Outpatient Procedure Fee Schedule
Outpatient Hospital Services

Effective7/1/2007
Montana Medicaid Conversion Factor = $47.75

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: 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 that are paid by report
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

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

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Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 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 BX				APC/ Bundled				
00102	N	ANESTHESIA FOR PROCEDURES ON PLASTIC REPAIR OF CLEFT LIP				APC/ Bundled				
00103	N	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID				APC/ Bundled				
00104	N	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY				APC/ Bundled				
00120	N	ANESTHESIA FOR PROCEDURES ON EXTERNAL MIDDLE AND INNER EAR				APC/ Bundled				
00124	N	ANESTHESIA FOR OTOSCOPY				APC/ Bundled				
00126	N	ANESTHESIA FOR TYMPANOTOMY				APC/ Bundled				
00140	N	ANESTHESIA FOR PROCEDURES ON EYE; NOS				APC/ Bundled				
00142	N	ANESTHESIA FOR LENS SURGERY				APC/ Bundled				
00144	N	ANESTHESIA FOR CORNEAL TRANSPLANT				APC/ Bundled				Y
00145	N	ANESTHESIA FOR VITREORETINAL SURGERY				APC/ Bundled				
00147	N	ANESTHESIA FOR IRIDECTOMY				APC/ Bundled				
00148	N	ANESTHESIA FOR OPTHALMOSCOPY				APC/ Bundled				
00160	N	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES;				APC/ Bundled				
00162	N	ANESTH FOR PROC ON NOSE/ACCESSORY SINUSES; RADICAL SURGERY				APC/ Bundled				
00164	N	ANESTH FOR PROC ON NOSE/ACCESSORY SINSUES; BIOPSY SOFT TISS				APC/ Bundled				
00170	N	ANESTHESIA FOR INTRAORAL PROCEDURES INCLUDING BIOPSY;				APC/ Bundled				
00172	N	ANESTHESIA FOR REPAIR OF CLEFT PALATE				APC/ Bundled				
00174	N	ANESTHESIA FOR EXCISION OF RETROPHARYNGEAL TUMOR				APC/ Bundled				
00176	C	ANESTH FOR INTRAORAL PROC INCLUDING BIOPSY; RADICAL SURGERY				Inpatient Only				
00190	N	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOS				APC/ Bundled				
00192	C	ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL SURGERY				Inpatient Only				
00210	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOS				APC/ Bundled				
00212	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS				APC/ Bundled				
00214	C	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES W/VENTRIC				Inpatient Only				
00215	C	ANES FOR CRANIOPLASTY OR ELEV OF DEP SKULL FX EXTRADURAL				Inpatient Only				
00216	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROC.				APC/ Bundled				
00218	N	ANESTH FOR INTRACRANIAL PROCEDURES; PROC IN SITTING POSITION				APC/ Bundled				
00220	N	ANESTH INTRCRN NERVE				APC/ Bundled				
00222	N	ANESTHESIA FOR ELECTROCOAGULATION OF INTRACRANIAL NERVE				APC/ Bundled				
00300	N	ANES FOR PX ON INTEG SYS MUSCLES NERVES OF HEAD NECK PTRUNK				APC/ Bundled				
00320	N	ANESTH NECK ORGAN 1 & OVER				APC/ Bundled				

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00322	N	ANESTHESIA FOR NEEDLE BIOPSY OF THYROID				APC/ Bundled				
00326	N	ANESTH LARYNX/TRACH < 1 YR				APC/ Bundled				
00350	N	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOS				APC/ Bundled				
00352	N	ANESTHESIA FOR PROC ON MAJOR VESSELS OF NECK; SIMPLE LIGATIO				APC/ Bundled				
00400	N	ANES FOR PX ON INTEG SYS ON EXTREM ANT TRUNK PERINEUM; NOS				APC/ Bundled				
00402	N	ANESTHESIA FOR RECONSTRUCTIVE PROC ON BREAST				APC/ Bundled				
00404	N	ANESTH FOR RADICAL OR MODIFIED RADICAL PROC ON BREAST				APC/ Bundled				
00406	N	ANESTH RAD OR MOD RAD PROC/BREAST W/INT MAMMARY NODE DISSECT				APC/ Bundled				
00410	N	ANESTHESIA FOELECTRICAL CONVERSION OF ARRYTHMIAS				APC/ Bundled				
00450	N	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA;				APC/ Bundled				
00452	C	ANESTH FOR PROC ON CLAVICLE & SCAPULA RADICAL SURGERY				Inpatient Only				
00454	N	ANESTH FOR BIOPSY OF CLAVICLE				APC/ Bundled				
00470	N	ANESTHESIA FOR PARTIAL RIB RESECTION; NOS				APC/ Bundled				
00472	N	ANESTHESIA FOR THORACOPLASTY				APC/ Bundled				
00474	C	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES				Inpatient Only				
00500	N	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS				APC/ Bundled				
00520	N	ANES FOR CLOSED CHEST PX; (INCL BRONCHOSC) NOS				APC/ Bundled				
00522	N	ANES FOR CLOSED CHEST PX (INC BRONC);NEEDLE BIOPSY OF PLEURA				APC/ Bundled				
00524	C	ANES FOR CLOSED CHEST PX (INC BRONCH); PNEUMOCENTESIS				Inpatient Only				
00528	N	ANESTH CHEST PARTITION VIEW				APC/ Bundled				
00529	N	ANESTH CHEST PARTITION VIEW				APC/ Bundled				
00530	N	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION				APC/ Bundled				
00532	N	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION				APC/ Bundled				
00534	N	ANESTHESIA FOR TRANSVEN INSERT OR REPLACE OF PACING CARDIOVE				APC/ Bundled				
00537	N	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES				APC/ Bundled				
00539	N	ANESTH TRACH-BRONCH RECONST				APC/ Bundled				
00540	C	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS PLEUR				Inpatient Only				
00541	N	ANESTH ONE LUNG VENTILATION				APC/ Bundled				
00542	C	ANESTHESIA FOR DECORTICATION				Inpatient Only				
00546	C	ANESTHESIA FOR PULMONARY RESE TION W/THORACOPLASTY				Inpatient Only				
00548	N	ANESTH FOR INTRATHORACIC REPAIR ON TRACHEA AND BRONCHI				APC/ Bundled				
00550	N	ANESTHESIA FOR STERNAL DEBRIDEMENT				APC/ Bundled				
00560	C	ANESTH, OPEN HEART SURGERY				Inpatient Only				
00561	C	ANESTH HEART SURG < AGE 1				Inpatient Only				
00562	C	ANESTHESIA FOR PROCEDURES ON HEART PERICARDIUM AND GREAT				Inpatient Only				
00563	N	ANES FOR HEART PERICARD GREAT VESSELS W/PUMP OXYGENATOR				APC/ Bundled				
00566	N	ANES FOR DIRECT CORONARY ARTERY BYPASS GRAFT W/O PUMP OXYG				APC/ Bundled				
00580	C	ANESTH HEART/LUNG TRANSPLNT				Inpatient Only				Y
00600	N	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD;				APC/ Bundled				

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00604	C	ANESTHESIA FOR CERVICAL SPINE & CORD; PATIENT IN SIT POSITIO				Inpatient Only				
00620	N	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD;				APC/ Bundled				
00622	C	ANESTHESIA FOR THORACOLUMBAR SYMPATHECTOMY				Inpatient Only				
00625	N	ANES SPINE TRANTHOR W/O VENT				APC/ Bundled				
00626	N	ANES, SPINE TRANSTHOR W/VENT				APC/ Bundled				
00630	N	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOS				APC/ Bundled				
00632	C	ANESTHESIA FOR LUMBAR SYMPATHECTOMY				Inpatient Only				
00634	N	ANESTHESIA FOR CHEMONUCLEOLYSIS				APC/ Bundled				
00635	N	ANES FOR LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC PUNCTURE				APC/ Bundled				
00640	N	ANESTH SPINE MANIPULATION				APC/ Bundled				
00670	C	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (E				Inpatient Only				
00700	N	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL;				APC/ Bundled				
00702	N	ANESTHESIA FOR PERCUTANEOUS LIVER BIOPSY				APC/ Bundled				
00730	N	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL				APC/ Bundled				
00740	N	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES				APC/ Bundled				
00750	N	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOS				APC/ Bundled				
00752	N	ANESTHESIA FOR LUMBAR/VENTRAL HERNIAS & FOR WOUND DEHISENCE				APC/ Bundled				
00754	N	ANESTHESIA FOR OMPHALOCELE				APC/ Bundled				
00756	N	ANESTHESIA FOR TRANSABDOMINAL REPAIR OF DIAPHRAGMATIC HERNIA				APC/ Bundled				
00770	N	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSE				APC/ Bundled				
00790	N	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN				APC/ Bundled				
00792	C	ANESTHESIA FOR PARTIAL HEPATECTOMY (EXCLUDE LIVER BIOPSY)				Inpatient Only				
00794	C	ANESTHESIA FOR PANCREATECTOMY PARTIAL OR TOTAL				Inpatient Only				
00796	C	ANESTHESIA FOR LIVER TRANSPLANT (RECIPIENT)				Inpatient Only				Y
00797	N	ANESTH, SURGERY FOR OBESITY				APC/ Bundled				
00800	N	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL;				APC/ Bundled				
00802	C	ANESTHESIA FOR PANNICULECTOMY				Inpatient Only				
00810	N	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES				APC/ Bundled				
00820	N	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL				APC/ Bundled				
00830	N	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN;NOS				APC/ Bundled				
00832	N	ANESTHESIA FOR VENTRAL & INCISIONAL HERNIAS				APC/ Bundled				
00834	N	ANESTH HERNIA REPAIR< 1 YR				APC/ Bundled				
00836	N	ANESTH HERNIA REPAIR PREEMIE				APC/ Bundled				
00840	N	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN				APC/ Bundled				
00842	N	ANESTHESIA FOR AMNIOCENTESIS				APC/ Bundled				
00844	C	ANESTHESIA FOR ABDOMINOPERINEAL RESECTION				Inpatient Only				
00846	C	ANESTHESIA FOR RADICAL HYSTERECTOMY				Inpatient Only				
00848	C	ANESTHESIA FOR PELVIC EXENTERATION				Inpatient Only				
00851	N	ANES FOR INTRAPERITONEAL PROC IN LOW ABD INCL LAP; TUBAL LIG				APC/ Bundled				

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00860	N	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN				APC/ Bundled				
00862	N	ANESTHESIA FOR RENAL PROC INCL UPPER 1/3 URETER OR DONOR				APC/ Bundled				
00864	C	ANESTHESIA FOR TOTAL CYCTECTOMY				Inpatient Only				
00865	C	RADICAL PROSTATECTOMY (SUPRAPUBIC RETROPUBIC)				Inpatient Only				
00866	C	ANESTHESIA FOR ADRENALECTOMY				Inpatient Only				
00868	C	ANESTHESIA FOR RENAL TRANSPLANT (RECIPIENT)				Inpatient Only				Y
00870	N	ANESTHESIA FOR CYSTOLITHOTOMY				APC/ Bundled				
00872	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE;				APC/ Bundled				
00873	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE;				APC/ Bundled				
00880	N	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS;				APC/ Bundled				
00882	C	ANESTHESIA FOR INFERIOR VENA CAVA LIGATION				Inpatient Only				
00902	N	ANESTH FOR ANORECTAL PROCEDURE				APC/ Bundled				
00904	C	ANESTHESIA FOR RADICAL PERINEAL PROCEDURE				Inpatient Only				
00906	N	ANESTHESIA FOR VULVECTOMY				APC/ Bundled				
00908	C	ANESTHESIA FOR PERINEAL PROSTATECTOMY				Inpatient Only				
00910	N	ANES FOR TRANSURETHRAL PX; NOT OTHERWISE SPECIFIED				APC/ Bundled				
00912	N	ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT BLADDER TUMO				APC/ Bundled				
00914	N	ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT PROSTATE				APC/ Bundled				
00916	N	ANES FOR TRANSURETHRAL PX; POST-TRANSURETH RESECT BLEEDING				APC/ Bundled				
00918	N	ANES FOR TRANSURETHRAL PX;W/FRAGMNT MANIPUL &/OR CALC REMOVA				APC/ Bundled				
00920	N	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA; NOS				APC/ Bundled				
00921	N	ANESTH VASECTOMY				APC/ Bundled				
00922	N	ANESTHESIA FOR PROCEDURES ON SEMINAL VESICLES				APC/ Bundled				
00924	N	ANESTHESIA FOR PROCEDURES ON UNDESCENDED TESTIS UNI OR BILA				APC/ Bundled				
00926	N	ANESTHESIA FOR RADICAL ORCHIECTOMY INGUINAL				APC/ Bundled				
00928	N	ANESTHESIA FOR RADICAL ORCHIECTOMY ABDOMINAL				APC/ Bundled				
00930	N	ANESTHESIA FOR ORCHIOPEXY UNILATERAL OR BILATERAL				APC/ Bundled				
00932	C	ANESTHESIA FOR COMPLETE AMPUTATION OF PENIS				Inpatient Only				
00934	C	ANESTHESIA FOR RAD AMPUTATION OF PENIS W/BILAT INGUINAL LYMP				Inpatient Only				
00936	C	ANESTH FOR RAD AMP OF PENIS W/BILAT INGUINAL & ILIAC LYMPH				Inpatient Only				
00938	N	ANESTH FOR INSERTION OF PENILE PROSTHESIS (PERINEAL APPROACH				APC/ Bundled				
00940	N	ANES FOR VAGINAL PX; NOT OTHERWISE SPECIFIED				APC/ Bundled				
00942	N	ANESTH SURG ON VAG/URETHRAL				APC/ Bundled				
00944	C	ANES FOR VAGINAL PX; VAGINAL HYSTERECTOMY				Inpatient Only				
00948	N	ANES FOR VAGINAL PX; CERVICAL CERCLAGE				APC/ Bundled				
00950	N	ANES FOR VAGINAL PX; CULDOSCOPY				APC/ Bundled				
00952	N	ANES FOR VAGINAL PX; HYSTEROSCOPY &/OR HYSTEROSALPINGOGRAPHY				APC/ Bundled				
01112	N	ANESTHESIA FOR BONE MARROW ASP &/OR BIOPSY ILIAC CREST				APC/ Bundled				
01120	N	ANESTHESIA FOR PROCEDURES ON BONY PELVIS				APC/ Bundled				

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01130	N	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION				APC/ Bundled				
01140	C	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION				Inpatient Only				
01150	C	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS EXCEP				Inpatient Only				
01160	N	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS				APC/ Bundled				
01170	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR				APC/ Bundled				
01173	N	ANESTH FX REPAIR PELVIS				APC/ Bundled				
01180	N	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC				APC/ Bundled				
01190	N	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC				APC/ Bundled				
01200	N	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT				APC/ Bundled				
01202	N	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT				APC/ Bundled				
01210	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOS				APC/ Bundled				
01212	C	ANESTHESIA FOR HIP DISARTICULATION				Inpatient Only				
01214	C	ANESTH HIP ARTHROPLASTY				Inpatient Only				
01215	N	ANES FOR OPEN PROCEDURE INVOLVING HIP; REVISION TOTAL HIP				APC/ Bundled				
01220	N	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF				APC/ Bundled				
01230	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR;				APC/ Bundled				
01232	C	ANESTHESIA FOR AMPUTATION INVOLVING UPPER 2/3 OF FEMUR				Inpatient Only				
01234	C	ANESTHESIA FOR RADICAL RESECTION INCL UPPER 2/3 OF FEMUR				Inpatient Only				
01250	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS				APC/ Bundled				
01260	N	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG				APC/ Bundled				
01270	N	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG				APC/ Bundled				
01272	C	ANESTHESIA FOR FEMORAL ARTERY LIGATION				Inpatient Only				
01274	C	ANESTHESIA FOR FEMORAL ARTERY EMBOLECTOMY				Inpatient Only				
01320	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS				APC/ Bundled				
01340	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR				APC/ Bundled				
01360	N	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR				APC/ Bundled				
01380	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT				APC/ Bundled				
01382	N	ANESTH DX KNEE ARTHROSCOPY				APC/ Bundled				
01390	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA				APC/ Bundled				
01392	N	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA				APC/ Bundled				
01400	N	ANESTH KNEE JOINT SURGERY				APC/ Bundled				
01402	C	ANESTH KNEE ARTHROPLASTY				Inpatient Only				
01404	C	ANESTHESIA FOR DISARTICULATION AT KNEE				Inpatient Only				
01420	N	ANESTHESIA FOR ALL CAST APPLICATIONS REMOVAL OR REPAIR INV				APC/ Bundled				
01430	N	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL ARE				APC/ Bundled				
01432	N	ANESTHESIA FOR ARTERIOVENOUS FISTULA OF KNEE & POPLITEAL ARE				APC/ Bundled				
01440	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL				APC/ Bundled				
01442	C	ANEST FOR POPLITEAL THROMBOENDARTECTOMY W/OR W/O PATCH GRAFT				Inpatient Only				
01444	C	ANES FOR POPLITEAL EXC & GRAFT /REPAIR FOR OCCLU/ANEURYSM				Inpatient Only				

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01462	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG ANKLE AN				APC/ Bundled				
01464	N	ANESTH ANKLE/FT ARTHROSCOPY				APC/ Bundled				
01470	N	ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TENDONS AND				APC/ Bundled				
01472	N	ANES FOR REPAIR RUPTURED ACHILLES TENDON W/OR W/O GRAFT				APC/ Bundled				
01474	N	ANEST FOR GASTROCNEMIUS RECESSION (STRAYER PROCEDURE)				APC/ Bundled				
01480	N	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG ANKLE				APC/ Bundled				
01482	N	ANESTHESIA FOR RADICAL RESECTION ON BONES OF LOWER LEG ANKLE				APC/ Bundled				
01484	N	ANESTHESIA FOR OSEOTOMY OR OSTEOPLASTY OF TIBIA & OR FIBULA				APC/ Bundled				
01486	C	ANESTHESIA FOR TOTAL ANKLE REPLACEMENT				Inpatient Only				
01490	N	ANESTHESIA FOR LOWER LEG CAST APPLICATION REMOVAL OR REPAI				APC/ Bundled				
01500	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG INCLUDIN				APC/ Bundled				
01502	C	ANESTHESIA FOR EMBOLECTOMY DIRECT OR CATHETER LOWER LEG				Inpatient Only				
01520	N	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOS				APC/ Bundled				
01522	N	ANES FOR VENOUS THROMBECTOMY DIRECT OR CATHETER OF LOWER LEG				APC/ Bundled				
01610	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS				APC/ Bundled				
01620	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NEC				APC/ Bundled				
01622	N	ANES DX SHOULDER ARTHROSCOPY				APC/ Bundled				
01630	N	ANESTH SURGERY OF SHOULDER				APC/ Bundled				
01632	C	ANESTHESIA FOR RADICAL RESECTION ON HUMERAL HEAD & NECK STE				Inpatient Only				
01634	C	ANESTHESIA FOR SHOULDER DISARTICULATION				Inpatient Only				
01636	C	ANESTHESIA FOR INTERTHORACOSCAPULAR (FOREQUARTER) AMPUTATION				Inpatient Only				
01638	C	ANESTHESIA FOR TOTAL SHOULDER REPLACEMENT				Inpatient Only				
01650	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA				APC/ Bundled				
01652	C	ANESTHESIA FOR AXILLARY-BRACHIAL ANEURYSM				Inpatient Only				
01654	C	ANESTHESIA FOR BYPASS GRAFT ON ARTERIES OF SHOULDER & AXILLA				Inpatient Only				
01656	C	ANESTHESIA FOR AXILLARY-FEMORAL BYPASS GRAFT				Inpatient Only				
01670	N	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILL				APC/ Bundled				
01680	N	ANESTHESIA FOR SHOULDER CAST APPLICATION REMOVAL OR REPAIR;				APC/ Bundled				
01682	N	ANESTHESIA FOR SHOULDER SPICA APPLICATION REMOVAL OR REPAIR				APC/ Bundled				
01710	N	ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TENDONS FASCI				APC/ Bundled				
01712	N	ANESTHESIA FOR TENOTOMY ELBOW TO SHOULDER OPEN				APC/ Bundled				
01714	N	ANESTHESIA FOR TENOPLASTY ELBOW TO SHOULDER				APC/ Bundled				
01716	N	ANESTHESIA FOR TENODESIS RUPTURE OF LONG TENDON OF BICEPS				APC/ Bundled				
01730	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW				APC/ Bundled				
01732	N	ANESTH DX ELBOW ARTHROSCOPY				APC/ Bundled				
01740	N	ANESTH UPPER ARM SURGERY				APC/ Bundled				
01742	N	ANESTHESIA FOR OSTEOTOMY OF HUMERUS				APC/ Bundled				
01744	N	ANESTHESIA FOR REPAIR OF NONUNION OR MALUNION OF HUMERUS				APC/ Bundled				
01756	C	ANESTHESIA FOR RADICAL PROCEDURES ON HUMERUS AND ELBOW				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
01758	N	ANESTHESIA FOR EXCISION OF CYST OR TUMOR OF HUMERUS				APC/ Bundled				
01760	N	ANESTHESIA FOR TOTAL ELBOW REPLACEMENT				APC/ Bundled				
01770	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW				APC/ Bundled				
01772	N	ANESTHESIA FOR EMBOLECTOMY OF UPPER ARM AND ELBOW				APC/ Bundled				
01780	N	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW;				APC/ Bundled				
01782	N	ANESTHESIA FOR PHLEBORRHAPHY OF UPPER ARM & ELBOW				APC/ Bundled				
01810	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS				APC/ Bundled				
01820	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS ULNA WRIST				APC/ Bundled				
01829	N	ANESTH DX WRIST ARTHROSCOPY				APC/ Bundled				
01830	N	ANESTH LOWER ARM SURGERY				APC/ Bundled				
01832	N	ANESTHESIA FOR TOTAL WRIST REPLACEMENT				APC/ Bundled				
01840	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM WRIST AND				APC/ Bundled				
01842	N	ANESTHESIA FOR EMBOLECTOMY OF FOREARM WRIST AND				APC/ Bundled				
01844	N	ANESTHESIA FOR VASCULAR SHUNT OR SHUNT REVISION ANY TYPE (				APC/ Bundled				
01850	N	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM WRIST AND HA				APC/ Bundled				
01852	N	ANESTHESIA FOR PHLEBORRHAPHY OF FOREARM WRIST AND HAND				APC/ Bundled				
01860	N	ANESTHESIA FOR FOREARM WRIST OR HAND CAST APPLICATION REM				APC/ Bundled				
01905	N	ANESTHESIA FOR MYELOGRAPHY DISKOGRAPHY VERTEBROPLASTY				APC/ Bundled				
01916	N	ANESTH DX ARTERIOGRAPHY				APC/ Bundled				
01920	N	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY AN				APC/ Bundled				
01922	N	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY				APC/ Bundled				
01924	N	ANES THER INTERVEN RAD ART				APC/ Bundled				
01925	N	ANESTH FOR RADIOL PROC INVOLV ARTL SYS CAROTIDOR CORONARY				APC/ Bundled				
01926	N	ANES TX INTERV RAD HRT/CRAN				APC/ Bundled				
01930	N	ANESTH FOR RADIOL PROC INVOLV VENOUS/LYMPH SYS NOS				APC/ Bundled				
01931	N	ANES THER INTERVEN RAD TIP				APC/ Bundled				
01932	N	ANES FOR RADIOL PROC INVOLV VEN/LYMPH SYS INTRATHOR JUGULA				APC/ Bundled				
01933	N	ANES TX INTERV RAD INTRACRANIAL				APC/ Bundled				
01951	N	ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; < 1% TBSA				APC/ Bundled				
01952	N	ANESTH, BURN, 4-9 PERCENT				APC/ Bundled				
01953	N	ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; EACH +9%TBSA				APC/ Bundled				
01958	N	ANESTH ANTEPARTUM MANIPUL				APC/ Bundled				
01960	N	ANESTH VAGINAL DELIVERY				APC/ Bundled				
01961	N	ANESTH CS DELIVERY				APC/ Bundled				
01962	N	ANESTH EMER HYSTERECTOMY				APC/ Bundled				
01963	N	ANESTH CS HYSTERECTOMY				APC/ Bundled				
01965	N	ANESTH INC/MISSED AB PROC				APC/ Bundled				
01966	N	ANESTH INDUCED AB PROCEDURE				APC/ Bundled				
01967	N	NEURAXIAL LABOR ANESTH FOR PLANNED VAGINAL DELIVERY				APC/ Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
01968	N	ANES/ANALG CS DELIVER ADD-ON				APC/ Bundled				
01969	N	ANESTH/ANALG CS HYST ADD-ON				APC/ Bundled				
01990	C	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-				Inpatient Only				Y
01991	N	ANESTH NERVE BLOCK/INJ				APC/ Bundled				
01992	N	ANESTH N BLOCK/INJ PRONE				APC/ Bundled				
01996	N	HOSP MANAGE CONT DRUG ADMIN				APC/ Bundled				
01999	N	UNLISTED ANESTHESIA PROCEDURE(S)				APC/ Bundled				
10021	T	FNA W/O IMAGE	00002	1.0995	$52.50	APC				
10022	T	FNA W/IMAGE	00036	2.0738	$99.02	APC				
10040	T	ACNE SURGERY	00010	0.476	$22.73	APC				
10060	T	DRAINAGE OF SKIN ABSCESS	00006	1.4392	$68.72	APC				
10061	T	DRAINAGE OF SKIN ABSCESS	00006	1.4392	$68.72	APC				
10080	T	DRAINAGE OF PILONIDAL CYST	00006	1.4392	$68.72	APC				
10081	T	DRAINAGE OF PILONIDAL CYST	00007	11.1535	$532.58	APC				
10120	T	REMOVE FOREIGN BODY	00006	1.4392	$68.72	APC				
10121	T	REMOVE FOREIGN BODY	00021	15.1024	$721.14	APC				
10140	T	DRAINAGE OF HEMATOMA/FLUID	00007	11.1535	$532.58	APC				
10160	T	PUNCTURE DRAINAGE OF LESION	00018	1.0259	$48.99	APC				
10180	T	COMPLEX DRAINAGE, WOUND	00008	17.5086	$836.04	APC				
11000	T	DEBRIDE INFECTED SKIN	00013	1.0918	$52.13	APC				
11001	T	DEBRIDE INFECTED SKIN ADD-ON	00012	0.8432	$40.26	APC				
11004	C	DEBRIDE GENITALIA & PERINEUM				Inpatient Only				
11005	C	DEBRIDE ABDOM WALL				Inpatient Only				
11006	C	DEBRIDE GENIT/PER/ABDOM WALL				Inpatient Only				
11008	C	REMOVE MESH FROM ABD WALL				Inpatient Only				
11010	T	DEBRIDE SKIN FX	00019	4.0919	$195.39	APC				
11011	T	DEBRIDE SKIN/MUSCLE FX	00019	4.0919	$195.39	APC				
11012	T	DEBRIDE SKIN/MUSCLE/BONE FX	00019	4.0919	$195.39	APC				
11040	T	DEBRIDE SKIN, PARTIAL	00015	1.6241	$77.55	APC				
11041	T	DEBRIDE SKIN, FULL	00015	1.6241	$77.55	APC				
11042	T	DEBRIDE SKIN/TISSUE	00016	2.6749	$127.73	APC				
11043	T	DEBRIDE TISSUE/MUSCLE	00016	2.6749	$127.73	APC				
11044	T	DEBRIDE TISSUE/MUSCLE/BONE	00682	6.8832	$328.67	APC				
11055	T	TRIM SKIN LESION	00012	0.8432	$40.26	APC				
11056	T	TRIM SKIN LESIONS, 2 TO 4	00012	0.8432	$40.26	APC				
11057	T	TRIM SKIN LESIONS, OVER 4	00013	1.0918	$52.13	APC				
11100	T	BIOPSY SKIN LESION	00018	1.0259	$48.99	APC				
11101	T	BIOPSY, SKIN ADD-ON	00018	1.0259	$48.99	APC				
11200	T	REMOVAL OF SKIN TAGS	00013	1.0918	$52.13	APC				

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11201	T	REMOVE SKIN TAGS ADD-ON	00015	1.6241	$77.55	APC				
11300	T	SHAVE SKIN LESION	00012	0.8432	$40.26	APC				
11301	T	SHAVE SKIN LESION	00012	0.8432	$40.26	APC				
11302	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11303	T	SHAVE SKIN LESION	00015	1.6241	$77.55	APC				
11305	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11306	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11307	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11308	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11310	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11311	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11312	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11313	T	SHAVE SKIN LESION	00016	2.6749	$127.73	APC				
11400	T	EXC TR-EXT B9+MARG 0.5 < CM	00019	4.0919	$195.39	APC				
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM	00019	4.0919	$195.39	APC				
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM	00019	4.0919	$195.39	APC				
11403	T	EXC TR-EXT B9+MARG 2.1-3 CM	00020	6.8083	$325.10	APC				
11404	T	EXC TR-EXT B9+MARG 3.1-4 CM	00021	15.1024	$721.14	APC				
11406	T	EXC TR-EXT B9+MARG > 4.0 CM	00021	15.1024	$721.14	APC				
11420	T	EXC H-F-NK-SP B9+MARG 0.5 <	00020	6.8083	$325.10	APC				
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1	00020	6.8083	$325.10	APC				
11422	T	EXC H-F-NK-SP B9+MARG 1.1-2	00020	6.8083	$325.10	APC				
11423	T	EXC H-F-NK-SP B9+MARG 2.1-3	00021	15.1024	$721.14	APC				
11424	T	EXC H-F-NK-SP B9+MARG 3.1-4	00021	15.1024	$721.14	APC				
11426	T	EXC H-F-NK-SP B9+MARG > 4 CM	00022	20.0656	$958.13	APC				
11440	T	EXC FACE-MM B9+MARG 0.5 < CM	00019	4.0919	$195.39	APC				
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM	00019	4.0919	$195.39	APC				
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM	00020	6.8083	$325.10	APC				
11443	T	EXC FACE-MM B9+MARG 2.1-3 CM	00020	6.8083	$325.10	APC				
11444	T	EXC FACE-MM B9+MARG 3.1-4 CM	00020	6.8083	$325.10	APC				
11446	T	EXC FACE-MM B9+MARG > 4 CM	00022	20.0656	$958.13	APC				
11450	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11451	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11462	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11463	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11470	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11471	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11600	T	EXC TR-EXT MLG+MARG 0.5 < CM	00019	4.0919	$195.39	APC				
11601	T	EXC TR-EXT MLG+MARG 0.6-1 CM	00019	4.0919	$195.39	APC				

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11602	T	EXC TR-EXT MLG+MARG 1.1-2 CM	00019	4.0919	$195.39	APC				
11603	T	EXC TR-EXT MLG+MARG 2.1-3 CM	00020	6.8083	$325.10	APC				
11604	T	EXC TR-EXT MLG+MARG 3.1-4 CM	00020	6.8083	$325.10	APC				
11606	T	EXC TR-EXT MLG+MARG > 4 CM	00021	15.1024	$721.14	APC				
11620	T	EXC H-F-NK-SP MLG+MARG 0.5 <	00020	6.8083	$325.10	APC				
11621	T	EXC H-F-NK-SP MLG+MARG 0.6-1	00019	4.0919	$195.39	APC				
11622	T	EXC H-F-NK-SP MLG+MARG 1.1-2	00020	6.8083	$325.10	APC				
11623	T	EXC H-F-NK-SP MLG+MARG 2.1-3	00021	15.1024	$721.14	APC				
11624	T	EXC H-F-NK-SP MLG+MARG 3.1-4	00021	15.1024	$721.14	APC				
11626	T	EXC H-F-NK-SP MLG+MAR > 4 CM	00022	20.0656	$958.13	APC				
11640	T	EXC FACE-MM MALIG+MARG 0.5 <	00020	6.8083	$325.10	APC				
11641	T	EXC FACE-MM MALIG+MARG 0.6-1	00020	6.8083	$325.10	APC				
11642	T	EXC FACE-MM MALIG+MARG 1.1-2	00020	6.8083	$325.10	APC				
11643	T	EXC FACE-MM MALIG+MARG 2.1-3	00020	6.8083	$325.10	APC				
11644	T	EXC FACE-MM MALIG+MARG 3.1-4	00021	15.1024	$721.14	APC				
11646	T	EXC FACE-MM MLG+MARG > 4 CM	00022	20.0656	$958.13	APC				
11719	T	TRIM NAIL(S)	00009	0.7744	$36.98	APC				
11720	T	DEBRIDE NAIL, 1-5	00009	0.7744	$36.98	APC				
11721	T	DEBRIDE NAIL, 6 OR MORE	00009	0.7744	$36.98	APC				
11730	T	REMOVAL OF NAIL PLATE	00013	1.0918	$52.13	APC				
11732	T	REMOVE NAIL PLATE, ADD-ON	00012	0.8432	$40.26	APC				
11740	T	DRAIN BLOOD FROM UNDER NAIL	00009	0.7744	$36.98	APC				
11750	T	REMOVAL OF NAIL BED	00019	4.0919	$195.39	APC				
11752	T	REMOVE NAIL BED/FINGER TIP	00022	20.0656	$958.13	APC				
11755	T	BIOPSY, NAIL UNIT	00019	4.0919	$195.39	APC				
11760	T	REPAIR OF NAIL BED	00024	1.4843	$70.88	APC				
11762	T	RECONSTRUCTION OF NAIL BED	00024	1.4843	$70.88	APC				
11765	T	EXCISION OF NAIL FOLD, TOE	00015	1.6241	$77.55	APC				
11770	T	REMOVAL OF PILONIDAL LESION	00022	20.0656	$958.13	APC				
11771	T	REMOVAL OF PILONIDAL LESION	00022	20.0656	$958.13	APC				
11772	T	REMOVAL OF PILONIDAL LESION	00022	20.0656	$958.13	APC				
11900	T	INJECTION INTO SKIN LESIONS	00012	0.8432	$40.26	APC				
11901	T	ADDED SKIN LESIONS INJECTION	00012	0.8432	$40.26	APC				
11920	T	CORRECT SKIN COLOR DEFECTS	00024	1.4843	$70.88	APC				
11921	T	CORRECT SKIN COLOR DEFECTS	00024	1.4843	$70.88	APC				
11922	T	CORRECT SKIN COLOR DEFECTS	00024	1.4843	$70.88	APC				
11950	T	THERAPY FOR CONTOUR DEFECTS	00024	1.4843	$70.88	APC				
11951	T	THERAPY FOR CONTOUR DEFECTS	00024	1.4843	$70.88	APC				
11952	T	THERAPY FOR CONTOUR DEFECTS	00024	1.4843	$70.88	APC				

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11954	T	THERAPY FOR CONTOUR DEFECTS	00024	1.4843	$70.88	APC				
11960	T	INSERT TISSUE EXPANDER(S)	00027	21.4302	$1,023.29	APC				
11970	T	REPLACE TISSUE EXPANDER	00051	41.0893	$1,962.01	APC				
11971	T	REMOVE TISSUE EXPANDER(S)	00022	20.0656	$958.13	APC				
11975	M	INSERT CONTRACEPTIVE CAP				By Report	$0.00			
11976	T	REMOVAL OF CONTRACEPTIVE CAP	00019	4.0919	$195.39	APC				
11977	M	REMOVAL/REINSERT CONTRA CAP				By Report	$0.00			
11980	X	IMPLANT HORMONE PELLET(S)	00340	0.6102	$29.14	APC				
11981	X	INSERT DRUG IMPLANT DEVICE	00340	0.6102	$29.14	APC				
11982	X	REMOVE DRUG IMPLANT DEVICE	00340	0.6102	$29.14	APC				
11983	X	REMOVE/INSERT DRUG IMPLANT	00340	0.6102	$29.14	APC				
12001	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12002	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12004	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12005	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12006	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12007	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12011	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12013	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12014	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12015	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12016	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12017	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12018	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12020	T	CLOSURE OF SPLIT WOUND	00024	1.4843	$70.88	APC				
12021	T	CLOSURE OF SPLIT WOUND	00024	1.4843	$70.88	APC				
12031	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12032	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12034	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12035	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12036	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12037	T	LAYER CLOSURE OF WOUND(S)	00025	5.2594	$251.14	APC				
12041	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12042	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12044	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12045	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12046	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12047	T	LAYER CLOSURE OF WOUND(S)	00025	5.2594	$251.14	APC				
12051	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				

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12052	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12053	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12054	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12055	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12056	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12057	T	LAYER CLOSURE OF WOUND(S)	00025	5.2594	$251.14	APC				
13100	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				
13101	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				
13102	T	REPAIR WOUND/LESION ADD-ON	00024	1.4843	$70.88	APC				
13120	T	REPAIR OF WOUND OR LESION	00024	1.4843	$70.88	APC				
13121	T	REPAIR OF WOUND OR LESION	00024	1.4843	$70.88	APC				
13122	T	REPAIR WOUND/LESION ADD-ON	00024	1.4843	$70.88	APC				
13131	T	REPAIR OF WOUND OR LESION	00024	1.4843	$70.88	APC				
13132	T	REPAIR OF WOUND OR LESION	00024	1.4843	$70.88	APC				
13133	T	REPAIR WOUND/LESION ADD-ON	00024	1.4843	$70.88	APC				
13150	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				
13151	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				
13152	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				
13153	T	REPAIR WOUND/LESION ADD-ON	00024	1.4843	$70.88	APC				
13160	T	LATE CLOSURE OF WOUND	00027	21.4302	$1,023.29	APC				
14000	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14001	T	SKIN TISSUE REARRANGEMENT	00027	21.4302	$1,023.29	APC				
14020	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14021	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14040	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14041	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14060	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14061	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14300	T	SKIN TISSUE REARRANGEMENT	00027	21.4302	$1,023.29	APC				
14350	T	SKIN TISSUE REARRANGEMENT	00027	21.4302	$1,023.29	APC				
15002	T	WND PREP, CH/INF, TRK/ARM/LG	00025	5.2594	$251.14	APC				
15003	T	WND PREP, CH/INF ADDL 100 CM	00025	5.2594	$251.14	APC				
15004	T	WND PREP CH/INF, F/N/HF/G	00025	5.2594	$251.14	APC				
15005	T	WND PREP, F/N/HF/G, ADDL CM	00025	5.2594	$251.14	APC				
15040	T	HARVEST CULTURED SKIN GRAFT	00024	1.4843	$70.88	APC				
15050	T	SKIN PINCH GRAFT	00025	5.2594	$251.14	APC				
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG	00027	21.4302	$1,023.29	APC				
15101	T	SKIN SPLT GRFT T/A/L ADD-ON	00027	21.4302	$1,023.29	APC				
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG	00027	21.4302	$1,023.29	APC				

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15111	T	EPIDRM AUTOGRFT T/A/L ADD-ON	00027	21.4302	$1,023.29	APC				
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G	00027	21.4302	$1,023.29	APC				
15116	T	EPIDRM A-GRFT F/N/HF/G ADDL	00027	21.4302	$1,023.29	APC				
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G	00027	21.4302	$1,023.29	APC				
15121	T	SKN SPLT A-GRFT F/N/HF/G ADD	00027	21.4302	$1,023.29	APC				
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG	00027	21.4302	$1,023.29	APC				
15131	T	DERM AUTOGRAFT T/A/L ADD-ON	00027	21.4302	$1,023.29	APC				
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G	00027	21.4302	$1,023.29	APC				
15136	T	DERM AUTOGRAFT F/N/HF/G ADD	00027	21.4302	$1,023.29	APC				
15150	T	CULT EPIDERM GRFT T/ARM/LEG	00027	21.4302	$1,023.29	APC				
15151	T	CULT EPIDERM GRFT T/A/L ADDL	00027	21.4302	$1,023.29	APC				
15152	T	CULT EPIDERM GRAFT T/A/L +%	00027	21.4302	$1,023.29	APC				
15155	T	CULT EPIDERM GRAFT F/N/HF/G	00027	21.4302	$1,023.29	APC				
15156	T	CULT EPIDRM GRFT F/N/HFG ADD	00027	21.4302	$1,023.29	APC				
15157	T	CULT EPIDERM GRFT F/N/HFG +%	00027	21.4302	$1,023.29	APC				
15170	T	ACELL GRAFT TRUNK/ARMS/LEGS	00025	5.2594	$251.14	APC				
15171	T	ACELL GRAFT T/ARM/LEG ADD-ON	00025	5.2594	$251.14	APC				
15175	T	ACELLULAR GRAFT F/N/HF/G	00025	5.2594	$251.14	APC				
15176	T	ACELL GRAFT F/N/HF/G ADD-ON	00025	5.2594	$251.14	APC				
15200	T	SKIN FULL GRAFT TRUNK	00686	14.0346	$670.15	APC				
15201	T	SKIN FULL GRAFT TRUNK ADD-ON	00025	5.2594	$251.14	APC				
15220	T	SKIN FULL GRAFT SCLP/ARM/LEG	00686	14.0346	$670.15	APC				
15221	T	SKIN FULL GRAFT ADD-ON	00025	5.2594	$251.14	APC				
15240	T	SKIN FULL GRFT FACE/GENIT/HF	00686	14.0346	$670.15	APC				
15241	T	SKIN FULL GRAFT ADD-ON	00025	5.2594	$251.14	APC				
15260	T	SKIN FULL GRAFT EEN & LIPS	00686	14.0346	$670.15	APC				
15261	T	SKIN FULL GRAFT ADD-ON	00025	5.2594	$251.14	APC				
15300	T	APPLY SKINALLOGRFT T/ARM/LG	00025	5.2594	$251.14	APC				
15301	T	APPLY SKNALLOGRFT T/A/L ADDL	00025	5.2594	$251.14	APC				
15320	T	APPLY SKIN ALLOGRFT F/N/HF/G	00025	5.2594	$251.14	APC				
15321	T	APLY SKNALLOGRFT F/N/HFG ADD	00025	5.2594	$251.14	APC				
15330	T	APLY ACELL ALOGRFT T/ARM/LEG	00025	5.2594	$251.14	APC				
15331	T	APLY ACELL GRFT T/A/L ADD-ON	00025	5.2594	$251.14	APC				
15335	T	APPLY ACELL GRAFT F/N/HF/G	00025	5.2594	$251.14	APC				
15336	T	APLY ACELL GRFT F/N/HF/G ADD	00025	5.2594	$251.14	APC				
15340	T	APPLY CULT SKIN SUBSTITUTE	00025	5.2594	$251.14	APC				
15341	T	APPLY CULT SKIN SUB ADD-ON	00025	5.2594	$251.14	APC				
15360	T	APPLY CULT DERM SUB T/A/L	00025	5.2594	$251.14	APC				
15361	T	APLY CULT DERM SUB T/A/L ADD	00025	5.2594	$251.14	APC				

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15365	T	APPLY CULT DERM SUB F/N/HF/G	00025	5.2594	$251.14	APC				
15366	T	APPLY CULT DERM F/HF/G ADD	00025	5.2594	$251.14	APC				
15400	T	APPLY SKIN XENOGRAFT T/A/L	00025	5.2594	$251.14	APC				
15401	T	APPLY SKN XENOGRFT T/A/L ADD	00025	5.2594	$251.14	APC				
15420	T	APPLY SKIN XGRAFT F/N/HF/G	00025	5.2594	$251.14	APC				
15421	T	APPLY SKN XGRFT F/N/HF/G ADD	00025	5.2594	$251.14	APC				
15430	T	APPLY ACELLULAR XENOGRAFT	00025	5.2594	$251.14	APC				
15431	T	APPLY ACELLULAR XGRAFT ADD	00025	5.2594	$251.14	APC				
15570	T	FORM SKIN PEDICLE FLAP	00027	21.4302	$1,023.29	APC				
15572	T	FORM SKIN PEDICLE FLAP	00027	21.4302	$1,023.29	APC				
15574	T	FORM SKIN PEDICLE FLAP	00027	21.4302	$1,023.29	APC				
15576	T	FORM SKIN PEDICLE FLAP	00686	14.0346	$670.15	APC				
15600	T	SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15610	T	SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15620	T	SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15630	T	SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15650	T	TRANSFER SKIN PEDICLE FLAP	00027	21.4302	$1,023.29	APC				
15731	T	FOREHEAD FLAP W/VASC PEDICLE	00686	14.0346	$670.15	APC				
15732	T	MUSCLE-SKIN GRAFT, HEAD/NECK	00027	21.4302	$1,023.29	APC				
15734	T	MUSCLE-SKIN GRAFT, TRUNK	00027	21.4302	$1,023.29	APC				
15736	T	MUSCLE-SKIN GRAFT, ARM	00027	21.4302	$1,023.29	APC				
15738	T	MUSCLE-SKIN GRAFT, LEG	00027	21.4302	$1,023.29	APC				
15740	T	ISLAND PEDICLE FLAP GRAFT	00686	14.0346	$670.15	APC				
15750	T	NEUROVASCULAR PEDICLE GRAFT	00027	21.4302	$1,023.29	APC				
15756	C	FREE MYO/SKIN FLAP MICROVASC				Inpatient Only				
15757	C	FREE SKIN FLAP MICROVASC				Inpatient Only				
15758	C	FREE FASCIAL FLAP MICROVASC				Inpatient Only				
15760	T	COMPOSITE SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15770	T	DERMA-FAT-FASCIA GRAFT	00027	21.4302	$1,023.29	APC				
15775	T	HAIR TRANSPLANT PUNCH GRAFTS	00025			Not Allowed				
15776	T	HAIR TRANSPLANT PUNCH GRAFTS	00025			Not Allowed				
15780	T	ABRASION TREATMENT OF SKIN	00022			Not Allowed				
15781	T	ABRASION TREATMENT OF SKIN	00019			Not Allowed				
15782	T	ABRASION TREATMENT OF SKIN	00019			Not Allowed				
15783	T	ABRASION TREATMENT OF SKIN	00016			Not Allowed				
15786	T	ABRASION, LESION, SINGLE	00013			Not Allowed				
15787	T	ABRASION, LESIONS, ADD-ON	00013			Not Allowed				
15788	T	CHEMICAL PEEL, FACE, EPIDERM	00012			Not Allowed				
15789	T	CHEMICAL PEEL, FACE, DERMAL	00015			Not Allowed				

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15792	T	CHEMICAL PEEL, NONFACIAL	00013			Not Allowed				
15793	T	CHEMICAL PEEL, NONFACIAL	00012			Not Allowed				
15819	T	PLASTIC SURGERY, NECK	00025			Not Allowed				
15820	T	REVISION OF LOWER EYELID	00027	21.4302	$1,023.29	APC				Y
15821	T	REVISION OF LOWER EYELID	00027	21.4302	$1,023.29	APC				Y
15822	T	REVISION OF UPPER EYELID	00027	21.4302	$1,023.29	APC				Y
15823	T	REVISION OF UPPER EYELID	00686	14.0346	$670.15	APC				Y
15824	T	REMOVAL OF FOREHEAD WRINKLES	00027			Not Allowed				Y
15825	T	REMOVAL OF NECK WRINKLES	00027			Not Allowed				Y
15826	T	REMOVAL OF BROW WRINKLES	00027			Not Allowed				Y
15828	T	REMOVAL OF FACE WRINKLES	00027			Not Allowed				Y
15829	T	REMOVAL OF SKIN WRINKLES	00027			Not Allowed				Y
15830	T	EXC SKIN ABD	00022	20.0656	$958.13	APC				
15832	T	EXCISE EXCESSIVE SKIN TISSUE	00022	20.0656	$958.13	APC				Y
15833	T	EXCISE EXCESSIVE SKIN TISSUE	00022	20.0656	$958.13	APC				Y
15834	T	EXCISE EXCESSIVE SKIN TISSUE	00022	20.0656	$958.13	APC				Y
15835	T	EXCISE EXCESSIVE SKIN TISSUE	00025	5.2594	$251.14	APC				Y
15836	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.1024	$721.14	APC				Y
15837	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.1024	$721.14	APC				Y
15838	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.1024	$721.14	APC				Y
15839	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.1024	$721.14	APC				Y
15840	T	GRAFT FOR FACE NERVE PALSY	00027	21.4302	$1,023.29	APC				
15841	T	GRAFT FOR FACE NERVE PALSY	00027	21.4302	$1,023.29	APC				
15842	T	FLAP FOR FACE NERVE PALSY	00686	14.0346	$670.15	APC				
15845	T	SKIN AND MUSCLE REPAIR, FACE	00027	21.4302	$1,023.29	APC				
15847	T	EXC SKIN ABD ADD-ON	00022	20.0656	$958.13	APC				
15850	T	REMOVAL OF SUTURES	00016	2.6749	$127.73	APC				
15851	T	REMOVAL OF SUTURES	00016	2.6749	$127.73	APC				
15852	X	DRESSING CHANGE NOT FOR BURN	00340	0.6102	$29.14	APC				
15860	X	TEST FOR BLOOD FLOW IN GRAFT	00340	0.6102	$29.14	APC				
15876	T	SUCTION ASSISTED LIPECTOMY	00027			Not Allowed				
15877	T	SUCTION ASSISTED LIPECTOMY	00027			Not Allowed				
15878	T	SUCTION ASSISTED LIPECTOMY	00686			Not Allowed				
15879	T	SUCTION ASSISTED LIPECTOMY	00027			Not Allowed				Y
15920	T	REMOVAL OF TAIL BONE ULCER	00019	4.0919	$195.39	APC				
15922	T	REMOVAL OF TAIL BONE ULCER	00027	21.4302	$1,023.29	APC				
15931	T	REMOVE SACRUM PRESSURE SORE	00022	20.0656	$958.13	APC				
15933	T	REMOVE SACRUM PRESSURE SORE	00022	20.0656	$958.13	APC				
15934	T	REMOVE SACRUM PRESSURE SORE	00027	21.4302	$1,023.29	APC				

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15935	T	REMOVE SACRUM PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15936	T	REMOVE SACRUM PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15937	T	REMOVE SACRUM PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15940	T	REMOVE HIP PRESSURE SORE	00022	20.0656	$958.13	APC				
15941	T	REMOVE HIP PRESSURE SORE	00022	20.0656	$958.13	APC				
15944	T	REMOVE HIP PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15945	T	REMOVE HIP PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15946	T	REMOVE HIP PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15950	T	REMOVE THIGH PRESSURE SORE	00022	20.0656	$958.13	APC				
15951	T	REMOVE THIGH PRESSURE SORE	00022	20.0656	$958.13	APC				
15952	T	REMOVE THIGH PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15953	T	REMOVE THIGH PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15956	T	REMOVE THIGH PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15958	T	REMOVE THIGH PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15999	T	REMOVAL OF PRESSURE SORE	00019	4.0919	$195.39	APC				
16000	T	INITIAL TREATMENT OF BURN(S)	00012	0.8432	$40.26	APC				
16020	T	DRESS/DEBRID P-THICK BURN S	00013	1.0918	$52.13	APC				
16025	T	DRESS/DEBRID P-THICK BURN M	00013	1.0918	$52.13	APC				
16030	T	DRESS/DEBRID P-THICK BURN L	00015	1.6241	$77.55	APC				
16035	T	INCISION OF BURN SCAB INITI	00016	2.6749	$127.73	APC				
16036	C	ESCHAROTOMY; ADD□L INCISION				Inpatient Only				
17000	T	DESTROY BENIGN/PREMLG LESION	00010	0.476	$22.73	APC				
17003	T	DESTROY LESIONS, 2-14	00010	0.476	$22.73	APC				
17004	T	DESTROY LESIONS, 15 OR MORE	00011	2.5665	$122.55	APC				
17106	T	DESTRUCTION OF SKIN LESIONS	00011	2.5665	$122.55	APC				
17107	T	DESTRUCTION OF SKIN LESIONS	00011	2.5665	$122.55	APC				
17108	T	DESTRUCTION OF SKIN LESIONS	00011	2.5665	$122.55	APC				
17110	T	DESTRUCT LESION, 1-14	00012	0.8432	$40.26	APC				
17111	T	DESTRUCT LESION, 15 OR MORE	00013	1.0918	$52.13	APC				
17250	T	CHEMICAL CAUTERY, TISSUE	00013	1.0918	$52.13	APC				
17260	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17261	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17262	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17263	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17264	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17266	T	DESTRUCTION OF SKIN LESIONS	00016	2.6749	$127.73	APC				
17270	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17271	T	DESTRUCTION OF SKIN LESIONS	00013	1.0918	$52.13	APC				
17272	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				

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17273	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17274	T	DESTRUCTION OF SKIN LESIONS	00016	2.6749	$127.73	APC				
17276	T	DESTRUCTION OF SKIN LESIONS	00016	2.6749	$127.73	APC				
17280	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17281	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17282	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17283	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17284	T	DESTRUCTION OF SKIN LESIONS	00016	2.6749	$127.73	APC				
17286	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17311	T	MOHS, 1 STAGE, H/N/HF/G	00694	3.7292	$178.07	APC				
17312	T	MOHS ADDL STAGE	00694	3.7292	$178.07	APC				
17313	T	MOHS, 1 STAGE, T/A/L	00694	3.7292	$178.07	APC				
17314	T	MOHS, ADDL STAGE, T/A/L	00694	3.7292	$178.07	APC				
17315	T	MOHS SURG, ADDL BLOCK	00694	3.7292	$178.07	APC				
17340	T	CRYOTHERAPY OF SKIN	00016	2.6749	$127.73	APC				
17360	T	SKIN PEEL THERAPY	00013	1.0918	$52.13	APC				
17380	T	HAIR REMOVAL BY ELECTROLYSIS	00013	1.0918	$52.13	APC				
17999	T	SKIN TISSUE PROCEDURE	00012	0.8432	$40.26	APC				
19000	T	DRAINAGE OF BREAST LESION	00004	2.0687	$98.78	APC				
19001	T	DRAIN BREAST LESION ADD-ON	00002	1.0995	$52.50	APC				
19020	T	INCISION OF BREAST LESION	00008	17.5086	$836.04	APC				
19030	N	INJECTION FOR BREAST X-RAY				APC/ Bundled				
19100	T	BX BREAST PERCUT W/O IMAGE	00005	3.9045	$186.44	APC				
19101	T	BIOPSY OF BREAST, OPEN	00028	19.2788	$920.56	APC				
19102	T	BX BREAST PERCUT W/IMAGE	00005	3.9045	$186.44	APC				
19103	T	BX BREAST PERCUT W/DEVICE	00658	6.4387	$307.45	APC				
19105	T	CRYOSURG ABLATE FA, EACH	00029	28.0166	$1,337.79	APC				
19110	T	NIPPLE EXPLORATION	00028	19.2788	$920.56	APC				
19112	T	EXCISE BREAST DUCT FISTULA	00028	19.2788	$920.56	APC				
19120	T	REMOVAL OF BREAST LESION	00028	19.2788	$920.56	APC				
19125	T	EXCISION, BREAST LESION	00028	19.2788	$920.56	APC				
19126	T	EXCISION, ADDL BREAST LESION	00028	19.2788	$920.56	APC				
19260	T	REMOVAL OF CHEST WALL LESION	00021	15.1024	$721.14	APC				
19271	C	REVISION OF CHEST WALL				Inpatient Only				
19272	C	EXTENSIVE CHEST WALL SURGERY				Inpatient Only				
19290	N	PLACE NEEDLE WIRE, BREAST				APC/ Bundled				
19291	N	PLACE NEEDLE WIRE, BREAST				APC/ Bundled				
19295	S	PLACE BREAST CLIP, PERCUT	00657	1.7369	$82.94	APC				
19296	T	PLACE PO BREAST CATH FOR RAD	00648	51.2269	$2,446.08	APC				

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19297	T	PLACE BREAST CATH FOR RAD	00648	51.2269	$2,446.08	APC				
19298	S	PLACE BREAST RAD TUBE/CATHS	01524	52.873	$2,524.69	APC				
19300	T	REMOVAL OF BREAST TISSUE	00028	19.2788	$920.56	APC				
19301	T	PARTICAL MASTECTOMY	00028	19.2788	$920.56	APC				
19302	T	P-MASTECTOMY W/LN REMOVAL	00693	36.9988	$1,766.69	APC				
19303	T	MAST, SIMPLE, COMPLETE	00029	28.0166	$1,337.79	APC				
19304	T	MAST, SUBQ	00029	28.0166	$1,337.79	APC				
19305	C	MAST, RADICAL				Inpatient Only				
19306	C	MAST, RAD, URBAN TYPE				Inpatient Only				
19307	T	MAST, MOD RAD	00030	37.8692	$1,808.25	APC				
19316	T	SUSPENSION OF BREAST	00029	28.0166	$1,337.79	APC				
19318	T	REDUCTION OF LARGE BREAST	00693	36.9988	$1,766.69	APC				Y
19324	T	ENLARGE BREAST	00693	36.9988	$1,766.69	APC				
19325	T	ENLARGE BREAST WITH IMPLANT	00648	51.2269	$2,446.08	APC				Y
19328	T	REMOVAL OF BREAST IMPLANT	00029	28.0166	$1,337.79	APC				
19330	T	REMOVAL OF IMPLANT MATERIAL	00029	28.0166	$1,337.79	APC				
19340	T	IMMEDIATE BREAST PROSTHESIS	00030	37.8692	$1,808.25	APC				
19342	T	DELAYED BREAST PROSTHESIS	00648	51.2269	$2,446.08	APC				
19350	T	BREAST RECONSTRUCTION	00028	19.2788	$920.56	APC				
19355	T	CORRECT INVERTED NIPPLE(S)	00029			Not Allowed				Y
19357	T	BREAST RECONSTRUCTION	00648	51.2269	$2,446.08	APC				
19361	C	BREAST RECONSTRUCTION				Inpatient Only				
19364	C	BREAST RECONSTRUCTION				Inpatient Only				
19366	T	BREAST RECONSTRUCTION	00029	28.0166	$1,337.79	APC				
19367	C	BREAST RECONSTRUCTION				Inpatient Only				
19368	C	BREAST RECONSTRUCTION				Inpatient Only				
19369	C	BREAST RECONSTRUCTION				Inpatient Only				
19370	T	SURGERY OF BREAST CAPSULE	00029	28.0166	$1,337.79	APC				
19371	T	REMOVAL OF BREAST CAPSULE	00029	28.0166	$1,337.79	APC				
19380	T	REVISE BREAST RECONSTRUCTION	00030	37.8692	$1,808.25	APC				
19396	T	DESIGN CUSTOM BREAST IMPLANT	00029	28.0166	$1,337.79	APC				
19499	T	BREAST SURGERY PROCEDURE	00028	19.2788	$920.56	APC				
20000	T	INCISION OF ABSCESS	00006	1.4392	$68.72	APC				
20005	T	INCISION OF DEEP ABSCESS	00049	20.8706	$996.57	APC				
20100	T	EXPLORE WOUND, NECK	00023	4.2212	$201.56	APC				
20101	T	EXPLORE WOUND, CHEST	00027	21.4302	$1,023.29	APC				
20102	T	EXPLORE WOUND, ABDOMEN	00027	21.4302	$1,023.29	APC				
20103	T	EXPLORE WOUND, EXTREMITY	00023	4.2212	$201.56	APC				
20150	T	EXCISE EPIPHYSEAL BAR	00051	41.0893	$1,962.01	APC				

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20200	T	MUSCLE BIOPSY	00021	15.1024	$721.14	APC				
20205	T	DEEP MUSCLE BIOPSY	00021	15.1024	$721.14	APC				
20206	T	NEEDLE BIOPSY, MUSCLE	00005	3.9045	$186.44	APC				
20220	T	BONE BIOPSY, TROCAR/NEEDLE	00019	4.0919	$195.39	APC				
20225	T	BONE BIOPSY, TROCAR/NEEDLE	00020	6.8083	$325.10	APC				
20240	T	BONE BIOPSY EXCISIONAL	00022	20.0656	$958.13	APC				
20245	T	BONE BIOPSY, EXCISIONAL	00022	20.0656	$958.13	APC				
20250	T	OPEN BONE BIOPSY	00049	20.8706	$996.57	APC				
20251	T	OPEN BONE BIOPSY	00049	20.8706	$996.57	APC				
20500	T	INJECTION OF SINUS TRACT	00251	2.452	$117.08	APC				
20501	N	INJECT SINUS TRACT FOR X-RAY				APC/ Bundled				
20520	T	REMOVAL OF FOREIGN BODY	00019	4.0919	$195.39	APC				
20525	T	REMOVAL OF FOREIGN BODY	00022	20.0656	$958.13	APC				
20526	T	THER INJECTION CARP TUNNEL	00204	2.2614	$107.98	APC				
20550	T	INJ TENDON SHEATH/LIGAMENT	00204	2.2614	$107.98	APC				
20551	T	INJ TENDON ORIGIN/INSERTION	00204	2.2614	$107.98	APC				
20552	T	INJ TRIGGER POINT 1/2 MUSCL	00204	2.2614	$107.98	APC				
20553	T	INJECT TRIGGER POINTS =/> 3	00204	2.2614	$107.98	APC				
20600	T	DRAIN/INJECT JOINT/BURSA	00204	2.2614	$107.98	APC				
20605	T	DRAIN/INJECT JOINT/BURSA	00204	2.2614	$107.98	APC				
20610	T	DRAIN/INJECT, JOINT/BURSA	00204	2.2614	$107.98	APC				
20612	T	ASPIRATE/INJ GANGLION CYST	00204	2.2614	$107.98	APC				
20615	T	TREATMENT OF BONE CYST	00004	2.0687	$98.78	APC				
20650	T	INSERT AND REMOVE BONE PIN	00049	20.8706	$996.57	APC				
20660	C	APPLY REM FIXATION DEVICE				Inpatient Only				
20661	C	APPLICATION OF HEAD BRACE				Inpatient Only				
20662	T	APPLICATION OF PELVIS BRACE	00049	20.8706	$996.57	APC				
20663	T	APPLICATION OF THIGH BRACE	00049	20.8706	$996.57	APC				
20664	C	HALO BRACE APPLICATION				Inpatient Only				
20665	X	REMOVAL OF FIXATION DEVICE	00340	0.6102	$29.14	APC				
20670	T	REMOVAL OF SUPPORT IMPLANT	00021	15.1024	$721.14	APC				
20680	T	REMOVAL OF SUPPORT IMPLANT	00022	20.0656	$958.13	APC				
20690	T	APPLY BONE FIXATION DEVICE	00050	25.1296	$1,199.94	APC				
20692	T	APPLY BONE FIXATION DEVICE	00050	25.1296	$1,199.94	APC				
20693	T	ADJUST BONE FIXATION DEVICE	00049	20.8706	$996.57	APC				
20694	T	REMOVE BONE FIXATION DEVICE	00049	20.8706	$996.57	APC				
20802	C	REPLANTATION, ARM, COMPLETE				Inpatient Only				
20805	C	REPLANT FOREARM COMPLETE				Inpatient Only				
20808	C	REPLANTATION HAND, COMPLETE				Inpatient Only				

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20816	C	REPLANTATION DIGIT, COMPLETE				Inpatient Only				
20822	T	REPLANTATION DIGIT, COMPLETE	00054	25.8758	$1,235.57	APC				
20824	C	REPLANTATION THUMB, COMPLETE				Inpatient Only				
20827	C	REPLANTATION THUMB, COMPLETE				Inpatient Only				
20838	C	REPLANTATION FOOT, COMPLETE				Inpatient Only				
20900	T	REMOVAL OF BONE FOR GRAFT	00050	25.1296	$1,199.94	APC				
20902	T	REMOVAL OF BONE FOR GRAFT	00050	25.1296	$1,199.94	APC				
20910	T	REMOVE CARTILAGE FOR GRAFT	00027	21.4302	$1,023.29	APC				
20912	T	REMOVE CARTILAGE FOR GRAFT	00027	21.4302	$1,023.29	APC				
20920	T	REMOVAL OF FASCIA FOR GRAFT	00686	14.0346	$670.15	APC				
20922	T	REMOVAL OF FASCIA FOR GRAFT	00027	21.4302	$1,023.29	APC				
20924	T	REMOVAL OF TENDON FOR GRAFT	00050	25.1296	$1,199.94	APC				
20926	T	REMOVAL OF TISSUE FOR GRAFT	00686	14.0346	$670.15	APC				
20930	C	SPINAL BONE ALLOGRAFT				Inpatient Only				
20931	C	SPINAL BONE ALLOGRAFT				Inpatient Only				
20936	C	SPINAL BONE AUTOGRAFT				Inpatient Only				
20937	C	SPINAL BONE AUTOGRAFT				Inpatient Only				
20938	C	SPINAL BONE AUTOGRAFT				Inpatient Only				
20950	T	FLUID PRESSURE, MUSCLE	00006	1.4392	$68.72	APC				
20955	C	FIBULA BONE GRAFT MICROVASC				Inpatient Only				
20956	C	ILIAC BONE GRAFT, MICROVASC				Inpatient Only				
20957	C	MT BONE GRAFT, MICROVASC				Inpatient Only				
20962	C	OTHER BONE GRAFT MICROVASC				Inpatient Only				
20969	C	BONE/SKIN GRAFT MICROVASC				Inpatient Only				
20970	C	BONE/SKIN GRAFT ILIAC CREST				Inpatient Only				
20972	T	BONE/SKIN GRAFT METATARSAL	00056	40.8559	$1,950.87	APC				
20973	T	BONE/SKIN GRAFT GREAT TOE	00056	40.8559	$1,950.87	APC				
20974	M	ELECTRICAL BONE STIMULATION				Fee Schedule	$42.72			
20975	X	ELECTRICAL BONE STIMULATION	00340	0.6102	$29.14	APC				
20979	X	US BONE STIMULATION	00340	0.6102	$29.14	APC				
20982	T	ABLATE BONE TUMOR(S) PERQ	00051	41.0893	$1,962.01	APC				
20999	T	MUSCULOSKELETAL SURGERY	00049	20.8706	$996.57	APC				
21010	T	INCISION OF JAW JOINT	00254	23.3299	$1,114.00	APC				
21015	T	RESECTION OF FACIAL TUMOR	00253	16.4266	$784.37	APC				
21025	T	EXCISION OF BONE, LOWER JAW	00256	38.1991	$1,824.01	APC				
21026	T	EXCISION OF FACIAL BONE(S)	00256	38.1991	$1,824.01	APC				
21029	T	CONTOUR OF FACE BONE LESION	00256	38.1991	$1,824.01	APC				
21030	T	EXCISE MAX/ZYGOMA B9 TUMOR	00254	23.3299	$1,114.00	APC				
21031	T	REMOVE EXOSTOSIS, MANDIBLE	00254	23.3299	$1,114.00	APC				

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21032	T	REMOVE EXOSTOSIS, MAXILLA	00254	23.3299	$1,114.00	APC				
21034	T	EXCISE MAX/ZYGOMA MLG TUMOR	00256	38.1991	$1,824.01	APC				
21040	T	EXCISE MANDIBLE LESION	00254	23.3299	$1,114.00	APC				
21044	T	REMOVAL OF JAW BONE LESION	00256	38.1991	$1,824.01	APC				
21045	C	EXTENSIVE JAW SURGERY				Inpatient Only				
21046	T	REMOVE MANDIBLE CYST COMPLEX	00256	38.1991	$1,824.01	APC				
21047	T	EXCISE LWR JAW CYST W/REPAIR	00256	38.1991	$1,824.01	APC				
21048	T	REMOVE MAXILLA CYST COMPLEX	00256	38.1991	$1,824.01	APC				
21049	T	EXCIS UPPR JAW CYST W/REPAIR	00256	38.1991	$1,824.01	APC				
21050	T	REMOVAL OF JAW JOINT	00256	38.1991	$1,824.01	APC				
21060	T	REMOVE JAW JOINT CARTILAGE	00256	38.1991	$1,824.01	APC				
21070	T	REMOVE CORONOID PROCESS	00256	38.1991	$1,824.01	APC				
21076	T	PREPARE FACE/ORAL PROSTHESIS	00254	23.3299	$1,114.00	APC				
21077	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21079	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21080	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21081	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21082	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21083	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21084	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21085	T	PREPARE FACE/ORAL PROSTHESIS	00253	16.4266	$784.37	APC				
21086	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21087	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21088	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21089	T	PREPARE FACE/ORAL PROSTHESIS	00251	2.452	$117.08	APC				
21100	T	MAXILLOFACIAL FIXATION	00256	38.1991	$1,824.01	APC				
21110	T	INTERDENTAL FIXATION	00252	7.5511	$360.57	APC				
21116	N	INJECTION, JAW JOINT X-RAY				APC/ Bundled				
21120	T	RECONSTRUCTION OF CHIN	00254	23.3299	$1,114.00	APC				Y
21121	T	RECONSTRUCTION OF CHIN	00254	23.3299	$1,114.00	APC				Y
21122	T	RECONSTRUCTION OF CHIN	00254	23.3299	$1,114.00	APC				Y
21123	T	RECONSTRUCTION OF CHIN	00254	23.3299	$1,114.00	APC				Y
21125	T	AUGMENTATION, LOWER JAW BONE	00254	23.3299	$1,114.00	APC				Y
21127	T	AUGMENTATION LOWER JAW BONE	00256	38.1991	$1,824.01	APC				Y
21137	T	REDUCTION OF FOREHEAD	00254	23.3299	$1,114.00	APC				Y
21138	T	REDUCTION OF FOREHEAD	00256	38.1991	$1,824.01	APC				Y
21139	T	REDUCTION OF FOREHEAD	00256	38.1991	$1,824.01	APC				Y
21141	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21142	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y

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21143	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21145	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21146	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21147	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21150	T	RECONSTRUCT MIDFACE, LEFORT	00256	38.1991	$1,824.01	APC				Y
21151	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21154	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21155	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21159	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21160	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only				Y
21172	C	RECONSTRUCT ORBIT/FOREHEAD				Inpatient Only				Y
21175	T	RECONSTRUCT ORBIT/FOREHEAD	00256	38.1991	$1,824.01	APC				Y
21179	C	RECONSTRUCT ENTIRE FOREHEAD				Inpatient Only				Y
21180	C	RECONSTRUCT ENTIRE FOREHEAD				Inpatient Only				Y
21181	T	CONTOUR CRANIAL BONE LESION	00254	23.3299	$1,114.00	APC				Y
21182	C	RECONSTRUCT CRANIAL BONE				Inpatient Only				Y
21183	C	RECONSTRUCT CRANIAL BONE				Inpatient Only				Y
21184	C	RECONSTRUCT CRANIAL BONE				Inpatient Only				Y
21188	C	RECONSTRUCTION OF MIDFACE				Inpatient Only				Y
21193	C	RECONST LWR JAW W/O GRAFT				Inpatient Only				Y
21194	C	RECONST LWR JAW W/GRAFT				Inpatient Only				Y
21195	T	RECONST LWR JAW W/O FIXATION	00256	38.1991	$1,824.01	APC				Y
21196	C	RECONST LWR JAW W/FIXATION				Inpatient Only				Y
21198	T	RECONSTR LWR JAW SEGMENT	00256	38.1991	$1,824.01	APC				Y
21199	T	RECONSTR LWR JAW W/ADVANCE	00256	38.1991	$1,824.01	APC				Y
21206	T	RECONSTRUCT UPPER JAW BONE	00256	38.1991	$1,824.01	APC				Y
21208	T	AUGMENTATION OF FACIAL BONES	00256	38.1991	$1,824.01	APC				Y
21209	T	REDUCTION OF FACIAL BONES	00256	38.1991	$1,824.01	APC				Y
21210	T	FACE BONE GRAFT	00256	38.1991	$1,824.01	APC				Y
21215	T	LOWER JAW BONE GRAFT	00256	38.1991	$1,824.01	APC				Y
21230	T	RIB CARTILAGE GRAFT	00256	38.1991	$1,824.01	APC				Y
21235	T	EAR CARTILAGE GRAFT	00254	23.3299	$1,114.00	APC				Y
21240	T	RECONSTRUCTION OF JAW JOINT	00256	38.1991	$1,824.01	APC				Y
21242	T	RECONSTRUCTION OF JAW JOINT	00256	38.1991	$1,824.01	APC				Y
21243	T	RECONSTRUCTION OF JAW JOINT	00256	38.1991	$1,824.01	APC				Y
21244	T	RECONSTRUCTION OF LOWER JAW	00256	38.1991	$1,824.01	APC				Y
21245	T	RECONSTRUCTION OF JAW	00256	38.1991	$1,824.01	APC				Y
21246	T	RECONSTRUCTION OF JAW	00256	38.1991	$1,824.01	APC				Y
21247	C	RECONSTRUCT LOWER JAW BONE				Inpatient Only				Y

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21248	T	RECONSTRUCTION OF JAW	00256	38.1991	$1,824.01	APC				Y
21249	T	RECONSTRUCTION OF JAW	00256	38.1991	$1,824.01	APC				Y
21255	C	RECONSTRUCT LOWER JAW BONE				Inpatient Only				Y
21256	C	RECONSTRUCTION OF ORBIT				Inpatient Only				Y
21260	T	REVISE EYE SOCKETS	00256	38.1991	$1,824.01	APC				
21261	T	REVISE EYE SOCKETS	00256	38.1991	$1,824.01	APC				
21263	T	REVISE EYE SOCKETS	00256	38.1991	$1,824.01	APC				
21267	T	REVISE EYE SOCKETS	00256	38.1991	$1,824.01	APC				
21268	C	REVISE EYE SOCKETS				Inpatient Only				
21270	T	AUGMENTATION, CHEEK BONE	00256	38.1991	$1,824.01	APC				
21275	T	REVISION, ORBITOFACIAL BONES	00256	38.1991	$1,824.01	APC				
21280	T	REVISION OF EYELID	00256	38.1991	$1,824.01	APC				
21282	T	REVISION OF EYELID	00253	16.4266	$784.37	APC				
21295	T	REVISION OF JAW MUSCLE/BONE	00252	7.5511	$360.57	APC				
21296	T	REVISION OF JAW MUSCLE/BONE	00254	23.3299	$1,114.00	APC				
21299	T	CRANIO/MAXILLOFACIAL SURGERY	00251	2.452	$117.08	APC				
21310	T	TREATMENT OF NOSE FRACTURE	00251	2.452	$117.08	APC				
21315	T	TREATMENT OF NOSE FRACTURE	00251	2.452	$117.08	APC				
21320	T	TREATMENT OF NOSE FRACTURE	00252	7.5511	$360.57	APC				
21325	T	TREATMENT OF NOSE FRACTURE	00254	23.3299	$1,114.00	APC				
21330	T	TREATMENT OF NOSE FRACTURE	00254	23.3299	$1,114.00	APC				
21335	T	TREATMENT OF NOSE FRACTURE	00254	23.3299	$1,114.00	APC				
21336	T	TREAT NASAL SEPTAL FRACTURE	00063	37.5382	$1,792.45	APC				
21337	T	TREAT NASAL SEPTAL FRACTURE	00253	16.4266	$784.37	APC				
21338	T	TREAT NASOETHMOID FRACTURE	00254	23.3299	$1,114.00	APC				
21339	T	TREAT NASOETHMOID FRACTURE	00254	23.3299	$1,114.00	APC				
21340	T	TREATMENT OF NOSE FRACTURE	00256	38.1991	$1,824.01	APC				
21343	C	TREATMENT OF SINUS FRACTURE				Inpatient Only				
21344	C	TREATMENT OF SINUS FRACTURE				Inpatient Only				
21345	T	TREAT NOSE/JAW FRACTURE	00254	23.3299	$1,114.00	APC				
21346	C	TREAT NOSE/JAW FRACTURE				Inpatient Only				
21347	C	TREAT NOSE/JAW FRACTURE				Inpatient Only				
21348	C	TREAT NOSE/JAW FRACTURE				Inpatient Only				
21355	T	TREAT CHEEK BONE FRACTURE	00256	38.1991	$1,824.01	APC				
21356	T	TREAT CHEEK BONE FRACTURE	00254	23.3299	$1,114.00	APC				
21360	C	TREAT CHEEK BONE FRACTURE				Inpatient Only				
21365	C	TREAT CHEEK BONE FRACTURE				Inpatient Only				
21366	C	TREAT CHEEK BONE FRACTURE				Inpatient Only				
21385	C	TREAT EYE SOCKET FRACTURE				Inpatient Only				

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21386	C	TREAT EYE SOCKET FRACTURE				Inpatient Only				
21387	C	TREAT EYE SOCKET FRACTURE				Inpatient Only				
21390	T	TREAT EYE SOCKET FRACTURE	00256	38.1991	$1,824.01	APC				
21395	C	TREAT EYE SOCKET FRACTURE				Inpatient Only				
21400	T	TREAT EYE SOCKET FRACTURE	00252	7.5511	$360.57	APC				
21401	T	TREAT EYE SOCKET FRACTURE	00253	16.4266	$784.37	APC				
21406	T	TREAT EYE SOCKET FRACTURE	00256	38.1991	$1,824.01	APC				
21407	T	TREAT EYE SOCKET FRACTURE	00256	38.1991	$1,824.01	APC				
21408	T	TREAT EYE SOCKET FRACTURE	00256	38.1991	$1,824.01	APC				
21421	T	TREAT MOUTH ROOF FRACTURE	00254	23.3299	$1,114.00	APC				
21422	C	TREAT MOUTH ROOF FRACTURE				Inpatient Only				
21423	C	TREAT MOUTH ROOF FRACTURE				Inpatient Only				
21431	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only				
21432	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only				
21433	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only				
21435	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only				
21436	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only				
21440	T	TREAT DENTAL RIDGE FRACTURE	00254	23.3299	$1,114.00	APC				
21445	T	TREAT DENTAL RIDGE FRACTURE	00254	23.3299	$1,114.00	APC				
21450	T	TREAT LOWER JAW FRACTURE	00251	2.452	$117.08	APC				
21451	T	TREAT LOWER JAW FRACTURE	00252	7.5511	$360.57	APC				
21452	T	TREAT LOWER JAW FRACTURE	00253	16.4266	$784.37	APC				
21453	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21454	T	TREAT LOWER JAW FRACTURE	00254	23.3299	$1,114.00	APC				
21461	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21462	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21465	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21470	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21480	T	RESET DISLOCATED JAW	00251	2.452	$117.08	APC				
21485	T	RESET DISLOCATED JAW	00253	16.4266	$784.37	APC				
21490	T	REPAIR DISLOCATED JAW	00256	38.1991	$1,824.01	APC				
21495	T	TREAT HYOID BONE FRACTURE	00253	16.4266	$784.37	APC				
21497	T	INTERDENTAL WIRING	00253	16.4266	$784.37	APC				
21499	T	HEAD SURGERY PROCEDURE	00251	2.452	$117.08	APC				
21501	T	DRAIN NECK/CHEST LESION	00008	17.5086	$836.04	APC				
21502	T	DRAIN CHEST LESION	00049	20.8706	$996.57	APC				
21510	C	DRAINAGE OF BONE LESION				Inpatient Only				
21550	T	BIOPSY OF NECK/CHEST	00020	6.8083	$325.10	APC				
21555	T	REMOVE LESION, NECK/CHEST	00022	20.0656	$958.13	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
21556	T	REMOVE LESION, NECK/CHEST	00022	20.0656	$958.13	APC				
21557	T	REMOVE TUMOR, NECK/CHEST	00022	20.0656	$958.13	APC				
21600	T	PARTIAL REMOVAL OF RIB	00050	25.1296	$1,199.94	APC				
21610	T	PARTIAL REMOVAL OF RIB	00050	25.1296	$1,199.94	APC				
21615	C	REMOVAL OF RIB				Inpatient Only				
21616	C	REMOVAL OF RIB AND NERVES				Inpatient Only				
21620	C	PARTIAL REMOVAL OF STERNUM				Inpatient Only				
21627	C	STERNAL DEBRIDEMENT				Inpatient Only				
21630	C	EXTENSIVE STERNUM SURGERY				Inpatient Only				
21632	C	EXTENSIVE STERNUM SURGERY				Inpatient Only				
21685	T	HYOID MYOTOMY & SUSPENSION	00252	7.5511	$360.57	APC				
21700	T	REVISION OF NECK MUSCLE	00049	20.8706	$996.57	APC				
21705	C	REVISION OF NECK MUSCLE/RIB				Inpatient Only				
21720	T	REVISION OF NECK MUSCLE	00049	20.8706	$996.57	APC				
21725	T	REVISION OF NECK MUSCLE	00006	1.4392	$68.72	APC				
21740	C	RECONSTRUCTION OF STERNUM				Inpatient Only				
21742	T	REPAIR STERN/NUSS W/O SCOPE	00051	41.0893	$1,962.01	APC				
21743	T	REPAIR STERNUM/NUSS W/SCOPE	00051	41.0893	$1,962.01	APC				
21750	C	REPAIR OF STERNUM SEPARATION				Inpatient Only				
21800	T	TREATMENT OF RIB FRACTURE	00043	1.6857	$80.49	APC				
21805	T	TREATMENT OF RIB FRACTURE	00062	25.5264	$1,218.89	APC				
21810	C	TREATMENT OF RIB FRACTURE(S)				Inpatient Only				
21820	T	TREAT STERNUM FRACTURE	00043	1.6857	$80.49	APC				
21825	C	TREAT STERNUM FRACTURE				Inpatient Only				
21899	T	NECK/CHEST SURGERY PROCEDURE	00251	2.452	$117.08	APC				
21920	T	BIOPSY SOFT TISSUE OF BACK	00020	6.8083	$325.10	APC				
21925	T	BIOPSY SOFT TISSUE OF BACK	00022	20.0656	$958.13	APC				
21930	T	REMOVE LESION, BACK OR FLANK	00022	20.0656	$958.13	APC				
21935	T	REMOVE TUMOR, BACK	00022	20.0656	$958.13	APC				
22010	C	BIOPSY SPINAL SOFT TISSUES;				Inpatient Only				
22015	C	I&D P-SPINE L/S/LS				Inpatient Only				
22100	T	REMOVE PART OF NECK VERTEBRA	00208	44.1489	$2,108.11	APC				
22101	T	REMOVE PART THORAX VERTEBRA	00208	44.1489	$2,108.11	APC				
22102	T	REMOVE PART LUMBAR VERTEBRA	00208	44.1489	$2,108.11	APC				
22103	T	REMOVE EXTRA SPINE SEGMENT	00208	44.1489	$2,108.11	APC				
22110	C	REMOVE PART OF NECK VERTEBRA				Inpatient Only				
22112	C	REMOVE PART, THORAX VERTEBRA				Inpatient Only				
22114	C	REMOVE PART, LUMBAR VERTEBRA				Inpatient Only				
22116	C	REMOVE EXTRA SPINE SEGMENT				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
22210	C	REVISION OF NECK SPINE				Inpatient Only				
22212	C	REVISION OF THORAX SPINE				Inpatient Only				
22214	C	REVISION OF LUMBAR SPINE				Inpatient Only				
22216	C	REVISE, EXTRA SPINE SEGMENT				Inpatient Only				
22220	C	REVISION OF NECK SPINE				Inpatient Only				
22222	T	REVISION OF THORAX SPINE	00208	44.1489	$2,108.11	APC				
22224	C	REVISION OF LUMBAR SPINE				Inpatient Only				
22226	C	REVISE, EXTRA SPINE SEGMENT				Inpatient Only				
22305	T	TREAT SPINE PROCESS FRACTURE	00043	1.6857	$80.49	APC				
22310	T	TREAT SPINE FRACTURE	00043	1.6857	$80.49	APC				
22315	T	TREAT SPINE FRACTURE	00043	1.6857	$80.49	APC				
22318	C	TREAT ODONTOID FX W/O GRAFT				Inpatient Only				
22319	C	TREAT ODONTOID FX W/GRAFT				Inpatient Only				
22325	C	TREAT SPINE FRACTURE				Inpatient Only				
22326	C	TREAT NECK SPINE FRACTURE				Inpatient Only				
22327	C	TREAT THORAX SPINE FRACTURE				Inpatient Only				
22328	C	TREAT EACH ADD SPINE FX				Inpatient Only				
22505	T	MANIPULATION OF SPINE	00045	14.5947	$696.90	APC				
22520	T	PERCUT VERTEBROPLASTY THOR	00050	25.1296	$1,199.94	APC				
22521	T	PERCUT VERTEBROPLASTY LUMB	00050	25.1296	$1,199.94	APC				
22522	T	PERCUT VERTEBROPLASTY ADD□L	00050	25.1296	$1,199.94	APC				
22523	T	PERCUT KYPHOPLASTY THOR	00052	66.58	$3,179.20	APC				
22524	T	PERCUT KYPHOPLASTY LUMBAR	00052	66.58	$3,179.20	APC				
22525	T	PERCUT KYPHOPLASTY ADD-ON	00052	66.58	$3,179.20	APC				
22526	T	IDET, SINGLE LEVEL	00050	25.1296	$1,199.94	APC				
22527	T	IDET, 1 OR MORE LEVELS	00050	25.1296	$1,199.94	APC				
22532	C	LAT THORAX SPINE FUSION				Inpatient Only				
22533	C	LAT LUMBAR SPINE FUSION				Inpatient Only				
22534	C	LAT THOR/LUMB ADD□L SEG				Inpatient Only				
22548	C	NECK SPINE FUSION				Inpatient Only				
22554	C	NECK SPINE FUSION				Inpatient Only				
22556	C	THORAX SPINE FUSION				Inpatient Only				
22558	C	LUMBAR SPINE FUSION				Inpatient Only				
22585	C	ADDITIONAL SPINAL FUSION				Inpatient Only				
22590	C	SPINE & SKULL SPINAL FUSION				Inpatient Only				
22595	C	NECK SPINAL FUSION				Inpatient Only				
22600	C	NECK SPINE FUSION				Inpatient Only				
22610	C	THORAX SPINE FUSION				Inpatient Only				
22612	T	LUMBAR SPINE FUSION	00208	44.1489	$2,108.11	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
22614	T	SPINE FUSION, EXTRA SEGMENT	00208	44.1489	$2,108.11	APC				
22630	C	LUMBAR SPINE FUSION				Inpatient Only				
22632	C	SPINE FUSION, EXTRA SEGMENT				Inpatient Only				
22800	C	FUSION OF SPINE				Inpatient Only				
22802	C	FUSION OF SPINE				Inpatient Only				
22804	C	FUSION OF SPINE				Inpatient Only				
22808	C	FUSION OF SPINE				Inpatient Only				
22810	C	FUSION OF SPINE				Inpatient Only				
22812	C	FUSION OF SPINE				Inpatient Only				
22818	C	KYPHECTOMY, 1-2 SEGMENTS				Inpatient Only				
22819	C	KYPHECTOMY, 3 OR MORE				Inpatient Only				
22830	C	EXPLORATION OF SPINAL FUSION				Inpatient Only				
22840	C	INSERT SPINE FIXATION DEVICE				Inpatient Only				
22841	C	INSERT SPINE FIXATION DEVICE				Inpatient Only				
22842	C	INSERT SPINE FIXATION DEVICE				Inpatient Only				
22843	C	INSERT SPINE FIXATION DEVICE				Inpatient Only				
22844	C	INSERT SPINE FIXATION DEVICE				Inpatient Only				
22845	C	INSERT SPINE FIXATION DEVICE				Inpatient Only				
22846	C	INSERT SPINE FIXATION DEVICE				Inpatient Only				
22847	C	INSERT SPINE FIXATION DEVICE				Inpatient Only				
22848	C	INSERT PELV FIXATION DEVICE				Inpatient Only				
22849	C	REINSERT SPINAL FIXATION				Inpatient Only				
22850	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only				
22851	T	APPLY SPINE PROSTH DEVICE	00049	20.8706	$996.57	APC				
22852	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only				
22855	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only				
22857	C	LUMBAR ARTIF DISKECTOMY				Inpatient Only				
22862	C	REVISE LUMBAR ARTIF DISC				Inpatient Only				
22865	C	REMOVE LUMB ARTIF DISC				Inpatient Only				
22899	T	SPINE SURGERY PROCEDURE	00049	20.8706	$996.57	APC				
22900	T	REMOVE ABDOMINAL WALL LESION	00022	20.0656	$958.13	APC				
22999	T	ABDOMEN SURGERY PROCEDURE	00049	20.8706	$996.57	APC				
23000	T	REMOVAL OF CALCIUM DEPOSITS	00021	15.1024	$721.14	APC				
23020	T	RELEASE SHOULDER JOINT	00051	41.0893	$1,962.01	APC				
23030	T	DRAIN SHOULDER LESION	00008	17.5086	$836.04	APC				
23031	T	DRAIN SHOULDER BURSA	00008	17.5086	$836.04	APC				
23035	T	DRAIN SHOULDER BONE LESION	00049	20.8706	$996.57	APC				
23040	T	EXPLORATORY SHOULDER SURGERY	00050	25.1296	$1,199.94	APC				
23044	T	EXPLORATORY SHOULDER SURGERY	00050	25.1296	$1,199.94	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
23065	T	BIOPSY SHOULDER TISSUES	00020	6.8083	$325.10	APC				
23066	T	BIOPSY SHOULDER TISSUES	00022	20.0656	$958.13	APC				
23075	T	REMOVAL OF SHOULDER LESION	00021	15.1024	$721.14	APC				
23076	T	REMOVAL OF SHOULDER LESION	00022	20.0656	$958.13	APC				
23077	T	REMOVE TUMOR OF SHOULDER	00022	20.0656	$958.13	APC				
23100	T	BIOPSY OF SHOULDER JOINT	00049	20.8706	$996.57	APC				
23101	T	SHOULDER JOINT SURGERY	00050	25.1296	$1,199.94	APC				
23105	T	REMOVE SHOULDER JOINT LINING	00050	25.1296	$1,199.94	APC				
23106	T	INCISION OF COLLARBONE JOINT	00050	25.1296	$1,199.94	APC				
23107	T	EXPLORE TREAT SHOULDER JOINT	00050	25.1296	$1,199.94	APC				
23120	T	PARTIAL REMOVAL, COLLAR BONE	00051	41.0893	$1,962.01	APC				
23125	T	REMOVAL OF COLLAR BONE	00051	41.0893	$1,962.01	APC				
23130	T	REMOVE SHOULDER BONE, PART	00051	41.0893	$1,962.01	APC				
23140	T	REMOVAL OF BONE LESION	00049	20.8706	$996.57	APC				
23145	T	REMOVAL OF BONE LESION	00050	25.1296	$1,199.94	APC				
23146	T	REMOVAL OF BONE LESION	00050	25.1296	$1,199.94	APC				
23150	T	REMOVAL OF HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23155	T	REMOVAL OF HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23156	T	REMOVAL OF HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23170	T	REMOVE COLLAR BONE LESION	00050	25.1296	$1,199.94	APC				
23172	T	REMOVE SHOULDER BLADE LESION	00050	25.1296	$1,199.94	APC				
23174	T	REMOVE HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23180	T	REMOVE COLLAR BONE LESION	00050	25.1296	$1,199.94	APC				
23182	T	REMOVE SHOULDER BLADE LESION	00050	25.1296	$1,199.94	APC				
23184	T	REMOVE HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23190	T	PARTIAL REMOVAL OF SCAPULA	00050	25.1296	$1,199.94	APC				
23195	T	REMOVAL OF HEAD OF HUMERUS	00050	25.1296	$1,199.94	APC				
23200	C	REMOVAL OF COLLAR BONE				Inpatient Only				
23210	C	REMOVAL OF SHOULDER BLADE				Inpatient Only				
23220	C	PARTIAL REMOVAL OF HUMERUS				Inpatient Only				
23221	C	PARTIAL REMOVAL OF HUMERUS				Inpatient Only				
23222	C	PARTIAL REMOVAL OF HUMERUS				Inpatient Only				
23330	T	REMOVE SHOULDER FOREIGN BODY	00020	6.8083	$325.10	APC				
23331	T	REMOVE SHOULDER FOREIGN BODY	00022	20.0656	$958.13	APC				
23332	C	REMOVE SHOULDER FOREIGN BODY				Inpatient Only				
23350	N	INJECTION FOR SHOULDER X-RAY				APC/ Bundled				
23395	T	MUSCLE TRANSFER,SHOULDER/ARM	00051	41.0893	$1,962.01	APC				
23397	T	MUSCLE TRANSFERS	00052	66.58	$3,179.20	APC				
23400	T	FIXATION OF SHOULDER BLADE	00050	25.1296	$1,199.94	APC				

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23405	T	INCISION OF TENDON & MUSCLE	00050	25.1296	$1,199.94	APC				
23406	T	INCISE TENDON(S) & MUSCLE(S)	00050	25.1296	$1,199.94	APC				
23410	T	REPAIR ROTATOR CUFF ACUTE	00051	41.0893	$1,962.01	APC				
23412	T	REPAIR ROTATOR CUFF CHRONIC	00051	41.0893	$1,962.01	APC				
23415	T	RELEASE OF SHOULDER LIGAMENT	00051	41.0893	$1,962.01	APC				
23420	T	REPAIR OF SHOULDER	00051	41.0893	$1,962.01	APC				
23430	T	REPAIR BICEPS TENDON	00051	41.0893	$1,962.01	APC				
23440	T	REMOVE/TRANSPLANT TENDON	00051	41.0893	$1,962.01	APC				
23450	T	REPAIR SHOULDER CAPSULE	00052	66.58	$3,179.20	APC				
23455	T	REPAIR SHOULDER CAPSULE	00052	66.58	$3,179.20	APC				
23460	T	REPAIR SHOULDER CAPSULE	00052	66.58	$3,179.20	APC				
23462	T	REPAIR SHOULDER CAPSULE	00051	41.0893	$1,962.01	APC				
23465	T	REPAIR SHOULDER CAPSULE	00052	66.58	$3,179.20	APC				
23466	T	REPAIR SHOULDER CAPSULE	00051	41.0893	$1,962.01	APC				
23470	T	RECONSTRUCT SHOULDER JOINT	00425	107.1942	$5,118.52	APC				
23472	C	RECONSTRUCT SHOULDER JOINT				Inpatient Only				
23480	T	REVISION OF COLLAR BONE	00051	41.0893	$1,962.01	APC				
23485	T	REVISION OF COLLAR BONE	00052	66.58	$3,179.20	APC				
23490	T	REINFORCE CLAVICLE	00051	41.0893	$1,962.01	APC				
23491	T	REINFORCE SHOULDER BONES	00052	66.58	$3,179.20	APC				
23500	T	TREAT CLAVICLE FRACTURE	00043	1.6857	$80.49	APC				
23505	T	TREAT CLAVICLE FRACTURE	00043	1.6857	$80.49	APC				
23515	T	TREAT CLAVICLE FRACTURE	00064	57.2172	$2,732.12	APC				
23520	T	TREAT CLAVICLE DISLOCATION	00043	1.6857	$80.49	APC				
23525	T	TREAT CLAVICLE DISLOCATION	00043	1.6857	$80.49	APC				
23530	T	TREAT CLAVICLE DISLOCATION	00063	37.5382	$1,792.45	APC				
23532	T	TREAT CLAVICLE DISLOCATION	00062	25.5264	$1,218.89	APC				
23540	T	TREAT CLAVICLE DISLOCATION	00043	1.6857	$80.49	APC				
23545	T	TREAT CLAVICLE DISLOCATION	00043	1.6857	$80.49	APC				
23550	T	TREAT CLAVICLE DISLOCATION	00063	37.5382	$1,792.45	APC				
23552	T	TREAT CLAVICLE DISLOCATION	00063	37.5382	$1,792.45	APC				
23570	T	TREAT SHOULDER BLADE FX	00043	1.6857	$80.49	APC				
23575	T	TREAT SHOULDER BLADE FX	00043	1.6857	$80.49	APC				
23585	T	TREAT SCAPULA FRACTURE	00064	57.2172	$2,732.12	APC				
23600	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
23605	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
23615	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
23616	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
23620	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
23625	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
23630	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
23650	T	TREAT SHOULDER DISLOCATION	00043	1.6857	$80.49	APC				
23655	T	TREAT SHOULDER DISLOCATION	00045	14.5947	$696.90	APC				
23660	T	TREAT SHOULDER DISLOCATION	00063	37.5382	$1,792.45	APC				
23665	T	TREAT DISLOCATION/FRACTURE	00043	1.6857	$80.49	APC				
23670	T	TREAT DISLOCATION/FRACTURE	00064	57.2172	$2,732.12	APC				
23675	T	TREAT DISLOCATION/FRACTURE	00043	1.6857	$80.49	APC				
23680	T	TREAT DISLOCATION/FRACTURE	00063	37.5382	$1,792.45	APC				
23700	T	FIXATION OF SHOULDER	00045	14.5947	$696.90	APC				
23800	T	FUSION OF SHOULDER JOINT	00052	66.58	$3,179.20	APC				
23802	T	FUSION OF SHOULDER JOINT	00051	41.0893	$1,962.01	APC				
23900	C	AMPUTATION OF ARM & GIRDLE				Inpatient Only				
23920	C	AMPUTATION AT SHOULDER JOINT				Inpatient Only				
23921	T	AMPUTATION FOLLOW-UP SURGERY	00025	5.2594	$251.14	APC				
23929	T	SHOULDER SURGERY PROCEDURE	00043	1.6857	$80.49	APC				
23930	T	DRAINAGE OF ARM LESION	00008	17.5086	$836.04	APC				
23931	T	DRAINAGE OF ARM BURSA	00008	17.5086	$836.04	APC				
23935	T	DRAIN ARM/ELBOW BONE LESION	00049	20.8706	$996.57	APC				
24000	T	EXPLORATORY ELBOW SURGERY	00050	25.1296	$1,199.94	APC				
24006	T	RELEASE ELBOW JOINT	00050	25.1296	$1,199.94	APC				
24065	T	BIOPSY ARM/ELBOW SOFT TISSUE	00021	15.1024	$721.14	APC				
24066	T	BIOPSY ARM/ELBOW SOFT TISSUE	00021	15.1024	$721.14	APC				
24075	T	REMOVE ARM/ELBOW LESION	00021	15.1024	$721.14	APC				
24076	T	REMOVE ARM/ELBOW LESION	00022	20.0656	$958.13	APC				
24077	T	REMOVE TUMOR OF ARM/ELBOW	00022	20.0656	$958.13	APC				
24100	T	BIOPSY ELBOW JOINT LINING	00049	20.8706	$996.57	APC				
24101	T	EXPLORE/TREAT ELBOW JOINT	00050	25.1296	$1,199.94	APC				
24102	T	REMOVE ELBOW JOINT LINING	00050	25.1296	$1,199.94	APC				
24105	T	REMOVAL OF ELBOW BURSA	00049	20.8706	$996.57	APC				
24110	T	REMOVE HUMERUS LESION	00049	20.8706	$996.57	APC				
24115	T	REMOVE/GRAFT BONE LESION	00050	25.1296	$1,199.94	APC				
24116	T	REMOVE/GRAFT BONE LESION	00050	25.1296	$1,199.94	APC				
24120	T	REMOVE ELBOW LESION	00049	20.8706	$996.57	APC				
24125	T	REMOVE/GRAFT BONE LESION	00050	25.1296	$1,199.94	APC				
24126	T	REMOVE/GRAFT BONE LESION	00050	25.1296	$1,199.94	APC				
24130	T	REMOVAL OF HEAD OF RADIUS	00050	25.1296	$1,199.94	APC				
24134	T	REMOVAL OF ARM BONE LESION	00050	25.1296	$1,199.94	APC				
24136	T	REMOVE RADIUS BONE LESION	00050	25.1296	$1,199.94	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
24138	T	REMOVE ELBOW BONE LESION	00050	25.1296	$1,199.94	APC				
24140	T	PARTIAL REMOVAL OF ARM BONE	00050	25.1296	$1,199.94	APC				
24145	T	PARTIAL REMOVAL OF RADIUS	00050	25.1296	$1,199.94	APC				
24147	T	PARTIAL REMOVAL OF ELBOW	00050	25.1296	$1,199.94	APC				
24149	T	RADICAL RESECTION OF ELBOW	00050	25.1296	$1,199.94	APC				
24150	T	EXTENSIVE HUMERUS SURGERY	00051	41.0893	$1,962.01	APC				
24151	T	EXTENSIVE HUMERUS SURGERY	00052	66.58	$3,179.20	APC				
24152	T	EXTENSIVE RADIUS SURGERY	00051	41.0893	$1,962.01	APC				
24153	T	EXTENSIVE RADIUS SURGERY	00052	66.58	$3,179.20	APC				
24155	T	REMOVAL OF ELBOW JOINT	00051	41.0893	$1,962.01	APC				
24160	T	REMOVE ELBOW JOINT IMPLANT	00050	25.1296	$1,199.94	APC				
24164	T	REMOVE RADIUS HEAD IMPLANT	00050	25.1296	$1,199.94	APC				
24200	T	REMOVAL OF ARM FOREIGN BODY	00019	4.0919	$195.39	APC				
24201	T	REMOVAL OF ARM FOREIGN BODY	00021	15.1024	$721.14	APC				
24220	N	INJECTION FOR ELBOW X-RAY				APC/ Bundled				
24300	T	MANIPULATE ELBOW W/ANESTH	00045	14.5947	$696.90	APC				
24301	T	MUSCLE/TENDON TRANSFER	00050	25.1296	$1,199.94	APC				
24305	T	ARM TENDON LENGTHENING	00050	25.1296	$1,199.94	APC				
24310	T	REVISION OF ARM TENDON	00049	20.8706	$996.57	APC				
24320	T	REPAIR OF ARM TENDON	00051	41.0893	$1,962.01	APC				
24330	T	REVISION OF ARM MUSCLES	00052	66.58	$3,179.20	APC				
24331	T	REVISION OF ARM MUSCLES	00051	41.0893	$1,962.01	APC				
24332	T	TENOLYSIS, TRICEPS	00049	20.8706	$996.57	APC				
24340	T	REPAIR OF BICEPS TENDON	00051	41.0893	$1,962.01	APC				
24341	T	REPAIR ARM TENDON/MUSCLE	00051	41.0893	$1,962.01	APC				
24342	T	REPAIR OF RUPTURED TENDON	00051	41.0893	$1,962.01	APC				
24343	T	REPR ELBOW LAT LIGMNT W/TISS	00050	25.1296	$1,199.94	APC				
24344	T	RECONSTRUCT ELBOW LAT LIGMNT	00052	66.58	$3,179.20	APC				
24345	T	REPR ELBW MED LIGMNT W/TISSU	00050	25.1296	$1,199.94	APC				
24346	T	RECONSTRUCT ELBOW MED LIGMNT	00051	41.0893	$1,962.01	APC				
24350	T	REPAIR OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24351	T	REPAIR OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24352	T	REPAIR OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24354	T	REPAIR OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24356	T	REVISION OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24360	T	RECONSTRUCT ELBOW JOINT	00047	33.4505	$1,597.26	APC				
24361	T	RECONSTRUCT ELBOW JOINT	00425	107.1942	$5,118.52	APC				
24362	T	RECONSTRUCT ELBOW JOINT	00048	47.4378	$2,265.15	APC				
24363	T	REPLACE ELBOW JOINT	00425	107.1942	$5,118.52	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
24365	T	RECONSTRUCT HEAD OF RADIUS	00047	33.4505	$1,597.26	APC				
24366	T	RECONSTRUCT HEAD OF RADIUS	00425	107.1942	$5,118.52	APC				
24400	T	REVISION OF HUMERUS	00050	25.1296	$1,199.94	APC				
24410	T	REVISION OF HUMERUS	00050	25.1296	$1,199.94	APC				
24420	T	REVISION OF HUMERUS	00051	41.0893	$1,962.01	APC				
24430	T	REPAIR OF HUMERUS	00052	66.58	$3,179.20	APC				
24435	T	REPAIR HUMERUS WITH GRAFT	00052	66.58	$3,179.20	APC				
24470	T	REVISION OF ELBOW JOINT	00051	41.0893	$1,962.01	APC				
24495	T	DECOMPRESSION OF FOREARM	00050	25.1296	$1,199.94	APC				
24498	T	REINFORCE HUMERUS	00052	66.58	$3,179.20	APC				
24500	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24505	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24515	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24516	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24530	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24535	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24538	T	TREAT HUMERUS FRACTURE	00062	25.5264	$1,218.89	APC				
24545	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24546	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24560	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24565	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24566	T	TREAT HUMERUS FRACTURE	00062	25.5264	$1,218.89	APC				
24575	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24576	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24577	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24579	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24582	T	TREAT HUMERUS FRACTURE	00062	25.5264	$1,218.89	APC				
24586	T	TREAT ELBOW FRACTURE	00064	57.2172	$2,732.12	APC				
24587	T	TREAT ELBOW FRACTURE	00064	57.2172	$2,732.12	APC				
24600	T	TREAT ELBOW DISLOCATION	00043	1.6857	$80.49	APC				
24605	T	TREAT ELBOW DISLOCATION	00045	14.5947	$696.90	APC				
24615	T	TREAT ELBOW DISLOCATION	00064	57.2172	$2,732.12	APC				
24620	T	TREAT ELBOW FRACTURE	00043	1.6857	$80.49	APC				
24635	T	TREAT ELBOW FRACTURE	00064	57.2172	$2,732.12	APC				
24640	T	TREAT ELBOW DISLOCATION	00043	1.6857	$80.49	APC				
24650	T	TREAT RADIUS FRACTURE	00043	1.6857	$80.49	APC				
24655	T	TREAT RADIUS FRACTURE	00043	1.6857	$80.49	APC				
24665	T	TREAT RADIUS FRACTURE	00063	37.5382	$1,792.45	APC				
24666	T	TREAT RADIUS FRACTURE	00064	57.2172	$2,732.12	APC				

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24670	T	TREAT ULNAR FRACTURE	00043	1.6857	$80.49	APC				
24675	T	TREAT ULNAR FRACTURE	00043	1.6857	$80.49	APC				
24685	T	TREAT ULNAR FRACTURE	00063	37.5382	$1,792.45	APC				
24800	T	FUSION OF ELBOW JOINT	00051	41.0893	$1,962.01	APC				
24802	T	FUSION/GRAFT OF ELBOW JOINT	00051	41.0893	$1,962.01	APC				
24900	C	AMPUTATION OF UPPER ARM				Inpatient Only				
24920	C	AMPUTATION OF UPPER ARM				Inpatient Only				
24925	T	AMPUTATION FOLLOW-UP SURGERY	00049	20.8706	$996.57	APC				
24930	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only				
24931	C	AMPUTATE UPPER ARM & IMPLANT				Inpatient Only				
24935	T	REVISION OF AMPUTATION	00052	66.58	$3,179.20	APC				
24940	C	REVISION OF UPPER ARM				Inpatient Only				
24999	T	UPPER ARM/ELBOW SURGERY	00043	1.6857	$80.49	APC				
25000	T	INCISION OF TENDON SHEATH	00049	20.8706	$996.57	APC				
25001	T	INCISE FLEXOR CARPI RADIALIS	00049	20.8706	$996.57	APC				
25020	T	DECOMPRESS FOREARM 1 SPACE	00049	20.8706	$996.57	APC				
25023	T	DECOMPRESS FOREARM 1 SPACE	00050	25.1296	$1,199.94	APC				
25024	T	DECOMPRESS FOREARM 2 SPACES	00050	25.1296	$1,199.94	APC				
25025	T	DECOMPRESS FOREARM 2 SPACES	00050	25.1296	$1,199.94	APC				
25028	T	DRAINAGE OF FOREARM LESION	00049	20.8706	$996.57	APC				
25031	T	DRAINAGE OF FOREARM BURSA	00049	20.8706	$996.57	APC				
25035	T	TREAT FOREARM BONE LESION	00049	20.8706	$996.57	APC				
25040	T	EXPLORE/TREAT WRIST JOINT	00050	25.1296	$1,199.94	APC				
25065	T	BIOPSY FOREARM SOFT TISSUES	00020	6.8083	$325.10	APC				
25066	T	BIOPSY FOREARM SOFT TISSUES	00022	20.0656	$958.13	APC				
25075	T	REMOVAL FOREARM LESION SUBCU	00021	15.1024	$721.14	APC				
25076	T	REMOVAL FOREARM LESION DEEP	00022	20.0656	$958.13	APC				
25077	T	REMOVE TUMOR, FOREARM/WRIST	00022	20.0656	$958.13	APC				
25085	T	INCISION OF WRIST CAPSULE	00049	20.8706	$996.57	APC				
25100	T	BIOPSY OF WRIST JOINT	00049	20.8706	$996.57	APC				
25101	T	EXPLORE/TREAT WRIST JOINT	00050	25.1296	$1,199.94	APC				
25105	T	REMOVE WRIST JOINT LINING	00050	25.1296	$1,199.94	APC				
25107	T	REMOVE WRIST JOINT CARTILAGE	00050	25.1296	$1,199.94	APC				
25109	T	EXCISE TENDON FOREARM/WRIST	00049	20.8706	$996.57	APC				
25110	T	REMOVE WRIST TENDON LESION	00049	20.8706	$996.57	APC				
25111	T	REMOVE WRIST TENDON LESION	00053	16.154	$771.35	APC				
25112	T	REREMOVE WRIST TENDON LESION	00053	16.154	$771.35	APC				
25115	T	REMOVE WRIST/FOREARM LESION	00049	20.8706	$996.57	APC				
25116	T	REMOVE WRIST/FOREARM LESION	00049	20.8706	$996.57	APC				

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25118	T	EXCISE WRIST TENDON SHEATH	00050	25.1296	$1,199.94	APC				
25119	T	PARTIAL REMOVAL OF ULNA	00050	25.1296	$1,199.94	APC				
25120	T	REMOVAL OF FOREARM LESION	00050	25.1296	$1,199.94	APC				
25125	T	REMOVE/GRAFT FOREARM LESION	00050	25.1296	$1,199.94	APC				
25126	T	REMOVE/GRAFT FOREARM LESION	00050	25.1296	$1,199.94	APC				
25130	T	REMOVAL OF WRIST LESION	00050	25.1296	$1,199.94	APC				
25135	T	REMOVE & GRAFT WRIST LESION	00050	25.1296	$1,199.94	APC				
25136	T	REMOVE & GRAFT WRIST LESION	00050	25.1296	$1,199.94	APC				
25145	T	REMOVE FOREARM BONE LESION	00050	25.1296	$1,199.94	APC				
25150	T	PARTIAL REMOVAL OF ULNA	00050	25.1296	$1,199.94	APC				
25151	T	PARTIAL REMOVAL OF RADIUS	00050	25.1296	$1,199.94	APC				
25170	T	EXTENSIVE FOREARM SURGERY	00051	41.0893	$1,962.01	APC				
25210	T	REMOVAL OF WRIST BONE	00054	25.8758	$1,235.57	APC				
25215	T	REMOVAL OF WRIST BONES	00054	25.8758	$1,235.57	APC				
25230	T	PARTIAL REMOVAL OF RADIUS	00050	25.1296	$1,199.94	APC				
25240	T	PARTIAL REMOVAL OF ULNA	00050	25.1296	$1,199.94	APC				
25246	N	INJECTION FOR WRIST X-RAY				APC/ Bundled				
25248	T	REMOVE FOREARM FOREIGN BODY	00049	20.8706	$996.57	APC				
25250	T	REMOVAL OF WRIST PROSTHESIS	00050	25.1296	$1,199.94	APC				
25251	T	REMOVAL OF WRIST PROSTHESIS	00050	25.1296	$1,199.94	APC				
25259	T	MANIPULATE WRIST W/ANESTHES	00043	1.6857	$80.49	APC				
25260	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25263	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25265	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25270	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25272	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25274	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25275	T	REPAIR FOREARM TENDON SHEATH	00050	25.1296	$1,199.94	APC				
25280	T	REVISE WRIST/FOREARM TENDON	00050	25.1296	$1,199.94	APC				
25290	T	INCISE WRIST/FOREARM TENDON	00050	25.1296	$1,199.94	APC				
25295	T	RELEASE WRIST/FOREARM TENDON	00049	20.8706	$996.57	APC				
25300	T	FUSION OF TENDONS AT WRIST	00050	25.1296	$1,199.94	APC				
25301	T	FUSION OF TENDONS AT WRIST	00050	25.1296	$1,199.94	APC				
25310	T	TRANSPLANT FOREARM TENDON	00051	41.0893	$1,962.01	APC				
25312	T	TRANSPLANT FOREARM TENDON	00051	41.0893	$1,962.01	APC				
25315	T	REVISE PALSY HAND TENDON(S)	00051	41.0893	$1,962.01	APC				
25316	T	REVISE PALSY HAND TENDON(S)	00052	66.58	$3,179.20	APC				
25320	T	REPAIR/REVISE WRIST JOINT	00051	41.0893	$1,962.01	APC				
25332	T	REVISE WRIST JOINT	00047	33.4505	$1,597.26	APC				

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25335	T	REALIGNMENT OF HAND	00051	41.0893	$1,962.01	APC				
25337	T	RECONSTRUCT ULNA/RADIOULNAR	00051	41.0893	$1,962.01	APC				
25350	T	REVISION OF RADIUS	00052	66.58	$3,179.20	APC				
25355	T	REVISION OF RADIUS	00051	41.0893	$1,962.01	APC				
25360	T	REVISION OF ULNA	00050	25.1296	$1,199.94	APC				
25365	T	REVISE RADIUS & ULNA	00050	25.1296	$1,199.94	APC				
25370	T	REVISE RADIUS OR ULNA	00051	41.0893	$1,962.01	APC				
25375	T	REVISE RADIUS & ULNA	00051	41.0893	$1,962.01	APC				
25390	T	SHORTEN RADIUS OR ULNA	00050	25.1296	$1,199.94	APC				
25391	T	LENGTHEN RADIUS OR ULNA	00051	41.0893	$1,962.01	APC				
25392	T	SHORTEN RADIUS & ULNA	00050	25.1296	$1,199.94	APC				
25393	T	LENGTHEN RADIUS & ULNA	00051	41.0893	$1,962.01	APC				
25394	T	REPAIR CARPAL BONE, SHORTEN	00053	16.154	$771.35	APC				
25400	T	REPAIR RADIUS OR ULNA	00050	25.1296	$1,199.94	APC				
25405	T	REPAIR/GRAFT RADIUS OR ULNA	00050	25.1296	$1,199.94	APC				
25415	T	REPAIR RADIUS & ULNA	00050	25.1296	$1,199.94	APC				
25420	T	REPAIR/GRAFT RADIUS & ULNA	00052	66.58	$3,179.20	APC				
25425	T	REPAIR/GRAFT RADIUS OR ULNA	00051	41.0893	$1,962.01	APC				
25426	T	REPAIR/GRAFT RADIUS & ULNA	00051	41.0893	$1,962.01	APC				
25430	T	VASC GRAFT INTO CARPAL BONE	00054	25.8758	$1,235.57	APC				
25431	T	REPAIR NONUNION CARPAL BONE	00054	25.8758	$1,235.57	APC				
25440	T	REPAIR/GRAFT WRIST BONE	00052	66.58	$3,179.20	APC				
25441	T	RECONSTRUCT WRIST JOINT	00425	107.1942	$5,118.52	APC				
25442	T	RECONSTRUCT WRIST JOINT	00425	107.1942	$5,118.52	APC				
25443	T	RECONSTRUCT WRIST JOINT	00048	47.4378	$2,265.15	APC				
25444	T	RECONSTRUCT WRIST JOINT	00048	47.4378	$2,265.15	APC				
25445	T	RECONSTRUCT WRIST JOINT	00048	47.4378	$2,265.15	APC				
25446	T	WRIST REPLACEMENT	00425	107.1942	$5,118.52	APC				
25447	T	REPAIR WRIST JOINT(S)	00047	33.4505	$1,597.26	APC				
25449	T	REMOVE WRIST JOINT IMPLANT	00047	33.4505	$1,597.26	APC				
25450	T	REVISION OF WRIST JOINT	00051	41.0893	$1,962.01	APC				
25455	T	REVISION OF WRIST JOINT	00051	41.0893	$1,962.01	APC				
25490	T	REINFORCE RADIUS	00051	41.0893	$1,962.01	APC				
25491	T	REINFORCE ULNA	00051	41.0893	$1,962.01	APC				
25492	T	REINFORCE RADIUS AND ULNA	00051	41.0893	$1,962.01	APC				
25500	T	TREAT FRACTURE OF RADIUS	00043	1.6857	$80.49	APC				
25505	T	TREAT FRACTURE OF RADIUS	00043	1.6857	$80.49	APC				
25515	T	TREAT FRACTURE OF RADIUS	00063	37.5382	$1,792.45	APC				
25520	T	TREAT FRACTURE OF RADIUS	00043	1.6857	$80.49	APC				

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25525	T	TREAT FRACTURE OF RADIUS	00063	37.5382	$1,792.45	APC				
25526	T	TREAT FRACTURE OF RADIUS	00063	37.5382	$1,792.45	APC				
25530	T	TREAT FRACTURE OF ULNA	00043	1.6857	$80.49	APC				
25535	T	TREAT FRACTURE OF ULNA	00043	1.6857	$80.49	APC				
25545	T	TREAT FRACTURE OF ULNA	00063	37.5382	$1,792.45	APC				
25560	T	TREAT FRACTURE RADIUS & ULNA	00043	1.6857	$80.49	APC				
25565	T	TREAT FRACTURE RADIUS & ULNA	00043	1.6857	$80.49	APC				
25574	T	TREAT FRACTURE RADIUS & ULNA	00064	57.2172	$2,732.12	APC				
25575	T	TREAT FRACTURE RADIUS/ULNA	00064	57.2172	$2,732.12	APC				
25600	T	TREAT FRACTURE RADIUS/ULNA	00043	1.6857	$80.49	APC				
25605	T	TREAT FRACTURE RADIUS/ULNA	00043	1.6857	$80.49	APC				
25606	T	TREAT FX DISTAL RADIAL	00062	25.5264	$1,218.89	APC				
25607	T	TREAT FX RAD EXTRA-ARTICUL	00064	57.2172	$2,732.12	APC				
25608	T	TREAT FX RAD INTRA-ARTICUL	00064	57.2172	$2,732.12	APC				
25609	T	TREAT FX RADIAL 3+ FRAG	00064	57.2172	$2,732.12	APC				
25622	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25624	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25628	T	TREAT WRIST BONE FRACTURE	00063	37.5382	$1,792.45	APC				
25630	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25635	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25645	T	TREAT WRIST BONE FRACTURE	00063	37.5382	$1,792.45	APC				
25650	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25651	T	PIN ULNAR STYLOID FRACTURE	00062	25.5264	$1,218.89	APC				
25652	T	TREAT FRACTURE ULNAR STYLOID	00063	37.5382	$1,792.45	APC				
25660	T	TREAT WRIST DISLOCATION	00043	1.6857	$80.49	APC				
25670	T	TREAT WRIST DISLOCATION	00062	25.5264	$1,218.89	APC				
25671	T	PIN RADIOULNAR DISLOCATION	00062	25.5264	$1,218.89	APC				
25675	T	TREAT WRIST DISLOCATION	00043	1.6857	$80.49	APC				
25676	T	TREAT WRIST DISLOCATION	00062	25.5264	$1,218.89	APC				
25680	T	TREAT WRIST FRACTURE	00043	1.6857	$80.49	APC				
25685	T	TREAT WRIST FRACTURE	00062	25.5264	$1,218.89	APC				
25690	T	TREAT WRIST DISLOCATION	00043	1.6857	$80.49	APC				
25695	T	TREAT WRIST DISLOCATION	00062	25.5264	$1,218.89	APC				
25800	T	FUSION OF WRIST JOINT	00052	66.58	$3,179.20	APC				
25805	T	FUSION/GRAFT OF WRIST JOINT	00051	41.0893	$1,962.01	APC				
25810	T	FUSION/GRAFT OF WRIST JOINT	00052	66.58	$3,179.20	APC				
25820	T	FUSION OF HAND BONES	00053	16.154	$771.35	APC				
25825	T	FUSE HAND BONES WITH GRAFT	00054	25.8758	$1,235.57	APC				
25830	T	FUSION RADIOULNAR JNT/ULNA	00052	66.58	$3,179.20	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
25900	C	AMPUTATION OF FOREARM				Inpatient Only				
25905	C	AMPUTATION OF FOREARM				Inpatient Only				
25907	T	AMPUTATION FOLLOW-UP SURGERY	00049	20.8706	$996.57	APC				
25909	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only				
25915	C	AMPUTATION OF FOREARM				Inpatient Only				
25920	C	AMPUTATE HAND AT WRIST				Inpatient Only				
25922	T	AMPUTATE HAND AT WRIST	00049	20.8706	$996.57	APC				
25924	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only				
25927	C	AMPUTATION OF HAND				Inpatient Only				
25929	T	AMPUTATION FOLLOW-UP SURGERY	00686	14.0346	$670.15	APC				
25931	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only				
25999	T	FOREARM OR WRIST SURGERY	00043	1.6857	$80.49	APC				
26010	T	DRAINAGE OF FINGER ABSCESS	00006	1.4392	$68.72	APC				
26011	T	DRAINAGE OF FINGER ABSCESS	00007	11.1535	$532.58	APC				
26020	T	DRAIN HAND TENDON SHEATH	00053	16.154	$771.35	APC				
26025	T	DRAINAGE OF PALM BURSA	00053	16.154	$771.35	APC				
26030	T	DRAINAGE OF PALM BURSA(S)	00053	16.154	$771.35	APC				
26034	T	TREAT HAND BONE LESION	00053	16.154	$771.35	APC				
26035	T	DECOMPRESS FINGERS/HAND	00053	16.154	$771.35	APC				
26037	T	DECOMPRESS FINGERS/HAND	00053	16.154	$771.35	APC				
26040	T	RELEASE PALM CONTRACTURE	00054	25.8758	$1,235.57	APC				
26045	T	RELEASE PALM CONTRACTURE	00054	25.8758	$1,235.57	APC				
26055	T	INCISE FINGER TENDON SHEATH	00053	16.154	$771.35	APC				
26060	T	INCISION OF FINGER TENDON	00053	16.154	$771.35	APC				
26070	T	EXPLORE/TREAT HAND JOINT	00053	16.154	$771.35	APC				
26075	T	EXPLORE/TREAT FINGER JOINT	00053	16.154	$771.35	APC				
26080	T	EXPLORE/TREAT FINGER JOINT	00053	16.154	$771.35	APC				
26100	T	BIOPSY HAND JOINT LINING	00053	16.154	$771.35	APC				
26105	T	BIOPSY FINGER JOINT LINING	00053	16.154	$771.35	APC				
26110	T	BIOPSY FINGER JOINT LINING	00053	16.154	$771.35	APC				
26115	T	REMOVAL HAND LESION SUBCUT	00022	20.0656	$958.13	APC				
26116	T	REMOVAL HAND LESION, DEEP	00022	20.0656	$958.13	APC				
26117	T	REMOVE TUMOR, HAND/FINGER	00022	20.0656	$958.13	APC				
26121	T	RELEASE PALM CONTRACTURE	00054	25.8758	$1,235.57	APC				
26123	T	RELEASE PALM CONTRACTURE	00054	25.8758	$1,235.57	APC				
26125	T	RELEASE PALM CONTRACTURE	00053	16.154	$771.35	APC				
26130	T	REMOVE WRIST JOINT LINING	00053	16.154	$771.35	APC				
26135	T	REVISE FINGER JOINT, EACH	00054	25.8758	$1,235.57	APC				
26140	T	REVISE FINGER JOINT, EACH	00053	16.154	$771.35	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
26145	T	TENDON EXCISION, PALM/FINGER	00053	16.154	$771.35	APC				
26160	T	REMOVE TENDON SHEATH LESION	00053	16.154	$771.35	APC				
26170	T	REMOVAL OF PALM TENDON, EACH	00053	16.154	$771.35	APC				
26180	T	REMOVAL OF FINGER TENDON	00053	16.154	$771.35	APC				
26185	T	REMOVE FINGER BONE	00053	16.154	$771.35	APC				
26200	T	REMOVE HAND BONE LESION	00053	16.154	$771.35	APC				
26205	T	REMOVE/GRAFT BONE LESION	00054	25.8758	$1,235.57	APC				
26210	T	REMOVAL OF FINGER LESION	00053	16.154	$771.35	APC				
26215	T	REMOVE/GRAFT FINGER LESION	00053	16.154	$771.35	APC				
26230	T	PARTIAL REMOVAL OF HAND BONE	00053	16.154	$771.35	APC				
26235	T	PARTIAL REMOVAL, FINGER BONE	00053	16.154	$771.35	APC				
26236	T	PARTIAL REMOVAL, FINGER BONE	00053	16.154	$771.35	APC				
26250	T	EXTENSIVE HAND SURGERY	00053	16.154	$771.35	APC				
26255	T	EXTENSIVE HAND SURGERY	00054	25.8758	$1,235.57	APC				
26260	T	EXTENSIVE FINGER SURGERY	00053	16.154	$771.35	APC				
26261	T	EXTENSIVE FINGER SURGERY	00053	16.154	$771.35	APC				
26262	T	PARTIAL REMOVAL OF FINGER	00053	16.154	$771.35	APC				
26320	T	REMOVAL OF IMPLANT FROM HAND	00021	15.1024	$721.14	APC				
26340	T	MANIPULATE FINGER W/ANESTH	00043	1.6857	$80.49	APC				
26350	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26352	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26356	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26357	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26358	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26370	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26372	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26373	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26390	T	REVISE HAND/FINGER TENDON	00054	25.8758	$1,235.57	APC				
26392	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26410	T	REPAIR HAND TENDON	00053	16.154	$771.35	APC				
26412	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26415	T	EXCISION, HAND/FINGER TENDON	00054	25.8758	$1,235.57	APC				
26416	T	GRAFT HAND OR FINGER TENDON	00054	25.8758	$1,235.57	APC				
26418	T	REPAIR FINGER TENDON	00053	16.154	$771.35	APC				
26420	T	REPAIR/GRAFT FINGER TENDON	00054	25.8758	$1,235.57	APC				
26426	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26428	T	REPAIR/GRAFT FINGER TENDON	00054	25.8758	$1,235.57	APC				
26432	T	REPAIR FINGER TENDON	00053	16.154	$771.35	APC				
26433	T	REPAIR FINGER TENDON	00053	16.154	$771.35	APC				

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26434	T	REPAIR/GRAFT FINGER TENDON	00054	25.8758	$1,235.57	APC				
26437	T	REALIGNMENT OF TENDONS	00053	16.154	$771.35	APC				
26440	T	RELEASE PALM/FINGER TENDON	00053	16.154	$771.35	APC				
26442	T	RELEASE PALM & FINGER TENDON	00054	25.8758	$1,235.57	APC				
26445	T	RELEASE HAND/FINGER TENDON	00053	16.154	$771.35	APC				
26449	T	RELEASE FOREARM/HAND TENDON	00054	25.8758	$1,235.57	APC				
26450	T	INCISION OF PALM TENDON	00053	16.154	$771.35	APC				
26455	T	INCISION OF FINGER TENDON	00053	16.154	$771.35	APC				
26460	T	INCISE HAND/FINGER TENDON	00053	16.154	$771.35	APC				
26471	T	FUSION OF FINGER TENDONS	00053	16.154	$771.35	APC				
26474	T	FUSION OF FINGER TENDONS	00053	16.154	$771.35	APC				
26476	T	TENDON LENGTHENING	00053	16.154	$771.35	APC				
26477	T	TENDON SHORTENING	00053	16.154	$771.35	APC				
26478	T	LENGTHENING OF HAND TENDON	00053	16.154	$771.35	APC				
26479	T	SHORTENING OF HAND TENDON	00053	16.154	$771.35	APC				
26480	T	TRANSPLANT HAND TENDON	00054	25.8758	$1,235.57	APC				
26483	T	TRANSPLANT/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26485	T	TRANSPLANT PALM TENDON	00054	25.8758	$1,235.57	APC				
26489	T	TRANSPLANT/GRAFT PALM TENDON	00054	25.8758	$1,235.57	APC				
26490	T	REVISE THUMB TENDON	00054	25.8758	$1,235.57	APC				
26492	T	TENDON TRANSFER WITH GRAFT	00054	25.8758	$1,235.57	APC				
26494	T	HAND TENDON/MUSCLE TRANSFER	00054	25.8758	$1,235.57	APC				
26496	T	REVISE THUMB TENDON	00054	25.8758	$1,235.57	APC				
26497	T	FINGER TENDON TRANSFER	00054	25.8758	$1,235.57	APC				
26498	T	FINGER TENDON TRANSFER	00054	25.8758	$1,235.57	APC				
26499	T	REVISION OF FINGER	00054	25.8758	$1,235.57	APC				
26500	T	HAND TENDON RECONSTRUCTION	00053	16.154	$771.35	APC				
26502	T	HAND TENDON RECONSTRUCTION	00054	25.8758	$1,235.57	APC				
26508	T	RELEASE THUMB CONTRACTURE	00053	16.154	$771.35	APC				
26510	T	THUMB TENDON TRANSFER	00054	25.8758	$1,235.57	APC				
26516	T	FUSION OF KNUCKLE JOINT	00054	25.8758	$1,235.57	APC				
26517	T	FUSION OF KNUCKLE JOINTS	00054	25.8758	$1,235.57	APC				
26518	T	FUSION OF KNUCKLE JOINTS	00054	25.8758	$1,235.57	APC				
26520	T	RELEASE KNUCKLE CONTRACTURE	00053	16.154	$771.35	APC				
26525	T	RELEASE FINGER CONTRACTURE	00053	16.154	$771.35	APC				
26530	T	REVISE KNUCKLE JOINT	00047	33.4505	$1,597.26	APC				
26531	T	REVISE KNUCKLE WITH IMPLANT	00048	47.4378	$2,265.15	APC				
26535	T	REVISE FINGER JOINT	00047	33.4505	$1,597.26	APC				
26536	T	REVISE/IMPLANT FINGER JOINT	00048	47.4378	$2,265.15	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
26540	T	REPAIR HAND JOINT	00053	16.154	$771.35	APC				
26541	T	REPAIR HAND JOINT WITH GRAFT	00054	25.8758	$1,235.57	APC				
26542	T	REPAIR HAND JOINT WITH GRAFT	00053	16.154	$771.35	APC				
26545	T	RECONSTRUCT FINGER JOINT	00054	25.8758	$1,235.57	APC				
26546	T	REPAIR NONUNION HAND	00054	25.8758	$1,235.57	APC				
26548	T	RECONSTRUCT FINGER JOINT	00054	25.8758	$1,235.57	APC				
26550	T	CONSTRUCT THUMB REPLACEMENT	00054	25.8758	$1,235.57	APC				
26551	C	GREAT TOE-HAND TRANSFER				Inpatient Only				
26553	C	SINGLE TRANSFER TOE-HAND				Inpatient Only				
26554	C	DOUBLE TRANSFER TOE-HAND				Inpatient Only				
26555	T	POSITIONAL CHANGE OF FINGER	00054	25.8758	$1,235.57	APC				
26556	C	TOE JOINT TRANSFER				Inpatient Only				
26560	T	REPAIR OF WEB FINGER	00053	16.154	$771.35	APC				
26561	T	REPAIR OF WEB FINGER	00054	25.8758	$1,235.57	APC				
26562	T	REPAIR OF WEB FINGER	00054	25.8758	$1,235.57	APC				
26565	T	CORRECT METACARPAL FLAW	00054	25.8758	$1,235.57	APC				
26567	T	CORRECT FINGER DEFORMITY	00054	25.8758	$1,235.57	APC				
26568	T	LENGTHEN METACARPAL/FINGER	00054	25.8758	$1,235.57	APC				
26580	T	REPAIR HAND DEFORMITY	00053	16.154	$771.35	APC				
26587	T	RECONSTRUCT EXTRA FINGER	00053	16.154	$771.35	APC				
26590	T	REPAIR FINGER DEFORMITY	00053	16.154	$771.35	APC				
26591	T	REPAIR MUSCLES OF HAND	00054	25.8758	$1,235.57	APC				
26593	T	RELEASE MUSCLES OF HAND	00053	16.154	$771.35	APC				
26596	T	EXCISION CONSTRICTING TISSUE	00053	16.154	$771.35	APC				
26600	T	TREAT METACARPAL FRACTURE	00043	1.6857	$80.49	APC				
26605	T	TREAT METACARPAL FRACTURE	00043	1.6857	$80.49	APC				
26607	T	TREAT METACARPAL FRACTURE	00043	1.6857	$80.49	APC				
26608	T	TREAT METACARPAL FRACTURE	00062	25.5264	$1,218.89	APC				
26615	T	TREAT METACARPAL FRACTURE	00063	37.5382	$1,792.45	APC				
26641	T	TREAT THUMB DISLOCATION	00043	1.6857	$80.49	APC				
26645	T	TREAT THUMB FRACTURE	00043	1.6857	$80.49	APC				
26650	T	TREAT THUMB FRACTURE	00062	25.5264	$1,218.89	APC				
26665	T	TREAT THUMB FRACTURE	00063	37.5382	$1,792.45	APC				
26670	T	TREAT HAND DISLOCATION	00043	1.6857	$80.49	APC				
26675	T	TREAT HAND DISLOCATION	00043	1.6857	$80.49	APC				
26676	T	PIN HAND DISLOCATION	00062	25.5264	$1,218.89	APC				
26685	T	TREAT HAND DISLOCATION	00063	37.5382	$1,792.45	APC				
26686	T	TREAT HAND DISLOCATION	00064	57.2172	$2,732.12	APC				
26700	T	TREAT KNUCKLE DISLOCATION	00043	1.6857	$80.49	APC				

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26705	T	TREAT KNUCKLE DISLOCATION	00043	1.6857	$80.49	APC				
26706	T	PIN KNUCKLE DISLOCATION	00043	1.6857	$80.49	APC				
26715	T	TREAT KNUCKLE DISLOCATION	00063	37.5382	$1,792.45	APC				
26720	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26725	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26727	T	TREAT FINGER FRACTURE, EACH	00062	25.5264	$1,218.89	APC				
26735	T	TREAT FINGER FRACTURE, EACH	00063	37.5382	$1,792.45	APC				
26740	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26742	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26746	T	TREAT FINGER FRACTURE, EACH	00063	37.5382	$1,792.45	APC				
26750	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26755	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26756	T	PIN FINGER FRACTURE, EACH	00062	25.5264	$1,218.89	APC				
26765	T	TREAT FINGER FRACTURE, EACH	00063	37.5382	$1,792.45	APC				
26770	T	TREAT FINGER DISLOCATION	00043	1.6857	$80.49	APC				
26775	T	TREAT FINGER DISLOCATION	00045	14.5947	$696.90	APC				
26776	T	PIN FINGER DISLOCATION	00062	25.5264	$1,218.89	APC				
26785	T	TREAT FINGER DISLOCATION	00062	25.5264	$1,218.89	APC				
26820	T	THUMB FUSION WITH GRAFT	00054	25.8758	$1,235.57	APC				
26841	T	FUSION OF THUMB	00054	25.8758	$1,235.57	APC				
26842	T	THUMB FUSION WITH GRAFT	00054	25.8758	$1,235.57	APC				
26843	T	FUSION OF HAND JOINT	00054	25.8758	$1,235.57	APC				
26844	T	FUSION/GRAFT OF HAND JOINT	00054	25.8758	$1,235.57	APC				
26850	T	FUSION OF KNUCKLE	00054	25.8758	$1,235.57	APC				
26852	T	FUSION OF KNUCKLE WITH GRAFT	00054	25.8758	$1,235.57	APC				
26860	T	FUSION OF FINGER JOINT	00054	25.8758	$1,235.57	APC				
26861	T	FUSION OF FINGER JNT, ADD-ON	00054	25.8758	$1,235.57	APC				
26862	T	FUSION/GRAFT OF FINGER JOINT	00054	25.8758	$1,235.57	APC				
26863	T	FUSE/GRAFT ADDED JOINT	00054	25.8758	$1,235.57	APC				
26910	T	AMPUTATE METACARPAL BONE	00054	25.8758	$1,235.57	APC				
26951	T	AMPUTATION OF FINGER/THUMB	00053	16.154	$771.35	APC				
26952	T	AMPUTATION OF FINGER/THUMB	00053	16.154	$771.35	APC				
26989	T	HAND/FINGER SURGERY	00043	1.6857	$80.49	APC				
26990	T	DRAINAGE OF PELVIS LESION	00049	20.8706	$996.57	APC				
26991	T	DRAINAGE OF PELVIS BURSA	00049	20.8706	$996.57	APC				
26992	C	DRAINAGE OF BONE LESION				Inpatient Only				
27000	T	INCISION OF HIP TENDON	00049	20.8706	$996.57	APC				
27001	T	INCISION OF HIP TENDON	00050	25.1296	$1,199.94	APC				
27003	T	INCISION OF HIP TENDON	00050	25.1296	$1,199.94	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27005	C	INCISION OF HIP TENDON				Inpatient Only				
27006	C	INCISION OF HIP TENDONS				Inpatient Only				
27025	C	INCISION OF HIP/THIGH FASCIA				Inpatient Only				
27030	C	DRAINAGE OF HIP JOINT				Inpatient Only				
27033	T	EXPLORATION OF HIP JOINT	00051	41.0893	$1,962.01	APC				
27035	T	DENERVATION OF HIP JOINT	00051	41.0893	$1,962.01	APC				
27036	C	EXCISION OF HIP JOINT/MUSCLE				Inpatient Only				
27040	T	BIOPSY OF SOFT TISSUES	00020	6.8083	$325.10	APC				
27041	T	BIOPSY OF SOFT TISSUES	00020	6.8083	$325.10	APC				
27047	T	REMOVE HIP/PELVIS LESION	00022	20.0656	$958.13	APC				
27048	T	REMOVE HIP/PELVIS LESION	00022	20.0656	$958.13	APC				
27049	T	REMOVE TUMOR, HIP/PELVIS	00022	20.0656	$958.13	APC				
27050	T	BIOPSY OF SACROILIAC JOINT	00049	20.8706	$996.57	APC				
27052	T	BIOPSY OF HIP JOINT	00049	20.8706	$996.57	APC				
27054	C	REMOVAL OF HIP JOINT LINING				Inpatient Only				
27060	T	REMOVAL OF ISCHIAL BURSA	00049	20.8706	$996.57	APC				
27062	T	REMOVE FEMUR LESION/BURSA	00049	20.8706	$996.57	APC				
27065	T	REMOVAL OF HIP BONE LESION	00049	20.8706	$996.57	APC				
27066	T	REMOVAL OF HIP BONE LESION	00050	25.1296	$1,199.94	APC				
27067	T	REMOVE/GRAFT HIP BONE LESION	00050	25.1296	$1,199.94	APC				
27070	C	PARTIAL REMOVAL OF HIP BONE				Inpatient Only				
27071	C	PARTIAL REMOVAL OF HIP BONE				Inpatient Only				
27075	C	EXTENSIVE HIP SURGERY				Inpatient Only				
27076	C	EXTENSIVE HIP SURGERY				Inpatient Only				
27077	C	EXTENSIVE HIP SURGERY				Inpatient Only				
27078	C	EXTENSIVE HIP SURGERY				Inpatient Only				
27079	C	EXTENSIVE HIP SURGERY				Inpatient Only				
27080	T	REMOVAL OF TAIL BONE	00050	25.1296	$1,199.94	APC				
27086	T	REMOVE HIP FOREIGN BODY	00020	6.8083	$325.10	APC				
27087	T	REMOVE HIP FOREIGN BODY	00049	20.8706	$996.57	APC				
27090	C	REMOVAL OF HIP PROSTHESIS				Inpatient Only				
27091	C	REMOVAL OF HIP PROSTHESIS				Inpatient Only				
27093	N	INJECTION FOR HIP X-RAY				APC/ Bundled				
27095	N	INJECTION FOR HIP X-RAY				APC/ Bundled				
27096	N	INJECT SACROILIAC JOINT				APC/ Bundled	$0.00			
27097	T	REVISION OF HIP TENDON	00050	25.1296	$1,199.94	APC				
27098	T	TRANSFER TENDON TO PELVIS	00050	25.1296	$1,199.94	APC				
27100	T	TRANSFER OF ABDOMINAL MUSCLE	00051	41.0893	$1,962.01	APC				
27105	T	TRANSFER OF SPINAL MUSCLE	00051	41.0893	$1,962.01	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27110	T	TRANSFER OF ILIOPSOAS MUSCLE	00051	41.0893	$1,962.01	APC				
27111	T	TRANSFER OF ILIOPSOAS MUSCLE	00051	41.0893	$1,962.01	APC				
27120	C	RECONSTRUCTION OF HIP SOCKET				Inpatient Only				
27122	C	RECONSTRUCTION OF HIP SOCKET				Inpatient Only				
27125	C	PARTIAL HIP REPLACEMENT				Inpatient Only				
27130	C	TOTAL HIP ARTHROPLASTY				Inpatient Only				
27132	C	TOTAL HIP ARTHROPLASTY				Inpatient Only				
27134	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only				
27137	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only				
27138	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only				
27140	C	TRANSPLANT FEMUR RIDGE				Inpatient Only				
27146	C	INCISION OF HIP BONE				Inpatient Only				
27147	C	REVISION OF HIP BONE				Inpatient Only				
27151	C	INCISION OF HIP BONES				Inpatient Only				
27156	C	REVISION OF HIP BONES				Inpatient Only				
27158	C	REVISION OF PELVIS				Inpatient Only				
27161	C	INCISION OF NECK OF FEMUR				Inpatient Only				
27165	C	INCISION/FIXATION OF FEMUR				Inpatient Only				
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK				Inpatient Only				
27175	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only				
27176	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only				
27177	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only				
27178	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only				
27179	C	REVISE HEAD/NECK OF FEMUR				Inpatient Only				
27181	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only				
27185	C	REVISION OF FEMUR EPIPHYSIS				Inpatient Only				
27187	C	REINFORCE HIP BONES				Inpatient Only				
27193	T	TREAT PELVIC RING FRACTURE	00043	1.6857	$80.49	APC				
27194	T	TREAT PELVIC RING FRACTURE	00045	14.5947	$696.90	APC				
27200	T	TREAT TAIL BONE FRACTURE	00043	1.6857	$80.49	APC				
27202	T	TREAT TAIL BONE FRACTURE	00063	37.5382	$1,792.45	APC				
27215	C	TREAT PELVIC FRACTURE(S)				Inpatient Only				
27216	T	TREAT PELVIC RING FRACTURE	00050	25.1296	$1,199.94	APC				
27217	C	TREAT PELVIC RING FRACTURE				Inpatient Only				
27218	C	TREAT PELVIC RING FRACTURE				Inpatient Only				
27220	T	TREAT HIP SOCKET FRACTURE	00043	1.6857	$80.49	APC				
27222	C	TREAT HIP SOCKET FRACTURE				Inpatient Only				
27226	C	TREAT HIP WALL FRACTURE				Inpatient Only				
27227	C	TREAT HIP FRACTURE(S)				Inpatient Only				

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27228	C	TREAT HIP FRACTURE(S)				Inpatient Only				
27230	T	TREAT THIGH FRACTURE	00043	1.6857	$80.49	APC				
27232	C	TREAT THIGH FRACTURE				Inpatient Only				
27235	T	TREAT THIGH FRACTURE	00050	25.1296	$1,199.94	APC				
27236	C	TREAT THIGH FRACTURE				Inpatient Only				
27238	T	TREAT THIGH FRACTURE	00043	1.6857	$80.49	APC				
27240	C	TREAT THIGH FRACTURE				Inpatient Only				
27244	C	TREAT THIGH FRACTURE				Inpatient Only				
27245	C	TREAT THIGH FRACTURE				Inpatient Only				
27246	T	TREAT THIGH FRACTURE	00043	1.6857	$80.49	APC				
27248	C	TREAT THIGH FRACTURE				Inpatient Only				
27250	T	TREAT HIP DISLOCATION	00043	1.6857	$80.49	APC				
27252	T	TREAT HIP DISLOCATION	00045	14.5947	$696.90	APC				
27253	C	TREAT HIP DISLOCATION				Inpatient Only				
27254	C	TREAT HIP DISLOCATION				Inpatient Only				
27256	T	TREAT HIP DISLOCATION	00043	1.6857	$80.49	APC				
27257	T	TREAT HIP DISLOCATION	00045	14.5947	$696.90	APC				
27258	C	TREAT HIP DISLOCATION				Inpatient Only				
27259	C	TREAT HIP DISLOCATION				Inpatient Only				
27265	T	TREAT HIP DISLOCATION	00043	1.6857	$80.49	APC				
27266	T	TREAT HIP DISLOCATION	00045	14.5947	$696.90	APC				
27275	T	MANIPULATION OF HIP JOINT	00045	14.5947	$696.90	APC				
27280	C	FUSION OF SACROILIAC JOINT				Inpatient Only				
27282	C	FUSION OF PUBIC BONES				Inpatient Only				
27284	C	FUSION OF HIP JOINT				Inpatient Only				
27286	C	FUSION OF HIP JOINT				Inpatient Only				
27290	C	AMPUTATION OF LEG AT HIP				Inpatient Only				
27295	C	AMPUTATION OF LEG AT HIP				Inpatient Only				
27299	T	PELVIS/HIP JOINT SURGERY	00043	1.6857	$80.49	APC				
27301	T	DRAIN THIGH/KNEE LESION	00008	17.5086	$836.04	APC				
27303	C	DRAINAGE OF BONE LESION				Inpatient Only				
27305	T	INCISE THIGH TENDON & FASCIA	00049	20.8706	$996.57	APC				
27306	T	INCISION OF THIGH TENDON	00049	20.8706	$996.57	APC				
27307	T	INCISION OF THIGH TENDONS	00049	20.8706	$996.57	APC				
27310	T	EXPLORATION OF KNEE JOINT	00050	25.1296	$1,199.94	APC				
27323	T	BIOPSY, THIGH SOFT TISSUES	00020	6.8083	$325.10	APC				
27324	T	BIOPSY, THIGH SOFT TISSUES	00022	20.0656	$958.13	APC				
27325	T	NEURECTOMY, HAMSTRING	00220	17.8499	$852.33	APC				
27326	T	NEURECTOMY, POPLITEAL	00220	17.8499	$852.33	APC				

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27327	T	REMOVAL OF THIGH LESION	00022	20.0656	$958.13	APC				
27328	T	REMOVAL OF THIGH LESION	00022	20.0656	$958.13	APC				
27329	T	REMOVE TUMOR THIGH/KNEE	00022	20.0656	$958.13	APC				
27330	T	BIOPSY, KNEE JOINT LINING	00050	25.1296	$1,199.94	APC				
27331	T	EXPLORE/TREAT KNEE JOINT	00050	25.1296	$1,199.94	APC				
27332	T	REMOVAL OF KNEE CARTILAGE	00050	25.1296	$1,199.94	APC				
27333	T	REMOVAL OF KNEE CARTILAGE	00050	25.1296	$1,199.94	APC				
27334	T	REMOVE KNEE JOINT LINING	00050	25.1296	$1,199.94	APC				
27335	T	REMOVE KNEE JOINT LINING	00050	25.1296	$1,199.94	APC				
27340	T	REMOVAL OF KNEECAP BURSA	00049	20.8706	$996.57	APC				
27345	T	REMOVAL OF KNEE CYST	00049	20.8706	$996.57	APC				
27347	T	REMOVE KNEE CYST	00049	20.8706	$996.57	APC				
27350	T	REMOVAL OF KNEECAP	00050	25.1296	$1,199.94	APC				
27355	T	REMOVE FEMUR LESION	00050	25.1296	$1,199.94	APC				
27356	T	REMOVE FEMUR LESION/GRAFT	00050	25.1296	$1,199.94	APC				
27357	T	REMOVE FEMUR LESION/GRAFT	00050	25.1296	$1,199.94	APC				
27358	T	REMOVE FEMUR LESION/FIXATION	00050	25.1296	$1,199.94	APC				
27360	T	PARTIAL REMOVAL, LEG BONE(S)	00050	25.1296	$1,199.94	APC				
27365	C	EXTENSIVE LEG SURGERY				Inpatient Only				
27370	N	INJECTION FOR KNEE X-RAY				APC/ Bundled				
27372	T	REMOVAL OF FOREIGN BODY	00022	20.0656	$958.13	APC				
27380	T	REPAIR OF KNEECAP TENDON	00049	20.8706	$996.57	APC				
27381	T	REPAIR/GRAFT KNEECAP TENDON	00049	20.8706	$996.57	APC				
27385	T	REPAIR OF THIGH MUSCLE	00049	20.8706	$996.57	APC				
27386	T	REPAIR/GRAFT OF THIGH MUSCLE	00049	20.8706	$996.57	APC				
27390	T	INCISION OF THIGH TENDON	00049	20.8706	$996.57	APC				
27391	T	INCISION OF THIGH TENDONS	00049	20.8706	$996.57	APC				
27392	T	INCISION OF THIGH TENDONS	00049	20.8706	$996.57	APC				
27393	T	LENGTHENING OF THIGH TENDON	00050	25.1296	$1,199.94	APC				
27394	T	LENGTHENING OF THIGH TENDONS	00050	25.1296	$1,199.94	APC				
27395	T	LENGTHENING OF THIGH TENDONS	00051	41.0893	$1,962.01	APC				
27396	T	TRANSPLANT OF THIGH TENDON	00050	25.1296	$1,199.94	APC				
27397	T	TRANSPLANTS OF THIGH TENDONS	00051	41.0893	$1,962.01	APC				
27400	T	REVISE THIGH MUSCLES/TENDONS	00051	41.0893	$1,962.01	APC				
27403	T	REPAIR OF KNEE CARTILAGE	00050	25.1296	$1,199.94	APC				
27405	T	REPAIR OF KNEE LIGAMENT	00051	41.0893	$1,962.01	APC				
27407	T	REPAIR OF KNEE LIGAMENT	00052	66.58	$3,179.20	APC				
27409	T	REPAIR OF KNEE LIGAMENTS	00051	41.0893	$1,962.01	APC				
27412	T	AUTOCHONDROCYTE IMPLANT KNEE	00042	45.5027	$2,172.75	APC				

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27415	T	OSTEOCHONDRAL KNEE ALLOGRAFT	00042	45.5027	$2,172.75	APC				
27418	T	REPAIR DEGENERATED KNEECAP	00051	41.0893	$1,962.01	APC				
27420	T	REVISION OF UNSTABLE KNEECAP	00051	41.0893	$1,962.01	APC				
27422	T	REVISION OF UNSTABLE KNEECAP	00051	41.0893	$1,962.01	APC				
27424	T	REVISION/REMOVAL OF KNEECAP	00051	41.0893	$1,962.01	APC				
27425	T	LAT RETINACULAR RELEASE OPEN	00050	25.1296	$1,199.94	APC				
27427	T	RECONSTRUCTION, KNEE	00051	41.0893	$1,962.01	APC				
27428	T	RECONSTRUCTION, KNEE	00052	66.58	$3,179.20	APC				
27429	T	RECONSTRUCTION, KNEE	00052	66.58	$3,179.20	APC				
27430	T	REVISION OF THIGH MUSCLES	00051	41.0893	$1,962.01	APC				
27435	T	INCISION OF KNEE JOINT	00051	41.0893	$1,962.01	APC				
27437	T	REVISE KNEECAP	00047	33.4505	$1,597.26	APC				
27438	T	REVISE KNEECAP WITH IMPLANT	00048	47.4378	$2,265.15	APC				
27440	T	REVISION OF KNEE JOINT	00047	33.4505	$1,597.26	APC				
27441	T	REVISION OF KNEE JOINT	00047	33.4505	$1,597.26	APC				
27442	T	REVISION OF KNEE JOINT	00047	33.4505	$1,597.26	APC				
27443	T	REVISION OF KNEE JOINT	00047	33.4505	$1,597.26	APC				
27445	C	REVISION OF KNEE JOINT				Inpatient Only				
27446	T	REVISION OF KNEE JOINT	00681	205.6815	$9,821.29	APC				
27447	C	TOTAL KNEE ARTHROPLASTY				Inpatient Only				
27448	C	INCISION OF THIGH				Inpatient Only				
27450	C	INCISION OF THIGH				Inpatient Only				
27454	C	REALIGNMENT OF THIGH BONE				Inpatient Only				
27455	C	REALIGNMENT OF KNEE				Inpatient Only				
27457	C	REALIGNMENT OF KNEE				Inpatient Only				
27465	C	SHORTENING OF THIGH BONE				Inpatient Only				
27466	C	LENGTHENING OF THIGH BONE				Inpatient Only				
27468	C	SHORTEN/LENGTHEN THIGHS				Inpatient Only				
27470	C	REPAIR OF THIGH				Inpatient Only				
27472	C	REPAIR/GRAFT OF THIGH				Inpatient Only				
27475	T	SURGERY TO STOP LEG GROWTH	00050	25.1296	$1,199.94	APC				
27477	C	SURGERY TO STOP LEG GROWTH				Inpatient Only				
27479	C	SURGERY TO STOP LEG GROWTH				Inpatient Only				
27485	C	SURGERY TO STOP LEG GROWTH				Inpatient Only				
27486	C	REVISE/REPLACE KNEE JOINT				Inpatient Only				
27487	C	REVISE/REPLACE KNEE JOINT				Inpatient Only				
27488	C	REMOVAL OF KNEE PROSTHESIS				Inpatient Only				
27495	C	REINFORCE THIGH				Inpatient Only				
27496	T	DECOMPRESSION OF THIGH/KNEE	00049	20.8706	$996.57	APC				

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27497	T	DECOMPRESSION OF THIGH/KNEE	00049	20.8706	$996.57	APC				
27498	T	DECOMPRESSION OF THIGH/KNEE	00049	20.8706	$996.57	APC				
27499	T	DECOMPRESSION OF THIGH/KNEE	00049	20.8706	$996.57	APC				
27500	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27501	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27502	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27503	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27506	C	TREATMENT OF THIGH FRACTURE				Inpatient Only				
27507	C	TREATMENT OF THIGH FRACTURE				Inpatient Only				
27508	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27509	T	TREATMENT OF THIGH FRACTURE	00062	25.5264	$1,218.89	APC				
27510	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27511	C	TREATMENT OF THIGH FRACTURE				Inpatient Only				
27513	C	TREATMENT OF THIGH FRACTURE				Inpatient Only				
27514	C	TREATMENT OF THIGH FRACTURE				Inpatient Only				
27516	T	TREAT THIGH FX GROWTH PLATE	00043	1.6857	$80.49	APC				
27517	T	TREAT THIGH FX GROWTH PLATE	00043	1.6857	$80.49	APC				
27519	C	TREAT THIGH FX GROWTH PLATE				Inpatient Only				
27520	T	TREAT KNEECAP FRACTURE	00043	1.6857	$80.49	APC				
27524	T	TREAT KNEECAP FRACTURE	00063	37.5382	$1,792.45	APC				
27530	T	TREAT KNEE FRACTURE	00043	1.6857	$80.49	APC				
27532	T	TREAT KNEE FRACTURE	00043	1.6857	$80.49	APC				
27535	C	TREAT KNEE FRACTURE				Inpatient Only				
27536	C	TREAT KNEE FRACTURE				Inpatient Only				
27538	T	TREAT KNEE FRACTURE(S)	00043	1.6857	$80.49	APC				
27540	C	TREAT KNEE FRACTURE				Inpatient Only				
27550	T	TREAT KNEE DISLOCATION	00043	1.6857	$80.49	APC				
27552	T	TREAT KNEE DISLOCATION	00045	14.5947	$696.90	APC				
27556	C	TREAT KNEE DISLOCATION				Inpatient Only				
27557	C	TREAT KNEE DISLOCATION				Inpatient Only				
27558	C	TREAT KNEE DISLOCATION				Inpatient Only				
27560	T	TREAT KNEECAP DISLOCATION	00043	1.6857	$80.49	APC				
27562	T	TREAT KNEECAP DISLOCATION	00045	14.5947	$696.90	APC				
27566	T	TREAT KNEECAP DISLOCATION	00063	37.5382	$1,792.45	APC				
27570	T	FIXATION OF KNEE JOINT	00045	14.5947	$696.90	APC				
27580	C	FUSION OF KNEE				Inpatient Only				
27590	C	AMPUTATE LEG AT THIGH				Inpatient Only				
27591	C	AMPUTATE LEG AT THIGH				Inpatient Only				
27592	C	AMPUTATE LEG AT THIGH				Inpatient Only				

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27594	T	AMPUTATION FOLLOW-UP SURGERY	00049	20.8706	$996.57	APC				
27596	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only				
27598	C	AMPUTATE LOWER LEG AT KNEE				Inpatient Only				
27599	T	LEG SURGERY PROCEDURE	00043	1.6857	$80.49	APC				
27600	T	DECOMPRESSION OF LOWER LEG	00049	20.8706	$996.57	APC				
27601	T	DECOMPRESSION OF LOWER LEG	00049	20.8706	$996.57	APC				
27602	T	DECOMPRESSION OF LOWER LEG	00049	20.8706	$996.57	APC				
27603	T	DRAIN LOWER LEG LESION	00008	17.5086	$836.04	APC				
27604	T	DRAIN LOWER LEG BURSA	00049	20.8706	$996.57	APC				
27605	T	INCISION OF ACHILLES TENDON	00055	20.4263	$975.36	APC				
27606	T	INCISION OF ACHILLES TENDON	00049	20.8706	$996.57	APC				
27607	T	TREAT LOWER LEG BONE LESION	00049	20.8706	$996.57	APC				
27610	T	EXPLORE/TREAT ANKLE JOINT	00050	25.1296	$1,199.94	APC				
27612	T	EXPLORATION OF ANKLE JOINT	00050	25.1296	$1,199.94	APC				
27613	T	BIOPSY LOWER LEG SOFT TISSUE	00020	6.8083	$325.10	APC				
27614	T	BIOPSY LOWER LEG SOFT TISSUE	00022	20.0656	$958.13	APC				
27615	T	REMOVE TUMOR, LOWER LEG	00050	25.1296	$1,199.94	APC				
27618	T	REMOVE LOWER LEG LESION	00021	15.1024	$721.14	APC				
27619	T	REMOVE LOWER LEG LESION	00022	20.0656	$958.13	APC				
27620	T	EXPLORE/TREAT ANKLE JOINT	00050	25.1296	$1,199.94	APC				
27625	T	REMOVE ANKLE JOINT LINING	00050	25.1296	$1,199.94	APC				
27626	T	REMOVE ANKLE JOINT LINING	00050	25.1296	$1,199.94	APC				
27630	T	REMOVAL OF TENDON LESION	00049	20.8706	$996.57	APC				
27635	T	REMOVE LOWER LEG BONE LESION	00050	25.1296	$1,199.94	APC				
27637	T	REMOVE/GRAFT LEG BONE LESION	00050	25.1296	$1,199.94	APC				
27638	T	REMOVE/GRAFT LEG BONE LESION	00050	25.1296	$1,199.94	APC				
27640	T	PARTIAL REMOVAL OF TIBIA	00051	41.0893	$1,962.01	APC				
27641	T	PARTIAL REMOVAL OF FIBULA	00050	25.1296	$1,199.94	APC				
27645	C	EXTENSIVE LOWER LEG SURGERY				Inpatient Only				
27646	C	EXTENSIVE LOWER LEG SURGERY				Inpatient Only				
27647	T	EXTENSIVE ANKLE/HEEL SURGERY	00051	41.0893	$1,962.01	APC				
27648	N	INJECTION FOR ANKLE X-RAY				APC/ Bundled				
27650	T	REPAIR ACHILLES TENDON	00051	41.0893	$1,962.01	APC				
27652	T	REPAIR/GRAFT ACHILLES TENDON	00052	66.58	$3,179.20	APC				
27654	T	REPAIR OF ACHILLES TENDON	00051	41.0893	$1,962.01	APC				
27656	T	REPAIR LEG FASCIA DEFECT	00049	20.8706	$996.57	APC				
27658	T	REPAIR OF LEG TENDON, EACH	00049	20.8706	$996.57	APC				
27659	T	REPAIR OF LEG TENDON, EACH	00049	20.8706	$996.57	APC				
27664	T	REPAIR OF LEG TENDON, EACH	00049	20.8706	$996.57	APC				

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27665	T	REPAIR OF LEG TENDON, EACH	00050	25.1296	$1,199.94	APC				
27675	T	REPAIR LOWER LEG TENDONS	00049	20.8706	$996.57	APC				
27676	T	REPAIR LOWER LEG TENDONS	00050	25.1296	$1,199.94	APC				
27680	T	RELEASE OF LOWER LEG TENDON	00050	25.1296	$1,199.94	APC				
27681	T	RELEASE OF LOWER LEG TENDONS	00050	25.1296	$1,199.94	APC				
27685	T	REVISION OF LOWER LEG TENDON	00050	25.1296	$1,199.94	APC				
27686	T	REVISE LOWER LEG TENDONS	00050	25.1296	$1,199.94	APC				
27687	T	REVISION OF CALF TENDON	00050	25.1296	$1,199.94	APC				
27690	T	REVISE LOWER LEG TENDON	00051	41.0893	$1,962.01	APC				
27691	T	REVISE LOWER LEG TENDON	00051	41.0893	$1,962.01	APC				
27692	T	REVISE ADDITIONAL LEG TENDON	00051	41.0893	$1,962.01	APC				
27695	T	REPAIR OF ANKLE LIGAMENT	00050	25.1296	$1,199.94	APC				
27696	T	REPAIR OF ANKLE LIGAMENTS	00050	25.1296	$1,199.94	APC				
27698	T	REPAIR OF ANKLE LIGAMENT	00050	25.1296	$1,199.94	APC				
27700	T	REVISION OF ANKLE JOINT	00047	33.4505	$1,597.26	APC				
27702	C	RECONSTRUCT ANKLE JOINT				Inpatient Only				
27703	C	RECONSTRUCTION, ANKLE JOINT				Inpatient Only				
27704	T	REMOVAL OF ANKLE IMPLANT	00049	20.8706	$996.57	APC				
27705	T	INCISION OF TIBIA	00051	41.0893	$1,962.01	APC				
27707	T	INCISION OF FIBULA	00049	20.8706	$996.57	APC				
27709	T	INCISION OF TIBIA & FIBULA	00050	25.1296	$1,199.94	APC				
27712	C	REALIGNMENT OF LOWER LEG				Inpatient Only				
27715	C	REVISION OF LOWER LEG				Inpatient Only				
27720	C	REPAIR OF TIBIA				Inpatient Only				
27722	C	REPAIR/GRAFT OF TIBIA				Inpatient Only				
27724	C	REPAIR/GRAFT OF TIBIA				Inpatient Only				
27725	C	REPAIR OF LOWER LEG				Inpatient Only				
27727	C	REPAIR OF LOWER LEG				Inpatient Only				
27730	T	REPAIR OF TIBIA EPIPHYSIS	00050	25.1296	$1,199.94	APC				
27732	T	REPAIR OF FIBULA EPIPHYSIS	00050	25.1296	$1,199.94	APC				
27734	T	REPAIR LOWER LEG EPIPHYSES	00050	25.1296	$1,199.94	APC				
27740	T	REPAIR OF LEG EPIPHYSES	00050	25.1296	$1,199.94	APC				
27742	T	REPAIR OF LEG EPIPHYSES	00051	41.0893	$1,962.01	APC				
27745	T	REINFORCE TIBIA	00052	66.58	$3,179.20	APC				
27750	T	TREATMENT OF TIBIA FRACTURE	00043	1.6857	$80.49	APC				
27752	T	TREATMENT OF TIBIA FRACTURE	00043	1.6857	$80.49	APC				
27756	T	TREATMENT OF TIBIA FRACTURE	00062	25.5264	$1,218.89	APC				
27758	T	TREATMENT OF TIBIA FRACTURE	00063	37.5382	$1,792.45	APC				
27759	T	TREATMENT OF TIBIA FRACTURE	00064	57.2172	$2,732.12	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27760	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27762	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27766	T	TREATMENT OF ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
27780	T	TREATMENT OF FIBULA FRACTURE	00043	1.6857	$80.49	APC				
27781	T	TREATMENT OF FIBULA FRACTURE	00043	1.6857	$80.49	APC				
27784	T	TREATMENT OF FIBULA FRACTURE	00063	37.5382	$1,792.45	APC				
27786	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27788	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27792	T	TREATMENT OF ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
27808	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27810	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27814	T	TREATMENT OF ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
27816	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27818	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27822	T	TREATMENT OF ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
27823	T	TREATMENT OF ANKLE FRACTURE	00064	57.2172	$2,732.12	APC				
27824	T	TREAT LOWER LEG FRACTURE	00043	1.6857	$80.49	APC				
27825	T	TREAT LOWER LEG FRACTURE	00043	1.6857	$80.49	APC				
27826	T	TREAT LOWER LEG FRACTURE	00063	37.5382	$1,792.45	APC				
27827	T	TREAT LOWER LEG FRACTURE	00064	57.2172	$2,732.12	APC				
27828	T	TREAT LOWER LEG FRACTURE	00064	57.2172	$2,732.12	APC				
27829	T	TREAT LOWER LEG JOINT	00063	37.5382	$1,792.45	APC				
27830	T	TREAT LOWER LEG DISLOCATION	00043	1.6857	$80.49	APC				
27831	T	TREAT LOWER LEG DISLOCATION	00043	1.6857	$80.49	APC				
27832	T	TREAT LOWER LEG DISLOCATION	00063	37.5382	$1,792.45	APC				
27840	T	TREAT ANKLE DISLOCATION	00043	1.6857	$80.49	APC				
27842	T	TREAT ANKLE DISLOCATION	00045	14.5947	$696.90	APC				
27846	T	TREAT ANKLE DISLOCATION	00063	37.5382	$1,792.45	APC				
27848	T	TREAT ANKLE DISLOCATION	00063	37.5382	$1,792.45	APC				
27860	T	FIXATION OF ANKLE JOINT	00045	14.5947	$696.90	APC				
27870	T	FUSION OF ANKLE JOINT OPEN	00052	66.58	$3,179.20	APC				
27871	T	FUSION OF TIBIOFIBULAR JOINT	00052	66.58	$3,179.20	APC				
27880	C	AMPUTATION OF LOWER LEG				Inpatient Only				
27881	C	AMPUTATION OF LOWER LEG				Inpatient Only				
27882	C	AMPUTATION OF LOWER LEG				Inpatient Only				
27884	T	AMPUTATION FOLLOW-UP SURGERY	00049	20.8706	$996.57	APC				
27886	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only				
27888	C	AMPUTATION OF FOOT AT ANKLE				Inpatient Only				
27889	T	AMPUTATION OF FOOT AT ANKLE	00050	25.1296	$1,199.94	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27892	T	DECOMPRESSION OF LEG	00049	20.8706	$996.57	APC				
27893	T	DECOMPRESSION OF LEG	00049	20.8706	$996.57	APC				
27894	T	DECOMPRESSION OF LEG	00049	20.8706	$996.57	APC				
27899	T	LEG/ANKLE SURGERY PROCEDURE	00043	1.6857	$80.49	APC				
28001	T	DRAINAGE OF BURSA OF FOOT	00007	11.1535	$532.58	APC				
28002	T	TREATMENT OF FOOT INFECTION	00049	20.8706	$996.57	APC				
28003	T	TREATMENT OF FOOT INFECTION	00049	20.8706	$996.57	APC				
28005	T	TREAT FOOT BONE LESION	00055	20.4263	$975.36	APC				
28008	T	INCISION OF FOOT FASCIA	00055	20.4263	$975.36	APC				
28010	T	INCISION OF TOE TENDON	00055	20.4263	$975.36	APC				
28011	T	INCISION OF TOE TENDONS	00055	20.4263	$975.36	APC				
28020	T	EXPLORATION OF FOOT JOINT	00055	20.4263	$975.36	APC				
28022	T	EXPLORATION OF FOOT JOINT	00055	20.4263	$975.36	APC				
28024	T	EXPLORATION OF TOE JOINT	00055	20.4263	$975.36	APC				
28035	T	DECOMPRESSION OF TIBIA NERVE	00220	17.8499	$852.33	APC				
28043	T	EXCISION OF FOOT LESION	00022	20.0656	$958.13	APC				
28045	T	EXCISION OF FOOT LESION	00055	20.4263	$975.36	APC				
28046	T	RESECTION OF TUMOR, FOOT	00055	20.4263	$975.36	APC				
28050	T	BIOPSY OF FOOT JOINT LINING	00055	20.4263	$975.36	APC				
28052	T	BIOPSY OF FOOT JOINT LINING	00055	20.4263	$975.36	APC				
28054	T	BIOPSY OF TOE JOINT LINING	00055	20.4263	$975.36	APC				
28055	T	NEURECTOMY, FOOT	00220	17.8499	$852.33	APC				
28060	T	PARTIAL REMOVAL, FOOT FASCIA	00055	20.4263	$975.36	APC				
28062	T	REMOVAL OF FOOT FASCIA	00055	20.4263	$975.36	APC				
28070	T	REMOVAL OF FOOT JOINT LINING	00055	20.4263	$975.36	APC				
28072	T	REMOVAL OF FOOT JOINT LINING	00055	20.4263	$975.36	APC				
28080	T	REMOVAL OF FOOT LESION	00055	20.4263	$975.36	APC				
28086	T	EXCISE FOOT TENDON SHEATH	00055	20.4263	$975.36	APC				
28088	T	EXCISE FOOT TENDON SHEATH	00055	20.4263	$975.36	APC				
28090	T	REMOVAL OF FOOT LESION	00055	20.4263	$975.36	APC				
28092	T	REMOVAL OF TOE LESIONS	00055	20.4263	$975.36	APC				
28100	T	REMOVAL OF ANKLE/HEEL LESION	00055	20.4263	$975.36	APC				
28102	T	REMOVE/GRAFT FOOT LESION	00056	40.8559	$1,950.87	APC				
28103	T	REMOVE/GRAFT FOOT LESION	00056	40.8559	$1,950.87	APC				
28104	T	REMOVAL OF FOOT LESION	00055	20.4263	$975.36	APC				
28106	T	REMOVE/GRAFT FOOT LESION	00056	40.8559	$1,950.87	APC				
28107	T	REMOVE/GRAFT FOOT LESION	00056	40.8559	$1,950.87	APC				
28108	T	REMOVAL OF TOE LESIONS	00055	20.4263	$975.36	APC				
28110	T	PART REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
28111	T	PART REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				
28112	T	PART REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				
28113	T	PART REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				
28114	T	REMOVAL OF METATARSAL HEADS	00055	20.4263	$975.36	APC				
28116	T	REVISION OF FOOT	00055	20.4263	$975.36	APC				
28118	T	REMOVAL OF HEEL BONE	00055	20.4263	$975.36	APC				
28119	T	REMOVAL OF HEEL SPUR	00055	20.4263	$975.36	APC				
28120	T	PART REMOVAL OF ANKLE/HEEL	00055	20.4263	$975.36	APC				
28122	T	PARTIAL REMOVAL OF FOOT BONE	00055	20.4263	$975.36	APC				
28124	T	PARTIAL REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28126	T	PARTIAL REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28130	T	REMOVAL OF ANKLE BONE	00055	20.4263	$975.36	APC				
28140	T	REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				
28150	T	REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28153	T	PARTIAL REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28160	T	PARTIAL REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28171	T	EXTENSIVE FOOT SURGERY	00055	20.4263	$975.36	APC				
28173	T	EXTENSIVE FOOT SURGERY	00055	20.4263	$975.36	APC				
28175	T	EXTENSIVE FOOT SURGERY	00055	20.4263	$975.36	APC				
28190	T	REMOVAL OF FOOT FOREIGN BODY	00019	4.0919	$195.39	APC				
28192	T	REMOVAL OF FOOT FOREIGN BODY	00021	15.1024	$721.14	APC				
28193	T	REMOVAL OF FOOT FOREIGN BODY	00020	6.8083	$325.10	APC				
28200	T	REPAIR OF FOOT TENDON	00055	20.4263	$975.36	APC				
28202	T	REPAIR/GRAFT OF FOOT TENDON	00055	20.4263	$975.36	APC				
28208	T	REPAIR OF FOOT TENDON	00055	20.4263	$975.36	APC				
28210	T	REPAIR/GRAFT OF FOOT TENDON	00056	40.8559	$1,950.87	APC				
28220	T	RELEASE OF FOOT TENDON	00055	20.4263	$975.36	APC				
28222	T	RELEASE OF FOOT TENDONS	00055	20.4263	$975.36	APC				
28225	T	RELEASE OF FOOT TENDON	00055	20.4263	$975.36	APC				
28226	T	RELEASE OF FOOT TENDONS	00055	20.4263	$975.36	APC				
28230	T	INCISION OF FOOT TENDON(S)	00055	20.4263	$975.36	APC				
28232	T	INCISION OF TOE TENDON	00055	20.4263	$975.36	APC				
28234	T	INCISION OF FOOT TENDON	00055	20.4263	$975.36	APC				
28238	T	REVISION OF FOOT TENDON	00056	40.8559	$1,950.87	APC				
28240	T	RELEASE OF BIG TOE	00055	20.4263	$975.36	APC				
28250	T	REVISION OF FOOT FASCIA	00055	20.4263	$975.36	APC				
28260	T	RELEASE OF MIDFOOT JOINT	00055	20.4263	$975.36	APC				
28261	T	REVISION OF FOOT TENDON	00055	20.4263	$975.36	APC				
28262	T	REVISION OF FOOT AND ANKLE	00055	20.4263	$975.36	APC				

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28264	T	RELEASE OF MIDFOOT JOINT	00056	40.8559	$1,950.87	APC				
28270	T	RELEASE OF FOOT CONTRACTURE	00055	20.4263	$975.36	APC				
28272	T	RELEASE OF TOE JOINT, EACH	00055	20.4263	$975.36	APC				
28280	T	FUSION OF TOES	00055	20.4263	$975.36	APC				
28285	T	REPAIR OF HAMMERTOE	00055	20.4263	$975.36	APC				
28286	T	REPAIR OF HAMMERTOE	00055	20.4263	$975.36	APC				
28288	T	PARTIAL REMOVAL OF FOOT BONE	00055	20.4263	$975.36	APC				
28289	T	REPAIR HALLUX RIGIDUS	00055	20.4263	$975.36	APC				
28290	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28292	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28293	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28294	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28296	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28297	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28298	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28299	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28300	T	INCISION OF HEEL BONE	00056	40.8559	$1,950.87	APC				
28302	T	INCISION OF ANKLE BONE	00055	20.4263	$975.36	APC				
28304	T	INCISION OF MIDFOOT BONES	00056	40.8559	$1,950.87	APC				
28305	T	INCISE/GRAFT MIDFOOT BONES	00056	40.8559	$1,950.87	APC				
28306	T	INCISION OF METATARSAL	00055	20.4263	$975.36	APC				
28307	T	INCISION OF METATARSAL	00055	20.4263	$975.36	APC				
28308	T	INCISION OF METATARSAL	00055	20.4263	$975.36	APC				
28309	T	INCISION OF METATARSALS	00056	40.8559	$1,950.87	APC				
28310	T	REVISION OF BIG TOE	00055	20.4263	$975.36	APC				
28312	T	REVISION OF TOE	00055	20.4263	$975.36	APC				
28313	T	REPAIR DEFORMITY OF TOE	00055	20.4263	$975.36	APC				
28315	T	REMOVAL OF SESAMOID BONE	00055	20.4263	$975.36	APC				
28320	T	REPAIR OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28322	T	REPAIR OF METATARSALS	00056	40.8559	$1,950.87	APC				
28340	T	RESECT ENLARGED TOE TISSUE	00055	20.4263	$975.36	APC				
28341	T	RESECT ENLARGED TOE	00055	20.4263	$975.36	APC				
28344	T	REPAIR EXTRA TOE(S)	00055	20.4263	$975.36	APC				
28345	T	REPAIR WEBBED TOE(S)	00055	20.4263	$975.36	APC				
28360	T	RECONSTRUCT CLEFT FOOT	00056	40.8559	$1,950.87	APC				
28400	T	TREATMENT OF HEEL FRACTURE	00043	1.6857	$80.49	APC				
28405	T	TREATMENT OF HEEL FRACTURE	00043	1.6857	$80.49	APC				
28406	T	TREATMENT OF HEEL FRACTURE	00062	25.5264	$1,218.89	APC				
28415	T	TREAT HEEL FRACTURE	00063	37.5382	$1,792.45	APC				

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28420	T	TREAT/GRAFT HEEL FRACTURE	00063	37.5382	$1,792.45	APC				
28430	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
28435	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
28436	T	TREATMENT OF ANKLE FRACTURE	00062	25.5264	$1,218.89	APC				
28445	T	TREAT ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
28450	T	TREAT MIDFOOT FRACTURE, EACH	00043	1.6857	$80.49	APC				
28455	T	TREAT MIDFOOT FRACTURE, EACH	00043	1.6857	$80.49	APC				
28456	T	TREAT MIDFOOT FRACTURE	00062	25.5264	$1,218.89	APC				
28465	T	TREAT MIDFOOT FRACTURE, EACH	00063	37.5382	$1,792.45	APC				
28470	T	TREAT METATARSAL FRACTURE	00043	1.6857	$80.49	APC				
28475	T	TREAT METATARSAL FRACTURE	00043	1.6857	$80.49	APC				
28476	T	TREAT METATARSAL FRACTURE	00062	25.5264	$1,218.89	APC				
28485	T	TREAT METATARSAL FRACTURE	00063	37.5382	$1,792.45	APC				
28490	T	TREAT BIG TOE FRACTURE	00043	1.6857	$80.49	APC				
28495	T	TREAT BIG TOE FRACTURE	00043	1.6857	$80.49	APC				
28496	T	TREAT BIG TOE FRACTURE	00062	25.5264	$1,218.89	APC				
28505	T	TREAT BIG TOE FRACTURE	00063	37.5382	$1,792.45	APC				
28510	T	TREATMENT OF TOE FRACTURE	00043	1.6857	$80.49	APC				
28515	T	TREATMENT OF TOE FRACTURE	00043	1.6857	$80.49	APC				
28525	T	TREAT TOE FRACTURE	00063	37.5382	$1,792.45	APC				
28530	T	TREAT SESAMOID BONE FRACTURE	00043	1.6857	$80.49	APC				
28531	T	TREAT SESAMOID BONE FRACTURE	00063	37.5382	$1,792.45	APC				
28540	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28545	T	TREAT FOOT DISLOCATION	00062	25.5264	$1,218.89	APC				
28546	T	TREAT FOOT DISLOCATION	00062	25.5264	$1,218.89	APC				
28555	T	REPAIR FOOT DISLOCATION	00063	37.5382	$1,792.45	APC				
28570	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28575	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28576	T	TREAT FOOT DISLOCATION	00062	25.5264	$1,218.89	APC				
28585	T	REPAIR FOOT DISLOCATION	00063	37.5382	$1,792.45	APC				
28600	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28605	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28606	T	TREAT FOOT DISLOCATION	00062	25.5264	$1,218.89	APC				
28615	T	REPAIR FOOT DISLOCATION	00063	37.5382	$1,792.45	APC				
28630	T	TREAT TOE DISLOCATION	00043	1.6857	$80.49	APC				
28635	T	TREAT TOE DISLOCATION	00045	14.5947	$696.90	APC				
28636	T	TREAT TOE DISLOCATION	00062	25.5264	$1,218.89	APC				
28645	T	REPAIR TOE DISLOCATION	00063	37.5382	$1,792.45	APC				
28660	T	TREAT TOE DISLOCATION	00043	1.6857	$80.49	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
28665	T	TREAT TOE DISLOCATION	00045	14.5947	$696.90	APC				
28666	T	TREAT TOE DISLOCATION	00062	25.5264	$1,218.89	APC				
28675	T	REPAIR OF TOE DISLOCATION	00063	37.5382	$1,792.45	APC				
28705	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28715	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28725	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28730	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28735	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28737	T	REVISION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28740	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28750	T	FUSION OF BIG TOE JOINT	00056	40.8559	$1,950.87	APC				
28755	T	FUSION OF BIG TOE JOINT	00055	20.4263	$975.36	APC				
28760	T	FUSION OF BIG TOE JOINT	00056	40.8559	$1,950.87	APC				
28800	C	AMPUTATION OF MIDFOOT				Inpatient Only				
28805	C	AMPUTATION THRU METATARSAL				Inpatient Only				
28810	T	AMPUTATION TOE & METATARSAL	00055	20.4263	$975.36	APC				
28820	T	AMPUTATION OF TOE	00055	20.4263	$975.36	APC				
28825	T	PARTIAL AMPUTATION OF TOE	00055	20.4263	$975.36	APC				
28890	T	HIGH ENERGY ESWT PLANTAR F	00050	25.1296	$1,199.94	APC				
28899	T	FOOT/TOES SURGERY PROCEDURE	00043	1.6857	$80.49	APC				
29000	S	APPLICATION OF BODY CAST	00058	1.0607	$50.65	APC				
29010	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29015	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29020	S	APPLICATION OF BODY CAST	00058	1.0607	$50.65	APC				
29025	S	APPLICATION OF BODY CAST	00058	1.0607	$50.65	APC				
29035	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29040	S	APPLICATION OF BODY CAST	00058	1.0607	$50.65	APC				
29044	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29046	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29049	S	APPLICATION OF FIGURE EIGHT	00058	1.0607	$50.65	APC				
29055	S	APPLICATION OF SHOULDER CAST	00426	2.2777	$108.76	APC				
29058	S	APPLICATION OF SHOULDER CAST	00058	1.0607	$50.65	APC				
29065	S	APPLICATION OF LONG ARM CAST	00426	2.2777	$108.76	APC				
29075	S	APPLICATION OF FOREARM CAST	00426	2.2777	$108.76	APC				
29085	S	APPLY HAND/WRIST CAST	00058	1.0607	$50.65	APC				
29086	S	APPLY FINGER CAST	00058	1.0607	$50.65	APC				
29105	S	APPLY LONG ARM SPLINT	00058	1.0607	$50.65	APC				
29125	S	APPLY FOREARM SPLINT	00058	1.0607	$50.65	APC				
29126	S	APPLY FOREARM SPLINT	00058	1.0607	$50.65	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
29130	S	APPLICATION OF FINGER SPLINT	00058	1.0607	$50.65	APC				
29131	S	APPLICATION OF FINGER SPLINT	00058	1.0607	$50.65	APC				
29200	S	STRAPPING OF CHEST	00058	1.0607	$50.65	APC				
29220	S	STRAPPING OF LOW BACK	00058	1.0607	$50.65	APC				
29240	S	STRAPPING OF SHOULDER	00058	1.0607	$50.65	APC				
29260	S	STRAPPING OF ELBOW OR WRIST	00058	1.0607	$50.65	APC				
29280	S	STRAPPING OF HAND OR FINGER	00058	1.0607	$50.65	APC				
29305	S	APPLICATION OF HIP CAST	00426	2.2777	$108.76	APC				
29325	S	APPLICATION OF HIP CASTS	00426	2.2777	$108.76	APC				
29345	S	APPLICATION OF LONG LEG CAST	00426	2.2777	$108.76	APC				
29355	S	APPLICATION OF LONG LEG CAST	00426	2.2777	$108.76	APC				
29358	S	APPLY LONG LEG CAST BRACE	00426	2.2777	$108.76	APC				
29365	S	APPLICATION OF LONG LEG CAST	00426	2.2777	$108.76	APC				
29405	S	APPLY SHORT LEG CAST	00426	2.2777	$108.76	APC				
29425	S	APPLY SHORT LEG CAST	00426	2.2777	$108.76	APC				
29435	S	APPLY SHORT LEG CAST	00426	2.2777	$108.76	APC				
29440	S	ADDITION OF WALKER TO CAST	00058	1.0607	$50.65	APC				
29445	S	APPLY RIGID LEG CAST	00426	2.2777	$108.76	APC				
29450	S	APPLICATION OF LEG CAST	00058	1.0607	$50.65	APC				
29505	S	APPLICATION, LONG LEG SPLINT	00058	1.0607	$50.65	APC				
29515	S	APPLICATION LOWER LEG SPLINT	00058	1.0607	$50.65	APC				
29520	S	STRAPPING OF HIP	00058	1.0607	$50.65	APC				
29530	S	STRAPPING OF KNEE	00058	1.0607	$50.65	APC				
29540	S	STRAPPING OF ANKLE AND/OR FT	00058	1.0607	$50.65	APC				
29550	S	STRAPPING OF TOES	00058	1.0607	$50.65	APC				
29580	S	APPLICATION OF PASTE BOOT	00058	1.0607	$50.65	APC				
29590	S	APPLICATION OF FOOT SPLINT	00058	1.0607	$50.65	APC				
29700	S	REMOVAL/REVISION OF CAST	00058	1.0607	$50.65	APC				
29705	S	REMOVAL/REVISION OF CAST	00058	1.0607	$50.65	APC				
29710	S	REMOVAL/REVISION OF CAST	00426	2.2777	$108.76	APC				
29715	S	REMOVAL/REVISION OF CAST	00058	1.0607	$50.65	APC				
29720	S	REPAIR OF BODY CAST	00058	1.0607	$50.65	APC				
29730	S	WINDOWING OF CAST	00058	1.0607	$50.65	APC				
29740	S	WEDGING OF CAST	00058	1.0607	$50.65	APC				
29750	S	WEDGING OF CLUBFOOT CAST	00058	1.0607	$50.65	APC				
29799	S	CASTING/STRAPPING PROCEDURE	00058	1.0607	$50.65	APC				
29800	T	JAW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				Y
29804	T	JAW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				Y
29805	T	SHOULDER ARTHROSCOPY, DX	00041	28.6245	$1,366.82	APC				

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29806	T	SHOULDER ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29807	T	SHOULDER ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29819	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29820	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29821	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29822	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29823	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29824	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29825	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29826	T	SHOULDER ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29827	T	ARTHROSCOP ROTATOR CUFF REPR	00042	45.5027	$2,172.75	APC				
29830	T	ELBOW ARTHROSCOPY	00041	28.6245	$1,366.82	APC				
29834	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29835	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29836	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29837	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29838	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29840	T	WRIST ARTHROSCOPY	00041	28.6245	$1,366.82	APC				
29843	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29844	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29845	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29846	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29847	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29848	T	WRIST ENDOSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29850	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29851	T	KNEE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29855	T	TIBIAL ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29856	T	TIBIAL ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29860	T	HIP ARTHROSCOPY DX	00041	28.6245	$1,366.82	APC				
29861	T	HIP ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29862	T	HIP ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29863	T	HIP ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29866	T	AUTGRFT IMPLNT KNEE W/SCOPE	00042	45.5027	$2,172.75	APC				
29867	T	ALLGRFT IMPLNT KNEE W/SCOPE	00042	45.5027	$2,172.75	APC				
29868	T	MENISCAL TRNSPL KNEE W/SCPE	00042	45.5027	$2,172.75	APC				
29870	T	KNEE ARTHROSCOPY, DX	00041	28.6245	$1,366.82	APC				
29871	T	KNEE ARTHROSCOPY/DRAINAGE	00041	28.6245	$1,366.82	APC				
29873	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29874	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				

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29875	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29876	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29877	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29879	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29880	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29881	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29882	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29883	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29884	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29885	T	KNEE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29886	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29887	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29888	T	KNEE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29889	T	KNEE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29891	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29892	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29893	T	SCOPE PLANTAR FASCIOTOMY	00055	20.4263	$975.36	APC				
29894	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29895	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29897	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29898	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29899	T	ANKLE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29900	T	MCP JOINT ARTHROSCOPY, DX	00053	16.154	$771.35	APC				
29901	T	MCP JOINT ARTHROSCOPY, SURG	00053	16.154	$771.35	APC				
29902	T	MCP JOINT ARTHROSCOPY, SURG	00053	16.154	$771.35	APC				
29999	T	ARTHROSCOPY OF JOINT	00041	28.6245	$1,366.82	APC				
30000	T	DRAINAGE OF NOSE LESION	00251	2.452	$117.08	APC				
30020	T	DRAINAGE OF NOSE LESION	00251	2.452	$117.08	APC				
30100	T	INTRANASAL BIOPSY	00252	7.5511	$360.57	APC				
30110	T	REMOVAL OF NOSE POLYP(S)	00253	16.4266	$784.37	APC				
30115	T	REMOVAL OF NOSE POLYP(S)	00253	16.4266	$784.37	APC				
30117	T	REMOVAL OF INTRANASAL LESION	00253	16.4266	$784.37	APC				
30118	T	REMOVAL OF INTRANASAL LESION	00254	23.3299	$1,114.00	APC				
30120	T	REVISION OF NOSE	00253	16.4266	$784.37	APC				
30124	T	REMOVAL OF NOSE LESION	00252	7.5511	$360.57	APC				
30125	T	REMOVAL OF NOSE LESION	00256	38.1991	$1,824.01	APC				
30130	T	EXCISE INFERIOR TURBINATE	00253	16.4266	$784.37	APC				
30140	T	RESECT INFERIOR TURBINATE	00254	23.3299	$1,114.00	APC				
30150	T	PARTIAL REMOVAL OF NOSE	00256	38.1991	$1,824.01	APC				

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30160	T	REMOVAL OF NOSE	00256	38.1991	$1,824.01	APC				
30200	T	INJECTION TREATMENT OF NOSE	00252	7.5511	$360.57	APC				
30210	T	NASAL SINUS THERAPY	00252	7.5511	$360.57	APC				
30220	T	INSERT NASAL SEPTAL BUTTON	00252	7.5511	$360.57	APC				
30300	X	REMOVE NASAL FOREIGN BODY	00340	0.6102	$29.14	APC				
30310	T	REMOVE NASAL FOREIGN BODY	00253	16.4266	$784.37	APC				
30320	T	REMOVE NASAL FOREIGN BODY	00253	16.4266	$784.37	APC				
30400	T	RECONSTRUCTION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30410	T	RECONSTRUCTION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30420	T	RECONSTRUCTION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30430	T	REVISION OF NOSE	00254	23.3299	$1,114.00	APC				Y
30435	T	REVISION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30450	T	REVISION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30460	T	REVISION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30462	T	REVISION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30465	T	REPAIR NASAL STENOSIS	00256	38.1991	$1,824.01	APC				Y
30520	T	REPAIR OF NASAL SEPTUM	00254	23.3299	$1,114.00	APC				
30540	T	REPAIR NASAL DEFECT	00256	38.1991	$1,824.01	APC				
30545	T	REPAIR NASAL DEFECT	00256	38.1991	$1,824.01	APC				
30560	T	RELEASE OF NASAL ADHESIONS	00251	2.452	$117.08	APC				
30580	T	REPAIR UPPER JAW FISTULA	00256	38.1991	$1,824.01	APC				
30600	T	REPAIR MOUTH/NOSE FISTULA	00256	38.1991	$1,824.01	APC				
30620	T	INTRANASAL RECONSTRUCTION	00256	38.1991	$1,824.01	APC				
30630	T	REPAIR NASAL SEPTUM DEFECT	00254	23.3299	$1,114.00	APC				
30801	T	ABLATE INF TURBINATE SUPERF	00252	7.5511	$360.57	APC				
30802	T	CAUTERIZATION, INNER NOSE	00252	7.5511	$360.57	APC				
30901	T	CONTROL OF NOSEBLEED	00250	1.1791	$56.30	APC				
30903	T	CONTROL OF NOSEBLEED	00250	1.1791	$56.30	APC				
30905	T	CONTROL OF NOSEBLEED	00250	1.1791	$56.30	APC				
30906	T	REPEAT CONTROL OF NOSEBLEED	00250	1.1791	$56.30	APC				
30915	T	LIGATION, NASAL SINUS ARTERY	00092	24.8809	$1,188.06	APC				
30920	T	LIGATION, UPPER JAW ARTERY	00092	24.8809	$1,188.06	APC				
30930	T	THER FX NASAL INF TURBINATE	00253	16.4266	$784.37	APC				
30999	T	NASAL SURGERY PROCEDURE	00251	2.452	$117.08	APC				
31000	T	IRRIGATION, MAXILLARY SINUS	00251	2.452	$117.08	APC				
31002	T	IRRIGATION, SPHENOID SINUS	00252	7.5511	$360.57	APC				
31020	T	EXPLORATION, MAXILLARY SINUS	00254	23.3299	$1,114.00	APC				
31030	T	EXPLORATION, MAXILLARY SINUS	00256	38.1991	$1,824.01	APC				
31032	T	EXPLORE SINUS REMOVE POLYPS	00256	38.1991	$1,824.01	APC				

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31040	T	EXPLORATION BEHIND UPPER JAW	00254	23.3299	$1,114.00	APC				
31050	T	EXPLORATION, SPHENOID SINUS	00256	38.1991	$1,824.01	APC				
31051	T	SPHENOID SINUS SURGERY	00256	38.1991	$1,824.01	APC				
31070	T	EXPLORATION OF FRONTAL SINUS	00254	23.3299	$1,114.00	APC				
31075	T	EXPLORATION OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31080	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31081	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31084	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31085	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31086	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31087	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31090	T	EXPLORATION OF SINUSES	00256	38.1991	$1,824.01	APC				
31200	T	REMOVAL OF ETHMOID SINUS	00256	38.1991	$1,824.01	APC				
31201	T	REMOVAL OF ETHMOID SINUS	00256	38.1991	$1,824.01	APC				
31205	T	REMOVAL OF ETHMOID SINUS	00256	38.1991	$1,824.01	APC				
31225	C	REMOVAL OF UPPER JAW				Inpatient Only				
31230	C	REMOVAL OF UPPER JAW				Inpatient Only				
31231	T	NASAL ENDOSCOPY, DX	00072	1.4054	$67.11	APC				
31233	T	NASAL/SINUS ENDOSCOPY, DX	00072	1.4054	$67.11	APC				
31235	T	NASAL/SINUS ENDOSCOPY, DX	00074	14.7928	$706.36	APC				
31237	T	NASAL/SINUS ENDOSCOPY, SURG	00074	14.7928	$706.36	APC				
31238	T	NASAL/SINUS ENDOSCOPY, SURG	00074	14.7928	$706.36	APC				
31239	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31240	T	NASAL/SINUS ENDOSCOPY, SURG	00074	14.7928	$706.36	APC				
31254	T	REVISION OF ETHMOID SINUS	00075	21.9512	$1,048.17	APC				
31255	T	REMOVAL OF ETHMOID SINUS	00075	21.9512	$1,048.17	APC				
31256	T	EXPLORATION MAXILLARY SINUS	00075	21.9512	$1,048.17	APC				
31267	T	ENDOSCOPY, MAXILLARY SINUS	00075	21.9512	$1,048.17	APC				
31276	T	SINUS ENDOSCOPY, SURGICAL	00075	21.9512	$1,048.17	APC				
31287	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31288	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31290	C	NASAL/SINUS ENDOSCOPY, SURG				Inpatient Only				
31291	C	NASAL/SINUS ENDOSCOPY, SURG				Inpatient Only				
31292	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31293	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31294	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31299	T	SINUS SURGERY PROCEDURE	00251	2.452	$117.08	APC				
31300	T	REMOVAL OF LARYNX LESION	00254	23.3299	$1,114.00	APC				
31320	T	DIAGNOSTIC INCISION, LARYNX	00256	38.1991	$1,824.01	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31360	C	REMOVAL OF LARYNX				Inpatient Only				
31365	C	REMOVAL OF LARYNX				Inpatient Only				
31367	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only				
31368	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only				
31370	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only				
31375	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only				
31380	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only				
31382	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only				
31390	C	REMOVAL OF LARYNX & PHARYNX				Inpatient Only				
31395	C	RECONSTRUCT LARYNX & PHARYNX				Inpatient Only				
31400	T	REVISION OF LARYNX	00256	38.1991	$1,824.01	APC				
31420	T	REMOVAL OF EPIGLOTTIS	00256	38.1991	$1,824.01	APC				
31500	S	INSERT EMERGENCY AIRWAY	00094	2.4233	$115.71	APC				
31502	T	CHANGE OF WINDPIPE AIRWAY	00121	2.3587	$112.63	APC				
31505	T	DIAGNOSTIC LARYNGOSCOPY	00071	0.7698	$36.76	APC				
31510	T	LARYNGOSCOPY WITH BIOPSY	00074	14.7928	$706.36	APC				
31511	T	REMOVE FOREIGN BODY, LARYNX	00072	1.4054	$67.11	APC				
31512	T	REMOVAL OF LARYNX LESION	00074	14.7928	$706.36	APC				
31513	T	INJECTION INTO VOCAL CORD	00072	1.4054	$67.11	APC				
31515	T	LARYNGOSCOPY FOR ASPIRATION	00074	14.7928	$706.36	APC				
31520	T	DX LARYNGOSCOPY NEWBORN	00072	1.4054	$67.11	APC				
31525	T	DX LARYNGOSCOPY EXCL NB	00074	14.7928	$706.36	APC				
31526	T	DX LARYNGOSCOPY W/OPER SCOPE	00075	21.9512	$1,048.17	APC				
31527	T	LARYNGOSCOPY FOR TREATMENT	00075	21.9512	$1,048.17	APC				
31528	T	LARYNGOSCOPY AND DILATION	00074	14.7928	$706.36	APC				
31529	T	LARYNGOSCOPY AND DILATION	00074	14.7928	$706.36	APC				
31530	T	LARYNGOSCOPY W/FB REMOVAL	00075	21.9512	$1,048.17	APC				
31531	T	LARYNGOSCOPY W/FB & OP SCOPE	00075	21.9512	$1,048.17	APC				
31535	T	LARYNGOSCOPY W/BIOPSY	00075	21.9512	$1,048.17	APC				
31536	T	LARYNGOSCOPY W/BX & OP SCOPE	00075	21.9512	$1,048.17	APC				
31540	T	LARYNGOSCOPY W/EXC OF TUMOR	00075	21.9512	$1,048.17	APC				
31541	T	LARYNSCOP W/TUMR EXC + SCOPE	00075	21.9512	$1,048.17	APC				
31545	T	REMOVE VC LESION W/SCOPE	00075	21.9512	$1,048.17	APC				
31546	T	REMOVE VC LESION SCOPE/GRAFT	00075	21.9512	$1,048.17	APC				
31560	T	LARYNGOSCOP W/ARYTENOIDECTOM	00075	21.9512	$1,048.17	APC				
31561	T	LARYNSCOP REMVE CART + SCOP	00075	21.9512	$1,048.17	APC				
31570	T	LARYNGOSCOPE W/VC INJ	00074	14.7928	$706.36	APC				
31571	T	LARYNGOSCOP W/VC INJ + SCOPE	00075	21.9512	$1,048.17	APC				
31575	T	DIAGNOSTIC LARYNGOSCOPY	00072	1.4054	$67.11	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31576	T	LARYNGOSCOPY WITH BIOPSY	00075	21.9512	$1,048.17	APC				
31577	T	REMOVE FOREIGN BODY, LARYNX	00073	3.8463	$183.66	APC				
31578	T	REMOVAL OF LARYNX LESION	00075	21.9512	$1,048.17	APC				
31579	T	DIAGNOSTIC LARYNGOSCOPY	00073	3.8463	$183.66	APC				
31580	T	REVISION OF LARYNX	00256	38.1991	$1,824.01	APC				
31582	T	REVISION OF LARYNX	00256	38.1991	$1,824.01	APC				
31584	C	TREAT LARYNX FRACTURE				Inpatient Only				
31587	C	REVISION OF LARYNX				Inpatient Only				
31588	T	REVISION OF LARYNX	00256	38.1991	$1,824.01	APC				
31590	T	REINNERVATE LARYNX	00256	38.1991	$1,824.01	APC				
31595	T	LARYNX NERVE SURGERY	00256	38.1991	$1,824.01	APC				
31599	T	LARYNX SURGERY PROCEDURE	00251	2.452	$117.08	APC				
31600	T	INCISION OF WINDPIPE	00254	23.3299	$1,114.00	APC				
31601	T	INCISION OF WINDPIPE	00254	23.3299	$1,114.00	APC				
31603	T	INCISION OF WINDPIPE	00252	7.5511	$360.57	APC				
31605	T	INCISION OF WINDPIPE	00252	7.5511	$360.57	APC				
31610	T	INCISION OF WINDPIPE	00254	23.3299	$1,114.00	APC				
31611	T	SURGERY/SPEECH PROSTHESIS	00254	23.3299	$1,114.00	APC				
31612	T	PUNCTURE/CLEAR WINDPIPE	00254	23.3299	$1,114.00	APC				
31613	T	REPAIR WINDPIPE OPENING	00254	23.3299	$1,114.00	APC				
31614	T	REPAIR WINDPIPE OPENING	00256	38.1991	$1,824.01	APC				
31615	T	VISUALIZATION OF WINDPIPE	00076	9.5228	$454.71	APC				
31620	S	ENDOBRONCHIAL US ADD-ON	00670	32.2854	$1,541.63	APC				
31622	T	DX BRONCHOSCOPE/WASH	00076	9.5228	$454.71	APC				
31623	T	DX BRONCHOSCOPE/BRUSH	00076	9.5228	$454.71	APC				
31624	T	DX BRONCHOSCOPE/LAVAGE	00076	9.5228	$454.71	APC				
31625	T	BRONCHOSCOPY W/BIOPSY(S)	00076	9.5228	$454.71	APC				
31628	T	BRONCHOSCOPY/LUNG BX EACH	00076	9.5228	$454.71	APC				
31629	T	BRONCHOSCOPY/NEEDLE BX EACH	00076	9.5228	$454.71	APC				
31630	T	BRONCHOSCOPY DILATE/FX REPR	00415	22.0099	$1,050.97	APC				
31631	T	BRONCHOSCOPY DILATE W/STENT	00415	22.0099	$1,050.97	APC				
31632	T	BRONCHOSCOPY/LUNG BX ADD□L	00076	9.5228	$454.71	APC				
31633	T	BRONCHOSCOPY/NEEDLE BX ADD□L	00076	9.5228	$454.71	APC				
31635	T	BRONCHOSCOPY W/FB REMOVAL	00076	9.5228	$454.71	APC				
31636	T	BRONCHOSCOPY BRONCH STENTS	00415	22.0099	$1,050.97	APC				
31637	T	BRONCHOSCOPY STENT ADD-ON	00076	9.5228	$454.71	APC				
31638	T	BRONCHOSCOPY REVISE STENT	00415	22.0099	$1,050.97	APC				
31640	T	BRONCHOSCOPY W/TUMOR EXCISE	00415	22.0099	$1,050.97	APC				
31641	T	BRONCHOSCOPY, TREAT BLOCKAGE	00415	22.0099	$1,050.97	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31643	T	DIAG BRONCHOSCOPE/CATHETER	00076	9.5228	$454.71	APC				
31645	T	BRONCHOSCOPY, CLEAR AIRWAYS	00076	9.5228	$454.71	APC				
31646	T	BRONCHOSCOPY, RECLEAR AIRWAY	00076	9.5228	$454.71	APC				
31656	T	BRONCHOSCOPY INJ FOR X-RAY	00076	9.5228	$454.71	APC				
31715	N	INJECTION FOR BRONCHUS X-RAY				APC/ Bundled				
31717	T	BRONCHIAL BRUSH BIOPSY	00073	3.8463	$183.66	APC				
31720	T	CLEARANCE OF AIRWAYS	00071	0.7698	$36.76	APC				
31725	C	CLEARANCE OF AIRWAYS				Inpatient Only				
31730	T	INTRO, WINDPIPE WIRE/TUBE	00073	3.8463	$183.66	APC				
31750	T	REPAIR OF WINDPIPE	00256	38.1991	$1,824.01	APC				
31755	T	REPAIR OF WINDPIPE	00256	38.1991	$1,824.01	APC				
31760	C	REPAIR OF WINDPIPE				Inpatient Only				
31766	C	RECONSTRUCTION OF WINDPIPE				Inpatient Only				
31770	C	REPAIR/GRAFT OF BRONCHUS				Inpatient Only				
31775	C	RECONSTRUCT BRONCHUS				Inpatient Only				
31780	C	RECONSTRUCT WINDPIPE				Inpatient Only				
31781	C	RECONSTRUCT WINDPIPE				Inpatient Only				
31785	T	REMOVE WINDPIPE LESION	00254	23.3299	$1,114.00	APC				
31786	C	REMOVE WINDPIPE LESION				Inpatient Only				
31800	C	REPAIR OF WINDPIPE INJURY				Inpatient Only				
31805	C	REPAIR OF WINDPIPE INJURY				Inpatient Only				
31820	T	CLOSURE OF WINDPIPE LESION	00253	16.4266	$784.37	APC				
31825	T	REPAIR OF WINDPIPE DEFECT	00254	23.3299	$1,114.00	APC				
31830	T	REVISE WINDPIPE SCAR	00254	23.3299	$1,114.00	APC				
31899	T	AIRWAYS SURGICAL PROCEDURE	00076	9.5228	$454.71	APC				
32000	T	DRAINAGE OF CHEST	00070	3.6244	$173.07	APC				
32002	T	TREATMENT OF COLLAPSED LUNG	00070	3.6244	$173.07	APC				
32005	T	TREAT LUNG LINING CHEMICALLY	00070	3.6244	$173.07	APC				
32019	T	INSERT PLEURAL CATHETER	00652	29.5416	$1,410.61	APC				
32020	T	INSERTION OF CHEST TUBE	00070	3.6244	$173.07	APC				
32035	C	EXPLORATION OF CHEST				Inpatient Only				
32036	C	EXPLORATION OF CHEST				Inpatient Only				
32095	C	BIOPSY THROUGH CHEST WALL				Inpatient Only				
32100	C	EXPLORATION/BIOPSY OF CHEST				Inpatient Only				
32110	C	EXPLORE/REPAIR CHEST				Inpatient Only				
32120	C	RE-EXPLORATION OF CHEST				Inpatient Only				
32124	C	EXPLORE CHEST FREE ADHESIONS				Inpatient Only				
32140	C	REMOVAL OF LUNG LESION(S)				Inpatient Only				
32141	C	REMOVE/TREAT LUNG LESIONS				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
32150	C	REMOVAL OF LUNG LESION(S)				Inpatient Only				
32151	C	REMOVE LUNG FOREIGN BODY				Inpatient Only				
32160	C	OPEN CHEST HEART MASSAGE				Inpatient Only				
32200	C	DRAIN, OPEN, LUNG LESION				Inpatient Only				
32201	T	DRAIN, PERCUT, LUNG LESION	00070	3.6244	$173.07	APC				
32215	C	TREAT CHEST LINING				Inpatient Only				
32220	C	RELEASE OF LUNG				Inpatient Only				
32225	C	PARTIAL RELEASE OF LUNG				Inpatient Only				
32310	C	REMOVAL OF CHEST LINING				Inpatient Only				
32320	C	FREE/REMOVE CHEST LINING				Inpatient Only				
32400	T	NEEDLE BIOPSY CHEST LINING	00685	6.1384	$293.11	APC				
32402	C	OPEN BIOPSY CHEST LINING				Inpatient Only				
32405	T	BIOPSY, LUNG OR MEDIASTINUM	00685	6.1384	$293.11	APC				
32420	T	PUNCTURE/CLEAR LUNG	00070	3.6244	$173.07	APC				
32440	C	REMOVAL OF LUNG				Inpatient Only				
32442	C	SLEEVE PNEUMONECTOMY				Inpatient Only				
32445	C	REMOVAL OF LUNG				Inpatient Only				
32480	C	PARTIAL REMOVAL OF LUNG				Inpatient Only				
32482	C	BILOBECTOMY				Inpatient Only				
32484	C	SEGMENTECTOMY				Inpatient Only				
32486	C	SLEEVE LOBECTOMY				Inpatient Only				
32488	C	COMPLETION PNEUMONECTOMY				Inpatient Only				
32491	C	LUNG VOLUME REDUCTION				Inpatient Only				
32500	C	PARTIAL REMOVAL OF LUNG				Inpatient Only				
32501	C	REPAIR BRONCHUS ADD-ON				Inpatient Only				
32503	C	RESECT APICAL LUNG TUMOR				Inpatient Only				
32504	C	RESECT APICAL LUNG TUM/CHEST				Inpatient Only				
32540	C	REMOVAL OF LUNG LESION				Inpatient Only				
32601	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32602	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32603	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32604	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32605	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32606	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32650	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32651	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32652	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32653	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32654	C	THORACOSCOPY, SURGICAL				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
32655	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32656	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32657	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32658	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32659	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32660	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32661	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32662	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32663	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32664	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32665	C	THORACOSCOPY, SURGICAL				Inpatient Only				
32800	C	REPAIR LUNG HERNIA				Inpatient Only				
32810	C	CLOSE CHEST AFTER DRAINAGE				Inpatient Only				
32815	C	CLOSE BRONCHIAL FISTULA				Inpatient Only				
32820	C	RECONSTRUCT INJURED CHEST				Inpatient Only				
32850	C	DONOR PNEUMONECTOMY				Inpatient Only				Y
32851	C	LUNG TRANSPLANT, SINGLE				Inpatient Only				Y
32852	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only				Y
32853	C	LUNG TRANSPLANT, DOUBLE				Inpatient Only				Y
32854	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only				Y
32855	C	PREPARE DONOR LUNG SINGLE				Inpatient Only				Y
32856	C	PREPARE DONOR LUNG DOUBLE				Inpatient Only				Y
32900	C	REMOVAL OF RIB(S)				Inpatient Only				
32905	C	REVISE & REPAIR CHEST WALL				Inpatient Only				
32906	C	REVISE & REPAIR CHEST WALL				Inpatient Only				
32940	C	REVISION OF LUNG				Inpatient Only				
32960	T	THERAPEUTIC PNEUMOTHORAX	00070	3.6244	$173.07	APC				
32997	C	TOTAL LUNG LAVAGE				Inpatient Only				
32998	T	PERQ RF ABLATE TX, PUL TUMOR	00423	37.3604	$1,783.96	APC				
32999	T	CHEST SURGERY PROCEDURE	00070	3.6244	$173.07	APC				
33010	T	DRAINAGE OF HEART SAC	00070	3.6244	$173.07	APC				
33011	T	REPEAT DRAINAGE OF HEART SAC	00070	3.6244	$173.07	APC				
33015	C	INCISION OF HEART SAC				Inpatient Only				
33020	C	INCISION OF HEART SAC				Inpatient Only				
33025	C	INCISION OF HEART SAC				Inpatient Only				
33030	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only				
33031	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only				
33050	C	REMOVAL OF HEART SAC LESION				Inpatient Only				
33120	C	REMOVAL OF HEART LESION				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33130	C	REMOVAL OF HEART LESION				Inpatient Only				
33140	C	HEART REVASCULARIZE (TMR)				Inpatient Only				
33141	C	HEART TMR W/OTHER PROCEDURE				Inpatient Only				
33202	C	INSERT EPICARD ELTRD, OPEN				Inpatient Only				
33203	C	INSERT EPICARD ELTRD, ENDO				Inpatient Only				
33206	T	INSERTION OF HEART PACEMAKER	00089	123.6693	$5,905.21	APC				
33207	T	INSERTION OF HEART PACEMAKER	00089	123.6693	$5,905.21	APC				
33208	T	INSERTION OF HEART PACEMAKER	00655	152.6392	$7,288.52	APC				
33210	T	INSERTION OF HEART ELECTRODE	00106	58.8594	$2,810.54	APC				
33211	T	INSERTION OF HEART ELECTRODE	00106	58.8594	$2,810.54	APC				
33212	T	INSERTION OF PULSE GENERATOR	00090	98.3023	$4,693.93	APC				
33213	T	INSERTION OF PULSE GENERATOR	00654	112.7719	$5,384.86	APC				
33214	T	UPGRADE OF PACEMAKER SYSTEM	00655	152.6392	$7,288.52	APC				
33215	T	REPOSITION PACING-DEFIB LEAD	00105	25.6142	$1,223.08	APC				
33216	T	INSERT LEAD PACE-DEFIB ONE	00106	58.8594	$2,810.54	APC				
33217	T	INSERT LEAD PACE-DEFIB DUAL	00106	58.8594	$2,810.54	APC				
33218	T	REPAIR LEAD PACE-DEFIB ONE	00105	25.6142	$1,223.08	APC				
33220	T	REPAIR LEAD PACE-DEFIB DUAL	00105	25.6142	$1,223.08	APC				
33222	T	REVISE POCKET PACEMAKER	00027	21.4302	$1,023.29	APC				
33223	T	REVISE POCKET PACING-DEFIB	00027	21.4302	$1,023.29	APC				
33224	T	INSERT PACING LEAD & CONNECT	00418	307.2828	$14,672.75	APC				
33225	T	L VENTRIC PACING LEAD ADD-ON	00418	307.2828	$14,672.75	APC				
33226	T	REPOSITION L VENTRIC LEAD	00105	25.6142	$1,223.08	APC				
33233	T	REMOVAL OF PACEMAKER SYSTEM	00105	25.6142	$1,223.08	APC				
33234	T	REMOVAL OF PACEMAKER SYSTEM	00105	25.6142	$1,223.08	APC				
33235	T	REMOVAL PACEMAKER ELECTRODE	00105	25.6142	$1,223.08	APC				
33236	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only				
33237	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only				
33238	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only				
33240	E	INSERT PULSE GENERATOR				Not Allowed				
33241	T	REMOVE PULSE GENERATOR	00105	25.6142	$1,223.08	APC				
33243	C	REMOVE ELTRD/THORACOTOMY				Inpatient Only				
33244	T	REMOVE ELTRD, TRANSVEN	00105	25.6142	$1,223.08	APC				
33249	E	ELTRD/INSERT PACE-DEFIB				Not Allowed				
33250	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only				
33251	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only				
33254	C	ABLATE ATRIA, LMTD				Inpatient Only				
33255	C	ABLATE ATRIA W/O BYPASS, EXT				Inpatient Only				
33256	C	ABLATE ATRIA W/BYPASS, EXTEN				Inpatient Only				

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33261	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only				
33265	C	ABLATE ATRIA W/BYPASS, ENDO				Inpatient Only				
33266	C	ABLATE ATRIA W/O BYPASS ENDO				Inpatient Only				
33282	S	IMPLANT PAT-ACTIVE HT RECORD	00680	72.6022	$3,466.76	APC				
33284	T	REMOVE PAT-ACTIVE HT RECORD	00109	10.9918	$524.86	APC				
33300	C	REPAIR OF HEART WOUND				Inpatient Only				
33305	C	REPAIR OF HEART WOUND				Inpatient Only				
33310	C	EXPLORATORY HEART SURGERY				Inpatient Only				
33315	C	EXPLORATORY HEART SURGERY				Inpatient Only				
33320	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only				
33321	C	REPAIR MAJOR VESSEL				Inpatient Only				
33322	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only				
33330	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only				
33332	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only				
33335	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only				
33400	C	REPAIR OF AORTIC VALVE				Inpatient Only				
33401	C	VALVULOPLASTY, OPEN				Inpatient Only				
33403	C	VALVULOPLASTY, W/CP BYPASS				Inpatient Only				
33404	C	PREPARE HEART-AORTA CONDUIT				Inpatient Only				
33405	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only				
33406	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only				
33410	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only				
33411	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only				
33412	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only				
33413	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only				
33414	C	REPAIR OF AORTIC VALVE				Inpatient Only				
33415	C	REVISION, SUBVALVULAR TISSUE				Inpatient Only				
33416	C	REVISE VENTRICLE MUSCLE				Inpatient Only				
33417	C	REPAIR OF AORTIC VALVE				Inpatient Only				
33420	C	REVISION OF MITRAL VALVE				Inpatient Only				
33422	C	REVISION OF MITRAL VALVE				Inpatient Only				
33425	C	REPAIR OF MITRAL VALVE				Inpatient Only				
33426	C	REPAIR OF MITRAL VALVE				Inpatient Only				
33427	C	REPAIR OF MITRAL VALVE				Inpatient Only				
33430	C	REPLACEMENT OF MITRAL VALVE				Inpatient Only				
33460	C	REVISION OF TRICUSPID VALVE				Inpatient Only				
33463	C	VALVULOPLASTY, TRICUSPID				Inpatient Only				
33464	C	VALVULOPLASTY, TRICUSPID				Inpatient Only				
33465	C	REPLACE TRICUSPID VALVE				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33468	C	REVISION OF TRICUSPID VALVE				Inpatient Only				
33470	C	REVISION OF PULMONARY VALVE				Inpatient Only				
33471	C	VALVOTOMY, PULMONARY VALVE				Inpatient Only				
33472	C	REVISION OF PULMONARY VALVE				Inpatient Only				
33474	C	REVISION OF PULMONARY VALVE				Inpatient Only				
33475	C	REPLACEMENT, PULMONARY VALVE				Inpatient Only				
33476	C	REVISION OF HEART CHAMBER				Inpatient Only				
33478	C	REVISION OF HEART CHAMBER				Inpatient Only				
33496	C	REPAIR, PROSTH VALVE CLOT				Inpatient Only				
33500	C	REPAIR HEART VESSEL FISTULA				Inpatient Only				
33501	C	REPAIR HEART VESSEL FISTULA				Inpatient Only				
33502	C	CORONARY ARTERY CORRECTION				Inpatient Only				
33503	C	CORONARY ARTERY GRAFT				Inpatient Only				
33504	C	CORONARY ARTERY GRAFT				Inpatient Only				
33505	C	REPAIR ARTERY W/TUNNEL				Inpatient Only				
33506	C	REPAIR ARTERY, TRANSLOCATION				Inpatient Only				
33507	C	REPAIR ART INTRAMURAL				Inpatient Only				
33508	N	ENDOSCOPIC VEIN HARVEST				APC/ Bundled				
33510	C	CABG, VEIN, SINGLE				Inpatient Only				
33511	C	CABG, VEIN, TWO				Inpatient Only				
33512	C	CABG, VEIN, THREE				Inpatient Only				
33513	C	CABG, VEIN, FOUR				Inpatient Only				
33514	C	CABG, VEIN, FIVE				Inpatient Only				
33516	C	CABG, VEIN, SIX OR MORE				Inpatient Only				
33517	C	CABG, ARTERY-VEIN, SINGLE				Inpatient Only				
33518	C	CABG, ARTERY-VEIN, TWO				Inpatient Only				
33519	C	CABG, ARTERY-VEIN, THREE				Inpatient Only				
33521	C	CABG, ARTERY-VEIN, FOUR				Inpatient Only				
33522	C	CABG, ARTERY-VEIN, FIVE				Inpatient Only				
33523	C	CABG, ART-VEIN, SIX OR MORE				Inpatient Only				
33530	C	CORONARY ARTERY, BYPASS/REOP				Inpatient Only				
33533	C	CABG, ARTERIAL, SINGLE				Inpatient Only				
33534	C	CABG, ARTERIAL, TWO				Inpatient Only				
33535	C	CABG, ARTERIAL, THREE				Inpatient Only				
33536	C	CABG, ARTERIAL, FOUR OR MORE				Inpatient Only				
33542	C	REMOVAL OF HEART LESION				Inpatient Only				
33545	C	REPAIR OF HEART DAMAGE				Inpatient Only				
33548	C	RESTORE/REMODEL VENTRICLE				Inpatient Only				
33572	C	OPEN CORONARY ENDARTERECTOMY				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33600	C	CLOSURE OF VALVE				Inpatient Only				
33602	C	CLOSURE OF VALVE				Inpatient Only				
33606	C	ANASTOMOSIS/ARTERY-AORTA				Inpatient Only				
33608	C	REPAIR ANOMALY W/CONDUIT				Inpatient Only				
33610	C	REPAIR BY ENLARGEMENT				Inpatient Only				
33611	C	REPAIR DOUBLE VENTRICLE				Inpatient Only				
33612	C	REPAIR DOUBLE VENTRICLE				Inpatient Only				
33615	C	REPAIR, MODIFIED FONTAN				Inpatient Only				
33617	C	REPAIR SINGLE VENTRICLE				Inpatient Only				
33619	C	REPAIR SINGLE VENTRICLE				Inpatient Only				
33641	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only				
33645	C	REVISION OF HEART VEINS				Inpatient Only				
33647	C	REPAIR HEART SEPTUM DEFECTS				Inpatient Only				
33660	C	REPAIR OF HEART DEFECTS				Inpatient Only				
33665	C	REPAIR OF HEART DEFECTS				Inpatient Only				
33670	C	REPAIR OF HEART CHAMBERS				Inpatient Only				
33675	C	CLOSE MULT VSD				Inpatient Only				
33676	C	CLOSE MULT VSD W/RESECTION				Inpatient Only				
33677	C	CL MULT VSD W/REM PUL BAND				Inpatient Only				
33681	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only				
33684	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only				
33688	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only				
33690	C	REINFORCE PULMONARY ARTERY				Inpatient Only				
33692	C	REPAIR OF HEART DEFECTS				Inpatient Only				
33694	C	REPAIR OF HEART DEFECTS				Inpatient Only				
33697	C	REPAIR OF HEART DEFECTS				Inpatient Only				
33702	C	REPAIR OF HEART DEFECTS				Inpatient Only				
33710	C	REPAIR OF HEART DEFECTS				Inpatient Only				
33720	C	REPAIR OF HEART DEFECT				Inpatient Only				
33722	C	REPAIR OF HEART DEFECT				Inpatient Only				
33724	C	REPAIR VENOUS ANOMALY				Inpatient Only				
33726	C	REPAIR PUL VENOUS STENOSIS				Inpatient Only				
33730	C	REPAIR HEART-VEIN DEFECT(S)				Inpatient Only				
33732	C	REPAIR HEART-VEIN DEFECT				Inpatient Only				
33735	C	REVISION OF HEART CHAMBER				Inpatient Only				
33736	C	REVISION OF HEART CHAMBER				Inpatient Only				
33737	C	REVISION OF HEART CHAMBER				Inpatient Only				
33750	C	MAJOR VESSEL SHUNT				Inpatient Only				
33755	C	MAJOR VESSEL SHUNT				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33762	C	MAJOR VESSEL SHUNT				Inpatient Only				
33764	C	MAJOR VESSEL SHUNT & GRAFT				Inpatient Only				
33766	C	MAJOR VESSEL SHUNT				Inpatient Only				
33767	C	MAJOR VESSEL SHUNT				Inpatient Only				
33768	C	CAVOPULMONARY SHUNTING				Inpatient Only				
33770	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33771	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33774	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33775	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33776	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33777	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33778	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33779	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33780	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33781	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only				
33786	C	REPAIR ARTERIAL TRUNK				Inpatient Only				
33788	C	REVISION OF PULMONARY ARTERY				Inpatient Only				
33800	C	AORTIC SUSPENSION				Inpatient Only				
33802	C	REPAIR VESSEL DEFECT				Inpatient Only				
33803	C	REPAIR VESSEL DEFECT				Inpatient Only				
33813	C	REPAIR SEPTAL DEFECT				Inpatient Only				
33814	C	REPAIR SEPTAL DEFECT				Inpatient Only				
33820	C	REVISE MAJOR VESSEL				Inpatient Only				
33822	C	REVISE MAJOR VESSEL				Inpatient Only				
33824	C	REVISE MAJOR VESSEL				Inpatient Only				
33840	C	REMOVE AORTA CONSTRICTION				Inpatient Only				
33845	C	REMOVE AORTA CONSTRICTION				Inpatient Only				
33851	C	REMOVE AORTA CONSTRICTION				Inpatient Only				
33852	C	REPAIR SEPTAL DEFECT				Inpatient Only				
33853	C	REPAIR SEPTAL DEFECT				Inpatient Only				
33860	C	ASCENDING AORTIC GRAFT				Inpatient Only				
33861	C	ASCENDING AORTIC GRAFT				Inpatient Only				
33863	C	ASCENDING AORTIC GRAFT				Inpatient Only				
33870	C	TRANSVERSE AORTIC ARCH GRAFT				Inpatient Only				
33875	C	THORACIC AORTIC GRAFT				Inpatient Only				
33877	C	THORACOABDOMINAL GRAFT				Inpatient Only				
33880	C	ENDOVASC TAA REPR INCL SUBCL				Inpatient Only				
33881	C	ENDOVASC TAA REPR W/O SUBCL				Inpatient Only				
33883	C	INSERT ENDOVASC PROSTH TAA				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33884	C	ENDOVASC PROSTH TAA ADD-ON				Inpatient Only				
33886	C	ENDOVASC PROSTH DELAYED				Inpatient Only				
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA				Inpatient Only				
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA				Inpatient Only				
33910	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only				
33915	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only				
33916	C	SURGERY OF GREAT VESSEL				Inpatient Only				
33917	C	REPAIR PULMONARY ARTERY				Inpatient Only				
33920	C	REPAIR PULMONARY ATRESIA				Inpatient Only				
33922	C	TRANSECT PULMONARY ARTERY				Inpatient Only				
33924	C	REMOVE PULMONARY SHUNT				Inpatient Only				
33925	C	RPR PUL ART UNIFOCAL W/O CPB				Inpatient Only				
33926	C	REPR PUL ART UNIFOCAL W/CPB				Inpatient Only				
33930	C	REMOVAL OF DONOR HEART/LUNG				Inpatient Only				Y
33933	C	PREPARE DONOR HEART/LUNG				Inpatient Only				Y
33935	C	TRANSPLANTATION, HEART/LUNG				Inpatient Only				Y
33940	C	REMOVAL OF DONOR HEART				Inpatient Only				Y
33944	C	PREPARE DONOR HEART				Inpatient Only				Y
33945	C	TRANSPLANTATION OF HEART				Inpatient Only				Y
33960	C	EXTERNAL CIRCULATION ASSIST				Inpatient Only				
33961	C	EXTERNAL CIRCULATION ASSIST				Inpatient Only				
33967	C	INSERT IA PERCUT DEVICE				Inpatient Only				
33968	C	REMOVE AORTIC ASSIST DEVICE				Inpatient Only				
33970	C	AORTIC CIRCULATION ASSIST				Inpatient Only				
33971	C	AORTIC CIRCULATION ASSIST				Inpatient Only				
33973	C	INSERT BALLOON DEVICE				Inpatient Only				
33974	C	REMOVE INTRA-AORTIC BALLOON				Inpatient Only				
33975	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only				
33976	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only				
33977	C	REMOVE VENTRICULAR DEVICE				Inpatient Only				
33978	C	REMOVE VENTRICULAR DEVICE				Inpatient Only				
33979	C	INSERT INTRACORPOREAL DEVICE				Inpatient Only				
33980	C	REMOVE INTRACORPOREAL DEVICE				Inpatient Only				
33999	T	CARDIAC SURGERY PROCEDURE	00070	3.6244	$173.07	APC				
34001	C	REMOVAL OF ARTERY CLOT				Inpatient Only				
34051	C	REMOVAL OF ARTERY CLOT				Inpatient Only				
34101	T	REMOVAL OF ARTERY CLOT	00088	37.7391	$1,802.04	APC				
34111	T	REMOVAL OF ARM ARTERY CLOT	00088	37.7391	$1,802.04	APC				
34151	C	REMOVAL OF ARTERY CLOT				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
34201	T	REMOVAL OF ARTERY CLOT	00088	37.7391	$1,802.04	APC				
34203	T	REMOVAL OF LEG ARTERY CLOT	00088	37.7391	$1,802.04	APC				
34401	C	REMOVAL OF VEIN CLOT				Inpatient Only				
34421	T	REMOVAL OF VEIN CLOT	00088	37.7391	$1,802.04	APC				
34451	C	REMOVAL OF VEIN CLOT				Inpatient Only				
34471	T	REMOVAL OF VEIN CLOT	00088	37.7391	$1,802.04	APC				
34490	T	REMOVAL OF VEIN CLOT	00088	37.7391	$1,802.04	APC				
34501	T	REPAIR VALVE, FEMORAL VEIN	00088	37.7391	$1,802.04	APC				
34502	C	RECONSTRUCT VENA CAVA				Inpatient Only				
34510	T	TRANSPOSITION OF VEIN VALVE	00088	37.7391	$1,802.04	APC				
34520	T	CROSS-OVER VEIN GRAFT	00088	37.7391	$1,802.04	APC				
34530	T	LEG VEIN FUSION	00088	37.7391	$1,802.04	APC				
34800	C	ENDOVASC ABDO REPAIR W/TUBE				Inpatient Only				
34802	C	ENDOVASC ABDO REPR W/DEVICE				Inpatient Only				
34803	C	ENDOVAS AAA REPR W/3-P PART				Inpatient Only				
34804	C	ENDOVASC ABDO REPR W/DEVICE				Inpatient Only				
34805	C	ENDOVASC ABDO REPAIR W/PROS				Inpatient Only				
34808	C	ENDOVASC ABDO OCCLUD DEVICE				Inpatient Only				
34812	C	XPOSE FOR ENDOPROSTH FEMORL				Inpatient Only				
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON				Inpatient Only				
34820	C	XPOSE FOR ENDOPROSTH, ILIAC				Inpatient Only				
34825	C	ENDOVASC EXTEND PROSTH INIT				Inpatient Only				
34826	C	ENDOVASC EXTEN PROSTH ADD□L				Inpatient Only				
34830	C	OPEN AORTIC TUBE PROSTH REPR				Inpatient Only				
34831	C	OPEN AORTOILIAC PROSTH REPR				Inpatient Only				
34832	C	OPEN AORTOFEMOR PROSTH REPR				Inpatient Only				
34833	C	XPOSE FOR ENDOPROSTH ILIAC				Inpatient Only				
34834	C	XPOSE ENDOPROSTH BRACHIAL				Inpatient Only				
34900	C	ENDOVASC ILIAC REPR W/GRAFT				Inpatient Only				
35001	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35002	C	REPAIR ARTERY RUPTURE, NECK				Inpatient Only				
35005	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35011	T	REPAIR DEFECT OF ARTERY	00653	32.3818	$1,546.23	APC				
35013	C	REPAIR ARTERY RUPTURE, ARM				Inpatient Only				
35021	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35022	C	REPAIR ARTERY RUPTURE, CHEST				Inpatient Only				
35045	C	REPAIR DEFECT OF ARM ARTERY				Inpatient Only				
35081	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35082	C	REPAIR ARTERY RUPTURE, AORTA				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35091	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35092	C	REPAIR ARTERY RUPTURE, AORTA				Inpatient Only				
35102	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35103	C	REPAIR ARTERY RUPTURE, GROIN				Inpatient Only				
35111	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35112	C	REPAIR ARTERY RUPTURE,SPLEEN				Inpatient Only				
35121	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35122	C	REPAIR ARTERY RUPTURE, BELLY				Inpatient Only				
35131	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35132	C	REPAIR ARTERY RUPTURE, GROIN				Inpatient Only				
35141	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35142	C	REPAIR ARTERY RUPTURE, THIGH				Inpatient Only				
35151	C	REPAIR DEFECT OF ARTERY				Inpatient Only				
35152	C	REPAIR ARTERY RUPTURE, KNEE				Inpatient Only				
35180	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35182	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35184	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35188	T	REPAIR BLOOD VESSEL LESION	00088	37.7391	$1,802.04	APC				
35189	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35190	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35201	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35206	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35207	T	REPAIR BLOOD VESSEL LESION	00088	37.7391	$1,802.04	APC				
35211	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35216	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35221	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35226	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35231	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35236	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35241	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35246	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35251	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35256	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35261	T	REPAIR BLOOD VESSEL LESION	00653	32.3818	$1,546.23	APC				
35266	T	REPAIR BLOOD VESSEL LESION	00653	32.3818	$1,546.23	APC				
35271	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35276	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35281	C	REPAIR BLOOD VESSEL LESION				Inpatient Only				
35286	T	REPAIR BLOOD VESSEL LESION	00653	32.3818	$1,546.23	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35301	C	RECHANNELING OF ARTERY				Inpatient Only				
35302	C	RECHANNELING OF ARTERY				Inpatient Only				
35303	C	RECHANNELING OF ARTERY				Inpatient Only				
35304	C	RECHANNELING OF ARTERY				Inpatient Only				
35305	C	RECHANNELING OF ARTERY				Inpatient Only				
35306	C	RECHANNELING OF ARTERY				Inpatient Only				
35311	C	RECHANNELING OF ARTERY				Inpatient Only				
35321	T	RECHANNELING OF ARTERY	00093	22.8653	$1,091.82	APC				
35331	C	RECHANNELING OF ARTERY				Inpatient Only				
35341	C	RECHANNELING OF ARTERY				Inpatient Only				
35351	C	RECHANNELING OF ARTERY				Inpatient Only				
35355	C	RECHANNELING OF ARTERY				Inpatient Only				
35361	C	RECHANNELING OF ARTERY				Inpatient Only				
35363	C	RECHANNELING OF ARTERY				Inpatient Only				
35371	C	RECHANNELING OF ARTERY				Inpatient Only				
35372	C	RECHANNELING OF ARTERY				Inpatient Only				
35390	C	REOPERATION, CAROTID ADD-ON				Inpatient Only				
35400	C	ANGIOSCOPY				Inpatient Only				
35450	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only				
35452	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only				
35454	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only				
35456	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only				
35458	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35459	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35460	T	REPAIR VENOUS BLOCKAGE	00081	42.936	$2,050.19	APC				
35470	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35471	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35472	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35473	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35474	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35475	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35476	T	REPAIR VENOUS BLOCKAGE	00081	42.936	$2,050.19	APC				
35480	C	ATHERECTOMY, OPEN				Inpatient Only				
35481	C	ATHERECTOMY, OPEN				Inpatient Only				
35482	C	ATHERECTOMY, OPEN				Inpatient Only				
35483	C	ATHERECTOMY, OPEN				Inpatient Only				
35484	T	ATHERECTOMY, OPEN	00081	42.936	$2,050.19	APC				
35485	T	ATHERECTOMY, OPEN	00081	42.936	$2,050.19	APC				
35490	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35491	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35492	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35493	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35494	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35495	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35500	T	HARVEST VEIN FOR BYPASS	00081	42.936	$2,050.19	APC				
35501	C	ARTERY BYPASS GRAFT				Inpatient Only				
35506	C	ARTERY BYPASS GRAFT				Inpatient Only				
35508	C	ARTERY BYPASS GRAFT				Inpatient Only				
35509	C	ARTERY BYPASS GRAFT				Inpatient Only				
35510	C	ARTERY BYPASS GRAFT				Inpatient Only				
35511	C	ARTERY BYPASS GRAFT				Inpatient Only				
35512	C	ARTERY BYPASS GRAFT				Inpatient Only				
35515	C	ARTERY BYPASS GRAFT				Inpatient Only				
35516	C	ARTERY BYPASS GRAFT				Inpatient Only				
35518	C	ARTERY BYPASS GRAFT				Inpatient Only				
35521	C	ARTERY BYPASS GRAFT				Inpatient Only				
35522	C	ARTERY BYPASS GRAFT				Inpatient Only				
35525	C	ARTERY BYPASS GRAFT				Inpatient Only				
35526	C	ARTERY BYPASS GRAFT				Inpatient Only				
35531	C	ARTERY BYPASS GRAFT				Inpatient Only				
35533	C	ARTERY BYPASS GRAFT				Inpatient Only				
35536	C	ARTERY BYPASS GRAFT				Inpatient Only				
35537	C	ARTERY BYPASS GRAFT				Inpatient Only				
35538	C	ARTERY BYPASS GRAFT				Inpatient Only				
35539	C	ARTERY BYPASS GRAFT				Inpatient Only				
35540	C	ARTERY BYPASS GRAFT				Inpatient Only				
35548	C	ARTERY BYPASS GRAFT				Inpatient Only				
35549	C	ARTERY BYPASS GRAFT				Inpatient Only				
35551	C	ARTERY BYPASS GRAFT				Inpatient Only				
35556	C	ARTERY BYPASS GRAFT				Inpatient Only				
35558	C	ARTERY BYPASS GRAFT				Inpatient Only				
35560	C	ARTERY BYPASS GRAFT				Inpatient Only				
35563	C	ARTERY BYPASS GRAFT				Inpatient Only				
35565	C	ARTERY BYPASS GRAFT				Inpatient Only				
35566	C	ARTERY BYPASS GRAFT				Inpatient Only				
35571	C	ARTERY BYPASS GRAFT				Inpatient Only				
35572	N	HARVEST FEMOROPOPLITEAL VEIN				APC/ Bundled				
35583	C	VEIN BYPASS GRAFT				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35585	C	VEIN BYPASS GRAFT				Inpatient Only				
35587	C	VEIN BYPASS GRAFT				Inpatient Only				
35600	C	HARVEST ARTERY FOR CABG				Inpatient Only				
35601	C	ARTERY BYPASS GRAFT				Inpatient Only				
35606	C	ARTERY BYPASS GRAFT				Inpatient Only				
35612	C	ARTERY BYPASS GRAFT				Inpatient Only				
35616	C	ARTERY BYPASS GRAFT				Inpatient Only				
35621	C	ARTERY BYPASS GRAFT				Inpatient Only				
35623	C	BYPASS GRAFT, NOT VEIN				Inpatient Only				
35626	C	ARTERY BYPASS GRAFT				Inpatient Only				
35631	C	ARTERY BYPASS GRAFT				Inpatient Only				
35636	C	ARTERY BYPASS GRAFT				Inpatient Only				
35637	C	ARTERY BYPASS GRAFT				Inpatient Only				
35638	C	ARTERY BYPASS GRAFT				Inpatient Only				
35642	C	ARTERY BYPASS GRAFT				Inpatient Only				
35645	C	ARTERY BYPASS GRAFT				Inpatient Only				
35646	C	ARTERY BYPASS GRAFT				Inpatient Only				
35647	C	ARTERY BYPASS GRAFT				Inpatient Only				
35650	C	ARTERY BYPASS GRAFT				Inpatient Only				
35651	C	ARTERY BYPASS GRAFT				Inpatient Only				
35654	C	ARTERY BYPASS GRAFT				Inpatient Only				
35656	C	ARTERY BYPASS GRAFT				Inpatient Only				
35661	C	ARTERY BYPASS GRAFT				Inpatient Only				
35663	C	ARTERY BYPASS GRAFT				Inpatient Only				
35665	C	ARTERY BYPASS GRAFT				Inpatient Only				
35666	C	ARTERY BYPASS GRAFT				Inpatient Only				
35671	C	ARTERY BYPASS GRAFT				Inpatient Only				
35681	C	COMPOSITE BYPASS GRAFT				Inpatient Only				
35682	C	COMPOSITE BYPASS GRAFT				Inpatient Only				
35683	C	COMPOSITE BYPASS GRAFT				Inpatient Only				
35685	T	BYPASS GRAFT PATENCY/PATCH	00093	22.8653	$1,091.82	APC				
35686	T	BYPASS GRAFT/AV FIST PATENCY	00093	22.8653	$1,091.82	APC				
35691	C	ARTERIAL TRANSPOSITION				Inpatient Only				
35693	C	ARTERIAL TRANSPOSITION				Inpatient Only				
35694	C	ARTERIAL TRANSPOSITION				Inpatient Only				
35695	C	ARTERIAL TRANSPOSITION				Inpatient Only				
35697	C	REIMPLANT ARTERY EACH				Inpatient Only				
35700	C	REOPERATION, BYPASS GRAFT				Inpatient Only				
35701	C	EXPLORATION, CAROTID ARTERY				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35721	C	EXPLORATION, FEMORAL ARTERY				Inpatient Only				
35741	C	EXPLORATION POPLITEAL ARTERY				Inpatient Only				
35761	T	EXPLORATION OF ARTERY/VEIN	00115	29.2133	$1,394.94	APC				
35800	C	EXPLORE NECK VESSELS				Inpatient Only				
35820	C	EXPLORE CHEST VESSELS				Inpatient Only				
35840	C	EXPLORE ABDOMINAL VESSELS				Inpatient Only				
35860	T	EXPLORE LIMB VESSELS	00093	22.8653	$1,091.82	APC				
35870	C	REPAIR VESSEL GRAFT DEFECT				Inpatient Only				
35875	T	REMOVAL OF CLOT IN GRAFT	00088	37.7391	$1,802.04	APC				
35876	T	REMOVAL OF CLOT IN GRAFT	00088	37.7391	$1,802.04	APC				
35879	T	REVISE GRAFT W/VEIN	00088	37.7391	$1,802.04	APC				
35881	T	REVISE GRAFT W/VEIN	00088	37.7391	$1,802.04	APC				
35883	T	REVISE GRAFT W/NONAUTO GRAFT	00088	37.7391	$1,802.04	APC				
35884	T	REVISE GRAFT W/VEIN	00088	37.7391	$1,802.04	APC				
35901	C	EXCISION, GRAFT, NECK				Inpatient Only				
35903	T	EXCISION, GRAFT, EXTREMITY	00115	29.2133	$1,394.94	APC				
35905	C	EXCISION, GRAFT, THORAX				Inpatient Only				
35907	C	EXCISION, GRAFT, ABDOMEN				Inpatient Only				
36000	N	PLACE NEEDLE IN VEIN				APC/ Bundled				
36002	S	PSEUDOANEURYSM INJECTION TRT	00267	2.4606	$117.49	APC				
36005	N	INJECTION EXT VENOGRAPHY				APC/ Bundled				
36010	N	PLACE CATHETER IN VEIN				APC/ Bundled				
36011	N	PLACE CATHETER IN VEIN				APC/ Bundled				
36012	N	PLACE CATHETER IN VEIN				APC/ Bundled				
36013	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36014	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36015	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36100	N	ESTABLISH ACCESS TO ARTERY				APC/ Bundled				
36120	N	ESTABLISH ACCESS TO ARTERY				APC/ Bundled				
36140	N	ESTABLISH ACCESS TO ARTERY				APC/ Bundled				
36145	N	ARTERY TO VEIN SHUNT				APC/ Bundled				
36160	N	ESTABLISH ACCESS TO AORTA				APC/ Bundled				
36200	N	PLACE CATHETER IN AORTA				APC/ Bundled				
36215	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36216	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36217	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36218	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36245	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36246	N	PLACE CATHETER IN ARTERY				APC/ Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
36247	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36248	N	PLACE CATHETER IN ARTERY				APC/ Bundled				
36260	T	INSERTION OF INFUSION PUMP	00623	28.5032	$1,361.03	APC				
36261	T	REVISION OF INFUSION PUMP	00623	28.5032	$1,361.03	APC				
36262	T	REMOVAL OF INFUSION PUMP	00622	22.6665	$1,082.33	APC				
36299	N	VESSEL INJECTION PROCEDURE				APC/ Bundled				
36400	N	BL DRAW < 3 YRS FEM/JUGULAR				APC/ Bundled				
36405	N	BL DRAW < 3 YRS SCALP VEIN				APC/ Bundled				
36406	N	BL DRAW < 3 YRS OTHER VEIN				APC/ Bundled				
36410	N	NON-ROUTINE BL DRAW > 3 YRS				APC/ Bundled				
36415	M	ROUTINE VENIPUNCTURE				Medicare	$3.00			
36416	N	CAPILLARY BLOOD DRAW				APC/ Bundled				
36420	T	VEIN ACCESS CUTDOWN < 1 YR	00035	0.1999	$9.55	APC				
36425	T	VEIN ACCESS CUTDOWN > 1 YR	00035	0.1999	$9.55	APC				
36430	S	BLOOD TRANSFUSION SERVICE	00110	3.4584	$165.14	APC				
36440	S	BL PUSH TRANSFUSE 2 YR OR <	00110	3.4584	$165.14	APC				
36450	S	BL EXCHANGE/TRANSFUSE NB	00110	3.4584	$165.14	APC				
36455	S	BL EXCHANGE/TRANSFUSE NON-NB	00110	3.4584	$165.14	APC				
36460	S	TRANSFUSION SERVICE, FETAL	00110	3.4584	$165.14	APC				
36468	T	INJECTION(S), SPIDER VEINS	00098	1.0798	$51.56	APC				
36469	T	INJECTION(S), SPIDER VEINS	00098	1.0798	$51.56	APC				
36470	T	INJECTION THERAPY OF VEIN	00098	1.0798	$51.56	APC				
36471	T	INJECTION THERAPY OF VEINS	00098	1.0798	$51.56	APC				
36475	T	ENDOVENOUS RF 1ST VEIN	00091	34.7288	$1,658.30	APC				
36476	T	ENDOVENOUS RF VEIN ADD-ON	00091	34.7288	$1,658.30	APC				
36478	T	ENDOVENOUS LASER 1ST VEIN	00092	24.8809	$1,188.06	APC				
36479	T	ENDOVENOUS LASER VEIN ADDON	00092	24.8809	$1,188.06	APC				
36481	N	INSERTION OF CATHETER, VEIN				APC/ Bundled				
36500	N	INSERTION OF CATHETER, VEIN				APC/ Bundled				
36510	N	INSERTION OF CATHETER, VEIN				APC/ Bundled				
36511	S	APHERESIS WBC	00111	11.7134	$559.31	APC				
36512	S	APHERESIS RBC	00111	11.7134	$559.31	APC				
36513	S	APHERESIS PLATELETS	00111	11.7134	$559.31	APC				
36514	S	APHERESIS PLASMA	00111	11.7134	$559.31	APC				
36515	S	APHERESIS ADSORP/REINFUSE	00112	30.2231	$1,443.15	APC				
36516	S	APHERESIS SELECTIVE	00112	30.2231	$1,443.15	APC				
36522	S	PHOTOPHERESIS	00112	30.2231	$1,443.15	APC				
36540	X	COLLECT BLOOD VENOUS DEVICE	00624	0.5145	$24.57	Bundled subject to separate payment criteria				
36550	T	DECLOT VASCULAR DEVICE	00676	2.0726	$98.97	APC				

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36555	T	INSERT NON-TUNNEL CV CATH	00621	8.7846	$419.46	APC				
36556	T	INSERT NON-TUNNEL CV CATH	00621	8.7846	$419.46	APC				
36557	T	INSERT TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36558	T	INSERT TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36560	T	INSERT TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36561	T	INSERT TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36563	T	INSERT TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36565	T	INSERT TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36566	T	INSERT TUNNELED CV CATH	00625	83.4609	$3,985.26	APC				
36568	T	INSERT TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36569	T	INSERT TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36570	T	INSERT TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36571	T	INSERT TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36575	T	REPAIR TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36576	T	REPAIR TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36578	T	REPLACE TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36580	T	REPLACE TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36581	T	REPLACE TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36582	T	REPLACE TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36583	T	REPLACE TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36584	T	REPLACE TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36585	T	REPLACE TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36589	T	REMOVAL TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36590	T	REMOVAL TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36595	T	MECH REMOV TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36596	T	MECH REMOV TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36597	T	REPOSITION VENOUS CATHETER	00621	8.7846	$419.46	APC				
36598	X	INJ W/FLUOR EVAL CV DEVICE	00340	0.6102	$29.14	APC				
36600	T	ARTERIAL PUNCTURE WITHDRAWAL OF BLOOD FOR DIAGNOSIS	00035	0.1999	$9.55	Bundled subject to separate payment criteria				
36620	N	INSERTION CATHETER, ARTERY				APC/ Bundled				
36625	N	INSERTION CATHETER, ARTERY				APC/ Bundled				
36640	T	INSERTION CATHETER, ARTERY	00623	28.5032	$1,361.03	APC				
36660	C	INSERTION CATHETER, ARTERY				Inpatient Only				
36680	T	INSERT NEEDLE, BONE CAVITY	00002	1.0995	$52.50	APC				
36800	T	INSERTION OF CANNULA	00115	29.2133	$1,394.94	APC				
36810	T	INSERTION OF CANNULA	00115	29.2133	$1,394.94	APC				
36815	T	INSERTION OF CANNULA	00115	29.2133	$1,394.94	APC				
36818	T	AV FUSE UPPR ARM CEPHALIC	00088	37.7391	$1,802.04	APC				
36819	T	AV FUSION/UPPR ARM VEIN	00088	37.7391	$1,802.04	APC				

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36820	T	AV FUSION/FOREARM VEIN	00088	37.7391	$1,802.04	APC				
36821	T	AV FUSION DIRECT ANY SITE	00088	37.7391	$1,802.04	APC				
36822	C	INSERTION OF CANNULA(S)				Inpatient Only				
36823	C	INSERTION OF CANNULA(S)				Inpatient Only				
36825	T	ARTERY-VEIN AUTOGRAFT	00088	37.7391	$1,802.04	APC				
36830	T	ARTERY-VEIN NONAUTOGRAFT	00088	37.7391	$1,802.04	APC				
36831	T	OPEN THROMBECT AV FISTULA	00088	37.7391	$1,802.04	APC				
36832	T	AV FISTULA REVISION, OPEN	00088	37.7391	$1,802.04	APC				
36833	T	AV FISTULA REVISION	00088	37.7391	$1,802.04	APC				
36834	T	REPAIR A-V ANEURYSM	00088	37.7391	$1,802.04	APC				
36835	T	ARTERY TO VEIN SHUNT	00115	29.2133	$1,394.94	APC				
36838	T	DIST REVAS LIGATION HEMO	00088	37.7391	$1,802.04	APC				
36860	T	EXTERNAL CANNULA DECLOTTING	00676	2.0726	$98.97	APC				
36861	T	CANNULA DECLOTTING	00115	29.2133	$1,394.94	APC				
36870	T	PERCUT THROMBECT AV FISTULA	00653	32.3818	$1,546.23	APC				
37140	C	REVISION OF CIRCULATION				Inpatient Only				
37145	C	REVISION OF CIRCULATION				Inpatient Only				
37160	C	REVISION OF CIRCULATION				Inpatient Only				
37180	C	REVISION OF CIRCULATION				Inpatient Only				
37181	C	SPLICE SPLEEN/KIDNEY VEINS				Inpatient Only				
37182	C	INSERT HEPATIC SHUNT (TIPS)				Inpatient Only				
37183	T	REMOVE HEPATIC SHUNT (TIPS)	00229	68.4697	$3,269.43	APC				
37184	T	PRIM ART MECH THROMBECTOMY	00088	37.7391	$1,802.04	APC				
37185	T	PRIM ART M-THROMBECT ADD-ON	00088	37.7391	$1,802.04	APC				
37186	T	SEC ART M-THROMBECT ADD-ON	00088	37.7391	$1,802.04	APC				
37187	T	VENOUS MECH THROMBECTOMY	00088	37.7391	$1,802.04	APC				
37188	T	VENOUS M-THROMBECTOMY ADD-ON	00088	37.7391	$1,802.04	APC				
37195	T	THROMBOLYTIC THERAPY, STROKE	00676	2.0726	$98.97	APC				
37200	T	TRANSCATHETER BIOPSY	00685	6.1384	$293.11	APC				
37201	T	TRANSCATHETER THERAPY INFUSE	00676	2.0726	$98.97	APC				
37202	T	TRANSCATHETER THERAPY INFUSE	00676	2.0726	$98.97	APC				
37203	T	TRANSCATHETER RETRIEVAL	00103	16.2375	$775.34	APC				
37204	T	TRANSCATHETER OCCLUSION	00115	29.2133	$1,394.94	APC				
37205	T	TRANSCATHETER STENT	00229	68.4697	$3,269.43	APC				
37206	T	TRANSCATHETER STENT ADD-ON	00229	68.4697	$3,269.43	APC				
37207	T	TRANSCATHETER STENT	00229	68.4697	$3,269.43	APC				
37208	T	TRANSCATHETER STENT ADD-ON	00229	68.4697	$3,269.43	APC				
37209	T	CHANGE IV CATH AT THROMB TX	00103	16.2375	$775.34	APC				
37210	T	EMBOLIZATION UTERINE FIBROID	00202	42.9896	$2,052.75	APC				

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37215	C	TRANSCATH STENT CCA W/EPS				Inpatient Only				
37216	E	TRANSCATH STENT CCA W/O EPS				Not Allowed				
37250	S	IV US FIRST VESSEL ADD-ON	00416	32.5472	$1,554.13	APC				
37251	S	IV US EACH ADD VESSEL ADD-ON	00416	32.5472	$1,554.13	APC				
37500	T	ENDOSCOPY LIGATE PERF VEINS	00091	34.7288	$1,658.30	APC				
37501	T	VASCULAR ENDOSCOPY PROCEDURE	00092	24.8809	$1,188.06	APC				
37565	T	LIGATION OF NECK VEIN	00093	22.8653	$1,091.82	APC				
37600	T	LIGATION OF NECK ARTERY	00093	22.8653	$1,091.82	APC				
37605	T	LIGATION OF NECK ARTERY	00091	34.7288	$1,658.30	APC				
37606	T	LIGATION OF NECK ARTERY	00092	24.8809	$1,188.06	APC				
37607	T	LIGATION OF A-V FISTULA	00092	24.8809	$1,188.06	APC				
37609	T	TEMPORAL ARTERY PROCEDURE	00021	15.1024	$721.14	APC				
37615	T	LIGATION OF NECK ARTERY	00092	24.8809	$1,188.06	APC				
37616	C	LIGATION OF CHEST ARTERY				Inpatient Only				
37617	C	LIGATION OF ABDOMEN ARTERY				Inpatient Only				
37618	C	LIGATION OF EXTREMITY ARTERY				Inpatient Only				
37620	T	REVISION OF MAJOR VEIN	00091	34.7288	$1,658.30	APC				
37650	T	REVISION OF MAJOR VEIN	00092	24.8809	$1,188.06	APC				
37660	C	REVISION OF MAJOR VEIN				Inpatient Only				
37700	T	REVISE LEG VEIN	00091	34.7288	$1,658.30	APC				
37718	T	LIGATE/STRIP SHORT LEG VEIN	00091	34.7288	$1,658.30	APC				
37722	T	LIGATE/STRIP LONG LEG VEIN	00091	34.7288	$1,658.30	APC				
37735	T	REMOVAL OF LEG VEINS/LESION	00091	34.7288	$1,658.30	APC				
37760	T	LIGATION LEG VEINS OPEN	00092	24.8809	$1,188.06	APC				
37765	T	PHLEB VEINS - EXTREM - TO 20	00092	24.8809	$1,188.06	APC				
37766	T	PHLEB VEINS - EXTREM 20+	00092	24.8809	$1,188.06	APC				
37780	T	REVISION OF LEG VEIN	00092	24.8809	$1,188.06	APC				
37785	T	LIGATE/DIVIDE/EXCISE VEIN	00092	24.8809	$1,188.06	APC				
37788	C	REVASCULARIZATION, PENIS				Inpatient Only				
37790	T	PENILE VENOUS OCCLUSION	00181	32.9873	$1,575.14	APC				
37799	T	VASCULAR SURGERY PROCEDURE	00103	16.2375	$775.34	APC				
38100	C	REMOVAL OF SPLEEN, TOTAL				Inpatient Only				
38101	C	REMOVAL OF SPLEEN, PARTIAL				Inpatient Only				
38102	C	REMOVAL OF SPLEEN, TOTAL				Inpatient Only				
38115	C	REPAIR OF RUPTURED SPLEEN				Inpatient Only				
38120	T	LAPAROSCOPY, SPLENECTOMY	00131	43.5488	$2,079.46	APC				
38129	T	LAPAROSCOPE PROC, SPLEEN	00130	32.1241	$1,533.93	APC				
38200	N	INJECTION FOR SPLEEN X-RAY				APC/ Bundled				
38204	N	BL DONOR SEARCH MANAGEMENT				APC/ Bundled				Y

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
38205	S	HARVEST ALLOGENIC STEM CELLS	00111	11.7134	$559.31	APC				Y
38206	S	HARVEST AUTO STEM CELLS	00111	11.7134	$559.31	APC				Y
38207	E	CRYOPRESERVE STEM CELLS				Not Allowed				Y
38208	E	THAW PRESERVED STEM CELLS				Not Allowed				Y
38209	E	WASH HARVEST STEM CELLS				Not Allowed				Y
38210	E	T-CELL DEPLETION OF HARVEST				Not Allowed				Y
38211	E	TUMOR CELL DEPLETE OF HARVST				Not Allowed				Y
38212	E	RBC DEPLETION OF HARVEST				Not Allowed				Y
38213	E	PLATELET DEPLETE OF HARVEST				Not Allowed				Y
38214	E	VOLUME DEPLETE OF HARVEST				Not Allowed				Y
38215	E	HARVEST STEM CELL CONCENTRTE				Not Allowed				Y
38220	T	BONE MARROW ASPIRATION	00003	2.4011	$114.65	APC				
38221	T	BONE MARROW BIOPSY	00003	2.4011	$114.65	APC				
38230	S	BONE MARROW COLLECTION	00123	20.3582	$972.10	APC				Y
38240	S	BONE MARROW/STEM TRANSPLANT	00123	20.3582	$972.10	APC				Y
38241	S	BONE MARROW/STEM TRANSPLANT	00123	20.3582	$972.10	APC				Y
38242	S	LYMPHOCYTE INFUSE TRANSPLANT	00111	11.7134	$559.31	APC				Y
38300	T	DRAINAGE, LYMPH NODE LESION	00007	11.1535	$532.58	APC				
38305	T	DRAINAGE, LYMPH NODE LESION	00008	17.5086	$836.04	APC				
38308	T	INCISION OF LYMPH CHANNELS	00113	21.2621	$1,015.27	APC				
38380	C	THORACIC DUCT PROCEDURE				Inpatient Only				
38381	C	THORACIC DUCT PROCEDURE				Inpatient Only				
38382	C	THORACIC DUCT PROCEDURE				Inpatient Only				
38500	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38505	T	NEEDLE BIOPSY, LYMPH NODES	00005	3.9045	$186.44	APC				
38510	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38520	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38525	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38530	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38542	T	EXPLORE DEEP NODE(S), NECK	00114	37.7224	$1,801.24	APC				
38550	T	REMOVAL, NECK/ARMPIT LESION	00113	21.2621	$1,015.27	APC				
38555	T	REMOVAL, NECK/ARMPIT LESION	00113	21.2621	$1,015.27	APC				
38562	C	REMOVAL, PELVIC LYMPH NODES				Inpatient Only				
38564	C	REMOVAL, ABDOMEN LYMPH NODES				Inpatient Only				
38570	T	LAPAROSCOPY, LYMPH NODE BIOP	00131	43.5488	$2,079.46	APC				
38571	T	LAPAROSCOPY, LYMPHADENECTOMY	00132	70.5066	$3,366.69	APC				
38572	T	LAPAROSCOPY, LYMPHADENECTOMY	00131	43.5488	$2,079.46	APC				
38589	T	LAPAROSCOPE PROC, LYMPHATIC	00130	32.1241	$1,533.93	APC				
38700	T	REMOVAL OF LYMPH NODES NECK	00113	21.2621	$1,015.27	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
38720	T	REMOVAL OF LYMPH NODES, NECK	00113	21.2621	$1,015.27	APC				
38724	C	REMOVAL OF LYMPH NODES, NECK				Inpatient Only				
38740	T	REMOVE ARMPIT LYMPH NODES	00114	37.7224	$1,801.24	APC				
38745	T	REMOVE ARMPIT LYMPH NODES	00114	37.7224	$1,801.24	APC				
38746	C	REMOVE THORACIC LYMPH NODES				Inpatient Only				
38747	C	REMOVE ABDOMINAL LYMPH NODES				Inpatient Only				
38760	T	REMOVE GROIN LYMPH NODES	00113	21.2621	$1,015.27	APC				
38765	C	REMOVE GROIN LYMPH NODES				Inpatient Only				
38770	C	REMOVE PELVIS LYMPH NODES				Inpatient Only				
38780	C	REMOVE ABDOMEN LYMPH NODES				Inpatient Only				
38790	N	INJECT FOR LYMPHATIC X-RAY				APC/ Bundled				
38792	S	IDENTIFY SENTINEL NODE	00389	1.3754	$65.68	Bundled subject to separate payment criteria				
38794	N	ACCESS THORACIC LYMPH DUCT				APC/ Bundled				
38999	S	BLOOD/LYMPH SYSTEM PROCEDURE	00110	3.4584	$165.14	APC				
39000	C	EXPLORATION OF CHEST				Inpatient Only				
39010	C	EXPLORATION OF CHEST				Inpatient Only				
39200	C	REMOVAL CHEST LESION				Inpatient Only				
39220	C	REMOVAL CHEST LESION				Inpatient Only				
39400	T	VISUALIZATION OF CHEST	00069	31.9442	$1,525.34	APC				
39499	C	CHEST PROCEDURE				Inpatient Only				
39501	C	REPAIR DIAPHRAGM LACERATION				Inpatient Only				
39502	C	REPAIR PARAESOPHAGEAL HERNIA				Inpatient Only				
39503	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only				
39520	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only				
39530	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only				
39531	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only				
39540	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only				
39541	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only				
39545	C	REVISION OF DIAPHRAGM				Inpatient Only				
39560	C	RESECT DIAPHRAGM, SIMPLE				Inpatient Only				
39561	C	RESECT DIAPHRAGM, COMPLEX				Inpatient Only				
39599	C	DIAPHRAGM SURGERY PROCEDURE				Inpatient Only				
40490	T	BIOPSY OF LIP	00251	2.452	$117.08	APC				
40500	T	PARTIAL EXCISION OF LIP	00253	16.4266	$784.37	APC				
40510	T	PARTIAL EXCISION OF LIP	00254	23.3299	$1,114.00	APC				
40520	T	PARTIAL EXCISION OF LIP	00253	16.4266	$784.37	APC				
40525	T	RECONSTRUCT LIP WITH FLAP	00254	23.3299	$1,114.00	APC				
40527	T	RECONSTRUCT LIP WITH FLAP	00254	23.3299	$1,114.00	APC				
40530	T	PARTIAL REMOVAL OF LIP	00254	23.3299	$1,114.00	APC				

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40650	T	REPAIR LIP	00252	7.5511	$360.57	APC				
40652	T	REPAIR LIP	00252	7.5511	$360.57	APC				
40654	T	REPAIR LIP	00252	7.5511	$360.57	APC				
40700	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40701	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40702	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40720	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40761	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40799	T	LIP SURGERY PROCEDURE	00251	2.452	$117.08	APC				
40800	T	DRAINAGE OF MOUTH LESION	00006	1.4392	$68.72	APC				
40801	T	DRAINAGE OF MOUTH LESION	00252	7.5511	$360.57	APC				
40804	X	REMOVAL, FOREIGN BODY, MOUTH	00340	0.6102	$29.14	APC				
40805	T	REMOVAL FOREIGN BODY MOUTH	00252	7.5511	$360.57	APC				
40806	T	INCISION OF LIP FOLD	00251	2.452	$117.08	APC				
40808	T	BIOPSY OF MOUTH LESION	00251	2.452	$117.08	APC				
40810	T	EXCISION OF MOUTH LESION	00253	16.4266	$784.37	APC				
40812	T	EXCISE/REPAIR MOUTH LESION	00253	16.4266	$784.37	APC				
40814	T	EXCISE/REPAIR MOUTH LESION	00253	16.4266	$784.37	APC				
40816	T	EXCISION OF MOUTH LESION	00254	23.3299	$1,114.00	APC				
40818	T	EXCISE ORAL MUCOSA FOR GRAFT	00251	2.452	$117.08	APC				
40819	T	EXCISE LIP OR CHEEK FOLD	00252	7.5511	$360.57	APC				
40820	T	TREATMENT OF MOUTH LESION	00253	16.4266	$784.37	APC				
40830	T	REPAIR MOUTH LACERATION	00251	2.452	$117.08	APC				
40831	T	REPAIR MOUTH LACERATION	00252	7.5511	$360.57	APC				
40840	T	RECONSTRUCTION OF MOUTH	00254	23.3299	$1,114.00	APC				
40842	T	RECONSTRUCTION OF MOUTH	00254	23.3299	$1,114.00	APC				
40843	T	RECONSTRUCTION OF MOUTH	00254	23.3299	$1,114.00	APC				
40844	T	RECONSTRUCTION OF MOUTH	00256	38.1991	$1,824.01	APC				
40845	T	RECONSTRUCTION OF MOUTH	00256	38.1991	$1,824.01	APC				
40899	T	MOUTH SURGERY PROCEDURE	00251	2.452	$117.08	APC				
41000	T	DRAINAGE OF MOUTH LESION	00253	16.4266	$784.37	APC				
41005	T	DRAINAGE OF MOUTH LESION	00251	2.452	$117.08	APC				
41006	T	DRAINAGE OF MOUTH LESION	00254	23.3299	$1,114.00	APC				
41007	T	DRAINAGE OF MOUTH LESION	00253	16.4266	$784.37	APC				
41008	T	DRAINAGE OF MOUTH LESION	00253	16.4266	$784.37	APC				
41009	T	DRAINAGE OF MOUTH LESION	00251	2.452	$117.08	APC				
41010	T	INCISION OF TONGUE FOLD	00252	7.5511	$360.57	APC				
41015	T	DRAINAGE OF MOUTH LESION	00251	2.452	$117.08	APC				
41016	T	DRAINAGE OF MOUTH LESION	00252	7.5511	$360.57	APC				

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41017	T	DRAINAGE OF MOUTH LESION	00252	7.5511	$360.57	APC				
41018	T	DRAINAGE OF MOUTH LESION	00252	7.5511	$360.57	APC				
41100	T	BIOPSY OF TONGUE	00252	7.5511	$360.57	APC				
41105	T	BIOPSY OF TONGUE	00253	16.4266	$784.37	APC				
41108	T	BIOPSY OF FLOOR OF MOUTH	00252	7.5511	$360.57	APC				
41110	T	EXCISION OF TONGUE LESION	00253	16.4266	$784.37	APC				
41112	T	EXCISION OF TONGUE LESION	00253	16.4266	$784.37	APC				
41113	T	EXCISION OF TONGUE LESION	00253	16.4266	$784.37	APC				
41114	T	EXCISION OF TONGUE LESION	00254	23.3299	$1,114.00	APC				
41115	T	EXCISION OF TONGUE FOLD	00252	7.5511	$360.57	APC				
41116	T	EXCISION OF MOUTH LESION	00253	16.4266	$784.37	APC				
41120	T	PARTIAL REMOVAL OF TONGUE	00254	23.3299	$1,114.00	APC				
41130	C	PARTIAL REMOVAL OF TONGUE				Inpatient Only				
41135	C	TONGUE AND NECK SURGERY				Inpatient Only				
41140	C	REMOVAL OF TONGUE				Inpatient Only				
41145	C	TONGUE REMOVAL, NECK SURGERY				Inpatient Only				
41150	C	TONGUE, MOUTH, JAW SURGERY				Inpatient Only				
41153	C	TONGUE, MOUTH, NECK SURGERY				Inpatient Only				
41155	C	TONGUE, JAW, & NECK SURGERY				Inpatient Only				
41250	T	REPAIR TONGUE LACERATION	00251	2.452	$117.08	APC				
41251	T	REPAIR TONGUE LACERATION	00251	2.452	$117.08	APC				
41252	T	REPAIR TONGUE LACERATION	00252	7.5511	$360.57	APC				
41500	T	FIXATION OF TONGUE	00254	23.3299	$1,114.00	APC				
41510	T	TONGUE TO LIP SURGERY	00253	16.4266	$784.37	APC				
41520	T	RECONSTRUCTION, TONGUE FOLD	00252	7.5511	$360.57	APC				
41599	T	TONGUE AND MOUTH SURGERY	00251	2.452	$117.08	APC				
41800	T	DRAINAGE OF GUM LESION	00006	1.4392	$68.72	APC				
41805	T	REMOVAL FOREIGN BODY GUM	00254	23.3299	$1,114.00	APC				
41806	T	REMOVAL FOREIGN BODY JAWBONE	00253	16.4266	$784.37	APC				
41820	T	EXCISION, GUM, EACH QUADRANT	00252	7.5511	$360.57	APC				
41821	T	EXCISION OF GUM FLAP	00252	7.5511	$360.57	APC				
41822	T	EXCISION OF GUM LESION	00253	16.4266	$784.37	APC				
41823	T	EXCISION OF GUM LESION	00254	23.3299	$1,114.00	APC				
41825	T	EXCISION OF GUM LESION	00253	16.4266	$784.37	APC				
41826	T	EXCISION OF GUM LESION	00253	16.4266	$784.37	APC				
41827	T	EXCISION OF GUM LESION	00254	23.3299	$1,114.00	APC				
41828	T	EXCISION OF GUM LESION	00253	16.4266	$784.37	APC				
41830	T	REMOVAL OF GUM TISSUE	00253	16.4266	$784.37	APC				
41850	T	TREATMENT OF GUM LESION	00253	16.4266	$784.37	APC				

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41870	T	GUM GRAFT	00254	23.3299	$1,114.00	APC				
41872	T	REPAIR GUM	00253	16.4266	$784.37	APC				
41874	T	REPAIR TOOTH SOCKET	00254	23.3299	$1,114.00	APC				
41899	T	DENTAL SURGERY PROCEDURE	00251	2.452	$117.08	APC				
42000	T	DRAINAGE MOUTH ROOF LESION	00251	2.452	$117.08	APC				
42100	T	BIOPSY ROOF OF MOUTH	00252	7.5511	$360.57	APC				
42104	T	EXCISION LESION MOUTH ROOF	00253	16.4266	$784.37	APC				
42106	T	EXCISION LESION MOUTH ROOF	00253	16.4266	$784.37	APC				
42107	T	EXCISION LESION, MOUTH ROOF	00254	23.3299	$1,114.00	APC				
42120	T	REMOVE PALATE/LESION	00256	38.1991	$1,824.01	APC				
42140	T	EXCISION OF UVULA	00252	7.5511	$360.57	APC				
42145	T	REPAIR PALATE, PHARYNX/UVULA	00254	23.3299	$1,114.00	APC				
42160	T	TREATMENT MOUTH ROOF LESION	00253	16.4266	$784.37	APC				
42180	T	REPAIR PALATE	00251	2.452	$117.08	APC				
42182	T	REPAIR PALATE	00256	38.1991	$1,824.01	APC				
42200	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42205	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42210	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42215	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42220	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42225	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42226	T	LENGTHENING OF PALATE	00256	38.1991	$1,824.01	APC				
42227	T	LENGTHENING OF PALATE	00256	38.1991	$1,824.01	APC				
42235	T	REPAIR PALATE	00253	16.4266	$784.37	APC				
42260	T	REPAIR NOSE TO LIP FISTULA	00254	23.3299	$1,114.00	APC				
42280	T	PREPARATION, PALATE MOLD	00251	2.452	$117.08	APC				
42281	T	INSERTION PALATE PROSTHESIS	00253	16.4266	$784.37	APC				
42299	T	PALATE/UVULA SURGERY	00251	2.452	$117.08	APC				
42300	T	DRAINAGE OF SALIVARY GLAND	00253	16.4266	$784.37	APC				
42305	T	DRAINAGE OF SALIVARY GLAND	00253	16.4266	$784.37	APC				
42310	T	DRAINAGE OF SALIVARY GLAND	00251	2.452	$117.08	APC				
42320	T	DRAINAGE OF SALIVARY GLAND	00251	2.452	$117.08	APC				
42330	T	REMOVAL OF SALIVARY STONE	00253	16.4266	$784.37	APC				
42335	T	REMOVAL OF SALIVARY STONE	00253	16.4266	$784.37	APC				
42340	T	REMOVAL OF SALIVARY STONE	00253	16.4266	$784.37	APC				
42400	T	BIOPSY OF SALIVARY GLAND	00005	3.9045	$186.44	APC				
42405	T	BIOPSY OF SALIVARY GLAND	00253	16.4266	$784.37	APC				
42408	T	EXCISION OF SALIVARY CYST	00253	16.4266	$784.37	APC				
42409	T	DRAINAGE OF SALIVARY CYST	00253	16.4266	$784.37	APC				

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42410	T	EXCISE PAROTID GLAND/LESION	00256	38.1991	$1,824.01	APC				
42415	T	EXCISE PAROTID GLAND/LESION	00256	38.1991	$1,824.01	APC				
42420	T	EXCISE PAROTID GLAND/LESION	00256	38.1991	$1,824.01	APC				
42425	T	EXCISE PAROTID GLAND/LESION	00256	38.1991	$1,824.01	APC				
42426	C	EXCISE PAROTID GLAND/LESION				Inpatient Only				
42440	T	EXCISE SUBMAXILLARY GLAND	00256	38.1991	$1,824.01	APC				
42450	T	EXCISE SUBLINGUAL GLAND	00254	23.3299	$1,114.00	APC				
42500	T	REPAIR SALIVARY DUCT	00254	23.3299	$1,114.00	APC				
42505	T	REPAIR SALIVARY DUCT	00256	38.1991	$1,824.01	APC				
42507	T	PAROTID DUCT DIVERSION	00256	38.1991	$1,824.01	APC				
42508	T	PAROTID DUCT DIVERSION	00256	38.1991	$1,824.01	APC				
42509	T	PAROTID DUCT DIVERSION	00256	38.1991	$1,824.01	APC				
42510	T	PAROTID DUCT DIVERSION	00256	38.1991	$1,824.01	APC				
42550	N	INJECTION FOR SALIVARY X-RAY				APC/ Bundled				
42600	T	CLOSURE OF SALIVARY FISTULA	00253	16.4266	$784.37	APC				
42650	T	DILATION OF SALIVARY DUCT	00252	7.5511	$360.57	APC				
42660	T	DILATION OF SALIVARY DUCT	00251	2.452	$117.08	APC				
42665	T	LIGATION OF SALIVARY DUCT	00254	23.3299	$1,114.00	APC				
42699	T	SALIVARY SURGERY PROCEDURE	00251	2.452	$117.08	APC				
42700	T	DRAINAGE OF TONSIL ABSCESS	00251	2.452	$117.08	APC				
42720	T	DRAINAGE OF THROAT ABSCESS	00253	16.4266	$784.37	APC				
42725	T	DRAINAGE OF THROAT ABSCESS	00256	38.1991	$1,824.01	APC				
42800	T	BIOPSY OF THROAT	00252	7.5511	$360.57	APC				
42802	T	BIOPSY OF THROAT	00253	16.4266	$784.37	APC				
42804	T	BIOPSY OF UPPER NOSE/THROAT	00253	16.4266	$784.37	APC				
42806	T	BIOPSY OF UPPER NOSE/THROAT	00254	23.3299	$1,114.00	APC				
42808	T	EXCISE PHARYNX LESION	00253	16.4266	$784.37	APC				
42809	X	REMOVE PHARYNX FOREIGN BODY	00340	0.6102	$29.14	APC				
42810	T	EXCISION OF NECK CYST	00254	23.3299	$1,114.00	APC				
42815	T	EXCISION OF NECK CYST	00256	38.1991	$1,824.01	APC				
42820	T	REMOVE TONSILS AND ADENOIDS	00258	22.1165	$1,056.06	APC				
42821	T	REMOVE TONSILS AND ADENOIDS	00258	22.1165	$1,056.06	APC				
42825	T	REMOVAL OF TONSILS	00258	22.1165	$1,056.06	APC				
42826	T	REMOVAL OF TONSILS	00258	22.1165	$1,056.06	APC				
42830	T	REMOVAL OF ADENOIDS	00258	22.1165	$1,056.06	APC				
42831	T	REMOVAL OF ADENOIDS	00258	22.1165	$1,056.06	APC				
42835	T	REMOVAL OF ADENOIDS	00258	22.1165	$1,056.06	APC				
42836	T	REMOVAL OF ADENOIDS	00258	22.1165	$1,056.06	APC				
42842	T	EXTENSIVE SURGERY OF THROAT	00254	23.3299	$1,114.00	APC				

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42844	T	EXTENSIVE SURGERY OF THROAT	00256	38.1991	$1,824.01	APC				
42845	C	EXTENSIVE SURGERY OF THROAT				Inpatient Only				
42860	T	EXCISION OF TONSIL TAGS	00258	22.1165	$1,056.06	APC				
42870	T	EXCISION OF LINGUAL TONSIL	00258	22.1165	$1,056.06	APC				
42890	T	PARTIAL REMOVAL OF PHARYNX	00256	38.1991	$1,824.01	APC				
42892	T	REVISION OF PHARYNGEAL WALLS	00256	38.1991	$1,824.01	APC				
42894	C	REVISION OF PHARYNGEAL WALLS				Inpatient Only				
42900	T	REPAIR THROAT WOUND	00252	7.5511	$360.57	APC				
42950	T	RECONSTRUCTION OF THROAT	00254	23.3299	$1,114.00	APC				
42953	C	REPAIR THROAT, ESOPHAGUS				Inpatient Only				
42955	T	SURGICAL OPENING OF THROAT	00254	23.3299	$1,114.00	APC				
42960	T	CONTROL THROAT BLEEDING	00250	1.1791	$56.30	APC				
42961	C	CONTROL THROAT BLEEDING				Inpatient Only				
42962	T	CONTROL THROAT BLEEDING	00256	38.1991	$1,824.01	APC				
42970	T	CONTROL NOSE/THROAT BLEEDING	00250	1.1791	$56.30	APC				
42971	C	CONTROL NOSE/THROAT BLEEDING				Inpatient Only				
42972	T	CONTROL NOSE/THROAT BLEEDING	00253	16.4266	$784.37	APC				
42999	T	THROAT SURGERY PROCEDURE	00251	2.452	$117.08	APC				
43020	T	INCISION OF ESOPHAGUS	00252	7.5511	$360.57	APC				
43030	T	THROAT MUSCLE SURGERY	00253	16.4266	$784.37	APC				
43045	C	INCISION OF ESOPHAGUS				Inpatient Only				
43100	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only				
43101	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only				
43107	C	REMOVAL OF ESOPHAGUS				Inpatient Only				
43108	C	REMOVAL OF ESOPHAGUS				Inpatient Only				
43112	C	REMOVAL OF ESOPHAGUS				Inpatient Only				
43113	C	REMOVAL OF ESOPHAGUS				Inpatient Only				
43116	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only				
43117	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only				
43118	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only				
43121	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only				
43122	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only				
43123	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only				
43124	C	REMOVAL OF ESOPHAGUS				Inpatient Only				
43130	T	REMOVAL OF ESOPHAGUS POUCH	00256	38.1991	$1,824.01	APC				
43135	C	REMOVAL OF ESOPHAGUS POUCH				Inpatient Only				
43200	T	ESOPHAGUS ENDOSCOPY	00141	8.3175	$397.16	APC				
43201	T	ESOPH SCOPE W/SUBMUCOUS INJ	00141	8.3175	$397.16	APC				
43202	T	ESOPHAGUS ENDOSCOPY, BIOPSY	00141	8.3175	$397.16	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
43204	T	ESOPH SCOPE W/SCLEROSIS INJ	00141	8.3175	$397.16	APC				
43205	T	ESOPHAGUS ENDOSCOPY/LIGATION	00141	8.3175	$397.16	APC				
43215	T	ESOPHAGUS ENDOSCOPY	00141	8.3175	$397.16	APC				
43216	T	ESOPHAGUS ENDOSCOPY/LESION	00141	8.3175	$397.16	APC				
43217	T	ESOPHAGUS ENDOSCOPY	00141	8.3175	$397.16	APC				
43219	T	ESOPHAGUS ENDOSCOPY	00384	22.9475	$1,095.74	APC				
43220	T	ESOPH ENDOSCOPY, DILATION	00141	8.3175	$397.16	APC				
43226	T	ESOPH ENDOSCOPY, DILATION	00141	8.3175	$397.16	APC				
43227	T	ESOPH ENDOSCOPY, REPAIR	00141	8.3175	$397.16	APC				
43228	T	ESOPH ENDOSCOPY, ABLATION	00422	25.7552	$1,229.81	APC				
43231	T	ESOPH ENDOSCOPY W/US EXAM	00141	8.3175	$397.16	APC				
43232	T	ESOPH ENDOSCOPY W/US FN BX	00141	8.3175	$397.16	APC				
43234	T	UPPER GI ENDOSCOPY, EXAM	00141	8.3175	$397.16	APC				
43235	T	UPPR GI ENDOSCOPY, DIAGNOSIS	00141	8.3175	$397.16	APC				
43236	T	UPPR GI SCOPE W/SUBMUC INJ	00141	8.3175	$397.16	APC				
43237	T	ENDOSCOPIC US EXAM ESOPH	00141	8.3175	$397.16	APC				
43238	T	UPPR GI ENDOSCOPY W/US FN BX	00141	8.3175	$397.16	APC				
43239	T	UPPER GI ENDOSCOPY, BIOPSY	00141	8.3175	$397.16	APC				
43240	T	ESOPH ENDOSCOPE W/DRAIN CYST	00141	8.3175	$397.16	APC				
43241	T	UPPER GI ENDOSCOPY WITH TUBE	00141	8.3175	$397.16	APC				
43242	T	UPPR GI ENDOSCOPY W/US FN BX	00141	8.3175	$397.16	APC				
43243	T	UPPER GI ENDOSCOPY & INJECT	00141	8.3175	$397.16	APC				
43244	T	UPPER GI ENDOSCOPY/LIGATION	00141	8.3175	$397.16	APC				
43245	T	UPPR GI SCOPE DILATE STRICTR	00141	8.3175	$397.16	APC				
43246	T	PLACE GASTROSTOMY TUBE	00141	8.3175	$397.16	APC				
43247	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.3175	$397.16	APC				
43248	T	UPPR GI ENDOSCOPY/GUIDE WIRE	00141	8.3175	$397.16	APC				
43249	T	ESOPH ENDOSCOPY, DILATION	00141	8.3175	$397.16	APC				
43250	T	UPPER GI ENDOSCOPY/TUMOR	00141	8.3175	$397.16	APC				
43251	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.3175	$397.16	APC				
43255	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.3175	$397.16	APC				
43256	T	UPPR GI ENDOSCOPY W STENT	00384	22.9475	$1,095.74	APC				
43257	T	UPPR GI SCOPE W/THRML TXMNT	00422	25.7552	$1,229.81	APC				
43258	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.3175	$397.16	APC				
43259	T	ENDOSCOPIC ULTRASOUND EXAM	00141	8.3175	$397.16	APC				
43260	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43261	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43262	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43263	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
43264	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43265	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43267	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43268	T	ENDO CHOLANGIOPANCREATOGRAPH	00384	22.9475	$1,095.74	APC				
43269	T	ENDO CHOLANGIOPANCREATOGRAPH	00384	22.9475	$1,095.74	APC				
43271	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43272	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43280	T	LAPAROSCOPY, FUNDOPLASTY	00132	70.5066	$3,366.69	APC				
43289	T	LAPAROSCOPE PROC, ESOPH	00130	32.1241	$1,533.93	APC				
43300	C	REPAIR OF ESOPHAGUS				Inpatient Only				
43305	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only				
43310	C	REPAIR OF ESOPHAGUS				Inpatient Only				
43312	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only				
43313	C	ESOPHAGOPLASTY CONGENITAL				Inpatient Only				
43314	C	TRACHEO-ESOPHAGOPLASTY CONG				Inpatient Only				
43320	C	FUSE ESOPHAGUS & STOMACH				Inpatient Only				
43324	C	REVISE ESOPHAGUS & STOMACH				Inpatient Only				
43325	C	REVISE ESOPHAGUS & STOMACH				Inpatient Only				
43326	C	REVISE ESOPHAGUS & STOMACH				Inpatient Only				
43330	C	REPAIR OF ESOPHAGUS				Inpatient Only				
43331	C	REPAIR OF ESOPHAGUS				Inpatient Only				
43340	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only				
43341	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only				
43350	C	SURGICAL OPENING, ESOPHAGUS				Inpatient Only				
43351	C	SURGICAL OPENING, ESOPHAGUS				Inpatient Only				
43352	C	SURGICAL OPENING, ESOPHAGUS				Inpatient Only				
43360	C	GASTROINTESTINAL REPAIR				Inpatient Only				
43361	C	GASTROINTESTINAL REPAIR				Inpatient Only				
43400	C	LIGATE ESOPHAGUS VEINS				Inpatient Only				
43401	C	ESOPHAGUS SURGERY FOR VEINS				Inpatient Only				
43405	C	LIGATE/STAPLE ESOPHAGUS				Inpatient Only				
43410	C	REPAIR ESOPHAGUS WOUND				Inpatient Only				
43415	C	REPAIR ESOPHAGUS WOUND				Inpatient Only				
43420	C	REPAIR ESOPHAGUS OPENING				Inpatient Only				
43425	C	REPAIR ESOPHAGUS OPENING				Inpatient Only				
43450	T	DILATE ESOPHAGUS	00140	5.4566	$260.55	APC				
43453	T	DILATE ESOPHAGUS	00140	5.4566	$260.55	APC				
43456	T	DILATE ESOPHAGUS	00140	5.4566	$260.55	APC				
43458	T	DILATE ESOPHAGUS	00140	5.4566	$260.55	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
43460	C	PRESSURE TREATMENT ESOPHAGUS				Inpatient Only				
43496	C	FREE JEJUNUM FLAP, MICROVASC				Inpatient Only				
43499	T	ESOPHAGUS SURGERY PROCEDURE	00141	8.3175	$397.16	APC				
43500	C	SURGICAL OPENING OF STOMACH				Inpatient Only				
43501	C	SURGICAL REPAIR OF STOMACH				Inpatient Only				
43502	C	SURGICAL REPAIR OF STOMACH				Inpatient Only				
43510	T	SURGICAL OPENING OF STOMACH	00141	8.3175	$397.16	APC				
43520	C	INCISION OF PYLORIC MUSCLE				Inpatient Only				
43600	T	BIOPSY OF STOMACH	00141	8.3175	$397.16	APC				
43605	C	BIOPSY OF STOMACH				Inpatient Only				
43610	C	EXCISION OF STOMACH LESION				Inpatient Only				
43611	C	EXCISION OF STOMACH LESION				Inpatient Only				
43620	C	REMOVAL OF STOMACH				Inpatient Only				
43621	C	REMOVAL OF STOMACH				Inpatient Only				
43622	C	REMOVAL OF STOMACH				Inpatient Only				
43631	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only				
43632	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only				
43633	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only				
43634	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only				
43635	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only				
43640	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only				
43641	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only				
43644	C	LAP GASTRIC BYPASS/ROUX-EN-Y				Inpatient Only				
43645	C	LAP GASTR BYPASS INCL SMLL I				Inpatient Only				
43647	T	LAP IMPL ELECTRODE, ANTRUM	00130	32.1241	$1,533.93	APC				
43648	T	LAP REVISE/REMV ELTRD ANTRUM	00130	32.1241	$1,533.93	APC				
43651	T	LAPAROSCOPY, VAGUS NERVE	00132	70.5066	$3,366.69	APC				
43652	T	LAPAROSCOPY, VAGUS NERVE	00132	70.5066	$3,366.69	APC				
43653	T	LAPAROSCOPY, GASTROSTOMY	00131	43.5488	$2,079.46	APC				
43659	T	LAPAROSCOPE PROC, STOM	00130	32.1241	$1,533.93	APC				
43750	T	PLACE GASTROSTOMY TUBE	00141	8.3175	$397.16	APC				
43752	X	NASAL/OROGASTRIC W/STENT	00272	1.2908	$61.64	APC				
43760	T	CHANGE GASTROSTOMY TUBE	00121	2.3587	$112.63	APC				
43761	T	REPOSITION GASTROSTOMY TUBE	00122	7.48	$357.17	APC				
43770	C	LAP PLACE GASTR ADJUST BAND				Inpatient Only				
43771	C	LAP REVISE ADJUST GAST BAND				Inpatient Only				
43772	C	LAP REMOVE ADJUST GAST BAND				Inpatient Only				
43773	C	LAP CHANGE ADJUST GAST BAND				Inpatient Only				
43774	C	LAP REMOV ADJ GAST BAND/PORT				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
43800	C	RECONSTRUCTION OF PYLORUS				Inpatient Only				
43810	C	FUSION OF STOMACH AND BOWEL				Inpatient Only				
43820	C	FUSION OF STOMACH AND BOWEL				Inpatient Only				
43825	C	FUSION OF STOMACH AND BOWEL				Inpatient Only				
43830	T	PLACE GASTROSTOMY TUBE	00422	25.7552	$1,229.81	APC				
43831	T	PLACE GASTROSTOMY TUBE	00141	8.3175	$397.16	APC				
43832	C	PLACE GASTROSTOMY TUBE				Inpatient Only				
43840	C	REPAIR OF STOMACH LESION				Inpatient Only				
43842	E	GASTROPLASTY FOR OBESITY				Not Allowed				Y
43843	C	GASTROPLASTY FOR OBESITY				Inpatient Only				Y
43845	C	GASTROPLASTY DUODENAL SWITCH				Inpatient Only				
43846	C	GASTRIC BYPASS FOR OBESITY				Inpatient Only				Y
43847	C	GASTRIC BYPASS FOR OBESITY				Inpatient Only				Y
43848	C	REVISION GASTROPLASTY				Inpatient Only				
43850	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only				
43855	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only				
43860	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only				
43865	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only				
43870	T	REPAIR STOMACH OPENING	00141	8.3175	$397.16	APC				
43880	C	REPAIR STOMACH-BOWEL FISTULA				Inpatient Only				
43881	C	IMPL/REDO ELECTRD, ANTRUM				Inpatient Only				
43882	C	REVISE/REMOVE ELECTRD ANTRUM				Inpatient Only				
43886	E	REVISE GASTRIC PORT OPEN	00025			Not Allowed				
43887	E	REMOVE GASTRIC PORT OPEN	00025			Not Allowed				
43888	E	CHANGE GASTRIC PORT OPEN	00686			Not Allowed				
43999	T	STOMACH SURGERY PROCEDURE	00141	8.3175	$397.16	APC				
44005	C	FREEING OF BOWEL ADHESION				Inpatient Only				
44010	C	INCISION OF SMALL BOWEL				Inpatient Only				
44015	C	INSERT NEEDLE CATH BOWEL				Inpatient Only				
44020	C	EXPLORE SMALL INTESTINE				Inpatient Only				
44021	C	DECOMPRESS SMALL BOWEL				Inpatient Only				
44025	C	INCISION OF LARGE BOWEL				Inpatient Only				
44050	C	REDUCE BOWEL OBSTRUCTION				Inpatient Only				
44055	C	CORRECT MALROTATION OF BOWEL				Inpatient Only				
44100	T	BIOPSY OF BOWEL	00141	8.3175	$397.16	APC				
44110	C	EXCISE INTESTINE LESION(S)				Inpatient Only				
44111	C	EXCISION OF BOWEL LESION(S)				Inpatient Only				
44120	C	REMOVAL OF SMALL INTESTINE				Inpatient Only				
44121	C	REMOVAL OF SMALL INTESTINE				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
44125	C	REMOVAL OF SMALL INTESTINE				Inpatient Only				
44126	C	ENTERECTOMY W/O TAPER CONG				Inpatient Only				
44127	C	ENTERECTOMY W/TAPER CONG				Inpatient Only				
44128	C	ENTERECTOMY CONG, ADD-ON				Inpatient Only				
44130	C	BOWEL TO BOWEL FUSION				Inpatient Only				
44132	C	ENTERECTOMY, CADAVER DONOR				Inpatient Only				Y
44133	C	ENTERECTOMY, LIVE DONOR				Inpatient Only				Y
44135	C	INTESTINE TRANSPLNT, CADAVER				Inpatient Only				Y
44136	C	INTESTINE TRANSPLANT, LIVE				Inpatient Only				Y
44137	C	REMOVE INTESTINAL ALLOGRAFT				Inpatient Only				Y
44139	C	MOBILIZATION OF COLON				Inpatient Only				
44140	C	PARTIAL REMOVAL OF COLON				Inpatient Only				
44141	C	PARTIAL REMOVAL OF COLON				Inpatient Only				
44143	C	PARTIAL REMOVAL OF COLON				Inpatient Only				
44144	C	PARTIAL REMOVAL OF COLON				Inpatient Only				
44145	C	PARTIAL REMOVAL OF COLON				Inpatient Only				
44146	C	PARTIAL REMOVAL OF COLON				Inpatient Only				
44147	C	PARTIAL REMOVAL OF COLON				Inpatient Only				
44150	C	REMOVAL OF COLON				Inpatient Only				
44151	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only				
44155	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only				
44156	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only				
44157	C	COLECTOMY W/ILEOANAL ANAST				Inpatient Only				
44158	C	COLECTOMY W/NEO-RECTUM POUCH				Inpatient Only				
44160	C	REMOVAL OF COLON				Inpatient Only				
44180	T	LAP ENTEROLYSIS	00131	43.5488	$2,079.46	APC				
44186	T	LAP JEJUNOSTOMY	00131	43.5488	$2,079.46	APC				
44187	C	LAP ILEO/JEJUNO-STOMY				Inpatient Only				
44188	C	LAP COLOSTOMY				Inpatient Only				
44202	C	LAP ENTERECTOMY				Inpatient Only				
44203	C	LAP RESECT S/INTESTINE, ADDL				Inpatient Only				
44204	C	LAPARO PARTIAL COLECTOMY				Inpatient Only				
44205	C	LAP COLECTOMY PART W/ILEUM				Inpatient Only				
44206	T	LAP PART COLECTOMY W/STOMA	00132	70.5066	$3,366.69	APC				
44207	T	L COLECTOMY/COLOPROCTOSTOMY	00132	70.5066	$3,366.69	APC				
44208	T	L COLECTOMY/COLOPROCTOSTOMY	00132	70.5066	$3,366.69	APC				
44210	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only				
44211	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only				
44212	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
44213	T	LAP MOBIL SPLENIC FL ADD-ON	00130	32.1241	$1,533.93	APC				
44227	C	LAP CLOSE ENTEROSTOMY				Inpatient Only				
44238	T	LAPAROSCOPE PROC INTESTINE	00130	32.1241	$1,533.93	APC				
44300	C	OPEN BOWEL TO SKIN				Inpatient Only				
44310	C	ILEOSTOMY/JEJUNOSTOMY				Inpatient Only				
44312	T	REVISION OF ILEOSTOMY	00027	21.4302	$1,023.29	APC				
44314	C	REVISION OF ILEOSTOMY				Inpatient Only				
44316	C	DEVISE BOWEL POUCH				Inpatient Only				
44320	C	COLOSTOMY				Inpatient Only				
44322	C	COLOSTOMY WITH BIOPSIES				Inpatient Only				
44340	T	REVISION OF COLOSTOMY	00027	21.4302	$1,023.29	APC				
44345	C	REVISION OF COLOSTOMY				Inpatient Only				
44346	C	REVISION OF COLOSTOMY				Inpatient Only				
44360	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY	00142	9.4946	$453.37	APC				
44363	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44364	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44365	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44366	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44369	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44370	T	SMALL BOWEL ENDOSCOPY/STENT	00384	22.9475	$1,095.74	APC				
44372	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44373	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44376	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44377	T	SMALL BOWEL ENDOSCOPY/BIOPSY	00142	9.4946	$453.37	APC				
44378	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44379	T	S BOWEL ENDOSCOPE W/STENT	00384	22.9475	$1,095.74	APC				
44380	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44382	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44383	T	ILEOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
44385	T	ENDOSCOPY OF BOWEL POUCH	00143	8.7686	$418.70	APC				
44386	T	ENDOSCOPY, BOWEL POUCH/BIOP	00143	8.7686	$418.70	APC				
44388	T	COLONOSCOPY	00143	8.7686	$418.70	APC				
44389	T	COLONOSCOPY WITH BIOPSY	00143	8.7686	$418.70	APC				
44390	T	COLONOSCOPY FOR FOREIGN BODY	00143	8.7686	$418.70	APC				
44391	T	COLONOSCOPY FOR BLEEDING	00143	8.7686	$418.70	APC				
44392	T	COLONOSCOPY & POLYPECTOMY	00143	8.7686	$418.70	APC				
44393	T	COLONOSCOPY, LESION REMOVAL	00143	8.7686	$418.70	APC				
44394	T	COLONOSCOPY W/SNARE	00143	8.7686	$418.70	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
44397	T	COLONOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
44500	T	INTRO, GASTROINTESTINAL TUBE	00121	2.3587	$112.63	APC				
44602	C	SUTURE, SMALL INTESTINE				Inpatient Only				
44603	C	SUTURE, SMALL INTESTINE				Inpatient Only				
44604	C	SUTURE, LARGE INTESTINE				Inpatient Only				
44605	C	REPAIR OF BOWEL LESION				Inpatient Only				
44615	C	INTESTINAL STRICTUROPLASTY				Inpatient Only				
44620	C	REPAIR BOWEL OPENING				Inpatient Only				
44625	C	REPAIR BOWEL OPENING				Inpatient Only				
44626	C	REPAIR BOWEL OPENING				Inpatient Only				
44640	C	REPAIR BOWEL-SKIN FISTULA				Inpatient Only				
44650	C	REPAIR BOWEL FISTULA				Inpatient Only				
44660	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only				
44661	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only				
44680	C	SURGICAL REVISION, INTESTINE				Inpatient Only				
44700	C	SUSPEND BOWEL W/PROSTHESIS				Inpatient Only				
44701	N	INTRAOP COLON LAVAGE ADD-ON				APC/ Bundled				
44715	C	PREPARE DONOR INTESTINE				Inpatient Only				Y
44720	C	PREP DONOR INTESTINE/VENOUS				Inpatient Only				Y
44721	C	PREP DONOR INTESTINE/ARTERY				Inpatient Only				Y
44799	T	UNLISTED PROCEDURE INTESTINE	00153	22.0832	$1,054.47	APC				
44800	C	EXCISION OF BOWEL POUCH				Inpatient Only				
44820	C	EXCISION OF MESENTERY LESION				Inpatient Only				
44850	C	REPAIR OF MESENTERY				Inpatient Only				
44899	C	BOWEL SURGERY PROCEDURE				Inpatient Only				
44900	C	DRAIN APP ABSCESS, OPEN				Inpatient Only				
44901	T	DRAIN APP ABSCESS, PERCUT	00037	10.2655	$490.18	APC				
44950	C	APPENDECTOMY				Inpatient Only				
44955	C	APPENDECTOMY ADD-ON				Inpatient Only				
44960	C	APPENDECTOMY				Inpatient Only				
44970	T	LAPAROSCOPY, APPENDECTOMY	00131	43.5488	$2,079.46	APC				
44979	T	LAPAROSCOPE PROC, APP	00130	32.1241	$1,533.93	APC				
45000	T	DRAINAGE OF PELVIC ABSCESS	00148	5.077	$242.43	APC				
45005	T	DRAINAGE OF RECTAL ABSCESS	00155	12.7389	$608.28	APC				
45020	T	DRAINAGE OF RECTAL ABSCESS	00155	12.7389	$608.28	APC				
45100	T	BIOPSY OF RECTUM	00149	22.2682	$1,063.31	APC				
45108	T	REMOVAL OF ANORECTAL LESION	00149	22.2682	$1,063.31	APC				
45110	C	REMOVAL OF RECTUM				Inpatient Only				
45111	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
45112	C	REMOVAL OF RECTUM				Inpatient Only				
45113	C	PARTIAL PROCTECTOMY				Inpatient Only				
45114	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only				
45116	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only				
45119	C	REMOVE RECTUM W/RESERVOIR				Inpatient Only				
45120	C	REMOVAL OF RECTUM				Inpatient Only				
45121	C	REMOVAL OF RECTUM AND COLON				Inpatient Only				
45123	C	PARTIAL PROCTECTOMY				Inpatient Only				
45126	C	PELVIC EXENTERATION				Inpatient Only				
45130	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only				
45135	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only				
45136	C	EXCISE ILEOANAL RESERVIOR				Inpatient Only				
45150	T	EXCISION OF RECTAL STRICTURE	00149	22.2682	$1,063.31	APC				
45160	T	EXCISION OF RECTAL LESION	00149	22.2682	$1,063.31	APC				
45170	T	EXCISION OF RECTAL LESION	00149	22.2682	$1,063.31	APC				
45190	T	DESTRUCTION RECTAL TUMOR	00149	22.2682	$1,063.31	APC				
45300	T	PROCTOSIGMOIDOSCOPY DX	00146	4.8683	$232.46	APC				
45303	T	PROCTOSIGMOIDOSCOPY DILATE	00147	8.5477	$408.15	APC				
45305	T	PROCTOSIGMOIDOSCOPY W/BX	00147	8.5477	$408.15	APC				
45307	T	PROCTOSIGMOIDOSCOPY FB	00428	20.6375	$985.44	APC				
45308	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	8.5477	$408.15	APC				
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	8.5477	$408.15	APC				
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	8.5477	$408.15	APC				
45317	T	PROCTOSIGMOIDOSCOPY BLEED	00147	8.5477	$408.15	APC				
45320	T	PROCTOSIGMOIDOSCOPY ABLATE	00428	20.6375	$985.44	APC				
45321	T	PROCTOSIGMOIDOSCOPY VOLVUL	00428	20.6375	$985.44	APC				
45327	T	PROCTOSIGMOIDOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
45330	T	DIAGNOSTIC SIGMOIDOSCOPY	00146	4.8683	$232.46	APC				
45331	T	SIGMOIDOSCOPY AND BIOPSY	00146	4.8683	$232.46	APC				
45332	T	SIGMOIDOSCOPY W/FB REMOVAL	00146	4.8683	$232.46	APC				
45333	T	SIGMOIDOSCOPY & POLYPECTOMY	00147	8.5477	$408.15	APC				
45334	T	SIGMOIDOSCOPY FOR BLEEDING	00147	8.5477	$408.15	APC				
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ	00146	4.8683	$232.46	APC				
45337	T	SIGMOIDOSCOPY & DECOMPRESS	00146	4.8683	$232.46	APC				
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE	00147	8.5477	$408.15	APC				
45339	T	SIGMOIDOSCOPY W/ABLATE TUMR	00147	8.5477	$408.15	APC				
45340	T	SIG W/BALLOON DILATION	00147	8.5477	$408.15	APC				
45341	T	SIGMOIDOSCOPY W/ULTRASOUND	00147	8.5477	$408.15	APC				
45342	T	SIGMOIDOSCOPY W/US GUIDE BX	00147	8.5477	$408.15	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
45345	T	SIGMOIDOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
45355	T	SURGICAL COLONOSCOPY	00143	8.7686	$418.70	APC				
45378	T	DIAGNOSTIC COLONOSCOPY	00143	8.7686	$418.70	APC				
45379	T	COLONOSCOPY W/FB REMOVAL	00143	8.7686	$418.70	APC				
45380	T	COLONOSCOPY AND BIOPSY	00143	8.7686	$418.70	APC				
45381	T	COLONOSCOPY SUBMUCOUS INJ	00143	8.7686	$418.70	APC				
45382	T	COLONOSCOPY/CONTROL BLEEDING	00143	8.7686	$418.70	APC				
45383	T	LESION REMOVAL COLONOSCOPY	00143	8.7686	$418.70	APC				
45384	T	LESION REMOVE COLONOSCOPY	00143	8.7686	$418.70	APC				
45385	T	LESION REMOVAL COLONOSCOPY	00143	8.7686	$418.70	APC				
45386	T	COLONOSCOPY DILATE STRICTURE	00143	8.7686	$418.70	APC				
45387	T	COLONOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
45391	T	COLONOSCOPY W/ENDOSCOPE US	00143	8.7686	$418.70	APC				
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB	00143	8.7686	$418.70	APC				
45395	C	LAP REMOVAL OF RECTUM				Inpatient Only				
45397	C	LAP REMOVE RECTUM W/POUCH				Inpatient Only				
45400	C	LAPAROSCOPIC PROCTOPEXY				Inpatient Only				
45402	C	LAP PROCTOPEXY W/SIG RESECT				Inpatient Only				
45499	T	LAPAROSCOPE PROC RECTUM	00130	32.1241	$1,533.93	APC				
45500	T	REPAIR OF RECTUM	00149	22.2682	$1,063.31	APC				
45505	T	REPAIR OF RECTUM	00150	29.6189	$1,414.30	APC				
45520	T	TREATMENT OF RECTAL PROLAPSE	00098	1.0798	$51.56	APC				
45540	C	CORRECT RECTAL PROLAPSE				Inpatient Only				
45541	T	CORRECT RECTAL PROLAPSE	00150	29.6189	$1,414.30	APC				
45550	C	REPAIR RECTUM/REMOVE SIGMOID				Inpatient Only				
45560	T	REPAIR OF RECTOCELE	00150	29.6189	$1,414.30	APC				
45562	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only				
45563	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only				
45800	C	REPAIR RECT/BLADDER FISTULA				Inpatient Only				
45805	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only				
45820	C	REPAIR RECTOURETHRAL FISTULA				Inpatient Only				
45825	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only				
45900	T	REDUCTION OF RECTAL PROLAPSE	00148	5.077	$242.43	APC				
45905	T	DILATION OF ANAL SPHINCTER	00149	22.2682	$1,063.31	APC				
45910	T	DILATION OF RECTAL NARROWING	00149	22.2682	$1,063.31	APC				
45915	T	REMOVE RECTAL OBSTRUCTION	00148	5.077	$242.43	APC				
45990	T	SURG DX EXAM ANORECTAL	00148	5.077	$242.43	APC				
45999	T	RECTUM SURGERY PROCEDURE	00148	5.077	$242.43	APC				
46020	T	PLACEMENT OF SETON	00149	22.2682	$1,063.31	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
46030	T	REMOVAL OF RECTAL MARKER	00148	5.077	$242.43	APC				
46040	T	INCISION OF RECTAL ABSCESS	00149	22.2682	$1,063.31	APC				
46045	T	INCISION OF RECTAL ABSCESS	00149	22.2682	$1,063.31	APC				
46050	T	INCISION OF ANAL ABSCESS	00148	5.077	$242.43	APC				
46060	T	INCISION OF RECTAL ABSCESS	00149	22.2682	$1,063.31	APC				
46070	T	INCISION OF ANAL SEPTUM	00155	12.7389	$608.28	APC				
46080	T	INCISION OF ANAL SPHINCTER	00149	22.2682	$1,063.31	APC				
46083	T	INCISE EXTERNAL HEMORRHOID	00164	2.1393	$102.15	APC				
46200	T	REMOVAL OF ANAL FISSURE	00149	22.2682	$1,063.31	APC				
46210	T	REMOVAL OF ANAL CRYPT	00149	22.2682	$1,063.31	APC				
46211	T	REMOVAL OF ANAL CRYPTS	00149	22.2682	$1,063.31	APC				
46220	T	REMOVAL OF ANAL TAG	00149	22.2682	$1,063.31	APC				
46221	T	LIGATION OF HEMORRHOID(S)	00148	5.077	$242.43	APC				
46230	T	REMOVAL OF ANAL TAGS	00149	22.2682	$1,063.31	APC				
46250	T	HEMORRHOIDECTOMY	00149	22.2682	$1,063.31	APC				
46255	T	HEMORRHOIDECTOMY	00149	22.2682	$1,063.31	APC				
46257	T	REMOVE HEMORRHOIDS & FISSURE	00149	22.2682	$1,063.31	APC				
46258	T	REMOVE HEMORRHOIDS & FISTULA	00149	22.2682	$1,063.31	APC				
46260	T	HEMORRHOIDECTOMY	00149	22.2682	$1,063.31	APC				
46261	T	REMOVE HEMORRHOIDS & FISSURE	00149	22.2682	$1,063.31	APC				
46262	T	REMOVE HEMORRHOIDS & FISTULA	00149	22.2682	$1,063.31	APC				
46270	T	REMOVAL OF ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46275	T	REMOVAL OF ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46280	T	REMOVAL OF ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46285	T	REMOVAL OF ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46288	T	REPAIR ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46320	T	REMOVAL OF HEMORRHOID CLOT	00155	12.7389	$608.28	APC				
46500	T	INJECTION INTO HEMORRHOID(S)	00155	12.7389	$608.28	APC				
46505	T	CHEMODENERVATION ANAL MUSC	00148	5.077	$242.43	APC				
46600	X	DIAGNOSTIC ANOSCOPY	00340	0.6102	$29.14	APC				
46604	T	ANOSCOPY AND DILATION	00147	8.5477	$408.15	APC				
46606	T	ANOSCOPY AND BIOPSY	00146	4.8683	$232.46	APC				
46608	T	ANOSCOPY REMOVE FOR BODY	00147	8.5477	$408.15	APC				
46610	T	ANOSCOPY REMOVE LESION	00428	20.6375	$985.44	APC				
46611	T	ANOSCOPY	00147	8.5477	$408.15	APC				
46612	T	ANOSCOPY REMOVE LESIONS	00428	20.6375	$985.44	APC				
46614	T	ANOSCOPY CONTROL BLEEDING	00146	4.8683	$232.46	APC				
46615	T	ANOSCOPY	00428	20.6375	$985.44	APC				
46700	T	REPAIR OF ANAL STRICTURE	00149	22.2682	$1,063.31	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
46705	C	REPAIR OF ANAL STRICTURE				Inpatient Only				
46706	T	REPR OF ANAL FISTULA W/GLUE	00150	29.6189	$1,414.30	APC				
46710	C	REPR PER/VAG POUCH SNGL PROC				Inpatient Only				
46712	C	REPR PER/VAG POUCH DBL PROC				Inpatient Only				
46715	C	REPAIR OF ANOVAGINAL FISTULA				Inpatient Only				
46716	C	REPAIR OF ANOVAGINAL FISTULA				Inpatient Only				
46730	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only				
46735	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only				
46740	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only				
46742	C	REPAIR OF IMPERFORATED ANUS				Inpatient Only				
46744	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only				
46746	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only				
46748	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only				
46750	T	REPAIR OF ANAL SPHINCTER	00171	37.8991	$1,809.68	APC				
46751	C	REPAIR OF ANAL SPHINCTER				Inpatient Only				
46753	T	RECONSTRUCTION OF ANUS	00149	22.2682	$1,063.31	APC				
46754	T	REMOVAL OF SUTURE FROM ANUS	00149	22.2682	$1,063.31	APC				
46760	T	REPAIR OF ANAL SPHINCTER	00171	37.8991	$1,809.68	APC				
46761	T	REPAIR OF ANAL SPHINCTER	00171	37.8991	$1,809.68	APC				
46762	T	IMPLANT ARTIFICIAL SPHINCTER	00171	37.8991	$1,809.68	APC				
46900	T	DESTRUCTION, ANAL LESION(S)	00016	2.6749	$127.73	APC				
46910	T	DESTRUCTION, ANAL LESION(S)	00017	17.4423	$832.87	APC				
46916	T	CRYOSURGERY, ANAL LESION(S)	00013	1.0918	$52.13	APC				
46917	T	LASER SURGERY ANAL LESIONS	00695	20.4276	$975.42	APC				
46922	T	EXCISION OF ANAL LESION(S)	00695	20.4276	$975.42	APC				
46924	T	DESTRUCTION, ANAL LESION(S)	00695	20.4276	$975.42	APC				
46934	T	DESTRUCTION OF HEMORRHOIDS	00155	12.7389	$608.28	APC				
46935	T	DESTRUCTION OF HEMORRHOIDS	00155	12.7389	$608.28	APC				
46936	T	DESTRUCTION OF HEMORRHOIDS	00149	22.2682	$1,063.31	APC				
46937	T	CRYOTHERAPY OF RECTAL LESION	00149	22.2682	$1,063.31	APC				
46938	T	CRYOTHERAPY OF RECTAL LESION	00150	29.6189	$1,414.30	APC				
46940	T	TREATMENT OF ANAL FISSURE	00149	22.2682	$1,063.31	APC				
46942	T	TREATMENT OF ANAL FISSURE	00148	5.077	$242.43	APC				
46945	T	LIGATION OF HEMORRHOIDS	00155	12.7389	$608.28	APC				
46946	T	LIGATION OF HEMORRHOIDS	00155	12.7389	$608.28	APC				
46947	T	HEMORRHOIDOPEXY BY STAPLING	00150	29.6189	$1,414.30	APC				
46999	T	ANUS SURGERY PROCEDURE	00148	5.077	$242.43	APC				
47000	T	NEEDLE BIOPSY OF LIVER	00685	6.1384	$293.11	APC				
47001	N	NEEDLE BIOPSY, LIVER ADD-ON				APC/ Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
47010	C	OPEN DRAINAGE, LIVER LESION				Inpatient Only				
47011	T	PERCUT DRAIN, LIVER LESION	00037	10.2655	$490.18	APC				
47015	C	INJECT/ASPIRATE LIVER CYST				Inpatient Only				
47100	C	WEDGE BIOPSY OF LIVER				Inpatient Only				
47120	C	PARTIAL REMOVAL OF LIVER				Inpatient Only				
47122	C	EXTENSIVE REMOVAL OF LIVER				Inpatient Only				
47125	C	PARTIAL REMOVAL OF LIVER				Inpatient Only				
47130	C	PARTIAL REMOVAL OF LIVER				Inpatient Only				
47133	C	REMOVAL OF DONOR LIVER				Inpatient Only				Y
47135	C	TRANSPLANTATION OF LIVER				Inpatient Only				Y
47136	C	TRANSPLANTATION OF LIVER				Inpatient Only				Y
47140	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only				Y
47141	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only				Y
47142	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only				Y
47143	C	PREP DONOR LIVER WHOLE				Inpatient Only				Y
47144	C	PREP DONOR LIVER 3-SEGMENT				Inpatient Only				Y
47145	C	PREP DONOR LIVER LOBE SPLIT				Inpatient Only				Y
47146	C	PREP DONOR LIVER/VENOUS				Inpatient Only				Y
47147	C	PREP DONOR LIVER/ARTERIAL				Inpatient Only				Y
47300	C	SURGERY FOR LIVER LESION				Inpatient Only				
47350	C	REPAIR LIVER WOUND				Inpatient Only				
47360	C	REPAIR LIVER WOUND				Inpatient Only				
47361	C	REPAIR LIVER WOUND				Inpatient Only				
47362	C	REPAIR LIVER WOUND				Inpatient Only				
47370	T	LAPARO ABLATE LIVER TUMOR RF	00132	70.5066	$3,366.69	APC				
47371	T	LAPARO ABLATE LIVER CRYOSURG	00131	43.5488	$2,079.46	APC				
47379	T	LAPAROSCOPE PROCEDURE, LIVER	00130	32.1241	$1,533.93	APC				
47380	C	OPEN ABLATE LIVER TUMOR RF				Inpatient Only				
47381	C	OPEN ABLATE LIVER TUMOR CRYO				Inpatient Only				
47382	T	PERCUT ABLATE LIVER RF	00423	37.3604	$1,783.96	APC				
47399	T	LIVER SURGERY PROCEDURE	00004	2.0687	$98.78	APC				
47400	C	INCISION OF LIVER DUCT				Inpatient Only				
47420	C	INCISION OF BILE DUCT				Inpatient Only				
47425	C	INCISION OF BILE DUCT				Inpatient Only				
47460	C	INCISE BILE DUCT SPHINCTER				Inpatient Only				
47480	C	INCISION OF GALLBLADDER				Inpatient Only				
47490	T	INCISION OF GALLBLADDER	00152	20.2682	$967.81	APC				
47500	N	INJECTION FOR LIVER X-RAYS				APC/ Bundled				
47505	N	INJECTION FOR LIVER X-RAYS				APC/ Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
47510	T	INSERT CATHETER, BILE DUCT	00152	20.2682	$967.81	APC				
47511	T	INSERT BILE DUCT DRAIN	00152	20.2682	$967.81	APC				
47525	T	CHANGE BILE DUCT CATHETER	00427	11.6575	$556.65	APC				
47530	T	REVISE/REINSERT BILE TUBE	00427	11.6575	$556.65	APC				
47550	C	BILE DUCT ENDOSCOPY ADD-ON				Inpatient Only				
47552	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47553	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47554	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47555	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47556	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47560	T	LAPAROSCOPY W/CHOLANGIO	00130	32.1241	$1,533.93	APC				
47561	T	LAPARO W/CHOLANGIO/BIOPSY	00130	32.1241	$1,533.93	APC				
47562	T	LAPAROSCOPIC CHOLECYSTECTOMY	00131	43.5488	$2,079.46	APC				
47563	T	LAPARO CHOLECYSTECTOMY/GRAPH	00131	43.5488	$2,079.46	APC				
47564	T	LAPARO CHOLECYSTECTOMY/EXPLR	00131	43.5488	$2,079.46	APC				
47570	C	LAPARO CHOLECYSTOENTEROSTOMY				Inpatient Only				
47579	T	LAPAROSCOPE PROC, BILIARY	00130	32.1241	$1,533.93	APC				
47600	C	REMOVAL OF GALLBLADDER				Inpatient Only				
47605	C	REMOVAL OF GALLBLADDER				Inpatient Only				
47610	C	REMOVAL OF GALLBLADDER				Inpatient Only				
47612	C	REMOVAL OF GALLBLADDER				Inpatient Only				
47620	C	REMOVAL OF GALLBLADDER				Inpatient Only				
47630	T	REMOVE BILE DUCT STONE	00152	20.2682	$967.81	APC				
47700	C	EXPLORATION OF BILE DUCTS				Inpatient Only				
47701	C	BILE DUCT REVISION				Inpatient Only				
47711	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only				
47712	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only				
47715	C	EXCISION OF BILE DUCT CYST				Inpatient Only				
47719	C	FUSION OF BILE DUCT CYST				Inpatient Only				
47720	C	FUSE GALLBLADDER & BOWEL				Inpatient Only				
47721	C	FUSE UPPER GI STRUCTURES				Inpatient Only				
47740	C	FUSE GALLBLADDER & BOWEL				Inpatient Only				
47741	C	FUSE GALLBLADDER & BOWEL				Inpatient Only				
47760	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only				
47765	C	FUSE LIVER DUCTS & BOWEL				Inpatient Only				
47780	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only				
47785	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only				
47800	C	RECONSTRUCTION OF BILE DUCTS				Inpatient Only				
47801	C	PLACEMENT, BILE DUCT SUPPORT				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
47802	C	FUSE LIVER DUCT & INTESTINE				Inpatient Only				
47900	C	SUTURE BILE DUCT INJURY				Inpatient Only				
47999	T	BILE TRACT SURGERY PROCEDURE	00152	20.2682	$967.81	APC				
48000	C	DRAINAGE OF ABDOMEN				Inpatient Only				
48001	C	PLACEMENT OF DRAIN, PANCREAS				Inpatient Only				
48020	C	REMOVAL OF PANCREATIC STONE				Inpatient Only				
48100	C	BIOPSY OF PANCREAS, OPEN				Inpatient Only				
48102	T	NEEDLE BIOPSY, PANCREAS	00685	6.1384	$293.11	APC				
48105	C	RESECT/DEBRIDE PANCREAS				Inpatient Only				
48120	C	REMOVAL OF PANCREAS LESION				Inpatient Only				
48140	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only				
48145	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only				
48146	C	PANCREATECTOMY				Inpatient Only				
48148	C	REMOVAL OF PANCREATIC DUCT				Inpatient Only				
48150	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only				
48152	C	PANCREATECTOMY				Inpatient Only				
48153	C	PANCREATECTOMY				Inpatient Only				
48154	C	PANCREATECTOMY				Inpatient Only				
48155	C	REMOVAL OF PANCREAS				Inpatient Only				
48160	M	PANCREAS REMOVAL/TRANSPLANT				By Report	$0.00			Y
48400	C	INJECTION, INTRAOP ADD-ON				Inpatient Only				
48500	C	SURGERY OF PANCREATIC CYST				Inpatient Only				
48510	C	DRAIN PANCREATIC PSEUDOCYST				Inpatient Only				
48511	T	DRAIN PANCREATIC PSEUDOCYST	00037	10.2655	$490.18	APC				
48520	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only				
48540	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only				
48545	C	PANCREATORRHAPHY				Inpatient Only				
48547	C	DUODENAL EXCLUSION				Inpatient Only				
48548	C	FUSE PANCREAS AND BOWEL				Inpatient Only				
48550	M	DONOR PANCREATECTOMY				By Report	$0.00			Y
48551	C	PREP DONOR PANCREAS				Inpatient Only				Y
48552	C	PREP DONOR PANCREAS/VENOUS				Inpatient Only				Y
48554	C	TRANSPL ALLOGRAFT PANCREAS				Inpatient Only				Y
48556	C	REMOVAL, ALLOGRAFT PANCREAS				Inpatient Only				Y
48999	T	PANCREAS SURGERY PROCEDURE	00004	2.0687	$98.78	APC				
49000	C	EXPLORATION OF ABDOMEN				Inpatient Only				
49002	C	REOPENING OF ABDOMEN				Inpatient Only				
49010	C	EXPLORATION BEHIND ABDOMEN				Inpatient Only				
49020	C	DRAIN ABDOMINAL ABSCESS				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
49021	T	DRAIN ABDOMINAL ABSCESS	00037	10.2655	$490.18	APC				
49040	C	DRAIN, OPEN, ABDOM ABSCESS				Inpatient Only				
49041	T	DRAIN, PERCUT, ABDOM ABSCESS	00037	10.2655	$490.18	APC				
49060	C	DRAIN, OPEN, RETROP ABSCESS				Inpatient Only				
49061	T	DRAIN, PERCUT, RETROPER ABSC	00037	10.2655	$490.18	APC				
49062	C	DRAIN TO PERITONEAL CAVITY				Inpatient Only				
49080	T	PUNCTURE, PERITONEAL CAVITY	00070	3.6244	$173.07	APC				
49081	T	REMOVAL OF ABDOMINAL FLUID	00070	3.6244	$173.07	APC				
49180	T	BIOPSY, ABDOMINAL MASS	00685	6.1384	$293.11	APC				
49200	T	REMOVAL OF ABDOMINAL LESION	00130	32.1241	$1,533.93	APC				
49201	C	REMOVE ABDOM LESION COMPLEX				Inpatient Only				
49215	C	EXCISE SACRAL SPINE TUMOR				Inpatient Only				
49220	C	MULTIPLE SURGERY, ABDOMEN				Inpatient Only				
49250	T	EXCISION OF UMBILICUS	00153	22.0832	$1,054.47	APC				
49255	C	REMOVAL OF OMENTUM				Inpatient Only				
49320	T	DIAG LAPARO SEPARATE PROC	00130	32.1241	$1,533.93	APC				
49321	T	LAPAROSCOPY, BIOPSY	00130	32.1241	$1,533.93	APC				
49322	T	LAPAROSCOPY, ASPIRATION	00130	32.1241	$1,533.93	APC				
49323	T	LAPARO DRAIN LYMPHOCELE	00130	32.1241	$1,533.93	APC				
49324	T	LAP INSERTION PERM IP CATH	00130	32.1241	$1,533.93	APC				
49325	T	LAP REVISION PERM IP CATH	00130	32.1241	$1,533.93	APC				
49326	T	LAP W/OMENTOPEXY ADD-ON	00130	32.1241	$1,533.93	APC				
49329	T	LAPARO PROC, ABDM/PER/OMENT	00130	32.1241	$1,533.93	APC				
49400	N	AIR INJECTION INTO ABDOMEN				APC/ Bundled				
49402	T	REMOVE FOREIGN BODY, ADBOMEN	00153	22.0832	$1,054.47	APC				
49419	T	INSRT ABDOM CATH FOR CHEMOTX	00115	29.2133	$1,394.94	APC				
49420	T	INSERT ABDOM DRAIN TEMP	00652	29.5416	$1,410.61	APC				
49421	T	INSERT ABDOM DRAIN PERM	00652	29.5416	$1,410.61	APC				
49422	T	REMOVE PERM CANNULA/CATHETER	00105	25.6142	$1,223.08	APC				
49423	T	EXCHANGE DRAINAGE CATHETER	00427	11.6575	$556.65	APC				
49424	N	ASSESS CYST, CONTRAST INJECT				APC/ Bundled				
49425	C	INSERT ABDOMEN-VENOUS DRAIN				Inpatient Only				
49426	T	REVISE ABDOMEN-VENOUS SHUNT	00153	22.0832	$1,054.47	APC				
49427	N	INJECTION, ABDOMINAL SHUNT				APC/ Bundled				
49428	C	LIGATION OF SHUNT				Inpatient Only				
49429	T	REMOVAL OF SHUNT	00105	25.6142	$1,223.08	APC				
49435	T	INSERT SUBQ EXTEN TO IP CATH	00427	11.6575	$556.65	APC				
49436	T	EMBEDDED IP CATH EXIT-SITE	00427	11.6575	$556.65	APC				
49491	T	RPR HERN PREEMIE REDUC	00154	29.2182	$1,395.17	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
49492	T	RPR ING HERN PREMIE, BLOCKED	00154	29.2182	$1,395.17	APC				
49495	T	RPR ING HERNIA BABY REDUC	00154	29.2182	$1,395.17	APC				
49496	T	RPR ING HERNIA BABY BLOCKED	00154	29.2182	$1,395.17	APC				
49500	T	RPR ING HERNIA INIT REDUCE	00154	29.2182	$1,395.17	APC				
49501	T	RPR ING HERNIA INIT BLOCKED	00154	29.2182	$1,395.17	APC				
49505	T	PRP I/HERN INIT REDUC>5 YR	00154	29.2182	$1,395.17	APC				
49507	T	PRP I/HERN INIT BLOCK>5 YR	00154	29.2182	$1,395.17	APC				
49520	T	REREPAIR ING HERNIA, REDUCE	00154	29.2182	$1,395.17	APC				
49521	T	REREPAIR ING HERNIA BLOCKED	00154	29.2182	$1,395.17	APC				
49525	T	REPAIR ING HERNIA, SLIDING	00154	29.2182	$1,395.17	APC				
49540	T	REPAIR LUMBAR HERNIA	00154	29.2182	$1,395.17	APC				
49550	T	RPR REM HERNIA INIT REDUCE	00154	29.2182	$1,395.17	APC				
49553	T	RPR FEM HERNIA INIT BLOCKED	00154	29.2182	$1,395.17	APC				
49555	T	REREPAIR FEM HERNIA, REDUCE	00154	29.2182	$1,395.17	APC				
49557	T	REREPAIR FEM HERNIA BLOCKED	00154	29.2182	$1,395.17	APC				
49560	T	RPR VENTRAL HERN INIT, REDUC	00154	29.2182	$1,395.17	APC				
49561	T	RPR VENTRAL HERN INIT BLOCK	00154	29.2182	$1,395.17	APC				
49565	T	REREPAIR VENTRL HERN, REDUCE	00154	29.2182	$1,395.17	APC				
49566	T	REREPAIR VENTRL HERN BLOCK	00154	29.2182	$1,395.17	APC				
49568	T	HERNIA REPAIR W/MESH	00154	29.2182	$1,395.17	APC				
49570	T	RPR EPIGASTRIC HERN, REDUCE	00154	29.2182	$1,395.17	APC				
49572	T	RPR EPIGASTRIC HERN BLOCKED	00154	29.2182	$1,395.17	APC				
49580	T	RPR UMBIL HERN REDUC < 5 YR	00154	29.2182	$1,395.17	APC				
49582	T	RPR UMBIL HERN BLOCK < 5 YR	00154	29.2182	$1,395.17	APC				
49585	T	RPR UMBIL HERN, REDUC > 5 YR	00154	29.2182	$1,395.17	APC				
49587	T	RPR UMBIL HERN BLOCK > 5 YR	00154	29.2182	$1,395.17	APC				
49590	T	REPAIR SPIGELIAN HERNIA	00154	29.2182	$1,395.17	APC				
49600	T	REPAIR UMBILICAL LESION	00154	29.2182	$1,395.17	APC				
49605	C	REPAIR UMBILICAL LESION				Inpatient Only				
49606	C	REPAIR UMBILICAL LESION				Inpatient Only				
49610	C	REPAIR UMBILICAL LESION				Inpatient Only				
49611	C	REPAIR UMBILICAL LESION				Inpatient Only				
49650	T	LAPARO HERNIA REPAIR INITIAL	00131	43.5488	$2,079.46	APC				
49651	T	LAPARO HERNIA REPAIR RECUR	00131	43.5488	$2,079.46	APC				
49659	T	LAPARO PROC, HERNIA REPAIR	00130	32.1241	$1,533.93	APC				
49900	C	REPAIR OF ABDOMINAL WALL				Inpatient Only				
49904	C	OMENTAL FLAP EXTRA-ABDOM				Inpatient Only				
49905	C	OMENTAL FLAP INTRA-ABDOM				Inpatient Only				
49906	C	FREE OMENTAL FLAP, MICROVASC				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
49999	T	ABDOMEN SURGERY PROCEDURE	00153	22.0832	$1,054.47	APC				
50010	C	EXPLORATION OF KIDNEY				Inpatient Only				
50020	T	RENAL ABSCESS OPEN DRAIN	00162	23.87	$1,139.79	APC				
50021	T	RENAL ABSCESS, PERCUT DRAIN	00037	10.2655	$490.18	APC				
50040	C	DRAINAGE OF KIDNEY				Inpatient Only				
50045	C	EXPLORATION OF KIDNEY				Inpatient Only				
50060	C	REMOVAL OF KIDNEY STONE				Inpatient Only				
50065	C	INCISION OF KIDNEY				Inpatient Only				
50070	C	INCISION OF KIDNEY				Inpatient Only				
50075	C	REMOVAL OF KIDNEY STONE				Inpatient Only				
50080	T	REMOVAL OF KIDNEY STONE	00429	43.1004	$2,058.04	APC				
50081	T	REMOVAL OF KIDNEY STONE	00429	43.1004	$2,058.04	APC				
50100	C	REVISE KIDNEY BLOOD VESSELS				Inpatient Only				
50120	C	EXPLORATION OF KIDNEY				Inpatient Only				
50125	C	EXPLORE AND DRAIN KIDNEY				Inpatient Only				
50130	C	REMOVAL OF KIDNEY STONE				Inpatient Only				
50135	C	EXPLORATION OF KIDNEY				Inpatient Only				
50200	T	BIOPSY OF KIDNEY	00685	6.1384	$293.11	APC				
50205	C	BIOPSY OF KIDNEY				Inpatient Only				
50220	C	REMOVE KIDNEY, OPEN				Inpatient Only				
50225	C	REMOVAL KIDNEY OPEN, COMPLEX				Inpatient Only				
50230	C	REMOVAL KIDNEY OPEN, RADICAL				Inpatient Only				
50234	C	REMOVAL OF KIDNEY & URETER				Inpatient Only				
50236	C	REMOVAL OF KIDNEY & URETER				Inpatient Only				
50240	C	PARTIAL REMOVAL OF KIDNEY				Inpatient Only				
50250	C	CRYOABLATE RENAL MASS OPEN				Inpatient Only				
50280	C	REMOVAL OF KIDNEY LESION				Inpatient Only				
50290	C	REMOVAL OF KIDNEY LESION				Inpatient Only				
50300	C	REMOVAL OF DONOR KIDNEY				Inpatient Only				Y
50320	C	REMOVAL OF DONOR KIDNEY				Inpatient Only				Y
50323	C	PREP CADAVER RENAL ALLOGRAFT				Inpatient Only				Y
50325	C	PREP DONOR RENAL GRAFT				Inpatient Only				Y
50327	C	PREP RENAL GRAFT/VENOUS				Inpatient Only				Y
50328	C	PREP RENAL GRAFT/ARTERIAL				Inpatient Only				Y
50329	C	PREP RENAL GRAFT/URETERAL				Inpatient Only				Y
50340	C	REMOVAL OF KIDNEY				Inpatient Only				Y
50360	C	TRANSPLANTATION OF KIDNEY				Inpatient Only				Y
50365	C	TRANSPLANTATION OF KIDNEY				Inpatient Only				Y
50370	C	REMOVE TRANSPLANTED KIDNEY				Inpatient Only				Y

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
50380	C	REIMPLANTATION OF KIDNEY				Inpatient Only				Y
50382	T	CHANGE URETER STENT PERCUT	00161	19.2251	$918.00	APC				
50384	T	REMOVE URETER STENT PERCUT	00161	19.2251	$918.00	APC				
50387	T	CHANGE EXT/INT URETER STENT	00122	7.48	$357.17	APC				
50389	T	REMOVE RENAL TUBE W/FLUORO	00156	3.4079	$162.73	APC				
50390	T	DRAINAGE OF KIDNEY LESION	00685	6.1384	$293.11	APC				
50391	T	INSTLL RX AGNT INTO RNAL TUB	00126	1.0887	$51.99	APC				
50392	T	INSERT KIDNEY DRAIN	00161	19.2251	$918.00	APC				
50393	T	INSERT URETERAL TUBE	00161	19.2251	$918.00	APC				
50394	N	INJECTION FOR KIDNEY X-RAY				APC/ Bundled				
50395	T	CREATE PASSAGE TO KIDNEY	00161	19.2251	$918.00	APC				
50396	T	MEASURE KIDNEY PRESSURE	00164	2.1393	$102.15	APC				
50398	T	CHANGE KIDNEY TUBE	00122	7.48	$357.17	APC				
50400	C	REVISION OF KIDNEY/URETER				Inpatient Only				
50405	C	REVISION OF KIDNEY/URETER				Inpatient Only				
50500	C	REPAIR OF KIDNEY WOUND				Inpatient Only				
50520	C	CLOSE KIDNEY-SKIN FISTULA				Inpatient Only				
50525	C	REPAIR RENAL-ABDOMEN FISTULA				Inpatient Only				
50526	C	REPAIR RENAL-ABDOMEN FISTULA				Inpatient Only				
50540	C	REVISION OF HORSESHOE KIDNEY				Inpatient Only				
50541	T	LAPARO ABLATE RENAL CYST	00130	32.1241	$1,533.93	APC				
50542	T	LAPARO ABLATE RENAL MASS	00132	70.5066	$3,366.69	APC				
50543	T	LAPARO PARTIAL NEPHRECTOMY	00131	43.5488	$2,079.46	APC				
50544	T	LAPAROSCOPY, PYELOPLASTY	00130	32.1241	$1,533.93	APC				
50545	C	LAPARO RADICAL NEPHRECTOMY				Inpatient Only				
50546	C	LAPAROSCOPIC NEPHRECTOMY				Inpatient Only				
50547	C	LAPARO REMOVAL DONOR KIDNEY				Inpatient Only				Y
50548	C	LAPARO REMOVE W/ URETER				Inpatient Only				
50549	T	LAPAROSCOPE PROC, RENAL	00130	32.1241	$1,533.93	APC				
50551	T	KIDNEY ENDOSCOPY	00160	6.4951	$310.14	APC				
50553	T	KIDNEY ENDOSCOPY	00161	19.2251	$918.00	APC				
50555	T	KIDNEY ENDOSCOPY & BIOPSY	00160	6.4951	$310.14	APC				
50557	T	KIDNEY ENDOSCOPY & TREATMENT	00162	23.87	$1,139.79	APC				
50561	T	KIDNEY ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50562	T	RENAL SCOPE W/TUMOR RESECT	00160	6.4951	$310.14	APC				
50570	T	KIDNEY ENDOSCOPY	00160	6.4951	$310.14	APC				
50572	T	KIDNEY ENDOSCOPY	00160	6.4951	$310.14	APC				
50574	T	KIDNEY ENDOSCOPY & BIOPSY	00160	6.4951	$310.14	APC				
50575	T	KIDNEY ENDOSCOPY	00163	34.9261	$1,667.72	APC				

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50576	T	KIDNEY ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50580	C	KIDNEY ENDOSCOPY & TREATMENT				Inpatient Only				
50590	T	FRAGMENTING OF KIDNEY STONE	00169	43.5398	$2,079.03	APC				
50592	T	PERC RF ABLATE RENAL TUMOR	00423	37.3604	$1,783.96	APC				
50600	C	EXPLORATION OF URETER				Inpatient Only				
50605	C	INSERT URETERAL SUPPORT				Inpatient Only				
50610	C	REMOVAL OF URETER STONE				Inpatient Only				
50620	C	REMOVAL OF URETER STONE				Inpatient Only				
50630	C	REMOVAL OF URETER STONE				Inpatient Only				
50650	C	REMOVAL OF URETER				Inpatient Only				
50660	C	REMOVAL OF URETER				Inpatient Only				
50684	N	INJECTION FOR URETER X-RAY				APC/ Bundled				
50686	T	MEASURE URETER PRESSURE	00126	1.0887	$51.99	APC				
50688	T	CHANGE OF URETER TUBE/STENT	00122	7.48	$357.17	APC				
50690	N	INJECTION FOR URETER X-RAY				APC/ Bundled				
50700	C	REVISION OF URETER				Inpatient Only				
50715	C	RELEASE OF URETER				Inpatient Only				
50722	C	RELEASE OF URETER				Inpatient Only				
50725	C	RELEASE/REVISE URETER				Inpatient Only				
50727	C	REVISE URETER				Inpatient Only				
50728	C	REVISE URETER				Inpatient Only				
50740	C	FUSION OF URETER & KIDNEY				Inpatient Only				
50750	C	FUSION OF URETER & KIDNEY				Inpatient Only				
50760	C	FUSION OF URETERS				Inpatient Only				
50770	C	SPLICING OF URETERS				Inpatient Only				
50780	C	REIMPLANT URETER IN BLADDER				Inpatient Only				
50782	C	REIMPLANT URETER IN BLADDER				Inpatient Only				
50783	C	REIMPLANT URETER IN BLADDER				Inpatient Only				
50785	C	REIMPLANT URETER IN BLADDER				Inpatient Only				
50800	C	IMPLANT URETER IN BOWEL				Inpatient Only				
50810	C	FUSION OF URETER & BOWEL				Inpatient Only				
50815	C	URINE SHUNT TO INTESTINE				Inpatient Only				
50820	C	CONSTRUCT BOWEL BLADDER				Inpatient Only				
50825	C	CONSTRUCT BOWEL BLADDER				Inpatient Only				
50830	C	REVISE URINE FLOW				Inpatient Only				
50840	C	REPLACE URETER BY BOWEL				Inpatient Only				
50845	C	APPENDICO-VESICOSTOMY				Inpatient Only				
50860	C	TRANSPLANT URETER TO SKIN				Inpatient Only				
50900	C	REPAIR OF URETER				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
50920	C	CLOSURE URETER/SKIN FISTULA				Inpatient Only				
50930	C	CLOSURE URETER/BOWEL FISTULA				Inpatient Only				
50940	C	RELEASE OF URETER				Inpatient Only				
50945	T	LAPAROSCOPY URETEROLITHOTOMY	00131	43.5488	$2,079.46	APC				
50947	T	LAPARO NEW URETER/BLADDER	00131	43.5488	$2,079.46	APC				
50948	T	LAPARO NEW URETER/BLADDER	00131	43.5488	$2,079.46	APC				
50949	T	LAPAROSCOPE PROC, URETER	00130	32.1241	$1,533.93	APC				
50951	T	ENDOSCOPY OF URETER	00160	6.4951	$310.14	APC				
50953	T	ENDOSCOPY OF URETER	00160	6.4951	$310.14	APC				
50955	T	URETER ENDOSCOPY & BIOPSY	00161	19.2251	$918.00	APC				
50957	T	URETER ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50961	T	URETER ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50970	T	URETER ENDOSCOPY	00160	6.4951	$310.14	APC				
50972	T	URETER ENDOSCOPY & CATHETER	00160	6.4951	$310.14	APC				
50974	T	URETER ENDOSCOPY & BIOPSY	00161	19.2251	$918.00	APC				
50976	T	URETER ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50980	T	URETER ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
51000	T	DRAINAGE OF BLADDER	00164	2.1393	$102.15	APC				
51005	T	DRAINAGE OF BLADDER	00126	1.0887	$51.99	APC				
51010	T	DRAINAGE OF BLADDER	00165	18.1679	$867.52	APC				
51020	T	INCISE & TREAT BLADDER	00162	23.87	$1,139.79	APC				
51030	T	INCISE & TREAT BLADDER	00162	23.87	$1,139.79	APC				
51040	T	INCISE & DRAIN BLADDER	00162	23.87	$1,139.79	APC				
51045	T	INCISE BLADDER/DRAIN URETER	00160	6.4951	$310.14	APC				
51050	T	REMOVAL OF BLADDER STONE	00162	23.87	$1,139.79	APC				
51060	C	REMOVAL OF URETER STONE				Inpatient Only				
51065	T	REMOVE URETER CALCULUS	00162	23.87	$1,139.79	APC				
51080	T	DRAINAGE OF BLADDER ABSCESS	00008	17.5086	$836.04	APC				
51500	T	REMOVAL OF BLADDER CYST	00154	29.2182	$1,395.17	APC				
51520	T	REMOVAL OF BLADDER LESION	00162	23.87	$1,139.79	APC				
51525	C	REMOVAL OF BLADDER LESION				Inpatient Only				
51530	C	REMOVAL OF BLADDER LESION				Inpatient Only				
51535	C	REPAIR OF URETER LESION				Inpatient Only				
51550	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only				
51555	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only				
51565	C	REVISE BLADDER & URETER(S)				Inpatient Only				
51570	C	REMOVAL OF BLADDER				Inpatient Only				
51575	C	REMOVAL OF BLADDER & NODES				Inpatient Only				
51580	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
51585	C	REMOVAL OF BLADDER & NODES				Inpatient Only				
51590	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only				
51595	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only				
51596	C	REMOVE BLADDER/CREATE POUCH				Inpatient Only				
51597	C	REMOVAL OF PELVIC STRUCTURES				Inpatient Only				
51600	N	INJECTION FOR BLADDER X-RAY				APC/ Bundled				
51605	N	PREPARATION FOR BLADDER XRAY				APC/ Bundled				
51610	N	INJECTION FOR BLADDER X-RAY				APC/ Bundled				
51700	T	IRRIGATION OF BLADDER	00164	2.1393	$102.15	APC				
51701	X	INSERT BLADDER CATHETER	00340	0.6102	$29.14	APC				
51702	X	INSERT TEMP BLADDER CATH	00340	0.6102	$29.14	APC				
51703	T	INSERT BLADDER CATH COMPLEX	00126	1.0887	$51.99	APC				
51705	T	CHANGE OF BLADDER TUBE	00121	2.3587	$112.63	APC				
51710	T	CHANGE OF BLADDER TUBE	00122	7.48	$357.17	APC				
51715	T	ENDOSCOPIC INJECTION/IMPLANT	00168	29.0253	$1,385.96	APC				
51720	T	TREATMENT OF BLADDER LESION	00164	2.1393	$102.15	APC				
51725	T	SIMPLE CYSTOMETROGRAM	00164	2.1393	$102.15	APC				
51726	T	COMPLEX CYSTOMETROGRAM	00156	3.4079	$162.73	APC				
51736	T	URINE FLOW MEASUREMENT	00126	1.0887	$51.99	APC				
51741	T	ELECTRO-UROFLOWMETRY FIRST	00126	1.0887	$51.99	APC				
51772	T	URETHRA PRESSURE PROFILE	00164	2.1393	$102.15	APC				
51784	T	ANAL/URINARY MUSCLE STUDY	00126	1.0887	$51.99	APC				
51785	T	ANAL/URINARY MUSCLE STUDY	00126	1.0887	$51.99	APC				
51792	T	URINARY REFLEX STUDY	00126	1.0887	$51.99	APC				
51795	T	URINE VOIDING PRESSURE STUDY	00164	2.1393	$102.15	APC				
51797	T	INTRAABDOMINAL PRESSURE TEST	00164	2.1393	$102.15	APC				
51798	X	US URINE CAPACITY MEASURE	00340	0.6102	$29.14	APC				
51800	C	REVISION OF BLADDER/URETHRA				Inpatient Only				
51820	C	REVISION OF URINARY TRACT				Inpatient Only				
51840	C	ATTACH BLADDER/URETHRA				Inpatient Only				
51841	C	ATTACH BLADDER/URETHRA				Inpatient Only				
51845	C	REPAIR BLADDER NECK				Inpatient Only				
51860	C	REPAIR OF BLADDER WOUND				Inpatient Only				
51865	C	REPAIR OF BLADDER WOUND				Inpatient Only				
51880	T	REPAIR OF BLADDER OPENING	00162	23.87	$1,139.79	APC				
51900	C	REPAIR BLADDER/VAGINA LESION				Inpatient Only				
51920	C	CLOSE BLADDER-UTERUS FISTULA				Inpatient Only				
51925	C	HYSTERECTOMY/BLADDER REPAIR				Inpatient Only				
51940	C	CORRECTION OF BLADDER DEFECT				Inpatient Only				

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51960	C	REVISION OF BLADDER & BOWEL				Inpatient Only				
51980	C	CONSTRUCT BLADDER OPENING				Inpatient Only				
51990	T	LAPARO URETHRAL SUSPENSION	00131	43.5488	$2,079.46	APC				
51992	T	LAPARO SLING OPERATION	00131	43.5488	$2,079.46	APC				
51999	T	LAPAROSCOPE PROC BLADDER	00130	32.1241	$1,533.93	APC				
52000	T	CYSTOSCOPY	00160	6.4951	$310.14	APC				
52001	T	CYSTOSCOPY REMOVAL OF CLOTS	00160	6.4951	$310.14	APC				
52005	T	CYSTOSCOPY & URETER CATHETER	00161	19.2251	$918.00	APC				
52007	T	CYSTOSCOPY AND BIOPSY	00161	19.2251	$918.00	APC				
52010	T	CYSTOSCOPY & DUCT CATHETER	00160	6.4951	$310.14	APC				
52204	T	CYSTOSCOPY	00161	19.2251	$918.00	APC				
52214	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52224	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52234	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52235	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52240	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52250	T	CYSTOSCOPY AND RADIOTRACER	00162	23.87	$1,139.79	APC				
52260	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52265	T	CYSTOSCOPY AND TREATMENT	00160	6.4951	$310.14	APC				
52270	T	CYSTOSCOPY & REVISE URETHRA	00161	19.2251	$918.00	APC				
52275	T	CYSTOSCOPY & REVISE URETHRA	00161	19.2251	$918.00	APC				
52276	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52277	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52281	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52282	T	CYSTOSCOPY IMPLANT STENT	00163	34.9261	$1,667.72	APC				
52283	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52285	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52290	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52300	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52301	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52305	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52310	T	CYSTOSCOPY AND TREATMENT	00160	6.4951	$310.14	APC				
52315	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52317	T	REMOVE BLADDER STONE	00162	23.87	$1,139.79	APC				
52318	T	REMOVE BLADDER STONE	00162	23.87	$1,139.79	APC				
52320	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52325	T	CYSTOSCOPY, STONE REMOVAL	00162	23.87	$1,139.79	APC				
52327	T	CYSTOSCOPY INJECT MATERIAL	00162	23.87	$1,139.79	APC				
52330	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				

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52332	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52334	T	CREATE PASSAGE TO KIDNEY	00162	23.87	$1,139.79	APC				
52341	T	CYSTO W/URETER STRICTURE TX	00162	23.87	$1,139.79	APC				
52342	T	CYSTO W/UP STRICTURE TX	00162	23.87	$1,139.79	APC				
52343	T	CYSTO W/RENAL STRICTURE TX	00162	23.87	$1,139.79	APC				
52344	T	CYSTO/URETERO, STRICTURE TX	00162	23.87	$1,139.79	APC				
52345	T	CYSTO/URETERO W/UP STRICTURE	00162	23.87	$1,139.79	APC				
52346	T	CYSTOURETERO W/RENAL STRICT	00162	23.87	$1,139.79	APC				
52351	T	CYSTOURETERO & OR PYELOSCOPE	00161	19.2251	$918.00	APC				
52352	T	CYSTOURETERO W/STONE REMOVE	00162	23.87	$1,139.79	APC				
52353	T	CYSTOURETERO W/LITHOTRIPSY	00163	34.9261	$1,667.72	APC				
52354	T	CYSTOURETERO W/BIOPSY	00162	23.87	$1,139.79	APC				
52355	T	CYSTOURETERO W/EXCISE TUMOR	00162	23.87	$1,139.79	APC				
52400	T	CYSTOURETERO W/CONGEN REPR	00162	23.87	$1,139.79	APC				
52402	T	CYSTOURETHRO CUT EJACUL DUCT	00162	23.87	$1,139.79	APC				
52450	T	INCISION OF PROSTATE	00162	23.87	$1,139.79	APC				
52500	T	REVISION OF BLADDER NECK	00162	23.87	$1,139.79	APC				
52510	T	DILATION PROSTATIC URETHRA	00161	19.2251	$918.00	APC				
52601	T	PROSTATECTOMY (TURP)	00163	34.9261	$1,667.72	APC				
52606	T	CONTROL POSTOP BLEEDING	00162	23.87	$1,139.79	APC				
52612	T	PROSTATECTOMY, FIRST STAGE	00163	34.9261	$1,667.72	APC				
52614	T	PROSTATECTOMY, SECOND STAGE	00163	34.9261	$1,667.72	APC				
52620	T	REMOVE RESIDUAL PROSTATE	00163	34.9261	$1,667.72	APC				
52630	T	REMOVE PROSTATE REGROWTH	00163	34.9261	$1,667.72	APC				
52640	T	RELIEVE BLADDER CONTRACTURE	00162	23.87	$1,139.79	APC				
52647	T	LASER SURGERY OF PROSTATE	00429	43.1004	$2,058.04	APC				
52648	T	LASER SURGERY OF PROSTATE	00429	43.1004	$2,058.04	APC				
52700	T	DRAINAGE OF PROSTATE ABSCESS	00162	23.87	$1,139.79	APC				
53000	T	INCISION OF URETHRA	00166	18.396	$878.41	APC				
53010	T	INCISION OF URETHRA	00166	18.396	$878.41	APC				
53020	T	INCISION OF URETHRA	00166	18.396	$878.41	APC				
53025	T	INCISION OF URETHRA	00166	18.396	$878.41	APC				
53040	T	DRAINAGE OF URETHRA ABSCESS	00166	18.396	$878.41	APC				
53060	T	DRAINAGE OF URETHRA ABSCESS	00166	18.396	$878.41	APC				
53080	T	DRAINAGE OF URINARY LEAKAGE	00166	18.396	$878.41	APC				
53085	T	DRAINAGE OF URINARY LEAKAGE	00166	18.396	$878.41	APC				
53200	T	BIOPSY OF URETHRA	00166	18.396	$878.41	APC				
53210	T	REMOVAL OF URETHRA	00168	29.0253	$1,385.96	APC				
53215	T	REMOVAL OF URETHRA	00166	18.396	$878.41	APC				

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53220	T	TREATMENT OF URETHRA LESION	00168	29.0253	$1,385.96	APC				
53230	T	REMOVAL OF URETHRA LESION	00168	29.0253	$1,385.96	APC				
53235	T	REMOVAL OF URETHRA LESION	00166	18.396	$878.41	APC				
53240	T	SURGERY FOR URETHRA POUCH	00168	29.0253	$1,385.96	APC				
53250	T	REMOVAL OF URETHRA GLAND	00166	18.396	$878.41	APC				
53260	T	TREATMENT OF URETHRA LESION	00166	18.396	$878.41	APC				
53265	T	TREATMENT OF URETHRA LESION	00166	18.396	$878.41	APC				
53270	T	REMOVAL OF URETHRA GLAND	00166	18.396	$878.41	APC				
53275	T	REPAIR OF URETHRA DEFECT	00166	18.396	$878.41	APC				
53400	T	REVISE URETHRA, STAGE 1	00168	29.0253	$1,385.96	APC				
53405	T	REVISE URETHRA, STAGE 2	00168	29.0253	$1,385.96	APC				
53410	T	RECONSTRUCTION OF URETHRA	00168	29.0253	$1,385.96	APC				
53415	C	RECONSTRUCTION OF URETHRA				Inpatient Only				
53420	T	RECONSTRUCT URETHRA, STAGE 1	00168	29.0253	$1,385.96	APC				
53425	T	RECONSTRUCT URETHRA, STAGE 2	00168	29.0253	$1,385.96	APC				
53430	T	RECONSTRUCTION OF URETHRA	00168	29.0253	$1,385.96	APC				
53431	T	RECONSTRUCT URETHRA/BLADDER	00168	29.0253	$1,385.96	APC				
53440	S	MALE SLING PROCEDURE	00385	79.2092	$3,782.24	APC				
53442	T	REMOVE/REVISE MALE SLING	00168	29.0253	$1,385.96	APC				
53444	S	INSERT TANDEM CUFF	00385	79.2092	$3,782.24	APC				
53445	S	INSERT URO/VES NCK SPHINCTER	00386	137.3897	$6,560.36	APC				
53446	T	REMOVE URO SPHINCTER	00168	29.0253	$1,385.96	APC				
53447	S	REMOVE/REPLACE UR SPHINCTER	00386	137.3897	$6,560.36	APC				
53448	C	REMOV/REPLC UR SPHINCTR COMP				Inpatient Only				
53449	T	REPAIR URO SPHINCTER	00168	29.0253	$1,385.96	APC				
53450	T	REVISION OF URETHRA	00168	29.0253	$1,385.96	APC				
53460	T	REVISION OF URETHRA	00166	18.396	$878.41	APC				
53500	T	URETHRLYS TRANSVAG W/ SCOPE	00168	29.0253	$1,385.96	APC				
53502	T	REPAIR OF URETHRA INJURY	00166	18.396	$878.41	APC				
53505	T	REPAIR OF URETHRA INJURY	00168	29.0253	$1,385.96	APC				
53510	T	REPAIR OF URETHRA INJURY	00166	18.396	$878.41	APC				
53515	T	REPAIR OF URETHRA INJURY	00168	29.0253	$1,385.96	APC				
53520	T	REPAIR OF URETHRA DEFECT	00168	29.0253	$1,385.96	APC				
53600	T	DILATE URETHRA STRICTURE	00156	3.4079	$162.73	APC				
53601	T	DILATE URETHRA STRICTURE	00126	1.0887	$51.99	APC				
53605	T	DILATE URETHRA STRICTURE	00161	19.2251	$918.00	APC				
53620	T	DILATE URETHRA STRICTURE	00165	18.1679	$867.52	APC				
53621	T	DILATE URETHRA STRICTURE	00164	2.1393	$102.15	APC				
53660	T	DILATION OF URETHRA	00126	1.0887	$51.99	APC				

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53661	T	DILATION OF URETHRA	00126	1.0887	$51.99	APC				
53665	T	DILATION OF URETHRA	00166	18.396	$878.41	APC				
53850	T	PROSTATIC MICROWAVE THERMOTX	00675	41.1375	$1,964.32	APC				
53852	T	PROSTATIC RF THERMOTX	00675	41.1375	$1,964.32	APC				
53853	T	PROSTATIC WATER THERMOTHER	00162	23.87	$1,139.79	APC				
53899	T	UROLOGY SURGERY PROCEDURE	00126	1.0887	$51.99	APC				
54000	T	SLITTING OF PREPUCE	00166	18.396	$878.41	APC				
54001	T	SLITTING OF PREPUCE	00166	18.396	$878.41	APC				
54015	T	DRAIN PENIS LESION	00008	17.5086	$836.04	APC				
54050	T	DESTRUCTION, PENIS LESION(S)	00013	1.0918	$52.13	APC				
54055	T	DESTRUCTION, PENIS LESION(S)	00017	17.4423	$832.87	APC				
54056	T	CRYOSURGERY, PENIS LESION(S)	00012	0.8432	$40.26	APC				
54057	T	LASER SURG, PENIS LESION(S)	00017	17.4423	$832.87	APC				
54060	T	EXCISION OF PENIS LESION(S)	00017	17.4423	$832.87	APC				
54065	T	DESTRUCTION, PENIS LESION(S)	00695	20.4276	$975.42	APC				
54100	T	BIOPSY OF PENIS	00021	15.1024	$721.14	APC				
54105	T	BIOPSY OF PENIS	00022	20.0656	$958.13	APC				
54110	T	TREATMENT OF PENIS LESION	00181	32.9873	$1,575.14	APC				
54111	T	TREAT PENIS LESION GRAFT	00181	32.9873	$1,575.14	APC				
54112	T	TREAT PENIS LESION GRAFT	00181	32.9873	$1,575.14	APC				
54115	T	TREATMENT OF PENIS LESION	00008	17.5086	$836.04	APC				
54120	T	PARTIAL REMOVAL OF PENIS	00181	32.9873	$1,575.14	APC				
54125	C	REMOVAL OF PENIS				Inpatient Only				
54130	C	REMOVE PENIS & NODES				Inpatient Only				
54135	C	REMOVE PENIS & NODES				Inpatient Only				
54150	T	CIRCUMCISION W/REGIONL BLOCK	00180	20.5513	$981.32	APC				Y
54160	T	CIRCUMCISION, NEONATE	00180	20.5513	$981.32	APC				Y
54161	T	CIRCUM 28 DAYS OR OLDER	00180	20.5513	$981.32	APC				Y
54162	T	LYSIS PENIL CIRCUMIC LESION	00180	20.5513	$981.32	APC				
54163	T	REPAIR OF CIRCUMCISION	00180	20.5513	$981.32	APC				
54164	T	FRENULOTOMY OF PENIS	00180	20.5513	$981.32	APC				
54200	T	TREATMENT OF PENIS LESION	00164	2.1393	$102.15	APC				
54205	T	TREATMENT OF PENIS LESION	00181	32.9873	$1,575.14	APC				
54220	T	TREATMENT OF PENIS LESION	00164	2.1393	$102.15	APC				
54230	N	PREPARE PENIS STUDY				APC/ Bundled				
54231	T	DYNAMIC CAVERNOSOMETRY	00165	18.1679	$867.52	APC				
54235	T	PENILE INJECTION	00164			Not Allowed				
54240	T	PENIS STUDY	00126	1.0887	$51.99	APC				
54250	T	PENIS STUDY	00164			Not Allowed				

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54300	T	REVISION OF PENIS	00181	32.9873	$1,575.14	APC				
54304	T	REVISION OF PENIS	00181	32.9873	$1,575.14	APC				
54308	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54312	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54316	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54318	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54322	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54324	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54326	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54328	T	REVISE PENIS/URETHRA	00181	32.9873	$1,575.14	APC				
54332	C	REVISE PENIS/URETHRA				Inpatient Only				
54336	C	REVISE PENIS/URETHRA				Inpatient Only				
54340	T	SECONDARY URETHRAL SURGERY	00181	32.9873	$1,575.14	APC				
54344	T	SECONDARY URETHRAL SURGERY	00181	32.9873	$1,575.14	APC				
54348	T	SECONDARY URETHRAL SURGERY	00181	32.9873	$1,575.14	APC				
54352	T	RECONSTRUCT URETHRA/PENIS	00181	32.9873	$1,575.14	APC				
54360	T	PENIS PLASTIC SURGERY	00181			Not Allowed				Y
54380	T	REPAIR PENIS	00181	32.9873	$1,575.14	APC				
54385	T	REPAIR PENIS	00181	32.9873	$1,575.14	APC				
54390	C	REPAIR PENIS AND BLADDER				Inpatient Only				
54400	S	INSERT SEMI-RIGID PROSTHESIS	00385	79.2092	$3,782.24	APC				
54401	S	INSERT SELF-CONTD PROSTHESIS	00386	137.3897	$6,560.36	APC				
54405	S	INSERT MULTI-COMP PENIS PROS	00386	137.3897	$6,560.36	APC				
54406	T	REMOVE MUTI-COMP PENIS PROS	00181	32.9873	$1,575.14	APC				
54408	T	REPAIR MULTI-COMP PENIS PROS	00181	32.9873	$1,575.14	APC				
54410	S	REMOVE/REPLACE PENIS PROSTH	00386	137.3897	$6,560.36	APC				
54411	C	REMOV/REPLC PENIS PROS COMP				Inpatient Only				
54415	T	REMOVE SELF-CONTD PENIS PROS	00181	32.9873	$1,575.14	APC				
54416	S	REMV/REPL PENIS CONTAIN PROS	00386	137.3897	$6,560.36	APC				
54417	C	REMV/REPLC PENIS PROS, COMPL				Inpatient Only				
54420	T	REVISION OF PENIS	00181	32.9873	$1,575.14	APC				
54430	C	REVISION OF PENIS				Inpatient Only				
54435	T	REVISION OF PENIS	00181	32.9873	$1,575.14	APC				
54440	T	REPAIR OF PENIS	00181	32.9873	$1,575.14	APC				
54450	T	PREPUTIAL STRETCHING	00156	3.4079	$162.73	APC				
54500	T	BIOPSY OF TESTIS	00037	10.2655	$490.18	APC				
54505	T	BIOPSY OF TESTIS	00183	23.531	$1,123.61	APC				
54512	T	EXCISE LESION TESTIS	00183	23.531	$1,123.61	APC				
54520	T	REMOVAL OF TESTIS	00183	23.531	$1,123.61	APC				

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54522	T	ORCHIECTOMY PARTIAL	00183	23.531	$1,123.61	APC				
54530	T	REMOVAL OF TESTIS	00154	29.2182	$1,395.17	APC				
54535	C	EXTENSIVE TESTIS SURGERY				Inpatient Only				
54550	T	EXPLORATION FOR TESTIS	00154	29.2182	$1,395.17	APC				
54560	T	EXPLORATION FOR TESTIS	00183	23.531	$1,123.61	APC				
54600	T	REDUCE TESTIS TORSION	00183	23.531	$1,123.61	APC				
54620	T	SUSPENSION OF TESTIS	00183	23.531	$1,123.61	APC				
54640	T	SUSPENSION OF TESTIS	00154	29.2182	$1,395.17	APC				
54650	C	ORCHIOPEXY (FOWLER-STEPHENS)				Inpatient Only				
54660	T	REVISION OF TESTIS	00183	23.531	$1,123.61	APC				
54670	T	REPAIR TESTIS INJURY	00183	23.531	$1,123.61	APC				
54680	T	RELOCATION OF TESTIS(ES)	00183	23.531	$1,123.61	APC				
54690	T	LAPAROSCOPY, ORCHIECTOMY	00131	43.5488	$2,079.46	APC				
54692	T	LAPAROSCOPY, ORCHIOPEXY	00132	70.5066	$3,366.69	APC				
54699	T	LAPAROSCOPE PROC, TESTIS	00130	32.1241	$1,533.93	APC				
54700	T	DRAINAGE OF SCROTUM	00183	23.531	$1,123.61	APC				
54800	T	BIOPSY OF EPIDIDYMIS	00004	2.0687	$98.78	APC				
54830	T	REMOVE EPIDIDYMIS LESION	00183	23.531	$1,123.61	APC				
54840	T	REMOVE EPIDIDYMIS LESION	00183	23.531	$1,123.61	APC				
54860	T	REMOVAL OF EPIDIDYMIS	00183	23.531	$1,123.61	APC				
54861	T	REMOVAL OF EPIDIDYMIS	00183	23.531	$1,123.61	APC				
54865	T	EXPLORE EPIDIDYMIS	00183	23.531	$1,123.61	APC				
54900	T	FUSION OF SPERMATIC DUCTS	00183	23.531	$1,123.61	APC				
54901	T	FUSION OF SPERMATIC DUCTS	00183	23.531	$1,123.61	APC				
55000	T	DRAINAGE OF HYDROCELE	00004	2.0687	$98.78	APC				
55040	T	REMOVAL OF HYDROCELE	00154	29.2182	$1,395.17	APC				
55041	T	REMOVAL OF HYDROCELES	00154	29.2182	$1,395.17	APC				
55060	T	REPAIR OF HYDROCELE	00183	23.531	$1,123.61	APC				
55100	T	DRAINAGE OF SCROTUM ABSCESS	00007	11.1535	$532.58	APC				
55110	T	EXPLORE SCROTUM	00183	23.531	$1,123.61	APC				
55120	T	REMOVAL OF SCROTUM LESION	00183	23.531	$1,123.61	APC				
55150	T	REMOVAL OF SCROTUM	00183	23.531	$1,123.61	APC				
55175	T	REVISION OF SCROTUM	00183	23.531	$1,123.61	APC				
55180	T	REVISION OF SCROTUM	00183	23.531	$1,123.61	APC				
55200	T	INCISION OF SPERM DUCT	00183	23.531	$1,123.61	APC				
55250	T	REMOVAL OF SPERM DUCT(S)	00183	23.531	$1,123.61	APC				
55300	N	PREPARE, SPERM DUCT X-RAY				APC/ Bundled				
55400	T	REPAIR OF SPERM DUCT	00183	23.531	$1,123.61	APC				
55450	T	LIGATION OF SPERM DUCT	00183	23.531	$1,123.61	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
55500	T	REMOVAL OF HYDROCELE	00183	23.531	$1,123.61	APC				
55520	T	REMOVAL OF SPERM CORD LESION	00183	23.531	$1,123.61	APC				
55530	T	REVISE SPERMATIC CORD VEINS	00183	23.531	$1,123.61	APC				
55535	T	REVISE SPERMATIC CORD VEINS	00154	29.2182	$1,395.17	APC				
55540	T	REVISE HERNIA & SPERM VEINS	00154	29.2182	$1,395.17	APC				
55550	T	LAPARO LIGATE SPERMATIC VEIN	00131	43.5488	$2,079.46	APC				
55559	T	LAPARO PROC, SPERMATIC CORD	00130	32.1241	$1,533.93	APC				
55600	T	INCISE SPERM DUCT POUCH	00183	23.531	$1,123.61	APC				
55605	C	INCISE SPERM DUCT POUCH				Inpatient Only				
55650	C	REMOVE SPERM DUCT POUCH				Inpatient Only				
55680	T	REMOVE SPERM POUCH LESION	00183	23.531	$1,123.61	APC				
55700	T	BIOPSY OF PROSTATE	00184	5.6262	$268.65	APC				
55705	T	BIOPSY OF PROSTATE	00184	5.6262	$268.65	APC				
55720	T	DRAINAGE OF PROSTATE ABSCESS	00162	23.87	$1,139.79	APC				
55725	T	DRAINAGE OF PROSTATE ABSCESS	00162	23.87	$1,139.79	APC				
55801	C	REMOVAL OF PROSTATE				Inpatient Only				
55810	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only				
55812	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only				
55815	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only				
55821	C	REMOVAL OF PROSTATE				Inpatient Only				
55831	C	REMOVAL OF PROSTATE				Inpatient Only				
55840	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only				
55842	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only				
55845	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only				
55860	T	SURGICAL EXPOSURE, PROSTATE	00165	18.1679	$867.52	APC				
55862	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only				
55865	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only				
55866	C	LAPARO RADICAL PROSTATECTOMY				Inpatient Only				
55870	E	ELECTROEJACULATION	00197			Not Allowed				
55873	T	CRYOABLATE PROSTATE	00674	108.7566	$5,193.13	APC				
55875	T	TRANSPERI NEEDLE PLACE, PROS	00163	34.9261	$1,667.72	APC				
55876	T	PLACE RT DEVICE/MARKER, PROS	00156	3.4079	$162.73	APC				
55899	T	GENITAL SURGERY PROCEDURE	00126	1.0887	$51.99	APC				
55970	E	SEX TRANSFORMATION, M TO F				Not Allowed				
55980	E	SEX TRANSFORMATION, F TO M				Not Allowed				
56405	T	I & D OF VULVA/PERINEUM	00189	2.8966	$138.31	APC				
56420	T	DRAINAGE OF GLAND ABSCESS	00188	1.29	$61.60	APC				
56440	T	SURGERY FOR VULVA LESION	00194	20.5081	$979.26	APC				
56441	T	LYSIS OF LABIAL LESION(S)	00193	14.8489	$709.03	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
56442	T	HYMENOTOMY	00193	14.8489	$709.03	APC				
56501	T	DESTROY VULVA LESIONS SIM	00017	17.4423	$832.87	APC				
56515	T	DESTROY VULVA LESION/S COMPL	00695	20.4276	$975.42	APC				
56605	T	BIOPSY OF VULVA/PERINEUM	00019	4.0919	$195.39	APC				
56606	T	BIOPSY OF VULVA/PERINEUM	00019	4.0919	$195.39	APC				
56620	T	PARTIAL REMOVAL OF VULVA	00195	28.5095	$1,361.33	APC				
56625	T	COMPLETE REMOVAL OF VULVA	00195	28.5095	$1,361.33	APC				
56630	C	EXTENSIVE VULVA SURGERY				Inpatient Only				
56631	C	EXTENSIVE VULVA SURGERY				Inpatient Only				
56632	C	EXTENSIVE VULVA SURGERY				Inpatient Only				
56633	C	EXTENSIVE VULVA SURGERY				Inpatient Only				
56634	C	EXTENSIVE VULVA SURGERY				Inpatient Only				
56637	C	EXTENSIVE VULVA SURGERY				Inpatient Only				
56640	C	EXTENSIVE VULVA SURGERY				Inpatient Only				
56700	T	PARTIAL REMOVAL OF HYMEN	00194	20.5081	$979.26	APC				
56740	T	REMOVE VAGINA GLAND LESION	00194	20.5081	$979.26	APC				
56800	T	REPAIR OF VAGINA	00194	20.5081	$979.26	APC				
56805	T	REPAIR CLITORIS	00193	14.8489	$709.03	APC				
56810	T	REPAIR OF PERINEUM	00194	20.5081	$979.26	APC				
56820	T	EXAM OF VULVA W/SCOPE	00188	1.29	$61.60	APC				
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE	00189	2.8966	$138.31	APC				
57000	T	EXPLORATION OF VAGINA	00193	14.8489	$709.03	APC				
57010	T	DRAINAGE OF PELVIC ABSCESS	00193	14.8489	$709.03	APC				
57020	T	DRAINAGE OF PELVIC FLUID	00192	6.6592	$317.98	APC				
57022	T	I & D VAGINAL HEMATOMA, PP	00007	11.1535	$532.58	APC				
57023	T	I & D VAG HEMATOMA, NON-OB	00008	17.5086	$836.04	APC				
57061	T	DESTROY VAG LESIONS, SIMPLE	00194	20.5081	$979.26	APC				
57065	T	DESTROY VAG LESIONS, COMPLEX	00194	20.5081	$979.26	APC				
57100	T	BIOPSY OF VAGINA	00192	6.6592	$317.98	APC				
57105	T	BIOPSY OF VAGINA	00194	20.5081	$979.26	APC				
57106	T	REMOVE VAGINA WALL, PARTIAL	00194	20.5081	$979.26	APC				
57107	T	REMOVE VAGINA TISSUE, PART	00195	28.5095	$1,361.33	APC				
57109	T	VAGINECTOMY PARTIAL W/NODES	00195	28.5095	$1,361.33	APC				
57110	C	REMOVE VAGINA WALL, COMPLETE				Inpatient Only				
57111	C	REMOVE VAGINA TISSUE, COMPL				Inpatient Only				
57112	C	VAGINECTOMY W/NODES, COMPL				Inpatient Only				
57120	T	CLOSURE OF VAGINA	00195	28.5095	$1,361.33	APC				
57130	T	REMOVE VAGINA LESION	00194	20.5081	$979.26	APC				
57135	T	REMOVE VAGINA LESION	00194	20.5081	$979.26	APC				

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57150	T	TREAT VAGINA INFECTION	00191	0.1468	$7.01	APC				
57155	T	INSERT UTERI TANDEMS/OVOIDS	00192	6.6592	$317.98	APC				
57160	T	INSERT PESSARY/OTHER DEVICE	00188	1.29	$61.60	APC				
57170	T	FITTING OF DIAPHRAGM/CAP	00191	0.1468	$7.01	APC				
57180	T	TREAT VAGINAL BLEEDING	00189	2.8966	$138.31	APC				
57200	T	REPAIR OF VAGINA	00194	20.5081	$979.26	APC				
57210	T	REPAIR VAGINA/PERINEUM	00194	20.5081	$979.26	APC				
57220	T	REVISION OF URETHRA	00202	42.9896	$2,052.75	APC				
57230	T	REPAIR OF URETHRAL LESION	00195	28.5095	$1,361.33	APC				
57240	T	REPAIR BLADDER & VAGINA	00195	28.5095	$1,361.33	APC				
57250	T	REPAIR RECTUM & VAGINA	00195	28.5095	$1,361.33	APC				
57260	T	REPAIR OF VAGINA	00195	28.5095	$1,361.33	APC				
57265	T	EXTENSIVE REPAIR OF VAGINA	00202	42.9896	$2,052.75	APC				
57267	T	INSERT MESH/PELVIC FLR ADDON	00195	28.5095	$1,361.33	APC				
57268	T	REPAIR OF BOWEL BULGE	00195	28.5095	$1,361.33	APC				
57270	C	REPAIR OF BOWEL POUCH				Inpatient Only				
57280	C	SUSPENSION OF VAGINA				Inpatient Only				
57282	T	COLPOPEXY, EXTRAPERITONEAL	00202	42.9896	$2,052.75	APC				
57283	T	COLPOPEXY INTRAPERITONEAL	00202	42.9896	$2,052.75	APC				
57284	T	REPAIR PARAVAGINAL DEFECT	00202	42.9896	$2,052.75	APC				
57287	T	REVISE/REMOVE SLING REPAIR	00195	28.5095	$1,361.33	APC				
57288	T	REPAIR BLADDER DEFECT	00202	42.9896	$2,052.75	APC				
57289	T	REPAIR BLADDER & VAGINA	00195	28.5095	$1,361.33	APC				
57291	T	CONSTRUCTION OF VAGINA	00195			Not Allowed				
57292	T	CONSTRUCT VAGINA WITH GRAFT	00195	28.5095	$1,361.33	APC				
57295	T	CHANGE VAGINAL GRAFT	00194	20.5081	$979.26	APC				
57296	C	REVISE VAG GRAFT, OPEN ABD				Inpatient Only				
57300	T	REPAIR RECTUM-VAGINA FISTULA	00195	28.5095	$1,361.33	APC				
57305	C	REPAIR RECTUM-VAGINA FISTULA				Inpatient Only				
57307	C	FISTULA REPAIR & COLOSTOMY				Inpatient Only				
57308	C	FISTULA REPAIR, TRANSPERINE				Inpatient Only				
57310	T	REPAIR URETHROVAGINAL LESION	00202	42.9896	$2,052.75	APC				
57311	C	REPAIR URETHROVAGINAL LESION				Inpatient Only				
57320	T	REPAIR BLADDER-VAGINA LESION	00195	28.5095	$1,361.33	APC				
57330	T	REPAIR BLADDER-VAGINA LESION	00195	28.5095	$1,361.33	APC				
57335	T	REPAIR VAGINA	00195	28.5095	$1,361.33	APC				
57400	T	DILATION OF VAGINA	00194	20.5081	$979.26	APC				
57410	T	PELVIC EXAMINATION	00193	14.8489	$709.03	APC				
57415	T	REMOVE VAGINAL FOREIGN BODY	00194	20.5081	$979.26	APC				

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57420	T	EXAM OF VAGINA W/SCOPE	00189	2.8966	$138.31	APC				
57421	T	EXAM/BIOPSY OF VAG W/SCOPE	00189	2.8966	$138.31	APC				
57425	T	LAPAROSCOPY SURG COLPOPEXY	00130	32.1241	$1,533.93	APC				
57452	T	EXAM OF CERVIX W/SCOPE	00188	1.29	$61.60	APC				
57454	T	BX/CURETT OF CERVIX W/SCOPE	00189	2.8966	$138.31	APC				
57455	T	BIOPSY OF CERVIX W/SCOPE	00189	2.8966	$138.31	APC				
57456	T	ENDOCERV CURETTAGE W/SCOPE	00189	2.8966	$138.31	APC				
57460	T	BX OF CERVIX W/SCOPE LEEP	00193	14.8489	$709.03	APC				
57461	T	CONZ OF CERVIX W/SCOPE LEEP	00194	20.5081	$979.26	APC				
57500	T	BIOPSY OF CERVIX	00189	2.8966	$138.31	APC				
57505	T	ENDOCERVICAL CURETTAGE	00189	2.8966	$138.31	APC				
57510	T	CAUTERIZATION OF CERVIX	00193	14.8489	$709.03	APC				
57511	T	CRYOCAUTERY OF CERVIX	00188	1.29	$61.60	APC				
57513	T	LASER SURGERY OF CERVIX	00193	14.8489	$709.03	APC				
57520	T	CONIZATION OF CERVIX	00194	20.5081	$979.26	APC				
57522	T	CONIZATION OF CERVIX	00195	28.5095	$1,361.33	APC				
57530	T	REMOVAL OF CERVIX	00195	28.5095	$1,361.33	APC				
57531	C	REMOVAL OF CERVIX, RADICAL				Inpatient Only				
57540	C	REMOVAL OF RESIDUAL CERVIX				Inpatient Only				
57545	C	REMOVE CERVIX/REPAIR PELVIS				Inpatient Only				
57550	T	REMOVAL OF RESIDUAL CERVIX	00195	28.5095	$1,361.33	APC				
57555	T	REMOVE CERVIX/REPAIR VAGINA	00195	28.5095	$1,361.33	APC				
57556	T	REMOVE CERVIX REPAIR BOWEL	00202	42.9896	$2,052.75	APC				
57558	T	D&C OF CERVICAL STUMP	00196	17.7499	$847.56	APC				
57700	T	REVISION OF CERVIX	00194	20.5081	$979.26	APC				
57720	T	REVISION OF CERVIX	00194	20.5081	$979.26	APC				
57800	T	DILATION OF CERVICAL CANAL	00193	14.8489	$709.03	APC				
58100	T	BIOPSY OF UTERUS LINING	00188	1.29	$61.60	APC				
58110	T	BX DONE W/COLPOSCOPY ADD-ON	00188	1.29	$61.60	APC				
58120	T	DILATION AND CURETTAGE	00196	17.7499	$847.56	APC				
58140	C	MYOMECTOMY ABDOM METHOD				Inpatient Only				
58145	T	MYOMECTOMY VAG METHOD	00195	28.5095	$1,361.33	APC				
58146	C	MYOMECTOMY ABDOM COMPLEX				Inpatient Only				
58150	C	TOTAL HYSTERECTOMY				Inpatient Only				
58152	C	TOTAL HYSTERECTOMY				Inpatient Only				
58180	C	PARTIAL HYSTERECTOMY				Inpatient Only				
58200	C	EXTENSIVE HYSTERECTOMY				Inpatient Only				
58210	C	EXTENSIVE HYSTERECTOMY				Inpatient Only				
58240	C	REMOVAL OF PELVIS CONTENTS				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
58260	T	VAGINAL HYSTERECTOMY	00195	28.5095	$1,361.33	APC				
58262	T	VAG HYST INCLUDING T/O	00195	28.5095	$1,361.33	APC				
58263	T	VAG HYST W/T/O & VAG REPAIR	00195	28.5095	$1,361.33	APC				
58267	C	VAG HYST W/URINARY REPAIR				Inpatient Only				
58270	T	VAG HYST W/ENTEROCELE REPAIR	00195	28.5095	$1,361.33	APC				
58275	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only				
58280	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only				
58285	C	EXTENSIVE HYSTERECTOMY				Inpatient Only				
58290	T	VAG HYST COMPLEX	00202	42.9896	$2,052.75	APC				
58291	T	VAG HYST INCL T/O COMPLEX	00202	42.9896	$2,052.75	APC				
58292	T	VAG HYST T/O & REPAIR COMPL	00202	42.9896	$2,052.75	APC				
58293	C	VAG HYST W/URO REPAIR COMPL				Inpatient Only				
58294	T	VAG HYST W/ENTEROCELE COMPL	00202	42.9896	$2,052.75	APC				
58300	M	INSERT INTRAUTERINE DEVICE				By Report	$0.00			
58301	T	REMOVE INTRAUTERINE DEVICE	00188	1.29	$61.60	APC				
58321	E	ARTIFICIAL INSEMINATION	00197			Not Allowed				
58322	E	ARTIFICIAL INSEMINATION	00197			Not Allowed				
58323	E	SPERM WASHING	00197			Not Allowed				
58340	N	CATHETER FOR HYSTEROGRAPHY				APC/ Bundled				
58345	T	REOPEN FALLOPIAN TUBE	00193			Not Allowed				Y
58346	T	INSERT HEYMAN UTERI CAPSULE	00193	14.8489	$709.03	APC				
58350	T	REOPEN FALLOPIAN TUBE	00195	28.5095	$1,361.33	APC				
58353	T	ENDOMETR ABLATE, THERMAL	00195	28.5095	$1,361.33	APC				
58356	T	ENDOMETRIAL CRYOABLATION	00202	42.9896	$2,052.75	APC				
58400	C	SUSPENSION OF UTERUS				Inpatient Only				
58410	C	SUSPENSION OF UTERUS				Inpatient Only				
58520	C	REPAIR OF RUPTURED UTERUS				Inpatient Only				
58540	C	REVISION OF UTERUS				Inpatient Only				
58541	T	LSH, UTERUS 250 G OR LESS	00131	43.5488	$2,079.46	APC				
58542	T	LSH W/T/O UT 250 G OR LESS	00131	43.5488	$2,079.46	APC				
58543	T	LSH UTERUS ABOVE 250 G	00131	43.5488	$2,079.46	APC				
58544	T	LSH W/T/O UTERUS ABOVE 250 G	00131	43.5488	$2,079.46	APC				
58545	T	LAPAROSCOPIC MYOMECTOMY	00130	32.1241	$1,533.93	APC				
58546	T	LAPARO-MYOMECTOMY COMPLEX	00131	43.5488	$2,079.46	APC				
58548	C	LAP RADICAL HYST				Inpatient Only				
58550	T	LAPARO-ASST VAG HYSTERECTOMY	00132	70.5066	$3,366.69	APC				
58552	T	LAPARO-VAG HYST INCL T/O	00131	43.5488	$2,079.46	APC				
58553	T	LAPARO-VAG HYST COMPLEX	00131	43.5488	$2,079.46	APC				
58554	T	LAPARO-VAG HYST W/T/O COMPL	00131	43.5488	$2,079.46	APC				

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58555	T	HYSTEROSCOPY, DX, SEP PROC	00190	21.3586	$1,019.87	APC				
58558	T	HYSTEROSCOPY, BIOPSY	00190	21.3586	$1,019.87	APC				
58559	T	HYSTEROSCOPY, LYSIS	00190	21.3586	$1,019.87	APC				
58560	T	HYSTEROSCOPY, RESECT SEPTUM	00387	34.0155	$1,624.24	APC				
58561	T	HYSTEROSCOPY, REMOVE MYOMA	00387	34.0155	$1,624.24	APC				
58562	T	HYSTEROSCOPY, REMOVE FB	00190	21.3586	$1,019.87	APC				
58563	T	HYSTEROSCOPY, ABLATION	00387	34.0155	$1,624.24	APC				
58565	T	HYSTEROSCOPY STERILIZATION	00202	42.9896	$2,052.75	APC				
58578	T	LAPARO PROC, UTERUS	00130	32.1241	$1,533.93	APC				
58579	T	HYSTEROSCOPE PROCEDURE	00190	21.3586	$1,019.87	APC				
58600	T	DIVISION OF FALLOPIAN TUBE	00195	28.5095	$1,361.33	APC				
58605	C	DIVISION OF FALLOPIAN TUBE				Inpatient Only				
58611	C	LIGATE OVIDUCT(S) ADD-ON				Inpatient Only				
58615	T	OCCLUDE FALLOPIAN TUBE(S)	00194	20.5081	$979.26	APC				
58660	T	LAPAROSCOPY, LYSIS	00131	43.5488	$2,079.46	APC				
58661	T	LAPAROSCOPY, REMOVE ADNEXA	00131	43.5488	$2,079.46	APC				
58662	T	LAPAROSCOPY, EXCISE LESIONS	00131	43.5488	$2,079.46	APC				
58670	T	LAPAROSCOPY, TUBAL CAUTERY	00131	43.5488	$2,079.46	APC				
58671	T	LAPAROSCOPY, TUBAL BLOCK	00131	43.5488	$2,079.46	APC				
58672	T	LAPAROSCOPY, FIMBRIOPLASTY	00131	43.5488	$2,079.46	APC				
58673	T	LAPAROSCOPY, SALPINGOSTOMY	00131	43.5488	$2,079.46	APC				
58679	T	LAPARO PROC, OVIDUCT-OVARY	00130	32.1241	$1,533.93	APC				
58700	C	REMOVAL OF FALLOPIAN TUBE				Inpatient Only				
58720	C	REMOVAL OF OVARY/TUBE(S)				Inpatient Only				
58740	C	REVISE FALLOPIAN TUBE(S)				Inpatient Only				
58750	C	REPAIR OVIDUCT				Inpatient Only				Y
58752	C	REVISE OVARIAN TUBE(S)				Inpatient Only				Y
58760	C	REMOVE TUBAL OBSTRUCTION				Inpatient Only				Y
58770	T	CREATE NEW TUBAL OPENING	00195	28.5095	$1,361.33	APC				Y
58800	T	DRAINAGE OF OVARIAN CYST(S)	00193	14.8489	$709.03	APC				
58805	C	DRAINAGE OF OVARIAN CYST(S)				Inpatient Only				
58820	T	DRAIN OVARY ABSCESS, OPEN	00195	28.5095	$1,361.33	APC				
58822	C	DRAIN OVARY ABSCESS, PERCUT				Inpatient Only				
58823	T	DRAIN PELVIC ABSCESS, PERCUT	00193	14.8489	$709.03	APC				
58825	C	TRANSPOSITION, OVARY(S)				Inpatient Only				
58900	T	BIOPSY OF OVARY(S)	00193	14.8489	$709.03	APC				
58920	T	PARTIAL REMOVAL OF OVARY(S)	00195	28.5095	$1,361.33	APC				
58925	T	REMOVAL OF OVARIAN CYST(S)	00195	28.5095	$1,361.33	APC				
58940	C	REMOVAL OF OVARY(S)				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
58943	C	REMOVAL OF OVARY(S)				Inpatient Only				
58950	C	RESECT OVARIAN MALIGNANCY				Inpatient Only				
58951	C	RESECT OVARIAN MALIGNANCY				Inpatient Only				
58952	C	RESECT OVARIAN MALIGNANCY				Inpatient Only				
58953	C	TAH, RAD DISSECT FOR DEBULK				Inpatient Only				
58954	C	TAH RAD DEBULK/LYMPH REMOVE				Inpatient Only				
58956	C	BSO OMENTECTOMY W/TAH				Inpatient Only				
58957	C	RESECT RECURRENT GYN MAL				Inpatient Only				
58958	C	RESECT RECUR GYN MAL W/LYM				Inpatient Only				
58960	C	EXPLORATION OF ABDOMEN				Inpatient Only				
58970	E	RETRIEVAL OF OOCYTE	00197			Not Allowed				
58974	E	TRANSFER OF EMBRYO	00197			Not Allowed				
58976	E	TRANSFER OF EMBRYO	00197			Not Allowed				
58999	T	GENITAL SURGERY PROCEDURE	00191	0.1468	$7.01	APC				
59000	T	AMNIOCENTESIS, DIAGNOSTIC	00198	1.4222	$67.91	APC				
59001	T	AMNIOCENTESIS, THERAPEUTIC	00192	6.6592	$317.98	APC				
59012	T	FETAL CORD PUNCTURE,PRENATAL	00198	1.4222	$67.91	APC				
59015	T	CHORION BIOPSY	00198	1.4222	$67.91	APC				
59020	T	FETAL CONTRACT STRESS TEST	00189	2.8966	$138.31	APC				
59025	T	FETAL NON-STRESS TEST	00198	1.4222	$67.91	APC				
59030	T	FETAL SCALP BLOOD SAMPLE	00198	1.4222	$67.91	APC				
59050	M	FETAL MONITOR W/REPORT				By Report	$0.00			
59051	E	FETAL MONITOR/INTERPRET ONLY				Not Allowed				
59070	T	TRANSABDOM AMNIOINFUS W/ US	00198	1.4222	$67.91	APC				
59072	T	UMBILICAL CORD OCCLUD W/ US	00198	1.4222	$67.91	APC				
59074	T	FETAL FLUID DRAINAGE W/ US	00198	1.4222	$67.91	APC				
59076	T	FETAL SHUNT PLACEMENT W/ US	00198	1.4222	$67.91	APC				
59100	T	REMOVE UTERUS LESION	00195	28.5095	$1,361.33	APC				
59120	C	TREAT ECTOPIC PREGNANCY				Inpatient Only				
59121	C	TREAT ECTOPIC PREGNANCY				Inpatient Only				
59130	C	TREAT ECTOPIC PREGNANCY				Inpatient Only				
59135	C	TREAT ECTOPIC PREGNANCY				Inpatient Only				
59136	C	TREAT ECTOPIC PREGNANCY				Inpatient Only				
59140	C	TREAT ECTOPIC PREGNANCY				Inpatient Only				
59150	T	TREAT ECTOPIC PREGNANCY	00131	43.5488	$2,079.46	APC				
59151	T	TREAT ECTOPIC PREGNANCY	00131	43.5488	$2,079.46	APC				
59160	T	D & C AFTER DELIVERY	00196	17.7499	$847.56	APC				
59200	T	INSERT CERVICAL DILATOR	00189	2.8966	$138.31	APC				
59300	T	EPISIOTOMY OR VAGINAL REPAIR	00193	14.8489	$709.03	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
59320	T	REVISION OF CERVIX	00194	20.5081	$979.26	APC				
59325	C	REVISION OF CERVIX				Inpatient Only				
59350	C	REPAIR OF UTERUS				Inpatient Only				
59400	E	OBSTETRICAL CARE				Not Allowed				
59409	T	OBSTETRICAL CARE	00194	20.5081	$979.26	APC				
59410	E	OBSTETRICAL CARE				Not Allowed				
59412	T	ANTEPARTUM MANIPULATION	00700	2.3864	$113.95	APC				
59414	T	DELIVER PLACENTA	00193	14.8489	$709.03	APC				
59425	M	ANTEPARTUM CARE ONLY				Fee Schedule	$0.00			
59426	M	ANTEPARTUM CARE ONLY				Fee Schedule	$0.00			
59430	M	CARE AFTER DELIVERY				Fee Schedule	$0.00			
59510	E	CESAREAN DELIVERY				Not Allowed				
59514	C	CESAREAN DELIVERY ONLY				Inpatient Only				
59515	E	CESAREAN DELIVERY				Not Allowed				
59525	C	REMOVE UTERUS AFTER CESAREAN				Inpatient Only				
59610	E	VBAC DELIVERY				Not Allowed				
59612	T	VBAC DELIVERY ONLY	00194	20.5081	$979.26	APC				
59614	E	VBAC CARE AFTER DELIVERY				Not Allowed				
59618	E	ATTEMPTED VBAC DELIVERY				Not Allowed				
59620	C	ATTEMPTED VBAC DELIVERY ONLY				Inpatient Only				
59622	E	ATTEMPTED VBAC AFTER CARE				Not Allowed				
59812	T	TREATMENT OF MISCARRIAGE	00201	18.5201	$884.33	APC				
59820	T	CARE OF MISCARRIAGE	00201	18.5201	$884.33	APC				
59821	T	TREATMENT OF MISCARRIAGE	00201	18.5201	$884.33	APC				
59830	C	TREAT UTERUS INFECTION				Inpatient Only				
59840	T	ABORTION	00200	16.9328	$808.54	APC				
59841	T	ABORTION	00200	16.9328	$808.54	APC				
59850	C	ABORTION				Inpatient Only				
59851	C	ABORTION				Inpatient Only				
59852	C	ABORTION				Inpatient Only				
59855	C	ABORTION				Inpatient Only				
59856	C	ABORTION				Inpatient Only				
59857	C	ABORTION				Inpatient Only				
59866	T	ABORTION (MPR)	00198	1.4222	$67.91	APC				
59870	T	EVACUATE MOLE OF UTERUS	00201	18.5201	$884.33	APC				
59871	T	REMOVE CERCLAGE SUTURE	00194	20.5081	$979.26	APC				
59897	T	FETAL INVAS PX W/ US	00198	1.4222	$67.91	APC				
59898	T	LAPARO PROC, OB CARE/DELIVER	00130	32.1241	$1,533.93	APC				
59899	T	MATERNITY CARE PROCEDURE	00198	1.4222	$67.91	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
60000	T	DRAIN THYROID/TONGUE CYST	00252	7.5511	$360.57	APC				
60001	T	ASPIRATE/INJECT THYRIOD CYST	00004	2.0687	$98.78	APC				
60100	T	BIOPSY OF THYROID	00004	2.0687	$98.78	APC				
60200	T	REMOVE THYROID LESION	00114	37.7224	$1,801.24	APC				
60210	T	PARTIAL THYROID EXCISION	00114	37.7224	$1,801.24	APC				
60212	T	PARTIAL THYROID EXCISION	00114	37.7224	$1,801.24	APC				
60220	T	PARTIAL REMOVAL OF THYROID	00114	37.7224	$1,801.24	APC				
60225	T	PARTIAL REMOVAL OF THYROID	00114	37.7224	$1,801.24	APC				
60240	T	REMOVAL OF THYROID	00114	37.7224	$1,801.24	APC				
60252	T	REMOVAL OF THYROID	00256	38.1991	$1,824.01	APC				
60254	C	EXTENSIVE THYROID SURGERY				Inpatient Only				
60260	T	REPEAT THYROID SURGERY	00256	38.1991	$1,824.01	APC				
60270	C	REMOVAL OF THYROID				Inpatient Only				
60271	C	REMOVAL OF THYROID				Inpatient Only				
60280	T	REMOVE THYROID DUCT LESION	00114	37.7224	$1,801.24	APC				
60281	T	REMOVE THYROID DUCT LESION	00114	37.7224	$1,801.24	APC				
60500	T	EXPLORE PARATHYROID GLANDS	00256	38.1991	$1,824.01	APC				
60502	T	RE-EXPLORE PARATHYROIDS	00256	38.1991	$1,824.01	APC				
60505	C	EXPLORE PARATHYROID GLANDS				Inpatient Only				
60512	T	AUTOTRANSPLANT PARATHYROID	00022	20.0656	$958.13	APC				
60520	T	REMOVAL OF THYMUS GLAND	00256	38.1991	$1,824.01	APC				
60521	C	REMOVAL OF THYMUS GLAND				Inpatient Only				
60522	C	REMOVAL OF THYMUS GLAND				Inpatient Only				
60540	C	EXPLORE ADRENAL GLAND				Inpatient Only				
60545	C	EXPLORE ADRENAL GLAND				Inpatient Only				
60600	C	REMOVE CAROTID BODY LESION				Inpatient Only				
60605	C	REMOVE CAROTID BODY LESION				Inpatient Only				
60650	C	LAPAROSCOPY ADRENALECTOMY				Inpatient Only				
60659	T	LAPARO PROC, ENDOCRINE	00130	32.1241	$1,533.93	APC				
60699	T	ENDOCRINE SURGERY PROCEDURE	00114	37.7224	$1,801.24	APC				
61000	T	REMOVE CRANIAL CAVITY FLUID	00212	2.9907	$142.81	APC				
61001	T	REMOVE CRANIAL CAVITY FLUID	00212	2.9907	$142.81	APC				
61020	T	REMOVE BRAIN CAVITY FLUID	00212	2.9907	$142.81	APC				
61026	T	INJECTION INTO BRAIN CANAL	00212	2.9907	$142.81	APC				
61050	T	REMOVE BRAIN CANAL FLUID	00212	2.9907	$142.81	APC				
61055	T	INJECTION INTO BRAIN CANAL	00212	2.9907	$142.81	APC				
61070	T	BRAIN CANAL SHUNT PROCEDURE	00212	2.9907	$142.81	APC				
61105	C	TWIST DRILL HOLE				Inpatient Only				
61107	C	DRILL SKULL FOR IMPLANTATION				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61108	C	DRILL SKULL FOR DRAINAGE				Inpatient Only				
61120	C	BURR HOLE FOR PUNCTURE				Inpatient Only				
61140	C	PIERCE SKULL FOR BIOPSY				Inpatient Only				
61150	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only				
61151	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only				
61154	C	PIERCE SKULL & REMOVE CLOT				Inpatient Only				
61156	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only				
61210	C	PIERCE SKULL, IMPLANT DEVICE				Inpatient Only				
61215	T	INSERT BRAIN-FLUID DEVICE	00224	47.0342	$2,245.88	APC				
61250	C	PIERCE SKULL & EXPLORE				Inpatient Only				
61253	C	PIERCE SKULL & EXPLORE				Inpatient Only				
61304	C	OPEN SKULL FOR EXPLORATION				Inpatient Only				
61305	C	OPEN SKULL FOR EXPLORATION				Inpatient Only				
61312	C	OPEN SKULL FOR DRAINAGE				Inpatient Only				
61313	C	OPEN SKULL FOR DRAINAGE				Inpatient Only				
61314	C	OPEN SKULL FOR DRAINAGE				Inpatient Only				
61315	C	OPEN SKULL FOR DRAINAGE				Inpatient Only				
61316	C	IMPLT CRAN BONE FLAP TO ABDO				Inpatient Only				
61320	C	OPEN SKULL FOR DRAINAGE				Inpatient Only				
61321	C	OPEN SKULL FOR DRAINAGE				Inpatient Only				
61322	C	DECOMPRESSIVE CRANIOTOMY				Inpatient Only				
61323	C	DECOMPRESSIVE LOBECTOMY				Inpatient Only				
61330	T	DECOMPRESS EYE SOCKET	00256	38.1991	$1,824.01	APC				
61332	C	EXPLORE/BIOPSY EYE SOCKET				Inpatient Only				
61333	C	EXPLORE ORBIT/REMOVE LESION				Inpatient Only				
61334	T	EXPLORE ORBIT/REMOVE OBJECT	00256	38.1991	$1,824.01	APC				
61340	C	SUBTEMPORAL DECOMPRESSION				Inpatient Only				
61343	C	INCISE SKULL (PRESS RELIEF)				Inpatient Only				
61345	C	RELIEVE CRANIAL PRESSURE				Inpatient Only				
61440	C	INCISE SKULL FOR SURGERY				Inpatient Only				
61450	C	INCISE SKULL FOR SURGERY				Inpatient Only				
61458	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only				
61460	C	INCISE SKULL FOR SURGERY				Inpatient Only				
61470	C	INCISE SKULL FOR SURGERY				Inpatient Only				
61480	C	INCISE SKULL FOR SURGERY				Inpatient Only				
61490	C	INCISE SKULL FOR SURGERY				Inpatient Only				
61500	C	REMOVAL OF SKULL LESION				Inpatient Only				
61501	C	REMOVE INFECTED SKULL BONE				Inpatient Only				
61510	C	REMOVAL OF BRAIN LESION				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61512	C	REMOVE BRAIN LINING LESION				Inpatient Only				
61514	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only				
61516	C	REMOVAL OF BRAIN LESION				Inpatient Only				
61517	C	IMPLT BRAIN CHEMOTX ADD-ON				Inpatient Only				
61518	C	REMOVAL OF BRAIN LESION				Inpatient Only				
61519	C	REMOVE BRAIN LINING LESION				Inpatient Only				
61520	C	REMOVAL OF BRAIN LESION				Inpatient Only				
61521	C	REMOVAL OF BRAIN LESION				Inpatient Only				
61522	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only				
61524	C	REMOVAL OF BRAIN LESION				Inpatient Only				
61526	C	REMOVAL OF BRAIN LESION				Inpatient Only				
61530	C	REMOVAL OF BRAIN LESION				Inpatient Only				
61531	C	IMPLANT BRAIN ELECTRODES				Inpatient Only				
61533	C	IMPLANT BRAIN ELECTRODES				Inpatient Only				
61534	C	REMOVAL OF BRAIN LESION				Inpatient Only				
61535	C	REMOVE BRAIN ELECTRODES				Inpatient Only				
61536	C	REMOVAL OF BRAIN LESION				Inpatient Only				
61537	C	REMOVAL OF BRAIN TISSUE				Inpatient Only				
61538	C	REMOVAL OF BRAIN TISSUE				Inpatient Only				
61539	C	REMOVAL OF BRAIN TISSUE				Inpatient Only				
61540	C	REMOVAL OF BRAIN TISSUE				Inpatient Only				
61541	C	INCISION OF BRAIN TISSUE				Inpatient Only				
61542	C	REMOVAL OF BRAIN TISSUE				Inpatient Only				
61543	C	REMOVAL OF BRAIN TISSUE				Inpatient Only				
61544	C	REMOVE & TREAT BRAIN LESION				Inpatient Only				
61545	C	EXCISION OF BRAIN TUMOR				Inpatient Only				
61546	C	REMOVAL OF PITUITARY GLAND				Inpatient Only				
61548	C	REMOVAL OF PITUITARY GLAND				Inpatient Only				
61550	C	RELEASE OF SKULL SEAMS				Inpatient Only				
61552	C	RELEASE OF SKULL SEAMS				Inpatient Only				
61556	C	INCISE SKULL/SUTURES				Inpatient Only				
61557	C	INCISE SKULL/SUTURES				Inpatient Only				
61558	C	EXCISION OF SKULL/SUTURES				Inpatient Only				
61559	C	EXCISION OF SKULL/SUTURES				Inpatient Only				
61563	C	EXCISION OF SKULL TUMOR				Inpatient Only				
61564	C	EXCISION OF SKULL TUMOR				Inpatient Only				
61566	C	REMOVAL OF BRAIN TISSUE				Inpatient Only				
61567	C	INCISION OF BRAIN TISSUE				Inpatient Only				
61570	C	REMOVE FOREIGN BODY, BRAIN				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61571	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only				
61575	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only				
61576	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only				
61580	C	CRANIOFACIAL APPROACH, SKULL				Inpatient Only				
61581	C	CRANIOFACIAL APPROACH, SKULL				Inpatient Only				
61582	C	CRANIOFACIAL APPROACH, SKULL				Inpatient Only				
61583	C	CRANIOFACIAL APPROACH, SKULL				Inpatient Only				
61584	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only				
61585	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only				
61586	C	RESECT NASOPHARYNX, SKULL				Inpatient Only				
61590	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only				
61591	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only				
61592	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only				
61595	C	TRANSTEMPORAL APPROACH/SKULL				Inpatient Only				
61596	C	TRANSCOCHLEAR APPROACH/SKULL				Inpatient Only				
61597	C	TRANSCONDYLAR APPROACH/SKULL				Inpatient Only				
61598	C	TRANSPETROSAL APPROACH/SKULL				Inpatient Only				
61600	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only				
61601	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only				
61605	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only				
61606	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only				
61607	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only				
61608	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only				
61609	C	TRANSECT ARTERY, SINUS				Inpatient Only				
61610	C	TRANSECT ARTERY, SINUS				Inpatient Only				
61611	C	TRANSECT ARTERY, SINUS				Inpatient Only				
61612	C	TRANSECT ARTERY, SINUS				Inpatient Only				
61613	C	REMOVE ANEURYSM, SINUS				Inpatient Only				
61615	C	RESECT/EXCISE LESION, SKULL				Inpatient Only				
61616	C	RESECT/EXCISE LESION, SKULL				Inpatient Only				
61618	C	REPAIR DURA				Inpatient Only				
61619	C	REPAIR DURA				Inpatient Only				
61623	T	ENDOVASC TEMPORY VESSEL OCCL	00081	42.936	$2,050.19	APC				
61624	C	TRANSCATH OCCLUSION CNS				Inpatient Only				
61626	T	TRANSCATH OCCLUSION NON-CNS	00081	42.936	$2,050.19	APC				
61630	E	INTRACRANIAL ANGIOPLASTY				Not Allowed				
61635	E	INTRACRAN ANGIOPLSTY W/STENT				Not Allowed				
61640	E	DILATE IC VASOSPASM INIT				Not Allowed				
61641	E	DILATE IC VASOSPASM ADD-ON				Not Allowed				

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61642	E	DILATE IC VASOSPASM ADD-ON				Not Allowed				
61680	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only				
61682	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only				
61684	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only				
61686	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only				
61690	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only				
61692	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only				
61697	C	BRAIN ANEURYSM REPR, COMPLX				Inpatient Only				
61698	C	BRAIN ANEURYSM REPR, COMPLX				Inpatient Only				
61700	C	BRAIN ANEURYSM REPR SIMPLE				Inpatient Only				
61702	C	INNER SKULL VESSEL SURGERY				Inpatient Only				
61703	C	CLAMP NECK ARTERY				Inpatient Only				
61705	C	REVISE CIRCULATION TO HEAD				Inpatient Only				
61708	C	REVISE CIRCULATION TO HEAD				Inpatient Only				
61710	C	REVISE CIRCULATION TO HEAD				Inpatient Only				
61711	C	FUSION OF SKULL ARTERIES				Inpatient Only				
61720	T	INCISE SKULL/BRAIN SURGERY	00221	33.152	$1,583.01	APC				
61735	C	INCISE SKULL/BRAIN SURGERY				Inpatient Only				
61750	C	INCISE SKULL/BRAIN BIOPSY				Inpatient Only				
61751	C	BRAIN BIOPSY W/CT/MR GUIDE				Inpatient Only				
61760	C	IMPLANT BRAIN ELECTRODES				Inpatient Only				
61770	C	INCISE SKULL FOR TREATMENT				Inpatient Only				
61790	T	TREAT TRIGEMINAL NERVE	00220	17.8499	$852.33	APC				
61791	T	TREAT TRIGEMINAL TRACT	00206	5.7253	$273.38	APC				
61793	M	FOCUS RADIATION BEAM				By Report	$0.00			
61795	S	BRAIN SURGERY USING COMPUTER	00302	4.9138	$234.63	APC				
61850	C	IMPLANT NEUROELECTRODES				Inpatient Only				
61860	C	IMPLANT NEUROELECTRODES				Inpatient Only				
61863	C	IMPLANT NEUROELECTRODE				Inpatient Only				
61864	C	IMPLANT NEUROELECTRDE ADDL				Inpatient Only				
61867	C	IMPLANT NEUROELECTRODE				Inpatient Only				
61868	C	IMPLANT NEUROELECTRDE ADD□L				Inpatient Only				
61870	C	IMPLANT NEUROELECTRODES				Inpatient Only				
61875	C	IMPLANT NEUROELECTRODES				Inpatient Only				
61880	T	REVISE/REMOVE NEUROELECTRODE	00687	17.8334	$851.54	APC				
61885	S	IMPLANT NEUROSTIM ONE ARRAY	00039	187.3821	$8,947.50	APC				
61886	T	IMPLANT NEUROSTIM ARRAYS	00315	242.9363	$11,600.21	APC				
61888	T	REVISE/REMOVE NEURORECEIVER	00688	35.5702	$1,698.48	APC				
62000	T	TREAT SKULL FRACTURE	00254	23.3299	$1,114.00	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
62005	C	TREAT SKULL FRACTURE				Inpatient Only				
62010	C	TREATMENT OF HEAD INJURY				Inpatient Only				
62100	C	REPAIR BRAIN FLUID LEAKAGE				Inpatient Only				
62115	C	REDUCTION OF SKULL DEFECT				Inpatient Only				
62116	C	REDUCTION OF SKULL DEFECT				Inpatient Only				
62117	C	REDUCTION OF SKULL DEFECT				Inpatient Only				
62120	C	REPAIR SKULL CAVITY LESION				Inpatient Only				
62121	C	INCISE SKULL REPAIR				Inpatient Only				
62140	C	REPAIR OF SKULL DEFECT				Inpatient Only				
62141	C	REPAIR OF SKULL DEFECT				Inpatient Only				
62142	C	REMOVE SKULL PLATE/FLAP				Inpatient Only				
62143	C	REPLACE SKULL PLATE/FLAP				Inpatient Only				
62145	C	REPAIR OF SKULL & BRAIN				Inpatient Only				
62146	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only				
62147	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only				
62148	C	RETR BONE FLAP TO FIX SKULL				Inpatient Only				
62160	T	NEUROENDOSCOPY ADD-ON	00122	7.48	$357.17	APC				
62161	C	DISSECT BRAIN W/SCOPE				Inpatient Only				
62162	C	REMOVE COLLOID CYST W/SCOPE				Inpatient Only				
62163	C	NEUROENDOSCOPY W/FB REMOVAL				Inpatient Only				
62164	C	REMOVE BRAIN TUMOR W/SCOPE				Inpatient Only				
62165	C	REMOVE PITUIT TUMOR W/SCOPE				Inpatient Only				
62180	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only				
62190	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only				
62192	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only				
62194	T	REPLACE/IRRIGATE CATHETER	00427	11.6575	$556.65	APC				
62200	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only				
62201	C	BRAIN CAVITY SHUNT W/SCOPE				Inpatient Only				
62220	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only				
62223	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only				
62225	T	REPLACE/IRRIGATE CATHETER	00427	11.6575	$556.65	APC				
62230	T	REPLACE/REVISE BRAIN SHUNT	00224	47.0342	$2,245.88	APC				
62252	S	CSF SHUNT REPROGRAM	00691	2.8942	$138.20	APC				
62256	C	REMOVE BRAIN CAVITY SHUNT				Inpatient Only				
62258	C	REPLACE BRAIN CAVITY SHUNT				Inpatient Only				
62263	T	EPIDURAL LYSIS MULT SESSIONS	00203	12.1702	$581.13	APC				
62264	T	EPIDURAL LYSIS ON SINGLE DAY	00203	12.1702	$581.13	APC				
62268	T	DRAIN SPINAL CORD CYST	00212	2.9907	$142.81	APC				
62269	T	NEEDLE BIOPSY, SPINAL CORD	00685	6.1384	$293.11	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
62270	T	SPINAL FLUID TAP, DIAGNOSTIC	00204	2.2614	$107.98	APC				
62272	T	DRAIN CEREBRO SPINAL FLUID	00204	2.2614	$107.98	APC				
62273	T	INJECT EPIDURAL PATCH	00206	5.7253	$273.38	APC				
62280	T	TREAT SPINAL CORD LESION	00207	6.3603	$303.70	APC				
62281	T	TREAT SPINAL CORD LESION	00207	6.3603	$303.70	APC				
62282	T	TREAT SPINAL CANAL LESION	00207	6.3603	$303.70	APC				
62284	N	INJECTION FOR MYELOGRAM				APC/ Bundled				
62287	T	PERCUTANEOUS DISKECTOMY	00221	33.152	$1,583.01	APC				
62290	N	INJECT FOR SPINE DISK X-RAY				APC/ Bundled				
62291	N	INJECT FOR SPINE DISK X-RAY				APC/ Bundled				
62292	T	INJECTION INTO DISK LESION	00212	2.9907	$142.81	APC				
62294	T	INJECTION INTO SPINAL ARTERY	00212	2.9907	$142.81	APC				
62310	T	INJECT SPINE C/T	00207	6.3603	$303.70	APC				
62311	T	INJECT SPINE L/S (CD)	00207	6.3603	$303.70	APC				
62318	T	INJECT SPINE W/CATH, C/T	00207	6.3603	$303.70	APC				
62319	T	INJECT SPINE W/CATH L/S (CD)	00207	6.3603	$303.70	APC				
62350	T	IMPLANT SPINAL CANAL CATH	00223	30.8394	$1,472.58	APC				
62351	T	IMPLANT SPINAL CANAL CATH	00208	44.1489	$2,108.11	APC				
62355	T	REMOVE SPINAL CANAL CATHETER	00203	12.1702	$581.13	APC				
62360	T	INSERT SPINE INFUSION DEVICE	00226	112.6322	$5,378.19	APC				
62361	T	IMPLANT SPINE INFUSION PUMP	00227	174.4056	$8,327.87	APC				
62362	T	IMPLANT SPINE INFUSION PUMP	00227	174.4056	$8,327.87	APC				
62365	T	REMOVE SPINE INFUSION DEVICE	00221	33.152	$1,583.01	APC				
62367	S	ANALYZE SPINE INFUSION PUMP	00691	2.8942	$138.20	APC				
62368	S	ANALYZE SPINE INFUSION PUMP	00691	2.8942	$138.20	APC				
63001	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63003	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63005	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63011	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63012	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63015	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63016	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63017	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63020	T	NECK SPINE DISK SURGERY	00208	44.1489	$2,108.11	APC				
63030	T	LOW BACK DISK SURGERY	00208	44.1489	$2,108.11	APC				
63035	T	SPINAL DISK SURGERY ADD-ON	00208	44.1489	$2,108.11	APC				
63040	T	LAMINOTOMY, SINGLE CERVICAL	00208	44.1489	$2,108.11	APC				
63042	T	LAMINOTOMY, SINGLE LUMBAR	00208	44.1489	$2,108.11	APC				
63043	C	LAMINOTOMY ADD□L CERVICAL				Inpatient Only				

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63044	C	LAMINOTOMY ADD□L LUMBAR				Inpatient Only				
63045	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63046	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63047	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63048	T	REMOVE SPINAL LAMINA ADD-ON	00208	44.1489	$2,108.11	APC				
63050	C	CERVICAL LAMINOPLASTY				Inpatient Only				
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE				Inpatient Only				
63055	T	DECOMPRESS SPINAL CORD	00208	44.1489	$2,108.11	APC				
63056	T	DECOMPRESS SPINAL CORD	00208	44.1489	$2,108.11	APC				
63057	T	DECOMPRESS SPINE CORD ADD-ON	00208	44.1489	$2,108.11	APC				
63064	T	DECOMPRESS SPINAL CORD	00208	44.1489	$2,108.11	APC				
63066	T	DECOMPRESS SPINE CORD ADD-ON	00208	44.1489	$2,108.11	APC				
63075	T	NECK SPINE DISK SURGERY	00208	44.1489	$2,108.11	APC				
63076	C	NECK SPINE DISK SURGERY				Inpatient Only				
63077	C	SPINE DISK SURGERY, THORAX				Inpatient Only				
63078	C	SPINE DISK SURGERY, THORAX				Inpatient Only				
63081	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63082	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only				
63085	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63086	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only				
63087	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63088	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only				
63090	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63091	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only				
63101	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63102	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63103	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only				
63170	C	INCISE SPINAL CORD TRACT(S)				Inpatient Only				
63172	C	DRAINAGE OF SPINAL CYST				Inpatient Only				
63173	C	DRAINAGE OF SPINAL CYST				Inpatient Only				
63180	C	REVISE SPINAL CORD LIGAMENTS				Inpatient Only				
63182	C	REVISE SPINAL CORD LIGAMENTS				Inpatient Only				
63185	C	INCISE SPINAL COLUMN/NERVES				Inpatient Only				
63190	C	INCISE SPINAL COLUMN/NERVES				Inpatient Only				
63191	C	INCISE SPINAL COLUMN/NERVES				Inpatient Only				
63194	C	INCISE SPINAL COLUMN & CORD				Inpatient Only				
63195	C	INCISE SPINAL COLUMN & CORD				Inpatient Only				
63196	C	INCISE SPINAL COLUMN & CORD				Inpatient Only				
63197	C	INCISE SPINAL COLUMN & CORD				Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
63198	C	INCISE SPINAL COLUMN & CORD				Inpatient Only				
63199	C	INCISE SPINAL COLUMN & CORD				Inpatient Only				
63200	C	RELEASE OF SPINAL CORD				Inpatient Only				
63250	C	REVISE SPINAL CORD VESSELS				Inpatient Only				
63251	C	REVISE SPINAL CORD VESSELS				Inpatient Only				
63252	C	REVISE SPINAL CORD VESSELS				Inpatient Only				
63265	C	EXCISE INTRASPINAL LESION				Inpatient Only				
63266	C	EXCISE INTRASPINAL LESION				Inpatient Only				
63267	C	EXCISE INTRASPINAL LESION				Inpatient Only				
63268	C	EXCISE INTRASPINAL LESION				Inpatient Only				
63270	C	EXCISE INTRASPINAL LESION				Inpatient Only				
63271	C	EXCISE INTRASPINAL LESION				Inpatient Only				
63272	C	EXCISE INTRASPINAL LESION				Inpatient Only				
63273	C	EXCISE INTRASPINAL LESION				Inpatient Only				
63275	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63276	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63277	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63278	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63280	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63281	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63282	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63283	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63285	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63286	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63287	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63290	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only				
63295	C	REPAIR OF LAMINECTOMY DEFECT				Inpatient Only				
63300	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63301	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63302	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63303	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63304	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63305	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63306	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63307	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only				
63308	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only				
63600	T	REMOVE SPINAL CORD LESION	00220	17.8499	$852.33	APC				
63610	T	STIMULATION OF SPINAL CORD	00220	17.8499	$852.33	APC				
63615	T	REMOVE LESION OF SPINAL CORD	00220	17.8499	$852.33	APC				

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63650	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
63655	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
63660	T	REVISE/REMOVE NEUROELECTRODE	00687	17.8334	$851.54	APC				
63685	T	IMPLANT NEURORECEIVER	00222	181.6249	$8,672.59	APC				
63688	T	REVISE/REMOVE NEURORECEIVER	00688	35.5702	$1,698.48	APC				
63700	C	REPAIR OF SPINAL HERNIATION				Inpatient Only				
63702	C	REPAIR OF SPINAL HERNIATION				Inpatient Only				
63704	C	REPAIR OF SPINAL HERNIATION				Inpatient Only				
63706	C	REPAIR OF SPINAL HERNIATION				Inpatient Only				
63707	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only				
63709	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only				
63710	C	GRAFT REPAIR OF SPINE DEFECT				Inpatient Only				
63740	C	INSTALL SPINAL SHUNT				Inpatient Only				
63741	T	INSTALL SPINAL SHUNT	00228	39.2633	$1,874.82	APC				
63744	T	REVISION OF SPINAL SHUNT	00228	39.2633	$1,874.82	APC				
63746	T	REMOVAL OF SPINAL SHUNT	00109	10.9918	$524.86	APC				
64400	T	N BLOCK INJ TRIGEMINAL	00204	2.2614	$107.98	APC				
64402	T	N BLOCK INJ FACIAL	00204	2.2614	$107.98	APC				
64405	T	N BLOCK INJ OCCIPITAL	00204	2.2614	$107.98	APC				
64408	T	N BLOCK INJ VAGUS	00204	2.2614	$107.98	APC				
64410	T	N BLOCK INJ PHRENIC	00206	5.7253	$273.38	APC				
64412	T	N BLOCK INJ SPINAL ACCESSOR	00206	5.7253	$273.38	APC				
64413	T	N BLOCK INJ CERVICAL PLEXUS	00204	2.2614	$107.98	APC				
64415	T	N BLOCK INJ BRACHIAL PLEXUS	00204	2.2614	$107.98	APC				
64416	T	N BLOCK CONT INFUSE B PLEX	00204	2.2614	$107.98	APC				
64417	T	N BLOCK INJ AXILLARY	00204	2.2614	$107.98	APC				
64418	T	N BLOCK INJ SUPRASCAPULAR	00204	2.2614	$107.98	APC				
64420	T	N BLOCK INJ INTERCOST SNG	00204	2.2614	$107.98	APC				
64421	T	N BLOCK INJ INTERCOST MLT	00206	5.7253	$273.38	APC				
64425	T	N BLOCK INJ ILIO-ING/HYPOGI	00204	2.2614	$107.98	APC				
64430	T	N BLOCK INJ PUDENDAL	00204	2.2614	$107.98	APC				
64435	T	N BLOCK INJ PARACERVICAL	00204	2.2614	$107.98	APC				
64445	T	N BLOCK INJ SCIATIC SNG	00204	2.2614	$107.98	APC				
64446	T	N BLK INJ SCIATIC CONT INF	00206	5.7253	$273.38	APC				
64447	T	N BLOCK INJ FEM SINGLE	00204	2.2614	$107.98	APC				
64448	T	N BLOCK INJ FEM CONT INF	00204	2.2614	$107.98	APC				
64449	T	N BLOCK INJ LUMBAR PLEXUS	00204	2.2614	$107.98	APC				
64450	T	N BLOCK OTHER PERIPHERAL	00204	2.2614	$107.98	APC				
64470	T	INJ PARAVERTEBRAL C/T	00207	6.3603	$303.70	APC				

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64472	T	INJ PARAVERTEBRAL C/T ADD-ON	00206	5.7253	$273.38	APC				
64475	T	INJ PARAVERTEBRAL L/S	00207	6.3603	$303.70	APC				
64476	T	INJ PARAVERTEBRAL L/S ADD-ON	00206	5.7253	$273.38	APC				
64479	T	INJ FORAMEN EPIDURAL C/T	00207	6.3603	$303.70	APC				
64480	T	INJ FORAMEN EPIDURAL ADD-ON	00207	6.3603	$303.70	APC				
64483	T	INJ FORAMEN EPIDURAL L/S	00207	6.3603	$303.70	APC				
64484	T	INJ FORAMEN EPIDURAL ADD-ON	00207	6.3603	$303.70	APC				
64505	T	N BLOCK SPENOPALATINE GANGL	00204	2.2614	$107.98	APC				
64508	T	N BLOCK CAROTID SINUS S/P	00204	2.2614	$107.98	APC				
64510	T	N BLOCK STELLATE GANGLION	00207	6.3603	$303.70	APC				
64517	T	N BLOCK INJ HYPOGAS PLXS	00204	2.2614	$107.98	APC				
64520	T	N BLOCK LUMBAR/THORACIC	00207	6.3603	$303.70	APC				
64530	T	N BLOCK INJ CELIAC PELUS	00207	6.3603	$303.70	APC				
64550	M	APPLY NEUROSTIMULATOR				Fee Schedule	$7.58			
64553	S	IMPLANT NEUROELECTRODES	00225	221.1512	$10,559.97	APC				
64555	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
64560	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
64561	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
64565	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
64573	S	IMPLANT NEUROELECTRODES	00225	221.1512	$10,559.97	APC				
64575	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
64577	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
64580	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
64581	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
64585	T	REVISE/REMOVE NEUROELECTRODE	00687	17.8334	$851.54	APC				
64590	T	IMPLANT NEURORECEIVER	00222	181.6249	$8,672.59	APC				
64595	T	REVISE/REMOVE NEURORECEIVER	00688	35.5702	$1,698.48	APC				
64600	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64605	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64610	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64612	T	DESTROY NERVE, FACE MUSCLE	00204	2.2614	$107.98	APC				
64613	T	DESTROY NERVE NECK MUSCLE	00204	2.2614	$107.98	APC				
64614	T	DESTROY NERVE, EXTREM MUSC	00204	2.2614	$107.98	APC				
64620	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64622	T	DESTR PARAVERTEBRL NERVE L/S	00203	12.1702	$581.13	APC				
64623	T	DESTR PARAVERTEBRAL N ADD-ON	00207	6.3603	$303.70	APC				
64626	T	DESTR PARAVERTEBRL NERVE C/T	00203	12.1702	$581.13	APC				
64627	T	DESTR PARAVERTEBRAL N ADD-ON	00207	6.3603	$303.70	APC				
64630	T	INJECTION TREATMENT OF NERVE	00206	5.7253	$273.38	APC				

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64640	T	INJECTION TREATMENT OF NERVE	00206	5.7253	$273.38	APC				
64650	T	CHEMODENERV ECCRINE GLANDS	00204	2.2614	$107.98	APC				
64653	T	CHEMODENERV ECCRINE GLANDS	00204	2.2614	$107.98	APC				
64680	T	INJECTION TREATMENT OF NERVE	00207	6.3603	$303.70	APC				
64681	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64702	T	REVISE FINGER/TOE NERVE	00220	17.8499	$852.33	APC				
64704	T	REVISE HAND/FOOT NERVE	00220	17.8499	$852.33	APC				
64708	T	REVISE ARM/LEG NERVE	00220	17.8499	$852.33	APC				
64712	T	REVISION OF SCIATIC NERVE	00220	17.8499	$852.33	APC				
64713	T	REVISION OF ARM NERVE(S)	00220	17.8499	$852.33	APC				
64714	T	REVISE LOW BACK NERVE(S)	00220	17.8499	$852.33	APC				
64716	T	REVISION OF CRANIAL NERVE	00220	17.8499	$852.33	APC				
64718	T	REVISE ULNAR NERVE AT ELBOW	00220	17.8499	$852.33	APC				
64719	T	REVISE ULNAR NERVE AT WRIST	00220	17.8499	$852.33	APC				
64721	T	CARPAL TUNNEL SURGERY	00220	17.8499	$852.33	APC				
64722	T	RELIEVE PRESSURE ON NERVE(S)	00220	17.8499	$852.33	APC				
64726	T	RELEASE FOOT/TOE NERVE	00220	17.8499	$852.33	APC				
64727	T	INTERNAL NERVE REVISION	00220	17.8499	$852.33	APC				
64732	T	INCISION OF BROW NERVE	00220	17.8499	$852.33	APC				
64734	T	INCISION OF CHEEK NERVE	00220	17.8499	$852.33	APC				
64736	T	INCISION OF CHIN NERVE	00220	17.8499	$852.33	APC				
64738	T	INCISION OF JAW NERVE	00220	17.8499	$852.33	APC				
64740	T	INCISION OF TONGUE NERVE	00220	17.8499	$852.33	APC				
64742	T	INCISION OF FACIAL NERVE	00220	17.8499	$852.33	APC				
64744	T	INCISE NERVE, BACK OF HEAD	00220	17.8499	$852.33	APC				
64746	T	INCISE DIAPHRAGM NERVE	00220	17.8499	$852.33	APC				
64752	C	INCISION OF VAGUS NERVE				Inpatient Only				
64755	C	INCISION OF STOMACH NERVES				Inpatient Only				
64760	C	INCISION OF VAGUS NERVE				Inpatient Only				
64761	T	INCISION OF PELVIS NERVE	00220	17.8499	$852.33	APC				
64763	T	INCISE HIP/THIGH NERVE	00220	17.8499	$852.33	APC				
64766	T	INCISE HIP/THIGH NERVE	00221	33.152	$1,583.01	APC				
64771	T	SEVER CRANIAL NERVE	00220	17.8499	$852.33	APC				
64772	T	INCISION OF SPINAL NERVE	00220	17.8499	$852.33	APC				
64774	T	REMOVE SKIN NERVE LESION	00220	17.8499	$852.33	APC				
64776	T	REMOVE DIGIT NERVE LESION	00220	17.8499	$852.33	APC				
64778	T	DIGIT NERVE SURGERY ADD-ON	00220	17.8499	$852.33	APC				
64782	T	REMOVE LIMB NERVE LESION	00220	17.8499	$852.33	APC				
64783	T	LIMB NERVE SURGERY ADD-ON	00220	17.8499	$852.33	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
64784	T	REMOVE NERVE LESION	00220	17.8499	$852.33	APC				
64786	T	REMOVE SCIATIC NERVE LESION	00221	33.152	$1,583.01	APC				
64787	T	IMPLANT NERVE END	00220	17.8499	$852.33	APC				
64788	T	REMOVE SKIN NERVE LESION	00220	17.8499	$852.33	APC				
64790	T	REMOVAL OF NERVE LESION	00220	17.8499	$852.33	APC				
64792	T	REMOVAL OF NERVE LESION	00221	33.152	$1,583.01	APC				
64795	T	BIOPSY OF NERVE	00220	17.8499	$852.33	APC				
64802	T	REMOVE SYMPATHETIC NERVES	00220	17.8499	$852.33	APC				
64804	T	REMOVE SYMPATHETIC NERVES	00220	17.8499	$852.33	APC				
64809	C	REMOVE SYMPATHETIC NERVES				Inpatient Only				
64818	C	REMOVE SYMPATHETIC NERVES				Inpatient Only				
64820	T	REMOVE SYMPATHETIC NERVES	00220	17.8499	$852.33	APC				
64821	T	REMOVE SYMPATHETIC NERVES	00054	25.8758	$1,235.57	APC				
64822	T	REMOVE SYMPATHETIC NERVES	00054	25.8758	$1,235.57	APC				
64823	T	REMOVE SYMPATHETIC NERVES	00054	25.8758	$1,235.57	APC				
64831	T	REPAIR OF DIGIT NERVE	00221	33.152	$1,583.01	APC				
64832	T	REPAIR NERVE ADD-ON	00221	33.152	$1,583.01	APC				
64834	T	REPAIR OF HAND OR FOOT NERVE	00221	33.152	$1,583.01	APC				
64835	T	REPAIR OF HAND OR FOOT NERVE	00221	33.152	$1,583.01	APC				
64836	T	REPAIR OF HAND OR FOOT NERVE	00221	33.152	$1,583.01	APC				
64837	T	REPAIR NERVE ADD-ON	00221	33.152	$1,583.01	APC				
64840	T	REPAIR OF LEG NERVE	00221	33.152	$1,583.01	APC				
64856	T	REPAIR/TRANSPOSE NERVE	00221	33.152	$1,583.01	APC				
64857	T	REPAIR ARM/LEG NERVE	00221	33.152	$1,583.01	APC				
64858	T	REPAIR SCIATIC NERVE	00221	33.152	$1,583.01	APC				
64859	T	NERVE SURGERY	00221	33.152	$1,583.01	APC				
64861	T	REPAIR OF ARM NERVES	00221	33.152	$1,583.01	APC				
64862	T	REPAIR OF LOW BACK NERVES	00221	33.152	$1,583.01	APC				
64864	T	REPAIR OF FACIAL NERVE	00221	33.152	$1,583.01	APC				
64865	T	REPAIR OF FACIAL NERVE	00221	33.152	$1,583.01	APC				
64866	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only				
64868	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only				
64870	T	FUSION OF FACIAL/OTHER NERVE	00221	33.152	$1,583.01	APC				
64872	T	SUBSEQUENT REPAIR OF NERVE	00221	33.152	$1,583.01	APC				
64874	T	REPAIR & REVISE NERVE ADD-ON	00221	33.152	$1,583.01	APC				
64876	T	REPAIR NERVE/SHORTEN BONE	00221	33.152	$1,583.01	APC				
64885	T	NERVE GRAFT HEAD OR NECK	00221	33.152	$1,583.01	APC				
64886	T	NERVE GRAFT HEAD OR NECK	00221	33.152	$1,583.01	APC				
64890	T	NERVE GRAFT, HAND OR FOOT	00221	33.152	$1,583.01	APC				

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64891	T	NERVE GRAFT, HAND OR FOOT	00221	33.152	$1,583.01	APC				
64892	T	NERVE GRAFT, ARM OR LEG	00221	33.152	$1,583.01	APC				
64893	T	NERVE GRAFT, ARM OR LEG	00221	33.152	$1,583.01	APC				
64895	T	NERVE GRAFT, HAND OR FOOT	00221	33.152	$1,583.01	APC				
64896	T	NERVE GRAFT, HAND OR FOOT	00221	33.152	$1,583.01	APC				
64897	T	NERVE GRAFT, ARM OR LEG	00221	33.152	$1,583.01	APC				
64898	T	NERVE GRAFT, ARM OR LEG	00221	33.152	$1,583.01	APC				
64901	T	NERVE GRAFT ADD-ON	00221	33.152	$1,583.01	APC				
64902	T	NERVE GRAFT ADD-ON	00221	33.152	$1,583.01	APC				
64905	T	NERVE PEDICLE TRANSFER	00221	33.152	$1,583.01	APC				
64907	T	NERVE PEDICLE TRANSFER	00221	33.152	$1,583.01	APC				
64910	T	NERVE REPAIR W/ALLOGRAFT	00220	17.8499	$852.33	APC				
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT	00220	17.8499	$852.33	APC				
64999	T	NERVOUS SYSTEM SURGERY	00204	2.2614	$107.98	APC				
65091	T	REVISE EYE	00242	35.2292	$1,682.19	APC				
65093	T	REVISE EYE WITH IMPLANT	00242	35.2292	$1,682.19	APC				
65101	T	REMOVAL OF EYE	00242	35.2292	$1,682.19	APC				
65103	T	REMOVE EYE/INSERT IMPLANT	00242	35.2292	$1,682.19	APC				
65105	T	REMOVE EYE/ATTACH IMPLANT	00242	35.2292	$1,682.19	APC				
65110	T	REMOVAL OF EYE	00242	35.2292	$1,682.19	APC				
65112	T	REMOVE EYE/REVISE SOCKET	00242	35.2292	$1,682.19	APC				
65114	T	REMOVE EYE/REVISE SOCKET	00242	35.2292	$1,682.19	APC				
65125	T	REVISE OCULAR IMPLANT	00240	17.1243	$817.69	APC				
65130	T	INSERT OCULAR IMPLANT	00241	25.255	$1,205.93	APC				
65135	T	INSERT OCULAR IMPLANT	00241	25.255	$1,205.93	APC				
65140	T	ATTACH OCULAR IMPLANT	00242	35.2292	$1,682.19	APC				
65150	T	REVISE OCULAR IMPLANT	00241	25.255	$1,205.93	APC				
65155	T	REINSERT OCULAR IMPLANT	00242	35.2292	$1,682.19	APC				
65175	T	REMOVAL OF OCULAR IMPLANT	00240	17.1243	$817.69	APC				
65205	S	REMOVE FOREIGN BODY FROM EYE	00698	1.1607	$55.42	APC				
65210	S	REMOVE FOREIGN BODY FROM EYE	00698	1.1607	$55.42	APC				
65220	S	REMOVE FOREIGN BODY FROM EYE	00698	1.1607	$55.42	APC				
65222	S	REMOVE FOREIGN BODY FROM EYE	00698	1.1607	$55.42	APC				
65235	T	REMOVE FOREIGN BODY FROM EYE	00233	15.2259	$727.04	APC				
65260	T	REMOVE FOREIGN BODY FROM EYE	00236	16.5239	$789.02	APC				
65265	T	REMOVE FOREIGN BODY FROM EYE	00237	27.602	$1,318.00	APC				
65270	T	REPAIR OF EYE WOUND	00240	17.1243	$817.69	APC				
65272	T	REPAIR OF EYE WOUND	00234	22.997	$1,098.11	APC				
65273	C	REPAIR OF EYE WOUND				Inpatient Only				

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65275	T	REPAIR OF EYE WOUND	00234	22.997	$1,098.11	APC				
65280	T	REPAIR OF EYE WOUND	00236	16.5239	$789.02	APC				
65285	T	REPAIR OF EYE WOUND	00672	37.429	$1,787.23	APC				
65286	T	REPAIR OF EYE WOUND	00232	6.0673	$289.71	APC				
65290	T	REPAIR OF EYE SOCKET WOUND	00243	21.2801	$1,016.12	APC				
65400	T	REMOVAL OF EYE LESION	00233	15.2259	$727.04	APC				
65410	T	BIOPSY OF CORNEA	00233	15.2259	$727.04	APC				
65420	T	REMOVAL OF EYE LESION	00233	15.2259	$727.04	APC				
65426	T	REMOVAL OF EYE LESION	00234	22.997	$1,098.11	APC				
65430	S	CORNEAL SMEAR	00698	1.1607	$55.42	APC				
65435	T	CURETTE/TREAT CORNEA	00239	7.2819	$347.71	APC				
65436	T	CURETTE/TREAT CORNEA	00233	15.2259	$727.04	APC				
65450	S	TREATMENT OF CORNEAL LESION	00231	2.1451	$102.43	APC				
65600	T	REVISION OF CORNEA	00240	17.1243	$817.69	APC				
65710	T	CORNEAL TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65730	T	CORNEAL TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65750	T	CORNEAL TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65755	T	CORNEAL TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65760	E	REVISION OF CORNEA				Not Allowed				
65765	E	REVISION OF CORNEA				Not Allowed				
65767	M	CORNEAL TISSUE TRANSPLANT				By Report	$0.00			
65770	T	REVISE CORNEA WITH IMPLANT	00293	51.9894	$2,482.49	APC				
65771	E	RADIAL KERATOTOMY				Not Allowed				Y
65772	T	CORRECTION OF ASTIGMATISM	00233	15.2259	$727.04	APC				
65775	T	CORRECTION OF ASTIGMATISM	00233	15.2259	$727.04	APC				
65780	T	OCULAR RECONST TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65781	T	OCULAR RECONST TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65782	T	OCULAR RECONST TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65800	T	DRAINAGE OF EYE	00233	15.2259	$727.04	APC				
65805	T	DRAINAGE OF EYE	00233	15.2259	$727.04	APC				
65810	T	DRAINAGE OF EYE	00234	22.997	$1,098.11	APC				
65815	T	DRAINAGE OF EYE	00234	22.997	$1,098.11	APC				
65820	T	RELIEVE INNER EYE PRESSURE	00232	6.0673	$289.71	APC				
65850	T	INCISION OF EYE	00234	22.997	$1,098.11	APC				
65855	T	LASER SURGERY OF EYE	00247	5.0839	$242.76	APC				
65860	T	INCISE INNER EYE ADHESIONS	00247	5.0839	$242.76	APC				
65865	T	INCISE INNER EYE ADHESIONS	00233	15.2259	$727.04	APC				
65870	T	INCISE INNER EYE ADHESIONS	00234	22.997	$1,098.11	APC				
65875	T	INCISE INNER EYE ADHESIONS	00234	22.997	$1,098.11	APC				

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65880	T	INCISE INNER EYE ADHESIONS	00233	15.2259	$727.04	APC				
65900	T	REMOVE EYE LESION	00233	15.2259	$727.04	APC				
65920	T	REMOVE IMPLANT OF EYE	00234	22.997	$1,098.11	APC				
65930	T	REMOVE BLOOD CLOT FROM EYE	00234	22.997	$1,098.11	APC				
66020	T	INJECTION TREATMENT OF EYE	00233	15.2259	$727.04	APC				
66030	T	INJECTION TREATMENT OF EYE	00232	6.0673	$289.71	APC				
66130	T	REMOVE EYE LESION	00234	22.997	$1,098.11	APC				
66150	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66155	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66160	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66165	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66170	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66172	T	INCISION OF EYE	00234	22.997	$1,098.11	APC				
66180	T	IMPLANT EYE SHUNT	00673	37.8967	$1,809.57	APC				
66185	T	REVISE EYE SHUNT	00673	37.8967	$1,809.57	APC				
66220	T	REPAIR EYE LESION	00672	37.429	$1,787.23	APC				
66225	T	REPAIR/GRAFT EYE LESION	00673	37.8967	$1,809.57	APC				
66250	T	FOLLOW-UP SURGERY OF EYE	00233	15.2259	$727.04	APC				
66500	T	INCISION OF IRIS	00232	6.0673	$289.71	APC				
66505	T	INCISION OF IRIS	00232	6.0673	$289.71	APC				
66600	T	REMOVE IRIS AND LESION	00234	22.997	$1,098.11	APC				
66605	T	REMOVAL OF IRIS	00234	22.997	$1,098.11	APC				
66625	T	REMOVAL OF IRIS	00232	6.0673	$289.71	APC				
66630	T	REMOVAL OF IRIS	00234	22.997	$1,098.11	APC				
66635	T	REMOVAL OF IRIS	00234	22.997	$1,098.11	APC				
66680	T	REPAIR IRIS & CILIARY BODY	00234	22.997	$1,098.11	APC				
66682	T	REPAIR IRIS & CILIARY BODY	00234	22.997	$1,098.11	APC				
66700	T	DESTRUCTION, CILIARY BODY	00233	15.2259	$727.04	APC				
66710	T	DESTRUCTION, CILIARY BODY	00233	15.2259	$727.04	APC				
66711	T	CILIARY ENDOSCOPIC ABLATION	00233	15.2259	$727.04	APC				
66720	T	DESTRUCTION, CILIARY BODY	00233	15.2259	$727.04	APC				
66740	T	DESTRUCTION, CILIARY BODY	00234	22.997	$1,098.11	APC				
66761	T	REVISION OF IRIS	00247	5.0839	$242.76	APC				
66762	T	REVISION OF IRIS	00247	5.0839	$242.76	APC				
66770	T	REMOVAL OF INNER EYE LESION	00247	5.0839	$242.76	APC				
66820	T	INCISION, SECONDARY CATARACT	00232	6.0673	$289.71	APC				
66821	T	AFTER CATARACT LASER SURGERY	00247	5.0839	$242.76	APC				
66825	T	REPOSITION INTRAOCULAR LENS	00234	22.997	$1,098.11	APC				
66830	T	REMOVAL OF LENS LESION	00232	6.0673	$289.71	APC				

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66840	T	REMOVAL OF LENS MATERIAL	00245	14.8702	$710.05	APC				
66850	T	REMOVAL OF LENS MATERIAL	00249	29.2281	$1,395.64	APC				
66852	T	REMOVAL OF LENS MATERIAL	00249	29.2281	$1,395.64	APC				
66920	T	EXTRACTION OF LENS	00249	29.2281	$1,395.64	APC				
66930	T	EXTRACTION OF LENS	00249	29.2281	$1,395.64	APC				
66940	T	EXTRACTION OF LENS	00245	14.8702	$710.05	APC				
66982	T	CATARACT SURGERY, COMPLEX	00246	23.6313	$1,128.39	APC				
66983	T	CATARACT SURG W/IOL, 1 STAGE	00246	23.6313	$1,128.39	APC				
66984	T	CATARACT SURG W/IOL 1 STAGE	00246	23.6313	$1,128.39	APC				
66985	T	INSERT LENS PROSTHESIS	00246	23.6313	$1,128.39	APC				
66986	T	EXCHANGE LENS PROSTHESIS	00246	23.6313	$1,128.39	APC				
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON				APC/ Bundled				
66999	T	EYE SURGERY PROCEDURE	00232	6.0673	$289.71	APC				
67005	T	PARTIAL REMOVAL OF EYE FLUID	00237	27.602	$1,318.00	APC				
67010	T	PARTIAL REMOVAL OF EYE FLUID	00237	27.602	$1,318.00	APC				
67015	T	RELEASE OF EYE FLUID	00237	27.602	$1,318.00	APC				
67025	T	REPLACE EYE FLUID	00237	27.602	$1,318.00	APC				
67027	T	IMPLANT EYE DRUG SYSTEM	00672	37.429	$1,787.23	APC				
67028	T	INJECTION EYE DRUG	00235	3.9333	$187.82	APC				
67030	T	INCISE INNER EYE STRANDS	00236	16.5239	$789.02	APC				
67031	T	LASER SURGERY, EYE STRANDS	00247	5.0839	$242.76	APC				
67036	T	REMOVAL OF INNER EYE FLUID	00672	37.429	$1,787.23	APC				
67038	T	STRIP RETINAL MEMBRANE	00672	37.429	$1,787.23	APC				
67039	T	LASER TREATMENT OF RETINA	00672	37.429	$1,787.23	APC				
67040	T	LASER TREATMENT OF RETINA	00672	37.429	$1,787.23	APC				
67101	T	REPAIR DETACHED RETINA	00236	16.5239	$789.02	APC				
67105	T	REPAIR DETACHED RETINA	00248	5.0841	$242.77	APC				
67107	T	REPAIR DETACHED RETINA	00672	37.429	$1,787.23	APC				
67108	T	REPAIR DETACHED RETINA	00672	37.429	$1,787.23	APC				
67110	T	REPAIR DETACHED RETINA	00236	16.5239	$789.02	APC				
67112	T	REREPAIR DETACHED RETINA	00672	37.429	$1,787.23	APC				
67115	T	RELEASE ENCIRCLING MATERIAL	00236	16.5239	$789.02	APC				
67120	T	REMOVE EYE IMPLANT MATERIAL	00236	16.5239	$789.02	APC				
67121	T	REMOVE EYE IMPLANT MATERIAL	00237	27.602	$1,318.00	APC				
67141	T	TREATMENT OF RETINA	00235	3.9333	$187.82	APC				
67145	T	TREATMENT OF RETINA	00248	5.0841	$242.77	APC				
67208	T	TREATMENT OF RETINAL LESION	00236	16.5239	$789.02	APC				
67210	T	TREATMENT OF RETINAL LESION	00248	5.0841	$242.77	APC				
67218	T	TREATMENT OF RETINAL LESION	00236	16.5239	$789.02	APC				

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67220	T	TREATMENT OF CHOROID LESION	00235	3.9333	$187.82	APC				
67221	T	OCULAR PHOTODYNAMIC THER	00235	3.9333	$187.82	APC				
67225	T	EYE PHOTODYNAMIC THER ADD-ON	00235	3.9333	$187.82	APC				
67227	T	TREATMENT OF RETINAL LESION	00237	27.602	$1,318.00	APC				
67228	T	TREATMENT OF RETINAL LESION	00248	5.0841	$242.77	APC				
67250	T	REINFORCE EYE WALL	00240	17.1243	$817.69	APC				
67255	T	REINFORCE/GRAFT EYE WALL	00237	27.602	$1,318.00	APC				
67299	T	EYE SURGERY PROCEDURE	00235	3.9333	$187.82	APC				
67311	T	REVISE EYE MUSCLE	00243	21.2801	$1,016.12	APC				
67312	T	REVISE TWO EYE MUSCLES	00243	21.2801	$1,016.12	APC				
67314	T	REVISE EYE MUSCLE	00243	21.2801	$1,016.12	APC				
67316	T	REVISE TWO EYE MUSCLES	00243	21.2801	$1,016.12	APC				
67318	T	REVISE EYE MUSCLE(S)	00243	21.2801	$1,016.12	APC				
67320	T	REVISE EYE MUSCLE(S) ADD-ON	00243	21.2801	$1,016.12	APC				
67331	T	EYE SURGERY FOLLOW-UP ADD-ON	00243	21.2801	$1,016.12	APC				
67332	T	REREVISE EYE MUSCLES ADD-ON	00243	21.2801	$1,016.12	APC				
67334	T	REVISE EYE MUSCLE W/SUTURE	00243	21.2801	$1,016.12	APC				
67335	T	EYE SUTURE DURING SURGERY	00243	21.2801	$1,016.12	APC				
67340	T	REVISE EYE MUSCLE ADD-ON	00243	21.2801	$1,016.12	APC				
67343	T	RELEASE EYE TISSUE	00243	21.2801	$1,016.12	APC				
67345	T	DESTROY NERVE OF EYE MUSCLE	00238	2.8954	$138.26	APC				
67346	T	BIOPSY, EYE MUSCLE	00699	14.3845	$686.86	APC				
67399	T	EYE MUSCLE SURGERY PROCEDURE	00243	21.2801	$1,016.12	APC				
67400	T	EXPLORE/BIOPSY EYE SOCKET	00241	25.255	$1,205.93	APC				
67405	T	EXPLORE/DRAIN EYE SOCKET	00241	25.255	$1,205.93	APC				
67412	T	EXPLORE/TREAT EYE SOCKET	00241	25.255	$1,205.93	APC				
67413	T	EXPLORE/TREAT EYE SOCKET	00241	25.255	$1,205.93	APC				
67414	T	EXPLR/DECOMPRESS EYE SOCKET	00242	35.2292	$1,682.19	APC				
67415	T	ASPIRATION, ORBITAL CONTENTS	00240	17.1243	$817.69	APC				
67420	T	EXPLORE/TREAT EYE SOCKET	00242	35.2292	$1,682.19	APC				
67430	T	EXPLORE/TREAT EYE SOCKET	00242	35.2292	$1,682.19	APC				
67440	T	EXPLORE/DRAIN EYE SOCKET	00242	35.2292	$1,682.19	APC				
67445	T	EXPLR/DECOMPRESS EYE SOCKET	00242	35.2292	$1,682.19	APC				
67450	T	EXPLORE/BIOPSY EYE SOCKET	00242	35.2292	$1,682.19	APC				
67500	S	INJECT/TREAT EYE SOCKET	00231	2.1451	$102.43	APC				
67505	T	INJECT/TREAT EYE SOCKET	00238	2.8954	$138.26	APC				
67515	T	INJECT/TREAT EYE SOCKET	00238	2.8954	$138.26	APC				
67550	T	INSERT EYE SOCKET IMPLANT	00242	35.2292	$1,682.19	APC				
67560	T	REVISE EYE SOCKET IMPLANT	00241	25.255	$1,205.93	APC				

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67570	T	DECOMPRESS OPTIC NERVE	00242	35.2292	$1,682.19	APC				
67599	T	ORBIT SURGERY PROCEDURE	00238	2.8954	$138.26	APC				
67700	T	DRAINAGE OF EYELID ABSCESS	00238	2.8954	$138.26	APC				
67710	T	INCISION OF EYELID	00239	7.2819	$347.71	APC				
67715	T	INCISION OF EYELID FOLD	00240	17.1243	$817.69	APC				
67800	T	REMOVE EYELID LESION	00238	2.8954	$138.26	APC				
67801	T	REMOVE EYELID LESIONS	00239	7.2819	$347.71	APC				
67805	T	REMOVE EYELID LESIONS	00238	2.8954	$138.26	APC				
67808	T	REMOVE EYELID LESION(S)	00240	17.1243	$817.69	APC				
67810	T	BIOPSY OF EYELID	00238	2.8954	$138.26	APC				
67820	S	REVISE EYELASHES	00698	1.1607	$55.42	APC				
67825	T	REVISE EYELASHES	00238	2.8954	$138.26	APC				
67830	T	REVISE EYELASHES	00239	7.2819	$347.71	APC				
67835	T	REVISE EYELASHES	00240	17.1243	$817.69	APC				
67840	T	REMOVE EYELID LESION	00239	7.2819	$347.71	APC				
67850	T	TREAT EYELID LESION	00239	7.2819	$347.71	APC				
67875	T	CLOSURE OF EYELID BY SUTURE	00239	7.2819	$347.71	APC				
67880	T	REVISION OF EYELID	00233	15.2259	$727.04	APC				
67882	T	REVISION OF EYELID	00240	17.1243	$817.69	APC				
67900	T	REPAIR BROW DEFECT	00240	17.1243	$817.69	APC				Y
67901	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67902	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67903	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67904	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67906	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67908	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67909	T	REVISE EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67911	T	REVISE EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67912	T	CORRECTION EYELID W/ IMPLANT	00240	17.1243	$817.69	APC				
67914	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67915	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67916	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67917	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67921	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67922	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67923	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67924	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67930	T	REPAIR EYELID WOUND	00240	17.1243	$817.69	APC				
67935	T	REPAIR EYELID WOUND	00240	17.1243	$817.69	APC				

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67938	S	REMOVE EYELID FOREIGN BODY	00698	1.1607	$55.42	APC				
67950	T	REVISION OF EYELID	00240	17.1243	$817.69	APC				
67961	T	REVISION OF EYELID	00240	17.1243	$817.69	APC				
67966	T	REVISION OF EYELID	00240	17.1243	$817.69	APC				
67971	T	RECONSTRUCTION OF EYELID	00241	25.255	$1,205.93	APC				
67973	T	RECONSTRUCTION OF EYELID	00241	25.255	$1,205.93	APC				
67974	T	RECONSTRUCTION OF EYELID	00241	25.255	$1,205.93	APC				
67975	T	RECONSTRUCTION OF EYELID	00240	17.1243	$817.69	APC				
67999	T	REVISION OF EYELID	00238	2.8954	$138.26	APC				
68020	T	INCISE/DRAIN EYELID LINING	00240	17.1243	$817.69	APC				
68040	S	TREATMENT OF EYELID LESIONS	00698	1.1607	$55.42	APC				
68100	T	BIOPSY OF EYELID LINING	00232	6.0673	$289.71	APC				
68110	T	REMOVE EYELID LINING LESION	00699	14.3845	$686.86	APC				
68115	T	REMOVE EYELID LINING LESION	00240	17.1243	$817.69	APC				
68130	T	REMOVE EYELID LINING LESION	00233	15.2259	$727.04	APC				
68135	T	REMOVE EYELID LINING LESION	00239	7.2819	$347.71	APC				
68200	S	TREAT EYELID BY INJECTION	00230	0.7898	$37.71	APC				
68320	T	REVISE/GRAFT EYELID LINING	00240	17.1243	$817.69	APC				
68325	T	REVISE/GRAFT EYELID LINING	00241	25.255	$1,205.93	APC				
68326	T	REVISE/GRAFT EYELID LINING	00241	25.255	$1,205.93	APC				
68328	T	REVISE/GRAFT EYELID LINING	00241	25.255	$1,205.93	APC				
68330	T	REVISE EYELID LINING	00234	22.997	$1,098.11	APC				
68335	T	REVISE/GRAFT EYELID LINING	00241	25.255	$1,205.93	APC				
68340	T	SEPARATE EYELID ADHESIONS	00240	17.1243	$817.69	APC				
68360	T	REVISE EYELID LINING	00234	22.997	$1,098.11	APC				
68362	T	REVISE EYELID LINING	00234	22.997	$1,098.11	APC				
68371	T	HARVEST EYE TISSUE ALOGRAFT	00233	15.2259	$727.04	APC				Y
68399	T	EYELID LINING SURGERY	00238	2.8954	$138.26	APC				
68400	T	INCISE/DRAIN TEAR GLAND	00238	2.8954	$138.26	APC				
68420	T	INCISE/DRAIN TEAR SAC	00240	17.1243	$817.69	APC				
68440	T	INCISE TEAR DUCT OPENING	00238	2.8954	$138.26	APC				
68500	T	REMOVAL OF TEAR GLAND	00241	25.255	$1,205.93	APC				
68505	T	PARTIAL REMOVAL, TEAR GLAND	00241	25.255	$1,205.93	APC				
68510	T	BIOPSY OF TEAR GLAND	00240	17.1243	$817.69	APC				
68520	T	REMOVAL OF TEAR SAC	00241	25.255	$1,205.93	APC				
68525	T	BIOPSY OF TEAR SAC	00240	17.1243	$817.69	APC				
68530	T	CLEARANCE OF TEAR DUCT	00240	17.1243	$817.69	APC				
68540	T	REMOVE TEAR GLAND LESION	00241	25.255	$1,205.93	APC				
68550	T	REMOVE TEAR GLAND LESION	00241	25.255	$1,205.93	APC				

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68700	T	REPAIR TEAR DUCTS	00241	25.255	$1,205.93	APC				
68705	T	REVISE TEAR DUCT OPENING	00238	2.8954	$138.26	APC				
68720	T	CREATE TEAR SAC DRAIN	00241	25.255	$1,205.93	APC				
68745	T	CREATE TEAR DUCT DRAIN	00241	25.255	$1,205.93	APC				
68750	T	CREATE TEAR DUCT DRAIN	00241	25.255	$1,205.93	APC				
68760	S	CLOSE TEAR DUCT OPENING	00231	2.1451	$102.43	APC				
68761	S	CLOSE TEAR DUCT OPENING	00231	2.1451	$102.43	APC				
68770	T	CLOSE TEAR SYSTEM FISTULA	00240	17.1243	$817.69	APC				
68801	S	DILATE TEAR DUCT OPENING	00698	1.1607	$55.42	APC				
68810	S	PROBE NASOLACRIMAL DUCT	00231	2.1451	$102.43	APC				
68811	T	PROBE NASOLACRIMAL DUCT	00240	17.1243	$817.69	APC				
68815	T	PROBE NASOLACRIMAL DUCT	00240	17.1243	$817.69	APC				
68840	S	EXPLORE/IRRIGATE TEAR DUCTS	00698	1.1607	$55.42	APC				
68850	N	INJECTION FOR TEAR SAC X-RAY				APC/ Bundled				
68899	T	TEAR DUCT SYSTEM SURGERY	00238	2.8954	$138.26	APC				
69000	T	DRAIN EXTERNAL EAR LESION	00006	1.4392	$68.72	APC				
69005	T	DRAIN EXTERNAL EAR LESION	00008	17.5086	$836.04	APC				
69020	T	DRAIN OUTER EAR CANAL LESION	00006	1.4392	$68.72	APC				
69090	E	PIERCE EARLOBES				Not Allowed				
69100	T	BIOPSY OF EXTERNAL EAR	00019	4.0919	$195.39	APC				
69105	T	BIOPSY OF EXTERNAL EAR CANAL	00253	16.4266	$784.37	APC				
69110	T	REMOVE EXTERNAL EAR, PARTIAL	00021	15.1024	$721.14	APC				
69120	T	REMOVAL OF EXTERNAL EAR	00254	23.3299	$1,114.00	APC				
69140	T	REMOVE EAR CANAL LESION(S)	00254	23.3299	$1,114.00	APC				
69145	T	REMOVE EAR CANAL LESION(S)	00021	15.1024	$721.14	APC				
69150	T	EXTENSIVE EAR CANAL SURGERY	00252	7.5511	$360.57	APC				
69155	C	EXTENSIVE EAR/NECK SURGERY				Inpatient Only				
69200	X	CLEAR OUTER EAR CANAL	00340	0.6102	$29.14	APC				
69205	T	CLEAR OUTER EAR CANAL	00022	20.0656	$958.13	APC				
69210	X	REMOVE IMPACTED EAR WAX	00340	0.6102	$29.14	APC				
69220	T	CLEAN OUT MASTOID CAVITY	00012	0.8432	$40.26	APC				
69222	T	CLEAN OUT MASTOID CAVITY	00252	7.5511	$360.57	APC				
69300	T	REVISE EXTERNAL EAR	00254			Not Allowed				
69310	T	REBUILD OUTER EAR CANAL	00256	38.1991	$1,824.01	APC				
69320	T	REBUILD OUTER EAR CANAL	00256	38.1991	$1,824.01	APC				
69399	T	OUTER EAR SURGERY PROCEDURE	00251	2.452	$117.08	APC				
69400	T	INFLATE MIDDLE EAR CANAL	00251	2.452	$117.08	APC				
69401	T	INFLATE MIDDLE EAR CANAL	00251	2.452	$117.08	APC				
69405	T	CATHETERIZE MIDDLE EAR CANAL	00252	7.5511	$360.57	APC				

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69420	T	INCISION OF EARDRUM	00251	2.452	$117.08	APC				
69421	T	INCISION OF EARDRUM	00253	16.4266	$784.37	APC				
69424	T	REMOVE VENTILATING TUBE	00252	7.5511	$360.57	APC				
69433	T	CREATE EARDRUM OPENING	00252	7.5511	$360.57	APC				
69436	T	CREATE EARDRUM OPENING	00253	16.4266	$784.37	APC				
69440	T	EXPLORATION OF MIDDLE EAR	00254	23.3299	$1,114.00	APC				
69450	T	EARDRUM REVISION	00256	38.1991	$1,824.01	APC				
69501	T	MASTOIDECTOMY	00256	38.1991	$1,824.01	APC				
69502	T	MASTOIDECTOMY	00254	23.3299	$1,114.00	APC				
69505	T	REMOVE MASTOID STRUCTURES	00256	38.1991	$1,824.01	APC				
69511	T	EXTENSIVE MASTOID SURGERY	00256	38.1991	$1,824.01	APC				
69530	T	EXTENSIVE MASTOID SURGERY	00256	38.1991	$1,824.01	APC				
69535	C	REMOVE PART OF TEMPORAL BONE				Inpatient Only				
69540	T	REMOVE EAR LESION	00253	16.4266	$784.37	APC				
69550	T	REMOVE EAR LESION	00256	38.1991	$1,824.01	APC				
69552	T	REMOVE EAR LESION	00256	38.1991	$1,824.01	APC				
69554	C	REMOVE EAR LESION				Inpatient Only				
69601	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				
69602	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				
69603	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				
69604	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				
69605	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				
69610	T	REPAIR OF EARDRUM	00254	23.3299	$1,114.00	APC				
69620	T	REPAIR OF EARDRUM	00254	23.3299	$1,114.00	APC				
69631	T	REPAIR EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69632	T	REBUILD EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69633	T	REBUILD EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69635	T	REPAIR EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69636	T	REBUILD EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69637	T	REBUILD EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69641	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69642	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69643	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69644	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69645	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69646	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69650	T	RELEASE MIDDLE EAR BONE	00254	23.3299	$1,114.00	APC				
69660	T	REVISE MIDDLE EAR BONE	00256	38.1991	$1,824.01	APC				
69661	T	REVISE MIDDLE EAR BONE	00256	38.1991	$1,824.01	APC				

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69662	T	REVISE MIDDLE EAR BONE	00256	38.1991	$1,824.01	APC				
69666	T	REPAIR MIDDLE EAR STRUCTURES	00256	38.1991	$1,824.01	APC				
69667	T	REPAIR MIDDLE EAR STRUCTURES	00256	38.1991	$1,824.01	APC				
69670	T	REMOVE MASTOID AIR CELLS	00256	38.1991	$1,824.01	APC				
69676	T	REMOVE MIDDLE EAR NERVE	00256	38.1991	$1,824.01	APC				
69700	T	CLOSE MASTOID FISTULA	00256	38.1991	$1,824.01	APC				
69710	E	IMPLANT/REPLACE HEARING AID				Not Allowed				
69711	T	REMOVE/REPAIR HEARING AID	00256	38.1991	$1,824.01	APC				
69714	T	IMPLANT TEMPLE BONE W/STIMUL	00256	38.1991	$1,824.01	APC				
69715	T	TEMPLE BNE IMPLNT W/STIMULAT	00256	38.1991	$1,824.01	APC				
69717	T	TEMPLE BONE IMPLANT REVISION	00256	38.1991	$1,824.01	APC				
69718	T	REVISE TEMPLE BONE IMPLANT	00256	38.1991	$1,824.01	APC				
69720	T	RELEASE FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69725	T	RELEASE FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69740	T	REPAIR FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69745	T	REPAIR FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69799	T	MIDDLE EAR SURGERY PROCEDURE	00251	2.452	$117.08	APC				
69801	T	INCISE INNER EAR	00256	38.1991	$1,824.01	APC				
69802	T	INCISE INNER EAR	00256	38.1991	$1,824.01	APC				
69805	T	EXPLORE INNER EAR	00256	38.1991	$1,824.01	APC				
69806	T	EXPLORE INNER EAR	00256	38.1991	$1,824.01	APC				
69820	T	ESTABLISH INNER EAR WINDOW	00256	38.1991	$1,824.01	APC				
69840	T	REVISE INNER EAR WINDOW	00256	38.1991	$1,824.01	APC				
69905	T	REMOVE INNER EAR	00256	38.1991	$1,824.01	APC				
69910	T	REMOVE INNER EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69915	T	INCISE INNER EAR NERVE	00256	38.1991	$1,824.01	APC				
69930	T	IMPLANT COCHLEAR DEVICE	00259	414.8455	$19,808.87	APC				
69949	T	INNER EAR SURGERY PROCEDURE	00251	2.452	$117.08	APC				
69950	C	INCISE INNER EAR NERVE				Inpatient Only				
69955	T	RELEASE FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69960	T	RELEASE INNER EAR CANAL	00256	38.1991	$1,824.01	APC				
69970	C	REMOVE INNER EAR LESION				Inpatient Only				
69979	T	TEMPORAL BONE SURGERY	00251	2.452	$117.08	APC				
69990	N	MICROSURGERY ADD-ON				APC/ Bundled				
70010	S	CONTRAST X-RAY OF BRAIN	00274	2.5544	$121.97	APC				
70015	S	CONTRAST X-RAY OF BRAIN	00274	2.5544	$121.97	APC				
70030	X	X-RAY EYE FOR FOREIGN BODY	00260	0.7093	$33.87	APC				
70100	X	X-RAY EXAM OF JAW	00260	0.7093	$33.87	APC				
70110	X	X-RAY EXAM OF JAW	00260	0.7093	$33.87	APC				

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70120	X	X-RAY EXAM OF MASTOIDS	00260	0.7093	$33.87	APC				
70130	X	X-RAY EXAM OF MASTOIDS	00260	0.7093	$33.87	APC				
70134	X	X-RAY EXAM OF MIDDLE EAR	00261	1.2224	$58.37	APC				
70140	X	X-RAY EXAM OF FACIAL BONES	00260	0.7093	$33.87	APC				
70150	X	X-RAY EXAM OF FACIAL BONES	00260	0.7093	$33.87	APC				
70160	X	X-RAY EXAM OF NASAL BONES	00260	0.7093	$33.87	APC				
70170	X	X-RAY EXAM OF TEAR DUCT	00264	2.9586	$141.27	APC				
70190	X	X-RAY EXAM OF EYE SOCKETS	00260	0.7093	$33.87	APC				
70200	X	X-RAY EXAM OF EYE SOCKETS	00260	0.7093	$33.87	APC				
70210	X	X-RAY EXAM OF SINUSES	00260	0.7093	$33.87	APC				
70220	X	X-RAY EXAM OF SINUSES	00260	0.7093	$33.87	APC				
70240	X	X-RAY EXAM PITUITARY SADDLE	00260	0.7093	$33.87	APC				
70250	X	X-RAY EXAM OF SKULL	00260	0.7093	$33.87	APC				
70260	X	X-RAY EXAM OF SKULL	00261	1.2224	$58.37	APC				
70300	X	X-RAY EXAM OF TEETH	00262	0.655	$31.28	APC				
70310	X	X-RAY EXAM OF TEETH	00262	0.655	$31.28	APC				
70320	X	FULL MOUTH X-RAY OF TEETH	00262	0.655	$31.28	APC				
70328	X	X-RAY EXAM OF JAW JOINT	00260	0.7093	$33.87	APC				
70330	X	X-RAY EXAM OF JAW JOINTS	00260	0.7093	$33.87	APC				
70332	S	X-RAY EXAM OF JAW JOINT	00275	3.6915	$176.27	APC				
70336	S	MAGNETIC IMAGE JAW JOINT	00335	4.5523	$217.37	APC				
70350	X	X-RAY HEAD FOR ORTHODONTIA	00260	0.7093	$33.87	APC				
70355	X	PANORAMIC X-RAY OF JAWS	00260	0.7093	$33.87	APC				
70360	X	X-RAY EXAM OF NECK	00260	0.7093	$33.87	APC				
70370	X	THROAT X-RAY & FLUOROSCOPY	00272	1.2908	$61.64	APC				
70371	X	SPEECH EVALUATION COMPLEX	00272	1.2908	$61.64	APC				
70373	X	CONTRAST X-RAY OF LARYNX	00263	1.6956	$80.96	APC				
70380	X	X-RAY EXAM OF SALIVARY GLAND	00260	0.7093	$33.87	APC				
70390	X	X-RAY EXAM OF SALIVARY DUCT	00263	1.6956	$80.96	APC				
70450	S	CT HEAD/BRAIN W/O DYE	00332	3.0908	$147.59	APC				
70460	S	CONTRAST CAT SCAN OF HEAD	00283	4.0825	$194.94	APC				
70470	S	CT HEAD/BRAIN W/O & W/DYE	00333	4.8405	$231.13	APC				
70480	S	CT ORBIT/EAR/FOSSA W/O DYE	00332	3.0908	$147.59	APC				
70481	S	CONTRAST CAT SCAN OF SKULL	00283	4.0825	$194.94	APC				
70482	S	CT ORBIT/EAR/FOSSA W/O&W/DYE	00333	4.8405	$231.13	APC				
70486	S	CT MAXILLOFACIAL W/O DYE	00332	3.0908	$147.59	APC				
70487	S	CT MAXILLOFACIAL W/DYE	00283	4.0825	$194.94	APC				
70488	S	CT MAXILLOFACIAL W/O & W/DYE	00333	4.8405	$231.13	APC				
70490	S	CT SOFT TISSUE NECK W/O DYE	00332	3.0908	$147.59	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
70491	S	CT SOFT TISSUE NECK W/DYE	00283	4.0825	$194.94	APC				
70492	S	CT SFT TSUE NCK W/O & W/DYE	00333	4.8405	$231.13	APC				
70496	S	CT ANGIOGRAPHY HEAD	00662	4.8552	$231.84	APC				
70498	S	CT ANGIOGRAPHY NECK	00662	4.8552	$231.84	APC				
70540	S	MRI ORBIT/FACE/NECK W/O DYE	00336	5.6745	$270.96	APC				
70542	S	MRI ORBIT FACE AND NECK; WITH CONTRAST MATERIAL(S)	00284	6.1231	$292.38	APC				
70543	S	MRI ORBT/FAC/NCK W/O & W/DYE	00337	8.1155	$387.52	APC				
70544	S	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; W/O CONTRAST MATERIAL	00336	5.6745	$270.96	APC				
70545	S	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; WITH CONTRAST MATERIAL	00284	6.1231	$292.38	APC				
70546	S	MR ANGIOGRAPH HEAD W/O&W/DYE	00337	8.1155	$387.52	APC				
70547	S	MAGNETIC RESONANCE ANGIOGRAPHY NECK; W/O CONTRAST MATERIAL	00336	5.6745	$270.96	APC				
70548	S	MAGNETIC RESONANCE ANGIOGRAPHY NECK;WITH CONTRAST MATERIAL	00284	6.1231	$292.38	APC				
70549	S	MR ANGIOGRAPH NECK W/O&W/DYE	00337	8.1155	$387.52	APC				
70551	S	MAGNETIC IMAGE BRAIN (MRI)	00336	5.6745	$270.96	APC				
70552	S	MRI BRAIN W/DYE	00284	6.1231	$292.38	APC				
70553	S	MRI BRAIN W/O & W/DYE	00337	8.1155	$387.52	APC				
70554	S	FMRI BRAIN BY TECH	00336	5.6745	$270.96	APC				
70555	S	FMRI BRAIN BY PHYS/PSYCH	00336	5.6745	$270.96	APC				
70557	S	MRI BRAIN W/O DYE	00336	5.6745	$270.96	APC				
70558	S	MRI BRAIN W/DYE	00284	6.1231	$292.38	APC				
70559	S	MRI BRAIN W/O & W/DYE	00337	8.1155	$387.52	APC				
71010	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71015	X	X-RAY EXAM OF CHEST	00260	0.7093	$33.87	APC				
71020	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71021	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71022	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71023	X	CHEST X-RAY AND FLUOROSCOPY	00272	1.2908	$61.64	APC				
71030	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71034	X	CHEST X-RAY & FLUOROSCOPY	00272	1.2908	$61.64	APC				
71035	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71040	X	CONTRAST X-RAY OF BRONCHI	00263	1.6956	$80.96	APC				
71060	X	CONTRAST X-RAY OF BRONCHI	00263	1.6956	$80.96	APC				
71090	X	X-RAY & PACEMAKER INSERTION	00272	1.2908	$61.64	APC				
71100	X	X-RAY EXAM OF RIBS	00260	0.7093	$33.87	APC				
71101	X	X-RAY EXAM OF RIBS CHEST	00260	0.7093	$33.87	APC				
71110	X	X-RAY EXAM OF RIBS	00260	0.7093	$33.87	APC				
71111	X	X-RAY EXAM OF RIBS/CHEST	00261	1.2224	$58.37	APC				
71120	X	X-RAY EXAM OF BREASTBONE	00260	0.7093	$33.87	APC				
71130	X	X-RAY EXAM OF BREASTBONE	00260	0.7093	$33.87	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
71250	S	CT THORAX W/O DYE	00332	3.0908	$147.59	APC				
71260	S	CONTRAST CAT SCAN OF CHEST	00283	4.0825	$194.94	APC				
71270	S	CT THORAX W/O & W/DYE	00333	4.8405	$231.13	APC				
71275	S	CT ANGIOGRAPHY CHEST W/O CONTRAST FOLLOWED BY CONTRAST	00662	4.8552	$231.84	APC				
71550	S	MAGNETIC IMAGE CHEST	00336	5.6745	$270.96	APC				
71551	S	MRI CHEST; WITH CONTRAST MATERIAL(S)	00284	6.1231	$292.38	APC				
71552	S	MRI CHEST W/O & W/DYE	00337	8.1155	$387.52	APC				
71555	M	MAGNETIC IMAGING/CHEST (MRA)				By Report	$0.00			
72010	X	X-RAY EXAM OF SPINE	00260	0.7093	$33.87	APC				
72020	X	X-RAY EXAM OF SPINE	00260	0.7093	$33.87	APC				
72040	X	X-RAY EXAM OF NECK SPINE	00260	0.7093	$33.87	APC				
72050	X	X-RAY EXAM OF NECK SPINE	00261	1.2224	$58.37	APC				
72052	X	X-RAY EXAM OF NECK SPINE	00261	1.2224	$58.37	APC				
72069	X	X-RAY EXAM OF TRUNK SPINE	00260	0.7093	$33.87	APC				
72070	X	X-RAY EXAM OF THORAX SPINE	00260	0.7093	$33.87	APC				
72072	X	X-RAY EXAM OF THORACIC SPINE	00260	0.7093	$33.87	APC				
72074	X	X-RAY EXAM OF THORACIC SPINE	00260	0.7093	$33.87	APC				
72080	X	X-RAY EXAM OF TRUNK SPINE	00260	0.7093	$33.87	APC				
72090	X	X-RAY EXAM OF TRUNK SPINE	00261	1.2224	$58.37	APC				
72100	X	X-RAY EXAM OF LOWER SPINE	00260	0.7093	$33.87	APC				
72110	X	X-RAY EXAM OF LOWER SPINE	00261	1.2224	$58.37	APC				
72114	X	X-RAY EXAM OF LOWER SPINE	00261	1.2224	$58.37	APC				
72120	X	X-RAY EXAM OF LOWER SPINE	00261	1.2224	$58.37	APC				
72125	S	CT NECK SPINE W/O DYE	00332	3.0908	$147.59	APC				
72126	S	CONTRAST CAT SCAN OF NECK	00283	4.0825	$194.94	APC				
72127	S	CT NECK SPINE W/O & W/DYE	00333	4.8405	$231.13	APC				
72128	S	CT CHEST SPINE W/O DYE	00332	3.0908	$147.59	APC				
72129	S	CONTRAST CAT SCAN OF THORAX	00283	4.0825	$194.94	APC				
72130	S	CT CHEST SPINE W/O & W/DYE	00333	4.8405	$231.13	APC				
72131	S	CT LUMBAR SPINE W/O DYE	00332	3.0908	$147.59	APC				
72132	S	CONTRAST CAT OF LOWER SPINE	00283	4.0825	$194.94	APC				
72133	S	CT LUMBAR SPINE W/O & W/DYE	00333	4.8405	$231.13	APC				
72141	S	MAGNETIC IMAGE NECK SPINE	00336	5.6745	$270.96	APC				
72142	S	MAGNETIC IMAGE NECK SPINE	00284	6.1231	$292.38	APC				
72146	S	MAGNETIC IMAGE CHEST SPINE	00336	5.6745	$270.96	APC				
72147	S	MAGNETIC IMAGE CHEST SPINE	00284	6.1231	$292.38	APC				
72148	S	MAGNETIC IMAGE LUMBAR SPINE	00336	5.6745	$270.96	APC				
72149	S	MAGNETIC IMAGE LUMBAR SPINE	00284	6.1231	$292.38	APC				
72156	S	MRI NECK SPINE W/O & W/DYE	00337	8.1155	$387.52	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
72157	S	MRI CHEST SPINE W/O & W/DYE	00337	8.1155	$387.52	APC				
72158	S	MRI LUMBAR SPINE W/O & W/DYE	00337	8.1155	$387.52	APC				
72159	E	MR ANGIO SPINE W/O&W/DYE				Not Allowed				
72170	X	X-RAY EXAM OF PELVIS	00260	0.7093	$33.87	APC				
72190	X	X-RAY EXAM OF PELVIS	00260	0.7093	$33.87	APC				
72191	S	CT ANGIOGRAPH PELV W/O&W/DYE	00662	4.8552	$231.84	APC				
72192	S	CT PELVIS W/O DYE	00332	3.0908	$147.59	APC				
72193	S	CONTRAST CAT SCAN OF PELVIS	00283	4.0825	$194.94	APC				
72194	S	CT PELVIS W/O & W/DYE	00333	4.8405	$231.13	APC				
72195	S	MRI PELVIS W/O DYE	00336	5.6745	$270.96	APC				
72196	S	MAGNETIC IMAGE PELVIS	00284	6.1231	$292.38	APC				
72197	S	MRI PELVIS W/O & W/DYE	00337	8.1155	$387.52	APC				
72198	E	MR ANGIO PELVIS W/O & W/DYE				Not Allowed				
72200	X	X-RAY EXAM SACROILIAC JOINTS	00260	0.7093	$33.87	APC				
72202	X	X-RAY EXAM SACROILIAC JOINTS	00260	0.7093	$33.87	APC				
72220	X	X-RAY EXAM OF TAILBONE	00260	0.7093	$33.87	APC				
72240	S	CONTRAST X-RAY OF NECK SPINE	00274	2.5544	$121.97	APC				
72255	S	CONTRAST X-RAY THORAX SPINE	00274	2.5544	$121.97	APC				
72265	S	CONTRAST X-RAY LOWER SPINE	00274	2.5544	$121.97	APC				
72270	S	CONTRAST X-RAY SPINE	00274	2.5544	$121.97	APC				
72275	S	EPIDUROGRAPHY	00274	2.5544	$121.97	APC				
72285	S	DISKOGRAPHY CERVICAL OR THORACIC RADIOLOGICAL SPRVSN/INTER	00388	15.9758	$762.84	APC				
72291	S	PERQ VERTEBROPLASTY, FLUOR	00274	2.5544	$121.97	APC				
72292	S	PERQ VERTEBROPLASTY, CT	00274	2.5544	$121.97	APC				
72295	S	X-RAY OF LOWER SPINE DISK	00388	15.9758	$762.84	APC				
73000	X	X-RAY EXAM OF COLLARBONE	00260	0.7093	$33.87	APC				
73010	X	X-RAY EXAM OF SHOULDER BLADE	00260	0.7093	$33.87	APC				
73020	X	X-RAY EXAM OF SHOULDER	00260	0.7093	$33.87	APC				
73030	X	X-RAY EXAM OF SHOULDER	00260	0.7093	$33.87	APC				
73040	S	CONTRAST X-RAY OF SHOULDER	00275	3.6915	$176.27	APC				
73050	X	X-RAY EXAM OF SHOULDERS	00260	0.7093	$33.87	APC				
73060	X	X-RAY EXAM OF HUMERUS	00260	0.7093	$33.87	APC				
73070	X	X-RAY EXAM OF ELBOW	00260	0.7093	$33.87	APC				
73080	X	X-RAY EXAM OF ELBOW	00260	0.7093	$33.87	APC				
73085	S	CONTRAST X-RAY OF ELBOW	00275	3.6915	$176.27	APC				
73090	X	X-RAY EXAM OF FOREARM	00260	0.7093	$33.87	APC				
73092	X	X-RAY EXAM OF ARM INFANT	00260	0.7093	$33.87	APC				
73100	X	X-RAY EXAM OF WRIST	00260	0.7093	$33.87	APC				
73110	X	X-RAY EXAM OF WRIST	00260	0.7093	$33.87	APC				

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73115	S	CONTRAST X-RAY OF WRIST	00275	3.6915	$176.27	APC				
73120	X	X-RAY EXAM OF HAND	00260	0.7093	$33.87	APC				
73130	X	X-RAY EXAM OF HAND	00260	0.7093	$33.87	APC				
73140	X	X-RAY EXAM OF FINGER(S)	00260	0.7093	$33.87	APC				
73200	S	CT UPPER EXTREMITY W/O DYE	00332	3.0908	$147.59	APC				
73201	S	CONTRAST CAT SCAN OF ARM	00283	4.0825	$194.94	APC				
73202	S	CT UPPR EXTREMITY W/O&W/DYE	00333	4.8405	$231.13	APC				
73206	S	CT ANGIO UPR EXTRM W/O&W/DYE	00662	4.8552	$231.84	APC				
73218	S	MRI UPPER EXTREMITY OTHER THAN JOINT; W/O CONTRAST MATERIAL	00336	5.6745	$270.96	APC				
73219	S	MRI UPPER EXTREMITY OTHER THAN JOINT WITH CONTRAST MATERIAL	00284	6.1231	$292.38	APC				
73220	S	MRI UPPR EXTREMITY W/O&W/DYE	00337	8.1155	$387.52	APC				
73221	S	MAGNETIC IMAGE JOINT OF ARM	00336	5.6745	$270.96	APC				
73222	S	MRI JOINT UPR EXTREM W/DYE	00284	6.1231	$292.38	APC				
73223	S	MRI JOINT UPR EXTR W/O&W/DYE	00337	8.1155	$387.52	APC				
73225	E	MR ANGIO UPR EXTR W/O&W/DYE				Not Allowed				
73500	X	X-RAY EXAM OF HIP	00260	0.7093	$33.87	APC				
73510	X	X-RAY EXAM OF HIP	00260	0.7093	$33.87	APC				
73520	X	X-RAY EXAM OF HIPS	00261	1.2224	$58.37	APC				
73525	S	CONTRAST X-RAY OF HIP	00275	3.6915	$176.27	APC				
73530	X	X-RAY EXAM OF HIP	00261	1.2224	$58.37	APC				
73540	X	X-RAY EXAM OF PELVIS & HIPS	00260	0.7093	$33.87	APC				
73542	S	X-RAY EXAM SACROILIAC JOINT	00275	3.6915	$176.27	APC				
73550	X	X-RAY EXAM OF THIGH	00260	0.7093	$33.87	APC				
73560	X	RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS	00260	0.7093	$33.87	APC				
73562	X	RADIOLOGIC EXAMINATION KNEE; THREE VIEWS	00260	0.7093	$33.87	APC				
73564	X	RADIOLOGIC EXAMINATION KNEE; COMPLETE FOUR OR MORE VIEWS	00260	0.7093	$33.87	APC				
73565	X	RADIOLOGIC EXAMINATION KNEE; BOTH KNEES STANDING AP	00260	0.7093	$33.87	APC				
73580	S	CONTRAST X-RAY OF KNEE JOINT	00275	3.6915	$176.27	APC				
73590	X	X-RAY EXAM OF LOWER LEG	00260	0.7093	$33.87	APC				
73592	X	X-RAY EXAM OF LEG INFANT	00260	0.7093	$33.87	APC				
73600	X	X-RAY EXAM OF ANKLE	00260	0.7093	$33.87	APC				
73610	X	X-RAY EXAM OF ANKLE	00260	0.7093	$33.87	APC				
73615	S	CONTRAST X-RAY OF ANKLE	00275	3.6915	$176.27	APC				
73620	X	X-RAY EXAM OF FOOT	00260	0.7093	$33.87	APC				
73630	X	X-RAY EXAM OF FOOT	00260	0.7093	$33.87	APC				
73650	X	X-RAY EXAM OF HEEL	00260	0.7093	$33.87	APC				
73660	X	X-RAY EXAM OF TOE(S)	00260	0.7093	$33.87	APC				
73700	S	CT LOWER EXTREMITY W/O DYE	00332	3.0908	$147.59	APC				
73701	S	CONTRAST CAT SCAN OF LEG	00283	4.0825	$194.94	APC				

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73702	S	CT LWR EXTREMITY W/O&W/DYE	00333	4.8405	$231.13	APC				
73706	S	CT ANGIO LWR EXTR W/O&W/DYE	00662	4.8552	$231.84	APC				
73718	S	MRI LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAST MATERIAL	00336	5.6745	$270.96	APC				
73719	S	MRI LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL	00284	6.1231	$292.38	APC				
73720	S	MRI LWR EXTREMITY W/O&W/DYE	00337	8.1155	$387.52	APC				
73721	S	MRI JNT OF LWR EXTRE W/O DYE	00336	5.6745	$270.96	APC				
73722	S	MRI ANY LOWER EXTREMITY JOINT; WITH CONTRAST MATERIAL(S)	00284	6.1231	$292.38	APC				
73723	S	MRI JOINT LWR EXTR W/O&W/DYE	00337	8.1155	$387.52	APC				
73725	M	MAGNETIC IMAGING/LOWER (MRA)				By Report	$0.00			
74000	X	X-RAY EXAM OF ABDOMEN	00260	0.7093	$33.87	APC				
74010	X	X-RAY EXAM OF ABDOMEN	00260	0.7093	$33.87	APC				
74020	X	X-RAY EXAM OF ABDOMEN	00260	0.7093	$33.87	APC				
74022	X	X-RAY EXAM SERIES ABDOMEN	00261	1.2224	$58.37	APC				
74150	S	CT ABDOMEN W/O DYE	00332	3.0908	$147.59	APC				
74160	S	CONTRAST CAT SCAN OF ABDOMEN	00283	4.0825	$194.94	APC				
74170	S	CT ABDOMEN W/O & W/DYE	00333	4.8405	$231.13	APC				
74175	S	CT ANGIO ABDOM W/O & W/DYE	00662	4.8552	$231.84	APC				
74181	S	MAGNETIC IMAGE ABDOMEN (MRI)	00336	5.6745	$270.96	APC				
74182	S	MRI ABDOMEN; WITH CONTRAST MATERIAL(S)	00284	6.1231	$292.38	APC				
74183	S	MRI ABDOMEN W/O & W/DYE	00337	8.1155	$387.52	APC				
74185	M	MRI ANGIO ABDOM W ORW/O DYE				By Report	$0.00			
74190	X	X-RAY EXAM OF PERITONEUM	00264	2.9586	$141.27	APC				
74210	S	CONTRAST XRAY EXAM OF THROAT	00276	1.4294	$68.25	APC				
74220	S	CONTRAST XRAY EXAM ESOPHAGUS	00276	1.4294	$68.25	APC				
74230	S	CINE/VID X-RAY THROAT/ESOPH	00276	1.4294	$68.25	APC				
74235	S	REMOVE ESOPHAGUS OBSTRUCTION	00257	1.0974	$52.40	APC				
74240	S	X-RAY EXAM UPPER GI TRACT	00276	1.4294	$68.25	APC				
74241	S	X-RAY EXAM UPPER GI TRACT	00276	1.4294	$68.25	APC				
74245	S	X-RAY EXAM, UPPER GI TRACT	00277	2.2176	$105.89	APC				
74246	S	CONTRAST XRAY UPPER GI TRACT	00276	1.4294	$68.25	APC				
74247	S	CONTRAST XRAY UPPER GI TRACT	00276	1.4294	$68.25	APC				
74249	S	CONTRST X-RAY UPPR GI TRACT	00277	2.2176	$105.89	APC				
74250	S	X-RAY EXAM OF SMALL BOWEL	00276	1.4294	$68.25	APC				
74251	S	X-RAY EXAM OF SMALL BOWEL	00277	2.2176	$105.89	APC				
74260	S	X-RAY EXAM OF SMALL BOWEL	00276	1.4294	$68.25	APC				
74270	S	CONTRAST X-RAY EXAM OF COLON	00276	1.4294	$68.25	APC				
74280	S	CONTRAST X-RAY EXAM OF COLON	00277	2.2176	$105.89	APC				
74283	S	CONTRAST X-RAY EXAM OF COLON	00276	1.4294	$68.25	APC				
74290	S	CONTRAST X-RAY GALLBLADDER	00276	1.4294	$68.25	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
74291	S	CONTRAST X-RAYS GALLBLADDER	00276	1.4294	$68.25	APC				
74300	X	X-RAY BILE DUCTS/PANCREAS	00263	1.6956	$80.96	APC				
74301	X	X-RAYS AT SURGERY ADD-ON	00263	1.6956	$80.96	APC				
74305	X	X-RAY BILE DUCTS/PANCREAS	00263	1.6956	$80.96	APC				
74320	X	CONTRAST X-RAY OF BILE DUCTS	00264	2.9586	$141.27	APC				
74327	S	X-RAY BILE STONE REMOVAL	00296	2.6802	$127.98	APC				
74328	N	X-RAY BILE DUCT ENDOSCOPY				APC/ Bundled				
74329	N	X-RAY FOR PANCREAS ENDOSCOPY				APC/ Bundled				
74330	N	X-RAY BILE/PANC ENDOSCOPY				APC/ Bundled				
74340	X	X-RAY GUIDE FOR GI TUBE	00272	1.2908	$61.64	APC				
74350	X	X-RAY GUIDE STOMACH TUBE	00263	1.6956	$80.96	APC				
74355	X	X-RAY GUIDE INTESTINAL TUBE	00263	1.6956	$80.96	APC				
74360	S	X-RAY GUIDE GI DILATION	00257	1.0974	$52.40	APC				
74363	S	X-RAY BILE DUCT DILATION	00297	3.6392	$173.77	APC				
74400	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				
74410	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				
74415	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				
74420	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				
74425	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				
74430	S	CONTRAST X-RAY OF BLADDER	00278	2.4159	$115.36	APC				
74440	S	XRAY EXAM MALE GENITAL TRACT	00278	2.4159	$115.36	APC				
74445	S	X-RAY EXAM OF PENIS	00278	2.4159	$115.36	APC				
74450	S	X-RAY EXAM URETHRA/BLADDER	00278	2.4159	$115.36	APC				
74455	S	X-RAY EXAM URETHRA/BLADDER	00278	2.4159	$115.36	APC				
74470	X	X-RAY EXAM OF KIDNEY LESION	00263	1.6956	$80.96	APC				
74475	S	X-RAY CONTROL CATH INSERT	00297	3.6392	$173.77	APC				
74480	S	X-RAY CONTROL CATH INSERT	00296	2.6802	$127.98	APC				
74485	S	X-RAY GUIDE GU DILATION	00296	2.6802	$127.98	APC				
74710	X	X-RAY MEASUREMENT OF PELVIS	00261	1.2224	$58.37	APC				
74740	X	X-RAY FEMALE GENITAL TRACT	00264	2.9586	$141.27	APC				
74742	X	X-RAY FALLOPIAN TUBE	00264	2.9586	$141.27	APC				
74775	S	X-RAY EXAM OF PERINEUM	00278	2.4159	$115.36	APC				
75552	S	MAGNETIC IMAGE MYOCARDIUM	00336	5.6745	$270.96	APC				
75553	S	MAGNETIC IMAGE MYOCARDIUM	00284	6.1231	$292.38	APC				
75554	S	CARDIAC MRI/FUNCTION	00336	5.6745	$270.96	APC				
75555	S	CARDIAC MRI/LIMITED STUDY	00336	5.6745	$270.96	APC				
75556	M	CARDIAC MRI/FLOW MAPPING				By Report	$0.00			
75600	S	CONTRAST X-RAY EXAM OF AORTA	00280	20.8225	$994.27	APC				
75605	S	CONTRAST X-RAY EXAM OF AORTA	00280	20.8225	$994.27	APC				

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75625	S	CONTRAST X-RAY EXAM OF AORTA	00280	20.8225	$994.27	APC				
75630	S	X-RAY AORTA LEG ARTERIES	00280	20.8225	$994.27	APC				
75635	S	CT ANGIO ABDOMINAL ARTERIES	00662	4.8552	$231.84	APC				
75650	S	ARTERY X-RAYS HEAD & NECK	00280	20.8225	$994.27	APC				
75658	S	X-RAY EXAM OF ARM ARTERIES	00279	9.5061	$453.92	APC				
75660	S	ARTERY X-RAYS HEAD & NECK	00668	6.2463	$298.26	APC				
75662	S	ARTERY X-RAYS HEAD & NECK	00280	20.8225	$994.27	APC				
75665	S	ARTERY X-RAYS HEAD & NECK	00280	20.8225	$994.27	APC				
75671	S	ARTERY X-RAYS HEAD & NECK	00280	20.8225	$994.27	APC				
75676	S	ARTERY X-RAYS NECK	00280	20.8225	$994.27	APC				
75680	S	ARTERY X-RAYS NECK	00280	20.8225	$994.27	APC				
75685	S	ARTERY X-RAYS SPINE	00280	20.8225	$994.27	APC				
75705	S	ARTERY X-RAYS SPINE	00668	6.2463	$298.26	APC				
75710	S	ARTERY X-RAYS ARM/LEG	00280	20.8225	$994.27	APC				
75716	S	ARTERY X-RAYS ARMS/LEGS	00280	20.8225	$994.27	APC				
75722	S	ARTERY X-RAYS KIDNEY	00280	20.8225	$994.27	APC				
75724	S	ARTERY X-RAYS KIDNEYS	00280	20.8225	$994.27	APC				
75726	S	ARTERY X-RAYS ABDOMEN	00280	20.8225	$994.27	APC				
75731	S	ARTERY X-RAYS ADRENAL GLAND	00280	20.8225	$994.27	APC				
75733	S	ARTERY X-RAYS ADRENAL GLANDS	00668	6.2463	$298.26	APC				
75736	S	ARTERY X-RAYS PELVIS	00280	20.8225	$994.27	APC				
75741	S	ARTERY X-RAYS LUNG	00279	9.5061	$453.92	APC				
75743	S	ARTERY X-RAYS LUNGS	00280	20.8225	$994.27	APC				
75746	S	ARTERY X-RAYS LUNG	00279	9.5061	$453.92	APC				
75756	S	ARTERY X-RAYS CHEST	00279	9.5061	$453.92	APC				
75774	S	ANGIOGRAPHY SELECTIVE EA ADD'L VESSEL STUDIED AFTER BASIC	00279	9.5061	$453.92	APC				
75790	S	VISUALIZE A-V SHUNT	00279	9.5061	$453.92	APC				
75801	X	LYMPH VESSEL X-RAY ARM/LEG	00264	2.9586	$141.27	APC				
75803	X	LYMPH VESSEL X-RAY ARMS/LEGS	00264	2.9586	$141.27	APC				
75805	X	LYMPH VESSEL X-RAY TRUNK	00264	2.9586	$141.27	APC				
75807	X	LYMPH VESSEL X-RAY TRUNK	00264	2.9586	$141.27	APC				
75809	X	NONVASCULAR SHUNT X-RAY	00263	1.6956	$80.96	APC				
75810	S	VEIN X-RAY SPLEEN/LIVER	00279	9.5061	$453.92	APC				
75820	S	VEIN X-RAY ARM/LEG	00668	6.2463	$298.26	APC				
75822	S	VEIN X-RAY ARMS/LEGS	00668	6.2463	$298.26	APC				
75825	S	VEIN X-RAY TRUNK	00279	9.5061	$453.92	APC				
75827	S	VEIN X-RAY CHEST	00279	9.5061	$453.92	APC				
75831	S	VEIN X-RAY KIDNEY	00279	9.5061	$453.92	APC				
75833	S	VEIN X-RAY KIDNEYS	00279	9.5061	$453.92	APC				

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75840	S	VEIN X-RAY ADRENAL GLAND	00280	20.8225	$994.27	APC				
75842	S	VEIN X-RAY ADRENAL GLANDS	00280	20.8225	$994.27	APC				
75860	S	VEIN X-RAY NECK	00668	6.2463	$298.26	APC				
75870	S	VEIN X-RAY SKULL	00668	6.2463	$298.26	APC				
75872	S	VEIN X-RAY SKULL	00279	9.5061	$453.92	APC				
75880	S	VEIN X-RAY EYE SOCKET	00668	6.2463	$298.26	APC				
75885	S	.EIN X-RAY LIVER	00280	20.8225	$994.27	APC				
75887	S	VEIN X-RAY LIVER	00279	9.5061	$453.92	APC				
75889	S	VEIN X-RAY LIVER	00280	20.8225	$994.27	APC				
75891	S	VEIN X-RAY LIVER	00279	9.5061	$453.92	APC				
75893	S	VENOUS SAMPLING BY CATHETER	00668	6.2463	$298.26	Bundled subject to separate payment criteria				
75894	S	X-RAYS TRANSCATH THERAPY	00298	8.3906	$400.65	APC				
75896	S	X-RAYS TRANSCATH THERAPY	00298	8.3906	$400.65	APC				
75898	X	FOLLOW-UP ANGIOGRAPHY	00263	1.6956	$80.96	APC				
75900	C	INTRAVASCULAR CATH EXCHANGE				Inpatient Only				
75901	X	REMOVE CVA DEVICE OBSTRUCT	00263	1.6956	$80.96	APC				
75902	X	REMOVE CVA LUMEN OBSTRUCT	00263	1.6956	$80.96	APC				
75940	S	X-RAY PLACEMENT VEIN FILTER	00298	8.3906	$400.65	APC				
75945	S	INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; INITIAL VESSEL	00267	2.4606	$117.49	APC				
75946	S	INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; EA ADD'L VESSEL	00266	1.5607	$74.52	APC				
75952	C	ENDOVASC REPAIR ABDOM AORTA				Inpatient Only				
75953	C	ABDOM ANEURYSM ENDOVAS RPR				Inpatient Only				
75954	C	ILIAC ANEURYSM ENDOVAS RPR				Inpatient Only				
75956	C	XRAY, ENDOVASC THOR AO REPR				Inpatient Only				
75957	C	XRAY ENDOVASC THOR AO REPR				Inpatient Only				
75958	C	XRAY PLACE PROX EXT THOR AO				Inpatient Only				
75959	C	XRAY PLACE DIST EXT THOR AO				Inpatient Only				
75960	S	TRANSCATH IV STENT RS&I	00668	6.2463	$298.26	APC				
75961	S	RETRIEVAL BROKEN CATHETER	00668	6.2463	$298.26	APC				
75962	S	REPAIR ARTERIAL BLOCKAGE	00668	6.2463	$298.26	APC				
75964	S	REPAIR ARTERY BLOCKAGE EACH	00668	6.2463	$298.26	APC				
75966	S	REPAIR ARTERIAL BLOCKAGE	00668	6.2463	$298.26	APC				
75968	S	REPAIR ARTERY BLOCKAGE EACH	00668	6.2463	$298.26	APC				
75970	S	VASCULAR BIOPSY	00668	6.2463	$298.26	APC				
75978	S	REPAIR VENOUS BLOCKAGE	00668	6.2463	$298.26	APC				
75980	S	CONTRAST XRAY EXAM BILE DUCT	00297	3.6392	$173.77	APC				
75982	S	CONTRAST XRAY EXAM BILE DUCT	00297	3.6392	$173.77	APC				
75984	X	XRAY CONTROL CATHETER CHANGE	00263	1.6956	$80.96	APC				
75989	N	ABSCESS DRAINAGE UNDER X-RAY				APC/ Bundled				

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75992	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
75993	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
75994	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
75995	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
75996	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
76000	X	FLUOROSCOPE EXAMINATION	00272	1.2908	$61.64	APC				
76001	N	FLUOROSCOPE EXAM EXTENSIVE				APC/ Bundled				
76010	X	X-RAY NOSE TO RECTUM	00260	0.7093	$33.87	APC				
76080	X	RADIOLOGIC EXAM ABSCESS FISTULA OR SINUS TRACT STUDY	00263	1.6956	$80.96	APC				
76098	X	X-RAY EXAM BREAST SPECIMEN	00260	0.7093	$33.87	APC				
76100	X	X-RAY EXAM OF BODY SECTION	00261	1.2224	$58.37	APC				
76101	X	COMPLEX BODY SECTION X-RAY	00263	1.6956	$80.96	APC				
76102	X	COMPLEX BODY SECTION X-RAYS	00264	2.9586	$141.27	APC				
76120	X	CINE/VIDEO X-RAYS	00272	1.2908	$61.64	APC				
76125	X	CINE/VIDEO X-RAYS ADD-ON	00260	0.7093	$33.87	APC				
76140	E	X-RAY CONSULTATION				Not Allowed				
76150	X	X-RAY EXAM DRY PROCESS	00260	0.7093	$33.87	APC				
76350	N	SPECIAL X-RAY CONTRAST STUDY				APC/ Bundled				
76376	X	3D RENDER W/O POSTPROCESS	00340	0.6102	$29.14	APC				
76377	S	3D RENDERING W/POSTPROCESS	00282	1.5379	$73.43	APC				
76380	S	CAT SCAN FOLLOW-UP STUDY	00282	1.5379	$73.43	APC				
76390	E	MR SPECTROSCOPY				Not Allowed				
76496	X	FLUOROSCOPIC PROCEDURE	00272	1.2908	$61.64	APC				
76497	S	CT PROCEDURE	00282	1.5379	$73.43	APC				
76498	S	MRI PROCEDURE	00335	4.5523	$217.37	APC				
76499	X	RADIOGRAPHIC PROCEDURE	00260	0.7093	$33.87	APC				
76506	S	ECHO EXAM OF HEAD	00265	0.9923	$47.38	APC				
76510	S	OPHTH US B & QUANT A	00266	1.5607	$74.52	APC				
76511	S	OPHTH US QUANT A ONLY	00266	1.5607	$74.52	APC				
76512	S	OPHTH US B W/NON-QUANT A	00266	1.5607	$74.52	APC				
76513	S	OPHTHALMIC U/S ECHOGRAPHY DX; ANTERIOR IMMERSION OR BIOMI	00266	1.5607	$74.52	APC				
76514	X	ECHO EXAM OF EYE THICKNESS	00340	0.6102	$29.14	APC				
76516	S	ECHO EXAM OF EYE	00265	0.9923	$47.38	APC				
76519	S	ECHO EXAM OF EYE	00266	1.5607	$74.52	APC				
76529	S	ECHO EXAM OF EYE	00265	0.9923	$47.38	APC				
76536	S	US EXAM OF HEAD AND NECK	00266	1.5607	$74.52	APC				
76604	S	ECHO EXAM OF CHEST	00265	0.9923	$47.38	APC				
76645	S	US EXAM, BREAST(S)	00265	0.9923	$47.38	APC				
76700	S	ECHO EXAM OF ABDOMEN	00266	1.5607	$74.52	APC				

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76705	S	ECHO EXAM OF ABDOMEN	00266	1.5607	$74.52	APC				
76770	S	ECHO EXAM ABDOMEN BACK WALL	00266	1.5607	$74.52	APC				
76775	S	US EXAM ABDO BACK WALL LIM	00266	1.5607	$74.52	APC				
76776	S	US EXAM K TRANSPL W/DOPPLER	00266	1.5607	$74.52	APC				
76800	S	US EXAM, SPINAL CANAL	00266	1.5607	$74.52	APC				
76801	S	OB US < 14 WKS SINGLE FETUS	00266	1.5607	$74.52	APC				
76802	S	OB US < 14 WKS ADD□L FETUS	00265	0.9923	$47.38	APC				
76805	S	OB US >/= 14 WKS SNGL FETUS	00266	1.5607	$74.52	APC				
76810	S	OB US >/= 14 WKS ADDL FETUS	00266	1.5607	$74.52	APC				
76811	S	OB US DETAILED SNGL FETUS	00267	2.4606	$117.49	APC				
76812	S	OB US DETAILED ADDL FETUS	00265	0.9923	$47.38	APC				
76813	S	OB US NUCHAL MEAS, 1 GEST	00266	1.5607	$74.52	APC				
76814	S	OB US NUCHAL MEAS, ADD-ON	00265	0.9923	$47.38	APC				
76815	S	OB US LIMITED FETUS(S)	00265	0.9923	$47.38	APC				
76816	S	OB US FOLLOW-UP PER FETUS	00265	0.9923	$47.38	APC				
76817	S	TRANSVAGINAL US OBSTETRIC	00265	0.9923	$47.38	APC				
76818	S	FETAL BIOPHYS PROFILE W/NST	00266	1.5607	$74.52	APC				
76819	S	FETAL BIOPHYS PROFIL W/O NST	00266	1.5607	$74.52	APC				
76820	S	UMBILICAL ARTERY ECHO	00096	1.5303	$73.07	APC				
76821	S	MIDDLE CEREBRAL ARTERY ECHO	00096	1.5303	$73.07	APC				
76825	S	ECHO EXAM OF FETAL HEART	00697	1.5973	$76.27	APC				
76826	S	ECHO EXAM OF FETAL HEART	00697	1.5973	$76.27	APC				
76827	S	ECHO EXAM OF FETAL HEART	00697	1.5973	$76.27	APC				
76828	S	ECHO EXAM OF FETAL HEART	00697	1.5973	$76.27	APC				
76830	S	TRANSVAGINAL US NON-OB	00266	1.5607	$74.52	APC				
76831	S	ECHO EXAM UTERUS	00267	2.4606	$117.49	APC				
76856	S	US EXAM, PELVIC, COMPLETE	00266	1.5607	$74.52	APC				
76857	S	ECHO EXAM OF PELVIS	00265	0.9923	$47.38	APC				
76870	S	US EXAM, SCROTUM	00266	1.5607	$74.52	APC				
76872	S	US TRANSRECTAL	00266	1.5607	$74.52	APC				
76873	S	ECHOGRAP TRANS R PROS STUDY	00266	1.5607	$74.52	APC				
76880	S	US EXAM, EXTREMITY	00266	1.5607	$74.52	APC				
76885	S	US EXAM INFANT HIPS DYNAMIC	00265	0.9923	$47.38	APC				
76886	S	US EXAM INFANT HIPS STATIC	00265	0.9923	$47.38	APC				
76930	S	ECHO GUIDE CARDIOCENTESIS	00268	1.1882	$56.74	APC				
76932	S	ECHO GUIDE FOR HEART BIOPSY	00309	2.1012	$100.33	APC				
76936	S	ECHO GUIDE FOR ARTERY REPAIR	00309	2.1012	$100.33	APC				
76937	N	US GUIDE VASCULAR ACCESS				APC/ Bundled				
76940	S	US GUIDE TISSUE ABLATION	00268	1.1882	$56.74	APC				

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76941	S	ECHO GUIDE FOR TRANSFUSION	00268	1.1882	$56.74	APC				
76942	S	ECHO GUIDE FOR BIOPSY	00268	1.1882	$56.74	APC				
76945	S	ECHO GUIDE VILLUS SAMPLING	00268	1.1882	$56.74	APC				
76946	S	ECHO GUIDE FOR AMNIOCENTESIS	00268	1.1882	$56.74	APC				
76948	S	ECHO GUIDE OVA ASPIRATION	00309	2.1012	$100.33	APC				
76950	S	ECHO GUIDANCE RADIOTHERAPY	00268	1.1882	$56.74	APC				
76965	S	ECHO GUIDANCE RADIOTHERAPY	00309	2.1012	$100.33	APC				
76970	S	ULTRASOUND EXAM FOLLOW-UP	00265	0.9923	$47.38	APC				
76975	S	GI ENDOSCOPIC ULTRASOUND	00266	1.5607	$74.52	APC				
76977	X	U/S BONE DENSITY MEASUREMENT AND INTERP PERIPH SITE ANY MTHD	00340	0.6102	$29.14	APC				
76998	S	US GUIDE, INTRAOP	00266	1.5607	$74.52	APC				
76999	S	ECHO EXAMINATION PROCEDURE	00265	0.9923	$47.38	APC				
77001	N	FLUOROGUIDE FOR VEIN DEVICE				APC/ Bundled				
77002	N	NEEDLE LOCALIZATION BY XRAY				APC/ Bundled				
77003	N	FLUOROGUIDE FOR SPINE INJECT				APC/ Bundled				
77011	S	CT SCAN FOR LOCALIZATION	00283	4.0825	$194.94	APC				
77012	S	CT SCAN FOR NEEDLE BIOPSY	00283	4.0825	$194.94	APC				
77013	S	CT GUIDE FOR TISSUE ABLATION	00333	4.8405	$231.13	APC				
77014	S	CT SCAN FOR THERAPY GUIDE	00282	1.5379	$73.43	APC				
77021	S	MR GUIDANCE FOR NEEDLE PLACE	00335	4.5523	$217.37	APC				
77022	S	MRI FOR TISSUE ABLATION	00335	4.5523	$217.37	APC				
77031	X	STEREOTACT GUIDE FOR BRST BX	00264	2.9586	$141.27	APC				
77032	X	GUIDANCE FOR NEEDLE, BREAST	00263	1.6956	$80.96	APC				
77051	M	COMPUTER DX MAMMOGRAM ADD-ON				Fee Schedule	$12.80			
77052	M	COMP SCREEN MAMMOGRAM ADD-ON				Fee Schedule	$12.80			
77053	X	X-RAY OF MAMMARY DUCT	00263	1.6956	$80.96	APC				
77054	X	X-RAY OF MAMMARY DUCTS	00263	1.6956	$80.96	APC				
77055	M	MAMMOGRAM, ONE BREAST				Fee Schedule	$59.39			
77056	M	MAMMOGRAM, BOTH BREASTS				Fee Schedule	$74.15			
77057	M	MAMMOGRAM, SCREENING				Fee Schedule	$62.17			
77058	M	MRI, ONE BREAST				Fee Schedule	$0.00			
77059	M	MRI, BOTH BREASTS				Fee Schedule	$0.00			
77071	X	X-RAY STRESS VIEW	00260	0.7093	$33.87	APC				
77072	X	X-RAYS FOR BONE AGE	00260	0.7093	$33.87	APC				
77073	X	X-RAYS, BONE LENGTH STUDIES	00260	0.7093	$33.87	APC				
77074	X	X-RAYS, BONE SURVEY, LIMITED	00261	1.2224	$58.37	APC				
77075	X	X-RAYS, BONE SURVEY COMPLETE	00261	1.2224	$58.37	APC				
77076	X	X-RAYS, BONE SURVEY, INFANT	00260	0.7093	$33.87	APC				
77077	X	JOINT SURVEY, SINGLE VIEW	00260	0.7093	$33.87	APC				

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77078	S	CT BONE DENSITY, AXIAL	00288	1.1755	$56.13	APC				
77079	S	CT BONE DENSITY, PERIPHERAL	00282	1.5379	$73.43	APC				
77080	S	DXA BONE DENSITY, AXIAL	00288	1.1755	$56.13	APC				
77081	S	DXA BONE DENSITY/PERIPHERAL	00665	0.5497	$26.25	APC				
77082	X	DXA BONE DENSITY, VERT FX	00260	0.7093	$33.87	APC				
77083	X	RADIOGRAPHIC ABSORPTIOMETRY	00261	1.2224	$58.37	APC				
77084	S	MAGNETIC IMAGE, BONE MARROW	00335	4.5523	$217.37	APC				
77261	E	RADIATION THERAPY PLANNING				Not Allowed				
77262	E	RADIATION THERAPY PLANNING				Not Allowed				
77263	E	RADIATION THERAPY PLANNING				Not Allowed				
77280	X	SET RADIATION THERAPY FIELD; SIMPLE	00304	1.5735	$75.13	APC				
77285	X	SET RADIATION THERAPY FIELD; INTERMEDIATE	00305	3.9723	$189.68	APC				
77290	X	SET RADIATION THERAPY FIELD; COMPLEX	00305	3.9723	$189.68	APC				
77295	X	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIM	00310	13.8081	$659.34	APC				
77299	X	RADIATION THERAPY PLANNING UNLISTED PROCEDURE	00304	1.5735	$75.13	APC				
77300	X	RADIATION THERAPY DOSE PLAN	00304	1.5735	$75.13	APC				
77301	X	RADIOTHERAPY DOSE PLAN IMRT	00310	13.8081	$659.34	APC				
77305	X	TELETX ISODOSE PLAN SIMPLE	00304	1.5735	$75.13	APC				
77310	X	TELETX ISODOSE PLAN INTERMED	00305	3.9723	$189.68	APC				
77315	X	TELETX ISODOSE PLAN COMPLEX	00305	3.9723	$189.68	APC				
77321	X	SPECIAL TELETX PORT PLAN	00305	3.9723	$189.68	APC				
77326	X	BRACHYTX ISODOSE CALC SIMP	00304	1.5735	$75.13	APC				
77327	X	BRACHYTX ISODOSE CALC INTERM	00305	3.9723	$189.68	APC				
77328	X	BRACHYTX ISODOSE PLAN COMPL	00305	3.9723	$189.68	APC				
77331	X	SPECIAL RADIATION DOSIMETRY	00304	1.5735	$75.13	APC				
77332	X	RADIATION TREATMENT AID(S)	00303	2.943	$140.53	APC				
77333	X	RADIATION TREATMENT AID(S)	00303	2.943	$140.53	APC				
77334	X	RADIATION TREATMENT AID(S)	00303	2.943	$140.53	APC				
77336	X	CONTINUING MEDICAL RADIATION PHYSICS CONSULT PER WEEK OF TX	00304	1.5735	$75.13	APC				
77370	X	RADIATION PHYSICS CONSULT	00304	1.5735	$75.13	APC				
77371	S	SRS, MULTISOURCE	00127	138.4486	$6,610.92	APC				
77372	M	SRS, LINEAR BASED				Fee Schedule	$0.00			
77373	M	SBRT DELIVERY				Fee Schedule	$0.00			
77399	X	UNLISTED PROC RADIATION PHYSICS DOSIM/TX DEVICE& SPEC SVCS	00304	1.5735	$75.13	APC				
77401	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77402	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77403	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77404	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77406	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				

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77407	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77408	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77409	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77411	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77412	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77413	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77414	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77416	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77417	X	RADIOLOGY PORT FILM(S)	00260	0.7093	$33.87	APC				
77418	S	RADIATION TX DELIVERY IMRT	00412	5.4731	$261.34	APC				
77421	S	STEREOSCOPIC X-RAY GUIDANCE	00257	1.0974	$52.40	APC				
77422	S	NEUTRON BEAM TX SIMPLE	00301	2.2295	$106.46	APC				
77423	S	NEUTRON BEAM TX COMPLEX	00301	2.2295	$106.46	APC				
77427	M	RADIATION TREATMENT MANAGEMENT FIVE TREATMENTS				Fee Schedule	$142.99			
77431	M	RADIATION THERAPY MANAGEMENT				Fee Schedule	$80.88			
77432	M	STEREOTACTIC RADIATION TRMT				Fee Schedule	$352.61			
77435	N	SBRT MANAGEMENT				APC/ Bundled				
77470	S	SPECIAL RADIATION TREATMENT	00299	5.8839	$280.96	APC				
77499	M	RADIATION THERAPY MANAGEMENT				By Report	$0.00			
77520	S	PROTON BEAM DELIVERY TO SNGL TX AREA SNGL PORT CUSTOM BLK	00664	18.8926	$902.12	APC				
77522	S	PROTON TREATMENT DELIVERY; SIMPLE WITH COMPENSATION	00664	18.8926	$902.12	APC				
77523	S	PROTON BEAM DELIVERY TO 1-2 TX AREAS 2 OR MORE PORTS/BLOCKS	00667	22.6031	$1,079.30	APC				
77525	S	PROTON TREATMENT DELIVERY; COMPLEX	00667	22.6031	$1,079.30	APC				
77600	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77605	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77610	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77615	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77620	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77750	S	INFUSE RADIOACTIVE MATERIALS	00301	2.2295	$106.46	APC				
77761	S	RADIOELEMENT APPLICATION	00312	4.8569	$231.92	APC				
77762	S	RADIOELEMENT APPLICATION	00312	4.8569	$231.92	APC				
77763	S	RADIOELEMENT APPLICATION	00312	4.8569	$231.92	APC				
77776	S	RADIOELEMENT APPLICATION	00312	4.8569	$231.92	APC				
77777	S	APPLY INTERSTIT RADIAT INTER	00312	4.8569	$231.92	APC				
77778	S	APPLY INTERSTIT RADIAT COMPL	00651	16.8462	$804.41	APC				
77781	S	HIGH INTENSITY BRACHYTHERAPY	00313	12.8473	$613.46	APC				
77782	S	HIGH INTENSITY BRACHYTHERAPY	00313	12.8473	$613.46	APC				
77783	S	HIGH INTENSITY BRACHYTHERAPY	00313	12.8473	$613.46	APC				
77784	S	HIGH INTENSITY BRACHYTHERAPY	00313	12.8473	$613.46	APC				

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77789	S	RADIOELEMENT APPLICATION	00300	1.4826	$70.79	APC				
77790	N	RADIOELEMENT HANDLING				APC/ Bundled				
77799	S	RADIUM/RADIOISOTOPE THERAPY	00312	4.8569	$231.92	APC				
78000	S	THYROID SINGLE UPTAKE	00389	1.3754	$65.68	APC				
78001	S	THYROID MULTIPLE UPTAKES	00389	1.3754	$65.68	APC				
78003	S	THYROID SUPPRESS/STIMUL	00392	2.0057	$95.77	APC				
78006	S	THYROID IMAGING WITH UPTAKE	00390	2.3432	$111.89	APC				
78007	S	THYROID IMAGE MULT UPTAKES	00391	2.7146	$129.62	APC				
78010	S	THYROID IMAGING	00390	2.3432	$111.89	APC				
78011	S	THYROID IMAGING WITH FLOW	00390	2.3432	$111.89	APC				
78015	S	THYROID MET IMAGING	00406	3.9934	$190.68	APC				
78016	S	THYROID MET IMAGING/STUDIES	00406	3.9934	$190.68	APC				
78018	S	THYROID MET IMAGING BODY	00406	3.9934	$190.68	APC				
78020	S	THYROID CARCINOMA METASTASES UPTAKE	00399	1.5054	$71.88	APC				
78070	S	PARATHYROID NUCLEAR IMAGING	00391	2.7146	$129.62	APC				
78075	S	ADRENAL NUCLEAR IMAGING	00391	2.7146	$129.62	APC				
78099	S	ENDOCRINE NUCLEAR PROCEDURE	00390	2.3432	$111.89	APC				
78102	S	BONE MARROW IMAGING LTD	00400	3.9073	$186.57	APC				
78103	S	BONE MARROW IMAGING MULT	00400	3.9073	$186.57	APC				
78104	S	BONE MARROW IMAGING BODY	00400	3.9073	$186.57	APC				
78110	S	PLASMA VOLUME SINGLE	00393	3.7562	$179.36	APC				
78111	S	PLASMA VOLUME MULTIPLE	00393	3.7562	$179.36	APC				
78120	S	RED CELL MASS SINGLE	00393	3.7562	$179.36	APC				
78121	S	RED CELL MASS MULTIPLE	00393	3.7562	$179.36	APC				
78122	S	BLOOD VOLUME	00393	3.7562	$179.36	APC				
78130	S	RED CELL SURVIVAL STUDY	00393	3.7562	$179.36	APC				
78135	S	RED CELL SURVIVAL KINETICS	00393	3.7562	$179.36	APC				
78140	S	RED CELL SEQUESTRATION	00393	3.7562	$179.36	APC				
78185	S	SPLEEN IMAGING	00400	3.9073	$186.57	APC				
78190	S	PLATELET SURVIVAL KINETICS	00392	2.0057	$95.77	APC				
78191	S	PLATELET SURVIVAL	00392	2.0057	$95.77	APC				
78195	S	LYMPH SYSTEM IMAGING	00400	3.9073	$186.57	APC				
78199	S	BLOOD/LYMPH NUCLEAR EXAM	00400	3.9073	$186.57	APC				
78201	S	LIVER IMAGING	00394	4.3774	$209.02	APC				
78202	S	LIVER IMAGING WITH FLOW	00394	4.3774	$209.02	APC				
78205	S	LIVER IMAGING (3D)	00394	4.3774	$209.02	APC				
78206	S	LIVER IMAGE (3D) WITH FLOW	00394	4.3774	$209.02	APC				
78215	S	LIVER AND SPLEEN IMAGING	00394	4.3774	$209.02	APC				
78216	S	LIVER & SPLEEN IMAGE FLOW	00394	4.3774	$209.02	APC				

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78220	S	LIVER FUNCTION STUDY	00394	4.3774	$209.02	APC				
78223	S	HEPATOBILIARY IMAGING	00394	4.3774	$209.02	APC				
78230	S	SALIVARY GLAND IMAGING	00395	3.6526	$174.41	APC				
78231	S	SERIAL SALIVARY IMAGING	00395	3.6526	$174.41	APC				
78232	S	SALIVARY GLAND FUNCTION EXAM	00395	3.6526	$174.41	APC				
78258	S	ESOPHAGEAL MOTILITY STUDY	00395	3.6526	$174.41	APC				
78261	S	GASTRIC MUCOSA IMAGING	00395	3.6526	$174.41	APC				
78262	S	GASTROESOPHAGEAL REFLUX EXAM	00395	3.6526	$174.41	APC				
78264	S	GASTRIC EMPTYING STUDY	00395	3.6526	$174.41	APC				
78267	Q	BREATH TST ATTAIN/ANAL C-14				Medicare	$18.30	$11.35	$10.98	
78268	Q	BREATH TEST ANALYSIS C-14				Medicare	$156.85	$97.25	$94.11	
78270	S	VIT B-12 ABSORPTION EXAM	00392	2.0057	$95.77	APC				
78271	S	VIT B-12 ABSRP EXAM INT FAC	00392	2.0057	$95.77	APC				
78272	S	VIT B-12 ABSORP COMBINED	00392	2.0057	$95.77	APC				
78278	S	ACUTE GI BLOOD LOSS IMAGING	00395	3.6526	$174.41	APC				
78282	S	GI PROTEIN LOSS EXAM	00395	3.6526	$174.41	APC				
78290	S	MECKEL□S DIVERT EXAM	00395	3.6526	$174.41	APC				
78291	S	LEVEEN/SHUNT PATENCY EXAM	00395	3.6526	$174.41	APC				
78299	S	GI NUCLEAR PROCEDURE	00395	3.6526	$174.41	APC				
78300	S	BONE IMAGING LIMITED AREA	00396	3.9174	$187.06	APC				
78305	S	BONE IMAGING MULTIPLE AREAS	00396	3.9174	$187.06	APC				
78306	S	BONE IMAGING WHOLE BODY	00396	3.9174	$187.06	APC				
78315	S	BONE IMAGING 3 PHASE	00396	3.9174	$187.06	APC				
78320	S	BONE IMAGING (3D)	00396	3.9174	$187.06	APC				
78350	E	BONE DENSITY STUDY ONE OR MORE SITES; SINGLE PHOTON ABSORP				Not Allowed				
78351	E	BONE DENSITY STUDY ONE OR MORE SITES; DUAL PHOTON ABSORPTIO				Not Allowed				
78399	S	MUSCULOSKELETAL NUCLEAR EXAM	00396	3.9174	$187.06	APC				
78414	S	NON-IMAGING HEART FUNCTION	00398	4.1265	$197.04	APC				
78428	S	CARDIAC SHUNT IMAGING	00398	4.1265	$197.04	APC				
78445	S	VASCULAR FLOW IMAGING	00397	2.4204	$115.57	APC				
78456	S	ACUTE VENOUS THROMBUS IMAGE	00397	2.4204	$115.57	APC				
78457	S	VENOUS THROMBOSIS IMAGING VENOGRAM; UNILATERAL	00397	2.4204	$115.57	APC				
78458	S	VENOUS THROMBOSIS IMAGING VENOGRAM; BILATERAL	00397	2.4204	$115.57	APC				
78459	S	HEART MUSCLE IMAGING (PET)	00307	11.8963	$568.05	APC				
78460	S	HEART MUSCLE BLOOD SINGLE	00398	4.1265	$197.04	APC				
78461	S	HEART MUSCLE BLOOD MULTIPLE	00377	6.5012	$310.43	APC				
78464	S	HEART IMAGE (3D) SINGLE	00398	4.1265	$197.04	APC				
78465	S	HEART IMAGE (3D) MULTIPLE	00377	6.5012	$310.43	APC				
78466	S	HEART INFARCT IMAGE	00398	4.1265	$197.04	APC				

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78468	S	HEART INFARCT IMAGE EF	00398	4.1265	$197.04	APC				
78469	S	HEART INFARCT IMAGE (3D)	00398	4.1265	$197.04	APC				
78472	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM; PLANAR SINGL	00398	4.1265	$197.04	APC				
78473	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM; MULT STUDIES	00376	4.9832	$237.95	APC				
78478	S	MYOCARDIAL PERF STUDY W/ WALL MOTION QUALIT OR QUANTIT STDY	00399	1.5054	$71.88	APC				
78480	S	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION	00399	1.5054	$71.88	APC				
78481	S	HEART FIRST PASS SINGLE	00398	4.1265	$197.04	APC				
78483	S	HEART FIRST PASS MULTIPLE	00376	4.9832	$237.95	APC				
78491	S	HEART IMAGE (PET) SINGLE	00307	11.8963	$568.05	APC				
78492	S	HEART IMAGE (PET) MULTIPLE	00307	11.8963	$568.05	APC				
78494	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SPECT	00398	4.1265	$197.04	APC				
78496	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SNGL 1ST PASS	00399	1.5054	$71.88	APC				
78499	S	CARDIOVASCULAR NUCLEAR EXAM	00398	4.1265	$197.04	APC				
78580	S	LUNG PERFUSION IMAGING	00401	3.1802	$151.85	APC				
78584	S	LUNG V/Q IMAGE SINGLE BREATH	00378	5.0975	$243.41	APC				
78585	S	LUNG V/Q IMAGING	00378	5.0975	$243.41	APC				
78586	S	AEROSOL LUNG IMAGE SINGLE	00401	3.1802	$151.85	APC				
78587	S	AEROSOL LUNG IMAGE MULTIPLE	00401	3.1802	$151.85	APC				
78588	S	PULMONARY PERFUSION IMAG PARTICULATE W/VENT IMAG AEROSOL	00378	5.0975	$243.41	APC				
78591	S	VENT IMAGE 1 BREATH 1 PROJ	00401	3.1802	$151.85	APC				
78593	S	VENT IMAGE 1 PROJ GAS	00401	3.1802	$151.85	APC				
78594	S	VENT IMAGE MULT PROJ GAS	00401	3.1802	$151.85	APC				
78596	S	LUNG DIFFERENTIAL FUNCTION	00378	5.0975	$243.41	APC				
78599	S	RESPIRATORY NUCLEAR EXAM	00401	3.1802	$151.85	APC				
78600	S	BRAIN IMAGING LTD STATIC	00402	4.6418	$221.65	APC				
78601	S	BRAIN IMAGING LTD W/FLOW	00402	4.6418	$221.65	APC				
78605	S	BRAIN IMAGING COMPLETE	00402	4.6418	$221.65	APC				
78606	S	BRAIN IMAGING COMP & FLOW	00402	4.6418	$221.65	APC				
78607	S	BRAIN IMAGING (3D)	00402	4.6418	$221.65	APC				
78608	S	BRAIN IMAGING (PET)	00308	13.9166	$664.52	APC				
78609	E	BRAIN IMAGING (PET)				Not Allowed				
78610	S	BRAIN FLOW IMAGING ONLY	00402	4.6418	$221.65	APC				
78615	S	CEREBRAL VASCULAR FLOW IMAGE	00402	4.6418	$221.65	APC				
78630	S	CEREBROSPINAL FLUID SCAN	00403	3.4923	$166.76	APC				
78635	S	CSF VENTRICULOGRAPHY	00403	3.4923	$166.76	APC				
78645	S	CSF SHUNT EVALUATION	00403	3.4923	$166.76	APC				
78647	S	CEREBROSPINAL FLUID SCAN	00403	3.4923	$166.76	APC				
78650	S	CSF LEAKAGE IMAGING	00403	3.4923	$166.76	APC				
78660	S	NUCLEAR EXAM OF TEAR FLOW	00403	3.4923	$166.76	APC				

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78699	S	NERVOUS SYSTEM NUCLEAR EXAM	00402	4.6418	$221.65	APC				
78700	S	KIDNEY IMAGING STATIC	00404	3.4209	$163.35	APC				
78701	S	KIDNEY IMAGING WITH FLOW	00404	3.4209	$163.35	APC				
78707	S	KIDNEY IMAGING; SINGLE STUDY W/OUT PHARMACOLOGICAL INTERVENT	00404	3.4209	$163.35	APC				
78708	S	KIDNEY FLOW/FUNCTION IMAGE	00405	4.0378	$192.80	APC				
78709	S	KIDNEY FLOW/FUNCTION IMAGE	00405	4.0378	$192.80	APC				
78710	S	KIDNEY IMAGING TOMOGRAPHIC (SPECT)	00404	3.4209	$163.35	APC				
78725	S	KIDNEY FUNCTION STUDY NON-IMAGING RADIOISOTOPIC STUDY	00389	1.3754	$65.68	APC				
78730	X	URINARY BLADDER RETENTION	00340	0.6102	$29.14	APC				
78740	S	URETERAL REFLUX STUDY	00404	3.4209	$163.35	APC				
78761	S	TESTICULAR IMAGING & FLOW	00404	3.4209	$163.35	APC				
78799	S	GENITOURINARY NUCLEAR EXAM	00404	3.4209	$163.35	APC				
78800	S	TUMOR IMAGING LIMITED AREA	00406	3.9934	$190.68	APC				
78801	S	TUMOR IMAGING MULT AREAS	00406	3.9934	$190.68	APC				
78802	S	TUMOR IMAGING WHOLE BODY	00406	3.9934	$190.68	APC				
78803	S	TUMOR IMAGING (3D)	00406	3.9934	$190.68	APC				
78804	S	TUMOR IMAGING WHOLE BODY	00408	5.9245	$282.89	APC				
78805	S	ABSCESS IMAGING LTD AREA	00406	3.9934	$190.68	APC				
78806	S	ABSCESS IMAGING WHOLE BODY	00406	3.9934	$190.68	APC				
78807	S	NUCLEAR LOCALIZATION/ABSCESS	00406	3.9934	$190.68	APC				
78811	S	TUMOR IMAGING (PET) LIMITED	00308	13.9166	$664.52	APC				
78812	S	TUMOR IMAGE (PET)/SKUL-THIGH	00308	13.9166	$664.52	APC				
78813	S	TUMOR IMAGE (PET) FULL BODY	00308	13.9166	$664.52	APC				
78814	S	TUMOR IMAGE PET/CT LIMITED	01511	15.4552	$737.99	APC				
78815	S	TUMORIMAGE PET/CT SKUL-THIGH	01511	15.4552	$737.99	APC				
78816	S	TUMOR IMAGE PET/CT FULL BODY	01511	15.4552	$737.99	APC				
78890	N	NUCLEAR MEDICINE DATA PROC				APC/ Bundled				
78891	N	NUCLEAR MED DATA PROC				APC/ Bundled				
78999	S	NUCLEAR DIAGNOSTIC EXAM	00389	1.3754	$65.68	APC				
79005	S	NUCLEAR RX ORAL ADMIN	00407	3.1779	$151.74	APC				
79101	S	NUCLEAR RX IV ADMIN	00407	3.1779	$151.74	APC				
79200	S	NUCLEAR RX INTRACAV ADMIN	00413	5.2957	$252.87	APC				
79300	S	NUCLR RX INTERSTIT COLLOID	00407	3.1779	$151.74	APC				
79403	S	HEMATOPOIETIC NUCLEAR TX	00413	5.2957	$252.87	APC				
79440	S	NUCLEAR RX INTRA-ARTICULAR	00413	5.2957	$252.87	APC				
79445	S	NUCLEAR RX INTRA-ARTERIAL	00407	3.1779	$151.74	APC				
79999	S	NUCLEAR MEDICINE THERAPY	00407	3.1779	$151.74	APC				
80048	Q	BASIC METABOLIC PANEL				Medicare	$19.72	$12.23	$11.83	
80050	Q	GENERAL HEALTH PANEL				Fee Schedule	$56.77			

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
80051	Q	ELECTROLYTE PANEL				Medicare	$16.33	$10.12	$9.80	
80053	Q	COMPREHENSIVE METABOLIC PANEL				Medicare	$24.62	$15.26	$14.77	
80055	Q	OBSTETRIC PANEL				Fee Schedule	$44.69			
80061	Q	LIPID PANEL				Medicare	$31.20	$19.34	$18.72	
80069	Q	RENAL FUNCTION PANEL				Medicare	$20.22	$12.54	$12.13	
80074	Q	ACUTE HEPATITIS PANEL				Medicare	$109.38	$67.82	$65.63	
80076	Q	HEPATIC FUNCTION PANEL				Medicare	$19.03	$11.80	$11.42	
80100	Q	DRUG SCREEN; MULTIPLE DRUG CLASSES EACH PROCEDURE				Medicare	$33.87	$21.00	$20.32	
80101	Q	DRUG SCREEN; SINGLE DRUG CLASS EACH DRUG CLASS				Medicare	$32.07	$19.88	$19.24	
80102	Q	DRUG CONFIRMATION EACH PROCEDURE				Medicare	$30.85	$19.13	$18.51	
80103	N	TISSUE PREPARATION FOR DRUG ANALYSIS				APC/ Bundled				
80150	Q	AMIKACIN				Medicare	$35.10	$21.76	$21.06	
80152	Q	AMITRIPTYLINE				Medicare	$41.68	$25.84	$25.01	
80154	Q	BENZODIAZEPINES				Medicare	$43.07	$26.70	$25.84	
80156	Q	CARBAMAZEPINE				Medicare	$33.90	$21.02	$20.34	
80157	Q	ASSAY, CARBAMAZEPINE, FREE				Medicare	$30.87	$19.14	$18.52	
80158	Q	CYCLOSPORINE				Medicare	$42.05	$26.07	$25.23	
80160	Q	DESIPRAMINE				Medicare	$40.08	$24.85	$24.05	
80162	Q	DIGOXIN				Medicare	$30.92	$19.17	$18.55	
80164	Q	DIPROPYLACETIC ACID (VALPROIC ACID)				Medicare	$31.55	$19.56	$18.93	
80166	Q	DOXEPIN				Medicare	$36.10	$22.38	$21.66	
80168	Q	ETHOSUXIMIDE				Medicare	$26.63	$16.51	$15.98	
80170	Q	GENTAMICIN				Medicare	$38.17	$23.67	$22.90	
80172	Q	GOLD				Medicare	$37.93	$23.52	$22.76	
80173	Q	ASSAY OF HALOPERIDOL				Medicare	$33.90	$21.02	$20.34	
80174	Q	IMIPRAMINE				Medicare	$40.08	$24.85	$24.05	
80176	Q	LIDOCAINE				Medicare	$34.20	$21.20	$20.52	
80178	Q	LITHIUM				Medicare	$15.40	$9.55	$9.24	
80182	Q	NORTRIPTYLINE				Medicare	$31.55	$19.56	$18.93	
80184	Q	PHENOBARBITAL				Medicare	$26.68	$16.54	$16.01	
80185	Q	PHENYTOIN; TOTAL				Medicare	$30.87	$19.14	$18.52	
80186	Q	PHENYTOIN; FREE				Medicare	$32.05	$19.87	$19.23	
80188	Q	PRIMIDONE				Medicare	$36.87	$22.86	$22.12	
80190	Q	PROCAINAMIDE;				Medicare	$39.02	$24.19	$23.41	
80192	Q	PROCAINAMIDE;W/METABOLITES (EG N-ACETYL PROCAINAMIDE)				Medicare	$39.02	$24.19	$23.41	
80194	Q	QUINIDINE				Medicare	$33.98	$21.07	$20.39	
80195	Q	ASSAY OF SIROLIMUS				Medicare	$31.95	$19.81	$19.17	
80196	Q	SALICYLATE				Medicare	$16.53	$10.25	$9.92	
80197	Q	TACROLIMUS				Medicare	$31.95	$19.81	$19.17	

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80198	Q	THEOPHYLLINE				Medicare	$32.95	$20.43	$19.77	
80200	Q	TOBRAMYCIN				Medicare	$37.53	$23.27	$22.52	
80201	Q	ASSAY OF TOPIRAMATE				Medicare	$27.77	$17.22	$16.66	
80202	Q	VANCOMYCIN				Medicare	$31.55	$19.56	$18.93	
80299	Q	QUANTITATION OF DRUG NOT ELSEWHERE SPECIFIED				Medicare	$31.88	$19.77	$19.13	
80400	Q	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY				Medicare	$75.93	$47.08	$45.56	
80402	Q	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY				Medicare	$202.43	$125.51	$121.46	
80406	Q	ACTH STIMULATION PANEL;FOR 3 BETA-HYDROXYDEHYDROGENASE DEFIC				Medicare	$147.60	$91.51	$88.56	
80408	Q	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG SALINE INFUSIO				Medicare	$292.23	$181.18	$175.34	
80410	Q	CALCIUM-PENTAGASTRIN STIMULATION PANEL				Medicare	$187.05	$115.97	$112.23	
80412	Q	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL				Medicare	$767.50	$475.85	$460.50	
80414	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;TESTOSTERONE RESPO				Medicare	$120.27	$74.57	$72.16	
80415	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;ESTRADIOL RESPONSE				Medicare	$130.13	$80.68	$78.08	
80416	Q	RENAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL)				Medicare	$307.30	$190.53	$184.38	
80417	Q	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL)				Medicare	$102.43	$63.51	$61.46	
80418	Q	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL				Medicare	$1,349.60	$836.75	$809.76	
80420	Q	DEXAMETHASONE SUPPRESSION PANEL 48 HOUR				Medicare	$167.73	$103.99	$100.64	
80422	Q	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA				Medicare	$107.30	$66.53	$64.38	
80424	Q	GLUCAGON TOLERANCE PANEL				Medicare	$117.60	$72.91	$70.56	
80426	Q	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL				Medicare	$345.67	$214.32	$207.40	
80428	Q	GROWTH HORMONE STIMULATION PANEL (EG ARGININE INFUSION L-D				Medicare	$155.27	$96.27	$93.16	
80430	Q	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)				Medicare	$182.67	$113.26	$109.60	
80432	Q	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL				Medicare	$261.97	$162.42	$157.18	
80434	Q	INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY				Medicare	$235.50	$146.01	$141.30	
80435	Q	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY				Medicare	$239.75	$148.65	$143.85	
80436	Q	METYRAPONE PANEL				Medicare	$212.27	$131.61	$127.36	
80438	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;1 HOUR				Medicare	$117.35	$72.76	$70.41	
80439	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;2 HOUR				Medicare	$156.47	$97.01	$93.88	
80440	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;FOR HY				Medicare	$135.40	$83.95	$81.24	
80500	X	CLINICAL PATHOLOGY CONSULTATION;LIMITED W/O REVIEW OF PT HI	00433	0.2557	$12.21	APC				
80502	X	CLINICAL PATHOLOGY CONSULTATION;COMPREHENSIVE FOR A COMPLEX	00342	0.0824	$3.93	APC				
81000	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL				Medicare	$7.38	$4.58	$4.43	
81001	Q	URINALYSIS BY DIP STICK OR TABLE REAGENT;AUTOMATED W/MICROS				Medicare	$7.38	$4.58	$4.43	
81002	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL				Medicare	$5.95	$3.69	$3.57	
81003	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL				Medicare	$5.23	$3.24	$3.14	
81005	Q	URINALYSIS;QUALITATIVE OR SEMIQUANTITIVE EXCEPT IMMUNOASSAY				Medicare	$5.05	$3.13	$3.03	
81007	Q	URINALYSIS;BACTERIURIA SCREEN BY NON-CULTURE TECHNIQUE				Medicare	$5.98	$3.71	$3.59	
81015	Q	URINALYSIS; MICROSCOPIC ONLY				Medicare	$7.07	$4.38	$4.24	
81020	Q	URINALYSIS TWO OR THREE GLASS TEST				Medicare	$8.58	$5.32	$5.15	

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81025	Q	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS				Medicare	$9.23	$5.72	$5.54	
81050	Q	VOLUME MEASUREMENT FOR TIMED COLLECTION EACH				Medicare	$6.98	$4.33	$4.19	
81099	M	UNLISTED URINALYSIS PROCEDURE				By Report	$0.00			
82000	Q	ACETALDEHYDE BLOOD				Medicare	$28.85	$17.89	$17.31	
82003	Q	ACETAMINOPHEN				Medicare	$47.13	$29.22	$28.28	
82009	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUALITATIVE				Medicare	$10.52	$6.52	$6.31	
82010	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUANTITATIVE				Medicare	$19.03	$11.80	$11.42	
82013	Q	ACETYLCHOLINESTERASE				Medicare	$26.02	$16.13	$15.61	
82016	Q	ACYLCARNITINES; QUALITATIVE EACH SPECIMEN				Medicare	$32.28	$20.01	$19.37	
82017	Q	ACYLCARNITINES; QUANTITATIVE EACH SPEC (82379 FOR CARNITINE)				Medicare	$39.28	$24.35	$23.57	
82024	Q	ADRENOCORTICOTROPIC HORMONE (ACTH)				Medicare	$89.95	$55.77	$53.97	
82030	Q	ASSAY OF ADP & AMP				Medicare	$60.08	$37.25	$36.05	
82040	Q	ALBUMIN; SERUM				Medicare	$9.73	$6.03	$5.84	
82042	Q	ALBUMIN; URINE QUANTITATIVE				Medicare	$6.92	$4.29	$4.15	
82043	Q	ALBUMIN; URINE MICROALBUMIN QUANTITATIVE				Medicare	$13.48	$8.36	$8.09	
82044	Q	ALBUMIN;URINE MICROALBUMIN SEMIQUANTITATIVE(EG REAGENT STR				Medicare	$10.65	$6.60	$6.39	
82045	Q	ALBUMIN ISCHEMIA MODIFIED				Medicare	$79.05	$49.01	$47.43	
82055	Q	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH				Medicare	$25.17	$15.61	$15.10	
82075	Q	ALCOHOL (ETHANOL); BREATH				Medicare	$28.07	$17.40	$16.84	
82085	Q	ALDOLASE				Medicare	$22.60	$14.01	$13.56	
82088	Q	ALDOSTERONE				Medicare	$94.90	$58.84	$56.94	
82101	Q	ALKALOIDS URINE QUANTITATIVE				Medicare	$69.90	$43.34	$41.94	
82103	Q	ALPHA-1-ANTITRYPSIN; TOTAL				Medicare	$31.28	$19.39	$18.77	
82104	Q	ALPHA-1-ANTITRYPSIN; PHENOTYPE				Medicare	$33.67	$20.88	$20.20	
82105	Q	ALPHA-FETOPROTEIN; SERUM				Medicare	$39.07	$24.22	$23.44	
82106	Q	ALPHA-FETOPROTEIN; AMNIOTIC FLUID				Medicare	$39.07	$24.22	$23.44	
82107	Q	ALPHA-FETOPROTEIN L3				Medicare	$149.98	$92.99	$89.99	
82108	Q	ALUMINUM				Medicare	$59.33	$36.78	$35.60	
82120	Q	AMINES VAGINAL FLUID QUALITATIVE				Medicare	$8.75	$5.43	$5.25	
82127	Q	AMINO ACIDS; SINGLE QUALITATIVE EACH SPECIMEN				Medicare	$32.28	$20.01	$19.37	
82128	Q	AMINO ACIDS; MULTIPLE QUALITATIVE EACH SPECIMEN				Medicare	$32.28	$20.01	$19.37	
82131	Q	AMINO ACIDS; SINGLE QUANTITATIVE EACH SPECIMEN				Medicare	$39.28	$24.35	$23.57	
82135	Q	AMINOLEVULINIC ACID DELTA (ALA)				Medicare	$38.33	$23.76	$23.00	
82136	Q	AMINO ACIDS 2 TO 5 AMINO ACIDS QUANTITATIVE EACH SPECIMEN				Medicare	$39.28	$24.35	$23.57	
82139	Q	AMINO ACIDS 6 OR MORE AMINO ACIDS QUANTITATIVE EACH SPECI				Medicare	$39.28	$24.35	$23.57	
82140	Q	AMMONIA				Medicare	$30.58	$18.96	$18.35	
82143	Q	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)				Medicare	$16.02	$9.93	$9.61	
82145	Q	AMPHETAMINE OR METHAMPHETAMINE				Medicare	$36.20	$22.44	$21.72	
82150	Q	AMYLASE				Medicare	$15.10	$9.36	$9.06	

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82154	Q	ANDROSTANEDIOL GLUCURONIDE				Medicare	$67.15	$41.63	$40.29	
82157	Q	ANDROSTENEDIONE				Medicare	$68.17	$42.27	$40.90	
82160	Q	ANDROSTERONE				Medicare	$58.23	$36.10	$34.94	
82163	Q	ANGIOTENSIN II				Medicare	$47.80	$29.64	$28.68	
82164	Q	ANGIOTENSIN I - CONVERTING ENZYME (ACE)				Medicare	$33.98	$21.07	$20.39	
82172	Q	APOLIPOPROTEIN EACH				Medicare	$36.08	$22.37	$21.65	
82175	Q	ARSENIC				Medicare	$44.18	$27.39	$26.51	
82180	Q	ASCORBIC ACID (VITAMIN C) BLOOD				Medicare	$23.02	$14.27	$13.81	
82190	Q	ATOMIC ABSORPTION SPECTROSCOPY EACH ANALYTE				Medicare	$34.72	$21.53	$20.83	
82205	Q	BARBITURATES NOT ELSEWHERE SPECIFIED				Medicare	$26.68	$16.54	$16.01	
82232	Q	BETA-2 MICROGLOBULIN				Medicare	$37.68	$23.36	$22.61	
82239	Q	BILE ACIDS; TOTAL				Medicare	$39.90	$24.74	$23.94	
82240	Q	BILE ACIDS; CHOLYLGLYCINE				Medicare	$61.88	$38.37	$37.13	
82247	Q	BILIRUBIN; TOTAL				Medicare	$11.70	$7.25	$7.02	
82248	Q	BILIRUBIN; DIRECT				Medicare	$11.70	$7.25	$7.02	
82252	Q	BILIRUBIN; FECES QUALITATIVE				Medicare	$10.58	$6.56	$6.35	
82261	Q	BIOTINIDASE EACH SPECIMEN				Medicare	$39.28	$24.35	$23.57	
82270	Q	OCCULT BLOOD OTHER SOURCES				Medicare	$7.57	$4.69	$4.54	
82271	Q	OCCULT BLOOD FECES SINGLE				Medicare	$7.57	$4.69	$4.54	
82272	Q	BLOOD OCCULT PEROXIDASE				Medicare	$7.57	$4.69	$4.54	
82274	Q	ASSAY TEST FOR BLOOD FECAL				Medicare	$37.03	$22.96	$22.22	
82286	Q	BRADYKININ				Medicare	$16.03	$9.94	$9.62	
82300	Q	CADMIUM				Medicare	$53.88	$33.41	$32.33	
82306	Q	CALCIFEDIOL (25-OH VITAMIN D-3)				Medicare	$68.93	$42.74	$41.36	
82307	Q	CALCIFEROL (VITAMIN D)				Medicare	$75.03	$46.52	$45.02	
82308	Q	CALCITONIN				Medicare	$62.35	$38.66	$37.41	
82310	Q	CALCIUM; TOTAL				Medicare	$12.00	$7.44	$7.20	
82330	Q	CALCIUM; IONIZED				Medicare	$31.82	$19.73	$19.09	
82331	Q	CALCIUM; AFTER CALCIUM INFUSION TEST				Medicare	$12.05	$7.47	$7.23	
82340	Q	CALCIUM; URINE QUANTITATIVE TIMED SPECIMEN				Medicare	$14.05	$8.71	$8.43	
82355	Q	CALCULUS ANALYSIS, QUAL				Medicare	$26.95	$16.71	$16.17	
82360	Q	CALCULUS (STONE); QUANTITATIVE ANALYSIS CHEMICAL				Medicare	$29.98	$18.59	$17.99	
82365	Q	CALCULUS SPECTROSCOPY				Medicare	$30.02	$18.61	$18.01	
82370	Q	CALCULUS (STONE); X-RAY DIFFRACTION				Medicare	$29.18	$18.09	$17.51	
82373	Q	ASSAY, C-D TRANSFER MEASURE				Medicare	$42.05	$26.07	$25.23	
82374	Q	CARBON DIOXIDE (BICARBONATE)				Medicare	$11.38	$7.06	$6.83	
82375	Q	CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUANTITATIVE				Medicare	$20.37	$12.63	$12.22	
82376	Q	CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUALITATIVE				Medicare	$13.95	$8.65	$8.37	
82378	Q	CARCINOEMBRYONIC ANTIGEN (CEA)				Medicare	$44.18	$27.39	$26.51	

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82379	Q	CARNITINE (TOTAL AND FREE) QUANTITATIVE EACH SPECIMEN				Medicare	$39.28	$24.35	$23.57	
82380	Q	CAROTENE				Medicare	$21.48	$13.32	$12.89	
82382	Q	CATECHOLAMINES; TOTAL URINE				Medicare	$40.03	$24.82	$24.02	
82383	Q	CATECHOLAMINES; BLOOD				Medicare	$58.35	$36.18	$35.01	
82384	Q	CATECHOLAMINES; FRACTIONATED				Medicare	$58.80	$36.46	$35.28	
82387	Q	CATHEPSIN-D				Medicare	$9.15	$5.67	$5.49	
82390	Q	CERULOPLASMIN				Medicare	$25.02	$15.51	$15.01	
82397	Q	CHEMILUMINESCENT ASSAY				Medicare	$30.52	$18.92	$18.31	
82415	Q	CHLORAMPHENICOL				Medicare	$29.50	$18.29	$17.70	
82435	Q	CHLORIDE; BLOOD				Medicare	$10.70	$6.63	$6.42	
82436	Q	CHLORIDE; URINE				Medicare	$11.70	$7.25	$7.02	
82438	Q	CHLORIDE; OTHER SOURCE				Medicare	$11.38	$7.06	$6.83	
82441	Q	CHLORINATED HYDROCARBONS SCREEN				Medicare	$13.97	$8.66	$8.38	
82465	Q	CHOLESTEROL SERUM TOTAL				Medicare	$10.13	$6.28	$6.08	
82480	Q	CHOLINESTERASE; SERUM				Medicare	$18.35	$11.38	$11.01	
82482	Q	CHOLINESTERASE; RBC				Medicare	$17.90	$11.10	$10.74	
82485	Q	CHONDROITIN B SULFATE QUANTITATIVE				Medicare	$48.08	$29.81	$28.85	
82486	Q	CHROMATOGRAPHY QUALITATIVE; COLUMN ANALYTE NES				Medicare	$42.05	$26.07	$25.23	
82487	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 1-DIMENSIONAL ANALYTE NES				Medicare	$37.17	$23.05	$22.30	
82488	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 2-DIMENSIONAL ANALYTE NES				Medicare	$49.75	$30.85	$29.85	
82489	Q	CHROMATOGRAPHY QUALITATIVE; THIN LAYER. ANALYTE NES				Medicare	$43.07	$26.70	$25.84	
82491	Q	CHROMATOGRAPHY QUANTITATIVE COLUMN; SINGLE ANALYTE NES				Medicare	$42.05	$26.07	$25.23	
82492	Q	CHROMATOGRAPHY QUANTITATIVE COLUMN; MULT ANALYTES SNGL ST				Medicare	$42.05	$26.07	$25.23	
82495	Q	CHROMIUM				Medicare	$47.23	$29.28	$28.34	
82507	Q	CITRATE				Medicare	$64.75	$40.15	$38.85	
82520	Q	COCAINE OR METABOLITE				Medicare	$35.28	$21.87	$21.17	
82523	Q	COLLAGEN CROSSLINKS				Medicare	$35.65	$22.10	$21.39	
82525	Q	COPPER				Medicare	$28.90	$17.92	$17.34	
82528	Q	CORTICOSTERONE				Medicare	$52.42	$32.50	$31.45	
82530	Q	CORTISOL; FREE				Medicare	$38.92	$24.13	$23.35	
82533	Q	CORTISOL; TOTAL				Medicare	$37.97	$23.54	$22.78	
82540	Q	CREATINE				Medicare	$10.80	$6.70	$6.48	
82541	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QUALITATIVE				Medicare	$42.05	$26.07	$25.23	
82542	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QUANTITATIVE				Medicare	$42.05	$26.07	$25.23	
82543	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; ISOTOPE/SNGL				Medicare	$42.05	$26.07	$25.23	
82544	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; ISOTOPE/MULT				Medicare	$42.05	$26.07	$25.23	
82550	Q	CREATINE KINASE (CK) (CPK); TOTAL				Medicare	$15.17	$9.41	$9.10	
82552	Q	CREATINE KINASE (CK) (CPK); ISOENZYMES				Medicare	$31.18	$19.33	$18.71	
82553	Q	CREATINE KINASE (CK) (CPK); MB FRACTION ONLY				Medicare	$26.88	$16.67	$16.13	

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82554	Q	CREATINE KINASE (CK) (CPK); ISOFORMS				Medicare	$21.35	$13.24	$12.81	
82565	Q	CREATININE; BLOOD				Medicare	$11.93	$7.40	$7.16	
82570	Q	CREATININE; OTHER SOURCE				Medicare	$12.05	$7.47	$7.23	
82575	Q	CREATININE; CLEARANCE				Medicare	$22.00	$13.64	$13.20	
82585	Q	CRYOFIBRINOGEN				Medicare	$19.97	$12.38	$11.98	
82595	Q	CRYOGLOBULIN				Medicare	$15.07	$9.34	$9.04	
82600	Q	CYANIDE				Medicare	$45.18	$28.01	$27.11	
82607	Q	CYANOCOBALAMIN (VITAMIN B-12);				Medicare	$35.10	$21.76	$21.06	
82608	Q	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY				Medicare	$33.35	$20.68	$20.01	
82615	Q	CYSTINE AND HOMOCYSTINE URINE QUALITATIVE				Medicare	$19.02	$11.79	$11.41	
82626	Q	DEHYDROEPIANDROSTERONE (DHEA)				Medicare	$58.85	$36.49	$35.31	
82627	Q	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)				Medicare	$51.78	$32.10	$31.07	
82633	Q	DESOXYCORTICOSTERONE 11-				Medicare	$72.13	$44.72	$43.28	
82634	Q	DEOXYCORTISOL 11-				Medicare	$68.17	$42.27	$40.90	
82638	Q	DIBUCAINE NUMBER				Medicare	$28.52	$17.68	$17.11	
82646	Q	DIHYDROCODEINONE				Medicare	$48.08	$29.81	$28.85	
82649	Q	DIHYDROMORPHINONE				Medicare	$59.85	$37.11	$35.91	
82651	Q	DIHYDROTESTOSTERONE (DHT)				Medicare	$60.12	$37.27	$36.07	
82652	Q	DIHYDROXYVITAMIN D 1 25-				Medicare	$89.63	$55.57	$53.78	
82654	Q	DIMETHADIONE				Medicare	$32.23	$19.98	$19.34	
82656	Q	DOXEPIN				Medicare	$26.87	$16.66	$16.12	
82657	Q	ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; NON-RA				Medicare	$42.05	$26.07	$25.23	
82658	Q	ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; R.A.				Medicare	$42.05	$26.07	$25.23	
82664	Q	ELECTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED				Medicare	$80.00	$49.60	$48.00	
82666	Q	EPIANDROSTERONE				Medicare	$50.02	$31.01	$30.01	
82668	Q	ERYTHROPOIETIN				Medicare	$43.77	$27.14	$26.26	
82670	Q	ESTRADIOL				Medicare	$65.07	$40.34	$39.04	
82671	Q	ESTROGENS; FRACTIONATED				Medicare	$75.22	$46.64	$45.13	
82672	Q	ESTROGENS; TOTAL				Medicare	$50.50	$31.31	$30.30	
82677	Q	ESTRIOL				Medicare	$56.32	$34.92	$33.79	
82679	Q	ESTRONE				Medicare	$58.13	$36.04	$34.88	
82690	Q	ETHCHLORVYNOL				Medicare	$40.25	$24.96	$24.15	
82693	Q	ETHYLENE GLYCOL				Medicare	$34.70	$21.51	$20.82	
82696	Q	ETIOCHOLANOLONE				Medicare	$54.92	$34.05	$32.95	
82705	Q	FAT OR LIPIDS FECES; QUALITATIVE				Medicare	$11.85	$7.35	$7.11	
82710	Q	FAT OR LIPIDS FECES; QUANITITATIVE				Medicare	$39.12	$24.25	$23.47	
82715	Q	FAT DIFFERENTIAL FECES QUANTITATIVE				Medicare	$40.08	$24.85	$24.05	
82725	Q	FATTY ACIDS NONESTERIFIED				Medicare	$31.00	$19.22	$18.60	
82726	Q	VERY LONG CHAIN FATTY ACIDS				Medicare	$42.05	$26.07	$25.23	

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82728	Q	FERRITIN				Medicare	$31.72	$19.67	$19.03	
82731	Q	FETAL FIBRONECTIN CERVICOVAGINAL SECRETIONS SEMI-QUANTIT.				Medicare	$149.98	$92.99	$89.99	
82735	Q	FLUORIDE				Medicare	$43.18	$26.77	$25.91	
82742	Q	FLURAZEPAM				Medicare	$46.10	$28.58	$27.66	
82746	Q	FOLIC ACID; SERUM				Medicare	$34.23	$21.22	$20.54	
82747	Q	FOLIC ACID; RBC				Medicare	$40.33	$25.00	$24.20	
82757	Q	FRUCTOSE SEMEN				Medicare	$40.40	$25.05	$24.24	
82759	Q	GALACTOKINASE RBC				Medicare	$50.02	$31.01	$30.01	
82760	Q	GALACTOSE				Medicare	$26.07	$16.16	$15.64	
82775	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE				Medicare	$49.05	$30.41	$29.43	
82776	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN				Medicare	$19.52	$12.10	$11.71	
82784	Q	GAMMAGLOBULIN; IGA IGD IGG IGM EACH				Medicare	$21.20	$13.14	$12.72	
82785	Q	GAMMAGLOBULIN; IGE				Medicare	$38.35	$23.78	$23.01	
82787	Q	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES (IGG1 2 3 & 4)				Medicare	$18.67	$11.58	$11.20	
82800	Q	GASES BLOOD PH ONLY				Medicare	$19.72	$12.23	$11.83	
82803	Q	GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 HCO2 (I				Medicare	$45.07	$27.94	$27.04	
82805	Q	GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 HCO2 (I				Medicare	$66.08	$40.97	$39.65	
82810	Q	GASES BLOOD O2 SATURATION ONLY BY DIRECT MEASUREMENT EXC				Medicare	$20.33	$12.60	$12.20	
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATIO				Medicare	$23.27	$14.43	$13.96	
82926	Q	GASTRIC ACID FREE AND TOTAL EACH SPECIMEN				Medicare	$12.68	$7.86	$7.61	
82928	Q	GASTRIC ACID FREE OR TOTAL EACH SPECIMEN				Medicare	$15.25	$9.46	$9.15	
82938	Q	GASTRIN AFTER SECRETIN STIMULATION				Medicare	$41.20	$25.54	$24.72	
82941	Q	GASTRIN				Medicare	$41.07	$25.46	$24.64	
82943	Q	ASSAY OF GLUCAGON				Medicare	$33.28	$20.63	$19.97	
82945	Q	GLUCOSE OTHER FLUID				Medicare	$9.13	$5.66	$5.48	
82946	Q	GLUCAGON TOLERANCE TEST				Medicare	$31.85	$19.75	$19.11	
82947	Q	GLUCOSE; QUANTITATIVE				Medicare	$9.13	$5.66	$5.48	
82948	Q	GLUCOSE; BLOOD REAGENT STRIP				Medicare	$7.38	$4.58	$4.43	
82950	Q	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)				Medicare	$11.07	$6.86	$6.64	
82951	Q	GLUCOSE; TOLERANCE TEST (GTT) 3 SPECIMENS (INCLUDES GLUCOSE)				Medicare	$29.98	$18.59	$17.99	
82952	Q	GLUCOSE;TOLERANCE TEST EACH ADDITONAL BEYOND 3 SPECIMENS				Medicare	$9.13	$5.66	$5.48	
82953	Q	GLUCOSE; TOLBUTAMIDE TOLERANCE TEST				Medicare	$35.27	$21.87	$21.16	
82955	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE				Medicare	$22.58	$14.00	$13.55	
82960	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN				Medicare	$14.12	$8.75	$8.47	
82962	Q	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY TH				Medicare	$5.45	$3.38	$3.27	
82963	Q	GLUCOSIDASE BETA				Medicare	$50.02	$31.01	$30.01	
82965	Q	GLUTAMATE DEHYDROGENASE				Medicare	$18.00	$11.16	$10.80	
82975	Q	GLUTAMINE (GLUTAMIC ACID AMIDE)				Medicare	$36.88	$22.87	$22.13	
82977	Q	GLUTAMYLTRANSFERASE GAMMA (GGT)				Medicare	$16.77	$10.40	$10.06	

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82978	Q	GLUTATHIONE				Medicare	$33.18	$20.57	$19.91	
82979	Q	GLUTATHIONE REDUCTASE RBC				Medicare	$16.03	$9.94	$9.62	
82980	Q	GLUTETHIMIDE				Medicare	$42.67	$26.46	$25.60	
82985	Q	GLYCATED PROTEIN				Medicare	$27.10	$16.80	$16.26	
83001	Q	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)				Medicare	$43.28	$26.83	$25.97	
83002	Q	GONADOTROPIN; LUTEINIZING HORMONE (LH)				Medicare	$43.13	$26.74	$25.88	
83003	Q	GROWTH HORMONE HUMAN (HGH) (SOMATOTROPIN)				Medicare	$38.82	$24.07	$23.29	
83008	Q	GUANOSINE MONOPHOSPHATE (GMP) CYCLIC				Medicare	$39.08	$24.23	$23.45	
83009	Q	H PYLORI (C-13) BLOOD				Medicare	$156.85	$97.25	$94.11	
83010	Q	HAPTOGLOBIN; QUANTITATIVE				Medicare	$29.30	$18.17	$17.58	
83012	Q	HAPTOGLOBIN; PHENOTYPES				Medicare	$40.03	$24.82	$24.02	
83013	Q	H PYLORI (C-13) BREATH				Medicare	$156.85	$97.25	$94.11	
83014	Q	H PYLORI DRUG ADMIN				Medicare	$18.30	$11.35	$10.98	
83015	Q	HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTIMONY				Medicare	$43.85	$27.19	$26.31	
83018	Q	HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTIMONY				Medicare	$51.13	$31.70	$30.68	
83020	Q	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS				Medicare	$29.98	$18.59	$17.99	
83021	Q	HEMOGLOBIN FRACTIONATION/QUANTITATION; CHROMOTOGRAPHY				Medicare	$42.05	$26.07	$25.23	
83026	Q	HEMOGLOBIN; BY COPPER SULFATE METHOD NONAUTOMATED				Medicare	$5.50	$3.41	$3.30	
83030	Q	HEMOGLOBIN; F (FETAL) CHEMICAL				Medicare	$19.27	$11.95	$11.56	
83033	Q	HEMOGLOBIN; F (FETAL) QUALITATIVE (APT) TEST FECAL				Medicare	$13.88	$8.61	$8.33	
83036	Q	GLYCOSYLATED HEMOGLOBIN TEST				Medicare	$22.60	$14.01	$13.56	
83037	E	GLYCOSYLATED HB HOME DEVICE				Not Allowed				
83045	Q	HEMOGLOBIN; METHEMOGLOBIN QUALITATIVE				Medicare	$11.55	$7.16	$6.93	
83050	Q	HEMOGLOBIN; METHEMOGLOBIN QUANTITATIVE				Medicare	$17.05	$10.57	$10.23	
83051	Q	HEMOGLOBIN; PLASMA				Medicare	$17.02	$10.55	$10.21	
83055	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUALITATIVE				Medicare	$11.45	$7.10	$6.87	
83060	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUANTITATIVE				Medicare	$19.27	$11.95	$11.56	
83065	Q	HEMOGLOBIN; THERMOLABILE				Medicare	$16.03	$9.94	$9.62	
83068	Q	HEMOGLOBIN; UNSTABLE SCREEN				Medicare	$19.72	$12.23	$11.83	
83069	Q	HEMOGLOBIN; URINE				Medicare	$9.18	$5.69	$5.51	
83070	Q	HEMOSIDERIN; QUALITATIVE				Medicare	$11.07	$6.86	$6.64	
83071	Q	HEMOSIDERIN; QUANTITATIVE				Medicare	$16.02	$9.93	$9.61	
83080	Q	B-HEXOSAMINIDASE EACH ASSAY				Medicare	$39.28	$24.35	$23.57	
83088	Q	HISTAMINE				Medicare	$68.77	$42.64	$41.26	
83090	Q	ASSAY OF HOMOCYSTINE				Medicare	$39.28	$24.35	$23.57	
83150	Q	HOMOVANILLIC ACID (HVA)				Medicare	$45.07	$27.94	$27.04	
83491	Q	HYDROXYCORTICOSTEROIDS 17- (17-OHCS)				Medicare	$40.78	$25.28	$24.47	
83497	Q	HYDROXYINDOLACETIC ACID 5-(HIAA)				Medicare	$30.02	$18.61	$18.01	
83498	Q	HYDROXYPROGESTERONE 17-D				Medicare	$63.25	$39.22	$37.95	

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83499	Q	HYDROXYPROGESTERONE 20-				Medicare	$58.70	$36.39	$35.22	
83500	Q	ASSAY, FREE HYDROXYPROLINE				Medicare	$52.75	$32.71	$31.65	
83505	Q	HYDROXYPROLINE; TOTAL				Medicare	$56.60	$35.09	$33.96	
83516	Q	IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; MULT STEP				Medicare	$26.87	$16.66	$16.12	
83518	Q	IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; SINGLE STEP				Medicare	$19.75	$12.25	$11.85	
83519	Q	IMMUNOASSAY ANALYTE; QUANTITATIVE; BY RADIOPHARM TECHNIQUE				Medicare	$31.47	$19.51	$18.88	
83520	Q	IMMUNOASSAY ANALYTE QUANTITATIVE; NOT OTHERWISE SPECIFIED				Medicare	$30.15	$18.69	$18.09	
83525	Q	INSULIN; TOTAL				Medicare	$26.63	$16.51	$15.98	
83527	Q	INSULIN; FREE				Medicare	$30.15	$18.69	$18.09	
83528	Q	INTRINSIC FACTOR				Medicare	$37.03	$22.96	$22.22	
83540	Q	IRON				Medicare	$10.10	$6.26	$6.06	
83550	Q	IRON BINDING CAPACITY				Medicare	$12.63	$7.83	$7.58	
83570	Q	ISOCITRIC DEHYDROGENASE (IDH)				Medicare	$20.60	$12.77	$12.36	
83582	Q	KETOGENIC STEROIDS FRACTIONATION				Medicare	$33.00	$20.46	$19.80	
83586	Q	KETOSTEROIDS 17- (17-KS); TOTAL				Medicare	$29.82	$18.49	$17.89	
83593	Q	KETOSTEROIDS 17- (17-KS); FRACTIONATION				Medicare	$61.25	$37.98	$36.75	
83605	Q	LACTATE (LACTIC ACID)				Medicare	$24.87	$15.42	$14.92	
83615	Q	LACTATE DEHYDROGENASE (LD) (LDH);				Medicare	$14.07	$8.72	$8.44	
83625	Q	LACTATE DEHYDROGENASE (LD) (LDH);ISOENZYMES SEPARATION & Q				Medicare	$29.80	$18.48	$17.88	
83630	Q	LACTOFERRIN FECAL (QUAL)				Medicare	$45.70	$28.33	$27.42	
83631	Q	LACTOFERRIN, FECAL (QUANT)				Medicare	$45.70	$28.33	$27.42	
83632	Q	LACTOGEN HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOT				Medicare	$47.07	$29.18	$28.24	
83633	Q	LACTOSE URINE; QUALITATIVE				Medicare	$12.82	$7.95	$7.69	
83634	Q	LACTOSE URINE; QUANTITATIVE				Medicare	$26.83	$16.63	$16.10	
83655	Q	LEAD				Medicare	$28.18	$17.47	$16.91	
83661	Q	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); QUANTITATIVE				Medicare	$51.18	$31.73	$30.71	
83662	Q	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO);FROM STABILITY TEST				Medicare	$15.75	$9.77	$9.45	
83663	Q	FLUORO POLARIZE, FETAL LUNG				Medicare	$15.75	$9.77	$9.45	
83664	Q	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY				Medicare	$15.75	$9.77	$9.45	
83670	Q	LEUCINE AMINOPEPTIDASE (LAP)				Medicare	$21.33	$13.22	$12.80	
83690	Q	LIPASE				Medicare	$15.60	$9.67	$9.36	
83695	Q	ASSAY OF LIPOPROTEIN(A)				Medicare	$30.15	$18.69	$18.09	
83698	Q	ASSAY LIPOPROTEIN PLA2				Medicare	$79.05	$49.01	$47.43	
83700	Q	LIPIDS BLOOD;				Medicare	$26.22	$16.26	$15.73	
83701	Q	LIPOPROTEIN BLD HR FRACTION				Medicare	$57.80	$35.84	$34.68	
83704	Q	LIPOPROTEIN BLD BY NMR				Medicare	$73.47	$45.55	$44.08	
83718	Q	LIPOPROTEIN DIRECT MEASUREMENT;HIGH DENSITY CHOLESTEROL(HDL				Medicare	$19.07	$11.82	$11.44	
83719	Q	LIPOPROTEIN DIRECT MEASUREMENT; VLDL CHOLESTEROL				Medicare	$27.10	$16.80	$16.26	
83721	Q	LIPOPROTEIN DIRECT MEASUREMENT; LDL CHOLESTEROL				Medicare	$22.22	$13.78	$13.33	

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83727	Q	LUTEINIZING RELEASING FACTOR (LRH)				Medicare	$40.03	$24.82	$24.02	
83735	Q	MAGNESIUM				Medicare	$15.60	$9.67	$9.36	
83775	Q	MALATE DEHYDROGENASE				Medicare	$17.17	$10.65	$10.30	
83785	Q	MANGANESE				Medicare	$57.27	$35.51	$34.36	
83788	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY; QUALITATIVE				Medicare	$42.05	$26.07	$25.23	
83789	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY; QUANTITATIVE				Medicare	$42.05	$26.07	$25.23	
83805	Q	MEPROBAMATE				Medicare	$41.05	$25.45	$24.63	
83825	Q	MERCURY QUANTITATIVE				Medicare	$37.87	$23.48	$22.72	
83835	Q	METANEPHRINES				Medicare	$39.45	$24.46	$23.67	
83840	Q	METHADONE				Medicare	$38.02	$23.57	$22.81	
83857	Q	METHEMALBUMIN				Medicare	$25.02	$15.51	$15.01	
83858	Q	METHSUXIMIDE				Medicare	$34.52	$21.40	$20.71	
83864	Q	MUCOPOLYSACCHARIDES ACID; QUANTITATIVE				Medicare	$46.37	$28.75	$27.82	
83866	Q	MUCOPOLYSACCHARIDES ACID; SCREEN				Medicare	$22.93	$14.22	$13.76	
83872	Q	MUCIN SYNOVIAL FLUID (ROPES TEST)				Medicare	$13.65	$8.46	$8.19	
83873	Q	ASSAY OF CSF PROTEIN				Medicare	$40.07	$24.84	$24.04	
83874	Q	MYOGLOBIN				Medicare	$30.07	$18.64	$18.04	
83880	Q	NATRIURETIC PEPTIDE				Medicare	$79.05	$49.01	$47.43	
83883	Q	NEPHELOMETRY EACH ANALYTE NOT ELSEWHERE SPECIFIED				Medicare	$31.67	$19.64	$19.00	
83885	Q	NICKEL				Medicare	$57.05	$35.37	$34.23	
83887	Q	NICOTINE				Medicare	$55.15	$34.19	$33.09	
83890	Q	MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTION				Medicare	$9.33	$5.78	$5.60	
83891	Q	MOLECULAR DIAGNOSTICS; ISOLATION/EXTRACTION NUCLEIC ACID				Medicare	$9.33	$5.78	$5.60	
83892	Q	MOLECULAR DIAGNOSTICS				Medicare	$9.33	$5.78	$5.60	
83893	Q	MOLECULE DOT/SLOT/BLOT				Medicare	$9.33	$5.78	$5.60	
83894	Q	MOLECULE GEL ELECTROPHOR				Medicare	$9.33	$5.78	$5.60	
83896	Q	MOLECULAR DIAGNOSTICS				Medicare	$9.33	$5.78	$5.60	
83897	Q	MOLECULE NUCLEIC TRANSFER				Medicare	$9.33	$5.78	$5.60	
83898	Q	MOLECULE NUCLEIC AMPLI EACH				Medicare	$39.03	$24.20	$23.42	
83900	Q	MOLECULE NUCLEIC AMPLI 2 SEQ				Medicare	$78.07	$48.40	$46.84	
83901	Q	MOLECULE NUCLEIC AMPLI ADDON				Medicare	$39.03	$24.20	$23.42	
83902	Q	MOLECULAR DIAGNOSTICS				Medicare	$33.05	$20.49	$19.83	
83903	Q	MOLECULAR DIAGNOSTICS; MUTATION SCANNING SINGLE SEGMENT EA				Medicare	$39.03	$24.20	$23.42	
83904	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF SEQUENCING EA SGMNT				Medicare	$39.03	$24.20	$23.42	
83905	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF ALLELE TRANSCRIP EA				Medicare	$39.03	$24.20	$23.42	
83906	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF. ALLELE TRANSLAT EA				Medicare	$39.03	$24.20	$23.42	
83907	Q	LYSE CELLS FOR NUCLEIC EXT				Medicare	$31.10	$19.28	$18.66	
83908	Q	NUCLEIC ACID SIGNAL AMPLI				Medicare	$39.03	$24.20	$23.42	
83909	Q	NUCLEIC ACID HIGH RESOLUTE				Medicare	$39.03	$24.20	$23.42	

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83912	Q	GENETIC EXAMINATION				Medicare	$9.33	$5.78	$5.60	
83913	Q	MOLECULAR, RNA STABILIZATION				Medicare	$31.10	$19.28	$18.66	
83914	Q	MUTATION IDENT OLA/SBCE/ASPE				Medicare	$39.03	$24.20	$23.42	
83915	Q	NUCLEOTIDASE 5'-				Medicare	$25.97	$16.10	$15.58	
83916	Q	OLIGOCLONAL BANDS				Medicare	$46.82	$29.03	$28.09	
83918	Q	ORGANIC ACIDS QUANTITATIVE EACH SPECIMEN				Medicare	$38.33	$23.76	$23.00	
83919	Q	ORGANIC ACIDS; QUALITATIVE EACH SPECIMEN				Medicare	$38.33	$23.76	$23.00	
83921	Q	ORGANIC ACID SINGLE QUANT				Medicare	$38.33	$23.76	$23.00	
83925	Q	OPIATES (EG MORPHINE MEPERIDINE)				Medicare	$45.32	$28.10	$27.19	
83930	Q	OSMOLALITY; BLOOD				Medicare	$15.40	$9.55	$9.24	
83935	Q	OSMOLALITY; URINE				Medicare	$15.87	$9.84	$9.52	
83937	Q	OSTEOCALCIN (BONE G1A PROTEIN)				Medicare	$69.52	$43.10	$41.71	
83945	Q	OXALATE				Medicare	$29.98	$18.59	$17.99	
83950	Q	ONCOPROTEIN HER-2/NEU				Medicare	$149.98	$92.99	$89.99	
83970	Q	PARATHORMONE (PARATHYROID HORMONE)				Medicare	$96.12	$59.59	$57.67	
83986	Q	PH BODY FLUID EXCEPT BLOOD				Medicare	$8.33	$5.16	$5.00	
83992	Q	PHENCYCLIDINE (PCP)				Medicare	$34.23	$21.22	$20.54	
84022	Q	PHENOTHIAZINE				Medicare	$36.27	$22.49	$21.76	
84030	Q	PHENYLALANINE (PKU) BLOOD				Medicare	$12.82	$7.95	$7.69	
84035	Q	PHENYLKETONES QUALITATIVE				Medicare	$8.52	$5.28	$5.11	
84060	Q	PHOSPHATASE ACID; TOTAL				Medicare	$17.20	$10.66	$10.32	
84061	Q	PHOSPHATASE ACID; FORENSIC EXAMINATION				Medicare	$18.43	$11.43	$11.06	
84066	Q	PHOSPHATASE ACID; PROSTATIC				Medicare	$22.50	$13.95	$13.50	
84075	Q	PHOSPHATASE ALKALINE;				Medicare	$12.05	$7.47	$7.23	
84078	Q	PHOSPHATASE ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)				Medicare	$17.00	$10.54	$10.20	
84080	Q	PHOSPHATASE ALKALINE; ISOENZYMES				Medicare	$34.43	$21.35	$20.66	
84081	Q	PHOSPHATIDYLGLYCEROL				Medicare	$38.48	$23.86	$23.09	
84085	Q	PHOSPHOGLUCONATE 6- DEHYDROGENASE RBC				Medicare	$15.70	$9.73	$9.42	
84087	Q	PHOSPHOHEXOSE ISOMERASE				Medicare	$24.03	$14.90	$14.42	
84100	Q	PHOSPHORUS INORGANIC (PHOSPHATE);				Medicare	$11.05	$6.85	$6.63	
84105	Q	PHOSPHORUS INORGANIC (PHOSPHATE); URINE				Medicare	$12.05	$7.47	$7.23	
84106	Q	PORPHOBILINOGEN URINE; QUALITATIVE				Medicare	$9.98	$6.19	$5.99	
84110	Q	PORPHOBILINOGEN URINE; QUANTITATIVE				Medicare	$19.67	$12.20	$11.80	
84119	Q	PORPHYRINS URINE; QUALITATIVE				Medicare	$20.05	$12.43	$12.03	
84120	Q	PORPHYRINS URINE; QUANTITATION & FRACTIONATION				Medicare	$34.25	$21.24	$20.55	
84126	Q	PORPHYRINS FECES; QUANTITATIVE				Medicare	$59.32	$36.78	$35.59	
84127	Q	PORPHYRINS FECES; QUALITATIVE				Medicare	$27.13	$16.82	$16.28	
84132	Q	POTASSIUM; SERUM				Medicare	$10.70	$6.63	$6.42	
84133	Q	POTASSIUM; URINE				Medicare	$10.02	$6.21	$6.01	

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84134	Q	PREALBUMIN				Medicare	$33.97	$21.06	$20.38	
84135	Q	PREGNANEDIOL				Medicare	$44.55	$27.62	$26.73	
84138	Q	PREGNANETRIOL				Medicare	$44.10	$27.34	$26.46	
84140	Q	PREGNENOLONE				Medicare	$48.15	$29.85	$28.89	
84143	Q	17-HYDROXYPREGNENOLONE				Medicare	$35.83	$22.21	$21.50	
84144	Q	PROGESTERONE				Medicare	$48.58	$30.12	$29.15	
84146	Q	PROLACTIN				Medicare	$45.13	$27.98	$27.08	
84150	Q	PROSTAGLANDIN EACH				Medicare	$58.13	$36.04	$34.88	
84152	Q	ASSAY OF PSA, COMPLEXED				Medicare	$42.83	$26.55	$25.70	
84153	Q	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL				Medicare	$42.83	$26.55	$25.70	
84154	Q	PROSTATE SPECIFIC ANTIGEN (PSA); FREE				Medicare	$42.83	$26.55	$25.70	
84155	Q	ASSAY OF PROTEIN SERUM				Medicare	$8.53	$5.29	$5.12	
84156	Q	ASSAY OF PROTEIN URINE				Medicare	$8.53	$5.29	$5.12	
84157	Q	ASSAY OF PROTEIN OTHER				Medicare	$8.53	$5.29	$5.12	
84160	Q	ASSAY OF PROTEIN ANY SOURCE				Medicare	$12.05	$7.47	$7.23	
84163	Q	PAPPA SERUM				Medicare	$35.05	$21.73	$21.03	
84165	Q	PROTEIN E-PHORESIS SERUM				Medicare	$25.02	$15.51	$15.01	
84166	Q	PROTEIN E-PHORESIS/URINE/CSF				Medicare	$41.53	$25.75	$24.92	
84181	Q	PROTEIN;WESTERN BLOT W/INTERP & REPORT BLOOD OR OTHER BODY				Medicare	$39.67	$24.60	$23.80	
84182	Q	WESTERN BLOT W/INTERP & REPORT BLOOD OR OTHER BODY FLUID I				Medicare	$41.92	$25.99	$25.15	
84202	Q	PROTOPORPHYRIN RBC; QUANTITATIVE				Medicare	$33.42	$20.72	$20.05	
84203	Q	PROTOPORPHYRIN RBC; SERUM				Medicare	$20.05	$12.43	$12.03	
84206	Q	PROINSULIN				Medicare	$41.48	$25.72	$24.89	
84207	Q	PYRIDOXAL PHOSPHATE (VITAMIN B-6)				Medicare	$65.42	$40.56	$39.25	
84210	Q	PYRUVATE				Medicare	$25.28	$15.67	$15.17	
84220	Q	PYRUVATE KINASE				Medicare	$21.97	$13.62	$13.18	
84228	Q	QUININE				Medicare	$27.10	$16.80	$16.26	
84233	Q	RECEPTOR ASSAY; ESTROGEN				Medicare	$149.98	$92.99	$89.99	
84234	Q	RECEPTOR ASSAY; PROGESTERONE				Medicare	$151.07	$93.66	$90.64	
84235	Q	RECEPTOR ASSAY;ENDOCRINE OTHER THAN ESTROGEN OR PROGESTERON				Medicare	$121.87	$75.56	$73.12	
84238	Q	ASSAY NONENDOCRINE RECEPTOR				Medicare	$85.15	$52.79	$51.09	
84244	Q	RENIN				Medicare	$51.22	$31.76	$30.73	
84252	Q	RIBOFLAVIN (VITAMIN B-2)				Medicare	$47.13	$29.22	$28.28	
84255	Q	SELENIUM				Medicare	$59.45	$36.86	$35.67	
84260	Q	ASSAY OF SEROTONIN				Medicare	$72.13	$44.72	$43.28	
84270	Q	SEX HORMONE BINDING GLOBULIN (SHBG)				Medicare	$50.60	$31.37	$30.36	
84275	Q	SIALIC ACID				Medicare	$31.28	$19.39	$18.77	
84285	Q	SILICA				Medicare	$54.83	$33.99	$32.90	
84295	Q	SODIUM; SCREEN				Medicare	$11.20	$6.94	$6.72	

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84300	Q	SODIUM; URINE				Medicare	$11.32	$7.02	$6.79	
84302	Q	ASSAY OF SWEAT SODIUM				Medicare	$11.32	$7.02	$6.79	
84305	Q	SOMATOMEDIN				Medicare	$49.50	$30.69	$29.70	
84307	Q	SOMATOSTATIN				Medicare	$42.57	$26.39	$25.54	
84311	Q	SPECTROPHOTOMETRY ANALYTE NOT ELSEWHERE SPECIFIED				Medicare	$16.28	$10.09	$9.77	
84315	Q	SPECIFIC GRAVITY (EXCEPT URINE)				Medicare	$5.83	$3.61	$3.50	
84375	Q	SUGARS CHROMATOGRAPHIC TLC OR PAPER CHROMATOGRAPHY				Medicare	$45.65	$28.30	$27.39	
84376	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); SINGLE QUALITATIVE				Medicare	$12.82	$7.95	$7.69	
84377	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE				Medicare	$12.82	$7.95	$7.69	
84378	Q	SUGARS SINGLE QUANT				Medicare	$26.83	$16.63	$16.10	
84379	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE				Medicare	$26.83	$16.63	$16.10	
84392	Q	SULFATE URINE				Medicare	$11.07	$6.86	$6.64	
84402	Q	TESTOSTERONE; FREE				Medicare	$59.28	$36.75	$35.57	
84403	Q	TESTOSTERONE; TOTAL				Medicare	$60.13	$37.28	$36.08	
84425	Q	THIAMINE (VITAMIN B-1)				Medicare	$49.45	$30.66	$29.67	
84430	Q	THIOCYANATE				Medicare	$27.10	$16.80	$16.26	
84432	Q	THYROGLOBULIN				Medicare	$37.40	$23.19	$22.44	
84436	Q	THYROXINE; TOTAL				Medicare	$16.02	$9.93	$9.61	
84437	Q	THYROXINE; REQUIRING ELUTION (EG NEONATAL)				Medicare	$15.07	$9.34	$9.04	
84439	Q	THYROXINE; FREE				Medicare	$21.00	$13.02	$12.60	
84442	Q	THYROXINE BINDING GLOBULIN (TBG)				Medicare	$34.43	$21.35	$20.66	
84443	Q	THYROID STIMULATING HORMONE (TSH)				Medicare	$39.12	$24.25	$23.47	
84445	Q	ASSAY OF TSI				Medicare	$118.42	$73.42	$71.05	
84446	Q	TOCOPHEROL ALPHA (VITAMIN E)				Medicare	$33.02	$20.47	$19.81	
84449	Q	TRANSCORTIN (CORTISOL BINDING GLOBULIN)				Medicare	$41.92	$25.99	$25.15	
84450	Q	TRANSFERASE; ASPARTATE AMINO (AST)(SGOT)				Medicare	$12.03	$7.46	$7.22	
84460	Q	TRANSFERASE; ALANINE AMINO (ALT)(SGPT)				Medicare	$12.33	$7.64	$7.40	
84466	Q	TRANSFERRIN				Medicare	$29.73	$18.43	$17.84	
84478	Q	TRIGLYCERIDES				Medicare	$13.40	$8.31	$8.04	
84479	Q	TRIIODOTHYRONINE (T-3); RESIN UPTAKE				Medicare	$15.07	$9.34	$9.04	
84480	Q	TRIIODOTHYRONINE (T-3); TOTAL (TT-3)				Medicare	$33.02	$20.47	$19.81	
84481	Q	TRIIODOTHYRONINE (T-3); FREE				Medicare	$39.45	$24.46	$23.67	
84482	Q	T3 REVERSE				Medicare	$36.70	$22.75	$22.02	
84484	Q	TROPONIN QUALITATIVE				Medicare	$22.92	$14.21	$13.75	
84485	Q	TRYPSIN; DUODENAL FLUID				Medicare	$17.48	$10.84	$10.49	
84488	Q	TRYPSIN; FECES QUALITATIVE				Medicare	$17.00	$10.54	$10.20	
84490	Q	TRYPSIN; FECES QUANTITATIVE 24-HOUR COLLECTION				Medicare	$17.72	$10.99	$10.63	
84510	Q	TYROSINE				Medicare	$24.22	$15.02	$14.53	
84512	Q	TROPONIN QUALITATIVE				Medicare	$17.93	$11.12	$10.76	

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84520	Q	UREA NITROGEN; QUANTITATIVE				Medicare	$9.18	$5.69	$5.51	
84525	Q	UREA NITROGEN; SEMIQUANTITATIVE (EG REAGENT STRIP TEST)				Medicare	$8.75	$5.43	$5.25	
84540	Q	UREA NITROGEN URINE				Medicare	$11.07	$6.86	$6.64	
84545	Q	UREA NITROGEN CLEARANCE				Medicare	$15.38	$9.54	$9.23	
84550	Q	URIC ACID; BLOOD				Medicare	$10.52	$6.52	$6.31	
84560	Q	URIC ACID; OTHER SOURCE				Medicare	$11.07	$6.86	$6.64	
84577	Q	UROBILINOGEN FECES QUANTITATIVE				Medicare	$29.05	$18.01	$17.43	
84578	Q	UROBILINOGEN URINE; QUALITATIVE				Medicare	$7.57	$4.69	$4.54	
84580	Q	UROBILINOGEN URINE; QUANTITATIVE TIMED SPECIMEN				Medicare	$16.53	$10.25	$9.92	
84583	Q	UROBILINOGEN URINE; SEMIQUANTITATIVE				Medicare	$11.70	$7.25	$7.02	
84585	Q	VANILLYLMANDELIC ACID (VMA) URINE				Medicare	$36.10	$22.38	$21.66	
84586	Q	VASOACTIVE INTESTINAL PEPTIDE (VIP)				Medicare	$82.28	$51.01	$49.37	
84588	Q	VASOPRESSIN (ANTIDIURETIC HORMONE ADH)				Medicare	$79.05	$49.01	$47.43	
84590	Q	VITAMIN A				Medicare	$27.00	$16.74	$16.20	
84591	Q	ASSAY OF NOS VITAMIN				Medicare	$27.00	$16.74	$16.20	
84597	Q	VITAMIN K				Medicare	$31.92	$19.79	$19.15	
84600	Q	VOLATILES (EG ACETIC ANHYDRIDE CARBON TETRACHLORIDE DICHL				Medicare	$37.42	$23.20	$22.45	
84620	Q	XYLOSE ABSORPTION TEST BLOOD AND/OR URINE				Medicare	$27.58	$17.10	$16.55	
84630	Q	ZINC				Medicare	$26.52	$16.44	$15.91	
84681	Q	C-PEPTIDE				Medicare	$37.93	$23.52	$22.76	
84702	Q	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE				Medicare	$35.05	$21.73	$21.03	
84703	Q	GONADOTROPIN CHORIONIC (HCG); QUALITATIVE				Medicare	$17.48	$10.84	$10.49	
84830	Q	OVULATION TESTS BY VISUAL COLOR COMPARISON METHODS FOR HUMA				Medicare	$9.23	$5.72	$5.54	
84999	M	UNLISTED CHEMISTRY PROCEDURE				By Report	$0.00			
85002	Q	BLEEDING TIME				Medicare	$10.48	$6.50	$6.29	
85004	Q	AUTOMATED DIFF WBC COUNT				Medicare	$15.07	$9.34	$9.04	
85007	Q	BL SMEAR W/DIFF WBC COUNT				Medicare	$8.02	$4.97	$4.81	
85008	Q	BL SMEAR W/O DIFF WBC COUNT				Medicare	$8.02	$4.97	$4.81	
85009	Q	MANUAL DIFF WBC COUNT B-COAT				Medicare	$6.70	$4.15	$4.02	
85013	Q	SPUN MICROHEMATOCRIT				Medicare	$5.52	$3.42	$3.31	
85014	Q	HEMATOCRIT				Medicare	$5.52	$3.42	$3.31	
85018	Q	HEMOGLOBIN				Medicare	$5.52	$3.42	$3.31	
85025	Q	COMPLETE CBC W/AUTO DIFF WBC				Medicare	$18.10	$11.22	$10.86	
85027	Q	COMPLETE CBC AUTOMATED				Medicare	$15.07	$9.34	$9.04	
85032	Q	MANUAL CELL COUNT EACH				Medicare	$10.02	$6.21	$6.01	
85041	Q	AUTOMATED RBC COUNT				Medicare	$7.00	$4.34	$4.20	
85044	Q	MANUAL RETICULOCYTE COUNT				Medicare	$10.02	$6.21	$6.01	
85045	Q	AUTOMATED RETICULOCYTE COUNT				Medicare	$9.32	$5.78	$5.59	
85046	Q	RETICYTE/HGB CONCENTRATE				Medicare	$13.00	$8.06	$7.80	

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85048	Q	AUTOMATED LEUKOCYTE COUNT				Medicare	$5.92	$3.67	$3.55	
85049	Q	AUTOMATED PLATELET COUNT				Medicare	$10.42	$6.46	$6.25	
85055	Q	RETICULATED PLATELET ASSAY				Medicare	$62.35	$38.66	$37.41	
85060	M	BLOOD SMEAR INTERPRETATION				Fee Schedule	$0.00			
85097	X	BONE MARROW INTERPRETATION	00343	0.5211	$24.88	APC				
85130	Q	CHROMOGENIC SUBSTRATE ASSAY				Medicare	$27.70	$17.17	$16.62	
85170	Q	CLOT RETRACTION				Medicare	$8.42	$5.22	$5.05	
85175	Q	CLOT LYSIS TIME WHOLE BLOOD DILUTION				Medicare	$10.58	$6.56	$6.35	
85210	Q	CLOTTING; FACTOR II PROTHROMBIN SPECIFIC				Medicare	$30.23	$18.74	$18.14	
85220	Q	CLOTTING; FACTOR V (ACG OR PROACCELERIN) LABILE FACTOR				Medicare	$41.10	$25.48	$24.66	
85230	Q	CLOTTING; FACTOR VII (PROCONVERTIN STABLE FACTOR)				Medicare	$41.70	$25.85	$25.02	
85240	Q	CLOTTING; FACTOR VIII (AHG) ONE STAGE				Medicare	$41.70	$25.85	$25.02	
85244	Q	CLOTTING; FACTOR VIII RELATED ANTIGEN				Medicare	$47.55	$29.48	$28.53	
85245	Q	CLOTTING; FACTOR VIII VW FACTOR RISTOCETIN COFACTOR				Medicare	$53.43	$33.13	$32.06	
85246	Q	CLOTTING; FACTOR VIII VW FACTOR ANTIGEN				Medicare	$53.43	$33.13	$32.06	
85247	Q	CLOTTING; FACTOR VIII VON WILLEBRAND'S FACTOR MULTIMETRIC				Medicare	$53.43	$33.13	$32.06	
85250	Q	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)				Medicare	$44.33	$27.48	$26.60	
85260	Q	CLOTTING; FACTOR X (STUART-POWER)				Medicare	$41.70	$25.85	$25.02	
85270	Q	CLOTTING; FACTOR XI (PTA)				Medicare	$41.70	$25.85	$25.02	
85280	Q	CLOTTING; FACTOR XII (HAGEMAN)				Medicare	$45.07	$27.94	$27.04	
85290	Q	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)				Medicare	$38.05	$23.59	$22.83	
85291	Q	CLOTTING;FACTOR XIII (FIBRIN STABILIZING) SCREEN SOLUBILITY				Medicare	$20.70	$12.83	$12.42	
85292	Q	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)				Medicare	$44.10	$27.34	$26.46	
85293	Q	CLOTTING;HIGH MOLECULAR WEIGHT KININOGEN ASSAY(FITZGERALD FA				Medicare	$44.10	$27.34	$26.46	
85300	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN III ACTI				Medicare	$27.58	$17.10	$16.55	
85301	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN III ANTI				Medicare	$25.18	$15.61	$15.11	
85302	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;PROTEIN C ANTIGEN				Medicare	$28.00	$17.36	$16.80	
85303	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ACTIVITY				Medicare	$32.20	$19.96	$19.32	
85305	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S TOTAL				Medicare	$27.00	$16.74	$16.20	
85306	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S FREE				Medicare	$35.68	$22.12	$21.41	
85307	Q	ASSAY ACTIVATED PROTEIN C				Medicare	$35.68	$22.12	$21.41	
85335	Q	FACTOR INHIBITOR TEST				Medicare	$29.98	$18.59	$17.99	
85337	Q	THROMBOMODULIN				Medicare	$24.27	$15.05	$14.56	
85345	Q	COAGULATION TIME; LEE & WHITE				Medicare	$10.02	$6.21	$6.01	
85347	Q	COAGULATION TIME; ACTIVATED				Medicare	$9.92	$6.15	$5.95	
85348	Q	COAGULATION TIME; OTHER METHODS				Medicare	$8.67	$5.38	$5.20	
85360	Q	EUGLOBULIN LYSIS				Medicare	$19.57	$12.13	$11.74	
85362	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);				Medicare	$16.03	$9.94	$9.62	
85366	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);				Medicare	$20.05	$12.43	$12.03	

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85370	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);				Medicare	$26.45	$16.40	$15.87	
85378	Q	FIBRIN DEGRADE SEMIQUANT				Medicare	$16.62	$10.30	$9.97	
85379	Q	FIBRIN DEGRADATION QUANT				Medicare	$23.70	$14.69	$14.22	
85380	Q	FIBRIN DEGRADATION VTE				Medicare	$23.70	$14.69	$14.22	
85384	Q	FIBRINOGEN; ACTIVITY				Medicare	$19.78	$12.26	$11.87	
85385	Q	FIBRINOGEN; ANTIGEN				Medicare	$19.78	$12.26	$11.87	
85390	Q	FIBRINOLYSINS OR COAGULOPATHY SCREEN INTERPRETATION AND REP				Medicare	$12.03	$7.46	$7.22	
85396	N	FIBRINOLYSINS CLOT LYSI				APC/ Bundled				
85400	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN				Medicare	$20.60	$12.77	$12.36	
85410	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ACTIVATOR				Medicare	$17.95	$11.13	$10.77	
85415	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR				Medicare	$40.03	$24.82	$24.02	
85420	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN EXCEPT ANTI				Medicare	$15.22	$9.44	$9.13	
85421	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN ANTIGENIC A				Medicare	$23.72	$14.71	$14.23	
85441	Q	HEINZ BODIES; DIRECT				Medicare	$9.80	$6.08	$5.88	
85445	Q	HEINZ BODIES; INDUCED ACETYL PHENYLHYDRAZINE				Medicare	$15.87	$9.84	$9.52	
85460	Q	HGC OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; DIFF LYSIS				Medicare	$18.02	$11.17	$10.81	
85461	Q	HGB OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; ROSETTE				Medicare	$15.43	$9.57	$9.26	
85475	Q	HEMOLYSIN ACID				Medicare	$20.67	$12.82	$12.40	
85520	Q	HEPARIN ASSAY				Medicare	$30.48	$18.90	$18.29	
85525	Q	HEPARIN NEUTRALIZATION				Medicare	$27.58	$17.10	$16.55	
85530	Q	HEPARIN-PROTAMINE TOLERANCE TEST				Medicare	$33.02	$20.47	$19.81	
85536	Q	IRON STAIN PERIPHERAL BLOOD				Medicare	$15.07	$9.34	$9.04	
85540	Q	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT				Medicare	$20.03	$12.42	$12.02	
85547	Q	MECHANICAL FRAGILITY RBC				Medicare	$20.03	$12.42	$12.02	
85549	Q	MURAMIDASE				Medicare	$43.68	$27.08	$26.21	
85555	Q	OSMOTIC FRAGILITY RBC; UNINCUBATED				Medicare	$15.57	$9.65	$9.34	
85557	Q	OSMOTIC FRAGILITY RBC; INCUBATED				Medicare	$31.10	$19.28	$18.66	
85576	Q	PLATELET; AGGREGATION (IN VITRO) EACH AGENT				Medicare	$50.02	$31.01	$30.01	
85597	Q	PLATELET NEUTRALIZATION				Medicare	$12.45	$7.72	$7.47	
85610	Q	PROTHROMBIN TIME;				Medicare	$9.15	$5.67	$5.49	
85611	Q	PROTHROMBIN TIME; SUBSTITUTIONS PLASMA FRACTIONS EACH				Medicare	$9.18	$5.69	$5.51	
85612	Q	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED				Medicare	$22.28	$13.81	$13.37	
85613	Q	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED				Medicare	$22.28	$13.81	$13.37	
85635	Q	REPTILASE TEST				Medicare	$22.93	$14.22	$13.76	
85651	Q	SEDIMENTATION RATE ERYTHROCYTE NON-AUTOMATED				Medicare	$8.27	$5.13	$4.96	
85652	Q	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED				Medicare	$6.28	$3.89	$3.77	
85660	Q	SICKLING OF RBC REDUCTION				Medicare	$12.85	$7.97	$7.71	
85670	Q	THROMBIN TIME; PLASMA				Medicare	$13.45	$8.34	$8.07	
85675	Q	THROMBIN TIME; TITER				Medicare	$15.97	$9.90	$9.58	

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85705	Q	THROMBOPLASTIN INHIBITION; TISSUE				Medicare	$21.97	$13.62	$13.18	
85730	Q	THROMBOPLASTIN TIME PARTIAL (PTT); PLASMA OR WHOLE BLOOD				Medicare	$13.97	$8.66	$8.38	
85732	Q	THROMBOPLASTIN TIME PARTIAL (PTT);SUBSTITUTION PLASMA FRAC				Medicare	$15.07	$9.34	$9.04	
85810	Q	VISCOSITY				Medicare	$27.20	$16.86	$16.32	
85999	E	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE				Not Allowed				
86000	Q	AGGLUTININS FEBRILE (EG BRUCELLA FRANCISELLA MURINE TYPH				Medicare	$16.25	$10.08	$9.75	
86001	Q	ALLERGEN SPECIFIC IGG				Medicare	$6.73	$4.17	$4.04	
86003	Q	ALLERGEN SPECIFIC IGE;QUANTITATIVE/SEMI-QUANT EACH ALLERGEN				Medicare	$6.73	$4.17	$4.04	
86005	Q	ALLERGEN SPECIFIC IGE;QUALITATIVE MULTIALLERGEN SCREEN (DIP				Medicare	$18.57	$11.51	$11.14	
86021	Q	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES				Medicare	$35.05	$21.73	$21.03	
86022	Q	PLATELET ANTIBODIES				Medicare	$42.77	$26.52	$25.66	
86023	Q	IMMUNOGLOBULIN ASSAY				Medicare	$29.00	$17.98	$17.40	
86038	Q	ANTINUCLEAR ANTIBODIES (ANA);				Medicare	$28.15	$17.45	$16.89	
86039	Q	ANTINUCLEAR ANTIBODIES (ANA); TITER				Medicare	$26.00	$16.12	$15.60	
86060	Q	ANTISTREPTOLYSIN 0; TITER				Medicare	$17.00	$10.54	$10.20	
86063	Q	ANTISTREPTOLYSIN 0; SCREEN				Medicare	$13.45	$8.34	$8.07	
86077	X	PHYSICIAN BLOOD BANK SERVICE	00433	0.2557	$12.21	APC				
86078	X	PHYSICIAN BLOOD BANK SERVICE	00343	0.5211	$24.88	APC				
86079	X	PHYSICIAN BLOOD BANK SERVICE	00433	0.2557	$12.21	APC				
86140	Q	C-REACTIVE PROTEIN				Medicare	$12.05	$7.47	$7.23	
86141	Q	C-REACTIVE PROTEIN HS				Medicare	$30.15	$18.69	$18.09	
86146	Q	GLYCOPROTEIN ANTIBODY				Medicare	$59.23	$36.72	$35.54	
86147	Q	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY				Medicare	$59.23	$36.72	$35.54	
86148	Q	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID)				Medicare	$37.40	$23.19	$22.44	
86155	Q	CHEMOTAXIS ASSAY SPECIFY METHOD				Medicare	$37.22	$23.08	$22.33	
86156	Q	COLD AGGLUTININ; SCREEN				Medicare	$15.60	$9.67	$9.36	
86157	Q	COLD AGGLUTININ; TITER				Medicare	$18.78	$11.64	$11.27	
86160	Q	COMPLEMENT; ANTIGEN EACH COMPONENT				Medicare	$27.97	$17.34	$16.78	
86161	Q	COMPLEMENT; FUNCTIONAL ACTIVITY EACH COMPONENT				Medicare	$27.97	$17.34	$16.78	
86162	Q	COMPLEMENT; TOTAL HEMOLYTIC (CH50)				Medicare	$44.85	$27.81	$26.91	
86171	Q	COMPLEMENT FIXATION TESTS EACH ANTIGEN				Medicare	$23.33	$14.46	$14.00	
86185	Q	COUNTERIMMUNOELECTROPHORESIS EACH ANTIGEN				Medicare	$20.83	$12.91	$12.50	
86200	Q	CCP ANTIBODY				Medicare	$30.15	$18.69	$18.09	
86215	Q	DEOXYRIBONUCLEASE ANTIBODY				Medicare	$30.85	$19.13	$18.51	
86225	Q	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY;NATIVE OR DOUBLE STRAND				Medicare	$32.00	$19.84	$19.20	
86226	Q	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED				Medicare	$25.75	$15.97	$15.45	
86235	Q	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY TO ANY METHOD (EG NR				Medicare	$41.77	$25.90	$25.06	
86243	Q	FC RECEPTOR				Medicare	$47.80	$29.64	$28.68	
86255	Q	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN EA ANTIBODY				Medicare	$28.07	$17.40	$16.84	

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86256	Q	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER EA ANTIBODY				Medicare	$28.07	$17.40	$16.84	
86277	Q	GROWTH HORMONE HUMAN (HGH) ANTIBODY				Medicare	$36.65	$22.72	$21.99	
86280	Q	HEMAGGLUTINATION INHIBITION TEST (HAI)				Medicare	$19.07	$11.82	$11.44	
86294	Q	IMMUNOASSAY TUMOR QUAL				Medicare	$45.68	$28.32	$27.41	
86300	Q	IMMUNOASSAY TUMOR CA 15-3				Medicare	$48.45	$30.04	$29.07	
86301	Q	IMMUNOASSAY TUMOR CA 19-9				Medicare	$48.45	$30.04	$29.07	
86304	Q	IMUNOASSAY FOR TUMOR ANTIGEN QUANTITATIVE; CA 125				Medicare	$48.45	$30.04	$29.07	
86308	Q	HETEROPHILE ANTIBODIES; SCREENING				Medicare	$9.55	$5.92	$5.73	
86309	Q	HETEROPHILE ANTIBODIES; TITER				Medicare	$15.07	$9.34	$9.04	
86310	Q	HETEROPHILE ANTIBODIES;TITERS AFTER ABSORPTION W/BEEF CELLS				Medicare	$17.17	$10.65	$10.30	
86316	Q	IMMUNOASSAY, TUMOR OTHER				Medicare	$48.45	$30.04	$29.07	
86317	Q	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUANTITATIVE NOS				Medicare	$25.78	$15.98	$15.47	
86318	Q	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUALITATIVE OR SE				Medicare	$30.15	$18.69	$18.09	
86320	Q	IMMUNOELECTROPHORESIS; SERUM				Medicare	$52.20	$32.36	$31.32	
86325	Q	OTHER IMMUNOELECTROPHORESIS				Medicare	$52.07	$32.28	$31.24	
86327	Q	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)				Medicare	$52.83	$32.75	$31.70	
86329	Q	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED				Medicare	$32.70	$20.27	$19.62	
86331	Q	IMMUNODIFFUSION; GEL DIFFUSION QUALITATIVE EACH ANTIGEN AN				Medicare	$27.92	$17.31	$16.75	
86332	Q	IMMUNE COMPLEX ASSAY				Medicare	$56.75	$35.19	$34.05	
86334	Q	IMMUNOFIX E-PHORESIS SERUM				Medicare	$52.02	$32.25	$31.21	
86335	Q	IMMUNOGLOBULIN TYPING (GC GM INV) EACH				Medicare	$68.33	$42.36	$41.00	
86336	Q	INHIBIN A				Medicare	$36.28	$22.49	$21.77	
86337	Q	INSULIN ANTIBODIES				Medicare	$49.87	$30.92	$29.92	
86340	Q	INTRINSIC FACTOR ANTIBODIES				Medicare	$35.10	$21.76	$21.06	
86341	Q	ISLET CELL ANTIBODY				Medicare	$46.08	$28.57	$27.65	
86343	Q	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)				Medicare	$29.02	$17.99	$17.41	
86344	Q	LEUKOCYTE PHAGOCYTOSIS				Medicare	$18.60	$11.53	$11.16	
86353	Q	LYMPHOCYTE TRANSFORMATION MITOGEN (PHYTOMITOGEN) OR ANTIGEN				Medicare	$114.15	$70.77	$68.49	
86355	Q	B CELLS TOTAL COUNT				Medicare	$87.83	$54.45	$52.70	
86357	Q	NK CELLS, TOTAL COUNT				Medicare	$87.83	$54.45	$52.70	
86359	Q	T CELLS; (TOTAL COUNT)				Medicare	$87.83	$54.45	$52.70	
86360	Q	T CELLS; ABSOLUTE CD4 AND CD8 COUNT INCLUDING RATIO				Medicare	$109.42	$67.84	$65.65	
86361	Q	T CELLS; ABSOLUTE CD4 COUNT				Medicare	$62.35	$38.66	$37.41	
86367	Q	STEM CELLS TOTAL COUNT				Medicare	$87.83	$54.45	$52.70	
86376	Q	MICROSOMAL ANTIBODIES (EG THYROID OR LIVER-KIDNEY) EACH				Medicare	$33.88	$21.01	$20.33	
86378	Q	MIGRATION INHIBITORY FACTOR TEST (MIF)				Medicare	$45.85	$28.43	$27.51	
86382	Q	NEUTRALIZATION TEST VIRAL				Medicare	$39.37	$24.41	$23.62	
86384	Q	NITROBLUE TETRAZOLIUM DYE TEST (NTD)				Medicare	$26.52	$16.44	$15.91	
86403	Q	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY				Medicare	$23.73	$14.71	$14.24	

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86406	Q	PARTICLE AGGULINATION; TITER EACH ANTIBODY				Medicare	$24.78	$15.36	$14.87	
86430	Q	RHEUMATOID FACTOR; QUALITATIVE				Medicare	$13.22	$8.20	$7.93	
86431	Q	RHEUMATOID FACTOR; QUANTITATIVE				Medicare	$13.22	$8.20	$7.93	
86480	Q	TB TEST, CELL IMMUN MEASURE				Medicare	$144.32	$89.48	$86.59	
86485	X	SKIN TEST; CANDIDA	00341	0.0914	$4.36	APC				
86490	X	SKIN TEST; COCCIDIOIDOMYCOSIS	00341	0.0914	$4.36	APC				
86510	X	SKIN TEST; HISTOPLASMOSIS	00341	0.0914	$4.36	APC				
86580	X	SKIN TEST; TUBERCULOSIS INTRADERMAL	00341	0.0914	$4.36	APC				
86586	Q	SKIN TEST; UNLISTED ANTIGEN EACH				Medicare	$87.83	$54.45	$52.70	
86590	Q	STREPTOKINASE ANTIBODY				Medicare	$25.68	$15.92	$15.41	
86592	Q	SYPHILIS TEST; QUALITATIVE (EG VDRL RPR ART)				Medicare	$9.93	$6.16	$5.96	
86593	Q	SYPHILIS TEST; QUANTITATIVE				Medicare	$10.27	$6.37	$6.16	
86602	Q	ANTIBODY; ACTINOMYCES				Medicare	$23.70	$14.69	$14.22	
86603	Q	ANTIBODY; ADENOVIRUS				Medicare	$29.97	$18.58	$17.98	
86606	Q	ANTIBODY; ASPERGILLUS				Medicare	$35.05	$21.73	$21.03	
86609	Q	ANTIBODY; BACTERIUM NOT ELSEWHERE SPECIFIED				Medicare	$30.00	$18.60	$18.00	
86611	Q	BARTONELLA ANTIBODY				Medicare	$23.70	$14.69	$14.22	
86612	Q	ANTIBODY; BLASTOMYCES				Medicare	$30.05	$18.63	$18.03	
86615	Q	ANTIBODY; BORDETELLA				Medicare	$30.72	$19.05	$18.43	
86617	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY				Medicare	$36.07	$22.36	$21.64	
86618	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)				Medicare	$39.67	$24.60	$23.80	
86619	Q	ANTIBODY; BORRELIA (RELAPSING FEVER)				Medicare	$31.15	$19.31	$18.69	
86622	Q	ANTIBODY; BRUCELLA				Medicare	$20.80	$12.90	$12.48	
86625	Q	ANTIBODY; CAMPYLOBACTER				Medicare	$30.55	$18.94	$18.33	
86628	Q	ANTIBODY; CANDIDA				Medicare	$27.97	$17.34	$16.78	
86631	Q	ANTIBODY; CHLAMYDIA				Medicare	$27.53	$17.07	$16.52	
86632	Q	ANTIBODY; CHLAMYDIA IGG				Medicare	$29.57	$18.33	$17.74	
86635	Q	ANTIBODY; CACCIDIOIDES				Medicare	$26.72	$16.57	$16.03	
86638	Q	ANTIBODY; COXIELLA BRUNETTI (Q FEVER)				Medicare	$28.23	$17.50	$16.94	
86641	Q	ANTIBODY; CRYPTOCOCCUS				Medicare	$33.57	$20.81	$20.14	
86644	Q	ANTIBODY; CYTOMEGALOVIRUS (CMV)				Medicare	$26.30	$16.31	$15.78	
86645	Q	ANTIBODY; CYTOMEGALOVIRUS (CMV) IGM				Medicare	$39.23	$24.32	$23.54	
86648	Q	ANTIBODY; DIPHTHERIA				Medicare	$35.42	$21.96	$21.25	
86651	Q	ANTIBODY; ENCEPHALITIS CALIFORNIA (LA CROSSE)				Medicare	$30.72	$19.05	$18.43	
86652	Q	ANTIBODY; ENCEPHALITIS EASTERN EQUINE				Medicare	$30.72	$19.05	$18.43	
86653	Q	ANTIBODY; ENCEPHALITIS ST. LOUIS				Medicare	$30.72	$19.05	$18.43	
86654	Q	ANTIBODY; ENCEPHALITIS WESTERN EQUINE				Medicare	$30.72	$19.05	$18.43	
86658	Q	ANTIBODY; ENTEROVIRUS (EG COXSACKIE ECHO POLIO)				Medicare	$30.33	$18.80	$18.20	
86663	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS EARLY ANTIGEN (EA)				Medicare	$30.55	$18.94	$18.33	

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86664	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS NUCLEAR ANTIGEN				Medicare	$35.63	$22.09	$21.38	
86665	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS VIRAL CAPOID (VCA)				Medicare	$42.25	$26.20	$25.35	
86666	Q	EHRLICHIA ANTIBODY				Medicare	$23.70	$14.69	$14.22	
86668	Q	ANTIBODY; FRANCISELLA TULARENSIS				Medicare	$24.22	$15.02	$14.53	
86671	Q	ANTIBODY; FUNGUS NES				Medicare	$28.55	$17.70	$17.13	
86674	Q	ANTIBODY; GIARDIA LAMBLIA				Medicare	$34.27	$21.25	$20.56	
86677	Q	ANTIBODY; HELICOBACTER PYLORI				Medicare	$33.80	$20.96	$20.28	
86682	Q	ANTIBODY; HELMINTH NES				Medicare	$30.28	$18.77	$18.17	
86684	Q	ANTIBODY; HEMOPHILUS INFLUENZA				Medicare	$36.90	$22.88	$22.14	
86687	Q	ANTIBODY; HTLV-I				Medicare	$19.53	$12.11	$11.72	
86688	Q	ANTIBODY; HTLV-II				Medicare	$32.62	$20.22	$19.57	
86689	Q	ANTIBODY;HTLV OR HIV ANTIBODY CONFIRMATORY TEST(EG WESTERN				Medicare	$45.08	$27.95	$27.05	
86692	Q	ANTIBODY; HEPATITIS DELTA AGENT				Medicare	$39.97	$24.78	$23.98	
86694	Q	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST				Medicare	$26.30	$16.31	$15.78	
86695	Q	ANTIBODY; HERPES SIMPLEX TYPE 1				Medicare	$30.72	$19.05	$18.43	
86696	Q	HERPES SIMPLEX TYPE 2				Medicare	$45.08	$27.95	$27.05	
86698	Q	ANTIBODY; HISTOPLASMA				Medicare	$29.10	$18.04	$17.46	
86701	Q	ANTIBODY; HIV-1				Medicare	$17.13	$10.62	$10.28	
86702	Q	ANTIBODY; HIV-2				Medicare	$31.47	$19.51	$18.88	
86703	Q	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY				Medicare	$31.95	$19.81	$19.17	
86704	Q	HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM				Medicare	$28.07	$17.40	$16.84	
86705	Q	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY				Medicare	$27.40	$16.99	$16.44	
86706	Q	HEPATITIS B SURFACE ANTIBODY (HBSAB)				Medicare	$21.20	$13.14	$12.72	
86707	Q	HEPATITIS BE ANTIBODY (HBEAB)				Medicare	$26.93	$16.70	$16.16	
86708	Q	HEPATITIS A ANTIBODY (HAAB); IGG AND IGM				Medicare	$28.85	$17.89	$17.31	
86709	Q	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY				Medicare	$26.22	$16.26	$15.73	
86710	Q	ANTIBODY; INFLUENZA VIRUS				Medicare	$31.57	$19.57	$18.94	
86713	Q	ANTIBODY; LEGIONELLA				Medicare	$35.65	$22.10	$21.39	
86717	Q	ANTIBODY; LEISHMANIA				Medicare	$28.53	$17.69	$17.12	
86720	Q	ANTIBODY; LEPTOSPIRA				Medicare	$30.72	$19.05	$18.43	
86723	Q	ANTIBODY; LISTERIA MONOCYTOGENES				Medicare	$30.72	$19.05	$18.43	
86727	Q	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS				Medicare	$29.97	$18.58	$17.98	
86729	Q	ANTIBODY; LYMPHOGRANULOMA VENEREUM				Medicare	$27.82	$17.25	$16.69	
86732	Q	ANTIBODY; MUCORMYCOSIS				Medicare	$30.72	$19.05	$18.43	
86735	Q	ANTIBODY; MUMPS				Medicare	$30.38	$18.84	$18.23	
86738	Q	ANTIBODY; MYCOPLASMA				Medicare	$30.85	$19.13	$18.51	
86741	Q	ANTIBODY; NEISSERIA MENINGITIS				Medicare	$30.72	$19.05	$18.43	
86744	Q	ANTIBODY; NOCARDIA				Medicare	$30.72	$19.05	$18.43	
86747	Q	ANTIBODY; PARVOVIRUS				Medicare	$35.00	$21.70	$21.00	

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86750	Q	ANTIBODY; PLASMODIUM (MALARIA)				Medicare	$30.72	$19.05	$18.43	
86753	Q	ANTIBODY; PROTOZOA NES				Medicare	$28.87	$17.90	$17.32	
86756	Q	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS				Medicare	$30.02	$18.61	$18.01	
86757	Q	RICKETTSIA ANTIBODY				Medicare	$45.08	$27.95	$27.05	
86759	Q	ANTIBODY; ROTAVIRUS				Medicare	$30.72	$19.05	$18.43	
86762	Q	ANTIBODY; RUBELLA				Medicare	$26.30	$16.31	$15.78	
86765	Q	ANTIBODY; RUBEOLA				Medicare	$30.00	$18.60	$18.00	
86768	Q	ANTIBODY; SALMONELLA				Medicare	$30.72	$19.05	$18.43	
86771	Q	ANTIBODY; SHIGELLA				Medicare	$30.72	$19.05	$18.43	
86774	Q	ANTIBODY; TETANUS				Medicare	$34.47	$21.37	$20.68	
86777	Q	ANTIBODY; TOXOPLASMA				Medicare	$26.30	$16.31	$15.78	
86778	Q	ANTIBODY; TOXOPLASMA IGM				Medicare	$33.53	$20.79	$20.12	
86781	Q	ANTIBODY;TREPONEMA PALLIDUM CONFIRMATORY TEST (EG FTA-ABS)				Medicare	$30.83	$19.11	$18.50	
86784	Q	ANTIBODY; TRICHINELLA				Medicare	$29.25	$18.14	$17.55	
86787	Q	ANTIBODY; VARICELLA-ZOSTER				Medicare	$30.00	$18.60	$18.00	
86788	Q	WEST NILE VIRUS AB, IGM				Medicare	$39.23	$24.32	$23.54	
86789	Q	WEST NILE VIRUS ANTIBODY				Medicare	$26.30	$16.31	$15.78	
86790	Q	ANTIBODY; VIRUS NES				Medicare	$30.00	$18.60	$18.00	
86793	Q	ANTIBODY; YERSINIA				Medicare	$30.72	$19.05	$18.43	
86800	Q	THYROGLOBULIN ANTIBODY				Medicare	$37.03	$22.96	$22.22	
86803	Q	HEPATITIS C ANTIBODY				Medicare	$33.23	$20.60	$19.94	
86804	Q	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG IMMUNOBLOT)				Medicare	$35.93	$22.28	$21.56	
86805	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH;W/TITRATION				Medicare	$121.75	$75.49	$73.05	
86806	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH; W/O TITRATION				Medicare	$110.82	$68.71	$66.49	
86807	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA				Medicare	$92.15	$57.13	$55.29	
86808	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA				Medicare	$69.12	$42.85	$41.47	
86812	Q	HLA TYPING; A B OR C (EG A10 B7 B27) SINGLE ANTIGEN				Medicare	$60.10	$37.26	$36.06	
86813	Q	HLA TYPING; A B OR C MULTIPLE ANTIGENS				Medicare	$135.03	$83.72	$81.02	
86816	Q	HLA TYPING; DR/DQ MULTIPLE ANTIGENS				Medicare	$64.87	$40.22	$38.92	
86817	Q	HLA TYPING; DR/DQ MULTIPLE ANTIGENS				Medicare	$149.92	$92.95	$89.95	
86821	Q	HLA TYPING; LYMPHOCYTE CULTURE MIXED (MLC)				Medicare	$131.47	$81.51	$78.88	
86822	Q	HLA TYPING; LYMPHOCYTE CULTURE PRIMED (PLC)				Medicare	$85.12	$52.77	$51.07	
86849	M	UNLISTED IMMUNOLOGY PROCEDURE				By Report	$0.00			
86850	X	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	00345	0.2178	$10.40	APC				
86860	X	ANTIBODY ELUTION (RBC) EACH ELUTION	00346	0.3484	$16.64	APC				
86870	X	ANTIBODY IDENTIFICATION RBC ANTIBODIES EACH PANEL FOR EACH	00346	0.3484	$16.64	APC				
86880	X	COOMBS TEST DIRECT	00409	0.1227	$5.86	APC				
86885	X	COOMBS TEST INDIRECT QUAL	00409	0.1227	$5.86	APC				
86886	X	COOMBS TEST INDIRECT TITER	00409	0.1227	$5.86	APC				

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86890	X	AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCESSING AND STO	00347	0.7423	$35.44	APC				
86891	X	AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCESSING AND STO	00346	0.3484	$16.64	APC				
86900	X	BLOOD TYPING; ABO	00409	0.1227	$5.86	APC				
86901	X	BLOOD TYPING; RH (D)	00409	0.1227	$5.86	APC				
86903	X	BLOOD TYPING;ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USI	00345	0.2178	$10.40	APC				
86904	X	BLOOD TYPING;ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USI	00346	0.3484	$16.64	APC				
86905	X	BLOOD TYPING;RBC ANTIGENS OTHER THAN ABO OR RH(D) EACH	00345	0.2178	$10.40	APC				
86906	X	BLOOD TYPING; RH PHENOTYPING COMPLETE	00345	0.2178	$10.40	APC				
86910	E	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL ABO RH				Not Allowed				
86911	E	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL ABO RH				Not Allowed				
86920	X	COMPATIBILITY TEST SPIN	00346	0.3484	$16.64	APC				
86921	X	COMPATIBILITY TEST INCUBATE	00345	0.2178	$10.40	APC				
86922	X	COMPATIBILITY TEST ANTIGLOB	00346	0.3484	$16.64	APC				
86923	X	COMPATIBILITY TEST ELECTRIC	00345	0.2178	$10.40	APC				
86927	X	FRESH FROZEN PLASMA THAWING EACH UNIT	00345	0.2178	$10.40	APC				
86930	X	FROZEN BLOOD PREP	00347	0.7423	$35.44	APC				
86931	X	FROZEN BLOOD THAW	00347	0.7423	$35.44	APC				
86932	X	FROZEN BLOOD FREEZE/THAW	00347	0.7423	$35.44	APC				
86940	Q	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH;				Medicare	$19.10	$11.84	$11.46	
86941	Q	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH; INCUBATED				Medicare	$28.20	$17.48	$16.92	
86945	X	IRRADIATION OF BLOOD PRODUCT EACH UNIT	00345	0.2178	$10.40	APC				
86950	X	LEUKOCYTE TRANSFUSION	00345	0.2178	$10.40	APC				
86960	X	VOL REDUCTION OF BLOOD/PROD	00345	0.2178	$10.40	APC				
86965	X	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	00346	0.3484	$16.64	APC				
86970	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION	00345	0.2178	$10.40	APC				
86971	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION	00345	0.2178	$10.40	APC				
86972	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION	00346	0.3484	$16.64	APC				
86975	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	00346	0.3484	$16.64	APC				
86976	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	00345	0.2178	$10.40	APC				
86977	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	00346	0.3484	$16.64	APC				
86978	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	00346	0.3484	$16.64	APC				
86985	X	SPLITTING OF BLOOD OR BLOOD PRODUCTS EACH UNIT	00345	0.2178	$10.40	APC				
86999	X	UNLISTED TRANSFUSION MEDICINE PROCEDURE	00345	0.2178	$10.40	APC				
87001	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSERVATION				Medicare	$30.78	$19.08	$18.47	
87003	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSEVATION & DISSECTION				Medicare	$39.20	$24.30	$23.52	
87015	Q	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE BA				Medicare	$15.55	$9.64	$9.33	
87040	Q	BLOOD CULTURE FOR BACTERIA				Medicare	$24.03	$14.90	$14.42	
87045	Q	FECES CULTURE BACTERIA				Medicare	$21.97	$13.62	$13.18	
87046	Q	STOOL CULTR BACTERIA EACH				Medicare	$21.97	$13.62	$13.18	

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87070	Q	CULTURE BACTERIA OTHER				Medicare	$20.05	$12.43	$12.03	
87071	Q	CULTURE BACTERI AEROBIC OTHR				Medicare	$21.97	$13.62	$13.18	
87073	Q	CULTURE BACTERIA ANAEROBIC				Medicare	$21.97	$13.62	$13.18	
87075	Q	CULTR BACTERIA EXCEPT BLOOD				Medicare	$22.03	$13.66	$13.22	
87076	Q	CULTURE BACTERIAL ANY SOURCE;DIFINITIVE IDENTIFICATION EA				Medicare	$18.82	$11.67	$11.29	
87077	Q	CULTURE AEROBIC IDENTIFY				Medicare	$18.82	$11.67	$11.29	
87081	Q	CULTURE BACTERIAL SCREENING ONLY FOR SINGLE ORGANISMS				Medicare	$13.23	$8.20	$7.94	
87084	Q	CULTURE PRESUMPTIVE PATHOGENIC ORGANISMS SCREENING ONLY				Medicare	$20.05	$12.43	$12.03	
87086	Q	CULTURE BACTERIAL URINE; QUANTITATIVE COLONY COUNT				Medicare	$18.80	$11.66	$11.28	
87088	Q	URINE BACTERIA CULTURE				Medicare	$13.23	$8.20	$7.94	
87101	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENT				Medicare	$17.95	$11.13	$10.77	
87102	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENT				Medicare	$16.28	$10.09	$9.77	
87103	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENT				Medicare	$21.00	$13.02	$12.60	
87106	Q	CULTURE FUNGI DEFINITIVE IDENTIFICATION OF EACH FUNGUS (US				Medicare	$12.78	$7.92	$7.67	
87107	Q	FUNGI IDENTIFICATION, MOLD				Medicare	$12.78	$7.92	$7.67	
87109	Q	CULTURE MYCOPLASMA ANY SOURCE				Medicare	$35.83	$22.21	$21.50	
87110	Q	CULTURE CHLAMYDIA				Medicare	$45.62	$28.28	$27.37	
87116	Q	CULTURE TUBERCLE OR OTHER ACID-FAST BACILLI (EG TB AFB M				Medicare	$25.17	$15.61	$15.10	
87118	Q	CULTURE MYCOBACTERIA DEFINITIVE IDENTIFICATION OF EACH ORG				Medicare	$25.48	$15.80	$15.29	
87140	Q	CULTURE TYPE IMMUNOFLUORESC				Medicare	$12.98	$8.05	$7.79	
87143	Q	CULTURE TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) METHOD				Medicare	$29.18	$18.09	$17.51	
87147	Q	CULTURE TYPING;IMMUNOLOGIC METHOD OTHER THAN IMMUNOFLUORES				Medicare	$12.05	$7.47	$7.23	
87149	Q	CULTURE TYPE, NUCLEIC ACID				Medicare	$46.70	$28.95	$28.02	
87152	Q	CULTURE TYPE PULSE FIELD GEL				Medicare	$12.18	$7.55	$7.31	
87158	Q	CULTURE TYPING; OTHER METHODS				Medicare	$12.18	$7.55	$7.31	
87164	Q	DARK FIELD EXAMINATION				Medicare	$25.02	$15.51	$15.01	
87166	Q	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL ORA				Medicare	$26.30	$16.31	$15.78	
87168	Q	MACROSCOPIC EXAM ARTHROPOD				Medicare	$9.93	$6.16	$5.96	
87169	Q	MACROSCOPIC EXAM PARASITE				Medicare	$9.93	$6.16	$5.96	
87172	Q	PINWORM EXAM				Medicare	$9.93	$6.16	$5.96	
87176	Q	ENDOTOXIN BACTERIAL (PYROGENS); HOMOGENIZATION TISSUE FOR				Medicare	$13.70	$8.49	$8.22	
87177	Q	OVA AND PARASITES DIRECT SMEARS CONCENTRATION AND IDENTIFI				Medicare	$20.72	$12.85	$12.43	
87181	Q	MICROBE SUSCEPTIBLE, DIFFUSE				Medicare	$9.55	$5.92	$5.73	
87184	Q	SENSITIVITY STUDIES ANTIBIOTIC;DISK METHOD PER PLATE(12 OR				Medicare	$16.05	$9.95	$9.63	
87185	Q	MICROBE SUSCEPTIBLE, ENZYME				Medicare	$9.55	$5.92	$5.73	
87186	Q	SENSITIVITY STUDIES ANTIBIOTIC;MICROTITER MINIMUM INHIBITO				Medicare	$20.13	$12.48	$12.08	
87187	Q	MICROBE SUSCEPTIBLE, MLC				Medicare	$24.13	$14.96	$14.48	
87188	Q	SENSITIVITY STUDIES ANTIBIOTIC;MACROTUBE DILUTION METHOD E				Medicare	$15.45	$9.58	$9.27	
87190	Q	SENSITIVITY STUDIES ANTIBIOTIC;TUBERCLE BACILLUS(TB AFB)				Medicare	$13.17	$8.17	$7.90	

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87197	Q	SERUM BACTERICIDAL TITER (SCHLICTER TEST)				Medicare	$34.98	$21.69	$20.99	
87205	Q	SMEAR PRIMARY SOURCE WITH INTERP;ROUTINE STAIN FOR BACTERI				Medicare	$9.93	$6.16	$5.96	
87206	Q	SMEAR, FLUORESCENT/ACID STAI				Medicare	$12.50	$7.75	$7.50	
87207	Q	SMEAR SPECIAL STAIN				Medicare	$13.95	$8.65	$8.37	
87209	Q	SMEAR COMPLEX STAIN				Medicare	$41.85	$25.95	$25.11	
87210	Q	SMEAR PRIMARY SOURCE WITH INTERP;WET MOUNT W/SIMPLE STAIN.				Medicare	$9.93	$6.16	$5.96	
87220	Q	TISSUE EXAM FOR FUNGI				Medicare	$9.93	$6.16	$5.96	
87230	Q	TOXIN OR ANTITOXIN ASSAY TISSUE CULTURE (EG CLOSTRIDIUM DI				Medicare	$45.98	$28.51	$27.59	
87250	Q	VIRUS IDENTIFICATION;INCOCULATION OF EMBRYONATED EGGS OR SM				Medicare	$45.53	$28.23	$27.32	
87252	Q	VIRUS IDENTIFICATION;TISSUE CULTURE INOCULATION & OBSERVATIO				Medicare	$58.12	$36.03	$34.87	
87253	Q	VIRUS IDENTIFICATION;TISSUE CULTURE ADDITIONAL STUDIES EAC				Medicare	$47.03	$29.16	$28.22	
87254	Q	VIRUS INOCULATION SHELL VIA				Medicare	$45.53	$28.23	$27.32	
87255	Q	GENET VIRUS ISOLATE HSV				Medicare	$78.85	$48.89	$47.31	
87260	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; ADENOVIRUS				Medicare	$27.93	$17.32	$16.76	
87265	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; PERTUSSIS				Medicare	$27.93	$17.32	$16.76	
87267	Q	ENTEROVIRUS ANTIBODY DFA				Medicare	$27.93	$17.32	$16.76	
87269	Q	GIARDIA AG IF				Medicare	$27.93	$17.32	$16.76	
87270	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; CHYLMD TRACH				Medicare	$27.93	$17.32	$16.76	
87271	Q	CRYPTOSPORIDUM/GARDIA AG IF				Medicare	$27.93	$17.32	$16.76	
87272	Q	CRYPTOSPORIDIUM AG IF				Medicare	$27.93	$17.32	$16.76	
87273	Q	HERPES SIMPLEX 2, AG, IF				Medicare	$27.93	$17.32	$16.76	
87274	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; HERPES SIMPLE				Medicare	$27.93	$17.32	$16.76	
87275	Q	INFLUENZA B, AG, IF				Medicare	$27.93	$17.32	$16.76	
87276	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; INFLUENZA A				Medicare	$27.93	$17.32	$16.76	
87277	Q	LEGIONELLA MICDADEI, AG, IF				Medicare	$27.93	$17.32	$16.76	
87278	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; LEGION PNEUMO				Medicare	$27.93	$17.32	$16.76	
87279	Q	PARAINFLUENZA, AG, IF				Medicare	$27.93	$17.32	$16.76	
87280	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; RSV				Medicare	$27.93	$17.32	$16.76	
87281	Q	PNEUMOCYSTIS CARINII, AG, IF				Medicare	$27.93	$17.32	$16.76	
87283	Q	INFECTIOUS AGENT ANTIGEN DETECT BY IMMUNOFL; RUBEOLA				Medicare	$27.93	$17.32	$16.76	
87285	Q	TREPONEMA PALLIDUM, AG, IF				Medicare	$27.93	$17.32	$16.76	
87290	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; VARICELLA ZOS				Medicare	$27.93	$17.32	$16.76	
87299	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; NOS				Medicare	$27.93	$17.32	$16.76	
87300	Q	AG DETECTION, POLYVAL, IF				Medicare	$27.93	$17.32	$16.76	
87301	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;ADENOVIRUS				Medicare	$27.93	$17.32	$16.76	
87305	Q	ASPERGILLUS AG, EIA				Medicare	$27.93	$17.32	$16.76	
87320	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;CHYLDM TRACH				Medicare	$27.93	$17.32	$16.76	
87324	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CLOSTRIDIU				Medicare	$27.93	$17.32	$16.76	
87327	Q	CRYPTOCOCCUS NEOFORM AG, EIA				Medicare	$27.93	$17.32	$16.76	

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87328	Q	CRYPTOSPORIDIUM AG EIA				Medicare	$27.93	$17.32	$16.76	
87329	Q	GIARDIA AG EIA				Medicare	$27.93	$17.32	$16.76	
87332	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CMV				Medicare	$27.93	$17.32	$16.76	
87335	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; E COLI 0157				Medicare	$27.93	$17.32	$16.76	
87336	Q	ENTAMOEB HIST DISPR, AG, EIA				Medicare	$27.93	$17.32	$16.76	
87337	Q	INFECT AGENT ANTIGEN DETECT BY ENZYME IMMUNO;ENTAMOEBA HISTO				Medicare	$27.93	$17.32	$16.76	
87338	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;HELICOBACTER				Medicare	$27.93	$17.32	$16.76	
87339	Q	H PYLORI AG, EIA				Medicare	$27.93	$17.32	$16.76	
87340	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP B SA				Medicare	$22.53	$13.97	$13.52	
87341	Q	HEPATITIS B SURFACE, AG, EIA				Medicare	$22.53	$13.97	$13.52	
87350	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP BE ANTIG				Medicare	$22.77	$14.12	$13.66	
87380	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP DELTA AG				Medicare	$38.23	$23.70	$22.94	
87385	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HISTOPLASMA				Medicare	$27.93	$17.32	$16.76	
87390	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-1				Medicare	$41.08	$25.47	$24.65	
87391	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-2				Medicare	$41.08	$25.47	$24.65	
87400	Q	INFLUENZA A/B, AG, EIA				Medicare	$27.93	$17.32	$16.76	
87420	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; RSV				Medicare	$27.93	$17.32	$16.76	
87425	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; ROTAVIRUS				Medicare	$27.93	$17.32	$16.76	
87427	Q	SHIGA-LIKE TOXIN AG, EIA				Medicare	$27.93	$17.32	$16.76	
87430	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; STREP A				Medicare	$27.93	$17.32	$16.76	
87449	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; NOS				Medicare	$27.93	$17.32	$16.76	
87450	Q	INFEC. AGENT ANTIGEN DETEC/EIA SING STEP MTHD; NOS				Medicare	$22.32	$13.84	$13.39	
87451	Q	AG DETECT POLYVAL, EIA, MULT				Medicare	$22.32	$13.84	$13.39	
87470	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA DIRECT PRO				Medicare	$46.70	$28.95	$28.02	
87471	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87472	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA QUANTIFIC				Medicare	$99.75	$61.85	$59.85	
87475	Q	LYME DIS, DNA, DIR PROBE				Medicare	$46.70	$28.95	$28.02	
87476	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BORRELIA AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87477	Q	LYME DIS, DNA, QUANT				Medicare	$99.75	$61.85	$59.85	
87480	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA DIRECT PROBE				Medicare	$46.70	$28.95	$28.02	
87481	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA AMPLIF PROBE				Medicare	$81.73	$50.67	$49.04	
87482	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA QUANTIFICATI				Medicare	$97.22	$60.28	$58.33	
87485	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM DIR PROB				Medicare	$46.70	$28.95	$28.02	
87486	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM AMP PROB				Medicare	$81.73	$50.67	$49.04	
87487	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM QUANTIFI				Medicare	$99.75	$61.85	$59.85	
87490	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH DIR PROB				Medicare	$46.70	$28.95	$28.02	
87491	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH AMP PROB				Medicare	$81.73	$50.67	$49.04	
87492	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH QUANTIFI				Medicare	$81.40	$50.47	$48.84	
87495	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV DIRECT PROBE TEC				Medicare	$46.70	$28.95	$28.02	

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87496	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV AMP PROBE TECHNI				Medicare	$81.73	$50.67	$49.04	
87497	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV QUANTIFICATION				Medicare	$99.75	$61.85	$59.85	
87498	Q	ENTEROVIRUS, DNA, AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87510	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG DIR PROB				Medicare	$46.70	$28.95	$28.02	
87511	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG AMP PROB				Medicare	$81.73	$50.67	$49.04	
87512	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG QUANTIFI				Medicare	$97.22	$60.28	$58.33	
87515	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS DIR PROB				Medicare	$46.70	$28.95	$28.02	
87516	Q	HEPATITIS B, DNA, AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87517	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS QUANTIFI				Medicare	$99.75	$61.85	$59.85	
87520	Q	HEPATITIS C, RNA, DIR PROBE				Medicare	$46.70	$28.95	$28.02	
87521	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C AMP PROB				Medicare	$81.73	$50.67	$49.04	
87522	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C QUANTIFI				Medicare	$99.75	$61.85	$59.85	
87525	Q	HEPATITIS G, DNA, DIR PROBE				Medicare	$46.70	$28.95	$28.02	
87526	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G AMP PROB				Medicare	$81.73	$50.67	$49.04	
87527	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G QUANTIFI				Medicare	$97.22	$60.28	$58.33	
87528	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP DIR PROB				Medicare	$46.70	$28.95	$28.02	
87529	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP AMP PROB				Medicare	$81.73	$50.67	$49.04	
87530	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP QUANTIFI				Medicare	$99.75	$61.85	$59.85	
87531	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 DIR PRO				Medicare	$46.70	$28.95	$28.02	
87532	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 AMP PRO				Medicare	$81.73	$50.67	$49.04	
87533	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 QUANTIF				Medicare	$97.22	$60.28	$58.33	
87534	Q	HIV-1 DNA DIR PROBE				Medicare	$46.70	$28.95	$28.02	
87535	Q	HIV-1 DNA AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87536	Q	HIV-1 DNA QUANT				Medicare	$198.15	$122.85	$118.89	
87537	Q	HIV-2 DNA DIR PROBE				Medicare	$46.70	$28.95	$28.02	
87538	Q	HIV-2 DNA AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87539	Q	HIV-2 DNA QUANT				Medicare	$99.75	$61.85	$59.85	
87540	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;DIR PROB				Medicare	$46.70	$28.95	$28.02	
87541	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;AMP PROB				Medicare	$81.73	$50.67	$49.04	
87542	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;QUANTIFI				Medicare	$97.22	$60.28	$58.33	
87550	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA DIR PROB				Medicare	$46.70	$28.95	$28.02	
87551	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA AMP PROB				Medicare	$81.73	$50.67	$49.04	
87552	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA QUANTIFI				Medicare	$99.75	$61.85	$59.85	
87555	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB DIR PROBE				Medicare	$46.70	$28.95	$28.02	
87556	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87557	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB QUANTIFIC				Medicare	$99.75	$61.85	$59.85	
87560	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA DIR PRO				Medicare	$46.70	$28.95	$28.02	
87561	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA AMP PRO				Medicare	$81.73	$50.67	$49.04	
87562	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA QUANTIF				Medicare	$99.75	$61.85	$59.85	

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87580	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON DIR PRO				Medicare	$46.70	$28.95	$28.02	
87581	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON AMP PRO				Medicare	$81.73	$50.67	$49.04	
87582	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON QUANTIF				Medicare	$97.22	$60.28	$58.33	
87590	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE DIR PRO				Medicare	$46.70	$28.95	$28.02	
87591	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE AMP PRO				Medicare	$81.73	$50.67	$49.04	
87592	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE QUANTIF				Medicare	$99.75	$61.85	$59.85	
87620	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV DIRECT PROBE TEC				Medicare	$46.70	$28.95	$28.02	
87621	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV AMP PROBE TECHNI				Medicare	$81.73	$50.67	$49.04	
87622	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV QUANTIFICATION				Medicare	$97.22	$60.28	$58.33	
87640	Q	STAPH A, DNA, AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87641	Q	MR-STAPH, DNA, AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87650	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A DIRECT PROBE				Medicare	$46.70	$28.95	$28.02	
87651	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A AMP PROBE TE				Medicare	$81.73	$50.67	$49.04	
87652	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A QUANTIFICATI				Medicare	$97.22	$60.28	$58.33	
87653	Q	STREP B, DNA, AMP PROBE				Medicare	$81.73	$50.67	$49.04	
87660	Q	TRICHOMONAS VAGIN DIR PROBE				Medicare	$46.70	$28.95	$28.02	
87797	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS DIRECT PROBE TEC				Medicare	$46.70	$28.95	$28.02	
87798	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS AMP PROBE TECHNI				Medicare	$81.73	$50.67	$49.04	
87799	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS QUANTIFICATION				Medicare	$99.75	$61.85	$59.85	
87800	Q	DETECT AGNT MULT, DNA, DIREC				Medicare	$93.38	$57.90	$56.03	
87801	Q	INFECTIOUS AGENT DETECT BY NUCLEIC ACID;AMPLIFIED PROBE TECH				Medicare	$163.45	$101.34	$98.07	
87802	Q	STREP B ASSAY W/OPTIC				Medicare	$27.93	$17.32	$16.76	
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC				Medicare	$27.93	$17.32	$16.76	
87804	Q	INFLUENZA ASSAY W/OPTIC				Medicare	$27.93	$17.32	$16.76	
87807	Q	RSV ASSAY W/OPTIC				Medicare	$27.93	$17.32	$16.76	
87808	Q	TRICHOMONAS ASSAY W/OPTIC				Medicare	$27.93	$17.32	$16.76	
87810	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; CHYLMD TRAC				Medicare	$27.93	$17.32	$16.76	
87850	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; N.GONORRHOE				Medicare	$27.93	$17.32	$16.76	
87880	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; STREP A				Medicare	$27.93	$17.32	$16.76	
87899	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; NOS				Medicare	$27.93	$17.32	$16.76	
87900	Q	PHENOTYPE INFECT AGENT DRUG				Medicare	$290.58	$180.16	$174.35	
87901	Q	GENOTYPE DNA HIV REVERSE T				Medicare	$599.48	$371.68	$359.69	
87902	Q	GENOTYPE DNA HEPATITIS C				Medicare	$599.48	$371.68	$359.69	
87903	Q	PHENOTYPE DNA HIV W/CULTURE				Medicare	$1,137.87	$705.48	$682.72	
87904	Q	PHENOTYPE DNA HIV W/CLT ADD				Medicare	$58.12	$36.03	$34.87	
87999	M	MICROBIOLOGY PROCEDURE				By Report	$0.00			
88000	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed				Y
88005	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed				
88007	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed				

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88012	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed				
88014	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed				
88016	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed				
88020	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed				
88025	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed				
88027	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed				
88028	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed				
88029	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed				
88036	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOPIC;				Not Allowed				
88037	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOPIC;				Not Allowed				
88040	E	NECROPSY (AUTOPSY);				Not Allowed				
88045	E	CORONER□S AUTOPSY (NECROPSY)				Not Allowed				
88099	E	NECROPSY (AUTOPSY) PROCEDURE				Not Allowed				
88104	X	CYTOPATHOLOGY FLUIDS	00433	0.2557	$12.21	APC				
88106	X	CYTOPATHOLOGY FLUIDS	00433	0.2557	$12.21	APC				
88107	X	CYTOPATHOLOGY FLUIDS	00433	0.2557	$12.21	APC				
88108	X	CYTOPATH CONCENTRATE TECH	00433	0.2557	$12.21	APC				
88112	X	CYTOPATH CELL ENHANCE TECH	00343	0.5211	$24.88	APC				
88125	X	FORENSIC CYTOPATHOLOGY	00433	0.2557	$12.21	APC				
88130	Q	SEX CHROMATIN IDENTIFICATION				Medicare	$35.03	$21.72	$21.02	
88140	Q	SEX CHROMATIN IDENTIFICATION				Medicare	$18.62	$11.54	$11.17	
88141	N	CYTOPATH C/V INTERPRET				APC/ Bundled				
88142	Q	DX CYTOPATHOLOGY/CERV OR VAG; MANUAL SCREEN PHYS SPRVSN				Medicare	$47.18	$29.25	$28.31	
88143	Q	CYTOPATH C/V THIN LAYER REDO				Medicare	$47.18	$29.25	$28.31	
88147	Q	CYTOPATHOLOGY SMEARS CERV/VAG; AUTOMATED SCRN PHYS SPRVSN				Medicare	$26.50	$16.43	$15.90	
88148	Q	CYTOPATHOLOGY SMEARS CERV/VAG; AUTO SCRN MAN RESCRN PHYS				Medicare	$35.38	$21.94	$21.23	
88150	Q	CYTOPATH C/V MANUAL				Medicare	$24.60	$15.25	$14.76	
88152	Q	CYTOPATHOLOGY SLIDES CERV/VAG; MAN & COMP SCRN PHYS SPRVSN				Medicare	$24.60	$15.25	$14.76	
88153	Q	CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN PHYS SPRVS				Medicare	$24.60	$15.25	$14.76	
88154	Q	CYTOPATH SLIDES CERV/VAG;MAN&COMP SCRN CELL SELEC PHYS SPRV				Medicare	$24.60	$15.25	$14.76	
88155	Q	CYTOPATH C/V INDEX ADD-ON				Medicare	$13.95	$8.65	$8.37	
88160	X	CYTOPATH SMEAR OTHER SOURCE	00433	0.2557	$12.21	APC				
88161	X	CYTOPATH SMEAR OTHER SOURCE	00433	0.2557	$12.21	APC				
88162	X	CYTOPATH SMEAR OTHER SOURCE	00433	0.2557	$12.21	APC				
88164	Q	DX CYTOPATH SLIDES CERV OR VAG; MAN SCREEN UNDER PHYS SPRVSN				Medicare	$24.60	$15.25	$14.76	
88165	Q	DX CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN PHYS SPRV				Medicare	$24.60	$15.25	$14.76	
88166	Q	DX CYTOPATH SLIDE CERV/VAG; MAN & COMP SCRN UNDER PHYS SPRVS				Medicare	$24.60	$15.25	$14.76	
88167	Q	DX CYTOPATH SLIDE CERV/VAG;MAN&COMP SCRN CELL SELEC PHYS SUP				Medicare	$24.60	$15.25	$14.76	
88172	X	CYTOPATHOLOGY EVAL OF FNA	00343	0.5211	$24.88	APC				

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88173	X	CYTOPATH EVAL FNA REPORT	00343	0.5211	$24.88	APC				
88174	Q	CYTOPATH C/V AUTO IN FLUID				Medicare	$49.75	$30.85	$29.85	
88175	Q	CYTOPATH C/V AUTO FLUID REDO				Medicare	$61.68	$38.24	$37.01	
88182	X	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	00343	0.5211	$24.88	APC				
88184	X	FLOWCYTOMETRY/ TC 1 MARKER	00433	0.2557	$12.21	APC				
88185	X	FLOWCYTOMETRY/TC ADD-ON	00433	0.2557	$12.21	APC				
88187	X	FLOWCYTOMETRY/READ 2-8	00433	0.2557	$12.21	APC				
88188	X	FLOWCYTOMETRY/READ 9-15	00433	0.2557	$12.21	APC				
88189	X	FLOWCYTOMETRY/READ 16 & >	00343	0.5211	$24.88	APC				
88199	X	UNLISTED CYTOPATHOLOGY PROCEDURE	00342	0.0824	$3.93	APC				
88230	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; LYMPHOCYTE				Medicare	$271.28	$168.19	$162.77	
88233	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; SKIN/SOLID TISS BX				Medicare	$327.72	$203.19	$196.63	
88235	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; AMNIOTIC /CV CELLS				Medicare	$342.90	$212.60	$205.74	
88237	Q	TISSUE CULTURE FOR NEOPLASTIC DISORD; BONE MARROW BLOOD CEL				Medicare	$294.12	$182.35	$176.47	
88239	Q	TISSUE CULTURE FOR NEOPLASTIC DISORD; SOLID TUMOR				Medicare	$343.53	$212.99	$206.12	
88240	Q	CRYOPRESERVATION FREEZING & STORAGE OF CELLS EA CELL LINE				Medicare	$23.52	$14.58	$14.11	
88241	Q	THAWING AND EXPANSION OF FROZEN CELLS EACH ALIQUOT				Medicare	$23.52	$14.58	$14.11	
88245	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELINE SEC 20-25				Medicare	$346.63	$214.91	$207.98	
88248	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELINE BRKG				Medicare	$403.27	$250.03	$241.96	
88249	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; SCORE 100 CELLS				Medicare	$403.27	$250.03	$241.96	
88261	Q	CHROMOSOME ANALYSIS; COUNT 5 CELLS 1 KARYOTYPE W/ BANDING				Medicare	$411.55	$255.16	$246.93	
88262	Q	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS 2 KARYOTYPES W/BANDI				Medicare	$290.23	$179.94	$174.14	
88263	Q	CHROMOSOME ANALYSIS; CNT 45 CELLS MOSAICISM 2 KARYOTP W/BAND				Medicare	$349.95	$216.97	$209.97	
88264	Q	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS				Medicare	$290.23	$179.94	$174.14	
88267	Q	CHROMOSOME ANALYSIS AMNIOTIC FLUID OR CHORIONIC VILLUS COU				Medicare	$418.62	$259.54	$251.17	
88269	Q	CHROMOSOME ANALYSIS IN SITU FOR AMNIOTIC FLUID CELLS COUNT				Medicare	$387.30	$240.13	$232.38	
88271	Q	MOLECULAR CYTOGENETICS; DNA PROBE EACH (EG FISH)				Medicare	$33.70	$20.89	$20.22	
88272	Q	MOLECULAR CYTOGENETICS; ANALYZE 3-5 CELLS CHROMOSOMAL				Medicare	$42.13	$26.12	$25.28	
88273	Q	MOLECULAR CYTOGENETICS; ANALYZE 10-30 CELLS CHROMOSOMAL				Medicare	$58.98	$36.57	$35.39	
88274	Q	MOLECULAR CYTOGENETICS; ANALYZE 25-99 CELLS INTERPHASE				Medicare	$67.40	$41.79	$40.44	
88275	Q	MOLECULAR CYTOGENETICS; ANALYZE 100-300 CELLS INTERPHASE				Medicare	$75.83	$47.01	$45.50	
88280	Q	CHROMOSOME ANALYSIS; ADDITIONAL KAROTYPES EACH STUDY				Medicare	$58.45	$36.24	$35.07	
88283	Q	CHROMOSOME ANALYSIS;ADDITIONAL SPECIALIZED BANDING TECHNIQUE				Medicare	$43.18	$26.77	$25.91	
88285	Q	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED EACH STUDY				Medicare	$44.23	$27.42	$26.54	
88289	Q	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY				Medicare	$7.42	$4.60	$4.45	
88291	E	CYTO/MOLECULAR REPORT				Not Allowed				
88299	X	UNLISTED CYTOGENETIC STUDY	00342	0.0824	$3.93	APC				
88300	X	SURGICAL PATH GROSS	00433	0.2557	$12.21	APC				
88302	X	TISSUE EXAM BY PATHOLOGIST	00433	0.2557	$12.21	APC				

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88304	X	TISSUE EXAM BY PATHOLOGIST	00343	0.5211	$24.88	APC				
88305	X	TISSUE EXAM BY PATHOLOGIST	00343	0.5211	$24.88	APC				
88307	X	TISSUE EXAM BY PATHOLOGIST	00344	0.7927	$37.85	APC				
88309	X	TISSUE EXAM BY PATHOLOGIST	00344	0.7927	$37.85	APC				
88311	X	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CO	00433	0.2557	$12.21	APC				
88312	X	SPECIAL STAINS	00433	0.2557	$12.21	APC				
88313	X	SPECIAL STAINS	00433	0.2557	$12.21	APC				
88314	X	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURG	00342	0.0824	$3.93	APC				
88318	X	DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL COMPONENTS	00433	0.2557	$12.21	APC				
88319	X	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY EN	00343	0.5211	$24.88	APC				
88321	X	MICROSLIDE CONSULTATION	00433	0.2557	$12.21	APC				
88323	X	MICROSLIDE CONSULTATION	00343	0.5211	$24.88	APC				
88325	X	COMPREHENSIVE REVIEW OF DATA	00344	0.7927	$37.85	APC				
88329	X	PATH CONSULT INTROP	00433	0.2557	$12.21	APC				
88331	X	PATH CONSULT INTRAOP 1 BLOC	00343	0.5211	$24.88	APC				
88332	X	PATH CONSULT INTRAOP ADD□L	00433	0.2557	$12.21	APC				
88333	X	INTRAOP CYTO PATH CONSULT 1	00343	0.5211	$24.88	APC				
88334	X	INTRAOP CYTO PATH CONSULT 2	00433	0.2557	$12.21	APC				
88342	X	IMMUNOHISTOCHEMISTRY	00343	0.5211	$24.88	APC				
88346	X	IMMUNOFLUORESCENT STUDY EACH ANTIBODY; DIRECT METHOD	00343	0.5211	$24.88	APC				
88347	X	IMMUNOFLUORESCENT STUDY EACH ANTIBODY; INDIRECT METHOD	00343	0.5211	$24.88	APC				
88348	X	ELECTRON MICROSCOPY	00661	2.5255	$120.59	APC				
88349	X	SCANNING ELECTRON MICROSCOPY	00661	2.5255	$120.59	APC				
88355	X	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	00343	0.5211	$24.88	APC				
88356	X	MORPHOMETRIC ANALYSIS; NERVE	00344	0.7927	$37.85	APC				
88358	X	ANALYSIS TUMOR	00344	0.7927	$37.85	APC				
88360	X	SPECIAL WHOLE ORGAN SECT	00343	0.5211	$24.88	APC				
88361	X	TUMOR IMMUNOHISTOCHEM/COMPUT	00344	0.7927	$37.85	APC				
88362	X	NERVE TEASING PREPARATIONS	00344	0.7927	$37.85	APC				
88365	X	INSITU HYBRIDIZATION (FISH)	00344	0.7927	$37.85	APC				
88367	X	INSITU HYBRIDIZATION AUTO	00344	0.7927	$37.85	APC				
88368	X	INSITU HYBRIDIZATION MANUAL	00344	0.7927	$37.85	APC				
88371	Q	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRETAT				Medicare	$28.82	$17.87	$17.29	
88372	Q	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRETAT				Medicare	$43.22	$26.80	$25.93	
88380	N	MICRODISSECTION				APC/ Bundled				
88384	X	EVAL MOLECULAR PROBES 11-50	00433	0.2557	$12.21	APC				
88385	X	EVAL MOLECUL PROBES 51-250	00343	0.5211	$24.88	APC				
88386	X	EVAL MOLECUL PROBES 251-500	00344	0.7927	$37.85	APC				
88399	X	UNLISTED SURGICAL PATHOLOGY PROCEDURE	00342	0.0824	$3.93	APC				

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88400	Q	BILIRUBIN TOTAL TRANSCUTANEOUS				Medicare	$11.70	$7.25	$7.02	
89049	X	CHCT FOR MAL HYPERTHERMIA	00343	0.5211	$24.88	APC				
89050	Q	BODY FLUID CELL COUNT				Medicare	$11.02	$6.83	$6.61	
89051	Q	CELL COUNT MISCELLANEOUS BODY FLUIDS (EG CSF JOINT FLUID)				Medicare	$12.83	$7.95	$7.70	
89055	Q	LEUKOCYTE ASSESSMENT FECAL				Medicare	$9.93	$6.16	$5.96	
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS				Medicare	$16.65	$10.32	$9.99	
89100	X	SAMPLE INTESTINAL CONTENTS	00360	1.4154	$67.59	APC				
89105	X	SAMPLE INTESTINAL CONTENTS	00360	1.4154	$67.59	APC				
89125	Q	FAT STAIN FECES URINE OR SPUTUM				Medicare	$10.05	$6.23	$6.03	
89130	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89132	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89135	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89136	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89140	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89141	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89160	Q	MEAT FIBERS FECES				Medicare	$8.58	$5.32	$5.15	
89190	Q	NASAL SMEAR FOR EOSINOPHILS				Medicare	$11.07	$6.86	$6.64	
89220	X	SPUTUM SPECIMEN COLLECTION	00343	0.5211	$24.88	APC				
89225	Q	STARCH GRANULES FECES				Medicare	$7.78	$4.82	$4.67	
89230	X	COLLECT SWEAT FOR TEST	00433	0.2557	$12.21	APC				
89235	Q	WATER LOAD TEST				Medicare	$12.82	$7.95	$7.69	
89240	M	PATHOLOGY LAB PROCEDURE	00342			Not Allowed				
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS	00348			Not Allowed				
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS	00348			Not Allowed				
89253	E	ASSISTED EMBRYO HATCHING MICROTECHNIQUES (ANY METHOD)	00348			Not Allowed				
89254	E	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	00348			Not Allowed				
89255	E	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	00348			Not Allowed				
89257	E	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLU	00348			Not Allowed				
89258	E	CRYOPRESERVATION; EMBRYO(S)	00348			Not Allowed				
89259	E	CRYOPRESERVATION; SPERM	00348			Not Allowed				
89260	E	SPERM ISOLATION; SIMPLE PREP FOR INSEMINATION OR DIAGNOSIS	00348			Not Allowed				
89261	E	SPERM ISOLATION; COMPLEX PREP FOR INSEMINATION OR DIAGNOSIS	00348			Not Allowed				
89264	E	SPERM IDENTIFICATION FROM TESTIS TISSUE FRESH OR CRYOPRSRVD	00348			Not Allowed				
89268	E	INSEMINATION OF OOCYTES	00348			Not Allowed				
89272	E	EXTENDED CULTURE OF OOCYTES	00348			Not Allowed				
89280	E	ASSIST OOCYTE FERTILIZATION	00348			Not Allowed				
89281	E	ASSIST OOCYTE FERTILIZATION	00348			Not Allowed				
89290	E	BIOPSY OOCYTE POLAR BODY	00348			Not Allowed				
89291	E	BIOPSY OOCYTE POLAR BODY	00348			Not Allowed				

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89300	E	SEMEN ANALYSIS W/HUHNER				Not Allowed				
89310	E	SEMEN ANALYSIS W/COUNT				Not Allowed				
89320	E	SEMEN ANALYSIS COMPLETE				Not Allowed				
89321	E	SEMEN ANALYSIS & MOTILITY				Not Allowed				
89325	E	SPERM ANTIBODIES				Not Allowed				
89329	E	SPERM EVALUATION; HAMSTER PENETRATION TEST				Not Allowed				
89330	E	SPERM EVALUATION;CERVICAL MUCUS PENETRATION TEST W/OR W/O S				Not Allowed				
89335	E	CRYOPRESERVE TESTICULAR TISS	00348			Not Allowed				
89342	E	STORAGE/YEAR; EMBRYO(S)	00348			Not Allowed				
89343	E	STORAGE/YEAR; SPERM/SEMEN	00348			Not Allowed				
89344	E	STORAGE/YEAR; REPROD TISSUE	00348			Not Allowed				
89346	E	STORAGE/YEAR; OOCYTE(S)	00348			Not Allowed				
89352	E	THAWING CRYOPRESRVED; EMBRYO	00348			Not Allowed				
89353	E	THAWING CRYOPRESRVED; SPERM	00348			Not Allowed				
89354	E	THAW CRYOPRSVRD; REPROD TISS	00348			Not Allowed				
89356	E	THAWING CRYOPRESRVED; OOCYTE	00348			Not Allowed				
90281	N	HUMAN IG, IM				APC/ Bundled	$0.00			
90283	N	HUMAN IG, IV				APC/ Bundled	$0.00			
90287	N	BOTULINUM ANTITOXIN				APC/ Bundled	$0.00			
90288	N	BOTULISM IG, IV				APC/ Bundled	$0.00			
90291	N	CMV IG, IV				APC/ Bundled	$0.00			
90296	N	DIPHTHERIA ANTITOXIN				APC/ Bundled	$0.00			
90371	K	HEP B IG, IM	01630	1.9727	$94.20	APC	$94.20			
90375	K	RABIES IG, IM/SC	09133	1.1149	$53.24	APC	$53.24			
90376	K	RABIES IG, HEAT TREATED	09134	1.1663	$55.69	APC	$55.69			
90378	M	RSV IG, IM, 50MG				Fee Schedule	$686.04			
90379	M	RSV IG, IV				Fee Schedule	$839.34			
90384	M	RH IG, FULL-DOSE, IM				By Report	$0.00			
90385	N	RH IG, MINIDOSE, IM				APC/ Bundled	$0.00			
90386	M	RH IG, IV				By Report	$0.00			
90389	M	TETANUS IG, IM				By Report	$0.00			
90393	N	VACCINA IG, IM				APC/ Bundled	$0.00			
90396	K	VARICELLA-ZOSTER IG, IM	09135	1.9968	$95.35	APC	$95.35			
90399	M	IMMUNE GLOBULIN				By Report	$0.00			
90465	M	IMMUNE ADMIN 1 INJ < 8 YRS				Fee Schedule	$14.54			
90466	M	IMMUNE ADMIN ADDL INJ < 8 Y				Fee Schedule	$8.83			
90467	M	IMMUNE ADMIN O OR N < 8 YRS				By Report	$0.00			
90468	M	IMMUNE ADMIN O/N ADDL < 8 Y				By Report	$0.00			
90471	N	IMMUNIZATION ADMIN	00437	0.3945	$18.84	APC/ Bundled	$0.00			

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90472	N	IMMUNIZATION ADMIN, EACH ADD	00436	0.1809	$8.64	APC/ Bundled	$0.00			
90473	S	IMMUNE ADMIN ORAL/NASAL	00436	0.1809	$8.64	APC				
90474	S	IMMUNE ADMIN ORAL/NASAL ADDL	00436	0.1809	$8.64	APC				
90476	N	ADENOVIRUS VACCINE, TYPE 4				APC/ Bundled	$0.00			
90477	N	ADENOVIRUS VACCINE, TYPE 7				APC/ Bundled	$0.00			
90581	N	ANTHRAX VACCINE, SC				APC/ Bundled	$0.00			
90585	K	BCG VACCINE, PERCUT	09137	1.9628	$93.72	APC	$93.72			
90586	M	BCG VACCINE, INTRAVESICAL				Medicare	$110.67			
90632	N	HEP A VACCINE, ADULT IM				APC/ Bundled	$0.00			
90633	N	HEP A VACC, PED/ADOL, 2 DOSE				APC/ Bundled	$0.00			
90634	M	HEP A VACC, PED/ADOL, 3 DOSE				Not Allowed				
90636	N	HEP A/HEP B VACC, ADULT IM				APC/ Bundled	$0.00			
90645	N	HIB VACCINE, HBOC, IM				APC/ Bundled	$0.00			
90646	N	HIB VACCINE, PRP-D, IM				APC/ Bundled	$0.00			
90647	N	HIB VACCINE, PRP-OMP, IM				APC/ Bundled	$0.00			
90648	N	HIB VACCINE, PRP-T, IM				APC/ Bundled	$0.00			
90649	M	H PAPILLOMA VACC 3 DOSE IM				Fee Schedule	$120.00			
90655	M	FLU VACCINE 6-35 MO IM				Fee Schedule	$0.00			
90656	M	FLU VACCINE NO PRESERV 3 & >				Fee Schedule	$0.00			
90657	M	FLU VACCINE 6-35 MO IM				Fee Schedule	$0.00			
90658	M	FLU VACCINE AGE 3 & OVER IM				Fee Schedule	$0.00			
90660	M	FLU VACCINE, NASAL				Medicare	$18.95			
90665	N	LYME DISEASE VACCINE, IM				APC/ Bundled	$0.00			
90669	M	PNEUMOCOCCAL VACC PED <5				Fee Schedule	$0.00			
90675	K	RABIES VACCINE, IM	09139	2.3671	$113.03	APC	$113.03			
90676	K	RABIES VACCINE, ID	09140	1.95	$93.11	APC	$93.11			
90680	N	ROTOVIRUS VACC 3 DOSE ORAL				APC/ Bundled	$0.00			
90690	N	TYPHOID VACCINE, ORAL				APC/ Bundled	$0.00			
90691	N	TYPHOID VACCINE, IM				APC/ Bundled	$0.00			
90692	N	TYPHOID VACCINE, H-P, SC/ID				APC/ Bundled	$0.00			
90693	N	TYPHOID VACCINE AKD SC				APC/ Bundled	$0.00			
90698	N	DTAP-HIB-IP VACCINE IM				APC/ Bundled	$0.00			
90700	N	DTAP VACCINE, < 7 YRS, IM				APC/ Bundled	$0.00			
90701	N	DTP VACCINE, IM				APC/ Bundled	$0.00			
90702	N	DT VACCINE < 7, IM				APC/ Bundled	$0.00			
90703	N	TETANUS VACCINE IM				APC/ Bundled	$0.00			
90704	N	MUMPS VACCINE SC				APC/ Bundled	$0.00			
90705	N	MEASLES VACCINE SC				APC/ Bundled	$0.00			
90706	N	RUBELLA VACCINE SC				APC/ Bundled	$0.00			

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90707	N	MMR VACCINE SC				APC/ Bundled	$0.00			
90708	K	MEASLES-RUBELLA VACCINE SC	09141	0.7407	$35.37	APC	$35.37			
90710	N	MMRV VACCINE, SC				APC/ Bundled	$0.00			
90712	N	ORAL POLIOVIRUS VACCINE				APC/ Bundled	$0.00			
90713	N	POLIOVIRUS IPV SC/IM				APC/ Bundled	$0.00			
90714	N	TD VACCINE NO PRSRV >/= 7 IM				APC/ Bundled	$0.00			
90715	N	TDAP VACCINE >7 IM				APC/ Bundled	$0.00			
90716	M	CHICKEN POX VACCINE, SC				Fee Schedule	$0.00			
90717	N	YELLOW FEVER VACCINE, SC				APC/ Bundled	$0.00			
90718	N	TD VACCINE > 7 IM				APC/ Bundled	$0.00			
90719	N	DIPHTHERIA VACCINE, IM				APC/ Bundled	$0.00			
90720	K	DTP/HIB VACCINE, IM	03032	0.955	$45.60	APC	$45.60			
90721	N	DTAP/HIB VACCINE, IM				APC/ Bundled	$0.00			
90723	M	DTAP-HEP B-IPV VACCINE IM				Fee Schedule	$0.00			
90725	N	CHOLERA VACCINE, INJECTABLE				APC/ Bundled	$0.00			
90727	K	PLAGUE VACCINE IM	00744	0.116	$5.54	APC	$5.54			
90732	M	PNEUMOCOCCAL VACCINE				Fee Schedule	$0.00			
90733	K	MENINGOCOCCAL VACCINE SC	09143	1.4007	$66.88	APC	$66.88			
90734	K	MENINGOCOCCAL VACCINE IM	09145	1.334	$63.70	APC	$63.70			
90735	K	ENCEPHALITIS VACCINE, SC	09144	1.6124	$76.99	APC	$76.99			
90736	E	ZOSTER VACC SC				Not Allowed				
90740	M	HEPB VACC ILL PAT 3 DOSE IM				Fee Schedule	$101.19			
90743	M	HEP B VACC ADOL 2 DOSE IM				Fee Schedule	$0.00			
90744	M	HEPB VACC PED/ADOL 3 DOSE IM				Fee Schedule	$0.00			
90746	M	HEP B VACCINE ADULT IM				Fee Schedule	$50.60			
90747	M	HEPB VACC ILL PAT 4 DOSE IM				Fee Schedule	$101.19			
90748	M	HEP B/HIB VACCINE, IM				Fee Schedule	$0.00			
90749	N	VACCINE TOXOID				APC/ Bundled	$0.00			
90760	S	HYDRATION IV INFUSION, INIT	00440	1.809	$86.38	APC				
90761	S	HYDRATE IV INFUSION, ADD-ON	00437	0.3945	$18.84	APC				
90765	S	THER/PROPH/DIAG IV INF INIT	00440	1.809	$86.38	APC				
90766	S	THER/PROPH/DG IV INF ADD-ON	00437	0.3945	$18.84	APC				
90767	S	TX/PROPH/DG ADDL SEQ IV INF	00437	0.3945	$18.84	APC				
90768	N	THER/DIAG CONCURRENT INF				APC/ Bundled				
90772	S	THER/PROPH/DIAG INJ SC/IM	00437	0.3945	$18.84	APC				
90773	S	THER/PROPH/DIAG INJ IA	00438	0.7942	$37.92	APC				
90774	S	THER/PROPH/DIAG IINJ, IV PUSH	00438	0.7942	$37.92	APC				
90775	S	THER/PROPH/DIAG INJ ADD-ON	00438	0.7942	$37.92	APC				
90779	S	THER/PROP/DIAG INJ/INF PROC	00436	0.1809	$8.64	APC				

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90801	S	PSY DX INTERVIEW	00323	1.7066	$81.49	APC				
90802	S	INTAC PSY DX INTERVIEW	00323	1.7066	$81.49	APC				
90804	S	PSYTX, OFFICE, 20-30 MIN	00322	1.1798	$56.34	APC				
90805	S	PSYTX, OFF, 20-30 MIN W/E&M	00322	1.1798	$56.34	APC				
90806	S	PSYTX, OFF, 45-50 MIN	00323	1.7066	$81.49	APC				
90807	S	PSYTX, OFF, 45-50 MIN W/E&M	00323	1.7066	$81.49	APC				
90808	S	PSYTX, OFFICE, 75-80 MIN	00323	1.7066	$81.49	APC				
90809	S	PSYTX, OFF, 75-80, W/E&M	00323	1.7066	$81.49	APC				
90810	S	INTAC PSYTX, OFF, 20-30 MIN	00322	1.1798	$56.34	APC				
90811	S	INTAC PSYTX, 20-30, W/E&M	00322	1.1798	$56.34	APC				
90812	S	INTAC PSYTX, OFF, 45-50 MIN	00323	1.7066	$81.49	APC				
90813	S	INTAC PSYTX, 45-50 MIN W/E&M	00323	1.7066	$81.49	APC				
90814	S	INTAC PSYTX, OFF, 75-80 MIN	00323	1.7066	$81.49	APC				
90815	S	INTAC PSYTX, 75-80 W/E&M	00323	1.7066	$81.49	APC				
90816	S	PSYTX, HOSP, 20-30 MIN	00322	1.1798	$56.34	APC				
90817	S	PSYTX, HOSP, 20-30 MIN W/E&M	00322	1.1798	$56.34	APC				
90818	S	PSYTX, HOSP, 45-50 MIN	00323	1.7066	$81.49	APC				
90819	S	PSYTX, HOSP, 45-50 MIN W/E&M	00323	1.7066	$81.49	APC				
90821	S	PSYTX, HOSP, 75-80 MIN	00323	1.7066	$81.49	APC				
90822	S	PSYTX, HOSP, 75-80 MIN W/E&M	00323	1.7066	$81.49	APC				
90823	S	INTAC PSYTX, HOSP, 20-30 MIN	00322	1.1798	$56.34	APC				
90824	S	INTAC PSYTX, HSP 20-30 W/E&M	00322	1.1798	$56.34	APC				
90826	S	INTAC PSYTX, HOSP, 45-50 MIN	00323	1.7066	$81.49	APC				
90827	S	INTAC PSYTX, HSP 45-50 W/E&M	00323	1.7066	$81.49	APC				
90828	S	INTAC PSYTX, HOSP, 75-80 MIN	00323	1.7066	$81.49	APC				
90829	S	INTAC PSYTX, HSP 75-80 W/E&M	00323	1.7066	$81.49	APC				
90845	S	PSYCHOANALYSIS	00323	1.7066	$81.49	APC				
90846	S	FAMILY PSYTX W/O PATIENT	00324	2.1633	$103.30	APC				
90847	S	FAMILY PSYTX W/PATIENT	00324	2.1633	$103.30	APC				
90849	S	MULTIPLE FAMILY GROUP PSYTX	00325	1.0765	$51.40	APC				
90853	S	GROUP PSYCHOTHERAPY	00325	1.0765	$51.40	APC				
90857	S	INTAC GROUP PSYTX	00325	1.0765	$51.40	APC				
90862	X	MEDICATION MANAGEMENT	00374	1.1418	$54.52	APC				
90865	S	NARCOSYNTHESIS	00323	1.7066	$81.49	APC				
90870	S	ELECTROCONVULSIVE THERAPY	00320	5.5676	$265.85	APC				
90875	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed				
90876	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed				
90880	S	HYPNOTHERAPY	00323	1.7066	$81.49	APC				
90882	E	ENVIRONMENTAL MANIPULATION				Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
90885	N	PSY EVALUATION OF RECORDS				APC/ Bundled				
90887	N	CONSULTATION WITH FAMILY				APC/ Bundled				
90889	N	PREPARATION OF REPORT				APC/ Bundled				
90899	S	PSYCHIATRIC SERVICE/THERAPY	00322	1.1798	$56.34	APC				
90901	M	BIOFEEDBACK TRAIN, ANY METH				Fee Schedule	$32.06			
90911	S	BIOFEEDBACK PERI/URO/RECTAL	00321	1.3384	$63.91	APC				
90918	M	ESRD RELATED SERVICES MONTH				Fee Schedule	$0.00			
90919	M	ESRD RELATED SERVICES MONTH				Fee Schedule	$0.00			
90920	M	ESRD RELATED SERVICES MONTH				Fee Schedule	$0.00			
90921	M	ESRD RELATED SERVICES MONTH				Fee Schedule	$0.00			
90922	M	ESRD RELATED SERVICES DAY				Fee Schedule	$0.00			
90923	M	ESRD RELATED SERVICES DAY				Fee Schedule	$0.00			
90924	M	ESRD RELATED SERVICES DAY				Fee Schedule	$0.00			
90925	M	ESRD RELATED SERVICES DAY				Fee Schedule	$0.00			
90935	S	HEMODIALYSIS, ONE EVALUATION	00170	6.6089	$315.57	APC				
90937	M	HEMODIALYSIS, REPEATED EVAL				Fee Schedule	$0.00			
90940	N	HEMODIALYSIS ACCESS STUDY				APC/ Bundled				
90945	S	DIALYSIS, ONE EVALUATION	00170	6.6089	$315.57	APC				
90947	M	DIALYSIS, REPEATED EVAL				Fee Schedule	$0.00			
90989	M	DIALYSIS TRAINING, COMPLETE				Fee Schedule	$0.00			
90993	M	DIALYSIS TRAINING, INCOMPL				Fee Schedule	$0.00			
90997	M	HEMOPERFUSION				Fee Schedule	$0.00			
90999	M	DIALYSIS PROCEDURE				Fee Schedule	$0.00			
91000	X	ESOPHAGEAL INTUBATION	00361	3.8887	$185.69	APC				
91010	X	ESOPHAGEAL MOTILITY STUDY;	00361	3.8887	$185.69	APC				
91011	X	ESOPHAGUS MOTILITY STUDY	00361	3.8887	$185.69	APC				
91012	X	ESOPHAGUS MOTILITY STUDY	00361	3.8887	$185.69	APC				
91020	X	GASTRIC MOTILITY STUDIES	00361	3.8887	$185.69	APC				
91022	X	DUODENAL MOTILITY STUDY	00361	3.8887	$185.69	APC				
91030	X	ACID PERFUSION OF ESOPHAGUS	00361	3.8887	$185.69	APC				
91034	X	GASTROESOPHAGEAL REFLUX TEST	00361	3.8887	$185.69	APC				
91035	X	G-ESOPH REFLX TST W/ELECTROD	00361	3.8887	$185.69	APC				
91037	X	ESOPH IMPED FUNCTION TEST	00361	3.8887	$185.69	APC				
91038	X	ESOPH IMPED FUNCT TEST > 1H	00361	3.8887	$185.69	APC				
91040	X	ESOPH BALLOON DISTENSION TST	00360	1.4154	$67.59	APC				
91052	X	GASTRIC ANALYSIS TEST	00361	3.8887	$185.69	APC				
91055	X	GASTRIC INTUBATION FOR SMEAR	00360	1.4154	$67.59	APC				
91065	X	BREATH HYDROGEN TEST	00360	1.4154	$67.59	APC				
91100	X	PASS INTESTINE BLEEDING TUBE	00360	1.4154	$67.59	APC				

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91105	X	GASTRIC INTUBATION TREATMENT	00360	1.4154	$67.59	APC				
91110	T	GI TRACT CAPSULE ENDOSCOPY	00142	9.4946	$453.37	APC				
91111	T	ESOPHAGEAL CAPSULE ENDOSCOPY	00141	8.3175	$397.16	APC				
91120	T	RECTAL SENSATION TEST	00126	1.0887	$51.99	APC				
91122	T	ANAL PRESSURE RECORD	00164	2.1393	$102.15	APC				
91123	N	IRRIGATE FECAL IMPACTION				APC/ Bundled				
91132	X	ELECTROGASTROGRAPHY	00360	1.4154	$67.59	APC				
91133	X	ELECTROGASTROGRAPHY W/TEST	00360	1.4154	$67.59	APC				
91299	X	GASTROENTEROLOGY PROCEDURE	00360	1.4154	$67.59	APC				
92002	V	EYE EXAM, NEW PATIENT	00605	0.984	$46.99	APC				
92004	V	EYE EXAM, NEW PATIENT	00606	1.3646	$65.16	APC				
92012	V	EYE EXAM ESTABLISHED PAT	00604	0.8242	$39.36	APC				
92014	V	EYE EXAM & TREATMENT	00605	0.984	$46.99	APC				
92015	E	REFRACTION				Not Allowed				
92018	T	NEW EYE EXAM & TREATMENT	00699	14.3845	$686.86	APC				
92019	T	EYE EXAM & TREATMENT	00699	14.3845	$686.86	APC				
92020	S	SPECIAL EYE EVALUATION	00230	0.7898	$37.71	APC				
92025	S	CORNEAL TOPOGRAPHY	00698	1.1607	$55.42	APC				
92060	S	SPECIAL EYE EVALUATION	00230	0.7898	$37.71	APC				
92065	S	ORTHOPTIC/PLEOPTIC TRAINING	00230	0.7898	$37.71	APC				
92070	N	FITTING OF CONTACT LENS				APC/ Bundled				Y
92081	S	VISUAL FIELD EXAMINATION(S)	00230	0.7898	$37.71	APC				
92082	S	VISUAL FIELD EXAMINATION(S)	00230	0.7898	$37.71	APC				
92083	S	VISUAL FIELD EXAMINATION(S)	00230	0.7898	$37.71	APC				
92100	N	SERIAL TONOMETRY EXAM(S)				APC/ Bundled				
92120	S	TONOGRAPHY & EYE EVALUATION	00230	0.7898	$37.71	APC				
92130	S	WATER PROVOCATION TONOGRAPHY	00230	0.7898	$37.71	APC				
92135	S	SCANNING COMPUT.OPHTHALMIC DX IMAGING INTERP & REPORT UNIL	00230	0.7898	$37.71	APC				
92136	S	OPHTHALMIC BIOMETRY	00698	1.1607	$55.42	APC				
92140	S	GLAUCOMA PROVOCATIVE TESTS	00230	0.7898	$37.71	APC				
92225	S	SPECIAL EYE EXAM, INITIAL	00230	0.7898	$37.71	APC				
92226	S	SPECIAL EYE EXAM, SUBSEQUENT	00230	0.7898	$37.71	APC				
92230	S	EYE EXAM WITH PHOTOS	00231	2.1451	$102.43	APC				
92235	S	EYE EXAM WITH PHOTOS	00231	2.1451	$102.43	APC				
92240	S	ICG ANGIOGRAPHY	00231	2.1451	$102.43	APC				
92250	S	EYE EXAM WITH PHOTOS	00230	0.7898	$37.71	APC				
92260	S	OPHTHALMOSCOPY/DYNAMOMETRY	00230	0.7898	$37.71	APC				
92265	S	EYE MUSCLE EVALUATION	00230	0.7898	$37.71	APC				
92270	S	ELECTRO-OCULOGRAPHY	00230	0.7898	$37.71	APC				

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92275	S	ELECTRORETINOGRAPHY	00231	2.1451	$102.43	APC				
92283	S	COLOR VISION EXAMINATION	00230	0.7898	$37.71	APC				
92284	S	DARK ADAPTATION EYE EXAM	00698	1.1607	$55.42	APC				
92285	S	EYE PHOTOGRAPHY	00230	0.7898	$37.71	APC				
92286	S	INTERNAL EYE PHOTOGRAPHY	00698	1.1607	$55.42	APC				
92287	S	INTERNAL EYE PHOTOGRAPHY	00698	1.1607	$55.42	APC				
92310	E	CONTACT LENS FITTING				Not Allowed				Y
92311	X	CONTACT LENS FITTING	00362	0.5865	$28.01	APC				Y
92312	X	CONTACT LENS FITTING	00362	0.5865	$28.01	APC				Y
92313	X	CONTACT LENS FITTING	00362	0.5865	$28.01	APC				Y
92314	E	PRESCRIPTION OF CONTACT LENS				Not Allowed				Y
92315	X	PRESCRIPTION OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92316	X	PRESCRIPTION OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92317	X	PRESCRIPTION OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92325	X	MODIFICATION OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92326	X	REPLACEMENT OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92340	E	FITTING OF SPECTACLES				Not Allowed				
92341	E	FITTING OF SPECTACLES				Not Allowed				
92342	E	FITTING OF SPECTACLES				Not Allowed				
92352	X	SPECIAL SPECTACLES FITTING	00362	0.5865	$28.01	APC				
92353	X	SPECIAL SPECTACLES FITTING	00362	0.5865	$28.01	APC				
92354	X	SPECIAL SPECTACLES FITTING	00362	0.5865	$28.01	APC				
92355	X	SPECIAL SPECTACLES FITTING	00362	0.5865	$28.01	APC				
92358	X	EYE PROSTHESIS SERVICE	00362	0.5865	$28.01	APC				
92370	E	REPAIR & ADJUST SPECTACLES				Not Allowed				
92371	X	REPAIR & ADJUST SPECTACLES	00362	0.5865	$28.01	APC				
92499	S	EYE SERVICE OR PROCEDURE	00230	0.7898	$37.71	APC				
92502	T	EAR AND THROAT EXAMINATION	00251	2.452	$117.08	APC				
92504	N	EAR MICROSCOPY EXAMINATION				APC/ Bundled				
92506	Y	SPEECH/HEARING EVALUATION				Fee Schedule	$33.28			
92507	Y	SPEECH/HEARING THERAPY				Fee Schedule	$19.89			
92508	Y	SPEECH/HEARING THERAPY				Fee Schedule	$10.05			
92511	T	NASOPHARYNGOSCOPY	00071	0.7698	$36.76	APC				
92512	X	NASAL FUNCTION STUDIES	00363	0.8525	$40.71	APC				
92516	X	FACIAL NERVE FUNCTION TEST	00660	1.4461	$69.05	APC				
92520	X	LARYNGEAL FUNCTION STUDIES	00660	1.4461	$69.05	APC				
92526	Y	ORAL FUNCTION THERAPY				Fee Schedule	$20.02			
92531	N	SPONTANEOUS NYSTAGMUS STUDY				APC/ Bundled				
92532	N	POSITIONAL NYSTAGMUS TEST				APC/ Bundled				

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92533	N	CALORIC VESTIBULAR TEST				APC/ Bundled				
92534	N	OPTOKINETIC NYSTAGMUS TEST				APC/ Bundled				
92541	X	SPONTANEOUS NYSTAGMUS TEST	00363	0.8525	$40.71	APC				
92542	X	POSITIONAL NYSTAGMUS TEST	00363	0.8525	$40.71	APC				
92543	X	CALORIC VESTIBULAR TEST	00660	1.4461	$69.05	APC				
92544	X	OPTOKINETIC NYSTAGMUS TEST	00363	0.8525	$40.71	APC				
92545	X	OSCILLATING TRACKING TEST	00363	0.8525	$40.71	APC				
92546	X	TORSION SWING RECORDING	00660	1.4461	$69.05	APC				
92547	X	SUPPLEMENTAL ELECTRICAL TEST	00363	0.8525	$40.71	APC				
92548	X	POSTUROGRAPHY	00660	1.4461	$69.05	APC				
92551	M	PURE TONE HEARING TEST, AIR				Fee Schedule	$9.45			
92552	X	PURE TONE AUDIOMETRY AIR	00364	0.4627	$22.09	APC				
92553	X	AUDIOMETRY AIR & BONE	00365	1.2419	$59.30	APC				
92555	X	SPEECH THRESHOLD AUDIOMETRY	00364	0.4627	$22.09	APC				
92556	X	SPEECH AUDIOMETRY COMPLETE	00364	0.4627	$22.09	APC				
92557	X	COMPREHENSIVE HEARING TEST	00365	1.2419	$59.30	APC				
92559	E	GROUP AUDIOMETRIC TESTING				Not Allowed				
92560	E	BEKESY AUDIOMETRY, SCREEN				Not Allowed				
92561	X	BEKESY AUDIOMETRY DIAGNOSIS	00364	0.4627	$22.09	APC				
92562	X	LOUDNESS BALANCE TEST	00364	0.4627	$22.09	APC				
92563	X	TONE DECAY HEARING TEST	00364	0.4627	$22.09	APC				
92564	X	SISI HEARING TEST	00364	0.4627	$22.09	APC				
92565	X	STENGER TEST PURE TONE	00364	0.4627	$22.09	APC				
92567	X	TYMPANOMETRY	00364	0.4627	$22.09	APC				
92568	X	ACOUSTIC REFL THRESHOLD TST	00364	0.4627	$22.09	APC				
92569	X	ACOUSTIC REFLEX DECAY TEST	00364	0.4627	$22.09	APC				
92571	X	FILTERED SPEECH HEARING TEST	00364	0.4627	$22.09	APC				
92572	X	STAGGERED SPONDAIC WORD TEST	00366	1.8511	$88.39	APC				
92575	X	SENSORINEURAL ACUITY TEST	00364	0.4627	$22.09	APC				
92576	X	SYNTHETIC SENTENCE TEST	00364	0.4627	$22.09	APC				
92577	X	STENGER TEST SPEECH	00366	1.8511	$88.39	APC				
92579	X	VISUAL AUDIOMETRY (VRA)	00365	1.2419	$59.30	APC				
92582	X	CONDITIONING PLAY AUDIOMETRY	00365	1.2419	$59.30	APC				
92583	X	SELECT PICTURE AUDIOMETRY	00364	0.4627	$22.09	APC				
92584	X	ELECTROCOCHLEOGRAPHY	00660	1.4461	$69.05	APC				
92585	S	BRAINSTEM EVOKED AUDIOMETRY	00216	2.7199	$129.88	APC				
92586	S	AUDITOR EVOKE POTENT, LIMIT	00218	1.1872	$56.69	APC				
92587	X	EVOKED AUDITORY TEST	00363	0.8525	$40.71	APC				
92588	X	EVOKED AUDITORY TEST	00660	1.4461	$69.05	APC				

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92590	E	HEARING AID EXAM, ONE EAR				Not Allowed				
92591	E	HEARING AID EXAM, BOTH EARS				Not Allowed				
92592	E	HEARING AID CHECK, ONE EAR				Not Allowed				
92593	E	HEARING AID CHECK, BOTH EARS				Not Allowed				
92594	E	ELECTRO HEARNG AID TEST, ONE				Not Allowed				
92595	E	ELECTRO HEARNG AID TST, BOTH				Not Allowed				
92596	X	EAR PROTECTOR EVALUATION	00364	0.4627	$22.09	APC				
92597	Y	ORAL SPEECH DEVICE EVAL				Fee Schedule	$62.84			
92601	M	COCHLEAR IMPLT F/UP EXAM < 7	00366			Not Allowed				
92602	M	REPROGRAM COCHLEAR IMPLT < 7	00366			Not Allowed				
92603	X	COCHLEAR IMPLT F/UP EXAM 7 >	00366	1.8511	$88.39	APC				
92604	M	REPROGRAM COCHLEAR IMPLT 7 >	00366			Not Allowed				
92605	M	EVAL FOR NONSPEECH DEVICE RX				Fee Schedule	$0.00			
92606	N	NON-SPEECH DEVICE SERVICE				APC/ Bundled	$0.00			
92607	Y	EX FOR SPEECH DEVICE RX 1HR				Fee Schedule	$72.07			
92608	Y	EX FOR SPEECH DEVICE RX ADDL				Fee Schedule	$13.82			
92609	Y	USE OF SPEECH DEVICE SERVICE				Fee Schedule	$37.43			
92610	Y	EVALUATE SWALLOWING FUNCTION				Fee Schedule	$80.85			
92611	Y	MOTION FLUOROSCOPY/SWALLOW				Fee Schedule	$80.85			
92612	M	ENDOSCOPY SWALLOW TST (FEES)				Fee Schedule	$119.00			
92613	M	ENDOSCOPY SWALLOW TST (FEES)				Fee Schedule	$35.86			
92614	M	LARYNGOSCOPIC SENSORY TEST				Fee Schedule	$112.37			
92615	M	EVAL LARYNGOSCOPY SENSE TST				Fee Schedule	$31.86			
92616	M	FEES W/LARYNGEAL SENSE TEST				Fee Schedule	$157.62			
92617	M	INTERPRT FEES/LARYNGEAL TEST				Fee Schedule	$0.00			
92620	X	AUDITORY FUNCTION 60 MIN	00365	1.2419	$59.30	APC				
92621	N	AUDITORY FUNCTION + 15 MIN				APC/ Bundled				
92625	X	TINNITUS ASSESSMENT	00365	1.2419	$59.30	APC				
92626	X	EVAL AUD REHAB STATUS	00365	1.2419	$59.30	APC				
92627	N	EVAL AUD STATUS REHAB ADD-ON				APC/ Bundled				
92630	E	AUD REHAB PRE-LING HEAR LOSS				Not Allowed				
92633	E	AUD REHAB POSTLING HEAR LOSS				Not Allowed				
92640	X	AUD BRAINSTEM IMPLT PROGRAMG	00365	1.2419	$59.30	APC				
92700	X	ENT PROCEDURE/SERVICE	00364	0.4627	$22.09	APC				
92950	S	HEART/LUNG RESUSCITATION CPR	00094	2.4233	$115.71	APC				
92953	S	TEMPORARY EXTERNAL PACING	00094	2.4233	$115.71	APC				
92960	S	CARDIOVERSION ELECTRIC, EXT	00679	5.5233	$263.74	APC				
92961	S	CARDIOVERSION, ELECTRIC, INT	00679	5.5233	$263.74	APC				
92970	C	CARDIOASSIST, INTERNAL				Inpatient Only				

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92971	C	CARDIOASSIST, EXTERNAL				Inpatient Only				
92973	T	PERCUT CORONARY THROMBECTOMY	00088	37.7391	$1,802.04	APC				
92974	T	CATH PLACE, CARDIO BRACHYTX	00103	16.2375	$775.34	APC				
92975	C	DISSOLVE CLOT, HEART VESSEL				Inpatient Only				
92977	T	DISSOLVE CLOT, HEART VESSEL	00676	2.0726	$98.97	APC				
92978	S	INTRAVASC US, HEART ADD-ON	00670	32.2854	$1,541.63	APC				
92979	S	INTRAVASC US, HEART ADD-ON	00416	32.5472	$1,554.13	APC				
92980	T	INSERT INTRACORONARY STENT	00104	87.7183	$4,188.55	APC				
92981	T	INSERT INTRACORONARY STENT	00104	87.7183	$4,188.55	APC				
92982	T	CORONARY ARTERY DILATION	00083	58.7904	$2,807.24	APC				
92984	T	CORONARY ARTERY DILATION	00083	58.7904	$2,807.24	APC				
92986	T	REVISION OF AORTIC VALVE	00083	58.7904	$2,807.24	APC				
92987	T	REVISION OF MITRAL VALVE	00083	58.7904	$2,807.24	APC				
92990	T	REVISION OF PULMONARY VALVE	00083	58.7904	$2,807.24	APC				
92992	C	REVISION OF HEART CHAMBER				Inpatient Only				
92993	C	REVISION OF HEART CHAMBER				Inpatient Only				
92995	T	CORONARY ATHERECTOMY	00082	72.1982	$3,447.46	APC				
92996	T	CORONARY ATHERECTOMY ADD-ON	00082	72.1982	$3,447.46	APC				
92997	T	PUL ART BALLOON REPR, PERCUT	00081	42.936	$2,050.19	APC				
92998	T	PUL ART BALLOON REPR, PERCUT	00081	42.936	$2,050.19	APC				
93000	M	ELECTROCARDIOGRAM, COMPLETE				Fee Schedule	$0.00			
93005	S	ELECTROCARDIOGRAM TRACING	00099	0.3789	$18.09	APC				
93010	M	ELECTROCARDIOGRAM REPORT				Fee Schedule	$0.00			
93012	N	TRANSMISSION OF ECG				APC/ Bundled				
93014	M	REPORT ON TRANSMITTED ECG				Fee Schedule	$0.00			
93015	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			
93016	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			
93017	X	CARDIOVASCULAR STRESS TEST	00100	2.5336	$120.98	APC				
93018	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			
93024	X	CARDIAC DRUG STRESS TEST	00100	2.5336	$120.98	APC				
93025	X	MICROVOLT T-WAVE ASSESS	00100	2.5336	$120.98	APC				
93040	M	RHYTHM ECG WITH REPORT				Fee Schedule	$0.00			
93041	S	RHYTHM ECG TRACING	00099	0.3789	$18.09	APC				
93042	M	RHYTHM ECG, REPORT				Fee Schedule	$0.00			
93224	M	ECG MONITOR/REPORT, 24 HRS				Fee Schedule	$0.00			
93225	X	ECG MONITOR/RECORD 24 HRS	00097	1.0225	$48.82	APC				
93226	X	ECG MONITOR/REPORT 24 HRS	00097	1.0225	$48.82	APC				
93227	M	ECG MONITOR/REVIEW, 24 HRS				Fee Schedule	$0.00			
93230	M	ECG MONITOR/REPORT, 24 HRS				Fee Schedule	$0.00			

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
93231	X	ECG MONITOR/RECORD, 24 HRS	00097	1.0225	$48.82	APC				
93232	X	ECG MONITOR/REPORT 24 HRS	00097	1.0225	$48.82	APC				
93233	M	ECG MONITOR/REVIEW, 24 HRS				Fee Schedule	$0.00			
93235	M	ECG MONITOR/REPORT, 24 HRS				Fee Schedule	$0.00			
93236	X	ECG MONITOR/REPORT 24 HRS	00097	1.0225	$48.82	APC				
93237	M	ECG MONITOR/REVIEW, 24 HRS				Fee Schedule	$0.00			
93268	M	ECG RECORD/REVIEW				Fee Schedule	$0.00			
93270	X	ECG RECORDING	00097	1.0225	$48.82	APC				
93271	X	ECG/MONITORING AND ANALYSIS	00097	1.0225	$48.82	APC				
93272	M	ECG/REVIEW, INTERPRET ONLY				Fee Schedule	$0.00			
93278	S	ECG/SIGNAL-AVERAGED	00099	0.3789	$18.09	APC				
93303	S	ECHO TRANSTHORACIC	00269	3.2154	$153.54	APC				
93304	S	ECHO TRANSTHORACIC	00697	1.5973	$76.27	APC				
93307	S	ECHO EXAM OF HEART	00269	3.2154	$153.54	APC				
93308	S	ECHO EXAM OF HEART	00697	1.5973	$76.27	APC				
93312	S	ECHO EXAM OF HEART	00270	6.2505	$298.46	APC				
93313	S	ECHO TRANSESOPHAGEAL	00270	6.2505	$298.46	APC				
93314	N	ECHO EXAM OF HEART				APC/ Bundled				
93315	S	ECHO TRANSESOPHAGEAL	00270	6.2505	$298.46	APC				
93316	S	ECHO TRANSESOPHAGEAL	00270	6.2505	$298.46	APC				
93317	N	ECHO TRANSESOPHAGEAL				APC/ Bundled				
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	00270	6.2505	$298.46	APC				
93320	S	DOPPLER ECHOCARDIOGRAPHY; COMPLETE	00697	1.5973	$76.27	APC				
93321	S	DOPPLER ECHO EXAM HEART	00697	1.5973	$76.27	APC				
93325	S	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDI	00697	1.5973	$76.27	APC				
93350	S	ECHO TRANSTHORACIC	00269	3.2154	$153.54	APC				
93501	T	RIGHT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93503	T	INSERT/PLACE HEART CATHETER	00103	16.2375	$775.34	APC				
93505	T	BIOPSY OF HEART LINING	00103	16.2375	$775.34	APC				
93508	T	CATHETER PLACEMENT FOR ANGIOPLASTY W/OUT CONCOM LT. HT. CATH	00080	37.0615	$1,769.69	APC				
93510	T	LEFT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93511	T	LEFT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93514	T	LEFT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93524	T	LEFT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93526	T	RT & LT HEART CATHETERS	00080	37.0615	$1,769.69	APC				
93527	T	RT & LT HEART CATHETERS	00080	37.0615	$1,769.69	APC				
93528	T	RT & LT HEART CATHETERS	00080	37.0615	$1,769.69	APC				
93529	T	RT LT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93530	T	RIGHT HEART CATHETERIZATION FOR CONITAL CARDIAC ANOMALIES	00080	37.0615	$1,769.69	APC				

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93531	T	COMBINED RT HEART CATH & RETRO LT HEART CATH FOR CONGEN ANOM	00080	37.0615	$1,769.69	APC				
93532	T	COMBINED RT & TRANSSEPTAL LT HEART CATH THRU INTACT SEPTUM	00080	37.0615	$1,769.69	APC				
93533	T	COMBINED RT & TRANSSEPTAL LT HEART CATH THRU EXISTING SEPTAL	00080	37.0615	$1,769.69	APC				
93539	N	INJECTION CARDIAC CATH				APC/ Bundled				
93540	N	INJECTION CARDIAC CATH				APC/ Bundled				
93541	N	INJECTION FOR LUNG ANGIOGRAM				APC/ Bundled				
93542	N	INJECTION FOR HEART X-RAYS				APC/ Bundled				
93543	N	INJECTION FOR HEART X-RAYS				APC/ Bundled				
93544	N	INJECTION FOR AORTOGRAPHY				APC/ Bundled				
93545	N	INJECTION FOR CORONARY X-RAYS				APC/ Bundled				
93555	N	IMAGING CARDIAC CATH				APC/ Bundled				
93556	N	IMAGING CARDIAC CATH				APC/ Bundled				
93561	N	CARDIAC OUTPUT MEASUREMENT				APC/ Bundled				
93562	N	CARDIAC OUTPUT MEASUREMENT				APC/ Bundled				
93571	S	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; INITIAL VESS	00670	32.2854	$1,541.63	APC				
93572	S	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; EA ADD'L VES	00416	32.5472	$1,554.13	APC				
93580	T	TRANSCATH CLOSURE OF ASD	00434	88.0728	$4,205.48	APC				
93581	T	TRANSCATH CLOSURE OF VSD	00434	88.0728	$4,205.48	APC				
93600	T	BUNDLE OF HIS RECORDING	00087	32.8988	$1,570.92	APC				
93602	T	INTRA-ATRIAL RECORDING	00087	32.8988	$1,570.92	APC				
93603	T	RIGHT VENTRICULAR RECORDING	00087	32.8988	$1,570.92	APC				
93609	T	MAPPING OF TACHYCARDIA	00087	32.8988	$1,570.92	APC				
93610	T	INTRA-ATRIAL PACING	00087	32.8988	$1,570.92	APC				
93612	T	INTRAVENTRICULAR PACING	00087	32.8988	$1,570.92	APC				
93613	T	ELECTROPHYS MAP 3D ADD-ON	00087	32.8988	$1,570.92	APC				
93615	T	ESOPHAGEAL RECORDING	00087	32.8988	$1,570.92	APC				
93616	T	ESOPHAGEAL RECORDING	00087	32.8988	$1,570.92	APC				
93618	T	HEART RHYTHM PACING	00087	32.8988	$1,570.92	APC				
93619	T	ELECTROPHYSIOLOGY EVALUATION	00085	34.2808	$1,636.91	APC				
93620	T	ELECTROPHYSIOLOGY EVALUATION	00085	34.2808	$1,636.91	APC				
93621	T	ELECTROPHYSIOLOGY EVALUATION	00085	34.2808	$1,636.91	APC				
93622	T	ELECTROPHYSIOLOGY EVALUATION	00085	34.2808	$1,636.91	APC				
93623	T	STIMULATION, PACING HEART	00087	32.8988	$1,570.92	APC				
93624	T	ELECTROPHYSIOLOGIC STUDY	00085	34.2808	$1,636.91	APC				
93631	T	HEART PACING MAPPING	00087	32.8988	$1,570.92	APC				
93640	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEADS;				APC/ Bundled				
93641	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEADS; W/TEST				APC/ Bundled				
93642	S	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIBRILLATOR	00084	9.8924	$472.36	APC				
93650	T	ABLATE HEART DYSRHYTHM FOCUS	00086	47.4931	$2,267.80	APC				

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93651	T	ABLATE HEART DYSRHYTHM FOCUS	00086	47.4931	$2,267.80	APC				
93652	T	ABLATE HEART DYSRHYTHM FOCUS	00086	47.4931	$2,267.80	APC				
93660	S	TILT TABLE EVALUATION	00101	4.2769	$204.22	APC				
93662	S	INTRACARDIAC ECG (ICE)	00670	32.2854	$1,541.63	APC				
93668	E	PERIPHERAL VASCULAR REHAB				Not Allowed				
93701	S	BIOIMPEDANCE, THORACIC	00099	0.3789	$18.09	APC				
93720	M	TOTAL BODY PLETHYSMOGRAPHY				Fee Schedule	$0.00			
93721	X	PLETHYSMOGRAPHY TRACING	00368	0.9454	$45.14	APC				
93722	M	PLETHYSMOGRAPHY REPORT				Fee Schedule	$0.00			
93724	S	ANALYZE PACEMAKER SYSTEM	00690	0.3613	$17.25	APC				
93727	S	ANALYZE ILR SYSTEM	00690	0.3613	$17.25	APC				
93731	S	ELECT ANALYSIS DUAL-CHAMBER PACEMAKER SYSTEM; W/O REPROGRAM	00690	0.3613	$17.25	APC				
93732	S	ELECT ANALYSIS DUAL-CHAMBER PACEMAKER SYSTEM; W/ REPROGRAMM	00690	0.3613	$17.25	APC				
93733	S	ELECT ANAL DUAL-CHAMBER PACEMAKER SYSTEM TELEPHONIC ANALYS	00690	0.3613	$17.25	APC				
93734	S	ELECT ANALYSIS SNGL-CHAMBER PACEMAKER SYSTEM; W/O REPROGRAM	00690	0.3613	$17.25	APC				
93735	S	ELECT ANALYSIS SNGL-CHAMBER PACEMAKER SYSTEM; W/ REPROGRAMM	00690	0.3613	$17.25	APC				
93736	S	TELEPHONIC ANALY PACEMAKER	00690	0.3613	$17.25	APC				
93740	X	TEMPERATURE GRADIENT STUDIES	00368	0.9454	$45.14	APC				
93741	S	ANALYZE HT PACE DEVICE SNGL	00689	0.6003	$28.66	APC				
93742	S	ANALYZE HT PACE DEVICE SNGL	00689	0.6003	$28.66	APC				
93743	S	ANALYZE HT PACE DEVICE DUAL	00689	0.6003	$28.66	APC				
93744	S	ANALYZE HT PACE DEVICE DUAL	00689	0.6003	$28.66	APC				
93745	S	SET-UP CARDIOVERT-DEFIBRILL	00689	0.6003	$28.66	APC				
93760	M	CEPHALIC THERMOGRAM				By Report	$0.00			
93762	M	PERIPHERAL THERMOGRAM				By Report	$0.00			
93770	N	MEASURE VENOUS PRESSURE				APC/ Bundled				
93784	M	AMBULATORY BP MONITORING				Fee Schedule	$0.00			
93786	X	AMBULATORY BP RECORDING	00097	1.0225	$48.82	APC				
93788	X	AMBULATORY BP ANALYSIS	00097	1.0225	$48.82	APC				
93790	M	REVIEW/REPORT BP RECORDING				Fee Schedule	$0.00			
93797	S	CARDIAC REHAB	00095	0.5748	$27.45	APC				
93798	S	CARDIAC REHAB/MONITOR	00095	0.5748	$27.45	APC				
93799	X	CARDIOVASCULAR PROCEDURE	00097	1.0225	$48.82	APC				
93875	S	EXTRACRANIAL STUDY	00096	1.5303	$73.07	APC				
93880	S	EXTRACRANIAL STUDY	00267	2.4606	$117.49	APC				
93882	S	EXTRACRANIAL STUDY	00267	2.4606	$117.49	APC				
93886	S	INTRACRANIAL STUDY	00267	2.4606	$117.49	APC				
93888	S	INTRACRANIAL STUDY	00265	0.9923	$47.38	APC				
93890	S	TCD VASOREACTIVITY STUDY	00266	1.5607	$74.52	APC				

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93892	S	TCD EMBOLI DETECT W/O INJ	00266	1.5607	$74.52	APC				
93893	S	TCD EMBOLI DETECT W/INJ	00266	1.5607	$74.52	APC				
93922	S	EXTREMITY STUDY	00096	1.5303	$73.07	APC				
93923	S	EXTREMITY STUDY	00096	1.5303	$73.07	APC				
93924	S	EXTREMITY STUDY	00096	1.5303	$73.07	APC				
93925	S	LOWER EXTREMITY STUDY	00267	2.4606	$117.49	APC				
93926	S	LOWER EXTREMITY STUDY	00266	1.5607	$74.52	APC				
93930	S	UPPER EXTREMITY STUDY	00267	2.4606	$117.49	APC				
93931	S	UPPER EXTREMITY STUDY	00266	1.5607	$74.52	APC				
93965	S	EXTREMITY STUDY	00096	1.5303	$73.07	APC				
93970	S	EXTREMITY STUDY	00267	2.4606	$117.49	APC				
93971	S	EXTREMITY STUDY	00266	1.5607	$74.52	APC				
93975	S	VASCULAR STUDY	00267	2.4606	$117.49	APC				
93976	S	VASCULAR STUDY	00267	2.4606	$117.49	APC				
93978	S	VASCULAR STUDY	00266	1.5607	$74.52	APC				
93979	S	VASCULAR STUDY	00266	1.5607	$74.52	APC				
93980	S	PENILE VASCULAR STUDY	00267	2.4606	$117.49	APC				
93981	S	PENILE VASCULAR STUDY	00266	1.5607	$74.52	APC				
93990	S	DOPPLER FLOW TESTING	00266	1.5607	$74.52	APC				
94002	S	VENT MGMT INPAT, INIT DAY	00079	2.6116	$124.70	APC				
94003	S	VENT MGMT INPAT, SUBQ DAY	00079	2.6116	$124.70	APC				
94004	E	VENT MGMT NF PER DAY				Not Allowed				
94005	E	HOME VENT MGMT SUPERVISION				Not Allowed				
94010	X	SPIROMETRY INCL GRAPHIC RECORD TOTAL AND TIMED VC EPR	00368	0.9454	$45.14	APC				
94014	X	PATIENT RECORDED SPIROMETRY/30 DAY; EDU/TRANSM/CAPTURE/ANALY	00367	0.6277	$29.97	APC				
94015	X	PATIENT RECORDED SPIROMETRY/30 DAY; RECORDING	00367	0.6277	$29.97	APC				
94016	N	REVIEW PATIENT SPIROMETRY				APC/ Bundled				
94060	X	EVALUATION OF WHEEZING	00368	0.9454	$45.14	APC				
94070	X	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM W/SPIROMET	00369	2.7669	$132.12	APC				
94150	X	VITAL CAPACITY TEST	00367	0.6277	$29.97	APC				
94200	X	LUNG FUNCTION TEST (MBC/MVV)	00367	0.6277	$29.97	APC				
94240	X	RESIDUAL LUNG CAPACITY	00368	0.9454	$45.14	APC				
94250	X	EXPIRED GAS COLLECTION	00367	0.6277	$29.97	APC				
94260	X	THORACIC GAS VOLUME	00368	0.9454	$45.14	APC				
94350	X	LUNG NITROGEN WASHOUT CURVE	00368	0.9454	$45.14	APC				
94360	X	MEASURE AIRFLOW RESISTANCE	00367	0.6277	$29.97	APC				
94370	X	BREATH AIRWAY CLOSING VOLUME	00367	0.6277	$29.97	APC				
94375	X	RESPIRATORY FLOW VOLUME LOOP	00367	0.6277	$29.97	APC				
94400	X	CO2 BREATHING RESPONSE CURVE	00367	0.6277	$29.97	APC				

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94450	X	HYPOXIA RESPONSE CURVE	00368	0.9454	$45.14	APC				
94452	X	HAST W/REPORT	00368	0.9454	$45.14	APC				
94453	X	HAST W/OXYGEN TITRATE	00367	0.6277	$29.97	APC				
94610	S	SURFACTANT ADMIN THRU TUBE	00077	0.3527	$16.84	APC				
94620	X	PULMONARY STRESS TESTING	00368	0.9454	$45.14	APC				
94621	X	PULMONARY STRESS TESTING; COMPLEX	00369	2.7669	$132.12	APC				
94640	S	AIRWAY INHALATION TREATMENT	00077	0.3527	$16.84	APC				
94642	S	AEROSOL INHALATION TREATMENT	00078	1.1206	$53.51	APC				
94644	S	CBT, 1ST HOUR	00078	1.1206	$53.51	APC				
94645	S	CBT, EACH ADDL HOUR	00078	1.1206	$53.51	APC				
94660	S	POS AIRWAY PRESSURE, CPAP	00068	1.5353	$73.31	APC				
94662	S	NEG PRESS VENTILATION, CNP	00079	2.6116	$124.70	APC				
94664	S	EVALUATE PT USE OF INHALER	00077	0.3527	$16.84	APC				
94667	S	CHEST WALL MANIPULATION	00077	0.3527	$16.84	APC				
94668	S	CHEST WALL MANIPULATION	00077	0.3527	$16.84	APC				
94680	X	EXHALED AIR ANALYSIS: O2	00367	0.6277	$29.97	APC				
94681	X	EXHALED AIR ANALYSIS: O2 CO2	00368	0.9454	$45.14	APC				
94690	X	EXHALED AIR ANALYSIS	00367	0.6277	$29.97	APC				
94720	X	MONOXIDE DIFFUSING CAPACITY	00368	0.9454	$45.14	APC				
94725	X	MEMBRANE DIFFUSION CAPACITY	00368	0.9454	$45.14	APC				
94750	X	PULMONARY COMPLIANCE STUDY	00367	0.6277	$29.97	APC				
94760	N	MEASURE BLOOD OXYGEN LEVEL				APC/ Bundled				
94761	N	MEASURE BLOOD OXYGEN LEVEL				APC/ Bundled				
94762	X	MEASURE BLOOD OXYGEN LEVEL	00443	1.0409	$49.70	Bundled subject to separate payment criteria				
94770	X	EXHALED CARBON DIOXIDE TEST	00367	0.6277	$29.97	APC				
94772	X	BREATH RECORDING, INFANT	00369	2.7669	$132.12	APC				
94774	E	PED HOME APNEA REC, COMPL				Not Allowed				
94775	X	PED HOME APNEA REC, HK-UP	00097	1.0225	$48.82	APC				
94776	X	PED HOME APNEA REC, DOWNLD	00097	1.0225	$48.82	APC				
94777	E	PED HOME APNEA REC, REPORT				Not Allowed				
94799	X	PULMONARY SERVICE/PROCEDURE	00367	0.6277	$29.97	APC				
95004	X	ALLERGY SKIN TESTS	00381	0.2688	$12.84	APC				
95010	X	PERCUT ALLERGY TITRATE TEST	00381	0.2688	$12.84	APC				
95012	X	EXHALED NITRIC OXIDE MEAS	00367	0.6277	$29.97	APC				
95015	X	ID ALLERGY TITRATE-DRUG/BUG	00381	0.2688	$12.84	APC				
95024	X	ALLERGY SKIN TESTS	00381	0.2688	$12.84	APC				
95027	X	SKIN END POINT TITRATION	00381	0.2688	$12.84	APC				
95028	X	ALLERGY SKIN TESTS	00381	0.2688	$12.84	APC				
95044	X	ALLERGY PATCH TESTS	00381	0.2688	$12.84	APC				

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95052	X	PHOTO PATCH TEST	00381	0.2688	$12.84	APC				
95056	X	PHOTOSENSITIVITY TESTS	00370	1.027	$49.04	APC				
95060	X	EYE ALLERGY TEST	00370	1.027	$49.04	APC				
95065	X	NOSE ALLERGY TEST	00381	0.2688	$12.84	APC				
95070	X	BRONCHIAL ALLERGY TESTS	00369	2.7669	$132.12	APC				
95071	X	BRONCHIAL ALLERGY TESTS	00369	2.7669	$132.12	APC				
95075	X	INGESTION CHALLENGE TEST	00361	3.8887	$185.69	APC				
95115	S	IMMUNOTHERAPY, ONE INJECTION	00436	0.1809	$8.64	APC				
95117	S	IMMUNOTHERAPY INJECTIONS	00437	0.3945	$18.84	APC				
95120	M	IMMUNOTHERAPY, ONE INJECTION				By Report	$0.00			
95125	M	IMMUNOTHERAPY, MANY ANTIGENS				By Report	$0.00			
95130	M	IMMUNOTHERAPY, INSECT VENOM				By Report	$0.00			
95131	M	IMMUNOTHERAPY, INSECT VENOMS				By Report	$0.00			
95132	M	IMMUNOTHERAPY, INSECT VENOMS				By Report	$0.00			
95133	M	IMMUNOTHERAPY, INSECT VENOMS				By Report	$0.00			
95134	M	IMMUNOTHERAPY, INSECT VENOMS				By Report	$0.00			
95144	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95145	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95146	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95147	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95148	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95149	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95165	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95170	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95180	X	RAPID DESENSITIZATION	00370	1.027	$49.04	APC				
95199	X	ALLERGY IMMUNOLOGY SERVICES	00381	0.2688	$12.84	APC				
95250	X	GLUCOSE MONITORING CONT	00421	1.627	$77.69	APC				
95251	E	GLUC MONITOR CONT PHYS I&R				Not Allowed				
95805	S	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING	00209	11.2463	$537.01	APC				
95806	S	SLEEP STUDY, UNATTENDED	00213	2.2755	$108.66	APC				
95807	S	SLEEP STUDY SIMULTANEOUS RECORDING ATTENDED BY TECHNOLOGIS	00209	11.2463	$537.01	APC				
95808	S	POLYSOMNOGRAPHY 1-3	00209	11.2463	$537.01	APC				
95810	S	POLYSOMNOGRAPHY 4 OR MORE	00209	11.2463	$537.01	APC				
95811	S	POLYSOMNOGRAPHY W/CPAP	00209	11.2463	$537.01	APC				
95812	S	EEG EXTENDED MONITORING; UP TO ONE HOUR	00213	2.2755	$108.66	APC				
95813	S	EEG EXTENDED MONITORING; GREATER THAN ONE HOUR	00213	2.2755	$108.66	APC				
95816	S	ELECTROENCEPHALOGRAM (EEG) INCL RECORDING AWAKE AND DROWSY	00213	2.2755	$108.66	APC				
95819	S	ELECTROENCEPHALOGRAM (EEG) INCL RECORDING AWAKE AND ASLEEP	00213	2.2755	$108.66	APC				
95822	S	ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	00213	2.2755	$108.66	APC				

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95824	S	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY	00214	1.1968	$57.15	APC				
95827	S	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY	00213	2.2755	$108.66	APC				
95829	S	SURGERY ELECTROCORTICOGRAM	00214	1.1968	$57.15	APC				
95830	M	INSERT ELECTRODES FOR EEG				Fee Schedule	$0.00			
95831	N	LIMB MUSCLE TESTING, MANUAL				APC/ Bundled	$0.00			
95832	N	HAND MUSCLE TESTING, MANUAL				APC/ Bundled	$0.00			
95833	N	BODY MUSCLE TESTING, MANUAL				APC/ Bundled	$0.00			
95834	N	BODY MUSCLE TESTING, MANUAL				APC/ Bundled	$0.00			
95851	N	RANGE OF MOTION MEASUREMENTS				APC/ Bundled	$0.00			
95852	N	RANGE OF MOTION MEASUREMENTS				APC/ Bundled	$0.00			
95857	S	TENSILON TEST	00218	1.1872	$56.69	APC				
95860	S	NEEDLE ELECTROMYOGRAPHY ONE EXTREMITY W/ OR W/OUT PARASPINA	00218	1.1872	$56.69	APC				
95861	S	NEEDLE ELECTROMYOGRAPHY TWO EXTREMITIES W/ OR W/OUT PARASPI	00218	1.1872	$56.69	APC				
95863	S	NEEDLE ELECTROMYOGRAPHY THREE EXTREMITIES W/ OR W/OUT PARAS	00218	1.1872	$56.69	APC				
95864	S	NEEDLE ELECTROMYOGRAPHY FOUR EXTREMITIES W/ OR W/OUT PARASP	00218	1.1872	$56.69	APC				
95865	S	MUSCLE TEST LARYNX	00218	1.1872	$56.69	APC				
95866	S	MUSCLE TEST HEMIDIAPHRAGM	00218	1.1872	$56.69	APC				
95867	S	MUSCLE TEST HEAD OR NECK	00218	1.1872	$56.69	APC				
95868	S	MUSCLE TEST HEAD OR NECK	00218	1.1872	$56.69	APC				
95869	S	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	00215	0.5741	$27.41	APC				
95870	S	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES	00215	0.5741	$27.41	APC				
95872	S	MUSCLE TEST ONE FIBER	00218	1.1872	$56.69	APC				
95873	S	GUIDE NERV DESTR ELEC STIM	00215	0.5741	$27.41	APC				
95874	S	GUIDE NERV DESTR NEEDLE EMG	00215	0.5741	$27.41	APC				
95875	S	LIMB EXERCISE TEST	00215	0.5741	$27.41	APC				
95900	S	NERVE CONDUCTION STUDY EA NERVE; MOTOR W/O F-WAVE STUDY	00215	0.5741	$27.41	APC				
95903	S	NERVE CONDUCTION STUDY EA NERVE; MOTOR WITH F-WAVE STUDY	00215	0.5741	$27.41	APC				
95904	S	NERVE CONDUCTION STUDY EA NERVE; SENSORY OR MIXED	00215	0.5741	$27.41	APC				
95920	S	INTRAOPERATIVE NERVE TESTING	00216	2.7199	$129.88	APC				
95921	S	AUTONOMIC NERVE FUNCTION TEST	00215	0.5741	$27.41	APC				
95922	S	AUTONOMIC NERVE FUNCTION TEST	00215	0.5741	$27.41	APC				
95923	S	AUTONOMIC NERVE FUNCTION TEST	00215	0.5741	$27.41	APC				
95925	S	SOMATOSENSORY TESTING	00216	2.7199	$129.88	APC				
95926	S	SOMATOSENSORY TESTING	00216	2.7199	$129.88	APC				
95927	S	SOMATOSENSORY TESTING	00216	2.7199	$129.88	APC				
95928	S	C MOTOR EVOKED UPPR LIMBS	00218	1.1872	$56.69	APC				
95929	S	C MOTOR EVOKED LWR LIMBS	00218	1.1872	$56.69	APC				
95930	S	VISUAL EVOKED POTENTIAL TEST	00216	2.7199	$129.88	APC				
95933	S	BLINK REFLEX TEST	00215	0.5741	$27.41	APC				

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95934	S	H'REFEX TEST	00215	0.5741	$27.41	APC				
95936	S	H'REFLEX TEST	00215	0.5741	$27.41	APC				
95937	S	NEUROMUSCULAR JUNCTION TEST	00215	0.5741	$27.41	APC				
95950	S	AMBULATORY EEG MONITORING	00209	11.2463	$537.01	APC				
95951	S	EEG MONITORING/VIDEORECORD	00209	11.2463	$537.01	APC				
95953	S	EEG MONITORING/COMPUTER	00209	11.2463	$537.01	APC				
95954	S	EEG MONITORING/GIVING DRUGS	00214	1.1968	$57.15	APC				
95955	S	EEG DURING SURGERY	00213	2.2755	$108.66	APC				
95956	S	EEG MONITORING/CABLE/RADIO	00209	11.2463	$537.01	APC				
95957	S	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EG FOR SPIKE ANAL)	00214	1.1968	$57.15	APC				
95958	S	EEG MONITORING/FUNCTION TEST	00213	2.2755	$108.66	APC				
95961	S	STIMULATION OF ELECTRODES ON BRAIN SURF; INITIAL HR PHYS ATT	00216	2.7199	$129.88	APC				
95962	S	STIMULATION OF ELECTRODES ON BRAIN SURF;EA ADD'L HR PHYS ATT	00216	2.7199	$129.88	APC				
95965	S	MEG, SPONTANEOUS	00038	53.5161	$2,555.39	APC				
95966	S	MEG, EVOKED, SINGLE	00209	11.2463	$537.01	APC				
95967	S	MEG EVOKED EACH ADD L	00209	11.2463	$537.01	APC				
95970	S	ANALYZE NEUROSTIM, NO PROG	00218	1.1872	$56.69	APC				
95971	S	ANALYZE NEUROSTIM, SIMPLE	00692	1.9323	$92.27	APC				
95972	S	ANALYZE NEUROSTIM, COMPLEX	00692	1.9323	$92.27	APC				
95973	S	ANALYZE NEUROSTIM, COMPLEX	00663	1.1067	$52.84	APC				
95974	S	CRANIAL NEUROSTIM, COMPLEX	00692	1.9323	$92.27	APC				
95975	S	CRANIAL NEUROSTIM, COMPLEX	00692	1.9323	$92.27	APC				
95978	S	ANALYZE NEUROSTIM BRAIN/1H	00692	1.9323	$92.27	APC				
95979	S	ANALYZ NEUROSTIM BRAIN ADDON	00663	1.1067	$52.84	APC				
95990	T	SPIN/BRAIN PUMP REFIL & MAIN	00125	2.2041	$105.25	APC				
95991	T	SPIN/BRAIN PUMP REFIL & MAIN	00125	2.2041	$105.25	APC				
95999	S	NEUROLOGICAL PROCEDURE	00215	0.5741	$27.41	APC				
96000	S	MOTION ANALYSIS, VIDEO/3D	00216	2.7199	$129.88	APC				
96001	S	MOTION TEST W/FT PRESS MEAS	00216	2.7199	$129.88	APC				
96002	S	DYNAMIC SURFACE EMG	00218	1.1872	$56.69	APC				
96003	S	DYNAMIC FINE WIRE EMG	00215	0.5741	$27.41	APC				
96004	M	PHYS REVIEW OF MOTION TESTS				Fee Schedule	$0.00			
96020	X	FUNCTIONAL BRAIN MAPPING	00373	1.7682	$84.43	APC				
96040	E	GENETIC COUNSELING, 30 MIN				Not Allowed				
96101	X	PSYCHO TESTING BY PSYCH/PHYS	00373	1.7682	$84.43	APC				
96102	X	PSYCHO TESTING BY TECHNICIAN	00382	2.846	$135.90	APC				
96103	X	PSYCHO TESTING ADMIN BY COMP	00373	1.7682	$84.43	APC				
96105	Y	ASSESSMENT OF APHASIA				Fee Schedule	$45.02			
96110	X	DEVELOPMENTAL TEST, LIM	00373	1.7682	$84.43	APC				

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96111	X	DEVELOPMENTAL TEST, EXTEND	00373	1.7682	$84.43	APC				
96116	X	NEUROBEHAVIORAL STATUS EXAM	00373	1.7682	$84.43	APC				
96118	X	NEUROPSYCH TST BY PSYCH/PHYS	00373	1.7682	$84.43	APC	$84.43			
96119	X	NEUROPSYCH TESTING BY TECH	00382	2.846	$135.90	APC	$135.90			
96120	X	NEUROPSYCH TST ADMIN W/COMP	00373	1.7682	$84.43	APC	$84.43			
96150	S	ASSESS HLTH/BEHAVE INIT	00432	0.6072	$28.99	APC				
96151	S	ASSESS HLTH/BEHAVE, SUBSEQ	00432	0.6072	$28.99	APC				
96152	S	INTERVENE HLTH/BEHAVE, INDIV	00432	0.6072	$28.99	APC				
96153	S	INTERVENE HLTH/BEHAVE, GROUP	00432	0.6072	$28.99	APC				
96154	S	INTERV HLTH/BEHAV, FAM W/PT	00432	0.6072	$28.99	APC				
96155	M	INTERV HLTH/BEHAV FAM NO PT				Fee Schedule	$18.49			
96401	S	CHEMO ANTI-NEOPL SQ/IM	00438	0.7942	$37.92	APC				
96402	S	CHEMO HORMON ANTINEOPL SQ/IM	00438	0.7942	$37.92	APC				
96405	S	CHEMO INTRALESIONAL UP TO 7	00438	0.7942	$37.92	APC				
96406	S	CHEMO INTRALESIONAL OVER 7	00438	0.7942	$37.92	APC				
96409	S	CHEMO IV PUSH SNGL DRUG	00439	1.5848	$75.67	APC				
96411	S	CHEMO IV PUSH ADDL DRUG	00439	1.5848	$75.67	APC				
96413	S	CHEMO IV INFUSION 1 HR	00441	2.4851	$118.66	APC				
96415	S	CHEMO IV INFUSION ADDL HR	00438	0.7942	$37.92	APC				
96416	S	CHEMO PROLONG INFUSE W/PUMP	00441	2.4851	$118.66	APC				
96417	S	CHEMO IV INFUS EACH ADDL SEQ	00438	0.7942	$37.92	APC				
96420	S	CHEMO IA PUSH TECNIQUE	00439	1.5848	$75.67	APC				
96422	S	CHEMO IA INFUSION UP TO 1 HR	00441	2.4851	$118.66	APC				
96423	S	CHEMO IA INFUSE EACH ADDL HR	00438	0.7942	$37.92	APC				
96425	S	CHEMOTHERAPY INFUSION METHOD	00441	2.4851	$118.66	APC				
96440	S	CHEMOTHERAPY, INTRACAVITARY	00441	2.4851	$118.66	APC				
96445	S	CHEMOTHERAPY, INTRACAVITARY	00441	2.4851	$118.66	APC				
96450	S	CHEMOTHERAPY, INTO CNS	00441	2.4851	$118.66	APC				
96521	S	REFILL/MAINT PORTABLE PUMP	00440	1.809	$86.38	APC				
96522	S	REFILL/MAINT PUMP/RESVR SYST	00440	1.809	$86.38	APC				
96523	X	IRRIG DRUG DELIVERY DEVICE	00624	0.5145	$24.57	Bundled subject to separate payment criteria				
96542	S	CHEMOTHERAPY INJECTION	00438	0.7942	$37.92	APC				
96549	S	CHEMOTHERAPY, UNSPECIFIED	00436	0.1809	$8.64	APC				
96567	T	PHOTODYNAMIC TX, SKIN	00016	2.6749	$127.73	APC				
96570	T	PHOTODYNAMIC TX, 30 MIN	00015	1.6241	$77.55	APC				
96571	T	PHOTODYNAMIC TX, ADDL 15 MIN	00015	1.6241	$77.55	APC				
96900	S	ULTRAVIOLET LIGHT THERAPY	00001	0.4914	$23.46	APC				
96902	N	TRICHOGRAM				APC/ Bundled				
96904	N	WHOLE BODY PHOTOGRAPHY				APC/ Bundled				

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96910	S	PHOTOCHEMOTHERAPY WITH UV-B	00001	0.4914	$23.46	APC				
96912	S	PHOTOCHEMOTHERAPY WITH UV-A	00001	0.4914	$23.46	APC				
96913	S	PHOTOCHEMOTHERAPY, UV-A OR B	00683	2.6734	$127.65	APC				
96920	T	LASER TX SKIN < 250 SQ CM	00013	1.0918	$52.13	APC				
96921	T	LASER TX SKIN 250-500 SQ CM	00013	1.0918	$52.13	APC				
96922	T	LASER TX SKIN > 500 SQ CM	00013	1.0918	$52.13	APC				
96999	T	DERMATOLOGICAL PROCEDURE	00010	0.476	$22.73	APC				
97001	Y	PT EVALUATION				Fee Schedule	$44.15			
97002	Y	PT RE-EVALUATION				Fee Schedule	$22.06			
97003	Y	OT EVALUATION				Fee Schedule	$43.25			
97004	Y	OT RE-EVALUATION				Fee Schedule	$21.14			
97005	E	ATHLETIC TRAIN EVAL				Not Allowed				
97006	E	ATHLETIC TRAIN REEVAL				Not Allowed				
97010	E	HOT OR COLD PACKS THERAPY				Not Allowed				
97012	Y	MECHANICAL TRACTION THERAPY				Fee Schedule	$10.02			
97014	Y	ELECTRIC STIMULATION THERAPY				Fee Schedule	$9.48			
97016	Y	VASOPNEUMATIC DEVICE THERAPY				Fee Schedule	$9.26			
97018	Y	PARAFFIN BATH THERAPY				Fee Schedule	$4.16			
97022	Y	WHIRLPOOL THERAPY				Fee Schedule	$9.67			
97024	Y	DIATHERMY EG MICROWAVE				Fee Schedule	$3.48			
97026	Y	INFRARED THERAPY				Fee Schedule	$3.26			
97028	Y	ULTRAVIOLET THERAPY				Fee Schedule	$4.02			
97032	Y	ELECTRICAL STIMULATION				Fee Schedule	$10.70			
97033	Y	ELECTRIC CURRENT THERAPY				Fee Schedule	$13.50			
97034	Y	CONTRAST BATH THERAPY				Fee Schedule	$9.40			
97035	Y	ULTRASOUND THERAPY				Fee Schedule	$8.23			
97036	Y	HYDROTHERAPY				Fee Schedule	$15.19			
97039	Y	PHYSICAL THERAPY TREATMENT				By Report	$0.00			
97110	Y	THERAPEUTIC EXERCISES				Fee Schedule	$18.91			
97112	Y	NEUROMUSCULAR REEDUCATION				Fee Schedule	$19.59			
97113	Y	AQUATIC THERAPY/EXERCISES				Fee Schedule	$21.14			
97116	Y	GAIT TRAINING THERAPY				Fee Schedule	$16.63			
97124	Y	MASSAGE THERAPY				Fee Schedule	$15.02			
97139	Y	PHYSICAL MEDICINE PROCEDURE				By Report	$0.00			
97140	Y	MANUAL THERAPY				Fee Schedule	$17.66			
97150	Y	GROUP THERAPEUTIC PROCEDURES				Fee Schedule	$11.71			
97530	Y	THERAPEUTIC ACTIVITIES				Fee Schedule	$19.53			
97532	Y	COGNITIVE SKILLS DEVELOPMENT				Fee Schedule	$16.79			
97533	Y	SENSORY INTEGRATION				Fee Schedule	$17.71			

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97535	Y	SELF CARE MNGMENT TRAINING				Fee Schedule	$20.05			
97537	Y	COMMUNITY/WORK REINTEGRATION				Fee Schedule	$18.42			
97542	Y	WHEELCHAIR MNGMENT TRAINING				Fee Schedule	$18.88			
97545	Y	WORK HARDENING				By Report	$0.00			
97546	Y	WORK HARDENING ADD-ON				By Report	$0.00			
97597	M	ACTIVE WOUND CARE/20 CM OR <	00012	0.8432	$40.26	APC	$32.11			
97598	M	ACTIVE WOUND CARE > 20 CM	00013	1.0918	$52.13	APC	$41.08			
97602	M	WOUND(S) CARE NON-SELECTIVE	00340	0.6102	$29.14	APC	$0.00			
97605	M	NEG PRESS WOUND TX < 50 CM	00012	0.8432	$40.26	APC	$19.85			
97606	M	NEG PRESS WOUND TX > 50 CM	00013	1.0918	$52.13	APC	$22.55			
97750	Y	PHYSICAL PERFORMANCE TEST				Fee Schedule	$20.05			
97755	E	ASSISTIVE TECHNOLOGY ASSESS				Not Allowed				
97760	Y	ORTHOTIC MGMT AND TRAINING				Fee Schedule	$17.55			
97761	M	PROSTHETIC TRAINING				Fee Schedule	$20.56			
97762	M	C/O FOR ORTHOTIC/PROSTH USE				Fee Schedule	$14.05			
97799	Y	PHYSICAL MEDICINE PROCEDURE				By Report	$0.00			
97802	M	MEDICAL NUTRITION, INDIV, IN				Fee Schedule	$13.32			
97803	M	MED NUTRITION, INDIV, SUBSEQ				Fee Schedule	$13.32			
97804	M	MEDICAL NUTRITION, GROUP				Fee Schedule	$5.28			
97810	E	ACUPUNCT W/O STIMUL 15 MIN				Not Allowed				
97811	E	ACUPUNCT W/O STIMUL ADDL 15M				Not Allowed				
97813	E	ACUPUNCT W/STIMUL 15 MIN				Not Allowed				
97814	E	ACUPUNCT W/STIMUL ADDL 15M				Not Allowed				
98925	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				
98926	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				
98927	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				
98928	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				
98929	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				
98940	S	CHIROPRACTIC MANIPULATION	00060	0.4657	$22.24	APC				
98941	S	CHIROPRACTIC MANIPULATION	00060	0.4657	$22.24	APC				
98942	S	CHIROPRACTIC MANIPULATION	00060	0.4657	$22.24	APC				
98943	E	CHIROPRACTIC MANIPULATION				Not Allowed				
98960	E	SELF-MGMT EDUC & TRAIN 1 PT				Not Allowed				
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT				Not Allowed				
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT				Not Allowed				
99000	E	SPECIMEN HANDLING				Not Allowed				
99001	E	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANFER FROM THE				Not Allowed				
99002	N	DEVICE HANDLING				APC/ Bundled	$0.00			
99024	M	POSTOP FOLLOW-UP VISIT				Fee Schedule	$0.00			

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99026	E	IN-HOSPITAL ON CALL SERVICE				Not Allowed				
99027	E	OUT-OF-HOSP ON CALL SERVICE				Not Allowed				
99050	E	MEDICAL SERVICES AFTER HRS				Not Allowed				
99051	M	MED SERV EVE/WKEND/HOLIDAY				Fee Schedule	$0.00			
99053	M	MED SERV 10PM-8AM 24 HR FAC				Fee Schedule	$0.00			
99056	E	MED SERVICE OUT OF OFFICE				Not Allowed				
99058	E	OFFICE EMERGENCY CARE				Not Allowed				
99060	M	OUT OF OFFICE EMERG MED SERV				Fee Schedule	$0.00			
99070	N	SPECIAL SUPPLIES				APC/ Bundled	$0.00			
99071	N	PATIENT EDUCATION MATERIALS				APC/ Bundled	$0.00			
99075	E	MEDICAL TESTIMONY				Not Allowed				
99078	N	GROUP HEALTH EDUCATION				APC/ Bundled				
99080	E	SPECIAL REPORTS OR FORMS				Not Allowed				
99082	E	UNUSUAL PHYSICIAN TRAVEL				Not Allowed				
99090	E	COMPUTER DATA ANALYSIS				Not Allowed				
99091	N	COLLECT/REVIEW DATA FROM PT				APC/ Bundled				
99100	N	SPECIAL ANESTHESIA SERVICE				APC/ Bundled	$0.00			
99116	N	ANESTHESIA WITH HYPOTHERMIA				APC/ Bundled	$0.00			
99135	N	SPECIAL ANESTHESIA PROCEDURE				APC/ Bundled	$0.00			
99140	N	EMERGENCY ANESTHESIA				APC/ Bundled	$0.00			
99143	N	MOD CS BY SAME PHYS < 5 YRS				APC/ Bundled				
99144	N	MOD CS BY SAME PHYS 5 YRS +				APC/ Bundled				
99145	N	MOD CS BY SAME PHYS ADD-ON				APC/ Bundled				
99148	N	MOD CS DIFF PHYS < 5 YRS				APC/ Bundled				
99149	N	MOD CS DIFF PHYS 5 YRS +				APC/ Bundled				
99150	N	MOD CS DIFF PHYS ADD-ON				APC/ Bundled				
99170	T	ANOGENITAL EXAM, CHILD	00191	0.1468	$7.01	APC				
99172	M	OCULAR FUNCTION SCREEN				By Report	$0.00			
99173	M	VISUAL ACUITY SCREEN				By Report	$0.00			
99175	N	INDUCTION OF VOMITING				APC/ Bundled				
99183	M	HYPERBARIC OXYGEN THERAPY				By Report	$0.00			
99185	N	REGIONAL HYPOTHERMIA				APC/ Bundled				
99186	N	TOTAL BODY HYPOTHERMIA				APC/ Bundled				
99190	C	SPECIAL PUMP SERVICES				Inpatient Only				
99191	C	SPECIAL PUMP SERVICES				Inpatient Only				
99192	C	SPECIAL PUMP SERVICES				Inpatient Only				
99195	X	PHLEBOTOMY	00372	0.5723	$27.33	APC				
99199	E	SPECIAL SERVICE/PROC/REPORT				Not Allowed				
99201	V	OFFICE/OUTPATIENT VISIT, NEW	00604	0.8242	$39.36	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
99202	V	OFFICE/OUTPATIENT VISIT, NEW	00605	0.984	$46.99	APC				
99203	V	OFFICE/OUTPATIENT VISIT, NEW	00606	1.3646	$65.16	APC				
99204	V	OFFICE/OUTPATIENT VISIT, NEW	00607	1.7096	$81.63	APC				
99205	V	OFFICE/OUTPATIENT VISIT, NEW	00608	2.1794	$104.07	APC				
99211	V	OFFICE/OUTPATIENT VISIT, EST	00604	0.8242	$39.36	APC				
99212	V	OFFICE/OUTPATIENT VISIT, EST	00605	0.984	$46.99	APC				
99213	V	OFFICE/OUTPATIENT VISIT, EST	00605	0.984	$46.99	APC				
99214	V	OFFICE/OUTPATIENT VISIT, EST	00606	1.3646	$65.16	APC				
99215	V	OFFICE/OUTPATIENT VISIT, EST	00607	1.7096	$81.63	APC				
99217	M	OBSERVATION CARE DISCHARGE				Fee Schedule	$0.00			
99218	M	OBSERVATION CARE				Fee Schedule	$0.00			
99219	M	OBSERVATION CARE				Fee Schedule	$0.00			
99220	M	OBSERVATION CARE				Fee Schedule	$0.00			
99221	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			
99222	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			
99223	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			
99231	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			
99232	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			
99233	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			
99234	N	OBSERV/HOSP SAME DATE				Bundled subject to separate payment criteria				
99235	N	OBSERV/HOSP SAME DATE				Bundled subject to separate payment criteria				
99236	N	OBSERV/HOSP SAME DATE				Bundled subject to separate payment criteria				
99238	M	HOSPITAL DISCHARGE DAY				Fee Schedule	$0.00			
99239	M	HOSPITAL DISCHARGE DAY				Fee Schedule	$0.00			
99241	V	OFFICE CONSULTATION	00604	0.8242	$39.36	APC				
99242	V	OFFICE CONSULTATION	00605	0.984	$46.99	APC				
99243	V	OFFICE CONSULTATION	00605	0.984	$46.99	APC				
99244	V	OFFICE CONSULTATION	00606	1.3646	$65.16	APC				
99245	V	OFFICE CONSULTATION	00607	1.7096	$81.63	APC				
99251	C	INPATIENT CONSULT				Inpatient Only				
99252	C	INPATIENT CONSULT				Inpatient Only				
99253	C	INPATIENT CONSULT				Inpatient Only				
99254	C	INPATIENT CONSULT				Inpatient Only				
99255	C	INPATIENT CONSULT				Inpatient Only				
99281	V	EMERGENCY DEPT VISIT	00609	0.8242	$39.36	APC				
99282	V	EMERGENCY DEPT VISIT	00613	0.8242	$39.36	APC				
99283	V	EMERGENCY DEPT VISIT	00614	2.115	$100.99	APC				
99284	V	EMERGENCY DEPT VISIT	00615	3.4163	$163.13	APC				
99285	V	EMERGENCY DEPT VISIT	00616	5.2915	$252.67	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
99288	E	DIRECT ADVANCED LIFE SUPPORT				Not Allowed				
99289	N	PED CRIT CARE TRANSPORT				APC/ Bundled				
99290	N	PED CRIT CARE TRANSPORT ADDL				APC/ Bundled				
99291	S	CRITICAL CARE, FIRST HOUR	00617	6.5894	$314.64	APC				
99292	N	CRITICAL CARE ADD□L 30 MIN				APC/ Bundled				
99293	C	PED CRITICAL CARE INITIAL				Inpatient Only				
99294	C	PED CRITICAL CARE SUBSEQ				Inpatient Only				
99295	C	NEONATE CRIT CARE, INITIAL				Inpatient Only				
99296	C	NEONATE CRITICAL CARE SUBSEQ				Inpatient Only				
99298	C	IC FOR LBW INFANT < 1500 GM				Inpatient Only				
99299	C	IC LBW INFANT 1500-2500 GM				Inpatient Only				
99300	N	IC INFANT PBW 2501-5000 GM				APC/ Bundled				
99304	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99305	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99306	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99307	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99308	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99309	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99310	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99315	M	NURSING FAC DISCHARGE DAY				Fee Schedule	$0.00			
99316	M	NURSING FAC DISCHARGE DAY				Fee Schedule	$0.00			
99318	M	ANNUAL NURSING FAC ASSESSMNT				Fee Schedule	$0.00			
99324	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99325	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99326	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99327	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99328	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99334	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99335	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99336	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99337	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99339	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	$0.00			
99340	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	$0.00			
99341	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			
99342	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			
99343	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			
99344	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			
99345	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			
99347	M	HOME VISIT, EST PATIENT				Fee Schedule	$0.00			

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99348	M	HOME VISIT, EST PATIENT				Fee Schedule	$0.00			
99349	M	HOME VISIT, EST PATIENT				Fee Schedule	$0.00			
99350	M	HOME VISIT, EST PATIENT				Fee Schedule	$0.00			
99354	N	PROLONGED SERVICE, OFFICE				APC/ Bundled				
99355	N	PROLONGED SERVICE, OFFICE				APC/ Bundled				
99356	C	PROLONGED SERVICE, INPATIENT				Inpatient Only				
99357	C	PROLONGED SERVICE, INPATIENT				Inpatient Only				
99358	N	PROLONGED SERV, W/O CONTACT				APC/ Bundled				
99359	N	PROLONGED SERV, W/O CONTACT				APC/ Bundled				
99360	E	PHYSICIAN STANDBY SERVICES				Not Allowed				
99361	N	PHYSICIAN/TEAM CONFERENCE				APC/ Bundled				
99362	N	PHYSICIAN/TEAM CONFERENCE				APC/ Bundled				
99363	E	ANTICOAG MGMT, INIT				Not Allowed				
99364	E	ANTICOAG MGMT, SUBSEQ				Not Allowed				
99371	E	PHYSICIAN PHONE CONSULTATION				Not Allowed				Y
99372	E	PHYSICIAN PHONE CONSULTATION				Not Allowed				Y
99373	E	PHYSICIAN PHONE CONSULTATION				Not Allowed				Y
99374	E	HOME HEALTH CARE SUPERVISION				Not Allowed				
99375	E	HOME HEALTH CARE SUPERVISION				Not Allowed				
99377	E	HOSPICE CARE SUPERVISION				Not Allowed				
99378	E	HOSPICE CARE SUPERVISION				Not Allowed				
99379	E	NURSING FAC CARE SUPERVISION				Not Allowed				
99380	E	NURSING FAC CARE SUPERVISION				Not Allowed				
99381	M	PREV VISIT, NEW, INFANT				Fee Schedule	$68.31			
99382	M	PREV VISIT, NEW, AGE 1-4				Fee Schedule	$75.86			
99383	M	PREV VISIT, NEW, AGE 5-11				Fee Schedule	$75.86			
99384	M	PREV VISIT, NEW, AGE 12-17				Fee Schedule	$83.73			
99385	M	PREV VISIT, NEW, AGE 18-39				Fee Schedule	$68.31			
99386	M	PREV VISIT, NEW, AGE 40-64				Fee Schedule	$83.70			
99387	M	PREV VISIT, NEW, 65 & OVER				Fee Schedule	$91.54			
99391	M	PREV VISIT, EST, INFANT				Fee Schedule	$60.76			
99392	M	PREV VISIT, EST, AGE 1-4				Fee Schedule	$68.31			
99393	M	PREV VISIT, EST, AGE 5-11				Fee Schedule	$52.99			
99394	M	PREV VISIT, EST, AGE 12-17				Fee Schedule	$75.86			
99395	M	PREV VISIT, EST, AGE 18-39				Fee Schedule	$60.50			
99396	M	PREV VISIT, EST, AGE 40-64				Fee Schedule	$68.31			
99397	M	PREV VISIT, EST, 65 & OVER				Fee Schedule	$76.15			
99401	M	PREVENTIVE COUNSELING, INDIV				Fee Schedule	$0.00			
99402	M	PREVENTIVE COUNSELING, INDIV				Fee Schedule	$0.00			

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99403	M	PREVENTIVE COUNSELING, INDIV				Fee Schedule	$0.00			
99404	M	PREVENTIVE COUNSELING, INDIV				Fee Schedule	$0.00			
99411	M	PREVENTIVE COUNSELING, GROUP				Fee Schedule	$0.00			
99412	M	PREVENTIVE COUNSELING, GROUP				Fee Schedule	$0.00			
99420	M	HEALTH RISK ASSESSMENT TEST				Fee Schedule	$0.00			
99429	M	UNLISTED PREVENTIVE SERVICE				Fee Schedule	$0.00			
99431	V	INITIAL CARE, NORMAL NEWBORN	00605	0.984	$46.99	APC				
99432	N	NEWBORN CARE, NOT IN HOSP				APC/ Bundled				
99433	C	NORMAL NEWBORN CARE/HOSPITAL				Inpatient Only				
99435	M	NEWBORN DISCHARGE DAY HOSP				Fee Schedule	$0.00			
99436	N	ATTENDANCE, BIRTH				APC/ Bundled				
99440	S	NEWBORN RESUSCITATION	00094	2.4233	$115.71	APC				
99450	M	LIFE/DISABILITY EVALUATION				Fee Schedule	$0.00			
99455	M	DISABILITY EXAMINATION				Fee Schedule	$0.00			
99456	M	DISABILITY EXAMINATION				Fee Schedule	$0.00			
99499	M	UNLISTED E&M SERVICE				Fee Schedule	$0.00			
99500	M	HOME VISIT, PRENATAL				Fee Schedule	$0.00			
99501	M	HOME VISIT, POSTNATAL				Fee Schedule	$0.00			
99502	M	HOME VISIT, NB CARE				Fee Schedule	$0.00			
99503	E	HOME VISIT, RESP THERAPY				Not Allowed				
99504	E	HOME VISIT MECH VENTILATOR				Not Allowed				
99505	E	HOME VISIT, STOMA CARE				Not Allowed				
99506	E	HOME VISIT, IM INJECTION				Not Allowed				
99507	E	HOME VISIT, CATH MAINTAIN				Not Allowed				
99509	E	HOME VISIT DAY LIFE ACTIVITY				Not Allowed				
99510	E	HOME VISIT, SING/M/FAM COUNS				Not Allowed				
99511	E	HOME VISIT, FECAL/ENEMA MGMT				Not Allowed				
99512	E	HOME VISIT FOR HEMODIALYSIS				Not Allowed				
99600	E	HOME VISIT NOS				Not Allowed				
99601	E	HOME INFUSION/VISIT 2 HRS				Not Allowed				
99602	E	HOME INFUSION EACH ADDTL HR				Not Allowed				
0001F	E	HEART FAILURE COMPOSITE				Not Allowed				
0005F	E	OSTEOARTHRITIS COMPOSITE				Not Allowed				
0012F	E	CAP BACTERIAL ASSESS				Not Allowed				
0016T	T	THERMOTX CHOROID VASC LESION	00235	3.9333	$187.82	APC				Y
0017T	T	PHOTOCOAGULAT MACULAR DRUSEN	00235	3.9333	$187.82	APC				Y
0019T	M	EXTRACORP SHOCK WAVE TX MS				By Report	$0.00			Y
0026T	M	MEASURE REMNANT LIPOPROTEINS				By Report	$0.00			Y
0027T	T	ENDOSCOPIC EPIDURAL LYSIS	00220	17.8499	$852.33	APC				Y

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0028T	N	DEXA BODY COMPOSITION STUDY				APC/ Bundled				
0029T	N	MAGNETIC TX FOR INCONTINENCE				APC/ Bundled	$0.00			Y
0030T	M	ANTIPROTHROMBIN ANTIBODY				By Report	$0.00			Y
0031T	N	SPECULOSCOPY				APC/ Bundled				Y
0032T	N	SPECULOSCOPY W/DIRECT SAMPLE				APC/ Bundled				Y
0041T	Q	DETECT UR INFECT AGNT W/CPAS				By report	$0.00			Y
0042T	N	CT PERFUSION W/CONTRAST CBF				APC/ Bundled				Y
0043T	Q	CO EXPIRED GAS ANALYSIS				By report	$0.00			Y
0046T	T	CATH LAVAGE MAMMARY DUCT(S	00021	15.1024	$721.14	APC				
0047T	T	CATH LAVAGE MAMMARY DUCT(S)	00021	15.1024	$721.14	APC				
0048T	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only				
0049T	C	EXTERNAL CIRCULATION ASSIST				Inpatient Only				
0050T	C	REMOVAL CIRCULATION ASSIST				Inpatient Only				
0051T	C	IMPLANT TOTAL HEART SYSTEM				Inpatient Only				
0052T	C	REPLACE COMPONENT HEART SYST				Inpatient Only				
0053T	C	REPLACE COMPONENT HEART SYST				Inpatient Only				
0054T	S	BONE SURGERY USING COMPUTER	00302	4.9138	$234.63	APC				
0055T	S	BONE SURGERY USING COMPUTER	00302	4.9138	$234.63	APC				
0056T	S	BONE SURGERY USING COMPUTER	00302	4.9138	$234.63	APC				
0058T	E	CRYOPRESERVATION OVARY TISS	00348			Not Allowed				
0059T	E	CRYOPRESERVATION OOCYTE	00348			Not Allowed				
0060T	E	ELECTRICAL IMPEDANCE SCAN				Not Allowed				
0061T	E	DESTRUCTION OF TUMOR BREAST				Not Allowed				
0062T	T	REP INTRADISC ANNULUS;1 LEV	00050	25.1296	$1,199.94	APC				
0063T	T	REP INTRADISC ANNULUS;>1LEV	00050	25.1296	$1,199.94	APC				
0064T	X	SPECTROSCOP EVAL EXPIRED GAS	00367	0.6277	$29.97	APC				
0065T	E	OCULAR PHOTOSCREEN BILAT				Not Allowed				
0066T	E	CT COLONOGRAPHY;SCREEN				Not Allowed				
0067T	S	CT COLONOGRAPHY;DX	00333	4.8405	$231.13	APC				
0068T	E	INTERP/REPT HEART SOUND				Not Allowed				
0069T	N	ANALYSIS ONLY HEART SOUND				APC/ Bundled				
0070T	N	INTERP ONLY HEART SOUND				APC/ Bundled				
0071T	T	U/S LEIOMYOMATA ABLATE <200	00195	28.5095	$1,361.33	APC				
0072T	T	U/S LEIOMYOMATA ABLATE >200	00202	42.9896	$2,052.75	APC				
0073T	S	DELIVERY COMP IMRT	00412	5.4731	$261.34	APC				
0074T	E	ONLINE PHYSICIAN E/M				Not Allowed				
0075T	C	PERQ STENT/CHEST VERT ART				Inpatient Only				
0076T	C	S&I STENT/CHEST VERT ART				Inpatient Only				
0077T	C	CEREB THERM PERFUSION PROBE				Inpatient Only				

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0078T	C	ENDOVASC AORT REPR W/DEVICE				Inpatient Only				
0079T	C	ENDOVASC VISC EXTNSN REPR				Inpatient Only				
0080T	C	ENDOVASC AORT REPR RAD S&I				Inpatient Only				
0081T	C	ENDOVASC VISC EXTNSN S&I				Inpatient Only				
0084T	T	TEMP PROSTATE URETHRAL STENT	00164	2.1393	$102.15	APC				
0085T	X	BREATH TEST HEART REJECT	00340	0.6102	$29.14	APC				
0086T	N	L VENTRICLE FILL PRESSURE				APC/ Bundled				
0087T	E	SPERM EVAL HYALURONAN	00348			Not Allowed				
0088T	T	RF TONGUE BASE VOL REDUXN	00253	16.4266	$784.37	APC				
0089T	S	ACTIGRAPHY TESTING, 3-DAY	00218	1.1872	$56.69	APC				Y
0090T	C	CERVICAL ARTIFIC DISC				Inpatient Only				
0092T	C	ARTIFIC DISC ADDL				Inpatient Only				
0093T	C	CERVICAL ARTIFIC DISKECTOMY				Inpatient Only				
0095T	C	ARTIFIC DISKECTOMY ADDL				Inpatient Only				
0096T	C	REV CERVICAL ARTIFIC DISC				Inpatient Only				
0098T	C	REV ARTIFIC DISC ADDL				Inpatient Only				
0099T	T	IMPLANT CORNEAL RING	00233	15.2259	$727.04	APC				Y
0100T	T	PROSTH RETINA RECEIVE & GEN	00672	37.429	$1,787.23	APC				Y
0101T	T	EXTRACORP SHOCKWV TX, HI ENRG	00050	25.1296	$1,199.94	APC				Y
0102T	T	EXTRACORP SHOCKWV TX, ANESTH	00050	25.1296	$1,199.94	APC				Y
0103T	E	HOLOTRANSCOBALAMIN				Not Allowed				
0104T	E	AT REST CARDIO GAS REBREATHE				Not Allowed				
0105T	E	EXERC CARDIO GAS REBREATHE				Not Allowed				
0106T	X	TOUCH QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0107T	X	VIBRATE QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0108T	X	COOL QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0109T	X	HEAT QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0110T	X	NOS QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0111T	E	RBC MEMBRANES FATTY ACIDS				Not Allowed				
0115T	E	MED TX MNGMT 15 MIN				Not Allowed				Y
0116T	E	MED TX MNGMT SUBSQT				Not Allowed				Y
0117T	E	MED TX MNGMT ADDL 15 MIN				Not Allowed				Y
0123T	T	SCLERAL FISTULIZATION	00234	22.997	$1,098.11	APC				Y
0124T	T	CONJUNCTIVAL DRUG PLACEMENT	00232	6.0673	$289.71	APC				Y
0126T	N	CHD RISK IMT STUDY				APC/ Bundled				Y
0130T	E	CHRON CARE DRUG INVESTIGATN				Not Allowed				Y
0135T	T	PERQ CRYOABLATE RENAL TUMOR	00423	37.3604	$1,783.96	APC				Y
0137T	T	PROSTATE SATURATION SAMPLING	00184	5.6262	$268.65	APC				Y
0140T	E	EXHALED BREATH CONDENSATE PH				Not Allowed				Y

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0141T	E	PERQ ISLET TRANSPLANT				Not Allowed				Y
0142T	E	OPEN ISLET TRANSPLANT				Not Allowed				Y
0143T	E	LAPAROSCOPIC ISLET TRANSPLNT				Not Allowed				Y
0144T	S	CT HEART WO DYE; QUAL CALC	00398	4.1265	$197.04	APC				Y
0145T	S	CT HEART W/WO DYE FUNCT	00376	4.9832	$237.95	APC				Y
0146T	S	CCTA W/WO DYE	00376	4.9832	$237.95	APC				Y
0147T	S	CCTA W/WO QUAN CALCIUM	00376	4.9832	$237.95	APC				Y
0148T	S	CCTA W/WO STRXR	00377	6.5012	$310.43	APC				Y
0149T	S	CCTA W/WO STRXR QUAN CALC	00377	6.5012	$310.43	APC				Y
0150T	S	CCTA W/WO DISEASE STRXR	00398	4.1265	$197.04	APC				Y
0151T	S	CT HEART FUNCT ADD-ON	00282	1.5379	$73.43	APC				Y
0153T	C	IMPLANT ANEUR SENSOR ADD-ON				Inpatient Only				Y
0154T	X	IMPLANT ANEUR SENSOR STUDY	00097	1.0225	$48.82	APC				Y
0155T	E	LAP INS GASTR ELRD FOR MO	00130			Not Allowed				
0156T	E	LAP REDO GASTR ELRD FOR MO	00130			Not Allowed				
0157T	C	OPN INS GAST ELRD FOR MO				Inpatient Only				
0158T	C	OPN REDO GAST ELRD FOR MO				Inpatient Only				
0159T	N	COMPUTER BREAST MRI ADD-ON				APC/ Bundled				
0160T	M	TRANSCRAN MAG STIM PLANNING	00216			Not Allowed				
0161T	M	TRANSCAN MAG STIM DELIVERY	00216			Not Allowed				
0162T	S	ANAL PROGRAM GAST NEUROSTIM	00692	1.9323	$92.27	APC				
0163T	C	LUMB ARTIF DISKECTOMY ADDL				Inpatient Only				
0164T	C	REMOVE LUMB ARTIF DISC ADDL				Inpatient Only				
0165T	C	REVISE LUMB ARTIF DISC ADDL				Inpatient Only				
0166T	C	TCATH VSD CLOSE W/O BYPASS				Inpatient Only				
0167T	C	TCATH VSD CLOSE W BYPASS				Inpatient Only				
0168T	T	RHINOPHOTOTX LIGHT APP BILAT	00251	2.452	$117.08	APC				
0169T	C	PLACE STEREO CATH BRAIN				Inpatient Only				
0170T	T	ANORECTAL FISTULA PLUG RPR	00150	29.6189	$1,414.30	APC				
0171T	T	LUMBAR SPINE PROCES DISTRACT	00050	25.1296	$1,199.94	APC				
0172T	T	LUMBAR SPINE PROCES ADDL	00050	25.1296	$1,199.94	APC				
0173T	N	IOP MONIT IO PRESSURE				APC/ Bundled				
0174T	N	CAD CXR WITH INTERP				APC/ Bundled				
0175T	N	CAD CXR REMOTE				APC/ Bundled				
0176T	T	AQU CANAL DILAT W/O RETENT	00673	37.8967	$1,809.57	APC				
0177T	T	AQU CANAL DILAT W RETENT	00673	37.8967	$1,809.57	APC				
0178T	E	64 LEAD ECG W I&R				Not Allowed				
0179T	X	64 LEAD ECG W TRACING	00100	2.5336	$120.98	APC				
0180T	E	64 LEAD ECG W I&R ONLY				Not Allowed				

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0181T	S	CORNEAL HYSTERESIS	00230	0.7898	$37.71	APC				
0182T	S	HDR ELEC BRACHYTHERAPY	01519	28.4701	$1,359.45	APC				
0500F	E	INITIAL PRENATAL CARE VISIT				Not Allowed				
0501F	E	PRENATAL FLOW SHEET				Not Allowed				
0502F	E	SUBSEQUENT PRENATAL CARE				Not Allowed				
0503F	E	POSTPARTUM CARE VISIT				Not Allowed				
0505F	E	HEMODIALYSIS PLAN DOCFD				Not Allowed				
0507F	E	PERITON DIALYSIS PLAN DOCFD				Not Allowed				
0509F	E	URINE INCON PLAN DOC□D				Not Allowed				
1000F	E	TOBACCO USE ASSESSED				Not Allowed				
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL				Not Allowed				
1003F	E	LEVEL OF ACTIVITY ASSESS				Not Allowed				
1004F	E	CLIN SYMP VOL OVRLD ASSESS				Not Allowed				
1005F	E	ASTHMA SYMPTOMS EVALUATE				Not Allowed				
1006F	E	OSTEOARTHRITIS ASSESS				Not Allowed				
1007F	E	ANTI-INFLM/ANLGSC OTC ASSESS				Not Allowed				
1008F	E	GI/RENAL RISK ASSESS				Not Allowed				
1015F	E	COPD SYMPTOMS ASSESS				Not Allowed				
1018F	E	ASSESS DYSPNEA NOT PRESENT				Not Allowed				
1019F	E	ASSESS DYSPNEA PRESENT				Not Allowed				
1022F	E	PNEUMO IMM STATUS ASSESS				Not Allowed				
1026F	E	CO-MORBID CONDITION ASSESS				Not Allowed				
1030F	E	INFLUENZA IMM STATUS ASSESS				Not Allowed				
1034F	E	CURRENT TOBACCO SMOKER				Not Allowed				
1035F	E	SMOKELESS TOBACCO USER				Not Allowed				
1036F	E	TOBACCO NON-USER				Not Allowed				
1038F	E	PERSISTENT ASTHMA				Not Allowed				
1039F	E	INTERMITTENT ASTHMA				Not Allowed				
1040F	E	DSM-IV INFO MDD DOCFD				Not Allowed				
1050F	E	HISTORY OF MOLE CHANGES				Not Allowed				
1055F	E	VISUAL FUNCT STATUS ASSESS				Not Allowed				
1060F	E	DOC PERM/CONT/PAROX ATR. FIB				Not Allowed				
1061F	E	DOC LACK PERM+CONT+PAROX FIB				Not Allowed				
1065F	E	ISCHM STROKE SYMP LT3 HRS B/4				Not Allowed				
1066F	E	ISCHM STROKE SYMP GE3 HRS B/4				Not Allowed				
1070F	E	ALARM SYMP ASSESSED-ABSENT				Not Allowed				
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT				Not Allowed				
1080F	E	DECIS MKR/ADVNCD PLAN DOC□D				Not Allowed				
1090F	E	PRES/ABSN URINE INCON ASSESS				Not Allowed				

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1091F	E	URINE INCON CHARACTERIZED				Not Allowed				
1100F	E	PT FALLS ASSESS-DOC GE2+/YR				Not Allowed				
1101F	E	PT FALLS ASSESSED-DOC LE1/YR				Not Allowed				
1110F	E	PT LFT INPT FAC W/IN 60 DAYS				Not Allowed				
1111F	E	DSCHRG MED/CURRENT MED MERGE				Not Allowed				
2000F	E	BLOOD PRESSURE MEASURE				Not Allowed				
2001F	E	WEIGHT RECORD				Not Allowed				
2002F	E	CLIN SIGN VOL OVRLD ASSESS				Not Allowed				
2004F	E	INITIAL EXAM INVOLVED JOINTS				Not Allowed				
2010F	E	VITAL SIGNS RECORDED				Not Allowed				
2014F	E	MENTAL STATUS ASSESS				Not Allowed				
2018F	E	HYDRATION STATUS ASSESS				Not Allowed				
2019F	E	DILATED MACUL EXAM DONE				Not Allowed				
2020F	E	DILATED FUNDUS EVAL DONE				Not Allowed				
2021F	E	DILAT MACUL+EXAM DONE				Not Allowed				
2022F	E	DIL RETINA EXAM INTERP REV				Not Allowed				
2024F	E	7 FIELD PHOTO INTERP DOC REV				Not Allowed				
2026F	E	EYE IMAGE VALID TO DX REV				Not Allowed				
2027F	E	OPTIC NERVE HEAD EVAL DONE				Not Allowed				
2028F	E	FOOT EXAM PERFORMED				Not Allowed				
2029F	E	COMPLETE PHYS SKIN EXAM DONE				Not Allowed				
2030F	E	H2O STAT DOCFD, NORMAL				Not Allowed				
2031F	E	H2O STAT DOCFD, DEHYDRATED				Not Allowed				
3006F	E	CXR DOC REV				Not Allowed				
3011F	E	LIPID PANEL DOC REV				Not Allowed				
3014F	E	SCREEN MAMMO DOC REV				Not Allowed				
3017F	E	COLORECTAL CA SCREEN DOC REV				Not Allowed				
3020F	E	LVF ASSESS				Not Allowed				
3021F	E	LVEF MOD/SEVER DEPRS SYST				Not Allowed				
3022F	E	LVEF >= 40% SYSTOLIC				Not Allowed				
3023F	E	SPIROM DOC REV				Not Allowed				
3025F	E	SPIROM FEV/FVC<70% W COPD				Not Allowed				
3027F	E	SPIROM FEV/FVC >= 70%/ W/O COPD				Not Allowed				
3028F	E	O2 SATURATION DOC REV				Not Allowed				
3035F	E	O2 SATURATION <= 88% /PA0 <= 55				Not Allowed				
3037F	E	O2 SATURATION> 88% /PA0>55				Not Allowed				
3040F	E	FEV<40% PREDICTED VALUE				Not Allowed				
3042F	E	FEV >= 40% PREDICTED VALUE				Not Allowed				
3044F	E	HG A1C LEVEL LT 7.0%				Not Allowed				

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3045F	E	HG A1C LEVEL 7.0-9.0%				Not Allowed				
3046F	E	HEMOGLOBIN A1C LEVEL > 9.0%				Not Allowed				
3048F	E	LDL-C <100 MG/DL				Not Allowed				
3049F	E	LDL-C 100-129 MG/DL				Not Allowed				
3050F	E	LDL-C >= 130 MG/DL				Not Allowed				
3060F	E	POS MICROALBUMINURIA REV				Not Allowed				
3061F	E	NEG MICROALBUMINURIA REV				Not Allowed				
3062F	E	POS MACROALBUMINURIA REV				Not Allowed				
3066F	E	NEPHROPATHY DOC TX				Not Allowed				
3072F	E	LOW RISK FOR RETINOPATHY				Not Allowed				
3073F	E	PRE-SURG EYE MEASURES DOC'D				Not Allowed				
3074F	E	SYST BP LT 130MM HG				Not Allowed				
3075F	E	SYST BP GE 130-139MM HG				Not Allowed				
3077F	E	SYST BP >= 140 MM HG				Not Allowed				
3078F	E	DIAST BP < 80 MM HG				Not Allowed				
3079F	E	DIAST BP 80-89 MM HG				Not Allowed				
3080F	E	DIAST BP >= 90 MM HG				Not Allowed				
3082F	E	KT/V <1.2				Not Allowed				
3083F	E	KT/V >= 1.2 AND <1.7				Not Allowed				
3084F	E	KT/V >= 1.7				Not Allowed				
3085F	E	SUICIDE RISK ASSESSED				Not Allowed				
3088F	E	MDD, MILD				Not Allowed				
3089F	E	MDD, MODERATE				Not Allowed				
3090F	E	MDD, SEVERE; W/O PSYCH				Not Allowed				
3091F	E	MDD, SEVERE; W/PSYCH				Not Allowed				
3092F	E	MDD, IN REMISSION				Not Allowed				
3093F	E	DOC NEW DIAG 1ST/ADDL. MDD				Not Allowed				
3095F	E	CENTRAL DEXA RESULTS DOC'D				Not Allowed				
3096F	E	CENTRAL DEXA ORDERED				Not Allowed				
3100F	E	IMAGE TEST REF CAROT DIAM				Not Allowed				
3110F	E	PRES/ABSN HMRHG/LESION DOC□D				Not Allowed				
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS				Not Allowed				
3112F	E	CT/MRI BRAIN DONE GT24 HRS				Not Allowed				
3120F	E	12-LEAD ECG PERFORMED				Not Allowed				
3130F	E	UPPER GI ENDOSCOPY PERFORMED				Not Allowed				
3132F	E	DOC REF. UPPER GI ENDOSCOPY				Not Allowed				
3140F	E	UPPER GI ENDO SHOWS BARRTTÜS				Not Allowed				
3141F	E	UPPER GI ENDO NOT BARTT'S				Not Allowed				
3142F	E	BARIUM SWALLOW TEST ORDERED				Not Allowed				

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3150F	E	FORCEPS ESOPH BIOPSY DONE				Not Allowed				
3155F	E	CYTOGEN TEST MARROW B/4 TX				Not Allowed				
3160F	E	DOC FE+ STORES B/4 EPO THX				Not Allowed				
3170F	E	FLOW CYTO DONE B/4 TX				Not Allowed				
3200F	E	BARIUM SWALLOW TEST NOT REQ				Not Allowed				
3210F	E	GRP A STREP TEST PERFORMED				Not Allowed				
4000F	E	TOBACCO USE TXMNT COUNSELING				Not Allowed				
4001F	E	TOBACCO USE TXMNT PHARMACOL				Not Allowed				
4002F	E	STATIN THERAPY RX				Not Allowed				
4003F	E	PT ED WRITE/ORAL PTS W/ HF				Not Allowed				
4005F	E	PHARM THX FOR OP RX'D				Not Allowed				
4006F	E	BETA-BLOCKER THERAPY RX				Not Allowed				
4007F	E	AREDS/ANITOX VIT/MIN RX□D				Not Allowed				
4009F	E	ACE/ARB INHIBITOR THERAPY RX				Not Allowed				
4011F	E	ORAL ANTIPLATELET THERAPY RX				Not Allowed				
4012F	E	WARFARIN THERAPY RX				Not Allowed				
4014F	E	WRITTEN DISCHARGE INSTR PRVD				Not Allowed				
4015F	E	PERSIST ASTHMA MEDICINE CTRL				Not Allowed				
4016F	E	ANTI-INFLM/ANLGSC AGENT RX				Not Allowed				
4017F	E	GI PROPHYLAXIS FOR NSAID RX				Not Allowed				
4018F	E	THERAPY EXERCISE JOINT RX				Not Allowed				
4019F	E	DOC RECPT COUNSL VIT D/CALC+				Not Allowed				
4025F	E	INHALED BRONCHOLIDATOR RX				Not Allowed				
4030F	E	OXYGEN THERAPY RX				Not Allowed				
4033F	E	PULMONARY REHAB REC				Not Allowed				
4035F	E	INFLUENZA IMM REC				Not Allowed				
4037F	E	INFLUENZA IMM ORDER/ADMIN				Not Allowed				
4040F	E	PNEUMOC IMM ORDER/ADMIN				Not Allowed				
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX.				Not Allowed				
4042F	E	DOC ANTIBIO NOT GIVEN				Not Allowed				
4043F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed				
4044F	E	DOC ORDER GIVEN VTE PROPHYLX				Not Allowed				
4045F	E	EMPIRIC ANTIBIOTIC RX				Not Allowed				
4046F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed				
4047F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed				
4048F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed				
4049F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed				
4050F	E	HT CARE PLAN DOC				Not Allowed				
4051F	E	REFERRED FOR AN AV FISTULA				Not Allowed				

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4052F	E	HEMODIALYSIS VIA AV FISTULA				Not Allowed				
4053F	E	HEMODIALYSIS VIA AV GRAFT				Not Allowed				
4054F	E	HEMODIALYSIS VIA CATHETER				Not Allowed				
4055F	E	PT. RCVNG PERITON DIALYSIS				Not Allowed				
4056F	E	APPROP. ORAL REHYD. RECOMMFD				Not Allowed				
4058F	E	PED GASTRO ED GIVEN, CAREGVR				Not Allowed				
4060F	E	PSYCH SVCS PROVIDED				Not Allowed				
4062F	E	PT REFERRAL PSYCH DOCFD				Not Allowed				
4064F	E	ANTIDEPRESSANT RX				Not Allowed				
4065F	E	ANTIPSYCHOTIC RX				Not Allowed				
4066F	E	ECT PROVIDED				Not Allowed				
4067F	E	PT REFERRAL FOR ECT DOC/ED				Not Allowed				
4070F	E	DVT PROPHYLX RECV□D DAY 2				Not Allowed				
4073F	E	ORAL ANTIPLAT THX RX DISCHRG				Not Allowed				
4075F	E	ANTICOAG THX RX AT DISCHRG				Not Allowed				
4077F	E	DOC T-PA ADMIN CONSIDERED				Not Allowed				
4079F	E	DOC REHAB SVCS CONSIDERED				Not Allowed				
4084F	E	ASPIRIN RECV□D W/IN 24 HRS				Not Allowed				
4090F	E	PT RCVNG EPO THXPY				Not Allowed				
4095F	E	PT NOT RCVNG EPO THXPY				Not Allowed				
4100F	E	BIPHOS THXPY VEIN ORD/RECÜVD				Not Allowed				
4110F	E	INT. MAM ART USED FOR CABG				Not Allowed				
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS				Not Allowed				
4120F	E	ANTIBIOT RXÜD/GIVEN				Not Allowed				
4124F	E	ANTIBIOT NOT RXÜD/GIVEN				Not Allowed				
5005F	E	PT COUNSLD ON EXAM FOR MOLES				Not Allowed				
5010F	E	MACUL + FINDINGS TO DR MNG DM				Not Allowed				
5015F	E	DOC FX & TEST/TXMNT FOR OP				Not Allowed				
6005F	E	CARE LEVEL RATIONALE DOC				Not Allowed				
6010F	E	DYSPHAG TEST DONE B/4 EATING				Not Allowed				
6015F	E	PT RECVNG/OK FOR EATING/SWALLOWING				Not Allowed				
6020F	E	NPO (NOTHING-MOUTH) ORDERED				Not Allowed				
A0021	E	OUTSIDE STATE AMBULANCE SERV				Not Allowed				Y
A0080	E	NONINTEREST ESCORT IN NON ER				Not Allowed				
A0090	E	INTEREST ESCORT IN NON ER				Not Allowed				Y
A0100	E	NONEMERGENCY TRANSPORT TAXI				Not Allowed				
A0110	E	NONEMERGENCY TRANSPORT BUS				Not Allowed				Y
A0120	E	NONER TRANSPORT MINI-BUS				Not Allowed				
A0130	E	NONER TRANSPORT WHEELCH VAN				Not Allowed				Y

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A0140	E	NONEMERGENCY TRANSPORT AIR				Not Allowed				Y
A0160	E	NONER TRANSPORT CASE WORKER				Not Allowed				Y
A0170	E	TRANSPORT PARKING FEES/TOLLS				Not Allowed				
A0180	E	NONER TRANSPORT LODGNG RECIP				Not Allowed				Y
A0190	E	NONER TRANSPORT MEALS RECIP				Not Allowed				Y
A0200	E	NONER TRANSPORT LODGNG ESCRT				Not Allowed				
A0210	E	NONER TRANSPORT MEALS ESCORT				Not Allowed				
A0225	E	NEONATAL EMERGENCY TRANSPORT				Not Allowed				
A0380	E	BASIC LIFE SUPPORT MILEAGE				Not Allowed				
A0382	E	BASIC SUPPORT ROUTINE SUPPLS				Not Allowed				
A0384	E	BLS DEFIBRILLATION SUPPLIES				Not Allowed				
A0390	E	ADVANCED LIFE SUPPORT MILEAG				Not Allowed				
A0392	E	ALS DEFIBRILLATION SUPPLIES				Not Allowed				
A0394	E	ALS IV DRUG THERAPY SUPPLIES				Not Allowed				
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS				Not Allowed				
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS				Not Allowed				
A0420	E	AMBULANCE WAITING 1/2 HR				Not Allowed				
A0422	E	AMBULANCE 02 LIFE SUSTAINING				Not Allowed				Y
A0424	E	EXTRA AMBULANCE ATTENDANT				Not Allowed				
A0425	E	GROUND MILEAGE				Not Allowed				Y
A0426	E	ALS 1				Not Allowed				Y
A0427	E	ALS1-EMERGENCY				Not Allowed				Y
A0428	E	BLS				Not Allowed				Y
A0429	E	BLS-EMERGENCY				Not Allowed				Y
A0430	E	FIXED WING AIR TRANSPORT				Not Allowed				Y
A0431	E	ROTARY WING AIR TRANSPORT				Not Allowed				Y
A0432	E	PI VOLUNTEER AMBULANCE CO				Not Allowed				Y
A0433	E	ALS 2				Not Allowed				Y
A0434	E	SPECIALTY CARE TRANSPORT				Not Allowed				Y
A0435	E	FIXED WING AIR MILEAGE				Not Allowed				Y
A0436	E	ROTARY WING AIR MILEAGE				Not Allowed				Y
A0888	E	NONCOVERED AMBULANCE MILEAGE				Not Allowed				Y
A0998	E	AMBULANCE RESPONSE/TREATMENT				Not Allowed				
A0999	E	UNLISTED AMBULANCE SERVICE				Not Allowed				
A4206	N	1 CC STERILE SYRINGE&NEEDLE				APC/ Bundled	$0.00			
A4207	N	2 CC STERILE SYRINGE&NEEDLE				APC/ Bundled	$0.00			
A4208	N	3 CC STERILE SYRINGE&NEEDLE				APC/ Bundled	$0.00			
A4209	N	5+ CC STERILE SYRINGE&NEEDLE				APC/ Bundled	$0.00			
A4210	N	NONNEEDLE INJECTION DEVICE				APC/ Bundled	$0.00			

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A4211	N	SUPP FOR SELF-ADM INJECTIONS				APC/ Bundled	$0.00			
A4212	N	NON CORING NEEDLE OR STYLET				APC/ Bundled	$0.00			
A4213	N	20+ CC SYRINGE ONLY				APC/ Bundled	$0.00			
A4215	N	STERILE NEEDLE				APC/ Bundled	$0.00			
A4216	E	STERILE WATER/SALINE 10 ML				Not Allowed				
A4217	E	STERILE WATER/SALINE 500 ML				Not Allowed				
A4218	N	STERILE SALINE OR WATER				APC/ Bundled				
A4220	N	INFUSION PUMP REFILL KIT				APC/ Bundled				
A4221	N	MAINT DRUG INFUS CATH PER WK				APC/ Bundled	$0.00			
A4222	N	DRUG INFUSION PUMP SUPPLIES				APC/ Bundled	$0.00			
A4223	E	INFUSION SUPPLIES W/O PUMP				Not Allowed				
A4230	N	INFUS INSULIN PUMP NON NEEDL				APC/ Bundled	$0.00			
A4231	N	INFUSION INSULIN PUMP NEEDLE				APC/ Bundled	$0.00			
A4232	N	SYRINGE W/NEEDLE INSULIN 3CC				APC/ Bundled	$0.00			
A4233	E	ALKALIN BATT FOR GLUCOSE MON				Not Allowed				
A4234	E	J-CELL BATT FOR GLUCOSE MON				Not Allowed				
A4235	E	LITHIUM BATT FOR GLUCOSE MON				Not Allowed				
A4236	E	SILVR OXIDE BATT GLUCOSE MON				Not Allowed				
A4244	N	ALCOHOL OR PEROXIDE PER PINT				APC/ Bundled	$0.00			
A4245	N	ALCOHOL WIPES PER BOX				APC/ Bundled	$0.00			
A4246	N	BETADINE/PHISOHEX SOLUTION				APC/ Bundled	$0.00			
A4247	N	BETADINE/IODINE SWABS/WIPES				APC/ Bundled	$0.00			
A4248	N	CHLORHEXIDINE ANTISEPT				APC/ Bundled				
A4250	N	URINE REAGENT STRIPS/TABLETS				APC/ Bundled	$0.00			
A4253	N	BLOOD GLUCOSE/REAGENT STRIPS				APC/ Bundled	$0.00			
A4255	N	GLUCOSE MONITOR PLATFORMS				APC/ Bundled	$0.00			
A4256	N	CALIBRATOR SOLUTION/CHIPS				APC/ Bundled	$0.00			
A4257	N	REPLACE LENSSHIELD CARTRIDGE				APC/ Bundled	$0.00			
A4258	N	LANCET DEVICE EACH				APC/ Bundled	$0.00			
A4259	N	LANCETS PER BOX				APC/ Bundled	$0.00			
A4261	E	CERVICAL CAP CONTRACEPTIVE				Not Allowed				
A4262	N	TEMPORARY TEAR DUCT PLUG				APC/ Bundled				
A4263	N	PERMANENT TEAR DUCT PLUG				APC/ Bundled				
A4265	N	PARAFFIN				APC/ Bundled	$0.00			
A4266	E	DIAPHRAGM				Not Allowed				
A4267	E	MALE CONDOM				Not Allowed				
A4268	N	FEMALE CONDOM				APC/ Bundled	$0.00			
A4269	N	SPERMICIDE				APC/ Bundled	$0.00			
A4270	N	DISPOSABLE ENDOSCOPE SHEATH				APC/ Bundled				

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A4280	N	BRST PRSTHS ADHSV ATTCHMNT				APC/ Bundled	$0.00			
A4281	E	REPLACEMENT BREASTPUMP TUBE				Not Allowed				
A4282	E	REPLACEMENT BREASTPUMP ADPT				Not Allowed				
A4283	E	REPLACEMENT BREASTPUMP CAP				Not Allowed				
A4284	E	REPLCMNT BREAST PUMP SHIELD				Not Allowed				
A4285	E	REPLCMNT BREAST PUMP BOTTLE				Not Allowed				
A4286	E	REPLCMNT BREASTPUMP LOK RING				Not Allowed				
A4290	N	SACRAL NERVE STIM TEST LEAD				APC/ Bundled	$0.00			
A4300	N	CATH IMPL VASC ACCESS PORTAL				APC/ Bundled				
A4301	N	IMPLANTABLE ACCESS SYST PERC				APC/ Bundled				
A4305	N	DRUG DELIVERY SYSTEM >=50 ML				APC/ Bundled				
A4306	N	DRUG DELIVERY SYSTEM <=50 ML				APC/ Bundled				
A4310	N	INSERT TRAY W/O BAG/CATH				APC/ Bundled	$0.00			
A4311	N	CATHETER W/O BAG 2-WAY LATEX				APC/ Bundled	$0.00			
A4312	N	CATH W/O BAG 2-WAY SILICONE				APC/ Bundled	$0.00			
A4313	N	CATHETER W/BAG 3-WAY				APC/ Bundled	$0.00			
A4314	N	CATH W/DRAINAGE 2-WAY LATEX				APC/ Bundled	$0.00			
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE				APC/ Bundled	$0.00			
A4316	N	CATH W/DRAINAGE 3-WAY				APC/ Bundled	$0.00			
A4320	N	IRRIGATION TRAY				APC/ Bundled	$0.00			
A4321	N	CATH THERAPEUTIC IRRIG AGENT				APC/ Bundled	$0.00			
A4322	N	IRRIGATION SYRINGE				APC/ Bundled	$0.00			
A4326	N	MALE EXTERNAL CATHETER				APC/ Bundled	$0.00			
A4327	N	FEM URINARY COLLECT DEV CUP				APC/ Bundled	$0.00			
A4328	N	FEM URINARY COLLECT POUCH				APC/ Bundled	$0.00			
A4330	N	STOOL COLLECTION POUCH				APC/ Bundled	$0.00			
A4331	N	EXTENSION DRAINAGE TUBING				APC/ Bundled	$0.00			
A4332	N	LUBRICANT FOR CATH INSERTION				APC/ Bundled	$0.00			
A4333	N	URINARY CATH ANCHOR DEVICE				APC/ Bundled	$0.00			
A4334	N	URINARY CATH LEG STRAP				APC/ Bundled	$0.00			
A4335	N	INCONTINENCE SUPPLY				APC/ Bundled	$0.00			
A4338	N	INDWELLING CATHETER LATEX				APC/ Bundled	$0.00			
A4340	N	INDWELLING CATHETER SPECIAL				APC/ Bundled	$0.00			
A4344	N	CATH INDW FOLEY 2 WAY SILICN				APC/ Bundled	$0.00			
A4346	N	CATH INDW FOLEY 3 WAY				APC/ Bundled	$0.00			
A4349	E	DISPOSABLE MALE EXTERNAL CAT				Not Allowed				
A4351	N	STRAIGHT TIP URINE CATHETER				APC/ Bundled	$0.00			
A4352	N	COUDE TIP URINARY CATHETER				APC/ Bundled	$0.00			
A4353	N	INTERMITTENT URINARY CATH				APC/ Bundled	$0.00			

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
A4354	N	CATH INSERTION TRAY W/BAG				APC/ Bundled	$0.00			
A4355	N	BLADDER IRRIGATION TUBING				APC/ Bundled	$0.00			
A4356	N	EXT URETH CLMP OR COMPR DVC				APC/ Bundled	$0.00			
A4357	N	BEDSIDE DRAINAGE BAG				APC/ Bundled	$0.00			
A4358	N	URINARY LEG OR ABDOMEN BAG				APC/ Bundled	$0.00			
A4361	N	OSTOMY FACE PLATE				APC/ Bundled	$0.00			
A4362	N	SOLID SKIN BARRIER				APC/ Bundled	$0.00			
A4363	N	OSTOMY CLAMP, REPLACEMENT				APC/ Bundled	$0.00			
A4364	N	ADHESIVE LIQUID OR EQUAL				APC/ Bundled	$0.00			
A4365	N	ADHESIVE REMOVER WIPES				APC/ Bundled	$0.00			
A4366	E	OSTOMY VENT				Not Allowed				
A4367	N	OSTOMY BELT				APC/ Bundled	$0.00			
A4368	N	OSTOMY FILTER				APC/ Bundled	$0.00			
A4369	N	SKIN BARRIER LIQUID PER OZ				APC/ Bundled	$0.00			
A4371	N	SKIN BARRIER POWDER PER OZ				APC/ Bundled	$0.00			
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV				APC/ Bundled	$0.00			
A4373	N	SKIN BARRIER WITH FLANGE				APC/ Bundled	$0.00			
A4375	N	DRAINABLE PLASTIC PCH W FCPL				APC/ Bundled	$0.00			
A4376	N	DRAINABLE RUBBER PCH W FCPLT				APC/ Bundled	$0.00			
A4377	N	DRAINABLE PLSTIC PCH W/O FP				APC/ Bundled	$0.00			
A4378	N	DRAINABLE RUBBER PCH W/O FP				APC/ Bundled	$0.00			
A4379	N	URINARY PLASTIC POUCH W FCPL				APC/ Bundled	$0.00			
A4380	N	URINARY RUBBER POUCH W FCPLT				APC/ Bundled	$0.00			
A4381	N	URINARY PLASTIC POUCH W/O FP				APC/ Bundled	$0.00			
A4382	N	URINARY HVY PLSTC PCH W/O FP				APC/ Bundled	$0.00			
A4383	N	URINARY RUBBER POUCH W/O FP				APC/ Bundled	$0.00			
A4384	N	OSTOMY FACEPLT/SILICONE RING				APC/ Bundled	$0.00			
A4385	N	OST SKN BARRIER SLD EXT WEAR				APC/ Bundled	$0.00			
A4387	N	OST CLSD POUCH W ATT ST BARR				APC/ Bundled	$0.00			
A4388	N	DRAINABLE PCH W EX WEAR BARR				APC/ Bundled	$0.00			
A4389	N	DRAINABLE PCH W ST WEAR BARR				APC/ Bundled	$0.00			
A4390	N	DRAINABLE PCH EX WEAR CONVEX				APC/ Bundled	$0.00			
A4391	N	URINARY POUCH W EX WEAR BARR				APC/ Bundled	$0.00			
A4392	N	URINARY POUCH W ST WEAR BARR				APC/ Bundled	$0.00			
A4393	N	URINE PCH W EX WEAR BAR CONV				APC/ Bundled	$0.00			
A4394	N	OSTOMY POUCH LIQ DEODORANT				APC/ Bundled	$0.00			
A4395	N	OSTOMY POUCH SOLID DEODORANT				APC/ Bundled	$0.00			
A4396	N	PERISTOMAL HERNIA SUPPRT BLT				APC/ Bundled	$0.00			
A4397	N	IRRIGATION SUPPLY SLEEVE				APC/ Bundled	$0.00			

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A4398	N	OSTOMY IRRIGATION BAG				APC/ Bundled	$0.00			
A4399	N	OSTOMY IRRIG CONE/CATH W BRS				APC/ Bundled	$0.00			
A4400	N	OSTOMY IRRIGATION SET				APC/ Bundled	$0.00			
A4402	N	LUBRICANT PER OUNCE				APC/ Bundled	$0.00			
A4404	N	OSTOMY RING EACH				APC/ Bundled	$0.00			
A4405	N	NONPECTIN BASED OSTOMY PASTE				APC/ Bundled	$0.00			
A4406	N	PECTIN BASED OSTOMY PASTE				APC/ Bundled	$0.00			
A4407	N	EXT WEAR OST SKN BARR <=4SQ				APC/ Bundled	$0.00			
A4408	N	EXT WEAR OST SKN BARR >4SQ				APC/ Bundled	$0.00			
A4409	N	OST SKN BARR CONVEX <=4 SQ I				APC/ Bundled	$0.00			
A4410	N	OST SKN BARR EXTND >4 SQ				APC/ Bundled	$0.00			
A4411	E	OST SKN BARR EXTND =4SQ				Not Allowed				
A4412	E	OST POUCH DRAIN HIGH OUTPUT				Not Allowed				
A4413	N	2 PC DRAINABLE OST POUCH				APC/ Bundled	$0.00			
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN				APC/ Bundled	$0.00			
A4415	N	OST SKN BARR W/O CONV >4 SQI				APC/ Bundled	$0.00			
A4416	E	OST PCH CLSD W BARRIER/FILTR				Not Allowed				
A4417	E	OST PCH W BAR/BLTINCONV/FLTR				Not Allowed				
A4418	E	OST PCH CLSD W/O BAR W FILTR				Not Allowed				
A4419	E	OST PCH FOR BAR W FLANGE/FLT				Not Allowed				
A4420	E	OST PCH CLSD FOR BAR W LK FL				Not Allowed				
A4421	N	OSTOMY SUPPLY MISC				APC/ Bundled	$0.00			
A4422	N	OST POUCH ABSORBENT MATERIAL				APC/ Bundled	$0.00			
A4423	E	OST PCH FOR BAR W LK FL/FLTR				Not Allowed				
A4424	E	OST PCH DRAIN W BAR & FILTER				Not Allowed				
A4425	E	OST PCH DRAIN FOR BARRIER FL				Not Allowed				
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM				Not Allowed				
A4427	E	OST PCH DRAIN/BARR LK FLNG/F				Not Allowed				
A4428	E	URINE OST POUCH W FAUCET/TAP				Not Allowed				
A4429	E	URINE OST POUCH W BLTINCONV				Not Allowed				
A4430	E	OST URINE PCH W B/BLTIN CONV				Not Allowed				
A4431	E	OST PCH URINE W BARRIER/TAPV				Not Allowed				
A4432	E	OS PCH URINE W BAR/FANGE/TAP				Not Allowed				
A4433	E	URINE OST PCH BAR W LOCK FLN				Not Allowed				
A4434	E	OST PCH URINE W LOCK FLNG/FT				Not Allowed				
A4450	N	NON-WATERPROOF TAPE				APC/ Bundled	$0.00			
A4452	N	WATERPROOF TAPE				APC/ Bundled	$0.00			
A4455	N	ADHESIVE REMOVER PER OUNCE				APC/ Bundled	$0.00			
A4458	N	REUSABLE ENEMA BAG				APC/ Bundled	$0.00			

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A4461	E	SURGICL DRESS HOLD NON-REUSE				Not Allowed				
A4463	E	SURGICAL DRESS HOLDER REUSE				Not Allowed				
A4465	N	NON-ELASTIC EXTREMITY BINDER				APC/ Bundled	$0.00			
A4470	N	GRAVLEE JET WASHER				APC/ Bundled	$0.00			
A4480	N	VABRA ASPIRATOR				APC/ Bundled	$0.00			
A4481	N	TRACHEOSTOMA FILTER				APC/ Bundled	$0.00			
A4483	N	MOISTURE EXCHANGER				APC/ Bundled	$0.00			
A4490	N	ABOVE KNEE SURGICAL STOCKING				APC/ Bundled	$0.00			
A4495	N	THIGH LENGTH SURG STOCKING				APC/ Bundled	$0.00			
A4500	N	BELOW KNEE SURGICAL STOCKING				APC/ Bundled	$0.00			
A4510	N	FULL LENGTH SURG STOCKING				APC/ Bundled	$0.00			
A4520	E	INCONTINENCE GARMENT ANYTYPE				Not Allowed				
A4550	N	SURGICAL TRAYS				APC/ Bundled	$0.00			
A4554	N	DISPOSABLE UNDERPADS				APC/ Bundled	$0.00			
A4556	N	ELECTRODES, PAIR				APC/ Bundled	$0.00			
A4557	N	LEAD WIRES, PAIR				APC/ Bundled	$0.00			
A4558	N	CONDUCTIVE PASTE OR GEL				APC/ Bundled	$0.00			
A4559	N	COUPLING GEL OR PASTE				APC/ Bundled	$0.00			
A4561	N	PESSARY RUBBER, ANY TYPE				APC/ Bundled				
A4562	N	PESSARY, NON RUBBER,ANY TYPE				APC/ Bundled				
A4565	N	SLINGS				APC/ Bundled	$0.00			
A4570	N	SPLINT				APC/ Bundled	$0.00			
A4575	N	HYPERBARIC O2 CHAMBER DISPS				APC/ Bundled	$0.00			
A4580	N	CAST SUPPLIES (PLASTER)				APC/ Bundled	$0.00			
A4590	N	SPECIAL CASTING MATERIAL				APC/ Bundled	$0.00			
A4595	N	TENS SUPPL 2 LEAD PER MONTH				APC/ Bundled	$0.00			
A4600	N	SLEEVE, INTER LIMB COMP DEV				APC/ Bundled	$0.00			
A4601	N	LITH ION BATT, NON-PROS USE				APC/ Bundled	$0.00			
A4604	E	TUBING WITH HEATING ELEMENT				Not Allowed				
A4605	E	TRACH SUCTION CATH CLOSE SYS				Not Allowed				
A4606	N	OXYGEN PROBE USED W OXIMETER				APC/ Bundled	$0.00			
A4608	N	TRANSTRACHEAL OXYGEN CATH				APC/ Bundled	$0.00			
A4611	N	HEAVY DUTY BATTERY				APC/ Bundled	$0.00			
A4612	N	BATTERY CABLES				APC/ Bundled	$0.00			
A4613	N	BATTERY CHARGER				APC/ Bundled	$0.00			
A4614	N	HAND-HELD PEFR METER				APC/ Bundled				
A4615	N	CANNULA NASAL				APC/ Bundled	$0.00			
A4616	N	TUBING (OXYGEN) PER FOOT				APC/ Bundled	$0.00			
A4617	N	MOUTH PIECE				APC/ Bundled	$0.00			

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A4618	N	BREATHING CIRCUITS				APC/ Bundled	$0.00			
A4619	N	FACE TENT				APC/ Bundled	$0.00			
A4620	N	VARIABLE CONCENTRATION MASK				APC/ Bundled	$0.00			
A4623	N	TRACHEOSTOMY INNER CANNULA				APC/ Bundled	$0.00			
A4624	N	TRACHEAL SUCTION TUBE				APC/ Bundled	$0.00			
A4625	N	TRACH CARE KIT FOR NEW TRACH				APC/ Bundled	$0.00			
A4626	N	TRACHEOSTOMY CLEANING BRUSH				APC/ Bundled	$0.00			
A4627	N	SPACER BAG/RESERVOIR				APC/ Bundled	$0.00			
A4628	N	OROPHARYNGEAL SUCTION CATH				APC/ Bundled	$0.00			
A4629	N	TRACHEOSTOMY CARE KIT				APC/ Bundled	$0.00			
A4630	N	REPL BAT T.E.N.S. OWN BY PT				APC/ Bundled	$0.00			
A4633	N	UVL REPLACEMENT BULB				APC/ Bundled	$0.00			
A4634	N	REPLACEMENT BULB TH LIGHTBOX				APC/ Bundled	$0.00			
A4635	N	UNDERARM CRUTCH PAD				APC/ Bundled	$0.00			
A4636	N	HANDGRIP FOR CANE ETC				APC/ Bundled	$0.00			
A4637	N	REPL TIP CANE/CRUTCH/WALKER				APC/ Bundled	$0.00			
A4638	E	REPL BATT PULSE GEN SYS				Not Allowed				
A4639	N	INFRARED HT SYS REPLCMNT PAD				APC/ Bundled	$0.00			
A4640	N	ALTERNATING PRESSURE PAD				APC/ Bundled	$0.00			
A4641	N	RADIOPHARM DX AGENT NOC				APC/ Bundled				
A4642	H	IN111 SATUMOMAB	00704	0	$0.00	APC/By Repo	$0.00			
A4649	N	SURGICAL SUPPLIES				APC/ Bundled	$0.00			
A4651	N	CALIBRATED MICROCAP TUBE				APC/ Bundled	$0.00			
A4652	N	MICROCAPILLARY TUBE SEALANT				APC/ Bundled	$0.00			
A4653	N	PD CATHETER ANCHOR BELT				APC/ Bundled	$0.00			
A4657	N	SYRINGE W/WO NEEDLE				APC/ Bundled	$0.00			
A4660	N	SPHYG/BP APP W CUFF AND STET				APC/ Bundled	$0.00			
A4663	N	DIALYSIS BLOOD PRESSURE CUFF				APC/ Bundled	$0.00			
A4670	N	AUTOMATIC BP MONITOR DIAL				APC/ Bundled	$0.00			
A4671	E	DISPOSABLE CYCLER SET				Not Allowed				
A4672	E	DRAINAGE EXT LINE DIALYSIS				Not Allowed				
A4673	E	EXT LINE W EASY LOCK CONNECT				Not Allowed				
A4674	E	CHEM/ANTISEPT SOLUTION 8OZ				Not Allowed				
A4680	N	ACTIFICIAL CARBON FILTER, EA				APC/ Bundled	$0.00			
A4690	N	DIALYZER, EACH				APC/ Bundled	$0.00			Y
A4706	N	BICARBONATE CONC SOL PER GAL				APC/ Bundled	$0.00			
A4707	N	BICARBONATE CONC POW PER PAC				APC/ Bundled	$0.00			
A4708	N	ACETATE CONC SOL PER GALLON				APC/ Bundled	$0.00			
A4709	N	ACID CONC SOL PER GALLON				APC/ Bundled	$0.00			

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A4714	N	TREATED WATER PER GALLON				APC/ Bundled	$0.00			
A4719	N	Y SET TUBING FOR PERITONEAL DIALYSIS				APC/ Bundled	$0.00			
A4720	N	DIALYSAT SOL FLD VOL > 249CC				APC/ Bundled	$0.00			
A4721	N	DIALYSAT SOL FLD VOL > 999CC				APC/ Bundled	$0.00			
A4722	N	DIALYS SOL FLD VOL > 1999CC				APC/ Bundled	$0.00			
A4723	N	DIALYS SOL FLD VOL > 2999CC				APC/ Bundled	$0.00			
A4724	N	DIALYS SOL FLD VOL > 3999CC				APC/ Bundled	$0.00			
A4725	N	DIALYS SOL FLD VOL > 4999CC				APC/ Bundled	$0.00			
A4726	N	DIALYS SOL FLD VOL > 5999CC				APC/ Bundled	$0.00			
A4728	E	DIALYSATE SOLUTION NON-DEX				Not Allowed				
A4730	N	FISTULA CANNULATION SET, EA				APC/ Bundled	$0.00			
A4736	N	TOPICAL ANESTHETIC, PER GRAM				APC/ Bundled	$0.00			
A4737	N	INJ ANESTHETIC PER 10 ML				APC/ Bundled	$0.00			
A4740	N	SHUNT ACCESSORY				APC/ Bundled	$0.00			
A4750	N	ART OR VENOUS BLOOD TUBING				APC/ Bundled	$0.00			
A4755	N	COMB ART/VENOUS BLOOD TUBING				APC/ Bundled	$0.00			
A4760	N	DIALYSATE SOL TEST KIT, EACH				APC/ Bundled	$0.00			
A4765	N	DIALYSATE CONC POW PER PACK				APC/ Bundled	$0.00			
A4766	N	DIALYSATE CONC SOL ADD 10 ML				APC/ Bundled	$0.00			
A4770	N	BLOOD COLLECTION TUBE/VACUUM				APC/ Bundled	$0.00			
A4771	N	SERUM CLOTTING TIME TUBE				APC/ Bundled	$0.00			
A4772	N	BLOOD GLUCOSE TEST STRIPS				APC/ Bundled	$0.00			
A4773	N	OCCULT BLOOD TEST STRIPS				APC/ Bundled	$0.00			
A4774	N	AMMONIA TEST STRIPS				APC/ Bundled	$0.00			
A4802	N	PROTAMINE SULFATE PER 50 MG				APC/ Bundled	$0.00			
A4860	N	DISPOSABLE CATHETER TIPS				APC/ Bundled	$0.00			
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP				APC/ Bundled	$0.00			Y
A4890	N	REPAIR/MAINT CONT HEMO EQUIP				APC/ Bundled	$0.00			
A4911	N	DRAIN BAG/BOTTLE				APC/ Bundled	$0.00			
A4913	N	MISC DIALYSIS SUPPLIES NOC				APC/ Bundled	$0.00			
A4918	N	VENOUS PRESSURE CLAMP				APC/ Bundled	$0.00			
A4927	N	NON-STERILE GLOVES				APC/ Bundled	$0.00			
A4928	N	SURGICAL MASK				APC/ Bundled	$0.00			
A4929	N	TOURNIQUET FOR DIALYSIS, EA				APC/ Bundled	$0.00			
A4930	N	STERILE GLOVES PER PAIR				APC/ Bundled	$0.00			
A4931	N	REUSABLE ORAL THERMOMETER				APC/ Bundled	$0.00			
A4932	N	REUSABLE RECTAL THERMOMETER				APC/ Bundled	$0.00			
A5051	N	POUCH CLSD W BARR ATTACHED				APC/ Bundled	$0.00			
A5052	N	CLSD OSTOMY POUCH W/O BARR				APC/ Bundled	$0.00			

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A5053	N	CLSD OSTOMY POUCH FACEPLATE				APC/ Bundled	$0.00			
A5054	N	CLSD OSTOMY POUCH W/FLANGE				APC/ Bundled	$0.00			
A5055	N	STOMA CAP				APC/ Bundled	$0.00			
A5061	N	POUCH DRAINABLE W BARRIER AT				APC/ Bundled	$0.00			
A5062	N	DRNBLE OSTOMY POUCH W/O BARR				APC/ Bundled	$0.00			
A5063	N	DRAIN OSTOMY POUCH W/FLANGE				APC/ Bundled	$0.00			
A5071	N	URINARY POUCH W/BARRIER				APC/ Bundled	$0.00			
A5072	N	URINARY POUCH W/O BARRIER				APC/ Bundled	$0.00			
A5073	N	URINARY POUCH ON BARR W/FLNG				APC/ Bundled	$0.00			
A5081	N	CONTINENT STOMA PLUG				APC/ Bundled	$0.00			
A5082	N	CONTINENT STOMA CATHETER				APC/ Bundled	$0.00			
A5093	N	OSTOMY ACCESSORY CONVEX INSE				APC/ Bundled	$0.00			
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE				APC/ Bundled	$0.00			
A5105	N	URINARY SUSPENSORY				APC/ Bundled	$0.00			
A5112	N	URINARY LEG BAG				APC/ Bundled	$0.00			
A5113	N	LATEX LEG STRAP				APC/ Bundled	$0.00			
A5114	N	FOAM/FABRIC LEG STRAP				APC/ Bundled	$0.00			
A5120	E	SKIN BARRIER WIPE OR SWAB				Not Allowed				
A5121	N	SOLID SKIN BARRIER 6X6				APC/ Bundled	$0.00			
A5122	N	SOLID SKIN BARRIER 8X8				APC/ Bundled	$0.00			
A5126	N	DISK/FOAM PAD +OR- ADHESIVE				APC/ Bundled	$0.00			
A5131	N	APPLIANCE CLEANER				APC/ Bundled	$0.00			
A5200	N	PERCUTANEOUS CATHETER ANCHOR				APC/ Bundled	$0.00			
A5500	N	DIAB SHOE FOR DENSITY INSERT				APC/ Bundled	$0.00			
A5501	N	DIABETIC CUSTOM MOLDED SHOE				APC/ Bundled	$0.00			
A5503	N	DIABETIC SHOE W/ROLLER/ROCKR				APC/ Bundled	$0.00			
A5504	N	DIABETIC SHOE WITH WEDGE				APC/ Bundled	$0.00			
A5505	N	DIAB SHOE W/METATARSAL BAR				APC/ Bundled	$0.00			
A5506	N	DIABETIC SHOE W/OFF SET HEEL				APC/ Bundled	$0.00			
A5507	N	MODIFICATION DIABETIC SHOE				APC/ Bundled	$0.00			
A5508	N	DIABETIC DELUXE SHOE				APC/ Bundled	$0.00			
A5510	N	COMPRESSION FORM SHOE INSERT				APC/ Bundled	$0.00			
A5512	E	MULTI DEN INSERT DIRECT FORM				Not Allowed				
A5513	E	MULTI DEN INSERT CUSTOM MOLD				Not Allowed				
A6000	N	WOUND WARMING WOUND COVER				APC/ Bundled	$0.00			
A6010	N	COLLAGEN BASED WOUND FILLER				APC/ Bundled	$0.00			
A6011	N	COLLAGEN GEL/PASTE WOUND FIL				APC/ Bundled	$0.00			
A6021	N	COLLAGEN DRESSING <=16 SQ IN				APC/ Bundled	$0.00			
A6022	N	COLLAGEN DRSG>6<=48 SQ IN				APC/ Bundled	$0.00			

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A6023	N	COLLAGEN DRESSING >48 SQ IN				APC/ Bundled	$0.00			
A6024	N	COLLAGEN DSG WOUND FILLER				APC/ Bundled	$0.00			
A6025	N	SILICONE GEL SHEET EACH				APC/ Bundled	$0.00			
A6154	N	WOUND POUCH EACH				APC/ Bundled	$0.00			
A6196	N	ALGINATE DRESSING <=16 SQ IN				APC/ Bundled	$0.00			
A6197	N	ALGINATE DRSG >16 <=48 SQ IN				APC/ Bundled	$0.00			
A6198	N	ALGINATE DRESSING > 48 SQ IN				APC/ Bundled	$0.00			
A6199	N	ALGINATE DRSG WOUND FILLER				APC/ Bundled	$0.00			
A6200	N	COMPOS DRSG <=16 NO BORDER				APC/ Bundled	$0.00			
A6201	N	COMPOS DRSG >16<=48 NO BDR				APC/ Bundled	$0.00			
A6202	N	COMPOS DRSG >48 NO BORDER				APC/ Bundled	$0.00			
A6203	N	COMPOSITE DRSG <= 16 SQ IN				APC/ Bundled	$0.00			
A6204	N	COMPOSITE DRSG >16<=48 SQ IN				APC/ Bundled	$0.00			
A6205	N	COMPOSITE DRSG > 48 SQ IN				APC/ Bundled	$0.00			
A6206	N	CONTACT LAYER <= 16 SQ IN				APC/ Bundled	$0.00			
A6207	N	CONTACT LAYER >16<= 48 SQ IN				APC/ Bundled	$0.00			
A6208	N	CONTACT LAYER > 48 SQ IN				APC/ Bundled	$0.00			
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR				APC/ Bundled	$0.00			
A6210	N	FOAM DRG >16<=48 SQ IN W/O B				APC/ Bundled	$0.00			
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR				APC/ Bundled	$0.00			
A6212	N	FOAM DRG <=16 SQ IN W/BORDER				APC/ Bundled	$0.00			
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR				APC/ Bundled	$0.00			
A6214	N	FOAM DRG > 48 SQ IN W/BORDER				APC/ Bundled	$0.00			
A6215	N	FOAM DRESSING WOUND FILLER				APC/ Bundled	$0.00			
A6216	N	NON-STERILE GAUZE<=16 SQ IN				APC/ Bundled	$0.00			
A6217	N	NON-STERILE GAUZE>16<=48 SQ				APC/ Bundled	$0.00			
A6218	N	NON-STERILE GAUZE > 48 SQ IN				APC/ Bundled	$0.00			
A6219	N	GAUZE <= 16 SQ IN W/BORDER				APC/ Bundled	$0.00			
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR				APC/ Bundled	$0.00			
A6221	N	GAUZE > 48 SQ IN W/BORDER				APC/ Bundled	$0.00			
A6222	N	GAUZE <=16 IN NO W/SAL W/O B				APC/ Bundled	$0.00			
A6223	N	GAUZE >16<=48 NO W/SAL W/O B				APC/ Bundled	$0.00			
A6224	N	GAUZE > 48 IN NO W/SAL W/O B				APC/ Bundled	$0.00			
A6228	N	GAUZE <= 16 SQ IN WATER/SAL				APC/ Bundled	$0.00			
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL				APC/ Bundled	$0.00			
A6230	N	GAUZE > 48 SQ IN WATER/SALNE				APC/ Bundled	$0.00			
A6231	N	HYDROGEL DSG<=16 SQ IN				APC/ Bundled	$0.00			
A6232	N	HYDROGEL DSG>16<=48 SQ IN				APC/ Bundled	$0.00			
A6233	N	HYDROGEL DRESSING >48 SQ IN				APC/ Bundled	$0.00			

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A6234	N	HYDROCOLLD DRG <=16 W/O BDR				APC/ Bundled	$0.00			
A6235	N	HYDROCOLLD DRG >16<=48 W/O B				APC/ Bundled	$0.00			
A6236	N	HYDROCOLLD DRG > 48 IN W/O B				APC/ Bundled	$0.00			
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR				APC/ Bundled	$0.00			
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR				APC/ Bundled	$0.00			
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR				APC/ Bundled	$0.00			
A6240	N	HYDROCOLLD DRG FILLER PASTE				APC/ Bundled	$0.00			
A6241	N	HYDROCOLLOID DRG FILLER DRY				APC/ Bundled	$0.00			
A6242	N	HYDROGEL DRG <=16 IN W/O BDR				APC/ Bundled	$0.00			
A6243	N	HYDROGEL DRG >16<=48 W/O BDR				APC/ Bundled	$0.00			
A6244	N	HYDROGEL DRG >48 IN W/O BDR				APC/ Bundled	$0.00			
A6245	N	HYDROGEL DRG <= 16 IN W/BDR				APC/ Bundled	$0.00			
A6246	N	HYDROGEL DRG >16<=48 IN W/B				APC/ Bundled	$0.00			
A6247	N	HYDROGEL DRG > 48 SQ IN W/B				APC/ Bundled	$0.00			
A6248	N	HYDROGEL DRSG GEL FILLER				APC/ Bundled	$0.00			
A6250	N	SKIN SEAL PROTECT MOISTURIZR				APC/ Bundled	$0.00			
A6251	N	ABSORPT DRG <=16 SQ IN W/O B				APC/ Bundled	$0.00			
A6252	N	ABSORPT DRG >16 <=48 W/O BDR				APC/ Bundled	$0.00			
A6253	N	ABSORPT DRG > 48 SQ IN W/O B				APC/ Bundled	$0.00			
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR				APC/ Bundled	$0.00			
A6255	N	ABSORPT DRG >16<=48 IN W/BDR				APC/ Bundled	$0.00			
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR				APC/ Bundled	$0.00			
A6257	N	TRANSPARENT FILM <= 16 SQ IN				APC/ Bundled	$0.00			
A6258	N	TRANSPARENT FILM >16<=48 IN				APC/ Bundled	$0.00			
A6259	N	TRANSPARENT FILM > 48 SQ IN				APC/ Bundled	$0.00			
A6260	N	WOUND CLEANSER ANY TYPE/SIZE				APC/ Bundled	$0.00			
A6261	N	WOUND FILLER GEL/PASTE /OZ				APC/ Bundled	$0.00			
A6262	N	WOUND FILLER DRY FORM / GRAM				APC/ Bundled	$0.00			
A6266	N	IMPREG GAUZE NO H20/SAL/YARD				APC/ Bundled	$0.00			
A6402	N	STERILE GAUZE <= 16 SQ IN				APC/ Bundled	$0.00			
A6403	N	STERILE GAUZE>16 <= 48 SQ IN				APC/ Bundled	$0.00			
A6404	N	STERILE GAUZE > 48 SQ IN				APC/ Bundled	$0.00			
A6407	E	PACKING STRIPS NON-IMPREG				Not Allowed				
A6410	N	STERILE EYE PAD				APC/ Bundled	$0.00			
A6411	N	NON-STERILE EYE PAD				APC/ Bundled	$0.00			
A6412	N	OCCLUSIVE EYE PATCH				APC/ Bundled	$0.00			
A6441	E	PAD BAND W>=3" <5"/YD				Not Allowed				
A6442	E	CONFORM BAND N/S W<3"/YD				Not Allowed				
A6443	E	CONFORM BAND N/S W>=3"<5"/YD				Not Allowed				

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A6444	E	CONFORM BAND N/S W>=5Þ/YD				Not Allowed				
A6445	E	CONFORM BAND S W <3Þ/YD				Not Allowed				
A6446	E	CONFORM BAND S W>=3Þ <5Þ/YD				Not Allowed				
A6447	E	CONFORM BAND S W >=5Þ/YD				Not Allowed				
A6448	E	LT COMPRES BAND <3Þ/YD				Not Allowed				
A6449	E	LT COMPRES BAND >=3Þ <5Þ/YD				Not Allowed				
A6450	E	LT COMPRES BAND >=5Þ/YD				Not Allowed				
A6451	E	MOD COMPRES BAND W>=3Þ<5Þ/YD				Not Allowed				
A6452	E	HIGH COMPRES BAND W>=3Þ<5ÞYD				Not Allowed				
A6453	E	SELF-ADHER BAND W <3Þ/YD				Not Allowed				
A6454	E	SELF-ADHER BAND W>=3Þ <5Þ/YD				Not Allowed				
A6455	E	SELF-ADHER BAND >=5Þ/YD				Not Allowed				
A6456	E	ZINC PASTE BAND W >=3Þ<5Þ/YD				Not Allowed				
A6457	E	TUBULAR DRESSING				Not Allowed				
A6501	N	COMPRES BURNGARMENT BODYSUIT				APC/ Bundle	$0.00			
A6502	N	COMPRES BURNGARMENT CHINSTRP				APC/ Bundle	$0.00			
A6503	N	COMPRES BURNGARMENT FACEHOOD				APC/ Bundle	$0.00			
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST				APC/ Bundle	$0.00			
A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW				APC/ Bundle	$0.00			
A6506	N	CMPRSBURNGRMNT GLOVE-AXILLA				APC/ Bundle	$0.00			
A6507	N	CMPRS BURNGARMENT FOOT-KNEE				APC/ Bundle	$0.00			
A6508	N	CMPRS BURNGARMENT FOOT-THIGH				APC/ Bundle	$0.00			
A6509	N	COMPRES BURN GARMENT JACKET				APC/ Bundle	$0.00			
A6510	N	COMPRES BURN GARMENT LEOTARD				APC/ Bundle	$0.00			
A6511	N	COMPRES BURN GARMENT PANTY				APC/ Bundle	$0.00			
A6512	N	COMPRES BURN GARMENT NOC				APC/ Bundle	$0.00			
A6513	E	COMPRESS BURN MASK FACE/NECK				Not Allowed				
A6530	E	COMPRESSION STOCKING BK18-30				Not Allowed				
A6531	E	COMPRESSION STOCKING BK30-40				Not Allowed				
A6532	E	COMPRESSION STOCKING BK40-50				Not Allowed				
A6533	E	GC STOCKING THIGHLNGTH 18-30				Not Allowed				
A6534	E	GC STOCKING THIGHLNGTH 30-40				Not Allowed				
A6535	E	GC STOCKING THIGHLNGTH 40-50				Not Allowed				
A6536	E	GC STOCKING FULL LNGTH 18-30				Not Allowed				
A6537	E	GC STOCKING FULL LNGTH 30-40				Not Allowed				
A6538	E	GC STOCKING FULL LNGTH 40-50				Not Allowed				
A6539	E	GC STOCKING WAISTLNGTH 18-30				Not Allowed				
A6540	E	GC STOCKING WAISTLNGTH 30-40				Not Allowed				
A6541	E	GC STOCKING WAISTLNGTH 40-50				Not Allowed				

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A6542	E	GC STOCKING CUSTOM MADE				Not Allowed				
A6543	E	GC STOCKING LYMPHEDEMA				Not Allowed				
A6544	E	GC STOCKING GARTER BELT				Not Allowed				
A6549	E	G COMPRESSION STOCKING				Not Allowed				
A6550	E	NEG PRES WOUND THER DRSG SET				Not Allowed				
A7000	N	DISPOSABLE CANISTER FOR PUMP				APC/ Bundled	$0.00			
A7001	N	NONDISPOSABLE PUMP CANISTER				APC/ Bundled	$0.00			
A7002	N	TUBING USED W SUCTION PUMP				APC/ Bundled	$0.00			
A7003	N	NEBULIZER ADMINISTRATION SET				APC/ Bundled	$0.00			
A7004	N	DISPOSABLE NEBULIZER SML VOL				APC/ Bundled	$0.00			
A7005	N	NONDISPOSABLE NEBULIZER SET				APC/ Bundled	$0.00			
A7006	N	FILTERED NEBULIZER ADMIN SET				APC/ Bundled	$0.00			
A7007	N	LG VOL NEBULIZER DISPOSABLE				APC/ Bundled	$0.00			
A7008	N	DISPOSABLE NEBULIZER PREFILL				APC/ Bundled	$0.00			
A7009	N	NEBULIZER RESERVOIR BOTTLE				APC/ Bundled	$0.00			
A7010	N	DISPOSABLE CORRUGATED TUBING				APC/ Bundled	$0.00			
A7011	N	NONDISPOS CORRUGATED TUBING				APC/ Bundled	$0.00			
A7012	N	NEBULIZER WATER COLLEC DEVIC				APC/ Bundled	$0.00			
A7013	N	DISPOSABLE COMPRESSOR FILTER				APC/ Bundled	$0.00			
A7014	N	COMPRESSOR NONDISPOS FILTER				APC/ Bundled	$0.00			
A7015	N	AEROSOL MASK USED W NEBULIZE				APC/ Bundled	$0.00			
A7016	N	NEBULIZER DOME & MOUTHPIECE				APC/ Bundled	$0.00			
A7017	N	NEBULIZER NOT USED W OXYGEN				APC/ Bundled	$0.00			
A7018	N	WATER DISTILLED W/NEBULIZER				APC/ Bundled	$0.00			
A7025	N	REPLACE CHEST COMPRESS VEST				APC/ Bundled	$0.00			
A7026	N	REPLACE CHST CMPRSS SYS HOSE				APC/ Bundled	$0.00			
A7030	N	CPAP FULL FACE MASK				APC/ Bundled	$0.00			
A7031	N	REPLACEMENT FACEMASK INTERFA				APC/ Bundled	$0.00			
A7032	N	REPLACEMENT NASAL CUSHION				APC/ Bundled	$0.00			
A7033	N	REPLACEMENT NASAL PILLOWS				APC/ Bundled	$0.00			
A7034	N	NASAL APPLICATION DEVICE				APC/ Bundled	$0.00			
A7035	N	POS AIRWAY PRESS HEADGEAR				APC/ Bundled	$0.00			
A7036	N	POS AIRWAY PRESS CHINSTRAP				APC/ Bundled	$0.00			
A7037	N	POS AIRWAY PRESSURE TUBING				APC/ Bundled	$0.00			
A7038	N	POS AIRWAY PRESSURE FILTER				APC/ Bundled	$0.00			
A7039	N	FILTER NON DISPOSABLE W PAP				APC/ Bundled	$0.00			
A7040	E	ONE WAY CHEST DRAIN VALVE				Not Allowed				
A7041	E	WATER SEAL DRAIN CONTAINER				Not Allowed				
A7042	N	IMPLANTED PLEURAL CATHETER				APC/ Bundled	$0.00			

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A7043	N	VACUUM DRAINAGEBOTTLE/TUBING				APC/ Bundle	$0.00			
A7044	N	PAP ORAL INTERFACE				APC/ Bundle	$0.00			
A7045	E	REPL EXHALATION PORT FOR PAP				Not Allowed				
A7046	E	REPL WATER CHAMBER PAP DEV				Not Allowed				
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA				APC/ Bundle	$0.00			
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE				APC/ Bundle	$0.00			
A7503	N	HMES FILTER HOLDER OR CAP				APC/ Bundle	$0.00			
A7504	N	TRACHEOSTOMA HMES FILTER				APC/ Bundle	$0.00			
A7505	N	HMES OR TRACH VALVE HOUSING				APC/ Bundle	$0.00			
A7506	N	HMES/TRACHVALVE ADHESIVEDISK				APC/ Bundle	$0.00			
A7507	N	INTEGRATED FILTER & HOLDER				APC/ Bundle	$0.00			
A7508	N	HOUSING & INTEGRATED ADHESIV				APC/ Bundle	$0.00			
A7509	N	HEAT & MOISTURE EXCHANGE SYS				APC/ Bundle	$0.00			
A7520	E	TRACH/LARYN TUBE NON-CUFFED				Not Allowed				
A7521	E	TRACH/LARYN TUBE CUFFED				Not Allowed				
A7522	E	TRACH/LARYN TUBE STAINLESS				Not Allowed				
A7523	E	TRACHEOSTOMY SHOWER PROTECT				Not Allowed				
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN				Not Allowed				
A7525	E	TRACHEOSTOMY MASK				Not Allowed				
A7526	E	TRACHEOSTOMY TUBE COLLAR				Not Allowed				
A7527	E	TRACH/LARYN TUBE PLUG/STOP				Not Allowed				
A8000	E	SOFT PROTECT HELMET PREFAB				Not Allowed				
A8001	E	HARD PROTECT HELMET PREFAB				Not Allowed				
A8002	E	SOFT PROTECT HELMET CUSTOM				Not Allowed				
A8003	E	HARD PROTECT HELMET CUSTOM				Not Allowed				
A8004	E	REPL SOFT INTERFACE, HELMET				Not Allowed				
A9150	N	MISC/EXPER NON-PRESCRIPT DRU				APC/ Bundle	$0.00			
A9152	E	SINGLE VITAMIN NOS				Not Allowed				
A9153	E	MULTI-VITAMIN NOS				Not Allowed				
A9180	E	LICE TREATMENT TOPICAL				Not Allowed				
A9270	E	NON-COVERED ITEM OR SERVICE				Not Allowed				
A9275	E	DISP HOME GLUCOSE MONITOR				Not Allowed				
A9279	E	MONITORING FEATURE/DEVICENOC				Not Allowed				
A9280	E	ALERT DEVICE, NOC				Not Allowed				
A9281	E	REACHING/GRABBING DEVICE				Not Allowed				
A9282	E	WIG ANY TYPE				Not Allowed				
A9300	E	EXERCISE EQUIPMENT				Not Allowed				
A9500	H	TC99M SESTAMIBI	01600	0	$0.00	APC/By Repo	$0.00			
A9502	H	TC99M TETROFOSMIN	00705	0	$0.00	APC/By Repo	$0.00			

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A9503	N	TC99M MEDRONATE				APC/ Bundled				
A9504	N	TC99M APCITIDE				APC/ Bundled				
A9505	H	TL201 THALLIUM	01603	0	$0.00	APC/By Repo	$0.00			
A9507	H	IN111 CAPROMAB	01604	0	$0.00	APC/By Repo	$0.00			
A9508	H	I131 IODOBENGUATE DX	01045	0	$0.00	APC/By Repo	$0.00			
A9510	N	TC99M DISOFENIN				APC/ Bundled				
A9512	N	TC99M PERTECHNETATE				APC/ Bundled				
A9516	H	I123 IODIDE CAP DX	09148	0	$0.00	APC/By Repo	$0.00			
A9517	H	I131 IODIDE CAP RX	01064	0	$0.00	APC/By Repo	$0.00			
A9521	H	TC99M EXAMETAZIME	01096	0	$0.00	APC/By Repo	$0.00			
A9524	H	I131 SERUM ALBUMIN DX	09100	0	$0.00	APC/By Repo	$0.00			
A9526	H	NITROGEN N-13 AMMONIA	00737	0	$0.00	APC/By Repo	$0.00			
A9527	H	IODINE I-125 SODIUM IODIDE	02632	0	$0.00	APC/By Repo	$0.00			
A9528	H	IODINE I-131 IODIDE CAP DX	01088	0	$0.00	APC/By Repo	$0.00			
A9529	N	I131 IODIDE SOL DX				APC/ Bundled				
A9530	H	I131 IODIDE SOL RX	01150	0	$0.00	APC/By Repo	$0.00			
A9531	N	I131 MAX 100UCI				APC/ Bundled				
A9532	N	I125 SERUM ALBUMIN DX				APC/ Bundled				
A9535	N	INJECTION METHYLENE BLUE				APC/ Bundled				
A9536	H	TC99M DEPREOTIDE	00739	0	$0.00	APC/By Repo	$0.00			
A9537	N	TC99M MEBROFENIN				APC/ Bundled				
A9538	N	TC99M PYROPHOSPHATE				APC/ Bundled				
A9539	H	TC99M PENTETATE	00722	0	$0.00	APC/By Repo	$0.00			
A9540	N	TC99M MAA				APC/ Bundled				
A9541	N	TC99M SULFUR COLLOID				APC/ Bundled				
A9542	H	IN111 IBRITUMOMAB DX	01642	0	$0.00	APC/By Repo	$0.00			
A9543	H	Y90 IBRITUMOMAB RX	01643	0	$0.00	APC/By Repo	$0.00			
A9544	H	I131 TOSITUMOMAB DX	01644	0	$0.00	APC/By Repo	$0.00			
A9545	H	I131 TOSITUMOMAB RX	01645	0	$0.00	APC/By Repo	$0.00			
A9546	H	CO57/58	00723	0	$0.00	APC/By Repo	$0.00			
A9547	H	IN111 OXYQUINOLINE	01646	0	$0.00	APC/By Repo	$0.00			
A9548	H	IN111 PENTETATE	01647	0	$0.00	APC/By Repo	$0.00			
A9550	H	TC99M GLUCEPTATE	00740	0	$0.00	APC/By Repo	$0.00			
A9551	H	TC99M SUCCIMER	01650	0	$0.00	APC/By Repo	$0.00			
A9552	H	F18 FDG	01651	0	$0.00	APC/By Repo	$0.00			
A9553	H	CR51 CHROMATE	00741	0	$0.00	APC/By Repo	$0.00			
A9554	N	I125 IOTHALAMATE DX				APC/ Bundled				
A9555	H	RB82 RUBIDIUM	01654	0	$0.00	APC/By Repo	$0.00			
A9556	H	GA67 GALLIUM	01671	0	$0.00	APC/By Repo	$0.00			

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A9557	H	TC99M BICISATE	01672	0	$0.00	APC/By Repo	$0.00			
A9558	N	XE133 XENON 10MCI				APC/ Bundled				
A9559	H	CO57 CYANO	00724	0	$0.00	APC/By Repo	$0.00			
A9560	H	TC99M LABELED RBC	00742	0	$0.00	APC/By Repo	$0.00			
A9561	N	TC99M OXIDRONATE				APC/ Bundled				
A9562	H	TC99M MERTIATIDE	00743	0	$0.00	APC/By Repo	$0.00			
A9563	H	P32 NA PHOSPHATE	01675	0	$0.00	APC/By Repo	$0.00			
A9564	H	P32 CHROMIC PHOSPHATE	01676	0	$0.00	APC/By Repo	$0.00			
A9565	H	IN111 PENTETREOTIDE	01677	0	$0.00	APC/By Repo	$0.00			
A9566	H	TC99M FANOLESOMAB	01678	0	$0.00	APC/By Repo	$0.00			
A9567	H	TECHNETIUM TC-99M AEROSOL	00829	0	$0.00	APC/By Repo	$0.00			
A9568	H	TECHNETIUM TC99M ARCITUMOMAB	01648	0	$0.00	APC/By Repo	$0.00			
A9600	H	SR89 STRONTIUM	00701	0	$0.00	APC/By Repo	$0.00			
A9605	H	SM 153 LEXIDRONM	00702	0	$0.00	APC/By Repo	$0.00			
A9698	N	NON-RAD CONTRAST MATERIALNOC				APC/ Bundled				
A9699	N	RADIOPHARM RX AGENT NOC				APC/ Bundled				
A9700	E	ECHOCARDIOGRAPHY CONTRAST				Not Allowed				
A9900	N	SUPPLY/ACCESSORY/SERVICE				APC/ Bundled	$0.00			
A9901	N	DELIVERY/SET UP/DISPENSING				APC/ Bundled	$0.00			
A9999	E	DME SUPPLY OR ACCESSORY NOS				Not Allowed				
B4034	E	ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY				Not Allowed				
B4035	E	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY				Not Allowed				
B4036	E	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY				Not Allowed				
B4081	E	NASOGASTRIC TUBING WITH STYLET				Not Allowed				
B4082	E	NASOGASTRIC TUBING WITHOUT STYLET				Not Allowed				
B4083	E	STOMACH TUBE - LEVINE TYPE				Not Allowed				
B4086	E	GASTROSTOMY/JEJUNOSTOMY TUBE				Not Allowed				
B4100	E	FOOD THICKENER ORAL				Not Allowed				
B4102	E	EF ADULT FLUIDS AND ELECTRO				Not Allowed				
B4103	E	EF PED FLUID AND ELECTROLYTE				Not Allowed				
B4104	E	ADDITIVE FOR ENTERAL FORMULA				Not Allowed				
B4149	E	EF BLENDERIZED FOODS				Not Allowed				
B4150	E	ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN				Not Allowed				
B4152	E	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT				Not Allowed				
B4153	E	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI				Not Allowed				
B4154	E	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED				Not Allowed				
B4155	E	ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN				Not Allowed				
B4157	E	EF SPECIAL METABOLIC INHERIT				Not Allowed				
B4158	E	EF PED COMPLETE INTACT NUT				Not Allowed				

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B4159	E	EF PED COMPLETE SOY BASED				Not Allowed				
B4160	E	EF PED CALORIC DENSE>/=0.7KC				Not Allowed				
B4161	E	EF PED HYDROLYZED/AMINO ACID				Not Allowed				
B4162	E	EF PED SPECMETABOLIC INHERIT				Not Allowed				
B4164	E	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50				Not Allowed				
B4168	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID				Not Allowed				
B4172	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID				Not Allowed				
B4176	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID				Not Allowed				
B4178	E	PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5%				Not Allowed				
B4180	E	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GRE				Not Allowed				
B4185	E	PARENTERAL SOL 10 GM LIPIDS				Not Allowed				
B4189	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR				Not Allowed				
B4193	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR				Not Allowed				
B4197	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR				Not Allowed				
B4199	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR				Not Allowed				
B4216	E	PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS H				Not Allowed				
B4220	E	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY				Not Allowed				
B4222	E	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY				Not Allowed				
B4224	E	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY				Not Allowed				
B5000	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA				Not Allowed				
B5100	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CAR				Not Allowed				
B5200	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA				Not Allowed				
B9000	E	ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM				Not Allowed				
B9002	E	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM				Not Allowed				
B9004	E	PARENTERAL NUTRITION INFUSION PUMP PORTABLE				Not Allowed				Y
B9006	E	PARENTERAL NUTRITION INFUSION PUMP STATIONARY				Not Allowed				Y
B9998	E	NOC FOR ENTERNAL SUPPLIES				Not Allowed				
B9999	E	NOC FOR PARENTERAL SUPPLIES				Not Allowed				
C1300	S	HYPERBARIC OXYGEN	00659	1.5906	$75.95	APC				
C1713	N	ANCHOR/SCREW BN/BN TIS/BN				APC/ Bundled				
C1714	N	CATH, TRANS ATHERECTOMY, DIR				APC/ Bundled				
C1715	N	BRACHYTHERAPY NEEDLE				APC/ Bundled				
C1716	H	BRACHYTX, NON-STR, GOLD-198	01716	0	$0.00	APC/By Repo	$0.00			
C1717	H	BRACHYTX, NON-STR,HDR IR-192	01717	0	$0.00	APC/By Repo	$0.00			
C1719	H	BRACHYTX, NS, NON-HDRIR-192	01719	0	$0.00	APC/By Repo	$0.00			
C1721	N	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER (IMPLANTABLE)				APC/ Bundled				
C1722	N	AICD SINGLE CHAMBER				APC/ Bundled				
C1724	N	CATH, TRANS ATHEREC,ROTATION				APC/ Bundled				
C1725	N	CATH TRANSLUMIN NON-LASER				APC/ Bundled				

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C1726	N	CATH, BAL DIL, NON-VASCULAR				APC/ Bundled				
C1727	N	CATH BAL TIS DIS NON-VAS				APC/ Bundled				
C1728	N	CATH, BRACHYTX SEED ADM				APC/ Bundled				
C1729	N	CATHETER, DRAINAGE				APC/ Bundled				
C1730	N	CATH, EP, 19 OR FEW ELECT				APC/ Bundled				
C1731	N	CATH EP 20 OR MORE ELEC				APC/ Bundled				
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT				APC/ Bundled				
C1733	N	CATH EP OTHER THAN COOL-TIP				APC/ Bundled				
C1750	N	CATH, HEMODIALYSIS,LONG-TERM				APC/ Bundled				
C1751	N	CATH INF PER/CENT/MIDLINE				APC/ Bundled				
C1752	N	CATH,HEMODIALYSIS,SHORT-TERM				APC/ Bundled				
C1753	N	CATH INTRAVAS ULTRASOUND				APC/ Bundled				
C1754	N	CATHETER, INTRADISCAL				APC/ Bundled				
C1755	N	CATHETER INTRASPINAL				APC/ Bundled				
C1756	N	CATH, PACING, TRANSESOPH				APC/ Bundled				
C1757	N	CATH THROMBECTOMY/EMBOLECT				APC/ Bundled				
C1758	N	CATHETER, URETERAL				APC/ Bundled				
C1759	N	CATH INTRA ECHOCARDIOGRAPHY				APC/ Bundled				
C1760	N	CLOSURE DEV, VASC				APC/ Bundled				
C1762	N	CONN TISS HUMAN (INC FASCIA)				APC/ Bundled				
C1763	N	CONN TISS, NON-HUMAN				APC/ Bundled				
C1764	N	EVENT RECORDER CARDIAC				APC/ Bundled				
C1765	N	ADHESION BARRIER				APC/ Bundled				
C1766	N	INTRO/SHEATH STRBLE NON-PEEL				APC/ Bundled				
C1767	N	GENERATOR, NEUROSTIM, IMP				APC/ Bundled				
C1768	N	GRAFT VASCULAR				APC/ Bundled				
C1769	N	GUIDE WIRE				APC/ Bundled				
C1770	N	IMAGING COIL MR INSERTABLE				APC/ Bundled				
C1771	N	REP DEV, URINARY, W/SLING				APC/ Bundled				
C1772	N	INFUSION PUMP PROGRAMMABLE				APC/ Bundled				
C1773	N	RET DEV, INSERTABLE				APC/ Bundled				
C1776	N	JOINT DEVICE (IMPLANTABLE)				APC/ Bundled				
C1777	N	LEAD, AICD, ENDO SINGLE COIL				APC/ Bundled				
C1778	N	LEAD NEUROSTIMULATOR				APC/ Bundled				
C1779	N	LEAD, PMKR, TRANSVENOUS VDD				APC/ Bundled				
C1780	N	LENS INTRAOCULAR (NEW TACH)				APC/ Bundled				
C1781	N	MESH (IMPLANTABLE)				APC/ Bundled				
C1782	N	MORCELLATOR				APC/ Bundled				
C1783	N	OCULAR IMPLANT AQUEOUS DRAIN DEV				APC/ Bundled				

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C1784	N	OCULAR DEV, INTRAOP, DET RET				APC/ Bundled				
C1785	N	PMKR DUAL RATE-RESP				APC/ Bundled				
C1786	N	PMKR, SINGLE, RATE-RESP				APC/ Bundled				
C1787	N	PATIENT PROGR NEUROSTIM				APC/ Bundled				
C1788	N	PORT, INDWELLING, IMP				APC/ Bundled				
C1789	N	PROSTHESIS BREAST IMP				APC/ Bundled				
C1813	N	PROSTHESIS, PENILE, INFLATAB				APC/ Bundled				
C1814	N	RETINAL TAMP, SILICONE OIL				APC/ Bundled				
C1815	N	PROS URINARY SPH IMP				APC/ Bundled				
C1816	N	RECEIVER/TRANSMITTER, NEURO				APC/ Bundled				
C1817	N	SEPTAL DEFECT IMP SYS				APC/ Bundled				
C1818	N	INTEGRATED KERATOPROSTHESIS				APC/ Bundled				
C1819	N	TISSUE LOCALIZATION-EXCISION				APC/ Bundled				
C1820	H	GENERATOR NEURO RECHG BAT SYS	01820	0	$0.00	APC/By Repo	$0.00			
C1821	H	INTERSPINOUS IMPLANT	01821	0	$0.00	APC/By Repo	$0.00			
C1874	N	STENT, COATED/COV W/DEL SYS				APC/ Bundled				
C1875	N	STENT COATED/COV W/O DEL SYS				APC/ Bundled				
C1876	N	STENT, NON-COA/NON-COV W/DEL				APC/ Bundled				
C1877	N	STENT NON-COAT/COV W/O DEL				APC/ Bundled				
C1878	N	MATRL FOR VOCAL CORD				APC/ Bundled				
C1879	N	TISSUE MARKER (IMPLANTABLE)				APC/ Bundled				
C1880	N	VENA CAVA FILTER				APC/ Bundled				
C1881	N	DIALYSIS ACCESS SYSTEM				APC/ Bundled				
C1882	N	AICD, OTHER THAN SING/DUAL				APC/ Bundled				
C1883	N	ADAPTOR/EXT PACING/NEURO LEAD				APC/ Bundled				
C1884	N	EMBOLIZATION PROTECTIVE SYSTEM				APC/ Bundled				
C1885	N	CATH, TRANSLUMIN ANGIO LASER				APC/ Bundled				
C1887	N	CATHETER GUIDING				APC/ Bundled				
C1888	N	ENDOVAS NON-CARDIAC ABL CATH				APC/ Bundled				
C1891	N	INFUSION PUMP,NON-PROG, PERM				APC/ Bundled				
C1892	N	INTRO/SHEATH FIXED PEEL-AWAY				APC/ Bundled				
C1893	N	INTRO/SHEATH, FIXED,NON-PEEL				APC/ Bundled				
C1894	N	INTRO/SHEATH NON-LASER				APC/ Bundled				
C1895	N	LEAD, AICD, ENDO DUAL COIL				APC/ Bundled				
C1896	N	LEAD AICD NON SING/DUAL				APC/ Bundled				
C1897	N	LEAD, NEUROSTIM TEST KIT				APC/ Bundled				
C1898	N	LEAD PMKR OTHER THAN TRANS				APC/ Bundled				
C1899	N	LEAD, PMKR/AICD COMBINATION				APC/ Bundled				
C1900	N	LEAD CORONARY VENOUS				APC/ Bundled				

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C2614	N	PROBE PERC LUMB DISC				APC/ Bundled				
C2615	N	SEALANT, PULMONARY, LIQUID				APC/ Bundled				
C2616	H	BRACHYTX, NON-STR,YTTRIUM-90	02616	0	$0.00	APC/By Repo	$0.00			
C2617	N	STENT, NON-COR, TEM W/O DEL				APC/ Bundled				
C2618	N	PROBE CRYOABLATION				APC/ Bundled				
C2619	N	PMKR, DUAL, NON RATE-RESP				APC/ Bundled				
C2620	N	PMKR SINGLE NON RATE-RESP				APC/ Bundled				
C2621	N	PMKR, OTHER THAN SING/DUAL				APC/ Bundled				
C2622	N	PROSTHESIS PENILE NON-INF				APC/ Bundled				
C2625	N	STENT, NON-COR, TEM W/DEL SY				APC/ Bundled				
C2626	N	INFUSION PUMP NON-PROG TEMP				APC/ Bundled				
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC				APC/ Bundled				
C2628	N	CATHETER OCCLUSION				APC/ Bundled				
C2629	N	INTRO/SHEATH, LASER				APC/ Bundled				
C2630	N	CATH EP COOL-TIP				APC/ Bundled				
C2631	N	REP DEV, URINARY, W/O SLING				APC/ Bundled				
C2634	H	BRACHYTX, NON-STR, HA, I-125	02634	0	$0.00	APC/By Repo	$0.00			
C2635	H	BRACHYTX, NON-STR, HA, P-103	02635	0	$0.00	APC/By Repo	$0.00			
C2636	H	BRACHY LINEAR, NON-STR,P-103	02636	0	$0.00	APC/By Repo	$0.00			
C2637	H	BRACHY,NON-STR,YTTERBIUM-169	02637	0	$0.00	APC/By Repo	$0.00			
C2638	H	BRACHYTX, STRANDED, I-125	02638	0	$0.00	APC/By Repo	$0.00			
C2639	H	BRACHYTX, NON-STRANDED,I-125	02639	0	$0.00	APC/By Repo	$0.00			
C2640	H	BRACHYTX, STRANDED, P-103	02640	0	$0.00	APC/By Repo	$0.00			
C2641	H	BRACHYTX, NON-STRANDED,P-103	02641	0	$0.00	APC/By Repo	$0.00			
C2642	H	BRACHYTX, STRANDED, C-131	02642	0	$0.00	APC/By Repo	$0.00			
C2643	H	BRACHYTX, NON-STRANDED,C-131	02643	0	$0.00	APC/By Repo	$0.00			
C2698	H	BRACHYTX, STRANDED, NOS	02698	0	$0.00	APC/By Repo	$0.00			
C2699	H	BRACHYTX, NON-STRANDED, NOS	02699	0	$0.00	APC/By Repo	$0.00			
C8900	S	MRA W/CONT, ABD	00284	6.1231	$292.38	APC				
C8901	S	MRA W/O CONT, ABD	00336	5.6745	$270.96	APC				
C8902	S	MRA W/O CONT, ABD	00337	8.1155	$387.52	APC				
C8903	S	MRI W/CONT, BREAST, UNI	00284	6.1231	$292.38	APC				
C8904	S	MRI W/CONT, BREAST, UNI	00336	5.6745	$270.96	APC				
C8905	S	MRI W/O FOL W/CONT, BRST, UN	00337	8.1155	$387.52	APC				
C8906	S	MRI W/O FOL W/CONT, BRST, UN	00284	6.1231	$292.38	APC				
C8907	S	MRI W/O CONT, BREAST, BI	00336	5.6745	$270.96	APC				
C8908	S	MRI W/O CONT, BREAST, BI	00337	8.1155	$387.52	APC				
C8909	S	MRA W/CONT, CHEST	00284	6.1231	$292.38	APC				
C8910	S	MRA W/CONT, CHEST	00336	5.6745	$270.96	APC				

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C8911	S	MRA W/O FOL W/CONT, CHEST	00337	8.1155	$387.52	APC				
C8912	S	MRA W/O FOL W/CONT, CHEST	00284	6.1231	$292.38	APC				
C8913	S	MRA W/O CONT, LWR EXT	00336	5.6745	$270.96	APC				
C8914	S	MRA W/O CONT, LWR EXT	00337	8.1155	$387.52	APC				
C8918	S	MRA W/CONT PELVIS	00284	6.1231	$292.38	APC				
C8919	S	MRA W/O CONT PELVIS	00336	5.6745	$270.96	APC				
C8920	S	MRA W/O FOL W/CONT PELVIS	00337	8.1155	$387.52	APC				
C8957	S	CHEMOTHERAPY ADMINISTRATION IV PUSH TECH	00441	2.4851	$118.66	APC				
C9003	K	PALIVIZUMAB, PER 50 MG	09003	12.2148	$583.26	APC				
C9113	M	INJ PANTOPRAZOLE SODIUM VIA				Not Allowed				
C9121	K	INJECTION ARGATROBAN	09121	0.3115	$14.87	APC				
C9232	G	INJECTION, IDURSULFASE	09232	7.4027	$353.48	APC				
C9233	G	INJECTION, RANIBIZUMAB	09233	33.0271	$1,577.04	APC				
C9234	K	INJ, ALGLUCOSIDASE ALFA	09234	2.0694	$98.81	APC				
C9235	G	INJECTION, PANITUMUMAB	09235	1.3658	$65.22	APC				
C9350	G	POROUS COLLAGEN TUBE PER CM	09350	7.9968	$381.85	APC				
C9351	G	ACELLULAR DERM TISSUE PERCM2	09351	1.1499	$54.91	APC				
C9399	M	UNCLASSIFIED DRUGS/BIOLOGICALS				Fee Schedule	$0.00			
C9716	T	RF ENERGY TO ANUS	00150	29.6189	$1,414.30	APC				
C9723	S	DYN IR PERF IMG	01502	1.2201	$58.26	APC				
C9724	E	EPS GAST CARDIA PLIC	00422			Not Allowed				
C9725	S	PLACE ENDORECTAL APP	01507	8.9477	$427.25	APC				
C9726	S	RXT BREAST APPL PLACE/REMOV	01508	10.5746	$504.94	APC				
C9727	S	INSERT PALATE IMPLANTS	01510	13.8283	$660.30	APC				
C9728	T	PLACE DEVICE/MARKER, NON PROS	00156	3.4079	$162.73	APC				
D0120	M	PERIODIC ORAL EVALUATION				Fee Schedule	$68.64			
D0140	M	LIMIT ORAL EVAL PROBLM FOCUS				Fee Schedule	$68.64			
D0145	E	ORAL EVALUATION, PT < 3YRS				Not Allowed				
D0150	S	COMPREHENSVE ORAL EVALUATION	00330	7.055	$336.88	APC				
D0160	E	EXTENSV ORAL EVAL PROB FOCUS				Not Allowed				
D0170	E	RE-EVAL,EST PT,PROBLEM FOCUS				Not Allowed				
D0180	E	COMP PERIODONTAL EVALUATION				Not Allowed				
D0210	M	INTRAOR COMPLETE FILM SERIES				Fee Schedule	$68.64			
D0220	M	INTRAORAL PERIAPICAL FIRST F				Fee Schedule	$68.64			
D0230	M	INTRAORAL PERIAPICAL EA ADD				Fee Schedule	$68.64			
D0240	S	INTRAORAL OCCLUSAL FILM	00330	7.055	$336.88	APC				
D0250	S	EXTRAORAL FIRST FILM	00330	7.055	$336.88	APC				
D0260	S	EXTRAORAL EA ADDITIONAL FILM	00330	7.055	$336.88	APC				
D0270	S	DENTAL BITEWING SINGLE FILM	00330	7.055	$336.88	APC				

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D0272	S	DENTAL BITEWINGS TWO FILMS	00330	7.055	$336.88	APC				
D0273	E	BITEWINGS - THREE FILMS				Not Allowed				
D0274	S	DENTAL BITEWINGS FOUR FILMS	00330	7.055	$336.88	APC				
D0277	S	VERT BITEWINGS-SEV TO EIGHT	00330	7.055	$336.88	APC				
D0290	E	DENTAL FILM SKULL/FACIAL BON				Not Allowed				
D0310	E	DENTAL SALIOGRAPHY				Not Allowed				
D0320	E	DENTAL TMJ ARTHROGRAM INCL I				Not Allowed				
D0321	E	DENTAL OTHER TMJ FILMS				Not Allowed				Y
D0322	M	DENTAL TOMOGRAPHIC SURVEY				Fee Schedule	$68.64			
D0330	M	DENTAL PANORAMIC FILM				Fee Schedule	$68.64			
D0340	M	DENTAL CEPHALOMETRIC FILM				Fee Schedule	$68.64			
D0350	M	ORAL/FACIAL IMAGES				Fee Schedule	$68.64			
D0360	E	CONE BEAM CT				Not Allowed				
D0362	E	CONE BEAM, TWO DIMENSIONAL				Not Allowed				
D0363	E	CONE BEAM, THREE DIMENSIONAL				Not Allowed				
D0415	E	BACTERIOLOGIC STUDY				Not Allowed				
D0416	E	VIRAL CULTURE				Not Allowed				
D0421	E	GEN TST SUSCEPT ORAL DISEASE				Not Allowed				
D0425	E	CARIES SUSCEPTIBILITY TEST				Not Allowed				
D0431	E	DIAG TST DETECT MUCOS ABNORM				Not Allowed				
D0460	S	PULP VITALITY TEST	00330	7.055	$336.88	APC				
D0470	M	DIAGNOSTIC CASTS				Fee Schedule	$68.64			
D0472	E	GROSS EXAM, PREP & REPORT				Not Allowed				
D0473	E	MICRO EXAM, PREP & REPORT				Not Allowed				
D0474	E	MICRO W EXAM OF SURG MARGINS				Not Allowed				
D0475	E	DECALCIFICATION PROCEDURE				Not Allowed				
D0476	E	SPEC STAINS FOR MICROORGANIS				Not Allowed				
D0477	E	SPEC STAINS NOT FOR MICROORG				Not Allowed				
D0478	E	IMMUNOHISTOCHEMICAL STAINS				Not Allowed				
D0479	E	TISSUE IN-SITU HYBRIDIZATION				Not Allowed				
D0480	E	CYTOPATH SMEAR PREP & REPORT				Not Allowed				
D0481	E	ELECTRON MICROSCOPY DIAGNOST				Not Allowed				
D0482	E	DIRECT IMMUNOFLUORESCENCE				Not Allowed				
D0483	E	INDIRECT IMMUNOFLUORESCENCE				Not Allowed				
D0484	E	CONSULT SLIDES PREP ELSEWHER				Not Allowed				
D0485	E	CONSULT INC PREP OF SLIDES				Not Allowed				
D0486	E	ACCESSION OF BRUSH BIOPSY				Not Allowed				
D0502	E	OTHER ORAL PATHOLOGY PROCEDU				Not Allowed				
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE				Not Allowed				

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D1110	M	DENTAL PROPHYLAXIS ADULT				Fee Schedule	$68.64			
D1120	M	DENTAL PROPHYLAXIS CHILD				Fee Schedule	$68.64			
D1203	M	TOPICAL FLUOR W/O PROPHY CHI				Fee Schedule	$68.64			
D1204	E	TOPICAL FLUOR W/O PROPHY ADU				Not Allowed				
D1206	E	TOPICAL FLUORIDE VARNISH				Not Allowed				
D1310	E	NUTRI COUNSEL-CONTROL CARIES				Not Allowed				
D1320	E	TOBACCO COUNSELING				Not Allowed				
D1330	E	ORAL HYGIENE INSTRUCTION				Not Allowed				
D1351	M	DENTAL SEALANT PER TOOTH				Fee Schedule	$68.64			
D1510	S	SPACE MAINTAINER FXD UNILAT	00330	7.055	$336.88	APC				
D1515	S	FIXED BILAT SPACE MAINTAINER	00330	7.055	$336.88	APC				
D1520	S	REMOVE UNILAT SPACE MAINTAIN	00330	7.055	$336.88	APC				Y
D1525	S	REMOVE BILAT SPACE MAINTAIN	00330	7.055	$336.88	APC				Y
D1550	S	RECEMENT SPACE MAINTAINER	00330	7.055	$336.88	APC				
D1555	E	REMOVE FIX SPACE MAINTAINER				Not Allowed				
D2140	M	AMALGAM ONE SURFACE PERMANEN				Fee Schedule	$68.64			
D2150	M	AMALGAM TWO SURFACES PERMANE				Fee Schedule	$68.64			
D2160	M	AMALGAM THREE SURFACES PERMA				Fee Schedule	$68.64			
D2161	M	AMALGAM 4 OR > SURFACES PERM				Fee Schedule	$68.64			
D2330	M	RESIN ONE SURFACE-ANTERIOR				Fee Schedule	$68.64			
D2331	M	RESIN TWO SURFACES-ANTERIOR				Fee Schedule	$68.64			
D2332	M	RESIN THREE SURFACES-ANTERIO				Fee Schedule	$68.64			
D2335	M	RESIN 4/> SURF OR W INCIS AN				Fee Schedule	$68.64			
D2390	M	ANT RESIN-BASED CMPST CROWN				Fee Schedule	$68.64			
D2391	M	POST 1 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2392	M	POST 2 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2393	M	POST 3 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2394	M	POST >=4SRFC RESINBASE CMPST				Fee Schedule	$68.64			
D2410	E	DENTAL GOLD FOIL ONE SURFACE				Not Allowed				
D2420	E	DENTAL GOLD FOIL TWO SURFACE				Not Allowed				
D2430	E	DENTAL GOLD FOIL THREE SURFA				Not Allowed				
D2510	E	DENTAL INLAY METALIC 1 SURF				Not Allowed				
D2520	E	DENTAL INLAY METALLIC 2 SURF				Not Allowed				
D2530	E	DENTAL INLAY METL 3/MORE SUR				Not Allowed				
D2542	E	DENTAL ONLAY METALLIC 2 SURF				Not Allowed				
D2543	E	DENTAL ONLAY METALLIC 3 SURF				Not Allowed				
D2544	E	DENTAL ONLAY METL 4/MORE SUR				Not Allowed				
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU				Not Allowed				
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU				Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D2630	E	DENTAL ONLAY PORC 3/MORE SUR				Not Allowed				
D2642	E	DENTAL ONLAY PORCELIN 2 SURF				Not Allowed				
D2643	E	DENTAL ONLAY PORCELIN 3 SURF				Not Allowed				
D2644	E	DENTAL ONLAY PORC 4/MORE SUR				Not Allowed				
D2650	E	INLAY COMPOSITE/RESIN ONE SU				Not Allowed				
D2651	E	INLAY COMPOSITE/RESIN TWO SU				Not Allowed				
D2652	E	DENTAL INLAY RESIN 3/MRE SUR				Not Allowed				
D2662	E	DENTAL ONLAY RESIN 2 SURFACE				Not Allowed				
D2663	E	DENTAL ONLAY RESIN 3 SURFACE				Not Allowed				
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR				Not Allowed				
D2710	M	CROWN RESIN LABORATORY				Fee Schedule	$68.64			
D2712	M	CROWN 3/4 RESIN-BASED COMPOS				Fee Schedule	$68.64			
D2720	M	CROWN RESIN W/ HIGH NOBLE ME				Fee Schedule	$68.64			
D2721	M	CROWN RESIN W/ BASE METAL				Fee Schedule	$68.64			
D2722	M	CROWN RESIN W/ NOBLE METAL				Fee Schedule	$68.64			
D2740	M	CROWN PORCELAIN/CERAMIC SUBS				Fee Schedule	$68.64			
D2750	M	CROWN PORCELAIN W/ H NOBLE M				Fee Schedule	$68.64			
D2751	M	CROWN PORCELAIN FUSED BASE M				Fee Schedule	$68.64			
D2752	M	CROWN PORCELAIN W/ NOBLE MET				Fee Schedule	$68.64			
D2780	M	CROWN 3/4 CAST HI NOBLE MET				Fee Schedule	$68.64			
D2781	M	CROWN 3/4 CAST BASE METAL				Fee Schedule	$68.64			
D2782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	$68.64			
D2783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D2790	M	CROWN FULL CAST HIGH NOBLE M				Fee Schedule	$68.64			
D2791	M	CROWN FULL CAST BASE METAL				Fee Schedule	$68.64			
D2792	M	CROWN FULL CAST NOBLE METAL				Fee Schedule	$68.64			
D2794	M	CROWN-TITANIUM				Fee Schedule	$68.64			
D2799	M	PROVISIONAL CROWN				Fee Schedule	$68.64			
D2910	M	DENTAL RECEMENT INLAY				Fee Schedule	$68.64			
D2915	E	RECEMENT CAST OR PREFAB POST				Not Allowed				
D2920	M	DENTAL RECEMENT CROWN				Fee Schedule	$68.64			
D2930	M	PREFAB STNLSS STEEL CRWN PRI				Fee Schedule	$68.64			
D2931	M	PREFAB STNLSS STEEL CROWN PE				Fee Schedule	$68.64			
D2932	M	PREFABRICATED RESIN CROWN				Fee Schedule	$68.64			
D2933	M	PREFAB STAINLESS STEEL CROWN				Fee Schedule	$68.64			
D2934	E	PREFAB STEEL CROWN PRIMARY				Not Allowed				
D2940	M	DENTAL SEDATIVE FILLING				Fee Schedule	$68.64			
D2950	M	CORE BUILD-UP INCL ANY PINS				Fee Schedule	$68.64			
D2951	M	TOOTH PIN RETENTION				Fee Schedule	$68.64			

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D2952	M	POST AND CORE CAST + CROWN				Fee Schedule	$68.64			
D2953	M	EACH ADDTNL CAST POST				Fee Schedule	$68.64			
D2954	M	PREFAB POST/CORE + CROWN				Fee Schedule	$68.64			
D2955	E	POST REMOVAL				Not Allowed				
D2957	M	EACH ADDTNL PREFAB POST				Fee Schedule	$68.64			
D2960	M	LAMINATE LABIAL VENEER				Fee Schedule	$68.64			
D2961	M	LAB LABIAL VENEER RESIN				Fee Schedule	$68.64			
D2962	M	LAB LABIAL VENEER PORCELAIN				Fee Schedule	$68.64			
D2971	E	ADD PROC CONSTRUCT NEW CROWN				Not Allowed				
D2975	E	COPING				Not Allowed				
D2980	M	CROWN REPAIR				Fee Schedule	$68.64			
D2999	S	DENTAL UNSPEC RESTORATIVE PR	00330	7.055	$336.88	APC				
D3110	M	PULP CAP DIRECT				Fee Schedule	$68.64			
D3120	M	PULP CAP INDIRECT				Fee Schedule	$68.64			
D3220	M	THERAPEUTIC PULPOTOMY				Fee Schedule	$68.64			
D3221	M	GROSS PULPAL DEBRIDEMENT				Fee Schedule	$68.64			
D3230	M	PULPAL THERAPY ANTERIOR PRIM				Fee Schedule	$68.64			
D3240	M	PULPAL THERAPY POSTERIOR PRI				Fee Schedule	$68.64			
D3310	M	ANTERIOR				Fee Schedule	$68.64			
D3320	M	ROOT CANAL THERAPY 2 CANALS				Fee Schedule	$68.64			
D3330	M	ROOT CANAL THERAPY 3 CANALS				Fee Schedule	$68.64			
D3331	M	NON-SURG TX ROOT CANAL OBS				Fee Schedule	$68.64			
D3332	E	INCOMPLETE ENDODONTIC TX				Not Allowed				
D3333	E	INTERNAL ROOT REPAIR				Not Allowed				
D3346	M	RETREAT ROOT CANAL ANTERIOR				Fee Schedule	$68.64			
D3347	M	RETREAT ROOT CANAL BICUSPID				Fee Schedule	$68.64			
D3348	M	RETREAT ROOT CANAL MOLAR				Fee Schedule	$68.64			
D3351	E	APEXIFICATION/RECALC INITIAL				Not Allowed				
D3352	E	APEXIFICATION/RECALC INTERIM				Not Allowed				
D3353	E	APEXIFICATION/RECALC FINAL				Not Allowed				
D3410	M	APICOECT/PERIRAD SURG ANTER				Fee Schedule	$68.64			
D3421	M	ROOT SURGERY BICUSPID				Fee Schedule	$68.64			
D3425	M	ROOT SURGERY MOLAR				Fee Schedule	$68.64			
D3426	M	ROOT SURGERY EA ADD ROOT				Fee Schedule	$68.64			
D3430	M	RETROGRADE FILLING				Fee Schedule	$68.64			
D3450	E	ROOT AMPUTATION				Not Allowed				
D3460	S	ENDODONTIC ENDOSSEOUS IMPLAN	00330	7.055	$336.88	APC				
D3470	E	INTENTIONAL REPLANTATION				Not Allowed				
D3910	E	ISOLATION- TOOTH W RUBB DAM				Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D3920	E	TOOTH SPLITTING				Not Allowed				
D3950	E	CANAL PREP/FITTING OF DOWEL				Not Allowed				
D3999	S	ENDODONTIC PROCEDURE	00330	7.055	$336.88	APC				
D4210	M	GINGIVECTOMY/PLASTY PER QUAD				Fee Schedule	$68.64			
D4211	M	GINGIVECTOMY/PLASTY PER TOOT				Fee Schedule	$68.64			
D4230	E	ANA CROWN EXP 4 OR> PER QUAD				Not Allowed				
D4231	E	ANA CROWN EXP 1-3 PER QUAD				Not Allowed				
D4240	M	GINGIVAL FLAP PROC W/ PLANIN				Fee Schedule	$68.64			
D4241	M	GNGVL FLAP W ROOTPLAN 1-3 TH				Fee Schedule	$68.64			
D4245	E	APICALLY POSITIONED FLAP				Not Allowed				
D4249	E	CROWN LENGTHEN HARD TISSUE				Not Allowed				
D4260	S	OSSEOUS SURGERY PER QUADRANT	00330	7.055	$336.88	APC				
D4261	M	OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QUADRANT				Fee Schedule	$68.64			
D4263	S	BONE REPLCE GRAFT FIRST SITE	00330	7.055	$336.88	APC				
D4264	S	BONE REPLCE GRAFT EACH ADD	00330	7.055	$336.88	APC				
D4265	E	BIO MTRLS TO AID SOFT/OS REG				Not Allowed				
D4266	E	GUIDED TISS REGEN RESORBLE				Not Allowed				
D4267	E	GUIDED TISS REGEN NONRESORB				Not Allowed				
D4268	M	SURGICAL REVISION PROCEDURE	00330			Not Allowed				
D4270	S	PEDICLE SOFT TISSUE GRAFT PR	00330	7.055	$336.88	APC				
D4271	S	FREE SOFT TISSUE GRAFT PROC	00330	7.055	$336.88	APC				
D4273	M	SUBEPITHELIAL TISSUE GRAFT	00330			Not Allowed				
D4274	E	DISTAL/PROXIMAL WEDGE PROC				Not Allowed				
D4275	E	SOFT TISSUE ALLOGRAFT				Not Allowed				
D4276	E	CON TISSUE W DBLE PED GRAFT				Not Allowed				
D4320	M	PROVISION SPLNT INTRACORONAL				Fee Schedule	$68.64			
D4321	E	PROVISIONAL SPLINT EXTRACORO				Not Allowed				
D4341	M	PERIODONTAL SCALING & ROOT				Fee Schedule	$68.64			
D4342	M	PERIODONTAL SCALING 1-3 TEETH				Fee Schedule	$68.64			
D4355	S	FULL MOUTH DEBRIDEMENT	00330	7.055	$336.88	APC				
D4381	E	LOCALIZED CHEMO DELIVERY				Not Allowed				
D4910	M	PERIODONTAL MAINT PROCEDURES				Fee Schedule	$68.64			
D4920	M	UNSCHEDULED DRESSING CHANGE				Fee Schedule	$68.64			
D4999	M	UNSPECIFIED PERIODONTAL PROC				Fee Schedule	$68.64			
D5110	M	DENTURES COMPLETE MAXILLARY				Fee Schedule	$68.64			
D5120	M	DENTURES COMPLETE MANDIBLE				Fee Schedule	$68.64			
D5130	M	DENTURES IMMEDIAT MAXILLARY				Fee Schedule	$68.64			
D5140	M	DENTURES IMMEDIAT MANDIBLE				Fee Schedule	$68.64			
D5211	M	DENTURES MAXILL PART RESIN				Fee Schedule	$68.64			

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D5212	M	DENTURES MAND PART RESIN				Fee Schedule	$68.64			
D5213	M	DENTURES MAXILL PART METAL				Fee Schedule	$68.64			
D5214	M	DENTURES MANDIBL PART METAL				Fee Schedule	$68.64			
D5225	M	MAXILLARY PART DENTURE FLEX				Fee Schedule	$68.64			
D5226	M	MANDIBULAR PART DENTURE FLEX				Fee Schedule	$68.64			
D5281	E	REMOVABLE PARTIAL DENTURE				Not Allowed				Y
D5410	M	DENTURES ADJUST CMPLT MAXIL				Fee Schedule	$68.64			
D5411	M	DENTURES ADJUST CMPLT MAND				Fee Schedule	$68.64			
D5421	M	DENTURES ADJUST PART MAXILL				Fee Schedule	$68.64			
D5422	M	DENTURES ADJUST PART MANDBL				Fee Schedule	$68.64			
D5510	M	DENTUR REPR BROKEN COMPL BAS				Fee Schedule	$68.64			
D5520	M	REPLACE DENTURE TEETH COMPLT				Fee Schedule	$68.64			
D5610	M	DENTURES REPAIR RESIN BASE				Fee Schedule	$68.64			
D5620	M	REP PART DENTURE CAST FRAME				Fee Schedule	$68.64			
D5630	M	REP PARTIAL DENTURE CLASP				Fee Schedule	$68.64			
D5640	M	REPLACE PART DENTURE TEETH				Fee Schedule	$68.64			
D5650	M	ADD TOOTH TO PARTIAL DENTURE				Fee Schedule	$68.64			
D5660	M	ADD CLASP TO PARTIAL DENTURE				Fee Schedule	$68.64			
D5670	E	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAME MAXILLARY				Not Allowed				
D5671	E	REPLC TTH&ACRLC MANDIBULAR				Not Allowed				
D5710	M	DENTURES REBASE CMPLT MAXIL				Fee Schedule	$68.64			
D5711	M	DENTURES REBASE CMPLT MAND				Fee Schedule	$68.64			
D5720	M	DENTURES REBASE PART MAXILL				Fee Schedule	$68.64			
D5721	M	DENTURES REBASE PART MANDBL				Fee Schedule	$68.64			
D5730	M	DENTURE RELN CMPLT MAXIL CH				Fee Schedule	$68.64			
D5731	M	DENTURE RELN CMPLT MAND CHR				Fee Schedule	$68.64			
D5740	M	DENTURE RELN PART MAXIL CHR				Fee Schedule	$68.64			
D5741	M	DENTURE RELN PART MAND CHR				Fee Schedule	$68.64			
D5750	M	DENTURE RELN CMPLT MAX LAB				Fee Schedule	$68.64			
D5751	M	DENTURE RELN CMPLT MAND LAB				Fee Schedule	$68.64			
D5760	M	DENTURE RELN PART MAXIL LAB				Fee Schedule	$68.64			
D5761	M	DENTURE RELN PART MAND LAB				Fee Schedule	$68.64			
D5810	E	DENTURE INTERM CMPLT MAXILL				Not Allowed				
D5811	E	DENTURE INTERM CMPLT MANDBL				Not Allowed				
D5820	M	DENTURE INTERM PART MAXILL				Fee Schedule	$68.64			
D5821	M	DENTURE INTERM PART MANDBL				Fee Schedule	$68.64			
D5850	M	DENTURE TISS CONDITN MAXILL				Fee Schedule	$68.64			Y
D5851	E	DENTURE TISS CONDTIN MANDBL				Not Allowed				
D5860	E	OVERDENTURE COMPLETE				Not Allowed				Y

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D5861	E	OVERDENTURE PARTIAL				Not Allowed				Y
D5862	E	PRECISION ATTACHMENT				Not Allowed				Y
D5867	E	REPLACEMENT OF PRECISION ATT				Not Allowed				
D5875	E	PROSTHESIS MODIFICATION				Not Allowed				
D5899	M	REMOVABLE PROSTHODONTIC PROC				Fee Schedule	$68.64			
D5911	M	FACIAL MOULAGE SECTIONAL	00330			Not Allowed				
D5912	M	FACIAL MOULAGE COMPLETE	00330			Not Allowed				
D5913	E	NASAL PROSTHESIS				Not Allowed				
D5914	E	AURICULAR PROSTHESIS				Not Allowed				
D5915	E	ORBITAL PROSTHESIS				Not Allowed				
D5916	E	OCULAR PROSTHESIS				Not Allowed				
D5919	E	FACIAL PROSTHESIS				Not Allowed				
D5922	E	NASAL SEPTAL PROSTHESIS				Not Allowed				
D5923	E	OCULAR PROSTHESIS INTERIM				Not Allowed				
D5924	E	CRANIAL PROSTHESIS				Not Allowed				
D5925	E	FACIAL AUGMENTATION IMPLANT				Not Allowed				
D5926	E	REPLACEMENT NASAL PROSTHESIS				Not Allowed				
D5927	E	AURICULAR REPLACEMENT				Not Allowed				
D5928	E	ORBITAL REPLACEMENT				Not Allowed				
D5929	E	FACIAL REPLACEMENT				Not Allowed				
D5931	E	SURGICAL OBTURATOR				Not Allowed				
D5932	E	POSTSURGICAL OBTURATOR				Not Allowed				Y
D5933	E	REFITTING OF OBTURATOR				Not Allowed				
D5934	E	MANDIBULAR FLANGE PROSTHESIS				Not Allowed				
D5935	E	MANDIBULAR DENTURE PROSTH				Not Allowed				
D5936	E	TEMP OBTURATOR PROSTHESIS				Not Allowed				
D5937	E	TRISMUS APPLIANCE				Not Allowed				
D5951	E	FEEDING AID				Not Allowed				
D5952	E	PEDIATRIC SPEECH AID				Not Allowed				
D5953	E	ADULT SPEECH AID				Not Allowed				
D5954	E	SUPERIMPOSED PROSTHESIS				Not Allowed				
D5955	E	PALATAL LIFT PROSTHESIS				Not Allowed				
D5958	E	INTRAORAL CON DEF INTER PLT				Not Allowed				
D5959	E	INTRAORAL CON DEF MOD PALAT				Not Allowed				
D5960	E	MODIFY SPEECH AID PROSTHESIS				Not Allowed				
D5982	E	SURGICAL STENT				Not Allowed				
D5983	S	RADIATION APPLICATOR	00330	7.055	$336.88	APC				Y
D5984	S	RADIATION SHIELD	00330	7.055	$336.88	APC				Y
D5985	S	RADIATION CONE LOCATOR	00330	7.055	$336.88	APC				Y

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D5986	E	FLUORIDE APPLICATOR				Not Allowed				Y
D5987	M	COMMISSURE SPLINT	00330			Not Allowed				
D5988	E	SURGICAL SPLINT				Not Allowed				
D5999	E	MAXILLOFACIAL PROSTHESIS				Not Allowed				
D6010	E	ODONTICS ENDOSTEAL IMPLANT				Not Allowed				
D6012	E	ENDOSTEAL IMPLANT				Not Allowed				
D6040	E	ODONTICS EPOSTEAL IMPLANT				Not Allowed				
D6050	E	ODONTICS TRANSOSTEAL IMPLNT				Not Allowed				
D6053	E	IMPLNT/ABTMNT SPPRT REMV DNT				Not Allowed				
D6054	E	IMPLNT/ABTMNT SPPRT REMVPRTL				Not Allowed				
D6055	E	IMPLANT CONNECTING BAR				Not Allowed				
D6056	E	PREFABRICATED ABUTMENT				Not Allowed				
D6057	E	CUSTOM ABUTMENT				Not Allowed				
D6058	E	ABUTMENT SUPPORTED CROWN				Not Allowed				
D6059	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed				
D6060	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed				
D6061	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed				
D6062	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed				
D6063	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed				
D6064	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed				
D6065	E	IMPLANT SUPPORTED CROWN				Not Allowed				
D6066	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed				
D6067	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed				
D6068	E	ABUTMENT SUPPORTED RETAINER				Not Allowed				
D6069	E	ABUTMENT SUPPORTED RETAINER				Not Allowed				
D6070	E	ABUTMENT SUPPORTED RETAINER				Not Allowed				
D6071	E	ABUTMENT SUPPORTED RETAINER				Not Allowed				
D6072	E	ABUTMENT SUPPORTED RETAINER				Not Allowed				
D6073	E	ABUTMENT SUPPORTED RETAINER				Not Allowed				
D6074	E	ABUTMENT SUPPORTED RETAINER				Not Allowed				
D6075	E	IMPLANT SUPPORTED RETAINER				Not Allowed				
D6076	E	IMPLANT SUPPORTED RETAINER				Not Allowed				
D6077	E	IMPLANT SUPPORTED RETAINER				Not Allowed				
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed				
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed				
D6080	E	IMPLANT MAINTENANCE				Not Allowed				
D6090	E	REPAIR IMPLANT				Not Allowed				
D6091	E	REPL SEMI/PRECISION ATTACH				Not Allowed				
D6092	E	RECEMENT SUPP CROWN				Not Allowed				

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D6093	E	RECEMENT SUPP PART DENTURE				Not Allowed				
D6094	E	ABUT SUPPORT CROWN TITANIUM				Not Allowed				
D6095	E	ODONTICS REPR ABUTMENT				Not Allowed				
D6100	E	REMOVAL OF IMPLANT				Not Allowed				
D6190	E	RADIO/SURGICAL IMPLANT INDEX				Not Allowed				
D6194	E	ABUT SUPPORT RETAINER TITANI				Not Allowed				
D6199	E	IMPLANT PROCEDURE				Not Allowed				Y
D6205	M	PONTIC-INDIRECT RESIN BASED				Fee Schedule	$68.64			
D6210	M	PROSTHODONT HIGH NOBLE METAL				Fee Schedule	$68.64			
D6211	M	BRIDGE BASE METAL CAST				Fee Schedule	$68.64			
D6212	M	BRIDGE NOBLE METAL CAST				Fee Schedule	$68.64			
D6214	M	PONTIC TITANIUM				Fee Schedule	$68.64			
D6240	M	BRIDGE PORCELAIN HIGH NOBLE				Fee Schedule	$68.64			
D6241	M	BRIDGE PORCELAIN BASE METAL				Fee Schedule	$68.64			
D6242	M	BRIDGE PORCELAIN NOBEL METAL				Fee Schedule	$68.64			
D6245	M	BRIDGE PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D6250	M	BRIDGE RESIN W/HIGH NOBLE				Fee Schedule	$68.64			
D6251	M	BRIDGE RESIN BASE METAL				Fee Schedule	$68.64			
D6252	M	BRIDGE RESIN W/NOBLE METAL				Fee Schedule	$68.64			
D6253	E	PROVISIONAL PONTIC				Not Allowed				
D6545	E	DENTAL RETAINR CAST METL				Not Allowed				
D6548	E	PORCELAIN/CERAMIC RETAINER				Not Allowed				
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF				Not Allowed				
D6601	E	PORC/CERAM INLAY >= 3 SURFAC				Not Allowed				
D6602	E	CST HGH NBLE MTL INLAY 2 SRF				Not Allowed				
D6603	E	CST HGH NBLE MTL INLAY >=3SR				Not Allowed				
D6604	E	CST BSE MTL INLAY 2 SURFACES				Not Allowed				
D6605	E	CST BSE MTL INLAY >= 3 SURFA				Not Allowed				
D6606	E	CAST NOBLE METAL INLAY 2 SUR				Not Allowed				
D6607	E	CST NOBLE MTL INLAY >=3 SURF				Not Allowed				
D6608	E	ONLAY PORC/CRMC 2 SURFACES				Not Allowed				
D6609	E	ONLAY PORC/CRMC >=3 SURFACES				Not Allowed				
D6610	E	ONLAY CAST HIGH NOBLE METAL TWO SURFACES				Not Allowed				
D6611	E	ONLAY CST HGH NBL MTL >=3SRF				Not Allowed				
D6612	E	ONLAY CST BASE MTL 2 SURFACE				Not Allowed				
D6613	E	ONLAY CST BASE MTL >=3 SURFA				Not Allowed				
D6614	E	ONLAY CST NBL MTL 2 SURFACES				Not Allowed				
D6615	E	ONLAY CST NBL MTL >=3 SURFAC				Not Allowed				
D6624	E	INLAY TITANIUM				Not Allowed				

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D6634	E	ONLAY TITANIUM				Not Allowed				
D6710	M	CROWN-INDIRECT RESIN BASED				Fee Schedule	$68.64			
D6720	M	RETAIN CROWN RESIN W HI NBLE				Fee Schedule	$68.64			
D6721	M	CROWN RESIN W/BASE METAL				Fee Schedule	$68.64			
D6722	M	CROWN RESIN W/NOBLE METAL				Fee Schedule	$68.64			
D6740	M	CROWN PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D6750	M	CROWN PORCELAIN HIGH NOBLE				Fee Schedule	$68.64			
D6751	M	CROWN PORCELAIN BASE METAL				Fee Schedule	$68.64			
D6752	M	CROWN PORCELAIN NOBLE METAL				Fee Schedule	$68.64			
D6780	M	CROWN 3/4 HIGH NOBLE METAL				Fee Schedule	$68.64			
D6781	M	CROWN 3/4 CAST BASED METAL				Fee Schedule	$68.64			
D6782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	$68.64			
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D6790	M	CROWN FULL HIGH NOBLE METAL				Fee Schedule	$68.64			
D6791	M	CROWN FULL BASE METAL CAST				Fee Schedule	$68.64			
D6792	M	CROWN FULL NOBLE METAL CAST				Fee Schedule	$68.64			
D6793	E	PROVISIONAL RETAINER CROWN				Not Allowed				
D6794	M	CROWN TITANIUM				Fee Schedule	$68.64			
D6920	S	DENTAL CONNECTOR BAR	00330			Not Allowed				
D6930	M	DENTAL RECEMENT BRIDGE				Fee Schedule	$68.64			
D6940	E	STRESS BREAKER				Not Allowed				
D6950	M	PRECISION ATTACHMENT				Fee Schedule	$68.64			
D6970	E	POST & CORE PLUS RETAINER				Not Allowed				
D6972	E	PREFAB POST & CORE PLUS RETA				Not Allowed				
D6973	E	CORE BUILD UP FOR RETAINER				Not Allowed				
D6975	E	COPING METAL				Not Allowed				
D6976	E	EACH ADDTNL CAST POST				Not Allowed				
D6977	E	EACH ADDTL PREFAB POST				Not Allowed				
D6980	M	BRIDGE REPAIR				Fee Schedule	$68.64			
D6985	E	PEDIATRIC PARTIAL DENTURE FX				Not Allowed				
D6999	M	FIXED PROSTHODONTIC PROC				Fee Schedule	$68.64			
D7111	S	CORONAL REMNANTS DECIDUOUS T	00330	7.055	$336.88	APC				
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	00330	7.055	$336.88	APC				
D7210	S	REM IMP TOOTH W MUCOPER FLP	00330	7.055	$336.88	APC				
D7220	S	IMPACT TOOTH REMOV SOFT TISS	00330	7.055	$336.88	APC				
D7230	S	IMPACT TOOTH REMOV PART BONY	00330	7.055	$336.88	APC				
D7240	S	IMPACT TOOTH REMOV COMP BONY	00330	7.055	$336.88	APC				
D7241	S	IMPACT TOOTH REM BONY W/COMP	00330	7.055	$336.88	APC				
D7250	S	TOOTH ROOT REMOVAL	00330	7.055	$336.88	APC				

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D7260	S	ORAL ANTRAL FISTULA CLOSURE	00330	7.055	$336.88	APC				
D7261	S	PRIMARY CLOSURE SINUS PERF	00330			Not Allowed				
D7270	M	TOOTH REIMPLANTATION				Fee Schedule	$68.64			
D7272	E	TOOTH TRANSPLANTATION				Not Allowed				
D7280	M	EXPOSURE IMPACT TOOTH ORTHOD				Fee Schedule	$68.64			
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT				Fee Schedule	$68.64			
D7283	E	PLACE DEVICE IMPACTED TOOTH				Not Allowed				
D7285	E	BIOPSY OF ORAL TISSUE HARD				Not Allowed				
D7286	E	BIOPSY OF ORAL TISSUE SOFT				Not Allowed				
D7287	E	CYTOLOGY SAMPLE COLLECTION				Not Allowed				
D7288	E	BRUSH BIOPSY				Not Allowed				
D7290	E	REPOSITIONING OF TEETH				Not Allowed				
D7291	M	TRANSSEPTAL FIBEROTOMY	00330			Not Allowed				
D7292	E	SCREW RETAINED PLATE				Not Allowed				
D7293	E	TEMP ANCHORAGE DEV W FLAP				Not Allowed				
D7294	E	TEMP ANCHORAGE DEV W/O FLAP				Not Allowed				
D7310	M	ALVEOPLASTY W/ EXTRACTION				Fee Schedule	$68.64			
D7311	E	ALVEOLOPLASTY W/EXTRACT 1-3				Not Allowed				
D7320	M	ALVEOPLASTY W/O EXTRACTION				Fee Schedule	$68.64			
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS				Fee Schedule	$68.64			
D7340	E	VESTIBULOPLASTY RIDGE EXTENS				Not Allowed				
D7350	E	VESTIBULOPLASTY EXTEN GRAFT				Not Allowed				
D7410	E	RAD EXC LESION UP TO 1.25 CM				Not Allowed				
D7411	E	EXCISION BENIGN LESION>1.25C				Not Allowed				
D7412	E	EXCISION BENIGN LESION COMPL				Not Allowed				
D7413	E	EXCISION MALIG LESION<=1.25C				Not Allowed				
D7414	E	EXCISION MALIG LESION>1.25CM				Not Allowed				
D7415	E	EXCISION MALIG LES COMPLICAT				Not Allowed				
D7440	E	MALIG TUMOR EXC TO 1.25 CM				Not Allowed				
D7441	E	MALIG TUMOR > 1.25 CM				Not Allowed				
D7450	E	REM ODONTOGEN CYST TO 1.25CM				Not Allowed				
D7451	E	REM ODONTOGEN CYST > 1.25 CM				Not Allowed				
D7460	E	REM NONODONTO CYST TO 1.25CM				Not Allowed				
D7461	E	REM NONODONTO CYST > 1.25 CM				Not Allowed				
D7465	E	LESION DESTRUCTION				Not Allowed				
D7471	E	REM EXOSTOSIS ANY SITE				Not Allowed				
D7472	E	REMOVAL OF TORUS PALATINUS				Not Allowed				
D7473	E	REMOVE TORUS MANDIBULARIS				Not Allowed				
D7485	E	SURG REDUCT OSSEOUSTUBEROSIT				Not Allowed				

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D7490	E	MANDIBLE RESECTION				Not Allowed				
D7510	M	I&D ABSC INTRAORAL SOFT TISS				Fee Schedule	$68.64			
D7511	M	INCISION/DRAIN ABSCESS INTRA				Fee Schedule	$68.64			
D7520	M	I&D ABSCESS EXTRAORAL				Fee Schedule	$68.64			
D7521	M	INCISION/DRAIN ABSCESS EXTRA				Fee Schedule	$68.64			
D7530	E	REMOVAL FB SKIN/AREOLAR TISS				Not Allowed				
D7540	M	REMOVAL OF FB REACTION				Fee Schedule	$68.64			
D7550	M	REMOVAL OF SLOUGHED OFF BONE				Fee Schedule	$68.64			
D7560	M	MAXILLARY SINUSOTOMY				Fee Schedule	$68.64			
D7610	E	MAXILLA OPEN REDUCT SIMPLE				Not Allowed				
D7620	E	CLSD REDUCT SIMPL MAXILLA FX				Not Allowed				
D7630	E	OPEN RED SIMPL MANDIBLE FX				Not Allowed				
D7640	E	CLSD RED SIMPL MANDIBLE FX				Not Allowed				
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX				Not Allowed				Y
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX				Not Allowed				Y
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS				Not Allowed				Y
D7671	E	ALVEOLUS OPEN REDUCTION				Not Allowed				
D7680	E	REDUCT SIMPLE FACIAL BONE FX				Not Allowed				Y
D7710	E	MAXILLA OPEN REDUCT COMPOUND				Not Allowed				Y
D7720	E	CLSD REDUCT COMPD MAXILLA FX				Not Allowed				Y
D7730	E	OPEN REDUCT COMPD MANDBLE FX				Not Allowed				Y
D7740	E	CLSD REDUCT COMPD MANDBLE FX				Not Allowed				Y
D7750	E	OPEN RED COMP MALAR/ZYGMA FX				Not Allowed				Y
D7760	E	CLSD RED COMP MALAR/ZYGMA FX				Not Allowed				Y
D7770	E	OPEN REDUC COMPD ALVEOLUS FX				Not Allowed				Y
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE				Not Allowed				
D7780	E	REDUCT COMPND FACIAL BONE FX				Not Allowed				Y
D7810	E	TMJ OPEN REDUCT-DISLOCATION				Not Allowed				Y
D7820	E	CLOSED TMP MANIPULATION				Not Allowed				Y
D7830	E	TMJ MANIPULATION UNDER ANEST				Not Allowed				
D7840	E	REMOVAL OF TMJ CONDYLE				Not Allowed				
D7850	E	TMJ MENISCECTOMY				Not Allowed				Y
D7852	E	TMJ REPAIR OF JOINT DISC				Not Allowed				
D7854	E	TMJ EXCISN OF JOINT MEMBRANE				Not Allowed				
D7856	E	TMJ CUTTING OF A MUSCLE				Not Allowed				
D7858	E	TMJ RECONSTRUCTION				Not Allowed				
D7860	E	TMJ CUTTING INTO JOINT				Not Allowed				Y
D7865	E	TMJ RESHAPING COMPONENTS				Not Allowed				Y
D7870	E	TMJ ASPIRATION JOINT FLUID				Not Allowed				Y

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D7871	E	LYSIS + LAVAGE W CATHETERS				Not Allowed				
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY				Not Allowed				
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN				Not Allowed				
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT				Not Allowed				
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY				Not Allowed				
D7876	E	TMJ ARTHROSCOPY DISCECTOMY				Not Allowed				
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT				Not Allowed				
D7880	E	OCCLUSAL ORTHOTIC APPLIANCE				Not Allowed				
D7899	E	TMJ UNSPECIFIED THERAPY				Not Allowed				
D7910	M	DENT SUTUR RECENT WND TO 5CM				Fee Schedule	$68.64			
D7911	M	DENTAL SUTURE WOUND TO 5 CM				Fee Schedule	$68.64			
D7912	M	SUTURE COMPLICATE WND > 5 CM				Fee Schedule	$68.64			
D7920	E	DENTAL SKIN GRAFT				Not Allowed				
D7940	S	RESHAPING BONE ORTHOGNATHIC	00330			Not Allowed				
D7941	E	BONE CUTTING RAMUS CLOSED				Not Allowed				
D7943	E	CUTTING RAMUS OPEN W/GRAFT				Not Allowed				
D7944	E	BONE CUTTING SEGMENTED				Not Allowed				
D7945	E	BONE CUTTING BODY MANDIBLE				Not Allowed				
D7946	E	RECONSTRUCTION MAXILLA TOTAL				Not Allowed				
D7947	E	RECONSTRUCT MAXILLA SEGMENT				Not Allowed				
D7948	E	RECONSTRUCT MIDFACE NO GRAFT				Not Allowed				
D7949	E	RECONSTRUCT MIDFACE W/GRAFT				Not Allowed				
D7950	E	MANDIBLE GRAFT				Not Allowed				Y
D7951	E	SINUS AUG W BONE/BONE SUP				Not Allowed				
D7953	E	BONE REPLACEMENT GRAFT				Not Allowed				
D7955	E	REPAIR MAXILLOFACIAL DEFECTS				Not Allowed				
D7960	E	FRENULECTOMY/FRENULOTOMY				Not Allowed				Y
D7963	E	FRENULOPLASTY				Not Allowed				
D7970	M	EXCISION HYPERPLASTIC TISSUE				Fee Schedule	$68.64			
D7971	E	EXCISION PERICORONAL GINGIVA				Not Allowed				
D7972	E	SURG REDCT FIBROUS TUBEROSIT				Not Allowed				
D7980	E	SIALOLITHOTOMY				Not Allowed				
D7981	E	EXCISION OF SALIVARY GLAND				Not Allowed				Y
D7982	E	SIALODOCHOPLASTY				Not Allowed				
D7983	E	CLOSURE OF SALIVARY FISTULA				Not Allowed				
D7990	E	EMERGENCY TRACHEOTOMY				Not Allowed				
D7991	E	DENTAL CORONOIDECTOMY				Not Allowed				
D7995	E	SYNTHETIC GRAFT FACIAL BONES				Not Allowed				
D7996	E	IMPLANT MANDIBLE FOR AUGMENT				Not Allowed				

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D7997	E	APPLIANCE REMOVAL				Not Allowed				
D7998	E	INTRAORAL PLACE OF FIX DEV				Not Allowed				
D7999	E	ORAL SURGERY PROCEDURE				Not Allowed				Y
D8010	E	LIMITED DENTAL TX PRIMARY				Not Allowed				
D8020	E	LIMITED DENTAL TX TRANSITION				Not Allowed				
D8030	E	LIMITED DENTAL TX ADOLESCENT				Not Allowed				
D8040	E	LIMITED DENTAL TX ADULT				Not Allowed				
D8050	M	INTERCEP DENTAL TX PRIMARY				Fee Schedule	$68.64			Y
D8060	M	INTERCEP DENTAL TX TRANSITN				Fee Schedule	$68.64			Y
D8070	M	COMPRE DENTAL TX TRANSITION				Fee Schedule	$68.64			Y
D8080	M	COMPRE DENTAL TX ADOLESCENT				Fee Schedule	$68.64			Y
D8090	M	COMPRE DENTAL TX ADULT				Fee Schedule	$68.64			Y
D8210	E	ORTHODONTIC REM APPLIANCE TX				Not Allowed				
D8220	M	FIXED APPLIANCE THERAPY HABT				Fee Schedule	$68.64			
D8660	E	PREORTHODONTIC TX VISIT				Not Allowed				
D8670	M	PERIODIC ORTHODONTC TX VISIT				Fee Schedule	$68.64			Y
D8680	E	ORTHODONTIC RETENTION				Not Allowed				
D8690	E	ORTHODONTIC TREATMENT				Not Allowed				
D8691	E	REPAIR ORTHO APPLIANCE				Not Allowed				
D8692	E	REPLACEMENT RETAINER				Not Allowed				
D8693	E	REBOND/CEMENT/REPAIR RETAIN				Not Allowed				
D8999	E	ORTHODONTIC PROCEDURE				Not Allowed				
D9110	N	TX DENTAL PAIN MINOR PROC				APC/ Bundled				
D9120	E	FIX PARTIAL DENTURE SECTION				Not Allowed				
D9210	E	DENT ANESTHESIA W/O SURGERY				Not Allowed				
D9211	E	REGIONAL BLOCK ANESTHESIA				Not Allowed				
D9212	E	TRIGEMINAL BLOCK ANESTHESIA				Not Allowed				
D9215	E	LOCAL ANESTHESIA				Not Allowed				
D9220	E	GENERAL ANESTHESIA				Not Allowed				
D9221	E	GENERAL ANESTHESIA EA AD 15M				Not Allowed				Y
D9230	M	ANALGESIA				Not Allowed				
D9241	M	INTRAVENOUS SEDATION				Fee Schedule	$68.64			
D9242	M	IV SEDATION EA AD 30 M				Fee Schedule	$68.64			
D9248	N	SEDATION (NON-IV)				APC/ Bundled				
D9310	M	DENTAL CONSULTATION				Fee Schedule	$68.64			
D9410	E	DENTAL HOUSE CALL				Not Allowed				
D9420	E	HOSPITAL CALL				Not Allowed				
D9430	E	OFFICE VISIT DURING HOURS				Not Allowed				
D9440	E	OFFICE VISIT AFTER HOURS				Not Allowed				

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D9450	E	CASE PRESENTATION TX PLAN				Not Allowed				
D9610	E	DENT THERAPEUTIC DRUG INJECT				Not Allowed				
D9612	E	THERA PAR DRUGS 2 OR > ADMIN				Not Allowed				
D9630	S	OTHER DRUGS/MEDICAMENTS	00330	7.055	$336.88	APC				
D9910	E	DENT APPL DESENSITIZING MED				Not Allowed				
D9911	E	APPL DESENSITIZING RESIN				Not Allowed				
D9920	M	BEHAVIOR MANAGEMENT				Fee Schedule	$68.64			
D9930	S	TREATMENT OF COMPLICATIONS	00330			Not Allowed				
D9940	S	DENTAL OCCLUSAL GUARD	00330			Not Allowed				
D9941	E	FABRICATION ATHLETIC GUARD				Not Allowed				
D9942	E	REPAIR/RELINE OCCLUSAL GUARD				Not Allowed				
D9950	S	OCCLUSION ANALYSIS	00330			Not Allowed				
D9951	S	LIMITED OCCLUSAL ADJUSTMENT	00330			Not Allowed				
D9952	S	COMPLETE OCCLUSAL ADJUSTMENT	00330			Not Allowed				
D9970	E	ENAMEL MICROABRASION				Not Allowed				
D9971	E	ODONTOPLASTY 1-2 TEETH				Not Allowed				
D9972	E	EXTRNL BLEACHING PER ARCH				Not Allowed				
D9973	E	EXTRNL BLEACHING PER TOOTH				Not Allowed				
D9974	E	INTRNL BLEACHING PER TOOTH				Not Allowed				
D9999	E	ADJUNCTIVE PROCEDURE				Not Allowed				
E0100	M	CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED				Fee Schedule	$21.07			
E0105	M	CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS				Fee Schedule	$49.11			
E0110	M	CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS				Fee Schedule	$77.59			
E0111	M	CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS				Fee Schedule	$53.26			
E0112	M	CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA				Fee Schedule	$37.00			
E0113	M	CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP				Fee Schedule	$17.96			
E0114	M	CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT				Fee Schedule	$47.19			
E0116	M	CRUTCH UNDERARM EACH NO WOOD				Fee Schedule	$27.74			
E0117	M	UNDERARM SPRINGASSIST CRUTCH				Fee Schedule	$192.71			
E0118	E	CRUTCH SUBSTITUTE				Not Allowed				
E0130	E	WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT				Not Allowed				
E0135	E	WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT				Not Allowed				
E0140	E	WALKER W TRUNK SUPPORT				Not Allowed				
E0141	E	RIGID WHEELED WALKER ADJ/FIX				Not Allowed				
E0143	E	WALKER FOLDING WHEELED W/O S				Not Allowed				
E0144	E	ENCLOSED WALKER W REAR SEAT				Not Allowed				
E0147	E	WALKER VARIABLE WHEEL RESIST				Not Allowed				
E0148	E	WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY EACH				Not Allowed				
E0149	E	HEAVY DUTY WHEELED WALKER				Not Allowed				

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E0153	E	PLATFORM ATTACHMENT FOREARM CRUTCH EACH				Not Allowed				
E0154	E	PLATFORM ATTACHMENT WALKER EACH				Not Allowed				
E0155	E	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR				Not Allowed				
E0156	E	SEAT ATTACHMENT WALKER				Not Allowed				
E0157	E	CRUTCH ATTACHMENT WALKER EACH				Not Allowed				
E0158	E	LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4)				Not Allowed				
E0159	E	BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH				Not Allowed				
E0160	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT				Not Allowed				
E0161	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT				Not Allowed				
E0162	E	SITZ BATH CHAIR				Not Allowed				
E0163	E	COMMODE CHAIR STATIONARY WITH FIXED ARMS				Not Allowed				
E0165	E	COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS				Not Allowed				
E0167	E	PAIL OR PAN FOR USE WITH COMMODE CHAIR				Not Allowed				
E0168	E	COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR				Not Allowed				
E0170	E	COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHABLE ARMS				Not Allowed				
E0171	E	COMMODE CHAIR NON-ELECTRIC				Not Allowed				
E0172	E	SEAT LIFT MECHANISM TOILET				Not Allowed				
E0175	E	FOOT REST FOR USE WITH COMMODE CHAIR EACH				Not Allowed				
E0181	E	PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY				Not Allowed				
E0182	E	PUMP FOR ALTERNATING PRESSURE PAD				Not Allowed				
E0184	E	PRESSURE MATTRESS DRY				Not Allowed				
E0185	E	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH				Not Allowed				
E0186	E	AIR PRESSURE MATTRESS				Not Allowed				
E0187	E	WATER PRESSURE MATTRESS				Not Allowed				
E0188	E	SYNTHETIC SHEEPSKIN PAD				Not Allowed				
E0189	E	LAMBSWOOL SHEEPSKIN PAD ANY SIZE				Not Allowed				
E0190	E	POSITIONING CUSHION				Not Allowed				
E0191	E	HEEL OR ELBOW PROTECTOR EACH				Not Allowed				
E0193	E	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)				Not Allowed				Y
E0194	E	AIR FLUIDIZED BED				Not Allowed				Y
E0196	E	GEL PRESSURE MATTRESS				Not Allowed				
E0197	E	AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH				Not Allowed				
E0198	E	WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH				Not Allowed				
E0199	E	DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH				Not Allowed				
E0200	E	HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR				Not Allowed				
E0202	E	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER				Not Allowed				
E0203	E	THERAPEUTIC LIGHTBOX TABLETP				Not Allowed				
E0205	E	HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED				Not Allowed				
E0210	E	ELECTRIC HEAT PAD STANDARD				Not Allowed				

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E0215	E	ELECTRIC HEAT PAD MOIST				Not Allowed				
E0217	E	WATER CIRCULATING HEAT PAD WITH PUMP				Not Allowed				
E0218	E	WATER CIRCULATING COLD PAD WITH PUMP				Not Allowed				
E0220	E	HOT WATER BOTTLE				Not Allowed				
E0221	E	INFRARED HEATING PAD SYSTEM				Not Allowed				
E0225	E	HYDROCOLLATOR UNIT INCLUDING PADS				Not Allowed				
E0230	E	ICE CAP OR COLLAR				Not Allowed				
E0231	E	WOUND WARMING DEVICE				Not Allowed				
E0232	E	WARMING CARD FOR NWT				Not Allowed				
E0235	E	PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265				Not Allowed				
E0236	E	PUMP FOR WATER CIRCULATING PAD				Not Allowed				
E0238	E	NON-ELECTRIC HEAT PAD MOIST				Not Allowed				
E0239	E	HYDROCOLLATOR UNIT PORTABLE				Not Allowed				
E0240	E	BATH/SHOWER CHAIR				Not Allowed				
E0241	E	BATH TUB WALL RAIL EACH				Not Allowed				
E0242	E	BATH TUB RAIL FLOOR BASE				Not Allowed				
E0243	E	TOILET RAIL EACH				Not Allowed				
E0244	E	RAISED TOILET SEAT				Not Allowed				
E0245	E	TUB STOOL OR BENCH				Not Allowed				
E0246	E	TRANSFER TUB RAIL ATTACHMENT				Not Allowed				
E0247	E	TRANS BENCH W/WO COMM OPEN				Not Allowed				
E0248	E	HDTRANS BENCH W/WO COMM OPEN				Not Allowed				
E0249	E	PAD FOR WATER CIRCULATING HEAT UNIT				Not Allowed				
E0250	E	HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS				Not Allowed				Y
E0251	E	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS				Not Allowed				Y
E0255	E	HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS				Not Allowed				Y
E0256	E	HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE				Not Allowed				Y
E0260	E	HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS				Not Allowed				Y
E0261	E	HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE				Not Allowed				Y
E0265	E	HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS				Not Allowed				Y
E0266	E	HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS				Not Allowed				Y
E0270	E	HOSPITAL BED INSTITUTIONAL TYPE INCLUDES: OSCILLATING				Not Allowed				
E0271	E	MATTRESS INNERSPRING				Not Allowed				
E0272	E	MATTRESS FOAM RUBBER				Not Allowed				
E0273	E	BED BOARD				Not Allowed				
E0274	E	OVERBED TABLE				Not Allowed				
E0275	E	BED PAN STANDARD METAL OR PLASTIC				Not Allowed				
E0276	E	BED PAN FRACTURE METAL OR PLASTIC				Not Allowed				
E0277	E	POWERED PRESSURE-REDUCING AIR MATTRESS				Not Allowed				Y

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E0280	E	BED CRADLE ANY TYPE				Not Allowed				
E0290	E	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS				Not Allowed				Y
E0291	E	HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS				Not Allowed				Y
E0292	E	HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS				Not Allowed				
E0293	E	HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS				Not Allowed				Y
E0294	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS				Not Allowed				Y
E0295	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS				Not Allowed				Y
E0296	E	HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS				Not Allowed				Y
E0297	E	HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS				Not Allowed				Y
E0300	E	ENCLOSED PED CRIB HOSP GRADE				Not Allowed				
E0301	E	HD HOSP BED 350-600 LBS				Not Allowed				
E0302	E	EX HD HOSP BED > 600 LBS				Not Allowed				
E0303	E	HOSP BED HVY DTY XTRA WIDE				Not Allowed				
E0304	E	HOSP BED XTRA HVY DTY X WIDE				Not Allowed				
E0305	E	BED SIDE RAILS HALF LENGTH EACH				Not Allowed				
E0310	E	BEDSIDE RAILS FULL-LENGTH				Not Allowed				
E0315	E	BED ACCESSORIES: BOARDS OR TABLES ANY TYPE				Not Allowed				
E0316	E	BED SAFETY ENCLOSURE				Not Allowed				
E0325	E	URINAL MALE ANY MATERIAL				Not Allowed				
E0326	E	URINAL FEMALE ANY MATERIAL				Not Allowed				
E0350	E	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST				Not Allowed				
E0352	E	DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYSTEM				Not Allowed				
E0370	E	AIR PRESSURE ELEVATOR FOR HEEL				Not Allowed				
E0371	E	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS				Not Allowed				
E0372	E	POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WIDTH				Not Allowed				
E0373	E	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS				Not Allowed				
E0424	E	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT = 50CF				Not Allowed				
E0425	E	STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES				Not Allowed				
E0430	E	PORT GAS O2 SYS PURCHASE INCLUDES ALL SUPPLIES				Not Allowed				Y
E0431	E	PORT GAS O2SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING				Not Allowed				
E0434	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES				Not Allowed				
E0435	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES				Not Allowed				
E0439	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT = 10L				Not Allowed				
E0440	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT = 10L				Not Allowed				
E0441	E	OXYGEN CONTENTS GASEOUS				Not Allowed				
E0442	E	OXYGEN CONTENTS LIQUID				Not Allowed				
E0443	E	PORTABLE 02 CONTENTS GAS				Not Allowed				
E0444	E	PORTABLE 02 CONTENTS LIQUID				Not Allowed				
E0445	E	OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIVELY				Not Allowed				Y

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E0450	E	VOLUME VENTILATOR STATIONARY OR PORTABLE W/BACKUP RATE				Not Allowed				Y
E0455	E	PRESSURE VENTILATOR				Not Allowed				
E0457	E	CHEST SHELL (CUIRASS)				Not Allowed				
E0459	E	CHEST WRAP				Not Allowed				
E0460	E	NEGATIVE PRESSURE PUMP				Not Allowed				
E0461	E	VOL VENT NONINVASIVE INTERFACE				Not Allowed				
E0462	E	ROCKING BED WITH OR WITHOUT SIDE RAILS				Not Allowed				Y
E0463	E	PRESS SUPP VENT INVASIVE INT				Not Allowed				
E0464	E	PRESS SUPP VENT NONINV INT				Not Allowed				
E0470	E	RAD W/O BACKUP NON-INV INTFC				Not Allowed				
E0471	E	RAD W/BACKUP NON INV INTRFC				Not Allowed				
E0472	E	RAD W BACKUP INVASIVE INTRFC				Not Allowed				
E0480	E	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL				Not Allowed				
E0481	E	INTRPULMNRY PERCUSS VENT SYS				Not Allowed				
E0482	E	COUGH STIMULATING DEVICE				Not Allowed				Y
E0483	E	CHEST COMPRESSION GEN SYSTEM				Not Allowed				Y
E0484	E	NON-ELEC OSCILLATORY PEP DVC				Not Allowed				
E0485	E	ORAL DEVICE/APPLIANCE PREFAB				Not Allowed				
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB				Not Allowed				
E0500	E	IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL				Not Allowed				
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB				Not Allowed				
E0555	E	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO				Not Allowed				
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I				Not Allowed				
E0561	E	HUMIDIFIER NONHEATED W PAP				Not Allowed				
E0562	E	HUMIDIFIER HEATED USED W PAP				Not Allowed				
E0565	E	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF				Not Allowed				
E0570	E	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID				Not Allowed				
E0571	E	AEROSOL COMPRESSOR BATTERY POWERED FOR SM VOL NEBULIZER				Not Allowed				
E0572	E	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR				Not Allowed				
E0574	E	ULTRASONIC GENERATOR W SVNEB				Not Allowed				
E0575	E	NEBULIZER ULTRASONIC LARGE VOLUME				Not Allowed				
E0580	E	NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE				Not Allowed				
E0585	E	NEBULIZER WITH COMPRESSOR AND HEATER				Not Allowed				
E0600	E	SUCTION PUMP PORTAB HOM MODL				Not Allowed				
E0601	E	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE				Not Allowed				Y
E0602	E	MANUAL BREAST PUMP				Not Allowed				
E0603	E	ELECTRIC BREAST PUMP				Not Allowed				
E0604	E	HOSP GRADE ELEC BREAST PUMP				Not Allowed				
E0605	E	VAPORIZER ROOM TYPE				Not Allowed				

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E0606	E	POSTURAL DRAINAGE BOARD				Not Allowed				
E0607	E	HOME BLOOD GLUCOSE MONITOR				Not Allowed				
E0610	E	PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETIO				Not Allowed				Y
E0615	E	PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION				Not Allowed				Y
E0616	N	CARDIAC EVENT RECORDER				APC/ Bundled				
E0617	E	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM				Not Allowed				
E0618	E	APNEA MONITOR				Not Allowed				Y
E0619	E	APNEA MONITOR W RECORDER				Not Allowed				Y
E0620	E	CAP BLD SKIN PIERCING LASER				Not Allowed				
E0621	E	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON				Not Allowed				
E0625	E	PATIENT LIFT KARTOP BATHROOM OR TOILET				Not Allowed				
E0627	E	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHA				Not Allowed				
E0628	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURN				Not Allowed				
E0629	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED				Not Allowed				
E0630	E	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING				Not Allowed				
E0635	E	PATIENT LIFT ELECTRIC WITH SEAT OR SLING				Not Allowed				Y
E0636	E	PT SUPPORT & POSITIONING SYS				Not Allowed				
E0637	E	COMBINATION SIT TO STAND SYS				Not Allowed				
E0638	E	STANDING FRAME SYS				Not Allowed				
E0639	E	MOVEABLE PATIENT LIFT SYSTEM				Not Allowed				
E0640	E	FIXED PATIENT LIFT SYSTEM				Not Allowed				
E0641	E	MULTI-POSITION STND FRAM SYS				Not Allowed				
E0642	E	DYNAMIC STANDING FRAME				Not Allowed				
E0650	E	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL				Not Allowed				Y
E0651	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED				Not Allowed				Y
E0652	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBRATED				Not Allowed				Y
E0655	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF				Not Allowed				Y
E0660	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL				Not Allowed				Y
E0665	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL				Not Allowed				Y
E0666	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF				Not Allowed				Y
E0667	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG				Not Allowed				Y
E0668	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM				Not Allowed				Y
E0669	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG				Not Allowed				Y
E0671	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG				Not Allowed				Y
E0672	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM				Not Allowed				Y
E0673	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG				Not Allowed				Y
E0675	E	PNEUMATIC COMPRESSION DEVICE				Not Allowed				
E0676	E	INTER LIMB COMPRESS DEV NOS				Not Allowed				
E0691	E	UVL PNL 2 SQ FT OR LESS				Not Allowed				

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E0692	E	UVL SYS PANEL 4 FT				Not Allowed				Y
E0693	E	UVL SYS PANEL 6 FT				Not Allowed				Y
E0694	E	UVL MD CABINET SYS 6 FT				Not Allowed				Y
E0700	E	SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)				Not Allowed				
E0705	E	TRANSFER BOARD OR DEVICE				Not Allowed				
E0710	E	RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)				Not Allowed				
E0720	E	TENS TWO LEAD LOCALIZED STIMULATION				Not Allowed				
E0730	E	TENS FOUR LEAD				Not Allowed				
E0731	E	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS				Not Allowed				
E0740	E	INCONTINENCE TREATMENT SYSTM				Not Allowed				
E0744	E	NEUROMUSCULAR STIMULATOR FOR SCOLOSIS				Not Allowed				
E0745	E	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC				Not Allowed				
E0746	E	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE				Not Allowed				
E0747	E	OSTEOGENESIS STIMULATOR (NON-INVASIVE)				Not Allowed				Y
E0748	E	OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATONS				Not Allowed				Y
E0749	N	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)				APC/ Bundled				Y
E0755	E	ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVASIVE)				Not Allowed				Y
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR				Not Allowed				Y
E0761	E	NONTHERM ELECTROMGNTC DEVICE				Not Allowed				
E0762	E	TRANS ELEC JT STIM DEV SYS				Not Allowed				
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM				Not Allowed				
E0765	E	FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT BATTERIES				Not Allowed				Y
E0769	E	ELECTRIC WOUND TREATMENT DEV				Not Allowed				
E0776	E	IV POLE				Not Allowed				
E0779	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.				Not Allowed				
E0780	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.				Not Allowed				
E0781	E	AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMIN EQUIPMNT				Not Allowed				
E0782	M	NON-PROGRAMBLE INFUSION PUMP				Not Allowed				
E0783	M	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE				Not Allowed				Y
E0784	E	EXTERNAL AMBULATORY INFUSION PUMP INSULIN				Not Allowed				Y
E0785	M	IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP REPLACEMT				Not Allowed				Y
E0786	M	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPLACEMENT				Not Allowed				
E0791	E	PARENTERAL INFUSION PUMP STATIONARY				Not Allowed				
E0830	N	AMBULATORY TRACTION DEVICE ALL TYPES EACH				APC/ Bundled				
E0840	E	TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL				Not Allowed				
E0849	E	CERVICAL PNEUM TRAC EQUIP				Not Allowed				
E0850	E	TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION				Not Allowed				
E0855	E	CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAME				Not Allowed				
E0860	E	TRACTION EQUIPMENT OVERDOOR CERVICAL				Not Allowed				

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E0870	E	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY				Not Allowed				
E0880	E	TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION				Not Allowed				
E0890	E	TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION				Not Allowed				
E0900	E	TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G				Not Allowed				
E0910	E	TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G				Not Allowed				
E0911	E	HD TRAPEZE BAR ATTACH TO BED				Not Allowed				
E0912	E	HD TRAPEZE BAR FREE STANDING				Not Allowed				
E0920	E	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS				Not Allowed				
E0930	E	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS				Not Allowed				
E0935	E	CONT PAS MOTION EXERCISE DEV				Not Allowed				
E0936	E	CPM DEVICE, OTHER THAN KNEE				Not Allowed				
E0940	E	TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR				Not Allowed				
E0941	E	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE				Not Allowed				
E0942	E	CERVICAL HEAD HARNESS/HALTER				Not Allowed				
E0944	E	PELVIC BELT/HARNESS/BOOT				Not Allowed				
E0945	E	EXTREMITY BELT/HARNESS				Not Allowed				
E0946	E	FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.				Not Allowed				
E0947	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION				Not Allowed				
E0948	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION				Not Allowed				
E0950	E	TRAY				Not Allowed				
E0951	E	LOOP HEEL				Not Allowed				
E0952	E	TOE LOOP/HOLDER EACH				Not Allowed				
E0955	E	CUSHIONED HEADREST				Not Allowed				
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR				Not Allowed				
E0957	E	W/C MEDIAL THIGH SUPPORT				Not Allowed				
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE				Not Allowed				
E0959	E	AMPUTEE ADAPTER				Not Allowed				
E0960	E	W/C SHOULDER HARNESS/STRAPS				Not Allowed				
E0961	E	WHEELCHAIR BRAKE EXTENSION				Not Allowed				
E0966	E	WHEELCHAIR HEAD REST EXTENSI				Not Allowed				
E0967	E	WHEELCHAIR HAND RIMS				Not Allowed				
E0968	E	COMMODE SEAT WHEELCHAIR				Not Allowed				
E0969	E	NARROWING DEVICE WHEELCHAIR				Not Allowed				
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES				Not Allowed				
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI				Not Allowed				
E0973	E	W/CH ACCESS DET ADJ ARMREST				Not Allowed				
E0974	E	W/CH ACCESS ANTI-ROLLBACK				Not Allowed				
E0978	E	W/C ACC SAF BELT PELV STRAP				Not Allowed				
E0980	E	SAFETY VEST WHEELCHAIR				Not Allowed				

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E0981	E	SEAT UPHOLSTERY REPLACEMENT				Not Allowed				
E0982	E	BACK UPHOLSTERY REPLACEMENT				Not Allowed				
E0983	E	ADD PWR JOYSTICK				Not Allowed				
E0984	E	ADD PWR TILLER				Not Allowed				
E0985	E	W/C SEAT LIFT MECHANISM				Not Allowed				
E0986	E	MAN W/C PUSH-RIM POW ASSIST				Not Allowed				
E0990	E	WHELLCHAIR ELEVATING LEG RES				Not Allowed				
E0992	E	WHEELCHAIR SOLID SEAT INSERT				Not Allowed				
E0994	E	ARMREST EACH				Not Allowed				
E0995	E	WHEELCHAIR CALF REST				Not Allowed				
E1002	E	PWR SEAT TILT				Not Allowed				
E1003	E	PWR SEAT RECLINE				Not Allowed				
E1004	E	PWR SEAT RECLINE MECH				Not Allowed				
E1005	E	PWR SEAT RECLINE PWR				Not Allowed				
E1006	E	PWR SEAT COMBO W/O SHEAR				Not Allowed				
E1007	E	PWR SEAT COMBO W/SHEAR				Not Allowed				
E1008	E	PWR SEAT COMBO PWR SHEAR				Not Allowed				
E1009	E	ADD MECH LEG ELEVATION				Not Allowed				
E1010	E	ADD PWR LEG ELEVATION				Not Allowed				
E1011	E	PED WC MODIFY WIDTH ADJUSTM				Not Allowed				
E1014	E	RECLINING BACK ADD PED W/C				Not Allowed				
E1015	E	SHOCK ABSORBER FOR MAN W/C				Not Allowed				
E1016	E	SHOCK ABSORBER FOR POWER W/C				Not Allowed				
E1017	E	HD SHCK ABSRBR FOR HD MAN WC				Not Allowed				
E1018	E	HD SHCK ABSRBER FOR HD POWWC				Not Allowed				
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM				Not Allowed				
E1028	E	W/C MANUAL SWINGAWAY				Not Allowed				
E1029	E	W/C VENT TRAY FIXED				Not Allowed				
E1030	E	W/C VENT TRAY GIMBALED				Not Allowed				
E1031	E	ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER				Not Allowed				Y
E1035	E	PATIENT TRANSFER SYSTEM				Not Allowed				
E1037	E	TRANSPORT CHAIR PED SIZE				Not Allowed				Y
E1038	E	TRANSPORT CHAIR PT WT<=300LB				Not Allowed				Y
E1039	E	TRANSPORT CHAIR PT WT >300LB				Not Allowed				
E1050	E	FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET LEGREST				Not Allowed				Y
E1060	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET LEGREST				Not Allowed				Y
E1070	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET FOOTREST				Not Allowed				Y
E1083	E	HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE LEGRESTS				Not Allowed				Y
E1084	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE LEGREST				Not Allowed				Y

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
E1085	E	HEMI-WHEELCHAIR FIXED ARMS				Not Allowed				Y
E1086	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOOTRESTS				Not Allowed				Y
E1087	E	HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY DET LEGRE				Not Allowed				Y
E1088	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET LEGRES				Not Allowed				Y
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed				Y
E1090	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET FOOTRE				Not Allowed				Y
E1092	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET LEGRESTS				Not Allowed				Y
E1093	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET FOOTREST				Not Allowed				Y
E1100	E	SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGRESTS				Not Allowed				Y
E1110	E	SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEGREST				Not Allowed				Y
E1130	E	WHLCHR STAND FXD ARM FT REST				Not Allowed				Y
E1140	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET FOOTREST				Not Allowed				Y
E1150	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET LEGREST				Not Allowed				Y
E1160	E	WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATING LEGREST				Not Allowed				Y
E1161	E	3ANUAL ADULT WC W TILTINSPAC				Not Allowed				Y
E1170	E	AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LEGRESTS				Not Allowed				Y
E1171	E	AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR LEGRESTS				Not Allowed				Y
E1172	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT OR LEGRES				Not Allowed				Y
E1180	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET FOOTR				Not Allowed				Y
E1190	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET LEGRES				Not Allowed				Y
E1195	E	HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV LEGREST				Not Allowed				Y
E1200	E	AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTRESTS				Not Allowed				Y
E1220	E	WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED				Not Allowed				Y
E1221	E	WHEELCHAIR WITH FIXED ARM FOOTRESTS				Not Allowed				Y
E1222	E	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS				Not Allowed				Y
E1223	E	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS				Not Allowed				Y
E1224	E	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS				Not Allowed				Y
E1225	E	WHEELCHAIR SPEC SZ SEMI-RECL				Not Allowed				Y
E1226	E	W/C ACCESS FULLY RECLINEBACK				Not Allowed				Y
E1227	E	SPECIAL HEIGHT ARMS FOR WHEELCHAIR				Not Allowed				Y
E1228	E	SPECIAL BACK HEIGHT FOR WHEELCHAIR				Not Allowed				Y
E1229	E	PEDIATRIC WHEELCHAIR NOS				Not Allowed				
E1230	E	POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) SPECIFY				Not Allowed				Y
E1231	E	RIGID PED W/C TILT-IN-SPACE				Not Allowed				Y
E1232	E	FOLDING PED WC TILT-IN-SPACE				Not Allowed				Y
E1233	E	RIG PED WC TLTNSPC W/O SEAT				Not Allowed				Y
E1234	E	FLD PED WC TLTNSPC W/O SEAT				Not Allowed				Y
E1235	E	RIGID PED WC ADJUSTABLE				Not Allowed				Y
E1236	E	FOLDING PED WC ADJUSTABLE				Not Allowed				Y

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E1237	E	RGD PED WC ADJSTABL W/O SEAT				Not Allowed				Y
E1238	E	FLD PED WC ADJSTABL W/O SEAT				Not Allowed				Y
E1239	E	PED POWER WHEELCHAIR NOS				Not Allowed				
E1240	E	LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET LEGREST				Not Allowed				Y
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed				Y
E1260	E	LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LENGTH)				Not Allowed				Y
E1270	E	LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LEGRESTS				Not Allowed				Y
E1280	E	HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LEGRESTS				Not Allowed				Y
E1285	E	WHEELCHAIR HEAVY DUTY FIXED				Not Allowed				Y
E1290	E	HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY DET FOOT				Not Allowed				Y
E1295	E	HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS				Not Allowed				Y
E1296	E	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR				Not Allowed				Y
E1297	E	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY				Not Allowed				Y
E1298	E	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION				Not Allowed				Y
E1300	E	WHIRLPOOL PORTABLE (OVERTUB TYPE)				Not Allowed				Y
E1310	E	WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)				Not Allowed				Y
E1340	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI				Not Allowed				
E1353	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI				Not Allowed				
E1355	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI				Not Allowed				
E1372	E	IMMERSION EXTERNAL HEATER FOR NEBULIZER				Not Allowed				
E1390	E	OXYGEN CONCENTRATOR				Not Allowed				
E1391	E	OXYGEN CONCENTRATOR DUAL				Not Allowed				
E1392	E	PORTABLE OXYGEN CONCENTRATOR				Not Allowed				
E1399	E	MISC SUPP & EQUIP. NOC (OR WHEELCHAIR REPAIRS/CROSSOVERS)				Not Allowed				
E1405	E	OXY & WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY				Not Allowed				
E1406	E	OXY & WATER VAPOR ENRICHING SYSTEM W/O HEATED DELIVERY				Not Allowed				
E1500	E	CENTRIFUGE				Not Allowed				
E1510	E	KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP RECIRC				Not Allowed				Y
E1520	E	HEPARIN INFUSION PUMP				Not Allowed				Y
E1530	E	AIR BUBBLE DETECTOR FOR DIALYSIS				Not Allowed				Y
E1540	E	REPLACEMENT PRESSURE ALARM				Not Allowed				Y
E1550	E	BATH CONDUCTIVITY METER FOR DIALYSIS				Not Allowed				Y
E1560	E	REPLACE BLOOD LEAK DETECTOR				Not Allowed				Y
E1570	E	ADJUSTABLE CHAIR FOR ESRD PATIENTS				Not Allowed				Y
E1575	E	TRANSDUCER PROTECT/FLD BAR				Not Allowed				Y
E1580	E	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS				Not Allowed				Y
E1590	E	HEMODIALYSIS MACHINE				Not Allowed				Y
E1592	E	AUTOMATIC INTERMITTENT PERITIONEAL DIALYSIS SYSTEM				Not Allowed				Y
E1594	E	CYCLER DIALYSIS MACHINE				Not Allowed				Y

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E1600	E	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS				Not Allowed				Y
E1610	E	REVERSE OSMOSIS H2O PURI SYS				Not Allowed				Y
E1615	E	DEIONIZER WATER PURIFICATION SYSTEM				Not Allowed				Y
E1620	E	REPLACEMENT BLOOD PUMP				Not Allowed				Y
E1625	E	WATER SOFTENING SYSTEM				Not Allowed				Y
E1630	E	RECIPROCATING PERITONEAL DIA				Not Allowed				Y
E1632	E	WEARABLE ARTIFICAL KIDNEY				Not Allowed				Y
E1634	E	PERITONEAL DIALYSIS CLAMP				Not Allowed				
E1635	E	COMPACT TRAVEL HEMODIALYZER				Not Allowed				Y
E1636	E	SORBENT CARTRIDGES PER CASE				Not Allowed				
E1637	E	HEMOSTATS FOR DIALYSIS EACH				Not Allowed				
E1639	E	DIALYSIS SCALE				Not Allowed				
E1699	E	DIALYSIS EQUIPMENT NOC				Not Allowed				Y
E1700	E	JAW MOTION REHAB SYSTEM				Not Allowed				
E1701	E	REPL CUSHIONS FOR JAW MOTION				Not Allowed				
E1702	E	REPL MEASR SCALES JAW MOTION				Not Allowed				
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE				Not Allowed				Y
E1801	E	SPS ELBOW DEVICE				Not Allowed				
E1802	E	ADJST FOREARM PRO/SUP DEVICE				Not Allowed				Y
E1805	E	ADJUST WRIST EXT/FLEX DEVICE				Not Allowed				Y
E1806	E	SPS WRIST DEVICE				Not Allowed				
E1810	E	ADJUST KNEE EXT/FLEX DEVICE				Not Allowed				Y
E1811	E	SPS KNEE DEVICE				Not Allowed				
E1812	E	KNEE EXT/FLEX W ACT RES CTRL				Not Allowed				
E1815	E	ADJUST ANKLE EXT/FLEX DEVICE				Not Allowed				Y
E1816	E	SPS ANKLE DEVICE				Not Allowed				
E1818	E	SPS FOREARM DEVICE				Not Allowed				
E1820	E	SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVICE				Not Allowed				
E1821	E	REPLACEMENT INTERFACE SPSD				Not Allowed				
E1825	E	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE OR =				Not Allowed				Y
E1830	E	ADJUST TOE EXT/FLEX DEVICE				Not Allowed				Y
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE				Not Allowed				
E1841	E	STATIC STR SHLDR DEV ROM ADJ				Not Allowed				
E1902	E	AAC NON-ELECTRONIC BOARD				Not Allowed				Y
E2000	E	GASTRIC SUCTION PUMP HME MDL				Not Allowed				
E2100	E	BLD GLUCOSE MONITOR W VOICE				Not Allowed				
E2101	E	BLD GLUCOSE MONITOR W LANCE				Not Allowed				
E2120	E	PULSE GEN SYS TX ENDOLYMP FL				Not Allowed				
E2201	E	MAN W/CH ACC SEAT W>=20Þ<24Þ				Not Allowed				

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E2202	E	SEAT WIDTH 24-27 IN				Not Allowed				
E2203	E	FRAME DEPTH LESS THAN 22 IN				Not Allowed				
E2204	E	FRAME DEPTH 22 TO 25 IN				Not Allowed				
E2205	E	MANUAL WC ACCESSORY HANDRIM				Not Allowed				
E2206	E	COMPLETE WHEEL LOCK ASSEMBLY				Not Allowed				
E2207	E	CRUTCH AND CANE HOLDER				Not Allowed				
E2208	E	CYLINDER TANK CARRIER				Not Allowed				
E2209	E	ARM TROUGH EACH				Not Allowed				
E2210	E	WHEELCHAIR BEARINGS				Not Allowed				
E2211	E	PNEUMATIC PROPULSION TIRE				Not Allowed				
E2212	E	PNEUMATIC PROP TIRE TUBE				Not Allowed				
E2213	E	PNEUMATIC PROP TIRE INSERT				Not Allowed				
E2214	E	PNEUMATIC CASTER TIRE EACH				Not Allowed				
E2215	E	PNEUMATIC CASTER TIRE TUBE				Not Allowed				
E2216	E	FOAM FILLED PROPULSION TIRE				Not Allowed				
E2217	E	FOAM FILLED CASTER TIRE EACH				Not Allowed				
E2218	E	FOAM PROPULSION TIRE EACH				Not Allowed				
E2219	E	FOAM CASTER TIRE ANY SIZE EA				Not Allowed				
E2220	E	SOLID PROPULSION TIRE EACH				Not Allowed				
E2221	E	SOLID CASTER TIRE EACH				Not Allowed				
E2222	E	SOLID CASTER INTEGRATED WHL				Not Allowed				
E2223	E	VALVE REPLACEMENT ONLY EACH				Not Allowed				
E2224	E	PROPULSION WHL EXCLUDES TIRE				Not Allowed				
E2225	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed				
E2226	E	CASTER FORK REPLACEMENT ONLY				Not Allowed				
E2291	E	PLANAR BACK FOR PED SIZE WC				Not Allowed				
E2292	E	PLANAR SEAT FOR PED SIZE WC				Not Allowed				
E2293	E	CONTOUR BACK FOR PED SIZE WC				Not Allowed				
E2294	E	CONTOUR SEAT FOR PED SIZE WC				Not Allowed				
E2300	E	PWR SEAT ELEVATION SYS				Not Allowed				
E2301	E	PWR STANDING				Not Allowed				
E2310	E	ELECTRO CONNECT BTW CONTROL				Not Allowed				
E2311	E	ELECTRO CONNECT BTW 2 SYS				Not Allowed				
E2321	E	HAND INTERFACE JOYSTICK				Not Allowed				
E2322	E	MULT MECH SWITCHES				Not Allowed				
E2323	E	SPECIAL JOYSTICK HANDLE				Not Allowed				
E2324	E	CHIN CUP INTERFACE				Not Allowed				
E2325	E	SIP AND PUFF INTERFACE				Not Allowed				
E2326	E	BREATH TUBE KIT				Not Allowed				

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E2327	E	HEAD CONTROL INTERFACE MECH				Not Allowed				
E2328	E	HEAD/EXTREMITY CONTROL INTER				Not Allowed				
E2329	E	HEAD CONTROL NONPROPORTIONAL				Not Allowed				
E2330	E	HEAD CONTROL PROXIMITY SWITC				Not Allowed				
E2331	E	ATTENDANT CONTROL				Not Allowed				
E2340	E	W/C WDTH 20-23 IN SEAT FRAME				Not Allowed				
E2341	E	W/C WDTH 24-27 IN SEAT FRAME				Not Allowed				
E2342	E	W/C DPTH 20-21 IN SEAT FRAME				Not Allowed				
E2343	E	W/C DPTH 22-25 IN SEAT FRAME				Not Allowed				
E2351	E	ELECTRONIC SGD INTERFACE				Not Allowed				
E2360	E	22NF NONSEALED LEADACID				Not Allowed				
E2361	E	22NF SEALED LEADACID BATTERY				Not Allowed				
E2362	E	GR24 NONSEALED LEADACID				Not Allowed				
E2363	E	GR24 SEALED LEADACID BATTERY				Not Allowed				
E2364	E	U1NONSEALED LEADACID BATTERY				Not Allowed				
E2365	E	U1 SEALED LEADACID BATTERY				Not Allowed				
E2366	E	BATTERY CHARGER SINGLE MODE				Not Allowed				
E2367	E	BATTERY CHARGER DUAL MODE				Not Allowed				
E2368	E	POWER WC MOTOR REPLACEMENT				Not Allowed				
E2369	E	PWR WC GEAR BOX REPLACEMENT				Not Allowed				
E2370	E	PWR WC MOTOR/GEAR BOX COMBO				Not Allowed				
E2371	E	GR27 SEALED LEADACID BATTERY				Not Allowed				
E2372	E	GR27 NON-SEALED LEADACID				Not Allowed				
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK				Not Allowed				
E2374	E	HAND/CHIN CTRL STD JOYSTICK				Not Allowed				
E2375	E	NON-EXPANDABLE CONTROLLER				Not Allowed				
E2376	E	EXPANDABLE CONTROLLER, REPL				Not Allowed				
E2377	E	EXPANDABLE CONTROLLER, INITL				Not Allowed				
E2381	E	PNEUM DRIVE WHEEL TIRE				Not Allowed				
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE				Not Allowed				
E2383	E	INSERT, PNEUM WHEEL DRIVE				Not Allowed				
E2384	E	PNEUMATIC CASTER TIRE				Not Allowed				
E2385	E	TUBE, PNEUMATIC CASTER TIRE				Not Allowed				
E2386	E	FOAM FILLED DRIVE WHEEL TIRE				Not Allowed				
E2387	E	FOAM FILLED CASTER TIRE				Not Allowed				
E2388	E	FOAM DRIVE WHEEL TIRE				Not Allowed				
E2389	E	FOAM CASTER TIRE				Not Allowed				
E2390	E	SOLID DRIVE WHEEL TIRE				Not Allowed				
E2391	E	SOLID CASTER TIRE				Not Allowed				

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E2392	E	SOLID CASTER TIRE, INTEGRATE				Not Allowed				
E2393	E	VALVE, PNEUMATIC TIRE TUBE				Not Allowed				
E2394	E	DRIVE WHEEL EXCLUDES TIRE				Not Allowed				
E2395	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed				
E2396	E	CASTER FORK				Not Allowed				
E2399	E	NOC INTERFACE				Not Allowed				
E2402	E	NEG PRESS WOUND THERAPY PUMP				Not Allowed				
E2500	E	SGD DIGITIZED PRE-REC <=8MIN				Not Allowed				
E2502	E	SGD PREREC MSG >8MIN <=20MIN				Not Allowed				
E2504	E	SGD PREREC MSG>20MIN <=40MIN				Not Allowed				
E2506	E	SGD PREREC MSG > 40 MIN				Not Allowed				
E2508	E	SGD SPELLING PHYS CONTACT				Not Allowed				
E2510	E	SGD W MULTI METHODS MSG/ACCS				Not Allowed				
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA				Not Allowed				
E2512	E	SGD ACCESSORY MOUNTING SYS				Not Allowed				
E2599	E	SGD ACCESSORY NOC				Not Allowed				
E2601	E	GEN W/C CUSHION WDTH < 22 IN				Not Allowed				
E2602	E	GEN W/C CUSHION WDTH >=22 IN				Not Allowed				
E2603	E	SKIN PROTECT WC CUS WD <22IN				Not Allowed				
E2604	E	SKIN PROTECT WC CUS WD>=22IN				Not Allowed				
E2605	E	POSITION WC CUSH WDTH <22 IN				Not Allowed				
E2606	E	POSITION WC CUSH WDTH>=22 IN				Not Allowed				
E2607	E	SKIN PRO/POS WC CUS WD <22IN				Not Allowed				
E2608	E	SKIN PRO/POS WC CUS WD>=22IN				Not Allowed				
E2609	E	CUSTOM FABRICATE W/C CUSHION				Not Allowed				
E2610	E	POWERED W/C CUSHION				Not Allowed				
E2611	E	GEN USE BACK CUSH WDTH <22IN				Not Allowed				
E2612	E	GEN USE BACK CUSH WDTH>=22IN				Not Allowed				
E2613	E	POSITION BACK CUSH WD <22IN				Not Allowed				
E2614	E	POSITION BACK CUSH WD>=22IN				Not Allowed				
E2615	E	POS BACK POST/LAT WDTH <22IN				Not Allowed				
E2616	E	POS BACK POST/LAT WDTH>=22IN				Not Allowed				
E2617	E	CUSTOM FAB W/C BACK CUSHION				Not Allowed				
E2618	E	WC ACC SOLID SEAT SUPP BASE				Not Allowed				
E2619	E	REPLACE COVER W/C SEAT CUSH				Not Allowed				
E2620	E	WC PLANAR BACK CUSH WD <22IN				Not Allowed				
E2621	E	WC PLANAR BACK CUSH WD>=22IN				Not Allowed				
E8000	E	POSTERIOR GAIT TRAINER				Not Allowed				
E8001	E	UPRIGHT GAIT TRAINER				Not Allowed				

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E8002	E	ANTERIOR GAIT TRAINER				Not Allowed				
G0008	S	ADMIN INFLUENZA VIRUS VAC	00350	0.3945	$18.84	APC				
G0009	S	ADMIN PNEUMOCOCCAL VACCINE	00350	0.3945	$18.84	APC				
G0010	M	ADMIN HEPATITIS B VACCINE				Fee Schedule	$5.78			
G0027	E	SEMEN ANALYSIS PRESENCE &/OR MOBILITY OF SPERM				Not Allowed				
G0101	V	CA SCREEN;PELVIC/BREAST EXAM	00604	0.8242	$39.36	APC				
G0102	N	PROSTATE CA SCREENING; DRE				APC/ Bundled				
G0103	Q	PSA SCREENING				Medicare	$42.83	$26.55	$25.70	
G0104	S	CA SCREEN;FLEXI SIGMOIDSCOPE	00159	3.6592	$174.73	APC				
G0105	T	COLORECTAL SCRN; HI RISK IND	00158	7.8492	$374.80	APC				
G0106	S	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104 BA ENEMA	00157	2.1149	$100.99	APC				
G0108	M	DIAB MANAGE TRN PER INDIV				Fee Schedule	$23.30			
G0109	M	DIAB MANAGE TRN IND/GROUP				Fee Schedule	$13.58			
G0117	S	GLAUCOMA SCRN HGH RISK DIREC	00230	0.7898	$37.71	APC				
G0118	S	GLAUCOMA SCRN HGH RISK DIREC	00230	0.7898	$37.71	APC				
G0120	S	COLORECTAL CA SCREENING; ALTERNATIVE TO G0105 BARIUM ENEMA	00157	2.1149	$100.99	APC				
G0121	T	COLON CA SCRN NOT HI RSK IND	00158	7.8492	$374.80	APC				
G0122	E	COLORECTAL CANCER SCREENING; BARIUM ENEMA				Not Allowed				
G0123	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST				Medicare	$47.18	$29.25	$28.31	
G0124	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN INTERP				Not Allowed				
G0127	T	TRIM NAIL(S)	00009	0.7744	$36.98	APC				
G0128	E	CORF SKILLED NURSING SERVICE				Not Allowed				
G0129	E	OCCUPATIONAL TX AS COMPONENT A PARTIAL HOSP TX PROGRAM /DAY	00033			Not Allowed				
G0130	X	SEXA BONE DENSITY STUDY/ONE OR MORE SITES/APPENDICULAR SKELE	00260	0.7093	$33.87	APC				
G0141	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN INTERP				Not Allowed				
G0143	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST				Medicare	$47.18	$29.25	$28.31	
G0144	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST				Medicare	$49.75	$30.85	$29.85	
G0145	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST				Medicare	$61.68	$38.24	$37.01	
G0147	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN SPRVSN				Medicare	$26.50	$16.43	$15.90	
G0148	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL AUTOMATED SYSTE				Medicare	$35.38	$21.94	$21.23	
G0151	M	SERVICES OF PHYSICAL TX IN HOME HEALTH SETTING EACH 15 MIN.				Fee Schedule	$0.00			
G0152	M	SERVICES OF OCCUPATIONAL TX IN HOME HEALTH SETTING EA 15 MIN				Fee Schedule	$0.00			
G0153	M	SERVICES OF SPEECH/LANG PATH HOME HEALTH SETTING EA 15 MIN				Fee Schedule	$0.00			
G0154	M	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING EA 15 MIN				Fee Schedule	$0.00			
G0155	E	SERVICES OF CLINICAL SW IN HOME HEALTH SETTING EA 15 MIN.				Not Allowed				
G0156	M	SERVICES OF HOME HEALTH AIDE HOME HEALTH SETTING EA 15 MIN				Fee Schedule	$0.00			
G0166	T	EXTRNL COUNTERPULSE, PER TX	00678	1.7418	$83.17	APC				
G0168	E	WOUND CLOSURE BY ADHESIVE				Not Allowed				
G0173	S	STEREO RADOISURGERY,COMPLETE	00067	63.3759	$3,026.20	APC				

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G0175	V	OPPS SERVICE,SCHED TEAM CONF	00608	2.1794	$104.07	APC				
G0176	E	OPPS/PHP;ACTIVITY THERAPY	00033			Not Allowed				
G0177	E	OPPS/PHP; TRAIN & EDUC SERV	00033			Not Allowed				
G0179	E	MD RECERTIFICATION HHA PT				Not Allowed				
G0180	E	MD CERTIFICATION HHA PATIENT				Not Allowed				
G0181	E	HOME HEALTH CARE SUPERVISION				Not Allowed				
G0182	E	HOSPICE CARE SUPERVISION				Not Allowed				
G0186	T	DSTRY EYE LESN,FDR VSSL TECH	00235	3.9333	$187.82	APC				
G0202	M	SCREENING MAMMOGRAPHY DIGITAL				Fee Schedule	$72.67			
G0204	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE BILAT ALL VIEW				Fee Schedule	$71.59			
G0206	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE UNILAT ALL VIE				Fee Schedule	$30.22			
G0219	E	PET IMG WH BD RING NONCOV IND				Not Allowed				
G0235	E	PET NOT OTHERWISE SPECIFIED				Not Allowed				
G0237	S	THERAPEUTIC PROCD STRG ENDUR	00411	0.3848	$18.37	APC				
G0238	S	OTH RESP PROC, INDIV	00411	0.3848	$18.37	APC				
G0239	S	OTH RESP PROC GROUP	00411	0.3848	$18.37	APC				
G0245	V	INITIAL FOOT EXAM PTLOPS	00604	0.8242	$39.36	APC				
G0246	V	FOLLOWUP EVAL OF FOOT PT LOP	00605	0.984	$46.99	APC				
G0247	T	ROUTINE FOOTCARE PT W LOPS	00009	0.7744	$36.98	APC				
G0248	X	DEMONSTRATE USE HOME INR MON	00421	1.627	$77.69	APC				
G0249	X	PROVIDE TEST MATERIAL EQUIPM	00421	1.627	$77.69	APC				
G0250	E	MD REVIEW INTERPRET OF TEST				Not Allowed				
G0251	S	LINEAR ACC BASED STERO RADIO	00065	20.3224	$970.39	APC				
G0252	E	PET IMAGING FOR INITIAL DIAGNOSIS OF BREAST CANCER				Not Allowed				
G0255	E	CURRENT PERCEP THRESHOLD TST				Not Allowed				
G0257	S	UNSCHED DIALYSIS ESRD PT HOS	00170	6.6089	$315.57	APC				
G0259	N	INJECT FOR SACROILIAC JOINT				APC/ Bundled				
G0260	T	INJ FOR SACROILIAC JT ANESTH	00206	5.7253	$273.38	APC				
G0265	Q	CRYOPRESEVATION FREEZE+STORA				Medicare	$23.52	$14.58	$14.11	
G0266	Q	THAWING + EXPANSION FROZ CEL				Medicare	$23.52	$14.58	$14.11	
G0267	S	BONE MARROW OR PSC HARVEST	00110	3.4584	$165.14	APC				Y
G0268	X	REMOVAL OF IMPACTED WAX MD	00340	0.6102	$29.14	APC				Y
G0269	N	OCCLUSIVE DEVICE IN VEIN ART				APC/ Bundled				
G0270	M	MNT SUBS TX FOR CHANGE DX				Fee Schedule	$13.32			
G0271	M	GROUP MNT 2 OR MORE 30 MINS				Fee Schedule	$5.28			
G0275	N	RENAL ANGIO CARDIAC CATH				APC/ Bundled				
G0278	N	ILIAC ART ANGIO CARDIAC CATH				APC/ Bundled				
G0281	E	ELEC STIM UNATTEND FOR PRESS				Not Allowed				
G0282	E	ELECT STIM WOUND CARE NOT PD				Not Allowed				

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G0283	Y	ELEC STIM OTHER THAN WOUND				Fee Schedule	$9.25			
G0288	S	RECON CTA FOR SURG PLAN	00417	3.2393	$154.68	APC				
G0289	N	ARTHRO LOOSE BODY + CHONDRO				APC/ Bundled				
G0290	T	DRUG-ELUTING STENTS SINGLE	00656	108.3003	$5,171.34	APC				
G0291	T	DRUG-ELUTING STENTS EACH ADD	00656	108.3003	$5,171.34	APC				
G0293	X	NON-COV SURG PROC CLIN TRIAL	00340	0.6102	$29.14	APC				
G0294	X	NON-COV PROC CLINICAL TRIAL	00340	0.6102	$29.14	APC				
G0295	E	ELECTROMAGNETIC THERAPY ONC				Not Allowed				
G0297	T	INSERT SINGLE CHAMBER/CD	00107	304.4894	$14,539.37	APC				
G0298	T	INSERT DUAL CHAMBER/CD	00107	304.4894	$14,539.37	APC				
G0299	T	INSER/REPOS SINGLE ICD+LEADS	00108	379.7339	$18,132.29	APC				
G0300	T	INSERT REPOSIT LEAD DUAL+GEN	00108	379.7339	$18,132.29	APC				
G0302	S	PRE-OP SERVICE LVRS COMPLETE	01509	12.2015	$582.62	APC				
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	01507	8.9477	$427.25	APC				
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	01504	4.0672	$194.21	APC				
G0305	S	POST OP SERVICE LVRS MIN 6	01504	4.0672	$194.21	APC				
G0306	Q	CBC/DIFFWBC W/O PLATELET				Medicare	$18.10	$11.22	$10.86	
G0307	Q	CBC WITHOUT PLATELET				Medicare	$15.07	$9.34	$9.04	
G0308	E	ESRD RELATED SVC 4+MO < 2YRS				Not Allowed				
G0309	E	ESRD RELATED SVC 2-3MO <2YRS				Not Allowed				
G0310	E	ESRD RELATED SVC 1 VST <2YRS				Not Allowed				
G0311	E	ESRD RELATED SVS 4+MO 2-11YR				Not Allowed				
G0312	E	ESRD RELATE SVS 2-3 MO 2-11Y				Not Allowed				
G0313	E	ESRD RELATED SVS 1 MON 2-11Y				Not Allowed				
G0314	E	ESRD RELATED SVS 4+ MO 12-19				Not Allowed				
G0315	E	ESRD RELATED SVS 2-3MO/12-19				Not Allowed				
G0316	E	ESRD RELATED SVS 1VIS/12-19Y				Not Allowed				
G0317	E	ESRD RELATED SVS 4+MO 20+YRS				Not Allowed				
G0318	E	ESRD RELATED SVS 2-3 MO 20+Y				Not Allowed				
G0319	E	ESRD RELATED SVS 1VISIT 20+Y				Not Allowed				
G0320	E	ESD RELATED SVS HOME UNDR 2				Not Allowed				
G0321	E	ESRD RELATED SVS HOME MO 2-11 YRS				Not Allowed				
G0322	E	ESRD RELATED SVS HOM MO12-19				Not Allowed				
G0323	E	ESRD RELATED SVS HOME MO 20+				Not Allowed				
G0324	E	ESRD RELATE SVS HOME/DY<2Y				Not Allowed				
G0325	E	ESRD RELATE HOME/DAY/ 2-11YR				Not Allowed				
G0326	E	ESRD RELATE HOME/DY 12-19YR				Not Allowed				
G0327	E	ESRD RELATE HOME/DY 20+YRS				Not Allowed				
G0328	Q	FECAL BLOOD SCRN IMMUNOASSAY				Medicare	$37.03	$22.96	$22.22	

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G0329	M	ELECTROMAGNETIC TX FOR ULCERS				Fee Schedule	$0.00			
G0332	S	PREADMIN IV IMMUNOGLOBULIN	01502	1.2201	$58.26	APC				
G0333	E	DISPENSE FEE INITIAL 30 DAY				Not Allowed				
G0337	E	HOSPICE EVALUATION PREELECTI				Not Allowed				
G0339	S	ROBOT LIN-RADSURG COM FIRST	00067	63.3759	$3,026.20	APC				
G0340	S	ROBT LIN-RADSURG FRACTX 2-5	00066	43.0297	$2,054.67	APC				
G0341	C	PERCUTANEOUS ISLET CELL TRANS				Inpatient Only				Y
G0342	C	LAPAROSCOPY ISLET CELL TRANS				Inpatient Only				Y
G0343	C	LAPAROTOMY ISLET CELL TRANSP				Inpatient Only				Y
G0344	V	INITIAL PREVENTIVE EXAM	00605	0.984	$46.99	APC				
G0364	T	BONE MARROW ASPIRATE &BIOPSY	00002	1.0995	$52.50	APC				
G0365	S	VESSEL MAPPING HEMO ACCESS	00267	2.4606	$117.49	APC				
G0366	E	EKG FOR INITIAL PREVENT EXAM				Not Allowed				
G0367	S	EKG TRACING FOR INITIAL PREV	00099	0.3789	$18.09	APC				
G0368	E	EKG INTERPRET & REPORT PREVE				Not Allowed				
G0372	E	MD SERVICE REQUIRED FOR PMD				Not Allowed				
G0375	E	SMOKE/TOBACCO COUNSELING 3-10	00031			Not Allowed				
G0376	E	SMOKE/TOBACCO COUNSELING >10	00031			Not Allowed				
G0377	E	ADMINISTRA PART D VACCINE	00437			Not Allowed				
G0378	S	HOSPITAL OBSERVATION PER HR	00339	7.2039	$343.99	Bundled subject to separate payment criteria				
G0379	V	DIRECT ADMIT HOSPITAL OBSERV	00604	0.8242	$39.36	Bundled subject to separate payment criteria				
G0380	E	LEV 1 HOSP TYPE B ED VISIT	00604			Not Allowed				
G0381	E	LEV 2 HOSP TYPE B ED VISIT	00605			Not Allowed				
G0382	E	LEV 3 HOSP TYPE B ED VISIT	00606			Not Allowed				
G0383	E	LEV 4 HOSP TYPE B ED VISIT	00607			Not Allowed				
G0384	E	LEV 5 HOSP TYPE B ED VISIT	00608			Not Allowed				
G0389	S	ULTRASOUND EXAM AAA SCREEN	00266	1.5607	$74.52	APC				
G0390	S	TRAUMA RESPONS W/HOSP CRITI	00618	8.0455	$384.17	APC				
G0392	T	AV FISTULA OR GRAFT ARTERIAL	00081	42.936	$2,050.19	APC				
G0393	T	AV FISTULA OR GRAFT VENOUS	00081	42.936	$2,050.19	APC				
G0394	Q	BLOOD OCCULT TEST,COLORECTAL				Medicare	$7.57	$4.69	$4.54	
G3001	S	ADMIN + SUPPLY TOSITUMOMAB	00442	22.3666	$1,068.01	APC				
G8006	E	AMI PT RECD ASPIRIN AT ARRIV				Not Allowed				
G8007	E	AMI PT DID NOT RECEIV ASPIRI				Not Allowed				
G8008	E	AMI PT INELIGIBLE FOR ASPIRI				Not Allowed				
G8009	E	AMI PT RECD BBLOCK AT ARR				Not Allowed				
G8010	E	AMI PT DID NOT REC BBLOCK				Not Allowed				
G8011	E	AMI PT INELIG BBLOC AT ARRIV				Not Allowed				
G8012	E	PNEUM PT RECV ANTIBIOTIC 4 H				Not Allowed				

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G8013	E	PNEUM PT W/O ANTIBIOTIC 4 HR				Not Allowed				
G8014	E	PNEUM PT NOT ELIG ANTIBIOTIC				Not Allowed				
G8015	E	DIABETIC PT W/ HBA1C>9%				Not Allowed				
G8016	E	DIABETIC PT W/ HBA1C<OR=9%				Not Allowed				
G8017	E	DM PT INELIG FOR HBA1C MEASU				Not Allowed				
G8018	E	CARE NOT PROVIDED FOR HBA1C				Not Allowed				
G8019	E	DIABETIC PT W/LDL>= 100MG/DL				Not Allowed				
G8020	E	DIAB PT W/LDL< 100MG/DL				Not Allowed				
G8021	E	DIAB PT INELIG FOR LDL MEAS				Not Allowed				
G8022	E	CARE NOT PROVIDED FOR LDL				Not Allowed				
G8023	E	DM PT W BP>=140/80				Not Allowed				
G8024	E	DIABETIC PT WBP<140/80				Not Allowed				
G8025	E	DIABETIC PT INELIG FOR BP ME				Not Allowed				
G8026	E	DIABET PT W NO CARE RE BP ME				Not Allowed				
G8027	E	HF P W/LVSD ON ACE-I/ARB				Not Allowed				
G8028	E	HF PT W/LVSD NOT ON ACE-I/AR				Not Allowed				
G8029	E	HF PT NOT ELIG FOR ACE-I/ARB				Not Allowed				
G8030	E	HF PT W/LVSD ON BBLOCKER				Not Allowed				
G8031	E	HF PT W/LVSD NOT ON BBLOCKER				Not Allowed				
G8032	E	HF PT NOT ELIG FOR BBLOCKER				Not Allowed				
G8033	E	PMI-CAD PT ON BBLOCKER				Not Allowed				
G8034	E	PMI-CAD PT NOT ON BBLOCKER				Not Allowed				
G8035	E	PMI-CAD PT INELIG BBLOCKER				Not Allowed				
G8036	E	AMI-CAD PT DOC ON ANTIPLATEL				Not Allowed				
G8037	E	AMI-CAD PT NOT DOCU ON ANTIP				Not Allowed				
G8038	E	AMI-CAD INELIG ANTIPLATE MEA				Not Allowed				
G8039	E	CAD PT W/LDL>100MG/DL				Not Allowed				
G8040	E	CAD PT W/LDL<OR=100MG/DL				Not Allowed				
G8041	E	CAD PT NOT ELIGIBLE FOR LDL				Not Allowed				
G8051	E	OSTEOPOROSIS ASSESS				Not Allowed				
G8052	E	OSTEOPOR PT NOT ASSESS				Not Allowed				
G8053	E	PT INELIG FOR OSTEOPOR MEAS				Not Allowed				
G8054	E	FALLS ASSESS NOT DOCUM 12 MO				Not Allowed				
G8055	E	FALLS ASSESS W/ 12 MON				Not Allowed				
G8056	E	NOT ELIG FOR FALLS ASSESSMEN				Not Allowed				
G8057	E	HEARING ASSESS RECEIVE				Not Allowed				
G8058	E	PT W/O HEARING ASSESS				Not Allowed				
G8059	E	PT INELIG FOR HEARING ASSESS				Not Allowed				
G8060	E	URINARY INCONT PT ASSESS				Not Allowed				

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G8061	E	PT NOT ASSESS FOR URINARY IN				Not Allowed				
G8062	E	PT NOT ELIG FOR URINARY INCO				Not Allowed				
G8075	E	ESRD PT W/ DIALY OF URR>=65%				Not Allowed				
G8076	E	ESRD PT W/ DIALY OF URR<65%				Not Allowed				
G8077	E	ESRD PT NOT ELIG FOR URR/KTV				Not Allowed				
G8078	E	ESRD PT W/HCT>OR=33				Not Allowed				
G8079	E	ESRD PT W/HCT<33				Not Allowed				
G8080	E	ESRD PT INELIG FOR HCT/HGB				Not Allowed				
G8081	E	ESRD PT W/ AUTO AV FISTULA				Not Allowed				
G8082	E	ESRD PT W OTHER FISTULA				Not Allowed				
G8085	E	ESRD PT INELIG AUTO AV FISTU				Not Allowed				
G8093	E	COPD PT REC SMOKING CESSAT				Not Allowed				
G8094	E	COPD PT W/O SMOKE CESSAT INT				Not Allowed				
G8099	E	OSTEOPO PT GIVEN CA+VITD SUP				Not Allowed				
G8100	E	OSTEOP PT INELIG FOR CA+VITD				Not Allowed				
G8103	E	NEW DX OSTEO PT W/ANTIRESORP				Not Allowed				
G8104	E	OSTEO PT INELIG FOR ANTIRESO				Not Allowed				
G8106	E	BONE DENS MEAS TEST PERF				Not Allowed				
G8107	E	BONE DENS MEAS TEST INELIG				Not Allowed				
G8108	E	PT RECEIV INFLUENZA VACC				Not Allowed				
G8109	E	PT W/O INFLUENZA VACC				Not Allowed				
G8110	E	PT INELIG FOR INFLUENZA VACC				Not Allowed				
G8111	E	PT RECEIV MAMMOGRAM				Not Allowed				
G8112	E	PT NOT DOC MAMMOGRAM				Not Allowed				
G8113	E	PT INELIGIBLE MAMMOGRAPHY				Not Allowed				
G8114	E	CARE NOT PROVIDED FOR MAMOGR				Not Allowed				
G8115	E	PT RECEIV PNEUMO VACC				Not Allowed				
G8116	E	PT DID NOT REC PNEUMO VACC				Not Allowed				
G8117	E	PT WAS INELIG FOR PNEUMO VAC				Not Allowed				
G8126	E	PT TREAT W/ANTIDEPRESS12WKS				Not Allowed				
G8127	E	PT NOT TREAT W/ANTIDEPRES12W				Not Allowed				
G8128	E	PT INELIG FOR ANTIDEPRES MED				Not Allowed				
G8129	E	PT TREAT W/ANTIDEPRES FOR 6M				Not Allowed				
G8130	E	PT NOT TREAT W/ANTIDEPRES 6M				Not Allowed				
G8131	E	PT INELIG FOR ANTIDEPRES MED				Not Allowed				
G8152	E	PT W/AB 1 HR PRIOR TO INCISI				Not Allowed				
G8153	E	PT NOT DOC FOR AB 1 HR PRIOR				Not Allowed				
G8154	E	PT INELIGI FOR AB THERAPY				Not Allowed				
G8155	E	PT RECD THROMBOEMB PROPHYLAX				Not Allowed				

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G8156	E	PT DID NOT REC THROMBOEMBO				Not Allowed				
G8157	E	PT INELIGI FOR THROMBOLISM				Not Allowed				
G8159	E	PT W/CABG W/O IMA				Not Allowed				
G8162	E	ISO CABG PT W/O PREOP BBLOCK				Not Allowed				
G8164	E	ISO CABG PT W/PROLNG INTUB				Not Allowed				
G8165	E	ISO CABG PT W/O PROLNG INTUB				Not Allowed				
G8166	E	ISO CABG REQ SURG REXPO				Not Allowed				
G8167	E	ISO CABG W/O SURG EXPLO				Not Allowed				
G8170	E	CEA/EXT BYPASS PT ON ASPIRIN				Not Allowed				
G8171	E	PT W/CAROT ENDARCT/EXT BYPAS				Not Allowed				
G8172	E	CEA/EXT BYPASS PT NOT ON ASP				Not Allowed				
G8182	E	CAD PT CARE NOT PROV LDL				Not Allowed				
G8183	E	HF/ATRIAL FIB PT ON WARFARIN				Not Allowed				
G8184	E	HF/ATRIAL FIB PT INELIG WARF				Not Allowed				
G8185	E	OSTEOARTH PT W/ ASSESS PAIN				Not Allowed				
G8186	E	OSTEOARTH PT INELIG ASSESS				Not Allowed				
G8193	E	ANTIBIO NOT DOC PRIOR SURG				Not Allowed				
G8196	E	ANTIBIO NOT DOCUM PRIOR SURG				Not Allowed				
G8200	E	CEFAZOLIN NOT DOCUM PROPHY				Not Allowed				
G8204	E	MD NOT DOC ORDER TO D/C ANTI				Not Allowed				
G8209	E	CLINICIAN DID NOT DOC				Not Allowed				
G8214	E	CLINI NOT DOC ORDER VTE				Not Allowed				
G8217	E	PT NOT RECEIVED DVT PROPH				Not Allowed				
G8219	E	RECEIVED DVT PROPH DAY 2				Not Allowed				
G8220	E	PT NOT REC DVT PROPH DAY 2				Not Allowed				
G8221	E	PT INELIG FOR DVT PROPH				Not Allowed				
G8223	E	PT NOT DOC FOR PRESC ANTIPLA				Not Allowed				
G8226	E	PT NO PRESCR ANTICOA AT D/C				Not Allowed				
G8231	E	PT NOT DOC FOR ADMIN T-PA				Not Allowed				
G8234	E	PT NOT DOC DYSPHAGIA SCREEN				Not Allowed				
G8238	E	PT NOT DOC TO REC REHAB SERV				Not Allowed				
G8240	E	INTER CAROTID STENOSIS30-99%				Not Allowed				
G8243	E	PT NOT DOC MRI/CT W/O LESION				Not Allowed				
G8246	E	PT INELIG HX W NEW/CHG MOLE				Not Allowed				
G8248	E	PT W/ONE ALARM SYMP NOT DOC				Not Allowed				
G8251	E	PT NOT DOC W/BARRETTS, ENDO				Not Allowed				
G8254	E	PT W/NO DOC ORDER FOR BARIUM				Not Allowed				
G8257	E	PT NOT DOC REV MEDS D/C				Not Allowed				
G8260	E	PT NOT DOC TO HAVE DEC MAKER				Not Allowed				

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G8263	E	PT NOT DOC ASSESS URINARY IN				Not Allowed				
G8266	E	PT NOT DOC CHARC URIN INCON				Not Allowed				
G8268	E	PT NOT DOC REC CARE URIN INC				Not Allowed				
G8271	E	PT NO DOC SCREEN FALL				Not Allowed				
G8274	E	CLINI NOT DOC PRES/ABS ALARM				Not Allowed				
G8276	E	PT NOT DOC MOLE CHANGE				Not Allowed				
G8279	E	PT NOT DOC REC PE				Not Allowed				
G8282	E	PT NOT DOC TO REC COUNS				Not Allowed				
G8285	E	PT DID NOT REC PRES OSTEO				Not Allowed				
G8289	E	PT NOT DOC REC CA/VIT D				Not Allowed				
G8293	E	COPD PT W/O SPIR RESULTS				Not Allowed				
G8296	E	COPD PT NOT DOC BRONCH THER				Not Allowed				
G8298	E	PT DOC OPTIC NERVE EVAL				Not Allowed				
G8299	E	PT NOT DOC OPTIC NERV EVAL				Not Allowed				
G8302	E	PT DOC W/ TARGET IOP				Not Allowed				
G8303	E	PT NOT DOC W/ IOP				Not Allowed				
G8304	E	CLIN DOC PT INELIG IOP				Not Allowed				
G8305	E	CLIN NOT PROV CARE POAG				Not Allowed				
G8306	E	POAG W/ IOP REC CARE PLAN				Not Allowed				
G8307	E	POAG W/ IOP NO CARE PLAN				Not Allowed				
G8308	E	POAG W/ IOP NOT DOC PLAN				Not Allowed				
G8310	E	PT NOT DOC REC ANTIOX				Not Allowed				
G8314	E	PT NOT DOC TO REC MAC EXAM				Not Allowed				
G8318	E	PT DOC NOT HAVE VISUAL FUNC				Not Allowed				
G8321	E	PT DOC TO PRE AXIAL LENG				Not Allowed				
G8326	E	PT NOT DOC REC FUNDUS EXAM				Not Allowed				
G8330	E	PT NOT DOC REC DILATED MAC				Not Allowed				
G8334	E	DOC OF MACULAR NOT GIV MD				Not Allowed				
G8338	E	CLIN NOT DOC PT TEST OSTEO				Not Allowed				
G8341	E	PT NOT DOC FOR DEXA				Not Allowed				
G8345	E	PT NOT DOC HAVE DEXA				Not Allowed				
G8351	E	PT NOT DOC ECG				Not Allowed				
G8354	E	PT NOT REC ASPIRIN PRIOR ER				Not Allowed				
G8357	E	PT NOT DOC TO HAVE ECG				Not Allowed				
G8360	E	PT NOT DOC VITAL SIGNS RECOR				Not Allowed				
G8362	E	PT NOT DOC 02 SAT ASSESS				Not Allowed				
G8365	E	PT NOT DOC MENTAL STATUS				Not Allowed				
G8367	E	PT NOT DOC HAVE EMPIRIC AB				Not Allowed				
G8370	E	AMI PT RECD ASPIRIN AT ARRIV				Not Allowed				

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G8371	E	CHEMOTHER NOT REC STG3 COLON				Not Allowed				
G8372	E	CHEMOTHER REC STG 3 COLON CA				Not Allowed				
G8373	E	CHEMO PLAN DOCUM PRIOR CHEMO				Not Allowed				
G8374	E	CHEMO PLAN NOT DOC PRIOR CHE				Not Allowed				
G8375	E	CLL PT W/O DOC FLOW CYTOMETR				Not Allowed				
G8376	E	BRST CA PT INELIG TAMOXIFEN				Not Allowed				
G8377	E	MD DOC COLON CA PT INELIG CH				Not Allowed				
G8378	E	MD DOC PT INELIG RAD THERAPY				Not Allowed				
G8379	E	RADIAT TX RECOM DOC12MO OV				Not Allowed				
G8380	E	PT W STGIC-3BRST CA W/O TAM				Not Allowed				
G8381	E	PT W STGIC-3BRST CA REC TAM				Not Allowed				
G8382	E	MM PT W/O DOC IV BISPHOPHON				Not Allowed				
G8383	E	RADIATION REC NOT DOC 12MO O				Not Allowed				
G8384	E	MDS PT W/O BASE CYTOGEN TEST				Not Allowed				
G8385	E	DIAB PT W NODOC HGB A1C 12M				Not Allowed				
G8386	E	DIAB PT W NODOC LDL 12M				Not Allowed				
G8387	E	ESRD PT W HCT/HGB NOT DOCUME				Not Allowed				
G8388	E	ESRD PT W URR/KTV NOT DOC EL				Not Allowed				
G8389	E	MDS PT NO DOC FE PRIOR EPO				Not Allowed				
G9001	E	MCCD, INITIAL RATE				Not Allowed				
G9002	E	MCCD,MAINTENANCE RATE				Not Allowed				
G9003	E	MCCD, RISK ADJ HI, INITIAL				Not Allowed				
G9004	E	MCCD, RISK ADJ LO, INITIAL				Not Allowed				
G9005	E	MCCD, RISK ADJ, MAINTENANCE				Not Allowed				
G9006	E	MCCD, HOME MONITORING				Not Allowed				
G9007	E	MCCD, SCH TEAM CONF				Not Allowed				
G9008	E	MCCD,PHYS COOR-CARE OVRSGHT				Not Allowed				
G9009	E	MCCD, RISK ADJ, LEVEL 3				Not Allowed				
G9010	E	MCCD, RISK ADJ, LEVEL 4				Not Allowed				
G9011	E	MCCD, RISK ADJ, LEVEL 5				Not Allowed				
G9012	E	OTHER SPECIFIED CASE MGMT				Not Allowed				
G9013	M	ESRD DEMO BUNDLE LEVEL I				Fee Schedule	$0.00			
G9014	M	ESRD DEMO BUNDLE-LEVEL II				Fee Schedule	$0.00			
G9016	E	DEMO-SMOKING CESSATION COUN				Not Allowed				
G9017	E	AMANTADINE HCL ORAL				Not Allowed				
G9018	E	ZANAMIVIR INH PWDR				Not Allowed				
G9019	E	OSELTAMIVIR PHOSP				Not Allowed				
G9020	E	RIMANTADINE HCL				Not Allowed				
G9033	E	AMANTADINE HCL, ORAL, BRAND				Not Allowed				

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G9034	E	ZANAMIVIR POWDER VIA INHALER				Not Allowed				
G9035	E	OSELTAMIVIR PHOSPHATE 75MG, ORAL				Not Allowed				
G9036	E	RIMANTADINE HCL 100MG				Not Allowed				
G9041	E	LOW VISION SERV OCCUPATIONAL				Not Allowed				
G9042	E	LOW VISION ORIENT/MOBILITY				Not Allowed				
G9043	E	LOW VISION REHAB THERAPIST				Not Allowed				
G9044	E	LOW VISION REHAB TEACHER				Not Allowed				
G9050	E	ONCOLOGY WORK-UP EVALUATION				Not Allowed				
G9051	E	ONCOLOGY TREATMENT DECISION				Not Allowed				
G9052	E	ONC SURVEILLANCE FOR DISEASE				Not Allowed				
G9053	E	ONC EXPECTANT MANAGEMENT PT				Not Allowed				
G9054	E	ONC SUPERVISION PALLIATIVE				Not Allowed				
G9055	E	ONC VISIT UNSPECIFIED NOS				Not Allowed				
G9056	E	ONC PRAC MGMT ADHERES GUIDE				Not Allowed				
G9057	E	ONC PRACT MGMT DIFFERS GUIDE				Not Allowed				
G9058	E	ONC PRAC MGMT DISAGREE W/GUI				Not Allowed				
G9059	E	ONC PRAC MGMT PT OPT ALTERNA				Not Allowed				
G9060	E	ONC PRAC MGMT DIF PT COMORB				Not Allowed				
G9061	E	ONC PRAC COND NOADD BY GUIDE				Not Allowed				
G9062	E	ONC PRAC GUIDE DIFFERS NOS				Not Allowed				
G9063	E	ONC DX NSCLC STGI NO DX PROG				Not Allowed				
G9064	E	ONC DX NSCLC STG2 NO DX PROG				Not Allowed				
G9065	E	ONC DX NSCLC STG3A NODX PROG				Not Allowed				
G9066	E	ONC DX NSCLC STG3B-4 METASTA				Not Allowed				
G9067	E	ONC DX NSCLC DX UNKNOWN NOS				Not Allowed				
G9068	E	ONC DX NSCLC/SCLC LIMITED				Not Allowed				
G9069	E	ONC DX SCLC/NSCLC EXT AT DX				Not Allowed				
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN				Not Allowed				
G9071	E	ONC DX BRST STG1 2B NO DX PR				Not Allowed				
G9072	E	ONC DX BRST STG1-2 NOPROGRES				Not Allowed				
G9073	E	ONC DX BRST STG3-W/PROGRES				Not Allowed				
G9074	E	ONC DX BRST STG3-NOPROGRESS				Not Allowed				
G9075	E	ONC DX BRST METASTIC/ RECUR				Not Allowed				
G9077	E	ONC DX PROSTATE T1NO PROGRES				Not Allowed				
G9078	E	ONC DX PROSTATE T2NO PROGRES				Not Allowed				
G9079	E	ONC DX PROSTATE T3B-T4NOPROG				Not Allowed				
G9080	E	ONC DX PROSTATE W/RISE PSA				Not Allowed				
G9083	E	ONC DX PROSTATE UNKNOWN NOS				Not Allowed				
G9084	E	ONC DX COLON T1-3 N1-2 NO PR				Not Allowed				

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G9085	E	ONC DX COLON T4 N0 W/O PROG				Not Allowed				
G9086	E	ONC DX COLON T1-4 NO DX PROG				Not Allowed				
G9087	E	ONC DX COLON RADIOLG EVID DX				Not Allowed				
G9088	E	ONC DX COLON M1/METS W/O RAD				Not Allowed				
G9089	E	ONC DX COLON EXTENT UNKNOWN				Not Allowed				
G9090	E	ONC DX RECTAL T1-2 NO PROGR				Not Allowed				
G9091	E	ONC DX RECTAL T3 N0 NO PROG				Not Allowed				
G9092	E	ONC DX RECTAL T1-3 N1-2NOPRG				Not Allowed				
G9093	E	ONC DX RECTAL T4 N M0 NO PRG				Not Allowed				
G9094	E	ONC DX RECTAL M1 W/METS PROG				Not Allowed				
G9095	E	ONC DX RECTAL EXTENT UNKNWN				Not Allowed				
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG				Not Allowed				
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG				Not Allowed				
G9098	E	ONC DX ESOPHAGEAL METS RECUR				Not Allowed				
G9099	E	ONC DX ESOPHAGEAL UNKNOWN				Not Allowed				
G9100	E	ONC DX GASTRIC NO RECURRENCE				Not Allowed				
G9101	E	ONC DX GASTRIC P R1-R2NOPROG				Not Allowed				
G9102	E	ONC DX GASTRIC UNRESECTABLE				Not Allowed				
G9103	E	ONC DX GASTRIC RECURRENT				Not Allowed				
G9104	E	ONC DX GASTRIC UNKNOWN NOS				Not Allowed				
G9105	E	ONC DX PANCREATC P R0 RES NO				Not Allowed				
G9106	E	ONC DX PANCREATC P R1/R2 NO				Not Allowed				
G9107	E	ONC DX PANCREATIC UNRESECTAB				Not Allowed				
G9108	E	ONC DX PANCREATIC UNKNWN NOS				Not Allowed				
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG				Not Allowed				
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG				Not Allowed				
G9111	E	ONC DX HEAD/NECK M1 METS REC				Not Allowed				
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN				Not Allowed				
G9113	E	ONC DX OVARIAN STG1A-B NO PR				Not Allowed				
G9114	E	ONC DX OVARIAN STG1A-B OR 2				Not Allowed				
G9115	E	ONC DX OVARIAN STG3/4 NOPROG				Not Allowed				
G9116	E	ONC DX OVARIAN RECURRENCE				Not Allowed				
G9117	E	ONC DX OVARIAN UNKNOWN NOS				Not Allowed				
G9123	E	ONC DX NHL LGE BCELL RELAP				Not Allowed				
G9124	E	ONC DX NHL RELAPSE/REFRACTOR				Not Allowed				
G9125	E	ONC DX NHL STG UNKNOWN				Not Allowed				
G9126	E	ONC DX OVARIAN STG IA/B				Not Allowed				
G9128	E	ONC DX MULT MYELOMA STG2 HIG				Not Allowed				
G9129	E	ONC DX MULT MYELOMA UNKWN OP				Not Allowed				

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G9130	E	ONC DX MULTI MYELOMA UNKNOWN				Not Allowed				
G9131	E	ONC DX BRST UNKNOWN NOS				Not Allowed				
G9132	E	ONC DX PROSTATE METS NO CAST				Not Allowed				
G9133	E	ONC DX PROSTATE CLINICAL MET				Not Allowed				
G9134	E	ONC NHLSTG 1-2 NO RELAP NO				Not Allowed				
G9135	E	ONC DX NHL STG 3-4 NOT RELAP				Not Allowed				
G9136	E	ONC DX NHL TRANS TO LG BCELL				Not Allowed				
G9137	E	ONC DX NHL RELAPSE/REFRACTOR				Not Allowed				
G9138	E	ONC DX NHL STG UNKNOWN				Not Allowed				
G9139	E	ONC DX CML DX STATUS UNKNOWN				Not Allowed				
H0001	E	ALCOHOL AND/OR DRUG ASSESS				Not Allowed				
H0002	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed				
H0003	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed				
H0004	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0005	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0006	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0007	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0008	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0009	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0010	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0011	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0012	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0013	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0014	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0015	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0016	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0017	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0018	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0019	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0020	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed				
H0021	E	ALCOHOL AND/OR DRUG TRAINING				Not Allowed				
H0022	E	ALCOHOL AND/OR DRUG INTERVEN				Not Allowed				
H0023	E	ALCOHOL AND/OR DRUG OUTREACH				Not Allowed				
H0024	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed				
H0025	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed				
H0026	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed				
H0027	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed				
H0028	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed				
H0029	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed				

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H0030	E	ALCOHOL AND/OR DRUG HOTLINE				Not Allowed				
H0031	E	MH HEALTH ASSESS BY NON-MD				Not Allowed				
H0032	E	MH SVC PLAN DEV BY NON-MD				Not Allowed				
H0033	E	ORAL MED ADM DIRECT OBSERVE				Not Allowed				
H0034	E	MED TRNG & SUPPORT PER 15MIN				Not Allowed				
H0035	M	MH PARTIAL HOSP TX UNDER 24H				Fee Schedule	$71.99			Y
H0036	E	COMM PSY FACE-FACE PER 15MIN				Not Allowed				
H0037	E	COMM PSY SUP TX PGM PER DIEM				Not Allowed				
H0038	E	SELF-HELP/PEER SVC PER 15MIN				Not Allowed				
H0039	E	ASSER COM TX FACE-FACE/15MIN				Not Allowed				
H0040	E	ASSERT COMM TX PGM PER DIEM				Not Allowed				
H0041	E	FOS C CHLD NON-THER PER DIEM				Not Allowed				
H0042	E	FOS C CHLD NON-THER PER MON				Not Allowed				
H0043	E	SUPPORTED HOUSING PER DIEM				Not Allowed				
H0044	E	SUPPORTED HOUSING PER MONTH				Not Allowed				
H0045	E	RESPITE NOT-IN-HOME PER DIEM				Not Allowed				
H0046	E	MENTAL HEALTH SERVICE NOS				Not Allowed				
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS				Not Allowed				
H0048	E	SPEC COLL NON-BLOOD:A/D TEST				Not Allowed				
H0049	E	ALCOHOL/DRUG SCREENING				Not Allowed				
H0050	E	ALCOHOL/DRUG SERVICE 15 MIN				Not Allowed				
H1000	E	PRENATAL CARE ATRISK ASSESSM				Not Allowed				
H1001	E	ANTEPARTUM MANAGEMENT				Not Allowed				
H1002	E	CARECOORDINATION PRENATAL				Not Allowed				
H1003	E	PRENATAL AT RISK EDUCATION				Not Allowed				
H1004	E	FOLLOW UP HOME VISIT/PRENTAL				Not Allowed				
H1005	E	PRENATALCARE ENHANCED SRV PK				Not Allowed				
H1010	E	NONMED FAMILY PLANNING ED				Not Allowed				
H1011	E	FAMILY ASSESSMENT				Not Allowed				
H2000	E	COMP MULTIDISIPLN EVALUATION				Not Allowed				
H2001	E	REHABILITATION PROGRAM 1/2 D				Not Allowed				
H2010	E	COMPREHENSIVE MED SVC 15 MIN				Not Allowed				
H2011	E	CRISIS INTERVEN SVC, 15 MIN				Not Allowed				
H2012	E	BEHAV HLTH DAY TREAT, PER HR				Not Allowed				
H2013	E	PSYCH HLTH FAC SVC, PER DIEM				Not Allowed				
H2014	E	SKILLS TRAIN AND DEV, 15 MIN				Not Allowed				
H2015	E	COMP COMM SUPP SVC, 15 MIN				Not Allowed				
H2016	E	COMP COMM SUPP SVC, PER DIEM				Not Allowed				
H2017	E	PSYSOC REHAB SVC, PER 15 MIN				Not Allowed				

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H2018	E	PSYSOC REHAB SVC, PER DIEM				Not Allowed				
H2019	E	THER BEHAV SVC, PER 15 MIN				Not Allowed				
H2020	E	THER BEHAV SVC, PER DIEM				Not Allowed				
H2021	E	COM WRAP-AROUND SV, 15 MIN				Not Allowed				
H2022	E	COM WRAP-AROUND SV, PER DIEM				Not Allowed				
H2023	E	SUPPORTED EMPLOY, PER 15 MIN				Not Allowed				
H2024	E	SUPPORTED EMPLOY, PER DIEM				Not Allowed				
H2025	E	SUPP MAINT EMPLOY, 15 MIN				Not Allowed				
H2026	E	SUPP MAINT EMPLOY, PER DIEM				Not Allowed				
H2027	E	PSYCHOED SVC, PER 15 MIN				Not Allowed				
H2028	E	SEX OFFEND TX SVC, 15 MIN				Not Allowed				
H2029	E	SEX OFFEND TX SVC, PER DIEM				Not Allowed				
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN				Not Allowed				
H2031	E	MH CLUBHOUSE SVC, PER DIEM				Not Allowed				
H2032	E	ACTIVITY THERAPY, PER 15 MIN				Not Allowed				
H2033	E	MULTISYS THER/JUVENILE 15MIN				Not Allowed				
H2034	E	A/D HALFWAY HOUSE, PER DIEM				Not Allowed				
H2035	E	A/D TX PROGRAM, PER HOUR				Not Allowed				
H2036	E	A/D TX PROGRAM, PER DIEM				Not Allowed				
H2037	E	DEV DELAY PREV DP CH, 15 MIN				Not Allowed				
J0120	N	TETRACYCLIN INJECTION				APC/ Bundled				
J0128	K	ABARELIX INJECTION	09216	1.1164	$53.31	APC				
J0129	G	ABATACEPT INJECTION	09230	0.3041	$14.52	APC				
J0130	K	ABCIXIMAB INJECTION	01605	6.9461	$331.68	APC				
J0132	K	ACETYLCYSTEINE INJECTION	01680	0.034	$1.62	APC				
J0133	N	ACYCLOVIR INJECTION				APC/ Bundled				
J0135	K	ADALIMUMAB INJECTION	01083	5.2583	$251.08	APC				
J0150	K	INJECTION ADENOSINE 6 MG	00379	0.4173	$19.93	APC				
J0152	K	ADENOSINE INJECTION	00917	1.1232	$53.63	APC				
J0170	N	ADRENALIN EPINEPHRIN INJECT				APC/ Bundled				
J0180	K	AGALSIDASE BETA INJECTION	09208	2.0694	$98.81	APC				
J0190	K	INJ BIPERIDEN LACTATE/5 MG	03038	1.4341	$68.48	APC				
J0200	N	ALATROFLOXACIN MESYLATE				APC/ Bundled				
J0205	K	ALGLUCERASE INJECTION	00900	0.6381	$30.47	APC				
J0207	K	AMIFOSTINE	07000	7.8106	$372.96	APC				
J0210	K	METHYLDOPATE HCL INJECTION	02210	0.1643	$7.85	APC				
J0215	K	ALEFACEPT	01633	0.434	$20.72	APC				
J0256	K	ALPHA 1 PROTEINASE INHIBITOR	00901	0.0552	$2.64	APC				
J0270	M	ALPROSTADIL FOR INJECTION				Medicare	$1.96			

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J0275	M	ALPROSTADIL URETHRAL SUPPOS				Medicare	$23.47			
J0278	N	AMIKACIN SULFATE INJECTION				APC/ Bundled				
J0280	N	AMINOPHYLLIN 250 MG INJ				APC/ Bundled				
J0282	N	AMIODARONE HCL				APC/ Bundled				
J0285	N	AMPHOTERICIN B				APC/ Bundled				
J0287	K	AMPHOTERICIN B LIPID COMPLEX	09024	0.1703	$8.13	APC				
J0288	K	AMPHO B CHOLESTERYL SULFATE	00735	0.1952	$9.32	APC				
J0289	K	AMPHOTERICIN B LIPOSOME INJ	00736	0.2803	$13.38	APC				
J0290	N	AMPICILLIN 500 MG INJ				APC/ Bundled				
J0295	N	AMPICILLIN SODIUM PER 1.5 GM				APC/ Bundled				
J0300	N	AMOBARBITAL 125 MG INJ				APC/ Bundled				
J0330	N	SUCCINYCHOLINE CHLORIDE INJ				APC/ Bundled				
J0348	G	ANADULAFUNGIN INJECTION	00760	0.0311	$1.49	APC				
J0350	K	INJECTION ANISTREPLASE 30 U	01606	43.8244	$2,092.62	APC				
J0360	N	HYDRALAZINE HCL INJECTION				APC/ Bundled				
J0364	K	APOMORPHINE HYDROCHLORIDE	00766	0.049	$2.34	APC				
J0365	K	APROTONIN 10 000 KIU	01682	0.0434	$2.07	APC				
J0380	K	INJ METARAMINOL BITARTRATE	03039	0.2549	$12.17	APC				
J0390	N	CHLOROQUINE INJECTION				APC/ Bundled				
J0395	K	ARBUTAMINE HCL INJECTION	09031	2.9674	$141.69	APC				
J0456	N	AZITHROMYCIN				APC/ Bundled				
J0460	N	ATROPINE SULFATE INJECTION				APC/ Bundled				
J0470	N	DIMECAPROL INJECTION				APC/ Bundled				
J0475	K	BACLOFEN 10 MG INJECTION	09032	3.2057	$153.07	APC				
J0476	K	BACLOFEN INTRATHECAL TRIAL	01631	1.1354	$54.22	APC				
J0480	K	BASILIXIMAB	01683	24.2328	$1,157.12	APC				
J0500	N	DICYCLOMINE INJECTION				APC/ Bundled				
J0515	N	INJ BENZTROPINE MESYLATE				APC/ Bundled				
J0520	N	BETHANECHOL CHLORIDE INJECT				APC/ Bundled				
J0530	N	PENICILLIN G BENZATHINE INJ				APC/ Bundled				
J0540	N	PENICILLIN G BENZATHINE INJ				APC/ Bundled				
J0550	N	PENICILLIN G BENZATHINE INJ				APC/ Bundled				
J0560	N	PENICILLIN G BENZATHINE INJ				APC/ Bundled				
J0570	N	PENICILLIN G BENZATHINE INJ				APC/ Bundled				
J0580	N	PENICILLIN G BENZATHINE INJ				APC/ Bundled				
J0583	K	BIVALIRUDIN	03041	0.0309	$1.48	APC				
J0585	K	BOTULINUM TOXIN A PER UNIT	00902	0.0856	$4.09	APC				Y
J0587	K	BOTULINUM TOXIN TYPE B	09018	0.1376	$6.57	APC				Y
J0592	N	BUPRENORPHINE HYDROCHLORIDE				APC/ Bundled				

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J0594	K	BUSULFAN INJECTION	01178	0.1489	$7.11	APC				
J0595	N	BUTORPHANOL TARTRATE 1 MG				APC/ Bundled				
J0600	K	EDETATE CALCIUM DISODIUM INJ	00892	0.8165	$38.99	APC				
J0610	N	CALCIUM GLUCONATE INJECTION				APC/ Bundled				
J0620	N	CALCIUM GLYCER & LACT/10 ML				APC/ Bundled				
J0630	N	CALCITONIN SALMON INJECTION				APC/ Bundled				
J0636	N	INJ CALCITRIOL PER 0.1 MCG				APC/ Bundled				
J0637	K	CASPOFUNGIN ACETATE	09019	0.4497	$21.47	APC				
J0640	N	LEUCOVORIN CALCIUM INJECTION				APC/ Bundled				
J0670	N	INJ MEPIVACAINE HCL/10 ML				APC/ Bundled				
J0690	N	CEFAZOLIN SODIUM INJECTION				APC/ Bundled				
J0692	N	CEFEPIME HCL FOR INJECTION				APC/ Bundled				
J0694	N	CEFOXITIN SODIUM INJECTION				APC/ Bundled				
J0696	N	CEFTRIAXONE SODIUM INJECTION				APC/ Bundled				
J0697	N	STERILE CEFUROXIME INJECTION				APC/ Bundled				
J0698	N	CEFOTAXIME SODIUM INJECTION				APC/ Bundled				
J0702	N	BETAMETHASONE ACET&SOD PHOSP				APC/ Bundled				
J0704	N	BETAMETHASONE SOD PHOSP/4 MG				APC/ Bundled				
J0706	K	CAFFEINE CITRATE INJECTION	00876	0.0501	$2.39	APC				
J0710	N	CEPHAPIRIN SODIUM INJECTION				APC/ Bundled				
J0713	N	INJ CEFTAZIDIME PER 500 MG				APC/ Bundled				
J0715	N	CEFTIZOXIME SODIUM / 500 MG				APC/ Bundled				
J0720	N	CHLORAMPHENICOL SODIUM INJEC				APC/ Bundled				
J0725	N	CHORIONIC GONADOTROPIN/1000U				APC/ Bundled				
J0735	K	CLONIDINE HYDROCHLORIDE	00935	1.0615	$50.69	APC				
J0740	K	CIDOFOVIR INJECTION	09033	12.3835	$591.31	APC				
J0743	N	CILASTATIN SODIUM INJECTION				APC/ Bundled				
J0744	N	CIPROFLOXACIN IV				APC/ Bundled				
J0745	N	INJ CODEINE PHOSPHATE /30 MG				APC/ Bundled				
J0760	N	COLCHICINE INJECTION				APC/ Bundled				
J0770	N	COLISTIMETHATE SODIUM INJ				APC/ Bundled				
J0780	N	PROCHLORPERAZINE INJECTION				APC/ Bundled				
J0795	K	CORTICORELIN OVINE TRIFLUTAL	01684	0.0721	$3.44	APC				
J0800	K	CORTICOTROPIN INJECTION	01280	2.5677	$122.61	APC				
J0835	K	INJ COSYNTROPIN PER 0.25 MG	00835	1.0431	$49.81	APC				
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL	00903	13.3785	$638.82	APC				
J0878	K	DAPTOMYCIN INJECTION	09124	0.0057	$0.27	APC				
J0881	K	DARBEPOETIN ALFA NON-ESRD	01685	0.0496	$2.37	APC				
J0882	M	DARBEPOETIN ALFA ESRD USE				Medicare	$3.14			

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J0885	K	EPOETIN ALFA NON-ESRD	01686	0.148	$7.07	APC				
J0886	E	EPOETIN ALFA ESRD				Not Allowed				
J0894	G	DECITABINE INJECTION	09231	0.4308	$20.57	APC				
J0895	K	DEFEROXAMINE MESYLATE INJ	00895	0.2336	$11.15	APC				
J0900	N	TESTOSTERONE ENANTHATE INJ				APC/ Bundled				
J0945	N	BROMPHENIRAMINE MALEATE INJ				APC/ Bundled				
J0970	N	ESTRADIOL VALERATE INJECTION				APC/ Bundled				
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ				APC/ Bundled				
J1020	N	METHYLPREDNISOLONE 20 MG INJ				APC/ Bundled				
J1030	N	METHYLPREDNISOLONE 40 MG INJ				APC/ Bundled				
J1040	N	METHYLPREDNISOLONE 80 MG INJ				APC/ Bundled				
J1051	N	MEDROXYPROGESTERONE INJ				APC/ Bundled				
J1055	M	MEDRXYPROGESTER ACETATE INJ				Fee Schedule	$49.52			
J1056	M	MA/EC CONTRACEPTIVEINJECTION				Fee Schedule	$22.89			
J1060	N	TESTOSTERONE CYPIONATE 1 ML				APC/ Bundled				
J1070	N	TESTOSTERONE CYPIONAT 100 MG				APC/ Bundled				
J1080	N	TESTOSTERONE CYPIONAT 200 MG				APC/ Bundled				
J1094	N	INJ DEXAMETHASONE ACETATE				APC/ Bundled				
J1100	N	DEXAMETHASONE SODIUM PHOS				APC/ Bundled				
J1110	N	INJ DIHYDROERGOTAMINE MESYLT				APC/ Bundled				
J1120	N	ACETAZOLAMID SODIUM INJECTIO				APC/ Bundled				
J1160	N	DIGOXIN INJECTION				APC/ Bundled				
J1162	K	DIGOXIN IMMUNE FAB (OVINE)	01687	8.433	$402.68	APC				
J1165	N	PHENYTOIN SODIUM INJECTION				APC/ Bundled				
J1170	N	HYDROMORPHONE INJECTION				APC/ Bundled				
J1180	N	DYPHYLLINE INJECTION				APC/ Bundled				
J1190	K	DEXRAZOXANE HCL INJECTION	00726	2.7413	$130.90	APC				
J1200	N	DIPHENHYDRAMINE HCL INJECTIO				APC/ Bundled				
J1205	K	CHLOROTHIAZIDE SODIUM INJ	00747	2.1351	$101.95	APC				
J1212	N	DIMETHYL SULFOXIDE 50% 50 ML				APC/ Bundled				
J1230	N	METHADONE INJECTION				APC/ Bundled				
J1240	N	DIMENHYDRINATE INJECTION				APC/ Bundled				
J1245	N	DIPYRIDAMOLE INJECTION				APC/ Bundled				
J1250	N	INJ DOBUTAMINE HCL/250 MG				APC/ Bundled				
J1260	K	DOLASETRON MESYLATE	00750	0.0877	$4.19	APC				
J1265	N	DOPAMINE INJECTION				APC/ Bundled				
J1270	N	INJECTION, DOXERCALCIFEROL				APC/ Bundled				
J1320	N	AMITRIPTYLINE INJECTION				APC/ Bundled				
J1324	K	ENFUVIRTIDE INJECTION	00767	0.0062	$0.30	APC				

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J1325	N	EPOPROSTENOL INJECTION				APC/ Bundled				
J1327	K	EPTIFIBATIDE INJECTION	01607	0.2849	$13.60	APC				
J1330	K	ERGONOVINE MALEATE INJECTION	01330	0.0651	$3.11	APC				
J1335	N	ERTAPENEM INJECTION				APC/ Bundled				
J1364	N	ERYTHRO LACTOBIONATE /500 MG				APC/ Bundled				
J1380	N	ESTRADIOL VALERATE 10 MG INJ				APC/ Bundled				
J1390	N	ESTRADIOL VALERATE 20 MG INJ				APC/ Bundled				
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	09038	1.0944	$52.26	APC				
J1430	K	ETHANOLAMINE OLEATE 100 MG	01688	1.3012	$62.13	APC				
J1435	N	INJECTION ESTRONE PER 1 MG				APC/ Bundled				
J1436	K	ETIDRONATE DISODIUM INJ	01436	1.1617	$55.47	APC				
J1438	K	ETANERCEPT INJECTION	01608	2.6671	$127.35	APC				
J1440	K	FILGRASTIM 300 MCG INJECITON	00728	3.1646	$151.11	APC				
J1441	K	FILGRASTIM 480 MCG INJECTION	07049	4.8884	$233.42	APC				
J1450	N	FLUCONAZOLE				APC/ Bundled				
J1451	K	FOMEPIZOLE 15 MG	01689	0.2104	$10.05	APC				
J1452	K	INTRAOCULAR FOMIVIRSEN NA	09040	3.8638	$184.50	APC				
J1455	K	FOSCARNET SODIUM INJECTION	03042	0.1659	$7.92	APC				
J1457	N	GALLIUM NITRATE INJECTION				APC/ Bundled				
J1458	K	GALSULFASE INJECTION	09224	5.0542	$241.34	APC				
J1460	K	GAMMA GLOBULIN 1 CC INJ	03043	0.1886	$9.01	APC				
J1470	M	GAMMA GLOBULIN 2 CC INJ				Medicare	$23.19			
J1480	M	GAMMA GLOBULIN 3 CC INJ				Medicare	$34.76			
J1490	M	GAMMA GLOBULIN 4 CC INJ				Medicare	$46.36			
J1500	M	GAMMA GLOBULIN 5 CC INJ				Medicare	$57.95			
J1510	M	GAMMA GLOBULIN 6 CC INJ				Medicare	$69.57			
J1520	M	GAMMA GLOBULIN 7 CC INJ				Medicare	$81.07			
J1530	M	GAMMA GLOBULIN 8 CC INJ				Medicare	$92.72			
J1540	M	GAMMA GLOBULIN 9 CC INJ				Medicare	$104.37			
J1550	M	GAMMA GLOBULIN 10 CC INJ				Medicare	$115.89			
J1560	M	GAMMA GLOBULIN > 10 CC INJ				Medicare	$115.89			
J1562	K	IMMUNE GLOBULIN SUBCUTANEOUS	00804	0.2069	$9.88	APC				
J1565	K	RSV-IVIG	00906	0.2632	$12.57	APC				
J1566	K	IMMUNE GLOBULIN POWDER	02731	0.4365	$20.84	APC				
J1567	E	IMMUNE GLOBULIN LIQUID				Not Allowed				
J1570	N	GANCICLOVIR SODIUM INJECTION				APC/ Bundled				
J1580	N	GARAMYCIN GENTAMICIN INJ				APC/ Bundled				
J1590	N	GATIFLOXACIN INJECTION				APC/ Bundled				
J1595	N	INJECTION GLATIRAMER ACETATE				APC/ Bundled				

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J1600	N	GOLD SODIUM THIOMALEATE INJ				APC/ Bundled				
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG	09042	1.2175	$58.14	APC				
J1620	K	GONADORELIN HYDROCH/ 100 MCG	07005	2.9332	$140.06	APC				
J1626	K	GRANISETRON HCL INJECTION	00764	0.1041	$4.97	APC				
J1630	N	HALOPERIDOL INJECTION				APC/ Bundled				
J1631	N	HALOPERIDOL DECANOATE INJ				APC/ Bundled				
J1640	K	HEMIN, 1 MG	01690	0.115	$5.49	APC				
J1642	N	INJ HEPARIN SODIUM PER 10 U				APC/ Bundled				
J1644	N	INJ HEPARIN SODIUM PER 1000U				APC/ Bundled				
J1645	N	DALTEPARIN SODIUM				APC/ Bundled				
J1650	N	INJ ENOXAPARIN SODIUM				APC/ Bundled				
J1652	N	FONDAPARINUX SODIUM				APC/ Bundled				
J1655	K	TINZAPARIN SODIUM INJECTION	01655	0.0392	$1.87	APC				
J1670	K	TETANUS IMMUNE GLOBULIN INJ	01670	1.6184	$77.28	APC				
J1675	E	HISTRELIN ACETATE				Not Allowed				
J1700	N	HYDROCORTISONE ACETATE INJ				APC/ Bundled				
J1710	N	HYDROCORTISONE SODIUM PH INJ				APC/ Bundled				
J1720	N	HYDROCORTISONE SODIUM SUCC I				APC/ Bundled				
J1730	K	DIAZOXIDE INJECTION	01740	1.8598	$88.81	APC				
J1740	G	IBANDRONATE SODIUM INJECTION	09229	2.2594	$107.89	APC				
J1742	K	IBUTILIDE FUMARATE INJECTION	09044	4.6925	$224.07	APC				
J1745	K	INFLIXIMAB INJECTION	07043	0.8723	$41.65	APC				
J1751	K	IRON DEXTRAN 165 INJECTION	01691	0.1921	$9.17	APC				
J1752	K	IRON DEXTRAN 267 INJECTION	01692	0.169	$8.07	APC				
J1756	K	IRON SUCROSE INJECTION	09046	0.0062	$0.30	APC				
J1785	K	INJECTION IMIGLUCERASE /UNIT	00916	0.0638	$3.05	APC				
J1790	N	DROPERIDOL INJECTION				APC/ Bundled				
J1800	N	PROPRANOLOL INJECTION				APC/ Bundled				
J1810	M	DROPERIDOL/FENTANYL INJ				Fee Schedule	$5.58			
J1815	N	INSULIN INJECTION				APC/ Bundled				
J1817	N	INSULIN FOR INSULIN PUMP USE				APC/ Bundled				
J1825	E	INTERFERON BETA-1A				Not Allowed				
J1830	K	INTERFERON BETA-1B / .25 MG	00910	1.7489	$83.51	APC				
J1835	K	INTRACONAZOLE INJECTION	09047	0.6446	$30.78	APC				
J1840	N	KANAMYCIN SULFATE 500 MG INJ				APC/ Bundled				
J1850	N	KANAMYCIN SULFATE 75 MG INJ				APC/ Bundled				
J1885	N	KETOROLAC TROMETHAMINE INJ				APC/ Bundled				
J1890	N	CEPHALOTHIN SODIUM INJECTION				APC/ Bundled				
J1931	K	LARONIDASE INJECTION	09209	0.3883	$18.54	APC				

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J1940	N	FUROSEMIDE INJECTION				APC/ Bundled				
J1945	K	LEPIRIDIN	01693	2.5826	$123.32	APC				
J1950	K	LEUPROLIDE ACETATE /3.75 MG	00800	7.5176	$358.97	APC				
J1955	M	INJ LEVOCARNITINE PER 1 GM				Medicare	$8.21			
J1956	N	LEVOFLOXACIN INJECTION				APC/ Bundled				
J1960	N	LEVORPHANOL TARTRATE INJ				APC/ Bundled				
J1980	N	HYOSCYAMINE SULFATE INJ				APC/ Bundled				
J1990	N	CHLORDIAZEPOXIDE INJECTION				APC/ Bundled				
J2001	N	LIDOCAINE INJECTION				APC/ Bundled				
J2010	N	LINCOMYCIN INJECTION				APC/ Bundled				
J2020	K	LINEZOLID INJECTION	09001	0.4184	$19.98	APC				
J2060	N	LORAZEPAM INJECTION				APC/ Bundled				
J2150	N	MANNITOL INJECTION				APC/ Bundled				
J2170	K	MECASERMIN INJECTION	00805	0.223	$10.65	APC				
J2175	N	MEPERIDINE HYDROCHL /100 MG				APC/ Bundled				
J2180	N	MEPERIDINE/PROMETHAZINE INJ				APC/ Bundled				
J2185	K	MEROPENEM	03045	0.06	$2.87	APC				
J2210	N	METHYLERGONOVIN MALEATE INJ				APC/ Bundled				
J2248	G	MICAFUNGIN SODIUM INJECTION	09227	0.0254	$1.21	APC				
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE				APC/ Bundled				
J2260	N	INJ MILRINONE LACTATE / 5 MG				APC/ Bundled				
J2270	N	MORPHINE SULFATE INJECTION				APC/ Bundled				
J2271	N	MORPHINE SO4 INJECTION 100MG				APC/ Bundled				
J2275	N	MORPHINE SULFATE INJECTION				APC/ Bundled				
J2278	G	ZICONOTIDE INJECTION	01694	0.1053	$5.03	APC				
J2280	N	INJ, MOXIFLOXACIN 100 MG				APC/ Bundled				
J2300	N	INJ NALBUPHINE HYDROCHLORIDE				APC/ Bundled				
J2310	N	INJ NALOXONE HYDROCHLORIDE				APC/ Bundled				
J2315	K	NALTREXONE, DEPOT FORM	00759	0.0306	$1.46	APC				
J2320	N	NANDROLONE DECANOATE 50 MG				APC/ Bundled				
J2321	N	NANDROLONE DECANOATE 100 MG				APC/ Bundled				
J2322	N	NANDROLONE DECANOATE 200 MG				APC/ Bundled				
J2325	K	NESIRITIDE INJECTION	01695	0.5157	$24.62	APC				
J2353	K	OCTREOTIDE INJECTION DEPOT	01207	1.6059	$76.68	APC				
J2354	N	OCTREOTIDE INJ NON-DEPOT				APC/ Bundled				
J2355	K	OPRELVEKIN INJECTION	07011	4.0631	$194.01	APC				
J2357	K	OMALIZUMAB INJECTION	09300	0.2784	$13.29	APC				
J2360	N	ORPHENADRINE INJECTION				APC/ Bundled				
J2370	N	PHENYLEPHRINE HCL INJECTION				APC/ Bundled				

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J2400	N	CHLOROPROCAINE HCL INJECTION				APC/ Bundled				
J2405	K	ONDANSETRON HCL INJECTION	00768	0.0081	$0.39	APC				
J2410	N	OXYMORPHONE HCL INJECTION				APC/ Bundled				
J2425	K	PALIFERMIN INJECTION	01696	0.1848	$8.82	APC				
J2430	K	PAMIDRONATE DISODIUM /30 MG	00730	0.5421	$25.89	APC				
J2440	N	PAPAVERIN HCL INJECTION				APC/ Bundled				
J2460	N	OXYTETRACYCLINE INJECTION				APC/ Bundled				
J2469	K	PALONOSETRON HCL	09210	0.2702	$12.90	APC				
J2501	N	PARICALCITOL				APC/ Bundled				
J2503	G	PEGAPTANIB SODIUM INJECTION	01697	17.1585	$819.32	APC				
J2504	K	PEGADEMASE BOVINE 25 IU	01739	2.8931	$138.15	APC				
J2505	K	INJECTION PEGFILGRASTIM 6MG	09119	35.5237	$1,696.26	APC				
J2510	N	PENICILLIN G PROCAINE INJ				APC/ Bundled				
J2513	N	PENTASTARCH 10% SOLUTION				APC/ Bundled				
J2515	N	PENTOBARBITAL SODIUM INJ				APC/ Bundled				
J2540	N	PENICILLIN G POTASSIUM INJ				APC/ Bundled				
J2543	N	PIPERACILLIN/TAZOBACTAM				APC/ Bundled				
J2545	M	PENTAMIDINE ISETHIONTE/300MG				Medicare	$46.12			
J2550	N	PROMETHAZINE HCL INJECTION				APC/ Bundled				
J2560	N	PHENOBARBITAL SODIUM INJ				APC/ Bundled				
J2590	N	OXYTOCIN INJECTION				APC/ Bundled				
J2597	N	INJ DESMOPRESSIN ACETATE				APC/ Bundled				
J2650	N	PREDNISOLONE ACETATE INJ				APC/ Bundled				
J2670	N	TOTAZOLINE HCL INJECTION				APC/ Bundled				
J2675	N	INJ PROGESTERONE PER 50 MG				APC/ Bundled				
J2680	N	FLUPHENAZINE DECANOATE 25 MG				APC/ Bundled				
J2690	N	PROCAINAMIDE HCL INJECTION				APC/ Bundled				
J2700	N	OXACILLIN SODIUM INJECITON				APC/ Bundled				
J2710	N	NEOSTIGMINE METHYLSLFTE INJ				APC/ Bundled				
J2720	N	INJ PROTAMINE SULFATE/10 MG				APC/ Bundled				
J2725	N	INJ PROTIRELIN PER 250 MCG				APC/ Bundled				
J2730	N	PRALIDOXIME CHLORIDE INJ				APC/ Bundled				
J2760	N	PHENTOLAINE MESYLATE INJ				APC/ Bundled				
J2765	N	METOCLOPRAMIDE HCL INJECTION				APC/ Bundled				
J2770	K	QUINUPRISTIN/DALFOPRISTIN	02770	2.0731	$98.99	APC				
J2780	N	RANITIDINE HYDROCHLORIDE INJ				APC/ Bundled				
J2783	K	RASBURICASE	00738	2.3238	$110.96	APC				
J2788	K	RHO D IMMUNE GLOBULIN 50 MCG	09023	0.4249	$20.29	APC				
J2790	K	RHO D IMMUNE GLOBULIN INJ	00884	1.3025	$62.19	APC				

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J2792	K	RHO(D) IMMUNE GLOBULIN H, SD	01609	0.2634	$12.58	APC				
J2794	K	RISPERIDONE LONG ACTING	09125	0.0794	$3.79	APC				
J2795	N	ROPIVACAINE HCL INJECTION				APC/ Bundled				
J2800	N	METHOCARBAMOL INJECTION				APC/ Bundled				
J2805	N	SINCALIDE INJECTION				APC/ Bundled				
J2810	N	INJ THEOPHYLLINE PER 40 MG				APC/ Bundled				
J2820	K	SARGRAMOSTIM INJECTION	00731	0.3999	$19.10	APC				
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	01700	0.3304	$15.78	APC				
J2910	N	AUROTHIOGLUCOSE INJECITON				APC/ Bundled				
J2916	N	NA FERRIC GLUCONATE COMPLEX				APC/ Bundled				
J2920	N	METHYLPREDNISOLONE INJECTION				APC/ Bundled				
J2930	N	METHYLPREDNISOLONE INJECTION				APC/ Bundled				
J2940	K	SOMATREM INJECTION	02940	2.7478	$131.21	APC				
J2941	K	SOMATROPIN INJECTION	07034	0.789	$37.67	APC				
J2950	N	PROMAZINE HCL INJECITON				APC/ Bundled				
J2993	K	RETEPLASE INJECTION	09005	14.0436	$670.58	APC				
J2995	K	INJ STREPTOKINASE /250000 IU	00911	2.1109	$100.80	APC				
J2997	K	ALTEPLASE RECOMBINANT	07048	0.546	$26.07	APC				
J3000	N	STREPTOMYCIN INJECTION				APC/ Bundled				
J3010	N	FENTANYL CITRATE INJECITON				APC/ Bundled				
J3030	K	SUMATRIPTAN SUCCINATE / 6 MG	03030	1.0085	$48.16	APC				
J3070	N	PENTAZOCINE INJECTION				APC/ Bundled				
J3100	K	TENECTEPLASE INJECTION	09002	33.3003	$1,590.09	APC				
J3105	N	TERBUTALINE SULFATE INJ				APC/ Bundled				
J3110	M	TERIPARATIDE INJECTION				Fee Schedule	$6.99			
J3120	N	TESTOSTERONE ENANTHATE INJ				APC/ Bundled				
J3130	N	TESTOSTERONE ENANTHATE INJ				APC/ Bundled				
J3140	N	TESTOSTERONE SUSPENSION INJ				APC/ Bundled				
J3150	N	TESTOSTERON PROPIONATE INJ				APC/ Bundled				
J3230	N	CHLORPROMAZINE HCL INJECTION				APC/ Bundled				
J3240	K	THYROTROPIN INJECTION	09108	12.4413	$594.07	APC				
J3243	G	TIGECYCLINE INJECTION	09228	0.0156	$0.74	APC				
J3246	K	TIROFIBAN HCL	07041	0.1188	$5.67	APC				
J3250	N	TRIMETHOBENZAMIDE HCL INJ				APC/ Bundled				
J3260	N	TOBRAMYCIN SULFATE INJECTION				APC/ Bundled				
J3265	N	INJECTION TORSEMIDE 10 MG/ML				APC/ Bundled				
J3280	N	THIETHYLPERAZINE MALEATE INJ				APC/ Bundled				
J3285	K	TREPROSTINIL INJECTION	01701	0.9093	$43.42	APC				
J3301	N	TRIAMCINOLONE ACETONIDE INJ				APC/ Bundled				

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J3302	N	TRIAMCINOLONE DIACETATE INJ				APC/ Bundled				
J3303	N	TRIAMCINOLONE HEXACETONL INJ				APC/ Bundled				
J3305	K	INJ TRIMETREXATE GLUCORONATE	07045	2.2255	$106.27	APC				
J3310	N	PERPHENAZINE INJECITON				APC/ Bundled				
J3315	K	TRIPTORELIN PAMOATE	09122	2.7375	$130.72	APC				
J3320	K	SPECTINOMYCN DI-HCL INJ	00753	0.4894	$23.37	APC				
J3350	K	UREA INJECTION	09051	1.2065	$57.61	APC				
J3355	K	UROFOLLITROPIN, 75 IU	01741	0.8323	$39.74	APC				
J3360	N	DIAZEPAM INJECTION				APC/ Bundled				
J3364	N	UROKINASE 5000 IU INJECTION				APC/ Bundled				
J3365	K	UROKINASE 250,000 IU INJ	07036	7.4466	$355.58	APC				
J3370	N	VANCOMYCIN HCL INJECITON				APC/ Bundled				
J3396	K	VERTEPORFIN INJECTION	01203	0.1454	$6.94	APC				
J3400	N	TRIFLUPROMAZINE HCL INJ				APC/ Bundled				
J3410	N	HYDROXYZINE HCL INJECITON				APC/ Bundled				
J3411	N	THIAMINE HCL 100 MG				APC/ Bundled				
J3415	N	PYRIDOXINE HCL 100 MG				APC/ Bundled				
J3420	N	VITAMIN B12 INJECTION				APC/ Bundled				
J3430	N	VITAMIN K PHYTONADIONE INJ				APC/ Bundled				
J3465	K	INJECTION VORICONAZOLE	01052	0.0818	$3.91	APC				
J3470	N	HYALURONIDASE INJECTION				APC/ Bundled				
J3471	N	OVINE UP TO 999 USP UNITS				APC/ Bundled				
J3472	K	OVINE 1000 USP UNITS	01703	2.1969	$104.90	APC				
J3473	G	HYALURONIDASE RECOMBINANT	00806	0.0065	$0.31	APC				
J3475	N	INJ MAGNESIUM SULFATE				APC/ Bundled				
J3480	N	INJ POTASSIUM CHLORIDE				APC/ Bundled				
J3485	N	ZIDOVUDINE				APC/ Bundled				
J3486	N	ZIPRASIDONE MESYLATE				APC/ Bundled				
J3487	K	ZOLEDRONIC ACID	09115	3.3565	$160.27	APC				
J3490	N	DRUGS UNCLASSIFIED INJECTION				APC/ Bundled				
J3520	E	EDETATE DISODIUM PER 150 MG				Not Allowed				
J3530	N	NASAL VACCINE INHALATION				APC/ Bundled				
J3535	M	METERED DOSE INHALER DRUG				By Report	$0.00			
J3570	E	LAETRILE AMYGDALIN VIT B17				Not Allowed				
J3590	N	UNCLASSIFIED BIOLOGICS				APC/ Bundled				
J7030	N	NORMAL SALINE SOLUTION INFUS				APC/ Bundled				
J7040	N	NORMAL SALINE SOLUTION INFUS				APC/ Bundled				
J7042	N	5% DEXTROSE/NORMAL SALINE				APC/ Bundled				
J7050	N	NORMAL SALINE SOLUTION INFUS				APC/ Bundled				

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J7060	N	5% DEXTROSE/WATER				APC/ Bundled				
J7070	N	D5W INFUSION				APC/ Bundled				
J7100	N	DEXTRAN 40 INFUSION				APC/ Bundled				
J7110	N	DEXTRAN 75 INFUSION				APC/ Bundled				
J7120	N	RINGERS LACTATE INFUSION				APC/ Bundled				
J7130	N	HYPERTONIC SALINE SOLUTION				APC/ Bundled				
J7187	K	INJ VONWILLEBRAND FACTOR IU	01704	0.0145	$0.69	APC				
J7189	K	FACTOR VIIA	01705	0.0185	$0.88	APC				
J7190	K	FACTOR VIII	00925	0.012	$0.57	APC				
J7191	K	FACTOR VIII (PORCINE)	00926	0.0122	$0.58	APC				
J7192	K	FACTOR VIII RECOMBINANT	00927	0.0176	$0.84	APC				
J7193	K	FACTOR IX NON-RECOMBINANT	00931	0.0146	$0.70	APC				
J7194	K	FACTOR IX COMPLEX	00928	0.013	$0.62	APC				
J7195	K	FACTOR IX RECOMBINANT	00932	0.0161	$0.77	APC				
J7197	K	ANTITHROMBIN III INJECTION	00930	0.0285	$1.36	APC				
J7198	K	ANTI-INHIBITOR	00929	0.0231	$1.10	APC				
J7199	M	HEMOPHILIA CLOT FACTOR NOC				By Report	$0.00			
J7300	M	INTRAUT COPPER CONTRACEPTIVE				Medicare	$385.81			
J7302	M	LEVONORGESTREL IU CONTRACEPT				Fee Schedule	$412.23			
J7303	M	CONTRACEPTIVE VAGINAL RING				Fee Schedule	$35.26			
J7304	M	CONTRACEPTIVE HORMONE PATCH				Medicare	$15.26			
J7306	E	LEVONORGESTREL IMPLANT SYS				Not Allowed				
J7308	K	AMINOLEVULINIC ACID HCL TOP	07308	1.8128	$86.56	APC				
J7310	K	GANCICLOVIR LONG ACT IMPLANT	00913	77.1898	$3,685.81	APC				
J7311	G	FLUOCINOLONE ACETONIDE IMPLT	09225	314.7166	$15,027.72	APC				
J7330	E	CULTURED CHONDROCYTES IMPLNT				Not Allowed				
J7340	K	METABOLIC ACTIVE D/E TISSUE	01632	0.468	$22.35	APC				
J7341	K	NON-HUMAN METABOLIC TISSUE	01707	0.0293	$1.40	APC				
J7342	K	METABOLICALLY ACTIVE TISSUE	09054	0.5979	$28.55	APC				
J7343	K	NONMETABOLIC ACT D/E TISSUE	01629	0.3166	$15.12	APC				
J7344	K	NONMETABOLIC ACTIVE TISSUE	09156	1.5564	$74.32	APC				
J7345	K	NON-HUMAN, NON-METAB TISSUE	00837	1.0209	$48.75	APC				
J7346	K	INJECTABLE HUMAN TISSUE	09222	12.6666	$604.83	APC				
J7500	N	AZATHIOPRINE ORAL 50MG				APC/ Bundled				
J7501	K	AZATHIOPRINE PARENTERAL	00887	0.8198	$39.15	APC				
J7502	K	CYCLOSPORINE ORAL 100 MG	00888	0.0576	$2.75	APC				
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN	00890	5.5858	$266.72	APC				
J7505	K	MONOCLONAL ANTIBODIES	07038	15.3306	$732.04	APC				
J7506	N	PREDNISONE ORAL				APC/ Bundled				

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J7507	K	TACROLIMUS ORAL PER 1 MG	00891	0.0608	$2.90	APC				
J7509	N	METHYLPREDNISOLONE ORAL				APC/ Bundled				
J7510	N	PREDNISOLONE ORAL PER 5 MG				APC/ Bundled				
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT	09104	5.4664	$261.02	APC				
J7513	K	DACLIZUMAB, PARENTERAL	01612	5.1521	$246.01	APC				
J7515	N	CYCLOSPORINE ORAL 25 MG				APC/ Bundled				
J7516	N	CYCLOSPORIN PARENTERAL 250MG				APC/ Bundled				
J7517	K	MYCOPHENOLATE MOFETIL ORAL	09015	0.0428	$2.04	APC				
J7518	K	MYCOPHENOLIC ACID	09219	0.0369	$1.76	APC				
J7520	K	SIROLIMUS, ORAL	09020	0.123	$5.87	APC				
J7525	K	TACROLIMUS INJECTION	09006	2.2866	$109.19	APC				
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC				APC/ Bundled				
J7607	M	LEVALBUTEROL COMP CON				By Report	$0.00			
J7608	M	ACETYLCYSTEINE INH SOL U D				Medicare	$2.34			
J7609	M	ALBUTEROL COMP UNIT				By Report	$0.00			
J7610	E	ALBUTEROL COMP CON				Not Allowed				
J7611	E	ALBUTEROL CONCENTRATED FORM				Not Allowed				
J7612	E	LEVALBUTEROL CONCENTRATED				Not Allowed				
J7613	E	ALBUTEROL UNIT DOSE				Not Allowed				
J7614	E	LEVALBUTEROL UNIT DOSE				Not Allowed				
J7615	E	LEVALBUTEROL COMP UNIT				Not Allowed				
J7620	N	ALBUTEROL NON-COMPOUNDED				APC/ Bundled	$0.00			
J7622	M	BECLOMETHASONE COMP UNIT				Fee Schedule	$0.04			
J7624	M	BETAMETHASONE COMP UNIT				Fee Schedule	$0.73			
J7626	M	BUDESONIDE NON-COMP UNIT				Medicare	$4.74			
J7627	E	BUDESONIDE COMP UNIT				Not Allowed				
J7628	M	BITOLTEROL MES INHAL SOL CON				Fee Schedule	$0.18			
J7629	M	BITOLTEROL MES INH SOL U D				Fee Schedule	$0.18			
J7631	M	CROMOLYN SODIUM INH SOL U D				Medicare	$0.07			
J7633	N	BUDESONIDE NON-COMP CON				APC/ Bundled				
J7634	M	BUDESONIDE COMP CON				By Report	$0.00			
J7635	M	ATROPINE INHAL SOL CON				Fee Schedule	$0.10			
J7636	M	ATROPINE INHAL SOL UNIT DOSE				Fee Schedule	$0.10			
J7637	M	DEXAMETHASONE INHAL SOL CON				Fee Schedule	$0.11			
J7638	M	DEXAMETHASONE INHAL SOL U D				Fee Schedule	$0.12			
J7639	M	DORNASE ALPHA INHAL SOL U D				Medicare	$19.87			
J7640	E	FORMOTEROL COMP UNIT				Not Allowed				
J7641	M	FLUNISOLIDE COMP UNIT				Fee Schedule	$0.17			
J7642	M	GLYCOPYRROLATE INHAL SOL CON				Fee Schedule	$1.05			

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J7643	M	GLYCOPYRROLATE INHAL SOL U D				Fee Schedule	$1.05			
J7644	M	IPRATROPIUM BROM INH SOL U D				Medicare	$0.19			
J7645	E	IPRATROPIUM BROMIDE COMP				Not Allowed				
J7647	M	ISOETHARINE COMP CON				By Report	$0.00			
J7648	M	ISOETHARINE HCL INH SOL CON				Fee Schedule	$0.14			
J7649	M	ISOETHARINE HCL INH SOL U D				Fee Schedule	$0.14			
J7650	E	ISOETHARINE COMP UNIT				Not Allowed				
J7657	M	ISOPROTERENOL COMP CON				By Report	$0.00			
J7658	M	ISOPROTERENOLHCL INH SOL CON				Fee Schedule	$2.07			
J7659	M	ISOPROTERENOL HCL INH SOL UD				Fee Schedule	$2.07			
J7660	E	ISOPROTERENOL COMP UNIT				Not Allowed				
J7667	E	METAPROTERENOL COMP CON				Not Allowed				
J7668	E	METAPROTERENOL INH SOL CON				Not Allowed				
J7669	M	METAPROTERENOL INH SOL U D				Medicare	$0.27			
J7670	E	METAPROTERENOL COMP UNIT				Not Allowed				
J7674	N	METHACHOLINE CHLORIDE NEB				APC/ Bundled				
J7680	M	TERBUTALINE SO4 INH SOL CON				Fee Schedule	$0.01			
J7681	M	TERBUTALINE SO4 INH SOL U D				Fee Schedule	$0.01			
J7682	M	TOBRAMYCIN INHALATION SOL				Medicare	$60.74			
J7683	M	TRIAMCINOLONE INH SOL CON				Fee Schedule	$0.56			
J7684	M	TRIAMCINOLONE INH SOL U D				Fee Schedule	$0.56			
J7685	M	TOBRAMYCIN COMP UNIT				By Report	$0.00			
J7699	M	INHALATION SOLUTION FOR DME				By Report	$0.00			
J7799	N	NON-INHALATION DRUG FOR DME				APC/ Bundled				
J8498	E	ANTIEMETIC RECTAL/SUPP NOS				Not Allowed				
J8499	M	ORAL PRESCRIP DRUG NON CHEMO				By Report	$0.00			
J8501	G	ORAL APREPITANT	00868	0.0823	$3.93	APC				
J8510	K	ORAL BUSULFAN	07015	0.0371	$1.77	APC				
J8515	M	CABERGOLINE ORAL 0.25MG				Medicare	$14.57			
J8520	K	CAPECITABINE, ORAL, 150 MG	07042	0.0687	$3.28	APC				
J8521	E	CAPECITABINE, ORAL, 500 MG				Not Allowed				
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG				APC/ Bundled				
J8540	N	ORAL DEXAMETHASONE				APC/ Bundled				
J8560	K	ETOPOSIDE ORAL 50 MG	00802	0.482	$23.02	APC				
J8565	E	GEFITINIB ORAL				Not Allowed				
J8597	N	ANTIEMETIC DRUG ORAL NOS				APC/ Bundled				
J8600	N	MELPHALAN ORAL 2 MG				APC/ Bundled				
J8610	N	METHOTREXATE ORAL 2.5 MG				APC/ Bundled				
J8650	K	NABILONE ORAL	00808	0.2759	$13.17	APC				

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J8700	K	TEMOZOLMIDE	01086	0.1206	$5.76	APC				
J8999	M	ORAL PRESCRIPTION DRUG CHEMO				By Report	$0.00			
J9000	K	DOXORUBIC HCL 10 MG VL CHEMO	03048	0.0996	$4.76	APC				
J9001	K	DOXORUBICIN HCL LIPOSOME INJ	07046	6.479	$309.37	APC				
J9010	K	ALEMTUZUMAB 10 MG	09110	8.9416	$426.96	APC				
J9015	K	ALDESLEUKIN/SINGLE USE VIAL	00807	12.4278	$593.43	APC				
J9017	K	ARSENIC TRIOXIDE	09012	0.5544	$26.47	APC				
J9020	K	ASPARAGINASE INJECTION	00814	0.8912	$42.55	APC				
J9025	K	AZACITIDINE INJECTION	01709	0.0701	$3.35	APC				
J9027	G	CLOFARABINE INJECTION	01710	1.8927	$90.38	APC				
J9031	K	BCG LIVE INTRAVESICAL VAC	00809	1.8867	$90.09	APC				
J9035	K	BEVACIZUMAB INJECTION	09214	0.9359	$44.69	APC				
J9040	K	BLEOMYCIN SULFATE INJECTION	00748	0.64	$30.56	APC				
J9041	K	BORTEZOMIB INJECTION	09207	0.5452	$26.03	APC				
J9045	K	CARBOPLATIN INJECTION	00811	0.1363	$6.51	APC				
J9050	K	CARMUS BISCHL NITRO INJ	00812	2.5037	$119.55	APC				
J9055	K	CETUXIMAB INJECTION	09215	0.8108	$38.72	APC				
J9060	N	CISPLATIN 10 MG INJECITON				APC/ Bundled				
J9062	M	CISPLATIN 50 MG INJECITON				Medicare	$12.39			
J9065	K	INJ CLADRIBINE PER 1 MG	00858	0.5831	$27.84	APC				
J9070	N	CYCLOPHOSPHAMIDE 100 MG INJ				APC/ Bundled				
J9080	M	CYCLOPHOSPHAMIDE 200 MG INJ				Medicare	$3.93			
J9090	M	CYCLOPHOSPHAMIDE 500 MG INJ				Medicare	$17.55			
J9091	M	CYCLOPHOSPHAMIDE 1.0 GRM INJ				Medicare	$19.62			
J9092	M	CYCLOPHOSPHAMIDE 2.0 GRM INJ				Medicare	$39.25			
J9093	K	CYCLOPHOSPHAMIDE LYOPHILIZED	03049	0.032	$1.53	APC				
J9094	M	CYCLOPHOSPHAMIDE LYOPHILIZED				Medicare	$3.94			
J9095	M	CYCLOPHOSPHAMIDE LYOPHILIZED				Medicare	$9.86			
J9096	M	CYCLOPHOSPHAMIDE LYOPHILIZED				Medicare	$19.72			
J9097	M	CYCLOPHOSPHAMIDE LYOPHILIZED				Medicare	$39.44			
J9098	K	CYTARABINE LIPOSOME	01166	6.431	$307.08	APC				
J9100	N	CYTARABINE HCL 100 MG INJ				APC/ Bundled				
J9110	M	CYTARABINE HCL 500 MG INJ				Medicare	$8.76			
J9120	K	DACTINOMYCIN ACTINOMYCIN D	00752	8.0274	$383.31	APC				
J9130	K	DACARBAZINE 100 MG INJ	00746	0.08	$3.82	APC				
J9140	M	DACARBAZINE 200 MG INJ				Medicare	$9.75			
J9150	K	DAUNORUBICIN	00820	0.3244	$15.49	APC				
J9151	K	DAUNORUBICIN CITRATE LIPOSOM	00821	0.9104	$43.47	APC				
J9160	K	DENILEUKIN DIFTITOX, 300 MCG	01084	23.4529	$1,119.88	APC				

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J9165	N	DIETHYLSTILBESTROL INJECTION				APC/ Bundled				
J9170	K	DOCETAXEL 20MG	00823	5.0371	$240.52	APC				
J9175	N	ELLIOTTS B SOLUTION PER ML				APC/ Bundled				
J9178	K	INJ EPIRUBICIN HCL 2 MG	01167	0.3198	$15.27	APC				
J9181	N	ETOPOSIDE 10 MG INJ				APC/ Bundled				
J9182	M	ETOPOSIDE 100 MG INJ				Medicare	$5.04			
J9185	K	FLUDARABINE PHOSPHATE INJ	00842	3.888	$185.65	APC				
J9190	N	FLUOROURACIL INJECTION				APC/ Bundled				
J9200	K	FLOXURIDINE INJECTION	00827	0.8871	$42.36	APC				
J9201	K	GEMCITABINE HCL, 200 MG	00828	2.0821	$99.42	APC				
J9202	K	GOSERELIN ACETATE IMPLANT	00810	3.2052	$153.05	APC				
J9206	K	IRINOTECAN 20 MG	00830	2.0554	$98.15	APC				
J9208	K	IFOSFOMIDE INJECTION	00831	0.6913	$33.01	APC				
J9209	K	MESNA INJECTION	00732	0.1171	$5.59	APC				
J9211	K	IDARUBICIN HCL INJECITON	00832	5.08	$242.57	APC				
J9212	K	INTERFERON ALFACON-1	00912	0.0758	$3.62	APC				
J9213	K	INTERFERON ALFA-2A INJ	00834	0.6442	$30.76	APC				
J9214	K	INTERFERON ALFA-2B INJ	00836	0.2263	$10.81	APC				
J9215	K	INTERFERON ALFA-N3 INJ	00865	0.1484	$7.09	APC				
J9216	K	INTERFERON GAMMA 1-B INJ	00838	5.0364	$240.49	APC				
J9217	K	LEUPROLIDE ACETATE SUSPNSION	09217	3.9798	$190.04	APC				
J9218	K	LEUPROLIDE ACETATE INJECITON	00861	0.1422	$6.79	APC				
J9219	K	LEUPROLIDE ACETATE IMPLANT	07051	27.6913	$1,322.26	APC				
J9225	K	HISTRELIN IMPLANT	01711	23.03	$1,099.68	APC				
J9230	K	MECHLORETHAMINE HCL INJ	00751	2.3337	$111.43	APC				
J9245	K	INJ MELPHALAN HYDROCHL 50 MG	00840	25.4381	$1,214.67	APC				
J9250	N	METHOTREXATE SODIUM INJ				APC/ Bundled				
J9260	M	METHOTREXATE SODIUM INJ				Medicare	$2.60			
J9261	G	NELARABINE INJECTION	00825	1.3934	$66.53	APC				
J9263	K	OXALIPLATIN	01738	0.1497	$7.15	APC				
J9264	G	PACLITAXEL INJECTION	01712	0.142	$6.78	APC				
J9265	K	PACLITAXEL INJECTION	00863	0.246	$11.75	APC				
J9266	K	PEGASPARGASE/SINGL DOSE VIAL	00843	27.3941	$1,308.07	APC				
J9268	K	PENTOSTATIN INJECTION	00844	32.1761	$1,536.41	APC				
J9270	K	PLICAMYCIN (MITHRAMYCIN) INJ	00860	2.8049	$133.93	APC				
J9280	K	MITOMYCIN 5 MG INJ	00862	0.2567	$12.26	APC				
J9290	M	MITOMYCIN 20 MG INJ				Medicare	$63.58			
J9291	M	MITOMYCIN 40 MG INJ				Medicare	$127.16			
J9293	K	MITOXANTRONE HYDROCHL / 5 MG	00864	2.4593	$117.43	APC				

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J9300	K	GEMTUZUMAB OZOGAMICIN	09004	38.83	$1,854.13	APC				
J9305	K	PEMETREXED INJECTION	09213	0.7287	$34.80	APC				
J9310	K	RITUXIMAB CANCER TREATMENT	00849	8.078	$385.72	APC				
J9320	K	STREPTOZOCIN INJECTION	00850	2.5033	$119.53	APC				
J9340	K	THIOTEPA INJECTION	00851	0.6805	$32.49	APC				
J9350	K	TOPOTECAN	00852	13.8366	$660.70	APC				
J9355	K	TRASTUZUMAB	01613	0.9424	$45.00	APC				
J9357	K	VALRUBICIN, 200 MG	09167	1.2683	$60.56	APC				
J9360	N	VINBLASTINE SULFATE INJ				APC/ Bundled				
J9370	N	VINCRISTINE SULFATE 1 MG INJ				APC/ Bundled				
J9375	M	VINCRISTINE SULFATE 2 MG INJ				Medicare	$14.74			
J9380	M	VINCRISTINE SULFATE 5 MG INJ				Medicare	$36.84			
J9390	K	VINORELBINE TARTRATE/10 MG	00855	0.4781	$22.83	APC				
J9395	K	INJECTION FULVESTRANT	09120	1.3215	$63.10	APC				
J9600	K	PORFIMER SODIUM	00856	41.5912	$1,985.98	APC				
J9999	N	CHEMOTHERAPY DRUG				APC/ Bundled				
K0001	E	STANDARD WHEELCHAIR				Not Allowed				Y
K0002	E	STANDARD HEMI (LOW SEAT) WHEELCHAIR				Not Allowed				Y
K0003	E	LIGHTWEIGHT WHEELCHAIR				Not Allowed				Y
K0004	E	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR				Not Allowed				Y
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR				Not Allowed				Y
K0006	E	HEAVY DUTY WHEELCHAIR				Not Allowed				Y
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR				Not Allowed				Y
K0009	E	OTHER MANUAL WHEELCHAIR/BASE				Not Allowed				Y
K0010	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR				Not Allowed				Y
K0011	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROG				Not Allowed				Y
K0012	E	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR				Not Allowed				Y
K0014	E	OTHER MOTORIZED/POWER WHEELCHAIR BASE				Not Allowed				Y
K0015	E	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH				Not Allowed				
K0017	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH				Not Allowed				
K0018	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH				Not Allowed				
K0019	E	ARM PAD EACH				Not Allowed				
K0020	E	FIXED ADJUSTABLE HEIGHT ARMREST PAIR				Not Allowed				
K0037	E	HIGH MOUNT FLIP-UP FOOTREST EACH				Not Allowed				
K0038	E	LEG STRAP EACH				Not Allowed				
K0039	E	LEG STRAP H STYLE EACH				Not Allowed				
K0040	E	ADJUSTABLE ANGLE FOOTPLATE EACH				Not Allowed				
K0041	E	LARGE SIZE FOOTPLATE EACH				Not Allowed				
K0042	E	STANDARD SIZE FOOTPLATE EACH				Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
K0043	E	FOOTREST LOWER EXTENSION TUBE EACH				Not Allowed				
K0044	E	FOOTREST UPPER HANGER BRACKET EACH				Not Allowed				
K0045	E	FOOTREST COMPLETE ASSEMBLY				Not Allowed				
K0046	E	ELEVATING LEGREST LOWER EXTENSION TUBE EACH				Not Allowed				
K0047	E	ELEVATING LEGREST UPPER HANGER BRACKET EACH				Not Allowed				
K0050	E	RATCHET ASSEMBLY				Not Allowed				
K0051	E	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH				Not Allowed				
K0052	E	SWINGAWAY DETACHABLE FOOTRESTS EACH				Not Allowed				
K0053	E	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH				Not Allowed				
K0056	E	SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR				Not Allowed				
K0065	E	SPOKE PROTECTORS EACH				Not Allowed				
K0069	E	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO				Not Allowed				
K0070	E	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES O				Not Allowed				
K0071	E	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH				Not Allowed				
K0072	E	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE E				Not Allowed				
K0073	E	CASTER PIN LOCK EACH				Not Allowed				
K0077	E	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH				Not Allowed				
K0098	E	DRIVE BELT FOR POWER WHEELCHAIR				Not Allowed				
K0105	E	IV HANGER EACH				Not Allowed				
K0108	E	WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFIED				Not Allowed				
K0195	E	ELEVATING LEG RESTS PAIR (WHEELCHAIR)				Not Allowed				
K0455	E	PUMP UNINTERRUPTED INFUSION				Not Allowed				
K0462	E	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BEING REPAIRED				Not Allowed				
K0552	E	SUPPY/EXT INF PUMP SYR TYPE				Not Allowed				
K0553	E	COMBINATION ORAL/NASAL MASK				Not Allowed				
K0554	E	REPL ORAL CUSHION COMBO MASK				Not Allowed				
K0555	E	REPL NASAL PILLOW COMB MASK				Not Allowed				
K0601	E	REPL BATT SILVER OXIDE 1.5V				Not Allowed				
K0602	E	REPL BATT SILVER OXIDE 3 V				Not Allowed				
K0603	E	REPL BATT ALKALINE 1.5 V				Not Allowed				
K0604	E	REPL BATT LITHIUM 3.6 V				Not Allowed				
K0605	E	REPL BATT LITHIUM 4.5 V				Not Allowed				
K0606	E	AED GARMENT W ELEC ANALYSIS				Not Allowed				
K0607	E	REPL BATT FOR AED				Not Allowed				
K0608	E	REPL GARMENT FOR AED				Not Allowed				
K0609	E	REPL ELECTRODE FOR AED				Not Allowed				
K0669	E	SEAT/BACK CUS NO SADMERC VER				Not Allowed				
K0730	E	CTRL DOSE INH DRUG DELIV SYS				Not Allowed				
K0733	E	12-24HR SEALED LEAD ACID				Not Allowed				

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K0734	E	ADJ SKIN PRO W/C CUS WD<22IN				Not Allowed				
K0735	E	ADJ SKIN PRO WC CUS WD>=22IN				Not Allowed				
K0736	E	ADJ SKIN PRO/POS WC CUS<22IN				Not Allowed				
K0737	E	ADJ SKIN PRO/POS WC CUS>=22"				Not Allowed				
K0738	E	PORTABLE GAS OXYGEN SYSTEM				Not Allowed				
K0800	E	POV GROUP 1 STD UP TO 300 LBS				Not Allowed				
K0801	E	POV GROUP 1 HD 301-450 LBS				Not Allowed				
K0802	E	POV GROUP 1 VHD 451-600 LBS				Not Allowed				
K0806	E	POV GROUP 2 STD UP TO 300LBS				Not Allowed				
K0807	E	POV GROUP 2 HD 301-450 LBS				Not Allowed				
K0808	E	POV GROUP 2 VHD 451-600 LBS				Not Allowed				
K0812	E	POWER OPERATED VEHICLE NOC				Not Allowed				
K0813	E	PWC GP 1 STD PORT SEAT/BACK				Not Allowed				
K0814	E	PWC GP 1 STD PORT CAP CHAIR				Not Allowed				
K0815	E	PWC GP 1 STD SEAT/BACK				Not Allowed				
K0816	E	PWC GP 1 STD CAP CHAIR				Not Allowed				
K0820	E	PWC GP 2 STD PORT SEAT/BACK				Not Allowed				
K0821	E	PWC GP 2 STD PORT CAP CHAIR				Not Allowed				
K0822	E	PWC GP 2 STD SEAT/BACK				Not Allowed				
K0823	E	PWC GP 2 STD CAP CHAIR				Not Allowed				
K0824	E	PWC GP 2 HD SEAT/BACK				Not Allowed				
K0825	E	PWC GP 2 HD CAP CHAIR				Not Allowed				
K0826	E	PWC GP2 VHD SEAT/BACK				Not Allowed				
K0827	E	PWC GP 2 VHD CAP CHAIR				Not Allowed				
K0828	E	PWC GP 2 XTRA HD SEAT/BACK				Not Allowed				
K0829	E	PWC GP 2 XTRA HD CAP CHAIR				Not Allowed				
K0830	E	PWC GP2 STD SEAT ELEVATE S/B				Not Allowed				
K0831	E	PWC GP2 STD SEAT ELEVATE CAP				Not Allowed				
K0835	E	PWC GP2 STD SING POW OPT S/B				Not Allowed				
K0836	E	PWC GP2 STD SING POW OPT CAP				Not Allowed				
K0837	E	PWC GP 2 HD SING POW OPT S/B				Not Allowed				
K0838	E	PWC GP 2 HD SING POW OPT CAP				Not Allowed				
K0839	E	PWC GP2 VHD SING POW OPT S/B				Not Allowed				
K0840	E	PWC GP2 XHD SING POW OPT S/B				Not Allowed				
K0841	E	PWC GP2 STD MULT POW OPT S/B				Not Allowed				
K0842	E	PWC GP2 STD MULT POW OPT CAP				Not Allowed				
K0843	E	PWC GP2 HD MULT POW OPT S/B				Not Allowed				
K0848	E	PWC GP 3 STD SEAT/BACK				Not Allowed				
K0849	E	PWC GP 3 STD CAP CHAIR				Not Allowed				

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K0850	E	PWC GP 3 HD SEAT/BACK				Not Allowed				
K0851	E	PWC GP 3 HD CAP CHAIR				Not Allowed				
K0852	E	PWC GP 3 VHD SEAT/BACK				Not Allowed				
K0853	E	PWC GP 3 VHD CAP CHAIR				Not Allowed				
K0854	E	PWC GP 3 XHD SEAT/BACK				Not Allowed				
K0855	E	PWC GP 3 XHD CAP CHAIR				Not Allowed				
K0856	E	PWC GP3 STD SING POW OPT S/B				Not Allowed				
K0857	E	PWC GP3 STD SING POW OPT CAP				Not Allowed				
K0858	E	PWC GP3 HD SING POW OPT S/B				Not Allowed				
K0859	E	PWC GP3 HD SING POW OPT CAP				Not Allowed				
K0860	E	PWC GP3 VHD SING POW OPT S/B				Not Allowed				
K0861	E	PWC GP3 STD MULT POW OPT S/B				Not Allowed				
K0862	E	PWC GP3 HD MULT POW OPT S/B				Not Allowed				
K0863	E	PWC GP3 VHD MULT POW OPT S/B				Not Allowed				
K0864	E	PWC GP3 XHD MULT POW OPT S/B				Not Allowed				
K0868	E	PWC GP 4 STD SEAT/BACK				Not Allowed				
K0869	E	PWC GP 4 STD CAP CHAIR				Not Allowed				
K0870	E	PWC GP 4 HD SEAT/BACK				Not Allowed				
K0871	E	PWC GP 4 VHD SEAT/BACK				Not Allowed				
K0877	E	PWC GP4 STD SING POW OPT S/B				Not Allowed				
K0878	E	PWC GP4 STD SING POW OPT CAP				Not Allowed				
K0879	E	PWC GP4 HD SING POW OPT S/B				Not Allowed				
K0880	E	PWC GP4 VHD SING POW OPT S/B				Not Allowed				
K0884	E	PWC GP4 STD MULT POW OPT S/B				Not Allowed				
K0885	E	PWC GP4 STD MULT POW OPT CAP				Not Allowed				
K0886	E	PWC GP4 HD MULT POW S/B				Not Allowed				
K0890	E	PWC GP5 PED SING POW OPT S/B				Not Allowed				
K0891	E	PWC GP5 PED MULT POW OPT S/B				Not Allowed				
K0898	E	POWER WHEELCHAIR NOC				Not Allowed				
K0899	E	POW MOBILITY DEV NO SADMERC				Not Allowed				
L0112	E	CRANIAL CERVICAL ORTHOSIS				Not Allowed				
L0120	M	CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)				Fee Schedule	$19.97			
L0130	E	CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT				Not Allowed				
L0140	M	CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)				Fee Schedule	$54.41			
L0150	M	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO				Fee Schedule	$81.35			
L0160	E	CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIB. SUPPORT				Not Allowed				
L0170	E	CERVICAL COLLAR MOLDED TO PATIENT MODEL				Not Allowed				
L0172	M	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE				Fee Schedule	$99.28			
L0174	E	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE				Not Allowed				

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L0180	M	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS				Fee Schedule	$278.92			
L0190	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS				Not Allowed				
L0200	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS				Not Allowed				
L0210	M	THORACIC RIB BELT				Fee Schedule	$33.33			
L0220	E	THORACIC RIB BELT CUSTOM FABRICATED				Not Allowed				
L0430	E	DEWALL POSTURE PROTECTOR				Not Allowed				
L0450	M	TLSO FLEX PREFAB THORACIC				Fee Schedule	$130.83			
L0452	E	TLSO FLEX CUSTOM FAB THORACI				Not Allowed				
L0454	M	TLSO FLEX PREFAB SACROCOC-T9				Fee Schedule	$282.27			
L0456	M	TLSO FLEX PREFAB				Fee Schedule	$809.47			
L0458	M	TLSO 2MOD SYMPHIS-XIPHO PRE				Fee Schedule	$725.85			
L0460	M	TLSO2MOD SYMPHYSIS-STERN PRE				Fee Schedule	$817.01			
L0462	M	TLSO 3MOD SACRO-SCAP PRE				Fee Schedule	########			
L0464	M	TLSO 4MOD SACRO-SCAP PRE				Fee Schedule	########			
L0466	M	TLSO RIGID FRAME PRE SOFT AP				Fee Schedule	$293.85			
L0468	M	TLSO RIGID FRAME PREFAB PELV				Fee Schedule	$345.05			
L0470	M	TLSO RIGID FRAME PRE SUBCLAV				Fee Schedule	$479.92			
L0472	M	TLSO RIGID FRAME HYPEREX PRE				Fee Schedule	$304.37			
L0480	E	TLSO RIGID PLASTIC CUSTOM FA				Not Allowed				Y
L0482	E	TLSO RIGID LINED CUSTOM FAB				Not Allowed				Y
L0484	E	TLSO RIGID PLASTIC CUST FAB				Not Allowed				Y
L0486	E	TLSO RIGIDLINED CUST FAB TWO				Not Allowed				Y
L0488	E	TLSO RIGID LINED PRE ONE PIE				Not Allowed				Y
L0490	E	TLSO RIGID PLASTIC PRE ONE				Not Allowed				
L0491	E	TLSO 2 PIECE RIGID SHELL				Not Allowed				
L0492	E	TLSO 3 PIECE RIGID SHELL				Not Allowed				
L0621	E	SIO FLEX PELVISACRAL PREFAB				Not Allowed				
L0622	E	SIO FLEX PELVISACRAL CUSTOM				Not Allowed				
L0623	E	SIO PANEL PREFAB				Not Allowed				
L0624	E	SIO PANEL CUSTOM				Not Allowed				
L0625	E	LO FLEXIBL L1-BELOW L5 PRE				Not Allowed				
L0626	E	LO SAG STAYS/PANELS PRE-FAB				Not Allowed				
L0627	E	LO SAGITT RIGID PANEL PREFAB				Not Allowed				
L0628	E	LO FLEX W/O RIGID STAYS PRE				Not Allowed				
L0629	E	LSO FLEX W/RIGID STAYS CUST				Not Allowed				
L0630	E	LSO POST RIGID PANEL PRE				Not Allowed				
L0631	E	LSO SAG-CORO RIGID FRAME PRE				Not Allowed				
L0632	E	LSO SAG RIGID FRAME CUST				Not Allowed				
L0633	E	LSO FLEXION CONTROL PREFAB				Not Allowed				

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L0634	E	LSO FLEXION CONTROL CUSTOM				Not Allowed				
L0635	E	LSO SAGIT RIGID PANEL PREFAB				Not Allowed				
L0636	E	LSO SAGITTAL RIGID PANEL CUS				Not Allowed				
L0637	E	LSO SAG-CORONAL PANEL PREFAB				Not Allowed				
L0638	E	LSO SAG-CORONAL PANEL CUSTOM				Not Allowed				
L0639	E	LSO S/C SHELL/PANEL PREFAB				Not Allowed				
L0640	E	LSO S/C SHELL/PANEL CUSTOM				Not Allowed				
L0700	E	CTLSO ANT.-POST.-LAT. CONTROL MOLDED TO PATIENT MODEL				Not Allowed				
L0710	E	CTLSO ANT.-POST.-LAT. CTRL. MOLDED TO PT. MODEL W/INTERFACE				Not Allowed				
L0810	E	HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET VEST				Not Allowed				
L0820	E	HALO PROCEDURE CERV. HALO INCORP. INTO PLASTER BODY JACKET				Not Allowed				
L0830	E	HALO PROCEDURE CERV. HALO INCORP. INTO MILWAUKEE ORTHOSIS				Not Allowed				
L0859	E	MRI COMPATIBLE SYSTEM				Not Allowed				
L0861	E	HALO REPL LINER/INTERFACE				Not Allowed				
L0960	E	TORSO SUPPORT POSTSURGICAL SUPPORT PADS FOR SUPPORT				Not Allowed				
L0970	E	TLSO CORSET FRONT				Not Allowed				
L0972	E	LSO CORSET FRONT				Not Allowed				
L0974	E	TLSO FULL CORSET				Not Allowed				
L0976	E	LSO FULL CORSET				Not Allowed				
L0978	E	AXILLARY CRUTCH EXTENSION				Not Allowed				
L0980	E	PERONEAL STRAPS PAIR				Not Allowed				
L0982	E	STOCKING SUPPORTER GRIPS SET OF FOUR (4)				Not Allowed				
L0984	E	PROTECTIVE BODY SOCK EACH				Not Allowed				
L0999	E	ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED				Not Allowed				
L1000	E	CTLSO (MILWAUKEE) INCLUS. OF INITIAL ORTHOSIS INCL. MODEL				Not Allowed				
L1001	E	CTLSO INFANT IMMOBILIZER				Not Allowed				
L1005	E	TENSION BASED SCOLIOSIS ORTH				Not Allowed				Y
L1010	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS AXILLA SLING				Not Allowed				
L1020	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD				Not Allowed				
L1025	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPH. PAD FLOATING				Not Allowed				
L1030	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD				Not Allowed				
L1040	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. LUMBAR OR LUMBAR RIB PAD				Not Allowed				
L1050	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD				Not Allowed				
L1060	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD				Not Allowed				
L1070	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS SLING				Not Allowed				
L1080	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER				Not Allowed				
L1085	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. OUTRIGGER BILAT. W/EXTE				Not Allowed				
L1090	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING				Not Allowed				
L1100	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE				Not Allowed				

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L1110	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE MOLDED				Not Allowed				
L1120	E	ADD'N TO CTLSO SCOLIOSIS ORTHO. COVER FOR UPRIGHT EACH				Not Allowed				
L1200	E	TLSO INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY				Not Allowed				
L1210	E	ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTENSION				Not Allowed				
L1220	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSION				Not Allowed				
L1230	E	ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUC.				Not Allowed				
L1240	E	ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD				Not Allowed				
L1250	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD				Not Allowed				
L1260	M	ADDITION TO TLSO (LOW PROFILE) ANT. THOR. DEROTATION PAD				Fee Schedule	$56.95			
L1270	E	ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD				Not Allowed				
L1280	E	ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH				Not Allowed				
L1290	E	ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD				Not Allowed				
L1300	E	OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT				Not Allowed				
L1310	E	OTHER SCOLIOSIS PROCEDURE POSTOPERATIVE BODY JACKET				Not Allowed				
L1499	E	SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED				Not Allowed				
L1500	E	THKAO MOBILITY FRAME (NEWINGTON PARAPODIUM TYPES)				Not Allowed				
L1510	E	THKAO STANDING FRAME				Not Allowed				
L1520	E	THKAO SWIVEL WALKER				Not Allowed				
L1600	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. FREJKA TYPE W/COV				Not Allowed				
L1610	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX.(FREJKA COVER ONLY)				Not Allowed				
L1620	M	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. (PAVLIK HARNESS)				Fee Schedule	$100.86			
L1630	E	HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEX. (VON ROSEN)				Not Allowed				
L1640	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC				Not Allowed				
L1650	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE				Not Allowed				
L1652	M	HO BI THIGHCUFFS W SPRDR BAR				Fee Schedule	$290.13			
L1660	M	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC				Fee Schedule	$128.82			
L1680	E	HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC				Not Allowed				
L1685	E	HO ABDUC. CTRL. OF HIP JOINT POSTOP HIP ABDUC. CUSTOM FAB				Not Allowed				
L1686	E	HO ABDUCTION CONTROL OF HIP JOINT POSTOP HIP ABDUC. TYPE				Not Allowed				
L1690	E	COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTRL				Not Allowed				
L1700	E	LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM-FABRICATED				Not Allowed				
L1710	E	LEGG PERTHES ORTHOSIS (NEWINGTON TYPE) CUSTOM-FABRICATED				Not Allowed				
L1720	E	LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE) CUSTOM				Not Allowed				
L1730	E	LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM FABRICA				Not Allowed				
L1755	E	LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM-FABRICA				Not Allowed				
L1800	M	KNEE ORTHOSIS (KO) ELASTIC WITH STAYS PREFAB W/ FITTING				Fee Schedule	$50.07			
L1810	M	KO ELASTIC WITH JOINTS PREFABRICATED INCL FITTING/ADJUST				Fee Schedule	$76.00			
L1815	M	KO ELASTIC OR OTHER ELASTIC TYPE MAT. W/CONDYLAR PAD(S)				Fee Schedule	$72.92			
L1820	M	KO ELASTIC WITH CONDYLAR PADS AND JOINTS PREFABRICATED				Fee Schedule	$106.74			

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L1825	M	KO ELASTIC KNEE CAP PREFABRICATED INCL FIT AND ADJUST				Fee Schedule	$41.39			
L1830	M	KO IMMOBILIZER CANVAS LONGITUDINAL PREFAB INCL FITTING				Fee Schedule	$69.54			
L1831	E	KNEE ORTH POS LOCKING JOINT				Not Allowed				
L1832	M	KO ADJ JNT POS RIGID SUPPORT				Fee Schedule	$457.65			
L1834	E	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED				Not Allowed				
L1836	M	RIGID KO WO JOINTS				Fee Schedule	$108.61			
L1840	M	KO DEROTATION MED.-LAT. AC LIGAMENT CUSTOM FABRICATED				Fee Schedule	$692.14			
L1843	E	KO SINGLE UPRIGHT CUSTOM FIT				Not Allowed				
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED				Not Allowed				
L1845	E	KO W/ ADJ FLEX/EXT ROTAT CUS				Not Allowed				
L1846	M	KO W ADJ FLEX/EXT ROTAT MOLD				Fee Schedule	$799.20			
L1847	E	KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER				Not Allowed				
L1850	M	KO SWEDISH TYPE PREFABRICATED INCL FITTING AND ADJUSTMNT				Fee Schedule	$246.75			
L1855	E	KO MOLDED PLASTIC THIGH AND CALF SECTIONS CUSTOM-FAB				Not Allowed				
L1858	M	KO MOLDED PLASTIC POLYCENTRIC KNEE JTS. PNEUMATIC KNEE PAD				Fee Schedule	$996.41			
L1860	E	KO MODIF. OF SUPRACONDYLAR PROSTHETIC SOCKET CUSTOM FABR				Not Allowed				
L1870	E	KO DBL.UPRIGHT THIGH & CALF LACERS CUSTOM FABRICATED				Not Allowed				
L1880	E	KO DBL. UPRIGHT NON-MOLDED THIGH&CALF CUFFS/LACERS W/KNEE JT				Not Allowed				
L1900	E	AFO SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTOM FAB				Not Allowed				
L1901	M	PREFAB ANKLE ORTHOSIS				Fee Schedule	$14.38			
L1902	M	AFO ANKLE GAUNTLET PREFABRICATED INCL FIT AND ADJUST				Fee Schedule	$60.09			
L1904	M	AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED				Fee Schedule	$353.98			
L1906	M	AFO MULTILIGAMENTUS ANKLE SUPPORT PREFAB INCL FIT & ADJU				Fee Schedule	$120.70			
L1907	E	AFO SUPRAMALLEOLAR CUSTOM				Not Allowed				
L1910	E	AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER				Not Allowed				
L1920	M	AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP CUSTOM				Fee Schedule	$330.98			
L1930	M	AFO PLASTIC				Fee Schedule	$194.36			
L1932	E	AFO RIG ANT TIB PREFAB TCF/=				Not Allowed				
L1940	E	AFO MOLDED TO PATIENT MODEL PLASTIC CUSTOM FABRICATED				Not Allowed				
L1945	M	AFO PLASTIC RIGID ANTERIOR TIBIAL SEC CUSTOM FABRICATED				Fee Schedule	$716.99			
L1950	E	AFO SPIRAL MOLDED TO PT PLAS				Not Allowed				
L1951	E	AFO SPIRAL PREFABRICATED				Not Allowed				
L1960	M	AFO POSTERIOR SOLID ANKLE PLASTIC CUSTOM FABRICATED				Fee Schedule	$417.24			
L1970	E	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED				Not Allowed				
L1971	E	AFO W/ANKLE JOINT PREFAB				Not Allowed				
L1980	E	AFO SNGL. UPRIGHT FREE PLANTAR DORSIFLEX. (SNGL BAR "BK")				Not Allowed				
L1990	M	AFO DBL. UPRIGHT FREE PLANTAR DORSIFLEX. (DBL. BAR "BK")				Fee Schedule	$335.54			
L2000	M	KAFO SINGLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB				Fee Schedule	$791.06			
L2005	E	KAFO SNG/DBL MECHANICAL ACT				Not Allowed				

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L2010	E	KAFO SINGLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT				Not Allowed				
L2020	M	KAFO DOUBLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB				Fee Schedule	$878.96			
L2030	E	KAFO DOUBLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT				Not Allowed				
L2034	E	KAFO PLA SIN UP W/WO K/A CUS				Not Allowed				
L2035	E	KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SIZE)				Not Allowed				
L2036	E	KAFO PLAS DOUB FREE KNEE MOL				Not Allowed				
L2037	E	KAFO PLAS SING FREE KNEE MOL				Not Allowed				
L2038	E	KAFO W/O JOINT MULTI-AXIS AN				Not Allowed				
L2040	E	HKAFO TORSION CTRL. BILAT. ROTATION STRAPS PELVIC BAND/BELT				Not Allowed				
L2050	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES HIP JT. PELVIC				Not Allowed				
L2060	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES BALL BEAR HIP JT.				Not Allowed				
L2070	E	HKAFO TORSION CTRL. UNILAT. ROTATION STRAPS PELVIC BAND/BELT				Not Allowed				
L2080	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES HIP JT. PELVIC				Not Allowed				
L2090	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES BALL BEAR HIP JT				Not Allowed				
L2106	M	AFO FX ORTHO. TIBIAL FX CAST ORTHOSIS THERMOPLAS CUSTOM				Fee Schedule	$511.81			
L2108	E	AFO FX ORTHOSIS TIBIAL FX CAST ORTHOSIS CUSTOM FABRICATED				Not Allowed				
L2112	M	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SOFT PREFABRICATED				Fee Schedule	$351.20			
L2114	M	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SEMI-RIGID PREFAB				Fee Schedule	$440.51			
L2116	M	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS RIGID PREFABRICATED				Fee Schedule	$535.89			
L2126	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHO. THERMOPLASTIC CUSTOM				Not Allowed				
L2128	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHOSIS CUSTOM FABRICATED				Not Allowed				
L2132	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SOFT PREFABRIC				Not Allowed				
L2134	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SEMI-RIGID				Not Allowed				
L2136	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS RIGID PREFABRI				Not Allowed				
L2180	M	ADD'N TO LOWER EXTREMITY FX ORTHOSIS PLASTIC SHOE INSERT				Fee Schedule	$114.79			
L2182	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS DROP LOCK KNEE JOINT				Not Allowed				
L2184	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS LMTD MOTION KNEE JOINT				Not Allowed				
L2186	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS ADJUS. MOTION KNEE JT.				Not Allowed				
L2188	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS QUADRILATERAL BRIM				Not Allowed				
L2190	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS WAIST BELT				Not Allowed				
L2192	E	ADD'N TO LOWER EXTREM. FX ORTHO. HIP JT./PELVIC BAND/THIGH				Not Allowed				
L2200	E	ADD'N TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOINT				Not Allowed				
L2210	E	ADD'N TO LOWER EXTREMITY DORSIFLEXION ASSIST EACH JOINT				Not Allowed				
L2220	E	ADD'N TO LOWER EXTREMITY DORSIFLEX/PLANTAR FLEX EACH JOINT				Not Allowed				
L2230	E	ADD'N TO LOWER EXTREM. SPLIT FLAT CALIPER STIRRUPS/PLATE AT				Not Allowed				
L2232	E	ROCKER BOTTOM CONTACT AFO				Not Allowed				
L2240	E	ADD'N TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHMENT				Not Allowed				
L2250	E	ADD'N TO LOWER EXTREMITY FOOT PLATE MOLDED STIRRUP ATTACH				Not Allowed				
L2260	E	ADD'N TO LOWER EXTREMITY REINFORCED SOLID STIRRUP				Not Allowed				

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L2265	E	ADD'N TO LOWER EXTREMITY LONG TONGUE STIRRUP				Not Allowed				
L2270	M	ADD'N TO LOWER EXTREMITY "T" STRAP PADDED/LINED OR MALLEOL				Fee Schedule	$44.39			
L2275	M	ADD'N TO LOWER EXTREMITY VARUS/VALGUS CORREC. PLASTIC MODIF				Fee Schedule	$112.14			
L2280	M	ADD'N TO LOWER EXTREMITY MOLDED INNER BOOT				Fee Schedule	$340.86			
L2300	E	ADD'N TO LOWER EXTREMITY ABDUC. BAR JOINTED ADJUSTABLE				Not Allowed				
L2310	M	ADD'N TO LOWER EXTREMITY ABDUCTION BAR STRAIGHT				Fee Schedule	$100.50			
L2320	E	ADD'N TO LOWER EXTREMITY NONMOLDED LACER				Not Allowed				
L2330	E	ADD'N TO LOWER EXTREMITY LACER MOLDED TO PATIENT MODEL				Not Allowed				
L2335	E	ADD'N TO LOWER EXTREMITY ANTERIOR SWING BAND				Not Allowed				
L2340	M	ADD'N TO LOWER EXTREMITY PRETIBIAL SHELL MOLDED TO PT. MOD				Fee Schedule	$336.43			
L2350	E	ADD'N TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET MOLDED				Not Allowed				
L2360	E	ADD'N TO LOWER EXTREMITY EXTENDED STEEL SHANK				Not Allowed				
L2370	E	ADD'N TO LOWER EXTREMITY PATTEN BOTTOM				Not Allowed				
L2375	E	ADD'N TO LOWER EXTREM. TORSION CTRL. ANKLE JT.& HALF SOLID				Not Allowed				
L2380	E	ADD'N TO LOWER EXTREM. TORSION CTRL. STRAIGHT KNEE JT. EA JT				Not Allowed				
L2385	E	ADD'N TO LOWER EXTREM. STRAIGHT KNEE JT. HEAVY DUTY EA JT.				Not Allowed				
L2387	E	ADD LE POLY KNEE CUSTOM KAFO				Not Allowed				
L2390	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT				Not Allowed				
L2395	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JT. HEAVY DUTY EA JT.				Not Allowed				
L2397	E	ADD'N TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE				Not Allowed				
L2405	E	KNEE JOINT DROP LOCK EA JNT				Not Allowed				
L2415	E	KNEE JOINT CAM LOCK EACH JOI				Not Allowed				
L2425	M	ADD'N TO KNEE JT. DISC OR DIAL LOCK FOR ADJ. KNEE FLEX EA JT				Fee Schedule	$116.67			
L2430	E	ADD'N TO KNEE JOINT RATCHET LOCK FOR KNEE EXTENSION EA. JT.				Not Allowed				
L2492	E	ADD'N TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING				Not Allowed				
L2500	E	ADD'N TO LOWER EXTREM. THIGH/WEIGHT BEARING GLUT/ISCH RING				Not Allowed				
L2510	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM MOLD				Not Allowed				
L2520	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM CUST				Not Allowed				
L2525	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM MOLD				Not Allowed				
L2526	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM CUST				Not Allowed				
L2530	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER NONMOLDED				Not Allowed				
L2540	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER MOLDED				Not Allowed				
L2550	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING HIGH ROLL CUFF				Not Allowed				
L2570	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT 2 POSITION EA.				Not Allowed				
L2580	E	ADD'N TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING				Not Allowed				
L2600	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT FREE EACH				Not Allowed				
L2610	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT LOCK EACH				Not Allowed				
L2620	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT HEAVY-DUTY EA.				Not Allowed				
L2622	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT ADJUS FLEX EA.				Not Allowed				

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L2624	E	ADD'N TO LOWER EXTREM. PELVIC CTRL. HIP JT ADJUS F/E/A EA.				Not Allowed				
L2627	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL PLASTIC MOLDED				Not Allowed				
L2628	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL METAL FRAME				Not Allowed				
L2630	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT UNILAT				Not Allowed				
L2640	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT BILAT.				Not Allowed				
L2650	E	ADD'N TO LOWER EXTREM. PELV.&THORACIC CTRL. GLUTEAL PAD EA.				Not Allowed				
L2660	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL THORACIC BAND				Not Allowed				
L2670	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL PARASPINAL UPRIGHTS				Not Allowed				
L2680	E	ADD'N TO LOWER EXTREM. THORACIC CTRL. LATERAL SUPPORT UPRIG				Not Allowed				
L2750	E	ADD'N TO LOWER EXTREM. ORTHO. PLATING CHROME/NICKEL PER BAR				Not Allowed				
L2755	E	CARBON GRAPHITE LAMINATION				Not Allowed				
L2760	E	ADD'N TO LOWER EXTREM. ORTHO. EXTENSION PER EXTEN. PER BAR				Not Allowed				
L2768	E	ORTHO SIDEBAR DISCONNECT				Not Allowed				
L2770	E	ADD'N TO LOWER EXTREM. ORTHO. ANY MATERIAL PER BAR OR JOINT				Not Allowed				
L2780	E	ADD'N TO LOWER EXTREM. ORTHO. NONCORROSIVE FINISH PER BAR				Not Allowed				
L2785	E	ADD'N TO LOWER EXTREM. ORTHOSIS DROP LOCK RETAINER EACH				Not Allowed				
L2795	M	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL FULL KNEECAP				Fee Schedule	$63.96			
L2800	M	ADD'N TO LOWER EXTREM. ORTHO. KNEE CTRL. KNEECAP MED OR LAT				Fee Schedule	$88.06			
L2810	E	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL CONDYLAR PAD				Not Allowed				
L2820	M	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED BELOW KNEE				Fee Schedule	$87.16			
L2830	M	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED ABOVE KNEE				Fee Schedule	$94.30			
L2840	E	ADD'N TO LOWER EXTREM. ORTHO. TIBIAL LENGTH SOCK FX OR = EA				Not Allowed				
L2850	E	ADD'N TO LOWER EXTREM. ORTHO. FEM. LENGTH SOCK FX OR = EACH				Not Allowed				
L2860	E	ADD'N TO LOWER EXTREM. JT./KNEE/ANKLE TORSION MECHANISM EACH				Not Allowed				
L2999	E	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED				Not Allowed				
L3000	M	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL "UCB" TYPE EACH				By Report	$0.00			
L3001	M	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SPENCO EACH				By Report	$0.00			
L3002	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL PLASTAZOTE EAC				Not Allowed				
L3003	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SILICONE GEL EA				Not Allowed				
L3010	M	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL ARCH SUPPORT EA				By Report	$0.00			
L3020	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL MT SUPPORT EAC				Not Allowed				
L3030	E	FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH				Not Allowed				
L3031	E	FOOT LAMIN/PREPREG COMPOSITE				Not Allowed				
L3040	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL EACH				Not Allowed				
L3050	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EACH				Not Allowed				
L3060	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD./METARS. EA				Not Allowed				
L3070	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE LONGI. EAC				Not Allowed				
L3080	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE MT EACH				Not Allowed				
L3090	E	FOOT ARCH SUPPORT NONREMOV. ATTACHED TO SHOE LONG/MT EAC				Not Allowed				

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L3100	M	HALLUS-VALGUS NIGHT DYNAMIC SPLINT				By Report	$0.00			
L3140	E	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES				Not Allowed				
L3150	E	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES				Not Allowed				
L3160	E	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE				Not Allowed				
L3170	M	FOOT PLASTIC HEEL STABILIZER				By Report	$0.00			
L3201	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR INFANT				Not Allowed				
L3202	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR CHILD				Not Allowed				
L3203	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR JUNIOR				Not Allowed				
L3204	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT				Not Allowed				
L3206	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD				Not Allowed				
L3207	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR				Not Allowed				
L3208	E	SURGICAL BOOT EACH INFANT				Not Allowed				
L3209	E	SURGICAL BOOT EACH CHILD				Not Allowed				
L3211	M	SURGICAL BOOT EACH JUNIOR				By Report	$0.00			
L3212	E	BENESCH BOOT PAIR INFANT				Not Allowed				
L3213	E	BENESCH BOOT PAIR CHILD				Not Allowed				
L3214	E	BENESCH BOOT PAIR JUNIOR				Not Allowed				
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF				Not Allowed				
L3216	E	ORTHOPED LADIES SHOES DPTH I				Not Allowed				
L3217	E	LADIES SHOES HIGHTOP DEPTH I				Not Allowed				
L3219	E	ORTHOPEDIC MENS SHOES OXFORD				Not Allowed				
L3221	E	ORTHOPEDIC MENS SHOES DPTH I				Not Allowed				
L3222	E	MENS SHOES HIGHTOP DEPTH INL				Not Allowed				
L3224	M	ORTH FOOTWEAR WOMAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE				Fee Schedule	$46.03			
L3225	M	ORTH FOOTWEAR MAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE				Fee Schedule	$61.42			
L3230	E	CUSTOM SHOES DEPTH INLAY				Not Allowed				
L3250	M	ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE EACH				By Report	$0.00			
L3251	E	FOOT SHOE MOLDED TO PATIENT MODEL SILICONE SHOE EACH				Not Allowed				
L3252	E	FOOT SHOE MOLDED TO PT. MODEL PLASTAZOTE CUSTOM FAB EACH				Not Allowed				
L3253	E	FOOT MOLDED SHOE PLASTAZOTE(OR SIMILAR) CUSTOM FITTED EACH				Not Allowed				
L3254	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR WIDTH				Not Allowed				
L3255	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR LENGTH				Not Allowed				
L3257	E	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE				Not Allowed				
L3260	E	AMBULATORY SURGICAL BOOT EAC				Not Allowed				
L3265	M	PLASTAZOTE SANDAL EACH				By Report	$0.00			
L3300	M	LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH				By Report	$0.00			
L3310	E	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH				Not Allowed				
L3320	E	LIFT ELEVATION HEEL AND SOLE CORK PER INCH				Not Allowed				
L3330	E	LIFT ELEVATION METAL EXTENSION (SKATE)				Not Allowed				

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L3332	M	LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH				By Report	$0.00			
L3334	E	LIFT ELEVATION HEEL PER INCH				Not Allowed				
L3340	E	HEEL WEDGE SACH				Not Allowed				
L3350	M	HEEL WEDGE				By Report	$0.00			
L3360	E	SOLE WEDGE OUTSIDE SOLE				Not Allowed				
L3370	E	SOLE WEDGE BETWEEN SOLE				Not Allowed				
L3380	E	CLUBFOOT WEDGE				Not Allowed				
L3390	E	OUTFLARE WEDGE				Not Allowed				
L3400	E	METATARSAL BAR WEDGE ROCKER				Not Allowed				
L3410	E	METATARSAL BAR WEDGE BETWEEN SOLE				Not Allowed				
L3420	M	FULL SOLE AND HEEL WEDGE BETWEEN SOLE				By Report	$0.00			
L3430	E	HEEL COUNTER PLASTIC REINFORCED				Not Allowed				
L3440	E	HEEL COUNTER LEATHER REINFORCED				Not Allowed				
L3450	M	HEEL SACH CUSHION TYPE				By Report	$0.00			
L3455	E	HEEL NEW LEATHER STANDARD				Not Allowed				
L3460	M	HEEL NEW RUBBER STANDARD				By Report	$0.00			
L3465	E	HEEL THOMAS WITH WEDGE				Not Allowed				
L3470	M	HEEL THOMAS EXTENDED TO BALL				By Report	$0.00			
L3480	M	HEEL PAD AND DEPRESSION FOR SPUR				By Report	$0.00			
L3485	M	HEEL PAD REMOVABLE FOR SPUR				By Report	$0.00			
L3500	E	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER				Not Allowed				
L3510	E	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER				Not Allowed				
L3520	E	ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHER				Not Allowed				
L3530	E	ORTHOPEDIC SHOE ADDITION SOLE HALF				Not Allowed				
L3540	E	ORTHOPEDIC SHOE ADDITION SOLE FULL				Not Allowed				
L3550	E	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD				Not Allowed				
L3560	E	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE				Not Allowed				
L3570	E	ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP				Not Allowed				
L3580	E	ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO CLOSURE				Not Allowed				
L3590	E	ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE COUNTER				Not Allowed				
L3595	E	ORTHOPEDIC SHOE ADDITION MARCH BAR				Not Allowed				
L3600	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE EXISTING				Not Allowed				
L3610	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE NEW				Not Allowed				
L3620	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLID STIRRUP EXISTING				Not Allowed				
L3630	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLIC STIRRUP NEW				Not Allowed				
L3640	E	TRANS. ORTHO. TO ANOTHER SHOE DENNIS BROWNE SPLINT BOTH SH				Not Allowed				
L3649	M	ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS				By Report	$0.00			
L3650	M	SO FIGURE EIGHT DESIGN ABDUCTION RESTRAINER PREFABRICATE				Fee Schedule	$43.68			
L3651	M	PREFAB SHOULDER ORTHOSIS				Fee Schedule	$48.78			

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L3652	M	PREFAB DBL SHOULDER ORTHOSIS				Fee Schedule	$146.99			
L3660	M	SO FIGURE OF 8 DESIGN ABDUCTION RESTRAINER CANVAS & WEBBING				Fee Schedule	$98.81			
L3670	M	SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PREFAB				Fee Schedule	$83.30			
L3671	E	SO CAP DESIGN W/O JNTS CF				Not Allowed				
L3672	E	SO AIRPLANE W/O JNTS CF				Not Allowed				
L3673	E	SO AIRPLANE W/JOINT CF				Not Allowed				
L3675	E	SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE				Not Allowed				
L3677	E	SO HARD PLASTIC STABILIZER				Not Allowed				
L3700	M	EO ELASTIC WITH STAYS PREFABRICATED INCL FIT AND ADJUST				Fee Schedule	$51.42			
L3701	M	PREFAB ELBOW ORTHOSIS				Fee Schedule	$15.09			
L3702	E	EO W/O JOINTS CF				Not Allowed				
L3710	M	EO ELASTIC WITH METAL JOINTS PREFABRICATED				Fee Schedule	$91.06			
L3720	M	EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION CUSTM				Fee Schedule	$481.80			
L3730	E	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS EXT./FLEX ASSIST				Not Allowed				
L3740	M	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS ADJUSTABLE POS. LOCK				Fee Schedule	$787.25			
L3760	M	ELBOW ORTHOSIS ADJUSTABLE POSITIONLOCKING JOINT PREFABRI				Fee Schedule	$370.42			
L3762	M	RIGID EO WO JOINTS				Fee Schedule	$79.64			
L3763	E	EWHO RIGID W/O JNTS CF				Not Allowed				
L3764	E	EWHO W/JOINT(S) CF				Not Allowed				
L3765	E	EWHFO RIGID W/O JNTS CF				Not Allowed				
L3766	E	EWHFO W/JOINT(S) CF				Not Allowed				
L3800	M	WHFO SHORT OPPONENS NO ATTACHMENT CUSTOM FABRICATED				Fee Schedule	$196.39			
L3805	M	WHFO LONG OPPONENS NO ATTACHMENT CUSTOM FABRICATED				Fee Schedule	$278.39			
L3806	E	WHFO W/JOINT(S) CUSTOM FAB				Not Allowed				
L3807	M	WHFO WITHOUT JOINT(S) PREFABRICATED INCL FIT AND ADJUST				Fee Schedule	$185.19			
L3808	E	WHFO, RIGID W/O JOINTS				Not Allowed				
L3810	M	WHFO ADD'N TO SHORT & LONG OPPONENS THUMB ABDUC. ("C") BAR				Fee Schedule	$63.65			
L3815	E	WHFO ADD'N TO SHORT & LONG OPPONENS 2ND M.P. ABDUC. ASSIST				Not Allowed				
L3820	E	WHFO ADD'N TO SHORT & LONG OPPON. IP EXT.ASSIST W/ MP STOP				Not Allowed				
L3825	E	WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION STOP				Not Allowed				
L3830	E	WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION ASSIST				Not Allowed				
L3835	E	WHFO ADD'N TO SHORT & LONG OPPONENS M.P. SPRING EXT. ASSIS				Not Allowed				
L3840	E	WHFO ADD'N TO SHORT & LONG OPPONENS SPRING SWIVEL THUMB				Not Allowed				
L3845	E	WHFO ADD'N TO SHORT & LONG OPPON. THUMB IP EXT ASSIST W/MP				Not Allowed				
L3850	E	WHO ADD'N TO SHORT & LONG OPPON. ACTION WRIST W/ DORSIFLEX				Not Allowed				
L3855	E	WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEXION CTRL.				Not Allowed				
L3860	M	WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEX CTRL & I.P.				Fee Schedule	$139.17			
L3890	E	ADD'N TO UPPER EXTREM. JT./WRIST/ELBOW TORSION MECHANISM EAC				Not Allowed				
L3900	E	WHFO DYNAMIC FLEXOR HINGE WRIST OR FINGER DRIVEN CUSTOM				Not Allowed				

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L3901	E	WHFO DYNAMIC FLEXOR HINGE CABLE DRIVEN CUSTOM FABRICATED				Not Allowed				
L3904	E	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED				Not Allowed				
L3905	E	WHO W/NONTORSION JNT(S) CF				Not Allowed				
L3906	M	WHO W/O JOINTS CF				Fee Schedule	$301.25			
L3907	M	WHFO WRIST GAUNTLET WITH THUMB SPICA CUSTOM FABRICATED				Fee Schedule	$374.18			
L3908	M	WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED PREFABRIC				Fee Schedule	$44.14			
L3909	M	PREFAB WRIST ORTHOSIS				Fee Schedule	$10.48			
L3910	M	WHFO SWANSON DESIGN PREFABRICATED INCL FIT AND ADJUST				Fee Schedule	$326.31			
L3911	M	PREFAB HAND FINGER ORTHOSIS				By Report	$0.00			
L3912	E	HFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL PREFABRICATE				Not Allowed				
L3913	E	HFO W/O JOINTS CF				Not Allowed				
L3915	E	WHO W NONTOR JNT(S) PREFAB				Not Allowed				
L3916	M	WHFO WRIST EXTENSION COCK-UP WITH OUTRIGGER PREFABRICATED				Fee Schedule	$93.55			
L3917	E	PREFAB METACARPL FX ORTHOSIS				Not Allowed				
L3918	E	HFO KNUCKLE BENDER PREFABRICATED INCL FITTING & ADJUSTMNT				Not Allowed				
L3919	E	HO W/O JOINTS CF				Not Allowed				
L3920	E	HFO KNUCKLE BENDER WITH OUTRIGGER PREFABRICATED				Not Allowed				
L3921	E	HFO W/JOINT(S) CF				Not Allowed				
L3922	E	HFO KNUCKLE BENDER TWO SEGMENT TO FLEX JOINTS PREFABRICAT				Not Allowed				
L3923	E	HFO W/O JOINTS PF				Not Allowed				
L3924	M	WHFO OPPENHEIMER PREFABRICATED INCLUDES FIT AND ADJUST				Fee Schedule	$78.54			
L3926	E	WHFO THOMAS SUSPENSION PREFABRICATED INCL FIT AND ADJUST				Not Allowed				
L3928	M	HFO FINGER EXTENSION WITH CLOCK SPRING PREFABRICATED				Fee Schedule	$42.87			
L3930	M	WHFO FINGER EXTENSION WITH WRIST SUPPORT PREFABRICATED				Fee Schedule	$45.32			
L3932	M	FO SAFETY PIN SPRING WIRE PREFABRICATED INCL FIT & ADJUS				Fee Schedule	$34.62			
L3933	E	FO W/O JOINTS CF				Not Allowed				
L3934	M	FO SAFETY PIN MODIFIED PREFABRICATED INCL FIT & ADJUST				Fee Schedule	$35.49			
L3935	E	FO NONTORSION JOINT CF				Not Allowed				
L3936	M	WHFO PALMER PREFABRICATED INCLUDES FITTING AND ADJUSTMENT				Fee Schedule	$65.61			
L3938	M	WHFO DORSAL WRIST PREFABRICATED INCLUDES FIT AND ADJUST				Fee Schedule	$68.71			
L3940	M	WHFO DORSAL WRIST WITH OUTRIGGER ATTACHMENT PREFABRICATED				Fee Schedule	$79.19			
L3942	M	HFO REVERSE KNUCKLE BENDER PREFABRICATED INCL FIT & ADJST				Fee Schedule	$58.72			
L3944	E	HFO REVERSE KNUCKLE BENDER WITH OUTRIGGER PREFABRICATED				Not Allowed				
L3946	M	HFO COMPOSITE ELASTIC PREFABRICATED INCL FIT AND ADJUST				Fee Schedule	$65.28			
L3948	M	FO FINGER KNUCKLE BENDER PREFABRICATED INCL FIT & ADJUST				Fee Schedule	$40.59			
L3950	E	WHFO COMBO OPPENHEIMER W/ KNUCKLE BENDER AND 2 ATTACHMENTS				Not Allowed				
L3952	E	WHFO COMBO OPPENHEIMER W/ REVERSE KNUCKLE AND 2 ATTACHMENT				Not Allowed				
L3954	E	HFO SPREADING HAND PREFABRICATED INCL FITTING & ADJUSTMNT				Not Allowed				
L3956	E	ADD'N JOINT TO UPPER EXTREM. ORTHOSIS ANY MATERIAL; PER JT.				Not Allowed				

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L3960	M	SEWHO ABDUCTION POSITIONING AIRPLANE DESIGN PREFABRICATED				Fee Schedule	$541.35			
L3961	E	SEWHO CAP DESIGN W/O JNTS CF				Not Allowed				
L3962	E	SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN PREFABRIC				Not Allowed				
L3964	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED ADJUSTABLE				Not Allowed				
L3965	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RANCHO TYP				Not Allowed				
L3966	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RECLINING				Not Allowed				
L3967	E	SEWHO AIRPLANE W/O JNTS CF				Not Allowed				
L3968	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED FRICTION				Not Allowed				
L3969	E	SEO MOBILE ARM SUPPORT MONOSUSPENSION/OVERHEAD SUPPORT				Not Allowed				
L3970	E	SEO ADD'N TO MOBILE ARM SUPPORT ELEVATING PROXIMAL ARM				Not Allowed				
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF				Not Allowed				
L3972	E	SEO ADD'N TO MOBILE ARM SUPPORT OFFSET OR LAT. ROCKER ARM				Not Allowed				
L3973	E	SEWHO AIRPLANE W/JNT(S) CF				Not Allowed				
L3974	E	SEO ADD'N TO MOBILE ARM SUPPORT SUPINATOR				Not Allowed				
L3975	E	SEWHFO CAP DESIGN W/O JNT CF				Not Allowed				
L3976	E	SEWHFO AIRPLANE W/O JNTS CF				Not Allowed				
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF				Not Allowed				
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF				Not Allowed				
L3980	M	UPPER EXTREMITY FX ORTHOSIS HUMERAL PREFABRICATED				Fee Schedule	$227.72			
L3982	E	UPPER EXTREMITY FX ORTHOSIS RADIUS/ULNAR PREFABRICATED				Not Allowed				
L3984	M	UPPER EXTREMITY FX ORTHOSIS WRIST PREFABRICATED				Fee Schedule	$291.33			
L3985	E	UPPER EXTREMITY FX ORTHOSIS FOREARM HAND WITH WRIST HINGE				Not Allowed				
L3986	M	UPPER EXTREMITY FX ORTHOSIS COMBO HUMERAL/RADIUS/ULNAR WRIST				Fee Schedule	$412.88			
L3995	E	ADD'N TO UPPER EXTREM. ORTHOSIS SOCK FX OR EQUAL EACH				Not Allowed				
L3999	M	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED				By Report	$0.00			
L4000	E	REPL GIRDLE MILWAUKEE ORTH				Not Allowed				
L4002	E	REPLACE STRAP ANY ORTHOSIS				Not Allowed				
L4010	E	REPLACE TRILATERAL SOCKET BRIM				Not Allowed				
L4020	E	REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MODEL				Not Allowed				
L4030	E	REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED				Not Allowed				
L4040	E	REPLACE MOLDED THIGH LACER				Not Allowed				
L4045	E	REPLACE NONMOLDED THIGH LACER				Not Allowed				
L4050	E	REPLACE MOLDED CALF LACER				Not Allowed				
L4055	E	REPLACE NONMOLDED CALF LACER				Not Allowed				
L4060	E	REPLACE HIGH ROLL CUFF				Not Allowed				
L4070	E	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO				Not Allowed				
L4080	E	REPLACE METAL BANDS KAFO PROXIMAL THIGH				Not Allowed				
L4090	E	REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH				Not Allowed				
L4100	E	REPLACE LEATHER CUFF KAFO PROXIMAL THIGH				Not Allowed				

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L4110	E	REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH				Not Allowed				
L4130	E	REPLACE PRETIBIAL SHELL				Not Allowed				
L4205	E	REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES				Not Allowed				
L4210	M	REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS				By Report	$0.00			
L4350	M	ANKLE CONTROL ORTHOSI PREFAB				Fee Schedule	$67.29			
L4360	M	PNEUMATI WALKING BOOT PREFAB				Fee Schedule	$224.92			
L4370	M	PNEUMATIC FULL LEG SPLINT				Fee Schedule	$155.89			
L4380	M	PNEUMATIC KNEE SPLINT				Fee Schedule	$80.85			
L4386	M	NON-PNEUM WALK BOOT PREFAB				Fee Schedule	$129.03			
L4392	M	REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO				Fee Schedule	$18.80			
L4394	E	REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT				Not Allowed				
L4396	M	STATIC AFO				Fee Schedule	$134.12			
L4398	E	FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE PREFABRICATE				Not Allowed				
L5000	E	PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER				Not Allowed				
L5010	E	PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER				Not Allowed				
L5020	E	PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT. W/ TOE FILL				Not Allowed				
L5050	E	ANKLE SYMES MOLDED SOCKET SACH FOOT				Not Allowed				
L5060	E	ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET				Not Allowed				
L5100	E	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT				Not Allowed				
L5105	E	BELOW KNEE PLASTIC SOCKET JOINTS & THIGH LACER SACH FOOT				Not Allowed				
L5150	E	KNEE DISARTIC. MOLDED SOCKET SACH FOOT				Not Allowed				
L5160	E	KNEE DISARTIC. MOLDED SOCKET BENT KNEE CONFIGURATION SACH				Not Allowed				
L5200	E	ABOVE KNEE MOLDED SOCK. SNGL. AXIS CONSTANT FRICTION SACH				Not Allowed				
L5210	E	ABOVE KNEE SHORT PROS. NO KNEE JT. W/FOOT BLOCKS EACH				Not Allowed				
L5220	E	ABOVE KNEE SHORT PROS. NO KNEE JT. W/ARTIC. ANKLE/FOOT EACH				Not Allowed				
L5230	E	ABOVE KNEE FOR PROX. FEMRAL FOCAL DEF CONSTANT FRIC. SACH				Not Allowed				
L5250	E	HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET SNGL. AXIS				Not Allowed				
L5270	E	HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCK. SNGL AXIS				Not Allowed				
L5280	E	HEMIPELVECTOMY CANADIAN TYPE;				Not Allowed				
L5301	E	BK MOLD SOCKET SACH FT ENDO				Not Allowed				Y
L5311	E	KNEE DISART SACH FT ENDO				Not Allowed				Y
L5321	E	AK OPEN END SACH				Not Allowed				Y
L5331	E	HIP DISART CANADIAN SACH FT				Not Allowed				Y
L5341	E	HEMIPELVECTOMY CANADIAN SACH				Not Allowed				Y
L5400	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BELOW KNEE				Not Allowed				
L5410	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BK EA. ADD'L				Not Allowed				
L5420	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. "AK" OR KNEE				Not Allowed				
L5430	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. AK EA. ADD'L				Not Allowed				
L5450	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT BK				Not Allowed				

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L5460	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT AK				Not Allowed				
L5500	E	INITIAL BELOW KNEE "PTB" TYPE SOCKET				Not Allowed				
L5505	E	INITIAL ABOVE KNEE - KNEE DISARTIC. ISCHIAL LEVEL SOCKET				Not Allowed				
L5510	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PLASTER SOCKET MOLDED				Not Allowed				
L5520	E	PREPARATORY BELOW KNEE "PTB" TYPE SOCKET DIRECT FORMED				Not Allowed				
L5530	E	PREP. BELOW KNEE "PTB" TYPE SOCKET THERMOPLASTIC MOLDED				Not Allowed				
L5535	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PREFABRICATED ADJUSTABL				Not Allowed				
L5540	E	PREP. BELOW KNEE "PTB" TYPE SOCKET LAMINATED SOCK. MOLDED				Not Allowed				
L5560	E	PREP. ABOVE KNEE - PLASTER SOCKET MOLDED TO MODEL				Not Allowed				
L5570	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL DIRECT FORMED				Not Allowed				
L5580	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL MOLDED TO MODEL				Not Allowed				
L5585	E	PREP. ABOVE KNEE - PREFABRICATED ADJUSTABLE OPEN END SOCKET				Not Allowed				
L5590	E	PREP. ABOVE KNEE - LAMINATED SOCKET MOLDED TO MODEL				Not Allowed				
L5595	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY THERMOPLASTIC MOLDED				Not Allowed				
L5600	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY LAMINATED SOCK. MOLDED				Not Allowed				
L5610	E	ADD'N TO LOWER EXTREMITY ENDOSKEL ABOVE KNEE HYDRACADENCE				Not Allowed				
L5611	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/FRICTION CTRL.				Not Allowed				
L5613	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/HYDRAUL. CTRL.				Not Allowed				
L5614	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/PNEUMATIC CTRL				Not Allowed				
L5616	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK UNIVERS. FRICTION CTRL				Not Allowed				
L5617	E	ADD'N TO LOWER EXTREM. QUICK CHANGE SELF-ALIGN AK OR BK EA				Not Allowed				
L5618	E	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES				Not Allowed				
L5620	E	ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE				Not Allowed				
L5622	E	ADD'N TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATION				Not Allowed				
L5624	E	ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE				Not Allowed				
L5626	E	ADD'N TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATION				Not Allowed				
L5628	E	ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY				Not Allowed				
L5629	E	ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET				Not Allowed				
L5630	E	ADD'N TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL SOCKET				Not Allowed				
L5631	E	ADD'N TO LOWER EXTREMITY AK OR KNEE DISARTIC. ACRYLIC SOCK				Not Allowed				
L5632	E	ADD'N TO LOWER EXTREM. SYMES TYPE "PTB" BRIM DESIGN SOCKET				Not Allowed				
L5634	E	ADD'N TO LOWER EXTREM. SYMES TYPE POSTERIOR OPENINGSOCKET				Not Allowed				
L5636	E	ADD'N TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING SOCKET				Not Allowed				
L5637	E	ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT				Not Allowed				
L5638	E	ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET				Not Allowed				
L5639	E	ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET				Not Allowed				
L5640	E	ADD'N TO LOWER EXTREMITY KNEE DISARTIC. LEATHER SOCKET				Not Allowed				
L5642	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET				Not Allowed				
L5643	E	ADD'N TO LOWER EXTREM. HIP DISARTIC. FLEX. INNER/EXT FRAME				Not Allowed				

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L5644	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET				Not Allowed				
L5645	E	ADD'N TO LOWER EXTREM. BELOW KNEE FLEX. INNER / EXT. FRAME				Not Allowed				
L5646	E	BELOW KNEE CUSHION SOCKET				Not Allowed				
L5647	E	ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET				Not Allowed				
L5648	E	ABOVE KNEE CUSHION SOCKET				Not Allowed				
L5649	E	ADD'N TO LOWER EXTREM. ISCHIAL CONTAINMENT/NARROW M-L SOCK				Not Allowed				
L5650	E	ADD'N TO LOWER EXTREM. TOTAL CONTACT AK OR KNEE DISARTIC.				Not Allowed				
L5651	E	ADD'N TO LOWER EXTREM. ABOVE KNEE FLEX. INNER /EXT. FRAME				Not Allowed				
L5652	E	ADD'N TO LOWER EXTREM. SUCTION SUSPENSION AK OR KNEE DISAR				Not Allowed				
L5653	E	ADD'N TO LOWER EXTREMITY KNEE DISARTICULATION EXP. WALL				Not Allowed				
L5654	E	ADD'N TO LOWER EXTREM. SOCKET INSERT SYMES				Not Allowed				
L5655	E	ADD'N TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE				Not Allowed				
L5656	E	ADD'N TO LOWER EXTREM. SOCKET INSERT KNEE DISARTICULION				Not Allowed				
L5658	E	ADD'N TO LOWER EXTREM. SOCKET INSERT ABOVE KNEE				Not Allowed				
L5661	E	ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER SYMES				Not Allowed				
L5665	E	ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER BK				Not Allowed				
L5666	E	ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION				Not Allowed				
L5668	E	ADD'N TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL CUSHION				Not Allowed				
L5670	E	ADD'N TO LOWER EXTREM. BELOW KNEE MOLDED SUPRACONDYLAR SUS				Not Allowed				
L5671	E	BK/AK LOCKING MECHANISM				Not Allowed				
L5672	E	ADD'N TO LOWER EXTREM. BELOW KNEE REMOV. MEDIAL BRIM SUSPE				Not Allowed				
L5673	E	SOCKET INSERT W LOCK MECH				Not Allowed				
L5676	E	ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. SINGLE AXIS PR				Not Allowed				
L5677	E	ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. POLYCENTRIC PR				Not Allowed				
L5678	E	ADD'N TO LOWER EXTREM. BELOW KNEE JOINT COVERS PAIR				Not Allowed				
L5679	E	SOCKET INSERT W/O LOCK MECH				Not Allowed				
L5680	E	ADD'N TO LOWER EXTREM. BELOW KNEE THIGH LACER NONMOLDED				Not Allowed				
L5681	E	INTL CUSTM CONG/LATYP INSERT				Not Allowed				
L5682	E	ADD'N TO LOWER EXTREM. BK THIGH LACER GLUTEAL/ISCHIAL MOLD				Not Allowed				
L5683	E	INITIAL CUSTOM SOCKET INSERT				Not Allowed				
L5684	E	ADD'N TO LOWER EXTREM. BELOW KNEE FORK STRAP				Not Allowed				
L5685	E	BELOW KNEE SUS/SEAL SLEEVE				Not Allowed				
L5686	E	ADD'N TO LOWER EXTREM. BELOW KNEE BACK CHECK (EXT. CTRL.)				Not Allowed				
L5688	E	ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT WEBBING				Not Allowed				
L5690	E	ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT PADDED/LINED				Not Allowed				
L5692	E	ADD'N TO LOWER EXTREM. ABOVE KNEE PELVIC CONTROL BELT LIGHT				Not Allowed				
L5694	E	ADD'N TO LOWER EXREM. ABOVE KNEE PELVIC CTRL. PADDED/LINED				Not Allowed				
L5695	E	ADD'N TO LOWER EXTREM. AK PELVIC CTRL. SLEEVESUSP. EACH				Not Allowed				
L5696	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC JOINT				Not Allowed				

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L5697	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC BAND				Not Allowed				
L5698	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. SILESIAN BNDG.				Not Allowed				
L5699	E	ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS				Not Allowed				
L5700	E	REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL				Not Allowed				
L5701	E	REPLACEMENT SOCKET AK/KNEE DISARTIC. INCL ATTACHMENT MOLDED				Not Allowed				
L5702	E	REPLACEMENT SOCKET HIP DISARTIC. INC. HIP JOINT MOLDED				Not Allowed				
L5703	E	SYMES ANKLE W/O (SACH) FOOT				Not Allowed				
L5704	E	CUSTOM SHAPE COVER BK				Not Allowed				
L5705	E	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE				Not Allowed				
L5706	E	CUSTOM SHAPE CVR KNEE DISART				Not Allowed				
L5707	E	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC.				Not Allowed				
L5710	E	ADD'N EXOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK				Not Allowed				
L5711	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L				Not Allowed				
L5712	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING				Not Allowed				
L5714	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS VARIAB FRICTI				Not Allowed				
L5716	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK				Not Allowed				
L5718	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING				Not Allowed				
L5722	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI				Not Allowed				
L5724	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING				Not Allowed				
L5726	E	ADD'N EXOSKEL. KNEE-SHIN SYS. SNGL. AXIS EXT. JTS. FLUID				Not Allowed				
L5728	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING				Not Allowed				
L5780	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT./HYDR				Not Allowed				
L5781	E	LOWER LIMB PROS VACUUM PUMP				Not Allowed				Y
L5782	E	HD LOW LIMB PROS VACUUM PUMP				Not Allowed				
L5785	E	ADD'N EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL				Not Allowed				
L5790	E	ADD'N EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL				Not Allowed				
L5795	E	ADD'N EXOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI				Not Allowed				
L5810	E	ADD'N ENDOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK				Not Allowed				
L5811	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L				Not Allowed				
L5812	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING				Not Allowed				
L5814	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC HYDRAULIC				Not Allowed				
L5816	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK				Not Allowed				
L5818	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING				Not Allowed				
L5822	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI				Not Allowed				
L5824	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING				Not Allowed				
L5826	E	ADD'N ENDOSKEL. KNEE-SHIN SYS. SNGL. AXIS HYDRAULIC HIGH				Not Allowed				
L5828	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING				Not Allowed				
L5830	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI				Not Allowed				
L5840	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. 4-BAR OR MULTIAXIAL PNEU				Not Allowed				

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L5845	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. STANCE FLEXION ADJUSTABL				Not Allowed				
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE				Not Allowed				
L5850	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. EXT. ASSIST				Not Allowed				
L5855	E	ADD'N ENDOSKELETAL SYS. HIP DISARTIC. MECHAN. HIP EXT. ASSI				Not Allowed				
L5856	E	ELEC KNEE-SHIN SWING/STANCE				Not Allowed				
L5857	E	ELEC KNEE-SHIN SWING ONLY				Not Allowed				
L5858	E	STANCE PHASE ONLY				Not Allowed				
L5910	E	ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM				Not Allowed				
L5920	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. ALIGNABLE				Not Allowed				
L5925	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTIC. MAN.				Not Allowed				
L5930	E	ADD'N ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTROL FRAME				Not Allowed				
L5940	E	ADD'N ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL				Not Allowed				
L5950	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL				Not Allowed				
L5960	E	ADD'N ENDOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI				Not Allowed				
L5962	E	ADD'N ENDOSKELETAL SYSTEM BK FLEX. PROTEC OUTER SURF COVER				Not Allowed				
L5964	E	ADD'N ENDOSKELETAL SYSTEM AK FLEX. PROTEC OUTER SURF COVER				Not Allowed				
L5966	E	ADD'N ENDOSKELETAL SYSTEM HIP DISAR. PRTEC OUTER SURF COV				Not Allowed				
L5968	E	ADD'N TO LOWER LIMB PROSTHESIS MULTIAXIAL ANKLE W/SWING				Not Allowed				Y
L5970	E	ALL LOWER EXTREM. PROS. FOOT EXTERNAL KEEL SACH FOOT				Not Allowed				
L5971	E	SACH FOOT REPLACEMENT				Not Allowed				
L5972	E	ALL LOWER EXTREM. PROS. FLEXIBLE KEEL FOOT				Not Allowed				
L5974	E	ALL LOWER EXTREM. PROS. FOOT SINGLE AXIS ANKLE/FOOT				Not Allowed				
L5975	E	ALL LOWER EXTREM. PROS. COMBO SNGL. AXIS ANKLE/FLEX KEEL FT				Not Allowed				
L5976	E	ALL LOWER EXTREM. PROS. ENERGY STORING FOOT				Not Allowed				
L5978	E	ALL LOWER EXTREM. PROS. FOOT MULTIAXIAL ANKLE/FOOT				Not Allowed				
L5979	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ANKLE/DYNAMIC RESPFOOT				Not Allowed				
L5980	E	ALL LOWER EXTREM. PROS. FLEX FOOT SYSTEM				Not Allowed				
L5981	E	ALL LOWER EXTREM. PROS. FLEX-WALK SYSTEM OR EQUAL				Not Allowed				
L5982	E	ALL LOWER EXTREM. PROS. AXIAL ROTATION UNIT				Not Allowed				
L5984	E	ENDOSKELETAL AXIAL ROTATION				Not Allowed				
L5985	E	ALL LOWER EXTREM. PROS. DYNAMIC PROSTHETIC PYLON				Not Allowed				
L5986	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ROTATION UNIT				Not Allowed				
L5987	E	ALL LOWER EXTREM. PROS. SHANK FOOT SYSTEM W/VERT. LOAD PYLON				Not Allowed				
L5988	E	ADD'N TO LOWER LIMB PROSTHESIS VERTICAL SHOCK REDUCING PYLO				Not Allowed				Y
L5990	E	USER ADJUSTABLE HEEL HEIGHT				Not Allowed				
L5993	E	HEAVY DUTY FEATURE, FOOT				Not Allowed				
L5994	E	HEAVY DUTY FEATURE, KNEE				Not Allowed				
L5995	E	LOWER EXT PROS HEAVYDUTY FEA				Not Allowed				
L5999	E	LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED				Not Allowed				

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L6000	E	PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)				Not Allowed				
L6010	E	PARTIAL HAND ROBIN-AIDS LITTLE &/OR RING FINGER REMAINING				Not Allowed				
L6020	E	PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL)				Not Allowed				
L6025	E	PART HAND DISART MYOELECTRIC				Not Allowed				Y
L6050	E	WRIST DISARTIC. MOLDED SOCK. FLEX. ELBOW HINGES TRICEPS PA				Not Allowed				
L6055	E	WRIST DISARTIC. MOLDED SOCK. W/ EXPANDABLE INTERFACE				Not Allowed				
L6100	E	BELOW ELBOW MOLDED SOCKET FLEX. ELBOW HINGE TRICEPS PAD				Not Allowed				
L6110	E	BELOW ELBOW MOLDED SOCKET (MUENSTER OR NW SUSPENSION TYPE)				Not Allowed				
L6120	E	BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES				Not Allowed				
L6130	E	BELOW ELBOW MOLDED DBL. WALL SPLIT SOCK. STUMP ACTIV. HINGE				Not Allowed				
L6200	E	ELBOW DISARTIC. MOLDED SOCK. OUTSIDE LOCKING HINGE FOREARM				Not Allowed				
L6205	E	ELBOW DISARTIC. MOLDED SOCK. EXP. INTFACE LOCKING FOREARM				Not Allowed				
L6250	E	ABOVE ELBOW MOLDED DBL. WALL SOCK. INT.LOCK ELBOW FOREARM				Not Allowed				
L6300	E	SHOULDER DISARTIC. MOLDED SOCK. SHLDR BULKHEAD HUMERAL				Not Allowed				
L6310	E	SHOULDER DISARTIC. PASSIVE RESTORATION(COMPLETE PROSTHESIS)				Not Allowed				
L6320	E	SHOULDER DISARTIC. PASSIVE RESTORATION (SHOULDER CAP ONLY)				Not Allowed				
L6350	E	INTERSCAP. THORACIC MOLDED SOCKET SHOULDER BULKHEADHUMER				Not Allowed				
L6360	E	INTERSCAP. THORACIC PASSIVE RESTORATION(COMPLETE PROSTHESIS)				Not Allowed				
L6370	E	INTERSCAP. THORACIC PASSIVE RESTORATION (SHOULDER CAP ONLY)				Not Allowed				
L6380	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. WRIST OR BE				Not Allowed				
L6382	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. ELBOW OR AE				Not Allowed				
L6384	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. SHLDR. OR I/T				Not Allowed				
L6386	E	IMMED. POSTSURG. OR EARLY FIT EA ADD'L CAST CHANGE/REALIGNM				Not Allowed				
L6388	E	IMMED. POSTSURG. OR EARLY FIT APPLIC. RIGID DRESSING ONLY				Not Allowed				
L6400	E	BELOW ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING				Not Allowed				
L6450	E	ELBOW DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP				Not Allowed				
L6500	E	ABOVE ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING				Not Allowed				
L6550	E	SHLDR. DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP				Not Allowed				
L6570	E	INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM				Not Allowed				
L6580	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA				Not Allowed				
L6582	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA				Not Allowed				
L6584	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA				Not Allowed				
L6586	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA				Not Allowed				
L6588	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA				Not Allowed				
L6590	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA				Not Allowed				
L6600	E	UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR				Not Allowed				
L6605	E	UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR				Not Allowed				
L6610	E	UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR				Not Allowed				
L6611	E	ADDITIONAL SWITCH, EXT POWER				Not Allowed				

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L6615	E	UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT				Not Allowed				
L6616	E	UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR L				Not Allowed				
L6620	E	FLEXION/EXTENSION WRIST UNIT				Not Allowed				
L6621	E	FLEX/EXT WRIST W/WO FRICTION				Not Allowed				
L6623	E	UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST				Not Allowed				
L6624	E	FLEX/EXT/ROTATION WRIST UNIT				Not Allowed				
L6625	E	UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE				Not Allowed				
L6628	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OT				Not Allowed				
L6629	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLA				Not Allowed				
L6630	E	UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST				Not Allowed				
L6632	E	UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH				Not Allowed				
L6635	E	UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW				Not Allowed				
L6637	E	UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK				Not Allowed				
L6638	E	ELEC LOCK ON MANUAL PW ELBOW				Not Allowed				Y
L6639	E	HEAVY DUTY ELBOW FEATURE				Not Allowed				
L6640	E	UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR				Not Allowed				
L6641	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE				Not Allowed				
L6642	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE				Not Allowed				
L6645	E	UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION				Not Allowed				
L6646	E	MULTIPO LOCKING SHOULDER JNT				Not Allowed				Y
L6647	E	SHOULDER LOCK ACTUATOR				Not Allowed				
L6648	E	EXT PWRD SHLDER LOCK/UNLOCK				Not Allowed				Y
L6650	E	UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH				Not Allowed				
L6655	E	UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA				Not Allowed				
L6660	E	UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE				Not Allowed				
L6665	E	UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING				Not Allowed				
L6670	E	UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER				Not Allowed				
L6672	E	UPPER EXTREMITY ADDITIONS HARNESS CHEST OR				Not Allowed				
L6675	E	HARNESS FIGURE OF 8 SING CON				Not Allowed				
L6676	E	HARNESS FIGURE OF 8 DUAL CON				Not Allowed				
L6677	E	UE TRIPLE CONTROL HARNESS				Not Allowed				
L6680	E	UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT-				Not Allowed				
L6682	E	UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT-				Not Allowed				
L6684	E	UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS-				Not Allowed				
L6686	E	UPPER EXTREMITY ADDITION SUCTION SOCKET				Not Allowed				
L6687	E	UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW				Not Allowed				
L6688	E	UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW				Not Allowed				
L6689	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISAR				Not Allowed				
L6690	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR-				Not Allowed				

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L6691	E	UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH				Not Allowed				
L6692	E	UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH				Not Allowed				
L6693	E	UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBALANCE				Not Allowed				Y
L6694	E	ELBOW SOCKET INS USE W/LOCK				Not Allowed				
L6695	E	ELBOW SOCKET INS USE W/O LCK				Not Allowed				
L6696	E	CUS ELBO SKT IN FOR CON/ATYP				Not Allowed				
L6697	E	CUS ELBO SKT IN NOT CON/ATYP				Not Allowed				
L6698	E	BELOW/ABOVE ELBOW LOCK MECH				Not Allowed				
L6703	E	TERM DEV, PASSIVE HAND MITT				Not Allowed				
L6704	E	TERM DEV, SPORT/REC/WORK ATT				Not Allowed				
L6706	E	TERM DEV MECH HOOK VOL OPEN				Not Allowed				
L6707	E	TERM DEV MECH HOOK VOL CLOSE				Not Allowed				
L6708	E	TERM DEV MECH HAND VOL OPEN				Not Allowed				
L6709	E	TERM DEV MECH HAND VOL CLOSE				Not Allowed				
L6805	E	TERM DEV MODIFIER WRIST UNIT				Not Allowed				
L6810	E	TERM DEV PRECISION PINCH DEV				Not Allowed				
L6881	E	TERM DEV AUTO GRASP FEATURE				Not Allowed				
L6882	E	MICROPROCESSOR CONTROL UPLMB				Not Allowed				
L6883	E	REPLC SOCKT BELOW E/W DISA				Not Allowed				
L6884	E	REPLC SOCKT ABOVE ELBOW DISA				Not Allowed				
L6885	E	REPLC SOCKT SHLDR DIS/INTERC				Not Allowed				
L6890	E	TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTION GLOVE				Not Allowed				
L6895	E	TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM GLOVE				Not Allowed				
L6900	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)				Not Allowed				
L6905	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)				Not Allowed				
L6910	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)				Not Allowed				
L6915	E	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED)				Not Allowed				
L6920	E	WRIST DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed				
L6925	E	WRIST DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed				
L6930	E	BELOW ELBOW SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed				
L6935	E	BELOW ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed				
L6940	E	ELBOW DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed				
L6945	E	ELBOW DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed				
L6950	E	ABOVE ELBOW SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed				
L6955	E	ABOVE ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed				
L6960	E	SHLDR DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed				
L6965	E	SHLDR DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed				
L6970	E	INTERSCAP-THOR. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed				
L6975	E	INTERSCAP-THOR. MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed				

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L7007	E	ADULT ELECTRIC HAND				Not Allowed				
L7008	E	PEDIATRIC ELECTRIC HAND				Not Allowed				
L7009	E	ADULT ELECTRIC HOOK				Not Allowed				
L7040	E	PREHENSILE ACTUATOR				Not Allowed				
L7045	E	PEDIATRIC ELECTRIC HOOK				Not Allowed				
L7170	E	ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED				Not Allowed				
L7180	E	ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALLY CONTROLLE				Not Allowed				
L7181	E	ELECTRONIC ELBO SIMULTANEOUS				Not Allowed				
L7185	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTROL				Not Allowed				
L7186	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH CO				Not Allowed				
L7190	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONIC				Not Allowed				
L7191	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELECTR				Not Allowed				
L7260	E	ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL				Not Allowed				
L7261	E	ELECTRONIC WRIST ROTATOR FOR UTAH ARM				Not Allowed				
L7266	E	SERVO CONTROL STEEPER OR EQUAL				Not Allowed				
L7272	E	ANALOGUE CONTROL UNB OR EQUAL				Not Allowed				
L7274	E	PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL				Not Allowed				
L7360	E	SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH				Not Allowed				
L7362	E	BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL				Not Allowed				
L7364	E	TWELVE VOLT BATTERY UTAH OR EQUAL EACH				Not Allowed				
L7366	E	BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL				Not Allowed				
L7367	E	REPLACEMNT LITHIUM IONBATTER				Not Allowed				
L7368	E	3ITHIUM ION BATTERY CHARGER				Not Allowed				
L7400	E	ADD UE PROST BE/WD ULTLITE				Not Allowed				
L7401	E	ADD UE PROST A/E ULTLITE MAT				Not Allowed				
L7402	E	ADD UE PROST S/D ULTLITE MAT				Not Allowed				
L7403	E	ADD UE PROST B/E ACRYLIC				Not Allowed				
L7404	E	ADD UE PROST A/E ACRYLIC				Not Allowed				
L7405	E	ADD UE PROST S/D ACRYLIC				Not Allowed				
L7499	E	UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED				Not Allowed				
L7500	E	REPAIR OF PROSTHETIC DEVICE HOURLY RATE				Not Allowed				
L7510	E	PROSTHETIC DEVICE REPAIR REP				Not Allowed				
L7520	E	REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES				Not Allowed				
L7600	E	PROSTHETIC DONNING SLEEVE				Not Allowed				
L7900	E	MALE VACUUM ERECTION SYSTEM				Not Allowed				
L8000	M	BREAST PROSTHESIS MASTECTOMY BRA				Fee Schedule	$30.15			
L8001	E	BREAST PROSTHESIS BRA & FORM				Not Allowed				
L8002	E	BRST PRSTH BRA & BILAT FORM				Not Allowed				
L8010	M	MASTECTOMY SLEEVE				By Report	$0.00			

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L8015	E	EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-MASTEC				Not Allowed				
L8020	M	BREAST PROSTHESIS MASTECTOMY FORM				Fee Schedule	$160.88			
L8030	M	BREAST PROSTHESIS SILICONE OR EQUAL				Fee Schedule	$285.49			
L8035	E	CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MODEL				Not Allowed				Y
L8039	E	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED				Not Allowed				
L8040	E	NASAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed				Y
L8041	E	MIDFACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed				Y
L8042	E	ORBITAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed				Y
L8043	E	UPPER FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed				Y
L8044	E	HEMI-FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed				Y
L8045	E	AURICULAR PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed				Y
L8046	E	PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed				Y
L8047	E	NASAL SEPTAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed				
L8048	E	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY A NON PHYSICIAN				Not Allowed				
L8049	E	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS LABOR				Not Allowed				
L8300	E	TRUSSES SINGLE WITH STANDARD PAD				Not Allowed				
L8310	E	TRUSSES DOUBLE WITH STANDARD PADS				Not Allowed				
L8320	E	TRUSSES ADDITION TO STANDARD PADS WATER PAD				Not Allowed				
L8330	E	TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD				Not Allowed				
L8400	E	PROSTHETIC SHEATH BELOW KNEE EACH				Not Allowed				
L8410	E	PROSTHETIC SHEATH ABOVE KNEE EACH				Not Allowed				
L8415	E	PROSTHETIC SHEATH UPPER LIMB EACH				Not Allowed				
L8417	E	PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH				Not Allowed				
L8420	E	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH				Not Allowed				
L8430	E	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH				Not Allowed				
L8435	E	PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH				Not Allowed				
L8440	E	PROSTHETIC SHRINKER BELOW KNEE EACH				Not Allowed				
L8460	E	PROSTHETIC SHRINKER ABOVE KNEE EACH				Not Allowed				
L8465	E	PROSTHETIC SHRINKER UPPER LIMB EACH				Not Allowed				
L8470	E	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH				Not Allowed				
L8480	E	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH				Not Allowed				
L8485	E	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH				Not Allowed				
L8499	E	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC				Not Allowed				
L8500	E	ARTIFICIAL LARYNX ANY TYPE				Not Allowed				
L8501	E	TRACHEOSTOMY SPEAKING VALVE				Not Allowed				
L8505	E	ARTIFICIAL LARYNX ACCESSORY				Not Allowed				
L8507	E	TRACH-ESOPH VOICE PROS PT IN				Not Allowed				Y
L8509	E	TRACH-ESOPH VOICE PROS MD IN				Not Allowed				Y
L8510	E	VOICE AMPLIFIER				Not Allowed				Y

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L8511	E	INDWELLING TRACH INSERT				Not Allowed				
L8512	E	GEL CAP FOR TRACH VOICE PROS				Not Allowed				
L8513	E	TRACH PROS CLEANING DEVICE				Not Allowed				
L8514	E	REPL TRACH PUNCTURE DILATOR				Not Allowed				
L8515	E	GEL CAP APP DEVICE FOR TRACH				Not Allowed				
L8600	N	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL				APC/ Bundled				
L8603	N	COLLAGEN IMPLANT URINARY TRACT PER 2.5 ML SYRINGE INC SHIP				APC/ Bundled				
L8606	N	INJECTABLE BULKING AGENT SYNTHETIC IMPLANT URINARY TRACT				APC/ Bundled				
L8609	N	ARTIFICIAL CORNEA				APC/ Bundled				
L8610	N	OCULAR IMPLANT				APC/ Bundled				
L8612	N	AQUEOUS SHUNT				APC/ Bundled				
L8613	N	OSSICULAR IMPLANT				APC/ Bundled				
L8614	N	COCHLEAR DEVICE				APC/ Bundled				
L8615	E	COCH IMPLANT HEADSET REPLACE				Not Allowed				
L8616	E	COCH IMPLANT MICROPHONE REPL				Not Allowed				
L8617	E	COCH IMPLANT TRANS COIL REPL				Not Allowed				
L8618	E	COCH IMPLANT TRAN CABLE REPL				Not Allowed				
L8619	E	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLACEMENT				Not Allowed				
L8621	E	REPL ZINC AIR BATTERY				Not Allowed				
L8622	E	REPL ALKALINE BATTERY				Not Allowed				
L8623	E	LITH ION BATT CID,NON-EARLVL				Not Allowed				
L8624	E	LITH ION BATT CID, EAR LEVEL				Not Allowed				
L8630	N	METACARPOPHALANGEAL JOINT IMPLANT				APC/ Bundled				
L8631	M	MCP JOINT REPL 2 PC OR MORE				Not Allowed				
L8641	N	METATARSAL JOINT IMPLANT				APC/ Bundled				
L8642	N	HALLUX IMPLANT				APC/ Bundled				
L8658	N	INTERPHALANGEAL JOINT SPACER				APC/ Bundled				
L8659	M	INTERPHALANGEAL JOINT REPL				Not Allowed				
L8670	N	VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT				APC/ Bundled				
L8680	E	IMPLT NEUROSTIM ELCTR EACH				Not Allowed				
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM				Not Allowed				
L8682	N	IMPLT NEUROSTIM RADIOFQ REC				APC/ Bundled				
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU				Not Allowed				
L8684	E	RADIOF TRSMTR IMPLT SCRL NEU				Not Allowed				
L8685	E	IMPLT NROSTM PLS GEN SNG REC				Not Allowed				
L8686	E	IMPLT NROSTM PLS GEN SNG NON				Not Allowed				
L8687	E	IMPLT NROSTM PLS GEN DUA REC				Not Allowed				
L8688	E	IMPLT NROSTM PLS GEN DUA NON				Not Allowed				
L8689	E	EXTERNAL RECHARG SYS INTERN				Not Allowed				

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L8690	H	AUD OSSEO DEV, INT/EXT COMP	01032	0	$0.00	APC/By Repo	$0.00			
L8691	E	AUD OSSEO DEV EXT SND PROCES				Not Allowed				
L8695	E	EXTERNAL RECHARG SYS EXTERN				Not Allowed				
L8699	N	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED				APC/ Bundled				
L9900	E	ORTHO/PROSTHETIC SUPP ACCESS &/OR SRVC COMPONT OF ANTHR CODE				Not Allowed				
M0064	X	VISIT FOR DRUG MONITORING	00374	1.1418	$54.52	APC				
M0075	E	CELLULAR THERAPY				Not Allowed				
M0076	E	PROLOTHERAPY				Not Allowed				
M0100	E	INTRAGASTRIC HYPOTHERMIA				Not Allowed				
M0300	E	IV CHELATIONTHERAPY				Not Allowed				
M0301	E	FABRIC WRAPPING OF ANEURYSM				Not Allowed				
P2028	Q	CEPHALIN FLOCULATION BLOOD				By report	$0.00			
P2029	Q	CONGO RED BLOOD				By report	$0.00			
P2031	E	HAIR ANALYSIS (EXCLUDING ARSENIC)				Not Allowed				
P2033	Q	THYMOL TURBIDITY BLOOD				By report	$0.00			
P2038	Q	MUCOPROTEIN BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE				Medicare	$11.70	$7.25	$7.02	
P3000	Q	SCREENING PAPANICOLAOU SMEAR CERVICAL OR VAGINAL UP TO THR				Medicare	$24.60	$15.25	$14.76	
P3001	M	SCREENING PAP SMEAR BY PHYS				Fee Schedule	$0.00			
P7001	E	CULTURE BACTERIAL URINE; QUANTITATIVE SENSITIVITY STUDY				Not Allowed				
P9010	K	WHOLE BLOOD FOR TRANSFUSION	00950	2.1472	$102.53	APC				
P9011	K	BLOOD, SPLIT UNIT	00967	2.2323	$106.59	APC				
P9012	K	CRYOPRECIPITATE EACH UNIT	00952	0.7905	$37.75	APC				
P9016	K	RBC LEUKOCYTES REDUCED	00954	2.859	$136.52	APC				
P9017	K	PLASMA 1 DONOR FRZ W/IN 8 HR	09508	1.1422	$54.54	APC				
P9019	K	PLATELETS, EACH UNIT	00957	0.959	$45.79	APC				
P9020	K	PLATELET RICH PLASMA EACH UNIT	00958	3.4048	$162.58	APC				
P9021	K	RED BLOOD CELLS UNIT	00959	2.1073	$100.62	APC				
P9022	K	WASHED RED BLOOD CELLS EACH UNIT	00960	3.4331	$163.93	APC				
P9023	K	FROZEN PLASMA, POOLED, SD	00949	0.9346	$44.63	APC				
P9031	K	PLATELETS LEUKOCYTES REDUCED EACH UNIT	01013	1.5469	$73.86	APC				
P9032	K	PLATELETS, IRRADIATED	09500	2.1079	$100.65	APC				
P9033	K	PLATELETS LEUKOCYTES REDUCED IRRADIATED EACH UNIT	00968	2.039	$97.36	APC				
P9034	K	PLATELETS, PHERESIS	09507	7.3686	$351.85	APC				
P9035	K	PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT	09501	7.9511	$379.67	APC				
P9036	K	PLATELET PHERESIS IRRADIATED	09502	6.8088	$325.12	APC				
P9037	K	PLATELETS PHERESIS LEUKOCYTES REDUCED IRRADIATED EACH UNIT	01019	10.0443	$479.62	APC				
P9038	K	RBC IRRADIATED	09505	3.2049	$153.03	APC				
P9039	K	RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT	09504	5.8292	$278.34	APC				
P9040	K	RBC LEUKOREDUCED IRRADIATED	00969	3.5394	$169.01	APC				

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P9041	K	INFUSION ALBUMIN(HUMAN) 5% 50ML	00961	0.3263	$15.58	APC				
P9043	K	INFUSION PLASMA PROTEIN FRACTION(HUMAN) 5% 50 ML	00956	0.8339	$39.82	APC				
P9044	K	CRYOPRECIPITATEREDUCEDPLASMA	01009	1.3404	$64.00	APC				
P9045	K	INFUSION ALBUMIN (HUMAN) 5% 250 ML	00963	0.5935	$28.34	APC				
P9046	K	ALBUMIN (HUMAN) 25% 20 ML	00964	0.2967	$14.17	APC				
P9047	K	INFUSION ALBUMIN (HUMAN) 25% 50 ML	00965	0.5935	$28.34	APC				
P9048	K	PLASMAPROTEIN FRACT 5% 250ML	00966	3.8746	$185.01	APC				
P9050	K	GRANULOCYTES PHERESIS EACH UNIT	09506	12.2073	$582.90	APC				
P9051	K	BLOOD L/R CMV-NEG	01010	2.5493	$121.73	APC				
P9052	K	PLATELETS HLA-M L/R UNIT	01011	10.9263	$521.73	APC				
P9053	K	PLT PHER L/R CMV-NEG IRR	01020	11.4755	$547.96	APC				
P9054	K	BLOOD L/R FROZ/DEGLY/WASH	01016	3.4335	$163.95	APC				
P9055	K	PLT APH/PHER L/R CMV-NEG	01017	6.4556	$308.25	APC				
P9056	K	BLOOD L/R IRRADIATED	01018	2.3472	$112.08	APC				
P9057	K	RBC FRZ/DEG/WSH L/R IRRAD	01021	8.0727	$385.47	APC				
P9058	K	RBC L/R CMV-NEG IRRAD	01022	4.2653	$203.67	APC				
P9059	K	PLASMA FRZ BETWEEN 8-24HOUR	00955	1.2489	$59.63	APC				
P9060	K	FR FRZ PLASMA DONOR RETESTED	09503	1.2119	$57.87	APC				
P9603	E	ONE-WAY TRAVEL ALLOWANCE PRORATED MILES				Not Allowed				
P9604	E	ONE-WAY TRAVEL ALLOWANCE PRORATED TRIP				Not Allowed				
P9612	N	CATHETERIZATION FOR SPECIMEN COLLECTION SINGLE PT. ALL POS				APC/ Bundled	$0.00			
P9615	N	CATHETERIZATION FOR COLLECTION OF SPECIMEN(S)				APC/ Bundled				
Q0035	X	CARDIOKYMOGRAPHY	00100	2.5336	$120.98	APC				
Q0081	E	INFUSION THERAPY USING OTHER THAN CHEMOTHERAPEUTIC DRUGS P				Not Allowed				
Q0083	E	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE				Not Allowed				
Q0084	E	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY PER				Not Allowed				
Q0085	E	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND O				Not Allowed				
Q0091	T	SCREENING PAPANICOLAOU SMEAR; OBTAINING PREPARING AND CONVE	00191	0.1468	$7.01	APC				
Q0092	N	SET UP PORTABLE X-RAY EQUIPMENT				APC/ Bundled				
Q0111	Q	WET MOUNTS INCL PREP OF VAGINAL CERVICAL OR SKIN SPECIMENS				Medicare	$9.93	$6.16	$5.96	
Q0112	Q	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS				Medicare	$9.93	$6.16	$5.96	
Q0113	Q	PINWORM EXAMINATIONS				Medicare	$10.62	$6.58	$6.37	
Q0114	Q	FERN TEST				Medicare	$16.65	$10.32	$9.99	
Q0115	Q	POST COITAL DIRECT QUALITATIVE EXAM OF VAG OR CERV MUCOUS				Medicare	$23.05	$14.29	$13.83	
Q0144	N	AZITHROMYCIN DIHYDRATE, ORAL				APC/ Bundled	$0.00			
Q0163	N	DIPHENHYDRAMINE HCL 50MG				APC/ Bundled				
Q0164	N	PROCHLORPERAZINE MALEATE 5MG				APC/ Bundled				
Q0165	N	PROCHLORPERAZINE MALEATE10MG				APC/ Bundled	$0.00			
Q0166	K	GRANISETRON HCL 1 MG ORAL	00765	0.7916	$37.80	APC				

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Q0167	N	DRONABINOL 2.5MG ORAL				APC/ Bundled				
Q0168	N	DRONABINOL 5MG ORAL				APC/ Bundled	$0.00			
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL				APC/ Bundled				
Q0170	N	PROMETHAZINE HCL 25 MG ORAL				APC/ Bundled	$0.00			
Q0171	N	CHLORPROMAZINE HCL 10MG ORAL				APC/ Bundled				
Q0172	N	CHLORPROMAZINE HCL 25MG ORAL				APC/ Bundled	$0.00			
Q0173	N	TRIMETHOBENZAMIDE HCL 250MG				APC/ Bundled				
Q0174	N	THIETHYLPERAZINE MALEATE10MG				APC/ Bundled				
Q0175	N	PERPHENAZINE 4MG ORAL				APC/ Bundled				
Q0176	N	PERPHENAZINE 8MG ORAL				APC/ Bundled	$0.00			
Q0177	N	HYDROXYZINE PAMOATE 25MG				APC/ Bundled				
Q0178	N	HYDROXYZINE PAMOATE 50MG				APC/ Bundled	$0.00			
Q0179	K	ONDANSETRON HCL 8MG ORAL	00769	0.4072	$19.44	APC				
Q0180	K	DOLASETRON MESYLATE ORAL	00763	0.7664	$36.60	APC				
Q0181	N	UNSPECIFIED ORAL ANTI-EMETIC				APC/ Bundled	$0.00			
Q0480	E	DRIVER PNEUMATIC VAD, REP				Not Allowed				
Q0481	E	MICROPRCSR CU ELEC VAD, REP				Not Allowed				
Q0482	E	MICROPRCSR CU COMBO VAD, REP				Not Allowed				
Q0483	E	MONITOR ELEC VAD, REP				Not Allowed				
Q0484	E	MONITOR ELEC OR COMB VAD REP				Not Allowed				
Q0485	E	MONITOR CABLE ELEC VAD, REP				Not Allowed				
Q0486	E	MON CABLE ELEC/PNEUM VAD REP				Not Allowed				
Q0487	E	LEADS ANY TYPE VAD, REP ONLY				Not Allowed				
Q0488	E	PWR PACK BASE ELEC VAD, REP				Not Allowed				
Q0489	E	PWR PCK BASE COMBO VAD, REP				Not Allowed				
Q0490	E	EMR PWR SOURCE ELEC VAD, REP				Not Allowed				
Q0491	E	EMR PWR SOURCE COMBO VAD REP				Not Allowed				
Q0492	E	EMR PWR CBL ELEC VAD, REP				Not Allowed				
Q0493	E	EMR PWR CBL COMBO VAD, REP				Not Allowed				
Q0494	E	EMR HD PMP ELEC/COMBO, REP				Not Allowed				
Q0495	E	CHARGER ELEC/COMBO VAD REP				Not Allowed				
Q0496	E	BATTERY ELEC/COMBO VAD REP				Not Allowed				
Q0497	E	BAT CLPS ELEC/COMB VAD REP				Not Allowed				
Q0498	E	HOLSTER ELEC/COMBO VAD REP				Not Allowed				
Q0499	E	BELT/VEST ELEC/COMBO VAD REP				Not Allowed				
Q0500	E	FILTERS ELEC/COMBO VAD, REP				Not Allowed				
Q0501	E	SHWR COV ELEC/COMBO VAD, REP				Not Allowed				
Q0502	E	MOBILITY CART PNEUM VAD, REP				Not Allowed				
Q0503	E	BATTERY PNEUM VAD REPLACEMNT				Not Allowed				

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Q0504	E	PWR ADPT PNEUM VAD, REP VEH				Not Allowed				
Q0505	E	MISCL SUPPLY/ACCESSORY VAD				Not Allowed				
Q0510	E	DISPENS FEE IMMUNOSUPRESSIVE				Not Allowed				
Q0511	E	SUP FEE ANTIEM ANTICA IMMUNO				Not Allowed				
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES				Not Allowed				
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS				Not Allowed				
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS				Not Allowed				
Q0515	K	SERMORELIN ACETATE INJECTION	03050	0.0285	$1.36	APC				
Q1003	N	NTIOL CATEGORY 3				APC/ Bundled				
Q1004	N	NTIOL CATEGORY 4				APC/ Bundled				
Q1005	N	NTIOL CATEGORY 5				APC/ Bundled				
Q2004	N	BLADDER CALCULI IRRIG SOL				APC/ Bundled				
Q2009	K	FOSPHENYTOIN, 50 MG	07028	0.0944	$4.51	APC				
Q2017	K	TENIPOSIDE, 50 MG	07035	4.6063	$219.95	APC				
Q3001	E	BRACHYTHERAPY RADIOELEMENTS				Not Allowed				
Q3014	E	CYANOCOBALAMIN COBALT CO57				Not Allowed				
Q3025	K	IM INJ INTERFERON BETA 1-A	09022	1.9026	$90.85	APC				
Q3026	E	SUBC INJ INTERFERON BETA-1A				Not Allowed				
Q3031	N	COLLAGEN SKIN TEST				APC/ Bundled				
Q4001	N	CAST SUP BODY CAST PLASTER				APC/ Bundled	$0.00			
Q4002	N	CAST SUP BODY CAST FIBERGLAS				APC/ Bundled	$0.00			
Q4003	N	CAST SUP SHOULDER CAST PLSTR				APC/ Bundled	$0.00			
Q4004	N	CAST SUP SHOULDER CAST FBRGL				APC/ Bundled	$0.00			
Q4005	N	CAST SUP LONG ARM ADULT PLST				APC/ Bundled	$0.00			
Q4006	N	CAST SUP LONG ARM ADULT FBRG				APC/ Bundled	$0.00			
Q4007	N	CAST SUP LONG ARM PED PLSTER				APC/ Bundled	$0.00			
Q4008	N	CAST SUP LONG ARM PED FBRGLS				APC/ Bundled	$0.00			
Q4009	N	CAST SUP SHT ARM ADULT PLSTR				APC/ Bundled	$0.00			
Q4010	N	CAST SUP SHT ARM ADULT FBRGL				APC/ Bundled	$0.00			
Q4011	N	CAST SUP SHT ARM PED PLASTER				APC/ Bundled	$0.00			
Q4012	N	CAST SUP SHT ARM PED FBRGLAS				APC/ Bundled	$0.00			
Q4013	N	CAST SUP GAUNTLET PLASTER				APC/ Bundled	$0.00			
Q4014	N	CAST SUP GAUNTLET FIBERGLASS				APC/ Bundled	$0.00			
Q4015	N	CAST SUP GAUNTLET PED PLSTER				APC/ Bundled	$0.00			
Q4016	N	CAST SUP GAUNTLET PED FBRGLS				APC/ Bundled	$0.00			
Q4017	N	CAST SUP LNG ARM SPLINT PLST				APC/ Bundled	$0.00			
Q4018	N	CAST SUP LNG ARM SPLINT FBRG				APC/ Bundled	$0.00			
Q4019	N	CAST SUP LNG ARM SPLNT PED P				APC/ Bundled	$0.00			
Q4020	N	CAST SUP LNG ARM SPLNT PED F				APC/ Bundled	$0.00			

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Q4021	N	CAST SUP SHT ARM SPLINT PLST				APC/ Bundled	$0.00			
Q4022	N	CAST SUP SHT ARM SPLINT FBRG				APC/ Bundled	$0.00			
Q4023	N	CAST SUP SHT ARM SPLNT PED P				APC/ Bundled	$0.00			
Q4024	N	CAST SUP SHT ARM SPLNT PED F				APC/ Bundled	$0.00			
Q4025	N	CAST SUP HIP SPICA PLASTER				APC/ Bundled	$0.00			
Q4026	N	CAST SUP HIP SPICA FIBERGLAS				APC/ Bundled	$0.00			
Q4027	N	CAST SUP HIP SPICA PED PLSTR				APC/ Bundled	$0.00			
Q4028	N	CAST SUP HIP SPICA PED FBRGL				APC/ Bundled	$0.00			
Q4029	N	CAST SUP LONG LEG PLASTER				APC/ Bundled	$0.00			
Q4030	N	CAST SUP LONG LEG FIBERGLASS				APC/ Bundled	$0.00			
Q4031	N	CAST SUP LNG LEG PED PLASTER				APC/ Bundled	$0.00			
Q4032	N	CAST SUP LNG LEG PED FBRGLS				APC/ Bundled	$0.00			
Q4033	N	CAST SUP LNG LEG CYLINDER PL				APC/ Bundled	$0.00			
Q4034	N	CAST SUP LNG LEG CYLINDER FB				APC/ Bundled	$0.00			
Q4035	N	CAST SUP LNGLEG CYLNDR PED P				APC/ Bundled	$0.00			
Q4036	N	CAST SUP LNGLEG CYLNDR PED F				APC/ Bundled	$0.00			
Q4037	N	CAST SUP SHRT LEG PLASTER				APC/ Bundled	$0.00			
Q4038	N	CAST SUP SHRT LEG FIBERGLASS				APC/ Bundled	$0.00			
Q4039	N	CAST SUP SHRT LEG PED PLSTER				APC/ Bundled	$0.00			
Q4040	N	CAST SUP SHRT LEG PED FBRGLS				APC/ Bundled	$0.00			
Q4041	N	CAST SUP LNG LEG SPLNT PLSTR				APC/ Bundled	$0.00			
Q4042	N	CAST SUP LNG LEG SPLNT FBRGL				APC/ Bundled	$0.00			
Q4043	N	CAST SUP LNG LEG SPLNT PED P				APC/ Bundled	$0.00			
Q4044	N	CAST SUP LNG LEG SPLNT PED F				APC/ Bundled	$0.00			
Q4045	N	CAST SUP SHT LEG SPLNT PLSTR				APC/ Bundled	$0.00			
Q4046	N	CAST SUP SHT LEG SPLNT FBRGL				APC/ Bundled	$0.00			
Q4047	N	CAST SUP SHT LEG SPLNT PED P				APC/ Bundled	$0.00			
Q4048	N	CAST SUP SHT LEG SPLNT PED F				APC/ Bundled	$0.00			
Q4049	N	FINGER SPLINT, STATIC				APC/ Bundled	$0.00			
Q4050	N	CAST SUPPLIES UNLISTED				APC/ Bundled	$0.00			
Q4051	N	SPLINT SUPPLIES MISC				APC/ Bundled	$0.00			
Q4079	G	NATALIZUMAB INJECTION	09126	0.1222	$5.84	APC				
Q4080	E	ILOPROST INHALATION SOLUTION				Not Allowed				
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD				Not Allowed				
Q4082	E	DRUG/BIO NOC PART B DRUG CAP				Not Allowed				
Q4083	K	HYALGAN OR SUPARTZ, INJ	00873	1.6612	$79.32	APC				
Q4084	K	SYNVISC, INJ	00874	2.9066	$138.79	APC				
Q4085	K	EUFLEXXA INJ	00875	1.8136	$86.60	APC				
Q4086	K	ORTHOVISC, INJ	00877	2.9079	$138.85	APC				

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Q4087	K	OCTAGAM INJECTION	00943	0.5447	$26.01	APC				
Q4088	K	GAMMAGARD LIQUID INJECTION	00944	0.5076	$24.24	APC				
Q4089	K	RHOPHYLAC INJECTION	00945	1.3015	$62.15	APC				
Q4090	K	HEPAGAM B IM INJECTION	00946	1.0532	$50.29	APC				
Q4091	K	FLEBOGAMMA INJECTION	00947	0.5305	$25.33	APC				
Q4092	K	GAMUNEX INJECTION	00948	0.5183	$24.75	APC				
Q4093	E	ALBUTEROL INH NON-COMP CON				Not Allowed				
Q4094	E	ALBUTEROL INH NON-COMP U D				Not Allowed				
Q4095	K	RECLAST INJECTION	00951	0.7184	$34.30	APC				
Q5001	E	HOSPICE IN PATIENT HOME				Not Allowed				
Q5002	E	HOSPICE IN ASSISTED LIVING				Not Allowed				
Q5003	E	HOSPICE IN LT/NON-SKILLED NF				Not Allowed				
Q5004	E	HOSPICE IN SNF				Not Allowed				
Q5005	E	HOSPICE, INPATIENT HOSPITAL				Not Allowed				
Q5006	E	HOSPICE IN HOSPICE FACILITY				Not Allowed				
Q5007	E	HOSPICE IN LTCH				Not Allowed				
Q5008	E	HOSPICE IN INPATIENT PSYCH				Not Allowed				
Q5009	E	HOSPICE CARE, NOS				Not Allowed				
Q9945	K	LOCM <=149 MG/ML IODINE, 1ML	09157	0.0047	$0.22	APC				
Q9946	K	LOCM 150-199 MG/ML IODINE, 1ML	09158	0.029	$1.38	APC				
Q9947	K	LOCM 200-249MG/ML IODINE, 1ML	09159	0.0208	$0.99	APC				
Q9948	K	LOCM 250-299 MG/ML IODINE, 1ML	09160	0.0057	$0.27	APC				
Q9949	K	LOCM 300-349MG/ML IODINE, 1ML	09161	0.0062	$0.30	APC				
Q9950	K	LOCM 350-399MG/ML IODINE, 1ML	09162	0.0037	$0.18	APC				
Q9951	K	LOCM >=400MG/ML IODINE, 1ML	09163	0.0036	$0.17	APC				
Q9952	K	INJ GAD-BASE MR CONTRAST, ML	09164	0.0449	$2.14	APC				
Q9953	K	INJ FE-BASED MR CONTRAST, ML	01713	0.4947	$23.62	APC				
Q9954	K	ORAL MR CONTRAST, 100ML	09165	0.1511	$7.22	APC				
Q9955	K	INJ PERFLEXANE LIP MICROS, ML	09203	0.2108	$10.07	APC				
Q9956	K	INJ OCTAFLUOROPROPANE MIC, ML	09202	0.8071	$38.54	APC				
Q9957	K	INJ PERFLUTREN LIP MICROS, ML	09112	0.9939	$47.46	APC				
Q9958	N	HOCM <= 149 MG/ML IODINE, 1ML				APC/ Bundled				
Q9959	N	HOCM 150-199MG/ML IODINE, 1ML				APC/ Bundled				
Q9960	N	HOCM 200-249 MG/ML IODINE, 1ML				APC/ Bundled				
Q9961	N	HOCM 250-299 MG/ML IODINE, 1ML				APC/ Bundled				
Q9962	N	HOCM 300-349 MG/ML IODINE, 1ML				APC/ Bundled				
Q9963	N	HOCM 350-399 MG/ML IODINE, 1ML				APC/ Bundled				
Q9964	N	HOCM >= 400 MG/ML IODINE, 1ML				APC/ Bundled				
R0070	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO				Not Allowed				

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R0075	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO				Not Allowed				
R0076	E	TRANSPORT PORTABLE EKG				Not Allowed				
S0073	E	INJECTION, AZTREONAM, 500 MG				Not Allowed				
S0074	E	INJECTION, CEFOTETAN DISODIU				Not Allowed				
S0078	E	INJECTION, FOSPHENYTOIN SODI				Not Allowed				
S0080	E	INJECTION, PENTAMIDINE ISETH				Not Allowed				
S0081	E	INJECTION, PIPERACILLIN SODI				Not Allowed				
S0086	E	INJECTION, VERTEPORFIN, 15MG				Not Allowed				
S0088	E	IMATINIB 100 MG				Not Allowed				
S0090	E	SILDENAFIL CITRATE, 25 MG				Not Allowed				
S0106	E	BUPROPION HCL SR 60 TABLETS				Not Allowed				
S0108	E	MERCAPTOPURINE ORAL 50 MG				Not Allowed				
S0117	E	TRETINOIN TOPICAL 5 G				Not Allowed				
S0122	E	INJECTION MENOTROPINS 75 IU				Not Allowed				
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU				Not Allowed				
S0128	E	INJECTION FOLLITROPIN BETA 75 IU				Not Allowed				
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG				Not Allowed				
S0145	E	PEG INTERFERON ALFA-2A/180				Not Allowed				
S0146	E	PEG INTERFERON ALFA-2B/10				Not Allowed				
S0155	E	EPOPROSTENOL DILUTANT				Not Allowed				
S0156	E	EXEMESTANE, 25 MG				Not Allowed				
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM				Not Allowed				
S0160	E	DEXTROAMPHETAMINE				Not Allowed				
S0161	E	CALCITROL				Not Allowed				
S0162	E	INJECTION EFALIZUMAB				Not Allowed				
S0164	E	INJECTION PANTROPRAZOLE				Not Allowed				
S0170	E	ANASTROZOLE 1 MG				Not Allowed				
S0171	E	BUMETANIDE 0.5 MG				Not Allowed				
S0172	E	CHLORAMBUCIL 2 MG				Not Allowed				
S0174	E	DOLASETRON 50 MG				Not Allowed				
S0175	E	FLUTAMIDE 125 MG				Not Allowed				
S0176	E	HYDROXYUREA 500 MG				Not Allowed				
S0177	E	LEVAMISOLE 50 MG				Not Allowed				
S0178	E	LOMUSTINE 10 MG				Not Allowed				
S0179	E	MEGESTROL 20 MG				Not Allowed				
S0180	M	ETONOGESTREL IMPLANT SYSTEM				Fee Schedule	$555.69			
S0181	E	ONDANSETRON 4 MG				Not Allowed				
S0182	E	PROCARBAZINE 5 MG				Not Allowed				
S0183	E	PROCHLORPERAZINE 5 MG				Not Allowed				

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S0187	E	TAMOXIFEN 10 MG				Not Allowed				
S0189	E	TESTOSTERONE PELLET 75 MG				Not Allowed				
S0190	M	MITEPRISTONE, ORAL, 200MG				Fee Schedule	$76.50			
S0191	M	MISOPROSTOL, ORAL, 200 MCG				Fee Schedule	$1.02			
S0194	E	VITAMIN SUPPL 100 CAPS				Not Allowed				
S0195	E	PNEUMOCOCCAL CONJUGATE VAC				Not Allowed				
S0196	E	POLY-L-LACTIC ACID 1ML FACE				Not Allowed				
S0208	E	PARAMED INTRCEPT NONVOL				Not Allowed				
S0209	E	WC VAN MILEAGE PER MI				Not Allowed				
S0215	E	NONEMERG TRANSP MILEAGE				Not Allowed				
S0220	E	MEDICAL CONFERENCE BY PHYSIC				Not Allowed				
S0221	E	MEDICAL CONFERENCE, 60 MIN				Not Allowed				
S0250	E	COMP GERIATR ASSMT TEAM				Not Allowed				
S0255	E	HOSPICE REFER VISIT NONMD				Not Allowed				
S0257	E	END OF LIFE COUNSELING				Not Allowed				
S0260	E	H&P FOR SURGERY				Not Allowed				
S0265	E	GENETIC COUNSEL 15 MINS				Not Allowed				
S0270	E	HOME STD CASE RATE 30 DAYS				Not Allowed				
S0271	E	HOME HOSPICE CASE 30 DAYS				Not Allowed				
S0272	E	HOME EPISODIC CASE 30 DAYS				Not Allowed				
S0273	E	MD HOME VISIT OUTSIDE CAP				Not Allowed				
S0274	E	NURSE PRACTR VISIT OUTS CAP				Not Allowed				
S0302	E	COMPLETED EPSDT				Not Allowed				
S0310	E	HOSPITALIST VISIT				Not Allowed				
S0340	E	LIFESTYLE MOD 1ST STAGE				Not Allowed				
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE				Not Allowed				
S0342	E	LIFESTYLE MOD 4TH STAGE				Not Allowed				
S0390	E	ROUTINE FOOT CARE PER VISIT				Not Allowed				
S0395	E	IMPRESSION CASTING FT				Not Allowed				
S0400	E	GLOBAL ESWL KIDNEY				Not Allowed				
S0500	E	DISPOS CONT LENS				Not Allowed				
S0504	E	SINGL PRSCRP LENS				Not Allowed				
S0506	E	BIFOC PRSCP LENS				Not Allowed				
S0508	E	TRIFOC PRSCRP LENS				Not Allowed				
S0510	E	NON-PRSCRP LENS				Not Allowed				
S0512	E	DAILY CONT LENS				Not Allowed				
S0514	E	COLOR CONT LENS				Not Allowed				
S0516	E	SAFETY FRAMES				Not Allowed				
S0518	E	SUNGLASS FRAMES				Not Allowed				

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S0580	E	POLYCARB LENS				Not Allowed				Y
S0581	E	NONSTND LENS				Not Allowed				
S0590	E	MISC INTEGRAL LENS SERV				Not Allowed				
S0592	E	COMP CONT LENS EVAL				Not Allowed				
S0601	E	SCREENING PROCTOSCOPY				Not Allowed				
S0605	E	DIGITAL RECTAL EXAMINATION,				Not Allowed				
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed				
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed				
S0613	M	ANN BREAST EXAM				By Report	$0.00			
S0618	E	AUDIOMETRY FOR HEARING AID				Not Allowed				
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed				
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed				
S0622	E	PHYS EXAM FOR COLLEGE				Not Allowed				
S0630	E	REMOVAL OF SUTURES				Not Allowed				
S0800	E	LASER IN SITU KERATOMILEUSIS				Not Allowed				
S0810	E	PHOTOREFRACTIVE KERATECTOMY				Not Allowed				
S0812	E	PHOTOTHERAP KERATECT				Not Allowed				
S1001	E	DELUXE ITEM				Not Allowed				
S1002	E	CUSTOM ITEM				Not Allowed				
S1015	E	IV TUBING EXTENSION SET				Not Allowed				
S1016	E	NON-PVC INTRAVENOUS ADMINIST				Not Allowed				
S1025	E	INHAL NITRIC OXIDE NEONATE				Not Allowed				
S1030	E	GLUC MONITOR PURCHASE				Not Allowed				
S1031	E	GLUC MONITOR RENTAL				Not Allowed				
S2053	E	TRANSPLANTATION OF SMALL INT				Not Allowed				
S2054	E	TRANSPLANTATION OF MULTIVISC				Not Allowed				
S2055	E	HARVESTING OF DONOR MULTIVIS				Not Allowed				
S2060	E	LOBAR LUNG TRANSPLANTATION				Not Allowed				
S2061	E	DONOR LOBECTOMY (LUNG)				Not Allowed				
S2065	E	SIMULT PANC KIDN TRANS				Not Allowed				
S2066	E	BREAST GAP FLAP RECONST				Not Allowed				
S2067	E	BREAST "STACKED" DIEP/GAP				Not Allowed				
S2068	E	BREAST DIEP FLAP RECONSTRUCT				Not Allowed				
S2070	E	CYSTO LASER TX URETERAL CALC				Not Allowed				
S2079	E	LAP ESOPHAGOMYOTOMY				Not Allowed				
S2080	E	LAUP				Not Allowed				
S2083	E	ADJUSTMENT GASTRIC BAND				Not Allowed				
S2095	E	TRANSCATH EMBOLIZ MICROSPHER				Not Allowed				
S2102	E	ISLET CELL TISSUE TRANSPLANT				Not Allowed				

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S2103	E	ADRENAL TISSUE TRANSPLANT				Not Allowed				
S2107	E	ADOPTIVE IMMUNOTHERAPY				Not Allowed				
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION				Not Allowed				
S2112	E	KNEE ARTHROSCP HARV				Not Allowed				
S2115	E	PERIACETABULAR OSTEOTOMY				Not Allowed				
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)				Not Allowed				
S2135	E	NEUROLYSIS INTERSPACE FOOT				Not Allowed				
S2140	E	CORD BLOOD HARVESTING				Not Allowed				
S2142	E	CORD BLOOD-DERIVED STEM-CELL				Not Allowed				
S2150	E	BMT HARV/TRANSPL 28D PKG				Not Allowed				
S2152	E	SOLID ORGAN TRANSPL PKG				Not Allowed				
S2202	E	ECHOSCLEROTHERAPY				Not Allowed				
S2205	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed				
S2206	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed				
S2207	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed				
S2208	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed				
S2209	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed				
S2225	E	MYRINGOTOMY LASER-ASSIST				Not Allowed				
S2230	E	IMPLANT SEMI-IMP HEAR				Not Allowed				
S2235	E	IMPLANT AUDITORY BRAIN IMP				Not Allowed				
S2260	E	INDUCED ABORTION 17-24 WEEKS				Not Allowed				
S2300	E	ARTHROSCOPY, SHOULDER, SURGI				Not Allowed				
S2340	E	CHEMODENERVATION OF ABDUCTOR				Not Allowed				
S2341	E	CHEMODENERV ADDUCT VOCAL				Not Allowed				
S2342	E	NASAL ENDOSCOP PO DEBRID				Not Allowed				
S2348	E	DECOMPRESS DISC RF LUMBAR				Not Allowed				
S2350	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed				
S2351	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed				
S2360	E	VERTEBROPLAST CERV 1ST				Not Allowed				
S2361	E	VERTEBROPLAST CERV ADDL				Not Allowed				
S2400	E	FETAL SURG CONGEN HERNIA				Not Allowed				
S2401	E	FETAL SURG URIN TRAC OBSTR				Not Allowed				
S2402	E	FETAL SURG CONG CYST MALF				Not Allowed				
S2403	E	FETAL SURG PULMON SEQUEST				Not Allowed				
S2404	E	FETAL SURG MYELOMENINGO				Not Allowed				
S2405	E	FETAL SURG SACROCOC TERATOMA				Not Allowed				
S2409	E	FETAL SURG NOC				Not Allowed				
S2411	E	FETOSCOP LASER THER TTTS				Not Allowed				
S2900	E	ROBOTIC SURGICAL SYSTEM				Not Allowed				

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S3600	E	STAT LAB				Not Allowed				
S3601	E	STAT LAB HOME/NF				Not Allowed				
S3618	E	FREE BETA HCG				Not Allowed				
S3620	E	NEWBORN METABOLIC SCREENING				Not Allowed				
S3630	E	EOSINOPHIL BLOOD COUNT				Not Allowed				
S3645	E	HIV-1 ANTIBODY TESTING OF OR				Not Allowed				
S3650	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed				
S3652	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed				
S3708	E	GASTROINTESTINAL FAT ABSORPT				Not Allowed				
S3800	E	GENETIC TESTING ALS				Not Allowed				
S3818	E	BRCA1 GENE ANAL				Not Allowed				
S3819	E	BRCA2 GENE ANAL				Not Allowed				
S3830	E	GENE TEST HNPCC COMP				Not Allowed				
S3831	E	GENE TEST HNPCC SINGLE				Not Allowed				
S3835	E	GENE TEST CYSTIC FIBROSIS				Not Allowed				
S3837	E	GENE TEST HEMOCHROMATO				Not Allowed				
S3853	E	GENE TEST MYO MUSCLR DYST				Not Allowed				
S3854	E	GENE PROFILE PANEL BREAST				Not Allowed				
S3890	E	FECAL DNA ANALYSIS				Not Allowed				
S3900	E	SURFACE EMG				Not Allowed				
S3902	E	BALLISTOCARDIOGRAM				Not Allowed				
S3904	E	MASTERS TWO STEP				Not Allowed				
S3905	E	AUTO HANDHELD DIAG NERV TEST				Not Allowed				
S4005	E	INTERIM LABOR FACILITY GLOBAL				Not Allowed				
S4011	E	IVF PACKAGE				Not Allowed				
S4013	E	COMPLETE GIFT CASE RATE				Not Allowed				
S4014	E	COMPLETE ZIFT CASE RATE				Not Allowed				
S4015	E	COMPLETE IVF NOS CASE RATE				Not Allowed				
S4016	E	FROZEN IVF CASE RATE				Not Allowed				
S4017	E	IVF CANC A STIM CASE RATE				Not Allowed				
S4018	E	F EMB TRNS CANC CASE RATE				Not Allowed				
S4020	E	IVF CANC A ASPIR CASE RATE				Not Allowed				
S4021	E	IVF CANC P ASPIR CASE RATE				Not Allowed				
S4022	E	ASST OOCYTE FERT CASE RATE				Not Allowed				
S4023	E	DONOR EGG CYCLE INCOMPLETE CASE RATE				Not Allowed				
S4025	E	DONOR SERV IVF CASE RATE				Not Allowed				
S4026	E	PROCURE DONOR SPERM				Not Allowed				
S4027	E	STORE PREV FROZ EMBRYOS				Not Allowed				
S4028	E	MICROSURG EPI SPERM ASP				Not Allowed				

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S4030	E	SPERM PROCURE INIT VISIT				Not Allowed				
S4031	E	SPERM PROCURE SUBS VISIT				Not Allowed				
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE				Not Allowed				
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE				Not Allowed				
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS				Not Allowed				
S4042	E	OVULATION MGMT PER CYCLE				Not Allowed				
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH				Not Allowed				
S4981	E	INSERT LEVONORGESTREL IUS				Not Allowed				
S4989	E	CONTRACEPT IUD				Not Allowed				
S4990	E	NICOTINE PATCH LEGEND				Not Allowed				
S4991	E	NICOTINE PATCH NONLEGEND				Not Allowed				
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL				APC/ Bundled				
S4995	E	SMOKING CESSATION GUM				Not Allowed				
S5000	E	PRESCRIPTION DRUG, GENERIC				Not Allowed				
S5001	E	PRESCRIPTION DRUG,BRAND NAME				Not Allowed				
S5010	E	5% DEXTROSE AND 0.45% SALINE				Not Allowed				
S5011	E	5% DEXTROSE IN LACTATED RING				Not Allowed				
S5012	E	5% DEXTROSE WITH POTASSIUM				Not Allowed				
S5014	E	D5W/0.45NS W KCL AND MGS04				Not Allowed				
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/				Not Allowed				
S5017	E	ANTIBIOTIC ADMINSUPPLIES W/O				Not Allowed				
S5018	E	PAIN THERAPY ADMIN SUPPLIES				Not Allowed				
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES				Not Allowed				
S5021	E	HYDRATION THERAPY ADMIN SUPP				Not Allowed				
S5022	E	GROWTH HORMONE THERAPY				Not Allowed				
S5025	E	INFUSION PUMP RENTAL,PERDIEM				Not Allowed				
S5035	E	HIT ROUTINE DEVICE MAINT				Not Allowed				
S5497	E	HIT CATH CARE NOC				Not Allowed				
S5498	E	HIT SIMPLE CATH CARE				Not Allowed				
S5501	E	HIT COMPLEX CATH CARE				Not Allowed				
S5502	E	HIT INTERIM CATH CARE				Not Allowed				
S5517	E	HIT DECLOTTING KIT				Not Allowed				
S5518	E	HIT CATH REPAIR KIT				Not Allowed				
S5520	E	HIT PICC INSERT KIT				Not Allowed				
S5521	E	HIT MIDLINE CATH INSERT KIT				Not Allowed				
S5522	E	HIT PICC INSERT NO SUPP				Not Allowed				
S5523	E	HIP MIDLINE CATH INSERT KIT				Not Allowed				
S5550	E	INSULIN RAPID 5 U				Not Allowed				
S5551	E	INSULIN MOST RAPID 5 U				Not Allowed				

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S5552	E	INSULIN INTERMED 5 U				Not Allowed				
S5553	E	INSULIN LONG ACTING 5 U				Not Allowed				
S5560	E	INSULIN REUSE PEN 1.5 ML				Not Allowed				
S5561	E	INSULIN REUSE PEN 3 ML				Not Allowed				
S5565	E	INSULIN CARTRIDGE 150 U				Not Allowed				
S5566	E	INSULIN CARTRIDGE 300 U				Not Allowed				
S5570	E	INSULIN DISPOS PEN 1.5 ML				Not Allowed				
S5571	E	INSULIN DISPOS PEN 3 ML				Not Allowed				
S8030	E	TANTALUM RING APPLICATION				Not Allowed				
S8035	E	MAGNETIC SOURCE IMAGING				Not Allowed				
S8037	E	MRCP				Not Allowed				
S8040	E	TOPOGRAPHIC BRAIN MAPPING				Not Allowed				
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD				Not Allowed				
S8049	E	INTRAOPERATIVE RADIATION THE				Not Allowed				
S8055	E	US GUIDANCE FETAL REDUCT				Not Allowed				
S8080	E	SCINTIMAMMOGRAPHY				Not Allowed				
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO				Not Allowed				
S8092	E	ELECTRON BEAM COMPUTED TOMOG				Not Allowed				
S8096	E	PORTABLE PEAK FLOW METER				Not Allowed				
S8097	E	ASTHMA KIT				Not Allowed				
S8100	E	SPACER WITHOUT MASK				Not Allowed				
S8101	E	SPACER WITH MASK				Not Allowed				
S8110	E	PEAK EXPIRATORY FLOW RATE (P				Not Allowed				
S8120	E	O2 CONTENTS GAS CUBIC FT				Not Allowed				
S8121	E	O2 CONTENTS LIQUID LB				Not Allowed				
S8185	E	FLUTTER DEVICE				Not Allowed				
S8186	E	SWIVEL ADAPTOR				Not Allowed				
S8189	E	TRACH SUPPLY NOC				Not Allowed				
S8190	E	ELECTRONIC SPIROMETER				Not Allowed				
S8205	E	CHEST COMPRESSION SYSTEM GEN				Not Allowed				
S8210	E	MUCUS TRAP				Not Allowed				
S8262	E	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE EACH				Not Allowed				
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE				Not Allowed				
S8270	E	ENURESIS ALARM				Not Allowed				
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT				Not Allowed				
S8301	E	INFECT CONTROL SUPPLIES NOS				Not Allowed				
S8400	E	INCONTINENCE PANTS, EACH				Not Allowed				
S8402	E	DIAPERS, EACH				Not Allowed				
S8415	E	SUPPLIES FOR HOME DELIVERY				Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S8420	E	CUSTOM GRADIENT SLEEV/GLOV				Not Allowed				
S8421	E	READY GRADIENT SLEEV/GLOV				Not Allowed				
S8422	E	CUSTOM GRAD SLEEVE MED				Not Allowed				
S8423	E	CUSTOM GRAD SLEEVE HEAVY				Not Allowed				
S8424	E	READY GRADIENT SLEEVE				Not Allowed				
S8425	E	CUSTOM GRAD GLOVE MED				Not Allowed				
S8426	E	CUSTOM GRAD GLOVE HEAVY				Not Allowed				
S8427	E	READY GRADIENT GLOVE				Not Allowed				
S8428	E	READY GRADIENT GAUNTLET				Not Allowed				
S8429	E	GRADIENT PRESSURE WRAP				Not Allowed				
S8430	E	PADDING FOR COMPRSSN BDG				Not Allowed				
S8431	E	COMPRESSION BANDAGE				Not Allowed				
S8450	E	SPLINT DIGIT				Not Allowed				
S8451	E	SPLINT WRIST OR ANKLE				Not Allowed				
S8452	E	SPLINT ELBOW				Not Allowed				
S8490	E	100 INSULIN SYRINGES				Not Allowed				
S8948	E	LOW-LEVEL LASER TRMT 15 MIN				Not Allowed				
S8950	E	COMPLEX LYMPHEDEMA THERAPY,				Not Allowed				
S8999	E	RESUSCITATION BAG				Not Allowed				
S9001	E	HOME UTERINE MONITOR WITH OR				Not Allowed				
S9007	E	ULTRAFILTRATION MONITOR				Not Allowed				
S9015	E	AUTOMATED EEG MONITORING				Not Allowed				
S9024	E	PARANASAL SINUS ULTRASOUND				Not Allowed				
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA				Not Allowed				
S9034	E	ESWL FOR GALLSTONES				Not Allowed				
S9055	E	PROCUREN OR OTHER GROWTH FAC				Not Allowed				
S9056	E	COMA STIMULATION PER DIEM				Not Allowed				
S9061	E	MEDICAL SUPPLIES AND EQUIPME				Not Allowed				
S9075	E	SMOKING CESSATION TREATMENT				Not Allowed				
S9083	E	URGENT CARE CENTER GLOBAL				Not Allowed				
S9088	E	SERVICES PROVIDED IN URGENT				Not Allowed				
S9090	E	VERTEBRAL AXIAL DECOMPRESSIO				Not Allowed				
S9092	M	CANOLITH REPOSITIONING PER VISIT				By Report	$0.00			
S9098	E	HOME PHOTOTHERAPY VISIT				Not Allowed				
S9109	E	CHF TELEMONITORING MONTH				Not Allowed				
S9117	E	BACK SCHOOL VISIT				Not Allowed				
S9122	E	HOME HEALTH AIDE OR CERTIFIE				Not Allowed				
S9123	E	NURSING CARE IN HOME RN				Not Allowed				
S9124	E	NURSING CARE, IN THE HOME; B				Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S9125	E	RESPITE CARE, IN THE HOME, P				Not Allowed				
S9126	E	HOSPICE CARE, IN THE HOME, P				Not Allowed				
S9127	E	SOCIAL WORK VISIT, IN THE HO				Not Allowed				
S9128	E	SPEECH THERAPY, IN THE HOME,				Not Allowed				
S9129	E	OCCUPATIONAL THERAPY, IN THE				Not Allowed				
S9131	E	PT IN THE HOME PER DIEM				Not Allowed				
S9140	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed				
S9141	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed				
S9145	E	INSULIN PUMP INITIATION				Not Allowed				
S9152	E	SPEECH THERAPY, RE-EVAL				Not Allowed				
S9208	E	HOME MGMT PRETERM LABOR				Not Allowed				
S9209	E	HOME MGMT PPROM				Not Allowed				
S9211	E	HOME MGMT GEST HYPERTENSION				Not Allowed				
S9212	E	HM POSTPAR HYPER PER DIEM				Not Allowed				
S9213	E	HM PREECLAMP PER DIEM				Not Allowed				
S9214	E	HM GEST DM PER DIEM				Not Allowed				
S9325	E	HIT PAIN MGMT PER DIEM				Not Allowed				
S9326	E	HIT CONT PAIN PER DIEM				Not Allowed				
S9327	E	HIT INT PAIN PER DIEM				Not Allowed				
S9328	E	HIT PAIN IMP PUMP DIEM				Not Allowed				
S9329	E	HIT CHEMO PER DIEM				Not Allowed				
S9330	E	HIT CONT CHEM DIEM				Not Allowed				
S9331	E	HIT INTERMIT CHEMO DIEM				Not Allowed				
S9336	E	HIT CONT ANTICOAG DIEM				Not Allowed				
S9338	E	HIT IMMUNOTHERAPY DIEM				Not Allowed				
S9339	E	HIT PERITON DIALYSIS DIEM				Not Allowed				
S9340	E	HIT ENTERAL PER DIEM				Not Allowed				
S9341	E	HIT ENTERAL GRAV DIEM				Not Allowed				
S9342	E	HIT ENTERAL PUMP DIEM				Not Allowed				
S9343	E	HIT ENTERAL BOLUS NURS				Not Allowed				
S9345	E	HIT ANTI-HEMOPHIL DIEM				Not Allowed				
S9346	E	HIT ALPHA-1-PROTEINAS DIEM				Not Allowed				
S9347	E	HIT LONGTERM INFUSION DIEM				Not Allowed				
S9348	E	HIT SYMPATHOMIM DIEM				Not Allowed				
S9349	E	HIT TOCOLYSIS DIEM				Not Allowed				
S9351	E	HIT CONT ANTIEMETIC DIEM				Not Allowed				
S9353	E	HIT CONT INSULIN DIEM				Not Allowed				
S9355	E	HIT CHELATION DIEM				Not Allowed				
S9357	E	HIT ENZYME REPLACE DIEM				Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S9359	E	HIT ANTI-TNF PER DIEM				Not Allowed				
S9361	E	HIT DIURETIC INFUS DIEM				Not Allowed				
S9363	E	HIT ANTI-SPASMOTIC DIEM				Not Allowed				
S9364	E	HIT TPN TOTAL DIEM				Not Allowed				
S9365	E	HIT TPN 1 LITER DIEM				Not Allowed				
S9366	E	HIT TPN 2 LITER DIEM				Not Allowed				
S9367	E	HIT TPN 3 LITER DIEM				Not Allowed				
S9368	E	HIT TPN OVER 3L DIEM				Not Allowed				
S9370	E	HT INJ ANTIEMETIC DIEM				Not Allowed				
S9372	E	HT INJ ANTICOAG DIEM				Not Allowed				
S9373	E	HIT HYDRA TOTAL DIEM				Not Allowed				
S9374	E	HIT HYDRA 1 LITER DIEM				Not Allowed				
S9375	E	HIT HYDRA 2 LITER DIEM				Not Allowed				
S9376	E	HIT HYDRA 3 LITER DIEM				Not Allowed				
S9377	E	HIT HYDRA OVER 3L DIEM				Not Allowed				
S9379	E	HIT NOC PER DIEM				Not Allowed				
S9381	E	HIT HIGH RISK/ESCORT				Not Allowed				
S9401	E	ANTICOAGULATION CLINIC PER SESSION				Not Allowed				
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES				Not Allowed				
S9435	E	MEDICAL FOODS FOR INBORN ERR				Not Allowed				
S9436	E	LAMAZE CLASS PER SESSION				Not Allowed				
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION				Not Allowed				
S9438	E	CESAREAN BIRTH CLASS PER SESSION				Not Allowed				
S9439	E	VBAC CLASS PER SESSION				Not Allowed				
S9441	E	ASTHMA EDUCATION				Not Allowed				
S9442	E	BIRTHING CLASS				Not Allowed				
S9443	E	LACTATION CLASS				Not Allowed				
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION				Not Allowed				
S9445	E	PT EDUCATION NOC INDIVID				Not Allowed				
S9446	E	PT EDUCATION NOC GROUP				Not Allowed				
S9447	E	INFANT SAFETY CLASS PER SESSION				Not Allowed				
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION				Not Allowed				
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION				Not Allowed				
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION				Not Allowed				
S9453	E	SMOKING CESSATION CLASS PER SESSION				Not Allowed				
S9454	E	STRESS MANAGEMENT CLASS PER SESSION				Not Allowed				
S9455	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed				
S9460	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed				
S9465	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed				

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S9470	E	NUTRITIONAL COUNSELING, DIET				Not Allowed				
S9472	E	CARDIAC REHABILITATION PROGR				Not Allowed				
S9473	E	PULMONARY REHABILITATION PRO				Not Allowed				
S9474	E	ENTEROSTOMAL THERAPY BY A RE				Not Allowed				
S9475	E	AMBULATORY SETTING SUBSTANCE				Not Allowed				
S9476	E	VESTIBULAR REHAB PER DIEM				Not Allowed				
S9480	E	INTENSIVE OUTPATIENT PSYCHIA				Not Allowed				
S9482	E	FAMILY STABILIZATION 15 MIN				Not Allowed				
S9485	E	CRISIS INTERVENTION PER DIEM				Not Allowed				
S9494	E	HIT ANTIBIOTIC TOTAL DIEM				Not Allowed				
S9497	E	HIT ANTIBIOTIC Q3H DIEM				Not Allowed				
S9500	E	HIT ANTIBIOTIC Q24H DIEM				Not Allowed				
S9501	E	HIT ANTIBIOTIC Q12H DIEM				Not Allowed				
S9502	E	HIT ANTIBIOTIC Q8H DIEM				Not Allowed				
S9503	E	HIT ANTIBIOTIC Q6H DIEM				Not Allowed				
S9504	E	HIT ANTIBIOTIC Q4H DIEM				Not Allowed				
S9529	E	VENIPUNCTURE HOME/SNF				Not Allowed				
S9537	E	HT HEM HORM INJ DIEM				Not Allowed				
S9538	E	HIT BLOOD PRODUCTS DIEM				Not Allowed				
S9542	E	HT INJ NOC PER DIEM				Not Allowed				
S9558	E	HT INJ GROWTH HORM DIEM				Not Allowed				
S9559	E	HIT INJ INTERFERON DIEM				Not Allowed				
S9560	E	HT INJ HORMONE DIEM				Not Allowed				
S9562	E	PALIVIZUMAB HOME INJ PERDIEM				Not Allowed				
S9590	E	IN HOME IRRIGATION THERAPY				Not Allowed				
S9810	E	HT PHARM PER HOUR				Not Allowed				
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL				Not Allowed				
S9975	E	TRANSPLANT RELATED PER DIEM				Not Allowed				
S9976	E	LODGING PER DIEM				Not Allowed				
S9977	E	MEALS PER DIEM				Not Allowed				
S9981	E	MED RECORD COPY ADMIN				Not Allowed				
S9982	E	MED RECORD COPY PER PAGE				Not Allowed				
S9986	E	NOT MEDICALLY NECESSARY SVC				Not Allowed				
S9988	E	SERV PART OF PHASE I TRIAL				Not Allowed				
S9989	E	SERVICES OUTSIDE US				Not Allowed				
S9990	E	SERVICES PROVIDED AS PART OF				Not Allowed				
S9991	E	SERVICES PROVIDED AS PART OF				Not Allowed				
S9992	E	TRANSPORTATION COSTS TO AND				Not Allowed				
T1000	E	PRIVATE DUTY/INDEPENDENT NSG				Not Allowed				

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T1001	E	NURSING ASSESSMENT/EVALUATN				Not Allowed				
T1002	E	RN SERVICES UP TO 15 MINUTES				Not Allowed				
T1003	E	LPN/LVN SERVICES UP TO 15MIN				Not Allowed				
T1004	E	NSG AIDE SERVICE UP TO 15MIN				Not Allowed				
T1005	E	RESPITE CARE SERVICE 15 MIN				Not Allowed				
T1006	E	FAMILY/COUPLE COUNSELING				Not Allowed				
T1007	E	TREATMENT PLAN DEVELOPMENT				Not Allowed				
T1009	E	CHILD SITTING SERVICES				Not Allowed				
T1010	E	MEALS WHEN RECEIVE SERVICES				Not Allowed				
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL				Not Allowed				
T1013	E	SIGN LANG/ORAL INTERPRETER				Not Allowed				
T1014	E	TELEHEALTH TRANSMIT, PER MIN				Not Allowed				
T1015	E	CLINIC SERVICE				Not Allowed				
T1016	M	CASE MANAGEMENT				Fee Schedule	$0.00			
T1016HD	M	CASE MANAGEMENT, EACH 15 MINUTES				Fee Schedule	$0.00			
T1017	E	TARGETED CASE MANAGEMENT				Not Allowed				
T1018	E	SCHOOL-BASED IEP SER BUNDLED				Not Allowed				
T1019	E	PERSONAL CARE SER PER 15 MIN				Not Allowed				
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE				Not Allowed				
T1021	E	HH AIDE OR CN AIDE PER VISIT				Not Allowed				
T1022	E	CONTRACTED SERVICES PER DAY				Not Allowed				
T1023	E	PROGRAM INTAKE ASSESSMENT				Not Allowed				
T1024	M	TEAM EVALUATION & MANAGEMENT				Fee Schedule	$100.00			
T1025	M	PED COMPR CARE PKG PER DIEM				Fee Schedule	########			
T1026	E	PED COMPR CARE PKG PER HOUR				Not Allowed				
T1027	E	FAMILY TRAINING & COUNSELING				Not Allowed				
T1028	E	HOME ENVIRONMENT ASSESSMENT				Not Allowed				
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS				Not Allowed				
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN				Not Allowed				
T1031	E	LPN HOME CARE PER DIEM				Not Allowed				
T1502	E	MEDICATION ADMIN VISIT				Not Allowed				
T1503	E	MED ADMIN OTHER THAN ORAL				Not Allowed				
T1999	E	NOT OTHERWISE CLASSIFIED BREAST EXCISION				Not Allowed				
T2001	E	N-ET; PATIENT ATTEND/ESCORT				Not Allowed				
T2002	E	N-ET; PER DIEM				Not Allowed				
T2003	E	N-ET; ENCOUNTER/TRIP				Not Allowed				
T2004	E	N-ET; COMMERC CARRIER PASS				Not Allowed				
T2005	E	N-ET; STRETCHER VAN				Not Allowed				
T2007	E	NON-EMER TRANSPORT WAIT TIME				Not Allowed				

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T2010	E	PASRR LEVEL I				Not Allowed				
T2011	E	PASRR LEVEL II				Not Allowed				
T2012	E	HABIL ED WAIVER, PER DIEM				Not Allowed				
T2013	E	HABIL ED WAIVER PER HOUR				Not Allowed				
T2014	E	HABIL PREVOC WAIVER, PER D				Not Allowed				
T2015	E	HABIL PREVOC WAIVER PER HR				Not Allowed				
T2016	E	HABIL RES WAIVER PER DIEM				Not Allowed				
T2017	E	HABIL RES WAIVER 15 MIN				Not Allowed				
T2018	E	HABIL SUP EMPL WAIVER/DIEM				Not Allowed				
T2019	E	HABIL SUP EMPL WAIVER 15MIN				Not Allowed				
T2020	E	DAY HABIL WAIVER PER DIEM				Not Allowed				
T2021	E	DAY HABIL WAIVER PER 15 MIN				Not Allowed				
T2022	E	CASE MANAGEMENT, PER MONTH				Not Allowed				
T2023	E	TARGETED CASE MGMT PER MONTH				Not Allowed				
T2024	E	SERV ASMNT/CARE PLAN WAIVER				Not Allowed				
T2025	E	WAIVER SERVICE, NOS				Not Allowed				
T2026	E	SPECIAL CHILDCARE WAIVER/D				Not Allowed				
T2027	E	SPEC CHILDCARE WAIVER 15 MIN				Not Allowed				
T2028	E	SPECIAL SUPPLY, NOS WAIVER				Not Allowed				
T2029	E	SPECIAL MED EQUIP, NOSWAIVER				Not Allowed				
T2030	E	ASSIST LIVING WAIVER/MONTH				Not Allowed				
T2031	E	ASSIST LIVING WAIVER/DIEM				Not Allowed				
T2032	E	RES CARE, NOS WAIVER/MONTH				Not Allowed				
T2033	E	RES, NOS WAIVER PER DIEM				Not Allowed				
T2034	E	CRISIS INTERVEN WAIVER/DIEM				Not Allowed				
T2035	E	UTILITY SERVICES WAIVER				Not Allowed				
T2036	E	CAMP OVERNITE WAIVER/SESSION				Not Allowed				
T2037	E	CAMP DAY WAIVER/SESSION				Not Allowed				
T2038	E	COMM TRANS WAIVER/SERVICE				Not Allowed				
T2039	E	VEHICLE MOD WAIVER/SERVICE				Not Allowed				
T2040	E	FINANCIAL MGT WAIVER/15MIN				Not Allowed				
T2041	E	SUPPORT BROKER WAIVER/15 MIN				Not Allowed				
T2042	E	HOSPICE ROUTINE HOME CARE				Not Allowed				
T2043	E	HOSPICE CONTINUOUS HOME CARE				Not Allowed				
T2044	E	HOSPICE RESPITE CARE				Not Allowed				
T2045	E	HOSPICE GENERAL CARE				Not Allowed				
T2046	E	HOSPICE LONG TERM CARE R&B				Not Allowed				
T2048	E	BH LTC RES R&B, PER DIEM				Not Allowed				
T2049	E	N-ET; STRETCHER VAN MILEAGE				Not Allowed				

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T2101	E	BREAST MILK PROC/STORE/DIST				Not Allowed				
T4521	E	ADULT SIZE BRIEF/DIAPER SM				Not Allowed				
T4522	E	ADULT SIZE BRIEF/DIAPER MED				Not Allowed				
T4523	E	ADULT SIZE BRIEF/DIAPER LG				Not Allowed				
T4524	E	ADULT SIZE BRIEF/DIAPER XL				Not Allowed				
T4525	E	ADULT SIZE PULL-ON SM				Not Allowed				
T4526	E	ADULT SIZE PULL-ON MED				Not Allowed				
T4527	E	ADULT SIZE PULL-ON LG				Not Allowed				
T4528	E	ADULT SIZE PULL-ON XL				Not Allowed				
T4529	E	PED SIZE BRIEF/DIAPER SM/MED				Not Allowed				
T4530	E	PED SIZE BRIEF/DIAPER LG				Not Allowed				
T4531	E	PED SIZE PULL-ON SM/MED				Not Allowed				
T4532	E	PED SIZE PULL-ON LG				Not Allowed				
T4533	E	YOUTH SIZE BRIEF/DIAPER				Not Allowed				
T4534	E	YOUTH SIZE PULL-ON				Not Allowed				
T4535	E	DISPOSABLE LINER/SHIELD/PAD				Not Allowed				
T4536	E	REUSABLE PULL-ON ANY SIZE				Not Allowed				
T4537	E	REUSABLE UNDERPAD BED SIZE				Not Allowed				
T4538	E	DIAPER SERV REUSABLE DIAPER				Not Allowed				
T4539	E	REUSE DIAPER/BRIEF ANY SIZE				Not Allowed				
T4540	E	REUSABLE UNDERPAD CHAIR SIZE				Not Allowed				
T4541	E	LARGE DISPOSABLE UNDERPAD				Not Allowed				
T4542	E	SMALL DISPOSABLE UNDERPAD				Not Allowed				
T5001	E	SPECIAL POSITION SEAT/VEHICL				Not Allowed				
T5999	E	SUPPLY, NOS				Not Allowed				
V2020	E	VISION SVCS FRAMES PURCHASES				Not Allowed				
V2025	E	EYEGLASSES DELUX FRAMES				Not Allowed				Y
V2100	E	LENS SPHER SINGLE PLANO 4.00				Not Allowed				
V2101	E	SINGLE VISN SPHERE 4.12-7.00				Not Allowed				
V2102	E	SINGL VISN SPHERE 7.12-20.00				Not Allowed				
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D				Not Allowed				
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D				Not Allowed				
V2105	E	SPHEROCYLINDER 4.00D/4.25-6D				Not Allowed				
V2106	E	SPHEROCYLINDER 4.00D/>6.00D				Not Allowed				
V2107	E	SPHEROCYLINDER 4.25D/12-2D				Not Allowed				
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D				Not Allowed				
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D				Not Allowed				
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D				Not Allowed				
V2111	E	SPHEROCYLINDR 7.25D/.25-2.25				Not Allowed				

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V2112	E	SPHEROCYLINDR 7.25D/2.25-4D				Not Allowed				
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D				Not Allowed				
V2114	E	SPHEROCYLINDER OVER 12.00D				Not Allowed				
V2115	E	LENS LENTICULAR BIFOCAL				Not Allowed				
V2118	E	LENS ANISEIKONIC SINGLE				Not Allowed				
V2121	E	LENTICULAR LENS SINGLE				Not Allowed				
V2199	E	LENS SINGLE VISION NOT OTH C				Not Allowed				
V2200	E	LENS SPHER BIFOC PLANO 4.00D				Not Allowed				
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0				Not Allowed				
V2202	E	LENS SPHERE BIFOCAL 7.12-20.				Not Allowed				
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1				Not Allowed				
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1				Not Allowed				
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2				Not Allowed				
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE				Not Allowed				
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.				Not Allowed				
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.				Not Allowed				
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.				Not Allowed				
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV				Not Allowed				
V2211	E	LENS SPHCY BIFO 7.25-12/.25-				Not Allowed				
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2				Not Allowed				
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2				Not Allowed				
V2214	E	LENS SPHCYL BIFOCAL OVER 12.				Not Allowed				
V2215	E	LENS LENTICULAR BIFOCAL				Not Allowed				
V2218	E	LENS ANISEIKONIC BIFOCAL				Not Allowed				
V2219	E	LENS BIFOCAL SEG WIDTH OVER				Not Allowed				
V2220	E	LENS BIFOCAL ADD OVER 3.25D				Not Allowed				
V2221	E	LENTICULAR LENS BIFOCAL				Not Allowed				
V2299	E	LENS BIFOCAL SPECIALITY				Not Allowed				
V2300	E	LENS SPHERE TRIFOCAL 4.00D				Not Allowed				
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.				Not Allowed				
V2302	E	LENS SPHERE TRIFOCAL 7.12-20				Not Allowed				
V2303	E	LENS SPHCY TRIFOCAL 4.0/.12-				Not Allowed				
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25				Not Allowed				
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25				Not Allowed				
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6				Not Allowed				
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.				Not Allowed				
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.				Not Allowed				
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.				Not Allowed				
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6				Not Allowed				

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V2311	E	LENS SPHC TRIFO 7.25-12/.25-				Not Allowed				
V2312	E	LENS SPHC TRIFO 7.25-12/2.25				Not Allowed				
V2313	E	LENS SPHC TRIFO 7.25-12/4.25				Not Allowed				
V2314	E	LENS SPHCYL TRIFOCAL OVER 12				Not Allowed				
V2315	E	LENS LENTICULAR TRIFOCAL				Not Allowed				
V2318	E	LENS ANISEIKONIC TRIFOCAL				Not Allowed				
V2319	E	LENS TRIFOCAL SEG WIDTH > 28				Not Allowed				
V2320	E	LENS TRIFOCAL ADD OVER 3.25D				Not Allowed				
V2321	E	LENTICULAR LENS TRIFOCAL				Not Allowed				
V2399	E	LENS TRIFOCAL SPECIALITY				Not Allowed				
V2410	E	LENS VARIAB ASPHERICITY SING				Not Allowed				
V2430	E	LENS VARIABLE ASPHERICITY BI				Not Allowed				
V2499	E	VARIABLE ASPHERICITY LENS				Not Allowed				
V2500	E	CONTACT LENS PMMA SPHERICAL				Not Allowed				Y
V2501	E	CNTCT LENS PMMA-TORIC/PRISM				Not Allowed				Y
V2502	E	CONTACT LENS PMMA BIFOCAL				Not Allowed				Y
V2503	E	CNTCT LENS PMMA COLOR VISION				Not Allowed				Y
V2510	E	CNTCT GAS PERMEABLE SPHERICL				Not Allowed				Y
V2511	E	CNTCT TORIC PRISM BALLAST				Not Allowed				Y
V2512	E	CNTCT LENS GAS PERMBL BIFOCL				Not Allowed				Y
V2513	E	CONTACT LENS EXTENDED WEAR				Not Allowed				Y
V2520	E	CONTACT LENS HYDROPHILIC				Not Allowed				Y
V2521	E	CNTCT LENS HYDROPHILIC TORIC				Not Allowed				Y
V2522	E	CNTCT LENS HYDROPHIL BIFOCL				Not Allowed				Y
V2523	E	CNTCT LENS HYDROPHIL EXTEND				Not Allowed				Y
V2530	E	CONTACT LENS GAS IMPERMEABLE				Not Allowed				
V2531	E	CONTACT LENS GAS IMPERMEABLE				Not Allowed				
V2599	E	CONTACT LENS/ES OTHER TYPE				Not Allowed				
V2600	E	HAND HELD LOW VISION AIDS				Not Allowed				
V2610	E	SINGLE LENS SPECTACLE MOUNT				Not Allowed				
V2615	E	TELESCOP/OTHR COMPOUND LENS				Not Allowed				
V2623	E	PLASTIC EYE PROSTH CUSTOM				Not Allowed				Y
V2624	E	POLISHING ARTIFICAL EYE				Not Allowed				
V2625	E	ENLARGEMNT OF EYE PROSTHESIS				Not Allowed				Y
V2626	E	REDUCTION OF EYE PROSTHESIS				Not Allowed				Y
V2627	E	SCLERAL COVER SHELL				Not Allowed				Y
V2628	E	FABRICATION & FITTING				Not Allowed				Y
V2629	E	PROSTHETIC EYE OTHER TYPE				Not Allowed				Y
V2630	N	ANTER CHAMBER INTRAOCUL LENS				APC/ Bundled				

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V2631	N	IRIS SUPPORT INTRAOCLR LENS				APC/ Bundled				
V2632	N	POST CHMBR INTRAOCULAR LENS				APC/ Bundled				
V2700	E	BALANCE LENS				Not Allowed				
V2702	E	DELUXE LENS FEATURE				Not Allowed				
V2710	E	GLASS/PLASTIC SLAB OFF PRISM				Not Allowed				
V2715	E	PRISM LENS/ES				Not Allowed				
V2718	E	FRESNELL PRISM PRESS-ON LENS				Not Allowed				
V2730	E	SPECIAL BASE CURVE				Not Allowed				
V2744	E	TINT PHOTOCHROMATIC LENS/ES				Not Allowed				Y
V2745	E	TINT ANY COLOR/SOLID/GRAD				Not Allowed				
V2750	E	ANTI-REFLECTIVE COATING				Not Allowed				
V2755	E	UV LENS/ES				Not Allowed				Y
V2756	E	EYE GLASS CASE				Not Allowed				
V2760	E	SCRATCH RESISTANT COATING				Not Allowed				Y
V2761	E	MIRROR COATING				Not Allowed				
V2762	E	POLARIZATION ANY LENS				Not Allowed				
V2770	E	OCCLUDER LENS/ES				Not Allowed				
V2780	E	OVERSIZE LENS/ES				Not Allowed				
V2781	E	PROGRESSIVE LENS PER LENS				Not Allowed				
V2782	E	LENS 1.54-1.65 P/1.60-1.79G				Not Allowed				
V2783	E	LENS >= 1.66 P/>=1.80 G				Not Allowed				
V2784	E	LENS POLYCARB OR EQUAL				Not Allowed				
V2785	M	CORNEAL TISSUE PROCESSING				Fee Schedule	########			
V2786	E	OCCUPATIONAL MULTIFOCAL LENS				Not Allowed				
V2788	E	PRESBYOPIA-CORRECT FUNCTION				Not Allowed				
V2790	N	AMNIOTIC MEMBRANE				APC/ Bundled				
V2797	E	VIS ITEM/SVC IN OTHER CODE				Not Allowed				
V2799	E	MISCELLANEOUS VISION SERVICE				Not Allowed				
V5008	E	HEARING SCREENING				Not Allowed				
V5010	E	ASSESSMENT FOR HEARING AID				Not Allowed				
V5011	E	HEARING AID FITTING/CHECKING				Not Allowed				
V5014	E	HEARING AID REPAIR/MODIFYING				Not Allowed				
V5020	E	CONFORMITY EVALUATION				Not Allowed				
V5030	E	BODY-WORN HEARING AID AIR				Not Allowed				Y
V5040	E	BODY-WORN HEARING AID BONE				Not Allowed				Y
V5050	E	HEARING AID MONAURAL IN EAR				Not Allowed				Y
V5060	E	BEHIND EAR HEARING AID				Not Allowed				Y
V5070	E	GLASSES AIR CONDUCTION				Not Allowed				Y
V5080	E	GLASSES BONE CONDUCTION				Not Allowed				Y

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V5090	E	HEARING AID DISPENSING FEE				Not Allowed				Y
V5095	E	IMPLANT MID EAR HEARING PROS				Not Allowed				
V5100	E	BODY-WORN BILAT HEARING AID				Not Allowed				Y
V5110	E	HEARING AID DISPENSING FEE				Not Allowed				
V5120	E	BODY-WORN BINAUR HEARING AID				Not Allowed				Y
V5130	E	IN EAR BINAURAL HEARING AID				Not Allowed				Y
V5140	E	BEHIND EAR BINAUR HEARING AI				Not Allowed				Y
V5150	E	GLASSES BINAURAL HEARING AID				Not Allowed				Y
V5160	E	DISPENSING FEE BINAURAL				Not Allowed				Y
V5170	E	WITHIN EAR CROS HEARING AID				Not Allowed				Y
V5180	E	BEHIND EAR CROS HEARING AID				Not Allowed				Y
V5190	E	GLASSES CROS HEARING AID				Not Allowed				Y
V5200	E	CROS HEARING AID DISPENS FEE				Not Allowed				
V5210	E	IN EAR BICROS HEARING AID				Not Allowed				Y
V5220	E	BEHIND EAR BICROS HEARING AI				Not Allowed				Y
V5230	E	GLASSES BICROS HEARING AID				Not Allowed				Y
V5240	E	DISPENSING FEE BICROS				Not Allowed				
V5241	E	DISPENSING FEE, MONAURAL				Not Allowed				Y
V5242	E	HEARING AID, MONAURAL, CIC				Not Allowed				Y
V5243	E	HEARING AID, MONAURAL, ITC				Not Allowed				Y
V5244	E	HEARING AID, PROG, MON, CIC				Not Allowed				Y
V5245	E	HEARING AID, PROG, MON, ITC				Not Allowed				Y
V5246	E	HEARING AID, PROG, MON, ITE				Not Allowed				Y
V5247	E	HEARING AID, PROG, MON, BTE				Not Allowed				Y
V5248	E	HEARING AID, BINAURAL, CIC				Not Allowed				Y
V5249	E	HEARING AID, BINAURAL, ITC				Not Allowed				Y
V5250	E	HEARING AID, PROG, BIN, CIC				Not Allowed				Y
V5251	E	HEARING AID, PROG, BIN, ITC				Not Allowed				Y
V5252	E	HEARING AID, PROG, BIN, ITE				Not Allowed				Y
V5253	E	HEARING AID, PROG, BIN, BTE				Not Allowed				Y
V5254	E	HEARING ID, DIGIT, MON, CIC				Not Allowed				Y
V5255	E	HEARING AID, DIGIT, MON, ITC				Not Allowed				Y
V5256	E	HEARING AID, DIGIT, MON, ITE				Not Allowed				Y
V5257	E	HEARING AID, DIGIT, MON, BTE				Not Allowed				Y
V5258	E	HEARING AID, DIGIT, BIN, CIC				Not Allowed				Y
V5259	E	HEARING AID, DIGIT, BIN, ITC				Not Allowed				Y
V5260	E	HEARING AID, DIGIT, BIN, ITE				Not Allowed				Y
V5261	E	HEARING AID, DIGIT, BIN, BTE				Not Allowed				Y
V5262	E	HEARING AID, DISP, MONAURAL				Not Allowed				

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