	N
A0384	E	BLS DEFIBRILLATION SUPPLIES	$0.00	Not Allowed	N
A0390	E	ADVANCED LIFE SUPPORT MILEAG	$0.00	Not Allowed	N
A0392	E	ALS DEFIBRILLATION SUPPLIES	$0.00	Not Allowed	N
A0394	E	ALS IV DRUG THERAPY SUPPLIES	$0.00	Not Allowed	N
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS	$0.00	Not Allowed	N
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS	$0.00	Not Allowed	N
A0420	E	AMBULANCE WAITING 1/2 HR	$0.00	Not Allowed	N
A0422	E	AMBULANCE 02 LIFE SUSTAINING	$0.00	Not Allowed	Y
A0424	E	EXTRA AMBULANCE ATTENDANT	$0.00	Not Allowed	N
A0425	E	GROUND MILEAGE	$0.00	Not Allowed	Y
A0426	E	ALS 1	$0.00	Not Allowed	Y
A0427	E	ALS1-EMERGENCY	$0.00	Not Allowed	Y
A0428	E	BLS	$0.00	Not Allowed	Y
A0429	E	BLS-EMERGENCY	$0.00	Not Allowed	Y
A0430	E	FIXED WING AIR TRANSPORT	$0.00	Not Allowed	Y
A0431	E	ROTARY WING AIR TRANSPORT	$0.00	Not Allowed	Y

A0432	E	PI VOLUNTEER AMBULANCE CO	$0.00	Not Allowed	Y
A0433	E	ALS 2	$0.00	Not Allowed	Y
A0434	E	SPECIALTY CARE TRANSPORT	$0.00	Not Allowed	Y
A0435	E	FIXED WING AIR MILEAGE	$0.00	Not Allowed	Y
A0436	E	ROTARY WING AIR MILEAGE	$0.00	Not Allowed	Y
A0888	E	NONCOVERED AMBULANCE MILEAGE	$0.00	Not Allowed	Y
A0998	E	AMBULANCE RESPONSE/TREATMENT	$0.00	Not Allowed	
A0999	E	UNLISTED AMBULANCE SERVICE	$0.00	Not Allowed	
A4206	N	1 CC STERILE SYRINGE&NEEDLE	$0.00	Bundled	
A4207	N	2 CC STERILE SYRINGE&NEEDLE	$0.00	Bundled	
A4208	N	3 CC STERILE SYRINGE&NEEDLE	$0.00	Bundled	
A4209	N	5+ CC STERILE SYRINGE&NEEDLE	$0.00	Bundled	
A4210	N	NONNEEDLE INJECTION DEVICE	$0.00	Bundled	N
A4211	N	SUPP FOR SELF-ADM INJECTIONS	$0.00	Bundled	N
A4212	N	NON CORING NEEDLE OR STYLET	$0.00	Bundled	N
A4213	N	20+ CC SYRINGE ONLY	$0.00	Bundled	
A4215	N	STERILE NEEDLE	$0.00	Bundled	
A4216	E	STERILE WATER/SALINE 10 ML	$0.00	Not Allowed	
A4217	E	STERILE WATER/SALINE 500 ML	$0.00	Not Allowed	
A4218	N	STERILE SALINE OR WATER	$0.00	Bundled	
A4220	N	INFUSION PUMP REFILL KIT	$0.00	Bundled	N
A4221	N	MAINT DRUG INFUS CATH PER WK	$0.00	Bundled	N
A4222	N	DRUG INFUSION PUMP SUPPLIES	$0.00	Bundled	N
A4223	E	INFUSION SUPPLIES W/O PUMP	$0.00	Not Allowed	
A4230	N	INFUS INSULIN PUMP NON NEEDL	$0.00	Bundled	N
A4231	N	INFUSION INSULIN PUMP NEEDLE	$0.00	Bundled	N
A4232	N	SYRINGE W/NEEDLE INSULIN 3CC	$0.00	Bundled	N
A4233	E	ALKALIN BATT FOR GLUCOSE MON	$0.00	Not Allowed	
A4234	E	J-CELL BATT FOR GLUCOSE MON	$0.00	Not Allowed	
A4235	E	LITHIUM BATT FOR GLUCOSE MON	$0.00	Not Allowed	
A4236	E	SILVR OXIDE BATT GLUCOSE MON	$0.00	Not Allowed	
A4244	N	ALCOHOL OR PEROXIDE PER PINT	$0.00	Bundled	
A4245	N	ALCOHOL WIPES PER BOX	$0.00	Bundled	
A4246	N	BETADINE/PHISOHEX SOLUTION	$0.00	Bundled	
A4247	N	BETADINE/IODINE SWABS/WIPES	$0.00	Bundled	
A4248	N	CHLORHEXIDINE ANTISEPT	$0.00	Bundled	
A4250	N	URINE REAGENT STRIPS/TABLETS	$0.00	Bundled	N
A4252	E	BLOOD KETONE TEST OR STRIP	$0.00	Not Allowed	
A4253	N	BLOOD GLUCOSE/REAGENT STRIPS	$0.00	Bundled	
A4255	N	GLUCOSE MONITOR PLATFORMS	$0.00	Bundled	N
A4256	N	CALIBRATOR SOLUTION/CHIPS	$0.00	Bundled	
A4257	N	REPLACE LENSSHIELD CARTRIDGE	$0.00	Bundled	
A4258	N	LANCET DEVICE EACH	$0.00	Bundled	N
A4259	N	LANCETS PER BOX	$0.00	Bundled	
A4261	E	CERVICAL CAP CONTRACEPTIVE	$0.00	Not Allowed	N
A4262	N	TEMPORARY TEAR DUCT PLUG	$0.00	Bundled	N
A4263	N	PERMANENT TEAR DUCT PLUG	$0.00	Bundled	N
A4265	N	PARAFFIN	$0.00	Bundled	
A4266	E	DIAPHRAGM	$0.00	Not Allowed	
A4267	E	MALE CONDOM	$0.00	Not Allowed	N
A4268	N	FEMALE CONDOM	$0.00	Bundled	
A4269	N	SPERMICIDE	$0.00	Bundled	
A4270	N	DISPOSABLE ENDOSCOPE SHEATH	$0.00	Bundled	N
A4280	N	BRST PRSTHS ADHSV ATTCHMNT	$0.00	Bundled	N
A4281	E	REPLACEMENT BREASTPUMP TUBE	$0.00	Not Allowed	
A4282	E	REPLACEMENT BREASTPUMP ADPT	$0.00	Not Allowed	
A4283	E	REPLACEMENT BREASTPUMP CAP	$0.00	Not Allowed	
A4284	E	REPLCMNT BREAST PUMP SHIELD	$0.00	Not Allowed	
A4285	E	REPLCMNT BREAST PUMP BOTTLE	$0.00	Not Allowed	
A4286	E	REPLCMNT BREASTPUMP LOK RING	$0.00	Not Allowed	
A4290	N	SACRAL NERVE STIM TEST LEAD	$0.00	Bundled	N
A4300	N	CATH IMPL VASC ACCESS PORTAL	$0.00	Bundled	
A4301	N	IMPLANTABLE ACCESS SYST PERC	$0.00	Bundled	N
A4305	N	DRUG DELIVERY SYSTEM >=50 ML	$0.00	Bundled	N
A4306	N	DRUG DELIVERY SYSTEM <=50 ML	$0.00	Bundled	N
A4310	N	INSERT TRAY W/O BAG/CATH	$0.00	Bundled	N
A4311	N	CATHETER W/O BAG 2-WAY LATEX	$0.00	Bundled	N
A4312	N	CATH W/O BAG 2-WAY SILICONE	$0.00	Bundled	N
A4313	N	CATHETER W/BAG 3-WAY	$0.00	Bundled	N
A4314	N	CATH W/DRAINAGE 2-WAY LATEX	$0.00	Bundled	N
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE	$0.00	Bundled	N

A4316	N	CATH W/DRAINAGE 3-WAY	$0.00	Bundled	N
A4320	N	IRRIGATION TRAY	$0.00	Bundled	N
A4321	N	CATH THERAPEUTIC IRRIG AGENT	$0.00	Bundled	N
A4322	N	IRRIGATION SYRINGE	$0.00	Bundled	N
A4326	N	MALE EXTERNAL CATHETER	$0.00	Bundled	N
A4327	N	FEM URINARY COLLECT DEV CUP	$0.00	Bundled	N
A4328	N	FEM URINARY COLLECT POUCH	$0.00	Bundled	N
A4330	N	STOOL COLLECTION POUCH	$0.00	Bundled	N
A4331	N	EXTENSION DRAINAGE TUBING	$0.00	Bundled	N
A4332	N	LUBRICANT FOR CATH INSERTION	$0.00	Bundled	N
A4333	N	URINARY CATH ANCHOR DEVICE	$0.00	Bundled	N
A4334	N	URINARY CATH LEG STRAP	$0.00	Bundled	N
A4335	N	INCONTINENCE SUPPLY	$0.00	Bundled	N
A4338	N	INDWELLING CATHETER LATEX	$0.00	Bundled	N
A4340	N	INDWELLING CATHETER SPECIAL	$0.00	Bundled	N
A4344	N	CATH INDW FOLEY 2 WAY SILICN	$0.00	Bundled	
A4346	N	CATH INDW FOLEY 3 WAY	$0.00	Bundled	
A4349	E	DISPOSABLE MALE EXTERNAL CAT	$0.00	Not Allowed	
A4351	N	STRAIGHT TIP URINE CATHETER	$0.00	Bundled	
A4352	N	COUDE TIP URINARY CATHETER	$0.00	Bundled	
A4353	N	INTERMITTENT URINARY CATH	$0.00	Bundled	N
A4354	N	CATH INSERTION TRAY W/BAG	$0.00	Bundled	
A4355	N	BLADDER IRRIGATION TUBING	$0.00	Bundled	
A4356	N	EXT URETH CLMP OR COMPR DVC	$0.00	Bundled	N
A4357	N	BEDSIDE DRAINAGE BAG	$0.00	Bundled	
A4358	N	URINARY LEG OR ABDOMEN BAG	$0.00	Bundled	
A4361	N	OSTOMY FACE PLATE	$0.00	Bundled	N
A4362	N	SOLID SKIN BARRIER	$0.00	Bundled	N
A4363	N	OSTOMY CLAMP, REPLACEMENT	$0.00	Bundled	N
A4364	N	ADHESIVE LIQUID OR EQUAL	$0.00	Bundled	N
A4365	N	ADHESIVE REMOVER WIPES	$0.00	Bundled	N
A4366	E	OSTOMY VENT	$0.00	Not Allowed	
A4367	N	OSTOMY BELT	$0.00	Bundled	N
A4368	N	OSTOMY FILTER	$0.00	Bundled	N
A4369	N	SKIN BARRIER LIQUID PER OZ	$0.00	Bundled	
A4371	N	SKIN BARRIER POWDER PER OZ	$0.00	Bundled	N
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV	$0.00	Bundled	N
A4373	N	SKIN BARRIER WITH FLANGE	$0.00	Bundled	N
A4375	N	DRAINABLE PLASTIC PCH W FCPL	$0.00	Bundled	N
A4376	N	DRAINABLE RUBBER PCH W FCPLT	$0.00	Bundled	N
A4377	N	DRAINABLE PLSTIC PCH W/O FP	$0.00	Bundled	N
A4378	N	DRAINABLE RUBBER PCH W/O FP	$0.00	Bundled	N
A4379	N	URINARY PLASTIC POUCH W FCPL	$0.00	Bundled	N
A4380	N	URINARY RUBBER POUCH W FCPLT	$0.00	Bundled	
A4381	N	URINARY PLASTIC POUCH W/O FP	$0.00	Bundled	N
A4382	N	URINARY HVY PLSTC PCH W/O FP	$0.00	Bundled	N
A4383	N	URINARY RUBBER POUCH W/O FP	$0.00	Bundled	N
A4384	N	OSTOMY FACEPLT/SILICONE RING	$0.00	Bundled	N
A4385	N	OST SKN BARRIER SLD EXT WEAR	$0.00	Bundled	N
A4387	N	OST CLSD POUCH W ATT ST BARR	$0.00	Bundled	N
A4388	N	DRAINABLE PCH W EX WEAR BARR	$0.00	Bundled	N
A4389	N	DRAINABLE PCH W ST WEAR BARR	$0.00	Bundled	N
A4390	N	DRAINABLE PCH EX WEAR CONVEX	$0.00	Bundled	
A4391	N	URINARY POUCH W EX WEAR BARR	$0.00	Bundled	N
A4392	N	URINARY POUCH W ST WEAR BARR	$0.00	Bundled	N
A4393	N	URINE PCH W EX WEAR BAR CONV	$0.00	Bundled	N
A4394	N	OSTOMY POUCH LIQ DEODORANT	$0.00	Bundled	N
A4395	N	OSTOMY POUCH SOLID DEODORANT	$0.00	Bundled	N
A4396	N	PERISTOMAL HERNIA SUPPRT BLT	$0.00	Bundled	N
A4397	N	IRRIGATION SUPPLY SLEEVE	$0.00	Bundled	N
A4398	N	OSTOMY IRRIGATION BAG	$0.00	Bundled	N
A4399	N	OSTOMY IRRIG CONE/CATH W BRS	$0.00	Bundled	N
A4400	N	OSTOMY IRRIGATION SET	$0.00	Bundled	N
A4402	N	LUBRICANT PER OUNCE	$0.00	Bundled	N
A4404	N	OSTOMY RING EACH	$0.00	Bundled	N
A4405	N	NONPECTIN BASED OSTOMY PASTE	$0.00	Bundled	
A4406	N	PECTIN BASED OSTOMY PASTE	$0.00	Bundled	
A4407	N	EXT WEAR OST SKN BARR <=4SQö	$0.00	Bundled	
A4408	N	EXT WEAR OST SKN BARR >4SQö	$0.00	Bundled	
A4409	N	OST SKN BARR CONVEX <=4 SQ I	$0.00	Bundled	
A4410	N	OST SKN BARR EXTND >4 SQ	$0.00	Bundled	

A4411	E	OST SKN BARR EXTND =4SQ	$0.00	Not Allowed	
A4412	E	OST POUCH DRAIN HIGH OUTPUT	$0.00	Not Allowed	
A4413	N	2 PC DRAINABLE OST POUCH	$0.00	Bundled	
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN	$0.00	Bundled	
A4415	N	OST SKN BARR W/O CONV >4 SQI	$0.00	Bundled	
A4416	E	OST PCH CLSD W BARRIER/FILTR	$0.00	Not Allowed	
A4417	E	OST PCH W BAR/BLTINCONV/FLTR	$0.00	Not Allowed	
A4418	E	OST PCH CLSD W/O BAR W FILTR	$0.00	Not Allowed	
A4419	E	OST PCH FOR BAR W FLANGE/FLT	$0.00	Not Allowed	
A4420	E	OST PCH CLSD FOR BAR W LK FL	$0.00	Not Allowed	
A4421	N	OSTOMY SUPPLY MISC	$0.00	Bundled	N
A4422	N	OST POUCH ABSORBENT MATERIAL	$0.00	Bundled	
A4423	E	OST PCH FOR BAR W LK FL/FLTR	$0.00	Not Allowed	
A4424	E	OST PCH DRAIN W BAR & FILTER	$0.00	Not Allowed	
A4425	E	OST PCH DRAIN FOR BARRIER FL	$0.00	Not Allowed	
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM	$0.00	Not Allowed	
A4427	E	OST PCH DRAIN/BARR LK FLNG/F	$0.00	Not Allowed	
A4428	E	URINE OST POUCH W FAUCET/TAP	$0.00	Not Allowed	
A4429	E	URINE OST POUCH W BLTINCONV	$0.00	Not Allowed	
A4430	E	OST URINE PCH W B/BLTIN CONV	$0.00	Not Allowed	
A4431	E	OST PCH URINE W BARRIER/TAPV	$0.00	Not Allowed	
A4432	E	OS PCH URINE W BAR/FANGE/TAP	$0.00	Not Allowed	
A4433	E	URINE OST PCH BAR W LOCK FLN	$0.00	Not Allowed	
A4434	E	OST PCH URINE W LOCK FLNG/FT	$0.00	Not Allowed	
A4450	N	NON-WATERPROOF TAPE	$0.00	Bundled	N
A4452	N	WATERPROOF TAPE	$0.00	Bundled	
A4455	N	ADHESIVE REMOVER PER OUNCE	$0.00	Bundled	N
A4458	N	REUSABLE ENEMA BAG	$0.00	Bundled	
A4461	E	SURGICL DRESS HOLD NON-REUSE	$0.00	Not Allowed	
A4463	E	SURGICAL DRESS HOLDER REUSE	$0.00	Not Allowed	
A4465	N	NON-ELASTIC EXTREMITY BINDER	$0.00	Bundled	N
A4470	N	GRAVLEE JET WASHER	$0.00	Bundled	N
A4480	N	VABRA ASPIRATOR	$0.00	Bundled	N
A4481	N	TRACHEOSTOMA FILTER	$0.00	Bundled	N
A4483	N	MOISTURE EXCHANGER	$0.00	Bundled	N
A4490	N	ABOVE KNEE SURGICAL STOCKING	$0.00	Bundled	N
A4495	N	THIGH LENGTH SURG STOCKING	$0.00	Bundled	N
A4500	N	BELOW KNEE SURGICAL STOCKING	$0.00	Bundled	N
A4510	N	FULL LENGTH SURG STOCKING	$0.00	Bundled	N
A4520	E	INCONTINENCE GARMENT ANYTYPE	$0.00	Not Allowed	
A4550	N	SURGICAL TRAYS	$0.00	Bundled	
A4554	N	DISPOSABLE UNDERPADS	$0.00	Bundled	N
A4556	N	ELECTRODES, PAIR	$0.00	Bundled	N
A4557	N	LEAD WIRES, PAIR	$0.00	Bundled	N
A4558	N	CONDUCTIVE PASTE OR GEL	$0.00	Bundled	N
A4559	N	COUPLING GEL OR PASTE	$0.00	Bundled	
A4561	N	PESSARY RUBBER, ANY TYPE	$0.00	Bundled	N
A4562	N	PESSARY, NON RUBBER,ANY TYPE	$0.00	Bundled	N
A4565	N	SLINGS	$0.00	Bundled	
A4570	N	SPLINT	$0.00	Bundled	
A4575	N	HYPERBARIC O2 CHAMBER DISPS	$0.00	Bundled	N
A4580	N	CAST SUPPLIES (PLASTER)	$0.00	Bundled	
A4590	N	SPECIAL CASTING MATERIAL	$0.00	Bundled	
A4595	N	TENS SUPPL 2 LEAD PER MONTH	$0.00	Bundled	N
A4600	N	SLEEVE, INTER LIMB COMP DEV	$0.00	Bundled	
A4601	N	LITH ION BATT, NON-PROS USE	$0.00	Bundled	
A4604	E	TUBING WITH HEATING ELEMENT	$0.00	Not Allowed	
A4605	E	TRACH SUCTION CATH CLOSE SYS	$0.00	Not Allowed	
A4606	N	OXYGEN PROBE USED W OXIMETER	$0.00	Bundled	N
A4608	N	TRANSTRACHEAL OXYGEN CATH	$0.00	Bundled	N
A4611	N	HEAVY DUTY BATTERY	$0.00	Bundled	N
A4612	N	BATTERY CABLES	$0.00	Bundled	N
A4613	N	BATTERY CHARGER	$0.00	Bundled	N
A4614	E	HAND-HELD PEFR METER	$0.00	Not Allowed	N
A4615	N	CANNULA NASAL	$0.00	Bundled	N
A4616	N	TUBING (OXYGEN) PER FOOT	$0.00	Bundled	N
A4617	N	MOUTH PIECE	$0.00	Bundled	N
A4618	N	BREATHING CIRCUITS	$0.00	Bundled	N
A4619	N	FACE TENT	$0.00	Bundled	N
A4620	N	VARIABLE CONCENTRATION MASK	$0.00	Bundled	N
A4623	N	TRACHEOSTOMY INNER CANNULA	$0.00	Bundled	N

A4624	N	TRACHEAL SUCTION TUBE	$0.00	Bundled	N
A4625	N	TRACH CARE KIT FOR NEW TRACH	$0.00	Bundled	N
A4626	N	TRACHEOSTOMY CLEANING BRUSH	$0.00	Bundled	N
A4627	N	SPACER BAG/RESERVOIR	$0.00	Bundled	N
A4628	N	OROPHARYNGEAL SUCTION CATH	$0.00	Bundled	N
A4629	N	TRACHEOSTOMY CARE KIT	$0.00	Bundled	N
A4630	N	REPL BAT T.E.N.S. OWN BY PT	$0.00	Bundled	N
A4633	N	UVL REPLACEMENT BULB	$0.00	Bundled	
A4634	N	REPLACEMENT BULB TH LIGHTBOX	$0.00	Bundled	
A4635	N	UNDERARM CRUTCH PAD	$0.00	Bundled	N
A4636	N	HANDGRIP FOR CANE ETC	$0.00	Bundled	N
A4637	N	REPL TIP CANE/CRUTCH/WALKER	$0.00	Bundled	N
A4638	E	REPL BATT PULSE GEN SYS	$0.00	Not Allowed	
A4639	N	INFRARED HT SYS REPLCMNT PAD	$0.00	Bundled	
A4640	N	ALTERNATING PRESSURE PAD	$0.00	Bundled	N
A4641	N	RADIOPHARM DX AGENT NOC	$0.00	Bundled	N
A4642	N	IN111 SATUMOMAB	$0.00	Bundled	N
A4648	N	IMPLANTABLE TISSUE MARKER	$0.00	Bundled	
A4649	N	SURGICAL SUPPLIES	$0.00	Bundled	N
A4650	N	IMPLANT RADIATION DOSIMETER	$0.00	Bundled	
A4651	N	CALIBRATED MICROCAP TUBE	$0.00	Bundled	N
A4652	N	MICROCAPILLARY TUBE SEALANT	$0.00	Bundled	
A4653	N	PD CATHETER ANCHOR BELT	$0.00	Bundled	
A4657	N	SYRINGE W/WO NEEDLE	$0.00	Bundled	N
A4660	N	SPHYG/BP APP W CUFF AND STET	$0.00	Bundled	N
A4663	N	DIALYSIS BLOOD PRESSURE CUFF	$0.00	Bundled	N
A4670	N	AUTOMATIC BP MONITOR DIAL	$0.00	Bundled	N
A4671	E	DISPOSABLE CYCLER SET	$0.00	Not Allowed	
A4672	E	DRAINAGE EXT LINE DIALYSIS	$0.00	Not Allowed	
A4673	E	EXT LINE W EASY LOCK CONNECT	$0.00	Not Allowed	
A4674	E	CHEM/ANTISEPT SOLUTION 8OZ	$0.00	Not Allowed	
A4680	N	ACTIVATED CARBON FILTER, EA	$0.00	Bundled	N
A4690	N	DIALYZER, EACH	$0.00	Bundled	Y
A4706	N	BICARBONATE CONC SOL PER GAL	$0.00	Bundled	N
A4707	N	BICARBONATE CONC POW PER PAC	$0.00	Bundled	
A4708	N	ACETATE CONC SOL PER GALLON	$0.00	Bundled	N
A4709	N	ACID CONC SOL PER GALLON	$0.00	Bundled	
A4714	N	TREATED WATER PER GALLON	$0.00	Bundled	N
A4719	N	Y SET TUBING FOR PERITONEAL DIALYSIS	$0.00	Bundled	N
A4720	N	DIALYSAT SOL FLD VOL > 249CC	$0.00	Bundled	
A4721	N	DIALYSAT SOL FLD VOL > 999CC	$0.00	Bundled	N
A4722	N	DIALYS SOL FLD VOL > 1999CC	$0.00	Bundled	
A4723	N	DIALYS SOL FLD VOL > 2999CC	$0.00	Bundled	N
A4724	N	DIALYS SOL FLD VOL > 3999CC	$0.00	Bundled	
A4725	N	DIALYS SOL FLD VOL > 4999CC	$0.00	Bundled	N
A4726	N	DIALYS SOL FLD VOL > 5999CC	$0.00	Bundled	
A4728	E	DIALYSATE SOLUTION NON-DEX	$0.00	Not Allowed	
A4730	N	FISTULA CANNULATION SET, EA	$0.00	Bundled	N
A4736	N	TOPICAL ANESTHETIC, PER GRAM	$0.00	Bundled	N
A4737	N	INJ ANESTHETIC PER 10 ML	$0.00	Bundled	
A4740	N	SHUNT ACCESSORY	$0.00	Bundled	N
A4750	N	ART OR VENOUS BLOOD TUBING	$0.00	Bundled	N
A4755	N	COMB ART/VENOUS BLOOD TUBING	$0.00	Bundled	N
A4760	N	DIALYSATE SOL TEST KIT, EACH	$0.00	Bundled	N
A4765	N	DIALYSATE CONC POW PER PACK	$0.00	Bundled	N
A4766	N	DIALYSATE CONC SOL ADD 10 ML	$0.00	Bundled	
A4770	N	BLOOD COLLECTION TUBE/VACUUM	$0.00	Bundled	N
A4771	N	SERUM CLOTTING TIME TUBE	$0.00	Bundled	N
A4772	N	BLOOD GLUCOSE TEST STRIPS	$0.00	Bundled	N
A4773	N	OCCULT BLOOD TEST STRIPS	$0.00	Bundled	N
A4774	N	AMMONIA TEST STRIPS	$0.00	Bundled	N
A4802	N	PROTAMINE SULFATE PER 50 MG	$0.00	Bundled	
A4860	N	DISPOSABLE CATHETER TIPS	$0.00	Bundled	N
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP	$0.00	Bundled	Y
A4890	N	REPAIR/MAINT CONT HEMO EQUIP	$0.00	Bundled	N
A4911	N	DRAIN BAG/BOTTLE	$0.00	Bundled	N
A4913	N	MISC DIALYSIS SUPPLIES NOC	$0.00	Bundled	N
A4918	N	VENOUS PRESSURE CLAMP	$0.00	Bundled	N
A4927	N	NON-STERILE GLOVES	$0.00	Bundled	
A4928	N	SURGICAL MASK	$0.00	Bundled	
A4929	N	TOURNIQUET FOR DIALYSIS, EA	$0.00	Bundled	N

A4930	N	STERILE GLOVES PER PAIR	$0.00	Bundled	
A4931	N	REUSABLE ORAL THERMOMETER	$0.00	Bundled	
A4932	N	REUSABLE RECTAL THERMOMETER	$0.00	Bundled	
A5051	N	POUCH CLSD W BARR ATTACHED	$0.00	Bundled	N
A5052	N	CLSD OSTOMY POUCH W/O BARR	$0.00	Bundled	N
A5053	N	CLSD OSTOMY POUCH FACEPLATE	$0.00	Bundled	N
A5054	N	CLSD OSTOMY POUCH W/FLANGE	$0.00	Bundled	N
A5055	N	STOMA CAP	$0.00	Bundled	N
A5061	N	POUCH DRAINABLE W BARRIER AT	$0.00	Bundled	N
A5062	N	DRNBLE OSTOMY POUCH W/O BARR	$0.00	Bundled	N
A5063	N	DRAIN OSTOMY POUCH W/FLANGE	$0.00	Bundled	N
A5071	N	URINARY POUCH W/BARRIER	$0.00	Bundled	N
A5072	N	URINARY POUCH W/O BARRIER	$0.00	Bundled	N
A5073	N	URINARY POUCH ON BARR W/FLNG	$0.00	Bundled	N
A5081	N	CONTINENT STOMA PLUG	$0.00	Bundled	N
A5082	N	CONTINENT STOMA CATHETER	$0.00	Bundled	N
A5083	N	STOMA ABSORPTIVE COVER	$0.00	Bundled	
A5093	N	OSTOMY ACCESSORY CONVEX INSE	$0.00	Bundled	N
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE	$0.00	Bundled	N
A5105	N	URINARY SUSPENSORY	$0.00	Bundled	N
A5112	N	URINARY LEG BAG	$0.00	Bundled	N
A5113	N	LATEX LEG STRAP	$0.00	Bundled	N
A5114	N	FOAM/FABRIC LEG STRAP	$0.00	Bundled	N
A5120	E	SKIN BARRIER WIPE OR SWAB	$0.00	Not Allowed	
A5121	N	SOLID SKIN BARRIER 6X6	$0.00	Bundled	N
A5122	N	SOLID SKIN BARRIER 8X8	$0.00	Bundled	N
A5126	N	DISK/FOAM PAD +OR- ADHESIVE	$0.00	Bundled	N
A5131	N	APPLIANCE CLEANER	$0.00	Bundled	N
A5200	N	PERCUTANEOUS CATHETER ANCHOR	$0.00	Bundled	N
A5500	N	DIAB SHOE FOR DENSITY INSERT	$0.00	Bundled	N
A5501	N	DIABETIC CUSTOM MOLDED SHOE	$0.00	Bundled	N
A5503	N	DIABETIC SHOE W/ROLLER/ROCKR	$0.00	Bundled	N
A5504	N	DIABETIC SHOE WITH WEDGE	$0.00	Bundled	N
A5505	N	DIAB SHOE W/METATARSAL BAR	$0.00	Bundled	N
A5506	N	DIABETIC SHOE W/OFF SET HEEL	$0.00	Bundled	N
A5507	N	MODIFICATION DIABETIC SHOE	$0.00	Bundled	N
A5508	N	DIABETIC DELUXE SHOE	$0.00	Bundled	N
A5510	N	COMPRESSION FORM SHOE INSERT	$0.00	Bundled	N
A5512	E	MULTI DEN INSERT DIRECT FORM	$0.00	Not Allowed	
A5513	E	MULTI DEN INSERT CUSTOM MOLD	$0.00	Not Allowed	
A6000	N	WOUND WARMING WOUND COVER	$0.00	Bundled	N
A6010	N	COLLAGEN BASED WOUND FILLER	$0.00	Bundled	
A6011	N	COLLAGEN GEL/PASTE WOUND FIL	$0.00	Bundled	
A6021	N	COLLAGEN DRESSING <=16 SQ IN	$0.00	Bundled	N
A6022	N	COLLAGEN DRSG>6<=48 SQ IN	$0.00	Bundled	N
A6023	N	COLLAGEN DRESSING >48 SQ IN	$0.00	Bundled	N
A6024	N	COLLAGEN DSG WOUND FILLER	$0.00	Bundled	N
A6025	N	SILICONE GEL SHEET EACH	$0.00	Bundled	N
A6154	N	WOUND POUCH EACH	$0.00	Bundled	N
A6196	N	ALGINATE DRESSING <=16 SQ IN	$0.00	Bundled	N
A6197	N	ALGINATE DRSG >16 <=48 SQ IN	$0.00	Bundled	N
A6198	N	ALGINATE DRESSING > 48 SQ IN	$0.00	Bundled	N
A6199	N	ALGINATE DRSG WOUND FILLER	$0.00	Bundled	N
A6200	N	COMPOS DRSG <=16 NO BORDER	$0.00	Bundled	N
A6201	N	COMPOS DRSG >16<=48 NO BDR	$0.00	Bundled	N
A6202	N	COMPOS DRSG >48 NO BORDER	$0.00	Bundled	N
A6203	N	COMPOSITE DRSG <= 16 SQ IN	$0.00	Bundled	N
A6204	N	COMPOSITE DRSG >16<=48 SQ IN	$0.00	Bundled	N
A6205	N	COMPOSITE DRSG > 48 SQ IN	$0.00	Bundled	N
A6206	N	CONTACT LAYER <= 16 SQ IN	$0.00	Bundled	N
A6207	N	CONTACT LAYER >16<= 48 SQ IN	$0.00	Bundled	N
A6208	N	CONTACT LAYER > 48 SQ IN	$0.00	Bundled	N
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR	$0.00	Bundled	N
A6210	N	FOAM DRG >16<=48 SQ IN W/O B	$0.00	Bundled	N
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR	$0.00	Bundled	N
A6212	N	FOAM DRG <=16 SQ IN W/BORDER	$0.00	Bundled	N
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR	$0.00	Bundled	N
A6214	N	FOAM DRG > 48 SQ IN W/BORDER	$0.00	Bundled	N
A6215	N	FOAM DRESSING WOUND FILLER	$0.00	Bundled	N
A6216	N	NON-STERILE GAUZE<=16 SQ IN	$0.00	Bundled	N
A6217	N	NON-STERILE GAUZE>16<=48 SQ	$0.00	Bundled	N

A6218	N	NON-STERILE GAUZE > 48 SQ IN	$0.00	Bundled	N
A6219	N	GAUZE <= 16 SQ IN W/BORDER	$0.00	Bundled	N
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR	$0.00	Bundled	N
A6221	N	GAUZE > 48 SQ IN W/BORDER	$0.00	Bundled	N
A6222	N	GAUZE <=16 IN NO W/SAL W/O B	$0.00	Bundled	N
A6223	N	GAUZE >16<=48 NO W/SAL W/O B	$0.00	Bundled	N
A6224	N	GAUZE > 48 IN NO W/SAL W/O B	$0.00	Bundled	N
A6228	N	GAUZE <= 16 SQ IN WATER/SAL	$0.00	Bundled	N
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL	$0.00	Bundled	N
A6230	N	GAUZE > 48 SQ IN WATER/SALNE	$0.00	Bundled	N
A6231	N	HYDROGEL DSG<=16 SQ IN	$0.00	Bundled	N
A6232	N	HYDROGEL DSG>16<=48 SQ IN	$0.00	Bundled	N
A6233	N	HYDROGEL DRESSING >48 SQ IN	$0.00	Bundled	N
A6234	N	HYDROCOLLD DRG <=16 W/O BDR	$0.00	Bundled	N
A6235	N	HYDROCOLLD DRG >16<=48 W/O B	$0.00	Bundled	N
A6236	N	HYDROCOLLD DRG > 48 IN W/O B	$0.00	Bundled	N
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR	$0.00	Bundled	N
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR	$0.00	Bundled	N
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR	$0.00	Bundled	N
A6240	N	HYDROCOLLD DRG FILLER PASTE	$0.00	Bundled	N
A6241	N	HYDROCOLLOID DRG FILLER DRY	$0.00	Bundled	N
A6242	N	HYDROGEL DRG <=16 IN W/O BDR	$0.00	Bundled	N
A6243	N	HYDROGEL DRG >16<=48 W/O BDR	$0.00	Bundled	N
A6244	N	HYDROGEL DRG >48 IN W/O BDR	$0.00	Bundled	N
A6245	N	HYDROGEL DRG <= 16 IN W/BDR	$0.00	Bundled	N
A6246	N	HYDROGEL DRG >16<=48 IN W/B	$0.00	Bundled	N
A6247	N	HYDROGEL DRG > 48 SQ IN W/B	$0.00	Bundled	N
A6248	N	HYDROGEL DRSG GEL FILLER	$0.00	Bundled	N
A6250	N	SKIN SEAL PROTECT MOISTURIZR	$0.00	Bundled	N
A6251	N	ABSORPT DRG <=16 SQ IN W/O B	$0.00	Bundled	N
A6252	N	ABSORPT DRG >16 <=48 W/O BDR	$0.00	Bundled	N
A6253	N	ABSORPT DRG > 48 SQ IN W/O B	$0.00	Bundled	N
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR	$0.00	Bundled	N
A6255	N	ABSORPT DRG >16<=48 IN W/BDR	$0.00	Bundled	N
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR	$0.00	Bundled	N
A6257	N	TRANSPARENT FILM <= 16 SQ IN	$0.00	Bundled	N
A6258	N	TRANSPARENT FILM >16<=48 IN	$0.00	Bundled	N
A6259	N	TRANSPARENT FILM > 48 SQ IN	$0.00	Bundled	N
A6260	N	WOUND CLEANSER ANY TYPE/SIZE	$0.00	Bundled	N
A6261	N	WOUND FILLER GEL/PASTE /OZ	$0.00	Bundled	N
A6262	N	WOUND FILLER DRY FORM / GRAM	$0.00	Bundled	N
A6266	N	IMPREG GAUZE NO H20/SAL/YARD	$0.00	Bundled	N
A6402	N	STERILE GAUZE <= 16 SQ IN	$0.00	Bundled	N
A6403	N	STERILE GAUZE>16 <= 48 SQ IN	$0.00	Bundled	N
A6404	N	STERILE GAUZE > 48 SQ IN	$0.00	Bundled	N
A6407	E	PACKING STRIPS NON-IMPREG	$0.00	Not Allowed	
A6410	N	STERILE EYE PAD	$0.00	Bundled	
A6411	N	NON-STERILE EYE PAD	$0.00	Bundled	
A6412	N	OCCLUSIVE EYE PATCH	$0.00	Bundled	
A6413	E	ADHESIVE BANDAGE, FIRST-AID	$0.00	Not Allowed	
A6441	E	PAD BAND W>=3" <5"/YD	$0.00	Not Allowed	N
A6442	E	CONFORM BAND N/S W<3"/YD	$0.00	Not Allowed	N
A6443	E	CONFORM BAND N/S W>=3"<5"/YD	$0.00	Not Allowed	N
A6444	E	CONFORM BAND N/S W>=5□/YD	$0.00	Not Allowed	N
A6445	E	CONFORM BAND S W <3□/YD	$0.00	Not Allowed	N
A6446	E	CONFORM BAND S W>=3□ <5□/YD	$0.00	Not Allowed	N
A6447	E	CONFORM BAND S W >=5□/YD	$0.00	Not Allowed	N
A6448	E	LT COMPRES BAND <3□/YD	$0.00	Not Allowed	N
A6449	E	LT COMPRES BAND >=3□ <5□/YD	$0.00	Not Allowed	N
A6450	E	LT COMPRES BAND >=5□/YD	$0.00	Not Allowed	N
A6451	E	MOD COMPRES BAND W>=3□<5□/YD	$0.00	Not Allowed	N
A6452	E	HIGH COMPRES BAND W>=3□<5□YD	$0.00	Not Allowed	N
A6453	E	SELF-ADHER BAND W <3□/YD	$0.00	Not Allowed	N
A6454	E	SELF-ADHER BAND W>=3□ <5□/YD	$0.00	Not Allowed	N
A6455	E	SELF-ADHER BAND >=5□/YD	$0.00	Not Allowed	N
A6456	E	ZINC PASTE BAND W >=3□<5□/YD	$0.00	Not Allowed	N
A6457	E	TUBULAR DRESSING	$0.00	Not Allowed	
A6501	N	COMPRES BURNGARMENT BODYSUIT	$0.00	Bundled	
A6502	N	COMPRES BURNGARMENT CHINSTRP	$0.00	Bundled	
A6503	N	COMPRES BURNGARMENT FACEHOOD	$0.00	Bundled	
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST	$0.00	Bundled	

A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW	$0.00	Bundled	
A6506	N	CMPRSBURNGRMNT GLOVE-AXILLA	$0.00	Bundled	
A6507	N	CMPRS BURNGARMENT FOOT-KNEE	$0.00	Bundled	
A6508	N	CMPRS BURNGARMENT FOOT-THIGH	$0.00	Bundled	
A6509	N	COMPRES BURN GARMENT JACKET	$0.00	Bundled	
A6510	N	COMPRES BURN GARMENT LEOTARD	$0.00	Bundled	
A6511	N	COMPRES BURN GARMENT PANTY	$0.00	Bundled	
A6512	N	COMPRES BURN GARMENT NOC	$0.00	Bundled	
A6513	E	COMPRESS BURN MASK FACE/NECK	$0.00	Not Allowed	
A6530	E	COMPRESSION STOCKING BK18-30	$0.00	Not Allowed	
A6531	E	COMPRESSION STOCKING BK30-40	$0.00	Not Allowed	
A6532	E	COMPRESSION STOCKING BK40-50	$0.00	Not Allowed	
A6533	E	GC STOCKING THIGHLNGTH 18-30	$0.00	Not Allowed	
A6534	E	GC STOCKING THIGHLNGTH 30-40	$0.00	Not Allowed	
A6535	E	GC STOCKING THIGHLNGTH 40-50	$0.00	Not Allowed	
A6536	E	GC STOCKING FULL LNGTH 18-30	$0.00	Not Allowed	
A6537	E	GC STOCKING FULL LNGTH 30-40	$0.00	Not Allowed	
A6538	E	GC STOCKING FULL LNGTH 40-50	$0.00	Not Allowed	
A6539	E	GC STOCKING WAISTLNGTH 18-30	$0.00	Not Allowed	
A6540	E	GC STOCKING WAISTLNGTH 30-40	$0.00	Not Allowed	
A6541	E	GC STOCKING WAISTLNGTH 40-50	$0.00	Not Allowed	
A6542	E	GC STOCKING CUSTOM MADE	$0.00	Not Allowed	
A6543	E	GC STOCKING LYMPHEDEMA	$0.00	Not Allowed	
A6544	E	GC STOCKING GARTER BELT	$0.00	Not Allowed	
A6545	E	GRAD COMP NON-ELASTIC BK	$0.00	Not Allowed	
A6549	E	G COMPRESSION STOCKING	$0.00	Not Allowed	
A6550	E	NEG PRES WOUND THER DRSG SET	$0.00	Not Allowed	
A7000	N	DISPOSABLE CANISTER FOR PUMP	$0.00	Bundled	N
A7001	N	NONDISPOSABLE PUMP CANISTER	$0.00	Bundled	N
A7002	N	TUBING USED W SUCTION PUMP	$0.00	Bundled	N
A7003	N	NEBULIZER ADMINISTRATION SET	$0.00	Bundled	N
A7004	N	DISPOSABLE NEBULIZER SML VOL	$0.00	Bundled	N
A7005	N	NONDISPOSABLE NEBULIZER SET	$0.00	Bundled	N
A7006	N	FILTERED NEBULIZER ADMIN SET	$0.00	Bundled	N
A7007	N	LG VOL NEBULIZER DISPOSABLE	$0.00	Bundled	N
A7008	N	DISPOSABLE NEBULIZER PREFILL	$0.00	Bundled	N
A7009	N	NEBULIZER RESERVOIR BOTTLE	$0.00	Bundled	N
A7010	N	DISPOSABLE CORRUGATED TUBING	$0.00	Bundled	N
A7011	N	NONDISPOS CORRUGATED TUBING	$0.00	Bundled	N
A7012	N	NEBULIZER WATER COLLEC DEVIC	$0.00	Bundled	N
A7013	N	DISPOSABLE COMPRESSOR FILTER	$0.00	Bundled	N
A7014	N	COMPRESSOR NONDISPOS FILTER	$0.00	Bundled	N
A7015	N	AEROSOL MASK USED W NEBULIZE	$0.00	Bundled	N
A7016	N	NEBULIZER DOME & MOUTHPIECE	$0.00	Bundled	N
A7017	N	NEBULIZER NOT USED W OXYGEN	$0.00	Bundled	N
A7018	N	WATER DISTILLED W/NEBULIZER	$0.00	Bundled	N
A7025	N	REPLACE CHEST COMPRESS VEST	$0.00	Bundled	
A7026	N	REPLACE CHST CMPRSS SYS HOSE	$0.00	Bundled	
A7027	E	COMBINATION ORAL/NASAL MASK	$0.00	Not Allowed	
A7028	E	REPL ORAL CUSHION COMBO MASK	$0.00	Not Allowed	
A7029	E	REPL NASAL PILLOW COMB MASK	$0.00	Not Allowed	
A7030	N	CPAP FULL FACE MASK	$0.00	Bundled	
A7031	N	REPLACEMENT FACEMASK INTERFA	$0.00	Bundled	
A7032	N	REPLACEMENT NASAL CUSHION	$0.00	Bundled	
A7033	N	REPLACEMENT NASAL PILLOWS	$0.00	Bundled	
A7034	N	NASAL APPLICATION DEVICE	$0.00	Bundled	
A7035	N	POS AIRWAY PRESS HEADGEAR	$0.00	Bundled	
A7036	N	POS AIRWAY PRESS CHINSTRAP	$0.00	Bundled	
A7037	N	POS AIRWAY PRESSURE TUBING	$0.00	Bundled	
A7038	N	POS AIRWAY PRESSURE FILTER	$0.00	Bundled	
A7039	N	FILTER NON DISPOSABLE W PAP	$0.00	Bundled	
A7040	E	ONE WAY CHEST DRAIN VALVE	$0.00	Not Allowed	
A7041	E	WATER SEAL DRAIN CONTAINER	$0.00	Not Allowed	
A7042	N	IMPLANTED PLEURAL CATHETER	$0.00	Bundled	
A7043	N	VACUUM DRAINAGEBOTTLE/TUBING	$0.00	Bundled	
A7044	N	PAP ORAL INTERFACE	$0.00	Bundled	
A7045	E	REPL EXHALATION PORT FOR PAP	$0.00	Not Allowed	
A7046	E	REPL WATER CHAMBER PAP DEV	$0.00	Not Allowed	
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA	$0.00	Bundled	N
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE	$0.00	Bundled	N
A7503	N	HMES FILTER HOLDER OR CAP	$0.00	Bundled	N

A7504	N	TRACHEOSTOMA HMES FILTER		$0.00	Bundled	N
A7505	N	HMES OR TRACH VALVE HOUSING		$0.00	Bundled	N
A7506	N	HMES/TRACHVALVE ADHESIVEDISK		$0.00	Bundled	N
A7507	N	INTEGRATED FILTER & HOLDER		$0.00	Bundled	N
A7508	N	HOUSING & INTEGRATED ADHESIV		$0.00	Bundled	N
A7509	N	HEAT & MOISTURE EXCHANGE SYS		$0.00	Bundled	N
A7520	E	TRACH/LARYN TUBE NON-CUFFED		$0.00	Not Allowed	
A7521	E	TRACH/LARYN TUBE CUFFED		$0.00	Not Allowed	
A7522	E	TRACH/LARYN TUBE STAINLESS		$0.00	Not Allowed	
A7523	E	TRACHEOSTOMY SHOWER PROTECT		$0.00	Not Allowed	
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN		$0.00	Not Allowed	
A7525	E	TRACHEOSTOMY MASK		$0.00	Not Allowed	
A7526	E	TRACHEOSTOMY TUBE COLLAR		$0.00	Not Allowed	
A7527	E	TRACH/LARYN TUBE PLUG/STOP		$0.00	Not Allowed	
A8000	E	SOFT PROTECT HELMET PREFAB		$0.00	Not Allowed	
A8001	E	HARD PROTECT HELMET PREFAB		$0.00	Not Allowed	
A8002	E	SOFT PROTECT HELMET CUSTOM		$0.00	Not Allowed	
A8003	E	HARD PROTECT HELMET CUSTOM		$0.00	Not Allowed	
A8004	E	REPL SOFT INTERFACE, HELMET		$0.00	Not Allowed	
A9150	N	MISC/EXPER NON-PRESCRIPT DRU		$0.00	Bundled	
A9152	E	SINGLE VITAMIN NOS		$0.00	Not Allowed	
A9153	E	MULTI-VITAMIN NOS		$0.00	Not Allowed	
A9155	E	ARTIFICIAL SALIVA		$0.00	Not Allowed	
A9180	E	LICE TREATMENT TOPICAL		$0.00	Not Allowed	
A9270	E	NON-COVERED ITEM OR SERVICE		$0.00	Not Allowed	
A9274	E	EXT AMB INSULIN DELIVERY SYS		$0.00	Not Allowed	
A9275	E	DISP HOME GLUCOSE MONITOR		$0.00	Not Allowed	
A9276	E	DISPOSABLE SENSOR, CGM SYS		$0.00	Not Allowed	
A9277	E	EXTERNAL TRANSMITTER, CGM		$0.00	Not Allowed	
A9278	E	EXTERNAL RECEIVER, CGM SYS		$0.00	Not Allowed	
A9279	E	MONITORING FEATURE/DEVICENOC		$0.00	Not Allowed	
A9280	E	ALERT DEVICE, NOC		$0.00	Not Allowed	
A9281	E	REACHING/GRABBING DEVICE		$0.00	Not Allowed	
A9282	E	WIG ANY TYPE		$0.00	Not Allowed	
A9283	E	FOOT PRESS OFF LOAD SUPP DEV		$0.00	Not Allowed	
A9284	N	NON-ELECTRONIC SPIROMETER		$0.00	Bundled	
A9300	E	EXERCISE EQUIPMENT		$0.00	Not Allowed	N
A9500	N	TC99M SESTAMIBI		$0.00	Bundled	N
A9501	N	TECHNETIUM TC-99M TEBOROXIME		$0.00	Bundled	
A9502	N	TC99M TETROFOSMIN		$0.00	Bundled	N
A9503	N	TC99M MEDRONATE		$0.00	Bundled	N
A9504	N	TC99M APCITIDE		$0.00	Bundled	N
A9505	N	TL201 THALLIUM		$0.00	Bundled	N
A9507	N	IN111 CAPROMAB		$0.00	Bundled	N
A9508	N	I131 IODOBENGUATE DX		$0.00	Bundled	N
A9509	N	IODINE I-123 SOD IODIDE MIL		$0.00	Bundled	
A9510	N	TC99M DISOFENIN		$0.00	Bundled	N
A9512	N	TC99M PERTECHNETATE		$0.00	Bundled	
A9516	N	I123 IODIDE CAP DX		$0.00	Bundled	
A9517	H	I131 IODIDE CAP RX	01064	$0.00	By Report	
A9521	N	TC99M EXAMETAZIME		$0.00	Bundled	
A9524	N	I131 SERUM ALBUMIN DX		$0.00	Bundled	
A9526	N	NITROGEN N-13 AMMONIA		$0.00	Bundled	
A9527	H	IODINE I-125 SODIUM IODIDE	02632	$0.00	By Report	
A9528	N	IODINE I-131 IODIDE CAP DX		$0.00	Bundled	
A9529	N	I131 IODIDE SOL DX		$0.00	Bundled	
A9530	H	I131 IODIDE SOL RX	01150	$0.00	By Report	
A9531	N	I131 MAX 100UCI		$0.00	Bundled	
A9532	N	I125 SERUM ALBUMIN DX		$0.00	Bundled	
A9535	N	INJECTION METHYLENE BLUE		$0.00	Bundled	
A9536	N	TC99M DEPREOTIDE		$0.00	Bundled	
A9537	N	TC99M MEBROFENIN		$0.00	Bundled	
A9538	N	TC99M PYROPHOSPHATE		$0.00	Bundled	
A9539	N	TC99M PENTETATE		$0.00	Bundled	
A9540	N	TC99M MAA		$0.00	Bundled	
A9541	N	TC99M SULFUR COLLOID		$0.00	Bundled	
A9542	N	IN111 IBRITUMOMAB DX		$0.00	Bundled	
A9543	H	Y90 IBRITUMOMAB RX	01643	$0.00	By Report	
A9544	N	I131 TOSITUMOMAB DX		$0.00	Bundled	
A9545	H	I131 TOSITUMOMAB RX	01645	$0.00	By Report	
A9546	N	CO57/58		$0.00	Bundled	

A9547	N	IN111 OXYQUINOLINE		$0.00	Bundled	
A9548	N	IN111 PENTETATE		$0.00	Bundled	
A9550	N	TC99M GLUCEPTATE		$0.00	Bundled	
A9551	N	TC99M SUCCIMER		$0.00	Bundled	
A9552	N	F18 FDG		$0.00	Bundled	
A9553	N	CR51 CHROMATE		$0.00	Bundled	
A9554	N	I125 IOTHALAMATE DX		$0.00	Bundled	
A9555	N	RB82 RUBIDIUM		$0.00	Bundled	
A9556	N	GA67 GALLIUM		$0.00	Bundled	
A9557	N	TC99M BICISATE		$0.00	Bundled	
A9558	N	XE133 XENON 10MCI		$0.00	Bundled	
A9559	N	CO57 CYANO		$0.00	Bundled	
A9560	N	TC99M LABELED RBC		$0.00	Bundled	
A9561	N	TC99M OXIDRONATE		$0.00	Bundled	
A9562	N	TC99M MERTIATIDE		$0.00	Bundled	
A9563	H	P32 NA PHOSPHATE	01675	$0.00	By Report	
A9564	H	P32 CHROMIC PHOSPHATE	01676	$0.00	By Report	
A9566	N	TC99M FANOLESOMAB		$0.00	Bundled	
A9567	N	TECHNETIUM TC-99M AEROSOL		$0.00	Bundled	
A9568	N	TECHNETIUM TC99M ARCITUMOMAB		$0.00	Bundled	
A9569	N	TECHNETIUM TC-99M AUTO WBC		$0.00	Bundled	
A9570	N	INDIUM IN-111 AUTO WBC		$0.00	Bundled	
A9571	N	INDIUM IN-111 AUTO PLATELET		$0.00	Bundled	
A9572	N	INDIUM IN-111 PENTETREOTIDE		$0.00	Bundled	
A9576	N	INJ PROHANCE MULTIPACK		$0.00	Bundled	
A9577	N	INJ MULTIHANCE		$0.00	Bundled	
A9578	N	INJ MULTIHANCE MULTIPACK		$0.00	Bundled	
A9579	N	GAD-BASE MR CONTRAST NOS,1ML		$0.00	Bundled	
A9580	N	SODIUM FLUORIDE F-18		$0.00	Bundled	
A9600	H	SR89 STRONTIUM	00701	$0.00	By Report	N
A9605	H	SM 153 LEXIDRONM	00702	$0.00	By Report	N
A9698	N	NON-RAD CONTRAST MATERIALNOC		$0.00	Bundled	
A9699	N	RADIOPHARM RX AGENT NOC		$0.00	Bundled	
A9700	E	ECHOCARDIOGRAPHY CONTRAST		$0.00	Not Allowed	N
A9900	N	SUPPLY/ACCESSORY/SERVICE		$0.00	Bundled	N
A9901	N	DELIVERY/SET UP/DISPENSING		$0.00	Bundled	N
A9999	E	DME SUPPLY OR ACCESSORY NOS		$0.00	Not Allowed	
B4034	E	ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY		$0.00	Not Allowed	N
B4035	E	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY		$0.00	Not Allowed	N
B4036	E	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY		$0.00	Not Allowed	N
B4081	E	NASOGASTRIC TUBING WITH STYLET		$0.00	Not Allowed	N
B4082	E	NASOGASTRIC TUBING WITHOUT STYLET		$0.00	Not Allowed	N
B4083	E	STOMACH TUBE - LEVINE TYPE		$0.00	Not Allowed	N
B4087	N	GASTRO/JEJUNO TUBE, STD		$0.00	Bundled	
B4088	N	GASTRO/JEJUNO TUBE, LOW-PRO		$0.00	Bundled	
B4100	E	FOOD THICKENER ORAL		$0.00	Not Allowed	
B4102	E	EF ADULT FLUIDS AND ELECTRO		$0.00	Not Allowed	
B4103	E	EF PED FLUID AND ELECTROLYTE		$0.00	Not Allowed	
B4104	E	ADDITIVE FOR ENTERAL FORMULA		$0.00	Not Allowed	
B4149	E	EF BLENDERIZED FOODS		$0.00	Not Allowed	
B4150	E	ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT PROTEI		$0.00	Not Allowed	N
B4152	E	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOL/		$0.00	Not Allowed	N
B4153	E	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO /		$0.00	Not Allowed	N
B4154	E	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NI		$0.00	Not Allowed	N
B4155	E	ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL		$0.00	Not Allowed	N
B4157	E	EF SPECIAL METABOLIC INHERIT		$0.00	Not Allowed	
B4158	E	EF PED COMPLETE INTACT NUT		$0.00	Not Allowed	
B4159	E	EF PED COMPLETE SOY BASED		$0.00	Not Allowed	
B4160	E	EF PED CALORIC DENSE>/=0.7KC		$0.00	Not Allowed	
B4161	E	EF PED HYDROLYZED/AMINO ACID		$0.00	Not Allowed	
B4162	E	EF PED SPECMETABOLIC INHERIT		$0.00	Not Allowed	
B4164	E	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE)		$0.00	Not Allowed	N
B4168	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID		$0.00	Not Allowed	N
B4172	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID		$0.00	Not Allowed	N
B4176	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID		$0.00	Not Allowed	N
B4178	E	PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.		$0.00	Not Allowed	N
B4180	E	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE)		$0.00	Not Allowed	N
B4185	E	PARENTERAL SOL 10 GM LIPIDS		$0.00	Not Allowed	
B4189	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AN		$0.00	Not Allowed	N
B4193	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AN		$0.00	Not Allowed	N
B4197	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AN		$0.00	Not Allowed	N

B4199	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AN			$0.00	Not Allowed	N
B4216	E	PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS			$0.00	Not Allowed	N
B4220	E	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY			$0.00	Not Allowed	N
B4222	E	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY			$0.00	Not Allowed	N
B4224	E	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY			$0.00	Not Allowed	N
B5000	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AN			$0.00	Not Allowed	N
B5100	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AN			$0.00	Not Allowed	N
B5200	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AN			$0.00	Not Allowed	N
B9000	E	ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM			$0.00	Not Allowed	N
B9002	E	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM			$0.00	Not Allowed	N
B9004	E	PARENTERAL NUTRITION INFUSION PUMP PORTABLE			$0.00	Not Allowed	Y
B9006	E	PARENTERAL NUTRITION INFUSION PUMP STATIONARY			$0.00	Not Allowed	Y
B9998	E	NOC FOR ENTERNAL SUPPLIES			$0.00	Not Allowed	N
B9999	E	NOC FOR PARENTERAL SUPPLIES			$0.00	Not Allowed	N
C1300	S	HYPERBARIC OXYGEN	00659	1.5677	$79.34	APC	
C1713	N	ANCHOR/SCREW BN/BN TIS/BN			$0.00	Bundled	N
C1714	N	CATH, TRANS ATHERECTOMY, DIR			$0.00	Bundled	N
C1715	N	BRACHYTHERAPY NEEDLE			$0.00	Bundled	N
C1716	H	BRACHYTX, NON-STR, GOLD-198	01716		$0.00	By Report	
C1717	H	BRACHYTX, NON-STR,HDR IR-192	01717		$0.00	By Report	N
C1719	H	BRACHYTX, NS, NON-HDRIR-192	01719		$0.00	By Report	N
C1721	N	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER (IMPLANTABLE)			$0.00	Bundled	N
C1722	N	AICD SINGLE CHAMBER			$0.00	Bundled	N
C1724	N	CATH, TRANS ATHEREC,ROTATION			$0.00	Bundled	N
C1725	N	CATH TRANSLUMIN NON-LASER			$0.00	Bundled	N
C1726	N	CATH, BAL DIL, NON-VASCULAR			$0.00	Bundled	N
C1727	N	CATH BAL TIS DIS NON-VAS			$0.00	Bundled	N
C1728	N	CATH, BRACHYTX SEED ADM			$0.00	Bundled	N
C1729	N	CATHETER, DRAINAGE			$0.00	Bundled	N
C1730	N	CATH, EP, 19 OR FEW ELECT			$0.00	Bundled	N
C1731	N	CATH EP 20 OR MORE ELEC			$0.00	Bundled	N
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT			$0.00	Bundled	N
C1733	N	CATH EP OTHER THAN COOL-TIP			$0.00	Bundled	N
C1750	N	CATH, HEMODIALYSIS,LONG-TERM			$0.00	Bundled	N
C1751	N	CATH INF PER/CENT/MIDLINE			$0.00	Bundled	N
C1752	N	CATH,HEMODIALYSIS,SHORT-TERM			$0.00	Bundled	N
C1753	N	CATH INTRAVAS ULTRASOUND			$0.00	Bundled	N
C1754	N	CATHETER, INTRADISCAL			$0.00	Bundled	N
C1755	N	CATHETER INTRASPINAL			$0.00	Bundled	N
C1756	N	CATH, PACING, TRANSESOPH			$0.00	Bundled	N
C1757	N	CATH THROMBECTOMY/EMBOLECT			$0.00	Bundled	N
C1758	N	CATHETER, URETERAL			$0.00	Bundled	N
C1759	N	CATH INTRA ECHOCARDIOGRAPHY			$0.00	Bundled	N
C1760	N	CLOSURE DEV, VASC			$0.00	Bundled	N
C1762	N	CONN TISS HUMAN (INC FASCIA)			$0.00	Bundled	N
C1763	N	CONN TISS, NON-HUMAN			$0.00	Bundled	N
C1764	N	EVENT RECORDER CARDIAC			$0.00	Bundled	N
C1765	N	ADHESION BARRIER			$0.00	Bundled	
C1766	N	INTRO/SHEATH STRBLE NON-PEEL			$0.00	Bundled	N
C1767	N	GENERATOR, NEUROSTIM, IMP			$0.00	Bundled	N
C1768	N	GRAFT VASCULAR			$0.00	Bundled	N
C1769	N	GUIDE WIRE			$0.00	Bundled	N
C1770	N	IMAGING COIL MR INSERTABLE			$0.00	Bundled	N
C1771	N	REP DEV, URINARY, W/SLING			$0.00	Bundled	N
C1772	N	INFUSION PUMP PROGRAMMABLE			$0.00	Bundled	N
C1773	N	RET DEV, INSERTABLE			$0.00	Bundled	N
C1776	N	JOINT DEVICE (IMPLANTABLE)			$0.00	Bundled	N
C1777	N	LEAD, AICD, ENDO SINGLE COIL			$0.00	Bundled	N
C1778	N	LEAD NEUROSTIMULATOR			$0.00	Bundled	N
C1779	N	LEAD, PMKR, TRANSVENOUS VDD			$0.00	Bundled	N
C1780	N	LENS INTRAOCULAR (NEW TACH)			$0.00	Bundled	N
C1781	N	MESH (IMPLANTABLE)			$0.00	Bundled	N
C1782	N	MORCELLATOR			$0.00	Bundled	N
C1783	N	OCULAR IMPLANT AQUEOUS DRAIN DEV			$0.00	Bundled	N
C1784	N	OCULAR DEV, INTRAOP, DET RET			$0.00	Bundled	N
C1785	N	PMKR DUAL RATE-RESP			$0.00	Bundled	N
C1786	N	PMKR, SINGLE, RATE-RESP			$0.00	Bundled	N
C1787	N	PATIENT PROGR NEUROSTIM			$0.00	Bundled	N
C1788	N	PORT, INDWELLING, IMP			$0.00	Bundled	N
C1789	N	PROSTHESIS BREAST IMP			$0.00	Bundled	N
C1813	N	PROSTHESIS, PENILE, INFLATAB			$0.00	Bundled	N

C1814	N	RETINAL TAMP, SILICONE OIL			$0.00	Bundled	N
C1815	N	PROS URINARY SPH IMP			$0.00	Bundled	N
C1816	N	RECEIVER/TRANSMITTER, NEURO			$0.00	Bundled	N
C1817	N	SEPTAL DEFECT IMP SYS			$0.00	Bundled	N
C1818	N	INTEGRATED KERATOPROSTHESIS			$0.00	Bundled	N
C1819	N	TISSUE LOCALIZATION-EXCISION			$0.00	Bundled	
C1820	N	GENERATOR NEURO RECHG BAT SYS			$0.00	Bundled	N
C1821	N	INTERSPINOUS IMPLANT			$0.00	Bundled	
C1874	N	STENT, COATED/COV W/DEL SYS			$0.00	Bundled	N
C1875	N	STENT COATED/COV W/O DEL SYS			$0.00	Bundled	N
C1876	N	STENT, NON-COA/NON-COV W/DEL			$0.00	Bundled	N
C1877	N	STENT NON-COAT/COV W/O DEL			$0.00	Bundled	N
C1878	N	MATRL FOR VOCAL CORD			$0.00	Bundled	N
C1879	N	TISSUE MARKER (IMPLANTABLE)			$0.00	Bundled	N
C1880	N	VENA CAVA FILTER			$0.00	Bundled	N
C1881	N	DIALYSIS ACCESS SYSTEM			$0.00	Bundled	N
C1882	N	AICD, OTHER THAN SING/DUAL			$0.00	Bundled	N
C1883	N	ADAPTOR/EXT PACING/NEURO LEAD			$0.00	Bundled	N
C1884	N	EMBOLIZATION PROTECTIVE SYSTEM			$0.00	Bundled	
C1885	N	CATH, TRANSLUMIN ANGIO LASER			$0.00	Bundled	N
C1887	N	CATHETER GUIDING			$0.00	Bundled	N
C1888	N	ENDOVAS NON-CARDIAC ABL CATH			$0.00	Bundled	N
C1891	N	INFUSION PUMP,NON-PROG, PERM			$0.00	Bundled	N
C1892	N	INTRO/SHEATH FIXED PEEL-AWAY			$0.00	Bundled	N
C1893	N	INTRO/SHEATH, FIXED,NON-PEEL			$0.00	Bundled	N
C1894	N	INTRO/SHEATH NON-LASER			$0.00	Bundled	N
C1895	N	LEAD, AICD, ENDO DUAL COIL			$0.00	Bundled	N
C1896	N	LEAD AICD NON SING/DUAL			$0.00	Bundled	N
C1897	N	LEAD, NEUROSTIM TEST KIT			$0.00	Bundled	N
C1898	N	LEAD PMKR OTHER THAN TRANS			$0.00	Bundled	N
C1899	N	LEAD, PMKR/AICD COMBINATION			$0.00	Bundled	N
C1900	N	LEAD CORONARY VENOUS			$0.00	Bundled	N
C2614	N	PROBE PERC LUMB DISC			$0.00	Bundled	
C2615	N	SEALANT, PULMONARY, LIQUID			$0.00	Bundled	N
C2616	H	BRACHYTX, NON-STR,YTTRIUM-90	02616		$0.00	By Report	N
C2617	N	STENT, NON-COR, TEM W/O DEL			$0.00	Bundled	N
C2618	N	PROBE CRYOABLATION			$0.00	Bundled	N
C2619	N	PMKR, DUAL, NON RATE-RESP			$0.00	Bundled	N
C2620	N	PMKR SINGLE NON RATE-RESP			$0.00	Bundled	N
C2621	N	PMKR, OTHER THAN SING/DUAL			$0.00	Bundled	N
C2622	N	PROSTHESIS PENILE NON-INF			$0.00	Bundled	N
C2625	N	STENT, NON-COR, TEM W/DEL SY			$0.00	Bundled	N
C2626	N	INFUSION PUMP NON-PROG TEMP			$0.00	Bundled	N
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC			$0.00	Bundled	N
C2628	N	CATHETER OCCLUSION			$0.00	Bundled	N
C2629	N	INTRO/SHEATH, LASER			$0.00	Bundled	N
C2630	N	CATH EP COOL-TIP			$0.00	Bundled	N
C2631	N	REP DEV, URINARY, W/O SLING			$0.00	Bundled	N
C2634	H	BRACHYTX, NON-STR, HA, I-125	02634		$0.00	By Report	N
C2635	H	BRACHYTX, NON-STR, HA, P-103	02635		$0.00	By Report	N
C2636	H	BRACHY LINEAR, NON-STR,P-103	02636		$0.00	By Report	N
C2637	E	BRACHY,NON-STR,YTTERBIUM-169			$0.00	Not Allowed	N
C2638	H	BRACHYTX, STRANDED, I-125	02638		$0.00	By Report	
C2639	H	BRACHYTX, NON-STRANDED,I-125	02639		$0.00	By Report	
C2640	H	BRACHYTX, STRANDED, P-103	02640		$0.00	By Report	
C2641	H	BRACHYTX, NON-STRANDED,P-103	02641		$0.00	By Report	
C2642	H	BRACHYTX, STRANDED, C-131	02642		$0.00	By Report	
C2643	H	BRACHYTX, NON-STRANDED,C-131	02643		$0.00	By Report	
C2698	H	BRACHYTX, STRANDED, NOS	02698		$0.00	By Report	
C2699	H	BRACHYTX, NON-STRANDED, NOS	02699		$0.00	By Report	
C8900	N	MRA W/CONT, ABD	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	
C8901	N	MRA W/O CONT, ABD	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	
C8902	N	MRA W/O CONT, ABD	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	
C8903	N	MRI W/CONT, BREAST, UNI	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	
C8904	N	MRI W/CONT, BREAST, UNI	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	
C8905	N	MRI W/O FOL W/CONT, BRST, UN	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	
C8906	N	MRI W/O FOL W/CONT, BRST, UN	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	
C8907	N	MRI W/O CONT, BREAST, BI	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	
C8908	N	MRI W/O CONT, BREAST, BI	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	
C8909	N	MRA W/CONT, CHEST	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	
C8910	N	MRA W/CONT, CHEST	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	

C8911	N	MRA W/O FOL W/CONT, CHEST	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	
C8912	N	MRA W/O FOL W/CONT, CHEST	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	
C8913	N	MRA W/O CONT, LWR EXT	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	
C8914	N	MRA W/O CONT, LWR EXT	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	
C8918	N	MRA W/CONT PELVIS	00284	6.4701	$327.45	Bundled, may be payable in some circumstances	
C8919	N	MRA W/O CONT PELVIS	00336	5.2689	$266.66	Bundled, may be payable in some circumstances	
C8920	N	MRA W/O FOL W/CONT PELVIS	00337	8.1548	$412.71	Bundled, may be payable in some circumstances	
C8921	S	TTE W OR W/O FOL W/CONT, COM	00128	8.5705	$433.75	APC	
C8922	S	TTE W OR W/O FOL W/CONT, F/U	00128	8.5705	$433.75	APC	
C8923	S	2D TTE W OR W/O FOL W/CON,CO	00128	8.5705	$433.75	APC	
C8924	S	2D TTE W OR W/O FOL W/CON,FU	00128	8.5705	$433.75	APC	
C8925	S	2D TEE W OR W/O FOL W/CON,IN	00128	8.5705	$433.75	APC	
C8926	S	TEE W OR W/O FOL W/CONT,CONG	00128	8.5705	$433.75	APC	
C8927	S	TEE W OR W/O FOL W/CONT, MON	00128	8.5705	$433.75	APC	
C8928	S	TEE W OR W/O FOL W/CON,STRES	00128	8.5705	$433.75	APC	
C8929	S	TTE W OR WO FOL WCON,DOPPLER	00128	8.5705	$433.75	APC	
C8930	S	TTE W OR W/O CONTR, CONT ECG	00128	8.5705	$433.75	APC	
C8957	S	CHEMOTHERAPY ADMINISTRATION IV PUS	00440	2.8454	$144.01	APC	N
C9113	N	INJ PANTOPRAZOLE SODIUM VIA			$0.00	Bundled	N
C9121	K	INJECTION ARGATROBAN	09121		$20.99	APC	
C9245	G	INJECTION, ROMIPLOSTIM	09245		$44.83	APC	
C9246	G	INJ, GADOXETATE DISODIUM	09246		$13.78	APC	
C9247	G	INJ, IOBENGUANE, I-123, DX	09247		$2,332.00	APC	
C9248	G	INJ, CLEVIDIPINE BUTYRATE	09248		$4.58	APC	
C9249	G	INJ, CERTOLIZUMAB PEGOL	09249		$3.52	APC	
C9352	N	NEURAGEN NERVE GUIDE, PER CM			$0.00	Bundled	
C9353	N	NEURAWRAP NERVE PROTECTOR,CM			$0.00	Bundled	
C9354	G	VERITAS COLLAGEN MATRIX, CM2	09354		$11.77	APC	N
C9355	G	NEUROMATRIX NERVE CUFF, CM	09355		$207.28	APC	N
C9356	G	TENOGLIDE TENDON PROT, CM2	09356		$27.28	APC	
C9358	G	SURGIMEND, 0.5CM2	09358		$10.72	APC	
C9359	G	IMPLANT, BONE VOID FILLER	09359		$58.15	APC	
C9399	M	UNCLASSIFIED DRUGS/BIOLOGICALS			$0.00	Fee Schedule	N
C9716	T	RF ENERGY TO ANUS	00150	31.0398	$1,570.92	APC	N
C9724	E	EPS GAST CARDIA PLIC			$0.00	Not Allowed	N
C9725	T	PLACE ENDORECTAL APP	00148	5.8523	$296.18	APC	N
C9726	T	RXT BREAST APPL PLACE/REMOV	00028	21.4851	$1,087.36	APC	N
C9727	T	INSERT PALATE IMPLANTS	00252	7.5330	$381.25	APC	N
C9728	X	PLACE DEVICE/MARKER, NON PRO	00310	13.5167	$684.08	APC	
C9898	N	INPNT STAY RADIOLABELED ITEM			$0.00	Bundled	
C9899	E	INPT IMPLANT PROS DEV,NO COV			$0.00	Not Allowed	
D0120	M	PERIODIC ORAL EVALUATION			$68.64	Fee Schedule	N
D0140	M	LIMIT ORAL EVAL PROBLM FOCUS			$68.64	Fee Schedule	N
D0145	E	ORAL EVALUATION, PT < 3YRS			$0.00	Not Allowed	
D0150	S	COMPREHENSVE ORAL EVALUATION	00330	7.6534	$387.34	APC	N
D0160	E	EXTENSV ORAL EVAL PROB FOCUS			$0.00	Not Allowed	N
D0170	E	RE-EVAL,EST PT,PROBLEM FOCUS			$0.00	Not Allowed	N
D0180	E	COMP PERIODONTAL EVALUATION			$0.00	Not Allowed	
D0210	M	INTRAOR COMPLETE FILM SERIES			$68.64	Fee Schedule	
D0220	M	INTRAORAL PERIAPICAL FIRST F			$68.64	Fee Schedule	
D0230	M	INTRAORAL PERIAPICAL EA ADD			$68.64	Fee Schedule	
D0240	S	INTRAORAL OCCLUSAL FILM	00330	7.6534	$387.34	APC	
D0250	S	EXTRAORAL FIRST FILM	00330	7.6534	$387.34	APC	N
D0260	S	EXTRAORAL EA ADDITIONAL FILM	00330	7.6534	$387.34	APC	N
D0270	S	DENTAL BITEWING SINGLE FILM	00330	7.6534	$387.34	APC	
D0272	S	DENTAL BITEWINGS TWO FILMS	00330	7.6534	$387.34	APC	
D0273	E	BITEWINGS - THREE FILMS			$0.00	Not Allowed	
D0274	S	DENTAL BITEWINGS FOUR FILMS	00330	7.6534	$387.34	APC	
D0277	S	VERT BITEWINGS-SEV TO EIGHT	00330	7.6534	$387.34	APC	N
D0290	E	DENTAL FILM SKULL/FACIAL BON			$0.00	Not Allowed	
D0310	E	DENTAL SALIOGRAPHY			$0.00	Not Allowed	
D0320	E	DENTAL TMJ ARTHROGRAM INCL I			$0.00	Not Allowed	
D0321	E	DENTAL OTHER TMJ FILMS			$0.00	Not Allowed	Y
D0322	M	DENTAL TOMOGRAPHIC SURVEY			$68.64	Fee Schedule	N
D0330	M	DENTAL PANORAMIC FILM			$68.64	Fee Schedule	N
D0340	M	DENTAL CEPHALOMETRIC FILM			$68.64	Fee Schedule	
D0350	M	ORAL/FACIAL IMAGES			$68.64	Fee Schedule	N
D0360	E	CONE BEAM CT			$0.00	Not Allowed	
D0362	E	CONE BEAM, TWO DIMENSIONAL			$0.00	Not Allowed	
D0363	E	CONE BEAM, THREE DIMENSIONAL			$0.00	Not Allowed	
D0415	E	BACTERIOLOGIC STUDY			$0.00	Not Allowed	N

D0416	E	VIRAL CULTURE			$0.00	Not Allowed	
D0417	E	COLLECT & PREP SALIVA SAMPLE			$0.00	Not Allowed	
D0418	E	ANALYSIS OF SALIVA SAMPLE			$0.00	Not Allowed	
D0421	E	GEN TST SUSCEPT ORAL DISEASE			$0.00	Not Allowed	
D0425	E	CARIES SUSCEPTIBILITY TEST			$0.00	Not Allowed	N
D0431	E	DIAG TST DETECT MUCOS ABNORM			$0.00	Not Allowed	
D0460	S	PULP VITALITY TEST	00330	7.6534	$387.34	APC	
D0470	M	DIAGNOSTIC CASTS			$68.64	Fee Schedule	
D0472	E	GROSS EXAM, PREP & REPORT			$0.00	Not Allowed	N
D0473	E	MICRO EXAM, PREP & REPORT			$0.00	Not Allowed	N
D0474	E	MICRO W EXAM OF SURG MARGINS			$0.00	Not Allowed	N
D0475	E	DECALCIFICATION PROCEDURE			$0.00	Not Allowed	
D0476	E	SPEC STAINS FOR MICROORGANIS			$0.00	Not Allowed	
D0477	E	SPEC STAINS NOT FOR MICROORG			$0.00	Not Allowed	
D0478	E	IMMUNOHISTOCHEMICAL STAINS			$0.00	Not Allowed	
D0479	E	TISSUE IN-SITU HYBRIDIZATION			$0.00	Not Allowed	
D0480	E	CYTOPATH SMEAR PREP & REPORT			$0.00	Not Allowed	N
D0481	E	ELECTRON MICROSCOPY DIAGNOST			$0.00	Not Allowed	
D0482	E	DIRECT IMMUNOFLUORESCENCE			$0.00	Not Allowed	
D0483	E	INDIRECT IMMUNOFLUORESCENCE			$0.00	Not Allowed	
D0484	E	CONSULT SLIDES PREP ELSEWHER			$0.00	Not Allowed	
D0485	E	CONSULT INC PREP OF SLIDES			$0.00	Not Allowed	
D0486	E	ACCESSION OF BRUSH BIOPSY			$0.00	Not Allowed	
D0502	E	OTHER ORAL PATHOLOGY PROCEDU			$0.00	Not Allowed	
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE			$0.00	Not Allowed	
D1110	M	DENTAL PROPHYLAXIS ADULT			$68.64	Fee Schedule	
D1120	M	DENTAL PROPHYLAXIS CHILD			$68.64	Fee Schedule	
D1203	M	TOPICAL APP FLUORIDE CHILD			$68.64	Fee Schedule	N
D1204	E	TOPICAL APP FLUORIDE ADULT			$0.00	Not Allowed	
D1206	E	TOPICAL FLUORIDE VARNISH			$0.00	Not Allowed	
D1310	E	NUTRI COUNSEL-CONTROL CARIES			$0.00	Not Allowed	
D1320	E	TOBACCO COUNSELING			$0.00	Not Allowed	N
D1330	E	ORAL HYGIENE INSTRUCTION			$0.00	Not Allowed	
D1351	M	DENTAL SEALANT PER TOOTH			$68.64	Fee Schedule	
D1510	S	SPACE MAINTAINER FXD UNILAT	00330	7.6534	$387.34	APC	N
D1515	S	FIXED BILAT SPACE MAINTAINER	00330	7.6534	$387.34	APC	N
D1520	S	REMOVE UNILAT SPACE MAINTAIN	00330	7.6534	$387.34	APC	Y
D1525	S	REMOVE BILAT SPACE MAINTAIN	00330	7.6534	$387.34	APC	Y
D1550	S	RECEMENT SPACE MAINTAINER	00330	7.6534	$387.34	APC	N
D1555	E	REMOVE FIX SPACE MAINTAINER			$0.00	Not Allowed	
D2140	M	AMALGAM ONE SURFACE PERMANEN			$68.64	Fee Schedule	
D2150	M	AMALGAM TWO SURFACES PERMANE			$68.64	Fee Schedule	
D2160	M	AMALGAM THREE SURFACES PERMA			$68.64	Fee Schedule	
D2161	M	AMALGAM 4 OR > SURFACES PERM			$68.64	Fee Schedule	
D2330	M	RESIN ONE SURFACE-ANTERIOR			$68.64	Fee Schedule	
D2331	M	RESIN TWO SURFACES-ANTERIOR			$68.64	Fee Schedule	
D2332	M	RESIN THREE SURFACES-ANTERIO			$68.64	Fee Schedule	
D2335	M	RESIN 4/> SURF OR W INCIS AN			$68.64	Fee Schedule	
D2390	M	ANT RESIN-BASED CMPST CROWN			$68.64	Fee Schedule	
D2391	M	POST 1 SRFC RESINBASED CMPST			$68.64	Fee Schedule	
D2392	M	POST 2 SRFC RESINBASED CMPST			$68.64	Fee Schedule	
D2393	M	POST 3 SRFC RESINBASED CMPST			$68.64	Fee Schedule	
D2394	M	POST >=4SRFC RESINBASE CMPST			$68.64	Fee Schedule	
D2410	E	DENTAL GOLD FOIL ONE SURFACE			$0.00	Not Allowed	
D2420	E	DENTAL GOLD FOIL TWO SURFACE			$0.00	Not Allowed	
D2430	E	DENTAL GOLD FOIL THREE SURFA			$0.00	Not Allowed	
D2510	E	DENTAL INLAY METALIC 1 SURF			$0.00	Not Allowed	
D2520	E	DENTAL INLAY METALLIC 2 SURF			$0.00	Not Allowed	
D2530	E	DENTAL INLAY METL 3/MORE SUR			$0.00	Not Allowed	
D2542	E	DENTAL ONLAY METALLIC 2 SURF			$0.00	Not Allowed	N
D2543	E	DENTAL ONLAY METALLIC 3 SURF			$0.00	Not Allowed	N
D2544	E	DENTAL ONLAY METL 4/MORE SUR			$0.00	Not Allowed	N
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU			$0.00	Not Allowed	
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU			$0.00	Not Allowed	
D2630	E	DENTAL ONLAY PORC 3/MORE SUR			$0.00	Not Allowed	
D2642	E	DENTAL ONLAY PORCELIN 2 SURF			$0.00	Not Allowed	N
D2643	E	DENTAL ONLAY PORCELIN 3 SURF			$0.00	Not Allowed	N
D2644	E	DENTAL ONLAY PORC 4/MORE SUR			$0.00	Not Allowed	N
D2650	E	INLAY COMPOSITE/RESIN ONE SU			$0.00	Not Allowed	N
D2651	E	INLAY COMPOSITE/RESIN TWO SU			$0.00	Not Allowed	N
D2652	E	DENTAL INLAY RESIN 3/MRE SUR			$0.00	Not Allowed	N

D2662	E	DENTAL ONLAY RESIN 2 SURFACE			$0.00	Not Allowed	N
D2663	E	DENTAL ONLAY RESIN 3 SURFACE			$0.00	Not Allowed	N
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR			$0.00	Not Allowed	N
D2710	M	CROWN RESIN LABORATORY			$68.64	Fee Schedule	N
D2712	M	CROWN 3/4 RESIN-BASED COMPOS			$68.64	Fee Schedule	
D2720	M	CROWN RESIN W/ HIGH NOBLE ME			$68.64	Fee Schedule	
D2721	M	CROWN RESIN W/ BASE METAL			$68.64	Fee Schedule	N
D2722	M	CROWN RESIN W/ NOBLE METAL			$68.64	Fee Schedule	N
D2740	M	CROWN PORCELAIN/CERAMIC SUBS			$68.64	Fee Schedule	
D2750	M	CROWN PORCELAIN W/ H NOBLE M			$68.64	Fee Schedule	
D2751	M	CROWN PORCELAIN FUSED BASE M			$68.64	Fee Schedule	N
D2752	M	CROWN PORCELAIN W/ NOBLE MET			$68.64	Fee Schedule	N
D2780	M	CROWN 3/4 CAST HI NOBLE MET			$68.64	Fee Schedule	N
D2781	M	CROWN 3/4 CAST BASE METAL			$68.64	Fee Schedule	N
D2782	M	CROWN 3/4 CAST NOBLE METAL			$68.64	Fee Schedule	N
D2783	M	CROWN 3/4 PORCELAIN/CERAMIC			$68.64	Fee Schedule	N
D2790	M	CROWN FULL CAST HIGH NOBLE M			$68.64	Fee Schedule	
D2791	M	CROWN FULL CAST BASE METAL			$68.64	Fee Schedule	N
D2792	M	CROWN FULL CAST NOBLE METAL			$68.64	Fee Schedule	N
D2794	M	CROWN-TITANIUM			$68.64	Fee Schedule	
D2799	M	PROVISIONAL CROWN			$68.64	Fee Schedule	N
D2910	M	DENTAL RECEMENT INLAY			$68.64	Fee Schedule	
D2915	E	RECEMENT CAST OR PREFAB POST			$0.00	Not Allowed	
D2920	M	DENTAL RECEMENT CROWN			$68.64	Fee Schedule	
D2930	M	PREFAB STNLSS STEEL CRWN PRI			$68.64	Fee Schedule	N
D2931	M	PREFAB STNLSS STEEL CROWN PE			$68.64	Fee Schedule	N
D2932	M	PREFABRICATED RESIN CROWN			$68.64	Fee Schedule	N
D2933	M	PREFAB STAINLESS STEEL CROWN			$68.64	Fee Schedule	N
D2934	E	PREFAB STEEL CROWN PRIMARY			$0.00	Not Allowed	
D2940	M	DENTAL SEDATIVE FILLING			$68.64	Fee Schedule	
D2950	M	CORE BUILD-UP INCL ANY PINS			$68.64	Fee Schedule	N
D2951	M	TOOTH PIN RETENTION			$68.64	Fee Schedule	
D2952	M	POST AND CORE CAST + CROWN			$68.64	Fee Schedule	N
D2953	M	EACH ADDTNL CAST POST			$68.64	Fee Schedule	N
D2954	M	PREFAB POST/CORE + CROWN			$68.64	Fee Schedule	N
D2955	E	POST REMOVAL			$0.00	Not Allowed	N
D2957	M	EACH ADDTNL PREFAB POST			$68.64	Fee Schedule	N
D2960	M	LAMINATE LABIAL VENEER			$68.64	Fee Schedule	
D2961	M	LAB LABIAL VENEER RESIN			$68.64	Fee Schedule	N
D2962	M	LAB LABIAL VENEER PORCELAIN			$68.64	Fee Schedule	N
D2970	E	TEMPORARY- FRACTURED TOOTH			$0.00	Not Allowed	
D2971	E	ADD PROC CONSTRUCT NEW CROWN			$0.00	Not Allowed	
D2975	E	COPING			$0.00	Not Allowed	
D2980	M	CROWN REPAIR			$68.64	Fee Schedule	
D2999	S	DENTAL UNSPEC RESTORATIVE PR	00330	7.6534	$387.34	APC	
D3110	M	PULP CAP DIRECT			$68.64	Fee Schedule	
D3120	M	PULP CAP INDIRECT			$68.64	Fee Schedule	
D3220	M	THERAPEUTIC PULPOTOMY			$68.64	Fee Schedule	N
D3221	M	GROSS PULPAL DEBRIDEMENT			$68.64	Fee Schedule	N
D3222	E	PART PULP FOR APEXOGENESIS			$0.00	Not Allowed	
D3230	M	PULPAL THERAPY ANTERIOR PRIM			$68.64	Fee Schedule	N
D3240	M	PULPAL THERAPY POSTERIOR PRI			$68.64	Fee Schedule	N
D3310	M	END THXPY, ANTERIOR TOOTH			$68.64	Fee Schedule	N
D3320	M	END THXPY, BICUSPID TOOTH			$68.64	Fee Schedule	N
D3330	M	END THXPY, MOLAR			$68.64	Fee Schedule	N
D3331	M	NON-SURG TX ROOT CANAL OBS			$68.64	Fee Schedule	
D3332	E	INCOMPLETE ENDODONTIC TX			$0.00	Not Allowed	N
D3333	E	INTERNAL ROOT REPAIR			$0.00	Not Allowed	N
D3346	M	RETREAT ROOT CANAL ANTERIOR			$68.64	Fee Schedule	N
D3347	M	RETREAT ROOT CANAL BICUSPID			$68.64	Fee Schedule	N
D3348	M	RETREAT ROOT CANAL MOLAR			$68.64	Fee Schedule	N
D3351	E	APEXIFICATION/RECALC INITIAL			$0.00	Not Allowed	N
D3352	E	APEXIFICATION/RECALC INTERIM			$0.00	Not Allowed	N
D3353	E	APEXIFICATION/RECALC FINAL			$0.00	Not Allowed	N
D3410	M	APICOECT/PERIRAD SURG ANTER			$68.64	Fee Schedule	N
D3421	M	ROOT SURGERY BICUSPID			$68.64	Fee Schedule	N
D3425	M	ROOT SURGERY MOLAR			$68.64	Fee Schedule	N
D3426	M	ROOT SURGERY EA ADD ROOT			$68.64	Fee Schedule	N
D3430	M	RETROGRADE FILLING			$68.64	Fee Schedule	N
D3450	E	ROOT AMPUTATION			$0.00	Not Allowed	
D3460	S	ENDODONTIC ENDOSSEOUS IMPLAN	00330	7.6534	$387.34	APC	

D3470	E	INTENTIONAL REPLANTATION			$0.00	Not Allowed	N
D3910	E	ISOLATION- TOOTH W RUBB DAM			$0.00	Not Allowed	
D3920	E	TOOTH SPLITTING			$0.00	Not Allowed	
D3950	E	CANAL PREP/FITTING OF DOWEL			$0.00	Not Allowed	
D3999	S	ENDODONTIC PROCEDURE	00330	7.6534	$387.34	APC	
D4210	M	GINGIVECTOMY/PLASTY PER QUAD			$68.64	Fee Schedule	N
D4211	M	GINGIVECTOMY/PLASTY PER TOOT			$68.64	Fee Schedule	
D4230	E	ANA CROWN EXP 4 OR> PER QUAD			$0.00	Not Allowed	
D4231	E	ANA CROWN EXP 1-3 PER QUAD			$0.00	Not Allowed	
D4240	M	GINGIVAL FLAP PROC W/ PLANIN			$68.64	Fee Schedule	
D4241	M	GNGVL FLAP W ROOTPLAN 1-3 TH			$68.64	Fee Schedule	
D4245	E	APICALLY POSITIONED FLAP			$0.00	Not Allowed	N
D4249	E	CROWN LENGTHEN HARD TISSUE			$0.00	Not Allowed	N
D4260	S	OSSEOUS SURGERY PER QUADRANT	00330	7.6534	$387.34	APC	
D4261	M	OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QUADRAN			$68.64	Fee Schedule	
D4263	S	BONE REPLCE GRAFT FIRST SITE	00330	7.6534	$387.34	APC	N
D4264	S	BONE REPLCE GRAFT EACH ADD	00330	7.6534	$387.34	APC	N
D4265	E	BIO MTRLS TO AID SOFT/OS REG			$0.00	Not Allowed	
D4266	E	GUIDED TISS REGEN RESORBLE			$0.00	Not Allowed	N
D4267	E	GUIDED TISS REGEN NONRESORB			$0.00	Not Allowed	N
D4268	E	SURGICAL REVISION PROCEDURE			$0.00	Not Allowed	N
D4270	S	PEDICLE SOFT TISSUE GRAFT PR	00330	7.6534	$387.34	APC	
D4271	S	FREE SOFT TISSUE GRAFT PROC	00330	7.6534	$387.34	APC	
D4273	E	SUBEPITHELIAL TISSUE GRAFT			$0.00	Not Allowed	N
D4274	E	DISTAL/PROXIMAL WEDGE PROC			$0.00	Not Allowed	N
D4275	E	SOFT TISSUE ALLOGRAFT			$0.00	Not Allowed	
D4276	E	CON TISSUE W DBLE PED GRAFT			$0.00	Not Allowed	
D4320	M	PROVISION SPLNT INTRACORONAL			$68.64	Fee Schedule	
D4321	E	PROVISIONAL SPLINT EXTRACORO			$0.00	Not Allowed	N
D4341	M	PERIODONTAL SCALING & ROOT			$68.64	Fee Schedule	N
D4342	M	PERIODONTAL SCALING 1-3 TEETH			$68.64	Fee Schedule	N
D4355	S	FULL MOUTH DEBRIDEMENT	00330	7.6534	$387.34	APC	N
D4381	E	LOCALIZED CHEMO DELIVERY			$0.00	Not Allowed	N
D4910	M	PERIODONTAL MAINT PROCEDURES			$68.64	Fee Schedule	N
D4920	M	UNSCHEDULED DRESSING CHANGE			$68.64	Fee Schedule	
D4999	M	UNSPECIFIED PERIODONTAL PROC			$68.64	Fee Schedule	
D5110	M	DENTURES COMPLETE MAXILLARY			$68.64	Fee Schedule	N
D5120	M	DENTURES COMPLETE MANDIBLE			$68.64	Fee Schedule	N
D5130	M	DENTURES IMMEDIAT MAXILLARY			$68.64	Fee Schedule	N
D5140	M	DENTURES IMMEDIAT MANDIBLE			$68.64	Fee Schedule	N
D5211	M	DENTURES MAXILL PART RESIN			$68.64	Fee Schedule	N
D5212	M	DENTURES MAND PART RESIN			$68.64	Fee Schedule	N
D5213	M	DENTURES MAXILL PART METAL			$68.64	Fee Schedule	N
D5214	M	DENTURES MANDIBL PART METAL			$68.64	Fee Schedule	N
D5225	M	MAXILLARY PART DENTURE FLEX			$68.64	Fee Schedule	
D5226	M	MANDIBULAR PART DENTURE FLEX			$68.64	Fee Schedule	
D5281	E	REMOVABLE PARTIAL DENTURE			$0.00	Not Allowed	Y
D5410	M	DENTURES ADJUST CMPLT MAXIL			$68.64	Fee Schedule	
D5411	M	DENTURES ADJUST CMPLT MAND			$68.64	Fee Schedule	
D5421	M	DENTURES ADJUST PART MAXILL			$68.64	Fee Schedule	
D5422	M	DENTURES ADJUST PART MANDBL			$68.64	Fee Schedule	
D5510	M	DENTUR REPR BROKEN COMPL BAS			$68.64	Fee Schedule	
D5520	M	REPLACE DENTURE TEETH COMPLT			$68.64	Fee Schedule	
D5610	M	DENTURES REPAIR RESIN BASE			$68.64	Fee Schedule	
D5620	M	REP PART DENTURE CAST FRAME			$68.64	Fee Schedule	
D5630	M	REP PARTIAL DENTURE CLASP			$68.64	Fee Schedule	
D5640	M	REPLACE PART DENTURE TEETH			$68.64	Fee Schedule	
D5650	M	ADD TOOTH TO PARTIAL DENTURE			$68.64	Fee Schedule	
D5660	M	ADD CLASP TO PARTIAL DENTURE			$68.64	Fee Schedule	
D5670	E	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAME MAXILL			$0.00	Not Allowed	
D5671	E	REPLC TTH&ACRLC MANDIBULAR			$0.00	Not Allowed	
D5710	M	DENTURES REBASE CMPLT MAXIL			$68.64	Fee Schedule	N
D5711	M	DENTURES REBASE CMPLT MAND			$68.64	Fee Schedule	N
D5720	M	DENTURES REBASE PART MAXILL			$68.64	Fee Schedule	N
D5721	M	DENTURES REBASE PART MANDBL			$68.64	Fee Schedule	N
D5730	M	DENTURE RELN CMPLT MAXIL CH			$68.64	Fee Schedule	N
D5731	M	DENTURE RELN CMPLT MAND CHR			$68.64	Fee Schedule	N
D5740	M	DENTURE RELN PART MAXIL CHR			$68.64	Fee Schedule	N
D5741	M	DENTURE RELN PART MAND CHR			$68.64	Fee Schedule	N
D5750	M	DENTURE RELN CMPLT MAX LAB			$68.64	Fee Schedule	N
D5751	M	DENTURE RELN CMPLT MAND LAB			$68.64	Fee Schedule	N

D5760	M	DENTURE RELN PART MAXIL LAB			$68.64	Fee Schedule	N
D5761	M	DENTURE RELN PART MAND LAB			$68.64	Fee Schedule	N
D5810	E	DENTURE INTERM CMPLT MAXILL			$0.00	Not Allowed	
D5811	E	DENTURE INTERM CMPLT MANDBL			$0.00	Not Allowed	
D5820	M	DENTURE INTERM PART MAXILL			$68.64	Fee Schedule	N
D5821	M	DENTURE INTERM PART MANDBL			$68.64	Fee Schedule	N
D5850	M	DENTURE TISS CONDITN MAXILL			$68.64	Fee Schedule	Y
D5851	E	DENTURE TISS CONDTIN MANDBL			$0.00	Not Allowed	N
D5860	E	OVERDENTURE COMPLETE			$0.00	Not Allowed	Y
D5861	E	OVERDENTURE PARTIAL			$0.00	Not Allowed	Y
D5862	E	PRECISION ATTACHMENT			$0.00	Not Allowed	Y
D5867	E	REPLACEMENT OF PRECISION ATT			$0.00	Not Allowed	N
D5875	E	PROSTHESIS MODIFICATION			$0.00	Not Allowed	N
D5899	M	REMOVABLE PROSTHODONTIC PROC			$68.64	Fee Schedule	N
D5911	E	FACIAL MOULAGE SECTIONAL			$0.00	Not Allowed	
D5912	E	FACIAL MOULAGE COMPLETE			$0.00	Not Allowed	N
D5913	E	NASAL PROSTHESIS			$0.00	Not Allowed	N
D5914	E	AURICULAR PROSTHESIS			$0.00	Not Allowed	
D5915	E	ORBITAL PROSTHESIS			$0.00	Not Allowed	
D5916	E	OCULAR PROSTHESIS			$0.00	Not Allowed	
D5919	E	FACIAL PROSTHESIS			$0.00	Not Allowed	
D5922	E	NASAL SEPTAL PROSTHESIS			$0.00	Not Allowed	N
D5923	E	OCULAR PROSTHESIS INTERIM			$0.00	Not Allowed	N
D5924	E	CRANIAL PROSTHESIS			$0.00	Not Allowed	N
D5925	E	FACIAL AUGMENTATION IMPLANT			$0.00	Not Allowed	N
D5926	E	REPLACEMENT NASAL PROSTHESIS			$0.00	Not Allowed	N
D5927	E	AURICULAR REPLACEMENT			$0.00	Not Allowed	N
D5928	E	ORBITAL REPLACEMENT			$0.00	Not Allowed	N
D5929	E	FACIAL REPLACEMENT			$0.00	Not Allowed	N
D5931	E	SURGICAL OBTURATOR			$0.00	Not Allowed	
D5932	E	POSTSURGICAL OBTURATOR			$0.00	Not Allowed	Y
D5933	E	REFITTING OF OBTURATOR			$0.00	Not Allowed	
D5934	E	MANDIBULAR FLANGE PROSTHESIS			$0.00	Not Allowed	
D5935	E	MANDIBULAR DENTURE PROSTH			$0.00	Not Allowed	
D5936	E	TEMP OBTURATOR PROSTHESIS			$0.00	Not Allowed	N
D5937	E	TRISMUS APPLIANCE			$0.00	Not Allowed	N
D5951	E	FEEDING AID			$0.00	Not Allowed	
D5952	E	PEDIATRIC SPEECH AID			$0.00	Not Allowed	
D5953	E	ADULT SPEECH AID			$0.00	Not Allowed	
D5954	E	SUPERIMPOSED PROSTHESIS			$0.00	Not Allowed	
D5955	E	PALATAL LIFT PROSTHESIS			$0.00	Not Allowed	
D5958	E	INTRAORAL CON DEF INTER PLT			$0.00	Not Allowed	N
D5959	E	INTRAORAL CON DEF MOD PALAT			$0.00	Not Allowed	N
D5960	E	MODIFY SPEECH AID PROSTHESIS			$0.00	Not Allowed	N
D5982	E	SURGICAL STENT			$0.00	Not Allowed	
D5983	S	RADIATION APPLICATOR	00330	7.6534	$387.34	APC	Y
D5984	S	RADIATION SHIELD	00330	7.6534	$387.34	APC	Y
D5985	S	RADIATION CONE LOCATOR	00330	7.6534	$387.34	APC	Y
D5986	E	FLUORIDE APPLICATOR			$0.00	Not Allowed	Y
D5987	E	COMMISSURE SPLINT			$0.00	Not Allowed	
D5988	E	SURGICAL SPLINT			$0.00	Not Allowed	
D5991	E	TOPICAL MEDICAMENT CARRIER			$0.00	Not Allowed	
D5999	E	MAXILLOFACIAL PROSTHESIS			$0.00	Not Allowed	N
D6010	E	ODONTICS ENDOSTEAL IMPLANT			$0.00	Not Allowed	N
D6012	E	ENDOSTEAL IMPLANT			$0.00	Not Allowed	
D6040	E	ODONTICS EPOSTEAL IMPLANT			$0.00	Not Allowed	N
D6050	E	ODONTICS TRANSOSTEAL IMPLNT			$0.00	Not Allowed	N
D6053	E	IMPLNT/ABTMNT SPPRT REMV DNT			$0.00	Not Allowed	
D6054	E	IMPLNT/ABTMNT SPPRT REMVPRTL			$0.00	Not Allowed	
D6055	E	IMPLANT CONNECTING BAR			$0.00	Not Allowed	N
D6056	E	PREFABRICATED ABUTMENT			$0.00	Not Allowed	N
D6057	E	CUSTOM ABUTMENT			$0.00	Not Allowed	N
D6058	E	ABUTMENT SUPPORTED CROWN			$0.00	Not Allowed	N
D6059	E	ABUTMENT SUPPORTED MTL CROWN			$0.00	Not Allowed	N
D6060	E	ABUTMENT SUPPORTED MTL CROWN			$0.00	Not Allowed	N
D6061	E	ABUTMENT SUPPORTED MTL CROWN			$0.00	Not Allowed	N
D6062	E	ABUTMENT SUPPORTED MTL CROWN			$0.00	Not Allowed	N
D6063	E	ABUTMENT SUPPORTED MTL CROWN			$0.00	Not Allowed	N
D6064	E	ABUTMENT SUPPORTED MTL CROWN			$0.00	Not Allowed	N
D6065	E	IMPLANT SUPPORTED CROWN			$0.00	Not Allowed	N
D6066	E	IMPLANT SUPPORTED MTL CROWN			$0.00	Not Allowed	N

D6067	E	IMPLANT SUPPORTED MTL CROWN	$0.00	Not Allowed	N
D6068	E	ABUTMENT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6069	E	ABUTMENT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6070	E	ABUTMENT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6071	E	ABUTMENT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6072	E	ABUTMENT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6073	E	ABUTMENT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6074	E	ABUTMENT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6075	E	IMPLANT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6076	E	IMPLANT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6077	E	IMPLANT SUPPORTED RETAINER	$0.00	Not Allowed	N
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT	$0.00	Not Allowed	N
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT	$0.00	Not Allowed	N
D6080	E	IMPLANT MAINTENANCE	$0.00	Not Allowed	N
D6090	E	REPAIR IMPLANT	$0.00	Not Allowed	N
D6091	E	REPL SEMI/PRECISION ATTACH	$0.00	Not Allowed	
D6092	E	RECEMENT SUPP CROWN	$0.00	Not Allowed	
D6093	E	RECEMENT SUPP PART DENTURE	$0.00	Not Allowed	
D6094	E	ABUT SUPPORT CROWN TITANIUM	$0.00	Not Allowed	
D6095	E	ODONTICS REPR ABUTMENT	$0.00	Not Allowed	N
D6100	E	REMOVAL OF IMPLANT	$0.00	Not Allowed	N
D6190	E	RADIO/SURGICAL IMPLANT INDEX	$0.00	Not Allowed	
D6194	E	ABUT SUPPORT RETAINER TITANI	$0.00	Not Allowed	
D6199	E	IMPLANT PROCEDURE	$0.00	Not Allowed	Y
D6205	M	PONTIC-INDIRECT RESIN BASED	$68.64	Fee Schedule	
D6210	M	PROSTHODONT HIGH NOBLE METAL	$68.64	Fee Schedule	N
D6211	M	BRIDGE BASE METAL CAST	$68.64	Fee Schedule	N
D6212	M	BRIDGE NOBLE METAL CAST	$68.64	Fee Schedule	N
D6214	M	PONTIC TITANIUM	$68.64	Fee Schedule	
D6240	M	BRIDGE PORCELAIN HIGH NOBLE	$68.64	Fee Schedule	N
D6241	M	BRIDGE PORCELAIN BASE METAL	$68.64	Fee Schedule	N
D6242	M	BRIDGE PORCELAIN NOBEL METAL	$68.64	Fee Schedule	N
D6245	M	BRIDGE PORCELAIN/CERAMIC	$68.64	Fee Schedule	N
D6250	M	BRIDGE RESIN W/HIGH NOBLE	$68.64	Fee Schedule	N
D6251	M	BRIDGE RESIN BASE METAL	$68.64	Fee Schedule	N
D6252	M	BRIDGE RESIN W/NOBLE METAL	$68.64	Fee Schedule	N
D6253	E	PROVISIONAL PONTIC	$0.00	Not Allowed	
D6545	E	DENTAL RETAINR CAST METL	$0.00	Not Allowed	
D6548	E	PORCELAIN/CERAMIC RETAINER	$0.00	Not Allowed	N
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF	$0.00	Not Allowed	
D6601	E	PORC/CERAM INLAY >= 3 SURFAC	$0.00	Not Allowed	
D6602	E	CST HGH NBLE MTL INLAY 2 SRF	$0.00	Not Allowed	
D6603	E	CST HGH NBLE MTL INLAY >=3SR	$0.00	Not Allowed	
D6604	E	CST BSE MTL INLAY 2 SURFACES	$0.00	Not Allowed	
D6605	E	CST BSE MTL INLAY >= 3 SURFA	$0.00	Not Allowed	
D6606	E	CAST NOBLE METAL INLAY 2 SUR	$0.00	Not Allowed	
D6607	E	CST NOBLE MTL INLAY >=3 SURF	$0.00	Not Allowed	
D6608	E	ONLAY PORC/CRMC 2 SURFACES	$0.00	Not Allowed	
D6609	E	ONLAY PORC/CRMC >=3 SURFACES	$0.00	Not Allowed	
D6610	E	ONLAY CAST HIGH NOBLE METAL TWO SURFACES	$0.00	Not Allowed	
D6611	E	ONLAY CST HGH NBL MTL >=3SRF	$0.00	Not Allowed	
D6612	E	ONLAY CST BASE MTL 2 SURFACE	$0.00	Not Allowed	
D6613	E	ONLAY CST BASE MTL >=3 SURFA	$0.00	Not Allowed	
D6614	E	ONLAY CST NBL MTL 2 SURFACES	$0.00	Not Allowed	
D6615	E	ONLAY CST NBL MTL >=3 SURFAC	$0.00	Not Allowed	
D6624	E	INLAY TITANIUM	$0.00	Not Allowed	
D6634	E	ONLAY TITANIUM	$0.00	Not Allowed	
D6710	M	CROWN-INDIRECT RESIN BASED	$68.64	Fee Schedule	
D6720	M	RETAIN CROWN RESIN W HI NBLE	$68.64	Fee Schedule	N
D6721	M	CROWN RESIN W/BASE METAL	$68.64	Fee Schedule	N
D6722	M	CROWN RESIN W/NOBLE METAL	$68.64	Fee Schedule	N
D6740	M	CROWN PORCELAIN/CERAMIC	$68.64	Fee Schedule	N
D6750	M	CROWN PORCELAIN HIGH NOBLE	$68.64	Fee Schedule	N
D6751	M	CROWN PORCELAIN BASE METAL	$68.64	Fee Schedule	N
D6752	M	CROWN PORCELAIN NOBLE METAL	$68.64	Fee Schedule	N
D6780	M	CROWN 3/4 HIGH NOBLE METAL	$68.64	Fee Schedule	N
D6781	M	CROWN 3/4 CAST BASED METAL	$68.64	Fee Schedule	N
D6782	M	CROWN 3/4 CAST NOBLE METAL	$68.64	Fee Schedule	N
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC	$68.64	Fee Schedule	N
D6790	M	CROWN FULL HIGH NOBLE METAL	$68.64	Fee Schedule	N
D6791	M	CROWN FULL BASE METAL CAST	$68.64	Fee Schedule	N

D6792	M	CROWN FULL NOBLE METAL CAST			$68.64	Fee Schedule	N
D6793	E	PROVISIONAL RETAINER CROWN			$0.00	Not Allowed	
D6794	M	CROWN TITANIUM			$68.64	Fee Schedule	
D6920	S	DENTAL CONNECTOR BAR			$0.00	Not Allowed	N
D6930	M	DENTAL RECEMENT BRIDGE			$68.64	Fee Schedule	
D6940	E	STRESS BREAKER			$0.00	Not Allowed	
D6950	M	PRECISION ATTACHMENT			$68.64	Fee Schedule	
D6970	E	POST & CORE PLUS RETAINER			$0.00	Not Allowed	N
D6972	E	PREFAB POST & CORE PLUS RETA			$0.00	Not Allowed	N
D6973	E	CORE BUILD UP FOR RETAINER			$0.00	Not Allowed	N
D6975	E	COPING METAL			$0.00	Not Allowed	N
D6976	E	EACH ADDTNL CAST POST			$0.00	Not Allowed	N
D6977	E	EACH ADDTL PREFAB POST			$0.00	Not Allowed	N
D6980	M	BRIDGE REPAIR			$68.64	Fee Schedule	
D6985	E	PEDIATRIC PARTIAL DENTURE FX			$0.00	Not Allowed	
D6999	M	FIXED PROSTHODONTIC PROC			$68.64	Fee Schedule	N
D7111	S	CORONAL REMNANTS DECIDUOUS T	00330	7.6534	$387.34	APC	
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	00330	7.6534	$387.34	APC	
D7210	S	REM IMP TOOTH W MUCOPER FLP	00330	7.6534	$387.34	APC	N
D7220	S	IMPACT TOOTH REMOV SOFT TISS	00330	7.6534	$387.34	APC	N
D7230	S	IMPACT TOOTH REMOV PART BONY	00330	7.6534	$387.34	APC	N
D7240	S	IMPACT TOOTH REMOV COMP BONY	00330	7.6534	$387.34	APC	N
D7241	S	IMPACT TOOTH REM BONY W/COMP	00330	7.6534	$387.34	APC	N
D7250	S	TOOTH ROOT REMOVAL	00330	7.6534	$387.34	APC	N
D7260	S	ORAL ANTRAL FISTULA CLOSURE	00330	7.6534	$387.34	APC	N
D7261	S	PRIMARY CLOSURE SINUS PERF			$0.00	Not Allowed	
D7270	M	TOOTH REIMPLANTATION			$68.64	Fee Schedule	N
D7272	E	TOOTH TRANSPLANTATION			$0.00	Not Allowed	
D7280	M	EXPOSURE IMPACT TOOTH ORTHOD			$68.64	Fee Schedule	N
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT			$68.64	Fee Schedule	
D7283	E	PLACE DEVICE IMPACTED TOOTH			$0.00	Not Allowed	
D7285	E	BIOPSY OF ORAL TISSUE HARD			$0.00	Not Allowed	
D7286	E	BIOPSY OF ORAL TISSUE SOFT			$0.00	Not Allowed	
D7287	E	CYTOLOGY SAMPLE COLLECTION			$0.00	Not Allowed	
D7288	E	BRUSH BIOPSY			$0.00	Not Allowed	
D7290	E	REPOSITIONING OF TEETH			$0.00	Not Allowed	
D7291	E	TRANSSEPTAL FIBEROTOMY			$0.00	Not Allowed	
D7292	E	SCREW RETAINED PLATE			$0.00	Not Allowed	
D7293	E	TEMP ANCHORAGE DEV W FLAP			$0.00	Not Allowed	
D7294	E	TEMP ANCHORAGE DEV W/O FLAP			$0.00	Not Allowed	
D7310	M	ALVEOPLASTY W/ EXTRACTION			$68.64	Fee Schedule	N
D7311	E	ALVEOLOPLASTY W/EXTRACT 1-3			$0.00	Not Allowed	
D7320	M	ALVEOPLASTY W/O EXTRACTION			$68.64	Fee Schedule	N
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS			$68.64	Fee Schedule	
D7340	E	VESTIBULOPLASTY RIDGE EXTENS			$0.00	Not Allowed	N
D7350	E	VESTIBULOPLASTY EXTEN GRAFT			$0.00	Not Allowed	N
D7410	E	RAD EXC LESION UP TO 1.25 CM			$0.00	Not Allowed	N
D7411	E	EXCISION BENIGN LESION>1.25C			$0.00	Not Allowed	
D7412	E	EXCISION BENIGN LESION COMPL			$0.00	Not Allowed	
D7413	E	EXCISION MALIG LESION<=1.25C			$0.00	Not Allowed	
D7414	E	EXCISION MALIG LESION>1.25CM			$0.00	Not Allowed	
D7415	E	EXCISION MALIG LES COMPLICAT			$0.00	Not Allowed	
D7440	E	MALIG TUMOR EXC TO 1.25 CM			$0.00	Not Allowed	N
D7441	E	MALIG TUMOR > 1.25 CM			$0.00	Not Allowed	N
D7450	E	REM ODONTOGEN CYST TO 1.25CM			$0.00	Not Allowed	N
D7451	E	REM ODONTOGEN CYST > 1.25 CM			$0.00	Not Allowed	N
D7460	E	REM NONODONTO CYST TO 1.25CM			$0.00	Not Allowed	N
D7461	E	REM NONODONTO CYST > 1.25 CM			$0.00	Not Allowed	N
D7465	E	LESION DESTRUCTION			$0.00	Not Allowed	
D7471	E	REM EXOSTOSIS ANY SITE			$0.00	Not Allowed	N
D7472	E	REMOVAL OF TORUS PALATINUS			$0.00	Not Allowed	
D7473	E	REMOVE TORUS MANDIBULARIS			$0.00	Not Allowed	
D7485	E	SURG REDUCT OSSEOUSTUBEROSIT			$0.00	Not Allowed	
D7490	E	MANDIBLE RESECTION			$0.00	Not Allowed	
D7510	M	I&D ABSC INTRAORAL SOFT TISS			$68.64	Fee Schedule	
D7511	M	INCISION/DRAIN ABSCESS INTRA			$68.64	Fee Schedule	
D7520	M	I&D ABSCESS EXTRAORAL			$68.64	Fee Schedule	N
D7521	M	INCISION/DRAIN ABSCESS EXTRA			$68.64	Fee Schedule	
D7530	E	REMOVAL FB SKIN/AREOLAR TISS			$0.00	Not Allowed	
D7540	M	REMOVAL OF FB REACTION			$68.64	Fee Schedule	N
D7550	M	REMOVAL OF SLOUGHED OFF BONE			$68.64	Fee Schedule	N

D7560	M	MAXILLARY SINUSOTOMY	$68.64	Fee Schedule	N
D7610	E	MAXILLA OPEN REDUCT SIMPLE	$0.00	Not Allowed	N
D7620	E	CLSD REDUCT SIMPL MAXILLA FX	$0.00	Not Allowed	N
D7630	E	OPEN RED SIMPL MANDIBLE FX	$0.00	Not Allowed	N
D7640	E	CLSD RED SIMPL MANDIBLE FX	$0.00	Not Allowed	N
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX	$0.00	Not Allowed	Y
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX	$0.00	Not Allowed	Y
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS	$0.00	Not Allowed	Y
D7671	E	ALVEOLUS OPEN REDUCTION	$0.00	Not Allowed	
D7680	E	REDUCT SIMPLE FACIAL BONE FX	$0.00	Not Allowed	Y
D7710	E	MAXILLA OPEN REDUCT COMPOUND	$0.00	Not Allowed	Y
D7720	E	CLSD REDUCT COMPD MAXILLA FX	$0.00	Not Allowed	Y
D7730	E	OPEN REDUCT COMPD MANDBLE FX	$0.00	Not Allowed	Y
D7740	E	CLSD REDUCT COMPD MANDBLE FX	$0.00	Not Allowed	Y
D7750	E	OPEN RED COMP MALAR/ZYGMA FX	$0.00	Not Allowed	Y
D7760	E	CLSD RED COMP MALAR/ZYGMA FX	$0.00	Not Allowed	Y
D7770	E	OPEN REDUC COMPD ALVEOLUS FX	$0.00	Not Allowed	Y
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE	$0.00	Not Allowed	
D7780	E	REDUCT COMPND FACIAL BONE FX	$0.00	Not Allowed	Y
D7810	E	TMJ OPEN REDUCT-DISLOCATION	$0.00	Not Allowed	Y
D7820	E	CLOSED TMP MANIPULATION	$0.00	Not Allowed	Y
D7830	E	TMJ MANIPULATION UNDER ANEST	$0.00	Not Allowed	
D7840	E	REMOVAL OF TMJ CONDYLE	$0.00	Not Allowed	
D7850	E	TMJ MENISCECTOMY	$0.00	Not Allowed	Y
D7852	E	TMJ REPAIR OF JOINT DISC	$0.00	Not Allowed	N
D7854	E	TMJ EXCISN OF JOINT MEMBRANE	$0.00	Not Allowed	N
D7856	E	TMJ CUTTING OF A MUSCLE	$0.00	Not Allowed	N
D7858	E	TMJ RECONSTRUCTION	$0.00	Not Allowed	N
D7860	E	TMJ CUTTING INTO JOINT	$0.00	Not Allowed	Y
D7865	E	TMJ RESHAPING COMPONENTS	$0.00	Not Allowed	Y
D7870	E	TMJ ASPIRATION JOINT FLUID	$0.00	Not Allowed	Y
D7871	E	LYSIS + LAVAGE W CATHETERS	$0.00	Not Allowed	N
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY	$0.00	Not Allowed	N
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN	$0.00	Not Allowed	N
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT	$0.00	Not Allowed	N
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY	$0.00	Not Allowed	N
D7876	E	TMJ ARTHROSCOPY DISCECTOMY	$0.00	Not Allowed	N
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT	$0.00	Not Allowed	N
D7880	E	OCCLUSAL ORTHOTIC APPLIANCE	$0.00	Not Allowed	
D7899	E	TMJ UNSPECIFIED THERAPY	$0.00	Not Allowed	N
D7910	M	DENT SUTUR RECENT WND TO 5CM	$68.64	Fee Schedule	N
D7911	M	DENTAL SUTURE WOUND TO 5 CM	$68.64	Fee Schedule	N
D7912	M	SUTURE COMPLICATE WND > 5 CM	$68.64	Fee Schedule	N
D7920	E	DENTAL SKIN GRAFT	$0.00	Not Allowed	N
D7940	S	RESHAPING BONE ORTHOGNATHIC	$0.00	Not Allowed	
D7941	E	BONE CUTTING RAMUS CLOSED	$0.00	Not Allowed	
D7943	E	CUTTING RAMUS OPEN W/GRAFT	$0.00	Not Allowed	
D7944	E	BONE CUTTING SEGMENTED	$0.00	Not Allowed	
D7945	E	BONE CUTTING BODY MANDIBLE	$0.00	Not Allowed	
D7946	E	RECONSTRUCTION MAXILLA TOTAL	$0.00	Not Allowed	
D7947	E	RECONSTRUCT MAXILLA SEGMENT	$0.00	Not Allowed	
D7948	E	RECONSTRUCT MIDFACE NO GRAFT	$0.00	Not Allowed	
D7949	E	RECONSTRUCT MIDFACE W/GRAFT	$0.00	Not Allowed	
D7950	E	MANDIBLE GRAFT	$0.00	Not Allowed	Y
D7951	E	SINUS AUG W BONE/BONE SUP	$0.00	Not Allowed	
D7953	E	BONE REPLACEMENT GRAFT	$0.00	Not Allowed	
D7955	E	REPAIR MAXILLOFACIAL DEFECTS	$0.00	Not Allowed	
D7960	E	FRENULECTOMY/FRENULOTOMY	$0.00	Not Allowed	Y
D7963	E	FRENULOPLASTY	$0.00	Not Allowed	
D7970	M	EXCISION HYPERPLASTIC TISSUE	$68.64	Fee Schedule	N
D7971	E	EXCISION PERICORONAL GINGIVA	$0.00	Not Allowed	
D7972	E	SURG REDCT FIBROUS TUBEROSIT	$0.00	Not Allowed	
D7980	E	SIALOLITHOTOMY	$0.00	Not Allowed	
D7981	E	EXCISION OF SALIVARY GLAND	$0.00	Not Allowed	Y
D7982	E	SIALODOCHOPLASTY	$0.00	Not Allowed	
D7983	E	CLOSURE OF SALIVARY FISTULA	$0.00	Not Allowed	
D7990	E	EMERGENCY TRACHEOTOMY	$0.00	Not Allowed	
D7991	E	DENTAL CORONOIDECTOMY	$0.00	Not Allowed	
D7995	E	SYNTHETIC GRAFT FACIAL BONES	$0.00	Not Allowed	N
D7996	E	IMPLANT MANDIBLE FOR AUGMENT	$0.00	Not Allowed	N
D7997	E	APPLIANCE REMOVAL	$0.00	Not Allowed	N

D7998	E	INTRAORAL PLACE OF FIX DEV			$0.00	Not Allowed	
D7999	E	ORAL SURGERY PROCEDURE			$0.00	Not Allowed	Y
D8010	E	LIMITED DENTAL TX PRIMARY			$0.00	Not Allowed	N
D8020	E	LIMITED DENTAL TX TRANSITION			$0.00	Not Allowed	N
D8030	E	LIMITED DENTAL TX ADOLESCENT			$0.00	Not Allowed	N
D8040	E	LIMITED DENTAL TX ADULT			$0.00	Not Allowed	N
D8050	M	INTERCEP DENTAL TX PRIMARY			$68.64	Fee Schedule	Y
D8060	M	INTERCEP DENTAL TX TRANSITN			$68.64	Fee Schedule	Y
D8070	M	COMPRE DENTAL TX TRANSITION			$68.64	Fee Schedule	Y
D8080	M	COMPRE DENTAL TX ADOLESCENT			$68.64	Fee Schedule	Y
D8090	M	COMPRE DENTAL TX ADULT			$68.64	Fee Schedule	Y
D8210	E	ORTHODONTIC REM APPLIANCE TX			$0.00	Not Allowed	
D8220	M	FIXED APPLIANCE THERAPY HABT			$68.64	Fee Schedule	N
D8660	E	PREORTHODONTIC TX VISIT			$0.00	Not Allowed	N
D8670	M	PERIODIC ORTHODONTC TX VISIT			$68.64	Fee Schedule	Y
D8680	E	ORTHODONTIC RETENTION			$0.00	Not Allowed	N
D8690	E	ORTHODONTIC TREATMENT			$0.00	Not Allowed	N
D8691	E	REPAIR ORTHO APPLIANCE			$0.00	Not Allowed	N
D8692	E	REPLACEMENT RETAINER			$0.00	Not Allowed	N
D8693	E	REBOND/CEMENT/REPAIR RETAIN			$0.00	Not Allowed	
D8999	E	ORTHODONTIC PROCEDURE			$0.00	Not Allowed	
D9110	N	TX DENTAL PAIN MINOR PROC			$0.00	Bundled	
D9120	E	FIX PARTIAL DENTURE SECTION			$0.00	Not Allowed	
D9210	E	DENT ANESTHESIA W/O SURGERY			$0.00	Not Allowed	
D9211	E	REGIONAL BLOCK ANESTHESIA			$0.00	Not Allowed	
D9212	E	TRIGEMINAL BLOCK ANESTHESIA			$0.00	Not Allowed	
D9215	E	LOCAL ANESTHESIA			$0.00	Not Allowed	
D9220	E	GENERAL ANESTHESIA			$0.00	Not Allowed	N
D9221	E	GENERAL ANESTHESIA EA AD 15M			$0.00	Not Allowed	Y
D9230	E	ANALGESIA			$0.00	Not Allowed	N
D9241	M	INTRAVENOUS SEDATION			$68.64	Fee Schedule	N
D9242	M	IV SEDATION EA AD 30 M			$68.64	Fee Schedule	N
D9248	N	SEDATION (NON-IV)			$0.00	Bundled	N
D9310	M	DENTAL CONSULTATION			$68.64	Fee Schedule	
D9410	E	DENTAL HOUSE CALL			$0.00	Not Allowed	
D9420	E	HOSPITAL CALL			$0.00	Not Allowed	N
D9430	E	OFFICE VISIT DURING HOURS			$0.00	Not Allowed	
D9440	E	OFFICE VISIT AFTER HOURS			$0.00	Not Allowed	
D9450	E	CASE PRESENTATION TX PLAN			$0.00	Not Allowed	
D9610	E	DENT THERAPEUTIC DRUG INJECT			$0.00	Not Allowed	
D9612	E	THERA PAR DRUGS 2 OR > ADMIN			$0.00	Not Allowed	
D9630	S	OTHER DRUGS/MEDICAMENTS	00330	7.6534	$387.34	APC	
D9910	E	DENT APPL DESENSITIZING MED			$0.00	Not Allowed	
D9911	E	APPL DESENSITIZING RESIN			$0.00	Not Allowed	N
D9920	M	BEHAVIOR MANAGEMENT			$68.64	Fee Schedule	N
D9930	S	TREATMENT OF COMPLICATIONS			$0.00	Not Allowed	
D9940	S	DENTAL OCCLUSAL GUARD			$0.00	Not Allowed	
D9941	E	FABRICATION ATHLETIC GUARD			$0.00	Not Allowed	
D9942	E	REPAIR/RELINE OCCLUSAL GUARD			$0.00	Not Allowed	
D9950	S	OCCLUSION ANALYSIS			$0.00	Not Allowed	
D9951	S	LIMITED OCCLUSAL ADJUSTMENT			$0.00	Not Allowed	
D9952	S	COMPLETE OCCLUSAL ADJUSTMENT			$0.00	Not Allowed	
D9970	E	ENAMEL MICROABRASION			$0.00	Not Allowed	N
D9971	E	ODONTOPLASTY 1-2 TEETH			$0.00	Not Allowed	N
D9972	E	EXTRNL BLEACHING PER ARCH			$0.00	Not Allowed	N
D9973	E	EXTRNL BLEACHING PER TOOTH			$0.00	Not Allowed	N
D9974	E	INTRNL BLEACHING PER TOOTH			$0.00	Not Allowed	N
D9999	E	ADJUNCTIVE PROCEDURE			$0.00	Not Allowed	
E0100	E	CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED			$0.00	Not Allowed	N
E0105	E	CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIAL			$0.00	Not Allowed	N
E0110	E	CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIAL			$0.00	Not Allowed	N
E0111	E	CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS			$0.00	Not Allowed	N
E0112	E	CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH I			$0.00	Not Allowed	N
E0113	E	CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP			$0.00	Not Allowed	N
E0114	E	CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR W			$0.00	Not Allowed	N
E0116	E	CRUTCH UNDERARM EACH NO WOOD			$0.00	Not Allowed	N
E0117	E	UNDERARM SPRINGASSIST CRUTCH			$0.00	Not Allowed	
E0118	E	CRUTCH SUBSTITUTE			$0.00	Not Allowed	
E0130	E	WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT			$0.00	Not Allowed	N
E0135	E	WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT			$0.00	Not Allowed	N
E0140	E	WALKER W TRUNK SUPPORT			$0.00	Not Allowed	

E0141	E	RIGID WHEELED WALKER ADJ/FIX	$0.00	Not Allowed	N
E0143	E	WALKER FOLDING WHEELED W/O S	$0.00	Not Allowed	N
E0144	E	ENCLOSED WALKER W REAR SEAT	$0.00	Not Allowed	N
E0147	E	WALKER VARIABLE WHEEL RESIST	$0.00	Not Allowed	N
E0148	E	WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY EACH	$0.00	Not Allowed	N
E0149	E	HEAVY DUTY WHEELED WALKER	$0.00	Not Allowed	N
E0153	E	PLATFORM ATTACHMENT FOREARM CRUTCH EACH	$0.00	Not Allowed	N
E0154	E	PLATFORM ATTACHMENT WALKER EACH	$0.00	Not Allowed	
E0155	E	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR	$0.00	Not Allowed	N
E0156	E	SEAT ATTACHMENT WALKER	$0.00	Not Allowed	N
E0157	E	CRUTCH ATTACHMENT WALKER EACH	$0.00	Not Allowed	N
E0158	E	LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4)	$0.00	Not Allowed	N
E0159	E	BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH	$0.00	Not Allowed	N
E0160	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	$0.00	Not Allowed	N
E0161	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	$0.00	Not Allowed	N
E0162	E	SITZ BATH CHAIR	$0.00	Not Allowed	N
E0163	E	COMMODE CHAIR STATIONARY WITH FIXED ARMS	$0.00	Not Allowed	N
E0165	E	COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS	$0.00	Not Allowed	N
E0167	E	PAIL OR PAN FOR USE WITH COMMODE CHAIR	$0.00	Not Allowed	N
E0168	E	COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY	$0.00	Not Allowed	N
E0170	E	COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHABLE AF	$0.00	Not Allowed	N
E0171	E	COMMODE CHAIR NON-ELECTRIC	$0.00	Not Allowed	
E0172	E	SEAT LIFT MECHANISM TOILET	$0.00	Not Allowed	
E0175	E	FOOT REST FOR USE WITH COMMODE CHAIR EACH	$0.00	Not Allowed	N
E0181	E	PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY	$0.00	Not Allowed	N
E0182	E	PUMP FOR ALTERNATING PRESSURE PAD	$0.00	Not Allowed	N
E0184	E	PRESSURE MATTRESS DRY	$0.00	Not Allowed	N
E0185	E	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WID	$0.00	Not Allowed	N
E0186	E	AIR PRESSURE MATTRESS	$0.00	Not Allowed	N
E0187	E	WATER PRESSURE MATTRESS	$0.00	Not Allowed	N
E0188	E	SYNTHETIC SHEEPSKIN PAD	$0.00	Not Allowed	N
E0189	E	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	$0.00	Not Allowed	N
E0190	E	POSITIONING CUSHION	$0.00	Not Allowed	
E0191	E	HEEL OR ELBOW PROTECTOR EACH	$0.00	Not Allowed	N
E0193	E	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	$0.00	Not Allowed	Y
E0194	E	AIR FLUIDIZED BED	$0.00	Not Allowed	Y
E0196	E	GEL PRESSURE MATTRESS	$0.00	Not Allowed	N
E0197	E	AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH	$0.00	Not Allowed	N
E0198	E	WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WI	$0.00	Not Allowed	N
E0199	E	DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/	$0.00	Not Allowed	N
E0200	E	HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR	$0.00	Not Allowed	N
E0202	E	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	$0.00	Not Allowed	N
E0203	E	THERAPEUTIC LIGHTBOX TABLETP	$0.00	Not Allowed	
E0205	E	HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED	$0.00	Not Allowed	N
E0210	E	ELECTRIC HEAT PAD STANDARD	$0.00	Not Allowed	N
E0215	E	ELECTRIC HEAT PAD MOIST	$0.00	Not Allowed	N
E0217	E	WATER CIRCULATING HEAT PAD WITH PUMP	$0.00	Not Allowed	N
E0218	E	WATER CIRCULATING COLD PAD WITH PUMP	$0.00	Not Allowed	N
E0220	E	HOT WATER BOTTLE	$0.00	Not Allowed	
E0221	E	INFRARED HEATING PAD SYSTEM	$0.00	Not Allowed	
E0225	E	HYDROCOLLATOR UNIT INCLUDING PADS	$0.00	Not Allowed	
E0230	E	ICE CAP OR COLLAR	$0.00	Not Allowed	
E0231	E	WOUND WARMING DEVICE	$0.00	Not Allowed	
E0232	E	WARMING CARD FOR NWT	$0.00	Not Allowed	N
E0235	E	PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265	$0.00	Not Allowed	
E0236	E	PUMP FOR WATER CIRCULATING PAD	$0.00	Not Allowed	N
E0238	E	NON-ELECTRIC HEAT PAD MOIST	$0.00	Not Allowed	N
E0239	E	HYDROCOLLATOR UNIT PORTABLE	$0.00	Not Allowed	
E0240	E	BATH/SHOWER CHAIR	$0.00	Not Allowed	
E0241	E	BATH TUB WALL RAIL EACH	$0.00	Not Allowed	N
E0242	E	BATH TUB RAIL FLOOR BASE	$0.00	Not Allowed	N
E0243	E	TOILET RAIL EACH	$0.00	Not Allowed	N
E0244	E	RAISED TOILET SEAT	$0.00	Not Allowed	N
E0245	E	TUB STOOL OR BENCH	$0.00	Not Allowed	N
E0246	E	TRANSFER TUB RAIL ATTACHMENT	$0.00	Not Allowed	N
E0247	E	TRANS BENCH W/WO COMM OPEN	$0.00	Not Allowed	
E0248	E	HDTRANS BENCH W/WO COMM OPEN	$0.00	Not Allowed	
E0249	E	PAD FOR WATER CIRCULATING HEAT UNIT	$0.00	Not Allowed	N
E0250	E	HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS	$0.00	Not Allowed	Y
E0251	E	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS	$0.00	Not Allowed	Y
E0255	E	HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS	$0.00	Not Allowed	Y

E0256	E	HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE	$0.00	Not Allowed	Y
E0260	E	HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS	$0.00	Not Allowed	Y
E0261	E	HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE	$0.00	Not Allowed	Y
E0265	E	HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS	$0.00	Not Allowed	Y
E0266	E	HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS	$0.00	Not Allowed	Y
E0270	E	HOSPITAL BED INSTITUTIONAL TYPE INCLUDES: OSCILLATING	$0.00	Not Allowed	
E0271	E	MATTRESS INNERSPRING	$0.00	Not Allowed	
E0272	E	MATTRESS FOAM RUBBER	$0.00	Not Allowed	N
E0273	E	BED BOARD	$0.00	Not Allowed	N
E0274	E	OVERBED TABLE	$0.00	Not Allowed	N
E0275	E	BED PAN STANDARD METAL OR PLASTIC	$0.00	Not Allowed	N
E0276	E	BED PAN FRACTURE METAL OR PLASTIC	$0.00	Not Allowed	N
E0277	E	POWERED PRESSURE-REDUCING AIR MATTRESS	$0.00	Not Allowed	Y
E0280	E	BED CRADLE ANY TYPE	$0.00	Not Allowed	N
E0290	E	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS	$0.00	Not Allowed	Y
E0291	E	HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS	$0.00	Not Allowed	Y
E0292	E	HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS	$0.00	Not Allowed	N
E0293	E	HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS	$0.00	Not Allowed	Y
E0294	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS	$0.00	Not Allowed	Y
E0295	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	$0.00	Not Allowed	Y
E0296	E	HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS	$0.00	Not Allowed	Y
E0297	E	HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	$0.00	Not Allowed	Y
E0300	E	ENCLOSED PED CRIB HOSP GRADE	$0.00	Not Allowed	
E0301	E	HD HOSP BED 350-600 LBS	$0.00	Not Allowed	
E0302	E	EX HD HOSP BED > 600 LBS	$0.00	Not Allowed	
E0303	E	HOSP BED HVY DTY XTRA WIDE	$0.00	Not Allowed	
E0304	E	HOSP BED XTRA HVY DTY X WIDE	$0.00	Not Allowed	
E0305	E	BED SIDE RAILS HALF LENGTH EACH	$0.00	Not Allowed	N
E0310	E	BEDSIDE RAILS FULL-LENGTH	$0.00	Not Allowed	N
E0315	E	BED ACCESSORIES: BOARDS OR TABLES ANY TYPE	$0.00	Not Allowed	N
E0316	E	BED SAFETY ENCLOSURE	$0.00	Not Allowed	
E0325	E	URINAL MALE ANY MATERIAL	$0.00	Not Allowed	N
E0326	E	URINAL FEMALE ANY MATERIAL	$0.00	Not Allowed	N
E0328	E	PED HOSPITAL BED, MANUAL	$0.00	Not Allowed	
E0329	E	PED HOSPITAL BED SEMI/ELECT	$0.00	Not Allowed	
E0350	E	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION S	$0.00	Not Allowed	N
E0352	E	DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYST	$0.00	Not Allowed	N
E0370	E	AIR PRESSURE ELEVATOR FOR HEEL	$0.00	Not Allowed	N
E0371	E	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MAT	$0.00	Not Allowed	N
E0372	E	POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WII	$0.00	Not Allowed	N
E0373	E	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	$0.00	Not Allowed	N
E0424	E	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT = 50CF	$0.00	Not Allowed	N
E0425	E	STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES	$0.00	Not Allowed	N
E0430	E	PORT GAS O2 SYS PURCHASE INCLUDES ALL SUPPLIES	$0.00	Not Allowed	Y
E0431	E	PORT GAS O2SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUI	$0.00	Not Allowed	N
E0434	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES	$0.00	Not Allowed	N
E0435	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES	$0.00	Not Allowed	N
E0439	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT = 10L	$0.00	Not Allowed	N
E0440	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT = 10L	$0.00	Not Allowed	N
E0441	E	OXYGEN CONTENTS GASEOUS	$0.00	Not Allowed	N
E0442	E	OXYGEN CONTENTS LIQUID	$0.00	Not Allowed	N
E0443	E	PORTABLE 02 CONTENTS GAS	$0.00	Not Allowed	N
E0444	E	PORTABLE 02 CONTENTS LIQUID	$0.00	Not Allowed	N
E0445	E	OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIV	$0.00	Not Allowed	Y
E0450	E	VOLUME VENTILATOR STATIONARY OR PORTABLE W/BACKUP RATE	$0.00	Not Allowed	Y
E0455	E	PRESSURE VENTILATOR	$0.00	Not Allowed	
E0457	E	CHEST SHELL (CUIRASS)	$0.00	Not Allowed	N
E0459	E	CHEST WRAP	$0.00	Not Allowed	N
E0460	E	NEGATIVE PRESSURE PUMP	$0.00	Not Allowed	N
E0461	E	VOL VENT NONINVASIVE INTERFACE	$0.00	Not Allowed	N
E0462	E	ROCKING BED WITH OR WITHOUT SIDE RAILS	$0.00	Not Allowed	Y
E0463	E	PRESS SUPP VENT INVASIVE INT	$0.00	Not Allowed	
E0464	E	PRESS SUPP VENT NONINV INT	$0.00	Not Allowed	
E0470	E	RAD W/O BACKUP NON-INV INTFC	$0.00	Not Allowed	
E0471	E	RAD W/BACKUP NON INV INTRFC	$0.00	Not Allowed	
E0472	E	RAD W BACKUP INVASIVE INTRFC	$0.00	Not Allowed	
E0480	E	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	$0.00	Not Allowed	N
E0481	E	INTRPULMNRY PERCUSS VENT SYS	$0.00	Not Allowed	
E0482	E	COUGH STIMULATING DEVICE	$0.00	Not Allowed	Y
E0483	E	CHEST COMPRESSION GEN SYSTEM	$0.00	Not Allowed	Y
E0484	E	NON-ELEC OSCILLATORY PEP DVC	$0.00	Not Allowed	

E0485	E	ORAL DEVICE/APPLIANCE PREFAB	$0.00	Not Allowed	
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB	$0.00	Not Allowed	
E0487	N	ELECTRONIC SPIROMETER	$0.00	Bundled	
E0500	E	IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE	$0.00	Not Allowed	N
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB	$0.00	Not Allowed	N
E0555	E	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICA	$0.00	Not Allowed	N
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I	$0.00	Not Allowed	N
E0561	E	HUMIDIFIER NONHEATED W PAP	$0.00	Not Allowed	
E0562	E	HUMIDIFIER HEATED USED W PAP	$0.00	Not Allowed	
E0565	E	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SI	$0.00	Not Allowed	N
E0570	E	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID	$0.00	Not Allowed	N
E0571	E	AEROSOL COMPRESSOR BATTERY POWERED FOR SM VOL NEBULIZE	$0.00	Not Allowed	N
E0572	E	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR	$0.00	Not Allowed	N
E0574	E	ULTRASONIC GENERATOR W SVNEB	$0.00	Not Allowed	N
E0575	E	NEBULIZER ULTRASONIC LARGE VOLUME	$0.00	Not Allowed	N
E0580	E	NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE	$0.00	Not Allowed	N
E0585	E	NEBULIZER WITH COMPRESSOR AND HEATER	$0.00	Not Allowed	N
E0600	E	SUCTION PUMP PORTAB HOM MODL	$0.00	Not Allowed	N
E0601	E	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE	$0.00	Not Allowed	Y
E0602	E	MANUAL BREAST PUMP	$0.00	Not Allowed	N
E0603	E	ELECTRIC BREAST PUMP	$0.00	Not Allowed	N
E0604	E	HOSP GRADE ELEC BREAST PUMP	$0.00	Not Allowed	
E0605	E	VAPORIZER ROOM TYPE	$0.00	Not Allowed	
E0606	E	POSTURAL DRAINAGE BOARD	$0.00	Not Allowed	N
E0607	E	HOME BLOOD GLUCOSE MONITOR	$0.00	Not Allowed	N
E0610	E	PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLE	$0.00	Not Allowed	Y
E0615	E	PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLET	$0.00	Not Allowed	Y
E0616	N	CARDIAC EVENT RECORDER	$0.00	Bundled	N
E0617	E	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRA	$0.00	Not Allowed	N
E0618	E	APNEA MONITOR	$0.00	Not Allowed	Y
E0619	E	APNEA MONITOR W RECORDER	$0.00	Not Allowed	Y
E0620	E	CAP BLD SKIN PIERCING LASER	$0.00	Not Allowed	
E0621	E	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON	$0.00	Not Allowed	N
E0625	E	PATIENT LIFT KARTOP BATHROOM OR TOILET	$0.00	Not Allowed	N
E0627	E	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-(	$0.00	Not Allowed	N
E0628	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FU	$0.00	Not Allowed	N
E0629	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED	$0.00	Not Allowed	N
E0630	E	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING	$0.00	Not Allowed	N
E0635	E	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	$0.00	Not Allowed	Y
E0636	E	PT SUPPORT & POSITIONING SYS	$0.00	Not Allowed	
E0637	E	COMBINATION SIT TO STAND SYS	$0.00	Not Allowed	
E0638	E	STANDING FRAME SYS	$0.00	Not Allowed	
E0639	E	MOVEABLE PATIENT LIFT SYSTEM	$0.00	Not Allowed	
E0640	E	FIXED PATIENT LIFT SYSTEM	$0.00	Not Allowed	
E0641	E	MULTI-POSITION STND FRAM SYS	$0.00	Not Allowed	
E0642	E	DYNAMIC STANDING FRAME	$0.00	Not Allowed	
E0650	E	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL	$0.00	Not Allowed	Y
E0651	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRA	$0.00	Not Allowed	Y
E0652	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBR	$0.00	Not Allowed	Y
E0655	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR H	$0.00	Not Allowed	Y
E0656	E	SEGMENTAL PNEUMATIC TRUNK	$0.00	Not Allowed	
E0657	E	SEGMENTAL PNEUMATIC CHEST	$0.00	Not Allowed	
E0660	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FU	$0.00	Not Allowed	Y
E0665	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FU	$0.00	Not Allowed	Y
E0666	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR H	$0.00	Not Allowed	Y
E0667	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG	$0.00	Not Allowed	Y
E0668	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM	$0.00	Not Allowed	Y
E0669	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG	$0.00	Not Allowed	Y
E0671	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LE(	$0.00	Not Allowed	Y
E0672	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL AR	$0.00	Not Allowed	Y
E0673	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LE(	$0.00	Not Allowed	Y
E0675	E	PNEUMATIC COMPRESSION DEVICE	$0.00	Not Allowed	
E0676	E	INTER LIMB COMPRESS DEV NOS	$0.00	Not Allowed	
E0691	E	UVL PNL 2 SQ FT OR LESS	$0.00	Not Allowed	
E0692	E	UVL SYS PANEL 4 FT	$0.00	Not Allowed	Y
E0693	E	UVL SYS PANEL 6 FT	$0.00	Not Allowed	Y
E0694	E	UVL MD CABINET SYS 6 FT	$0.00	Not Allowed	Y
E0700	E	SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)	$0.00	Not Allowed	N
E0705	E	TRANSFER BOARD OR DEVICE	$0.00	Not Allowed	
E0710	E	RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)	$0.00	Not Allowed	N
E0720	E	TENS TWO LEAD LOCALIZED STIMULATION	$0.00	Not Allowed	N

E0730	E	TENS FOUR LEAD	$0.00	Not Allowed	N
E0731	E	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS	$0.00	Not Allowed	N
E0740	E	INCONTINENCE TREATMENT SYSTM	$0.00	Not Allowed	N
E0744	E	NEUROMUSCULAR STIMULATOR FOR SCOLOSIS	$0.00	Not Allowed	N
E0745	E	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CL	$0.00	Not Allowed	N
E0746	E	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE	$0.00	Not Allowed	N
E0747	E	OSTEOGENESIS STIMULATOR (NON-INVASIVE)	$0.00	Not Allowed	Y
E0748	E	OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATONS	$0.00	Not Allowed	Y
E0749	N	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)	$0.00	Bundled	Y
E0755	E	ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVA	$0.00	Not Allowed	Y
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR	$0.00	Not Allowed	Y
E0761	E	NONTHERM ELECTROMGNTC DEVICE	$0.00	Not Allowed	
E0762	E	TRANS ELEC JT STIM DEV SYS	$0.00	Not Allowed	
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM	$0.00	Not Allowed	
E0765	E	FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT BATTERII	$0.00	Not Allowed	Y
E0769	E	ELECTRIC WOUND TREATMENT DEV	$0.00	Not Allowed	
E0770	E	FUNCTIONAL ELECTRIC STIM NOS	$0.00	Not Allowed	
E0776	E	IV POLE	$0.00	Not Allowed	N
E0779	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HR	$0.00	Not Allowed	N
E0780	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.	$0.00	Not Allowed	N
E0781	E	AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMIN EQUI	$0.00	Not Allowed	N
E0782	N	NON-PROGRAMBLE INFUSION PUMP	$0.00	Bundled	N
E0783	N	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COM	$0.00	Bundled	Y
E0784	E	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	$0.00	Not Allowed	Y
E0785	N	IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP REPLAC	$0.00	Bundled	Y
E0786	N	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPLACEMENT	$0.00	Bundled	N
E0791	E	PARENTERAL INFUSION PUMP STATIONARY	$0.00	Not Allowed	N
E0830	N	AMBULATORY TRACTION DEVICE ALL TYPES EACH	$0.00	Bundled	N
E0840	E	TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL	$0.00	Not Allowed	N
E0849	E	CERVICAL PNEUM TRAC EQUIP	$0.00	Not Allowed	
E0850	E	TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION	$0.00	Not Allowed	N
E0855	E	CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAM	$0.00	Not Allowed	N
E0856	E	CERVIC COLLAR W AIR BLADDER	$0.00	Not Allowed	
E0860	E	TRACTION EQUIPMENT OVERDOOR CERVICAL	$0.00	Not Allowed	N
E0870	E	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY	$0.00	Not Allowed	N
E0880	E	TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION	$0.00	Not Allowed	N
E0890	E	TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION	$0.00	Not Allowed	N
E0900	E	TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G	$0.00	Not Allowed	N
E0910	E	TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G	$0.00	Not Allowed	N
E0911	E	HD TRAPEZE BAR ATTACH TO BED	$0.00	Not Allowed	
E0912	E	HD TRAPEZE BAR FREE STANDING	$0.00	Not Allowed	
E0920	E	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	$0.00	Not Allowed	N
E0930	E	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS	$0.00	Not Allowed	N
E0935	E	CONT PAS MOTION EXERCISE DEV	$0.00	Not Allowed	
E0936	E	CPM DEVICE, OTHER THAN KNEE	$0.00	Not Allowed	
E0940	E	TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR	$0.00	Not Allowed	N
E0941	E	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	$0.00	Not Allowed	N
E0942	E	CERVICAL HEAD HARNESS/HALTER	$0.00	Not Allowed	N
E0944	E	PELVIC BELT/HARNESS/BOOT	$0.00	Not Allowed	N
E0945	E	EXTREMITY BELT/HARNESS	$0.00	Not Allowed	N
E0946	E	FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.	$0.00	Not Allowed	N
E0947	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION	$0.00	Not Allowed	N
E0948	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACT	$0.00	Not Allowed	N
E0950	E	TRAY	$0.00	Not Allowed	N
E0951	E	LOOP HEEL	$0.00	Not Allowed	N
E0952	E	TOE LOOP/HOLDER EACH	$0.00	Not Allowed	N
E0955	E	CUSHIONED HEADREST	$0.00	Not Allowed	
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR	$0.00	Not Allowed	
E0957	E	W/C MEDIAL THIGH SUPPORT	$0.00	Not Allowed	
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE	$0.00	Not Allowed	N
E0959	E	AMPUTEE ADAPTER	$0.00	Not Allowed	N
E0960	E	W/C SHOULDER HARNESS/STRAPS	$0.00	Not Allowed	
E0961	E	WHEELCHAIR BRAKE EXTENSION	$0.00	Not Allowed	N
E0966	E	WHEELCHAIR HEAD REST EXTENSI	$0.00	Not Allowed	N
E0967	E	WHEELCHAIR HAND RIMS	$0.00	Not Allowed	N
E0968	E	COMMODE SEAT WHEELCHAIR	$0.00	Not Allowed	N
E0969	E	NARROWING DEVICE WHEELCHAIR	$0.00	Not Allowed	N
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES	$0.00	Not Allowed	N
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI	$0.00	Not Allowed	N
E0973	E	W/CH ACCESS DET ADJ ARMREST	$0.00	Not Allowed	N
E0974	E	W/CH ACCESS ANTI-ROLLBACK	$0.00	Not Allowed	N

E0978	E	W/C ACC SAF BELT PELV STRAP	$0.00	Not Allowed	N
E0980	E	SAFETY VEST WHEELCHAIR	$0.00	Not Allowed	N
E0981	E	SEAT UPHOLSTERY REPLACEMENT	$0.00	Not Allowed	
E0982	E	BACK UPHOLSTERY REPLACEMENT	$0.00	Not Allowed	
E0983	E	ADD PWR JOYSTICK	$0.00	Not Allowed	
E0984	E	ADD PWR TILLER	$0.00	Not Allowed	
E0985	E	W/C SEAT LIFT MECHANISM	$0.00	Not Allowed	
E0986	E	MAN W/C PUSH-RIM POW ASSIST	$0.00	Not Allowed	
E0990	E	WHELLCHAIR ELEVATING LEG RES	$0.00	Not Allowed	N
E0992	E	WHEELCHAIR SOLID SEAT INSERT	$0.00	Not Allowed	N
E0994	E	ARMREST EACH	$0.00	Not Allowed	N
E0995	E	WHEELCHAIR CALF REST	$0.00	Not Allowed	N
E1002	E	PWR SEAT TILT	$0.00	Not Allowed	
E1003	E	PWR SEAT RECLINE	$0.00	Not Allowed	
E1004	E	PWR SEAT RECLINE MECH	$0.00	Not Allowed	
E1005	E	PWR SEAT RECLINE PWR	$0.00	Not Allowed	
E1006	E	PWR SEAT COMBO W/O SHEAR	$0.00	Not Allowed	
E1007	E	PWR SEAT COMBO W/SHEAR	$0.00	Not Allowed	
E1008	E	PWR SEAT COMBO PWR SHEAR	$0.00	Not Allowed	
E1009	E	ADD MECH LEG ELEVATION	$0.00	Not Allowed	
E1010	E	ADD PWR LEG ELEVATION	$0.00	Not Allowed	
E1011	E	PED WC MODIFY WIDTH ADJUSTM	$0.00	Not Allowed	
E1014	E	RECLINING BACK ADD PED W/C	$0.00	Not Allowed	
E1015	E	SHOCK ABSORBER FOR MAN W/C	$0.00	Not Allowed	
E1016	E	SHOCK ABSORBER FOR POWER W/C	$0.00	Not Allowed	
E1017	E	HD SHCK ABSRBR FOR HD MAN WC	$0.00	Not Allowed	
E1018	E	HD SHCK ABSRBER FOR HD POWWC	$0.00	Not Allowed	
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM	$0.00	Not Allowed	
E1028	E	W/C MANUAL SWINGAWAY	$0.00	Not Allowed	
E1029	E	W/C VENT TRAY FIXED	$0.00	Not Allowed	
E1030	E	W/C VENT TRAY GIMBALED	$0.00	Not Allowed	
E1031	E	ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATEI	$0.00	Not Allowed	Y
E1035	E	PATIENT TRANSFER SYSTEM	$0.00	Not Allowed	N
E1037	E	TRANSPORT CHAIR PED SIZE	$0.00	Not Allowed	Y
E1038	E	TRANSPORT CHAIR PT WT<=300LB	$0.00	Not Allowed	Y
E1039	E	TRANSPORT CHAIR PT WT >300LB	$0.00	Not Allowed	
E1050	E	FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET LEGRE	$0.00	Not Allowed	Y
E1060	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET LEGRES	$0.00	Not Allowed	Y
E1070	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET FOOTRE	$0.00	Not Allowed	Y
E1083	E	HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE LEGRE	$0.00	Not Allowed	Y
E1084	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE LEGRE	$0.00	Not Allowed	Y
E1085	E	HEMI-WHEELCHAIR FIXED ARMS	$0.00	Not Allowed	Y
E1086	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOOTRESTS	$0.00	Not Allowed	Y
E1087	E	HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY DET LE	$0.00	Not Allowed	Y
E1088	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET LEG	$0.00	Not Allowed	Y
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM	$0.00	Not Allowed	Y
E1090	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET FOO	$0.00	Not Allowed	Y
E1092	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET LEGRE	$0.00	Not Allowed	Y
E1093	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET FOOTR	$0.00	Not Allowed	Y
E1100	E	SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGRESTS	$0.00	Not Allowed	Y
E1110	E	SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEGREST	$0.00	Not Allowed	Y
E1130	E	WHLCHR STAND FXD ARM FT REST	$0.00	Not Allowed	Y
E1140	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET FOOTRE	$0.00	Not Allowed	Y
E1150	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET LEGRES	$0.00	Not Allowed	Y
E1160	E	WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATING LEGI	$0.00	Not Allowed	Y
E1161	E	3ANUAL ADULT WC W TILTINSPAC	$0.00	Not Allowed	Y
E1170	E	AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LEGREST	$0.00	Not Allowed	Y
E1171	E	AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR LEGREST	$0.00	Not Allowed	Y
E1172	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT OR LEG	$0.00	Not Allowed	Y
E1180	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET FO	$0.00	Not Allowed	Y
E1190	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET LE	$0.00	Not Allowed	Y
E1195	E	HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV LEGRI	$0.00	Not Allowed	Y
E1200	E	AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTREST	$0.00	Not Allowed	Y
E1220	E	WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED	$0.00	Not Allowed	Y
E1221	E	WHEELCHAIR WITH FIXED ARM FOOTRESTS	$0.00	Not Allowed	Y
E1222	E	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	$0.00	Not Allowed	Y
E1223	E	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	$0.00	Not Allowed	Y
E1224	E	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS	$0.00	Not Allowed	Y
E1225	E	WHEELCHAIR SPEC SZ SEMI-RECL	$0.00	Not Allowed	Y
E1226	E	W/C ACCESS FULLY RECLINEBACK	$0.00	Not Allowed	Y
E1227	E	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	$0.00	Not Allowed	Y

E1228	E	SPECIAL BACK HEIGHT FOR WHEELCHAIR	$0.00	Not Allowed	Y
E1229	E	PEDIATRIC WHEELCHAIR NOS	$0.00	Not Allowed	
E1230	E	POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) SPECIFY	$0.00	Not Allowed	Y
E1231	E	RIGID PED W/C TILT-IN-SPACE	$0.00	Not Allowed	Y
E1232	E	FOLDING PED WC TILT-IN-SPACE	$0.00	Not Allowed	Y
E1233	E	RIG PED WC TLTNSPC W/O SEAT	$0.00	Not Allowed	Y
E1234	E	FLD PED WC TLTNSPC W/O SEAT	$0.00	Not Allowed	Y
E1235	E	RIGID PED WC ADJUSTABLE	$0.00	Not Allowed	Y
E1236	E	FOLDING PED WC ADJUSTABLE	$0.00	Not Allowed	Y
E1237	E	RGD PED WC ADJSTABL W/O SEAT	$0.00	Not Allowed	Y
E1238	E	FLD PED WC ADJSTABL W/O SEAT	$0.00	Not Allowed	Y
E1239	E	PED POWER WHEELCHAIR NOS	$0.00	Not Allowed	
E1240	E	LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET LEGR	$0.00	Not Allowed	Y
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM	$0.00	Not Allowed	Y
E1260	E	LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LEN	$0.00	Not Allowed	Y
E1270	E	LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LEGREST	$0.00	Not Allowed	Y
E1280	E	HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LEGRESTS	$0.00	Not Allowed	Y
E1285	E	WHEELCHAIR HEAVY DUTY FIXED	$0.00	Not Allowed	Y
E1290	E	HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY DET F	$0.00	Not Allowed	Y
E1295	E	HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS	$0.00	Not Allowed	Y
E1296	E	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	$0.00	Not Allowed	Y
E1297	E	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	$0.00	Not Allowed	Y
E1298	E	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTI	$0.00	Not Allowed	Y
E1300	E	WHIRLPOOL PORTABLE (OVERTUB TYPE)	$0.00	Not Allowed	Y
E1310	E	WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)	$0.00	Not Allowed	Y
E1340	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNI	$0.00	Not Allowed	N
E1353	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNI	$0.00	Not Allowed	N
E1354	E	WHEELED CART, PORT CYL/CONC	$0.00	Not Allowed	
E1355	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNI	$0.00	Not Allowed	N
E1356	E	BATT PACK/CART, PORT CONC	$0.00	Not Allowed	
E1357	E	BATTERY CHARGER, PORT CONC	$0.00	Not Allowed	
E1358	E	DC POWER ADAPTER, PORT CONC	$0.00	Not Allowed	
E1372	E	IMMERSION EXTERNAL HEATER FOR NEBULIZER	$0.00	Not Allowed	N
E1390	E	OXYGEN CONCENTRATOR	$0.00	Not Allowed	N
E1391	E	OXYGEN CONCENTRATOR DUAL	$0.00	Not Allowed	
E1392	E	PORTABLE OXYGEN CONCENTRATOR	$0.00	Not Allowed	
E1399	E	MISC SUPP & EQUIP. NOC (OR WHEELCHAIR REPAIRS/CROSSOVERS)	$0.00	Not Allowed	N
E1405	E	OXY & WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	$0.00	Not Allowed	N
E1406	E	OXY & WATER VAPOR ENRICHING SYSTEM W/O HEATED DELIVERY	$0.00	Not Allowed	N
E1500	E	CENTRIFUGE	$0.00	Not Allowed	
E1510	E	KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP RECIP	$0.00	Not Allowed	Y
E1520	E	HEPARIN INFUSION PUMP	$0.00	Not Allowed	Y
E1530	E	AIR BUBBLE DETECTOR FOR DIALYSIS	$0.00	Not Allowed	Y
E1540	E	REPLACEMENT PRESSURE ALARM	$0.00	Not Allowed	Y
E1550	E	BATH CONDUCTIVITY METER FOR DIALYSIS	$0.00	Not Allowed	Y
E1560	E	REPLACE BLOOD LEAK DETECTOR	$0.00	Not Allowed	Y
E1570	E	ADJUSTABLE CHAIR FOR ESRD PATIENTS	$0.00	Not Allowed	Y
E1575	E	TRANSDUCER PROTECT/FLD BAR	$0.00	Not Allowed	Y
E1580	E	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	$0.00	Not Allowed	Y
E1590	E	HEMODIALYSIS MACHINE	$0.00	Not Allowed	Y
E1592	E	AUTOMATIC INTERMITTENT PERITIONEAL DIALYSIS SYSTEM	$0.00	Not Allowed	Y
E1594	E	CYCLER DIALYSIS MACHINE	$0.00	Not Allowed	Y
E1600	E	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS	$0.00	Not Allowed	Y
E1610	E	REVERSE OSMOSIS H2O PURI SYS	$0.00	Not Allowed	Y
E1615	E	DEIONIZER WATER PURIFICATION SYSTEM	$0.00	Not Allowed	Y
E1620	E	REPLACEMENT BLOOD PUMP	$0.00	Not Allowed	Y
E1625	E	WATER SOFTENING SYSTEM	$0.00	Not Allowed	Y
E1630	E	RECIPROCATING PERITONEAL DIA	$0.00	Not Allowed	Y
E1632	E	WEARABLE ARTIFICAL KIDNEY	$0.00	Not Allowed	Y
E1634	E	PERITONEAL DIALYSIS CLAMP	$0.00	Not Allowed	
E1635	E	COMPACT TRAVEL HEMODIALYZER	$0.00	Not Allowed	Y
E1636	E	SORBENT CARTRIDGES PER CASE	$0.00	Not Allowed	N
E1637	E	HEMOSTATS FOR DIALYSIS EACH	$0.00	Not Allowed	
E1639	E	DIALYSIS SCALE	$0.00	Not Allowed	
E1699	E	DIALYSIS EQUIPMENT NOC	$0.00	Not Allowed	Y
E1700	E	JAW MOTION REHAB SYSTEM	$0.00	Not Allowed	
E1701	E	REPL CUSHIONS FOR JAW MOTION	$0.00	Not Allowed	
E1702	E	REPL MEASR SCALES JAW MOTION	$0.00	Not Allowed	
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE	$0.00	Not Allowed	Y
E1801	E	SPS ELBOW DEVICE	$0.00	Not Allowed	N
E1802	E	ADJST FOREARM PRO/SUP DEVICE	$0.00	Not Allowed	Y

E1805	E	ADJUST WRIST EXT/FLEX DEVICE	$0.00	Not Allowed	Y
E1806	E	SPS WRIST DEVICE	$0.00	Not Allowed	N
E1810	E	ADJUST KNEE EXT/FLEX DEVICE	$0.00	Not Allowed	Y
E1811	E	SPS KNEE DEVICE	$0.00	Not Allowed	N
E1812	E	KNEE EXT/FLEX W ACT RES CTRL	$0.00	Not Allowed	
E1815	E	ADJUST ANKLE EXT/FLEX DEVICE	$0.00	Not Allowed	Y
E1816	E	SPS ANKLE DEVICE	$0.00	Not Allowed	N
E1818	E	SPS FOREARM DEVICE	$0.00	Not Allowed	
E1820	E	SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVIC	$0.00	Not Allowed	N
E1821	E	REPLACEMENT INTERFACE SPSD	$0.00	Not Allowed	
E1825	E	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE OR =	$0.00	Not Allowed	Y
E1830	E	ADJUST TOE EXT/FLEX DEVICE	$0.00	Not Allowed	Y
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE	$0.00	Not Allowed	N
E1841	E	STATIC STR SHLDR DEV ROM ADJ	$0.00	Not Allowed	
E1902	E	AAC NON-ELECTRONIC BOARD	$0.00	Not Allowed	Y
E2000	E	GASTRIC SUCTION PUMP HME MDL	$0.00	Not Allowed	
E2100	E	BLD GLUCOSE MONITOR W VOICE	$0.00	Not Allowed	N
E2101	E	BLD GLUCOSE MONITOR W LANCE	$0.00	Not Allowed	
E2120	E	PULSE GEN SYS TX ENDOLYMP FL	$0.00	Not Allowed	
E2201	E	MAN W/CH ACC SEAT W>=20□<24□	$0.00	Not Allowed	N
E2202	E	SEAT WIDTH 24-27 IN	$0.00	Not Allowed	
E2203	E	FRAME DEPTH LESS THAN 22 IN	$0.00	Not Allowed	
E2204	E	FRAME DEPTH 22 TO 25 IN	$0.00	Not Allowed	
E2205	E	MANUAL WC ACCESSORY HANDRIM	$0.00	Not Allowed	
E2206	E	COMPLETE WHEEL LOCK ASSEMBLY	$0.00	Not Allowed	
E2207	E	CRUTCH AND CANE HOLDER	$0.00	Not Allowed	
E2208	E	CYLINDER TANK CARRIER	$0.00	Not Allowed	
E2209	E	ARM TROUGH EACH	$0.00	Not Allowed	
E2210	E	WHEELCHAIR BEARINGS	$0.00	Not Allowed	
E2211	E	PNEUMATIC PROPULSION TIRE	$0.00	Not Allowed	
E2212	E	PNEUMATIC PROP TIRE TUBE	$0.00	Not Allowed	
E2213	E	PNEUMATIC PROP TIRE INSERT	$0.00	Not Allowed	
E2214	E	PNEUMATIC CASTER TIRE EACH	$0.00	Not Allowed	
E2215	E	PNEUMATIC CASTER TIRE TUBE	$0.00	Not Allowed	
E2216	E	FOAM FILLED PROPULSION TIRE	$0.00	Not Allowed	
E2217	E	FOAM FILLED CASTER TIRE EACH	$0.00	Not Allowed	
E2218	E	FOAM PROPULSION TIRE EACH	$0.00	Not Allowed	
E2219	E	FOAM CASTER TIRE ANY SIZE EA	$0.00	Not Allowed	
E2220	E	SOLID PROPULSION TIRE EACH	$0.00	Not Allowed	
E2221	E	SOLID CASTER TIRE EACH	$0.00	Not Allowed	
E2222	E	SOLID CASTER INTEGRATED WHL	$0.00	Not Allowed	
E2223	E	VALVE REPLACEMENT ONLY EACH	$0.00	Not Allowed	
E2224	E	PROPULSION WHL EXCLUDES TIRE	$0.00	Not Allowed	
E2225	E	CASTER WHEEL EXCLUDES TIRE	$0.00	Not Allowed	
E2226	E	CASTER FORK REPLACEMENT ONLY	$0.00	Not Allowed	
E2227	E	GEAR REDUCTION DRIVE WHEEL	$0.00	Not Allowed	
E2228	E	MWC ACC, WHEELCHAIR BRAKE	$0.00	Not Allowed	
E2230	E	MANUAL STANDING SYSTEM	$0.00	Not Allowed	
E2231	E	SOLID SEAT SUPPORT BASE	$0.00	Not Allowed	
E2291	E	PLANAR BACK FOR PED SIZE WC	$0.00	Not Allowed	
E2292	E	PLANAR SEAT FOR PED SIZE WC	$0.00	Not Allowed	
E2293	E	CONTOUR BACK FOR PED SIZE WC	$0.00	Not Allowed	
E2294	E	CONTOUR SEAT FOR PED SIZE WC	$0.00	Not Allowed	
E2295	E	PED DYNAMIC SEATING FRAME	$0.00	Not Allowed	
E2300	E	PWR SEAT ELEVATION SYS	$0.00	Not Allowed	
E2301	E	PWR STANDING	$0.00	Not Allowed	
E2310	E	ELECTRO CONNECT BTW CONTROL	$0.00	Not Allowed	
E2311	E	ELECTRO CONNECT BTW 2 SYS	$0.00	Not Allowed	
E2312	E	MINI-PROP REMOTE JOYSTICK	$0.00	Not Allowed	
E2313	E	PWC HARNESS, EXPAND CONTROL	$0.00	Not Allowed	
E2321	E	HAND INTERFACE JOYSTICK	$0.00	Not Allowed	
E2322	E	MULT MECH SWITCHES	$0.00	Not Allowed	
E2323	E	SPECIAL JOYSTICK HANDLE	$0.00	Not Allowed	
E2324	E	CHIN CUP INTERFACE	$0.00	Not Allowed	
E2325	E	SIP AND PUFF INTERFACE	$0.00	Not Allowed	
E2326	E	BREATH TUBE KIT	$0.00	Not Allowed	
E2327	E	HEAD CONTROL INTERFACE MECH	$0.00	Not Allowed	
E2328	E	HEAD/EXTREMITY CONTROL INTER	$0.00	Not Allowed	
E2329	E	HEAD CONTROL NONPROPORTIONAL	$0.00	Not Allowed	
E2330	E	HEAD CONTROL PROXIMITY SWITC	$0.00	Not Allowed	
E2331	E	ATTENDANT CONTROL	$0.00	Not Allowed	

E2340	E	W/C WDTH 20-23 IN SEAT FRAME	$0.00	Not Allowed
E2341	E	W/C WDTH 24-27 IN SEAT FRAME	$0.00	Not Allowed
E2342	E	W/C DPTH 20-21 IN SEAT FRAME	$0.00	Not Allowed
E2343	E	W/C DPTH 22-25 IN SEAT FRAME	$0.00	Not Allowed
E2351	E	ELECTRONIC SGD INTERFACE	$0.00	Not Allowed
E2360	E	22NF NONSEALED LEADACID	$0.00	Not Allowed
E2361	E	22NF SEALED LEADACID BATTERY	$0.00	Not Allowed
E2362	E	GR24 NONSEALED LEADACID	$0.00	Not Allowed
E2363	E	GR24 SEALED LEADACID BATTERY	$0.00	Not Allowed
E2364	E	U1NONSEALED LEADACID BATTERY	$0.00	Not Allowed
E2365	E	U1 SEALED LEADACID BATTERY	$0.00	Not Allowed
E2366	E	BATTERY CHARGER SINGLE MODE	$0.00	Not Allowed
E2367	E	BATTERY CHARGER DUAL MODE	$0.00	Not Allowed
E2368	E	POWER WC MOTOR REPLACEMENT	$0.00	Not Allowed
E2369	E	PWR WC GEAR BOX REPLACEMENT	$0.00	Not Allowed
E2370	E	PWR WC MOTOR/GEAR BOX COMBO	$0.00	Not Allowed
E2371	E	GR27 SEALED LEADACID BATTERY	$0.00	Not Allowed
E2372	E	GR27 NON-SEALED LEADACID	$0.00	Not Allowed
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK	$0.00	Not Allowed
E2374	E	HAND/CHIN CTRL STD JOYSTICK	$0.00	Not Allowed
E2375	E	NON-EXPANDABLE CONTROLLER	$0.00	Not Allowed
E2376	E	EXPANDABLE CONTROLLER, REPL	$0.00	Not Allowed
E2377	E	EXPANDABLE CONTROLLER, INITL	$0.00	Not Allowed
E2381	E	PNEUM DRIVE WHEEL TIRE	$0.00	Not Allowed
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE	$0.00	Not Allowed
E2383	E	INSERT, PNEUM WHEEL DRIVE	$0.00	Not Allowed
E2384	E	PNEUMATIC CASTER TIRE	$0.00	Not Allowed
E2385	E	TUBE, PNEUMATIC CASTER TIRE	$0.00	Not Allowed
E2386	E	FOAM FILLED DRIVE WHEEL TIRE	$0.00	Not Allowed
E2387	E	FOAM FILLED CASTER TIRE	$0.00	Not Allowed
E2388	E	FOAM DRIVE WHEEL TIRE	$0.00	Not Allowed
E2389	E	FOAM CASTER TIRE	$0.00	Not Allowed
E2390	E	SOLID DRIVE WHEEL TIRE	$0.00	Not Allowed
E2391	E	SOLID CASTER TIRE	$0.00	Not Allowed
E2392	E	SOLID CASTER TIRE, INTEGRATE	$0.00	Not Allowed
E2393	E	VALVE, PNEUMATIC TIRE TUBE	$0.00	Not Allowed
E2394	E	DRIVE WHEEL EXCLUDES TIRE	$0.00	Not Allowed
E2395	E	CASTER WHEEL EXCLUDES TIRE	$0.00	Not Allowed
E2396	E	CASTER FORK	$0.00	Not Allowed
E2397	E	PWC ACC, LITH-BASED BATTERY	$0.00	Not Allowed
E2399	E	NOC INTERFACE	$0.00	Not Allowed
E2402	E	NEG PRESS WOUND THERAPY PUMP	$0.00	Not Allowed
E2500	E	SGD DIGITIZED PRE-REC <=8MIN	$0.00	Not Allowed
E2502	E	SGD PREREC MSG >8MIN <=20MIN	$0.00	Not Allowed
E2504	E	SGD PREREC MSG>20MIN <=40MIN	$0.00	Not Allowed
E2506	E	SGD PREREC MSG > 40 MIN	$0.00	Not Allowed
E2508	E	SGD SPELLING PHYS CONTACT	$0.00	Not Allowed
E2510	E	SGD W MULTI METHODS MSG/ACCS	$0.00	Not Allowed
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA	$0.00	Not Allowed
E2512	E	SGD ACCESSORY MOUNTING SYS	$0.00	Not Allowed
E2599	E	SGD ACCESSORY NOC	$0.00	Not Allowed
E2601	E	GEN W/C CUSHION WDTH < 22 IN	$0.00	Not Allowed
E2602	E	GEN W/C CUSHION WDTH >=22 IN	$0.00	Not Allowed
E2603	E	SKIN PROTECT WC CUS WD <22IN	$0.00	Not Allowed
E2604	E	SKIN PROTECT WC CUS WD>=22IN	$0.00	Not Allowed
E2605	E	POSITION WC CUSH WDTH <22 IN	$0.00	Not Allowed
E2606	E	POSITION WC CUSH WDTH>=22 IN	$0.00	Not Allowed
E2607	E	SKIN PRO/POS WC CUS WD <22IN	$0.00	Not Allowed
E2608	E	SKIN PRO/POS WC CUS WD>=22IN	$0.00	Not Allowed
E2609	E	CUSTOM FABRICATE W/C CUSHION	$0.00	Not Allowed
E2610	E	POWERED W/C CUSHION	$0.00	Not Allowed
E2611	E	GEN USE BACK CUSH WDTH <22IN	$0.00	Not Allowed
E2612	E	GEN USE BACK CUSH WDTH>=22IN	$0.00	Not Allowed
E2613	E	POSITION BACK CUSH WD <22IN	$0.00	Not Allowed
E2614	E	POSITION BACK CUSH WD>=22IN	$0.00	Not Allowed
E2615	E	POS BACK POST/LAT WDTH <22IN	$0.00	Not Allowed
E2616	E	POS BACK POST/LAT WDTH>=22IN	$0.00	Not Allowed
E2617	E	CUSTOM FAB W/C BACK CUSHION	$0.00	Not Allowed
E2619	E	REPLACE COVER W/C SEAT CUSH	$0.00	Not Allowed
E2620	E	WC PLANAR BACK CUSH WD <22IN	$0.00	Not Allowed
E2621	E	WC PLANAR BACK CUSH WD>=22IN	$0.00	Not Allowed

E8000	E	POSTERIOR GAIT TRAINER			$0.00	Not Allowed				
E8001	E	UPRIGHT GAIT TRAINER			$0.00	Not Allowed				
E8002	E	ANTERIOR GAIT TRAINER			$0.00	Not Allowed				
G0008	S	ADMIN INFLUENZA VIRUS VAC	00350	0.3768	$19.07	APC				N
G0009	S	ADMIN PNEUMOCOCCAL VACCINE	00350	0.3768	$19.07	APC				N
G0010	M	ADMIN HEPATITIS B VACCINE			$5.78	Fee Schedule				N
G0027	E	SEMEN ANALYSIS PRESENCE &/OR MOBILITY OF SPERM			$0.00	Not Allowed				N
G0101	V	CA SCREEN;PELVIC/BREAST EXAM	00604	0.8277	$41.89	APC				N
G0102	N	PROSTATE CA SCREENING; DRE			$0.00	Bundled				N
G0103	Q	PSA SCREENING			$44.75	Medicare	$44.75	$27.75	$26.85	N
G0104	S	CA SCREEN;FLEXI SIGMOIDSCOPE	00159	5.0788	$257.04	APC				N
G0105	T	COLORECTAL SCRN; HI RISK IND	00158	7.9944	$404.60	APC				N
G0106	S	COLORECTAL CANCER SCREENING; ALTER	00157	2.2661	$114.69	APC				N
G0108	M	DIAB MANAGE TRN PER INDIV			$22.99	Fee Schedule				N
G0109	M	DIAB MANAGE TRN IND/GROUP			$13.09	Fee Schedule				N
G0117	S	GLAUCOMA SCRN HGH RISK DIREC	00698	0.9338	$47.26	APC				N
G0118	S	GLAUCOMA SCRN HGH RISK DIREC	00230	0.6461	$32.70	APC				
G0120	S	COLORECTAL CA SCREENING; ALTERNATI\	00157	2.2661	$114.69	APC				N
G0121	T	COLON CA SCRN NOT HI RSK IND	00158	7.9944	$404.60	APC				N
G0122	E	COLORECTAL CANCER SCREENING; BARIUM ENEMA			$0.00	Not Allowed				N
G0123	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNC			$49.30	Medicare	$49.30	$30.57	$29.58	N
G0124	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN IN			$0.00	Not Allowed				N
G0127	T	TRIM NAIL(S)	00013	0.8281	$41.91	APC				N
G0128	E	CORF SKILLED NURSING SERVICE			$0.00	Not Allowed				N
G0129	E	OCCUPATIONAL TX AS COMPONENT A PARTIAL HOSP TX PROGRAM /I			$0.00	Not Allowed				N
G0130	X	SEXA BONE DENSITY STUDY/ONE OR MORE	00260	0.6767	$34.25	APC				N
G0141	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN IN			$0.00	Not Allowed				N
G0143	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNC			$49.30	Medicare	$49.30	$30.57	$29.58	N
G0144	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNC			$51.98	Medicare	$51.98	$32.23	$31.19	N
G0145	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNC			$64.47	Medicare	$64.47	$39.97	$38.68	N
G0147	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN SI			$27.70	Medicare	$27.70	$17.17	$16.62	N
G0148	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL AUTOMATED			$36.98	Medicare	$36.98	$22.93	$22.19	N
G0151	M	SERVICES OF PHYSICAL TX IN HOME HEALTH SETTING EACH 15 MIN.			$0.00	Fee Schedule				N
G0152	M	SERVICES OF OCCUPATIONAL TX IN HOME HEALTH SETTING EA 15 MI			$0.00	Fee Schedule				N
G0153	M	SERVICES OF SPEECH/LANG PATH HOME HEALTH SETTING EA 15 MIN			$0.00	Fee Schedule				N
G0154	M	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING EA 15 MIN			$0.00	Fee Schedule				N
G0155	E	SERVICES OF CLINICAL SW IN HOME HEALTH SETTING EA 15 MIN.			$0.00	Not Allowed				N
G0156	M	SERVICES OF HOME HEALTH AIDE HOME HEALTH SETTING EA 15 MI			$0.00	Fee Schedule				N
G0166	T	EXTRNL COUNTERPULSE, PER TX	00678	1.5475	$78.32	APC				N
G0168	E	WOUND CLOSURE BY ADHESIVE			$0.00	Not Allowed				N
G0173	S	STEREO RADOISURGERY,COMPLETE	00067	57.5732	$2,913.78	APC				N
G0175	V	OPPS SERVICE,SCHED TEAM CONF	00606	1.3585	$68.75	APC				N
G0176	E	OPPS/PHP;ACTIVITY THERAPY			$0.00	Not Allowed				N
G0177	E	OPPS/PHP; TRAIN & EDUC SERV			$0.00	Not Allowed				N
G0179	E	MD RECERTIFICATION HHA PT			$0.00	Not Allowed				N
G0180	E	MD CERTIFICATION HHA PATIENT			$0.00	Not Allowed				N
G0181	E	HOME HEALTH CARE SUPERVISION			$0.00	Not Allowed				N
G0182	E	HOSPICE CARE SUPERVISION			$0.00	Not Allowed				N
G0186	T	DSTRY EYE LESN,FDR VSSL TECH	00235	5.8277	$294.94	APC				N
G0202	M	SCREENING MAMMOGRAPHY DIGITAL			$114.48	Fee Schedule				N
G0204	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE BILAT ALL V			$129.76	Fee Schedule				N
G0206	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE UNILAT ALL			$103.63	Fee Schedule				N
G0219	E	PET IMG WH BD RING NONCOV IND			$0.00	Not Allowed				N
G0235	E	PET NOT OTHERWISE SPECIFIED			$0.00	Not Allowed				N
G0237	S	THERAPEUTIC PROCD STRG ENDUR	00077	0.4024	$20.37	APC				
G0238	S	OTH RESP PROC, INDIV	00077	0.4024	$20.37	APC				N
G0239	S	OTH RESP PROC GROUP	00077	0.4024	$20.37	APC				
G0245	V	INITIAL FOOT EXAM PTLOPS	00604	0.8277	$41.89	APC				N
G0246	V	FOLLOWUP EVAL OF FOOT PT LOP	00605	1.0439	$52.83	APC				N
G0247	T	ROUTINE FOOTCARE PT W LOPS	00013	0.8281	$41.91	APC				N
G0248	V	DEMONSTRATE USE HOME INR MON	00607	1.7192	$87.01	APC				N
G0249	V	PROVIDE INR TEST MATER/EQUIP	00607	1.7192	$87.01	APC				N
G0250	E	MD INR TEST REVIE INTER MGMT			$0.00	Not Allowed				N
G0251	S	LINEAR ACC BASED STERO RADIO	00065	14.4171	$729.65	APC				
G0252	E	PET IMAGING FOR INITIAL DIAGNOSIS OF BREAST CANCER			$0.00	Not Allowed				N
G0255	E	CURRENT PERCEP THRESHOLD TST			$0.00	Not Allowed				N
G0257	S	UNSCHED DIALYSIS ESRD PT HOS	00170	6.5599	$332.00	APC				
G0259	N	INJECT FOR SACROILIAC JOINT			$0.00	Bundled				
G0260	T	INJ FOR SACROILIAC JT ANESTH	00207	7.1721	$362.98	APC				
G0268	N	REMOVAL OF IMPACTED WAX MD			$0.00	Bundled				Y
G0269	N	OCCLUSIVE DEVICE IN VEIN ART			$0.00	Bundled				

G0270	M	MNT SUBS TX FOR CHANGE DX			$21.10	Fee Schedule				
G0271	M	GROUP MNT 2 OR MORE 30 MINS			$12.03	Fee Schedule				
G0275	N	RENAL ANGIO CARDIAC CATH			$0.00	Bundled				
G0278	N	ILIAC ART ANGIO CARDIAC CATH			$0.00	Bundled				
G0281	E	ELEC STIM UNATTEND FOR PRESS			$0.00	Not Allowed				
G0282	E	ELECT STIM WOUND CARE NOT PD			$0.00	Not Allowed				
G0283	Y	ELEC STIM OTHER THAN WOUND			$7.83	Fee Schedule				
G0288	N	RECON CTA FOR SURG PLAN			$0.00	Bundled				
G0289	N	ARTHRO LOOSE BODY + CHONDRO			$0.00	Bundled				
G0290	T	DRUG-ELUTING STENTS SINGLE	00656	116.0944	$5,875.54	APC				
G0291	T	DRUG-ELUTING STENTS EACH ADD	00656	116.0944	$5,875.54	APC				
G0293	X	NON-COV SURG PROC CLIN TRIAL	00340	0.6462	$32.70	APC				
G0294	X	NON-COV PROC CLINICAL TRIAL	00340	0.6462	$32.70	APC				
G0295	E	ELECTROMAGNETIC THERAPY ONC			$0.00	Not Allowed				
G0302	S	PRE-OP SERVICE LVRS COMPLETE	00209	11.4202	$577.98	APC				
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	00209	11.4202	$577.98	APC				
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	00213	2.3168	$117.25	APC				
G0305	S	POST OP SERVICE LVRS MIN 6	00213	2.3168	$117.25	APC				
G0306	Q	CBC/DIFFWBC W/O PLATELET			$18.92	Medicare	$18.92	$11.73	$11.35	
G0307	Q	CBC WITHOUT PLATELET			$15.75	Medicare	$15.75	$9.77	$9.45	
G0328	Q	FECAL BLOOD SCRN IMMUNOASSAY			$38.70	Medicare	$38.70	$23.99	$23.22	
G0329	M	ELECTROMAGNETIC TX FOR ULCERS			$0.00	Fee Schedule				N
G0333	E	DISPENSE FEE INITIAL 30 DAY			$0.00	Not Allowed				
G0337	E	HOSPICE EVALUATION PREELECTI			$0.00	Not Allowed				
G0339	S	ROBOT LIN-RADSURG COM FIRST	00067	57.5732	$2,913.78	APC				
G0340	S	ROBT LIN-RADSURG FRACTX 2-5	00066	39.0533	$1,976.49	APC				
G0341	C	PERCUTANEOUS ISLET CELL TRANS			$0.00	Not Allowed				Y
G0342	C	LAPAROSCOPY ISLET CELL TRANS			$0.00	Not Allowed				Y
G0343	C	LAPAROTOMY ISLET CELL TRANSP			$0.00	Inpatient Only				Y
G0364	X	BONE MARROW ASPIRATE &BIOPSY	00340	0.6462	$32.70	APC				
G0365	S	VESSEL MAPPING HEMO ACCESS	00267	2.3186	$117.34	APC				
G0372	E	MD SERVICE REQUIRED FOR PMD			$0.00	Not Allowed				
G0378	N	HOSPITAL OBSERVATION PER HR			$0.00	Bundled				
G0379	N	DIRECT ADMIT HOSPITAL OBSERV	00604	0.8277	$41.89	Bundled, may be payable in some circumstances				
G0380	E	LEV 1 HOSP TYPE B ED VISIT			$0.00	Not Allowed				
G0381	E	LEV 2 HOSP TYPE B ED VISIT			$0.00	Not Allowed				
G0382	E	LEV 3 HOSP TYPE B ED VISIT			$0.00	Not Allowed				
G0383	E	LEV 4 HOSP TYPE B ED VISIT			$0.00	Not Allowed				
G0384	E	LEV 5 HOSP TYPE B ED VISIT			$0.00	Not Allowed				
G0389	S	ULTRASOUND EXAM AAA SCREEN	00266	1.4801	$74.91	APC				
G0390	S	TRAUMA RESPONS W/HOSP CRITI	00618	14.1558	$716.43	APC				
G0392	T	AV FISTULA OR GRAFT ARTERIAL	00083	48.3584	$2,447.42	APC				
G0393	T	AV FISTULA OR GRAFT VENOUS	00083	48.3584	$2,447.42	APC				
G0396	S	ALCOHOL/SUBS INTERV 15-30MN	00432	0.4065	$20.57	APC				N
G0397	S	ALCOHOL/SUBS INTERV >30 MIN	00432	0.4065	$20.57	APC				N
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA	00213	2.3168	$117.25	APC				N
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA	00213	2.3168	$117.25	APC				N
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA	00213	2.3168	$117.25	APC				N
G0402	V	INITIAL PREVENTIVE EXAM	00605	1.0439	$52.83	APC				
G0403	E	EKG FOR INITIAL PREVENT EXAM			$0.00	Not Allowed				
G0404	S	EKG TRACING FOR INITIAL PREV	00099	0.3949	$19.99	APC				
G0405	E	EKG INTERPRET & REPORT PREVE			$0.00	Not Allowed				
G0406	C	TELHEALTH INPT CONSULT 15MIN			$0.00	Inpatient Only				
G0407	C	TELHEATH INPT CONSULT 25MIN			$0.00	Inpatient Only				
G0408	C	TELHEALTH INPT CONSULT 35MIN			$0.00	Inpatient Only				
G0409	E	CORF RELATED SERV 15 MINS EA			$0.00	Not Allowed				
G0410	E	GRP PSYCH PARTIAL HOSP 45-50			$0.00	Not Allowed				
G0411	E	INTER ACTIVE GRP PSYCH PARTI			$0.00	Not Allowed				
G0412	C	OPEN TX ILIAC SPINE UNI/BIL			$0.00	Inpatient Only				
G0413	T	PELVIC RING FRACTURE UNI/BIL	00050	29.8816	$1,512.31	APC				
G0414	C	PELVIC RING FX TREAT INT FIX			$0.00	Inpatient Only				
G0415	C	OPEN TX POST PELVIC FXCTURE			$0.00	Inpatient Only				
G0416	S	SAT BIOPSY PROSTATE 1-20 SPC	01505	6.9156	$350.00	APC				
G0417	S	SAT BIOPSY PROSTATE 21-40	01507	10.8674	$550.00	APC				
G0418	S	SAT BIOPSY PROSTATE 41-60	01511	18.7710	$950.00	APC				
G0419	S	SAT BIOPSY PROSTATE: >60	01513	22.7228	$1,150.00	APC				
G3001	S	ADMIN + SUPPLY TOSITUMOMAB	00442	28.9015	$1,462.70	APC				
G8006	E	AMI PT RECD ASPIRIN AT ARRIV			$0.00	Not Allowed				
G8007	E	AMI PT DID NOT RECEIV ASPIRI			$0.00	Not Allowed				
G8008	E	AMI PT INELIGIBLE FOR ASPIRI			$0.00	Not Allowed				
G8009	E	AMI PT RECD BBLOCK AT ARR			$0.00	Not Allowed				

G8010	E	AMI PT DID NOT REC BBLOCK	$0.00	Not Allowed	
G8011	E	AMI PT INELIG BBLOC AT ARRIV	$0.00	Not Allowed	
G8012	E	PNEUM PT RECV ANTIBIOTIC 4 H	$0.00	Not Allowed	
G8013	E	PNEUM PT W/O ANTIBIOTIC 4 HR	$0.00	Not Allowed	
G8014	E	PNEUM PT NOT ELIG ANTIBIOTIC	$0.00	Not Allowed	
G8015	E	DIABETIC PT W/ HBA1C>9%	$0.00	Not Allowed	
G8016	E	DIABETIC PT W/ HBA1C<OR=9%	$0.00	Not Allowed	
G8017	E	DM PT INELIG FOR HBA1C MEASU	$0.00	Not Allowed	
G8018	E	CARE NOT PROVIDED FOR HBA1C	$0.00	Not Allowed	
G8019	E	DIABETIC PT W/LDL>= 100MG/DL	$0.00	Not Allowed	
G8020	E	DIAB PT W/LDL< 100MG/DL	$0.00	Not Allowed	
G8021	E	DIAB PT INELIG FOR LDL MEAS	$0.00	Not Allowed	
G8022	E	CARE NOT PROVIDED FOR LDL	$0.00	Not Allowed	
G8023	E	DM PT W BP>=140/80	$0.00	Not Allowed	
G8024	E	DIABETIC PT WBP<140/80	$0.00	Not Allowed	
G8025	E	DIABETIC PT INELIG FOR BP ME	$0.00	Not Allowed	
G8026	E	DIABET PT W NO CARE RE BP ME	$0.00	Not Allowed	
G8027	E	HF P W/LVSD ON ACE-I/ARB	$0.00	Not Allowed	
G8028	E	HF PT W/LVSD NOT ON ACE-I/AR	$0.00	Not Allowed	
G8029	E	HF PT NOT ELIG FOR ACE-I/ARB	$0.00	Not Allowed	
G8030	E	HF PT W/LVSD ON BBLOCKER	$0.00	Not Allowed	
G8031	E	HF PT W/LVSD NOT ON BBLOCKER	$0.00	Not Allowed	
G8032	E	HF PT NOT ELIG FOR BBLOCKER	$0.00	Not Allowed	
G8033	E	PMI-CAD PT ON BBLOCKER	$0.00	Not Allowed	
G8034	E	PMI-CAD PT NOT ON BBLOCKER	$0.00	Not Allowed	
G8035	E	PMI-CAD PT INELIG BBLOCKER	$0.00	Not Allowed	
G8036	E	AMI-CAD PT DOC ON ANTIPLATEL	$0.00	Not Allowed	
G8037	E	AMI-CAD PT NOT DOCU ON ANTIP	$0.00	Not Allowed	
G8038	E	AMI-CAD INELIG ANTIPLATE MEA	$0.00	Not Allowed	
G8039	E	CAD PT W/LDL>100MG/DL	$0.00	Not Allowed	
G8040	E	CAD PT W/LDL<OR=100MG/DL	$0.00	Not Allowed	
G8041	E	CAD PT NOT ELIGIBLE FOR LDL	$0.00	Not Allowed	
G8051	E	OSTEOPOROSIS ASSESS	$0.00	Not Allowed	
G8052	E	OSTEOPOR PT NOT ASSESS	$0.00	Not Allowed	
G8053	E	PT INELIG FOR OSTEOPOR MEAS	$0.00	Not Allowed	
G8054	E	FALLS ASSESS NOT DOCUM 12 MO	$0.00	Not Allowed	
G8055	E	FALLS ASSESS W/ 12 MON	$0.00	Not Allowed	
G8056	E	NOT ELIG FOR FALLS ASSESSMEN	$0.00	Not Allowed	
G8057	E	HEARING ASSESS RECEIVE	$0.00	Not Allowed	
G8058	E	PT W/O HEARING ASSESS	$0.00	Not Allowed	
G8059	E	PT INELIG FOR HEARING ASSESS	$0.00	Not Allowed	
G8060	E	URINARY INCONT PT ASSESS	$0.00	Not Allowed	
G8061	E	PT NOT ASSESS FOR URINARY IN	$0.00	Not Allowed	
G8062	E	PT NOT ELIG FOR URINARY INCO	$0.00	Not Allowed	
G8075	E	ESRD PT W/ DIALY OF URR>=65%	$0.00	Not Allowed	
G8076	E	ESRD PT W/ DIALY OF URR<65%	$0.00	Not Allowed	
G8077	E	ESRD PT NOT ELIG FOR URR/KTV	$0.00	Not Allowed	
G8078	E	ESRD PT W/HCT>OR=33	$0.00	Not Allowed	
G8079	E	ESRD PT W/HCT<33	$0.00	Not Allowed	
G8080	E	ESRD PT INELIG FOR HCT/HGB	$0.00	Not Allowed	
G8081	E	ESRD PT W/ AUTO AV FISTULA	$0.00	Not Allowed	
G8082	E	ESRD PT W OTHER FISTULA	$0.00	Not Allowed	
G8085	E	ESRD PT INELIG AUTO AV FISTU	$0.00	Not Allowed	N
G8093	E	COPD PT REC SMOKING CESSAT	$0.00	Not Allowed	
G8094	E	COPD PT W/O SMOKE CESSAT INT	$0.00	Not Allowed	
G8099	E	OSTEOPO PT GIVEN CA+VITD SUP	$0.00	Not Allowed	
G8100	E	OSTEOP PT INELIG FOR CA+VITD	$0.00	Not Allowed	
G8103	E	NEW DX OSTEO PT W/ANTIRESORP	$0.00	Not Allowed	
G8104	E	OSTEO PT INELIG FOR ANTIRESO	$0.00	Not Allowed	
G8106	E	BONE DENS MEAS TEST PERF	$0.00	Not Allowed	
G8107	E	BONE DENS MEAS TEST INELIG	$0.00	Not Allowed	
G8108	E	PT RECEIV INFLUENZA VACC	$0.00	Not Allowed	
G8109	E	PT W/O INFLUENZA VACC	$0.00	Not Allowed	
G8110	E	PT INELIG FOR INFLUENZA VACC	$0.00	Not Allowed	
G8111	E	PT RECEIV MAMMOGRAM	$0.00	Not Allowed	
G8112	E	PT NOT DOC MAMMOGRAM	$0.00	Not Allowed	
G8113	E	PT INELIGIBLE MAMMOGRAPHY	$0.00	Not Allowed	
G8114	E	CARE NOT PROVIDED FOR MAMOGR	$0.00	Not Allowed	
G8115	E	PT RECEIV PNEUMO VACC	$0.00	Not Allowed	
G8116	E	PT DID NOT REC PNEUMO VACC	$0.00	Not Allowed	
G8117	E	PT WAS INELIG FOR PNEUMO VAC	$0.00	Not Allowed	

G8126	E	PT TREAT W/ANTIDEPRESS12WKS	$0.00	Not Allowed
G8127	E	PT NOT TREAT W/ANTIDEPRES12W	$0.00	Not Allowed
G8128	E	PT INELIG FOR ANTIDEPRES MED	$0.00	Not Allowed
G8129	E	PT TREAT W/ANTIDEPRES FOR 6M	$0.00	Not Allowed
G8130	E	PT NOT TREAT W/ANTIDEPRES 6M	$0.00	Not Allowed
G8131	E	PT INELIG FOR ANTIDEPRES MED	$0.00	Not Allowed
G8152	E	PT W/AB 1 HR PRIOR TO INCISI	$0.00	Not Allowed
G8153	E	PT NOT DOC FOR AB 1 HR PRIOR	$0.00	Not Allowed
G8154	E	PT INELIGI FOR AB THERAPY	$0.00	Not Allowed
G8155	E	PT RECD THROMBOEMB PROPHYLAX	$0.00	Not Allowed
G8156	E	PT DID NOT REC THROMBOEMBO	$0.00	Not Allowed
G8157	E	PT INELIGI FOR THROMBOLISM	$0.00	Not Allowed
G8159	E	PT W/CABG W/O IMA	$0.00	Not Allowed
G8162	E	ISO CABG PT W/O PREOP BBLOCK	$0.00	Not Allowed
G8164	E	ISO CABG PT W/PROLNG INTUB	$0.00	Not Allowed
G8165	E	ISO CABG PT W/O PROLNG INTUB	$0.00	Not Allowed
G8166	E	ISO CABG REQ SURG REXPO	$0.00	Not Allowed
G8167	E	ISO CABG W/O SURG EXPLO	$0.00	Not Allowed
G8170	E	CEA/EXT BYPASS PT ON ASPIRIN	$0.00	Not Allowed
G8171	E	PT W/CAROT ENDARCT/EXT BYPAS	$0.00	Not Allowed
G8172	E	CEA/EXT BYPASS PT NOT ON ASP	$0.00	Not Allowed
G8182	E	CAD PT CARE NOT PROV LDL	$0.00	Not Allowed
G8183	E	HF/ATRIAL FIB PT ON WARFARIN	$0.00	Not Allowed
G8184	E	HF/ATRIAL FIB PT INELIG WARF	$0.00	Not Allowed
G8185	E	OSTEOARTH PT W/ ASSESS PAIN	$0.00	Not Allowed
G8186	E	OSTEOARTH PT INELIG ASSESS	$0.00	Not Allowed
G8193	E	ANTIBIO NOT DOC PRIOR SURG	$0.00	Not Allowed
G8196	E	ANTIBIO NOT DOCUM PRIOR SURG	$0.00	Not Allowed
G8200	E	CEFAZOLIN NOT DOCUM PROPHY	$0.00	Not Allowed
G8204	E	MD NOT DOC ORDER TO D/C ANTI	$0.00	Not Allowed
G8209	E	CLINICIAN DID NOT DOC	$0.00	Not Allowed
G8214	E	CLINI NOT DOC ORDER VTE	$0.00	Not Allowed
G8217	E	PT NOT RECEIVED DVT PROPH	$0.00	Not Allowed
G8219	E	RECEIVED DVT PROPH DAY 2	$0.00	Not Allowed
G8220	E	PT NOT REC DVT PROPH DAY 2	$0.00	Not Allowed
G8221	E	PT INELIG FOR DVT PROPH	$0.00	Not Allowed
G8223	E	PT NOT DOC FOR PRESC ANTIPLA	$0.00	Not Allowed
G8226	E	PT NO PRESCR ANTICOA AT D/C	$0.00	Not Allowed
G8231	E	PT NOT DOC FOR ADMIN T-PA	$0.00	Not Allowed
G8234	E	PT NOT DOC DYSPHAGIA SCREEN	$0.00	Not Allowed
G8238	E	PT NOT DOC TO REC REHAB SERV	$0.00	Not Allowed
G8240	E	INTER CAROTID STENOSIS30-99%	$0.00	Not Allowed
G8243	E	PT NOT DOC MRI/CT W/O LESION	$0.00	Not Allowed
G8246	E	PT INELIG HX W NEW/CHG MOLE	$0.00	Not Allowed
G8248	E	PT W/ONE ALARM SYMP NOT DOC	$0.00	Not Allowed
G8251	E	PT NOT DOC W/BARRETTS, ENDO	$0.00	Not Allowed
G8254	E	PT W/NO DOC ORDER FOR BARIUM	$0.00	Not Allowed
G8257	E	PT NOT DOC REV MEDS D/C	$0.00	Not Allowed
G8260	E	PT NOT DOC TO HAVE DEC MAKER	$0.00	Not Allowed
G8263	E	PT NOT DOC ASSESS URINARY IN	$0.00	Not Allowed
G8266	E	PT NOT DOC CHARC URIN INCON	$0.00	Not Allowed
G8268	E	PT NOT DOC REC CARE URIN INC	$0.00	Not Allowed
G8271	E	PT NO DOC SCREEN FALL	$0.00	Not Allowed
G8274	E	CLINI NOT DOC PRES/ABS ALARM	$0.00	Not Allowed
G8276	E	PT NOT DOC MOLE CHANGE	$0.00	Not Allowed
G8279	E	PT NOT DOC REC PE	$0.00	Not Allowed
G8282	E	PT NOT DOC TO REC COUNS	$0.00	Not Allowed
G8285	E	PT DID NOT REC PRES OSTEO	$0.00	Not Allowed
G8289	E	PT NOT DOC REC CA/VIT D	$0.00	Not Allowed
G8293	E	COPD PT W/O SPIR RESULTS	$0.00	Not Allowed
G8296	E	COPD PT NOT DOC BRONCH THER	$0.00	Not Allowed
G8298	E	PT DOC OPTIC NERVE EVAL	$0.00	Not Allowed
G8299	E	PT NOT DOC OPTIC NERV EVAL	$0.00	Not Allowed
G8302	E	PT DOC W/ TARGET IOP	$0.00	Not Allowed
G8303	E	PT NOT DOC W/ IOP	$0.00	Not Allowed
G8304	E	CLIN DOC PT INELIG IOP	$0.00	Not Allowed
G8305	E	CLIN NOT PROV CARE POAG	$0.00	Not Allowed
G8306	E	POAG W/ IOP REC CARE PLAN	$0.00	Not Allowed
G8307	E	POAG W/ IOP NO CARE PLAN	$0.00	Not Allowed
G8308	E	POAG W/ IOP NOT DOC PLAN	$0.00	Not Allowed
G8310	E	PT NOT DOC REC ANTIOX	$0.00	Not Allowed

G8314	E	PT NOT DOC TO REC MAC EXAM	$0.00	Not Allowed
G8318	E	PT DOC NOT HAVE VISUAL FUNC	$0.00	Not Allowed
G8322	E	PT NOT DOC PRE AXIAL LENG	$0.00	Not Allowed
G8326	E	PT NOT DOC REC FUNDUS EXAM	$0.00	Not Allowed
G8330	E	PT NOT DOC REC DILATED MAC	$0.00	Not Allowed
G8334	E	DOC OF MACULAR NOT GIV MD	$0.00	Not Allowed
G8338	E	CLIN NOT DOC PT TEST OSTEO	$0.00	Not Allowed
G8341	E	PT NOT DOC FOR DEXA	$0.00	Not Allowed
G8345	E	PT NOT DOC HAVE DEXA	$0.00	Not Allowed
G8351	E	PT NOT DOC ECG	$0.00	Not Allowed
G8354	E	PT NOT REC ASPIRIN PRIOR ER	$0.00	Not Allowed
G8357	E	PT NOT DOC TO HAVE ECG	$0.00	Not Allowed
G8360	E	PT NOT DOC VITAL SIGNS RECOR	$0.00	Not Allowed
G8362	E	PT NOT DOC 02 SAT ASSESS	$0.00	Not Allowed
G8365	E	PT NOT DOC MENTAL STATUS	$0.00	Not Allowed
G8367	E	PT NOT DOC HAVE EMPIRIC AB	$0.00	Not Allowed
G8370	E	ASTHMA PT W SURVEY NOT DOCUM	$0.00	Not Allowed
G8371	E	CHEMOTHER NOT REC STG3 COLON	$0.00	Not Allowed
G8372	E	CHEMOTHER REC STG 3 COLON CA	$0.00	Not Allowed
G8373	E	CHEMO PLAN DOCUM PRIOR CHEMO	$0.00	Not Allowed
G8374	E	CHEMO PLAN NOT DOC PRIOR CHE	$0.00	Not Allowed
G8375	E	CLL PT W/O DOC FLOW CYTOMETR	$0.00	Not Allowed
G8376	E	BRST CA PT INELIG TAMOXIFEN	$0.00	Not Allowed
G8377	E	MD DOC COLON CA PT INELIG CH	$0.00	Not Allowed
G8378	E	MD DOC PT INELIG RAD THERAPY	$0.00	Not Allowed
G8379	E	RADIAT TX RECOM DOC12MO OV	$0.00	Not Allowed
G8380	E	PT W STGIC-3BRST CA W/O TAM	$0.00	Not Allowed
G8381	E	PT W STGIC-3BRST CA REC TAM	$0.00	Not Allowed
G8382	E	MM PT W/O DOC IV BISPHOPHON	$0.00	Not Allowed
G8383	E	RADIATION REC NOT DOC 12 MO	$0.00	Not Allowed
G8384	E	MDS PT W/O BASE CYTOGEN TEST	$0.00	Not Allowed
G8385	E	DIAB PT W NODOC HGB A1C 12M	$0.00	Not Allowed
G8386	E	DIAB PT W NODOC LDL 12M	$0.00	Not Allowed
G8387	E	ESRD PT W HCT/HGB NOT DOCUME	$0.00	Not Allowed
G8388	E	ESRD PT W URR/KTV NOT DOC EL	$0.00	Not Allowed
G8389	E	MDS PT NO DOC FE PRIOR EPO	$0.00	Not Allowed
G8390	E	DIABETIC W/O DOCUMENT BP 12M	$0.00	Not Allowed
G8391	E	PT W ASTHMA NO DOC MED OR TX	$0.00	Not Allowed
G8395	E	LVEF>=40% DOC NORMAL OR MILD	$0.00	Not Allowed
G8396	E	LVEF NOT PERFORMED	$0.00	Not Allowed
G8397	E	DIL MACULA/FUNDUS EXAM/W DOC	$0.00	Not Allowed
G8398	E	DIL MACULAR/FUNDUS NOT PERFO	$0.00	Not Allowed
G8399	E	PT W/DXA DOCUMENT OR ORDER	$0.00	Not Allowed
G8400	E	PT W/DXA NO DOCUMENT OR ORDE	$0.00	Not Allowed
G8401	E	PT INELIG OSTEO SCREEN MEASU	$0.00	Not Allowed
G8402	E	SMOKE PREVEN INTERVEN COUNSE	$0.00	Not Allowed
G8403	E	SMOKE PREVEN NOCOUNSEL	$0.00	Not Allowed
G8404	E	LOW EXTEMITY NEUR EXAM DOCUM	$0.00	Not Allowed
G8405	E	LOW EXTEMITY NEUR NOT PERFOR	$0.00	Not Allowed
G8406	E	PT INELIG LOWER EXTREM NEURO	$0.00	Not Allowed
G8407	E	ABI DOCUMENTED	$0.00	Not Allowed
G8408	E	ABI NOT DOCUMENTED	$0.00	Not Allowed
G8409	E	PT INELIG FOR ABI MEASURE	$0.00	Not Allowed
G8410	E	EVAL ON FOOT DOCUMENTED	$0.00	Not Allowed
G8415	E	EVAL ON FOOT NOT PERFORMED	$0.00	Not Allowed
G8416	E	PT INELIG FOOTWEAR EVALUATIO	$0.00	Not Allowed
G8417	E	BMI >=30 CALCUATE W/FOLLOWUP	$0.00	Not Allowed
G8418	E	BMI < 22 CALCUATE W/FOLLOWUP	$0.00	Not Allowed
G8419	E	BMI>=30OR<22 CAL NO FOLLOWUP	$0.00	Not Allowed
G8420	E	BMI<30 AND >=22 CALC & DOCU	$0.00	Not Allowed
G8421	E	BMI NOT CALCULATED	$0.00	Not Allowed
G8422	E	PT INELIG BMI CALCULATION	$0.00	Not Allowed
G8423	E	PT SCREEN FLU VAC & COUNSEL	$0.00	Not Allowed
G8424	E	FLU VACCINE NOT SCREEN	$0.00	Not Allowed
G8425	E	FLU VACCINE SCREEN NOT CURRE	$0.00	Not Allowed
G8426	E	PT NOT APPROP SCREEN & COUNC	$0.00	Not Allowed
G8427	E	DOC MEDS VERIFIED W/PT OR RE	$0.00	Not Allowed
G8428	E	MEDS DOCUMENT W/O VERIFICA	$0.00	Not Allowed
G8429	E	INCOMPLETE DOC PT ON MEDS	$0.00	Not Allowed
G8430	E	PT INELIG MED CHECK	$0.00	Not Allowed
G8431	E	CLIN DEPRESSION SCREEN DOC	$0.00	Not Allowed

G8432	E	CLIN DEPRESSION SCREEN NOT D	$0.00	Not Allowed	
G8433	E	PT INELIG FOR DEPRESSION SCR	$0.00	Not Allowed	
G8434	E	COGNITIVE IMPAIRMENT SCREEN	$0.00	Not Allowed	
G8435	E	COGNITIVE SCREEN NOT DOCUMEN	$0.00	Not Allowed	
G8436	E	PT INELIG FOR COGNITIVE IMPA	$0.00	Not Allowed	
G8437	E	TX PLAN DEVELOP & DOCUMENT	$0.00	Not Allowed	
G8438	E	TX PLAN DEVELOP & NOT DOCUM	$0.00	Not Allowed	
G8439	E	PT INELIG FOR CO-DEVELP TX P	$0.00	Not Allowed	
G8440	E	PAIN ASSESSMENT DOCUMENT	$0.00	Not Allowed	
G8441	E	NO DOCUMENT OF PAIN ASSESS	$0.00	Not Allowed	
G8442	E	PT INELIG PAIN ASSESSMENT	$0.00	Not Allowed	
G8443	E	PRESCRIPTION BY E-PRESCRIB S	$0.00	Not Allowed	
G8445	E	PRESCRIP NOT GEN AT ENCOUNTE	$0.00	Not Allowed	
G8446	E	SOME PRESCRIB HANDWRITTEN OR	$0.00	Not Allowed	
G8447	E	PT VISIT DOC USING CCHIT CER	$0.00	Not Allowed	
G8448	E	PT VISIT DOCUM W/NON-CCHIT C	$0.00	Not Allowed	
G8449	E	PT NOT DOC W/EMR DUE TO SYST	$0.00	Not Allowed	
G8450	E	BETA-BLOC RX PT W/ABN LVEF	$0.00	Not Allowed	
G8451	E	PT W/ABN LVEF INELIG B-BLOC	$0.00	Not Allowed	
G8452	E	PT W/ABN LVEF B-BLOC NO RX	$0.00	Not Allowed	
G8453	E	TOB USE CESS INT COUNSEL	$0.00	Not Allowed	
G8454	E	TOB USE CESS INT NO COUNSEL	$0.00	Not Allowed	
G8455	E	CURRENT TOBACCO SMOKER	$0.00	Not Allowed	
G8456	E	SMOKELESS TOBACCO USER	$0.00	Not Allowed	
G8457	E	TOBACCO NON-USER	$0.00	Not Allowed	
G8458	E	PT INELIG GENO NO ANTVIR TX	$0.00	Not Allowed	
G8459	E	DOC PT REC ANTIVIR TREAT	$0.00	Not Allowed	
G8460	E	PT INELIG RNA NO ANTVIR TX	$0.00	Not Allowed	
G8461	E	PT REC ANTIVIR TREAT HEP C	$0.00	Not Allowed	
G8462	E	PT INELIG COUNS NO ANTVIR TX	$0.00	Not Allowed	
G8463	E	PT REC ANTIVIRAL TREAT DOC	$0.00	Not Allowed	
G8464	E	PT INELIG; LO TO NO DTER RSK	$0.00	Not Allowed	
G8465	E	HIGH RISK RECURRENCE PRO CA	$0.00	Not Allowed	
G8466	E	PT INELIG SUIC; MDD REMIS	$0.00	Not Allowed	
G8467	E	NEW DX INIT/REC EPISODE MDD	$0.00	Not Allowed	
G8468	E	ACE/ARB RX PT W/ABN LVEF	$0.00	Not Allowed	
G8469	E	PT W/ABN LVEF INELIG ACE/ARB	$0.00	Not Allowed	
G8470	E	PT W/ NORMAL LVEF	$0.00	Not Allowed	
G8471	E	LVEF NOT PERFORMED/DOC	$0.00	Not Allowed	
G8472	E	ACE/ARB NO RX PT W/ABN LVEF	$0.00	Not Allowed	
G8473	E	ACE/ARB THXPY RX'D	$0.00	Not Allowed	
G8474	E	ACE/ARB NOT RX'D; DOC REAS	$0.00	Not Allowed	
G8475	E	ACE/ARB THXPY NOT RX'D	$0.00	Not Allowed	
G8476	E	BP SYS <130 AND DIAS <80	$0.00	Not Allowed	
G8477	E	BP SYS>=130 AND/OR DIAS >=80	$0.00	Not Allowed	
G8478	E	BP NOT PERFORMED/DOC	$0.00	Not Allowed	
G8479	E	MD RX'D ACE/ARB THXPY	$0.00	Not Allowed	
G8480	E	PT INELIG ACE/ARB THXPY	$0.00	Not Allowed	
G8481	E	MD NOT RX'D ACE/ARB THXPY	$0.00	Not Allowed	
G8482	E	FLU IMMUNIZE ORDER/ADMIN	$0.00	Not Allowed	
G8483	E	FLU IMM NO ORD/ADMIN DOC REA	$0.00	Not Allowed	
G8484	E	FLU IMMUNIZE NO ORDER/ADMIN	$0.00	Not Allowed	
G8485	E	REPORT DIABETES MEASURES	$0.00	Not Allowed	N
G8486	E	REPORT PREV CARE MEASURES	$0.00	Not Allowed	N
G8487	E	REPORT CKD MEASURES	$0.00	Not Allowed	N
G8488	E	REPORT ESRD MEASURES	$0.00	Not Allowed	N
G8489	E	CAD MEASURES GRP	$0.00	Not Allowed	
G8490	E	RA MEASURES GRP	$0.00	Not Allowed	
G8491	E	HIV/AIDS MEASURES GRP	$0.00	Not Allowed	
G8492	E	PREV CARE MEASURES GRP	$0.00	Not Allowed	
G8493	E	BACK PAIN MEASURES GRP	$0.00	Not Allowed	
G8494	E	DM MEAS QUAL ACT PERFORM	$0.00	Not Allowed	
G8495	E	CKD MEAS QUAL ACT PERFORM	$0.00	Not Allowed	
G8496	E	PC MEAS QUAL ACT PERFORM	$0.00	Not Allowed	
G8497	E	CABG MEAS QUAL ACT PERFORM	$0.00	Not Allowed	
G8498	E	CAD MEAS QUAL ACT PERFORM	$0.00	Not Allowed	
G8499	E	RA MEAS QUAL ACT PERFORM	$0.00	Not Allowed	
G8500	E	HIV MEAS QUAL ACT PERFORM	$0.00	Not Allowed	
G8501	E	PERIO MEAS QUAL ACT PERFORM	$0.00	Not Allowed	
G8502	E	BP MEAS QUAL ACT PERFORM	$0.00	Not Allowed	
G8503	E	DOC PROPH ANTIBX W/IN 1 HR	$0.00	Not Allowed	

G8504	E	DOC ORD PRO ANTBX W/IN 1 HR	$0.00	Not Allowed	
G8505	E	NO DOC PROPH ANTIBX W/IN 1HR	$0.00	Not Allowed	
G8506	E	PT REC ACE/ARB	$0.00	Not Allowed	
G8507	E	PT INELIG PT VERIF MEDS	$0.00	Not Allowed	
G8508	E	PT INELIG; PAIN ASSES NO F/U	$0.00	Not Allowed	
G8509	E	PAIN ASSESS NO F/U PLN DOC	$0.00	Not Allowed	
G8510	E	PT INELIG NEG SCRN DEPRES	$0.00	Not Allowed	
G8511	E	CLIN DEPRES SCRN NO F/U DOC	$0.00	Not Allowed	
G8512	E	PAIN SEV QUANT PRESENT	$0.00	Not Allowed	
G8513	E	ABI MEAS & DOC	$0.00	Not Allowed	
G8514	E	PT INELIG; ABI MEASURE	$0.00	Not Allowed	
G8515	E	NO ABI MEASUREMENT	$0.00	Not Allowed	
G8516	E	SCRN FAL RSK >2 FAL OR W/INJ	$0.00	Not Allowed	
G8517	E	SCRN FALL RSK; <2 FALLS	$0.00	Not Allowed	
G8518	E	CLIN STG B/F LUN/ESO CA SURG	$0.00	Not Allowed	
G8519	E	PT IN; CLIN CA STG B/F SURG	$0.00	Not Allowed	
G8520	E	CLIN STG B/F SURG NOT DOC	$0.00	Not Allowed	
G8521	E	ANTPLT RECD 48 HRS & DISCH	$0.00	Not Allowed	
G8522	E	PT INELIG; ANTIPLT THERAPY	$0.00	Not Allowed	
G8523	E	ANTPLT NOT RECD REAS NO SPEC	$0.00	Not Allowed	
G8524	E	PATCH CLOSURE CONV CEA	$0.00	Not Allowed	
G8525	E	NO PATCH CLOSURE CEA	$0.00	Not Allowed	
G8526	E	NO PATCH CLOSURE CONV CEA	$0.00	Not Allowed	
G8527	E	DOC ORD ANTIMIC PROPHY	$0.00	Not Allowed	
G8528	E	PT INELIG; PROPH ANTIBIOT	$0.00	Not Allowed	
G8529	E	NO DOC ORD ANTIMIC PROPHY	$0.00	Not Allowed	
G8530	E	AUTO AV FISTULA RECD	$0.00	Not Allowed	
G8531	E	PT INELIG; AUTO AV FISTULA	$0.00	Not Allowed	
G8532	E	NO AUTO AV FISTULA; NO REAS	$0.00	Not Allowed	
G8533	E	PARTIC IN CLIN DATA BASE REG	$0.00	Not Allowed	
G8534	E	DOC ELDER MAL SCRN F/U PLAN	$0.00	Not Allowed	
G8535	E	PT INELIG NO ELD MAL SCRN	$0.00	Not Allowed	
G8536	E	NO DOC ELDER MAL SCRN	$0.00	Not Allowed	
G8537	E	PT INELIG ELDMAL SCRN NO F/U	$0.00	Not Allowed	
G8538	E	ELD MAL SCRN NO F/U PLN	$0.00	Not Allowed	
G8539	E	CUR FUNCT ASSESS & CARE PLN	$0.00	Not Allowed	
G8540	E	PT INELIG FUNCT ASSESS	$0.00	Not Allowed	
G8541	E	NO DOC CUR FUNCT ASSESS	$0.00	Not Allowed	
G8542	E	PT INELIG FUNC ASSES NO PLN	$0.00	Not Allowed	
G8543	E	CUR FUNCT ASSES; NO CARE PLN	$0.00	Not Allowed	
G8544	E	CABG MEASURES GRP	$0.00	Not Allowed	
G9001	E	MCCD, INITIAL RATE	$0.00	Not Allowed	N
G9002	E	MCCD,MAINTENANCE RATE	$0.00	Not Allowed	N
G9003	E	MCCD, RISK ADJ HI, INITIAL	$0.00	Not Allowed	N
G9004	E	MCCD, RISK ADJ LO, INITIAL	$0.00	Not Allowed	N
G9005	E	MCCD, RISK ADJ, MAINTENANCE	$0.00	Not Allowed	N
G9006	E	MCCD, HOME MONITORING	$0.00	Not Allowed	N
G9007	E	MCCD, SCH TEAM CONF	$0.00	Not Allowed	N
G9008	E	MCCD,PHYS COOR-CARE OVRSGHT	$0.00	Not Allowed	N
G9009	E	MCCD, RISK ADJ, LEVEL 3	$0.00	Not Allowed	
G9010	E	MCCD, RISK ADJ, LEVEL 4	$0.00	Not Allowed	N
G9011	E	MCCD, RISK ADJ, LEVEL 5	$0.00	Not Allowed	
G9012	E	OTHER SPECIFIED CASE MGMT	$0.00	Not Allowed	N
G9013	M	ESRD DEMO BUNDLE LEVEL I	$0.00	Fee Schedule	
G9014	M	ESRD DEMO BUNDLE-LEVEL II	$0.00	Fee Schedule	
G9016	E	DEMO-SMOKING CESSATION COUN	$0.00	Not Allowed	N
G9017	E	AMANTADINE HCL ORAL	$0.00	Not Allowed	
G9018	E	ZANAMIVIR INH PWDR	$0.00	Not Allowed	
G9019	E	OSELTAMIVIR PHOSP	$0.00	Not Allowed	
G9020	E	RIMANTADINE HCL	$0.00	Not Allowed	
G9033	E	AMANTADINE HCL, ORAL, BRAND	$0.00	Not Allowed	N
G9034	E	ZANAMIVIR POWDER VIA INHALER	$0.00	Not Allowed	N
G9035	E	OSELTAMIVIR PHOSPHATE 75MG, ORAL	$0.00	Not Allowed	N
G9036	E	RIMANTADINE HCL 100MG	$0.00	Not Allowed	N
G9041	E	LOW VISION SERV OCCUPATIONAL	$0.00	Not Allowed	N
G9042	E	LOW VISION ORIENT/MOBILITY	$0.00	Not Allowed	N
G9043	E	LOW VISION REHAB THERAPIST	$0.00	Not Allowed	N
G9044	E	LOW VISION REHAB TEACHER	$0.00	Not Allowed	N
G9050	E	ONCOLOGY WORK-UP EVALUATION	$0.00	Not Allowed	
G9051	E	ONCOLOGY TREATMENT DECISION	$0.00	Not Allowed	
G9052	E	ONC SURVEILLANCE FOR DISEASE	$0.00	Not Allowed	

G9053	E	ONC EXPECTANT MANAGEMENT PT	$0.00	Not Allowed
G9054	E	ONC SUPERVISION PALLIATIVE	$0.00	Not Allowed
G9055	E	ONC VISIT UNSPECIFIED NOS	$0.00	Not Allowed
G9056	E	ONC PRAC MGMT ADHERES GUIDE	$0.00	Not Allowed
G9057	E	ONC PRACT MGMT DIFFERS GUIDE	$0.00	Not Allowed
G9058	E	ONC PRAC MGMT DISAGREE W/GUI	$0.00	Not Allowed
G9059	E	ONC PRAC MGMT PT OPT ALTERNA	$0.00	Not Allowed
G9060	E	ONC PRAC MGMT DIF PT COMORB	$0.00	Not Allowed
G9061	E	ONC PRAC COND NOADD BY GUIDE	$0.00	Not Allowed
G9062	E	ONC PRAC GUIDE DIFFERS NOS	$0.00	Not Allowed
G9063	E	ONC DX NSCLC STGI NO DX PROG	$0.00	Not Allowed
G9064	E	ONC DX NSCLC STG2 NO DX PROG	$0.00	Not Allowed
G9065	E	ONC DX NSCLC STG3A NODX PROG	$0.00	Not Allowed
G9066	E	ONC DX NSCLC STG3B-4 METASTA	$0.00	Not Allowed
G9067	E	ONC DX NSCLC DX UNKNOWN NOS	$0.00	Not Allowed
G9068	E	ONC DX NSCLC/SCLC LIMITED	$0.00	Not Allowed
G9069	E	ONC DX SCLC/NSCLC EXT AT DX	$0.00	Not Allowed
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN	$0.00	Not Allowed
G9071	E	ONC DX BRST STG1 2B NO DX PR	$0.00	Not Allowed
G9072	E	ONC DX BRST STG1-2 NOPROGRES	$0.00	Not Allowed
G9073	E	ONC DX BRST STG3-W/PROGRES	$0.00	Not Allowed
G9074	E	ONC DX BRST STG3-NOPROGRESS	$0.00	Not Allowed
G9075	E	ONC DX BRST METASTIC/ RECUR	$0.00	Not Allowed
G9077	E	ONC DX PROSTATE T1NO PROGRES	$0.00	Not Allowed
G9078	E	ONC DX PROSTATE T2NO PROGRES	$0.00	Not Allowed
G9079	E	ONC DX PROSTATE T3B-T4NOPROG	$0.00	Not Allowed
G9080	E	ONC DX PROSTATE W/RISE PSA	$0.00	Not Allowed
G9083	E	ONC DX PROSTATE UNKNOWN NOS	$0.00	Not Allowed
G9084	E	ONC DX COLON T1-3 N1-2 NO PR	$0.00	Not Allowed
G9085	E	ONC DX COLON T4 N0 W/O PROG	$0.00	Not Allowed
G9086	E	ONC DX COLON T1-4 NO DX PROG	$0.00	Not Allowed
G9087	E	ONC DX COLON RADIOLG EVID DX	$0.00	Not Allowed
G9088	E	ONC DX COLON M1/METS W/O RAD	$0.00	Not Allowed
G9089	E	ONC DX COLON EXTENT UNKNOWN	$0.00	Not Allowed
G9090	E	ONC DX RECTAL T1-2 NO PROGR	$0.00	Not Allowed
G9091	E	ONC DX RECTAL T3 N0 NO PROG	$0.00	Not Allowed
G9092	E	ONC DX RECTAL T1-3 N1-2NOPRG	$0.00	Not Allowed
G9093	E	ONC DX RECTAL T4 N M0 NO PRG	$0.00	Not Allowed
G9094	E	ONC DX RECTAL M1 W/METS PROG	$0.00	Not Allowed
G9095	E	ONC DX RECTAL EXTENT UNKNWN	$0.00	Not Allowed
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG	$0.00	Not Allowed
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG	$0.00	Not Allowed
G9098	E	ONC DX ESOPHAGEAL METS RECUR	$0.00	Not Allowed
G9099	E	ONC DX ESOPHAGEAL UNKNOWN	$0.00	Not Allowed
G9100	E	ONC DX GASTRIC NO RECURRENCE	$0.00	Not Allowed
G9101	E	ONC DX GASTRIC P R1-R2NOPROG	$0.00	Not Allowed
G9102	E	ONC DX GASTRIC UNRESECTABLE	$0.00	Not Allowed
G9103	E	ONC DX GASTRIC RECURRENT	$0.00	Not Allowed
G9104	E	ONC DX GASTRIC UNKNOWN NOS	$0.00	Not Allowed
G9105	E	ONC DX PANCREATC P R0 RES NO	$0.00	Not Allowed
G9106	E	ONC DX PANCREATC P R1/R2 NO	$0.00	Not Allowed
G9107	E	ONC DX PANCREATIC UNRESECTAB	$0.00	Not Allowed
G9108	E	ONC DX PANCREATIC UNKNWN NOS	$0.00	Not Allowed
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG	$0.00	Not Allowed
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG	$0.00	Not Allowed
G9111	E	ONC DX HEAD/NECK M1 METS REC	$0.00	Not Allowed
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN	$0.00	Not Allowed
G9113	E	ONC DX OVARIAN STG1A-B NO PR	$0.00	Not Allowed
G9114	E	ONC DX OVARIAN STG1A-B OR 2	$0.00	Not Allowed
G9115	E	ONC DX OVARIAN STG3/4 NOPROG	$0.00	Not Allowed
G9116	E	ONC DX OVARIAN RECURRENCE	$0.00	Not Allowed
G9117	E	ONC DX OVARIAN UNKNOWN NOS	$0.00	Not Allowed
G9123	E	ONC DX NHL LGE BCELL RELAP	$0.00	Not Allowed
G9124	E	ONC DX NHL RELAPSE/REFRACTOR	$0.00	Not Allowed
G9125	E	ONC DX NHL STG UNKNOWN	$0.00	Not Allowed
G9126	E	ONC DX OVARIAN STG IA/B	$0.00	Not Allowed
G9128	E	ONC DX MULT MYELOMA STG2 HIG	$0.00	Not Allowed
G9129	E	ONC DX MULT MYELOMA UNKWN OP	$0.00	Not Allowed
G9130	E	ONC DX MULTI MYELOMA UNKNOWN	$0.00	Not Allowed
G9131	E	ONC DX BRST UNKNOWN NOS	$0.00	Not Allowed
G9132	E	ONC DX PROSTATE METS NO CAST	$0.00	Not Allowed

G9133	E	ONC DX PROSTATE CLINICAL MET	$0.00	Not Allowed	
G9134	E	ONC NHLSTG 1-2 NO RELAP NO	$0.00	Not Allowed	
G9135	E	ONC DX NHL STG 3-4 NOT RELAP	$0.00	Not Allowed	
G9136	E	ONC DX NHL TRANS TO LG BCELL	$0.00	Not Allowed	
G9137	E	ONC DX NHL RELAPSE/REFRACTOR	$0.00	Not Allowed	
G9138	E	ONC DX NHL STG UNKNOWN	$0.00	Not Allowed	
G9139	E	ONC DX CML DX STATUS UNKNOWN	$0.00	Not Allowed	
G9140	E	FRONTIER EXTENDED STAY DEMO	$0.00	Not Allowed	
H0001	E	ALCOHOL AND/OR DRUG ASSESS	$0.00	Not Allowed	N
H0002	E	ALCOHOL AND/OR DRUG SCREENIN	$0.00	Not Allowed	N
H0003	E	ALCOHOL AND/OR DRUG SCREENIN	$0.00	Not Allowed	N
H0004	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0005	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0006	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0007	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0008	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0009	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0010	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0011	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0012	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0013	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0014	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0015	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0016	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0017	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0018	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0019	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0020	E	ALCOHOL AND/OR DRUG SERVICES	$0.00	Not Allowed	N
H0021	E	ALCOHOL AND/OR DRUG TRAINING	$0.00	Not Allowed	N
H0022	E	ALCOHOL AND/OR DRUG INTERVEN	$0.00	Not Allowed	N
H0023	E	ALCOHOL AND/OR DRUG OUTREACH	$0.00	Not Allowed	N
H0024	E	ALCOHOL AND/OR DRUG PREVENTI	$0.00	Not Allowed	N
H0025	E	ALCOHOL AND/OR DRUG PREVENTI	$0.00	Not Allowed	N
H0026	E	ALCOHOL AND/OR DRUG PREVENTI	$0.00	Not Allowed	N
H0027	E	ALCOHOL AND/OR DRUG PREVENTI	$0.00	Not Allowed	N
H0028	E	ALCOHOL AND/OR DRUG PREVENTI	$0.00	Not Allowed	N
H0029	E	ALCOHOL AND/OR DRUG PREVENTI	$0.00	Not Allowed	N
H0030	E	ALCOHOL AND/OR DRUG HOTLINE	$0.00	Not Allowed	N
H0031	E	MH HEALTH ASSESS BY NON-MD	$0.00	Not Allowed	
H0032	E	MH SVC PLAN DEV BY NON-MD	$0.00	Not Allowed	
H0033	E	ORAL MED ADM DIRECT OBSERVE	$0.00	Not Allowed	
H0034	E	MED TRNG & SUPPORT PER 15MIN	$0.00	Not Allowed	
H0035	M	MH PARTIAL HOSP TX UNDER 24H	$75.62	Fee Schedule	Y
H0036	E	COMM PSY FACE-FACE PER 15MIN	$0.00	Not Allowed	
H0037	E	COMM PSY SUP TX PGM PER DIEM	$0.00	Not Allowed	N
H0038	E	SELF-HELP/PEER SVC PER 15MIN	$0.00	Not Allowed	
H0039	E	ASSER COM TX FACE-FACE/15MIN	$0.00	Not Allowed	
H0040	E	ASSERT COMM TX PGM PER DIEM	$0.00	Not Allowed	
H0041	E	FOS C CHLD NON-THER PER DIEM	$0.00	Not Allowed	
H0042	E	FOS C CHLD NON-THER PER MON	$0.00	Not Allowed	
H0043	E	SUPPORTED HOUSING PER DIEM	$0.00	Not Allowed	
H0044	E	SUPPORTED HOUSING PER MONTH	$0.00	Not Allowed	
H0045	E	RESPITE NOT-IN-HOME PER DIEM	$0.00	Not Allowed	
H0046	E	MENTAL HEALTH SERVICE NOS	$0.00	Not Allowed	
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS	$0.00	Not Allowed	
H0048	E	SPEC COLL NON-BLOOD:A/D TEST	$0.00	Not Allowed	
H0049	E	ALCOHOL/DRUG SCREENING	$0.00	Not Allowed	
H0050	E	ALCOHOL/DRUG SERVICE 15 MIN	$0.00	Not Allowed	
H1000	E	PRENATAL CARE ATRISK ASSESSM	$0.00	Not Allowed	
H1001	E	ANTEPARTUM MANAGEMENT	$0.00	Not Allowed	N
H1002	E	CARECOORDINATION PRENATAL	$0.00	Not Allowed	
H1003	E	PRENATAL AT RISK EDUCATION	$0.00	Not Allowed	N
H1004	E	FOLLOW UP HOME VISIT/PRENTAL	$0.00	Not Allowed	
H1005	E	PRENATALCARE ENHANCED SRV PK	$0.00	Not Allowed	N
H1010	E	NONMED FAMILY PLANNING ED	$0.00	Not Allowed	
H1011	E	FAMILY ASSESSMENT	$0.00	Not Allowed	
H2000	E	COMP MULTIDISIPLN EVALUATION	$0.00	Not Allowed	
H2001	E	REHABILITATION PROGRAM 1/2 D	$0.00	Not Allowed	
H2010	E	COMPREHENSIVE MED SVC 15 MIN	$0.00	Not Allowed	
H2011	M	CRISIS INTERVEN SVC, 15 MIN	$12.00	Fee Schedule	
H2012	E	BEHAV HLTH DAY TREAT, PER HR	$0.00	Not Allowed	

H2013	E	PSYCH HLTH FAC SVC, PER DIEM		$0.00	Not Allowed	
H2014	E	SKILLS TRAIN AND DEV, 15 MIN		$0.00	Not Allowed	
H2015	E	COMP COMM SUPP SVC, 15 MIN		$0.00	Not Allowed	
H2016	E	COMP COMM SUPP SVC, PER DIEM		$0.00	Not Allowed	
H2017	E	PSYSOC REHAB SVC, PER 15 MIN		$0.00	Not Allowed	
H2018	E	PSYSOC REHAB SVC, PER DIEM		$0.00	Not Allowed	
H2019	E	THER BEHAV SVC, PER 15 MIN		$0.00	Not Allowed	
H2020	E	THER BEHAV SVC, PER DIEM		$0.00	Not Allowed	
H2021	E	COM WRAP-AROUND SV, 15 MIN		$0.00	Not Allowed	
H2022	E	COM WRAP-AROUND SV, PER DIEM		$0.00	Not Allowed	
H2023	E	SUPPORTED EMPLOY, PER 15 MIN		$0.00	Not Allowed	
H2024	E	SUPPORTED EMPLOY, PER DIEM		$0.00	Not Allowed	
H2025	E	SUPP MAINT EMPLOY, 15 MIN		$0.00	Not Allowed	
H2026	E	SUPP MAINT EMPLOY, PER DIEM		$0.00	Not Allowed	
H2027	E	PSYCHOED SVC, PER 15 MIN		$0.00	Not Allowed	
H2028	E	SEX OFFEND TX SVC, 15 MIN		$0.00	Not Allowed	
H2029	E	SEX OFFEND TX SVC, PER DIEM		$0.00	Not Allowed	
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN		$0.00	Not Allowed	
H2031	E	MH CLUBHOUSE SVC, PER DIEM		$0.00	Not Allowed	
H2032	E	ACTIVITY THERAPY, PER 15 MIN		$0.00	Not Allowed	
H2033	E	MULTISYS THER/JUVENILE 15MIN		$0.00	Not Allowed	
H2034	E	A/D HALFWAY HOUSE, PER DIEM		$0.00	Not Allowed	
H2035	E	A/D TX PROGRAM, PER HOUR		$0.00	Not Allowed	
H2036	E	A/D TX PROGRAM, PER DIEM		$0.00	Not Allowed	
H2037	E	DEV DELAY PREV DP CH, 15 MIN		$0.00	Not Allowed	
J0120	N	TETRACYCLIN INJECTION		$0.00	Bundled	
J0128	K	ABARELIX INJECTION	09216	$67.33	APC	
J0129	K	ABATACEPT INJECTION	09230	$18.79	APC	
J0130	K	ABCIXIMAB INJECTION	01605	$430.59	APC	
J0132	K	ACETYLCYSTEINE INJECTION	01186	$2.23	APC	
J0133	N	ACYCLOVIR INJECTION		$0.00	Bundled	
J0135	K	ADALIMUMAB INJECTION	01083	$347.55	APC	
J0150	K	INJECTION ADENOSINE 6 MG	00379	$9.89	APC	
J0152	K	ADENOSINE INJECTION	00917	$69.02	APC	
J0170	N	ADRENALIN EPINEPHRIN INJECT		$0.00	Bundled	
J0180	K	AGALSIDASE BETA INJECTION	09208	$133.68	APC	
J0190	N	INJ BIPERIDEN LACTATE/5 MG		$0.00	Bundled	
J0200	N	ALATROFLOXACIN MESYLATE		$0.00	Bundled	
J0205	K	ALGLUCERASE INJECTION	00900	$41.21	APC	N
J0207	K	AMIFOSTINE	07000	$366.25	APC	N
J0210	K	METHYLDOPATE HCL INJECTION	02210	$26.88	APC	
J0215	K	ALEFACEPT	01633	$27.90	APC	
J0220	K	ALGLUCOSIDASE ALFA INJECTION	09234	$124.68	APC	
J0256	K	ALPHA 1 PROTEINASE INHIBITOR	00901	$3.61	APC	N
J0270	M	ALPROSTADIL FOR INJECTION		$0.65	Fee Schedule	
J0275	M	ALPROSTADIL URETHRAL SUPPOS		$24.36	Fee Schedule	N
J0278	N	AMIKACIN SULFATE INJECTION		$0.00	Bundled	
J0280	N	AMINOPHYLLIN 250 MG INJ		$0.00	Bundled	
J0282	N	AMIODARONE HCL		$0.00	Bundled	N
J0285	N	AMPHOTERICIN B		$0.00	Bundled	N
J0287	K	AMPHOTERICIN B LIPID COMPLEX	09024	$9.71	APC	
J0288	K	AMPHO B CHOLESTERYL SULFATE	00735	$13.74	APC	
J0289	K	AMPHOTERICIN B LIPOSOME INJ	00736	$14.04	APC	
J0290	N	AMPICILLIN 500 MG INJ		$0.00	Bundled	
J0295	N	AMPICILLIN SODIUM PER 1.5 GM		$0.00	Bundled	N
J0300	N	AMOBARBITAL 125 MG INJ		$0.00	Bundled	
J0330	N	SUCCINYCHOLINE CHLORIDE INJ		$0.00	Bundled	
J0348	K	ANADULAFUNGIN INJECTION	00760	$1.30	APC	
J0350	N	INJECTION ANISTREPLASE 30 U		$0.00	Bundled	
J0360	N	HYDRALAZINE HCL INJECTION		$0.00	Bundled	
J0364	N	APOMORPHINE HYDROCHLORIDE		$0.00	Bundled	
J0365	K	APROTONIN 10 000 KIU	01682	$2.60	APC	
J0380	N	INJ METARAMINOL BITARTRATE		$0.00	Bundled	
J0390	N	CHLOROQUINE INJECTION		$0.00	Bundled	
J0395	N	ARBUTAMINE HCL INJECTION		$0.00	Bundled	N
J0400	N	ARIPIPRAZOLE INJECTION		$0.00	Bundled	
J0456	N	AZITHROMYCIN		$0.00	Bundled	N
J0460	N	ATROPINE SULFATE INJECTION		$0.00	Bundled	
J0470	K	DIMECAPROL INJECTION	01206	$26.49	APC	
J0475	K	BACLOFEN 10 MG INJECTION	09032	$191.65	APC	N
J0476	K	BACLOFEN INTRATHECAL TRIAL	01631	$71.22	APC	N

J0480	K	BASILIXIMAB	01683	$1,560.48	APC	N
J0500	N	DICYCLOMINE INJECTION		$0.00	Bundled	
J0515	N	INJ BENZTROPINE MESYLATE		$0.00	Bundled	
J0520	N	BETHANECHOL CHLORIDE INJECT		$0.00	Bundled	
J0530	N	PENICILLIN G BENZATHINE INJ		$0.00	Bundled	
J0540	N	PENICILLIN G BENZATHINE INJ		$0.00	Bundled	
J0550	K	PENICILLIN G BENZATHINE INJ	01217	$33.84	APC	
J0560	N	PENICILLIN G BENZATHINE INJ		$0.00	Bundled	
J0570	N	PENICILLIN G BENZATHINE INJ		$0.00	Bundled	
J0580	N	PENICILLIN G BENZATHINE INJ		$0.00	Bundled	
J0583	K	BIVALIRUDIN	03041	$2.30	APC	
J0585	K	BOTULINUM TOXIN A PER UNIT	00902	$5.41	APC	Y
J0587	K	BOTULINUM TOXIN TYPE B	09018	$8.94	APC	Y
J0592	N	BUPRENORPHINE HYDROCHLORIDE		$0.00	Bundled	
J0594	K	BUSULFAN INJECTION	01178	$12.34	APC	
J0595	N	BUTORPHANOL TARTRATE 1 MG		$0.00	Bundled	
J0600	K	EDETATE CALCIUM DISODIUM INJ	00999	$73.04	APC	
J0610	N	CALCIUM GLUCONATE INJECTION		$0.00	Bundled	
J0620	N	CALCIUM GLYCER & LACT/10 ML		$0.00	Bundled	
J0630	K	CALCITONIN SALMON INJECTION	01220	$48.20	APC	
J0636	N	INJ CALCITRIOL PER 0.1 MCG		$0.00	Bundled	
J0637	K	CASPOFUNGIN ACETATE	09019	$12.50	APC	
J0640	N	LEUCOVORIN CALCIUM INJECTION		$0.00	Bundled	
J0641	G	LEVOLEUCOVORIN INJECTION	01236	$1.28	APC	
J0670	N	INJ MEPIVACAINE HCL/10 ML		$0.00	Bundled	
J0690	N	CEFAZOLIN SODIUM INJECTION		$0.00	Bundled	
J0692	N	CEFEPIME HCL FOR INJECTION		$0.00	Bundled	
J0694	N	CEFOXITIN SODIUM INJECTION		$0.00	Bundled	N
J0696	N	CEFTRIAXONE SODIUM INJECTION		$0.00	Bundled	N
J0697	N	STERILE CEFUROXIME INJECTION		$0.00	Bundled	N
J0698	N	CEFOTAXIME SODIUM INJECTION		$0.00	Bundled	N
J0702	N	BETAMETHASONE ACET&SOD PHOSP		$0.00	Bundled	N
J0704	N	BETAMETHASONE SOD PHOSP/4 MG		$0.00	Bundled	N
J0706	N	CAFFEINE CITRATE INJECTION		$0.00	Bundled	
J0710	N	CEPHAPIRIN SODIUM INJECTION		$0.00	Bundled	
J0713	N	INJ CEFTAZIDIME PER 500 MG		$0.00	Bundled	N
J0715	N	CEFTIZOXIME SODIUM / 500 MG		$0.00	Bundled	N
J0720	N	CHLORAMPHENICOL SODIUM INJEC		$0.00	Bundled	
J0725	N	CHORIONIC GONADOTROPIN/1000U		$0.00	Bundled	
J0735	K	CLONIDINE HYDROCHLORIDE	00935	$66.81	APC	N
J0740	K	CIDOFOVIR INJECTION	09033	$746.87	APC	
J0743	N	CILASTATIN SODIUM INJECTION		$0.00	Bundled	N
J0744	N	CIPROFLOXACIN IV		$0.00	Bundled	
J0745	N	INJ CODEINE PHOSPHATE /30 MG		$0.00	Bundled	
J0760	N	COLCHICINE INJECTION		$0.00	Bundled	
J0770	N	COLISTIMETHATE SODIUM INJ		$0.00	Bundled	
J0780	N	PROCHLORPERAZINE INJECTION		$0.00	Bundled	
J0795	K	CORTICORELIN OVINE TRIFLUTAL	01684	$4.27	APC	
J0800	K	CORTICOTROPIN INJECTION	01280	$2,395.39	APC	
J0835	K	INJ COSYNTROPIN PER 0.25 MG	00835	$93.48	APC	N
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL	00903	$862.24	APC	
J0878	K	DAPTOMYCIN INJECTION	09124	$0.39	APC	
J0881	K	DARBEPOETIN ALFA NON-ESRD	01685	$2.92	APC	
J0882	M	DARBEPOETIN ALFA ESRD USE		$2.96	Fee Schedule	
J0885	K	EPOETIN ALFA NON-ESRD	01686	$9.26	APC	
J0886	E	EPOETIN ALFA ESRD		$0.00	Not Allowed	
J0894	K	DECITABINE INJECTION	09231	$27.50	APC	
J0895	N	DEFEROXAMINE MESYLATE INJ		$0.00	Bundled	N
J0900	N	TESTOSTERONE ENANTHATE INJ		$0.00	Bundled	
J0945	N	BROMPHENIRAMINE MALEATE INJ		$0.00	Bundled	
J0970	N	ESTRADIOL VALERATE INJECTION		$0.00	Bundled	
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ		$0.00	Bundled	
J1020	N	METHYLPREDNISOLONE 20 MG INJ		$0.00	Bundled	
J1030	N	METHYLPREDNISOLONE 40 MG INJ		$0.00	Bundled	
J1040	N	METHYLPREDNISOLONE 80 MG INJ		$0.00	Bundled	
J1051	N	MEDROXYPROGESTERONE INJ		$0.00	Bundled	
J1055	M	MEDRXYPROGESTER ACETATE INJ		$65.94	Fee Schedule	N
J1056	M	MA/EC CONTRACEPTIVEINJECTION		$22.89	Fee Schedule	
J1060	N	TESTOSTERONE CYPIONATE 1 ML		$0.00	Bundled	
J1070	N	TESTOSTERONE CYPIONAT 100 MG		$0.00	Bundled	
J1080	N	TESTOSTERONE CYPIONAT 200 MG		$0.00	Bundled	

J1094	N	INJ DEXAMETHASONE ACETATE		$0.00	Bundled	
J1100	N	DEXAMETHASONE SODIUM PHOS		$0.00	Bundled	
J1110	N	INJ DIHYDROERGOTAMINE MESYLT		$0.00	Bundled	
J1120	N	ACETAZOLAMID SODIUM INJECTIO		$0.00	Bundled	
J1160	N	DIGOXIN INJECTION		$0.00	Bundled	
J1162	K	DIGOXIN IMMUNE FAB (OVINE)	01687	$473.85	APC	
J1165	N	PHENYTOIN SODIUM INJECTION		$0.00	Bundled	
J1170	N	HYDROMORPHONE INJECTION		$0.00	Bundled	
J1180	N	DYPHYLLINE INJECTION		$0.00	Bundled	
J1190	K	DEXRAZOXANE HCL INJECTION	00726	$373.66	APC	
J1200	N	DIPHENHYDRAMINE HCL INJECTIO		$0.00	Bundled	
J1205	K	CHLOROTHIAZIDE SODIUM INJ	00747	$275.07	APC	
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML	01221	$68.36	APC	
J1230	N	METHADONE INJECTION		$0.00	Bundled	
J1240	N	DIMENHYDRINATE INJECTION		$0.00	Bundled	
J1245	N	DIPYRIDAMOLE INJECTION		$0.00	Bundled	N
J1250	N	INJ DOBUTAMINE HCL/250 MG		$0.00	Bundled	
J1260	K	DOLASETRON MESYLATE	00750	$4.90	APC	
J1265	N	DOPAMINE INJECTION		$0.00	Bundled	
J1267	G	DORIPENEM INJECTION	09241	$0.59	APC	
J1270	N	INJECTION, DOXERCALCIFEROL		$0.00	Bundled	
J1300	G	ECULIZUMAB INJECTION	09236	$178.24	APC	
J1320	N	AMITRIPTYLINE INJECTION		$0.00	Bundled	
J1324	N	ENFUVIRTIDE INJECTION		$0.00	Bundled	
J1325	N	EPOPROSTENOL INJECTION		$0.00	Bundled	N
J1327	K	EPTIFIBATIDE INJECTION	01607	$17.36	APC	N
J1330	N	ERGONOVINE MALEATE INJECTION		$0.00	Bundled	
J1335	N	ERTAPENEM INJECTION		$0.00	Bundled	
J1364	N	ERYTHRO LACTOBIONATE /500 MG		$0.00	Bundled	N
J1380	N	ESTRADIOL VALERATE 10 MG INJ		$0.00	Bundled	
J1390	N	ESTRADIOL VALERATE 20 MG INJ		$0.00	Bundled	
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	09038	$77.07	APC	
J1430	K	ETHANOLAMINE OLEATE 100 MG	01688	$147.14	APC	
J1435	N	INJECTION ESTRONE PER 1 MG		$0.00	Bundled	
J1436	K	ETIDRONATE DISODIUM INJ	01436	$70.06	APC	N
J1438	K	ETANERCEPT INJECTION	01608	$177.37	APC	N
J1440	K	FILGRASTIM 300 MCG INJECITON	00728	$198.95	APC	
J1441	K	FILGRASTIM 480 MCG INJECTION	07049	$306.33	APC	N
J1450	N	FLUCONAZOLE		$0.00	Bundled	
J1451	K	FOMEPIZOLE 15 MG	01689	$9.91	APC	
J1452	N	INTRAOCULAR FOMIVIRSEN NA		$0.00	Bundled	N
J1453	G	FOSAPREPITANT INJECTION	09242	$1.57	APC	
J1455	K	FOSCARNET SODIUM INJECTION	01189	$10.00	APC	N
J1457	K	GALLIUM NITRATE INJECTION	00878	$1.57	APC	
J1458	K	GALSULFASE INJECTION	09224	$334.07	APC	
J1459	G	INJ IVIG PRIVIGEN 500 MG	01214	$35.19	APC	
J1460	K	GAMMA GLOBULIN 1 CC INJ	03043	$12.57	APC	
J1470	K	GAMMA GLOBULIN 2 CC INJ	00898	$25.15	APC	
J1480	K	GAMMA GLOBULIN 3 CC INJ	00899	$37.70	APC	
J1490	K	GAMMA GLOBULIN 4 CC INJ	00904	$50.29	APC	
J1500	K	GAMMA GLOBULIN 5 CC INJ	00919	$62.86	APC	
J1510	K	GAMMA GLOBULIN 6 CC INJ	00920	$75.51	APC	
J1520	K	GAMMA GLOBULIN 7 CC INJ	00921	$87.92	APC	
J1530	K	GAMMA GLOBULIN 8 CC INJ	00922	$100.58	APC	
J1540	K	GAMMA GLOBULIN 9 CC INJ	00923	$113.26	APC	
J1550	K	GAMMA GLOBULIN 10 CC INJ	00924	$125.72	APC	
J1560	K	GAMMA GLOBULIN > 10 CC INJ	00933	$125.72	APC	
J1561	K	GAMUNEX INJECTION	00948	$35.52	APC	
J1562	K	IMMUNE GLOBULIN SUBCUTANEOUS	00804	$6.87	APC	
J1565	K	RSV-IVIG	00906	$15.87	APC	N
J1566	K	IMMUNE GLOBULIN POWDER	02731	$30.43	APC	
J1568	K	OCTAGAM INJECTION	00943	$36.09	APC	
J1569	K	GAMMAGARD LIQUID INJECTION	00944	$34.42	APC	
J1570	N	GANCICLOVIR SODIUM INJECTION		$0.00	Bundled	
J1571	G	HEPAGAM B IM INJECTION	00946	$44.02	APC	
J1572	K	FLEBOGAMMA INJECTION	00947	$34.94	APC	
J1573	G	HEPAGAM B INTRAVENOUS, INJ	01138	$44.02	APC	
J1580	N	GARAMYCIN GENTAMICIN INJ		$0.00	Bundled	
J1590	N	GATIFLOXACIN INJECTION		$0.00	Bundled	
J1595	K	INJECTION GLATIRAMER ACETATE	01015	$69.06	APC	
J1600	N	GOLD SODIUM THIOMALEATE INJ		$0.00	Bundled	

J1610	K	GLUCAGON HYDROCHLORIDE/1 MG	09042	$69.37	APC	
J1620	K	GONADORELIN HYDROCH/ 100 MCG	07005	$176.89	APC	
J1626	K	GRANISETRON HCL INJECTION	00764	$3.23	APC	N
J1630	N	HALOPERIDOL INJECTION		$0.00	Bundled	
J1631	N	HALOPERIDOL DECANOATE INJ		$0.00	Bundled	N
J1640	K	HEMIN, 1 MG	01690	$7.73	APC	
J1642	N	INJ HEPARIN SODIUM PER 10 U		$0.00	Bundled	N
J1644	N	INJ HEPARIN SODIUM PER 1000U		$0.00	Bundled	N
J1645	N	DALTEPARIN SODIUM		$0.00	Bundled	N
J1650	N	INJ ENOXAPARIN SODIUM		$0.00	Bundled	
J1652	K	FONDAPARINUX SODIUM	00883	$6.75	APC	
J1655	N	TINZAPARIN SODIUM INJECTION		$0.00	Bundled	
J1670	K	TETANUS IMMUNE GLOBULIN INJ	01670	$210.55	APC	
J1675	E	HISTRELIN ACETATE		$0.00	Not Allowed	
J1700	N	HYDROCORTISONE ACETATE INJ		$0.00	Bundled	
J1710	N	HYDROCORTISONE SODIUM PH INJ		$0.00	Bundled	
J1720	N	HYDROCORTISONE SODIUM SUCC I		$0.00	Bundled	
J1730	K	DIAZOXIDE INJECTION	01740	$112.16	APC	
J1740	K	IBANDRONATE SODIUM INJECTION	09229	$136.57	APC	
J1742	K	IBUTILIDE FUMARATE INJECTION	09044	$383.94	APC	N
J1743	K	IDURSULFASE INJECTION	09232	$446.44	APC	
J1745	K	INFLIXIMAB INJECTION	07043	$55.68	APC	N
J1750	K	INJ IRON DEXTRAN	01237	$11.62	APC	
J1756	K	IRON SUCROSE INJECTION	09046	$0.40	APC	
J1785	K	INJECTION IMIGLUCERASE /UNIT	00916	$4.12	APC	N
J1790	N	DROPERIDOL INJECTION		$0.00	Bundled	
J1800	N	PROPRANOLOL INJECTION		$0.00	Bundled	
J1810	M	DROPERIDOL/FENTANYL INJ		$5.58	Fee Schedule	
J1815	N	INSULIN INJECTION		$0.00	Bundled	
J1817	N	INSULIN FOR INSULIN PUMP USE		$0.00	Bundled	
J1825	E	INTERFERON BETA-1A		$0.00	Not Allowed	N
J1830	K	INTERFERON BETA-1B / .25 MG	00910	$148.73	APC	
J1835	K	INTRACONAZOLE INJECTION	09047	$41.48	APC	
J1840	N	KANAMYCIN SULFATE 500 MG INJ		$0.00	Bundled	
J1850	N	KANAMYCIN SULFATE 75 MG INJ		$0.00	Bundled	
J1885	N	KETOROLAC TROMETHAMINE INJ		$0.00	Bundled	N
J1890	N	CEPHALOTHIN SODIUM INJECTION		$0.00	Bundled	
J1930	K	LANREOTIDE INJECTION	09237	$26.56	APC	
J1931	K	LARONIDASE INJECTION	09209	$25.08	APC	
J1940	N	FUROSEMIDE INJECTION		$0.00	Bundled	
J1945	K	LEPIRIDIN	01693	$174.70	APC	
J1950	K	LEUPROLIDE ACETATE /3.75 MG	00800	$456.44	APC	
J1953	G	LEVETIRACETAM INJECTION	09238	$0.44	APC	
J1955	M	INJ LEVOCARNITINE PER 1 GM		$6.37	Fee Schedule	N
J1956	N	LEVOFLOXACIN INJECTION		$0.00	Bundled	N
J1960	N	LEVORPHANOL TARTRATE INJ		$0.00	Bundled	
J1980	N	HYOSCYAMINE SULFATE INJ		$0.00	Bundled	
J1990	N	CHLORDIAZEPOXIDE INJECTION		$0.00	Bundled	
J2001	N	LIDOCAINE INJECTION		$0.00	Bundled	
J2010	N	LINCOMYCIN INJECTION		$0.00	Bundled	
J2020	K	LINEZOLID INJECTION	09001	$29.66	APC	
J2060	N	LORAZEPAM INJECTION		$0.00	Bundled	
J2150	N	MANNITOL INJECTION		$0.00	Bundled	
J2170	N	MECASERMIN INJECTION		$0.00	Bundled	
J2175	N	MEPERIDINE HYDROCHL /100 MG		$0.00	Bundled	
J2180	N	MEPERIDINE/PROMETHAZINE INJ		$0.00	Bundled	
J2185	N	MEROPENEM		$0.00	Bundled	
J2210	N	METHYLERGONOVIN MALEATE INJ		$0.00	Bundled	
J2248	K	MICAFUNGIN SODIUM INJECTION	09227	$1.11	APC	
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE		$0.00	Bundled	
J2260	N	INJ MILRINONE LACTATE / 5 MG		$0.00	Bundled	
J2270	N	MORPHINE SULFATE INJECTION		$0.00	Bundled	
J2271	N	MORPHINE SO4 INJECTION 100MG		$0.00	Bundled	N
J2275	N	MORPHINE SULFATE INJECTION		$0.00	Bundled	N
J2278	K	ZICONOTIDE INJECTION	01694	$6.38	APC	
J2280	N	INJ, MOXIFLOXACIN 100 MG		$0.00	Bundled	
J2300	N	INJ NALBUPHINE HYDROCHLORIDE		$0.00	Bundled	
J2310	N	INJ NALOXONE HYDROCHLORIDE		$0.00	Bundled	
J2315	K	NALTREXONE, DEPOT FORM	00759	$1.85	APC	
J2320	N	NANDROLONE DECANOATE 50 MG		$0.00	Bundled	
J2321	N	NANDROLONE DECANOATE 100 MG		$0.00	Bundled	N

J2322	N	NANDROLONE DECANOATE 200 MG		$0.00	Bundled	N
J2323	K	NATALIZUMAB INJECTION	09126	$7.76	APC	
J2325	K	NESIRITIDE INJECTION	01695	$34.20	APC	
J2353	K	OCTREOTIDE INJECTION DEPOT	01207	$104.21	APC	
J2354	N	OCTREOTIDE INJ NON-DEPOT		$0.00	Bundled	
J2355	K	OPRELVEKIN INJECTION	07011	$243.53	APC	N
J2357	K	OMALIZUMAB INJECTION	09300	$18.20	APC	
J2360	N	ORPHENADRINE INJECTION		$0.00	Bundled	
J2370	N	PHENYLEPHRINE HCL INJECTION		$0.00	Bundled	
J2400	N	CHLOROPROCAINE HCL INJECTION		$0.00	Bundled	
J2405	K	ONDANSETRON HCL INJECTION	00768	$0.21	APC	N
J2410	N	OXYMORPHONE HCL INJECTION		$0.00	Bundled	
J2425	K	PALIFERMIN INJECTION	01696	$11.12	APC	
J2430	K	PAMIDRONATE DISODIUM /30 MG	00730	$29.01	APC	
J2440	N	PAPAVERIN HCL INJECTION		$0.00	Bundled	
J2460	K	OXYTETRACYCLINE INJECTION	01211	$0.92	APC	
J2469	K	PALONOSETRON HCL	09210	$16.94	APC	
J2501	N	PARICALCITOL		$0.00	Bundled	
J2503	K	PEGAPTANIB SODIUM INJECTION	01697	$1,014.62	APC	
J2504	K	PEGADEMASE BOVINE 25 IU	01739	$221.87	APC	
J2505	K	INJECTION PEGFILGRASTIM 6MG	09119	$2,117.44	APC	
J2510	N	PENICILLIN G PROCAINE INJ		$0.00	Bundled	
J2513	K	PENTASTARCH 10% SOLUTION	01222	$158.77	APC	
J2515	K	PENTOBARBITAL SODIUM INJ	01223	$10.73	APC	
J2540	N	PENICILLIN G POTASSIUM INJ		$0.00	Bundled	
J2543	N	PIPERACILLIN/TAZOBACTAM		$0.00	Bundled	N
J2545	M	PENTAMIDINE ISETHIONTE/300MG		$42.63	Fee Schedule	N
J2550	N	PROMETHAZINE HCL INJECTION		$0.00	Bundled	
J2560	N	PHENOBARBITAL SODIUM INJ		$0.00	Bundled	
J2590	N	OXYTOCIN INJECTION		$0.00	Bundled	
J2597	N	INJ DESMOPRESSIN ACETATE		$0.00	Bundled	N
J2650	N	PREDNISOLONE ACETATE INJ		$0.00	Bundled	
J2670	N	TOTAZOLINE HCL INJECTION		$0.00	Bundled	
J2675	N	INJ PROGESTERONE PER 50 MG		$0.00	Bundled	N
J2680	N	FLUPHENAZINE DECANOATE 25 MG		$0.00	Bundled	
J2690	N	PROCAINAMIDE HCL INJECTION		$0.00	Bundled	
J2700	N	OXACILLIN SODIUM INJECITON		$0.00	Bundled	
J2710	N	NEOSTIGMINE METHYLSLFTE INJ		$0.00	Bundled	
J2720	N	INJ PROTAMINE SULFATE/10 MG		$0.00	Bundled	
J2724	K	PROTEIN C CONCENTRATE	01139	$12.06	APC	
J2725	N	INJ PROTIRELIN PER 250 MCG		$0.00	Bundled	N
J2730	K	PRALIDOXIME CHLORIDE INJ	01023	$90.17	APC	
J2760	N	PHENTOLAINE MESYLATE INJ		$0.00	Bundled	
J2765	N	METOCLOPRAMIDE HCL INJECTION		$0.00	Bundled	N
J2770	K	QUINUPRISTIN/DALFOPRISTIN	02770	$143.94	APC	
J2778	K	RANIBIZUMAB INJECTION	09233	$399.51	APC	
J2780	N	RANITIDINE HYDROCHLORIDE INJ		$0.00	Bundled	
J2783	K	RASBURICASE	00738	$162.77	APC	
J2785	G	REGADENOSON INJECTION	09244	$49.97	APC	
J2788	K	RHO D IMMUNE GLOBULIN 50 MCG	09023	$26.23	APC	
J2790	K	RHO D IMMUNE GLOBULIN INJ	00884	$81.69	APC	
J2791	K	RHOPHYLAC INJECTION	00945	$5.14	APC	
J2792	K	RHO(D) IMMUNE GLOBULIN H, SD	01609	$16.52	APC	N
J2794	K	RISPERIDONE LONG ACTING	09125	$4.88	APC	
J2795	N	ROPIVACAINE HCL INJECTION		$0.00	Bundled	N
J2800	N	METHOCARBAMOL INJECTION		$0.00	Bundled	
J2805	K	SINCALIDE INJECTION	01224	$60.03	APC	
J2810	N	INJ THEOPHYLLINE PER 40 MG		$0.00	Bundled	
J2820	K	SARGRAMOSTIM INJECTION	00731	$24.54	APC	
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	01700	$26.06	APC	
J2910	N	AUROTHIOGLUCOSE INJECITON		$0.00	Bundled	
J2916	N	NA FERRIC GLUCONATE COMPLEX		$0.00	Bundled	
J2920	N	METHYLPREDNISOLONE INJECTION		$0.00	Bundled	
J2930	N	METHYLPREDNISOLONE INJECTION		$0.00	Bundled	
J2940	K	SOMATREM INJECTION	01225	$43.99	APC	
J2941	K	SOMATROPIN INJECTION	07034	$51.08	APC	N
J2950	N	PROMAZINE HCL INJECITON		$0.00	Bundled	
J2993	K	RETEPLASE INJECTION	09005	$952.30	APC	N
J2995	K	INJ STREPTOKINASE /250000 IU	01226	$78.00	APC	
J2997	K	ALTEPLASE RECOMBINANT	07048	$33.20	APC	N
J3000	N	STREPTOMYCIN INJECTION		$0.00	Bundled	

J3010	N	FENTANYL CITRATE INJECITON		$0.00	Bundled	
J3030	K	SUMATRIPTAN SUCCINATE / 6 MG	03030	$82.90	APC	
J3070	N	PENTAZOCINE INJECTION		$0.00	Bundled	
J3101	K	TENECTEPLASE INJECTION	09002	$40.45	APC	
J3105	N	TERBUTALINE SULFATE INJ		$0.00	Bundled	N
J3110	M	TERIPARATIDE INJECTION		$6.99	Fee Schedule	
J3120	N	TESTOSTERONE ENANTHATE INJ		$0.00	Bundled	
J3130	N	TESTOSTERONE ENANTHATE INJ		$0.00	Bundled	
J3140	N	TESTOSTERONE SUSPENSION INJ		$0.00	Bundled	
J3150	N	TESTOSTERON PROPIONATE INJ		$0.00	Bundled	
J3230	N	CHLORPROMAZINE HCL INJECTION		$0.00	Bundled	
J3240	K	THYROTROPIN INJECTION	09108	$947.71	APC	
J3243	K	TIGECYCLINE INJECTION	09228	$1.09	APC	
J3246	K	TIROFIBAN HCL	07041	$7.75	APC	
J3250	N	TRIMETHOBENZAMIDE HCL INJ		$0.00	Bundled	
J3260	N	TOBRAMYCIN SULFATE INJECTION		$0.00	Bundled	
J3265	N	INJECTION TORSEMIDE 10 MG/ML		$0.00	Bundled	N
J3280	N	THIETHYLPERAZINE MALEATE INJ		$0.00	Bundled	
J3285	K	TREPROSTINIL INJECTION	01701	$55.95	APC	
J3300	K	TRIAMCINOLONE A INJ PRS-FREE	01253	$3.17	APC	
J3301	N	TRIAMCINOLONE ACETONIDE INJ		$0.00	Bundled	N
J3302	N	TRIAMCINOLONE DIACETATE INJ		$0.00	Bundled	N
J3303	N	TRIAMCINOLONE HEXACETONL INJ		$0.00	Bundled	N
J3305	K	INJ TRIMETREXATE GLUCORONATE	07045	$124.80	APC	N
J3310	N	PERPHENAZINE INJECITON		$0.00	Bundled	
J3315	K	TRIPTORELIN PAMOATE	09122	$160.86	APC	
J3320	N	SPECTINOMYCN DI-HCL INJ		$0.00	Bundled	
J3350	K	UREA INJECTION	01227	$12.05	APC	
J3355	K	UROFOLLITROPIN, 75 IU	01741	$56.24	APC	
J3360	N	DIAZEPAM INJECTION		$0.00	Bundled	
J3364	N	UROKINASE 5000 IU INJECTION		$0.00	Bundled	N
J3365	K	UROKINASE 250,000 IU INJ	07036	$449.09	APC	N
J3370	N	VANCOMYCIN HCL INJECITON		$0.00	Bundled	
J3396	K	VERTEPORFIN INJECTION	01203	$9.21	APC	
J3400	K	TRIFLUPROMAZINE HCL INJ	01218	$20.51	APC	
J3410	N	HYDROXYZINE HCL INJECITON		$0.00	Bundled	
J3411	N	THIAMINE HCL 100 MG		$0.00	Bundled	
J3415	N	PYRIDOXINE HCL 100 MG		$0.00	Bundled	
J3420	N	VITAMIN B12 INJECTION		$0.00	Bundled	
J3430	N	VITAMIN K PHYTONADIONE INJ		$0.00	Bundled	
J3465	K	INJECTION VORICONAZOLE	01052	$5.35	APC	
J3470	N	HYALURONIDASE INJECTION		$0.00	Bundled	
J3471	N	OVINE UP TO 999 USP UNITS		$0.00	Bundled	
J3472	K	OVINE 1000 USP UNITS	01703	$125.50	APC	
J3473	K	HYALURONIDASE RECOMBINANT	01228	$0.52	APC	
J3475	N	INJ MAGNESIUM SULFATE		$0.00	Bundled	N
J3480	N	INJ POTASSIUM CHLORIDE		$0.00	Bundled	
J3485	N	ZIDOVUDINE		$0.00	Bundled	N
J3486	N	ZIPRASIDONE MESYLATE		$0.00	Bundled	
J3487	K	ZOLEDRONIC ACID	09115	$212.66	APC	
J3488	G	RECLAST INJECTION	00951	$220.64	APC	
J3490	N	DRUGS UNCLASSIFIED INJECTION		$0.00	Bundled	
J3520	E	EDETATE DISODIUM PER 150 MG		$0.00	Not Allowed	
J3530	N	NASAL VACCINE INHALATION		$0.00	Bundled	
J3535	E	METERED DOSE INHALER DRUG		$0.00	Not Allowed	N
J3570	E	LAETRILE AMYGDALIN VIT B17		$0.00	Not Allowed	
J3590	N	UNCLASSIFIED BIOLOGICS		$0.00	Bundled	
J7030	N	NORMAL SALINE SOLUTION INFUS		$0.00	Bundled	
J7040	N	NORMAL SALINE SOLUTION INFUS		$0.00	Bundled	
J7042	N	5% DEXTROSE/NORMAL SALINE		$0.00	Bundled	
J7050	N	NORMAL SALINE SOLUTION INFUS		$0.00	Bundled	
J7060	N	5% DEXTROSE/WATER		$0.00	Bundled	
J7070	N	D5W INFUSION		$0.00	Bundled	
J7100	N	DEXTRAN 40 INFUSION		$0.00	Bundled	
J7110	N	DEXTRAN 75 INFUSION		$0.00	Bundled	
J7120	N	RINGERS LACTATE INFUSION		$0.00	Bundled	
J7130	N	HYPERTONIC SALINE SOLUTION		$0.00	Bundled	
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP	01213	$0.83	APC	
J7187	K	INJ VONWILLEBRAND FACTOR IU	01704	$0.87	APC	
J7189	K	FACTOR VIIA	01705	$1.24	APC	
J7190	K	FACTOR VIII	00925	$0.84	APC	

J7191	K	FACTOR VIII (PORCINE)	01208	$1.95	APC	
J7192	K	FACTOR VIII RECOMBINANT	00927	$1.06	APC	N
J7193	K	FACTOR IX NON-RECOMBINANT	00931	$0.89	APC	
J7194	K	FACTOR IX COMPLEX	00928	$0.80	APC	
J7195	K	FACTOR IX RECOMBINANT	00932	$1.06	APC	
J7197	N	ANTITHROMBIN III INJECTION		$0.00	Bundled	N
J7198	K	ANTI-INHIBITOR	00929	$1.45	APC	N
J7199	M	HEMOPHILIA CLOT FACTOR NOC		$0.00	By Report	N
J7300	M	INTRAUT COPPER CONTRACEPTIVE		$400.72	Fee Schedule	
J7302	M	LEVONORGESTREL IU CONTRACEPT		$498.01	Fee Schedule	
J7303	M	CONTRACEPTIVE VAGINAL RING		$49.76	Fee Schedule	
J7304	M	CONTRACEPTIVE HORMONE PATCH		$19.20	Fee Schedule	
J7306	E	LEVONORGESTREL IMPLANT SYS		$0.00	Not Allowed	
J7307	M	ETONOGESTREL IMPLANT SYSTEM		$602.36	Fee Schedule	
J7308	K	AMINOLEVULINIC ACID HCL TOP	07308	$117.83	APC	N
J7310	K	GANCICLOVIR LONG ACT IMPLANT	00913	$16,640.00	APC	
J7311	K	FLUOCINOLONE ACETONIDE IMPLT	09225	$18,980.00	APC	
J7321	K	HYALGAN/SUPARTZ INJ PER DOSE	00873	$95.01	APC	
J7322	K	SYNVISC INJ PER DOSE	00874	$182.83	APC	
J7323	K	EUFLEXXA INJ PER DOSE	00875	$111.39	APC	
J7324	K	ORTHOVISC INJ PER DOSE	00877	$178.26	APC	
J7330	E	CULTURED CHONDROCYTES IMPLNT		$0.00	Not Allowed	
J7500	N	AZATHIOPRINE ORAL 50MG		$0.00	Bundled	N
J7501	K	AZATHIOPRINE PARENTERAL	00887	$89.43	APC	N
J7502	K	CYCLOSPORINE ORAL 100 MG	00888	$3.08	APC	N
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN	00890	$453.54	APC	N
J7505	K	MONOCLONAL ANTIBODIES	07038	$1,055.24	APC	N
J7506	N	PREDNISONE ORAL		$0.00	Bundled	N
J7507	K	TACROLIMUS ORAL PER 1 MG	00891	$3.97	APC	N
J7509	N	METHYLPREDNISOLONE ORAL		$0.00	Bundled	N
J7510	N	PREDNISOLONE ORAL PER 5 MG		$0.00	Bundled	N
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT	09104	$364.83	APC	
J7513	K	DACLIZUMAB, PARENTERAL	01612	$349.79	APC	N
J7515	N	CYCLOSPORINE ORAL 25 MG		$0.00	Bundled	N
J7516	K	CYCLOSPORIN PARENTERAL 250MG	01204	$21.85	APC	N
J7517	K	MYCOPHENOLATE MOFETIL ORAL	09015	$3.37	APC	N
J7518	K	MYCOPHENOLIC ACID	09219	$2.66	APC	
J7520	K	SIROLIMUS, ORAL	09020	$8.66	APC	N
J7525	K	TACROLIMUS INJECTION	09006	$136.85	APC	N
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC		$0.00	Bundled	N
J7604	E	ACETYLCYSTEINE COMP UNIT		$0.00	Not Allowed	
J7605	E	ARFORMOTEROL NON-COMP UNIT		$0.00	Not Allowed	
J7606	E	FORMOTEROL FUMARATE, INH		$0.00	Not Allowed	
J7607	E	LEVALBUTEROL COMP CON		$0.00	Not Allowed	
J7608	E	ACETYLCYSTEINE INH SOL U D		$0.00	Not Allowed	N
J7609	E	ALBUTEROL COMP UNIT		$0.00	Not Allowed	
J7610	E	ALBUTEROL COMP CON		$0.00	Not Allowed	
J7611	M	ALBUTEROL NON-COMP CON		$0.07	Fee Schedule	
J7612	M	LEVALBUTEROL NON-COMP CON		$0.15	Fee Schedule	
J7613	M	ALBUTEROL NON-COMP UNIT		$0.05	Fee Schedule	
J7614	M	LEVALBUTEROL NON-COMP UNIT		$0.26	Fee Schedule	
J7615	E	LEVALBUTEROL COMP UNIT		$0.00	Not Allowed	
J7620	E	ALBUTEROL NON-COMPOUNDED		$0.00	Not Allowed	N
J7622	E	BECLOMETHASONE COMP UNIT		$0.00	Not Allowed	
J7624	E	BETAMETHASONE COMP UNIT		$0.00	Not Allowed	N
J7626	E	BUDESONIDE NON-COMP UNIT		$0.00	Not Allowed	
J7627	E	BUDESONIDE COMP UNIT		$0.00	Not Allowed	N
J7628	E	BITOLTEROL MES INHAL SOL CON		$0.00	Not Allowed	N
J7629	E	BITOLTEROL MES INH SOL U D		$0.00	Not Allowed	N
J7631	E	CROMOLYN SODIUM INH SOL U D		$0.00	Not Allowed	N
J7632	E	CROMOLYN SODIUM COMP UNIT		$0.00	Not Allowed	
J7633	E	BUDESONIDE NON-COMP CON		$0.00	Not Allowed	
J7634	E	BUDESONIDE COMP CON		$0.00	Not Allowed	
J7635	E	ATROPINE INHAL SOL CON		$0.00	Not Allowed	N
J7636	E	ATROPINE INHAL SOL UNIT DOSE		$0.00	Not Allowed	N
J7637	E	DEXAMETHASONE INHAL SOL CON		$0.00	Not Allowed	N
J7638	E	DEXAMETHASONE INHAL SOL U D		$0.00	Not Allowed	N
J7639	E	DORNASE ALPHA INHAL SOL U D		$0.00	Not Allowed	N
J7640	E	FORMOTEROL COMP UNIT		$0.00	Not Allowed	N
J7641	E	FLUNISOLIDE COMP UNIT		$0.00	Not Allowed	
J7642	E	GLYCOPYRROLATE INHAL SOL CON		$0.00	Not Allowed	N

J7643	E	GLYCOPYRROLATE INHAL SOL U D		$0.00	Not Allowed	N
J7644	E	IPRATROPIUM BROM INH SOL U D		$0.00	Not Allowed	N
J7645	E	IPRATROPIUM BROMIDE COMP		$0.00	Not Allowed	
J7647	E	ISOETHARINE COMP CON		$0.00	Not Allowed	
J7648	E	ISOETHARINE HCL INH SOL CON		$0.00	Not Allowed	N
J7649	E	ISOETHARINE HCL INH SOL U D		$0.00	Not Allowed	N
J7650	E	ISOETHARINE COMP UNIT		$0.00	Not Allowed	
J7657	E	ISOPROTERENOL COMP CON		$0.00	Not Allowed	
J7658	E	ISOPROTERENOLHCL INH SOL CON		$0.00	Not Allowed	N
J7659	E	ISOPROTERENOL HCL INH SOL UD		$0.00	Not Allowed	N
J7660	E	ISOPROTERENOL COMP UNIT		$0.00	Not Allowed	
J7667	E	METAPROTERENOL COMP CON		$0.00	Not Allowed	
J7668	E	METAPROTERENOL INH SOL CON		$0.00	Not Allowed	N
J7669	E	METAPROTERENOL INH SOL U D		$0.00	Not Allowed	N
J7670	E	METAPROTERENOL COMP UNIT		$0.00	Not Allowed	
J7674	E	METHACHOLINE CHLORIDE NEB		$0.00	Not Allowed	
J7676	E	PENTAMIDINE COMP UNIT DOSE		$0.00	Not Allowed	
J7680	M	TERBUTALINE SO4 INH SOL CON		$0.01	Fee Schedule	N
J7681	M	TERBUTALINE SO4 INH SOL U D		$0.01	Fee Schedule	N
J7682	M	TOBRAMYCIN INHALATION SOL		$63.46	Fee Schedule	N
J7683	M	TRIAMCINOLONE INH SOL CON		$0.56	Fee Schedule	N
J7684	M	TRIAMCINOLONE INH SOL U D		$0.56	Fee Schedule	N
J7685	M	TOBRAMYCIN COMP UNIT		$0.00	By Report	
J7699	M	INHALATION SOLUTION FOR DME		$0.00	By Report	N
J7799	N	NON-INHALATION DRUG FOR DME		$0.00	Bundled	N
J8498	E	ANTIEMETIC RECTAL/SUPP NOS		$0.00	Not Allowed	
J8499	E	ORAL PRESCRIP DRUG NON CHEMO		$0.00	Not Allowed	N
J8501	K	ORAL APREPITANT	00868	$5.31	APC	
J8510	K	ORAL BUSULFAN	07015	$3.00	APC	N
J8515	M	CABERGOLINE ORAL 0.25MG		$12.32	Fee Schedule	
J8520	K	CAPECITABINE, ORAL, 150 MG	07042	$5.18	APC	N
J8521	K	CAPECITABINE, ORAL, 500 MG	00934	$17.18	APC	N
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG		$0.00	Bundled	N
J8540	N	ORAL DEXAMETHASONE		$0.00	Bundled	
J8560	K	ETOPOSIDE ORAL 50 MG	00802	$29.13	APC	N
J8565	E	GEFITINIB ORAL		$0.00	Not Allowed	
J8597	N	ANTIEMETIC DRUG ORAL NOS		$0.00	Bundled	
J8600	N	MELPHALAN ORAL 2 MG		$0.00	Bundled	N
J8610	N	METHOTREXATE ORAL 2.5 MG		$0.00	Bundled	N
J8650	K	NABILONE ORAL	01230	$16.64	APC	
J8700	K	TEMOZOLMIDE	01086	$8.15	APC	N
J8705	G	TOPOTECAN ORAL	01238	$68.36	APC	
J8999	M	ORAL PRESCRIPTION DRUG CHEMO		$0.00	By Report	N
J9000	N	DOXORUBIC HCL 10 MG VL CHEMO		$0.00	Bundled	
J9001	K	DOXORUBICIN HCL LIPOSOME INJ	07046	$431.98	APC	N
J9010	K	ALEMTUZUMAB 10 MG	09110	$559.97	APC	
J9015	K	ALDESLEUKIN/SINGLE USE VIAL	00807	$796.41	APC	N
J9017	K	ARSENIC TRIOXIDE	09012	$35.82	APC	
J9020	K	ASPARAGINASE INJECTION	00814	$56.93	APC	
J9025	K	AZACITIDINE INJECTION	01709	$4.67	APC	
J9027	K	CLOFARABINE INJECTION	01710	$114.39	APC	
J9031	K	BCG LIVE INTRAVESICAL VAC	00809	$116.18	APC	N
J9033	G	BENDAMUSTINE INJECTION	09243	$18.65	APC	
J9035	K	BEVACIZUMAB INJECTION	09214	$56.32	APC	
J9040	N	BLEOMYCIN SULFATE INJECTION		$0.00	Bundled	
J9041	K	BORTEZOMIB INJECTION	09207	$35.59	APC	
J9045	N	CARBOPLATIN INJECTION		$0.00	Bundled	N
J9050	K	CARMUS BISCHL NITRO INJ	00812	$173.02	APC	
J9055	K	CETUXIMAB INJECTION	09215	$48.79	APC	
J9060	N	CISPLATIN 10 MG INJECITON		$0.00	Bundled	
J9062	N	CISPLATIN 50 MG INJECITON		$0.00	Bundled	
J9065	K	INJ CLADRIBINE PER 1 MG	00858	$29.57	APC	N
J9070	N	CYCLOPHOSPHAMIDE 100 MG INJ		$0.00	Bundled	
J9080	N	CYCLOPHOSPHAMIDE 200 MG INJ		$0.00	Bundled	
J9090	N	CYCLOPHOSPHAMIDE 500 MG INJ		$0.00	Bundled	
J9091	N	CYCLOPHOSPHAMIDE 1.0 GRM INJ		$0.00	Bundled	N
J9092	N	CYCLOPHOSPHAMIDE 2.0 GRM INJ		$0.00	Bundled	N
J9093	N	CYCLOPHOSPHAMIDE LYOPHILIZED		$0.00	Bundled	N
J9094	N	CYCLOPHOSPHAMIDE LYOPHILIZED		$0.00	Bundled	N
J9095	N	CYCLOPHOSPHAMIDE LYOPHILIZED		$0.00	Bundled	N
J9096	N	CYCLOPHOSPHAMIDE LYOPHILIZED		$0.00	Bundled	N

J9097	N	CYCLOPHOSPHAMIDE LYOPHILIZED		$0.00	Bundled	N
J9098	K	CYTARABINE LIPOSOME	01166	$439.60	APC	
J9100	N	CYTARABINE HCL 100 MG INJ		$0.00	Bundled	N
J9110	N	CYTARABINE HCL 500 MG INJ		$0.00	Bundled	
J9120	K	DACTINOMYCIN ACTINOMYCIN D	00752	$532.63	APC	
J9130	N	DACARBAZINE 100 MG INJ		$0.00	Bundled	
J9140	N	DACARBAZINE 200 MG INJ		$0.00	Bundled	N
J9150	K	DAUNORUBICIN	00820	$15.83	APC	
J9151	K	DAUNORUBICIN CITRATE LIPOSOM	00821	$55.04	APC	N
J9160	K	DENILEUKIN DIFTITOX, 300 MCG	01084	$1,395.09	APC	
J9165	K	DIETHYLSTILBESTROL INJECTION	01209	$78.08	APC	N
J9170	K	DOCETAXEL 20MG	00823	$334.54	APC	N
J9175	N	ELLIOTTS B SOLUTION PER ML		$0.00	Bundled	
J9178	K	INJ EPIRUBICIN HCL 2 MG	01167	$7.52	APC	
J9181	N	ETOPOSIDE 10 MG INJ		$0.00	Bundled	N
J9185	K	FLUDARABINE PHOSPHATE INJ	00842	$144.55	APC	N
J9190	N	FLUOROURACIL INJECTION		$0.00	Bundled	
J9200	K	FLOXURIDINE INJECTION	00827	$56.99	APC	
J9201	K	GEMCITABINE HCL, 200 MG	00828	$135.39	APC	N
J9202	K	GOSERELIN ACETATE IMPLANT	00810	$185.13	APC	N
J9206	K	IRINOTECAN 20 MG	00830	$17.95	APC	N
J9207	G	IXABEPILONE INJECTION	09240	$63.74	APC	
J9208	K	IFOSFOMIDE INJECTION	00831	$31.63	APC	N
J9209	K	MESNA INJECTION	00732	$6.12	APC	N
J9211	K	IDARUBICIN HCL INJECITON	00832	$126.99	APC	N
J9212	N	INTERFERON ALFACON-1		$0.00	Bundled	N
J9213	K	INTERFERON ALFA-2A INJ	00834	$39.76	APC	N
J9214	K	INTERFERON ALFA-2B INJ	00836	$14.65	APC	N
J9215	K	INTERFERON ALFA-N3 INJ	00865	$17.89	APC	N
J9216	K	INTERFERON GAMMA 1-B INJ	00838	$358.41	APC	N
J9217	K	LEUPROLIDE ACETATE SUSPNSION	09217	$199.59	APC	N
J9218	K	LEUPROLIDE ACETATE INJECITON	00861	$6.41	APC	N
J9219	K	LEUPROLIDE ACETATE IMPLANT	07051	$4,728.88	APC	
J9225	G	HISTRELIN IMPLANT	01711	$1,568.13	APC	
J9226	G	SUPPRELIN LA IMPLANT	01142	$14,817.10	APC	
J9230	K	MECHLORETHAMINE HCL INJ	00751	$144.41	APC	
J9245	K	INJ MELPHALAN HYDROCHL 50 MG	00840	$1,593.95	APC	N
J9250	N	METHOTREXATE SODIUM INJ		$0.00	Bundled	
J9260	N	METHOTREXATE SODIUM INJ		$0.00	Bundled	
J9261	G	NELARABINE INJECTION	00825	$100.11	APC	
J9263	K	OXALIPLATIN	01738	$9.36	APC	
J9264	K	PACLITAXEL INJECTION	01712	$8.94	APC	
J9265	K	PACLITAXEL INJECTION	00863	$8.55	APC	N
J9266	K	PEGASPARGASE/SINGL DOSE VIAL	00843	$2,569.01	APC	N
J9268	K	PENTOSTATIN INJECTION	00844	$1,420.37	APC	N
J9270	K	PLICAMYCIN (MITHRAMYCIN) INJ	01231	$13.19	APC	
J9280	K	MITOMYCIN 5 MG INJ	01232	$15.39	APC	
J9290	K	MITOMYCIN 20 MG INJ	01233	$61.56	APC	
J9291	K	MITOMYCIN 40 MG INJ	01234	$123.13	APC	N
J9293	K	MITOXANTRONE HYDROCHL / 5 MG	00864	$79.65	APC	N
J9300	K	GEMTUZUMAB OZOGAMICIN	09004	$2,509.93	APC	
J9303	K	PANITUMUMAB INJECTION	09235	$82.70	APC	
J9305	K	PEMETREXED INJECTION	09213	$47.25	APC	
J9310	K	RITUXIMAB CANCER TREATMENT	00849	$538.74	APC	
J9320	K	STREPTOZOCIN INJECTION	00850	$277.66	APC	
J9330	G	TEMSIROLIMUS INJECTION	01168	$47.90	APC	
J9340	K	THIOTEPA INJECTION	00851	$90.34	APC	
J9350	K	TOPOTECAN	00852	$938.98	APC	N
J9355	K	TRASTUZUMAB	01613	$61.88	APC	N
J9357	K	VALRUBICIN, 200 MG	01235	$384.38	APC	N
J9360	N	VINBLASTINE SULFATE INJ		$0.00	Bundled	
J9370	N	VINCRISTINE SULFATE 1 MG INJ		$0.00	Bundled	
J9375	N	VINCRISTINE SULFATE 2 MG INJ		$0.00	Bundled	N
J9380	N	VINCRISTINE SULFATE 5 MG INJ		$0.00	Bundled	
J9390	K	VINORELBINE TARTRATE/10 MG	00855	$12.90	APC	N
J9395	K	INJECTION FULVESTRANT	09120	$79.81	APC	
J9600	K	PORFIMER SODIUM	00856	$2,660.78	APC	N
J9999	N	CHEMOTHERAPY DRUG		$0.00	Bundled	
K0001	E	STANDARD WHEELCHAIR		$0.00	Not Allowed	Y
K0002	E	STANDARD HEMI (LOW SEAT) WHEELCHAIR		$0.00	Not Allowed	Y
K0003	E	LIGHTWEIGHT WHEELCHAIR		$0.00	Not Allowed	Y

K0004	E	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	$0.00	Not Allowed	Y
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR	$0.00	Not Allowed	Y
K0006	E	HEAVY DUTY WHEELCHAIR	$0.00	Not Allowed	Y
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR	$0.00	Not Allowed	Y
K0009	E	OTHER MANUAL WHEELCHAIR/BASE	$0.00	Not Allowed	Y
K0010	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	$0.00	Not Allowed	Y
K0011	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITI	$0.00	Not Allowed	Y
K0012	E	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	$0.00	Not Allowed	Y
K0014	E	OTHER MOTORIZED/POWER WHEELCHAIR BASE	$0.00	Not Allowed	Y
K0015	E	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH	$0.00	Not Allowed	N
K0017	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH	$0.00	Not Allowed	N
K0018	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACI	$0.00	Not Allowed	N
K0019	E	ARM PAD EACH	$0.00	Not Allowed	N
K0020	E	FIXED ADJUSTABLE HEIGHT ARMREST PAIR	$0.00	Not Allowed	N
K0037	E	HIGH MOUNT FLIP-UP FOOTREST EACH	$0.00	Not Allowed	N
K0038	E	LEG STRAP EACH	$0.00	Not Allowed	N
K0039	E	LEG STRAP H STYLE EACH	$0.00	Not Allowed	N
K0040	E	ADJUSTABLE ANGLE FOOTPLATE EACH	$0.00	Not Allowed	N
K0041	E	LARGE SIZE FOOTPLATE EACH	$0.00	Not Allowed	N
K0042	E	STANDARD SIZE FOOTPLATE EACH	$0.00	Not Allowed	N
K0043	E	FOOTREST LOWER EXTENSION TUBE EACH	$0.00	Not Allowed	N
K0044	E	FOOTREST UPPER HANGER BRACKET EACH	$0.00	Not Allowed	N
K0045	E	FOOTREST COMPLETE ASSEMBLY	$0.00	Not Allowed	N
K0046	E	ELEVATING LEGREST LOWER EXTENSION TUBE EACH	$0.00	Not Allowed	N
K0047	E	ELEVATING LEGREST UPPER HANGER BRACKET EACH	$0.00	Not Allowed	N
K0050	E	RATCHET ASSEMBLY	$0.00	Not Allowed	N
K0051	E	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH	$0.00	Not Allowed	N
K0052	E	SWINGAWAY DETACHABLE FOOTRESTS EACH	$0.00	Not Allowed	N
K0053	E	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH	$0.00	Not Allowed	N
K0056	E	SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR	$0.00	Not Allowed	N
K0065	E	SPOKE PROTECTORS EACH	$0.00	Not Allowed	N
K0069	E	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR M	$0.00	Not Allowed	N
K0070	E	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKE	$0.00	Not Allowed	N
K0071	E	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACI	$0.00	Not Allowed	N
K0072	E	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE	$0.00	Not Allowed	N
K0073	E	CASTER PIN LOCK EACH	$0.00	Not Allowed	N
K0077	E	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH	$0.00	Not Allowed	N
K0098	E	DRIVE BELT FOR POWER WHEELCHAIR	$0.00	Not Allowed	N
K0105	E	IV HANGER EACH	$0.00	Not Allowed	N
K0108	E	WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFI	$0.00	Not Allowed	N
K0195	E	ELEVATING LEG RESTS PAIR (WHEELCHAIR)	$0.00	Not Allowed	N
K0455	E	PUMP UNINTERRUPTED INFUSION	$0.00	Not Allowed	N
K0462	E	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BEING REP/	$0.00	Not Allowed	N
K0552	E	SUPPY/EXT INF PUMP SYR TYPE	$0.00	Not Allowed	N
K0601	E	REPL BATT SILVER OXIDE 1.5V	$0.00	Not Allowed	N
K0602	E	REPL BATT SILVER OXIDE 3 V	$0.00	Not Allowed	N
K0603	E	REPL BATT ALKALINE 1.5 V	$0.00	Not Allowed	N
K0604	E	REPL BATT LITHIUM 3.6 V	$0.00	Not Allowed	N
K0605	E	REPL BATT LITHIUM 4.5 V	$0.00	Not Allowed	N
K0606	E	AED GARMENT W ELEC ANALYSIS	$0.00	Not Allowed	N
K0607	E	REPL BATT FOR AED	$0.00	Not Allowed	N
K0608	E	REPL GARMENT FOR AED	$0.00	Not Allowed	N
K0609	E	REPL ELECTRODE FOR AED	$0.00	Not Allowed	N
K0669	E	SEAT/BACK CUS NO SADMERC VER	$0.00	Not Allowed	
K0672	E	REMOVE SOFT INTERFACE, REPL	$0.00	Not Allowed	N
K0730	E	CTRL DOSE INH DRUG DELIV SYS	$0.00	Not Allowed	N
K0733	E	12-24HR SEALED LEAD ACID	$0.00	Not Allowed	
K0734	E	ADJ SKIN PRO W/C CUS WD<22IN	$0.00	Not Allowed	
K0735	E	ADJ SKIN PRO WC CUS WD>=22IN	$0.00	Not Allowed	
K0736	E	ADJ SKIN PRO/POS WC CUS<22IN	$0.00	Not Allowed	
K0737	E	ADJ SKIN PRO/POS WC CUS>=22"	$0.00	Not Allowed	
K0738	E	PORTABLE GAS OXYGEN SYSTEM	$0.00	Not Allowed	N
K0739	E	REPAIR/SVC DME NON-OXYGEN EQ	$0.00	Not Allowed	
K0740	E	REPAIR/SVC OXYGEN EQUIPMENT	$0.00	Not Allowed	
K0800	E	POV GROUP 1 STD UP TO 300 LBS	$0.00	Not Allowed	N
K0801	E	POV GROUP 1 HD 301-450 LBS	$0.00	Not Allowed	N
K0802	E	POV GROUP 1 VHD 451-600 LBS	$0.00	Not Allowed	N
K0806	E	POV GROUP 2 STD UP TO 300LBS	$0.00	Not Allowed	N
K0807	E	POV GROUP 2 HD 301-450 LBS	$0.00	Not Allowed	N
K0808	E	POV GROUP 2 VHD 451-600 LBS	$0.00	Not Allowed	N
K0812	E	POWER OPERATED VEHICLE NOC	$0.00	Not Allowed	N

K0813	E	PWC GP 1 STD PORT SEAT/BACK	$0.00	Not Allowed	N
K0814	E	PWC GP 1 STD PORT CAP CHAIR	$0.00	Not Allowed	N
K0815	E	PWC GP 1 STD SEAT/BACK	$0.00	Not Allowed	N
K0816	E	PWC GP 1 STD CAP CHAIR	$0.00	Not Allowed	N
K0820	E	PWC GP 2 STD PORT SEAT/BACK	$0.00	Not Allowed	N
K0821	E	PWC GP 2 STD PORT CAP CHAIR	$0.00	Not Allowed	N
K0822	E	PWC GP 2 STD SEAT/BACK	$0.00	Not Allowed	N
K0823	E	PWC GP 2 STD CAP CHAIR	$0.00	Not Allowed	N
K0824	E	PWC GP 2 HD SEAT/BACK	$0.00	Not Allowed	N
K0825	E	PWC GP 2 HD CAP CHAIR	$0.00	Not Allowed	N
K0826	E	PWC GP2 VHD SEAT/BACK	$0.00	Not Allowed	N
K0827	E	PWC GP 2 VHD CAP CHAIR	$0.00	Not Allowed	N
K0828	E	PWC GP 2 XTRA HD SEAT/BACK	$0.00	Not Allowed	N
K0829	E	PWC GP 2 XTRA HD CAP CHAIR	$0.00	Not Allowed	N
K0830	E	PWC GP2 STD SEAT ELEVATE S/B	$0.00	Not Allowed	N
K0831	E	PWC GP2 STD SEAT ELEVATE CAP	$0.00	Not Allowed	N
K0835	E	PWC GP2 STD SING POW OPT S/B	$0.00	Not Allowed	N
K0836	E	PWC GP2 STD SING POW OPT CAP	$0.00	Not Allowed	N
K0837	E	PWC GP 2 HD SING POW OPT S/B	$0.00	Not Allowed	N
K0838	E	PWC GP 2 HD SING POW OPT CAP	$0.00	Not Allowed	N
K0839	E	PWC GP2 VHD SING POW OPT S/B	$0.00	Not Allowed	N
K0840	E	PWC GP2 XHD SING POW OPT S/B	$0.00	Not Allowed	N
K0841	E	PWC GP2 STD MULT POW OPT S/B	$0.00	Not Allowed	N
K0842	E	PWC GP2 STD MULT POW OPT CAP	$0.00	Not Allowed	N
K0843	E	PWC GP2 HD MULT POW OPT S/B	$0.00	Not Allowed	N
K0848	E	PWC GP 3 STD SEAT/BACK	$0.00	Not Allowed	N
K0849	E	PWC GP 3 STD CAP CHAIR	$0.00	Not Allowed	N
K0850	E	PWC GP 3 HD SEAT/BACK	$0.00	Not Allowed	N
K0851	E	PWC GP 3 HD CAP CHAIR	$0.00	Not Allowed	N
K0852	E	PWC GP 3 VHD SEAT/BACK	$0.00	Not Allowed	N
K0853	E	PWC GP 3 VHD CAP CHAIR	$0.00	Not Allowed	N
K0854	E	PWC GP 3 XHD SEAT/BACK	$0.00	Not Allowed	N
K0855	E	PWC GP 3 XHD CAP CHAIR	$0.00	Not Allowed	N
K0856	E	PWC GP3 STD SING POW OPT S/B	$0.00	Not Allowed	N
K0857	E	PWC GP3 STD SING POW OPT CAP	$0.00	Not Allowed	N
K0858	E	PWC GP3 HD SING POW OPT S/B	$0.00	Not Allowed	N
K0859	E	PWC GP3 HD SING POW OPT CAP	$0.00	Not Allowed	N
K0860	E	PWC GP3 VHD SING POW OPT S/B	$0.00	Not Allowed	N
K0861	E	PWC GP3 STD MULT POW OPT S/B	$0.00	Not Allowed	N
K0862	E	PWC GP3 HD MULT POW OPT S/B	$0.00	Not Allowed	N
K0863	E	PWC GP3 VHD MULT POW OPT S/B	$0.00	Not Allowed	N
K0864	E	PWC GP3 XHD MULT POW OPT S/B	$0.00	Not Allowed	N
K0868	E	PWC GP 4 STD SEAT/BACK	$0.00	Not Allowed	N
K0869	E	PWC GP 4 STD CAP CHAIR	$0.00	Not Allowed	N
K0870	E	PWC GP 4 HD SEAT/BACK	$0.00	Not Allowed	N
K0871	E	PWC GP 4 VHD SEAT/BACK	$0.00	Not Allowed	N
K0877	E	PWC GP4 STD SING POW OPT S/B	$0.00	Not Allowed	N
K0878	E	PWC GP4 STD SING POW OPT CAP	$0.00	Not Allowed	N
K0879	E	PWC GP4 HD SING POW OPT S/B	$0.00	Not Allowed	N
K0880	E	PWC GP4 VHD SING POW OPT S/B	$0.00	Not Allowed	N
K0884	E	PWC GP4 STD MULT POW OPT S/B	$0.00	Not Allowed	N
K0885	E	PWC GP4 STD MULT POW OPT CAP	$0.00	Not Allowed	N
K0886	E	PWC GP4 HD MULT POW S/B	$0.00	Not Allowed	N
K0890	E	PWC GP5 PED SING POW OPT S/B	$0.00	Not Allowed	N
K0891	E	PWC GP5 PED MULT POW OPT S/B	$0.00	Not Allowed	N
K0898	E	POWER WHEELCHAIR NOC	$0.00	Not Allowed	N
K0899	E	POW MOBILITY DEV NO SADMERC	$0.00	Not Allowed	N
L0112	E	CRANIAL CERVICAL ORTHOSIS	$0.00	Not Allowed	
L0113	E	CRANIAL CERVICAL TORTICOLLIS	$0.00	Not Allowed	
L0120	E	CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)	$0.00	Not Allowed	N
L0130	E	CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIEN	$0.00	Not Allowed	N
L0140	E	CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)	$0.00	Not Allowed	N
L0150	E	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO	$0.00	Not Allowed	N
L0160	E	CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIB. SUPPORT	$0.00	Not Allowed	N
L0170	E	CERVICAL COLLAR MOLDED TO PATIENT MODEL	$0.00	Not Allowed	N
L0172	E	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE	$0.00	Not Allowed	N
L0174	E	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE	$0.00	Not Allowed	N
L0180	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS	$0.00	Not Allowed	N
L0190	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS	$0.00	Not Allowed	N
L0200	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS	$0.00	Not Allowed	N
L0210	E	THORACIC RIB BELT	$0.00	Not Allowed	N

L0220	E	THORACIC RIB BELT CUSTOM FABRICATED	$0.00	Not Allowed	N
L0430	E	DEWALL POSTURE PROTECTOR	$0.00	Not Allowed	N
L0450	E	TLSO FLEX PREFAB THORACIC	$0.00	Not Allowed	
L0452	E	TLSO FLEX CUSTOM FAB THORACI	$0.00	Not Allowed	
L0454	E	TLSO FLEX PREFAB SACROCOC-T9	$0.00	Not Allowed	
L0456	E	TLSO FLEX PREFAB	$0.00	Not Allowed	
L0458	E	TLSO 2MOD SYMPHIS-XIPHO PRE	$0.00	Not Allowed	
L0460	E	TLSO2MOD SYMPHYSIS-STERN PRE	$0.00	Not Allowed	
L0462	E	TLSO 3MOD SACRO-SCAP PRE	$0.00	Not Allowed	
L0464	E	TLSO 4MOD SACRO-SCAP PRE	$0.00	Not Allowed	
L0466	E	TLSO RIGID FRAME PRE SOFT AP	$0.00	Not Allowed	
L0468	E	TLSO RIGID FRAME PREFAB PELV	$0.00	Not Allowed	
L0470	E	TLSO RIGID FRAME PRE SUBCLAV	$0.00	Not Allowed	
L0472	E	TLSO RIGID FRAME HYPEREX PRE	$0.00	Not Allowed	
L0480	E	TLSO RIGID PLASTIC CUSTOM FA	$0.00	Not Allowed	Y
L0482	E	TLSO RIGID LINED CUSTOM FAB	$0.00	Not Allowed	Y
L0484	E	TLSO RIGID PLASTIC CUST FAB	$0.00	Not Allowed	Y
L0486	E	TLSO RIGIDLINED CUST FAB TWO	$0.00	Not Allowed	Y
L0488	E	TLSO RIGID LINED PRE ONE PIE	$0.00	Not Allowed	Y
L0490	E	TLSO RIGID PLASTIC PRE ONE	$0.00	Not Allowed	
L0491	E	TLSO 2 PIECE RIGID SHELL	$0.00	Not Allowed	
L0492	E	TLSO 3 PIECE RIGID SHELL	$0.00	Not Allowed	
L0621	E	SIO FLEX PELVISACRAL PREFAB	$0.00	Not Allowed	
L0622	E	SIO FLEX PELVISACRAL CUSTOM	$0.00	Not Allowed	
L0623	E	SIO PANEL PREFAB	$0.00	Not Allowed	
L0624	E	SIO PANEL CUSTOM	$0.00	Not Allowed	
L0625	E	LO FLEXIBL L1-BELOW L5 PRE	$0.00	Not Allowed	
L0626	E	LO SAG STAYS/PANELS PRE-FAB	$0.00	Not Allowed	
L0627	E	LO SAGITT RIGID PANEL PREFAB	$0.00	Not Allowed	
L0628	E	LO FLEX W/O RIGID STAYS PRE	$0.00	Not Allowed	
L0629	E	LSO FLEX W/RIGID STAYS CUST	$0.00	Not Allowed	
L0630	E	LSO POST RIGID PANEL PRE	$0.00	Not Allowed	
L0631	E	LSO SAG-CORO RIGID FRAME PRE	$0.00	Not Allowed	
L0632	E	LSO SAG RIGID FRAME CUST	$0.00	Not Allowed	
L0633	E	LSO FLEXION CONTROL PREFAB	$0.00	Not Allowed	
L0634	E	LSO FLEXION CONTROL CUSTOM	$0.00	Not Allowed	
L0635	E	LSO SAGIT RIGID PANEL PREFAB	$0.00	Not Allowed	
L0636	E	LSO SAGITTAL RIGID PANEL CUS	$0.00	Not Allowed	
L0637	E	LSO SAG-CORONAL PANEL PREFAB	$0.00	Not Allowed	
L0638	E	LSO SAG-CORONAL PANEL CUSTOM	$0.00	Not Allowed	
L0639	E	LSO S/C SHELL/PANEL PREFAB	$0.00	Not Allowed	
L0640	E	LSO S/C SHELL/PANEL CUSTOM	$0.00	Not Allowed	
L0700	E	CTLSO ANT.-POST.-LAT. CONTROL MOLDED TO PATIENT MODEL	$0.00	Not Allowed	N
L0710	E	CTLSO ANT.-POST.-LAT. CTRL. MOLDED TO PT. MODEL W/INTERFACE	$0.00	Not Allowed	N
L0810	E	HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET V	$0.00	Not Allowed	N
L0820	E	HALO PROCEDURE CERV. HALO INCORP. INTO PLASTER BODY JACKI	$0.00	Not Allowed	N
L0830	E	HALO PROCEDURE CERV. HALO INCORP. INTO MILWAUKEE ORTHOS	$0.00	Not Allowed	N
L0859	E	MRI COMPATIBLE SYSTEM	$0.00	Not Allowed	
L0861	E	HALO REPL LINER/INTERFACE	$0.00	Not Allowed	
L0970	E	TLSO CORSET FRONT	$0.00	Not Allowed	N
L0972	E	LSO CORSET FRONT	$0.00	Not Allowed	N
L0974	E	TLSO FULL CORSET	$0.00	Not Allowed	N
L0976	E	LSO FULL CORSET	$0.00	Not Allowed	N
L0978	E	AXILLARY CRUTCH EXTENSION	$0.00	Not Allowed	N
L0980	E	PERONEAL STRAPS PAIR	$0.00	Not Allowed	N
L0982	E	STOCKING SUPPORTER GRIPS SET OF FOUR (4)	$0.00	Not Allowed	N
L0984	E	PROTECTIVE BODY SOCK EACH	$0.00	Not Allowed	N
L0999	E	ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	$0.00	Not Allowed	N
L1000	E	CTLSO (MILWAUKEE) INCLUS. OF INITIAL ORTHOSIS INCL. MODEL	$0.00	Not Allowed	N
L1001	E	CTLSO INFANT IMMOBILIZER	$0.00	Not Allowed	
L1005	E	TENSION BASED SCOLIOSIS ORTH	$0.00	Not Allowed	Y
L1010	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS AXILLA SLING	$0.00	Not Allowed	N
L1020	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD	$0.00	Not Allowed	N
L1025	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPH. PAD FLOATING	$0.00	Not Allowed	N
L1030	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAI	$0.00	Not Allowed	N
L1040	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. LUMBAR OR LUMBAR RIB PA	$0.00	Not Allowed	N
L1050	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD	$0.00	Not Allowed	N
L1060	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD	$0.00	Not Allowed	N
L1070	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS SLING	$0.00	Not Allowed	N
L1080	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER	$0.00	Not Allowed	N
L1085	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. OUTRIGGER BILAT. W/EXTE	$0.00	Not Allowed	N

L1090	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING	$0.00	Not Allowed	N
L1100	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE	$0.00	Not Allowed	N
L1110	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE MOLDEI	$0.00	Not Allowed	N
L1120	E	ADD'N TO CTLSO SCOLIOSIS ORTHO. COVER FOR UPRIGHT EACH	$0.00	Not Allowed	N
L1200	E	TLSO INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	$0.00	Not Allowed	N
L1210	E	ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTENSION	$0.00	Not Allowed	N
L1220	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSIO	$0.00	Not Allowed	N
L1230	E	ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUC.	$0.00	Not Allowed	N
L1240	E	ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD	$0.00	Not Allowed	N
L1250	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD	$0.00	Not Allowed	N
L1260	E	ADDITION TO TLSO (LOW PROFILE) ANT. THOR. DEROTATION PAD	$0.00	Not Allowed	N
L1270	E	ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD	$0.00	Not Allowed	N
L1280	E	ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH	$0.00	Not Allowed	N
L1290	E	ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD	$0.00	Not Allowed	N
L1300	E	OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT	$0.00	Not Allowed	N
L1310	E	OTHER SCOLIOSIS PROCEDURE POSTOPERATIVE BODY JACKET	$0.00	Not Allowed	N
L1499	E	SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	$0.00	Not Allowed	N
L1500	E	THKAO MOBILITY FRAME (NEWINGTON PARAPODIUM TYPES)	$0.00	Not Allowed	N
L1510	E	THKAO STANDING FRAME	$0.00	Not Allowed	N
L1520	E	THKAO SWIVEL WALKER	$0.00	Not Allowed	N
L1600	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. FREJKA TYPE W/COV	$0.00	Not Allowed	N
L1610	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX.(FREJKA COVER ONLY	$0.00	Not Allowed	N
L1620	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. (PAVLIK HARNESS)	$0.00	Not Allowed	N
L1630	E	HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEX. (VON ROSEN)	$0.00	Not Allowed	N
L1640	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC	$0.00	Not Allowed	N
L1650	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE	$0.00	Not Allowed	N
L1652	E	HO BI THIGHCUFFS W SPRDR BAR	$0.00	Not Allowed	
L1660	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC	$0.00	Not Allowed	N
L1680	E	HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC	$0.00	Not Allowed	N
L1685	E	HO ABDUC. CTRL. OF HIP JOINT POSTOP HIP ABDUC. CUSTOM FAB	$0.00	Not Allowed	N
L1686	E	HO ABDUCTION CONTROL OF HIP JOINT POSTOP HIP ABDUC. TYPE	$0.00	Not Allowed	N
L1690	E	COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTR	$0.00	Not Allowed	N
L1700	E	LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM-FABRICATED	$0.00	Not Allowed	N
L1710	E	LEGG PERTHES ORTHOSIS (NEWINGTON TYPE) CUSTOM-FABRICATEI	$0.00	Not Allowed	N
L1720	E	LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE) CUSTOM	$0.00	Not Allowed	N
L1730	E	LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM FABRICA	$0.00	Not Allowed	N
L1755	E	LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM-FABRIC	$0.00	Not Allowed	N
L1800	E	KNEE ORTHOSIS (KO) ELASTIC WITH STAYS PREFAB W/ FITTING	$0.00	Not Allowed	N
L1810	E	KO ELASTIC WITH JOINTS PREFABRICATED INCL FITTING/ADJUST	$0.00	Not Allowed	N
L1815	E	KO ELASTIC OR OTHER ELASTIC TYPE MAT. W/CONDYLAR PAD(S)	$0.00	Not Allowed	N
L1820	E	KO ELASTIC WITH CONDYLAR PADS AND JOINTS PREFABRICATED	$0.00	Not Allowed	N
L1825	E	KO ELASTIC KNEE CAP PREFABRICATED INCL FIT AND ADJUST	$0.00	Not Allowed	N
L1830	E	KO IMMOBILIZER CANVAS LONGITUDINAL PREFAB INCL FITTING	$0.00	Not Allowed	N
L1831	E	KNEE ORTH POS LOCKING JOINT	$0.00	Not Allowed	
L1832	E	KO ADJ JNT POS RIGID SUPPORT	$0.00	Not Allowed	N
L1834	E	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	$0.00	Not Allowed	N
L1836	E	RIGID KO WO JOINTS	$0.00	Not Allowed	
L1840	E	KO DEROTATION MED.-LAT. AC LIGAMENT CUSTOM FABRICATED	$0.00	Not Allowed	N
L1843	E	KO SINGLE UPRIGHT CUSTOM FIT	$0.00	Not Allowed	N
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED	$0.00	Not Allowed	N
L1845	E	KO W/ ADJ FLEX/EXT ROTAT CUS	$0.00	Not Allowed	N
L1846	E	KO W ADJ FLEX/EXT ROTAT MOLD	$0.00	Not Allowed	N
L1847	E	KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER	$0.00	Not Allowed	N
L1850	E	KO SWEDISH TYPE PREFABRICATED INCL FITTING AND ADJUSTMNT	$0.00	Not Allowed	N
L1860	E	KO MODIF. OF SUPRACONDYLAR PROSTHETIC SOCKET CUSTOM FAB	$0.00	Not Allowed	N
L1900	E	AFO SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTOM FAB	$0.00	Not Allowed	N
L1901	E	PREFAB ANKLE ORTHOSIS	$0.00	Not Allowed	
L1902	E	AFO ANKLE GAUNTLET PREFABRICATED INCL FIT AND ADJUST	$0.00	Not Allowed	N
L1904	E	AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED	$0.00	Not Allowed	N
L1906	E	AFO MULTILIGAMENTUS ANKLE SUPPORT PREFAB INCL FIT & ADJU	$0.00	Not Allowed	N
L1907	E	AFO SUPRAMALLEOLAR CUSTOM	$0.00	Not Allowed	
L1910	E	AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNT	$0.00	Not Allowed	N
L1920	E	AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP CUSTOM	$0.00	Not Allowed	N
L1930	E	AFO PLASTIC	$0.00	Not Allowed	N
L1932	E	AFO RIG ANT TIB PREFAB TCF/=	$0.00	Not Allowed	
L1940	E	AFO MOLDED TO PATIENT MODEL PLASTIC CUSTOM FABRICATED	$0.00	Not Allowed	N
L1945	E	AFO PLASTIC RIGID ANTERIOR TIBIAL SEC CUSTOM FABRICATED	$0.00	Not Allowed	N
L1950	E	AFO SPIRAL MOLDED TO PT PLAS	$0.00	Not Allowed	N
L1951	E	AFO SPIRAL PREFABRICATED	$0.00	Not Allowed	
L1960	E	AFO POSTERIOR SOLID ANKLE PLASTIC CUSTOM FABRICATED	$0.00	Not Allowed	N
L1970	E	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	$0.00	Not Allowed	N

L1971	E	AFO W/ANKLE JOINT PREFAB	$0.00	Not Allowed	
L1980	E	AFO SNGL. UPRIGHT FREE PLANTAR DORSIFLEX. (SNGL BAR "BK")	$0.00	Not Allowed	N
L1990	E	AFO DBL. UPRIGHT FREE PLANTAR DORSIFLEX. (DBL. BAR "BK")	$0.00	Not Allowed	N
L2000	E	KAFO SINGLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB	$0.00	Not Allowed	N
L2005	E	KAFO SNG/DBL MECHANICAL ACT	$0.00	Not Allowed	
L2010	E	KAFO SINGLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT	$0.00	Not Allowed	N
L2020	E	KAFO DOUBLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB	$0.00	Not Allowed	N
L2030	E	KAFO DOUBLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT	$0.00	Not Allowed	N
L2034	E	KAFO PLA SIN UP W/WO K/A CUS	$0.00	Not Allowed	
L2035	E	KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SIZE)	$0.00	Not Allowed	N
L2036	E	KAFO PLAS DOUB FREE KNEE MOL	$0.00	Not Allowed	N
L2037	E	KAFO PLAS SING FREE KNEE MOL	$0.00	Not Allowed	N
L2038	E	KAFO W/O JOINT MULTI-AXIS AN	$0.00	Not Allowed	N
L2040	E	HKAFO TORSION CTRL. BILAT. ROTATION STRAPS PELVIC BAND/BEL	$0.00	Not Allowed	N
L2050	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES HIP JT. PELVIC	$0.00	Not Allowed	N
L2060	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES BALL BEAR HIP JT.	$0.00	Not Allowed	N
L2070	E	HKAFO TORSION CTRL. UNILAT. ROTATION STRAPS PELVIC BAND/BEI	$0.00	Not Allowed	N
L2080	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES HIP JT. PELVIC	$0.00	Not Allowed	N
L2090	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES BALL BEAR HIP JT	$0.00	Not Allowed	N
L2106	E	AFO FX ORTHO. TIBIAL FX CAST ORTHOSIS THERMOPLAS CUSTOM	$0.00	Not Allowed	N
L2108	E	AFO FX ORTHOSIS TIBIAL FX CAST ORTHOSIS CUSTOM FABRICATED	$0.00	Not Allowed	N
L2112	E	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SOFT PREFABRICATED	$0.00	Not Allowed	N
L2114	E	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SEMI-RIGID PREFAB	$0.00	Not Allowed	N
L2116	E	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS RIGID PREFABRICATED	$0.00	Not Allowed	N
L2126	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHO. THERMOPLASTIC CUST	$0.00	Not Allowed	N
L2128	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHOSIS CUSTOM FABRICAT	$0.00	Not Allowed	N
L2132	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SOFT PREFABRIC	$0.00	Not Allowed	N
L2134	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SEMI-RIGID	$0.00	Not Allowed	N
L2136	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS RIGID PREFABRI	$0.00	Not Allowed	N
L2180	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS PLASTIC SHOE INSERT	$0.00	Not Allowed	N
L2182	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS DROP LOCK KNEE JOINT	$0.00	Not Allowed	N
L2184	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS LMTD MOTION KNEE JO	$0.00	Not Allowed	N
L2186	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS ADJUS. MOTION KNEE JT	$0.00	Not Allowed	N
L2188	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS QUADRILATERAL BRIM	$0.00	Not Allowed	N
L2190	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS WAIST BELT	$0.00	Not Allowed	N
L2192	E	ADD'N TO LOWER EXTREM. FX ORTHO. HIP JT./PELVIC BAND/THIGH	$0.00	Not Allowed	N
L2200	E	ADD'N TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOINT	$0.00	Not Allowed	N
L2210	E	ADD'N TO LOWER EXTREMITY DORSIFLEXION ASSIST EACH JOINT	$0.00	Not Allowed	N
L2220	E	ADD'N TO LOWER EXTREMITY DORSIFLEX/PLANTAR FLEX EACH JOI	$0.00	Not Allowed	N
L2230	E	ADD'N TO LOWER EXTREM. SPLIT FLAT CALIPER STIRRUPS/PLATE AT	$0.00	Not Allowed	N
L2232	E	ROCKER BOTTOM CONTACT AFO	$0.00	Not Allowed	
L2240	E	ADD'N TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACH	$0.00	Not Allowed	N
L2250	E	ADD'N TO LOWER EXTREMITY FOOT PLATE MOLDED STIRRUP ATTA	$0.00	Not Allowed	N
L2260	E	ADD'N TO LOWER EXTREMITY REINFORCED SOLID STIRRUP	$0.00	Not Allowed	N
L2265	E	ADD'N TO LOWER EXTREMITY LONG TONGUE STIRRUP	$0.00	Not Allowed	N
L2270	E	ADD'N TO LOWER EXTREMITY "T" STRAP PADDED/LINED OR MALLE	$0.00	Not Allowed	N
L2275	E	ADD'N TO LOWER EXTREMITY VARUS/VALGUS CORREC. PLASTIC MC	$0.00	Not Allowed	N
L2280	E	ADD'N TO LOWER EXTREMITY MOLDED INNER BOOT	$0.00	Not Allowed	N
L2300	E	ADD'N TO LOWER EXTREMITY ABDUC. BAR JOINTED ADJUSTABLE	$0.00	Not Allowed	N
L2310	E	ADD'N TO LOWER EXTREMITY ABDUCTION BAR STRAIGHT	$0.00	Not Allowed	N
L2320	E	ADD'N TO LOWER EXTREMITY NONMOLDED LACER	$0.00	Not Allowed	N
L2330	E	ADD'N TO LOWER EXTREMITY LACER MOLDED TO PATIENT MODEL	$0.00	Not Allowed	N
L2335	E	ADD'N TO LOWER EXTREMITY ANTERIOR SWING BAND	$0.00	Not Allowed	N
L2340	E	ADD'N TO LOWER EXTREMITY PRETIBIAL SHELL MOLDED TO PT. MC	$0.00	Not Allowed	N
L2350	E	ADD'N TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET MOLL	$0.00	Not Allowed	N
L2360	E	ADD'N TO LOWER EXTREMITY EXTENDED STEEL SHANK	$0.00	Not Allowed	N
L2370	E	ADD'N TO LOWER EXTREMITY PATTEN BOTTOM	$0.00	Not Allowed	N
L2375	E	ADD'N TO LOWER EXTREM. TORSION CTRL. ANKLE JT.& HALF SOLID	$0.00	Not Allowed	N
L2380	E	ADD'N TO LOWER EXTREM. TORSION CTRL. STRAIGHT KNEE JT. EA JT	$0.00	Not Allowed	N
L2385	E	ADD'N TO LOWER EXTREM. STRAIGHT KNEE JT. HEAVY DUTY EA JT.	$0.00	Not Allowed	N
L2387	E	ADD LE POLY KNEE CUSTOM KAFO	$0.00	Not Allowed	
L2390	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT	$0.00	Not Allowed	N
L2395	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JT. HEAVY DUTY EA JT.	$0.00	Not Allowed	N
L2397	E	ADD'N TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE	$0.00	Not Allowed	N
L2405	E	KNEE JOINT DROP LOCK EA JNT	$0.00	Not Allowed	N
L2415	E	KNEE JOINT CAM LOCK EACH JOI	$0.00	Not Allowed	N
L2425	E	ADD'N TO KNEE JT. DISC OR DIAL LOCK FOR ADJ. KNEE FLEX EA JT	$0.00	Not Allowed	N
L2430	E	ADD'N TO KNEE JOINT RATCHET LOCK FOR KNEE EXTENSION EA. JT.	$0.00	Not Allowed	
L2492	E	ADD'N TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING	$0.00	Not Allowed	N
L2500	E	ADD'N TO LOWER EXTREM. THIGH/WEIGHT BEARING GLUT/ISCH RIN	$0.00	Not Allowed	N
L2510	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM M	$0.00	Not Allowed	N

L2520	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM CU	$0.00	Not Allowed	N
L2525	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM MOI	$0.00	Not Allowed	N
L2526	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM CUS	$0.00	Not Allowed	N
L2530	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER NONMOLDE	$0.00	Not Allowed	N
L2540	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER MOLDED	$0.00	Not Allowed	N
L2550	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING HIGH ROLL CUFF	$0.00	Not Allowed	N
L2570	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT 2 POSITION EA.	$0.00	Not Allowed	N
L2580	E	ADD'N TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING	$0.00	Not Allowed	N
L2600	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT FREE EACH	$0.00	Not Allowed	N
L2610	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT LOCK EACH	$0.00	Not Allowed	N
L2620	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT HEAVY-DUTY E/	$0.00	Not Allowed	N
L2622	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT ADJUS FLEX EA.	$0.00	Not Allowed	N
L2624	E	ADD'N TO LOWER EXTREM. PELVIC CTRL. HIP JT ADJUS F/E/A EA.	$0.00	Not Allowed	N
L2627	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL PLASTIC MOLDED	$0.00	Not Allowed	N
L2628	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL METAL FRAME	$0.00	Not Allowed	N
L2630	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT UNIL	$0.00	Not Allowed	N
L2640	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT BILA	$0.00	Not Allowed	N
L2650	E	ADD'N TO LOWER EXTREM. PELV.&THORACIC CTRL. GLUTEAL PAD E	$0.00	Not Allowed	N
L2660	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL THORACIC BAND	$0.00	Not Allowed	N
L2670	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL PARASPINAL UPRIG	$0.00	Not Allowed	N
L2680	E	ADD'N TO LOWER EXTREM. THORACIC CTRL. LATERAL SUPPORT UPR	$0.00	Not Allowed	N
L2750	E	ADD'N TO LOWER EXTREM. ORTHO. PLATING CHROME/NICKEL PER B	$0.00	Not Allowed	N
L2755	E	CARBON GRAPHITE LAMINATION	$0.00	Not Allowed	N
L2760	E	ADD'N TO LOWER EXTREM. ORTHO. EXTENSION PER EXTEN. PER BAR	$0.00	Not Allowed	N
L2768	E	ORTHO SIDEBAR DISCONNECT	$0.00	Not Allowed	
L2770	E	ADD'N TO LOWER EXTREM. ORTHO. ANY MATERIAL PER BAR OR JOI	$0.00	Not Allowed	N
L2780	E	ADD'N TO LOWER EXTREM. ORTHO. NONCORROSIVE FINISH PER BAI	$0.00	Not Allowed	N
L2785	E	ADD'N TO LOWER EXTREM. ORTHOSIS DROP LOCK RETAINER EACH	$0.00	Not Allowed	N
L2795	E	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL FULL KNEEC/	$0.00	Not Allowed	N
L2800	E	ADD'N TO LOWER EXTREM. ORTHO. KNEE CTRL. KNEECAP MED OR L.	$0.00	Not Allowed	N
L2810	E	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL CONDYLAR P	$0.00	Not Allowed	N
L2820	E	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED BELOW KN	$0.00	Not Allowed	N
L2830	E	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED ABOVE KN	$0.00	Not Allowed	N
L2840	E	ADD'N TO LOWER EXTREM. ORTHO. TIBIAL LENGTH SOCK FX OR = E/	$0.00	Not Allowed	N
L2850	E	ADD'N TO LOWER EXTREM. ORTHO. FEM. LENGTH SOCK FX OR = EAC	$0.00	Not Allowed	N
L2999	E	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	$0.00	Not Allowed	N
L3000	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL "UCB" TYPE EAC	$0.00	Not Allowed	N
L3001	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SPENCO EACH	$0.00	Not Allowed	N
L3002	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL PLASTAZOTE E/	$0.00	Not Allowed	N
L3003	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SILICONE GEL E.	$0.00	Not Allowed	N
L3010	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL ARCH SUPPORT	$0.00	Not Allowed	N
L3020	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL MT SUPPORT EA	$0.00	Not Allowed	N
L3030	E	FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH	$0.00	Not Allowed	N
L3031	E	FOOT LAMIN/PREPREG COMPOSITE	$0.00	Not Allowed	
L3040	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL E.	$0.00	Not Allowed	N
L3050	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EA(	$0.00	Not Allowed	N
L3060	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD./METAR	$0.00	Not Allowed	N
L3070	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE LONGI.	$0.00	Not Allowed	N
L3080	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE MT EA	$0.00	Not Allowed	N
L3090	E	FOOT ARCH SUPPORT NONREMOV. ATTACHED TO SHOE LONG/MT E.	$0.00	Not Allowed	N
L3100	E	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	$0.00	Not Allowed	N
L3140	E	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES	$0.00	Not Allowed	N
L3150	E	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES	$0.00	Not Allowed	N
L3160	E	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	$0.00	Not Allowed	N
L3170	E	FOOT PLASTIC HEEL STABILIZER	$0.00	Not Allowed	N
L3201	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR INFAN	$0.00	Not Allowed	N
L3202	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR CHILD	$0.00	Not Allowed	N
L3203	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR JUNIO	$0.00	Not Allowed	N
L3204	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFA	$0.00	Not Allowed	N
L3206	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILI	$0.00	Not Allowed	N
L3207	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIC	$0.00	Not Allowed	N
L3208	E	SURGICAL BOOT EACH INFANT	$0.00	Not Allowed	N
L3209	E	SURGICAL BOOT EACH CHILD	$0.00	Not Allowed	N
L3211	M	SURGICAL BOOT EACH JUNIOR	$0.00	By Report	N
L3212	E	BENESCH BOOT PAIR INFANT	$0.00	Not Allowed	N
L3213	E	BENESCH BOOT PAIR CHILD	$0.00	Not Allowed	N
L3214	E	BENESCH BOOT PAIR JUNIOR	$0.00	Not Allowed	N
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF	$0.00	Not Allowed	N
L3216	E	ORTHOPED LADIES SHOES DPTH I	$0.00	Not Allowed	N
L3217	E	LADIES SHOES HIGHTOP DEPTH I	$0.00	Not Allowed	N
L3219	E	ORTHOPEDIC MENS SHOES OXFORD	$0.00	Not Allowed	N

L3221	E	ORTHOPEDIC MENS SHOES DPTH I	$0.00	Not Allowed	N
L3222	E	MENS SHOES HIGHTOP DEPTH INL	$0.00	Not Allowed	N
L3224	E	ORTH FOOTWEAR WOMAN'S OXFORD SHOE AS INTEGRAL PART OF BF	$0.00	Not Allowed	N
L3225	E	ORTH FOOTWEAR MAN'S OXFORD SHOE AS INTEGRAL PART OF BRAC	$0.00	Not Allowed	N
L3230	E	CUSTOM SHOES DEPTH INLAY	$0.00	Not Allowed	N
L3250	M	ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE EACH	$0.00	By Report	N
L3251	E	FOOT SHOE MOLDED TO PATIENT MODEL SILICONE SHOE EACH	$0.00	Not Allowed	N
L3252	E	FOOT SHOE MOLDED TO PT. MODEL PLASTAZOTE CUSTOM FAB EAC	$0.00	Not Allowed	N
L3253	E	FOOT MOLDED SHOE PLASTAZOTE(OR SIMILAR) CUSTOM FITTED EA	$0.00	Not Allowed	N
L3254	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR WIDTH	$0.00	Not Allowed	N
L3255	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR LENGTH	$0.00	Not Allowed	N
L3257	E	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE	$0.00	Not Allowed	N
L3260	E	AMBULATORY SURGICAL BOOT EAC	$0.00	Not Allowed	N
L3265	M	PLASTAZOTE SANDAL EACH	$0.00	By Report	N
L3300	E	LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH	$0.00	Not Allowed	N
L3310	E	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH	$0.00	Not Allowed	N
L3320	E	LIFT ELEVATION HEEL AND SOLE CORK PER INCH	$0.00	Not Allowed	N
L3330	E	LIFT ELEVATION METAL EXTENSION (SKATE)	$0.00	Not Allowed	N
L3332	E	LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH	$0.00	Not Allowed	N
L3334	E	LIFT ELEVATION HEEL PER INCH	$0.00	Not Allowed	N
L3340	E	HEEL WEDGE SACH	$0.00	Not Allowed	N
L3350	E	HEEL WEDGE	$0.00	Not Allowed	N
L3360	E	SOLE WEDGE OUTSIDE SOLE	$0.00	Not Allowed	N
L3370	E	SOLE WEDGE BETWEEN SOLE	$0.00	Not Allowed	N
L3380	E	CLUBFOOT WEDGE	$0.00	Not Allowed	N
L3390	E	OUTFLARE WEDGE	$0.00	Not Allowed	N
L3400	E	METATARSAL BAR WEDGE ROCKER	$0.00	Not Allowed	N
L3410	E	METATARSAL BAR WEDGE BETWEEN SOLE	$0.00	Not Allowed	N
L3420	E	FULL SOLE AND HEEL WEDGE BETWEEN SOLE	$0.00	Not Allowed	N
L3430	E	HEEL COUNTER PLASTIC REINFORCED	$0.00	Not Allowed	N
L3440	E	HEEL COUNTER LEATHER REINFORCED	$0.00	Not Allowed	N
L3450	E	HEEL SACH CUSHION TYPE	$0.00	Not Allowed	N
L3455	E	HEEL NEW LEATHER STANDARD	$0.00	Not Allowed	N
L3460	E	HEEL NEW RUBBER STANDARD	$0.00	Not Allowed	N
L3465	E	HEEL THOMAS WITH WEDGE	$0.00	Not Allowed	N
L3470	E	HEEL THOMAS EXTENDED TO BALL	$0.00	Not Allowed	N
L3480	E	HEEL PAD AND DEPRESSION FOR SPUR	$0.00	Not Allowed	N
L3485	M	HEEL PAD REMOVABLE FOR SPUR	$0.00	By Report	N
L3500	E	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER	$0.00	Not Allowed	N
L3510	E	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER	$0.00	Not Allowed	N
L3520	E	ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHE	$0.00	Not Allowed	N
L3530	E	ORTHOPEDIC SHOE ADDITION SOLE HALF	$0.00	Not Allowed	N
L3540	E	ORTHOPEDIC SHOE ADDITION SOLE FULL	$0.00	Not Allowed	N
L3550	E	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD	$0.00	Not Allowed	N
L3560	E	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE	$0.00	Not Allowed	N
L3570	E	ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP	$0.00	Not Allowed	N
L3580	E	ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO CLOSUR	$0.00	Not Allowed	N
L3590	E	ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE COUNTE	$0.00	Not Allowed	N
L3595	E	ORTHOPEDIC SHOE ADDITION MARCH BAR	$0.00	Not Allowed	N
L3600	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE EXISTING	$0.00	Not Allowed	N
L3610	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE NEW	$0.00	Not Allowed	N
L3620	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLID STIRRUP EXISTING	$0.00	Not Allowed	N
L3630	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLIC STIRRUP NEW	$0.00	Not Allowed	N
L3640	E	TRANS. ORTHO. TO ANOTHER SHOE DENNIS BROWNE SPLINT BOTH S	$0.00	Not Allowed	N
L3649	M	ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS	$0.00	By Report	N
L3650	E	SO FIGURE EIGHT DESIGN ABDUCTION RESTRAINER PREFABRICATE	$0.00	Not Allowed	N
L3651	E	PREFAB SHOULDER ORTHOSIS	$0.00	Not Allowed	
L3652	E	PREFAB DBL SHOULDER ORTHOSIS	$0.00	Not Allowed	
L3660	E	SO FIGURE OF 8 DESIGN ABDUCTION RESTRAINER CANVAS & WEBBI	$0.00	Not Allowed	N
L3670	E	SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PREFAB	$0.00	Not Allowed	N
L3671	E	SO CAP DESIGN W/O JNTS CF	$0.00	Not Allowed	
L3672	E	SO AIRPLANE W/O JNTS CF	$0.00	Not Allowed	
L3673	E	SO AIRPLANE W/JOINT CF	$0.00	Not Allowed	
L3675	E	SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE	$0.00	Not Allowed	N
L3677	E	SO HARD PLASTIC STABILIZER	$0.00	Not Allowed	
L3700	E	EO ELASTIC WITH STAYS PREFABRICATED INCL FIT AND ADJUST	$0.00	Not Allowed	N
L3701	E	PREFAB ELBOW ORTHOSIS	$0.00	Not Allowed	
L3702	E	EO W/O JOINTS CF	$0.00	Not Allowed	
L3710	E	EO ELASTIC WITH METAL JOINTS PREFABRICATED	$0.00	Not Allowed	N
L3720	E	EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION CU	$0.00	Not Allowed	N
L3730	E	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS EXT./FLEX ASSIST	$0.00	Not Allowed	N

L3740	E	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS ADJUSTABLE POS. LOCK	$0.00	Not Allowed	N
L3760	E	ELBOW ORTHOSIS ADJUSTABLE POSITIONLOCKING JOINT PREFABRI	$0.00	Not Allowed	N
L3762	E	RIGID EO WO JOINTS	$0.00	Not Allowed	
L3763	E	EWHO RIGID W/O JNTS CF	$0.00	Not Allowed	
L3764	E	EWHO W/JOINT(S) CF	$0.00	Not Allowed	
L3765	E	EWHFO RIGID W/O JNTS CF	$0.00	Not Allowed	
L3766	E	EWHFO W/JOINT(S) CF	$0.00	Not Allowed	
L3806	E	WHFO W/JOINT(S) CUSTOM FAB	$0.00	Not Allowed	
L3807	E	WHFO WITHOUT JOINT(S) PREFABRICATED INCL FIT AND ADJUST	$0.00	Not Allowed	N
L3808	E	WHFO, RIGID W/O JOINTS	$0.00	Not Allowed	
L3900	E	WHFO DYNAMIC FLEXOR HINGE WRIST OR FINGER DRIVEN CUSTOM	$0.00	Not Allowed	N
L3901	E	WHFO DYNAMIC FLEXOR HINGE CABLE DRIVEN CUSTOM FABRICAT	$0.00	Not Allowed	N
L3904	E	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	$0.00	Not Allowed	N
L3905	E	WHO W/NONTORSION JNT(S) CF	$0.00	Not Allowed	
L3906	E	WHO W/O JOINTS CF	$0.00	Not Allowed	N
L3908	E	WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED PREFABI	$0.00	Not Allowed	N
L3909	E	PREFAB WRIST ORTHOSIS	$0.00	Not Allowed	
L3911	E	PREFAB HAND FINGER ORTHOSIS	$0.00	Not Allowed	
L3912	E	HFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL PREFABRICA	$0.00	Not Allowed	N
L3913	E	HFO W/O JOINTS CF	$0.00	Not Allowed	
L3915	E	WHO W NONTOR JNT(S) PREFAB	$0.00	Not Allowed	
L3917	E	PREFAB METACARPL FX ORTHOSIS	$0.00	Not Allowed	
L3919	E	HO W/O JOINTS CF	$0.00	Not Allowed	
L3921	E	HFO W/JOINT(S) CF	$0.00	Not Allowed	
L3923	E	HFO W/O JOINTS PF	$0.00	Not Allowed	N
L3925	E	FO PIP/DIP WITH JOINT/SPRING	$0.00	Not Allowed	
L3927	E	FO PIP/DIP W/O JOINT/SPRING	$0.00	Not Allowed	
L3929	E	HFO NONTORSION JOINT, PREFAB	$0.00	Not Allowed	
L3931	E	WHFO NONTORSION JOINT PREFAB	$0.00	Not Allowed	
L3933	E	FO W/O JOINTS CF	$0.00	Not Allowed	
L3935	E	FO NONTORSION JOINT CF	$0.00	Not Allowed	
L3956	E	ADD'N JOINT TO UPPER EXTREM. ORTHOSIS ANY MATERIAL; PER JT.	$0.00	Not Allowed	N
L3960	E	SEWHO ABDUCTION POSITIONING AIRPLANE DESIGN PREFABRICAT	$0.00	Not Allowed	N
L3961	E	SEWHO CAP DESIGN W/O JNTS CF	$0.00	Not Allowed	
L3962	E	SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN PREFABRIC	$0.00	Not Allowed	N
L3964	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED ADJUSTA	$0.00	Not Allowed	N
L3965	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RANCHO	$0.00	Not Allowed	N
L3966	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RECLINI	$0.00	Not Allowed	N
L3967	E	SEWHO AIRPLANE W/O JNTS CF	$0.00	Not Allowed	
L3968	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED FRICTION	$0.00	Not Allowed	N
L3969	E	SEO MOBILE ARM SUPPORT MONOSUSPENSION/OVERHEAD SUPPORT	$0.00	Not Allowed	N
L3970	E	SEO ADD'N TO MOBILE ARM SUPPORT ELEVATING PROXIMAL ARM	$0.00	Not Allowed	N
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF	$0.00	Not Allowed	
L3972	E	SEO ADD'N TO MOBILE ARM SUPPORT OFFSET OR LAT. ROCKER ARM	$0.00	Not Allowed	N
L3973	E	SEWHO AIRPLANE W/JNT(S) CF	$0.00	Not Allowed	
L3974	E	SEO ADD'N TO MOBILE ARM SUPPORT SUPINATOR	$0.00	Not Allowed	N
L3975	E	SEWHFO CAP DESIGN W/O JNT CF	$0.00	Not Allowed	
L3976	E	SEWHFO AIRPLANE W/O JNTS CF	$0.00	Not Allowed	
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF	$0.00	Not Allowed	
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF	$0.00	Not Allowed	
L3980	E	UPPER EXTREMITY FX ORTHOSIS HUMERAL PREFABRICATED	$0.00	Not Allowed	N
L3982	E	UPPER EXTREMITY FX ORTHOSIS RADIUS/ULNAR PREFABRICATED	$0.00	Not Allowed	N
L3984	E	UPPER EXTREMITY FX ORTHOSIS WRIST PREFABRICATED	$0.00	Not Allowed	N
L3995	E	ADD'N TO UPPER EXTREM. ORTHOSIS SOCK FX OR EQUAL EACH	$0.00	Not Allowed	N
L3999	M	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	$0.00	By Report	N
L4000	E	REPL GIRDLE MILWAUKEE ORTH	$0.00	Not Allowed	N
L4002	E	REPLACE STRAP ANY ORTHOSIS	$0.00	Not Allowed	
L4010	E	REPLACE TRILATERAL SOCKET BRIM	$0.00	Not Allowed	N
L4020	E	REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MOD	$0.00	Not Allowed	N
L4030	E	REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED	$0.00	Not Allowed	N
L4040	E	REPLACE MOLDED THIGH LACER	$0.00	Not Allowed	N
L4045	E	REPLACE NONMOLDED THIGH LACER	$0.00	Not Allowed	N
L4050	E	REPLACE MOLDED CALF LACER	$0.00	Not Allowed	N
L4055	E	REPLACE NONMOLDED CALF LACER	$0.00	Not Allowed	N
L4060	E	REPLACE HIGH ROLL CUFF	$0.00	Not Allowed	N
L4070	E	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	$0.00	Not Allowed	N
L4080	E	REPLACE METAL BANDS KAFO PROXIMAL THIGH	$0.00	Not Allowed	N
L4090	E	REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH	$0.00	Not Allowed	N
L4100	E	REPLACE LEATHER CUFF KAFO PROXIMAL THIGH	$0.00	Not Allowed	N
L4110	E	REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH	$0.00	Not Allowed	N
L4130	E	REPLACE PRETIBIAL SHELL	$0.00	Not Allowed	N

L4205	E	REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES	$0.00	Not Allowed	N
L4210	M	REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS	$0.00	By Report	N
L4350	E	ANKLE CONTROL ORTHOSI PREFAB	$0.00	Not Allowed	N
L4360	E	PNEUMATI WALKING BOOT PREFAB	$0.00	Not Allowed	N
L4370	E	PNEUMATIC FULL LEG SPLINT	$0.00	Not Allowed	N
L4380	E	PNEUMATIC KNEE SPLINT	$0.00	Not Allowed	N
L4386	E	NON-PNEUM WALK BOOT PREFAB	$0.00	Not Allowed	
L4392	E	REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO	$0.00	Not Allowed	N
L4394	E	REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT	$0.00	Not Allowed	N
L4396	E	STATIC AFO	$0.00	Not Allowed	N
L4398	E	FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE PREFABRICA	$0.00	Not Allowed	N
L5000	E	PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLE	$0.00	Not Allowed	N
L5010	E	PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER	$0.00	Not Allowed	N
L5020	E	PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT. W/ TOE FILL	$0.00	Not Allowed	N
L5050	E	ANKLE SYMES MOLDED SOCKET SACH FOOT	$0.00	Not Allowed	N
L5060	E	ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET	$0.00	Not Allowed	N
L5100	E	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	$0.00	Not Allowed	N
L5105	E	BELOW KNEE PLASTIC SOCKET JOINTS & THIGH LACER SACH FOOT	$0.00	Not Allowed	N
L5150	E	KNEE DISARTIC. MOLDED SOCKET SACH FOOT	$0.00	Not Allowed	N
L5160	E	KNEE DISARTIC. MOLDED SOCKET BENT KNEE CONFIGURATION SAC	$0.00	Not Allowed	N
L5200	E	ABOVE KNEE MOLDED SOCK. SNGL. AXIS CONSTANT FRICTION SAC	$0.00	Not Allowed	N
L5210	E	ABOVE KNEE SHORT PROS. NO KNEE JT. W/FOOT BLOCKS EACH	$0.00	Not Allowed	N
L5220	E	ABOVE KNEE SHORT PROS. NO KNEE JT. W/ARTIC. ANKLE/FOOT EACH	$0.00	Not Allowed	N
L5230	E	ABOVE KNEE FOR PROX. FEMRAL FOCAL DEF CONSTANT FRIC. SACI	$0.00	Not Allowed	N
L5250	E	HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET SNGL. AX	$0.00	Not Allowed	N
L5270	E	HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCK. SNGL AXIS	$0.00	Not Allowed	N
L5280	E	HEMIPELVECTOMY CANADIAN TYPE;	$0.00	Not Allowed	N
L5301	E	BK MOLD SOCKET SACH FT ENDO	$0.00	Not Allowed	Y
L5311	E	KNEE DISART SACH FT ENDO	$0.00	Not Allowed	Y
L5321	E	AK OPEN END SACH	$0.00	Not Allowed	Y
L5331	E	HIP DISART CANADIAN SACH FT	$0.00	Not Allowed	Y
L5341	E	HEMIPELVECTOMY CANADIAN SACH	$0.00	Not Allowed	Y
L5400	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BELOW KNEE	$0.00	Not Allowed	N
L5410	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BK EA. ADD'L	$0.00	Not Allowed	N
L5420	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. "AK" OR KNEE	$0.00	Not Allowed	N
L5430	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. AK EA. ADD'L	$0.00	Not Allowed	N
L5450	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT BK	$0.00	Not Allowed	N
L5460	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT AK	$0.00	Not Allowed	N
L5500	E	INITIAL BELOW KNEE "PTB" TYPE SOCKET	$0.00	Not Allowed	N
L5505	E	INITIAL ABOVE KNEE - KNEE DISARTIC. ISCHIAL LEVEL SOCKET	$0.00	Not Allowed	N
L5510	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PLASTER SOCKET MOLDEI	$0.00	Not Allowed	N
L5520	E	PREPARATORY BELOW KNEE "PTB" TYPE SOCKET DIRECT FORMED	$0.00	Not Allowed	N
L5530	E	PREP. BELOW KNEE "PTB" TYPE SOCKET THERMOPLASTIC MOLDED	$0.00	Not Allowed	N
L5535	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PREFABRICATED ADJUSTAE	$0.00	Not Allowed	N
L5540	E	PREP. BELOW KNEE "PTB" TYPE SOCKET LAMINATED SOCK. MOLDEI	$0.00	Not Allowed	N
L5560	E	PREP. ABOVE KNEE - PLASTER SOCKET MOLDED TO MODEL	$0.00	Not Allowed	N
L5570	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL DIRECT FORMED	$0.00	Not Allowed	N
L5580	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL MOLDED TO MODE	$0.00	Not Allowed	N
L5585	E	PREP. ABOVE KNEE - PREFABRICATED ADJUSTABLE OPEN END SOCKI	$0.00	Not Allowed	N
L5590	E	PREP. ABOVE KNEE - LAMINATED SOCKET MOLDED TO MODEL	$0.00	Not Allowed	N
L5595	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY THERMOPLASTIC MOLDED	$0.00	Not Allowed	N
L5600	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY LAMINATED SOCK. MOLDE	$0.00	Not Allowed	N
L5610	E	ADD'N TO LOWER EXTREMITY ENDOSKEL ABOVE KNEE HYDRACAD	$0.00	Not Allowed	N
L5611	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/FRICTION CTRL.	$0.00	Not Allowed	N
L5613	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/HYDRAUL. CTRI	$0.00	Not Allowed	N
L5614	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/PNEUMATIC CTI	$0.00	Not Allowed	
L5616	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK UNIVERS. FRICTION CTRI	$0.00	Not Allowed	N
L5617	E	ADD'N TO LOWER EXTREM. QUICK CHANGE SELF-ALIGN AK OR BK E	$0.00	Not Allowed	N
L5618	E	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES	$0.00	Not Allowed	N
L5620	E	ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE	$0.00	Not Allowed	N
L5622	E	ADD'N TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATIO	$0.00	Not Allowed	N
L5624	E	ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE	$0.00	Not Allowed	N
L5626	E	ADD'N TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATION	$0.00	Not Allowed	N
L5628	E	ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY	$0.00	Not Allowed	N
L5629	E	ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET	$0.00	Not Allowed	N
L5630	E	ADD'N TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL SO	$0.00	Not Allowed	N
L5631	E	ADD'N TO LOWER EXTREMITY AK OR KNEE DISARTIC. ACRYLIC SOC	$0.00	Not Allowed	N
L5632	E	ADD'N TO LOWER EXTREM. SYMES TYPE "PTB" BRIM DESIGN SOCKE	$0.00	Not Allowed	N
L5634	E	ADD'N TO LOWER EXTREM. SYMES TYPE POSTERIOR OPENINGSOCKI	$0.00	Not Allowed	N
L5636	E	ADD'N TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING SOCKI	$0.00	Not Allowed	N
L5637	E	ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT	$0.00	Not Allowed	N

L5638	E	ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET	$0.00	Not Allowed	N
L5639	E	ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET	$0.00	Not Allowed	N
L5640	E	ADD'N TO LOWER EXTREMITY KNEE DISARTIC. LEATHER SOCKET	$0.00	Not Allowed	N
L5642	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET	$0.00	Not Allowed	N
L5643	E	ADD'N TO LOWER EXTREM. HIP DISARTIC. FLEX. INNER/EXT FRAME	$0.00	Not Allowed	N
L5644	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET	$0.00	Not Allowed	N
L5645	E	ADD'N TO LOWER EXTREM. BELOW KNEE FLEX. INNER / EXT. FRAME	$0.00	Not Allowed	N
L5646	E	BELOW KNEE CUSHION SOCKET	$0.00	Not Allowed	N
L5647	E	ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET	$0.00	Not Allowed	N
L5648	E	ABOVE KNEE CUSHION SOCKET	$0.00	Not Allowed	N
L5649	E	ADD'N TO LOWER EXTREM. ISCHIAL CONTAINMENT/NARROW M-L SC	$0.00	Not Allowed	N
L5650	E	ADD'N TO LOWER EXTREM. TOTAL CONTACT AK OR KNEE DISARTIC	$0.00	Not Allowed	N
L5651	E	ADD'N TO LOWER EXTREM. ABOVE KNEE FLEX. INNER /EXT. FRAME	$0.00	Not Allowed	N
L5652	E	ADD'N TO LOWER EXTREM. SUCTION SUSPENSION AK OR KNEE DISA	$0.00	Not Allowed	N
L5653	E	ADD'N TO LOWER EXTREMITY KNEE DISARTICULATION EXP. WALL	$0.00	Not Allowed	N
L5654	E	ADD'N TO LOWER EXTREM. SOCKET INSERT SYMES	$0.00	Not Allowed	N
L5655	E	ADD'N TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE	$0.00	Not Allowed	N
L5656	E	ADD'N TO LOWER EXTREM. SOCKET INSERT KNEE DISARTICULION	$0.00	Not Allowed	N
L5658	E	ADD'N TO LOWER EXTREM. SOCKET INSERT ABOVE KNEE	$0.00	Not Allowed	N
L5661	E	ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER SYI	$0.00	Not Allowed	N
L5665	E	ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER BK	$0.00	Not Allowed	N
L5666	E	ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION	$0.00	Not Allowed	N
L5668	E	ADD'N TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL CUSHI	$0.00	Not Allowed	N
L5670	E	ADD'N TO LOWER EXTREM. BELOW KNEE MOLDED SUPRACONDYLA	$0.00	Not Allowed	N
L5671	E	BK/AK LOCKING MECHANISM	$0.00	Not Allowed	
L5672	E	ADD'N TO LOWER EXTREM. BELOW KNEE REMOV. MEDIAL BRIM SUS	$0.00	Not Allowed	N
L5673	E	SOCKET INSERT W LOCK MECH	$0.00	Not Allowed	
L5676	E	ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. SINGLE AXIS PR	$0.00	Not Allowed	N
L5677	E	ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. POLYCENTRIC P	$0.00	Not Allowed	N
L5678	E	ADD'N TO LOWER EXTREM. BELOW KNEE JOINT COVERS PAIR	$0.00	Not Allowed	N
L5679	E	SOCKET INSERT W/O LOCK MECH	$0.00	Not Allowed	
L5680	E	ADD'N TO LOWER EXTREM. BELOW KNEE THIGH LACER NONMOLDE	$0.00	Not Allowed	N
L5681	E	INTL CUSTM CONG/LATYP INSERT	$0.00	Not Allowed	
L5682	E	ADD'N TO LOWER EXTREM. BK THIGH LACER GLUTEAL/ISCHIAL MOI	$0.00	Not Allowed	N
L5683	E	INITIAL CUSTOM SOCKET INSERT	$0.00	Not Allowed	
L5684	E	ADD'N TO LOWER EXTREM. BELOW KNEE FORK STRAP	$0.00	Not Allowed	N
L5685	E	BELOW KNEE SUS/SEAL SLEEVE	$0.00	Not Allowed	
L5686	E	ADD'N TO LOWER EXTREM. BELOW KNEE BACK CHECK (EXT. CTRL.)	$0.00	Not Allowed	N
L5688	E	ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT WEBBING	$0.00	Not Allowed	N
L5690	E	ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT PADDED/LINI	$0.00	Not Allowed	N
L5692	E	ADD'N TO LOWER EXTREM. ABOVE KNEE PELVIC CONTROL BELT LIG	$0.00	Not Allowed	N
L5694	E	ADD'N TO LOWER EXREM. ABOVE KNEE PELVIC CTRL. PADDED/LINE	$0.00	Not Allowed	N
L5695	E	ADD'N TO LOWER EXTREM. AK PELVIC CTRL. SLEEVESUSP. EACH	$0.00	Not Allowed	N
L5696	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC JOINT	$0.00	Not Allowed	N
L5697	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC BAND	$0.00	Not Allowed	N
L5698	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. SILESIAN BNDG.	$0.00	Not Allowed	N
L5699	E	ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS	$0.00	Not Allowed	N
L5700	E	REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL	$0.00	Not Allowed	
L5701	E	REPLACEMENT SOCKET AK/KNEE DISARTIC. INCL ATTACHMENT MOI	$0.00	Not Allowed	N
L5702	E	REPLACEMENT SOCKET HIP DISARTIC. INC. HIP JOINT MOLDED	$0.00	Not Allowed	
L5703	E	SYMES ANKLE W/O (SACH) FOOT	$0.00	Not Allowed	
L5704	E	CUSTOM SHAPE COVER BK	$0.00	Not Allowed	
L5705	E	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE	$0.00	Not Allowed	N
L5706	E	CUSTOM SHAPE CVR KNEE DISART	$0.00	Not Allowed	
L5707	E	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC.	$0.00	Not Allowed	N
L5710	E	ADD'N EXOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOC	$0.00	Not Allowed	N
L5711	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/	$0.00	Not Allowed	N
L5712	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING	$0.00	Not Allowed	N
L5714	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS VARIAB FRICTI	$0.00	Not Allowed	N
L5716	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOC	$0.00	Not Allowed	N
L5718	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING	$0.00	Not Allowed	N
L5722	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI	$0.00	Not Allowed	N
L5724	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING	$0.00	Not Allowed	N
L5726	E	ADD'N EXOSKEL. KNEE-SHIN SYS. SNGL. AXIS EXT. JTS. FLUID	$0.00	Not Allowed	N
L5728	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING	$0.00	Not Allowed	N
L5780	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT./HYDR	$0.00	Not Allowed	N
L5781	E	LOWER LIMB PROS VACUUM PUMP	$0.00	Not Allowed	Y
L5782	E	HD LOW LIMB PROS VACUUM PUMP	$0.00	Not Allowed	
L5785	E	ADD'N EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERI.	$0.00	Not Allowed	N
L5790	E	ADD'N EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERI.	$0.00	Not Allowed	N
L5795	E	ADD'N EXOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI	$0.00	Not Allowed	N

L5810	E	ADD'N ENDOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LC	$0.00	Not Allowed	N
L5811	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U	$0.00	Not Allowed	N
L5812	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWINC	$0.00	Not Allowed	N
L5814	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC HYDRAULIC	$0.00	Not Allowed	N
L5816	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LO	$0.00	Not Allowed	N
L5818	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWINC	$0.00	Not Allowed	N
L5822	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SW	$0.00	Not Allowed	N
L5824	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING	$0.00	Not Allowed	N
L5826	E	ADD'N ENDOSKEL. KNEE-SHIN SYS. SNGL. AXIS HYDRAULIC HIGH	$0.00	Not Allowed	N
L5828	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING	$0.00	Not Allowed	N
L5830	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SW	$0.00	Not Allowed	N
L5840	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. 4-BAR OR MULTIAXIAL PNE	$0.00	Not Allowed	N
L5845	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. STANCE FLEXION ADJUSTAI	$0.00	Not Allowed	N
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE	$0.00	Not Allowed	
L5850	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. EXT. ASSIST	$0.00	Not Allowed	N
L5855	E	ADD'N ENDOSKELETAL SYS. HIP DISARTIC. MECHAN. HIP EXT. ASSI	$0.00	Not Allowed	N
L5856	E	ELEC KNEE-SHIN SWING/STANCE	$0.00	Not Allowed	
L5857	E	ELEC KNEE-SHIN SWING ONLY	$0.00	Not Allowed	
L5858	E	STANCE PHASE ONLY	$0.00	Not Allowed	
L5910	E	ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYS	$0.00	Not Allowed	N
L5920	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. ALIGNABLE	$0.00	Not Allowed	N
L5925	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTIC. MAN	$0.00	Not Allowed	N
L5930	E	ADD'N ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTROL FRA	$0.00	Not Allowed	N
L5940	E	ADD'N ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATER	$0.00	Not Allowed	N
L5950	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATER	$0.00	Not Allowed	N
L5960	E	ADD'N ENDOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATEI	$0.00	Not Allowed	N
L5962	E	ADD'N ENDOSKELETAL SYSTEM BK FLEX. PROTEC OUTER SURF COV	$0.00	Not Allowed	N
L5964	E	ADD'N ENDOSKELETAL SYSTEM AK FLEX. PROTEC OUTER SURF COV	$0.00	Not Allowed	N
L5966	E	ADD'N ENDOSKELETAL SYSTEM HIP DISAR. PRTEC OUTER SURF COV	$0.00	Not Allowed	N
L5968	E	ADD'N TO LOWER LIMB PROSTHESIS MULTIAXIAL ANKLE W/SWING	$0.00	Not Allowed	Y
L5970	E	ALL LOWER EXTREM. PROS. FOOT EXTERNAL KEEL SACH FOOT	$0.00	Not Allowed	N
L5971	E	SACH FOOT REPLACEMENT	$0.00	Not Allowed	
L5972	E	ALL LOWER EXTREM. PROS. FLEXIBLE KEEL FOOT	$0.00	Not Allowed	N
L5974	E	ALL LOWER EXTREM. PROS. FOOT SINGLE AXIS ANKLE/FOOT	$0.00	Not Allowed	N
L5975	E	ALL LOWER EXTREM. PROS. COMBO SNGL. AXIS ANKLE/FLEX KEEL F	$0.00	Not Allowed	N
L5976	E	ALL LOWER EXTREM. PROS. ENERGY STORING FOOT	$0.00	Not Allowed	N
L5978	E	ALL LOWER EXTREM. PROS. FOOT MULTIAXIAL ANKLE/FOOT	$0.00	Not Allowed	N
L5979	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ANKLE/DYNAMIC RESPFOC	$0.00	Not Allowed	N
L5980	E	ALL LOWER EXTREM. PROS. FLEX FOOT SYSTEM	$0.00	Not Allowed	N
L5981	E	ALL LOWER EXTREM. PROS. FLEX-WALK SYSTEM OR EQUAL	$0.00	Not Allowed	N
L5982	E	ALL LOWER EXTREM. PROS. AXIAL ROTATION UNIT	$0.00	Not Allowed	N
L5984	E	ENDOSKELETAL AXIAL ROTATION	$0.00	Not Allowed	N
L5985	E	ALL LOWER EXTREM. PROS. DYNAMIC PROSTHETIC PYLON	$0.00	Not Allowed	N
L5986	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ROTATION UNIT	$0.00	Not Allowed	N
L5987	E	ALL LOWER EXTREM. PROS. SHANK FOOT SYSTEM W/VERT. LOAD PY	$0.00	Not Allowed	N
L5988	E	ADD'N TO LOWER LIMB PROSTHESIS VERTICAL SHOCK REDUCING PY	$0.00	Not Allowed	Y
L5990	E	USER ADJUSTABLE HEEL HEIGHT	$0.00	Not Allowed	N
L5999	E	LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED	$0.00	Not Allowed	N
L6000	E	PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)	$0.00	Not Allowed	N
L6010	E	PARTIAL HAND ROBIN-AIDS LITTLE &/OR RING FINGER REMAINING	$0.00	Not Allowed	N
L6020	E	PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL)	$0.00	Not Allowed	N
L6025	E	PART HAND DISART MYOELECTRIC	$0.00	Not Allowed	Y
L6050	E	WRIST DISARTIC. MOLDED SOCK. FLEX. ELBOW HINGES TRICEPS PA	$0.00	Not Allowed	N
L6055	E	WRIST DISARTIC. MOLDED SOCK. W/ EXPANDABLE INTERFACE	$0.00	Not Allowed	N
L6100	E	BELOW ELBOW MOLDED SOCKET FLEX. ELBOW HINGE TRICEPS PAI	$0.00	Not Allowed	N
L6110	E	BELOW ELBOW MOLDED SOCKET (MUENSTER OR NW SUSPENSION T	$0.00	Not Allowed	N
L6120	E	BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HIN	$0.00	Not Allowed	N
L6130	E	BELOW ELBOW MOLDED DBL. WALL SPLIT SOCK. STUMP ACTIV. HIN	$0.00	Not Allowed	N
L6200	E	ELBOW DISARTIC. MOLDED SOCK. OUTSIDE LOCKING HINGE FOREA	$0.00	Not Allowed	N
L6205	E	ELBOW DISARTIC. MOLDED SOCK. EXP. INTFACE LOCKING FOREARM	$0.00	Not Allowed	N
L6250	E	ABOVE ELBOW MOLDED DBL. WALL SOCK. INT.LOCK ELBOW FORE	$0.00	Not Allowed	N
L6300	E	SHOULDER DISARTIC. MOLDED SOCK. SHLDR BULKHEAD HUMERAL	$0.00	Not Allowed	N
L6310	E	SHOULDER DISARTIC. PASSIVE RESTORATION(COMPLETE PROSTHES	$0.00	Not Allowed	N
L6320	E	SHOULDER DISARTIC. PASSIVE RESTORATION (SHOULDER CAP ONLY	$0.00	Not Allowed	N
L6350	E	INTERSCAP. THORACIC MOLDED SOCKET SHOULDER BULKHEADHU	$0.00	Not Allowed	N
L6360	E	INTERSCAP. THORACIC PASSIVE RESTORATION(COMPLETE PROSTHES	$0.00	Not Allowed	N
L6370	E	INTERSCAP. THORACIC PASSIVE RESTORATION (SHOULDER CAP ONL	$0.00	Not Allowed	N
L6380	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. WRIST OR BE	$0.00	Not Allowed	N
L6382	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. ELBOW OR AE	$0.00	Not Allowed	N
L6384	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. SHLDR. OR I/T	$0.00	Not Allowed	N
L6386	E	IMMED. POSTSURG. OR EARLY FIT EA ADD'L CAST CHANGE/REALIGN	$0.00	Not Allowed	N

L6388	E	IMMED. POSTSURG. OR EARLY FIT APPLIC. RIGID DRESSING ONLY	$0.00	Not Allowed	N
L6400	E	BELOW ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING	$0.00	Not Allowed	N
L6450	E	ELBOW DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAI	$0.00	Not Allowed	N
L6500	E	ABOVE ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING	$0.00	Not Allowed	N
L6550	E	SHLDR. DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP	$0.00	Not Allowed	N
L6570	E	INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYST	$0.00	Not Allowed	
L6580	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE	$0.00	Not Allowed	N
L6582	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE	$0.00	Not Allowed	N
L6584	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGL	$0.00	Not Allowed	N
L6586	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGL	$0.00	Not Allowed	N
L6588	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR T	$0.00	Not Allowed	N
L6590	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR T	$0.00	Not Allowed	N
L6600	E	UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR	$0.00	Not Allowed	
L6605	E	UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR	$0.00	Not Allowed	
L6610	E	UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR	$0.00	Not Allowed	
L6611	E	ADDITIONAL SWITCH, EXT POWER	$0.00	Not Allowed	
L6615	E	UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT	$0.00	Not Allowed	
L6616	E	UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR	$0.00	Not Allowed	N
L6620	E	FLEXION/EXTENSION WRIST UNIT	$0.00	Not Allowed	
L6621	E	FLEX/EXT WRIST W/WO FRICTION	$0.00	Not Allowed	
L6623	E	UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST	$0.00	Not Allowed	N
L6624	E	FLEX/EXT/ROTATION WRIST UNIT	$0.00	Not Allowed	
L6625	E	UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE	$0.00	Not Allowed	
L6628	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER	$0.00	Not Allowed	N
L6629	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION CO	$0.00	Not Allowed	N
L6630	E	UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST	$0.00	Not Allowed	
L6632	E	UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH	$0.00	Not Allowed	N
L6635	E	UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW	$0.00	Not Allowed	
L6637	E	UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK	$0.00	Not Allowed	N
L6638	E	ELEC LOCK ON MANUAL PW ELBOW	$0.00	Not Allowed	Y
L6639	E	HEAVY DUTY ELBOW FEATURE	$0.00	Not Allowed	
L6640	E	UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR	$0.00	Not Allowed	
L6641	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE	$0.00	Not Allowed	N
L6642	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE	$0.00	Not Allowed	N
L6645	E	UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION	$0.00	Not Allowed	
L6646	E	MULTIPO LOCKING SHOULDER JNT	$0.00	Not Allowed	Y
L6647	E	SHOULDER LOCK ACTUATOR	$0.00	Not Allowed	
L6648	E	EXT PWRD SHLDER LOCK/UNLOCK	$0.00	Not Allowed	Y
L6650	E	UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH	$0.00	Not Allowed	
L6655	E	UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA	$0.00	Not Allowed	
L6660	E	UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE	$0.00	Not Allowed	
L6665	E	UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING	$0.00	Not Allowed	
L6670	E	UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER	$0.00	Not Allowed	
L6672	E	UPPER EXTREMITY ADDITIONS HARNESS CHEST OR	$0.00	Not Allowed	
L6675	E	HARNESS FIGURE OF 8 SING CON	$0.00	Not Allowed	
L6676	E	HARNESS FIGURE OF 8 DUAL CON	$0.00	Not Allowed	
L6677	E	UE TRIPLE CONTROL HARNESS	$0.00	Not Allowed	
L6680	E	UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT-	$0.00	Not Allowed	
L6682	E	UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT	$0.00	Not Allowed	
L6684	E	UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS-	$0.00	Not Allowed	
L6686	E	UPPER EXTREMITY ADDITION SUCTION SOCKET	$0.00	Not Allowed	N
L6687	E	UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW	$0.00	Not Allowed	N
L6688	E	UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW	$0.00	Not Allowed	N
L6689	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DIS.	$0.00	Not Allowed	N
L6690	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULA	$0.00	Not Allowed	N
L6691	E	UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH	$0.00	Not Allowed	N
L6692	E	UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH	$0.00	Not Allowed	N
L6693	E	UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBA	$0.00	Not Allowed	Y
L6694	E	ELBOW SOCKET INS USE W/LOCK	$0.00	Not Allowed	
L6695	E	ELBOW SOCKET INS USE W/O LCK	$0.00	Not Allowed	
L6696	E	CUS ELBO SKT IN FOR CON/ATYP	$0.00	Not Allowed	
L6697	E	CUS ELBO SKT IN NOT CON/ATYP	$0.00	Not Allowed	
L6698	E	BELOW/ABOVE ELBOW LOCK MECH	$0.00	Not Allowed	
L6703	E	TERM DEV, PASSIVE HAND MITT	$0.00	Not Allowed	
L6704	E	TERM DEV, SPORT/REC/WORK ATT	$0.00	Not Allowed	
L6706	E	TERM DEV MECH HOOK VOL OPEN	$0.00	Not Allowed	
L6707	E	TERM DEV MECH HOOK VOL CLOSE	$0.00	Not Allowed	
L6708	E	TERM DEV MECH HAND VOL OPEN	$0.00	Not Allowed	
L6709	E	TERM DEV MECH HAND VOL CLOSE	$0.00	Not Allowed	
L6711	E	PED TERM DEV, HOOK, VOL OPEN	$0.00	Not Allowed	
L6712	E	PED TERM DEV, HOOK, VOL CLOS	$0.00	Not Allowed	

L6713	E	PED TERM DEV, HAND, VOL OPEN	$0.00	Not Allowed	
L6714	E	PED TERM DEV, HAND, VOL CLOS	$0.00	Not Allowed	
L6721	E	HOOK/HAND, HVY DTY, VOL OPEN	$0.00	Not Allowed	
L6722	E	HOOK/HAND, HVY DTY, VOL CLOS	$0.00	Not Allowed	
L6805	E	TERM DEV MODIFIER WRIST UNIT	$0.00	Not Allowed	
L6810	E	TERM DEV PRECISION PINCH DEV	$0.00	Not Allowed	N
L6881	E	TERM DEV AUTO GRASP FEATURE	$0.00	Not Allowed	
L6882	E	MICROPROCESSOR CONTROL UPLMB	$0.00	Not Allowed	N
L6883	E	REPLC SOCKT BELOW E/W DISA	$0.00	Not Allowed	
L6884	E	REPLC SOCKT ABOVE ELBOW DISA	$0.00	Not Allowed	
L6885	E	REPLC SOCKT SHLDR DIS/INTERC	$0.00	Not Allowed	
L6890	E	TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTION GLOV	$0.00	Not Allowed	
L6895	E	TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM GLOVE	$0.00	Not Allowed	
L6900	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUI	$0.00	Not Allowed	
L6905	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLU	$0.00	Not Allowed	
L6910	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUI	$0.00	Not Allowed	
L6915	E	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED)	$0.00	Not Allowed	
L6920	E	WRIST DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6925	E	WRIST DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6930	E	BELOW ELBOW SWITCH CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6935	E	BELOW ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6940	E	ELBOW DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6945	E	ELBOW DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICI	$0.00	Not Allowed	N
L6950	E	ABOVE ELBOW SWITCH CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6955	E	ABOVE ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6960	E	SHLDR DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6965	E	SHLDR DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6970	E	INTERSCAP-THOR. SWITCH CONTROL OF TERMINAL DEVICE	$0.00	Not Allowed	N
L6975	E	INTERSCAP-THOR. MYOELECTRONIC CONTROL OF TERMINAL DEVICI	$0.00	Not Allowed	N
L7007	E	ADULT ELECTRIC HAND	$0.00	Not Allowed	
L7008	E	PEDIATRIC ELECTRIC HAND	$0.00	Not Allowed	
L7009	E	ADULT ELECTRIC HOOK	$0.00	Not Allowed	
L7040	E	PREHENSILE ACTUATOR	$0.00	Not Allowed	N
L7045	E	PEDIATRIC ELECTRIC HOOK	$0.00	Not Allowed	N
L7170	E	ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED	$0.00	Not Allowed	N
L7180	E	ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALLY CONT	$0.00	Not Allowed	N
L7181	E	ELECTRONIC ELBO SIMULTANEOUS	$0.00	Not Allowed	
L7185	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTRC	$0.00	Not Allowed	N
L7186	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH (	$0.00	Not Allowed	N
L7190	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONI	$0.00	Not Allowed	N
L7191	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELE(	$0.00	Not Allowed	N
L7260	E	ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL	$0.00	Not Allowed	N
L7261	E	ELECTRONIC WRIST ROTATOR FOR UTAH ARM	$0.00	Not Allowed	N
L7266	E	SERVO CONTROL STEEPER OR EQUAL	$0.00	Not Allowed	N
L7272	E	ANALOGUE CONTROL UNB OR EQUAL	$0.00	Not Allowed	N
L7274	E	PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL	$0.00	Not Allowed	N
L7360	E	SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH	$0.00	Not Allowed	N
L7362	E	BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL	$0.00	Not Allowed	N
L7364	E	TWELVE VOLT BATTERY UTAH OR EQUAL EACH	$0.00	Not Allowed	N
L7366	E	BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL	$0.00	Not Allowed	N
L7367	E	REPLACEMNT LITHIUM IONBATTER	$0.00	Not Allowed	
L7368	E	3ITHIUM ION BATTERY CHARGER	$0.00	Not Allowed	
L7400	E	ADD UE PROST BE/WD ULTLITE	$0.00	Not Allowed	
L7401	E	ADD UE PROST A/E ULTLITE MAT	$0.00	Not Allowed	
L7402	E	ADD UE PROST S/D ULTLITE MAT	$0.00	Not Allowed	
L7403	E	ADD UE PROST B/E ACRYLIC	$0.00	Not Allowed	
L7404	E	ADD UE PROST A/E ACRYLIC	$0.00	Not Allowed	
L7405	E	ADD UE PROST S/D ACRYLIC	$0.00	Not Allowed	
L7499	E	UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED	$0.00	Not Allowed	
L7500	E	REPAIR OF PROSTHETIC DEVICE HOURLY RATE	$0.00	Not Allowed	
L7510	E	PROSTHETIC DEVICE REPAIR REP	$0.00	Not Allowed	
L7520	E	REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES	$0.00	Not Allowed	
L7600	E	PROSTHETIC DONNING SLEEVE	$0.00	Not Allowed	
L7900	E	MALE VACUUM ERECTION SYSTEM	$0.00	Not Allowed	N
L8000	E	BREAST PROSTHESIS MASTECTOMY BRA	$0.00	Not Allowed	N
L8001	E	BREAST PROSTHESIS BRA & FORM	$0.00	Not Allowed	
L8002	E	BRST PRSTH BRA & BILAT FORM	$0.00	Not Allowed	N
L8010	M	MASTECTOMY SLEEVE	$0.00	By Report	N
L8015	E	EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-M.	$0.00	Not Allowed	N
L8020	E	BREAST PROSTHESIS MASTECTOMY FORM	$0.00	Not Allowed	N
L8030	E	BREAST PROSTHESIS SILICONE OR EQUAL	$0.00	Not Allowed	N

L8035	E	CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MOD	$0.00	Not Allowed	Y
L8039	E	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	$0.00	Not Allowed	N
L8040	E	NASAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	$0.00	Not Allowed	Y
L8041	E	MIDFACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	$0.00	Not Allowed	Y
L8042	E	ORBITAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	$0.00	Not Allowed	Y
L8043	E	UPPER FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	$0.00	Not Allowed	Y
L8044	E	HEMI-FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	$0.00	Not Allowed	Y
L8045	E	AURICULAR PROSTHESIS PROVIDED BY A NON PHYSICIAN	$0.00	Not Allowed	Y
L8046	E	PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	$0.00	Not Allowed	Y
L8047	E	NASAL SEPTAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	$0.00	Not Allowed	N
L8048	E	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY A NON PHYSICIAN	$0.00	Not Allowed	N
L8049	E	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS LABOR	$0.00	Not Allowed	N
L8300	E	TRUSSES SINGLE WITH STANDARD PAD	$0.00	Not Allowed	
L8310	E	TRUSSES DOUBLE WITH STANDARD PADS	$0.00	Not Allowed	
L8320	E	TRUSSES ADDITION TO STANDARD PADS WATER PAD	$0.00	Not Allowed	
L8330	E	TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD	$0.00	Not Allowed	
L8400	E	PROSTHETIC SHEATH BELOW KNEE EACH	$0.00	Not Allowed	
L8410	E	PROSTHETIC SHEATH ABOVE KNEE EACH	$0.00	Not Allowed	
L8415	E	PROSTHETIC SHEATH UPPER LIMB EACH	$0.00	Not Allowed	N
L8417	E	PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH	$0.00	Not Allowed	N
L8420	E	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH	$0.00	Not Allowed	
L8430	E	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH	$0.00	Not Allowed	
L8435	E	PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH	$0.00	Not Allowed	N
L8440	E	PROSTHETIC SHRINKER BELOW KNEE EACH	$0.00	Not Allowed	
L8460	E	PROSTHETIC SHRINKER ABOVE KNEE EACH	$0.00	Not Allowed	
L8465	E	PROSTHETIC SHRINKER UPPER LIMB EACH	$0.00	Not Allowed	N
L8470	E	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH	$0.00	Not Allowed	
L8480	E	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH	$0.00	Not Allowed	
L8485	E	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH	$0.00	Not Allowed	N
L8499	E	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC	$0.00	Not Allowed	
L8500	E	ARTIFICIAL LARYNX ANY TYPE	$0.00	Not Allowed	N
L8501	E	TRACHEOSTOMY SPEAKING VALVE	$0.00	Not Allowed	N
L8505	E	ARTIFICIAL LARYNX ACCESSORY	$0.00	Not Allowed	
L8507	E	TRACH-ESOPH VOICE PROS PT IN	$0.00	Not Allowed	Y
L8509	E	TRACH-ESOPH VOICE PROS MD IN	$0.00	Not Allowed	Y
L8510	E	VOICE AMPLIFIER	$0.00	Not Allowed	Y
L8511	E	INDWELLING TRACH INSERT	$0.00	Not Allowed	
L8512	E	GEL CAP FOR TRACH VOICE PROS	$0.00	Not Allowed	
L8513	E	TRACH PROS CLEANING DEVICE	$0.00	Not Allowed	
L8514	E	REPL TRACH PUNCTURE DILATOR	$0.00	Not Allowed	
L8515	E	GEL CAP APP DEVICE FOR TRACH	$0.00	Not Allowed	
L8600	N	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL	$0.00	Bundled	N
L8603	N	COLLAGEN IMPLANT URINARY TRACT PER 2.5 ML SYRINGE INC SHIP	$0.00	Bundled	N
L8604	N	DEXTRANOMER/HYALURONIC ACID	$0.00	Bundled	
L8606	N	INJECTABLE BULKING AGENT SYNTHETIC IMPLANT URINARY TRAC	$0.00	Bundled	N
L8609	N	ARTIFICIAL CORNEA	$0.00	Bundled	
L8610	N	OCULAR IMPLANT	$0.00	Bundled	N
L8612	N	AQUEOUS SHUNT	$0.00	Bundled	N
L8613	N	OSSICULAR IMPLANT	$0.00	Bundled	N
L8614	N	COCHLEAR DEVICE	$0.00	Bundled	N
L8615	E	COCH IMPLANT HEADSET REPLACE	$0.00	Not Allowed	
L8616	E	COCH IMPLANT MICROPHONE REPL	$0.00	Not Allowed	
L8617	E	COCH IMPLANT TRANS COIL REPL	$0.00	Not Allowed	
L8618	E	COCH IMPLANT TRAN CABLE REPL	$0.00	Not Allowed	
L8619	E	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLACEMENT	$0.00	Not Allowed	N
L8621	E	REPL ZINC AIR BATTERY	$0.00	Not Allowed	
L8622	E	REPL ALKALINE BATTERY	$0.00	Not Allowed	
L8623	E	LITH ION BATT CID,NON-EARLVL	$0.00	Not Allowed	
L8624	E	LITH ION BATT CID, EAR LEVEL	$0.00	Not Allowed	
L8630	N	METACARPOPHALANGEAL JOINT IMPLANT	$0.00	Bundled	N
L8631	E	MCP JOINT REPL 2 PC OR MORE	$0.00	Not Allowed	
L8641	N	METATARSAL JOINT IMPLANT	$0.00	Bundled	N
L8642	N	HALLUX IMPLANT	$0.00	Bundled	N
L8658	N	INTERPHALANGEAL JOINT SPACER	$0.00	Bundled	N
L8659	E	INTERPHALANGEAL JOINT REPL	$0.00	Not Allowed	
L8670	N	VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT	$0.00	Bundled	N
L8680	E	IMPLT NEUROSTIM ELCTR EACH	$0.00	Not Allowed	
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM	$0.00	Not Allowed	
L8682	N	IMPLT NEUROSTIM RADIOFQ REC	$0.00	Bundled	
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU	$0.00	Not Allowed	
L8684	E	RADIOF TRSMTR IMPLT SCRL NEU	$0.00	Not Allowed	

L8685	N	IMPLT NROSTM PLS GEN SNG REC			$0.00	Bundled				
L8686	N	IMPLT NROSTM PLS GEN SNG NON			$0.00	Bundled				
L8687	N	IMPLT NROSTM PLS GEN DUA REC			$0.00	Bundled				
L8688	N	IMPLT NROSTM PLS GEN DUA NON			$0.00	Bundled				
L8689	E	EXTERNAL RECHARG SYS INTERN			$0.00	Not Allowed				
L8690	N	AUD OSSEO DEV, INT/EXT COMP			$0.00	Bundled				
L8691	E	AUD OSSEO DEV EXT SND PROCES			$0.00	Not Allowed				
L8695	E	EXTERNAL RECHARG SYS EXTERN			$0.00	Not Allowed				
L8699	N	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED			$0.00	Bundled				N
L9900	E	ORTHO/PROSTHETIC SUPP ACCESS &/OR SRVC COMPONT OF ANTHR C			$0.00	Not Allowed				N
M0064	N	VISIT FOR DRUG MONITORING	00606	1.3585	$68.75	Bundled, may be payable in some circumstances				N
M0075	E	CELLULAR THERAPY			$0.00	Not Allowed				
M0076	E	PROLOTHERAPY			$0.00	Not Allowed				
M0100	E	INTRAGASTRIC HYPOTHERMIA			$0.00	Not Allowed				
M0300	E	IV CHELATIONTHERAPY			$0.00	Not Allowed				
M0301	E	FABRIC WRAPPING OF ANEURYSM			$0.00	Not Allowed				
P2028	Q	CEPHALIN FLOCULATION BLOOD			$0.00	By Report	$0.00	$0.00	$0.00	N
P2029	Q	CONGO RED BLOOD			$0.00	By Report	$0.00	$0.00	$0.00	N
P2031	E	HAIR ANALYSIS (EXCLUDING ARSENIC)			$0.00	Not Allowed				N
P2033	Q	THYMOL TURBIDITY BLOOD			$0.00	By Report	$0.00	$0.00	$0.00	N
P2038	Q	MUCOPROTEIN BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEI			$12.23	Medicare	$12.23	$7.58	$7.34	N
P3000	Q	SCREENING PAPANICOLAOU SMEAR CERVICAL OR VAGINAL UP TO 1			$25.70	Medicare	$25.70	$15.93	$15.42	N
P3001	M	SCREENING PAP SMEAR BY PHYS			$0.00	Fee Schedule				N
P7001	E	CULTURE BACTERIAL URINE; QUANTITATIVE SENSITIVITY STUDY			$0.00	Not Allowed				N
P9010	K	WHOLE BLOOD FOR TRANSFUSION	00950	3.4878	$176.52	APC				N
P9011	K	BLOOD, SPLIT UNIT	00967	0.4711	$23.84	APC				N
P9012	K	CRYOPRECIPITATE EACH UNIT	00952	0.6428	$32.53	APC				N
P9016	K	RBC LEUKOCYTES REDUCED	00954	2.8598	$144.73	APC				N
P9017	K	PLASMA 1 DONOR FRZ W/IN 8 HR	09508	1.1615	$58.78	APC				N
P9019	K	PLATELETS, EACH UNIT	00957	1.1088	$56.12	APC				N
P9020	K	PLATELET RICH PLASMA EACH UNIT	00958	5.9788	$302.59	APC				N
P9021	K	RED BLOOD CELLS UNIT	00959	2.0712	$104.82	APC				N
P9022	K	WASHED RED BLOOD CELLS EACH UNIT	00960	3.9607	$200.45	APC				N
P9023	K	FROZEN PLASMA, POOLED, SD	00949	0.8906	$45.07	APC				N
P9031	K	PLATELETS LEUKOCYTES REDUCED EACH	01013	1.6904	$85.55	APC				N
P9032	K	PLATELETS, IRRADIATED	09500	2.4890	$125.97	APC				N
P9033	K	PLATELETS LEUKOCYTES REDUCED IRRA	00968	1.9405	$98.21	APC				N
P9034	K	PLATELETS, PHERESIS	09507	7.0946	$359.06	APC				N
P9035	K	PLATELETS PHERESIS LEUKOCYTES REDU	09501	7.7934	$394.42	APC				N
P9036	K	PLATELET PHERESIS IRRADIATED	09502	7.1078	$359.73	APC				N
P9037	K	PLATELETS PHERESIS LEUKOCYTES REDU	01019	9.8927	$500.67	APC				N
P9038	K	RBC IRRADIATED	09505	3.7950	$192.06	APC				N
P9039	K	RED BLOOD CELLS DEGLYCEROLIZED EA	09504	5.1685	$261.58	APC				N
P9040	K	RBC LEUKOREDUCED IRRADIATED	00969	3.8046	$192.55	APC				N
P9041	K	INFUSION ALBUMIN(HUMAN) 5% 50ML	00961		$19.12	APC				N
P9043	K	INFUSION PLASMA PROTEIN FRACTION(HU	00956	0.2365	$11.97	APC				N
P9044	K	CRYOPRECIPITATEREDUCEDPLASMA	01009	1.2892	$65.25	APC				N
P9045	K	INFUSION ALBUMIN (HUMAN) 5% 250 ML	00963		$70.02	APC				N
P9046	K	ALBUMIN (HUMAN) 25% 20 ML	00964		$24.67	APC				
P9047	K	INFUSION ALBUMIN (HUMAN) 25% 50 ML	00965		$69.22	APC				N
P9048	K	PLASMAPROTEIN FRACT 5% 250ML	00966	2.9712	$150.37	APC				
P9050	K	GRANULOCYTES PHERESIS EACH UNIT	09506	25.2803	$1,279.44	APC				N
P9051	K	BLOOD L/R CMV-NEG	01010	2.1819	$110.43	APC				
P9052	K	PLATELETS HLA-M L/R UNIT	01011	10.7766	$545.40	APC				
P9053	K	PLT PHER L/R CMV-NEG IRR	01020	9.8282	$497.41	APC				
P9054	K	BLOOD L/R FROZ/DEGLY/WASH	01016	1.5392	$77.90	APC				
P9055	K	PLT APH/PHER L/R CMV-NEG	01017	7.2725	$368.06	APC				
P9056	K	BLOOD L/R IRRADIATED	01018	3.4259	$173.38	APC				
P9057	K	RBC FRZ/DEG/WSH L/R IRRAD	01021	6.4286	$325.35	APC				
P9058	K	RBC L/R CMV-NEG IRRAD	01022	4.5631	$230.94	APC				
P9059	K	PLASMA FRZ BETWEEN 8-24HOUR	00955	1.1447	$57.93	APC				
P9060	K	FR FRZ PLASMA DONOR RETESTED	09503	0.9726	$49.22	APC				
P9603	E	ONE-WAY TRAVEL ALLOWANCE PRORATED MILES			$0.00	Not Allowed				N
P9604	E	ONE-WAY TRAVEL ALLOWANCE PRORATED TRIP			$0.00	Not Allowed				N
P9612	N	CATHETERIZATION FOR SPECIMEN COLLECTION SINGLE PT. ALL POS			$0.00	Bundled				N
P9615	N	CATHETERIZATION FOR COLLECTION OF SPECIMEN(S)			$0.00	Bundled				N
Q0035	X	CARDIOKYMOGRAPHY	00100	2.5884	$131.00	APC				N
Q0081	E	INFUSION THERAPY USING OTHER THAN CHEMOTHERAPEUTIC DRUG			$0.00	Not Allowed				N
Q0083	E	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECH			$0.00	Not Allowed				N
Q0084	E	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY			$0.00	Not Allowed				N
Q0085	E	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE /			$0.00	Not Allowed				N

Q0091	T	SCREENING PAPANICOLAOU SMEAR; OBTA	00191	0.1524	$7.71	APC				N
Q0092	N	SET UP PORTABLE X-RAY EQUIPMENT			$0.00	Bundled				N
Q0111	Q	WET MOUNTS INCL PREP OF VAGINAL CERVICAL OR SKIN SPECIMEN			$10.38	Medicare	$10.38	$6.44	$6.23	N
Q0112	Q	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS			$10.38	Medicare	$10.38	$6.44	$6.23	N
Q0113	Q	PINWORM EXAMINATIONS			$11.10	Medicare	$11.10	$6.88	$6.66	N
Q0114	Q	FERN TEST			$17.40	Medicare	$17.40	$10.79	$10.44	N
Q0115	Q	POST COITAL DIRECT QUALITATIVE EXAM OF VAG OR CERV MUCOU			$24.08	Medicare	$24.08	$14.93	$14.45	N
Q0144	N	AZITHROMYCIN DIHYDRATE, ORAL			$0.00	Bundled				N
Q0163	N	DIPHENHYDRAMINE HCL 50MG			$0.00	Bundled				N
Q0164	N	PROCHLORPERAZINE MALEATE 5MG			$0.00	Bundled				N
Q0165	N	PROCHLORPERAZINE MALEATE10MG			$0.00	Bundled				N
Q0166	K	GRANISETRON HCL 1 MG ORAL	00765		$9.07	APC				N
Q0167	N	DRONABINOL 2.5MG ORAL			$0.00	Bundled				N
Q0168	N	DRONABINOL 5MG ORAL			$0.00	Bundled				N
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL			$0.00	Bundled				N
Q0170	N	PROMETHAZINE HCL 25 MG ORAL			$0.00	Bundled				N
Q0171	N	CHLORPROMAZINE HCL 10MG ORAL			$0.00	Bundled				N
Q0172	N	CHLORPROMAZINE HCL 25MG ORAL			$0.00	Bundled				N
Q0173	N	TRIMETHOBENZAMIDE HCL 250MG			$0.00	Bundled				N
Q0174	N	THIETHYLPERAZINE MALEATE10MG			$0.00	Bundled				N
Q0175	N	PERPHENAZINE 4MG ORAL			$0.00	Bundled				N
Q0176	N	PERPHENAZINE 8MG ORAL			$0.00	Bundled				N
Q0177	N	HYDROXYZINE PAMOATE 25MG			$0.00	Bundled				N
Q0178	N	HYDROXYZINE PAMOATE 50MG			$0.00	Bundled				N
Q0179	K	ONDANSETRON HCL 8 MG ORAL	00769		$4.06	APC				N
Q0180	K	DOLASETRON MESYLATE ORAL	00763		$49.43	APC				N
Q0181	N	UNSPECIFIED ORAL ANTI-EMETIC			$0.00	Bundled				N
Q0480	E	DRIVER PNEUMATIC VAD, REP			$0.00	Not Allowed				N
Q0481	E	MICROPRCSR CU ELEC VAD, REP			$0.00	Not Allowed				N
Q0482	E	MICROPRCSR CU COMBO VAD, REP			$0.00	Not Allowed				N
Q0483	E	MONITOR ELEC VAD, REP			$0.00	Not Allowed				N
Q0484	E	MONITOR ELEC OR COMB VAD REP			$0.00	Not Allowed				N
Q0485	E	MONITOR CABLE ELEC VAD, REP			$0.00	Not Allowed				N
Q0486	E	MON CABLE ELEC/PNEUM VAD REP			$0.00	Not Allowed				N
Q0487	E	LEADS ANY TYPE VAD, REP ONLY			$0.00	Not Allowed				N
Q0488	E	PWR PACK BASE ELEC VAD, REP			$0.00	Not Allowed				N
Q0489	E	PWR PCK BASE COMBO VAD, REP			$0.00	Not Allowed				N
Q0490	E	EMR PWR SOURCE ELEC VAD, REP			$0.00	Not Allowed				N
Q0491	E	EMR PWR SOURCE COMBO VAD REP			$0.00	Not Allowed				N
Q0492	E	EMR PWR CBL ELEC VAD, REP			$0.00	Not Allowed				N
Q0493	E	EMR PWR CBL COMBO VAD, REP			$0.00	Not Allowed				N
Q0494	E	EMR HD PMP ELEC/COMBO, REP			$0.00	Not Allowed				N
Q0495	E	CHARGER ELEC/COMBO VAD REP			$0.00	Not Allowed				
Q0496	E	BATTERY ELEC/COMBO VAD REP			$0.00	Not Allowed				
Q0497	E	BAT CLPS ELEC/COMB VAD REP			$0.00	Not Allowed				
Q0498	E	HOLSTER ELEC/COMBO VAD REP			$0.00	Not Allowed				
Q0499	E	BELT/VEST ELEC/COMBO VAD REP			$0.00	Not Allowed				
Q0500	E	FILTERS ELEC/COMBO VAD, REP			$0.00	Not Allowed				N
Q0501	E	SHWR COV ELEC/COMBO VAD, REP			$0.00	Not Allowed				N
Q0502	E	MOBILITY CART PNEUM VAD, REP			$0.00	Not Allowed				N
Q0503	E	BATTERY PNEUM VAD REPLACEMNT			$0.00	Not Allowed				N
Q0504	E	PWR ADPT PNEUM VAD, REP VEH			$0.00	Not Allowed				N
Q0505	E	MISCL SUPPLY/ACCESSORY VAD			$0.00	Not Allowed				N
Q0510	E	DISPENS FEE IMMUNOSUPRESSIVE			$0.00	Not Allowed				
Q0511	E	SUP FEE ANTIEM ANTICA IMMUNO			$0.00	Not Allowed				
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES			$0.00	Not Allowed				
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS			$0.00	Not Allowed				
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS			$0.00	Not Allowed				
Q0515	K	SERMORELIN ACETATE INJECTION	03050		$1.77	APC				
Q1003	N	NTIOL CATEGORY 3			$0.00	Bundled				N
Q1004	E	NTIOL CATEGORY 4			$0.00	Not Allowed				N
Q1005	E	NTIOL CATEGORY 5			$0.00	Not Allowed				N
Q2004	N	BLADDER CALCULI IRRIG SOL			$0.00	Bundled				N
Q2009	N	FOSPHENYTOIN, 50 MG			$0.00	Bundled				N
Q2017	K	TENIPOSIDE, 50 MG	07035		$319.52	APC				N
Q3001	E	BRACHYTHERAPY RADIOELEMENTS			$0.00	Not Allowed				N
Q3014	E	CYANOCOBALAMIN COBALT CO57			$0.00	Not Allowed				N
Q3025	K	IM INJ INTERFERON BETA 1-A	09022		$164.48	APC				
Q3026	E	SUBC INJ INTERFERON BETA-1A			$0.00	Not Allowed				
Q3031	N	COLLAGEN SKIN TEST			$0.00	Bundled				N
Q4001	N	CAST SUP BODY CAST PLASTER			$0.00	Bundled				N

Q4002	N	CAST SUP BODY CAST FIBERGLAS		$0.00	Bundled	N
Q4003	N	CAST SUP SHOULDER CAST PLSTR		$0.00	Bundled	N
Q4004	N	CAST SUP SHOULDER CAST FBRGL		$0.00	Bundled	N
Q4005	N	CAST SUP LONG ARM ADULT PLST		$0.00	Bundled	N
Q4006	N	CAST SUP LONG ARM ADULT FBRG		$0.00	Bundled	N
Q4007	N	CAST SUP LONG ARM PED PLSTER		$0.00	Bundled	N
Q4008	N	CAST SUP LONG ARM PED FBRGLS		$0.00	Bundled	N
Q4009	N	CAST SUP SHT ARM ADULT PLSTR		$0.00	Bundled	N
Q4010	N	CAST SUP SHT ARM ADULT FBRGL		$0.00	Bundled	N
Q4011	N	CAST SUP SHT ARM PED PLASTER		$0.00	Bundled	N
Q4012	N	CAST SUP SHT ARM PED FBRGLAS		$0.00	Bundled	N
Q4013	N	CAST SUP GAUNTLET PLASTER		$0.00	Bundled	N
Q4014	N	CAST SUP GAUNTLET FIBERGLASS		$0.00	Bundled	N
Q4015	N	CAST SUP GAUNTLET PED PLSTER		$0.00	Bundled	N
Q4016	N	CAST SUP GAUNTLET PED FBRGLS		$0.00	Bundled	N
Q4017	N	CAST SUP LNG ARM SPLINT PLST		$0.00	Bundled	N
Q4018	N	CAST SUP LNG ARM SPLINT FBRG		$0.00	Bundled	N
Q4019	N	CAST SUP LNG ARM SPLNT PED P		$0.00	Bundled	N
Q4020	N	CAST SUP LNG ARM SPLNT PED F		$0.00	Bundled	N
Q4021	N	CAST SUP SHT ARM SPLINT PLST		$0.00	Bundled	N
Q4022	N	CAST SUP SHT ARM SPLINT FBRG		$0.00	Bundled	N
Q4023	N	CAST SUP SHT ARM SPLNT PED P		$0.00	Bundled	N
Q4024	N	CAST SUP SHT ARM SPLNT PED F		$0.00	Bundled	N
Q4025	N	CAST SUP HIP SPICA PLASTER		$0.00	Bundled	N
Q4026	N	CAST SUP HIP SPICA FIBERGLAS		$0.00	Bundled	N
Q4027	N	CAST SUP HIP SPICA PED PLSTR		$0.00	Bundled	N
Q4028	N	CAST SUP HIP SPICA PED FBRGL		$0.00	Bundled	N
Q4029	N	CAST SUP LONG LEG PLASTER		$0.00	Bundled	N
Q4030	N	CAST SUP LONG LEG FIBERGLASS		$0.00	Bundled	N
Q4031	N	CAST SUP LNG LEG PED PLASTER		$0.00	Bundled	N
Q4032	N	CAST SUP LNG LEG PED FBRGLS		$0.00	Bundled	N
Q4033	N	CAST SUP LNG LEG CYLINDER PL		$0.00	Bundled	N
Q4034	N	CAST SUP LNG LEG CYLINDER FB		$0.00	Bundled	N
Q4035	N	CAST SUP LNGLEG CYLNDR PED P		$0.00	Bundled	N
Q4036	N	CAST SUP LNGLEG CYLNDR PED F		$0.00	Bundled	N
Q4037	N	CAST SUP SHRT LEG PLASTER		$0.00	Bundled	N
Q4038	N	CAST SUP SHRT LEG FIBERGLASS		$0.00	Bundled	N
Q4039	N	CAST SUP SHRT LEG PED PLSTER		$0.00	Bundled	N
Q4040	N	CAST SUP SHRT LEG PED FBRGLS		$0.00	Bundled	N
Q4041	N	CAST SUP LNG LEG SPLNT PLSTR		$0.00	Bundled	N
Q4042	N	CAST SUP LNG LEG SPLNT FBRGL		$0.00	Bundled	N
Q4043	N	CAST SUP LNG LEG SPLNT PED P		$0.00	Bundled	N
Q4044	N	CAST SUP LNG LEG SPLNT PED F		$0.00	Bundled	N
Q4045	N	CAST SUP SHT LEG SPLNT PLSTR		$0.00	Bundled	N
Q4046	N	CAST SUP SHT LEG SPLNT FBRGL		$0.00	Bundled	N
Q4047	N	CAST SUP SHT LEG SPLNT PED P		$0.00	Bundled	N
Q4048	N	CAST SUP SHT LEG SPLNT PED F		$0.00	Bundled	N
Q4049	N	FINGER SPLINT, STATIC		$0.00	Bundled	N
Q4050	N	CAST SUPPLIES UNLISTED		$0.00	Bundled	N
Q4051	N	SPLINT SUPPLIES MISC		$0.00	Bundled	N
Q4080	E	ILOPROST INHALATION SOLUTION		$0.00	Not Allowed	N
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD		$0.00	Not Allowed	
Q4082	E	DRUG/BIO NOC PART B DRUG CAP		$0.00	Not Allowed	
Q4100	N	SKIN SUBSTITUTE, NOS		$0.00	Bundled	
Q4101	K	APLIGRAF SKIN SUB	01240	$30.70	APC	
Q4102	K	OASIS WOUND MATRIX SKIN SUB	01241	$4.24	APC	
Q4103	K	OASIS BURN MATRIX SKIN SUB	01242	$4.24	APC	
Q4104	K	INTEGRA BMWD SKIN SUB	01243	$11.83	APC	
Q4105	K	INTEGRA DRT SKIN SUB	01244	$11.83	APC	
Q4106	K	DERMAGRAFT SKIN SUB	01245	$37.76	APC	
Q4107	K	GRAFTJACKET SKIN SUB	01246	$86.68	APC	
Q4108	K	INTEGRA MATRIX SKIN SUB	01247	$18.24	APC	
Q4109	N	TISSUEMEND SKIN SUB		$0.00	Bundled	
Q4110	K	PRIMATRIX SKIN SUB	01248	$35.57	APC	
Q4111	K	GAMMAGRAFT SKIN SUB	01252	$7.18	APC	
Q4112	K	CYMETRA ALLOGRAFT	01249	$303.36	APC	
Q4113	K	GRAFTJACKET EXPRESS ALLOGRAF	01250	$303.36	APC	
Q4114	G	INTEGRA FLOWABLE WOUND MATRI	01251	$900.29	APC	
Q5001	E	HOSPICE IN PATIENT HOME		$0.00	Not Allowed	
Q5002	E	HOSPICE IN ASSISTED LIVING		$0.00	Not Allowed	
Q5003	E	HOSPICE IN LT/NON-SKILLED NF		$0.00	Not Allowed	

Q5004	E	HOSPICE IN SNF	$0.00	Not Allowed	
Q5005	E	HOSPICE, INPATIENT HOSPITAL	$0.00	Not Allowed	
Q5006	E	HOSPICE IN HOSPICE FACILITY	$0.00	Not Allowed	
Q5007	E	HOSPICE IN LTCH	$0.00	Not Allowed	
Q5008	E	HOSPICE IN INPATIENT PSYCH	$0.00	Not Allowed	
Q5009	E	HOSPICE CARE, NOS	$0.00	Not Allowed	
Q9951	N	LOCM >=400MG/ML IODINE, 1ML	$0.00	Bundled	N
Q9953	N	INJ FE-BASED MR CONTRAST, ML	$0.00	Bundled	N
Q9954	N	ORAL MR CONTRAST, 100ML	$0.00	Bundled	N
Q9955	N	INJ PERFLEXANE LIP MICROS, ML	$0.00	Bundled	N
Q9956	N	INJ OCTAFLUOROPROPANE MIC, ML	$0.00	Bundled	N
Q9957	N	INJ PERFLUTREN LIP MICROS, ML	$0.00	Bundled	N
Q9958	N	HOCM <= 149 MG/ML IODINE, 1ML	$0.00	Bundled	N
Q9959	N	HOCM 150-199MG/ML IODINE, 1ML	$0.00	Bundled	N
Q9960	N	HOCM 200-249 MG/ML IODINE, 1ML	$0.00	Bundled	N
Q9961	N	HOCM 250-299 MG/ML IODINE, 1ML	$0.00	Bundled	N
Q9962	N	HOCM 300-349 MG/ML IODINE, 1ML	$0.00	Bundled	N
Q9963	N	HOCM 350-399 MG/ML IODINE, 1ML	$0.00	Bundled	N
Q9964	N	HOCM >= 400 MG/ML IODINE, 1ML	$0.00	Bundled	N
Q9965	N	LOCM 100-199MG/ML IODINE,1ML	$0.00	Bundled	
Q9966	N	LOCM 200-299MG/ML IODINE,1ML	$0.00	Bundled	
Q9967	N	LOCM 300-399MG/ML IODINE,1ML	$0.00	Bundled	
R0070	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNE	$0.00	Not Allowed	N
R0075	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNE	$0.00	Not Allowed	N
R0076	E	TRANSPORT PORTABLE EKG	$0.00	Not Allowed	N
S0073	E	INJECTION, AZTREONAM, 500 MG	$0.00	Not Allowed	N
S0074	E	INJECTION, CEFOTETAN DISODIU	$0.00	Not Allowed	N
S0078	E	INJECTION, FOSPHENYTOIN SODI	$0.00	Not Allowed	N
S0080	E	INJECTION, PENTAMIDINE ISETH	$0.00	Not Allowed	N
S0081	E	INJECTION, PIPERACILLIN SODI	$0.00	Not Allowed	N
S0086	E	INJECTION, VERTEPORFIN, 15MG	$0.00	Not Allowed	N
S0088	E	IMATINIB 100 MG	$0.00	Not Allowed	
S0090	E	SILDENAFIL CITRATE, 25 MG	$0.00	Not Allowed	N
S0106	E	BUPROPION HCL SR 60 TABLETS	$0.00	Not Allowed	N
S0108	E	MERCAPTOPURINE ORAL 50 MG	$0.00	Not Allowed	N
S0117	E	TRETINOIN TOPICAL 5 G	$0.00	Not Allowed	
S0122	E	INJECTION MENOTROPINS 75 IU	$0.00	Not Allowed	N
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU	$0.00	Not Allowed	N
S0128	E	INJECTION FOLLITROPIN BETA 75 IU	$0.00	Not Allowed	N
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG	$0.00	Not Allowed	N
S0145	E	PEG INTERFERON ALFA-2A/180	$0.00	Not Allowed	N
S0146	E	PEG INTERFERON ALFA-2B/10	$0.00	Not Allowed	N
S0155	E	EPOPROSTENOL DILUTANT	$0.00	Not Allowed	
S0156	E	EXEMESTANE, 25 MG	$0.00	Not Allowed	N
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM	$0.00	Not Allowed	N
S0160	E	DEXTROAMPHETAMINE	$0.00	Not Allowed	
S0161	E	CALCITROL	$0.00	Not Allowed	
S0162	E	INJECTION EFALIZUMAB	$0.00	Not Allowed	
S0164	E	INJECTION PANTROPRAZOLE	$0.00	Not Allowed	
S0170	E	ANASTROZOLE 1 MG	$0.00	Not Allowed	
S0171	E	BUMETANIDE 0.5 MG	$0.00	Not Allowed	N
S0172	E	CHLORAMBUCIL 2 MG	$0.00	Not Allowed	
S0174	E	DOLASETRON 50 MG	$0.00	Not Allowed	
S0175	E	FLUTAMIDE 125 MG	$0.00	Not Allowed	N
S0176	E	HYDROXYUREA 500 MG	$0.00	Not Allowed	
S0177	E	LEVAMISOLE 50 MG	$0.00	Not Allowed	N
S0178	E	LOMUSTINE 10 MG	$0.00	Not Allowed	
S0179	E	MEGESTROL 20 MG	$0.00	Not Allowed	N
S0181	E	ONDANSETRON 4 MG	$0.00	Not Allowed	
S0182	E	PROCARBAZINE 5 MG	$0.00	Not Allowed	N
S0183	E	PROCHLORPERAZINE 5 MG	$0.00	Not Allowed	
S0187	E	TAMOXIFEN 10 MG	$0.00	Not Allowed	N
S0189	E	TESTOSTERONE PELLET 75 MG	$0.00	Not Allowed	
S0190	M	MITEPRISTONE, ORAL, 200MG	$76.50	Fee Schedule	N
S0191	M	MISOPROSTOL, ORAL, 200 MCG	$1.02	Fee Schedule	N
S0194	E	VITAMIN SUPPL 100 CAPS	$0.00	Not Allowed	
S0195	E	PNEUMOCOCCAL CONJUGATE VAC	$0.00	Not Allowed	
S0196	E	POLY-L-LACTIC ACID 1ML FACE	$0.00	Not Allowed	
S0208	E	PARAMED INTRCEPT NONVOL	$0.00	Not Allowed	N
S0209	E	WC VAN MILEAGE PER MI	$0.00	Not Allowed	
S0215	E	NONEMERG TRANSP MILEAGE	$0.00	Not Allowed	N

S0220	E	MEDICAL CONFERENCE BY PHYSIC	$0.00	Not Allowed	N
S0221	E	MEDICAL CONFERENCE, 60 MIN	$0.00	Not Allowed	N
S0250	E	COMP GERIATR ASSMT TEAM	$0.00	Not Allowed	
S0255	E	HOSPICE REFER VISIT NONMD	$0.00	Not Allowed	N
S0257	E	END OF LIFE COUNSELING	$0.00	Not Allowed	
S0260	E	H&P FOR SURGERY	$0.00	Not Allowed	
S0265	E	GENETIC COUNSEL 15 MINS	$0.00	Not Allowed	N
S0302	E	COMPLETED EPSDT	$0.00	Not Allowed	N
S0310	E	HOSPITALIST VISIT	$0.00	Not Allowed	
S0340	E	LIFESTYLE MOD 1ST STAGE	$0.00	Not Allowed	N
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE	$0.00	Not Allowed	
S0342	E	LIFESTYLE MOD 4TH STAGE	$0.00	Not Allowed	N
S0390	E	ROUTINE FOOT CARE PER VISIT	$0.00	Not Allowed	N
S0395	E	IMPRESSION CASTING FT	$0.00	Not Allowed	
S0400	E	GLOBAL ESWL KIDNEY	$0.00	Not Allowed	N
S0500	E	DISPOS CONT LENS	$0.00	Not Allowed	
S0504	E	SINGL PRSCRP LENS	$0.00	Not Allowed	N
S0506	E	BIFOC PRSCP LENS	$0.00	Not Allowed	
S0508	E	TRIFOC PRSCRP LENS	$0.00	Not Allowed	N
S0510	E	NON-PRSCRP LENS	$0.00	Not Allowed	
S0512	E	DAILY CONT LENS	$0.00	Not Allowed	N
S0514	E	COLOR CONT LENS	$0.00	Not Allowed	
S0516	E	SAFETY FRAMES	$0.00	Not Allowed	N
S0518	E	SUNGLASS FRAMES	$0.00	Not Allowed	
S0580	E	POLYCARB LENS	$0.00	Not Allowed	Y
S0581	E	NONSTND LENS	$0.00	Not Allowed	
S0590	E	MISC INTEGRAL LENS SERV	$0.00	Not Allowed	N
S0592	E	COMP CONT LENS EVAL	$0.00	Not Allowed	
S0601	E	SCREENING PROCTOSCOPY	$0.00	Not Allowed	N
S0605	E	DIGITAL RECTAL EXAMINATION,	$0.00	Not Allowed	N
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA	$0.00	Not Allowed	N
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA	$0.00	Not Allowed	N
S0613	M	ANN BREAST EXAM	$0.00	By Report	N
S0618	E	AUDIOMETRY FOR HEARING AID	$0.00	Not Allowed	
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA	$0.00	Not Allowed	N
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA	$0.00	Not Allowed	N
S0622	E	PHYS EXAM FOR COLLEGE	$0.00	Not Allowed	
S0630	E	REMOVAL OF SUTURES	$0.00	Not Allowed	N
S0800	E	LASER IN SITU KERATOMILEUSIS	$0.00	Not Allowed	N
S0810	E	PHOTOREFRACTIVE KERATECTOMY	$0.00	Not Allowed	N
S0812	E	PHOTOTHERAP KERATECT	$0.00	Not Allowed	
S1001	E	DELUXE ITEM	$0.00	Not Allowed	
S1002	E	CUSTOM ITEM	$0.00	Not Allowed	N
S1015	E	IV TUBING EXTENSION SET	$0.00	Not Allowed	N
S1016	E	NON-PVC INTRAVENOUS ADMINIST	$0.00	Not Allowed	N
S1030	E	GLUC MONITOR PURCHASE	$0.00	Not Allowed	N
S1031	E	GLUC MONITOR RENTAL	$0.00	Not Allowed	
S2053	E	TRANSPLANTATION OF SMALL INT	$0.00	Not Allowed	N
S2054	E	TRANSPLANTATION OF MULTIVISC	$0.00	Not Allowed	N
S2055	E	HARVESTING OF DONOR MULTIVIS	$0.00	Not Allowed	N
S2060	E	LOBAR LUNG TRANSPLANTATION	$0.00	Not Allowed	N
S2061	E	DONOR LOBECTOMY (LUNG)	$0.00	Not Allowed	N
S2065	E	SIMULT PANC KIDN TRANS	$0.00	Not Allowed	N
S2068	E	BREAST DIEP FLAP RECONSTRUCT	$0.00	Not Allowed	
S2070	E	CYSTO LASER TX URETERAL CALC	$0.00	Not Allowed	
S2079	E	LAP ESOPHAGOMYOTOMY	$0.00	Not Allowed	
S2080	E	LAUP	$0.00	Not Allowed	N
S2083	E	ADJUSTMENT GASTRIC BAND	$0.00	Not Allowed	
S2095	E	TRANSCATH EMBOLIZ MICROSPHER	$0.00	Not Allowed	
S2102	E	ISLET CELL TISSUE TRANSPLANT	$0.00	Not Allowed	N
S2103	E	ADRENAL TISSUE TRANSPLANT	$0.00	Not Allowed	N
S2107	E	ADOPTIVE IMMUNOTHERAPY	$0.00	Not Allowed	N
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION	$0.00	Not Allowed	N
S2112	E	KNEE ARTHROSCP HARV	$0.00	Not Allowed	
S2115	E	PERIACETABULAR OSTEOTOMY	$0.00	Not Allowed	N
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)	$0.00	Not Allowed	N
S2140	E	CORD BLOOD HARVESTING	$0.00	Not Allowed	N
S2142	E	CORD BLOOD-DERIVED STEM-CELL	$0.00	Not Allowed	N
S2150	E	BMT HARV/TRANSPL 28D PKG	$0.00	Not Allowed	
S2152	E	SOLID ORGAN TRANSPL PKG	$0.00	Not Allowed	
S2202	E	ECHOSCLEROTHERAPY	$0.00	Not Allowed	N

S2205	E	MINIMALLY INVASIVE DIRECT CO	$0.00	Not Allowed	N
S2206	E	MINIMALLY INVASIVE DIRECT CO	$0.00	Not Allowed	N
S2207	E	MINIMALLY INVASIVE DIRECT CO	$0.00	Not Allowed	N
S2208	E	MINIMALLY INVASIVE DIRECT CO	$0.00	Not Allowed	N
S2209	E	MINIMALLY INVASIVE DIRECT CO	$0.00	Not Allowed	N
S2225	E	MYRINGOTOMY LASER-ASSIST	$0.00	Not Allowed	
S2230	E	IMPLANT SEMI-IMP HEAR	$0.00	Not Allowed	
S2235	E	IMPLANT AUDITORY BRAIN IMP	$0.00	Not Allowed	
S2260	E	INDUCED ABORTION 17-24 WEEKS	$0.00	Not Allowed	N
S2300	E	ARTHROSCOPY, SHOULDER, SURGI	$0.00	Not Allowed	N
S2340	E	CHEMODENERVATION OF ABDUCTOR	$0.00	Not Allowed	N
S2341	E	CHEMODENERV ADDUCT VOCAL	$0.00	Not Allowed	
S2342	E	NASAL ENDOSCOP PO DEBRID	$0.00	Not Allowed	N
S2348	E	DECOMPRESS DISC RF LUMBAR	$0.00	Not Allowed	
S2350	E	DISKECTOMY, ANTERIOR, WITH D	$0.00	Not Allowed	N
S2351	E	DISKECTOMY, ANTERIOR, WITH D	$0.00	Not Allowed	N
S2360	E	VERTEBROPLAST CERV 1ST	$0.00	Not Allowed	
S2361	E	VERTEBROPLAST CERV ADDL	$0.00	Not Allowed	N
S2400	E	FETAL SURG CONGEN HERNIA	$0.00	Not Allowed	
S2401	E	FETAL SURG URIN TRAC OBSTR	$0.00	Not Allowed	N
S2402	E	FETAL SURG CONG CYST MALF	$0.00	Not Allowed	
S2403	E	FETAL SURG PULMON SEQUEST	$0.00	Not Allowed	N
S2404	E	FETAL SURG MYELOMENINGO	$0.00	Not Allowed	
S2405	E	FETAL SURG SACROCOC TERATOMA	$0.00	Not Allowed	N
S2409	E	FETAL SURG NOC	$0.00	Not Allowed	N
S2411	E	FETOSCOP LASER THER TTTS	$0.00	Not Allowed	
S2900	E	ROBOTIC SURGICAL SYSTEM	$0.00	Not Allowed	N
S3600	E	STAT LAB	$0.00	Not Allowed	N
S3601	E	STAT LAB HOME/NF	$0.00	Not Allowed	
S3620	E	NEWBORN METABOLIC SCREENING	$0.00	Not Allowed	N
S3630	E	EOSINOPHIL BLOOD COUNT	$0.00	Not Allowed	
S3645	E	HIV-1 ANTIBODY TESTING OF OR	$0.00	Not Allowed	N
S3650	E	SALIVA TEST, HORMONE LEVEL;	$0.00	Not Allowed	N
S3652	E	SALIVA TEST, HORMONE LEVEL;	$0.00	Not Allowed	N
S3708	E	GASTROINTESTINAL FAT ABSORPT	$0.00	Not Allowed	N
S3818	E	BRCA1 GENE ANAL	$0.00	Not Allowed	
S3819	E	BRCA2 GENE ANAL	$0.00	Not Allowed	N
S3830	E	GENE TEST HNPCC COMP	$0.00	Not Allowed	
S3831	E	GENE TEST HNPCC SINGLE	$0.00	Not Allowed	N
S3835	E	GENE TEST CYSTIC FIBROSIS	$0.00	Not Allowed	
S3837	E	GENE TEST HEMOCHROMATO	$0.00	Not Allowed	N
S3853	E	GENE TEST MYO MUSCLR DYST	$0.00	Not Allowed	
S3854	E	GENE PROFILE PANEL BREAST	$0.00	Not Allowed	
S3890	E	FECAL DNA ANALYSIS	$0.00	Not Allowed	
S3900	E	SURFACE EMG	$0.00	Not Allowed	
S3902	E	BALLISTOCARDIOGRAM	$0.00	Not Allowed	N
S3904	E	MASTERS TWO STEP	$0.00	Not Allowed	N
S4005	E	INTERIM LABOR FACILITY GLOBAL	$0.00	Not Allowed	N
S4011	E	IVF PACKAGE	$0.00	Not Allowed	N
S4013	E	COMPLETE GIFT CASE RATE	$0.00	Not Allowed	N
S4014	E	COMPLETE ZIFT CASE RATE	$0.00	Not Allowed	N
S4015	E	COMPLETE IVF NOS CASE RATE	$0.00	Not Allowed	
S4016	E	FROZEN IVF CASE RATE	$0.00	Not Allowed	N
S4017	E	IVF CANC A STIM CASE RATE	$0.00	Not Allowed	N
S4018	E	F EMB TRNS CANC CASE RATE	$0.00	Not Allowed	
S4020	E	IVF CANC A ASPIR CASE RATE	$0.00	Not Allowed	N
S4021	E	IVF CANC P ASPIR CASE RATE	$0.00	Not Allowed	
S4022	E	ASST OOCYTE FERT CASE RATE	$0.00	Not Allowed	N
S4023	E	DONOR EGG CYCLE INCOMPLETE CASE RATE	$0.00	Not Allowed	N
S4025	E	DONOR SERV IVF CASE RATE	$0.00	Not Allowed	
S4026	E	PROCURE DONOR SPERM	$0.00	Not Allowed	N
S4027	E	STORE PREV FROZ EMBRYOS	$0.00	Not Allowed	
S4028	E	MICROSURG EPI SPERM ASP	$0.00	Not Allowed	N
S4030	E	SPERM PROCURE INIT VISIT	$0.00	Not Allowed	
S4031	E	SPERM PROCURE SUBS VISIT	$0.00	Not Allowed	N
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE	$0.00	Not Allowed	N
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE	$0.00	Not Allowed	N
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 I	$0.00	Not Allowed	N
S4042	E	OVULATION MGMT PER CYCLE	$0.00	Not Allowed	
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH	$0.00	Not Allowed	N
S4981	E	INSERT LEVONORGESTREL IUS	$0.00	Not Allowed	N

S4989	E	CONTRACEPT IUD	$0.00	Not Allowed	
S4990	E	NICOTINE PATCH LEGEND	$0.00	Not Allowed	N
S4991	E	NICOTINE PATCH NONLEGEND	$0.00	Not Allowed	
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	$0.00	Bundled	N
S4995	E	SMOKING CESSATION GUM	$0.00	Not Allowed	N
S5000	E	PRESCRIPTION DRUG, GENERIC	$0.00	Not Allowed	N
S5001	E	PRESCRIPTION DRUG,BRAND NAME	$0.00	Not Allowed	N
S5010	E	5% DEXTROSE AND 0.45% SALINE	$0.00	Not Allowed	N
S5011	E	5% DEXTROSE IN LACTATED RING	$0.00	Not Allowed	N
S5012	E	5% DEXTROSE WITH POTASSIUM	$0.00	Not Allowed	N
S5014	E	D5W/0.45NS W KCL AND MGS04	$0.00	Not Allowed	N
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/	$0.00	Not Allowed	N
S5017	E	ANTIBIOTIC ADMINSUPPLIES W/O	$0.00	Not Allowed	N
S5018	E	PAIN THERAPY ADMIN SUPPLIES	$0.00	Not Allowed	N
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES	$0.00	Not Allowed	N
S5021	E	HYDRATION THERAPY ADMIN SUPP	$0.00	Not Allowed	N
S5022	E	GROWTH HORMONE THERAPY	$0.00	Not Allowed	N
S5025	E	INFUSION PUMP RENTAL,PERDIEM	$0.00	Not Allowed	N
S5035	E	HIT ROUTINE DEVICE MAINT	$0.00	Not Allowed	N
S5497	E	HIT CATH CARE NOC	$0.00	Not Allowed	N
S5498	E	HIT SIMPLE CATH CARE	$0.00	Not Allowed	
S5501	E	HIT COMPLEX CATH CARE	$0.00	Not Allowed	N
S5502	E	HIT INTERIM CATH CARE	$0.00	Not Allowed	
S5517	E	HIT DECLOTTING KIT	$0.00	Not Allowed	
S5518	E	HIT CATH REPAIR KIT	$0.00	Not Allowed	N
S5520	E	HIT PICC INSERT KIT	$0.00	Not Allowed	
S5521	E	HIT MIDLINE CATH INSERT KIT	$0.00	Not Allowed	N
S5522	E	HIT PICC INSERT NO SUPP	$0.00	Not Allowed	
S5523	E	HIP MIDLINE CATH INSERT KIT	$0.00	Not Allowed	N
S5550	E	INSULIN RAPID 5 U	$0.00	Not Allowed	
S5551	E	INSULIN MOST RAPID 5 U	$0.00	Not Allowed	
S5552	E	INSULIN INTERMED 5 U	$0.00	Not Allowed	
S5553	E	INSULIN LONG ACTING 5 U	$0.00	Not Allowed	
S5560	E	INSULIN REUSE PEN 1.5 ML	$0.00	Not Allowed	
S5561	E	INSULIN REUSE PEN 3 ML	$0.00	Not Allowed	
S5565	E	INSULIN CARTRIDGE 150 U	$0.00	Not Allowed	
S5566	E	INSULIN CARTRIDGE 300 U	$0.00	Not Allowed	
S5570	E	INSULIN DISPOS PEN 1.5 ML	$0.00	Not Allowed	
S5571	E	INSULIN DISPOS PEN 3 ML	$0.00	Not Allowed	
S8030	E	TANTALUM RING APPLICATION	$0.00	Not Allowed	N
S8035	E	MAGNETIC SOURCE IMAGING	$0.00	Not Allowed	N
S8037	E	MRCP	$0.00	Not Allowed	
S8040	E	TOPOGRAPHIC BRAIN MAPPING	$0.00	Not Allowed	N
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD	$0.00	Not Allowed	N
S8049	E	INTRAOPERATIVE RADIATION THE	$0.00	Not Allowed	N
S8055	E	US GUIDANCE FETAL REDUCT	$0.00	Not Allowed	
S8080	E	SCINTIMAMMOGRAPHY	$0.00	Not Allowed	N
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO	$0.00	Not Allowed	N
S8092	E	ELECTRON BEAM COMPUTED TOMOG	$0.00	Not Allowed	N
S8096	E	PORTABLE PEAK FLOW METER	$0.00	Not Allowed	N
S8097	E	ASTHMA KIT	$0.00	Not Allowed	
S8100	E	SPACER WITHOUT MASK	$0.00	Not Allowed	N
S8101	E	SPACER WITH MASK	$0.00	Not Allowed	
S8110	E	PEAK EXPIRATORY FLOW RATE (P	$0.00	Not Allowed	N
S8120	E	O2 CONTENTS GAS CUBIC FT	$0.00	Not Allowed	
S8121	E	O2 CONTENTS LIQUID LB	$0.00	Not Allowed	
S8185	E	FLUTTER DEVICE	$0.00	Not Allowed	
S8186	E	SWIVEL ADAPTOR	$0.00	Not Allowed	N
S8189	E	TRACH SUPPLY NOC	$0.00	Not Allowed	
S8190	E	ELECTRONIC SPIROMETER	$0.00	Not Allowed	N
S8205	E	CHEST COMPRESSION SYSTEM GEN	$0.00	Not Allowed	N
S8210	E	MUCUS TRAP	$0.00	Not Allowed	N
S8262	E	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE EACH	$0.00	Not Allowed	N
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE	$0.00	Not Allowed	N
S8270	E	ENURESIS ALARM	$0.00	Not Allowed	N
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT	$0.00	Not Allowed	N
S8301	E	INFECT CONTROL SUPPLIES NOS	$0.00	Not Allowed	
S8400	E	INCONTINENCE PANTS, EACH	$0.00	Not Allowed	N
S8402	E	DIAPERS, EACH	$0.00	Not Allowed	N
S8415	E	SUPPLIES FOR HOME DELIVERY	$0.00	Not Allowed	
S8420	E	CUSTOM GRADIENT SLEEV/GLOV	$0.00	Not Allowed	N

S8421	E	READY GRADIENT SLEEV/GLOV	$0.00	Not Allowed	
S8422	E	CUSTOM GRAD SLEEVE MED	$0.00	Not Allowed	N
S8423	E	CUSTOM GRAD SLEEVE HEAVY	$0.00	Not Allowed	
S8424	E	READY GRADIENT SLEEVE	$0.00	Not Allowed	N
S8425	E	CUSTOM GRAD GLOVE MED	$0.00	Not Allowed	
S8426	E	CUSTOM GRAD GLOVE HEAVY	$0.00	Not Allowed	N
S8427	E	READY GRADIENT GLOVE	$0.00	Not Allowed	
S8428	E	READY GRADIENT GAUNTLET	$0.00	Not Allowed	N
S8429	E	GRADIENT PRESSURE WRAP	$0.00	Not Allowed	
S8430	E	PADDING FOR COMPRSSN BDG	$0.00	Not Allowed	N
S8431	E	COMPRESSION BANDAGE	$0.00	Not Allowed	
S8450	E	SPLINT DIGIT	$0.00	Not Allowed	N
S8451	E	SPLINT WRIST OR ANKLE	$0.00	Not Allowed	
S8452	E	SPLINT ELBOW	$0.00	Not Allowed	N
S8490	E	100 INSULIN SYRINGES	$0.00	Not Allowed	
S8948	E	LOW-LEVEL LASER TRMT 15 MIN	$0.00	Not Allowed	
S8950	E	COMPLEX LYMPHEDEMA THERAPY,	$0.00	Not Allowed	N
S8999	E	RESUSCITATION BAG	$0.00	Not Allowed	N
S9001	E	HOME UTERINE MONITOR WITH OR	$0.00	Not Allowed	N
S9007	E	ULTRAFILTRATION MONITOR	$0.00	Not Allowed	N
S9015	E	AUTOMATED EEG MONITORING	$0.00	Not Allowed	N
S9024	E	PARANASAL SINUS ULTRASOUND	$0.00	Not Allowed	N
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA	$0.00	Not Allowed	N
S9034	E	ESWL FOR GALLSTONES	$0.00	Not Allowed	N
S9055	E	PROCUREN OR OTHER GROWTH FAC	$0.00	Not Allowed	N
S9056	E	COMA STIMULATION PER DIEM	$0.00	Not Allowed	N
S9061	E	MEDICAL SUPPLIES AND EQUIPME	$0.00	Not Allowed	N
S9075	E	SMOKING CESSATION TREATMENT	$0.00	Not Allowed	N
S9083	E	URGENT CARE CENTER GLOBAL	$0.00	Not Allowed	
S9088	E	SERVICES PROVIDED IN URGENT	$0.00	Not Allowed	N
S9090	E	VERTEBRAL AXIAL DECOMPRESSIO	$0.00	Not Allowed	N
S9098	E	HOME PHOTOTHERAPY VISIT	$0.00	Not Allowed	
S9109	E	CHF TELEMONITORING MONTH	$0.00	Not Allowed	N
S9117	E	BACK SCHOOL VISIT	$0.00	Not Allowed	
S9122	E	HOME HEALTH AIDE OR CERTIFIE	$0.00	Not Allowed	N
S9123	E	NURSING CARE IN HOME RN	$0.00	Not Allowed	N
S9124	E	NURSING CARE, IN THE HOME; B	$0.00	Not Allowed	N
S9125	E	RESPITE CARE, IN THE HOME, P	$0.00	Not Allowed	N
S9126	E	HOSPICE CARE, IN THE HOME, P	$0.00	Not Allowed	N
S9127	E	SOCIAL WORK VISIT, IN THE HO	$0.00	Not Allowed	N
S9128	E	SPEECH THERAPY, IN THE HOME,	$0.00	Not Allowed	N
S9129	E	OCCUPATIONAL THERAPY, IN THE	$0.00	Not Allowed	N
S9131	E	PT IN THE HOME PER DIEM	$0.00	Not Allowed	
S9140	E	DIABETIC MANAGEMENT PROGRAM,	$0.00	Not Allowed	N
S9141	E	DIABETIC MANAGEMENT PROGRAM,	$0.00	Not Allowed	N
S9145	E	INSULIN PUMP INITIATION	$0.00	Not Allowed	N
S9208	E	HOME MGMT PRETERM LABOR	$0.00	Not Allowed	N
S9209	E	HOME MGMT PPROM	$0.00	Not Allowed	
S9211	E	HOME MGMT GEST HYPERTENSION	$0.00	Not Allowed	
S9212	E	HM POSTPAR HYPER PER DIEM	$0.00	Not Allowed	N
S9213	E	HM PREECLAMP PER DIEM	$0.00	Not Allowed	
S9214	E	HM GEST DM PER DIEM	$0.00	Not Allowed	N
S9325	E	HIT PAIN MGMT PER DIEM	$0.00	Not Allowed	N
S9326	E	HIT CONT PAIN PER DIEM	$0.00	Not Allowed	
S9327	E	HIT INT PAIN PER DIEM	$0.00	Not Allowed	N
S9328	E	HIT PAIN IMP PUMP DIEM	$0.00	Not Allowed	
S9329	E	HIT CHEMO PER DIEM	$0.00	Not Allowed	N
S9330	E	HIT CONT CHEM DIEM	$0.00	Not Allowed	
S9331	E	HIT INTERMIT CHEMO DIEM	$0.00	Not Allowed	N
S9336	E	HIT CONT ANTICOAG DIEM	$0.00	Not Allowed	
S9338	E	HIT IMMUNOTHERAPY DIEM	$0.00	Not Allowed	N
S9339	E	HIT PERITON DIALYSIS DIEM	$0.00	Not Allowed	
S9340	E	HIT ENTERAL PER DIEM	$0.00	Not Allowed	N
S9341	E	HIT ENTERAL GRAV DIEM	$0.00	Not Allowed	
S9342	E	HIT ENTERAL PUMP DIEM	$0.00	Not Allowed	N
S9343	E	HIT ENTERAL BOLUS NURS	$0.00	Not Allowed	
S9345	E	HIT ANTI-HEMOPHIL DIEM	$0.00	Not Allowed	N
S9346	E	HIT ALPHA-1-PROTEINAS DIEM	$0.00	Not Allowed	
S9347	E	HIT LONGTERM INFUSION DIEM	$0.00	Not Allowed	N
S9348	E	HIT SYMPATHOMIM DIEM	$0.00	Not Allowed	
S9349	E	HIT TOCOLYSIS DIEM	$0.00	Not Allowed	N

S9351	E	HIT CONT ANTIEMETIC DIEM	$0.00	Not Allowed	
S9353	E	HIT CONT INSULIN DIEM	$0.00	Not Allowed	N
S9355	E	HIT CHELATION DIEM	$0.00	Not Allowed	
S9357	E	HIT ENZYME REPLACE DIEM	$0.00	Not Allowed	N
S9359	E	HIT ANTI-TNF PER DIEM	$0.00	Not Allowed	
S9361	E	HIT DIURETIC INFUS DIEM	$0.00	Not Allowed	N
S9363	E	HIT ANTI-SPASMOTIC DIEM	$0.00	Not Allowed	
S9364	E	HIT TPN TOTAL DIEM	$0.00	Not Allowed	N
S9365	E	HIT TPN 1 LITER DIEM	$0.00	Not Allowed	
S9366	E	HIT TPN 2 LITER DIEM	$0.00	Not Allowed	N
S9367	E	HIT TPN 3 LITER DIEM	$0.00	Not Allowed	
S9368	E	HIT TPN OVER 3L DIEM	$0.00	Not Allowed	N
S9370	E	HT INJ ANTIEMETIC DIEM	$0.00	Not Allowed	
S9372	E	HT INJ ANTICOAG DIEM	$0.00	Not Allowed	N
S9373	E	HIT HYDRA TOTAL DIEM	$0.00	Not Allowed	
S9374	E	HIT HYDRA 1 LITER DIEM	$0.00	Not Allowed	N
S9375	E	HIT HYDRA 2 LITER DIEM	$0.00	Not Allowed	
S9376	E	HIT HYDRA 3 LITER DIEM	$0.00	Not Allowed	N
S9377	E	HIT HYDRA OVER 3L DIEM	$0.00	Not Allowed	
S9379	E	HIT NOC PER DIEM	$0.00	Not Allowed	N
S9381	E	HIT HIGH RISK/ESCORT	$0.00	Not Allowed	
S9401	E	ANTICOAGULATION CLINIC PER SESSION	$0.00	Not Allowed	N
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES	$0.00	Not Allowed	N
S9435	E	MEDICAL FOODS FOR INBORN ERR	$0.00	Not Allowed	N
S9436	E	LAMAZE CLASS PER SESSION	$0.00	Not Allowed	N
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION	$0.00	Not Allowed	N
S9438	E	CESAREAN BIRTH CLASS PER SESSION	$0.00	Not Allowed	N
S9439	E	VBAC CLASS PER SESSION	$0.00	Not Allowed	N
S9441	E	ASTHMA EDUCATION	$0.00	Not Allowed	
S9442	E	BIRTHING CLASS	$0.00	Not Allowed	N
S9443	E	LACTATION CLASS	$0.00	Not Allowed	
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION	$0.00	Not Allowed	N
S9445	E	PT EDUCATION NOC INDIVID	$0.00	Not Allowed	N
S9446	E	PT EDUCATION NOC GROUP	$0.00	Not Allowed	
S9447	E	INFANT SAFETY CLASS PER SESSION	$0.00	Not Allowed	N
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION	$0.00	Not Allowed	N
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION	$0.00	Not Allowed	N
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION	$0.00	Not Allowed	N
S9453	E	SMOKING CESSATION CLASS PER SESSION	$0.00	Not Allowed	N
S9454	E	STRESS MANAGEMENT CLASS PER SESSION	$0.00	Not Allowed	N
S9455	E	DIABETIC MANAGEMENT PROGRAM,	$0.00	Not Allowed	N
S9460	E	DIABETIC MANAGEMENT PROGRAM,	$0.00	Not Allowed	N
S9465	E	DIABETIC MANAGEMENT PROGRAM,	$0.00	Not Allowed	N
S9470	E	NUTRITIONAL COUNSELING, DIET	$0.00	Not Allowed	N
S9472	E	CARDIAC REHABILITATION PROGR	$0.00	Not Allowed	N
S9473	E	PULMONARY REHABILITATION PRO	$0.00	Not Allowed	N
S9474	E	ENTEROSTOMAL THERAPY BY A RE	$0.00	Not Allowed	N
S9475	E	AMBULATORY SETTING SUBSTANCE	$0.00	Not Allowed	N
S9476	E	VESTIBULAR REHAB PER DIEM	$0.00	Not Allowed	
S9480	E	INTENSIVE OUTPATIENT PSYCHIA	$0.00	Not Allowed	N
S9482	E	FAMILY STABILIZATION 15 MIN	$0.00	Not Allowed	
S9484	E	CRISIS INTERVENTION PER HOUR	$0.00	Not Allowed	N
S9484 U1	M	CRISIS INTERVENTION MH SRVS PER HOUR	$25.00	Fee Schedule	
S9484 U2	M	CRISIS INTERVENTION MH PER HOUR	$12.50	Fee Schedule	
S9484 U3	M	CRISIS INTERVENTION MH SERVICES PER HOUR	$8.33	Fee Schedule	
S9485	E	CRISIS INTERVENTION PER DIEM	$0.00	Not Allowed	N
S9494	E	HIT ANTIBIOTIC TOTAL DIEM	$0.00	Not Allowed	
S9497	E	HIT ANTIBIOTIC Q3H DIEM	$0.00	Not Allowed	N
S9500	E	HIT ANTIBIOTIC Q24H DIEM	$0.00	Not Allowed	
S9501	E	HIT ANTIBIOTIC Q12H DIEM	$0.00	Not Allowed	N
S9502	E	HIT ANTIBIOTIC Q8H DIEM	$0.00	Not Allowed	
S9503	E	HIT ANTIBIOTIC Q6H DIEM	$0.00	Not Allowed	N
S9504	E	HIT ANTIBIOTIC Q4H DIEM	$0.00	Not Allowed	
S9529	E	VENIPUNCTURE HOME/SNF	$0.00	Not Allowed	N
S9537	E	HT HEM HORM INJ DIEM	$0.00	Not Allowed	
S9538	E	HIT BLOOD PRODUCTS DIEM	$0.00	Not Allowed	N
S9542	E	HT INJ NOC PER DIEM	$0.00	Not Allowed	N
S9558	E	HT INJ GROWTH HORM DIEM	$0.00	Not Allowed	N
S9559	E	HIT INJ INTERFERON DIEM	$0.00	Not Allowed	
S9560	E	HT INJ HORMONE DIEM	$0.00	Not Allowed	N
S9562	E	PALIVIZUMAB HOME INJ PERDIEM	$0.00	Not Allowed	

S9590	E	IN HOME IRRIGATION THERAPY	$0.00	Not Allowed	
S9810	E	HT PHARM PER HOUR	$0.00	Not Allowed	N
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL	$0.00	Not Allowed	N
S9975	E	TRANSPLANT RELATED PER DIEM	$0.00	Not Allowed	N
S9976	E	LODGING PER DIEM	$0.00	Not Allowed	
S9977	E	MEALS PER DIEM	$0.00	Not Allowed	
S9981	E	MED RECORD COPY ADMIN	$0.00	Not Allowed	
S9982	E	MED RECORD COPY PER PAGE	$0.00	Not Allowed	N
S9986	E	NOT MEDICALLY NECESSARY SVC	$0.00	Not Allowed	
S9988	E	SERV PART OF PHASE I TRIAL	$0.00	Not Allowed	
S9989	E	SERVICES OUTSIDE US	$0.00	Not Allowed	N
S9990	E	SERVICES PROVIDED AS PART OF	$0.00	Not Allowed	N
S9991	E	SERVICES PROVIDED AS PART OF	$0.00	Not Allowed	N
S9992	E	TRANSPORTATION COSTS TO AND	$0.00	Not Allowed	N
T1000	E	PRIVATE DUTY/INDEPENDENT NSG	$0.00	Not Allowed	
T1001	E	NURSING ASSESSMENT/EVALUATN	$0.00	Not Allowed	N
T1002	E	RN SERVICES UP TO 15 MINUTES	$0.00	Not Allowed	
T1003	E	LPN/LVN SERVICES UP TO 15MIN	$0.00	Not Allowed	N
T1004	E	NSG AIDE SERVICE UP TO 15MIN	$0.00	Not Allowed	
T1005	E	RESPITE CARE SERVICE 15 MIN	$0.00	Not Allowed	
T1006	E	FAMILY/COUPLE COUNSELING	$0.00	Not Allowed	
T1007	E	TREATMENT PLAN DEVELOPMENT	$0.00	Not Allowed	N
T1009	E	CHILD SITTING SERVICES	$0.00	Not Allowed	
T1010	E	MEALS WHEN RECEIVE SERVICES	$0.00	Not Allowed	
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL	$0.00	Not Allowed	
T1013	E	SIGN LANG/ORAL INTERPRETER	$0.00	Not Allowed	N
T1014	E	TELEHEALTH TRANSMIT, PER MIN	$0.00	Not Allowed	
T1015	E	CLINIC SERVICE	$0.00	Not Allowed	N
T1016	M	CASE MANAGEMENT	$0.00	Fee Schedule	N
T1016 HD	M	CASE MANAGEMENT, EACH 15 MINUTES	$0.00	Fee Schedule	
T1017	E	TARGETED CASE MANAGEMENT	$0.00	Not Allowed	
T1018	E	SCHOOL-BASED IEP SER BUNDLED	$0.00	Not Allowed	
T1019	E	PERSONAL CARE SER PER 15 MIN	$0.00	Not Allowed	
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE	$0.00	Not Allowed	
T1021	E	HH AIDE OR CN AIDE PER VISIT	$0.00	Not Allowed	
T1022	E	CONTRACTED SERVICES PER DAY	$0.00	Not Allowed	
T1023	E	PROGRAM INTAKE ASSESSMENT	$0.00	Not Allowed	
T1024	M	TEAM EVALUATION & MANAGEMENT	$100.00	Fee Schedule	N
T1025	M	PED COMPR CARE PKG PER DIEM	$1,000.00	Fee Schedule	N
T1026	E	PED COMPR CARE PKG PER HOUR	$0.00	Not Allowed	
T1027	E	FAMILY TRAINING & COUNSELING	$0.00	Not Allowed	
T1028	E	HOME ENVIRONMENT ASSESSMENT	$0.00	Not Allowed	
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR T	$0.00	Not Allowed	
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN	$0.00	Not Allowed	
T1031	E	LPN HOME CARE PER DIEM	$0.00	Not Allowed	
T1502	E	MEDICATION ADMIN VISIT	$0.00	Not Allowed	
T1999	E	NOC RETAIL ITEMS AND SUPPLIES	$0.00	Not Allowed	
T2001	E	N-ET; PATIENT ATTEND/ESCORT	$0.00	Not Allowed	
T2002	E	N-ET; PER DIEM	$0.00	Not Allowed	
T2003	E	N-ET; ENCOUNTER/TRIP	$0.00	Not Allowed	
T2004	E	N-ET; COMMERC CARRIER PASS	$0.00	Not Allowed	
T2005	E	N-ET; STRETCHER VAN	$0.00	Not Allowed	
T2007	E	NON-EMER TRANSPORT WAIT TIME	$0.00	Not Allowed	
T2010	E	PASRR LEVEL I	$0.00	Not Allowed	
T2011	E	PASRR LEVEL II	$0.00	Not Allowed	
T2012	E	HABIL ED WAIVER, PER DIEM	$0.00	Not Allowed	
T2013	E	HABIL ED WAIVER PER HOUR	$0.00	Not Allowed	
T2014	E	HABIL PREVOC WAIVER, PER D	$0.00	Not Allowed	
T2015	E	HABIL PREVOC WAIVER PER HR	$0.00	Not Allowed	
T2016	E	HABIL RES WAIVER PER DIEM	$0.00	Not Allowed	
T2017	E	HABIL RES WAIVER 15 MIN	$0.00	Not Allowed	
T2018	E	HABIL SUP EMPL WAIVER/DIEM	$0.00	Not Allowed	
T2019	E	HABIL SUP EMPL WAIVER 15MIN	$0.00	Not Allowed	
T2020	E	DAY HABIL WAIVER PER DIEM	$0.00	Not Allowed	
T2021	E	DAY HABIL WAIVER PER 15 MIN	$0.00	Not Allowed	
T2022	E	CASE MANAGEMENT, PER MONTH	$0.00	Not Allowed	
T2023	E	TARGETED CASE MGMT PER MONTH	$0.00	Not Allowed	
T2024	E	SERV ASMNT/CARE PLAN WAIVER	$0.00	Not Allowed	
T2025	E	WAIVER SERVICE, NOS	$0.00	Not Allowed	
T2026	E	SPECIAL CHILDCARE WAIVER/D	$0.00	Not Allowed	
T2027	E	SPEC CHILDCARE WAIVER 15 MIN	$0.00	Not Allowed	

T2028	E	SPECIAL SUPPLY, NOS WAIVER	$0.00	Not Allowed	
T2029	E	SPECIAL MED EQUIP, NOSWAIVER	$0.00	Not Allowed	
T2030	E	ASSIST LIVING WAIVER/MONTH	$0.00	Not Allowed	
T2031	E	ASSIST LIVING WAIVER/DIEM	$0.00	Not Allowed	
T2032	E	RES CARE, NOS WAIVER/MONTH	$0.00	Not Allowed	
T2033	E	RES, NOS WAIVER PER DIEM	$0.00	Not Allowed	
T2034	E	CRISIS INTERVEN WAIVER/DIEM	$0.00	Not Allowed	
T2035	E	UTILITY SERVICES WAIVER	$0.00	Not Allowed	
T2036	E	CAMP OVERNITE WAIVER/SESSION	$0.00	Not Allowed	
T2037	E	CAMP DAY WAIVER/SESSION	$0.00	Not Allowed	
T2038	E	COMM TRANS WAIVER/SERVICE	$0.00	Not Allowed	
T2039	E	VEHICLE MOD WAIVER/SERVICE	$0.00	Not Allowed	
T2040	E	FINANCIAL MGT WAIVER/15MIN	$0.00	Not Allowed	
T2041	E	SUPPORT BROKER WAIVER/15 MIN	$0.00	Not Allowed	
T2042	E	HOSPICE ROUTINE HOME CARE	$0.00	Not Allowed	
T2043	E	HOSPICE CONTINUOUS HOME CARE	$0.00	Not Allowed	
T2044	E	HOSPICE RESPITE CARE	$0.00	Not Allowed	
T2045	E	HOSPICE GENERAL CARE	$0.00	Not Allowed	
T2046	E	HOSPICE LONG TERM CARE R&B	$0.00	Not Allowed	
T2048	E	BH LTC RES R&B, PER DIEM	$0.00	Not Allowed	
T2049	E	N-ET; STRETCHER VAN MILEAGE	$0.00	Not Allowed	
T2101	E	BREAST MILK PROC/STORE/DIST	$0.00	Not Allowed	
T4521	E	ADULT SIZE BRIEF/DIAPER SM	$0.00	Not Allowed	
T4522	E	ADULT SIZE BRIEF/DIAPER MED	$0.00	Not Allowed	
T4523	E	ADULT SIZE BRIEF/DIAPER LG	$0.00	Not Allowed	
T4524	E	ADULT SIZE BRIEF/DIAPER XL	$0.00	Not Allowed	
T4525	E	ADULT SIZE PULL-ON SM	$0.00	Not Allowed	
T4526	E	ADULT SIZE PULL-ON MED	$0.00	Not Allowed	
T4527	E	ADULT SIZE PULL-ON LG	$0.00	Not Allowed	
T4528	E	ADULT SIZE PULL-ON XL	$0.00	Not Allowed	
T4529	E	PED SIZE BRIEF/DIAPER SM/MED	$0.00	Not Allowed	
T4530	E	PED SIZE BRIEF/DIAPER LG	$0.00	Not Allowed	
T4531	E	PED SIZE PULL-ON SM/MED	$0.00	Not Allowed	
T4532	E	PED SIZE PULL-ON LG	$0.00	Not Allowed	
T4533	E	YOUTH SIZE BRIEF/DIAPER	$0.00	Not Allowed	
T4534	E	YOUTH SIZE PULL-ON	$0.00	Not Allowed	
T4535	E	DISPOSABLE LINER/SHIELD/PAD	$0.00	Not Allowed	
T4536	E	REUSABLE PULL-ON ANY SIZE	$0.00	Not Allowed	
T4537	E	REUSABLE UNDERPAD BED SIZE	$0.00	Not Allowed	
T4538	E	DIAPER SERV REUSABLE DIAPER	$0.00	Not Allowed	
T4539	E	REUSE DIAPER/BRIEF ANY SIZE	$0.00	Not Allowed	
T4540	E	REUSABLE UNDERPAD CHAIR SIZE	$0.00	Not Allowed	
T4541	E	LARGE DISPOSABLE UNDERPAD	$0.00	Not Allowed	
T4542	E	SMALL DISPOSABLE UNDERPAD	$0.00	Not Allowed	
T5001	E	SPECIAL POSITION SEAT/VEHICL	$0.00	Not Allowed	
T5999	E	SUPPLY, NOS	$0.00	Not Allowed	
V2020	E	VISION SVCS FRAMES PURCHASES	$0.00	Not Allowed	
V2025	E	EYEGLASSES DELUX FRAMES	$0.00	Not Allowed	Y
V2100	E	LENS SPHER SINGLE PLANO 4.00	$0.00	Not Allowed	N
V2101	E	SINGLE VISN SPHERE 4.12-7.00	$0.00	Not Allowed	N
V2102	E	SINGL VISN SPHERE 7.12-20.00	$0.00	Not Allowed	N
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D	$0.00	Not Allowed	N
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D	$0.00	Not Allowed	N
V2105	E	SPHEROCYLINDER 4.00D/4.25-6D	$0.00	Not Allowed	N
V2106	E	SPHEROCYLINDER 4.00D/>6.00D	$0.00	Not Allowed	N
V2107	E	SPHEROCYLINDER 4.25D/12-2D	$0.00	Not Allowed	N
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D	$0.00	Not Allowed	N
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D	$0.00	Not Allowed	N
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D	$0.00	Not Allowed	N
V2111	E	SPHEROCYLINDR 7.25D/.25-2.25	$0.00	Not Allowed	N
V2112	E	SPHEROCYLINDR 7.25D/2.25-4D	$0.00	Not Allowed	N
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D	$0.00	Not Allowed	N
V2114	E	SPHEROCYLINDER OVER 12.00D	$0.00	Not Allowed	
V2115	E	LENS LENTICULAR BIFOCAL	$0.00	Not Allowed	
V2118	E	LENS ANISEIKONIC SINGLE	$0.00	Not Allowed	
V2121	E	LENTICULAR LENS SINGLE	$0.00	Not Allowed	
V2199	E	LENS SINGLE VISION NOT OTH C	$0.00	Not Allowed	
V2200	E	LENS SPHER BIFOC PLANO 4.00D	$0.00	Not Allowed	N
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0	$0.00	Not Allowed	N
V2202	E	LENS SPHERE BIFOCAL 7.12-20.	$0.00	Not Allowed	N
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1	$0.00	Not Allowed	N

V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1	$0.00	Not Allowed	N
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2	$0.00	Not Allowed	
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE	$0.00	Not Allowed	N
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.	$0.00	Not Allowed	N
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.	$0.00	Not Allowed	N
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.	$0.00	Not Allowed	N
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV	$0.00	Not Allowed	N
V2211	E	LENS SPHCY BIFO 7.25-12/.25-	$0.00	Not Allowed	N
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2	$0.00	Not Allowed	N
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2	$0.00	Not Allowed	N
V2214	E	LENS SPHCYL BIFOCAL OVER 12.	$0.00	Not Allowed	
V2215	E	LENS LENTICULAR BIFOCAL	$0.00	Not Allowed	
V2218	E	LENS ANISEIKONIC BIFOCAL	$0.00	Not Allowed	
V2219	E	LENS BIFOCAL SEG WIDTH OVER	$0.00	Not Allowed	
V2220	E	LENS BIFOCAL ADD OVER 3.25D	$0.00	Not Allowed	
V2221	E	LENTICULAR LENS BIFOCAL	$0.00	Not Allowed	
V2299	E	LENS BIFOCAL SPECIALITY	$0.00	Not Allowed	
V2300	E	LENS SPHERE TRIFOCAL 4.00D	$0.00	Not Allowed	N
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.	$0.00	Not Allowed	N
V2302	E	LENS SPHERE TRIFOCAL 7.12-20	$0.00	Not Allowed	N
V2303	E	LENS SPHCY TRIFOCAL 4.0/.12-	$0.00	Not Allowed	N
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25	$0.00	Not Allowed	N
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25	$0.00	Not Allowed	N
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6	$0.00	Not Allowed	
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.	$0.00	Not Allowed	N
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.	$0.00	Not Allowed	N
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.	$0.00	Not Allowed	N
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6	$0.00	Not Allowed	
V2311	E	LENS SPHC TRIFO 7.25-12/.25-	$0.00	Not Allowed	N
V2312	E	LENS SPHC TRIFO 7.25-12/2.25	$0.00	Not Allowed	N
V2313	E	LENS SPHC TRIFO 7.25-12/4.25	$0.00	Not Allowed	N
V2314	E	LENS SPHCYL TRIFOCAL OVER 12	$0.00	Not Allowed	
V2315	E	LENS LENTICULAR TRIFOCAL	$0.00	Not Allowed	
V2318	E	LENS ANISEIKONIC TRIFOCAL	$0.00	Not Allowed	
V2319	E	LENS TRIFOCAL SEG WIDTH > 28	$0.00	Not Allowed	
V2320	E	LENS TRIFOCAL ADD OVER 3.25D	$0.00	Not Allowed	
V2321	E	LENTICULAR LENS TRIFOCAL	$0.00	Not Allowed	
V2399	E	LENS TRIFOCAL SPECIALITY	$0.00	Not Allowed	
V2410	E	LENS VARIAB ASPHERICITY SING	$0.00	Not Allowed	
V2430	E	LENS VARIABLE ASPHERICITY BI	$0.00	Not Allowed	
V2499	E	VARIABLE ASPHERICITY LENS	$0.00	Not Allowed	
V2500	E	CONTACT LENS PMMA SPHERICAL	$0.00	Not Allowed	Y
V2501	E	CNTCT LENS PMMA-TORIC/PRISM	$0.00	Not Allowed	Y
V2502	E	CONTACT LENS PMMA BIFOCAL	$0.00	Not Allowed	Y
V2503	E	CNTCT LENS PMMA COLOR VISION	$0.00	Not Allowed	Y
V2510	E	CNTCT GAS PERMEABLE SPHERICL	$0.00	Not Allowed	Y
V2511	E	CNTCT TORIC PRISM BALLAST	$0.00	Not Allowed	Y
V2512	E	CNTCT LENS GAS PERMBL BIFOCL	$0.00	Not Allowed	Y
V2513	E	CONTACT LENS EXTENDED WEAR	$0.00	Not Allowed	Y
V2520	E	CONTACT LENS HYDROPHILIC	$0.00	Not Allowed	Y
V2521	E	CNTCT LENS HYDROPHILIC TORIC	$0.00	Not Allowed	Y
V2522	E	CNTCT LENS HYDROPHIL BIFOCL	$0.00	Not Allowed	Y
V2523	E	CNTCT LENS HYDROPHIL EXTEND	$0.00	Not Allowed	Y
V2530	E	CONTACT LENS GAS IMPERMEABLE	$0.00	Not Allowed	
V2531	E	CONTACT LENS GAS IMPERMEABLE	$0.00	Not Allowed	
V2599	E	CONTACT LENS/ES OTHER TYPE	$0.00	Not Allowed	
V2600	E	HAND HELD LOW VISION AIDS	$0.00	Not Allowed	
V2610	E	SINGLE LENS SPECTACLE MOUNT	$0.00	Not Allowed	
V2615	E	TELESCOP/OTHR COMPOUND LENS	$0.00	Not Allowed	
V2623	E	PLASTIC EYE PROSTH CUSTOM	$0.00	Not Allowed	Y
V2624	E	POLISHING ARTIFICAL EYE	$0.00	Not Allowed	N
V2625	E	ENLARGEMNT OF EYE PROSTHESIS	$0.00	Not Allowed	Y
V2626	E	REDUCTION OF EYE PROSTHESIS	$0.00	Not Allowed	Y
V2627	E	SCLERAL COVER SHELL	$0.00	Not Allowed	Y
V2628	E	FABRICATION & FITTING	$0.00	Not Allowed	Y
V2629	E	PROSTHETIC EYE OTHER TYPE	$0.00	Not Allowed	Y
V2630	N	ANTER CHAMBER INTRAOCUL LENS	$0.00	Bundled	
V2631	N	IRIS SUPPORT INTRAOCLR LENS	$0.00	Bundled	
V2632	N	POST CHMBR INTRAOCULAR LENS	$0.00	Bundled	
V2700	E	BALANCE LENS	$0.00	Not Allowed	
V2702	E	DELUXE LENS FEATURE	$0.00	Not Allowed	

V2710	E	GLASS/PLASTIC SLAB OFF PRISM	$0.00	Not Allowed	N
V2715	E	PRISM LENS/ES	$0.00	Not Allowed	
V2718	E	FRESNELL PRISM PRESS-ON LENS	$0.00	Not Allowed	N
V2730	E	SPECIAL BASE CURVE	$0.00	Not Allowed	
V2744	E	TINT PHOTOCHROMATIC LENS/ES	$0.00	Not Allowed	Y
V2745	E	TINT ANY COLOR/SOLID/GRAD	$0.00	Not Allowed	
V2750	E	ANTI-REFLECTIVE COATING	$0.00	Not Allowed	
V2755	E	UV LENS/ES	$0.00	Not Allowed	Y
V2756	E	EYE GLASS CASE	$0.00	Not Allowed	
V2760	E	SCRATCH RESISTANT COATING	$0.00	Not Allowed	Y
V2761	E	MIRROR COATING	$0.00	Not Allowed	
V2762	E	POLARIZATION ANY LENS	$0.00	Not Allowed	
V2770	E	OCCLUDER LENS/ES	$0.00	Not Allowed	
V2780	E	OVERSIZE LENS/ES	$0.00	Not Allowed	
V2781	E	PROGRESSIVE LENS PER LENS	$0.00	Not Allowed	N
V2782	E	LENS 1.54-1.65 P/1.60-1.79G	$0.00	Not Allowed	
V2783	E	LENS >= 1.66 P/>=1.80 G	$0.00	Not Allowed	
V2784	E	LENS POLYCARB OR EQUAL	$0.00	Not Allowed	
V2785	M	CORNEAL TISSUE PROCESSING	$1,100.00	Fee Schedule	N
V2786	E	OCCUPATIONAL MULTIFOCAL LENS	$0.00	Not Allowed	
V2787	E	ASTIGMATISM-CORRECT FUNCTION	$0.00	Not Allowed	
V2788	E	PRESBYOPIA-CORRECT FUNCTION	$0.00	Not Allowed	
V2790	N	AMNIOTIC MEMBRANE	$0.00	Bundled	N
V2797	E	VIS ITEM/SVC IN OTHER CODE	$0.00	Not Allowed	
V2799	E	MISCELLANEOUS VISION SERVICE	$0.00	Not Allowed	
V5008	E	HEARING SCREENING	$0.00	Not Allowed	N
V5010	E	ASSESSMENT FOR HEARING AID	$0.00	Not Allowed	
V5011	E	HEARING AID FITTING/CHECKING	$0.00	Not Allowed	N
V5014	E	HEARING AID REPAIR/MODIFYING	$0.00	Not Allowed	N
V5020	E	CONFORMITY EVALUATION	$0.00	Not Allowed	
V5030	E	BODY-WORN HEARING AID AIR	$0.00	Not Allowed	Y
V5040	E	BODY-WORN HEARING AID BONE	$0.00	Not Allowed	Y
V5050	E	HEARING AID MONAURAL IN EAR	$0.00	Not Allowed	Y
V5060	E	BEHIND EAR HEARING AID	$0.00	Not Allowed	Y
V5070	E	GLASSES AIR CONDUCTION	$0.00	Not Allowed	Y
V5080	E	GLASSES BONE CONDUCTION	$0.00	Not Allowed	Y
V5090	E	HEARING AID DISPENSING FEE	$0.00	Not Allowed	Y
V5095	E	IMPLANT MID EAR HEARING PROS	$0.00	Not Allowed	
V5100	E	BODY-WORN BILAT HEARING AID	$0.00	Not Allowed	Y
V5110	E	HEARING AID DISPENSING FEE	$0.00	Not Allowed	
V5120	E	BODY-WORN BINAUR HEARING AID	$0.00	Not Allowed	Y
V5130	E	IN EAR BINAURAL HEARING AID	$0.00	Not Allowed	Y
V5140	E	BEHIND EAR BINAUR HEARING AI	$0.00	Not Allowed	Y
V5150	E	GLASSES BINAURAL HEARING AID	$0.00	Not Allowed	Y
V5160	E	DISPENSING FEE BINAURAL	$0.00	Not Allowed	Y
V5170	E	WITHIN EAR CROS HEARING AID	$0.00	Not Allowed	Y
V5180	E	BEHIND EAR CROS HEARING AID	$0.00	Not Allowed	Y
V5190	E	GLASSES CROS HEARING AID	$0.00	Not Allowed	Y
V5200	E	CROS HEARING AID DISPENS FEE	$0.00	Not Allowed	
V5210	E	IN EAR BICROS HEARING AID	$0.00	Not Allowed	Y
V5220	E	BEHIND EAR BICROS HEARING AI	$0.00	Not Allowed	Y
V5230	E	GLASSES BICROS HEARING AID	$0.00	Not Allowed	Y
V5240	E	DISPENSING FEE BICROS	$0.00	Not Allowed	
V5241	E	DISPENSING FEE, MONAURAL	$0.00	Not Allowed	Y
V5242	E	HEARING AID, MONAURAL, CIC	$0.00	Not Allowed	Y
V5243	E	HEARING AID, MONAURAL, ITC	$0.00	Not Allowed	Y
V5244	E	HEARING AID, PROG, MON, CIC	$0.00	Not Allowed	Y
V5245	E	HEARING AID, PROG, MON, ITC	$0.00	Not Allowed	Y
V5246	E	HEARING AID, PROG, MON, ITE	$0.00	Not Allowed	Y
V5247	E	HEARING AID, PROG, MON, BTE	$0.00	Not Allowed	Y
V5248	E	HEARING AID, BINAURAL, CIC	$0.00	Not Allowed	Y
V5249	E	HEARING AID, BINAURAL, ITC	$0.00	Not Allowed	Y
V5250	E	HEARING AID, PROG, BIN, CIC	$0.00	Not Allowed	Y
V5251	E	HEARING AID, PROG, BIN, ITC	$0.00	Not Allowed	Y
V5252	E	HEARING AID, PROG, BIN, ITE	$0.00	Not Allowed	Y
V5253	E	HEARING AID, PROG, BIN, BTE	$0.00	Not Allowed	Y
V5254	E	HEARING ID, DIGIT, MON, CIC	$0.00	Not Allowed	Y
V5255	E	HEARING AID, DIGIT, MON, ITC	$0.00	Not Allowed	Y
V5256	E	HEARING AID, DIGIT, MON, ITE	$0.00	Not Allowed	Y
V5257	E	HEARING AID, DIGIT, MON, BTE	$0.00	Not Allowed	Y
V5258	E	HEARING AID, DIGIT, BIN, CIC	$0.00	Not Allowed	Y

V5259	E	HEARING AID, DIGIT, BIN, ITC	$0.00	Not Allowed	Y
V5260	E	HEARING AID, DIGIT, BIN, ITE	$0.00	Not Allowed	Y
V5261	E	HEARING AID, DIGIT, BIN, BTE	$0.00	Not Allowed	Y
V5262	E	HEARING AID, DISP, MONAURAL	$0.00	Not Allowed	
V5263	E	HEARING AID, DISP, BINAURAL	$0.00	Not Allowed	
V5264	E	EAR MOLD/INSERT	$0.00	Not Allowed	N
V5265	E	EAR MOLD/INSERT, DISP	$0.00	Not Allowed	
V5266	E	BATTERY FOR HEARING DEVICE	$0.00	Not Allowed	N
V5267	E	HEARING AID SUPPLY/ACCESSORY	$0.00	Not Allowed	N
V5268	E	ALD TELEPHONE AMPLIFIER	$0.00	Not Allowed	N
V5269	E	ALERTING DEVICE, ANY TYPE	$0.00	Not Allowed	
V5270	E	ALD, TV AMPLIFIER, ANY TYPE	$0.00	Not Allowed	N
V5271	E	ALD, TV CAPTION DECODER	$0.00	Not Allowed	
V5272	E	TDD	$0.00	Not Allowed	N
V5273	E	ALD FOR COCHLEAR IMPLANT	$0.00	Not Allowed	
V5274	E	ALD UNSPECIFIED	$0.00	Not Allowed	N
V5275	E	EAR IMPRESSION	$0.00	Not Allowed	
V5298	E	HEARING AID NOC	$0.00	Not Allowed	
V5299	E	HEARING SERVICE	$0.00	Not Allowed	Y
V5336	E	REPAIR COMMUNICATION DEVICE	$0.00	Not Allowed	
V5362	E	SPEECH SCREENING	$0.00	Not Allowed	
V5363	E	LANGUAGE SCREENING	$0.00	Not Allowed	
V5364	E	DYSPHAGIA SCREENING	$0.00	Not Allowed	